

English version questionnaire

General instruction

1. For multiple choice questions chose one best answer and encircle it.
2. If your answer is not listed among alternatives, please tell your own answer for the data collector

No.	Questions	Responses and codes	Skip to
I	Part-I: Socio-demographic information		
101	Age (in years)	-----	
102	Marital status	1. Married 2. Single 3. Divorced 4. Widowed	
103	Religion	1. Orthodox 2. Muslim 3. Protestant 4. Catholic 5. Other (specify)-----	
104	Maternal Ethnicity	1. Amhara 2. Age 3. Oromo 4. Other(specify)-----	
105	Maternal Occupation	1. House wife 2. Merchant 3. Private employee 4. Government employee 5. Student 6. Other(specify)-----	
106	Maternal Educational status	1. Unable to read and write 2. Read and Write 3. Primary 4. Secondary 5. College and above	
107	Husband 's educational level	1. Unable to read and write 2. Read and Write 3. Primary 4. Secondary	

		5. College and above	
108	Husband's occupation	1. Government employee 2. Private employee 3. Merchant 4. Farmer 5. Student 6. Others(specify)-----	
II Part-II: Obstetric related issues			
201	Parity	
202	Number of a living children	-----	
203	Do you have abortion history?	1. Yes 2. No	
204	Do you want to conceive in the near future?	1. Yes 2. No	If No #204→part-III
205	If question-204-yes, at what time you plan?	1. Within two years 2. After two years	
III Part-III: Contraceptive related issues			
301	Which type of LARCs have you used?	1. Implanon 2. IUCD 3. Jaddles	
302	Have you ever used any contraceptive prior to LARC?	1. Yes 2. No	If No→Q# 304
303	If question- 302-yes, which method have you used?	1. OCP 2. Injectable 3. IUCD 4. Implants 5. Other (specify)-----	
304	From where you did get LARC?	1. Hospital 2. Health center 3. Family guidance 4. Mair stops 5. Other(specify)-----	

305	Did you get counseling service about benefit of LARCs?	1. Yes 2. No	
306	Did you get counseling service about possible side effects of LARC?	1. Yes 2. No	
307	Have you ever faced side effects?	1. Yes 2. No	
308	Who chooses the LARC method you have used?	1. My own 2. My husband 3. Health Professionals 4. HEW/health extension worker 5. Neighbors 6. Other(specify)-----	
309	What are the reasons for choosing the method?	1. Safety 2. Effectiveness 3. Long Protection 4. Reduce appointment 5. It can be removed at any time 6. It has Immediate fertility return 7. Other(specify)-----	
310	Do you have appointment for follow up including appointment card?	1. Yes 2. No	
311	Are you using it now (want to continue it)?	1. Yes 2. No	If Yes →Q # 13
312	If NO for Q#311 or come for removal, why want to remove it?	1. Due to side effect 2. To get pregnancy 3. No husband/go abroad/died 4. Loss of implant in arm 5. Expulsion of IUCD/missing its string 6. Becoming pregnant 8. Other(specify)-----	
313	If your reason/complaint is due to side effect, which one you faced?	1. Menstrual Irregularity 2. Weight change 3. Unusual headache 4. Insertion site pain 5. Difficulty to work 6. Other(specify)-----	
IV	Part IV: Other factors including Myths and Misconceptions		

401	If you have other reasons/complaints with or without the above which one you encountered?	1. Neighbors' influence/Peer pressure 2. Decreasing of sexual activity 3. Husband objection 4. Fear of migrate to other body part 5. Fear of infertility 6. Fear of cancer 7. Others (Specify).....	
402	Date of insertion of LARC	A-----	
403	Date of removal of LARC	B-----	
404	Duration of LARC utilization	A-B= -----(years)	

Amharic version questionnaire

እዝል III. የአማራኛ መጠይቅ

ቀን -----የመጠይቅ መለያ ቁጥር-----የተቋሙ ስም-----

የደንበኛዎ ፈቃደኝነት መጠየቂያ ቅፅ

ጤና ይስጥልኝ እንደምን አሉ::ለዚህ መጠይቅ እንኳን በደህና መጡ::

