# Community-Based Distribution of DMPA in Tigray, Ethiopia

Endline Survey Report 2014





## Acknowledgements

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# **Community-Based Distribution of DMPA**

### Endline Survey Report

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### 1. Introduction

The University of California Berkeley Bixby Center for Population, Health and Sustainability (Bixby Center), in conjunction with Mekelle University, Women's Association of Tigray (WAT), and the Tigray Health Bureau, tested a model for scaling up community-based distribution (CBD) of the injectable contraceptive depot medroxyprogesterone acetate (DMPA), commonly known as Depo in Ethiopia, in the Central and Southern Zones of Tigray, Ethiopia. Incorporating private sector strategies, such as willingness-to-pay, social marketing, and a drug revolving fund, the project aimed to create a sustainable contraceptive service delivery model that used community-based reproductive health agents (CBRHAs) to distribute DMPA. Between October 2011 and June 2014, the intervention was implemented throughout 18 woredas (districts) of the Central and Southern Zones to provide community based coverage of DMPA.

The specific aims of the project were to:

- 1. In a three-year funding period, bring to scale an intervention that harmonizes CBD of DMPA and SM strategies to increase access of DMPA.
- 2. Develop a monitoring system for predicting demand and delivering DMPA to rural CBRHAs that builds upon the current system utilized by DKT Ethiopia.
- 3. Assess feasibility of scaling up this intervention to expand access to DMPA in rural communities in Ethiopia through quarterly analyses of monthly program data.
- 4. Conduct baseline and endline data collection to assess feasibility and scalability from both demand and supply perspectives, while also measuring impact of the intervention on contraceptive prevalence and related fertility indicators in one zone of Tigray.
- 5. Perform cost-effectiveness analyses to demonstrate the benefits and cost savings of merging CBD of DMPA and social marketing strategies.
- 6. Use findings to make recommendations for adapting and scaling intervention throughout Ethiopia and other sub-Saharan African countries.

The endline survey provides characteristics of the population in the intervention sites after implementation and to make comparisons to the baseline survey, which was conducted in September 2011, prior to implementation of the intervention. The report that follows provides an overview of the results from the endline survey. The data presented include descriptive statistics characterizing the target population.

The implementation of the endline survey was conducted by the UC Berkeley Bixby Center for Population, Health and Sustainability in collaboration with Mekelle University of Tigray. Human subjects approval was provided by the Center for Protection of Human Subjects (CPHS) at the University of California Berkeley (CPHS Protocol ID 2014-02-5995).

### 2. Survey Implementation

### 2.1 Sampling Design

The sampling design was intended to provide data that was representative of the Central Zone in Tigray. We used a multi-stage, cluster random sampling design, starting with the random selection of three woredas (districts) in the zone. Following selection of the woredas, we entered a complete list of the kebeles (villages) in each woreda (minus those involved in a previous DMPA pilot project we conducted in 2008) and their respective populations using data from the most recent 2007 Ethiopian census (adjusted for population growth) and verified with data from Tigray Health Bureau into STATA. We used the STATA command for generating a simple random sample of kebeles. The number of kebeles selected from each woreda was proportional to the population of that woreda and was determined based on the assumption that 40.4% of the female population in rural areas are women of reproductive age, that there are 5.2 people per household in rural areas on average; these assumptions were based on data from 2005 Demographic and Health Survey (DHS).

As a result of these calculations, 7 kebeles were selected from Deguea Tembien, 7 from Kola Tembien, and 3 from Tanqua Abergele. Supervisors then went to the health post in each of the kebeles selected and requested a list of households. Based on the sample size calculations and the population of each kebele, 448 households in Kola Tembien, 375 households in Deguea Tembien, and 307 households in Tanqua Abergele were selected for data collection. From our baseline data collection, we knew that there would be approximately 1.3 women of reproductive age per household on average.

### Questionnaire

The survey, which was first developed for baseline data collection, drew heavily from the demographic, fertility, and family planning sections of the DHS questionnaire. Questions on knowledge of, access to and experience with injectable contraceptives were added, as well as questions on payment and willingness to pay for contraceptives. The questionnaire was meant to collect information on the following topics:

- Background characteristics (age, education, residence, etc.)
- Reproduction
- Contraception knowledge and use
- Current and preferred source of family planning
- Marriage and sexual activity
- Fertility preferences and intentions

During preparation of the endline survey, additional questions were added to the baseline questionnaire to ascertain more information on wealth quintile and receipt of post-partum family planning counseling and service delivery. Some response options were also adapted and added to include findings from 'other' responses from the baseline questionnaire. The endline questionnaire was developed in English and discussed among research partners in Ethiopia in English. The questionnaire was translated into Tigrinya and back-translated into English. Changes or additions were made during translation and back-

translation based on the feedback of our research partners. Before implementation in the field, the questionnaire was pilot tested by interviewers; no issues requiring additional changes were encountered.

### 2.2 Training of Interviewers

The training for data collectors and supervisors was held May 19-21, 2014. Fifteen data collectors and three supervisors participated in the training, which familiarized them with the survey instrument, sampling and recruitment strategy, and informed consent/assent process. They were also trained on privacy, confidentiality, and interviewing etiquette, particularly for the many sensitive questions asked in the survey. Interviewers and supervisors then participated in the pilot testing of the questionnaire and met afterward for a debriefing on their experiences in the field.

### 2.3 Fieldwork

The baseline survey was implemented by a team comprised of people from the UC Berkeley Bixby Center for Population, Health and Sustainability, Mekelle University, and local staff. The Principal Investigator, Dr. Ndola Prata, and the Co-Principal Investigator, Dr. Amanuel Gessessew, trained the field supervisors and the surveyors from Mekelle University, who worked together to conduct the 1501 indepth interviews over 15 days.

Suzanne Bell, the Monitoring and Evaluation, oversaw the data collection and was responsible for collecting the completed surveys and bringing them back to UC Berkeley. Staff and students at the Bixby Center were responsible for data entry at UC Berkeley and data coding/cleaning.

Interviewers and supervisors traveled to the field for 15 days for data collection using the structured questionnaire. The households were randomly selected by drawing numbers, each of which aligned with a specific household number on the list. A total of three visits were made to each selected household to complete the interview. If unsuccessful, the surveyors would randomly select another household from the list to replace it. All women of reproductive age (i.e. those between 15 and 49 years of age) were eligible to participate in the study. All eligible women present in the home were invited to participate.

### 2.4 Data Processing

All paper questionnaires were processed at UC Berkeley. Data from the 1501 surveys were entered into a database using Epi Info Version 3.5.3. All coding, labeling, and cleaning of the dataset took place at UC Berkeley. A native Tigrinya speaker in Berkeley assisted in the translation of additional response options. Data entry began in June, 2014 and ended in August, 2014.

Data analysis was done at UC Berkeley using STATA v13. Results are reported in tables and graphs.

### 3. Results

### 3.1 Sampling

Table 1 shows the breakdown of households visited. A total of 1501 women were surveyed with a response rate of 100%.

### 3.2 Characteristics of Respondents

Table 2 presents the background characteristics of all women of reproductive age (15-49), who participated in the survey. Over half of the women (56.4%) sampled were less than thirty years of age. The majority of women (76.4%) were married or cohabitating. Educational attainment varied; nearly half of women (48.4%) surveyed had received no formal education, 40.2% had some education. Only 11.1% of the sampled women had secondary or higher education.

### 3.3 Fertility

All survey participants were asked about their pregnancy history, including the total number of sons and daughters ever born, distinguishing between those who were still living and those who had died.

Table 3: Number of children ever born and living, intendness of last pregnancy, and whether currently pregnant among women of reproductive age (N=1501)\*

	%	N
Number of children ever born		
Average		3.9
0	17.3	259
1-2	29.5	443
3-4	22.9	344
5+	30.3	454
Number of living children		
Average		3.5
0	17.9	268
1-2	31.1	467
3-4	25.1	377
5+	25.9	388
Intendedness of last pregnancy		
Wanted then	75.4	1132
Wanted later	6.3	95
Did not want	2.3	35
Currently pregnant	6.3	95

<sup>\*</sup>Percentages include missing.

