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ADDIS ABABA UNIVERSITY

COLLEGE OF EDUCATION & BEHAVIOURAL STUDIES

SCHOOL OF PSYCHOLOGY

**PREDICTORS OF WOMEN'S POST ABORTION ADJUSTMENT: THE CASE OF
SELECTED HEALTH CARE INSTITUTIONS IN ADDIS ABABA CITY**

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College Of Education & Behavioral Studies

School Of Psychology

**Predictors of Women's Post Abortion Adjustment: The Case of Selected
Health Care Institutions in Addis Ababa City**

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**A Thesis submitted to the College of Education and Behavioral Studies, Social Psychology
Graduate Distance learning program in partial fulfillment of the requirements for the
Degree of Master of Arts in Social Psychology**

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ABSTRACT

The psychological impact of abortion is a controversial issue, while some studies indicate the women difference in psychological and social status have factor for their cope up ability. The psychological theories can be used to predictor of post abortion adjustment. This study examined the status of abortion seeking women and identified the association level and strength of self-efficacy and social support as predictors. The participant were 96 women with different age, education, economic and etiology of abortion status. The study deployed quantitative method by assessing pre-and post-status of women. The scales were impact of event scale(revised), multi-dimensional perceived social support and general self-efficacy. Result of the study revealed that the women who perceived high level of social support and high level of self-efficacy had good post abortion adjustment in addition self-efficacy and social support had high association with post abortion adjustment. Especially self-efficacy was high predictor for post abortion adjustment. Finally, depending on the study finding, social support and self-efficacy are very crucial for women's post abortion adjustment. There is also interrelation among self-efficacy and social support, women that got high social support their self-efficacy level also increases and it helps to have high post abortion adjustment.

ACRONYMS

H	Health center
GO	Governmental Organization
NGO	Non-Governmental Organization
MSPSS	Multidimensional Scale of Perceived Social Support
PAA	Post Abortion Adjustment
PAC	Post Abortion Care
SE	Self-Efficacy
SS	Social Support
TFMHA	Task Force of Mental Health Association
WHO	World Health Organization
IES	Impact of event scale

CHAPTER ONE

Introduction

This chapter presents the over view of the study. In addition, problem statement, research question, significance of the study, operational definition and study purpose are briefly discussed. Finally, the scope of the study is provided.

1.1 Background of the Study

Abortion is the ending of pregnancy by removing a fetus or embryo before it can survive outside the uterus. Women engage in abortion for different reasons, at different times of gestation, via differing medical procedures, and in different personal, social and economic condition. Abortion was considered as a legal issue in 1973 in the supreme court of United States, because of its risk for the woman. More than 35 years have passed since this decision, it continues to generate strong emotions as well as moral and legal controversy. Over the last two decades, one aspect of this controversy has focused on the claim that abortion has negative effects on women's mental health (Bazelon, 2007; Cohen, 2006; Lee, 2003).

There is a wide difference among scholars regarding the impact of abortion. As Koop reflected in his research, there were no inadequate scientific findings about the psychological consequence of abortion (Koop, 1998). In the contrary, most scholars disagreed with the finding of Koop. To give evidence about the existing mental health problem researchers started study and had gotten a new finding that concluded abortion poses significant risk to women's mental health and carries a greater risk of emotional harm than childbirth(Coleman, 2006).

Abortion may lead to irregularity in women's psychological and social reactions. The social influence of abortion might have revealed by the society because the society may consider the women as guilty and demotion them into the category of "bad girls and fallen women". It might be a label marking one as deviant in the eyes of society, devaluing that person in social interactions, and often impacting her identity. Because of the psychological and social impact of abortion on women, the decision to undergo an abortion is an important public health concern (Goffman, 1963).

The influence of abortion can be determined by conditions of the woman's status like age, resources, presence or absence of a supportive partner. The psychological status of the woman, self-efficacy and social support also determine the influence of abortion. A Women internal condition who regards to abortion as conflicting with her own and her families deeply held religious, spiritual, or cultural beliefs but who decides to terminate an unplanned or unwanted pregnancy may appraise that experience as stressful more than would a woman who does not regard an abortion as in conflict with her own values or those of others in her social network. Research derived from a stress-and-coping perspective has identified several factors that are associated with more negative psychological reactions among women who have had an abortion (Adler et al., 1992; Major & Cozzarelli, 1992; Major et al., 2000).

Ethiopia also legalized abortion in selected issue since 2005 E.C, afterward Social, psychological and biological impact of abortion is often the least understood aspect of abortion. since most women specially women in Ethiopia rarely reveal this truth to anyone because of the social and cultural aspect of the country. This fact alone makes research after abortion nearly impossible (Sydna, 2017). Even if some researchers want to show there is no association between abortion and mental health, physical changes that may take place in their bodies after an abortion is often a cause for embarrassment and emotional changes. Physical change after abortion, usually the response occurs within a few hours or days after the procedure. Some are anticipated because of having an abortion and include abdominal pain, cramping, nausea, vomiting, and diarrhea, spotting and bleeding. More serious side effects occur as a result of a complication during the abortion and may include heavy or persistent bleeding, infection or sepsis, damage to the cervix, scarring of the uterine lining, perforation of uterus, damage of other organs and death (Raymond, 2013).

Science has provided evidence of the biological impact of abortion and these changes have influence in women's mental health. This is a natural process and in this way the woman's body is impacted by abortion: like Hormonal Changes of the women, when the placenta detaches after this procedure, the woman's hormonal system is shocked to a certain extent. This hormonal adjustment can result in postpartum depression, which can leave the post-abortive woman feeling overwhelmed, guilty, angry, or numb at the very least and feel "empty" after abortion. Tender breasts and nipples are one of the first signs of pregnancy many women notice after they

conceive. After abortion, it may take a woman's body many weeks to return to normal due to such an artificial ending to pregnancy.

The other one is lactation the secretion of milk from a woman's breasts is a normal result from the hormones that a woman's body releases when a pregnancy ends. These hormones make a woman's body start to produce milk, regardless of how a pregnancy ended. so it is reminder of a lost child in post-abortive hearts and the post-abortive experience can impact that future feeding process at an emotional level (Wilmoth,1992).

After abortion women, emotional disorder is reflected through crying and depression, regret, guilt, grief or sadness, anger or rage, emotional numbness, Sexual problems or promiscuity, eating disorders, lowered self-esteem/loss of confidence, drug and alcohol abuse, nightmares and sleep disturbances, suicidal urges, relationship issues, anxiety and panic attacks, flashbacks, discomfort around babies or pregnant women and fear of pregnancy. Since the negative impact of abortion is very visible, it is important to minimize the emotional effect of abortion, post abortion adjustment service have to play very important roles after the procedure. (Prcco, 2016).

most studies have analyzed the psychosocial adjustment of women who had an abortion by treating the group as a whole, but there is individual difference in adjustment and it is important to see the women status in psychological status, age group, economic and social value. The researches indicate that being single and belonging to a low socioeconomic status may predict women's psychosocial maladjustment(Major et al 2009). These potential differences may have important implications for abortion legislation and healthcare services.

This study focused on, women's adjustment after abortion, women's self-efficacy and perceived social support were the hypothesized predictors for post abortion adjustment to examined. Research conducted on self-efficacy and post abortion adjustment found that women with high pre-abortion coping self-efficacy exhibited better adjustment and less depression after an abortion than did women with low pre-abortion coping self-efficacy (Major, Mueller, and Hildebrandt, 1985; and Mueller and Major, 1989)

Perceived social support enhanced adjustment indirectly through its effects on self-efficacy. Women who perceived high support from their family, friends, and partners had higher self-

efficacy for coping. Higher self-efficacy, in turn, predicted better adjustment on the psychological measures. In addition, women who could tell about their abortion to the people close to them but perceived them as less than completely supportive had poorer post-abortion psychological adjustment than either women who did not tell or women who told and perceived complete support has adjustment difference(Janoff-Bulman,1979).

1.2 Statement of the Problem

Many Ethiopian women who engaged in abortion suffer from post abortion adjustment. This problem is causing personal, social, economic, cultural problems after the procedure of abortion. Because it affects every aspect of their life, their emotional status highly affected and also social relation in addition they faced with a problem between their partner, even if most studies didn't distinguish between spontaneous, illegal, elective and therapeutic abortion, or failed to specify the psychological, social and cultural variables and the association with women's status.

To provide post abortion adjustment service identifying the predictors is the prior activity but the predictors of post abortion adjustment are not identifying yet in Ethiopia. Researchers (Major 2000, Speck hard& Rue 1992, Wilmoth 1992) Create post abortion adjustment of women with women, age, socio-economic status, reproductive history, psychological and physical health and relationship history as a major psychological theory. In addition, women mental health status, self-efficacy, social support, and the etiology of abortion. women are also take as a factor in related with post abortion adjustment. Therefore, the current research has a role of identifying the individual status difference and their coping ability in related to the stated factors

To minimize the effect of performing abortion on social, physical and psychology influence in women's life, parallel to the procedure there has to be a post abortion adjustment service. The service of Post abortion adjustment should be traumatic therapy or psychological counseling. But there are no enough studies especially in the field of psychology by giving attention as a social problem. With this gap beyond psychological, social and physical status of abortion can be an influence on the life risk of woman.

The data shows that(IPOS ,2014) the number of women who are performing abortion are increased every year in Ethiopia an estimated 620,300 abortions were performed in Ethiopia.

This corresponds to an annual rate of 28 abortions per 1,000 women aged 15–49, an increase from 22 per 1,000 in 2008. The abortion rate is highest in urban areas: Ninety-two per 1,000 women in Addis Ababa, the country's largest city and 78 per 1,000 in the smaller urban regions of Dire-Dawa and Harari. In 2014, 53% of induced abortions (some 326,200) were legal procedures, performed in health facilities, nearly double the proportion in 2008 (27%). In 2014, almost three-fourths of facilities that could potentially provide abortions or post abortion care did so, including 67% of the 2,600 public health centers nationwide, 80% of the 1,300 private or nongovernmental organization (NGO) facilities and 98% of the 120 public hospitals. This data showing us the number of abortion and post abortion service seeking women increased from 2008 to 2014.

In addition to these there are still uncovered empirical evidence in areas of psychological adjustment problem after abortion. There is a great deal of post abortion adjustment problems in most women life such as conflict with the society, relationship problem, fear of child bare, regret and others but these problems still haven't been recognized in the whole society. Even if there is post abortion services in those governmental, private, public and NGO the health mostly services are focused on the physical (traumatic) effect of abortion and it appears that the psychological consequences are forgotten. In addition to that the post abortion care provider or professionals don't have clue how to address on the psychological adjustment problem, since the psychological problem of is not well discovered. To address the above stated problem the present research focused on the predictors of post abortion adjustment.

The study sites also dealing with the same problem as the part of the society, the women who are seeking abortion and post abortion service in these health centers and hospitals faced post abortion adjustment problem after performing abortion. The service given after two weeks of abortion procedure but this post abortion care service commonly focused on the traumatic part and the service providers have no clue about the psychological care service, and just given counseling the physical health aspect not the mental one.

1.3. Objectives of the Study

1.3.1 The general objective

The general objective of this study was to examine predictors of women's post abortion adjustment in Ethiopia.

1.3.2 Specific objective of the study, the study was intended to:

- Identify the status of post abortion seeking women with regard to social support, self-efficacy and post abortion adjustment.
- Inspect relationships among post abortion adjustment, social support and self-efficacy
- Examine the predictive powers of social support and self-efficacy in post abortion adjustment.

1.4. Research Questions

This study attempted to seek answers for the following leading research questions.

1. What are the status of abortion service seeking women on post abortion adjustment, social support and self-efficacy?
2. Are there statistically significant interrelationships among perceived social support, self-efficacy, and post abortion adjustment?
3. Do perceived social support and self -efficacy predict post abortion adjustment? If so which variable has the strongest predictive value?

1.5 Significance of the Study

As the country level, the number abortion and its impact now raised every year in Ethiopia, as a result conducting a research on women post abortion adjustment is highly demanded, and their psychological adjustment has significance value. Findings of this study may have both theoretical and practical values. this study proved the following contribution

First showed how individual difference or women's status has a significant relation for post abortion adjustment and its association with predictors' which are social support, self-efficacy, supported to improve the quality of service in the health care institutes. As a use of scientific

evidence for ministry of health other governmental or non-governmental organizations those working in the area of abortion as well as women's health and right.

second this study found out the post abortion adjustment predictors in terms of Ethiopia cultural, economic, psychological status and social value of women in the society. Since this filling the gap on identifying the predictors of post abortion adjustment, initiate government to revise policies and strategies in relating women's mental health. And other NGO used for intervention plan to save the vulnerable women.

