



ADDIS ABABA UNIVERSIT
COLLEGE OF HEALTH SCIENCES
SCHOOL OF PUBLIC HEALTH

**AWEARNESS ATTITUDE OF REPRODUCTIVE AGE WOMEN ABOUT
ETHIOPIAN ABORTION LAW AND SERVICE UTILIZATION. LIDETA
SUB CITY, ADDIS ABABA ETHIOPIA**

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Table of content

Table of Contents

Table of content	iii
List of acronyms	v
List of tables & figures	vi
List of figures.....	vii
Abstract.....	viii
1.1 Back Ground.....	1
1.2 Statement of the problem.....	2
1.3 Significance of the study.....	4
2. Literature review.....	5
3. Objectives	13
3.1 General Objective	13
3.2 Specific Objectives	13
4. Methodology	14
4.1 Study area and period.....	14
4.2. Study design.....	14
4.3 Source population	14
4.4 Study population	14
4.5 Inclusion and exclusion criteria	14
4.5.1. Inclusion criteria	14
4.5.2. Exclusion criteria	14
4.6 sample size calculation and sampling procedure	15
4.6.1 Sample size calculation.....	15
4.7 Data collection procedure and quality control	17
4.7.1 Quantitative study	17
4.7.2 Qualitative study	17
4.8.1 Quantitative study	18
4.8.2 Qualitative study	18
4.9 variables	18
4.9.1 Dependent variables.....	18

5. Ethical consideration.....	20
6. Dissemination of result	20
7. Result	21
8. Discussion.....	38
9. Strength and limitation.....	41
10. Conclusion	41
11. Recommendation	42
12. Reference	43
Annex 2 English version questionnaire	48
Annex. 4 Information sheet and consent form for 15-49 years of women Amharic version.....	60
Annex. 5 Amharic version questionner.....	62
Annex 7. In depth interview guide with client Amharic version	74

List of acronyms

AAU	Addis Ababa University
AARHB	Addis Ababa Regional Health Bureau
AOR	Adjusted odds ratio
BSC	Bachelor of Science
CAC	Comprehensive abortion care
CI	Confidence interval
COR	Crude odds ratio
EC	Emergency contraceptive
EDHS	Ethiopian Demographic and Health Survey
FMOH	Federal Ministry of Health
HEWs	Health extension workers
MOH	Ministry of health
OR	Odds ratio
SAC	Safe abortion care
SD	Standard deviation
SRHR	sexual and Reproductive Health and Rights
SPH	School of Public Health
WHO	World Health Organization

List of tables & figures

List of tables

Table 1. Socio-demographic characteristics of the respondent's Lideta sub city 2016.-----	21
Table 2. Attitude towards on the precondition which permit legal abortion among reproductive age women lideta sub-city, Ethiopia, 2016. -----	26
Table 3. Reproductive history of the respondent, 2016-----	27
Table 4. Factors contributing to awareness and attitude towards Ethiopian abortion law among women of reproductive age women in Lideta sub-city 2016 -----	30
Table 6. Theme, categories and codes identified from the qualitative data, 2016 -----	34

List of figures

Figure 1. Conceptual frame work -----	12
Figure 2 . Schematic presentation of sampling procedure-----	16
Figure 3 .Knowledge t o E thiopian a bortion l aw C riteria t o i nduce a bortion a mong w omen of reproductive age at lideta sub-city Addis Ababa, 2016 .-----	24
Figure 4. Source of information about Ethiopian abortion law ,2016 -----	25

Abstract

Back ground: Maternal mortality caused by unsafe abortion is a critical public health problem and a quiet pandemic. Worldwide 22 million unsafe abortions occur annually which result in 68,000 deaths of women, moreover millions suffer permanent complications. Almost 97% of unsafe abortion took place in developing countries. Unsafe abortion contributes 10 % of maternal death in Ethiopia. Awareness on the law leads women to utilize safe services, but it is common to misperceive the particulars of the law, which lead women to unsafe abortion and financial abuse. The abortion law has been in place on the penal code for the last 10 years. Despite the formulation of the law, nothing is known about the awareness, attitude and service utilization by women of reproductive age in Lideta sub city.

Objective: The aim of this study is to assess the awareness, attitude of reproductive age women on the safe abortion law and abortion service utilization in Lideta sub city, Addis Ababa, Ethiopia.

Methods: Community based cross-sectional study design of quantitative & qualitative methods was conducted among 633 reproductive age women in three woredas of Lideta sub city by using a pre tested structured interviewer administered questionnaire. Multi stage cluster sampling method was used to select three woreda and ketena. Data were entered in to EPI info version 7.0, and STATA 12.1 statistical software for analysis. To see the association between independent and dependent variables bivariate and multivariate logistic regression analysis were used. Qualitative data was audio taped, transcribed, translated, and by open cod software coded and categorized then thematic analysis was done to get result.

Result: - 594 women participate and making the response rate of 93.8%. Generally 120 ((20.2%) participants have awareness on pre condition that permit legal abortion, and more than half, 323 (54.3 %) of the total 594 study participants were found to have negative attitude towards the law. being government employee [AOR 2.7 95% CI (1.2-6.2)], attaining technical level of schooling [AOR 3, 95% CI (1.5-6.0)] were significantly associate with women's awareness on abortion law. Knowledge on complications of unsafe abortion [AOR 2.5, 95% CI (1.6-4.0)], awareness on Ethiopian abortion law [AOR 2.8, 95% CI (1.7-4.6)], attaining higher educational level [AOR 3.8, 95% CI (2.0-7.2)] were significantly associate with women's attitude towards the

law. Lacks of money, lack of awareness on the law and service availability, stigma were the major reasons raised by participants not to utilize abortion service by qualitative study.

Conclusion and recommendation: Awareness and positive attitude towards abortion law was low and women who were unaware about the law would not utilize abortion service. So that stakeholders like Addis Ababa city administration health bureau, health extension professionals, health facility should work jointly to create awareness in the community

Introduction

1.1 Back Ground

World health organization defines unsafe abortion as a procedure for terminating an unintended pregnancy carried out either by persons lacking the necessary skills or in an environment that does not conform to minimal medical standards, or both (1).

Conditions which defining unsafe practice or lack of minimal standards include some or all of the following: absence of pre-abortion counseling, induction by an unskilled provider, procedures undertaken in unhygienic conditions, ingestion of traditional medication or hazardous substances, use of physical devices or incorrect prescription of medication with inadequate instructions for use and no follow-up, lack of immediate intervention if severe bleeding or other emergency develops during the procedure, failure to provide post abortion check up and care. It's extremely a safe procedure when it fulfill the above condition (2).

Women's human rights allows them to get safe and legal abortion, it is also retained and circumscribed by various international agreement. For assuring women's human rights and preventing death of numerous women due to unsafe abortion; changing restricted law into liberal, spending on safe abortion service is a crucial manner (3).

Ethiopia set national reproductive health strategy to meet the reproductive and sexual health needs of the population at 2006 (4). Sexual and reproductive health rights concern with individual right mainly on the right of their sexual activity and reproduction. It includes reproductive health service, such as safe abortion and post abortion care. It have a great economic benefit, it save life, empowers women, reduced health care costs, improve productivity and also guide to a major economic growth for the nations as a whole (5).

Although Ethiopia has modified abortion law on 2005. Termination of pregnancy permitted by Article 551 of the penal Code of the FDRE were depending on the following circumstances such as :- if pregnancy is a result of rape or incest; or, if pregnancy endangered the health of the mother or, if the birth of the child is a risk to the life or health of the mother or the fetus an incurable and serious deformity, if the pregnant mother have physical or mental disability, if the mother is under age and unfit physically or mentally to birth of the child (6).

1.2 Statement of the problem

Maternal mortality caused by unsafe abortion is a critical public health problem and a quiet pandemic. Worldwide 22 million unsafe abortion occurs annually which result in 68,000 deaths of women, moreover millions suffer permanent complication. Almost 97% of unsafe abortion took place in developing countries, As a result a woman die every eight minute due to complication. Also unsafe abortion contributes 14% of maternal death in Africa (2, 7, 8). Even though significant progress was seen on the availability of simple, safe and effective technologies and skills for induced abortion, unsafe abortion persist to happen (9).

Unsafe abortion has Complication of post abortion sepsis, hemorrhage, genital trauma, infertility and deaths. A recent study estimates that every year in developing countries 5 million women are admitted to hospital as a result of unsafe abortion (10). Alongside the complication, a significant financial burden on the health care system of developing countries were due to medical treatment of unsafe abortion. According to the 2009 study annual minimum cost of post abortion care was 341 million U SD. Scarce public health facility will split material, professionals, financial resource of health care setting, in return compromising other services. Beside the health care system burden, the mother will face major physiological, financial, and emotional cost. The indirect cost of unsafe abortion are, loss of productivity, raise economical burden, and if the mother die it will have a negative consequence on the family including the health and learning activity of the children (7, 10).

Ethiopia has high number of maternal mortality with a ratio of 353 deaths per 100 000 live births, and unsafe abortion was estimated to account for 10% of all maternal deaths (11, 12). Annually 382,500 induced abortions were performed in Ethiopia among 15-49 age groups which were 23 abortions per 1000 women. Higher rate (49 per 1000 women) was seen in Addis than the national in 2008 (13). Also an estimated 620,296 induced abortion occurred annually in Ethiopia which had a rate of 28 abortions per 1,000 women, in the age group of 15-49. The abortion rate still high in Addis Ababa. Abortion service utilization reached 53% and the rest (47%) of abortion took place outside the health facility in Ethiopia in 2014 (14).

To reduce maternal mortality due to unsafe abortion Ethiopian government took a major step by revising the law, the penal code of the FDRE Article 551 allows safe abortion under certain circumstances (6). Also Ethiopian health extension program of adolescent give emphasis and stated that the youth should receive appropriate information and education on reproductive health ,illegal abortion, HIV/AIDS and other sexually transmitted diseases (15) .Despite the fact that in the presences of the law, almost six in 10 abortions in Ethiopia are done under unsafe condition (13).Awareness on the law leads women to utilize safe services, but awareness is usually poor though in countries which have a liberal law for a long time . Moreover it is common to misperceive the details of the law which lead women to unsafe abortion and financial abuse (7).

Awareness, attitude on the revised abortion law and service utilization at the community level is not well known, and there are very few study conducted mostly on awareness in our country, and almost all of them conducted on students and at health facility level. Therefore this study will try to narrow the knowledge gap by answering the following research questions: -

- What are level of awareness of women of reproductive age on the revised abortion law
- What is their attitude towards the law
- What is their level of service utilization
- What are the factors that affect knowledge, attitude to the law and service utilization of women reproductive age group

1.3 Significance of the study

Global commitment have been made to reduce unsafe abortion, around one hundred seventy nine governments signed the International Conference on Population and Development Program of Action (ICPD), which was held in Cairo (Egypt) in 1994,for indicating their commitment to prevent unsafe abortion. A result of this important goal leads more than 30countries worldwide to liberalize their abortion law (3).

Ethiopian also achieves a remarkable improvement on the penal code which allows abortion under certain circumstances. (6). In the presence of the laws till there is a major gap in its execution like weak diffusion of information among the community. Women have main misconception particularly about the law and reproductive health right; most of them regularly choose to exploit unsafe procedure (16).

Beside the revised abortion law, a major effort will be awaited to improve safe abortion service utilization by increasing awareness among women's, especially for adolescents and reproductive age groups. So that this study will be used as a platform to give direction for policy makers and program managers in awareness creation and improving abortion service providing process.

2. Literature review

Evidence was seen in different countries that, making abortion law liberal will significantly lower maternal mortality and morbidity due to unsafe abortion, however liberal abortion law by itself doesn't make women to get safe abortion service. Provider and public awareness of the law are fundamental to utilize safe service (17).

Awareness on the abortion law

Insignificant knowledge of a bortion l aw w as revealed o n a community survey in Ghana. Regarding the legality of abortion women said it is legal, illegal; do not know in 3%, 43%, and 54% of the cases respectively. Among the male participants, they believed that it is legal, illegal, and responded did not know 13%, 61% 27% respectively (18).

Similar results found from ten focus group discussion in western Kenya suggest that Due to ambiguity of the law women resort unsafe abortion service (19).

Community based survey done in Zambia showed that knowledge of a bortion l aw among reproductive age women were very low (20).

Knowledge, attitude and practice of women at reproductive age group towards abortion care at Debre Markos referral hospital also suggest that, among the sampled population more than half of the participants don't know about the revised abortion law in Ethiopia (21).

A better awareness seen in yerga Cheffe study on knowledge and attitude of women of childbearing age towards abortion and its legalization, knowledge about abortion law was found 48.9% and from these 61.17% had a positive attitude on the legalization of abortion(agreed on legalized abortion law) (22).

Mekelle University first year students showed that among participants more than half (55.9%) had inadequate knowledge, and nearly half (52.8%) of the students have positive attitude towards safe abortion. it seems better awareness and attitude when we compare to similar study

of Harari region and Arbaminch university. Awareness of female students attending higher educational institutions of Harari Region indicates that 35.7% have good awareness of legalization of safe abortion. Similarly college and university students of Arbaminch town were aware about this law was only (32.1%) and have (30.3%) positive attitude towards criteria set to induce abortion (23, 24, 25).

Regardless of the revised law, most of young and reproductive age women in university and at the facility unaware of abortion law, so this study will try to assess awareness gap towards the law in the community, and it will be used as a platform for policy makers and programmers working in this area.

Attitude towards the law

A very conventional attitude towards abortion seen in a community based survey done in Zambia. Women who either agreed or strongly agreed with the statement 'abortion is immoral' accounted more than 90%. Also a great proportion of women (71%) disagreed or strongly disagreed with the statements 'women should have access to safe abortion services (20).

Even if advanced abortion law exist, persistently unsafe abortion requested by Zambian's women, when a total of 666 people survey respondents interviewed on their attitude and majority of them (88%) strongly agreed that abortion is immoral, This study has similar result with Ghana but a better attitude has been seen on the study of Yirga Cheffe town, SNNPR of Ethiopia (18, 22, 26).

This particular study will try to show a attitude towards a bortion law among women of reproductive age group in the community.

Practice or abortion service utilization

After legalization of a bortion law a study conducted on Nepalese women in attendance with complications after succeeding induced abortion, showed that Among 527 women, who had induced abortion was 359 (68%), and of these, 343 (89%) took unsafe, ineffective or unknown substances Obtained from unqualified supply, also those women's were less aware that abortion is now legal in Nepal (27).

Assessment on induced abortion conducted in facilities of Guraghe zone, revealed that out of 400 women, 75.5% responded that the current pregnancy that ended in a bortion is unwanted. only 12.3% of the respondents have admitted interference to the current pregnancy & they reported place of interference as health institutions, patient's home, and inducer's house, 25 (51%), 22 (45%), and 2 (4%), respectively (28).

