

*ASSESSMENT OF THE BARRIERS TO EMERGENCY CONTRACEPTION
USE AMONG ANTENATAL CARE CLIENTS OF ADDIS ABABA HEALTH
CENTERS*

BY

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Assessment of Barriers To Emergency Contraception Use Among Antenatal care
Seekers of Addis Ababa Health Centers

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DEDICATION

In the memory of my mother Tsehay Meseret.

DECLARATION

I, the undersigned, declare that this thesis is my original work, has not been presented for degree in this or any other university and that all sources of materials used for this thesis have been fully acknowledged.

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Lists of Abbreviations

ANC	Antenatal care
BJM	British Medical Journal
DHS	Demographic Health Survey
CPR	Contraceptive prevalence rate
ECPs	Emergency contraceptive pills
EC	Emergency contraceptive
EJHD	Ethiopian Journal of Health Development
ESOG	Ethiopian Society Of Obstetricians and Gynecologists
HC	Health Center
HIV	Human Immunodeficiency virus
IEC	Information, Education and communication
IUD	Intrauterine Device
NGO	Non governmental organization
OR	Odds Ratio
SD	Standard Deviation
STI	Sexually transmitted infection
WHO	World Health Organization

1.SUMMARY

Background; - In Ethiopia where maternal mortality is one of the highest and induced abortion secondary to unwanted pregnancies contributing the highest proportion of maternal deaths using emergency contraception as a back up method can contribute to reduce unwanted pregnancy secondary to method failure, contraception non use and also rape.

Objectives; -the study is designed to assess the knowledge and practice to emergency contraception & also barriers to its use among the antenatal care attendees of Addis Ababa health centers.

Methodology;-cross sectional institution based descriptive study was conducted in ten health centers of Addis Ababa from September to October 2006. One health center from each ten sub cities of Addis Ababa were included in the study after selecting by simple random sampling technique from each sub city .By using systematic random sampling technique 636 Ante natal care attendees were interviewed with a response rate of 97.8%. Pretested and structured questionnaire was used to collect the data & the data entered to EPI6 and SPSS version 11 used for analysis.

Result

Of the 636 women included in the study 148(23.3%) of the women reported that the current pregnancy is mistimed, 90(14.2%) is unwanted and 60(9.4%) reported that they had induced abortion in the last two years. Of the study participants 65(10.2%) had ever heard of emergency contraception. Where as, only 12(1.9%) of the women had actually used emergency contraception. The preferred places for the provision of emergency contraception were public hospitals 331(52%), health centers 214(33.6%), private clinics 34(5.3%), &pharmacies 33(5.2%).

Conclusion

This study showed that the major barrier to the use of emergency contraception is lack of awareness of this contraceptive method & also there is demand for education and provision of emergency contraception methods.

2.INTRODUCTION

Despite surprising technological advancements in modern contraception methods still unintended pregnancy is a worldwide problem that affects women, their families and the society as a whole. Unintended pregnancy can result from contraceptive non-use, contraceptive method failure and less commonly from rape. Induced abortion is a frequent consequence of unintended pregnancy and can cause serious negative health effects, permanent disabilities and even maternal death. Regardless of the cause, unintended pregnancy and its negative consequences can be prevented by access to contraceptive services, including emergency contraception and by respecting the contraception conventions as well as by respecting the rights of women (1,2).

Worldwide more than a quarter of women who become pregnant have either an abortion or an unwanted birth (2). In developed countries of the 28 million pregnancies occurring every year, an estimated 49% are unplanned and 36% end in abortion. In developing countries of the 182 million pregnancies occurring every year, an estimated 36% are unplanned, and 20% end in abortion. World Health Organization estimated that almost 20 million unsafe abortions occur each year, 19 million are from developing countries. Of the estimated 600,000 annual pregnancies related deaths worldwide, about 13% (78,000) are related to complications of unsafe abortion (2).

In 2000, there were 19 million unsafe abortions worldwide and there were an estimated 30,000 deaths due to unsafe abortion. & over 40% of abortion deaths were in Africa (3,4).

In Ethiopia maternal deaths associated with complications of pregnancy and delivery is one of the highest in the world i.e. 673 per 100,000 live births (5). Complications of unsafe abortion are estimated to account for about 32% of maternal deaths (6). Induced abortion, performed by unqualified persons under unsafe condition was around 30% as studies has indicated in 2000 in Addis Ababa and its surrounding and it was responsible for 54% of the maternal deaths (6).

It isn't uncommon to find that many of the obstetric admissions are for complications of unsafe abortion which undoubtedly comprises other maternity and emergency services .The treatment of abortion complications in hospitals consumes significant share of resources including hospital beds, blood supply & medications. Thus the consequences of unsafe abortions

place great demand on the scarce clinical material and financial resources of hospitals (7,8).

In about half of all unwanted pregnancies, conception occurs despite the use of some sort of contraception due to inadequate guidance to use contraception effectively, including addressing feelings, attitudes and motivations of users. No contraception method is 100% effective (9).

One solution to decrease unwanted pregnancy after the occurrence of unprotected sex secondary to contraception non-use, contraception method failure and rape is familiarizing clients and also providers about emergency contraception methods (10,11).

Emergency contraception (EC) refers to the contraception methods that can be used by woman in the first few days following unprotected intercourse to prevent unwanted pregnancy.

The need for emergency contraception is clearly demonstrated by the occurrence of unwanted pregnancy and induced abortion .If emergency contraception were easily available and distributed through clinics and non clinics channels along with appropriate advocacy and IEC activities millions of unwanted pregnancy and abortions could be averted (12,13).

In Ethiopia, even if it was said that health care providers were advising a high dose of combined oral contraceptives for emergency purposes prior before the introduction of the dedicated product called postinor-2 tablets, the 1997 reproductive health need assessment revealed that very few health providers knew about EC in Ethiopia. The study was meant to teach the double role of coital dependent methods i.e. condoms and ECS either individually or as a dual protection, to reduce the risk of both HIV/STI transmission and unwanted pregnancy. Two years later the ESOG in the 7th annual conference strongly recommended that EC promotion and use in the country would reduce unwanted pregnancies, which would have ended in unsafe abortion and its complications (14,15).

In 2001, the FGEA in collaboration with the population council initiated for the time in pilot project to introduce EC in selected health centers clinics in the country. In this project regular contraceptive pills were repackaged in attractive brand and provided as EC.In 2005 MOH, ESOG, population council through its ECafrique project, FGEA &MSIE (Marie Stopes International Ethiopia) launched a new initiative which focused on mainstreaming EC into the public &NGO sectors. Since then, a dedicated product called postinor-2 is being introduced in selected governmental health facilities (14,15).

Even if the family planning coverage of Addis Ababa is larger than other areas of the country, illegal abortion is a major problem especially among adolescent. Studies showed that unwanted adolescent pregnancy in Ethiopia ranges between 15 and 50%(7).

Emergency contraception isn't popular in Ethiopia and the family planning services don't incorporate it as a method mix, the fact that ECPs being widely available as a back up for other family planning methods have dramatically reduced abortion rates in European countries like Netherlands.

In the study area Addis Ababa even if the contraception prevalence rate is better than other regions, induced abortion after unwanted pregnancy is reported as a major cause for maternity ward admissions and also maternal deaths. And so, emergency contraception knowledge and also good access will help to avert this situation and it is said that emergency contraception is controversial that it is often confused with abortion. There are also concerns about possible abuse or misuse including repeated use and also fear that its wider availability might encourage promiscuity, unsafe sex and abandonment of other conventional methods of contraception. And, since there is no study done on this area in this study we will try to fill the gap by identifying the possible barriers to emergency contraception use in Addis Ababa & the study will also see the unmet need of emergency contraception and will also suggest possible means of information dissemination and increasing awareness among the people and will recommend planners and program managers to design the possible means for preventing unwanted pregnancies by improving access to emergency contraception.

3.LITERATURE REVIEW

Emergency contraception

Emergency contraception (EC) is an important way for family planning and other reproductive health programs to improve the quality of their services and better meet the needs of their clients. Emergency contraception refers to contraceptive methods that reduce the chance of pregnancy following unprotected intercourse. These methods are simple, safe and effective. They are intended as last chance to prevent pregnancy for women who have been exposed to unprotected coitus and who don't wish to become pregnant.

There are two types of emergency contraception methods; namely hormonal methods and insertion of an Intrauterine Device (IUDs). Hormonal emergency contraception consists of a short course of estrogen-progestin combination pills or progestin only pills taken within 72 hours of unprotected intercourse. The ingredients in these pills are the same as those used in regular birth control pills, but in higher doses. They can be taken at any time during the menstrual cycle. The common emergency contraception pills brand in our set up is Posinor-2. It is an oral emergency contraceptive pill that can help to prevent pregnancy if taken within 72hrs of unprotected sexual intercourse or failure of contraceptive method. Each of the tablets contain levonorgestrel 0.75mg .It is one of the brand names for progestin-only emergency contraceptive pills. Its mechanism of action depends on when pills are taken during the menstrual cycle, it can be antioviulatory by reducing levels of luteinizing hormone (LH) and the steroid hormones, estradiol and progesterone, it may also inhibit fertilization by affecting tubal transport of the ovum or, after fertilization, they may interfere with implantation of the fertilized egg in the uterus (16,17).

Another non-hormonal method of emergency contraception involves inserting a copper IUD in to the uterus. This method prevents implantation of fertilized egg and can be used to prevent pregnancy up to five to seven days after unprotected intercourse. Because of the possible increased risk of pelvic inflammatory disease and the possible subsequent infertility related to IUDs use it isn't suitable for nulliparous women and also for those who are susceptible for STI (17,18).

The need for emergency contraception

The need for emergency contraception is clearly demonstrated by the occurrence of unwanted pregnancies and induced abortion, and by the high rates of unwanted pregnancy among adolescents. Approximately 50% of all pregnancies are unintended. Of these 50% are unwanted often ending in abortion (18,19).

No method of contraception is 100% effective. Furthermore, few people use their method perfectly every time they have intercourse thus demonstrating the need for an emergency back up method (11,12). In addition, Providing ECPs does entail unique service delivery issues, such as the need to maximize efficacy and the importance of conveying information about additional, ongoing methods to prevent both pregnancy and sexually transmitted infections after ECPs are used (13,14).

About half of unintended pregnancies occur due to some type of contraceptive method failure i.e. either failure of the method or a mistake on the part of the user .For example roughly 24% of unintended pregnancies occur because of oral contraceptive failure. Emergency contraceptive gives these women practical option and a critical last chance to prevent unwanted pregnancy and the associated hardships. Emergency contraception is useful in cases of sexual assault (18,19).

Effectiveness of emergency contraception

The Yuzpe method of emergency contraception reduces the risk of pregnancy by 75% and progestin only pills (Plan B) reduces the risk of pregnancy by 89% if used appropriately. IUDs can reduce the risk of pregnancy by 99%. The sooner the pills are taken within the 72 hour, the more effective they will be (16,19).

An essential component of programs providing emergency contraception is education, informing women about this important options before they need it. Because, the time frame for intervention is short. Efficacy declines with each day or even hour of delay. Women need to be aware that emergency contraception is an option & should know where they can seek services & should understand that treatment has to be started as soon as possible after unprotected or inadequately protected intercourse (16,18).

The precise mechanism of action of ECPs in a particular case can't be determined ,and probably depends on the time in a woman's menstrual cycle when intercourse occurred & when ECPs were taken.

It works by interfering with ovulation, fertilization and implantation .It is a primary method of pregnancy prevention Since pregnancy begins with implantation and EC has no effect on an implanted egg. Even if ECPs have been wrongly confused with medical abortion they are effective only in the first few days following intercourse before a pregnancy is established. ECPs are ineffective once implantation has begun. Data from high dose oral contraception indicate that neither of the two ECPs regimen discussed will interrupt an established pregnancy nor harm a developing embryo (9,10).

