ADDIS ABABA UNIVERSITY

COLLEGE OF HEALTH SCIENCES

SCHOOL OF NURSING AND MIDWIFERY

POSTGRAGUATE PROGRAM

REASONS AND LIVED EXPERIENCES OF WOMEN WHO UNDERGONE REPEAT INDUCED ABORTION; IN WOLAITA SODO TOWN, WOLAITA ZONE, SOUTHERN ETHIOPIA, 2021.

QUALITATIVE PHENOMENOLOGICAL STUDY

BY: KIBREWORK BEZABIH BANTERO (BSc.)

A RESEARCH PROPOSAL SUBMITTED TO SCHOOL OF NURSING AND MIDWIFERY, COLLEGE OF HEALTH SCIENCES, ADDIS ABABA UNIVERSITY IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR DEGREE OF MASTERS IN MATERNITY AND REPRODUCTIVE HEALTH NURSING

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NAME OF ADVISORS:

1. **LEUL DERIBE (BSc., MPH/RH , Assistant Prof., PHDstudent,)**
2. **JEMBERE TESFAYE (BSc., MSc. Lecturer)**

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APPROVAL BY THE BOARD OF EXAMINATION

This thesis by **Kibrework Bezabih** is accepted in its present form by the board of examiners as satisfying thesis requirement for the degree of masters in maternity and reproductive health nursing.

EXAMINER:

Roza Teshome MSc., Assistant Prof, PhD Student _____ _____

NAME RANK SIGNITURE DATE

RESEARCH ADVISORS:

Leul Deribe MPH/RH , Assistant Prof., Phd Student,) _____ _____

RANK SINGANTURE DATE

Jembere Tesfaye (Bsc., Msc. Lecturer _____ _____

NAME RANK SIGNITURE DATE

DEPARTMENT HEAD

_____ _____ _____ _____

NAME RANK SIGNITURE DATE

STATEMENT OF DECLARATION

By my signature below, I honestly declared that this research thesis on reasons of women who undergone repeat induced abortion; in Wolaita Sodo Town, Wolaita Zone, Southern Ethiopia is my own work and all the sources that I have used indicated and acknowledged by means of complete references. I have followed all ethical principles of research in the preparation, data collection, data analysis and completion of this thesis. All scholarly matter that is included in the thesis has been given recognition through citation. I affirm that I have cited and referenced all sources used in this document. Every effort has been made to avoid plagiarism in the preparation of this thesis.

This thesis is submitted in partial fulfillment of the requirement for a graduate degree from the Addis Ababa University at College of Health Sciences, School of Nursing and Midwifery, Department of Midwifery. The thesis is deposited in the Addis Ababa University Digital Library and is made available to local, national and international scientific community. I solemnly declare that this thesis has not been submitted to any other institution anywhere for the award of any academic degree, diploma or certificate.

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Name: Kibrework Bezabih (BSc.) Signature: _____ Date: _____

RESEARCH ADVISORS

Leul Deribe MPH/RH , Assistant Prof., Phd Student,) _____ _____

NAME RANK SINGANTURE DATE

Jembere Tesfaye (Bsc., Msc. Lecturer) _____ _____

NAME RANK SIGNITURE DATE

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ABBREVIATIONS

CSA - Central Statistics Agency

FP - Family planning

IDI - In-Depth interview

IPV - Intimate partner violence

IUCD - Intrauterine contraceptive device

LARC - Long acting reversible contraceptives

MOSHE - Ministry of Science and Higher Education

PAC - Post abortion care

PAFP - Post abortion family planning

PI - Principal investigator

RIA - Repeat induced abortion

SAC - Safe abortion care

SNNPR - South nation, nationalities and regional sates

US$ - United states dollar

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ABSTRACT

Background: Induced abortion is surgical or medical termination of a live fetus that has not reached viability. Repeat induced abortion refers to a condition in which a woman has at least one previous history of induced pregnancy termination. It bound in a vicious cycle with repeat unintended or unplanned pregnancy and remains rising concern in the international community, particularly for developing countries. Repeat induced abortion is commonly associated with contraceptive type a woman use, that is not well suited to her status. If it is not corrected after a first abortion, the risk of having repeat abortions will increase. **Objectives:** This study was aimed to explore and describe the reasons of women, who undergo repeat induced abortion; in Wolaita Sodo town, Wolaita zone, Southern Ethiopia. **Methods:** A qualitative phenomenological study approach was conducted from February 15 up to March 22, 2021 among women in Wolaita Sodo town. Women between 17 and 35 years old, who had been repeat induced abortion seekers and used to live in Wolaita Sodo town were selected using purposive sampling. The investigator conducted the interviews by using semi-structured interview guide through In-Depth interview data collection method. Data were audio recorded, transcribed verbatim and translated in to English and at the end imported to ATLAS.ti 8 software for coding. Analysis was done deductively. Code book development, peer debriefing, multiple coders and audit trials were applied to maintain rigor of the data. **Result:** The findings revealed reasons of repeat induced abortion among women at maternal, partner and family, healthcare and educational institution, community and policy level. It also explored effects of abortion and unwanted pregnancy in the women's perspectives. Economic problem, fear of contraceptive side effects and desire to limit number of children were repetitively mentioned reasons. **Conclusion:** Study revealed multiple reasons for repeat induced abortion in holistic manner; and presented key emotional and physical effects of abortion and unintended pregnancy. **Recommendations:** multistage interventions at individual, family, community, institutions and policy level are suggested to prevent the problem.

Key words: Repeat induced abortion, Reasons, Contraceptive use, Women, Ethiopia.

1. INTRODUCTION

1.1 Background

Abortion means ending of pregnancy from the uterus spontaneously due to complication or intentionally induced before reaching of viability. Mostly use of the term "abortion" commonly refers to induced or intended termination of pregnancy, and many prefer miscarriage for spontaneous or unintentional loss of pregnancy. Induced abortion describes surgical or medical termination of a live fetus that has not reached viability (1).

Induced abortion is frequently a consequence of inadequate contraception and/or none use of contraception (2). None use of contraception may be related to unavailability of family planning service/too far (indicator of contraceptives unmet need), fear of side effect, religious prohibitions, inconvenience of available methods to use, husband and others opposition (3). Abortion can also be classified as safe or unsafe (4). Repeat induced abortion refers to a condition in which a woman has at least one previous history of induced pregnancy termination (5).

Globally, from 2015–19, 121 million pregnancies were unintended, which corresponded to yearly rate of 64 unintended pregnancies for 1000 women of reproductive age group. About 48% of pregnancies are unintended and 73.3 million induced abortions happened annually on average, which correlates to a global yearly rate of 39 induced abortions per 1000 women of reproductive age group. These estimates show that 61% of unintended pregnancies ended in abortion. The percentage of unplanned pregnancies ended in induced abortion increased 18% over the 30-year period since1990-2019 from 51% to 61% in 2015-19 (6). In Africa, about one in every seven pregnancies (15%) ends in an induced abortion (7).

According to recent studies, prevalence of induced abortion in Ethiopia ranges from 18.8% among Mizan Aman health science college female students (8), 42.7% in Harari regional state (9), and 68.7% among female students of Hawassa University (10). Secondary analysis of Ethiopian Demography and Health survey 2016 data revealed that, the national prevalence of induced abortion in Ethiopia was 8.9% (11). In 2014, in Ethiopia, 620,300 number of induced abortion supposed to occur with yearly rate of 28 pregnancy ending per 1,000 women in reproductive age group. It is increased from 22 induced abortions per 1000 women in 2008 and remains lower than the estimated rate of 34 per 1,000 women for East

Africa region as a whole. The induced abortion ratio in 2014 was 17.6 abortions per 100 live births, showing that there was nearly one induced abortion for every six pregnancies that ended in a live birth (12).

Repeat induced abortion is bound in a vicious cycle with repeat unintended or unplanned pregnancy (13). It remains rising concern in the international community, particularly for developing countries. Its prevalence is high and ranges from 21.3% in China (14) to 43.7% in Finland (15). It signifies the highest problem of unplanned pregnancy. Women with history of multiple abortion may have difficulty of how to use contraception properly and consistently, either undergoing abortion as a means of birth control method (14).

Repeat induced abortion is commonly related with contraceptive type a woman use, that is not well suited to her status (for example, a person who tends to miss taking the pill but does not change method). If it is not corrected after a first abortion, it increases the risk of having repeat abortions and raises the question of post-abortion contraceptive counseling (16). Other reasons for having repeat induced abortion are a history of intimate partner violence, the use of a unreliable or barrier-type contraceptives (such as condoms) or oral contraceptive, and adverse life events (divorce, employment difficulties, etc.) (17).

1.2 Statement of Problem

Abortion is the most common problem in both developing and developed countries. Rates of maternal death due to abortion is decreasing by 42% for the last 25 years since 1990 - 2014 from 108 maternal demise per 100,000 abortions to 63 demise per 100,000 abortions with the highest rate in Africa, 141 per 100,000 abortions (18). With the exclusion of a few countries, access to safe induced abortion in developing countries is bounded to a very small number of narrow circumstances. By contrast, greater than half of all women living in an underdeveloped nations are at risk of having one or more pregnancy that is unplanned in their lifetime (19).

Majorly young women are at high risk due to their inability to use contraceptives which predisposes them for repeat induced abortion (14). One of the important parts of safe abortion care (SAC) services is integration of post abortion family planning (PAFP) in order to avoid repeat unwanted pregnancy and as well as occurrence of induced abortion repeatedly. In addition to post abortion family planning, treatment of abortion complications is considered as one of the main constituent of the safe abortion care (SAC) model (20). Most women reporting a previous one or more intentional ending of pregnancy also state their pregnancy was unplanned (7).

Women who have a previous history of recent pregnancy termination are more likely to stop using contraceptives throughout follow up period of 1 year (13). Most of the time, women who had undergone induced abortion are at increased risk of pregnancy almost immediately after abortion. Annual services and supplies of modern contraceptive costs, averagely, 3%–12% of the price of managing a post abortion care (PAC) patient (21).

When women have multiple induced termination of pregnancy, in setups with limited access of safe induced abortion service, it can worsen health risks for women (7). Worldwide, an estimated 25 million unsafe induced abortions occur each year and contribute to 7.9% of maternal deaths and it was also a first ranking cause of maternal morbidity. Unsafe abortion is fifth leading direct cause of pregnancy-related maternal mortality. In many African countries, a high percentage (15%–30%) of health institution gynecological admissions are as a result of consequences of unsafe induced abortion and subsequent abortions are common. Around 7 million women are admitted to hospitals every year in developing countries due to unsafe abortion. The estimated yearly cost of

treating major post abortion complications due to unsafe induced abortion is US$553 million. (21).

In Ethiopia, the number of women accessing treatment for complications because of pregnancy termination done out of as well as in health institution increased from 2008 to 2014, uprising from 52,600 to 103,600 (22). Multiple induced abortion is linked to adverse pregnancy outcomes in future pregnancies. Women who have undergone previous repeat induced abortion are at increased risk of ectopic pregnancy, fetal loss, low birth weight babies and preterm delivery in future upcoming pregnancies (16).

Understanding and identifying the reasons of women for undergoing induced abortion repeatedly in the women's perspective helps in identifying the gaps; and designing and implementing interventions based on the reasons and needs of the women. So that, findings from this study would provide an in-depth information about the reason of women who undergone repeat induced abortion in Wolaita Sodo town. Therefore this study was conducted in order to answer research questions of

- Why women undergo repeat induced abortion?
- What are the predisposing conditions of women to seek induced abortion services repeatedly?

1.3 Significance of Study

Induced abortion is one of the greatest human right dilemmas, and the need for scientific and objective information on the matter is therefore imperative (4). According to manuscripts reviewed on causes of maternal death in Ethiopia, among the direct causes abortion related complication mainly unsafe induced abortion accounts for 8.6% of overall maternal deaths (23).

Abortion especially induced abortion is a highly sensitive issue and pregnancy related maternal health concern. Even some studies done in Ethiopia, which shows the prevalence and associated factors for repeat induced abortion, but there is limitation of studies done on the reasons of women who undergone repeat induced abortion in the women's perspectives despite of having many options of preventing repeat unintended or unwanted pregnancy.

This study would assist the policy writers and program enforcers to think about the methods of precluding multiple unintended pregnancy and repeat induced abortion at individual, community, health facility and community based level. It also helps to address the reproductive health and contraceptive service needs of women. As the first qualitative study on reasons of women who undergone repeat induced abortion, it would also help for researchers as a reference tool and baseline information for further study.

2. LITERATURE REVIEW

2.1 Introduction

Repeat induced abortion (RIA) constitutes for a high percentage of entire induced abortion in many countries. In spite of many adverse effects on health of women, children, family and society, significant number of women undergo greater than single abortion in their reproductive lifetime (24).

Globally, repeat induced abortion has high occurrence in different countries, such as in Belgium, occurrence of multiple induced abortion as much as 31.5% (25), in United States 44.8% (26), in Switzerland 30.1% (27). As mentioned by a study done in Northern Portugal, the incidence of repeat abortion is 5% (28). A cross-sectional study done in China found that 34.8% of women who visited maternal and child health hospital, at Hubei, had previous history of one induced abortion, and 65.2% women experienced 2 or more abortions (29).

In Africa, as stated by a study carried out in the region of Monastir, Tunisia, 42.2% of women seeking abortion had experienced one, two or more subsequent induced pregnancy termination. From these women, 59.7 % were undergoing second, 30.8 % third, 9.5 % fourth or more induced abortions (30). A study in Nigeria revealed rate of repeat induced abortion as 23%. About 32.3% of women seeking repeat induced abortion have had two or more previous induced abortions (31). In Kenya, about 16% of women who visited health institutions to get post abortion care succeeding an induced abortion stated that they have a previous history of induced abortion (24). The study done in Ghana showed that 34.6% of the women had a previous history of induced abortion (32).

