

CARE ETHIOPIA



End line Survey Report

Towards Improved Economic & Sexual Reproductive Health Outcomes for Adolescent Girls
(TESFA)

Funded by Johnson and Johnson Corporate Contributions

Prepared & Submitted by TESFA project team

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Acronyms

FP- Family planning

GBV- gender-based violence

TESFA- Towards Improved Economic & Sexual Reproductive Health Outcomes for Adolescent Girls.

WASH- water, sanitation and health

SRH-Sexual Reproductive Health

YPT-Youth Participatory Tool

1. Introduction

Multiple factors make adolescent girls disproportionately vulnerable to poverty and marginalization in Ethiopia. They face a range of discriminatory socio-cultural norms, are exposed to high incidences of gender-based violence (GBV), and have little or no support from government policies and systems. The vulnerabilities are greatest for girls who have little education, live in rural areas and have low incomes. In addition, being a married adolescent girl equates to social isolation, low levels of confidence and self-efficacy, significant power imbalances with males, barriers to education (including informal education such as savings and business skills development), minimal to no access or control over income or other assets, financial dependency on a husband, intimate partner violence and social pressure to have children.

There are high rates of early marriage in South Gondar zone of Amhara region, despite some interventions and a few studies on adolescent girls' sexual and reproductive health. The power imbalance between an adolescent girl and her husband, who in Amhara tends to be an average of nine years older, is a significant factor in preventing young girls from achieving economic independence and making important life decisions such as those related to sexual and reproductive health. Early and forced marriage is one of the prevalent harmful traditional practices. These, together with other harmful traditional practices such as female genital mutilation and societal preference for investment in males, isolate many adolescent girls, who end up living with compromised health, poor access to education, increased vulnerability to communicable disease, low income and the inability to make decisions over their own lives and property.

Towards Improved Economic and Sexual Reproductive Health Outcomes for Adolescent Girls (TESFA)¹ specifically addresses the economic and sexual and reproductive health problems of ever-married girls.² CARE has years of experience in working with these girls through various interventions. Moreover, this project complements an ongoing Johnson & Johnson-supported water, sanitation and health (WASH) development initiative in the same geographical area, allowing us to share existing resources (technical capacity and tools) for cost-effective implementation and to make a collective, lasting impact on the target communities.

The overall goal of the project was to reach 3,000 ever married adolescent girls age 10-19 in a phased approach during the life of the project in order to bring measurable, positive change to the girls' sexual and reproductive health and economic status. The intervention takes place in two Woredas (formally one Woreda, now divided into two Woredas: Farta and Gunabegemider Four of the project implementation Kebeles³ are included in the newly created Gunabegemider Woreda whereas the remaining are still in Farta. Among the 4 Kebeles included in the new Woreda, one of Kebeles (Gentegna) was also divided into two: Gentegna and Woyibela gorefe Kebele. As a result of this new government structure, currently the project is being implemented in two Woredas within *twelve* Kebeles instead of the original eleven Kebeles. However, the analysis and the report was done as eleven kebeles – for Gentegna and Woyibela gorefe together as “Gentegna” – in order to ensure comparability of data from baseline collecting in 2015 and 2016 before the kebeles were subdivided in 2017.

¹ “Tesfa” means “hope” in the Ethiopian language of Amharic.

² “Ever-married” girls are those who have been married at least once, whatever their current marital status.

³ A kebele is Ethiopia's smallest administrative unit, similar to a ward or neighborhood.

2015: Four Kebeles; Atikena, Debelima, Mahidermaria and Genamechawocha
2016: Six Kebeles; Debra tabor Eyesus, Gentegna, Woyibela gorefe*, Meskeltsion, Zimeha and Sahirena Kistrate
2017: Two Kebeles; Megendi and Askuma Deremo

* denotes the new kebeles created through subdivision during project implementation

2. Study Methods

The purpose of this survey is to measure the outcomes of the project by making comparison between baseline and end line evaluation.

