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

ASSESSEMENT OF KNOWLEDGE ATTITUDE AND ASSOCIATED FACTOR OF PREPARATORY STUDENTS TOWARDS SAFE ABORTION IN SELECTED GOVERMENTAL SCHOOL, ADDIS ABABA, ETHIOPIA, 2015

BY: ASNAKECH SISAY (BSC)

THESIS SUBMITTED TO ADDIS ABABA UNIVERSITY, COLLEGE OF HEALTH SCIENCES, SCHOOL OF ALLIED HEALTH SCIENCES DEPARTMENT OF NURSING AND MIDWIFERY IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE DEGREE OF MASTER'S IN MATERNITY AND REPRODUCTIVE HEALTH IN NURSING.

JUNE, 2015

ADDIS ABABA, ETHOPIA

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ADVISOR: BERHANU DESSALEGN (BSC, MPH)

JUNE, 2015

ADDIS ABABA,ETHOPIA

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Acronyms

A.A- Addis Ababa

AAU- Addis Ababa University

EDHS – Ethiopia Demographic and Health Survey

KAP-knowledge, Attitude and Practice

IRB - Institution Review Board

MDG – Millennium Development Goal

SPSS- Statistical Package for Social Science

SRS-Systematic Random Sampling

WHO- World Health Organization

Abstract

Abortion law and policy liberalization could lead to dropping of unsafe abortion and related deaths however, unsafe abortion is still major problem of the whole society. Many women want to seek unsafe abortions practice due to inadequate access to safe abortion and other reproductive health services that can help them to prevent complication. Therefore, assessing the knowledge and attitude of high school student towards safe abortion care provision is important.

Objective: This study was to assess the knowledge and attitude of preparatory school student toward safe abortion in selected governmental school in Addis Ababa, Ethiopia 2015.

Methodology: Institutional based cross sectional study design was employed and a total of 626 respondents were participated in the study. Data was collected by using self-administered pre-tested and semi structured questionnaire of Amharic version. The data was cleaned, coded and entered into EPi data 3.1 versions and transferred to SPSS version 21 windows for analyses.

Result: Out of all respondents 66 (27.3%) of males and 224 (57.3%) of females had adequate knowledge related to safe abortion in general .From this female were 3.520 times more likely knowledgeable on safe abortion care provision than male at AOR 3.520;95%:CI (2.471, 5.01) among 626 students 319 (51) of them have favorable attitude from this 19.6% grade 11, 57.8% grade 12 .from this Grade 11were 0.35 times less likely have favorable attitude than grade 12 at AOR 0.35; 95% CI 0.35(0.25-0.50)

Conclusion: students had inadequate knowledge and unfavorable attitude towards safe abortion. Sex, educational level and age were likely to had significant association towards knowledge and attitude on safe abortion.

Recommendation From this study the investigator recommended that the Ministry of education and Social welfare in partnership with other implementing partners to review their strategies and focus in the school program.

Keyword: knowledge, attitude and safe abortion

1. Introduction

1.1 Back ground

Unsafe abortion is a significant contributor to worldwide maternal mortality; however, abortion law and policy liberalization could lead to drops in unsafe abortion and related deaths (1). Unsafe abortion causes approximately 47,000 maternal deaths and high levels of morbidity every year. In settings where abortion is legally restricted or access to safe services is limited, women with unwanted pregnancies often resort to unsafe abortions and subsequently require urgent medical attention to treat incomplete abortions or severe complications such as bleeding or infection. Too many women who seek unsafe abortions have inadequate access to family planning and other reproductive health services that can help them to avoid unintended pregnancies (2).

According to a recent report of world health organization (WHO) the prevalence of abortion is 43 million out of this almost all (98%) unsafe abortions occur in developing countries. Both in Africa and in Latin America and the Caribbean, most abortions are unsafe (3).

Hospital-based studies show that unsafe abortion is among the top 10 reasons for hospital admissions for women. Unsafe abortion accounts for nearly 60% of all gynecologic admissions and almost 30% of all obstetric and gynecologic admissions. Due to the clandestine nature of unsafe abortion services, however, these figures represent only the tip of iceberg, not the full magnitude of the problem (4).

Annually in Ethiopia 3.27 million pregnancies occur from this approximately 500,000 of them are end either spontaneous or unsafe induced abortion. The maternal mortality rate in Ethiopia is 1.68 per 1,000 women aged 15 to 49 years. Unsafe abortion is the most common cause of maternal mortality, accounting for up to 32% of all maternal deaths in the country. For each woman that dies from complications of unsafe abortion (4).

The new liberalized law of abortion in Ethiopia is permitted when; the pregnancy is resulted from rape or incest, the woman's or fetus‟ lives are threatened, the fetus has severe abnormalities, the woman has physical or mental disabilities and when a minor is physically or psychologically unprepared to raise a child (5).

1.2 Statement of the problem

Unsafe abortion is defined by the World Health Organization (WHO) as a procedure for terminating an unintended pregnancy carried out either by persons lacking the necessary skills or in an environment that does not conform to minimal medical standards (1).

Unsafe abortion is major problem of the whole society many research report that every year, worldwide, about 42 million women with unintended pregnancies choose abortion, and nearly half of these procedures, 20 million, are unsafe. Some 68,000 women die of unsafe abortion annually, making it one of the leading causes of maternal mortality (13%) of the women who survive unsafe abortion; 5 million will suffer long-term health complications (6).

Unsafe abortion requiring immediate action or attention. Both less restrictive abortion low and grater contraceptive use can prevent unsafe abortion practice but especially in developing country there are social, religious and political obstacles that aggravate the occurrence. Even these problem is there the women and the health care provider should be aware the complication of unsafe abortion, availability of safe abortion, post abortion care and use of contraceptive. Otherwise that women feeling the economic problem and social stigma of unwanted pregnancy look for unsafe abortion procedure (7).

The legality of abortion is one of the main determinants of its safety. Countries with restrictive abortion laws have significantly higher rates of unsafe abortion compared to those where abortion is legal and available. From 191 number of country in the world only 26 of them are legalized abortion and 60% of women can use legal abortion service at least for one reason more than half permitted it to preserve physical and mental health, and roughly half specify rape or incest as accepted grounds. A minority of countries allow abortion for fetal impairment and for economic or social reasons (8).

Legalization of abortion low plays a great role to reduce maternal mortality. The study conducted in south Africa approved these reality as it has an immediate positive impact on the frequency of abortion-related complications, with abortion-related deaths dropping by more than 90%.In addition, a lack of access to effective contraception contributes to unsafe abortion. It has been estimated that the incidence of unsafe abortion could be reduced by up to 75% (from 20 million to 5million annually) (9).

Even though there is abortion legislation in South Africa provider opposition to the availability of safe, legal abortion and a shortage of trained and willing abortion care providers are barrier to women accessing abortion services and health service planning (10).

The evidence consistently shows that women all over the world are likely to have an induced abortion when faced with an unplanned pregnancy, irrespective of legal conditions. Where abortion laws are liberal there is generally no or very little evidence of unsafe abortion and related morbidity and mortality. In contrast, legal restrictions result in women self-inducing abortion or seeking it clandestinely. These abortions are unlawful and generally unsafe (11).

Research showing that nearly 70 percent of unintended pregnancies in developing countries occur among women who were not using contraception underscores the imperative to address women's potential need for contraception when they receive abortion or post abortion care .The estimated abortion rate in 2008 was 38 per 1,000 women aged 15–44 in Eastern Africa, (6,12) In terms of maternal health, the mortality rate in Ethiopia is one of the highest in the world, standing at 676 deaths per 100,000 live births, according to the latest reliable data available (13).

In Ethiopia's adolescent are the most vulnerable populations .Two of the major barriers faced by those are a lack of awareness of the revised 2005 Criminal Code of the Federal Democratic Republic of Ethiopia (penal code), as it relates to reproductive rights and limited access to resources. Specifically, how the code is interpreted undermines women's ability to attain safe abortions (14).Sixteen point six per cent of `young girls between the ages of 15 and 19 have been pregnant at least once time (2).Young adolescents face a higher risk of complications and death as a result of pregnancy than older women (15).

The risk of maternal mortality is highest for adolescent girls under 15 years old and the probability death from a maternal cause is 1 in 3700 in developed countries, versus 1 in 160 in developing countries from this 8% of the world maternal mortality is due to abortion complication. The important thing is to reduce maternal mortality and morbidity and to give information to the most vulnerable group (adolescent) (14, 16). So this study was to asses' knowledge and attitudes of preparatory school student toward safe abortion services and also can fill the gap by identifying associated factor.

1.3 Significance of study

Knowledge and attitude of high school students towards safe abortion care provision assessment are important to identify area for improvement and encourage better communication with students who need safe abortion services because they manifest not only physical growth and change but also emotional, social, psychological and sexual feeling. The major importance point of conducting this research is to contribute bases for reduction of maternal mortality among adolescent who are the most vulnerable group to different complication of abortion.

As far as the investigator knowledge this study is considered to be the first time in this study area to assess knowledge and attitude of preparatory student toward safe abortion care provision. Besides these, the study can provide information for safe abortion policy makers to the overall situation and to give attention for the revision of guidelines. In addition it may be one input for who need research on this issue or help to consider the curriculum in relation to safe abortion issue particularly in Reproductive health field.

2. Literature review

From the report of world health organization in 2013 globally, the total number of maternal deaths was 289 000 (16).

The unsafe abortion mortality ratio was 80 per 100,000 in the Africa Region; four times higher than in the Asia Region and eight times as high as in the Latin America and the Caribbean Region (17).

The burdens of unsafe abortion and of maternal deaths due to unsafe abortion are disproportionately higher for women in Africa than in any other developing region. For example, while Africa accounts for 27% of global births annually and for only 14% of the women aged 15–49 years in the world, its share of global unsafe abortions was 29% and, more seriously,62% of all deaths related to unsafe abortion occurred in Africa in 2008. The risk of death due to unsafe abortion varies among developing regions. The case–fatality rate for unsafe abortion is 460 per 100 000 unsafe abortion procedures in Africa and 520 per 100 000 in sub-Saharan Africa, compared with 30 per 100 000 in Latin America and the Caribbean and 160 per 100 000 in Asia (18).

