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**EXPLORING THE DRIVERS OF UNINTENDED PREGNANCY AND
ITS IMPLICATIONS AMONG HOMELESS WOMEN IN SELECTED
SUB-CITIES OF ADDIS ABABA**

AMsc Thesis

By

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Center for Population Studies

April, 2025

ADDIS ABABA

ETHIOPIA

ADDIS ABABA UNIVERSITY
COLLEGE OF DEVELOPMENT STUDIES
CENTER FOR POPULATION STUDIES

**Exploring the Drivers of Unintended Pregnancy and its
Implications among Homeless Women in Selected Sub-cities of
Addis Ababa**

A Thesis submitted to the College of Development Studies, Center for
Population Studies, of Addis Ababa University in Partial fulfillment of the
requirements for the Degree of Master of Science in Population Studies

By

Mikiyas Negatu Demessie, MD

April, 2025

ADDIS ABABA

ETHIOPIA

DECLARATION

I, MikiyasNegatuDemessie, do hereby declare that this thesis is my original work and that it has not been submitted partially; or in full, by any other person for an award of a degree in any other University/institution and all sources of material used for this thesis have been duly acknowledged. The thesis has been submitted in partial fulfillment of the requirements for the degree of M.Sc. in Population Studies at Addis Ababa University and is deposited at the University Library to be made available to users under rules of the Library.

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This is to certify that the thesis prepared by MikiyasNegatu entitled: “*Exploring the Drivers of Unintended Pregnancy and its Implications among Homeless Women in Selected Sub-cities of Addis Ababa*” and submitted in partial fulfillment of the requirements for Degree of Masters of Science in Population Studies, complies with the regulations of the university and meets the accepted standards with respect to originality and quality.

Advisor: **Dr. Tariku Dejene(Phd)** Signature _____ Date _____

As member of the Board of Examiners of the M.Sc. Thesis Open Defense Examination, We certify that we have read and evaluated the Thesis prepared by MikiyasNegatuDemessie and examined the candidate. We recommended that the Thesis is accepted as fulfilling the Thesis requirement for the Degree of Master of Science in Population Studies.

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ACRONYMS

Acronym	Definition
AAU	Addis Ababa University
CI	Confidence Interval
EDHS	Ethiopian Demographic and Health Survey
FP	Family Planning
GOH	Glimmer of Hope
GFSK	Glimmer for street kids
GIS	Geographic Information System
RH	Reproductive Health
SES	Socioeconomic Status
SDH	Social determinants of Health
SNNPR	Southern Nations Nationalities Peoples' Regions
UN	United Nations
US	United States
USA	United States of America
WHO	World Health Organization
YEH	Youth Experiencing Homelessness
YLF	YamlakLioch Foundation

ABSTRACT

Unintended or unplanned pregnancies imply to pregnancy which was untimed and not planned by women. It's prevalence in Ethiopia among women in the general population is reported as 26.6% from 2020 EDHS data. The major objective of this study was to explore the driving factors or reasons and implications of unintended pregnancy among homeless women in Addis Ababa. We interviewed sixteen homeless women who experienced unplanned pregnancies using a phenomenological qualitative approach by using purposive sampling at six sub-cities of Addis Ababa. The drivers of unintended pregnancy fall into four major themes: barriers in decision-making, societal pressures and norms surrounding contraception and pregnancy, complex life influences, and challenges with contraceptive use and mismanagement. Meanwhile, the implications of unintended pregnancy include the challenges faced by homeless women and their coping mechanisms. Enhancing health literacy can improve contraceptive use and empower homeless women to exercise control over their reproductive rights.

Keywords: Unintended pregnancy, Homeless, Implications of, contraceptive literacy, Addis Ababa

CHAPTER ONE

1. INTRODUCTION

1.1 Background of the study

An unintended pregnancy is a pregnancy that is unwanted (occurred when no children or no more children were desired) or mistimed (occurred earlier than desired). It can result from lack of contraceptive use or failure of the contraceptive used and less commonly rape (Center for Disease Control, 2024).

In Ethiopia, the magnitude of unintended pregnancy among the general population remains high, ranging from 30% to 41.5%. This implies, being single women, teenage girls and women above 40 years are more likely to experience unintended pregnancy. This was attributed to their increased risk of unprotected sexual intercourse, lack of information and access to contraceptives. Unintended pregnancy has negative consequences on women. Among the many consequences, abortion is a frequent short term consequence of unintended pregnancy. Long term health effects like infertility and financial issues can also alter women's life (Ayalnesh, 2023).

Homelessness is defined by the United Nations Habitat (*Secretary-General of the United Nations, the Institute of Global Homelessness or the European Federation of Organizations Working on Homelessness (FEANTSA)*) as persons living in the streets, in open spaces or in women's shelters (Homelessness and human rights Special Rapporteur on the right to adequate housing). Homeless people are classified into four categories by their living conditions as roofless (street homeless), houseless, inadequate, and insecure (Kalkidan, 2023).

There are various reasons why women end up living on the streets. Unstable personal lives of women in previous marriages or relationships are a major contributing factor. As a result, there will be a separation of the partners, and the single woman will either have to live as a single mother or decide to walk the streets in order to avoid the social and psychological stress that she would otherwise face if she told the people in her former

community about her situation. While living on the streets, women are vulnerable to sexual exploitation including rape and prostitution. This may result in unintended pregnancies, abortion and associated reproductive health problems(Daniel , 2021).

With 117 million people as of 2021, Ethiopia is ranked second in Africa and 12th in the world by size of its Population. According to the report of the Ethiopia Demographic Health Survey in 2016, the total unmet need for modern contraceptive methods was 36% from which, over 50% of homeless women had a history of unwanted pregnancy (Terefe , 2022).

Data from an institution based study done on women who visited St Paul Hospital antenatal clinic Addis Ababa report that the prevalence of unintended pregnancy was 50%. The finding also reports that women whose Husband / boyfriend do not allow the woman to use family planning were more likely to have an unintended pregnancy (Achamyelesh, 2020).

1.2 Statement of the Problem

Women who are homeless are more likely to experience reproductive health issues. Pregnancy difficulties or unintended pregnancies are common among homeless women because they are often exploited or subjected to sexual activities. This will impact women's capacity to experience safe motherhood and affect the women's future reproductive health(Terefe , 2024)

An analysis of the magnitude and associated factors of unintended pregnancy among women in the general population was done by using Ethiopian Demographic and Health Survey (EDHS) 2016 data, where the prevalence of unintended pregnancy was found to be 26.6% [95%CI: 25.6, 27.6]. Further, the analysis showed that, individual variables such as, being in the age group 20 to 34, being follower of Muslim religion, being married and multiparous and grand multiparous were significantly associated with unintended pregnancy while community variable of living in large cities was significantly associated with unintended pregnancy(Achamyeleh , 2020).

