

**ADDIS ABABA UNIVERSITY
COLLEGE OF HEALTH SCIENCES
SCHOOL OF NURSING AND MIDWIFERY
POSTGRADUATE PROGRAM**

**AWARENESS ON OBSTETRIC FISTULA AND ITS ASSOCIATED
FACTORS AMONG REPRODUCTIVE AGE WOMEN IN ASELLA TOWN
OROMIA REGION, ETHIOPIA**

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A THESIS SUBMITTED TO ADDIS ABABA UNIVERSITY, COLLEGE OF
HEALTH SCIENCES, SCHOOL OF NURSING AND MIDWIFERY IN
PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE DEGREE OF
MASTERS IN MATERNITY AND REPRODUCTIVE HEALTH NURSING

JUNE 2018

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ACKNOWLEDGEMENT

First and for most, I give honor to Allah, the omnipotent for every protection he did to me. I would like to express my deepest gratitude to Addis Ababa University, College of Health Sciences, School of Nursing and Midwifery for giving me this opportunity and Arsi University for sponsoring my education.

I would like to extend my heartfelt thanks to my advisors Addishiwet Fantahun and Haweni Adugna for their unreserved guidance and constructive comments in the development of my thesis.

My special thanks and appreciation also goes to Asella city Administrative Office and Health Extension workers of Asella town for the provision of the necessary information that was an important input for the study. Also I would like to thank the data collectors and study participants.

I would like to express my deepest gratitude to Sr Rahel Nega and Ato Dereje Bikila in providing me necessary materials, information and guidance in developing my thesis.

My everlasting love and appreciation is to my father Ato Defar Bekele in providing me necessary comments, suggestion, guidance and documents, and to my mother Fetiya Mohammed and other family members in supporting me in all aspects.

ABBREVIATION

CS	Caesarean Section
EDHS	Ethiopian Demographic and Health Survey
FGDs	Focused Group Discussions
IDIs	In-depth Interviews
IRB	Institutional Review Board
OF	Obstetric Fistula
RVF	Recto Vaginal Fistula
SPSS	Statically Package for Social Sciences
TBAs	Traditional Birth Attendants
UNFPA	United Nation Fund for Population Agency
USAIDs	United States Agency for International Developments
VVF	Vesico-vaginal Fistula

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ABSTRACT

Background: Obstetric fistula is an abnormal connection between the vagina, rectum and/or bladder, which leads to continuous urinary or fecal incontinence, and Vesico-vaginal Fistula (VVF) is the commonest type of obstetric fistula. Awareness is the state of being conscious of something. Currently Percentage of reproductive age women who have ever heard of obstetrical fistula is lowest in Oromia Region (28.6%). **Objective:** To assess awareness on obstetric fistula and its associated factors among reproductive age women in Asella town Oromia region, 2018. **Methods:** Community based cross sectional study design was conducted from March 01-30/2018 using adapted structured questionnaires. Systematic sampling technique was used to assign households, all kebeles were included in the study. Kebele registration was used as a sampling frame. Data was entered and cleaned using Epi data version 3.1 and analyzed by SPSS version 21. Both descriptive and regressions was computed. **Result:** The mean age of participants were 30.26 years old and 63.5% of respondents are married. The study showed those who had no history of pregnancy were 60% less likely to have good awareness on obstetrics fistula prevention than their counter parts (AOR=0.399:95% CI (0.241-0.661)). Those who lived above thirty (30) minutes foot distance from health facility were 65% less likely to have good awareness than those living near to health center (AOR=0.355:95% CI (0.212-0.594)). In addition, awareness to birth related complication (AOR=0.458:95% CI (0.368-0.678)) and women education (AOR=0.162:95% CI (0.081-0.364)) had significant association with awareness on obstetric fistula. **Conclusion and Recommendation:** The finding indicates 50% of women's have Poor awareness on obstetrics fistula in the area. Educational level of women, exposure for pregnancy, awareness on obstetrics complications, and distance to the nearby health center were the factors associated with awareness of women on obstetrics fistula. Health office of the city and Nongovernmental organizations, which are engaged in reproductive health program in the area, should give special attention for women to increase their awareness on obstetrics fistula. **Keywords:** Obstetric Fistula, Awareness, Reproductive age women

CHAPTER ONE

INTRODUCTION

1.1. Background

Obstetric fistula is an abnormal connection between the vagina, rectum and/or bladder which may develop after prolonged and obstructed labor and lead to continuous urinary or fecal incontinence(1). Obstetric fistula can occur between the bladder and the vagina (vesico vaginal Fistula), between the rectum and vagina (RectoVaginal Fistula) or both, leading to uncontrolled leakage of urine and/or feces(2). The commonest type of obstetric fistula is vesico-vaginal Fistula (VVF) which accounts 79% of cases but there are also cases of Recto Vaginal Fistula (RVF) 1-8% and combined (VVF and RVF) 1-23%(3).

Obstetrics fistula is associated with several risk factors, and they appear to be preventable. This condition is associated with teenage status at delivery, primi-parity, prolonged labor and home delivery(4).

Globally, around one million girls and women are currently living with fistula. Fewer than 20,000 women with obstetric fistula are treated each year. In developed countries surgery and radiotherapy are the main risk factors for the condition, while obstetric complications are the predominant risk factors in developing nations, fistulas are also found in other parts of the world where fertility is high, the economic status of women is low, and obstetric services are poor, such as in Afghanistan, Pakistan, Bangladesh and parts of India. Obstetric fistula is a disease of poverty(5).

Obstetric fistula occurs in all developing countries but it is confined to the “fistula belt” across the northern half of Sub-Saharan Africa from Mauritania to Eritrea and in the developing countries of the Middle East and Asia(6).

World Health Organization(WHO) classifies obstetric fistula prevention strategies into primary prevention strategies (focused on contraception), secondary prevention strategies (ensuring women can access skilled care for delivery) and tertiary prevention strategies (early screening for fistula for most at risk women) (4).

Fistula is treatable as well as preventable. The success rates of obstetric fistula surgery in the literatures are between 70 to 90 per cent for simple fistulas, and between 30 and 60 per cent for complex or complicated cases(7).

The world is standing by declaring May 23 as the International Day to end obstetric fistula and the decision to continue to use this Day each year to significantly raise awareness and intensify actions towards ending obstetric fistula(4).

Resolution adopted by the General Assembly on 25 September,2015 (Sustainable Development Goal) states under Target 3.7: by 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs(8).

Since Ethiopia launched a five-year fistula elimination programme in 2014 with a theme of “Ending Fistula and Transforming Lives by 2020”. The Federal Ministry of Health is leading the development of an action plan to accelerate the elimination of obstetric fistula by the year 2020(9).

Awareness is the ability to directly know and perceive, to feel, or to be cognizant of events. More broadly, it is the state of being conscious of something. According to my study awareness on OF means knowing of cause, symptoms and prevention of obstetrics fistula.

1.2. Statement of the Problem

Globally about 300,000 women die every year from pregnancy and childbirth related complications. Five per cent of pregnant women face an obstructed labor. The World Health Organization (WHO) estimates that about 50,000–100,000 women develop obstetric fistula annually with at least 33,000 of these located in Sub-Saharan Africa (SSA). Obstetric fistula almost eradicated in the developed world since the end of the 19th century when caesarean section and informed medical intervention became widely available but it continues to affect women throughout the developing world (10).

An estimated two million women in Sub-Saharan Africa, Asia, the Arab region, Latin America and the Caribbean are living with untreated fistula. The true number of women with fistula may actually be higher, as untreated patients who never reach a medical facility are more difficult for researchers to identify, and sampling biases are hard to verify(11).

The effects of obstetric fistula are devastating. It affects women, families and friends. Studies showed that it had physical, economical, and psychological consequences. Families and women's income lost for medical care, time lost by treatment seeking, work stoppage and being dependent on others are among the economic effects(12, 13)

The prevalence of VVF rate ranges from 0.4 in Burkina Faso to 19.2 per 1000 women of childbearing age in Uganda and the rate in Ethiopia is 7.1 per 1,000 women of reproductive age group women (14).

In Ethiopia there are 3,000 new cases of fistula every year. There were only 1477 fistulas repaired in the year 2010 in all treatment centers of Hamlin fistula hospital including the main hospital in Addis Ababa. 46,000 of the total population of women suffer with untreated obstetric fistula(15).

Maternal age has a role in development of obstetric fistula and this varies from country to country, with a mean age of 22 years in Ethiopia (16).

The prevalence of obstetric fistula is highest varies among the regions. Tigray (1.6%) and Southern Nations, Nationalities, and People's Region (SNNPR) (1.5%) have high prevalence of obstetric fistula followed by Oromia (1.2%)(17).

Teenage childbearing is more common in rural than in urban areas of Ethiopia (15% versus 5 %, respectively) and among women in Afar and Somali regions compared to Addis Ababa. The proportion of teenagers who have started child bearing decreases with increasing level of education. Teenagers childbearing also decreases steadily with wealth; 22 percent of teenagers in the lowest wealth quintile have begun childbearing compared with 5 percent of those in the highest quintile(18).

In Ethiopia, obstetric fistula is still a common health and social problem. The social consequences include divorce by husbands, and abandonment and ostracism by affected women's families and community. This is due to the uncontrollable leakage of urine and/or feces and the accompanying smell. Fistula also leaves women with few opportunities to earn a living, so worsens their poverty(19).

Currently the prevalence of obstetric fistula is 4 per 1000 women (0.4%). Percentage of reproductive age women who have ever heard of obstetrical fistula is lowest in Oromia region(28.6%) than Tigray and Amhara regions(65.8% and 45% respectively)(18).