In Ethiopia, more than one induced abortion is becoming a normal practice among women that requires attention. From a recent study, repeat induced abortion accounted for 33.6% of total of induced abortions (33). According to institutional based cross-sectional study done in Debreberhan town the magnitude of repeat induced abortion was 20.3% (34). In the study done in Debremarkos town magnitude of multiple induced abortion is found to be 34.9% and 78.6% of the women had their last pregnancy unwanted. Among these, 91.6% or the majority of woman who undergone induced abortion repeatedly, had only one previous abortion, around 60.1% or more than half received a post abortion family planning (PAFP) service (22).

In study done in Harari, from all induced abortion clients, 16.7% women had history of previous pregnancy termination. From these, 92.2% experienced RIA once and rest 7.8% have history of two induced abortion (9). A study done in Tigray Region showed that 33.9% of women are repeat induced abortion seekers. From these women, 87.6% had two previous abortions while10.5% and 1.9% had three, four or more previous abortions respectively (35). As indicated by a study in Jimma, 12.5% of women those come for safe abortion care service have history of previous abortion particularly around 1.0% had abortion two times (20). According to a study done in Addis Ababa in 2013, 30% (nearly one third) women told that they had minimum of one previous induced abortion (13).

2.2 Reasons of Having Repeat Induced Abortion

Reasons that predisposes a woman to undergo induced abortion repeatedly are multi-faceted and interrelated with each other. These reasons are determined by interaction of intrapersonal, interpersonal, institutional, community, and public policy level factors (29).

2.2.1 Intrapersonal Factors

Most of the risk factors for having multiple induced abortion are related with socioeconomic factors. A risk of having subsequent induced abortion is higher for women who are in their twenties compared to older (25). In contrast, increased age is highly related with having induced abortion repeatedly and women in their 30s highly probable to have RIA. Women with history of induced abortion, about 60% are aged 35 and older and 38% of women are between 20–24 ages (26). Also study done in Switzerland, China and Tunisia revealed that women with repeat abortion were significantly older than those with first intentional pregnancy termination (27, 29, 30).

As showed by a study in Nigeria majority of the women or about 70.5% seeking repeated induced abortion were aged less than 30 years while 43.1% were within 15 to 24 years of age (31). There is significant difference by women age to have multiple induced abortion as showed by a study in Kenya. The number of women who undergone induced abortion previously was much among age group of 20-24 years, while the proportion of women having induced abortion for the first-time was highest among age group of 10-19 years (93%) (24). Women who were in age group of 25–29 years, had high likelihood of having multiple induced abortion than those who belongs to the age group of 15–19 years (33).

A women who has occupation had more probability to seek multiple induced abortion than women who are students (13). Women who attended tertiary education, had graduated

from college or who are employed are significantly less likely to undergo second or third abortion than women who received less education or who attended only high school and unemployed (22, 25, 26, 29, 30). In contrast, the study done in Addis Ababa showed that women who attained higher educational level, diploma and above had higher likelihood of undergoing induced abortion repeatedly than illiterates (33).

Economic problem and being a student are also highly related with having repeat induced abortion (34). Women who have their own occupation have less likelihood of seeking multiple pregnancy termination compared to unemployed ones (22). As mentioned by a study in Tigray region, about 60% didn't have their own income and 65.7% of the women who had previous history of induced abortion are urban residents (35). Similarly urban residency is also associated with multiple pregnancy termination. Unlike rural residents, women who live in urban area have greater chance of experiencing RIA (22, 35). Additionally, women with desire of spacing child and who has not established living condition are more likely to seek repeat induced abortion (36).

There is also significant variation by marital status of the women to undergone induced abortion repeatedly as mentioned by a study in Kenya (24). There is increased risk of having multiple induced abortion for women that are unmarried compared to married ones (25). Length of years stayed in marriage is also significantly associated with having repeat induced abortion, women who stayed 5–10 years in marriage had higher chance of having multiple induced abortion than those who stayed less than 1 year (33).

Earlier age at sex debut is highly related with multiple pregnancy termination due to increased likelihood of poor contraceptives usage and higher risk of multiple unintended pregnancies. Being older age at first experience of sexual intercourse is associated with having lower chance of multiple induced abortion (29, 35). Similarly, woman who have greater than one sexual partner were more vulnerable to have RIA compared to those who have single sexual partner (22, 30, 34, 35).

Number of pregnancy and living children a woman have is found to be significantly associated with seeking repeat induced abortion. According to a research done in Addis Ababa women who were seeking multiple induced abortion reported maximum number of pregnancies (average of 3) than women who seek first pregnancy termination (13). Women who had one or more births are more likely had history of induced pregnancy termination than nulliparous (26, 27).

Repeat induced abortion seems to be closely related to the lack of knowledge and better attitude about contraceptive methods (30). Even if the women had ability to get family planning services, they are reluctant to use a contraceptive methods (37). Significantly fewer women with history of multiple pregnancy termination had used contraceptives and most women used an unreliable methods, such as condoms (27). Some women had unwanted pregnancy while using contraceptives (37). Women who don't use contraceptive methods consistently and correctly has high probability of undergoing repeat induced abortion (36).

Multiple induced abortion is more common in women who do not understand their fertility cycles and they probably conceive after menstruation immediately succeeding abortion (35). It is implications of repeat breaches, and suggests a cycle of repeated-risky sexual and contraceptive behavior and not learning from previous mistakes. Women hope that they would not become pregnant accidentally succeeding an abortion (38). Additionally, a study in Tunisia, Debreberhan town and Tigray region showed, women who consumes alcohol also have high risk to undergo multiple induced abortion (30, 34, 35).

2.2.2 Interpersonal Factors

A women who experienced violence by their intimate partner or who have less stable family relations have high risk to undergo RIA. Additionally, being separated from husband (being single) are main reasons to undergo induced abortion repeatedly as listed by the participants (30, 34, 35). Discussing with sexual partners about contraceptives were found highly associated with increased use of contraceptives (37). Increased acceptance of woman's contraceptive choice by the partner is associated with minimum likelihood of multiple induced abortion. By contrast, the probability of women’s experiencing greater than single abortion is positively related with abortion number of the closest female friend had (29). Unmarried women who discuss with family about sexual, reproductive health and family planning and get family support have lower probability of having multiple unintended pregnancy and abortion (39).

2.2.3 Institutional Factors

The new as well as other prior abortion clients are more vulnerable to have a subsequent unwanted pregnancy throughout 1-year follow up time (13). Greater than half of clients who took abortion service expressed their need of family planning to prevent further unintended pregnancy and subsequent induced abortions. But merely close to one-quarter (27%) got contraceptive method service at the facility they gained induced abortion service

(21). In most maternity health care clinics, long-acting contraceptive services are offered differently in hospitals without a systematic and well-established referral system. Due to this, women who had induced abortion and referred for family planning are often missed between family planning and abortion clinic. Next she may come with subsequent unplanned pregnancy. Even at the Marie Stops International clinic, there is common problem of lack of regular, consistent, and adequate supplies of contraceptives (40).

Women who used of long-acting reversible contraception (LARC) had lower probability of having abortions repeatedly compared with users of non-LARC methods. Repeat pregnancy termination is less likely in implant, IUCD, vaginal ring and more likely in oral contraceptives users (28). Also repeat induced abortion was more common among user of unreliable contraceptive methods when compared with those who undergone single induced abortion (29).

There is high probability of experiencing multiple induced abortion when the previous pregnancy termination was carried out by using medication as compared to surgical procedure (25, 35). Similarly, the likelihood of having multiple induced abortion is greater among women who perceive abortion procedure as not painful (34, 35).

2.2.4 Community Factors

Most of the time, premarital sex and pregnancy is unacceptable by certain societies. As showed by a study in Kenya, stigma as a result of unwanted pregnancy was commonly described, especially the young unmarried women, who were isolated from societies, their friends and family, and spreading rumor about them. This condition predisposes women to seek induced abortion repeatedly (41).

2.2.5 Policy Related Factors

In Ethiopia abortion law is liberalized. The revised abortion law of 2005 allows women to terminate pregnancies that result from rape or incest, if the fetus has a severe congenital defect, if a girl is younger than 18 years old, if pregnancy puts maternal life in danger or if the woman is mentally ill (42). This indicates a significant change from the previous act which allowed abortion only to save the mother’s life and increased abortion magnitude. There is an additional phrase in the law that states 'the woman’s word is sufficient evidence of rape or incest', and the Technical and Procedural Guidelines for Safe Abortion Services affirms that ''stated age’ is all that is needed to authorize an age-based abortion' (43).

Women who had pregnancy due to rape and from incest have high probability of undergoing RIA (30, 34, 35).

In China induced abortion was used as controlling mechanism and played a remarkable role for rapid population growth by implementing 'One child policy'. These have resulted in increased rates of induced abortion and even to practices that abuse women's right, such as being forced to undergo induced abortions in China as a one constitute of the one-child policy in the late 1970s. This significantly increased occurrence of induced abortion that a woman will have in her lifetime (44).

2.3 Conceptual Framework

The conceptual frame work for reasons of women who undergone repeat induced abortion was developed based on reviewed literatures and the model of ecological perspective of health promotion by McLeroy et al. According to McLeroy et al, health behavior is characterized by the interaction of individual and environment (45). This model is used by Zhang et al to study an ecological perspective on risk factors for seeking induced abortion repeatedly in China (29), and by Vinh, N.T and Tuan, P.C for literature review of factors that nfluence unplanned pregnancy and abortion among unmarried youth in Vietnam (46).

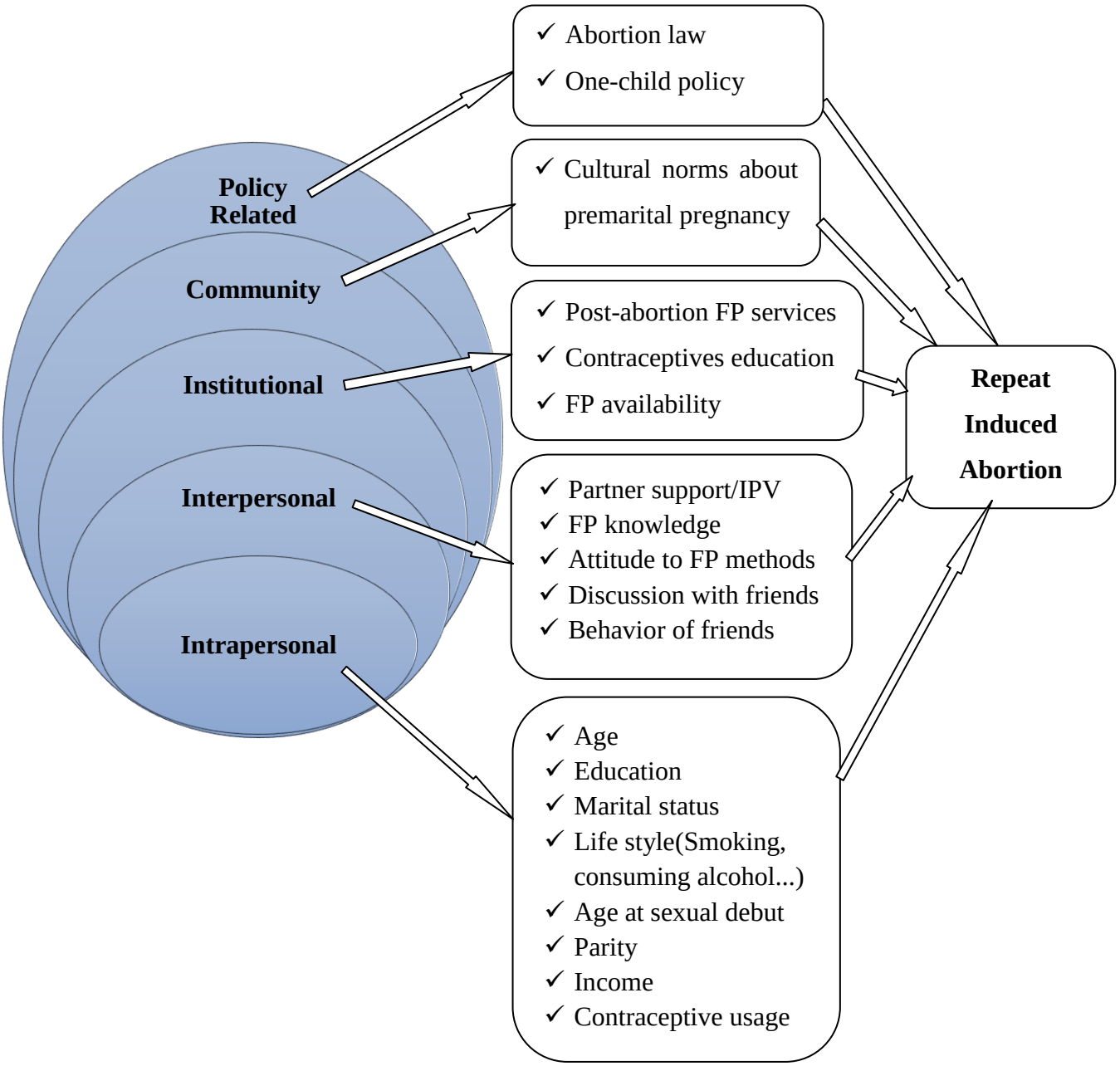

Figure 1: Conceptual framework for reasons of women who undegone repeat induced abortion;in Wolaita Sodo town, Ethiopia, 2021.

(Based on the model of ecological perspective of health promotion by McLeroy et al (45).

3. OBJECTIVES

3.1 General Objectives

- To explore and describe the reasons and lived experiences of women, who undergo repeat induced abortion in Wolaita Sodo town, Wolaita zone, Southern Ethiopia, 2021.

