

**Addis Ababa University Faculty of Medicine School of
public health**

**Status of safe abortion service utilization and levels of satisfaction in
selected public health facilities of SNNPR, Ethiopia, 2008/09**



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**Thesis Research Submitted to the School of Graduate Studies, Addis
Ababa University in Partial Fulfillment of the Degree of Masters of
Public Health**

July 2009

Addis Ababa

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Acknowledgement

I am grateful to express my heart-felt appreciation and thanks to my advisors, Dr. Alemayehu Mekonnen and Dr. Yilma Melkamu for their constructive comments and unreserved advices from development of the proposal to the completion of this thesis research.

My special thanks go to Ipas Ethiopia for financing this research project and availing essential reference materials and requested information throughout my work.

My especial thanks also goes to all the staff of SNNPR Regional Health Bureau and Sidama, Gaedio, Kembata Ttembaro, Siltie and Gurage zonal health desks and Alaba special woreda health office and their respective woredas as well as health facilities for their invaluable cooperation throughout data collection

I am also grateful to all the supervisors and data collectors for their hard work and patience in collecting the data despite the existing work burden.

Finally I would like to extend my thanks to all women of safe abortion service users who were willing to give valuable information for my thesis.

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LIST OF ACRONYMS

AAU	Addis Ababa University
AOR	Adjusted odds ratio
BSC	Bachelor of Science
CAC	Comprehensive abortion care
CHC	Community health center
CI	Confidence interval
COR	Crude odds ratio
EDHS	Ethiopian Demographic and Health Survey
EPHA	Ethiopian Public Health Association
ETB	Ethiopian Birr
FGAE	Family Guidance Association of Ethiopia
FMOH	Federal Ministry of Health
HEWs	Health extension workers
ICPD	International Conference on Population and Development
MOH	Ministry of Health
NGOs	Non-governmental organizations
PAC	Post-abortion care
OR	Odds ratio
SAC	Safe abortion care
SD	Standard deviation
SNNPR	Southern Nations, Nationalities and Peoples Region
SPH	School of Public Health
WHO	World Health Organization

Abstract

Back ground: Each year more than 500,000 women, 99% of them in developing countries, die from pregnancy and childbirth-related complications. Complications due to unsafe abortion procedures account for an estimated 68,000 (13 %) of maternal deaths worldwide per year. In developed regions, nearly all abortions (92%) are safe, whereas in developing countries, more than half (55%) are unsafe. Ethiopia has one of the highest maternal mortality ratios in the world, with maternal mortality ratio of 673 deaths per 100,000 live births. Several studies in Ethiopia indicate that unsafe abortion may account for up to 25-35% of the maternal deaths in Ethiopia.

Objective: The objective of this study was to assess status of safe abortion service utilization and levels of satisfaction in public health facilities of SNNPR.

Method: A descriptive, cross-sectional, facility based study was conducted among safe abortion service users from March, 2008 – May, 2009 using both a structured interviewer administered questionnaire and semi-structured in-depth interview. The Region and respective zones were selected purposively and simple random sampling was used to select health facilities in the zones. A total of 208 safe abortion service users

(192 women with the quantitative and 16 women with qualitative method) were participated in the study. Epi-info version 8.4 and SPSS version 13 were used for data entry, cleaning and analysis. The results were interpreted by employing frequency table, percentage, means, Odds ratio and 95% confidence limit.

Result: From the total 192 service users 34.9% of them currently married, 72(37.5%) of the service users were high school students, 27.1% were housewives and 17.7% of service users were illiterate. Seventy five (39.1%) of safe abortion service users used one of the family planning methods previously. To have an abortion service 40% of women travelled more than 10Km and the time taken to reach health facilities was 1hr and above for 25% of the service users. Forty six percent of service users use on foot transport system and only 32.8% service users were easily access to transportation. More than 49% of women waited one hour and above to get the service. About twenty five percent of women paid more than 100birr and according to 22.9% of women respondents the service payment was coasty. Out of all safe abortion service users 44.3% of women have knowledge on current abortion law. Only 62% of women took any of the contraceptive methods after safe abortion. Place of residence was significantly associated with knowledge on abortion law.

Conclusion and Recommendation: High school students, married women as well as age group of 15-24 years women constitute the major portion of service users. Most of the women never use any of the family planning methods previously. Most of safe abortion service users didn't have knowledge on current abortion law. Residence was a predictor of knowledge on current abortion law. There was transport inaccessibility, longer waiting time and costly service payment by the service users. Most of the women didn't take any of the contraceptive methods after abortion service. A relatively low decision power of women to seek safe abortion service was noted in this study.

The role of health extension workers as the source of information for the women on the availability of safe abortion service at the health facilities was low compared to the other sources. Expansion of family planning services including emergency contraception, increasing awareness and knowledge of health workers, health extension workers and community on abortion law as well as expansion of safe abortion service at all health facilities with acceptable waiting time and affordable cost should be considered.

1. INTRODUCTION

1.1. BACKGROUND

Each year more than 500,000 women, 99% of them in developing countries, die from pregnancy and childbirth-related complications and an additional 15 to 20 million women suffer from debilitating consequences of pregnancy (1). The major causes of maternal deaths are hemorrhage, infection, obstructed labour, hypertensive disorders in pregnancy, and complications of unsafe abortion (2). Complications due to unsafe abortion procedures account for an estimated 68,000 (13 %) of maternal deaths worldwide per year. Almost all abortion-related deaths occur in developing countries; Africa (30 000), Asia (34 000), Latin America & the Caribbean (4000) (3). This shows unsafe abortions have been important public health problem globally, especially in developing countries. Other than maternal death, the consequences of unsafe abortion include loss of productivity, economic burden on public health systems, stigma and long-term health problems, such as infertility (4).

Each year, from an estimated 45 million induced abortions, there are an estimated 19 million unsafe abortions worldwide, most in low-income countries. In developed regions, nearly all abortions (92%) are safe, whereas in developing countries, more than half (55%) are unsafe which ranges from 60% in Asia (excluding Eastern Asia) to more than 95% in Africa and Latin America (4). Moreover, 59 % of all unsafe abortions in Africa are among young women aged 15-24 years (3). About 5.2 million of women with unsafe abortion are hospitalized for serious complications worldwide, while an unknown but possibly equal number of women suffer similarly with serious complications but cannot obtain treatment (4).

Even though abortion issue received a lot of attention after the international conference on population and development (ICPD) (5) mainly because of its serious health consequences; lack of reliable information or shortage of necessary data on this problem has hampered a number of activities that would have helped in improving the situation (6). Moreover, many women eligible under the laws of their countries still do not have access to safe abortion services (7). Increasing legal access to abortion is associated with improvement in sexual and reproductive health. Conversely, unsafe abortion and related mortality are both highest in countries with narrow grounds for legal abortion (8). More than 61% of the world's population resides in countries where induced abortion is allowed without restriction or for a wide range of reasons including socioeconomic grounds (10). In 72 countries, most of which are in the developing world, about 26% of the population live where abortion is prohibited altogether or allowed only to save the woman's life (9). Between 1995 and 2005, 12 countries increased access to legal abortion,

including Albania, Benin, Burkina Faso, Cambodia, Chad, Ethiopia, Guinea, Guyana, Mali, Nepal, South Africa, and Switzerland (10).

In Ethiopia, there has been a great effort by government, many local and international organizations to reduce maternal mortality. Nevertheless, Ethiopia has one of the highest maternal mortality ratios in the world, with maternal mortality ratio of 673 deaths per 100,000 live births (11). Several studies in Ethiopia indicate that unsafe abortion may account for up to 25-35% of the maternal deaths in Ethiopia (MOH, 2004) (12, 13, 14, 15). These studies once again indicate that illegal unsafe abortion has become a serious public health threat to the community in Ethiopia (6).

Even though Safe Abortion and post abortion care services have the potential to minimize avoidable losses of women's life, the actual PAC service provision continues to be lagging considerably; especially in developing countries including Ethiopia. Moreover, in Ethiopia 'safe abortion' service is a recent trend and a formal post abortion care service in the country is relatively not well expanded (16, 17, 18). As the programmatic reports and field-based observations of Ipas Ethiopia had indicated there is sub-optimal care seeking and utilization patterns in Ethiopia up to now. According to these estimates, somewhere less than 10% of eligible women might have sought post-abortion care seeking within the designated health facilities. In addition, a study by Wube, M. in Agaro, Ethiopia (19) has indicated that women's post abortion care seeking is very low.

Until 2004, the law on abortion in Ethiopia was very restrictive. Since then to reduce abortion-related mortality, Criminal Code of the Federal Republic of Ethiopia article 551 allowed abortion by law in the following conditions:-

- When the pregnancy results from rape or incest; or
- When continuance of the pregnancy endangers the health or life of the woman or the fetus; or
- In cases of fetal abnormalities; or
- For women with physical or mental disabilities; or
- For minors who are physically or psychologically unprepared to raise a child; or
- In the case of grave and imminent danger that can be averted only through immediate pregnancy termination. Moreover, new technical guidelines have been developed by the Ethiopian Ministry of Health (MOH) to provide standards in the provision of abortion-care services (20).

Study on safe abortion service utilization whether in facility or community based dimension is scarce in the region as well as in the country. The aim of this study is, to see the status of safe abortion service utilization and levels of satisfaction in public health facilities of SNNPR. The study focuses mainly in the areas of knowledge of clients on the revised abortion law, major reasons for safe abortion service seeking, barriers on safe abortion service utilization, decision-making in safe abortion service utilization and client satisfaction on safe abortion service.

1.2. STATEMENT OF THE PROBLEM

Each year more than 500,000 women, 99% of them in developing countries, die from pregnancy and childbirth-related complications and an additional 15 to 20 million women suffer from debilitating consequences of pregnancy (1). The major causes of maternal deaths are hemorrhage, infection, obstructed labour, hypertensive disorders in pregnancy, and complications of unsafe abortion (2). Complications due to unsafe abortion procedures account for an estimated 13 % (68,000) of maternal deaths worldwide per year (3). About 19 million (48%) of the estimated 45 million induced abortions performed annually are unsafe worldwide (4). In the developed regions, nearly all abortions (92%) are safe, whereas in the developing countries, more than half (55%) are unsafe. More than 95% of abortions in Africa and Latin America are performed under unsafe circumstances, as are about 60% of abortions in Asia (excluding Eastern Asia) (1). Moreover, 59 % of all unsafe abortions in Africa are among young women aged 15-24 years (2). This unsafe abortion results in worldwide estimated 5 million women hospitalization each year for treatment of abortion-related complications, such as hemorrhage and sepsis. Complications due to unsafe abortion procedures account for an estimated 13% of maternal deaths worldwide, or 68,000 per year (3). Almost all abortion-related deaths occur in developing countries of Africa (30 000), Asia (34 000), Latin America & the Caribbean (4000) (3).

Ethiopia is one of the countries with the highest maternal mortality ratio, which is estimated to be 673 deaths per 100,000 live births (alternatively 7 deaths per 1,000 live births) (11). The major causes of maternal deaths are unsafe abortion, postpartum hemorrhage and obstructed labor (13). Unsafe abortion is a very serious public health problem in Ethiopia. With low modern contraceptive prevalence rate (15 percent) and high total fertility rate (5.4 births per woman), as a result many Ethiopians are faced with unwanted pregnancies according to the EDHS data, two

thirds of births in the five years preceding the 2005 EDHS survey were planned, 19% were mistimed and 16% were unplanned (11).

A review of cause of maternal death occurring between January 1980 and December 1985 in Tikure Anbessa Teaching Hospital, Addis Ababa revealed 216 maternal deaths and a maternal mortality rate of 9.6/1000 patients and the result shows that the direct cause were complication of abortion accounting for 48(22.2%) according to the studies the occurrence of abortion is higher in age group of 15-29 years with nulliparus (21). Nevertheless Ethiopia was one of the countries with restrictive abortion laws until 2004. This restrictive abortion laws was forced many women with unwanted pregnancies to seek the service of unqualified providers practicing in unsafe conditions.

A community-based study in Addis Ababa has found that unsafe abortion was the leading cause of maternal mortality (13). Another study in five hospitals in Addis Ababa has also estimated that up to 50% of gynecological beds are occupied by abortion related causes (22).

Even though abortion law liberalized since 2004, there is low utilization of abortion care service. Programmatic reports and field-based observations of Ipas Ethiopia indicate sub-optimal care seeking, and utilization patterns in Ethiopia up to now. According to these empirical programmatic estimates, somewhere less than 10% of eligible women might have sought post-abortion care seeking within the designated health facilities. In addition, a study by Wube, M. in Agaro, Ethiopia has indicated that women's post abortion care seeking is very low. Knowledge on revised abortion law, availability of the service, decision-making process, distance and price of the service and clients satisfaction on the service can affect safe abortion service utilization (19, 23, 24, 25).

In summary, after revised abortion law in Ethiopia, there is still minimal utilization of safe abortion service by the community due to different reasons. However, the status of safe abortion service utilization and levels of satisfaction is not well known and there are only limited studies concerning the issue. Therefore, this study will try to narrow the knowledge gap by answering the following research questions: -

- ✓ What does the status of safe abortion service utilization looks like?
- ✓ What does the satisfaction of clients on safe abortion service looks like?
- ✓ What are the possibly major explanatory factors of safe abortion service utilization and satisfaction?

1.3. RATIONALE OF THE STUDY

Unsafe abortion has been important public health problem globally especially in developing countries. About 19 million (48%) of the estimated 45 million induced abortions performed annually are unsafe worldwide (4). Of which 18.5 millions of these occur in developing countries (3). However, in the developed regions, nearly all abortions (92%) are safe, whereas in the developing countries, more than half (55%) are unsafe. More than 95% of abortions in Africa and Latin America are performed under unsafe circumstances (4). Moreover, 59 % of all unsafe abortions in Africa are among young women aged 15-24 years (3). This unsafe abortion results in an estimated 5 million women hospitalization each year worldwide for treatment of abortion-related complications, such as hemorrhage and sepsis. Complications due to unsafe abortion procedures account for an estimated 13% of maternal deaths worldwide, or 68,000 per year (3). Almost all abortion-related deaths occur in developing countries of Africa (30 000), Asia (34 000), Latin America & the Caribbean (4000) (3). Additional consequences of unsafe abortion include loss of productivity, economic burden on public health systems, stigma and long-term health problems, such as infertility (4).

Ethiopia is one of the countries with the highest maternal mortality ratio, which is estimated to be 673 deaths per 100,000 live births (alternatively 7 deaths per 1,000 live births) (11). The major causes of maternal deaths are unsafe abortion, postpartum hemorrhage and obstructed labor (13). Similarly, a community-based study conducted in Addis Ababa revealed that abortion accounted for 54% of the direct causes of maternal death (13). Which indicates unsafe abortion is a very serious public health problem in Ethiopia. Even though Ethiopian revised abortion law is a recent trend, it will have a great role in expanding reproductive rights of women, including safe abortion and post-abortion care service rights under certain conditions this in turn results in reducing maternal mortality. However, much should be done to increase safe abortion service utilization at the community level. Therefore, apart from revised abortion law, there is a need to work on the capacity building of the community, health facilities and health workers. This study is expected to be an important step to see status of safe abortion service utilization and levels of satisfaction. It will also provide future direction for the programme managers as well as policy makers in expanding safe abortion services.

2. LITERATURE REVIEW

Complications related to unsafe induced abortion are one of the major causes of maternal mortality. A review of nine studies conducted in developing countries showed that the percentage of maternal deaths because of abortion averaged 15% (26). Worldwide estimates for 1995 indicated that about 26 million legal and 20 million illegal abortions took place every year. Almost all unsafe abortions (97%) are in developing countries, and over half (55%) are in Asia (mostly in south-central Asia) (27).

Complications from unsafe abortion can have a devastating impact on a young woman's health and well-being. Studies conducted in a number of African countries have found that 38 percent to 68 percent of women seeking hospital care for abortion-related complications were adolescents.

Typical reasons that young women give for choosing abortion include mis-timed pregnancy, fear of being expelled from school, anxiety about having a child out of wedlock, financial problems and uncertainties regarding their partner (28). Abortion is permitted by law on at least some grounds in 189 of the 193 countries of the world; this mandate to provide safe services within health and family planning (29).

In Ethiopia, the maternal mortality ratio is the highest in the world, which is 673 deaths per 100,000 live births (11). The majority of abortions take place outside health institutions, and most often by untrained personnel. Even though there are no studies conducted on abortion in the selected region (SNNPR) there are studies conducted nationally that shows the complications of abortion. In a study conducted in Hara town, the complication of abortion is the second most common reason for admission to hospital, accounting for 11.2% of all women's admissions in 1989/90 and as health personnel indicates that many of these are adolescents (30). Complications due to unsafe abortions constitute one of the main causes of maternal mortality in Addis Ababa and account for 54% of all direct obstetric deaths. In 1987, abortion was the most common reason for women's hospitalization, accounting for almost 16% of the recorded cases of hospitalization and almost 10% of hospital deaths. Studies conducted under the auspices of the Family Guidance Association of Ethiopia (FGAE) indicate that abortion was most common among single women, teenagers, students and factory workers. Similarly, a recent study of knowledge, attitudes and practices conducted in hospitals of Addis Ababa confirmed that two-thirds of those seeking treatment for incomplete abortions were less than 24 years old (31). In Ethiopia abortion was the first cause of hospital admission in 1994 E.C among women and

accounted for more than 50 % of the total gynecological and obstetrics admission (23). It was the leading cause of maternal mortality according to a study in 1986 E.C (5). It also accounted for 54% of direct obstetric deaths (6).