Side Effects Associated With Emergency Contraception

Virtually, all women can use emergency contraception pills safely. Because, they are taken for a brief time the contraindications for regular contraceptive pill use don't apply for emergency contraception pills. Some women may experience nausea, vomiting & spotting after taking emergency contraceptive pills. Other women may have menstrual periods lighter or heavier than normal. But, the majority of women will have their period on time or slightly earlier .If a menstrual period is delayed more than one week,the woman should have a pregnancy test. There is no known contraindication other than abnormal genital bleeding and pregnancy (9,13,14).

Indications for emergency contraception

Emergency contraception came into practice after a Netherlands's physician administered high estrogen extract to a 13 year old girl who had been raped in the mid cycle. In 1974, Prof. Albert Yupze published a regimen that consisted of 100ug ethinylestradiol & 1mg norgestrel or 100ug ethinylestradiol &0.5mg levonorgestrol taken within 72 hours of unprotected intercourse & repeated 12 hours later (14). Although it has been described worldwide in the 1970's the spread of EC has been slow and patchy.

ECPs are indicated to prevent pregnancy after unprotected or inadequately protected sexual intercourse; including (7,9)

- ▶ when no contraceptive has been used
- ▶ when there is a contraceptive failure or incorrect use including
 - Condom breakage, slippage, or incorrect use
 - Two or more consecutive missed combined oral contraceptive pills .
 - Progestin only pills (minipills) taken more than three hours late
 - More than two weeks late for progestin only contraceptive injection

- More than 7 days late for a combined estrogen plus progestin monthly injection
- Dislodgement, delay in placing or early removal of a contraceptive hormonal skin patch or ring.
- Dislodgement, breakage tearing or early removal of a diaphragm or cap
- Failed coital interrupts (e.g. ejaculation in the vagina or on external genitalia)
- Failure of a spermicidal tablet or firm melts before intercourse
- Miscalculation of the periodic abstinence method or failure to abstain on fertile day of cycle
- IUD expulsion

► In cases of sexual assault when the women weren't protected by an effective contraceptive method.

In addition to the general indication for emergency contraception ,the IUD is especially indicated when >72 hours have elapsed after unprotected intercourse in which case emergency contraception pills aren't considered effective options & the client can use the IUD for continuing long-term contraception (7,9).

Counseling on EC

As part of any family planning service delivery counseling is an integral and essential part of emergency contraception service delivery. Counseling on EC should be responsive to the clients concerns and circumstances. Some clients mayn't wish to discuss their decision for requesting EC.In this case, clients should be given the method with appropriate instruction for using it and encouraged to return at a convenient time for counseling on the use of regular contraception (17,18).

Clients should be informed on the use of EC that it willn't protect them against STI including HIV and about the double protecting ability of condoms and also it should be emphasized that Condoms come first (15,16).

Knowledge, attitude and Practice of Emergency Contraception

In a study done in South Africa to assess the knowledge, use and attitude of Emergency contraception among female public sector primary health care 1068 clients Only 22.8% of the clients had heard of emergency contraception. Awareness was lower among older, less educated women & knowledge of EC was superficial. 47.1% of those who have heard about EC were unsure of the appropriate interval between unprotected intercourse and starting EC, 56.6% not knowing where it is available. Few (9.1%) of those who knew of EC had used it. After explaining EC attitude towards its use were found to be positive with 90.3% indicating that they will use it if need arises (19,23).

In a survey of knowledge and attitude towards EC, a total of 555 female family planning clients of Kenya, Nairobi were interviewed. The mean age of the study participants was 27yrs. The majority of study participants had some education. 20% had ever heard of EC. Women with more education were more likely to have heard of EC. Almost half of the respondents heard of EC in the preceding 1year. Most of the evaluation respondents received EC information at a clinic (35%) or friends & relatives through word of mouth (47%). Only 7% of women in the evaluation reported that news or women's magazine were their source of EC information. 16% of family planning clients who knew about EC had used it. Women with more education were more likely to have used the method. When asked why the method was used most (70%) said unprotected sex. 12% said it was because of rape. When asked when can family planning clients could get EC 84% said hospitals, 48% pharmacies & 30% clinics & 10% said community-based distributors (CBDs). 44% weren't sure if the method work if menses is late. 18% said it can work. When asked about the effectiveness of EC nearly half (47%) said it is almost 100% effective. while 39% weren't sure. Only 7% correctly reported the efficacy of EC as around 75%. Asked how soon after unprotected sex EC must be taken for it to work 22% gave the correct response 72hrs. When asked about ingredients in EC 33% on the clients did point out correctly that the ingredients in EC are the same as in oral contraceptives but stronger, 47% weren't sure of the ingredients (20).

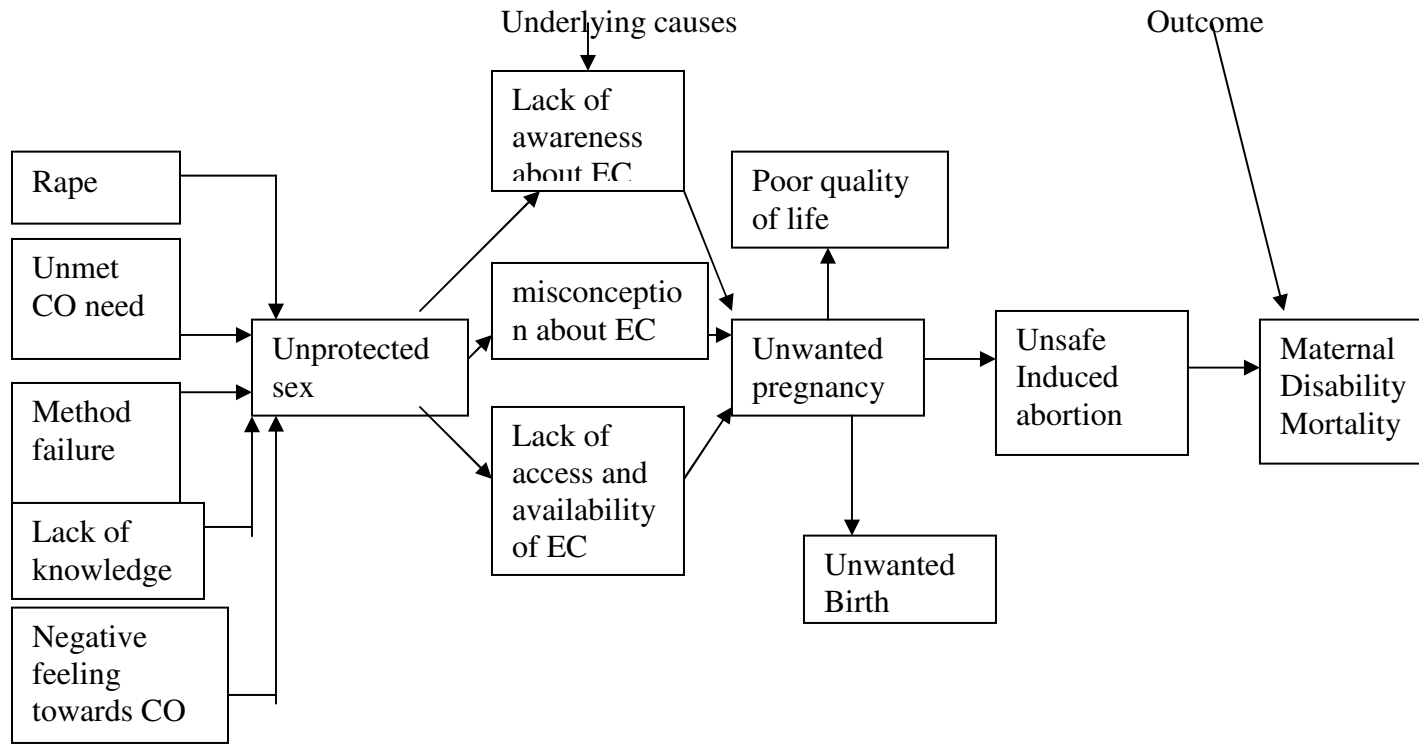
In a study done to assess awareness and attitude towards hormonal emergency contraception in Kuwait in March 2005 among married women at Obstetric/Gynecology Government Maternity Hospital outpatient department 74% of the study participants attended secondary school and above, and the mean age was 33.1. Ten women 9.7% reported they had heard of ECPs before, 6 had heard about them from a friend, 2 from a doctor other source being a pharmacist & the mass media. Only 8(7.8%) of the respondents said they would be willing to use ECPs or inform friend or relative about ECPs in an appropriate situation with 34(33%) unsure (21).

In a study done in India in the family planning clinic of a tertiary teaching hospital in New Delhi, India a total of 623 women seeking contraceptive advice and/or termination of pregnancy were interviewed, >99% of the respondents knew about modern methods of contraception whereas only, 37(5.9%) of the respondents knew about emergency contraception and non of them had ever used it .39% of abortion seekers said unintended pregnancy was due to method failure indicating the high demand for emergency contraception(22).

From evidence based case reviews seen in the United States clients and providers are not aware of emergency contraception, which limits its use only 36% of respondents in a study were aware that anything could be done within a few days of unprotected intercourse to prevent pregnancy, 55% had heard of emergency contraception but only 1% had used it .A survey of provider of contraceptive care to adolescents found that only 20% prescribed this method more than once a month and only one quarter discussed it during routine visits .Another 170 of providers of reproductive health care found that more than 90% never or rarely spoke to their clients about emergency contraception ,and about half of them had prescribed it over the past year (24,25).

4. Conceptual Framework Of The Study

Conceptual Framework



5.OBJECTIVES OF THE STUDY

General Objectives;

- ❖ to assess the barriers for the use of emergency contraception among antenatal care attendees of Addis Ababa health centers.

Specific Objectives

- ❖ to assess the knowledge, attitude and practice towards emergency contraception among women attending ANC services of Addis Ababa health centers.
- ❖ to assess the magnitude of unmet need for emergency contraception among women attending ANC services .
- ❖ to assess factor that are barriers to emergency contraception use .

6.METHODS AND MATERIALS

6.1 Study area

The study was conducted in Addis Ababa .the capital of Ethiopia. Addis Ababa has a total population of 2.8 million. Reproductive age of women accounts for 34.4%.

Addis Ababa has 25 hospitals, 27 health centers, 136 health stations, 319 Clinics and 78 health posts run by government, private and NGO's with a potential health service coverage of around 100%, Antenatal coverage estimated to be 88.5%, institutional delivery 78%, Postnatal coverage 56%, and current use of contraception 57%. Total fertility rate is below the replacement level (5).

6.2 Study design; Health institution based cross sectional quantitative study was done.

6.3 Source population; -were women of reproductive age group 15-49 who visited the Antenatal care clinics of ten selected health centers of Addis Ababa for routine ANC check ups during the data collection period.

Study participants; -were ANC attendees who fulfilled the inclusion criterion.

Inclusion and Exclusion Criterion

Inclusion criterion;

- ❖ Women who are residents of Addis Ababa
- ❖ Women age 15-49 who came to the health center for regular ANC follow up

Exclusion Criterion. ;

- ❖ If she had hearing problem.
- ❖ Not regular residents of Addis.
- ❖ Pregnant women not coming for ANC follow up.

Study participants were selected by using systematic random sampling technique i.e. the average no. of clients attended daily in most of the health centers which was 10-15 and the total number of ANC clients who were selected to participate in the study i.e. 652 and it will be around 63 ANC attendees from each health center and when it is divided by the total number of data collection days i.e. 15 it was found to be around 3 and every third attendee was interviewed.