Table 1: Numbers of households and women sampled by woreda\*

•	# of	
	households	# of women
Deguea Tembien	375	498
Kola Tembien	448	594
Tanqua Abergele	307	408

\*1501 women were surveyed, but one survey did not specify woreda; the sample in our dataset is 1501

Table 2: Background characteristics among all women of reproductive age (N=1501)\*

	%	N
Age		
15-19	18.5	277
20-24	20.7	311
25-29	17.2	258
30-34	14.5	217
35-39	13.3	200
40-44	7.9	119
45-49	7.9	118
Marital status		
Never married	12.5	188
Married/cohabiting	76.4	1147
Divorced/widowed	10.9	164
Education		
No education	48.4	727
1-4 years	14.3	214
5-9 years	25.9	388
Seconday or greater	11.1	166

\*Percentages include missing. # missing = 1 for Age; 2 for Marital Status; 6 for Education

As seen in Table 3, 6.3% of women interviewed were currently pregnant at the time of the survey. The average number of living children among women in the sample population was 3.5, but the average number of children ever born was 3.9. The distribution of living children among women was uneven: 17.9% had no children, 31.1% had 1-2 children, and 51% had more than 3 children. Figure 1 demonstrates that the number of children ever born increases with age; women age 15-19 have had on average less than one child whereas women age 45-49 have had on average 6.6 children.

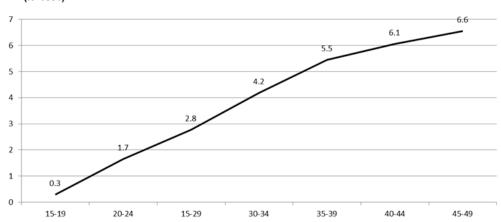


Figure 1: Average number of children ever born by age category among women of reproductive age (N=1501)

When asked about pregnancy intention, 75.4% reported they had wanted their last pregnancy when it occurred. Meanwhile, 8.6% of last pregnancies were mistimed or unwanted given that they were wanted later or not at all at the time of data collection (Table 3).

### 3.4 Fertility Preferences

The majority of survey participants (66%) responded that they did want a/another child, but the desire for more children gradually declined as the number of living children reported by the participants increased (Table 4). Similarly, the number of women who expressed wanting no more children was positively associated with number of living children. The average number of living children among women who expressed a desire for more children was 2.1 compared to 4.3 among women who desired no more children.

	Number of living children									Average # living	
	0	1	2	3	4	5	6+	Total	N	children	
Desire for children				%						Mean	
Have a/another child	23.6	21.7	18.4	12.8	10.2	7.2	6.1	100.0	990	2.1	
No more	(3.7)	(5.7)	8.0	13.4	16.8	18.2	34.2	100.0	351	4.3	
Undecided	(28.8)	(9.1)	(13.6)	(16.7)	(16.7)	(6.1)	(9.1)	100.0	66	2.4	
Says can't get pregnant	(3.4)	(2.3)	(5.6)	(7.9)	(13.5)	(20.2)	47.2	100.0	89	4.8	

<sup>\*</sup>Percentages include missing; () percentages in parenthesis indicate that the estinmate is based on less than 25 cases

The largest proportion women who were undecided about having a/another child had no children at the time of the survey (28.8%). Among women who expressed desire for a child in the future, nearly half of those women (45.3%) had 1 child or fewer at the time of the survey. However, among women who expressed wanting a/another child, just over one-third wanted to get pregnant within the next year (data not shown).

Table 5 reflects ideal family size among the women interviewed. When asked how many children they would like to have/would have liked to have, women said 4.5 on average (Table 5). When looking at the average desired number of children by background characteristics of the survey participants, young

Table 5: Ideal Family Size: Average desired number of children by background characteristics among women of reproductive age (N=1501)\*

	Average	N.
Total	4.5	1406
Age		
15-19	3.6	264
20-24	4.0	308
25-29	4.3	255
30-34	4.8	209
35-39	5.0	190
40-44	5.6	100
45-49	6.0	79
Marital status		
Never married	3.4	179
Married/cohabiting	4.7	1,074
Divorced/widowed	4.0	151
Education		
No education	5.0	657
1-4 years	4.7	203
5-9 years	3.8	378
Seconday or greater	3.5	162
No response	N/A	95

<sup>\*</sup>Some women did not answer all questions thus the N categories do not all add to 1501; This is limited to fecund women, excluding 93 sterilized women and 2 women who said they could not get pregnant

that method.

As shown in Table 6, nearly all women had heard of the pill (96.2%) and injectable contraceptives (97.9%). Knowledge of implants (88.6%) and condoms (78.5%) was also relatively high. Knowledge of other contraceptive methods was generally low. Only about half of the women had heard of IUDs. Women reported having ever used injectable contraceptives more than any other method (56%), followed by the pill at 18.9% and implants at 14.3%. No other method exceeded 10% ever use among the survey participants.

women generally wanted fewer children than older women, ranging from 3.6 children for women age 15-19 to 6 children for women age 45-49. Women who had never been married expressed wanting an average of 3.4 children, whereas married women wanted more children (4.7). Number of children desired was negatively correlated with years of education: women with no education wanted the most children (5.0) and women with secondary education or higher wanted the least (3.5).

### 3.5 Family Planning

Women were asked about their knowledge and ever use of family planning methods. They were then asked whether they were currently using a method, which method they were using, and where they had obtained

Table 6: Knowledge and ever use of contraceptive methods among women of reproductive age (N=1501)\*

	Heard of	Ever Used
Method		%
Female Sterilization	33.8	(0.3)
Male Sterilization	15.4	(0.1)
Pill	96.2	18.9
IUD	50.6	(0.9)
Injectables	97.9	56.0
Implants	88.6	14.3
Male Condom	78.5	1.7
Female Condom	26.3	(0.3)
Lactional		
Amenorrhea Method		
(LAM)	34.2	9.3
Rhythm Method	34.0	5.7
Withdrawal	20.1	2.6
Emergency		
Contraception	15.1	(1.3)

<sup>\*</sup>Percentages do not add up to 100; women were asked about all methods; Percentages in parentheses indicate that estimate was based on less than 25 cases

Over one-third of respondents were using any form of contraception at the time of the survey, as indicated in Table 7. Among those using contraception, 98.2% were using a modern form of contraception (sterilization, pill, IUD, injectable contraceptives, implants or condoms). Injectable contraceptives were the most commonly used method (27.2%) amongst all women, followed by implants (7.1%) and the pill (1.7%). In fact, among contraceptive users 72% were using injectable contraceptives (Figure 2). Traditional methods (lactational amenorrhea, withdrawal, and rhythm) were rarely reported.

Table 7: Contraceptive use among women of reproductive age (N=1501) % Ν Currently using contraception 37.7 566 Currently using modern contraception 37.0 556 Currently using traditional contraception (0.7)10 Current method No method 62.3 935 Injectables 27.2 408 Implants 7.1 106 Pill 1.7 25 Male condom (0.2)3 Female sterilization (0.3)4 IUD (0.7)10 Traditional 10 () Percentage in parentheses indicates that

Figure 2: Percent distribution of contraceptive method among current users of contraception(N=566)

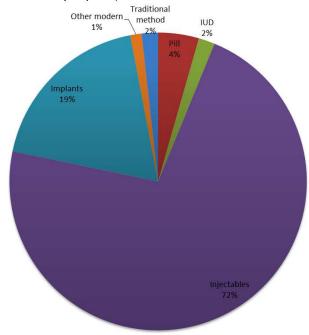


Table 8 shows the proportion of women using contraception by background characteristics. Women age 25-29 had the highest proportion modern contraceptive use (51.9%) among all age categories, followed by women age 20-24 (47.9%). Current use of contraception was low among women age 15-19 at approximately 17%. This trend was remained the same for modern contraceptive use as well.

Marital status was positively associated with current contraceptive use, as over 44% of married or cohabitating women currently used a modern method, compared to only 4.8% of never married women and 22.6% of women who were divorced or widowed.

Again, among married and unmarried women, the most used method was injectable contraceptives, followed by implants, and the pill, although pill use was relatively low.