Even if abortion service is available, most of the women don't utilize the service, and most of the studies done on post abortion care utilization in the facility so this study try to show knowledge gap on abortion service utilization at the community level

Factors associated with knowledge, attitude, to the law and service utilization

Factors associated with awareness

Women in Nepal who knew abortion was legal were younger which have a mean age of (26.4) had higher household asset and their awareness also associated with having more than a primary education. This result contradicts with South Africans women knowledge of legal abortion which is not affected by Age, level of education and employment (27, 29).

factors affecting awareness on South African women on lack of knowledge of legal abortion, is associated with lack of other reproductive health knowledge, such as awareness of EC and having used an effective method of contraception at last sexual intercourse. Age, level of education and employment were not associated with knowledge of legal abortion (29).

South African study contradicts with factors affecting awareness of higher educational participants in Harrari region. Those who had no boyfriends and who used family planning method during sexual intercourse were less likely to have good awareness about legalization of safe abortion. Female aged 25 years or above were 1.6 times more likely to have good awareness about legalization of safe abortion with the reference to younger than 25 years and also married women are more likely aware than single students (24 , 29) .

Another study conducted in Ethiopia also shows that occupation and monthly income have an association with knowledge about abortion law of Ethiopia. Those factor also contradicts to South African study which is knowledge is not affected by employment status (22).

This particular study will help to identify associated factors which affect awareness among women of reproductive age group in the community and will fill the information gaps for policy makers.

Factors associated with attitude

Zambian study revealed that Women who have more liberal attitude towards abortion were women who have accurate knowledge on abortion law (20).

Another study conducted in Zambia show that increased educational level will have a positive attitude towards legal abortion law than those who have lesser educational level (26).

Arbamnich study show that More than half of participants among never had sexual intercourse had negative attitude to abortion law as compared with participants ever had sexual intercourse. Majority of the participants perceived that abortion is unacceptable by their religion and community. So that Religion and sexual experience of participants found to be the factors affecting attitude (25).

Similar study conducted in Ethiopia also indicate that educational status, prior history of induced abortion, knowledge of abortion complication, Current use of family planning also associates with attitude towards abortion law. Marital status has no association with an attitude of abortion law (22).

This particular study will help to identify associated factors which affect attitude among women of reproductive age group in the community and will fill the information gaps for policy makers.

Factors associated with abortion service utilization

Cost of abortion services

Ten focus group discussion conducted in Kenya revealed that, economic problem or high cost of abortion service, the providers they utilized, the social and cultural norms that influenced women's access to safe abortion services (19).

Lack of awareness on the availability of the service

Women with abortion-related complications admitted to the Obstetric and Gynecological department were the participants of the study, among 296 patients 92 % of them unaware of the existence of safe abortion services in Ghana. Women's considerations were, it is require making safe abortion service available in the country and they also agree to utilize that kind of service (30).

Lack of awareness about the law

Among Forty-six South African women attending hospital with incomplete abortion, nearly two-thirds of women had self-induced or had consulted a traditional healer, Among those Nearly half (54%) of women did not utilize legal services because they did not know about the law, and women did not know of a legal facility accounted (15%), and some of them did know where to access legal services but feared rude staff accounted for (17%) (31).

Care provider attitude and abortion stigma

Several South African women faced many problems while trying to access abortion services, like judgmental and negative attitudes of service providers at public health facilities. The staff Discouraging and aggressive behavior prevent women from having an abortion. The other problem faced by those women was stigma related to abortion. Despite the legality of the law in South Africa, People do not talk openly about abortion and it is still stigmatized, so that women will not utilize abortion service due to fear of being seen and hated (32).

Stigma related to abortion

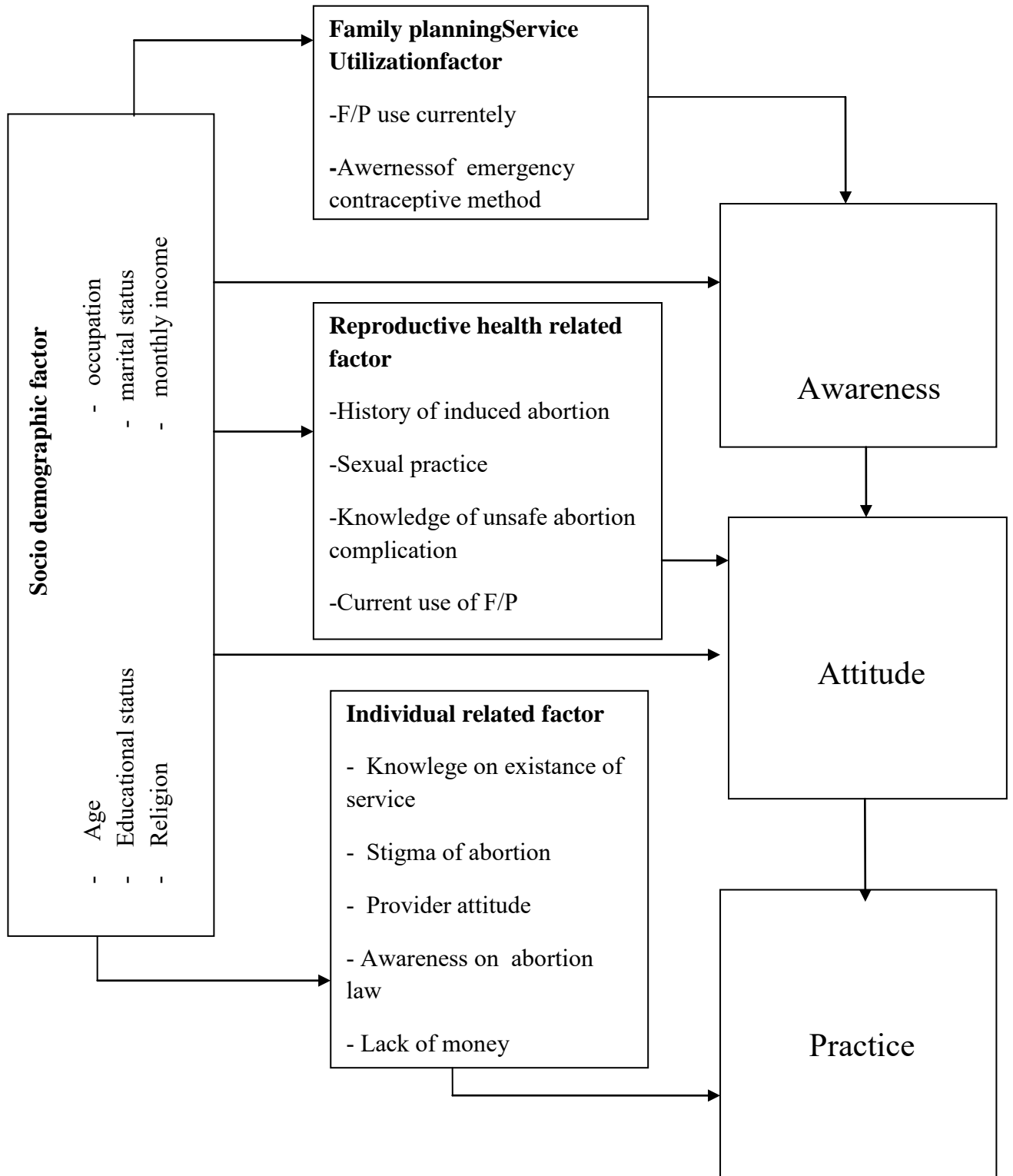
Many reasons given by women to resort to unsafe abortion those reasons were, lack of awareness of abortion law or lack of awareness on the specific circumstances under which legal abortion permitted, The other major reason was stigma, abortion is a taboo and unacceptable in Malaysia, so that those beliefs prevent the women accessing abortion services and lead them to unsafe abortion or self induced abortion (33).

This study will try to find out factors affecting utilization of abortion service from reproductive age women in the community by using their own words and experience through a in depth interview.

Conceptual frame work description

This conceptual frame work developed by reviewing different literatures and it shows that different determinant factors which affect awareness ,attitude, abortion service utilization those factors which affect awareness are educational status, age, occupation , monthly income, F/P use during sexual intercourse, Awareness of Emergency contraceptive. Factors which affect attitude are history of previous induced abortion, sexual experience, knowledge on abortion complication, current use of family planning, marital status. Factors which affect abortion service utilization are awareness about abortion law, knowledge of the existence of the service, stigma against abortion, health care provider attitude.

Figure 1. Conceptual frame work



3. Objectives

3.1 General Objective

- To assess the awareness, attitude of reproductive age women on the safe abortion law and service utilization in Lideta sub city.

3.2 Specific Objectives

- To measure level of awareness about safe abortion law among women of reproductive age in Lideta sub city.
- To determine the attitude of women of reproductive age towards the revised safe abortion law in Lideta Sub city.
- To assess level of abortion service utilization among women of reproductive age in Lideta sub city.
- To identify factors affecting knowledge, attitude towards the law and service utilization by women of reproductive age in Lideta Sub city.

4. Methodology

4.1 Study area and period

Addis Ababa City administration has 10 sub cities and Lideta sub city is one of them. It covers an area of 816 KMs and it is sub divided into ten woredas the sub city has 246,803 populations among those an estimated no of (82,288) reproductive age women and 5891 Pregnant women found in the sub city (34). The sub city has six health center and three government hospital, and also fifteen private clinics, sixteen private special clinics and three private hospital. The study was conducted between August 2015 and June 2016 in three woredas of Lideta sub-city Addis Ababa Ethiopia. Lideta sub city is selected purposively, because it is considered as one of the slum areas among three sub cities (people living in congregated manner) by city administration health bureau and priority given for the sub city for any health and health related intervention. It is obvious that people living in this kind of area are at high risk of developing reproductive and other health problem (35).

4.2. Study design

Community based cross-sectional quantitative and qualitative study were conducted

4.3 Source population

All women of reproductive age group living in the lideta sub city

4.4 Study population

Women of reproductive age group living in the selected woreda of Lideta sub city

4.5 Inclusion and exclusion criteria

4.5.1. Inclusion criteria: - women of reproductive age group living in the selected woredas of Lideta sub city at least for six months

4.5.2. Exclusion criteria: -

- Women who are mentally ill
- Chronically ill who could not reply interview
- Women who have hearing problem

4.6 sample size calculation and sampling procedure

4.6.1 Sample size calculation

To calculate the sample size a single population proportion formula was used. After calculating the sample size for each specific objective, the proportion of awareness of women on safe abortion taken from (20). It was $p = 48\%$ and used to obtain maximum sample size in 95% confidence level 5% margin of error ($d = 0.05$), and non-response rate of 10% was considered. Multi-stage cluster sampling method was used to select woreda, ketena, so that a design effect of 1.5 was considered. Therefore, the final sample size calculated was 633. The sample size for the qualitative study was fixed by the saturation of ideas.

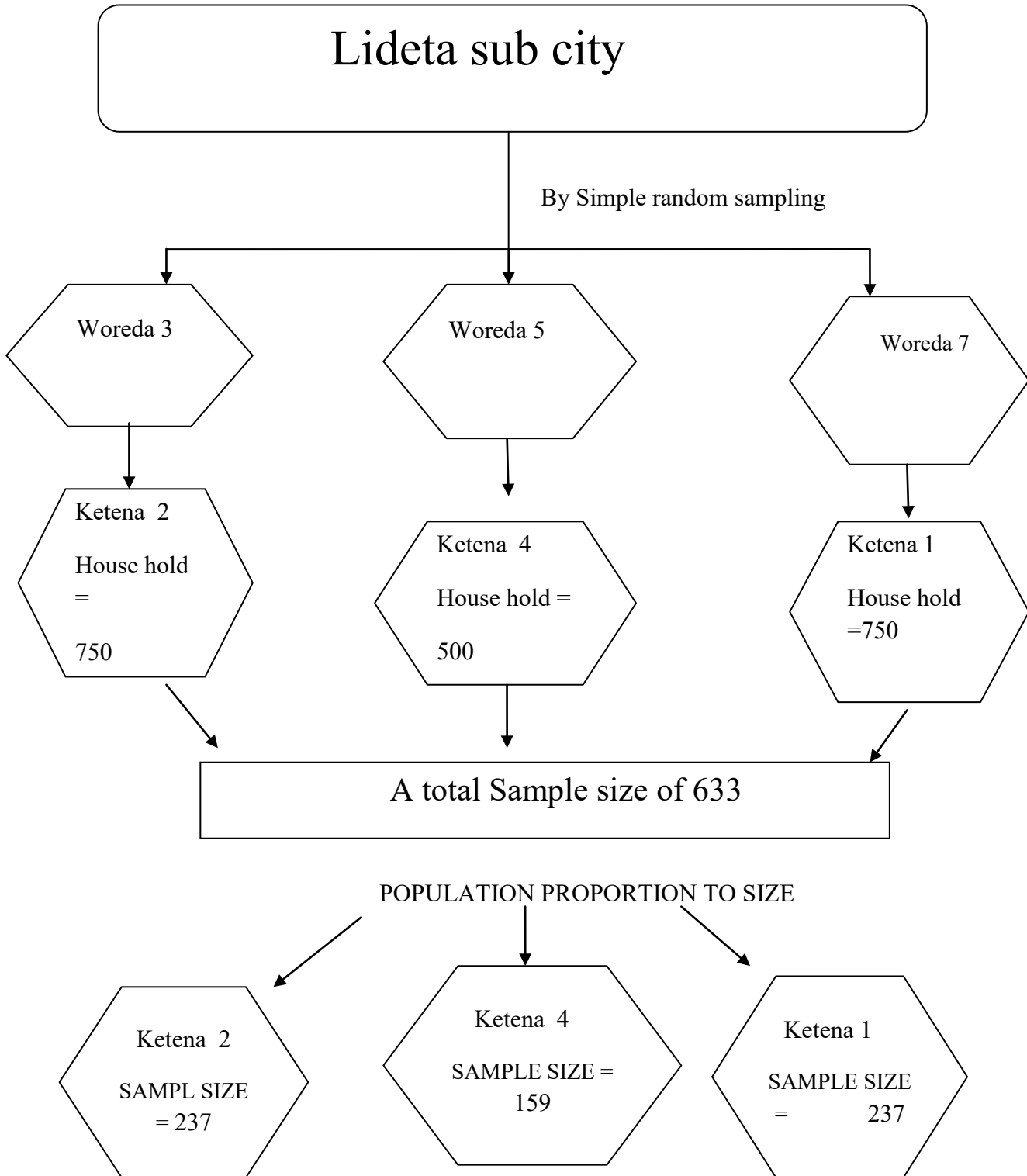
$$n = \frac{Z^2 P (1 - P)}{d^2}$$

Where n = number of sample size. p = expected prevalence or proportion
 d = marginal error between the samples and population (0.05)
 Z = critical value at 95% certainty (1.96), Non response rate: 10% DE 1.5

4.6.2 Sampling procedure

Multi-stage cluster sampling method was used to select woreda, ketena, from the sub city. The sub-city have ten woredas, and three woreda was selected by using simple random sampling method, then from each woreda one ketene was selected, and their house hold total number was obtained. By (population proportion to size) each ketene had its own sample size. And also by using systematic random sampling method, the sampling interval (K) was obtained by dividing each ketene house hold number to the sample size, so that $k = N/n =$ every 3rd house hold was visited until we get 633. If we get more than one reproductive age in the household, one female was selected by lottery method.

