



**INSTITUTE OF MEDICINE AND HEALTH SCIENCE  
COLLEGE OF HEALTH SCIENCE**

**DEPARTMENT OF PUBLIC HEALTH**

**PREVALENCE AND ASSOCIATED FACTOR OF IMPLANON  
UTILIZATION AMONG WOMEN OF FAMILY PLANNING  
USERS IN DEBRE BIRHAN CITY ADMINISTRATION NORTH  
SHEWA ZONE , AMHARA REGION, ETHIOPIA**

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**A THESIS SUBMITTED TO DEBRE BIRHAN UNIVERSITY INSTITUTE  
OF MEDICINE AND HEALTH SCIENCE DEPARTEMENT OF PUBLIC  
HEALTH IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR  
THE DEGREE OF MASTER'S OF SCIENCE IN MPH IN  
REPRODUCTIVE HEALTH.**

**NOVEMBER 2020, DEBRE BIRHAN ETHIOPIA**

**THESIS SUBMITTED TO DEBRE BIRHAN UNIVERSITY INSTITUTE OF  
MEDICINE AND HEALTH SCIENCE DEPARTEMENT OF PUBILC  
HEALTH**

I, THE UNDERSIGNED MPH STUDENT, DECLARE THAT I HAVE SUBMITTED MY ORIGINAL WORK ON A TITLE OF PREVALENCE AND ASSOCIATED FACTOR OF IMPLANON UTILIZATION AMONG WOMEN OF FAMILY PLANNING USERS IN DEBRE BIRHAN CITY ADMINSTRATION NORTH SHEWA ZONE, AMHARA REGION, ETHIOPIA

APPROVAL BY THE BOARD OF EXAMINATION

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**THESIS SUBMITTED TO DEBRE BIRHAN UNIVERSITY INSTITUTE OF  
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HEALTH**

Full Title of the research	Prevalence And Associated Factor Of Implanon Utilization Among Women Of Family Planning Users In Debre Birhan City Administration, North Shewa, Amhara Region, Ethiopia 2020.
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Study period	January –June,2020
Budget	12,212.2 birr
Sponsoring organization	Self
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## **Acknowledgments**

First of all, I would like to thank Debre Birhan University Collage of Health Science, and department of Public Health for approving to do my thesis on the given topic.

I would like to express my special appreciation and thanks to my advisor Dr Awraris Hailu (PhD) for unlimited advice, constructive suggestions and motivation.

I would like to thank: Debre Birhan Woreda Health Office, HEW who helped me by giving me important information during data collection. I would like to appreciate the supervisors and data collectors who showed the greatest effort in collecting appropriate information. My gratitude goes to my beloved wife Beza Tesfaye and my mother Birhane Ayele for their all rounded support and understanding throughout the study period finally; I would like to acknowledge the study participants who have kindly cooperated in providing the required information. Last but not least I would like to thank those individuals who contributed directly or indirectly to do this work.

## **Acronyms and abbreviation**

<b>AOR</b>	Adjusted odd ratio
<b>CPR</b>	contraceptive prevalence rate
<b>CI</b>	Confidence Interval
<b>EDHS</b>	Ethiopian demographics health survey
<b>FMOH</b>	federal ministry of health
<b>HSDP</b>	Health sector development program
<b>IUCD</b>	Intra uterine contraceptive device
<b>LAPMs</b>	Long acting and permanent method
<b>LAC</b>	long acting contraceptive
<b>LARCM</b>	long acting reversible contraceptive method
<b>NGOs</b>	Non-Governmental organization
<b>SDG</b>	sustainable development goal

## **Abstract**

**Background-** Family planning is central to gender equality and women's empowerment and it is a key factor in reducing poverty. Implanon is one of Long acting family planning methods provide uninterrupted protection to women for 3 years and by far the most effective and very safe. When it was removed, return to fertility is prompt.

**Objective-** To assess the prevalence and associated factor of Implanon utilization among women of family planning users in Debre Birhan city administration, North Shewa, Amhara region, Ethiopia 2020.

**Method-** A community based cross sectional study design was conducted by multi stage sampling technique with sample size of 542. Study subjects selected by systematic random sampling. In the data collection process ten data collectors and two supervisors were recruited. The data was entered using Epidata version 3.1 and analysis was done by using SPSS version 25. Coding, entry and statistical analysis were done. Strength of association was measured using odds ratio and 95% CI. Variables that have a significant association at p-value  $\leq 0.25$  in the bivariate logistic regression model were fitted to a multivariate logistic regression model.

**Result-** Of all of women, 121 (22.3%) utilize Implanon. Family was the primary source of information on Implanon as mentioned by 163 (30.1%) of the respondents. Age of the women, marital status, education status, occupation and monthly income were associated with current use of Implanon. Based on the result of multivariable analysis those who were married [AOR: 20.19(6.38, 63.86)], occupation being housewife [AOR: 13.83(1.28, 48.7)], education status of the women elementary school [AOR: 0.10(0.012, 0.85)], those who discussed with their partner [AOR: 3.29(1.45, 7.46)], have one to two children [AOR: 3.72(0.98, 14.16)] had significant association with utilization of Implanon.

**Conclusion and recommendation-** In this study, the magnitude of the utilization of Implanon among women of family planning users was 22.3%. Based on the results there is a need to intervene the low utilizations of Implanon family planning methods to increase the coverage

**Keywords** -Implanon contraceptive utilization; family planning users; Factors associated; Debre Birhan city administration

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# **1. Introduction**

## **1.1 Background**

Family Planning refers to the use of various methods of fertility control that were help individuals (men and women) or couples to have the number of children they want and when they want them to assure the well-being of children and the parents(1). Family planning simply means preventing unwanted pregnancies by safe methods of prevention. This is considered to be part of the basic human rights of all individuals or couples as it was endorsed by the International Conference on Population and Development in Cairo in 1994(1).

In most developing countries, including Ethiopia, it is common practice for women to have too many children, too close to one another. As a consequence, the population size of the country has grown dramatically but economic growth has not kept in parallel with it. Such an unbalanced population size harmed the wellbeing of the nation. Family planning is one of the strategies which are proving to be effective in tackling these problems (2).

Universal access to family planning, sexual and reproductive health-care got much emphasis in sustainable development goals (SDGs). Moreover, family planning is a good tool to achieve the target set at SDG by 2030, to reduce the global maternal mortality ratio to less than 70 per 100,000 live births by reducing the number of high-risk births (3).

In the African region utilization of long-acting family planning methods such as IUCD and Implants is very low as compared to the global figure. In sub-Saharan African countries the proportion of women currently using long-acting family planning methods is significantly lower than the proportion of using short-acting methods. The contraceptive prevalence rate (CPR) has increased from 15% in 2005 to 36% in 2016 and the unmet need has decreased from 34% in 2005 to 22% in 2016(4). According to Ethiopian demographic health surveys of 2016 report the maternal mortality ratio for Ethiopian women were 412 deaths per 100,000 live births, which is one of the highest figures in the world. Fortunately, among other measures, the vast majority of maternal and newborn deaths can be prevented with proven interventions to ensure that every pregnancy is wanted using modern contraceptives provision. Ethiopia's CPR is highly dependent on short-term contraceptive methods (nearly 23% from injectable contraception), while the use of implants were only 8% so the utilization of implants is low (5).

The Federal Ministry of Health (FMOH) of Ethiopia aimed to provide 20% of all family planning (FP) clients with long-acting contraceptive methods by 2015(4). To achieve this target, in 2009, the FMOH introduced community level Implanon insertion by trained health extension workers (HEWs) (4). The Federal Ministry of Health (FMOH) targets for achievement in family health services under HSDP III were to increase family planning service coverage (CPR) from 25% to 60 % (4).

Implanon is a single-rod contraceptive implant which provides up to 3 years of protection from pregnancy this method is easy and convenient with no daily use or frequent follow-up. It provides long-term protection and there is no delay in return to fertility upon removal. Implanon is highly effective, has a very low failure rate, and is safe with rare complications during insertion or removal (6). Among married women between the ages of 15 and 49 around the globe, 53% use a modern method of contraception but less than one percent use implants (2). Therefore, the aim of this study is to assess the prevalence of Implanon utilization and associated factors among women of family planning users living in Debre Birhan city administration.

## **1.2 Statement of the problem**

Although, over the last two decades, Ethiopia has made progress in increasing awareness and utilization of modern contraceptives, most of these users are using short-acting modern contraceptive methods like Injectable contraceptive and oral contraceptive pills (7). Ethiopia is the second-most populous nation in Africa. Its population has increased nearly seven times from 11.8 million at the beginning of the 20th century to about 80 million today (9). The total fertility rate of Ethiopia is 5.4 children per women, population growth rate is estimated at 2.7% per year, contraceptive prevalence rate (CPR) is only 15% and an unmet need for family planning is 34 percent. Implants and female sterilization are the least used methods of modern contraceptive each accounting only for 0.2 % (5). It is estimated that 1,250 unwanted pregnancies would have prevented if 5000 oral contraceptive users were to switch to intrauterine device or implants over a period of years since long-term contraceptive are independent of user memory or schedule, and of sexual intercourse as it provide continuous contraception(8). So, this study is intended to assess the prevalence and associated factor of Implanon utilization among women of family planning users living in Debre Birhan city administration.