Finally, the current study result will serve, as the base line for the interested researcher who are planning to study in this area. Anywhere else, the methodological procedures, theoretical approach and empirical findings may initiate future researchers to focus in this area.

1.6 Delimitations of the Study

This study assessed predictors of women post abortion adjustment. However, this study has limitations on data collection. Since the issue was sensitive it was a challenge to find large number of participants. There were also drop outs among participants Since the study conducted by two phases, pre-& post assessment, most women in the pretest were not attend the post test.

1.7 Scope of the Study

This study was conducted in Addis Ababa City Administration, which is the capital city of Ethiopia. Addis Ababa City Administration is sub divided in to 10 sub-cities which oversee in their geographical coverage, in these sub-cities in 117 health centers and 10 governmental hospitals are available. But this study was conducted only in two health centers, from Bole sub-city Goro woreda 9 health center and from Yeka sub-city Koteba 02 health centers. In addition, two hospitals those used as referral hospitals for the two health centers were included. These two sample health centers were selected deliberately since they are awarded from Addis Ababa City health bureau by their quality and quantity of services. In the study area women who were got post abortion care service were included as a sample.

The major issues this research focused on the post abortion adjustment predictors, such as self-efficacy, social support by examined the statistical relation among them. Self-blaming attribution

had been one of the psychological theories to include in this study, but it was impossible to conduct because of the sensitivity of the issue and it was quite difficult for the women to reveal the entire truth of their feeling and emotions what they were facing after abortion procedure. The other related factors who can be predict post abortion adjustment are age, the reason of performing abortion(etiology of abortion), marital status, educational status, economical condition, most importantly other self-theories, not included in this study because of time limitation.

1.8 Operational and Conceptual Definition of Terms

In this study, while post abortion adjustment was regarded as a criterion variable, social support and self-efficacy were considered as predictors. In the context of the present study, these variables are defined as follows.

Abortion: in this study, abortion refers to any pregnancy interruption before the 24th week of gestation (Jones, 2001). It was measured by demographic questions number 9 and 10.

Post abortion adjustment (PAA): - In this study, PAA refers to women's reaction and psychological outcome following abortion. This study uses the measuring tool adopted from the impact of events scale(IES-R)Christianson, in 2008(22 items with 5 scales) revised into 21 items and 4 scales by researcher, the schedule of the scale were after abortion within 15 or more days after post abortion care service.

Etiology of abortion: - refers in this study to the women's reason to perform abortion. Even if the reason is medically recommended by professionals, their personal reason or incidence may be reasons what drives the women to perform abortion.

Self-efficacy: - refers to women's belief in their own ability to cope up with problems, with the consequences of abortion influence or factor, and have showing effort of coping abortion psychological influence.in this study it was measured by general self-efficacy developers: Schwarzer, R., &Jerusalem M.in 1995,

Perceived social support: - refers to the women's experience of being valued, respected, cared, for and loved by others who are present in one's life relating with their post abortion adjustment. In this study, perceived social support was measured by (MSPSS), the multidimensional scale of perceived social support(Gregory, 2016).

CHAPTER TWO

Literature Review

This chapter going to discuss different literatures studied about post abortion adjustment and it predictors. It provided a brief description about theories, meanings and different scholars researches for post abortion adjustment, self-efficacy, social support, etiology of abortion and other demographic variables by comparing, raising different ideology and finding of scholars in the above topics.

2.1 Meaning, Theory and Assessment of Post Abortion Adjustment

The psychological post abortion adjustment has its own theories to see in every aspect of human's life, every mental health problems need adjustment but abortion relate mental problem or psychological negative reaction need more, because it affects every human being and polices

2.1.1 Meaning of Post Abortion Adjustment

In psychology, adjustment refers to the behavioral process of balancing conflicting needs, or needs challenged by obstacles in the environment. Humans regularly adjust to their environment. Adjustment disorder occurs when there is an inability to make a normal adjustment to some need or stress in the environment in this reason Those who are unable to adjust well are more likely to have clinical anxiety or depression, as well as experience feelings of hopelessness, Anhedonia, difficulty concentrating, intermesh of this post abortion adjustment (PPA) is the women's reaction and psychological outcome followed to abortion. Nonetheless, some women do experience negative emotions after abortion and need emotional care. Research has shown that while some women experience relief following an abortion (Guzman & Brahmi, 2014)) some experience episodes of depression(Rees & Sabia, 2007). When faced with negative life events, Individuals' abilities to cope with the stress and make positive adjustments often relate to the degree to which they feel the situation may have been modifiable.

A woman's mental health before an abortion is a strong predictor of her mental health afterward, although it does not explain all variation: Some women without prior mental health problems experience post abortion distress. It is important, therefore, to consider interpersonal and

psychosocial factors. (Abramson, Seligman & Teasdale, 1978; Janoff-Bulman, 1979; Mueller & Major, 1989).

2.1.2 Assessing of Post Abortion Adjustment

Whereas some studies have reported negative psychosocial outcomes, such as depression (Fergusson, Horwood, & Ridder, 2006; Pedersen, 2008; Rousset et al., 2011), others have shown no significant effect on psychosocial adjustment (Charles et al., 2008; Major et al., 2009; Renner, Guzman, & Brahmi, 2014) or, conversely, have shown positive outcomes, such as satisfaction and perceptions of the benefits of abortion (Major et al., 2000) but Various clinicians have identified abortion as potentially traumatic and Women may believe they will cope poorly with having an abortion because of misinformation they have received about its physical and psychological risks (Major 2009; Russo & Denious, 2005). (Bagarozzi, 1993, 1994; Burke & Reardon, 2002; De Puy & Dovitch, 1997; Speckhard, 1987; Speckhard & Rue, 1993; Torre-Bueno, 1996).

Moreover, recent research has provided empirical evidence of this link between abortion and PAA (Kubany, Hill, & Owens, 2003; Mufel, Speckhard, & Sivuha, 2002; Rue, Coleman, Rue, & Reardon, 2004; Steinberg & Russo, 2008; Suliman et al., 2007). Rue et al. (2004) and Suliman et al. (2007) reported that 12% to 18% of women met the full diagnostic criteria for PAA after an abortion.

In the other hand significant relationship between negative life change events, depression and anxiety. however, that the effects of life change events might be mediated by the degree to which individual perceive themselves as having personal control over events. It has also been noted that perception of control may vary depending on the type of situation at hand (Cozzarelli, 1993). In the other hand, the view that in a situation such as coping with an abortion, the management of emotional states, rather than the active manipulation of the environment, was required. To allow a woman maintained that being pregnant without choosing could make a woman experience a lack of control over her body (McCulloch, 1996).

In contrast, feminist writers such as Petchesky (1990) believe that choosing to terminate an unintended pregnancy might increase a woman's sense of control over her own body and her life.

The sense of self-determination derived from choosing to retain or reject the product of conception might be empowering for certain women. The importance of accepting responsibility for an unwanted pregnancy and abortion is, however, a crucial factor in coping with the stress of such major life events. The prevailing opinion espoused by the American Psychological Association (cited in Kaplan & Sadock, 1998) is that abortion, particularly in the first trimester, does not create psychological hazards for the majority of women undergoing the procedure.

Early research on abortion, one consistent finding was that women with psychological problems prior to an abortion continue to have difficulty after the procedure. Even if Most studies didn't distinguish between spontaneous, illegal(elective) and therapeutic abortion, or failed to specify the psychological, social and cultural variables and their impact. Post abortion adjustment can be physical or psychological. Various clinicians have identified abortion as potentially trauma genic (Bagarozzi, 1993, 1994; Burke & Reardon, 2002 Moreover, recent research has provided empirical evidence of this link between abortion and PTSD (Posttraumatic stress disorder)symptomatology, the course of women's psychological responses differs in the period of five years following the abortion, when comparing spontaneous and elective abortion (Broen, Moum, Bødtker, &Ekeberg, 2005).

2.1.3 Theories of Post Abortion Adjustment

Post abortion adjustment has to concede both physical and psychological factors. Herek's (2009) framework of three manifestations of sexual stigma informs our understanding of individual women's abortion experiences. First, internalized results from a woman's acceptance of negative cultural valuations of abortion. Second, felt encompasses her assessments of others' abortion attitudes, as well as her expectations about how attitudes might result in actions (Herek,2009).

Then, enacted abortion adjustment is a woman's experiences of clear or subtle actions that reveal prejudice against those involved in abortion: for example, physical or emotional abuse, discrimination, hate speech, as well as verbal judgments or assumptions, avoidance, and displays of discomfort, anxiety, or even disgust (Crocker et al. 1998). These three manifestations are related but distinguishable facets of individual-level abortion coping. For these all condition indicates that the women mental health before abortion have a great value of their coping ability in the post abortion adjustment

They are also some self-related post abortion psychological adjustment theories which are studied by scholars as a predictor of post abortion adjustment. For example, self-efficacy, self-esteem and self-blaming. These self-related theories have relation directly or indirectly for the women post abortion adjustment.

If the women are more likely to experience psychological problems after having an abortion if they have low self-efficacy for coping with abortion (major, muller, & Hildebrandt,1985) in addition perceived their partner, family or friends supportive of them or their decision to abort. These are the major theories of post abortion adjustment in this study and I tried to explain these theories relation with their adjustment in the conceptual framework.

2.2. Meaning, Assessment and Theory of Self-Efficacy

2.2.1 Meaning of Self-Efficacy

Self-efficacy can be defined as the conviction that one can execute the behaviors required to produce a desired outcome in a specific situation (Bandura, 1977). Or it is a belief we have in our own abilities, specifically our ability to meet the challenges ahead of us and complete a task successfully (Akhtar, 2008) In general, individuals who feel efficacious have been found to handle stressful life events more effectively (Bandura, 1977; including abortion (Major & Cozzarelli, 1992; Mueller & Major, 1989) and post abortion adjustment.

2.2.2 Theory of Self-Efficacy

According to Bandura (1982), self-efficacy concerns self-percepts or judgments about how effectively one can execute necessary actions in the face of specific situations. Perceptions of self-efficacy are hypothesized to affect how much effort people will expend and how long they will persist in the face of obstacles or aversive experiences. Self-efficacy judgments also mediate the quality of one's emotional reaction. Those who have low estimations of their own efficacy tend to make internal attributions for failure and experience high levels of anxiety and depression. By contrast, people with high self-efficacy beliefs avoid self-denigrating attributions and experience less anxiety and depression).

Furthermore, self-efficacy beliefs have been found to mediate the positive effects of more global personal resources such as self-esteem, optimism, and locus of control on adjustment

(Cozzarelli,1993). In the current study, individuals with a positive model of self (women classified as secure or dismissing) would report higher feelings of self-efficacy for coping with abortion than those with a negative model of self (those classified as preoccupied or fearful) and that self-efficacy would mediate the relationship between model of self and post abortion adjustment (see Major, Richards, Cooper, Cozzarelli, & Zubek, 1997), for more on the relationship between self-efficacy.

Description of the four primary informational sources that relate to the development of personal efficacy provides a useful direction for such efforts. First, personal accomplishment history (successes and failures) represents the most direct influence on mastery expectations. Women who have successfully coped with similar life experiences (a previous abortion experience or any other form of perinatal loss) would be expected to develop an enhanced sense of self-efficacy relative to coping with an abortion. Second, watching others engage in task-relevant activities can generate vicarious estimations in observers pertaining to their own capacity for mastery. Therefore, women who have observed their acquaintances, friends, and/or relatives work through an abortion experience in an adaptive manner would be expected to have higher self-efficacy relative to coping with PAA. Much research has been conducted on the four major psychological processes through which

self-beliefs of efficacy affect human functioning. Cognitive Processes: Much human behavior, being purposive, is regulated by valued goals. Personal goal setting is influenced by self-appraisal of capabilities. The stronger the perceived self-efficacy, the higher the goal challenges people set for themselves and the firmer is their commitment to them.

Motivational Processes Self-beliefs of efficacy play a key role in the self-regulation of motivation. Most human motivation is cognitively generated. People motivate themselves and guide their actions anticipatorily by the exercise of forethought.

Affective Processes People's beliefs in their coping capabilities affect how much stress and depression they experience in threatening or difficult situations, as well as their level of motivation. Perceived self-efficacy to exercise control over stressors plays a central role in anxiety arousal.

Selection Processes any factor that influences choice behavior can profoundly affect the direction of personal development. This is because the social influences operating in selected environments continue to promote certain competencies values, and interests long after the efficacy decisional determinant has return its initiate effect.