2.1. Study design

Both the baseline and end line surveys used a cross sectional design with similar procedures: a census was conducted using structured self-administered questionnaire to obtain information from all project participant ever married adolescent girls for those who can read and write. Key government stakeholders' officials and girl group facilitators assisted those who cannot read and write in reading and filling out the tool.

2.2. Study area

The end line survey was conducted in Atikena, Debelima, Mahidermaria and Genamechawocha, D/Tabor Eyesus, Gentegna and Woyibela gorefe, Meskeltsion, Sahirna and Zimiha, Megendi and Askuma Deremo kebeles of Farta and Gunabegemider woredas South Gondar zone of the Amhara region of Ethiopia. These kebeles are comprised all cohort groups, which have 192 girls groups with 2,124 ever married adolescent girls members.

2.3. Study participants

The study participants were all cohorts of ever married adolescent girls ages 10-19 years enrolled to the project in a phased approach during the life of project (2015, 2016 and 2017). Of a total of active 2,124 members of girls groups, 1,986 (793 from 2015; 907 from 2016 and 286 from 2017) respondents responded to the survey. The response rate was 93.5%.

2.4. Data collection

Data were collected from all cohorts of ever married adolescent girls at their respective kebeles. Orientation was given for the girls group facilitators and government partner staffs on the data collection. A pretested, structured youth participatory survey (YPT) tool (Annex 1) was used to collect data. This tool was adapted from an evaluation questionnaire developed by ICRW and CARE in the first phase of TESFA (2010-2014). The tool is prepared in two formats with A4 size for those who can read and write and A3 for those who cannot read and write. The end line data collection took place with all cohorts from November 22-25, 2017. The enumeration of the data was facilitated by girls group facilitators and supervised by CARE project staff including TESFA

project officers, SRHN LDM manager, project community facilitators and experts from government offices have actively facilitated the survey.

2.5. Ethical issues

The purpose of the end line evaluation was explained to each girl's group members of TESFA project and verbal consent was obtained to participate in the survey. Participants were also briefed about the confidentiality of the information and their right to refuse or to participate in the survey.

2.6. Data quality assurance

Data quality was ensured through proper orientation survey participants and continuous supervision during the process of data collection by CARE experts and experts coming from project key government stakeholders.

2.7. Data analysis

Data was entered and analysis was done using SPSS version 20. Data cleaning was done manually by removing missing/conflicting ideas and responses to questions about relevant information. Then descriptive analysis was done to determine the effects on variables. To calculate statistically significance 2 sample Z-test with 5% of level of significance (5%) was used during the analysis regardless of the duration of exposure for the intervention. Tables and graphs were used for data presentation.

3. Results and Discussion

The study was conducted in 11 Kebeles (Atikena, Debelima, Mahidermariam and Genamechawocha, D/Tabor Eyesus, Gentegna, Meskeltsion, Sahirna and Zimiha, Megendi and Askuma Deremo kebeles). Of a total of active 2,124 members of girls groups, 1,986 (793: 2015, 907: 2016, and 286: 2017) respondents responded to the survey (93.5%) as shown below in the table.

Table 1: Total number of participants of the end line survey by Kebele

Name of kebele	Total Number of Groups	Total Number of expected Group participants	Number Actually participated	% actually participated
Atiken	14	138	136	98.6
Debelima	26	294	281	95.6
Genamechawecha	21	223	200	89.6
Mehdermariam	18	186	176	94.6
Debertabour Eyesus	16	172	135	78.5

<i>Gentegna*</i>	21	250	232	92.8
<i>Meskel Tsion</i>	20	215	207	100.0
<i>Sahrina</i>	10	97	85	87.6
<i>Zimeha</i>	24	250	248	99.2
<i>Megendi</i>	15	186	179	100.0
<i>Askumaderemo</i>	8	113	107	94.7
<i>Total</i>	193	2124	1986	93.5

*Gentegna and Woyibela gorefe endline data have been combined for comparability with baseline data, which predates the sub-division on the Gentegna kebele into two.