The proportion of women currently using contraception rose with each category of educational attainment. While almost 36% of women with no education used a modern method of contraception, 44% of women with secondary education or higher used a modern method. The proportion of women in each category using implants and IUD increased slightly with more education. However, injectable contraceptives were the most used method among women in every education category.

<sup>()</sup> Percentage in parentheses indicates that estimate was based on less than 25 cases

Table 8: Percent of current contraceptive use by background characteristics among women of reproductive age (N=1501)\*

					%	)					
		Any						Any tradi	- Not		
	Any	modern		Inject-			Other	tional	currently		
Background characteristic	method	method	Pill	ables	Implants	IUD	modern	method	using	Total	N
Age											
15-19	17.3	17.0	(0.4)	14.1	(2.4)	(0.0)	(0.0)	(0.4)	82.7	100	277
20-24	47.9	46.3	(2.6)	31.8	10.6	(1.0)	(0.3)	(1.6)	52.1	100	311
25-29	51.9	51.2	(2.3)	36.1	10.9	(1.6)	(0.4)	(8.0)	48.1	100	258
30-34	42.9	42.9	(2.3)	35.5	(4.6)	(0.0)	(0.5)	(0.0)	57.1	100	217
35-39	42.0	41.0	(1.5)	29.5	(9.0)	(0.5)	(0.5)	(1.0)	58.0	100	200
40-44	32.8	32.8	(1.7)	22.7	(5.9)	(8.0)	(1.7)	(0.0)	67.2	100	119
45-49	(16.1)	(16.1)	(0.0)	(11.9)	(2.5)	(0.9)	(0.9)	(0.0)	83.9	100	118
Marital status											
Never married	(4.8)	(4.8)	(0.5)	(3.7)	(0.5)	(0.0)	(0.0)	(0.0)	95.2	100	188
Married/cohabiting	45.2	44.3	(2.0)	32.4	8.5	(8.0)	(0.6)	(0.9)	54.8	100	1147
Divorced/widowed	22.6	22.6	(0.6)	17.1	(4.3)	(0.6)	(0.0)	(0.0)	77.4	100	164
Education											
No education	36.0	35.8	(1.7)	27.4	6.1	(0.3)	(0.4)	(0.3)	64.0	100	727
1-4 years	38.8	36.5	(0.9)	28.0	(6.1)	(0.9)	(0.5)	(2.3)	61.2	100	214
5-9 years	37.6	36.9	(8.0)	27.1	7.7	(1.0)	(0.3)	(0.8)	62.4	100	388
Seconday or greater	44.0	44.0	(4.8)	25.3	(11.5)	(1.2)	(1.2)	(0.0)	56.0	100	166
Number of living children											
0	10.1	10.1	(8.0)	(8.6)	(8.0)	(0.0)	(0.0)	(0.0)	89.9	100	268
1-2	49.5	48.4	(2.8)	33.0	11.1	(1.1)	(0.4)	(1.1)	50.5	100	467
3-4	44.8	44.0	(1.6)	35.5	(5.8)	(0.5)	(0.5)	(0.8)	55.2	100	377
5+	35.8	35.3	(1.0)	25.0	7.7	(0.8)	(0.8)	(0.5)	64.2	100	388
Total	37.7	37.0	1.7	27.2	7.1	(0.7)	(0.5)	(0.7)	62.3	100	1501

<sup>()</sup> Percentage in parentheses indicates that estimate was based on less than 25 cases

Table 9: Intention to use contraception at any time in the future by background characteristics among women not currently using contraception (N=811)\*

	%	N					
Intention to use (total)	72.5	811					
Age							
15-19	82.5	217					
20-24	88.5	156					
25-29	80.2	121					
30-34	68.1	113					
35-39	64.8	105					
40-44	(34.6)	52					
45-49	(21.7)	46					
Marital status							
Never married	80.9	173					
Married/cohabiting	75.5	535					
Divorced/widowed	42.7	103					
Education							
No education	64.9	373					
1-4 years	71.8	117					
5-9 years	83.3	228					
Secondary or greater	79.8	89					

<sup>( )</sup> Percentage in parentheses indicates that estimate was based on less than 25 cases information on intention to use contraception. Presented here are proportions for women who responded

Women with 1-2 children had the highest modern contraceptive use at 48.4%. They were followed closely by women with parity of 3-4. Approximately 35% of women with five or more children are currently using a modern method, and only 10.1% of nulliparous women used any method.

Table 9 shows the intention to use contraception by background characteristics of the respondents who are not currently using a method of contraception. Most women not using a contraceptive reported intending to use a method in the future (72.5%). Intention to use in the future was highest among women with some education compared to no education, but greater than 60% in all groups of educational attainment. Younger women were more likely than older women to report intention to use, with over 80% of women age 15-29 intending to use contraception. Women who have never been married report the highest intention for future use (80.9%), but the majority of married women (75.5%) also intend to use contraception in the future.

The reasons for using contraception among women of reproductive age are represented in Table 10. By far the most

<sup>\*</sup>Some women did not answer all questions thus the N categories do not all add to 1501

<sup>\*</sup>Some women did not answer all questions thus the N categories do not all add to 811

common reason for contraceptive use is birth spacing. Women in all age categories, marital statuses, and educational levels reported birth spacing as the most frequent reason for use. No woman reported economic, medical, or healthcare provider-related reasons (Data not shown).

# 3.5.1 Post-partum and Post Abortion Family Planning

Table 11 describes respondents' experience with postpartum and post-abortion family planning counseling and method adoption. Postpartum and post-abortion family planning, or contraceptive use within the first 12 months after a woman delivers, is a critical component of

Table 10: Reasons for using contraceptive method by background characteristics among women of reproductive age who are currently using contraception (N=560)\*

	%					
		Completed				
	Spacing	familiy size	Other	Total	N	
Age						
15-19	78.7	(0.0)	(21.3)	100	47	
20-24	97.3	(2.0)	(0.7)	100	149	
25-29	98.5	(0.0)	(1.5)	100	132	
30-34	92.3	(5.5)	(2.2)	100	91	
35-39	84.5	(15.5)	(0.0)	100	84	
40-44	79.0	(18.4)	(2.6)	100	38	
45-49	(52.6)	(47.4)	(0.0)	100	19	
Marital status						
Never married	(77.8)	(0.0)	(22.2)	100	9	
Married/cohabiting	91.6	6.1	(2.3)	100	512	
Divorced/widowed	81.1	(13.5)	(5.4)	100	37	
Education						
No education	88.1	10.7	(1.2)	100	261	
1-4 years	92.7	(6.1)	(1.2)	100	82	
5-9 years	92.4	(1.4)	(6.3)	100	144	
Secondary or greater	93.0	(2.8)	(4.2)	100	71	
Total	90.5	6.6	(2.9)	100	560	

<sup>()</sup> Percentage in parentheses indicates that estimate was based on less than 25 cases

health care, since closely spaced pregnancies increase risk for mortality and morbidities among women and infants.

Over 86% of women reported having received post-partum family planning counseling in the last pregnancy. Around 57% of respondents said they received a postpartum family planning method, though that proportion drops to 51% among women who delivered in the last 24 months. Among women who received a postpartum family planning method, the majority received injectable contraceptives, and most women received their method more than six months postpartum. Less than 10% of women who delivered in the last two years received a method between 6 weeks and 6 months postpartum and a negligible number of women received a method in the first 6 weeks. Most frequently, postpartum methods were provided by nurses, followed by HEWs, and then CBRHAs.

The majority of women who received a family planning method after last birth obtained it from a nurse, HEW or CBRHA, representing 42%, 36% and 21% respectively. A similar distribution occurred among those who received a method after a birth in the last 2 years. However, a slight increase among women receiving a method from a CBRHA and a decrease among those receiving from nurses was noted.

<sup>\*</sup>Some women did not answer all questions thus the N categories do not all add to 560

<sup>\*</sup>There are 6 people for which we do not have information on intention to use contraception. Presented here are proportions for women who responded

Overall, postpartum and post-abortion family planning counselling was given at health facility to 40.4% of the women and by a CBRHA to 35.6% in the last pregnancy. Counselling was similarly given by CHWs and health facility workers (around 40%) after pregnancies in the last 2 years.