### **1.3 Significance of the Study**

There were only a few studies conducted on prevalence and associated factors affecting the use of Implanon in Ethiopia and almost there were no studies conducted in Debre Birhan city administration. Moreover, almost all-contraceptive use in Ethiopia is dependent on short-acting contraceptive methods contrary to other developing countries and most of the literature documented that women have low knowledge regarding long-acting contraceptive methods including implants. The National Population Policy's overall objective is to harmonize the rate of population growth with economic development and thereby improve the welfare of the people. Within the context of current development strategies in Ethiopia, all of the eight targets set in the population policy directly or indirectly relate to FP of which two are most; One Reducing the current TFR to approximately 4.0 and Increasing the CPR to 65% by the year 2015. To achieve this objective, the strategy sets the provision of FP methods, especially long-acting and permanent methods. Therefore, this study has tried to assess the prevalence and associated factors affecting the use of Implanon among women's of family planning user's of Debre Birhan city administration. This study may contribute much to improving the FP service i.e. the service quality, method mix (enough choice as per demand) and access to appropriate information in the area. Finally; this study conducted for academic purpose enabling principal investigator to exercise how to conduct research.

## **2. Literature review**

### **2.1 Utilization Rate of Implanon**

Globally in 2015, contraceptive prevalence of implants among married or in-union women aged 15 to 49 is around 35%(9). As recently as 2011, the contraceptive prevalence rate (CPR) for implants in sub-Saharan Africa was only 1.1% among married women, including 0.6% in Western Africa, 0.3% in Middle Africa, and 0.1% in Southern Africa.<sup>1</sup> Use of implants among sexually active unmarried women were likely even lower(10).

A study conducted in South Africa revealed that from a total of 372 participants using contraceptives, the Injectable was the most preferred method (61.0%) followed by the oral contraceptive pill (20.2%) and Implanon (16.0%). Of the total of 60 patients on Implanon the largest proportion of Implanon users (41.3%), were at the district hospital (11).

Contraceptive prevalence in Nigeria is 15.1% and implants account for only 0.4%. Ghana has a contraceptive prevalence of 17% with also a very low implant use 0.2%. In Great Britain, in 2008, 1–2% of women of childbearing age were using the implant (12).

Modern contraceptive use by currently married Ethiopian women has steadily increased over the last 15 years, jumping from 6% of women using a modern contraceptive method in 2000 to 35% in 2016. By the method used there is growth in implant use, from less than 1% of women in 2000 to 8% in 2016(5).A community-based cross-sectional study conducted among married women aged 18-49 years in East Badewacho Woreda, Southern Ethiopia show that the implant contraceptive prevalence rate among married women is 15.1% and Implanon contraceptives were the most frequently used methods53.1%(13).

A study conducted in Addis Ababa on the utilization of long-acting reversible contraceptive method and its associated factors among women in reproductive age documented that 34.8% of the participants were long-acting reversible contraceptive method users, in which majority of study participants accepted 21.9% were implant (14).Study conducted in Bishoftu town showed that utilization of long acting contraceptive is 35.7% the most common is implant 25.5%(7).

According to the study conducted in Ejere Health Center, Oromia region the Utilization of Implant Contraception were 20.6% (15).

A Study conducted on predictors of long-acting contraceptives utilization among reproductive-age women in Arba Minch revealed that 67.7% have ever used any modern family planning methods from that 33% used Implant (16).

A Study conducted on the utilization of long-acting and permanent family planning methods among women's visiting family planning unit in Arba Minch hospital revealed that 88.88% of the respondents took FP methods from this utilization of long acting family planning methods were 22.9%. The commonly used long acting methods were Implanon 17.3 %(17).

A Study conducted on the prevalence and predictors of Implanon utilization among women of reproductive-age group in Tigray Region show that 67.0% women had used contraceptives. Of this 16.2% women had used Implanon (18).

## **2.3 Factors Affecting Implanon Utilization**

### **2.3.1 Knowledge on Implanon**

Study conducted on the Prevalence and predictors of Implanon utilization among women of reproductive age group in Tigray Region show that 71.8% had good knowledge of Implanon and 95.7% women knew that Implanon can provide effective protection from pregnancy for up to 3 years, and 83.8% knew that it requires a minor surgical procedure for removal (18).

Study conducted in Lahore the capital city of Pakistan shows that among the respondents, 34% have knowledge about the implant and only 20% of women knew that use of implant can effectively prevent pregnancy (19).

Study conducted in Yemen show that 2.1% had high knowledge about Implanon. This study revealed most received antenatal care, and overall majority of them had low knowledge about Implanon, Knowledge regarding Implanon side effects is 38.6% (20).

Study conducted on knowledge, attitude and practice towards utilization of long-acting contraceptive methods and predictors of utilization among reproductive age group women in Addis Ababa public health centers revealed that concerning the general knowledge about LAC almost all 98.9% of participants had knowledge about LAC. Out of these 82.3% of the participants mentioned implant as LAC methods. The major source of information was health institution 87.5% followed by mass media 46.8 % (21).

### **2.3.2 Attitude towards Implanon Utilization**

More than half of the women, 248 (55.9%) had favorable attitudes towards Implanon use. More specifically, 332 (74.8%) did not perceive Implanon to be difficult to remove, and 282 (63.5%) women perceived that Implanon does not have severe side effects. However, a significant number of women had unsupportive attitudes towards Implanon. Ninety-nine (22.3%) women stated that Implanon causes severe changes in bleeding pattern, 89 (20.2%) agreed that insertion and removal is highly painful, and 98(22.1%) agreed it can restrict normal activities (18).

Study conducted on the Assessment of Long Acting Family Planning Utilization and Associated Factors among Married Reproductive age women in Silti District, Silte Zone documented that 33.3% of participant thought that insertion and removal of implant were not highly painful and 26.3% reported that implants does not cause irregular vaginal bleeding. 16.7% of women had positive attitude and 86.3% of women had negative attitude towards long acting family planning methods (23).

A cross sectional study conducted in Addis Ababa on the utilization of long acting contraceptive among female family planning users show that 98.9% of the participant were aware of long acting contraceptive methods and 23.9% were using the methods. However, 48.3% respondents have negative attitude towards long acting contraceptive (24)

### **2.3.4 Reproductive Factors**

Study conducted in Tigray Region revealed that age of women, marital status, number of living children, number of contraceptive methods known, number of contraceptive methods ever used and being a member of a model family were associated with current use of Implanon. However, on multivariate analysis, only women's employment, number of contraceptive methods known and number of ever used contraceptives were significantly associated with Implanon use. Women who were currently working were more than two times more likely to use Implanon when compared to women who were not currently working (18).

Study conducted in South Africa documented that Parity was a significant protective factor against Implanon use (OR 0.4) in women with fewer than four children. These findings are consistent with a study in Ethiopia showed that women who had more than five children were almost 5.54 times more likely to use an implant contraceptive as compared with women who had fewer than four children (11)

Study conducted in Bishoftu town on utilization of long acting and permanent contraceptive methods and associated factors among married women of reproductive age. The result of multivariate analysis revealed that, the significant association of education of respondent on utilization of LAPMs, attitude of husband on LAPMs, discussion with service providers on use of LAPMs, and married women those who need any more additional children were found to be associated (7).

Study conducted in southern Ethiopia on Implants Contraceptive Utilization and Factors Associated show that women who have more than five children were 5.54 times more likely to use implants contraceptive than those women who have less than five children (13).

Women's employment, the number of modern contraceptive methods known, and the number of contraceptive methods ever used were positively associated with Implanon use (18).

Study conducted in Arba Minch Zuria district on the Predictors of long acting contraceptives utilization show that desire for future pregnancy was associated with utilization of long acting contraceptive. Those who didn't have a desire for future pregnancy utilized long acting contraceptive 6.44 times more than their counter parts. This finding is in line with the finding from a study conducted in Uganda and Bangladesh (16).

Study conducted in Tigray on Factors associated with contraceptive use show that the main reasons for not using Implanon were the preference of other contraceptive methods, in particular short-acting contraceptive methods, the desire for more children and medical reasons. This is consistent with the findings of other studies in Mekelle, Ethiopia (25).

