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Thesis report declaration

I, the under signed, declared that this is my original work, has never been presented in this or any other University, and that all the resources and materials used for the thesis work, have been fully acknowledged.

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This thesis has been submitted for examination with my approval as the student thesis work advisor.

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This thesis has been submitted for examination with my approval as the program coordinator.

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This thesis examination result is correct and based on the given evaluation criteria.

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Name of internal examiner: _____ Signature: _____Date: _____

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ACRONYMS AND ABBREVIATIONS

AIDS:	Acquired Immune-Deficiency Syndrome
CI:	Confidence Interval
EDHS:	Ethiopian Demographic and Health Survey
HI:	Health Institution
HIV:	Human Immunodeficiency Virus
IRB:	Institutional Review Board
IUCD:	Intrauterine Contraceptive Device
ICPD:	International Conference on Population and Development
IUD:	Intrauterine Device
NGO:	Non- Governmental Organization
RH:	Reproductive Health
SPSS:	Statistical Package for Social sciences
STI:	Sexually Transmitted Infection
USAID:	United States Agency for International Development
WHO:	World Health Organization

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ABSTRACT

Introduction:

Negative reproductive health (RH) outcomes appear to be associated with inadequate use of RH services and difference in the use of RH services among different demographic and socioeconomic groups. Women beggars are at increased risk of RH problems because of multiple factors. Moreover, little is known about reproductive health service utilization by those disadvantaged section of the society. Assessing the RH problems of those women and their RH service utilization is critical for timely intervention.

Objective:

To assess reproductive health service utilization and associated factors among women beggars in the reproductive age group in Addis Ababa, Ethiopia.

Methods:

A quantitative cross-sectional based study was conducted from September 2015 to May 2016 in Addis Ababa. The study was conducted on 351 women beggars of reproductive age group using an interviewer administered structured questionnaire. Data were entered in to Epi-Info (version 7) then, exported to SPSS (version 20) for cleaning and analysis. Bivariate analysis was used to identify independent variables that are associated with the outcome variable (RH service utilization). Those significant variables in the bivariate analysis were taken to multiple logistic regression analysis to determine the independent effect of each variable on the outcome variable.

Results:

Among the study participants majority were 35 years or younger (80%), divorced/separated (40.5%) and illiterate (64%). About 72% and 29% of women beggars had the first sexual encounter and the first pregnancy, respectively, at the period of adolescence. Women who reported ever use of modern contraceptives were 231(65.8%) and those who were using contraceptives at time of data collection were 130(37%). Forty one (11.7%) of women beggars had history of rape and (36.9%) women encountered unwanted pregnancy at least once in their life time.

Two-third (66%) of women beggars reported utilization of reproductive health services. There were statistically significant association between reproductive health service utilization and marital status, having disability and information about reproductive health issues.

The odds of reproductive health service utilization among women who were currently unmarried (never married/widowed) was 63% times lower than women who were married [AOR= 0.37(0.19-0.72)]. The odds of reproductive health service utilization among women who had disability was about 60% lower than women who had no disability or chronic illness [(AOR=0.39(0.21-0.74)].On the other hand reproductive health service utilization by women beggars who had no information about reproductive health services was 76% times lower than those beggar women who had information [AOR=0.24(0.13-0.44)].

Conclusions and Recommendation:

Early first sexual encounter, early marriage, unintended pregnancy and STI including HIV/ADIS were identified as major reproductive health problems of women beggars. Two-third of women beggars had health service utilization for any reproductive health services. Being disabled and lack of reproductive health service information are strong predictors of non-use of reproductive health services among women beggars. Increasing/strengthening information provision about reproductive health among women beggars, addressing disability related problems and further researches are recommended.

Key words: RH problems, RH service utilization, women beggars

1. Introduction

1.1 Background

RH implies that people are able to have a responsible, satisfying and safer sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so(1). To maintain women sexual and reproductive health, women should have to be informed of and to have access to safe, effective, affordable and acceptable methods of contraceptives also access to appropriate health care service of sexual, reproductive health and implementation of health education (1).

WHO estimate that each year, 358,000 women die due to complications related to pregnancy and childbirth, 99% of deaths occur in the poorest countries of the world (2).

Reproductive health service utilization is an important component in preventing women from different sexual and reproductive health problems. Common reproductive health problems that encounter Ethiopian women include unintended pregnancy, unsafe abortion, complication from pregnancy, gender inequality, violence against women and STI. Lack of education, unemployment and extreme poverty exacerbate the reproductive health problems (3).

Begging is a last resort of coping mechanism of poverty, disability and various political, social and environmental crises. It is practiced to obtain from others. Beggars are at high risk for violence, injury or abuse, challenge in accessing health service, discrimination and exploitation **(**4**).**

People with different abilities make up significant part of beggars, those include, persons who are blind, deaf or have other physical impairment, intellectual impairment and disability related to mental health. The needs of person with different abilities are less likely to be met in developing countries (5).

According to EDHS the reproductive health status of women in Ethiopia in general and those women living in urban areas such as Addis Ababa is currently improving (6). However, RH status of those under privileged and specific people is unknown. Beggars are among those non privileged section of the community. The number of beggars in Addis Ababa is increasing due to continuous migration from rural to urban areas. Those people are not suffering from economic burden alone, but also reproductive health problems are among many of the problems those women face (4)

1.2 Statement of the problem

Women in developing countries and those who are economically disadvantaged suffer the highest burden of sexual and reproductive health problems since they lack resource for appropriate health services and the knowledge to maintain reproductive health (7).

Reproductive health problems affect individuals, families and communities as a whole. Actions to address these problems include the provision of family planning services, emergency obstetric care, post-abortion care, and prevention and treatment services for HIV/AIDS and other sexually transmitted infections(8).

WHO assessed in 2008 that, reproductive and sexual ill health accounts for 20% of the global burden of ill health for women and 14% for men (9).

According to International conference on population and development (ICPD) Survey conducted in 2012 over half of the 800 maternal deaths that occur globally each day are in sub Saharan Africa (5). And 13 million girls in Africa have been forced to marriage before the age of 18 which increases their risk of early child bearing, domestic violence and persistent poverty. The report also shows that 4 million youth in the region are infected with HIV/AIDS (10).

RH of women beggars depend on several complex and often independent factors including socio-cultural influences, access to health service, education and employment opportunities. Because of the complex nature of the problem multi-sectorial and integrated approaches are required for intervention (11).

Beggars with disabilities in particular are often viewed as sexual inactive, incapable of engaging in a sexual relationship, unable to bear and raise children, which severely limit the information and type of reproductive health services made available (12). However, persons with disability are as likely to be sexually active as person without disability and need both information and services related to reproductive health .The challenges to RH faced by persons with disabilities are not only because of the disability, but also reflect lack of social attention, legal protection and support (13).

Study done on street females in Bahir Dar Town showed 24.3% prevalence of rape and only 4.2% of the victims used emergency contraceptives, none of them used condom and out of the total 96 victims of rate 19.1% and 13.2% experienced unwanted pregnancy and induced abortion respectively (14).

Though several studies are conducted on sexual and reproductive health issues for other sectors of the population, data (studies) for these specific population groups is scarce. Hence, this study aimed to assess reproductive health problems and RH service utilization of women beggars in Addis Ababa. The study is expected to fill the existing information gap about the RH need of beggar population and will be an input for policy makers and partners to design appropriate interventions for such vulnerable population.

1.3 Justification of the study

Women beggars are at increased risk of reproductive health problems due to many reasons and special attention needs to be given for those non-privileged group of people.

Reproductive health services should be inclusive of all class of population and every individual has the right to make their own choices about their sexual and reproductive health.

Researches done on this area are scarce, so this research aimed to fill the gap in existing literature.

1.4 Significance of the study

This study identified major reproductive health problems of women beggars. The study also assessed reproductive health service utilization and associated factors among women beggars of reproductive age group.

The research will benefit government, NGO service providers and policy makers in developing strategies to further improve service delivery to women beggars.

It will help in designing appropriate intervention to improve reproductive health status of those people which will then lead to improved maternal and child health.

2. Literature Review

Complications associated with various maternal issues are indeed major contributors to poor reproductive health among women worldwide (3). Women in reproductive age and the poor are at greater risk of RH problems. Without proper health care service those groups are highly vulnerable to problems related to sexuality, pregnancy, infection, etc. Death and illnesses from reproductive causes are highest among poor and illiterate women everywhere (11). But most reproductive problems are preventable and treated.

Literatures are limited in this area of study especially to those specific people. Most of the literatures that are reviewed are about those homeless/street people who might share the same environment and behaviours as beggars.

Magnitude of some RH problems of women beggars (street females)

2.1 Modern contraceptive use

Family planning is a major component of RH and it is one of the strategies highly implemented in developing countries to control the fast population growth and to decrease the higher maternal and child death(15). However the extent to which family planning programs succeed in reaching all segments of the population varies between and within countries. It can be said that the need for contraception is not adequately addressed among all society especially among the poor (15).

Even though women beggars are economically, socially and nutritionally disadvantaged, it is common to see them holding two to three babies by their sides. These children do also suffer a lot from lack of adequate feeding and sanitation, clothing and education opportunity.
A study conducted on street dwellers in the city of Calcutta, India showed a scarce use of contraceptive (32%) (16).

Knowledge of any method of family planning among street hawker in Ghana was lower (87%) compared to the general, male condom is the most commonly used contraceptive (74%) followed by the pill (11%) and then inject-able (5%) (17).

Study done in Mozambique indicates that education and wealth reveal most substantial differences in contraceptive prevalence. The use of contraception rises as women’s education and wealth increase (18).

A study done in north western Ethiopia on street women showed ninety six women (47%) had ever used modern contraceptive and at time of study 34% were using modern contraceptive. The most frequent reason for not using contraceptives was fear of side effects (35.9%) followed by being sexually not active (27.4%) (19).

According to study done on Addis Ababa street children nearly all (95.7%) of pregnancies were unwanted (20). The reasons for pregnancies were asked and reluctance to use contraceptive (42.4%), unavailability of contraceptive (16.6%), inappropriate use of contraceptive (15.2%), rape (10.6%), and others like slippage of condom, failure of contraceptives (15.2%) were mentioned as the main reasons for the occurrence of unwanted pregnancies.

2.2 Unintended Pregnancy

Unintended pregnancy has public health impact births resulting from unwanted pregnancy or closely spaced pregnancies are associated with adverse maternal and child health outcome (21). Unintended pregnancy and its negative consequences can be prevented by access to contraceptive services, including emergency contraception and legal abortion services.

Factors for beggars vulnerability to unwanted pregnancy problems are several and complex i.e. lack of awareness and lack of correct information about the risks of unwanted pregnancies. Women beggars may become pregnant because of unprotected sex and the baby born to such mothers may have a low birth weight and may be prone to infections and illness. Coping with the needs of the child may be difficult for beggar women (20).