A lack of awareness of fistula is perhaps one of the most challenging barriers. This lack of awareness keeps women from seeking care. Fistula will be a problem until the world does something to end it. Action starts with knowledge. It is believed that once someone learns about the condition they will refuse to accept its existence. The best thing to reduce the incidence of obstetric fistula is prevention and it should focus on direct causes like prevention of prolonged obstructed labor, early child bearing, early marriage, malnutrition, Female Genital Mutilation and prevention of indirect risk factors like illiteracy, poverty, and low economic status of women(20).

As to my search for literatures there was limited research on awareness among reproductive age group women about obstetric fistula so this study is intended to know the awareness status of reproductive age women on obstetric fistula and its associated factors so that preventive and treatment strategies can be strengthened.

1.3. Significance of the Study

Understanding the status of awareness on obstetric fistula among reproductive age women helps in planning to modify community based health education that can address preventive messages against it. This knowledge is used in strengthening preventive strategies against obstetric fistula both at the health facility and at the community level. The data from this study is used as a base line for the district health office so that they can revise or strengthen their plan of community health education in regarding the prevention of obstetric fistula particularly among reproductive age group women. Reproductive age group women who are at risk of developing obstetric fistula will be benefited indirectly because based on the study findings recommendations will be made to the District Health office and local nongovernmental organizations (NGOs) whose responsibilities are meeting the reproductive health needs of those women.

The results of this study will benefit Federal Ministry of Health of Ethiopian a way that they can understand whether preventive messages against obstetric fistula reached in the community to achieve the established goals of eliminating fistula by 2020 through preventive and curative strategies launched in 2014.

It is also a vital for the community by improving the preventive practice of Obstetric Fistula. The findings of this study will also be a baseline for other researchers interested to work on the issue.

CHAPTER TWO

LITERATURE REVIEW

2.1. General Awareness on Obstetric Fistula

Cross sectional study conducted in Nigeria to assess the awareness of pregnant women on VVF shows a hundred and eighteen (57.8%) had knowledge about VVF while 86 (42.2%) did not have knowledge about the disease. Only 51(25%) knew that pregnant women were at risk of VVF. The risk factors for VVF identified by the respondents were prolonged labor, instrumental vaginal delivery, CS and short stature. Seven (3.4%) women believe that VVF was punishment from the gods(20).

A community based study in Southwestern Uganda indicated that exposure to mass media provides increased awareness , as well as changes in attitudes, social norms and behaviors that may lead to reduction of obstetric fistula prevalence(21).

A cross-sectional study done on 99 Cameroonian women, the women who had no previous awareness on Obstetric Fistula (OF) were generally the illiterate (41.7% compared to 18.8%). More than a third of the women who had an idea of the OF did not know that there is a surgical treatment for it, one-tenth of the women suggested that suicide was the solution to fistula where as one-third of the women suggested that a patient suffering from fistula should be isolated(22).

A cross-sectional study, which was carried out in Northern Ghana, shows the level of awareness among women is 45.8%. Awareness level was highest among the 21-30 years' age and was significantly high among those respondents with at least high school level of education. The study also showed that the preferred place to seek treatment vary depending on the educational level of the respondents with majority of respondents who had no or very little education preferring to seek treatment from traditional birth attendants and spiritual healers (23).

A study conducted among young women in Burkinefaso showed, the level of awareness was 47.6%. About one-third of the study participants were aware about obstetrics fistula.

Knowledge of transport in case of emergency was not satisfactory (19.1% urban Vs 12.1% for Ambulance). Most women (71.7%) identified the motorcycle and only 15.7% preferred the ambulance as the means for transport in case of emergency (24).

A study of awareness on obstetric fistula in Kenya showed that the cause of obstetric fistula (OF) were known by 53% of the study participant of which 89% knew that fistula could be treated. Participants whose educational level is above secondary school were more knowledgeable than primary (25).

According to EDHS 2016, Out of five women who were interviewed in the survey only two (39 %) had heard of obstetric fistula. Knowledge of obstetric fistula was higher in highly educated women, and those in the highest wealth quintile. 13 percent of women age 15-19 in Ethiopia have begun childbearing, 10 percent have had a live birth (18).

A community based cross-sectional study was conducted on 597 young women Delanta District in Ethiopia shows status of awareness in the area were 40.5%. Moreover, distance to the nearby health center, availability of source of information's like radio, television in the household were found to have significant association with awareness (26).

2.1.1. Awareness on Predisposing Factors for Occurrence of Obstetric Fistula

A study that used household and facility survey from 2007 to 2008 in India indicated that Age and physical maturity are important factors for the occurrence of obstetric fistula and it is found that those women who were below 18 years at the time of their first birth have higher risk of fistula (2%) in comparison to those who had child at 18 or above years (1.5%) (27).

A cross-sectional survey conducted in Tanzania shows 9 (3%) women associate OF with prolonged labour. In general, 23 (24.0%) thought OF was caused by a wrong operation during caesarean section (CS), 11 (11.5%) thought the baby was too big causing a ruptured uterus and 3 (3.1%) said it was caused by poor family planning (FP) especially not spacing children properly. (28).

A qualitative study that was conducted in Uganda among reproductive age women shows that early marriage is the cause of OF. Most of the women participants attributed OF to young age of women, delay to access medical care during labor, and induced abortions. Some of the

participants believed OF is not related to a biomedical cause but may be due to a curse. Some participants mentioned that domestic violence, sexual trauma after rape and misuse of FP methods can cause OF. Some said that TBAs also cause the problem of obstetric fistula as they have limited skills of childbirth and management of the mother after giving birth (24).

A study conducted on northern Nigeria shows most of the healthy female participants believed OF was a punishment from the gods to affected women for their infidelity to the affected person while the majority of women with OF in that study believed that their condition either resulted from the effect of a poison from the skull bone of their dead macerated fetus or from manipulations by the traditional birth attendants(TBAs)while trying to deliver the dead fetus(29).

A literature review which included 15 studies from Sub-Saharan Africa and 4 studies from Middle East regarding the cause of obstetric fistula showed that teenage pregnancies constitute a large proportion of pregnancies in developing countries (7-30%)(3).

A review in the last ten years from 2000 on causes and consequences of obstetric fistula in Ethiopia indicated that distance to the health care facility, transportation access, economic factors(poverty), poor knowledge related to the problem, poor health seeking behavior of the affected women and age at first marriage are triggering factors for the occurrence of obstetric fistula in women (9).

A community based cross-sectional study was conducted on 597 young women Delanta District in Amhara region, Ethiopia shows 66.5% of respondents have awareness on causes of OF. Out of this most of the respondents (88.8%) agreed on early pregnancy as major cause of OF (26).

2.1.2. Awareness on Presentations of Obstetric Fistula

In qualitative study that was conducted in Uganda using focus group discussion (FGD) shows, some participants reported that they were aware of a condition characterized by leakage of urine, persistent smell of urine. This problem happens following difficult delivery and they didn't mention any leakage other than urine, such as feces. Due to this odor, fistula patients

are always isolated by the community and close family members. Women with obstetric fistula were always depressed or in low moods due to the isolation and stigma(30).

A community based cross-sectional study which was conducted on young women in Delanta District of Ethiopia shows 62.6% of respondents have awareness on symptoms of OF. And majority of them stated urine and fecal incontinency as a major symptom(26).

2.1.3. Awareness on Prevention of Obstetric Fistula

A study which was conducted in Uganda for reproductive age women shows that discouraging early marriages would greatly contribute to the prevention of OF. Some participants believed that when pregnant women in labour sought early medical attention, chances of getting OF would be greatly reduced (30).

A community based study in Southwestern Uganda indicated that birth preparedness increases the use of skilled birth attendants (SBAs) and hence reduces maternal morbidity and mortality. Birth preparedness actions included were money saved (87.8%), identified SBA (64.3%), identified transport (60.1%) (21).

A community based cross-sectional study was conducted on young women in Ethiopia shows those women's attended more than primary education have sufficient knowledge (53.5%) on obstetrics fistula prevention than those with no formal education(34.5%)(26).

2.2. Conceptual Frame Work

For the construction of the following conceptual frame-work, factors associated with awareness on obstetrics fistula in different studies used. It is also based on an understanding of the factors that can affect awareness of reproductive age women regarding obstetric fistula.

