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Assessment of Factors influencing Utilization of Post abortion Care in Public Facility in Agaro Town Jimma Zone,Oromiya Regional State, Southwest Ethiopia

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Thesis Research Submitted to the School of Graduate Studies, Addis Ababa University in Partial Fulfillment of the Degree of Masters of Public Health

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June 2006

Addis Ababa, Ethiopia

Acknowledgements

I am grateful to express my heart-felt appreciation and thanks to my advisor. Professor Yemane Berhane, for his constructive comment and unreserved advices and made constant follow up from the proposal development to the completion of this thesis research.

My special thank goes to IPAS Ethiopia for financing this research project and Dr Takele Geressu for who made me access to all requested information, use of possible resources and encouragement through out my work..

My deepest appreciation also goes to my Husband Mr. Kemal Choramo for the whole sponsorship to join postgraduate study and who made all steps smooth through out the accomplishment of this work. Regardless of the difficult circumstances at our family at that moment.

My especial thank goes to all the staffs of Oromia Regional Health Bureau, Jimma Zone Health Office, Gomma district Health office and Agaro Health center , who made me access to all requested information, use of possible resources.

I am grateful to all the supervisors specially Sr Etenesh Tilahun and data collectors for their hard work and patience in obtaining necessary information withstanding uncomfortable situation in visiting the entire household to get the required study subjects. With out whom tireless commitment, this research project would have not been successful.

Finally would like to extend my thanks to all individuals especially women of childbearing age group in Agaro Town Administration have kindly cooperated in providing the information required during the whole process.

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List of Acronyms

- ICPD -International Conference on Population and development.
- Ipas - International Project Assistance-Service
- MMR - Maternal Mortality Ratio.
- NGO -Non Governmental Organization.
- PAC - Post Abortion Care.
- WHO -World Health Organization.

Abstract

Background-: Unsafe abortion is one of the five major causes of maternal mortality in Ethiopia. It is estimated that between 10 and 50% of the women who undergo unsafe abortions need medical care for complications. The use of post abortion care services is believed to low.

Objective: The objective of this study is to determine factors associated with utilization of post abortion care service in public health facility in Agaro town administration, Jimma zone, Oromiya Regional State.

Methods: - Across sectional comparative study is conducted from January to February 2006. Study subjects were women drawn childbearing age (15-49 years) in Agaro town. Women had history of abortion in the last 5 years were identified by household census. Sample of women were drawn from all Kebele proportional to population size. Relevant data were collected using face to face interviewing of women in their home

Results: - Abortion was reported by 310 (17%) of those pregnant in the last five years. Maternal education and marital status were significantly associated with PAC service utilization in public facility. Women with at least read and write are more likely utilize post abortion care service in public facility compared to those illiterate.{(OR(95%CI)=3.55(1.2,9.75)} But the association is decreased as educational level increases. Married women are more likely to utilize post abortion care in public facility compared to those unmarried women {(OR(95%CI)= 2.21(1.08, 4.17)}.Women with induced abortion are less likely utilize post abortion care in public facility compared to those with spontaneous abortion {(OR(95%CI)=0.46(0.27,0.97)}. Women's attitude to wards general and post abortion care in public health facility has shown significant difference between women utilized post abortion care in public facility compared to not utilized {(OR(95%CI)= 2.23 (1.15, 4.13) Vs 3.36 (1.77, 6.38)}.

Conclusion: Socio-demographic factors such as education and marital status of women**,** stigma attached to induced abortion morbidity, poor attitude of women towards general and post abortion care in public facility are preventing women from utilizing PAC in public facility. Empowerment of women, improving health management system, training programs in order to sensitize health care providers about the context and realities of women who obtain unsafe abortions are recommended.

Introduction

Unsafe abortion is one of the five major causes of maternal mortality and accounts for13- 15% of the maternal deaths globally but up to 50% in sub-Saharan Africa. Globally, 20 to 40 million unsafe abortions occur yearly almost all (99%) in developing countries. Because the developed world has made it possible for women to easily prevent unwanted pregnancy by using contraceptives and having access to safe legal termination when needed. Several studies in Ethiopia indicate that unsafe abortion may account up to 25-35 %of maternal deaths (1.2, 3, 4).

When carried out according to appropriate clinical guideline and with trained personnel, abortion has the lowest physical risks for women. However, for the most women in the developing world, untrained personnel often conduct abortions in unsanitary conditions (2). It is estimated that between10%and50% of the women who undergo unsafe abortions need medical care for complications (5). The mortality and morbidity risk of unsafe abortion depends on the availability and utilization of treatment facilities once complications have occurred. Varieties of complication such as poisoning, sepsis, septic shock, anemia, genital and abdominal trauma, and perforated uterus may occur. These complications can lead to death if left untreated (3).

For African governments that faced with the challenges of the Millennium Development Goal of reducing maternal mortality by 75% by 2015, there is a need to be a clear recognition that this will not be possible without addressing abortion that results in half of maternal deaths (4).

In reference to abortion, the international community has pledged commitment to reducing the need for abortion through expanding and improving family planning (FP) services and, where the laws of the land allow, providing women with high-quality abortion care. Furthermore, at the five-year review of the ICPD, there were calls for governments to consider reviewing laws that contain punitive

measures against women who undergo illegal abortions. Governments have also agreed that, in circumstances where abortion is not against the law, health systems should train and equip providers and take measures to ensure that abortion services are safe and accessible. Additional measures to safeguard women's health are also required (5).

The Federal Democratic Republic of Ethiopia recognizes the need to expand access and improve the quality of reproductive health services in the country as indicated in the Health Sector Development Program. In that document, expansion of post abortion care services is identified as one of the six key efforts for the country (1).

Post abortion care is a comprehensive service for treating women that present to health-care facilities after abortion has occurred spontaneously or after an attempted termination. Post abortion care has five essential elements, which are: Community-service provider partnerships involving the local community and informal health workers (CHAs, CBRHAs, TBAs) in addition to formal health personnel. These partnerships are designed to increase recognition of the signs and symptoms of pregnancy complications, to mobilize resources, and to address social and economic issues at the community level. Counseling, whereby women are provided with accurate and complete information on reproductive health issues including FP, voluntary counseling and testing (VCT), and gender-based violence (GBV). Emergency treatment of incomplete abortion and its complications. FP services based on free and informed choice and the availability of methods. Linkage of the above services with other reproductive health services including the diagnosis and treatment of sexually transmitted diseases (STDs); information on breast feeding, child nutrition, and immunization; screening of reproductive tract cancers; and so on(5).

Many countries now recognize the contribution it can make to saving women's lives. Yet, lack of access to treatment for incomplete abortion remains a major problem(6). In Oromiya regional administration all hospitals and 48.1% of the health centers were able to provide uterine evacuation

service for patients with incomplete abortion. Recent review from evaluation and supervisory visit also showed improved availability of post abortion care services but still very limited use of services reported in these facilities (1).

The studies done in Ethiopia address mostly the magnitude and distribution of abortion directly or indirectly. Of those, majorities were hospital based and focused on the reasons for abortion, settings, knowledge of contraceptive, complications, and outcomes. In addition, while several studies have examined reproductive health service utilization in both developed and developing countries no information is available about post abortion care from Ethiopia. Therefore, the objective of the this study was in general to assess post abortion care utilization pattern of the women and more specifically, to identify the reason for underutilization of post abortion care from the public health facility in the study area with the view to propose appropriate intervention at the community and facility level to improve post abortion care utilization.

2. Literature review

Magnitude of the problem

According to WHO estimate,20-40 million induced abortions performed annually are unsafe (done by untrained people in less-than-hygienic circumstances6); nearly 80,000 women die as a result, representing 13- 15 per cent of pregnancy-related deaths(4,7).

It is estimated that there are 3.27 million pregnancies in Ethiopia every year, of which approximately 500,000 end in either spontaneous or unsafely induced abortion. The maternal mortality rate in Ethiopia is 1.68 per 1,000 women aged 15 to 49 years. According to the REDUCE model, unsafe abortion is the most common cause of maternal mortality, accounting for up to 32% of all maternal deaths in the country. For each woman that dies from complications of unsafe abortion, many more sustain short- and long-term morbidities, including infertility (5).

In a retrospective study in Jimma Hospital conducted from February 25 to may 5,1996 to study illegal abortion, out of 301 patients that attended gynecological outpatient department, 103(34.2%) were found to be abortion cases and 80(26.6%) induced abortion cases. Induced abortion was found to be in 77.7% of the abortion cases. Of the induced abortion, 87.5% were reported to be after unwanted pregnancies. Of the abortion cases, from outside jimma town accounted for 25.5% of the abortion admission. The total stay, sepsis and mortality rate of cases were significantly higher among residents from outside jimma than those from jimma town (8).

According to Getahun and Berhane, lifetime history of abortion in a northern rural community of Ethiopia was 20.8%. They have also reported mean number of abortion per women to be 1.8 ranging from 1 to 9 (9). Furthermore the study conducted in two district of northwest Ethiopia (Amhara

region) in March 2003 revealed that two hundred fifty six women(19%) have had abortions, out of

which,183(71.5%) had aborted once and 59(23%) had aborted twice. Spontaneous abortion was reported in 192(75%) (10).

The mortality and morbidity risk of induced abortion depends on the facilities and skill of the abortion provider, the method used and certain characteristics of the women herself. E.g. her general health, age parity, and stage of pregnancy. They also depend on the availability and utilization of treatment facilities once complications have occurred. Varieties of complication such as poisoning, sepsis, septic shock, anemia, genital and abdominal trauma, and perforated uterus may occur. These complications can lead to death if left untreated. The long- term consequences may include chronic pelvic pain, pelvic inflammatory diseases, and secondary infertility. Elevated incidence of ectopic pregnancy, premature delivery, and increased risk of spontaneous abortion are other possible consequences of poorly performed abortion (3, 5).

The ICPD, in a groundbreaking consensus, called for all women to have access to treatment for abortion related complications, post-abortion counseling, education and family planning services, regardless of the legal status of abortion. Post-abortion care is cost-effective, reduces repeat abortions and helps individuals meet their reproductive intentions. Many countries now recognize the contribution it can make to saving women's lives. For example, Kenya's 1997 reproductive health service guidelines state, "The prompt treatment of post-abortion complications is an important part of health care that should be available at every district-level hospital" (6).

An International consortium has adopted a post abortion care model, which aims to help women avoid further unwanted pregnancies and other reproductive health problems in addition to providing for their emergency needs. First developed by the NGO IPAS, the model includes emergency treatment for complications of miscarriage or induced abortion; family planning counseling and services;

management of sexually transmitted infections; counseling tailored to each woman's emotional and physical needs; and community and service provider partnerships (1,6).

Yet, lack of access to treatment for incomplete abortion remains a major problem. A study in Ethiopia found that only 16 of 120 health centers were able to respond with emergency transport to assist a woman needing post-abortion care. Documenting the need for post abortion care is difficult. One hospital study in Kenya found abortion was an important cause of admission but was rarely recorded as the cause in the death register, "a fact likely due to the stigma attached to abortion-related mortality"(6).

Socio- demographic characteristics of women

In the developing countries, not only causes of maternal mortality are different to those in developed countries, but also are the factors leading to them. There are numerous contributing factors in developing countries that have elucidated by many studies. As have been collated by Thaddeus and Maine (1990), Delays in the decision to seek care (affected by such factors as distance, cost, quality of care, illness factors, women's status, economic status and education status), Delays in getting to a health facility can be affected by distribution of facilities, travel distances, transport and deaths on the way to the hospital) and Delays in the provision of adequate care at the health centre (affected by ill-staffed facilities and ill-equipped facilities(11).In addition, studies conducted in Zambia revealed that, the determinants of maternal mortality are often multifactor. Therefore, it is difficult to prescribe specific interventions that would help in reducing the high level of maternal mortality (12).As review of literature suggests factors determine utilize maternal health service are complex and intricately related with socio demographic characteristics of women, socio cultural make up of community, health institutional factor, gender issues decision-making process and individual factors (13, 114,15).

A number of socio-demographic characteristic of the individual affect the underlying tendency to seek care. A study conducted on assessment of safe delivery service utilization in north Gonder Zone Northeast Ethiopia found that maternal education was a strong predictor of preference to place of delivery (16, 17).

Cultural practices and women's decision making power

The social taboos surrounding abortion and the penalties for both women who seek abortions and those who provide them are serious challenges in many countries, even where post-abortion care is legal. A study in Zimbabwe found that the most common reason given for not seeking prompt medical attention for abortion complications was fear of being reported to the police (18). Legal factors and social norms associated with gender can also prevent women from seeking health care. For example, the illegality of abortion has serious consequences for women's health due to the risk associated with illicit abortions. Richer women can afford to seek abortion abroad where there are available safely and legally, whilst poor women are subject to the dangers of illegal abortions (19).

Psychosocial and personality factors

A Study found that all situation that associated with diminished or absent social support, I.e. being single, divorced, widowed ,one of the several wives, cohabiting or self-supporting an increased risk for maternal mortality , especially in the rural areas(11,20). Adolescents undergo a major share of illegal abortions. For them, stigma, shame, and disapproval from providers can be intense and may discourage many from seeking treatment (18, 21).

Accessibility and quality of health services

Accessibility of health services have been shown to be an important determinant of utilization of health services in developing countries. In most areas in Africa, one in three women lives more than five kilometers from the nearest health facility (14). The scarcity of vehicles especially in remote areas, cost of transport, poor road conditions and the difficulty of walking for hours to the nearest

health facility may pose problems for women (15). Fees reduce women's use of maternal health care

services and keep millions of women from seeking care even when complications arise. Even when formal fees are low or non-existent; there may be informal fees or other costs that pose significant barriers to women's use of services. These may include costs of transportation, drugs, food, or lodging for the women or for family members who help care for her in the hospital (14, 22).

Quality of care in health service delivery, and perceptions of quality of care, are key factors in the choice and use of health services, it is an important consideration in the decision to seek care. The role that quality of care plays in the decision to seek care is related to people's own assessment of service delivery, which largely depends on their own experiences with the health system and those of people they know (19).Studies conducted in developing country suggests that women seeking care at hospitals for complications of induced abortions are often viewed as criminals and verbally admonished. In some cases, they are denied anesthesia and made to wait longer than other patients thought to be suffering from spontaneous abortion (21, 23).

Need perceived morbidity and Severity

Health-care seeking behavior is strongly influenced by the characteristics of the illness as perceived by the individual. The perceived severity and etiology of the disorder will shape the decision to seek care (22).In addition Un safe induced abortion often remain unreported ,therefore untreated of ostracism and fear of sociological sanctions(23,24).

Despite of the fact that maternal health care utilization is essential for the improvement of maternal health. Little is known about status and factors influencing utilization of available health services in most regions in general and Oromiya in particular. This study therefore, aims to address this gap by

attempting to explore the factors that are assumed barriers to utilize post abortion care service in public health institution. Attempt is made to develop conceptual framework to describe interrelated factors that affect post abortion service utilization. (See Annex1. Factors associated with post abortion care utilization)

General objective

- To assess factors influencing utilization of post abortion care among women of childbearing age (15-49yrs) in the last 5 years in public health facility in Agaro town.

Specific objectives:

- To determine magnitude of abortion among women of childbearing age (15-49yrs) in Agaro town.
- To assess utilization of post abortion care in modern health facilities by the women of childbearing age (15-49yrs).
- To determine factors associated with utilization of post abortion care services in modern health institution.

4. Methods

4.1 Study area:

The study was carried out in Agaro town which is located in Jimma zone, Oromia regional state, Ethiopia. The selection of the town is based on abortion prevalence and administrative convenience. Agaro is located 45km.west of Jimma on the way to Bedele (at 380Km from A.A). Total population of the Agaro town is estimated to be 31,792, and women of childbearing age group are 23% of total population 7381.Administratively the town is divided into 5 Kebele. There is one health center rendering post abortion care in Agaro and 6 lower level health care delivery system in the district and other neighboring health centers in other woredas are also refer women with abortion complication to this health center.

4.2 Study design: Cross-sectional study with comparative analysis of users and non-users of post abortion care service.

4.3 source population: - All women of childbearing age group (15-49 years) identified by visiting all households in Agaro town.

Study Population: - The study populations are women who had history of abortion in the last 5 years at the time of the census were identified as the eligible for the study.

Inclusion criteria

Women of childbearing age (15-49 years) volunteer to respond and able to hear.

Exclusive criteria

Women of childbearing age (15-49 years) women, unable to hear and mentally disabled.

4.4 Sample size: - the sample size for this study was calculated using STATCAL of EPI info software.

Sample size determination

Sample size calculation was made based on the following assumptions.