All data were collected through primary survey yearly as new cohort of ever married adolescent girls enrolled to the project: in September 2015 for the 2015 cohort, in November 2016 for the 2016 cohort, and May 2017 for the 2017 cohort. The end line YPT survey was done to all cohort at the same time from Nov 22-25, 2017.

3.1. Knowledge and practice of family planning among ever married adolescent girls

Family planning refers to a conscious effort by a couple to limit or space the number of children they have through the use of contraceptive methods. Table 2 shows the summary and percentage of survey respondents for “yes” or “no” responses at Baseline and 2017 End line within each year cohort of ever married adolescent girls with percentage change and p-value.

Table 2: Knowledge and practice of family planning among ever married adolescent girls

<i>Description of the knowledge and practice of ever married girls</i>	<i>Year of enrolment</i>	<i>Baseline</i>		<i>End line</i>		<i>Change</i>
		<i>Yes (%)</i>	<i>No (%)</i>	<i>Yes (%)</i>	<i>No (%)</i>	<i>Yes (% change with P-value)</i>
Have you heard of any contraceptive methods that women or men can use to avoid pregnancy?	2015	688 (71.4%)	273 (28.6%)	793 (100%)	0	15.3% (<0.0005)
	2016	740 (72.8%)	276 (27.2%)	907 (100%)	0	22.6% (<0.0005)
	2017	276 (93.9%)	18 (6.1%)	286 (100%)	0	3.6% (0.0331)
Are you currently using any methods to delay or avoid getting pregnancy?	2015	671 (69.8%)	302 (30.2%)	756 (95.5%)	37 (4.7%)	12.7% (<0.0005)
	2016	872 (85.7%)	144 (14.3%)	852 (93.9%)	55 (6.1%)	-2.3% (0.1629)
	2017	241 (82%)	53 (18%)	244 (85.3%)	42 (14.7%)	1.2% (0.7032)

Green numbers denote changes that were statistically significant ($p < 0.05$).

Improvements in ever married adolescent girls’ knowledge and use of family planning are the project outcome and indicators, respectively. Changes in knowledge and use

of family planning were compared through Baseline and End line survey. As shown in Table 2, knowledge of contraceptive methods that women and men can use to avoid

pregnancy was 100% in all cohorts who participated in the end line survey. The percentage of respondents reporting they have heard of any contraceptive methods increased by 15.3% in 2015 cohort, 22.6% in 2016 cohort and 3.6% in the 2017 cohort (all with statistical significance). However, reported use of family planning methods only increased among the 2015 cohort, but by 12.7%. Other changes in FP use among 2016 and 2017 cohorts were not statistically significant. The change in FP use among the 2015 cohort exceeded the project target of

7%, but this target was not achieved among girls in the later cohorts, who were exposed to the project for a shorter duration. Meanwhile improvement in knowledge of contraceptive methods were statistically significant across all cohorts (2015-2017), indicating that less time is needed for girls to gain knowledge of contraceptive methods through the girls group discussions, than is needed for them to change their practices around family planning use with the program model.

3.2. Discussion with spouse or in-laws on when to have children

Table 3: Discussion of ever married adolescent girls with spouse or in laws when to have children

Discussion with spouse or in-laws on when to have children	Year of enrolment	Baseline		End line		Change
		Yes (%)	No (%)	Yes (%)	No (%)	Yes % change with P-value
Did you and your (current or most recent husband) or Mother in laws discuss when to have children?	2015	385 (39.9%)	580 (60%)	697 (87.9%)	96 (12.1%)	81.0% (<0.0005)
	2016	464 (45.6%)	552 (54.4%)	554 (61.1%)	353 (38.9%)	19.4% (<0.0005)
	2017	193 (65.6%)	101 (34.4%)	178 (62.2%)	108 (37.8)	-7.8% (0.1486)

Green numbers denote changes that were statistically significant ($p < 0.05$).