2.1. Reasons for seeking an abortion

A study, which was conducted in Sub-Saharan Africa, shows that material difficulties and the desire to continue studies were the most common reasons women cited for seeking an abortion, given by 41% and 30% respectively. However, many women with children decided to have an abortion because they wanted either to postpone the next birth or to cease childbearing. Few women gave contraceptive failure or the conflict between work and childbearing as a reason for abortion (32). A study on Nigerian adolescents showed that fear of future infertility was an overriding factor in adolescents' decisions to rely on induced abortion rather than contraception. Many focus-group participants perceived the adverse effects of modern contraceptives on fertility to be continuous and prolonged, while they saw abortion as an immediate solution to an unplanned pregnancy and therefore, one that would have a limited negative impact on future fertility. This appears to be the major reason why adolescents prefer to seek induced abortion rather than practice effective contraception (33).

According to the EDHS data, two thirds of births in the five years preceding the 2005 EDHS survey were planned, 19% were mistimed and 16% were unplanned (11). Contraceptive method failure was responsible for 18% of all the pregnancies that result in unsafe abortion, and was the second commonest reason for occurrence of unwanted and unplanned pregnancies. Rape also contributed for 3% of the abortion cases (6).

2.2. Knowledge on the existence of an abortion law

A study, which was conducted in South Africa, shows that all women were aware that abortion is legal in South Africa and of their right to seek an abortion; however, they did not necessarily consider it "right" in terms of their religious, personal or moral beliefs (34). Similarly a cross sectional facility based study, which was conducted in South Africa, shows that out of the 831 women who participated (628 urban participants and 203 rural participants), thirty-two percent of women did not know that the law in South Africa allows for legal abortion, and this proportion was substantially higher in the rural region 40% compared to the urban region 29%.

Furthermore, it was varied from clinic to clinic, where the proportion who knew abortion was legal had ranged from less than 6% to more than 64%. Among the 567 respondents who were aware of legal abortion, almost half (48%) did not know that there was a time restriction for a

legal termination of pregnancy on request (without restriction). Out of the 295 participants who knew that there was a time restriction, 20% thought that it was 12 weeks or less, 4% thought that it was more than 12 weeks, and 76% did not know what the time restriction was. Of those who were aware of legal abortion, only 9% had ever discussed abortion with a health care worker (35).

2.3. Decision making in safe abortion service utilization

According to a study, which was conducted in South Africa family, friends and partners played a role in women's decisions around either continuing or terminating a pregnancy. In the same study, responses had ranged from support to being afraid to discuss their intention to terminate a pregnancy. Some women were able to discuss their decision to have an abortion with their boyfriends, yet others were afraid to discuss their decision because of fear of being abandoned (34). Similarly, a study which was conducted in India revealed that in more than half of the women (57.5%) the decision to terminate the pregnancy was taken by the husband and in a quarter(25.8%) by the woman herself (36).

A Study on Utilization of Post Abortion Care Services in Ethiopia shows women in Urban 57.1% than rural 45.6% located respondents appeared to have more opportunity of making independent decision-making on abortion related care seeking (26). Another study regarding decision-making power in relation to getting post abortion care from health services, out of total respondents: 124(48.8%) of them said they should made decision by themselves, 102(40.2%) said should be made by both husband and wives, 9(3.5%) by husband and only 19(7.5%) said should get decision either from their or husband's relatives (19).

2.4. Barriers on safe abortion service utilization

A study in South Africa shows that reasons for delayed seeking of an abortion care service were complex and often interrelated and in turn affected the timing when the abortion was carried out (34). According to this study, factor which contributes for delayed seeking of an abortion service includes-1. Not relating signs and symptoms of pregnancy to a possible pregnancy, 2. History of irregular periods, which leads to often waiting until the second or third month of a missed period before seeking pregnancy confirmation suggesting that a missed period was not linked to a suspected pregnancy, 3. Ambivalence and uncertainty often led to delays in seeking an abortion; most women indicated that they were not currently able to have a child based on their personal

and social circumstances, 4. The study also indicates emotional responses to unplanned pregnancy such as shame, fear and indecision, 5. Problems related to accessing abortion providing facilities, particularly in the public health sector, 6. Negative, moralizing and judgmental attitudes displayed by staff as well as by service providers at public health facilities, which led some women to seek help within the private sector, which not only had financial implications but also meant a delay in obtaining an abortion, as women had to save enough money first. However, not all experiences were negative and some women spoke about friendly and helpful staff that assisted in facilitating the process of obtaining an abortion in both the public and NGO facilities, 7. Women also mentioned that abortion was stigmatized and not a subject discussed openly in their communities even though it is legal. Some women were reluctant to visit health care providers or clinics within their communities for fear of being recognized and ostracized, consequently influencing their right to choose. Moreover, most women spontaneously related to seek an abortion to their own religious beliefs and how this influenced decisions (34).

In Ethiopia one study conducted in Agaro town Jimma zone by Medhanit Wube among women who utilized post abortion care in public facility majority 40(62.5 %) of the women expressed their opinion that either very short distance or somewhat fair for them to get health facility. For more than 36 (56%) of all the PAC utilized subjects, it took them less than 30 minutes to get health facility for PAC utilization. Almost 48(75%) of the subjects rated either very or somewhat easy to get transportation service. On the other hand forty-six (71.8%) of the women rated the cost covered for transport was either very cheap or somewhat affordable. About 56(87.5%) of the women indicated that they paid for post abortion care. However, nine of them (16.1%) reported that they had paid below 20 Birr, 32(57%) paid 20 to 50 Birr and 15(26.8%) women were paid 50 or more Birr. According to the survey twenty (35.7%) of service users feel that the payment was very low, 25 (39.1%) fair and 11 (19.6%) of them said unaffordable cost. Concerning waiting time, 31(48.4%) of the PAC service users were waited on average less than 20 minutes, 14(24.9%) waited 20-40minutes and 19(29.7%) waited more than 40 minutes to see health care provider (19).

Another study on Utilization of Post Abortion Care Services in Ethiopia revealed the estimated walking distances in minutes to seek abortion care service; it is only approximately the 15% of respondents who may have to travel more than two hours of a distance to seek service. In fact,

the great majority (close to 70%) of the respondents would have to travel an hour or less to reach the nearby health facility (24).

2.5. Client's satisfaction on abortion service

An Indian study on asking women whether they recommend others for induced abortion services, only 7.2 per cent replied that they would not advise an induced abortion. Of the women who had gone to Hospital, CHC or private clinic, 89.7, 82.0, and 68.7 per cent respectively said they would recommend the same place to others desiring induced abortion(36).

In a research, which was conducted on assessment of abortion services in public health facilities in Mozambique had shown lengthy waiting times from arrival to treatment, not getting pain medication and follow-up care information, and only 27% of women wanting to avoid pregnancy have received a contraceptive method (37).

A study in Agaro Town has shown women who were visited public health facility also questioned to rank the competence and approach of health workers at post abortion care unit, almost equal proportion 68.7% vs. 67.2% ranked very well, 6.2% vs. 10.9% fair, 14.1% vs. 12.5% poor and only 12.5% vs. 7.8% reported do not know respectively. Women also asked about the situation of privacy at post abortion care unit where they visited, 75% of the women said that there was lack of privacy when uterus evacuation was done for them, 6.3% said no problem, and 18.7% said do not know (19). Similarly, a study on quality of post abortion care in public health facilities of Ethiopia showed great majority of the clients 79.6% responded that they were satisfied with services they have obtained but 21.3% were not satisfied with the manner they were handled by providers, they were not being given pain treatment and complain of absence of relevant education and facilities such as toilet (25).

3. OBJECTIVE

3.1. General objective

To assess status of safe abortion service utilization and levels of satisfaction in selected public health facilities of SNNPR, Ethiopia, 2008/09.

3.2. Specific objectives

- ✓ To assess the knowledge of clients on abortion law
- ✓ To assess the major reasons for safe abortion service seeking
- ✓ To assess decision making among clients in safe abortion service utilization
- ✓ To assess clients level of satisfaction on safe abortion service
- ✓ To describe SAC utilization pattern

4. METHOD AND MATERIALS

4.1. Study design

A descriptive, cross-sectional, facility based study was conducted among safe abortion service users. Both quantitative research method with a structured interviewer administered questionnaire and qualitative method with semi-structured in-depth interview were employed.

4.2. Study Area

The study was conducted in SNNPR which is one of the 11 regions in the country with a capital city of Hawasa which is located 275km south of Addis Ababa. It has 13 zones and 8 special woredas. The region has a total population of 15,927,649. Out of which, 7,922,302(49.7%) are males while 8,005,346(50.3%) are females and women in reproductive age group (15-49) are estimated to be 3,790,780 (23.8%). There are a total of 18 hospitals, 180 health centers, 4258 health posts and 77 clinics that are owned by the MOH, NGOs, private for profit and nonprofit and other governmental agencies (38). Additionally the region has 5 hospitals and 17 health centers that are giving safe abortion care (SAC) (39).

4.3. Study period

This study was conducted from August 2008 to July 2009.

4.4. Study Population

4.4.1. Source population

All women in the reproductive age group (15-49 years), who came for comprehensive abortion care in the comprehensive abortion care unit and fulfill the eligibility criteria and who were residents of the selected areas by asking their address.

4.4.2. Study subjects

Women in reproductive age group (15-49 years), who came for safe abortion services, volunteer, not mentally ill and not seriously sick, were included in the study.

4.5. Sample size and sampling technique

The region (SNNPR) and respective zones (Gaedio, Gurage, Kembata, Sidama, Siltie, and Allaba special woreda) in the region were selected by purposive sampling method and the study sites (health centers and hospitals) were selected randomly by simple random sampling. Thus, a total of three hospitals namely; Yirgalem, Butajira and Durame as well as twelve health centers namely: - Wolkite, Emdibir, Kella and Buee (in Gurage zone); Dalocha, Worabe, Ttora and Wilbareg (in Siltie zone); Kulito health center in Allaba special woreda; Wondogenet and Aletawondo (in Sidama zone) and Yirgachefe (in Gaedio zone) were included in the study.

4.5.1. Quantitative method

The sample size was calculated by using the formula for a single population proportion in considering the assumption of 95% CI, 5% margin of error and safe abortion utilization prevalence of 16% which was obtained from Ipas facility based summarized report of 2007(39). This gives a sample size of 202 and 10% or 21 was added by considering non-response rate this gives a total sample size of 223.

4.5.2. Qualitative method

Interviewer administered individual in-depth interview was carried out for a total of 16 safe abortion service users.

4.6. Variables

4.6.1. Dependent variables

- Knowledge on abortion law
- Levels of satisfaction on safe abortion service

4.6.2.Independent variables:

- Socio demographic factors
 - Age, religion, educational status, ethnicity, occupation, marital status and place of residence
- Reproductive factors
 - Parity, gravidity, previous abortion history, future pregnancy and contraceptive use
- Barriers on safe abortion service utilization.
- Decision-making among clients in safe abortion service utilization.
- Major reasons for safe abortion service seeking

4.7. Data collection procedure

4.7.1. Data collection and quality control

A structured questionnaire and semi-structured in-depth interview guide was prepared in English first, then translated in to Amharic and back translated in to English. The questionnaire was administered in the form of exit interview (after the service was given). Moreover, the questionnaire was pretested and revised accordingly before the main study. Privacy was maintained and confidentiality of information was assured. Fifteen nurse interviewers (3 males and 12 females) and five supervisors who were health workers with BSC were given a thorough training on the interview techniques and the questionnaire for one day before data collection. The questionnaire was checked using range and consistency check methods. During the process of data collection, the Principal Investigator of the study had supervised the overall activity. A completed questionnaire was examined for completeness and consistency during data management, storage and analysis. Data exploration was undertaken to see if there were odd codes or items that were not logical and then subsequent editing was made.

4.7.2. Data analysis and processing

The data entry and analysis was done using epi info version 8.4 and SPSS version 13 respectively. During data analysis, frequencies of the different variables were first computed. The association between dependant and independent variables were measured by means of χ^2 and odds ratio with 95 % confidence interval. Variables with P-value less than or equal to 5% were considered significant and further analyzed at multivariate level by means of logistic regression to control for potential confounding factors. To complement the quantitative part, data obtained from qualitative data collection using semi structured in-depth interview was first translated from Amharic in to English to keep consistency and then transcribed and organized using thematic framework analysis.

4.8. OPERATIONAL DEFINITIONS

Knowledgeable/aware client/service user: - If a woman could answer at least one Question that was asked on indications for legal abortion according to the revised abortion law

Satisfied client/service user: - If a woman is extremely satisfied or very satisfied on at least 80% of the questions that will be asked on client satisfaction in safe abortion service utilization

Unsafe abortion: - Is a procedure for terminating an un-wanted pregnancy less than 28 weeks of gestation either by persons lacking the necessary skills or in an environment lacking the minimal medical safety standards or both

Safe abortion: - Is termination of pregnancy less than 28 weeks of gestation by qualified and skilled persons using correct techniques in sanitary conditions

4.9. Ethical Consideration

Ethical clearance was obtained from IRB (institution review board) of Addis Ababa University (AAU), Medical Faculty, School of Public Health (SPH). Support letter was written to the region (SNNPR). Written consent was obtained from SNNPR regional health bureau, respective zonal health desks and Woreda health bureaus. The Necessary information on the study such as purposes and procedures, potential risk and benefits was given to the study participants to get accurate & honest response and then verbal and written consent was obtained from the respondents of age group 18-49 years of age and verbal assent was obtained from those respondents whose age group was 15-17 years. To assure the confidentiality of the response, private room interview was conducted and explanation was given to the study subjects that their name was unnecessary.

4.10. Dissemination of the result

It is believed that the findings of the study would be disseminated and communicated to relevant and interested bodies including SPH, EPHA, FMOH, and SNNPR Health Bureau. Different seminars at woreda, zonal, regional and national level would be used as an opportunity to present the findings. Finally, it will be submitted for publication to national or international peer-reviewed journals, as necessary.

5. RESULT

Sociodemographic characteristics

A total of 192 safe abortion service users were participated in this study with a response rate of 86%. The median age of the respondents was 21 with $SD \pm 6.05$. The minimum and maximum ages were 15 and 41years respectively with modal age of 18 years. One hundred fifteen (59.9%) and 77(40.1%) were living in urban and rural areas respectively. One hundred nine (56.8%) of the women were never married followed by currently married 67(34.9%). Sixty nine (35.9%) of the women were Orthodox followed by Muslim 64(33.3%) and Protestant 50(26%) religious dominations. Thirty four (17.7%) of service users can't read and write. Eighty (41.7%) of the service users were students followed by housewives 52(27.1%). By the ethnic characteristics respondents were, Gurage 54(28.1%), Sidama 45(23.4%), Siltie 38(19.8%) and others 55(28.6%). Thirty four (17.7%) of service users were illiterate where as 72(37.5%) of the service users were high school students (Table1).

Table 1. Sociodemographic characteristics of safe abortion service users in selected public health facilities of SNNPR, Ethiopia, 2008/09.

Variable	Number (%)
Age(years)	N=192
15-19	67(34.9%)
20-24	62(32.3%)
25-29	31(16.1%)
≥ 30	32(16.7%)
Median ± SD	21±6.1
Residence	N=192
Rural	77(40.1%)
Urban	115 (59.9%)
Marital Status	N=192
Never Married	109(56.8%)
Currently married	67(34.9%)
Divorced	11(5.7%)
Widowed	4(2.1%)
Separated	1(0.5%)
Current Religion	N=192
Orthodox	69(35.9%)
Muslim	64(33.3%)
Protestant	50(26.0%)
Others	9(4.7%)
Occupation	N=192
Student	80(41.7%)
House wife	52(27.1%)
Employee	30(15.6%)
Have a private business	15(7.8%)
Farmer	6(3.1%)
Others	15(7.8%)
Ethnicity	N=192
Gurage	54(28.1%)
Sidama	45(23.4%)
Siltie	38(19.8%)
Amhara	13(6.8)
Wolita	13(6.8%)
Halaba	8(4.2%)
Kembata	7(3.6%)
Others	14(8.4%)
Education	N=192
Can't read and write	34(17.7%)
Read and write only	19(9.9%)
Primary education	34(17.7%)
Secondary education	72(37.5%)
Post secondary education	33(17.2%)

Reproductive status of safe abortion service users

One hundred eight (56.3%) of the service users were found to be gravida I, 24(12.5%) were gravida II, 18(9.4%) were gravida III, 17(8.9%) were gravid IV and 25(13%) were gravida V and above (Figure 1).

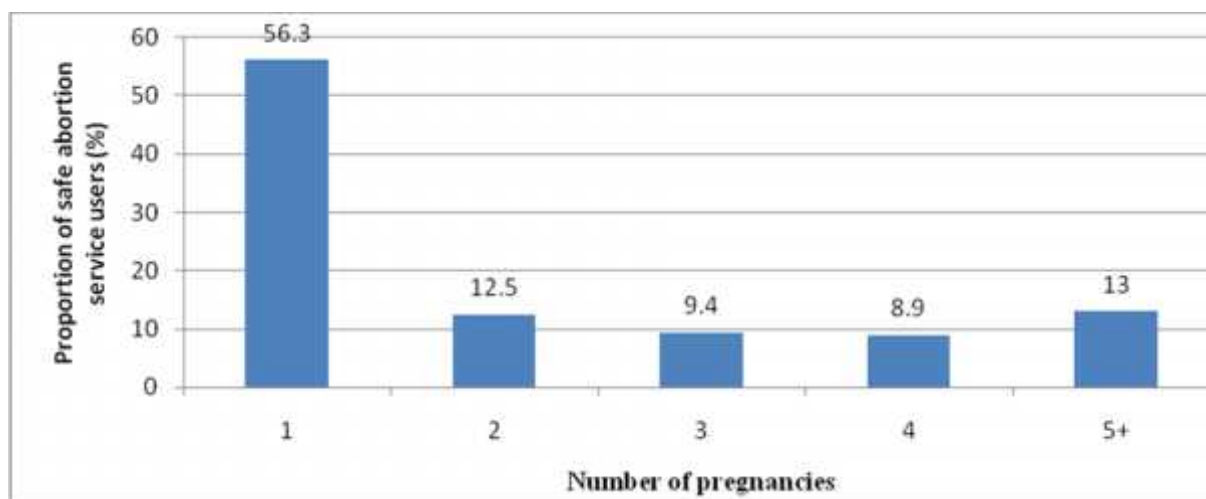


Figure 1. Proportion of safe abortion service users by gravidity in selected public health facilities of SNNPR, Ethiopia, 2008/09.

