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Emergency Contraceptive Use and Associated factors Among Women Seeking Induced Abortion at The Health Facilities in Guagusa Shikudad District-Awi Zone, Amhara Region-North West Ethiopia.

Melese, Asfaw

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COLLEGE OF MEDICINE AND HEALTH SCIENCE
DEPARTMENT OF Reproductive Health and Population Studies
Emergency Contraceptive Use and Associated factors Among
Women Seeking Induced Abortion at The Health Facilities in
Guagusa Shikudad District-Awi Zone, Amhara Region-North
West Ethiopia.

By:

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COLLEGE OF MEDICINE AND HEALTH SCIENCE
SCHOOL OF PUBLIC HEALTH
DEPARTMENT OF REPRODUCTIVE HEALTH
AND POPULATION STUDIES

EMERGENCY CONTRACEPTIVE USE AND ASSOCIATED
FACTORS AT HEALTH FACILITIES OF GUAGUSA
SHIKUDAD DISTRICT-NORTH WEST ETHIOPIA.

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ABSTRACT

Background; Emergency contraception refers to contraceptive methods that prevent the chance of pregnancy following unprotected intercourse. There are scarce evidences of factors associated with emergency contraceptive use women who seek induced abortion in Guagusa shikudad district. Therefore, the aim of this study was to assess utilization and associated factors of emergency contraception among women seeking abortion care services in the health institutions of Guagusa shikudad District.

Objective: To assess emergency contraceptive use and associated factors among women seeking induced abortion at health facilities of Guagusa Shikudad District, Awi zone, 2021 G.C

Method: Facility based cross-sectional study was conducted among 423 study participant from December 2020 to January 2021 using simple random sampling technique. Data was entered into a computer using Epi data 3.1 and statistical analysis was done using SPSS version 20 software.

Binary Logistic regression was used to identify factors associated with the dependent variable. A p-value of 0.05 was used to identify significant explanatory variables and their degree of association was expressed using adjusted odds ratio at 95% confidence interval.

Result A total of 423 women were participated in the study (with the response rate of 100%) and ever utilization of emergency contraceptives was 47.5%. The mean age of the respondent was 26.1 years (SD \pm 4.58). Factors associated with ever use of emergency contraceptives were history of abortion [AOR = 2.13, 95% CI (1.15-3.93)], being primipara [AOR = 0.62, 95% CI (0.41-0.94)], poor knowledge of ECs [AOR=0.48, 95% CI (0.30-0.76)], Age of 30-34years [AOR=9.24 95 % CI (1.03-18.28)], Can't read and write AOR=0.66, 95%CI (0.43-0.99)].

Conclusion:The knowledge/information to be provided to mothers was a foundational step for improving use of emergency contraceptives and establishing emergency contraceptive use strategies.

Keywords: Emergency contraceptive associated factors, Guagusa shikudad.

ACRONYMS AND ABRIVATIONS.

COC	Combined Oral Contraceptives
Cu- T	Copper T intra uterine Device
EC	Emergency Contraceptive
ECP	Emergency Contraceptive pills
EFY	Ethiopian Fiscal Year
ESOG	Ethiopian Society of Obstetrician & Gynecologists
FGAE	Family Guidance Association of Ethiopia
FP	Family Planning
IEC	Information Education and Communication
IPAS	International Project Assistance Service
IUCD	Intra Uterine Contraceptive Device
KAP	Knowledge, Attitude and Practices
MOH	Ministry of Health
NGO	None Governmental Organizations
OR	Odds Ratio
PAC	Post Abortion Care
WHO	World Health Organization

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1. INTRODUCTION

1.1 Background

Emergency contraception refers to contraceptive methods that prevent the chance of pregnancy following unprotected intercourse(1,2). There are two main emergency contraceptives modalities; these are the Oral emergency contraceptives and intrauterine devices. The oral emergency contraceptives have various degrees of protection against pregnancy according to the time that they were taken. If it is taken within 72 hr of unprotected sexual intercourse, they reduce the risks of pregnancy by 95% (3). Post-coital insertion Cu-IUD within 5–7 days after unprotected sexual intercourse in addition to being an effective method of emergency contraception it can also serve as a safe and effective method of long-term contraception (3). If emergency contraception is easily available and distributed along with appropriate advocacy activities, millions of unwanted pregnancies and abortions can be averted (3).

In Guagusa shikudad Woreda, emergency contraceptive pills can be found in any drug retails. According to the information on the leaflet distributed with the drug, the two doses should be taken within 72 hours after exposure to unprotected sex. In Guagusa shikudad, even though emergency contraceptives are easily accessible from drug stores, abortion rate is quite high (5),(6).

Even though emergency contraceptives services have been expanded throughout private and governmental health institutions, still there is a variation in utilizations of emergency contraceptives in Ethiopia. Emergency contraceptive is indicated after unprotected sexual intercourse, following sexual abuse, misuse of regular contraception, or nonuse of contraception. Emergency contraceptives is the only method women can use to prevent pregnancy after they have had unprotected sexual intercourse, have experienced a Contraceptive failure, have remembered too late that they have forgotten to take their birth control pills, or have been forced to have sex against their will. Emergency contraceptive is sometimes referred to as “morning-after” or “post-coital” contraception. EC is intended for occasional or emergency use only and not as a regular means of contraception (2,7).

Despite the fact that different modern contraceptives exist worldwide, the problem of unintended pregnancy still exists, which could be due to gap in awareness, negative attitudes towards contraception, low accessibility or as a result of sexual assault. At times, the knowledge and practice might be there but no contraceptive is 100% effective, and it is always very vital to have EC as a backup method. Furthermore, the use of EC reduces the cost of expenditures on medical care by preventing unintended pregnancies (3). In developing countries, the World Health Organization (WHO) estimates that one woman dies every eight minutes due to unsafe abortions. Annually, around five million women who undergo unsafe abortions require hospitalization. In these nations, ECP is the most commonly used method of EC after unprotected sexual intercourse to prevent unwanted and unintended pregnancy. But still about one in six married women faces an unmet need for emergency contraceptive (5). In Ethiopia, even though EC pills are distributed free of charge through the support of the non-governmental organization, still there is a low utilization of emergency contraceptive pills in Guagusa Shikudad District. Additionally there are scarce evidences about use of emergency contraceptives use in my study area Therefore, the aim of this study was to assess utilization and associated factors of emergency contraception among women seeking abortion care services in the health institutions of Guagusa shikudad district (26).

1.2 Statement of the problem

Worldwide, around 120 million women per year need contraception but they did not use it. Parallel with this, approximately 250 million pregnancies occur and one-third of them are unintended; out of them, 20% are terminated by induced abortion (4). Utilization of family planning especially emergency contraceptive pills is very useful to decrease unintended pregnancy and unsafe abortion which in turn reduces maternal morbidity and mortality (5).

In developing countries, the World Health Organization (WHO) estimates that one woman dies every eight minutes due to unsafe abortions. Annually, around five million women who undergo unsafe abortions require hospitalization. In these nations, Emergency contraceptive pill is the most commonly used method after unprotected sexual intercourse to prevent unwanted and unintended pregnancy. But still about one in

six married women faces an unmet need for contraceptive. Every year, in developing countries, at least 22,000 women die from abortion-related complications (2) An estimated 620,300 induced abortions were performed in Ethiopia in 2014 ,Around 47,000 women die each year from complications of unsafe abortions (2).

The uptake of emergency contraception to prevent unwanted pregnancy amongst women at different cultural areas in Ethiopia varies because of the difference in knowledge of emergency contraceptives (12). This poses a range of major public health problems including an increased risk of complications associated with illegal abortions in the country and may be associated with abortion related morbidity and mortality. This area of research has not been given much attention within the Ethiopian context (12). This background dictates a need for primary research to offer empirical insights into the reasons for low uptake of emergency contraception as a first step towards the reduction of unwanted pregnancy in women. In keeping with this imperative, the current study looks specifically at the role played by different factors in determining the usage of emergency contraceptives. The current strategy of the government of Ethiopia about ECs is allowing the distribution of ECs in drug stores and the provision of safe abortion services in medical setup under some medical eligibility criteria for those who demand the service under certain conditions and expansion of youth friendly services at public and private health facilities. Even though such permissive strategy is applied currently in Ethiopia still the usage of ECs is low. (5)

The reasons for low utilization of ECs are inaccessibility of emergency contraceptive services (9),lack of post-abortion emergency contraceptive counseling (56.5%), and the other common reason for not using emergency contraceptive method was refusal(24%), not counseled for emergency contraceptive at health facilities (11.8%) (29). The other study also indicates limited knowledge and practice (16%) is also core factor for low utilization of ECs ,(9) . Therefore, EC need to be available and used appropriately as a backup in case regular contraception is not used misused or failed (6).

In addition, studies have showed that knowledge, and attitude on emergency contraception among women are limited (5).The other factors that are associated with the utilization of EC are urban dwellers, education, ever used contraception, and knowledge

of contraception, age group greater than or equal to 25 years, married women, and women with unfavorable attitude were less likely users of EC. Age, living arrangement, marital status, and religion are associated with the utilization of emergency contraceptive(2).Consequences of unprotected sex, such as unintended pregnancy and unsafe abortion, can be prevented by access to contraceptive services including emergency contraception. Knowledge and practice on emergency contraception are particularly important because of high rates of unwanted and teenage pregnancy. Different studies, however shown that the Knowledge and practice in relation to emergency contraception are limited among women who seek induced abortion (10).