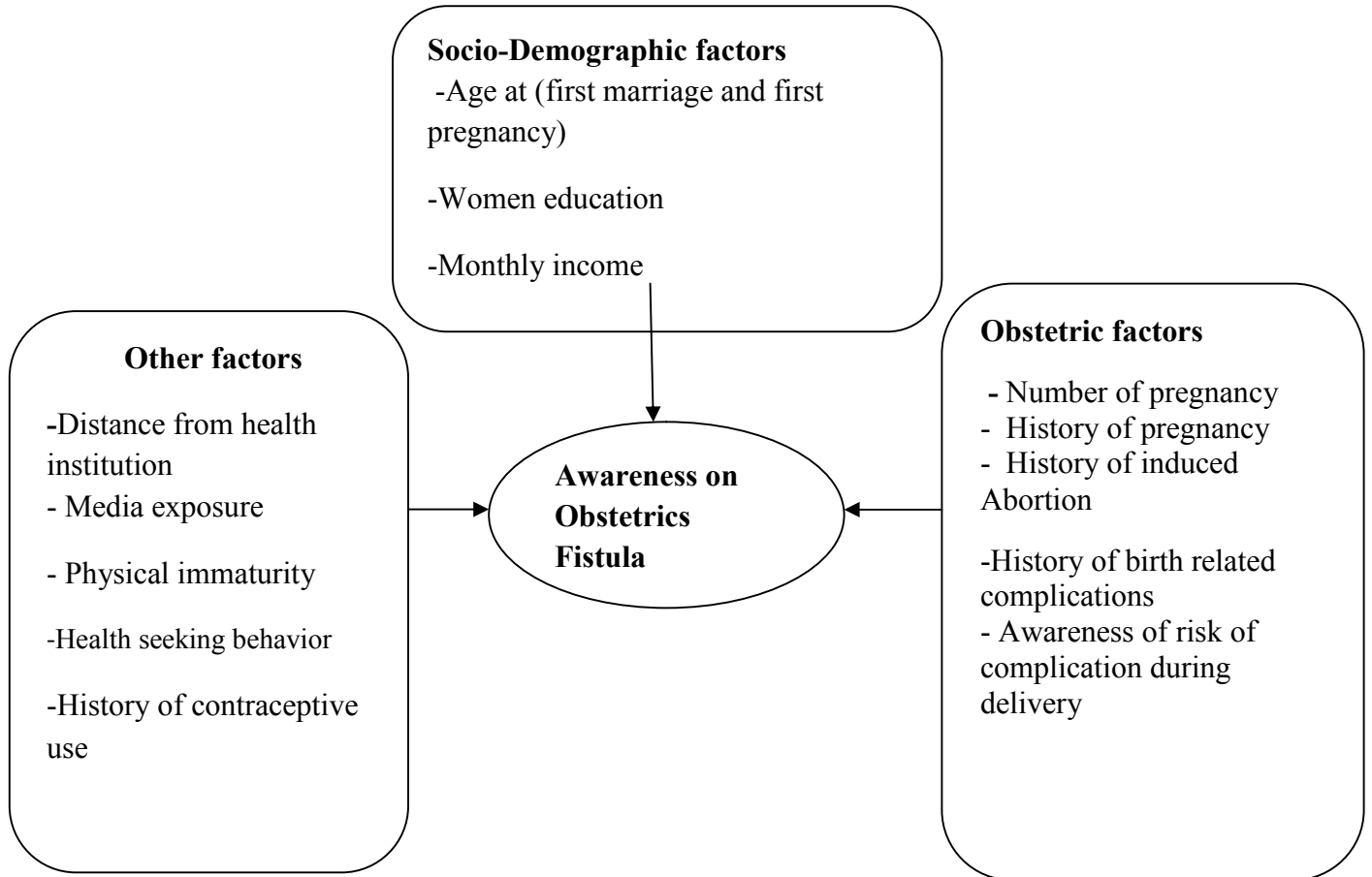


Figure 1: Adapted Conceptual framework of the relationship between predictor variables and reproductive age women awareness on obstetrics fistula (24, 26)

CHAPTER 3

OBJECTIVES

3.1. General objective

To assess awareness on obstetric fistula and its associated factors among reproductive age women in Asella town Oromia region, Ethiopia, 2018

3.2. Specific objective

- To determine the awareness on Obstetric Fistula among reproductive age women
- To identify factors associated with awareness on obstetric fistula among reproductive age women

CHAPTER FOUR

METHODS AND MATERIALS

4.1. Study area

The study was done in Asella town, Arsi zone Oromia Regional state. Asella is the capital city of Arsi zone. It situated along 175 kilometers from Addis Ababa city. The town covers an area of 29.3 Square kilometers. People of different ethnic groups with diverse cultural backgrounds inhabit the town. The total population is 120, 000, from this population 60,338 are males and 59,663 are females. The reproductive age group women are estimated to be around 22,515 and the total households are 15,743(31).

The town has eight kebeles. The residents are mainly civil servants, factory workers, and small-scale business men and women. Main industries include Different flour factories, bakeries and others. Asela town have five health facilities. One is government hospital, two government health centers, and two NGO family health clinics.

4.2. Study Design and Period

A community based cross-sectional study design was used to collect data on assessing awareness on obstetric fistula among reproductive age women from March 1-30/2018

4.3. Population

4.3.1. Source and Study Population

All Reproductive age women living in Asella Town.

4.3.2. Study unit

Randomly selected reproductive age women living in Asella town and fulfill the inclusion criteria.

4.4. Inclusion and Exclusion Criteria

4.4.1. Inclusion Criteria

All reproductive age group women who had not suffered or is not currently suffering from OF, mentally stable, those available at the time of data collection period, willing to participate and who were resident for at least 6 months before the study was included.

4.4.2. Exclusion criteria

Reproductive age women who were health professional or working on health and health related fields were excluded.

4.5. Sample Size Determination

The sample size was estimated using a single population proportion formula. Since I couldn't get research on this topic during my search which can estimate awareness of reproductive age women on obstetric fistula, a prevalence level that can estimate maximum sample size (50%), marginal error (d) 0.05, with 95% confidence interval certainty and alpha error 0.05 was considered. Based on these assumptions, a total sample size was calculated as follows;

$$n = [(Z\alpha/2)^2 p(1-p)]/d^2$$

n = the desired / minimal sample size.

$Z\alpha/2$ = Standard normal value at 95% CI which is 1.96.

P= Previous study Prevalence level is not available taken as 50% = 0.5

d= an absolute precision (margin of error) which is 5%.

$$n = [(1.96*1.96) (0.5*0.5)] / (0.05*0.05)$$

n= 384, adding 10% non-response rate(384+38) the sample size reaches to 422

4.6. Sampling procedures

In Asella town there are eight kebeles; all kebeles were included in the study. A systematic sampling technique was used to recruit households. Kebeles registration was used as a sampling frame. The sample size for each kebeles is calculated by multiplying the house hold

in the specific kebeles by total sample size (422) and dividing the product to the total household of Asella town (15953).

The first household was selected by lottery method and then every K^{th} . If there were two or more eligible women in one household lottery method was used.

$$K = \frac{\text{No of House hold}}{\text{Sample Size}}$$

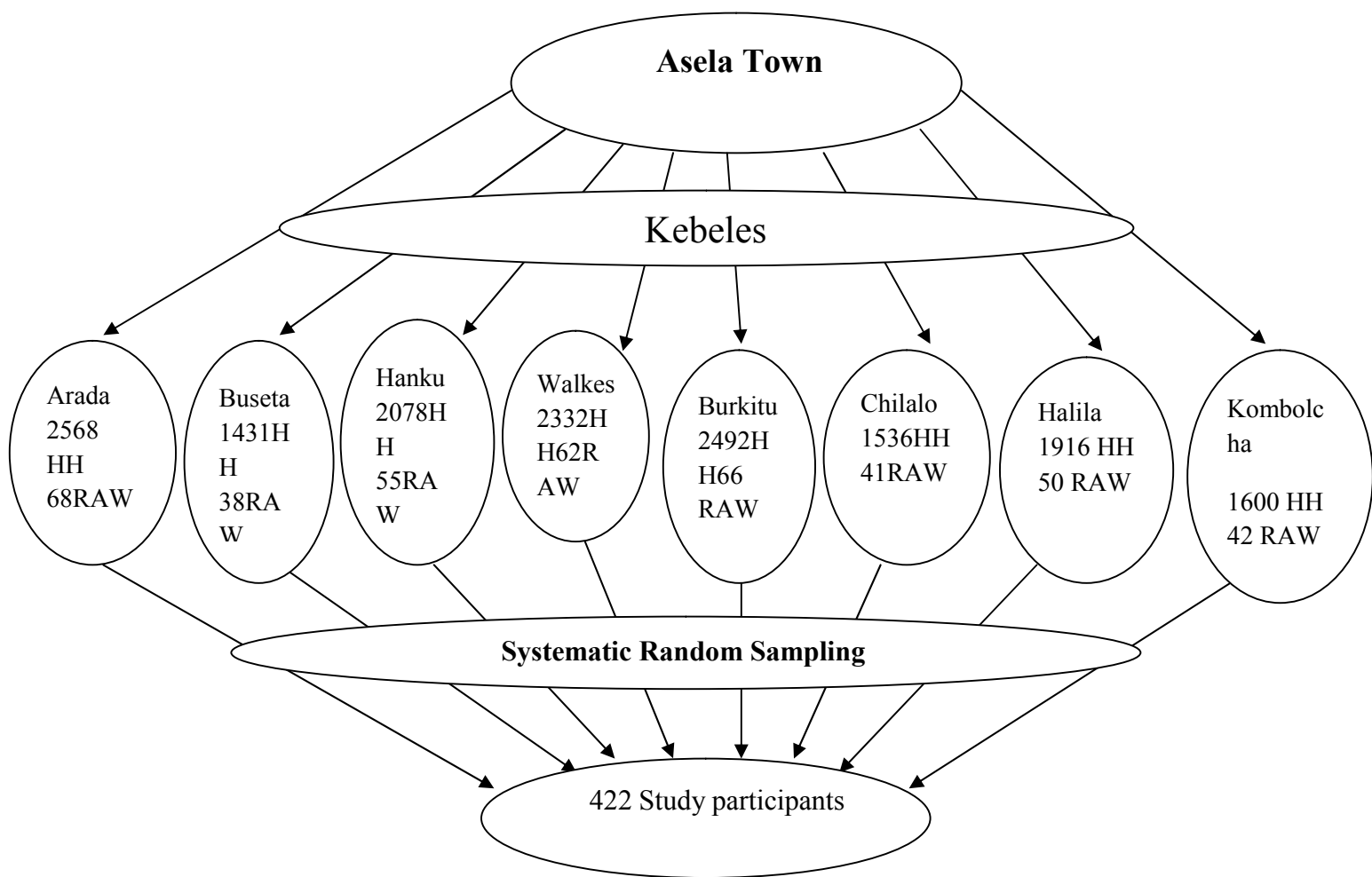


Figure 2: Schematic Presentation of Sampling procedure

Key:

- ✓ HH represents House Holds
- ✓ RAW represents Reproductive Age women (15-49)
- ✓ SRS Systematic Random Sampling

4.7. Operational Definitions

Awareness: Conscious or informed about obstetric fistula cause, prevention and presentation.