Even though there is a global decreasing rate of pregnancy and unintended pregnancy, the proportion of pregnancies that are unintended remains high, especially in developing countries (22).

Study done on youth Reproductive Health Problem in west Harereghe, Assebe Teferi shows that, from 399 youth female respondants102 (33.2%) of them encountered unwanted pregnancy at least once in the life of sexual relation with their partner, out of which 30.4% ended in abortion, almost 4% pre term and more than 65 % gave birth without their interest and 53 .7% of them became mother before reaching to age 18 (23).

According to study done on street children in Addis Ababa, from 108 female respondents, nearly all (95.7%) of respondents said that pregnancies were unwanted (20).

One study done in Bahir Dar on violence against women on street, out of 96 victims of rape 13(19.1%) and 9(13%) experienced unwanted pregnancy and induced abortion respectively (14).

2.3 Unsafe Abortion

Unsafe abortion can be caused by absence of contraceptive use or lack of safe abortion care. It can result in haemorrhage, shock, infection and blood clotting problems.

21.6 million Women experience unsafe abortion worldwide each year in which 18.5 million of occur in developing countries and 47000 women die which accounts for 13% of all maternal death (14).

In Ethiopia, unsafe abortion accounts for 32% of all causes of maternal death (24).

Research done on reproductive health needs and care seeking behaviour of pavement dwellers of Calcutta, India there was frequent abortions (2.8%) (16).

One study conducted in Dessie Town showed that, out of sexually active female street youth, 25.0% had a history of unintended pregnancy at least once prior to the study, out of which 55.5% of them reported history of induced abortion (25).

2.4 Sexually Transmitted Infections and HIV

Sexually transmitted infections are infections that can pass when one has unprotected sex or close sexual contact with another person who already has STI. Using condom is the best way to prevent STIs and HIV. (26)

HIV/AIDS Pose severe threat to women`s reproductive health and social wellbeing in the African Region (27). Available data indicate that of the nearly 22.9 million adult living with HIV/AIDS in the content in 2011, more than half were women.

It is important for people experiencing symptom of STI to be able to recognize them and seek treatment. Based on the EDHS 2011, 34% each men and women sought care for STI from hospital and 63% of women and 56% of men who had STI symptom in the last 12 month preceding the survey did not seek any advice or treatment (6).

One study done in Hawassa on street children and women showed that, majority (55.7%) of the street children and women were unaware of the transmission rout of STDs and HIV (28). Only 44.3% of them were able to specify one or more of the common ways of transmission of the disease.

In another study in Dessie town, among the sexually active respondents, 172 (73.8%) had ever used condom (25). Only 37(22.8%) reported consistent use of condom during sexual intercourse in the last 12 months. And among 317 participants, who mentioned there is means of preventing STIs and AIDS, 80.8% mentioned abstinence, 66.6% mentioned use of condom, 59.6% mentioned remaining

faithful to a partner, 18.3% mentioned avoiding casual sex and 12.6% mentioned avoiding sex with commercial sex workers.

2.5 Reproductive Health Service Utilization

Reproductive Health Service Utilization is one of the factors that can affect reproductive health status of women (29).

Study done on sexual and reproductive health service status of street children in Addis Ababa showed that only 47% of respondents reported ever visiting health institution for SRH services. When asked where they prefer to go when they need counselling or help regarding sexual and RH issues, (22.3%) of participants stated friends, 15% stated public health centre, 14.9% stated religious organizations, 12.1% stated NGO clinics, and 8.8% responded that they do nothing, 5.9% stated mobile clinics and only 3.8% mentioned private clinic (20).

Women living in the streets are less likely to benefit from basic reproductive health services because of absence of awareness where the service is delivered and about cost of service. This study tried to assess RH service utilization and associated factors of women beggars.

2.6 Source of information on RH issues

To maintain one's sexual and reproductive health, people need access to accurate information. This means providing access to comprehensive sexuality education and giving information about RH service provision. It also means empowering people to and exercises their rights (30).

Low income individuals lack information for use of appropriate health service and knowledge about what is appropriate for them (1).

Research done on street youth in Dessie Town, female respondents reported that they prefer peers (44.1%), health workers (19.1%), mothers (17.6%) and an equal proportion of them had reported that they prefer boyfriend to discuss with to get more information about pregnancy (25)

Conceptual Framework

The conceptual framework was developed by reading different related literatures.

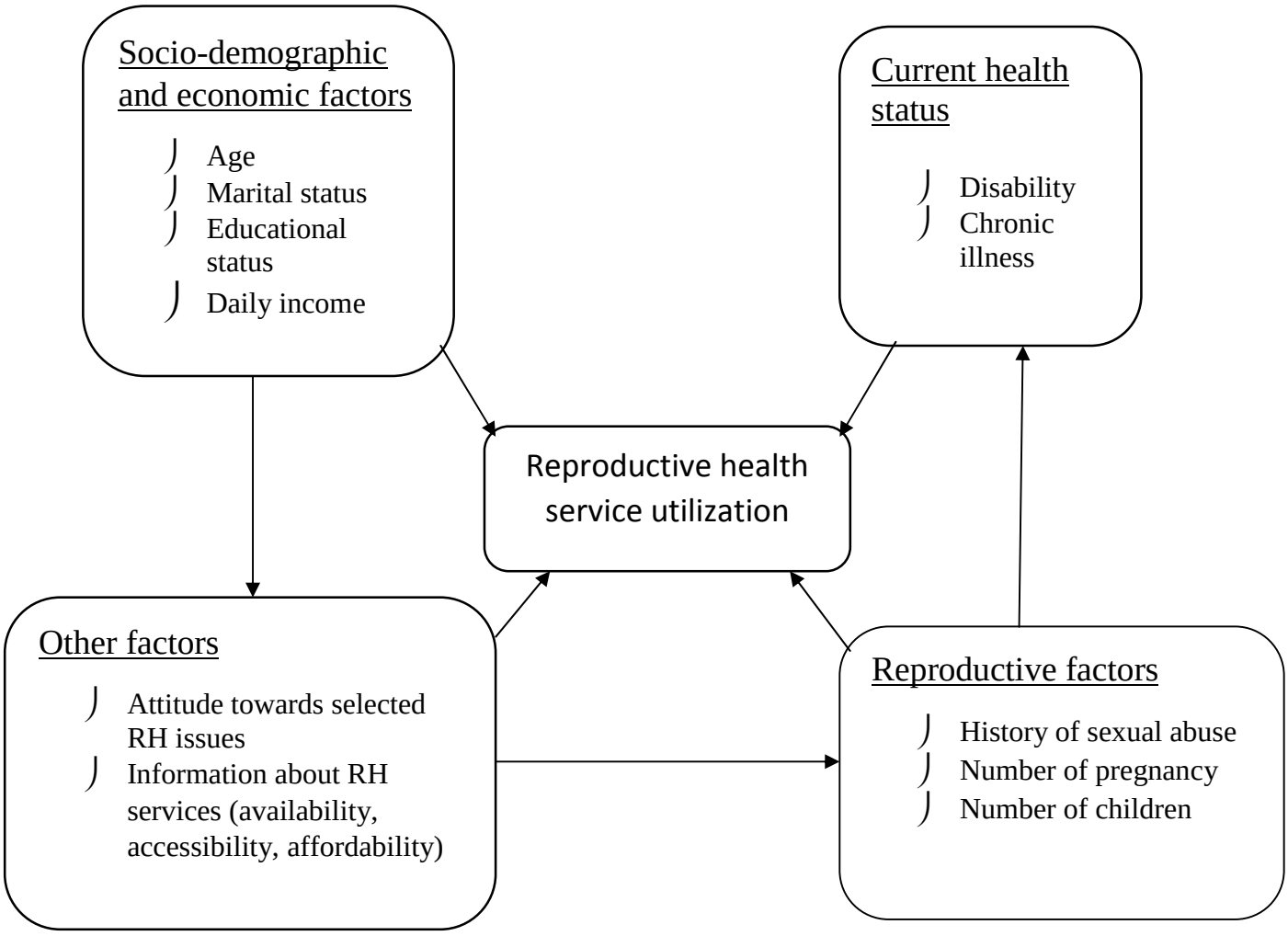


Figure 1: Conceptual framework on Reproductive health service utilization and associated factors of women beggars.

3. Objective

3.1 General objective

To assess reproductive health service utilization and associated factors among women beggar of reproductive age in Addis Ababa, Ethiopia.

3.2 Specific Objectives

3.2.1 To identify major types of reproductive health problems of women beggars of reproductive age in Addis Ababa.

3.2.2 To assess reproductive health service utilization by women beggars of reproductive age in Addis Ababa.

3.2.3 To determine factors that affect reproductive health service utilization by women beggars of the reproductive age in Addis Ababa.

4. Methods

4.1. Study Area and Period

The study was conducted in Addis Ababa, the Capital City of Ethiopia. Data were collected from February, 2016 to March 2016. Addis Ababa is the city with a great diversity, and homes of almost all ethnicities are found in the country. The city contains 10 administrative sub cities namely: Arada, Yeka, Gulele, Addis Ketema, Akaki Kality, Nefassilk Lafto, Lideta, Bole, Kolfe Keranio, and Kirkos and 116 woredas with estimated population of 3,038,096 million. Addis Ababa city has a high population of beggars who are engaged in begging activity. About 3656 women beggars live in Addis Ababa as obtained from Federal Ministry of Labour and Social Affairs of Addis Ababa.

4.2. Study Design

Cross-sectional study design was used. Individual interview using a structured questionnaire was conducted to gather relevant information.

4.3. Source Population

The source population for this study was women beggars living in Addis Ababa.

4.4 Study Population

The study population was women beggars in reproductive age group living in Addis Ababa and who were at the study area at the study period.

4.5 Inclusion and Exclusion Criteria

4.5.1. Inclusion criteria

- Women beggars of reproductive age group (age between 15 and 49) who were found in the study area at time of data collection were included.

4.5.2. Exclusion criteria

- Women of reproductive age group, who had mental problems and who can't hear or speak were excluded.

4.6. Sample Size

Considering the absence of previous data in Ethiopia in this specific study group up to the knowledge of the investigator and to obtain a large sample size the following assumptions were undertaken. The

proportion of RH service utilization of women beggars was estimated to be 50%, with a precision level 5% and 95% confidence interval. 10% added to compensate for non response. Based on this assumption, the actual sample size for the study was computed using the formula for single population proportion as follows:

$$n = \frac{z^2 P(1-P)}{d^2}$$

Where n is sample size, p is expected proportion (0.5), and d is margin of error/level of precision (0.05).