A statistically significant increase was observed in girls who reported discussion with their current or most recent spouse and/or in-laws about when to give birth among 2015 and 2016 cohorts. As shown in Table 3, the observed change is 81.0% (from 39.9% to 87.9%) among the 2015 cohort, and 19.4% (from 45.6% to 61.1%) among 2016 cohort. The 2017 cohort reported a 7.8% reduction since the baseline, but this change also did not achieve statistical significance with p value 0.15. Improvements among the 2015 and 2016 cohort exceeded the project target of 10% improvement in spousal and/or in-law communication (with statistical significance). The greatest percent change was observed in year 2015 cohort, which had the longest exposure to the intervention, while reports of discussion over childbearing

may have initially worsened for the 2017 cohort as they faced initial resistance in broaching new topics that were considered taboo. While nearly 20% improvement among the 2016 cohort far outstrips the 10% project target and speaks to the great progress that can be made with the model in only a year, the tremendous (81%) improvement experienced by the 2015 cohort in couples' and in-laws communication over a previously taboo topic of birth spacing indicates that 2 years of participation in the program has significant added benefits over 1 year of participation in achieving this outcome, as girls and communities grapple with prevailing and usually rigid norms around childbearing.

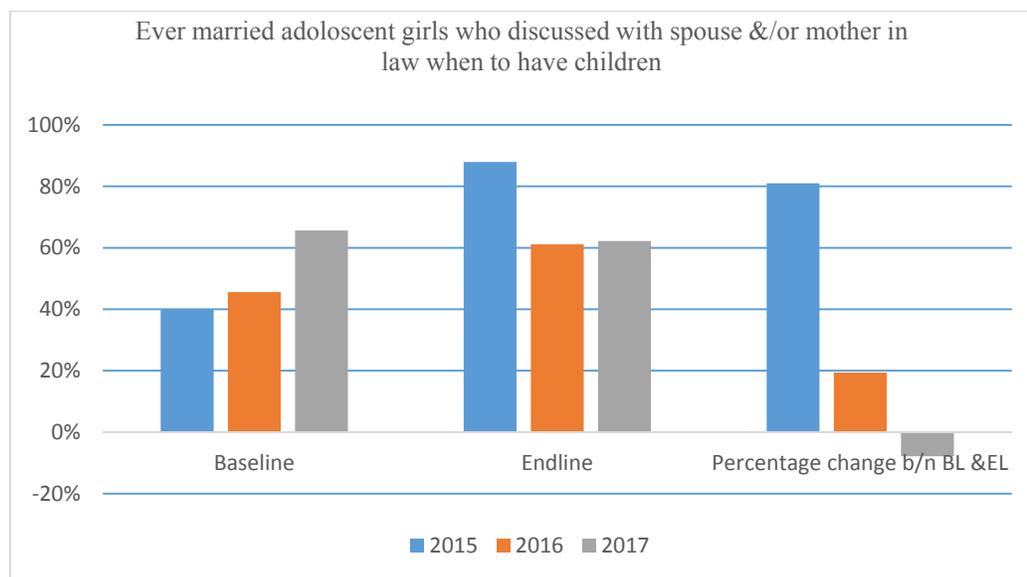


Figure 2.Changes between baseline and end line on discussion of ever married girls with spouse & mother in law

3.3. Confidence to speak up in disagreements with husbands and mother in law

Table 4: Confidence of ever married adolescent girls to speak up in disagreement with husbands and mother in law

Confidence to speak up in disagreements with husbands and mother in law	Year of enrolment	Baseline		End line		Change
		Yes (%)	No (%)	Yes (%)	No (%)	Yes % Change with P-value
Do you feel confident to speak up in disagreement with your husband or mother in law?	2015	362 (37.6%)	589 (62.4%)	642 (81.0%)	151 (19.0%)	77.3% (<0.0005)
	2016	424 (41.8%)	592 (58.3%)	511 (56.3%)	396 (43.7%)	20.5% (<0.0005)
	2017	176 (59.9%)	118 (40.6%)	173 (60.5%)	113 (39.5%)	-1.7% (0.6744)

Green numbers denote changes that were statistically significant ($p < 0.05$).