In Ethiopia even though EC pills are distributed free of charge through the support of the nongovernmental organization, still there is a low utilization of emergency contraceptive pills in Guagusa Shikudad district. Therefore, the aim of this study will be to assess utilization and associated factors of emergency contraception among women seeking induced abortion services in the health institutions of Guagusa shikudad woreda.

1.3 Significance of the study.

The result of this study will give detailed information about usage and associated factors regarding emergency contraceptives for researchers, programme managers and stake holders working on ECs programme. Finally the community will be benefited directly from the decision made by local government after the result of this study disseminated and indirectly from the interventions given by responsible bodies. Additionally the reason for low utilization of ECs was addressed in detail and health professionals can use this document as reference material.

2. LITERATURE REVIEW

2.1 Magnitude of emergency contraceptive use.

Globally; ever utilization of EC among women seeking abortion service is relatively low. In the United States usage has been reported as 9.4%, in Iran 5.2%, whereas study conducted in some European countries among women who seek abortion care service like Denmark, Norway and Sweden are 32.3%,35.1% &34.6% respectively at least once in their lifetime (11,25). Similar study conducted on other parts of Norway among women who come for abortion care indicates that about 52.3% of the participants reported emergency contraception use. Of the ever emergency contraception users, 47.8% had used emergency contraception only once, and 52.2% were multi- time users. A small proportion of women in Norway who seek abortion had ever used emergency contraceptives 4–10 times, but in South Africa EC ever usage among women who seek abortion care is still only 4%. Most of the adolescent women who seek abortion service reported to be consistent users of regular contraception, including during the past year (87.6%) , at the time of last intercourse (88.7%) ,and when drunk (72.4%) (12).

Similar study in Spain shows that among women who seek abortion care 19.85% had ever used once and 10.8% twice or more; total prevalence of EC usage among women seeking abortion care service was 30.65% compared with 69.35% who had sexual intercourse and had never used it(11,12). Additionally the prevalence of EC usage among Spanish girls who seek abortion care was 30.65%. This finding agrees with another study in Spain in which 28.2% of women who seek abortion had ever used emergency contraceptives (12).

In Africa a study conducted in Ghana shows that most women who came for abortion had ever used ECPs at least once. Due to Participants described being unable to plane for sexual encounters preferred ECPs are a convenient post-coital method (13). In Ethiopia a study conducted in different part of a country among women who seek abortion care

indicates that ever use of emergency contraceptive is still low (in Adam =4.7%, in Jimma =6.8 %, Dessie =15.4 %. (14, 26, 27, 29). Similar study conducted in another part of Ethiopian shows that among women who had ever heard of EC, almost one-third (33.0%) of them had ever used EC Pills while they are coming for abortion care service .However, none of the women had ever used IUCD as an emergency contraceptive (3).Another studies done in Dessie and Dire Dawa towns of Ethiopia shows that the ever prevalence of emergency contraceptive among women who come for abortion was 51%&9.7% respectively (5, 26).

2.2 Factors associated with emergency contraceptives use

2.2.1 Socio demographic factors.

Studies from Denmark, Sweden and Norway showed that age group 18-24 is more likely to use ECs among women who come for abortion care. Additionally the above studies indicated that women of higher education level use emergency contraceptives frequently than others(11,29).Where as a study conducted in Ghana ,Nigeria and other part of Africa shows that 28.4% of participants would not use EC in the future as their religious was against it (15).Additionally a study done in Ethiopia based on EDHS 2016 shows urban residents use ECs more than rural ones. Another finding in Ethiopia showed that women of whose husbands need more children reserved themselves from using emergency contraceptives (16,30).

According to a study conducted in Dire Dawa age of respondents was found significantly positively associated with the use of EC. The likelihood of EC usage decreased as the age of the women increased. Women of the age group 20–24 were less likely to use EC compared with age group of 15–19 years. Similarly women who were living with their spouse were less likely to use EC compared to those living alone additionally religion of the respondents was found to be significantly positively associated with the use EC. As studies shows that more Christian respondents were using EC than that of Muslim (5,17). Studies from Dessie town show that women of age group of 20-24 years who seek abortion care used ECs more than other age groups; this study also shows being single,

having more than one children ,educational status of more than primary level also positively affects ECs utilization (26). Another study from Adama town shows that among women who seek abortion care, those who had age 20 years and above were 3.48 times more likely use EC compared to younger(28).

Another study conducted in Ethiopia among women who seek abortion care service age greater than 20 years were 6 times more likely to have good knowledge of EC usage than their younger counterparts (3). A study from eastern Tigray among women who seek abortion care service showed that Protestant religion followers were more likely to utilize EC in comparison with Orthodox-Christian followers (24). Another study conducted in Dessie town shows age of women, urban residence, being single were significantly positively associated factors with the utilization of emergency contraceptives (3). Another finding from Dire-Dawa showed that marital status significantly positively associated with the use of EC among women who seek abortion care. Married women were less likely to use EC compared to unmarried women, where as education is significantly positively associated with use of EC. The likelihood of using EC increased as the education level of the women increased. Those respondents with diploma & above were more likely to use EC compared to primary and secondary education (5).

2.2.2 Reproductive health and obstetric factors.

A study conducted among women who seek abortion service in some European countries like Sweden, Norway and Spain shows that early age at first intercourse, having a new partner in the last 6 months and lack of condom use with a recent new partner was found to be positively associated with ever use of EC(11).

A study conducted in Dire Dawa town indicates that fear of side effect was the reasons mentioned by the respondents for not using EC while some women never heard of EC and some respondents said that they do not know where EC is available. The above study shows that among women who ever used ECP, majority of them were between the age group of 25–29 (17). A study conducted in Jimma shows that previous history of contraceptive use had significant association with emergency contraceptive usage but the

others do not show an association (27). A study conducted in eastern Tigray among women who seek abortion service shows that Women who did not have any history of contraceptive use previously were 87% less likely to use EC compared with counterparts (24). Additionally this study shows that 50.9 % of respondents were primipara, 52.8% of the study participants had no parity. 60.8% of the respondents had a history of previous abortion (25).

2.2.3 Health service related factors

A study done from middle income countries among women who seek abortion service shows that reduced access to reproductive health services for some resulted in less ever utilization of emergency contraceptives (18).A study conducted in Turkey shows 45% believed that they had become pregnant because of improper use of the of the information given from health professionals (19).

Different studies in Africa shows that health service related factors are basic determinants of emergency contraceptive use for example study from Kenya shows that Poor communication between health care providers and communities continues to result in delayed care and access-related discrimination of emergency contraceptives (10). In Ethiopia a study done in eastern Tigray shows women received health educations about EC were significantly positively associated (20). As a study conducted in Dessie town shows that the main factors for non-utilization and they are time inconvenience/distance of health facilities from home (3.7%), lack of willingness (4.9%), drugs unavailability (1.3%), and privacy issue (1.5%) (3).Another study from Arba Minch shows Out of the women who used ECs, 33.4% had the service from pharmacies and 10.9% from hospitals. 44.23% of EC users paid for the service they received. Long distance from health facilities and mistreatment by service providers were the two main barriers which prevent getting treatment for 44.5% and 54.4%, respectively (12),(21).

2.2.4 Knowledge

A study from Asian countries shows that among women who seek abortion service 76.1% had knowledge and awareness about emergency contraceptives and use them properly

during their previous pregnancy .But studies particularly from India shows that only 40% had knowledge about contraceptive pills and use it, this finding shows knowledge positively affects ECs utilization. However, knowledge about permanent methods and intra-uterine devices was very poor (22,23).

A study done in Turkey shows among women who were not ever using ECs, majority of them were insufficiently knowledgeable about ECs. Many had become pregnant as a result of inadequate knowledge; among non users 45% believed that they had become pregnant because of improper use of the emergency contraceptive so knowledgeable women use ECs frequently than non knowledgeable women. Ninety-three percent had never used EC as a result of inadequate knowledge (19,23). Similar study from Lebanon shows that among women who were not using emergency contraceptives, 78% of them had never heard of EC. But Among those who had heard of EC, only 29.3% had knowledge and use emergency contraceptives (24).