WHO systematic analysis in 2012 estimated that 7.9% of all maternal deaths were due to abortion. This result is lower than the previous study, which estimated mortality due to unsafe abortion at 13%. Classification of maternal deaths due to abortion, and more specifically unsafe abortion, is associated with a risk of misclassification, which might lead to underreporting. Even where induced abortion is legal, religious and cultural perceptions in many countries mean that women do not disclose abortion attempts and relatives or health-care professionals do not report deaths as such. Under-registration of deaths might be the result of stigmatization of abortion affecting what information is reported by relatives and informants or intentional misclassification by providers when abortion is restricted (19).

According to The Estimated Incidence of Induced Abortion in Ethiopia 2008, from 382,000 sample approximately 103,000 legal abortions provided by surveyed health facilities in 2008 accounted for 27% of all induced abortions that year. Nationally, the incidence of facility-based legal abortion was six per 1,000 women aged 15–44, ranging from almost zero in rural regions to 41– 46 per 1,000 in Addis Ababa (20).

Almost 58000 women sought care for complications of induced or spontaneous abortion in 2008.

Forty-one percent had moderate or severe morbidity, such as signs of infection that were likely related to an unsafe abortion. Seven percent of all women had signs of a mechanical injury or a vaginally inserted foreign body (21).

More than 13,000 women seeking post abortion care required a hospital stay of at least 24 hours. The case fatality rate among women seeking post abortion care in public hospitals, where the most serious complications were seen, was 628 per 100,000 (21).

Studies done on knowledge and attitude of high school student towards safe abortion are limited. However, few studies available from different area reported the knowledge and attitude of safe abortion.

From the study of Brazilian adolescent in school indicate given students' familiarity with a broad range of unsafe techniques, it is reassuring that most students accurately identify the health risks they entail. However adolescents' misperceptions about certain techniques (medical and surgical abortion). The evidence-based legal abortion methods offered by the public health system are largely unfamiliar or poorly understood. Students' assessment of the safety of abortion methods could be a result of misinformation or part of their broader critique of abortion as a practice. Most students and boys in particular were reluctant to report or lacked knowledge of specific abortion methods. The response is (34.0%) to the method questions may reflect a genuine lack of information or prevailing social norms that preclude disclosure of stigmatized knowledge (22).

Attitudes toward abortion indications among RiodeJaneiro students varied by circumstances of pregnancy. Legal termination in the case of rape was supported by a majority (55.6%). Less than half of those queried (45.2%) supported legal abortion in the case of a life-threatening pregnancy. There were no significant attitudinal differences by gender, age, sexual debut, and maternal education, exposure to sexual education, contact with health providers, internet use, or socioeconomic status (22).

However school clusters were significantly different on six out of nine indications. High school students, and in particular the magnet school students, reported greater support for all indications whereas 42.0% of the younger middle school students rejected all abortion indications (22).

According to Thailand high school student most of students thought that induced abortion was a very horrible thing for school girl (84.4%), extended criteria of induced abortion would make adolescents active sexual behavior (54.8%) and the availability of induced abortion weaken the moral structure of That society (75.6%), they thought that adolescents have no right to do abortion

(56.7%) and the school should be against adolescent abortion (79.3%).While some students thought that adolescent induced abortion should be permitted if make them quit form school or family has economic problem (51.1% and 68.1% respectively). Induced abortion solved the problem of abandoning baby (55.2%), it should not be condemned by society (63.0%) and should be accepted by the law (61.1%). More than half of students did not think that induced abortion could be used as a method of contraception (61.1%) and some students thought that it would solve the problem when contraception method failed (57.4%) (23).
One quarter of students though that the feeling of sinful only responsibility of girls (28.1%) and less sinful if abortion was taken at early stage of pregnancy (28.2%). The respondents had received information about pregnancy and induced abortion from mass media (97.4%), teacher (88.9%), friends (83.3%), parents (70.4%), health personnel (61.1%) and relatives (60.0%). More than half respondents had talked about sex (56.7%) with peers, two fifth of them had gotten encouragement doing safe sex from peers (39.3%).30.7% of respondents had friends or classmates. (23)

Age significantly associated with attitude toward induced abortion, elder age group had more positive attitude to-ward induced abortion than younger age group; Level of education significantly associated with attitude toward induced abortion and supporting health services, higher Grade had more positive attitude toward induced Abortion and supporting health services than the lower Grade (23) .
The study that conduct in Accra, Ghana was to assess Senior High School students' views on abortion. The study assessed students' knowledge and use of abortion methods, investigated their source of information, evaluated their knowledge of complications of abortion and identified barriers associated with the youth accessing reproductive health services. It was realized that all respondents (100%) had knowledge about abortion; felt it was illegal and were unaware that the act was legal to an extent in Ghana. Most respondents indicated abortion should not be legalized in Ghana mainly because it would increase promiscuity. Ninety percent (90%) of respondents were aware of a variety of abortion methods with the main ones being traditional methods. Respondents received abortion information mainly from their friends or peers (53%). The majority (90%) felt abortion should not be legalized but then they would opt for it if the need arose mainly because of their desire to continue schooling, to avoid shame, dishonor and stigmatization. Most respondents indicated the key complication of abortion was death. The main barriers associated with the youth accessing reproductive health services were lack of knowledge. (24).

Among teenagers 33.5% respondents had raped when compared to higher age group, 25-29 years, only 8.3%.Contraceptive failure and lack of awareness were equally found as determinants of induced abortion among student respondents with 16.9% (11) each (25).

The study that conduct in Jima high school students from the total respondent About 14% (113) and 27.2 %(222) reported to have awareness of at least one method of induced abortion, and at least one contraceptive method respectively .about 27% of student were aware of the medical hazardous of abortion .281(34.5%) reported that they have no information about the legality of abortion in Ethiopia (26).
The attitude of the student toward legalization of abortion and what will do in case they have unwanted pregnancy was inquired. Accordingly 63.1% of the respondent reported that they would accept and give birth in case of unwanted pregnancy.

About 32% prefer to terminate it whereas the remaining 5.1% were indifferent .respondent attitude toward legalization of induced abortion show that, 119(20.7%) supported its legalization, 387(67.4%) opposed its legalization and the remaining 68(11.8%) were in different (26).

2.1 Conceptual framework

Culture, religion, age and societal norms are extremely influential in shaping people's attitudes and values towards safe abortion. Also, this framework places the process of values clarification within a larger context of abortion attitude, behavioral intention and, ultimately, behavior or performance. Improving the knowledge and attitude about abortion aim to achieve three ultimate outcomes: (1) to reduce morbidity and mortality from unsafe abortion; (2) to ensure reproductive choice for women faced with unintended pregnancy; and (3) to reduce the incidence of repeat unintended pregnancies and unsafe abortion.

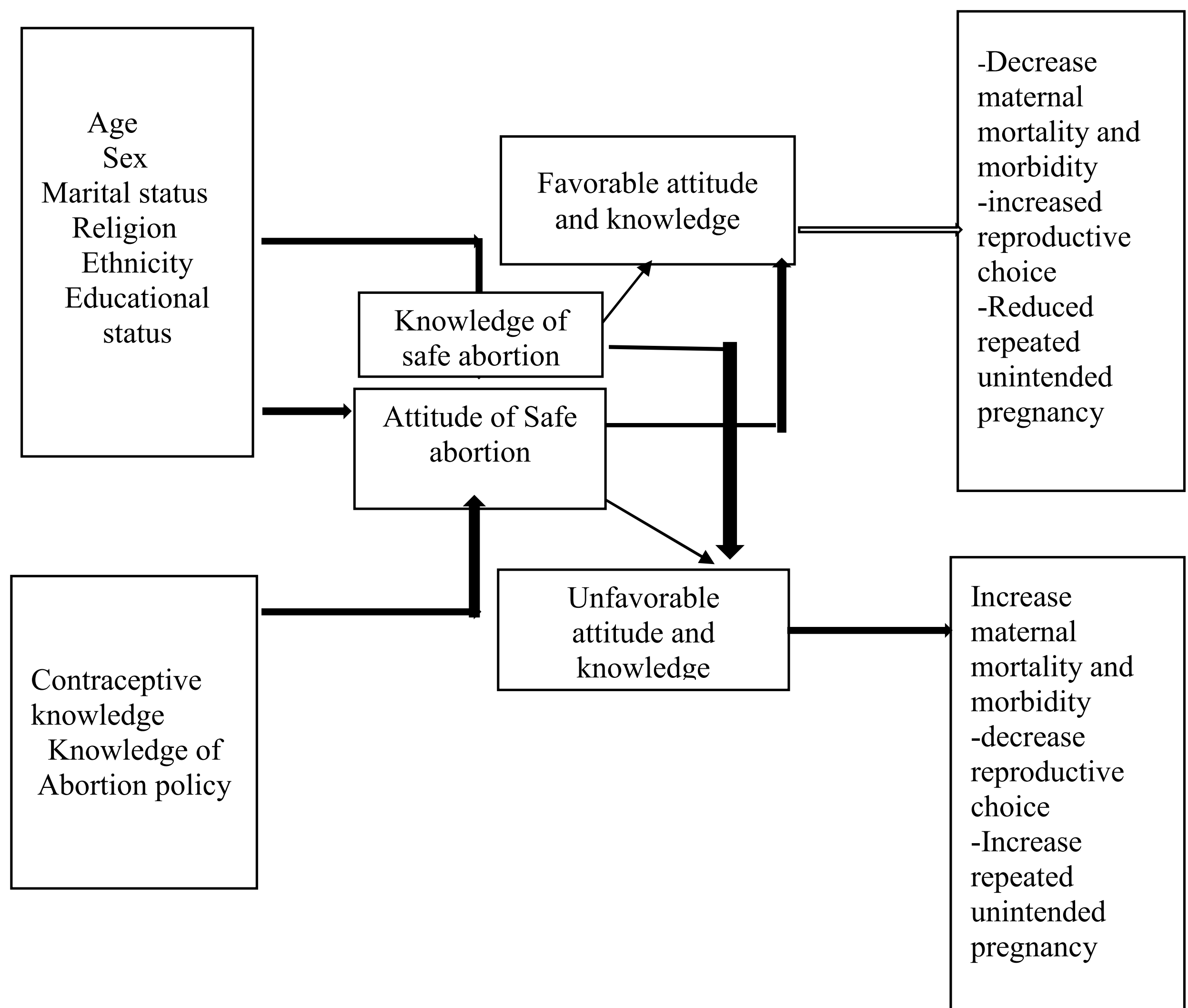

Figure 1 this modified Conceptual framework for evaluating safe abortion programs adapted from (Benson 2005): (27).

