

ADDIS ABABA UNIVERSITY
COLLEGE OF HEALTH SCIENCES
SCHOOL OF PUBLIC HEALTH



**ASSESSMENT OF THE MAGNITUDE AND FACTORS ASSOCIATED
WITH AN UNINTENDED PREGNANCY AMONG CURRENTLY
PREGNANT WOMEN ATTENDING ANTENATAL CARE IN ADDIS
ABABA, ETHIOPIA**

BY: MURADU MELIS (BSc.)

**A THESIS SUBMITTED TO THE ADDIS ABABA UNIVERSITY, COLLEGE
OF HEALTH SCIENCES, SCHOOL OF PUBLIC HEALTH IN PARTIAL
FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF
MASTER OF PUBLIC HEALTH.**

JUNE 2011
ADDIS ABABA, ETHIOPIA

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List of abbreviations

| | |
|--------------|--|
| AAU | Addis Ababa University |
| AHB | Addis Ababa Health Bureau |
| ANC | Antenatal care |
| AOR | Adjusted Odds Ratio |
| CBS | Community based study |
| CI | Confidence Interval |
| COR | Crude Odds Ratio |
| CPR | Contraceptive Prevalence Rate |
| CSA | Central Statistical Authority |
| DHS | Demographic and Health Survey |
| FGAE | Family guidance association of Ethiopia |
| HFBS | Health Facility based study |
| ICPD | International Conference Population and Development |
| IUD | Intra Uterine Device |
| KAP | Knowledge attitude and practice |
| LAM | Lactational ammenorrhoea method |
| FPM | Family planning method |
| MDG | Millennium development goal |
| MOH | Ministry of Health |
| NFS | National fertility survey |
| SPH | School of Public Health |
| STD | Sexually Transmitted Disease |
| TFR | Total fertility rate |
| UNFPA | United Nation Fund Population Agency |
| WFS | World fertility survey |
| WHO | World Health Organization |

Abstract

Background: Unintended pregnancy is a pregnancy that is either mistimed or unwanted at the time of conception. Unintended pregnancy is an important public health issue in both developing and developed countries because of its negative association with the social and health outcomes for both mothers and children.

Objective: The objective of this study was to assess the prevalence and factors to unintended pregnancy among currently pregnant women attending antenatal care in Addis Ababa, Ethiopia.

Methods: A facility based cross sectional study design was used to assess the prevalence and the factors to unintended pregnancy in Addis Ababa, Ethiopia. The study was carried out in ten health centers selected from ten sub cities of Addis Ababa. The health centers from each sub cities and the study subjects from each health center were selected using a convenient sampling technique. Data were collected using a structured questionnaire administered by interviewers. Logistic regression was used to assess the effect of independent variables on unintended pregnancy.

Results: All of the 375 surveyed currently pregnant women responded to the interview. From all respondents more than one-third 145 (38.7%) reported that their current pregnancy was unintended. From all unintended pregnancies (141(97.2%) and 4(2.8%) of them were mistimed and unwanted respectively. Some factors in this study were significantly associated with unintended pregnancy like: age at first marriage, desired number of children, and number of pregnancies (p-value <0.05).

Conclusion: The findings of this study showed that (38.7%) prevalence of unintended pregnancy in the study population. In addition to that, there were several aspects of socio-demographic characteristics like: marital status, educational status and husband or partner communication about family planning found to be associated with unintended pregnancy. Hence, interventions need to be designed to prevent unintended pregnancy by focusing on the identified factors so that the maternal mortality and morbidity as well as the need for abortion are decreased and the overall well-being of the family is maintained and enhanced.

1 INTRODUCTION

1.1 Background

Unintended pregnancy is a pregnancy that is either mistimed (i.e., it occurred earlier than desired) or unwanted (i.e. it occurred when no children, or no more children were desired) at the time of conception(1).

Worldwide more than 200 million women who want to stop having children or delay their next children confront unintended pregnancy. Unintended pregnancy is also a primary factor in the 46 million abortions that occur each year globally; more than one-half of unintended pregnancies result in abortion(1). Every year in sub-Saharan Africa, approximately 14 million unintended pregnancies occur and a sizeable proportion is due to none use of modern contraceptive methods(2).

Between 20- 40% of all births occurring in developing countries are unwanted posing hardships for families and jeopardizing the health of millions of women and children. As a result, significant proportions of women turn to induced abortions to avoid unwanted or unplanned births. An estimated 50 million induced abortions are performed each year, 20 million of which are performed in unsafe circumstances or by un-trained providers(3).

1.2 Statement of the problem

Unintended pregnancy is a potential hazard for every sexually active woman. It is a worldwide problem that affects women, their families, societies and nations. Unintended pregnancy can result from not using contraceptives, contraceptive failure and also, less commonly, from rape. Abortion is a frequent consequence of unintended pregnancy and in developing countries it can result into serious long-term, negative health effects including infertility and maternal death. Globally, abortion mortality constitutes at least 13% of maternal deaths (1).

In Ethiopia the prevalence of unintended pregnancy is 35% (4). According to the data from EDHS 2005, two thirds of births in the five years preceding the survey were planned, 19 percent were mistimed, and 16 percent were unplanned(4). One in five births of order four or higher is unplanned, twice the level among births of order three or below (4). The percentage of unplanned births also increases with mother's age at birth. More than two in five births to mothers who were age 45-49 at the time of the birth were not planned compared with one in ten births to mothers age 25 or younger(4).

1.3 Significance of the study

Despite studies in some parts of Ethiopia showed about the prevalence of unintended pregnancy and factors to unintended pregnancy, still data associated to unintended pregnancies and the extent of women affected are lacking which need to be known in Addis Ababa, Ethiopia.

Information about the magnitude of unintended pregnancy is very important to design appropriate intervention in the areas where unintended pregnancy rate is high in reducing consequences of unintended pregnancy (induced abortions and unintended births). Thus findings of this study could be useful for the planners to design appropriate interventions for improvement of maternal health in the area.

2. LITRATURE REVIEW

2.1 Unintended pregnancy, fertility and contraception

Currently, 500 million women in the developing world are using some form of family planning, thereby preventing 187 million unintended pregnancies, 60 million unplanned births, 105 million induced abortions, 2.7 million infant deaths, 215,000 maternal deaths and 685,000 children from losing their mothers due to pregnancy related deaths each year(1).

Improving maternal health, through reducing maternal mortality by two thirds by the year 2015, is one of the eight Millennium Development Goals. Each year about 536,000 maternal deaths take place worldwide and 99% of these deaths take place in developing countries. About 13% of maternal deaths worldwide are due to complication related to unsafe abortion (5).

In Ethiopia maternal mortality ratio is 673/100,000 live births and in girls under 18yrs was two to five times higher than in women aged 18-25 yrs. In Ethiopia about 25,000 women die every year due to pregnancy and child birth complications, and abortion is estimated to account for about 32% of these deaths and for nearly of 60% gynecological & almost 30% of all obstetric & gynecological admissions(6,7).

In 2005, about 49% of Ethiopian women reported that they wanted no more children or they want to wait for at least two years to have their next child. Yet, only about 15 % were using contraception, which reflects an unmet need for contraceptives of about 34%. In 2000, demand for contraception was 40%, and it increased sharply, by about 25% between2000-2005. Because demand grew faster than use, unmet need for contraception continues to be high. Although the TFR was 5.4 in 2005, total wanted fertility rate (TWFR) was only 4 children per woman meaning that there are about 1.5 unwanted births per woman(4).

The cross sectional study report on data drawn from Nepal Demographic and Health Survey (NDHS), 2001 which is a nationally representative sample survey among the surveyed married women of reproductive age less than one in ten respondents (8.6% out of 8,726) was currently pregnant at the time of the survey(8).

Among these currently pregnant respondents, about one-fifth mentioned that they wanted their current pregnancy later (mistimed; 21%) and the other one-fifth reported that they did not want their current pregnancy at all (unwanted; 20%). More than two-fifth of the currently pregnant women (41%) reported that their current pregnancy was unintended (8). The results indicate that age of women, age at first marriage, ideal number of children, religion, exposure to radio and knowledge of family planning methods were key predictors of unintended pregnancy(8). Experience of unintended pregnancy augments with women's age (odds ratio, 1.11). Similarly, increase in the women's age at first marriage reduces the likelihood of unintended pregnancy (odds ratio, 0.93). Those who were exposed to the radio were less likely (odds ratio, 0.63) to have unintended pregnancy compared to those who were not. Furthermore, those women who had higher level of knowledge about family planning methods were less likely to experience unintended pregnancy (odds ratio, 0.60) compared to those having lower level of knowledge (8).

The study done to estimate the proportion of unplanned pregnancies among mothers delivering at the referral Harare Hospital, Zimbabwe and to describe their levels of contraceptive use and awareness in relation to the planning of pregnancy 923 mothers following delivery were included (9). Of the 923 deliveries studied 377 (41%) were unintended, of which 9% were unwanted. Mothers aged 19 years or below (Odds ratio [OR] = 2.4; 95% confidence interval [CI] = 1.6 to 3.7) and those aged 35 years or above (OR = 3.2, 95% CI = 1.8 to 5.5) were significantly more likely to report the index pregnancy as having been unintended. Nulliparous (OR = 2.4) and parity five or more (OR = 8.2) mothers were at significantly increased risk of unintended pregnancy (9). Mothers presenting with unintended pregnancies were also significantly more likely to be single (OR = 7.8), divorced/separated or widowed (OR = 6.0). Contraceptive ever use was 53% and 58% in cases and referents, respectively (9). The combined oral contraceptive pill was the most commonly known and used method of contraception. Contraceptive failure was

reported by 23% of mothers with unplanned pregnancies. Previous use of the progesterone only pill (OR = 2.2), the condom (OR = 2.3) or the IUCD (OR = 6.3) were significantly associated with the likelihood of reporting with unplanned pregnancy. Mothers in both groups were concerned about contraceptive method failure, irregular menstruation and perceived subsequent infertility with contraception. Failure to discuss family planning with the male partner (OR = 2.3) or partner refusing use of contraception (OR = 2.8) constituted risk factors for unplanned pregnancy (9).