In Assessment of Reproductive Health services utilization and associated factors among 351 beggars of reproductive age women in Addis Ababa in 2020, the study found that 36.9% women encountered unwanted pregnancy at least once in their life time among which 1 in 10 women experienced rape while being homeless. Findings also showed that, about 72% and 29% of women beggars had the first sexual encounter and the first pregnancy, respectively, at the period of adolescence which is quite a reason for concern (Akalu, 2016).

According to recent estimate by the Ministry of Labor and social affairs more than 24,000 homeless individuals (10,500 street children and 13,500 homeless adults) live in Addis Ababa (Saint Paul Institute for Reproductive Health and Rights, 2021). In addition, there is lack of adequate qualitative studies which investigated reasons of unintended pregnancy in homeless women in Addis Ababa. With this gap in the area, I believe exploration of drivers of unintended pregnancy among homeless women in Addis Ababa is an essential guide for future intervention.

1.3 Objectives of the Study

1.3.1 General objective

The general objective of the study is to investigate and analyze the factors contributing to unintended pregnancies and its implications on the homeless women in six selected Sub-Cities of Addis Ababa.

1.3.2 Specific Objectives:

Specifically, the study attempts to:

- Explore the socioeconomic conditions, knowledge and attitude toward contraceptives use that contribute to unintended pregnancy among the homeless women
- Assess the social support and healthcare services access for homeless women.
- Investigate cultural beliefs and perceptions of women regarding contraception.
- Explore the consequences and coping mechanism of unintended pregnancies in the women.

1.4 Research question

- What are the key factors contributing to unintended pregnancy among homeless women in selected sub-cities of Addis Ababa?
- What are implications of unintended pregnancy on the lives of homeless women?

1.5 Significance of the Study

The reasons behind Addis Ababa's homeless women's unwanted pregnancies are not well investigated.

Homeless women are more vulnerable to unintended pregnancies (Terefe, 2022). Not having access to basic healthcare services those women experiencing homelessness are susceptible to unintended pregnancy and its consequences.

Therefore, through exploration of the drivers and implications of unintended pregnancy, a more focused and efficient population-based interventions inclusive of this vulnerable group of people can be laid down. This also helps in laying the ground for further related studies and advocacies.

Additionally it fills the knowledge gap on the area through the qualitative approach which has not been attempted on homeless women previously.

1.6 Definition of key terms

Homeless: people who do not have a home, usually because they are poor (Cambridge dictionary)

Unintended pregnancy: is a pregnancy that is either unwanted, such as the pregnancy occurred when no children or no more children were desired. Or the pregnancy is mistimed, such as the pregnancy occurred earlier than desired (Center for Disease Control, 2024).

Contraceptive Literacy: by operationalizing WHO definition of “Health Literacy” contraceptive literacy is knowledge relating to pregnancy contraception and its correct use (Francis, 2021).

Addis Ababa: is the capital city of Ethiopia with an estimated 3.6 million people in eleven sub-cities.

1.7 Scope of the study

Our study did not examine the background of homelessness and exclusively focused on the lived experiences of unintended pregnancy of the homeless women, without the perspectives from other bodies. This explorative study aimed to understand their lived experiences and not merely their assumption, knowledge or personal views. This study did not investigate the roles of the government or NGOs in the topic.

1.8 Limitation of the study

While doing this research, one of the limitations was scarcity of qualitative study reports previously done on the topic. The accessing and recruiting of the homeless women with unintended pregnancy experience was also a challenge. Some of the women’s emotional expression i.e. crying, during interview created brief interruptions that affected the flow of interviews but by taking a brief pause and offering words of empathy and encouragement all respondents completed the interviews. The use of a qualitative approach and the limited number of sub-cities limits the generalizability of findings of the study.

1.9 Organization of the Paper

The thesis is proposed to be organized into five chapters.

Chapter one deals with background information of what unintended pregnancy means. International and national unintended pregnancy burden and determinants are also discussed. The importance of exploring drivers of unintended pregnancy among homeless women is also highlighted. The second chapter explains reviews local and international literatures related to unintended pregnancy. Chapter three informs how the study was conducted. The procedures and methods are clearly explained. The fourth chapter

gives findings as themes and discusses the result this qualitative study. The last chapter gives conclusion and future recommendation of the findings of this study.

CHAPTER TWO

2 REVIEW OF LITERATURE

2.1 Conceptual literature review

2.1.1 The concept of Homelessness

Before reviewing reasons for unintended pregnancy in homeless women, it's necessary to be clear with the meanings of being "homelessness" and "unintended pregnancy". Many organizations and institutions define homelessness differently. According to UN HABITAT, homelessness is a condition of "living in severely inadequate housing due to a lack of access to minimal acceptable housing"(SALCEDO, 2019). European Typology of Homelessness and housing exclusion classifies homelessness into four categories. Roofless, which is street homeless is mainly seen in Ethiopia. In contrast houseless are those without permanent home and are frequently changing sleeping place from one house to another. The last two categories (inadequate and insecure), refer to situations where people live under places where there is security risk, threat to harm or the place is unfit for a home.

2.2 The concept of unintended pregnancy

According to CDC it is a pregnancy that's either unwanted or mistimed. Unwanted refers to a pregnancy never wanted and a mistimed pregnancy is if it occurred at an earlier time before desired(Center for Disease Control, 2024). Adequate knowledge and utilization of reproductive health services is essential to prevent unintended pregnancy. It is now considered as a high risk pregnancy due to the consequences which follows after its incident. Citing several resources,Mansureh et *al.* stated in his article review report that unintended pregnancy has a range of negative consequence such as abridged educational careers, labor-market struggles, higher crime rates, more abortions and increased levels of household stress(Mansureh, 2015).

2.3 Theoretical literature review

2.3.1 Social determinants of health

WHO defines Social determinants of health as ‘the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems (e.g. economic policies and systems, development agendas, social norms and politics and political systems) shaping the conditions of daily life’(WHO). This framework is important to evaluate the context of reproductive outcomes between women in different conditions of living. An imbalance in SDH on the homeless women leads to vulnerabilities to unintended pregnancy. While on the contrary suitable SDH conditions for the housed women helps avoid the incidence and consequences of unintended pregnancy.

2.3.2 The effect of unintended pregnancy on The Life span development

Most well explained assumption related with pregnancy is the “Life course theory”. With this assumption the time when women make decision related to reproductive issues must be balanced with the availability of reproductive health services nearby in an easily accessible and equitable manner. The place where women experience their pregnancy being in an ideal setting such that outcome of pregnancy is good. This theory states that there is a chronological ordering of life events. If the events are timely, a woman should have a normal reproductive health for a safe pregnancy and motherhood. The consequences of unintended pregnancy will be devastating if a woman has no safe reproductive course. These homeless women experience a state what is termed “turning points” when they become mothers from unintended pregnancy. This transition to motherhood is abrupt which brings adjustment challenges to the mothers.(Beth Perry Black, PhD, RN, 2010)

2.4 Empirical literature review

2.4.1 The general incidence of unintended pregnancy in women

Studies indicate that most homeless women who are young are five times more likely to become pregnant and experience multiple pregnancies than housed women(Philippe Bourgois, 2011). Another article reports about the likelihood of unwanted pregnancy

stating that YEH (Youth Experiencing Homelessness) are 5–8 times more likely than their housed peers to become pregnant (Doncy, 2023). In Ethiopia, literatures state half of homeless women had unintended pregnancies (Terefe, 2022).