A study conducted in low and middle income countries among women who seek abortion care shows that Limited knowledge about sexual and reproductive health, promotion of sexual promiscuity were a significant cause of low utilization of emergency contraception and safe abortion services, especially among unmarried women. There was a significant relationship between age and history of use of EC, as age of women increasing and increasing the likely hood of utilization of ECs decreased (15,18,24). Another study done in South Africa shows that 53.3% of the women knew about two or more emergency contraceptive methods but all of them did not use them. While a study conducted in Nigeria among women who seek abortion care shows that 67.5% of the respondents had no both knowledge of ECs and poor timing (14,25) .The other study conducted in Ghana among women who seek abortion care shows that the required time for EC to be taken were stated as immediately after sex (57.9%), 24 hours after sex (1.2%) and (30.6%) did not know so there was knowledge problem relating to timing of taking ECs (25,29)

A study done in eastern Tigray of Ethiopia among women who seek abortion care service shows that 34.1% heard about emergency contraceptive and all of them ever use ECs. Similarly another study conducted in other part of Tigray of Ethiopia among women

who seek abortion care shows that women who were not knowledgeable about EC were 97% less likely to utilize EC than those who were knowledgeable about ECs. Regarding their knowledge about the dose of emergency contraceptive, 69.9% of them did not know how many doses are given, 5.4% answered one dose, 23.3% answered two doses, and the rest said three dose (2,20). While a study conducted in Dessie town shows that being knowledgeable on emergency contraception was significantly associated with the utilization of emergency contraceptives (3,29).

2.2.5 Attitude.

A study done in Lagos Nigeria among women who seek abortion care, 62.5% of the respondents who demonstrate negative attitude towards EC, all of them never use ECs. Among all study participants who had negative attitude Many of them believe that it is sinful to use emergency contraceptive, because of fear of infertility, birth defect, could promote promiscuity, lead to loss of confidence among partners and therefore will not recommend it to a friend or relatives (12,15) . A study conducted in Ghana shows that 18.0% of women believed that EC is ineffective and 24.9% consider it dangerous to their health and use it ,So favorable attitude positively associated with utilization of emergency contraceptives(9).

Studies conducted from Tanzania and Uganda showed 45% had unfavorable attitude and believed that they had become pregnant because of improper use of the contraceptive and did not use it at all. Nearly 23.6 % perceived that emergency contraceptive services and commodities were not accessible and wouldn't use or it is not easy to discuss sexual matters with partner, 21.3% of them believe it is not for poor and never use it or 20.1% said it is wrong to use contraceptives. However, only 6 % believed that contraceptives were for young females only (19),(10) . A study conducted in eastern Tigray show that 68.8% of the respondents use emergency contraceptives because of they had positive attitude towards emergency contraceptive(20). Another study conducted in Dessie town of Ethiopia shows that 48% of respondents use emergency contraceptive because all of them had favorable attitude towards emergency contraceptives (3).

2.2.6. CONCEPTUAL FRAME WORK

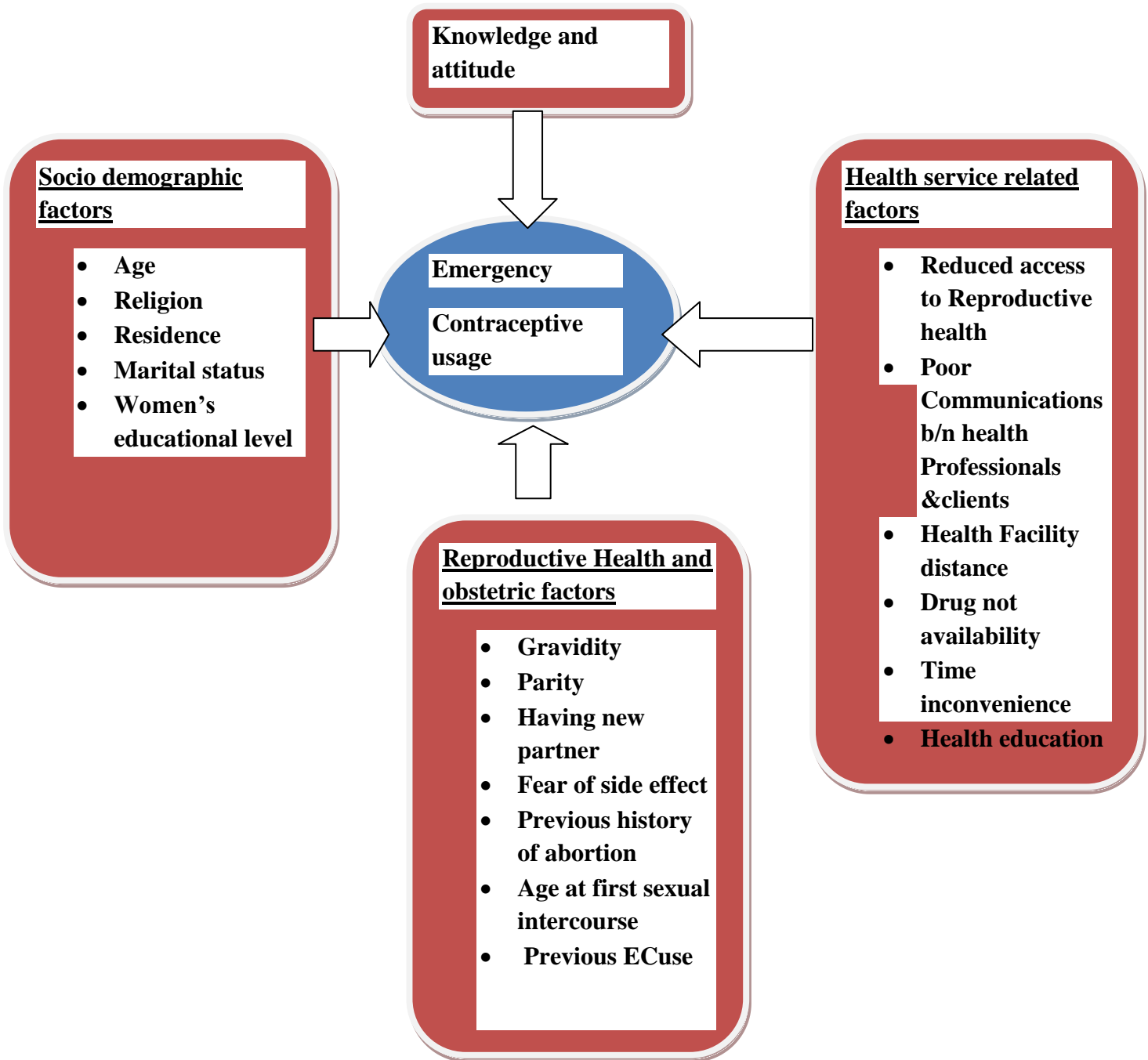


Figure 1. conceptual frame work of emergency contraceptive use and associated factors among women who seek abortion service in Guagusa shikudad district January 2021.

3. OBJECTIVE OF THE STUDY

3.1 General objective

- To assess ever use of emergency contraceptives and associated factors among women seeking induced abortion in health facilities of Guagusa shikudad District, North West Ethiopia, January 2021.

3.2 Specific objectives

- To determine prevalence of emergency contraceptive use among women seeking induced abortion in health facilities of Guagusa shikudad District.
- To identify factors associated with emergency contraceptives use among women seeking induced abortion in health facilities of Guagusa shikudad District.

4. METHODS AND MATERIALS

4.1 Study area

Guagusa shikudad is located in Amhara region of Awi zone. It has a population of 219,911. The reproductive age group of population is 51,855. The Woreda has 17 kebeles. It has 4 governmental health centers, 16 health posts and 2 private medium clinics but only one governmental health center has youth friendly service site. All of the above health centers and medium private clinics provide emergency contraceptive services. The Woreda has 8 primary and 2 high schools and one TVET college. The potential health care coverage is about 98%. Postnatal coverage 42.5%.

4.2 Study design and study periods

Facility based Cross sectional design was employed from December 10/12/2020-January 10/1/2021 G.C.

4.3 Source and study populations

4.3.1 Source populations

Source populations were all women of reproductive age group 15 –49 seeking Abortions care in Guagusa shikudad Woreda.

4.3.2 Study populations

All reproductive age group 15-49 seeking abortion care in selected health facility in Guagusa shikudad district during study period.

4.3.3 Inclusion Criteria

All women in the study population who seek abortion care.

4.3.4 Exclusion criteria

Women who couldn't able to respond because of severely ill (who couldn't hear and speak).

4.3.5 Study unit

Each randomly selected woman in the selected health facility that came for abortion service.

4.3.6 Sample Size determination

Sample size was calculated using single population proportion formula considering assumptions: 95% confidence interval, 5% of margin of error and 51% prevalence of emergency contraceptive use (a study from Dessie town).

Assumptions

n= number of the study subjects

Z= is standardized normal distribution curve /value for the 95% confidence interval (1.96)

p =proportion of emergency contraception use among women who seek abortion care service (51%) taken from studies from Dessie Town.

d = the margin of error taken (0.05 taken)

Non response rate=10%

$$n = (Za/2)^2 p (1-p)/d^2 = (1.96)^2(0.51 \times 0.49) / (0.05)^2 = 384$$

$$384 + 10\% \text{ non response rate} = 384 + 39 = 423$$

The total sample size for this study was 423 of women seeking post abortion care in

The study unit including 10% none respondent rate

Sample size for specific objective two studies taken from Dessie and Dire Dawa.

Table 1-Sample size calculation based on specific objectives Sample size calculation based on specific objectives, January 2021.