እኔ -----እባላለሁ::ዛሬ እኔ እዚህ የመጣሁት በባህር ዳር ዩኒቨርሲቲ በሚድኖርድራሪ ት/ት ክፍል የ2ኛ ድግሪ ተማሪ የሆኑትን አቶ ይልቃል ዳኛውን ወከቶ መረጃ ለመሰብሰብ ነው::በተቋማችሁ ላይ በስነ-ተዋልዶ እድሜ ደረጃ ላይ በሚገኙ እናቶች ቋሚ ባልሆነ የረዥሚ ጊዜ የወሊድ መቆጣጠርያ (3-10) አመት የሚያገለግል) ለማቋረጥ ችግር መጠንና ለማቋረጥ ችግር የሚያጋልጡ ተዛማጅ ምክንያቶች ምን እንደሆኑ ለማጥናት ነው::

በመሆኑም እርሶዎ ከጥናቱ ተሳታፊዎች አንዱ ነው::ስለዚህ በማህበራዊ፣ከዚህ በፊት ስለተጠቀሙት የእርግዝና መከላከያ እና ስለመሳሰሉትን ጉዳዮች በተመለከተ መጠይቅ ላይ ምላሽ እንዲሰጡን እንጠይቀውታለን::በእርሶዎ ፈቃድ የጥናቱ ተሳታፊ ሆነው የሚሰጡት ማንኛውም ምላሽ በሚሰጡበት የሚጠበቅ ነው::ከዚህ በተጨማሪ የእርሶዎ ተሳትፎ ለጥናቱ አስፈላጊ መሆኑን በመረዳት ፈቃደኛ እንደሚሆኑ በመተማመን ለሚቀርብለዎት ጥያቄ መልስ እንዲሰጡን እንጠይቃለን::መጠይቁ የሚወሰደው ጊዜ ከ25 ደቂቃ አይበልጥም::በመጨረሻም ከዚህ ጋር በተያያዘ ጉዳይ ጥያቄ አለዎት?

አዎ- ቀጥል

አልሰማማም-ወደ ቀጣዩ ተሳታፊ ሂድ

የመረጃ ሰብሳቢው ስም-----ፊርማ-----ቀን-----

ክፍል አንድ፤ ማህበራዊ መረጃ ላይ የሚያተኩር ጥያቄ

ተ.ቁ	ጥያቄዎች	አማራጭ መልሶች	ወደ ጥያቄ ቁጥር
101	እድሜ (በአመት)	-----	
102	የጋብቻ ሁኔታ	1. ያላገቡት 2. ያገቡት 3. የተለያዩ 4. የሞተባት	

103	ሀይማኖት	1. ኦርቶዶክስ 2. ሙስሊም 3. ፕሮቴስታንት 4. ሌላ(ይግለፅ)-----	
104	ብሄር	1. አማራ 2. አገጢ 3. ኦሮሞ 4. ሌላ(ይግለፅ)-----	
105	የስራ ሁኔታ	1. የቤት እመቤት 2. ነጋዴ 3. የግል ተቀጣሪ 4. የመንግስት ሰራተኛ 5. ተማሪ 6. ሌላ(ይግለፅ)-----	
106	የት/ት ሁኔታ	1. አልተማርኩም 2. ማንበብ እና መጻፍ 3. የአንደኛ ደረጃ 4. የሁለተኛ ደረጃ 5. ኮሌጅ እና ከዚያ በላይ	
107	የትዳር አጋሪዎ የት/ት ሁኔታ	1. አልተማረም 2. ማንበብ እና መጻፍ 3. የአንደኛ ደረጃ 4. የሁለተኛ ደረጃ 5. ኮሌጅ እና ከዚያ በላይ	
108	የትዳር አጋሪዎ የስራ ሁኔታ	1. የመንግስት ሰራተኛ 2. የግል ተቀጣሪ 3. ነጋዴ 4. ገበሬ 5. ተማሪ 6. ሌላ(ይግለፅ)-----	

ክፍል ሁለት: ስነ ተዋልዶን በተመለከተ

ተ.ቁ	ጥያቄዎች	አማራጭ መልሶች	ወደ ጥያቄ ቁጥር
201	ስንት ጊዜ ወልደዋል	-----	
202	በሂዎት ያሉት ልጆች ቁጥር	-----	