Figure 1 . Schematic presentation of sampling procedure



4.7 Data collection procedure and quality control

4.7.1 Quantitative study

The data was collected by three BSC nurses by using pre tested structured questionnaires, taken from (38). Questionnaires which were prepared in English was translated to Amharic and back to English to check for its original meaning. Data collection was carried out every 3rd house hold, by interviewing reproductive age women in three ketena until we get the required sample size.

Data quality was control by giving extensive two days training and 5% questioner was pre-tested at another ketene, one week prior to the actual data collection and feedback was used to make modifications to the questionnaires. During training, the objective of the study, method of data collection and supervision was discussed. In addition; each question included in the questionnaire was discussed in detail. The Pre-test was helpful to check the practicality and applicability of the questionnaire. Each day, collected data were checked for its completeness and consistence by supervisors and principal investigator.

4.7.2 Qualitative study

Guiding questionnaire was used for in depth interview, first prepared in English and then translated in to local language (Amharic). Four women who had unsafe induce abortion and four women who had induced abortion & utilized abortion services participate in in-depth interview. The principal investigator was conducting the in-depth interview assisted by one BSC nurse as a note taker. The interview was done between the interviewer and interviewees selecting the appropriate place. The probing questions were forwarded to the interviewee. All interviews were tape recorded and transcribed in full text in the same day of data collection.

4.8 Data analysis

4.8.1 Quantitative study

Data was cleaned coded and entered into EPI-INFO version 7, then exported to STATA version 12.1 and analyzed. Descriptive statistics was used to summarize the data and the results were presented using frequency tables and percentages. Association between dependent and independent variables was assessed by using chi-square test. Binary logistic regression was used to determine the strength of association and level of significance, variables having p value ≤ 0.05 in the bivariate analyses, was entered in to a multivariate logistic regression to control confounders between variables. Crude Odds ratio with 95% CI was used to determine presence of association between explanatory and outcome variables. The degree of association between dependent and independent variables was measured using adjusted odds ratio with 95% confidence interval at significance level of $p \leq 0.05$.

4.8.2 Qualitative study

Participants audio taped information obtained from in-depth interview transcribed and translated, then cleaning up unnecessary words. After that the information saved as plain text and imported into open code and coded line by line. based on the objectives those coded words merged into different categories then thematic analysis was done and the emerged theme included in the thesis writes up

4.9 variables

4.9.1 Dependent variables

Awareness towards abortion law , attitude toward the abortion law and abortion service utilization

4.9.2. Independent variables

Include socio demographic characteristics (educational status, occupation, monthly income, age, and religion), Family planning and awareness of EC, sexual experience and previous induced abortion history. Knowledge of abortion complication, stigma, awareness of law, provider attitude.

4.10. Operational Definitions

Level of awareness: - Awareness of participants was assessed by ten questions. Participant's response scored one if they are correct, and they scored zero if they are incorrect to the criteria under which safe abortion is legally allowed. Based on total score, the level of awareness was categorized depending on mean value. Participants were categorized as poor awareness if they get mean score less than 6 points and good awareness if they get mean score 6 and above points.

Level of attitude: - Level of attitude measured by five questions with five point Likart scale. For each response of agreement level a specific weigh was given. The attitude score calculated and the mean taken as a cut point value. Women who score less than thirteen were categorized as having a negative attitude and women who score thirteen & above were categorized as having positive attitude about the criteria under which safe abortion is legally allowed.

Service Utilization/ practice: - refers to the use of abortion services in health institution for women of reproductive age group

Standardized medical definition

Incest: - Sexual intercourse between close blood relatives, especially between brothers and sisters, fathers and daughters, or mothers and sons also marriage between them is legally or culturally prohibited.

Rape: - unlawful sexual activity and usually sexual intercourse carried out forcibly or under threat of injury against the will usually of a female or with a person who is beneath a certain age or incapable of valid consent.

5. Ethical consideration

Ethical clearance was obtained From REC of Addis Ababa University School of Public Health College of health science. And permission was obtained from Addis Ababa regional health bureau and Lideta sub-city health office. After explaining the purpose of the study, verbal informed consent was taken from the participants. There was information for participants about the voluntary basis of Participation and that they can stop the interview at any time if they are not comfortable, and also Privacy of clients was maintained. There was no involvement of personal identification on the Questionnaire. Respondent responses to any of the questions will not be given to anyone else and no reports of the study will ever identify them. If a report of results is published, only information about the total group will appear. The confidentiality of the data was maintained, except the principal investigator and the data collector; no other person would have access to the data.

6. Dissemination of result

The result of this study will be submitted to Addis Ababa University School of public health, and subsequently, a summary of the results will be submitted to AARHB, FMOH, Lideta sub-city health office and other stakeholders. Finally the publication will be attempt in one of local and international journal.

7. Result

Socio demographic characteristics of the study participants

A total of 594 females, age between 15 and 49, participated in the study making a response rate of 93.8%. The mean age \pm SD of the respondents was 26.5 ± 7.3 .

Ethnic distribution of the study participants showed that Amharas, Oromos, Gurages, Tigrians, and S elties accounted for 184 (30.9%), 166 (27.9%), 156 (26.2%), 56 (26.2%), 28 (4.7%), respectively while the rest 4 (0.6%) were from other ethnic groups. Majority of the respondents, 464 (78.11%) were Christians by religion followed by Muslim and Protestant which account for 90 (15.15%), 39(6.5%) respectively. Almost half of the respondents were married 292 (49.1%) while the rest 277 (46.6%) were single and 25(4.2) were other (divorced, widowed, separated).

From the total respondents 550 (92.5%) have attained formal education. Among those who were formally educated, 204(37%) were in primary, 173(31.4%) were in secondary, 90 (16.3%) were in a vocational and the rest 83 (15.9%) were higher educational level.

Table 1. Socio-demographic characteristics of the respondent's Lideta sub city 2016.

Variable	Characteristics	Frequency	Percent %
Age	<24	252	42.42
	>24	342	57.58
Marital statues	Single	277	46.63
	Married	292	49.16
	Other	25	4.2
Religion	Orthodox	464	78.11
	Muslim	90	15.15
	Catholic	1	0.17
	Protestant	39	6.57
	Student	130	21.8

occupation	House wife	232	39
	government employee	49	8.2
	Have a private business	86	14.4
	Employed in private sector	97	16.3
Ethnic group	Oromo	166	27.95
	Amhara	184	30.98
	Tigraye	56	9.43
	Gurage	156	26.26
	Seltie	28	4.71
	Other	4	0.67
Socioeconomic status	Very Poor	126	21.21
	Poor	133	22.39
	Middle	98	16.5
	Rich	135	22.73
	Very rich	102	17.17
Formal education attained	yes	550	92.59
	No	44	7.41
Level of education	Primary (1-8)	203	36.9
	Secondary (9-12)	173	31.4
	Vocational/technical	90	16.3
	Higher /university	84	15.2

Awareness about Ethiopian Abortion law

Regarding to awareness of Ethiopian abortion law only 120 (20.2%) respondents had awareness on the precondition of the law that permits legal abortion.

Females respondent were asked about the five criteria for which legal abortion is permitted by the law. Sixty six (55 %) respondent replied pregnancy due to incest, Sixty seven (55.8%) due to rape, forty-eight (40%) of respondent replied if continuation of pregnancy endanger the life of the mother and the child, twenty three (19.1%) of respondent replay if the fetus has an incurable or serious deformity, twenty (16.6%) of respondent replied if the women has physical mental deficiency, or if she is physically and mentally unfit to bring up the child, is as one of the criteria for legal termination of pregnancy.

On each specific criteria fifty (41.6%) participants respond one criteria, forty seven (39.1%) respond two criteria, sixteen (13.3 %) participant respond three criteria, three (2.5%) and four (3.3%) participants respond four and five criteria respectively.

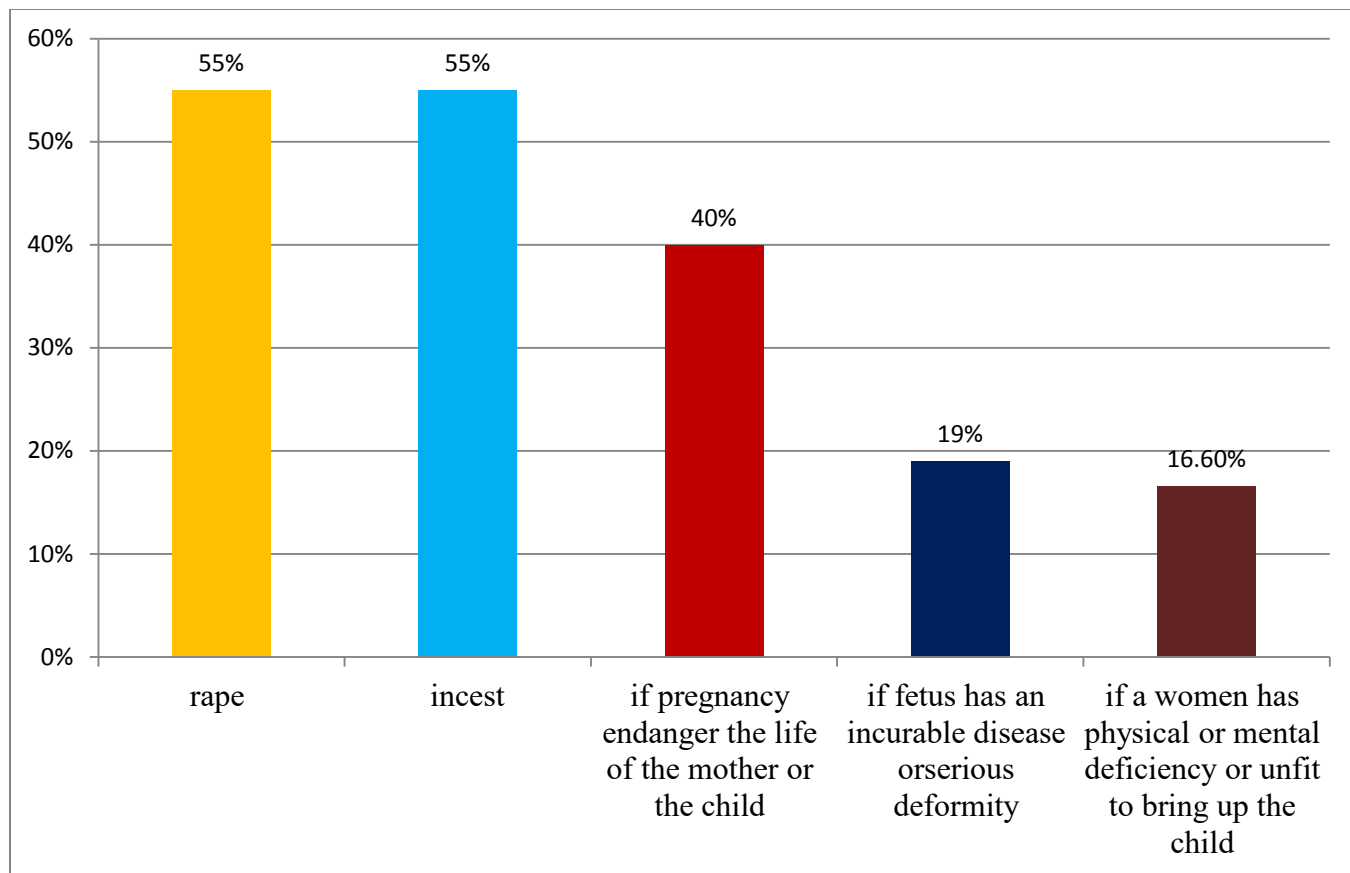


Figure 2 . Knowledge to Ethiopian abortion law Criteria to induce a abortion among women of reproductive age at lideta sub-city Addis Ababa, 2016.

Source of Information

Respondent mention different Sources of information about the criteria under which safe abortion are legally allowed. Among the study participants who were aware of the abortion law, the majority [31 (25.7%) mentioned electronic media 8 (6.6%) from radio, 23 (19.1%) from television] and 28 (23.3%) heard from health worker, respectively, as sources of information. The remaining respondents mentioned written media in 9 (7.5%) friends in 14 (11.6%), family members and school in 19 (15.8%) each.

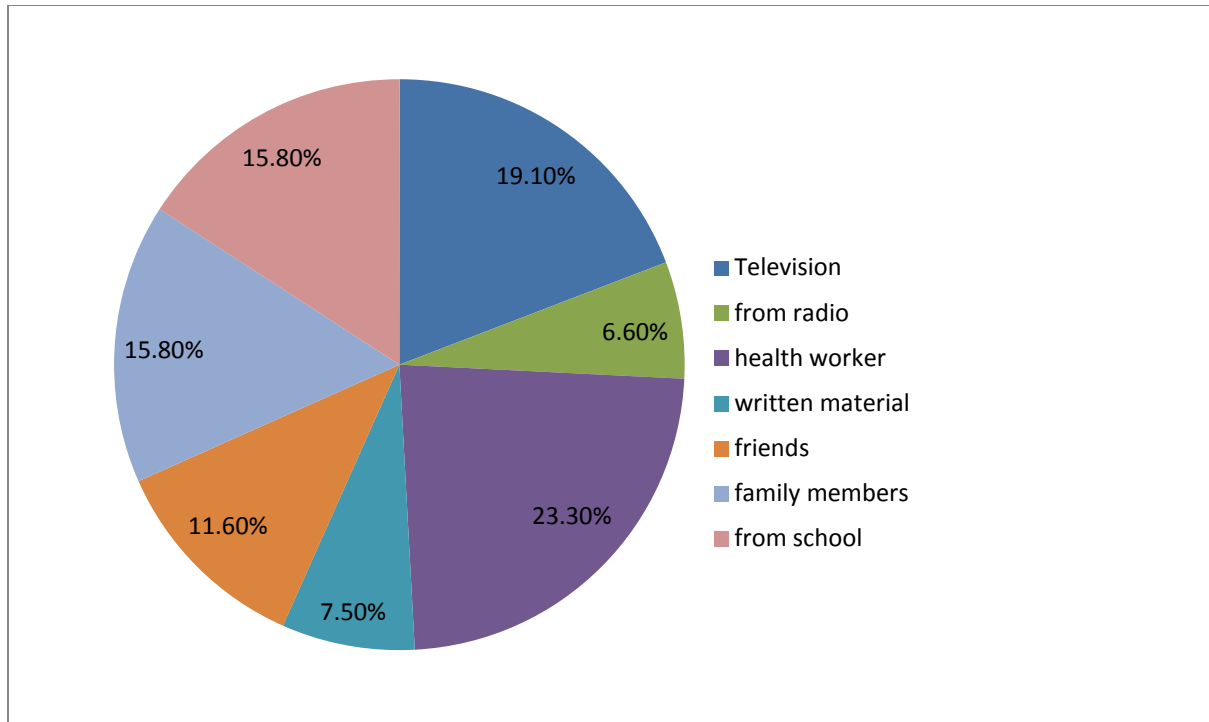


Figure 3. Source of information about Ethiopian abortion law, 2016

Attitude towards the Ethiopian Abortion Law

More than half, 323 (54.3 %) of the total 594 study participants were found to have negative attitude towards the precondition that permit legal abortion in Ethiopian. Concerning participants agreement on the law show that 352 (59.26 %) Participants disagree on the pre condition that allowed safe abortion, if the pregnant woman has physical or mental deficiency, or she is physically and mentally unfit to bring up the child, 365 (61.45%) participants disagree on the law that safe abortion is allowed if pregnancy is the result of rape.

