ADDIS ABABA UNIVERSITY

COLLEGE OF HEALTH SCIENCE

SCHOOL OF PUBLIC HEALTH

MAGNITUDE AND FACTORS ASSOCIATED WITH INDUCED ABORTION AMONG WOMEN OF REPRODUCTIVE AGE GROUP WHO SEEK HEALTH CARE SERVICE IN SELECTED HEALTH INSTITUTES IN SEBETA

BY GUDO DAMENE (BSC)

A THESIS SUBMITTED TO SCHOOL OF PUBLIC HEALTH, COLLEGE OF HEALTH SCIENCE, ADDIS ABABA UNIVERSITY, IN PARTIAL FULFILIMENT OF THE REQUIREMENTS FOR THE DEGREE OF MESTER OF PUBLIC HEALTH

MAY 2021

ADDIS ABABA ETHIOPIA

Addis Ababa University

College of health science

School of public health

MAGNITUDE AND FACTORS ASSOCIATED WITH INDUCED ABORTION AMONG WOMEN OF REPRODUCTIVE AGE GROUP WHO SEEK HEALTH CARE SERVICE IN SELECTED HEALTH INSTITUTES IN SEBETA

BY GUDO DAMENE (BSC)

Date ————————————— Signature —————————————

Approved by examining board

Chairman, Department of the graduate committee

Advisor

MESELECH ASSEGID (MPH, PHD FELLOW)

Examiners

Internal

1. -------------------------------------

External

1. -------------------------------------

Acknowledgment

Foremost, I want to offer this endeavor to my GOD Almighty for the wisdom he bestowed upon me, the strength, peace of my mind and good health in all.

My special thanks go to Addis Ababa University School of public health to giving me this chance to study.

I would like to express my special gratitude and thanks to my adviser, Mrs Meselech Assegid for her continuous guidance and providing constructive comments to this thesis development.

My brother Dr Delasa Damena for encouragement, and sharing his knowledge in each step and support me.

I would like to express my gratitude towards my family for encouragement which helped me in completion of this paper and my completion of this thesis could not have been accomplished without the support of my classmate Efrem.

My thanks and appreciations also go to my colleague and people who have willingly helped me out with their abilities.

Table of Contents

Acknowledgment ii

Acronyms and abbreviations vii

Abstract viii

1. INTRODUCTION 1

1.1. STATEMENT OF THE PROBLEM 2

1.2. RATIONALE OF THE STUDY 3

1.3. SIGNIFICANCE OF THE STUDY 3

2. LITERATURE REVIEW 4

2.1. Unsafe abortion and unwanted pregnancy 4

2.2. Health consequences of induced abortion 4

2.3. Induced abortions and risk factors in Ethiopia 5

2.4. Conceptual frame work 7

3. OBJECTIVE 8

3.1. General objective 8

3.2. Specific objectives 8

4. METHODS 9

4.1. Study area 9

4.2. Study design 9

4.3 Population 9

4.3.1. Source population 9

4.3.2. Study population 9

4.4. Inclusion criteria 10

4.5. Exclusion criteria 10

4.6. Sample size determination 10

4.7. Sampling procedure 11

4.8. Study variable 12

4.8.1. Dependent variable 12

4.8.2. Independent: include the following 12
4.9. Operational definition 12
4.10. Data collection tools 13
4.11. Data management procedure 13
4.12. Data quality assurance 13
4.13. Data analysis 13
4.14. Ethical issue consideration 14
5. RESULTS 15
5.1 Socio-demographic characteristics of study participant 15
5.2 Reproductive and maternal characteristics of the study participants 16
5.3 Magnitude of induced abortion 18
5.4 Knowledge, attitude and practice of the participants (KAP) about contraceptives 18
5.5 Assessment of risk factors associated with induced abortion 20
6 DISCUSSIONS 24
7 STRENGTH AND LIMITATION OF THE STUDY 26
7.1 Strength 26
7.2. Limitation 26
8 CONCLUSIONS AND RECOMMENDATIONS 27
8.1. Conclusions 27
8.2. Recommendation 27
9. REFERENCE 28
10. Annexes: 30
I. Consent form 30
II. English Version Questionnaire 31
III. AmaharicVersion Questionnaire 36
I. Afaan OromooVersion Questionnaire 42

List of tables

Table 1.Socio-demographic characteristics of study participant 15

Table 2.Reproductive and maternal characteristics 17

Table3.Magnitude of induced abortion among women of reproductive age in selected health facilities in Sebeta Town. 18

Table 4.Description of KAP of the study participants about contraceptives 19

Table 5 Bivariate and multivariable logistic regression analysis on selected socio-demographic and reproductive health related factors associated with induced abortion. .. 22

List of Figure

Figure 1 conceptual frame work 7

Figure 2: sampling procedure 11

Acronyms and abbreviations

CI: Confidential Interval

FP: Family Planning

HHS: Department of Human and Health Science

KAP: Knowledge, Attitude and Practice

RH: Reproductive Health

SD: Standard Deviation

WHO: World Health Organization

Abstract

Background: Eastern African region has one of the highest rates of unsafe abortion in the world, with unsafe abortion responsible for an estimated mortality rate of 18%. Ethiopia has the fifth highest number of maternal deaths in the world: one in 27 women die from complications of pregnancy or childbirth annually. Several risk factors contribute to the increasing rate of induced abortion and its complication including restrictive laws, inadequate awareness level and number of previous spontaneous abortion, the type and pattern of these risk factors varies in different parts of the country.

Objective: To assess the magnitude of induced abortion and associated risk factors in Sebeta town, central Ethiopia.

Method: A health facility based, cross sectional quantitative study was conducted in the selected government health center and medium private clinics in Sebeta town between December2020 to February 2021. A total of 445 women were enrolled in this study. A purposive and systematic/interval sampling technique was used to select Health institute and study participants respectively. Data was collected using a standardized questioner and skilled personnel to ensure data quality and entry and analysis were then conducted using SPSS, version 20

Result: In this study, the prevalence of induced abortion was 44%. Risk factors including single women [AOR=3.12, 95% CI (1.72, 5.65)] , women who had not attended sexual education [AOR= 3.76, 95% CI (2.30, 6.14)],women who are literate [AOR=4.79, 95% CI (1.88, 12.19)], being daily laborers [AOR= 2.014, 95% CI (1.04,3.89)], those in age group25-29 year [AOR=2.29, 95% CI (1.13, 4.64)] and being urban resident [AOR=2.46, 95% CI (1.44, 4.21)] were significantly associated with committing induced abortion.

Conclusion and recommendation: The prevalence of induced abortion is in Sebeta Town is higher than that of the national average in Ethiopia. Lack of exposure to information on sexual education and being in early age urban residence had higher experience of abortion that needs targeted intervention. Sexual health education should be provided for women in reproductive age group particularly in urban areas of Sebeta Town focusing on unmarried and adolescents.

1. INTRODUCTION

Maternal mortality and morbidity are the leading cause of morbidity and mortality among women of reproductive age in many countries throughout the world (1). Of all maternal deaths, those related to unsafe abortion contributes the greatest share globally (2). In sub-Saharan Africa unsafe abortion occurs at rates of 18-39 per 1000 women (2). An estimated 10-50% of women face life threatening complications including incomplete abortion, infection and secondary infertility due to abortion(2).

Eastern African region has one of the highest rates of unsafe abortion in the world, with unsafe abortion responsible for an estimated mortality rate of 18% (1). Ethiopia has the fifth highest number of maternal deaths in the world: one in 27 women die from complications of pregnancy or childbirth annually (3). Several factors contribute to the increasing rate of induced abortion and its complication including restrictive laws, inadequate awareness level and number of previous spontaneous abortion, lack of skilled man power, parity, advanced gestational age and poor awareness level among others (1).

Studies have shown that, when high-quality care is available, the morbidity and mortality associated with induced abortion can be greatly reduced(4). Abortion care consists of both curative cares including treating incomplete abortion and its complications and preventive cares including contraceptive counseling and services. Both curative and preventive cares are important to ensure that high-quality care is received by women who require these services(4).

Although abortion is currently liberal in Ethiopia;-legal in cases of rape, incest, or fetal impairment and high risk of child. The maternal deaths due to unsafe abortion are still high (5–8).Besides, the magnitude and driving factors of induced abortion and its complications are different in different areas (5–8); suggesting that additional studies are needed in different settings to inform the appropriate intervention measures. However, there is acute lack of such studies in Sebeta, a densely populated, emerging town located in central Ethiopia.

1.1. STATEMENT OF THE PROBLEM

Ethiopia has the fifth highest number of maternal death in the world: one in 27 women die from complications of pregnancy or childbirth annually (2). The overall rate of unintended pregnancy in the country is about 38% in 2014 (9). In Ethiopia abortion is currently allowed based on the abortion law forpregnancy result from rape, where the continuation of the pregnancy endangers the life of the mother or child, where the fetus has an incurable and serious deformity and when women is physically as well as mentally unfit to bring up the child and in the case of grave and imminent danger related with the pregnancy(10).