203	ውርጃ ኢጋጥሞት ያውቃል	1. አዎ 2. የለም	
204	ወደፊት ማርገዝ ይፈልጋሉ	1. አዎ 2. አልፈልግም	አልፈልግም ከሆነ ወደ ክፍል ሶስት ይለፉ
205	አዎ ከሆነ መቸ	1. በሁለት አመት ውስጥ 2. ከሁለት አመት በኋላ	

ክፍል ሶስት: የእርግዝና መከላከያን በተመለከተ

ተ.ቁ	ጥያቄዎች	አማራጭ መልሶች	ወደ ጥያቄ ቁጥር
301	የትኛውን አይነት ቋሚ ያልሆነ የረዥም ጊዜ የእርግዝና መከላከያ ነው የተጠቀሙት ?	1. በክንድ የሚቀበር የሶስት አመት 2. በማህፀን የሚቀመጥ 3. በክንድ የሚቀበር የአምስት ዓመት	
302	ሌላ የእርግዝና መከላከያ ተጠቅመው ያውቃሉ	1. አዎ 2. የለም	የለም ከሆነ ወደ #304 ይለፉ
303	አዎ ከሆነ-የትኛውን ተጠቅመዋል	1. የሚዋጥ ከኒን 2. በመርፌ የሚሰጥ 3. ክንድ ስር የሚቀበር 4. ሉፕ 5. ሌላ(ይግለፁ)-----	
304	ቋሚ ያልሆነ የረዥም ጊዜ የእርግዝና መከላከያ ከየት ተጠቀሙ?	1. ሆስፒታል 2. ጤና ጣቢያ 3. ቤተሰብ መምሪያ 4. ማሪስፕፕ 5. ሌላ(ይግለፁ)-----	
305	ስለጥቅሙ ምክር አግኝተዋል ?	1. አዎ 2. የለም	
306	ስለጎንዮሽ ጉዳቱ ምክር አግኝተዋል ?	1. አዎ 2. የለም	
307	የጎንዮሽ ጉዳት ኢጋጥመዎት ያውቃል?	3. አዎ 4. የለም	
308	ማን መረጠለዎት?	1. እኔ ራሴ 2. ባለቤቴ	

		3. የጤና ባለሙያ 4. የጤና ኤክስቴንዲን 5. ጎረቤቱ	
309	ለምን መረጡት ?	1. ተስማሚ ስለሆነ 2. ውጤታማ በመሆኑ 3. ለረጅም ጊዜ ስለሚያገለግል 4. ቀጠሮ ለመቀነስ 5. በፈለኩበት ጊዜ ማስወጣት ስለምችል 6. ከወጣ በኋላ ቶሎ ማርገዝ ስለምችል 7. ሌላ (ይግለጹ)-----	
310	የክትትል ቀጠሮ ነበረዎት	1. አዎ 2. የለም	
311	አሁን እየተጠቀሙት ነው? መጠቀሙን መቀጠል ትፈልገዋለሁ?	1. አዎ 2. የለም	
312	መልስዎት- የለም- ከሆነ ለምን እንዲያወጣ ፈለጉ?	1. የጎንዮሽ ጉዳት ስላለው 2. ማርገዝ ፈልጎ 3. ባል ስለሌለኝ/ባቤ ስለተለየ 4. ክንድ ውስጥ ጠፍቷል 5. የሉፕ መወጣት/አውታረ መረብ ማጣት 6. እርጉዝ መሆን 7. ሌላ(ይግለጹ)-----	
313	በጎንዮሽ ጉዳት ከሆነ-የትኛው አጋጠመዎት	1. የወር አበባ መዛባት 2. የክብደት መለወጥ 3. የራስ ህመም 4. የተቀመተበት የሰውነት ክፍል ህመም 5. ለስራ ስለሚያስቸግር 6. ሌላ(ይግለጹ)-----	

ክፍል 4፤ ሌሎች ምክንያቶች የተሳሳቱ አመለካከቶች ጨምሮ

401	ሌላ ምክንያት/ቅሬታ ካለዎት የትኛው ነው ያጋጠመዎት?	1. የጎረቤት ተፅዕኖ/የእኩዮች ተጽዕኖ 2. የወሲብ ግንኙነትን መቀነስ 3. ባለቤቱ ስላስገደደኝ 4. ወደ ሌላ የሰውነት ክፍል የመሰደድ ፍርሃት 5. የመሃንነት ፍርሃት 6. የካንሰር ፍርሃት 7. ሌሎች(ይግለጹ).....	
402	የገባበት ቀን	ሀ-----	
403	የወጣበት ቀን	ለ-----	
404	ያገለገለበት ጊዜ	ሀ-ለ=------(በአመት)	