Thus, the study should include 384 study subjects, then the total source population in the town (number of female beggars) as obtained from Ministry of Labour and Social Affairs of Addis Ababa is 3656, the required minimum sample is obtained from the above estimate by making some adjustments for finite population.

n=384.16/(1+(384.16/3656)=348

Therefore, the study will include 348 study subjects plus 10% non- response. Then the data was collected from 382 women beggars in reproductive age.

4.7. Sampling Procedures

A multi-stage sampling technique was employed. At stage one from the ten sub cities four sub cities were selected randomly using lottery method then from selected sub cities six woredas were selected randomly. As women beggars usually found in churches and mosques the data collection was done there. Women of child bearing age found around churches and mosques who were begging at the time of data collection were included in the study population. There is no data on the exact number of women beggars in each woreda. Assuming there is an equal distribution of beggars in each woreda sixteen women beggars who were in the reproductive age were taken per selected woreda. This sixteen women were taken by quota sampling technique from each woreda.

Schematic presentation of the sampling procedure

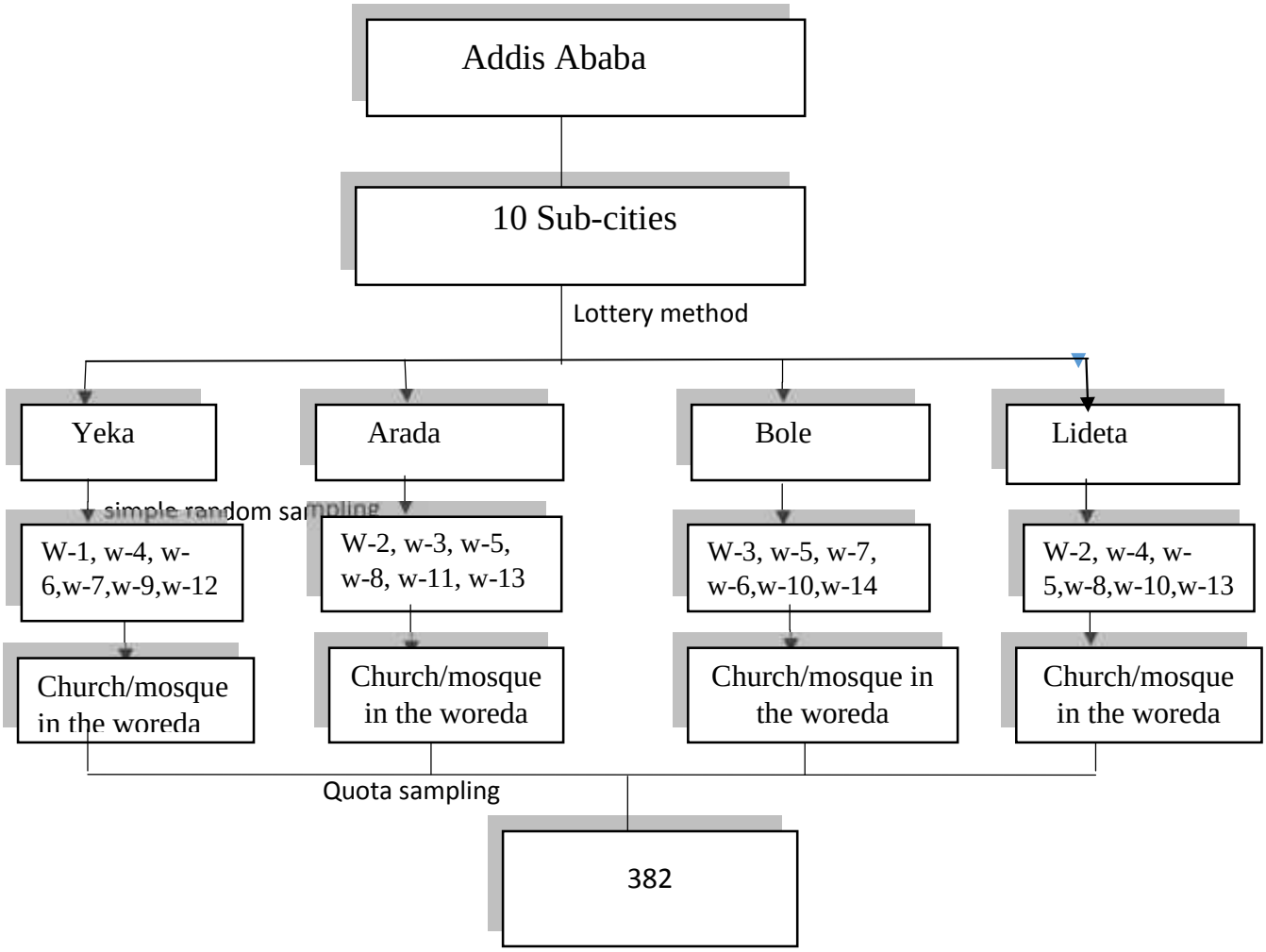


Figure 2: Schematic presentation of the sampling procedure

4.8 Study Variable

4.8.1. Dependent Variable

- Reproductive health service utilization

4.8.2. Independent Variables

- Age
- Marital status
- Educational status
- Daily income
- History of sexual abuse
- Number of pregnancy
- Number of children
- Attitude towards selected RH issues
- Information about RH services
- Disability or presence of chronic illness

4.9. Data Collection Procedures

4.9.1 Data collection Instrument.

Structured interviewer administrated questionnaire was used for data collection. The instruments were prepared by referring relevant literature and by adopting from similar instruments used earlier. The questionnaires were first translated to Amharic and then back to English for checking consistency.

4.9.2 Data collectors and procedure

Five diploma holding nurses were trained for data collection. They were trained on the objective of the study, content and flow of the questionnaires. Emphasis was given on how to approach the study participants, keeping their privacy and respecting their dignity. The training was given for two days. Data collection was done when the woman is not busy with her business (begging). Thus, data were collected in the mornings of Saturdays, Sundays and other religious feast days at churches and mosques where beggars were usually observed. Data collectors were told to remind the study participants not to be asked again when similar questions are asked to avoid redundancy. All the trained data collectors were participated in the data collection process.

4.9.3. Data Quality Assurance

For data quality control purpose, the data collectors and supervisors were trained before the data collection. Supervision was done during the data collection period and the questionnaires were pre-tested. The pre-test was done on (5% of the sample size) beggar women of reproductive age group other than selected sites.

The questionnaire was first translated to Amharic and then back to English for checking consistency. The collected data was reviewed and checked for completeness before data entry and incomplete data was discarded.

4.10. Data Analysis Procedures

The quantitative data was entered into EPI Info version 7 and then exported to SPSS version 20 statistical program. Descriptive statistics of percentages mean and frequency distribution using tables were carried. In addition bivariate analysis was used to determine the association between different factors and service utilization. Those variables which had significant association with service utilization entered to multivariate analysis. Finally binary logistic regression and odds ratio with 95% confidence intervals were used to identify the independent predictors of RH service utilization by women beggars.

4.11. Operational Definition

Beggars; are people living by begging a gift of money and food.

Reproductive health: A state of complete physical, mental and social wellbeing not merely absence of disease or infirmity, in all matters relating to reproductive system and its functions and processes. .

Reproductive health needs: Perceived and unperceived health needs related to sexuality, contraception, pregnancy, STDs, HIV/AIDS, access to services and reproductive health information.

Disability: A condition which may restrict a person's mental / sensory or mobility functions to undertake or perform a task in the same way as a person who does not have a disability.

Chronic illness condition: is a disease condition that is persistent or otherwise long-lasting in its effects or a disease that comes with time. The term *chronic* is often applied when the course of the disease lasts for more than three months.

Reproductive and sexual health services: services including family planning counselling, pre-natal care, safe delivery and post-natal care, prevention and appropriate treatment of infertility, prevention

of abortion and the management of the consequences of abortion, treatment of reproductive tract infections and education, counselling, as appropriate, on human sexuality, reproductive health and responsible parenthood.

4.12 Ethical Considerations

Before conducting the study ethical clearance was obtained from Addis Ababa University, College of Health Sciences, School of Public Health Research and Ethics Committee (REC). Permission to conduct the study was secured from the Addis Ababa Health Bureau. Verbal informed consent was obtained from each study participants after clear explanation about the purpose of the study, the importance of their participation, confidentiality of the information, participation was voluntary and refusal to participate would have no effect on the subject or any family member.

4.13. Plan of Dissemination of Findings

The results of this study will be presented to Addis Ababa University, College of Health Science, School of Public Health as thesis of Master of Public Health and it will also be distributed to the Addis Ababa Health Office and to each sub city health office. Dissemination can be also done through workshop, conference and if possible through publication in peer reviewed journal.

5. Results

A total of 351 women participated in the study giving a response rate of 92%. Fifteen women refused to participate, eleven gave incomplete answer and another five were found to be seriously ill and excluded from the study and were recorded as non- response.

5.1. Socio-demographic characteristics of the respondents

Majority of study participants were 35 years or younger (80%), Orthodox Christians (79.2%), divorced/separated (40.5%), Amhara ethnic group (59%), illiterate (64%) and had no disability or chronic illness (57.5%). Among the study participants majority were not employed and were living only by begging (63%), had income 20 or less per day and live in small rented house (70%). Majority's main reason to be a beggar was unemployment (26%), chronic illness (18%) and disability (15%). (Table 1)

Table 1: Socio-Demographic characteristics of respondents in Addis Ababa, Ethiopia, 2016

Variables	Frequency	Percentage
Age (n= 351)		
Age ≤ 20	16	4.6
21-25	80	22.8
26-30	103	29.3
31-35	81	23.1
36-40	37	10.5
41-45	26	7.4
46-49	8	2.3
Marital status (n=351)		
Single	81	23.1
Married	119	33.9
Divorced/separated	142	40.5
Widowed	9	2.6
Religion (n=351)		
Orthodox Christian	278	79.2
Muslim	45	12.8
Protestant	24	6.8
Other	4	1.1
Ethnicity (n=351)		
Amhara	207	59.0
Oromo	73	20.8
Tigre	24	6.8
Gurage	28	8.0
Other	19	5.4

Education(n=351)		
Illiterate	224	63.8
Read and write	38	10.8
Primary (grade 1-8)	78	22.2
Secondary (grade 9-12) & above	11	3.1
Presence of disability/ chronic illness (n=351)		
Disability	71	20.2
Chronic illness	78	22.2
No disability/chronic Illness	202	57.5
Occupation (n=351)		
Only begging	221	63.0
Daily labourer	82	23.4
House wife	12	3.4
Other	36	10.3
Daily Income(n=351)		
<10 birr	108	30.8
11-20 birr	139	39.6
21-30birr	64	18.2
>30 birr	40	11.4
Place of living (n=351)		
On the street	22	6.3
Small rented house	245	69.8
Plastic shelter	12	3.4
Near to someone	39	11.1
Church/mosque	25	7.1
Other	8	2.3
Main reason to be a beggar(n=351)		
Unemployment	91	25.9
Disability	53	15.1
Chronic illness	63	17.9
No person to help	49	14.0
Death of partner	14	4.0
No person to care my child	36	10.3
Displacement	36	10.3
Other	9	2.6

5.2 Reproductive Characteristics of Respondents

5.2.1 Contraceptive use

Majority of the study participants 325(92.6%) heard of family planning and 231(65.8%) have ever used any method of contraception of which majority used 118(51%) inject-able. From 120(34.2%) who never used contraceptives majority said being unmarried or not sexually active and want to have children were the reasons for not using contraceptives. Among the respondents 130(37%) were using contraceptives during the data collection period.