<u>.</u>	At last pregnar	ncy (N=1241)*	At last pregn last 2 years	•
	%	n	%	n
Received PPFP counseling	86.1	1069	89.8	569
Received PPFP method	57.3	711	51.0	323
Received PPFP method (by type)				
Female sterilization	(0.3)	4	(0.2)	1
Pill	4.1	51	(2.8)	18
IUD	(0.6)	8	(0.5)	3
Implants	10.2	126	9.8	62
Condom	(0.2)	3	(0.5)	3
LAM	(0.4)	5	(0.8)	5
Withdrawal	(0.2)	2	(0.2)	1
Injectable	42.2	524	37.5	238
Timing of receipt of PPFP method among those who receive	ved			
Less than 1 week	(0.4)	3	(0.6)	2
1-6 weeks	(3.3)	24	(5.1)	17
6 weeks - 3 months	12.7	92	19.5	65
3-6 months	13.4	97	18.6	62
More than 6 months	70.2	509	56.2	187
Provider of PPFP method among those who received				
HEW	35.8	259	36.6	121
Nurse	42.2	305	37.2	123
Doctor	(0.7)	5	(0.6)	2
Pharmacist	(0.6)	4	(1.2)	4
CBRHA	20.6	149	24.2	80
Other	(0.1)	1	(0.3)	1
	Ever receipt	(N=1263)*	Receipt in the	•
	%	n	%	n
Received family planning counseling after pregnancy or post-abortion				
Yes, from a CHW	35.6	450	39.8	252
Yes, from a health worker at a facility	40.4	510	39.8	252
Yes, from both a CHW and facility worker No	10.9 12.9	137 163	10.9 9.6	69 61

<sup>()</sup> Percentage in parentheses indicates that estimate was based on less than 25 cases

### 3.5 Unmet Need

According to the definition used by the Demographic Health Surveys, unmet need occurs when a woman who is married, fecund, and wants to limit childbearing or space her next birth by at least two years is not using a method of contraception. Table 12 illustrates the unmet need among married respondents by background characteristics. Overall, the unmet need among the study population was 11.9%. Unmet need appeared to be higher among 30-34 (14.3%) and 35-39 (21.2%) age groups.

<sup>\*</sup>Some women did not answer all questions thus the N categories do not all add to total

Table 12: Percent of married women with an unmet need for contraception by background characteristics (N=1147)\*

	%	N
Total	11.9	1147
Age		
15-19	(4.3)	117
20-24	(5.2)	271
25-29	(4.6)	220
30-34	14.3	182
35-39	21.2	165
40-44	(22.2)	99
45-49	(25.8)	93
Education		
No education	17.5	622
1-4 years	(8.3)	169
5-9 years	(4.7)	257
Secondary or greater	0.0	94
Number of living children		
Average		5.04
0	(1.3)	78
1-2	(3.4)	385
3-4	10.3	319
5+	24.4	365
Wants no or no more children	44.4	275
Last pregnancy unwanted or		
mistimed	(19.6)	112

<sup>( )</sup> Percentage in parentheses indicates that estimate was based on less than 25 cases

Unmet need is highest among the non-educated women (17.5%) and among women with 5 or more children (24.4%). Among women who wanted no more children unmet registered the highest level at 44.4%.

### 3.7 Family Planning Preferences

Understanding family planning preferences can shape efforts aimed at satisfying demand for specific contraceptive methods. Women, current users as well as non-users of contraception, were surveyed about their preferred family planning method, reasons for stated preferences and reasons for not using preferred method, as applicable.

As shown in Table 13, injectable contraceptives were by far the most preferred method of contraception among all respondents (59.1%), followed by implants at 10.7%. Among women who were using any method of contraception, over 70% preferred injectable contraceptives. Even preference for injectable contraceptives among women who were not using any method of contraception at the time of survey was high at 51.7%. Among women who were currently using injectable contraceptives, nearly 98% preferred that method.

Table 13: Preferred method of contraception by whether currently using any method, no method or injectables among all women of reproductive age

		%		
		Preferred method	Preferred method	Preferred method
		among women	among women not	among women
	Preferred method	currently using	currently using	who are currently $% \label{eq:currently} % % \label{eq:currently} % \label{eq:currently} % % % \label{eq:currently} % % % \label{eq:currently} % % % \label{eq:currently} % % % % \label{eq:currently} % % % % \label{eq:currently} % % % % % \label{eq:currently} % % % % % % % % % % % % % % % % % % %$
	of FP among all	any method	any method	using injectables
Preferred method	women (N=1501)*	(N=566)*	(N=935)*	(N=408)
Injectables	59.1	71.4	51.7	97.8
Implants	10.7	18.2	6.2	(0.5)
Pill	2.8	4.4	(1.8)	0.0
IUD	(1.3)	(1.4)	(1.2)	0.0
Traditional	(0.7)	(1.4)	(0.2)	0.0
Male condom	(0.3)	(0.5)	(0.2)	0.0
Female Sterilization	(0.1)	-	(0.1)	0.0
Other	(0.1)	0.0	(0.1)	0.0
No response	25.0	(2.7)**	38.5	(1.7)

<sup>()</sup> Percentage in parentheses indicates that estimate was based on less than 25 cases

<sup>\*</sup>Percentages include missing

<sup>\*</sup>Among women who responded to both questions and whose preferred method was not categorized as 'other'

<sup>\*\*</sup>Includes 93 women who were sterilized or said they could not get pregnant and therefore were not asked their preference

Table 14: Reason why injectable is preferred method among women of reproductive age who prefer injectables (N=887)\*

	%	N
Women who prefer injectable contraceptives*		
More convenient	47.4	420
Tried before	26.4	234
Fewer side effects	14.0	124
Long-acting preferred	10.6	94
Short-acting preferred	7.6	67
The only method I know	5.9	52
Privacy	(2.0)	18
Partner allows it	(8.0)	7
Other	2.9	26

<sup>()</sup> Percentage in parentheses indicates that estimate was based on less than 25 cases \*Responses are not mutually exclusive

Women's interactions with the healthcare system by background characteristics are shown in Table 16. The vast majority (94.8%) of surveyed women across all age groups, marital status, and education knew at least one source of family planning. A large proportion of women reported receiving family planning information from a field worker in last 12 months (68.6%) but this varied by age. Women age 15-19 were the least likely (48%) to receive a visit from a field worker and family planning

Among women who preferred injectable contraceptives, convenience (47.4%) and having "tried (it) before" (26.4%) were the most frequent cited reasons (Table 14).

### 3.8 Family Planning Services

Data to determine where women are currently receiving services and their preferences regarding family planning service provision was also collected. Table 15 shows that the majority of women using contraception at the time of the survey were told about side effects (68.7%), while slightly fewer (63.1%) were advised on how to respond should side effects occur. A high proportion of women currently using contraception (82.9%) received counseling regarding other methods.

Table 15: Quality of family planning services provided among women of reproductive age who are currently using contraception (N=566)\*

	%	N
Told about side effects	68.7	389
Told what to do if experience		
side effects	63.1	357
Told about other methods	82.9	469

<sup>\*11 - 20</sup> women who were using contraception did not answer at least one of these questions; total percentages include missing responses

information, while women age 30-34 were the most likely (81.6%) to have received such a visit and information. In terms of marital status, married women received information in higher proportions (73.2%) than those who had never been married (46.3%). Meanwhile, women of all levels of education were almost equally as likely (66-70%) to receive this information, indicating education level did not have an effect.

Most women surveyed had visited a health facility for any reason in the last 12 months (76.6%). Women age 25-29 (86.8%) and married women (84.0%) were most likely to visit a health facility, while women age 15-19 (53.8%) and unmarried women (42.6%) were least likely. Meanwhile education seemed to have little effect, with a fairly even distribution across categories.