6.4 Sample size estimation; sample size was calculated using the formula for single population proportion but, internal comparison between variables was done to assess the barriers to the use of emergency contraception among the ANC clients.

$$n = \frac{(Z_{\alpha/2})^2 P(1-P)}{d^2}$$

n=number of the study subjects

Z=is the standardized normal distribution curve value for the 95% confidence interval (1.96)

P=proportion of population among antenatal care clients with the awareness about emergency contraception, (50%) is taken since no study done on the area.

d=margin of error taken as 5%

Design effect of 1.5

Non-response rate as 10% the sample was calculated as follows

$$n = \frac{(1.96)^2(0.5)(0.5)}{(0.05)^2} = 395$$

$$395(1.5) = 593$$

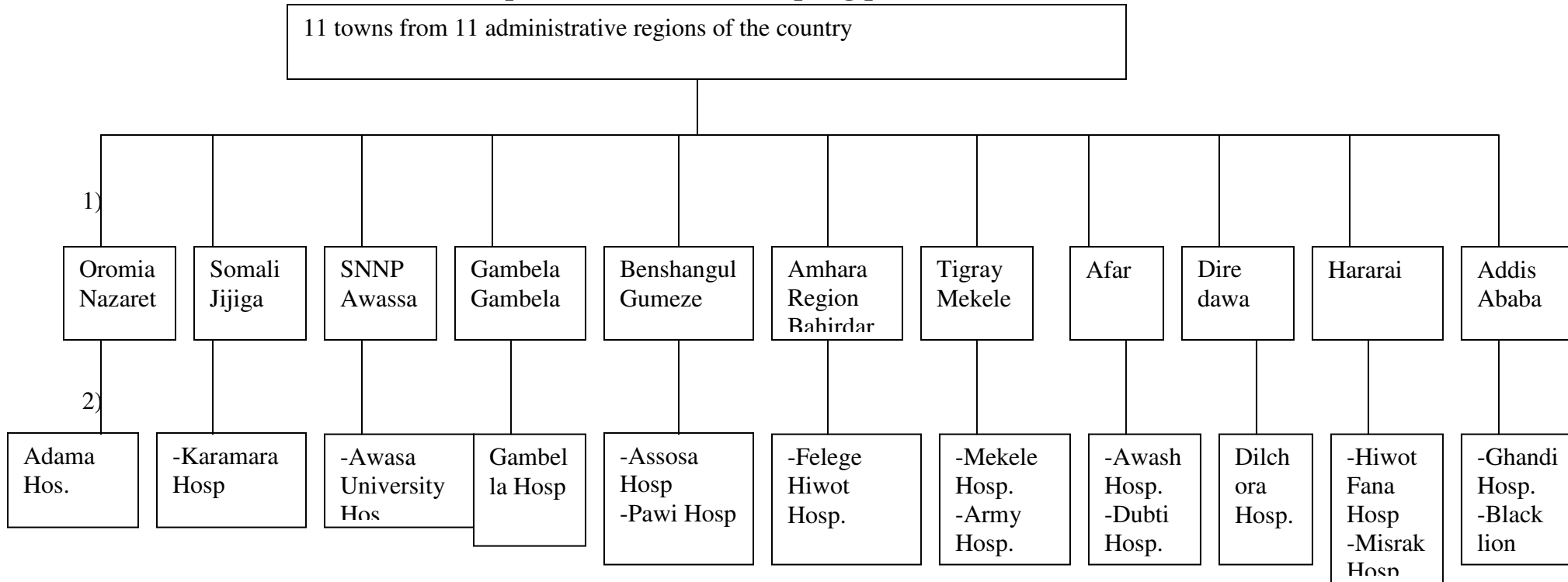
$$593 + 59 = 652$$

6.5 Sampling Procedure

In order to select a fairly representative sample of pregnant women in Addis Ababa selection of health centers was by simple random sampling from each of the ten sub cities in Addis and also study participants were selected by systematic random sampling technique. The sampling fraction from each of the selected health centers was determined proportional to the average number of Antenatal care clients attended in each health center in the last three months. Then systematic sampling method was employed to select the Antenatal care clients from each health center, where the sampling interval were the average number of clients seen daily in the health center divided by the number of clients to be interviewed daily from each health center.

6.6 Schematic presentation of the sampling Procedure

Schematic presentation of the sampling procedure



1)randomly selected towns from every administrative regions of the country

2)Seleted hospitals from every town

6.7 Data Collection Procedure

Interviewer administered questionnaires were employed to collect data. The questionnaire was first prepared in English and then translated to Amharic, as the study subjects speak Amharic. The questionnaire was then translated back to English to check for consistency. Ten twelfth grade completed female interviewers & two female nurses were recruited for data collection and supervision, respectively.

Data collectors were trained for three days on questions included in the questionnaire, in interviewing techniques, purpose of the study, and importance of privacy, discipline and approach to the interviewees and confidentiality of the respondents. Before conducting the main study, pre test was carried out on 10 Antenatal care seekers who weren't included in the study. Based on the result, data collectors were reoriented and the questionnaire has been modified as necessary. Data was collected by the trained ten twelfth grade completed female data collectors from the selected ten health centers of Addis Ababa on September and October 2006. The filled questionnaires were checked for their completeness and accuracy by the principal investigator and the supervisors on daily basis.

6.8 Data Quality Assurance

To maintain the good quality a thorough training of data collectors and Supervisors was undertaken. The principal investigator and supervisors have made a day to day on site supervision during the whole period of data collection. At the end of each data collection day the questionnaires were reviewed and checked for completeness, accuracy and consistency by supervisors and investigator and corrective discussion was undertaken with all the research team members. A reminding remark was given during morning times on how to eliminate or minimize errors and take corrective actions timely.

6.9 Data Entry and Analysis

After all the data collected, data were coded on pre arranged coding sheet by the principal investigator and were entered onto a computer using EPI Info version 6.4 statistical programs, 10% of the responses were randomly selected and checked for consistency of data entry. Then printed frequencies were used to check for outliers and clean data. Data were cleaned

accordingly and then exported to SPSS version 11.0 for further analysis. Then the frequency distribution of dependent and independent variables was worked out. Cross tabs, multivariate and binary regressions were done to analyze the data and tables to present the result of the analysis.

6.10 Study Variables

1. Dependent variables;

- ❖ Knowledge, attitude and use of emergency contraception

2. Independent variables; -

- ❖ Age, religion, educational level, marital status.
- ❖ Self-income, family income, occupation, parity, ever use of Contraception, History of induced abortion.
- ❖ Emergency contraception source of information, timing, and effectiveness, concerns about EC, drugs contained in it.

6.11 Ethical Consideration

Ethical clearance and permission obtained from the Ethical Clearance Committee of the Faculty of Medicine, Addis Ababa University and the respective health institutions respectively before the data collection process started. All the study participants were informed about the purpose of the study and the importance of their participation in the study by contributing information that may help in assessing the awareness & practice of women towards general contraceptives and in particular about emergency contraceptives. Also the study subjects were informed as they can skip question or questions that they didn't want to answer fully partly and also to stop the interviewing process at any time if they want to do so.

6.12 Operational definitions

1.**Emergency contraception (EC)**; -is a contraception method that can be used within 72 hours following unprotected intercourse to reduce risk of pregnancy (12).

2. **Women with Unmet need for EC**; - are those women who had termination of pregnancy which includes those recovering from septic abortion, or those women who have are pregnant and if the pregnancy is unwanted (11,18).

3.**Unwanted pregnancy**; -is a pregnancy that has occurred when the woman doesn't want to have children, which may be because she already had the desired no. of children or it mayn't be time .

4.**Mistimed (unplanned) pregnancy**; -is pregnancy which was unwanted during the time of conception. But, it doesn't imply unwanted or unloved child.

5.**Intended pregnancy**; -is a pregnancy that is wanted and planned.

6.Knowledge

Knowledge of EC is awareness of the presence of contraception methods after unprotected sex, its sources, ability to identify when EC should be taken after unprotected sex, its side effect, its effectiveness, and whether it is effective after a lady has amenorrhea .The study subjects knowledge is classified as good, fair and poor according to the number of correct responses to six knowledge questions. The mean knowledge score was 4.26 with SD of 1.09.Study subjects who got the score above the mean knowledge score are classified as having good knowledge about EC methods, those who scored less than or equal to the mean but above +2SD as fairly knowledgeable and those who got the score less than or equals to+2SDas poorly knowledgeable.

7. Attitude

Attitude is the study subject's opinion, out look, position or ideas toward emergency contraceptive methods. A study subject who have concerns, and responded negatively to attitude variables categorized as negative attitude towards EC and study subjects who have no concern, or willing to use or recommend EC for friends or relatives in the future categorized as having positive attitude.

8.Practices

A study subject who have knowledge about emergency contraception and who have ever used it to prevent unplanned pregnancy after unprotected sex, or method failure. .

Scoring of awareness and knowledge variables

	Variables	Grading of Responses		Score
		For correct response	For wrong response or I don't know	
1	Do you know from where EC is obtained? -Hospital/Health center -Private Clinics -Pharmacy	1 1 1	0 0 0	1 1 1
2	Do ECPs work if there is menstrual delay?	1	0	1
3	At what time should ECPs be taken after unprotected sex?	1	0	1
4	Do EC affect health	1	0	1
5	What type of drugs are ECPs	1	0	1
6	How much effective are ECPs in preventing pregnancy	1	0	1

	Total Score			8
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7.RESULTS

7.1 Sociodemographic and Economic Characteristics

636 of the Antenatal care seekers were interviewed during the data collection period who attended the Ante natal care in ten governmental health centers i.e., Addis Ketema Health Center 45, Akaki Kaliti no.1 Health Center 46, Arada Health Center 57, Bole (woreda-19) Health Center 71, Gulele Health Center 46, Kazanchis Health Center 51, Kolfe Health Center 68, Lideta Health Center 72, Nifas silk Lafeto (woreda-23) Health Center 76, yeka Health Center 102.

From what we have observed during the data collection process from the randomly selected health facilities the dedicated emergency contraception product Postinor-2 service was available in Woreda-19, Kolfe, Lideta, Nifas silk Lafeto (W-23) and Yeka health centers.

Age of the study subjects range from 16-45 years with mean of \pm SD of 24.58 ± 4.48 . Over three fourths of the women (86.7%) age was 16-29 & the remaining 13.3% were in the age range 30-45. Educational level of 472 (74.2% of the interviewed antenatal care attendees varies from primary school to higher education, while 138 (21.7%) of them were illiterate. Among the study subjects 472 (74.3%) were Christians & the rest 25.7% Islam by religion The married women accounts 607 (95.8%) & the unmarried 27 (4.2%). Housewives 382 (60%), daily laborers 97 (15.3%), traders 45 (7.1%) & office workers 41 (6.4%) were the major study subjects occupations. 69 (8.8%) of the women responded that their husbands' have no formal education, 457 (71.8%) of the husbands' have attended primary or secondary schools & 83 (13.1%) attended higher education. 136 (21.4%) reported their family's income as <250 birr. 367 (57.7%) as between 250-999 & 113 (17.8%) as >1000 birr (table 1).

Table 1:-Sociodemographic Characteristics Of women seeking Antenatal Care in Addis Ababa health centers from Sep-Oct 2006 in selected public Health enters

Variable	n	Percentage
Age		
16-19	71	11.2
20-24	251	39.5
25-29	229	36
30-34	67	10.5
35-39	15	2.4
45-49	3	0.5
Educational Status		
Can't read and write	138	21.7
Can read and write	26	4.1
Primary	222	34.9
Secondary	205	32.2
Higher Education	45	7.1
Religion		
Orthodox	422	66.4
Muslim	164	25.8
Protestant	49	7.7
Marital Status		
Unmarried	27	4.2
Married	602	94.7
Divorced	5	0.8
Widowed	2	0.3
Occupation		
Housewife	382	60.1
Daily laborer	97	15.3
Trader	45	7.1
Office worker	42	6.6
Factory worker	22	3.5

Student	18	2.8
Teacher	10	1.6
Other	20	3.1
Monthly Income		
Dependents	396	62.3
<150	75	11.8
150-249	66	10.4
250-499	55	8.6
500-999	31	4.9
1000& above	10	1.6
Family Monthly Income		
<150	49	7.7
150-249	87	13.7
250-499	201	31.6
500-999	166	26.1
1000& above	113	17.8
no response	20	3.1

7.2 Regular Contraception Use

Table 2 shows reproductive characteristics including contraception use and also about the current pregnancy among study participants. Contraception methods ever known by the study participants were Injectable contraceptives 563(88.5%), Oral contraceptive pills 562 (88.4%), Condom 343(53.9%), IUDs 239(37.6%), Calendar method 219(34.4%), withdrawal 125(19.7%), Tubal ligation 119(18.7%), Vasectomy 98(15.4%).