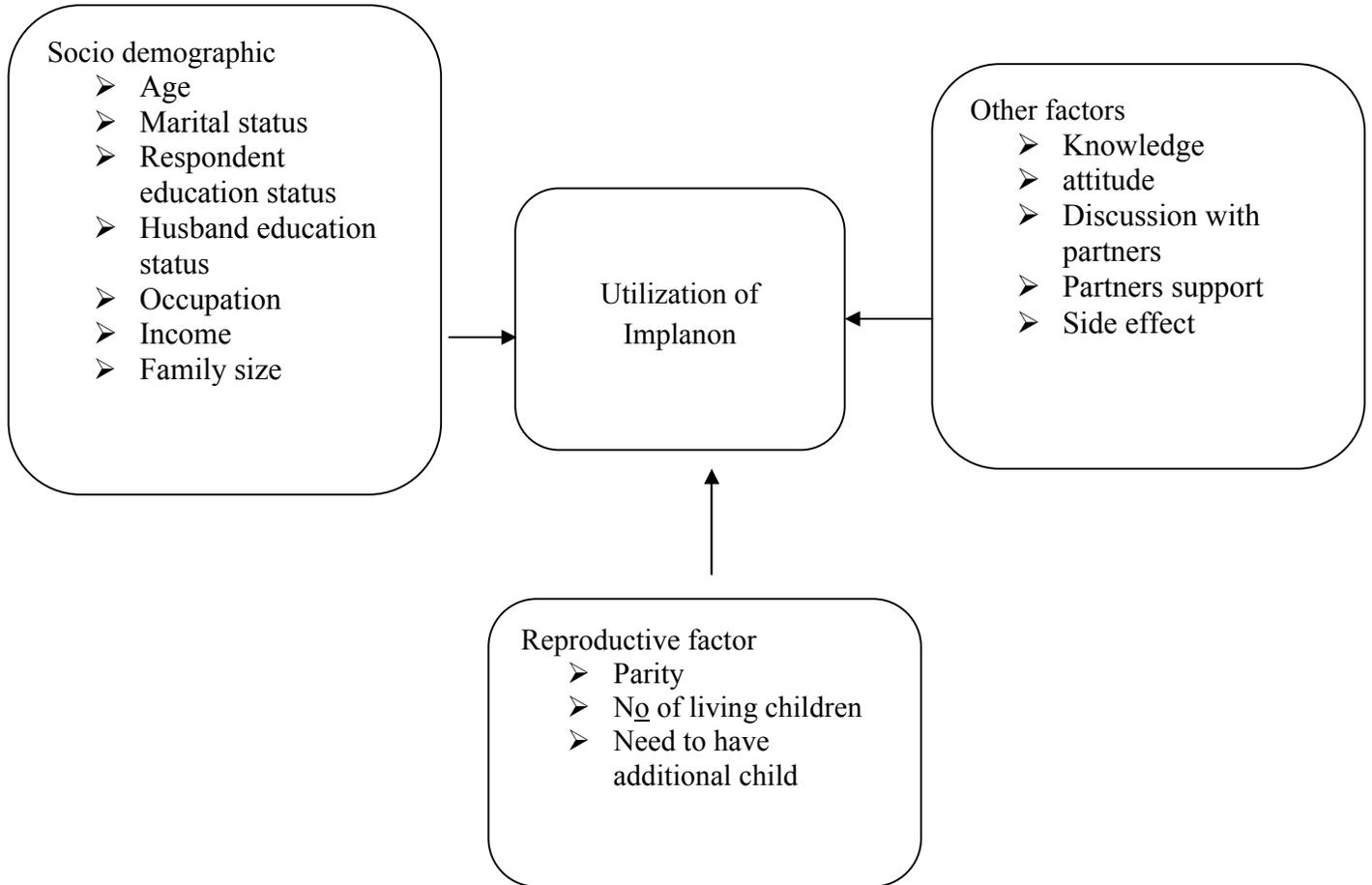


Figure 1: Conceptual frame work developed for analyzing the data by considering different literature

### **3. Objective**

#### **3.1 General objective**

- To assess the prevalence and associated factor of Implanon utilization among women of family planning users in Debre Birhan city administration, North Shewa, Amhara region, Ethiopia 2020.

#### **3.2 Specific objective**

- To determine the magnitude of Implanon utilization among women of family planning users in Debre Birhan city administration.
- To identify the associated factor of Implanon among women of family planning users in Debre Birhan city administration.

## **4. Methodology**

### **4.1 Study area and period**

The study was conducted in Debre Birhan City Administration. Debre Birhan is Located in the North Shewa Zone of the Amhara Region, about 130 kilometers North East of Addis Ababa. It has a latitude and longitude of 9°41'N39°32'E / 9.683°N 39.533°E Coordinates: 9°41'N39°32'E / 9.683°N 39.533°E and an elevation of 2,840 meters. Administratively, Debre Birhan town is divided into 9 kebeles. According to Debre Berhan municipal office the total population of the town is estimated to be 114,652 of which Female=62,809 (54.7%) and Male=51,843 (45.2%). There are 14 health post, three health centers, one governmental hospital and one private hospital. The study was conducted from January 14 to February 5, 2020.

### **4.2 Study design**

A community-based cross-sectional quantitative study was conducted to assess the prevalence and associated factor of Implanon utilization among women of family planning users in Debre Birhan city administration.

### **4.3 Source population**

All women of family planning users who live in Debre Birhan city administration were the source population.

#### **4.3.1 Study population**

All selected women of family planning users live in Debre Birhan city Administration.

### **4.5 Inclusion and Exclusion criteria**

#### **4.5.1 Inclusion criteria**

Women of family planning users who are volunteer to participate in the study.

#### **4.5.2 Exclusion criteria**

Seriously ill woman's who cannot talk and support them self.

### 4.3.1 Sample size determination

The following assumptions is made to determine the sample size: The formula to calculate the sample size is

$$n = (z\alpha/2)^2 p(1-p) / D^2,$$

Where n=number of the study subjects

Z= the standardized normal distribution curve value for the 95% confidence interval (1.96)

P= a proportion of implants in Amahara region 10.1% (26).

d=the desired precision of the estimate (the margin of error between the sample and population,

$$5\%) = (1.96)^2 \times 0.1 \times (1-0.1) / (0.05)^2$$

$$= 138+13$$

$$= 151 \times 1.5$$

$$= 227$$

The total sample size after computing for 10 % non-response rate and 1.5 design effects 227.

Table 1. Sample size determination using second objective

S.NO	Reference	Associated factor	%	Sample size
1	Mahomed AMaO. Prevalence and predictors of Implanon uptake in Ugu (Ugu North Sub District). South African Family Practice. 2017	Fear of side effect	67.1%	339
2	Mahomed AMaO. Prevalence and predictors of Implanon uptake in Ugu (Ugu North Sub District). South African Family Practice. 2017	Invasive nature of the method	18%	226
3	>>	Pain associated with insertion	9.2%	128
4	>>	Implanon insertion involved a surgical operation	76%	280
5	Elias B, Hailemariam T (2015) Implants Contraceptive Utilization and Factors Associated among Married Women in the Reproductive Age Group (18- 49 Year) in Southern Ethiopia.	menstrual abnormalities	76.5%	281

The sample size calculated using associated factor (sample size for second objective) is greater than sample size calculated for first objective by considering the study conducted in South African by Mahomed on the Prevalence and predictors of Implanon uptake in for not using Implanon Fear of side effect account 67.1% after adding design effects 1.5 and non-response rate 10 % the total sample size were 542.

#### 4.4 Sampling procedure

Multi stage sampling procedures were employed in identifying the study subjects. In the first stage the four Kebeles were randomly selected among nine Kebeles in the town. In the second stage proportional allocation was done using the national CPR 36% to determine the sample for each Kebeles household after getting the total family planning users in each selected kebele from health extension workers.

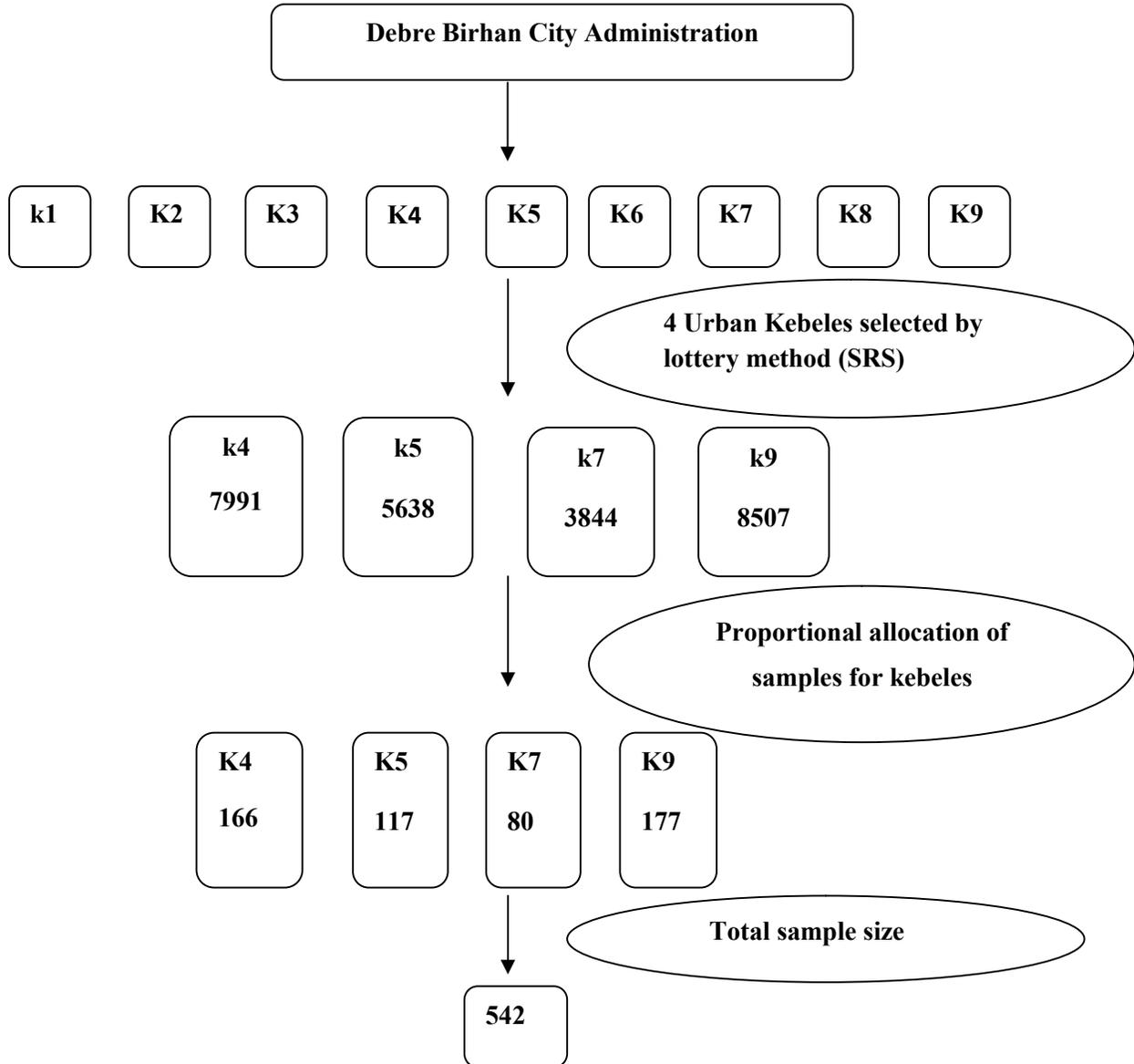


Figure 1: Sampling procedure

## **4.7 Study variables**

### **4.7.1 Dependent Variables**

- Utilization of Implanon

### **4.7.2 Independent Variables**

The independent variables included in this study were:-

- Age
- Marital status
- Educational status
- Occupation.
- History of births
- Number of living children
- Desired number of children.
- Source of information
- Knowledge
- Attitude

