

ADDIS ABABA UNIVERSITY
COLLEGE OF HEALTH SCIENCES
SCHOOL OF ALLIED HEALTH SCIENCES
DEPARTMENT OF NURSING AND MIDWIFERY

PREVALENCE OF UNWANTED PREGNANCY AND ASSOCIATED
FACTORS AMONG WOMEN IN REPRODUCTIVE AGE GROUPS AT
SELECTED HEALTH FACILITIES IN ADDIS ABABA CITY, ETHIOPIA.

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APPROVED BY THE BOARD OF EXAMINERS

This thesis by **TESHALE MULATU** is accepted in its present form by the Board of Examiners as satisfying thesis requirements for degree of masters in maternity and reproductive health nursing.

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ACRONYMS/ABBREVIATIONS

ANC-----	Antenatal care
CSA-----	Central Statistical Agency
DHS-----	Demographic Health Survey
FMOH.....	Federal Ministry Of Health
FP-----	Family Planning
IRB-----	Institute of Research Board
MCH-----	Maternal and Child Health
MDG-----	Millennium Development Goal
MMR-----	Maternal Mortality Rate
NGO-----	None Governmental Organization
SPSS-----	Statistical Package for Social Science
UNFPA.....	United Nation Family planning Agency
UNICEF.....	United Nation International Children's Emergency Fund
WHO-----	World Health Organization

ABSTRACT

Background: Unsafe abortions resulting from unintended pregnancies denote an important public health challenge throughout the world. Although various strategies have been used to address this problem unsafe abortion remained the cause for a significant number of maternal morbidity and mortality.

Objective: To assess the prevalence of unwanted pregnancies and factors which are associated with unwanted pregnancies.

Methodology: A cross sectional study was conducted to select randomly 349 women of reproductive age from five hospitals providing ANC in Addis Ababa. Data were collected using standardized pretested interviewer administered questionnaire. Logistic regression was used to analyze the association between the dependent and independent variables.

Result: A total of 333 reproductive age group females participated in the study making the response rate 95.4%. A total of 126(37.6%) and 50(50%) respondents had had unwanted pregnancy and induced abortion at some point in their lives. Being in school was the main reason cited by 83(37.2%) respondents to terminate pregnancy. Females aged 20-24 years were more likely to have unwanted pregnancy compared to 25-29 years with [AOR= 1.84(95%CI: 1.03-3.29)]. Single women are more likely to have induced abortion [AOR=2.355(95%CI: 1.48-3.73)] as compared to the married counterparts.

Conclusion & recommendation: The prevalence of unwanted pregnancy and induced abortion were high, and most of the induced abortion was the result of unwanted pregnancy. This study has implication that comprehensive approaches should be emphasized to increase awareness, access and use of family planning methods.

Key words: women of reproductive age, unwanted pregnancy, induced abortion , Addis Ababa

1: INTRODUCTION

1.1 Background and statement of problem

Unintended pregnancy is an important public health issue in both developed and developing countries because of its negative association with social and health outcomes for both mothers and children. Unintended pregnancy is a pregnancy that is either mistimed or unwanted at the time of Conception.. It is one of the leading factor contributing to high level of maternal and child morbidity and mortality(1).

Although several international declarations were passed to address the problem, many women in sub-Saharan Africa are still suffering from unwanted pregnancies and its resultant unsafe abortion (2). Even though, Goal 5 of the Millennium Development is targeted to reduce maternal deaths by three-fourth by 2015 Ethiopia has the fifth largest number of maternal deaths in the world (3) and the maternal mortality was estimated to be 676 deaths per 100,000 in the year 2011(4).

The Ethiopian, DHS report showed that 16.2% and 18.7% of women reported that their last pregnancy was unwanted and mistimed, respectively(5). In another study it is showed that more than 40% of pregnancies are unintended and only 14 % of Ethiopian women of reproductive age use birth control methods(6).

Unintended pregnancies is higher among women who were unmarried, lower economic status, at an early or late age of reproductive life, among those not using contraceptives consistently and attending formal education(4). Many of the mistimed pregnancies in Ethiopia occurred among women less than 30 years of age (7).

Even though, evidences on the prevalence of unwanted pregnancies and induced abortion and identifying factors that are responsible for unwanted pregnancies and induced abortions are essential in improving reproductive health service to women information regarding this is hardly available. Therefore it is the purpose of this study to assess the prevalence of unwanted pregnancies and induced abortion and recognizing the determinant factors of unwanted pregnancies and induced abortions.

1.2 significance of the study

The aim of this study was to find the prevalence of unintended pregnancy and induced abortion among reproductive age groups.

Understanding the magnitude of unwanted pregnancy and induced abortion as well as identifying the factors that are associated with it is very crucial in designing and implementing interventions that could be tailored to their needs and there by contributing to the attainment of MDG 5(Reduction in maternal mortality). In addition , the results of this study will help in developing or reviewing national policy and guidelines regarding the prevention of unwanted pregnancies and induced abortion.

2: LITERATURE REVIEW

The literature review is organized in to three sections. Section one deals with unwanted pregnancy, section two induced abortion and section three Factors associated with the rate of unwanted pregnancies and induced abortion.

2.1. Unwanted pregnancy

Unintended pregnancy has become a public concern and is capturing a great deal of attention because of its high prevalence rate in continent (8). Unplanned births as those occurring two or more years sooner than desired, or not wanted at all.

Recently, unintended pregnancy in Africa was reported to be 57 per 1000 women. The observed intended and unintended pregnancy rates are highest in Africa (136 and 86 respectively) than in other regions(8).

In sub Saharan Africa, it is estimated that 14 million unintended pregnancies occur every year, with almost half occurring among women aged 15-24 years. This goes together with a low contraceptive prevalence rate in the less developed countries when compared with developed countries(9)

It is shown that out of 210 Million pregnancies occurring in the world annually, about 79 million are estimated to be unintended of these 50 % end up in abortion. It is also shown in every pregnancy worldwide are unplanned and reported that 10-14 % of young unmarried women around the world has unwanted pregnancy .In Developing countries more than one –third of all the pregnancies are considered unintended and about 19 % will end up into abortion, which are most often unsafe accounting for 13 % of maternal deaths globally(10).

Ethiopia where the present study is taking part is one of the African countries where unwanted adolescent pregnancy is a health challenge. Population under 18 is about 39 millions of the total population estimated to 85, 2 million and 24 % of girls are giving birth before the age of 18(11). Several studies have shown that mean age of adolescents to become pregnant in Ethiopia rural area is 16 years. The fertility of Ethiopia women is among the highest in sub-Saharan Africa.

Ethiopian women have an average of 5.9 children each. The high total fertility rate for women has led to a high population growth rate of 3.2 percent per year(12)

A study conducted about unintended pregnancy among married women in Southern Ethiopia found that among 713 respondents, about 43 percent had their recent pregnancies unintended(13).

Another study done in Ethiopia showed that 33.3% sexually active women reported that their most recent pregnancies were unintended(14)

Another cross-sectional study conducted in Ethiopia among the 907 patients seeking abortion services in Adigrat zonal hospital, Tigray Region, Ethiopia revealed that nearly 70 percent of the pregnancies were unintended(15). High incidences of complications in patients with unwanted pregnancies were also reported in their study.

Unintended pregnancies (mistimed and unwanted) pose important public health risks, and their pernicious consequences have been documented in many studies(16). For example, existing evidence shows the presence of a relationship between unintended childbearing and several adverse health outcomes such as maternal depression(17), anxiety, poor psychological wellbeing and poor utilization of ANC or delivery care(18).

Generally, it has been established that women who experience an unintended pregnancy are less likely than women with intended pregnancies to seek care(19). Most of these studies however were conducted in developed countries while such evidence is limited and sometimes inconsistent in developing countries(20).

2.2 Induced abortion

Some women faced with an unwanted pregnancy also resort to abortion, however, the role of abortion is in effect assumed, because it is rarely quantified, owing to the lack of available data on the subject. The annual abortion rate in Sub-Saharan Africa may be estimated at 33 per 1000 women(6).

The termination of pregnancy (abortion) is a universal phenomenon occurring in all levels of societies. Abortion is defined as the discarding by the uterus of the product of conception before the 24th week of gestation. The abortionists consist mainly of health workers or sometimes quacks. Places where abortions are conducted are numerous, including health facilities, hospitals, health centers, dispensaries, ordinary bedrooms, and occasionally in a simple room. Induced abortion is either safe abortion or unsafe abortion.

