Knowledge, Attitudes and Practices (KAP) Survey, Permanent Methods of Family Planning in four regions of Ethiopia

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Executive summary

In February 2016, MSIE conducted a knowledge, attitudes and practices (KAP) survey in Amhara, Oromia, Tigray and SNNP regions. A community based household survey was used to gather information on knowledge, attitudes and practices towards family planning (FP) of both men and women, with a particular focus on voluntary permanent methods (PMs). To complement the quantitative data, qualitative data was also collected through interviews and group discussions with health workers and key informants. A total of 1,725 currently married women (aged 18-49 years) and men (18-59 years) in 54 kebeles located in urban, rural and pastoral areas of Amhara, Oromia, SNNP and Tigray regions participated in the household survey.

The findings are summarized as follows.

**Sociodemographic characteristics of respondents**

- The mean age of participants in the KAP survey was 29.4 for women and 36.4 for men. Just over half (52.1%) of women and nearly one third (30.3%) of men had never attended formal education.
- Just over half of men and women reported that both they and their partner have paid work, with 43.9% of women reporting that only their partner works.

**Fertility preference**

- The mean number of children ever born among married women was 3.5, while the mean number of children ever born among married men was 4.
- The majority of women (48.2%) and men (44.2%) desired to have 3 to 4 children, while 43% men and 33.8% % of women reported wanting or more children.
- A significant proportion of men (37.2%) and women (33.5%) reported wanting to not have any more children.

**Awareness of Family Planning**

- Government health centres/hospitals and Health posts/HEWs were the most common source of information on family planning, as reported by 95% of the women and 91.2% of the men.
- Knowledge of at least one modern FP method was close to universal in the study area.

**Permanent Methods**

- 34% of women and 38% of men reported having heard about ether male or female sterilization method or both.
- Unprompted knowledge of voluntary tubal ligation (TL) was higher among both sexes, with 16% of women and 13.7% of men reporting knowledge of the method.

**Attitude towards voluntary PMs**

- Low awareness of voluntary PM is just one barrier to uptake. Where communities are aware of voluntary PM, incorrect perceptions of the procedures and their side effects, as well strong cultural stigma act as further barriers to uptake.
- Providers in some areas such as SNNPR reported they do not consider voluntary vasectomy an acceptable FP method.

**Voluntary PM use**

- Modern contraceptive prevalence rate (CPR) was 70.2% among women and 68.8% among men.
- 6% of women report using FP without the knowledge of their partner, citing their partner’s desire to have more children and opposition to family planning.
- Voluntary PMs still contributed to only 1.1% of the overall contraceptive use, and no men reported using voluntary vasectomy.
- The reason for low utilization of voluntary PM is mostly associated with lack of awareness, misconceptions, and fear of social reaction towards the service and service users.
- PM users are likely to be aged 30 or older, and to have 4 or more children.
Intention to Use PM
- Among the 204 women and 221 men who are aware of voluntary PMs, nearly 25% (n=51) women and 18% (n=40) men reported that either they want, their partner wants, or they have jointly decided to use a voluntary PM.
- Nearly 32% of women and 35% men want to use a voluntary PM within the coming three years.
- 15.7% of women and 15% of men intend to use a voluntary PM within one year.
- 15.7% of the women and 17.5% of men who intend to use a voluntary PM have very limited information about the method.
- The influence of men is also mentioned as barrier for some women who have already made an informed choice that they want to use voluntary TL.
- Among women who intend to use voluntary PM in the future, most have 3 children already and report wanting 3 to 4 children.

Existing Challenges
Low community awareness and negative attitudes towards voluntary PMs were cited as barriers to their uptake. Negative attitudes towards voluntary PMs are shaped by a lack of information and cultural and religious factors. Incorrect perceptions about voluntary PM procedures and their side effects, as well as stigmatization of PM service users, present significant challenges to health facilities and community health workers to counteract.

On the supply side, low access to voluntary PM methods presents a significant barrier to uptake. A shortage of staff trained in voluntary PM provision, as well insufficient medical equipment have resulted in low levels of provision of voluntary PMs at government facilities. The bias associated with voluntary PMs in communities is also present among providers, some of whom have negative attitudes towards PMs. Therefore, even when clients choose to have a voluntary PM, the facilities are often not able to provide the services. In terms of policy, key informants mentioned the need for a more collaborative approach on the part of all voluntary PM providers, including NGOs, government and private providers. It was felt that a more joined up approach would avoid duplication of effort, and allow gaps in service provision to be filled in a systematic way.