Table 16: Interaction with healthcare system by background characteristics among women of reproductive age (N=1501)\*

			%		
		Visited by	Visited	Received	
		field worker	health	info about	
	Knows	and received	facility for	FP from	
	source of	FP info in	any reason	health	
	family	last 12	in last 12	facility**	
	planning	months	months	(N=1149)	N
Age					
15-19	92.1	48.0	53.8	72.5	277
20-24	94.9	71.1	83.3	86.9	311
25-29	98.5	77.5	86.8	89.7	258
30-34	96.8	81.6	85.3	90.8	217
35-39	98.5	77.5	85.0	91.2	200
40-44	90.8	65.6	69.8	85.5	119
45-49	87.3	55.1	66.1	84.6	118
Marital status					
Never married	90.4	46.3	42.6	63.8	188
Married/cohabiting	95.6	73.2	84.0	88.8	1147
Divorced/widowed	94.5	62.8	64.0	83.8	164
Education					
No education	93.8	70.2	78.5	89.1	571
1-4 years	94.4	68.2	76.6	83.5	164
5-9 years	96.7	65.7	72.2	83.6	280
Seconday or greater	95.8	69.3	78.3	85.4	130
Total	94.8	68.6	76.6	86.6	1501

<sup>\*</sup>Some women did not answer all questions thus the N categories do not all add to 1501; percentages include missing responses

status, or educational level.

In Table 17, looking at the source of contraception, approximately one-third of women using injectable contraceptives reported having received their most recent injection from a government health center (37.9%) or government health post (30.5%). However, notably, nearly as many surveyed women (25.5%) received contraceptive injections from a CBRHA. Among women who have never used injectable contraceptives but would be interested in

Among women who had visited a facility for any reason in the last 12 months, women age 35-39 (91.2%), married women (88.8%), and women without education (89.1%) were most likely to receive information about family planning during their visit, though a high proportion of all surveyed women (86.6%) received this information regardless of age, marital

Table 17: Recent and preferred sources of injectables among women of			
reproductive age			
Most recent source of injectables among women			
who have ever used injectables (N=840)	%	N	
Government hospital	(0.5)	4	
Government health center	37.9	318	
Government health post	30.5	256	
CBRHA	25.5	214	
Other	(0.0)	0	
Preferred sources of injectables among women			
who have ever used injectables (N=840)*			
Government hospital	(1.4)	12	
Government health center	41.4	348	
Government health post	53.8	452	
CBRHA	34.1	286	
Other	(0.1)	1	
Preferred sources of injectables among women			
who are interested in injectables but have never			
used it (N=289)*			
Government hospital	(2.4)	7	
Government health center	61.9	179	
Government health post	48.8	141	
CBRHA	33.2	96	
Other	(1.0)	3	
Preferred sources of contraception among all			
women (N=1501)*			
Government hospital	2.8	42	
Government health center	45.9	689	
Government health post	49.3	740	
CBRHA	31.1	467	
Other	2.0	30	

<sup>()</sup> Percentage in parentheses indicates that estimate was based on less than 25 cases

using it, most reported preferring to receive it at the government health center (61.9%), but one-third preferred to receive from a CBRHA. Finally, among all women, the government health post (49.3%) was the preferred source for obtaining their chosen family planning method but a sizable proportion would prefer to receive family planning from CBRHAs (31.1%).

<sup>\*\*</sup>Among women who visited health care facility in the last 12 months

<sup>\*</sup>Responses not mutually exclusive

### 4. In Summary

This endline survey captured demographic, fertility and contraceptive use patterns among the target population after the completion of the intervention project. Key indicators from this report can be compared to the baseline report to determine the impact of the intervention. Additionally, key findings from this report can help inform future programs and policies in Tigray.

Descriptive statistics revealed that women desired 4.5 children on average. However, younger women wanted fewer children than older women, suggesting efforts to delay first child and increase spacing between children will be very important for women less than 30 years of age, which was over half of the women in our sample (56.4%).

Of all women surveyed, around 38% were currently using a modern method of contraception and 73% of women indicated an intention to use contraception at some point in the future. Approximately 12% of women surveyed have an unmet need for contraception. Combined with the contraceptive prevalence, 49% of women currently have a potential demand for contraception. The most popular method among women was injectable contraceptives. Among users injectable contraceptives represent 72% of the contraceptive method mix. It is important to note that around 26% of injectable contraceptive users received their last injection from a CBRHA. Thus provision of injectable contraceptives by CBRHAs provides an important contribution to the current injectable contraceptives use in Tigray (around 19%).

Nearly 60% of women, users and non-users of contraceptives, reported injectable contraceptives were their preferred method. The market for injectable contraceptives is not only important, but it has the potential to grow. Consequently, these findings highlight the demand for contraceptive services in the region and the need for improved access to injectable contraceptives in particular.

Yet, improving access can be a complex issue to address. Timing, quality and location of family planning counseling and services were all important findings from this report that can guide efforts to improve access. Less than 60% of women reported receiving a postpartum family planning method, with most women receiving the method at more than 6 months postpartum. The vast majority of women using contraception (83%) were given information on several methods. Similarly, many women (69%) reported receiving information about side effects. These findings are hopeful and demonstrate a certain level of quality services, but all women, including those postpartum, should be counseled on the different methods available and associated side effects.

Finally, while the government health post was the preferred source for obtaining family planning, likely because services are familiar and provided free of cost, CBRHAs are poised to have an important contribution to contraceptive prevalence, with nearly one-third of women preferring to receive family planning services from them. These findings highlight the ongoing need for including CBRHAs in efforts to expand and improve access to contraception in Tigray.

# **Appendix**

# Ethiopia Community Family Planning Survey Questionnaire 2014

	Que	estion		Response	Code	
Α	Questionnair	e ID#			///	
В	Woreda				III	
С	Kebele				III	
Resea	archer visit	1		2	3	
D	Date		_	//		
E	Researcher code	[ _				
F	Result				[]	
1=Col 2=Ref 3=Pos 4=Inc 5=Noi 6=Noi	Result codes:  1=Completed 2=Refused 3=Postpone 4=Incomplete 5=Non residential 6=Non existent 7=Other					
RECORD THE TIME: START OF INTERVIEW				HOUR		
RECORD THE TIME: END OF INTERVIEW				HOUR		

### SECTION 1: DEMOGRAPHIC INFORMATION

Number	Question	Coding Categories	Skip
101	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?	YEARS	
	IF LESS THAN ONE YEAR, RECORD '00' YEARS.	MONTHS	
		ALWAYS95	→103
102	Just before you moved here, did you live a town or countryside?	URBAN1	
		RURAL2	
103	How long does it take you to get to the nearest health facility?	HOURS	
	idonty:	MINUTES	
104	How would you travel to the nearest health facility?	WALKING1	
		BICYCLE2	
		MOTORCYCLE3	
		CAR4	
		BUS5	
		TAXI6	
		HORSE/DONKEY7	
		OTHER77	
		OTHER(SPECIFY)	
105	How old were you at your last birthday?		
		YEARS	
		DON'T KNOW88	
106	Are you currently attending school?	YES1	→ 108
		NO2	
107	Have you ever attended school?	YES1	
		NO2	→ 109
108	What is the highest grade you have completed?	GRADE	
	IF NONE, WRITE '00'.	TECHNICAL/VOCATIONAL CERT13	
	II NONE, WRITE OU.	UNIVERSITY/COLLEGE DIPLOMA14	
		HIGHER THAN UNIVERSITY/ COLLEGE	
		DIPLOMA15	
109	Can you read?	YES1	
		NO2	
110	What is your occupation, that is, what kind of work do you mainly do? CIRCLE ONLY ONE OPTION.	GOVT WORKER1	
	you mainly do? On OLE ONE? ONE OF HOM.	STUDENT2	
		HOUSEWIFE3	
		MERCHANT4	
		FARMER5	
		OTHER77	
		OTHER (SPECIFY)	
111	Were you paid in cash or kind for this work or are you	CASH ONLY1	
	not paid at all?	CASH AND	
		KIND2	
		IN KIND ONLY3	1

		NOT PAID4
112	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING
113	What kind of toilet facility do members of your household usually use?	BATHROOM
114	Does your household have: READ OPTIONS.	YES NO
115	Does any member of this household own: READ OPTIONS.	YES         NO           WATCH
116	What type of fuel does your household mainly use for cooking?	ELECTRICITY       1         LPG       2         NATURAL GAS       3         KEROSENE       4         COAL       5         WOOD       6         STRAW       7         ANIMAL DUNG       8         NO FOOD COOKED IN HOUSEHOLD       9         OTHER       77         OTHER       (SPECIFY)
117	Main material of the floor. RECORD OBSERVATION.	NATURAL FLOOR         EARTH/SAND