2.2.1 Safe abortion

This is the termination of pregnancy by a skilled health care provider with proper equipments and in an environment with required medical standards. In countries where women have access to safe services, their likelihood of dying from complications of unsafe abortion is very minimal. In developing countries, the risk of death following complications of unsafe abortion procedures is several hundred times higher than that of an abortion performed professionally under safe conditions. The MMR in developing countries is till 15 times higher than developed countries(3)

2.2.2 Unsafe abortion

Unsafe abortion is one of the leading causes of maternal deaths and it accounts for nearly 13 percent of deaths(5). This is the termination of unwanted pregnancy either by a person lacking necessary skills or in an environment lacking minimal medical standards or both. Unsafe abortion causes a significant proportion of maternal deaths and morbidity. Nearly 70,000 women die every year due to the complications of unsafe abortion(21). Worldwide women of all ages seek abortion, but in sub Saharan Africa there is highest burden of ill health and deaths from unsafe abortion, but there is more burden among the youths as it is shown that one in four unsafe abortion is among adolescents aged 15-19 years (22).

Abortion can either be legal or illegal depending on the country laws. Studies, however, show that in most of Sub-Saharan Africa countries, abortion is still illegal unless it is performed for health reasons, and women therefore resort to illegal and unsafe abortions.

This means the data that is available for abortion is not accurate because it is performed under very secretive situations. It is indicated that a number of women use dangerous chemicals, herbs and some physical actions to terminate their pregnancies(23).

In Ethiopia according to article 551 termination of pregnancy by a recognized medical institution within the period permitted by the profession is not punishable where: Pregnancy results from rape or incest, continuation of the pregnancy endangers the life of the mother or the child or the health of the mother or where the birth of the child is a risk to the life or health of the mother, the fetus has an incurable and serious deformity and the pregnant woman, owing to physical or mental deficiency she suffers from or her minority (18 age less), is physically as well as mentally unfit to bring up the child (24). It is only permitted to save the life of the mother.

According to WHO, 75% of all abortions occur in developing countries where the practice is available though illegal (25). Data on unsafe abortion in developing countries however is often limited and of questionable validity since women may be unwilling to admit to illegal abortion especially in acute situations.

The degree of under reporting of abortion depends on the degree to which the laws are enforced and on the social and cultural attitudes towards abortion. In Ethiopia most of the data available is hospital based, mainly from the public health facilities in urban areas of the country (24).

2.3 Factors associated with the rate of unwanted pregnancies and induced abortion

The problem of unwanted pregnancies and induced abortion is of very large impact to the health of women worldwide, but youths are still shown to be highly affected compared to older women (26).

Socio economic factors also play a part as it was found that 16 million women aged 15–19 years old give birth each year, about 11% of all births worldwide. Ninety-five per cent of these births occur in low- and middle-income countries. The average adolescent birth rate in middle-income countries is more than twice as high as that in high-income countries, with the rate in low-income countries being five times as high. The proportion of births that take place during adolescence is about 2% in China, 18% in Latin America and the Caribbean and more than 50% in sub-Saharan Africa (27).

WHO reports that about 16 million teenage girls and two million girls under the age of 15 give birth every year and most of them are from low and middle income nations (15)

Education, on the other hand, is a major protective factor for early pregnancy: the more years of schooling, the fewer early pregnancies. Birth rates among women with low education are higher than for those with secondary or tertiary education. This is supported by several studies which have shown that level of education have an influence on the rate of unwanted pregnancy and induced abortion, a study done in Kenya reported that women with no education had first sexual intercourse three years earlier than their counterparts with at least a secondary school education. Similarly in Malawi, 63% of adolescents with no education(28).

Marriage is also delayed if teenagers further their education to secondary and post secondary education. Hence reduction in the rate of unwanted pregnancy and induced abortion among youths. This is due to the fact that main reason leading to abortion decision mentioned by youths in several studies includes inability to take care of an additional child. Studies have found that more than 60% of all unsafe abortions in developing countries occur among Women 15-30 years old, with almost 14%, or 2.5 million, among women under 20 years(29).

Another factor is the age at menarche, it has been reported that the earlier the age at menarche, the earlier the first intercourse is likely to occur. Early sexual activities pose health risks for youths as most of them enter into sexual relations for the first time without using any form of contraception, leaving them vulnerable to unplanned pregnancy(27).

Surveys have shown that, on average 43 percent of women in sub-Saharan Africa have had premarital sex before age 20, for instance in Tanzania the mean age of first sexual intercourse was 17.4 years. The earlier the age at first sex, the more likely unwanted pregnancy might occur at an early age. As for marital status, marriage is the primary indicator of the exposure of women to becoming pregnant(30).

Most of the women enter into marriage earlier before they are physically, mentally and economically prepared for pregnancy(27). So there is a likelihood of having unwanted pregnancy.

Several studies have also shown that singles are more likely to have unwanted pregnancy and induced abortion compared to their counterparts. In southeast Ethiopia, a study in Harar town showed that from a total of 983 females aged 15–49 years who were interviewed, 225 (33.3%) reported that their most recent pregnancies were unintended (9).

Another one done in Ethiopia showed that for the currently unmarried women the chances of having unwanted pregnancy was high. (9). Most of these abortions were reported to being conducted at the health facilities by the health care provider.

It is also shown that youths are more likely than adults to experience unintended pregnancies during their first year of contraceptive use this could be due to lack of knowledge and skill in using contraception, accessibility, societal views and availability of contraceptives .

It was estimated that current levels of unintended pregnancy, the prevalence of contraceptive use and the number of unintended pregnancies stem from early discontinuation and typical method failure rates. Every year in sub-Saharan Africa, approximately 14 million unintended pregnancies occur and a sizeable proportion is due to poor use of short-term hormonal methods(31).

In most, if not all African countries, contraceptive use increases with a woman's age and marital status. That is, young unmarried individuals are more vulnerable to unintended pregnancy because of their limited access to contraceptives. However, having limited access to contraception does not stop young people from engaging in sexual activities(32).

Studies show that unprotected sex and non-monogamous sexual relationships are the major determinant of unintended pregnancy among young people in Lesotho(33).

Recent studies in sub-Saharan Africa have been undertaken to examine the extent and determinants of unintended pregnancies. These studies have demonstrated that women experiencing unintended pregnancies are older, more likely to be unmarried, of higher parity, and poorer than women who have not experienced an unintended pregnancy(34).

The 2010–2011 Senegal Demographic and Health Survey (DHS) indicates that 24.4% of pregnancies in the last five years among women ages 15–49 were considered to be unintended, including 20.4% that came too soon (mistimed) and 4% that was unwanted(35).Secondary analyses of the 2010–2011 Senegal Demographic and Health Survey indicate that a greater percentage of women in urban areas reported their pregnancy as coming too soon or being unwanted (28.3%), compared to women in rural areas (21.7%).

However, even where contraceptives are widely available, sexually active youths are less likely to use contraceptives than adults. In Latin America, Europe and Asia only 42-68% of adolescents who are married or in partnerships use contraceptives. In Africa the rate ranges from 3-49%(31), On top of that there is a lack of sexuality education in many countries puts youths at more risk so by reducing unmet need for modern contraception is an effective way to prevent unintended pregnancies, abortions and unplanned births.