In Ethiopia the prevalence of unintended pregnancy in the five years preceding survey was high 35% (4). According to the data, two thirds of births in the five years preceding the survey were planned, 19% were mistimed, and 16% were unplanned. One in five births of order four or higher were unplanned, twice the level among births of order three or below. The percentage of unplanned births also increases with mother's age at birth. More than two in five births to mothers who were age 45-49 at the time of the birth were not planned compared with one in ten births to mothers age 25 or younger(4).

The study done from nationally representative survey of a sample of 347 health facilities that provide post abortion or safe abortion services and a survey of 80 professionals knowledgeable about abortion service provision were conducted in Ethiopia in 2007-2008, results: In 2008, an estimated 382,000 induced abortions were performed in Ethiopia, and 52,600 women were treated for complications of such abortions. There were an estimated 103,000 legal procedures in health facilities nationwide--27% of all abortions. Nationally, the annual abortion rate was 23 per 1,000 women aged 15-44, and the abortion ratio was 13 per 100 live births. The abortion rate in Addis Ababa (49 per 1,000 women) was twice the national level. Overall, about 42% of pregnancies were unintended, and the unintended pregnancy rate was 101 per 1,000 women (10).

A study done on family planning in Tigray, Amhara, Oromia, and SNNPR regions show that the average Total Fertility Rate was 5.6 children per woman with little significant difference between regions (6). Urban fertility is 26% lower than rural fertility for all the four regions combined. Most women give birth while they are in their teens, as a consequence of the early age of marriage. Among women currently pregnant, a significant proportion (about 40% in Tigray, a little over 40% in Amhara, 31% in Oromia and 37% in SNNPR) reported that the pregnancy was unwanted or mistimed suggesting that these pregnancies could have been prevented if women had had access to family planning services(6).

The study done to explore whether there was a need for fertility regulation on unintended conception and unwanted fertility among women aged 15- 49 in Gondar, Northwestern Ethiopia, showed that the proportion of abortion to delivery was 0.3984 to 0.6016 and the ratio of unintended conception to intended conception was 0.4043 to 0.5957(10). The proportion of unwanted fertility to wanted was 0.4099 to 0.5901. Mean desired interpregnancy interval was substantially higher than actual interpregnancy interval. The relatively high rate of abortion, high proportion of unintended conception and unwanted fertility combined with the wide difference between desired interpregnancy interval and current interpregnancy interval all point to the need for a policy that increases the capacity to regulate fertility(10).

The study conducted in Harrar town in southeast Ethiopia in a total of 983 females aged 15-49 years were interviewed out of whom, 225 (33.3%) sexually active women reported that their most recent pregnancies were unintended(11). The prevalence of unintended childbirth among sexually active women constituted about 14.3% of the total while induced abortion was found to be 14.4 % (20). In this study 950 (96.6%) respondents knew at least one modern contraceptive method (11). Among the women who have ever had sexual encounters 295 (37.5%) reported to be current users of modern contraceptives methods, 210 (26.8%) said had used methods sometime in the past and the rest 280(35.7%) had never used contraceptives (11). Two hundred twenty five (33.3 %) out of the 675 pregnant women reported that their most recent pregnancies were unintended. Of those, 112 (50%) had unintended childbirths, while the rest 113 (50%) ended in induced abortions. This makes the prevalence of unintended births about 14.3% and that

of induced abortion 14.2% among sexually active women (11). Among the women who had unintended pregnancies the most frequent reply given as the reason for failure to avoid unintended pregnancy were: inadequate knowledge on avoiding unwanted pregnancy - 159(70.6%), husband or partner disapproval - 26 (11.6%), method failure - 25 (11.1%), and difficulty in accessing contraceptives - 10 (4.4%). In the multivariate analysis, teenagers (OR=4.2 95% CI 1.4, 10.5), those with primary school education (OR=1.65 95%CI 1.01, 2.65), age at marriage less than 20 years (OR= 2.1 95%CI 1.9, 4.7), and those who were currently unmarried (OR 1.7 95% CI 1.2, 2.5) had a higher chance of experiencing unintended pregnancy (11). The odds of experiencing unintended pregnancy were lower for women with less than 4 pregnancies compared with those women who had 5 or more pregnancies and for those in the age group of 25 – 29 years (11).

According to EDHS 2005 knowledge of contraceptive methods was high with 88 percent of currently married women and 93 percent of currently married men knowing at least one method of contraception (4). Modern methods were more widely known than traditional methods. For example, 87 percent of currently married women knew a modern method, and only 17 percent know of a traditional method. The pill is the most widely known method (84 percent), followed closely by injectables (83 percent). Currently married men are more than twice as likely to recognize the condom as a method of family planning as currently married women (41 percent versus 84 percent (4).

Overall, knowledge of contraception remained high in Ethiopia over the past five years. For example, knowledge of any modern method among currently married women was 85 percent in 2000 and 87 percent in 2005. Similarly, knowledge of any modern method among currently married men was 90 percent in 2000 and 91 percent in 2005. The contraceptive prevalence rate for married Ethiopian women who are currently using a method of family planning was 15 percent (4).

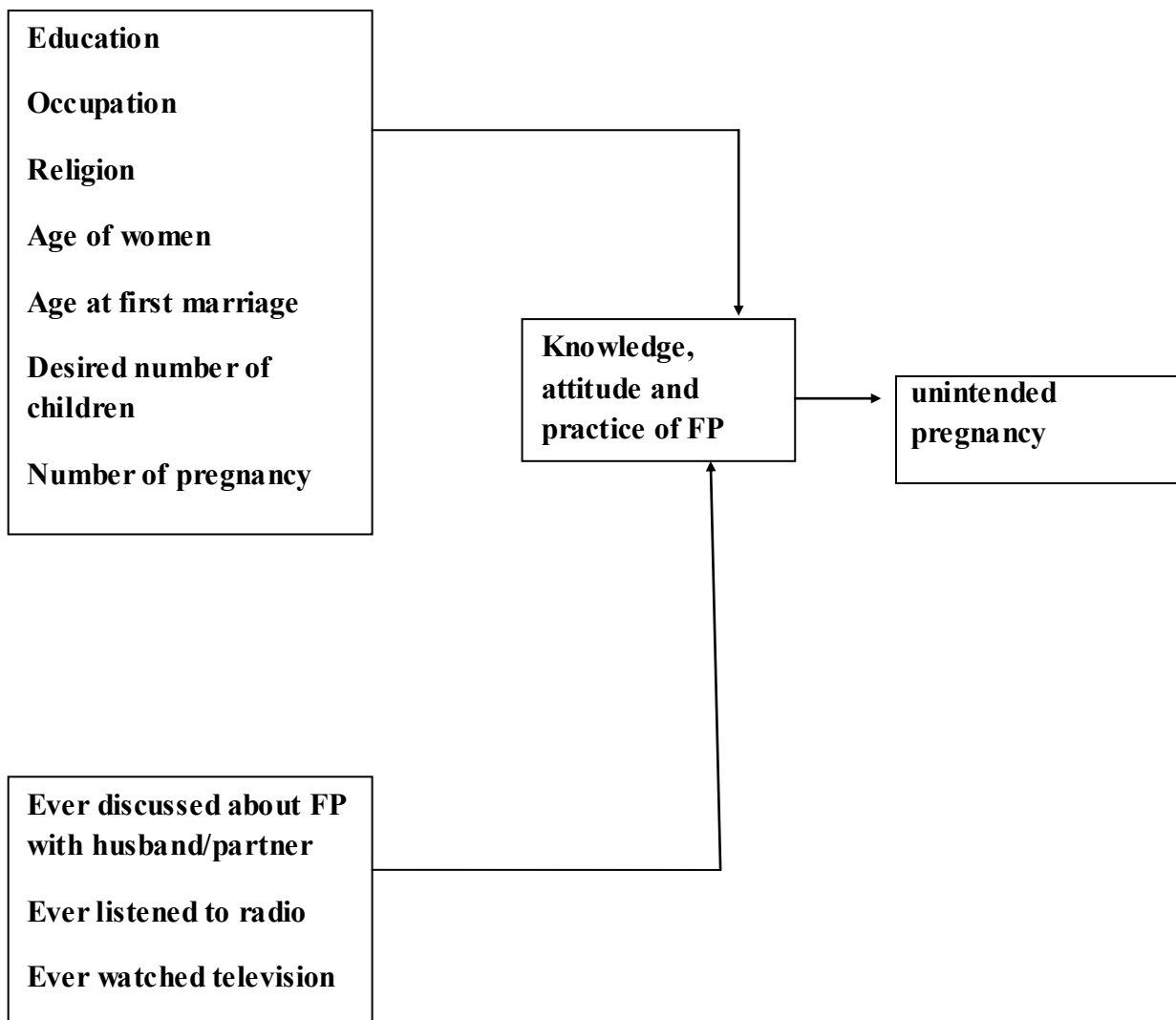


Figure 1. Conceptual framework

3. OBJECTIVES

3.1 General Objective

- To assess the magnitude and factors associated with an unintended pregnancy among currently pregnant women attending antenatal care services at public health centers in Addis Ababa, Ethiopia.

3.2 Specific objectives

- To assess the magnitude of unintended pregnancy among currently pregnant women
- To assess and describe determinants to unintended pregnancy among currently pregnant women.

4. METHODS AND MATERIALS

4.1 Study area and period

The study was conducted at selected health centers in Addis Ababa, Ethiopia from January - February/2011.

Addis Ababa is the capital city of the country in an area of 540 square kilometers. Administratively, the city consists of ten sub-cities are also called '*Kifleketemas*'.