The median age at first pregnancy was 18 with SD \pm 9.34. The minimum and maximum ages at first pregnancy were 15 and 33 respectively with modal age of 18. Of the total women who came to get the safe abortion care service, 116(60.4%) didn't have children, 17(8.9%) had one child, 20(10.4%) had 2 children, 16(8.3%) of them had 3 children, 16(8.3%) of them had 4 children and the rest 7(3.6%) had more than 4 children (figure 2). Out of the total safe abortion care service users, 13(6.7%) reported that their previous pregnancy was unwanted of whom 6(46.2%) underwent abortion. Seventy five (39.1%) used one of the family planning methods and the rest 117(60.9%) used none of the family planning methods previously.

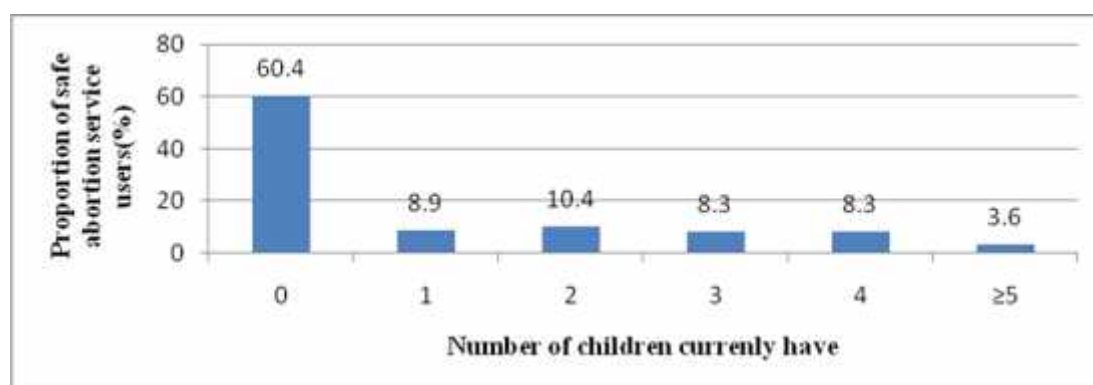


Figure 2. Proportion of safe abortion service users by number of children currently have in selected public health facilities of SNNPR, Ethiopia, 2008/09.

Findings related to past and present abortion

Thirteen (6.8%) of the respondents have had history of abortion in the past at least once with a range of 1-4. Reasons for the abortion were unplanned pregnancy 77%, fear of family 15.4% and medical reasons 7.6% and. Seventy five percent of the abortions were carried out by health workers in a health facility and the remaining 25% by traditional healer at home. Among those with past abortion, 66.7% reported excessive bleeding and 33.3% severe pain as complications during and after abortion.

Regard to past abortion, before visiting for abortion service, women had discussed with their sexual partner were 2(15.4%), their husband 1(7.7%), their peer (female) 1(7.7%) and 9(69.2%) discussed with no one.

All safe abortion service users reported that the current pregnancy was unwanted. Among these 56(29.2%), 50(26%), 25(13%) and 12 (6.3%) were due to low risk perception, non use of contraceptive, rape and incest respectively (figure 3). Source of information for the women on the availability of abortion service at the health facilities were health professionals 63(32.8%), peers(female) 58(30.2%), spouse 25(13%) and health extension workers 21(10.9%).

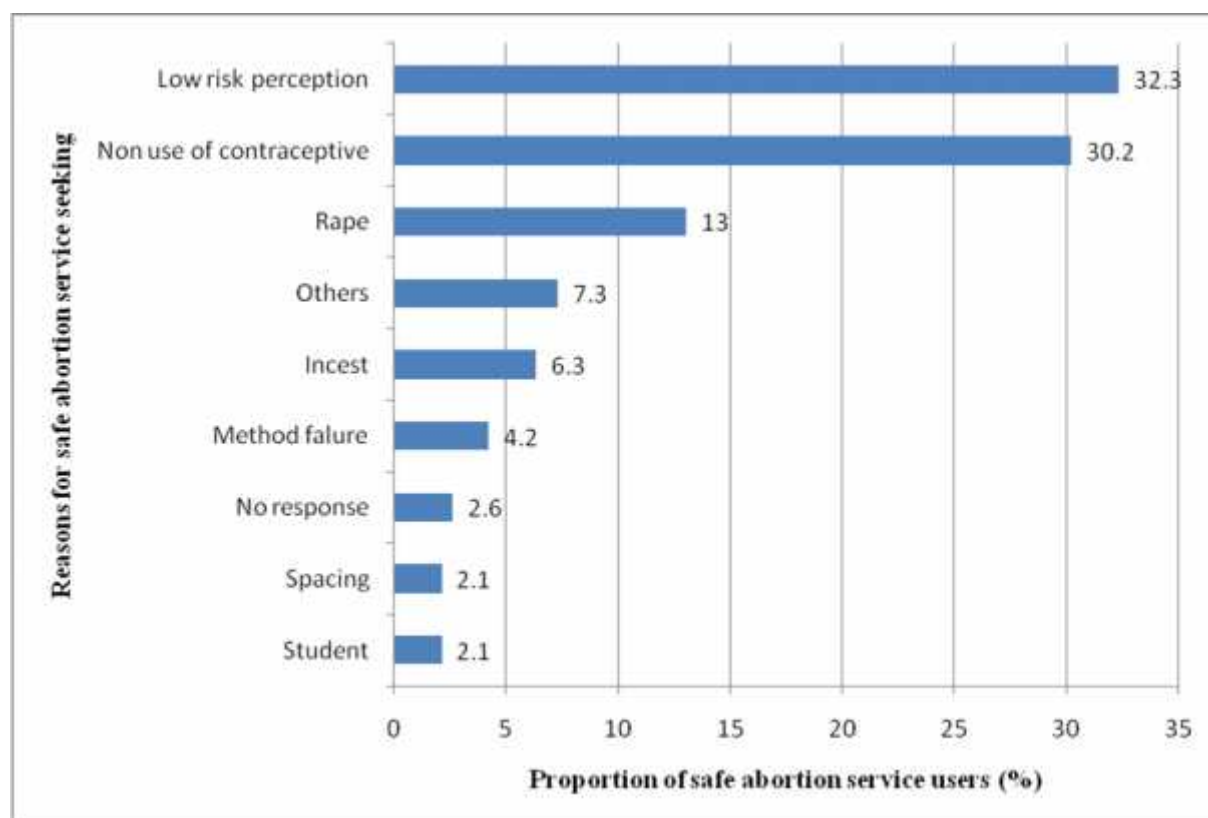


Figure 3. Reasons for the current safe abortion service seeking in selected public health facilities of SNNPR, Ethiopia, 2008/09.

Knowledge on the current abortion law

As to the knowledge whether the present abortion law of Ethiopia allow a woman to have safe abortion for certain reasons or not 85(44.3%), 34(17.7%) and 73(38%) of the women responded that it does allow, doesn't allow and don't know whether allow or not respectively. Among those who responded that the current abortion law in Ethiopia allow a woman to have an abortion their responded indications for safe abortions were pregnancy resulted from rape 31(16.1%), for serious physical and mental health problems 26(30.6%), for age below 18 years 10(11.8%), pregnancy resulted from incest 4(4.7%), didn't know any reason 6(7.1%) and for other reasons 8(9.4%) (Figure 4).

The above finding was also found to be compatible with the qualitative finding. One of the discussant said that “... Ethiopia has an abortion law which allow a women to have safe abortion in case of incest, rape, age below 18 ...” while another one said that

“...I don't know whether there is a law or not. I heard only that as if there is safe abortion service at this health facility from the health extension worker...”

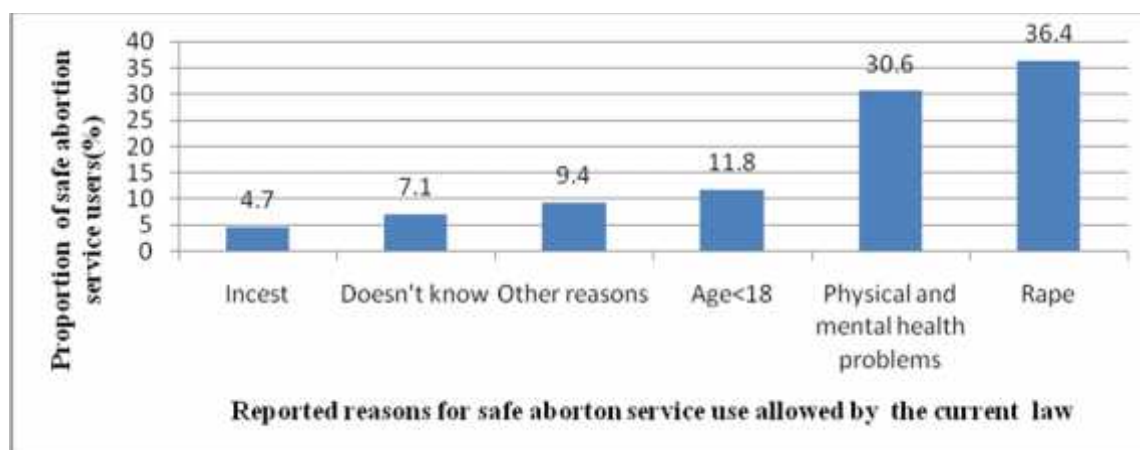


Figure 4. Response of women on reasons for safe abortion service use allowed by the

Current abortion law in selected public health facilities of SNNPR, Ethiopia, 2008/09.

According to respondents, the gestational age of pregnancy that is allowed by the law to undergo safe abortion had ranged from 3 - 28 weeks with 52(61.2%) women thought to be 12 weeks or less, 18(21.2%) thought to be more than 12 weeks and 15(17.6%) didn't know the level of gestational age allowed. Fifty eight (68.2%) women suggested that the law as an appropriate (allowed on some extent), 9(10.6%) legalized (allowed with no restriction) and 5(5.9%) restricted (not allowed at all or prohibited). Among those who have knowledge on abortion law 81 (95.3%) of them believed that further legalization of current abortion law will help to reduce problems related to unsafe abortion.

Thirty six (42.4%) of the women suggested that health workers had never discussed with them about abortion issues before. Whereas 49 (57.6%) women reported that health workers ever discussed with them about abortion of which 39(79.6%) were discussed with health professionals and 10(20.4%) discussed with health extension workers (Table 2).

Table 2. Response of women on extent of legality of the current abortion law for safe abortion service use in selected public health facilities of SNNPR, Ethiopia, 2008/09.

Variable	Number (%)
Extent of the current law	
Appropriate (allowed on some extent)	61 (71.8)
Legalized (allowed with no restriction)	9 (10.6)
Restricted (not allowed at all or prohibited)	5 (5.9)
Don't know	10 (11.8)
Gestational age restriction by the law	
12 weeks	52 (61.2)
>12 -28 weeks	18 (21.2)
Didn't know	15 (17.6)
Ever discussed with health workers on abortion issues	
Yes	49 (57.6)
No	36 (42.4)
Further legalization of the current abortion law help to reduce unsafe abortion complications	
Yes	81 (95.3)
No	4 (4.7)
TOTAL	85 (100)

Among those women who doesn't know 34(17.7%) whether the current abortion law of Ethiopia allow a woman to have abortion they suggested that abortion should be allowed for health problems 9(26.5%), in case of rape 9(26.5%), for economic causes 6(17.6%) on demand 5(14.7%) and for other reasons5(14.6%) (Figure 5).

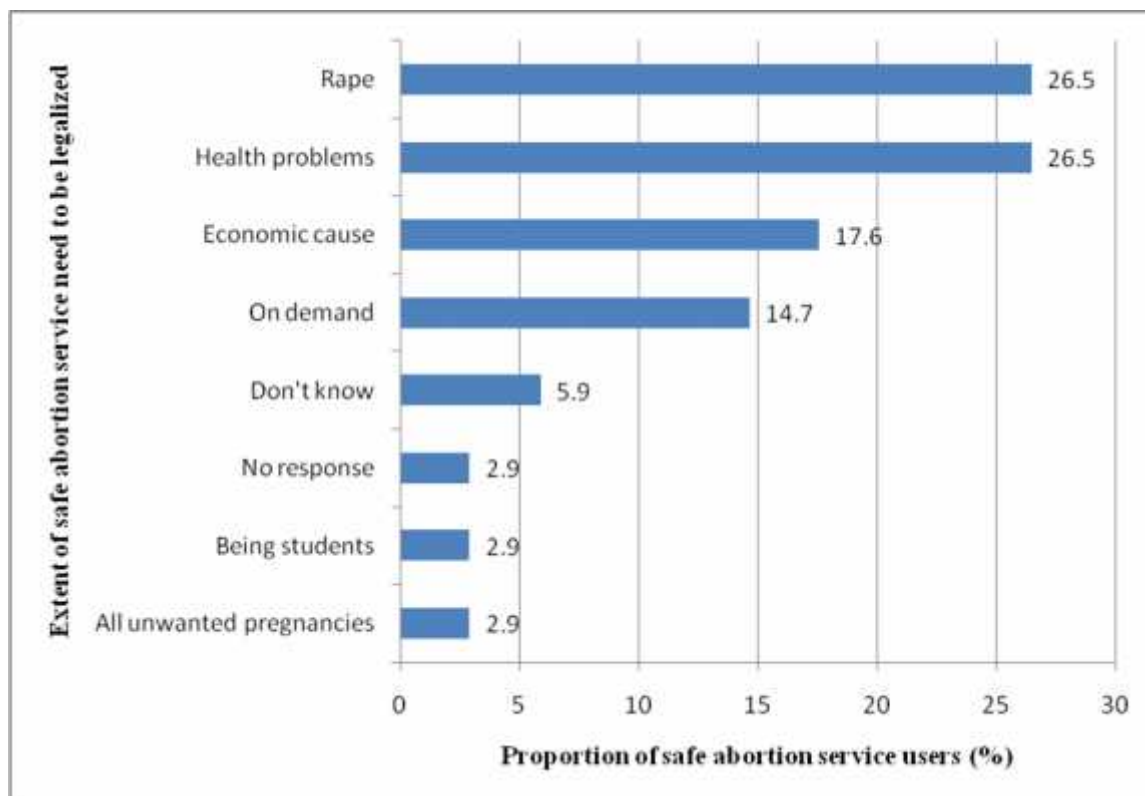


Figure 5. Response of women with no previous knowledge on abortion law on the extent of safe abortion service in selected public health facilities of SNNPR, Ethiopia, 2008/09.

If abortion law on demand is legally allowed and the service is available 149(77.6%) of women responded that they would use the service, 35(18.2%) wouldn't and 8(4.2%) didn't know whether they would use or not in case they encountered unwanted pregnancy. It was also found out that 55(36.9%) and 91(61.1%) of women responded that it would be better, if the service is given at government hospitals and health centers respectively. Reasons for not using the service among those who did not want to use the service were: abortion is against God's will 22(62.9%), it is a murderous action 7(20%), and it encourages unwanted pregnancy 4 (11.4%) and others 2(5.8%) (Table 3).

Table 3. Respondents attitude towards on demand use of safe abortion service in selected public health facilities of SNNPR, Ethiopia, 2008/09.

Variable	Number (%)
Using safe abortion service on demand incase encountered	
unwanted pregnancy	N=192
Yes	149(77.6)
No	35(18.2)
Don't know	8(4.2)
Preference of facility for safe abortion service	
	N=149
Public hospital	55(36.9)
Public health center	91(61.1)
Private hospital	3(2)
Reasons for not using safe abortion service on demand in case encountered unwanted pregnancy	
	N=35
Abortion is against Gods will	22(62.9)
It is murderous action	7(20)
It encourages unwanted pregnancy	4(11.4)
Other reasons	2(5.8)

Table 4. The relationship between sociodemographic characteristics and knowledge on abortion law in selected public health facilities of SNNPR, Ethiopia, 2008/09.

Characteristics	Knowledge on abortion law		COR(95% CI)	AOR(95% CI)
	Yes (#, %)	No (#, %)		
Residence	N=85	N=107		
Rural	21 (27.3)	56 (72.7)	1	
Urban	64 (55.7)	51 (44.3)	3.35 (1.80, 6.23)	2.52(1.16,5.45)
Occupation				
House wife	12 (23.1)	40(76.9)	1	
Student	44 (45)	36 (55)	4.07(1.87,8.90)	3.05 (0.63,14.83)
Employee	24 (68.6)	11 (31.4)	7.27(2.78,19.03)	2.01 (0.37,10.96)
Have private business	5 (20)	20 (80)	0.83(0.26,2.69)	0.49 (0.1,2.34)
Religion				
Protestant	25 (49)	26(51)	1	
Orthodox	30 (43.5)	39 (56.5)	0.82(0.39,1.65)	0.72(0.30,1.72)
Muslim	26 (40.6)	38 (59.4)	0.71(0.34,1.49)	0.76 (0.31,1.90)
Catholic	4 (50)	(50)	1.04(0.23,4.62)	1.67 (0.22,12.48)
Educational status				
Illiterate	6(17.6)	28 (82.4)	1	
Read and write	3 (15.8)	16(84.2)	0.88(0.19,3.99)	0.58 (0.11,3.13)
Grade 1 – 6	14(41.2)	20(58.8)	3.27(1.07,9.96)	1.89 (0.48,7.44)
Grade 7 – 12	36 (50)	36 (50)	4.67(1.73,12.63)	1.01 (0.23,4.48)
Above grade 12	26 (78.8)	7(21.2)	17.33(5.15,58.36)	3.77 (0.61,23.29)
Marital status				
Currently married	24 (35.8)	43 (64.2)	1	
Currently not married	61 (48.8)	64 (51.2)	2.11(1.13,3.95)	0.92(0.27,3.06)
TOTAL	85	107		

From the total 192 safe abortion service users 85(44.3%) women do have knowledge on the current abortion law, out of which 21(27.3%) were from rural areas and 64(55.7%) from urban areas. The association of knowledge on present abortion law and place of residence was assessed by logistic regression analyses. By taking rural residents as a reference urban residents have more knowledge on present abortion law than rural residents at crude OR 3.35; 95% CI (1.80, 6.23) and it was also found significant after adjustment with adjusted OR 2.52; 95% CI (1.16,5.45).