Ever use of any Contraceptive method among the study participants was 404(63.5%). The methods ever used consist of oral contraceptive pills 254 (40%), Injectables 153 (24%), Condom 118(18.6%), IUDs 58(9.1%). Among the study participants 232(36.5%) of them never ever had used any form of regular contraceptive methods. Of these non users 178(76.7%) were primigravidas. 82 (12.9%) of the respondents were taking contraceptive during this pregnancy. 554(85.8%) study participants claimed that the pregnancy was wanted & 486(76.4%) as planned, 148(23.3%) as mistimed, 90(14.2%) as unwanted. The major reasons specified for not using contraception among those who had unplanned or unwanted pregnancies were, not planning to have sex 47(7.4%), because of concerns to contraceptive side effect 39(6.1%), lack of access to contraceptive means at the moment 21(3.3%), partner's opposition 14(2.2%) and other reasons like health problems.

The Current pregnancy

Of the total antenatal care attendees 148(23.3%) of the current pregnancy was unplanned and 90(14.2%) were unwanted. Among them 27(4.2%) were unmarried. The reasons for the cause of unplanned or unwanted pregnancy were forget to take contraceptive pills 55(36.7%), contraceptive failure 24(16%), because of contraceptive

side effects 13(8.7%)pressure from partner 17(11.3%), lack of awareness about contraceptive 8(5.3%) &rape 7(4.7%).

Current Pregnancy

Planned	Mistimed	Unwanted	Non-response
Wanted	Wanted	Unwanted	Non-response
Total			
486(76.4%)	58(9.1%)	90(14.2%)	2(0.03%)
636(100%)			

Table 2:-Reproductive Characteristics Of Antenatal care clients in Addis Ababa from Sep-Oct 2006

Variable	n	Percent
Age at first marriage		
<18	134	21.1
≥18	475	74.7
No of pregnancies including the current		
1	361	56.8
2	176	27.7
≥3	97	15.5
Current pregnancy planned		
Yes	486	76.4
No	148	23.3
Current pregnancy wanted		
Yes	544	85.5
No	90	14.2
Reason for the unplanned/unwanted pregnancy (n=148)		
Forget to take contraceptive pills	55	36.7
Contraceptive failure	24	16
Pressure from partner	17	11.3
Concern about contraceptive side effect	13	8.7
Don't know about contraceptive	8	5.3
Rape	7	4.7
Other	6	0.4
No response	16	10.7

History of Induced abortion		
Yes	60	9.4
No	576	90.6
No of Induced abortion		
1	42	7.4
2+	14	2.2
Contraceptive methods ever known		
Oral contraceptive pills	562	88.4
Injectables	563	88.3
Condom	343	53.9
IUDs	239	37.6
Rhythm method	219	34.4
Withdrawal method	125	19.7
Tubal ligation	119	18.7
Vasectomy	98	15.4
Ever used contraceptives		
Yes	404	63.5
No	232	36.5
Reason of not using contraception during this pregnancy		
Pregnancy planned	486	76.4
Not planned to have sex	47	7.4
Contraceptive side effect	39	6.1
Lack of access to contraceptives	21	3.3
Partner opposed	14	2.2
Religious Reason	9	1.4
I don't have answers	15	2.3
No response	28	4.4

7.3 Emergency Contraception

7.3.1 Awareness and Knowledge of emergency contraception

About 65(10.2%) of the study subjects have heard about emergency contraception. Only those who said that they had heard about EC 65(10.2%) were asked the knowledge assessment questions & 37(56.9%) participants answered correctly when to take EC after unprotected sex, 19(29.2%) answered the question on Effectiveness of EC, 28(43%) answered correctly the question on the side effects of EC, 15(23%) of the respondents provided correct answers for the question what type of drugs are ECPs, for the question what are the sources for EC 58 (89%) of the respondents said government hospitals and government health centers, 11(16.9%) pharmacy, 6(9.2%) private health institutions & 29(44.6%) of the respondents answered correctly for the question whether EC can work if there is menstrual delay(table 3).

The study subject's knowledge was classified as good, fair and poor depending on the responses to the six awareness and knowledge questions. There is a table for scoring of awareness and knowledge variables. It was scored from 8 the mean score was found to be 4.26 and SD of 1.09. Study subjects who got the score above the mean were classified as having good knowledge about emergency contraception methods but those who scored less than or equals to the mean score but greater than +2SD classified as fairly knowledgeable and those who got the score less than or equal to +2SD as poorly

knowledgeable. Then study subjects were classified as 25(3.9%) good, 30(4.7%) fair and the remaining 581(91.4%) as poor regarding their knowledge level of EC. Among those with good knowledge of EC methods 23(92%) of them have attended primary to higher education &37(56.9%) are housewives &30(46.2%) have their family' monthly income above 500 birr.

The sources of information for emergency contraception for those who have ever heard were identified as 28(43%) health institutions, 22(33.8%) through mass media, 11(16.9%) through formal class & 6(9%) through friends and relatives.

Those who have an intention to use EC or recommend it to somebody in need have better awareness compared to those who don't have intention to use EC in the future (OR=2.09,95% CI=1.21-3.61), further more those who claimed had concerns about EC compared to those with no concern about it (OR=4.98,95% CI=2.12-9.11). Intention of using EC in the future, recommending it to others and also concerns about EC may be associated to the level of the study subjects EC knowledge. According to the result of this study those who had induced abortion in the last two years had better awareness about EC than who had no induced abortion (OR=2.14,95% CI =1.04-4.44)(table 6).

7.3.2 Utilization of Emergency Contraception

Of Antenatal care clients who have awareness about emergency contraception those who have ever used emergency contraception were 12(1.9%) & 8(66.7%) of them were between age group 20-29. Though their no. in each category were very small the literates accounts 9(75%) varying from primary to higher education. The married and unmarried ever-used women were

1(8.3%) & 11(91.7%), respectively. Housewives account for 9(75%) & those who had abortion in the previous times accounts for 3(25%). The regular contraceptive users among the ever used of EC pills were 10(83.3%). The reason of using ECP by the ever used study subjects were condom broke or slipped 5(41.7%), pills missed 3 (25%), missing timing in calculation 2(16.7%), withdrawal failed 1(8.3%), contraception not used 1(8.3%). Among the ever used 9(75%) had continued using regular contraception particularly injectables and 2(16.7%) didn't start any form of contraceptive methods.

Preferred places for the distribution of Emergency contraception by the ever heard and not study participants were public hospitals 331(52%), health centers 214(33.6%), private health institutions 34(5.3%) & pharmacies 33(5.2%)(table 3).

Table 3:-Awareness and Utilization of emergency contraception among Antenatal care clients in Addis Ababa from Sep-Oct 2006 in selected Health Centers

Variable	n	Percent
Ever heard about emergency contraception	65	10.2
Source of information about EC		
Health institution	28	43
Medias	22	33.8
Formal education	11	16.9
Friends and relatives	6	9
Places from where ECPs obtained*		
Public health centers	58	89
Public hospitals	57	87.7
Pharmacy	11	16.9
Private health institution	6	9
FGAE Clinic	4	6.1
ECPs work if there is menstrual delay		
Yes	24	36.9
No	29	44.6
I don't know	12	18.5
Time at which ECPs should be taken after unprotected sex		
Immediately after unprotected sex	8	12.3

Within 72 hours	37	56.9
Within 120 hours	5	7.7
At any time before the first day of unprotected sex	3	4.6
In the next menses	1	1.5
I don't know	8	12.3
Effectiveness of EC in preventing pregnancy		
Effective ($\geq 75\%$)	19	29.2
Somehow effective (50%-74%)	7	10.8
Not sure	11	16.9
Side effects of EC		
Don't cause any health problem (very safe)	28	43
Cause health problem	6	9.2
Not sure	31	47.7
What type of drugs are ECs		
The same as other pills	21	32.3
The same one but stronger	15	23
In the form of injection	9	13.8
IUDs	3	4.6
I don't know	17	26.2
Ever used EC		
	12	1.8
Person who recommend EC for client		
Male partner	6	50
Friend	4	33.3
No response	2	16.6
Reason for using EC		
Condom broke or slipped	5	41.7
Pills missed	3	25
The timing miscalculated	2	16.7
Withdrawal failed	1	8.3
Contraception not used	1	8.3

N.B.-the knowledge assessment questions & also practices about EC were asked only for those who have ever heard about EC so in this table the total number (n) is 65.

* Percentage add up more than 100%, because more than one answer was possible.

7.3.3 Attitude of Antenatal care clients toward emergency

Contraception

Of 636 women interviewed in the 10 selected Health Centers to assess their opinion & concern towards emergency contraception 85 (13.4%) had concerns i.e.37 (5.8%) said EC may cause health problems, 35(5.5%) said it may hurt the fetus in if it doesn't work, 18(2.8%) said it may result in complications to get pregnant in the future, 5(0.8%) if men know this method exists they will exert pressure on women to use it, 2(0.3%) it will result in more women suffering from STI and even HIV, 66(10.4%) said I don't know about it.

For the question where do you think this contraceptive methods should be provided 331(52%) public hospitals, 214(33.6%) health centers, 34(5.3%) private clinics, &33(5.2%) said at anywhere drugs are expended. Regarding the health personnel preferred to prescribe ECPs the response of the study subjects were Physicians 399(62.7%), nurses 324(50.9%), 129(20.3%) pharmacist. Among the study subjects 239(37.6%) have willingness to use or recommend EC for relatives & friends in the future (table 4).

Table 4:-Attitude of women seeking Antenatal care toward emergency contraception in Addis Ababa from Sep-Oct 2006 in selected Health Centers

Variable	n	Percent
Any concerns toward emergency contraception		
Yes	85	13.4
No concerns	551	86.6
Concerns about emergency contraception		
I don't have enough information about it	66	10.4
Affect health	37	5.8
Hurt the fetus if it doesn't work	35	5.5
May result in problem to get pregnant in the future	18	2.8
If men knows the presence of ECPs they would enforce women to use it	5	0.8
Makes women to suffer from STI even HIV/AIDS	2	0.3
Where should ECPs be provided		
Public hospitals	331	52
Health centers	214	33.6
Private clinics	34	5.3
Pharmacy	33	5.2

Persons preferred to provide EC		
Physician	399	62.7
Nurses	324	50.9
Pharmacist	129	20.3
Intention to use/recommend EC in the future		
Yes	239	37.6
Not sure	397	62.4

Age of study participants, educational status, religion, self income, family income, partner's educational status & history of induced abortion in the last two years were associated with emergency contraception awareness (table 5).

When controlled for possible confounding effects of other covariates that showed significant association with emergency contraception knowledge in our chi-square test & bivariate analysis only educational status, family income, history of induced abortion were found to be associated with emergency contraception awareness. Those who have attended secondary school and above have better awareness about emergency contraception than those who have no formal education. i.e. (OR=4.26, 95% CI=2.13-10.08) (table 6).

Those who have better economic status (family income) have better awareness about EC than the other (.OR=2.23, 95% CI=1.26-3.94). Also Antenatal care seekers who have concerns about emergency contraception have better information about emergency contraception compared to those who don't have any concerns about EC

(OR=4.98,95% CI=2.12-9.11). Furthermore study subjects who have intention to use EC in the future have better awareness than those who don't have intention to use (OR=2.09,95% CI=1.12-3.54). Table 5:-Odds ratio to see the association between emergency contraception awareness and sociodemographic, economic and other characteristics of ANC attendees of Addis Ababa.