Conclusion
The contraceptive prevalence rate (CPR) in the study areas is significantly higher than the national average, but the use of voluntary PMs accounts for only 1.1% of the method mix. While 13.6% of female respondents and 11.9% of male respondents knew about voluntary PMs, knowledge of any modern FP method was nearly universal. Lack of proper information/knowledge, cultural beliefs which promote high and early childbearing, and lack of access are the source of significant challenges to the provision of voluntary FP in general, and to the provision and uptake of voluntary PMs in particular.

The barriers against utilization of voluntary PMs include lack of awareness, myths and misconceptions about PMs, provider bias, and the stigmatization of PM users. Some health workers do not consider even voluntary vasectomy a valid FP method due to their limited knowledge and experience with the method.

Despite these barriers, the qualitative data suggest that the intensity of stigma and bias associated with voluntary PMs is diminishing, at least for voluntary TLs. This is correlated with the finding that among those who reported knowing about voluntary PMs, a significantly higher number of men and women reported intention to use voluntary PMs in the future. Although intention to use voluntary TLs was generally higher, a significant number of men (23%) and women (47%) in the study areas reported their intention to use or for their partner to use voluntary vasectomy in the future.

Among women who reported already knowing about PMs, women with 3 children ever born or more were most likely to intend to use voluntary PMs. Existing PM users are most likely to be aged 36 or older, and to have four or more children. It is clear that men continue to exert influence over women’s decisions to use voluntary FP, with a small but significant proportion of women reporting using contraception without their husband’s knowledge, and around 12% of men confirming that they are the only ones to make decisions about family planning.

Currently, the FP information channel is confined to health extension workers (HEWs) and service providers’ efforts delivering messages door to door and counselling clients when they approach the facilities seeking services. Conveying information at different community and government meetings whenever the opportunity arises is suggested.
Recommendations for programming Information, Education, and Communication (IEC):
• Awareness raising efforts should make use of a range of media channels, including, radio, television, and community events, and provide comprehensive information to increase awareness and understanding of voluntary PMs in the community.
• Community mobilisation and awareness raising should focus on men as well as women, as they are often the gatekeepers of women’s health. Focusing on men will also help address resistance to voluntary vasectomy, which is higher than to voluntary TL.
• Community mobilisation and awareness raising should also serve as an opportunity to address gender norms around voluntary FP, particularly treating women and men as equal partners in the FP decision making process.
• Working with religious and local leaders who hold influential positions in the community can help challenge stigma and misconceptions.
• Comprehensive and high quality FP counselling with a focus on voluntary PMs should be prioritised in order to ensure informed choice of community members who are interested in but unsure about voluntary PMs.
• Women who have already had more than 4 children should be especially reached out to.

Supply:
• Capacity building initiatives with health centre and hospital level service providers through training and provision of the material supplies for voluntary PM procedures will increase the number or trained providers and points where services are accessible, which will result in increased uptake of voluntary PMs.
• Combatting negative attitudes towards voluntary PMs held by some providers will be necessary to increase the number of providers willing to provide PMs.
• Expanding the role of HEWs to be messengers within the community will be useful as they have already been engaged in similar effort and are closer to the locality than other professionals/ institutions.

Policy and coordination:
• Government and NGOs should develop an integrated approach to bring better results in raising awareness and increasing the level of voluntary PM services.
1. Introduction

1.1 Background

Strong family planning (FP) initiatives play an essential role in protecting women and children’s health, by reducing unintended pregnancy and maternal and child mortality and morbidity. Cognizant of this, the Government of Ethiopia (GoE) has prioritized increasing access to family planning as part of a broader strategy to improve maternal and child health. The GoE aims to reduce the total fertility rate (TFR) to 3.5 and increase the modern contraceptive prevalence rate (mCPR) to 55% by 2020. In order to achieve this, the Federal Ministry of Health (FMOH) in collaboration with donors and implementing partners like Marie Stopes International Ethiopia (MSIE), is putting emphasis on diversifying the FP method mix by increasing demand for and access to long-acting and permanent methods.