A nation-wide study showed that the incidence of abortion is very high (13). For instance, about 620,300 induced abortions were performed in Ethiopia only in 2014 (13).In the same study, it was shown that the annual rate of abortion had increased from 22 per 1000 reproductive age women to 28 per 1000 reproductive age groups.

Studies have shown that the magnitude and driving factors of induced abortion and its complications are different in different areas in Ethiopia(5–8). A study conducted in Gonder reported a prevalence rate of 4.0% of induced abortion(14).Whereas a study conducted in Gurage Zone and Wolita Sodo University reported prevalence of 12.3% and 6.5%, respectively(16,17).Moreover, studies have shown that women seek induced abortion for several factors including knowledge, attitude and practice (KAP) towards use of contraceptive pills, socio-economic factors and awareness level. Availability of skilled professional and post-abortion care capacities contribute to the magnitude of induced abortion and associated complications in Ethiopia(11,12). However, the type and pattern of these risk factors varies in different parts of the country (11,12). This presses the need of area specific studies in different setting to inform appropriate intervention measures. However, there is acute lack of such studies in Sebeta, a densely populated, emerging town located in central Ethiopia. Therefore, in this study, weinvestigated the magnitude and associated factors of induced abortion in Sebeta Town Health Institute, central Ethiopia.

1.2. RATIONALE OF THE STUDY

Several studies done at different specific area prevailed the increasing rate of abortion from time to time. However, there was no specific study conducted on magnitude of induced abortion and associated risk factor related with induced abortion in Sebeta area although many public and private health facilities are providing abortion services. Preliminary health bureau reports of Sebeta Town showed increasing of abortion cases from time to time.

1.3. SIGNIFICANCE OF THE STUDY

Research on the magnitude of induced abortions and associated risk factors in a specific area can inform designing effective health education and health promotion policy, programs and practice targeting risk groups. We hope that this study wouldgenerate baseline information that may inform implementation of evidence-based interventions in the study area.

2. LITERATURE REVIEW

2.1. Unsafe abortion and unwanted pregnancy

Pregnancy-related deaths are death that occur among women within 1 year of pregnancy from complications of the pregnancy or delivery (13). According to WHO, unsafe abortion is a procedure for terminating an unintended pregnancy conducted either by persons lacking the necessary skills or in an environment that does not conform to minimal medical standards or both (1).Driving factors of unsafe abortion including: absence of timely intervention during severe bleeding when performing the procedure, inability to provide post-abortion care, legal restrictions and social and cultural stigmatizations linked to abortions among others (1).

Abortion may take place within or outside the national frame work of a given country. These abortion procedures performed within the legal frame work are usually safer. However, even when performed within the legal framework, the safety of the procedure depends on the availability of facilities and adequate professional skills. In recourse constraint countries where there is lack of skilled man power and medical facilities, even abortion cases that meet the legal requirements of the country may not necessarily be safe (1). A nation-wide study done in Ethiopia showed that the facility based abortion rate is raised 5.8 to 14.7 in 2008 and 2016 respectively and the proportion of abortions that occurred in health facility is increased from 17% to 53% (9).

2.2. Health consequences of induced abortion

An abortion procedure is considered to be safe when performed by a well-qualified person using a correct procedure under sanitary environment. Advances in medical science has led to the discovery and implementation of less invasive methods, procedures including vacuum aspiration and medical abortion methods which enables to undertake safe early abortion. In developing countries, however, there is scarcity of resources and trained man power which increases the risk of death following unsafe abortions (1).Consequently, abortion may be induced by the woman herself, by a non-medical person or by a health worker under unhygienic conditions(1).

Abortion may be performed by unskilled personnel by inserting solid substances including twig, catheter and roots in to uterus. It may also involve ingestion of harmful substances and misuse of pharmaceuticals(14). Such procedures lead to severe complications including bleeding, infections, damage to organs and death. Obtaining full information on the risk associated with abortion is limited due to incomplete reporting and lack of record-keeping linking abortions to complications.

2.3. Induced abortions and risk factors in Ethiopia

Ethiopia is one of the high burden countries in maternal deaths. It has the fifth highest number of maternal deaths in the world in which one in twenty seven women die from pregnancy related complications annually (3). In Ethiopia abortion service law had previously been very stringent which allowed abortion only in case of saving the life of women. However, the law has been revised in 2005 to make accessible for women who demand the services. The current law allows abortion in cases of rape, incest or fatal impairment. Women can also legally commit abortion if her life or her child's life is in danger. The new law also allow abortion if a women is under age or unable to bring up the child due to her status as a minor or to a physical or mental infirmity(10)(12).

In line with this, the Ethiopian Ministry of Health prepared a national guideline that meets then WHO standards and disseminated for provision of legal and safe abortion cares. The guideline included recommended trainings for health care workers to enable provide high quality service; the need for equipping health care facilities to provide high quality cares, the need for sustainable supply of necessary equipment and medications; the need for engaging private-sector in abortion service provision; and integrating abortion and post-abortion contraceptive services with existing reproductive health services (10).

Consequently, the prevalence of abortion cases in health facilities increased from 27% to 53% in between 2008 and 2014 (9). In the same period, the proportion of women visiting health facility for post abortion care service rose from 7% to 11%, the share of all abortion service provided

by health facilities was increased from 0% to 36% and the proportion of abortion care provided by midlevel health workers increased from 48% to 83% (12).

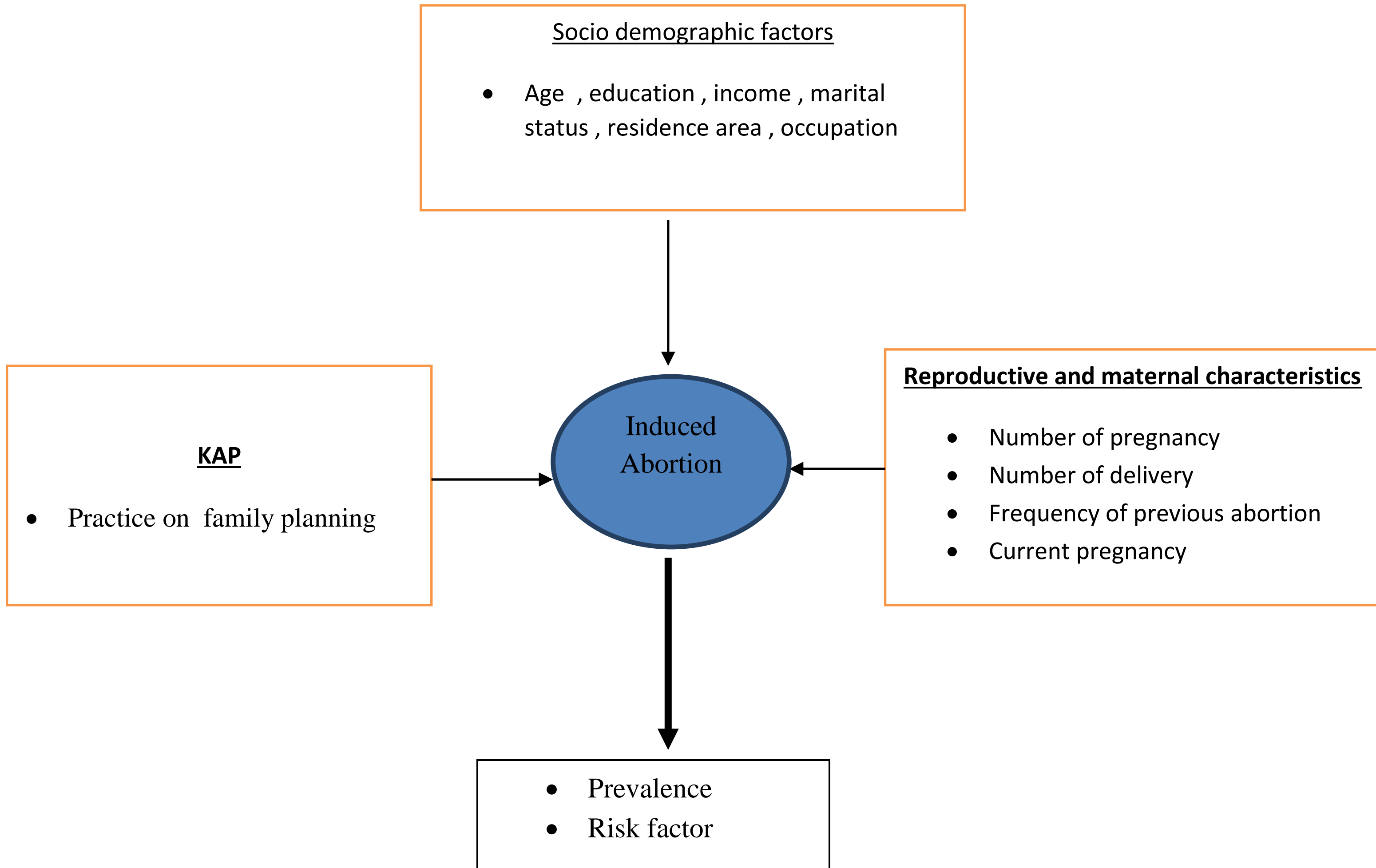
In Ethiopia, several studies have been conducted in different parts of the country reported that there the abortion rates associated risk factors varies from place to place. For instance, a study conducted in Gonder Town revealed that the prevalence rate of induced abortion was 40 per 1000 women, making it higher from the previous national rate of abortion for Ethiopia (28/1000 women aged 15-44). In this study, fear of family and the community 20(31.1%) was reported to be the major driving factor for induced abortion (15). However, a study conducted in Gurage Zone reported a prevalence rate of abortion at 12.3% (17). In this study, the major risk factors were education related reasons (40.8%) and economic reasons (36.7%) (17). On the other hand, in another study conducted in Jimma Hospital, out of a total sample of 194 clients admitted for abortion services, 64.4% were spontaneous and 35.7% were induced abortion. In this study, the most common complications were reported to be sepsis while the major reason for induced abortion was due to rape 30 (15.5%) and economic problem 16(8.2%) (9).