Table 5:-Odds ratio to see the association between emergency contraception awareness and sociodemographic, economic and other characteristics of ANC attendees of Addis Ababa

Variable	Awareness		N=650,95% CI Crude odd ratio
	Yes	No	

Age			
16-29	50(7.9%)	501	0.466(0.248-0.873)*
30-45	15(2.4%)	70	1
Education			
No formal Education	8(1.26%)	156	1
Grade 1-8 th	9(1.4%)	213	0.82(0.31-10.08)
Grade 9th & above	48(7.5%)	202	4.63(2.13-10.08)*
Religion			
Christian	56(8.8%)	415	2.631(1.227-5.645)*
Muslim	8(1.26%)	156	1
Marital status			
Never married	3(0.5%)	24	1.103(0.323-3.768)
Ever married	62(9.7%)	547	1
Occupation			
Unemployed	38(6%)	362	0.813(0.482-1.369)
Employed	27(4.2%)	209	1
Income			
<500	21(3.3%)	316	1
>=500	42(6.6%)	237	2.67(1.64-3.78)*
Family Income			
<500	23(3.6%)	334	1
>=500	42(6.6%)	237	2.57(1.507-4.392)*
Partner's educational status			
No formal Education	2(0.3%)	67	0.178(0.042-0.753)*
Grade 1-8 th	13(2%)	192	0.405(0.214-0.767)*
Grade 9th & above	48(7.5%)	287	1
Health facility visit			
1 or 2 times	33(6%)	285	0.97(0.556-1.691)
>=3 times	24(4.4%)	225	1
Gravidity			
Primigravida	34(5.3%)	327	0.818(0.489-1.369)
Multigravida	31(4.9%)	244	1
History of Induced abortion			
Yes	13(2%)	47	2.787(1.416-5.486)*
No	52(8.1%)	524	1

Planned pregnancy			
Yes	49(7.7%)	437	0.994(0.54-1.83)
No	16(2.5%)	133	1
Wanted pregnancy			
Yes	56(10.3%)	488	1.176(0.54-2.56)
No	8(8.9%)	82	1
Ever used CO			
Yes	45(7.1%)	359	1.329(0.764-2.3)
No	20(3.1%)	212	1
Concerns about EC			
Yes	27(4.2%)	58	6.28(3.58-11.03)*
No	38(5.97)	513	1
Intention to use EC in the future			
Yes	39(6.1%)	200	2.783(1.646-4.705)*
No	26(4%)	371	1

*Indicate significance when OR doesn't cross 1& P-value is less than 0.05.

Table 6:-Determinants of Awareness of emergency contraception among women seeking ANC
from Sep-Oct 2006 in the selected Health Centers of Addis Ababa

Awareness	N=650,95% CI	N=650,95% CI
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	Yes	No	Crude odd ratio	Adjusted odd rat
Age				
16-29	50(7.9%)	501	0.47(0.25-0.87)*	0.60(0.30-1.12)
30-45	15(2.4%)	70	1	1
Education				
No formal Education	8(1.26%)	156	1	1
Grade 1-8 th	9(1.4%)	213	0.82(0.31-10.08)	0.82(0.3-2.22)
Grade 9th & above	48(7.5%)	202	4.63(2.13-10.08)*	5.59(2.45-12.76)
Religion				
Christian	56(8.8%)	415	2.63(1.23-5.65)*	2.11(0.96-4.66)
Muslim	8(1.26%)	156	1	1
Income				
<500	21(3.3%)	316	1	1
>=500	42(6.6%)	237	2.67(1.64-3.78)*	2.12(0.9-4.6)
Family Income				
<500	23(3.6%)	334	1	1
>=500	42(6.6%)	237	2.57(1.51-4.39)*	2.227(1.26-3.94)
Partner's educational status				
No formal Education	2(0.3%)	67	1	1
Grade 1-8 th	13(2%)	192	2.27(0.5-10.3)	1.56(0.34-7.44)
Grade 9th & above	48(7.5%)	287	5.6(1.3-23.63)*	1.76(0.38-8.23)
History of Induced abortion				
Yes	13(2%)	47	2.79(1.42-5.49)*	2.14(1.04-4.4)**
No	52(8.1%)	524	1	1
Concerns about EC				
Yes	27(4.2%)	58	6.28(3.58-11.03)*	4.98(2.12-9.11)*
No	38(5.97)	513	1	1
Intention to use EC in the future				
		16		
Yes	39(6.1%)	200	2.783(1.646-4.705)*	2.089(1.21-3.61)
No	26(4%)	371	1	1

*Indicate significance when OR doesn't cross 1.

**Indicated significance after being adjusted for educational status, partner's educational status, religion, income, family income & history of induced abortion.

8.DISCUSSION

The study showed that 148(23.3%) of the current pregnancy were unplanned& 90(14.2%) were unwanted. The commonest reason for occurrence of unwanted pregnancies among the study subjects were forget to take contraceptive pills 55(36.5%)& contraceptive method failure 24(16%). 60 (9.4%) of the study participants had history of induced abortion in the last two years. The result of this study depicted that awareness and practice of emergency contraception among study participants is very low. The age group 16-29 was found to have better knowledge about emergency contraception methods. A study done in Mexico also revealed that age of the clients made a great difference in emergency contraception awareness & utilization (26).

The result of our study showed that education has a positive influence in awareness of emergency contraception methods. Those women who had secondary education &above had better awareness than those who attended primary education and illiterates. This shares the conclusion made by different researchers that educated women use modern contraception more. It is said that once a woman enters to school system her attitude towards family planning changes and also literacy improve ones access to information (26,27). Additionally once reliance on scientific explanation to make sense of the world and grater awareness on alternative lifestyle could be achieved through education. Education also increases women's competence to interact with complex institutions, maximize their ability to benefit from a range of services and provides a sense of trust on science and technology (27,28).

Our study also identified that those with relatively good family income have awareness about EC better .The possible explanation to the influence of family income can be good income widens the social interaction of women with a variety of situations, which in turn increases the woman's information to family planning services including emergency contraception methods.

History of induced abortion in the last two years was significant associated with awareness of emergency contraception method they may have been counseled about emergency contraception as part of post abortal care service.

Among the study participants 563(88.5%) of them knew at least one type of modern contraceptive means. This finding isn't much different from DHS2005 i.e. 87%. Contraception ever used among the study subjects was 63.5% is higher than DHS 2005 i.e.57%. (5).

Though the highest proportion of contraceptive ever used was in the age group 20-24 & 25-29 years, the highest proportion of unplanned pregnancy was also in this age groups 59(39.9%) & 42(28.4%), respectively. Indicating inconsistently or incorrectly used contraceptive methods. The Commonest reason for occurrence of unwanted pregnancies as specified by the study subjects who had unintended /unwanted pregnancy were forget to take contraceptive pills 55(36.7%)& contraceptive method failure 24(16%). This indicates there is a high demand of teaching other modern contraceptive users about emergency contraceptive method as a back up.

There was high prevalence of unplanned or unwanted pregnancy among the study participants and rape was also specified as one of the reasons for the unwanted pregnancies. This indicated unmet need for emergency contraception indirectly & reflect the need of emergency contraception knowledge to prevent raped women from carrying unwanted pregnancies to unwanted birth and its economic, psychological and physical consequences to the mother. 60(9.4%) study participants responded that they had induced abortion in the last two years. This is also an indicator of the unmet need for contraceptive usage and hence it is the indirect indicator of emergency contraceptives unmet need.

This study showed that many women 571(89.9%) among those who came for Antenatal care follow up weren't aware of the availability of emergency contraceptive methods. Results of studies from South Africa & Kenya also showed that there is limited awareness of emergency contraceptive methods among women (20,23). Additionally those who have heard about the availability of emergency contraceptive methods their knowledge was very superficial and don't have enough knowledge to use them. This finding of us also corresponds with the studies done in Kenya, Kuwait and India. (20,21,22)

The utilization of emergency contraception method was very low 12(1.8%), considering the high prevalence of unintended pregnancy secondary to forgetting to take pills, use of

less reliable contraceptive methods like condom, not using contraceptive methods and also rape.

85(13.4%) of the participated women have identified concerns that it may affect health, hurt the fetus if it doesn't work and also may result in problem to get pregnant in the future. This reflects their lack of knowledge or understanding about the side effects of emergency contraceptives. Providing enough information on emergency contraceptive methods can alleviate their fears and clients would be willing to use or recommend it. 397 (62.4%) of the study subjects also weren't sure to recommend or use emergency contraceptives in the future. This also indicates lack of information. Women who came to the family planning clinics to collect any type of modern contraceptive methods should be told about the use of emergency contraceptive methods as a back up for others.

This study has identified that unintended or unwanted pregnancy secondary to forgetting pills, contraceptive method failure, contraceptive non use and rape isn't a rare situation and also many significant number of women had experienced induced abortions after unwanted pregnancies and a lot has to be done to increase the awareness, knowledge and utilization of emergency contraceptive methods.

9. STRENGTH AND LIMITATION OF THE STUDY

Strength

Data was collected from each sub city after taking one health center from each. Also data collectors were females hoping to decrease denial of responses.

Limitation

The study didn't include Antenatal care seekers from private clinics, Since well educated and highly paid women usually attend ANC at private clinics and the awareness of EC among them may be high & this may have affected the representativeness of the study to the source population.

10.CONCLUSION

In this study despite high level of modern contraceptive knowledge and also ever use of contraceptives there is significant number of unintended or unwanted pregnancies occurring due to reasons like forgetting pills, contraceptive method failure. Even if emergency contraception was available in the selected governmental health facilities, the study showed that there is very limited awareness and utilization of EC methods among the study participants.

Hence, a lot of educational and motivational activities and improvement in family planning services are needed to promote the use of emergency contraceptives and reduce high rate of unwanted pregnancies and its consequences and also adding emergency contraceptive methods to the modern contraceptive method mix can be one solutions to the problem.

The main reasons for unplanned/unwanted pregnancy in this study includes forget to take pills, contraceptive method failure and also rape. In this study 60(9.4%) of the study participants responded that they had induced abortion in the last two years.

This all indicated the high demand for emergency contraceptive services. To reduce or avoid these problems health professionals who work in family planning services should inform women about the emergency contraceptive methods as back up for other modern contraceptives.

In this study only very few women have the awareness about emergency contraception methods. Of those who were aware of the availability of EC the majority lack the knowledge on the time limit of taking emergency contraceptives after unprotected sex, how and where to obtain the methods & there are women who have negative attitude about emergency contraception. In addition, utilization of emergency contraception is very low despite the high proportion of unintended/unwanted pregnancies. that may have resulted from lack of awareness about modern contraceptive methods including emergency contraception. If women had enough awareness and knowledge about emergency contraceptive unwanted pregnancies and their consequences would have been reduced substantially. Health professionals and other concerned bodies should work hard to create public awareness about emergency contraceptive methods.

11. RECOMMENDATION

As the study clearly indicated knowledge and utilization of emergency contraception is low, to improve the situations the following recommendations are made.

- ❖ Strengthening advocacy and IEC to increase awareness and knowledge of women about emergency contraceptive methods.
- ❖ Motivating and training health care providers to inform clients who come for family planning services about emergency contraceptives methods, their uses and where they are available.
- ❖ Emergency contraception should be added to the modern contraceptive method mix since forgetting pills and method failure were specified as the main causes for unintended pregnancy among the study participants.

- ❖ Further study on service providers knowledge and practice to identify the barriers to emergency contraception use on service providers side.

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Annex I
Addis Ababa University Medical Faculty Department Of Community Health. Survey questionnaire on the Barriers to the use of Emergency Contraception among ANC clients of Addis Ababa Health centers.
CONSENT FORM
Questionnaire on “Assessment of the barriers to use of emergency contraceptives among antenatal care seekers in Addis Ababa, Ethiopia”.
Client interview.
Greeting.

My name is-----I am working in a research team (project), which is conducted by Addis Ababa University .

The main purpose of this study is to find out why people aren't using emergency contraceptives and what are the barriers to the use and to get a solution to decrease unplanned pregnancies leading to induce abortions. We are inviting women between the age of 15 and 49 years to contribute to this study.

So I would like to ask you some questions about family planning. It would be helpful in Identifying problems related to the subject and improve family planning service in the future to meet your need.

Your name will not be recorded. All information you give will be kept strictly Confidential and you have the right not to respond any question you don't want to.

Will you be willing to participate [indicate by ticking the appropriate responses]?