5.2.2 Age at first sex

When asked age at first sex 108(30.8%) respondents responded that they had the first sex before the age of fifteen while 146(41.6%) respondents had their first sexual encounter between the age of sixteen and twenty. Forty one (11.7%) of respondents had history of rape in their life time.

5.2.3 Age at the first pregnancy

From the study participants, 288(82.1%) had pregnancy history in the past. One hundred two (29.1%) respondents had their first pregnancy before nineteen years of age while 139(39.6%) become pregnant for the first time between nineteen and twenty-four years of age.

5.2.4 Unwanted pregnancy

Among the study participants 108(36.9%) participants experienced unwanted pregnancy. Majorities' (68%) first pregnancy was unwanted. When asked about their cause of unwanted pregnancy 40(36%) of respondents responded they didn't think of it and 30(27%) had lack of awareness about contraceptives at that time.

5.2.5 Abortion

From the study participants 36(12.5%) had history of abortion. Majority (86%) encountered ones.

5.2.6 ANC follow up and delivery

From the study participants 184(63.9%) had ANC follow up for their last pregnancy and 104(36.1%) had no ANC follow up for their last pregnancy. Women who had no ANC follow up were asked their reason and majority 63(60.6%) did not think it was necessary.

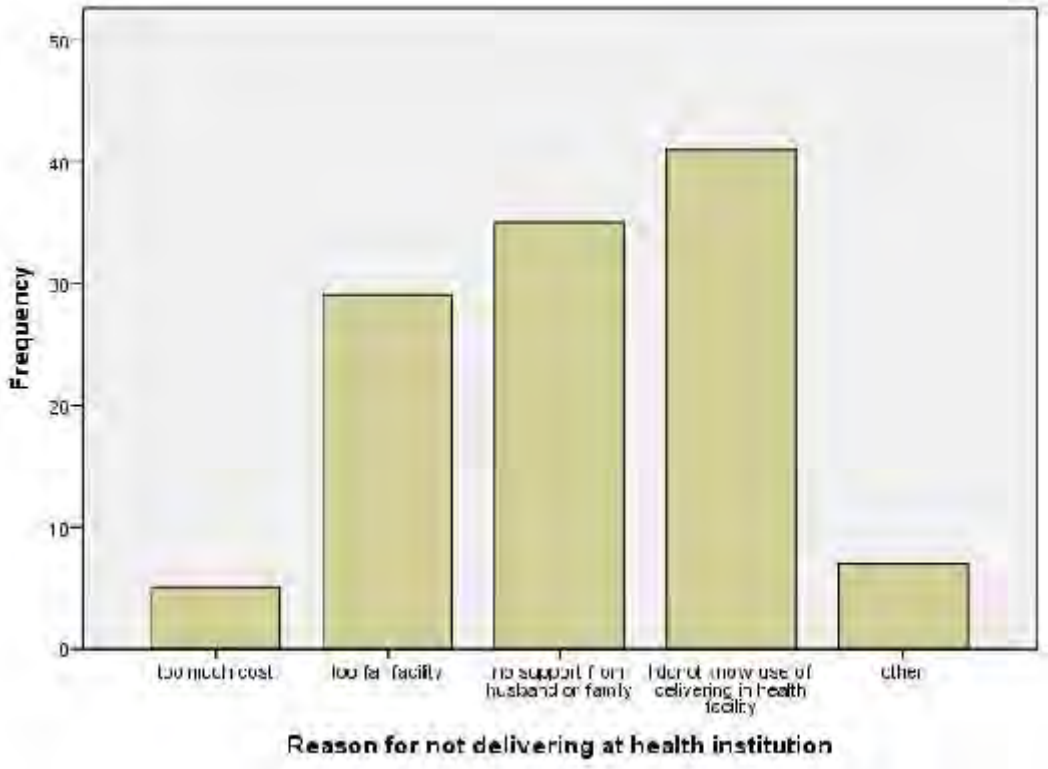
Among the study participants majority 284(80.9%) had children and most had two children. Of those women who had children 103(36.2%) deliver their last child at home and 173(60.9%) deliver at health institution. Reason for not delivering at health institution was asked and 35(30%) didn't know advantage of delivering at health institution. Thirty five (30%) were not able to deliver their last child at health institution because they didn't have support from husband or family. (Table 2)

Table 2 Reproductive characteristics of respondents in Addis Ababa, Ethiopia, 2016

Heard of Family planning(n=351)	Frequency	Percentage
No	26	7.4
Yes	325	92.6
Ever used modern contraceptives(n=351)		
No	120	34.2
Yes	231	65.8
Method used before(n=231)		
Oral contraceptive pills	51	22.1
Condom	4	1.7
Inject able	118	51.1
IUDs	6	2.6
Norplant	37	16.0
Pills and inject able	15	6.5
Current use of Contraceptives(n=351)		
No	221	62.9
Yes	130	37.0
Current method(n=130)		
Oral pills	20	15.5
Condom	3	2.3
Inject able	59	45.7
IUDs	10	6.2
Norplant	37	28.7
Reason for not using contraceptive(n=100)		
I am unmarried and not sexually active	29	28.7
Want to have children	28	27.7
Husband/partner opposed	6	5.9
Lack of knowledge about contraceptives	26	25.7
Difficult to obtain contraceptives	4	4.0
Fear of side effects	3	3.0
Other	4	4.0
Do you have history of rape (n=351)		
No	310	88.3
Yes	41	11.7
Age at first sex(n=351)		
≤15	108	30.8
16-20	146	41.6
21-25	14	4.0
Don’t know/don’t remember	83	23.6
Mean age at first sex = 16.33		

Ever been pregnant(n=351)		
No	63	17.9
Yes	288	82.1
Age at first pregnancy(n=288)		
<19	102	35.4
19-24	139	48.2
≥25	30	10.4
Don't know/don't remember	17	5.9
Do all your pregnancies wanted(n=288)		
No	108	36.9
Yes	180	63.1
Which pregnancy was unwanted(n=108)		
The first	75	67.6
The second	10	10.8
The third	5	5.4
The fourth	2	1.8
All are unwanted	16	14.4
Cause of unwanted pregnancy(n=108)		
Coercion(rape)	12	10.7
I don't get contraceptive	22	19.6
I don't have knowledge about Contraceptive	30	26.8
Don't think of it	40	35.7
Other	4	7.1
Do you have ANC follow up for your last pregnancy(n=288)		
No	104	36.1
Yes	184	63.9
Reason for not having ANC follow up(n=104)		
I don't know its advantage	63	60.6
I don't know where I get the service	9	8.7
Service is costly	3	2.9
Other	29	27.9
Do you have history of abortion? (n=288)		
Yes	36	12.5
No	262	87.5


Frequency
home
on street
Health institution
at traditional birth attendant house
Place of delivery


Frequency
too far facility
other
Reason for not delivering at health institution

5.3 Sexually Transmitted Disease and Condom use

5.3.1 Sexually Transmitted Diseases

Among the study participants 27(7.7%) of them had history of sexually transmitted diseases. And majority (59.2%) went to public health institution to get treatment. From the study participants who know their status 43(12.3%) live with HIV/AIDS. (Table 3)

5.3.2 Condom use

Majority of study participants 296(84.3%) never used condom before. Reason for not using was asked and majority (33.7%) didn't think it was important. (Table 3)

Table 3 Sexually Transmitted Disease and condom use of respondents, Addis Ababa, Ethiopia, 2016

Variables	Frequency	Percent
History of STI symptom (n=351)		
No	324	92.3
Yes	27	7.7
What do you do after noticing STI symptom? (n=27)		
I did nothing	7	25.9
Went to traditional healer	3	11.1
Went to pharmacy	1	3.8
Went to public health institution	16	59.2
Ever tested for HIV before(n=351)		
Result positive	43	12.3
Result negative	137	39.0
Not tested	171	48.7
Ever used condom(n=351)		
No	296	84.3
Yes	55	15.7
What was your reason for not using condom (n=296)		
Not available	3	1.0
Partner objected	33	11.0
We don't like to use	24	8.9
Used other contraceptives	67	22.3
Didn't think it is important	101	33.7
Other	68	24.0

5.4 Attitude of women beggars towards selected RH issues

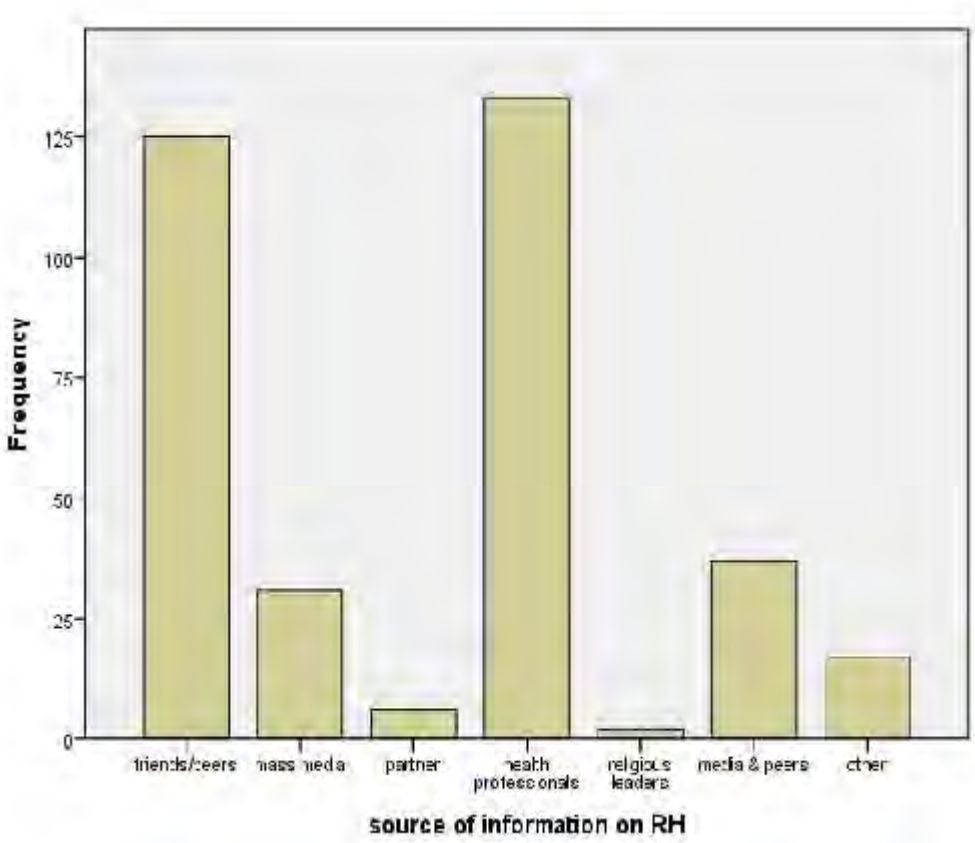
Most (93.4%) of the study participants think unwanted pregnancy is preventable. From respondents who think unwanted pregnancy is not preventable majority (78.2%) mention no enough information about contraceptives as a reason.