## **4.6 Data collection**

A structured pre-tested questionnaire was used for all interviews. The questionnaire was prepared in English, translated into Amharic and back-translated to check for consistency. Information collected included socio-demographic and economic characteristics, reproductive history, knowledge, attitude and utilization of Implanon. The questionnaire was adapted from different literature. Ten Diploma nurses were recruited as data collectors for fifteen days and training was given for two days on the objectives, relevance of the study and data collection techniques such as, interview techniques, confidentiality of the information, participants' right, information consent, and practical demonstration of the interview. Finally, the structured questionnaire was used for data collection. Two Bsc holder supervisors were assigned. The supervisors follow up all the data collection procedures and reviewing all questionnaires on daily basis for completion, clarity, and proper identification of the respondents. Supervisors and data collectors were daily discussed, on faced problems during data collection until the data collection was accomplished. The questionnaire was pretested in 5% (on 27 women) in an area with similar characteristics. Data quality was ensured through training, supervision and pretesting.

## 5. Operational definitions

**Implanon:** is a single-rod contraceptive implant which provides up to 3 years of protection from pregnancy

**Implanon users** -A women who is using Implanon as a contraceptive method

**Reproductive age group**- women of age between 15 to 49

**Family planning users** – A woman using any one of family planning methods currently

**High parity** - having  $\geq 5$  pregnancies of  $\geq 28$  weeks of gestation

**Good knowledge**– those who scored above the mean on knowledge questions.

**Poor knowledge** – those who score mean and below mean on knowledge questions..

**Positive Attitude** – those who scored above the mean on attitude items.

**Negative Attitude**–those who score mean and below mean on attitude items.

## 6. Data Processing and Analysis plan

Before the data collection, each questionnaire were checked for its completeness and at the end of data collection, data were entered using Epi-Data version 3.1 and exported to SPSS for window version 25 for analysis. Bivariable and multivariable logistic regression were used to identify factors associated with Implanon utilization. In the bivariate analysis variables those shows association at 0.25 level of significance was transferred in to multivariable analysis to control confounding variables and test the association of each variable with the dependent variable. The finding is presented using adjusted odds ratio and at 95% CI. P-value of less than  $\leq 0.05$  was considered as statistical significant in the multivariable analysis. Descriptive statistics were used to present socio-demographic and other Implanon utilization related factors. Percentages mean, standard deviation, frequencies were used to describe the respondent's characteristics.

## 7. Data quality assurance plan

Ten diploma nurses, who can speak Amharic, were being recruited as data collectors while two-degree holder nurses were employed as a supervisor and trained on the objectives of the study, data collection tools and interview techniques for two days by the principal investigator. Before the actual data collection, the questionnaire were be pre tested in 5 % ( on 27 women) outside of the study area interviewing eligible women house to house in a place where the participants feel

free to express their feelings and ideas. Additionally, on occasions where the women have not accessed for absence, up to three attempts were being an endeavor for interviewing to lessen the non-response rate. The data collectors were checked for completeness and consistency before leaving the interviewee. Moreover, the supervisors were also checking on a daily basis for completeness of each data. The study participants were asked after the data collectors explained the purpose of the study and obtaining verbal consent from each respondent.

## **8. Ethical consideration**

Ethical clearance was obtained from Debre Birhan university department of public health ethical clearance committee. Debre Birhan town health office, Zone health department and lastly verbal consent were obtained from individual participants. All participants were informed that their participation is based on their willingness and the information they give was kept confidential. Moreover, the purpose, procedures of the study, the time it takes, advantages and disadvantages were informed to all participants in a written and verbal consent form.

## **9. Result Dissemination plan**

The findings of this study will be submitted and presented to Debre Birhan university department of public health and will disseminated to Debre Birhan town health office, Zonal Health Department and other NGOs. In addition to this, results will be presented at different seminars and conferences. Besides, an attempt will be made to publish the findings through different journals.

## 10. Results

### 10.1. Socio-demographic and economic characteristics among study participants

A total of 542 family planning users have participated in this study with a response rate of 100%. The mean age of the respondents was 28.2 and the median age was 26 years. The majority of the respondents 188 (34.7%) were in the age group 25-29 years. Predominantly, participants reported their religion as Orthodox 476 (87.8%) and as belonging to the Amhara ethnic group 470 (86.7%). In regards to education, 218 (40.2%) had no education, 151 (27.9%) can read and write, and 24 (4.4%) had elementary education, 47 (8.7%) had secondary education and 102 (18.8%) had diploma and above. Four hundred and five women (74.7%) were married, 106 (19.6%) were single, 12 (2.2%) were divorced, 10 (1.8%) were separated and 9 (1.7%) were widowed. (Table 2)

Table 2: Socio-demographic characteristics of women in Debre Birhan city administration north shewa zone, Amhara region, Ethiopia 2020(n=542)

Variable	Frequency	Percent (%)
<b>Age</b>		
15-19	26	4.8
20-24	124	22.9
25-29	188	34.7
30-34	117	21.6
35-39	53	9.8
40-44	27	5.0
>45	7	1.1
<b>Education status</b>		
Illiterate	218	40.2
Read and write	151	27.9
Elementary	24	4.4
Secondary	47	8.7
Diploma and above	102	18.8
<b>Marital status</b>		
Single	106	19.6
Married	405	74.7

Divorced	12	2.2
Separated	10	1.8
Widowed	9	1.7
<b>Occupation</b>		
House wife/ Student/ Unemployed	228	42
Government employ	119	22
Merchant	126	23.2
Nongovernmental organization employ	44	8.1
Daily laborer	25	4.6
<b>Religion</b>		
Orthodox	476	87.8
Muslim	21	3.9
Protestant	25	4.6
Catholic	20	3.7
<b>Ethnicity</b>		
Amhara	470	86.7
Oromo	34	6.3
Tigerie	27	5.0
Guragie	6	1.1
Others <sup>c</sup>	5	0.9
<b>Partners education status (n=405)</b>		
Illiterate	119	22.0
Read and write	101	18.6
Elementary	58	10.7
Secondary	12	2.2
Diploma and above	115	21.2
<b>Monthly income</b>		
<500 birr	160	29.5
501-1000 birr	44	8.1
1001-1500 birr	44	8.2
1501-2000 birr	185	34.1
>2000 birr	109	20.1

## 10.2. Current use of Implanon and other contraceptive methods and related behavior among study participants

The prevalence of current utilization of Implanon contraceptive as was 22.3%. Implanon was the second most commonly used method after the contraceptive Injection (46.9%). Pills were the third commonly used types of contraceptive methods (11.6%) Each method of the emergency contraceptive pill (ECP) 6.6%, female sterilization 3.1%, lactation amenorrhea method (LAM) 7.4% and periodic abstinence 2% was used by women. Among current users of Implanon, 9 (1.7%) had received Implanon insertion at a private for-profit clinic, 79 (14.6%) received it at a health center, and 33 (6.1%) received it at a hospital.

Table 3: Current use of Implanon and other contraceptive methods and related behavior among study participants in Debre Birhan city administration north shewa zone, Amhara region, Ethiopia 2020(n=542)

Variable	Frequency	Percent (%)
<b>Current use of Implanon and other contraceptives</b>		
Use Implanon	121	22.3
Use other contraceptive	421	77.7
<b>Reasons for Implanon use (n=121)</b>		
Reversible	12	2.2
Effective and long-term protection	72	13.3
Easy and convenient to use	13	2.4
Fewer side effects	17	3.1
Easy to get	7	1.3
<b>Current use of contraceptives by method</b>		
Injectable	254	46.9
Implanon	121	22.3
Emergency contraceptive pill	36	6.6
Pills	63	11.6

Female sterilization	17	3.1
Lactation amenorrhea method	40	7.4
Periodic abstinence	11	2.0
<b>Patient or user card for Implanon(n=121)</b>		
Yes	110	20.3
No	11	2.0
<b>Intention for early Implanon removal (n=121)</b>		
Yes	45	8.3
No	76	14.0
<b>Reasons for not currently using Implanon (n=421)</b>		
Use of other methods	243	44.8
Desire for more children	11	2.0
Medical reason	49	9.6
Fear of side effect	100	18.5
Not currently married	9	1.7
Religion	9	1.7
<b>Intention to use Implanon in the future</b>		
Yes	207	38.2
No	335	61.8