Female respondent 343 (57.74%) disagree to the law that allowed Safe abortion, if the fetus has an incurable and serious deformity, 96 (16.16 %) participants strongly disagree on the precondition that allowed safe abortion allowed if the pregnant woman has physical or mental deficiency or she is physically and mentally unfit to bring up the child, 84 (14.14 %) participants strongly disagree on the law that allowed Safe abortion, if the fetus has an incurable and serious deformity.

Table 2. Attitude towards on the precondition which permit legal abortion among reproductive age women in Lideta sub-city, Ethiopia, 2016 (n= 594).

Variable	Level of agreement on the precondition which permit legal abortion				
	Strongly disagree	disagree	Not sure	agree	Strongly agree
According to the law Safe abortion is allowed if pregnancy is the result of incest	68 (11.45 %)	232 (39.06 %)	6 (1.%)	265 (44.61%)	23 (3.87%)
According to the law safe abortion is allowed if pregnancy is the result of rape	73 (12.29 %)	365 (61.45%)	0	140 (23.57%)	16 (2.69 %)
Safe abortion is allowed if the continuation of the pregnancy endangers the life of the mother or the child	49 (8.25%)	214 (36.03%)	2 (0.34 %)	315 (53.03%)	14 2.36 %
According to the law Safe abortion is allowed if the fetus has an incurable and serious deformity	84 (14.14 %)	343 (57.74%)	2 (0.34 %)	157 (26.43%)	8 (1.35 %)
Safe abortion is allowed if the pregnant woman has physical or mental deficiency or she is physically and mentally unfit to bring up the child	96 (16.16 %)	352 (59.26 %)	3 (0.51%)	135 (22.73%)	8 (1.35%)

Participants were asked about utilizing abortion service, from the total respondent 465 (78%) did not agree about getting the abortion services. The leading reasons given by the respondents for not utilizing the services were, abortion is not permitted by their religion in 214 (46%), and the perception that a bortion will cause health problem in 154 (33.1%) and 83 (17.8%) respondent considered abortion as murder action.

When respondents were asked about the type of abortion law that they prefer, 256 (43%) would prefer that the current law should continue, followed by 234 (39.3%) who prefer to have a more restricted law, while the rest 104(17.4%) prefer the law to be liberal and should be obtained on demand .

Abortion Service Utilization

With regard to abortion service utilization, of the total respondents only 40 (6.7%) participants had an abortion prior to the study and among those who had induced abortion were about 14 (35%). Ten participants who had induced abortion reported to utilize a abortion service in the health institutions while the remaining 4 participants with induced abortion sought for abortion services outside the health facility.

Table 3. Reproductive history of the respondent, 2016

Variables	Characteristics	Frequency	Percent %
Number of pregnancy	Yes	304	79.7 %
	No	77	20 %
Occurrence of unwanted pregnancy	Yes	20	6.5 %
	No	284	93.4 %
Result of un wanted pregnancy	Married and gave birth	5	25%
	Not married but gave birth	1	5%
	Had abortion	14	70 %
History of abortion	Yes	40	6.73
	No	554	93.27
Occurrence of induced abortion	Yes	14	2.36
	No	580	97.64
Awareness on complication of unsafe abortion	Yes	396	66.6 %
	No	198	33.3 %
Awareness on liberalized a bortion law	Yes	120	20.2 %
	No	474	79.8%
Attitude towards the law	Yes	271	45.6 %
	No	323	54.3 %

Factor affecting awareness about Ethiopian abortion law

Association between dependent & independent variables was seen on chi-square test, and to see strength of the association Bivariate logistic regression analysis was applied. Those women who were employed in government institutions were 4 [COR 4, 95% CI (2-8)] and also women who were employed in private sector were 4.7 [COR 4.7 95% CI (2.6-8.2)] times more likely to have a good awareness about Ethiopian abortion law than house wife.

Women who attained vocational /technical level were 4.3 [COR 4.3 95% CI (2.3-7.9)] and also women who attained higher educational level were 4.1 [COR 4.1 95% CI 2.2-7.6] times more likely to have a good awareness on Ethiopian abortion law than women who attained a primary level education.

Reproductive age women who have rich socio economic status were 3.2 [COR 3.2 95% CI 1.7-5.8] and women who have very rich socio Economic status were 2.8 [COR 2.8, 95% CI 1.4 - 5.3] times more likely to have a good awareness of the Ethiopian abortion law than women who have very poor socio economic status.

Female respondent age greater than 25 years [COR 1.2, 95% CI (0.8-1.8)], awareness of emergency contraceptives [COR 1 95% CI (0.5-1.7)], female who use family planning currently [COR 0.7 95% CI (0.4-1.2)], were less likely to have a good awareness about Ethiopian abortion law when compared to their counterparts.

Factor affecting attitude of women towards Ethiopian abortion law

Reproductive age women who attained secondary education were about 1.6[**COR 1.6 95 % CI (1-2.5)**], women who attained technical level were 4[**COR 4, 95 % CI (2.4-7)**], And also women who attained higher educational level were 6.6[**COR 6.6, 95 % CI (3.7-11.8)**] times more likely to have a positive attitude towards Ethiopian abortion law than women who attained primary level education.

Female participants who were aware about complications of unsafe abortion were 2.7[**COR 2.7, 95 % CI (1.8-3.9)**] times more likely to have a positive attitude towards Ethiopian abortion law than unaware women, and also women who were aware about Ethiopian abortion law were 3.9[**COR 3.9 95 % CI (2.5-6.1)**] times more likely to have a positive attitude towards Ethiopian abortion law when compared with unaware women

Participants who had sex practice [**COR 0.8 95% CI (0.6 -1.2)**], those who had history of induced abortion [**COR 0.8 95 % CI (0.3-2.6)**], current family planning users [**COR 0.9 95 % CI (0.6- 1.4)**] and Muslims [**COR 0.5 95 % CI (0.3- 0.8)**], protestants [**COR 0.9 95 % CI (0.4-1.8)**] were less likely to have a positive attitude towards about Ethiopian abortion law compared to the reference categories for each.

Table 4. Factors contributing to awareness and attitude towards Ethiopian abortion law among women of reproductive age women in Lideta sub-city 2016 (N 594)

Characteristics	Awareness of abortion law		COR (95% CI)	AOR (95% CI)
	Aware	Not aware		
Occupation				
House wife	29	203	1	1
Student	27	103	1.8 (1.0-3.2)*	1.2 (0.6 – 2.4)
Gov't employee	18	31	4 (2-8)*	2.7 (1.2 - 6.2)*
Have a private business	7	79	0.6(0.2-1.4)	0.78 (0.3 – 1.9)
Employed in private sector	39	58	4.7(2.6-8.2)*	2.5 (1.3 -4.9)*
Contraceptive utilization currently				
No	91	335	1	
Yes	29	139	0.7(0.4-1.2)	
Age of respondent				
Age<24 year	46	206	1	
Age >24year	74	268	1.2(0.8-1.6)	
Level of education				
Primary	24	179	1	1
Secondary	33	140	1.7(0.9-3.1)	1.12 (0.5 -2.1)
Vocational/technical	33	57	4.3(2.3-7.9)*	3.0 (1.5 - 6.0)*
Higher /university	30	54	4.1(2.2-7.6)*	2.4 (1.2- 5.0)*
Socio economic status				
Very Poor	19	107	1	1
Poor	1	132	0.4(0.0 0.3)	0.02 (0.0 -1.2)

Middle	17	81	1.18(0.5-2.4)	0.7(0.3-1.6)
Rich	49	86	3.2 (1.7 -5.8)*	1.5 (0.7-3)
Very rich	34	68	2.8 (1.4 – 5.3)*	1.4(0.7-3.1)
Awareness of ECM				
No	101	400	1	
Yes	19	74	1.0(0.5-1.7)	
Characteristics	Attitude towards the law		COR (95% CI)	AOR (95% CI)
	Positive	Negative		
Knowledge of unsafe abortion complication				
No	59	139	1	1
yes	212	184	2.7 (1.8-3.9)*	2.5 (1.6-4.0)*
Level of education				
primary	66	137	1	1
secondary	77	96	1.6 (1-2.5)*	1.08 (0.6 -1.7)
Vocational/technical	60	30	4.1 (2.4-7.0)*	2.6 (1.4- 4.5)*
Higher /university	64	20	6.6 (3.7-11.8)*	3.8 (2.0 -7.2)*
Awareness of abortion law				
No	185	289	1	1
Yes	86	34	3.9 (2.5-6.1)*	2.8 (1.7-4.6)*
Religion				
Orthodox	222	242	1	1
Muslim	30	60	0.5 (0.3 – 0.8)*	0.6(0.3-1.0)

Protestant	19	20	1.0 (0.5 – 1.9)	1.0(0.5-2.2)
Sex practice				
No	101	112	1	
Yes	170	211	0.8(0.6-1.2)	
Induced abortion				
No	265	315	1	
Yes	6	8	0.8(0.3-2.6)	
Marital status				
Single	128	148	1	
Married	133	159	0.9(0.6- 1.2)	
Divorced	5	13	0.4(0.1-1.2)	
Widowed	4	3	1.1(0.2-5.7)	

Not * = Significant association at p value < 0.05, COR crude odds ratio, AOR adjusted odds

Factors have taken into multivariate logistic regression analysis to control possible confounders. Those factors which affect awareness of Ethiopian abortion law and those showing statistical significance association on multivariate analysis were employment status like government employee were 2.7[AOR 2.7 95% CI (1.2-6.2)] times more likely to have a good awareness and also women employed in private sector were 2.5[AOR 2.5, 95% CI (1.3-4.9)] times more likely to have a good awareness about Ethiopian abortion law than house wife.

Level of education was another factor which was significantly associated with women's awareness on abortion law. Women who attained Vocational /technical level of schooling were 3[AOR 3, 95% CI (1.5-6.0)] and also women who attained higher level of schooling 2.4[AOR 2.4, 95% CI (1.2-5.0)] times more likely to have a good awareness about the Ethiopia abortion law than women who attained primary level education.

Regarding the attitude of women towards the Ethiopian abortion law, after possible confounders were controlled, some factors such as woman's education and knowledge about complications of unsafe abortion, having awareness about Ethiopian abortion law, showed statistically significant association. Women who attained technical / vocational level of schooling and those who attained higher educational level were 2.6 [**AOR 2.6, 95% CI (1.4-4.5)**] and 3.8 [**AOR 3.8, 95% CI (2.0-7.2)**] times more likely to have a positive attitude towards abortion law than women who attained primary level education, respectively.

Women who are aware about the complications of unsafe abortion are about 2.5 [**AOR 2.5, 95% CI (1.6-4.0)**] times more likely to have a positive attitude towards the law than women who are unaware about abortion complications. Similarly, women who are aware about Ethiopian abortion law were about 2.8 [**AOR 2.8, 95% CI (1.7-4.6)**] times more likely to have a positive attitude towards abortion law compared to women who were not aware about the law.

Concerning practice or service utilization this study revealed that, among the total participants only 2.3% had induced abortion so that it was not possible to conduct further analysis.

Qualitative study result

Four women who had unsafe induce abortion and four women who had utilized the service for induced a bortion participates in in-depth interview. From the total participants forty of them (6.7%) had an abortion and among those 14 (35%) of them had induced abortion. Among women who had induced abortion, the abortion service utilized by 10 (25%) and who does not utilize abortion service was account for 4 (10%).

Finding from in-depth interview

Female participants had an abortion at their teenage time while they induced unsafely, and they had an abortion before 3 to 7 years back .Those women were used traditional drug, modern ant malarial drug, and also resort to unsafe clinic to get abortion services

Access to safe abortion is depending on women awareness on the law, social and cultural norms like stigma to abortion and disapproval by the family community, awareness on availability of the service, cost of abortion.

Table5. Theme, categories and codes identified from the qualitative data, 2016

Theme	Lack of awareness on the service availability and legality , socio cultural factors		
Categories	Lack of money for the service	Unaware of the legal issue and service existence	Socio cultural factors Stigma
Codes	<ul style="list-style-type: none"> • Lack of income • Low living standard • Expensive • Dependency 	<ul style="list-style-type: none"> • Peer experience • Unaware • Perceive Unavailability • Not permitted illegal) • Unobserved 	<ul style="list-style-type: none"> • Family fear • taboo • Secrecy • Shame • religion forbidden • Tradition

Regarding women's reasons to sought unsafe service providers, perform self induced, and go to traditional healer to have an abortion were, due to lack of money, lack of awareness on service availability and the law, stigma of abortion.

1. Lack of money

It is obvious that most young girls are dependent on their family; also family income will not be enough to support all house hold members. On the other hand they will get the money but would not be enough or it could be low. The respondent mentioned that, lack money is one of the reasons to resort unsafe abortion.

A 24 age female respondent who had an abortion in her own house 7 years back mentioned that *“ It is known that money is needed to get abortion services , Due to my living standard I had no money, You could see our housing condition, my family have no enough income for us. Even we cannot fulfill our daily meal every day at that time”*.

Similarly A 27 years old women who had unsafe abortion before 6years at the clinic with a lower price mentioned that *“I live with my parents and I have no income, first I go to Balecha hospital but they request me a lot of money 800 birr, I can't afford the money that they requested, so I return back and go to another private clinic and they give me the service with a lower price.”*

Female respondent who utilize safe abortion service at the health facility, also interviewed their opinion on why some women does not utilize abortion service, A36 year of women who had an abortion before 6 years mentioned that *“First of all it could be lack of money when you went to private clinic they request a lot of money for example when I had an abortion, it cost me 1000 birr,”*

2. Lack of awareness on availability of the service and the law

Women who have awareness on the law and service availability have a chance of utilizing abortion services but female respondent unaware that government health institution provides comprehensive abortion care. Most of them mention that they knew government institution give post abortion care

A 23 year old female who had an abortion in her friend's house before 6 year mentioned that *"I don't know that government institution give abortion services, private clinic give the service but I think they ask a lot of money to perform an abortion"*

Another 24 old female who had a bortion 7 years back replayed that *"there is health center nearby but I think they don't give abortion service unless you are bleeding"*.