The total projected population of Addis Ababa was estimated to be 2,739,551 of which 1,305,387 are males and 1,434,164 are females (CSA, 2007). Currently there are about 27 hospitals of which 5 are owned by Addis Ababa City Administration, 5 by the Federal Ministry of Health, 2 by NGOs, 3 by defense and police and 12 by Private owners. There are 26 health centers which are owned by the City Administration. There are also 456 clinics of which 6 are run by the City Administration, 28 by NGOs and 56 by other government organizations, 46 by factories and 320 by private owners.

4.2 Study design

Facility based cross sectional study conducted from January -February /2011 among samples of currently pregnant women attending antenatal care at selected health centers in Addis Ababa.

4.3 Source population

- ❖ All currently pregnant women at selected health centers in Addis Ababa.

4.4 Study population

- ❖ Currently pregnant women sampled from the source population.

4.5 Inclusion criteria

- ❖ Women being currently pregnant

4.6 Exclusion Criteria

- ❖ Pregnant women who are not able to communicate due to -language barrier, sickness or not volunteered.

4.7 Sample size determination

The required sample size for clients exit interview was determined by using the following assumptions to estimate sample size of single population proportion

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

Desired precision (d) = 5%

Prevalence unintended pregnancy (p) to be 33.3% based on the study conducted among women of reproductive age (15-49) in Harar Town, Ethiopia (16).

Confidence level=95%, which means alpha (α) set at 0.05 and $Z \alpha/2 = 1.96$ (value of Z at α 0.05 or critical value for normal distribution at 95% C.I.).

Hence, the calculated sample size was **341**. Adding a 10 % non-response rate = **34**

Required minimum total sample size was **375**

4.8 Sampling procedure

Ten health centers, one from each sub-cities of Addis Ababa city administration were selected using a convenient sampling technique. Because study subjects at the selected health centers were found to be easily accessible during the data collection period. Then the total sample was divided to each selected health centers depending on the daily average number of pregnant women attended antenatal care in the month just before actual data collection period. The study subjects from each selected health centers for exit interview were selected using a convenient sampling technique.

4.9 Tools for data collection

The data was collected using a structured questionnaire .The questionnaire was administered by data collectors. The questionnaire was prepared in English, translated to Amharic and retranslated to English by different individuals. The questionnaire for this study was designed to assess the relationship among various factors and unintended pregnancy based on the concept derived from several studies of the past that have shown the relationship among various causal factors and unintended pregnancy.

4.10 Data quality management

The questionnaire was pre tested in 5% of the total sample size of interviewee at health centers in Addis Ababa which were not included in the study before the actual data collection period and checked for its clarity, consistency and simplicity in collecting what it was intended. Data collectors & supervisors were trained appropriately. Supervisors and the principal investigator closely followed the data collection process. Questionnaires were checked daily for completeness. After data were entered into computer, it was cleaned and edited, identified errors corrected by reviewing the original questionnaire.

4.11 Data analysis procedures

Data was first coded and then cleaning and entry was carried out by the principal investigator using Epi Info soft ware version 3.5.1. Analysis was done using SPSS soft ware version 16 after the data was imported from Epi Info soft ware. Descriptive statistics Such as frequencies, percentage, appropriate graphic presentation, measures of central tendency and measures of dispersion were used for univariate analysis. Odds ratio at 95% confidence interval was used to check significant association between dependent & independent variables.

4.12 Study variables

✓ Independent variables

- Sociodemographic characteristics: age, level of education, religion, ethnicity, marital status, age at first marriage, etc of study subjects.
- Mass media exposure (ever listens to radio & watch television).
- KAP on FP, number of pregnancy, desired number of children and children ever born.

✓ Dependent variable

- Unintended pregnancy.

4.13 Operational Definitions

Unintended pregnancy-Includes either unwanted pregnancies or mistimed pregnancies.

Unwanted pregnancy-Is a pregnancy that has occurred after a woman has reached her desired family size and did not want a child or any more children.

Mistimed pregnancy- Is a pregnancy, which has occurred without the wish of the woman at the specific time of occurrence of the pregnancy, but she has a desire to be pregnant and have a child or children sometime in the future.

4.14 Ethical considerations

Ethical approval of the research proposal was obtained from the ethical review committee of Addis Ababa University. A formal letter was written to study area Addis Ababa Health Bureau by School of Public Health, Addis Ababa University. Permission obtained from Ababa Health Bureau, the letter directed to all selected health centers of the city to cooperate and provide the necessary information. Clear communication was conducted with the heads of health centers and staffs to conduct the study. In addition after brief explanation of the purpose of the study, verbal consent was obtained from the study participants and those volunteered to participate were interviewed by the data collectors. The confidentiality was assured by excluding their names and not to participate or withdraw at any point from the study was respected.

4.15 Dissemination of the result

The result will be presented to Addis Ababa University School of Public Health and documents will be disseminated to the study area including Ababa Health Bureau, and different organizations working in the reproductive health areas. In addition the result will be disseminated through presenting the finding at different meetings, workshops and publishing in scientific journals.

5. RESULT

5.1 Socio demographic characteristics

A total of 375 currently pregnant women were selected for the study and all of them were interviewed. The response rate was 100%.

The age of surveyed study subjects ranged from 16 to 45 years. The mean age of the study population was 25.21 ± 4.69 SD while the median being 25 years. 355 (94.6%) of respondents were aged less than 35 years. The proportion of respondents in the age group 16-24 constituted was 172 (45.9%) while in the age groups 16-19 and 20-24 being 8.3% and 37.6% respectively. More than fifty four percent (54.6%) respondents age was greater than or equals to 25 years $n=375$. As to the marital status of respondents: 339 (90.4%) of them were ever married, 329 (87.7.4%) currently married, 36 (9.6%) never married and 7 (1.9%) and 3 (.8%) were being divorced and widowed, respectively. The mean age at first marriage was 20.5 ± 3.6 while the median being 20.

Among the total respondents the ethnic origin showed that 36.8% and 30.1% of them were Gurage and Amhara respectively. The religious composition of the respondents showed that 58.4% and 31.7% of them were the Orthodox and Muslims respectively. And the occupational status of respondents showed that 203 (54.1%) of them were housewives, followed by government and non government employee and merchants which accounted for 22.4% and 16.8% respectively.

Eighty two percent 309 (82.2%) of the respondents were educated; 190 (50.6%) had primary education, 94 (25.1%) had junior and senior secondary education, and 25 (6.7%) higher education. About seventeen percent 66 (17.6%) of respondents were illiterate (Table 1).

Table 1: Socio demographic characteristics of survey respondents Addis Ababa, Ethiopia
January-February/2011 (n=375)

| Age | Frequency | Percent |
|-----------------------|--------------------|----------------|
| 16-19 | 31 | 8.3 |
| 20-24 | 141 | 37.6 |
| 25-29 | 140 | 37.3 |
| 30-34 | 43 | 11.5 |
| 35-39 | 18 | 4.8 |
| 40-49 | 2 | .6 |
| Mean ± SD | 25.21± 4.69 | |
| Religion | | |
| Orthodox | 218 | 58.1 |
| Muslim | 119 | 31.7 |
| Protestant | 36 | 9.6 |
| Others | 2 | .6 |
| Ethnicity | | |
| Guragie | 138 | 36.8 |
| Amhara | 113 | 30.1 |
| Oromo | 72 | 19.2 |
| Others | 33 | 8.8 |
| Tigrie | 19 | 5.1 |
| Marital status | | |
| Married | 329 | 87.7 |
| Never married | 36 | 9.6 |
| Divorced | 7 | 1.9 |
| Widowed | 3 | .8 |

Table 1 :Continued Sociodemographic Characteristics

| | | |
|--------------------------------------|-----------------|------|
| Occupation | | |
| House wife | 203 | 54.1 |
| Gov. non gov. employee | 84 | 22.4 |
| Merchant | 63 | 16.8 |
| Student | 14 | 3.7 |
| House maid | 11 | 2.9 |
| Education | | |
| No education | 59 | 15.7 |
| Read & write | 7 | 1.9 |
| Primary | 190 | 50.7 |
| Junior and Secondary | 94 | 25.1 |
| College/University | 25 | 6.7 |
| Television ever watched | | |
| Yes | 294 | 78.4 |
| No | 81 | 21.6 |
| Ever listened to radio | | |
| Yes | 330 | 88 |
| No | 45 | 12 |
| Age at first marriage (n=339) | | |
| 14-19 | 148 | 39.5 |
| 20-24 | 138 | 36.8 |
| 25-29 | 49 | 13.1 |
| 30 and above | 4 | 1.1 |
| Mean ± SD | 20.5±3.6 | |

5.2 Unintended pregnancy and fertility characteristics

Among all of 375 surveyed currently pregnant women 145 (38.7%) of them reported that their current pregnancy was unintended (Fig.1). From all unintended pregnancies 141 (97.2%) and 4(2.8%) were mistimed and unwanted types pregnancies respectively.

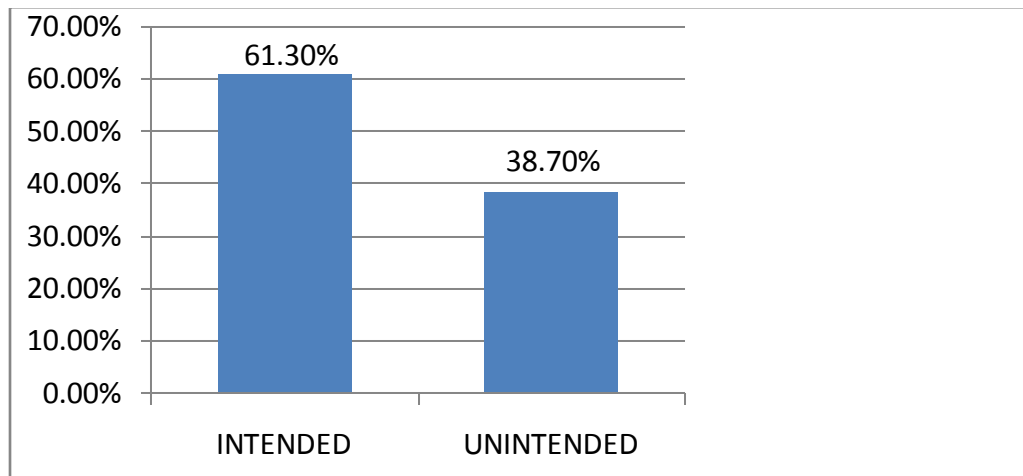


Figure 2: Percentage distribution of intended and unintended pregnancies among surveyed respondents in Addis Ababa, Ethiopia January-February 2011 n=375

Among 145 unintended pregnancy victims the most frequent reply given as the reasons for failure to avoid unintended pregnancy were: contraceptive none use 105(72.4%), contraceptive method failure 23 (15.9%), and husband or partner disapproval of using contraception 17 (11.7%) n=145. Among the 23 respondents reported contraceptive method failure the most frequently failed method was being pills (Fig.3).