3.2 Specific Objectives

- To explore the reasons for seeking repeat induced abortion
- To describe effects of repeat induced abortion

4. METHOD AND MATERIALS

4.1 Study Setting and Period

4.1.1 Study Setting

The study was conducted in two health centers that give safe abortion service which were located in Wolaita Sodo town. Wolaita Sodo town located in Wolaita zone, Southern Nations, Nationalities and Peoples Region (SNNPR) of Ethiopia, which is situated 330 km south west of Addis Ababa city. It has a latitude of 6°54'N 37°45'E and longitude of 6.900^{o}N 37.750^{o}E with an elevation between 1,600 and 2,100 meters above the sea level. Based on the 2018 population projection by the CSA, the town has a total population of 254,294, of whom 125,855 were men and 128,439 were women. This made Wolaita Sodo most populous town in south region. The town had one governmental teaching and referral hospital, three governmental health centers, one private hospital which is called Sodo Christian hospital, one Marie Stops International clinic and a university.

4.1.2 Study Period

The data collection was conducted from February 15-March 22, 2021.

4.2 Study Design

A qualitative study by using phenomenological approach was conducted to explore the reasons and lived experiences of women, who undergone repeat induced abortion; in Wolaita Sodo town.

4.3 Study Participants

Women who were having post abortion care service for induced abortion at the facilities during the study period and who fulfilled the inclusion criteria were participated.

4.4 Sampling Methods

4.4.1 Sample size

The data was collected among 12 women who had history of previous induced abortion. Number of participant was determined by information redundancy or saturation, the time when no more new information, no new theme, no new coding were emerged from the data. To assure saturation, at the end of each day of interview, the data were checked for the occurrence of codes or categories and if the need for further interview in a preliminary fashion. And the researcher ensured interviews were no longer generating new information

and new interview tend to be redundant of already collected data. After having similar answers or ideas again and again, the recorded data are no longer generating new code. Data saturation was assured after tenth interview and we have added two interview to ascertain that saturation have reached.

4.4.2 Sampling Technique

Purposive sampling method was used to select women who meet the inclusion criteria and able to provide detail information. During selection of participants, variation in age, marital status, economic status, residence, educational status and number of induced abortion a woman had was considered.

4.5 Eligibility Criteria

4.5.1 Inclusion Criteria

- Women who had at least one induced abortion previously and having post-abortion care service for current induced abortion during the study period.
- Women who had previous history of one or more induced abortion within the last 24 months and gave consent.

4.5.2 Exclusion Criteria

- Women who bled profusely
- Women who refused to give consent
- Women with known mental problems

4.6 Data Collection Tools and Procedures

In-depth interview (IDI) was used which assisted by semi-structured interview guide. All those selected women who had history of induced abortion were interviewed by this method. Audio-tape recorder was used with the permission of the participants to record and capture the interview discussion.

Women were asked open-ended questions on one to one basis in a silent private room based on the semi-structured interview guide. The questions were first developed in English language and translated to Amharic language. Before data collection the questions was translated back to English language to see if the Amharic version conforms with the original document. The semi-structured interview guide included topics and probing questions focusing on the demographic information of participants, reasons and predisposing condition to seek induced abortion service repeatedly. The data was collected

by principal investigator with one note taker and assistance who has taken training on qualitative data collection and analysis. The investigator also asked follow up questions to the participants for issues raised during the interviews for more understanding and further clarification of their ideas.

The interview started with warm-up and general questions, and continuously modified throughout the data collection to include emerging issues and improve clarity of the interview questions. As central opening statement "Please, tell me about yourself?" was raised to the respective participant. In addition, in the middle of interview some minimal assisting questions such as "Can you tell me more?", "Don't you had other options?" and "What you mean when you say this?" was used. The interviews were audio recorded and field not was taken with assistance from one note taker for all of the participants. The audio taped interview ranged from 7 minutes to 40 minutes.

4.7 Trustworthiness

Four techniques was considered to assure trustworthiness of findings. These were; credibility, dependability, transferability and conformability of the study.

4.7.1 Credibility (Truth Value)

From the perspective of establishing credibility of the study, investigator used different strategies. The first was to spend prolonged engagement and extended contact with study site and participants, which helped investigator gain an insight to the context of the research and minimized alteration of information. The second was use of peer debriefing, during writing the reports the researcher received comments from peers/staffs who took training in qualitative data collection and analysis, which helped in developing the conclusion of the study. The third strategy was, using of audio-recorder during interviewing.

4.7.2 Dependability (Consistency)

To ensure dependability different techniques was used. The first was using audit trial, the collected row data checked by external auditor and asked clarification for any changes made. The second was saving audio records of participants' interview, notes taken during the interview and transcription verbatim for cross checking the process and to sustain

consistency of the interpretations. The third was using code-recode method, replication and analyzing data with independent coder.

4.7.3 Transferability (Applicability)

To ensure transferability the investigator provided thick description about research context, methodology, participants and final report. The other method was using purposive sampling which helped researcher to focus on selected participants that were particularly can give rich information about the issues under investigation and maximize the range of in-depth findings obtained from purposely selected participants.

4.7.4 Conformability (Neutrality)

To establish conformability the researcher was reflected on and considered prior personal expectations and experiences to reduce bias during data collection, coding and analysis. The other method used was using participants' word from interview transcripts to confirm that the data interpretation reflect exact participants' own word instead of the researchers' perspectives or biases.

4.8 Method of Data Analysis and Processing

Data analysis was done concurrently with data collection. Analysis began once the first interview was conducted and emerging ideas and new questions was added in the subsequent interviews throughout the data collection process. The audio recordings was transcribed verbatim in the language of interview i.e. Amharic. Transcribed verbatim was translated in to English and imported to ATLAS.ti 8 software, to aid the coding process and data was coded line by line. Analysis was done deductively by using qualitative thematic analysis.

The coding framework was updated continuously by developing code book to ensure coding consistency. Coding was carried out primarily by the investigator and another researcher also coded some of the translated data and differences in the identified codes among the coders were resolved through discussion and coding with the investigator was revised and discussed to clarify the research findings.

Identified 43 codes, according to similarities and differences, were allocated into sub-themes. Similar sub-themes were grouped into themes. Finally, the sub-themes and codes

were determined as the expression of the latent meaning of the text. During presentation of study findings, quotations of the participants' expressions will be used. In presenting findings participants were identified with a code assigned to their interview and quotations as participant - PAR and number from 1-12 according to the number of recording, in order of 1 indicates participant 1.

4.9 Ethical Consideration

Ethical clearance and official letter requesting for cooperation were obtained from Research Ethical Review Committee of Addis Ababa University, College of Health Sciences; School of nursing and midwifery postgraduate program and submitted to Wolaita Sodo town health office. The health office wrote letter of cooperation for the three health center in the town. The health center staffs were explained about the confidentiality of the data and the objective of study verbally. Each study participant was provided with written informed consent for willingness and confidentiality. The data collecting team were also respected the norm and rules of the health centers during the data collection time.

4.10 Dissemination of Study Findings

The findings of this study was submitted to Addis Ababa University, College of Heath Science and Medicine, School of Nursing and Midwifery Postgraduate Programs. Forwarded comments and suggestions will be incorporated in the document and then it will be disseminated and reported to Wolaita zone health department and Wolaita Sodo town health office where the data generated. Finally the findings will be sent to different national and international research publishing institutions for publication.

5. FINDINGS

5.1 Socio-demographic Characteristics of Participants

Participants were a total of 12 women aged 17-35 years old who were receiving abortion care services in two health centers of Wolaita Sodo town.

Table 1: Background information of participants on reasons of women who undergone repeat induced abortion; in Wolaita Sodo town, April 2021.

Socio-demographic Characteristics of Participants		**Number**
Age (Years)	17-24	7
	25-35	5
Marital Status	Single	7
	Married	5
Educational status	Primary	2
	Secondary	5
	Diploma and above	5
Occupational status	Daily laborer	1
	House wives	3
	Government employee	1
	Students	6
	Commercial sex worker	1
Frequency of induced abortion	Second	7
	Third	3
	Fourth and above	2
Time gap between current and previous induced abortion	Less than 1 year	8
	< 2 years and ≥ 1 year	4
Types of induced abortion	Unsafe IA	1
	Safe IA history	11

5.2 Emerged Themes

As presented on table 1, after coding interview data, reasons that has led study participants to undergone repeat induced abortion have been categorized in to five main themes and one theme of effects of induced abortion and further sub-themes under each main themes.

Table 2: Main themes, sub-themes, corresponding codes and descriptions

No	Themes	Sub-themes	Codes
1	Maternal related reasons	I. Contraceptive related	• Fear of side effects • Fear of contraceptives failure • Fear if families aware • Lack of information about FP • Poor FP knowledge • Rumors/Myth • Non-adherence • Partner refusal to use condom
		II. Future plans	• Continuing education • Ambitions • Limiting children • Spacing
		III. Fear of challenges/ difficulties in life	• Economic problem • Poor motherhood • Unplanned life
		V. Risky sexual behaviors	• Houses • Multiple sexual partners • Substance use • Unprotected sex
2	Partner and family related reasons	I. Abusive partner and family member	• Incest • IPV • Rape
		II. Relationship status	• Denying/ Irresponsible partner
		III. Risky sexual behavior of partner	• Multiple sexual partners
		V. Family Relation	• Talking openly
3	Healthcare and educational institution	I. Schools and educational institutions services	• Trainings • Not User Friendly
		II. Healthcare institutions not providing post-abortion FP counseling services	• Busy • Hard to approach

		III. Healthcare institutions provide ineffective PAFP and counseling	• Contraceptives unavailability • Not preferred FP method by women • Poor FP Counseling
4	Community related reasons	I. Traditional gender norms	• Responsibilities of women • Unacceptability of using FP by society
		II. Keeping pregnancy as secret due to fear of unacceptability and stigma	• Premarital pregnancy
5	Policy related reason	• Law Enforcement	• Not exemplary/ Ease of law
6	Consequences of abortion	• Emotional feelings	• Guiltiness • Hopelessness • Being Judged • Feeling of Bringing Problems • Feeling of Cruel and Abusive • Regrets • Suicidal Thought
		• Physiologic consequences and complications	• Scary

Theme 1: Maternal Related Reasons

Four sub-themes have been identified under these main theme. These are Contraceptive related, future plans, fear of challenges/difficulties in life and risky sexual behaviors.

Sub-theme 1: Contraceptive Related

Study participants have listed fear of side effects, contraceptive failure, fear of if families know about that they are using contraceptives, lack of information about contraceptives, poor knowledge, rumors/myth and non-adherence to the contraceptive method used as a reason for having unwanted pregnancies that resulted in repeat induced abortion.

Participants have stated repetitively fear of side effects of birth control methods for discontinuation of the methods. A 25 years old woman who had unwanted pregnancy due to contraceptives discontinuation stated "*I used it (Contraceptive) before. Then I stopped using birth control methods because it was not suitable for me (Altesmamagnem)*". A 26 years old

commercial sex worker, stated that she knows that contraceptive methods are helpfull but don't happy using it. She said

> *"I know that contraceptive methods are very useful for women especially someone like me. But I am not happy to use most types of methods because they have a lot of side effects that can affect my day to day life."*

This woman has also stated that she had tried a lot of methods but stopped due to side effects "*When I get permanent customer, I have tried a lot of methods but most have side effects that are difficult to deal with. I told you that I am commercial sex worker, so my body must be clean and ready everyday to get what I need to live, that is money".* As she expressed oral monthly pills has heart burn, emergency pills make menstrual cycle irregular, injectable make to gain weight. Another 24 years old woman has stated as contraceptives can cause headache, nausea/vomiting, anemia and irregular menstrual bleeding. This woman added that she don't like using contraceptve methods and she never use it if she have another option to prevent unwanted pregnancy.

Women stated that they fear contraceptive failure and claims as not effective. A 26 years old, commercial sex worker has stated that as she lost trust on contraceptives because of the past history of contraceptive failure. She said "*because of the nature of my work, it is very difficult to live without using contraception especially condom. But it can be torn apart and I get resistance from the male partner."* In addition to this 24-year-old married women stated "*I don't want to use contraceptive method because I don't think they prevent pregnancy effectively*."

Some participants described that they don't want to use contraceptive methods because they fear that other family members may know as they use contraceptives. Most adolescent women's do not want family members to know as they use birth control as the parents relate this with starting sexual intercourse. On the other hand, a 24-year-old women who is currently not living with her husband mentioned "*I can't feel free to use birth control methods because of the peoples around me. Most methods are visible and someone can see them easily."* She has expressed a soceity associate using family planning while the husband is not around with cheating and added "*Once I tried to use and went to the family planning service center but*

there was our neighbor nurse in the center. Then I hide from her and returned home without receiving the service."