2.4.2 Evidence of Unintended pregnancy Experiences of Homeless women from abroad

A qualitative study was done in USA involving 81 homeless women regarding their perceptions and experiences related to pregnancy prevention. Eight Focus groups were organized for discussions in women between 18-25 years old. The purpose of the study was to explore their pregnancy prevention practices. Thematic analysis revealed that limited sexual and reproductive services accessibility was a reason for low pregnancy prevention practices among these women. Also the lack of knowledge, perceived adverse effect of contraceptives and challenges of adherence to contraception use were mentioned (Doncy, 2023).

An exploratory descriptive study done among twelve women in Brazil during a 7 month period showed all women experienced pregnancy and childbirth while homeless. Women were between 21-56 years old. 11 women declared themselves as single (among whom five had partners who live with them). None had completed primary education nor have formal employment. Number of children ever born ranged from 1 to ten per woman. The longest a woman has stayed on the streets was 20 years. The homeless women tell that they became visible to institutions after becoming pregnant, showing the lack of social attention given to them before becoming pregnant. (Cristina, 2023)

In Iran, a qualitative study was done from 2016 -2017 to explore the homeless women life experiences. Thirteen women between 20-50 years old were interviewed. 12 women had some degree of primary education and had \leq 10 years of homeless period. All women were abusing substance (Methamphetamine, Met + heroin or Opium). The pregnancy experiences of the women reveals that, nine women were first pregnant after the age of 18 and seven women had experienced first sexual activity before they were 18 years old. The studies finding was that the women had lack of education about menstruation, reproductive cycle and ways of pregnancy prevention besides condom use. Due to their

lack of understanding about the effects of their substance use on pregnancy, these ladies continued to use drugs while they were pregnant(Sabereh, 2021).

2.4.3 Homeless women and Unintended pregnancy in Ethiopia

In Jima, a community based cross-sectional study assessing the unmet need for family planning was done in 206 homeless women. It was found out that more than half of the participants had pregnancy after becoming homeless. Among 155 women who ever had pregnancy, 99(63.9%) stated their pregnancies were not wanted with equal half of participants claimingsexual assault and not using contraceptive method as a reason for the unintended pregnancy. Among 50% of those who reported not using contraception as the reason for unintended pregnancy,37% had experienced abortion during their homeless life. But the access andneed for medical abortion service was not thoroughly studied. Among study participants, 87% had poor knowledge about contraceptive methods. It was also found that lack of family planning services was the main reason limiting contraceptive use among these women. In this study women who were approached by Health care providers were 75% less likely to have unmet need for family planning. It was mentioned by the authors that the women were less accessible to FP and other services. The authors recommend the need for evidence based programs to prevent the unwanted pregnancies among homeless women(Terefe , 2022)

An investigation by SimretGirma(2014) on "lived experiences of pregnancy among homeless women aged 17 to 35 years old; southern Ethiopia" was carried out in 2014 GC at Hawassa City. Eleven homeless women had experienced pregnancy while living on the streets. Among them, two were pregnant during the study period. Of the eleven women, 8 (63.6%) had experience ofpregnancybeforeage 25 years. The oldest woman was a 35-year-old who was expecting her sixth child followed by, a 30 years old woman, who is a mother of three children. The youngest was a 17-year-old girl, and never experienced motherhood. Four themes for the experience of pregnancy are broken down by the study. This study evaluated the factors that lead women to become part of the street life. And almost all women's pregnancy experiences were unwanted and even "devastating" as reported by the immediate reactions such as a fatal attempt of self-induced abortion when they were aware of their pregnancy status. Next it clearly made a query of occurrence of

their pregnancies which was put into two categories as sexual victimization and misconception related to reproductive issues. The most frequent way that newly homeless women become pregnant by an unfamiliar homeless male is through rape. The false beliefs about conception were the second cause of unintended pregnancies. One participant talked about how she became pregnant while nursing, under the mistaken impression that “only breastfeeding regardless of duration and technique prevents pregnancy” not knowing the pros and cons of breastfeeding as a method of delaying pregnancy.

The author, Simret, stated that, the lack of knowledge about the duration and methods of breastfeeding as a means of natural contraception was not known by the particular woman. Hence the educational level of the women who are homeless matters for the proper use of family planning methods if they plan to use such options. The author concluded that none of the women's pregnancies were planned. The reason mentioned was, sexual abuse or ignorance of contraceptive usage. It appears that, among other things, people who experience homelessness in their early ages have fewer opportunities to enroll in formal education programs, making it difficult for them to acquire knowledge from schools (Simret, 2014)

2.5 Conceptual framework

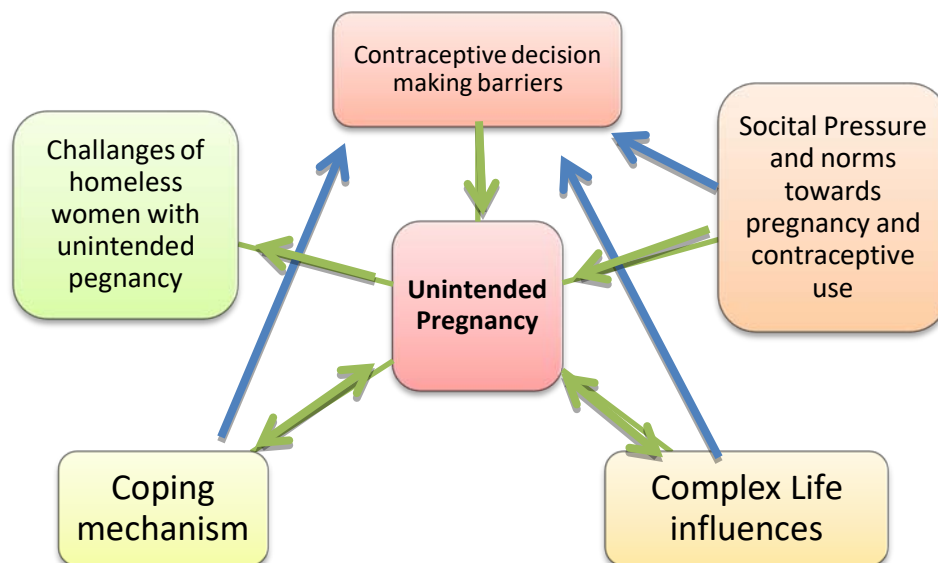


Figure 1: conceptual framework of unintended pregnancy and its determinants

CHAPTER THREE

3 RESEARCH METHODOLOGY

3.1 Background of the Study Area

In 2022, approximately 3.86 million people lived in Addis Ababa, making it the biggest city in Ethiopia(Aaron, 2024).