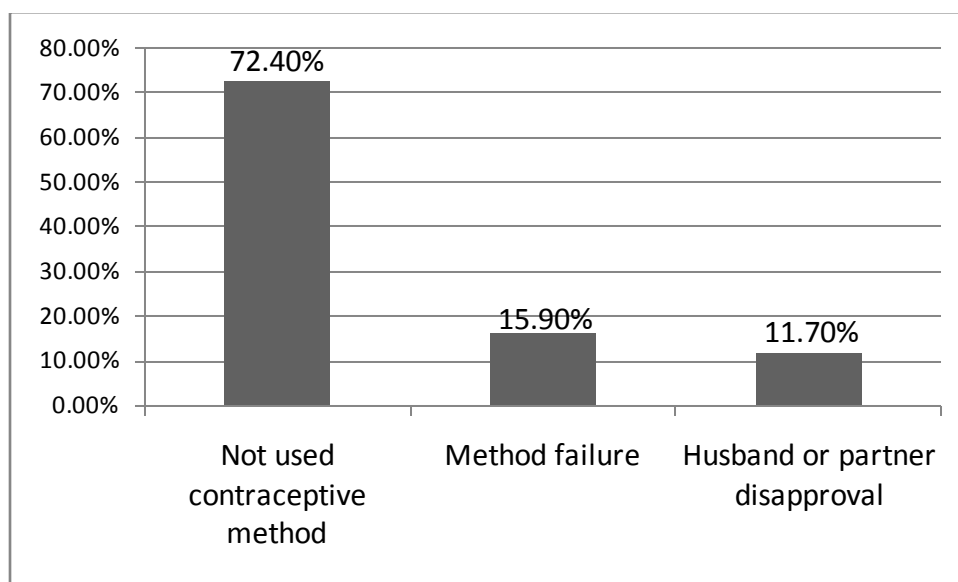


Figure3: Percentage of respondent’s response to failure to avoid unintended pregnancy among surveyed respondents in Addis Ababa, Ethiopia January-February 2011 n=145

Among all respondents more than half 212(56.6%) of them reported that the desired number of children during their life was three up to four while respondents whose desired number of children one up to two and five and more children were accounted for 105(28%) & 58(15.5%) respectively. The desired number of children among respondents ranged from one to twelve. The mean desired number of children desired respondents was found to be 3.6 ± 1.48 (table 2).

Among all of 375 respondents 196 (52.3%) of them reported that they did not have any child while 179 (47.7%) of them reported to have a child. Among respondents who have a child 152(84.9%) of them had one or two children (table 2).

Among all respondents 204 (54.4%) of them reported that they had been pregnant two and more times. The prevalence of abortion experience among surveyed respondents was found to be 65(17.3%). From all abortions 40(61.5%) and 25(38.5%) were reported to be spontaneous and induced abortions, respectively (table 2).

Table 2: Unintended pregnancy and reproductive and characteristics of survey respondents Addis Ababa, Ethiopia, January-February /2011 (n=375)

| Current pregnancy unintended | Frequency | Percent |
|---|------------------|----------------|
| Yes | 145 | 38.7 |
| No | 230 | 61.3 |
| Have abortion history | | |
| Yes | 65 | 17.3 |
| No | 310 | 82.7 |
| Type of abortion (n=65) | | |
| Spontaneous | 40 | 61.5 |
| Induced abortion | 25 | 38.5 |
| Frequency of abortion (n=65) | | |
| One | 43 | 66.2 |
| Two and more | 22 | 33.8 |
| Number of pregnancy | | |
| Two or more | 204 | 54.4 |
| One (current pregnancy) | 171 | 45.6 |
| Number of children alive | | |
| None | 196 | 52.2 |
| One and Two | 152 | 40.5 |
| Three and more | 27 | 7.2 |
| Total number of children desired | | |
| Two and less | 105 | 28 |
| Three and four | 212 | 56.5 |
| Five and above | 58 | 15.5 |

5.3 KAP on family planning

Out of all 375 respondents 343(91.4%) of them reported that they had ever heard about family planning method and 343 (91.4%) of them mentioned at least one type of modern contraceptive method and 340(90.6%) of them mentioned at least one source of modern contraceptive methods.

Among all respondents 251(66.9%) of them reported that they had ever used modern contraceptive method. The proportion of ever heard about emergency contraceptive was 120 (32%).The most frequently mentioned type of EC method was pills 116 (30.9%) while only 4(1.1%) of respondents mentioned IUD (Table 3).

The proportion of the women who had ever discussed about FP with their husband or partner were constituted 263(70.1%) n=375. For the question whether the use of modern contraceptive method against the respondent's religion 196(52.2 %) of them replied no while 147 (39.2%) and 32(5.2%) of them replied yes and I do not know respectively (n=375) (Table 3).

**Table 3: Family planning knowledge, attitude and practice among survey respondents
Addis Ababa, Ethiopia January- February/2011 (n=375)**

| FP ever heard | Frequency | Percent |
|---|------------------|----------------|
| Yes | 343 | 91.5 |
| No | 32 | 8.5 |
| FPM ever use | | |
| Yes | 251 | 66.9 |
| No | 124 | 33.1 |
| Knowledge of FPM | | |
| Mentioned at least one method | 343 | 91.5 |
| Mentioned two or more | 32 | 8.5 |
| Mentioned no method | 32 | 8.5 |
| Knowledge of EC | | |
| Yes | 120 | 32 |
| No | 255 | 68 |
| Type of EC mentioned | | |
| Pills | 116 | 30.9 |
| IUD | 4 | 1.1 |
| Pill & IUD | 120 | 32 |
| Woman ever discussion of FP with partner | | |
| Yes | 263 | 70.1 |
| No | 112 | 29.9 |
| Desired Inter pregnancy gap | | |
| Two or more years | 342 | 91.2 |
| Less than two years | 33 | 8.8 |

Table 4: Mutivariate analysis result of dependent variable (unintended pregnancy) with independent variables (socio-demographic reproductive and KAP on FP characteristics among survey respondents in Addis Ababa, Ethiopia January-February/2011 (n=375)

| Background characteristics | Unintended pregnancy | | COR(95%CI.) | AOR(95%CI.) |
|-----------------------------------|----------------------|-----------|--------------------|--------------------------|
| | YES (%) | NO (%) | | |
| Education | | | | |
| Grade four & less | 59(49.6) | 60(50.4) | 1.94(1.24,3.02) | 1.121(.63,1.99) |
| Grade five & above | 86(33.6) | 170(66.4) | 1.00 | 1.00 |
| Marital status | | | | |
| Married | 116(35.3) | 213(64.7) | 1.00 | 1.00 |
| Single | 29(63.0) | 17(37.0) | 3.13(1.65,5.94) | 1.98(.49,7.98) |
| Age at first marriage | | | | |
| ≤ 24 | 112(39.2) | 174(60.8) | 2.768(1.337,5.731) | 2.98(1.39,6.39)* |
| ≥ 25 | 10(18.9) | 43(81.1) | 1.00 | 1.00 |
| Partner discussion | | | | |
| Yes | 88(33.5) | 175(66.5) | 1.00 | 1.00 |
| No | 57(50.9) | 55(49.1) | 2.06(1.31,3.23) | 1.34(.77,2.34) |
| Listen to Radio | | | | |
| Yes | 119(36.1) | 211(63.9) | 1.00 | 1.00 |
| No | 26(57.8) | 19(42.2) | 2.42(1.28,4.56) | 1.1(0.49,2.47) |
| Watch TV | | | | |
| Yes | 99(33.7) | 195(66.3) | 1.00 | 1.00 |
| NO | 46(56.8) | 35(43.2) | 2.58(1.56,4.27) | 2.35(1.19,4.67)* |
| Number of pregnancies | | | | |
| Two & less | 96(35.6) | 174(64.4) | 1.00 | 1.00 |
| Three & more | 49(46.7) | 56(53.3) | 1.58(1.004,2.50) | 2.46(1.43,4.24)* |
| Desired number of children | | | | |
| Two & less | 49(46.7) | 56(53.3) | 1.58(1.004,2.505) | 2.162(1.20,3.86)* |
| Three & more | 96(35.6) | 174(64.4) | 1.00 | 1.00 |

*** Indicates significant association P<0.05**

6. DISCUSSION

The prevalence of unintended pregnancy among surveyed currently pregnant women was found to be 38.7%. This is higher as compared to the studies which was carried out in Harar tow, and national DHS in 2005 Ethiopia which were reported that the prevalence were 33.3% and 35% respectively(4,11). Similarly it is higher as compared to a comparative study done in Iran among the Iran and New Zealand women which reported that the prevalence was 31.3% and 36.5% respectively (17) it is lower as compared to the other studies which were done in Ethiopia (10), Gondar, Ethiopia (7), Cordoba, Argentina (18), Nepal (8), Zimbabwe (9) which reported that that the prevalence were 42%, 59.5%, 41% and 41% respectively.