Among all service users, students 44(45%), employees 24(68.6%), those who have private business 5(20%) and house wives 12(23.1%) did know that the present abortion law of Ethiopia allow a woman to have an abortion on certain reasons. Considering housewives as a reference students and employees have more knowledge on present abortion law at crude OR 4.07; 95% CI (1.87, 8.90) and 7.27; 95% CI (2.78, 19.03) respectively. The same variables, however, appeared statistically insignificant after adjustment; it were found that the adjusted OR 3.05; 95%CI (0.63, 14.83) and 2.01; 95% CI (0.37, 10.96).

Among Orthodox Christian 30(43.5%), Muslim 26(40.6%) Protestant 25(49%) and Catholic 4(50%) knew that the present abortion law allows a woman to have an abortion for certain reasons. However, no statistical significant association was found between religion and knowledge on present abortion law.

Among those who were illiterate 6(17.6%), read and write 3(15.8%) primary education (1-6) 14(41.2%), secondary education (7-12) 36(50%) and above secondary (12) 26(78.8%) knew that the present abortion law allow a woman to have an abortion on certain reason. Taking illiteracy as a reference, primary (1-6), secondary (7-12) and post secondary (>12) educational level had more knowledge on present abortion law at crude OR 3.27; 95% CI (1.07, 9.96), 4.67; 95% CI (1.73, 12.63), 17.33; 95% CI (5.15, 58.36) respectively. The same variable, however, appeared statistically insignificant after adjustment; it was found that the adjusted OR 1.89; 95% CI (0.48, 7.44), 1.01; 95% CI (0.23, 4.48) and 3.77; 95% CI (0.61, 23.29) respectively.

Among those who are currently not married 61(48.8%) and currently married 24(35.8%) women responded that the current abortion law of Ethiopia allows a woman to have an abortion. Taking currently married women as a reference unmarried women had more knowledge on present abortion law than married women at crude OR 2.11; 95% CI (1.13, 3.95). The same variable, however, appeared statistically insignificant after adjustment; it was found that the adjusted OR 0.92; 95% CI (0.27, 3.06).

Barriers to have an abortion Service

To have had an abortion service at health facilities 115(59.9%), 48(25%) and 29(15%) service users traveled a distance of less than 10km, 10-20 km and greater than 20km respectively. It took them less than 30 minutes for 101 (52.6%) women, 30 minutes - 1hr for 43 (22.4%) women, 1-2 hrs for 34 (17.7%) and more than 2hrs for 14 (7.3%) of women. To reach the health facilities the women used different transportation systems 89 (46.4%) on foot and 63(32.8%) easily access to transportation with average transport cost of 11.48 Birr which ranges from 1 birr to 300 birr.

The above finding was supported by the qualitative finding that one of the discussants said that “...When I thought to have safe abortion service I was worrying about the payment for the service and transport, but when I came to the health facility the service cost was too little and I became

happy ...” while another discussants said that, “... since I am government employee I can afford to pay 600 birr for safe abortion service but it is unaffordable for the students to pay this very huge amount of money ...”.

Once the service users reached to health facilities there was difficulty in identifying abortion service room by 28(14.6%) of clients due to different reasons such as there was no adequate sign posted on the room 22(11.5%) and less cooperation by health workers 4(2.1%). Similarly once they can access to abortion service room there was difficulty in getting the service by 27(14.1%)clients due to the closed abortion service room17(8.9%) and other reasons 11(5.7%).

An 18 years old lady said,” after I came to the health facility I was afraid to ask abortion service room and it took me at least an hour to get the room. Then I couldn’t get the health worker since he was not available in the health center. Therefore, I was appointed to come after a week but today thanks to the health worker I feel happy because I have got the service...”

Concerning waiting time, 98 (51%) of service users had waited for less than an hour, 62 (32.3%) for 1-2 hrs and 32 (16.7%) for more than 2hrs.

The average payment for abortion service was 83.22 birr (ranged from with no charge to 600 birr) with a mean of 83.22 birr. Among all, 13 (6.8%) of the women did not pay for the service. However, 85 (44.2%) paid less than 50 birr, 47 (24.5%) paid 50 - 100 birr, 24 (12.5%) paid 101 - 200 birr and 23 (12%) women paid 200 or more birr. It was reported by service users that the service cost was very low by 72(37.5%), fair 59(30.7%), unaffordable by 44(22.9%) and free by 13(6.8%) of the women (Table 5).

Table 5. Characteristics on barriers of safe abortion service utilization in selected public health facilities of SNNPR, Ethiopia, 2008/09.

Variables	Response (n, %)	Variables	Response (n, %)	Variables	Response (n, %)
Distance travelled to health facilities	N=192	Transport cost	N=192	Abortion cost feeling	N=192
<10Km	115(59.9)	<5birr	48(55.2)	free	13(6.8)
10-20Km	48(25)	5-10birr	26(29.9)	Very cheap	73(38)
>20Km	29(15)	11-20birr	8(9.2)	fair	61(31.8)
Transport access to the health facilities	N=192	>20birr	5(5.7)	Costy	44(22.9)
Very easy to get transportation	58(30.2)	Waiting time	N=192	Unaffordable	1(0.5)
Somewhat easy to get transportation	17(8.9)	<1hr	98(51)		
Difficult to get transportation	11(5.7)	1-2hrs	62(32.3)		
No transportation(on foot)	106(55.2)	>2hrs	32(16.7)		
Time taken to reach the health facilities	N=192	Service cost for abortion service	N=192		
<30 minutes	101(52.6)	Free	13(6.8)		
30-59 minutes	43(22.4)	<50birr	85(44.2)		
1-2hrs	34(17.7)	50-100birr	48(25)		
>2hrs	14(7.3)	101-200birr	23(12)		
		>200birr	23(12)		

Satisfaction on safe abortion service

One hundred eighty four (95.8%) clients were satisfied on information given at health facilities before abortion service was given but 8(4.2%) were not satisfied. One hundred fifty eight (82.3%) service users were appointed for follow up visit and the rest 24 (17.7%) did not appointed. One hundred eighty nine (98.4%) service users were satisfied with service provider's friendly caring situation where as 3(1.6%) were not satisfied. One hundred eighty two (94.8%) service users were satisfied on confidentiality during abortion service whereas 10(5.2%) were not satisfied. Similarly 188(97.9%) service users were believed that the providers will keep their information confidential whereas 4(2.1%) didn't believe. Among service users 119(62%) of the women took any of contraceptive methods and 73(38%) didn't take any contraceptive after abortion. Among those who didn't take any contraceptive method the main reason was 23(31.5%) do not want to get pregnancy before marriage, 14(19.2%) it was not raised by the provider, 11(15.1%) has no sexual partner, 8(11%) do not want to take contraceptive and the rest were due to other reasons. Among all service users 171(89%) suggested that they will refer their friends or relatives to the same facility if they have unwanted pregnancy but the rest 21 (10.9%) will not. One hundred eighty seven (97.4%) and 9(4.7%) service users responded that community is satisfied and not satisfied respectively, on the abortion service that the health facilities are giving. As to intention for future pregnancy 101(52.2%) of respondents didn't plan to get pregnant before marriage. Thirty four (17.7%) didn't plan to get pregnant after the current abortion. Whereas 11(5.7%) planned to get pregnant between 10 and 18 months, 25(13%) within 2-4 years, 17(8.8%) within 4-6 years and 13(6.7%) didn't respond (figure 6).

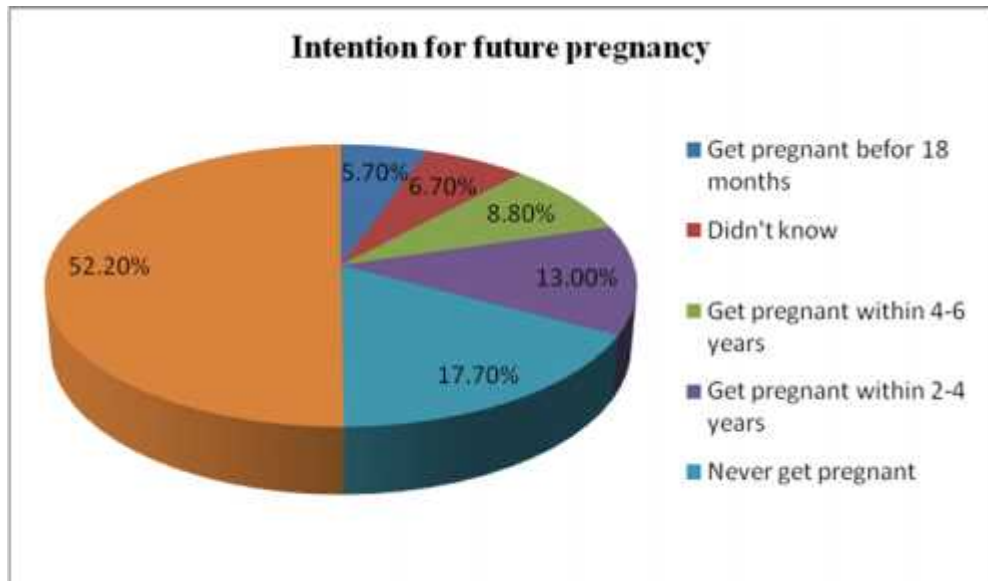


Figure 6. Intention for future pregnancy in selected public health facilities of SNNPR, Ethiopia, 2008/09.

The best experience that was raised by the service users during their visit at health facilities were cooperation by the health workers 69(35.9%) and strong assistance 39(20.3%) as well as the worst things mentioned was 23(12%) repeated appointment by health workers.

The service users suggested specific ways to improve abortion service at the facilities such as 11(5.7%) avoiding repeated appointment, 5(2.6%) keeping confidentiality. The overall satisfaction on the service revealed that 187(97.4%) service users satisfied and 5(2.6%) not satisfied on the service. Regarding to confidentiality and appointment the above findings were similar with qualitative findings that one of discussant said that *"...when the service was given there were many health workers entered the room to watch and I felt shame, it was good if there were any other means to have an abortion rather than evacuation through uterus..."*

Regarding to an appointment one of the discussants said that *"the health worker appointed me more than two times. At that time I became hopeless and I was planned to visit private clinic to ask if there is any medication that can abort..."*

Table 6. The relationship between sociodemographic characteristics and satisfaction on safe abortion service in selected public health facilities of SNNPR, Ethiopia, 2008/09.

Characteristics	Satisfaction on safe abortion service		COR(95% CI)	AOR(95% CI)
	Yes (#, %)	No (#, %)		
Occupation				
Housewife	42(80.8)	10 (19.2)	1	
Student	50 (62.5)	30 (37.5)	0.40 (0.17,0.91)	0.96(0.15,6.36)
Employee	30(85.7)	5 (14.3)	1.43 (0.44,4.61)	1.30(0.16,10.64)
Have private business	16 (64)	9 (36)	0.42 (0.15,1.23)	1.15(0.19,7.07)
Residence				
Rural	51 (66.2)	26 (33.8)	1	
Urban	87 (75.7)	28 (24.3)	1.58 (0.84, 2.99)	1.47 (0.63,3.39)
Education				
Illiterate	21(61.8)	13 (38.2)	1	
Read and write	17 (89.5)	2 (10.5)	5.26 (1.04, 26.60)	4.00 (0.63,25.57)
Grade 1 – 6	25 (73.5)	9 (26.5)	1.72 (0.61, 4.81)	3.51 (0.73,16.92)
Grade 7 – 12	46 (63.9)	26 (36.1)	1.10 (0.47, 2.54)	2.38 (0.47,12.11)
Above grade 12	29 (87.9)	4 (12.1)	4.49 (1.28, 15.72)	6.13 (0.80,46.84)
Marital status				
Currently married	59 (88.1)	8 (11.9)	1	
Currently not married	79 (63.2)	46 (36.8)	4.29(1.89,9.78)	0.15(0.03,0.74)
Religion				
Protestant	46 (90.2)	5 (9.8)	1	
Orthodox	58 (84.1)	11 (15.9)	2.35 (1.02, 5.40)	2.77 (1.05,7.32)
Muslim	45 (70.3)	19 (29.7)	1.2 (0.55, 2.62)	2.51 (0.96,6.57)
Catholic	7 (87.5)	1 (12.5)	0.91(0.19,4.25)	1.19(0.16,8.83)
TOTAL	156	36		

From the total one hundred ninety two service users, 138(71.9%) women were satisfied with the service given. Among housewives 42(80.8%), students 50(62.5%), employees 30(85.7%) and among those who have private business 16(64%) were satisfied with the service given. The association of satisfaction on the abortion service and occupation was assessed by logistic regression analyses. By taking housewives as a reference students were more satisfied with the service than housewives with crude OR=0.40; 95% CI (0.17, 0.91). However, the same variable turned out statistically insignificant after adjustment; with the adjusted OR 0.96; 95% CI (0.15, 6.36).

Among all satisfied women 138(71.9%) with the service given, urban residence 87(75.7%) and rural residence 51(66.2%) were satisfied. The association of satisfaction on the abortion service and place of residence was assessed by logistic regression analyses. There was no significant association between place of residence and satisfaction on the safe abortion service both at crude OR and at adjusted OR after adjustment.

From the total service users, 138(71.9%) were satisfied with the service given. Among illiterate 21(61.8%), read and write 17(89.5%), grade (1-6) 25(73.5%), 7-12 grade 46(63.9%) and above 12th grade 29(87.9%) were satisfied with the service given. The association of satisfaction on abortion service and educational status was assessed by logistic regression analyses. By taking illiterate as a reference those with read and write and post secondary women were more satisfied with the service than illiterates at crude OR 5.26; 95% CI (1.04, 26.60) and OR 4.49; 95% CI (1.28, 15.72) respectively. However, the same variable turned out statistically insignificant after adjustment; with the adjusted OR 4.00; 95% CI (0.63, 25.57) and OR 6.13; 95% CI (0.80, 46.84).

Seventy nine (63.2%) currently unmarried and 59(88.1%) currently married women were satisfied with safe abortion service. The association of satisfaction on the abortion service and marital status was assessed by logistic regression analyses. By taking currently married women as a reference unmarried women were more satisfied with the service than married ones at crude OR 4.29; 95% CI (1.89, 9.78). The same variable, however, appeared statistically insignificant after adjustment; it was found that the adjusted OR 4.29; 95% CI (1.89, 9.78).

Among catholic religion 5(62.5%), orthodox 56(81.2%), Muslim 44(68.8%) and protestant 33(64.7%) of women were satisfied with the service that was given. The association of satisfaction on the abortion service and religion was assessed by logistic regression analyses. By taking protestant religion as a reference women with orthodox religion were more satisfied with the service than protestant at crude OR=2.35; 95% CI (1.02, 5.40). The same variable, however, appeared statistically insignificant after adjustment; it was found that the adjusted OR 2.77; 95% CI (1.05, 7.32).

Decision making on safe abortion service utilization

When the service users thought to have the current abortion they made discussion, sixty three (32.8%) of the service users made decision with their peers (female), followed by 55 (28.6%) with husbands, 23(12%) with sexual partner, 8(4.2%) with health workers including health extension workers, 23(12%) with no one, 5(2.6%) with brother and 15(7.8%) with others. Which was similar to the qualitative findings that A 32 years old woman discussant said that “... *since we don't want to have more children my husband and me discussed on the current unwanted pregnancy and we have reached to a consensus to have an abortion...*”. In the contrary a 17 years old lady said that “... *since I am student and dependent on my family I didn't discuss with anybody if I did so I may be forced to leave home...*”

One hundred thirty one (68.2%) service users believed that the issue of decision to have an abortion should be left for the woman herself, 37(19.3%) for both husband and wife and 14(7.3%) for husband alone (Figure 7).

In the qualitative study a 21 years old woman said “... *most husbands may want more children but the most affected are the women due to quensequencces of pregnancy therefore the issue of decision to have safe abortion should be left for the women themselves...*”

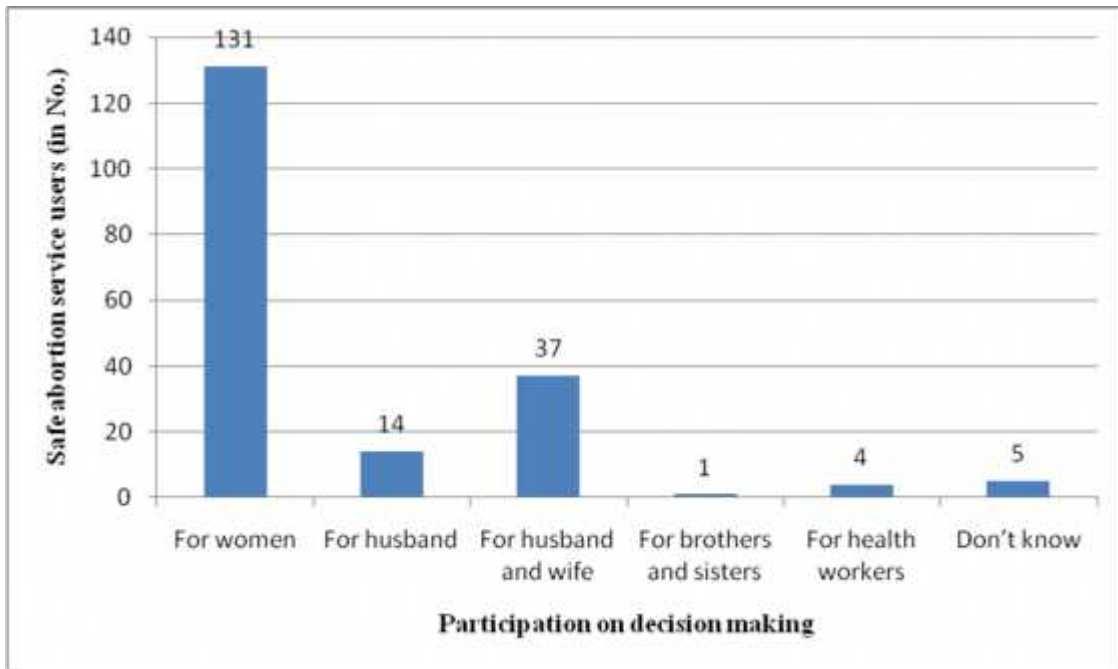


Figure 7. Opinion of service users on whom to decide to use safe abortion service in selected public health facilities of SNNPR, Ethiopia, 2008/09.

