ADDIS ABABA UNIVERSITY

FACULTY OF MEDICINE SCHOOL OF PUBLIC HEALTH

ASSESSMENT OF THE STATUS OF POST-ABORTAL FAMILY PLANNING ACCEPTANCE AND ITS ASSOCIATED FACTORS IN BURAYU TOWN, OROMIA REGION

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I. ACRONYMS

CAC: Comprehensive Abortion Care

CI: Confidence Interval

CPR: Contraceptive Prevalence Rate

FDRE: Federal Democratic Republic Ethiopia

FGD: Focus group Discussion

HC: Health Center

HIV: Human Immune-deficiency Virus

IUCD: Intra uterine Contraceptive Device

MA: Medical Abortion

MMR: Maternal Mortality Rate

MOH: Ministry of Health

MPH: Masters in Public Health

MSIE: Marie Stops International, Ethiopia

MVA: Manual vacuum aspiration

NGO: Non-Governmental Organization

OR: Odds Ratio

PAC: Post Abortion Care

PRB: Population Reference Bureau

RH: Reproductive Health

SAC: Safe Abortion Care

STI: Sexually Transmitted Infection

I. ABSTRACT

Introduction: Abortion is one of the major causes for maternal mortality in the world as well as in our country. Unintended pregnancies which end up in abortion occur due to contraception method nonuse or misuse. To limit unintended pregnancies and avoid repeated abortions promoting immediate post abortion contraception is crucial.

Objective: The objective of the study was to assess the proportion of post abortion contraception acceptance among clients received abortion care and identify factors associated with post-abortion contraception acceptance/non-acceptance.

Methods: A cross-sectional study was undertaken in 8 health sectors in Burayu town Oromiya regional state from January 2014 to June 2014. Asampleof415women'swereselectedbymeansofsystematicsampling techniques and three hundred nightly one abortion clients were interviewed in the health centers and clinics on the use/ acceptance of post abortion family planning (PAFP). Datawerecollectedthroughpre-testedstructuredquestionnaire.Then datawasenteredby usingEPI Info version 3.5.4 and exported toSPSS foranalysis. Descriptive statistics: frequency, percentage and cross tabulation were done. Logisticregression analysis wasconductedusingSPSSversion21statisticalpackage. Significances wereconsideredatP-value less than 0.05(P<0.05).

Results: Among 391 study subjects, 346(88.5%) of the respondents who has got abortion care service accepted post abortal family planning. Women,who made independent decision had four times (OR= 3.815, 95% CI (1.212 - 12.00)) more likely to accept PAFP compared with those decided by husband and wife. Women those did not get counseling were 76.1% (OR= 0.239, 95% CI (0.068 -0.846)) less likely to accept PAFP compared to women who were counseled. The most frequent reasons mentioned by the participants of the study for not accepting contraceptive methods were; they consider it as sin,it affects health, and it should not be the first choice.

Conclusion: More than eighty eight percent (88.5%) of women who came for abortion care service accepted post abortion family planning. counseling services, independent decision on FP and income were found to be determinant factors for PAFP acceptance. Therefore emphasis on PAFP education should be given to increase acceptance rates.

1. INTRODUCTION

1.1 BACKGROUND

Post abortion care is composed of five main elements: (I) treatment of incomplete and unsafe abortion, (ii) contraceptive and family planning counseling and, (iii) reproductive and other health services, (iv) other (abortion-related) counseling, and (v) community and service provider partnerships. Family planning counseling and services: those interventions focus on the planning of when to have children, and the number of births; primarily concerned with providing information and advice about the use of contraception [1].

On a theoretical level, the causal linkage between post-abortion family planning and reduced maternal mortality and morbidity is clear. It seems self-evident that increased access to and use of contraception among women who have experienced an abortion, would lower the incidence of unintended pregnancy and, in turn, women's recourse to unsafe abortion, thereby putting the lives of women at less risk of lifelong injury or death. However, demonstrating empirically the contribution of post-abortion family planning interventions to changes in maternal mortality and morbidity is extremely challenging [2].

In developed countries, i.e. USA the contraceptive methods are accessible and most of the women who had undergone an abortion are in the lesser use of consistent contraception methods, such as oral hormonal pills, inject-table, Intra-Uterine Devices (IUDs), implants, male condoms, female condoms, other barrier methods (such as diaphragms, the cervical cap and spermicidal), emergency contraception, sterilization (male and female), coitus interrupts and the rhythm method [3]. On the other hand in most of the developing countries, for example Dar Salaam Tanzania, unwanted pregnancies are mainly consequence of restricted access to family planning services related socio-economic factors [4].

Ethiopia has one of the highest maternal mortality ratios in the world. Approximately 672 women die due to pregnancy or pregnancy related causes per 100,000 live births [5].

And more than half of these deaths are abortion-related. Following this the revision of the criminal code in 2005 and the development of abortion series guidelines by the Ministry of Health, access to safe abortion has been gradually increasing, but services are not yet widely available throughout Ethiopia [6]. Promoting the use of contraceptive methods to prevent unwanted pregnancies and repeated Abortion is one of the most effective strategies to reduce maternal morbidity and mortality If pregnancy occurred and abortion is committed, provision of proper post Abortal care/services following, it is one of the strategies recommended[7].

Therefore, providing post-abortion family planning services that include structured contraceptive counseling with free and easy access to all kinds of contraceptive methods can be suitable.

1.2 STATEMENTS OF THE PROBLEMS

The World Health Organization (WHO) estimates that, worldwide, almost 20 million unsafe abortions take place every year, with 95% of these performed in developing countries. About 80,000 (13%) maternal deaths per year are thought to be due to abortion complications, one in eight pregnancy-related deaths [1]. The national abortion rate is 23 abortions per 1,000 women of reproductive age while in Addis Ababa in 2008 was 49 abortions per 1,000 women of reproductive age, which is more than twice of the national abortion rate. This reflects a high demand for abortion related services such as contraceptive methods [8].

According to national family planning guideline the total Contraceptive acceptance rate in Ethiopia is 56.2% [9]. As survey done on unsafe abortion in selected health facilities in Ethiopia 2007 showed that lack of knowledge, fear of side-effects, perceived low risk of conception, inconvenience to use family planning methods problem with access to and quality of family-planning services, and socio cultural factors are common reasons for the low use of contraceptives acceptance in general and post abortion family planning in particular. [10] According to report obtained from Burayu health office 294 women received comprehensive abortion care service in two health centres in 2005 EFY [11], however, the status of post abortion family planning acceptance and factors associated with it in the Oromiya Region, Burayu health sectors remains poorly understood.

Therefore, this study is expected to show the status of post abortion family planning acceptance and associated factors in Burayu town, Oromiya health faciliries so as to contribute evidence based information that can be used by health program managers to design interventions aimed at promoting post abortion family planning among women and reduce unintended pregnancies.

1.3 SIGNIFICANCE OF THE STUDY

Most of the researches, conducted so far in our country, focus on general abortion care. For example, study done in three regional state Amhara, Oromiya and SNNPR in utilization of post-abortion care services shows that the reason why women do not visit health facility for PAC services include lack of community support, unavailability of services, services are expensive, facilities are distantly located and lack of means of transportation were mentioned but not specifically post abortion family planning acceptance. Therefore this study:--

- is important to assess the status of post abortion family planning acceptance among clients and identify factors related to post- abortion family planning acceptance in Oromiya region in general, Burayu Finifne liyyu zone in particular.
- This study provides baseline data to further studies. Therefore, findings of this undertaking are expected to facilitate access for post-abortion family planning method and increase the proportion of users of the service.

2. LITERATURE REVIEW

2.1 HEALTH SERVICE RELATED FACTORS

Prevalence studies of post abortion contraception done in Ethiopia showed various results. More than 90% of all clients who received an abortion at MSI Clinic in Ethiopia by 2007 left with modern family planning methods (10).

From the study done to assess future potential capacity and quality of post-abortion care (PAC) services delivery in public health facilities in three regions of Ethiopia, 23% of health facilities reported they provided post- abortion contraceptive services regularly. The rest of facilities either rarely or never provide contraceptives. Post abortion counseling was reported to be a regular service provided by three fourths of the facilities but many of the health staffs (46%) who provided contraceptive methods or FP counseling did not have special training in contraceptive counseling or provision(7).

A study done in Tigray, from 2007 to 2009 to assess safe abortion care (SAC) monitoring framework showed that, slightly more than 30% of all women who received abortion services left the facility with a contraceptive method (12).

The usage of contraception is essential in reducing the number of unintended or unwanted pregnancies, which are causes for abortion. Two-thirds of unwanted pregnancies in the developing countries occur among women who are not using any method of contraception (13).

A nationwide hospital based survey of unsafe abortion, in 9 of the 11 administrative regions of Ethiopia that was conducted from June to December 2000 indicated that the majority of women (87%) were aware of contraceptive methods, but only about half of them ever used a family planning method. Of those pregnancies that ended in abortion, 60% were unplanned and 50% were unwanted. FP Method non-use was responsible for 78% of pregnancies that occurred. Among those with induced abortion, the most common reason for termination of pregnancy was unmet contraceptive need (13).

Following an intervention to strengthen FP as part of PAC services in rural health districts in Senegal, nearly twice as many PAC clients reported receiving FP counseling after an intervention as before the intervention. In addition, 20% of PAC clients left health care facility with modern contraceptive method compared with the base line (14).

Health care services factors play roles in promoting increased use of post abortion contraception. A cross-sectional survey, in two regions of Ethiopia (2002/3), showed that 53.4% of clients left health care facilities counseled about family planning and 44% with contraceptives. But 84.5% of women did not plan pregnancy within three months following abortion (16).

2.2 KNOWLEDGE AND ATTITUDE RELATED FACTORS

A cross-sectional study, done among reproductive age women in Harar Town, showed that 96% of respondents knew at least one modern contraceptive method. Among women who had sexual encounters, 37.5% reported to be current users of modern contraceptives,26.8%said had used methods sometimes in the past and the rest 37.7% had never used contraceptives. Among these respondents, 33.3% reported that their resent pregnancies were unintended (15).

A study, done in four government hospitals in Addis Ababa, showed that of the post abortion women, 80% had poor knowledge of contraceptives and 82% did not have plan to get pregnant in three months period following abortion (16).

After PAC, at a family planning clinic in a public hospital located in Recife, Brazil, every woman received information on contraceptive methods, side effects and fertility. Counseling was individualized and addressed them about feelings, expectations and motivations regarding contraception as well as pregnancy intention of all women enrolled in this study. Then 97.4 % accepted at least one contraceptive method. Most of them (73.4%) had no previous abortion history. Among the women who had undergone previous abortions, 47.5% reported under experienced unsafe abortions. The acceptance rate of post-abortion contraceptive methods was greater and the most chosen method was clients the best-known one. Implementing special post abortion family planning service may promote contraceptive acceptance rate, regardless of chosen methods (17).