2.2 conceptual frame work

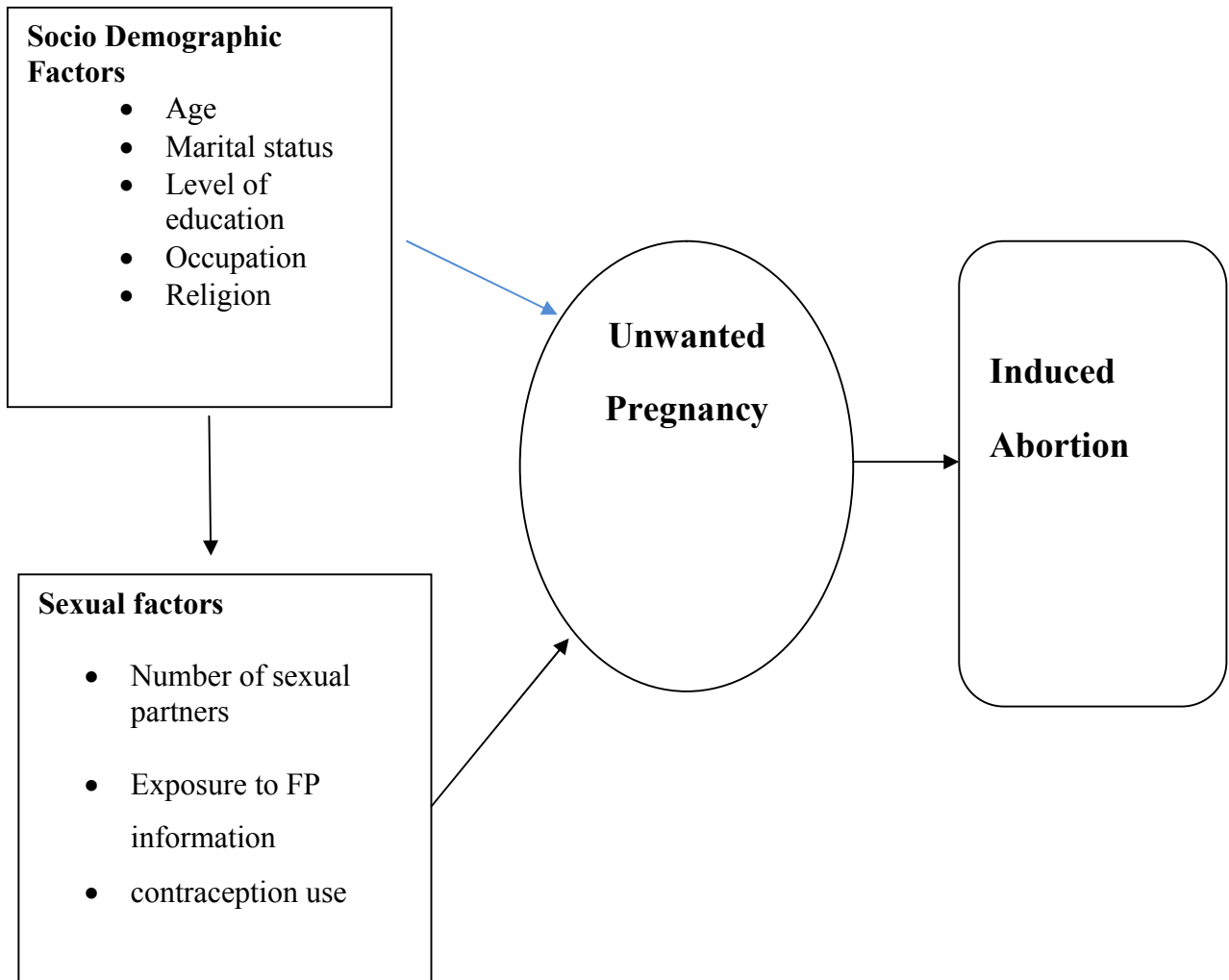


Fig.1 Conceptual framework for the factors associated with unwanted pregnancies (adopted from Dr. Neema Mamboleo, November 2012, Tanzania)

3: OBJECTIVES

3.1 General objective

To assess the magnitude of unwanted pregnancies and its associated factors among reproductive age groups in Addis Ababa city at selected health facilities. .

3.2 Specific objectives

- To determine the prevalence of unwanted pregnancies.
- To identify associated factors with unwanted pregnancies

4: METHODS AND MATERIALS

4.1 Study area

Ethiopia has 9 regional states and 2 administrative cities, of which Addis Ababa is the largest and capital of city of the country. It is situated in central part of Ethiopia at an altitude of about 2440 m (about 8000 ft) above sea level with “dega” climatic condition. The city has 10 sub- cities and 203 kebeles (the smallest administrative unit).

According to the 2007 census by Central Statistic Authority (CSA) the city has a projected population of 3, 384,569. With regard to the ethnic composition of the population of the city, 48% were Amhara, 19.2% Oromo, 13.5% Gurage and 7.6% Tigrie. The religious composition of the population showed the overwhelming majority to be Orthodox Christian (81.8%), followed by Muslim (12.7%) (36).

Both the population of the city and the service-giving organizations like schools and health facilities are not evenly distributed among the sub cities.

The city holds 308 primary and 50 secondary schools. The secondary schools are broadly divided into 29 Governmental and 21 Non-Governmental. The gross enrollment ratio of both sexes in secondary school is estimated to be 48.1 %(36).

There are 37 hospitals (two NGO, twelve governmental, and twenty three private hospital), 29 Health center, 116 private not for profit and 357 private for profit clinics in Addis Ababa.

4.2 study design and study period

A facility based cross-sectional study was carried out using quantitative method in **Addis Ababa** from March- April 2014

4.3 source population

The source population for the study was all reproductive age group of women who live in A.A city.

4.4 study population

All reproductive age groups who had unwanted pregnancy and induced abortion in the past 2 years and currently attending ANC at selected health facilities in Addis Ababa.

4.5 Selection criteria

Inclusion criteria

All reproductive age groups who were pregnant and who had history of induced abortion in the past 2 years.

Exclusion Criteria

Those who were not volunteer to respond to the interviewer and mentally ill

Those who did not had induced abortion

4.6. Study Variables

Dependent variables;

- ✓ Unwanted pregnancies
- ✓ Induced abortion

Independent variables; -

- ✓ **Socio demographic Characteristics:** Age, religion, marital status, occupation and level of education
- ✓ **Sexual factors:** number of sexual partners, exposure to FP information and ever use of contraceptives

4.7 Sample Size Estimation

To determine the sample size, a single population proportion formula using a prevalence of unintended pregnancy at 35% [6], a confidence level of 95%, and a 5% degree of precision, were used.

$$n = \frac{(Z_{\alpha/2})^2 PQ}{E^2}$$
$$= 349$$

Where:

n = sample size

Z = standard normal deviate, (a constant set at 1.96 on the basis of using the 95% confidence interval for estimation).

P = Prevalence of unintended pregnancy

ϵ^2 = margin of error (5 %)

Q = 1- P

4.8. Sampling technique

The study was conducted in all gov'tal hospitals providing ANC services in Addis Ababa. (Black lion specialized hospital, zewditu memorial hospital, Ghandi memorial hospital, Yekatit 12 hospital and st. paul specialized hospital) . All charts of antenatal attendees appointed for the day was reviewed to identify women who had history of induced abortion. From those study participants were selected using systematic sampling at every third interval ($k=3$). The identified women were interviewed in nurse's room. The same procedure was followed each day until the sample size is reached.

4.9. Data collection procedures

Data was collected using interview based semi structured questionnaire with open and closed end questions that were adapted from WHO standard questionnaires on safe motherhood initiatives(27).

It was prepared in English and then translated to Amharic and then translated back to English and finally administered in Amharic.

Three nurses working at selected health facilities were recruited for data collection.

One day training was given to data collectors on the objectives of the study, the contents of the questionnaire, and particularly on issues related to the confidentiality of the responses and the rights of respondents.

4.10. Data Quality management

One week prior to data collection a pre-test was conducted on 5% of the sample size on other health institution out of selected health facilities. Data collected was cross checked, edited, coded and entered to a computer using EPI info and analyzed using SPSS. Depending on the result of the pre test, correction and modification was made on the questionnaire before applied on the study population. The principal investigator supervised data collection processes and checked for completeness of the data and correctness of the data collection procedure.

4.11. Data Processing and Analysis

Data from the questionnaire was cleaned and verified to minimize entry errors, outliers and missing values. Responses from questionnaire was coded and the codes was saved in the code book and used during the interpretation. Collected data was entered into the computer using EPI info. Data cleaning was done to check for the forgotten entries, consistency and outliers. Data analysis was done using Statistical Package for social scientist (SPSS) software. Frequencies of variables was generated; Tabulation and percentages was used to illustrate study findings. Logistic regression analysis was used to analyze the association between the dependent and independent variables

4.12. Operational definitions

Unwanted pregnancy: pregnancy that is either mistimed or unintended

Induced abortion: deliberative termination of pregnancy before 28 weeks of gestation

Unsafe abortion: a procedure for terminating an un-wanted pregnancy less than 28 weeks of gestation either by persons lacking the necessary skills or in an environment lacking the minimal medical safety standards or both.

Safe abortion: termination of pregnancy less than 28 weeks of gestation by qualified and skilled persons using correct techniques in sanitary conditions.

4.13. Ethical considerations

Ethical clearance for the study was obtained from the IRB of department of nursing and midwifery, College of Health Sciences, AAU,

Formal letters were written to all concerned authorities and permission was secured at all levels. Informed verbal consent was obtained from each respondent after explaining the purpose and procedure of the study. No name or other identifying information was included in the instrument.

Considering the sensitivity of this research, all the basic principles of human research ethics (respect of persons, beneficence, voluntary participation, confidentiality and justice) was respected

4.14. Result dissemination

The final report will be presented to department of Nursing and midwifery, Addis Ababa University, and a copy will be given to AAU library and to Addis Ababa city health Bureau. Attempt will be made to publish this research on reputable Journals and the findings will be presented on scientific conferences.