ሰለጉብብረዎ ክልብ ኣመሰግናለሁ።

Information sheet and informed voluntary consent form English version

Information sheet and informed voluntary consent form English version for heads of the institutions

My name is I am working as a data collector for the study being conducted in this health facility by Mr. **YILKAL DAGNAW** who is studying for his master's degree at Bahir Dar University, college of Medicine and Health sciences. I kindly request you to lend me your attention to explain you about the study and your institution being selected as the study setting.

The study title: Factors Influencing Discontinuation of Long-Acting Reversible Contraceptive Methods Among Women in Bahir Dar City, Northwest Ethiopia: A Cross-Sectional Study

Purpose/aim of the study:

The finding of this study may be used as a guide for health care providers and health institution to take the appropriate intervention. It will also be used for the regional health bureaus to plan and set strategies and expand services about health information dissemination. Moreover, the aim of this study is to write a thesis as a partial requirement for the fulfillment of a Master's program in clinical midwifery for the principal investigator.

Procedure and duration:

The data collector will interview LARCs user mothers who will come for contraceptives related reasons using a questionnaire to provide me with pertinent data that is helpful for the study. The questionnaire contains **30** questions. If you are agreeing to involve the interview, the data collector will conduct after all procedures are completed and it will take a maximum of 20-25 minutes.

Risks and benefits: The risk of being participating in this study is a very minimal. But few minutes will be lost from mother's time. There will not be any direct payment for interviewing in this study.

But, the findings from this research will reveal important information for the institutions, city health office, Zonal health department, regional health bureau.

Confidentiality: The information that will be provided will keep confidential. There will be no information that will identify the participants in particular. The finding of the study will be general for the study community and will not reflect anything particular of individual person. The questionnaire will be coded to exclude showing names. No reference will be used in oral or written reports that could link participants to the research.

Rights: Participation for this study is fully voluntary. The participants have the right to declare to participate or not in this study. If they decide to participate, they have the right to withdraw from the study at any time and this will not label them for any loss of benefits which they otherwise are entitled. They do not have to answer any question that they do not want to answer.

Contact Address: If there are any questions or enquires any time about the study or the procedures, please contact: Principal investigator: **YILKAL DAGNAW**, email: dagnaw.yilkal@gmail.com, Phone no: +251-920-51-86-33

Institutional Review Board Office phone: -251.....P.O. Box ----- Bahir Dar, Ethiopia

Declaration of informed voluntary consent: I have read the participant information sheet. I have clearly understood the purpose of the research, the procedures, the risks and benefits, issues of confidentiality, the rights of participating and the contact address for any queries. I have been given the opportunity to ask questions for things that may have been unclear. I was informed that participants have the right to withdraw from the study at any time or not to answer any question that they do not want. I am also informed that the institution has the right to stop this study from being conducted if any misdeeds and unethical ways are observed during the data collection process. Therefore, I declare my voluntary consent on behalf of _____institution management to allow this study to be conducted in the institution with my initials (signature).

Name and signature of head of the institution _____Date_____

Name and signature of data collector _____Date_____ Questionnaire code _____

Checked by supervisor; Name _____Signature_____ Name of health facility_____

Information sheet and informed consent form English version for participants

My name is I am working as a data collector for the study being conducted in this institution by Mr. **YILKAL DAGNAW** who is studying for his master's degree in clinical midwifery at Bahir Dar University, college of Medicine and Health sciences. I kindly request you to lend me your attention to explain you about the study and being selected as the study participant.

The study/project title:

Discontinuation of Reversible Long-Acting Contraceptive Methods and Associated Factors Among Women of Reproductive Age in Health Facilities of Bahir Dar City, North-west Ethiopia, 2021.

Purpose/aim of the study:

The finding of this study may be used as a guide for health care providers and health institution to take the proper intervention. It will also be used for the regional health bureau and the city health office to plan and set strategies and expands services to protect discontinuation of LARCs among the users. Moreover, the aim of this study is to write a thesis as a partial requirement for the fulfillment of a Master's program in Clinical Midwifery for the principal investigator.