- Women of child bearing in the town are estimated to be about 23%of total population of Agaro town (32,000) = 7360.women.
- Proportion of pregnant women in the total population of the Oromiya region is 5% (health and health related indicator 1993-1997E.C) therefore we expect to find about 1600 women with history of pregnancy each year.
- According to recent literature, 15% of pregnancies end up with spontaneous abortion therefore; we expected at least 223 spontaneous abortions occurred each year.

- Study conducted in Uganda (2003), estimated 18 out of 100 pregnancies ended with induced abortion. Based on this study we expect to find at least 268 women with history of induced abortion each year. And according to information obtained from this study among estimated total abortion 32% were utilized health care facility for post abortion care.
- In Ethiopia, there is no information about proportion of women who need PAC actually utilize post abortion care services. Therefore, proportion of post abortion care utilization was roughly estimated by assumption based on the finding from developing country considering education is major predictor and exposure status for PAC utilization to calculate sample size of the study.
- Assuming that 40% of PAC utilized were educated compared to 20% of non utilized with ratio of non users to users of PAC service=3 :1
- P1= Proportion of PAC utilized in educated women = 40%
- P2= Proportion non utilized PAC educated women =20%.
- α= 5% and power of the study = 80%

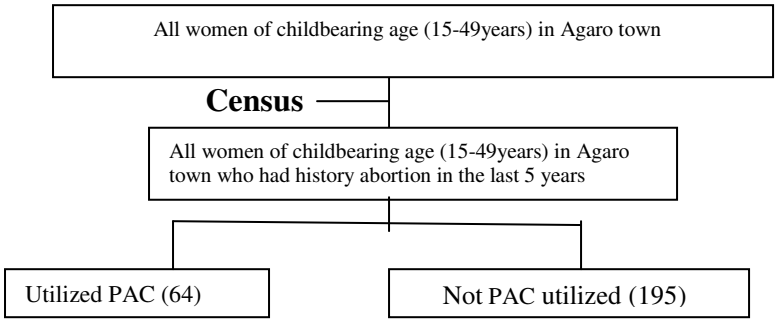
Based on above assumption, women with history of abortion in the last 5 years period including 10% non response rate a total 259of (64 PAC utilized and 195non utilized) women of childbearing age group are eligible study participants .

4.5 sampling procedure

4.5.1Quantitative data

Selection of district was purposive for knowledge of high abortion prevalence, availability of post abortion care in the study area, possibility collecting data using limited cost and administrative convenience for investigator. All five Kebeles in town were included in the study. First, a census was conducted in the town and all women with abortion in the last 5 years prior to this survey were identified and included in the survey.(see Figure 1).

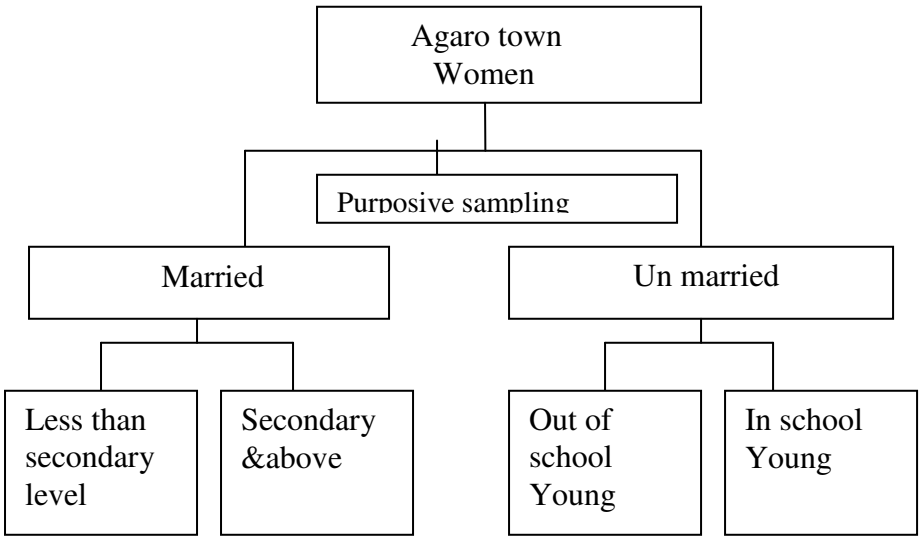
Figure 1. Sampling procedure (quantitative study)



2.4.5.2 Qualitative

Two women had history of abortion 1 utilized 1 not utilized PAC in public facility were used as key informants for in-depth interview to explore pattern of PAC utilization, conducted to supplement the quantitative study and to explore the factors which could affect utilization of post abortion care in public health facilities that mentioned by the quantitative method recognizing their experience. Participants for focus group discussion, which contain minimum of eight members in each group, were selected by purposive sampling considering marital and educational status of the women and young were arranged by in and out of school to facilitate homogeneity of the group for the discussion and analysis of the results (see Figure 2).

Fig 2. Sampling Procedure for FGD participants



4.6 Data collection

4.6.1 Quantitative

Data was collected using questionnaire developed for each phases. Which was designed in such away that they include all the relevant variables to meet the objectives of each phase.The questionnaire was developed in English and translated in to Amharic for better understanding of data collectors and the respondents.

The study subjects considered eligible for this survey were women of child bearing age (15 – 49years) who had history of abortion in the last 5 years prior to this survey were screened. Magnitude of abortion in the last five years, Information related to women's reproductive history their status of post abortion care utilization was collected so to conduct the second phase of data collection.

The objective of the second interview was to identify pattern of post abortion care utilization among women and factors influencing them. To achieve this objective sampled study subjects were interviewed by five trained 12 grade complete females simultaneously with census using structured questionnaires developed for this purpose. Relevant factors that can influence to utilize post abortion care services identified and hypothetical framework were developed to depict the factors in a logical and compressive manner. (Annex. I). Factors comprised in the frame work include, socio-demographic and obstetric factors, knowledge , belief and attitude as well as perception of the women about abortion complication and post abortion services, health service factors, decision making power of the women on PAC service utilization and their willingness or preferred site of PAC service utilization were included in the frame work.

Pre-testing of the questionnaire for its clarity, understandability, completeness, and reliability was conducted prior to actual data collection in other town outside the actual study area. Necessary modification was made, the principal investigator and supervisors were supervising the daily data collection activities and problem encountered were discussed and solved at spot.

4.6.2. Qualitative data

The focus group discussions were conducted by investigator and experienced moderator whose role was guiding the discussion. The note takers were one with previous experience and 12 grade completed, their duties were to list topics discussed, monitor reaction of group participants and ensures that the entire discussion is tape – recorded, the recruiters were locating the sites and invite participants; these were the women familiar with the target populations and culture.

Supervision and quality control

Two trained nurse supervisors and the principal investigator were involved in to supervision. They were check data collection processes by following the data collectors. The collected data was checked carefully on spot and daily basis for their completeness, accuracy, and clarity. Any error, ambiguity, incompleteness, or other problem encountered was early identified communicated, discussed, and solved before starting next day activities.

4.7. Variables

4.7.1 Dependant variables

Women's post abortion care service utilization in modern health service.

4.7.2 Independent variables

- Socio-demographic and obstetric factors(Age ,Educational level, Marital status, Religion, Occupation ,income ,residence, gravidity and parity status)
- Health service barriers (cost of the service, distance, women's opinion about the quality of care).
- Individual factors(attitude & knowledge of dangers health problems related to un safe abortion, perceived susceptibility to those problems and illness experience)
- Decision making power of women.

5. Data analysis procedures:

Quantitative

Each questionnaire was checked visually for completeness. The data was entered using EPI INFO version 6.04 and exported to SPSS version 11.0 statistical software packages for data cleaning and analysis.

Frequencies and measures of variation were used to describe the study population in relation to socio-demographic and other relevant variables. Percentage of women receive PAC .And Factors that are associated with utilization of post abortion care was determined by cross-tabulation and logistic regression analysis.

- A number of variables were included in the questionnaire to measure the explanatory factors. Those factors represented with a single variable such as, availability of service, decision making power about utilization of post abortion care service, preferred health facility for PAC service are included in the analysis as their own, with out data manipulation.
- Factor like knowledge, attitudes, perceptions have several variable components variables (ranging from3-13) included to measure them. In order to assess the association of these factor with out comes of interest, a composite scaling was done by doing the following procedure to represent each factor a single variable in the analysis.
- Scores are given to the responses of each woman for each question in the respective factor.
- Responses which are considered to be in favor of post abortion care utilization were given "2"points, those in disfavors "0" point and "1"point is given to responses which are neither in favor in disfavor of post abortion care utilization.
- Then the scores each factors are summed up, to come up with a single scoring for each factor, for every respondent.

Operational definitions were done based on the scores of the respondents for each factor, such that those who women scored mean score value for the respective factor was used. Respondents who obtained mean score and above are considered to be in favor of post abortion care utilization while Factor disfavor are not.

The focus group discussions

The investigator transcribed each tape – recorded interview and discussion, and transcribed word for word in Amharic language and then translated to English. The raw data material was in the form of field note and tape-recorded documents and memos. At the end of the interview, summary note were written and attached to each field note. Oral interview were transcribed in to written text for analysis.

The translated text document of the note and transcribed information were entered in to open code version computer software, coding and sorting was done using this software. Reading and coding was initiated while the data is being collected, then the investigator returned to the data and examine the evidence that support or negate each theme and sub-theme. Finally an overall interpretation was done, how thematic areas relate to one anther, explaining how the various concepts related to the study question..

Operational definitions

Educated: - women attended at formal education.

Uneducated**:-**women including illiterate and read & write.

Knowledgeable: - Knowledge of three or more complication of unsafe abortion, post abortion care elements, and identification correct health services providing PAC service.

Attitude: - predisposition to respond in favorable or unfavorable manner towards post abortion care service.

- Negative perception: Perception of women with the history of abortion resulting in non favoring of acceptance of utilizing post – abortion care in public health facilities.
- Positive perception: Perception of women with the history of abortion resulting in favoring of acceptance of utilizing post – abortion care in public health facilities.

Perceived benefit: -Women's perception about benefits of having post abortion care utilization in preventing post- abortion complication.

Risk perception for complication of unsafe abortion: - respondents feeling of vulnerability to complications of abortion

Users of Post abortion care: - women of childbearing age who had abortion and received post abortion in the modern health institution.

Non-users of post abortion care: - women of childbearing age who had abortion and not received post abortion in the modern health institution.Decision making power of women: - status of women in making decision that favors to seek post abortion care from modern health institution.

7. Ethical considerations:

Ethical clearance was initially obtained from Addis Ababa University faculty of Medicine Ethical committee. Official permission was secured from regional health Bureau, zonal /district health offices. The respondents informed about the objective and purpose of the study and verbal consent was taken from each respondents. Confidentiality of the information was assured and collected anonymously. Five untreated case(s) of abortion or abortion related cases obtained during data collection were referred by data collectors to Agaro health center and appropriate reproductive health service was provided. And information about un wanted pregnancy, un safe abortion and its danger and availability of PAC services was given for all participants through period of data collection.

Results

Description of surveyed women in the study population.

Over all 6733 household with a total population of 33,667 were surveyed. Seven thousand women of childbearing age were eligible for the first phase study. Of them 5887(84.1%) were participated in the study. One-hundred and eight eligible women refused to participate in the study. The rest of eligible women were not available during visit for the various reasons such as most of them were absent engaged in daily work out of their resident area and others were students who were in school during reapted visit. Among women of child, bearing age (15 – 49 years) participated in the phase one survey, 1774-reported that they had pregnancy in the last 5 years. Abortion was reported by 310 (17.8%) of those pregnant. Of them 139(44 .8%) were induced and 171 (55.1%) spontaneous abortion.

Two hundred and fifty four women had history of abortion in the last five years identified through census were included in the second phase study. Of these 254 women, 64 had utilized post abortion care in public facility while the reaming 190 did not utilized

Majority125 (49.2%) of the study subjects were between age of 25 and 34 years. Eighty-one (31.8%) of the women have minimum primary education. More than half 149(58.7%) of study participants were married .Oromo ethnic group comprises the largest proportion 108(42.5%) of the study subjects. Majority 131(51.5%) were followers of Muslim religion. Two hundred twenty nine (90.1%) of women were housewives unemployed. Regarding monthly income of respondents' high proportion142 (55.9%) of subjects had average monthly income of less than 200 Birr (Table 1).

Large proportion 231 (90.9%) of the women reported 1 abortion, 22(8.8%) reported two and only 1(0.3%) three abortion in the last five years prior to this study. Most abortion incidence was occurred below 3months of gestation. In addition, Majority115 (45.3%) of the study participants reported abortion occurred in the year 1997 EFY & 1998 until the end of this study(Table 2).

Table 1.Socio Demographic Characteristics of women reported abortion in the last 5 years in Agaro town, Oromiya Region, Jimma Zone, January – February 2006.

Charcrestics	Utilized PAC		Non utilized PAC	
	No	%	No	%
Age group				
15- 19	3	4..8	10	5..2
20-24	13	20.3	60	31.6
25- 29	24	37.5	42	22.1
30-34	13	20.3	49	25.8
35-49	10	15.6	29	15.3
40-44	1	1..5	0	0
Education				
Illiterate	8	12.5	54	28.4
Able to read and write	13	20.3	24	12.6
Primary	25	39.1	56	29..5
Secondary and above	18	28.1	56	29..5
Ethnicity				
Oromo	31	48.4	77	40.5
Gur age	9	14.1	29	15.2
Daewroo	6	9.4	28	14.7
Amhara	9	14.1	22	11.7
Keffa	7	10.9	16	8.4
others	2	3.1	18	9..5
Religion				
Orthodox	25	39.1	87	45.8
Muslim	38	59.3	93	48.9
Other Christians	1	1.6	10	5.3
Marital status				
Never married	14	21.9	66	34.7
Married	46	71.9	103	54.2
Past marriage	4	6.2	21	11.1
Women's occupation				
Unemployed	59	92.2	170	89.5
Employed	5	7.8	20	10.5
Monthly income				
<200 Birr	29	45.3	113	59.5
200- 500 Birr	19	29.7	41	21.6
> 500	16	25	36	18.9

Table 2. Obstetrics characteristics of women reported abortion in the last five years in Agaro town, Oromiya Regional State, Jimma zone, January to February 2006.

Variable	PAC utilized		Non utilized		Total	
	Number	Percent	Number	Percent	Number	%
	64		190			
No of pregnancy						
One	19	29.7	56	29.5	75	29.5
Two	21	32.9	61	32.0	82	32.2
Three	11	17.1	35	18.5	46	18.2
>=Four	13	20.3	38	20.0	51	20.1
Type of abortion						
Induced	22	34.4	101	53.2	123	48.4
Spontaneous	42	65.6	89	46.8	131	51.6
Frequency of abortion per women						
One	56	87.5	175	92.2	231	90.9
Two	8	12.5	14	7.3	22	8.7
Three	0		1	0.5	1	0.4
Gestational age						
< month	36	56.2	122	64.2	158	62.2
> month	28	43.8	68	35.8	96	37.8
Year of abortion occurrence						
1993-1994	17	26.6	44	23.1	61	24.0
1995-1996	18	28.1	60	31.6	78	30.7
1997 on ward	29	45.3	86	45.3	115	45.3