5: RESULT

5.1: Socio demographic characteristics

Out of 349 study participants a total of 333 reproductive age group females participated in the study. The respondents mean age was 23 (standard deviation=2), the mean age of attaining menarche was 15 years (Standard deviation =2), and the mean age for the first sexual intercourse was 18 years (Standard deviation =2) years with a large proportion 209(62.8%) aged 20 -24 years.

Of all 160 (48%) females had secondary education and 93(27.9%) had primary education, while 50(15%) had no formal education. Of the respondents, 183(54.2%) were single and 152(45.8%) were married. In terms of occupation, 68(20.42%) respondents were students, 62(18.6%) unemployed and 64(19.2%) were into business. Of the total respondents, 144(43.2%) were orthodox followed by protestants 91 (27.3%). See Table 1 below

Table 1: Socio demographic characteristics of study population. 2014, Addis Ababa

Variable	number	Percentage
Age		
20-24	209	62.8
25-29	124	37.2
Mean age		SD=23±2
Level of education		
No formal education	50	15
Primary school	93	27.9
Secondary school	160	48
College/university	30	3.6
Occupation		
Student	245	73.6
Civil servant	35	10.5
Business	28	8.4
Others	25	7.5
Religion		
Orthodox	144	43.2
Muslim	81	24.3
Protestant	91	27.3
Others	17	5.2
Marital status		
Married	152	45.8
single	183	54.2
Living with		
Both parents	52	15.6
Husband	152	45.8
Mother only	32	9.6
Father only	32	9.6
Relative	63	18.91
Alone	2	0.6

5.2: KNOWLEDGE AND PRACTICE ON CONTRACEPTIVE USE

Out of all the study respondents, all of them 333(100%) have heard of the FP planning information, the information was mostly received from radio/newspaper /television 224 (67.3%) and the FP method that was mentioned by the majority was condom (98.8%) followed by pills 314(94.3 %).

Of the total respondents, those who reported to have ever used contraceptives 189 (57.1 %) were using injectables followed by pills 161(48.3%). When asked why they are not using contraceptives, majority of them reported that they fear side effects of contraceptives 120(65.9%).

Majority (76.3 %) of the study respondents have heard of emergency contraceptives and used the emergency contraceptives (57.1%). 125 (37.5 %) of the respondents mentioned that Emergency contraceptives should be used within 48 hours after sexual intercourse followed by within 72 hrs while only 42(12.6 %) reported that it should be used within 24 hours after sexual intercourse. See table 2 below

Table 2: knowledge and practice of respondents on contraceptive use

Variable	number	Percentage
Family planning awareness		
Pills	314	94.3
Condom	329	98.8
Injectables	209	62.76
IUCD	124	37.23
Implants	205	61.56
Others	4	1.2
Place to get FP information		
Family	48	14.4
School	62	18.6
Church/mosque	16	4.8
Radio/newspaper/TV	224	67.3
Health facility	205	61.6
FP used by the respondents		
Pills	161	48.3
Condom	114	34.2
Injectables	189	57.1
Implants	15	4.5
Reason for not using contraceptive		
Lack of knowledge	79	23.7
Fear of side effects	115	34.5
Religious issue	30	9
Contraceptives not available	32	9.6
Others	13	3.9
Heard of EC		
yes	254	76.3
no	79	23.7
Use of EC		
Yes	189	57.1
No	144	42.9
Effective use of EC		
Immediately after sex	81	24.3
Within 24 hours	42	12.6
Within 48 hours	125	37.5
Within 72 hours	85	25.5

5.3 Prevalence of Unwanted Pregnancy and induced abortion

More than a quarter 126(37.8 %) of respondents reported having experienced an unwanted pregnancy at some point in their lives. Among women who had ever had an unwanted pregnancy 101(80%) reported that the pregnancy was terminated. Of these 50(50.0%) were induced abortion.

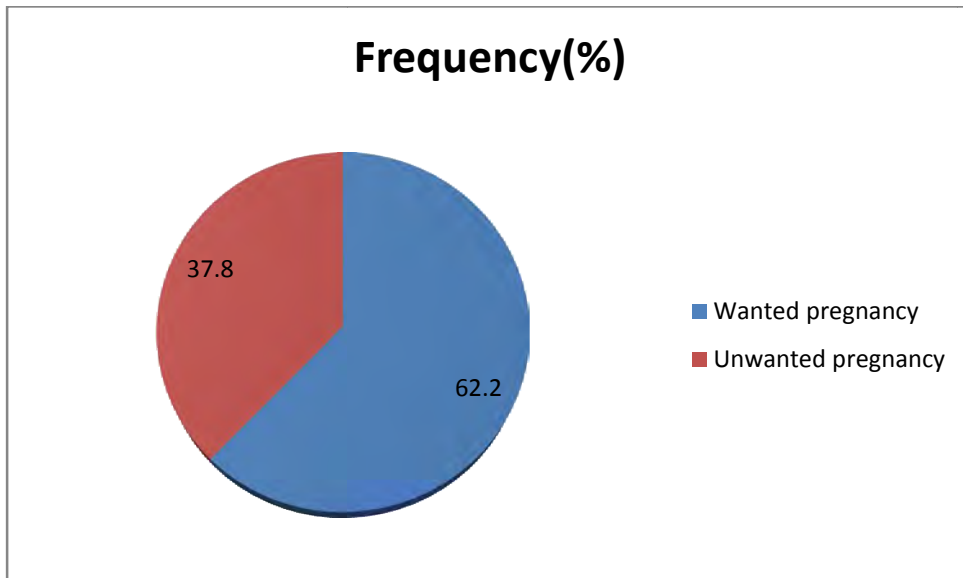


Fig.2 Unwanted pregnancy as reported by the respondents

5.4: Factors related with unwanted pregnancies and induced abortion

5.4.1 Factors that influence having unwanted pregnancies

Majority of the respondents who did not want pregnancies were still in school, 83 (37.2%) followed by 75(33.6%) who did not have money to take care of the baby.

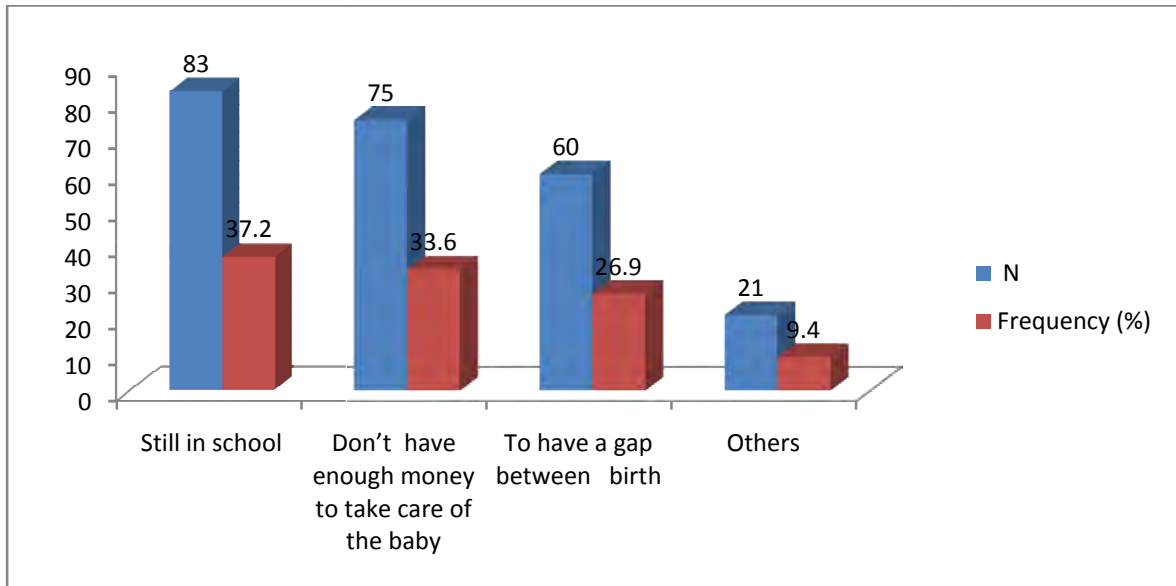


Fig 3: Reasons for unwanted pregnancies as reported by the respondents

5.4.2 Factors that influence having induced abortions

Most of the respondents mentioned that the reason for not wanting the pregnancy was that they were single 62(31.9%), followed by still in school 52(26.8%) as a reason why they ended up into having induced abortion.