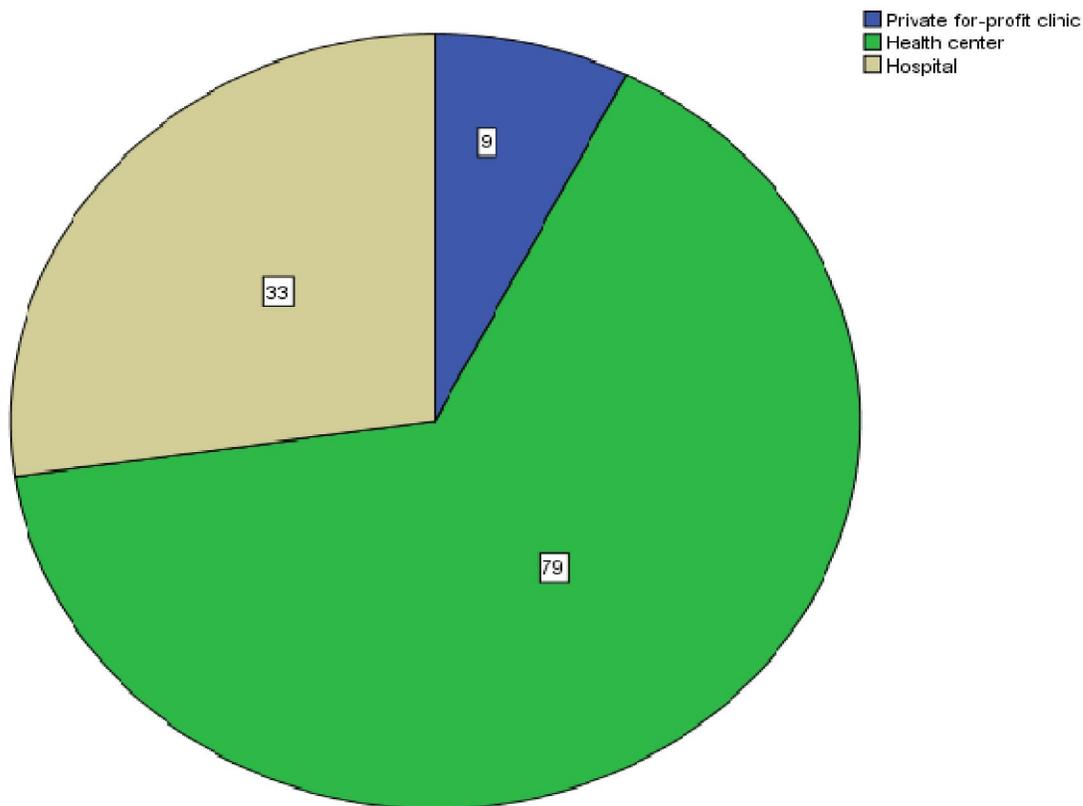


Figure 3:- Location where received Implanon

### 10.3. Reproductive health history among study participants.

Among the women, 412 (76%) had ever been pregnant, and the number of pregnancies ranged from 1 to 9 with average of 4. Regarding to age at first birth 365 (67.3%) mothers got their first pregnancy at >24years

<b>Variable</b>	<b>Frequency</b>	<b>Percent (%)</b>
<b>Ever given birth</b>		
Yes	412	76
no	130	24
<b>Age at first birth</b>		
>24	365	67.3
25-29	34	6.3
30-34	2	0.4
>35	11	2
<b>No of children</b>		
0	11	2.0
1 to 2	319	58.9
3 to 4	59	10.9
>4	24	4.4
<b>Have more children in the future</b>		
Yes	391	72.1
No	151	27.9

#### **10.4. Information about contraceptive methods among study participants.**

Five hundred thirty nine (99.4%) participants had heard of at least one contraceptive method, five hundred fifty (95.0%) had heard of Implanon. Family/friend/neighbor were reported as the dominant source of information regarding Implanon, as mentioned by 163 (30.1%) Women were asked where they could access Implanon, Health center and hospital followed by private clinic were the three widely cited sources as mentioned by 214 (39.5%), 188 (34.7%), and 140 (25.8%) respectively. Among the women who had responded on payment for Implanon, 451 (83.2%) of them stated that Implanon was free. Of the 405 married participants, 232 (42.8%) had discussed Implanon with their husband, and 173 (31.9%) reported support from their husband for Implanon use.

Table 4:- Information of contraceptive methods among study participants Debre Birhan city administration north shewa zone, Amhara region, Ethiopia 2020(n=542)

<b>Variable</b>	<b>Frequency</b>	<b>Percent (%)</b>
<b>Information of any contraceptive and Implanon(multiple response)</b>		
Heard of any contraceptive	539	99.4
Heard of modern contraceptive	539	99.4
Heard of Implanon	515	95.0
<b>Source of information on Implanon</b>		
Health extension workers	49	9
Health professionals	146	26.9
Women development group	13	2.4
Family/friend/neighbor	163	30.1
Radio/television	118	21.8
Community conservation	18	3.3
Print material	35	6.5
<b>Places women can obtain Implanon</b>		
Health center	214	39.5
Hospital	188	34.7
Private for profit clinic	140	25.8
<b>Knowledge on payment for Implanon</b>		
Implanon were free of charge	451	83.2
Implanon have fee	91	16.8
<b>Discussion with and support of husbands(n=405)</b>		
Discussed Implanon use with husband	232	42.8
Husband support Implanon use	173	31.9

## 10.5. Knowledge of Implanon among study participants

Overall, seven in ten women, 411 (75.8%) had good knowledge of Implanon. Five hundred twenty eight (97.4%) women knew that Implanon can provide effective Protection from pregnancy for up to 3 years, 478 (88.2%) knew that it requires a minor surgical procedure for removal, Implanon has no interference with sexual intercourse or desire 459 (84.7%), Implanon can be discontinued at any time 426 (78.6%) and Implanon requires little attention after insertion 428 (79.0%) (Table 5)

Table 5:-Knowledge of Implanon among study participants Debre Birhan city administration north shewa zone, Amhara region, Ethiopia 2020(n=542)

Item	Yes		No	
	Frequency	percent	Frequency	Percent
Implanon can provide effective protection from pregnancies for up to 3 years	528	97.4	14	2.6
Implanon requires a minor surgical procedure for removal	478	88.2	64	11.8
Implanon has no interference with sexual intercourse or desire	459	84.7	82	15.1
Implanon can be discontinued at any time	426	78.6	116	21.4
Implanon requires little attention after insertion	428	79.0	114	21.0

## 10.6. Attitude towards Implanon use among study participants.

More than half of the women, 307 (56.6%) had favorable attitudes towards Implanon use. More specifically, 326 (60.1%) did not perceive Implanon to be difficult to remove, and 404 (74.5%) women perceived that Implanon does not have severe side effects. However, a significant number of women had unsupportive attitudes towards Implanon One hundred twenty-two (22.5%) women stated that Implanon causes severe changes in bleeding pattern, 109 (20.1%)

agreed that insertion and removal is highly painful, and 92 (17%) agreed it can restrict normal activities. Also, 87 (16.1%) and 121 (22.3%) women agreed that Implanon has severe side effects and it is difficult to remove, respectively (Table 6).

Table 6:- Attitude towards Implanon use among study participants Debre Birhan city administration north shewa zone, Amhara region, Ethiopia 2020(n=542)

Item	Disagree		Not sure		Agree	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Implanon causes severe changes in menstrual bleeding pattern	354	65.3	66	12.2	122	22.5
Using Implanon restricts normal activities	376	69.4	74	13.7	92	17
Implanon insertion and removal is highly painful	368	67.9	65	12	109	20.1
Implanon has severe side effects	404	74.5	51	9.4	87	16.1
It is difficult to remove Implanon	326	60.1	95	17.5	121	22.3

### 10.7 Factors that affect utilization of Implanon

The major reasons mentioned by non-users of Implanon for not using the method were use of other methods 243 (44.8 %), fear of side effects 100 (18.5%), medical reasons 49 (9%) and desire to become pregnant 11 (2%) In addition, religion and not currently married were mentioned in similar proportions.

The bivariate analysis was done to identify factors that affect utilization of Implanon. The results of the bivariate analysis show in total variables showed a significant association with p value

<0.25. These are age category from 15-24 [COR: 2.27(1.01,5.12)], occupation being Housewife [COR: 3.68(1.13, 11.97)], those who were married [COR: 1.76(1.076, 2.88)], those who have ever heard about Implanon [COR: 3.75(0.87, 16.09)], have good knowledge on Implanon [COR: 1.31(0.86, 2.00)]; have a positive attitude towards Implanon [COR: 1.71(1.14, 2.57)]; having monthly income higher than 1500 birr [COR: 2.02(1.14, 3.55)] significantly associated with utilization of Implanon and those who discussed on Implanon with their partner [COR: 2.29(1.48, 3.54)] significantly associated with utilization of Implanon. The number of living children between 1 to 2 was positively associated with women's use of Implanon [COR: 2.13(1.04, 4.34)]. Also education status of the women that can read and write 2.63 times more likely to use Implanon as compared with diploma and above level of education status with [COR: 2.63(1.45, 4.76)]. Those who ever give birth were 0.61 less likely to use Implanon [COR: 0.61(0.37, 0.99)] show significant association with utilization of Implanon.

In the bivariate analysis variables those shows association at 0.25 level of significance was transferred in to multivariable analysis to control confounding variables and test the association of each variable with the dependent variable. Based on the result of multivariable analysis shows respondents those were married [AOR: 20.19(6.38, 63.86)], occupation being housewife [AOR: 13.83(1.28, 48.7)], education status of the women elementary school [AOR: 0.10(0.012, 0.85)], those who discussed with their partner [AOR: 3.29(1.45, 7.46)], having number of living children one to two had significant associate with utilization of Implanon with [AOR: 3.72(0.98, 14.16)].