The power of self-efficacy beliefs to mediate the effects of other personal and situational determinants of behavior has been emphasized by Bandura (1989), rendering this construct potentially very useful to a systemic or contextual analysis of women's experiences with abortion. Consistent with the self-efficacy theory, research by Major et al. (1990) suggested that self-efficacy for coping fully mediated the link between perceptions of social support of various forms and positive post-abortion adjustment.

2.2.3 Assessing of Self-Efficacy

High self-efficacy relative to coping with abortion and enhanced self-efficacy was related to lower depression, more positive mood, and fewer expected negative post-abortion consequences. Bandura (1989) maintained that self-efficacy beliefs affect thought patterns that may be self-aiding or self-hindering. People's beliefs in their capabilities affect how much stress and depression they experience in a threatening or taxing situation. Thus, perceived coping efficacy operates as a mediator of anxiety and depression. then, situation-specific self-efficacy (the belief that one can cope effectively with a particular situation) may be viewed as a summary stress appraisal measure that would be directly affected by high levels of coping resources, Self-efficacy beliefs may also be influenced by actual supportive exchanges that are, at least partially, reflected in perceptions of available support (Cohen & Wills, 1985).

Four processes of self-efficacy are practical application for coping ability, all together are given strong self-efficacy in person's life Thoits (1986) has even suggested that supportive others may assist in reducing adverse physiological responding (or awareness thereof) through distraction or by suggesting effective cognitive or behavioral strategies for coping with anxiety, guilt, or other negative emotional reactions. Indeed, experimental studies of affiliation under uncertain or stressful conditions have shown that affiliation with supportive others can decrease physiological responding (Geen & Gauge, 1977). Finally, one ls ultimate success in coping with a stressful life

event may be directly influenced by supportive others who lend tangible support or suggest effective coping strategies, thereby further enhancing perceived self-efficacy.

2.3. Meaning, Theory and Assessing of Perceived Social Support

2.3.1 Meaning Perceived Social Support

Defined as information or actions (real or potential) leading individuals to believe they are cared for, valued, or in a position to receive help when they need it. Perceived support has a direct, positive effect on health and can serve a protective or 'buffering' function for individuals experiencing high levels of stress (Cohen & Wills, 1985).

2.3.2 Theory of Perceived Social Support

As applied to mental health, the theory can be summarized succinctly by five hypotheses: (a) Life events are stressful to the extent that people perceive the events as threats (i.e., primary appraisal) and perceive themselves as lacking adequate responses (i.e., secondary appraisal). (b) Events increase risk for poor mental health depending on people's coping. Coping involves a wide range of deliberate thought and action, including problem solving, reappraisal, avoidance, and support seeking. (c) Social support is a relatively stable resource that buffers stress, primarily by influencing appraisal and coping. (d) Social support includes what friends and family say and do regarding stressful events (i.e., enacted support), as well as recipients' perceptions that quality enacted support is available (i.e., perceived support). Perceived support is based primarily on one's history of receiving effective enacted support. (e) Social support is effective in buffering stress when the support specifically meets the demands of the stressor. In general, described a theory driven approach theory to promote holistic wellbeing.

2.3.3 Assessing of Perceived Social Support

The extent to which having an abortion is a woman's own choice, and the degree of support she receives for this choice from significant others, can play an important role in her response to the procedure. The strongest negative reactions are likely to occur in women who did not themselves want to terminate their pregnancies but who were persuaded or coerced to do so by their partner or parents (Senay, 1970). In recognition of this, one major goal in counseling a woman seeking an abortion should be to establish whether the decision is the woman's own, and to give her an

opportunity to discuss her choice with a neutral person. Bracken et al., (1974) examined the relationship of social support to immediate post-abortion responses. The former was reflected in knowledge of the abortion and support for it (ranging from whole-hearted support to absolute opposition) of both partner and parents. Post-abortion responses were more positive when there was greater social support for the abortion. Nancy. E. Adler, (1979) One potential risk factor for negative psychological outcomes following abortion is a lack of perceived social support from partner, family, or friends during the abortion decision process or subsequent to the abortion procedure. Perceived social support may be particularly important for successful adjustment to abortion because of the strong moral sanctions against both pregnancy among unmarried women and abortion in different culture. Specially in our culture context, the society who has strong socialization will have high positive or negative impact for post abortion adjustment.

Perceptions of support are based not only on an assessment of the behaviors or intentions of one's social network but also on the personality characteristics of the person in need of support (e.g., Cutrona & Russell, 1990; Dunkel-Schetter & Bennett, 1990; Hobfoll & Freedy, 1990; Hobfoll, Nadler, & Leiberman, 1986)

Prior to their having a 1st trimester abortion, women's perceptions of social support from their partner, family, and friends and self-efficacy for coping were assessed. Depression, mood, physical complaints, and anticipation of negative consequences were measured after the 30-min recovery period.

Considerable research indicates that perceived social support is related to increased well-being in general (Cohen & Wills, 1985) and may reduce or buffer the adverse psychological consequences of exposure to stressful life events (Cohen & Syme, 1985; Cohen & Wills, 1985; Kessler & McLeod, 1985). Despite strong support for a positive relationship between perceived social support and adjustment to stressful life events, however, the processes that mediate the beneficial effects of perceived social support are still unclear (Cohen & Syme, 1985; Shumaker & Brownell, 1984; Thoits, 1986). Theoretical reviews of the social support literature have increasingly called for research to move beyond simple demonstrations of the effects of social support to analyses of the mechanisms by which support exerts its beneficial effects (e.g., Cohen, 1988; LA Rocco, House & French, 1980; Thoits, 1986; Wallston, Alagna, DeVellis, & DeVellis, 1983).

In general, one would expect that individuals who have a positive view both of themselves and of their social network would be more likely to perceive high levels of PAA than those with one or two negative mental models. Only one study, however, has examined this issue. Blain, Thompson, and Whiffen (1993) found that secure individuals perceived more global support from their social networks than individuals from all three insecure attachment groups. However, no study has yet examined the impact of mental models of self and others on perceptions of support within the context of a specific, real-life stressor (e.g., abortion). Given that positive models of both self and others underlie the secure attachment style, we predicted that women who were classified as secure would perceive higher levels of social support from their male partners than women in the three insecure attachment groups, each of which are based on at least one negative mental model. Furthermore, in this study hypothesized that perceived support would mediate the effects of mental models on post abortion positive wellbeing.

2.4 Socio Economic and Demographic Variables in PAA

In this section the relationship between demographic variables (age, educational level, marital status, previous abortion experience, etiology of abortion and others) and PAA will be examined

2.4.1 Relation of Age with PAA

This issue has not been systematically examined some researches have PAA relation with age. The psychological sequelae of abortion have been well-studied in adult women. The overwhelming evidence is that when women freely choose to terminate a pregnancy they are unlikely to experience severe negative psychological responses. Whereas some studies have found that younger age is associated with increased risk of negative responses after abortion, these studies include women across the whole childbearing age range and do not isolate adolescents, they also do not assess the magnitude of the difference associated with younger age. As a result, they reveal little about whether age 18 years is a meaningful cutoff for increased risk of negative responses. The question of whether adolescents are at substantially greater risk for negative outcomes has implications not just for legislation, but also for health care policy in terms of whether younger women have a greater need for supportive services than do older women.

At the individual level, women's age has been relatively unexplored. In fact, most studies have analyzed the psychosocial adjustment of women who had an abortion by treating the group as a whole. The few studies that have compared young and adult women have not presented consistent results. Whereas some studies have shown that younger age is a risk factor for mental health problems (Curley & Johnston, 2013; Fergusson et al., 2006; Major et al., 2000, 2009), others have reported conflicting results (Pedersen, 2008; Pope, Adler, & Tschann, 2001; Quinton, Major, & Richards, 2001; Renner et al., 2014; Warren et al., 2010). Despite these incongruent findings, the literature has generally identified adolescents as a vulnerable group in the context of abortion. Several developmental characteristics, such as a lower cognitive ability (Commendador, 2010) and a greater need for time to make complex decisions in comparison with adult women (Dobkin, Perrucci, & Dehlendorf, 2013), have been the most cited reasons. These potential differences may have important implications for abortion legislation and healthcare services (Pope et al., 2001; Renner et al., 2014) and should not be ignored.

2.4.2 Relation of Etiology of Abortion with PAA

They are so many etiology definitions of abortion medically but in this study, will include three most common etiology types. These are

Elective abortion: an intentional termination of pregnancy before the fetuses has developed enough to live if born. The pregnancies are mostly terminated deliberately at the request of the mother. According to the TFMHA (2008) psychological experiences observed among women who terminate an unplanned pregnancy versus those who terminate a planned and wanted pregnancy to highlight the importance of taking pregnancy intensity and wanted by the partners into account when seeking to understand psychological reactions to abortion.

Spontaneous or miscarriage: the pregnancy ends naturally by itself or unintentionally before 24 weeks gestation. It is known that 20% of all pregnancies end in spontaneous abortion. Thus, it is important to identify the emotional consequences of this experience, since severe psychological distress may result (Warsop, Ismail, & Iliffe, 2004). Spontaneous abortion can be interpreted as a major event in women's lives, given its impact in the re-evaluation of past and future experiences (Maker & Odgen, 2003). Women may also be affected in their beliefs about fertility (Gerber-Epstein, Leichtentritt, & Benyamini, 2009).

Therapeutic abortion: abortion induced legally by a qualified physician to safeguard the health of the mother, because it has risks for the mother's health.

In case of abortion women care direct toward emotional support from health professionals, family, partner and the society. And need acceptance of her feelings of bitterness, grief, guilt, sadness and other emotional association with the loss of the fetus.

Relationship of etiology of abortion with PAA; The best scientific evidence published indicates that among adult women who have an unplanned pregnancy the relative risk of mental health problems is no greater if they have a single elective first-trimester abortion than if they deliver that pregnancy. The evidence regarding the relative mental health risks associated with multiple abortions is more equivocal. Positive associations observed between multiple abortions and poorer mental health may be linked to co-occurring risks that predispose a woman to both multiple unwanted pregnancies and mental health problems. The few published studies that examined women's responses following an induced abortion due to fetal abnormality suggest that terminating a wanted pregnancy late in pregnancy due to fetal abnormality appears to be associated with negative psychological reactions equivalent to those experienced by women who miscarry a wanted pregnancy or who experience a stillbirth or death of a newborn, but less than those who deliver a child with life-threatening abnormalities. And Klock, Chang, Hiley and Hill (1997) found that women who have a spontaneous abortion after an elective abortion make different attributions to the loss. The course of women's psychological responses differs in the period of five years following the abortion, when comparing spontaneous and elective abortion (Broen, Moum, Bødtker, & Ekeberg, 2005).

Shortly after the event, emotions inherent to a spontaneous abortion are more intense than the emotions regarding an elective abortion. However, over time, women who have suffered elective abortions show higher levels of avoidant thoughts and feelings when compared to those who had a spontaneous abortion (Broen, Moum, Bodtker, & Ekeberg, 2004). Inconsistent data regarding the psychological impact of elective abortion are found in the literature. Even though most studies indicate the absence of significant repercussions (e.g., Noya & Leal, 1998; Major, Cozzarelli, Cooper, & Zubeck, 2000), others point out the increased incidence of emotional disorder (Bradshaw & Slade, 2003) and increased risk for mental health problems, especially in

women under the age of 21 (Fergusson, Horwood, & Ridder, 2006), who are likely to seek psychological counseling after the abortion (Coleman, 2006).

2.5 Summary of the Reviewed Literatures

In general post abortion adjustment predictors were discussed by referring in different research finding and theories. PAA Abortion is one of the oldest, and at the same time most controversial, of current medical procedures. As with other medical practices, its use has been regulated because of concerns about the well-being of potential patients. However, unlike other medical practices, restrictions have also been imposed because of moral, theological, and political concerns. Abortion is thus associated with a wide range of psychological and social issues. The extent to which having an abortion is a woman's own choice, and the degree of support she receives for this choice from significant others, (Nancy E.1979),

Several theoretical perspectives suggest that perceived social support may directly influence self-efficacy judgments and, indirectly by means of enhanced self-efficacy, the quality of psychological outcomes Supportive others may influence efficacy beliefs through each of these channels. Supportive others may relate stories of their own or others successful coping in a similar situation, thereby enhancing efficacy beliefs through vicarious learning. Similarly, direct statements. (Pallas M. Mueller,1990) But the support of individual matter is also affected by the etiology of abortion, people can easily support deliberate action than deliberate one. In the other hand one potential risk factor for negative psychological outcomes following abortion is a lack of perceived social support from partner, family, or friends during the abortion decision process or subsequent to the abortion procedure. Also, people with high self-efficacy beliefs avoid self-denigrating attributions and experience less anxiety and depression in this reason they can adjust easily (Major, Mueller, and Hildebrandt (1985).