6. DISCUSSION

Even though Ethiopian abortion law is revised since 2004, the incidence of unsafe abortion still remains 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 safe abortion service utilization at the community level.

Therefore, apart from the revised abortion law, there is a need to work on the capacity building of the community, health facilities and health workers to increase safe abortion service utilization. This study will provide an insight on the status of safe abortion service utilization and levels of satisfaction among service users in public health facilities.

Majority of service users (67.2%) were young women aged 15-24 years which is similar to other studies in Africa and Ethiopia. Among all service users, married women accounts 34.9% of service users which shows that it is not only the unmarried women but also married women are using safe abortion service. This could be due to low risk perception, non use of contraceptive, method failure and using safe abortion for birth spacing. Students also share the major portion (37.5%) of the service users. This could be as a result of risky living environment that could expose them for unwanted pregnancies.

Thirty nine percent of service users ever use any of the family planning methods previously. This is low compared to other studies conducted in Addis Ababa among women using post abortion care in public hospitals which was 53.4%. This could be as a result of major portion of service users in this study were unmarried women and students.

Health professionals 32.8% and peers 30.2% were the major source of information for the service users on the availability of abortion service at the health facilities. Whereas the health extension workers role was low (10.9%) this could be due to less awareness among health extension workers on safe abortion service availability at the health facilities.

In this study more than half (55.7%) of interviewed women didn't know that abortion is legal on certain reasons. Among those who were aware of legal abortion 14.1% didn't know the presence of time restriction for a legal abortion. Among those who were aware of legal abortion, only 57.6% had ever discussed on abortion issues with health workers. Knowledge on legality of abortion in other countries where abortion is legal in some form ranges from 45% in Mexico to 57% Latvia to 78% in Gauteng province of South Africa (36). In one qualitative study of South African women who had abortions outside of the legal abortion services, 54% reported having done so because they did not know about the law (36). In case of this study, the knowledge is relatively lower than other studies; this could be due to the recent history of revised abortion law and partly some of the service users were illiterate.

Multivariate analysis revealed that urban residents have more knowledge on abortion law than rural residents which is similar to study conducted in South Africa (36). Students and employees have more knowledge on present abortion law than housewives and on the other hand primary, secondary and post secondary educational level has more knowledge on abortion law than illiterate women. This could be due to students and employees learning and working environment enables them to have information on abortion issues than housewives and illiterates respectively.

Distance travelled to the health facility, transport access, waiting time and service cost were expected to affect positively or negatively to use safe abortion service. To have an abortion service 40% of women travelled more than 10Km and it took them 1hr and above for 25% of the service users. Forty six percent of service users use on foot transport system and only 32.8% service users were easily access to transportation. More than 49% of women waited one hour and above to get the service. Among all service users 6.8% of women get free service. However, 24.5% of women paid more than 100birr and according to 22.9% of women respondent the service payment was costly. The finding on service cost feeling by users was similar to other study which was conducted in Agaro town Jimma zone on post abortion care service (20) but the amount of service cost is much higher in this study, this could be due to the nature of safe abortion service procedure and the initiation of health care financing in most of the health facilities. Concerning waiting time it is much higher in this study; this could be explained by shortage of trained human power on safe abortion care and safe abortion service is not considered as an emergency care as that of post abortion care service. But further studies on reasons for longer waiting time should be considered. The distance traveled to get the service is lower in this study compared to some studies in Ethiopia on post abortion care service (25). This could be due to more expansion of safe abortion service at the health centers.

Clients satisfaction on safe abortion service is a key factor in continuous utilization of the service by the community. More than 95% of clients were satisfied with the information given before the abortion service. Only 82.3% of service users were appointed for follow up visit. Ninety eight percent of service users were satisfied with providers friendly caring situation and ninety five percent were satisfied with confidentiality during abortion service. Only 62% of women took any of the contraceptive methods after abortion. Eighty nine percent of women responded that they will refer their friends or relatives to the same facility if in case they had encountered unwanted pregnancy. In this study, contraceptive method use by the service users after safe abortion service was higher compared to other studies conducted on abortion services of public health facilities of Mozambique; which has shown that 27% of women had received a contraceptive method (40). Similarly it was higher compared to a study on quality of post abortion care in public health facilities of Ethiopia which has shown that 43.6% women had received any of the family planning methods (26). This could be explained by there may be better follow up care or more number of married women or women with a regular sexual partner in this study. Service users satisfaction on the service, providers caring (approach) and getting relevant information about the service was much higher in this study compared with a study on quality of post abortion care in public health facilities of Ethiopia (26).

Taking satisfaction on safe abortion service as an outcome variable, Logistic regression was performed. And there was not found to be significantly associated. The insignificant association between satisfaction on safe abortion service and occupation could be explained by all service users were expected to be satisfied for getting relief from the current unwanted pregnancy similarly.

Making an independent decision is as an important issue in safe abortion service utilization. Before the abortion care service gets fulfilled, service users were made discussion to reach on decision to use the service. Thirty three percent of the women made decision with their peers, 28% with husbands and 12% with no one. More than sixty eight percent of the women believed that the issue of decision to have an abortion should be left for the woman herself, 19% for both husband and woman and 7.3% for husband alone.

This study finding is similar to a study which was conducted in South Africa which had revealed that family, friends and partners played a role in women's decision to terminate the pregnancy (35). Area of residence and the opportunity of making an independent decision on safe abortion service seeking were not found to be significant. This is different from a study on utilization of post abortion care services in Ethiopia: which shows that women in urban 57.1% than rural 45.6% respondents appeared to have more opportunity of making decision on abortion related care seeking (25). The variability

with this study finding could be due to the fact that majority of service users (82.3%) in this study were literate.

The findings of this research will provide valuable information to focus on major areas to improve safe abortion service in public health facilities. However, since the study was conducted in small scale and was not a community based; caution is needed in using the results of the study. Despite these limitations the findings of the study will serve as source of information for future studies. This study finding also tried to insight some future areas of research particularly on comparative studies on quality of safe abortion service and post abortion care and legalization of safe abortion to the extent of on demand utilization.

7. Strengths and limitations

Strengths

- It could be considered as providing useful information
- It includes both health centers and hospitals
- Quality of data was maintained by training and pretest

Limitations

- ✓ Unavailability of similar studies in the region as well as in the country
- ✓ Unable to conduct the study in a larger scale (large sample size) due to resource issues

8. Conclusion and recommendation

Conclusion

- High school students, married women as well as age group of 15-24 years women constitute the major portion of service users.
- Most of the women never use any of the family planning methods previously. In addition to low risk perception, rape and incest, this could be an important reason for the current abortion seeking.
- The role of health extension workers as the source of information for the women on the availability of safe abortion service at the health facilities was low compared to the other sources.
- Most of safe abortion service users didn't have knowledge on current abortion law.
- Residence was a predictor of knowledge on current abortion law.
- There was transport inaccessibility, longer waiting time and costly service payment by the service users.
- Major proportion of service users were satisfied with the information given before abortion service, on follow up visit information, providers friendly caring situation and confidentiality during abortion service.
- Most of the women didn't take any of the contraceptive methods after abortion service.
- A relatively low decision power of women to seek safe abortion service was noted in this study. Whereas more than two-thirds of women believed that the issue of decision to have an abortion should be left for the woman herself.

Recommendations

Implication for the service

- Increasing awareness and knowledge of health workers and health extension workers on abortion law and safe abortion service
- Increasing community awareness on the current abortion law should be considered
- Expansion of safe abortion service at all health facilities with acceptable waiting time and affordable cost should be in place
- Improving family planning service after safe abortion service
- Expansion of family planning services including emergency contraception for both married and unmarried women should be given priority
- School health programs should be designed and due attention must be given for the students on the prevention of unwanted pregnancy
- Empowering women to made decision by themselves to seek safe abortion service when it is indicated to do so

Implication for policy

- Further legalization of abortion law based on community need should be considered

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Annex I. Information sheet and Consent form for 18-49 years old women (English Version)

Addis Ababa University

School of public health

Section I. Information sheet

01. Name of the study area (zone, woreda, Kebele) _____

02. Questionnaire identification no. _____

INTRODUCTION: Good morning/afternoon? My name is _____. In this study which is undertaken by Addis Ababa University, faculty of medicine schools of public health you and me 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 pattern of safe abortion service utilization in SNNPR. The study will be conducted through interviews. The information that you will give us could help to expand safe abortion service utilization in the region as well as in the country. The interview involves partner, family and private life questions. I would like to assure you that privacy will be maintained strictly throughout. 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 interview 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

3. Please register the age and sex of study subjects who refuse to participate in the study

Section II. Consent form for 18-49 years old women (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, start the interview.
2. Interviewer 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 Interviewer or the principal investigator for clarification.

Address of the principal investigator

Adnew Yirga

Addis Ababa University

Faculty of Medicine School of public health

P.o.box 9086

Mobile: 09-12-18-12-12

Addis Ababa

**Annex II. Voluntary information sheet and assent form for female children
with age group of 15-17 years old (English Version)**

Section I. Voluntary information sheet for female children with age group of 15-17 years old.

01. Name of the study area (zone, woreda, Kebele) _____

02. Questionnaire identification no. _____

INTRODUCTION: Good morning/afternoon? My name is _____. In this study which is undertaken by Addis Ababa University, faculty of medicine schools of public health you and me would have a short discussion of about 30-35 minutes 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 pattern of safe abortion service utilization in SNNPR. The study will be conducted through interviews. The interview involves partner, family and private life questions. There will not be any risk that will occur throughout your participation. Similarly there will not be any benefit that you will get; but the information that you will give us could help to expand safe abortion service utilization in the region as well as in the country. I would like to assure you that privacy will be maintained strictly throughout. 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 interview 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 voluntary to participate in this study?

1. Yes. 2. No

Thank you!!

NB:1. If the study subject is voluntary to participate in the study, go to assent form.

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

3. Please register the age and sex of study subjects who refuse to participate in the study.

Section II. Assent form for female children with age group of 15-17 years old (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 risk and benefit that will occur during my participation. I have been informed that the information I give will be used only for the purpose of this study; my identity and 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. Further more 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, start the interview.
2. Interviewer signature certifying that informed consent has been given verbally by the respondent.

Name _____

Signature _____

Date _____

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

Address of the principal investigator

Adnew Yirga

Addis Ababa University

Faculty of Medicine School of public health

P.o.box 9086

Mobile: 09-12-18-12-12

Addis Ababa

Annex III. Questionnaire for the quantitative method (English Version)

Section I. Socio- Demographic characteristics

S. No	Question/variables	Response	Skip to
101	Age in years	_____	
102	Place of residence	1. Urban 2. Rural	
103	Marital statuses	1. Never Married 2. Currently Married 3. Divorced 4. Widowed 5. Separated	
104	Current religion	1. Orthodox 2. Muslim 3. Catholic 4. Protestant 88. Others (specify) _____	
105	Occupation	1. Farmer 2. Student 3. House wife 4. Government employee 5. Merchant 6. Employed in private sector. 7. Have Private business 8. Commercial sex worker 88. Others (specify) _____	
106	Ethnic group	1. Sidama 2. Wolayita 3. Gurage 4. Gedeo 5. Kembata 6. Hadiya 7. Siltie 8. Halaba 9. Amhara 10. Oromo 88. Others (specify) _____	
107	Education	1. Can't read and write 2. Read and write only 3. Primary education (1-6) 4. Secondary education (7-12) 5. Above grade 12	

Section II. Concerning reproductive history

201	How many times have you been pregnant?	_____	If “once” skip to 208
202	What was your age at first pregnancy?	_____	
203	The total number of live births	_____	
204	The total number of children Currently have	_____	
205	Were all your pregnancies wanted?	1. Yes 2. No	If “Yes” skip to 208
206	If “no”, to question “205” which pregnancy was unwanted? (more than one response is possible)	1. The first 2. The second 3. The third 4. The fourth 5. All 88. Others (specify) _____	
207	What happened to you as a result of unwanted pregnancy? (more than one response is possible)	1. Married and gave birth 2. Not married but gave birth 3. Had abortion 4. Dropped out of school 5. Separated from sexual partner 88. Others (specify) _____ 99. No response	
208	Have you ever used contraceptive?	1. Yes 2. No	If “No” go to section III
209	If “yes”, to question “208” which method did you use? (more than one response is possible)	1. Traditional (specify) _____ 2. Injectable (Depo-Provera) 3. Pills 4. Condom 88. Others (specify) _____	

Section III. Concerning Abortion

301	Have you ever had an abortion before?	1. Yes 2. No	If "No" skip to 311
302	If yes to question "301" how many times did you have an abortion?	_____	
303	What is your current visit number (including to any facility) for the Abortion service?	1. First 2. Second 3. Third 4. Fourth 5. Five and above	
304	If yes to question "301" what was the type of abortion that happened?	1. Spontaneous 2. Self induced 3. Induced by others 4. Safe 88. Others (specify) _____ 98. Don't know 99. No response	If "1" or "4" skip to 311
305	If "2" or "3" to question "304" What was the main reason to conduct induced abortion? (more than one response is possible)	1. Fear of family 2. Fear of Community 3. Not to interrupt school 4. Financial problems 5. Medical reason 6. Very close to previous pregnancy 7. Unplanned pregnancy 88. Others (specify) _____ 98. Don't know 99. No response	
306	Who was performed the induced abortion? (more than one response is possible)	1. Health workers (Nurse and above) 2. Health assistant 3. Traditional healers 4. Self induced 88. Others (specify) _____ 98. Don't know 99. No response	
307	The place where by the induced abortion takes place (more than one response is possible)	1. My own house 2. Relative home 3. At health institution 4. Abortionist home 5. Private hospital 88. Others (specify) _____ 98. Don't know 99. No response	

308	Is there any complication that was happened due to the induced abortion?	1. Yes 2. No	If “No” skip to 310
309	If yes to question “308” what kind of problem was there? (more than one response is possible)	1. Excessive bleeding 2. Sever pain 88. Others (specify) _____	
310	If yes to question “301” If you want to have an abortion to whom did you discuss the issue? (more than one response is possible)	1. Partner 2. Husband 3. Peers (female) 4. Mother 5. Father 6. Sister 7. Health worker 8. Illegal abortionist 9. with nobody 10. Peer (male) 88. Others (specify) _____ 99. No response	
311	Is the current pregnancy was intended?	1. Yes 2. No	If “Yes” Skip to 313
312	If “No” to question “309”, what is the reason for being unwanted?	1. Caused by rape 2. Caused by incest 3. Non use of contraceptive 4. Caused by contraceptive failure 5. Low risk perception 6. Inappropriate use of contraceptive 7. Out of wedlock 8. Being student 9. Narrow spacing 88. Others (specify) _____ 99. No response	
313	From whom did you get the information On the availability of abortion service? (more than one response is possible)	1. Peers (female) 2. Peers (male) 3. Family 4. Health professionals (Nurse and above) 5. Health extension worker 6. Husband 7. Nobody 8. School 88. Others (specify) _____	

Section IV. Concerning knowledge of abortion legalization

401	Does the present law on abortion in Ethiopia allow for a woman to have an abortion?	1. Yes 2. No 98. Don't know 99. No response	If "No" or "Don't know" or "No response" skip to "408"
402	If "Yes" for question no. "401" For what reasons abortion legally allowed in Ethiopia? (more than one response is possible)	1. For serious physical and mental health problems 2. When pregnancy is the result of rape 3. When pregnancy is the result of incest 4. For minors whose age below 18 years 5. In cases of fetal abnormalities 6. All unwanted pregnancies 7. For economical reasons 88. Others (specify) _____ 98. Don't know 99. No response	
403	Up to how many weeks of pregnancy is a woman allowed by this law to have a legal abortion?	_____	
404	If "yes" for question no."401" how do you see the current law of abortion in our country?	1.Restrictive 2.Legalized 3. Appropriate 88. Others (specify) _____ 98. Don't know 99. No response	
405	Do you think more legalization of current abortion law help to reduce problem related to unsafe abortion?	1. Yes 2. No 98. Don't know 99. No response	
406	Has a health care worker ever discussed about abortion with you?	1. Yes 2. No	If "No" skip to "408"
407	If yes to question no."406" to whom you discussed with? (more than one response is possible)	1. Nurses and above 2. Health extension workers 88. Others(specify) _____	