S.n	Factors	Assumptions								
		Ratio	Power	CI	OR	Proportion of women who are using EC	Design effects	Non response rate (10%)	Sample size	Reference
1	Good Knowledge	1:1	80	95	0.027	65.9	1	3	27	(5)
2	Urban residence	1:1	80	95	2.02	20.8	1	36	390	(26)
3	Favorable Attitude	1:1	80	95	0.027	48.7	1	4	38	(5)
4	Women's age of 20-24	1:1	80	95	2.1	63.6	1	32	344	(26)

So the final sample size will be the largest one among samples of specific objective one and specific objective two i.e. 423

4.3.7 Sampling technique and procedure

A Systematic random sampling technique was used to select the study participants. Based on the last three month abortion care services, the average daily flow will be calculated. The number of women seeking abortion care service in the 3rd quarter of 2020 in Tilili HC, Wonjela HC, Ashifa HC, Gusha HC, Medium Clinic 1, Medium clinic 2 is 410,350,302,328,520 and 610 respectively. The total abortion care service in the three month period is 2520. And daily average flow for six health institutions is 38. since the study period were cover 1 month (22 days) .there are a total of $38 * 22 = 836$ study participants. Therefore, the sampling interval will be $K = 836 \div 423 = 1.97 \sim 2$

The number of actual study participants from each Health facilities will be calculated and taken proportionally.

Proportional allocation

According to their third quarter abortion service plan of 2013 EFY, study participants were as follows. The total estimated number of women seeking abortion service in each

institution for a three month was taken and proportional sample size were calculated for each institution so as to give the total sample size by using the following formula.

$$(n_i = n \times N_i/N).$$

Total Where: n_i = sample size of the i th institution.

N_i = women seeking abortion service of i th institutions.

n = number of women seeking abortion service to be selected from each institution (total sample size=423).

N = Total women seeking abortion service from each institution (836).

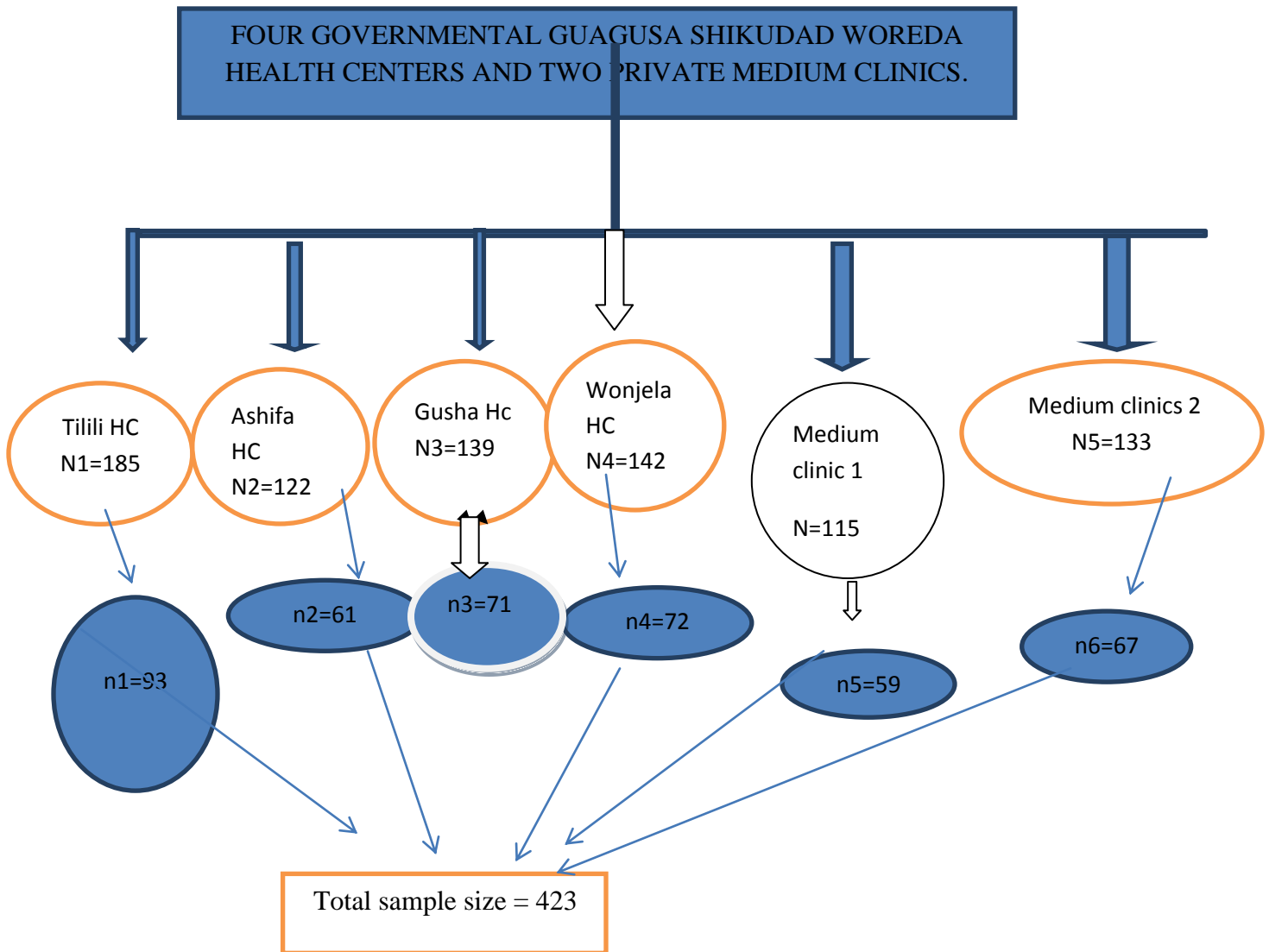


Figure2. Diagrammatic presentation of sampling procedure of study subjects in health facilities of Guagusa shikudad District-North west Ethiopia, January 2021.

4.3.8 Data collection tool and procedure.

A structured interview based questionnaires was used for data collection. The questionnaire was designed in English and was translated to Amharic version for better understanding by data collectors and interviewees during the interview time.

There were 4 diploma nurses as data collectors and 2 Health officers as Supervisors trained by the principal investigator on the objectives of the study and how to interview, fill the questionnaire and handle questions which were asked by clients during interviewing. The clients were interviewed after the discharge decided and just before the client left the respective health institution. During the data collection process each questionnaires were checked daily in the mornings by the supervisor and principal investigator for its completeness and accuracy.

4.4 Variables

4.4.1 Dependent variables

Emergency contraceptives use.

4.4.2 Independent variables

- **Socio demographic factors:** age, religion, residence, marital status, education, ethnicity.
- **Reproductive health and obstetric factors:** Gravidity, Parity, previous history of abortion, having new partner, Fear of side effects, previous history of emergency contraceptive use.
- **Knowledge and attitude**
- **Health service related factors:** Improper information given by health professionals, poor communication between providers and clients, distance of health facilities, drug unavailability, time inconvenience, and health education.

4.5 Operational Definitions

Good Knowledge: refers to women who answered correctly above the 50 % score of the total knowledge related questions.

Poor knowledge: refers to women who didn't answer correctly and their scores are below the 50% of the total knowledge questions.

Favorable attitude: if individuals scores are greater than or equal to 50 % based on attitude related questions.

Unfavorable attitude: if individuals scores are below 50 % based on attitude related questions.

Emergency contraceptive utilization: refers to women who ever used emergency contraceptive after unprotected sexual intercourse to prevent unwanted pregnancy in their life time (24).

4.6. Data quality control

Training was given to both data collectors and supervisors about consent, maintaining neutrality, privacy issues, personal relation and ethics in social research. Pretest was done for 5% from total sample at Wonjela Health center which is found 7 kms far from Tilili and the questionnaire was checked for its clarity, understandability and simplicity in collecting for what it is wanted. After the pretest, the questionnaires were reformatted and using Times New Roman, 12 pt. The qualities of the data were assured by supervisors every day during data collection.

4.7. Data entry and analysis

The collected data were cleaned, coded and entered using Epi-data version 3.1 then exported to SPSS version 23 for analysis. Descriptive analysis was used to describe the percentages and number distributions of the respondents by socio-demographic characteristics and other relevant variables of this study. Emergency contraceptive usage was expressed in percent and means. The result of descriptive statistics was presented in tables and pie chart. Binary Logistic regression was used to fit data in order to identify

factors associated with emergency contraceptive use. All independent variables in bivariate analysis with P value less than 0.25 will be included in the multivariable analysis. Hosmer and Lemeshow goodness of fit test was used to check model adequacy. A P-value less than 0.05 were considered to declare a result as statistically significant association in this study.

4.8. Ethical Considerations

This research proposal was submitted to BDU College of health science public health department and approved by institutional review board (IRB) officials. Ethical clearance was obtained from BDU, college of health science public health department research committee. Letters of cooperation was written to Guagusa shikudad woreda health Office and public health facilities for the applicability of this study by university and Woreda health office respectively. Informed consent was obtained from women who were received abortion care service.

5. Results

5.1 Socio-demo graphic characteristics

A total of 423 women were interviewed, giving a response rate of 98.5%. The mean age of respondents was 26.1 years (SD \pm 4.58) and range of 15 to 49 years of age. Majority 321(75.9%) of respondents were orthodox, 57(13.48%) protestant and 45(10.63%) of them are others. Three hundred thirty (78.01%) claimed to be Amharas. One hundred twenty three (29.07%) were married. Two hundred twenty (52%) of women were Literate. Two hundred eighty nine (68.3%) lived in urban areas and 148 (35.0 %) were civil servants, 105(24.8%) were farmers (Table 2).