Procedure and duration:

I will interview you using a questionnaire which contains **30** questions to give me pertinent data that is helpful for the study. The interview will take about 20-25 minutes, so I kindly ask you to spare me this time for the interview.

Risks and benefits:

The risk of participating in this study is very little, but only taking a few minutes from your time. There will not be any direct payment for participating in this study. But the findings from this research may reveal important information for the institution and to the community.

Confidentiality: The information you will give us will be confidential. There will be no information that will show you in particular. The questionnaire will be coded to exclude showing names. No reference will be used in oral or written reports that can link participants to the research.

Rights: Participation for this study is fully voluntary. You have the right to declare to participate or not in this study. If you decide to participate, you have the right to withdraw from the study at any time and this will not label you for any loss of benefits which you otherwise are entitled. You do not have to answer any question that you do not want to answer.

Contact address:

If there are any questions or inquires any time about the study or the procedures, please contact:

Principal investigator: **YILKAL DAGNAW**, E-mail: Dagnaw.yilkal@gmail.com,

Mobile phone: +251-920-51-86-33.

Institutional Review Board; Office phone +251..... P.O. Box..... Bahir Dar, Ethiopia

Could I have your permission to continue? Yes No

Declaration of informed voluntary consent

I have clearly understood the purpose of the research, the rules, the risks and benefits, issues of confidentiality, the rights of participating and the contact address for any inquiries. I have been given the opportunity to ask questions for things that may have been unclear. I was informed that I have the right to withdraw from the study at any time or not to answer any question that I do not want. Therefore, I declare my voluntary consent to take part in this study.

Name and signature of participant _____ Date_____

Name and signature of Data Collector _____ Date_____

Questionnaire code_____

Checked by supervisor; Name _____ Signature _____ Name of health facility_____

Thank you for your volunteer participation!!

Information sheet and informed voluntary consent English version form for Guardians of LARCs user women age less than 18 years.

Hello, my name is _____ I am working as data collector for the study being conducted by **Yilkal Dagnaw** who is studying his Master's degree in Clinical Midwifery at Bahir Dar University, College of Medicine and Health Sciences. I kindly request you to lend me your attention to explain you about the study and being selected your wife/ daughter as the study participant.

Title of the study: Discontinuation of Reversible Long-Acting Contraceptive Methods and Associated Factors Among Women of Reproductive Age in health facilities of Bahir Dar City, North-west Ethiopia, 2021.

Purpose of the study: The finding of this study may be used as a guide for health care providers and health institution to take the proper intervention. It will also be used for the regional health bureau and city health office to plan and set strategies and expands services to protect discontinuation of LARCs among the users. Moreover, the aim of this study is to write a thesis as a partial requirement for the fulfillment of a Master's program in Clinical Midwifery for the principal investigator.

Procedure and duration: I will interview your wife/ daughter using questionnaire to provide me with pertinent data that is helpful for the study. There are **30** questions to answer when I will fill the questionnaire by interviewing your wife/ daughter. The question that is going to be asked usually takes about 20-25 minutes, so I kindly request your wife/ daughter to spare me this time for the interview.

Risk and benefits: The risk of being participated in this study is very minimal but only taking few minutes from your wife`s/ daughter`s time. There is no direct benefit to your wife/ daughter now. However, the result of the study will be helpful for all population in the future by identifying the factors that contribute to discontinuation of contraceptive methods which is useful in delivering improved health care services.

Confidentiality: The information your wife/ daughter will provide us will be confidential. There will be no information that will identify your wife/ daughter in particular. The findings of the study will be general for the study area and will not reflect anything particular of individual persons. The questionnaire will be coded to exclude showing names. No reference will be made in oral or written reports that could link her to the study.

Rights of Participants: Participation for this study is fully voluntary. Your wife/ daughter has the right to declare to participate or not in this study. If your wife/ daughter decides to participate, she has the right to withdraw from the study at any time and this will not label her for any loss of benefits which she otherwise is entitled. She does not have to answer any question that she does not want to answer.