Many scholars have noted that research on the mental health implications of abortion is plagued by numerous methodological problems (see, e.g., Adler et al., 1992; Koop, 1989; Wilmoth et al.1992). These problems continued to be reflected in most of the studies reviewed by task force and limited conclusions that could be drawn from the literature. The primary issues and address are those of comparison and contrast groups, co-occurrence of risk factors, sampling,

measurement of reproductive history and underreporting, attrition, statistical treatment of data, outcome measurement, and clinical relevance.

Women and men's psychological adjustment after abortion: used quantitative method and the study was conducted with six months prospective pilot study Catarina Canário, Bárbara Figueiredo and Miguel Ricouwere the authors Post abortion adjustment measure Impact of event scale revised (IES-R) This self-report scale comprising 22-items, rated on a 5-point Likert scale, which evaluates subjective distress regarding any specific event (Weiss and Marmar, 1997) Received 31 August 2010; final version received 10 May 2011)

Perceived emotional intelligence as predictor of psychological adjustment in adolescents: a 1-year prospective study José M. Salguero & Raquel Palomera & Pablo Fernández-Berrocal Psychological adjustment The Behavior Assessment System for Children (BASC; Reynolds and Kamphaus2004), adolescent self-report form, was used to assess negative indicators of psychological adjustment through three subscales: Anxiety (15 items; feelings of nervousness, worry, and fear and tendency to be overwhelmed by problems, General mental health status, as a positive indicator of psychological adjustment, was assessed using the five-item Mental Health Inventory (MHI-5; Berwick et al. 1991). The MHI-5 is used as the "mental health" domain of the Medical Outcomes Study 36-Item Short Form Health Survey (SF-36; Ware and Sherbourne1992); it consists of five items (rated on a six-point scale) reflecting mood in the past 30 days, of which three are distress (negative affect) items Anxiety, depression and self-efficacy levels of women undergoing first trimester abortion Sheila Faure and Helene Loxton Department of Psychology, University of Stellenbosch, South Africa The Self-Efficacy Scale (SE) (Major, Richards, Cooper, Cozzarelli & Zubek, 1998): The SE was utilized to measure perceived self-efficacy. The SE questionnaire consists of four items of post-abortion coping behavior.

Mental models of attachment and coping with abortion Brenda Major University of California, Santa Barbara Perceived social support from the male partner. A seven-item scale was used to assess perceptions of pre-abortion social support from a woman's male partner. On scales ranging from the items on this scale were adapted from Russell and Cutrona's (1984) Social Provisions Scale Pre-abortion self-efficacy for coping with abortion. The measure of self-efficacy was a slightly shortened version of a scale that has been used in prior studies of self-

efficacy and abortion (e.g., Cozzarelli, 1993; Major et al., 1990). Considering severe time constraints governing questionnaire administration in this study, the number of items in the study, were assessed secondary appraisal with four items asking women to what extent they felt they had the resources to deal with their abortion effectively (e.g., "I personally have what it takes to deal with this abortion," "I have the resources I need to successfully handle this abortion experience"). *PAA*. Follow-up adjustment measures assessed psychological distress and positive well-being. Psychological distress was assessed with 42 items from the SCL-90-R (Derogatis, 1983).

Helplessness and self-blame attributions in depression: investigation of one possible resolution of this paradox among college students in Taiwan the attribution style questioner (ASQ, Peterson et al., 1982) is a 12 item self-administer questioner which assesses Seligman conceptualization of perceived (learned helplessness). The ASQ consists of 12 hypothetical situations with six item situation describing bad outcomes and six describing good outcomes.

Finally, in this research as other literatures revised and discussed prefer to use quantitative method and the tools to measure are nearby or currently revised in some items and scales need modification to get more relevant data and tried to avoid gaps that identified in other literatures

CHAPTER THREE

Methods

This chapter provides descriptions of the research methods used in the current study. It revealed that to answer the question, where, when, and how the data collected and the method used and how-to analysis is briefly discussed. In addition to that, which tools were used to measure predictors and descriptive also discussed.

3.1 Study Design

In the current study, quantitative approach was employed. In Ethiopian norm, it was difficult to discuss on sensitive issue like abortion to communicate the salient aspects of their experience in their own words so the structured and standard scale was very important to measure, And the research topic also demands a quantitative method to measure the statistical significant relation and prediction to meet the objective. Therefore, the quantitative approach was applied, at the same time it helps the participates to respond easily. In this reason Structured and valid scales used to measure to get a reliable result and it helped to increase the number of participant in the study.

3.2 Study Site

The study was conducted in Addis Ababa City Administration Governmental two health centers and two governmental hospitals were included. Addis Ababa health centers are chosen based on purposive sampling technique. These health centers were chosen because they awarded and got recognition from Addis Ababa health bureau by the amount and quality of the service in family planning and post abortion care provision. The selected hospitals are used as referral hospital for these two health centers. Therefore, the study sites were selected in purposive manner. Private owned, NGOS and public/community health care institution excluded from the investigation because of their client privacy policy in the case of abortion.

3.3. Population, Sample and Sampling techniques

Addis Ababa City Administration is sub divided into 10 administrative sub-cities. Each sub-city is further divided into districts which oversee in their geographical coverage. At 10 sub cities of Addis Ababa there are 117 health centers but this study conducted in two health centers of the yeka sub-city koteba woreda 02 health center and bole sub-city Goro health center. These two H.C selected in purposive sampling site method. Since the quantity and quality of the service of abortion was acknowledged by Addis Ababa health Bureau.

After choosing the sites the sample size determined by using the calculation(Abraham W, T & Russel D.W 2008)

$$[n= z[p^2 q/d^2]$$

n = sample size

z = linked to 95% confidence interval (use 1.96)

p = expected prevalence (as fraction of 1)

q = 1- p (expected non-prevalence)

d = relative desired precision

96 women, all eligible women who agreed to participate completed a pre-abortion questionnaire and a post abortion questionnaire in the H.C on the day of their abortion procedure. And instead of the H.C schedule the post-abortion care given within 3 or 15 days and those who need post abortion service of these women also completed a follow-up questionnaire. The inclusion criteria were women who were voluntary to participate and able to come for post abortion care for 3 or 15 days after the procedure depending on the Cota or the 96-sample size completed. Exclusion criteria was the women who were not willing to participate, who were seriously sick and women who had mentally or physically disable to give response. The details about data collection are briefly discuss in data collection procedure section.

3.4 Data Gathering Instruments

In the current research, self-administered structured y questionnaire was used to obtain information on respondents' basic demographic and family structure. The scales that were used to measures self-efficacy, social support as a predictive to post abortion adjustment were adapted from previously developed instrument. The questioner was first adopted in English and translate to local language Amharic. The brief description of the scales are explained as follows.

3.4.1 Self-Efficacy Scale

The instrument name was General Self-Efficacy Scale it developed by Schwarzer, R., & Jerusalem, Min1995 he Target ability did for adolescents and adults' audiences, this scale translated into 30 languages other than English, its type is attitude used for as a data collection tool for Quantitative purpose, the data collection format is Self-reporting used for both Pre-and post-data collection purpose. The audiences can be at reading level starting from grade 7. This scale has been widespread use by professional endorsements: German version developed in 1979 by Matthias Jerusalem and Ralf Schwarzer, and later revised and adapted to 26 other languages by various co-authors and Use successfully internationally for two decades

The Reliability or Cronbach's alpha value is0.80 is suggested for at least one type of reliability as evidence; however, standards range from 0.5 to 0.9 depending on the intended use and context for the instrument, about test-retest result and details no information provided. Internal Consistency of the items are 0.76 to .90, with the majority in the high 0.80s

3.4.2Multidimensional Perceived Social Support Scale

Perceived social support scale is a multidimensional scale of perceived social support (MSPSS) were developed by Gregory Zimet, 2016 has (12 items with 4 scales), the target audience(s) are adolescents and adults the scale is available in English but there is no information provided about the detail language, type of self-report, attitude evaluate scale used for quantitative study and can be use both for pre-and post-administer, Reliability can be $r = 0.87$ to 0.91 .test-retest reliability is also ($r = 0.73$).intra correlation or internal constancy also 0.84 .

3.4 .4 The Impact Event Scale (IES-R)

Post abortion adjustment scale by using the impact of events scale(IES-R) in 2008 The instrument constructed by: Steven Christianson, DO, MM, Medical Director the original scale have (22 items with 5 scales) but by evaluating the language and culture difference It changed in to 21 questions after pilot test with 4 scales. The audience can be adolescents and adults, noinformation provided about other languages, it is attitude type used for quantitative purpose, and

Self-administer questioner can be use both in Pre/post assessment time. The audience can be at reading level: in grade level 9 but not suitable for people with an intellectual disability or in the case of children (i.e. those below the age of 17). The scale is widespread use of professional endorsements: specifically designed for the use the people who have experience of traumatic life event,Reliability0.85 was, and test-retest reliability $r = 0.73$

3.5 Pilot Testing

Pilot testing was made on 33 female participants for the main purpose of pilot test was determine the reliability of the self-efficacy, social support and self-blaming attribution. Accordingly, after administering the instrument for the pilot samples, the responses were scored and assessed for its reliability by using Cronbach Alpha.

The reliability coefficients for each instrument, based on the pilot study, social support which were originally having reliability of 0.73 and the pilot test result also 0.73, had been found similar. The self-efficacy was originally having 0.80 and the result of pilot test was 0.74.In the case of self-blaming attribution, the pilot test was 0.573, which is lower than compared with the original reliability result of the scale 0.85. Because of the issue sensitivity of self-blaming attribution, the participants were not interested to respond properly in addition, the result of reliability was low due to the case of the issue, the researcher forced to drop out from the independent variable.

Accordingly, the researcher used the questionnaire as it is and the reliability for self-efficacy, social support and event scale was administering to respondents, it was found to be; 0.92, 0.90 and 0.87 respectively. Regarding the validity of the instruments, experts' opinions and Comments used to establish the validity of instrument for this study. Opinion and commenting on the appropriateness of the instruments to be used were made. Based on recommendations and evaluation and after clarifying the items, the result of the pilot study was lastly used in the final revision of the instrument.

Table 1

reliability coefficients α of the scales in the pilot & main studies

Scale	Pilot study		Main study	
	K	α	K	α
PAA	22	0.577	21	0.874
SS	12	0.730	11	0.909
SE	10	0.740	10	0.929

NOTE SE = self-efficacy, PAA= post abortion adjustment, SS= social support

K = number of items, α = reliability coefficients

1.2 Procedures of Data Collection

First, the cooperation letter Addis Ababa University and submitted to the medical directors of selected health centers and hospitals as a secure permission.

In keeping with H.C procedure, women arriving at the H.C completed a medical history form and given a blood test. After this, women met individually with a H.C counselor to review their medical history and their reasons for having an abortion. After these individual sessions, as

individual or in groups depending on their number coming in that particular time, during which the abortion procedure, reproduction, and birth control discussed and abortion consent forms signed during the waiting period between the two counseling sessions. The women asked by the researcher to participate in this study, informed about the research purpose and the information that a study being conduct with the H.C. They assured that their responses would be kept confidential and if they refused to participate, their service at the H.C would not be affected. Consenting women given a pre-procedure questionnaire, which they completed individually. After abortion, women were given an appointment to come after the procedure after 15 days it was also given by H.C for post abortion care services, instead of this the last questioner filled in this time after their last appointment. In addition to exclusion and inclusion criteria the women who couldn't read and write were participated with the supporter of the data collector by reading the questions to them. The tools were administered in two phases first, demographic items, self-efficacy and social support scales used to evaluate the pre-abortion status of women secondly, IES scale of post abortion adjustment used be show the women status after abortion consecutively after 15 days depending on the appointment given by the health center.

3.7 Technique of Data Analysis

Quantitative data were collected by used scale and questionnaire, these data coded and analyzed in SPSS, all package for further statistical analysis by using 2024 version SPSS were used data analysis software.

In this study descriptive statistics, correlation and regression were analyzed. Each of these techniques briefly discussed as follows.

3.7.1 Descriptive Statistics

This technique will be used to examine the status of the women interims of age, economic status, abortion experience, etiology of abortion, marital status, educational background and others by mean, frequency, standard deviation and percentage.

3.7.2 Correlation Analysis

Correlations are useful because they can indicate a predictive relationship that can be exploited in practice. The most familiar measure of dependence between two quantities is the Pearson product moment correlation coefficient, or "Pearson's correlation coefficient", commonly called simply "the correlation coefficient. In this study, the researcher was correlate each variable with the dependent variable PAA and it helped to identified the relationship between the two variables (self-efficacy and social support) was correlated. In addition, it helped which predictors had strong and linear correlation, negative correlation (-1), positive correlation (+1) or 0 correlation in the other word no correlation in those all variables.