It is the largest city in the world located in a landlocked country holding an area of 527 square kilometers.It is the political capital and the most important commercial and cultural center of Ethiopia, and is geographically located at, 9o2’N latitude and 38o45’E longitude. Its average altitude is 2,400 meter above sea level, with the highest elevations at Entoto Hill to the north reaching 3,200 meters. This makes Addis Ababa one of the high-altitude capital cities of the world. Finding of a study reported that, the population of Addis Ababa accounts for 3.6% of the national population and 18% of the urban population in Ethiopia (Abnet, 2017).The same report state that estimates show females are slightly higher than male residents. The estimate shows a youthful population with those below 15 years of age constituting 24% of the total population.Literacy rate is the highest among other cities with 90% and 80% for males and females respectively(Aaron, 2024).

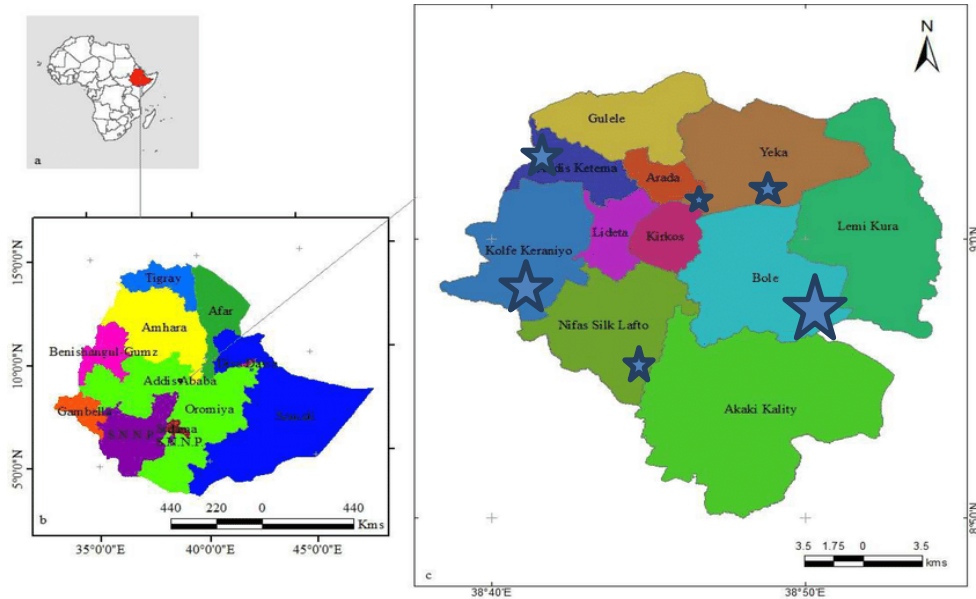


Figure 2

Geographic map of Study area (Addis Ababa)

Source: Ethio GIS(2022)

★ Implies Sub-cities area

3.2 Study Design and Approach

Qualitative research is a research process that aims to understand the subjective experiences of people(Jane , 2003).

Qualitative research is appropriate for:

1. Learning about something that isn't well-defined or measurable in numbers
2. Learning how people interpret events or experiences rather than just knowing what happened
3. Understanding how people feel about a topic instead of only knowing their opinions

The aim of using qualitative research in this topic is generally to provide an in-depth and interpreted understanding of the homeless women to learn about their experiences and

factors associated with unintended pregnancy. The collection of data was using a community based cross-sectional design within a period of 41 days to study homeless women in selected Sub-cities of Addis Ababa. Therefore Phenomenological qualitative methodology was used for this study to examine the unintended pregnancy and its implications on homeless women in Addis Ababa.

3.3 Sources of Data

In this study the research employed primary data through in-depth interviews using an interview guide. Other sources like government publications of the demographic and background information of the study areas and study population was used.

3.4 Study Population

The homeless women were selected from six subcities of Addis Ababa where the burden of homeless people existed (Bole, Yeka, Kolfe, Addis Ketema, Nifas silk lafto and Arada subcities). Homeless women in a temporary shelter after the incident of unintended pregnancy were also study participants. They were selected based on the following pre-defined criteria's.

1. Homeless women in age group 15-49 years
2. Homeless women who have had experienced unintended pregnancy while they had been at home or on the street (current, recent or past) but gave birth at the street.
3. Women who experienced unintended pregnancy while living in Addis Ababa.
4. Those who are willing to participate.
5. Women residing in homeless shelters, public spaces, and places of worship.

3.5 Data Collection Technique and Instruments

Interview

The interview was preceded by screening questions to rule in target study Population.

Data collection period was from September 19- October 31, 2024. Using the unstructured in-depth interview guide the homeless women were asked questions in Amharic language. No interpreter was required as all were able to comprehend and respond in Amharic language. The unstructured nature of the interview offered a flexible and freedom to explore deep into their stories.

3.6 Sampling technique

Due to the unstable nature of the target population, Purposive sampling mixed with snowball method was used mainly in the places of the city where the burden of homeless women was high. This helped to intentionally select and find the target population.

Administrative staff of the YamlakLijoch Foundation (YLF) selected participants based on our predetermined inclusion criterias.

The sample size was determined based on the saturation of data and occurrence of recurring themes related to factors of unintended pregnancy.

3.7 Data collection procedure

In order to get sufficient data rich in information, an unstructured interview guide was prepared first in English and then translated to local (Amharic) language. Women were found from seven sites of the city and were briefed about the objective of the study so they can build trust on the investigator. After receiving their informed verbal consent they were offered to pick an area for their privacy.

During data collection some interviews were interrupted by people passing for various reasons. Law enforcement i.e. a Police officer had interfered an interview once to inform our trespassing the corridor greenery planted area. Three/four interviews were also interrupted due to the emotional reactions (crying) of the women while narrating stories and recalling a traumatic pregnancy experience. After a brief pause and an empathetic approach we were able to continue and finish without any interrupted interview.

Six interviews took place in an office setting while ten were outside on the streets. A high quality voice recording quality of 256kbps, 48 kHz software was used for all

interviews while a hard copy of the research interview guide was always held to ask the participants questions in an ordered and flowing manner.

An average duration of interview was 20.32 minutes with the interview length successively shorting from the first to the last participant of the study. After completing the interview all participants received 200 birr as a thank you gift and rapport was made to make sure important data were not misunderstood.

3.8 Method of Data Presentation and Analysis

Unstructured interview responses were all transcribed in local (Amharic) language meticulously on the same day of the interview by listening to the audio recordings. Then respondents' responses were translated into English language. Using MAXQDA software data were initially coded into five major categories.

1. Circumstances surrounding unintended pregnancy incident
2. Challenges of women with unintended pregnancy
3. Community's belief towards contraception and its influence
4. Individual factors related to unintended pregnancy
5. Challenges and coping mechanism during life as homeless mother

Data with familiar feature and relevance to the major coding categories were labeled to one but in some cases to more than one category. The coded data's been then arranged using a highlighter to come up with a broader pattern that will be seen as a theme. After major themes were identified evidence for these themes were used to support the analysis and the research objective. While exploring driver of unintended pregnancy in homeless women narrative model of qualitative research is used here.