Table 7:- Factors that affect utilization of Implanon among study participants Debre Birhan city administration north shewa zone, Amhara region, Ethiopia 2020

Variable	Current use of Implanon				Odd ratio	
	Yes		No		COR(95%CI)	AOR(95%CI)
	Frequency	Percent	Frequency	percent		
<b>Age</b>						
15-24	29	19.3	121	80.7	2.27(1.01,5.12)**	1.23(0.20,7.55)
25-29	40	21.2	148	78.8	2.01(0.92,4.42)**	1.21(0.22,6.56)
30-34	33	28.2	84	71.8	1.38(0.62,3.12)	1.04(0.18,5.97)
35-39	7	13.2	46	86.8	3.58(1.24,10.36)	3.46(0.47,25.56)
>=40	12	35.3	22	64.7	1	1
<b>Marital status</b>						
Single	30	28.3	76	71.7	1	1
Married	74	18.2	331	81.8	1.76(1.07,2.88)**	20.19(6.38,63.86)**
Divorced	7	58.3	5	41.7	0.28(0.08,0.95)**	7.97(0.97,65.07)
Separated	7	70	3	30	0.16(0.04,0.69)**	3.38(0.31,35.88)
Widowed	3	33.3	6	66.7	0.78(0.18,3.36)	10.92(1.07,11.88)
<b>Ever Heard about Implanon</b>						
Yes	119	23.1	396	76.9	3.75(0.87,16.09)**	0.56(0.068,4.70)
No	2	7.4	25	92.6	1	1
<b>Education status</b>						
Illiterate	37	16.9	181	83.1	2.55(1.48,4.38)**	0.77(0.19,3.14)
read and write	25	16.5	126	83.5	2.63(1.45,4.76)**	1.72(0.43,6.87)
Elementary	11	45.8	13	54.2	0.61(0.25,1.52)	0.10(0.012,0.85)**
Secondary	13	27.6	34	72.4	1.36(0.64,2.91)	1.35(0.30,6.07)
diploma and above	35	34.3	67	65.7	1	1
<b>Ever give birth</b>						
Yes	97	24.4	299	75.6	0.61(0.37,0.99)**	0.60(0.19,1.81)
No	24	16.4	122	83.6	1	1
<b>Knowledge on Implanon</b>						
Good knowledge	78	24.2	244	75.8	1.31(0.86,2.00)	0.60(0.25,1.41)
Poor knowledge	43	19.5	177	80.5	1	1

<b>Occupation</b>						
Student	6	50	6	50	1	1
House wife	44	21.3	162	78.7	3.68(1.13,11.97)**	13.83(1.28,48.7)**
Government employ	28	23.5	91	76.5	3.25(0.97,10.88)**	0.54(0.03,9.91)
Daily laborer	6	28.5	15	71.5	2.5(0.57,10.93)**	6.75(0.32,40.0)
Merchant	12	9.5	114	90.5	9.5(2.6,34.11)**	11.5(0.72,18.35)
Non-governmental organization	21	47.7	23	52.3	1.09(0.30,3.92)	0.42(0.02,8.79)
Unemployment	1	10	9	90	9.00(0.85,94.89)	0.82(0.014,47.56)
Other	3	75	1	25	0.33(0.027,4.18)	1.84(0.047,72.17)
<b>Attitude towards Implanon</b>						
Positive attitude	65	27.6	170	72.4	1.71(1.14,2.57)**	0.88(0.38,2.05)
Negative attitude	56	18.2	251	81.7	1	1
<b>Monthly income</b>						
<500 birr	37	23.1	123	76.9	1	1
501-1000 birr	11	25	33	75	0.90(0.41,1.95)	0.21(0.04,1.11)
1001-1500 birr	7	15.9	37	84.1	1.59(0.65,3.86)	0.56(0.06,4.78)
1501-2000 birr	24	12.9	161	87.1	2.02(1.14,3.55)**	0.85(0.15,4.57)
>2000 birr	42	38.5	67	61.5	0.48(0.28,0.81)**	0.24(0.05,1.05)
<b>Discussion with and support of husbands</b>						
Discussed Implanon use with husband	52	22.4	180	77.5	2.29(1.48,3.54)**	3.29(1.45,7.46)**
Husband support Implanon use	69	39.8	104	60.2	1	1
<b>No of living children</b>						
0	4	80	1	20	1	1
1 to 2	78	25	233	75	0.35(0.03,4.30)	0.33(0.027,4.18)
3 to 4	21	32.8	43	67.2	1.46(0.62,3.39)	1.42(0.31,6.37)
>4	17	44.7	21	55.3	2.13(1.04,4.34)**	3.72(0.98,14.16)**

\*\*Reminded the significance of the variable =  $p < 0.05$

## 11. Discussion

The result of this study shows that from the total participant only 121(22.3%) of participants were currently using Implanon contraceptive methods. This finding is higher than the study conducted on the Prevalence and predictors of Implanon utilization among women of reproductive age group in Tigray Region and also it is higher than from the report of mini EDHS 2019(10.1%)(18,26).

The prevalence of Implanon use was 22.3% Implanon was the second most commonly used method after injectables (46.9%). Among the current users of Implanon, 14.6% had received Implanon insertion at health center. Reasons for non current use of Implanon mentioned were use of other method 243(44.8%), fear of side effect 100(18.5%), medical reason 49(9.6%) This is consistent with the findings of other studies in Bishoftu town, Ethiopia (7).

This study showed seven in ten women, 411 (75.8%) had good knowledge of Implanon HEWs and More than half of the women, 307 (56.6%) had favorable attitudes towards Implanon use. In addition, it should be noted that a significant number of women had incorrect information on Implanon use. This might show that the quality of counseling and education of contraceptives was poor. Hence, health extension workers and other health professionals should be trained to give appropriate counseling and education on the benefits and side effects of Implanon and other contraceptive methods. This would be helpful in increasing the number of women who choose Implanon contraceptive methods.

This study show that education status of the women that can read and write 2.63 times more likely to use Implanon as compared with diploma and above level of education status with [COR: 2.63(1.45, 4.76)] this finding was different from the study conducted in Silte Zone, SNNPR, Ethiopia this may be due to respondents with education level diploma and above may use other methods such as IUCD (23).

This study revealed that monthly income was significantly associated with Implanon use but another study showed that there was no statistical association this may imply that women with good economic status may have a higher chance of independent decision making, financial autonomy, and may be able to persuade their husband and may use long acting contraceptive(8).

The number of living children was positively associated with women's use of Implanon. Similarly, the study conducted on the Prevalence and predictors of Implanon utilization among women of reproductive age group in Tigray Region, Ethiopia revealed that the number of living children was significantly associated with the use of contraceptives (18). This might indicate multiparous women think that the number of children that they already have could be enough for them and do not desire more children. On the other hand, this might show that women with more births would be more likely to be older and they might not be interested to have more children. As a result, they may look for Implanon and other long acting contraceptives to limit their family size.

The finding in this study show that married women were more likely to use Implanon [AOR: 20.19(6.38, 63.86)] is consistent with other studies done in Lahore, Punjab-Pakistan shown that married women who are supported by their husbands are more likely to use Implanon(19). The main reason for these married women may get support from their husbands.

In this study there is a significant association between husband-wife discussion and utilization of Implanon. Women who discussed about family planning methods with their partner utilize Implanon family planning methods nearly three times than those who did not [AOR: 3.29(1.45, 7.46)]

## **12. Strength and limitation of the study**

### **12.1 Strength of the study**

Data collectors were experienced in data collection .The adequate sample size representing the urban kebeles was taken by using appropriate sampling techniques. The utilization of appropriate statistical methods to minimize biases was made and the data was analyzed using appropriate statistical test

### **12.2 Limitation of the study**

This study relied solely on quantitative data, and it is important that a better understanding of the factors that are associated with Implanon use be explored through future qualitative data. As the study was cross sectional there is inevitably difficulty in determining causality.

## **12. Conclusion**

In general, the findings of this study showed that the magnitude of the utilization of Implanon among women of family planning users in Debre Birhan city administration, North Shewa, Amhara region, Ethiopia was 22.3%. The number of living children, knowledge level, monthly income, marital status and husband-wife discussion were identified as factors associated with utilization of Implanon in the study area.

## **14. Recommendation**

The district health office, the regional health bureaus and the federal ministry of health should review and improve the quality of family planning programs.

Health service providers should facilitate ways to provide health education regarding Implanon family planning methods.

Health professionals have to provide materials like pamphlets, posters, magazines and books that help women, families and communities increase their awareness and knowledge concerning Implanon family planning methods.

Based on the results there is a need to intervene the low utilizations of Implanon family planning methods to increase the coverage.

Long-acting family planning service provider should strengthen couple's discussion on Implanon family planning methods during their consultation.

Government and other stakeholders should strengthen on bringing attitudinal change in women.

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## 13. Annexes

### Annex 1: Informed Consent (English version)

Debrebrhan university institute of medicine and health sciences Department of public health

Greeting

Good morning/Good afternoon.

My name is \_\_\_\_\_. I am here on behalf of Habtamu Teklemarkos student of Debrebrhan university institute of medicine and health sciences department of public health. He is conducting a research on prevalence and associated factor of Implanon utilization among women of family planning users in Debre Birhan city administration

The main aim of this study is to assess the prevalence and associated factor of Implanon utilization among women of family planning users in Debre Birhan city administration

The information you were give us is important to meet the objectives of the study and to develop a better family panning service in the city. You were not have any risk in participating except losing part of your time and all the information you give were be kept confidential and we won't use your name. Moreover, you are not forced to answer to all questions and you have full right to reject, to participate or to interrupt the interview at any time. It takes a maximum 20 minutes to finish the interview.

Please can we proceed to the question? Is there something not clear that I should clarify?

Yes \_\_\_\_ No \_\_\_\_

#### Consent form

The researcher explained the aim of the study and to decide any time if I do not want to Participate. So I assure that my interest to participate in this study is truly from my Knowledge.