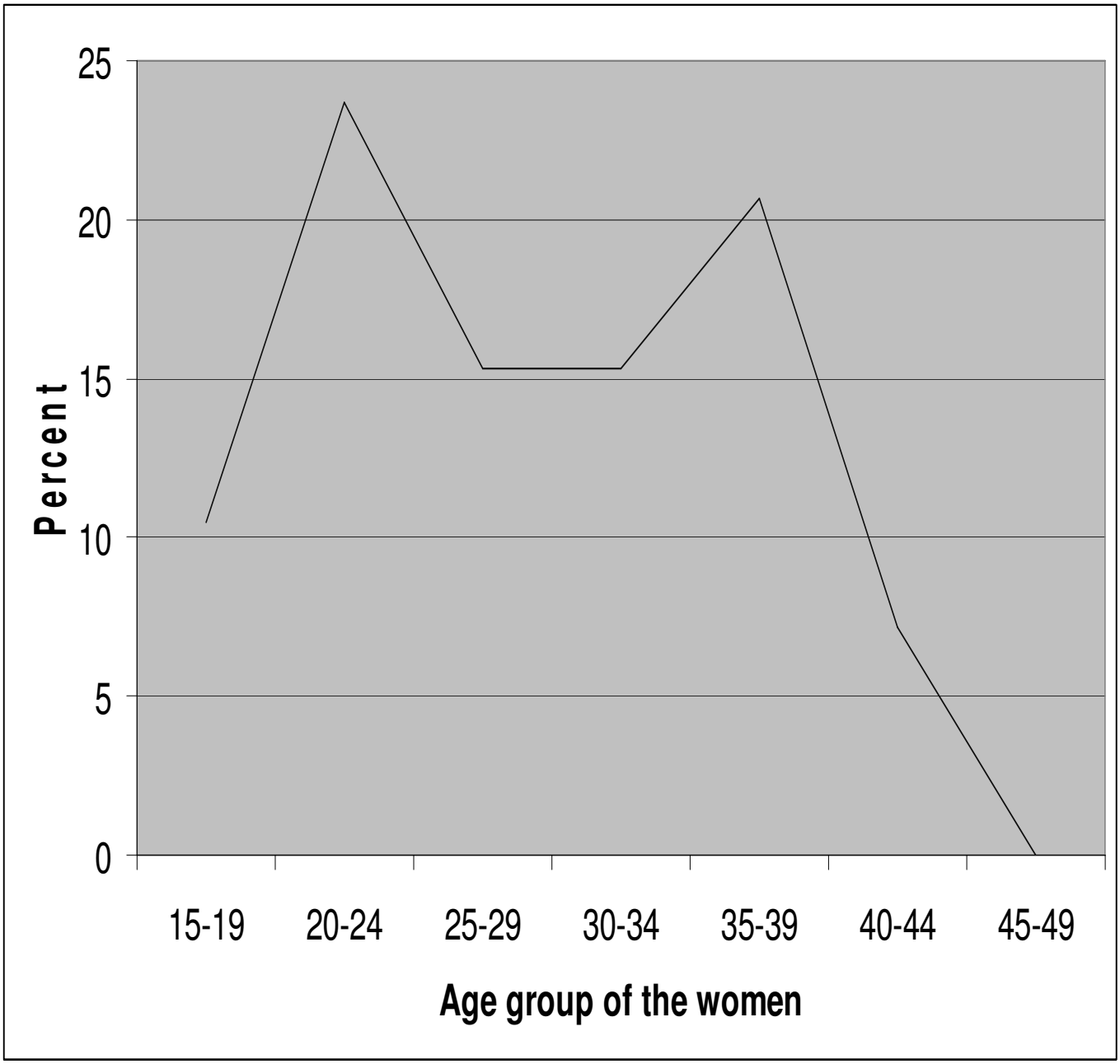


Figure 1. Distribution of abortion reported in the corresponding age group among pregnant women in the last 5 years, in Agaro Town Jimma Zone, Oromiya Region, , January – February 2006

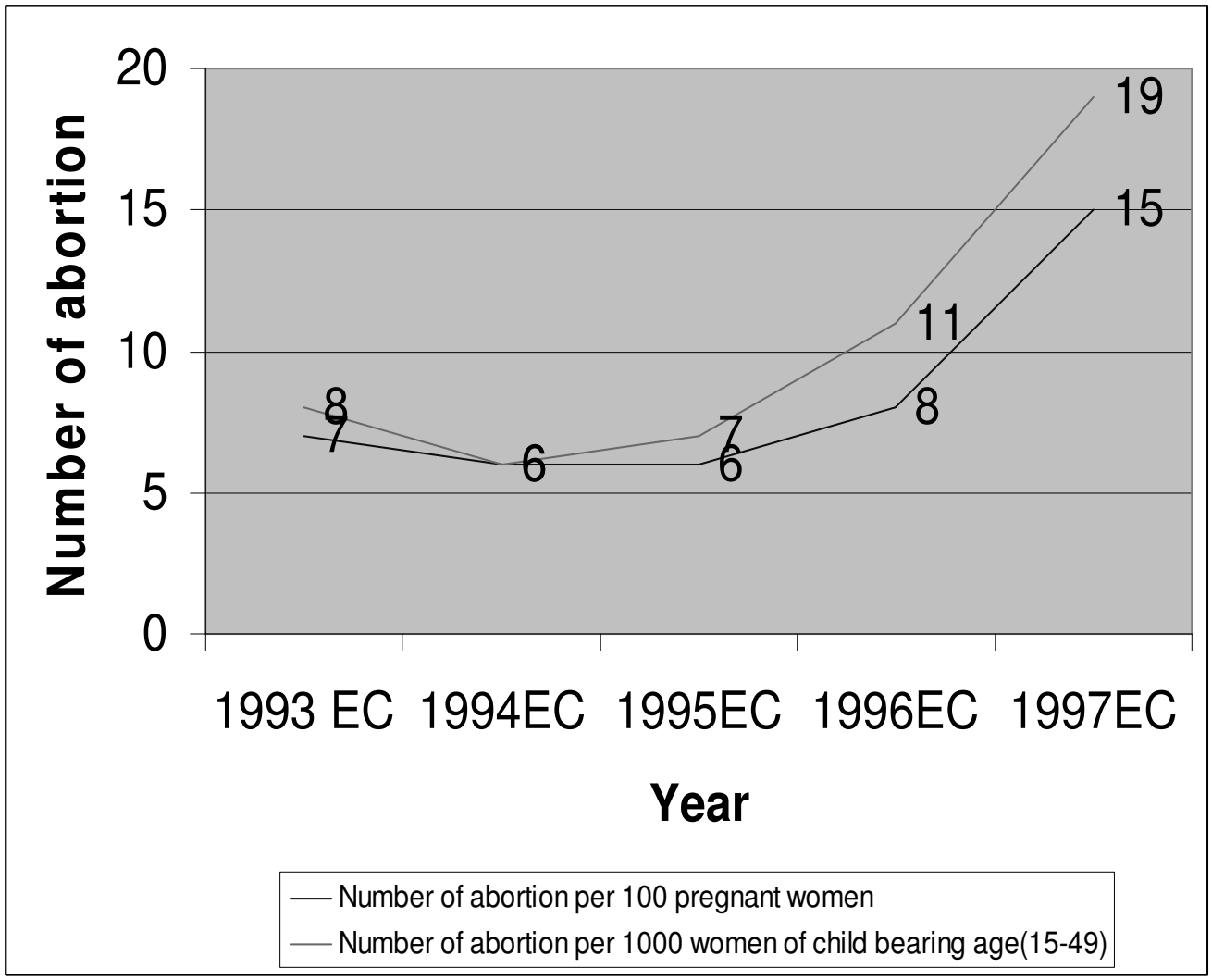


Figure 2.Anual estimate of the incidence of abortion among women of childbearing age (15-49) and pregnant in the last 5 years in Agaro town , Jimma Zone , Oromiya region, January – February 2006.

Pattern of post abortion care utilization by women utilized post abortion care in public facility

Among women utilized post abortion care in public facility, 43(67.2%) of the women visited health center while 21(32.8%) visited hospital for unsafe abortion complication. Majority 40(62.5 %) of the women expressed their opinion that either very short distance or somewhat fair for them to get health facility. For over36 (56%) of all PAC utilized subjects, it took them less than 30minutes to get health facility for PAC utilization .Almost 48(75%) of the subjects rated either very or somewhat easy to get transportation service. Forty-six (71.8%) of the women rated the cost covered for transport was either very cheep and somewhat affordable.

Among women utilized post abortion care in public facility, about 56(87.5%) of the women indicated that they paid for post abortion care. Nine (16.1%) reported that they were paid below 20 Birr, 32(57%) paid 20 to 50 Birr and 15(26.8%) women were paid 50 or more Birr. The survey also asked the women how they feel about payment for PAC in public facility, twenty (35.7%) said they feel that the payment was very low, 25 (39.1%) fair and 11 (19.6%) of them said unaffordable cost.

Women utilized post abortion care in public facility said that once at health facility, 31(48.4%) of the PAC utilized women said they were wait on average less than 20 minutes, 14(24.9%) waited 20-40 minutes and 19(29.7%) said they were waited more than 40 minutes to see health care provider. Majority 45(70.5%)of the Pac utilized women indicated that the amount of time they had waited was "acceptable" to them.

Women who were visited public heath facility also questioned to rank the competence and approach of health workers at post abortion care unit, almost equal proportion 44(68.7%) vs 43 (67.2) ranked very well, 4(6.2%) vs 7(10.9%) fair, 9(14.1%) vs. 8(12.5%) poor and only 8(12.5%) vs. 5(7.8%) reported do not know respectively. Women also asked about the situation of privacy at post abortion care unit where they visited, 48(75%) of the women said that there was lack of privacy when uterus evacuation was done for them, 4(6.3%)said no problem, and 12(18.7%) said do not know.(Table 3).

Table 3 Assessment of services among women visited public heath facility for post abortion care. in Agaro town Administration, Jimma Zone, Oromiya Regional State January to February 2006.

Variables	PAC utilized	
	N = 64	Percent
How respondents rate the distance of health facility where they utilize post abortion care services.		
1.Very long	24	37.5
2.Fair	25	39.1
3.Short	15	23.4
Average time required to go to health facility by usual means of transportation		
< 30 minute	36	56.3
30 – 60 minute	27	42.2
> 60 minute	1	1.5
How respondents rate the easiness of getting transportation service		
Difficult	14	21.9
Fair	8	12.5
Easy	40	62.5
Can not asses it	2	3.1
How respondents rate price of transportation service		
1.Expensive	8	12.6
2.Fair	23	35.9
3.Cheep	23	35.9
4.Can not assess it	10	15.6
payment to get PAC service		
Yes	56	87.5
No	8	12.5
Average payment for PAC treatment (n=56)		
<20 birr	9	16.1
20 – 50 birr	32	57.1
>50 birr	15	26.8
How respondents feel about payment for PAC (n=56)		
un affordable	20	35.7
Fair	25	44.6
very small	11	19.7
How respondents feel about waiting time at the health facility where visited for PAC.		
Appropriate	45	70.3
Long time	10	15.6
Offending	5	7.8
I do not remember	4	6.3
Average waited time to get PAC at health facility		
<20 minute	31	48.4
20 – 40	14	21.9
>40 minute	19	29.7
How respondents rate competence of health worker		
Very good	44	68.8
Fair	7	10.9
Poor	8	12.5
I don't know	5	7.8
Respondents feeling about privacy at post abortion care unit		
Yes	4	6.3
No	48	75
Don't know	12	18.7

Women who did not visit public health facility for post abortion care were asked where they sought treatment for the last incomplete abortion. Out of total women who did not visited public facility, 28(14.7%) sought treatment from traditional healers, 25(13.2%) from rural drug vendors, 31(16.3%) from others (private clnic,Mariestops) and more than half 106(55.8%) reported that not visited to any provider or health facility. (Figure 3)

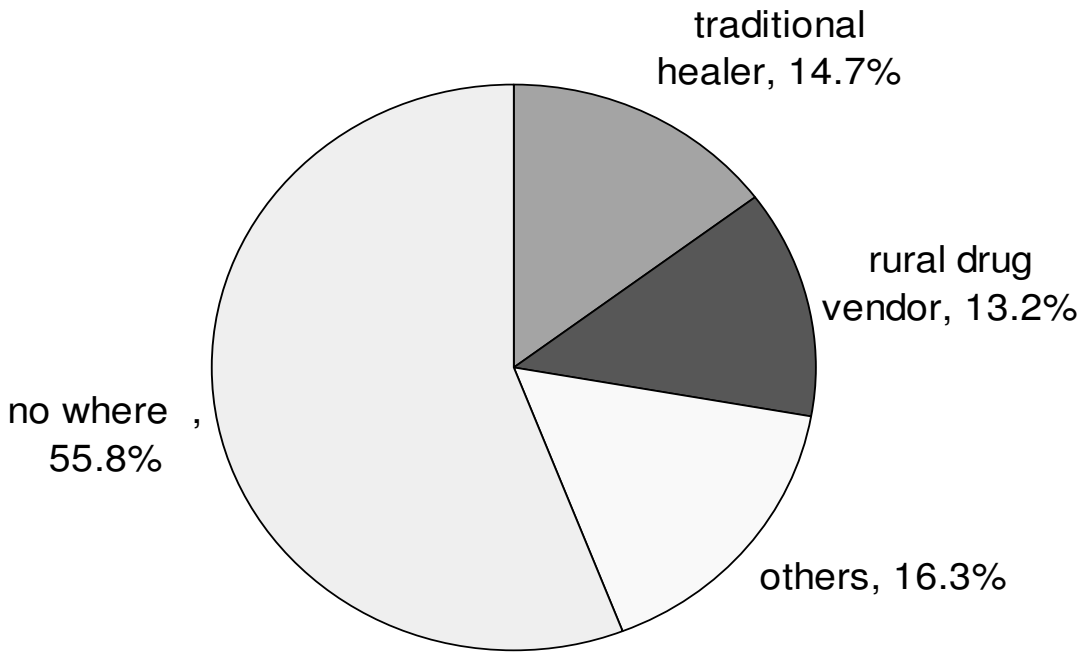


Figure 3. Visited post abortion care providers by women not utilized the public health facility in Agaro town January-February 2006.

Regarding the respondents Knowledge about post abortion care related services, 148 (58.3%) of the women have knowledge for post abortion care related service and complications. Coming to their attitude towards general health and post abortion care service in public facility in their area,143 (56.3%) and 138 (54.3%) of the women have good attitude and 62(24.4%) and 54(21.3%) of the women have bad attitude to wards general and post abortion care in public facility respectively.

With regard to women's perception about abortion complication as well as importance of getting post abortion care from public facility, 129 (50.8%) of the women feel that they may be susceptible to develop complication and perceive that abortion complication can be hazardous to their health and 221(87.7%) agreed that if they get care from modern health facility, It will be beneficial to their health.

In Agaro town there is one training health center where post abortion service provided. With regard to availability of health facility where the women can get post abortion care, 160(63.0%) of them said that such facilities are available in the town 5(2%) said not available and 89(35.0%) of the women said do not know.

According to the women's responses based on their and other women's experience of getting post abortion care services from public health facility, majority 146(57.5%) prefer to get post abortion care from health canter fallowed by 40(15.7%) from hospital, 40(15.7%) from private clinic,7 (2.8%) from traditional healer and the rest 21(8.3%) said they do not have preference.

Regarding decision-making power in relation to getting post abortion care from health services, out of total respondents: 124(48.8%) of them said they can made decision by themselves, 102(40.2%) said should be made by both husband and wives, 9(3.5%) by husband and 0nly 19(7.5%) said should get decision either from their or husband's relatives(Table 4).

Table 4. Factors associated with post abortion care utilization in public facility Agaro town Jimma zone, Oromiya Regional state January to February 2006.

Factors	PAC utilized		PAC non utilized		total	
	Number N= 64	Percent	Number N= 190	Percent	Number N= 254	Percent
Knowledge at least 3 PAC services and complications						
yes	46	71.9	102	53.7	148	58.3
no	18	28.1	88	46.3	106	41.7
Attitude to general health service in public health facility						
Good	45	70.3	98	51.6	143	56.3
Bad	17	26.6	45	23.7	62	24.4
indifferent	2	3.1	47	24.7	49	19.3
Attitude towards post abortion care in public health facility.						
Good	48	75.0	90	47.4	138	54.3
Bad	14	21.9	40	21.	54	21.3
indifferent	2	3.1	60	31.6	62	24.4
Perception to wards severity of complication of unsafe abortion						
Agree	36	56.2	93	48.9	129	50.8
disagree	28	43.8	97	51.1	125	49.2
Availability of health service						
Yes	47	73.4	113	59.5	160	63.0
NO	2	3.1	3	1.6	5	2
Don't know	15	23.5	74	38.9	89	35.0
Preferred health facility for PAC service						
Public health center	37	57.8	109	57.3	146	57.5
hospital	22	34.4	18	9.5	40	15.7
Private clinic	3	4.7	37	19.5	40	15.7
Traditional healer			7	3.7	7	2.9
I don't have choice	2	3.1	19	10.	21	8.2
Decision maker						
Husband and wife	36	56.3	66	34.7	102	40.2
husband	2	3.1	7	3.7	9	3.5
The women herself	19	29.7	105	55.3	124	48.8
Relative	7	10.9	12	6.3	19	7.5
Perception to wards benefit of getting PAC from modern health facility						
Agree	60	93.8	161	84.7	221	87
Disagree	4	6.2	29	15.3	33	13

Socio-demographic comparison of women utilized and not utilized post abortion care in public facility.

Among the socio-demographic variables, maternal education and marital status of the women were significantly associated with PAC utilization in public facility. Women with educational level of at least read and write are more likely utilize post abortion care service in public facility compared to those illiterate.{(OR& 95%CI =3.55 (1.2,9.75)}. But the odds of utilizing post abortion care in public facility decreased when educational level of the women increases. Married women are more likely utilize post abortion care in public facility compared to those unmarried women {(ORandCI95%=2.12(1.08,4.17)}.Other Sociodmographic variables such as age, religion, ethnicity and income were not found to be associated with post abortion care utilization in public health facility in both crude and adjusted analysis (table.5).