The fact that the magnitude of induced abortion and associated risk factors are different from place to place in Ethiopia warrants the need of further comprehensive studies to pave ways to evidence based intervention strategies.

2.4. Conceptual frame work

Figure 1 conceptual frame work

This conceptual frame work was developed by reading different literatures. It serves as a guide for the research.



3. OBJECTIVE

3.1. General objective

To assess the magnitude and risk factors of induced abortion among women who seek health care services in selected health institutes in Sebet town.

3.2. Specific objectives

- To assess the prevalence of induced abortion in selected health institutes in Sebeta town.
- To identify the factors associated with induced abortion in selected health institutes in Sebeta town.

4. METHODS

4.1. Study area

This study was conducted in selected institute in Sebeta Town. Sebeta is a town located in the Oromia special zone, 24km south west of Addis Ababa. The town has a latitude and longitude of 8*54’40’’N 38*37’17’’E and an elevation of 2,356 meters (7,730 feet) above sea level. The 2007 national census reported a total population of 49,331 of whom 24,356 were men and 24,975 were women. There are 5 public health centers and 20 private clinics which works with Marie stops to provide family planning (FP) and reproductive health (RH) cares.

4.2. Study design

A health facility based, cross sectional study was conducted from December 2020 to February 2021 to determine the magnitude of induced abortion and risk factors of induced abortion in selected Health Institutes of Sebata Town

4.3 Population

4.3.1. Source population

All females of reproductive age group (15-49) those came to the selected facility for different service.

4.3.2. Study population

All females of reproductive age group (15-49) who visited to Mother and children health (MCH) of selected health facilities in sebeta

4.4. Inclusion criteria

All women of reproductive age group who come to the selected health institutes seeking health care services of MCH during the study period and willing to participate in the study was included.

4.5. Exclusion criteria

Women, who are mentally ill, seriously sick, and not volunteer to participate in the study, were excluded,

4.6. Sample size determination

The sample size was determined using the single proportion population formula based on P = 0.427 from previous stud done in Harari(15) and 95% confidence interval was used with a marginal error of 5% and by taking the non-response rate as 15% due to sensitivity of the issue.

$$\boldsymbol{n} = \frac{\boldsymbol{p}(\mathbf{1}-\boldsymbol{p}) * (\boldsymbol{Z\alpha}/_2)^{\mathbf{2}}}{\boldsymbol{d}^2}$$

Where n = sample size

P = cross sectional study done in harari 0.427

q = 1-P

d = desired degree of precision (5%)

z = is the standard normal value at 95% confidence level, which is 1.96

$$n = \frac{(1.96)^2 \text{ X } 0.6\text{X } 0.4}{(0.05)^2} = 375.97$$

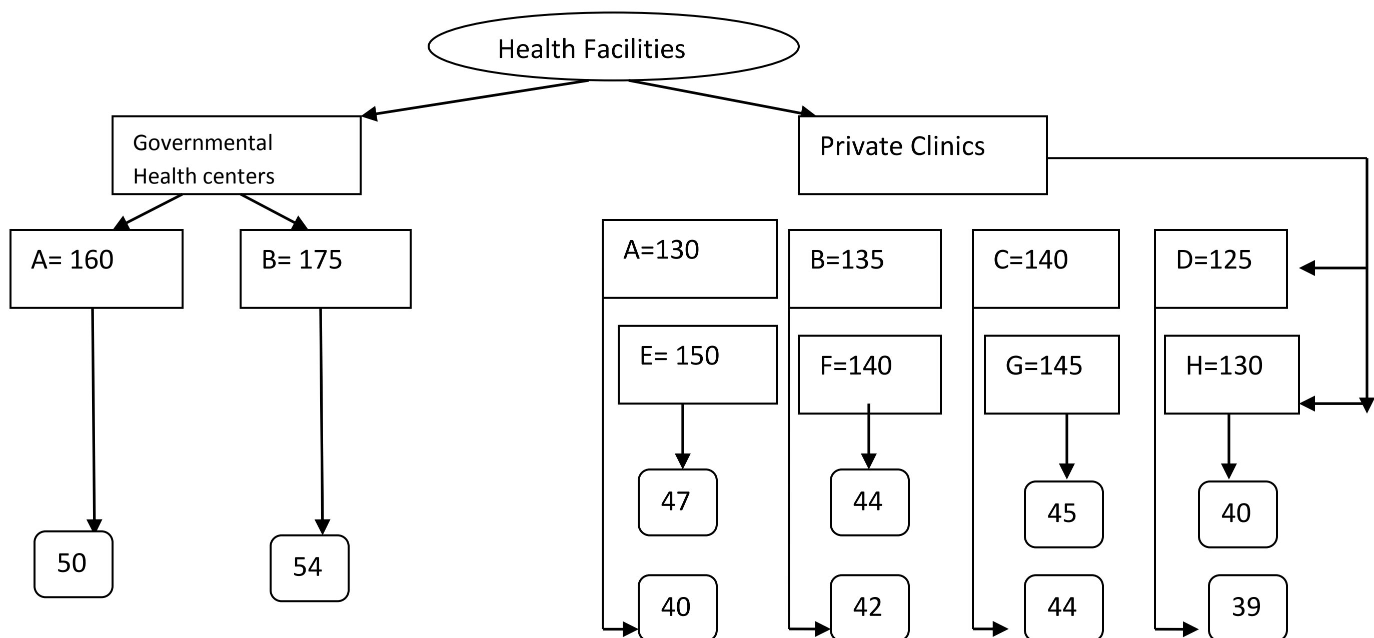
= 15% of non-response rate was assumed, due to sensitivity of the issue.

The total sample size was 445.

4.7. Sampling procedure

For each health institutions maternal and child health service provision unit, the allocated sample size was calculated using the monthly total number of reproductive age group of women in the service provision units, the monthly visiting number of above 80 women from each unit two health center(Alemgena health center(A) and Sabeta health center)(B) and eight private medium clinics (Ayo medium clinic(A), Alemgena medium clinic(B), Robera medium clinic(C), Kenteri medium clinic(D), Radiet medium clinic(E), Hora medium clinic(F), Wolete medium clinic(G), Siwaya medium clinic(H) and the total sample size. Finally, systematic sampling methods were employed to select the study participants from each service provision units of health institution.

Figure 2: sampling procedure



4.8. Study variable

4.8.1. Dependent variable

- Induced abortion

4.8.2. Independent: include the following

- Socioeconomic variable
- Socio demographic variables
- Reproductive history
- Awareness level
- Level of education

4.9. Operational definition

Abortion rate: number of abortions per 1000 females 15-49 years old

Abortion: Termination of pregnancy before the fetus is capable of extra uterine life (before 28 weeks of GA in Ethiopia)

Induced abortion: Abortion caused by deliberate interference

Safe abortion: When abortion is done in an environment which fulfills the minimum medical standard and by skilled care provider.

4.10. Data collection tools

A structured questionnaire was modified from illustrative questionnaire (19)and was used to collect the appropriate information. The questionnaires were initially prepared in English and then translated into Afan Oromo and Amharic. The questionnaire included demographic information, socio economic, marital status, education level, contraceptive use and reproductive health history. The interviews were conducted in local languages (Amharic and Afan Oromo) according to the respondent's preference and translated back to English.

4.11. Data management procedure

The supervisors and data collectors were trained by principal investigator. Supervisor closely followed day to day data collection processes throughout the work and the completeness of data. Trained two midwifes and three nurse data collectors were recruited to ensure for the completeness and consistency of questionnaire administered each day.

4.12. Data quality assurance

Data was collected using a standardized questioner and skilled personnel to ensure data quality. Supervisors and investigators verified the data on a daily basis to ensure its accuracy. Before the actual data processing, the lead investigator input 5% of the obtained data twice into the EPI DATA software package to ensure proper entry and preserve data quality.