3.9 Ethical considerations/issues

Ethical clearance was granted from AAU College of Development studies, Center for Population Studies ethical committee. Informed verbal consent was obtained from all participants before conducting the interviews. All data collected including names during the interviews kept confidential by using the initial alphabet letter of the names of

participants. Interview records and transcribed data are also kept solely at the hand of the interviewer. An ideal setting had been maintained to conduct interviews separately to avoid duplication of responses by participants. Their interviews also respected religious beliefs and cultural boundaries of participants. After finishing interviews, rapport was made between the interviewer and respondents to crosscheck for misperceptions. Upon conclusion of interviews participants were given appreciation for their contribution adding a brief word of advice on the prevention of future unintended pregnancy.

CHAPTER FOUR

RESULTS AND DISCUSSION

4 RESULTS

4.1 Demographic characteristics of study participants

The study included a total of sixteen women from diverse regional backgrounds. Four women were from the Southern Nations, Nationalities, and Peoples' Region. Four women each hailed from the Addis Ababa and Oromia regions. Additionally, two women were from the Amhara region. One woman was from Sidama region while one other woman was reared in foster care in Sodo but did not know her birthplace.

In terms of marital status, two women had been divorced, one had ended a relationship, and eleven women were single. Two women had lost their husbands and were widowed. The age distribution amongst the participants varied significantly. The oldest participant was thirty-five years old, whereas the youngest was a seventeen-year-old. 81% of the women fell within the 20-30 age range. Four participants were in their 30s, while two were under 20 years old. All but three of the participants adhered to the Orthodox Christian faith.

Regarding motherhood, seven women had one child, while over half of the participants had more than one child. The homeless experiences of the women varied, with the majority having been homeless for up to ten years. Only one participant had been homeless for less than a year (six months). The primary means of subsistence for these women was through begging, with the majority earning an average of 150 birr per day (approximately one USD per day).

Table 1: Summary of demographic Characteristics of Study Participants

Demographic Factor	Details
Total Participants	16
Regional Backgrounds	- Southern Nations, Nationalities, and Peoples' Region: 4
	- Addis Ababa: 4
	- Oromia: 4
	- Amhara: 2
	- Sidama: 1
	- Foster care in Sodo (unknown birthplace): 1
Marital Status	- Single/Never married: 11
	- Divorced: 2
	- Ended relationship: 1
	- Widowed: 2
Age Distribution	- 17 years (youngest)
	- 35 years (oldest)
	- 20-30 years: 81%
	- 30s: 4

Demographic Factor	Details
	- Under 20: 2
Religious Affiliation	- Orthodox Christian: 13
	- Other: 3
Motherhood	- One child: 7
	- More than one child: >8
Homeless Experience	- Up to 10 years: Majority
	- Less than 1 year: 1 (6 months)
Means of Subsistence	- Begging
	- Average earnings: 150 birr/day (~1 USD)

This table summarizes the key demographic aspects of the participants in the study.

4.2 Thematic Analysis

Thematic analysis is widely used in qualitative studies to analyze complex data sets. Citing King N and Rice & Ezzys' literatures Dawadi reports that it involves the identification of themes through careful reading and re-reading of transcribed data (Dawadi, 2020). As a qualitative study this study also utilized thematic analysis to reach to the following major themes and subthemes.

The major themes of this study are the following.

1. Barriers to Informed Decision-Making in contraceptive use
2. Social Pressures and Norms
3. Complex Life Influences

4. Contraceptive Challenges
5. Challenges of Homeless Women with Unintended Pregnancies
6. Coping Mechanisms during life as homeless woman with unintended pregnancy

4.2.1 Barriers to Informed Decision-Making in contraceptive use

Decision making is a capacity to seek for information and select a course of action among several possible options. According to Elline W. Dalmijn “a sense of knowing” is important in decision making process (Elline, 2024). This study also discovered significant barriers in women's choices on the use of contraceptives to avoid unwanted pregnancies. Women who were homeless in Addis Ababa faced difficult decision making circumstances for a variety of reasons. Due to lack of basic information about contraceptives, and due to the negative societal attitude towards contraceptives, these women displayed a low degree of contraceptive awareness which affected their decision making. The findings are broken down as follows.

4.2.1.1 Health Literacy Gaps

Women's ability to make informed decisions about family planning and reproductive health is hindered by limited health literacy. WHO defines it as an ability of individuals to “gain access to, understand and use information in ways which promote and maintain good health” for themselves, their families and their communities (WHO). A lack of comprehensive education about contraceptive methods leads to misconceptions and inadequate use of family planning services. Most respondents demonstrated minimal understanding of pregnancy contraceptives until they had access to a health professional. A respondent expressed her lack of knowledge as follows

“Since there is no one to check us and no health professional comes with us, I never knew about contraceptives before. But now (referring to time after her child was born) I know about injection and pill methods. A doctor told me about a ‘T’ type contraceptive that lasts five years. I was ignorant before; I had no knowledge.” (BE, Bole)

Another woman also expressed the reason for her unintended pregnancy as lack of knowledge that affected led her not to utilize contraceptives

“...Before I got pregnant, I didn't know much about birth control. That's why I got pregnant. If I had known about contraceptive methods, I would have been careful in the first place” (LX, YLF3)

4.2.1.2 Myths and Misinformation

Misinformation about contraceptives, which are often rooted in cultural and social beliefs, significantly affects contraceptive usage. Many women believe it might result in infertility or other adverse effects from contraceptives based on hearsay.

A woman elaborated her belief as stated next

"They say injections will prevent future fertility. I know that if I use them for many years, they will make me infertile.” (YT, 4kilo)

Another respondent related contraceptive use with medical side effects by saying

"...They say contraceptives cause kidney problems or co-morbidities. I stopped using injections because of the risk of uterine issues, but I got pregnant after stopping.” (YT, 4kilo)

4.2.2 Social Pressures and Norms

In Ethiopia, a woman's capacity to conceive and bear a child is regarded as a natural blessing by the community. Therefore, a woman will not be able to bear the pressure or expectations from her community of not having a child. For these reasons, women choose to become pregnant without the readiness or preparation for motherhood. Additionally, because it is believed that using modern forms of contraception goes against spiritual beliefs, women who are known to use it are not accepted by their society.

4.2.2.1 Cultural Expectations and Social Recognition

Ethiopian social norms regarding the number of children by a woman (parents) tend towards expectations of having multiple children. For instance a woman experienced an unplanned pregnancy due to societal pressure. She stated her experience as follows

"I got pregnant out of envy. When I hugged my friend's child, another women said the child's mother, 'don't give her your child; she'll take her away.' So, out of envy, I said, 'I'm going to have a child to show them I can have my own child. Therefore, I got pregnant without using protection.'"
(GD, Piassa Post Office)

4.2.3 Complex Life Influences

If the circumstances are complicated, the homeless women's current living conditions may contribute to an unwanted pregnancy. The majority of research participants experienced complicated life circumstances that resulted in their unintended pregnancies. In summary, it was discovered that women who were facing difficult living and financial circumstances also experienced psychological and emotional difficulties, which ultimately resulted in their unwanted pregnancies. A small number of other women have also been sexually victimized as a result of men taking advantage of their existing living conditions. The following is a summary of these two criteria.