Contact address: If there are any questions or enquires any time about the study or the procedures, please contact: **Yilkal Dagnaw:** Mobile number (+251)-920-51-86-33

Email Address: dagnaw.yilkal@gmail.com

Institutional Review Board: Office phone: (+251) ----- or P.O. Box: -----, Bahir Dar, Ethiopia

Declaration of informed voluntary consent: I have read/ was read to me the information sheet on behalf of my wife/ daughter, I have clearly understood the purpose of the research, the procedures, the risks and benefits, issues of confidentiality, the rights of participating and the contact address for any questions. I have been given the opportunity to ask questions for things that may have been unclear. I was informed that she has the right to withdraw from the study at any time or not to answer any question that she does not want. Therefore; I declare my voluntary consent on behalf of my wife/ daughter to allow this study to be conducted with my signature as indicated below.

Name and Signature of Guardians: _____ Date: _____

Name and signature of Data Collector: _____ Date: _____

Thank you very much for your participation!!

Information sheet and informed consent form Amharic version

Information sheet and informed consent form Amharic version for participants

የጥናቱ ተሳታፊዎች መረጃ መስጫና ፈቃደኝነት መጠየቂያ ቅጽ (በአማርኛ)

የተሳታፊዎች መረጃ: እንደምን አሉ! ስሜ-----እባላለሁ። በባህርዳር ዩኒቨርሲቲ የሁለተኛ ዲግሪውን የሚያጠናው **አቶ ይልቃል ዳኛው** ለሚያደርገው ምርምር በመረጃ ሰብሳቢነት እሰራለሁ።

የጥናቱ ርዕስ: በተቋማችሁ ላይ በስነ-ተዋልዶ እድሜ ደረጃ ላይ በሚገኙ እናቶች ቋሚ ባልሆነ የረዥሚ ጊዜ የወሊድ መቆጣጠር የማቋረጥ ችግር መጠንና ለማቋረጥ ችግር የሚያጋልጡ ተዛማጅ ምክንያቶች መለየት ይሰኛል።

የጥናቱ አላማ: ከጥናቱ የሚገኘው ውጤት በከተማው ውስጥ ለሚገኙ ጤና ተቋማትና ጤና ባለሙያዎች፣ ሌሎችም ለሚመለከታቸው ባለድርሻ አካላትና ድርጅቶች ለችግሩ ትኩረት እንዲሰጡና መፍትሄ እንዲያፈላልጉ የበኩሉን ይወጣል ተብሎ ይታሰባል። ከዚህ ጥናት የሚገኘው ውጤት በከተማው ወደፊት ለሚጠኑ ተመሳሳይ ጥናቶች እንደመነሻ ግብዓት ሆኖ ያገለግላል። ከዚህም በላይ በዋናነት ለማስተርስ ዲግሪ መመሪያ የማሟያ ጥናታዊ ጽሁፍ ለማዘጋጀት ነው።

ድርሻ እና ቆይታ: ለጥናቱ አስፈላጊውን መረጃ ለማግኘት መጠይቅ በመጠቀም ቃለ-መጠይቅ አደርግልዎታለሁ። ለቃለ-መጠይቁ 20-25 ደቂቃ እንዲሰጡን በትህትና እጠይቃለሁ።

ሊያደርስ የሚችለው ጉዳትና የሚያስገኘው ጥቅም: ይህ ጥናት ከጊዜዎ ላይ 20-25 ደቂቃ ከመውሰድ ውጭ በእርስዎም ሆነ በቤተሰብዎ ላይ ጉዳት አያመጣም። በዚህ ጥናት በመሳተፍዎ በቀጥታ የሚያገኙት ክፍያ የለም ። ነገር ግን የዚህ ጥናት ውጤት ለከተማዉ ጤና ጽ/ቤትና እቅድ አውጭ የመንግስት አካላት ጠቃሚ መረጃ ሊሰጥ ይችላል።

ሚስጠራዊነት: የሚሰጡን መረጃ ሚስጠራዊነት የሚጠበቅ ሲሆን እንደ ግለሰብ ተለይቶ የሚወሰድ መረጃ የለም። የጥናቱ ውጤት የህብረተሰቡን አጠቃላይ ሁኔታ እንጂ የአንድን ግለሰብ ምንም ነገር አያንጸባርቅም። የተሳታፊዎችን ስም ላለማሳየት ለመጠይቆቻችን የራሳችንን ቁጥር ሰጥተናቸዋል። የጥናቱ ተሳታፊዎችን ከምርምሩ ጋር በማጣቀስ የሚሰጥ የቃልም ይሁን የጽሁፍ ሪፖርት የለም።