3.7.2 Regression

Multiple regression used to measure how extent the two variables related and can be identify the relation of independent variables with dependent variables. By using multiple regression will see the relation of dependent variable PAA with independent variables that means perceived social support with PAA, self-blame attribution with PAA, and self-efficacy with PAA.

3.8 Ethical consideration

First the researcher takes the cooperation letter from the department of psychology to Participation of respondents were strictly on voluntary basis. Informed consent was asked orally and the purpose of the study explained by the researcher. In addition, the participants were informed by the researcher that they were assured that their responses would be kept confidential and that if they refused to participate, their treatment at the H.C would not be affected.

CHAPTER FOUR

4. Results

The main objective of the study assessed variables related to post abortion adjustment. In this chapter, the finding presented in line with the research questions. On the base of the data generated from a series of standard scales, results founded from the study answered the research question and met the objective of the study, results presented according to the research questions as follows.

4.1 descriptive statistics

Women who had child were 67(69.8%) From the finding out of 96 people, with one child were 15(15.6%) and with 2 children were 14(14.6%) no data showed who had more than two. 14(14.6) of them had Abortion Experienced, and 82(85.4%) of them had not Abortion Experience. In the case of abortion frequency, the answer of the respondents summarized. As the result revealed in the reason of performing abortion procedure of most respondents were spontaneous abortion which were 40.6% respondents, the second large data contained reason was “not ready to be a mother” 31.1%. the third etiology of abortion in this study were economical problem, the rest were due to rape 3.1%, because the baby is in family member 3.1% relationship problem were 9.4%.

Table 2 Demographic characteristics of the respondents (N=96)

Demographic characteristics	level	Frequency	percent
Age	15-20	21	21.9
	21-25	53	55.2
	26-30	17	17.7
	31-36	3	3.1
	36-40	2	2.0
Education	uneducated	5	5.2
	Basic education	30	31.2
	High school	32	33.3
	Junior college 10+1-2	11	11.4
	Diploma	9	9.3
	Degree	6	6.3
	Second degree Above	3	3.1
Marital status	Single	46	47.9
	Married	26	27.1
	Unmarried but living together	12	12.5
	widowed	6	6.3
	Divorce	6	6.3
Employment	Employed	59	61.5
	Unemployed	37	38.5
Salary	0-1000	43	44.8
	1100-2000	17	17.7
	2100-3000	12	12.5
	3100-4000	12	12.5
	4100-5000	6	6.3
	5100-6000	6	6.3

The data collected showed in Table2 showed that 21 people out of 96 who involved in the age interval 15-20, there are 53 people out of 96 who were in the age interval of 21-25. Detail result of respondents' age distribution was explained. The participant were 96 women, 61.5% of them were employed and 38.5% were unemployed women.

The result revealed that, number of women in the monthly income interval of 0-1000 were 43(44.8 %); the number of women in the monthly income interval of 1100-2000 were 17(17.7%), the number of women more than 2000 were explained below with different intervals. The data showed that, out of 96 people 5 of them are uneducated/unschooled, 30 of them got basic education, and 32 of them reached to a high school, 11 of them joined junior college, 9 of them completed their college diploma and 6 of them bachelor degree. The rest 3 of them had got their second degree and above. In the case of marital status out of 96 women, 46 of them were single, 26 of them were married, 8 of them were widowed, 12 of them had not got married but living together and 6 of them were divorced. we can see that out of 96 people, 67(69.8%) of them had no children, 15(15.6) of them had one child and 14 of them had 2 children.

4.2 The Status of Abortion Service Seeking Women on their Social Support, Self-Efficacy and Post Abortion Adjustment.

The status of post abortion service seeking women presented in Table 3. according to their response, the status of women describing as follows, 12(12.6%) of women had low adjustment value,38(39.4) of women with moderate post abortion adjustment and 46(48.0%) of women had a high post abortion adjustment. the women's self-efficacy ranges from their response 46 women (47.9%) of the participant had moderate self-efficacy and 50 women (52.1%) of the participant had high self-efficacy. 13 women (13.6%) had low social support, whereas less than half 39(40.6%) got moderate support from their family, friends or partner. Approximately 44 (45.9%) of them had full support from their friends, families or partners of their abortion procedure.

Table 3*Status frequencies and percentile*

Score of SE	Frequency	Percent	Score of SS	Frequency	Percent	Score of PAA	Frequency	Percent
20.00	7	7.3	19.00	7	7.3	36.00	6	6.3
23.00	19	19.8	21.00	6	6.3	40.00	6	6.3
24.00	6	6.3	22.00	13	13.5	42.00	20	20.8
25.00	13	13.5	23.00	6	6.3	48.00	6	6.3
26.00	6	6.3	25.00	13	13.5	49.00	6	6.3
31.00	6	6.3	26.00	7	7.3	50.00	6	6.3
32.00	13	13.5	29.00	18	18.8	57.00	7	7.3
35.00	6	6.3	31.00	6	6.3	58.00	7	7.3
36.00	14	14.6	35.00	7	7.3	59.00	6	6.3
37.00	6	6.3	36.00	13	13.5	61.00	6	6.3
						63.00	13	13.5
						67.00	7	7.3
Total	96	100	Total	96	100	Total	96	100

Table 4*frequencies (N =96)*

	SE	SS	PAA
Mean	28.54	27.19	51.98
SD	5.68	5.437	9.69
Minimum	20.00	19.00	36.00
Maximum	37.00	36.00	67.00
Error of SD mean	0.58	0.55	0.98

According to the result of table 4 the mean of self-efficacy, social support and post abortion adjustment are 28:00, 27:00 and 51:00 respectively. Error of the mean also 0.58, 0.55 and 0.98

This result refers to how much the data far from the mean, means except the value of PAA almost 10% of error margin, SE and SS have nearly 5% data been between error margins and 95% were close to the mean.

4.2 Interrelationships among Perceived Social Support, Self-Efficacy, and Post Abortion Adjustment

Table 5*Zero order inter correlation (N 96)*

	1	2	3
1. PAA	-	0.747	0.757
2. SS	0.747	-	0.763
3. SE	0.757	0.763	-

Correlation is significant at the 0.01 level and P value were 0.001&0.002

N=96, PAA= post abortion adjustment, SE= self-efficacy, SS= social support

Correlation of PAA with social support

The correlation of PAA with social support r value is 0.747 , they have a strong positive relation results,

Significancy of the 2- tailed p value also 0.002 and significance level is 0.01 value and the result showed it is significant.

Correlation of PAA with self-efficacy

The correlation of PAA with self efficacy, r value is 0.757 it means the relation is strong and positive, In addition significant of the study or P value is 0.001 which is significant.

Correlation of self-efficacy with social support

As we see in at Table 5the Pearson correlation is 0.763 it means, self-efficacy and social support have strong positive association also significance of the relation of both variables, which is 0.001

As we see in Tabel 5 the three variabels (PAA,self efficacy and social support) have strong positive relation, the correlation between PAA with social support is 0.747,between PAA and self efficacy is 0.757. also, the correlation of self efficacy with social support is 0.763 at the significant value of 0.001.

4.3 Perceived social support and self-efficacy as a predictors of post abortion adjustment

Table 6

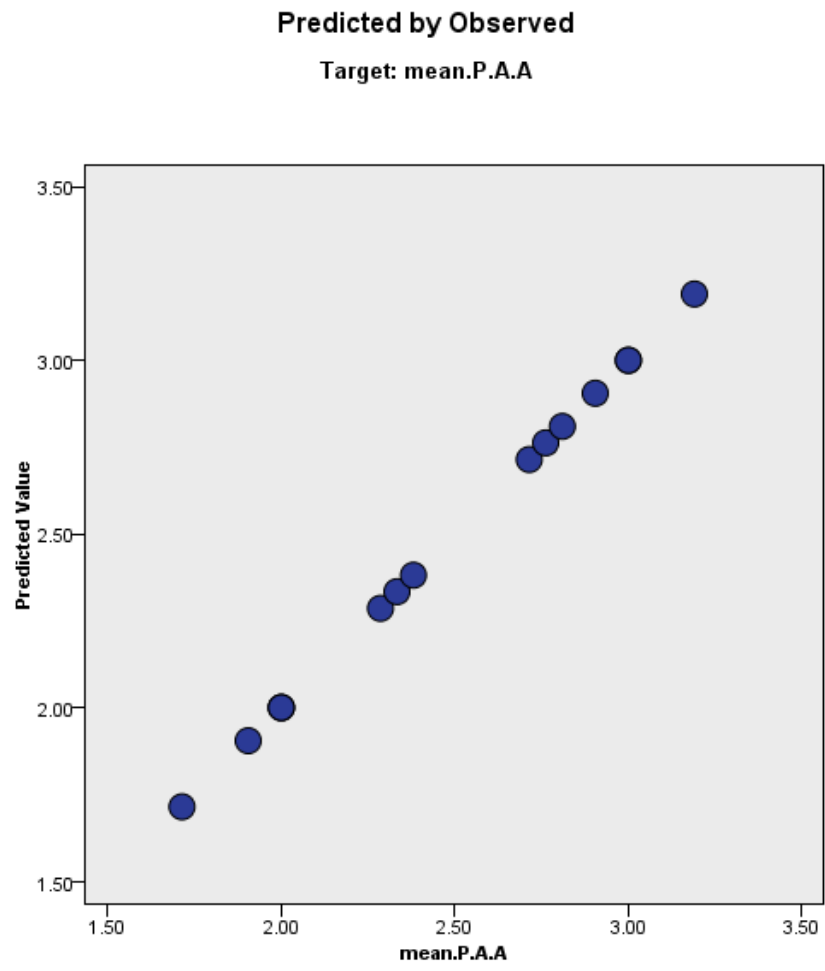
Regression summery

Model	β	Standard coefficients β	Sig	R	Rsquare	Adjust r square
SE	0.764	0.448	000			
SS	0.721	0.405	000			
SS& SE				0.801	0.641	0.633

Regression analyses with the purpose of examining the predictive value of social support and self-efficacy for psychological adjustment, multiple regression analyses were conducted, running both independently variables for PAA variable., to carry out the regression analysis at table 5.

The three subscales (self-efficacy, social support, and post abortion adjustment) were entered simultaneously to determine the unique contribution of each one. To carry out the regression analysis evaluate the result from coefficients table standard beta of both self-efficacy and social support values, the result was (0.448 & 0.405) it shows good relation of post abortion adjustment with self-efficacy and social support, and significance the value was (.000)., the 0 significance show the relation is constantly linear, and also the independent variables had good fit to predict PAA. The r square and adjusted r square from model summery indicates the strength of prediction values of independent variables, adjusted r square was 0.633 multiply by 100, it gave us 63.3% will predict the dependent variable,

Figure 1 Linear regression of predictors



CHAPTER FIVE

Discussion

The purpose of present study was to investigate the predictors of post abortion adjustment, in the discussion part we begin by explaining the finding of women's status in self-efficacy, social support and their post abortion adjustment, from the women who were performed abortion and participated in this study. Next explaining the ways in which data analysis supports the study objective of post abortion adjustment and its predictors, how abortion adjustment manifests in individual women with the key predictor of this study variables social support and self-efficacy. Then the relation between predictors and post abortion adjustment with the rich details of in depth data analysis of the study by comparing with the related researches findings. and finally, we will see which predictor has a strong association with PAA.

5.1 The status of post abortion service seeking women

In this sub-topic, the comparison of their status presents, status mean the condition of women interims of their social support and self-efficacy reflected by their response in the time of data collection through their response.

5.1.1 Self-efficacy and social support of women's statuses

The status of post abortion seeking women compared with their mean of responses, this result showed us the relation to coping with the abortion was effective at lowering the risk for negative psychological symptoms after an abortion, Women in these studies reported moderate to high coping expectations, although a range of responses were observed. Women who indicated high self-efficacy for coping exhibited significantly lower levels of negative psychological response two weeks after the abortion than did women with low coping expectancies. As we see in the results section Table 3, the women's self-efficacy ranges from their response 46 women (47.9%) of the participant had moderate self-efficacy and 50 women (52.1%) of the participant had high self-efficacy there was no low self-efficacy status level showed in the respondent. Other studies had been highlighted the central role of self-efficacy in abortion-related coping (Cozzarelli, 1993; Major et al., 1985; Mueller & Major, 1989) study. When we compare the number and percentile of their status almost 80% women were in the range of good adjustment position. in this reason self-efficacy status has contribution for the adjustment and coping ability of women.