The percentage of women reporting unintended pregnancies increased with age at first marriage (18.9% of the women aged ≥ 25 years to 39.2% of the women aged ≤ 24 years). Similarly, increased unintended pregnancies were observed in women who had three and more pregnancies (46.7%), were single (63.8%), had education grade four and less (49.6%), were age group 35-49 years old (50%) and had desired ideal number of children two and less (46.7%).

Proportion of teenage (≤ 19 years old) constitute 31 (8.3%) of respondents surveyed. This is smaller compared to Ethiopia Demographic and Health Survey 2005. However it is important both because adolescent females are immature both physically and physiologically and early child bearing can lead the woman to ill health and other consequences related to pregnancies as well as inhibit women from participation in socio-economic development activities including education (4). Failure to discuss family planning with the male partner (OR = 2.06) was significant as similar study finding in Zimbabwe (OR=2.3) constituted risk factor for unintended pregnancy (9).

Increase in the women's age at first marriage reduced the likelihood of unintended pregnancy (OR=0.36) was agreeable with study finding in Nepal (OR=0.93). Those who were ever exposed to the radio were less likely (odds ratio OR= 0.41) to have unintended pregnancy and that was significant to the study finding in Nepal (OR=0.63) compared to those who were not.

About two–third (66.9 %) of respondents were reported to be ever users of modern contraceptive methods before their current pregnancy while one- third of respondents never used a modern contraceptive method. This is relatively higher compared to the Ethiopia Demographic and Health Survey 2005- which was 18% and 24%, among all women and currently married women respectively.

Knowledge about the possibility of emergency contraception was correctly answered by only 32% of respondents indicating that there was much scope on educating women the possibility of emergency contraception if a need arises, as an effective backup with regular contraceptive methods. This is relatively higher compared to the study finding in Harar, Ethiopia reported 20% (11).

In multivariate analysis, the age group for age at first marriage of surveyed respondents showed that it was significantly associated with unintended pregnancy indicating age at first marriage less than or equal to 24 was a risk factor AOR=2.98(95%CI: 1.39, 6.39) compared to age 25 and above.

Number of pregnancies and desired number of children were significantly associated with unintended pregnancy. Respondents who have had three or more pregnancies were more likely to report as having unintended pregnancy AOR=2.46(1.43, 4.24) compared to those who have had two or less pregnancies while respondents who desired two and less children were AOR= 2.16(1.2,3.86) times at higher risk for unintended pregnancies than those desired three or more. This shows that the inverse relation.

Access to information was also significantly associated with unintended pregnancy. Respondents who reported to never exposed to television were 2.35 times more likely to report as having unintended pregnancies AOR=2.35 (1.19,4.67) than ever exposed.

Others, the sociodemographic, KAP on FP and fertility variables did not show statistically significant association.

7. STRENGTH AND LI MITATIONS OF THE STUDY

STRENGTHS

1. Use of pretested questionnaire.
2. Training of data collectors and use of health professionals in data collection and supervision.
3. Use of same gender interviewers.

LIMITATIONS

1. Limitations related to cross-sectional studies and the convenience sample.
2. Limitations related to small sample size and our subjects restricted to only currently pregnant married women attending health institutions at the time of survey, so obtained prevalence of women with experience of unintended pregnancy should not be generalized to the general population in Addis Ababa.
3. Age of respondent might have some miss reporting
4. The data collected may not represent the actual situation of these women, since some may have been embarrassed to say whether their pregnancy was intended or unintended
5. Use of quantitative study not supplemented by qualitative study

8. CONCLUSION

The magnitude of unintended pregnancy rate among currently pregnant women in Addis Ababa is high.

No single factor accounted for the high rates of unintended pregnancy; many factors were associated this regard. Among them, this study has found that desired number of children, number of pregnancy, women's age at first marriage and exposure to mass media were strong predictors of unintended pregnancy among the study subjects.

Contraceptive method non use, method failure, and husband or partner disapproval of contraceptive use were the main reason reported for failure not to avoid unintended pregnancy.

9. RECOMMENDATIONS

- Although age at marriage in Ethiopia shows now increasing, early marriage of the woman has negative effect on unintended pregnancy. So program should focus on creating awareness about the existing marriage law and its implementation and disadvantage of early marriage should be strictly implemented.
- It was observed from the result that the women with higher number of pregnancies are more likely to experience unintended pregnancy so the program should target these women.
- Emphasis is needed on mass media messages, through television, addressing the advantages of small family size and family planning message. Mass media give wider range of knowledge and lead to adopt contraception and sensitize couple about the family norms.
- Emphasis is needed in the improvement of the educational status of the women.
- Husband or partner communication has positive effect on unintended pregnancy although not significant in multivariate logistic analysis. So the program should emphasize the importance of male involvement in family planning, particularly in areas with deep-rooted male dominance culture. So that misconception of husband or partner towards family planning methods can be changed.
- Further study is needed to identify factors related to high prevalence of unintended pregnancy.

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Information & Consent sheet for study subjects

Title of research project: - Assessment of the magnitude and contributing factors to unintended pregnancy among currently pregnant women attending antenatal care service at selected health centres in Addis Ababa City, Ethiopia

My name is **Muradu Melis** I am working in research team of Addis Ababa University, College of health Sciences, School of Public health

This is a study to be conducted with the objective of assessing the magnitude and contributing factors to unintended pregnancy among currently pregnant women attending antenatal care at public health centres in Addis Ababa City. As the study is focused on pregnant women attending antenatal care, you are one of the women who are selected conveniently to participate in this study. Therefore you are kindly requested to participate in this study and provide the information required from you.

This study is approved by Ethical Review Board at College of Health Sciences, Addis Ababa University. Your participation in this study is completely on voluntary bases. I am going to ask some very personal questions and you have the right to refuse from participation. Your response will be kept confidential and there will be no way of linking your individual responses to the final result of the study findings. There will be no incentives to participate in this study.

I would like to inform you that the responses that you provide to the questions are very essential, not only, for the successful accomplishment of the study, but also for producing relevant information which will be helpful in reproductive health programs.

Would you be willing to participate in this study (indicate by ticking the appropriate responses)?

Yes ----- No -----

Investigator's contact address-Muradu Melis

Tel.0911-37-78-71

Mail:muradu_me

Questionnaire code number.....

Name of interviewer----- Date of interview-----Sign -----

Name of the supervisor ----- Date of interview-----Sign -----

ስለ አልታቀዱ እርግዝናዎች መጠንና ምክንያታቸው ስለሚደረግ ጥናት ለጥናቱ ተሳታፊዎች የተዘጋጀ ማብራሪያና የስምምነት ቅጽ

የዋና ተመራማሪው ስም: ሙራዲ መልሰ ጨማ **የድርጅቱ ስም :** አዲስ አበባ ዩንቨርሲቲ

ማብራሪያ:- ስለአልታቀዱ እርግዝናዎች መጠንና ምክንያታቸው በሚደረገው ጥናት እርስዎ እንዲሳተፉ ተጋብዘዋል። በመሆኑም ጥቂት ጊዜ ወስደው ስለጥናቱ በቂ ግንዛቤ እንዲኖርዎት ያስፈልጋል። በዚህ ጥናት ለመሳተፍ ካልፈለጉ አይገደዱም እንዲሁም መሳተፍ ከጀመሩ በኋላ በማንኛውም ጊዜ አቋርጠው መውጣት ይችላሉ። ይህንን በማድረግዎ ጤና ጣቢያው ሚደረግልዎትን የእርግዝና ወይም የህክምና ክትትል በምንም መልኩ አያስተጓልም።

ይህ የጥናት ዕቅድ በአዲስ አበባ ዩንቨርሲቲ የስነ-ምግባር ቅኝት ኮሚቴ ተገምግሞ ፀድቆአል። እንዲሁም ጥናቱ የሚካሄደው የስነ ምግባር ቅኝት ኮሚቴ ባስቀመጠው የምርምር ስነ ምግባር መሠረት ይሆናል።

ዓላማው:- የዚህ ጥናት ዋና ዓላማ ያልታቀዱ እርግዝናዎች መጠንና ምክንያታቸውን መፈለግ ነው።

የጥናቱ ተሳታፊዎች:- አሁን እርጉዝ የሆኑና ወደ ጤና ጣቢያ ለእርግዝና ክትትል ሲመጡ ነው። ለጥናቱ መረጃ የሚሰበሰበው በጽሑፍ በተዘጋጀ መጠይቅ ብቻ ነው።

ስጋትና ጉዳት:- በዚህ ጥናት ሲሳተፉ መረጃው የሚወሰደው የሙያው ስነ ምግባርን በሚያሟላ ባለሙያ ይሆናል። ይህ ጥናት ሊወስድ የሚችለው ጊዜ 30 ደቂቃ አካባቢ ነው ።

ጥቅሞች:- በዚህ ጥናት በመሳተፍዎ የሚያገኙት ቀጥተኛ የሆነ ልዩ ጥቅም የለም። ነገር ግን የጥናቱ ውጤቶች ወደፊት ያልታቀዱ እርግዝናን ሂደት ለማወቅና ለመከላከል በሚደረገው ጥረት ጥቅም ይሰጣል።

ማባባያ:- በዚህ ጥናት እንዲሳተፉ ለማድረግ ምንም ዓነት ማባባያ አይደረግም።

ምስጢራዊነት:- ከዚህ ጥናት የምንሰበሰበው መረጃ በምስጢር ይያዛል። ከእርስዎ የሚገኘው መረጃ የተሳታፊውን ስም በማይጠቅስ መልኩ በቁጥር ወይም በኮድ መልክ ይመዘገባል። የቱ ቁጥር ወይም ኮድ የየትኛው ተሳታፊ ግለሰብ እንደሆነ በማይታወቅበት ሠነድ በተቆለፈ ቦታ ይቀመጣል። ይህም ምስጢር ለዋናው ተመራማሪ ካልሆነ በስተቀር ለሌላ ሰው አይሰጥም። ስለ ጥናቱ ተጨማሪ መረጃ:- ይህ የጥናት ዕቅድ በአዲስ አበባ ዩንቨርሲቲ የስነ ምግባር ቅኝት ተገምግሞ ፀድቆአል። ጥያቄ ካለዎት አሁን ወይም ሌላ ጊዜ ሊጠይቁ ይችላሉ። ሌላ ጊዜ ለመጠየቅ ቢፈልጉ ከዚህ በታች የተጠቀሱትን ግለሰቦች ማነጋገር ይችላሉ።

የዋና ተመራማሪው ስም: ሙራዲ መልሰ ጨማ

ስልክቁጥር: 0911-37-78-71

የፍቃደኝነት መጠየቂያ ቅጽ

እኔ ስሜ ወ/ሮ _____ ይባላል።

የሰጠንዎ መረጃ አንብበዋል ወይም ስምተዋል። ስለዚህ እርስዎ በዚህ ጥናት ለመሳተፍ ፈቃደኝነትዎ

1. እሳተፋለሁ _____
2. አልሳተፍም _____

የመጠይቁ መለያ ኮድ ቁጥር _____

የመረጃ ሰብሳቢው ስም _____ ፊርማ _____

Annex III: Study questionnaire on the magnitude and contributing factors to unintended pregnancy in Addis Ababa city, Ethiopia.