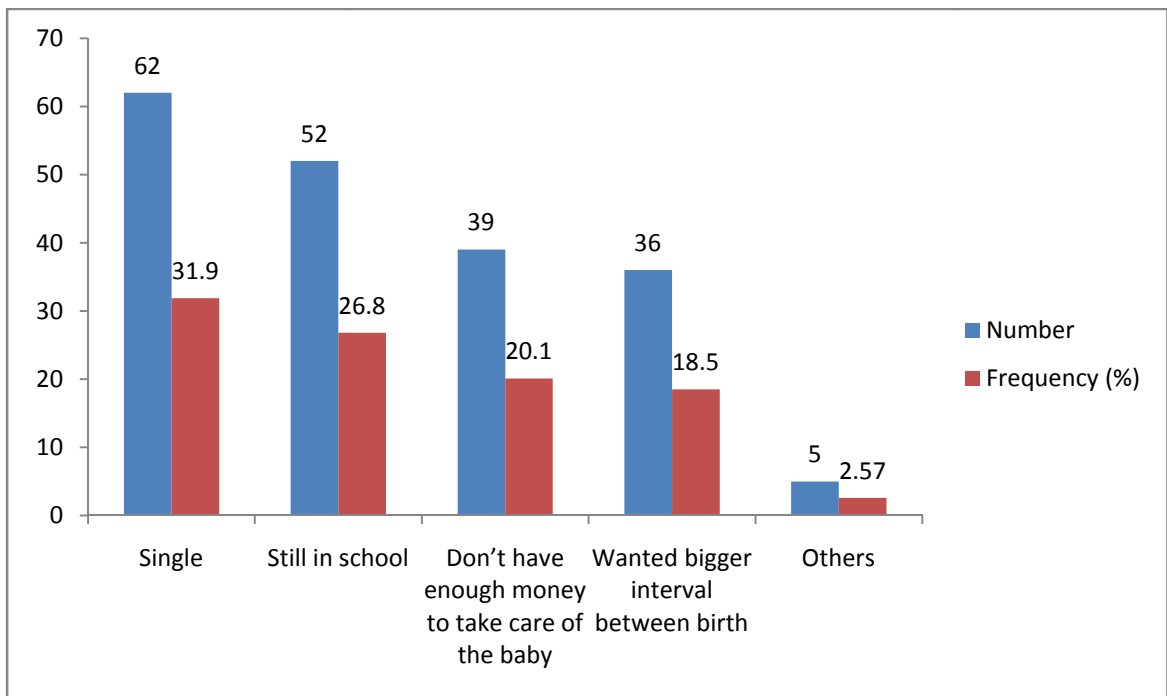


Fig 4: Reasons reported by respondents to practice induced abortion.

5.5. Ways of induced abortions

It was reported that all abortion was conducted by the health care provider at health facility. The person that was mentioned by the majority of the respondents as a person who helped them to get an abortion was male friend partner (65.4%) and majority of them 100(51.5%) used drug to induce an abortion.

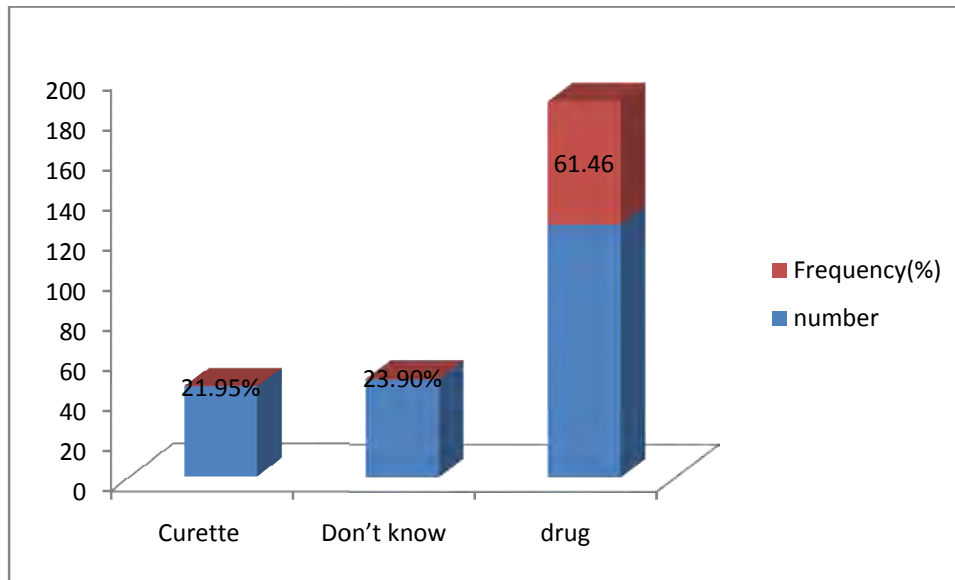


Figure 5: method used to induce abortion

5.6: Independent predictors of unwanted pregnancy and induced abortion

As regards to age, females aged 20-24 years were more likely to have unwanted pregnancy and induced abortion compared to 25-29 years with **COR 1.919(1.67, 3.55), 1.125(1.718, 2.764)** respectively . In-case of marital status single women were more likely in having unwanted pregnancies and induced abortion with **COR [1.937(1.206,3.11) ,2.215(1.413,3.474)]** as compared to their counterparts. However, regarding level of education and occupation, the association was not statistically significant for both unwanted pregnancy and induced abortion. The study showed that females who had more than one sexual partner were more likely to have unwanted pregnancy compared to those who had one sexual partner **COR 10.614(4.915,22.920)**,but the association was not significant for induced abortion. As the study showed use of contraception had no significant association with the prevalence of unwanted pregnancy and induced abortion.

Table 3: Multivariate analysis for unwanted pregnancy

Age(years)	Unwanted pregnancy		COR(95% CI)	AOR(95%CI)
	yes	No		
20-24	90	119	1.125(0.78,1.7)	1.84(1.03, 3.29)
25-29	36	88	1.00	1.00
Educational status				
No formal education	17	33	1.00	1.00
Primary school	30	63	1.065(0.513,2.208)	1.020(0.438, 2.379)
Secondary & above	62	128	1.064(0.550,2.056)	1.435(0.401, 5.130)
Marital status				
Single	71	109	1.937(1.206,3.11)	1.783(1.036, 3.068)
Married	38	113	1.00	1.00
Occupation				
Student	83	162	1.00	1.00
Civil servant	14	21	0.759(0.367,1.570)	1.447(0.643, 3.253)
Business	8	20	1.265(0.534,2.996)	1.687(0.618, 4.604)
Others	5	20	2.025(0.734,5.589)	3.263(1.079, 9.865)
Number of sexual partner				
One	52(34.0)	99(66.0)	1.00	1.00
More than one	58(31.90)	124(68.1)	10.614(4.915,22.920)	11.355(5.106, 25.253)
FP use				
No	24	48	1.017(0.557, 1.707)	1.829(.940, 3.561)
yes	86	175	1.00	1.00

The multivariate analysis of unwanted pregnancy indicated that age, marital status and number of sexual partner were significantly associated with prevalence of unwanted pregnancy with AOR [1.84(1.03, 3.29), 1.783(1.036, 3.068), 11.355(5.106, 25.253)] respectively.

Table 4: Multivariate analysis for induced abortion

Variables	Induced abortion		COR(95%CI)	AOR(95% CI)
	Yes	No		
Age				
20-24	124	85	1.125(1.718, 2.764)	1.232(0.771, 1.968)
25-29	70	54	1.00	1.00
Educational status				
Never been to school	21	29	1.00	1.00
Primary school	38	55	1.048(0.522, 2.105)	1.066(0.528, 2.153)
Secondary school	65	95	1.058(0.556, 2.015)	1.079(0.563, 2.07)
College	11	7	0.461(0.153, 1.387)	0.447(0.157, 1.450)
University	4	8	1.448(0.385, 5.449)	1.529(0.403, 5.79)
Marital status				
Married	20	19	2.215(1.413,3.474)	2.355(1.484, 3.737)
Single	119	175	1.00	1.00
Occupation				
Student	107	138	1.00	1.00
Civil servant	15	20	1.034(0.505,2.114)	0.96(0.457, 2.09)
Business	9	19	1.637(0.712,3.763)	1.59(0.677, 3.728)
Others	8	17	1.648(0.685,3.962)	1.925(0.751, 4.936)
No of sexual partner				
One	66(44%)	84(56%)	1.00	
More than one	73(39.9%)	110(60.1)	1.099(0.812,1.486)	0.84(0.53,1.322)
FP use				
No	30(42.3%)	41(57.7%)	1.027(0.604,1.747)	0.921(0.474, 1.789)
yes	109(41.6%)	153(58.4%)	1.00	

The multivariate analysis indicated that marital status is the only significant factor associated with prevalence of induced abortion AOR 2.355(1.484, 3.737).