		PARQUET/POLISHED WOOD5 VINYL/ASPHALT STRIPS6 CERAMIC TILES
118	Main material of the roof. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF
119	Main material of the exterior walls. RECORD OBSERVATION.	NATURAL WALLS NO WALLS
120	How many rooms in this household are used for sleeping?	NUMBER
121	How many people sleep in this household?	NUMBER
122	Does any member of this household own agricultural land?	YES
123	Does any member of this household own any livestock, herds, other farm animals, or poultry?	YES1 NO2

### **SECTION 2. REPRODUCTION**

Number	Question	Coding Categories	Skip
201	Now I would like to ask about all the live births and	YES1	
201	pregnancies you have had during your life. Have you ever been pregnant?	NO2	→301
202	Have you ever given birth?	YES1	
202	Trave you ever given bittin	NO2	→211
203	How old were you at the birth of your first child?	YEARS	
		DON'T KNOW88	
204	Do you have any sons or daughters to whom you have given birth who are still alive?	YES1	
		NO2	→206
205	How many sons are alive?	SONS	
	And how many daughters are alive?	DAUGHTERS	
	IF NONE, RECORD '00'.	DAUGHTERS	
206	Sometimes it happens that children die. It may be painful to	YES1	
	talk about and I am sorry to ask you about painful memories, but it is important to get correct information. Have you ever	NO2	→208
	given birth to a son or daughter who was born alive but later died?	NO2	→200
	IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?		
207	How many boys have died?	BOYS DIED	
	How many girls have died?		
	IF NONE, RECORD '00'	GIRLS DIED	
208	SUM TOTALS FROM 205 AND 207 AND RECORD. IF NONE, RECORD '00'.	TOTAL	
209	CHECK 208:	YES1	
	Just to make sure that I have this right: you have had in TOTAL births during your life. Is that correct?	NO2	PROBE AND CORRECT 205-207 AS NECESSARY
210	What is the age of your youngest child?	YEARS	
		MONTHS (If less	
		than 1 year)	
211	At the time of your last pregnancy, did you receive counseling	YES1	
	on postpartum contraception?	NO2	
212	Did you receive a postpartum method of contraception after	YES1	
212	your last pregnancy?		<b>&gt;</b> 040
		NO2	<del>→</del> 216
213	What method of contraception did you receive/use postpartum after your last pregnancy?	FEMALE STERILIZATION1	
		PILL2	
		IUD3	
		IMPLANTS4	
		CONDOM5	
		FEMALE CONDOM6	
		MALE STERILIZATION7	
		LACTATIONAL AMENORREA8	
		DIGITATION LAWEINGINEA0	

		RHYTHM METHOD9	
		WITHDRAWAL10	
		OTHER77	
		OTHER_ (SPECIFY)	
214	How long after your last pregnancy ended did you	LESS THAN 1 WEEK1	
	receive/begin using this method?	1 – < 6 WEEKS2	
		6 WEEKS – < 3 MONTHS3	
		3 MONTHS - < 6 MONTHS4	
		≥ 6 MONTHS5	
215	Who provided this method of contraception?	HEW1	
213	In case of lactational amenorrea, rhythm method and	NURSE 2	
	withdrawal, who taught you about this method of contraception?	DOCTOR 3	
	contraception?	PHARMACIST4	
		CBRHA5	
		OTHER77	
		OTHER(SPECIFY)	
216	Are you pregnant now?	YES1	
		NO2	→218
		DON'T KNOW88	→218
217	How many months pregnant are you?	MONTHS	
	RECORD NUMBER OF COMPLETED MONTHS.	LESS THAN 1 MONTH RECORD "00"	
		DON'T KNOW88	
218	At the time your last pregnancy (including current pregnancy, if pregnant), did you want to become pregnant then, did you	THEN1	→220
	want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	LATER2	
		NOT AT ALL3	→220
219	How long did you want to wait to become pregnant?	YEARS	
		MONTHS	
220	Have you ever had a pregnancy that was not carried to term?	YES1	
		NO2	→226
221	How many pregnancies have not been carried to term?	NUMBER	,===
222	Did you or someone induce an abortion?	INDUCED1	
222	Did you of someone induce an abortion?	DID NOT INDUCE2	. 200
			→226
223	How many abortions did you induce?	NUMBER	
224	When was the last abortion induced?	YEAR	
225	How many months pregnant were you when the pregnancy	MONTHS	
	ended?	LESS THAN 1 MO00	
		DON'T KNOW88	
226	Have you ever received any counseling related to family planning or contraception from a health worker after you gave	YES, FROM A COMMUNITY HEALTH WORKER1	
	birth, during a pregnancy or after pregnancy ended?	YES, FROM A HEALTH WORKER IN A	
		FACILITY2	
		NO3	

### **SECTION 3. CONTRACEPTION**

SLOTI	<u>ON 3. CONTRACEPTION</u> I		
301	Now I would like to talk about family planning - the various was a couple can use to delay or avoid a pregnancy.	302 Have you ever used (METHOD)?	
	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, AS Have you ever heard of (METHOD)?		
	CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED THEN PROCEED DOWN COLUMN 301, READING THE NA EACH METHOD NOT MENTIONED SPONTANEOUSLY. CII IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THE WITH CODE 1 CIRCLED IN 301, ASK 302.		
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES1 NO2	Have you ever had an operation to avoid having any more children? YES1 NO2
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES1 NO2	Have you ever had a partner who had an operation to avoid having any more children? YES
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES1 NO2	YES
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES1 NO2	YES
05	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES1 NO2	YES
06	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES1 NO2	YES
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES1 NO2	YES
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES1 NO2	YES
09	LACTATIONAL AMENORRHEA METHOD (LAM)	YES1 NO2	YES
10	RHYTHM METHOD Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES1 NO2	YES
11	WITHDRAWAL Men can be careful and pull out before climax.	YES1 NO2	YES
12	EMERGENCY CONTRACEPTION As an emergency measure after unprotected sexual intercourse, women can take special pills at any time within five days to prevent pregnancy.	YES	YES
13	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES1	YES1
		(SPECIFY)	NO
		NO2	NO2

NUMBER	QUESTION	CODING CATEGORIES	SKIP
303	CHECK 302 (01):	WOMAN NOT STERILIZED  WOMAN STERILIZED	→304 →313
304	Do you know of a place where you can obtain a method of family planning?	YES	→306
305	Where is that? Any other place? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE ALL THAT APPLY WRITE THE NAME OF THE PLACE IF MENTIONED  (NAME OF PLACE(S))	GOVT. HOSPITAL	
306	In the last 12 months, were you visited by a fieldworker or CBRHA who talked to you about family planning?	YES	
307	In the last 12 months, did you visit a health facility for any reason?	YES	→309
308	Did you receive information about family planning when you visited the health facility?	YES	
309	Would you like to receive information about family planning from a health facility?	YES	
310	From where would you prefer to get family planning information?  CIRCLE ALL THAT APPLY	GOVT HOSPITAL	

		TELEVISION12	
		COMMUNITY/SPIRITUAL LEADER13	
		OTHER77	
		OTHER_	
311	CHECK 212:	(SPECIFY)	
		NOT PREGNANT OR UNSURE	→312
		PREGNANT	→313
312	Are you currently doing something or using any method to	YES1	
	delay or avoid getting pregnant?	NO2	→401
		NO	7401
313	NOT PREGNANT WOMAN: Which method are you currently using?	FEMALE STERILIZATION1	
	CIRCLE ALL MENTIONED	PILL2	
		IUD3	
	IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	INJECTABLES4	
		IMPLANTS5	
		CONDOM6	
	PREGNANT WOMAN: Which method were you using before	FEMALE CONDOM7	
	you became pregnant?	MALE STERILIZATION8	→401
		LACTATIONAL AMENORREA9	
		RHYTHM METHOD10	
		WITHDRAWAL11	→401
		OTHER77	
		OTHER	
		(SPECIFY)	
314	Where did you obtain (CURRENT/LAST METHOD) when you	GOVT. HOSPITAL1	
	started using it?	GOVT HEALTH CENTER2	
	PROBE TO IDENTIFY THE TYPE OF SOURCE AND	GOVT HEALTH POST3	
	CIRCLE THE APPROPRIATE CODE(S).	CBRHA/CBD4	
	WRITE THE NAME OF THE PLACE IF MENTIONED	NGO FACILITY5	
	(NAME OF PLACE(S))	PRIVATE HOSPITAL/CLINIC6	
		PHARMACY/CHEMIST7	
	Where did you learn how to use the rhythm/lactational	SHOP8	
	amenorrhea method?	FRIEND/RELATIVE9	
		SCHOOL10	
		OTHER77	
		OTHER: (SPECIFY)	
		(GFECIFT)	