Table 2 Socio demographic characteristics of respondents of emergency contraceptive use in Guagusa shikudad District, North West Ethiopia, January 2021.

Variables		Frequency	%
Age	15-19	33	7.8
	20-24	170	40.2
	25-29	87	20.6
	30-34	53	12.5
	>35	80	18.9
Educational status	Illiterate	203	47.99
	Literate	220	52.01
Religion	orthodox	321	75.9
	protestant	57	13.5
	Other	45	10.6
Ethnicity	Amhara	330	78.01
	Oromo	30	7.09
	Agew	63	14.89
Marital status	unmarried	300	70.9
	married	123	29.1
Occupation	house wife	45	10.6
	Commercial sex worker	30	7.1
	civil servant	148	35
	Students	34	8
	daily laborer	61	14.4
	farmer	105	24.82

Residence	urban	289	68.3
	rural	134	31.7

5.2 Reproductive health and Obstetric characteristics of respondents.

Among the respondents, 230 (54.37%) were Primipara. Two hundred eighty (66.2%) were Primigravid, 55 (13%) had a prior history of induced abortion, among those who had a history of induced abortion, 362(85.56%) had unwanted pregnancy. Among them who had unwanted pregnancy, majority of them became pregnant because of forget to take EC pills pregnancy 150(35.1%), pressure from partner 82(19.2%), forced sex 32(7.56%), emergency contraceptive failure 44(10.3%), forget to take regular pills 120(28.36%). Among women who came for abortion 157 (37.1%) were due to financial reason, health related problems 99(23.4) partner pressure 139 (32.8%), too close pregnancy 23(5.14%) (Table3).

Table 3- Reproductive health and obstetric characteristics of respondents in health facilities of Guagusa shikudad district, North-West Ethiopia, January 2021.

Variables(N= 423)		Frequency	%
Gravidity	Primi gravida	280	66.2
	Multi gravida	143	33.8
Parity	Primi para	230	54.37
	Multi para	193	45.63
Wanted pregnancy	Yes	61	14.3
	No	362	85.7
Reason for pregnancy	Emergency contraceptive failure	44	10.3
	Forget to take ECs	145	34.27
	Pressure from partner	82	19.2
	Forced sex	32	7.56
	Forget to take pills	120	28.1
Previous history of abortion(N= 423)	Yes	55	13
	No	368	86.99

Reason for termination of pregnancy(N=423)	Financial reason	157	37.11
	Health related reason	94	22.23
	Partner pressure	139	32.8
	Too close pregnancy	33	7.80

5.3 Health service related Characteristics

From a total of 423 participants only 116(27.43%) of respondents got proper information given by health professionals, the rest majority of respondents didn't get proper information by health professionals. Some of 146(34.51%) of the respondents confirmed that the service delivery of health institutions were comfortable. Most 322(76.12%) of the participants confirm that they didn't get health educations and most respondents 340(80.37%) get poor counseling with service providers. 254(60.04%) of respondents didn't get adequate drugs in the nearby health facilities and 277(65.48%) of respondents confirmed that the service given from nearby health facilities was not comfortable. (Table 4).

Table 4 Health service related Characteristics of respondents in Guagusa shikudad district, North West - Ethiopia, January 2021.

Variables(N=423)		Frequency	%
Proper information given by health professionals	Yes	116	27.43
	No	307	72.57
Poor counseling from Health prof.	Yes	83	19.62
	No	340	80.37
Taking Health Educations	Yes	101	23.87
	No	322	76.12
Health facilities is Distant from Home	Yes	119	28.13
	No	304	71.86
Service giving area comfortable	Yes	146	34.52
	No	277	65.48

Drug availability	Yes	169	39.95
	No	254	60.04

5.4 Practice of emergency contraception.

In this study 201 (47.5%) of respondents had ever used EC; were most of them used EC pills. Respondents who had never used EC mentioned main factors for non-utilization are; lack of knowledge 134 (31.4%), time inconvenience 28 (6.6%), religious prohibition 62(14.5%), husband influence 40 (9.4%), poor counseling 72(16.9%), fear of side effect 7(1.65%), Lack of information 15(3.5%), distance of health facility 65 (15.2%) (Table5).

Table 5 Practice of Emergency contraceptives of respondents in health facilities of Guagusa shikudad district-North West –Ethiopia, January 2021.

Variable(N=)	Category	Frequency	%
Ever use of emergency contraceptive	Yes	201	47.5
	No	222	52.5
Reason for not using ECs	Lack of knowledge	130	30.73
	Distance of health institution	55	13
	Religious prohibition	62	14.65
	Husband's permission	40	9.4
	Poor communication	72	16.9
	Time inconvenience	32	7.56
	Lack of information	32	7.56

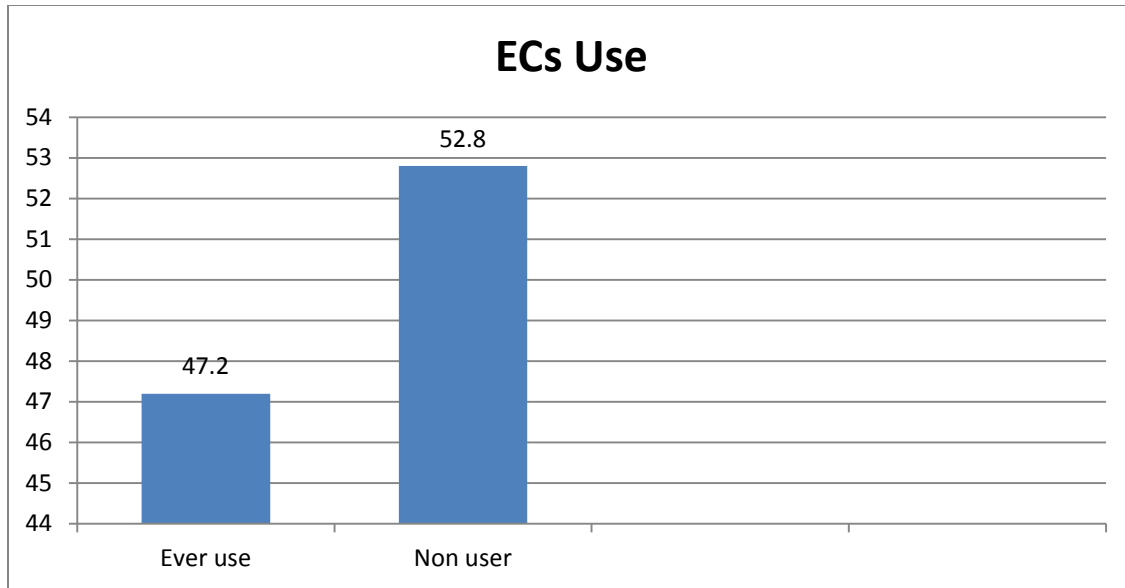


Figure3 Ever utilization of emergency contraceptives of mothers in Guagusa shikudad district, North-West Ethiopia, January 2021.

5.5 Knowledge of respondents of emergency contraceptives

Among the total of 423 participants, 207 (48.9%) of women had ever heard about emergency contraceptive. Among 423 participants majority 131(31.5%) of women knew place of hearings of emergency contraceptives, 123(29.07%) know time of taking emergency contraceptives, 144(34.04%) know emergency contraceptives are effective and only 98 (23.7%) know about types of emergency contraceptives.

Regarding the use of emergency contraceptive during last pregnancy 168 (39.71%) of women reported that they had used ECs during last pregnancy. Among them 124(29.31%) know that unwanted pregnancy is avoidable, 203(48%) of respondents know time of becoming pregnant after first sexual intercourse and 123 (29.07%) of them clearly understands a place where they can obtain emergency contraceptive service. Concerning the purpose of emergency contraceptives, 179(42.31%) of the respondents reported that they know about the benefit of emergency contraceptives (T able 6).

Table6.Knowledge level of respondents in health facilities of Guagusa shikudad district, North West Ethiopia, January 2021.

Variables(N=423)	Category	Frequency	%
After sex you became pregnant	Yes	203	48
	No	220	52
Unwanted pregnancy is avoidable	Yes	124	29.32
	No	299	70.68
Using ECs during last pregnancy	Yes	168	39.71
	No	255	60.28
Ever heard about ECs	Yes	207	48.93
	No	216	51.07
Know place of hearing about ECs	Yes	131	31.5
	No	292	68.5
A women can obtain ECs at health facilities	Yes	171	40.4
	No	252	59.6
Know time of obtaining ECS	Yes	123	29.07
	No	300	70.92
ECs are effective	Yes	144	34.04
	No	279	65.95
ECs can prevent pregnancy	Yes	162	38.29
	No	261	61.72
Know types of ECs	Yes	98	23.7
	No	325	76.3
Know purpose of using ECs	Yes	179	42.31
	No	244	57.68

Based on the above knowledge questions the minimum and maximum score of participants was 0 and 86% respectively. Women's level of knowledge was categorized into good and poor using 50% knowledge score as cut of point. Based on these 131(30.8%) of women had good level of knowledge about emergency contraceptive use among women who seek abortion care attending at health facilities in Guagusa shikudad

district, the rest 292 (69.2%) have poor level knowledge(Fig3).