As a result of such efforts, impressive achievements have been recorded in recent years in Ethiopia with the mCPR increasing from 27% in 2011 to 35% in 2016, and the total fertility rate falling from 4.8 to 4.6 during the same time frame. Unmet need for voluntary FP has also decreased from 37% in 2000 to 22% in 2016. However, despite such progress, women in Ethiopia still face barriers to accessing voluntary FP services, including gender inequalities, cultural norms promoting early child bearing, and low levels of information and access to voluntary FP services. Moreover, the FP method mix is heavily skewed towards Short Acting Methods (SAM), followed by Long-Acting Reversible Contraceptive Methods (LARCs), while voluntary permanent methods (PMs) contribute to less than 1 percent to the overall mCPR. The contraceptive discontinuation rate is also high, with the 2011 DHS estimating the 12-month contraceptive discontinuation rate for all methods at 37%.

A number of factors have been associated with low uptake of voluntary PMs in Ethiopia and in other countries, including lack of awareness, community opposition, higher costs, provider bias, and lower access to permanent methods, particularly in rural areas. Where voluntary PMs are available stigmatization of the method can extend to providers, who may be reluctant to offer voluntary PMs on the basis of the age or number of children a woman has.

One major initiative to improve maternal health through increased access to contraception, is the Strengthening International Family Planning Organizations: Sustainable Networks (SIFPO 2), which is a global project awarded to MSI and funded by USAID. In Ethiopia, SIFPO2’s goal is to reduce maternal deaths from unintended pregnancy through increased modern contraceptive prevalence. For this, MSIE has been focused on ensuring the inclusion of voluntary PMs in the country’s FP method mix through raising awareness activities, training government and private providers in voluntary PM provision, and fostering greater collaboration between key actors in the SRH sector. As part of project baseline data collection, MSIE conducted a KAP survey, along with interviews with key informants, the results of which are shared in this report.

1.2 Objectives of the Study

The main objective of the study was to provide the SIFPO2 project with an in-depth understanding of the context in which the project was initiated. The study assessed the knowledge, attitudes, and practices surrounding voluntary FP in Ethiopia’s project intervention areas, with a focus on voluntary permanent contraceptive methods (PMs). However, as the results have implications for voluntary PM implementers across the SRH sector in Ethiopia, key findings are shared in this report along with recommendations for programming.
This KAP study surveyed selected segments of the population and collected data on the existing status of services and utilization, voluntary FP knowledge, attitudes and practices, facility readiness to provide voluntary PMs and the level of client satisfaction with the services received. The survey was conducted in selected woredas of Amhara, Oromia, SNNP and Tigray regions. A total of 1,725 currently married women (18-49 years) and men (18-59 years) in 54 kebeles located in urban, rural and pastoral areas of aforementioned regions participated in the household survey. Two thirds of the selected kebeles are from rural localities, and equal number of currently married women in the age group of 18-49 years and currently married men in the age group 18 – 59 years were sampled. Accordingly, 16 men and 16 women were recruited from different households in each kebele. The data collection was conducted with a combination of qualitative and quantitative data collection methods; namely, a population based household survey, and key informants interviews with 18 health workers from the woreda offices and 27 health facilities workers including HEWs and heads of facilities. Data collection took place in February 2016 and had a response rate was 96%.

The following sections present the findings from the KAP survey which is of particular relevance for voluntary PM implementers in Ethiopia. Findings from qualitative data taken from interviews with health professionals and community members are used to supplement quantitative findings throughout, and recommendations for programming are made.

The mean age of participants in the KAP survey was 29.4 for women and 36.4 for men. Just over half (52.1%) of women and nearly one third (30.3%) of men had never attended formal education. The majority of respondents were orthodox (56.1% of women and 57.4% of men) or protestant Christian (26.0% of women and 23.2% of men). Muslims made up the third largest religious group, representing 15.6% of men and women in the survey.
Looking at the total pool of respondents, 93.4% women and 94% men respondents reported that they have 1 or more children, and the mean number of children ever born to the men and women surveyed was 3.96 and 3.47 respectively. However, a significant proportion of men and women reported more than 5 children (see Figure 1). Nearly half (48.2%) of the women and 44.2% of the men reported that they wanted to have 3 to 4 children, while 43% of men while 43% men and 33.8% % of women reported wanting 5 or more children.