6: DISCUSSION

The study revealed that the proportion of unwanted pregnancy and induced abortion among reproductive age group is very high, as it was reported 37.8 % of all the females had unwanted pregnancies , most of these unwanted pregnancies ended up with abortion with the proportion of 80 % . Most of these abortions which were reported were induced rather than being spontaneous i.e. 34.44% and out of all the abortions 50.37 % were found to have induced abortion. This coincides with what have been reported from other studies done in south Ethiopia at Hossaina town which showed that 34.4% of all pregnancies among reproductive age groups were unintended(1).

There are several reasons for a woman to end up having unwanted pregnancy; it could be they are still in school, financial problem, family issues as well as culture and norms in the community. In this study it was found that most of the females who had unwanted pregnancy were still in school (37 .2 %) followed don't have enough money (33.6%). This result is consistent with the study done in Tanzania among female youths which showed that majority of the youths who had unwanted pregnancy were still in school (47 %) followed by the financial reason , as they mentioned that they didn't have enough money to take care of the baby(40%). (6).

The knowledge of family planning method was 100% where as ever use of any family planning method being 21.3% is a huge discrepancy and knowledge does not seem to guarantee the practice of family planning. The most mentioned method that was reported to be used was injectables(57.1%) followed by pills (48.3 %).

Despite of them having heard and use the FP method still 37.6 % had unwanted pregnancy.

This could be explained by may be the method failure or incorrect information on contraceptive use, This coincided with previous literature whereby it was found that only 13 percent of married adolescent age 15-19 use contraception in sub-Saharan Africa (31), the reason could be lack of knowledge and skill in using contraception.

Awareness on emergency contraceptives could also play a big role in the reduction of unwanted pregnancies among reproductive age groups, but still this was found as a gap as most of the women who were aware of emergency contraceptives (79%), even didn't have actually used it (23.7%).

Women in the age groups 20 to 24 years were found to have a significantly more level of unintended pregnancy as compared to 25- 29 **AOR 1.84(1.03, 3.29)** which might be explained by the possible low level of reproductive health knowledge and access to family planning services. Women in age range 25- 29 are also more likely to be in a marital union and hence the pregnancies are more likely to be planned.

This finding coincides with the study done on correlates of unintended pregnancy in Ethiopia that reported the age groups 25 to 29 years and 35 to 49 years had a reduced level of Unintended pregnancy(4)

In contrast with other studies, this study showed that there was no significant association between the level of education and the proportion of unwanted pregnancy and induced abortion. This may be due to high number of study participants (48%) had secondary education and at least enrolled to primary education (29.8%).

Other studies revealed that the level of education plays a big part in determining the rate of unwanted pregnancy and induced abortion. For example a study done in Kenya showed that women with at least secondary education had their first sexual intercourse delayed by at least three years (29).

In the study, occupation was not associated with prevalence of unwanted pregnancy and induced abortion. This may be due to high number of study participants who had their own job and civil servants seek induced abortion services as they were single This is contrary to many other studies on the correlates of unintended pregnancy [24,25].

However, judging by results of the logistic regression, it is difficult to entirely dismiss the influence of educational levels and occupation on unintended pregnancies among reproductive age group women. This is because employment status was a strong predictor of unintended pregnancy.

The study showed that females who had more than one partner were more likely to have unwanted pregnancy **AOR 11.355(5.106, 25.253)** than those who had one partner. The association using multivariate binary logistic regressions showed that most of independent Variables had no association with unwanted pregnancy and induced abortion.

This study showed that most of the abortions were being conducted by a skilled health provider, at the Public clinic (43.8 %), this could explain the response by the majority of the respondents who reported that method used for the induction of abortion was drug (61.46%).

Another study done in Ethiopia showed that for the currently unmarried women the chances of having unwanted pregnancy was high. Most of these abortions were reported to being conducted at the health facilities by the health care provider (9).

STRENGTH AND LIMITATIONS OF THE STUDY

Strength of the study

- Employment of probability sampling technique to select study participants
- High response rate

Limitations of the study

- The study was cross sectional and not triangulated by qualitative method
- Since the data was collected by health care providers(nurses) there was the probability of social desirability bias
- Recall bias
- The study was conducted in public health facilities and the experiences of clients from private health facilities were not included
- The respondents were not volunteer to answers genuinely due to the sensitive nature of the questions

7: Conclusion and Recommendations

7.1 Conclusions

The prevalence of unwanted pregnancy and induced abortion were high, and most of the induced abortion was the result of unwanted pregnancy.

Females who were single more likely had unwanted pregnancy and induced abortion.

Most reasons that were given by the females for having unwanted pregnancies and induced abortion were that they were still in school and they don't have enough money to take care of the baby respectively.

7.2 Recommendations

In light of the study findings the following is recommended:

I. local and national media should give emphasis on Provision of information regarding prevention of unwanted pregnancy and its related problems among reproductive age groups.

II. Comprehensive reproductive health education combined with access to contraceptive methods should be given in school and out of school for reproductive age groups women by health care providers.

III. The FMOH in collaboration with numbers of non-governments organizations as well as UN agencies such as WHO, UNICEF and UNFPA etc, should establish the comprehensive sexual and reproductive health programs for reproductive age groups women.

IV. Further qualitative study is recommended to study in-depth the reasons of unwanted pregnancies and induced abortion.

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Annexes

Annex I: *Information sheet.*

Information sheet: For study of Prevalence of unwanted pregnancy and associated factors among reproductive age group women at selected health facilities in Addis Ababa.

Greeting- Hello!

My name is _____, this study is conducted by _____ from Addis Ababa University department of nursing and midwifery, post graduate programme, and he/she has permission from the city administration. The reason why he/she came here is to conduct a research on prevalence of unwanted pregnancy and induced abortion among reproductive age mothers who experience unwanted pregnancy and induced abortion. The purpose of this study is to identify determinants of unwanted pregnancy and induced abortion and fore ward some recommendation to concerned bodies that will help to improve the existing efforts in the area of maternal health services. If you have experienced unwanted pregnancy or induced abortion currently or in the past five years, your participation is very important to the outcome of the study.

If you have any question regarding the study please contact Teshale Mulatu:

Cellphone: 0921867010

Email: woyesag@gmail.com

Annex II: Consent form

How are you, I am _____. This is an interview to be done with you for a study that is being conducted by Addis Ababa University, School of Allied Health, Dep't of Nursing and Midwifery. I would like to ask you few questions and your willingness in the study. This study is prepared to obtain relevant information on the prevalence of unwanted pregnancy and induced abortion in selected health facilities at AA. Your participation in the study is very important in reducing the maternal morbidity and mortality rate, which is caused by unwanted pregnancy, unsafe abortion and its complication.

Your name & address will not be written in this form and will never be used in connection with any information you tell us. All the information given by you will be kept strictly confidential and only used for this study. Your participation is voluntary and you are not obligated to answer any question which you do not wish to answer. If you feel discomfort to respond to any of the question, please feel free to drop it any time you wish to do so. Thank you in advance for your participation in the study.

I have read all the process and the objective of the study and I have understood the same as written. I understood that the research imposes no risk and no compensation would be provided to me.

Could I have your permission to continue?

1. Yes
2. No Stop the interview and thank the respondent.

Annex III: questionnaire
PART I: SOCIO DEMOGRAPHICS

1. Age _____

2. Religion

1. Christian

3. Protestant

2. Muslim

4. others _____

—

3. Who are you living with?

A) Both Parents

B) Mother Only

C) Father Only

D) relative

E) Husband

F) Boyfriend

G) Friend

H) Alone

I) Others (mention).....

4. What is your level of education?

A. No formal education

D. College

B. Primary School

E. university

C. secondary School

5. What is your occupation?

A) Student

B) Peasant

C) Civil Servant

D) Business

E) Unemployed

F) Other.....

6. What is your marital status?

A) Married

D) Widowed

B) Single

E) Other (specify).....

C) Divorced

7. Age at menarche.....

8. Have you ever had sex? A, YES B, NO

If yes go to QNo. 8,9,10

9. At what age did you have your first sexual intercourse? _____

10. How many sexual partners have you had ? _____

11. Have you ever heard of family planning methods? A) Yes B) No

If yes go to Q no.

PART II: KNOWLEDGE AND PRACTICE ON CONTRACEPTIVE USE

12. Which family planning methods do you know? (Circle all that apply)

A) Pills

B) Condoms

C) Injectables

D) IUCD

E) Implants

F) Withdrawal

G) Calendar

H) Other.....