Good Awareness: Participants who scored above mean score are assigned as they have good awareness,

Poor Awareness: Participants who scored less than the mean score is considered as having poor awareness.

4.8. Variables of the Study

4.8.1 Dependent variables

- Awareness on obstetric fistula

4.8.2 Independent variables

- Socio-Demographic factors (Age, marital status Religion, women education, occupation, age of marriage).
- Obstetric factors (history of contraceptive use, history of induced abortion history of pregnancy).
- Other factors (presence of health center, history of birth related complication, awareness on risk of complication, media exposure).

4.9. Data collection Tool and Methods

A structured interviewer administered questionnaire was first prepared in English and then translated in to the local Afan Oromo language and again re-translated to English to maintain consistency in translation by language expert. The tool was adapted structured questionnaire(26).

Data was collected from each study subjects by using structured interview questions which was translated to local language which is Afan Oromo. It is based on an understanding of factors that can affect women's awareness on obstetrics fistula in the area. The total number of questions is fifty-one.

Eight questions are used to collect socio demographic characteristics, six questions are used to assess obstetrical factors, eight questions are used to identify other factors and Twenty-nine questions were used to identify awareness to obstetric fistula.

Six trained diploma midwives and two BSc midwives interviewed the study subjects as a supervisor. The data was collected from March 1 –30/2018 G.C.

4.10. Data Quality Control

Totally six diploma midwives were assigned for data collection and two BSc midwives as supervisor were trained by the principal investigator for one day and data were collected under supervision. The training was focused on explaining purposes of the study, how to interview questions and fill the questionnaires, neutrality of interviewers, responsibilities of data collector, and rights of respondents. Before starting the actual survey, the questionnaire was pre-tested on 5% (21respondents) in Etiya town on reproductive age women to know the length, content, question wording and language understandability of the question before two weeks of the actual data collection time. The data collected by pre-test was not included for the analysis. All the questionnaires were checked daily to ensure that whether they were appropriately filled or not. Any missing data was confirmed before the start of the next day's interview. In addition, qualities of data collection were ensured through close supervision of the data collectors by the principal investigator. The principal investigator was responsible at all stages of the procedure.

4.11. Data Processing and Analysis

After the completion of data collection process, all the questionnaires were checked for completeness, clarity and consistency and then data was entered and cleaned using Epi data version3.02 and analyzed by SPSS version 21 statistical software. Descriptive statistics such as proportion, percentages, means, and measures of dispersion, tables and graphs were used to describe the data. To assess the associated factors of obstetric fistula in reproductive age women, binary logistic regression was performed and in the first step of logistic regression analysis, factors that are associated with obstetric fistula ($p < 0.2$) were taken in to the final regression model. In the final multivariate regression model factors were considered significantly associated if p value were less than 0.05.

4.12. Ethical Consideration

To conduct the study an ethical approval was obtained from IRB of College of Health Sciences, Addis Ababa University. Official letter of cooperation was written to Asella City Administration from department of nursing and Midwifery. Then Letter of cooperation was also be written to each kebele administrative from Asella City Administration. Written, informed and signed consent was taken from respondents of age 18 and above after telling, the confidentiality was kept and the role of their participation is for research purpose. For those aged below 18 years informed, written and signed consent was taken from their guardian's (any responsible person on the study subject) before their voluntarism and assent from the participants for interview. There was no information that identifies participants in particular. In addition, affirmation that they were free to withdraw consent and discontinue participation without any form of prejudices was made. Confidentiality of information and privacy of participants were assured for all the information provided, to preserve the confidentiality the data was not exposed to the third party except the principal investigator and advisor.

4.13. Dissemination of the Result

The plan of dissemination of the research result includes presentation at Addis Ababa University College of Health Sciences School of Nursing and Midwifery, Research Conferences. The report paper is also disseminated to Asella City Administration, Asella health office. Publication in Scientific journal and online dissemination was considered.

CHAPTER FIVE

RESULTS

5.1.Socio-Demographic Factors

A total of 422 respondents were participated, whereby 22 declined to participate, making the total number of respondents to be 400 (94. 8%).The mean age of participants were 30.26 (SD±8.525) years old. 208(52%) of respondents are below the mean age and 192(48) are above mean age. 55% were Orthodox Christian and 11.8% are protestants and catholic religion followers. The largest percentages of participants are Oromo in ethnicity. Among the total sample 22.3% hadn't attend school education and 26% have attended primary education. Almost half (48.3%) of participants are housewives and 16.3% are students. Respondents' with less than one-thousand-birr monthly income are about 41.8% and 6.3% get four thousand to five thousand birr monthly. More than a half of respondents were married (63.5%) and 11.6% are widowed, separated and divorced.(Table1)

Table 1: Socio demographic characteristics of participants in Asella town, Oromia Region, Ethiopia 2018(n=400)

Variable	Frequency	Percent
Age		
< mean(30.26 years)	208	52
>mean(30.26 years)	192	48
Religion		
Orthodox Christian	220	55.0
Muslim	133	33.3
Catholic	12	3
Protestant	35	8.8
Ethnicity		
Oromo	256	64
Amhara	98	24.5
Gurage	29	7.3
Silte	9	2.3
Tigre	8	2

Marital Status		
Single	100	25
Married	254	63.5
Divorced	20	5
Separated	11	2.8
Widowed	15	3.8
Marriage Age		
15-19	112	28
20-24	142	35.5
25-29	26	6.5
30 -34	5	1.3
35-39	1	0.3
Educational level		
Can't read and write	89	22.3
Primary education	104	26
Secondary education	112	28
Above secondary	95	23.8
Occupation		
House wife	193	48.3
Student	65	16.3
Farmer	9	2.3
Merchant	42	10.5
Government employee	40	10
Private employee	51	12.8
Monthly Income		
Less than 1000	167	41.8
1001-2000	129	32.3
2001-3000	54	13.5
3001-4000	25	6.3
4001-5000	25	6.3

5.2. Obstetric Factors

205(51.1%) participants don't hear about obstetrical complication. Half of the participants (49.8%) use modern FP methods. Women's which have less than three pregnancies are 170(42.5%).

Table 2: Characteristics of respondents about obstetrical factors in Asella town, Oromia Region, Ethiopia 2018

Variable	Frequency	Percent
Heard about obstetric complication		
Yes	195	48.9
No	205	51.1
History of induced abortion		
Yes	62	21.8
No	223	78.2
History of birth complication		
Yes	122	42.8
No	163	57.2
Contraceptive use		
Yes	197	49.3
No	203	50.8
Type of contraceptive used		
Injectable	106	53.8
Pills	41	20.8
Implants	35	17.8
IUCD	12	6.1
Condom	3	1.5
Have you ever been pregnant		
Yes	253	63.3
No	147	36.8
Pregnancy Age		
15-19	112	39.2
20-24	142	49.7
25-29	26	9.1
30 -34	5	1.7
35-39	1	0.3
Number of Pregnancy		
1-3	170	42.5
4-6	90	22.5
7-9	21	5.3
10-12	4	1.0

5.3. Other Factors

For Most (60.3%) of women father or mothers are responsible to visit health facility and 123(30.8%) women decide by themselves to visit health facility. 143(35.8%) respondents are head of the house. Almost all (97.5%) kebeles have health institution and 66 % of respondents have health institution which is thirty minutes far from their home. Almost all (99%) of respondents have television and radio in their home.

Table 3: Participants response to other factors in Asella town, Oromia Region, Ethiopia 2018

Variable	Frequency	Percentage
Responsible person to visit		
HF		
Women(participant)	123	30.8
Husband	36	9
Father	56	14
Mother	25	31.3
Son/daughter	60	15
Head of the house		
Women(participant)	143	35.8
Husband	162	40.5
Father	53	13.3
Mother	38	9.5
Son/daughter	4	1
Household head education		
Can't read and write	50	19.5
Primary education	94	36.6
Secondary	78	30.4
Above secondary	35	13.6

Household head occupation		
House wife	13	5.1
Student	3	1.2
Farmer	27	10.5
Merchant	51	19.8
Government employee	84	32.7
Private employee	79	30.7
Health institution within the kebele		
Yes	390	97.5
No	10	2.5
Distance to HF by foot		
≤30minutes	264	66
>30 minutes	136	34
Media found in your home		
Radio	123	30.8
Television	273	68.3
Magazine/newspaper	4	1

5.4. Awareness on obstetric fistula

Women's who have ever heard of obstetric fistula are 53% and 38.1% of them mentioned inability to control urine is symptom of obstetric fistula.34.6% of women get information from media about obstetric fistula.(Table 4)

Table 4: Participants characteristics about Awareness on Obstetric fistula in Asella Town, Oromia Region, Ethiopia 2018

Variable	Frequency	Percent
Ever heard about obstetric fistula	212	53
Yes	188	47
No		

Symptoms of obstetric fistula you heard		
Unable to control urine	4	1.9
Unable to control feces	58	27
Unable to control urine and feces	23	10.7
Bleeding and pain during sex	23	10.7
Abnormal Vaginal discharge	25	11.6
Irritation during urination		

Source of information about obstetric fistula

Health facility	56	26.2
Family and friends	47	22
School	15	7
Media	74	34.6
Victim of fistula	22	10.3