Name of interviewer \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of data collector \_\_\_\_\_

If you want to know more information, you can contact the principal investigator of the research by the following address below.

Habtamu Teklemarkos :

Cell phone +251- 092565087,

E-mail: [habtamuteklemarkos@gmail.com](mailto:habtamuteklemarkos@gmail.com)

Interview code number \_\_\_\_\_

**Part 1**

**Socio-demographic and economic characteristics among study participants**

S.No	Question	Response	skip
101	Age of respondent in completed year's		
102	What is your marital status?	a) Single b) Married c) Divorced d) Separated e) Widowed	
103	What is your religion?	a) Orthodox b) Muslim c) Protestant d) Catholic e) Others (specify)	
104	What is your ethnicity?	a) Amhara b) Oromo c) Tigerie d) Guragie e) Others(specify _____)	
105	What is the level of school you attended? Enter grade	a) illiterate b) read and write c) elementary d) secondary e) diploma and above	
106	What is the level of school your partner attended? Enter grade	a) illiterate b) read and write c) elementary d) secondary e) diploma and above	
107	Family size of respondent Enter the number		
108	What is your occupation?	a) Student b) House wife	

		c) Government employ d) Daily laborer e) Merchant f) Nongovernmental organization employ g) Unemployed h) Other(specify)_____	
109	Total monthly income of Family Enter in birr		

## Part 2

### Current use of Implanon and other contraceptive methods and related behavior among study participants

201	used Implanon and other contraceptives	a) used Implanon b) used any contraceptive	If 'b' skip to 203
202	Reasons for Implanon use	a) Reversible b) Effective and long-term protection c) Easy and convenient to use d) Fewer side effects e) Easy to get	
203	Current use of contraceptives by method	a) Injectable b) Implanon c) Emergency contraceptive pill d) Pills e) Female sterilization f) Lactational amenorrhea method g) Periodic abstinence	
204	Location where received Implanon	a. Health center	

		<ul style="list-style-type: none"> <li>b. Hospital</li> <li>c. Private for-profit clinic</li> </ul>	
205	Patient or user card for Implanon	<ul style="list-style-type: none"> <li>a) Yes</li> <li>b) No</li> </ul>	
206	Intention for early Implanon removal	<ul style="list-style-type: none"> <li>a) Yes</li> <li>b) No</li> </ul>	
207	Reasons for not currently using Implanon	<ul style="list-style-type: none"> <li>a) Use of other methods</li> <li>b) Desire for more children</li> <li>c) Medical reason</li> <li>d) Fear of side effects</li> <li>e) Not currently married (unmarried/separated/divorced)</li> <li>f) Religion</li> </ul>	
208	Intention to use Implanon in the future	<ul style="list-style-type: none"> <li>a) Yes</li> <li>b) No</li> </ul>	

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### Part.3

#### Reproductive health history among study participants.

301	Have you ever given birth?	a) Yes b) No	If 'no' skip to 304
302	What were your age at time of first birth? Age in completed years		
303	How many deliveries do you have including still birth? Enter number		
304	Do you want to have more children in the future?	a) Yes b) No	

### Part 4

#### Information of contraceptive methods among study participants.

401	Information of any contraceptive and Implanon	a) Heard of any contraceptive b) Heard of modern contraceptive c) Heard of Implanon	
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402	Source of information on Implanon	<ul style="list-style-type: none"> <li>a) Health extension workers</li> <li>b) Health professionals</li> <li>c) Women development group</li> <li>d) Family/friend/neighbor</li> <li>e) Radio/television</li> <li>f) Community conservation</li> <li>g) Print materials</li> </ul>	
403	Places women can obtain Implanon	<ul style="list-style-type: none"> <li>a) Health center</li> <li>b) Hospital</li> <li>c) Private for-profit clinic</li> </ul>	
404	Knowledge on payment for Implanon	<ul style="list-style-type: none"> <li>a) Implanon were free of charge</li> <li>b) Implanon have fee</li> </ul>	
405	Discussion with and support of husbands	<ul style="list-style-type: none"> <li>a) Discussed Implanon use with husband</li> <li>b) Husband support Implanon use</li> </ul>	

### Part 5

#### Knowledge of Implanon among study participants.

501	Implanon can provide effective protection from pregnancies for up to 3 years	<ul style="list-style-type: none"> <li>a) Yes</li> <li>b) No</li> </ul>	
502	Implanon requires a minor surgical procedure for removal	<ul style="list-style-type: none"> <li>a) Yes</li> <li>b) No</li> </ul>	
503	Implanon has no interference with sexual intercourse or desire	<ul style="list-style-type: none"> <li>a) Yes</li> </ul>	

		b) No	
504	Implanon can be discontinued at any time	a) Yes b) No	
505	Implanon requires little attention after insertion	a) Yes b) No	

### Part 6

#### Attitude towards Implanon use among study participants.

601	Implanon causes severe changes in menstrual bleeding pattern	Disagree Not sure Agree	
602	Using Implanon restricts normal activities	Disagree Not sure Agree	
603	Implanon insertion and removal is highly painful	a. Disagree b. Not sure c. Agree	
604	Implanon has severe side effects	a. Disagree b. Not sure c. Agree	
605	It is difficult to remove Implanon	a. Disagree b. Not sure c. Agree	

**Annex 2: Client exit interview Amharic translated**

ደ/ብርሃንዩንቨርሲቲየህክምናእናጤናሳይንስኮሌጅየህብረተሰብጤናትምህርትክፍል

ሰላምታ

እንደምንደረሩ/ዋሉ

ስሜ \_\_\_\_\_ ይባላል፡፡ የምሰራው ለሀብታሙተ/ማርቆስ የደ/ብርሃንዩንቨርሲቲ የህብረተሰብ ጤናትምህርት ክፍል የሁለተኛ ዲግሪ ተማሪ ሲሆን በአሁኑ ሰዓት ላይ በደ/ብርሃን ከተማ ላይ ምን ያክል እና ቶች በክንድ ቀደስ ርዕይ ለመጠውን ለሶስት ዓመት የሚያገለግለውን የቤተሰብ ምጣኔ አገልግሎት ይጠቀማሉ እና በአጠቃቀም ዙርያ ያሉ ተጓዳኝ ምክንያቶችን ለመዳሰስ ጥናት እየሰራ ይገኛል፡፡ የጥናቱ ዓላማ ጥናቱ በማካሄድ በትብብር ትክክለኛ የሆኑ የመፍትሄ አቅጣጫ ለመቅረፅ እንደ መነሻ ያገለግላል በዚህ ጥናት በመሳተፍ ጥረት ጊዜ ከማጥፋት በቀር የሚያጠጉትን ገር የለም፡፡ በተጨማሪም ማንኛውም እርስዎ የሚሰጡት መረጃ ለሌላ አካል ተላልፎ አይሰጥም፡፡ የእርስዎ ስም በመጠየቁ ላይ አይሞላም በመጠይቁ ላይ ሁሉንም ጥያቄዎች እንዲመልሱ አይገደዱም፡፡ በተጨማሪም ሙሉ በሙሉ ያለ መሳተፍ ወይም ስምንት ዓመት መጠይቁን የማቋረጥ መብት አለዎት፡፡ መጠይቁን ለማጠናቀቅ በዛ የሚፈጀው 20 ደቂቃ ነው፡፡

**እባክዎ መቀጠል እንችላለን ወይስ ግልፅ እንዲሆን የሚፈልጉትን ገር አለ**

እንችላለን  አንችልም

የጥናቱ ዓላማ የጥናቱን አብይ አስረድቶ ማለት፡፡ በማንኛውም ሰዓት ከጥናቱ አለመሳተፍ እንደምችሉ ነግረው ማለት፡፡ በዚህ ጥናት የተሳተፉት በራሴ ፍቃድ መሆኑን አረጋግጣለሁ፡፡

ቃለ መጠይቁን ያደረገው ሙሉ ስም \_\_\_\_\_

ቀን \_\_\_\_\_

መረጃ ሰብሳቢ ሙሉ ስም \_\_\_\_\_

ፊርማ \_\_\_\_\_

ለበለጠ መረጃ የዚህ ጥናት ኃላፊ ሀብታሙተ ክለማርቆስ በ 0922565087

ደውለው ማናገር ይችላሉ አ.ሜይል [habtamuteklemarkos@gmail.com](mailto:habtamuteklemarkos@gmail.com)

ክፍል 1

የማህበራዊ ዲሞክራሲያዊ እና ኢኮኖሚያዊ ሁኔታዎች

ተ.ቁ	ጥያቄ	መልስ	እለፊ
101	እድሜዎ ስንት ነው		
102	የጋብቻ ሁኔታዎ	ሀ. ያገባች ለ. ያላገባች ሐ. የፈታች መ. የተለያዩች ሠ. የሞተባት	
103	ሀይማኖትዎ ምንድነው	ሀ)ኦርቶዶክስ ለ)ሙስሊም ሐ)ፕሮቴስታንት መ)ካቶሊክ ሠ)ሌላ ካለ ይገለፅ _____	
104	ብሔርዎ ምንድን ነው	ሀ)አማራ ለ)ኦሮሞ ሐ)ትግሬ መ)ጉራጌ ሠ)ሌላ ካለ ይገለፅ _____	
106	የተማሩት የትምህርት ደረጃ ስንት ነው	ሀ)አልተማርኩም ለ)ማንበብ እና መጻፍ ሐ) አንደኛ ደረጃ መ) ሁለተኛ ደረጃ ሠ) ዲፕሎማ እና ከዚያ በላይ	
107	ባለቤትዎ/ንደኛዎ የተማሩት የትምህርት ደረጃ ስንት ነው	ሀ)አልተማርኩም ለ)ማንበብ እና መጻፍ ሐ) አንደኛ ደረጃ መ) ሁለተኛ ደረጃ ሠ) ዲፕሎማ እና ከዚያ በላይ	
108	የቤተሰብዎ መደበኛ አባላት ብዛት ስንት ነው		
109	ዋናኛ የስራ ሁኔታዎ ምንድነው	ሀ)ተማሪ ለ)የቤት እመቤት ሐ)የመንግስት ሰራተኛ መ)የቀን ሰራተኛ ሠ)ነጋዴ ረ)መንግስታዊ	