13. Have you ever used any type of family planning methods?

A) Yes

B) No

If yes go to question 13

14. Among these methods which one did you used (circle all that applies).

A) Condoms

B) Pills

C) Injectables

D) Implants

E) IUCD

F) Natural method

G) Traditional method

H) Other (mention).....

15. If your answer is no for QNo 13, why you are not using contraceptives?

- A) No knowledge on contraceptives
- B) cultural influence
- C) Contraceptives not available
- D) Fear Of side effects
- E) religious issue
- F) Other (mention).....

16. Where do you get FP information?

- A. Family
- B. friends
- C. School
- D. Church/Mosque
- E. Radio/Newspaper/Television/poster
- F. Health facility
- G. Other (mention)-----

17. Have you ever heard of emergency contraceptives?

- A) Yes
- B) No

If yes answer Q 17-20 ,if no go to question 21

18. What type of EC do you know?

19. Within How much time EC should be used in order to effectively prevent pregnancy after unprotected sex?

- A) Immediately after sex
- B) Within 24 hours after sex
- C) Within 72 hours after sex
- D) Within 4-6 days after sex
- E) Even after a missed period
- G) Other, specify__

20. Have you ever used EC?

A) Yes

B) No

21. Have you ever been pregnant?

A) Yes

B) No

If no this is the end of the interview.

22. Was the pregnancy wanted?

A) YES B) NO

If Yes, Go to question number 25.

PART III: CAUSES AND FACTORS

23. If your answer is no for Q 23 why it was not wanted?

A) Still in school

B) Don't have enough money to take care of the baby

C) Raped

D) To have a gap between births

E) Divorced

F) Fear of being out casted

G) Other (mention).....

24. Have you ever had an abortion?

A) Yes

B) No

If no this is the end of the interview.

25. Was the abortion induced or spontaneous?

A) Spontaneous

B) Induced

C) I don't know

26. Why did you go for an abortion?

- A) Single
- B) Still in School
- C) Employment needs
- D) Wanted bigger interval between births
- E) High cost of raising children
- F) Fear of being out casted
- G) Other(mention)

27. Who did the abortion for you?

- A) An unskilled person
- B) Health personnel
- C) Your self
- D) Other(specify).....

28. Which method was used for abortion?

- A) Curette
- B) Catheter
- C) Traditional Herbs
- D) I don't know
- E) Other
(mention).....

29. Where did you get the services?

- A) Private house
- B) Private clinic
- C) Public clinic
- D) Hospital
- E) Other (mention).....

30. Who supported you to do an abortion? (Circle all that applies)

A) Mother

B) Aunt

C) Sister

D) Friend

E) Husband

F) Boyfriend

G) Nobody

H) Other

31. How much did it cost to do an abortion?-----

Annex IV: information sheet (Amharic version)

ስለጥናቱ ማስታወቂያ ቅጽ

ጤና ይስጥልኝ ስሜ _____ እባላለሁ። የመጣሁት ከአ.አ ዩኒቨርሲቲ ጤና ሳይንስ ኮሌጅ ነርሲንግና ሚድዋይና ጉ/ት ክፍል ለሚሰራ ጥናት መረጃ ለማሰባሰብ ነው። የጥናቱ ዋና አላማ ምን ያህል ያልተፈለገ እርግዝናና ፅንሰ የማቋረጥ ድርጊት መውለድ የሚችሉ ሴቶች እና እናቶች ላይ እንደሚከሰት ለማወቅ ሲሆን የርስዎ በዚ ጥናት መሳተፍ ባልተፈለገ እርግዝናና ፅንሰ ማቋረጥ ምክንያት እናቶች ላይ የሚደርስ ተያያዥ ችግሮች እና ሞት ከመቀነስ አንፃር ጉልህ አስተዋጾ ይኖረዋል።

የሚሰጡት መረጃ በሙሉ በፍፁም አስተማማኝነት ለዚህ ጥናት ብቻ የሚያገለግል ሲሆን በዚህ ቃለ መጠይቅ ስም ይሁን አድራሻ አይገለጽም። መጠይቁ የእርስዎ ፍቃደኝነት ፍጹም ከተረጋገጠ ብቻ የሚካሄድ ይሆናል። በተጨማሪም ለመመለስ የማይፈልጉባቸው ጥያቄዎች ካሉ ጥያቄውን ለመመለስ አይገደዱም። እንዲሁም በጥናቱ ላይ በሙሉም ይሁን በከፊል ላለመሳተፍ ከፍለጉ በማንኛውም ሰዓት ማቋረጥ ይችላሉ።

ጥናቱን በ ተመለከተ ጥያቄ ካለዎት ማንኛውም ጥያቄ መጠየቅ ይቻላል!!

ስም: ተሸለ ሙላቱ

ስልክ ቁ. 0921867010

አድራሻ: woyesag@gmail.com

Annex V: informed consent (Amharic version)

ከመጠይኩ በፊት የተጠያቂውን ስምምነት ማረጋገጫ ቅጽ

ከላይ በመግቢያው ላይ የተጠቀሰው መረጃ አንብቢያለሁ ወይም በቃል የተሰጠኝን ማብራሪያ ተረድቻለሁ። በዚህ መሰረት ከኔ የሚጠበቅብኝን ድርሻ በሚገባ አውቄዋለሁ እናም በዚህ ጥናት ላይ በመሳተፍ ሊከሰቱ የሚችሉትን ሁኔታዎች ተገንዝቢያለሁ። ከዚህ ጥናት በማንኛውም ሰአት ያለምንም ቅድመ ሁኔታና ምክንያት ራሴን ከተሳታፊነት የማግለል ሙሉ መብት እንዳለኝ ተረድቻለሁ። ይህን ውሳኔዬን ተከትሎ በኔም ሆነ በቤተሰቦቼ ላይ በምንፈልገው የጤና አገልግሎት ላይ ምንም አይነት አሉታዊ ተጽኖ አንደማይደርሱብኝ ተረድቻለሁ።

መጠይቁን እንድቀጠል ፈቃደኛ ነዎት?

1. ፈቃደኛ ናቸው _____ ቃለመጠይቁ ይቀጥላል

2. ፈቃደኛ አደለሁም _____ ቃለመጠይቁ በማቆም አመስግነው ይለያዩ

ጥናቱን በተመለከተ ማብራሪያ የተሰጠ መሆኑን የሚያረጋግጥ የምስክር ፊርማ

ፊርማ _____

Annex VI: Questionnaire (Amharic version)

ቃለ መጠይቅ

ክፍል አንድ መሰረታዊ ሀሳቦች

1. እድሜ _____

2. ሃይማኖት

ሀ. ክርስቲያን

ለ. ሙስሊም

ሐ. ፕሮተስታንት

መ. ሌላ

3. ከማን ጋር እየኖሩ ይገኛሉ?

ሀ. ከሁለቱም ወላጅ ቤተሰቦች

ለ. ከእናት ጋር ብቻ

ሐ. ከአባት ጋር ብቻ

መ. ከዘመድ

ሠ. ባል

ረ. ወንድ ጓደኛ

ሰ. ጓደኛ

ሸ. ብቸኛ

ቀ. ሌሎች (ይጥቀሱ) _____

4. የትምህርት ደረጃዎት ምን ያህል ነው?

- ሀ. የመጀመሪያ ደረጃ ትምህርትን ያጠናቀቀ
- ለ. ሁለተኛ ደረጃ ትምህርትን ያጠናቀቀ
- ሐ. ከፍተኛ ሁለተኛ ደረጃ ትምህርትን ያጠናቀቀ
- መ. ኮሌጅ
- ሠ. ዩንቨርሲቲ
- ረ. ምንም መደበኛ ትምህርትን ያልተማረ

5. ስራዎት ምንድን ነው?

- ሀ. ተማሪ
- ለ. አርሶ አደር
- ሐ. የመንግስት ሰራተኛ
- መ. ነጋዴ
- ሠ. ስራ ፈላጊ
- ረ. ሌላ _____

6. የጋብቻዎ ሁኔታ ምንድን ነው?

- ሀ. ያገባ
- ለ. ያላገባ
- ሐ. ያለ ጋብቻ አብሮ ነዋሪ
- መ. የፈታ/ የፈታች
- ሠ. ባል/ሚስት የሞተባት
- ረ. ሌላ _____

7. የመጀመሪያ የወር አበባ ያየሽዉ በስንት አመትሽ ነበር?

8. መጀመሪያ የግብረ ስጋ ግንኙት የፈጸሙት በስንት ዓመትዎት ነው?

9. ከዚህ በፊት ምን ያህል ጓደኞችን አፍርተዋል?

10. ስለቤተሰብ ምጣኔ ዘዴ ሰምተው ያዉቃሉን?