408	<p>If “No” for question “401” to what extent abortion law need to be legalized? (more than one response is possible)</p>	<ol style="list-style-type: none"> 1. On demand 2. For economic causes 3. For health problems 4. In case of rape 5. For unwanted pregnancy 6. For spacing 7. For students 8. For those not married 88. Others(specify) _____ 98. Don’t know 99. No response 	
409	<p>Abortion law on demand or for broad issues is not legalized yet in Ethiopia what do you prefer?</p>	<ol style="list-style-type: none"> 1. I prefer to be legalized on demand 2. I prefer to be legalized for broad issues 3. Let continue the current law 4. I prefer to be more restricted 98. Don’t know 99. No response 	
410	<p>If abortion law on demand is legally allowed and the service available would you use the service if you have unwanted pregnancy?</p>	<ol style="list-style-type: none"> 1. Yes 2. No 98. Don’t know 99. No response 	<p>If “No” or “Don’t know” or “No response” skip to “412”</p>
411	<p>If “Yes” to question no. “410” Where it would be better to give safe abortion service? (more than one response is possible)</p>	<ol style="list-style-type: none"> 1. Government hospitals 2. Government health centers 3. Private hospitals 4. Private clinics 88. Others (specify)_____ 	
412	<p>If “No” to question “410” why not? (more than one response is possible)</p>	<ol style="list-style-type: none"> 1. Abortion is against Gods will 2. The culture not accepting 3. It is murderer action 4. It encourages unwanted pregnancy 5. It encourages abortion 6. It encourages premarital and extra marital sex 88. Others (specify)_____ 98. Don’t know 99. No response 	

Section V. concerning client satisfaction

501	How do you see the information given once you came to the health facility before abortion service was given?	1. Very Satisfied 2. Satisfied 3. Somewhat Satisfied 4. Not satisfied 5. Not at All Satisfied 99. No Response	If “1” or “2” or “3” Skip to 503
502	If “4” or “5” for question “501” what problems were there?	1. _____ 2. _____ 98. Don’t know 99. No response	
503	How do you see the instruction that was given to return for a follow-up visit?	1. Very Satisfied 2. Satisfied 3. Somewhat Satisfied 4. Not satisfied 5. Not at All Satisfied 99. No Response	
504	The providers or other staffs friendly caring situation?	1. Very Satisfied 2. Satisfied 3. Somewhat Satisfied 4. Not satisfied 5. Not at All Satisfied 99. No Response	If “1” or ”2” or”3” skip to 507
505	If “4” or “5” for question no.”505” what problems were there?	1. _____ 2. _____ 99. No response	
506	How do you see confidentiality during service delivery?	1. Very Satisfied 2. Satisfied 3. Somewhat Satisfied 4. Not satisfied 5. Not at All Satisfied 99. No Response	If “1” or”2” or”3” skip to 509
507	If “4” or “5” for question “507” what problems were there?	1. _____ 2. _____ 99. No response	
508	Do you believe that the providers will keep your information confidential?	1. Yes 2. No 98. Don’t know 99. No response	
509	Would you return for follow-up service?	1. Yes 2. No 98. Don’t know 99. No response	If “Yes” skip to 514

510	If “no” for question “514” why?	1. _____ 2. _____ 99. No response	
511	What is your intention for future pregnancy?	1. Never get pregnant 2. I want get pregnant within _____ months 88. Others(specify) _____ 99. No response	
512	Would you refer your friends or relatives to this facility for similar service?	1. Yes 2. No 99. No response	If “Yes” skip to 517
513	If “no” for question “517” where do you prefer to refer your friends or relatives? (more than one response is possible)	1. Private clinic 2. Government Hospitals 3. Government Health centers 4. Traditional healers 88. Others (specify) _____ 98. Don’t know 99. No response	
514	What did your friends or other people in the community feel about abortion service provided at this facility?	1. Very Satisfied 2. Satisfied 3. Somewhat Satisfied 4. Not satisfied 5. Not at All Satisfied 99. No Response	
515	How do you see the overall satisfaction of abortion service given at this facility?	1. Very Satisfied 2. Satisfied 3. Somewhat Satisfied 4. Not satisfied 5. Not at All Satisfied 99. No Response	
516	Did you receive any contraceptive after abortion service?	1. Yes 2. No	If “No” skip to 522
517	If “Yes” for question “520” what kind of Contraceptive did you receive?	1. Pills 2. Injectable(Depo-Provera) 3. Condom 88. Others (specify) _____	
518	If “No” for question “520” why not?	1. Refused to take contraceptive 2. The issue was not raised by the provider 3. There was no contraceptive of choice 88. Others (specify) _____ 99. No response	

Section VI. Concerning Barriers on safe abortion service utilization

601	For how long did you walk to reach the health facility? (In Kilometer)	_____	
602	How much time did you take to reach the health facility? (In Minutes)	_____	
603	How do you see transportation Access to reach this health facility?	1. Very easy to get transportation 2. Somewhat easy to get transportation 3. Difficult to get transportation 4. No transportation (on foot)	
604	How do you describe transportation cost to reach the health facility?	1. Cheap 2. Affordable 3. Coasty 98. don't know 99. No response	
605	Is there difficulty in identifying services?	1. Yes 2. No 99. No response	If "No" skip to 607
606	If "yes" to question "605" what problems were there? (more than one response is possible)	1. No adequate sign 2. providers were not cooperative 3. Afraid of asking 99. No response	
607	Is there any difficulty in getting the service once you identify the service unit at the health facility?	1. Yes 2. No	If "No" skip to 609
608	If "yes" to question "607" what problems were there? (more than one response is possible)	1. Abortion Service unit was closed 2. There were payment before service 3. There were buying drugs and supplies before service 1. There was an appointment 2. There was no service provider 3. Non cooperativeness of health worker In the abortion room 4. Told me not fulfilling criteria 88. Others (specify) _____ 99. No response	
609	How much time did you take to get safe abortion service at this health facility? (In Minutes)	_____	
610	How much money did you pay For the abortion service? (in birr)	_____	

611	How do you feel abortion service cost Payment?	1. Very low 2. Fair 3. Coasty 4. Unaffordable 5. Free 88. Others (specify) _____ 98. don't know 99. No response	
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Section VII. Decision making process and support in safe abortion service utilization

701	To whom you discussed when you thought to have the current abortion? (more than one response is possible)	1. Husband 2. Peers (female) 3. Sexual partner 4. Father 5. Mother 6. Brother 7. Sister 8. No one 9. Peer (male) 10. Health worker 88. Others (specify) _____ 99. No response	
702	To whom the issue of decision to have an abortion should be left for?	1. For the woman herself 2. Husband 3. Husband and wife 4. Brothers and sisters 5. For health worker 6. Parents 7. Government 98. Don't know	

Annex IV. Semi structured Questionnaire for the qualitative method (English Version)

Section I. Socio-demographic characteristics

S.No	Question/variables	Response	Skip to
101	Age in years	_____	
102	Place of residence	1. Urban 2. Rural	
103	Marital statues	1. Never Married 2. Currently Married 3. Divorced 4. Widowed 5. Separated	
104	Current religion	1. Orthodox 2. Muslim 3. Catholic 4. Protestant 88. Others (specify) _____	
105	Occupation	1. Farmer 2. Student 3. House wife 4. Government employee 5. Merchant 6. Employed in private sector. 7. Have Private business 8. Commercial sex worker 88. Others (specify) _____	
106	Ethnic group	1. Sidama 2. Wolayita 3. Gurage 4. Gedeo 5. Kembata 6. Hadiya 7. Siltie 8. Halaba 9. Amhara 10. Oromo 88. Others	
107	Education	1. Can't read and write 2. Read and write only 3. Primary education (1-6) 4. Secondary education (7-12) 5. above grade 12	

108	The total number of live births	_____	
109	The total number of children currently have	_____	
110	Total number of unsafe abortion that occur	_____	
111	Total number of previous safe abortion that occur	_____	

Section II. Concerning knowledge of abortion legalization

1. Does Ethiopia have abortion law? Yes [] No []

If “Yes”, for what reasons abortion is allowed by law?

1. _____

2. _____

3. _____

4. _____

2. If “No”, could you mention for what reasons abortion should be allowed by law?

1. _____

2. _____

3. _____

4. _____

Section III. Concerning client satisfaction

1. How do you see the confidentiality of service providers at this health facility?

2. What information did you get from service provider?

1. _____

2. _____

3. _____

4. _____

3. Can you suggest specific ways to improve abortion service at this facility?

1. _____

2. _____

3. _____

4. What was the best thing about your experience during this visit? _____

5. What was the worst thing about your experience during this visit? _____

Section IV. Concerning barriers on safe abortion service utilization

1. Did you face any problem to get safe abortion service?

At home _____

On the way _____

At the health facility _____

Section V. Concerning decision making process and support in safe

abortion service utilization

1. Have you discussed with anybody else when you thought to have safe abortion?

Yes [__]

No [__]

2. If “Yes” with whom you discussed?

3. If “No” why?

3. Could you explain to whom the issue of decision to have an abortion should be left for?

Annex V. ድምጻቸው ከ 18-49 ለሆኑ ሴቶች የመረጃ መስጫና የፈቃደኝነት መጠየቂያ ቅጽ

አዲስ አበባ ዩኒቨርሲቲ

በህክምና ፋካሊቲ የህብረተሰብ ጤና ት/ቤት

ክፍል 1. የመረጃ መስጫ ቅጽ

1. ጥናቱ የሚካሄድበት አካባቢ ስም (ዞን፣ ወረዳ፣ ቀበሌ) _____
2. የመጠይቁ መለያ ቁጥር _____

መግቢያ: ንደምን አደሩ/ዋሉ? ስሜ _____ ይባላል። በአዲስ አበባ ዩኒቨርሲቲ በህክምና ፋካሊቲ የህብረተሰብ ጤና ት/ ቤት አስተባባሪነት በሚከናወነው ጥናት ኔና ርስዎ አጠር ያለና ከ 30-35 ደቂቃ የሚወስድ ውይይት ይኖረናል። ለዚህም ውይይት ንዲተባበሩኝ በትህትና ጠይቃለሁ። ወደ ውይይቱ ከመግባ ችን በፊት ስለጥናቱ አላማና ጠቅላላ ሁኔ ስለማነብሎት በጥምና ንዲያዳምጡኝ ጠይቃለሁ። በመጨረሻም በጥናቱ ለመሳተፍ መስማማትዎን ወይም አለመስማማትዎን ይነገሩኛል።

የዚህ ጥናት አላማ በደቡብ ብሔር ብሔረሰቦችና ህዝቦች ክልል ንፅህናውን የጠበቀ የውርጃ አገልግሎት አጠቃቀም ሁኔ ምን ንዲሚመስል ለማወቅ ሲሆን ጥናቱ የሚካሄድበት መንገድ በመረጃ ሰብሳቢው በሚቀርብ መጠይቅ ይሆናል። መጠይቁ የጓደኛዎ፣ የቤተሰብዎና የራስዎን ሁኔ በተመለከተ ይሆናል። ርስዎ የሚሰጡት መረጃ ንፅህናውን የጠበቀ ህጋዊ የውርጃ አገልግሎት በደቡብ ክልልና በአገር አቀፍ ደረጃ ለማሰፋፋት ይረዳል።

በቆይ ዎ ሁሉ ሚስጥር ንዲሚጠበቅ ያረጋገጥኩኝ ለ ያንዳንዱ ተሳ ፊ የተለየ መለያ ቁጥር የሚኖረው ሲሆን ስምም አይጻፍም። ለማንኛውም ጥያቄ የሚሰጡት ምላሽ ለሌላ ሰው ተላልፎ የማይሰጥ ሲሆን የጥናቱ ሪፖርትም ስለ ርስዎ አይገልፅም። በተጨማሪም የጥናቱ ሪፖርት ቢ ተም የሚወጣው ስለአጠቃላይ ተሳ ፊ ሰዎች መረጃ ብቻ ይሆናል። መጠይቁ በፈቃደኝነት የተመሠረተ ሲሆን የ ርስዎ መሳተፍ ወይም አለመሳተፍ ንዲሁም ጥያቄዎችን ለመመለስ ፈቃደኛ አለመሆንና በጥያቄው ወቅት አቋርጦ መውጣት አሁንም ይሁን ወደፊት ርስዎም ይሁኑ ቤተሰብዎ በም ገኙት አገልግሎት ላይ ምንም አይነት ተፅ ኖ አይኖረውም።

በጥናቱ ለመሳተፍ ፈቃደኛ ነዎት?

1. () አዎ
2. () አይደለሁም

አመሰግናለሁ!!!

ማስ ወሻ፤

1. የጥናቱ ተሳ ፊ በጥናቱ ለመሳተፍ ፈቃደኛ ከሆኑ ወደፈቃደኝነት ማረጋገጫ ቅጽ ይለፉ።
2. የአገልግሎቱ ተጠቃሚዎች በጥናቱ ንዲሳተፉ ማስገደድ አያስፈልግም
3. ባክዎን በጥናቱ ለመሳተፍ ፈቃደኛ ያልሆኑትን ተሳ ፊ ድምጽ ይመዝግቡ

ክፍል 2. ድሜያቸው ከ 18-49 ስዎን ሴቶች የፈቃደኝነት መጠየቂያ ቅጽ

ከ ች ፊርማዬን ያኖርኩት ኔ የጥናቱ አላማ የተነገረኝ ሲሆን ለምጠየቀው ጥያቄ የማውቀውን መመለስ ንደምችል፤ ኔ የምስጠው መረጃ ለዚህ ጥናት አገልግሎት ብቻ የሚውል ሲሆን ስሜንና የምስጠው መረጃ በሚስጢር ንደሚጠበቅ ተነግሮኛል። ፍላጎት ከሌለኝ በጥናቱ ያለመሳተፍ ፣ ጥያቄ ያለመመለስና በጥያቄው ወቅት ምላሽ መስጠት ማቋረጥ ንደምችል ተነግሮኛል።

በዚህም መሠረት በጥናቱ ለመሳተፍ ፈቃደኛ መሆኔን በፊርማዬ አረጋግጣለሁ
ፊርማ _____

ቀን _____

ማስ ወሻ፤

1. የጥናቱ ተሳ ፊ በጥናቱ ለመሳተፍ ፈቃደኛ ከሆኑ መጠይቁን ይጀምሩ
2. የፈቃደኝነት መግለጫ በመልስ ሰጪው በቃል መሠጠቱን የሚያረጋግጥ የመረጃ ሠብሳቢው ስምና ፊርማ

ስም _____

ፊርማ _____

ቀን _____

ስልክ _____

ማንኛውም ገለፃ የሚያስፈልጋቸው ነገሮች ካሉ መረጃ ሠብሳቢውን ሆነ ዋና ተመራማሪውን በአካልም ሆነ በአድራሻቸው ይጠይቁ።

የዋናው ተማራማሪ አድራሻ

አድነው ይርጋ

አዲስ አበባ ዩኒቨርሲቲ

በህክምና ፋካሊቲ የህብረተሠብ ጤና ትምህርት ቤት

ፖ.ሳ.ቁ 9086

ስልክ 0912 18 12 12

ኢ.አ

Annex VI. ድምጻቸው ከ 15-17 ለሆኑ ሴት ህፃናቶች ለበጎ ፈቃደኝነት የመረጃ መስጫና የስምምነት ማረጋገጫ ቅጽ

አዲስ አበባ ዩኒቨርሲቲ

በህክምና ፋካሊቲ የህብረተሠብ ጤና ት/ ቤት

ክፍል 1. ለበጎ ፈቃደኝነት የመረጃ መስጫ ቅጽ

1. ጥናቱ የሚካሄድበት አካባቢ ስም (ዞን ፣ ወረዳ ፣ ቀበሌ) _____
2. የመጠይቁ መለያ ቁጥር _____

መግቢያ : ንደምን አደሩ/ ዋሉ? ስሜ _____ ይባላል። በአዲስ አበባ ዩኒቨርሲቲ በህክምና ፋካሊቲ በህብረተሰብ ጤና ት/ ቤት አስተባባሪነት በሚከናወነው ጥናት ኔና ርስዎ አጥር ያለና ከ 30-35 ደቂቃ የሚወስድ ውይይት ይኖረናል። ለዚህም ውይይት ንዲተባበሩኝ በትህትና ጠይቃለሁ። ወደ ውይይቱ ከመግባ ችን በፊት ስለጥናቱ አላማና ጠቅላላ ሁኔ ስለማኑብሎት በጥምና ንዲያዳምጡኝ ጠይቃለሁ። በመጨረሻም በጥናቱ ለመሳተፍ መስማማትዎን ወይም አለመስማማትዎን ይነግሩኛል።

የዚህ ጥናት አላማ በደቡብ ብሔር ብሔረሰቦችና ህዝቦች ክልል ንፅህናውን የጠበቀ የውርጃ አገልግሎት አጠቃቀም ሁኔ ምን ንዲሚመስል ለማወቅ ሲሆን ጥናቱ የሚካሄድበት መንገድ በመረጃ ሠብሳቢው በሚቀርብ መጠይቅ ይሆናል። መጠይቁ የራስዎን ፣ የጓደኛዎንና የቤተሰብዎን ሁኔ በተመለከተ ይሆናል። በጥናቱ በሚሳተፉበት ወቅት ምንም አይነት ጉዳት የማይደርስበት ሲሆን የሚያገኙትም ጥቅም አይኖርም። ሆኖም ግን የሚሰጡት መረጃ ንፅህናውን የጠበቀ የውርጃ አገልግሎት በደቡብ ክልልና በአገር አቀፍ ደረጃ ለማስፋፋት ይረዳል።

በቆይ ዎ ሁሉ ሚስጥር ከመጠበቁም በላይ ለ ያንዳንዱ ተሳ ፊ የተለየ መለያ ቁጥር የሚኖረው ሲሆን ስምም አይፃፍም። በተጨማሪም ለማንኛውም ጥያቄ የሚሠጡት ምላሽ ለሌላ ሠው ተላልፎ የማይሠጥ ሲሆን የጥናቱ ውጤት ሪፖርት ቢ ተም የሚወጣው ስለአጠቃላይ ተሳ ፊ ሰዎች መረጃ ብቻ ይሆናል።

መጠይቁ በፈቃደኝነት የተመሠረተ ሲሆን የ ርስዎ በጥናቱ መሳተፍ ወይም አለመሳተፍ ንዲሁም ጥያቄዎችን ለመመለስ ፈቃደኛ አለመሆንና በጥያቄው ወቅት አቋርጦ መውጣት አሁንም ይሁን ወደፊት ርስዎም ይሁኑ ቤተሠብዎ በም ገኙት አገልግሎት ላይ ምንም አይነት ተጽ ኖ አይኖረውም።

በጥናቱ ለመሳተፍ ፈቃደኛ ነዎት?