3. Objective

3.1 General objective

To assess the knowledge and attitude of students toward safe abortion in selected governmental preparatory school Addis Ababa, Ethiopia 2015

3.2 Specific objectives

- To assess students' knowledge about safe abortion.
- To assess students attitude toward safe abortion.
- To assess factors associated with safe abortion.

4. Methodology

4.1 Study area

This study was conducted on 8 selected governmental preparatory school in Addis Ababa City Administration. Addis Ababa is a capital city of Ethiopia established in 1887 by emperor Menlik II. It has the status of both a city and a state. It is the largest city in Ethiopia with a geographical Location of which lies 9°1′48″N latitude and 38°44′24″E longitude. The city is located at the heart of the country, at an altitude ranging from 2,100 meters at Akaki in the south to 3,000(9,800ft) meters at Entoto Hill in the North. With estimated population of about three million. The city is divided in to ten sub cities. There are 795 primary and 306 secondary school from this 59.15 % of them are governmental and the rest 40.85 count private and other .The data collected from the governmental preparatory school of Addis Ababa city administration show that there are 108 preparatory schools (17 governmental, 61private and 30 other) in the city that have 11 and 12 grades and the total number of students in governmental preparatory schools 2013/2014 academic year is 31,915 (28).

4.2 Study design

A cross-sectional descriptive institutional based study was conducted to assess knowledge and attitude of preparatory school students toward safe abortion using quantitative data collection method .

4.3 Study period

The duration of the project was from January to June and data conducted from April to May 2015.

4.4 Source population

All governmental preparatory School students' in Addis Ababa 2015

4.5 Study population

Regular students of selected preparatory schools in Addis Ababa

4.5.1 Inclusion criteria

Regular preparatory school students who was attending his/her education in Addis Ababa selected governmental preparatory school and who was volunteers at the time of data collection

4.5.2 Exclusion criteria

Mentally incapable and absent at the time of data collection was be excluded from the study

4.6 Sample size and sampling technique

The sample size was determined by an assumption of 50% prevalence of knowledge about the safe abortion care since there was no previous similar study giving any particular outcome to be within 5% marginal error and 95% confidence interval of certainty (alpha= 0.05). Based on this assumption the actual sample size for the study computed using single population proportion formula as indicated below.

$$n = \frac{[Z\alpha/2]^{2}\ p\ [1-p]}{d^{2}}$$

$$n = \frac{[1.96]^{2}.\ 0.5[1-0.5]}{[0.05]^{2}} \qquad n = 384.16$$

Where:

n = Minimum sample size

$Z\alpha/2$ = Z value at 95% CI [1.96]

p = Estimated prevalence rate in 50% [0.37]

d = Margin of error tolerated is 5% [0.05]

By adding 10% non-response rate -384.16+38.6= 422.

Since multi-stage sampling technique was used by considering the design Effect 1.5 the total sample size became **633**

4.7 Sampling procedure

Selection of schools

1. All preparatory schools identified by name

3. Select eight preparatory schools by lottery method

Selection of student

1. The total number of students found in each school was taken and proportional sample size calculated for each school so as to give the total sample size. ($n_j = \frac{n}{N} N_j$ (Proportionate allocation)) $n_{j/N}$ = 0.0394 where

$n_{j=}$ total sample size

N_j =is population size of the jth stratum

n = number of respondents to be selected from each school

N = Total number of student in selected School.

2. Proportionally allocate in to two grades 11 and 12.

3. Students from each section was chosen by systematic random sampling.

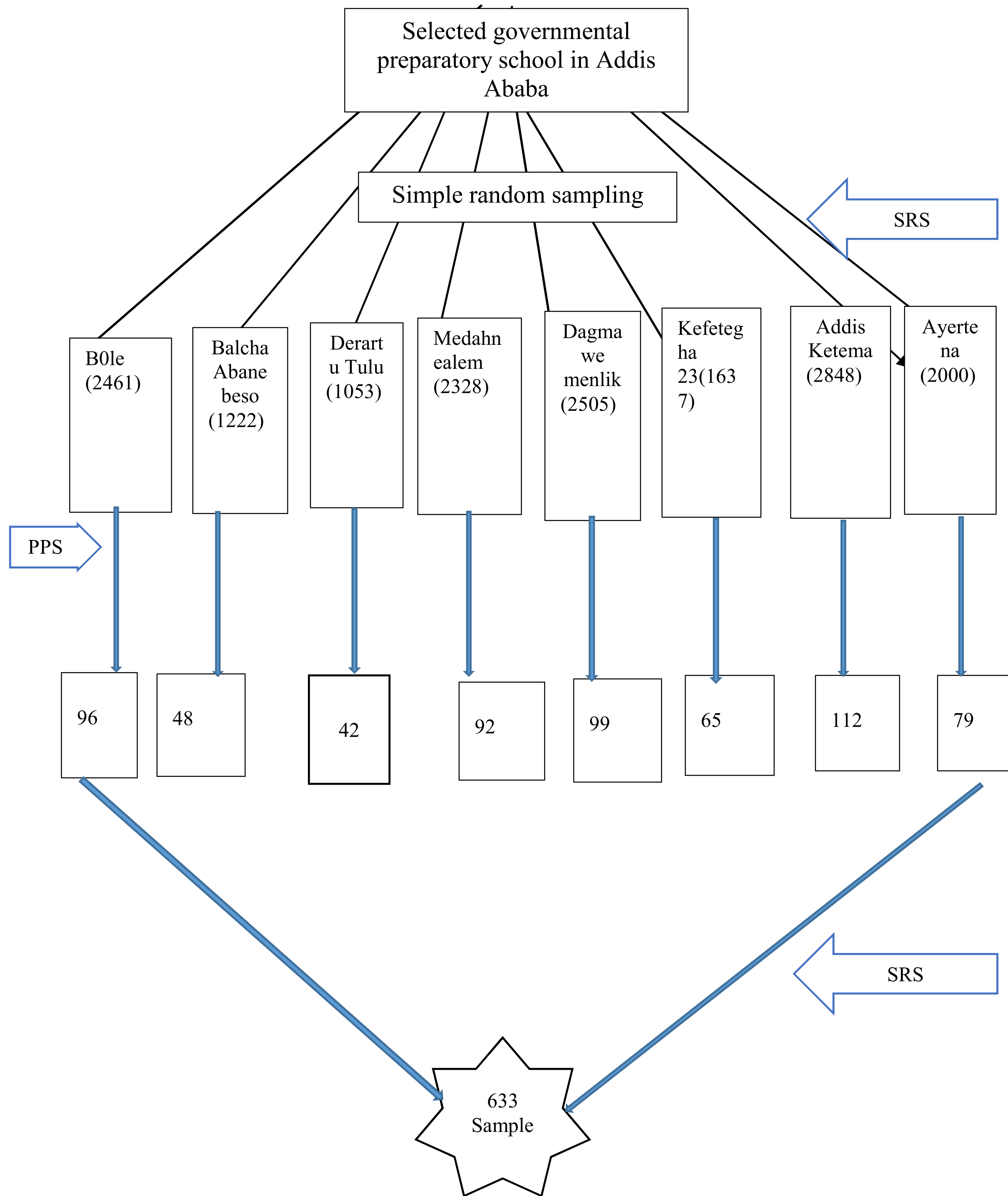

Figure 2: schematic presentation of sampling procedure

Table 1: Calculated sample size for each school using proportional sampling according to the population size of each school

NO	School name	Population size			Sample size		
		Grade 11	Grade 12	Total	Grade 11	Grade 12	Total
1	Addis Ketema	1530	1318	2848	60	52	112
2	Medahnealem	1115	1213	2328	44	48	92
3	Balcha Abanebeso	628	594	1222`	25	23	48
4	Bole preparatory	1146	1315	2461	45	51	96
5	Derartu Tulu	511	542	1053	20	22	42
6	Kefetegha 23	778	859	1637	31	34	65
7	Ayertena secondary	1066	934	2000	42	37	79
8	Dagmawe menlik	1292	1213	2505	51	48	99
	Total	8066	7988	16,054	318	315	633

4.8 Data collection tool

Semi structured self-administered questionnaires was used for data collection on the variables needed and also adapted from other similar study with some modification **(22)**. The questionnaires elicit demographic information, assess Knowledge and attitude toward safe abortion. Questionnaires items related to knowledge were scored as Yes = 2; uncertain=1; NO = 0 .The attitude questionnaires were scored as a five-point Likert scale (1 = strongly disagree, 2 = disagree, 3 = uncertain, 4 = agree, and 5 = strongly agree

4.9 Data collection

Two degree holder coordinator and seven diploma level data collectors were recruited to collect the data. The data collector were trained for one day on how to administer questioner .During the data collection period corrected version of data collection tool was used and schedule for daily and weekly performance was prepared and applied.