Table 3 presents the number and percentage of women who had got support from their parents, family, and friends in the case of abortion. Most women respond, they got support from their partner, family and friends. The status of women who had got social support was described, 13 women (13.6%) had low social support, whereas less than half 39 (40.6%) got moderate support from their family, friends or partner. Approximately 44 (45.9%) of them got fully support from their friends, families or partners of their abortion. These percentages differed significantly.

The reason of performing abortion directly related with women social support, less likely; the possibility of making decision for abortion procedure did not differ in occupation and educational level but marital status, number of previous children, number of previous abortions have association with the support or acceptance of women. And they reported why they did abortion also related with the social support rate. Most of the participants their reason was spontaneous and not ready yet to be mother Table 2. Women generally perceived stronger support from their partner, friends and somewhat weaker support from their family have less likely weak to adjust well. Among the subgroup of women ($n = 44$) who told all three sources of their abortion, perceived support differed across the three sources of support, friends were as significantly more supportive of their decision than their families. Specifically, Major findings showed perceptions of strong social support from three sources: one's partner, family members, and friends were associated with high self-efficacy relative to coping with abortion and enhanced self-efficacy was related to lower depression, more positive mood, and fewer expected negative post-abortion consequences reaction. However, no direct relation was observed between social support and the various indicators of negative adjustment. (Cozzarelli, 1993; Major et al., 1985; Mueller & Major, 1989) Correlations between the sum of two support group questions were significant within each source of support.

The status of women in post abortion adjustment after two weeks of abortion procedure were 12 (12.6%) of women had low adjustment condition, 38 (39.4) of women with moderate post abortion adjustment and 46 (48%) of women had a high post abortion adjustment. Depending on the result of women's PAA status referred to us the social support also helpful for adjustment of women. When we compare the value of self-efficacy and social support status of women, they were nearly similar in number and percentile of respondents Table 3.

Whereas some studies have reported negative psychosocial outcomes, such as depression (Fergusson, Horwood, & Ridder, 2006; Pedersen, 2008; Rousset et al., 2011), because of low social support, others have shown no significant effect on psychosocial adjustment (Charles et al., 2008; Major et al., 2009; Renner, Guzman, & Brahmi, 2014) or, conversely, have shown positive outcomes, such as satisfaction and perceptions of the benefits of abortion (Major et al., 2000) but Women may believe they might cope poorly with having an abortion because of misinformation they have received about its physical and psychological risks (Major 2009; Russo & Denious, 2005). (Bagarozzi, 1993, 1994;) this also one kind of support from health workers and other professionals by creating awareness of psychological influence of abortion. though this misleading with less support from significant once have impact for their low adjustment

5.2 Interrelationships among perceived social support, self-efficacy, and post abortion adjustment.

In this study, the results were evaluated by correlation coefficient, regression to find the interrelationships among variables. Let's see the first variable

Table 5 showed the correlation or association between social support, self-efficacy and post abortion adjustment. These suggests that women with a higher level of self-efficacy may be more certain of what they want to do with their lives. The decision to terminate a pregnancy made wisely and with less confusion and ambivalence. This seems to imply that, these women may have had a wider repertoire of coping resources at their disposal, which they were able to apply to the situation. An active, problem-focused approach may therefore help to reduce vulnerability to psychological distress. A 'health advantage' for persons with high, compared to lower levels of self-efficacy is well predictable.

In the other hand Table 5 reports the zero-order correlations among self-efficacy, the ten outcome measures, and perceived support from the two sources of support for women who were those sources. Also reported in Table 5 the partial correlations among these variables, controlling for a set of demographic variables. Perceived support from family and friends were all positively related to better adjustment on the psychological measures, as well as to increased feelings of self-efficacy. However, one of the two types of support were highly significant. In addition,

feelings of self-efficacy were related to better psychological adjustment. These two variables, self-efficacy and social support had strong association between them, in this case we would predict even self-efficacy might be a mediate link between perceived social support and adjustment to a stressful life event.

To examine the second question of this study, scores on the three psychological outcome measures were first standardized and summed to yield a single measure of psychological adjustment. This resulted in the outcome measures, assessing psychological adjustment. Zero-order or correlations among this combined psychological adjustment index and self-efficacy and social support are presented in Table 5. Standard path analytic techniques (Kenny, 1979) were then used to evaluate the interrelation. Zero-order correlations among these variables indicated that general self-efficacy was significantly and positively related to perceived support from family and friends, it is also significantly correlated. In order to more closely examine how accompaniment relates to post abortion adjustment, the result showed Table 3 from social support means partner or any significant once used as a buffer and help full to adjust. We examined whether the personal coping resources of women self-efficacy and factor relation of social support higher the relationship between post abortion adjustment. In the other side self-efficacy, social support also significantly correlated each other $r(95) = 0.763, P < 0.001$, this result at both point reveled the relationship between two independent variables in the time of adjustment process.

As the step of analysis, we examined the zero order correlations among accompaniment, the personal resource, relationship variables and adjustment measure Table 5. The personal resource variable general self-efficacy was 0.757 have high interrelation in these two variables. The r value of social support with post abortion adjustment was 0.747, $P < 0.002$, the result showed as good positive association between perceived social support with post abortive adjustment This pattern of results is consistent with the argument that social interactions can have negative as well as positive effects on well-being ,Negative social interactions, such as unmet support expectations or negative inputs from others, may serve as an additional source of stress, exacerbating the distress experienced by those facing stressful life events have termed this effect "negative buffering" In the present study, this negative buffering effect was particularly apparent when the society was the source of opposition or qualified support, suggesting that the presence

of negative transactions with the significant other (rather than the absence of positive support from them) is particularly harmful for adjustment to abortion. The data also suggest that the detrimental effects of non-supportive transactions or qualified support are mediated by self-efficacy. When coping self-efficacy was held constant, group differences in psychological adjustment as a function of disclosure and perceived support were eliminated. Family support, in contrast to partner support, appeared to have some "positive buffering" effects. Both women who did not tell their families and women who told their families but perceived them as less than completely supportive displayed poorer adjustment on measures of mood and anticipated consequences than women who told their family and perceived complete support. Self-efficacy beliefs may also be influenced by actual supportive exchanges that are, at least partially, reflected in perceptions of available support (Cohen & Wills, 1985).

However, according to Major that women who did not tell families were less depressed than women who told their families and perceived them as less than completely supportive. These somewhat different patterns of results observed as a function and type or source of support (partner, family, or friends) underscore the importance for social support theory and research of differentiating the source of support. (Major, 1990)

5.3 Perceived social support and self-efficacy as a predictors of post abortion adjustment

In this study, regression was used to examine how much the independent variables predict dependent variable, also to identify the strongest predictors of post abortion adjustment.

Perceived self-efficacy and social support before the termination of pregnancy were measured. The relationship between these variables in the short-term adjustment to abortion was also explored. This study endeavored to identify which pre-abortion scores on measures associated with post abortion adjustment, self-efficacy and social support might reliably predict a vulnerability to post-abortion adjustment as predictor. The study also explored the relationship between these psychological variables considered to be related to coping and adjustment to abortion in order to try to identify which variables, if any, significantly influenced coping and the subsequent psychological adjustment to abortion. If this was possible, findings might have implications for increasing the preventative possibilities of pre-abortion counseling.

Then examined correlations between the adjustment index and variables to be associated with post abortion response. Post abortion adjustment was significantly correlated with self-efficacy and social support.

It also examined in regression, subjects who scored lower on the adjustment index at baseline fared worse post abortion but the correlation coefficient of PAA r was .631, p .001. Relationship with self-efficacy it indicates as that, PAA was related to social support, correlations r .553 to $P < 0.001$ significant. This result revealed that self-efficacy is good predictor for PAA, social support also well predictive but the strongest predictive value of r is self-efficacy, the detail result in table 6

Other researchers were explained the relation and effects of the two independent variables as follows, Cozzarelli found social support has not direct relation with post abortion adjustment, self-efficacy as judgments incorporating both knowledge and confidence relative to executing the actions necessary to successfully complete various life tasks. The power of self-efficacy beliefs to mediate the effects of other personal and situational determinants of behavior has been emphasized by Bandura (1989), rendering this construct potentially very useful to a systemic or contextual analysis of women's experiences with abortion. Consistent with the self-efficacy theory, research by Major et al. (1990) suggested that self-efficacy for coping fully mediated the link between perceptions of social support of various forms and positive post-abortion adjustment.

These data underscore the importance of including measures reflecting women's perceptions along with environmental factors in efforts to understand responses to abortion, as Bandura (2002) recently noted, "personal agency and social structure operate interdependently rather than as disembodied entities." Future research might explore additional socio-demographic, personal, and experiential antecedents to feelings of efficacy relative to coping with an abortion in addition to examining the extent to which women continue to feel efficacious over several years after the abortion.

However, Bandura (1989) emphasized the fact that inferences derived from social comparison is indirect and theoretically more susceptible to change than those fostered through direct

experience. Verbal feedback from others regarding one's potential for coping effectively is the third avenue through which self-efficacy beliefs may develop. Like social comparison, appraisals from others tend to be weaker sources of information in the formation of self-efficacy beliefs than those derived directly from one's own experiences. As noted previously, research does suggest that when others are supportive of one's decision to abort, self-efficacy tends to be higher. However, given the volatile nature of the abortion topic and the resulting diversity of opinions, individuals facing an abortion decision were the likely recipients of conflicting feedback (Burke & Reardon, 2002; De Puy & Dovitch, 1997; Speckhard, 1987; Speckhard & Rue, 1993; Torre-Bueno, 1996).

CHAPTER SIX

6 Summery, Conclusion and Recommendation

6.1 Summary

Abortion is a stressful life event in women's life, in this case women status is helpful to cope up the situation. Women need support from their partner, friends and families that means social support plays a leading role next to their self-efficacy for post abortion adjustment. Examining the contribution of social support and self- efficacy as a predictors of post abortion adjustment is the main objective of this study.

Performing abortion has a consequence on physical & psychological and even risk for women's life. There are a great controversy studies about psychological response and mental health problem followed to abortion procedure because of lack of awareness and attention of this problem the post abortion service mostly focuses on the medical or physical care of abortion problem not consider holistic service. In this reason, this study has contribution by pre-requisite for professional to minimize the psychological consequence of abortion, helped to identified the predictors of post abortion adjustment.

The study was conducted in Addis Ababa, two health centers and two hospitals the sample size were 96 women in the study site purposively selected and applied quantitative method.

The researcher examined women's status before abortion, the pre-abortion evaluation was measured their self-efficacy, perceived social support scales and general demographic questioner helped to know women's status in the time of data collection, the pilot test was also conducted in one of selected health centers in 33 women and measure the scales reliability, the pilot test gave a clear direction how to apply it and which items need to be deleted,

In the main data collection time, the researcher added 10% more than the planed data amount because of the pilot test experience some women were not attend the post-data collection period so the general sample sizes were 105 and took the proper filled data to meet the target population. After collection, the data analyzed by using 2024 SPSS sample analyzing software finally compared each variable correlation with the dependent variables, that means perceived

social support and post abortion adjustment through effects of self-efficacy to women's adjustment after abortion. Women who perceived high support from their family, friends, and partners had higher self-efficacy for coping in other studies, in this study, examined each variable direct or indirect relation between each variable. The result showed that self-efficacy and social support had strong positive association with post abortion adjustment and these two variables are good predictors for PAA finally confirmed self-efficacy was a strong predictor than social support even if self-efficacy was a strong one, social support also a good predictor for PAA.

This study had aimed to add additional knowledge about predictors of women post abortion adjustment in Ethiopian condition and to put a base line for further researches specifically, to meet the objective of the study, quantitative method was applied and used a standard scale to measure and Identify the status of post abortion seeking women with regard to social support, self-efficacy and post abortion adjustment.

One potential risk factor for negative psychological outcomes following abortion is a lack of perceived social support from partner, family, or friends during the abortion decision process or subsequent to the abortion procedure. Perceived social support may be particularly important for successful adjustment to abortion because of the strong moral sanctions against both pregnancy among unmarried women and abortion, especially in Ethiopian culture.

Many women who seek abortion are reluctant to inform others of their decision, both at the time of the procedure and subsequently. Because pregnancy is the result of a woman's partner's actions as well as her own, perceived support from the partner may be particularly important for the woman's post abortion adjustment. Three studies have examined the relation between perceived social support and women's psychological response after abortion (Major 1990, Cozzarelli, 1993, Alder 1982)

The finding of this study also predicts the women who came for abortion procedure and post abortion care services had different supporting level from their significant once, different level of support shows that their different PAA ability, the women who were supporting with in different

individuals they came out easily from the influence of abortion problems and it happen in vice versa those who were not got support.