Lack of information about where to get family planning services was another factor that resulted in unwanted pregnancy. Specially youths luck information about where to seek sexual and reproductive health services and how to prevent unwanted pregnancy. In line with this, a 18 years old adolescent woman who had a history of rape has stated:

> "When *it [Rape] happened, I don't have any information about what to do and how to prevent pregnancy. I had no idea of using emergency pills. I had no idea what to do".*

Not only about different contraceptive methds, adolescents has also explained as they do not have adequate information about menstural cycle and the specific time of the cycle in which they will be at risk of getting pregnant. A 17 year old adolescent explained this by saying *"I do not know when it is the most risky time of getting pregnant. I don't know if it is safer or not to have sex before or after monthly bleeding. I don't even know how to count those days of the menstrual cycle exactly."*

Some participants especially youths had reported to have inadequate knowledge about types of family planning methods. Most of them had knowledge of only short acting contraceptive methods. A 17 yrs old participant said *"I only know emergency pills and tablets but never used any type"* Another 22 years old participant added *"I know oral tablets, emergency post pills and condom."*

Rumors about birth control methods spread out by the community is one factor that hinders using contraceptives and cause unwanted pregnancy. A 35 years old woman stated as she heard peoples talking about contraceptives by saying "*Many people spoke contraceptives as not good and scratches uterus (Yifekefkal)."* These misleading information includes, contraceptives cause harm on uterus, infertility and weight loss due to these rumors participants had bad perception and fear to use. A 25 years old participant stated as "*Some peoples say contraceptive methods are good and some says it is not good, it causes weight loss. They spoke if woman use any type of contraceptive method she will become infertile.*" Another 35 years old woman added:

"*Some women lose weight extremely or become very fat. But most of the time, I hear rumor that it is not suitable for most women. Exceptionally some women become fat and beautiful when they are using contraceptives."*

Other contraceptive related reason resulting in unwanted pregnancy and subsequent abortion is non-adherence to contraceptive methods to which they were using. An 18 years old adolescent girl mentioned that she missed one or two pills of oral pills then she stopped taking the next. She said:

"*Most of the time I used emergency pills and sometimes oral tablets. Mostly I may miss one or two pill, once I missed, in the next day I stop taking the pill. I think that they may not help after missed."*

Some participants expressed that they were using oral tablets as emergency pills. They took for few days after unprotected sex and didn't finish full 28 pills. A 22 years old participant stated "*I used oral monthly tablets and post pills. I was taking oral tablets for six or seven days after unprotected sex. I stop taking pills mostly after one week."*

Partner refusal to use condom during sexual intercourse also caused women to engage in unprotected sex and resulted in unwanted pregnancy. It is perceived that only women are expected to use contraceptives to prevent unwanted pregnancy and men prefer unsafe sex. A 22 years old stated "*Males only expect us to use contraceptive pills; they do not want to use condom, they prefer to have sex without condom."* She also stated that there was free condom supply in the university but males don't want to use and said as *"There is free condom in the university but everyone can see you while taking the condom; they do not even feel comfortable taking the free condoms offered by the university clinic, it lacks privacy."*

A 21 years old woman stated *"males prefer sex without condom and female don't use condom rather we expect the male will have it"*

Sub-theme 2: Future Plans

Respondents have mentioned desire to continue education, their future ambitions, need to limit and space children as their reason to seek repeat induced abortion.

It was perceived that unwanted pregnancy makes girls to drop out from school/education. So girls who faced unwanted pregnancy seek abortion to continue education and not to dropout from school. Participants had reported fear of being mom while they are in school. A 20 years old young girl stated:

> "*In this year we have to study three semesters together because of corona virus outbreak happened in last year, there was one semesters dropped and this year's two semesters. So, we have to study and finish these semesters."*

An 18 years old girl stated that her family especially her mom may accept her to gave birth but she want to continue her education and said "*My family especially my mom, may agree if I gave birth to this child but I don't want to deliver a baby which is a result of rape. Plus what about my education and I am not living with my family."* Another 22 years old girl added "*I do not want to stop my education to give birth to this child, I have to finish."*

Participants expressed their ambitions and hopes to have better life. They feel as not ready, not owning or being established with better life to have a child currently. A 26 years old commercial sex worker mentioned that she don't want to have child with her current life and work, she needs to improve her life before having child. She stated " *I don't want to have a child at this time. I have to make my life better than this. Imagine if I had children and what they going to feel when they knew my work. I think it harm their psychology. So before having child I have to improve my work, have better and fixed income to afford at least their basic needs."*

Need to limit children among married women is another reason for seeking induced abortion subsequently when women face unwanted pregnancy after deciding to don't want to have any more child. A 35 years old woman who had 7 childrens described this by saying "*he (my husband) opposed me and said we don't have enough children, I have aborted the pregnancy by saying enough."* She has also history of failed abortion attempt and added about difficulty of raising even available children by saying;

> "*The time is difficult. I thought I have enough children and I did not want additional child. I didn't want the pregnancy, then aborted. I have enough children and decided to raise my children now I have, by working whatever I can and I hope."*

Another 25 years old woman who had 2 children and had history of intimate partner violence stated that she was suffering a lot to raise two children by saying "*I wish it is not happened, but I can't...I even suffering a lot to raise two children...so, why should I give birth to that man's baby?"* Another woman added "*The time is too difficult to raise even available children. It is also dry, our village is under Sodo town urban kebeles, totally no farm land, no coffee and no income. I was confused because it is difficult to raise even five children. So, I came here where I know previously and I have served."(PAR10, 35 yrs old)*

Women need to space or stop child birth temporarily and terminate unwanted pregnancy to improve their profession/career. A 27 years old participant who has three children want to space birth and improve her job that enables her to provide better life to her children said "*I want to stop giving birth temporarily and in the future I will add one/two child. I have to improve my job, my income and my life to have additional child. I want to hold my degree and more, so I can give better life to my children." (PAR9, 27 yrs old)*

Sub-theme 3: Fear of Challenges/Difficulties in Life

As mentioned by most participants, economic problem is their major reason to seek repeat induced abortion service. Majority of women were dependent on family, partner or someone else; this makes them to feel less capable of raising their unborn child. A 20 years old university student girl mentioned that even if she want to give birth, her boyfriend opposed because they both are dependent on their family. She added that having a child at this time is risky and difficult and said:

> "*It is difficult to carry out these responsibilities for me as well as for him. While you are on the shoulder of another person, it is hard to carry another person on your shoulder (Endegena belela sew tikesha lay kuch bilesh lela sew demo anchi betikeshash lay maskemet betam yikebdal)."*

A 25 years old woman who had two children stated as she preferred to had abortion rather than having more children than having baby said "*I don't hate to give birth, but I have no income to raise the baby (...Crying....)."* Another woman added as she had no money to provide food for her new born. She said as she cannot even feed herself. She stated "*Within these two weeks, I*

didn't even have money to buy food because I can't serve my customers due to abortion." (PAR5, 26 yrs old)

A 35 years old woman explained household poverty by saying *"previously in our village most men were farmers but now government has taken our land (botaw teshenshino leas hone)...now no farmland.My husbands has sat down by giving his land...mothers, who can trade by trading or who can't trade, by working daily labor should get income and provide something for home."* She explained the difficulty of givng birth and raising additional child in this situation by saying "*In this situation how can a woman gave birth, what she going to eat and feed her children."*

Poor motherhood, being not strong enough and young age was also stated as a reason to seek repeat induced abortion. A 20 years old participant said "*Currently, I don't think am enough strong and capable of carrying responsibilities of giving birth to a child and raising at my age because I am student."* Mothers were worried and confused about their childrens when they failed to provide better life for their children. Another woman added by saying "*What will I do? What will I be? I came here when I'm worried. What can I do for my children? How can I raise them? I don't want to give birth another baby. May God help who were born once."(...Crying...) (PAR3, 25 yrs old)*

It is perceived that young girls are ignorant about ways of avoiding repeat unwanted pregnancy and they live unplanned life. A 20 years old girl described that things are going in unexpected ways and said "*Mostly, nothing goes by your own plan. Life in university is not like what others think who are outside like we are not living every day with full of fun or enjoyment (Hule zelen aydelem yemninorew)."* Mostly young girls don't expect pregnancy and take action when they were engaged in sexual intercourse. In line with this 21 years old girl mentioned this by saying "*Most of the time girls get pregnant without a plan, when I engage in sexual activity I may not think about pregnancy even for single moment, most girls just find ourselves pregnant.*

Sub-theme 4: Risky Sexual Behavior

Youths engage in risky sexual activities due to low cost and easy access of addictive substances in the community especially around university gate. Respondents criticized

concerned government/university bodies for not seriously enforcing rules and taking action to eradicate houses that provide addictive substances including shisha, alcohol drinks, cigarettes and so on. A 21 years old participant mentioned that these houses provide different addictive substances and said:

> "*Around university compound, there are a lot of groceries, rent houses for couples and chat chewing, shisha [Smoking material by using water pipe] smoking houses; I think it is better if the government or responsible bodies from the university remove these houses."*

She added that students are engaging in unprotected sex after abusing substances and said "*If these houses are not removed, it is difficult to stop students from engaging in unprotected sexual activity especially female students, they face the effect of unprotected sex alone that is majorly abortion and sexually transmitted disease/HIV/AIDS."*

Young boys and girls use different substances that are easily available and affordable by their pocket money; and due to lack of recreational places in the city where youths can spent their time. A 21 years old girl stated "*I have boyfriends with whom I go to nightclub, we all drink different types of alcohol drinks; we stay longer there with them until it gets so late and we sleep together, may be eight or more in a single room simply with boys sleeping with us."* She added "*don't know anything what they may do to us."*

The girl mentioned that due to substances abused, a single girl may have sex with multiple boys and said "*sex happens and it may be with more than one male in single night*." These girls don't know from whom when they became pregnant. Addicted girls have multiple sexual partners to get money for their expenses and addiction. In line with this she said "*A single girl may have three or more sexual partners: the one who give her money, the one who is romantic/can give good love and so on."*

Substance use resulted in unprotected sex without considering the risks of unwanted pregnancy due to their reduced cognitive ability to make rational decisions of using condom. Youths especially adolescents don't think of practicing safe sex practice and girls leave responsibility of using condom for males. A 21 years old girl said "*Mostly it is unprotected sex because it is less likely to think about the use of condom; in the next morning we may ask ourselves and we regret after all."* A 17 years old adolescent girl said "*After the first day, we*

were having sex every time when he want without thinking about the risk...I never think of getting pregnant but it happened." A participants also mentioned that addicted girls and boys also have unprotected sex, because it is less likely to use condom.

Theme 2: Partner and Family Related Reasons

Under this theme four sub-themes were identified. These are abusive partner and family member, relationship status, risky sexual behavior of partner and family relation.

Sub-theme 1: Abusive Partner and Family Member

Study participants has listed experience of intimate partner violence, rape and pregnancy from family member/relative as a cause for seeking repeat induced abortion.

Women who experienced intimate partner violence seek repeat induced abortion. When their partner is abusive especially while they were pregnant, they perceived that giving birth to that pregnancy worsen the violation. A 35 years old woman mentioned this by saying "*When my husband becomes hard for me, I gone to take medication to abort, there was disagreement between us. "* Another 25 years old woman stated that her husband hits, insults her while she was pregnant because of dependency on his income and said "*When he hits me, I become exasperated, irritated, how could he hit pregnant woman? He know that I am pregnant."* She added that her husband thinks her and their children as a burden for himself.

Participants mentioned that mostly women/young girls are abused, raped and impregnated by family members who were near to them or someone who was trusted and never expected as 'he never do this' or by their boyfriends. In line with this 24 years old married woman who is currently not living with her husband rather living with his families said "*I got pregnant by my husbands' younger brother."* She added that her husbands' brother insults, abuses and threatens her and said "*He always scares me, abuses me. I had no choice, when I say no he start beating and insulting me. He tells lies about me to his families."* She perceived that girls are not trusted by the community, families, if they tell to someone about violence they faced and she couldn't told to anyone to get help. Another 18 years old adolesecnt girl said:

"I was raped by my older brother's best friend. I couldn't tell to anyone because he is known like well mannered person by our family and he is assumed family member or like brother."

A 17 years old adolescent girl stated that even if she was impregnated by her boyfriend, she was opposed to have sex and her boyfriend raped her. She thought that people may not perceive as a rape because they were couple for almost for one year and stated "*We were like couple for almost one year...It was rape, but people may not think it as a rape. Of course we were lovers but I want to stay. I have refused to have sex but it happened."*

Sub-theme 2: Relationship Status

As participants stated, men are irresponsible, denying and reluctant to take responsibility after impregnating women. A 19 years old participant stated that her boyfriend run away and broke up with her after he knew about pregnancy. She sated "*My boyfriend is also started running away from me, we broke up after I became pregnant. Men also deny, disappear and run away after impregnating."* In line with this another 17 years old adolescent girl mentioned that her boyfriend left her after the pregnancy and said as "*He said it is not mine, where did you get it? Go and search the father for your child."* Another participant stated:

"He blamed me for getting pregnant; he running away from me but during sex he always refuses using condom." (PAR12, 22 yrs old)

Sub-theme 3: Risky Sexual Behavior of Partner

Participants have mentioned their partners having multiple sexual partners as causes to have repeat induced abortion. As they described, their partner having multiple sexual partners puts their marriage or relationship insecure. In line with this a 35 years old woman mentioned that her husband has another sexual partner by saying "*My husband is hard and not good for me. He goes out to another women (Wuchi wuchi yilal)."* She stated that when he gone to another women she perceived that her marriage indanger and don't want to have another baby by saying *"If he goes out to another women, what should I be, what will happen to me? (Ersu wuchi wuchi kale ene demo men lehon new?).*

Sub-theme 4: Family Relation

Respondents reported absence of good family relation, talking freely and open discussion and lack of awareness among family about sexual and reproductive health to teach their daughters predisposed young women to engage in early and unsafe sex, unwanted pregnancy and seeking repeat induced abortion. Participants perceived that parents should teach freely the risks of having early and unsafe sex. A 17 years old adolescent girl expressed "*Parents should openly talk to their children and tell them to abstain, keep away...and inform them about the risk of early pregnancies and pre-marital sex without being shy."*

She also stated that parents should allow their children to know about changes on and inside their body, avoiding early sex and mentioned as *"They[Healthcare providers] have to told us it is not just enjoying only the pleasure of sex that lasts for a short time but the effects are long lasting. We should have to learn to say no to early sex."* Another participant also added as "*Parents have to educate their children both girls and boys about sexual and reproductive health freely without feeling shy." (PAR12, 22 yrs old)*

Theme 3: Healthcare and Educational Institution Related Reasons

Under this theme three sub-themes have been identified. These are schools and educational institutions services, healthcare institutions not providing post-abortion counseling and healthcare institutions provide ineffective PAFP counseling.

Sub-theme 1: Schools and Educational Institutions Services

Absence of trainings about sexual, reproductive health and life skill; and not user friendly services by clinics in educational institutions was one reason to seek repeat induced abortion. Youths/students engage in unprotected sex and resulted in unwanted pregnancy.