4.2.3.1 Psychosocial and Emotional Struggles

Homeless women endure traumatic experiences, including the loss of loved ones, rape, and mental health challenges, which increase vulnerability to unintended pregnancies. One woman recounted:

"Our house collapsed, and my husband died in a car accident. My mind was lost. I didn't know how or from whom I got pregnant." (YLF, 1)

4.2.3.2 Manipulative Relationships

Women are often coerced into unprotected sex by men offering false promises of commitment. These relationships frequently lead to abandonment and single motherhood. One respondent said:

"I worked as a housekeeper for an unmarried man. We had intercourse, and I got pregnant. When his sister found out, he fired me, threw out my clothes, and left me homeless." (HT, 4kilo)

Another woman stated her experience

“...My friend once asked me to go have some fun in a different neighborhood. I got wasted there after she arranged for me to meet a guy and at the end I was raped without my consent, which resulted in my unintended pregnancy” (AD piassaGiorgis)

4.2.3.3 Spiritual Beliefs

Despite difficulties, many people choose to bring unintended pregnancies to term because they believe that children are gifts from God. If forced sexual victimization (rape) is deemed to be the cause of an unintended pregnancy in Ethiopia, the woman may be eligible for a safe abortion to end the pregnancy. However, women are not observed to choose that as a solution and continue to carry the pregnancy in spite of this. According to one participant:

“The creator is the one who gave me my children. I did not intend to abort the fetus.” (KM, 7gna)

4.2.4 Contraceptive Challenges

Women in this study who were aware that using contraceptives could prevent pregnancy and had tried using one kind or another had trouble using them consistently because they were afraid of the side effects. Additionally, some substance-using women struggle to control their contraceptive use. The following sub-themes comprise the findings.

4.2.4.1 Inconsistent Use and Mismanagement

Contraceptives are often used inconsistently due to a lack of proper counseling or misinformation about side effects. One woman shared:

“I got pregnant while using an injectable contraceptive. I removed the implant due to weight loss and switched to pills, but I became pregnant during the transition.” (KM, 7gna)

4.2.4.2 Substance Use and Risky Behaviors

Alcohol and drug use impair decision-making and contribute to risky sexual behaviors. A study participant whose alcohol use led to poor contraceptive decision stated her experience as,

"I was drunk when I met the father of my daughter's whom I got pregnant from. I was not cautious, and an unintended pregnancy occurred." (TD, 7gna)

Another person also shared her story by saying

"I chew khat and drink alcohol to cope. This affected my decision making to use contraceptives and seek reproductive health services. This led to my unintended pregnancy". (MM, Piassa)

4.2.5 Challenges of Homeless Women with Unintended Pregnancies

Women who should have had access to utilized medical abortions for unintended pregnancy due to rape, they have lacked the opportunity to do so due to financial constraints. Despite this, they cope with the unintended pregnancy and face social shame when others learn about the pregnancy's circumstances.

4.2.5.1 Limited Access to Reproductive Health Services

Homeless women often face financial and logistical barriers to accessing safe reproductive health services, leading to unsafe abortion attempts. One woman had attempted twice using two methods which she thought would be successful. She responded to the question about the experience as this

I used a dozen pills to get the fetus out. I drank all the amoxicillin capsule on strip with coke and the fetus could not abort at all. Then I crushed grawa and drank it with coke but could not work either. (TD, 7gna)

And another respondent also had an attempt to self-abort which failed. She said

"Some women told me to drink coke mixed with ash before the coke gas came out, it would cause a miscarriage. I drank it but didn't result in miscarriage at all." GD Piassa PO

Another woman had also attempted to self-abort but using a different method than the ones mentioned above

“I have used many things to terminate pregnancy. I tried to abort the pregnancy by drinking alcohol. I wished my creator to take me forever or to end the pregnancy.” LX YLF3

This person also stated her experience of challenge of accessing a safe abortion and its consequence as this

“When I went to have an abortion at two months pregnant, I was asked for a large sum of money, but at the time, I had none. I was informed that the abortion was not feasible when I collected funds for it. When I asked someone how to get an abortion, she suggested drinking Coca-Cola with ampicillin, but it didn't work. Thus, I abandoned the notion of an abortion.” KO YLF4

This unsafe abortion attempt has risks to the wellbeing of both the mother and the fetus in the long run. Medical complications of using drugs and toxic chemicals can lead to detrimental effects to the women's physiological functioning of their bodies.

4.2.5.2 Social Isolation and Stigma

Pregnant homeless women experience social rejection and stigma, often leading to feelings of hopelessness. One participant said:

“...My sisters mocked me and said, 'you're having a baby without a father.’” (KO, YLF 4)

4.2.6 Coping Mechanisms

Unwanted pregnancies cause women to go through a number of psychological states and act right away. Turning to God (the creator) was the most prevalent and reliable coping strategy used by women. They find meaning in the unplanned pregnancy because they primarily believe that God has a purpose for everything and will find a way to deal with it. Other women who are raising their children on the streets also use drugs to help them forget their problems and evade life's obstacles. Here is a summary of the results.

4.2.6.1 Faith and Spirituality

Women rely on their belief in God to find meaning in their struggles. One respondent stated:

"Until today, I have received no support except from God." (AD, PiassaGiorgis)

While most women have belief in their God several there have also been times where they have expressed emotional conflict with the divine powers by blaming God for the "challenging path he is making them go through." A woman stated this as follows

"I cry and let the past be the past. I don't attend church because I feel unworthy of being there" (BO meg)

4.2.6.2 Avoidance Strategies

Women use distractions, such as work or caring for children, to cope with stress. One woman said:

"When I see my daughter smile, I feel hope despite my struggles." (MB, Piassa)

4.2.6.3 Substance Use as Emotional Escape

Substances like alcohol and *khat* (*Catha edulis*, also known as *Bushman's tea*, especially in South Africa, is a flowering plant native to eastern and southeastern Africa (www.wikipedia.org) are commonly used to temporarily forget stress. Almost half of the participants were forced to experience substance use and addiction during life as a homeless mother. There is also one respondent who openly admitted that she smokes *hashish* (derived from marijuana flowers) use during times of stress. One participant shared her experience by saying

"I chew khat and drink coffee to forget my stress." (KM, 7gna)

And Mmpiassa said

“I use drugs. I like hashish. It helps me forget. I enjoy using it. I chew khat to forget my stress.”

4.3 DISCUSSION

The objective of this study was to explore and analyse the drivers for unintended pregnancy among homeless women in Addis Ababa. According to their demographic data, all of the women were not educationally literate; the highest level of education they had reached was the tenth grade, and three of them had never attended school. This is a similar finding with a study which assessed the experience of maternity health utilization and challenges in Axum where eight of the twelve homeless women were literally illiterate (Hailay Gebreyesus, 2019).