In the other side, self-efficacy of the women are playing important role to overcome the influence of abortion, women with high self-efficacy are easily got up and keep living normal life after abortion they can face and win the situation, in this study the data showed as women with high efficacy can high adjustment after abortion.

6.2 Conclusion

The PAA of the women were leveled low to high. The women with the status of high self-efficacy and social support had better post abortion adjustment than the women didn't had.

The second objective of the study was to inspect relationships among post abortion adjustment, social support and self-efficacy, the result also revealed that strong positive association between variables. The researcher had a plan to examined other relate factors like self-blaming attribution, age, etiology of abortion and many more others but it was impossible to cover this all in this single study so it will be the future plan to be study because they will be more relevant to contribute for the preventive action of mental health

Finally, the study examined the predictive powers of post abortion adjustment, factors social support and self-efficacy. The relationship between the PAA with the two variables were high. Also, they were predictors for the dependent variable PAA, self-efficacy had highly predictive value in this study but social support was not the least one.

6.3 Limitations

This study had a plan to see self-blame attribution as a predictor but it was nearly impossible to cover because, the respondents were not much interested and their response were also carelessly responded. But if there was a finance support it was possible to motivate and used as positive reinforcement for the respondents.

Nearly no literatures available about abortion in Ethiopia, most available studies also in the others culture and not recent once.

6.4 Recommendation

Implications for theories of social support and self-efficacy for therapeutic interventions aimed at facilitating coping with stressful life events, especially on abortion. So, the post abortion care provider need to aware about mental health problems after abortion and the adjustment predictors through training.

In addition, the authors proposed that assessing a woman's coping expectancies by preparing or adopting a check list prior to an abortion might help counselors to identifying women at risk for negative responses and giving better counseling to prevent mental health problem after abortion.

The most important one in PAA is self-efficacy, SE of the women are playing important role to overcome the influence of abortion this study result also prove that, in this case the health care providers or the other responsible bodies need to work to enhancing women self-efficacy to prevent and promote mental health of women.

perceived support from the partner may be particularly important for the woman's post abortion adjustment, and it is one of the three sources of support also the important one so the health care providers have to council them to involve in the time of decision making as well as in the procedure.

The other uncover areas in this study and in Ethiopia want to recommend for Further studies are needed in the following issues relate to PAA,

- ❖ Spontaneous or miscarriage: It is known that 20% of all pregnancies end in spontaneous abortion. Thus, it is important to identify the emotional consequences of this experience, since severe psychological distress may result (Warsop, Ismail, & Iliffe, 2004) in this study also 39% of abortion were spontaneous, it is naturally happening and uncontrollable in some extent but it is possible to minimize by studying the magnitude and the adjustment contribution factors for preventive action of mental health problem of individual.

- ❖ Whereas some studies have shown that younger age is a risk factor for mental health problems (Curley & Johnston, 2013; Fergusson et al., 2006; Major et al., 2000, 2009) but there is no evidence to show the problem, how much affecting this group psychologically in Ethiopia, so it is also important to make studies in this group.
- ❖ At last but not the list, the major contributor for mental health problem relate with abortion is Ethiopia abortion policy application, the policy currently interpreted and applied wrongly in every health care providers specially in privet and NGOs. In this case, the heath minister or any responsible body need to control and evaluate or revised the miss leading articles carefully.

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Appendix 1

This appendix 1 include demographic questioner, the Scales to measure post abortion adjustment, self-efficacy, attribution of blaming, perceived social support tools are attached in this part.

I. Demographic questioner

Please answer the following questions by either selecting, writing the response in the space provided or checking the appropriate response.

1. Age: ____

2. Employment status:

A, employed ____ B, unemployed ____

3. your current occupation ____

4. Current independent monthly household income in birr:

A, 0- 1000 ____ B, 1100-2000 ____ C, 2100-3000 ____ D, 3100-4000 ____

E, 4100-5000 ____ F, 5100-6000 ____ G, 6100-7000 ____ H,7100-8000 ____ I, 8100 < ____

5. What is the highest year of education you completed? ____

A, Uneducated / unschooled B, Basic education C, High school

D, Junior college 10+1, 10+2 E, College diploma E, College diploma

F, Bachelor degree G, Second degree and above

6. Marital status:

A, single ____ B, widowed ____ C, married ____ D, separated ____ E, divorced ____

F, unmarried but living together ____ G, other ____

7. Number of children: ____

8. Have you had an abortion experience? ____ A, yes B, no

If your answer for # 8 is yes how many times you did abortion including this one

A, one times B, two times C, three times D, four F, five and above

9. why you having abortion? ____

A, economical problem B, relationship problem C, due to rape D, spontaneous abortion

E, the baby is from family member F, health problem of the fetus or you

G, you are not ready to be a mother.

If you have different reason than above please write here.....

II. General Self-Efficacy Scale

Below they are ten statements about yourself which may or may not be true. Using the 1-4 scale

Below, please indicate your agreement with each item by placing the appropriate number on the line following that item.

Please be open and honest in your responding.

No	Questions	1	2	3	4
		Not at all true	Hardly true	Moderately true	Exactly true
1.	I can always manage to solve difficult problems if I try hard enough				
2.	If someone opposes me, I can find the means and ways to get what I want				
3.	It is easy for me to stick to my aims and accomplish my goals				
4.	I am confident that I could deal efficiently with unexpected events.				
5.	Thanks to my resourcefulness, I know how to handle unforeseen situations.				
6.	I can solve most problems if I invest the necessary effort				
7.	I can remain calm when facing difficulties because I can rely on my coping abilities.				
8.	When I am confronted with a problem, I can usually find several solutions.				
9.	If I am in trouble, I can usually think of a solution				
10.	I can usually handle whatever comes my way.				

III. Impact of event scale(IES-R)

Instruction: Below is a list of difficulties people sometimes have after stressful life events. Please read each item, and then indicate

How distressing each difficulty has been for you during and after abortion with respect to How much were you distressed or bothered by these difficulties? Item Response Anchors are

No		1	2	3	4
		Not at all	Hardly true	Moderately true	Exactly true
1.	Any reminder brought back feelings about the abortion I did				
2.	I had trouble staying asleep after I did abortion				
3.	Other things kept making me think about the abortion I did.				
4.	I felt irritable and angry after I did abortion				
5.	I avoided letting myself get upset when I thought about it or was reminded of the abortion I did.				
6.	I thought about the abortion I did. when I didn't mean to				
7.	I felt as if the abortion I did hadn't happened or wasn't real				
8.	I stayed away from reminders of the abortion I did.				
9.	Pictures about the abortion I did popped into my mind.				
10.	I was jumpy and easily startled				
11.	I tried not to think about the abortion I did.				
12.	I was aware that I still had a lot of feelings about the abortion I did but I didn't deal with them.				
13.	My feelings about the abortion I did were kind of numb.				
14.	I found myself acting or feeling like I was back at that time.				

15.	I had trouble falling asleep.				
16.	I had waves of strong feelings about the abortion I did.				
17.	I tried to remove the abortion I did. from my memory				
18.	I had trouble concentrating.				
19.	Reminders of the abortion I did. caused me to have physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart				
20.	I felt watchful and on-guard				
21.	I tried not to talk about the abortion I did.				

Multidimensional Scale of Perceived Social Support

Instructions: the following statements are help us to understand about your relationship with family friends and the society you are living with so please Read each statement carefully and Indicate how you feel about each statement.

		Not Always true	Mildly true	Sometimes true	Always true
1.	There is a special person with whom I can share my joys and sorrows.				
2.	My family really tries to help me.				
3.	I get the emotional help and support I need from my family.				
4.	I have a special person who is a real source of comfort to me.				
5.	My friends really try to help me.				
6.	I can count on my friends when things go wrong.				
7.	I can talk about my problems with my family.				
8.	I have friends with whom I can share my joys and sorrows.				
9.					

	There is a special person in my life who cares about my feelings.				
10.	My family is willing to help me make decisions.				
11.	I can talk about my problems with my friends.				

Appendix-2

መጠይቅ አንድ

ማሳሰቢያ፣ ይህ መጠይቅ በአዲስአበባ ዩንቨርሲቲ የሳይኮሎጂ ትምህርት ክፍል በድህረ ውርጃ ሂደት ዙሪያ ለሚደረግ የሁለተኛ ዲግሪ

ማሟያ ጥናት የቀረበ ነው። በዚህ ጥናት ላይ በሚሞሉት መጠይቅ ስምዎት የማይገለፅ ሲሆን ሚስጥርዎትም የተጠበቀ ነው። ያለመሳተፍ ሙሉ መብት አለዎት አለመሳተፍዎ በተቆሙ የመገልግል መብትዎን አይነካም። እባክዎ ለሚከተሉት ጥያቄዎች እንደመጠይቁ በተሰጡት ክፍት ቦታዎች በመምረጥ

በመፃፍ ወይም ምልክት በማድረግ መልስ ይስጡ

1. እድሜ -----
2. የስራ-ሁኔታ ሀ. ሰራተኛ ለ. ስራ-ፈላጊ
3. ሰራተኛ ከሆኑ አሁን የሚሰሩበት ሙያ-----
4. የወር ገቢ ሀ. 0-1000 ለ. 1100-2000 ሐ. 2100-3000 መ.3100-4000
 ሠ. 410-5000 ረ. 5100-6000 ሰ. 6100-7000 ሸ. 7100-8000 ቀ. 8100 <
5. የትምህርት ደረጃ ሀ. ያልተማረ /ማንበብና መፃፍ የማይችል ለ. የመጀመሪያ ደረጃ ያጠናቀቀች
 ሐ. ሁለተኛ ደረጃ ያጠናቀቀች መ. 10+1 ወይም 10+2 ሠ. ኮሌጅ/ዲፕሎማ
 ረ. ድግሪ ሰ. ሁለተኛ ድግሪ እና ከዛ በላይ
6. የጋብቻ ሁኔታ ሀ. ያላገባች ለ. ያገባች ሐ. የፈታች
 መ. አብሮ የሚኖሩ ሠ. የሞተባት ረ. ሌላ
7. የልጆች ብዛት-----
8. ከዚህ በፊት አስወርደሽ ታውቁያለሽ? ሀ. አዎ ለ. አላስወረድኩም ጥያቄ 8 ላይ መልስሽ አዎ ከሆነ
9. ለምን ያህል ጊዜ ሀ. አንድ ለ. ሁለት ሐ. ሦስት መ. አራት ሠ. ከአምስት በላይ
10. ፅንሱን የማታቋርጭበት ምክንያት
 ሀ. በገቢ (አቅም) ምክንያት ለ. ከወንድጓደኛ/የትዳር አጋር ጋር ባለችግር
 ሐ. በመደፈር ምክንያት ሠ. ያረገዝሽው ከቤተሰብ አባል/ከዘመድ ስለሆነ
 መ. ባልታሰበት ውርጃ ነው ረ. በአንቺ ወይም በፅንሱ ላይ የጤና ችግር እንዳለ ስለተነገረሽ.
 ሸ. ልጅ ለማሳደግ ዝግጁ ስላልሆንሽ
 ከዚህ የተለየ ምክንያት ካለሽ እዚህ በታች ፃፊ

መጠይቅ 2 ፣

ማሳሰቢያ፣ እያንዳንዱን አረፍተ ነገር በሚገባ ካነበብሽ በኋላ ከተሰጡት አማራጮች ውስጥ እራሴን በትክክል ይገልጻልኛል የምትይው ጋር ብቻ ምልክት በማድረግ መልስ ሰጪ

		በፍፁም አይገልጽም ፀኝም	በከፊል አይገልጽም ፀኝም	በከፊል ይገልጻል	መጠን በጣም ይገልጻል
1.	የሚያስፈልገኝን ጊዜ ሁሉ ለረዳኝ የሚችል ወዳጅ አለኝ				
2.	ደስታዬን እና ሀዘኔን ላካፍለው የሚችል የቅርብ ሰው/ወዳጅ/አለኝ ስለውርጃ ምላሽ ማክራቸዋለሁ				
3.	የሚያስፈልገኝን የስነልቦና እርዳታ እና ድጋፍ ከቤተሰቤ አገኛለሁ				
4.	ውርጃን በተመለከተ ቤተሰቤ በሚገባ ለረዳኝ ይሞክራል				
5.	የምትማመንበት እና ልቤ የሚያርፍበት የልብ ሰው አለኝ				
6.	ጓዳኞቼ ከልብ ለረዳኝ ይሞክራሉ				
7.	ስለ ጥያቄዎቼ ከቤተሰቤ ጋር ማውራት እችላለሁ				
8.	ደስታዬን እና ሀዘኔን የሚካፈሉኝ ጓዳኞች አለኝ				
9.	ስለ እኔ ስሜት የሚጨነቅ የቅርብ /የራሴ/ የምለው ሰው አለኝ				
10.	ቤተሰቦቼ እኔን በምወስናቸው ወሳኔ ለረዳኝ ወይም ሊያግዙኝ ፍቃድ ጥያቄዎቼን ይሰጡኛል				
11.	ስለ ጥያቄዎቼ ከጓዳኞቼ ጋር አውራለሁ				