From a study done in Addis Ababa, on clients presented for abortion related services, only 57% were using contraceptive prior to their visits for post-abortion care service. Women seeking safe termination were relatively young, single and employed .Among them, short-term methods of contraception were common and almost one third reported one or more previous abortion care services (21). In study done in Addis Ababa City five hospitals that provide post abortion care in 2002 among women seeking post abortion care 214(53.4%) were ever used contraceptives and 310 (77.3%) knew at least one contraceptive method. Among

those156 (38.9%) the pregnancy was unwanted. Their knowledge of contraceptives and regular use of the contraceptive was poor (18).

According to the analysis conducted by the Alan Guttmacher Institute (AGI), from 1994-2000 estimates that increased use of evacuation and curettage may account for up to 43% of the total decline of induced abortion. The study found that 46% of women having abortions were not using a contraceptive method in the month they became pregnant, including 8% who had never practiced contraception. Among the many reasons that women gave for not using contraceptives, the most common were that they did not think they would become pregnant (33%), they had concerns about methods (32%), including side effects and problems with methods in the past, and they did not expect to have sex (26%) (19).

According to 1999 study in the USA among women seeking medical termination of pregnancy 71% of all patients had no real knowledge of the existence of emergency contraceptive options; 26% had some limited knowledge, and only 3% had somewhat complete and valuable information (21).

Majority of the study subjects 84% were claimed to use or recommend emergency contraceptives for friends and relatives and cited concerns of side effects in study done in Mexico, Nairobi and Kwiet (22).

2.3 REPRODUCTIVE HEALTH RELATED FACTORS

In a study done in Dar el Salaam the Republic of Tanzania, to assess the post-abortion contraception need of women, 90% accepted the post-abortion family planning (PAFP). Women aged 19 years and below were less likely to accept such services (16).

A clinic-based study in 24 abortion clinics in three large cities in China showed that, from women who had repeated abortions, 48.4% had two abortions within one year and, 63.7 percent of the current pregnancies resulted from not using contraceptives (18).

The common cause for induced abortion is unintended or unwanted pregnancy due to varied reasons. Non-use and misuse of contraception are the major reasons. Contraceptive prevalence rate (CPR) is 63.1 %, 25.4 % and 28% in the world, Africa and Ethiopia respectively. This indicates that there is low utilization of contraception in Africa and Ethiopia. The low level of contraceptive use lead to high levels of unintended pregnancy which need an intervention to increase CPR.

A cross-sectional study was conducted in Harar Town, S.E. Ethiopia in 2001, where family planning services were relatively easily accessible. The most frequent reply given as the reasons for failure to avoid unintended pregnancy among women who had unintended pregnancies were inadequate knowledge on avoiding unwanted pregnancy (70.6%), husband or partner disapproval (11.6%), method failure (11.1%) and difficulty accessing contraceptive methods(4.4 percent)(19)

From a study done in three public health facilities and three private health facilities in Addis Ababa, over half of the women ever used family planning but FP use was lower among the young women. Post abortion contraception was provided for 86% of women, most commonly short-term contraceptives and condom. Factors associated with long-term methods choice after abortion among women with previous contraceptive experience differed significantly from those who had never used contraceptive (20).

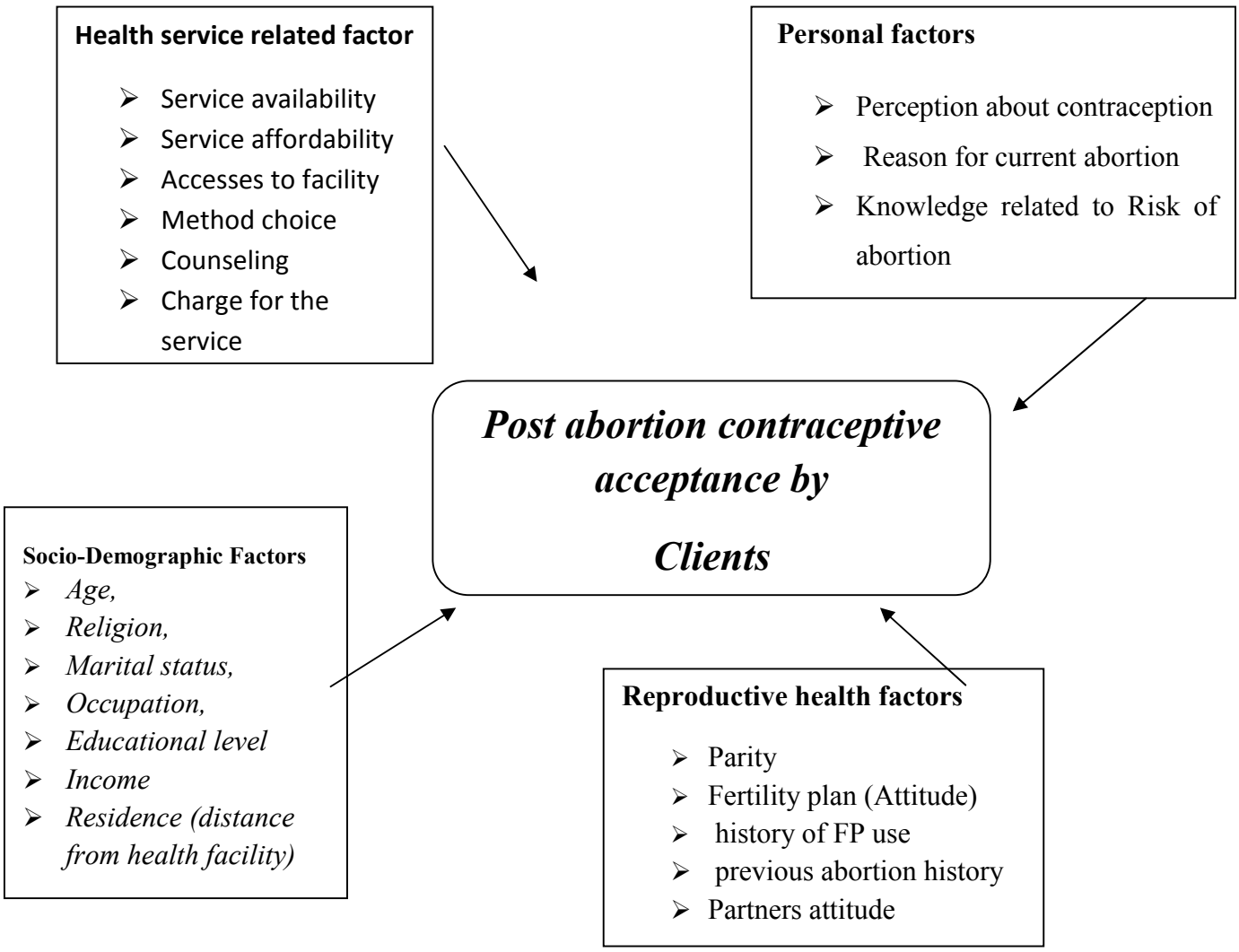
A study, done in Diyarbakir- Turkey, showed that post abortion contraception was influenced by age groups, educational levels, parity, future fertility plan and previous induced abortion. Reasons associated with not using contraception women mentioned were “I cannot get pregnant”, “I want to get pregnant”, “my husband is away from me”, “I have just give a birth to”, “I am in menopause”, “I have divorced” and, “no reason”. Post abortion period is the right time to introduce contraceptive advice because women are more ready to receive messages (8).

Despite greater contraceptive prevalence in Addis Ababa (45% vs. 15% country-wide) and better access to family planning services, many pregnancies were still unwanted or mistimed, and one in ten married women living in Addis Ababa reported unmet need for family planning (10%). High demand for abortion-related services and repeated abortions in the city underscored the role of abortion in fertility aspirations of women in Addis Ababa. While abortion services are safe and relatively accessible in the capital city, improvements in access and availability of abortion services should not be deterrent factors to strengthening FP services. Lack of access to modern contraceptives in population that desire smaller families can lead to repeat abortions. (17)

In one study in India about 82.2 % of women were aware of the existence of contraceptive methods but the ever used were only 44.2% and the common method ever used by couples was condom (34.5%). Among women undergoing abortion, the majority were married 200(93.5) (30)

3. CONCEPTUAL FRAME WORK

Conceptual Frame Work on Post Abortion Contraceptive Acceptance and Associated Factors



Source: The conceptual frame work is adopted from a literature sited [35]

4. OBJECTIVES

4.1 GENERAL OBJECTIVE:

To assess the status of post-abortion contraceptive acceptance among abortion care service clients and its associated factors in Burayu Town.

4.2 SPECIFIC OBJECTIVES

4.2.1 To determine the status of post-abortion contraception use of client.

4.2.2 To identify factors associated with post-abortion contraception use.

5. METHODS AND MATERIALS

5.1 Study Area:

The study was conducted in Burayu town two government health centers and six private clinics which is currently giving comprehensive abortion care (CAC). Burayu town is located in Oromiya national regional state and to the west of Addis Ababa with a distance of 15km. Burayu town is among the fifth town of Oromiya which has given the 1st rank by Bureau of Oromiya Urban development since July 1998 E.C. based on the proclamation of 65/95 (33). This is due to the socio-economic growth of the town in all aspects. Burayu town was established in 1938 E.C. It is a high land area located at an altitude of 2580m above sea level with an area of 66.5 km^2. According to data obtained from BOFED, the total population of Burayu town is 80,239. The potential health service coverage of the Burayu town in the year 2005EFY is 62%. *294* Women received abortion care and family planning in the two health centers. The health canters staffed with Five Health officer, nine BSc. nurses, thirteen diploma nurses twenty urban and five rural extension health workers give service for the community.

And other private health sectors established based on regional guide lines, but they do not have formal reporting system to woreda health office but I did PAFP uptake assessment and got the number service users per year were 165.

5.2 STUDY DESIGN: A facility based cross-sectional study design employing quantitative methods was used.

5.3 THE STUDY PERIOD: The study was conducted from January 1st to June 2014.

5.4 POPULATION

***5.4.1 SOURCE POPULATION*:** All women clients in reproductive age (15-49) attending the two Burayu health centers and the six private clinics.

5.4.2 STUDY POPULATION: The study population included women who received abortion care service in Burayu health centers and the private clinics within the study period.