As shown in Table 4, statistically significant improvements in girls' confidence to speak up in disagreements were reported among girls enrolled in 2015 and 2016 (77.3% and 20.5%, respectively) with p -value < 0.0005 , but there was no significant change among the 2017 cohort. These changes are very similar to changes reported in communication with husbands and in-laws (Table 3), suggesting that girls' confidence to speak up in disagreements and their ability to discuss difficult matters (such as child spacing) with their families go hand in hand. Again, while a 20% change was observed among the 2016 cohort, a nearly three-times greater improvement was seen among the 2015 cohort, suggesting the added value of 2 years of exposure to the program model versus 1 year.

3.4. Knowledge & practice of the personal income & saving

Table 5: Knowledge, practice and decision on personal income & saving of ever married adolescent girls

Knowledge about the importance of personal income or saving and practice of personal saving and decision making on the use of it	Year of enrolment	Baseline		End line		Change
		Yes (%)	No (%)	Yes (%)	No (%)	Yes % Change with P-value
Have you ever heard the importance of having your own income or saving?	2015	366 (38 %)	559 (62%)	793 (100%)	0	116.7% (<0.0005)
	2016	505 (49.7%)	511 (50.3%)	907 (100%)	0	79.6% (<0.0005)
	2017	243 (82.7%)	51 (17.3%)	286 (100%)	0	17.7% (0.0003)
Do you currently have any savings of your own (not of the household) that you can decide to use it whenever you want?	2015	152 (15.8%)	810 (84.2%)	793 (100%)	0	421.7% (<0.0005)
	2016	299 (29.4%)	717 (70.6%)	907 (100%)	0	203.3% (<0.0005)
	2017	45 (15.3%)	249 (84.7%)	286 (100%)	0	535.6% (<0.0005)

Green numbers denote changes that were statistically significant ($p < 0.05$).

To economically empower the targeted ever married adolescent girls, the project organized the girls into groups called Village Saving and Loan Associations (VSLA). Girls across all cohorts reported huge and statistically significant increases in their own practice of personal saving/income, as well as decision making over the use of income, between baseline and end line. As shown in Figure 3, all (100%) ever married adolescent girls reported awareness of the importance of having their own income and savings, and reporting having their own savings and deciding when and how to use it. This indicates remarkable improvements have been reported in ever married adolescent girls' knowledge, and more impressively their practices, around their own income, personal saving and decision making on the use of the money whenever they need.

As shown in Table 5, the end line survey found that girls' awareness of the importance of having their own income or savings increased by 116.7%, 79.6% and 17.3% since baseline among 2015, 2016 and 2017 cohorts, respectively. Additionally, girls reported practice of personal saving and decision making on the use of the saved money increased by 421.7%, 203.3% and 535.6% from baseline for girls in the 2015, 2016 and 2017 cohorts, respectively. All these changes were statistically significant for all cohorts. Decision making over the use of personal income and saving is thus much higher than the planned target (5%) across the cohort of ever married adolescent girls enrolled for the project intervention as shown in Figure 3 below.

These huge percentages changes can be explained by the very low number of girls who at baseline reporting knowledge and behaviors around having and using their own savings and income, which then surged to an impressive 100% of respondents at end line, for all cohorts. This is still, however,

a surprising outcome, in particular for control over their own savings, which requires more complex negotiations with their spouse and butting up against gender norms around who controls and makes decisions over household financial resources. It is therefore especially surprising that the girls enrolled in the 2017 cohort would only have experienced such dramatic changes after only 7 months of participation in project activities – with reported change among the 2017 cohort are more than twice that of the 2016 cohort, who had an extra year exposure to project activities. With 100% of all respondents indicated a positive response among all the cohorts, potential respondent bias may be at play here – and especially among the 2017 cohort – where girls answered more favorably because they knew what the socially desirable answer would be.