Participants mentioned that previously unwanted pregnancy and abortion occurrence was decreased due to sexual, reproductive health and life skill training provision for school girls and boys. A 17 years old adolescent girl said adolescents need more education about unwanted pregnancy and abortion by saying;

"*I remember when my elder sisters talk that there was life skill and reproductive health trainings for adolescents in schools but now no education; no training, why?."*

Participants reported that clinics in higher educational institution/university provide health counseling and condom but students don't feel comfortable because it is not user friendly and lacks privacy. A 21 years old woman who is student stated "*Condom supply at university is available but no one feels comfortable to use it; the place is not user friendly or suitable to seek the service; there are students who works there."* She added that she prefer to get reproductive health services outside the university and stated *"I don't like to get any service from the university clinic because I don't want to be seen by my friends. I prefer using such services outside the university in private clinics but they are costly."*

Sub-theme 2: Healthcare Institutions Not Providing Post-abortion Counseling

Participants expressed that most of the healthcare providers in abortion and family planning rooms were busy, exhausted and hard to approach. These are listed by participants as causes for not having post-abortion family planning counseling service.

Regarding being busy, participants stated that there was staff shortage and they had no adequate time to provide PAFP counseling and services for women who had induced abortion. A 25 years old participant stated "*There was tension...healthcare professionals who gave this service were few."* She added that not only being busy but also other healthcare providers approach, hinders women from receiving PAFP counseling and service. An 18 years old adolescent girl expressed that there was no time to talk and said "*When I got at the clinic, there was no time to talk and tell about anything, they were too busy."* A 19 years old participant added that she didn't received PAFP counseling and the health care providers simply sent her to home. She also stated as she don't heard about PAFP counseling and that was the reason for students to seek repeat abortion and said *"I don't even heard when peoples talk about after they received abortion service."*

A 21 years old participant who don't received PAFP counseling mentioned that healthcare providers were exhausted and stated "*Healthcare providers were in hurry most of the time; I think they don't have enough time and they are few in number as well."*

Healthcare workers were hard to approach and the way how women were treated by staff impact women's willingness to get PAFP counseling. It is perceived that healthcare providers should provide informations about contraceptives but they are uneasy to get the service. A 22 years old woman stated "*I don't understand why healthcare professionals don't give adequate and appropriate information to women who had an abortion about family planning methods and other related issues and let us decide which type of contraceptive method to use."* She added that healthcare providers judges women who seek abortion and said "*They were not easy to talk about anything; they were always in hurry and near to judge us."*

Women mentioned that providers were also unhappy and not friendly to counsel about contraceptives after abortion. A 20 years old participant stated "*The health care providers were not happy and feel free to discuss about issues like this. It is hard to approach them and ask anything."* She added that it also had bad feeling to ask for counseling and said "*It doesn't give you good feeling. Providers don't say anything to do. They were better than us in life experiences but they didn't show or tell us some advice what to do."* Another 18 years old participant stated that healthcare providers also didn't provide psychological support and even don't want to see unmarried girls who were abortion and FP services seekers and said:

> "*No one confronts you by giving psychological support. There is no healthcare provider wants to see you who talks about pregnancy and related things and plus not married."*

Sub-theme 3: Healthcare Institutions Provide Ineffective PAFP and Counseling

Under this sub-theme participants listed contraceptives unavailability, provision of FP methods not preferred by women and poor FP counseling by providers is causes of subsequent unwanted pregnancies and abortion.

It is mentioned that healthcare institutions were giving post-abortion family planning counseling but participants left the institution without receiving family planning services because of contraceptives unavailability. A 26 years old stated "*Most contraceptives are not available at the health center rather they send you to other institutions like pharmacies. In pharmacies it is not free like government health institutions."* Then women went to home by planning to take contraceptives in the next days and in between pregnancy happened. A 27 years old woman mentioned that she has visited health center to receive FP service but her

choice was not available and said "*I visited health center to use contraceptives, but there was no depo and they told me to return next week. I went to the health center after three weeks, then the nurse ordered me to have urine test it was positive, i.e. I was pregnant."*

According to the participants, counseled women were offered with contraceptive methods that are perceived as not preferred method by the women. A 35 years old participant stated

> "*They [Healthcare providers] counseled me to use loop, but I refused because. Then I returned to home."*

Another 27 years old participant said "*I received counseling about contraceptive methods after my previous pregnancy termination but what they offered me was not my choice. They counseled me to use loop or implants but I don't want to use these methods"* She added that she didn't wanted to use implant because of its side effect of heavy and irregular bleeding.

Participants mentioned that poor counseling that can't convince women to use contraceptives was one reason of subsequent abortion. A 35 years old woman sated "*Health care providers told me to use family planning method. But I refused using any type of birth control methods because my body was injured and want to get rest and relief. It was also not adequate advice."* It is perceived as healthcare providers are not comfortable and don't counsel happily; due to this women don't want to visit health institutions as stated:

> "*They [Healthcare providers] don't give us good service, so we don't like to come here." (PAR11, 19 yrs old)*

Another 17 years old adolescent girl mentioned that care providers onlt told to avoid sex but not how to prevent unintended pregnancy and use of contraceptives by saying "*The health care providers only tell us that to avoid sex, sometime it may happen accidentally."*

Theme 4: Community Related Reasons

Two sub-themes were identified under this theme. These are traditional gender norms of community and keeping pregnancy as secret due to fear of unacceptability and stigma.

Sub-theme 1: Traditional Gender Norms

According to participants, a lot of responsibilities community has assigned to women and should be carried out by them and unacceptability of unmarried and young women using contraceptives in the community are another reasons to seek abortion.

Participants have expressed responsibilities puts their life in difficult situations of giving birth and raising additional baby. It is assumed by the community that women are responsible to face unwanted pregnancy alone. A 20 years old participant stated:

> "*Women face different challenges alone. They come to health facilities and put their life on risks. But as you know women alone not get pregnant. Mostly, men are reluctant to take responsibilities."*

She added that men responsibility is not considered and said "*They[community members] don't understand there is somebody who is called 'man' and responsible for his action."* Another woman added that women are responsible to raise children and generating income by saying "*Women are mostly responsible for raising children, getting income. Government has to know that women are suffering a lot of burdens." (PAR10, 35 yrs old)*

Women who were not married using or asking any information about any contraceptive methods is unacceptable by the community. Rather young girls engage in unsafe sex, experience unwanted pregnancy and subsequent abortion. In line with this 19 years old girl said "*...buying or asking any type of contraceptives it doesn't feel free."* Another participant added that lack of information about contraceptives and said:

> "*I don't know anything about contraceptives even how to use it. Adolescents fear to ask someone or nurses anything who treat us harshly because use of contraceptives at our young age is not acceptable in our community." (PAR7, 17 yrs old)*

Sub theme 2: Keeping Pregnancy as Secret Due to Fear of Unacceptability and Stigma

Participants seek repeat induced abortion to keep their pregnancy as secret from families and peoples around them because it is perceived that premarital pregnancy is not acceptable by community and they fear stigma. An 18 years old participant stated "*I didn't talked to other girls because they might go and spread the news out there or they don’t even believe all your*

words, then I may face stigma." She was regretted due to not informing to someone better that she had history of unsafe abortion and suffered a lot. She mentioned this by saying;

> "*I wish I told to someone better than us [Me and my friend] who can give me information and find place where I would be safe, where even if I bleed a lot, they know how to help me. At that time I was in trouble and suffered a lot for many days and I took many medicines for the illness after the abortion."*

A 19 years old participant stated that family also don't agree with having pregnancy out of marriage and said as *"Families doesn't accept premarital pregnancy...it is taboo, so I aborted it. In our community becoming pregnant out of wedlock is taboo."* A 22 years old woman added that she kept pregnany as secret "*I do not want to be known about my pregnancy that is out of wedlock while studying in university."*

Theme 5: Policy Related Reasons

One sub-theme of law enforcement was identified under this theme.

Sub-theme 1: Law Enforcement

Participants has listed ease of the law or not exemplary punishment as a reason to seek repeat induced abortion. Women expressed that criminals are not taken to courts or left with not exemplary punishment, this worsens the life of girls/women with repeated rape, violence and unwanted pregnancy. A 17 years old adolescent girl stated "*If a person who raped or had sex with a girl without her agreement was taken to court and imprisoned strictly, others may not do this. They start thinking about prison but it is not in such way; they don't care about the law or prison because it is not strict."*

Theme 6: Effects of Induced Abortion and Unwanted Pregnancy in Women's Perspectives

It is additional theme of post-abortion feelings, effects and complications women faced. Under this theme two sub-themes were identified. These are emotional feelings and physiologic consequences and comlications.

Sub-theme 1: Emotional Feelings

Participants stated their sense of guiltiness and hopelessness after they had abortion, loss of life chances that put them in current life and it is perceived by women as abortion is not right. A 20 years old woman stated "*I am not feel free, it is disgusting to say something and makes you to feel guilty."* Abortion doesn't gave good feelings and said "*It frustrates to come here and seek the service and makes you to feel guilty." (PAR3, 25 yrs old)*

A 24 years old woman expressed:

> "*Simply I left with only regrets. If I had studied my education seriously, I would probably have had better life from this. I just pretend that I don't feel anything bad, but it is all about pretending."*

A 27 years old participant mentioned that abortion may bring problems on health and said "*May be what I am doing might bring problems but the greater risk is bringing the child to this world without having improved life is more damaging his/her life."* She also considered herself as cruel and abusing her family's rights for not prevented unwanted pregnancy.

Participants mentioned that they had feeling of hopelessness by admiting sufferings. An 18 years old participant who has history of rape and said "*I am moving with my pain by assuming one day everything will be alright. "* She perceived that people may talk and judge her, that she kept silent, lost hope and said:

> *"I was just afraid, scared and I don't even know what I have to do when the nurse told me I was pregnant. At that time the only thing that I saw as a solution was suicide. So I might as well commit suicide and this would be the best way, the best solution."*

A 24 years old participant mentioned that she tried to tell in need of help but couldn't get help and lost hope. She stated "*I tried to tell to my childhood friend but she do not helped me and made me regret a lot for what I said. If my mother were alive, I wouldn't be such a toy."*

Sub-theme 2: Physical Pain and Sufferings

Sufferings of having abortion as it was scary and experienced complications of bleeding and severe pain without any analgesics was expressed. An 18 years old girl mentioned "*The nurse gave me pills to swallow but she didn't explained detail...she simply told me that it would clean my uterus after few hours."* She added that healthcare providers didn't provide detail about the

procedures, due to this women were scared and said "*I was a bit dizzy, I almost fainted, the pills actually makes you dehydrated and thirst for water."*

Abortion perceived as not/less painful and not scary by some peoples but it was not in that way as participants expressed. A participant stated "*It was painful, It was scary, the room also scary. Everyone who get in to the room is shouting and crying." (PAR7, 17 yrs old).* She added that care providers didn't gave analgesics to relief pain during procedure and said:

> "*They didn't give any medication to relief the pain. Washing is not easy as giving pills to swallow. The washing is not time taking, you need less time/few minutes but it is too painful and you suffer a lot for short period of time."*

Participants expressed that some peoples talk abortion as easy but not. In line with this 21 years old woman stated as "*It was scary and difficult but people talk about abortion as it is too easy, you may finish in few minutes but the pain stays longer especially emotional pain."* A 22 years old participant said that she preferred medical abortion because surgical abortion is more scary and painful. She stated this by saying;

> "*The midwife offered me to be washed but I refused...I would finish in short time/in few minutes but it is like exercising death. I bleed a lot but some people may talk about an abortion as a 'little painful' and be like 'mini abdominal cramping'. It is not like that"*

6. DISCUSSION

This qualitative study tried to explore reasons for repeat induced abortion among women in Wolaita Sodo town. Respondents narrated their reasons that predisposed them to have unwanted pregnancy on their day to day life and their reasons of seeking repeat induced abortion.

In this study maternal fear of side effects of contraceptives was noticeable contraceptive related reason for not using birth control methods. In addition, women with lack of adequate and appropriate information and poor knowledge about contraceptives tends not to use contraceptives. It is consistent with other studies in Switzerland, Tunisia and Ethiopia which reported close relationship of repeat induced abortion to not using contraceptives or using unreliable methods due to fear of side effects, lack of information about reproductive health and family planning services; and poor knowledge about contraceptives (27, 30, 35, 37).

Fear of contraceptives failure due to previous experience of contraceptive failure and resulting in unwanted pregnancy was also reported in this study as reason not to use family planning methods. Women who lost trust in contraceptives tend to engage in unsafe sex, unwanted pregnancy and subsequent abortion. This result supports other finding in Ethiopia which reported some women had unwanted pregnancy while using contraceptives (37) and in Scotland which reported the absence of effective contraception was mentioned by women as reason for unintended conceptions and more than one termination of pregnancies (36).

Rumors/myths toward contraceptives also mentioned as an important non-motivating reason to use contraceptives. These rumors/myths regarding contraceptives spread out by families, friends or peoples/community members result in bad perception about birth control methods. Due to these bad perception women didn't want to use birth control methods and tend to had unwanted pregnancies. Studies conducted in Tunisia (Monastir) supports these findings that there is positive association between women with better attitude toward contraceptives and using contraceptive methods to avoid unwanted pregnancy and vise versa (30). In addition, non-adherence to contraceptive methods and not necessarily consistent use was also reported as a reason for multiple unintended conception (36).

Women in this study reported that they also engaged in having repeat induced abortion due to their various future plans. Participants mentioned that they want to continue their education, don't want to dropout school and don't want to have baby while they are student were as a reason to seek repeat abortion. Women who are students tend to have multiple abortion because they want to continue their education to have better life. This finding is consistent with other studies done in Ethiopia and Scotland which reported still being student with full-time education is highly related with having more than one induced abortion (34, 36).