መብት: በዚህ ጥናት ውስጥ መሳተፍ ሙሉ በሙሉ በፈቃደኝነት ላይ የተመሰረተ ሲሆን በጥናቱ ለመሳተፍ ሆነ ላለመሳተፍ የመወሰን መብት አለዎት። በፈለጉት ጊዜ ከጥናቱ መውጣት ይችላሉ። ይህን በማድረግዎም ማግኘት የሚገባዎን ጥቅም አያስቀርብዎትም። በጥናቱ ወይንም በመረጃ አሰባሰቡ ዙሪያ ጥያቄ ወይም ያልተብራራ ነገር ካለ በሚከተለው አድራሻ ያግኙን

ዋና አጥኚ: **ይልቃል ዳኛው**, ኢሜል: dagnaw.yilkal@gmail.com ስልክ ቁጥር: +251-920-51-86-33
የተቋም ከትትል ኮሚቴ ስልክ: +251-----ወይም ፖ.ሳ.ቁ ----- ባህር ዳር

የሙሉ ፈቃደኝነት ማረጋገጫ: የተሳታፊዎችን መረጃ ወረቀት አንብቤዋለሁ/ተነበብልኛል። የጥናቱን አላማ፣ ክንዋኔ፣ ጥቅምና ጉዳት፣ ሚስጠራዊነት ፣ መብት እና ለማንኛውም ጥያቄ የተሰጠውን የመገኛ አድራሻ በደንብ ተረድቼዋለሁ። ግልፅ ያልሆነ ጥያቄ ካለኝ እንድጠይቅ እድል ተሰጥቶኛል። በፈለግሁት ጊዜ ከጥናቱ መውጣት እንደምችል እንዲሁም መመለስ የማልፈልገውን ጥያቄ መመለስ እንደሌለብኝ ተነግሮኛል። ስለዚህ በዚህ ጥናት ለመሳተፍ ያለኝን ፈቃደኝነት ከዚህ ቀጥሎ በፋርማዬ አረጋግጣለሁ።

የተሳታፊ ስም እና ፊርማ _____ ቀን _____

Information sheet and informed voluntary consent form Amharic version for guardians of LARCs user women age less than 18 years

የጥናቱ ተሳታፊዎች መረጃ መስጫና ፈቃደኝነት መጠየቂያ ቅጽ (በአማርኛ)

የተሳታፊዎች መረጃ: እንደምን አሉ! ስሜ-----እባላለሁ:: በ ባህር ዳር ዩኒቨርሲቲ የሁለተኛ ዲግሪውን የሚያጠናው **አቶ ይልቃል ዳኛው** ለሚያደርገው ምርምር በመረጃ ሰብሳቢነት እሰራለሁ:: ሚስተዎት ወይም ልጆዎት ለምን ለጥናቱ እንደተመረቱ ለማስረዳት ቲንሽ ጊዜ እንድሰጡኝ በትህትና እጠይቃለሁ::

የጥናቱ ርዕስ: በተቋማችሁ ላይ በስነ-ተዋልዶ እድሜ ደረጃ ላይ በሚገኙ እናቶች ቋሚ ባልሆነ የረዥሚ ጊዜ የወሊድ መቆጣጠርያ የማቋረጥ ችግር መጠንና ለማቋረጥ ችግር የሚያጋልጡ ተዛማጅ ምክንያቶች መለየት ይሰኛል::

የጥናቱ አላማ: ከጥናቱ የሚገኘው ውጤት በከተማው ውስጥ ለሚገኙ ጤና ተቋማትና ጤና ባለሙያዎች፣ ሌሎች ለሚመለከታቸው ባለድርሻ አካላትና ድርጅቶች ለችግሩ ትኩረት እንዲሰጡና መፍትሄ እንዲያፈላልጉ የበኩሉን ይወጣል ተብሎ ይታሰባል:: ከዚህ ጥናት የሚገኘው ውጤት በከተማው ወደፊት ለሚጠኑ ተመሳሳይ ጥናቶች እንደመነሻ ግብዓት ሆኖ ያገለግላል:: ከዚህም በላይ በዋናነት ለማስተርስ ዲግሪ መመሪያ የማሟያ ጥናታዊ ጽሁፍ ለማዘጋጀት ነው::