5.4.3 SAMPLE SIZE AND SAMPLING TECHNIQUES/PROCEDURE

To estimate sample size, in this study we used the 57% PAFP prevalence from a study done in Addis Ababa, on clients presented for abortion related services (12) Therefore the minimum sample size based on study done by Melkamu Y, et.al 2009, was calculated using single population proportion formula by assuming that prevalence of acceptance of contraceptive in post abortion care service is approximately 0.57 (21).The required size of the study population determined using a formula for a single population

N-sample size

Z-standard error with the given level of confidence

D-margin of error = 5%

CI-confidence interval = 95%

P-prevalence of post abortion contraception in Burayu health centers & the private clinics estimated that, = 57%

$$N = Z(a/2)^2 \frac{p(1-p)}{d^2}$$

$$= (1.96)^2 \, 0.57 \frac{(1-0.57)}{(0.05)^2}$$

$$N = \underline{377}$$

Non-response rate (10%) =38

The total sample size of the study is = 415

5.4.4 SAMPLING TECHNIQUE/PROCEDURE

Sampling method was random, probability sampling because of the study subjects are rare (abortion clients are rare) at the time of the data collection. All consecutive patients seeking post abortion care at sampling units at randomly selected days i.e. (Monday, Tuesday, Friday and Saturday) during exit from abortion care service unit were included in the study. The study subject were clients who received abortion care from Burayu two health centers and six private clinics from January 1st to may 30th 2014. The total sample size was allocating to each health facilities based on the proportion of average clients served; allocated based on the previous three months average clients load.

Selected health facilities							
Burayyu Health Center	Gujea Health Center	Medihanealem Higher Clinic	Rohobot Higher Clinic	Vision Medium Clinic	Abdi-Boru Medium Clinic	Fayya-Kef Medium Clinic	Fayyisa Medium Clinic
33%	**32%**	**6%**	**8%**	**4%**	**3%**	**7%**	**7%**
137	**133**	**25**	**33**	**17**	**12**	**29**	**29**
N = 415							

5.5 DATA COLLECTION PROCEDURES

A structural questionnaire adopted from a study done in Agaro town Jimma zone Oromiya regional state 2006, questionnaire written English was translated into Amharic and Afan Oromo. Finally the oromiffa version translates to English version keeping the consistency of the questions and using understandable words. Data collectors or interviewers were train nurses other than service providers to avoid bias at the selected health facilities. They were recruited as data collectors/interviewers, because abortion clients need privacy and were not comfortable to share their private issues (concerning abortion) with other than abortion care providers. They were trained for one day on the questionnaire, interviewing techniques, purpose of the study, and importance of privacy, discipline approach towards subjects during the interviewees and keep confidentiality.

Before conducting the main study, a pre-test was performed on ten cases (because of time constraint) from Marei stop international Gullele branch, which was not included in the main study. The questionnaires were completed by asking clients after providing of abortion care services among client who received abortion care servie. Completeness and consistency of questionnaires were supervised, monitored and completed by primary investigator.

5.6 SELECTION CRITERIA

5.6.1 Inclusion Criteria: women visiting the study health facility for abortion care services during the study period who were willing to participate in the study were included.

5.6.2 Exclusion Criteria: Women who were coming seeking for abortion care services due to spontaneous abortion and who need to get pregnant soon again and who unable to communicate.

5.7 VARIABLES OF THE STUDY

5.7.1 DEPENDENT VARIABLE: Post abortion contraceptive acceptance.

5.7.2 INDEPENDENT VARIABLE: Socio-demographic characteristics: (age, religion, marital status, occupation, educational level)

Reproductive health variable: (parity, fertility plan, history of FP use, previous abortion history) other factor variable: such as (knowledge about contraception, reason for current abortion and method use for abortion)

5.8 OPERATIONAL DEFINITIONS

Acceptance of FP: use of contraceptive method among clients for abortion care in the health care facility.

Abortion: Termination of pregnancy before twenty-eight weeks of gestation

Post–Abortion Contraception: Use of contraceptives immediately after any abortion care procedure.

Safe abortion: Abortions performed by qualified persons using correct techniques and under sanitary conditions.

Post Abortion Care: Abortion care given to whom seeking care after initiation / induction of an abortion.

Compressive Abortion Care: Abortion care service, which includes both safe, and post abortion care.

Attitude: A favorable or unfavorable attitude towards any modern contraceptive methods.

Contraceptive Prevalence Rate: Total number of 15-49 years of age women who are currently using contraceptive methods or percent of fertile age women of currently using modern FP methods per total number of women in this age group (7).

Knowledge: Awareness about any one or more of modern contraceptives at the time of the study gained through information or exposure to FP education or any information source

Modern contraception: Oral hormonal pills, injectable, intrauterine devices (IUDs), implants, male condoms, female condoms, other barrier methods (such as diaphragms, the cervical cap and spermicidal), emergency contraception, sterilization (male and female).

5.9 DATA ENTRY AND ANALYSIS

The data was entered into Epi-info version 3.5.4 after the data entry and cleaning the data was exported to SPSS version 21 for further analysis in relation to the outcome. Descriptive statistics: frequencies, percentages, cross tabulation, graphs and tables were performed. Analytical statistics: bivariate analysis for each independent variable were done and variables showing p-value <0.2 taken for multivariate analysis and then significance were declared for variable having p-value < 0.05.

5.10 DATA QUALITY ASSURANCE AND MANAGEMENT

One day training was given to data collectors. Pre-test was done in Marie stop international Gullele branch on the Amharic and Afan-Orormo version questionnaire was conducted to ensure whether questionnaires were understood by both clients/subjects and providers. Accordingly, modifications were performed and the modified Amharic and Afan-Orormo version were used during the interview. The interview was conducted at a private place in the health care delivery facility to ensure good discussion site for both the data collectors and clients. Close supervision, by the principal investigator, was made during data collection. Questionnaire was checked for completeness on regular basis by the principal investigator. Besides, to keep the data as accurate as possible, the principal investigator checked the collected data for

completeness, accuracy, clarity and constituency through the data collection period and made the necessary corrections in the field.

5.11 ETHICAL CONSIDERATIONS

Before conducting the study, an official letter was obtained from the AAU school of public health and submitted to Burayu Health centers and private health sectors. The purpose of study was explained to the interviewees as well as to the concerned officials. Informed consent was obtained before the interview. The study subjects were told that they can refuse /withdraw or escape questions whenever they want, and confidentiality of the information they gave was kept among the research assistants and the investigator. During the data collection procedure, the data collectors kept the privacy of the interviewee to the maximum. To ensure confidentiality of respondents, their names were not indicated on the questionnaire.

Additionally, an informed verbal consent was obtained from each study subjects. Also, anyone who was not to take part in the study had the full freedom to do so.

5.12 DISSEMINATION OF THE RESULT

The study results will be disseminated to the AAU school of public health, Oromiya regional health Bureau, Burayu Health Centers, and the six private clinic and others who are interested on this research thesis.

6. RESULTS

A) SOCIO-DEMOGRAPHIC CHARACTERISTIC

Three hundred ninety one post abortion clients were interviewed **with response rate of 94.22%** from two health centers and six selected private higher and medium clinics in Burayu town during the data collection period.

Majority 149(38.1%) of the respondents were in the age group ranging from 20 to 24 followed by those 134(34.3%) in age category of 25 to 29 with the mean age 24.65years median age 24 years. Majority of the respondents who were married constituted 196(50.1%), 306(78.3%) attended formal schooling, 200(51.2%) were Orthodox by their religion domination, and 144(34.1%) were employed (government/ NGO/ private) by their occupation. (Table 1)

According to the result of the survey, the distribution of respondents by marital status showed that, 179(45.7%) were unmarried, 196(50.1%) were married and the rest 16(4.1%) were divorced/widowed.

Among the study subjects the vast majority reported, 306 (78.3%) that they have attend formal education ranging from elementary to tertiary level, 85(21.7%) were found to be non formal education (See Table 1).

The distribution of respondents by religion showed that, 200(51.2%) were Orthodox, 103 (26.3%) Protestant and the rest 88(22.5%) reported their religion to be Muslim and catholic. More over, as can be seen from Table 1 below, the occupational status of the study subjects, by the time of the survey was conducted 144(34.1%) were employed (government/ NGO/ private), 120(28.4%)students, 70(16.6%) house maids/daily laborers and 80(19.0%) unemployed.

Table 1: Socio-demographic characteristic Distribution of study population of Burayu town Oromiya regional state, Ethiopia May 2014

Variables		Frequency	Percentage
Age of women/respondent	15-19	57	14.6
	20-24	149	38.1
	25-29	134	34.3
	30-34	28	7.2
	35+	23	5.9
Marital Status (391)	Married	196	50.1
	Divorced/ Widowed	16	4.1
	Unmarried	179	45.8
Residence(391)	Burayu	286	73.1
	Outside Burayu	105	26.9
Educational level of women	No formal education	85	21.7
	Primary education	91	23.3
	Secondary education	130	33.2
	Tertiary education	85	21.7
Religion	Orthodox	200	51.2
	Protestant	103	26.3
	Muslim	83	21.2
	Catholic	5	1.3
Monthly income	<1000	286	685
	1001-2000	59	15.1
	2001-3000	50	12.8
	>3000	14	3.6

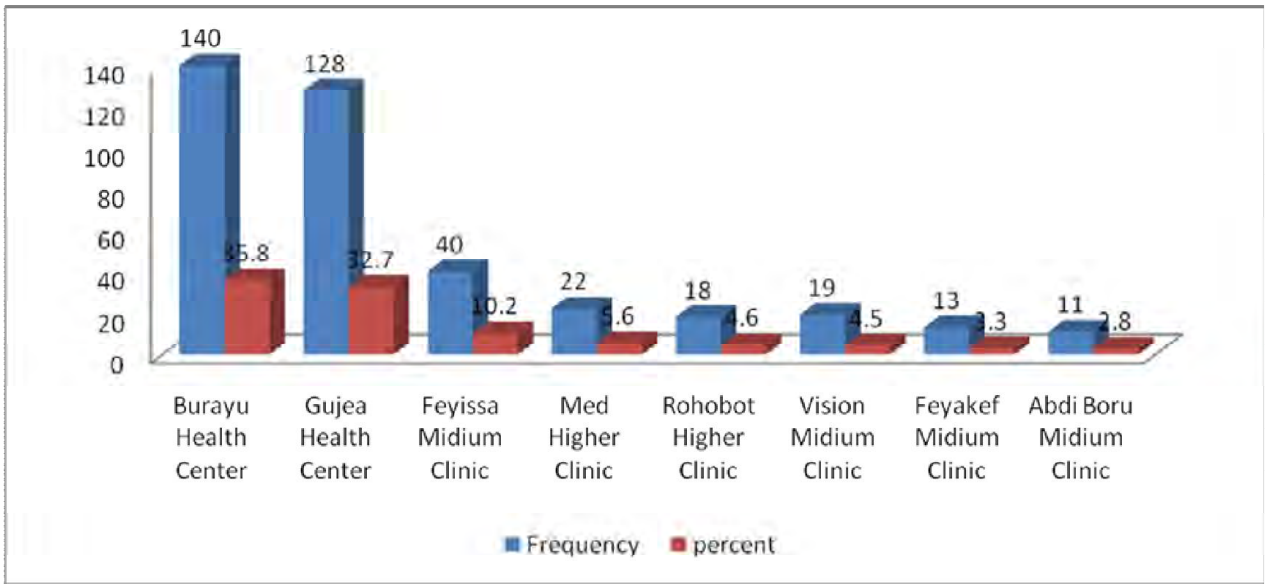


Figure 1 Distribution of study population of Burayu town Oromiya regional state, Ethiopia May 2014

B) HEALTH SERVICE RELATED FACTORS

The vast majority of respondents 269(68.8%) reported that they got service from government health sectors. And about 331(84.8%) respondents reported that the service was accessibly on medium distance, and about 104(26.6%) of respondent got service in payment.