I. SOCIO-DEMOGRAPHIC CHARACTERISTICS

| S. No. | Questions | Response and coding category | Go to |
|--------|---|--|-------|
| 1.1 | How old were you at your last birthday? (E.C) | Age in year----- | |
| 1. 2 | Where is your residence? | 1. Urban 2. Rural | |
| 1.3 | What is the highest grade you completed? | 1. Can't read and write 2. Only read and write 3. Primary school first cycle (1-4) 4. Primary school second cycle (5-8) 5. Secondary high school (9-10) 6. Preparatory school(11-12) 7. College / university | |
| 1.4 | What is your religion | 1. Orthodox 2. Islam 3. Protestant 4. Catholic 5. Others(specify)_____ | |
| 1.5 | What is your ethnicity? | 1. Amhara 2. Oromo 3. Tigre 4. Gurage 5. Others (specify)_____ | |
| 1.6 | What is your current marital status? | 1. Married 2. Single 3. Divorced 4. Widowed 5.Unmarried but in stable union | |
| 1.7 | If married, at what age were you married? | Enter age in years _____ | |
| 1.8 | Duration of union/marriage | Enter duration in years _____ | |
| 1.9 | What is your occupation? | 1. House wife 2.Student 3. Daily laborer 4Trader 5. Gov't employee 6. Private institution worker 7. Commercial sex worker 8. House maid 9. Others(specify)_____ | |

| | | | |
|------|---|------------------------|--|
| 1.10 | How much is your monthly income in birr? Including the various sources of income. | _____ birr | |
| 1.11 | How many family members do you have (including yourself)? | Enter the number _____ | |
| 1.12 | Do you listen to radio | 1.Yes 2.No | |
| 1.13 | Do you watch television | 1.Yes 2.No | |

II. Reproductive characteristics of study population

| S.N | Questions | Response and coding category | Go To |
|------|---|--|-------|
| 2.1 | Have you ever been pregnant before the current pregnancy? | 1. Yes 2. No → | 2.9 |
| 2.2 | If yes to Q 2.1, how many times have you been pregnant? | 1. One 4. Four 2. Two 5. Five and above 3. Three | |
| 2.3 | Do you have living children of your own now? | 1.yes 2.No → | 2.6 |
| 2.4 | If yes to Q 2.3, How many are male and how many are females? | 1.Male----- 2.Female----- | |
| 2.5 | How old is your last child? | Age in years _____ | |
| 2.6 | If yes to Q 2.1, had you history of previous abortion? | 1. Yes 2. No → | 2.9 |
| 2.7 | If yes to Q 2.6, How many times did you have history of previous abortion? | 1. One times 2. Two times 3. Three times 4. Four and above | |
| 2.8 | How many of the previous abortions were spontaneous & how many were induced? | Enter the number Spontaneous----- Induced----- | |
| 2.9 | Right before you became pregnant with your current pregnancy, did you yourself want to have a child at any time in the future? | 1 Yes → 2.No 3. Not sure | 2.11 |
| 2.10 | If NO to Q.2.9 so right before you became pregnant this time, did you think not to have (any children/a nth child) at any time in the future? | 1. Yes 2. No 3. Not sure | |
| 2.11 | If YES to Q.2.9 would you say you became pregnant at about the right time? | 1. Yes 2. No 3. Not sure | |

| | | | |
|------|--|--|--|
| 2.13 | If it was due to contraceptive failure, what was the method you used then? | 1.Pill 2.Injectables 3.IUD 4.Norplant 5.Spermicidal 6.Condom 7.Female Sterilization 8.Male Sterilization 9.Rhythm period 10.Breast feeding 11.Other specify_____ | |
| 2.14 | Have you been using appropriately the specified method according to the instruction provided? | 1. Yes 2. No 3. I was not instructed. | |
| 2.15 | Did you experience unintended pregnancy or pregnancies before this? | 1.Yes 2.No 3.Not sure | |
| 2.16 | If yes to Q. No 2.15 When did the last unintended pregnancy or pregnancies you had/ occurred? | 1. Within the last three years 2. More than three years ago | |
| 2.17 | If yes to Q. No 2.16 How many unintended pregnancies have you had within the last three years? | 1. One 2. Two or more 3. None | |
| 2.18 | If yes to Q. No 2.16 What did you do for the unintended pregnancy or pregnancies that you had? | 1.Nothing, pregnancy continued and I gave live birth 2. Attempted to stop the pregnancy, but failed. 3. Attempted to stop the pregnancy and succeeded 4. Had ended in still birth 5. Other specify | |
| 2.19 | How many live births have you had? | Enter the number_____ | |
| 2.20 | How many of the live births you had were unintended? | Enter the number_____ | |

III.KAP on family planning-Knowledge

| S.N | QUESTIONS | RESPONSE & CODING CATEGORY | GO TO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------|---|---|-------|-----|----|---------|--|--|---------------|--|--|--------|--|--|-------------|--|--|----------------|--|--|-----------|--|--|-------------------------|--|--|-----------------------|--|--|--------------------|--|--|--------------------|--|--|-------------------------|--|--|--|
| 3.1 | Have you ever heard of family planning service? | 1. Yes 2. No | 3.7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3.2 | Do you know any ways or methods that women and men can use to delay or prevent pregnancy? | 1. Yes 2. No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3.3 | If yes to Q.3.2, is it possible to obtain this method? | 1. Yes 2. No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3.4 | Which of the following modern contraceptive methods do you know about? (Tick all mentioned by the women) | <table border="1"> <thead> <tr> <th></th> <th>yes</th> <th>no</th> </tr> </thead> <tbody> <tr> <td>1. Pill</td> <td></td> <td></td> </tr> <tr> <td>2. Injectable</td> <td></td> <td></td> </tr> <tr> <td>3. IUD</td> <td></td> <td></td> </tr> <tr> <td>4. Norplant</td> <td></td> <td></td> </tr> <tr> <td>5. Spermicidal</td> <td></td> <td></td> </tr> <tr> <td>6. Condom</td> <td></td> <td></td> </tr> <tr> <td>7. Female Sterilization</td> <td></td> <td></td> </tr> <tr> <td>8. Male Sterilization</td> <td></td> <td></td> </tr> <tr> <td>9. Calander method</td> <td></td> <td></td> </tr> <tr> <td>10. Breast feeding</td> <td></td> <td></td> </tr> <tr> <td>11. Other, specify-----</td> <td></td> <td></td> </tr> </tbody> </table> | | yes | no | 1. Pill | | | 2. Injectable | | | 3. IUD | | | 4. Norplant | | | 5. Spermicidal | | | 6. Condom | | | 7. Female Sterilization | | | 8. Male Sterilization | | | 9. Calander method | | | 10. Breast feeding | | | 11. Other, specify----- | | | |
| | yes | no | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Pill | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Injectable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. IUD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Norplant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Spermicidal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Condom | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Female Sterilization | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Male Sterilization | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. Calander method | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. Breast feeding | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. Other, specify----- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3.5 | Where is the main place that you or other women are able to get modern contraception from? (Probe, don't read) | 1. Hospital 2. Health center 3. FGAE 4. Pharmacy/drug vendor 5. Community Health Post 6. I don't know 8. Other specify_____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3.6 | Which advantage(s) of modern contraceptive methods do you know?(Tick only in the box against the respondent's answer that she knows the method) | 1 To avoid unwanted pregnancy 2 .To delay mistimed pregnancy 3. Regulation of periods 4. Prevention of STDs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | |
|------|---|--|--|
| 3.7 | How do you think is the best way, that a reproductive age woman should prevent unwanted or mistimed pregnancy? | 1. Use modern contraceptive methods 2. Rhythm/ period method 3. I don't know 4. Other specify----- | |
| 3.8 | Is it possible to prevent unintended pregnancy following unprotected sexual intercourse? | 1. Yes 2. No 3 Do not know | |
| 3.9 | If yes to Q.3.8 which methods can be used? (Tick only in the box against the respondent's answer that she knows the method) | 1. Emergency contraceptive pills 2. Injectables 3 IUD 4. Other _____ | |
| 3.10 | If a woman has unprotected sexual intercourse, during her monthly cycle is she most likely to get pregnant? | 1 During bleeding 2. Immediately after bleeding 3. Two weeks after bleeding 4. Just before bleeding | |