መጠይቅ 3

እያንዳንዱን አረፍተኛ ነገር በሚገባ ካነበብሽ በኋላ ከተሰጡት አማራጮች ውስጥ እራሴን በትክክል ይገልጹልኛል የምትይዘው ጋር በቻ ምልክት በማድረግ መልስ ሰጪ

ተ.ቁ	ጥያቄ	በ ፍፁም አይገልፀኝም	በ ከፊል አይገልፀኝም	በ ከፊል ይገልፀኛል	መጠን በመጠን ይገልፀኛል
1.	ሁል ጊዜም ቢሆን ከጣርኩት ከባድ የሆነ ችግሮችን እንኳን መፍታት እችላለሁ።				
2.	ምንም ዓይነት ሰው ቢቃወመኝም የፈለኩትን ለማግኘት መንገድ አላጣም።				
3.	አላማዬን ማሳካት እና ያለምክት ላይ መድረስ ስለኔ ቀላል ነው።				
4.	የሚያጋጥመኝን ማንኛውም ሁኔታ ተጋፍጦ ለማለፍ የሚያስችል በራስ መተማመን አለኝ።				
5.	ባለኝ አቅም ወይም እውቀት ተጠቅሜ ያልተጠበቁ ችግሮች ሲገጥሙኝ እንዴት እንደምንፈታቸው አውቃለሁ።				
6.	ያለኝን እውቀትና ሀይል ለከተጠቀምኩ ብዙ ችግሮቼን በራሴ መፍታት እችላለሁ				
7.	ባለኝ ችግርን የመፍታት ችሎታ ስለምተማመን ምንም ዓይነት ሁኔታ ውስጥ በሆንዎት ረጋጋሁኝ				
8.	አስቸጋሪ ሁኔታ ጋር ስጋፈጥኩ ችግሩ የምወጣበት ብዙ መፍትሄዎች አገኛለሁ /አፈልጋለሁ/				
9.	ከባድ ነገር ሲገጥመኝ በመጀመሪያ የማስበው ስለመፍትሄ ነው				
10.	አብዛኛውን ጊዜ በመንገዴ የሚገጥመኝን ችግሮች አሸንፋቸዋለሁ።				

መጠይቅ 4

ማሳሰቢያ፡

ይህ መጠይቅ በአዲስ አበባ ዩኒቨርሲቲ የሳይኮሎጂ ትምህርት ክፍል በድህረ-ወርቅ ሂደት ዙሪያ ለሚደረግ የሁለተኛ ደረጃ ማህጸን ጥናት የቀረበው ፡፡ በዚህ ጥናት ላይ በሚሞሉት መጠይቅ ስምዎች የማይገለጹ ሆኖ ማረጋገጥ ይገባል ፡፡ ያለ መሳተፍ ሙሉ ሙሉ በትኩረት አለዎት አመሳተፍ ያደርጉት ፡፡ መረጃዎች ለማሳተፍ ሙሉ ሙሉ በትኩረት ያስገቡት ፡፡

ከዚህ በታች ከዚህ በፊት ስለ ፈጠራዎቻቸው ውርጃዎች የሚገልጹ ሀሳቦች አሉ ፡፡ እያንዳንዱን አረፍተ ነገር በሚገባ ካነበብሽ በኋላ ከተሰጡት አማራጮች ውስጥ አራሴን በትኩረት ይገልጹልኛል የምትይው ጋር ብቻ ምልክት በማድረግ መልስ ስጭ

No		1	2	3	4
		በከፊል አይገልጽኝም	በፍፁም አይገልጽኝም	በከፊል አይገልጽኛል	ሙሉ ሙሉ ይገልጻል
1.	ማንኛውም አይነት ትውስታዎች ወደ ባለፈው ያስወረድኩበት ጊዜ ስሜቴ ይመልሱኛል				
2.	ካስወረድኩ በኋላ ለረጅም ሰዓት የመተኛት ችግር ነበረብኝ				
3.	አንዳንድ ነገሮች ስለ አስወረድኩበት ወቅት እንዳስብ ያደርጉኛል				
4.	ነጭናጫና ቁጡ አይነት ስሜቶች ነበሩብኝ				
5.	ያስወረድኩበትን ጊዜ እንዳስብ ወይም እዳስተውል ከሚያደርጉኝ ነገሮች አራሴን እጠብቃለሁ				
6.	ሳልፈልግ ራሴን ስለ ውርጃ ወቅት ሳስብ አገኘዋለሁ				
7.	እንዳልተፈጠረ ወይም እውነት እንዳልሆነ እንዲሰማኝ አደርገዋለሁ				
8.	ያስወረድኩበትን ጊዜ ከሚያስታውሱኝ ነገሮች ሁሉ አሸባሪሁ				
9.	በውርጃ ወቅት ስለሆነው ሁኔታ በድንገት ምስል ይመጣብኛል				
10.	ነገሮችን በቀላሉ የምተው እና እንደገና የምጀምር ነኝ				
11.	ያስወረድኩበትን ጊዜ ላለማስታወስ ስጥር ነበር				

12.	ስሜቶቹ ከእኔ ጋር እንደሚቆዩ አውቀነበርነገርግንወደጎንእተዋቸውነበር				
13.	ስለውርጃስሜትፀጥያለ /ምንም/ ነበር				
14.	ተግባርሆነበስሜትራሴንበውርጃውወቅትእንደነበረኝጊዜሆኝአገኘዋለሁ				
15.	ከውርጃ በኋላ የተረጋጋ እንቅልፍ የለኝም				
16.	ወደ ውርጃ ወቅት ወደ ኃላ የሚመልሰኝ ሀይል አለ				
17.	ከውርጃው ጋር የተያያዙ ትውስታዎችን ከአእምሮዬ ውስጥ ለማውጣት /ለማስወገድ/ ጥሬያለሁ				
18.	ከውርጃ በኋላ ያለመረጋጋት ችግር አለብኝ.				
19.	ያስወረድኩበትን ወቅት በማስታወስበት ጊዜ የማላብ፣ የትንፋሽ ማጠር ፣ማቅለሽለሽ እና የልብ መሳብ አይነት ስሜቶች ያጋጥሙኛል				
20.	ሰው ሁሉ እንደሚያየኝ ይሰማኛኛ				
21.	ስለ ውርጃ ላለማውራት እጥራለሁ				

Appendix 3

Pilot test report for predictors of post abortion adjustment

Introduction

This pilot test was needed to perform to get good and refined result for the main study. I conduct this test because the scales are developed in western culture, so before applying the scales directly we need to see the overall items and their gapes in the data collection time and also in the time of data analysis,

2. Purpose of the pilot test

The main reason of this study was,

- 1, To evaluate the effectiveness, constancy and reliability of the tools, (the scales which were selected for data collection purpose those are, general self-efficacy, perceived social support, self-blaming attribution and impact of event scale (to measure post abortion adjustment)
- 2, To assess the possible problems in data collection procedure, quality of data, and the item clarity influence in the results.

3. The steps or procedure done to collect data for pilot test

As we discussed the study site, they were four study sites, two health centers and two hospitals. The selection criteria of the sites and participants are briefly discussed in method part of the study, the pilot test was only conducted in one H.C, and the sample size of the study were 33.

- ✓ First the cooperation letter was submitted to the medical director of Goro health center Which is one of the site area selected.
- ✓ Discussed about the study objective and method of data collection with the post abortion care service providing nurses
- ✓ The study purpose also informed to the women who were coming for post abortion care service seeking women and they were asked their willingness to participate in the study.

- ✓ The first round 25 pre-and 19- post, sample data were collected
- ✓ At second round, another 25 pre-and 22- post, data were collected.

This pilot test was performed by using one demographic and four standard scale were used, the first three were conducted in the pre-abortion or before abortion these were (demographic, self-efficacy, and social support) the second or post- abortion data were collected by using post abortion adjustment (impact of event scale) and self-blaming attribution scales.

These scales

1. Demographic questioner to assess the overall information about the women has 10 questions
2. General self-efficacy has 10 questions with four scales (not at all true, hardly true, moderately true, exactly true) have equal values
3. Perceived social support also has 12 questions with seven sub scales (very strongly disagree, strongly disagree, mildly disagree, neutral, mildly agree, strongly agree, very strongly)
4. Self-blaming attribution has 30 items and four sub scales like others (not at all true, hardly true, moderately true, exactly true) have equal values
5. Impact of event scale to evaluate post abortion adjustment it Constance 22 items with four sub scales (not at all true, hardly true, moderately true, exactly true) have equal values and these all scales translated in to Amharic.

4.1 Identified problems and strengths in the data collection time

- The refusing rate was very high it was almost 25% of the population
- Drop out or the women who were participate in pre-data collection time but not the post are 18% from the whole collected data
- Incomplete or not want to answer some questions are 9% from the collected data
- The selection criteria and the data collection area were convenient but it was hard to determine the appropriate time for data collection or the women because of the nature of the case.

4.2 Understanding of study questionnaires or data collection tools

- ❖ The pre-data collection tools were clear and easy to answer but most of women were not volunteered to answer Q9 from demographic assessment tool.
- ❖ There was no multiple answer given for any question but some data specially in self-blaming attribution tool the women answered was carelessly.
- ❖ There was unclear scale some questions example social support and a little bit in attribution scale when the answer was reversible.

4.3 There were other challenges in the time of data collection

The major problem was the data collection time couldn't be predictable and the number of women in the health center were not enough in the data collection period so the researcher extended the data collection schedule.

In the data encoding time, the data quality was poor so 11 women never return back to the health center for post abortion care service so only pre-questioners were filled by those women excluded from data entry process the other 3 of them had many incomplete answers in between and they were not volunteers to answer those questions, and other 3 were carelessly filled or poor data those also excluded and only 33 data used for the pilot test from 50 of it.

5. reliability

These are the statistical result of the four scales

Reliability Statistics of social support

Cronbach's Alpha	N of Items
.730	11

Scale Statistics

Mean	Variance	Std. Deviation	N of Items
25.76	21.689	4.657	11

In this scale, the reliability from Cronbach's alpha which is good, the original scale which is I adopted from in test- retest the reliability was 0.73 so there is similar value. It is good and acceptable value.

Reliability Statistics of

self-efficacy

Cronbach's Alpha	N of Items
.740	10

Scale Statistics

Mean	Variance	Std. Deviation	N of Items
26.06	20.871	4.569	10

The self-efficacy scale also given in the pre-data collection period as we see the result in the above table the Cronbach's alpha reliability value is 0.74 when compared with the original scale value the reliability was 0.80 but the adopter of the scale recommended the standards range from 0.5 to 0.9 depending on the intended use and context for the instrument, so the reliability value is in acceptable range and satisfactory.

*Reliability Statistics of
event scale*

Cronbach's Alpha	N of Items
.577	21

Scale Statistics

Mean	Variance	Std. Deviation	N of Items
49.97	40.905	6.396	21

This scale has a lower reliability next to self-blaming attribution 0.577 when we see the standard reliability value it seems lower but I think if the number of data increase the reliability also raise so it is satisfactory in my sight. The original scale reliability value is 0.73 to 0.85

*Reliability Statistics of
attribution*

Cronbach's Alpha	N of Items
.533	30

Scale Statistics

Mean	Variance	Std. Deviation	N of Items
78.82	47.966	6.926	30

As we were discussed about the value of event scale this scale also low reliability it is questionable reliability.

6. Implication of the pilot study for the main study

Generally, the result of this pilot test showed that some scales needed revision and the content of the main study also wanted improvement, the scales in a good position will continued as it is when we see the details.

1. 1, The self-efficacy had good reliability and easily understood by the participant so fully accepted as it is.
2. 2, The multi-dimensional social support scale had 12 items and 7 scoring scales are changed into 11 questions because two items were quite similar each other so changed to 11, the scales also were difficult to understood by the participant so it is also minimized in to four scales.
3. 3, the self-blaming attribution was a very sensitive issue to respond by the participant and also had low reliability result because of carelessly responded in these all reasons, the researcher decided to remove from the main study.
4. 4, the impact of event scale had 22 items it is also changed to 21 because of having close meaning between two items.