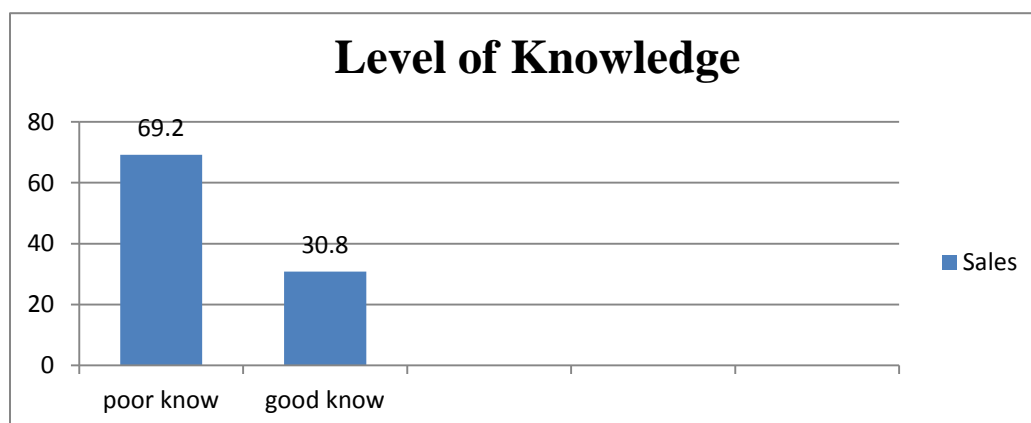


Figure 4 -Knowledge level of respondents in Health Facilities Guagusa shikudad district, North West –Ethiopia, January 2021.

5.6 Attitude towards emergency contraceptive

Among the total of 423 participants, 284 (67.13%) of women have heard bad roamer towards emergency contraceptives before. Among them majority 263(62.2%) of women have great concern about emergency contraceptives. Majority of them 302(71.4%) of partners didn't have belivance towards emergency contraceptives. Majority of respondents 274(64.77%) didn't have favorable attitude. Most of respondents 332(78.48%) believed that culture prohibits use of emergency contraceptives (table 7)

Table 7 Attitude levels of respondents towards ECs in Guagusa shikudad district, North- West Ethiopia, January 2021.

Variables	Category	Frequency	%
Have bad roamer	Yes	284	67.13
	No	139	32.87
Have concern about ECs	Yes	263	62.2
	No	160	37.8
Partner belivance about ECS	Yes	121	28.6
	No	302	71.4
Having good attitude towards ECs	Yes	149	35.22
	No	274	64.77

Cultural prohibition of ECS	Yes	332	78.49
	No	91	21.51

Based on the above attitude questions the minimum and maximum score of participants was 0 and 84% respectively. Women’s level of attitude was categorized into favorable and unfavorable using 50% attitude score as cut of point. Based on these 132(31.2%) of women had favorable attitude and the rest 291(68.8%) had unfavorable attitude towards ECs among women seeking abortion care at health facilities of Guagusa shikudad district (Figure 5).

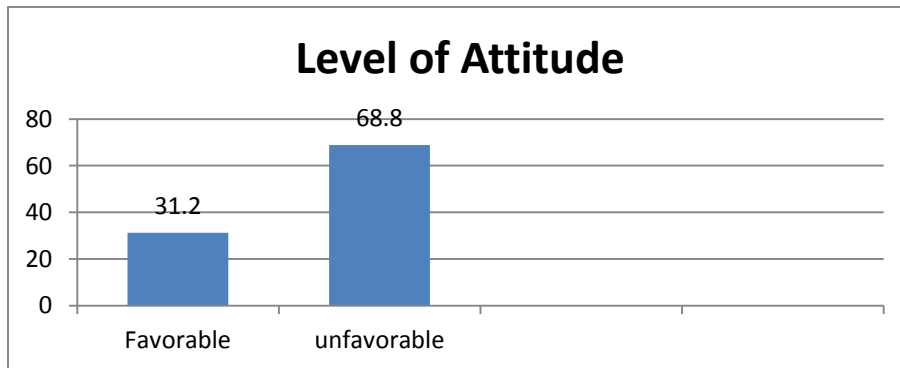


Figure 5-Attitude level of respondents in Health Facilities of Guagusa shikudad district, North West Ethiopia, January 2021.

5.8 Factors associated with the utilization of emergency contraception.

On the bivariate analysis factors that significantly associated with EC use were: women’s age, women’s education level, marital status, Occupation, Residence, gravidity of women, Parity of women, Wanted pregnancy, previous history of abortion, Level of knowledge, Level of attitude.

Through multivariate logistic regression women’s age of 30-34 years, Women with previous history of abortion, Uniparity of women, Poor level of knowledge and women’s level of education(Can’t read and write) were found to have significant statistical association with Emergency contraceptive use.

Women with age group of 30-34 were using emergency contraceptives nearly nine times more likely than women with age group 45-49 (AOR: 9.24; 95% CI: 1.03-10.28), in

addition women who had previous history of abortion were used emergency contraceptives nearly two times more likely than women who didn't have previous history of abortion (AOR :2.14, 95% CI 1.15-3.93).women with Primiparity use emergency contraceptives 62% times less likely than women with multi parity (AOR: 0.62,95%CI,0.41-0.94), Level of knowledge has statically significant association with emergency contraceptive use ;Women with poor level of knowledge use emergency contraceptives 48 % times less likely than women with good level of knowledge (AOR 0.48, 95% CI 0.3-0.48).Additionally level of education has significant association with emergency contraceptive use i.e. women who can't read and write use emergency contraceptives 66% less likely than women who can read and write (Table 8).

Table8.Multivariable logistic regression analysis of some variables, Guagusa shikudad district, North-West Ethiopia, January 2021.

Variables	Emergency contraceptive utilization			COR(95% CI)	AOR(95% CI)
	Category	Yes(n=200)	No(n=223)		
Age	15-19	11	13	7.09(0.73-16.8)	7.66(0.78-17.86)
	20-24	27	16	3.55(0.39-13.22)	4.39(0.48-14.22)
	25-29	39	48	7.38(0.85-16.39)	8.15(0.89-17.45)
	30-34	73	97	7.97(0.93-16.76)	9.24(1.03-18.2)**
	35-39	50	49	1	1
Previous history of Abortion	No	157	197	1	1
	Yes	41	24	2.14(1.24-3.69)*	2.13(1.15-3.93)**
Parity of Women	Uniparity	119	111	1.48(1.00-2.18)*	0.62(0.41-0.94)**

	Multipara	81	112	1	1
Level of knowledge	Poor	123	172	0.47(0.31-0.72)*	0.48(0.3-0.48)**
	Good	77	51	1	1
Level of educations	Can't read and write	88	115	0.73(0.50-1.08)*	0.66(0.43-0.99)**
	Can read and write	112	108	1	1

*P value<0.25, **P value <0.05

6. Discussion

Emergency contraceptive use is a key means for reducing and preventing maternal morbidity and mortality because of unwanted pregnancy and abortion. Nevertheless, it is not well practiced in developing countries.

This study finds out that 200 [47.2 %, (48.2-52.1)] of women who came for abortion service had ever used EC. This agrees with the study that was done among abortion care seekers in Dessie Town of Ethiopia (51%) (5,26). But This finding is higher than the studies that were done in some European countries among women who seek abortion care service like Denmark, Norway and Sweden which were 32.3%, 35.1% & 34.6% respectively in their lifetime (11). The highest EC use in this study might be due to the difference in the time gap, study setting and socio cultural factors. It might also be due to the small sample size in the previous study and Knowledge difference.

Additionally in Norway, Denmark and Sweden study data was collected from a single government health institution but in this study data were collected from government and private institutions (11,25). This study finding is slightly higher than study done in Spain (30.65%). High emergency contraceptive use in this study might be due to difference in study time, study area setting and socio cultural factors. It might also be due to the large sample size in this study and Knowledge difference (11,12). This finding is nearly similar with study done in Dessie town (51 %) but this study finding is greater than study done in Dire Dawa town (9.7%) (5,26). The difference might be due to Socio cultural differences, knowledge level difference, study area difference and difference in health service related infrastructures.