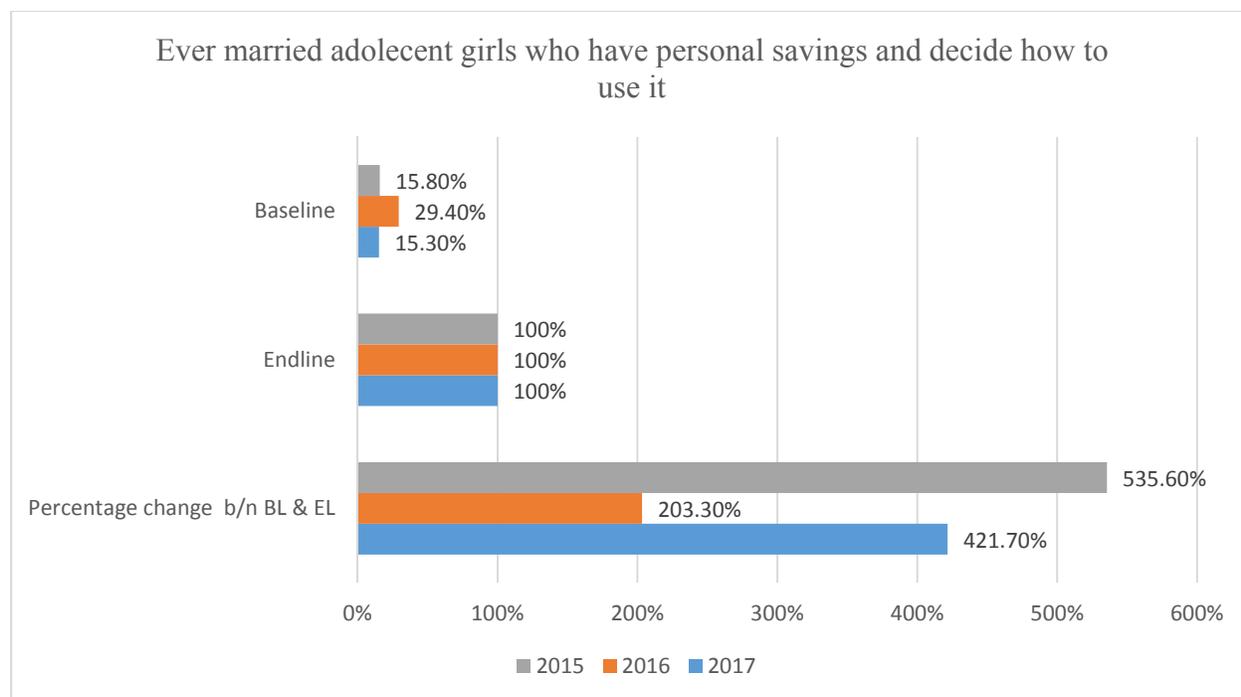


Figure 3. Changes between baseline and end line on practice of personal saving and income and decision making on it

3.5. Support from the spouse/in-laws/family on use of contraceptive

Table 6: support from the spouse/in-laws/family on use of contraceptive

Support from the spouse/in-laws/family on use of contraceptive	Year of enrolment	Baseline		End line		Changes
		Yes (%)	No (%)	Yes (%)	No (%)	
Do your husband/mother in law/other family member support	2015	424 (44%)	538 (56 %)	734 (92.6%)	59 (7.4%)	73.1% (<0.0005)

you to use contraceptive or to have birth space?	2016	567 (55.8%)	449 (44.1%)	691 (76.2%)	216 (23.8%)	21.9% (<0.0005)
	2017	215 (73.1%)	79 (26.9%)	221 (77.3%)	65 (22.7%)	2.8% (0.4413)

Green numbers denote changes that were statistically significant (p<0.05).

As shown in Table 6, support from spouse or in-laws and/or other member of the family members have encouraged ever married adolescent girls to use contraceptive methods to prevent pregnancy or for child spacing. Support to girls from spouse/in laws/family on contraceptive uses increased significantly by 73.1% and 21.9% since baseline among girls in 2015 and 2016 cohorts, respectively. No statistically significant change was achieved among the 2017 cohort.