More over every woman received information and counseling on contraception methods, side effects and fertility, in individualized way. Most dominantly used modern contraceptives are 178 (45.5%) injectable, and 149 (38.1%) pills, but long term contraceptives; implant 21 (5.4%) & IUCD 9 (2.3%) were used by a few respondents.

Table 2: Health service related factors of study population of Burayu town Oromiya regional state, Ethiopia May 2014

Variables		Frequency	Percent
Affordability	FP fee free	287	73.4
	FP payments	104	26.6
Accessibility	Far away	57	14.6
	On medium distance	257	65.72
	On nearby distance	75	19.1
Counseled	Yes	364	93.1
	No	27	6.90

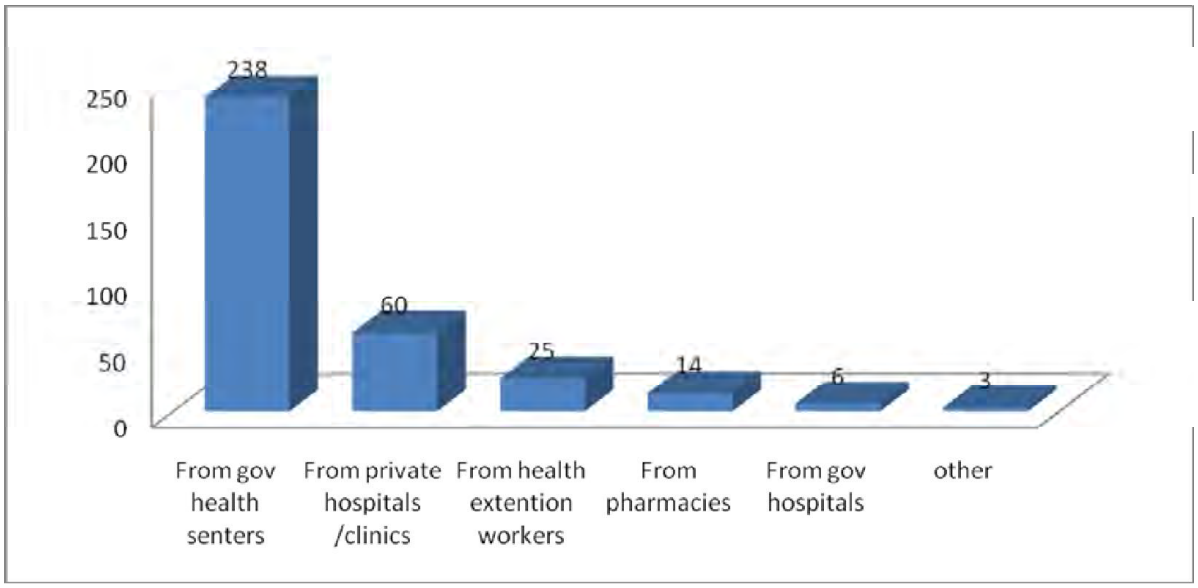


Figure 3 Preferred health sectors for PAFP by study population of Burayu town Oromiya regional state, Ethiopia May 2014

C) PERSONAL RELATED FACTORS

From this study women seeking safe termination were 87% young, 45.8% single, and 37.7% unemployed. Those reported pregnancy were untended, and respondents gave varies reason; 43.5% insisted, 11%, maternal condition or unable to cope with current pregnancy, and 9.2% Rape. And vast majority 83.6% knows the importance of abortion care service others 16.4% perceive that it is sin, affects health, and it should not be the first choice.

Table 3: personal related factors of study population of Burayu town Oromiya regional state, Ethiopia May 2014

		Frequency	%
SAC: Reason for abortion	Insisted	170	43.5
	Maternal condition	44	11.3
	Rape	36	9.2
	Got pregnant from relative	12	3.1
	Fetal condition	11	2.8
	Others	41	10.5
Importance of abortion care services	Yes	327	83.6
	No	64	16.4
Reason against abortion	It is sin	29	45.3
	It affects health	21	32.8
	It should not be 1st choice	14	21.9

D) REPRODUCTIVE, CONTRACEPTIVE AND ABORTION HISTORY

The study finding has reveled that among 391 respondents, 153(39.1%) reported that they have got pregnant at least once, and 96 (24.6) got pregnant twice whereas 16 (4.1%), and five (1.3%) had got pregnant fifth and sixth times. More over 116 (29.7) of the study subjects had a history of previous abortion.

As shown in the table 4, of the total respondents' 257(65.7%) respond that had information at least on three modern contraceptive methods and 214 (54.7%) have used at last one modern contraceptive method in the past whereas 93 (23.8) respondents reported that they had never used modern contraceptive methods. Further more 269 (68.8%) respondents have a plan to give birth and among them 132(33.8%) had a plan after five years, and 84(21.5%) two to three years. Concerning family planning decision

in the family or among couples, 209(53.5%) reported they make decision together, 165(42.2%) reported they decide by themselves.

The study also reveled that the majority of respondents, 314(80.3%) seek safe abortion service and the rest 77(19.7%) women seek post abortion service. Three hundred forty six (88.5%) respondents accepted post abortion family planning and the rest 45(11.5%) respondents do not accept post abortion family planning methods.

Table 4: Reproductive, contraceptive and abortion history, of study population of Burayu town Oromiya regional state Ethiopia May 2014

Variables		Frequency	Percentage
Fertility plan	Yes	269	68.8
	No	122	31.2
Plan to give birth	After 5 years	123	33.8
	Two to three years	84	21.5
	After 1 year	36	9.2
	In 1 year	5	1.3
Have given birth	Yes	208	53.2
	No	183	46.8
Decision to F/P use	Husband	17	4.3
	Wife	165	42.2
	Both	209	53.5
Ever heard FP	Yes	376	96.2
	No	15	3.8
Ever use FP	Yes	298	76.4
	No	93	23.8
Type of abortion	SAC	314	80.7
	PAC	77	19.7
History of previous abortion	Yes	116	29.7
	No	272	69.6

E) Factors associated with PAFP acceptance

Respondents were also asked to give reasons for not using family planning method before. Accordingly, fifty two (13.3%) said no or infrequent sex; seven (1.8%) said inconvenience to use family planning methods; five (1.3%) want to give birth; 1(0.3%) and 3(0.8%) respond that they have partner and religious opposition respectively.

As summarized in table 5, after logistic regression has been used to assess factors associated with post abortion family planning acceptance, women aged from 15-19 were four(COR=4.66, 95% CI (1.17-18.271)) times likely to accept PAFP compared to women aged above 35 and women aged from 20-24 were seven(COR=7.286, 95% CI (2.1179-24.365)) times more likely to accept PAFP, whereas women aged 30-34 did not had significance of accepting PAFP. Compared to divorced/widowed, married women showed seven (COR=7.208, 95% CI (2.123-24.48)) times had higher acceptance and single women six (COR=6.792, 95% CI (1.99-23.07)) times more likely to accept PAFP. Education and occupation of the respondents did not have any significant association. Muslim women also found to be 8.2% times less accepted PAFP compared to protestant women. Women who did not want to have a child three times higher (COR=3.5, 95% CI, (1.629-7.671)) to accept PAFP compared to those who need additional child. Previous contraceptive knowledge doesn't show any effect on PAFP acceptance. Subject who had history of previous abortion did not shows significance association. Women who sometimes used contraception before were found to be 73.3% (COR=0.267, 95% CI, (0.123-0.1581)) times less likely to accept PAFP compared with women ever used contraceptive before, and from women who came to get safe abortion service, those who came by maternal case four times (COR=4.232, 95% CI (1.364-13.130)) more likely to accept PAFP, compared to those who came by rape.

This study indicates Women those had less than 1000 and 2001-3000 birr monthly income had significant association, i.e. women with less than 1000 birr/month 94.8% (AOR= 0.052 95% CI (0.008-0.325)) less likely to accept PAFP and those with 2001-3000 birr/month 77.7% (AOR= 0.223, 95% CI(0.067-0.740)) compared with women earned 1001-2000 birr/month.

The study result showed that wives who decide on family planning had significant association on PAFP acceptance i.e. wives those made independent decision had four times (AOR= 3.815, 95% CI (1.212 - 12.00)) more likely to accept PAFP compared with those decided by husband and wife.

From this study Women those aborted by traditional practitioners had significant association towards acceptance of PAFP, i.e. women those had abortion by traditional practitioners 24 folds (AOR= 24.11 95% CI (2.65-218)) more likely to accept PAFP compared with those had abortion in health sectors.

This study depicts women those did not get counseling were 76.1% (AOR= 0.239, 95% CI (0.068 -0.846)) less to accept PAFP compared with women had counseled.