Four main themes recurred as drivers for unintended pregnancy in these study participants. Barriers to decision making towards contraceptive use were the first major driver for the unintended pregnancies among these women. Decision making in relation to pregnancy is the process of choosing what is best for the mother and her fetus. This is through informed decision or shared decision between the mother and her husband/partner as well as health care personnel which is the most established model in Medicine (Cassandra Yuill, 2020).

This study showed, gaps in health literacy and Myths and misinformation regarding contraceptive methods as the primary factors limiting the homeless women's ability to make decisions. These women are less accessible to health personnel due to their unstable nature. Until they become pregnant and seek delivery services at health clinics, these populations are not visible to health promotion initiatives or rights organizations (Cristina Elisa Nobre Schiavi, 2023). This makes health education targeting homeless women difficult. Therefore they lack opportunities to gain basic knowledge that might have helped with decision making on contraceptives. Consistent with this Hailay Gebreyesus et al reported in his finding that Lack of permanent place and awareness were hindering homeless women from using the services (Hailay Gebreyesus, 2019). Due to their low educational attainment, homeless women have limited opportunity to promptly determine

the most appropriate form of contraception to avoid unwanted pregnancy. The majority of study participants told this story. Their insufficient understanding of contraceptive choices is a defining characteristic.

The societal standards that women are influenced by are an unanticipated yet extremely potent factor in their decision-making. The most prevalent is the unfavorable opinion that people have about using contraceptives. The majority of women believe that using contraceptives will lead to future issues with fertility. Most often, they claim that injectable contraceptives increase the chance of infertility. In South Africa women also reported similar perceived side effects such as infertility (Kim Jonas, 2022). The women also claimed that other techniques led to concomitant medical complications like kidney disease and miscarriage. Even women who use contraceptives do not fully trust that they are safe. As a result, irregular contraceptive use leads to unintended pregnancy. Societal influence was reflected in the rural parts of Ethiopia. The more children a woman bears, the more societal respect and dignity she gains. As a study done in 2016 GC at Tigray showed, despite the introduction of family planning, the social norm related to the desired number of children remains skewed towards more children. For example, a woman in an FGD in TahtayKoraro, Tigray, said, “Most people have 7 and 8 children,” even though some couples use contraceptives and have 3 to 4 children (Nandita Kapadia-Kundu,, 2022). When asked how they would address unwanted pregnancies in the future, the majority of women assign more blame to themselves than to the outside body. Typically, they advocate for women to be in charge of their own advantages. Additionally, they typically urge women to utilize contraceptives while they are unmarried. According to these perspectives, women use their experience as a teaching tool.

The second major theme was the complex life influences which made these women susceptible to unintended pregnancies. Life is challenging for homeless people since they may experience mental health issues. Due to their experiences with unstable psychological states, two study participants were forced to experience an unintended pregnancy against their will. Therefore, it is necessary to examine in detail the catalytic effect of psychological instability linked to unplanned pregnancy and homelessness adding to difficult life conditions. Unstable psychological state affects decision-making.

Thus, it is crucial to address the psychosocial needs of homeless women. Women's were also manipulated to forced coercion. The majority of women had unplanned pregnancies outside of marriage or a committed relationship by men they met casually. We explored that men utilized women to meet their sexual desires. It was a turning moment for these women since they had high expectations that they would have a long-term relationship with the men they met. Their partners typically leave them within a few days or weeks of knowing they are pregnant. This indicates that shared decisions regarding contraceptive use was not made. A quantitative study in Arsi Zone showed that Homeless women who lack autonomy to use contraceptive had three times more likely to experience unintended pregnancy (Robera Olana Fite, 2018). Similar to the general population, women's opinions about the usage of contraceptives are greatly influenced by their spirituality. Using emergency contraception or other reproductive health services, such as abortion, is considered a crime against nature by the majority of Orthodox Christians. Most people think that children are a gift from God. Amirrtha Srikanthan and Robert L Reid stated in their study that at its strictest, the Orthodox Church permits only abstinence as a method of contraception (Amirrtha Srikanthan, 2007). Therefore, most women would not approve of ending an unplanned pregnancy. They believe that God has blessed them. The women's balancing act gives them strength and prevents them from terminating their pregnancy even if they have legal indications.

Challenges with contraceptives were the second main factor identified. The majority of women had inconsistent contraceptive use on a regular basis. They had insufficient knowledge to utilize different options of contraception, when they miss a date. Within this window a sexual intercourse might lead to an unplanned pregnancy. Therefore they perceive the previous method as an ineffective contraceptive method which leads them not to choose its use. Because short term contraceptives are reversible the contraceptive effect quickly weans off and women can lead to an unplanned pregnancy (Robert A, Hatcher, MD, 2007). So, "contraceptive shifting" is a visible deficiency among these women. The prioritization of time to beg money for food (survival), than taking time to go the health center for FP service was another frequent driver for inconsistent contraceptive management. Instead of going to the health centers, women prefer to remain on the

streets to use illicit drugs or beg for money. This further leads to an inconsistent contraceptive use and unplanned pregnancy.

A woman typically uses coping mechanisms or takes measures to manage her life after experiencing the difficult situation of an unplanned pregnancy. A common experience heard in these scenarios is their choice to end their pregnancies on their own. From our investigation, several women admit that they had the plan to self-abort, while a few have even attempted self-abortion using various methods, such as ingesting medications, toxic chemicals and inert substances with all attempts failed. Few who could have got a legal abortion due to rape have sought a formal abortion at medical facilities, but were unable to receive the procedure on time because of a delay due to financial constraints and hence the passage of the optimal window for safe abortion. This highlights the lack of access to RH service not only before pregnancy but also after an unintended pregnancy. The community has made disparaging remarks about these ladies who have been spotted pregnant or carrying infants. They are stigmatized. They are thought to be irresponsible or attempting to exploit their pregnancy by pleading for money. However, the women clarify that people are critical of them despite not knowing the pregnancy's history. US experience of legalizing abortion service has seen the decline in an unsafe abortion service and its complications since 1973 (Brown SS, 1995). As mentioned above the issue of psychological consequence of carrying an unintended pregnancy also gets attention with improvement of reproductive rights to women in any stage of her life.

We also attempted to investigate how these women coped with the difficulties of being homeless, pregnant, and a mother. It is a fact that the social and community support of homeless women are weak. Except few support groups like YLF and GOH who actively engage in finding these "women in need" to give support, no other body including religious institutions do nothing to approach them. Therefore women had varying strategies to cope. Most women try to cope with stress emotionally. They experienced hopelessness and depression to the extent of loss of interest in life. Despite their strong belief of having children as a gift from God, their spiritual bond with God was weak. Even their "challenges" in their life's events was attributed to God. In terms of spirituality and coping, we observed this paradox in these women. Few of the women

choose using substances like alcohol, cigarettes, and khat regularly. This way the women hoped to forget about their problems.