	•		
315	Why are you using this (these) method(s)?	SPACING	
316	How much did you pay in total, including the cost of the method and any consultation for this method?	COST	
317	At the time you obtained this method, were you told about side effects or problems you might have with the method?	YES1 NO2	
318	Were you told what to do if you experienced side effects or problems?	YES	
319	At that time you obtained this method, were you told about other methods of family planning that you could use?	YES	

SECTION 4: DEPO PROVERA KNOWLEDGE AND USE

NUMBER	QUESTION QUESTION	CODING CATEGORIES	SKIP
401	CHECK 302 (01):	WOMAN NOT STERILIZED  WOMAN STERILIZED	→402 →501
402		ENTIONED INJECTABLE CONTRACEPTIVES  MENTION INJECTABLE CONTRACEPTIVES	→403 →427
403	Where have you heard about injectable contraceptives or Depo?  CIRCLE ALL MENTIONED	GOVT. HOSPITAL	

	T		
		FRIEND/RELATIVE9	
		MAGAZINE/NEWSPAPER10	
		RADIO11	
		TELEVISION12	
		SCHOOL/TEACHER13	
		OTHER77	
		OTHER:	
		(SPECIFY)	
404	Where or from whom would you like to get information	GOVT. HOSPITAL1	
	about Depo?	GOVT HEALTH CENTER2	
	CIRCLE ALL MENTIONED	GOVT HEALTH POST3	
		CBRHA/CBD4	
		NGO FACILITY5	
		PRIVATE HOSPITAL/CLINIC6	
		PHARMACY/CHEMIST7	
		SHOP8	
		FRIEND/RELATIVE9	
		MAGAZINE/NEWSPAPER10	
		RADIO11	
		TELEVISION12	
		SCHOOL/TEACHER13	
		OTHER77	
		OTHER:	
		(SPECIFY)	
405	How long does Depo provide protection against	3 MONTHS/12 WEEKS1	
	pregnancy?	ANY OTHER ANSWER2	
		DON'T KNOW88	
406	Can you name some of the side effects women can have	IRREGULAR BLEEDING1	
100	when using Depo?	HEAVY BLEEDING2	
	DON'T READ LIST. CIRCLE ALL MENTIONED. PROBE FOR MORE: "Any others?"	SPOTTING	
		AMENORRHEA4	
		HEADACHE5	
		WEIGHT GAIN6	
		WEIGHT LOSS	
		IRRITABILITY	
		HAIR LOSS9	
		SKIN COLOR CHANGE10	
		OTHER	
		OTHER:	
		(SPECIFY)	

		DON'T KNOW	
		DON'T KNOW88	
407	For what health problems, if any, do you think a woman	CHRONIC HEADACE1	
	using Depo should go to a clinic and talk to a nurse or doctor?	VERY HEAVY BLEEDING2	
	DON'T READ LIST. CIRCLE ALL MENTIONED.	PREGNANCY3	
		CHEST PAIN4	
		OTHER77	
		OTHER:	
		DON'T KNOW88	
408	CHECK 302 (5):		
400		LED, USED INJECTABLE CONTRACEPTIVES	→409
	2 IS CIRCLED, NE	VER USED INJECTABLE CONTRACEPTIVES	→427
409	Are you currently using Depo?	YES1	→413
		NO2	
410	Why did you discontinue use of Depo?	SIDE EFFECTS1	
		FEAR OF SIDE EFFECTS2	
		DON'T KNOW WHEN TO GO3	
		FORGET TO GET INJECTION4	→413
		TRYING TO GET PREGNANT5	
		COST6	→413
		GOT PREGNANT7	
		WANT TO USE OTHER METHOD8	
		OTHER77	
		OTHER: (SPECIFY)	
		(or con 1)	
411	Are you using a different method?	YES1	
		NO2	→413
412	Which method?	FEMALE STERILIZATION1	
		PILL2	
		IUD3	
		IMPLANTS4	
		CONDOM5	
		FEMALE CONDOM6	
		MALE STERILIZATION7	
		LACTATIONAL AMENORREA8	
		RHYTHM METHOD9	
		WITHDRAWAL10	
		OTHER77	

		OTHER:	
413	For how long have/had you been using Depo?	YEARS MONTHS	
414	Were you using a different method before you started using Depo?	YES	<del>→</del> 418
415	Which method did you switch from?	PILL       1         IUD       2         IMPLANTS       3         CONDOM       4         FEMALE CONDOM       5         MALE STERILIZATION       6         LACTATIONAL AMENORREA       7         RHYTHM METHOD       8         WITHDRAWAL       9         OTHER       77         OTHER:       (SPECIFY)	
416	Do you think you will get another injection of Depo?	YES	→418
417	Why not?	SIDE EFFECTS	
418	When did you receive your last injection?	D M Y// DON'T KNOW88	
419	Where did you receive your last Depo injection?	GOVT. HOSPITAL	

		PRIVATE HOSPITAL/CLINIC	
420	Where would you prefer to receive Depo injections? CIRCLE ALL MENTIONED	GOVT. HOSPITAL	
421	From whom did you receive the Depo injection?	HEW	
422	From whom would you like to receive the Depo injection?  CIRCLE ALL MENTIONED	HEW	
423	Did you pay for your last injection?	YES	→425
424	How much did you pay for your last Depo injection?	COST	

425	Would you be willing to pay or continue to pay for Depo injections?	YES	<b>→</b> 501
426	How much would you be willing to pay?	COST	All RESPONSES →501
427	Would you like to receive information about Depo?	YES	→429
428	Where would you like to get information about Depo? CIRCLE ALL MENTIONED	GOVT. HOSPITAL	
429	Would you be interested in using Depo to prevent pregnancy?	YES	<del>→</del> 431
430	Why not?	NOT MARRIED	→501 →501 →501 →501 →501 →501 →501 →501

		LACK OF ACCESS/TOO FAR14	→501
		COSTS TOO MUCH15	→501
		NOT CONVENIENT TO USE16	→501
		INTERFERES WITH BODY'S	
		NORMAL PROCESSES17	→501
		OTHER77	→501
		OTHER:	
		DON'T KNOW88	<del>→</del> 501
431	Where would you like to receive a Depo injection?	GOVT. HOSPITAL1	
		GOVT HEALTH CENTER2	
		GOVT HEALTH POST3	
		CBRHA/CBD4	
		NGO FACILITY5	
		PRIVATE HOSPITAL/CLINIC6	
		PHARMACY/CHEMIST7	
		SCHOOL8	
		OTHER77	
		OTHER:(SPECIFY)	
432	From whom would you like to receive a Depo injection?	HEW1	
		NURSE2	
		DOCTOR3	
		PHARMACIST4	
		CBRHA5	
		OTHER77	
		OTHER: (SPECIFY)	
433	Would you be willing to pay for Depo?	YES1	
		NO2	→501
434	How much would you be willing to pay for Depo?	COST	
		DON'T KNOW9998	

### SECTION 5: MARRIAGE AND SEXUAL ACTIVITY

QUESTION	CODING CATEGORIES	
What is your current marital status?	NEVER MARRIED1	→503
	MARRIED/COHABITING2	
	DIVORCED/WIDOWED3	
How old were you at the time of your first marriage?	AGE	
	•	MARRIED/COHABITING

		DON'T KNOW88
503	What is the age of your husband or partner?	AGE
		NO CURRENT PARTNER99
		DON'T KNOW88
504	How old were you when you first had sexual intercourse?	AGE
		NEVER HAD SEXUAL INTERCOURSE88