Table5: Cross tabulation of post abortion contraceptive acceptance with socio-demographic factors, reproductive and abortion history of study population of Burayu town Oromiya regional state, Ethiopia May 2014

	Variables	PAFP accepters (#)%	PAFP Non-accepters (#)%
Age	15-19	50(92.6%)	4 (7.4%)
	20-24	136(95.1%)	7(4.9%)
	25-29	120(92.3%)	10(7.7%)
	30-34	24(92.3%)	2(7.7%)
	Above 35	16 (72.7%)	6 (27.3%)
Marital Status	Divorced/widowed	10(66.7%)	5 (33.3%)
	Married	173 (93.5%)	12 (6.5%)
	Single	163 (93.1%)	12(6.9%)
Women education level	No formal education	75(91.5%)	7 (8.5%)
	Primary education	77(88.5%)	10(11.5%)
	Secondary education	112(91.8%)	10(8.2%)
	Tertiary education	82(97.6%)	2(2.4%)
Husband or partner education level	No formal education	49 (89.1%)	6 (10.9%)
	Primary education	28 (90.3%)	3 (9.7%)
	Secondary education	46 (85.2%)	8 (14.8%)
	Tertiary education	97 (94.2%)	6 (5.8%)
Religion	Catholic	3(60.0%)	2 (40.0%)
	Muslim	73(93.6%)	5(6.4%)
	Orthodox	179(91.3%)	17(8.7%)
	Protestant	91(94.8%)	5(5.2%)
Type of abortion	Safe abortion care	69 (90.8%)	7 (9.2%)
	Post abortion care	277 (92.6%)	22 (7.4%)
History of abortion	No	9(31.0%)	20(69.0%)
	Yes	104(30.2%)	240(69.8%)

Table 6 association of post abortion contraceptive acceptance with socio-demographic factors and reproductive factors of study population Burayu town, Oromiya regional state, Ethiopia, June 2014

	Variables	PAFP accepters	PAFP Non-accepters	Crude OR(95%CI)	Adjusted OR(95%CI)
Monthly income	less than 1000	238(93.3%)	17(6.7%)	**0.238 (0.060-0.947)***	**0.052 (0.008- 0.325)***
	1001-2000	52(88.1%)	7 (11.9%)	1	1
	2001-3000	46(95.8%)	2(4.2%)	0.531 (0.209- 1.345)	**0.223 (0.067- 0.740)***
	great than 3000	10(76.9%)	3(23.1%)	1.643 (0.367- 7.354)	0.989 (.188-5.193)
Who decides on family planning	Both	190 (96.4%)	7 (3.6%)	1	1
	Husband	13 (76.5%)	4 (23.5%)	0.409 (0.120- 1.390)	-
	Wife	143 (88.8%)	18 (11.2%)	**3.417 (1.390-8.400)***	**3.815 (1.212- 12.00)***
PAFP: Where did abortion care service takes place	By drug Without Prescriptions	6(85.7%)	1(14.3%)	0.441 (0.051- 3.845)	4.610 (0.233 - 91.10)
	Health Sectors	52(94.5%)	3(5.5%)	1	1
	In Traditional Methods	13(86.7%)	2(13.3%)	0.478 (0.101-2.266)	**24.113 (2.65- 218.89)***
	Others	3(50.0%)	3(50.0%)	**0.074 (0.014-0.388)***	**15.895 (1.11- 227.20)***
PAFP counseling	No	15 (71.4%)	6 (28.6%)	**0.174 (0.062- 0.490)***	**0.239 (0.068 -0.846)***
	Yes	331(93.5%)	23 (6.5%)	1	

1 = Reference group

* = Significant at P-value ≤0.05

7. DISCUSSION

In this study three hundred ninety one subjects were participated. Among them, 88.5% percent women accept PAFP which is similar with the study done in three regions (Amhara Oromiya, and SNNPR) of Ethiopia (20) and a paper published from Tanzania stated their post abortion contraceptive acceptance rate was 89%, but less than the study done in Brazil 97.4% (22). Even though the percentage of women who accepted PAFP is greater than the women who didn't accept, we can not say it is satisfactory because most of the women who came to get abortion care service had unintended/unplanned pregnancy, they all need to use contraception to avoid similar incidents.

As some of the studies done in Ethiopia, this study also shows that 87% of the women who came for the abortion service were below the age of thirty and about 45.8% were not currently married, however a study done in three regional state of Ethiopia, showed that 53% of respondent were below age thirty and about 11% were unmarried (20) this difference is can be due to high sexual activities around urban settings than regional states. Unmarried young women have a greater probability of having unintended pregnancy which will end up with abortion.

In this study married women were found 85.3% less likely to accept PAFP than divorced/widowed women and also single women accept 6.1% higher than divorced/widowed. The reasons can be unmarried women do not use contraceptive as most of them have casual sex. Previous study also had similar type of conclusion on marital status (24). Two hundred fifty seven (65.7%) women included in the study knew at least three contraceptive methods and around (54.7%) have ever used at least one modern contraceptive method. Similarly Compared to the study done in Harar town, the status of contraceptive previous knowledge showed to be 96%, it is lesser and ever use of contraceptive is comparable (17). But when compared to the nationwide hospital based survey done in 2007 in Ethiopia, previous contraceptive knowledge of post abortion clients is 87% (23).

History of previous abortion was reported about 116 (29.7%) of the respondents which is much lesser than previous study done in Addis Ababa (21). The same as the study done in Dessie town Amhara regional state Ethiopia; showed that 26.5% of respondents had history of repeated abortion (36). Even though, women who had history of previous abortion and unintended pregnancy should have used any modern contraception methods which can protect against similar incidents.

The study result showed that 68.8% women had planned to have child. Those women had planned to have been significantly associated with PAFP use. Those respondents plan to give birth are three (OR= 2.605, 95% CI (1.39-4.89)) times more likely to accept PAFP compared with those did not had plan. In contrast a study done in Ethiopia 2009 monitoring safe abortion service; showed that 84.5% of did not planned pregnancy (16). The difference in magnitude can be due to respondents positive report bias.

The study result showed that wives who decide on family planning had significant association on PAFP acceptance. Wives those made independent decision had four times (OR= 3.815, 95% CI (1.212 - 12.00)) more likely to accept PAFP compared with those decided by husband and wife. Similarly a study done in Agaro town, Oromiya regional state, Ethiopia 2006; show that about 49% of women decided by themselves on PAFP (35). And also a study done in three regional states of Ethiopia 2010; depicted that women make independent decision 46.5% regarding seeking post abortion care higher in magnitude than partner involvement decision making 42.4% (27).

This study depicts women those did not get counseling were 76.1% (OR= 0.239, 95% CI (0.068 -0.846)) less to accept PAFP compared with women had counseled. Similarly a study done in Brazilin 2010; revealed that counseling was addressed on feeling, expectation and motivation regarding contraception, then 97.4% of women accept contraceptive methods. And also another study done in Ethiopia in 2008, depicts that out of 53.4% of women got counseled, 44.7% accept contraceptives (37).

From this study women those had abortion by traditional practitioners 24 folds (OR= 24.11 95% CI (2.65-218)) more likely to accept PAFP compared with those had

abortion in health sectors. Similarly a study done in three regional states of Ethiopia 2010; showed that 7% of women prefer abortion service from traditional practitioners (27). Another study done in Agaro town Jimma zone, Oromiya regional state, Ethiopia 2006; indicated that 14% of women sought treatment from traditional healers (35), but both studies did not showed the association with PAFP.

This study indicates Women those had less than 1000 and 2001-3000 birr monthly income had significant association, i.e. women with less than 1000 birr/month 94.8% (OR= 0.052 95% CI (0.008-0.325)) less likely to accept PAFP and those with 2001-3000 birr/month 77.7% (OR= 0.223, 95% CI(0.067-0.740)) compared with women earned 1001-2000 birr/month. Similarly a study done in Pakistan2012; showed that Family monthly income was also found increasingly associated (AOR from 1.25 -1.61) with uptake of post-abortion contraception. This could be those with better income may have better information and attitude towards PAFP, therefore, higher income characteristics of both women and their husbands have is important in determining contraceptive use.

The most frequent reasons mentioned by the participants of the study for discontinuing using contraceptive method were; forgetting to use family planning methods, fear of side effects, no or infrequent sex, and, temporary partner apart or fieldwork. Similarly a study done in Turkey showed that some reason for not using contraceptives were ‘’want to get pregnant’’, ‘’my husband was away from me’’, ‘’I have just given a birth’’, and ‘’ I have divorced’’ (8). And also another study done in Alan Guttumacher institute (AGI) 1994-2000 showed that the reasons women gave for not using contraceptives were; they did not think they would become pregnant 33%, they did not expect to have sex26%, and about 32% concerns about side effects and problems (19).

8. STRENGTH AND LIMITATIONS

Strengths

- Using trained nurses as a data collector helped to keep the confidentiality and privacy of the respondents so that they can give the required information comfortably.
- It include all of health facilities found in study area

Limitations

- Social desirability bias
- Possible barriers were not identified from providers' and health facility perspective
- Like any other cross-sectional study, could not explain cause and effect relationship
- Qualitative design was not used to substantiate the quantitative findings.

9. CONCLUSION

More women who came for abortion care service accepted post abortion family planning. No or infrequent sex, forgetting and fear of side effects were found to be major reasons for discontinuing using family planning. Vast majority seeks safe abortion care services and around 30% of respondent had previous history of abortion.

Most of the women who seek abortion care service in the health centers were very young women. About 209(53.5%) couples decide on Family planning together, whereas 165(42.2%) women reported decided by themselves. Most of Women got counseling services more likely accept PAFP than those did not got counseling. Counseling, decision on family planning, abortion methods, and income of respondents were found to be determinant factors.

10. RECOMMENDATION

- Even though the proportion of women who accepted PAFP is high, the Burayu town health office should emphasis on post abortion family planning education and counseling should be given to increase the acceptance rate to the maximum, since post abortion is one entry point or opportunity to get contraception and the accurate and appropriate information about contraceptive methods in order to reduce risk or repeat unwanted pregnancy.
- Health facilities should promote modern contraception methods specifically focused on long term contraceptive like Implant, IUCD, the, which can protect against repeated abortion.
- As most of the clients are young providing focused RH and family planning awareness creation activities in schools by integration of efforts among teachers, parents and MOH(RHB)/other stake holders will enable them of prevent unwanted pregnancy and abortion.
- The health beauro should give due attention in availing, scaling up and sustaining wider range of post abortion family planning commodities in the post abortion unit.

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12. ANNEX

CONSENT FORM

Assessment of the Proportion of Immediate Post-abortion Contraception and Factors Associated with Post-abortion Contraception Acceptance

Introduction:

Greeting: my name is _____. I'm comprehensive abortion care service provider in this health center. This questionnaire is prepared to conduct a study on Factors affecting Post Abortion Contraception Acceptance in Burayu Health Centers.

Thank you for agreeing to talk to me today. As part of a research study, we're interviewing clients at this Health Center to learn more about your background characteristics, knowledge of family planning methods, whether you use a family planning method and how you make your contraceptive preferences. The information you share with us will be helpful to increase and sustain access, demand and utilization of high quality post abortion contraceptive services offered by the Public Health Facilities.

Confidentiality and consent: "I'm going to ask you some personal questions related to contraceptive use and abortion. There is not necessarily any right or wrong answer. I would like to ask you share your views as freely and completely as possible.

We will protect the confidentiality of your responses to the best of our ability. Your name will not be written on this form and will never be used in connection with any of the information you tell me.

This interview is voluntary. Your decision on whether or not to participate in the interview will not affect the health care you receive at this facility. You do not have to answer any questions that you do not want to answer, and you may end this interview at any time you want to. However, your honest answers to these questions will help us improve our understanding of the problem/gap on the services. We would greatly appreciate your participation in this interview. It will take about 10-15 minutes. Would you be willing to participate in this interview? If yes, continue with the interview otherwise stop here.

(Signature of interviewer certifying that informed consent had been given verbally by respondent).