Strengths and Limitations

Strengths

The study led to exploration of homeless women using a well prepared interview guide with easily understandable open ended questions. There was a field assistant who screen and select target candidates. So this assured the legibility of inclusion and exclusion criteria. Data was collected by the main researcher that ensured important topics and issues are not left out. We have used a high definition audio recorder and transcribed our data clearly. After transcribing raw data, it was translated to English language, and using MAXQDA12 software qualitative data analysis was made.

Limitations

Among some of the limitations on this research, the major one was finding target population who meet the inclusion criteria. But by widening the study area, enough study participants were found. Another limitation was shortage of relevant published literature on the topic. The third limitation is the fact that the study investigated the experience of sixteen women at only six sub-cities which makes generalizability difficult. Also, the consequence of homelessness on the lives of the homeless women and their children was not addressed. Lastly there was a limited attempt to investigate the background of homelessness.

CHAPTER FIVE

5 CONCLUSION AND RECOMMENDATION

5.1 Conclusion

The study mainly explored and identified four major drivers for unintended pregnancy among these women. Challenges of Decision making regarding contraceptive use was a significant finding among the homeless women who had unintended pregnancies. This resulted from the low level of Health Literacy among the women. The low educational level adds an effect to support this finding. Decision making of these women is also influenced by other cultural thoughts. These were the most important drivers for unintended pregnancy among the homeless women.

Most drivers of unintended pregnancy are interlinked. Contraceptive challenges and inconsistencies for example have occurred due to health literacy issues while engagement in daily life routines also led to poor health seeking hence poor prioritization. Both of these drivers eventually contributed to unintended pregnancy in the women. Aside from reasons on the women's side, we witnessed poor attention and support towards this vulnerable population of homeless women. If such activities existed, women can build an improved decision making and lives as a whole.

Attitude towards contraceptive use is skewed among these women in a similar fashion to women in the general population. Therefore reproductive health education by health institutions and interested associations is necessary to bring attitude change on women of reproductive age. Even though questions still exist on Religious institutions and their school of thoughts regarding use of modern and scientific reproductive methods, a comprehensive form of religious thoughts is important to improve women's decision making. Additionally, women did not have the spiritual support from their religious organizations. Such actions by these organizations give women a psychological lift and give their lives purpose and hope. This is important as homeless pregnant women living alone are helpless and prone to develop medical or psychological problems which require spiritual support to manage and overcome challenges while being a homeless mother.

As a summary as the drivers of unintended pregnancy among homeless women in Addis Ababa was a web of major interlinked factors which are put into six major themes. These are barrier in reproductive (contraceptive) decision making, social pressure and societal norms regarding contraceptive and reproductive issues, influences related to the personal life of the women and mismanagement of contraceptives and poor health seeking behaviors. As we delved to investigate their coping strategies we also found that their coping strategies to life stressors to be drivers of the unintended pregnancies by perpetuating a loop of cause and effect of unintended pregnancy in these homeless women.

5.2 Recommendation

There is lack of evidence on the topic in Ethiopia showing the extent of how much homeless people are neglected. Several support organizations like YLF (Yamlak Lijoch Foundation) and GOH/GFSK (Glimmer of Hope and Glimmer for street kids) were the only organizations found supporting homeless women with unintended pregnancies. YLF supports women in their postnatal periods offering shelter as well as materials and psychological support for six postnatal months. They also provide capacity building training to help them become good decision makers in their lives. GOH/GFSK also supports single homeless women through outreach program to address their needs like health education and serve meal to the women in their head office compound at Koshe. So involvement of more support groups like YLF and GOH/GFSK is needed on this area to make effort to improve the situation.

Based on our conclusion, health literacy initiatives are recommended to homeless women by Government Health authorities' through a team of health personnel like health extension workers. This could involve implementing targeted outreach programs, to give reproductive health education and contraceptives by collaborating with community organizations to easily access this marginalized population. Additionally, it is important to address the societal norms that may be limiting women's ability to make decisions about their reproductive health. This could involve challenging harmful stereotypes and promoting family planning in all important institutions. Human Rights and social work organizations should increase their visibility and accessibility to homeless women to

empower them to make better decisions before they encounter difficult life situations. By addressing these factors, we can help improve the health outcomes of homeless women and ensure that they have the information and resources they need to make informed decisions about their reproductive health.

In order to meet women's reproductive care needs, the Federal Ministry of Health must establish a system that brings change regarding their reproductive decision capacity which will lower the risk for unintended pregnancy among these women. In order to reach these women and other women who are at risk of homelessness, frequent visits or psychological and social support should be established in all health centers or through mobile campaigns.

Additionally, religious organizations ought to offer a well-rounded teaching inclusive of both modern medicine and spirituality which will help women to make choices that are in their best interests.

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APPENDICES

Ethical clearance

College of Development Studies
Center for Population Studies
Ethical clearance review for MSc students

Name of the applicant: Mikias Nigatu

Title of the proposal: Exploring the Drivers of Unintended Pregnancy among homeless women in Nifas Silk Lafto sub city of Addis Ababa, Ethiopia

Major criteria used	Yes	No	Not applicable
Scientific importance and validity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment of Risks/Benefits	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Informed consent	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidentiality and right to privacy clearly shown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rights of the participants clearly mentioned	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fair participant selection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Decision: Approve Reject Conditional Approval (please state the conditions)

Name of approving body: Center for Population Studies, Ethics Committee

Name: Chalachew Arega

Signature:

Date: 17/11/2020



Survey guide

This interview guide was prepared by Addis Ababa University Center for Population Studies graduate student MikiyasNegatuDemssie for his Master of Thesis research paper.

1. Demographic information

Can you please tell me some identifying information about yourself? Yes_____ No_____

- Age: _____
- Marital status: _____
- Educational status: _____
- Number of children: _____
- Place of origin: _____
- Religion: _____
- Employment status: _____
- Daily income/monthly income: _____
- Source of income: _____
- Duration of homelessness: _____

2. Knowledge and Attitudes related questions

- What do you know about pregnancy contraceptive methods (types, effective duration)?
- How do you feel about using contraception? What factors influence your decision to use or not use it?

3. Access to Healthcare related questions

- Have you ever sought medical help regarding reproductive health? If so, what was your experience like?
- What barriers do you face in accessing healthcare services?

4. Social Support Systems related questions

- Who do you rely on for support in your daily life?
- How do your relationships with friends or family influence your decisions regarding pregnancy?

5. Cultural Influences

- What cultural beliefs do you think impact views on pregnancy and contraception in your community?
- How do you think these beliefs affect your personal choices?

6. Psychological Factors

- Can you describe any experiences that have impacted your mental health or feelings about pregnancy?
- How do you cope with stress or trauma related to your living situation?

7. Experiences with Pregnancy –

- Have you experienced any unintended pregnancies? Can you share your story?
- What were the circumstances surrounding that experience?

8. Final Questions –

- What changes do you think could help improve the situation for homeless women regarding reproductive health?
- Is there anything else you would like to share about your experiences or thoughts on this topic?

Plagiarism Report

Exploring Drivers of Unintended Pregnancy among Homeless Women in Addis Ababa

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