- ሀ. አዎ
- ለ. አይደለም

ክፍል ሁለት -የእርግዝና መከላከያ ያጠቃቀም እውቀትና ትግበራ

11. የትኛውን ዘዴ ያውቃለህ? (ሁሉም መልስዎት ላይ ያክቡ)

ሀ. ፒልስ (እንክብል)

ለ. ኮንዶም

ሐ. መርፌ

ሠ. አይዩሲዲ (ማህፀን ውስጥ የሚቀበር)

ረ. ኢምፕላንት (በክንድ ውስጥ የሚቀበር)

ሰ. የወንድ ፍሬ ከመውጣቱ በፊት የሚወገድ መከላከያ ዘዴ

ሸ. የወር አቆጣጠር

ቀ. ሌላ _____

12. ከዚህ በፊት ምን ዓይነት የእርግዝና መከላከያ ዘዴ ተጠቅመው ያውቃሉን?

ሀ. አዎ

ለ. አይደለም

መልስዎት አይደለም ከሆነ ወደ ጥያቄ ቁጥር 14 ይሂዱ

13. ከነዚህ የመከላከያ ዘዴዎች ውስጥ የትኛውን ተጠቅመው ያውቃሉ? (ሁሉም መልስዎት ላይ ያክቡ)

ሀ. ፒልስ (እንክብል)

ለ. ኮንዶም

ሐ. መርፌ

መ. በክንድ ውስጥ የሚቀበር

ሠ. አይዩሲዲ (ማህፀን ውስጥ የሚቀበር)

ረ. የተፈጥሮ ዘዴ

ሰ. ባህላዊ ዘዴ

ሸ. ሌላ (ይጥቀሱ)

14. የእርግዝና መከላከያን የማይጠቀሙበት ምክንያት ለምንድን ነው?

- ሀ. የቤተሰብ ምጣኔ ኪሊኒኮችን ለመከታተል እድሜ ስላልደረሰ
- ለ. የእርግዝና መከላከያ ዘዴዎች እውቀት ማጣት
- ሐ. የእርግዝና መከላከያ ዘዴዎች አለመኖር
- መ. የሚያስከትላቸውን አሉታዊ ተጽኖን በማፍራት
- ሠ. ሞራል የሚነኩ ነገሮች የተነሳ በመከሰስ
- ረ. ሌላ (ይጥቀሱ)-----

15. የቤተሰብ ምጣኔ መረጃዎችን ከየት ያገኛሉ?

- ሀ. ቤተሰብ
- ለ. ትምህርት ቤት
- ሐ. ቤተክርስቲያን/ሙስሊም
- መ. ሬዲዮ/ጋዜጣ / ቴሌቪዥን / ፖስተር
- ሠ. የጤና ተቋም
- ረ. ሌላ /ይጠቀሱ

16. ስለ ድንገተኛ የእርግዝና መከላከያ ዘዴዎችን ሰምተው ያውቃሉን?

- ሀ. አዎ
- ለ. አይደለም

መልሰዎት አይደለም ከሆነ ወደ ጥያቄ ቁጥር 21 ይለፉ

17. ምን አይነት ድንገተኛ የእርግዝና መከላከያ ያውቃሉ? ይጥቀሱ

18. ጥንቃቄ ያልተሞላበት የግብረ ስጋ ግንኙነትን ከፈፀሙ በኋላ እርግዛናን በብቃት ለመከላከል መከላከያውን እንዴት መጠቀም የኖርብዎታል፡፡

- ሀ. ወዲያው ከግብረ ስጋ ግንኙነት በኋላ
- ለ. ከግብረ ስጋ ግንኙነት በኋላ በ24 ሰዓት ጊዜ ውስጥ
- ሐ. ከግብረ ስጋ ግንኙነት በኋላ በ72 ሰዓት ጊዜ ውስጥ
- መ. ከግብረ ስጋ ግንኙነት በኋላ ከአራት እስከ ስድስት ቀን ጊዜ ውስጥ
- ሠ. ጊዜ ካለፈ በኋላ
- ረ. ሌላ ይጥቀሱ

19. የድንገተኛ የእርግዝና መከላከያ መንገዶች ምን ምን ናቸው?

ሀ. እርግዝናን እንዳይከሰት ለመከላከል

ለ. ውርጃን ለመፍጠር

ሐ. እርግዝናን ለመከላከል እና ውርጃን ለመፍጠር

መ. አላውቅም

ሠ. ሌላ ካለ ይጥቀሱ

20. ከዚህ በፊት የድንገተኛ የእርግዝና መከላከያ ተጠቅመው ያውቃሉን?

ሀ. አዎ

ለ. አይደለም

21. ከዚህ በፊት ነፍሰጡር ሆነው ያውቃሉን?

ሀ. አዎ

ለ. አይደለም

መልስዎት አይደለም ከሆነ ቃለ መጠየቁን እዚሁ ላይ ያብቁ

22. እርግዝናዎ ተፈልጎ ነበርን?

ሀ. አዎ

ለ. አይደለም

መልስዎት አዎ ከሆነ ወደ ጥያቄ ቁጥር 27 ይለፉ

ክፍል ሦስት
መንስኤ እና ሁኔታዎች

23. ለምን አልተፈለገም?

ሀ. አሁንም ከትምህርት ቤት በመሆኑ

ለ. የሚወለደውን ሕፃን ለማሳደግ በቂ ገንዘብ ስለሌለ

ሐ. እርግዝናው ከአስገድዶ መደፈር የመጣ በመሆኑ

መ. በወሊድ መካከል ክፍተት እንዲኖር ለማድረግ

ሠ. የተፈታ በመሆኑ

ረ. ከሌላ የማህበረሰብ ክፍል ካለመገለል

ሰ. ሌላ (ይጥቀሱ)

24. ከዚህ በፊት ፅንሰን አስወርደው ያውቃሉን?

ሀ. አዎ

ለ. አይደለም

መልስዎት አይደለም ከሆነ ቃለ መጠየቁን እዚህ ያብቁ

25. ውርጃው ሆን ተብሎ የተደረገ ነው? ወይስ እንደአጋጣሚ የተፈጠረ ነው?

ሀ. እንደአጋጣሚ

ለ. ሆን ተብሎ

ሐ. አላውቅም

26. ፅንሰን ለማስወረድ የወሰኑበት ምክንያት ለምንድ ነው?

ሀ. ያላገባ በመሆኑ

ለ. ተማሪ በመሆን

ሐ. ሥራ ፈላጊ በመሆን

መ. በወሊድ መካከል ረጅም ክፍተት ለመፍጠር

ሠ. ሕፃናትን ለማሳደግ ክፍተኛ ወጪ የሚጠይቅ በመሆኑ

ረ. ከሌላ የማህበረሰብ ላለመገለል

ሰ. ሌላ (ካለ)

27. የፅንሰ መውረድ ሥራውን የሠራልዎት ማን ነው?

ሀ. ከህሎት በሌለው ግለሰብ

ለ. በጤና ባለሙያ

ሐ. እርስዎ

መ. ሌላ _____

28. ለውርጃ የተጠቀሙበት ዘዴ የትኛው ነው?

ሀ. ማህፀን መጥረጊያ መሳሪያ

ለ. ቀጭን ቴቦ በመጠቀም

ሐ. ባህላዊ ተክል

መ. አላውቅም

ሠ. ሌላ (ይጥቀሱ)

29. አገልግሎቶችን የሚያገኙት የት ነው?

ሀ. የግል ቤት

ለ. ግል ክሊኒክ

ሐ. ሕዝባዊ ክሊኒክ

መ. ሆስፒታል

ሠ. ሌላ (ይጥቀሱ)

30. ፅንሰን ለማውረድ ድጋፍ ያደረገልዎት ማን ነው? (በሁለም መልስዎት ላይ ያክብቡ)

ሀ. እናት

ለ. አክስት

ሐ. እህት

መ. ጓደኛ

ሠ. ባለቤት

ረ. የወንድ ጓደኛ

ሰ. ማንም አላደረግልኝም

ሸ. ሌላ ግለ

31. ፅንሰ ለማስወረድ ምን ያህል ወጪ አውጥተዋል?

ስለ ትብብርዎ እናመሰግናለን!!!!!!

DECLARATION

I TESHALE MULATU, the undersigned declare that this is my original work and has not been presented in this or any other University for a similar or any other degree award, and any partial or full sources of materials used should be fully acknowledged.

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This thesis has been submitted for certification to School of Allied Health Sciences Department of Nursing and Midwifery head

Place: Addis Ababa University College of Health Sciences, School of Allied Health Sciences Department of Nursing and Midwifery, Post Graduate program.