QUESTIONNAIRE

QUESTIONER FOR POST-ABORTION CLIENTS TO ASSESS CONTRIBUTING FACTORS FOR POST-ABORTION CONTRACEPTION			
Serial no.	Question	Respond	Remark
101	What is your age? _____		
102.	What is your religion?	1. Orthodox 2. 4. Muslim 3. 3. Catholic 4. 2. Protestant 5. 5.Other(Specify)_____	
103	. Where is your current residence?	1. Burayu town 2. other than Burayu	
104.	What is your current marital status?	1. Single 2. Live with regular partner, but not married 3. Currently married 4. Separated/divorced 5. Widowed	
105	. Is your husband/partner living with you now?	1. Yes 2. No	
106	What is the level of annual income or in month	1.<1000{8000} 2.8001 -30,000 3.30,0001Above	
107	What is the level of education of your husband/partner?	1. Illiterate 2. Read and Write/Informal education 3. Grade 1-6 4. Grade 7-8 5. Grade 9-12 6. College 7. Graduated	
108.	What is your level of education?	1. Illiterate/Informal education 2. Read and Write 3. Grade 1-6 4. Grade 7-8 5. Grade 9-12 6. College 7. Diploma 8. Graduated	
109	What is your current occupation?	1. Merchant 2. House wife 3. Government employee 4. Private employee 5. NGO employee 6. Student	

		7. Daily laborer 8. Maid 9. Unemployed 10. Others (specify)	
Part 2. RH related Data			
201	How many time you become pregnant?	----------	
202	The number of children born alive	----------	
203	The age of the last child?	----------	
204	Do need to have additional child?	1.yes 2.no	
205	For question no 204 your answer is yes or no what is the reason	----------	
206	For question 204 your answer is yes when do you want to have?	11. in one year 2. after one year 3. 2-3 years 4.3-5 years 5. After five years	
Part 3. modern Family planning related Data			
301.	Have you ever heard about any family planning methods?	1. Yes 2. No	
302	If yes, Which method of family planning have you ever heard? **(**First let the respondent describe and then ask the respondent by reading the choices) multiple response question	Pills 1. Yes 2. No Injectable / Depo Provera 1. Yes 2. No IUCD 1 yes 2. No Implant 1. Yes 2. No Condoms Yes 2. No Emergency contraception 1. Yes 2. No 1. Female sterilization/Tubal ligation 1.Yes 2. No Male sterilization/Vasectomy 1.Yes 2. No	
303	Have you ever used any method of family planning?	1. Yes 2. No 3.some times	
304.	If yes, Which method of	Pills 1.Yes 2. No	

	family planning you used? Multiple response	Injectable / Depo Provera 1. Yes 2. No IUCD 1. Yes 2. No Implant 1. Yes 2. No Condoms 1. Yes 2. No Emergency contraception 1. Yes 2. No Female sterilization/Tubal ligation 1. Yes 2. No Male sterilization/Vasectomy 1. Yes 2. No	
305	For question no304 your answer no or sometimes what is the reason?	1.infrequent sex or no sex 2.want to have child 3.donot want to use 4.partener opposition 5.relgioes opposition 6.not knowing the method 7.not knowing were to find 8.fear of side effect 9. inconvenience to use 10.no reason 11.others	
306	Who decides to use family planning in the household?	1. Husband/partner 2. Wife 3. Both	
307	How do you get the family planning methods are you currently using? (Specify)	1.free 0f charge 2.self payment 3.payment covered by others	
308	Have you ever discontinued the family planning mothed	1. Yes 2. No	
309	If your answer for question 308 yes what is the reason?	----------	
310	Do you have planned to use family planning from now on ward?	1.yse 2.no	
311	If your answer for question 310 no what is the reason?	----------	
Part 4 Abortion Related			
401	Have ever done abortion prevesely	1. Yes 2. No	
402	If your answer for question	----------	

	no 401yes how many times with the current one?		
403	What service do you need today?	1.safe abortion care service(SAC) 2.post abortion care service(PAC)	
404	If your answer for question no 403 SAC what is the reason	Rape 1. Yes 2. No Incest 1. Yes 2. No Maternal conditions 1. Yes 2. No Fetal condition/ 1. Yes 2. No Others. (Specify)	
405	If your answer for question no403 PAC where did you get the service	1.taking drug without prescription 2.priscribed by traditional healer 3.spesify others	
406	Have you ever asked payment for abortion care service by service provider	1.yes 2.no	
407	If your answer for question no 406 yes how many birr you paid	1.----------birr 2. I did not remember	
408	The payment you paid for post abortion care service	1.costy 2.fair 3.small 4. I did not remember	
409	Do think post abortion care service is important?	1.yes 2.no	
410	If your answer for question 409 no what is the reason	----------	
Part 5 post Abortal family planning related factor			
501	Have you ever counseled about post abortal family planning?	1.yes 2.no	
502	If your answer for question no501no what is the reason?	----------	
503	If your answer for question no501 yes do think you got enough information and knowledge?	1.yes 2.no	
504	After abortion care service do you use post abortal family planning?	1.yes 2.no	
505	If your answer for question no504 yes were do you get the service?	1.goverment hospital 2.goverment health center 3.health extension worker 4privet hospital, clinic 5.pharmacy 6.others	
506	Family planning health service delivery from your	1.very far 2.on medium distance	

	home	3.near by	
507	The health sector you got the PAFPservice delivery	1.very good 2.good 3.not bad 4.bad	
508	How do you get family planning?	1.in charge 2.freeof charge	
509	If you get the service in charge from were you got the money?	1.self 2.leniding the money from others 3.asked from relatives/friends 4.others	
510	What do you think about family planning payment?	1.fair 2.costy 3.expensive 4.difficult to guess 5i don't know 6.others specify	
511	Is your partner/husband know that you take post abortal family planning	1.yes 2.no	
512	If your answer for question no511 no what is reason?	----------	
513	If yore answers for question no 504 no what is the reason?	1.money problem 2.the health sector is faraway 3.non convenient health care provider 4.fear of drug side effect 5.other specify	
READ: Thank you for taking time to answer these questions. **I will accept if you have any suggestion or question.** **Thank you again for your cooperation!**			

የድህረ-ውረጃ ቤተሰብ ምጣኔ አገልግሎት ላይ ተጽእኖ የሚያሳድሩ ምክንያቶችን ለመረዳት የተዘጋጀ መጠይቅ።
(ይህ መጠይቅ የሚሞላው በጤና ድርጅቱ ውስጥ የጽንስ ማቋረጥ አገልግሎት የተሰጣቸው ፍቃደኛ ደንበኞችን በመጠየቅ ነው።)
ክልል_____የጤና ድርጅቱ ስም_____
ቃለ መጠይቅ የተደረገበት ቀን_____

ክፍል 1. ምሰረታዊ መረጃ

101.	እድሜዎ ስንት ነው?		
102	የሚከተሉት ሃይማኖት ምንድነው?	1. ኦርቶዶክስ 2.ፕሮቴስታንት 3. ካቶሊክ 4. ሙስሊም 5. ሌላ(ጥቀሽ)	
103	አሁን የሚኖሩበት ቦታ የት ነው	1.ቡራዩ ከተማ 2. ከቡራዩ ከተማ ውጭ	
104	የጋብቻ ሁኔታዎ ምን ይመስላል?	1. ያለገባች 2. ያላገባች/ከቋሚ ጓደኛ ጋር የምትኖር 3. ያገባች 4. የፈታች 5. የትዳር ጓደኛ የሞተባት	
105	የትዳር ጓደኞዎት አብሮት ይኖራል?	1. አዎ 2. አይ	
106	የትምህርት ደረጃዎ ስንት ነው?	1. ማንበብ መጻፍ የማይችል 2. ማንበብ መጻፍ የሚችል 3. አንደኛ ደርጃ(1-6) 4. መለስተኛ ሁለተኛ ደረጃ(7-8) 5. ሁለተኛ ደረጃ(9-12) 6. ኮሌጅ የደረሠች 7. ከኮሌጅ የተመረቀች	
107	የባለቤትዎ የትምህርት ደረጃ ስንት ነው?	1. ማንበብ መጻፍ የማይችል 2. ማንበብ መጻፍ የሚችል 3. አንደኛ ደርጃ(1-6) 4. መለስተኛ ሁለተኛ ደረጃ(7-8) 5. ሁለተኛ ደረጃ(9-12) 6. ኮሌጅ የደረሠች 7. ከኮሌጅ የተመረቀች	
108	ስራዎ ምንድንነው?	1. ነጋዴ 2. የቤት እመቤት	

		3. የመንግስት ሠራተኛ 4. የግል ሰራተኛ 5. መንግስታዊ ያልሆነ ድርጅት ሰራተኛ 6. ተማሪ 7. የቀን ሰራተኛ 8. የቤት ሰራተኛ 9. ስራ የሌለው 10. ሌላ(ጥቀስ)	
109	በግምት በአመት ምን ሕል ገበ የክል ገኛል	1 ከብር 8000 ያነሰ 2 8001 -30,000 30001 በለይ	
ክፍል 2. ስለ ሰነተዋልዶ ጋር በተያያዘ			
201	እስከ አሀን ስንት ግዚ አርግዝወል		
202	በህይወት የተወለዱ ልጆች ብዛትስንት ናቸው		
203	የመጨረሻው ልጅ እድሜ ስንት ነው		
204	(ተጨማሪ)ልጅ መውለድ ይፈልጋሉ?	1. አዎ 2. አይደለም	
205	ለጥያቀ204 መልስ አዎ . እየ ከኹነ ምክንትዎን ቢገልጽልን	----------	
206	ለጥያቀ204 መልስ አዎ ከሆነ የሚቀጎ ለውን ልጅ መቼ መውለድ ይፈልጋሉ?	1. በአንድ አመት ጊዜ ውስጥ 2. ከአንድ አመት በኋላ 3. ከ2-3 አመት 4. ከ4 አመትበሃላ 5. ከአምስት አመት በኋላ	
ክፍል 3. ከዘመናዊ የወሊድ መከላከያ ጋር የተያያዘ			
301	ስለወሊድ መከላከያ ዘዴ ሰምተው ያውቃሉ?	1. አዎ 2. አይ	
302	. ስለየትኛው መከላከያ አይነት ሰምተው ያውቃሉ?		
	የወሊድ መቆጣጠሪያ እንክብል	1. አዎ 2. አይ	
	በመርፌ የሚሰጥ የወሊድ መቆጣጠሪያ	1. አዎ 2. አይ	