IV. KAP on family planning- attitude

| S.N | QUESTIONS | RESPONSE & CODIG CATEGORY | Go to |
|-----|--|---|-------|
| 4.1 | Do you yourself approve or disapprove of couples using methods of family planning to prevent unintended pregnancy? | 1. Approve 2. Disapprove 3. Don't know (no opinion) | |
| 4.2 | If you have already two or more children, would you like to have any more children? | 1. Yes 2. No 3. Up to God 4. Not applicable | |
| 4.3 | If you are non-user why don't you use modern contraception? | 1. Not aware of modern contraceptive methods 2. Use traditional methods 3. Unacceptable in my culture 4. Fear of side effects 5. Fear of infertility 6. Husband/partner disapproval 7. Other specify----- | |
| 4.4 | How many children do you prefer to have in your life? | Enter the number | |
| 4.5 | How much gap do you prefer to have between two consecutive pregnancies? | 1. Less than one year 2. One Year 3. Between one and two years 4. More than two years | |

| | | | |
|------|---|--|--|
| 4.06 | Do you discuss about family planning with your husband or partner? | 1. Yes 2. No | |
| 4.07 | What do you think a woman should do if she becomes pregnant when she did not want to? | 1. Attempt to induce abortion 2. Nothing, she should give birth 3. I don't know 4. Other specify----- | |
| 4.08 | Is the use of modern contraceptive methods against your religious belief? | 1. Yes 2. No 3. I do not know | |

V. KAP on family planning-practice

| S.N | QUESTIONS | Response and coding category | Cod | Go To |
|-----|---|--|-----|-------|
| 5.1 | Have you ever been using any modern contraceptive? | 1. Yes 2. No | | |
| 5.2 | Have you been using contraceptive just before you current pregnancy? | 1. Yes 2. No | | |
| 5.3 | If YES to Q5.2 What was the method you have been using just before your current pregnancy? | 1. Pills 2. Injactable 3. IUD 4. Norplant 5. Condom 6. Calader method 7. LAM / Breast feeding 8. Other Specify----- | | |
| 5.4 | For how long have you been on the method you have been using just before your current pregnancy without interruption? | Enter period in month----- | | |

Questionnaire code No. -----

Name of Health center-----

Name of interviewer----- Supervisor's name -----

Date in Ethiopian calendar----- Date in Ethiopian calendar -----

Signature----- Signature -----

ክፍል አንድ: የተጠያቂዎ አጠቃላይ ማህበራዊና ኢኮኖሚያዊ መረጃን የተመለከተ መጠየቅ ለምርጫ ጥያቄዎች የተጠያቂዎን መልስ ይክበቡ እንዲሁም ለሌሎች ጠቀሜታዎች በተሰጠው ክፍት ቦታ ላይ ይሙሉ

| ተ.ቁ | ጥያቄ | አማራጭና መለያ ኮድ | ይለፍ |
|-----|--------------------------------|---|-----|
| 1.1 | ዕድሜዎ ስንት ነው? | በዓመት ----- | |
| 1.2 | ነዋሪነትዎ የት ነው? | 1. ከተማ 2. ገጠር | |
| 1.3 | የትምህርት ደረጃዎ ምን ያህል ነው? | 1. ማንበብና መጻፍ የማየችሉ 2. ማንበብና መጻፍ ብቻ 3. ከ1-4ኛ ክፍል 4. ከ5-8ኛ ክፍል 5. ከ9-10ኛ ክፍል 6. ከ11-12ኛ ክፍል 7. ኮሌጅ/ዩኒቨርሲቲ | |
| 1.4 | ሃይማኖትዎ ምንድነው? | 1. ኦርቶዶክስ 2. እስላም 3. ፕሮቴስታንት 4. ካቶሊክ 5. ሌላ(ይግለጹ) ----- ---- | |
| 1.5 | ብሄረሰብዎ ምንድነው? | 1. አማራ 2. ኦሮሞ 3. ትግሬ 4. ጉራጌ 5. ሌላ ይገለጹ ----- - | |
| 1.6 | አሁን ያሉበት ጋብቻ ሁኔታ? | 1. በጋብቻ ላይ 2. ያላገባች 3. ከባልዎ የተፋታች 4. ባልዎ የሞተባች 5. እራጅ / ገዳማዎ ያላች 6. ሌላ ይገለጹ ----- | |
| 1.7 | በስንት ዓመትዎ ነው ያገቡት? | በዓመት ----- | |
| 1.8 | በጋብቻ / በጉዋደኝነት ምን ያህል ጊዜ ቆተዋል? | 1. በዓመት ----- 2. በወር ----- | |

| | | | |
|------|--------------------------|--|--|
| 1.9 | ሥራዎ ምንድነው? | <ol style="list-style-type: none"> 1. የቤት እመቤት 2. ተማሪ 3. ቀን ሠራተኛ 4. ነጋዴ 5. የመንግስት ሠራተኛ 6. የግል መስሪያ ቤት ሠራተኛ 7. ሴተኛ አዳሪ 8. የቤት ሠራተኛ 9. ሌላ ----- | |
| 1.10 | የወር ገቢዎት ስንት ነው? | ----- ብር | |
| 1.11 | እርስዎን ጨምሮ ስንት ቤተሰብ አለዎት? | ብዛት ----- | |
| 1.12 | ሬዲዮ ያዳምጣሉ? | 1. አዎ 2. አይ | |
| 1.13 | ቴሌቪዥን ይመለከታሉ? | 1. አዎ 2. አይ | |

ክፍል ሁለት: የተጠያቂዎ የሥነ ተዋልዶ ታሪክ መጠይቅ

| ተ.ቁ | ጥያቄ | አማራጭና መለያ ኮድ | ይለፍ |
|-----|---|--|-----|
| 2.1 | ከዚህ እርግዝናዎ በፊት አርግዘው ያውቃሉ | <ol style="list-style-type: none"> 1. አዎ 2. አላውቅም → 2.9 | |
| 2.2 | ለጥ.ቁ.2.1 መልስ አዎ ካለት - ከዚህ እርግዝና በፊት ስንቴ አርግዘዋል? | <ol style="list-style-type: none"> 1. አንድ 2. ሁለት 3. ሶስት 4. አራት 5. አምስትና ከዚያ በላይ | |
| 2.3 | አሁን ልጅ አለዎት? | <ol style="list-style-type: none"> 1. አዎ 2. የለኝም → 2.6 | |
| 2.4 | አሁን ስንት ልጅ አለዎት? | ልጅ ብዛት ----- | |
| 2.5 | የመጨረሻ ልጅዎ ዕድሜው ስንት ነው? | ዕድሜ ----- ዓመት | |
| 2.6 | ከዚህ በፊት ውርጃ ኖሮት ያውቃል? | <ol style="list-style-type: none"> 1. አዎ 2. የለኝም → 2.9 | |
| 2.7 | ለጥ.ቁ.2.6 መልስ አዎ ከሆነ ከዚህ በፊት ስንት ጊዜ አስወርደታል? | <ol style="list-style-type: none"> 1. አንድ ጊዜ 2. ሁለት ጊዜ 3. ሦስት ጊዜ 4. አራትና ከዚያ በላይ | |
| 2.8 | ከዚህ በፊት ከነበርዎት ውርጃዎች ስንቶቹ በራሳቸው ጊዜ ተከሰቱ እና ስንቶቹ የተቀሰቀሱ ውርጃዎች ናቸው? | <ol style="list-style-type: none"> 1. ሳይቀሰቀስ የተከሰተ ውርጃብዛት----- 2. የተቀሰቀሰ ውርጃ ብዛት ----- | |

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| 2.9 | ልክ ይህን እርግዝና ከማርገዝዎ በፊት ለመውለድ ያስቡ ነበር? | 1. አዎ 2. አላስብኩም ነበር 3. እርግጠኛ አይደለሁም | → 2.11 |
| 2.10 | የአሁኑን እርግዝና ከማርገዝ በፊት ልጅ /ሌላ ልጅ ላለመውለድ አስበው ነበር? | 1. አዎ 2. አይ 3. እርግጠኛ አይደለሁም | |
| 2.11 | ለጥ.ቁ. 2.9 መልስ አዎ ከሆነ ... የአሁን እርግዝናዎ ልክ በፈለጉት ጊዜ ነው ያረገዙት? | 1. አዎ 2. አይ 3. እርግጠኛ አይደለሁም | → 2.12 |
| 2.12 | ለጥ.ቁ 2.11 መልስ አይ ከሆነ ... አሁን እርግዝና እንዳይኖርት ያልተከላከሉበት ምክንያት ምንድነው? | 1. ስለእርግዝና መከላከያ ዘዴ ግንዛቤ/ዕውቀት ማነስ 2. የእርግዝና መከላከያ ዘዴዎችን ማግኘት ስላልቻልኩ 3. ባለቤቴ/ ገደኛዬ የእርግዝና መከላከያ ዘዴ እንደጠቀም ስለማይፈቅድ 4. የተጠቀምኩት የእርግዝና መከላከያ ዘዴ ስላልሰራ 5. ሌላ ----- | → 2.15 → 2.15 → 2.15 → 2.13 |
| 2.13 | ሲጠቀሙት የነበረው የእርግዝና መከላከያ ዘዴ ምን ነበረ? | 1. ክኒን 2. መርፌ 3. በማጎጸን ውስጥ የሚቀመጠው ሉፕ 4. በክንድ ላይ የሚቀበረው ኖርፕላንት 5. ጸረ ስፕርም ኬሚካል 6. ኮንዶም 7. የሴት ዘር ማስተላለፊያ ቧንቧ ማስቋጠር 8. የወንድ ዘር ማስተላለፊያ ቧንቧ ማስቋጠር 9. የወር አበባ አቆጣጠር ዘዴ 10. ጡት በማጥባት 11. ሌላ ----- | |
| 2.14 | ይጠቀሙበት የነበረውን የእርግዝና መከላከያ ዘዴ በትክክል ይጠቀሙ ነበር | 1. አዎ 2. አይ 3. ስላጠቃቀሙ አልተነገረኝም | |
| 2.15 | ከዚህ እርግዝናዎ በፊት ሳያቆዱ እርግዝው ያውቃሉ? | 1. አዎ 2. አይ 3. እርግጠኛ አይደለሁም | |
| 2.16 | ለጥ.ቁ. 2.15 መልስ አዎ ከሆነ ... መቼ ነበር ሳያቆዱት ያረገዙት? | 1. ባለፉት ሦስት ዓመታት ውስጥ 2. ከሦስት ዓመት በፊት | |