Majority of the study participants 297(84.6%) think it is easy to get contraceptives and condom.

From the study participants 89(25.4%) think they were not able to prevent STDs. (Table 4)

Table 4 Attitude of women beggars on selected RH issues of respondents in Addis Ababa city, Ethiopia, 2016

Variables	Frequency	Percentage
Do you think unwanted pregnancy is preventable? (n=351)		
No	23	6.6
Yes	328	93.4
If no why?(n=23)		
Because it is difficult to get Contraceptives	3	13.6
I have no information about Contraceptives	18	78.2
Other	2	8.6
Do you think it is easy or difficult to get contraceptives/condom for women beggars? (n=351)		
Easy	297	84.6
Difficult	21	6.0
Don't know	33	9.4
If you think it is difficult, why?(n=21)		
Lack of money to buy	9	42.8
Difficult to get	3	14.2
Distribution places are inconvenient	1	4.7
Too far to get	2	9.5
Other	6	28.5
Do you think women beggars can prevent STI? (n=351)		
No	89	25.4
Yes	262	74.6


Frequency
125
100
75
50
25
0
friends/peers
mass media
partner
health professionals
religious leaders
media & peers
other
source of information on RH

5.6 Utilization of RH Services in the last 3 months

Majority of study participants 202(57.5%) had not visited health institution in the last 3 months. Of those visited health institution majority (80%) went to government health centre. Most (33.6%) preferred the nearest health facility and 40.2% of the study participants went to get treatment for their illness. Reasons for not utilizing health services by women beggars were asked and majority (37.3%) of respondents mentioned poor awareness about RH issues as a reason for poor utilization of health services. And 74(21.1%) of respondents mention no willingness to went to health facility.

Table 6 Utilization of Health services in the last 3 months of respondents in Addis Ababa city, Ethiopia, 2016

Variables	Frequency	Percentage
Have you visited health institution in the last 3 months? (n=351)		
No	202	57.5
Yes	149	42.5
Which health institution have you visited? (n=149)		
Government HC	119	79.9
Government hospital	19	12.8
Private clinic	4	2.7
NGO clinic	7	4.7
What was your reason to prefer this HI?(n=149)		
It isn't far	50	33.6
Low cost service	48	32.2
Effectiveness of treatment	16	10.7
Has relative there	1	0.7
Good approach of health worker	6	4.0
Not far & low cost service	27	18.1
Other	1	0.7
For what service do you went there?(n=149)		
To get treatment for my Illness	60	40.2
To get contraceptive	54	36.2
For ANC follow up	5	3.4
For vaccination for my child	20	13.4
Other	10	6.7
What are the reasons do you think that prevents women beggars from getting RH services?(n=351)		
Too far health institution	5	1.4
Too expensive service	74	21.1
Poor handling by health worker	3	0.9
Too much waiting time	18	5.1
Social stigma to beggars	9	2.6
Poor awareness regarding RH Services	131	37.3
Not willing to get RH service	74	21.1
Other	37	10.5

5.7 RH service Utilization by Respondents

The proportion of health service utilization was 233(66.3%). Cross tabulation of the variables with health service utilization showed that women who were in the age group above 25(70%), women who were married (76%), who had formal education (71%), whose income was between 11 and 20 birr/day, who had history of sexual abuse(71%), whose number of pregnancy was more than two(72%), who had more than two children(75%), women who had chronic illness (80%), who had positive attitude and who had information (76%) were more utilize health services than the other group. (Table 7)

Table 7 Health service Utilization by Respondents in Addis Ababa city, Ethiopia, 2016

	RH service utilization		
Variable	**Yes**	**No**	**Percent (%)**
Age			
≤25(n=142)	87	55	61.3
>25(n=209)	146	63	69.9
Marital status			
Single/widowed(n=90)	40	50	44.4
Divorce/separated(n=142)	103	39	72.5
Married(n=119)	90	29	75.6
Education			
No formal education(n=262)	170	92	64.8
Formal education(n=89)	63	26	70.7
Daily income			
≤10 birr(n=108)	70	38	64.8
11-20birr(n=139)	100	39	71.9
21-30birr(n=64)	44	20	68.7
≥31birr(n=40)	19	21	47.5
History of sexual abuse			
No(n=310)	204	106	66
Yes(n=41)	29	12	71
Number of pregnancy			
≤ two pregnancies(n=269)	174	95	65
> two pregnancies(n=82)	59	23	72
Number of children			
≤ two children (n=284)	183	101	64
> two children (n=67)	50	17	75
Presence of disability/chronic illness			
Disability(n=71)	36	35	50.7
Chronic illness(n=78)	63	15	80.7
No disability/chronic illness(n=202)	134	68	66.3
Attitude of respondent			
Positive attitude(n=335)	228	107	68
Negative attitude(n=16)	5	11	31.2
Information			
Has information(n=266)	201	65	75.5
Has no information(n=85)	32	53	37.6

5.8 Factors associated with RH service utilization

Binary logistic regression was done to identify significant factors associated with reproductive health service utilization then the significant variables were taken to multiple logistic regression. Binary logistic regression analysis showed that marital status, having disability and chronic illness, attitude of respondents to selected RH issues and information about RH service were significantly associated with health service utilization of women beggars. Then the multiple logistic regression analysis showed that there was statistically significant association between RH service utilization and marital status, having disability and information.

The odds of RH service utilization among women who were single/widowed was 63% times lower than women who were married [AOR= 0.37(0.19-0.72)]. The odds of health service utilization of women who had disability was about 60% lower than women who had no disability/chronic illness [(AOR=0.39(0.21-0.74)]. The odds of health service utilization by women beggars who had no information about RH services was 76% times lower than those women who had information [AOR=0.24(0.13-0.44)]. (Table 8)

Table 8 Factors Associated with Service Utilization of respondents in Addis Ababa, Ethiopia, 2016

Variable	RH service utilized		COR with 95% CI	AOR with 95% CI
	Yes	No		
Age				
≤25(n=142)	87	55	0.68(0.43-1.06)	0.93(0.54-1.59)
>25(n=209)	146	63	1.00	
Marital status				
Single/widowed(n=90)	40	50	0.25(0.14-0.46)**	**0.37(0.19-0.72)***
Divorce/separated(n=142)	103	39	0.85(0.48-1.48)	1.01(0.55-1.86)
Married(n=119)	90	29	1.00	
Education				
Formal education(n=89)	63	26	0.76(0.45-1.28)	
No formal education(n=262)	170	92	1.00	
Income(per day)				
≥31birr(n=40)	19	21	0.49(0.23-1.02)	0.56(0.24-1.29)
21-30birr(n=64)	44	20	1.19(0.61-2.31)	1.41(0.66-3.00)
11-20birr(n=139)	100	39	1.39(0.81-2.39)	1.52(0.83-2.78)
≤10 birr(n=108)	70	38	1.00	
History of sexual abuse				
No(n=310)	204	106	1.00	
Yes(n=41)	29	12	0.79(0.39-1.62)	
Number of pregnancy				
≤ two pregnancies(n=269)	174	95	0.7(0.41-1.22)	2.1(0.76-5.8)
> two pregnancies(n=82)	59	23	1.00	
Number of children				
≤ two children (n=284)	183	101	0.6(0.33-1.12)	0.34(0.11-1.05)
> two children (n=67)	50	17	1.00	
Presence of disability/chronic illness				
Disability(n=71)	36	35	0.52(0.30-0.90)*	**0.39(0.21-0.74)****
Chronic illness(n=78)	63	15	2.13(1.13-4.01)*	1.96(0.97-3.95)
No disability/chronic illness(n=202)	134	68	1.00	
Attitude of respondent				
Positive attitude(n=335)	228	107	0.21(0.07-0.62)*	0.58(0.18-1.90)
Negative attitude(n=16)	5	11	1.00	
Information				
Has information(n=266)	201	65	0.19(0.11-0.32)**	**0.24(0.13-0.44)****
Has no information(n=85)	32	53	1.00	

Note 1.00=reference, *=significant at p-value <0.05, **= significant at p-value<0.001

6. Discussion

This study identifies different RH problems of women beggars and also assessed their reproductive health service utilization with the associated factors.

In this study were woman who ever used modern contraceptive 231(65.8%) and current use is 130(37%) which was higher than study done in north western Ethiopia on street women (19). The difference can be explained by the difference in the study subjects and sample size. Current modern contraceptive use of women beggars is lower than the general population (married women) according to the mini EDHS which is 40% but higher than general all women. The most frequent reason for not using contraceptives was being not sexually active or unmarried 29(28.7%) and want to have children 28(27.7%). The beggars want to have children because they think they can get more money and food when they hold the babies.

Evidence from this study showed that 41(11.7%) of women beggar had history of rape in their life time which was lower when compared to study done in Bahir Dar town which was19.1% but consistent with study done in Addis Ababa on street children which was 10.6% (14, 20). Women beggars are at high risk of sexual assault (rape) because of their living condition in which some of 0them live around churches/mosques and other on the street without any shelter.

From this study we can see 108(36.9%) women encountered unwanted pregnancy at least once in the past which was lower than study done on street children in Addis Ababa in which nearly all pregnancies were unwanted but was higher than the study done in Dessie (25%). This difference can be explained by the difference in the study population and sample size (20). The reason for the unwanted pregnancy was asked and didn't think of using contraceptives(35.7%), poor awareness about contraceptives (26.8%), didn't get contraceptives (19.6%) and rape (10.7%) were mentioned as the main reason for the occurrence of unwanted pregnancy. The problems that encounter women beggars are multidimensional including nutrition & shelter related so they usually focus to meet this needs rather than thinking how to avoid unwanted pregnancies. Majorities' (67%) first pregnancy was unwanted. This could be because the majority of women encountered their first sex and their first pregnancy at early age or adolescence.