	ለ·ፕ	1. አዎ 2. አይ	
	በክንድ ቆዳ ስር የሚቀመጥ	1. አዎ 2. አይ	
	ኮንዶም	1. አዎ 2. አይ	
	የድንገተኛ የወሊድ መቆጣጠሪያ	1. አዎ 2. አይ	
	የሴቶች ቋሚ የወሊድ መቆጣጠሪያ	1. አዎ 2. አይ	
	የወንዶች ቋሚ የወሊድ መቆጣጠሪያ	1. አዎ 2. አይ	
303	የወሊድ መከላከያ ዘዴ ተጠቅመው ያውቃሉ?	1. አዎ 2. አይ 3.አንደንድ ግዜ	
304	መልስዎ አዎ ከሆነ የትኛውን የወሊድ መከላከያ ዘዴ ተጠቅመው ያውቃሉ?		
	የወሊድ መቆጣጠሪያ እንክብል	1. አዎ 2. አይ	
	በመርፌ የሚሰጥ የወሊድ መቆጣጠሪያ	1. አዎ 2. አይ	
	ለ·ፕ	1. አዎ 2. አይ	
	በክንድ ቆዳ ስር የሚቀመጥ	1. አዎ 2. አይ	
	ኮንዶም	1. አዎ 2. አይ	
	የድንገተኛ የወሊድ መቆጣጠሪያ	1. አዎ 2. አይ	
	የሴቶች ቋሚ የወሊድ መቆጣጠሪያ	1. አዎ 2. አይ	
	የወንዶች ቋሚ የወሊድ መቆጣጠሪያ	1. አዎ 2. አይ	

305	ወሊድ መከላከያ ለማይጠቀሙ) የወሊድ መከላከያ የማይጠቀሙበት ምክንያት ምንድነው	----------	
	ለጥያቀ 304 መልስዎ አይደለም ወይንም አንደንድ ጊዜ ከሆነ ምክንያትዎን ቢገልጡልን		
	• የሀይማኖት ተቃርኖ		
	• የመከላከያ ዘዴ ያለማወቅ	1. ሚስት 2. ባል 3. ባልናሚስት	
	• የት እንደሚገኝ ያለማወቅ	1. አዎ 2. አይ	
	• ተጓዳኝ ችግሮችን መፍራት	1. አዎ 2. አይ	
	• ለአጠቃቀም ምቹ አለመሆን	1. አዎ 2. አይ	
	• ልላ(ጥቀሽ)	1. አዎ 2. አይ	
	• የመከላከያ ዘዴ ያለማወቅ	1. አዎ 2. አይ	
	• ተጓዳኝ ችግሮችን መፍራት	1. አዎ 2. አይ	
	• ለአጠቃቀም ምቹ አለመሆን	1. አዎ 2. አይ	
	• ምክንያት የለም	1. አዎ 2. አይ	
	• ልላ(ጥቀሽ)		
306	የወለድ መከለከያንዘዴን በቤተሰብ ውስጥ የሚወስነው ማነው	1. ሚስት 2. ባል 3.ባልና ሚስት	
307	የሚጠቀሙትን የመከላከያ ዘዴ የሚያገኙት	1.በነጻ ነው 2.ከራስ በሚከፈል 3.በሌላ አካል በሚሠፈን	
308	የወሊድ መከላከያ መጠቀም አቃርጠው ያውቃሉ	1.አዎ 2.አይደለም	
309	ለጥያቄ 308 መልስዎ አዎ ከሆነ ምክንያቱን ቢገልጡልን	----------	
310	ክዚህ በሃላ የወሊድ መከላከያ የመጠቀም ሃሳብ አለዎት	1.አዎ 2.አይ	
311	ለጠያቄ ቁጥር 310 መልስዎ አይደለም ከሆነ ምክንያትዎን በገልጡልን	----------	

ክፍል 4 ከድህረ ውርጃ አገልግሎት ጋር በተያያዘ			
401	ክዚህ በፊት ጸንስ አስወርደው ያውቃሉ	1. አዎ 2. አይ.	
402	ለጥያቄ 401 መልስዎ አዎ ከሆነ አሁን ስንተኛዎ ነው	----------	
403	ዛሬ ምን አገልግሎት ፈልገው መጡ	1. የጥንስ ማቃረጥ(ሳክ) 2. ድህረ ጥንስ ማቃረጥ(ፓክ)	
404	ለጥያቄ ቁጥር 403 መልስዎ ጥንስ ማቃረጥ ከሆነ የህንን ውርጃ የሚፈጥሙበት ምክንያት ምንድነው.	1 .መደፈር 2. ከዘመድ የሆነ እርግዝና 3 .የእናትየዋ የጤንነት ሁኔታ 4. የጥንሱ ሁኔታ 5. ሌላ ካለ ጥቀስ	
405	ለጥያቄ ቁጥር 403 መልስዎ የድህረ ጥንስ ማቃረጥ ከሆነ ጥንሱን ያቃረጡት የት ነበር	1. ያለ ሃኪም ትዛዝ 2. በሰፈር አዋቂ 3. ሌላ ካለ ይገለጥ	
406	የድህረ ወርጃ አገልግሎት ሲያገኙ ክፍያ ተጠይቀዋል	1.አዎ 2.አልተጠየከቅም	
407	ለጥያቄ 406 መልስዎ አዎ ከሆነ ምን ያህል ብር ከፈሉ	1.----------ብር 2.አላስታውስም	
408	ለድህረ ውርጃ አገልግሎት የከፈሉት ገንዘብ	1ውድ ነው 2.ተመጣጣኝ ነው 3.አነስተኛ ነው 4.አላስታውስም	
409	የድህረ ውርጃ አገልግሎት አስፈላጊ ነው ብለው ያስባሉ	1. አዎ 2. አይደለም	
410	ለጥያቀ ቁጥር 409 መልስዎ አይደለም ከሆነ ምክንያትዎን ቢገልጡልን	----------	
ክፍል 5 ከድህረ ውርጃ የቤተሰብ ምጣኔ አጠቃቀም ጋር በተያያዘ			
501	ስለ ድህረ ውርጃ የወሊድ መከላከያ ከጠየና ባለሙያ ምክር አግኝተው ያወቃሉ	1. አዎ 2. አላውቅም	
502	ለጥያቄ ቁጥር 501 መልስዎ አላውቅም ከሆነ ምክንያተዎን	----------	

	ቢገልጡን		
503	ለጥያቀ ቁጥር 501መልስዎ አዎ ከሆነ በምክሩ በቂ እውቀትና ግንዛቤ አግኝቻለሁ ብለው ያምናሉ	1. አዎ 2. አይ	
504	የውርጃ አገልግሎት ካገኙ በሃላ የወሊድ መከላከያ ይጠቀማሉ	1.አዎ 2አልጠቀምም	
505	ለጥያቄ 504 መልስዎ አዎን ከሆነ የሚጠቀሙትን የወሊድ መከላከያ ዘዴ የሚያገኙት ከየት ነው	1. ከመንግስትሆስፒታል 2. ከጤና ጣቢያ 3. ከጠየና ኤክስቴንሥን ሰራተኛ 4. ከግል ሆስፒታል(ክሊኒክ) 5. ፋርማሲ 6. ሌላ	
506	የወሊድ መከላከያ የሚወስዱበት ጤና ተቃም ከመኖሪያ ቤትዎ	1.በጣም ይርቃል 2.ብዙ አይርቅም 3.ቅርብ ነው	
507	የወሊድ መከላከያ የሚወስዱበት ጤና ተቃም አገልግሎት አሰጣጥ	1.በጣም ጥሩ ነው 2.ጥሩ ነው 3.መጥፎ አይደለም 4.መጥፎ ነው	
508	የወሊድ መከላከያ የሚያገኙት	1.በክፍያ 2.በነጣ	
509	የወሊድ መከላከያ የሚያገኙት በክፍያ ከሆነ ገንዘቡን ከየት አምጥተው ከፈሉ	1.ከራሴ 2.ተበድሬ 3.ከዘመድ፣ጋደኛጠይቄ 4.ከሌላ ምንጭ ይጠቀስ	
510	ስለ ድህረ ውርጃ ቤተሰብ ምጣኔ አገልግሎት ክፍያው ላይ ምን አስተያየት አለዎት	1.ደህና 2.ውድ ነው 3.ለመገመት ይከብዳል 4.አላወቅም 5.ሌላ ካለ ጥቀስ	
511	ባለቤትዎ ጋደኛዎ የወሊድ መከላከያ ዘዴ አንደሚጠቀሙ ያወቃሉ	1.አዎ 2.አያውቅም	
512	ለጥያቄ መልስዎ አያውቅም ከሆነ ምክንያቱንቢገልጡልን	----------	

513	ለጥያቄ 504 መልስዎ አልጠቀምም ከሆነምክንያትዎ ምንድነው	1.የገንዘብ ችግር 2.የአገልግሎት መስጫ ቦታው ርቀት 3.የባለሙያው አቀራረብ ለተገልጋዩ ምቹ ያለመሆን 4.የአገልግሎቱን የጎንዮሥ ጉዳት መፍራት 5.ሌላ	
ጎ ቨቁዎገ ት ርሻለሁ፡ ጎ ቨቁዎቷት ለመመለስ ላተረ ፡ልፖ ዛ ፡ዜ ሰውተው ስለተባበሩፖ አመሰ ለሁ፡፡ ተ ማሪ ባሚሰን፡ፔ አስተቨባፔ ወቨነም ጎ ቨቁ ካሎፔ ቢ ል ኽልፖ? በታ ሚ ጸልብ አመሰ ለሁ፡			

Gaaffille afan oromoo

Kan ulfa bassuun booddee sababiwwan tajaajila qusanna maattirratti dhibba gessissan hubbachuf gaaffille qopha'ee guutuuf feedhiin ta'usa mirkannessuf guca qopha'e.

Lakk gafficha ----------

Maqa buufata fayyicha ----------

Magala Burayyu

Maqaan koo ---------- jedhama.

Kanan hojjahu buufata fayyaa kana kessatti kutaa dhulfa baasuu fi tajajila ulfaa baassun boddeerratti. Gaaffiin kun kan qoopha'ee tajaajila qussanna maati ulfa baassuun booddeerratti sababiwwan dhibaa geessisan hubachuuf yoo ta'u; dhimmi qu'anaa tokko buufata fayyaa kessatti tajaajila fayyadamtootaf gaaffile eyyessuun tajaajila qussanna maati ulfa baassuun booddee fooyyesuha.

Qu'anaa kanaaf akka nugargaaruf gaaffilee murasa waan qophesineef isinifis gaaffilee kana sinif hiyyesina. Qu,anaa keessatti hirmachuufi hisuun feehii keessanidha. Hirmachuuf muurteesitani gaaaffilee debissu erga egaltani boodeyyu yota'ee gaafiicha addaan kutuu nidandeessu. Gaaffillewwan keessa kan hin barbaaane deebisuu dhisu niandeessu. Deebiin/odeeffannoo gaaffileef nuuf keenitan hundi kan iccitiin qabaman yoo ta'u haala kaminuu maqaan keessan deebilee walin hin dhiyaatu. Gaaffilee deebisuuf hin barbaanee yota'ee diiddaan keessan tajaajila buufata fayyaa argaman wailn haaluma kaminu kan walitti dhufuu miti. Kanaafu tole jeettanis hinta'u jeettan tajaajila buufata fayyaa argachuuf hin orgamtan.