In this study identified factors associated with emergency contraceptives are; Women's age of 30-34 years, previous history of abortion, uniparity of women, poor level of knowledge and educational level (women who can't read and write). Women who had poor level of knowledge were 48.5% times less likely to use emergency contraceptives than women who had good level of knowledge (AOR: 0.485; 95% CI: 0.308-0.762). This finding is lower than study done in Asian countries (76.1%) (22,23). The difference might be due to small sample size in that study, socio cultural difference and women with good level of knowledge use emergency contraceptives more frequently than people with poor

level of knowledge as they got information regarding ECs from different media outlets. This study is slightly lower than study done in Lebanon (78%). This might be due to study area settings, socio cultural differences and knowledge level of Lebanon women regarding Emergency contraceptives higher than this study. This finding is also consistent with study done in South Africa (53.3%)(14,25), this might be due to similarity in knowledge level of emergency contraceptives ,sexual and reproductive healths. The finding of this study is consistent with studies conducted in Dessie Town of Ethiopia(51%)(14,25). The similarity might be due to the fact that people with good knowledge of emergency contraceptives give more attention to unwanted pregnancy than those with poor level of knowledge, which enables them to contact health care providers frequently and gather information from different sources related to emergency contraceptives. Similarly this study slightly lower than study conducted in Eastern Tigray of Ethiopia (97%) (2,20). This difference may be due to study area and socio cultural differences.

Women who had Previous history of abortion use emergency contraceptives nearly two times than their counter parts, (AOR 2.13, 95%CI 1.153-3.935). This study is consistent with a study conducted in Jimma town (24). The similarity might be due to the fact that all women have emergency contraceptive use plan to avoid unwanted pregnancy and how they will maintain their reproductive health and are influenced by interests of one to each other to reduce the occurrences of unplanned pregnancy and pregnancy-related complications. In addition, reproductive age women who planned their pregnancy are expected to know their healthiness related to maternal health care and may also have a better awareness of emergency contraceptives. The finding of this study is also consistent with study done at eastern Tigray(24). The similarity might be due to women with previous history of abortion know complications and full pain of unwanted pregnancy and have plan to use emergency contraceptives.

In addition age has significant association with women's emergency contraceptive use. Women with age group of 30-34 years use emergency contraceptive nearly nine times than women with age group 35-39 years (AOR 9.24, 95% CI 1.033-18.69). This study is in line with a study conducted in Dire dawa town (5,17). This might be due to the fact that

women with young age groups are mainly involved in unprotected sex and this may enforce them to use emergency contraceptives frequently.

Additionally parity of women had statistically significant association with women's emergency contraceptive use; i.e. women with uniparity use emergency contraceptives 62% times less likely than women with multiparity (AOR; 0.624 CI 0.415-0.940). This study is in line with study conducted in Eastern Tigray of Ethiopia (24). This might be due to the similarity in Socio cultural characteristics. Additionally level of education has significant association with emergency contraceptive use, women who can't read and write use emergency contraceptives 66% less likely than women who can read and write (AOR; 0.661, CI 0.439-0.995), This study consistent with studies done in Denmark, Sweden and Norway (11, 29). The similarities may be due to educate women had better awareness level and had good understanding of how to prevent unwanted pregnancy and use emergency contraceptives accordingly. The finding of this study is also consistent with study done at Dessie town (26). The similarities might be due to similarity in socio cultural setup and women with high level of education can get information from different media outlets like news papers, magazines so that they can use emergency contraceptives more frequently than non educated women.

7. Conclusion and Recommendation

7.1 Conclusion

Although emergency contraception is not recommended as routine family planning method it is a useful method to reduce the chance of unwanted pregnancy following unprotected sexual intercourse.

Generally this study shows ECs use is low compared with studies done from different study areas and has identified some of the barriers and enablers to use of emergency contraceptives and showed the level of knowledge and practice of emergency contraceptives which is low. Women's age, previous history of abortion, parity of women, and level of knowledge of mothers was statically associated with emergency contraceptives utilizations.

It indicated that women with previous history of abortion, age group of (30-34 years), Uniparity, having poor level of knowledge, education (Can't read and write) were independently associated with emergency contraceptive use of respondents.

7.2 Recommendations

As the study clearly indicated, knowledge and utilization of emergency contraception is low beside the availability of the service in public health facilities. To improve this situation the following has to be given due attention.

- Emergency contraception has to be given consideration in post abortion family Planning counseling
- establishing emergency contraceptive use strategies which can address all the components of the service and advocating women's knowledge
- Strengthening of IEC to increase knowledge of women about Emergency contraceptives and other contraceptive methods.
- Health Facilities should facilitate trainings to maximize communication between provider and client.
- For researchers to do further studies on the topic with mixed methodology and in other area that helps to explore more

8. Limitation of study

- Social desirability bias

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Annex I Questioners

Bahir Dare University

Department of Reproductive health and population studies.

Emergency contraceptive use and associated factors of women seeking abortion care in public and private health facilities that provide reproductive health services in Guagusa shikudad district.

CONSENT FORM

My name is _____, I am from _____. This is a study to be conducted health research on evaluation of emergency contraceptive use and associated factors in Guagusa shikudad Woreda health institutions among women who seek abortion care. This is important to identify areas of improvement in the emergency contraceptive service delivery and associated factors and showing the need for corrective actions. By doing this I will provide sufficient information for woreda health office, health centers and other responsible body, so that they could make appropriate decisions. In order to achieve this goal, you are kindly requested to provide genuine response on the questions given below. I would like to confirm you that you have the right to stop the interview at any time or skip any question that you do not wish to answer. Your privacy and confidentiality will be protected and no one will know your answer. If you do not wish to participate, it will not affect the services you receive at the health center now or in the future. Thank you very much for your willingness to listen to me. In case, if you have any question or suggestions you can ask interviewer or principal investigator.

Contact address:- Melese Asfaw, cell No: +251 963735806

Are you voluntary to respond to the questions? If, Yes; proceed with the interview

If, No; thank her and End.

Date & Signature: _____

Name of supervisor: _____

1. Date of interview: ----/-----/----. Time interview began: Hours: Minutes_____

Time interview finished: Hours: Minutes___ Interviewer initials

s.n	Questions	Responses	Code
101	How old are you? Age		
102	What is your education level	1.Can't read and write 2.Can read and write	
103	What is your religion?	1.Orthodox 2. Protestant 3.Other	
104	What is your ethnicity?	1.Amhara 2.Agew 3.Other	
105	What is your current Marital status?	1.unmarried 2.Married	
106	What is your Occupation?	1. house wife 2.Commercial sex worker 3.civil servant 4.Student 5.Daily laborer 6.other	
107	Residence	1.Urban 2.Rural	

II Reproductive health and Obstetric health related Factors.

108	How many times have you ever been pregnant including this one (Gravidity)?	1.Once 2.More than Once	
109	How many children have had that were born to you(Parity)	1.Once 2.More than Once	
110	Have you had abortions before?	1.no 2.yes ,	
111	Was this current pregnancy wanted?	1. Yes 2.No	
112	Reason for pregnancy?	1. Emergency contraceptive failure 2.Forget to take contraceptive 3.pressure from partner 4.Forced to have sex 5. Others_____	

113	Have you ever faced abortion?	1. Yes 2.No	
114	Why did you decided to terminate (Reason for termination)?	.financial reason 2.health reason 3.partener pressure 4.Too close pregnancies 5.other	
III Health Service related factors			
115	Is the information given by HPs is improper	1. Yes 2.No	
116	Is there poor communication between you and provider	1. Yes 2.No	
117	Did you take health education	1. Yes 2.No	
118	Is the health facilities are distant from your house	1. Yes 2.No	
119	Is your privacy secured	1. Yes 2.No	
120	Is the service comfortable	1. Yes 2.No	
121	Is the drug available	1. Yes 2.No	
IV. Practice of emergency contraceptives			
122	Do you know emergency contraceptive?	1. Yes 2.No	
123	Ave you ever used ECs	1 .yes 2.No	
124	If you don't use what was the reason?	1.Lack of knowledge 2. Distance of health institutions 3.Religious prohibitions 4. Husband influence 5.Poor communications 6. Time inconvenience 7.Lack of information 8. Fear of side effects 9.Bad roamer	
V Knowledge related Questions			
125	After sex you became pregnant?	1. Yes. 2.No	
126	Unwanted pregnancy is preventable	1.yes 2.No	
127	Were you using contraceptives during the Last pregnancy?	1. Yes. 2.No	
128	Have you ever heard about emergency	1. Yes 2.No	

	Contraception?		
129	Do you know place of hearing ECs?	1. Yes 2.No	
130	A woman can obtain at health facilities?	1. Yes 2.No	
131	Know time of taking ECs?	1. Yes 2.No	
132	Emergency contraceptives are effective?	1. Yes 2.No	
133	Emergency contraceptives can prevent unwanted pregnancy?	1. Yes 2.No	
134	Have you ever used emergency Contraceptive pills?	1. Yes 2.No	
135	Know types of emergency contraceptives?	1. Yes 2.No	
136	Know basic purpose of taking emergency contraceptives?	1. Yes 2.No	
137	Emergency contraceptives can be provided at health facilities?	1. Yes 2.No	
VI Attitude related questions			
138	Have bad roamer about Emergency contraceptives?	1. Yes 2.No	
139	Emergency contraceptives are concerns?	1. Yes 2.No	
140	Does your partner believe these emergency contraceptives?	1. Yes 2.No	
141	Do you have good attitude	1. yes 2.No	
142	Do cultures prevent from using ECs	1. Yes 2.No	

ቃለ - መጠይቅ

ባህርዳር ዩኒቨርሲቲ

የ ስነ -ተዋልዶ ጠፍና ማህበረሰብ ጥናት ት/ት ክፍል.