4.10 Variable of the study

4.10.1 Dependent variables

- Knowledge toward safe abortion
- Attitude toward safe abortion

4.10.2. Independent variables

- Sex
- Age
- Marital status
- Religion
- Ethnic group
- Educational level
- Abortion low
- Awareness of contraceptive method

4.11 Operational definition

Adequate knowledge- If a student could answer 70 % of knowledge question that was asked
Favorable Attitude - Pattern of mental views towards some issue and students could answer above the mean from question that was asked.

Safe abortion- Is termination of pregnancy by qualified and skilled persons with standardized medical standard.

Unsafe abortion - a procedure of termination of pregnancy either by unskilled person or environment lacking the minimal medical standard.

4.12 Data quality assurance

A copy of the questionnaire was submitted to the expert to examine whether the number and type of items in the questionnaire measured the concept or construct of interest.

The data collection tool was translated in to local language [Amharic]. The second version of the tool was be retranslated in to the English to evaluate its consistency and before the actual data collection the questionnaires was pre-tested on the same source population in millennium preparatory school which is not selected for the study with 5% of the total sample size. Based on the findings of the pre –test some modification and developments of the tool was done. Training was given for data collectors and coordinator. Data collectors were instructed to check the completeness of each questionnaire whether each and every question was completely answered and also the coordinator was rechecked the completeness of the questionnaire immediately after submission.

4.13 Data analysis procedures

The questionnaires were checked for completeness by the principal investigator. Unfilled and partially filled questionnaire were excluded. The remaining were coded, cleaned and entered into EPI data version 3.1 statistical software package. Then the data was transferred & analyzed by statistical package for social sciences software package (SPSS) version 21.

The descriptive analysis such as frequency distribution and percentages was used. Odd ratio with 95% confidence interval was used to ascertain the association between dependent and independent variable as appropriate. Bivariate and multivariate analysis was used to identify independent predictor of safe abortion of students. Confidence interval of (95%) was also used to see precision of the study and level of significance was taken at $\alpha =< 0.05$. Attitude question was broadly classified as strongly disagree to strongly agree. Responses for general attitudes were transformed from a five-point scale to a two-point scale that was below the mean and above the mean.

4.14. Data presentation

The data was presented by using frequency, table, text, by measurement of central tendency and graphs.

4.15 Ethical consideration

Ethical clearance was be obtained from IRB (institution review board) of Addis Ababa University (AAU), college of health science, School of allied health sciences, department of nursing and midwifery. Then formal letter of cooperation was written to Addis Ababa Education Bureau, and for Addis Ababa preparatory Schools from Addis Ababa Education Bureau. Each study participant was adequately informed about the purpose, method , anticipated benefit of the study and their full right to discontinued or refused to participate in the study by their data collector and asked if they are willing to participate or not. Written Informed consent was obtained from student who was participate in the study. Not asking the name of the student to keep Confidentiality and cultural norms was respected properly

4.16 Dissemination and utilization of result

The thesis will be presented to Addis Ababa University department of Nursing and midwifery as partial fulfillment of master's degree in maternity and reproductive health nursing. The finding of this study will be disseminated to Addis Abba health Bureau, Addis Ababa education Bureau and Hard and soft copy will be made available in the library of AAU, for graduate students as well as for other concerned readers or relevant bodies. Finally, an attempt will be made to present the thesis on various international and/ or local workshops. There will also be an attempt for publication on scientific journals of local and international publishers.

5. Results

5.1 Socio-demographic characteristics of the respondents

It was intended to distribute 633 targeted sample questionnaires .of this 626 were completed and returned with a response rate of (98.8%). Out of these 525 (83.9%) of the part constitutes, age group of 16-20 years. By educational level 311 (49.7%) were eleven and 315(50.3%) were grade twelve. Concerning ethnicity 211 (33.7%) were Amhara followed by Oromo, Gurage, Tigrie, and others (Gamo, welayta, hadya) constitutes 178 (28.4%), 127 (20.06%), 73 (11.7%) & 37 (5.84%) respectively. By religion majority of students were Orthodox which constitute 431 (68.8%) and the remaining small proportion Muslim and Protestant were 121 (19.9%) and 64 (10.2%) respectively. Majority 538(85.9%) were unmarried (Table 2).

Table 2: Distribution of socio demographic characteristics of students in selected Addis Ababa governmental preparatory schools, Ethiopia, 2015 ***(n=626)***.

Demographic characteristics	Frequency	Percentage (%)
Grade of student		
11	311	49.7
12	315	50.3
Sex		
male	242	38.7
female	384	61.3
Age		
16-20	525	83.9
21-25	100	16
>25	1	0.2

Cont'd

Ethnic group		
Amhara	211	33.7
Oromo	178	28.4
Tigre	73	11.7
Gurage	127	20.06
Other	37	5.84
Religion		
Orthodox	431	68.8
Muslim	121	19.3
Protestant	64	10.2
Catholics	7	1.1
Other**	3	0.5
Marital status		
Married	74	11.8
Unmarried	538	85.9
Widowed	9	1.4
Divorced	5	0.8
Total	626	100

*Other –Gamo, Hadya, Welayta

**Other –Adventist

5.2 Knowledge of student towards safe abortion care provision

Out of 626 Students, 290 (46.3%) had adequate knowledge towards safe abortion care provision and from all students 231(36.9%) could define the meaning of safe abortion whereas the remaining 395 (63.1%) did not.

About half of the respondents knew place of termination of pregnancy and 376(60.1%) of them were known at least one method of abortion.

Four hundred eighty four (77.3%) of them aware at least one method of contraceptive, the remaining 149(22.7%) did not.

Of those heard about meaning of safe abortion majority 44(31.4%), 41(29.3%) were from health care provider and teacher respectively (Figure 3).

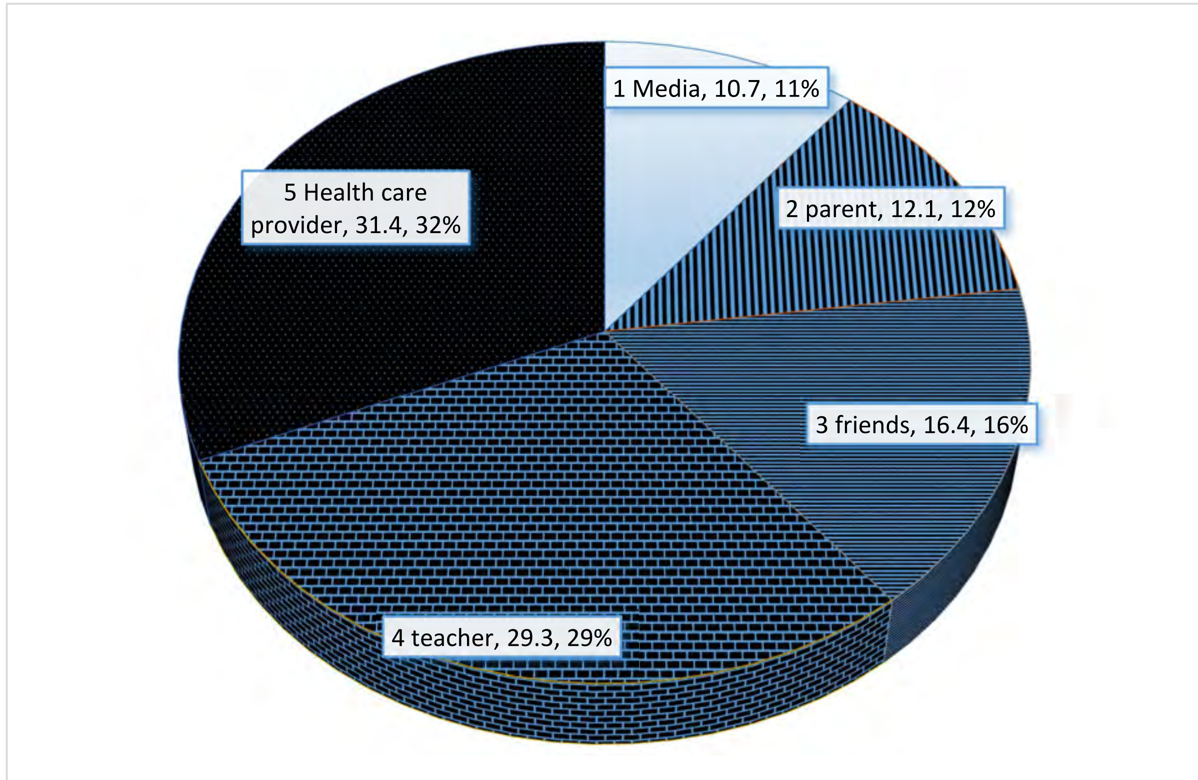

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Figure 3 : Main sources of information on safe abortion among preparatory school student Addis Ababa, Ethiopia, 2015

Respondents were asked whether unsafe abortion is one of the major health problems in their country. Out of total respondents, 68.7% said that it is a major health problem, while 14.1% and 17.3% said it is not major health problem and uncertain respectively. Regarding knowledge on complication of abortion, 60.2% respondents said bleeding is one of the complications of abortion followed by infection, uterine perforation and loss of fertility and death which accounts 51.9%, 48.4%, 42.2%, 38.8% respectively (figure 4).