A crude analysis done to assess any association between knowledge of women related to post abortion complication and post abortion care service, women's attitude towards general and post abortion care in public facility, availability of post abortion care service delivery system, women's decision making power, type and frequency of abortion per women, parity of the women and gestational age during the occurrence of last abortion. With out adjusting for other factors, the result reveled that women's knowledge of post abortion related problems and post abortion services, women's attitude towards general health and post abortion care in public health facility were found to be significantly associated with utilization of post abortion care in public facility(P-Value <0.05).But when adjusted for socio demographic variables ,women's attitude towards general and post abortion care in public facility and type of abortion were persisted to be significantly associated with utilization of post abortion care in public facility(P-Value < 0.05) both in crude and adjusted.

Women's perception about unsafe abortion related complication, availability of the services, women's decision-making power, parity of the women, frequency of abortion in the five years and gestational age during the occurrence of last abortion, were never associated with women's post abortion care utilization in public facility in both crude and adjusted analysis.

Women's attitude to wards general and post abortion care in public health facility has shown significant difference between women utilized post abortion care in public facility compared to not utilized and the odds of utilizing PAC is 2 & 3 times more for the women who have favorable attitudes to general public health services and post abortion care in public health facility respectively {(OR (95% CI) =2.23 (1.21, 4.13) and 3.36 (1.77, 6.38)}.

Women with induced abortion are less likely to utilize post abortion care in public health facility compared to those with spontaneous abortion {(OR (95% CI) = 0.4 (0.2-0.9)} (Table 6).

Table 5. Women's post abortion care utilization versus socio demographic variables Agaro town administration, Jimma zone Oromiya Regional state, January to February 2006

Factors	PAC utilized	Not utilized	Odds Ratio (95% CI)			
	N= 64	N= 190	Crude		Adjusted	
Age						
15-19	3	10	1		1	
20-25	13	60	0.7	(0.1,2.9)	0.7	(0.1,3.2)
25-34	38	91	1.3	(0.3,5.3)	0.6	(0.3,5.7)
35-39	10	29	1.1	(0.2,5.0)	0.7	(0.3,6.2)
40-49	10	29	1.1	(0.2,5.0)	0.7	(0.3,6.2)
Education						
Illiterate	8	53	1		1	
Read and write	13	24	3.6	(1.31,9.79)*	3.6	(1.29,9.75)*
Primary	25	57	2.9	(1.2-7.0)*	3.1	(1.2-7.4)*
Secondary and above	18	56	2.1	(0.9-5.3)	2.2.	(0.9-5.8)
Marital status						
Unmarried	46	102	1		1	
Past married	14	66	0.9	(0.3,3.0)	0.9	(0.2,3.2)
Married	4	22	2.12	(1.08,4.17)*	2.12	(1.08,4.17)*
Religion						
Christian	26	96	1.		1	
Muslim	38	94	1.5	(0.8,2.6)	1.6	(0.9,2.9)
Ethnicity						
Oromo	31	77	1		1	
Amahara	9	22	1.0	(0.4,2.5)	0.9	(0.4,2.4)
Gurage	9	29	0.7	(0.3,1.8)	0.7	(0.3,1.8)
Others	15	62	0.6	(0.2,1.2)	0.6	(0.3,1.3)
Occupation						
Unemployed	59	170	1			
Employed	5	20	0.8	(0.1,2.9)	0.4	(0.1,1.9)
Monthly family Income						
<200 Birr	29	113	1		1	
200- 500	19	41	1.8	(0.9,3.6)	1.6	(0.8,3.2)
> 500	16	36	1.9	(0.9,4.1)	1.6	(0.7,3.4)

Table 6: women's post abortion care utilization in public facility versus selected factors Agaro town administration, Jimma zone, Oromiya Regional state January to February 2006.

Factors	PAC utilized	Not utilized	Odds Ratio (95% CI)			
			Crude		Adjusted	
	N= 64	N= 190				
Knowledge about abortion related Problems and post abortion care service						
Good	46	102	2.20	(1.14-4.3)*	1.28	(0.71-2.3)
Poor	18	88	1		1	
Women's attitude to wards general health service						
favorable	45	98	2.22	(1.21, 4.08)*	2.23	(1.21, 4.13)*
Not favorable	19	92	1		1	
Women's attitude to wards Post abortion care service						
favorable	48	90	3.33	(1.76, 6.28)*	3.36	(1.77, 6.38)*
Not favorable	16	100	1		1	
Perception to severity of complication of unsafe abortion						
Agree	36	93	1.34	(0.73, 2.48)	1.4	(0.78, 2.52)
disagree	28	97	1		1	
Availability of health service						
Yes	47	113	1.88	(0.96, 3.72)	1.8	(0.96, 3.43)
NO	17	47	1		1	
Decision making power of the women to seek PAC in the last 5 year.						
Yes	19	105	0.34	(0.18- 6.6)	0.31	(0.12,6.03)
No	45	85	1			
Type of abortion						
Spontaneous	42	89	1			
Induced	22	101	0.46	(0.25,0.83)*	0.4	(0.27,0.91)*
Frequency of abortion with in five years						
One	56	175	1			
More than one	8	15	1.66	(0.67,4.13)	1.78	(0.6,4.65)
Gestational age						
<12 weeks	36	122	1			
> 12 weeks	28	68	1.39	(0.78,2.48)	1.34	(0.74,2.42)
Number of pregnancy						
One	19	57	1.			
Two	21	60	0.95	(0.46, 1.95)	1.75	(0.74,4.13)
Three	11	35	0.06	(0.45, 2.49)	2.00	(0.74,5.32)
Four and above	13	38	0.97	(0.43, 2.20)	2.23	(0.82,6.06)

Women who did not visit public health facility for post abortion care were also asked the reasons, About 68(35.8%) mentioned they felt illness was mild,43(22.6%)said fear of health workers negative approach, 32(16.8%) have lack of money,27(14.2%) said fear exposure to family, neighbors and health professional 17(8.9%) no or little knowledge about PAC service ,12(6.3%) long waiting time ,10(5.5%) lack of transport and only 2(1.05%) said health service is far from their residents(Figure 4)

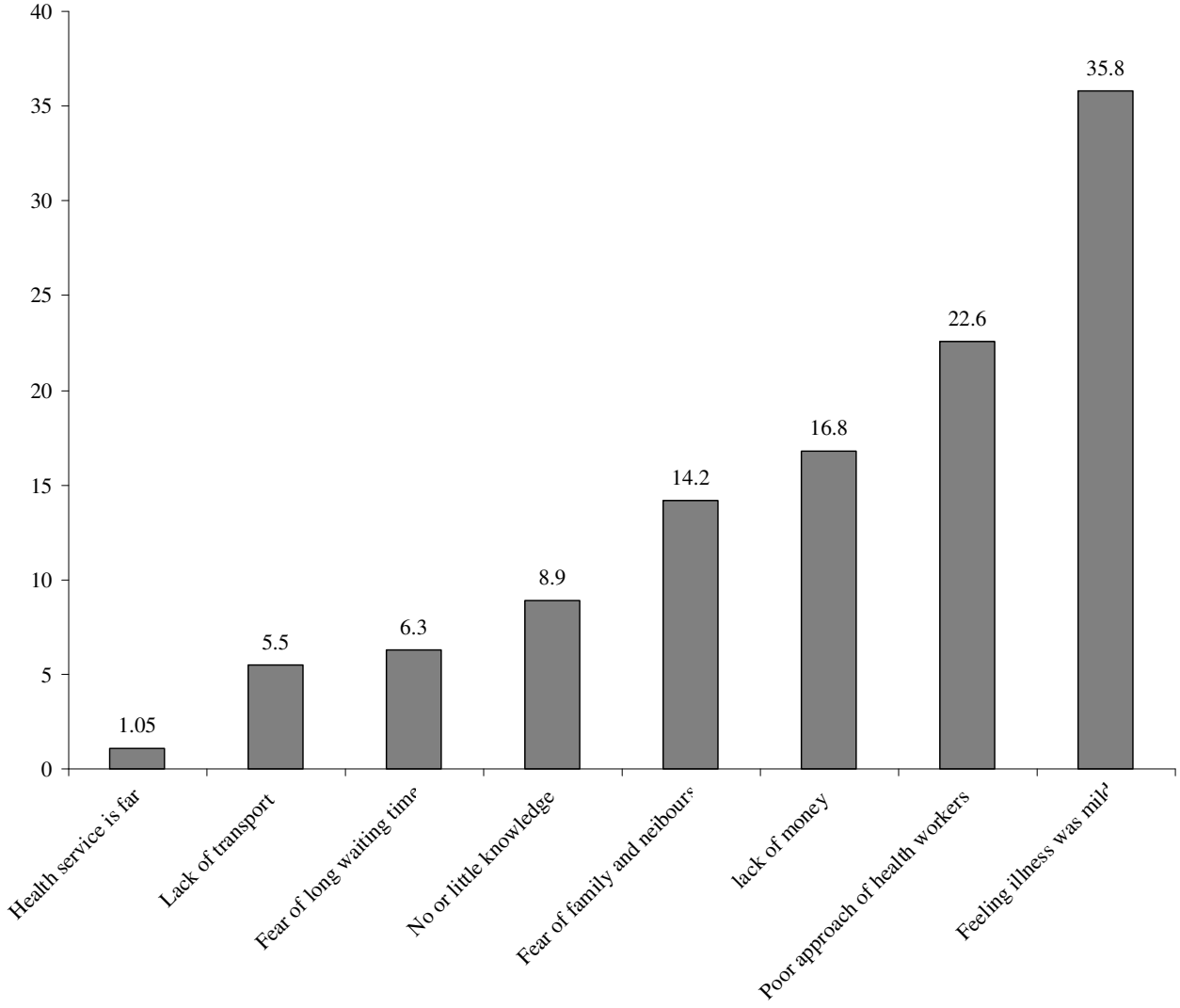


Figure 4. Reasons for not utilizing Post abortion care in public health facility by women not utilized post abortion care in public facility .Agaro town,Jimma Zone,Oromiya Regional state. January- February 2006.

Focus group discussion summary results

Thirty eight participants. ranged from 18 to 49years of age were included in the study. The sample represented by 24 married and 16 unmarried young women.

1.Perception of unsafe abortion as the problem in Agaro.

Magnitude of abortion

Almost all 4 group of the discussants were consider unsafe abortion to be major women's health problem in Agaro both in urban and rural area. Majority of the discussants said that young women especially students are front line victim. Both of the married group discussed that not only young unmarried but married women also suffer from abortion mainly due to un wanted pregnancies. Married women described magnitude and severity of abortion in Agaro:

"Abortion is the main killer around Agaro. Young women are frontline victims. Because they are ashamed to tell any one of their problem. They secretly go to individuals who abort pregnancy for money",

Consequence of unsafe abortion for women's health

Majority of the discussants mentioned that heavy bleeding, infection and death to be major health problems to be followed after unsafe abortion. In addition, they said women who encountered with induced abortion usually end up with psychological and social problem. And most of the discussants perceived these as leading to emotional instability.

Utilization of post abortion care by the women

Four of the group discussants said majority of women did not go to the health center to get post abortion care in public health facility. Unmarried women said：

"Married women who can not afford payment usually did to go governmental health center. Nevertheless, young un married women prefer to visit private clinics.

2. Factors influencing post abortion care utilization in public facility

Almost all group of the discussants said majority of women did not go to the health center to get post abortion care. Fear of poor attitude of health workers towards women presenting with abortion complication, fear of inquires by health workers for why and how women did the abortion., fear of exposure to family and community especially if abortion occur to unmarried young were among major reason mentioned by almost all group of the discussants. Whereas fear of husband, lack of money and lack of knowledge (misperception about procedure) were reported by married group of the discussants.

Poor attitude of women towards health workers attitude and fear of inquiry

Four of the group noted that, those who induce the abortion generally do want to not go to health center since the workers, blindly incriminate the women deliberately doing abortion. Furthermore, 3 out of four of the group discussants said that the routine post abortion care in public facility includes a component of interrogation therefore usually majority of women with abortion complication did not seek care from governmental health facility. One married women discussant said health care providers gets furious when came across women who committed induced abortion. She said:

"I miscarried a two month's fetus. It was not induced. After bombarding me with disgracing words she started to put her fingers in my birth canal then she told me they do not have the necessary equipments, I would be referred to another hospital. I begged her to help me, she would not listen shading my blood, and I went to Jimma. There is no body to appear to such irresponsible practice in private clinic. I could have died if was striped of cash then"…… Indeed, very few health workers are humane….. "They care no matter what. However, majority are inhumane. "They use patients as practice dolls they learn with in colloquies**".**

Cultural and traditional factors (fear of family and community)

Majority of the discussants expressed that many young unmarried did not go to the health center fearing that family and neighbors will hear the news **.**And to prevent their families disrespect by the community. A19 years old in school girl said:

"Our society avoids women who had induced abortion. In addition, Parents are typical initiators of the hate campaign. They worry more about the families pride than the daughter's life… More often parents drive out their daughters than being all subject of gossip by society."

Lack of money and knowledge or misconception of women to wards procedure

Some discussants also mentioned that some illiterate women do not visit to health center for post abortion care for fear of either procedure or lack of money. Young unmarried women said:

Most married illiterate women have a misconception that the workers will poke their inside with metalic objects. They believe that it is dangerous."

Suggestion given for improvement of PAC in public health facility

As to improving post abortion care service in public facility, majority of the discussants remarked, improve ethicality of professionals, improve health service management system, awareness creation lessons must be given to the community on abortion and the health risks that follow, open discussion on sexual relations and life skill training must be encouraged at household, school and community level. Married women said:

"Health worker should stamp out their old fashioned mentality and should be respectful to patients, should give an ear to patients. It's better if a unit is set up to coordinate the service."

Summary Result of In-depth- In review

Perception of unsafe abortion as the problem in Agaro.

Both of the participants noted that abortion recognized as major problem in Agaro. They stressed that the problem is more prevalent among young unmarried students**.** Woman had two abortions In the last 5 years said:

"Most women prefer to interrupt the pregnancy than to have a child. If it is unwanted",
Such type of problem is common in Agaro.

Post abortion care service utilization practice by the women

Women noted that, majority did not go the public health facility the reason is either shortage of money, or fear of family and local people ,or the health workers themselves. Mebrate said:

"Women who are treated for similar cause say it is better to visit health center after aborting. They know that post abortion care is essential. Yet others who are absorbed by fear of their families and being seen by some one they knew did not go to health facility.",

Women's experience in utilization of abortion care in public health facility

Women with repeated unsafe abortion suffered from guilty feeling to visit health facility because of health care providers they know. But on other hand they need to prevent death from abortion complication. Mebrate Said:

"I knew that the health workers are very helpful. They pulled me out of misery once when, I was desperate. That made me shy away from them when I faced the same problem again .When I get pregnant for the third time I don't have the guts to go there because I was fearful about bad rumors will spread….. Therefore, I turned to traditional healers",

Women's suggestion to enhance further utilization of post abortion care in public health facility

Women who did not visit health center said:

Once the problem prevails they should go to health center. "Especially for the women availability of the service. like Marie-stops is like wind fallen chance",….

Both women felt that the view of health professional should be changed and they should approach all Patients in the polite manner. Women with two abortion but not utilize PAC in public facility said: "Once it occurs they should not force to speak who is behind the abortion".

Case study

I live at a place known Dalecho peasant association near to Agaro Town. This is the second abortion I had in three years. I divorced my husband three years ago. Soon after the separation, I came to know that I was pregnant. I felt like I am hit by a thunderclap. I cannot give birth because I already had many children and I was all alone by myself. Therefore, abortion was the only solution to that puzzlement. First, I went to the village pharmacy and asked them to give me drugs to abort the pregnancy. They told me that the drug would not be effective since the pregnancy was over two months old. They refused to sell it for me. Since I had to get way out I went to see a traditional healer who lives in the village. She gave me a weed called "Tulte" for 20 birr. She told me to place it inside the birth canal. A day after I took the weed I got sick. The sickness gets worse each day. I started shivering as if I had malaria. A health worker who lives in my village gave me pills that are used to treat kidney. That gave me some relief. However, the pain and bleeding did not go away until a long time. All the time through, I suffered a lot. I did not want to go to the health center because I have over heard other women talking that the health workers will inquire why I did it. It is a mischief to turn in the person (the herbalist) who helped me and watch him/her sent to prison. So I decided remain at home what ever the outcome.

Then the next pregnancy took place while I was on the pill. Although the suffering from the past incident was still fresh in my mind, I was compiled to abort again. I have heard of a famous herbalist who sells traditional and modern medicine in a nearby market place.