Women's who have good awareness on cause, symptom and prevention are 177(44.3%), 219(54.8%) and 177(44.3%) respectively. General Obstetric fistula awareness of women's in Asella town is 50% which have good awareness and the rest 50% have poor awareness on obstetric fistula. (Figure 3)

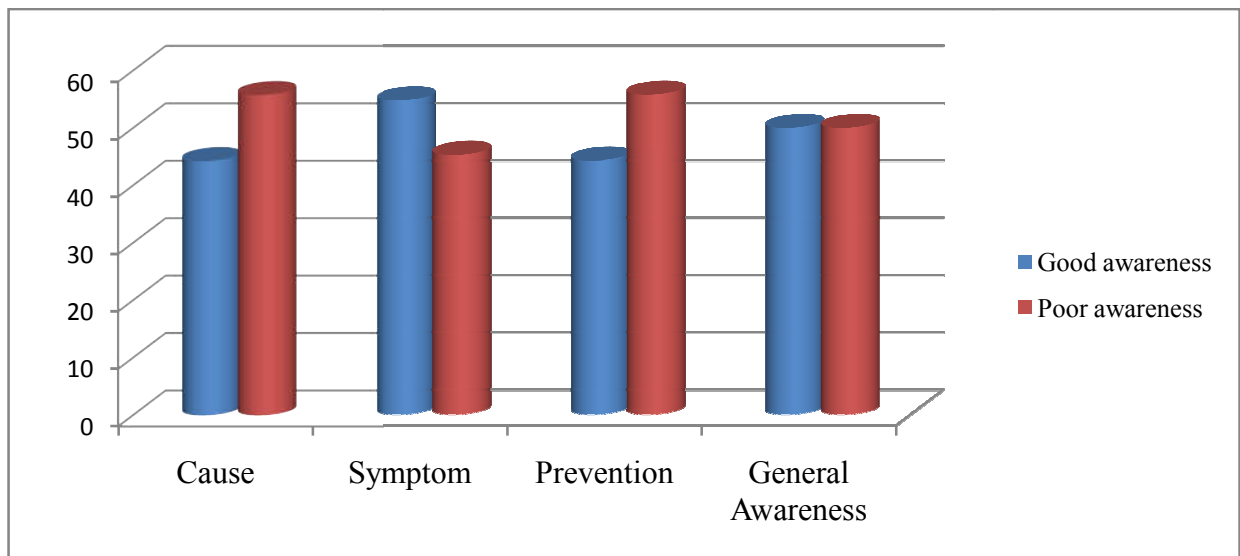


Figure 3 : The status of women's awareness on obstetric fistula in Asella town, Oromia region, Ethiopia, 2018

5.5. Factors associated with awareness status on obstetric fistula among reproductive age women's

In Bivariate analysis the result shows Educational status of women, distance to health center, modern contraceptive use, hearing about delivery complication and history of pregnancy were found to have significant association.

In Multivariate analysis the result showed a significant association between history of pregnancy and the odds of having good awareness. Those who had no history of pregnancy were 60% less likely to have good awareness on obstetrics fistula prevention than their counter parts (AOR=0.399:95% CI (0.241-0.661)). By distance to the nearby health center, those who lived above half an hour foot distance were 65% less likely to have good awareness than those living near to health center (AOR=0.355:95% CI (0.212-0.594)). By education women's who cannot read and write are 84% less likely to have good awareness than women who are above secondary level of education.(AOR=0.162:95% CI (0.081-0.364)). Women's who have primary education level are 83% less likely to have good awareness than women who are above secondary level of education (AOR=0.170:95% CI (0.085-0.446)) and women's who have secondary education level are 70% less likely to have good awareness than women who are above secondary level of education (AOR=0.299:95% CI (0.153-0.584)) In addition, my study shows women's who haven't heard about obstetric complication are 54% less likely to have awareness on obstetric fistula than those who heard about obstetric complication (AOR=0.458:95% CI (0.368-0.643)). (Table 5)

Table 5: Multivariate analysis showing the impact of selected associated factors of obstetric fistula among reproductive age women in Asella town, Oromia Region, Ethiopia 2018

Variable	Awareness on OF		COR(95% CI)	AOR(95% CI)	P value
	Good	Poor			
Women education					
Can't read and write	30(33.7%)	59(66.3%)	0.119(0.060-0.234)	0.162(0.081-0.364)*	0.000
Primary	41(39.4%)	63(60.6%)	0.152(0.080-0.290)	0.170(0.085-0.446)*	0.001
Secondary	52(46.4%)	60(53.6%)	0.203(0.108-0.382)	0.299(0.153-0.584)*	0.000
Above secondary	77(81.1%)	18(18.9%)	1		
HDC					
No	81(39.7%)	123(60.3%)	0.430(0.288-0.642)	0.458(0.368-0.678)*	0.000
Yes	118(60.5%)	77(39.5%)	1	1	
Distance to HF by foot in minutes					
>30	36(26.5%)	100(73.5%)	0.220(0.139-0.346)	0.355(0.212-0.594)**	0.000
≤30	164(62.3%)	100(37.7%)	1	1	
Contraceptive use					
No	91(44.8%)	112(55.2%)	0.656(0.442-0.973)	1.101(0.601-2.013)	0.712
Yes	109(55.3%)	88(44.7%)	1	1	
Ever pregna					
No	46 (31.3%)	101(68.7%)	0.293(0.190-0.450)	0.399(0.241-0.661)*	0.002
Yes	154(60.9%)	99(39.1%)	1	1	

Key- HF- Health Facility

HDC- Heard Delivery Complication

*Significant association (p<0.05)

CHAPTER SIX

DISCUSSION

In this study, half of respondents (50%) have awareness about obstetric fistula. This shows that despite the problems associated with obstetric fistula, many women are not aware of the disease entity. It may be difficult to control a disease that people are not aware of. This finding may also imply that these women will not be aware of how to prevent obstetric fistula. This finding was lower when compared with the study done in Delanta district which is 55.4% the difference might be due to sample size and study participants. Our finding was consistent when compared to a study done in Burkinefaso which was 47.6 %(24).A cross sectional study which was conducted in Northern Ghana shows the level of awareness among women is45.8%. The difference may be because of the study area and year of the study.

This study showed that 212 (53 %) reproductive age group women have heard obstetric fistula this result is higher than EDHS,2016 of which 2 in 5 women interviewed in the survey had heard of obstetric fistula (39 %)(18) .This difference might be due to EDHS takes sample from different regions of Ethiopia which have different geographical location, social and cultural factors and my study took only one town that is Asella from Oromia region.

My study shows there is significant association between women awareness and their educational level, women's who can not read and write are 84% less likely to have good awareness than women who are above secondary level of education.(AOR=0.162:95% CI (0.081-0.364)). Women's who have primary education level are 83% less likely to have good awareness than women who are above secondary level of education (AOR=0.170:95% CI (0.085-0.446)) and women's who have secondary education level are 70%less likely to have good awareness than women who are above secondary level of education (AOR=0.299:95% CI (0.153-0.584)). This shows that when education level is improved the awareness becomes more improved. The finding also supported by study conducted in Cameroonian women which shows53 % of women who had no previous knowledge on obstetric fistula were generally the illiterate (22). Another study, which supports my study, is survey on obstetric fistula awareness which was done in Northern Ghana, that shows Level of education of the participants had a significant influence on the awareness level of fistula with about 50.2%of

those with higher education being aware of fistula compare to 49.8% who had no knowledge of fistula.

The result of this study shows that there was a significant association between women's awareness and distance to the nearby health center. Women living in areas where health center is found at a distance more than half an hour (on foot) from the home they are living, their awareness is 65% less likely to be good than those living in areas which are found at a distance less than or equal to half an hour. (AOR=0.355:95% CI (0.212-0.594)). This can be supported by studies in Ethiopia that identifies distance to the health care facility was linked with poor knowledge related to fistula and poor health seeking behavior which increases the likelihood of more fistula cases(9). A study on awareness to health knowledge in Western China showed that health knowledge declined as the distance from the nearby health institution increases (AOR:0.144, p=0.002) (32). This might be because of ,as the health facility becomes near women's are willing to visit the facility because they don't need transportation.

In my study women's who haven't heard about obstetric complication are 54% less likely to have awareness on obstetric fistula than those who heard about obstetric complication (AOR=0.458:95% CI (0.368-0.643)). This finding is supported by study done in Amhara region which shows the presence of awareness about complications of delivery other than obstetrics fistula was significantly associated with sufficient knowledge on obstetrics fistula. (AOR=0.498:95% CI (0.317-0.783)). This might be because of the issue that obstetrics fistula can also be informed together with dangers of pregnancy since it is among the child birth complications.

This study showed that good awareness on obstetric fistula tended to be more common among women with previous pregnancy history than those without. Those who had no history of pregnancy were 60% less likely to have good awareness. (AOR=0.399:95% CI (0.241-0.661)). This finding is supported by study done in Delanta district which shows ,women with no pregnancy history were 87 % times less likely to have sufficient knowledge .The finding is also consistent with other studies which showed non-exposure to pregnancy prevents women's knowledge on obstetrics fistula by 80%(24). More awareness among pregnancy exposed women might be linked with the increments in ANC-coverage in the country (62%)(18) as well as in the region; where women can be advised about maternal health issues.

Limitation of the study

- It is impossible to establish cause effect relationship due to cross sectional study design.
- There is also recall bias, some asked questions need to recall past events so the respondents may not be sure.