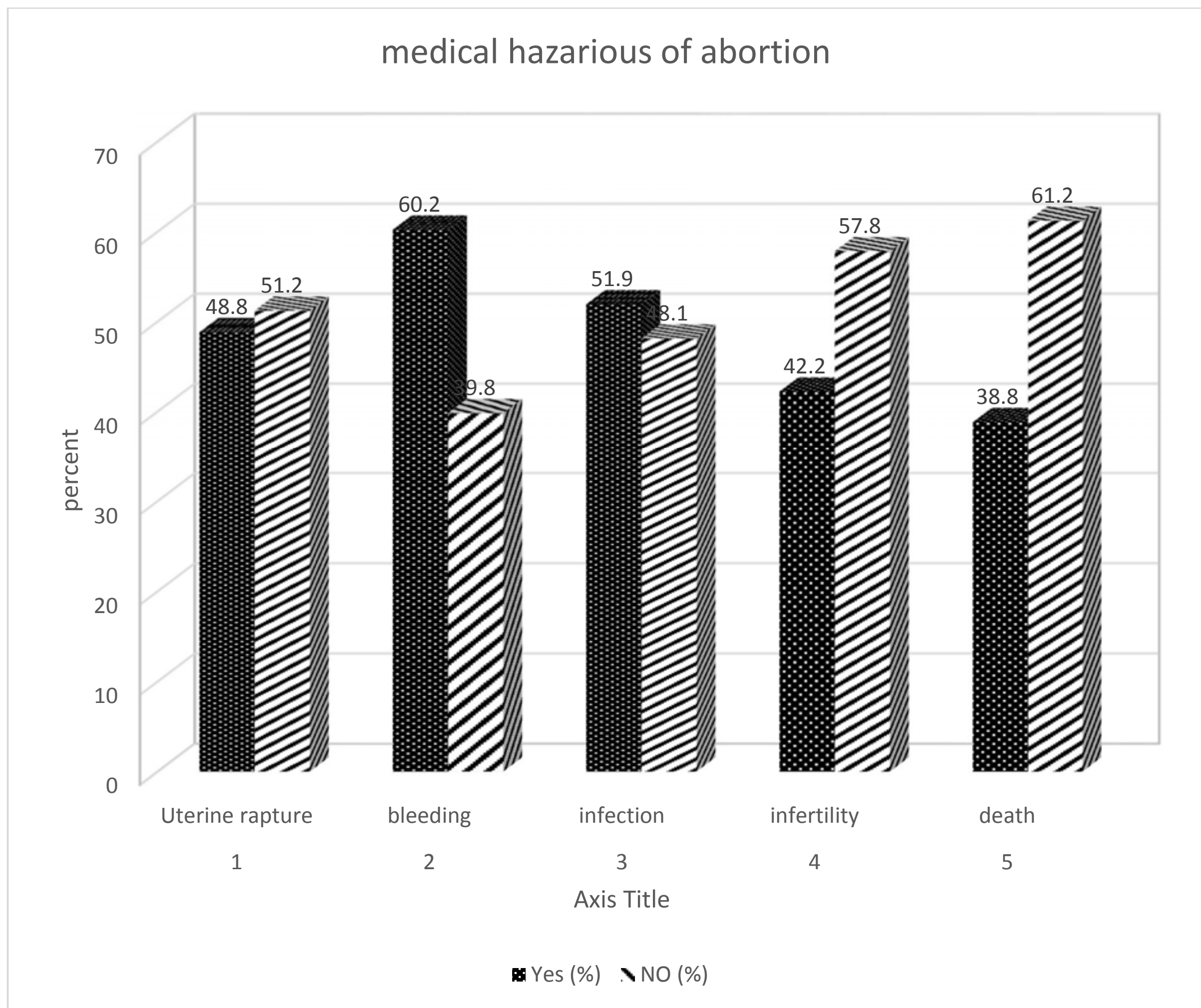

Figure 4: Percentage of respondent on medical hazardous of abortion, selected governmental preparatory school, Addis Ababa, 2015.

Concerning knowledge on Ethiopia has abortion law or not, out of all respondents 52.6% said that has abortion law, 30.4% said uncertain and 17.1% said no.

For the reason abortion is legal in Ethiopia context were asked to the respondents; 45.8% of students' response that it is legal in case of rape or incest, 46.3% for the pregnancy that endangers the health or life of the woman or fetus, 36.4% in case of fetal impairment, 31.3% for minors who are physically or psychologically unprepared to rise a child (Table 3).

5.3 Respondents attitude toward safe abortion care provision

Out of 626 respondents 319 (55.1%) of them had favorable attitude. From all participant 354(56.3%) of them reported elective abortion should be legalized at any circumstance, and Majority 451(66%) of the respondent said abortion is not equivalent to murder, 59(9.4%) uncertain and the rest 126(20.1%) of them said disagree. Two hundred sixty seven (42%) of participants report that abortion is wrong but necessary in our society, 60(9.6%) uncertain and 299(47%) disagree .from those who answer the question of abortion is legitimate health procedure 285(45.5%) of respondent disagree, 63(10.1%) uncertain and 278(44.4) agree.

From 626 students 325(53.5%) of them said women who get abortion should not be ashamed their decision, 178(28.4%) women who get abortion not selfish and concerned about other, 461(73.6%) Women who get abortion will have fertility problem later. 443(70.7%) Women who get abortion will have mental health problem (Table 4).

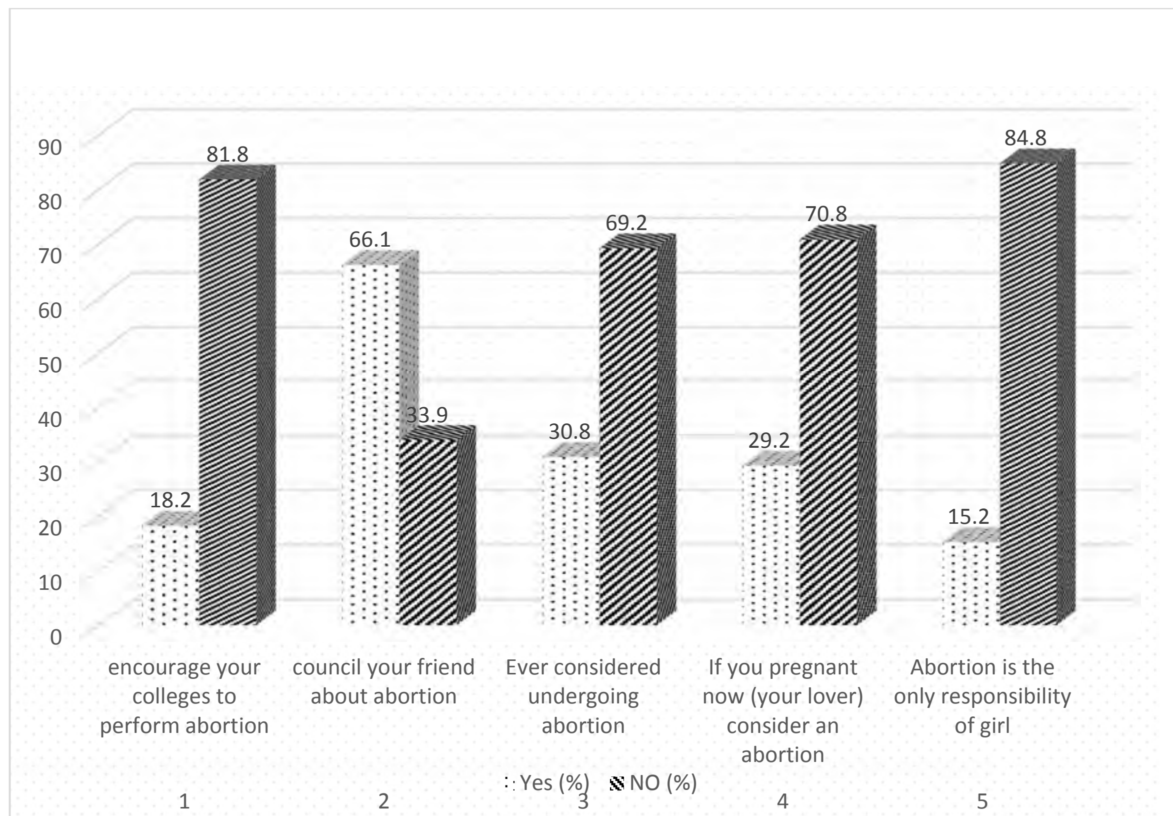

Figure 5 Frequency and percentage of some attitude variable towards safe abortion among preparatory school students, Addis Ababa, 2015.

5.4 Association of socio demographic factors and other variable with knowledge and attitude toward safe abortion care.

In the bivariate analysis, the factors that found to have an association with knowledge towards safe abortion were sex, grade and age with a p-value< 0.05. The variables which showed association in binary logistic regression was enter in to the multivariate logistic regression. These variables were considered potential predictors for knowledge towards safe abortion in the multivariate logistic regression model.

However, only sex and age had an association with knowledge towards safe abortion. As observed this female were 3.520 times more likely adequate knowledge on safe abortion care provision than male. (AOR 3.520; 95% CI :(2.471- 5.01)

Student whose age 21-25 were 2.663 times more likely adequate knowledge toward safe abortion care than age of 16-20. (AOR=2.663, 95% CI: 1.65- 4.286). (Table 3)

Table 3: Binary and multiple logistic regression analysis of variables with knowledge towards safe abortion in selected governmental preparatory school Addis Ababa, Ethiopia, 2015 N=626

Variables	Knowledge		Crude OR	Adjusted OR
	Yes (No, %)	No (No, %)		
Sex				
Male	66(27.3%)	176(72.2%)	1	1
Female	224(58.3%)	160(41.7%)	3.733(2.636-5.288)*	3.520(2.471-5.01)**
Age				
16-20	220(41.9%)	305(58.1%)	1	1
21-25	69(69%)	31(31%)	3.098(1.959-4.890)*	2.663(1.65-4.286)**
>25	1 (100%)	0(0%)	1.859(0.411-8.375)	2.43(0.501-11.790)
Grade				
11	140(48.3%)	171(50.9%)	1	
12	150(51.5%)	165(49.1%)	0.901(0.658-1.233)*	

* Statistically significant at P< 0.05.

** Adjusted for sex and age.

Variable those observed an association in binary logistic regression with attitude toward safe abortion care provision were Grade, sex, and abortion policy with a p-value <0.05. The variables which showed association in binary logistic regression was enter to the multivariable logistic regression. These variables were considered potential predictors for attitude towards safe abortion in the multivariate logistic regression model. However, only grade and sex has been found associated with attitude towards safe abortion .Respondents of Grade 11 were 0.35 times less likely favorable attitude than grade 12. (AOR 0.35; 95% CI (0.25-0.50)).