4.13. Data analysis

Data was carefully collected from the respondents; entry and analysis were then conducted using SPSS, version 20. Descriptive statistics such as frequency, proportion, means and standard deviation (SD) were computed. Odd ratio (OR) was computed to estimate the magnitude of the association between risk factors and induced abortion. A logistic regression model was used for both bivariate and multivariate analysis in order to identify associated factors of induced abortion

among groups of independent variables. Variables which were significantly associated ($p < 0.2$) with induced abortion in binary logistic regression analysis were reanalyzed using multivariate logistic regression models. The findings were expressed in AOR with 95% CIs and significant threshold was declared at $p < 0.05$.

4.14. Ethical issue consideration

Ethical approval was obtained from Addis Ababa University Institutional Research and Ethics Committee of school of public health and Sebeta Town Health Bureau. Informed consent was obtained from the study participants. The following safeguards were used to protect the participant's right: the research objectives, data collection methods and activities were clearly explained to them. A written consent form was obtained from each participant. Participants were advised that their participations purely voluntarily-based and that they could withdraw from the study at any time. They were also advised that at any time during the process they could decline to answer any question.

5. RESULTS

5.1 Socio-demographic characteristics of study participant

A total of 445 reproductive age (15-49) women were participated in the study. The socio-demographic characteristics of the study participants were described in table 1. Out of total participant 69.9% (n=311) were from urban and the remaining 30.1% (n=134) were from rural areas. The majority (61.6%) of the study participants' age was between 20 and 29with the mean age of 25 years old (SD $\pm$6.23). Around half (53.0%) of participants were single marital status.

Table 1.Socio-demographic characteristics of study participant

Characteristics	**Frequency (n=445)**	**Percent (%)**
Age of participants		
15-19	66	14.8
20-24	172	38.7
25-29	102	22.9
30-34	64	14.4
35-39	22	4.9
40-45	19	4.3
participant Place of residence		
Rural	134	30.1
Urban	311	69.9
Participant Marital status		
Married	117	26.3
Single	236	53.0
Divorce	73	16.4
Widow	19	4.3
Participant Occupational status		
House wife	82	18.4
Student	117	26.3
office worker	66	14.8

daily lobar	145	32.6
Other	35	7.9
level of education		
Illiterate	39	8.8
primary	97	21.8
Secondary	125	28.1
Diploma	92	20.7
University	92	20.7
Average monthly income		
less than 150 birr	19	4.3
150-350 birr	10	2.2
351-750 birr	16	3.6
751-1500 birr	56	12.6
more than 1500 birr	139	31.2
no monthly income	205	46

5.2 Reproductive and maternal characteristics of the study participants

The reproductive and maternal characteristics of the study participants were described in Table 2. Among the respondents, 59% (n=164) of the participants have history of one or two pregnancies including the current pregnancy. About thirteen percent of the participants had previous history of abortion. The majority (66.3%, n=130) of participants with abortion case revealed that their current pregnancy was unwanted while the remaining33.7% (n=66) claimed that their pregnancy is wanted. Of those who come for abortion case, 14.8% (n=66) claimed that the reason for induced abortion was partner pressure followed by low income 14.3%, interrupted use of contraceptives (10.6 %) and rape (2.6%)as shown in Table 2.

Table 2. Reproductive and maternal characteristics

Characteristics	**Frequency (n=445)**	**Percent (%)**
Number of pregnancies		
0	81	18.2
1-2	184	41.3
3-4	125	28.1
5-6	45	10.1
>7	10	2.2
Parity(No of delivery)		
Never	220	49.4
1-2	161	36.2
3-4	50	11.2
5-6	10	2.2
>7	3	.7
Frequency of previous abortion		
Never	385	86.5
1	48	10.8
2	11	2.5
4	1	.2
Current pregnancy wanted		
Yes	66	14.8
No	130	29.2
Reason for abortion		
contraceptive failure	1	.2
Forget to take contraceptive	47	10.6
partner pressure	66	14.8
related to low income	63	14.2
Rape	13	2.9
Related to health	6	1.3

5.3 Magnitude of induced abortion

Out of a total of 445 participants, 44% (n=196) participants visited the respective health facilities for abortion cases during study period (Table 3). Out of these, 13.3 % (n=59) claimed that they had previous abortions. All the participants with abortion case had induced type of abortion. Among these, 98% was safe abortions.

Table3.Magnitude of induced abortion among women of reproductive age in selected health facilities in Sebeta Town.

Character	Response	Frequency (N)	Percent %
Come for abortion service case?	Yes	196	44.0
	No	249	56.0
Had history of abortion?	Yes	59	13.3
	No	386	86.7
Place of current abortion service	Private clinics	158	35.5
	Health facility	35	7.9
	Home	3	.7

5.4 Knowledge, attitude and practice of the participants (KAP) about contraceptives

In this study, we assessed the KAP of the participants on the use of contraceptives (Table 4). The majority (85.6%, n=381) of participants claimed that they have heard about family planning. Out of these, 52.8% (n=235) and 32.8%(n=146) obtained the family planning information from mass media especially from television and radio, respectively. Among the participants who have had

information about family planning, 28.1% (n= 125) had attended family planning education in health facilities while 12.4% (n=55) attended in health extension worker. However, the majority (37.5%) of the participants who had information about family planning said that they have never attended health education. The majority 35.3% (n=157) of respondents believe that injection is more effective contraceptive compared to other methods. About two third (62%) of participants reported that they know about emergency contraceptives.

One hundred thirty-four (30.1%) of participants believed that abortion is legal in Ethiopia while the majority 178(40.0%) of participants believe that it is not legal and the remaining 133(29.9%) answered that they didn't know whether or not abortion is legal in Ethiopia.

Table 4.Description of KAP of the study participants about contraceptives

Characteristics	Frequency(n=445)	Percent (%)
Heard about family planning		
Yes	381	85.6
No	64	14.4
Type of media family planning information		
Have not got information	64	14.4
Television	235	52.8
Radio	146	32.8
Place of family planning education		
Health facilities	125	28.1
Home to home extension program	55	12.4
School	98	22.0
Not attend at all	167	37.5
Knowledge of more effective contraception		
Pill	72	16.2

Injection	157	35.3
Condom	28	6.3
IUCD	46	10.3
Implant	30	6.7
Others	51	11.5
Not know	61	13.7
know emergence contraceptive		
Yes	276	62.0
No	169	38.0
Ever emergency		
contraceptive use	224	50.3
Yes	221	49.7
No		
Abortion law in Ethiopia?		
It is legal		
Not legal	134	30.1
Don't know	178	40.0
	133	29.9

5.5 Assessment of risk factors associated with induced abortion

Association between the potential risk factors including socio-demographic and reproductive health related factors were assessed by bivariate and multivariable logistic regression as shown in Table 5.In binary logistic regression analysis, age of participant, marital status, place of residence, ever attend sexual education, ever used contraceptive, ever used emergency contraceptive, ever request for contraceptive at institute and knowledge on legality of abortion in Ethiopia were significantly associated with induced abortion ($p<0.05$). A variable which had statistically significant association ($P < 0.2$) in binary logistic regression were entered in to

multivariable logistic regression to see the independent effect of each potential determinant while controlling for possible confounders. By controlling the effect of other predictor variables, the multivariate logistic regression analysis showed statistically significant association between, age of participant, marital status, and place of residence, ever attend sexual education, ever used contraceptive, ever request for contraceptive at institute and knowledge on legality of abortion in Ethiopia.

This study showed that women aged 25-29 years old commit induced abortion 2.29 times [AOR=2.29, 95% CI (1.134,4.636)] more likely than those who were aged older than 30 years. Women who live urban areas were 2.5 times [AOR=2.465, 95% CI (1.441, 4.211)] more likely to have induced abortion than women who live in rural areas. Single women were 3 times [AOR=3.120, 95% CI (1.722, 5.652)] more likely to commit induced abortion as compared to married women. This study also showed that women who had not attended sexual education were 3.8 times[OR= 3.758, 95% CI (2.301, 6.138)] more likely to have induced abortion than those women who attended sexual educations.

Odd of women who have never attended school (illiterate) are 4 times [AOR=4.793, 95% CI (1.884, 12.196)] more likely to have induced abortion as compared to having degree. Daily labors were about 2 times more likely to have induced abortion than that of house wife [AOR= 2.014, 95% CI (1.042, 3.892)].

Odd of women who believe that abortion is legal in Ethiopia were 2 times [AOR=2.206, 95% CI (1.227, 3.966)] likely to have induced abortion as compared to participants who are believe that abortion is not legal.

Table 5 Bivariate and multivariable logistic regression analysis on selected socio-demographic and reproductive health related factors associated with induced abortion.