Yes-----,No-----

Signature of the interviewer certifying that the informed consent has been verbally by respondents-----

Identification

001-interviewer name-----

002 Date of interview in Ethiopian Calendar -----/-----/-----

003 Checked by Supervisor

Signature -----

S.No.	Question	Responses	skip	Code
101	How old are you?Age			/---/
102	What is your educational level?	1.who can't read and write 2.who can read and write 3.Primary school(1-8 th Grade) 4.Secondary school(9 th -12 th Grade) 5.Higher education		/---/
103	Your partner's educational level?	1.who can't read and write 2.who can read and write 3.Primary school(1-8 th Grade) 4.Secondary school(9 th -12 th Grade)		/---/

		5.Higher education		
104	What is your religion ?	1.orthodox 2.Muslim 3.Protestant 4.Catholic 5.Other specify		/----/
105	What is your current marital status?	1.unmarried 2.Married 3.Divorce 4.Separated 5.widowed		/----/
106	What is your occupation?	1.student 2.Factory worker 3.Health worker 4.Teacher 5.Daily laborer 6.House wife 7.Office worker 8.Other specify		/---/
107	How much is your monthly income?	1.<150 birr 2.150-249 birr 3.250-499 birr 4.500-999 birr 5.1000-1499 birr 6.>1500 birr		/---/
108	How much is your family's monthly income?	1.<150 birr 2.150-249 birr 3.250-499 birr 4.500-999 birr 5.1000-1499 birr 6.>1500 birr		/--/
109	How many times did you visited the health facility (here or another)within one year?	1.----- 2.I don't remember		
110	How old were you when you first got married?	1.-----year 99.no response		/----
111	How many times have you been pregnant including this one?	1.----- 99.no response		/----/
112	how many children have you that were born to you?	1.----- 2.none 99.no response		/----/
113	Is the current pregnancy planned?	1.yes 2.no 99.no response	116	/----/
114	Is the current pregnancy wanted?	1.yes 2.no	116	/---/

		99.no response		
115	If no to one of the questions above ,how did you become pregnant?	1.contraceptive failure 2.Forget to take contraceptive 3.pressure from partner 4.forced to have sex 5.don't know about contraceptives 6.other specify 99.no response		/---/
116	After the birth of the child you are expecting now would you like to have another child?	1.yes 2.no	118	/----/
117	If you preferred to have another child ,how long would you like to wait before the birth of another child?	1.less than two years 2.2 to 3 years 3.more than 3 years 4.Not decided		/----/
118	If you don't want to have another child do you think that you will use family planning ?	1.yes 2.no 3.not decided		/----/
119	If you are involved in sexual intercourse again how soon do you think you become pregnant?	1.two weeks 2.one month 3.three month 4.six month 5.others		/----/
120	Among modern contraceptive methods which once do you know?	1.pills 2.Injectables 3.condoms 4.IUDS 5.Tubal ligation 6.Vasectomy 7.withdrawal 8.Calender rhythm method		/---/
121	Have you ever used modern contraceptives before ?	1.yes 2.no		
122	What type of modern contraceptives have you ever used?	1.pills 2.Injectables 3.condoms 4.IUDS 5.withdrawal 6.Calender rhythm method		
123	were you using contraceptives during this pregnancy ?	1.yes 2.no		
124	If you weren't using contraceptive methods when you got pregnant this time why not?(choose all that apply)	1.current pregnancy was planned 2.not planning to have sex 3.contraceptive not available 4.cost of contraceptive not		/----/

		affordable 5.partner opposed 6.concerns about contraceptive side effect 7.Religious or moral reasons 8.Other specify		
125	Do you have induced abortion in the last two years?	1.yes 2.no	126	/---/
126	If yes ,how many times ?	1.----- 99.no response(escape to q.no.142)		/----/
127	Have you ever heard about emergency contraception?	1.yes 2.no		/----/
128	Have you ever been in need of emergency contraception?	1.yes 2.no		/---/
129	When was the first time you heard something about emergency contraception ?	1.less than 6 months ago 2.6-11 months ago 3.1-5 years ago 4.before 5 years		/---/
130	Where did you hear about it ?(Read and Check all the methods mentioned and then prompt)	1.1.At this clinic 2.At a different clinic 3.through friends and relatives 4.through the news,in magazines 5.through the radio 6.Television 7.course or formal class 8.telephnoe line 9.Internet page 10.Other specify		/---/
131	What type of drugs are emergency contraception?	1.the same as in normal contraceptive pills 2.the same one but stronger 3.in the form of injections 4.IUDs 88.I don't know		/---/
132	Do you know where a woman can obtain emergency contraception?/Read and check those methods mentioned/	1.Hospital /health center 2.social worker /community worker 3.private clinic 4.Pharmacy 5.supermarket 6.Other specify 7.It is not possible to obtain them 88.does not know		
133	Would emergency contraceptive pills	1.yes		/---/

	work if there is a menstrual delay?	2.no 88.no response		
134	How long after unprotected sex should emergency contraceptive pill be taken ?	1.Immediately after sex 2.within 24 hours 3.within 120 hours /five days 4.within one week 5.at any time before the first day 6.at the next menses 7.Others 88 .doesn't know		/---/
135	How effective are emergency contraceptive pills in preventing a pregnancy ?	1.99% 2.75% 3.50% 4.30% 5.not sure		/---/
136	How safe do you think emergency birth control methods are for most women?	1.very safe 2.safe 3.unsafe 88.no response		/---/
137	Have you ever used emergency contraceptive pills ?	1.yes 2.no		/---/
138	How many times have you used this method during the last year?	1.----- 2.doesn't remember		/---/
139	who recommend it?(read if the person doesn't respond)	1.A friend 2.partner (male) 3.telephone line 4.web page 5.Health professional 6.does not remember 7.other specify		/---/
140	Why did you use it?(Read and check those methods mentioned)	1.you don't use contraceptive 2.the timing miscalculated 3.the condom broke or slipped 4.you missed pills 5.you were forced to hav sex 6.the withdrawal failed 7.other specify 8.doesn't remember		
141	After you used emergency contraception, did you start using a regular method of birth control or one different from the method you were using ?	1.yes 2.no 3.doesn't remember		/---/
142	If yes which method did you start using?	1.pills 2.Injectables 3.cpmdp,s		/---/

		<ul style="list-style-type: none"> 4.IUDs 5.Tubal ligation 6.Vasectomy 7.Calendar (rhythm) 8.Other specify 9.doesn't remember 		
143	Where do you think this contraceptive method should be provided ?	<ul style="list-style-type: none"> 1.public hospitals 2.private hospitals 3.Institutional health centers 4.Community health centers 5.At midwives houses 6.Any shop where drugs are expended 7.schools 8.vending machines 9.Other specify 		/----/
144	Do you have any questions or concerns about emergency contraception methods?	<ul style="list-style-type: none"> 1.yes 2.no 		/----/
145	Which are your concerns ?	<ul style="list-style-type: none"> 1.It may cause health problem 2.It may hurt in case it does not work 3.It may result in complications to get pregnant in the future 4.Its use may be illegal 5.It will result in more women suffering from STI and even HIV 6.If men know that this method exists they would exert pressure on women to use it 7.some women may use it frequently instead of using regular contraceptives 8.Other specify 9.I don't know 		/---/
146	Who should provide it ?(Read and check those methods mentioned)	<ul style="list-style-type: none"> 1.doctors 2.nurses 3.social workers 4.sex counselors 5.community health workers 6.midwives 7.pharmacists 8.Other specify 		/---/

147	From what you know about emergency contraception ,do you think you would ever use it or recommend it to a friend or relative in case of need ?	1.yes 2.I am not sure		/---/
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ጭቃቃስቦ ህህ

የሕብረተሰብ ጤና ትምህርት ክፍል

የሕክምና ፋክሊቲ

አዲስ አበባ ዩኒቨርሲቲ

u>Ç=e >uv Ÿ}T uT>Ñ-< ¾e’ }ªMÊ >ÑMÓKAf uT>WÖ< Ö?“ xu=Á-< ¾□`Ó“ jffM
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 LKSÖkU ÁK<f” □”pó,,< KTØ“f ¾}²ÒÈ SÖÃp::

የጤና ድርጅት ስም _____

አድራሻ ክፍለ ከተማ _____

ስሜ _____ ይጻፉ:: የአዲስ አበባ ዩኒቨርሲቲ የሕክምና ፋኩሊቲ

የህብረተሰብ ጤና ትምህርት ክፍል ለሚያከናውነው ጥናት መረጃ በመስጠት ላይ ነኝ::

የጥናቱ አላማ ባልተፈለገ ወይም በእቅድ ባልተደገፈ እርግዝና አማካኝነት ሊመጡ የሚችሉትን ችግሮች ለማሥወገድ ለሚቀረጹ ፕሮግራሞች ጠቃሚ የሆነ ሲሆን ለዚህም ይረዳ ዘንድ ተጠቃሚዎች በድንገተኛ የእርግዝና መቆጣጠሪያ ላይ ያላቸውን እውቀት አጠቃቀም እንዲሁም ላለመጠቀም እንቅፋት ሊሆኑ በሚችሉ ሀሳቦች ላይ ቃለ መጠይቅ በማድረግ ላይ ነኝ። ይህንኑ ዓላማ እውን በማድረግ እረገድ እርሶ ለሚያሳዩት ቀና ትብብር በቅድሚያ አመሰግናለሁ። በመጠይቁ ወቅት የእርስዎን ስምም ሆነ ማንነት ሊገልፅ የሚችል ነገር አይጻፍም ለጥያቄዎቹ የሠጡት ምላሽ በግል የህክምና ማህደርዎ አይጠቃለልም። ለመጠይቁ ምላሽዎ አሉታዊ ቢሆንም እንኳን ከህክምና ጣቢያው የሚያገኙት ሙሉ አገልግሎት በምንም መልኩ አይሥተንጎልም ይህ በእንዲህ እንዳለ የሠጡትም መረጃ ሙሉ በሙሉ በሚስጥር እንደሚያዝ ላስገንዝብዎ እወዳለሁ።

በጥናቱ ለመሳተፍ ፍቃደኛ ነዎትን? ፍቃደኛ ነኝ ፍቃደኛ አይደለሁም

መልስ አዎ ከሆነ መጠይቁን ቀጥይ አልፈልግም ከሆነ አመስግነሽ አለፊ

የቃለ መጠይቁ ቀን _____

የጠያቂው ሥም _____

ፊርማ _____ ክፍል 1 ማህበራዊ ሥነ ህዝብና የኢኮኖሚ

ሁኔታ የሚዳስስ መጠይቅ

S.I	መጠይቅ	ምላሽ	ይለፉ	ኮድ
101	እድሜዎ ምን ያህል ነው?	-----		/- - -/
102	የትምህርት ደረጃዎን ቢገልጹልን	<input type="checkbox"/> 1. ማንበብና መጻፍ የማይችል <input type="checkbox"/> 2. ማንበብና መጻፍ የሚችል <input type="checkbox"/> 3. ከ1ኛ-8ኛ ክፍል የተማረ <input type="checkbox"/> 4. ከ8ኛ - 12ኛ ክፍል የተማረ <input type="checkbox"/> 5. ከፍተኛ ትምህርት የተማረ		/- - -/
103	የባለቤቱ (የወንድ ጓደኛዎ) የትምህርት ደረጃን ቢገልጹልን	<input type="checkbox"/> 1. ማንበብና መጻፍ የማይችል <input type="checkbox"/> 2. ማንበብና መጻፍ የሚችል <input type="checkbox"/> 3. ከ1ኛ-8ኛ ክፍል የተማረ <input type="checkbox"/> 4. ከ8ኛ - 12ኛ ክፍል የተማረ <input type="checkbox"/> 5. ከፍተኛ ትምህርት የተማረ		/-----/
104	ሀይማኖትዎ ምን ይሆን?	1. ኦርቶዶክስ 2. እስልምና		/- - -/