3.6. Freedom of mobility without the consent of family members

Table 7: Freedom of ever married adolescent girls to move about without the consent of family members

Mobility freedom to attend market/church / visit friends without the consent of family members	Year of enrolment	Baseline		End line		Change Yes (% change with p-value)
		Yes (%)	No (%)	Yes (%)	No (%)	
Do you go freely to market/church/visit friends without the consent of family	2015	139 (14.4%)	824 (85.6%)	417 (52.6%)	376 (47.4%)	200% (<0.0005)
	2016	147 (14.5%)	869 (85.5%)	287 (31.6%)	620 (68.4%)	95.2% (<0.0005)
	2017	66 (22.4%)	228 (77.6%)	69 (24.1%)	217 (75.9%)	4.5% (0.2076)

Green numbers denote changes that were statistically significant (p<0.05).

Regarding to girls' freedom of mobility, whether they can go to church, market and visit friends without permission from their family has also remarkable changes from the baseline among the 2015 and 2016 cohorts. As shown in Table 7, less than 15% of ever married adolescent girls from cohorts 2015 and 2016 were free to move without permission to church, market and/or to visit friends during the baseline survey. By the 2017 end line survey, the percent of girls who reported freedom of mobility increased by 200% and 95.2% among girls in cohorts 2015 and 2016, respectively, far exceeding the project target of 5% improvement. Both these changes were statistically significant, whereas there was not a statistically significant change for girls in 2017. The possible explanation for under achievement for 2017 is limited exposure for the intervention.

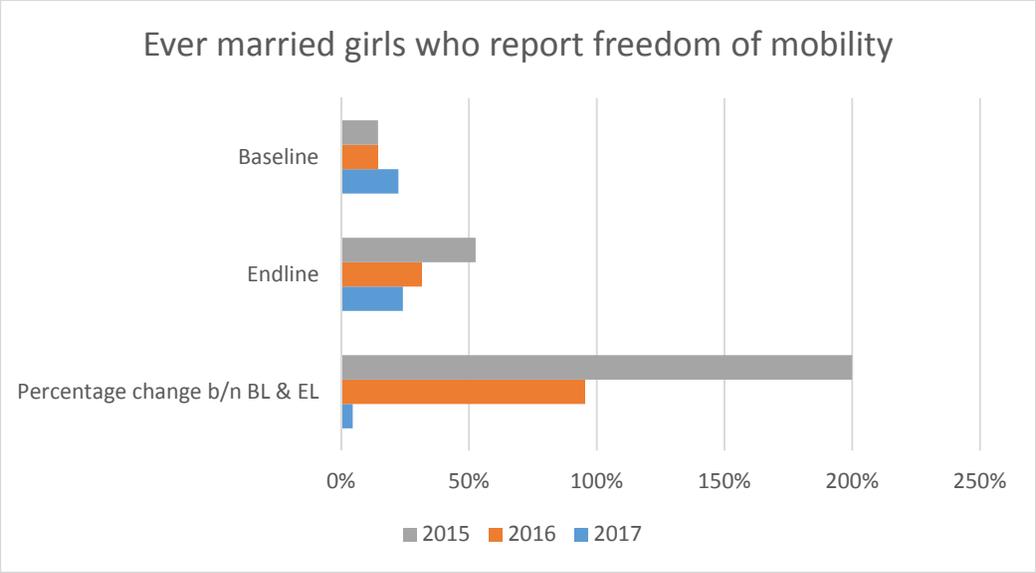


Figure 4. Changes between baseline and end line on ever married girls’ mobility

4. Conclusions and Lessons

The TESFA project youth participatory end line survey was conducted after 26, 14, and 7 months of project intervention for girls enrolled in 2015, 2016 and 2017 cohorts of the project, respectively. The YPT end line results are extremely promising for all of the targets for girls in 2015 cohort, exceeding all project targets, and exceeded three out of four targets (all except use of family planning) for the 2016 cohort. The project intervention was not statistically significant in majority of targets for the year 2017, likely due to limited exposure to the intervention between baseline and end line surveys.