When asked whether their present (if pregnant) and previous pregnancies were wanted or not, around 80% of men and women reported all their pregnancies were intended, suggesting that the remaining 20% could have been the result of unmet need. When asked about their plan for next pregnancy/child birth, 37.2% of men and 33.5% and of women reported wanting to space or limit their future children. The high proportion of men and women who desire to limit childbearing indicates the need for voluntary PMs within the community.
2.3 Couples’ Communication and Decision Making

Most of the respondents (84% women and 91% men) reported having ever discussed voluntary FP with their partner, and most respondents reported making decisions regarding FP jointly (76.6% women and 83.6% men). However, nearly 6% of women reported that FP decisions were made solely by their husbands, with 12.6% of male respondents confirming that they make decisions related to family planning without their partners.

Furthermore, 6.2% of female respondents reported using voluntary FP without their husband’s knowledge. When asked why, 35.3% of women in the group reported that their husband wanted to have more children, and 29.4% said that their husband does not support using family planning.

Overall, the secretive use of voluntary FP by women in the study suggests that male engagement in awareness raising activities and integrating gender sensitive messaging into all activities is critical to counter male opposition to joint decision making about health care with their female partners.

2.4 Knowledge of Voluntary Family Planning

Overall knowledge of FP is near universal: 95.7% of the women and 94.4% of the men could name at least one modern method of family planning (Annex x - Table 37).
2.5 Access to Voluntary Family Planning Information and Services

Government health centers/hospitals and Health posts/HEWs were the main sources of information on voluntary FP, as reported by 95.0% of the women and 91.2% of the men. Most of those who ever used any modern family planning method also received the services from government health facilities – women at 91.6% and men at 82.7%. Again, almost 95% of men and women respondents reported that they would prefer to receive information and service from government health facilities in the future.

The community level sources of information and methods of communication about voluntary PMs were also explored through key informant interviews. Health Extension Workers (HEWs) were found to be the main information channels at the community level, and the method they use is door to door visits where they share information on FP options, including voluntary PMs. When clients approach health posts/centres seeking various services, they learn about voluntary FP from the HEWs and later via in-depth FPC counselling from the service providers at these facilities.

In addition to the above methods, in most of the study areas public gatherings and meetings are used by HEWs to disseminate information about voluntary FP methods as mentioned by key informants. This indicates that continuing to work closely with government owned facilities will improve the uptake of voluntary PMs as the majority preferred these sources. As public health facilities are the main and preferred source of FP, significant efforts should be made to strengthen provider capacity within these facilities to provide a comprehensive range of FP methods, including voluntary PMs.

2.6 Knowledge of Voluntary Permanent Methods of Family Planning

Knowledge of voluntary PMs was limited among both men and women: overall 34% of women and 38% of men had heard of at least one or both voluntary PMs. Without prompting, only 13.6% of female respondents and 11.9% of male respondents could name one voluntary PM. Knowledge of voluntary TL was higher among both sexes.

![Figure 4: Unprompted knowledge of voluntary PMs by gender and method type, SIFPO 2 Ethiopia Baseline Survey](image-url)
2.7 Community and Service Providers Attitudes towards Voluntary Permanent Methods

The qualitative data also indicated a lack of awareness of voluntary PMs among the 27 health care providers interviewed. Where community members are aware of voluntary PMs, negative attitudes and misperceptions act as barriers to uptake. In some areas, the service providers and HEWs mentioned that community members perceive voluntary PMs as tools designed to reduce their race/ethnic group. Cultural factors also lead to the stigmatization of community members known to have used voluntary PMs.

Misperceptions of voluntary PMs also present barriers to uptake. It is often assumed that TL is a complicated and painful procedure, while men in particular believe that male sterilization/vasectomy causes loss of sexual interest and impotency. In SNNPR, the health professionals who were interviewed did not have clear knowledge of male vasectomy, and they did not consider it a valid FP method.

Community stigmatisation of voluntary PM users was also found to be prevalent, with women describing routine discrimination and exclusion from social events.

Overall, strong stigma and the prevalence of incorrect perceptions of voluntary PMs indicate the need for awareness raising activities to focus on providing accurate and complete information on FP, and dispelling the myths surrounding voluntary PMs in particular. Increasing provider understanding of PMs will also be necessary to increase the number of facilities which are able to provide voluntary PMs.