		<input type="checkbox"/> 3. ፕሮቴስታንት <input type="checkbox"/> 4. ካቶሊክ <input type="checkbox"/> 5. ሌላ ካለ ይጠቀስ-----		
105	የአሁኑ ወቅት የትዳር ሁኔታዎ	<input type="checkbox"/> 1. ያላገባ <input type="checkbox"/> 2. ያገባ <input type="checkbox"/> 3. የተፋታ <input type="checkbox"/> 4. የተለያየ <input type="checkbox"/> 5. ባለቤቷ በሞት የተለያት		/- - -/
106	ቶኒርሃ ሥራዎ/መተዳደሪያዎ	<input type="checkbox"/> 1. ተማሪ <input type="checkbox"/> 2. የፋብሪካ ሠራተኛ <input type="checkbox"/> 3. የጤና ሠራተኛ <input type="checkbox"/> 4. አስተማሪ <input type="checkbox"/> 5. የቀን ሠራተኛ <input type="checkbox"/> 6. የቤት እመቤት <input type="checkbox"/> 7. የቢሮ ሠራተኛ <input type="checkbox"/> 8. ሌላ —√ሁኔታ		/- - -/
107	የእርሶ የወር ገቢዎ ምን ያህል ነው?	<input type="checkbox"/> 1.<150 ብር <input type="checkbox"/> 2.150-249 ብር <input type="checkbox"/> 3.250-499 ብር <input type="checkbox"/> 4.500-999 ብር <input type="checkbox"/> 5.1000-1499 ብር <input type="checkbox"/> 6.>1500 ብር		/- - -/
108	የቤተሰብ የወር ገቢ ምን ያህል ነው?	<input type="checkbox"/> 1.<150 ብር <input type="checkbox"/> 2.150-249 ብር <input type="checkbox"/> 3.250-499 ብር <input type="checkbox"/> 4.500-999 ብር <input type="checkbox"/> 5.1000-1499 ብር <input type="checkbox"/> 6.>1500 ብር		/---/
109	ወደ ጤና ተቋም(እኩህ ወይም ሌላ)በአመት ውስጥ ሥንት ግዜ መጡ?	<input type="checkbox"/> 1.----- <input type="checkbox"/> 2.አላስታውስም		/---/

ክፍል 2 የሥነ ተዋልዶ ታሪክን የሚዳሥሥ መጠይቅ

110	ለመጀመሪያ ጊዜ ሲያገቡ እድሜዎ ስንት ነበር?	<input type="checkbox"/> 1. ----- ዓመት <input type="checkbox"/> 99 ምላሽ የለኝም		/- - -/
111	የአሁኑን ጨምሮ ለምን ያህል ጊዜ አርግዝዋል?	<input type="checkbox"/> 1.----- <input type="checkbox"/> 99 ምላሽ የለኝም		/- - -/
112	እርስዎ የወለድዎቸው ምን ያህል ልጆች አሉዎት?	<input type="checkbox"/> 1. ----- <input type="checkbox"/> 2.ምንም <input type="checkbox"/> 99 ምላሽ የለኝም		/- - -/
113	የአሁኑ እርግዝናዎ ያቀዱት ነውን?	<input type="checkbox"/> 1. አዎ <input type="checkbox"/> 2. አይደለም <input type="checkbox"/> 99 ምላሽ የለኝም	116	/- - -/
114	≠አሁኑ እርግዝናዎ ≠ፈለጉት ነውን?	<input type="checkbox"/> 1.አዎ <input type="checkbox"/> 3. 2. አይደለም <input type="checkbox"/> 99.ምላሽ ≠ለም	116	/-----/
115	ከላይኞቹ ሁለት ጥያቄዎች ቢ...ንስ ለአንዱ ምላሽዎ «አይደለም ከሆነ እርግዝናው እንዴት አጋጠመዎት?	<input type="checkbox"/> 1. የወሊድ መቆጣጠሪያ አለመሥራት <input type="checkbox"/> 2. የወሊድ መቆጣጠሪያ መርጣት <input type="checkbox"/> 3. የንደኛ ጫና <input type="checkbox"/> 4. ግንኙነት ለማድረግ መገደድ <input type="checkbox"/> 5. ሌላ ምክንያት----- - <input type="checkbox"/> 6. ሥለ ወሊድ መቆጣጠሪያ ምንም አለማወቅ <input type="checkbox"/> 99. ምላሽ የለኝም		/- - -/
116	ከዚህኛው እርግዝናና ወሊድ በኋላ ሌሎች ልጆች እንዲኖሩ ይፈልጋሉ?	<input type="checkbox"/> 1. አዎ <input type="checkbox"/> 2. አይ	118	/- - -/
117	ምላሽዎ አዎን ከሆነ ከዚህ እርግዝናና ወሊድ በኋላ ምን ያህል መቆየት ይፈልጋሉ?	<input type="checkbox"/> 1. ከሁለት ዓመት ያነሰ (ከ1-2 ዓመት) <input type="checkbox"/> 2. ከ2 እስከ 3 ዓመት <input type="checkbox"/> 3. ከ3 ዓመት በላይ <input type="checkbox"/> 4. አልወሰንኩም		/- - -/

118	ምላሽ «አይ» ከሆነ ከዚህኛው እርግዝናና ወሊድ በኋላ እርግዝናን ለማዘግየት የወሊድ መቆጣጠሪያ እጠቀማለሁ ብለው ያሥባሉ?	<input type="checkbox"/> 1. አዎ <input type="checkbox"/> 2. አይ አልጠቀምም <input type="checkbox"/> 3. አልወሰንኩም		/- - -/
119	ከወሊድ በኋላ ግንኙነት ቢፈፀሙ በምን ያህል ጊዜ የሚፀንሱ ይመስልዎታል?	<input type="checkbox"/> 1. በሁለት ሣምንት <input type="checkbox"/> 2. በአንድ ወር <input type="checkbox"/> 3. በሦስት ወራት <input type="checkbox"/> 4. በሥድስት ወራት <input type="checkbox"/> 5. ሌሎች -----		/- - -/
120	እርግዝናን ለመከላከል ከሚረዱ መንገዶች መሀከል የትኞቹን ያውቃሉ? /መከላከያ መንገዶቹን ከማንበብ ይልቅ እራሳቸው እንዲያሥቡባቸው ይሞክሩ::/	<input type="checkbox"/> 1. በአፍ የሚወሰድ /ክኒኖች/ <input type="checkbox"/> 2. በክንድ የሚሠጥ መርፌ <input type="checkbox"/> 3. ኮንዶም <input type="checkbox"/> 4. ሉፕ <input type="checkbox"/> 5. የሴቷ እንቁላል መተላለፊያ ቱቦ ማዘጋት <input type="checkbox"/> 6. የወንድ ዘር ማስተላለፊያ ቱቦ ማዘጋት <input type="checkbox"/> 7. የወንድን ፈሣሽ ከሴቷ ብልት ውጪ እንዲፈስ ማድረግ <input type="checkbox"/> 8. ቀን መቆጣጠር <input type="checkbox"/> 9. ሌላ -----		/- - -/
121	ዘመናዊ የወሊድ መቆጣጠሪያዎችን ከዚህ በፊት ተጠቅመው ያውቃሉ?	<input type="checkbox"/> 1. አዎ <input type="checkbox"/> 2. አይ		/- - -/
122	እርግዝናን ለመከላከል ከሚረዱ መንገዶች መሀከል የትኞቹን ተጠቅመው ያውቃሉ? /መከላከያ መንገዶቹን ከማንበብ ይልቅ እራሳቸው እንዲያሥቡባቸው ይሞክሩ::/	<input type="checkbox"/> 10. በአፍ የሚወሰድ /ክኒኖች/ <input type="checkbox"/> 11. በክንድ የሚሠጥ መርፌ <input type="checkbox"/> 12. ኮንዶም <input type="checkbox"/> 13. ሉፕ <input type="checkbox"/> 14. የሴቷ እንቁላል መተላለፊያ ቱቦ ማዘጋት <input type="checkbox"/> 15. የወንድ ዘር ማስተላለፊያ ቱቦ ማዘጋት <input type="checkbox"/> 16. የወንድን ፈሣሽ ከሴቷ ብልት ውጪ እንዲፈስ ማድረግ		/- - -/

		17. ቀን መቆጣጠር <input type="checkbox"/> 18. ሌላ -----		
123	በዚህ እርግዝናዎ ጊዜ የወሊድ መቆጣጠሪያ ሲጠቀሙ ነበር?	<input type="checkbox"/> 1. አዎ <input type="checkbox"/> 2. አይ		/- - -/
124	በወቅቱ የወሊድ መቆጣጠሪያ ያልተጠቀሙት ለምን ይሆን? /ምክንያቱ ነው የሚሉትን በሙሉ ይምረጡ/	<input type="checkbox"/> 1. የአሁኑ እርግዝና የታቀደ ነው <input type="checkbox"/> 2. ግንኙነት እፈፅማለሁ ብዬ አላሠብኩም ነበር <input type="checkbox"/> 3. የወሊድ መቆጣጠሪያ ማግኘት አልተቻለም ነበር <input type="checkbox"/> 4. የወሊድ መቆጣጠሪያው ዋጋ ውድ ነበር <input type="checkbox"/> 5. ጓደኛዬ /ባለቤቴ መቆጣጠሪያውን አይቀበለውም <input type="checkbox"/> 6. የወሊድ መቆጣጠሪያውን ከተጠቀምኩ በኋላ ስለማይስማማኝ <input type="checkbox"/> 7. ለሀይማኖት ወይም በአመለካከት ምክንያት <input type="checkbox"/> 8. በሌላ ምክንያት እባክዎ ይግለፁ		/- - -/
125	በአለፉት ሁለት አመታት ውስጥ ፅንሰ አቋርጠው ያውቃሉ?	<input type="checkbox"/> 1. አዎ <input type="checkbox"/> 2. አይ	126	/- - -/
126	በላይኛው ጥያቄ ምላሽ አዎ ከሆነ ለምን ያህል ጊዜ ?	<input type="checkbox"/> 1. ----- <input type="checkbox"/> 99 ምላሽ የለም		/- - -/

ክፍል 3 ስለ ድንገተኛ ፅንሰ መከላከያዎች እውቀት እና የአጠቃቀም ሁኔታ የተዘጋጀ መጠይቅ

127	<p>ሥለ አጣዳፊ ፅንሰ መከላከል... (ድንገተኛ የፅንሰ መከላከያ) /Emergency Contraception/ ሠምተው ያውቃሉ?</p>	<input type="checkbox"/> 1. አዎ <input type="checkbox"/> 2. አይ አልሰማሁም(ወደ ጥያቄ 143)	128	/ - - - /
128	<p>ድንገተኛ የፅንሰ መከላከያ (ክልታሰበ ወሴብ በኃላ የሚወሰድ መከላከያ) አስፈልጎታት ያውቃል?</p>	<p>1.አዎ 2.አይ</p>		/-----/
129	<p>መቼ ነበር ለመጀመሪያ ጊዜ ስለዚህ የወሊድ መቆጣጠሪያ ዘዴ የሠሙት?</p>	<input type="checkbox"/> 1. ከስድስት ወር በፊት <input type="checkbox"/> 2. ከ6- 11 ወር በፊት <input type="checkbox"/> 3. ከ1 - 5 ዓመታት በፊት <input type="checkbox"/> 4. ከ5 ዓመታት በፊት		/ - - - /
130	<p>ለመጀመሪያ ጊዜ ስለ መቆጣጠሪያ ዘዴው የሰሙት የት ይሆን? /የተጠቀሱትን መንገዶች ያዳምጡና በመቀጠልም ከየት ይሆን ብለው ያስቡ/</p>	<input type="checkbox"/> 1. ከዚህ ጤና ጣቢያ <input type="checkbox"/> 2. ከሌላ ጤና ጣቢያ <input type="checkbox"/> 3. ከጓደኛ ወይም ከዘመድ አዝማድ <input type="checkbox"/> 4. በዜና ላይ ወይም በመፅሔት <input type="checkbox"/> 5. በሬድዮ <input type="checkbox"/> 6. በቴሌቪዥን <input type="checkbox"/> 7. በመደበኛ የትምህርት ዘርፍ <input type="checkbox"/> 8. በሥልክ መስመር <input type="checkbox"/> 9. በድህረ ገፅታ ላይ <input type="checkbox"/> 10. ሌላ መንገድ እባክዎ ይግለፁ		/ - - - /
131	<p>የድንገተኛ የወሊድ መቆጣጠሪያዎች ምን ዓይነት አዘገጃጀቶች ናቸው ብለው ይገምታሉ?</p>	<input type="checkbox"/> 1. ከሌሎች በአፍ ከሚወሰድ የወሊድ መቆጣጠሪያ አይነቶች ጋር ተመሳሳይ ናቸው <input type="checkbox"/> 2. ከአፍ ከሚወሰድ የወሊድ መቆጣጠሪያዎች ጋር		/-----/