Similarly a 36 year old who had safe abortion 6 years back mentioned that *"A female who can't afford the cost will go to health centers .I heard that when they went to health center they get abortion service if they do something by their own to start an abortion and if bleeding seen, otherwise they didn't get the service. So if the service is unavailable they went to other places"*.

Female will aware health service which is given at the health facility if they utilize the service, heard about the service, and if they have seen or read service providing rooms or posters .A27 years old participants who had unsafe abortion 6 years back say that *"Government clinic does not give abortion service, I went to health center many times and I still go their but I didn't see any room or poster that say abortion service .so that I have to find another place"*.

When respondent who had unsafe abortion asked about the law almost all of them unaware or perceived abortion is illegal a 24 year old female who had unsafe abortion 7 years back say that *"It will not be permitted by any reason. How could it be permitted?"*

Similarly a 27 year old female who had unsafe abortion 6 years back mentioned that *"Abortion is prohibited , also abortion is not permitted by our religion .For example the clinic I went for the service was giving abortion service at night, after 9 o'clock and I go their secretly"*.

It is obvious that Young female would like to discuss about their problem with their peers, their peer advice what they knew or what they have been through so that if they knew about the law or service availability they will guide their friend to the proper service

A 21 year old of female respondent who had abortion in her friend's house 4 year back mention that *"I went to my friend house. She was older than me and she has been through this kind of thing before and when I was worried I went to her home and ask her. So that she gave me drug with soft drink "*

Similarly a 27 year old female who had self induced abortion mentioned that *“My friends in the school talk about how to abort a child by taking anti malarial drug. I heard this thing before so while I was so worried about my pregnancy, I bought the drug and take it”*.

3. Stigma related to abortion

Each country have its own norms to shape the society, so that female who grow in this society who heard and believe abortion is immoral, or not permitted by religion will fear the family or the society and need secret place to had an abortion

A 21 year old female who had abortion in her friend house mention that *“I prefer to abort in my friend house, because abortion is a shame I am afraid of my family especially my father so I don’t want to be seen by anyone in the clinic so I choose to perform secretly”*

Similarly a 29 year of female who had abortion in the institution was asked her opinion why women resort to unsafe abortion. She mentioned that *“Abortion is a taboo in our tradition, women especially young girls don’t want to be seen by other people and so that they went to traditional or secret places”*

8. Discussion

A total of 594 women of reproductive age group participated in this study and the finding of this study have shown that, only 120 (20.2%) respondents have a awareness about the current law criteria which permit legal abortion .This was a similar finding with most of studies done in different countries .

Systemic reviewed articles published between 1980–2015, and which have objective related to women's awareness or knowledge of the abortion law was revealed that accurate extensive awareness and knowledge of the legal status were accounted less than 50% in nine studies. Knowledge of legalization/liberalization varies between 32.3% - 68.2% in six studies. Abortions on the grounds of incest vary from 9.8%- 64.5%, and fetal impairment and gestational limits, ranged broadly from 7%- 94% and 0% - 89.5% respectively (36).

Assessment of knowledge and perception of the Abortion Law in Nigeria revealed that only 31.0% of women participants were aware of the Abortion Law and women perceived that the law was being restrictive accounted 16%. Women had opinion that abortion law is alright and have no opinion account 2 % and 12 % respectively (37).

Insignificant Knowledge of a bortion law was seen in a community of Ghana, regarding the legality of abortion, female and male participants believed that it is legal 3%, 13%, of the cases respectively (18).

Similar study conducted in Yirga Cheffe on Knowledge and attitude of women of childbearing age towards the legalization of a bortion, and the study shows 48.9% women have knowledge about the legalization of abortion (22). This result has a better awareness than the present study. This might be due to the present study try to assess level of awareness of reproductive age women on the criteria under which safe abortion is legally allowed and also it might be poor information dissemination (16).

Variables that have significantly associated with knowledge to a abortion law were level of education and occupation. Women who were educated more than primary, women who were employed in institution were aware the law more than their counterparts.

This study revealed that employment status was significantly associated with awareness. Government employee and women who were employed in private sector were 2.7 times and 2.5 times more likely to have a good awareness respectively about the law than their reference group to a house wife. The finding is consistency with study conducted in Ethiopia (22).

Level of education was another factor which was significantly associated with women's awareness on a abortion law. Women who attained Vocational /technical level schooling were 3 times more likely and also women who attained higher level schooling 2.4 times more likely to have a awareness about the law. This finding is consistency with study conducted in Nepal and Zambia (20 27).

Regarding attitude this study revealed that among the total participant only 271 (45.6 %) had a positive attitude towards the criteria which permit legal abortion. This result was consistent with the study conducted in Zambia, which shows the belief that abortion is dishonest was prevalent. Thirty-two percent believed it was legal for at least 1 named indication, and 41% supported legalization for at least 1 of the named indications (26).

Another study conducted in Zambia also showed that women's have a very conventional attitude towards abortion. More than 90% of women either agreed or strongly agreed with the statement 'abortion is immoral'. on the other hand, the majority of women either disagreed or strongly disagreed with the statements 'women should have access to safe abortion services were (71%) (20).

Study conducted in Ethiopia showed that among all participants more than half (61.17%) had a positive attitude on the legalization of a abortion, a better attitude seen on this study than the present study (22). This might be due to the present study try to assess reproductive age women attitude towards on the criteria under which safe abortion is legally allowed and also evidence was seen on other study that women who have better awareness on the law will have more liberal attitude towards the law, as we can see on the present study participants have low awareness level so that they have lesser positive attitude (20).

Generally factors which were significantly associated with attitude towards the law were knowledge of unsafe abortion complication, level of education, awareness of abortion law.

Participants who attained technical / vocational level of schooling and those who attained higher educational level were 2.6 more likely and 3.8 times more likely to have a positive attitude towards the law than women who attained primary level education, respectively. It is a similar finding with Ethiopian and Zambian study (22-26).

Female who are aware about the complications of unsafe abortion are about 2.5 times more likely to have a positive attitude towards the law than women who are unaware about abortion complications. This finding was consistent with study conducted in Ethiopia [20]. Participants who are aware about Ethiopian abortion law were about 2.8 times more likely have a positive attitude towards the law compared to unaware women. Similar finding was seen on Zambian study (20).

Concerning practice (abortion service utilization) women who had a abortion were forty (40). Among those 14 (35%) had induced abortion. Women who were utilize abortion service were ten (25%) and women who had induced abortion by unsafe way were four (10%). The reason given by the Women who had induced abortion by unsafe way were lack of money, unaware of availability of the service, stigma or fear of family, and almost all women have no awareness towards the law. This finding was consistent with study conducted in Kenya, Ghana, South Africa, , and another study in South Africa, Malaysia respectively (19-30-31-32-33).

9. Strength and limitation

Strength of the study

- Regardless of the sensitivity of the issue the study try to find out reason of females not utilize abortion service by using in-depth interview at the community level
- Even though there were studies conducted in other countries on awareness on abortion law, but very few studies were done in Ethiopia on college students and on health facility so this study would show on community perspective.

Limitation of the study

- The sensitivity and secrecy nature of abortion might influence the reliability of the response
- The study design is cross-sectional, which implies that the direction of causal relationships cannot always be determined.

10. Conclusion

- The current study revealed that a small proportion (20%) of reproductive age female participants have awareness on the pre-condition that allow safe abortion in the country, and factors which affect awareness was occupational status and educational level.
- Concerning attitude half (54.3%) of the respondent have negative attitude towards the criteria on which legal abortion permitted. Also factor which affect attitude was knowledge of unsafe abortion complication, awareness of abortion law, educational status.
- Regarding service utilization this study also revealed that even if safe, legal abortion services are available, women who have no awareness about the law, female who have lack of awareness about the existence of abortion service especially at public facility, and women who had stigma to abortion, women who lack money for the service, resort to unsafe abortion.

11. Recommendation

Depending on the study finding the following recommendation was made

For Addis Ababa city administration health bureau

- Should work jointly with private sector to reduce cost of abortion.
- Most of the women who had unsafe induced abortion perceived that, government institution only give post abortion care, so that reproductive age women, mainly adolescent should be informed about their right to get safe and legal abortion care especially at government institution.
- Public education are essential to create awareness this could be done through health extension professional

Health facility level

- Health facility should inform the service they are provided to the community by different means like inter personal communication, written materials.
- Health education should be strengthening

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2. Section II. Consent form for 15-49 years old women (English Version)

I the undersigned have been informed about the purpose of this particular research project. I have been informed that I am going to respond to this question by answering what I know concerning the issue. I have been informed that the information I give will be used only for the purpose of this study and my identity as well as the information I give will be treated confidentially. I have also been informed that I can refuse to participate in the study or not to respond to questions if I am not interested. Furthermore I have been informed that I can stop responding to the questions at any time in the process. Based on the above information I agree to participate in this research voluntarily.

Signature: _____

Date: _____

NB: 1. if the study subject is voluntary to participate in the study, start the interview.

2. Interviewer signature certifying that informed consent has been given verbally by the respondent.

Name _____

Signature _____

Date _____

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

Address of the principal investigator

Tsigereda Esayas

Addis Ababa University

Faculty of Medicine School of public health

Mobile: 09-10-12-74-81

Addis Ababa

Annex 2 English version questionnaire

A. Section I. Socio- Demographic characteristics

S.NO	Question/variables	RESPONSE	Skip to
101	Age in years	-----	
102	Place of residence	1. Woreda 3 2. Woreda 5 3. Woreda 7	
103	Marital statuses	1. Single 2. Married 3. Divorced 4. Widowed 5. Separated	
104	What is your religion?	1. Orthodox 2. Muslim 3. Catholic 4. Protestant 5. Others (specify) _____	
105	Occupation	1. student 2. House wife 3. Government employee 4. Merchant 5. Employed in private sector. 6. Have Private business 7. Commercial sex worker 8. Others (specify) _____	
106	Ethnic group	1. Oromo 2. Amhara 3. Tigraye 4. Gurage 5. seltie 6. others (specify) _____	
107a	Chair	1. Yes 0. No	
107b	Table	1. Yes 0. No	
107c	Radio	1. Yes 0. No	
107d	Television	1. Yes 0. No	

107e	Mobile phone	1. Yes 0. No	
107f	Hme phone	1. Yes 0. No	
107g	Refrigerator	1. Yes 0. No	
107h	Clock	1. Yes 0. No	
107i	Electric metad	1. Yes 0. No	
107j	Mattress	1. Yes 0. No A. Cotton ----- B. Spring -----	
108a	Car	1.yes 0.no	
108b	Bicycle	1.Yes 0.no	
109	Roof	1.Yes 0.No Iron ----- Wood ----- Cement ----- Concrete ----- Asbestos/fiber -----	
110	Wall	1.Yes 0,no Wood and mud ----- Cardboard ----- Bricks ----- Cement block -----	
111	Floor	1.Yes 0. No Mud ----- Wood polish ----- Ceramic -----	

		Cement ----- Carpet -----	
112	Did you attained regular education	1. yes 0. no	
113	If < yes> to Q <108> What is the highest level of school you attended ?	1. Primary education (1-8) 2. Secondary education (9-12) 3. Technical/Vocational 4. Higher	

Section II. Concerning reproductive history

S.NO	Questionnaire / variable	Response	Skip to
201	Have you ever practice sexual intercourse?	1. Yes 2. No	
202	What was your age at first sex?	-----	
203	How many times have you been pregnant?	1. Once 2. Twice 3. Three times 4. Four times 5. Five times 6. Above five times 7. None	
204	What was your age at first pregnancy?	-----	
205	Have you ever become pregnant while you did not want to be ?	1. Yes 2. No 3. Don't remember	
206	If yes to Q < 205> What happened to you as a result of unwanted pregnancy? (more than one response is possible)	1. Married and gave birth 2. Not married but gave birth 3. Had abortion 4. Dropped out of school 5. Separated from sexual partner 6. Others (specify) _____ 7. No response	
207	Do you have children ?	1. Yes 2. No	

208	The total number of live birth	Male ----- Female -----	
209	The total number of children you Currently have	Male ----- Female -----	
210	Do you know about emergency contraceptive method? (please explain) EmC for the respondent, Ecm is contraceptive which is taken within 72hrs after sexual intercourse)	1. Yes 2. No	
211	Have you ever used any contraceptive method?	1. Yes 2. No	If “No” go to section III
212	Are you using contraceptive currently?	1. Yes 2. No	
213	If “yes”, to question”212” which method did you use? (more than one response is possible)	1. Traditional (specify) _____ 2. Inject able 3. Pills 4. Condom 5. long acting 6.Others (specify) _____	

Section III. Concerning Abortion service utilization

S.NO	Questionnaire / variable	Response	Skip to
301	Have you ever had an abortion?	1. Yes 2. No	If no go to 401
302	If yes to Q 301 did you have induced abortion	1.yes 2. no	
303	If no to question <302> what was the type of abortion that happened? (more than one response is possible)	1. Spontaneous 2. Safe which is performed in the health Institution 3. Others (specify) _____ 4. Don’t know 5. No response	
304	If yes to question <301 > how many times did you have an abortion?	1. Once 2. Twice 3. Three times 4. Above three times 5. None	

305	How many times did you have spontaneous abortion?	<ol style="list-style-type: none"> 1. Once 2. Twice 3. Three times 4. Above three times 5. None 	
306	How many times did you have self /induced by other abortion?	<ol style="list-style-type: none"> 1. Once 2. Twice 3. Three times 4. Above three times 5. None 	
307	How many times did you have an abortion by health professional in the health institution ?	<ol style="list-style-type: none"> 1. Once 2. Twice 3. Three times 4. Above three times 5. None 	
308	If yes to Q < 301 >When was it happened for spontaneous?	<ol style="list-style-type: none"> 1.it has been 6 month 2. it has been 2-5 years 3. it has been 6-10 years 4. before ten years 5. don't remember 6. it has not happen 	
309	If yes to Q < 301 >When was it happened for self /induced by other (year)?	<ol style="list-style-type: none"> 1.it has been 6 month 2. it has been 2-5 years 3. it has been 6-10 years 4. before ten years 5. don't remember 6. it has not happen 	
310	If yes to Q < 301 >When was it happened for safe abortion which is performed in the health institution	<ol style="list-style-type: none"> 1.it has been 6 month 2. it has been 2-5 years 3. it has been 6-10 years 4. before ten years 5. don't remember 6. it has not happen 	
311	If “2” or “3” are the answer to question “302” What was the main reason to conduct induced abortion? (more than one response is possible)	<ol style="list-style-type: none"> 1. Caused by rape 2. Caused by incest 3. because of under age 4. medical reason 5. fear of family 6. fear of community 	