Women's desire to limit number of children was also reported as an important reason to undergo multiple termination of pregnancies. In this study, participants mentioned that if pregnancy occurred after they had decided to limit number of children, they seek induced abortion service. This result is consistent with other studies previously done in Ethiopia, Switzerland and USA which revealed close relationship of having living children and maximum number of pregnancies with multiple induced abortion (13, 26, 27).

Respondents in this study mentioned that ambitions, hopes and plans to achieve in life with children they have currently or not feeling ready to have child as a reason to seek multiple abortion. In line with this, women with unintended conception with current career or life don't want to have child and undergo termination of pregnancy. In addition, desire to space birth or stopping giving birth temporarily was also one reason of seeking multiple induced abortion. It supports finding done in Scotland which revealed that hopes/ambitions, career related factors and not ready to have another child at that time/at all as reason to seek more than one termination of pregnancies (36).

In this study, having repeat induced abortion was influenced by life challenges of women. Participants mentioned that economic problem, loss of their own income and being dependent on partner, boyfriend, family or someone else as main life challenges to have and raise child/children. Other studies conducted previously in Ethiopia were also found that women who had economic problem, unemployed and dependent on men are more likely to have induced abortion repeatedly (34, 22, 35).

Poor motherhood is also major life challenge that women faced in the process of having unwanted pregnancy. Participants in this study mentioned that they had motherhood problem, can't be good mother and lack caring commitments due to being young aged, economically

dependent and not having better income as reasons of having repeat induced abortion. This is in line with study done in Scotland that reported women are concerned about effect of pregnancy on care of children available now and family members, financial instability and unable to be committed mother as a reason multiple termination of pregnancy (36).

In this study women's sexual behavior is influenced by individual, partner and environmental related factors. They were not aware regarding the risks of risky sexual behaviors. Participants mentioned that availability of houses around university gates that provide addictive substances with low cost made them to abuse substances, engage in unsafe sex and unwanted pregnancy. In turn women who use abusive substances tend to have multiple sexual partner, multiple unintended conception and pregnancy termination more than once. It is consistent with finding in other studies that revealed alcohol consumption and having multiple sexual partner has high risk of having multiple induced abortion (30, 34, 35). In addition, women whose partner's refuse to use condom is also related with having multiple unintended pregnancy and termination of pregnancy. It supports study done in England and Wales that reported repeat induced abortion implies repeated risky sexual and contraceptive behavior (38).

In this study facing of intimate partner violence was major family and partner related reason to seek multiple abortion. This finding is consistent with studies done previously which reported as women who experienced violence by their intimate partner have high chance of experiencing multiple termination of pregnancy (30, 34, 35). Participants also mentioned having pregnancy due to rape and abuse by their partner and friend; and pregnancy from incest were their reason to seek multiple induced abortion. This findings supports studies from Ethiopia and Tunisia which stated as women who had pregnancy due to rape and from incest have high probability of undergoing repeat induced abortion (30, 34, 35).

Irresponsible or denying partner also found to be a reason to seek multiple induced abortion. Having denying or irresponsible partner is more related with unstable relationship status and being unmarried. This finding is related with previous studies done in Kenya and Belgium which reported marital status is closely associated with repeat induced abortion; and unmarried women have increased risk of having multiple abortion (24, 25). Previous study conducted in Ethiopia and Tunisia also found being unmarried and separated from husband (being single) are main reasons to undergo multiple termination of pregnancy (30, 34, 35).

In addition, not having better family relation and talking openly about sexual and reproductive health among families was reported as a reason to have multiple abortion. Due to bad family relation adolescents also don't use contraceptives because they fear if families aware of their use of contraceptives. Using contraceptives among community is related with starting sexual intercourse. Not talking openly is related with lack of awareness about sexuality, how to exercise safe sex by avoiding pregnancy and STIs. Open discussion and getting family support during adolescence helps young girls to avoid early sex and pregnancy. This finding agrees with previous studies done in Uganda which reports lack of family support was one of perceived determinant for teenage pregnancy (39).

Participants mentioned that loss of continuous sexual, reproductive health and family planning trainings and education schools and higher educational institutions as one reason for seeking multiple abortion. Unavailability of sexuality education and training is related with loss of accurate and appropriate information sources which supports study reported need of sensitization seminars and counseling for parents and girls (39). Universities having not user friendly services within their clinics was also one of reason not to use contraceptives which is similar with studies done in two Ethiopian universities (47). Low social support is associated with a twice increase of the incidence of induced abortion among young women (39).

Women who received post-abortion counseling didn't get contraceptive service due to unavailability, provision of not preferred method or poor counseling. These women sometimes linked to other health institution without any formal referral system. It supports studies which stated there is common problem of lack of regular, consistent, and adequate supplies of contraceptives (40).

Community unacceptability of premarital sex and using contraceptives among unmarried girls led to unwanted pregnancy. This premarital pregnancy was a reason to seek induced abortion repeatedly due to fear of stigma and to keep the pregnancy as secret. The finding is consistent with study which reported women with unwanted pregnancy who were isolated and stigmatized by families, friends and societies seek multiple induced abortion (41).

Implications

The findings that emerged from the reasons of women who undergone repeat induced abortion indicates mainly there is a need to review health actions directed to contraceptives utilization, post-abortion family planning counseling services and addressing reproductive health service needs of women. Despite the decrements achieved in the last decades especially maternal death due to complications of induced abortion which undergone in as well as outside healthcare institutions, still there is still need of improving reproductive health related services. Many women still become pregnant without planning and do not have the necessary family and community support to deal such an event. Once women faced unintended pregnancy and induced abortion, it should be corrected by providing strong post-abortion family planning counseling and provision.

Additionally, there should be raising of community awareness on traditional norms, gender equality and importance of women health and well being by using different mechanisms such as media, community mobilization campaigns, so on. There is need of community and family awareness raising and strict punishment for rape or gender based violence offenders which result in decreased occurrence of rape, intimate partner violence and gender based violence. This in turn result in decreased unintended pregnancy and repeat induced abortion occurrence.

Healthcare institutions encouraged to hiring adequate staffs with better trainings on family planning counseling and rapport creation; and appropriate equipments to give reproductive health related services based on need of women. As suggested in the finding, university based clinics should hire healthcare professions rather than fellow students. There is need of school and university based additional intervention in cooperation with the health service already provided, which would show effective role to address the gap of limited information about sexuality and reproductive health.

7. STRENGTH AND LIMITATION

To the best of our knowledge, this is the first study which explores the reasons of women who undergone repeat induced abortion on the women's perspectives. The study helped to explore respondents' reasons regarding repeat induced abortion in intrapersonal, interpersonal, institutional, community and policy levels based on their perspectives. The researcher tried to include participants purposively with different background to get diverse ideas and information saturation of the data was assured. However the views expressed are that of the participants and may not necessarily reflect the views held by every women who seek repeat induced abortion service in the area. Other women in the community might also have different experience or additional information. In addition, participants might have omitted some information about their reasons related experience of their personal issues due to social bias. The study also failed to include the experience of healthcare professionals that provide abortion service regarding reasons of the women.

8. CONCLUSION AND RECOMMENDATION

8.1 Conclusion

This study revealed multiple reasons for repeat induced abortion in holistic manner; and presented key emotional and physical effects of abortion and unintended pregnancy. Different maternal, partner and family, institutional, community and policy related reasons were explored in the path of women who seek repeated induced abortion. Maternal reasons include contraceptive usage related, future plans, life challenges and maternal risky sexual behaviors. Reasons related to partner and family member were having abusive partner and family member, relationship status and risky sexual behavior of partner. Reasons of women who undergone repeated induced abortion is also related with healthcare and educational institutions. Women's path of seeking repeat induced abortion is also affected by community perception and policy.

8.2 Recommendation

Such complex problem need a strong effort to understand the reasons why women seek repeat induced abortion and effectively reduce its consequences on women's health, society and the country at large. Based on the data collected, multiple interventions at individual, community and organizational levels; and strong law enforcement against rape offenders and abusers are needed to responsible bodies in order to avoid or minimize the reasons and negative consequences of repeat induced abortion in the area. Empowering women on income generation skills, developing self esteem and confidence that help to overcome life challenges by themselves should be stressed.

The regional and zonal health bureau jointly with other sectors like media should develop massive awareness creation programs on decreasing harmful traditional gender norms that affect women health directly and indirectly; and help to develop good relationship and open discussion within family. Based on current health system functioning, bringing systematic changes to establish high quality post-abortion family planning counseling and services by equipping with adequate staffs and contraceptives. Providing trainings for staffs on counseling skills and rapport creation that enables them to establish good relationship with women.

Improving access to contraceptive methods which are not only reliable but also right for, acceptable and preferable by individual woman. Responsible government and non-government organizations should provide sexual, reproductive health and life skill trainings to the adolescents at ground level to improve their knowledge and self-esteem so as to enable them avoid early sex. Improving university health services and clinics by making user friendly and increasing student education on sexual, reproductive health and family planning. The town administration jointly with the university should provide adequate recreational places like youth centers so that the youths can spend their time in a healthy environment, maintain their health and reduce risks of unintended pregnancy and abortion.

9. REFERENCES

1. Dashe JS, Bloom SL, Spong CY, Hoffman BL. Williams obstetrics: McGraw Hill Professional; 2018.
2. Gemzell-Danielsson K, Kopp Kallner H, Faúndes A. Contraception following abortion and the treatment of incomplete abortion. International journal of gynaecology and obstetrics: the official organ of the International Federation of Gynaecology and Obstetrics. 2014;126 Suppl 1:S52-5.
3. Asresie MB, Fekadu GA, Dagnew GW. Contraceptive use among women with no fertility intention in Ethiopia. PLoS One. 2020;15(6):e0234474.
4. Organization WH. Medical management of abortion. https://www.ipas.org/resource/induced-abortion-and-postabortion-care-in-ethiopia/, editor: World Health Organization; 2019.
5. Citernesi A, Dubini V, Uglietti A, Ricci E, Cipriani S, Parazzini F. Intimate partner violence and repeat induced abortion in Italy: A cross sectional study. The European journal of contraception & reproductive health care : the official journal of the European Society of Contraception. 2015;20(5):344-9.
6. Bearak J, Popinchalk A, Ganatra B, Moller AB, Tunçalp Ö, Beavin C, et al. Unintended pregnancy and abortion by income, region, and the legal status of abortion: estimates from a comprehensive model for 1990-2019. The Lancet Global health. 2020;8(9):e1152-e61.
7. Kabiru CW, Ushie BA, Mutua MM, Izugbara CO. Previous induced abortion among young women seeking abortion-related care in Kenya: a cross-sectional analysis. BMC pregnancy and childbirth. 2016;16(1):104.
8. Nigussie T, Feyisa M, Yosef T, Berhanu M, Asefa A. Prevalence of Induced Abortion and its Associated Factors among Female Students of Health Science in South West Ethiopia. The Open Nursing Journal. 2020;14(1).
9. Arif H. Jamie MZA. PREVALENCE OF INDUCED ABORTION AND ASSOCIATED FACTORS AMONG WOMEN OF REPRODUCTIVE AGE IN HARARI REGION, ETHIOPIA. Public Health of Indonesia. 2020;6(2):6.

10. Sahile AT, Beyene MS. Magnitude of Induced Abortion and Associated Factors among Female Students of Hawassa University, Southern Region, Ethiopia, 2019. Journal of pregnancy. 2020;2020.
11. Tesema GA, Mekonnen TH, Teshale AB. Spatial distribution and determinants of abortion among reproductive age women in Ethiopia, evidence from Ethiopian Demographic and Health Survey 2016 data: Spatial and mixed-effect analysis. PLoS One. 2020;15(6):e0235382.
12. Moore AM, Gebrehiwot Y, Fetters T, Wado YD, Bankole A, Singh S, et al. The Estimated Incidence of Induced Abortion in Ethiopia, 2014: Changes in the Provision of Services Since 2008. International perspectives on sexual and reproductive health. 2016;42(3):111-20.
13. Prata N, Holston M, Fraser A, Melkamu Y. Contraceptive use among women seeking repeat abortion in Addis Ababa, Ethiopia. African journal of reproductive health. 2013;17(4):56-65.
14. Guo C, Pang L, Wen X, Zheng X. Risky Sexual Behaviors and Repeat Induced Abortion Among Unmarried Young Women in China: Results from a Large, Nationwide, Population-Based Sample. Journal of women's health (2002). 2019;28(10):1442-9.
15. Pohjoranta E, Mentula M, Gissler M, Suhonen S, Heikinheimo O. Provision of intrauterine contraception in association with first trimester induced abortion reduces the need of repeat abortion: first-year results of a randomized controlled trial. Human reproduction (Oxford, England). 2015;30(11):2539-46.
16. Bajos N, Prioux F, Moreau C. [Increase of repeat abortion in France: from contraceptive issues to postponement of childbearing age]. Revue d'epidemiologie et de sante publique. 2013;61(4):291-8.
17. McCall SJ, Ibrahim UN, Imamura M, Okpo E, Flett G, Bhattacharya S. PP25 Exploring the determinant factors for repeat abortion: a systematic review. BMJ Publishing Group Ltd; 2014.
18. BT. W. Assessment of determinant factors of pregnancy termination among women of reproductive age group in Ethiopia: Evidence from 2016 Ethiopian Demographic and Health Survey. Int J Sex Reprod Health Care. 2019;2(1).