Respondents sex were predictors of favorable attitude toward safe abortion care male respondents were 0.61 times less likely favorable attitude than female respondents. (AOR 0.61; 95% CI (0.41-0.90) Respondents who know legalization of abortion were 2.09 times more likely favorable attitude than not known (AOR 2.09; 95% CI (1.23-3.57) (Table 4).

Table 4: Binary and multiple logistic regression analysis of variables with attitude towards safe abortion in selected governmental preparatory school Addis Ababa, Ethiopia, 2015

Variable	Attitude		COR	AOR
	Yes (%)	No (%)		
Grade				
11	131(38%)	214(62%)	0.343(0.24-0.47)*	0.35(0.25-0.50)**
12	180(64.1%)	101(35.9%)	1	1
Sex				
Male	114(33.8%)	128(45.6%)	0.590(0.42-0.81)*	0.61(0.41-0.90)**
Female	231(67.6%)	153(54.4%)	1	1
Ethiopia abortion law				
yes	213(61.7%)	116(45.3%)	2.842(1.81-4.45)*	2.09(1.23-3.57)**
uncertain	90(26.1%)	100(35.6%)	1.393(0.86-2.25)	1.297(0.77-2.15)
no	42(12.2%)	65(23.1%)	1	1
Contraceptive knowledge				
Yes	262(75.9%)	206(73.3%)	1.646(0.85-3.18)	

No	66(19.1%)	53(18.9%)	1.612(0.77-3.34)	
No answer	17(4.9%)	22(7.8%)	1	

* Statistically significant at $P < 0.05$.

** Adjusted for sex and grade

6. Discussion

Unsafe abortion is major problem of the whole society .The findings suggest that the proportion of unwanted pregnancy and induced abortion among youths is very high. But the revised abortion law will have a great role in expanding reproductive rights of women, including safe abortion service rights under certain conditions this in turn may result in reducing maternal mortality. However, much should be done to increase knowledge and attitude of safe abortion care provision Most of students have inadequate knowledge (53.7%) and unfavorable attitude (44.9%) towards safe abortion care provision but research that conducted in Thailand indicated that students who have positive attitudes toward safe abortion (56.7%) (23).This might be due to difference on socioeconomic status between countries.

In this study 36.9% respondents defined the meaning of abortion .Of those heard about the meaning of safe abortion (10.1%), (16.4%) were from media and friend respectively. This is inconsistent to study done in Ghana which was 88% participants knew what abortion mean and the source of information (53%), (44%) were from media and friends respectively (24) .The reason may be religious, personal belief or cultural difference which are considered the cause for major difference that hinders discussion the issue and also educational status of parents they may had effect on knowledge related to safe abortion care provision.

About 60.1% and 77.3% of the student who knows at least one method of abortion and at least one contraceptive method respectively but study that conducted in Jima report 14% and 27.2 % respectively (26). This might be due to difference in study period and socioeconomic status between the states.

The proportion of students who knows about medical hazardous of abortion were 72.4%, this finding was much higher than the study conducted in high school student in Jima which was 27% (26). This might a result of dissemination of information about the reproductive health problems especially about abortion has been weak with in the states of the country.

In this study the most commonly cited complication were bleeding 60.2%.Other complication cited were infection 51.9%, perforation 48.4%, but study in Ghana much higher than this (100%),(95%),(86%) death, infection and bleeding respectively (24).

The difference of this result is might be due to personal belief, national legalization of abortion, and the problem of information dissemination.

Regarding to knowledge of Ethiopia's abortion law, 52.6% responded that Ethiopia has abortion law this finding was higher than a study conducted in Jima high school students which reported 10.8% (26). This might have been due to dissemination of information about the new penal code has been weak and also student who live in Addis Ababa the accessibility of to get information is high about legality. During stating the issue that legalized in case of unwanted pregnancy the finding of this study 16.3% participant reported that they would terminate the other study in Jima 32% was reported (27).

Accordingly, the multivariate regression statistics showed that there were significant relationship between sex and age with knowledge of safe abortion. From this finding female students were 3.5 times more likely had adequate knowledge than male (AOR=3.520, 95% CI: 2.471, 5.01). This might be due to women's were more access to different mass media and more information about the problem than males. In addition females have different information regarding health problems and their awareness is increased through establishing gender clubs at schools to have open communication regarding females' problems which are related to major obstacles for their education and other health related problems.

Regarding of the age students at the age of 20-25 were 2.663 times more likely knowledgeable than student at the age of 16-20 (AOR 2.663 95% CI: 1.65, 4.286).

By concerning attitude towards safe abortion about 56.6 % students have positive attitude towards safe abortion to be legal and accessible under any circumstance. But the study that conduct in Ghana shows more than 90% of the student disagree on this idea. This may be due to personal belief and cultural context of the countries.

Out of all respondents in this study, 46.4% of the students support safe abortion is acceptable in case of fetal anomaly. This finding were slightly higher than the finding from Brazil 24.3% (22). This difference might be due to the difference in the study period, the participants' background and difference in personal beliefs. But the study conduct in Mekle university first year student were 66.8% (26).This might due to educational status of the student.

From all respondent (44.4%), (15.1%) were of students reported that abortion is legitimate health procedure and abortion is the only responsibility of girls respectively. But the student in Thailand

show that (61.1%) and (28.2%) respectively. This might be due to personal belief, cultural and religious issue.

Sex significantly associated with attitude toward induced abortion male had 0.6 times less likely favorable attitude than female (AOR 0.61 95% CI: (0.41-0.90) and Level of education significantly associated with attitude toward induced abortion and supporting health facilities, grade eleven had 0.3 times more likely positive attitude toward induced Abortion than grade twelve (AOR 0.35 95 CI: (0.25-0.50). This finding is the same from the study conducted at Thailand (23). It indicate Senior Students (Grade 12) had higher positive attitude toward safe abortion care provision and supporting health services. Students of elder age may learn more reproductive health and may have more opened mind about abortion.

The students who know the legalization of abortion law were 2 times more likely favorable attitude than not known (AOR 2.09; 95% CI (1.23-3.57).this indicate knowledge towards legalization of country law might increase favorable attitude of the students.

Generally in this study religion, marital status and ethnic group had no significant association on both knowledge and attitudes of preparatory students' towards safe abortion.

7. Strengths and limitations

Strengths

Quality of data was maintained by giving training for data collector and supervisor, before the actual data collection the questionnaires was pre-tested on the same source population but not selected in this study. It is representative and also include both sex with high response rate.

Limitations

Unavailability of recent similar studies in the region as well as in the country in specific study subject that was difficult. This study was conducted only in governmental institution and also there was limited resource with short time.

8. Conclusion and recommendations

8.1 conclusion

Over all findings from this study indicate that more than half of the students have no knowledge and favorable attitude towards safe abortion. Most of the students didn't have knowledge on current Ethiopia abortion law and extent of legalization. Majority of them said rape and incent but the other indication of abortion were not well stated by the students. Female students had adequate knowledge and favorable attitude towards safe abortion than male. The main source of information was from health care provider and teachers the other like parent, friend and media was vary law. Majority of the students have awareness of at least one method of contraceptive method with unfavorable attitude towards safe abortion care provision.

Half of the students mention place of pregnancy termination that is equipped health facility with trained health personnel. Some students' belief abortion is the only responsibility of girls. Age and sex concerning safe abortion has significant association with knowledge toward safe abortion and also sex and educational level of student concerning safe abortion have significance association with attitude of safe abortion but religion, ethnicity, and contraceptive knowledge were insignificant.

8.2 Recommendations

- The ministry of health be considered organize further reproductive health education for the students on abortion and other reproductive health issues and Peers counselors should be trained in each Senior High School to extend reproductive health information.

- The mass media has a grate roll to increase its coverage of reproductive health. So it is better to prepare reproductive issue programs and services related things.

- School health programs be considered and designed in all school and attention must be given for the students on the prevention of unwanted pregnancy, other reproductive health education .And also should aware abortion is not the only responsibility of girls.

- The school has grate roll to educate their students about method of contraceptive and the extent of legality of abortions through reproductive health service that is used to increase the accessibility of safe abortion service rather than unsafe abortion.

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Annex

Annex I: Information sheet and Consent form (English Version)

Addis Ababa University College of health science department of nursing and midwifery

Section I. Information sheet

01. Name of the study area __________

02. Questionnaire identification no. ________

INTRODUCTION: Good morning/afternoon? My name is _____________________. In this Study which is undertaken by Addis Ababa University, college of health science, school of allied health science, department of nursing and midwifery. You and I would have a short discussion of about 30-35 minutes only and I am asking you to help us. Before we go to our discussion, I will request you to listen carefully to what I am going to read to you about the purpose and general condition of the study and you will tell me whether you agree or disagree to participate in this study at the end.

The purpose of this study is to assess knowledge and attitude of preparatory school students towards safe abortion care provision in Addis Ababa.

The study will be conducted through self-administer question. The information that you will give us could help to expand safe abortion service in the A.A as well as in the country. The respondent involves partner and private life questions. I would like to assure you that privacy will be maintained strictly throughout the study. A code number will identify every participant and no name will be used. Your responses to any of the questions will not be given to anyone else and no reports of the study will ever identify you. If a report of results is published, only information about the total group will appear.

The student is voluntary and your participation / non-participation, or refusal to respond or stop responding to the questions will have no effect now or in the future on services that you or any member of your family may receive from the service providers.

Are you willing to participate in this study?

1. [ ] Yes.   2. [ ] No

Thank you!!