		<ul style="list-style-type: none"> 7. not to interrupt school 8. out of wed lock 9. financial problem 10. un planed pregnancy 11. Narrow spacing 12. Others (specify) _____ 13. No response 	
312	The place where by the induced abortion takes place? (more than one response is possible)	<ul style="list-style-type: none"> 1. My own house 2. Relative home 3. Abortionist home 4. gov't health institution 5. Private health institution 6. Others (specify) _____ 7. Don't know 8. No response 	
313	If your answer is (1-3) for question <312>what was your reason? (more than one response is possible)	<ul style="list-style-type: none"> 1. Lack of awareness of the law 2. lack of awareness on existence of the service 3. due to stigma against abortion 4. due to professional attitude 5. Others (specify) _____ 6. No response 	
314	What method was used to induce the abortion? (more than one response is possible)	<ul style="list-style-type: none"> 1. Modern Oral drugs 2. Traditional oral drugs 3. Inserting plastic bug via vagina 4. Inserting metallic rod via vagina 5. Inserting plant material via vagina 6. Others (specify) _____ 	
315	Is there any complication that was happened due to the induced abortion?	<ul style="list-style-type: none"> 1. Yes 2. No 	
316	If yes to question "315" what kind of Problem was there? (more than one response is possible)	<ul style="list-style-type: none"> 1. Excessive bleeding 2. Sever pain\ 3. genital /uterine trauma 4. fever 5. incomplete abortion 6. Infertility 7. Others (specify)----- 8. none 	
317	Have you visited any health institution or service provider after that particular induced abortion?	<ul style="list-style-type: none"> 1. Yes 2. No 	

318	If yes to question < 317 > where were you go?	<ol style="list-style-type: none"> 1. Health center 2. Gov't Hospital 3. Private clinic /hospital 4. Only bought drugs from pharmacy 5. Others(specify)_____ 6. I didn't visit any 	
-----	---	--	--

Section IV. Concerning knowledge of abortion legalization

S.NO	Questionnaire / variable	Response	Code	Skip to
401	Do you know or heard about the pre conditions that permit legal abortion for a woman?	<ol style="list-style-type: none"> 1. Yes 2. No 		
402	If to question <401> is <yes > where did you hear the information? (More than one answer is possible)	<ol style="list-style-type: none"> 1. From reading materials 2. radio 3. From television 4. From friend 5. From family 6. From teacher/school 7. From health worker 		
I will explore more on awareness of the law which pre condition of abortion will be permitted So that you will answer yes , No, I don't know				
403	Safe abortion is allowed if pregnancy is the result of incest	<ol style="list-style-type: none"> 1. Yes 2. No 3. I don't know 		
404	Safe abortion is allowed if pregnancy is the result of rape	<ol style="list-style-type: none"> 1. Yes 2. No 3. I don't know 		
405	Safe abortion is allowed if the continuation of the pregnancy endangers the life of the mother or the child	<ol style="list-style-type: none"> 1. Yes 2. No 3. I don't know 		
406	Safe abortion is allowed if the fetus has an incurable and serious deformity	<ol style="list-style-type: none"> 1. Yes 2. No 3. I don't know 		

407	Safe abortion is allowed if the pregnant woman has physical or mental deficiency or she is physically and mentally unfit to bring up the child	<ol style="list-style-type: none"> 1. Yes 2. No 3. I don't know 	
408	Up to how many weeks of pregnancy is a woman allowed by this law to Have a legal abortion?	<ol style="list-style-type: none"> 1. Before 12 weeks 2. After 16 weeks 3. After 28 weeks 4. Other 5. I don't know 	
409	Do you know or heard about unsafe abortion complication	<ol style="list-style-type: none"> 1. Yes 2. no 	If no go to 501
410	What are complications of Unsafe abortion? (More than one response is possible)	<ol style="list-style-type: none"> 1. excessive bleeding 2. genital trauma 3. infertility 4. death 5. fever 6. other 7. I don't know 	

Section V. attitude towards the law

S.NO	Questionnaire / variable	Response	Skip to
You will answer the following question depending on whether you strongly agree, agree, not sure, disagree or strongly disagree with each of the following statements.			
501	According to the law Safe abortion is allowed if pregnancy is the result of incest	<ol style="list-style-type: none"> 1. strongly agree 2. agree 3. Not sure 4. disagree 5. Strongly disagree 	
502	According to the law Safe abortion is allowed if pregnancy is the result of rape	<ol style="list-style-type: none"> 1. strongly agree 2. agree 3. Not sure 4. disagree 5. Strongly disagree 	
503	Safe abortion is allowed if the continuation of the pregnancy endangers the life of the mother or the child	<ol style="list-style-type: none"> 1. strongly agree 2. agree 3. Not sure 4. disagree 5. Strongly disagree 	
504	According to the law Safe abortion is allowed if the fetus has an incurable and erious deformity	<ol style="list-style-type: none"> 1. strongly agree 2. agree 3. Not sure 	

		<ul style="list-style-type: none"> 4. disagree 5. Strongly disagree 	
505	Safe abortion is allowed if the pregnant woman has physical or mental deficiency or she is physically and mentally unfit to bring up the child	<ul style="list-style-type: none"> 1.strongly agree 2.agree 3.Not sure 4. disagree 5. Strongly disagree 	
506	Abortion law on demand is not liberalized yet in Ethiopia what do you prefer?	<ul style="list-style-type: none"> 1. I prefer to be liberalized on demand 2. let continue the current law 3. I prefer to be more restricted 4. I don't know 5. no response 	
507	If abortion law on demand is liberalized and the service available would you use the service if you have unwanted pregnancy?	<ul style="list-style-type: none"> 1. yes 2 .no 3. I don't know 4. no response 	
508	If no to Q (507) what is your reason?	<ul style="list-style-type: none"> 1.Abortion is not permitted by my religion 2. culturally is not accepted 3. it is a murder action 4. it encourage abortion 5. it encourage premarital/extramarital sex 6. abortion will cause health problem 7. other 8. I don't know 	
509	Where do you think it would be better to get safe abortion service	<ul style="list-style-type: none"> 1.government hospital 2. government health center 3. private hospital 4. private clinic 5. anywhere but it should be legal and trained professional must be their 6.it should not be given any where 7. other 8. I don't know 	

Annex .3 Information sheet and consent form for in-depth interview for women 15- 49 year women

Addis Ababa University

School of public health

Section I. Information sheet

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

02. Questionnaire identification no. _____

INTRODUCTION: Good morning/afternoon? My name is _____. In this Study which is undertaken by a student in collaboration with Addis Ababa University, faculty of medicine schools of public Health. You and I would have a discussion of about 35-40 minutes, and I am asking you to help us. Before we go to our discussion, I will request you to listen carefully to, What I am going to read to you about the purpose and general condition of the study, and you will tell me whether you agree or disagree to be interviewed at the end. The purpose of this study is to assess abortion service utilization in lideta sub city.

The information that you will give us could help to disseminate information and expand safe abortion service utilization in the region as well as in the country. The interview involves family and private life questions. I would like to assure you that privacy will be maintained strictly throughout. A code number will identify every participant and no name will be used. There is no benefit you will get from this interview. Your responses to any of the questions will not be given to anyone else and no reports of the study will ever identify you. If a report of results is published, only information about the total group will appear.

The interview is voluntary and your participation / non-participation, or refusal to respond or Stop responding to the questions is your full right. Are you willing to participate in this study?

1. Yes. 2. No

Thank you!!

NB: 1. if the study subjects agree to participate in the study, go to consent form

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

2. Section II. Consent form for 15-49 years old women

I the undersigned have been informed about the purpose of this particular research project. I have been informed that I am going to respond to this question by answering what I know concerning the issue. I have been informed that the information I give will be used only for the purpose of this study and my identity as well as the information I give will be treated confidentially. I have also been informed that I can refuse to participate in the study or not to respond to questions if I am not interested. Furthermore I have been informed that I can stop responding to the questions at any time in the process. Based on the above information I agree to participate in this research voluntarily.

Signature: _____

Date: _____

- NB:** 1. if the study subject is voluntary to participate in the study, start the interview.
2. Interviewer signature certifying that informed consent has been given verbally by the respondent.

Name _____

Signature _____

Date _____

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

Address of the principal investigator

Tsigereda Esayase

Addis Ababa University

Faculty of Medicine School of public health

Mobile: 09-10-12-74-81

Addis Ababa

Topic Guide for the In-depth interview .

The objective of this interview is to explore factor associated with abortion service utilization among women of reproductive age group in lideta sub-city, Addis Ababa.

Date of in-depth interview _____

Name of note taker _____

Discussion guides: prepared for female who had unsafe induced abortion (Remember to ask many probing questions to have an in depth insight).

Discussion Topics

1. Have you ever had an induced abortion?
2. When was it happen?
3. What was your reason to perform induced abortion?
4. Where the abortion was took place?
5. Why did you choose those places?
6. What kind of material or medication did you use or they gave you?
7. Did you know about Ethiopian abortion law?
8. What are the reasons not to use abortion services in the health facility?

Discussion Topics: for female respondent who utilize abortion services at health facility

1. Have you ever had an induced abortion?
2. When was it happen?
3. What was your reason to perform induced abortion?
4. Where the abortion was took place
5. Did you know about the precondition that permit legal abortion or (Ethiopian abortion law)?
6. In your opinion what are the reasons of women's not to use a bortion services in the health facility?

**Annex. 4 Information sheet and consent form for 15-49 years of women
Amharic version**

ክፍል አንድ :- እድሜያቸው ከ 15-49 ለሆኑ ሴቶች የመረጃ መስጫ እና የፍቃደኝነት መጠየቂያ ቅጽ

አዲስ አበባ ዩኒቨርሲቲ በህክምና ፋክልቲ የህብረተሰብ ጤና ት/ቤት

1. ክፍል አንድ የመረጃ መስጫ ቅጽ

2. የመጠየቂያ መለያ ቁጥር

እንደምን አደሩ/ዋሉ ስሜ ----- ይባላል በአዲስ አበባ ዩኒቨርሲቲ በህክምና ፋክልቲ በህብረተሰብ ጤና ትምህርት-ቤት አስተባባሪነት ጥናቱን አጥኚው ለሚያደርገው ጥናት እኔ እና እርሶ አጠር ላለና ከ 25 ደቂቃ ለማይበልጥ ጊዜ ወይይት ይኖረናል ። ለዚህም ወይይት እንዲተባበሩኝ በትህትና እጠይቃለሁ።

ወደ ወይይታችን ከመግባታችን በፊት ስለጥናቱ አላማ ስለማነብሎት በጥሞና እንዲያዳምጡኝ እጠይቃለሁ ፡ በመጨረሻም በጥናቱ ለመሳተፍ መስማማትዎን ወይም አለመስማማትዎን ይነግሩኛል ። የዚህ ጥናት አላማ በመወለድ እድሜ ክልል ያሉ እናቶች ስለ ጽንሰ ዋቁዎረጥ ህግ ያላቸውን ግንዛቤ ለመመዘን ሲሆን ጥናቱ የሚካሄደው በመረጃ ሰብሳቢው በሚያቀርበው መጠይቅ ይሆናል ። መጠይቁ የእርሶንና የቤተሰቦን ሁኔታ የተመለከተ ይሆናል ፡ እርሶ የሚሰጡት መረጃ ንጽህናውን የጠበቀ ህጋዊ ወርጃ አገልግሎት ተጠቃሚ ቁጥርን ይጨምራል፡ በቆይታዎ ሁሉ ሚስጥር እንደሚጠበቅ እያረጋገጥኩኝ ለእያንዳንዱ ተሳታፊ መለያ ቁጥር የሚሰጠው ሲሆን ስም አይጻፍም ።

ለማንኛውም ጥያቄ የሚሰጡት ምላሽ ለሌላ ሰው ተላልፎ የማይሰጥ ሲሆን የጥናቱ ሪፖርትም ስለእርሶ አይገልጽም። በዚህ ጥናት በመሳተፍዎ የሚያገኙት ምንም አይነት ጥቅም የለም በተጨማሪም የጥናቱ ሪፖርት ቢታተም የሚወጣው ስለአጠቃላይ ተሳታፊዎች መረጃ ብቻ ይሆናል፡ መጠይቁ በፍቃደኝነት ላይ የተመሰረተ ስለሆነ የእርሶ መሳተፍ ወይም አለመሳተፍ ጥያቄዎችን ላለመመለስ ፍቃደኛ ያለመሆንና በጥያቄው ወቅት አቁዋርጦ መተወ የሚችሉ መሆኑን በድጋሚ አስታውቃለሁ ።

በጥናቱ ለመሳተፍ ፈቃደኛ ነዎት ?