1. () አዎ
2. () አይደለሁም

አመሠግናለሁ !!!

- ማስ ወሻ፤
1. የጥናቱ ተሳ ፊ በጥናቱ ለመሳተፍ ፈቃደኛ ከሆኑ ወደ ስምምነት ማረጋገጫ ቅጽ ይለፉ።
 2. የአገልግሎቱ ተጠቃሚዎች በጥናቱ ንዲሳተፉ ማስገደድ አያስፈልግም።
 3. ባክዎን በጥናቱ ለመሳተፍ ፈቃደኛ ያልሆኑትን ተሳ ፊ ድምጽ ይመዝግቡ።

ክፍል 2. ድሜያቸው ከ 15-17 ለሆኑ ሴት ህፃናቶች የስምምነት ማረጋገጫ ቅፅ
 ከ ች ፊርማዬን ያኖርኩት ኔ የጥናቱ አላማ የተነገረኝ ሲሆን ለምጠየቀው ጥያቄ የማውቀውን መመለስ ንደምችልና በጥናቱ በምሳተፍበት ወቅት ምንም አይነት ጉዳት የማይደርሰብኝ መሆኑንና የማገኘውም ጥቅም አለመኖሩም ተነግሮኛል። ኔ የምሠጠው መረጃ ለዚህ ጥናት አገልግሎት ብቻ የሚውል መሆኑንና በሚስጥር ንደሚጠበቅ ንዲሁም ማንነቴ ንደማይገለፅ ተነግሮኛል። በተጨማሪም ፍላጎት ከሌለኝ በጥናቱ ያለመሳተፍ፣ ጥያቄዎችን ያለመመለስና በማንኛውም ጊዜ ከጥናቱ ተሳተፊነት አቋርጦ መውጣት ንደምችል ተነግሮኛል። በዚህም መሠረት በዚህ ጥናት ለመሳተፍ ተስማምቻለሁ።
 ፊርማ _____ ቀን _____

ማስ ወሻ ፤

1. የጥናቱ ተሳ ፊ በጥናቱ ለመሳተፍ የተስማሙ ከሆነ መጠይቁን ይጀምሩ
2. የስምምነት ማረጋገጫው በመልስ ሰጪው በቃል መሠጠቱን የሚያረጋግጥ የመረጃ ሠብሳቢው/ የጠያቂው ስምና ፊርማ
 ስም _____ ቀን _____
 ፊርማ _____ ስልክ _____

ማንኛውም ገለፃ የሚያስፈልጋቸው ነገሮች ካሉ መረጃ ሠብሳቢውን ሆነ ዋና ተመራማሪውን በአካልም ሆነ በአድራሻቸው ይጠይቁ።

የዋናው ተመራማሪ አድራሻ

አድነው ይርጋ

አዲስ አበባ ዩኒቨርሲቲ

በህክምና ፋካሊቲ የህብረተሠብ ጤና ትምህርት ቤት

ፖ.ሳ.ቁ 9086

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ኢ.ኦ

Annex VII. Questionnaire for the Quantitative method (Amharic Version)

ክፍል 1: ማህበራዊና ነባራዊ ሁኔ

ተ.ቁ	ጥያቄ	መልስ	ወደ ጥያቄ__ይለፋ
101	እድሜ (በዓመት)	_____	
102	መኖሪያ ቦታ	1. ከተማ 2. ገጠር	
103	የጋብቻ ሁኔታ	1. ያላገባች 2. በአሁን ወቅት ጋብቻ ላይ ያለች 3. የፈታች 4. ባል የሞተባት 5. የተለያዩች	
104	በአሁን ወቅት ያላቸው ሀይማኖት	1. ኦርቶዶክስ 2. ሙስሊም 3. ካቶሊክ 4. ፕሮቴስታንት 88. ሌሎች (ይጠቀስ) _____	
105	የስራ ሁኔታ	1. ገበሬ 2. ተማሪ 3. የቤት እመቤት 4. የመንግስት ሠራተኛ 5. ነጋዴ 6. በግል መስሪያ ቤት ተቀጣሪ 7. የግል ስራ 8. የቡና ቤት ስራተኛ 88. ሌሎች (ይጠቀስ) _____	
106	ብሔር	1. ሲዳማ 2. ወላይታ 3. ጉራጌ 4. ጌድዮ 5. ከንባታ 6. ሀድያ 7. ስልጤ 8. ሀላባ 9. አማራ 10. ኦሮሞ 88. ሌሎች (ይጠቀስ) _____	
107	የትምህርት ሁኔታ	1. ማንበብና መጻፍ የማትችል 2. ማንበብና መጻፍ የምትችል 3. 1ኛ ደረጃ /h1-6/ 4. 2ኛ ደረጃ /h 7-12/ 5. ከ2ኛ ደረጃ በላይ	

ክፍል 2: የሰነተዋልዶ ሁኔታ በተመለከት

ተ.ቁ	ጥያቄ	መልስ	ወደ ጥያቄ_ይለፉ
201	እስካሁን ለምን ያህል ጊዜ አርግዘሻል?	_____	አንድ ጊዜ ካሉ ወደ ጥያቄ 208 ይለፉ
202	በመጀመሪያ እርግዝናዎ ወቅት እድሜሽ ሰንት ነበር?	_____	
203	በህይወት የተወለዱ ልጆች ብዛት	_____	
204	በአሁን ሰዓት ያለዎት ልጅ ብዛት?	_____	
205	ሁሉም እርግዝናዎች የተፈለጉ ነበሩ?	1. አዎ 2. አይደለም	አዎ ካሉ ወደ ጥያቄ 208 ይለፉ
206	የተራ ቁጥር «205» ጥያቄ አይደለም የሚል ከሆነ የትኛው እርግዝና የተፈለገ አልነበረም?	1. 1 ኛው 2. 2ኛው 3. 3 ኛው 4. 4ኛው 5. 5ኛው 6. ሁሉም 88. ሌሎች (ይጠቀስ) _____	
207	ባልተፈለገ እርግዝና ምክንያት ምን ተከሰተ? (ከአንድ በላይ ምላሽ መሰጠት ይቻላል)	1. አግብተው ወለዱ 2. አላገቡም ነገር ግን ወለዱ 3. ውርጃ አከናወኑ 4. ትምህርት አቋረጡ 5. ከጎደኛቸው /ከእጮኛቸው ተለያዩ/ 6. ባልፈልግ ወለድኩ 88. ሌሎች (ይጠቀስ) _____	
208	የወሊድ መከላከያ ተጠቅመው ያውቃሉ?	1. አዎ 2. አላውቅም	አላውቅም ካሉ ወደ ክፍል 3 ይለፉ
209	የተራ ቁጥር «208» መልስ አዎ ከሆነ ምን አይነት መንገድ ይጠቀሙ ነበር?	1. ባህላዊ (ይጠቀስ) _____ 2. በመርፌ የሚሰጥ 3. እንክብል ኪኒን 4. ኮንዶም፣ 88. ሌሎች (ይጠቀስ) _____	

ክፍል 3: ውርጃ በተመለከተ

ተ.ቁ	ጥያቄ	መልስ	ወደ ጥያቄ __ ይለፉ
301	ከዚህ በፊት ውርጃ ኖርዎት ያውቃል?	1. አዎ 2. የለም	የለም ካሉ ወደ ጥያቄ 311 ይለፉ
302	የተራ ቁጥር «301» መልስ አዎን ከሆነ ለምን ያህል ጊዜ ውርጃ አጋጥሞል?	_____	
303	የአሁኑን ጨምሮ የውርጃ አገልግሎት ለማግኘት ጤና ድርጅት ሲገቡ ስንተኛዎት ነው?	1. አንድ ጊዜ 2. ሁለት ጊዜ 3. ሦስት ጊዜ 4. አራት ጊዜ 88. ሌሎች (ይጠቀስ) _____	
304	የተራ ቁጥር «301» መልስ አዎን ከሆነ ምን አይነት ውርጃ ነበር?	1. በራሱ ጊዜ የተከተሰ 2 በራስ የተሞከረ 3. በሌሎች የተሞከረ 4. ንፅህናውን የጠበቀ 88. ሌሎች (ይጠቀስ) _____ 98. አላውቅም 99. ምላሽ አልተሰጠም	«1» ወይም «4» ካሉ ወደ ጥያቄ 311 ይለፉ
305	የተራ ቁጥር «304» መልስ «2» ወይም «3» ከሆነ ውርጃ ለማከናወን ያስገደደዎት ዋና ምክንያቶች ምን ነበር?	1. ቤተሰብን በመፍራት 2. ማህበረሰብ በመፍራት 3. ትምህርት ላለማቋረጥ 4. የገንዘብ ችግር 5. የጤና ክልምክንያት 6. ከቀድሞ ርግዝና ጋር በጣም የተቀራረበ ስለነበር ነው 7. ያል ቀደ ርግዝና በመሆኑ 88. ሌሎች (ይጠቀስ) _____ 98. አላውቅም 99. ምላሽ አልተሰጠም	
306	የውርጃ አገልግሎት የሰጠዎት ማን ነበር?	1. የጤና ባለሙያ (ነርስና ከዚያ በላይ) 2. ጤና ረዳት 3. ባህላዊ የህክምና ባለሙያ 4. በራስ የተሞከረ 88. ሌሎች (ይጠቀስ) _____ 98. አላውቅም 99. ምላሽ አልተሰጠም	

307	የውርጃ አገልግሎት ያገኙበት ቦ የት ነው?	<ol style="list-style-type: none"> 1. በራስ ቤት ውስጥ 2. በዘመድ ቤት ውስጥ 3. በጤና ድርጅት 4. የውርጃ አገልግሎት በሰጠው ሰው ቤት ውስጥ 5. በግል ሆስፒታል 88. ሌሎች (ይጠቀስ) _____ 98. አላውቅም 99. ምላሽ አልተሰጠም 	
308	በውርጃው ምክንያት የተከሰተ ችግር ነበር?	<ol style="list-style-type: none"> 1. አዎ 2. የለም 	የለም ካሉ ወደ ጥያቄ 310 ይለፉ
309	የተራ ቁጥር «308» ጥያቄ አዎ ከሆነ ምን አይነት ችግር ነበረ?	<ol style="list-style-type: none"> 1. ከፍተኛ ደም መፍሰስ 2. ከፍተኛ ህመም 88. ሌሎች (ይጠቀስ) _____ 	
310	የተራ ቁጥር «301» መልስ አዎን ከሆነ የውርጃ አገልግሎት ለማግኘት ሲያስቡ ከማን ጋር ተወያይተዋል?	<ol style="list-style-type: none"> 1. ከ ጮኛ 2. ከባል ጋር 3. ከሴት ጓደኛ ጋር 4. ከ ናት 5. ከአባት 6. ከ ህት 7. ከጤና ባለሙያ ጋር 8. ህጋዊ ያልሆነ የውርጃ አገልግሎት ከሚሰጥ ሰው ጋር 9. ከማንም ጋር 88. ሌሎች (ይጠቀስ) _____ 99. ምላሽ አልተሰጠም 	
311	አሁን የተከሰተው ርግዝና የተፈለገ ነበር?	<ol style="list-style-type: none"> 1. አዎ 2. አይደለም 	አዎ ካሉ ወደ ጥያቄ 313 ይለፉ
312	የተራ ቁጥር «311» ጥያቄ መልስ አይደለም የሚል ከሆነ ያለመፈለጉ ምክንያት ምንድን ነው?	<ol style="list-style-type: none"> 1. በመደፈር በመረገዝ 2. በዘመድ በመረገ ዙ 3. የወሊድ መከላከያ ባለመውሰድ በመረገዝ 4. የወሊድ መከላከያ ባለመሰራቱ 5. አላረግዝም ብሎ በማሰብ 6. የወሊድ መከላከያ በአግባቡ ባለመጠቀም 7. ከጋብቻ ወጭ ስለሆነ 8. ተማሪ ስለሆንኩ 9. የተቀራረበ እርግዝና ስለሆነ 88. ሌሎች(ይጠቀስ) _____ 98. አላውቅም 99. ምላሽ አልተሰጠም 	

313	<p>በዚህ ጤና ድርጅት የውርጃ አገልግሎት መኖሩን መረጃ ከማን አገኙ? (ከአንድ በላይ ምላሽ መስጠት ይቻላል)</p>	<ol style="list-style-type: none"> 1. ከወንድ ጓደኛ 2. ከሴት ጓደኛ 3. ከቤተሰብ 4. ከጤና ባለሙያ 5. ከጤና ኤክስቴንሽን ባለሙያ 6. ከባል 7. ከማንም 8. ከትምህርት ቤት 88. ሌሎች (ይጠቀስ)_____ 	
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ክፍል 4: የውርጃ ህጋዊነትን እውቀት በተመለከት

ተ.ቁ	ጥያቄ	መልስ	ወደ ጥያቄ _ ይለፉ
401	ኢትዮጵያ ውስጥ አሁን ያለው የውርጃ ህግ አንዲት ሴት ውርጃ ንድ ደርግ ይፈቀዳል?	1. አዎ 2. የለም 98. አላውቅም 99. ምላሽ አልተሰጠም	የለም ካሉ ወይም አላውቅ ም ካሉ ወይም ምላሽ አልተሰጠም ከሆነ ወደ ጥያቄ 408 ይለፉ
402	የተራ ቁጥር «401» መልስ አዎን ከሆነ በኢትዮጵያ ውርጃ በምን ምክንያት በህግ የተፈቀደ ነው?	1. የአካላዊና የአእምሮ የጤና ችግር ሲኖር 2. በመደፈር የተከሰተ እርግዝና 3. በዘመድ የተረገዘ እርግዝና 4. እድሜ ከ18 ዓመት በታች ከሆነ 5. በፅንሱ ላይ ያልተስተካከለ እድገትና የአካል ጉዳት ካለበት 88. ሌሎች (ይጠቀስ) _____ 98. አላውቅም 99. ምላሽ አልተሰጠም	
403	የተራ ቁጥር «401» መልስ አዎን ከሆነ በዚህ የውርጃ ህግ መሰረት አንዲት ሴት የሰንት ሳምንት ፅንሰ ማስወረድ ትችላለች?	_____	
404	የተራ ቁጥር «401» መልስ አዎን ከሆነ አሁን ያለው የአገራችን የውርጃ ህግ ንዴት ያዩ ል?	1. ጥብቅ ነው 2. ሙሉ በሙሉ ህጋዊ ነው 3. ተስማሚ ነው 88. ሌሎች (ይጠቀስ) _____ 98. አላውቅም 99. ምላሽ አልተሰጠም	
405	የውርጃ ህግ አሁን ካለው ሁኔታ የበለጠ ህጋዊ ቢሆን ንፅህናውን ካልጠበቀ ውርጃ ጋር ተያይዘው የሚመጡ ችግሮችን ለመቀነስ ይጠቅማል ይላሉ?	1. አዎ 2. የለም 98. አላውቅም 99. ምላሽ አልተሰጠም	
406	የጤና ባለሙያ ውርጃን በተመለከተ ከ ርስዎ ጋር ተወያይቶ ያውቃል?	1. አዎን 2. የለም	የለም ካሉ ወደ ጥያቄ 408 ይለፉ

407	የተራ ቁጥር «406» መልስ አዎን ከሆነ ከማን ጋር ተወያይተዋል?	1. ነርሰና ከዚያ በላይ 2. ከጤና ኤክስፔንሽን ባለሙ ጋር 88. ሌሎች ይጠቀስ _____	
408	የተራ ቁጥር «401» መልስ የለም ከሆነ ውርጃ ለምን ምክንያቶች ህጋዊ መሆን አለበት ይላሉ? (ከአንድ በላይ ምላሽ መስጠት ይቻላል)	1. ባስፈለገ ጊዜ ሁሉ 2. ለኢኮኖሚያዊ ምክንያቶች 3. በጤና ችግር ምክንያት 4. ለተደፈረ 5. ላልተፈለገ እርግዝና 6. ለተቀራረብ እርግዝና 7. ተማሪ ለሆኑ 8. ትዳር ለሌላቸው 88. ሌሎች (ይጠቀስ) _____ 98. አላውቅም 99. ምላሽ አልተሰጠም	
409	በአገራችን ውርጃ በጥያቄ መሰረት ወይም ሰፊ ላሉ ሁኔታዎች በህግ የተፈቀደ አይደለም የ ርስዎ ምርጫ ምንድን ነው?	1. ባስፈለገ ጊዜ ሁሉ ንዲፈቀድ 2. ሰፊ ላሉ ሁኔታዎች ንዲፈቀድ 3. የአሁኑ ህግ ንዲቀጥል 4. የበለጠ ህጋዊ ንዲይሆን ማድረግ 98. አላውቅም 99. ምላሽ አልተሰጠም	
410	የውርጃ ህግ ባስፈለገ ወይም በተጠየቀ ጊዜ ቢፈቀድ፣ የውርጃ አገልገሎት ቢኖር ና ያልተፈለገ ርግዝና ቢያጋጥምዎት የአገልግሎቱ ተጠቃሚ ይሆናሉ?	1. አዎ 2. አልሆንም 98. አላውቅም 99. ምላሽ አልተሰጠም	የለም ካሉ ወይም አላውቅም ካሉ ወይም ምላሽ አልተሰጠም ከሆነ ወደ ጥያቄ 412 ይለፉ
411	የተራ ቁጥር «410» መልስ አዎን ከሆነ ንፅህናውን የጠበቀ የውርጃ አገልገሎት የት ቢሰጥ ይመርጣሉ? (ከአንድ በላይ ምላሽ መስጠት ይቻላል)	1. በመንግስት ሆስፒታል ል 2. በመንግስት ጤና ጣቢያ 3. በግል ሆስፒታል ል 4. በግል ክሊኒክ 88. ሌሎች (ይጠቀስ) _____	