		ያልሆነ ድርጅት ሰነድ ፈላጊ ሽሌግ ካለ ይገለፅ	
110	የቤተሰቡ አጠቃላይ የወር ገቢ መጠንስንት ነው ? በብር ይገለፅ		

**ክፍል 2**  
**ስለ በክንድ ቆዳ ስር ስለሚቀመጠው የእርግዝና መከላከያ ዘዴ አጠቃቀም የተመለከተ መጠይቅ**

201	በክንድ ቆዳ ስር የሚቀመጠው የእርግዝና መከላከያ ዘዴ ወይም ሌሎች የእርግዝና መከላከያ ተጠቅመው ያውቃሉ	ሀ)አዎ ሌሎቹን ተጠቁሜያለሁ ለ)በክንድ ቆዳ ስር የሚቀመጠውን የእርግዝና መከላከያ ዘዴ	
202	በክንድ ቆዳ ስር የሚቀመጠው የእርግዝና መከላከያ ዘዴ የሚጠቀሙት ምንድን ነው	ሀ)ካስወጣሁ በኋላ ቶሎ መውለድ ስለምችል ለ)የረጅም ጊዜ ስለሆነ ሐ)ለመጠቀም ቀላል ስለሆነ መ)የጎንዮሽ ጉዳቱ ትንሽ ስለሆነ ሠ)ለማግኘት ቀላል ስለሆነ	
203	አሁን እየተጠቀሙት ያሉት የእርግዝና የመከላከያ ዘዴ ምንድን ነው	ሀ)በመርፌ የሚሰጥ የእርግዝና መከላከያ ለ)በክንድ ቆዳ ስር የሚቀመጥ የእርግዝና መከላከያ ሐ)ድንገተኛ የእርግዝና መከላከያ ኪኒን መ)የእርግዝና መከላከያ ኪኒን ሠ)በማህፀን ውስጥ የሚቀመጥ (ሉፕ) ረ)ቋሚ የሴቶች የእርግዝና መከላከያ ሰ)ህፃኑን የጡት ወተት በመመገብ ብቻ	

		ሸየቀን አቆጣጠር ዘዴ	
204	አገልግሎቱን የት ነበር ያገኘኑት	ሀጤና ጣቢያ ለ)ሆስፒታል ሐየግል ክሊኒኮች	
205	በክንድ ቆዳ ስር የሚቀመጠው የእርግዝና መከላከያ ዘዴ ካርድ አለዎት	ሀ)አለኝ ለ)የለኝም	
206	በክንድ ቆዳ ስር የሚቀመጠው የእርግዝና መከላከያ ዘዴ በቅርብ የማስወጣት እቅድ አለዎት	ሀ)አለኝ ለ)የለኝም	
207	በክንድ ቆዳ ስር የሚቀመጠው የእርግዝና መከላከያ ዘዴ የማይጠቀሙበት ምክንያት ምንድነው	ሀ)ሌሎች ዘዴዎችን ስለምጠቀም ለ)ልጅ መውለድ ስለምፈልግ ሐ)በጤና ችግር መ)የጎንዮሽ ጉዳቱን በመፍራት ሠ)አላገባሁም /ተፋትቻለሁ/ሞቶብኛል ረ)ሀይማኖቱ ስለማይፈቅድ	
208	በክንድ ቆዳ ስር የሚቀመጠው የእርግዝና መከላከያ ዘዴ ወደፊት ለመጠቀም ሀሳብ አለዎት	ሀ)አለኝ ለ)የለኝም	

**ክፍል 3**  
**ስነ ተዋልዶን የተመለከተ መጠይቅ**

301	ልጅ ወልደው ያውቃሉ	ሀ)አዎ ለ)አላውቅም	መልሱ ለ ከሆን ወደ ጥያቄ 304
302	የመጀመሪያ ልጅዎን ሲወልዱ እድሜዎ ስንት ነበረ		
303	የወለዱዎቸው ልጆች ብዛት ስንት ነው (ሞተው የተወለዱትን ጨምሮ)		
304	ወደፊት ተጨማሪ ልጆች እንዲኖርዎ ይፈልጋሉ	ሀ)አዎ ለ)አልፈልግም	

**ክፍል 4**  
**ስለ ቤተሰብ እቅድ አገልግሎት መረጃ መጠይቅ**

401	ስለ ቤተሰብ እቅድ አገልግሎት ዘዴ ሰምተው ያውቃሉ በክንድ ቆዳ ስር የሚቀመጠውን ጨምሮ	ሀ)አዎ ሁሉንም አይነት ሰምቼ አውቃለሁ ለ)ስለ ዘመናዊ የቤተሰብ እቅድ አገልግሎት ሰምቼ አውቃለሁ ሐ)በክንድ ቆዳ ስር የሚቀመጠውን	
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		ሰምቼ አውቃለሁ	
402	መረጃውን ከየት ነበር ያገኙት	ሀ)ከጤና ኤክስፔንሽን ሰራተኞች ለ)ከጤና ባለሙያዎች ሐ)ከሴቶች የልማት ቡድን መ)ከቤተሰብ /ንደኛ/ጎረቤት ሠ)ከሬድዮ/ቴሌቭዥን ረ)ከሚነበቡ ወረቀቶች	
403	በክንድ ቆዳ ስር የሚቀመጠው የእርግዝና መከላከያ ዘዴ የት ሊገኝ ይችላል	ሀ)ጤና ኬላ ለ)ጤና ጣቢያ ሐ)ሆስፒታል መ)የግል ክሊኒኮች	
404	በክንድ ቆዳ ስር የሚቀመጠው የእርግዝና መከላከያ ዘዴ አገልግሎት ለማግኘት ክፍያ ያስፈልገዋል	ሀ)አዎ ለ)አያስፈልገውም	
405	ባለቤት/ንደኛ/ሽ እገዛ እና ድጋፍ ያደርግልሻል	ሀ)አዎ ለ)አያደርግልኝም	

**ክፍል 5**

**ስለ በክንድ ቆዳ ስር ስለሚቀመጠው የእርግዝና መከላከያ ዘዴ ግንዛቤ የተመለከተ መጠይቅ**

501	በክንድ ቆዳ ስር የሚቀመጠው የእርግዝና መከላከያ ዘዴ ለ3 (ሶስት)አመት ያገለግላል	ሀ)አዎ ለ)አያገለግልም	
502	በክንድ ቆዳ ስር የሚቀመጠው የእርግዝና መከላከያ ዘዴ ለማስወጣት ቀላል ኦፕሬሽን ያስፈልጋል	ሀ)አዎ ለ)አያስፈልግም	
503	በክንድ ቆዳ ስር የሚቀመጠው የእርግዝና መከላከያ ዘዴ ከጾታዊ ግንኙነት እና ፍላጎት ጋር ምንም ግንኙነት የለውም	ሀ)አለው ለ)የለውም	
504	በክንድ ቆዳ ስር የሚቀመጠው የእርግዝና መከላከያ ዘዴ በማንኛውም ሰዓት ማቋረጥ ይቻላል	ሀ)አዎ ለ)አይቻልም	
505	በክንድ ቆዳ ስር የሚቀመጠው የእርግዝና መከላከያ ዘዴ ከተቀመጠ በኋላ ክትትል ያስፈልገዋል	ሀ)አዎ ለ)አያስፈልገውም	

**ክፍል 6**

**ስለ በክንድ ቆዳ ስር ስለሚቀመጠው የእርግዝና መከላከያ ዘዴ አመለካከት የተመለከተ መጠይቅ**

601	በክንድ ቆዳ ስር የሚቀመጠው የእርግዝና መከላከያ ዘዴ የወር አበባን ያዛባል	ሀ)እስማማለሁ ለ)እርግጠኛ አይደለሁም ሐ)አልሰማም	
602	በክንድ ቆዳ ስር የሚቀመጠው የእርግዝና መከላከያ	ሀ)እስማማለሁ	

	ዘዴ መጠቀም ስራን ያስተጓጉላል	ለ)እርግጠኛ አይደለሁም ሐ)አልሰማማም	
603	በክንድ ቆዳ ስር የሚቀመጠው የእርግዝና መከላከያ ዘዴ በሚቀመጥበት እና በሚወጣበት ወቅት ከፍተኛ ህመም አለው	ሀ)እስማማለሁ ለ)እርግጠኛ አይደለሁም ሐ)አልሰማማም	
604	በክንድ ቆዳ ስር የሚቀመጠው የእርግዝና መከላከያ ዘዴ በጣም የጎንዮሽ ጉዳት አለው	ሀ)እስማማለሁ ለ)እርግጠኛ አይደለሁም ሐ)አልሰማማም	
605	በክንድ ቆዳ ስር የሚቀመጠው የእርግዝና መከላከያ ዘዴ ለማስወጣት ከባድ ነው	ሀ)እስማማለሁ ለ)እርግጠኛ አይደለሁም ሐ)አልሰማማም	