- 1. አዎ
- 2. አይደለሁም

ክፍል ሁለት :- እድሜያቸው ከ 15-49 ለሆኑ ሴቶች የፍቃደኝነት መጠየቂያ ቅጽ

ከታች ፊርማዎን ያኖርኩት እኔ የጥናቱ አላማ የተነገረኝ ሲሆን ለምጠየቀው ጥያቄ የማውቀውን ለመመለስ እንደምችል፡ እኔ የምሰጠው መረጃ ለዚህ ጥናት አገልግሎት ብቻ የሚወልድ ሲሆን ስሜና የምሰጠው መረጃ በሚስጥር እንደሚጠበቅ ተነግሮኛል ። በተጨማሪም ፍላጎት ከሌለኝ በጥናቱ ያለመሳተፍ፣ ጥያቄ ያለመመለስና፣ በጥያቄው ወቅት አቁዋርጦ መተው እንደምችተነግሮኛል በዚህ መሰረት ጥናቱ ላይ ለመሳተፍ ፈቃደኛ ለመሆኔ በፍሪማዬ አረጋግጣለሁ ።

ፊርማ -----

ቀን -----

ማስታወሻ

1. የፍቃደኝነት መግለጫ በመልስ ሰጪው በካል መሰጠቱን የሚያረጋግጥ የመረጃው ሰብሳቢ

ፊርማ

ስም -----

ፊርማ -----

ቀን -----

ማንኛውም ገለጻ የሚስፈልጋቸው ነገሮች ካሉ መረጃ ሰብሳቢውም ሆነ ዋና ተመራማሪውን በአካልም ሆነ በአድራሻ ይጠይቁ ።

የዋናው ተመራማሪ አድራሻ

አዲስ አበባ ዩኒቨርሲቲ ህክምና ፋክልቲ የህብረተሰብ ጤና ት/ቤት ።

ጽጌራዳ ኢሳያስ ስልክ ቁጥር 0910127481

Annex. 5 Amharic version questionner

ክፍል 1: ማህበራዊና ነባራዊ ሁኔታ

ተ.ቁ	ጥያቄ	መልስ	ወደ ጥያቄ__ ይለፉ
101	እድሜ (በዓመት)	-----	
102	መኖሪያ ቦታ	ወረዳ -----	
103	የጋብቻ ሁኔታ	1. ያላገባች 2. በአሁን ወቅት ጋብቻ ላይ ያለች 3. የፈታች 4. ባል የሞተባት 5.የተለያዩች	
104	ሀይማኖት	1. ኦርቶዶክስ 2. ሙስሊም 3. ካቶሊክ 4. ፕሮቴስታንት 5. ሌሎች (ይጠቀስ)	
105	የስራ ሁኔታ	1. ተማሪ 2. የቤት እመቤት 3. የመንግስት ሠራተኛ 4. ነጋዴ 5. በግል መስሪያ ቤት ተቀጣሪ 6. የግል ስራ 7. የቡና ቤት ሰራተኛ 8. የሰው ቤት ሰራተኛ 9. ሌሎች (ይጠቀስ)	
106	ብሔር	1. ኦሮሞ 2. አማራ 3. ትግራይ 4. ጉራጌ 5..ሌሎች (ይጠቀስ)	
107ሀ	ወንበር	1.አለ 2. የለም	
107ለ	ጠረጴዛ	1.አለ 2. የለም	
107ሐ	ሬዲዮ	1.አለ 2. የለም	
107መ	ቴሌቪዥን	1.አለ 2. የለም	
107ሰ	ተንቀሳቃሽ ስልክ አለዎት ወይ ?	1.አለኝ 2.የለኝም	

107ረ	መደበኛ ስልክ አለዎት ወይ ?	1.አለኝ	2.የለኝም	
107ሠ	ፍሪጅ አለዎት ወይ?	1.አለኝ	2.የለኝም	
107ሸ	ሰአት	1.አለ	2. የለም	
107ቀ	ኤሌክትሪክ ምጣድ አለ ዎይ?	1.አለ	2. የለም	
108ሀ	መኪና አለዎት ወይ ?	1.አለኝ	2.የለኝም	
108ለ	ብስክሌት አለዎት ወይ	1.አለኝ	2.የለኝም	
109	ጣሪያ	1.አዎ	2.አይደለም	
		ቆርቆሮ -----		
		እንጨት -----		
		ሲሚንቶ -----		
		ኮንክሪት -----		
		አስቤስቶ/ፋይበር -----		
110	ግድግዳ	1.አዎ	2. አይደለም	
		እንጨትና ጭቃ -----		
		ካርድቦረደ -----		
		ሸክላ -----		
		ሲሚንቶ ብሎኬት -----		
111	ወለል	1.አዎ	2.አይደለም	
		ጭቃ -----		
		እንጨት/ሳንቃ -----		
		ሴራሚክ -----		
		ሲሚንቶ -----		
		ምንጣፍ -----		
112	መደበኛ ትምህረት ተከታትለዋል ወይ ?	1.አዎ		መልሱ <2> ከሆነ ወደ ክፍል 2 ይለፉ
		2.አልተከታተልኩም		

113	የትምህርት ደረጃዎ ምን ድረስ ነው ?	1. 1ኛ ደረጃ /h1-8/ 2. 2ኛ ደረጃ /h 9-12 3. ከ2ኛ ደረጃ በላይ (ቴክኒክና ሙያ) 4. ከፍተኛ ደረጃ (ዩኒቨርሲቲ)	
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ክፍል 2: የስነተዋልዶ ሁኔታ በተመለከተ

ተ.ቁ	ጥያቄ	መልስ	- ካሉ ወደ ጥያቄ ይለፉ
201	የግብረ ስጋ ግንኙነት አድርገሽ ታወቁያለሽ ?	1. አዎ 2. አላወቅም	አላወቅም ካሉ ወደ ጥያቄ (210)ይለፉ
202	ለመጀመሪያ ጊዜ የግብረ ስጋ ግንኙነት ስትፈጽሟ እድሜሽ ስንት ነበር	-----	
203	እስካሁን ለምን ያህል ጊዜ አርግዘሻል ?	1. አንድ ጊዜ 2. ሁለት ጊዜ 3. ሶስት ጊዜ 4. አራት ጊዜ 5. አምስት ጊዜ 6. ከአምስት ጊዜ በላይ 7. ምንም እርግዝና አልተከሰተም	መልሱ ተ.ቁ 7 ከሆነ ወደ ጥያቄ(210) ይለፉ
204	በመጀመሪያ እርግዝናሽ ወቅት እድሜሽ ስንት ነበር?	-----	
205	እርግዝናውን ሳትፈልጊ እርጉዝ ሆነሽ ታወቁያለሽ	1. አዎ 2. አላወቅም 3. አላስታወስም	አላወቅም ካሉ ወደ ጥያቄ ቁ (207) ይለፉ
206	ለተራ ቁ < 205 > መልሶ አዎ ከሆነ ባልተፈለገ እርግዝና ምክንያት ምን ተከሰተ? (ከአንድ በላይ ምላሽ መስጠት ይቻላል)	1. አግብተው ወለዱ 2. አላገቡም ነገር ግን ወለዱ 3. ውርጃ አከናወኑ 4. ትምህርት አቋረጡ 5. ከጎደኛቸው /ከእጮኛቸው ተለያዩ/ 6. ሳልፈልገው ወለድኩ 7. ሌሎች (ይጠቀሱ)	
207	ልጆች አለዎት ወይ	1 አለኝ 2. የለኝም	የለኝም ካሉ ወደ ጥያቄ 210ይለፉ
208	በህይወት የተወለዱ ልጆች ብዛት	ወንድ ----- ሴት-----	
209	በአሁን ሰአት ያሉት ልጅ ብዛት	ወንድ ----- ሴት-----	

210	የድንገተኛ የእርግዝና መከላከያ ዘዴ ታወቂያለች ? (እባክዎ ያብራሩላቸው) ከግብረ ስጋ ግንኙነት በሁዋላ በ72 ሰዓት ውስጥ የሚወሰድ የእርግዝና መከላከያ ዘዴ)	1. አዎ 2. አላውቅም	
211	የእርግዝና መከላከያ ተጠቅመው ያውቃሉ ?	1. አዎ 2. አላውቅም	አላውቅም ካሉ ወደ ክፍል 3 ይለፉ
212	በአሁኑ ጊዜ የእርግዝና መከላከያ እየተጠቀሙ ነው ?	1. አዎ 2. አልጠቀምም	
213	የተራ ቁጥር <212 > መልስ አዎ ከሆነ ምን አይነት የእርግዝና መከላከያ ዘዴ ነው እየተጠቀሙ ያሉት ?	1. ባህላዊ (ይጠቀሱ)____ 2. በመርፌ የሚሰጥ 3. እንክብል ኪኒን 4. ኮንዶም፣ 5. ሌሎች (ይጠቀሱ)-----	

ክፍል 3: ውርጃን ድርጊት የተመለከተ

ተ.ቁ	ጥያቄ	መልስ	
301	ከዚህ በፊት ውርጃ ኖርዎት ያውቃል ?	1. አዎ 2. የለም	የለም ካሉ ወደ ክፍል 4 ይለፉ
302	ለተራ ቁጥር < 301> መልስ አዎን ከሆነ በራስ ወይም በሌሎች የተደረገ ውርጃ ነበር ?	1.አዎ 2.አይደለም	
303	ለተራ ቁ. < 301 > መልሶ አይደለም ከሆነ ምን አይነት ውርጃ ነበር ያጋጠሞት ?	1. በራሱ ጊዜ የተከሰተ 2. በጤና ተቁዋም ውስጥ በጤና ባለሙያ የተደረገ 3. ሌላ ካለ ይገለጽ 4. አላውቅም 5. መልስ አልተሰጠም	
304	ለተራ ቁጥር < 301> መልስ አዎን ከሆነ ምን ያህል ጊዜ ውርጃ አጋጠሞት ?	1.አንድ ጊዜ 2. ሁለት ጊዜ 3. ሶስት ጊዜ 4. ከሶስት ጊዜ በላይ 5. 5.አላጋጠመኝም	
305	ለምን ያህል ጊዜ በራሱ የተከሰተ ውርጃ አጋጠሞት ?	1.አንድ ጊዜ 2. ሁለት ጊዜ 3. ሶስት ጊዜ 4. ከሶስት ጊዜ በላይ	

		5.አላጋጠመኝም	
306	ለምን ያህል ጊዜ በራስ ወይም በሌሎች የተደረገ ወርጃ አጋጠሞት?	1.አንድ ጊዜ 2.ሁለት ጊዜ 3.ሶስት ጊዜ 4.አሥት ጊዜ በላይ 5.አላጋጠመኝም	
307	ለምን ያህል ጊዜ በጤና ባለሙያ ጤና ድርጅት ውስጥ የተካሄደ ወርጃ ነበሮት ?	1.አንድ ጊዜ 2.ሁለት ጊዜ 3.ሶስት ጊዜ 4.አሥት ጊዜ በላይ 5.አላጋጠመኝም	
308	ለተራ ቁጥር < 301> መልስ አዎ ከሆነ መቼ ነበር በራሱ የተከሰተ ወርጃዉ ያጋጠሞት?	1. 6ወር ሆኖታል 2. ከ2-5 አመት ይሆነዋል 3. ከ 6-10 አመት ይሆነዋል 4. ከ አስር አመት በፊት ነዉ. 5. አላጋጠመኝም	
309	መቼ ነበር በራስ ወይም በሌሎች የተደረገ ወርጃ ያጋጠሞት ?	1. 6ወር ሆኖታል 2. ከ2-5 አመት ይሆነዋል 3. ከ 6-10 አመት ይሆነዋል 4. ከ አስር አመት በፊት ነዉ. 5. አላጋጠመኝም	
310	መቼ ነበር ንጽህናዉ የተጠበቀ ወርጃ ወይም በጤና ተቁዋም ውስጥ በጤና ባለሙያ የተደረገ ወርጃ ያጋጠሞት ?	1. 6ወር ሆኖታል 2. ከ2-5 አመት ይሆነዋል 3. ከ 6-10 አመት ይሆነዋል 4. ከ አስር አመት በፊት ነዉ. 5. አላጋጠመኝም	
311	ለተራ ቁጥር <302> መልስ (2) ወይም (3) ከሆነ ወርጃዉን የራጸምሽበት ምክኒያት ምን ነበር ?	1.በመደፈር በመረገዙ 2.እርግዝናዉ በቤተሰብ መካከል በመከሰቱ 3. መከላከያ መድሃኒት ባለመጠቀሜ 4. መከላከያ መድሃኒቱ ባለመስራቱ 5. አላረግዝም ብሎ በማሰብ 6 የወሊድ መከላከያ በአግባቡ ባለመጠቀሜ 7. ከጋብቻ ውጪ ስለሆነ 8 ተማሪ ስለሆንኩ 9. የተቀራረበ እርግዝና ስለሆነ 10. ሌሎች ካሉ ይጠቀሱ 11. አላወቅም 10. ምላሽ አልተሰጠም	

312	በራስ የተደረገ ወርጃው የተከናወነበት ቦታ የት ነበር ?	<ol style="list-style-type: none"> 1. በራስ ቤት ውስጥ 2. በቤተሰብ ቤት ውስጥ 3. በባህላዊ ህክምና ቤት ውስጥ 4. በመንግስት ጤና ድርጅት ውስጥ 5. በግል ጤና ድርጅት ውስጥ 6. ሌላ ካለ ይጠቀስ 7. አላውቅም 8. ምላሽ አልተሰጠም 	
313	ለተራ ቁ. <312 > መልሶ <ከ1 እስከ 3> ከሆነ ምክንያትዎ ምን ነበር (ከአንድ በላይ መልስ ይቻላል)	<ol style="list-style-type: none"> 1. የወርጃ ህግን አለማወቅ 2. አገልግሎት የሚሰጥበት ቦታ መኖሩን አለማወቅ 3. የወርጃ ድርጊት አሳፋሪና አስነዋሪ ስለሚባል 4. በባለሙያዎች ያልተገባ ስነምግባር ስላላቸው 5. ገንዘብ ማጣት 6. ሌላ ካለ ይገለጽ 7. መልስ አልተሰጠም 	
314	ጽንሱን ለማስወረድ ምን አይነት ዘዴ ነበር የተጠቀሙት ? (ከአንድ በላይ መልስ ይቻላል)	<ol style="list-style-type: none"> 1. ዘመናዊ የሚዋጥ መድሃኒት 2. ባህላዊ የሚዋጥ መድሃኒት 3. የፕላስቲክ ቱቦ ማህጸን ውስጥ በመጨመር 4. ጠፍጣፋ ብረትን ማህጸን ውስጥ በመጨመር 5. እጽዋቶችን ማህጸን ውስጥ በመጨመር 6. ሌላ ካለ ይገለጽ 	
315	ወርጃውን ሲያካሂዱ የገጠሞት ችግር ነበር ?	<ol style="list-style-type: none"> 1. አዎ 2. አላጋጠመኝም 	

316	ለተራ ቁጥር (315) መልሶ አዎ ከሆነ ምን አይነት ችግር ገጠሞት ? (ከአንድ በላይ መልስ ይቻላል)	<ol style="list-style-type: none"> 1. የበዛ የደም መፍሰስ 2. ሀይለኛ ህመም 3. የማህጸን አካላት ጉዳት 4. ትኩሳት 5. ያልተጠናቀቀ ዉርጃ 6. ሌላ ካለ ይገለጽ 	
317	ዉርጃዉ ከተፈጸመ በሁዋላ ወደ አገልግሎት ሰጪ ሄደዋል ወይም የጤና ድርጅት ጎብኝተዋል ?	<ol style="list-style-type: none"> 1. አዎ 2. አልጎበኘሁም 	
318	ለተራ ቁ. < 311 > መልሶ አዎ ከሆነ የት ነበር የሄዱት?	<ol style="list-style-type: none"> 1. ጤና ጣቢያ 2. የመንግስት ሆስፒታል 3. የግል ክሊኒክ 4. ከፋርማሲ መድሃኒት ገዝቼ ብቻ ወሰድኩ 5. ሌላ ካለ ይጠቀስ 	