Characteristics	Induced abortion		COR (95%)	AOR (95%)	P value
Age of participant	**Yes**	**No**			
15-19	23	43	1.22(1.29,2.09)	.868	.744
20-24	87	85	2.34(1.39,3.89)	1.617	.140
25-29	54	48	2.56(1.45,4.53)	2.29(1.13,4.64)	.021*
30-49	32	73	1.00	1.00	
Place of residence					
Urban	151	160	1.86(1.24, 2.84)	2.46(1.44, 4.21)	.001*
Rural	45	89	1.00	1.0	
Marital status					
Not Married	27	90	3.54(2.18, 5.73)	3.12(1.72, 5.65)	.001*
Married	169	159	1.00	1.00	
Ever attained sexual education					
Not attended	114	79	2.99(2.03, 4.41)	3.75(2.30, 6.13)	.001*
Attended	82	170	1.00	1.00	
Level of education					
Illiterate	21	18	1.69(1.86, 3.30	4.79(1.88,12.19)	.001*
primary	49	48	1.48(1.93, 2.34)	2.13(1.19, 3.8)	.011
Secondary and above	126	183			
Occupational status					
Student	43	40	2.95(1.55, 5.60)	2.16(1.96, 4.86)	.063
Other	2	30	0.18(.04, .83)	.08(.02,.44)	.057
Daily labor	128	116	3.02(1.76, 5.18)	2.02(1.04,3.89)	.037*
House wife	23	63	1.00	1.00	.

Knowledge of legality of abortion in Ethiopia					
Legal	81	53	1.86(1.14,3.02)	2.21(1.23,3.96)	.008*
Not Legal	55	123	0.54(0.34,0.86)	0.57(0.33,1.02)	.056
I don't know	60	73	1.00	1.00	

6 DISCUSSIONS

In this study, we assessed the magnitude and risk factors of induced abortion among women who seek health care services in selected Health Institutes in Sebeta Town. The prevalence rate of induced abortion in the current study was 44%. This finding is comparable with the study conducted in Harari region (42.7%)(15). However, it is higher than studies conducted in different parts of Ethiopia such as Guraghe zone (12.3%)(17), Gonder(4%)(14) while it is lower than a study conducted in Hawassa University (68.7%)(16).The possible explanation for the variations in magnitude of induced abortion in different parts of Ethiopia might be due to differences in study settings, study design and sample size among others.

In this study, women's marital status, place of residence, age, occupational status, level of education, attending sexual education and knowledge on legality of abortion were independently and significantly associated with having induced abortion. The odd of single women were three times compared with married women. This finding is closely similar with the study conducted in Harari(15), Gonder(14) and Jimma Towns(9).

The fact that, the magnitude of abortion is higher in unmarried women could be due to the fact that unmarried single girls commit abortion in fear of the family and the community segregation.

In the current study, urban areas had particularly highly committed induced abortion when compared with women who come from rural areas. This may be due to high level of population density, particularly young age group migrated to urban areas in seek of job opportunities. In this study women age 24- 29years have two-fold likelihood to had induced abortion compared to those women who were above 30 years. This finding is in line with a study conducted at Gurage zone that reported (17). Where is the result to be discussed is indicated that girls in primary education were less likely to commit induced abortion due to the fact that they are living with their family under strict parental supervision (17). However, older girls are separate from family and travel to towns in search of education and job opportunity and are under less parental controls. This may predispose them to unprotected sexual intercourse which leads to unwanted pregnancy which eventually results in abortion.

In this study, being a daily laborer is significantly associated with having induced abortion. This may be due to low income level and exposure to rape during the working time especially for women who work in different industries. This study showed that a woman who had not attended sexual education were 3.8 times more likely to commit induced abortion than the one who attended sexual education. This is supported by a study conducted in Gahana that reported(18).Women who had no knowledge of contraceptive methods usually have unplanned pregnancy.This study further revealed that the main reason for induced abortion was due to rape and economic problem contributing 30(15.5%) and 16(8.2%) respectively.

7 STRENGTH AND LIMITATION OF THE STUDY

7.1 Strength

This study was conducted in Sebeta, one of the newly emerging town in central Ethiopia where information on induced abortion has been scarce. The findings in this study may potentially guide future evidence-based interventions strategies.

7.2. Limitation

Abortion is a sensitive issue where the respondent may not provide the correct information. The study was institution based and not includes community, so the finding may not be generalized for the population.

8 CONCLUSIONS AND RECOMMENDATIONS

8.1. Conclusions

The prevalence of induced abortion is in Sebeta Town is higher than that of the national average in Ethiopia. Risk factors including being single women, being in 24- 29yearsold, lack of sexual education, being illiterate, being daily laborer and living in urban were significantly associated with increased risk of committing induced abortion.

8.2. Recommendation

- Sexual health education should be provided for women in reproductive age group particularly in urban areas of Sebeta Town focusing on unmarried and adolescents.
- Awareness on reproductive health and use of contraceptive should be created at society level in Sebeta Town to reduce the burden of induced abortion and associated complications
- Economically empowering women and work place based sexual education is needed for daily laborer

9. REFERENCE

1. World Health Organization(WHO), Unsafe Abortion Global and Regional Estimates of the Incidence of Unsafe Abortion and Associated Mortality in 2008, World Health Organization, Geneva, Switzerland, 6th edition, 2011.
2. Rasch V. Unsafe abortion and postabortion care – an overview. 2011;90:692–700.
3. Victora CG, Requejo JH, Barros AJD, Berman P, Bhutta Z, Boerma T, et al. Countdown to 2015 : a decade of tracking progress for maternal , newborn , and child survival. 2015;6736(15):1–11.
4. Alkema L, Chou D, Hogan D, Zhang S, Moller A, Gemmill A, et al. Global , regional , and national levels and trends in maternal mortality between 1990 and 2015 , with scenario-based projections to 2030 : a systematic analysis by the UN Maternal Mortality Estimation Inter-Agency Group. Lancet [Internet]. 2016;387(10017):462–74. Available from: http://dx.doi.org/10.1016/S0140-6736(15)00838-7
5. Mekuria A, Gutema H, Wondiye H, Abera M. Postabortion contraceptive use in Bahir Dar , Ethiopia : a cross sectional study. 2019;8:1–6.
6. Hagos G, Tura G, Kahsay G, Haile K, Grum T. Family planning utilization and factors associated among women receiving abortion services in health facilities of central zone towns of Tigray , Northern Ethiopia : a cross sectional Study. 2018;1–8.
7. Behulu GK, Fenta EA, Aynalem GL. Repeat induced abortion and associated factors among reproductive age women who seek abortion services in Debre Berhan town health institutions , Central Ethiopia , 2019. BMC Res Notes [Internet]. 2019;10–4. Available from: https://doi.org/10.1186/s13104-019-4542-3
8. Bridgman-packer D, Kidanemariam S, Bank U. The implementation of safe abortion services in Ethiopia. 2018;143:19–24.
9. Gebeyehu D, Admassu B, Sinega M, Haile M. Assessment of Prevalence and Reasons for Termination of Pregnancy at Jimma University Teaching. 2015;(December).
10. Megersa BS, Ojengbede OA, Deckert A, Fawole OI. Factors associated with induced abortion among women of reproductive age attending selected health facilities in Addis

Ababa , Ethiopia : a case control study. 2020;1–11.

11. Gebrehiwot Y, Fetters T, Dibaba Y, Population A, Singh S. Public Access. 2016;(February 2019).

12. Zane S, Creanga AA, Berg CJ, Pazol K, Suchdev DB, Jamieson DJ, et al. Public Access. 2016;126(2):258–65.

13. Shah I, Ahman E. Unsafe abortion in 2008: global and regional levels and trends. 2010;8080.

14. Oumer M, Manaye A. Prevalence and Associated Factors of Induced Abortion Among Women of Reproductive Age Group in Gondar. 2019;7(3):66–73.

15. Jamie AH, Abdosh MZ. prevalence of induced abortion and associated factors among women of reproductive age in harari region , ethiopia. 2020;6(2):35–40.

16. Sahile AT, Beyene MS. Magnitude of Induced Abortion and Associated Factors among Female Students of Hawassa University , Southern Region ,. 2020;2020.

17. Tesfaye G, Hambisa MT, Semahegn A. Induced Abortion and Associated Factors in Health Facilities of Guraghe Zone , Southern Ethiopia. 2014;2014.

18. Klutsey EE, Ankomah A. Factors associated with induced abortion at selected hospitals in the Volta Region , Ghana. 2014;809–16.

19. Cleland, Jone. Illustrative questionnery for intervew-surveys with people, parker 2005.

10. Annexes:

I. Consent form

Good morning/ afternoon?

My name is ______________________.I am working as a data collector on behalf of GudoDamenewho is currently a postgraduate Student at School of Public Health College of Health Sciences Addis Ababa University. The objective of this study is to assess the magnitude and associated risk factor of abortion at health facilities in Sebeta town.

This interview might take 25-35 minutes. Your name will not be written anywhere in the form and all the information you give us is confidential except for the purposes of this study and it will never be disclosed for the third parity. In addition, I would like to inform you that by participating in this study, you will get no short term or long term risk or benefit. I also would like to inform you that you have a full right to withdraw from the study or to stop the interview any time or to skip any question that you do not want to answer. Your cooperation and willingness for the interview is very helpful in identifying the problem related to the issue.