NB: 1. if the study subjects agree to participate in the study, go to consent form

2. No need of enforcing the clients to be included in the study

Section II. Consent form (English Version)

I the undersigned have been informed about the purpose of this particular research project. I have been informed that I am going to respond to this question by answering what I know concerning the issue. I have been informed that the information I give will be used only for the purpose of this study and my identity as well as the information I give will be treated confidentially. I have also been informed that I can refuse to participate in the study or not to respond to questions if I am not interested. Furthermore I have been informed that I can stop responding to the questions at any time in the process. Based on the above information I agree to participate in this research voluntarily.

Signature: ___________________

Date: ___________________

NB: 1. if the study subject is voluntary to participate in the study, give the Questionnaire

2. Data collector signature certifying that informed consent has been given verbally By the respondent.

Name _________________

Signature ______________

Date __________________

Tele. _________________

3. If there are things that require clarification please don't hesitate to ask the Data collector or the principal investigator for clarification.

Address of the principal investigator

Asnakech Sisay

Addis Ababa University

College of health science

Mobile: 09-12-05-45-08

Addis Ababa

Annex II Questionnaire

Section –one school identification

NO	Question	Response	Code
1	School name		I1
Put circle on your responses for choices given and write your response for those open ended questions.			
2	School type	1. Governmental 2. Non-governmental	I2
3	Grade of student	1.11 2.12	I3

Section – two: Demographic information

Please, carefully read the following about your demographic status and circle the number which best describe your demographic information.

NO	Socio demography		Code
1	Sex	1. Male 2. female	S1
2	Age	1.16-20 2.20-25 3.>25	S2
3	Ethnic group	1. Amhara 3. Oromo 2. Tigirie 4. Garage 5. Other specify---------	S3

4	Religion	1. Orthodox 2. Muslim 3. Protestant 4. Catholic 5. other specify ------	S4
5	Marital status	1. Married 2. Unmarried 3. Divorced 4. Widowed	S5

Section three: students' Knowledge related to magnitude, law and complication of abortion

Please, carefully read the following about your knowledge status and circle the number which best describe your background information

1. Definition of Abortion (in Ethiopia context)

   1. Terminate of pregnancy ≤28weeks
   2. Terminate of pregnancy ≤20weeks
   3. Others
   4. Don´t know

2. Where do you get the information?

   1. Parents
   2. Friends
   3. Teachers
   4. Health care provider
   5. Other specify

3. Where is Place for pregnancy termination?

1. Equipped health facilitates with trained staffs
2. Not necessary
3. I don't know

4. Do you have any information related to Abortion method (at least one?)

1 .Aware

2. Not aware

3. No response

5. Do you have any information related to Contraceptive method at least one

1. Aware

2. Not aware

3. No response

NO	Question	Yes	Uncertain	No
1	Unsafe abortion is one of the major health problems in our country			
2	Do you know about medical hazardous of abortion?			
3	If your answer is yes for question number 2 What is complication of abortion			
3.1	Uterine perforation			
3.2	Bleeding			
3.3	Infection			
3.4	Loss of fertility			
3.5	Death			
4	Does Ethiopia has abortion law			
5	If your answer is yes For question number Four what reason is abortion is legal in Ethiopia context			
5.1	Rape or incest			
5.2	If pregnancy endangers the health or life of the woman or fetus			
5.3	In case of fetal impairment			

	For women with physical/mental disabilities			
5.4	For minors who are physically or psychologically unprepared to rise a child			
5.5	She does not want the child			
5.6	When pregnancy is the result of extra marital			
5.7	She is financially unable to support the child			

Section four: student's attitude toward abortion

Please read statement below and decide by level of agreement with statements reflecting general attitudes toward abortion. For each statement circle the numbers which best describe your feeling

NO	Question	Strongly disagree	Disagree	uncertain	agree	Strongly agree
1	Elective abortion should be legal and accessible under any circumstances					
2	It's acceptable for a woman to choose abortion because of a fetal anomaly or congenital disorder					
3	Abortion is: (select all that apply)					
3.1	Is not equivalent to murder					
3.2	Wrong, but necessary in our society					
3.3	A legitimate health procedure					
3.4	Other specify					
4	Women who get an abortion: (select all that apply)					
4.1	Should not be ashamed of their decision					

4.2	Are not selfish and concerned about others					
4.3	Will have fertility problems later in life					
4.4	Will suffer negative mental health effects					
4.5	Are at higher risk for breast cancer and Other problems					
5	Teen/adolescent Pregnancy					
5.1	Is a public health concern					
5.2	Makes life more difficult for young mothers					
5.3	Makes life more difficult for the resulting child					

6.Would advise or encourage a colleague to go for
an abortion

1. yes
2. No

7.Would counsel a colleague about dangers of an induced abortion

1. Yes
2. No

8.Ever considered undergoing an abortion

1. Yes
2. No

9.If pregnant now, would consider going for an abortion

1. Yes
2. No

10. Do you think abortion is the only responsibility of girl?

1. Yes 2. No

This is all what I want to ask you thank you for spending your time and valuable information you give us.do you have any question that I can address for you

____

____

____

____

____

Annex III የመረጃ መስጫ ቅጽ እና የፍቃደኝነት መግለጫ (በአማርኛ)

አዲስ አበባ ዩንቨርሲቲ ጤናሳይንስኮሌጅ፣ ነርሲንግ እና ሚድዋይፈሪ ት/ቤት

ክፍል 1. የመረጃ መስጫ ቅጽ

1. ጥናቱ የሚካሄድበት አካባቢ ስም (ክፍለ ከተማ)
2. የመጠይቅ መለያ ቁጥር

መግቢያ ፡ እንደምን አደሩ/ዋሉ? ስሜ__________________ ይባላል፡፡ በአዲስ አበባ ዩንቨርስቲ በነርሲንግ እና ሚድዋይፈሪ ት/ቤት አስተባባሪነት በሚከናወነው ጥናት እኔ እና እርስዎ አጠር ያለ እና ከ 30- 35 ደቂቃ የሚወስድ ውይይት ይኖረናል፡፡ ለዚህም ውይይት እንዲተባበሩኝ በትህትና እጠይቃለሁ፡፡ ወደ ውይይቱ ከመግባታችን በፊት ስለጥናቱ አላማ እና ጠቅላላ ሁኔታ ስለማነብለዎት በጥሞና እንዲያዳምጡኝ በትህትና እጠይቃለሁ፡፡ በመጨረሻም በጥናቱ ለመሳተፍ መስማማትዎን ወይም አለመስማማተዎን ይነግሩኛል፡፡

የዚህ ጥናት አላማ ስለ ንጽህናው ስለተጠበቀ የውርጃ አገልግሎት እውቀት እና ግንዛቤ ምን እንደሚመስል ለማወቅ ሲሆን ጥናቱ የሚካሄድበት መንገድ የጥናቱ ተሳታፊዎች በራሳቸው አንብበው የሚሞሉት ወይም የሚመልሱት ይሆናል፡፡ መጠይቁ የጓደኛዎ ፤የቤተሰብዎ እና የራስዎን ሁኔታ በተመለከተ ይሆናል፡፡ እርስዎ የሚሰጡት መረጃ ንጽህናውን የጠበቀ ህጋዊ የውርጃ አገልግሎት ለማስፋፋት ይረዳል፡፡

በቆይታዎ ሁሉ ሚስጥር እንደሚጠበቅ እያረጋገጥኩኝ ለእያንዳንዱ ተሳታፊ የተለየ መለያ ቁጥር የሚኖረው ሲሆን ስምዎ አይጻፍም ፡፡ ለማንኛውም ጥያቄ የሚሰጡት ምላሽ ለሌላ ሰው ተላልፎ የማይሠጥ ሲሆን የጥናቱም ሪፖርት ስለእርስዎ አይገልጽም፡፡ በተጨማሪም የጥናቱ ሪፖርትም ቢታተም የሚወጣው ስለ አጠቃላይ ተሳታፊ ሰዎች መረጃ ብቻ ይሆናል፡፡ መጠይቁ በፈቃደኝነት የተመሰረተ ሲሆን የእርስዎ መሳተፍ ወይም አለመሳተፍ እንዲሁም ጥያቄዎችን ለመመለስ ፈቃደኛ አለመሆንና በጥያቄው ወቅት አቋርጦ መውጣት አሁንም ይሁን ወደ ፊት እርስዎም ሆነ ቤተሰብዎ በምታገኙት አገልግሎት ላይ ምንም አይነት ተጽእኖ አይኖረውም፡፡

በጥናቱ ለመሳተፍ ፍቃደኛ ነዎት?

1. (   ) አዎ   2. (   ) አይደለሁም

አመሰግናለሁ!!!