Many talk the treatment he gives for abortion that I decided to visit him. He asked me how old the pregnancy was and then he gave me four black big tablets. He ordered me first to insert two of them through the vagina and to insert in the other two after detecting a sign of bleeding. But I did not follow the order. I was so eager to get relief as well. I took all the pills in to vagina at once. I inserted the pills in late morning. Towards dusk I experience an acute pain around my wrist. Even though the man has warned me to stay at home until the fetus come out in the form of heavy bleeding, I could not stand the pain. I felt like I am going to die. The bleeding increased. I didn't know how to tell my family, neighbors what I was suffering from. My elder boy and my closest neighbors were alarmed by the sickness. They forced me to go to health center even though I was fearful to go health center, the severity of the pain made me go. The health workers did not cross-examined me as I suspected. Here I am today, alive, testifying my life.

In my opinion, once the pregnancy occurs it is much better to let it go. Or else women should go there instead of going to traditional healers. Thanks for my neighbors I un able to live to this day and share my experience with you. I was so fearful of the doctor's interrogation. But nothing happened as I suspected it.

Discussion

This community- based study revealed that Sociodmographic factors such as educational and marital status of women, women's attitude towards health care service in agaro town and having induced abortion complication are influencing women to utilize post abortion care in public facility.

Ever after visiting the entire household in the town 5887 women of childbearing age (15-49) were found and participated in the first interview. And out of whom eligible study subjects of first phase study, 108 women refused to participate in the study and the rest were not available at home during the visit for various reasons. Even though women's home are neutral place for conducting interviews, most of the unmarried women particularly adolescents those usually share majority of unsafe abortion were less willing to be seen and interviewed at home due to taboo attached to premarital pregnancy and fear of their family. In other hand the study participants were women who had at least one abortion experience prior to the study, 1 to 5 years before the study, making their responses largely subjected to recall bias and they may not be interested to talk about past issues. So due to this reasons determination of abortion magnitude is difficult because of major methodological drawback in this study therefore it recommend to conduct longitudinal study to find true prevalence of abortion.

Two hundred and fifty four women were interviewed to assess factors associated with post abortion care utilization. For this study the sample size calculation was done based on several assumptions. using rough estimation to detect a 20% difference in the proportion of PAC utilization between post abortion care users and non users considering education is the exposure factor and 86% of the response rate was obtained.

Of the interviewed women, 17% reported that they had abortion in the last 5 years .Over 60%% of the abortion was reported in under 30 years old women which suggests unsafe abortion is more common in young women this can indicate which age group are most in need of of attention with regard to information, access to contraceptives and service for complication of unsafe abortion and this finding is consistent to study finding in Ethiopia and most developing countries (25,27).

Surprisingly very low level(10.2%) of the abortion was reported by adolescents in this study which is very far from findings of other studies that indicate over 40% of the unsafe abortion among adolescents in developing world occur in Africa and 25% of the all estimated unsafe abortions are among adolescents(25).This data reflect that lack appropriate information and likely under estimation of cases in certain age group due to major drawback in the methodology. Also the distribution of unsafe abortions differs markedly between years almost 45% of the abortion were reported in the recent year(1996&1997EFY) whereas the prevalence is become very low as the year become earlier .It is not clear that weather abortion is common in recent year or women with the history abortion in past 3-5 years may forget the event of abortion complication. The figure on abortion which we found among women of childbearing age can not be extrapolated to general population because the rate found in this study are likely underestimated compared to what happens in the general population because study participants may be highly subjected to recall bias.

There is strong evidence from the many literatures that a number of socio-demographic characteristic of the individual affect the underlying tendency to seek care . It is also indicated in many of the Studies done in the country that education appear to be important mediator in the utilization of emergency obstetrics care in public facility (13, 14, 16, 17). The result of this study demonstrated that women with at least read and are more likely to utilize post abortion care service in public facility compared to those illiterate. This can be explained by the fact that educated women may be better in

assessing the advantage of getting Post abortion care and may be aware of benefit of services. In addition, they might be less likely affected, by fear and misconception of seeking care from modern health facility than illiterates. Unlike the results in several studies, this study demonstrated that the higher the level of education of women the decreased the association with utilization of post abortion care in public facility. The decreased association of utilization of post abortion care with higher-level education in this study may be because women with high level of education are often do have better economical status social back ground. Therefore, they may be more likely afforded to seek care from private clinic that is thought to be quality, safe and confidential for them (19). This finding is also supported by qualitative study that most of the discussants said that women with higher level of socio demographic status prefer to visit private clinic than public facility. And also travel some times longer distance to access public sectors those treat women better and ensure confidentiality.

This study also showed that married woman were two times more likely utilize post abortion care in public facility than unmarried women. The association of marriage and utilization of post abortion service in this study is may due to the fact that married women are more confident, may have support by their husbands and less likely affected by stigma attached to abortion morbidity compare to unmarried (22).

This finding is also supported by qualitative study that majority of the FGD participants said unmarried women generally do not visit governmental health facility for post abortion care because of fear and taboo attached to premarital pregnancy and societal disrespect of women and their family. This finding is also in line with other studies. Study conducted in developing country found out that Adolescents under go a major share of illegal abortions, for them stigmas shame and disapproval form providers can be in tense and may discourage many from seeking treatment. Another study conduced in Zimbabwe in order to define factors associated with maternal death at family, community, primary and referral health care level found that all situations assonated with diminished or absent social support, that is being single or self-supporting carried an in creased risk

for maternal mortality (22).Another study done in the country found that marital status was one of the significant predictor of utilization of maternal health services such as delivery services(14,17).

Type of abortion is one of the factors identified from this study as determinant of women's post abortion care utilization in public health facility. Those women had induced abortion are less likely utilize post abortion care in public facilities compared to those women thought have spontaneous abortion. This finding can explained by the fact that in Ethiopia abortion is legally restricted. Therefore shame and fear to be seen by some one may prevent women seeking care from public facility. This finding is supported by qualitative study and case study and consistent with finding from other studies in many countries, that found the social taboo surrounding abortion and penalties for both women who seek abortion and those who provide them are challenges. Even where abortion is legal (19, 21). Furthermore, studies conducted in Philippines suggest that women seeking care at hospitals for complications of induced abortions are often viewed as criminals and verbally admonished. In some cases, they are denied anesthesia and made to wait longer than other patients thought to be suffering from spontaneous abortion (23). In addition recent study conducted in Argentina reveled that routine Post – abortion care often include a component of interrogation and punishment, exercised not by law enforcement officials but by hospital staff (21).Furthermore, the case study, FGD and in-depth interview in this study also Illustrated that fear to be questioned by health workers is major factor making women with induced abortion not to visit available health services .

As indicated, in literature that women's attitude to wards health service delivery system and perceptions of quality of care are key factors in choice and use of health services and it is an important consideration in decision to seek care. The role that quality of care play in decision to seek care is related to people's own assessment of service delivery, which largely depends on their own experiences with the health care system and those of people they know(19). The finding of the

present study is found that the attitudes of women to wards general health and post abortion care services were significantly associated with their PAC care utilization in public health facility. This could be due to their and others previous experience who visited to the health facility for any medical care. This finding is also supported by both focus group discussion and in-illustrated by case study result and in line with studies in other countries. (21, 24)

Even though some studies have shown that women with better knowledge and perception about pregnancy and emergency obstetric care related services as well as benefits of utilizing them are more likely to utilize emergency obstetrics care in health facility (13). This study shows that women's knowledge and their perceptions about abortion and post abortion care services are not important predictors of their post abortion care service utilization. And this finding is also consistent with another study, which shows that these factors are not important predictors of emergency obstetric care service utilization (16).

Women's decision making power in relation to emergency obstetric care utilization is another critical factors, because whether the other factors are favorable or not ,the most important step in getting services largely relies on whether the women have the power to make the final decision to get PAC if they wanted to. In this study women's decision, making power is not important for their utilization of post abortion care in public health facility. However, finding is not in agreement with other studies conducted in the country attempt to asses factors associated with under utilization of emergency obstetric care(safe delivery service) in public facility(13,16)

This study also assessed women's reason for non-utilization of post abortion care in public facility. The most frequent reason given by the individual and through FGD regarding non-utilizing PAC were, poor attitude of health professionals, fear of questioned by health personnel, fear of exposure to family neighbors' husbands especially if abortion is induced etc. This result indicates that the legal factors and social taboos surrounding abortion are still playing role in preventing women from

seeking post abortion care services. The findings of the quantitative part of this study also consistent to qualitative and previous studies in developing countries (19, 22). Another interesting finding came up with majority(56%) of the women were not utilized PAC in public facility said they did not resort medical care from any of the health care provider and nearly 30 % of them utilized private clinics. This finding show that women with abortion complication are accessing private health sectors. Majority (36%) of them given reasons for not utilizing post abortion care in public facility found to be illness was mild. As indicated in many literatures health-care seeking behavior is strongly influenced by the characteristics of the illness as perceived by the individual (22).The result of this study implies majority of un safe abortion complication were remain unreported, therefore untreated. This finding is in agreement with qualitative study that reveled most of the women with unsafe abortion especially unmarried young students usually un reported due to fear and stigma attached to abortion morbidity and do not resort medical care unless their life is at critical but it is not because of mild illness.

Regarding preference of a place of PAC delivery system, more than 50% of the PAC utilized and non-utilized women preferred health centre for future PAC service. However, this finding is in disagreement with qualitative study and studies in developing country. That reveled woman those have no chance to get enough money are prefer to utilize public facility (19).

This study also assessed opinion of PAC utilized women to wards quality of PAC service provided in the public facility. The result of this study revealed that more than seventy five percent of the women utilized post abortion care in public facility were feel that privacy was not kept when uterus evacuation is done for them. Though waiting time, competence of health workers, personnel respect of health workers and cost of PAC service was not problem to majority of respondents. This finding is also supported by qualitative study and consistent with study conducted in Argentina (21, 27).

Strength and Limitations

Strength

- The design of the study such as longitudinal study is cover most of women with the varieties of socio-demographic
  characteristics community based unlike many facility based studies.

- Questionnaire was pre-tested and necessary modification was made, the principal investigator and supervisors were supervising the daily data collection activities and problem encountered were discussed and solved at spot.

- Data collectors were females recruited from their community and almost all had previous experience in reproductive health research data collection.
- The study used triangulation method to clarify the understanding of association between the variables.
- This study is first of its kind in our country

Limitation

- Respondents might be affected by cultural taboo attached to the study question and not give their exact attitude towards a given question. Therefore, results obtained may underestimate the problems and distorted the underlying associations.

- Study participants in this study are women who had at least one abortion experience 1-5years before the study, making their responses largely subjected to recall bias.

Conclusion

Most women in Agaro administrative town are not utilizing post abortion care in public facility marital and educational status, their attitude towards general and post abortion care in public facility and having induced abortion are important predictors of their post abortion care utilization.

Magnitude of abortion

- Very difficult to measure true prevalence of abortion from a cross sectional study due to taboo attached to abortion and recall bias.

Patterns of post abortion care utilization

- Many women with post abortion complication are not seeking care from public health facility.

Factors affecting Post abortion care in public facility

- Marital and educational status of women, type of abortion , Women's attitude towards health service in public facilities, Judgmental attitude of health workers towards women present with induced abortion, fear of family, neighbors, community, and questioned about their abortion status by health care provider are influencing women to utilize post abortion care in public facility.

Recommendations

Based on the above finding of the study the following Recommendations were made:

Reducing unsafe abortion

- More conducive environment for empowerment of all women through effective Sexual and reproductive health education may be helpful reduces unsafe abortion.

Enhancing post abortion care utilization from appropriate health facility.

- Low utilization post abortion care illustrates the demand for community – based intervention. therefore reaching more target group to provide relevant information to the general population and specific sub group, such as adolescents through promoting appropriate IEC that encourage women to seek appropriate and timely care by accessing public or private health service.
- Building the capacity and strengthening collaboration with private clinic may be equally vital in improving accessibility of quality of post abortion care.

Reducing factors affecting post abortion care utilization

- Improvement of women's status through integrated services including education will be helpful to enhance their capacity to decide and seek appropriate health care when it is needed**.**
- Improve process of managing, implementing and evaluating activities related to improving access and the quality of care in a given service delivery setting. may be helpful in reinforcing women to seek care in public health facility.

- Improvement in health programs are needed concerns guarantee adequate treatment of women seeking post abortion care in public health services, in line with human rights principles.

- Training programs in order to sensitize health care providers about the context and realities of women who obtain unsafe abortions may be important and facilitate better attention of health workers to wards women presenting with abortion complication

- The negative social and cultural values which reinforce the lack attention given to women with abortion complication call for educational efforts on part of individual, family and community to change the perception of abortion as events which needs little health care attention. Since the positive impact on the favorable influences from these people may improve health seeking behavior of women with abortion complication

- We had problem in quantifying true magnitude of abortion so different strategy need be followed to conduct study in various setting. And large scale study is recommended to further investigate post abortion care utilization to come with representative finding.

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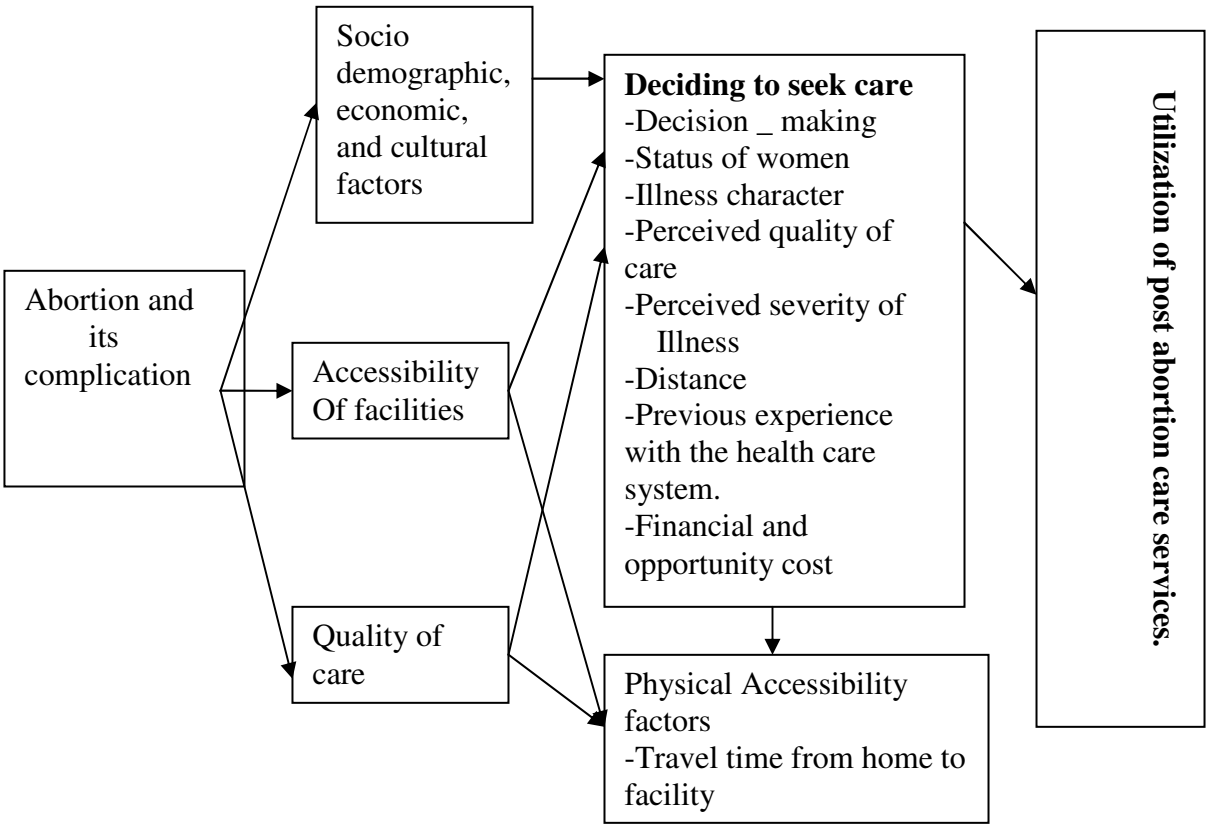
Annex I **Conceptual framework developed to describe interrelated factors that can affect of post abortion service utilization.(Factors associated with post abortion care utilization)**



ADDIS ABABA UNIVERSITY, MEDICAL FACULTY, COMMUNITY HEALTH DEPARTMENT

Annex 1I: Structured English Questionnaire developed to study factors affecting Post Abortion care utilization in Agaro town, Gomma District Jimma Zone, Oromiya Regional state.