So do you agree to participate in this study?

Respondent agrees to be interviewed   go to the next part.

Respondent does not agree to be interviewed   stop interview.

Thank you in advance for your cooperation

Data collector name_____________________ sign: __________

If you have any question or doubt, you can contact as with the address below. Name of the principal Investigator: GudoDamena

Mobile: 251-913849390 E-mail: gd.damene@gmail.com

Advisor name:MeselechAssegid

Tel:-+251911904390

Email: -meselua@yahoo.com

II. English Version Questionnaire

Addis Ababa University Collage Health Science, School of Public Health.

Data collection date (day/month/year) __________

Could I have your Permission to continue?

1. If yes, continue the interview.
2. If no, skip to the next participant by writing reasons for her refusal.

Informed consent Certified by: Respondents Name ____________Signature________

Interviewer: Code____________Name_______________________signature_____________

Date of interview _____________Time started ________________Time completed_________

Result of interview:

1. Completed
2. Refused
3. Partially completed

Checked by: Supervisor: Name ____________________________ Signature

Annex II The questionnaire

NO………................................... Name of the interviewer………………..

Date of interview…………Time started……………Time finished………………

Questionnaire checked………………………………………………………..

Part I: Socioeconomic and Family Characteristics

No	Category /question		
1	How old are you?	________	
2	Marital status?	1- Married 2- Single 3- Divorced 4- Widow	
3	What is your current Occupational status?	1-huose wife 2- student 3-office worker 4- daily lobar 5- other	If ¾ goto Q no 9
4	The highest level of schooling you completed?	1.Never 2.read and write 3. Secondary 4. Level 5. University 6.Above	
5	From which Ethnic group you are?	1 oromo 2- amahara 3- gurage 4- tigre 5- debub 6- other	
6	Where do you come from?	1. Rural 2. Urban	
7	How much do (did) you earn in a month?	____________	
8	What is your religion?	1. None 2. Orthodox 3. Protestan4. Muslim 5. Wakefeta 6. Others	
9	The highest level of schooling your partner completes?	1.Never 2.read and write 3. Secondary4. Level 5. University 6.Above	
10	What is your partner current Occupational status?	1-do not have work 2- student 3-office worker 4- daily lobar 5- other	

	Part II: Reproductive history and abortion		Skip
1	How many numbers of pregnancies have you had in your life time (gravid)?	Number_________	
2	How many child do you have (parity)	Number ----------------	
3	Have come for abortion case related?	1. Yes 2- No	
4	Is your current pregnancy is wanted?	1. Yes 2- No	If no go to no. 5
5	What is the reason for unwanted	1- Contraceptive frailer 2- Forget to take contraceptive 3- Partner pressure 4- Do not know contraceptive	
6	Did you abort in your life time?	1- Yes 2- No	If yes go to no.12
7	How many times did you abort in your life times?	Number_________	
8	What is the reason of abortion?	1. Related to health 2. Related to income 3. To complete education 4. Partner pressure 5. Other	
9	Gestational Age of the current abortion	_________months/days	
10	Current mode of termination	1. Medical 2. Surgical 3. If other explain it ------------	
11	Where did you try to abort?	1. Private clinics 2. Traditional 3. Health facility 4. My home	

12	What was the abortion type?	1- Complete 2- incomplete 3- threatened 4- inevitable 5-missed	
13	Do you know any mechanisms women use to abort? If yes what?	Explain ------------------------------	
14	If you use traditional do any complication happen to you?	1. Yes 2. No	If yes go to 15
15	What is the complication?	1. Excessive bleeding 2. Dizziness 3. Sever pain 4. Incomplete abortion 5. Infection 6. Other	
16	If yes, the What did you do?	1. Stay at home 2. go to health center[ ]	
17	Do you think that abortion is legal in Ethiopia?	1. it is legal 2. Not legal 3. I don't know 4. Other	
18	After abortion What method will you use?	1. Condom 2. Pill 3. injection 4. IUCD 5 . knotting 6. Other	

Part III: knowledge and practice of contraceptive

Knowledge			
1	Have you ever visited a health facility or doctor of any kind to receive services or information on contraception,	1. Yes 2. No	If yes go to no. 2
2	Did you request contraceptive services during the consultation?	1. Yes 2. No	
3	Do you know emergence contraceptive?	1. Yes 2. No	

4	Which type of contraception is more effective for you?	1. Pill 2.injection 3. Condom 4. Emergency Pills 5. IUCD 6.Implant 7.others	
	Practice		**Skip**
1	Have you ever used contraceptive	1. Yes 2. No	**If yes go to no. 2**
2	Which method have you used?	1. Pill 2.injection 3. Condom 4. Emergency Pills 5. IUCD 6. Implant 7.others	
3	Have youever use emergence contraceptive?	1.yes 2. no	**If yes go to no.4**
4	How many times?	-------	

III. AmaharicVersion Questionnaire

Information Sheet (Amharic Version)

<u>በጥናቱላይለሚሳተፉየሚሰጥመረጃ</u>

ጤና ይስጥልኝ! እኔ ስሜ_______________________እባላለሁ፡፡ እዚህ የተገኘሁት የአዲስ አበባ ዩኒቨርሲቲ ጤና ሳይንስ ኮሌጅ የህበረተሰብ ጤና ሳይንስ ትምህርት ቤት የድህረ ምረቃ ተማሪ የሆኑትን ጉዶ ደመናን ወክዬ ነው፡፡

መመሪያ እና የሚወሰደወ ጊዜ፡ ለጥናቱ የተዘጋጁ መጠይቆችን እጠይቃለሁ፡፡ይህም የእረሶን ሙሉ ትብብር የሚጠይቅ ይሆናል፡፡ ስለ ሂደቱ አጥር ያለ ገለጻ ይሰጣል፡፡ ገለፃና መጠይቁ የሚካሄደው ሂኪሚና ቦታ ሲሆን የሚወስደው ጊዜ 30-45 ደቂቃ ነው፡፡ ይህ ጥናት የአጭር ጊዜ የገንዘብ እና የጤና እንክብካቤ ጥቅማጥቅሞች ለተሳታፊዎች የሉትም፡፡ ነገርግን በሂደት የጥናቱ ውጤት ለህግ አውጭዎች፣ ለባለሙያዎች እና ለሚመለከተው አካል ማሻሻያ ስትራቴጂክ ቀረፃ ይረዳል፡፡ በተጨማሪም ጥናቱ በመስኩ እንደ መነሻ መረጃ ሆኖ ያገለግላል፡፡ ይህ ጥናት በተሳታፊዎች ላይ ኢሰብአዊ የሆነ አቀራረብ አይኖረውም፡፡ አካላዊ፣ ስነልቦናዊ እና ኢኮኖሚያዊ ጉዳት አያስከትልም፡፡ የጥናቱ ሚስጥራዊነት፡ የሚሰጡት መረጃ ሚሰጥራዊነቱ የተጠበቀ እና ስምዎ የማፃፍና የማይጠቀስ መሆኑን ልገልጽልዎት እወዳለሁ፡፡ የተሳተፊዎች መብት፡ በጥናቱ ላይ መሳተፍ በፍላጎት ላይ የተመሰረተ ነው፡፡ በጥናቱ ላይ መሳተፍ ወይም አለመሳተፍ ይችላሉ፡፡ ተሳታፊዎች ከጥናቱ በፈለጉት ጊዜ ማቋረጥ ይችላሉ፡፡ ከጥናቱ ጋር ተያያዥ ጥያቄ ካለዎት ወይም ተጨማሪ መረጃ ከፈለጉ ጥናት አድራጊውን ወይም ዋና አማካሪውን በሚከተለው አድራሻ ማግኘት ይችላሉ፡፡

ጥናት አድራጊ፡ጉዶ ዳመነ:

ስልክ +251-913849390 እና ኢ-ሜል:gd.damene@gmail.com

ዋና አማካሪ: ወ/ሮ መሰለች አሰግድ

ስልክ +251-911904390

Informed Consent Form (Amharic Version)