412	የተራ ቁጥር «410» መልስ አልጠቀምም ከሆነ ለምን? (ከአንድ በላይ ምላሽ መስጠት ይቻላል)	<ol style="list-style-type: none"> 1. ውርጃ ከሃይማኖት ፈቃድ ውጭ ስለሆነ 2. ባሕል ስለማይቀበለው 3. ነፍስ ንደማጥፋት ስለሚቆጠር 4. ያልተፈለገ ርግዝና ንዲክስት ስለሚያበረ 5. ውርጃ ንዲስፋፋ ስለሚያበረ 6. ከጋብቻ በፊት የ ዊ ግንኙነትና ከጋብቻ በኋላ ከአንድ በላይ የግብረሰጋ ግንኙነት ንደኛ ንዲኖር ስለሚያበረ <p>88. ሌሎች (ይጠቀስ) _____</p> <p>98. አላውቅም</p> <p>99. ምላሽ አልተሰጠም</p>	
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ክፍል 5: የተጠቃሚዎች እርካታ በተመለከተ

ተ.ቁ	ጥያቄ	መልስ	ወደ ጥያቄ _____ ይለፉ
501	ዚህ ጤና ድርጅት ውስጥ ከመጡ በኋላ የውርጃ አገልግሎት ከማግኘትዎ በፊት የተሰጠዎትን መረጃ ንዴት ያዩ ል?	<ol style="list-style-type: none"> 1. በጣም ያረካል 2. ያረካል 3. ምንም አይልም 4. አያረካም 5. በጭራሽ አያረካም <p>99. ምላሽ አልተሰጠም</p>	«1 ወይም «2» ወይም «3» ካሉ ወደ ጥያቄ 503 ይለፉ
502	የተራ ቁጥር 501 መልስ «4» ወይም «5 ካሉ ምን አይነት ችግሮች ነበሩ?	<ol style="list-style-type: none"> 1. _____ 2. _____ 3. _____ <p>98 አላውቅም</p> <p>99. ምላሽ አልተሰጠም</p>	
503	የውርጃ አገ/ት ካገኙ በኋላ ለክትትል ንዲመጡ ተነግሮዎ ል ?	<ol style="list-style-type: none"> 1. አዎ 2. የለም <p>99. ምላሽ አልተሰጠም</p>	
504	አገልግሎቱን የሰጠዎት ባለሙያና ሌሎች ባለሙያዎች አያያዝ ሁኔ ንዴት ያዩ ል?	<ol style="list-style-type: none"> 1. በጣም ያረካል 2. ያረካል 3. ምንም አይልም 4. አያረካም 5. በጭራሽ አያረካም <p>99. ምላሽ አልተሰጠም</p>	«1» ወይም «2» ወይም «3» ካሉ ወደ ጥያቄ 507 ይለፉ
505	የተራ ቁጥር «505» መልስ «4» ወይም «5» ከሆነ ምን አይነት ችግሮች ነበሩ?	<ol style="list-style-type: none"> 1. _____ 2. _____ 3. _____ <p>99. ምላሽ አልተሰጠም</p>	

506	የውርጃ አገልግሎት ሲሰጥ ሚስጠር የመጠበቁ ሁኔ ንዴት ይዩ ል?	<ol style="list-style-type: none"> 1. በጣም ያረከል 2. ያረካል 3. ምንም አይልም 4. አያረካም 5. በጭራሽ አያረካም 99. ምላሽ አልተሰጠም	«1» ወይም «2» ወይም «3» ካሉ ወደ ጥያቄ 509 ይለፉ
507	የተራ ቁጥር «507» መልስ «4» ወይም «5» ከሆነ ምን አይነት ችግሮች ነበሩ?	<ol style="list-style-type: none"> 1. _____ 2. _____ 99. ምላሽ አልተሰጠም	
508	የውርጃ አገልግሎት የሰጠዎት ባለሙያ ሚስጠርዎን ይጠብቃል ብለው ያምናሉ?	<ol style="list-style-type: none"> 1. አዎ 2. የለም 	
509	ክትትል ለማድረግ ተመልሰው ይመጣሉ?	<ol style="list-style-type: none"> 1. አዎ 2. የለም 	አዎ ካሉ ወደ ጥያቄ 514 ይለፉ
510	የተራ ቁጥር «515» መልስ የለም ከሆነ ለምን?	<ol style="list-style-type: none"> 1. _____ 2. _____ 3. _____ 	
511	ስለወደፊት ርግዝና ያለዎት አመለካከት ምን ይመስላል?	<ol style="list-style-type: none"> 1. ማርገዝ አልፈልግም 2. ከ _____ ወር በኋላ ማርገዝ ፈልጋለሁ 88. ሌሎች (ይጠቀስ) _____ 99. ምላሽ አልተሰጠም	
512	ጓደኛዎ ወይም ዘመድዎ ያልተፈለገ ርግዝና ቢያጋጥማቸው የውርጃ አገልግሎት ንዲያገኙ ወደዚህ ጤና ድርጅት ይልካሉ?	<ol style="list-style-type: none"> 1. አዎ 2. የለም 	አዎ ካሉ ወደ ጥያቄ 517 ይለፉ
513	የተራ ቁጥር «515» መልስ የለም ከሆነ ጓደኛዎን ወይም ዘመድዎን ወዴት መላክ ይመርጣሉ?	<ol style="list-style-type: none"> 1. የግል ክሊኒክ 2. የመንግስት ሆስፒታል 3. የመንግስት ጤና ጣቢያ 4. የባህላዊ ህክምና ባለሙያ 88. ሌሎች (ይጠቀስ) _____ 98. አላውቅም 99. ምላሽ አልተሰጠም	
514	የ ርስዎ ጓደኞችና ሌሎች በሕብረተሰቡ ውስጥ የሚገኙ ሰዎች በዚህ ጤና ድርጅት ስለሚሰጠው የውርጃ አገልግሎት ያላቸው አመለካከት ምን ይመስላል?	<ol style="list-style-type: none"> 1. በጣም ያረካል 2. ያረካል 3. ምንም አይልም 4. አያረካም 5. በጭራሽ አያረካም 99. ምላሽ አልተሰጠም	አዎ ካሉ ወደ ጥያቄ 519 ይለፉ

515	በአጠቃላይ በዚህ ጤና ድርጅት ውስጥ የውርጃ አገልግሎት አሰጣጥ ሁኔ አንዴት ያዩ ል?	<ol style="list-style-type: none"> 1. በጣም ያረካል 2. ያረካል 3. ምንም አይልም 4. አያረካም 5. በጭራሽ አያረካም 99. ምላሽ አልተሰጠም	
516	የውርጃ አገልግሎት ካገኙ በኋላ የቤተሰብ ምጣኔ አገልግሎት አግኝተዋል ወይ?	<ol style="list-style-type: none"> 1. አዎ 2. አላገኘሁም 	አላገኘሁም ካሉ ወደ ጥያቄ 522 ይለፉ
517	የተራ ቁጥር «520» መልስ አዎ ከሆነ ምን አይነት የቤተሰብ ምጣኔ ተሰጥዎት?	<ol style="list-style-type: none"> 1. ንክብል ክኒን 2. በመርፊ የሚሰጥ 3. ኮንዶም 88. ሌሎች (ይጠቀስ) _____	
518	የተራ ቁጥር «520» መልስ የለም ከሆነ ለምን?	<ol style="list-style-type: none"> 1. የወሊድ መከላከያ መውሰድ ስላልፈለኩኝ 2. አገልግሎት የሰጠኝ ባለሙያ አልነገረኝም 3. የምፈልገው የወሊድ መከላከያ አልነበረም 88. ሌሎች (ይጠቀስ) _____ 99. ምላሽ አልተሰጠም	

ክፍል 6: በውርጃ አገልግሎት አጠቃቀም ላይ ያሉ ችግሮች

ተ.ቁ	ጥያቄ	መልስ	ወደ ጥያቄ _____ ይለፉ
601	የውርጃ አገ/ት ለማግኘት ወደዚህ ጤና ድርጅት ሲመጡ ምን ያህል ኪሎ ሚትር ተጓዙ?	_____	
602	ወደዚህ ጤና ድርጅት ለመድረስ ምን ያህል ሰዓት ወሰድብዎት? (በደቂቃ)	_____	
603	ወደዚህ ጤና ድርጅት ሲመጡ የትራንስፓርት ሁኔታ እንዴት ያዩታል?	<ol style="list-style-type: none"> 1. በጣም በቀላሉ ተራንስፖርት ማግኘት ይቻላል 2. በቀላሉ ትራንስፓርት ማግኘት ይቻላል 3. ትራንስፓርት ለማግኘት በጣም አስቸጋሪ ነው 4. ትራንስፓርት ማግኘት አይቻልም 	
604	ወደዚህ ጤና ድርጅት ሲመጡ የትራንስፓርት ዋጋ እንዴት ነበር?	<ol style="list-style-type: none"> 1. እርካሽ ነው 2. መካከለኛ ነው 3. ውድ ነው 98. አላውቅም 	
605	ወደዚህ ጤና ድርጅት ውስጥ ከመጡ በኋላ አገልግሎት የሚሰጥበት ቦታ ለማግኘት አስቸግሮታል?	<ol style="list-style-type: none"> 1. አዎ 2. የለም 	የለም ካሉ ወደ ጥያቄ 607 ይለፉ
606	የተራ ቁጥር «605» መልስ አዎን ከሆነ ምን አይነት ችግሮች አሉ?	<ol style="list-style-type: none"> 1. በቂ ምልክት የለም 2. ባለሙያዎች አይተባበሩም 99. ምላሽ የለም 	
607	የውርጃ አገልግሎት የሚሰጥበት ቦታ ከሌላ በኋላ አገልግሎቱን ለማግኘት አስቸግሮታል?	<ol style="list-style-type: none"> 1. አዎ 2. የለም 98. አላውቅም 99. ምላሽ የለም 	የለም ካሉ ወደ ጥያቄ 609 ይለፉ
608	የተራ ቁጥር «607» መልስ አዎን ከሆነ ምን አይነት ችግሮች ነበሩ?	<ol style="list-style-type: none"> 1. አገልግሎት የሚሰጥበት ክፍል ዝግ ነበር 2. ከአገልግሎት በፊት ክፍያ ነበረ 3. መድሀኒትና ሌሎች ነገሮች መግዛት ነበረ 99. ምላሽ የለም 	

609	በጤና ድርጅቱ ውስጥ የውርጃ አገልግሎት ለማግኘት ምን ያህል ሰዓት ወሰደብዎት? (በደቂቃ)	_____	
610	የውርጃ አገልግሎት ለማግኘት ምን ያህል ገንዘብከፈሉ?	_____	
611	የውርጃ አገ/ት ክፍያ ዋጋ እንዴት ያዩ ል?	<ol style="list-style-type: none"> 1. በጣም ትንሽ ነው 2. መካከለኛ ነው 3. ውድ ነው 4. የሚቻል አይደለም 5. ነፃ ነበር 98. አላውቅም 	

ክፍል 7: ንፅህናውን የጠበቀ የውርጃ አገልግሎት አጠቃቀም ላይ ውሳኔ የመውሰድ ሁኔታና ድጋፍ የማግኘት ሁኔታ

ተ.ቁ	ጥያቄ	መልስ	ወደ ጥያቄ _____ ይለፉ
701	የአሁኑ ውርጃ ለማድረግ ሲያሰቡ ከማን ጋር ተወያዩ?	<ol style="list-style-type: none"> 1. ከባል ጋር 2. ከሴት ጓደኛ ጋር 3. ከእራሳችን 4. ከአባትና 5. ከእናት ጋር 6. ከወንድም 7. ከእህት 8. ከማንም 9. ከወንድ ጓደኛ 10. ከጤና ባለሙያ 88. ሌሎች ይጠቀስ _____ 	
702	ውርጃ ለማድረግ ውሳኔ የመወሰን ሁኔታ ለማን መተው አለበት ይላሉ?	<ol style="list-style-type: none"> 1. ለሴቶች 2. ለባል 3. ለባልና ለሚሰት 4. ለወንድምና ለእህት 5. ለሃኪም 6. ለአባትና ለእናት 7. ለመንግሥት 98. አላውቅም 	

Annex VIII. Semi structured Questionnaire for the qualitative method (Amharic Version)

ክፍል 1: ማህበራዊና ነባራዊ ሁኔ

ተ.ቁ	ጥያቄ	መልስ	ወደ ጥያቄ _____ ይለፉ
101	እድሜ (በዓመት)	1. 15-19 2. 20-24 3. 25-29 4. 30-34 5. 35 6. 40+	
102	መኖሪያ ቦታ	1. ከተማ 2. ገጠር	
103	የጋብቻ ሁኔታ	1. ያላገባች 2. በአሁን ወቅት ጋብቻ ላይ ያለች 3. የፈታች 4. ባል የሞተባት 6. የተለያዩች	
104	በአሁን ወቅት ያላቸው ሀይማኖት	1. ኦርቶዶክስ 2. ሙስሊም 3. ካቶሊክ 4. ፕሮቴስታንት 88. ሌሎች (ይጠቀስ) _____	
105	የስራ ሁኔታ	1. ገበሬ 2. ተማሪ 3. የቤት እመቤት 4. የመንግስት ሠራተኛ 5. ነጋዴ 6. በግል መስሪያ ቤት ተቀጣሪ 7. የግል ስራ 8. የቡና ቤት ሰራተኛ 88. ሌሎች (ይጠቀስ) _____	

106	ብሔር	<ol style="list-style-type: none"> 1. ሲዳማ 2. ወላይታ 3. ጉራጌ 4. ጌድዮ 5. ከንባታ 6. ሀድያ 7. ስልጤ 8. ሀላባ 9. አማራ 10. ኦሮሞ 88. ሌሎች (ይጠቀስ) _____ 	
107	የትምህርት ሁኔታ	<ol style="list-style-type: none"> 1. ማንበብና መጻፍ የማትችል 2. ማንበብና መጻፍ የምትችል 3. 1ኛ ደረጃ /ከ1-6/ 4. 2ኛ ደረጃ /ከ 7-12/ 5. ከ2ኛ ደረጃ በላይ 	
108	በህይወት የተወለዱ ልጆች ብዛት	<ol style="list-style-type: none"> 1. ከ 1-3 2. ከ 4-6 3. ከ 7-9 4. 10 እና ከዚያ በላይ 	
109	በአሁን ሰዓት ያለዎት ልጅ ብዛት?	<ol style="list-style-type: none"> 1. 1 2. 2 3. 3 4. 4 5. 5 እና ከዚያ በላይ 	
110	ለምን ያህል ጊዜ ንጽሕናውን ያልጠበቀ ውርጃ ኖሮዎት ያውቃል	<ol style="list-style-type: none"> 1.0 2.1 3.2 4.3+ 	
111	ለምን ያህል ጊዜ ንጽሕናውን የጠበቀ ውርጃ አከናውነዋል?	<ol style="list-style-type: none"> 1.0 2.1 3.2 	

ክፍል 2. የውርጃ ህጋዊነትን ዕውቀት በተመለከተ

1. ኢትዮጵያ የውርጃ ሕግ አላት?

() አዎ () የላትም

2. አዎ ካሉ ውርጃ በህግ የተፈቀደው ለምን ምክንያቶች ነው?

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

3. የላትም ካሉ ለምን ምክንያቶች ውርጃ በሕግ መፈቀድ አለበት ይላሉ?

- 1. _____
- 2. _____
- 3. _____
- 4. _____

ክፍል 3. የተጠቃሚዎች እርካታን በተመለከተ

1. በዚህ ጤና ድርጅት ውስጥ የአገልግሎት ሰጪ ባለሙያዎች ሚስጥር ጠባቂነት እንዴት ያዩታል?

2. ከአገልግሎቱ ሰጪ ባለሙያ ምን አይነት መረጃ አገኙ?

- 1. _____
- 2. _____
- 3. _____
- 4. _____

3. በዚህ ጤና ድርጅት ንጽሕናውን የጠበቀ የውርጃ አገልግሎት ለማሻሻል ይቻል ዘንድ የሚሰጡት አስተያየት ካለ?

- 1. _____
- 2. _____
- 3. _____

4. ይህን ጤና ድርጅት ሲጎበኙ ጥሩ ጎን ነው የሚሉት ነገር ካለ? _____

5. ይህን ጤና ድርጅት ሲጎበኙ መጥፎ ጎን ነው የሚሉት ነገር ካለ? _____

ክፍል 4. በውርጃ አገልግሎት አጠቃቀም ላይ ያሉ ችግሮች በተመለከተ

1. ንጽሕናውን የጠበቀ የውርጃ አገልግሎት ለማግኘት ያጋጠምዎት ችግር አለ?

- 1.1. በቤት_____
- 1.2. በመንገድ_____
- 1.3. በጤና ድርጅት_____

ክፍል 5. ንጽሕናውን የጠበቀ የውርጃ አገልግሎት አጠቃቀም ላይ ውሳኔ የመውሰድ ሁኔታና ድጋፍ የማግኘት ሁኔታ በተመለከተ

1. ውርጃ ለማድረግ ሲያስቡ ከማንኛውም ሰው ጋር ተወያይተዋል?

() አዎ () አልተወያየሁም

2. አዎ ከሆነ ከማን ጋር ተወያዩ?

- 1. _____
- 2. _____

3. አልተወያየሁም ካሉ ለምን?

4. ውርጃ ለማከናወን የመወሰን ሁኔታ ለማን መተው አለበት ይላሉ?