### SECTION 6: FERTILITY PREFERENCES

Number	Question	Coding Categories	Skip
601	CHECK 302 (01):	WOMAN NOT STERILIZED  WOMAN STERILIZED	→602  →SURVEY COMPLETE
602	CHECK 212:	HAVE (A/ANOTHER) CHILD1	
	NOT PREGNANT/UNSURE: Now I have some questions about the future. Would you like to have (a/another) child, or	NO MORE/NONE2	→604
	would you prefer not to have any (more) children?	SAYS SHE CAN'T GET PREGNANT3	→621
	PREGNANT: Now I have some questions about the future.  After the child you are expecting now, would you like to have another child, or would you prefer not to have any	UNDECIDED/DON'T KNOW AND PREGNANT4	→609
	more children?	UNDECIDED/DON'T KNOW AND NOT PREGNANT/UNSURE5	→607a
603	CHECK 212:	MONTHS	
	NOT PREGNANT/UNSURE: How long would you like to wait from now before the birth of (a/another) child?	YEARS	
	PREGNANT: After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	SOON/NOW993	→608
		SAYS CAN'T GET PREGNANT994	→621
		AFTER MARRIAGE995	
		OTHER996	→608
		OTHER:(SPECIFY)	
		DON'T KNOW998	→608
604	CHECK 212:		
		NOT PREGNANT OR UNSURE	→605
		PREGNANT	→609
605	CHECK 312: USING A CONTRACEPTIVE METHOD?		
		NOT CURRENTLY USING	→607
		CURRENTLY USING	→ 611

606	

Number	Question	Coding Categories	Skip
607	CHECK 602:  WANTS TO HAVE ANOTHER CHILD: You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy. Can you tell me why you are not using a method? Any other reason?  WANTS NO MORE/NONE: You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy. Can you tell me why you are not using a method? Any other reason?  RECORD ALL REASONS MENTIONED.	Coding Categories           NOT MARRIED	<b>УКІР</b>
607a	In the next few weeks, if you discovered that you were pregnant, would that be a big problem, a small problem, or no problem for you?	BIG PROBLEM	
608	CHECK 312: USING A CONTRACEPTIVE METHOD?	NOT CURRENTLY USING	→ 609
		NOT CONNENTED BOING	7 000

609	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	YES	→612
		DON'T KNOW88	
610	What is the main reason that you think you will not use a contraceptive method at any time in the future?	NOT MARRIED1 FERTILITY-RELATED:	→ 612
		NOT HAVING SEX2	→ 612
		INFREQUENT SEX3	→ 612
		MENOPAUSAL/HYSTERECTOMY4	→ 612
		SUBFECUND/INFECUND5	→ 612
		POSTPARTUM AMENORRHEIC6	→ 612
		BREASTFEEDING7	→ 612
		FATALISTIC8	→ 612
		OPPOSITION TO USE: RESPONDENT OPPOSED9	→ 612
		HUSBAND/PARTNER OPPOSED10	→ 612
		OTHERS OPPOSED11	→ 612
		RELIGIOUS PROHIBITION12	→ 612
		LACK OF KNOWLEDGE: KNOWS NO METHOD13	→ 612
		KNOWS NO SOURCE14	→ 612
		FEAR OF SIDE EFFECTS15	→ 612
		LACK OF ACCESS/TOO FAR16	→ 612
		COSTS TOO MUCH17	→ 612
		INCONVENIENT TO USE18	→ 612
		INTERFERES WITH BODY'S NORMAL PROCESSES19	→ 612
		HEALTH CONCERNS20	→ 612
		OTHER77	→ 612
		OTHER:(SPECIFY)	
		DON'T KNOW88	→ 612
611	Is (CURRENT METHOD FROM 313/313a) your preferred method of contraception?	YES1	→614
	IF NOT CURRENTLY USING ANY METHOD, SKIP TO 616.	NO2	
612	What is your preferred method of contraception?	FEMALE STERILIZATION1	
		MALE STERILIZATION2	
		PILL	

		INJECTABLES5
		IMPLANTS6
		CONDOM7
		FEMALE CONDOM8
		LACTATIONAL AMENORRHEA9
		RHYTHM METHOD10
		WITHDRAWAL11
		OTHER77
		OTHER:
		(SPECIFY)
613	Why are you not using your preferred method of	TOO EXPENSIVE1
	contraception?	I CAN'T GET2
		PROVIDER CHOSE FOR ME3
		OTHER77
		OTHER:
		(SPECIFY)
614	Why do you prefer this method?	MORE CONVENIENT1
	CIRCLE ALL MENTIONED	FEWER SIDE EFFECTS2
		TRIED BEFORE3
		THE ONLY METHOD I KNOW4
		PARTNER ALLOWS IT5
		PRIVACY6
		LONG-ACTING PREFERRED7
		SHORT-ACTING PREFERRED8
		OTHER77
		OTHER:
		(SPECIFY)
615	From where would you prefer to obtain contraceptives?	GOVT. HOSPITAL1
	CIRCLE ALL MENTIONED	GOVT HEALTH CENTER2
		GOVT HEALTH POST3
		CBHRA/CBD4
		NGO FACILITY5
		PRIVATE HOSPITAL/CLINIC6
		PHARMACY/CHEMIST7
		SHOP8
		FRIEND/RELATIVE9
		OTHER77
		OTHER:
		(SPECIFY)
616a	In the last few months, have you heard about family planning on the radio?	YES1

		NO2	
616b	In the last few months, have you heard about family planning on the television?	YES1 NO2	
616c	In the last few months have you heard about family planning in the magazine or newspaper?	YES	
617	From what sources would you prefer to hear about family planning?  CIRCLE ALL MENTIONED	GOVT HOSPITAL	
618	Are you willing to pay for your contraceptive method of choice?	YES	→620
619	How much would you be willing to pay for your contraceptive method of choice?	COST	
620	CHECK 204:  HAS LIVING CHILDREN: If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?  NO LIVING CHILDREN: If you could choose exactly the number of children to have in your whole life, how many would that be?  PROBE FOR A NUMERIC RESPONSE.	NONE	→622
621a 621b 621c	How many of these children would you like to be boys?  How many would you like to be girls?  How many would the sex not matter?	BOYS GIRLS EITHER	

		T	I
622	Did you/will you use any family planning methods to help you obtain your ideal family size?	YES1 NO2	→624
623	Why did you not use any family planning methods to help you obtain your ideal family size?	HAD FEWER CHILDREN THAN IDEAL1	
		TOO EXPENSIVE2	
		NOT AVAILABLE3	
		PARTNER OPPOSED4	
		RESPONDENT OPPOSED5	
		OTHERS OPPOSED6	
		RELIGIOUS PROHIBITION7	
		KNOWS NO METHOD8	
		KNOWS NO SOURCE9	
		HEALTH CONCERNS10	
		FEAR OF SIDE EFFECTS11	
		INCONVENIENT TO USE12	
		INTERFERES WITH BODY'S NORMAL PROCESSES13	
		OTHER77	
		OTHER:	
		(SPECIFY)	
		DON'T KNOW88	
624	CHECK 312: USING A CONTRACEPTIVE METHOD?		
		NOT CURRENTLY USING	→628
		CURRENTLY USING	→625
625	CHECK 313:		
		CODE 1,2,3,4, 10 CIRCLED	→626
		NO CODE CIRCLED	→626
		OTHER	→626
626	Does your husband/partner/boyfriend know that you are	YES1	
	using a method of family planning?	NO2	
		DON'T KNOW88	
627	Would you say that using contraception is mainly your	MAINLY RESPONDENT1	
	decision, mainly your husband's/partner's/boyfriend's decision, or did you both decide together?	MAINLY HUSBAND/PARTNER2	
	. , , ,	JOINT DECISION	
		OTHER77	
		OTHER:	
		(SPECIFY)	

628	Now I want to ask you about your husband's/partner's views on family planning. Do you think that your husband/partner/boyfriend approves or disapproves of couples using a method to avoid pregnancy?	APPROVES
629	How often have you talked to your husband/partner/boyfriend about family planning in the past year?	NEVER
630	Does your husband/partner want the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER

### **4.2 Field Work Personnel**