2.8 Use of modern family planning and voluntary permanent methods

Women’s modern contraceptive prevalence rate (mCPR) was found to be 70.2% and 68.8% of men reported the use of a modern FP method at survey time. The 2016 DHS documented that the national mCPR was 35%. However, the current survey was conducted in the 4 major regions having prior record of better mCPR, some of which were also sites for SIFPO, the precursor to SIFPO2.

The FP method mix is heavily skewed towards injectable and implants, which together account for more than 85% of all contraceptive use. Voluntary PMs still contribute to only 1.1% of the method mix, although this is higher than the national average due to some respondents living in SIFPO project intervention areas.

Among the respondents using voluntary PMs, most were using voluntary TL. It is notable that not a single male reported having had a voluntary vasectomy. The reasons cited for such low uptake were lack of awareness, misconceptions, and strong social stigma.

Sources of current contraceptive methods are heavily skewed towards government health facilities with nearly 95% of men and 96% of women reporting having obtained their current method either from health posts, health centers or hospitals. The current extremely low uptake of voluntary PMs can be attributed to few government health facilities offering voluntary PMs.
2.9 Voluntary PM users by background characteristics and number of children

All voluntary PM users were in rural areas (1.8% of all rural residents in the study). Geographically there were also some differences: the proportion of women in SNNP who were PM users was relatively higher at 2.9%, while in Tigray region there were no PM users. While older women aged 36 and above have shown relatively higher prevalence at 2.4%, it is interesting to note that 1.1% of women aged 20-25 are also voluntary PM users. This indicates that contrary to expectations, voluntary PMs may be acceptable to younger clients who have already achieved their fertility ambitions. A positive and slightly linear relationship is also apparent in women’s level of education and their use of voluntary PMs.

Unsurprisingly, respondents with higher numbers of children are more likely to be voluntary PM users: 3.2% of women with 4 or more children reported using PMs, while no women with 1 to 3 children were users. Use is also higher among women who reported desiring to have 3 to 6 children. Notably, current use is significantly higher among women who do not desire to have children (8.3%) and even higher among women who reported their partner had no desire to have a child (12.5%).

In light of these findings, awareness raising activities should especially reach out to women with 4 or more children. Although women in their 30s may be the demographic most likely to take up PM, younger women who already have achieved their desired family size should also be reached, if not for immediate service uptake to at least ensure they know about voluntary PMs and know that they can, in the future, access them if they choose so.
2.10 Intention to use any modern FP method

Among respondents who intended to use contraception, more than 90% intended to use injectable and implants. The proportion of men and women who intend to use a voluntary PM is very low: 1.9% women and 1.4% of men reported intending to use voluntary TL. Less than 1% of men and women said they intended to use vasectomy.

Wanting to have a child was the main reason women cited for not intending to use contraception (36.3%), followed by not liking contraceptives (21%), and inability to get pregnant (15.2%). Men similarly mentioned wanting to have a child as the main reason for non-intention to use FP (32%), followed by inability to impregnate their partner (21.8%) and having no experience using contraceptives (16.3%). Religious prohibition was mentioned by 3.5% of women and 5.4% of men overall.

2.11 Intention to use Voluntary PMs

Among the 204 women and 221 men who reported knowing about voluntary PMs, a significant proportion reported intention to use voluntary PMs in the future: 25% (N=51) women and 18.1% men (n=40) reported that either they want, their partner wants, or they have jointly decided to use a voluntary PM. Both men and women stated a preference for their partner to use the method than to use it themselves.

A considerable proportion of men (15.8%; n=35) and women (11.3%; n=23) who knew about voluntary PMs responded that they are not sure if they could use these methods, suggesting the need for further or more accessible information to ensure informed choice.

In total 11 (22%) of female voluntary PM intenders and 11 males (28%) said they wished to use the method after one or more years, compared to 8 women (16%) and 6 men (15%) who wished to use the method within one year.