ክፍል 4.የወርጃን ህግን እውቀት በተመለከተ

ተ.ቁ	ጥያቄ	መልስ	ወደ ጥያቄ -ይለፉ
401	በህጋዊ መንገድ ጽንሰ ለማስወገድ የሚሰፈሩትን ቅድመ ሁኔታዎች ታወቁለሽ/ሰምተሽል ?	1. አዎ 2.አላወቅም	አላወቅም ካሉ ወደ ጥያቄ ቁ (403) ይለፉ
402	ለተራ ቁጥር <401> መልስ አዎ ከሆነ ከየት ሰሙ ? (ከአንድ በላይ መልስ ይቻላል)	1. ከሚነበቡ መጻሕፍት 2. ከሬዲዮ 3. ከቴሌቪዥን 4. ከጉዋደኛዬ 5. ከቤተሰብ 6.ከአስተማሪ/ትምህርት-ቤት 7. ከጤና ባለሙያ	
አሁን ስለ ህጉቅድመ ሁኔታዎች ያሉትን ግንዛቤ በተመለከተ ልጠይቅት ነዉ እርሶም አዎ ፣ አይደለም ፣ አላወቅም በማለት ይመልሱልኛል ።			
403	በመደፈር ለተከሰተ እርግዝና ለማስወገድ ህጉ ይፈቅዳል ?	1. አዎ 2. አይደለም 3. አላወቅም	
404	በቤተሰብ መካከል ለተከሰተ እርግዝና ለማስወገድ ህጉ ይፈቅዳል ?	1. አዎ 2. አይደለም 3. አላወቅም	
405	የእርግዝናዉ መቀጠል ለእናት-የወ.ንና ለጽንሱ አስጊ ከሆነ ለማስወገድ ህጉ ይፈቅዳል ?	1. አዎ 2. አይደለም 3. አላወቅም	
406	ጽንሱ በማይድን ወይም በአደገኛ የአንጎልና የጤና ጉድለት ከተያዘ ለማስወገድ ህጉ ይፈቅዳል ?	1. አዎ 2. አይደለም 3. አላወቅም	
407	የእናት-የወ. አእምሮ ወይም የአካል ጤናዋ የታወከ ከሆነ ወይም በአእምሮ እና በአካል ልጅ ወልዶ ለማሳደግ ብቁ ካልሆነች ለማስወገድ ህጉ ይፈቅዳል?	1. አዎ 2. አይደለም 3. አላወቅም	
408	በህጉ መሰረት እስከ ስንት ሳምንት ድረስ ጽንሰ ማስወገድ ይቻላል ?	-----	
409	ደህንነቱ ወይም ንጽህናዉ ያልተጠበቀ የጽንሰ ማስወገድ የሚያስከትለዉን ጉዳት ታወቁያለሽ/ሰምተሽል ?	1. አዎ 2. አላወቅም	አላወቅም ካሉ ወደ ክፍል 5 ይለፉ

410	ደህንነቱ ወይም ንጽህናው ያልተጠበቀ የጽንሰ ማስዎረድ የሚያስከትለውን ጉዳት ይጥቀሱልን (ከአንድ በላይ መልስ ይቻላል)	<ol style="list-style-type: none"> 1. የበዛ ደም መፍሰስ 2. የማህጸን አካባቢ ጉዳት 3. መሃንነት 4. ሞት 5. ትኩላት 6. ሌላ ካለ ይጠቀስ 	
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ክፍል 5. የወርጃን ህጋዊነት በተመለከተ ያላቸው አመለካከት

ለሚከተሉት ጥያቄዎች እርሶ የሚያምኑበትን ሀሳብ በበመርኮዝ በጣም እስማማለሁ፣ እስማማለሁ- እርግጠኛ አይደለሁም አልስማማም ፣ በጣም አልስማማም በማለት ይመልሱልኛል			
501	በመደፈር የተከሰተ እርግዝናን ለማስወረድ ህጉ ይፈቅዳል	<ol style="list-style-type: none"> 1. በጣም እስማማለሁ 2. እስማማለሁ 3. እርግጠኛ አይደለሁም 4. አልስማማም 5. በጣም አልስማማም 	
502	ሀቤተሰብ መካከል የተከሰተ እርግዝናን ለማስወረድ ህጉ ይፈቅዳል	<ol style="list-style-type: none"> 1. በጣም እስማማለሁ 2. እስማማለሁ 3. እርግጠኛ አይደለሁም 4. አልስማማም 5. በጣም አልስማማም 	
503	የእርግዝናወ መቀጠል ለእናትየወና ለጽንሱ አስጊ ከሆነ ለማስወረድ ህጉ ይፈቅዳል	<ol style="list-style-type: none"> 1. በጣም እስማማለሁ 2. እስማማለሁ 3. እርግጠኛ አይደለሁም 4. አልስማማም 5. በጣም አልስማማም 	
504	ጽንሱ በማይድን ወይም በአደገኛ የአንጎልና የጤና ጉድለት ከተያዘ ለማስወረድ ህጉ ይፈቅዳል	<ol style="list-style-type: none"> 1. በጣም እስማማለሁ 2. እስማማለሁ 3. እርግጠኛ አይደለሁም 4. አልስማማም 5. በጣም አልስማማም 	
505	የእናትየወ አእምሮ ወይም የአካል ጤናዋ የታወከ ከሆነ፣ ወይም በአእምሮም በአካልም ልጅ ወልዶ ለማሳደግ ብቁ ካልሆነች ለማስወረድ ህጉ ይፈቅዳል	<ol style="list-style-type: none"> 1. በጣም እስማማለሁ 2. እስማማለሁ 3. እርግጠኛ አይደለሁም 4. አልስማማም 5. በጣም አልስማማም 	
506	በተፈለገ ጊዜ ጽንሰ ማቁዋረጥ እስካሁን ኢትዮጵያ ውስጥ በህግ	<ol style="list-style-type: none"> 1. በተፈለገ ጊዜ ጽንሰ ማቁዋረጥ እንዲፈቀድ እፈልጋለሁ 1. አሁን ያለው ህግ ይቀጥል 	

	አልተፈቀደም እርሶ ምን ይመርጣሉ?	<ol style="list-style-type: none"> 2. የወርጃ ህጉ የበለጠ ይጥበቅ 3. አላውቅም 4. መልስ አልተሰጠም 	
507	በተፈለገ ጊዜ ጽንሰ ማቁዋረጥ በህግ ቢፈቀድና አገልግሎቱ ቢኖር ያልተፈለገ እርግዝና በሚያጋጥሞት ጊዜ አገልግሎቱን ይጠቀማሉ ወይ ?	<ol style="list-style-type: none"> 1. አዎ እጠቀማለሁ 2. አልጠቀምም 3. አላውቅም 4. መልስ አልተሰጠም 	
508	ለተራ ቁ (507) መልስዎ አልጠቀምም ከሆነ ምክኒያቱ ምንድን ነው ?	<ol style="list-style-type: none"> 1. በሃይማኖቱ ወርጃ ስለማይፈቀድ 2. በባህላችን ወርጃ ተቀባይነት ስለሌለው 3. ሰው የመግደል ድርጊት ስለሆነ 4. ወርጃን ስለሚያበረታታ 5. ከጋብቻ ወጪ/ከጋብቻ በፊት ግብረስጋ ግንኙነትን ስለሚያበረታታ 6. ሌላ ካለ ይገለጽ 	
509	ደህንነቱ ወይም ንጽህናው የተጠበቀ የወርጃ አገልግሎት የት ይገኛል ብለው ያስባሉ ?	<ol style="list-style-type: none"> 1. የመንግስት ሆስፒታል 2. የመንግስት ጤና ጣቢያ 3. የግል ሆስፒታል 4. የግል ክሊኒክ 5. የትም ሊሆን ይችላል ነገርግን ህጋዊና የሰለጠነ ባለሙያ መኖር አለበት 6. ሌላ ካለ ይጠቀስ 7. አላውቅም 8. መልስ አልተሰጠም 	

Annex .6 Information sheet and consent form for in depth interview of 15-49 year of women Amharic version

ክፍል አንድ :- እድሜያቸው ከ 15-49 ለሆኑ ሴቶች የመረጃ መስጫ እና የፍቃደኝነት መጠየቂያ ቅጽ

አዲስ አበባ ዩኒቨርሲቲ በህክምና ፋክልቲ የህብረተሰብ ጤና ት/ቤት

3. ክፍል አንድ የመረጃ መስጫ ቅጽ

4. የመጠየቂያ መለያ ቁጥር

እንደምን አደሩ/ዋሉ ስሜ ----- ይባላል በአዲስ አበባ ዩኒቨርሲቲ በህክምና ፋክልቲ በህብረተሰብ ጤና ትምህርት-ቤት አስተባባሪነት ጥናቱን አጥኚው ለሚያደርገው ጥናት እኔ እና እርሶ ከ 35-40 ደቂቃ ለማይበልጥ ጊዜ ወይይት ይኖረናል ። ለዚህም ወይይት እንዲተባበሩ በትህትና እጠይቃለሁ።

ወደ ወይይታችን ከመግታችን በፊት ስለጥናቱ አላማ ስለማነብሎት በጥሞና እንዲያዳምጡኝ እጠይቃለሁ ፡ በመጨረሻም በጥናቱ ለመሳተፍ መስማማትዎን ወይም አለመስማማትዎን ይነግሩኛል ። የዚህ ጥናት አላማ በመውለድ እድሜ ክልል ያሉ እናቶች ስለ ጽንሰ ዋቁዎረጥ አገልግሎት ተጠቃሚነትን በተመለከተ ያላቸውን ግንዛቤ ለመመዘን ሲሆን ጥናቱ የሚካሄደው በመረጃ ሰብሳቢው በሚያቀርበው መጠይቅ ይሆናል ። መጠይቁ የእርሶንና የቤተሰቦን ሁኔታ የተመለከተ ይሆናል ፡ እርሶ የሚሰጡት መረጃ ንጽህናውን የጠበቀ ህጋዊ ወርጃ አገልግሎት ተጠቃሚ ቁጥርን ይጨምራል፡ በቆይታዎ ሁሉ ሚስጥር እንደሚጠበቅ እያረጋገጥኩኝ ለእያንዳንዱ ተሳታፊ መለያ ቁጥር የሚሰጠው ሲሆን ስም አይጻፍም ።

ለማንኛውም ጥያቄ የሚሰጡት ምላሽ ለሌላ ሰው ተላልፎ የማይሰጥ ሲሆን የጥናቱ ሪፖርትም ስለእርሶ አይገልጽም። በዚህ ጥናት በመሳተፍዎ የሚያገኙት ምንም አይነት ጥቅም የለም በተጨማሪም የጥናቱ ሪፖርት ቢታተም የሚወጣው ስለአጠቃላይ ተሳታፊዎች መረጃ ብቻ ይሆናል፡ መጠይቁ በፍቃደኝነት ላይ የተመሰረተ ስለሆነ የእርሶ መሳተፍ ወይም አለመሳተፍ ጥያቄዎችን ላለመመለስ ፍቃደኛ ያለመሆንና በጥያቄው ወቅት አቁዋርጦ መተወ የሚችሉ መሆኑን በድጋሚ አስታውቃለሁ ።

በጥናቱ ለመሳተፍ ፈቃደኛ ነዎት ? 1.አዎ 2. አይደለሁም

ክፍል ሁለት :- ከደብዳቤዎ ለ 15-49 ስም ሲገኝ የጽሑፍ አገልግሎት መጠየቅ ቅጽ

ከታች ፊርማዎን ያኖርኩት እኔ የጥናቱ አላማ የተነገረኝ ሲሆን ለምጠየቀው ጥያቄ የማወቀውን ለመመለስ እንደምችል፡ እኔ የምሰጠው መረጃ ለዚህ ጥናት አገልግሎት ብቻ የሚወልድ ሲሆን ስሜና የምሰጠው መረጃ በሚስጥር እንደሚጠበቅ ተነግሮኛል ። በተጨማሪም ፍላጎት ከሌለኝ በጥናቱ ያለመሳተፍ፣ ጥያቄ ያለመመለስ፣ በጥያቄው ወቅት አቁዋርጦ መተወ፣ እንደምችተነግሮኛል በዚህ መሰረት ጥናቱ ላይ ለመሳተፍ ፈቃደኛ ለመሆኔ በፍሪማዬ አረጋግጣለሁ ።

ፊርማ -----

ቀን -----

ማስታወሻ

2. የፍቃደኝነት መግለጫ በመልስ ሰጪው በቃል መሰጠቱን የሚያረጋግጥ የመረጃው ሰብሳቢ ፊርማ

ስም -----

ፊርማ -----

ቀን -----

ማንኛውም ገለጻ የሚስፈልጋቸው ነገሮች ካሉ መረጃ ሰብሳቢውም ሆነ ዋና ተመራማሪውን በአካልም ሆነ በአድራሻ ይጠይቁ ።

የዋናው ተመራማሪ አድራሻ

አዲስ አበባ ዩኒቨርሲቲ ህክምና ፋክልቲ የህብረተሰብ ጤና ት/ቤት ።

ጽጌራዳ ኢሳያስ ስልክ ቁጥር 0910127481

Annex 7. In depth interview guide with client Amharic version

7.1 ከ 15-49 የእድሜ ክልል ውስጥ ያሉ ንጽህናዉ ያልተጠበቀ ዉርጃ ያካሄዱ ሴቶችጋር የሚካሄድ ጠለቅ ያለ መጠይቅ

የመወያያ ርዕሶች

1. ከዚህ በፊት ጽንሰ አቁዋርጠዉ ወይም ዉርጃ ፈጽመዉ ነበር ?
2. መቼ ነበር የፈጸሙት ?
3. ዉርጃዉን ለመፈጸም ምክኒያትዎ ምን ነበር?
4. ዉርጃዉ የት ነበር የተከናወነዉ ?
5. የጠቀሱዎቸዉን ቦታዎች ለምን መረጡዎቸዉ ?
6. ዉርጃዉን ለማካሄድ ምን አይነት መድሃኒት ወይም መሳሪያ ነዉ የተጠቀሙት ?
7. ስለአትዮጵያ የዉርጃ ወይም ጽንሰ ማቁዋረጥ ህግ ወይም ጽንሰ ለማቁዋረጥ የሚፈለጉ ቅድመ ሁኔታዎችን ያዉቃሉ ?
8. ወደ ጤና ድርጅት ሄደዉ አገልግሎት እንዳያገኙ ያደረገት ምክኒያት ምንድን ነዉ ?

7.2 ከ 15-49 የእድሜ ክልል ውስጥ ያሉ በጤና ተቁዋም ውስጥ ዉርጃ ያካሄዱ ሴቶችጋር የሚካሄድ ጠለቅ ያለ መጠይቅ

1. ከዚህ በፊት ጽንሰ አቁዋርጠዉ ወይም ዉርጃ ፈጽመዉ ነበር ?
2. መቼ ነበር የፈጸሙት ?
3. ዉርጃዉን ለመፈጸም ምክኒያትዎ ምን ነበር?
4. ዉርጃዉ የት ነበር የተከናወነዉ ?
5. ስለአትዮጵያ የዉርጃ ወይም ጽንሰ ማቁዋረጥ ህግ ወይም ጽንሰ ለማቁዋረጥ የሚፈለጉ ቅድመ ሁኔታዎችን ያዉቃሉ ?
6. በእርሶ አስተያየት ሴቶች ጥንስ ለማቁዋረጥ ወደ ጤና ተቁዋም የማሄዱበት ምክኒያት ምን ይመስሎታል