ድንገተኛ የ ወሊድ መቆጣጠሪያ እንክብል እና ተያያዥ ምክንያቶች በጓጉሳ ሽኩዳድ ወረዳ ስር በሚገኙ የ ግልና የ መንግስት ጠፍ ተቋማት

ምክጠር መጠበቅ እና የ ፈቃደኝነት ፊርማ

ስሜ _____ እባላለሁ: : የ ምስራው _____ ነው : ቃለ መጠይቅ ማድረግ ው

ድንገተኛ የ ወሊድ እንክብል የ ምትጠቀሙምን አለመሆናችሁን እንዲሁም ተያያዥ ምክንያቶችን ሲሆን

እነዚህ መረጃዎች ያልተፈለገ እርግዝናን እንዲሁም ሌሎች ችግሮችን ለመቅረፍ እንዳንድ

ስትራቴጂዎችን ለመንደፍና አቅጣጫ ማስቀመጥ ይረዳል: : መጠይቁ ከ20-30 ደቂቃ የ ማወስድ

ይሆናል.ስሞትን መገለጽ አያስፈልግም. በዚህ ቃለ -መጠይቅ የ ሚኒስቴር ለሰነድ ወገን ተላልፎ

አይሰጥም: : ማንኛውንም ጥያቄ ለመሙላት ፈቃደኛ ካልሆኑ መጠንቀቅ የ ተጠበቀ ነው እንዲሁም ምክጠር

የ ተጠበቀ ነው :

አመሰግናለሁ: : ማሳካት ይሁንልዎ !!!

1. መጠይቅ የ ተደረገበት ቀን : ----/-----/-----.የ ጀመረበት ሰዓት: ሰዓት: ደቂቃ _____

መጠይቁ ያለቀበት ሰዓት: ሰዓት: ደቂቃ _____

ክፍል 1. የ ግል ህይወት ታሪክና ማህበረሰብ ነገር ጥያቄዎች

ተ.ቁ	ጥያቄዎች	ምላሾች	ኮድ
101	እድሜዎት ስንት ነው	-----	
102	የ ት/ት ደረጃዎ ምን ይመስላል	1. ማክበብና መጻፍ አልችልም 2. ማንበብና መጻፍ እችላለሁ	
103	የ ማክበብ እምነት ምን ድን ነው?	1. አርቶዶክስ 2. ፕሮቴስታንት 3. ሌሎች	
104	ብሄርዎት ምን ድን ነው?	1. አማራ 2. አገው 3. ሌላ	

105	አሁን ያለዎት የጋብቻ ሁኔታ ምን መከላከል?	1.አላገባሁም 2.አግብቻለሁ	
106	ሰራድርሻዎት ምንድን ነው?	1. የቤት እመቤት 2.ሴተኛ አዳሪ 3.የመንግስት ሰራተኛ 4.ተማሪ 5.የቀን ሰራተኛ 6.ሌላ	
107	መኖሪያ	1.ከተማ 2.ገጠር	
II የሰነድ ተዋልዶ ጠፍን የሚሞላኩት ጥያቄዎች			
108	ያሁኑን ጨምሮ ምን ያህል ጊዜ እርግዝና ነበርዎት?	1.አንዴ 2.ከአንዴ በላይ	
109	ከእርስዎ የተወለዱ ምን ያህል ልጆች አሉሽ	1.አንድ 2.ከአንድ በላይ	
110	የፅንሰ ወርጃ አጋጥምዎት ያወቃል?	1.አይ የለም 2.አዎ ,	
111	ይህ የአሁኑ እርግዝና የሚፈለግ ነው?	1. አዎ 2.አይ	
112	ለአሁኑ እርግዝና ምክንያቱ ?	1. የወሰድሁት ድንገተኛ የወሊድ መቆጣጠሪያ በትክክል ባለመከራቱ 2.መደበኛ የወሊድ መቆጣጠሪያ እንክብል መወሰድ ረስቻ 3.የጓደኛ ግፊት ኑሮብኝ 4.ወሲብ ለመፈጸም ተገደኝ 5. ሌላ ምክንያት _____	
113	እርግዝና ማቋረጥ አጋጥምዎት ያወቃል?	1አዎ 2.የለም	
114	ለምን ይህን እርግዝናዎን ለማቋረጥ የወሰኑት)?	1.የገንዘብ እጥረት 2.የጠፍ ችግር 3.የጓደኛ ግፊት 4.የተቀራረብ እርግእና ስላለኝ 5.ሌላ ምክንያት	
III የጠፍ አገልግሎት ነክ ጥያቄዎች			
115	የጠፍ ባለሙያዎች የሚሰጡላቸው ጥያቄዎች ነው	1.አዎ 2.አይደለም	
116	ደካማ የሆነ የምክር አገልግሎት በእርስዎ እና በባለሙያው መካከል	1.አዎ 2.አይ የለም	

	አለ		
117	የጠፍ አጠባበቅ ት/ት ወስደው ያወቃሉ	1.አዎ 2.አይ የለም	
118	የጠፍ ተቋማት ከመኖሪያዎ ይርቃሉ	1.አዎ 2.አይ የለም	
119	ጠፍ ተቋም ላይ ምስጢርዎ ይጠበቃል	1.አዎ 2.አይ የለም	
120	አገልግሎቱ ምቹነት አለው	1.አዎ 2.አይ አይደለም	
121	የወሊድ መቆጣጠሪያ መድሃኒት አቅርቦት በቂ ነው	1.አዎ 2.አይ አይደለም	

IV. ድንገተኛ የወሊድ መቆጣጠሪያ መድሃኒት አጠቃቀም ጥያቄዎች

122	ስለ ድንገተኛ የወሊድ መቆጣጠሪያ ወቅት?	1.አዎ 2.አይ አላውቅ	
123	በህይወት ዘመንዎ ድንገተኛ የወሊድ መቆጣጠሪያ ተጠቅመውያ ወቅት	1.አዎ 2.አይ አላውቅም	
124	ተጠቅመውካላዎቹ ምክንያቱ ምን ነበር?	1.አውቅና ስለለኝ 2.ጠፍ ተቋም ስለራቀኝ 3.ሃይማኖት ስለከለከለኝ 4.የባለቤቱ ተፅዕኖ 5.በቂ የምክር አገልግሎት ስላላገኘሁ 6.ጊዜ አልመቻኝ ስላለ 7.የመረጃ እጥረት 8.የጎንኞሽ ጉዳት ፈርቶ	

V እውቀት ነክ ጥያቄዎች

125	ወሲብ ካደረጉ በኋላ ወዲያው ያረግዛሉ?	1.አዎ. 2.አይ አላረግዝም	
126	ያልተፈለገ እርግዝናን መቆጣጠር ይቻላል	1.አዎ 2.አይ አይቻልም	
127	ከባለፈው እርግዝና በፊት ድንገተኛ የወሊድ መቆጣጠሪያ ተጠቅመዋል?	1.አዎ. 2.አይ የለም	
128	በህይወት ዘመንዎ ስለ ድንገተኛ የወሊድ መቆጣጠሪያ ስምተውያ ወቅት?	1.አዎ 2.አይ አላውቅም	
129	መረጃ ማግኘት በታየት እንደሆነ ያወቃሉ?	1.አዎ 2.አይ አላውቅም	
130	ከጠፍ ተቋም ማገኘት ይቻላ?	1.አዎ 2.አይ አይቻልም	
131	ማዎስደብትን ጊዜ ያወቃሉ?	1.አዎ	

		2.አላወቅም	
132	ድንገተኛ የዎሊድ መቆጣጠሪያዎች ወጠዩ ታማናቸው?	1.አዎ 2.አይደሉም	
133	ድንገተኛ የወሊድ መቆጣጠሪያዎች ያልተፈለገ እርግዝናን ይከላከላሉ?	1.አዎ 2.አይደሉም	
134	በህይወት ዘመንዎ የድንገተኛ ወሊድ መቆጣጠሪያ ተጠቅመውያዎቻሉ?	1.አዎ 2.አይደለም	
135	ድንገተኛ የወሊድ መቆጣጠሪያ ዐይነት ያወቃሉ?	1.አዎ 2.የለም	
136	ድንገተኛ ወሊድ መቆጣጠሪያ ማወሰድበትን ምክንያት ያወቃሉ?	1.አዎ 2.የለም	
137	ድንገተኛ የወሊድ መቆጣጠሪያዎች መንግስት ጤና ተቋማት ላይ ይሰጣሉ?	1.አዎ 2.አይደሉም	
VI አመለካከትን ማሳካት ጥያቄዎች			
138	መጥፎ አሉባባይነቶች ሰምተውያዎቻሉ?	1.አዎ 2.አይደለም	
139	ድንገተኛ የዎሊድ መቆጣጠሪያ ያስጨቅዎታል?	1.አዎ 2.የለም	
140	የፍቅር አጋርዎ በመድሃኒቱ ላይ አመኔታ አለው?	1.አዎ 2.አይደለም	
141	ጥሩ አመለካከት አለዎት?	1.አዎ 2.አይደለም	
142	እመጽዳዎች ባህል አለ	1.አዎ 2.አይደለም	