የተሳታፊዎች የፍቃደኝነት መጠየቂያ ቅጽ

ስለ ጥናቱ በቂ መረጃ እና ገለፃ ተሰጥቶኛል አላማውም የጽንስ ማቋረጥ መጠን እና መንስኤዎትን ለይቶ ማወቅ ሲሆን ጥናቱ ለጥናት አድራጊው ለድህረምረቃ ትምህርት ማሙያነት የሚካሄድ መሆኑን አውቃለሁ፡፡ በተጨማሪ ጥናቱ የሚወስደውን ጊዜ እና ቦታ በአግባቡ የተረዳሁ ሲሆን የአጭር ጊዜ የገንዘብ እና የጤና እንክብካቤ ጥቅማጥቅሞች ለተሳታፊው እንደሌሉት እና አካለዊ፣ ስነልቦናዊ፣ ኢኮኖሚያዊ ጉዳት በተሳታፊዎች ላይ እንደማያስከትል በሚገባ ተረድቻለሁ፡፡ እንዲሁም ማንኛዉም እኔን የሚመለከት መረጃ ሚስጥራዊነቱ የተጠበቀ እና ለጥናቱ ዓላማ ብቻ እንደሚውል አውቃለሁ፡፡ በጥናቱ ላይ ለመሳተፍ ፍቃደኛ ካልሆንኩ እንደማልገደድ እና በማንኛውም ስዓት ማቋረጥ እንደምችል እንዲሁም ለጥናት አድራጊው እና ለዋና አማካሪው ያልገባኝን ጥያቄ መጠየቅ እንደምችል የተገለጠልኝ ሲሆን በዚህ ጥናት መሳተፍ ለሰራ ደህንነት ማሻሻያ እና ጥናቱ በመስኩ እንደመነሻ መረጃ ሆኖ እንደሚያገለግል ተረድቻለሁ፡፡ ይህ የፍቃደኝነት መጠየቂያ ቅጽ ከላይ በውስጡ ስለያዛቸው ጉዳዮች በማውቀው ወይም በምረዳው ቋንቋ አንብቤ/ተነቦልኝ ተረድቻለሁ፡፡ በመሆኑም በጥናቱ ላይ ለመሳተፍ የተሰማማሁ መሆኔን በፊርማዬ አረጋጣለሁ፡፡

የተሳታፊው ፊረማ -------------------------------- ቀን----------------------

የመረጃ ሰብሳቢው ስም---------------------- ፊርማ -----------------------------ቀን------------------

1. ክፍል አንድ ማህበራዊ ሁኔታ በተመለከተ			
ተ.ቁ	ጥያቄ	ምላሰ	ይለፉ
1	እድሜ	------	
2	የጋብቻ ሁኔታ	1. ያገባ(ች) 2. ያላገባ(ች) 3. የፈታ(ታች) 4. የሞተበት(ባት)	
3	የስራ አይነት	1.የቤት እመቤት 2. ታመሪ 3. የመንግስት ሰራታኛ 4. የቀን ሰራታኛ 5. ሌላ ካሉ ይጠቀስ---------	
4	ቢሄር	1. ኦሮሞ 2. አመራ 3. ጉራጌ 4. ትግሬ 5. ሌላ ካሉ ይጠቀስ---------	
5	የመጠሸበት አካባቢ	1. ከገጣር 2. ከካታማ	
6	የትምህርት ደረጃሽ	1. ማንበብና መፃፍ የማትችል 2. ማንበብና መፃፍ የሚትችል 3. ከ 1-8 ክፍል ያጠናቀቀች 4. ሁለተኛ ደረጃ ት/ት (9-10) ያጠናቀቀች 5. የመሰናዶ ት/ት (11-12) ያጠናቀቀች	

		6. ዲፕሎማ 7. ዲግሪና ከዛበላይ	
7	አማካይ የወር ጋብ	---------ብር	
8	ሐማኖት	1. ኦርቶዶክስ 2. ሙስሊም 3. ፒሮቴስታንት 4. ወኬፋታ 5. ሌላ ካሉ ይጠቀስ---------	
9	የበላቤትሽ የትምህርት ደረጀዉ	1. ማንበብና መፃፍ የማትችል 2. ማንበብና መፃፍ የሚትችል 3. ከ 1-8 ክፍል ያጠናቀቀ(ች) 4. ሁለተኛ ደረጃት/ት (9-10) ያጠናቀቀ	
10	የበላቤትሽ የስራ አይነት	1. ታመሪ 2. የመንግስት ሰራታኛ 3. የቀን ሰራታኛ 4. ሌላ ካሉ ይጠቀስ---------	

2. ያቤታሰበ ምጠኔ እና ፒንስን ማቋረጥ

1	ከዝህ በፊት ለሰንት ጊዜ ኣርግዜሻል	በቁጥር	
2	ስንት ልጅ ወልዴሽል	በቁጥር	
3	የማጣሽዉ ከፅንስ ዉርጃ ገር የምየያዝ ጉደይ ነዉ	1. ኣዎ 2. ኣይ	
4	ፒንስ አቋረጥሽ ታዉቅያለሽ	1. ኣዎ 2. ኣይ	2 ካሆነ ወደ ቁጥር 4
5	ሰንት ጊዜ አቋረጥሽ	በቁጥር	
6	አሁን ያረገዝሽዉ በፍላጎት ነዉ	1.አዎ 2. አይ	
7	ላልተፈለገ እርግዝና ምክንያቱ ምንድነዉ	1.የእርግዝና መከላከያ መደሀኒት አለመስራት 2. የእርግዝና መከላከያ መደሀኒት መጠቀም መርሳት 3. የቤተሰብግፊት 4. ስለ እርግዝና መከላከያ ግንዛቤ ማጣት	
8	ለ ፒንስ ማቋረጥ ምክንያቱ ምንድነዉ	1. ከጤና ጋር የተያያዘ ነዉ 2. ከገቢ ምንጭ ጋር የተያያዘ ነዉ	

		3. ትምህርት ላለማቋረጥ 4. የቤተሰብ ግፊት 5.ሌሎች ምክንያት	
9	የአሁኑ ፂንስ የሰንትወር ነዉ	ወር/ቀን	
10	የመጀመሪያዉን ፂንስ ለማቋረጥ ወዴት ነበር የሂድሽዉ	1.የግል ክሊንክ 2.የህዝብ ጤናተም	
11	የአሁኑ የፂንስ ማቋረጥ መንገድ	1. በመደሀኒት 2. በቀዶጥገና	
12	የት ማቋረጥ ሞከርሽ	1 በባለሙያ 2. በባህላዊ 3.የጤና ተቋም 4. መኖሪያ ቤት	
13	ዉርጃዉ ምን አይነት ነበር	1.የተጠናቀቀ 2.ያልተጠናቀቀ 3. የምያሰጋ 4. የማያጠራጥር	
14	ሴቶች ለማሰወረድ የሚጠቀሙትን ዘዴ ታዉቅያለሽ አዎ ከሆነ ምን		
15	በባህላዊ መንገድ አስወርደሽ ከሆነ የደረሰብሽ ጉዳት አለ	1.አዎ 2.አይ	
16	የደረሰብሽ ጉዳት ምንድን ነዉ	1.ያለመጠን መድማት 2.ማዞር 3. ከባድ ህመም 4. ያልተጠናቀቀ ዉርጃ 5 ማመርቀዝ 6. ጉዳት	
17	አዎ ከሆነ ከዛስ ምን አረግሽ	1.እቤት ቆየዉ 2. ወደ ጤና ተቋም ሂደኩ	
18	ዉርጃ በኢትጰያ ህጋዊ ነዉ ብለሽ ታስብያለሽ	1.አዎ 2.አይ	
19	ከዉርጃ በዋላ ምን ዓይነት የእርግዝና መከላከያ ዘዴ ትጠቀምያለሽ	1.እንክብል 2.መርፌ 3.ኮንዶም 4.ድንገተኛ እንክብል 5.በማህፀን የሚቀበር 6. በክንድ የሚቀበር 7.ሌሎች	

3. የቤተሰብ ምጣኔ ዕዉቀት እና ተግባራት

1	ስለ እርግዝና መከላከያ ዉርጃ ወይም ተላላፊ በሽታዎች አገልግሎት ወይም መረጃ ለማግኘት ወደ ጤና ተቋም ሄዴሽ ታዉቅያለሽ	1. አዎ 2. አይ	
2	የትኛዉን የመከላከየ ዘዴ ፍቱን ነዉ ቢሌሽ ተስብየሌሽ	1.እንክብል 2.መርፌ 3.ኮንዶም 4.ድንገተኛ እንክብል 5.በማህፀን የሚቀበር 6. በክንድ የሚቀበር 7.ሌሎች	
3	ለመጨረሻ ጊዜ የጤና ባለሙያ የገኘሽዉ መቼ ነዉ ለምን ጉዳይ	1.ለእርግዝና መከላከያ 2.በግብሬ ስጋ ግኑኝነት ለሚተላለፍ በሽታ 3. ለእርግዝና ምርመራ 4.ለእርግዝና ክትትል 5. ለማስወረድ 6.ለሌላ ጉዳይ	
4	ሰለ እርግዝና መከላከያ የተደረገ ንግግር ተከታትለሽ ታዉቅያለሽ	1.አዎ 2.አይ	
	የቤተሰብ ምጣኔ ተግባራት		
1	የእርግዝና መከላከያ ተጠቅመሽ ታዉቅያለሽ	1.አዎ 2.አይ	
2	የትኛዉን የመከላከየ ዘዴ ተጠቀምሽ	1.የአጭር ጊዜ 2.የረጅም ጊዜ	
3	የድንገተኛ እርግዝና መከላከያ ታዉቅያለሽ	1.አዎ 2.አይ	
4	ስንት ግዜ ተጠቅሚሸል		

I. Afaan OromooVersion Questionnaire

Information sheet (afaan oromoo version)

Qorranaa irraattii kan hirmaataniif

Akkam nagaa jirtuu? Maqaan koo____________________qoranno Gudo Dammaana baratuu digree 2ffaa addis ababa uniiverisiity, colleejji saayinsii fayyaa, dame fayyaa uummataa(public health) qopheesitee irraatti data guuruttan jiraa. Knaaf wa'ee qorannoo kana isinii ibsuuf akka anaa dhagefataan kabajaanin gaafadha.