From women who were ever been pregnant 104(36.1%) did not had ANC follow up for their last pregnancy and majorities' reason was not knowing its advantage. This was much lower than the general population based on EDHS 2011 evidence which was 57% (6).
Compared to the general population women beggars had satisfactory ANC follow up for their last pregnancy and lack of awareness was the main reason why women beggars didn't have ANC follow up.

In this study from 288 who ever were pregnant 36(12.5%) women encountered abortion at least once in their life.

This study also assessed where women beggars gave birth to their last child. And 173(60.9%) gave birth at health institution, 103(36.2%) at home, 4(1.4%) on the street. This result can be compared with the general urban women delivered at health institution which was 50% based on EDHS 2011. The women beggars answered for the reason why they did not deliver at health institution as no support from husband/family, do not know its advantage and far facility. Those women lack support might be because most are divorced. It is known that mothers not delivered at health institution are prone to complicated delivery, maternal and child mortality.

Another finding in this study was about STI and HIV/AIDS. It showed that from the total study subject around 27(7.7%) of women experienced STI in the past. This result is comparable with the general population based on EDHS 2011. Majority (60%) of women beggars who experienced STI symptom went to public health institution to get treatment. There were 43(12.3%) women who were living with HIV/AIDS.

From this study finding we can see small proportion of study subjects ever used condom. That is only 55(15.7%) women ever used condom which was much lower than the study done in Dessie town on female street youth which was 73.8%. The difference can be explained by difference in the study population (25). On this study the reason for not using condom was asked and majority's reason was didn't think it was necessary 101(33.7%) and used other contraceptive 67(22.3%).

This study also assessed RH service utilization by women beggars and it was found that proportion of RH service utilization was 233(66.3%). That means about two-third of the study participants went to health facilities for more than one RH service in the past.

Women who were in the age group above 25 and who were married had more service utilization than the other group. This can be explained by women who were married had more RH service need than the other group.

Study participants who had formal education were more utilized services. Those women who had positive attitude towards RH issues and who had information about RH services had more health service utilization than the other group.

Marital status was found significantly associated with RH service utilization. The odds of RH service utilization among women who were single/widowed was 63% times lower than women who were married. The possible reason for this result might be more RH service need by married women than others. Married women beggars might went to health facility to get family planning service, ANC/ delivery services and others RH services than the single/widowed.

Having disability was significantly associated with RH service utilization. The odds of health service utilization of women who had disability was about 60% lower than women who had no disability/chronic illness. This can be due to women with different abilities may need more support to reach the services when they need it.

The other factor which was found significantly associated with RH service utilization was having information about RH services. The odds of reproductive health service utilization by women beggars who had no information about RH services was 76% times lower than those beggar women who had information. Women who had information about RH service accessibility and affordability may have more awareness about RH services so that they utilized more.

The study showed no significant association between RH service utilization and age, education, income, attitude of respondents, history of sexual abuse, number of pregnancy and number of children.

7. Strengths and limitations of the study

7.1. Strength

This study has focused on marginalized and neglected group of people who are highly vulnerable to RH problems where adequate information and studies are lacking. This might certainly fill some of the knowledge gaps and serve as baseline information for future studies.

7.2. Limitations

1. Since sexual behaviour is personally sensitive issue determining its magnitude among women beggars in such face to face interview was difficult even though, we have tried to minimize it, some sort of desirability bias may not be eliminated.
2. There is a possibility of recall bias and misreporting of events.

8. Conclusions

From this study it can be concluded that women beggars have many reproductive health problems. The major identified reproductive health problems were early first sexual encounter, early marriage, unintended pregnancy and STI including HIV/ADIS.

Two-third of women beggars had reproductive health service utilization for any RH services in the past.

Reproductive health service utilization was significantly associated with marital status, having disability and having information about RH services.

9. Recommendations

- Health Bureaue and NGOs should give attention to those non-privileged groups of people to give interventions to the identified RH problems.

- MOH should do to create and increase awareness of beggar women about RH service delivery using different strategies like urban health extension program to address those people.

- Further research using qualitative or mixed approach would also be helpful in assessing specific RH issues and associated factors of RH service utilization among women beggars.

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11. Annexes

11.1 Annex 1 Structured questionnaire English version

Name of the area _____
Questionnaire identification no. _____
Address of the client: _____

Introduction: How are you? My name is _____. I am a data collector for the thesis conducted by a student at Addis Ababa College of Health Sciences on reproductive health problem of beggar women in reproductive age and associated factors in Addis Ababa city. I would like to inform you that you are chosen to be interviewed. Before we go to the interview, I will request you to listen carefully to what I am going to read to you about the purpose and general condition of the study and tell me whether you agree or disagree to participate in this study.

Consent Form

The purpose of this study is to improve reproductive health of women beggars. The study will be conducted through interviews. The interview will only take about 15-20 minutes of your time. At the end, it is hoped that the information you give us could help to improve the reproductive health status. The interview involves private life questions. I would like to assure you that this privacy should strictly be kept confidential. A code number will identify every participant and no name will be used. The interview is voluntary and there will not be any incentives. You have the right to respond or not respond to the all or some questions. You can also stop the interview in between if you are not interested. Your participation or non-participation, or refusal to respond to the questions will have no effect now or in the future on services that you or any member of your family may receive from service providers.

Are you willing to participate in this study?

1. Yes 2. No

Thank you!!

If the study subject agrees to participate in the study, start the interview. Interviewer signature certifying that informed consent has been given verbally by the respondent.

Name _____ Signature _____Date _____

Part I

Socio-demographic characteristics

Instruction: Ask the following questions then circle their answer on the options column if it is a choice question or write their answer on the blank space if it is an open ended question.

Q.No	Variables	Code	Skip
1	Age in complete years	_____	
2	Religion	Orthodox Christian----------A Muslim----------B Protestant----------C Catholic----------D No religion ---------- EOther _____F	
3	Ethnicity	Amhara----------A Oromo----------B Tigre----------C Gurage----------D Other _____E	
4	Marital Status	Single ----------A Married----------B Divorced----------C Separated ----------D Widow----------E Other _____ F	
5	Educational status	Illiterate ----------A Read and write----------B Primary (Grade 1-8)----------C Secondary (Grade 9-12)---------D Tertiary----------E	
6	Do you have any disability or chronic illness?	Blindness----------A Deaf----------B Other physical impairment----------C Chronic illness----------D No disability or chronic illness-----E	
7	What do you do for living? (multiple answer can be possible)	Only begging ----------A Student----------B Daily Labourer----------C House wife----------D Other ----------E	
8	On average how much do you earn per day?	----------ETB	
9	Where do you live?	On the street ----------A Small rented house ----------B Plastic shelter ----------C Live near to somebody----------D Church/mosque----------E Others specify----------F	

10	What was your main reason to be a beggar?	Unemployment ----------A Disability ----------B Chronic illness ----------C Death of family partner----------D Displacement----------E Other---------- ----------F	
Part-2 Pregnancy and Contraception			
11	Have you heard of contraceptives – a method that people use to avoid or delay pregnancy?	Yes----------A No----------B → 18	
12	Have you ever used modern contraceptives to delay or avoid pregnancy?	Yes ---------- No----------	
13	If yes what type? (more than one answer is possible)	Oral contraceptive pills----------A Condom ----------B Injectable----------C IUDs ----------D Norplant----------E other(specify)---------- F	
14	If no, what were the reasons? (More than one answer is possible)	I am unmarried and not sexually active. ----------A Want to have children ----------B Husband/partner opposed ----------C Lack of knowledge about contraceptives. ----------D Difficult to obtain contraceptives ----E Method was expensive ----------F Fear of side effects----------G Others, specify----------H	
15	Are you currently using contraceptive?	Yes----------A No----------B	
16	If yes what type?	Oral contraceptive pills----------A Condom ----------B Injectable----------C IUDs ----------D Norplant----------E other(specify)---------- F	
17	Where do you get family planning service?	Government heath centre ----------A Government hospital----------B Private clinic ----------C Private hospital----------D Pharmacy----------E other(specify)----------F	
18	Have you ever been raped without your consent?	Yes----------A No----------B	
19	How old were you when you had the first sex or rape?	Age ----------years ----------A Don't know/ remember----------B	

20	Have you ever been pregnant?	Yes ----------A No ----------B	→ 35
21	If yes, how many times have you been pregnant? (Enter number)	----------times	
22	How old were you when you first became pregnant? (Enter number)	Age ----------years ----------A Don't know/ remember ----------B	
23	If you have been pregnant, were all your pregnancies wanted?	Yes ----------A No ----------B	→26
24	If no, which pregnancy was unwanted?	The first ----------A The second ----------B The third ----------C The fourth ----------D All were unwanted ----------E	
25	If no, how did you become pregnant?	Coercion (rape)----------A I did not use contraceptive method ----------B Didn't think of it ----------C Other, specify_____ D	
26	Did you have ANC follow up for your last pregnancy?	yes---------- No	→28
27	For Q.No22 if your answer is no what were your reason?	I don't know its advantage ----------A I don't know where I get the service---B Services is costly----------C Other----------D	
28	Have you ever had abortion?	Yes ----------A No ----------B	→31
29	If yes, how many times did you had abortion?	----------times	
30	Where did you abort the last abortion?	At public health institution ----------A At private clinic ----------B At abortionist's house ----------C I have induced it myself by ingesting different drugs ----------D Others, specify ----------E	
31	Do you have children?	Yes----------A No ----------B	→35
32	Q-29 if yes, how many children?	----------	
33	Where was your last child delivered?	Home----------A On street ----------B Health institution ----------C At traditional birth attendant house--D Other----------E	
34	Why did not you deliver in a health facility?(if delivery isn't in health facility)	Too much cost----------A Too far facility----------B No support from husband or family---C I donot know use of delivering in health facility ----------D 0ther----------E	
Part-3 Sexually Transmitted Infections and Condom use			
35	Have you ever had bad smellingvaginal	Yes----------	

	discharge or lower abdominal pain?	No----------	→ 37
36	If yes what did you, do first when you hadbad smelling vaginal discharge or lower abdominal pain?	I did nothing ----------A Went to traditional healer ----------B Went to pharmacy----------C Went to public health institution ----D Went to private health institution ----E Others, specify ----------F	
37	Do you know your HIV status?	If yes your status---------- No----------	
38	Have you ever used condom?	Yes ----------A No----------B	
39	If no, please give the reasons	Not available ----------A Too expensive ----------B Partner objected ----------C We don't like them ----------D Used other contraceptives ----------E Did not think it was necessary--------F Others, specify----------G	
Part 4 Attitudes and believes towards selected issues of Reproductive health services			
40	Do you think you can avoid unwanted pregnancy?	Yes ----------A No ----------B	
41	Q 33,if no why	Because it is difficult to get contraceptives ----------A Contraceptives are costly ----------B I have no information about contraceptives ----------C other----------D	
42	Do you think that it is easy or difficult for women beggars to obtain contraceptives or condom?	Easy ----------A Difficult ----------B Don't know ----------C	
43	If difficult why?	Lack of money to buy ----------A Difficult to find ----------B Distribution places are inconvenient for them ----------C Too far to find ----------D Expensive to buy ----------E Others, specify. ----------F	
44	Do you think women beggars can prevent STI?	Yes ----------A No ----------B	
Part 5 Reproductive health information			
45	What is your source of information concerning RH issues?	Friends /peers ----------A Mass media ----------B Partner/ husband----------C Religious leaders ----------D Health professionals ---------- E Others, specify----------F	
46	Do you have information aboutwhereyoueasily(free) access family planning, ANC and delivery services?	Yes ----------A No ----------B	