CHAPTER SEVEN

CONCLUSION AND RECOMMENDATIONS

7.1. Conclusion

The finding indicates that 50% of reproductive age women have poor awareness about obstetric fistula, so this lack of awareness on obstetric fistula among reproductive age women is a critical problem in Asella town, Oromia region. This study identifies that, educational level of women, history of pregnancy, distance to the nearby health institution and awareness on obstetrics complications were the factors associated with awareness of reproductive age women in obstetrics fistula. The status of awareness indicates that giving attention that targets the reproductive health of women in the study area is critical.

7.2. Recommendations

Based on the findings of this study, the following recommendations are forwarded for the followings concerned bodies;

Federal Ministry of Health

Though, established delivery provision systems are limited and yet the existing family planning service are available only through the formal health structure; Ministry of health should have sought alternative way to necessitate the delivery coverage and scope of family planning provision services through clinical and community based outreach services

District Health Office and NGOs

Health office in particular, needs to give due attention to increase awareness of adolescents by incorporating sexual and reproductive issues in school programs. District health office primarily, and none governmental organizations engaged in reproductive health program in the study area should give special attention for women to increase their awareness on obstetrics fistula.

They have to work on improvement of community health care education, and raise awareness of labor complications; as well as design and support campaigns that can encourage women to prevent teenage child bearing. In addition, health service providers should be given adequate education and the necessary support to undertake IEC activities on obstetric fistula in the area.

For health care providers

Agreeably, ‘prevention is better than cure’, as the reason; women have to be provided with consistent contraception awareness and its pervasive uses by health care providers.

Researchers

Researchers are recommended to do further research on the same issue in other parts of the country.

Husband/Family

Reproductive process should not be confined only to women’s domain and husbands have to get involved in the health related issues arising during pregnancy and delivery time (Attend antenatal clinic at list once or twice and encourage their presence in the clinic/ hospital) eventually during their delivery periods.

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9. APPENDIX

INFORMATION SHEET AND INFORMED CONSENT FORM

Participant information sheet and informed consent form for those aged 18 and above

My name is----- . I am working as a data collector for the study being conducted in this community by Semira Defar who is studying her Master's degree at Addis Ababa University School of Allied Health Sciences. I kindly request you to lend me your attention to explain you about the study and being selected as the study participant.

The study title Awareness on obstetric fistula and its associated factors among reproductive age women in Asela town Oromia Region, 2018.

Purpose of the study

The findings of this study is to assess the prevalence of awareness on obstetric fistula and its associated factors among reproductive age group women in Asela town. Knowing this have paramount importance for the district health office to plan strategies that can address preventive messages against OF. Moreover, the aim of this study is to write a thesis as a partial requirement for the fulfillment of a Master's Program in Maternity and Reproductive Health for the principal investigator.

Procedure and duration

I will be interviewing you using a questionnaire to provide me with pertinent data that is helpful for the study. There are **51** questions to answer where I will fill the questionnaire by interviewing you. The interview will take 40 minutes.

Risks and benefits

The risk of being participating in this study is very minimal, but only taking your time. There would not be any direct payment for participating in this study. But the findings from this research may reveal important information for the local health planners.

Confidentiality

The information you will provide us will be confidential. There will be no information that will identify you in particular. The findings of the study will be general for the study community and will not reflect anything particular of individual persons or housing. No reference will be made in oral or written reports that could link participants to the research directly.

Rights

Participation for this study is fully voluntary. You have the right to declare to participate or not in this study. If you decide to participate, you have the right to withdraw from the study at any time and this will not label you for any loss of benefits which you otherwise are entitled. You do not have to answer any question that you do not want to answer.

Contact address

If there are any questions or enquires any time about the study or the procedures, you can contact by using the following addresses.

Principal investigator: Semira Defar

E-mail: defarsemira@yahoo.com

Mobile phone: +251-913-19-90-14

Declaration of informed voluntary consent

I was read to me the participant information sheet. I have clearly understood the purpose of the research, the procedures, the risks and benefits, issues of confidentiality, the rights of participating and the contact address for any queries. I have been given the opportunity to ask questions for things that may have been unclear. I was informed that I have the right to withdraw from the study at any time or not to answer any question that I do not want. Therefore, I declare my voluntary consent to participate in this study with my signature as indicated below.

Name and Signature of participant: ----- Signature of data collector -----

This is to be signed face to face in the presence of the data collector.

Information sheet and Informed voluntary consent form for Guardians (any responsible person for the participant like family, husband if married) of those women below the age of 18

My name is----- . I am working as a data collector for the study being conducted in this community by Semira Defar who is studying her Master's degree at Addis Ababa University School of Allied Health Sciences. I kindly request you to lend me your attention to explain you about the study and your young women selected as the study participant.

The study title

Awareness on obstetric fistula and its associated factors among reproductive age women in Asela town Oromia region 2018.

Purpose of the study

The findings of this study is to assess the prevalence of awareness on obstetric fistula and its associated factors among reproductive age group women in Asela town. Knowing this have paramount importance for the district health office to plan strategies that can address preventive messages against OF. Moreover, the aim of this study is to write a thesis as a partial requirement for the fulfillment of a Master's Program in Maternity and Reproductive Health for the principal investigator

Procedure and duration

I will be interviewing you using a questionnaire to provide me with pertinent data that is helpful for the study. There are **51** questions to answer where I will fill the questionnaire by interviewing you. The interview will take 40 minutes.

Risks and benefits

The risk of being participating in this study is very minimal, but only taking few minutes from her. There would not be any direct payment for participating in this study. But the findings from this research may reveal important information for the local health planners.

Confidentiality

The information that will be provided will be kept confidential. There will be no information that will identify the participants in particular. The findings of the study will be general for the study community and will not reflect anything particular of individual persons or housing. No reference will be made in oral or written reports that could link participants to the research.

Rights

Participation for this study is fully voluntary. She has the right to declare to participate or not in this study. If she decides to participate, she has the right to withdraw from the study at any time and this will not label her for any loss of benefits which she is otherwise entitled. She does not have to answer any question that she does not want to answer.

Contact address

If there are any questions or enquires any time about the study or the procedures, you can contact by using the following addresses.

Principal investigator: Semira Defar

E-mail: defarsemira@yahoo.com

Mobile phone: +251-913-19-90-14

Declaration of informed voluntary consent

I was read to me the participant information sheet. I have clearly understood the purpose of the research, the procedures, the risks and benefits, issues of confidentiality, the rights of participating and the contact address for any queries. I have been given the opportunity to ask questions for things that may have been unclear. I was informed that she has the right to withdraw from the study at any time or not to answer any question that she does not want. Therefore, I declare my voluntary consent on behalf of her to allow this study to be conducted on her with my signature as indicated below.

Name and signature of Guardian _____

Signature of data collector _____

This is to be signed face to face in the presence of the data collector

10. QUESTIONNAIRES

10.1. English Language Questionnaire

Questionnaires on Awareness On Obstetric Fistula and its associated factors among Reproductive Age women in Asela town Oromia Region: Community Based Study

To be filled by data collectors

Name of Kebele _____

Name of the interviewer _____

Questionnaires ID NO _____

A. Socio-demographic and socio-cultural factors			
S/r no	Questions	Coding categories	Skip
101	How old are you now?	Years	
102	What is your religion?	1. Orthodox Christian 2. Muslim 3. Catholic 4. Protestant 5. Other if (specify).....	
103	What is your ethnicity?	1. Oromo 2. Amhara 3. Gurage 4. Tigre 5. Others(specify)_____	
104	What is your level of education?	1. can't read and write 2. Primary education 3. Secondary education 4. More than secondary	
105	What is your occupation?	1. Housewife 2. Farmer 3. Student 4. Merchant 5. Daily laborer 6. Government employee 7. Privately employed 8. Other (specify)	
106	How much is your Monthly income?	_____ birr	
107	Who is responsible for you in deciding to visit health facility ?	_____	

108	Who is the head of the household?	1. The participant 2. Father 3. Mother 4. Son	If the answer is 1 go to qn no, 111
109	What is the educational level of head of household?	1. Can't read and write 2. Primary education 3. Secondary 4. More than secondary	
110	What is the Occupation of head of household ?	1. Farmer 2. Student 3. Merchant 4. Daily laborer 5. Government employee 6. Privately employed 7. Other (specify).....	
111	Is there any health institution (health center, hospital) within the kebele you are living?	1. Yes 2. No	
112	How far is the nearby health institution from the home you are living?	_____ km or _____ hr (with car/walk)	
113	What is your marital status?	1. Single 2. Married 3. Divorced 4. Separated 5. Widowed 6. Other (Specify).....	If the answer is 1 --- → 115
114	What was your age when you married for the first time?	_____ Years	
115	Have you ever heard about risk of complication during delivery (e.g. Bleeding, prolonged labour)?	1. Yes 2. No	
116	Have you ever been pregnant?	1. Yes 2. No	If answer is 2 go to qn no, 121
117	What was your age when you became pregnant for the first time?	_____ years	
118	How many times you experienced pregnancies?	_____	
119	Have you ever had a history of Birth complication (eg. bleeding)?	1. Yes 2. No	