Table 1: Preferred PM among men and women intending to use voluntary PMs in future, SIFPO 2 Ethiopia Baseline Survey

<table>
<thead>
<tr>
<th>Which method do you plan to use?</th>
<th>Women</th>
<th></th>
<th>Men</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>Number</td>
<td>%</td>
<td>Number</td>
</tr>
<tr>
<td>Female sterilization / Partner sterilization</td>
<td>17.6%</td>
<td>9</td>
<td>62.5%</td>
<td>25</td>
</tr>
<tr>
<td>Male sterilization/ Partner sterilization</td>
<td>47.1%</td>
<td>24</td>
<td>22.5%</td>
<td>9</td>
</tr>
<tr>
<td>Not sure/not decided</td>
<td>35.3%</td>
<td>18</td>
<td>15.0%</td>
<td>6</td>
</tr>
</tbody>
</table>

Figure 8: Intention to use a voluntary PM by length of intended delay, SIFPO 2 Ethiopia Baseline Survey

Women
Men
Voluntary PM intenders who said they wanted to delay using these methods for some time were asked why. Wanting to have more children at present was the most common reason, followed by limited information about the method. Not knowing where to get the service was also mentioned by 10% of men (n=4) and 5.9% (n=8) of women.

Lastly, among non-pregnant women who had heard of voluntary PMs and stated that they didn’t want to have any more children (N= 185), it is notable that the vast majority (117) still reported having no intention to use PM in future.

As voluntary PMs are considered acceptable among a significant number of men and women who are aware of the methods, increasing awareness and understanding of voluntary PMs may yield significant uptake of PMs in the future. Community awareness could be greatly increased by including voluntary PMs in national mass media campaigns.

The significant numbers who say that they are unsure also indicates the need for information on voluntary PMs to be more widely available in order to provide these communities with more comprehensive access to FP. The relatively high number of respondents who report intention to use voluntary PMs in the next year show the potential for short term programming.
2.12 Socio demographic characteristics of Voluntary PM intenders

Among women intending to use voluntary PMs in the future (n=51), the highest proportion already had 3 children (19.6%). Correspondingly when asked the number of children they desired, women who wanted 3 to 4 and 4 to 6 children made up the biggest proportion of women intending to use voluntary PMs (39.2% and 33.3% respectively). In terms of age, 20-30 year olds made up the biggest proportion of women intending to use voluntary PMs, however, women in the same age group were also the most likely to be unsure. These finding suggests that women with 3 or more children already should be reached to ensure they are aware of voluntary PMs amongst all the FP services available in Ethiopia.

Future needs/awareness of Voluntary PM Services

The service professionals interviewed as part of this study (n=27) mentioned some changes in community attitudes towards voluntary PMs compared to when the service was first introduced. However, huge gaps still exist in the acceptance, awareness of and utilization of voluntary PMs across geographical locations. There are also contradictory views on the possibility of increased demand for voluntary PMs, with some providers of the opinion that with changing attitudes, clients’ interest in voluntary PMs will increase, and others convinced that attitudes are so deeply entrenched that demand will stagnate or even decline. However, both groups believe that there should be a continued systematic effort to increase knowledge of the community about FP methods in general and voluntary PMs in particular, since the methods have very low up take despite their appropriateness to the needs of the community.

The influence of men is mentioned as a barrier to female uptake of voluntary PMs, even where women have made an informed choice to use the method. Public information campaigns and community engagement should therefore focus on changing the perceptions men have of voluntary PMs, and including gender sensitive messaging to change male attitudes towards inclusion of women in decisions regarding family planning.
2.13 Socio demographic characteristics of Voluntary PM intenders

Key informants have suggested different actions that could be taken to improve voluntary PM service provision and programming. Providing training for service providers and supplying medical equipment for facilities so that there are more facilities which can offer voluntary PMs was mentioned as a priority. Key informants felt that these measures would increase service access, minimize delays and reduce the burden of travelling to the few sites that currently offer voluntary PM services. Working with religious leaders, local influential persons and male partners are all suggested as ways of changing attitudes towards voluntary PM. Aggressive use of all media channels was also suggested as a way of mass disseminating comprehensive information to counter misconceptions and resistance to voluntary PMs. The role of HEWs was also emphasized, and it was suggested their role be enhanced for better outcomes.

Finally, health workers also felt that government and NGOs should use a coordinated approach to increasing uptake of voluntary PMs, rather than a scattered and unorganized way of addressing the issue.