Foormii waligaltee

Waa'en qorannoo gadi fageenyaan naaf ibsameera. Akka naaf galeetti barbaachisumaan qorannoo kanaas Babaldhinaa fi miidhaa ulfa addaan kutuun dubartoota irratti geesissu ilaalchisee qorannoo bareefama digirii lammaffa fayyaa ummataa (public health) irratti geggessufi.

Itti aansudhaan tartiiba daatan kun ittiin guuramuu fi yeroo daata kana guuruf fudhatu hubadheera. Akkasumas qoranno kanaan waal qabatee kaffaltii fi deegarssa fayyaa kan hin qabnee akka ta'ee fi qaala'iinsa qaama fi diinagddee akka anaa irraa hin qaqqabsiifnee hubadheer akkasumas ofitti amanamumma deebii kooti qabaachu akkan qabu fi daatan guuramu qorannoo kanaaf qofa akka ta'e mirkaneefadheera. akkasumas hirmaana koo yeroon barbadeeti dhaabuu fi waa'e qoranno ilaalchise waan ifa naaf hin taane gaafachuuf nama qorannaa kana geggeessu argachuuf mirga akkan qabu naaf ibsameera. Annis formii waliigalte kana dubbiseera yookin qooqa naaf galuun naaf dubbisameera. kannaf aniis qorannoo kana irratti hirmaachuuf waliigaluu koo foormii kana mallatesuudhan nan mirkaneessa.

Mallattoo hirmaata ____________________Guyyaa_______________

Maqaa fi mallattoo nama data
guuru______________________________Guyya______________

Gaafilee Afaan oromoo

Addis Ababa Universittiy, Collejjii sayinsii fayyaa, damee fayyaa uummataa (Public Health)

Guyyaa ittii daatan guurame (guyyaa/ji'aa/2020)___________

Gaaffi siigaafachudhaaf naa eyyemtaa?

1. Yoo eeyyeen ta'ee, gaaffi itti fufii
2. Yoo lakkii ta'ee, maalif akkaa diddee Barresi garaa isaa itti aanutti darbii___________

Nama gaffii gaffatuu (interviewer) Codi____maqaa_____________ Mallattoo___________ Guyyaa

Guyyaagaa fi deebi _________________sa'aa itti jalqabee_______ sa'aa itti dhumee_____

Firii Gaaffiwwanii

1. Gaafiin hundii xumurameraa
2. Wallakaan deebi'eraa
3. Ni didaani Maqaa To'ataa ilaale_________________________mallattoo____________

1. sababii hawas-dinagdee			
4.	Umuriin kee meeqa?	_______________	
5.	Maattii qabdaa?	1- Hin herumnee 2- Heerumee 3- Addaa ba'ee 4- Abbaa manaan koo ni du'ee	
6.	Hojjin kee maali?	1- Hojji manaa 2- baratuu 3- Hojjettu mootumma 4- Dafqaan bultuu 5- Kan biroo	
7.	Barnootaan maal irraa jirtaa?	1- Gonkummaa hin baranee 2- Dubisuu fi bareessu 3- Saddarkaa 2ffaa 4- Saddarkaa certtifficettii 5- Degree 1ffa 6- Kanbiraa----------	
8.	Gosttii kee maali?	1- Orommoo 2- Amaara 3- Tigree 4- Guuraagee 5- Kanbiraa------------	
9.	Essatti dhalatee gudatee	1. Baadiyaa 2. Magaala	

		3.	
10.	Mana kee keessa maaltu jiraa?	1- Televizinii 2- Radio 3- Bilbilaa 4- Kanbiraa------------	
11.	Ji.aa 1ttii mindaan kee meqaa	1- -----------------	
12.	Amaantaan kee malli?	1- Ortodooksii 2- Proteestanttii 3- Muslimaa 4- Waaqqefataa 5- Kanbiraa	
13.	Abbaan manaa kee hagaam baratee?	1- Gonkummaa hin baranee 2- Dubisuu fi bareessu 3- Saddarkaa 2ffaa 4- Saddarkaa certtifficettii 5- Degree 1ffa 6- Kan biraa----------	
14.	Innii maal hojjecha jiraa	1- Hojji manaa 2- baratuu 3- Hojjettu mootumma 4- Dafqaan bultuu 5- Kan biroo	

2. bekumsaa jijjiramaa qamaa salaa irratti fi ulfa addaan kutuu			
1.	Yerroo meeqa ulfooftee/garatti sii hafee umurii kee keessatii?	1- ______________	
2.	Ijoolle meeqa deese/dhaltee?	1. _______________	
3.	Dhima ulfa addan kutuu waalin waan walqabatuf dhufte?	1. Eeyyen lakki	
4.	Ulfa ammaa kanaa barbaadee moo osoo hin barbadin ulfooftee?	1. Barbaadenii 2. Osoo hin barbaadin	Yoo 1 jeteegaraalakk. 5
5.	Maalif ta'ee?	1. Qussannoo maati osoon fayyadamu 2. Qussannoo fudhachuu irranfadhe 3. Dirqameen 4. Qussannoo maati hin beeku	
6.	Ulfa addaan kuttee beekta?	2. Eeyyen 3. lakki	Yoo 2 jeteegaralakk 12
7.	Yerroo meeqa addaan kuttee?	1- ___________	
8.	Maalif addaan kuttee?	1. Rakkina fayyatii 2. Waan ittin gudisuu waan hin qabneef 3. Baruumsa xumuruuf 4. Dirqameeni 5. Kan biraa_________________	

9.		Torbee/guyya meeqafatti ulfa addaan kutte?	1. _________	
10.		Eesstti addaan kutte?	1. Aaddattin 2. Buufata fayyaa moottumma 3. Kilinikaa dhuunfatti 4. Manaa kottii	
11.		Haala kamiin addaan kutte?	1. Qorichaan 2. Meesha fayyadamuun 3. Kan biraa_________	
12.			1-	
13.		Dubartooni malaaittin ulfa addaan kutaan beektaa? Eeyye yoo jettee maaliinnii?	1. ______________	
14.		Yoo mala aadaa fayyadamtee rakkinni sitti uumee jiraa?	1. Eeyyye 2. Lakki	Yoo 1 jetee gara lakk 15
15.		Rakkinii sun maal turee?	1. Bayyee dhiiguu 2. Joonjessu 3. Dhukkuuba cimaa 4. Ulfii keessatti hafuu 5. Madaa'uu 6. Kan biraa_____________	
16.		Lakk 13 irratti eeyyen yoo jette achiin maal gootee?	1. Manuman turee 2. Buufataa fayyaan deeme	

17.	Ethiopia keessatti ulfa addaan kutuun akkaa seeratti ni eeyyamamaa?	1. Eeyyeseera qabeesaa 2. Seera qabeessamitti 3. Hin beeku	
18.	Akkaa garaattii sin hafnee ergaa ulfa addaan kutte maal fayyadamta ?	1. Condomii 2. Pill 3. Marfee(lilimoo) 4. IUCD 5. Omaa hin fayyadamnee 6. Kan biraa	

3	Bekumsaa qusannaa maati. Namooni akkamin ulfaa hin barbanee irraa of eegu bektaa? Qusanaa maati isa akami fayyadamu?		
1	Pilsii ? Dubartooni guyaa guyyadhan fudhachu qabuu?	1. Eeyyee 2. Lakkii	Eeyyee yoo jettee lakk 2
2	Gara buufata fayyaa qussannoo maatif deemtee beektaa?	1. Eeyyee 2. Lakkii	
3	Qussanaa maatii yeeroof fayyaduu beektaa?	1. Eeyyee 2. Lakkii	
4	Qusanaa maati kaneen kessaa kamtu irraa gaaridha jetaa?	1. Pill 2. Marfee(lilmoo) 3. Condomi 4. Emerg. Pills 5. IUCD 6. implant	

		7. Kanbiraa	
1	Qusannaa maatii fayydamtee beekta?	1. Eeyyee 2. Lakkii	
2	Isaa kam fayyadamtee?	1. Pill 2. Marfee (lilmoo) 3. Condomi 4. Emerg. Pills 5. IUCD 6. implant 7. Kan biraa	
3	Qussanaa maatii yeeroof fayyaduu fayyadamtee beektaa?	1. Eeyyee 2. Lakkii	
4	Yerroo meeqa fayyadamtee?	1.__________	