19. Organization WH. Safe abortion: technical and policy guidance for health systems: World Health Organization; 2012.
20. Erko E, Abera M, Admassu B. Safe abortion care, utilization of post abortion contraception and associated factors, Jimma Ethiopia. J Women's Health Care. 2016;4(4):5-9.
21. Planning HIPiF. Postabortion family planning: a critical component of postabortion care. 2019.
22. Waktola MI, Mekonen DG, Nigussie TS, Cherkose EA, Abate AT. Repeat induced abortion and associated factors among women seeking abortion care services at Debre Markos town health institutions, Amhara regional state, Ethiopia, 2017. BMC research notes. 2020;13(1):44.
23. Mekonnen W, Hailemariam D, Gebremariam A. Causes of maternal death in Ethiopia between 1990 and 2016: systematic review with meta-analysis.
24. Maina BW, Mutua MM, Sidze EM. Factors associated with repeat induced abortion in Kenya. BMC Public Health. 2015;15(1):1048.
25. De Kort L, Wood J, Van de Velde S. What are the social correlates of subsequent abortions in Flanders, Belgium? The European journal of contraception & reproductive health care : the official journal of the European Society of Contraception. 2020;25(5):387-93.
26. Jones R, Jerman J, Ingerick M. Which Abortion Patients Have Had a Prior Abortion? Findings from the 2014 U.S. Abortion Patient Survey. Journal of women's health (2002). 2018;27(1):58-63.
27. Leeners B, Bieli S, Huang D, Tschudin S. Why prevention of repeat abortion is so challenging: psychosocial characteristics of women at risk. The European journal of contraception & reproductive health care : the official journal of the European Society of Contraception. 2017;22(1):38-44.
28. Rodrigues-Martins D, Lebre A, Santos J, Braga J. Association between contraceptive method chosen after induced abortion and incidence of repeat abortion in Northern Portugal. The European journal of contraception & reproductive health care : the official journal of the European Society of Contraception. 2020;25(4):259-63.

29. Zhang B, Nian Y, Palmer M, Chen Q, Wellings K, Oniffrey TM, et al. An ecological perspective on risk factors for repeat induced abortion in China. Sexual & reproductive healthcare : official journal of the Swedish Association of Midwives. 2018;18:43-7.
30. El Mhamdi S, Ben Salah A, Bouanene I, Hlaiem I, Hadhri S, Maatouk W, et al. Obstetric and psychological characteristics of women seeking multiple abortions in the region of Monastir (Tunisia): results of a cross-sectional design. BMC women's health. 2015;15:40.
31. Lamina MA. Prevalence of Abortion and Contraceptive Practice among Women Seeking Repeat Induced Abortion in Western Nigeria. Journal of pregnancy. 2015;2015:486203.
32. Boah M AT, Achinkok D. Is There a Relationship between Repeat Induced Abortion and Current Use of Contraception among Women in the Reproductive Age? Asian Journal of Pregnancy and Childbirth. 2019;2(2):11.
33. Alemayehu B, Addissie A, Ayele W, Tiroro S, Woldeyohannes D. Magnitude and associated factors of repeat induced abortion among reproductive age group women who seeks abortion Care Services at Marie Stopes International Ethiopia Clinics in Addis Ababa, Ethiopia. Reproductive health. 2019;16(1):76.
34. Behulu GK, Fenta EA, Aynalem GL. Repeat induced abortion and associated factors among reproductive age women who seek abortion services in Debre Berhan town health institutions, Central Ethiopia, 2019. BMC research notes. 2019;12(1):499.
35. Alemayehu M, Yebyo H, Medhanyie AA, Bayray A, Fantahun M, Goba GK. Determinants of repeated abortion among women of reproductive age attending health facilities in Northern Ethiopia: a case-control study. BMC Public Health. 2017;17(1):188.
36. Purcell C, Riddell J, Brown A, Cameron ST, Melville C, Flett G, et al. Women's experiences of more than one termination of pregnancy within two years: a mixed-methods study. BJOG : an international journal of obstetrics and gynaecology. 2017;124(13):1983-92.
37. Alemu L, Ambelie YA, Azage M. Contraceptive use and associated factors among women seeking induced abortion in Debre Marko's town, Northwest Ethiopia: a cross-sectional study. Reproductive health. 2020;17(1):97.
38. Hoggart L, Newton VL, Bury L. 'Repeat abortion', a phrase to be avoided? Qualitative insights into labelling and stigma. Journal of Family Planning and Reproductive Health Care. 2017;43(1):26-30.

39. Hadley A. Teenage pregnancy: strategies for prevention. Obstetrics, Gynaecology & Reproductive Medicine. 2018;28(4):99-104.
40. Thapa S, Neupane S. Risk factors for repeat abortion in Nepal. International Journal of Gynecology & Obstetrics. 2013;120(1):32-6.
41. Jayaweera RT, Ngui FM, Hall KS, Gerdts C. Women's experiences with unplanned pregnancy and abortion in Kenya: A qualitative study. PLoS One. 2018;13(1):e0191412.
42. No P. 414/2004 (2005). The Criminal Code of the Federal Democratic Republic of Ethiopia Addis Ababa, Ethiopia.
43. Health FDRoEMo. Technical and procedural guidelines for safe abortion services in Ethiopia. FDRE-FHD Addis Ababa; 2006.
44. Guillaume A, Rossier C, Reeve P. Abortion around the world. An overview of legislation, measures, trends, and consequences. Population. 2018;73(2):217-306.
45. McLeroy KR, Bibeau D, Steckler A, Glanz K. An ecological perspective on health promotion programs. Health education quarterly. 1988;15(4):351-77.
46. Vinh NT, Tuan PC. FACTORS INFLUENCING UNINTENDED PREGNANCY AND ABORTION AMONG UNMARRIED YOUTH IN VIETNAM: A LITERATURE REVIEW. Tap chi y te cong cong. 2015;3(2):3-16.
47. Gebresllasie F, Tsadik M, Berhane E. Potential predictors of risk sexual behavior among private college students in Mekelle City, North Ethiopia. Pan African medical journal. 2017;28(1):122.

10. ANNEXES

Annex A- English Version Information Sheet

Self Introduction

Hello, Myname is **Kibrework Bezabih.** I am conducting a study on reasons of women who endergone repeat induced abortion. As part of this, I would like to ask you some questions about the experience you have regarding repeat induced abortion. There is no risk if you agree to participate in the interview. All the information that you give to me will be kept strictly confidential; your name will not be used and you will not be identified in any way. Your current and future care at this facility will not be affected in any way.This interview may take approximately 30-40 minute to complete. Your participation is absolutely voluntary and there is no penalty for refusing to take part. You are free to ask any questions; you may refuse to take part in the interview; you may refuse to answer any question in the interview; and you may stop the interview at any point.

Name of Advisors;

1. Mr. Leul Deribe (BSc, MPH/RH, Assistant Professor, PhD Student)
2. Mr. Jembere Tesfaye (BSc, MSc)

Name of the Organization: Addis Ababa University College of Health Science, School of Nursing and Midwifery.

Name of the Sponsor: Ministry of Science and Higher Education (MOSHE)

Title: Reasons of Women who Undergone Repeat Induced Abortion; in Wolaita Sodo Town, Wolaita zone, Southern Ethiopia, 2021.

Introduction: This information sheet and consent form is prepared for women in Wolaita Sodo town during data collection time and who will be volunteered to participate in this research project. Qualitative phenomenological study will be used to explore reasons for seeking induced abortion services repeatedly.

Purpose of the Research Project: I am hopeful that this research will benefit all reproductive women, and will bring reproductive health care services improvement and quality of care.

Procedure: To explore the reasons of women with repeat induced abortion in Wolaita Sodo town, you are invited to take part in this project. If you are willing to participate, you need to understand and say "Yes" on the agreement form. Then after, you will be interviewed. All your responses and the results obtained will be kept confidential by using coding system whereby no one will have access to your response.

Risk and /or Discomfort: By participating in this research project, you may feel that it has some discomfort especially on spending time about 30-40 minutes. We hope you will participate in the study for the sake of the benefit of the research result. There is no risk in participating in this research project.

Benefits:- There may not be direct benefit to you but your participation is likely to help us in exploration of the reasons and lived experiences of women with repeat induced abortion, this will help us to identify the gap and take the appropriate intervention by the authorized stakeholder. You will not be provided any incentive or payment for taking part in this project.

Confidentiality: The information that will be collected from this research project will be kept confidential and information collected about you will be stored in a file, without your name, but a code number will be assigned to it. In addition, it will not be revealed to anyone except the investigator and will be kept locked with key.

Right to refuse or withdraw: You have full right to refuse from participating in this research. You can choose not to respond to some or all questions if you do not want to give your response. You have also the full right to withdraw from this study at any time you want, without losing any of your right. If you have any question, you can ask at any time. If you have additional questions about the study please contact.

Persons to contact: This research project is reviewed and approved by the review board of Addis Ababa University College of Health Science and School of Nursing and Midwifery. If you want to know more information, you can contact the committee through the address below. If you have any question you can contact any of the following individuals (Investigator and Advisors) and you may ask at any time you want.

1. Name of Principal investigator- Kibrework Bezabih Bantero (BSc, MSc. Student)
    i. Cell phone: +251916461073
    ii. E-mail: kibrebez@gmail.com
2. Name of advisor- Mr. Leul Deribe (BSc, MPH/RH, Assistant Professor, PhD Student)
    i. Cell phone: +251911973983
    ii. E-mail: leul.deribe@gmail.com
3. Name of advisor- Mr. Jembere Tesfaye (BSc, MSc, Lecturer)
    i. Cell phone: +251 912782147
    ii. E-mail: jembere_tesfaye@yahoo.com

If you agree to participate in this study, I appreciate your truthfulness, and after having this consent form read to you, please put a sign below to show if you are willing to participate (No need of writing your name).

Are you willing to participate in this study?

Yes [ ] No [ ]

Thank you for taking part in this study!

Annex B - English Version Informed Consent

I_____ (Code name of participant) give written consent to participate in the research study titled: reasons of women who undergone repeat induced abortion; in Wolaita Sodo town. I have read and understand the information letter and had a chance to ask questions. I am fully aware of my rights as a participant and voluntarly gave consent to participate in ths study.

Signature:_____

Date: _____

Annex C - English Version of General Questions and In-Depth Interview Guide

1. Code Number_____

    a. Date of interview _____/_____/_____ (Day/Month/Year)

2. Interviewer's Name_____
3. Interviewer ID.....
4. Checked by Investigator: Signature _____

Date: _____/_____/_____

(Day/ Month/ Year)

Do you have any questions for me at this time about this study?

Yes_____ No___

In-Depth Interview Guide for Women

Please tell me about yourself

- Age:_____
- Marital status:_____
- Number of Children (If you have):_____
- Educational status:_____
- Current employment/Occupation:_____

1. What idea you have about contraceptive methods?
2. Please tell me what you know about types of birth control methods?
3. Do you have experience of using any contraceptive method? (Type and duration)
4. Please narrate to me, your experience of induced abortion previously?
   Probes; Type of procedure and where? (When and how it was started, management before, management during and after the service)
5. Do you have received post abortion family planning counseling and services?
6. What was your reason to seek repeat induced abortion services? (Previous and current)
7. Is there any additional thing you need to add/Can you tell me more?

Thank You!

Annex D: Code Book

Code	Description
Ambitions	Plans, hopes and need to have better life, better future before having child or with available child
Being Judged	Facing judgment by community
Busy	Healthcare providers were with full of activity that makes hard to give post-abortion care counseling and family planning services
Continuing Education	A desire of participant to continue attending school or class
Contraceptives Unavailability	Unavailability of particular contraceptive method that participants preferred and needed to used
Denying	Refusing to admit being father of the child and lack of proper feeling of responsibility for the action
Economic Problem	Problem of participants not having or having low personal income to give birth or raise child by fulfilling basic needs
Fear of FP Failure	Not using contraceptive methods by complaining about their effectiveness
Fear of if Families Know	Not using contraceptive methods due to fear of family
Fear of Side Effects	Not using contraceptive methods due to fear of side effects
Feeling of Bringing problems	Fear of having abortion may result in different physical, mental and social problems
Feeling of Cruel and Abusive	Having bad attitude for oneself by thinking being bad for one's family
Guiltiness	Feeling of worries or unhappiness by participants due to that they have done something bad or committed crime
Hard to Approach	Uneasiness and not positive approach of healthcare professionals
Hopelessness	Incapability of participants to bring a solution that helps to overcome problems they have faced.
Houses	Houses around university that provide alcohol drinking, chat chewing, cigarette and shisha smoking services
Incest	Having sexual relation with someone considered to be closely related that they are forbidden.
Intimate Partner Violence	Physical, sexual and emotional violence as well as sexual coercion and stalking by a whom participants have or had close personal or sexual relationships
Lack of FP Information	Lacking appropriate and adequate information about reproductive health education and family planning services
Limiting Children	A desire to stop child bearing

Multiple Sexual Partners	Participants or their partners having sexual intercourse with different persons consciously or unconsciously.
Non-Adherence	Participants stop taking recommended contraceptive method after starting it
Not Exemplary/Ease of the Law	Not setting an example by punishing or imprisoning a criminal who is offender and charged with rape
Not Preferred FP by mothers	Contraceptive method which is not choice of the mothers
Not User Friendly	Healthcare environment being not attractive and suitable according to age specific age category
Partner Refusal to Use Condom	Partner not willing to practice safe sex and using condom in every sexual activity
Poor FP Counseling	Provision of inadequate and inappropriatecounseling by healthcare providers
Poor FP Knowledge	Participants having inadequate knowledge about contraceptive methods
Poor motherhood	Thinking or assuming oneself as not qualified and strong to take care of a child and not be a good mom.
Premarital Pregnancy	A pregnancy occurred or happened before a girl is married which is not acceptable by families or community
Rape	Participants having vaginal sexual intercourse forcibly/without their consent/against their will.
Regrets	Accusing oneself for doing or not doing something
Responsibilities of Women	Standards and norms set by community members by assuming women the only responsible body
Rumors/Myths	Hearing of wrong, inappropriate false or misleading informations about any type of contraceptive methods.
Spacing	Using of contraceptive methods to widen interval between two consecutive pregnancies
Scary	Painfulness of abortion procedure in terms of psychological as well as physiological
Substance Use	Using of an addictive and elicit substances
Suicidal Thought	Suicidal ideation to undergo suicide
Talking Freely	Developing culture of open discussion between parents and adolescents about sexual and reproductive health issues.
Trainings	Life skill, sexual and reproductive health trainings given for students at elementary and secondary school level
Unacceptability of Using FP by society	Adolescents or unmarried girls asking any information about sexual and reproductive health or family planning methods is seen like a taboo or rude in the community
Unplanned life	Not being planned and expecting happening of pregnancy or other things while engaging in risky sexual activities
Unprotected Sex	Participants or their partners not practicing safe sex or having sex without using condom