Introduction and consent

Greetings

Hello! My name is ----------I am working in research team of Addis Ababa University Medical Faculty, Department of Community Health. This is a study to be conducted with objective of identifying factors which may encourage or discourage women of child bearing age to utilize post abortion care in public health facilities. As the study is directly related to women of child bearing age (15-49 years). You are one of the women who are selected to participate in this study, therefore your are kingly requested to participate in this study and provide the in formation required from you.

I am going to ask some very personal question, your participation in this study is completely on voluntary bases and you have the right to refuse from participation. Your response will be kept confidential and there will be no way of linking your individual responses to the final result of the study findings.

We would like to inform you that the responses that you provide the questions are very essential, not only, for the successful accomplishment of the study but also for producing relevant information which will be helpful in improving the post abortion care service utilization.

Would you willing to participate in this study?

Yes ----------

No ----------

If yes, continue interviewing

If No, thank and stop interviewing

Name of interviewer---------- sign ----- Date------of interview

Name of the supervisor ---------- Sign ---------- Date-------

I. General Information

01. Identification number of respondent: _____
02. Kefetegna:_____
03. Region:_____
04. Zone: _____

05. Woreda:_____
06. Kebele:_____
07. Status of interview: 1. completed. 2. Partially completed (refused in the middle). 3 Refused: 4. Candidate was absent in 3 visits:
08. Date of interview:_____
09. Interviewer's name: _____Signature:
10. Supervisor who checked questionnaire for completeness and accuracy:
Name: _____Signature: Date

Phase I

Applied for all women of childbearing age in Agaro town.

PART I: SOCIO-DEMOGRAPHIC CHARACTERISTICS OF RESPONDENT (APPLICABLE TO all participants).

Ser. No.	Questions	Responses	code
101	Age (in years)	----------Years	
102	What is the highest education level you have attained?	1.Illiterate 2.Only read and write 3.primary education 4.secondary and above 88.Other (specify)	
103	What is your ethnic group?	1.Amhara 2.Oromo 3.Gurage 4.Dawro 5.Yem 88.Other (specify)	
104	What is your religion?	1.Orthodox 2.Muslim 3.Catholic 4.Protestant 88 Other (specify)	
105	What is your occupation? (more than one answer is possible).	1.Student 2.Governmental employee 3.Private employee 4.Daily laborer 5.Housemaid 6.Unemployed 7. housewife 88 other (specify)	
106	What is your marital status	1.Not ever married 2. married 3.Divorced 4.Separated 5.Widowed 6.Unmarried but in stable union 88.Other (specify) _____	
107	? What is your monthly income? (Birr: if no income writes "0").	Family------ Spouses------ 88 Other sources	

PARTII: Reproductive History applicable to all women of childbearing age (15-49 years old)

201	Have you ever been pregnant in the in the last five years prior to this study.	Yes No
If no to Q is no skip all questioner, if yes to Q to 201 ask Q 202 – 204.		
202	How many times have you been pregnant?	_____ (put in number)
203	If you have ever given birth, how many times did you give birth to live neonates?	_____ (put in number) No birth to live neonate
204	Have you ever had a pregnancy terminated before completed 28 weeks (7 months) of gestation in the last five years?	Yes No Don't remember
If yes to Q 204 ask Q 205 – if no skip Q205to end of the questions.		
205	If you had, how many times?	_____ (put in number)
206	Would you tell me when, at what gestational age, and how each happened, starting from the first one? .	Type of abortion (Note: For a given response of type of abortion, put an "X" mark in the respective blank columns below).

Note: Write the time of occurrence (month and year) and gestational age in weeks in the raw below

Order abortion Year of	Year of occurrence	Gestational age	Induced to terminate	Spontaneous	Induced with Medical advice
2001					
2002					
2003					
2004					
2005					

207	What problems did you have during or following that particular abortion? (more than one answer is possible). **More than one answer is possible**	1. Heavy bleeding 2. Abdominal pain 3. Genital/uterine trauma 5. Fever 4. Incomplete abortion 99 None
208	Did you visit to health institution modern health institution/service provider after that particular induced abortion?	Yes No----------Skip to 401

Phase II Part IV Question on post abortion care provided at health facility and Patten of health seeking practice.
Note: Qs 301to 319 is applicable only to those that had history of abortion utilized PAC

301	If yes to what type of modern health institution/service did you go?	1.Health center 2.Clinic 3.Private clinic 4.Health post	**code**
302	What was the main reason for visiting to the health institution? **More than one answer is possible**	1. Heavy bleeding 2. Abdominal pain 3 .Vaginal discharge 4. Fever 5. Incomplete abortion 88 -others Specify_____	
303	Why did you go to that particular health care facility provider? **Do not read the choice** **More than one answer is possible**	1.Close to where I live 2. Little or no expense 3. Behavior of health worker is best 4. High quality of service 88. Other	
Questions on Health service factors. (Accessibility, Transport, service cost.)In relation to health service, utilization. **is applicable only to those that had history of abortion utilized PAC**			
304	How do you rate the distance of health facility where do take PAC, from your residence?	1.very long 2.Fair 3.short 99.Ican not assess it	
305	An average time required to go to health institution. by usual means of transportation?	----------minute/hour	
306	How do you rate the easiness of getting transportation service?	1.difficult 2.Fair 3.Easy 99I can not assess	
307	How do you rate price of transportation service?	1.Expensive 2. Fair 3.cheap 99I can assess it	
307	Did you think payment for treatment of post abortion care is problem?	Yes No	**code**

308	If yes, to Q 307 How much on average did you pay for treatment in the health institution/service provider you had visited.	----------Birr	
309	If you paid, how you do feel about payment for PAC?	1.Unaffordable 2. fair 3. very small	
Questions on women's opinion about quality of care provided at modern health institution (applicable only post abortion cases visited modern health institution).			
3 10	Do you think waiting time at the health facility while you were visit for PAC? Was appropriate	1.Appropriate 2.Long time 3. Offending 99. I do not remember.	
311.	On average how long, did you wait to get PAC at health institution?	----------Minutes/ Hr/Hrs	
312.	How do you rate competence of health workers?	1Very good 2Fair 3. poor 99 indifferent	
313	How do rate approach of health workers?	1Very good 2Fair 3. poor 99. indifferent	
314	Did you think that lack of privacy was problem at post abortion care unit?	1.Yes 2.No 99.Don't remember	
	Decision making process		**code**
315	Who is the decision maker in your household to seek care from modern health institution?	1.Both of us 2.My husband 3.My self 4.My family	

316	Are there any other decision maker other than you and your husband to seek care from modern health institution?	1.yes 2.No	
317	If yes to question 316 who are the secondary decision makers?	1. My relative 2. My husband's Relative 88 others	
	Preference of women for place of future post abortion care services based on their and other women previous experience..		
318	Based on your previous experience and out come from last post abortion care in health facility, what would be your preference for future place of post abortion care if you might encounter abortion?	1.Health center 2.Private clinic 3 Traditional healers 99 I don't have choice	
319	Why do you prefer the service provider or health facility that you preferred on Q 318 to utilize post abortion care.	1. High quality of service 2. Behavior of health worker is best 3. Little or no expense 4.Close to where I live 88 Other	

Phase II Part II

The following questions are applicable only women who had history of abortion but not visited modern health facility for post abortion care

401	If you did not visit to the modern health institution, where did you visit for post abortion care?	1.Traditonal healers 2.Private clinic 3.rural drug venders 4.No where 88 Other Specify----------	**code**
40 2	If you did not visit the public health service can you tell me the reason why you did not go to health unit? (multiple) **Do not read the choice** **More than one answer is possible**	1.No or little Knowledge about PAC care presence in the clinic. 2.Health institution is too far from my home 3.feeling illness is mild 4.Expense to PAC is unaffordable. 5.long waiting time 6.Poor health care provides attitude 7.Transportation problem 88.Other Specify----------	
403	Why did you go to that particular care provider or health facility that you mentioned on Q401? **Do not read the choice** **More than one answer is possible**	1.Close to where I live 2. Little or no expense 3. Behavior of health worker is best 4.to keep privacy 5. High quality of service 88. Other	

404	How do you rate the easiness for to get post abortion care services if the need arises	1.very easy 2.Fair 3.very difficult 4.it was impossible 99I can not assess			
405	If very difficult or impossible **Do not read the choice** **More than one answer is possible**	1.Health facilities are not available 2.Health facilities are not near by 3I can not pay for the services 4.No transportation services 5.can not pay for transportation 88.other reason specify			
	Decision making process				
406	Who is the decision maker in your household to seek care from modern health institution?	1.Both of us 2.My husband 3.My self 4.My family			
407	Are there any other decision maker other than you and your husband to seek care from modern health institution?	1.Yes 2 No			
408	If yes to question 316 who are the secondary decision makers?	1. My relative 2. My husband's Relative 88 others			
	Preference of women for place of future PAC service based on their and other women previous experience.				
409	Based on your and other women previous experience. If you face abortion and related problem, for future where do you prefer to get post abortion care service?	1. Hospital 2.Health center 3.Private clinic 4.Traditional healers 99 I don't have choice			
410	Why do you prefer the service provider or health facility that you preferred on Q 406 to utilize post abortion care.	1. High quality of service 2. Behavior of health worker is best 3. Little or no expense 4..Close to where I live 88 Other			

SECTION V	Knowledge of respondents to abortion related health problem and on the advantage of post abortion care services. (Applicable for all women who had abortion history for the last 5 years). SECTION		**code**
501	Do you know danger of unsafe abortion?	1.Yes 2. No 99 Don't know	
502	If yes to Q401., can you mention some of them? (More than one answer is possible	1.Bleeding 2.Infection 3.Transmission of HIV/AIDS 4.Death 5.Infertility 88Others/ Specify ---------- 99 Don't know	
Questions on knowledge of abortion related health problems, PAC and availability service.			
503	Are there any health facilities, which provide post abortion care services in Agaro	1. Yes 2. No 99 Don't know	
504	If yes to Q.503, Which health facilities provide the post abortion care services?	1. Agaro health center 2. Agaro clinic 3. Private clinic in Agaro 99 Other specify----------	
505	If yes to Q 503 which post abortion care services are provided in this particular HF that you mentioned?	1.Treatment of complication 2.Family planning counseling and service 3.Linking of other RH services like STD treatment 88 Don't know 99 Other specify----------	

506	What is the advantage of receiving post abortion care?	1. Prevention of complication &saving life 2. Avoiding repeated abortion. 3.. Promotion RH counseling Provision of contraceptives 4. Opportunity to link to other Reproductive Services 99 Don't know 88 Other specify_____ _____.	
Beliefs and attitudes to wards general and post abortion care in public health facilities			
601.	What is your attitude to the general health services in your area	1. good 2. bad 99 Don't know	
602	Why good attitude to the general health service in public health facility?	1. Better quality of service 2. Good approach of health workers 3. Good out come of services 4. Fair price of services 88 Other specify	
603	Why bad attitude to the general health services in public health facility?	1. Poor quality 2. Unpleasant approach of health worker 3. Un fair expense price. 4. Poor out come of PAC services 88 Other specify	
604.	Based on your experience and or other women what is your attitude towards Post abortion care in public health facilities?	1.Good 2.Bad 99In different	
605	If yes toQ604 why good attitude to the post abortion care service in public health facility.	1.Good quality of service 2Good approach of health worker 3.Fair price 4.near to my residence 88Other specify----------	

606.	Why bad attitude to the post abortion care services in public health facility?	1. Poor quality of services 2. Bad attitude of heath professional 3. Expensive price 4.I believe better to remain at home 5. I believe better to go to traditional healer 88 Other specify	Code
	Perception (perceived severity, susceptibility, benefits and barriers)		
701	Any women with unsafe abortion are susceptible to face abortion related complication.	1. I agree 2. I disagree 99In different	
702.	Like any women with unsafe abortion, I am susceptible to face abortion related complication.	1.I agree 2.Idesagree 99 Indifferent	
703.	Complication related with unsafe abortion can be severe and hazardous to my well-being.	1. I agree 2. I disagree 99 In different	
704.	Complication related unsafe abortion can be hazardous for feature fertility	1. I agree 2. I disagree 99 In different	
705.	Complication related with unsafe abortion will end up with family social problem.	1. I agree 2. I disagree 99 In different	
706.	Seeking post abortion care from modern health institution may be beneficial for a women with abortion.	1. I agree 2. I disagree 99 In different	

Thank You

Annex 2: English FGD Guide

Introduction

Good morning ! well come to our group discussion I am ---------- and my colique -------- we are from AAU medical Faculty Community Health Department research group so we are here to day to discuss about factor affecting post abortion care utilization in public health facility. as we all know unsafe abortion is major health problem of women in our country. Therefore this discussion is essential for improvement of post abortion care service, we would like to here many points of view, You need not wait for me to call on you. we want this to be a group discussion, there are no right or wrong answers .All comments both positive and negative ,.Are well came. In order not to miss any points of the discussion we will be using a tape recorder. please, speak one at a time so that the tape recorder can pick up everything.

we would like to confirm to you that all your comments are confidential and used for research purposes only. your name will not be recorded to protect your confidentiality .are you willing to participate in the discussion?

If yes proceed ,If no thank and stop the discussion. thank you for your willingness.

Name of the moderator ----------

Sign ----------

(signature of the moderator certifies that consent has been obtained verbally).

Date ---------- Time ----------

Annex III. Focus group discussion guide

When conducting the focus group discussion your have to pay attention to the following factors.

1. Welcome the group and introduce yourself (facilitator) and your note taker and explain your roles. Request permission to tape records the discussion and explains that it is needed to capture ideas that emerge from the discussion. Explain to participants that written reports will not include name and the tape will not be shared outside the study team. You should also remind participants to guard confidentiality of the discussion.
2. Explain the goal of the discussion which is identifying post abortion care practice and exploring reasons for under utilization of post abortion services in health institutions. The result of the discussion will be used to improve the services for a better future post abortion care.
3. **Explain ground rules for the discussion**:
    - Speak one at a time, don't interrupt each other
    - Speak clearly and slowly
    - Participants can express their opinion freely
    - There are no right and wrong answers
    - Participants can address questions in any way they want. But, remind them that sometimes discussion may wonder off track in which case it may need to be refocused.

4. **Look for problems that may affect the discussion:**
    - Participants that are aloof, uninterested
    - Participants that are overly positive or negative
    - Participants that are highly critical of others
    - Participants that attempt to control/dominate the discussion

4. When you end the discussion you can ask the participants to summarize what was said.

Invite participants if they have any additional comment that is related with the research problem. Alternatively, you, the facilitator, can summarize the discussion. Invite participants to rephrase points and correct misunderstandings, if there are any. It is at this time that the tape recorder is turned off.

Debrief the participants about the discussion.

- Did they feel included?
- Were the topics fully explored?
- Any areas which should have been discussed but were not?
- Was there any other way of conducting the discussion?

Thank the participants for the idea and opinion they have shard for taking their valuable time and remind them that confidentiality shall be respected. Reassure them that the discussion will be communicate to the research group.

Topic For Discussion

1 Perception of unsafe abortion as the problem

1.1 Do you think unsafe abortion is major problem in your area?

- How big do you think unsafe abortion is a problem?
- Which group of the population do you think more affected?
- What procedures do you think they use?
- What do think could be the reasons for the increased frequency of UN safe abortion?

1.2 Who would tell as danger of un safe abortion?

- What the risk of un safe abortion?
- Would you mention some of the complication of unsafe abortion?
- Dou think un safe can be prevented?
- What would be your suggestion to prevent un safe abortion?

2. Now we would like to ask you specific questions about post Abortion care seeking practice in your area.

- Where do women with post abortion complication seek post abortion care?
- Do women in your area go to the health institutions when they are encounter post abortion health problem?
- If yes in what circumstance do they go to the institution?
- If no why don't they go to the institution ? any factors at home , institution?
- Does the distance matter? Type of abortion matter? Marital status?

3. **Where do you think women with abortion problem prefer to get post abortion care why?**

- Would you explain further
- Would do you give me an example
- Has any one else had experience?
- Why do they prefer that specific service provider/ institution?

4. **Are there any institutional factor that influence post abortion care utilization?**

- Do you or women in your area know that post abortion service are available in health institution?
- Are women who get post abortion service in health institutions expected to pay ? if yes ,Do women afford to pay the fee ? Are women requested to buy any material before receiving care?
- Is there any participant who has got any post abortion care in any health institution or taken relative or neighbors? Can you describe the event? What pleased you? Any thing else that you want to tell as? Based on your experience, what would you advice if your opinion is requested to take or not to take women with abortion to a health institution?

5.**How does the decision making process look like?**

- Under what circumstances is a woman with abortion complication taken to health institution?
- Who makes the decision to take women with abortion complication to health institution?
- What kinds of factors are usually considered before taking the women with abortion to the health institution?
- Any previous experience from participants in which you wanted to go to health institution? If taken who decided to take you ?