120	Have ever had a history induced abortion?	1. Yes 2. No	
121	Which communication material (s) is/are there in the home you are living?	1. Radio 2. Television 3. Magazine 4. Newspaper 5. Other (specify).....	
122	Have you ever used modern contraceptive?	1. Yes 2. No	if no go to qn no,201
123	Which contraceptive did you use?	1. Injectables 2. Pills 3. Implants 4. IUCD 5. Condom	
B. Awareness to Obstetric fistula and source of information			
201	Have you ever heard about Obstetric Fistula?	1. Yes 2. No	If the answer is 2 → 301
202	What symptoms of obstetric fistula you heard?(mention them)		
203	From where you got the information about Obstetric Fistula?	1. Health facility (HP, HC and Hospital) 2. Traditional birth attendant 3. Family/friends/relatives 4. Media (Radio, TVs, magazine) 5. Other (specify)-----	
C. Questions to test awareness about Obstetric Fistula			
I. Risk factors associated with Obstetric Fistula			
301	Among the following factors which can expose a woman to develop obstetric fistula? I. Early pregnancy II. Female Genital Mutilation III. Home delivery IV. Closely spaced pregnancies V. Unsafe abortion VI. Malnutrition VII. Evil spirits VIII. Breach of a prohibited act IX. Unforeseen natural forces	1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No	

	X. Bad luck XI. Prolonged labor	1. Yes 2. No
II. Symptoms of Obstetric Fistula		
302	Which of the following is/are symptoms of obstetric fistula? I. Urinary incontinency II. Fecal incontinency III. Vulvar irritation IV. Flatulence V. Foul smelling vaginal discharge VI. Repeated or recurrent urinary tract infection VII. Stomach ache VIII. Continuous sleeping	1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No
III. Prevention of Obstetric fistula		
303	Which of the following is/are preventions of obstetric fistula? I. Giving birth at health facility II. Avoiding early marriage and pregnancy III. Use of FP methods IV. Safe abortion V. Avoid FGM VI. Eating balanced diet	1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No
IV. Sources of emergency obstetric care		
304	Where should a mother go to get emergency obstetric care?	1. TBAs 2. Religious place 3. Health facility

UNKA LAALLEE HUBANNON WALII GALTEEF QOPHAA'E

Unka waliigaltee raga hirmaattota umriin waggaa 18th olii waliinta'e.

Ani maqaan koo _____ jedhama. Yuniversiitii Finfinneetti, barnnoo Saayinsii Fayyaa qorannoo digrii 2nd dhimma hawaasaa irratti kan gaggeessaa jirtu Samiiraa Daffaariif ragaalee qorannoo funaanuufi dha. Kanaaf, atis/isiin hirmaataa dhimma raga qorannoo kanaa waan taataniif jecha, yaadaa fi qalbiin akka hirmaattana kabajaan isin gaafadha.

Mata-dureen qorannichaa, 'Magaalaa Asallaa keessatti waa'eerakkoo **Feestullaa** ulfaaan walqabatanii waan dubartoota (umrii 15-49) mudatanii' ti.

Bu'aan qorannichaa: sababiilee rakkoo Fe estulla ulfaaan walqabatee mudatu irratti hubannoo hawaasa magaalaa Asallaa keessatti uumuu dhaaf. Keessattuu faayidaan qorannoo kanaa waajjira fayyaa aanaalee fi buufatoota fayyaaf, tarsiimoo fi karoora qabatanii (Rakkoo Festullaa) furuu dhaaf gumaacha gochu dha. Kana malees, xiyyeeffannoo qorannoo kanaa, guutinsa ulaagaa digrii 2nd xumurraa keessatti (Maternity and Reproductive Health Nursing) waa'een haala fayyaa haadholii fi raawwii bu'aas akka ta'e mul'isa.

Hojmaataa fi yeroo isaa: Armaan gaditti gaaffiilee 51st siif dhiyaatanii jiru. Isaanis daqqi qaa 40 keessatti kan raawwatamanidha. Gaaffiiwwan si gaafadhuuf deebii haqaa naakennitu. jedheen abdadha, qaaccessa qorannoo kanaafis bu'ura gaarii qaba jedheen amana. Garuummoo, bu'aan qorannoo kanaas karoora fayyaa gandaa fi aanaleefis yaada hubannoo kennuun tajajila ummataaf faayidaa qabeessa ta'a.

Iccitii Qabannaa ilaalchisee: Laalleen naaf kennite martii iccitiin kan qabaman ta'u. Eenyummaan kee abbaa kamittuu dabarfamee hinkennamu, ykn hin beeksifamu. Bu'aan qorannoo kanaa waliigalaan kan ummataa ti malee faayidaa/dantaa eenyuyyuu addatti kan xiyyeeffatu miti. Kanneen ragaa affaniis ta'e barruun qorannoo kanaaf kallattiinis ta'e al-kallattiin, laallee kennan kamiifuu iccitiin isaanii eegamaadha.

Mirggoottan: Ragaa kennuun hirmaattota qorannoo kanaa fedhii dhaan qofa kan ta'u dha. Hirmaatta ragaa qorannoo kanaa ta'uu yookaan dhiisuuf mirga guutuu qabda/u. Ragaa/laallee kennuu eegaltee addaan kutuu ni dandeessa, sababa kanaatiif dantaa argachuu maltu hindhorkamu/hinmulqamtu. Gaaffii deebisuu hinfeene kamuu deebii kennuu dhiisuun mirga keeti.

Teessoon: Gaaffii kamiyyuu yookaan hojmaata qoranichaa irratti barbaaddu yoo jiraate akka armaa gadiitti dhiyeessi.

Muumittiin qorattuu kanaa : Maqaan, Samiiraa Daffaar

(E-mail: defarsemira@yahoo.com) Yookaan, (Mobilephone: +251-913-19-90-14)

Ibsannaa fedhiin waligaltee hirmaataa: Wa'een waraqaa laallee kanaa naa dubbifamee hubadheera. Haaluma kanaan, kaayyoo qoranichaa beekke, hojmaataa fi eeggannoosaa, faayiddaasaa, akkasumas iccittummaa isaa beekke, mirgoota hirmmaattonni qabanillee dablataan gaaffii fi rakkoon jiranille tessoo kamiin akkan fayyadamu beekkera. Carraa gaaffiilee ifa hin taane gaafachuus argadhhera. Mirggi ragaa kennuu, addaan kutuu, akaasumas gaaffii deebisuu hinfeene dhiisus hubadheera. Kanaafuu, ibsa fedhiin raggaa funaanuu, irratti hirmaachuu qorannoo kanaa maqaa fi mallattoo koo armaan gadiin beeksiseera. Maqaa fi mallattoo hirmaatta qorannichaa.

Maqa fi mallattoo hirmaataa _____; Mallattoo raga guurtuu _____.
(Hirmaataan qorannoo kanaa fuuldura raga gurtuutti mallatteessuu qaba).

UNKA LAALLEE HUBANNON WALII GALTEEF QOPHAA'E

Unka waliigaltee raga hirmaattota umriin waggaa 18th gaadii ta'e.

Ani maqaan koo _____ jedhama. Yuniversiitii Finfinneetti, barnnoo Saayinsii Fayyaa qorannoo digrii 2nd dhimma hawaasaa irratti kan gaggeessaa jirtu Samiiraa Daffaariif ragaalee qorannoo funaanuufi dha. Kanaaf, atis/isiin hirmaataa dhimma raga qorannoo kanaa waan taataniif jecha, yaadaa fi qalbiin akka hirmaattana kabajaan isin gaafadha.

Mata-dureen qorannichaa, 'Magaalaa Asallaa keessatti waa'eerakkoo **Feestullaa** ulfaaan walqabatanii waan dubartoota (umrii 15-49) mudatanii' ti.

Bu'aan qorannichaa: sababiilee rakkoo Fe estulla ulfaaan walqabatee mudatu irratti hubannoo hawaasa magaalaa Asallaa keessatti uumuu dhaaf. Keessattuu faayidaan qorannoo kanaa waajjira fayyaa aanaalee fi buufatoota fayyaaf, tarsiimoo fi karoora qabatanii (Rakkoo Festullaa) furuu dhaaf gumaacha gochu dha. Kana malees, xiyyeeffannoo qorannoo kanaa, guutinsa ulaagaa digrii 2nd xumurraa keessatti (Maternity and Reproductive Health Nursing) waa'een haala fayyaa haadholii fi raawwii bu'aas akka ta'e mul'isa.

Hojmaataa fi yeroo isaa: Armaan gaditti gaaffiilee 51st siif dhiyaatanii jiru. Isaanis daqqi qaa 40 keessatti kan raawwatamanidha. Gaaffiiwwan si gaafadhuuf deebii haqaa naakennitu. jedheen abdadha, qaaccessa qorannoo kanaafis bu'ura gaarii qaba jedheen amana. Garuummoo, bu'aan qorannoo kanaas karoora fayyaa gandaa fi aanaleefis yaada hubannoo kennuun tajajila ummataaf faayidaa qabeessa ta'a.

Iccitii Qabannaa ilaalchisee: Laalleen naaf kennite martii iccitiin kan qabaman ta'u. Eenyummaan kee abbaa kamittuu dabarfamee hinkennamu, ykn hin beeksifamu. Bu'aan qorannoo kanaa waliigalaan kan ummataa ti malee faayidaa/dantaa eenyuyyuu addatti kan xiyyeeffatu miti. Kanneen ragaa affaniis ta'e barruun qorannoo kanaaf kallattiinis ta'e al-kallattiin, laallee kennan kamiifuu iccitiin isaanii eegamaadha.

Mirggoottan: Ragaa kennuun hirmaattota qorannoo kanaa fedhii dhaan qofa kan ta'u dha. Hirmaatta ragaa qorannoo kanaa ta'uu yookaan dhiisuuf mirga guutuu qabda/u. Ragaa/laallee kennuu eegaltee addaan kutuu ni dandeessa, sababa kanaatiif dantaa argachuu maltu hindhorkamu/hinmulqamtu. Gaaffii deebisuu hinfeene kamuu deebii kennuu dhiisuun mirga keeti.