Capacity building, investment in appropriate equipment and staff, and development of a common strategy across the SRH sector will be critical to increase uptake of voluntary PMs throughout the country.
3 Conclusions and recommendations

3.1 Conclusions

Although knowledge of any modern FP method was found to be nearly universal, knowledge of voluntary PMs was confirmed by only 13.6% of female respondents and 11.9% of male of men who took part in the survey. The contraceptive prevalence rate is relatively higher than the national estimate, but voluntary PM use still accounts for only 1.1% of the method mix.

The use of voluntary PMs among men and women who took part in the survey is extremely low, with use of voluntary vasectomy almost non-existent. This, coupled with the secretive use of voluntary FP by a small but significant number of women in the study, suggests that male engagement in awareness raising activities is critical in order to counter male opposition to FP in general and to voluntary PMs in particular.

The demographic characteristics of existing voluntary PM users suggest that awareness raising activities should reach out to women with four or more children regardless of age.

The challenges of increasing uptake of voluntary PMs include lack of awareness, resistance due to cultural and religious factors, myths and misconception about PMs, provider bias, and stigmatization of PM users. Voluntary tubal ligation is thought of as a major and painful surgery, while vasectomy is perceived as a cause of impotence. Even health workers appeared to have doubts about vasectomy, which many stated they did not consider to be a valid method of family planning. The strong stigma surrounding voluntary PM and the prevalence of incorrect perceptions suggest the need for awareness raising activities to focus on providing correct and complete information on FP, and dispelling the myths surrounding voluntary PMs in particular.

Looking at the whole sample of respondents, the proportion of men and women who intend to use voluntary PMs is very low, and female sterilization is preferred to male sterilization, with 1.9% women and 1.75% men preferring female sterilization. However the proportion who intend to use a voluntary PM is significantly higher among those who reported already knowing the method. As voluntary PMs are considered acceptable among a significant number of men and women who are aware of the methods, increasing awareness and understanding of PMs is critical to ensure significant uptake of PMs in the future.

The results show that many of those who intend to use voluntary PMs have very limited information about the method, and this could influence their decision on what and when to use. The significant numbers who say that they are unsure also indicates the need for information on voluntary PMs to be more widely available and understood in these communities. It is also noteworthy that 71.4% of the women who do not want more children do not intend to use a voluntary PM. The qualitative survey generally indicated huge gaps in knowledge, demand and acceptance of voluntary PMs by the community.

Among those who did know about voluntary PMs and intended to use them, women with three children or more were most likely to intend to use voluntary PMs. This correlates with the finding that existing voluntary PM users are most likely to have four or more children.

Currently the information channel is confined to the efforts of health extension workers (HEWs) and service providers’ going door to door to provide information and services and at times counselling when clients approach facilities seeking services. Using various community and government meetings to convey information is another method used whenever the chance is there.

Provision of voluntary PMs at public facilities is currently very low, with staff reporting limited capacity to provide PMs. Lack of training and equipment affect the capacity to deliver voluntary PM services, even where providers report an intention to.
3.2 Recommendations for programming

Information, Education, and Communication (IEC):
- Awareness raising should make use of a range of media channels, including, radio, television, and community events, and provide comprehensive information to increase awareness and understanding of voluntary PMs in the community.
- Community mobilisation and awareness raising should target men as well as women, as they are often the gatekeepers of women’s health, and resistance to voluntary vasectomy is higher than to voluntary tubal ligation. Awareness raising activities for voluntary vasectomy should accordingly be scaled up and used as an opportunity to address gender norms around voluntary FP, particularly treating women and men as equal partners in the FP decision making process.
- Working with religious and local leaders who hold influential positions in the community can help challenge stigma and misconceptions.
- Comprehensive and high quality voluntary FP counselling should be prioritised in order to ensure informed choice for community members who are interested in but unsure about voluntary PMs.
- Women who have already had more than four children should be reached with information on FP, particularly voluntary PMs.

Supply:
- Capacity building initiatives with HC and hospital level service providers that include training and provision of supplies needed for voluntary PM procedures will increase the number or trained providers and points where services are accessible, which will result in increased uptake of voluntary PMs.
- Combatting negative attitudes and biases towards voluntary PMs held by some providers will be necessary to increase the number of providers willing to provide these services. Expanding the role of HEWs as messengers to the community will be useful as they have already been engaged in similar efforts and are closer to the locality than other professionals/institutions.

Policy and coordination:
- Government and NGOs should develop an integrated approach to bring better results in raising awareness and increasing access to voluntary PM services.