6. What do you suggest for improvement of post abortion care in public facility?

<u>አዲስ አበባ ዩኒቨርስቲ</u>

<u>የህክምና ፋካልቲ</u>

<u>የህብረተሰብ ጤና ትምህርት ክፍል</u>

ይህ ጥናትና ምርምር ሴቶች የድህረ ውርጃ ህክምና አገልግሎት በዘመናዊ በጤና ድርጅት ውስጥ እንዲጠቀሙ ወይም እንዳይጠቀሙ የሚያግዳቸውን የተለያዩ ምክንያቶች ለማጥናት ያገለግለናል ከዚህ ጥናት የሚገኘው ውጤት ድህረ ውርጃ አገልግሎትን አቅርቦትና ጥናት ለማሻሻል አስፈላጊ የሆኑ እርምጃዎችን ለመውሰድ ከፍተኛ ድርሻ አለው፡፡

ይህ የድህረ ውርጃ አገልግሎት በቀጥታ የሚመለከተው እድሜያቸው በመውለድ እድሜያቸው ውስጥ ከ15 ዓመት እስከ 49 ዓመት ዕድሜ ገደብ ውስጥ ያሉትን እናቶች ነው። በመሆኑም ከእነዚህ ሴቶች ውስጥ እርሶ አንዷ በመሆንዎ በዚህ ጥናት ውስጥ ለመሳተፍ ፍቃደኛ እንዲሆኑ በትህትና እንጠይቃለን፡፡

ለጥያቄዎቹ የሚሰጣቸው መልሶች በሙሉ ሚስጥራዊነታቸው የተጠበቀ ይሆናል፡፡ ስለዚህ ስለማንነትዎ እና ስለሚሰጧቸው መልሶች በሚስጥር መጠበቅ ምንም አይነት ሥጋት አይግባዎት፡፡

የእርስዎ በዚህ ጥናት ውስጥ ተሣታፊ መሆን ለጥናቱ በተሣካ ሁኔታ መጠናቀቅ ብቻ ሳይሆን ለድህረ ውርጃ አገልግሎቱም መሻሻል ከፍተኛ አስትዋጽኦ ስለሚኖረው አሁንም በድጋሚ በዚህ ጥናት ውስጥ እንዲሳተፉ በአክብሮት እንጠይቃለን፡፡

(1)የመለያ መረጃዎች ቅጽ

የመለያ /ኮድ/ ቁጥር

001. ----------

***002.* ክልል** ----------

***003* ዞን**----------

004 **ከፍተኛ** ----------
***005* ቀበሌ** ----------
***006* የቤት ቁጥር** ----------
007 ***የተሰበሰበዉ መረጃ ሁኔታ***
1 ***የተሟላ***
2 ***ያልተሟላ***
3 ***ተቀባይነት ያላገኘ***
4 ***ተጠያቂዋ በሶስተኛዉ ጉብኝት ጊዜ የለችም***

008 ***የተጠየቁበት ቀን*** ---------- ***009 የጠያቂዉ ስም***----------
ፊርማ----------

010 ***የተሰበሰበዉን መረጃ የተቆጣጠረ ገምጋሚ ስም***----------

ክፍል ሁለት የተጠያቂዉ አጠቃላይ የማህበራዊ ኢኮኖሚያዊ መረጃ የተመለከተ መጠይቅ

ተ.ቁ.	ጥያቄ	አማራጭ ምላሽ	መለያ(ኮድ)
101	የተጠያቂዋ ሌት እድሜ	/ዓመት/ ----------	
102	የትምህርት ሁኔታ	1. ምንም ያልተማረች 2. ማንበብና መፃፍ 3. አንደኛ ደረጃትምህርትየተማረች 4. ሁለተኛ ደረጃ ወይም ከዚያ በላይ	
103	ብሄር	1 ኦሮሞ 2 አማራ 3 ትግሬ 4 ጉራጌ 5 ዳዉሮ 6 የም 7 ከፋ 88 ሌሎች	
104	ሃይማኖት	1. ኦርቶዶክስ 2. ካቶሊክ 3. ፕሮቴስታንት 4. መስሊም 88ሌሎች----------	
105	105.የሥራ ሁኔታ	1. ተማሪ 2.የመንግስት ተቀጣሪ 3. የግል ተቀጣሪ 4. የቀን ሠራተኛ 5. የቤት ሠራተኛ 6. ሥራ የሌላት 7. የቤት እመቤት 88. ሌላ /ይገለጽ/----------	
106.	የጋብቻ ሁኔታ	1ያገባች 2. ያላገባች 3.የተፋታች 4.ባለቤትዋ የሞተባት	
107.	የቤተሰቡ የወር ገቢ/በብር	1 <200 2. 200-500 3. 500-1000 4. 1000- 2000 5 >2000	

<u>ክፍል 3</u> እርግዝናንና ውርጃን በተመለከተ ሁሉም እድሜያቸው ከ15-49 ዓመት ገደብ ውስጥ ያሉ ሴቶች የሚከተሉትን ጥያቄዎች ይጠየቁ.

ተ.ቁ.	ጥያቄ	አማራጭ ምላሽ	መለያ(ኮድ)
201	በአጠቃለይ በእድሜዎ ለምን ያህል ጊዜ ነፍሰጡር ሆነው ያውቃሉ?	በቁጥር ይጥቀሱ_____	
202	ስንት ጊዜ በሕይወት ያሉ ሕፃናትን ወልደዋል	በቁጥር ይጥቀሱ_____	
203	ባለፉት አምስት አመታትውስጥ እርግዝና ነበረዎት?	1. አዎ 2. የለም መልሱ አዎ ከሆነ ጥያቄ 204-205 ያሉት ጥያቄዎች ይጠየቁ ካልሆነ ሁሉንም ጥያቄ ይዝለሉ	
204	ባለፉት አምስት አመታትውስጥ ስንት ጊዜ አርግዘዋል	በቁጥር ይጥቀሱ_____	
205	ባለፉት 5 ዓመት ጊዜ ውስጥ አርግዘው ከነበረ ስንት ጊዜ በሕይወት ያሉ ሕፃናትን ወልደዋል	በቁጥር ይጠቀሱ ---------- በሕይወት የተወለዱ ሕፃናት ብዛት ----------	
206	ባለፉት 5 ዓመታት 28 ሣምንት /7 ወር ሣይሞላዎት/ ያልሞላው እርግዝና አስወርደው ያውቃል?	1. አዎ 2. አላውቅም 99 አላስተውስም መልሱ አይደለም ከሆነ የሚቀጥሉትን ጥያቄዎች በሙሉ ይዝለሉት አዎ ከሆነ ከጥያቄ 207 እስከ 210 ይጠየቁ	
207	ውርጃ ከነበረዎት ስንት ጊዜ አስወረድዎት?	በቁጥር ይጥቀሱ ----------	

208 ባለፉት 5 ዓመት ጊዜ ውስጥ ከመጀመሪያው ጀምሮ የነበረዎትን ውርጃ ሁኔታ ይግለጹ

የውርጃው ቅደም ተከተል	ውርጃው የተከሰተበት ዓ.ም	የእርግዝናው ቆይታ	ፈልገዉ ያስወረዱት	በራሱ የወጣ	በጤና ምክንያት የወጣ

ተ.ቁ.	ጥያቄ	አማራጭ ምላሽ	መለያ (ኮድ)
209	በውርጃው ምክንያት ከሚከተሉት የትኞቹ ችግሮች /ሕመሞች/ አጋጥሞታል? (ከአንድ በላይ መልስ ይቻላል)	1. በማህፀን ደም መፍሰስ 2. ከፍተኛ የሆድ ህመም 3. የማህፀን መቁሰል 4 .ትኩሳት(ኢንፈክሽን) 5. ያልወጣ እርግዝና 99 ምንም ችግር አልገጠመኝም	
210	በውርጃ ወቅት ወደ ጤና ማዕከል ሄደዋል?	1. አዎ 2. የለም አልሄድኩም ለጥያቄ 210 አዎ ከሆነ ከጥያቄ 301 እስከ 319 ይጠይቁ አልሄድኩም ካሉ ጥያቄ 401ን ይጠይቁ	

ክፍል 4 ሁለተኛ ደረጃ ጥያቄየሚከተሉት ጥያቄዎች ለድህረ ውርጃ ህክምና ለማድረግ ወደ ጤና አገልግሎት የሄዱ ሴቶች ይጠየቁ

ተ.ቁ.	ጥያቄ	አማራጭ ምላሽ	መለያ (ኮድ)
301	በውርጃው ምክንያት ወደ ጤና ማዕከል ሄደው ከሆነ ከሚከተሉት ወደ የትኞች ሄደዋል	1. ሆስፒታል 2. ጤና ጣቢያ 3. የመንግስት ክሊኒክ 4. የግል ክሊኒክ 5. የጤና ኬላ	
302	ወደ ጤና ማዕከል ሄደው ከነበረ የሄዱበት ዋና ምክንያት ምን ነበር? (ከአንድ በላይ መልስ ይቻላል)	1. በማህፀን ደም መፍሰስ 2. የሆድ ህመም 4. ትኩሳት 5. በማህፀን የቀረ እርግዝና 3. በማህፀን ፈሣሽ መፍሰስ 88. ሌሎች /ይገለጽ/	
303	ከላይቁ በ301 የጠቀሱልኝ የጤና ማዕከል ለድህረ ውርጃ ህክምና ለማድረግ የመረጡበት ምክንያት ምንድነው? **ምርጫው አይነበብም**	1. ለመኖሪያዬ ቅርብ በመሆነ 2. የተሻለ የጤና ባለሞያዎች ስለሚገኙ 3. ክፍያው ተመጣጣኝ በመሆኑ 4. ጥራት ያለዉ አገልግሎት ስላለ 88 ሌላ ካለ ይገለፅ	

ከጤና አገልግሎት ጋር የተያያዙ ሁኔታዎች ላይ የሚጠየቁ ጥያቄዎች (ወደ ጤና ድርጅት ሄደዉ ለነበሩ)

ተ.ቁ.	ጥያቄ	አማራጭ ምላሽ	መለያ (ኮድ)
304	የድህረ ውርጃ አገልግሎት ያገኙበት ጤና ድርጅት ከመኖሪያ አካባቢዎ ያለው ርቀት ምን ይመስላል	1. በጣም ሩቅ ነዉ 2. መካከለኛ ርቀት ነው 3. አጭር መንገድ ብቻ ነው 99 አላውቅም	
305	የድህረ ውርጃ አገልግሎት ያገኙበት ጤና ድርጅት ከመኖሪያ አካባቢዎ ያለው ርቀት ምን ያህል ይሆናል	_____ደቂቃ ወይም ሰዓት	
306	ወደ የጤና ማዕከል ለመጓዝ የሚያስፈልገውን የመጓጓዣ አገልግሎት ለማግኘት ተቸግረው ነበር?	1. አዎን በጣም ተቸግሪ ነበር 2. በመጠኑ ተቸግሬ ነበር 3. ምንም አይነት ችግር አልገጠመኝም 99 አላስተውሰውም	
307	ለመጉጓዣ የከፈሉት ገንዘብ መጠን እንዴት ይመዝኑታል?	1. በጣም ውድ ነው 2. ምንም አይልም 3. በጣም ቀላል ነው 99. አላስተውስም	
308	በጤና ማዕከል ውስጥ የድህረ ውርጃ አገልግሎት ለማግኘት ክፍያ ለመክፈል ተቸግረው ነበር?	1. አዎ 2. የለም	
309	ለጥያቄ 307 መልስዎ አዎ ከሆነ በአማካይ ስንት ከፈሉ?	---------- ብር	
309.1	በጤና ማዕከል ውስጥ የድህረ ውርጃ አገልግሎት ለማግኘት የከፈሉትን ገንዘብ መጠን እንዴት ይመዝኑታል?	1. በጣም ውድ ነው 2. ምንም አይልም 3. በጣም ቀላል ነው 99. አላስተውስም	

የሚከተሉትን ጥያቄዎች የድህረ ውርጃ አገልግሎትን በዘመናዊ የጤና ማዕከላት የተገለገሉ ሴቶች በጤና አገልግሎቱ ጥራት ላይ ያላቸው አመለካከት ላይ የሚጠየቁ ጥያቄዎች ናቸው።(**ወደ ጤና ድርጅት ሄደዉ ለነበሩ**)

ተ.ቁ.	ጥያቄ	አማራጭ ምላሽ	መለያ(ኮድ)
310	ከድህረ ውርጃ ጤና አገልግሎት ወደ ጤና ማዕከል በሄዱበት ጊዜ አገልግሎቱን እስኪሰጠዎት የቆዩትን ጊዜ እንዴት ይመዝኑታል?	1. አግባብ ያለው ጊዜ ነው 2. ረጅም ጊዜ ነው 3. አሰልቺ ጊዜ ነው 99 አላስታውስም	
311	የድህረ ውርጃ ጤና አገልግሎት እስከሚሰጥዎ ወረፋ በመጠበቅ በአማካኝ ምን ያህል ጊዜ ቆይተዋል።	---------- ደቂቃ/ሰዓት/	
312	የጤና ባለሞያዎችን ችሎታን እንዴት ይመዝኑታል	1. በጣም ጥሩ 2. መጥፎ 3.መካከለኛ 99 መመዘን አልችልም	
313	የጤና ባለሞያዎቹን አቀራረብ እንዴት ይመዝኑታል?	1. በጣም ጥሩ 2. መጥፎ 3. መካከለኛ 99 መመዘን አልችልም	
314	በጤና ማእከል ዉስጥ የድህረ ዉርጃ አገልግሎት በወሰዱበት ጊዜ ምስጢርዎ የሚባክን ይመስልዎታል	1.አዎ 2.ይመስለኛል 99 አላዉቅም	

አገልግሎትን ለማግኘት በውሣኔ አሰጣጥ ላይ የሚጠየቁ ጥያቄዎች (**ወደ ጤና ድርጅት ሄደዉ ለነበሩ**)

ተ.ቁ.	ጥያቄ	አማራጭ ምላሽ	መለያ(ኮድ)
315	ማዕከል ውስጥ የድህረ ውርጃ የጤና አገልግሎት ለማግኘት ወደ በጤና ማእከል በሄዱ ጊዜ ይህንን በተመለከተ የመጨረሻውን ውሣኔ የ ወስነው ማነው?	1. ባልና ሚስት 2. ባለቤት 3. እኔ እራሴ 4. ወላጅ ቤተሰቦቼ 88 ሌሎች ሰዎች ከሆኑ ይጥቀሱ	
316	በጤና ማዕከል ውስጥ የድህረ መረጃ የጤና አገልግለት ማግኘት ቢፈልጉ ይህንን በተመለከተ ከእርስዎና ከባለቤትዎ ውጪ የመጨረሻውን ውሣኔ የሚወስን ሰው አለ?	1. አዎ 2. አይደለም	
317	ለጥያቄ 316 መልሱ አዎ ከሆነ በሁለተኛ ደረጃ ውሳኔ ሰጭዎች እነማን ናቸው?	1. የእኔ ዘመድ 2. የባለቤቴ ዘመድ 3. ሌሎች	

የድህረ ውርጃ ጤና አገልግሎትን በተመለከተ በፊት ውርጃ የነበራቸው ሴቶች የወደፊት ምርጫን በተመለከተ የሚጠየቁ ጥያቄዎች(**ወደ ጤና ድርጅት ሄደዉ ለነበሩ)**

ተ.ቁ.	ጥያቄ	አማራጭ ምላሽ	መለያ(ኮድ)
318	ኬረሻውን ፅንስ ባስወርድዎት ጊዜ በገጠመዎት ሁኔታና ከውርጃው በኋላ በጤና አገልግሎት ዉሰጥ በነበረው ሁኔታና ውጤት ላይ በመመርኮዝ ወደፊት ውርጃ ቢገጥምዎ የድህረ ውርጃ አገልግሎት ለማግኘት የሚመርጡት የት ነው?	1. በጤና ጣቢያ 2. በሆስፒታል 3. በግል ክሊኒክ 4. የባህል መድሐኒት አዋቂዎች 99 ምርጫ የለኝም	
319	በጥያቄ 318 ላይ የመረጡት ጤና ተቋም (አገልግሎት ሰጪ)ጋር ለመሄድ የመረጡበት ዋነኛ ምክንያት ምንድነው? **ምርጫው አይነበብም**	1. ጥራትያለነው አገልግሎት ለማግኘት 2. የጤናባለሙያዎች አቀባበል ጥሩ ስለሆነ 3. የአገልግለቱ ዋጋ ተመጣጣኝ ስለሆነ 4. ለቤት ቅርብ ስለሆነ 88 ሌላ ምክንያት ካለ ይጠቀስ ----------	