		<p>ተመሳሳይ ሲሆኑ ግን ጠንክር ያሉ ናቸው</p> <p><input type="checkbox"/> 3. በመርፌ መልክ ናቸው</p> <p><input type="checkbox"/> 4. ሉፕ ናቸው</p> <p><input type="checkbox"/> 88 እውቀት የለኝም</p>		
132	አንዲት ሴት የድንገተኛ ፅንሰ መቆጣጠሪያ ክኒን ከየት የምታገኝ ይመስልዎታል? /የተጠቀሱትን መንገዶች ያዳምጡና በመቀጠልም ከየት ይሆን ብለው ያስቡ/	<p><input type="checkbox"/> 1. ከሆስፒታል /ጤና ጣቢያ/</p> <p><input type="checkbox"/> 2. ከተንቀሳቃሽ የጤና ሠራተኛ</p> <p><input type="checkbox"/> 3. ከግል ክሊኒክ</p> <p><input type="checkbox"/> 4. ከመድሀኒት መደብሮች</p> <p><input type="checkbox"/> 5. ከሽቀጣሽቀጥ መደብሮች /ሉፐር ማርኬቶች</p> <p><input type="checkbox"/> 6. ከሌላ ቦታ እባክዎ ይግለፁ</p> <p>-----</p> <p><input type="checkbox"/> 7. ለማግኘት አይቻልም</p> <p><input type="checkbox"/> 88. ዕውቀቱ የለኝም</p>		/- - -/
133	የወር አበባ መዘግየት በሚከሰትበት ወቅት የድንገተኛ ፅንሰ መቆጣጠሪያ ዘዴ ይሠራል ይላሉ?	<p><input type="checkbox"/> 1. አዎ</p> <p><input type="checkbox"/> 2. አይ</p> <p><input type="checkbox"/> 88. እውቀት የለኝም</p>		/- - -/
134	ጥንቃቄ ከጎደለው ግንኙነት በኋላ በምን ያህል ጊዜ ውስጥ የድንገተኛ ፅንሰ መቆጣጠሪያ ክኒን መወሰድ አለበት?	<p><input type="checkbox"/> 1. ግንኙነት እንደተፈፀመ</p> <p><input type="checkbox"/> ወዲያውኑ</p> <p><input type="checkbox"/> 2. በ24 ሰዓት ውስጥ</p> <p><input type="checkbox"/> 3. በ120 ሰዓታት/ 5 ቀን ውስጥ</p> <p><input type="checkbox"/> 4. በአንድ ሳምንት ውስጥ</p> <p><input type="checkbox"/> 5. ግንኙነት በተፈፀመ በአንድ ቀን ውስጥ በማንኛውም ሰዓት</p> <p><input type="checkbox"/> 6. በቀጣይ የወር አበባ ጊዜ</p> <p><input type="checkbox"/> 7. በሌላ ቀናት እባክዎ ይግለፁ</p> <p>-----</p> <p><input type="checkbox"/> 88. እውቀት የለኝም</p>		/- - -/
135	እርግዝናን በመግታት ረገድ የድንገተኛ ፅንሰ መቆጣጠሪያ ክኒኖች ምን ያህል ውጤታማ	<p><input type="checkbox"/> 1. በበቂ ሁኔታ ሁልጊዜ /99%/</p> <p><input type="checkbox"/> 2. ሶስት አራተኛ /75%/</p>		/- - -/

	ናቸው	<input type="checkbox"/> 3. ግማሽ በግማሽ /50%/ <input type="checkbox"/> 4. ከአንድ ሦስተኛ በታች /30%/ <input type="checkbox"/> 5. እርግጠኛ አይደለሁም		
136	እነዚህ መከላከያዎች ምን ያህል ተስማሚ ናቸው ይላሉ?	<input type="checkbox"/> 1. በጣም ተስማሚ <input type="checkbox"/> 2. ተሥማሚ <input type="checkbox"/> 3. ተስማሚ ያልሆኑ <input type="checkbox"/> 88. እውቀት የለኝም		/- - -/
137	የድንገተኛ ፅንሰ መቆጣጠሪያ ክሊናቸን ተጠቅመው ያውቃሉን?	<input type="checkbox"/> 1. አዎ <input type="checkbox"/> 2. አይ	142	/- - -/
138	በአመት ውስጥ ይህንን ዘዴ ለምን ያህል ጊዜ ተጠቅመውበታል?	<input type="checkbox"/> 1. ----- <input type="checkbox"/> 2. ማሥታወስ አልችልም		/- - -/
139	ማን ነበር እንዲጠቀሙ የመከረዎ? (ምሳሌ ከሌለ ያንብቡላቸው)	<input type="checkbox"/> 1. ጓደኛ <input type="checkbox"/> 2. ባለቤቱ (የወንድ ጓደኛ) <input type="checkbox"/> 3. በስልክ መስመር <input type="checkbox"/> 4. በድህረ ገፅ <input type="checkbox"/> 5. አላስታውስም <input type="checkbox"/> 6. ቹጤና ባለሙ... <input type="checkbox"/> 7. ሌላ ካለ —ገለፅ-----		/- - -/
140	ለምን ይህን ለመጠቀም የወሰኑት? (በማንበብ የተሰጡትን ምሳሌ ያገናዝቡ)	<input type="checkbox"/> 1. የወሊድ መቆጣጠሪያ ስለማልጠቀም <input type="checkbox"/> 2. ቀን አቆጣጠራ ላይ ስህተት ስለነበረበት <input type="checkbox"/> 3. ኮንዶም በመቀደዱ ወይም በመውለቁ ምክንያት <input type="checkbox"/> 4. የወሊድ መቆጣጠሪያ ክሊን መውሰድ በመርሳት <input type="checkbox"/> 5. ግንኙነት ለመፈፀም በመገደድ <input type="checkbox"/> 6. በወንድ ሊወሰድ የሚገባቸውን ጥንቃቄዎች		/- - -/

		<p>በመክሸፋቸው</p> <p><input type="checkbox"/> 7. ሌሎች ምክንያቶች እባክዎ ይግለጹ-----</p> <p><input type="checkbox"/> 8. አላስታውስም</p>		
141	ድንገተኛ የፅንሰ መቆጣጠሪያን ከተጠቀሙ በኋላ የተለመደው የወሊድ መቆጣጠሪያ ዘዴ መጠቀምዎን ቀጠሉ ወይም ሌላ ለመቀየር ወሰኑ?	<p><input type="checkbox"/> 1. አዎ</p> <p><input type="checkbox"/> 2. አይ</p> <p><input type="checkbox"/> 3. አላስታውስም</p>	142	/- - -/
142	ለላይኛው ጥያቄ ምላሽ አዎ ከሆነ የትኛውን የፅንሰ መከላከያ ዘዴ መጠቀም ጀመሩ?	<p><input type="checkbox"/> 1. በአፍ የሚወሰድ /ክኒኖች/</p> <p><input type="checkbox"/> 2. በክንድ የሚሰጡ /መርፌ</p> <p><input type="checkbox"/> 3. ኮንዶም</p> <p><input type="checkbox"/> 4. ሉፕ /በመሀፀን የሚደረግ</p> <p><input type="checkbox"/> 5. የሴቷን የእንቁላል መተላለፊያ ቱቦ መዝጋት</p> <p><input type="checkbox"/> 6. የወንዱን የዘር መተላለፊያ ቱቦ መዝጋት</p> <p><input type="checkbox"/> 7. በቀን ቆጠራ</p> <p><input type="checkbox"/> 8. ሌላ መንገድ እባክዎ ይግለጹ -----</p> <p><input type="checkbox"/> 9. ማሥታወስ አልችልም</p>		/- - -/
143	ይህ የወሊድ መቆጣጠሪያ ዘዴ የት ቦታ ለተጠቃሚው መቅረብ አለበት ብለው ያምናሉ?	<p><input type="checkbox"/> 1. የህዝብ ህክምና ጣቢያዎች /ሆስፒታሎች</p> <p><input type="checkbox"/> 2. የግል ህክምና ጣቢያዎች /ሆስፒታሎች</p> <p><input type="checkbox"/> 3. የድርጅት ጤና ጣቢያዎች</p> <p><input type="checkbox"/> 4. የህዝብ ጤና ጣቢያዎች</p> <p><input type="checkbox"/> 5. በአዋላጆች ቤት</p> <p><input type="checkbox"/> 6. በመድሀኒት ቤቶች</p> <p><input type="checkbox"/> 7. በትምህርት ቤቶች</p> <p><input type="checkbox"/> 8. በማከፋፈያ ማሽኖች</p> <p><input type="checkbox"/> 9. በሌላ መንገድ እባክዎ ይጥቀሱ -----</p>		/- - -/

144	በዚህ የወሊድ መቆጣጠሪያ ዙሪያ ሊጠይቁ የሚወዱት ወይም የሚያሳስቡት ነገር አለን?	<input type="checkbox"/> 1. አዎ <input type="checkbox"/> 2. አይ		/- - -/
145	ከሚከተሉት ውስጥ የትኛው ያሳስቦታል?	<input type="checkbox"/> 1. የጤና መታወክን ሊያስከትል ይችላል <input type="checkbox"/> 2. ምናልባት ካልሠራ ፅንሱን ሊጎዳ ይችላል <input type="checkbox"/> 3. ወደፊት ሊከሰት የሚችል እርግዝና ላይ ችግር ሊፈጥር ይችላል <input type="checkbox"/> 4. ህገወጥ ሊሆን ይችላል <input type="checkbox"/> 5. የበለጠ ሴቶችን በግብረ ስጋ ለሚተላለፍ የአባላዘር በሽታዎች ኤድስንም ጨምሮ ሊያጋልጥ ይችላል <input type="checkbox"/> 6. ወንዶች ይህ መንገድ እንዳለ ከተረዱ ሴቶች እንዲጠቀሙ መጫን ይጀምራሉ <input type="checkbox"/> 7. ቋሚ የወሊድ መቆጣጠሪያ ዘዴዎችን በመጠቀም ፋንታ ሴቶች በተደጋጋሚ ሊጠቀሙበት ይችላል <input type="checkbox"/> 8. ሌሎች እባክዎ ይገልጹ <input type="checkbox"/> 9. በቂ መረጃ የለኝም		/- - -/
146	ይህን የድንገተኛ እርግዝና መከላከያ ዘዴን ማን ለተገልጋዮች ቢያዝ /ቢሰጥ/ ይሻላል? /የተጠቀሱትን በማንበብ ያመሳክሩ/	<input type="checkbox"/> 1. ዶክተሮች <input type="checkbox"/> 2. ነርሶች <input type="checkbox"/> 3. የማህበራዊ ጉዳይ ሠራተኞች <input type="checkbox"/> 4. የፆታ ጉዳይ አማካሪዎች <input type="checkbox"/> 5. የህብረተሰብ ጤና ሠራተኞች /የልምድ አዋላጆች <input type="checkbox"/> 6. አዋላጆች <input type="checkbox"/> 7. የመድሃኒት ቤት ሰራተኞች <input type="checkbox"/> 8. ሌሎች እባክዎ ያብራሩ -----		/- - -/

147	እስካሁን በድንገተኛ ፅንሰ መቆጣጠሪያ ዘዴ ላይ ባለዎት እውቀት እጠቀምበታለሁ ወይም ሌሎች ይጠቀሙበት ዘንድ ምክር እሰጣለሁ ብለው ያምናሉ?	<input type="checkbox"/> 1. አዎ <input type="checkbox"/> 2. አይ እርግጠኛ አይደለሁም		/- - -/
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መጠይቁ ተጠናቋል እናመሰግናለን!