Overall, the finding indicate that certain changes are more readily achieved in the lives of adolescent married girls – namely improvements in knowledge and awareness about savings and family planning methods – but that changes in behaviors linked to deep social norms, such as use of family planning and child birth spacing or delay, may require more time (two years) exposed to the intervention model to see full changes among most of the cohort members. Additionally, changes in girls’ control and decision making over their own savings and income may be more readily achieved through the intervention model than expected, with significant changes for all cohorts in as little as 6 months, but more likely one year (factoring in potential of respondent bias among the 2017 cohort’s end line responses).

Huge changes were observed in knowledge and practice of the personal income and savings of ever married girls in all cohorts, but these results especially among the 2017 cohort may have been skewed by respondent desirability bias. Even factoring in potential respondent bias, the reported changes were so large for each cohort (200% and above), the project target of 5% was still assuredly far exceeded among all cohorts enrolled in the project intervention.

Knowledge of contraceptive method that women and men to avoid pregnancy was 100% among all cohorts by the end line, even among the 2017 cohort that only had 7 months of the intervention between baseline and end line. This shows the content of the girls group curriculum was successful over even a short period of time in raising awareness about family planning methods among the girls group members. Girls in the 2015 cohort only experienced positive improvement on the family planning use (12.7% increase), indicating that two years of exposure to the intervention may be sufficient to see progress on this behavior.

Similarly, significant change was observed on discussion with their current or most recent spouse and /or in-laws about the time they want to give birth for the 2015 and 2016 cohort of ever married adolescent girls. These reported changes are especially promising, as discussions about birth spacing or delaying childbirth are held in place by strict social norms and power dynamics within families. Indeed, though nonsignificant, there was a slight reduction in reports of these discussions among girls in the 2017 cohort. This may have been due to the short length of exposure to the intervention at time of end line, coupled with bumping up against rigid social norms that might be more of a challenge at the initial phase – that is, potential backlash over challenging these norms.

Changes in perceived community support to girls' freedom of mobility also greatly exceeded project target (5%) among the 2015 and 2016 cohorts, with nearly 100% increase after 1 year and 200% increase after 2 years of the intervention.

The changes in the above targets between the baseline and end line are a result of the joint efforts of the project and key project stakeholders. Overall remarkable achievements were recorded in all targets. However, mostly minor (and non-significant) changes were observed for the beneficiaries enrolled in year 2017. This indicates that the duration of exposure/participation in the intervention activities plays a role in the extent of changes experienced by girls.

Annex 1: Youth Participatory Tool

Reference No.....

You participation in this study is voluntary. You can refuse to participate, withdraw at any point or skip any question you don't wish to answer. Participating in this study may take some of your time. The interview takes 20 minutes on average. You may also feel some discomfort while being asked some personal questions. Your responses helps the project to understand the TESFA project status and to properly capture any unaddressed issues. If you have any questions regarding this study, you may contact Taye Mengist at NPO office project officer (0918 714239).

Pictorial representation	Question	If the answer is yes circle \checkmark ; if no, circle X ;	
	1 . 1 Have you heard of any contraceptive methods that women or men can use to avoid pregnancy?	\checkmark	X
	1 . 2 Are you currently using any methods to delay or avoid getting pregnancy?	\checkmark	X
	2 . 1 Did you and your (current or most recent husband) or Mother in laws discuss when to have children?	\checkmark	X
	2 . 2 Do you feel confident to speak up in disagreement with your husband or mother in law?"	\checkmark	X

	3.1 Have you ever heard the importance of having your own income or saving?	✓	X
	3.2 Do you currently have any savings of your own (not of the household) that you can decide to use it whenever you want?	✓	X
	4.1 Do your husband/Mother In law/other family member support you to use contraceptive or to have birth space?	✓	X
	4.2 How sure are you that you could attend market/church/visit friends alone if your family does not want you to go?	✓	X

Reference: CARE and ICRW TESFA End-line Questionnaire