ማስታወሻ:

1. የጥናቱ ተሳታፊ በጥናቱ ለመሳተፍ ፈቃደኛ ከሆኑ ወደ ፈቃደኛነት ማረጋገጫ ቅጽ ይለፉ
2. የአገልግሎቱ ተጠቃሚዎች በጥናቱ እንዲሳተፉ ማስገደድ አያስፈልግም

ክፍል 2 የፍቃደኝነት መግለጫ

ከታች ፊርማዬን ያኖርኩት እኔ የጥናቱ አላማ የተነገረኝ ሲሆን ለምጠይው ጥያቄ የማውቀውን መመለስ እንደምችል ፤ እኔ የምሰጠው መረጃ ለዚህ ጥናት አገልግሎት ብቻ የሚውል ሲሆን ስሜን እና የምሰጠው መረጃ በሚስጥር እንደሚጠበቅ ተነግሮኛል፡፡ ፍላጎት ከሌለኝ በጥናቱ ያለመሳተፍ ፤ጥያቄ ያለመመለስ እና በጥያቄው ወቅት ምላሽ መስጠት ማቋረጥ እንደምችል ተነግሮኛል፡፡

በዚህ መሰረት በጥናቱ ለመሳተፍ ፈቃደኛ መሆኔን በፊርማዬ አረጋግጣለሁ፡፡

ፊርማ ___________________________

ቀን ________________________________

ማስታወሻ፡

1. የጥናቱ ተሳታፊ በጥናቱ ለመሳተፍ ፍቃደኛ ከሆኑ መጠይቁን ይጀምሩ
2. የፍቃደኝነት መግለጫ በመልስ ሰጪው በቃል መስጠቱን የሚያረጋግጥ የመረጃ ሰብሳቢው ስም እና ፊርማ

ስም______________________________________

ፊርማ ___________________________________

ቀን _____________________________________

ስልክ _____________________________________

ማንኛውም ገለጻ የሚያስፈልጋቸው ነገሮች ካሉ መረጃ ሰብሳቢውን ሆነ ዋና ተመራማሪውን በአካልም ሆነ በአድራሻቸው ይጠይቁ፡፡

የዋናው ተመራማሪ አድራሻ

አስናቀች ሲሳይ

አዲስ አበባ ዩንቨርሲቲ

ነርሲንግ እና ሚድዋይፈሪ ት/ቤት

ስልክ ቁጥር፡ 0912054508

አ.አ

Annex IV-አማርኛ መጠይቆች

ክፍል 1.የት/ቤቱ መለያ

ክፍል-1-መረጃ

I. እባኮዎትን የሚከተሉትን ስለ ማህበራዊ እና ነባራዊ ሁኔታ ደረጃዎች ሚጠይቁትን ጥያቄዎች በጥንቃቄ አንብበው እናንተን የሚገልፃችሁን ማህበራዊ እና ነባራዊ ሁኔታ መረጃ ምልክት ያድርጉበት፡፡

ተራ ቁጥር	ጥያቄ	መልስ	መለያ ቁጥር
1	የት/ቤት ስም		I.1
ለእያንዳነዱ የምርጫ ጥያቄ ምላሽ ስትሰጡ አክብቡበት ለክፍት ቦታ ጥያቄ ደግሞ ክፍት ቦታውን ይሙሉ			
2	የት/ቤቱ አይነት	1.የመንግስት 2.የግል	I.2
3	የተማሪው የክፍል ደረጃ	1.11 2.12	I.3
ተራ ቁጥር			መለያ ቁጥር
1	ፆታ	1.ወንድ 2.ሴት	s.1
2	እድሜ	1.16-20 2.21-25 3.>25	s.2
3	ብሄር	1.አማራ 2.ኦሮሞ 3.ትግሬ 4.ጉራጌ 5.ሌለ ካለ ይገለጽ	s.3
4	ኃይማኖት	1. ኦርቶዶክስ 2. እስልምና 3. ፕሮቴስታንት 4. ካቶሊክ 5. .ሌለ ካለ ይገለጽ	s.4

	የጋብቻ ሁኔታ	1. ያገባ 2. ያላገባ 3. የፈታ 4.የሞተባት/በት	s-5

ክፍል -3 ስለ ውርጃ ፤ስለ የሚፈቀዱበት ደንቦች እና ስለሚያመጡት ችግሮች እውቀትን በተመለከተ

እባኮዎትን የሚከተሉትን ስለ ውርጃ ያለዎትን እወቀት በተመለከተ የሚጠይቁትን ጥያቄዎች በጥንቃቄ አንብበው እናንተን የሚገልፃችሁን መረጃ ምልክት ያድርጉበት፡፡

1.የውርጃ ትርጉም (በእኛሀገር)

1. ከ28 ሳምንት በታች ወይም እኩል የሆነ እርግዝናን ማቋረጥ
2. ከ20 ሳምንት በታች ወይም እኩል የሆነ እርግዝናን ማቋረጥ
3. ሌላ ነው
4. አላውቅም

2.ይህንን መረጃ ከየት ሊያገኙት ቻሉ?

1. ከወላጅ
2. ከጓደኛ,
3. ከመምህር
4. ከጤና ባለሙያ
5. ሌላ ካለ ይገለጽ

3. ውርጃ የት እንደሚካሔድ ያውቃሉ?

1. የጤና መጠበቂያ መሳሪያዎች በአግባቡ በተሟሉበት እና የሰለጠኑ ባለሞያዎች ባሉበት ቦታ
2. አስፈላጊ አይደለም
3. አላውቅም

4.ውርጃ ከሚደረግባቸው መንገዶች ቢያንስ አንደኛውን ያውቃሉ?

1. አውቃለው
2. አላውቅም
3. ምላሽ የለኝም

5.ከወሊድ መቆጣጠሪያ መንገዶች ቢያንስ አንደኛውን ያውቃሉ?

1. አውቃለው
2. አላውቅም
3. መልስ የለም

ተራ.ቁጥር	ጥያቄ	አዎ	እርግጠኛአይደለሁም	አይደለም
1	ንጽህናው ያልተጠበቀ ውርጃ በእኛሀገር ዋነኛው የጤና ችግር መንስኤ ነው			
2	ውርጃ ስለሚያስከትለው ችግር የሚያውቁት ነገር አለ?			
3	ለጥያቄ ቁጥር 2 መልሶ አዎ ከሆነ የሚያስከትለው ችግር ምንድን ነው?			
3.1	የማህፀን መቀደደ			
3.2	መድማት			
3.3	ኢንፌክሽን			
3.4	መውለድ አለመቻል			
3.5	ሞት			
4	ኢትዮጵያ የውረጃ ህግ አላት?			
5	ለጥያቄ ቁጥር 4 መልሶዎ አዎ ከሆነ በኢትዮጵያ ውስጥ በምን ሁኔታ ውርጃ ህጋዊ የሚሆነው በምን ጊዜ ነው?			
5.1	መደፈር ወይም ዝምድና ካለው ሰው ከተረገዘ			
5.2	እርግዝናው የእናትየውን ወይም የፅነሱን ጤና ወይም ህይወት አደጋ ላይ የሚጥል ከሆነ			
5.3	ህፃኑ የአፈጣጠር ችግር ሲኖርበት ሴትዮዋ ላይ አካልዊ እና አእምሮዊ ጉዳት ሊደርስ የሚችል ከሆነ			
5.4	ለአቅመ አዳም ያልደረሱ ሲሆኑ እና ልጅ ለማሳደግ በስነ-ልቦና ዝግጁ ሳይሆኑ			
5.5	ህፃኑን መውለድ ካልፈገች			
5.6	እርግዝናው ከጋብቻ ውጪ ሲሆን			
5.7	ልጁን ለማሳደግ አቅሟ የማይፈቅድ ከሆነ			

ክፍል 4 ተማሪዎች ውርጃ ላይ ያላቸው ግንዛቤ

እባኮዎትን የሚከተሉትን ስለ ውርጃ ያለዎትን አመለካከት የሚጠይቁትን ጥያቄዎች በጥንቃቄ አንብበው እናንተን የሚገ-ልፃችሁን መረጃ ምልክት ያድርጉበት፡

ተራ .ቁ ጥር	ጥያቄ	እጅግ በጣም አልስማም	አልስማም	እርገጠኛ አይደለ ሁም	እስማማለ ሁ	እጅግ በጣም እስማማለሁ
1.	ውርጃ በማንኛውም ሁኔታ ህጋዊ እና ተደራሽ ሊሆን ይገባል					
2.	ልጁ የአፈጣጠር ችግር ካለበት ውርጃ ሊፈቀድ ይገባል					
3.	ውርጃ ማለት (እባከዎን የሚያምኑበትን ይምረጡ)					
3.1	ከግድያ ጋር እኩል አይደለም					
3.2	ስህተት ነው፡፡ ግን በእኛ ህብረተሰብ ውስጥ አስፈላጊ ነው					
3.3	ህጋዊ የጤና ስርዓት ነው					
3.4	ሌላ ካለ ይገለጽ					
4.	ውርጃ ያካሄደች ሴት					
4.1	በውሳኔዋ ልትሸማቀቅ አይገባም					
4.2	በጣም እራስ ወዳድ እና ስለሌሎች የማይጨነቁ አይደሉም					
4.3	ወደፊት ለመውለድ ወይም ለማርገዝ ችግር ያጋጥማቸዋል					
4.4	የስነልቦና ችግር ያ ጋጥማቸዋል					
4.5	ለከፍተኛ ደረጃ የጡት ካንሰር ይጋለጣሉ እና ሌሎች ችግሮች					
5	የታዳጊዎች እርግዝና					
5.1	የህብረተሰቡ የጤና ችግር ነው					
5.2	ለወጣት እናቶች ህይወትን ከባድ ያደርጋል					
5.3	የሚወለደው ልጅ ህይወት አደጋ ላይ ይጥላል					

6.ጓደኛዎትን ውርጃ እንዲፈፅሙ ያበረታታሉ?

1. አዎ
2. አይ

7.ውርጃ ስለሚያመጣው ችግር ጓደኛችሁን ታማክራላችው?

1. አዎ
2. አይ

8. እርስዎ(ጓደኛዎት)እርግዝና ቢያጋጥምዎት ውርጃ ያደርጋሉ?

1. አዎ
2. አይ

9.አሁን እርጉዝ ብትሆኚ ውርጃ ለመፈፀም ታሰቢያለሽ?

1. አዎ
2. አይ

10.ውርጃ የሴቶች ሐላፊነት ብቻ ነው ብለው ያምናሉ?

1. አዎ
2. አይ

ይሄንን ነው ልጠይቃችሁ ያሰብኩት ሰዓታችሁን ሰጣች ለሁሉም ጥያቄዎች ምላሽ ስለሰጣችሁ አመሰግናለሁ፡፡

ለእናንተ እንድመልስላችሁ የምትፈልጉት ሌላ ጥያቄ ካላችሁ እባክዎትን ይግለጹ፡፡

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DECLARATION

I, the undersigned, declare that, this thesis is my original work, has never been presented in this or other university, and all resources and materials used herein have been duly acknowledged.

Name of student: Asnakech Sisay

Signature ______________________________________

Place: Addis Ababa

Date of submission

This thesis has been submitted for examination with my approval as a university advisor.

Name of advisor: Berhanu Dessalegn (BSC, MPH)

Signature: ____

Date____