<u>ከ5 ዓመት ወዲህ ውርጃ የነበራቸው ግን የድህረ ውርጃ አገልግሎት በዘመናዊ የጤና ድርጅት ውስጥ ያልወሰዱ ሴቶች የሚጠየቁት ጥያቄዎች</u>

ተ.ቁ.	ጥያቄ	አማራጭ ምላሽ	መለያ (ኮድ)
401	ውርጃ በነበረዎት ጊዜ ወደ ጤና ድርጅት ሄደው ካልሆነ ከሚከተሉት የትኛው ጋ ሂዋል	1. የባህል ህክምና 2. የገጠር መድሐኒት ቤት 4. የትም አልሄድኩም 88 ሌላ /ይገለጽ/	
402	ወደ ዘመናዊ የጤና ማዕከል ያልሄዱበት ዋና ምክንያት ምንድነው? **ምርጫው አይነበብም**	የድህረ ውርጃ አገልግሎት በጤና ማህከላት መኖሩን ያለማወቅ 2. የጤና ማህከሉ ሩቅ ስለሆነ 3. ህመሙ አነስተኛ በመሆኑ 4. ለጤና ማህከል መክፈል ስለማልችል 5. አገልግሎቱን ለማግኘት ወደ ጤና ማህከል ከሄድኩ በኃላ በጣም ወረፋ ስለሚያስጠብቅ 6. የጤና ባለሞያዎች አቀራረብ ጥሩ ስላልሆነ 7. መጓጓዝ ማግኘት ስለማልችል 88. ሌላ ምክንያት ካለዎት ይጥቀሰ----------	
403	ከላይ በጥያቄ 401 ላይ የጠቀሱትን የጤና ማዕከል ለድህረ ዉርጃ ህክምና የመረጡበት ምክንያት ምንድ ነዉ? **ምርጫው አይነበብም**	1.ለመኖሪያዬ ቅርብ በመሆኑ 2.ክፍያዉተመጣጣኝበመሆኑ 3. የተሻሉ የጤና ባለሙያዎች ስለሚገኙ 4. ሚስጥሬን ስለሚጠብቁልኝ 5 ጥራት ያለዉ አገልግሎት ሰለሚሰጥ 88.ሌላ ካለ ይጥቀሱ	
404	ዉርጃ በገጠምዎ ወቅት ወደ ጤና ማእከል ሄደዉ ድህረ ዉርጃ አገልግሎት ማገኘት ቢፈልጉ መሄድ ይችሉ ነበር?	1 አዎን በጣም ቀላል ነበር 2 አዎን ግን በጣም ቀላል አልነበረም 3 በጣም ይከብደኝ ነበር	

	መልሳቸዉ በጣም ይከብደኝ ነበር ወይንም ደግሞ መሄድ አልችልም ነበር ከሆነ ጥያቄ 405ን ይጠይቁ	4 መሄድ አልችልም ነበር 5 አሁን መመዘን ይከብደኛል	
405	ወደ ጤና ማእከል መሄድ ቢያስፈልግዎ ሄደዉ የድህረ ወርጃ አገልግሎት ማግኘት የማይችሉበት ወይም ከባድ የነበረበት ምክንያት ምንድነዉ ? **ምርጫው አይነበብም**	1 ጤና ማእከላት ባለሜኖራቸዉ 2 ጤና ማእከላት ሩቅ በመሆናቸዉ 3 ለጤና ማእከሉ መክፈል ስለማልችል 4 መጓጓዣ ማግኘት ስለማልችል 5 መጓጓዣ መክፈል ስለማልችል 88ሌላ ምክንያት ካለ ይግለፁ	

አገልግሎትን ለማግኘት በውሣኔ አሰጣጥና የድህረ ወርጃ አገልግሎት የወደፊት ምርጫቸዉላይ የድህረ ውርጃ አገልግሎት በዘመናዊ የጤና ድርጅት ውስጥ ያልወሰዱ ሴቶች የሚጠየቁት ጥያቄዎች

ተ.ቁ.	ጥያቄ	አማራጭ ምላሽ	መለያ (ኮድ)
406	ከጤና ማዕከል ውስጥ የድህረ ውርጃ የጤና አገልግሎት ማግኘት ቢፈልጉ ይህንንበተመለከተ የመጨረሻውን ውሣኔ የሚወስነው ማነው?	1 ባልና ሚስት 2 ባለቤት 3 እኔ እራሴ 4 ወላጅ ቤተሰቦቼ 88 ሌሎች ሰዎች ከሆኑ ይጥቀሱ	
407	በጤና ማዕከል ውስጥ የድህረ ውርጃ የጤና አገልግለት ማግኘት ቢፈልጉ ይህንን በተመለከተ ከእርስዎና ከባለቤትዎ ውጪ የመጨረሻውን ውሣኔ የሚወስን ሰው አለ?	3. አዎ 4. አይደለም	
408	ለጥያቄ 407 መልሱ አዎ ከሆነ በሁለተኛ ደረጃ ውሳኔ ሰጭዎች እነማን ናቸው?	4. የእኔ ዘመድ 5. የባለቤቴ ዘመድ 6. ሌሎች	
409	በመጨረሻ ወርጃ በገጠምዎ ሁኔታ፣ ከወርጃዉ በኋላ በነበረዉ ዉጤት ላይና በሌሎችም ወርጃ የገጠማቸዉ ሴቶች ልምድ ላይ በመመርኮዝ ወደፊተ ዉረጃ ቢገጥምዎት የድህረ ወርጃ አገልግሎት መዉሰድ የሚመርጡት ከየት ነዉ?	1 ከሆስፒታል 2 ከጤና ጣቢያ 3 ከግል ክሊኒክ 4 ከባህላዊ ህክምና 99 ምርጫ የለኝም	
410	በጥያቄ 407ላይ የመረጡት ጤና ተቋም(አገልግሎት ሰጪ)ጋር ለመሄ የመረጡበት ዋነኛ ምክንያት ምንድነው? **ምርጫው አይነበብም**	1.ጥራት ያለነው አገልግሎት ለማግኘት 2.የጤና ባለሙያች አቀባበል ጥሩ ስለሆነ 3.የአገልግለቱ ዋጋ ተመጣጣኝ ስለሆነ 4.ለቤት ቅርብ ስለሆነ 88 ሌላ ምክንያት ካለ ይጠቀስ	

ክፍል:5

ባለፉት 5 ዓመታት ጊዜ ውስጥ የፅንስ ማስወገድ የነበረችው ሰቶች ውርጃና ከውርጃ ጋር ተያይዘው የሚመጡ የጤና ችግሮችን በተመለከተ ባላቸው እውቀት ላይ የሚጠየቁ ጥያቄዎች

ድህረ ወርጃ አገልግሎት ወደ ጤና ድርጅት የሄዊጹትም ያልሄዊጹትም ይጠየቁ

ተ.ቁ	ጥያቄ	አማራጭ ምላሽ	መለያ ኮድ
501	**በፓንስ ማስወረድ ምክንያት የሚመጡት አደገኛ የጤና ችግሮች ያውቃሉ?**	**1. አዎ** **2. አላውቅም**	
502	**ለጥያቂ 501 መልስ አዎ ከሆነ ከሚከተሉት የጤና ችግሮች የትኞቹን ያውቃሉ**	**1. በማህፀን የደም መፍሰስ** **2. የደም መመረዝ /ኢንፌክሽን/** **3. የኤች አይ ቪ ቫይረስ መተላለፍ** **4. ሞት** **5. መካንነት** **88 ሌሎች /ይግለጹ/** **99. እኔ አላውቅም**	
503	**የድህረ ወርጃ አገልግሎት የሚሰጥበት የጤና ማህከል በአጋሮ ከተማ ውስጥ ያለ ይመስለዎታል?**	**1. አዎን** **2. የለም** **99 እኔ አላውቅም**	
504	**ለጥያቂ** 503 **መልስዎ አዎ ከሆነ ከሚቀጥሉት የጤና ድርጅቶች በየትኛዉ የድህረ ዉረጃ አገልግሎት ይሰጣል?**	**1 በአጋሮ ጤና ጣቢያ** **2 አጋሮ ክሊኒክ** **3 በግል ክሊኒክ** **88 ሌሎች ካለ ይገለፀ ----------**	
505	**የጥያቂ** 503 **መልስዎ አዎን ከሆነ ከሚከተሉት የትኛዉየድህረ ውርጃ የጤና አገልግሎት በነዚህ የጤና ድርጅቶች ዉስጥ ይሰጣሉ** **ምርጫው አይነበብም**	1 **በዉርጃ ጋር የተያያዙ ድንገተኛ ለህይወት አስጊ** **ህመሞችን የህክምና አገልግሎት መስጠት** **2 ምክር አገልግሎትና የወሊድ መቆጣጠሪያ አገልግሎት** **መስጠት** 3 **ሌሎችንም የሥነ ተዋልዳ አገልግለቶችን መስጠት** **99 እኔ አላውቅም** **88 ሌሎች /ይግለጹ/**	
506	**የድህረ ውርጃ የጤና አገልግሎት ማግኘት ጥቅሙ ምን ይመስለዎታል?**	**1. ከውርጃ ጋር ተያይዞ የሚከሰቱን የጤና ችግሮችና ሞትን ለመከላከል** **2. ተደጋጋሚ ውርጃን ለመከላከል** **3. የምክር አገልግሎትና የወሊድ መቆጣጠሪያ ለማግኘት** **4. ሌሎችንም የሥነ ተዋልዳ አገልግለቶችን ማግኘት** **99 እኔ አላውቅም** **88 ሌሎች /ይግለጹ/**	

ከ5 ዓመት ወዲህ ፅንስ ያስወረዱ ሴቶች በጤና ማዕከላት ውስጥ ለሚሰጡ ጤና አገልግሎቶች በተመለከተ ያላቸውን እምነትና አመለካከት የሚመለከቱ ጥያቄዎች (የሚከተሉትን ጥያቄዎች ጥሩ ነው መጥፎ ወይንም አስተያየት የለኝም በማለት ይሞላል)፡፡

ተ.ቁ.	ጥያቄ	አማራጭ ምላሽ	መለያ(ኮድ)
601	በጤና ማዕከላት ውስጥ ለሚሰጡ የተለያዩ የጤና አገልግሎቶች በተመለከተ ያለዎት አመለካከት?	1. ጥሩ ነው 2. መጥፎ ነው 99 ምንም አስተያየት የለኝም ለጥያቄ 601 መልስ ጥሩ ነው ከሆነ ጥያቄ 602ን ይጠይቁ መልሱ መጥፎ ነው ከሆነ 603ን ይጠይቁ፡፡	
602	ለጤና አገልግሎቶች ያለዎት አመለካከት ጥሩ የሆነበት ምክንያት ምንድነው?	1 ጥራት ያለው አገልግሎት ስለሚሰጥ 2 የጤና ባለሙያዎቹ አቀራረብ ጥሩ በመሆኑ 3 በጤና አገልግሎቱ የሚሰጠው አገልግሎት ጥሩ ውጤት ስላለው 4 ዋጋውከአገልግሎቱጋር ተመጣጣኝ በመሆኑ 88 ሌላ ምክንያት ካለዎት ይጥቀሱ ----------	
603	ጤና አገልግሎቶቹ ያለዎት አመለካከት መጥፎ የሆነበት ምክንያት ምንድነው?	1. የአገልግሎቶቹ ጥራት የደከመ በመሆኑ 2. የጤና ባለሙያዎቹ አቀራረብ መጥፎ በመሆኑ 3. የአገልግሎቶቹ ዋጋ ውድ በመሆኑ 4. የአገልግሎቶቹ ውጤት ብዙ ጊዜ መጥፎ በመሆኑ 88 ሌላ ምክንያት ካለዎት ይጥቀሱ	

ከ5 ዓመት ወዲህ ፅንስ ያስወረዱ ሴቶች በጤና ማዕከላት ውስጥ ለሚሰጡ የድህረ ውርጃ አገልግሎቶች በተመለከተ ያላቸውን እምነትና አመለካከት የሚመለከቱ ጥያቄዎች

ተ.ቁ.	ጥያቄ	አማራጭ ምላሽ	መለያ(ኮድ)
604	በእርስ ወይንም በሌሎች ሴቶች ልምድ ላይ በመመርኮዝ የጤና ማዕከላት ውስጥ ስለሚከሰቱ የድህረ ውርጃ አገልግሎቶች ያለዎትን አስተያየት	1. ጥሩ ነው 2. መጥፎ ነው 99 ምንም አስተያየት የለኝም ለጥያቄ 604 አስተያየትዎ ጥሩ ነው ከሆነ ጥያቄ 605ን ይጠይቁ፡፡	
605	በጤና ማዕከላት ውስጥ ስለሚሰጠው የድህረ ውርጃ አገልግሎት አስተያየትዎ ጥሩ የሆነበት ምክንያት ምንድንው ? **ምርጫው አይነበብም**	1 ጥራት ያለው አገልግለት ስለሚሰጥ 2 የጤና ባለሙያዎች አቀራረብ ጥሩ በመሆኑ 3 የአገልግሎት ዋጋ ተመጣጣኝ በመሆኑ 4 በጤና ማዕከላት ውስጥ የሚሰጠው የድህረ ውርጃ አገልግሎት ውጤቱ ጥሩ በመሆኑ 88 ሌላ ምክንያት ካለዎት ይጥቀሱ ----------	

606	በጤና ማዕከላት ውስጥ ስለሚሰጠው የድህረ ውርጃ አገልግሎት አስተያየትዎ መጥፎ የሆነበት ምክንያት ምንድነው? **ምርጫው አይነበብም**	1 የአገልግለቱ ጥራት የደከመ በመሆኑ 2 የጤና ባለሙያዎች አቀራረብ መጥፎ በመሆኑ 3 የአገልግሎቱ ዋጋ ውድ በመሆኑ 4 የጤና ማዕከል ከመወሰድ ቤቱ ቢቀር ይሻለኛል 5 የጤና ማዕከል ከሚሄድ ባህላዊ ህክምና ይሻለኛል 88 ሌላ ምክንያት ካለዎት ይጥቀሱ ----------	
607	6®7. uÖ?“ T°ŸLƒ ¨<cØ eLK¨< ¾ÉI[¨<`Í ›ÑMÓKAƒ Ø^ƒ ÁK-ƒ አስተያየት?	1. ጥሩ ነው 2. መጥፎ ነው 99. ምንም አስተያየት የለኝም	

ከአምስት ዓመት ወዲህ የፅንስ ማስወረድ የነበረባቸው ሴቶች ከውርጃ ጋር ስለተያያዙ ችግሮች አስከፊነትን በጤና ማዕከላት ውስጥ የድህረ ውርጃ አገልግሎት ማግኘትና ተጠቃሚት ላይ የሚጠየቁ ጥያቄዎች።
የሚከተሉትን ጥያቄዎች አስማማለሁ አልስማማም ወይም ምንም አስተያየት የለኝም በማለት ይሞላሉ።።

ተ.ቁ.	ጥያቄ	አማራጭ ምላሽ	መለያ(ኮድ)
701	ማንኛውም ውርጃ ያላት ሴት በውርጃ ምክንያት ለሚመጡ የጤና ችግሮች ሆነ ለሞት የተጋለጠች ነች።።	1. እስማማለሁ 2. አልስማማም 99 ምንም አስተያየት የለኝም	
702	እንደማንኛውም ውርጃ እንደገጠማቸው ሴቶች በውርጃ ምክንያት ለሚመጡ የጤና ችግሮች የተጋለጥኩ ነኝ።።	1. እስማማለሁ 2. አልስማማም 99 ምንም አስተያየት የለኝም	
703	ወርጃ ምክንያት የሚመጡ የጤና ችግሮች አስቸጋሪ በመሆናቸው በጤናዬ ላይ አስከፊ ውጤትን ሊያስከትሉ ይችላሉ።።	1. እስማማለሁ 2. አልስማማም 99 ምንም አስተያየት የለኝም	
704	በውርጃ ምክንያት በሚመጡ የጤና ችግሮች ሣቢያ ወደ ፊት የመውለድ ችግር /መካንነት ሊመጣ/ ይችላል	1. እስማማለሁ 2. አልስማማም 99. ምንም አስተያየት የለኝም	
705	በውርጃ ምክንያት የማህበራዊ ችግሮች ሊከሰቱብኝ ይችላሉ	1. እስማማለሁ 2. አልስማማም 99. ምንም አስተያየት የለኝም	
706	ከጤና ማዕከላት የድህረ ውርጃ አልገልግሎት መውሰድ ለእኔ ለቤተሰቦቼና	1. እስማማለሁ 2. አልስማማም 99. ምንም አስተያየት የለኝም	