47	Whom do you ask or get information when you encounter RH problem? (E.g rape	Friend ----------A Health professional ----------B Member of family ----------C Nobody ----------D Other, specify ----------E	
Part 6: Health service utilization.			
48	Have you visited a health Institution in the last 3 months?	Yes ----------A No ----------B → 52	
49	Q-45if yes which health institution?	Government heath centre ----------A Government hospital ----------B Private clinic ----------C Private hospital ----------D Pharmacy ----------E Other(specify) ----------F	
50	What was your reason to prefer this health institution?	It is not far ----------A Low cost service/free service ----------B Effectiveness of treatment ----------C I have relatives there ----------D Health workers have good approach to me----------E Other ----------F	
51	For what service do you went there?	To get treatment for my illness --------A To get contraceptive ----------B For abortion service ----------C For ANC follow up ----------D To get counselling service on RH issues ----------E Other----------F	
52	What are the main obstacles do you think that prevent women beggars from getting RH services in health institutions?	Too far health institutions ----------A Too expensive services ----------B Providers fail to keep privacy and confidentiality ----------C Poor handling and scolding by health workers ----------E Too much waiting time to get the service ----------F Social stigma to beggars----------G Others, specify----------H	

11.2 Annex 2 Amharic versions

መጠየቅ

የአካባቢ ስም----------

የመጠይቅ መለያ ቁጥር----------

ማስተዋወቂያ

ጤና ይስጥልኝ _____ እባላለሁ፡፡ በአዲስ አበባ ዩኒቨርሲቲ የህብረተሰብ ጤና ሳይንስ ተማሪ ስሆን በአዲስ አበባ ከተማ በልመና የሚተዳደሩ ሴቶች የሚያጋጥማቸው የስነ ተዋልዶ ጤና ችግሮች እና ተያያዥ ምክንያቶቻቸው ላይ ለሚሰራ ጥናት መረጃ ሰብሳኒ ነኝ፡፡ እርሶም የቃለመጠይቅ ተሳታፊ ሲሆኑ ወደ ቃለመጠይቁ ከመሄዳችን በፊት ከዚህ ቀጥሎ ስለ ጥናቱ አላማ እና ጠቅለል ያሉ መረጃችን የማነብሎት ስለሆነ በጥሞና ካዳመጡ በኋላ ጥናቱ ላይ ለመሳተፍ ፈቃደኛ መሆን አለመሆንዎን ይገልፀኛል፡፡

<u>ፈቃደኛነትን መጠየቅና ቅፅ</u>

የዚህ ጥናት አላማ በአዲስ አበባ ከተማ ውስጥ በልመና የሚተዳደሩ እድሜያቸው ከ15 እስከ 49 የሆኑ ሴቶችን የስነ ተዋልዶ ጤሃ ማሻሻል ነው፡፡

ጥናቱ የሚሰበሰበው በቃለ መጠይቅ ይሆናል፡፡ ቃለ መጠይቁ የሚወስደው ጊዜ ከ15 እስከ 20 ደቂያ ይሆናል፡፡ እርስዎ የሚሰጡት መረጃ በጥናቱ ቃለመጠይቁ የግል ህይወት ጥያቄዎችን ያካትታል፡፡ ይህ የሚሰጡት መረጃ በሚስጥር እንደሚጠበቅ ለረጋግጥልዎት እወዳለሁ፡፡ እያንዳንዱ ተሳታፊ በሚስጥር ቁጥር ይለያል ስም አይጠቀስም፡፡ ቃለመጠይቁ በፈቃደኝነት ላይ የተመጠረተ ሲሆን ምንም አይነት ድጎማ የለውም ጥያቄዎቹን ሙሉ በሙሉም ሆነ በከፊል የመመለስ መብት አሎት እንዲሁም ካልተመቾዎት በመሀል ቃለመጠይቁን ማቆም ይችላሉ፡፡ የርስዎ ተሳትፎ ወይም ያለመሳተፍ ወይም ለመሳተፍ ያለመስማማትዎ አሁንም ሆነ ወደፊት እርሶም ሆነ ቤተሰብዎ በሚያገኙት አገልግሎት ላይ የሚያመጣው ጉዳት አይኖርም፡፡

በጥናቱ ላይ ለመሳተፍ ፈቃደኛ ኖት?

ሀ) አዎ ለ) አይደለሁም

አመሰግናለሁ

ተሳታፊው የቃለ ፈቃደኝነቱን መስጠቱን የሚረጋግጥ የጠያቂው ፊርማ

ስም _____ ፊርማ _____ ቀን _____

ክፍል-ነ

ማህበሪዊ እና ዲሞግራፊያዊ ጥያቄዎች

መመሪያ፡ የሚከተሉትን ጥያቄዎች ከጠየቁ በኋላ ምርጫ ለቀረበላቸው ጥያቄዎች መልሳቸውን ያክብቡ ምርጫ ላቀረበላቸው ጥያቄዎች በተሰጠው ክፍት ቦታ ላይ መልሱን ይፃፍ፡፡

ተ.ቁ	ጥያቄዎች	አማራጭ	እለፍ
ነ	እድሜ	----------	
2	የጋብቻ ሁኔታ	ሀ. ያላገባ ለ. ያገባ ሐ. የፈታ መ. የተለያየ ሠ. ባል የሞተባት	
3	ሃይማኖት	ሀ. ኦርቶዶክስ ለ. ሙስሊም ሐ. ፕሮቴስታንት መ. ካቶሊክ ሠ. ሌላ————————————	
4	ብሔር	ሀ. አማራ ለ. ኦሮሞ ሐ. ትግሬ መ. ጉራጌ ሠ. ሌላ————————	
5	የትምህርት ደረጃ	ሀ. ያልተማረ ለ. መጻፍና ማንበብ ሐ. መጀመሪያ ደረጃ (ነ-8) መ. ሁለተኛ ደረጃ (9-12) ሠ. ሶስተኛ ደረጃ (ዲፕልማ እና ከዛ በላይ)	
6	የአካል ጉዳት ወይም ረጅም ጊዜ የቆየ በሽታ አለብሽ	ሀ. ያለማየት ችግር ለ. ያለመስማት ችግር ሐ. ሌላ የአካል ጉዳት መ. የቆየ ሕመም (chronic illness) ሠ. ምንም የአካል ጉዳት ወይም የቆየ ህመም የለኝም	
7	ከልመና በተጨማሪ የሚሰሩት ስራ ካለ (ከአንድ በላይ መስጠት ይችላሉ)	ሀ. ልመና ብቻ ለ .መማር ሐ .የቀን ሰራተኛ(ተመላላሽ ሰራተኛ) መ. የቤት እመቤት ሠ. ሌላ ----------	
8.	በአማካኝ በቀን ምንያህል ገቢ ታገኛለሽ	----------	
9.	የት ነው የምትኖሪው	ሀ. በመንገድ ላይ ለ. ት ንሽ ቤት ተከራይቼ ሐ . በፕላስቲክ የተሸፈነ መጠለያ ውስጥ መ. ከቤተ ሰብ ጋር ሠ. ቤተክርስቲያን ወይም መስጊድ በር ላይ ረ. ሰው ጋር ተጠግቼ ሰ. ሌላ----------	

10.	ወደ ልመና እንትወጪ ያደረገሽ ምክንያት ምንድነው ?	ሀ. ስራ ማጣት ለ. የአካል ጉዳተኛ መሆኔ ሐ. ታማሚ መሆኔ መ. የሚረዳኝ የቤተሰብ አባል በመሞቱ ሠ. ከነበርኩበት ቦታ ለቅቄ መምጣቴ ረ. .ሌላ	
ክፍል 2 የወሊድ መቆጣጠሪያ እና እርግዝናን በተመለከተ			
11	ሰለ ወሊድ መቆጣጠሪያ ሰምተሽ ታውቂያለሽ(ሰለ እርግዝና መከላከያ ወይም ማዘግያ መንገድ)	ሀ. አዎ ለ. አላውቅም ---------- → 18	
12	የወሊድ መቆጣጠሪያ ተጠቅመሽ ታውቂያለሽ	ሀ. አዎ ለ. አላውቅም ----------	
13	ለተ.ቁ 12 መልስሽ አዎ ከሆነ የትኛውን የወሊድ መቆጣጠሪያ ተጠቀምሽ (ከአንድ በላይ መስጠት ይቻላል)	ሀ. የወሊድ መቆጣጠሪያ አንክብል ለ. ኮንዶም ሐ. መርፌ መ. ሉፕ ሠ. በክንድ የሚቀበር የወሊድ መቆጣጠሪያ ረ. ሌላ ----------	
14	ለተ.ቁ 12 መልስሽ ተጠቅሜ አላውቅም ከሆነ ምክንያትሽ ምን ነበር ?	ሀ. ስላላገባሁ/ ጓደኛ ስለሌለኝ ለ. መውለድ ስለምፈልግ ሐ. ባሌ ስለሚቃወመኝ መ. ስለ ወሊድ መቆጣጠሪያ በቂ እውቀት ስለሌለኝ ሠ. በቀላሉ ስለማላገኝ ረ. ውድ ስለሆነ ሰ. የጎንዮሽ ጉዳቱን ፈርቼ ሸ. ሌላ----------	
15	አሁን የወሊድ መቆጣጠሪያ ትጠቀሚያለሽ	ሀ. አዎ ለ. አልጠቀምም → 18	
16	ለተ.ቁ 15 መልስሽ አዎ ከሆነ የትኛውን የወሊድ መቆጣጠሪያ	ሀ. የወሊድ መቆጣጠሪያ አንክብል ለ. ኮንዶም ሐ. መርፌ መ. ሉፕ ሠ. በክንድ የሚቀበር የወሊድ መቆጣጠሪያ ረ. ሌላ ----------	
17	የቤተሰብ ምጣኔ አግልግሎት የት ነው የምታገኝው ?	ሀ. በመንግስት ጤና ጣቢያ ለ. በመንግስት ሆስፒታል ሐ. የግል ክሊኒክ መ. የግል ሆስፒታል ሠ. ፋርማሲ ረ. ሌላ----------	
18	ተግዶ የመደፈር አደጋ አጋጥሞሽ ያውቃል?	ሀ. አዎ ለ. አያውቅም	
19	ለመጀመሪያ ጊዜ የግብረስጋ ግንኙነት ያደረግሽው በስንት አመትሽ ነበር	ሀ. .....አመቴ ለ. አላውቅም ወይም አላስታውስም	