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| 2.17 | ለጥ.ቁ. 2.15 መልስ አዎ ከሆነ ባለፉት ሦስት ዓመታት ውስጥ ስንት ያልታቀዱ እርግዝናዎች ኖሮት ያውቃል? | 1. አንድ 2. ሁለት እና ከዚያ በላይ | |
| 2.18 | ለጥ.ቁ. 2.15 መልስ አዎ ከሆነ ከዚህ በፊት ሳያቆዱ ለተከሰቱት እርግዝናዎች ምንድነው ያረድጉት? | 1. ምንም . . . ወለድኳቸው 2. እርግዝናውን ለማቋረጥ ሞክርኩ ግን አልተሳካም 3. እርግዝናውን ለማቋረጥ 4. ሞተው ተወለዱ 5. ሌላ ----- | |
| 2.19 | በሕይወት የተወለዱ ሕጻናት ብዛት? | ብዛት ----- | |
| 2..20 | በሕይወት ከተወለዱት ሕጻናት ስንቶቹ ሳይታቀዱ የተወለዱ ናቸው? | ብዛት ----- | |

ክፍል ሦስት:- ስለ ዘመናዊ የእርግዝና መከላከያ ዘዴዎች ግንዛቤ/ዕውቀት መጠየቂያ

| ተ.ቁ | ጥያቄ | አማራጭና መለያ ኮድ | ይለፍ |
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| 3.1 | ስለቤተሰብ መመጠኛ ዘዴዎች አገልግሎት ስምተው ያውቃሉ? | 1. አዎ 2. አይ | →3.7 |
| 3.2 | እርግዝናን ለማዘግየት/ለመከላከል የሚያስችሉ ዘዴዎች ያውቃሉ? | 1. አዎ 2. አይ | |
| 3.3 | ለጥ.ቁ. 3.2 መልስ አዎ ከሆነ . . . ይህን ዘዴ ማግኘት ይቻላል? | 1. አዎ 2. አይ | |
| 3.4 | የሚያውቁት/ቸው እርግዝና መከላከያ ዘዴዎች ምንድናቸው? | 1. ክረን 2. መርፌ 3. በማኅጸን ውስጥ የሚቀመጠው ሉጥ 4. በክንድ ላይ የሚቀበረው ኖርፕላንት 5. ጸረ ስፕሪም ኬሚካል 6. ኮንዶም 7. የሴት ዘር ማስተላለፊያ ቧንቧ ማስቋጠር 8. የወንድ ዘር ማስተላለፊያ ቧንቧ ማስቋጠር 9. የወር አበባ አቆጣጠር ዘዴ 10. ጡት በማጥባት 11. ሌላ ----- | |
| 3.5 | እርስዎ/ሌሎች ሰዎች የእርግዝና መከላከያ ዘዴዎችን በዋናነት የሚያኙት ከየት ነው? | 1. ከሆስፒታል 2. ከጤና ጣቢያ 3. ከቤተሰብ መምሪያ 4. ከመድኃኒት መሸጫ ቤቶች 5. ከጤና ኬላ 6. አላውቅም 7. ሌላ ----- | |
| 3.6 | የዘመናዊ የእርግዝና መከላከያ ዘዴዎች የሚሰጡትን ጥቅሞች ይጥቀሱ | 1. ያልተፈለ እርግዝናን መከላከል 2. የእርግዝናን ግዜ ለማዘግየት 3. የወር አበባ ማስተካከያነት 4. የአባላዘር በሽታን ለመከላከል 5. ሌላ ----- | |

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| 3.7 | ያልተፈለገ እርግዝና ወይም ባልፈለጉት ጊዜ የሚከሰት እርግዝናን ለመከላከል ጥሩ ነው ብለው የሚያስቡት የእርግዝና መከላከያ ዘዴ ምንድነው? | <ol style="list-style-type: none"> 1. ዘመናዊ የእርግዝና መከላከያ ዘዴ 2. የወር አበባ አቆጣጠር ዘዴ 3. አላውቅም 4. ሌላ ----- | |
| 3.8 | በድንገት ወይም ያለመከላከያ ዘዴ በተፈጸመ ወሲባዊ ግንኙነት ምክንያት የሚፈጠር ያልታቀደ እርግዝና መከላከል የቻላል? | <ol style="list-style-type: none"> 1. አዎ 2. አይ | |
| 3.9 | ለጥ.ቁ. 3.8 መልስ አዎ ከሆነ . . . ምን አይነት ዘዴ በመጠቀም ድንገተኛ እርግዝናን መከላከል ይቻላል? | <ol style="list-style-type: none"> 1. የድንገተኛ እርግዝና መከላከያ ክኒን 2. በማህጸን ውስጥ የሚቀመጥ ሉፕ 3. ሌላ ----- | |
| 3.10 | በወር አበባ ኡደት ሒደት ውስጥ ያለመከላከያ ዘዴ የወሲብ ግንኙነት ቢፈጸም በበለጠ እርግዝና ሊከሰት የሚችለው ምን ጊዜ ነው? | <ol style="list-style-type: none"> 1. የወር አበባ በሚፈስበት ጊዜ 2. ወዲያው የወር አበባ እንደቆመ 3. የወር አበባ ከመጣ ሁለት ሳምንት አካባቢ 4. ልክ የወር አበባ ከመምጣቱ በፊት 5. አላውቅም | |

| ተ.ቁ | ጥያቄ | አማራጭና መለያ ኮድ | ይለፉ |
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| 4.1 | እርስዎ ወይም ሌሎች እርግዝና መከላከያ ዘዴዎች መጠቀም ይደግፋሉ ወይስ ይቃወማሉ? | <ol style="list-style-type: none"> 1. እደግፋለሁ 2. እቃወማለሁ 3. አላውቅም/ሐሳብ የለኝም | |
| 4.2 | ሁለት ወይም ከዚያ በላይ ልጅ ቢኖሮት ሌላ ልጅ እንዲኖሮት ይፈልጋሉ? | <ol style="list-style-type: none"> 1. አዎ 2. አይ 3. ፈጣሪ ያውቃል 4. ተግባራዊ ማድረግ ያስቸግራል | |
| 4.3 | ዘመናዊ እርግዝና መከላከያ ዘዴ አለመጠቀም ምክንያት ምንድነው? | <ol style="list-style-type: none"> 1. ስለዘመናዊ የእርግዝና መከላከያ ዘዴ ግንዛቤ/ዕውቀት ስለሌለኝ 2. ዘመናዊ ያልሆኑ የእርግዝና መከላከያ ዘዴዎች ስለምተቀም 3. በሃይማኖቱ በመቀም ስለማይፈቀድ 4. የጎንዮሽ ችግሮች በመኖራት 5. መካንነት ስለምፈራ 6. ባለቤቱ/ጓደኛዬ ስለማይፈቅድ 7. ሌላ ----- | |
| 4.4 | በዕድሜዎ በጠቅላላ ስንት ልጅ ቢኖርዎት ይመርጣሉ? | ብዛት ----- | |
| 4.5 | በሁለት ተከታታይ እርግዝናዎች መካከል ምን ያህል የጊዜ እርቀት ቢኖር ይመርጣሉ? | <ol style="list-style-type: none"> 1. ከአንድ ዓመት ያነሰ ጊዜ 2. አንድ ዓመት 3. በአንድ እና በሁለት ዓመት መካከል 4. ከሁለት ዓመት በላይ | |

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| 4.6 | በለቤተሰብ ምጣኔ ከባለቤቱ/ከጓደኛዎ ጋር ተወያይተው ያውቃሉ? | <ol style="list-style-type: none"> አዎ አይ አላስታውስም | |
| 4.7 | አንድ ሴት ሳትፈልግ ብታረግዝ ምን ማድረግ ያለባት ይመስልዎታል? | <ol style="list-style-type: none"> ማስወረድ አለባት ምንም/መውለድ አለባት አላውቅም ሌላ ----- | |
| 4.8 | የዘመናዊ የእርግዝና ዘዴዎች መተቀም ከእርስዎ ሃይማኖት ይቃረናል? | <ol style="list-style-type: none"> አዎ አይ አላውቅም | |

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| 5.1 | የእርግዝና መከላከያ ዘዴ ተጠቅመው ያውቃሉ? | <ol style="list-style-type: none"> አዎ አይ -----> 000 | |
| 5.2 | ይህን እርግዝና በሚያረግዙበት ጊዜ የእርግዝና መከላከያ ይጠቀሙ ነበር? | <ol style="list-style-type: none"> አዎ አይ | |
| 5.3 | ለጥ.ቁ. 5.2 መልስ አዎ ከሆነ- የትኛውን የእርግዝና መከላከያ ዘዴ ሲጠቀሙ ነበር? | <ol style="list-style-type: none"> ክኒን መርፌ በማጎጸን ውስጥ የሚቀመጠው ሉፕ በክንድ ላይ የሚቀበረው ኖርፕላንት ኮንዶም የወር አበባ አቆጣጠር ዘዴ ጡት በማጥባት ሌላ ----- | |
| 5.4 | ከማርገዝዎ በፊት ሲጠቀሙት የነበረው የእርግዝና መከላከያ ዘዴ ሳያቋርጡ ለምን ያህል ጊዜ ተጠቅመዋል? | ----- ወር | |

የመጠየቂያው መለያ ቁጥር _____

የጠያቂው ስም _____

ቀን _____

ፊርማ _____

የተቆጣጣሪው ስም _____

ቀን _____

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DECLARATION

I, the undersigned, declare that this thesis is my original work, has never been presented in any other University and that all resources of Materials have been duly acknowledged.

Name: MURADU MELIS (BSc)

Signature _____

Place

Addis Ababa Univerity

Date of submission

May 2011

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

Name

MESFIN ADDISSE (MD, MPH)

Signature _____