Gaafiif deebiin kun daqiqaa 10-15 kan fudhatuu yota'uu: isin dhugaarratti hundaa'ee odeeffannoon nuuf laatan tajaajila qussanna maati ulfa baassuun booddee dhiyyesurratti biyya keenya fooyyesuuf yaali ta'uurratti gahee kessan kan baatan ta'usaa yosiniif ibsinuu yeroo nuuf kennitanif dursinne isin galateffanna.

Odeeffannoo kana nuuf kennuuf feedhi qabduu?

Eyyee ---------- lakkii ----------

Tajaajila qussanna maati ulfa baassuun booddeerratti sababiwwan dhibbaa gessissan hubachuuf guca qophaa'e. (gaaffiin kun kan guutamu buufata fayichaa keessatti tajaajila ulfa baasuu wara argatan feedhi isaani gaaffachuuni)

Nannoo ---------- maqaa buufata fayyaa
Guyyaa gaaffif deebi ----------

Kuta1. Oddeffanno Bu'uraa

101. Umrin kessan meeqa? ----------
102. Ammantiin keesaan maalidha?
    a. Ortoodooxii (kirstaana)
    b. Prooteestaantii(kirstaana)
    c. Kaatoolikii (kirstaana)
    d. Muuslima
    e. Kan biroo
103. Eddo jirenyaa
    a. Magaala Burrayyuu
    b. Magaala burraayyuuttiin ala
104. haala fuudhaa
    a. hinheerumnee
    b. hinheruumnee/ hiriyyaaa dhabata qabduu
    c. heruumtee
    d. hiikee / kan hiiktee
    e. du'an addaan bahee
105. abbaa maatii kee siwallin jirata
    a. Eyyee
    b. Lakki ----------
106. odeeffannoo barnota
    a. Dubbisuu fi barressuu kan hindandenye
    b. Dubbisuufi barressuu nidandeesi
    c. Barumsa sadarkaa 1^{ffaa} (1-6)
    d. Sadarka 2^{ffaa} giddu-gala (7-8)
    e. Sadarka 2ffaa (9-12)
    f. Kollegii kan geche
    g. Kollejii kan eebbifamte
107. sadarka barnota abbaa nama keeti
    a. Dubbisuu fi barressuu hin danda'u
    b. Dubbisuufi barressuu nidanda'a
    c. Barumsa sadarkaa 1^{ffaa} (1-6)
    d. Sadarka 2^{ffaa} giddu-gala (7-8)
    e. Sadarka 2ffaa (9-12)
    f. Kollegii kan gahe
    g. Kollejji kan eebbifamee

108. hojjin keessan maalidha?
    a. Daldaala
    b. Gifti mana
    c. Hojjata motummaa
    d. Hojii dhunfaa
    e. Hojjacta mit-motummaa
    f. Barattu
    g. Hojjattu guyyaa
    h. Hojjattuu manaa
    i. Hojjii kan hin qabnee

j. Kan birooo (eerii)

Kutaa 2. Horrmataa waliin kan wal qababtu

201. ijolle godhatani?
    a. Eyyee
    b. Lakki gara gaaffii 203 darbi
202. yoo godhatan
    a. Kan lubbun dhalatan baayyina isani
    b. Baayinaa ijoolee lubbun jirani
    c. Umri daa'ima dhumarra dhalatee
203. ulfi sinirra bahee beekaa
    a. Eyyee
    b. Lakki
204. daa'ima dabalata gadhachu ni barbaaddu
    a. Eyyee
    b. Lakkii gara gaaffii 206 cee'ii
205. daa'ma itti aanu yoom gadhachuu barbaaddu?
    a. Waggaa tokkoo kessattii
    b. Wagaa tokkoon boodee
    c. Waggaa 2-3 keessatti
    d. Waggaa 3-5 keessattii
    e. Waggaa 5 booda

Kutaa 3. Mala mqussana maati hara waliin kan walqabatee

301. waa'ee mala qussana maati dhageechani beektu?
    a. Eyyee
    b. Lakkii gara gaaffii 303 cee'ii
302. waa'ee mala qussana maatii sirri dhageechee beekta?
    a. Kinina Ittisa ulfa eyyee lakkii
    b. Ittisa ulfa lilmoon kennamu eyyee lakkii
    c. Luuppi eyyee lakkii
    d. Googaa ciqilee jala kan kaa'amu eyyee lakkii
    e. Ittisa ulfa tasa eyyee lakkii
    f. Ittisa ulfa dubartoota yeroo dheera eyyee lakkii
    g. Ittisa ulfa dhiraa yeroo dheraa eyyee lakkii
303. mala ittisa ulfa fayyadamtani beektuu?
    a. Eyyee
    b. Lakkii
304. mala ittisa ulfa isa kam fayyadamtani beektu?
    a. Kinina Ittisa ulfa eyyee lakkii
    b. Ittisa ulfa lilmoon kennamu eyyee lakkii
    c. Luuppi eyyee lakkii
    d. Koondomii eyyee lakkii
    e. Googaa ciqilee jala kan kaa'amu eyyee lakkii
    f. Ittisa ulfa tasa eyyee lakkii
    g. Ittisa ulfa dubartoota yeroo dheera eyyee lakkii
    h. Ittisa ulfa dhiraa yeroo dheraa eyyee lakkii

305. amma mala ittisa ulfa fayyadamaa jirttu?
   a. Eyyee
   b. Lakkii gara gaaffii 307 cee'ii
306. mala ittisa ulfa isa kam fayyadama jirtu ? eerii
307. mala ittisa ulfa fayyadamurratti kan murteesu eenyu?
   a. Haadha mana/ nitii
   b. Abbaa mana/ dhirsa
   c. Abba manaafi haaha mana
308. malli ittisa ulfaa fayyadamtan toolaan argatuu?
   a. Eyyee
   b. Lakkii
309. (mala ittisa ulfaa wara hin fayyadamneef) mala ittisa ulfaa sababni hin fayyadamneef maalidha?

   a. Wal qunnamtti Lakkofsan muraasa ta'ee yookin goonkumma hin raawwahu eyyee lakkii
   b. Daa'ima goodhachuun feedhuun eyyee lakkii
   c. Fayyadamuf feedhi dhabuun eyyee lakkii
   d. Bhibbaa abbaa mana/ hiriyyaa eyyee lakki
   e. Dhorkaa amantii eyyee lakkii
   f. Mala ittisa walaluun eyyee lakkii
   g. Edoo argama isa walaaluun eyyee lakkii
   h. Rakkin isaan walqabatee dhufuu sodaachuun eyyee lakkii
   i. Fayyadamuus waan namatti hoin tooleef eyyee lakkii
   j. Sababa hin qabu
   k. Kan biro eeri

310. kanaan booddee mala ittisa ulfa fayyadamuuf yaada qabdu?
   a. Eyyee
   b. Lakkii
311. waa'ee ittisa ulfaa oggeesa fayyaarraa gorsa argatee beekta?
   a. Eyyee
   b. Lakkii gara gaaffii 313 cee'ii

312. goorsicharra odeeffanno gaha argadhee jeette amanta?
   a. Eyyee
   b. Lakkii
313. mala ittisa ulfaa fayyaama jirutu essaa argata?
   a. Hoospitaala motummarraa eyyee lakkii
   b. Buufata fayyaaraaa eyyee lakkii
   c. Kelaa fayyaaraa/ hojjattu eksiteshini fayyaaraa eyyee lakkii
   d. Farmasiraa eyyee lakkii
   e. Kan biro eeri
314. abbaan manaa kee/ hiriyyaan kee akka ati mala ittisa ulfa fayyaamtu beeka?
   a. Eyyee
   b. Lakkii

Kutaa 4. Ulfa baasuu waliin kan walqabatee.

401. ulfa kana sababa maalif baasiftu?
   a. Dirqisimee guudeddamu eyyee lakkii

b. Ulfa firarra ta'edha eyyee lakkii
c. Hala fayyaa hadhatiin eyyee lakkii
d. Hala fayaa ulfichaa tiin eyyee lakkii
e. Kan biro eeri

402. tajaajila akkami barbaacha dhuftan?
a. Tajaajila ulfa baasuu (SAC) eyyee lakkii
b. Tajaajila ulfa baassun boodaa(PAC) eyyee lakkii

403. ulfichi kan bahee hala kamin?
a. Mesha plaastikiin (MVA) eyyee lakkii
b. Qorichaan (MA) eyyee lakkii

404. waa'ee tajaajila ulfa baasuun boodee beektu?
a. Eyyee
b. Lakki

405. waa'ee tajaajilaa ulfa baasuun boodee essaa ageechan?
a. Sab-qunnamtii/ mass media
b. Ogeesaa fayyaarraa
c.Ollaarraa
d. Kan biro eeri

406. tajaajilli ulfa baassuun boodee yoom akka fudhatamu beektu?
a. Eyyee
b. Lakkii

407. yoobektan yeroo itti fudhatamu ibsa

408. waa,ee barbaachisuma tajaajila ulfa baassuun boodeee ni amentu?
a. Eyyee
b. Lakkii

Kutaa 5: Tajaajila fayya kennu walin kan wal-qabate

501. Tajaajila qussana maatii ulfa bassuun boodeef kafaltti gaffatamtani beektuu?
1. Eyyee---------- 2. lakkii ----------

502. Debiin kee eyyee yoo ta,e 1. qarshin ---------- 2. hin yaddadhu

503. Kafalti Tajaajila qussana maatii ulfa bassuun boodeerratti yaadda akkamiqabdu?

1. Gaaridha 2. qaalidhas/mi'adha

3. tilmaamuf nidhiba 4. hin beeku kan 5. biroo eerii

504. Tajaajila qussana maatii ulfa bassuun boodee fayyadamuun rakkina uuma jettani ni yaadduu?

1. Eyyee-------- 2. lakki

505. Debiin kessan eyyee yoo ta,ee

1. Rakkin qarshi 2. fageenya eddo tajajila

3. haali oggessa fayyaa fayyadamaaf mijaa ta'u dhabuu

4. Midhaa tajajilaa walin wal-qabatee sodaachuun 5. kan biroo eerii

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Gaaffilee koo xumureen jira. Gaaffileewwan deebissuf gargaarsa naaf gootani fi yeroo kessanif sinin galateefaha.
Dabalataan illalchi naafkeenitan yookin gaaffii yoo qabaatan naaf ibsa.
Irra deebiin guddisee sin galateefaha.