20	ከአሁን በፊት አርግዘሽ ታውቂያለሽ	ሀ. አዎ ለ. አላውቅም ----------	→ 33
21	ስንት ጊዜ አርግዘሽ ታውቂያለሽ በቁጥር ይገለፅ	----------	
22	የመጀመሪያ እርግዝናሽ በስንት አመትሽ ነበር ?	---------- አላውቅም አላስታውስም	
23	አርግዘሽ የምታውቂ ከሆነ እርግዝናሽ በእቅድ (በፍላጎት) የተመሠረተ ነበር ?	ሀ. አዎ ---------- ለ. አይደለም	→ 25
24	ለተ.ቁ 21 አይደለም ከሆነ የትኛው እርግዝናሽ ነበር ያልተፈለገው	ሀ. የመጀመሪያው ለ. ሁለተኛው ሐ. ሶስተኛው መ. አራተኛው ሠ. ሁሉም ያልተፈለጉ ናቸው	
25	ያልተፈለገ እርግዝና ያጋጠመሽ በምን ምክንያት ነበር ?	ሀ. በመደፈር ለ. የወሊድ መቆጣጠሪያ በማጣቴ(ባለመጠቀሜ) ሐ. የወሊድ መቆጣጠሪያ በትክክል አላውቅም መ. ሳላስብበት ቀርቼ ሠ. ሌላ	
26	በመጨረሻው እርግዝናሽ ጊዜ የወሊድ ክትትል ታደርጊ ነበር?	ሀ. አዎ ---------- ለ. የለም	→ 26
27	ለተ.ቁ 24 መልስሽ የለኝም ነበር ከሆነ ምክንያትሽ ምን ነበር?	ሀ. የእርግዝና ክትትል ጥቅም ስለማላውቅ ለ. የእርግዝና ክትትልን የት እንደሚሰጥ ስለማላውቅ ሐ. አገልግሎት ውድ ሰለሆነ መ. ሌላ----------	
28	ፅንስ አቋርጠሽ (አስወርደሽ) ታውቂያለሽ	ሀ. አዎ ለ. አላውቅም ----------	→ 29
29	ለተ.ቁ 26 መልስሽ አዎ ከሆነ የት ነበር ፅንስ ያቋረጥሽው ?	ሀ. በመንግስት ጤና ተቋም ለ. ጤና ተቋም መ. በባህል ሀኪም ሠ. በራሴ መድሐኒት በመውሰድ ረ. ሌላ ----------	
30	ለተ.ቁ 24 መልስሽ አዎ ከሆነ ስንት ጊዜ አቋርጠሽ ታውቂያለሽ	---------- ጊዜ	
31	ልጆች አሉሽ	ሀ. አዎ ለ. የሉኝም ----------	→ 35
32	ለተ.ቁ 29 አዎ ከሆነ ስንት ልጆች አሉሽ	----------	
33	የመጨረሻ ልጅሽን የት ነበር የወለድሽው	ሀ. እቤት ውስጥ ለ. በመንገድ ላይ ሐ. በጤና ተቋም መ. የባህል አዋላጅ ቤት ሠ. ሌላ----------	
34	በጤና ተቋም መውለድ ያልቻልሽው ለምንድነው(የወለደችው በጤና ተቋም ካልሆነ)	ሀ. አገልግሎቱ ወድ ስለሆነ ለ. ጤናተቋሙ ርቀት ስላለው ሐ. የቤተሰብ (የባለቤት) እገዛ ስላልነበረ መ. ጤና ተቋም የመውለድን ጥቅም ስለማላውቅ ሠ. ሌላ.....	
ክፍል 3 የአባላዘር በሽታ እና የኮንዶም አጠቃቀምን በተመለከተ			

35	መጥገፎ ጠረን ያለው ከማህፀን የሚወጣ ፈሳሽ ኖሮሽ ያውቃል?	ሀ. አዎ ለ. አላውቅም ---------- → 37	
36	ለተ.ቁ 30 መልስሽ አዎ ከሆነ ምን እርምጃ ወሰድሽ	ሀ. ምንም አላረኩም ለ. የባህል ህክምና ሄድኩ ሐ. ከፋርማሲ መድሐኒት ገዛሁ መ. የመንግስት ጤና ተቋም ሄድኩ ሠ. የግል ጤና ተቋም ሄድኩ	
37	HIV ተመርምረሽ ታውቂያለሽ	ሀ. አዎ ---------- ለ. አላውቅም	
38	ኮንዶም ተጠቅመሽ ታውቂያለሽ	ሀ. አዎ → 40 ለ. አላውቅም	
39	ለተ.ቁ 32 መልስሽ አላውቅም ከሆነ ምክንያትሽ ምንድነው?	ሀ. ስለማላገኝ ለ. ውድ ስለሆነ ሐ. ባሌ (ጓደኛዬ) ስለማይፈልግ መ. ሌላ የወሊድ መቆጣጠሪያ ስለምጠቀም ሠ. አስፈላጊ ስለማይመስለኝ ረ. ሌላ ----------	
ክፍል 4 የተለያዩ የስነ ተዋልዶ ጤና አግልግሎቶች ላይ ያለ አመለካከት እና እምነት			
40	ያልታቀደ (ያልተፈለገ) እርግዝና እንዳይከሰት ማድረግ የሚቻል ይመስልሻል?	ሀ.አዎ ---------- → 42 ለ.አይቻልም	
41	ለተ.ቁ 37 መልስሽ አይቻልም ከሆነ ምክንያትሽ ምንድነው ?	ሀ. የወሊድ መቆጣጠሪያ ለማግኘት ስለሚከብድ ለ. የወሊድ መቆጣጠሪያ ውድ ስለሆነ ሐ. ስለወሊድ መቆጣጠሪያ በቂ አውቀት ስለሌለኝ መ. ሌላ ----------	
42	በልመና ለሚተዳደሩ ሴቶች የወሊድ መቆጣጠሪያ እንዲሁም ኮንዶም ማግኘት ቀላል ነው ወይስ ከባድ ነው ብለሽ ታስቢያለሽ ?	ሀ. ቀላል ለ. ከባድ ሐ. አላውቅም	
43	ለተ.ቁ 39 መልስሽ ከባድ ነው ከሆነ ምክንያትሽ ምንድነው	ሀ. የወሊድ መቆጣጠሪያ ለመግዛት ብር ስለሌለኝ ለ. የወሊድ መቆጣጠሪያ ማግኘት ስለሚከብድ ሐ. አገልግሎት የሚሰጥበት ቦታ ምቹ አለመሆን መ. አገልግሎት የሚሰጥበት ቦታ ርቀት ሠ. አገልግሎት የሚሰጥበት ውድ መሆን ረ. ሌላ----------	
44	በልመና ላይ ያሉ ሴቶች የአባላዘር በሽታን መከላከል የሚችሉ ይመስልሻል?	ሀ. አዎ ለ. አይችሉም	
ክፍል 5 የስነተዋልዶ ጤና መረጃዎችን በተመለከተ			
45	በተለያዩ የሥነተዋለውዶ ጤና ጉዳዮች ዙርያ መረጃ የምታገኚው ከየት ነው ?	ሀ. ከጓደኞቼ ለ. ከሚድያ ሐ. ከባሌ (ከጓደኛዬ) መ. ከሃይማኖት መሪዎች ሠ. ከጤና ባለሙያዎች ረ. ሌላ----------	
46	አንዳንድ የስነተዋልዶ ጤና አገልግሎት (ቤተሰብ ምጣኔ፣ ነፍሰ ጡር ክትትል፣ ወሊድን በቀላሉ (በነፃ) የት እንደምታገኚ መረጃው አለሽ?	ሀ. አዎ ለ. የለኝም	

47	የሥነ ተዋልዶ ጤና ችግር ሲያጋጥምሽ መረጃ የምታገኝው ከማን ነው?	ሀ. ከጓደኞቼ ለ. ከጤና ባለሙያ መ. ከቤተሰብ ሠ. ከማንም ረ. ሌላ	
ክፍል 6- የሥነተዋልዶ ጤና አፈገልግሎቶችን ከመጠቀም አንፃር			
48	ባለፈው 3 ወር ውስጥ ወደ ጤና ተቋም ሄደሽ ነበር	ሀ. አዎ ለ. አልሄድኩም---------- → 52	
49	ለተ.ቁ 42 መልሰሽ አዎ ከሆነ የትኛው ጤና ተቋም ሄደሽ	ሀ. የመንግስት.ጤና ጣቢያ ለ. የመንግስት ሆስፒታል ሐ. የግል ክሊኒክ መ. የግልሆስፒታል ሠ. ሌላ ----------	
50	ይህን ጤና ተቋም እንድትመርጪ ያደረገሽ ምንድነው?	ሀ. ቅርብ ስለሆነ ለ. በነፃ (በትንሽ ዋጋ) አግልግሎት ስለማገኝ ሐ. ህክምናው ለውጥ ስለሚያመጣልኝ መ. ዘመድ እዛ ስላለኝ ሠ. የጤና ባለሙያዎቹ አቀራረብ ጥሩ ስለሆነ ረ. ሌላ----------	
5ነ	ለምን አገልግሎት ነበረ ወደ ተቋሙ የሄድሽዉ?	ሀ. አሞኝ ለመታከም ለ. የወሊድ መቆጣጠሪያ ለመውሰድ ሐ. ፅንስ ለማቋረጥ ሠ. እርግዝና ክትትል ለማድረግ ረ. በስነተዋልዶ ጤና ዙሪያ የምክር አገልግሎት ለማግኘት ሸ. ሌላ.....	
52	በልመና ላይ ያሉ ሴቶች የስነ ተዋልዶ ጤና አግልግሎት እንዳያገኙ የሚያደርጓቸው ምክንያቶች ምን ይመስሉሻል	ሀ. የጤና ተቋማት በቅርቡ ያለመኖር ለ. የአገልግሎት ውድነት ሐ. የጤና ባለሙያዎች ጥሩ ያልሆነ አቀባበል መ. ለረጅም ሰዓት ወረፋ መጠበቅ ሠ. ከማህበረ ሰቡ መገለል ረ. ሌላ ----------	