Teessoon: Gaaffii kamiyyuu yookaan hojmaata qoranichaa irratti barbaaddu yoo jiraate akka armaa gadiitti dhiyeessi.

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Ibsannaa fedhiin waligaltee hirmaataa: Wa'een waraqaa laallee kanaa naa dubbifamee hubadheera. Haaluma kanaan, kaayyoo qoranichaa beekke, hojmaataa fi eeggannoosaa, faayiddaasaa, akkasumas iccittummaa isaa beekke, mirgoota hirmmaattonni qabanillee dablataan gaaffii fi rakkoon jiranille tessoo kamiin akkan fayyadamu beekera. Carraa gaaffiilee ifa hin taane gaafachuus argadhhera. Mirggi ragaa kennuu, addaan kutuu, akaasumas gaaffii deebisuu hinfeene dhiisus hubadheera. Kanaafuu, ibsa fedhiin raggaa funaanuu, irratti hirmaachuu qorannoo kanaa maqaa fi mallattoo koo armaan gadiin beeksiseera. Maqaa fi mallattoo hirmaatta qorannichaa.

Maqa fi mallattoo hirmaataa _____; Mallattoo raga guurtuu _____.
(Hirmaataan qorannoo kanaa fuuldura raga gurtuutti mallatteessuu qaba).

10.2. Gaaffiilee Afaan Oromo

‘Ragaa Funaantotaan’ kan guutman Magaalla Asallaa keessatti hubannoo rakkina Feestullaan walqabataniif dubartoota umuriin isaanii (15-49)f qophaa’e. Kan dhimma hawaasaa irratti xiyyeeffatu.

Maqaa gandaa _____ Maqaa gaafataa _____ Lakk./code _____

A. Gaaffiiwwan Bu’ura Hawaasumaallaalan			
Lak.	Gaaffiilee	Koodii gartuulee	
101	Umuriin kee/keessan meeqa?	Waggaa _____	
102	Amanttiin kee maalii?	1. Amantii Ortodooksii 2. Musiliima 3. Kaatolikii 4. Piroteestaantii 5. Ka biro _____	
103	Sadarkaa barnoota keessanii hangam?	1. Hinbaranne 2. Sad.1 ^{ffaa} 3. Sad.2 ^{ffaa} 4. Sad 2 ^{ffaa} oli	
104	Sabummaa	1. Oromoo 2. Guraagee 3. Amaaraa 4. Tigree 5. Ka biro _____	
105	Dhimma fayyaa keetiif mana yaalaa dhaquuf itti gaafetema kan qabu eenyu dha?		
106	Galii ji’aa	qr	
107	Maal dalagduu/hojjetu ?	1. Haadhamanaati 2. Qotee bulaa dha 3. Barataadha 4. Daldalaadha 5. Hojii humnaa 6. Hojjetaa Mootummaa 7. Hojjaa dhuunffaa 8. Ka biro _____	
108	Abbaan Maatii kanaa eenyuu ?	1. Hirmaataa gaaffii kanaa 2. Ka birooti	yoo hirmaataa gaaffii kan ta’e geraa Gaaffii lak. 111tti derbii
109	Sad./barnoota abbaa maatii	1. Hin baranne 2. Sad/1 ^{ffaa} 3. Sad/2 ^{ffaa}	

		4. Sad/2 ^{ffaan} oli	
110	Hojjaan abbaa maatii kanaa maali?	1. Qoteebulaa... 2. Barataa.. 3. Daldalaa... 4. Hojii humnaa.. 5. Hoj/mootummaa... 6. Hojjaa dhuunffaa.. 7. Ka biro yoo ta'es ibsi...	
111	Ganda keessa jirtu kana keessa buufatni fayaa ni jiraa ?	1. Eeyyeen 2. Lakki hinjiru	
112	Buufatni fayyaa mana jiraattu kana irraa hagaam fagaataa ?	Kiilomeetira _____ Adeemsa sa'atii _____ ta'a.	
113	Waa'ee gaa'ela qabaachuu:	1. Hin heerumne 2. Heerumeera 3. Hiikeen jira 4. Adda Baheera 5. Abbaan mana irraa du'e. 6. Ka biro yoo ta,e ibsi	Yoo deebiin kee #1 ta'e gara #115tti darbi.
114	Yeroo gaa'ela qabatte Umuriin kee meeqa ture?	Waggaa _____ kootti.	
115	Waa'ee rakkina dahumsarratti mudatanii dhageesse beektaa(fkn dhiiguu.)	1. Eeyyee 2. Lakki	
116	Ulfooftuu ni beektaa ?	1. Eeyyee 2. Lakki	Yoo deebiin kee #2 ta'e gara #121tti darbi.
117	Wayita jalqaba ulfooftuu umuriin kee me meeqa turee ?	Waggaa _____ tti dha.	
118	Hanga ammaatti si'a meeqa ulfooftuu ?	Si'a _____	
119	Hanga ammaatti mudanno rakkoo dahumsaarratti yaadatu ni jira ?	1. Eeyyee ni jira 2. Lakki hin jiru	
120	Hanga ammaatti humnaan ulfa of irraa baaftee beektaa?	1. Eeyyee 2. Lakki	
121	Mana Jiraattu Keessatti meeshaa sub-quunnamtii kamtu jira ?	1. Raadiyoo 2. Televisiyinii 3. Ka biro(ibsi) _____	
122	Mala ammayyaan quusanaa maatii fayyadamtee beektaa	1. Eeyyeen 2. Lakki	

	?(Isa kam)		
B. Hubannoo Feestulla Irrattii Qabaachuu			
201	Waa'ee Rakkoo Feestulla dhageessee ni beektaa ?	1. Eeyyeen 2. Lakki	Yoo deebiin kee #2 ta'e gara #301 tti darbi
202	Waa'ee Mallattoolee Feestulla dhageessee beektaa ?	1.Eeyyeen 2. Lakki	
203	Jalqabaan waa'e rakkoo Feestulla eenyuu irraa dhageesse ?	1. Mijjeesitoota Fayyaa (HP,HC) 2. Deesistoota aadaa irraa 3. Maattii/hiriyyaa, fira 4. Meeshaalee sab-quunnamtii(radiyoo, Tv, barru ulee faa'i) 5. Ka biroo irraa yoo ta'e	
C. Gaffii Hubannoo/barannoo Rakkoo Feestulla Ilaalchisee Dhiyaate			
I.Sababaa Rakkoo Feestulla Ilaalan			
301	Kanneen armaan gadii keessaa sababiin Feestulla dubartoota saaxilan isaan kami ? I. Ijoollummaan Ulfaa'u II. Kittaannaa shamarranii III. Mana keessati dahuu IV. Walitti aansuun ulfaa'uu V. Of eeggannoo malee ulfa of irraa baasuu yaaluu VI. Soorata gahaa dhabuu VII. Amantii amajjawaa VIII. Gocha dhorkaa darbuu IX. Humna Uumaan hin seenamne X. Carraa dhabeessa XI.	1.Eeyyee 2. Lakki 1.Eeyyee 2.Lakki 1.Eeyyee 2. Lakki 1.Eeyyee 2.Lakki 1.Eeyyee 2.Lakki 1.Eeyyee 2.Lakki 1.Eeyyee 2.Lakki 1.Eeyyee 2.lakki 1.Eeyyee 2.Lakki. 1.Eeyyee 2.Lakki	
II.Mallattoolee Feestullaan Walqabatan			
302	Kanneen armaan gadii keessaa kamtu mallattoolee Feestullaan walqabata? I. fincaan to'achuu dhabuu II. Bobbaa qabachuu dhabuu III. Dhukkubbii keessoo gadameessaa IV. Dhuufuu qabachuu	1.Eeyyee 2.Lakki 1.Eeyyee 2. Lakki 1.Eeyyee 2.Lakki 1.Eeyyee 2.Lakki	

	<p>dadhabuu</p> <p>V.Foolii saalaa dubartii</p> <p>VI.Deeddeebbiin dhukkubbii qaawa fincaanii</p> <p>VII . Dhukkubbii garaa</p> <p>VIII.Hirriba dheerachu</p>	<p>1.Eeyyee 2.Lakki</p> <p>1. Eeyyee 2. Lakki</p> <p>1.Eeyyee 2. Lakki</p> <p>1.Eeyyee 2.Lakki</p>
III. Ittisa Feestullaan Walqabataniif		
303	<p>Kanneen armaan gadii keessaa ittisa feestullaa kan ta'e kamii?</p> <p>I.Buufata fayyaa Keessatti dahuu</p> <p>II. Gaa'ela umrii malee fi ulfaa'un hambisisu</p> <p>III. Tooftaa karoora maatii fayyadamuu</p> <p>IV. Of eeggannoon ulfa ofirraa baasuu</p> <p>V. Kittaana dubartii hambisuu</p> <p>VI.Nyaata Walmadaale nyaachuu</p>	<p>1.Eeyyee 2.Lakki</p> <p>1.Eeyyee 2. Lakki</p> <p>1.Eeyyee 2.Lakki</p> <p>1.Eeyyee 2.Lakki</p> <p>1.Eeyyee 2.Lakki</p> <p>1.Eeyyee 2.Lakki</p>
IV. Maddoota Saffisaan Kunuunssuu Dubartii Ulfaa		
304	<p>Hadholeen Saffisaan Ciniinfuun qabe kunuunsaaf eessa deemu qabu jettaa ?</p>	<p>1.Sichi itti yaaddama.</p> <p>2.Gara mana amantii</p> <p>3. Buufata fayyaa</p> <p>4. Hospitaala</p> <p>5. Bakka biro yoo ta'e</p>

Galatoomaa !!!