ድርሻ እና ቆይታ: ለጥናቱ አስፈላጊውን መረጃ ለማግኘት መጠይቅ በመጠቀም ሚስተዎት ወይም ልጆዎት ቃለ-መጠይቅ አደርግልዎታለሁ:: ቃለ-መጠይቁ 30 ጥያቄዎች አሉት:: ስለዚህ ለቃለ-መጠይቁ ሚስተዎት ወይም ልጆዎት 20-25 ደቂቃ እንዲሰጡኝ በትህትና እጠይቃለሁ::

ሊያደርስ የሚችለው ጉዳትና የሚያስገኘው ጥቅም: ይህ ጥናት ከጊዜዎ ላይ 20-25 ደቂቃ ከመውሰድ ውጭ በእርስዎም ሆነ በቤተሰብዎ ላይ ጉዳት አያመጣም:: በዚህ ጥናት በመሳተፍዎ በቀጥታ የሚያገኙት ክፍያ የለም :: ነገር ግን የዚህ ጥናት ውጤት ለከተማው ጤና ጽ/ቤትና እቅድ አውጭ የመንግስት አካላት ጠቃሚ መረጃ ሊሰጥ ይችላል::

ሚስጠራዊነት: የሚሰጡን መረጃ ሚስጠራዊነት የሚጠበቅ ሲሆን እንደ ግለሰብ ተለይቶ የሚወሰድ መረጃ የለም:: የጥናቱ ውጤት የህብረተሰቡን አጠቃላይ ሁኔታ እንጂ የአንድን ግለሰብ ምንም ነገር አያንጸባርቅም:: የተሳታፊዎችን ስም ላለማሳየት ለመጠይቆቻችን የራሳችንን ቁጥር ሰጥተናቸዋል:: የጥናቱ ተሳታፊዎችን ከምርምሩ ጋር በማጣቀስ የሚሰጥ የቃልም ይሁን የጽሁፍ ሪፖርት የለም::

መብት: በዚህ ጥናት ውስጥ መሳተፍ ሙሉ በሙሉ በፈቃደኝነት ላይ የተመሰረተ ሲሆን በጥናቱ ለመሳተፍም ሆነ ላለመሳተፍ ሚስተዎት ወይም ልጆዎት የመወሰን መብት አለዎት:: በፈለጉት ጊዜ ከጥናቱ መውጣት ይችላሉ:: ይህን በማድረግም ማግኘት የሚገባዎን ጥቅም አያስቀርብዎትም:: በጥናቱ ወይንም በመረጃ አሰባሰብ ዙሪያ ጥያቄ ወይም ያልተብራራ ነገር ካለ በሚከተለው አድራሻ ያግኙን

ዋና አጥኚ: **ይልቃል ዳኛው**, ኢሜል: dagnaw.yilkal@gmail.com ስልክ ቁጥር: +251-920-51-86-33

የተቋም ክትትል ኮሚቴ ስልክ: +251----- ወይም ፖ.ሳ.ቁ ----- ባህር ዳር

የሙሉ ፈቃደኝነት ማረጋገጫ: የተሳታፊዎችን መረጃ ወረቀት አንብቤዋለሁ/ተነበብልኛል:: የጥናቱን አላማ፣ ክንዋኔ፣ ጥቅምና ጉዳት፣ ሚስጠራዊነት ፣ መብት እና ለማንኛውም ጥያቄ የተሰጠውን የመገኛ አድራሻ በደንብ ተረድቼዋለሁ:: ግልፅ ያልሆነ ጥያቄ ካላት እንድጠይቅ እድል ተሰጥቶታል:: በፈለገችዉ ጊዜ ከጥናቱ መውጣት እንደምችል እንዲሁም መመለስ የማትፈልገውን ጥያቄ መመለስ እንደሌለባት ተነግሮኛል:: ስለዚህ ሚስቴ ወይም ልጄ በዚህ ጥናት ለመሳተፍ ያለኝን ፈቃደኝነት ከዚህ ቀጥሎ በፋርማዬ አረጋግጣለሁ::

የታዳግ ስም እና ፊርማ _____ ቀን _____

የመረጃ ሰብሳቢ ስም እና ፊርማ _____ ቀን _____