Annex E: የመረጃ ቅጽ የአማርኛ ትርጉም

እራስን ማስተዋወቅ

ጤና ይስጥልኝ, እኔ **<u>ክብረወርቅ በዛብህ</u>** እባላለሁ፡፡ይህ የመረጃ ወረቀት እና የስምምነት ቅጽ የተዘጋጀው ዋና ዓላማው የተደጋጋሚ ጽንስ ማቋዋረጥ ምክንያቶች በሴቶች ዘንድ በወላይታ ሶዶ ከተማ ወላይታ ዞን ደቡብ ኢትዮጵያ በ2021 እየተመራመርኩ ስለሆነ አንዳንድ ጥያቄዎችን ስለምጠይቅሽ እንድትተባበሪኝ እጠይቃለሁ፡፡ስለዚህ እርስዎ ለመሳተፍ ፍቃደኛ ከሆኑ ቃለ-መጠይቁ ምንም አይነት አደጋ የለውም፡፡ሁሉም የቃለ-መጠይቁ መረጃዎች በሚስጥር ይያዛሉ፤ስምዎን አንጠቀምም እና በማንኛውም መንገድ ማንነቶ አይለይም፡፡የአሁንም ሆነ የወደፊት በዚ ተቋም የሚኖሮት የህክምና አገልግሎት እና እንክብካቤ ላይ በምንም መንገድ ተጽዕኖ አይኖረውም፡፡ይህን ቃለ መጠይቅ ለማጠናቀቅ በግምት ከ30-40 ደቂቃ ሊወስድ ይችላል፡፡የእርስዎ ተሳትፎ በፍጹም ፈቃደኝነት የተመሰረተ ነው እና ላለመሳተፍ አሻፈረኝ ቢሉ ምንም አይነት ቅጣት የለውም፡፡ማንኛውም ጥያቄ ለመጠየቅ ነጻ ነዎት፤ቃለመጠይቁ ውስጥ ለመሳተፍ እምቢ ሊሉ ይችላሉ፤ማንኛውም አይነት ጥያቄ ላለመመለስ አሻፈረኝ ሊሉ ይችላሉ እና በማንኛውም ጊዜ ቃለመጠይቁን ማቆም ይችላሉ፡፡

የአማካሪዎች ስም ;

1. አቶ ልዑል ደርቤ (BSc, MPH/RH, Assistant Professor, PhD Student)
2. አቶ ጀምበሬ ተስፋዬ (BSc, MSc. Lecturer)

የድርጅቱ ስም- የአዲስ አበባ ዩኒቨርስቲ የጤና ሳይንስ ኮሌጅ እና የነርሲንግ እና ሚድዋይፈሪ ትምህርት ቤት፡፡

የስፖንሰር ስም: ሳይንስ እና ከፍተኛ ትምህርት ሚኒስቴር

ርዕስ- በሴቶች መካከል የተደጋጋሚ ፅንስ የማቋረጥ ምክንያቶች በወላይታ ሶዶ ከተማ፤ወላይታ ዞን፤ደቡብ ኢትዮጵያ፡፡

መግቢያ: ይህ የመረጃ ወረቀት እና የስምምነት ቅጽ የተዘጋጀው የተደጋጋሚ ጽንስ ማቋዋረጥ ምክንያቶች በሴቶች ዘንድ በወላይታ ሶዶ ከተማ ወላይታ ዞን ደቡብ ኢትዮጵያ በመረጃ ማሰባሰቢያ ጊዜ መረጃ ለመስጠት እና ለመሳተፍ ፍቃደኛ ለሆኑ ሴቶች ነው፡፡ የሴቶችን ምክንያቶች ለመፈለግ ክስተታዊ ጥናት ጥቅም ላይ ይውላል፡፡

የምርምር ፕሮጀክቱ ዓላማ- ይህ ምርምር ሴቶች ተጠቃሚ እንደሚያደርግ እንዲሁም የስነ ተዋልዶ ጤና አጠባበቅ አገልግሎቶችን ማሻሻል እና የጥራት ደረጃው ላይ ለውጥ እንደሚያመጣ ሙሉ ተስፋ አለኝ፡፡

አሰራር: በሴቶች ዘንድ ተደጋጋሚ ፅንስ የማቋረጥ ምክንያቶች በወላይታ ሶዶ ከተማ ለማሰስ በዚህ ፕሮጀክት ውስጥ እንዲሳተፉ ተጋብዘዋል፡፡ለመሳተፍ ፍቃደኛ ከሆኑ የመረጃ እና የስምምነት ቅጹን አንብበው መረዳት እና ቅጹ ላይ "አዎ" ይበሉ፡፡ከዚያ በኋላ ቃለ መጠይቅ ይደረጋል ፡፡ ሁሉም የእርስዎ ምላሾች እና የተገኙት ውጤቶች ማንም ሰው የእርስዎን ምላሽ የማያገኝበትን የኮድ ስርዓት በመጠቀም ሚስጥራዊ ሆነው ይቀመጣሉ፡፡

አደጋ እና/ወይም አለመመቸት- በዚህ የምርምር ፕሮጀክት ውስጥ በመሳተፍ የተወሰነ አለመመቸት በተለይም ከ40 -60 ደቂቃዎች አካባቢ ጊዜን በማጥፋት ላይ አንዳንድ ችግሮች እንዳሉ ሊሰማዎት ይችላል፡፡እኛ ለምርምሩ ውጤት የእርሶን መሳተፍ ተስፋ እናደርጋለን፡፡በዚህ የምርምር ፕሮጀክት ውስጥ መሳተፍ ምንም አደጋ የለውም፡፡

ጥቅሞች፦ ለእርሶ በዚህ ምርምር ውስጥ መሳተፍ ቀጥተኛ ጥቅም ላይኖር ይችላል ነገር ግን የእርስዎ ተሳትፎ በእኛ ግምገማ ውስጥ በሴቶች ዘንድ ያለውን ተደጋጋሚ የጽንስ ማቋረጥ ምክንያቶችን ለማግኘት እና ይህ የአገልግሎት ክፍተትን ለማሰስ እና ለመለየት ባለድርሻ አካላትን ይረዳል፡፡በዚህ ፕሮጀክት ውስጥ ውስጥ ለመሳተፍዎ ምንም አይነት ማበረታቻ ወይም ክፍያ አይሰጦትም፡፡

ምስጢር ጠባቂነት: ለዚህ የምርምር ፕሮጀክት ስራ የተሰበሰቡት ሁሉም የእርሶ መረጃዎች ምስጢራዊ ሆነው ይጠበቃሉ እና ያለ ስምዎ ኮድ ተመድቦላቸው በፋይል ይቀመጣሉ፡፡በተጨማሪም ከእርሶ የተገኘው መረጃ ከተመራማሪው በስተቀር ለማንም ሰው አይገለጥም እንዲሁም በቁልፍ እንደተቆለፈ ይቀመጣል፡፡

ላለመቀበል ወይም ለማቋረጥ ሙሉ መብት- በዚህ ጥናት ውስጥ ለመሳተፍ ያለመፈለግ ሙሉ መብት አለዎት፡፡ምላሽን መስጠት ካልፈለጉ ለአንዳንድ ወይም ለሁሉም ጥያቄዎች መልስ ያለመስጠትን መምረጥ ይችላሉ፡፡እንዲሁም ማንኛውንም መብትዎን ሳያጡ ከዚህ ጥናት በፈለጉት ጊዜ የመውጣት ሙሉ መብት አለዎት፡፡ማንኛውም ጥያቄ ካለዎት በማንኛውም ጊዜ መጠየቅ ይችላሉ፡፡ስለ ጥናቱ ተጨማሪ ጥያቄዎች ካሉዎት እባክዎ ያነጋግሩ፡፡

ለበለጠ መረጃ: ይህ የምርምር ፕሮጀክት በአዲስ አበባ ዩኒቨርስቲ ጤና ሳይንስ ኮሌጅ ነርሲንግ እና ሚድዋይፈሪ ትምህርት ቤት የግምገማ ቦርድ በኩል ተገምግሟል እና ተቀባይነትን አግኝቷል፡፡ተጨማሪ ነገር ማወቅ ከፈለጉ ከዚህ በታች ባለው አድራሻ ኮሚቴውን ማነጋገር ይችላሉ፡፡ማንኛውም ጥያቄ ካለዎት የሚከተሉትን ግለሰቦች (ዋና ተመራማሪ እና አማካሪዎች) ማነጋገር ይችላሉ እና በፈለጉት ጊዜ መጠየቅ ይችላሉ፡፡

1. የዋና ተመራማሪ ስም- ክብረወርቅ በዛብህ ባንቴሮ (BSc, MSc. Student)
   i. የሞባይል ስልክ: - + 251 9 1646107 3
   ii. ኢሜል: kibrebez@gmail.com
2. የአማካሪ እና የኃላፊነት ስም- አቶ ልዑል ደርቤ (BSc, MPH/RH, Assistant Professor, PhD Student)
   i. የሞባይል ስልክ: + 251911973983
   ii. ኢ-ሜል: leul.deribe@gmail.com
3. የአማካሪ (ዶች) እና የኃላፊነት ስም - አቶ ጀምበሬ ተስፋዬ (BSc, MSc, Lecturer)
   i. የሞባይል ስልክ: +251 912782147
   ii. ኢ-ሜል- jembere_tesfaye@yahoo.com

በዚህ ጥናት ውስጥ ለመሳተፍ ከተስማሙ ለእውነተኛነትዎ አድናቆት አለኝ።እናም ይህን የስምምነት ቅጽ ካነበብኩ በኋላ እባክዎን ለመሳተፍ ፈቃደኛ መሆንዎን ለማሳየት ከዚህ በታች ምልክት ያድርጉ (ስምዎን መፃፍ አያስፈልግዎትም)።

በዚህ ጥናት ውስጥ ለመሳተፍ ፈቃደኛ ነዎት?

አዎ [ ] አይ [ ]

በዚህ ጥናት ውስጥ ስለተሳተፉ እናመሰግናለን!

ANNEX F- የስምምነት፡ቅጽ

እኔ _____ (የተሳታፊው የኮድ ስም) በሴቶች ዘንድ ተደጋጋሚ ፅንስ የማቋረጥ ምክንያቶች በወላይታ ሶዶ ከተማ በሚል ርዕስ በተጠቀሰው የምርምር ጥናት ላይ ለመሳተፍ በጽሑፍ ፈቃድ እሰጣለሁ-፣ ፡ የመረጃውን ደብዳቤ አንብቤ ተረድቻለሁ እንዲሁም ጥያቄዎችን የመጠየቅ ዕድል ነበረኝ፡፡እኔ እንደ ተሳታፊ መብቶቼን በሚገባ አውቃለሁ እና በፈቃደኝነት በዚህ ጥናት ውስጥ ለመሳተፍ ፈቃዴን ሰጠሁ፡፡

ANNEX G - አጠቃላይ ጥያቄዎች እና ጥልቀት ያለው የቃለ መጠይቅ መመሪያ

1. ኮድ ቁጥር_____

   a. የቃለ መጠይቅ ቀን _____ / ____ / _____ (ቀን / ወር / ዓመት)

2. የቃለ-መጠይቅ አቅራቢው ስም _____

3. የቃለ መጠይቁ መለያ.....

4. በተመራማሪው ተገምግሟል፡ ፊርማ _____

ቀን ____ / ____ / _____

(ቀን / ወር / ዓመት)

ይህን ጥናት በተመለከተ በዚህ ጊዜ ማንኛውም አይነት ጥያቄዎች ለእኔ አለዎት?

አዎ ____ አይ__

ለሴቶች ጥልቀት ያለው የቃለ መጠይቅ መመሪያ

እባክዎን ስለራስዎ ይንገሩኝ

- ዕድሜ _____
- የጋብቻ ሁኔታ:_____
- የልጆች ብዛት (ካለዎት) _____
- የትምህርት ሁኔታ _____
- የአሁኑ የሥራ ሁኔታ/ ሥራ-_____

1. ስለ የወሊድ መቆጣጠሪያ ዘዴዎች ምን ሀሳብ አለዎት?
2. ስለ የወሊድ መቆጣጠሪያ ዘዴዎች ዓይነቶች ምን እንደሚያውቁ እባክዎን ይንገሩኝ?
3. ማንኛውንም አይነት የእርግዝና መከላከያ ዘዴ የመጠቀም ልምድ አለዎት? (የተጠቀሙት አይነት እና ለምን ያህል ጊዜ እንደተጠቀሙ)
4. እባክዎን ከዚህ ቀደም ታቅዶ የፅንስ ማቋረጥ ልምዶን መግለጽ ይችላሉ ?
   ምርመራዎች; የአሠራሩ ዓይነት እና ቦታው? (መቼ እና እንዴት እንደተጀመረ፣ በአገልግሎት አሰጣጥ ወቅት እና በኋላ የተደረጉ ምርመራዎች) ፡
5. የድህረ ጽንስ ማቋረጥ የቤተሰብ ምጣኔ ምክር እና አገልግሎቶች አግኝተው እና ተጠቅመው ያውቃሉ?
6. በተደጋጋሚ የፅንስ ማስወረድ አገልግሎቶችን ለመፈለግ ምክንያቶችዎ ምንድናቸው? (የቀድሞው እና የአሁኑ)
7. ማከል ያለብዎት ተጨማሪ ነገር አለ / የበለጠ ሊነግሩኝ ይችላሉ?

አመሰግናለሁ!