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Utilization of Post Abortion Family Planning and Associated Factors Among Women Seeking Abortion Service At Heath Facility of Zuway Dugda Woreda, East Shewa Ethiopia, 2021

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BAHIR DAR UNIVERSITY

COLLEGE OF MEDICINE AND HEALTH SCIENCES

SCHOOL OF HEALTH SCIENCE

DEPARTMENT OF MIDWIFERY

UTILIZATION OF POST ABORTION FAMILY PLANNING AND ASSOCIATED FACTORS AMONG WOMEN SEEKING ABORTION SERVICE AT HEATH FACILITY OF ZUWAY DUGDA WOREDA, EAST SHEWA ETHIOPIA, 2021

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A THESIS SUBMITTED TO DEPARTMENT OF MIDWIFERY, COLLEGE OF MEDICINE AND HEALTH SCIENCE, BAHIR DAR UNIVERSITY IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF SCIENCE IN CLINICAL MIDWIFERY

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APPROVAL SHEET

This is to certify that the thesis prepared by Aberash Beyene entitled with "Utilization of post abortion family planning and associated factors among women coming to abortion service in health facility at Zuway woreda,Ethiopia submitted to Bahir Dar University, College of Medicine and Health Sciences, School of Health Sciences, Department of Midwifery, in partial fulfillment of the requirement for master degree in Clinical Midwifery compiles with the regulation of the University and meets the accepted standards with respects to originality and quality.

Place of submission: Midwifery Department, College of Medicine and Health Sciences, Bahir Dar University.

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List of Abbreviation and Acronym

CI	Confidence Interval
IUD	Intra Uterine Device
LMIC	Low and Middle Income Country
NGO	Non- Governmental Organization
OR	Odds Ratio
PAC	Post Abortion Care
PAFP	Post Abortion Family Planning
SPSS	Statistical Package for the Social Science

ABSTRACT

Background: Post abortion family planning is one of the recommended preventive services to reduce post abortion morbidity and mortality. The majority of abortions occur due to unintended pregnancies, which is a result of the non-use of family planning methods. However, post-abortion family planning utilization is still low in Ethiopia.

Objective: To assess utilization of post abortion family planning and associated factors among women seeking abortion service at health facility of Zuway Dugda woreda, East Shewa Ethiopia, 2021.

Method: Institutional based cross- sectional study was conducted among a total of 402 women who came to abortion service. Pre- tested interview structured questionnaire was used to collect the data .Systematic random sampling technique was used to select the study participants. Data entry and cleaning were done with Epii data then was exported to SPSS software for analysis. Binary and multiple logistic regressions were applied to see the association between post abortion family planning utilization with independent variables. Odds ratio and 95% Confidence Interval (CI) were used to measure the strength of associations. The results were considered statistically significant at p value P <0.05 for multiple regressions.

RESULT: Overall post-abortion contraceptive utilization in this study was 70.1 %(CI: 65.4, 74.6). Single women (AOR, 4.0 95% CI (1.8-8)), above secondary educational level (AOR, 3.7; 95% CI (1.4, 9.7)), public health institutions ((AOR, 3.0 95% CI (1.5, 6.1)), having previous information about family planning(AOR 2.1 95% CI (1.2-3.9)), ever used contraceptives (AOR 5.4, 95% CI (2.9-9.9)), and received post abortion family planning counseling (AOR 5.7 95% CI (3.1-10.4)) were significantly associated with post abortion family planning utilization.

- **CONCLUSION AND RECOMMENDATION:** Post abortion family planning utilization was high as compared to other studies. Marital status, educational level, owner of the facility, information access, ever used family planning and PAFP counseling was the significant factors to PAFP utilization. Greater emphasis should be given to providing post abortion contraceptive counseling to increase utilization of post abortion contraceptive use.

- **Keywords**: post abortion, contraceptives utilization, women, Ethiopia.

1. INTRODUCTION

1.1 Background

Post abortion family planning: - is the initiation and use of family planning methods immediately after, and within 48 hours of an abortion, before fertility (1). That is the time of women returns on average about two weeks after an abortion. However, ovulation can occur as early as eleven days post-abortion (2). Using Post Abortion Family Planning (PAFP) reduces unintended pregnancies and reoccurrence of abortions(3, 4). It also reduces the risks of adverse maternal and perinatal outcomes for pregnancies following induced abortion (5). Globally three out of four women left the health facility without a contraceptive method after receiving abortion care (6) and due to non-use of contraception; more than 40% of pregnancies are unplanned (1).

In Ethiopia; the coverage of family planning among married women was 36 % with around 22% of unmet needs (7) and more than one-third (38%) of pregnancy was unintended (8). Utilization of PAFP remains a better and sensitive time to provide a better realization to the women and partners that family planning measures can save their time, pain, and resources (9). Provision of post abortion counseling and contraception is also needed to meet the service standard (10).

Ethiopia set a comprehensive strategy of abortion care which improves access of information and methods for uptake of post-abortion family planning (11), and further programs work widely to respond to woman's health concerns, including management of reproductive tract infections (RTIs), for prenatal care, or investigation and treatment of infertility (2).

According to different studies conducted, age, marital status, educational level, type of health facility, level , the desire of having more children, parity, gravidity, partner ,lack of adequate information , previous history of abortion, knowledge about family planning, determined post-abortion family planning utilization(12-17).

If contraception were accessible and used consistently and correctly it avoid unwanted pregnancy ,and decreased estimated 25-35 % maternal death (18). Moreover, post abortion family planning has a role in reducing child mortality (19).

1.2. Statement of the problem

Globally, almost half (44%) of pregnancies were unintended and two-fifth of these pregnancies ended with abortion (20). Analyses of surveys from 14 different world countries, more than half of post abortion clients expressed interest in using contraception, only about one-quarter (27%) left the facility with a contraceptive method (21) .

The World Health Organization (WHO) estimates that every year, nearly 5.5 million African women have an unsafe abortion and in Eastern Africa it is estimated that 18% of all maternal deaths are the result of complications of poorly performed abortions(22).

Fifty -five million unintended pregnancy in developing countries occur every year to women not using contraceptives (23)

Based on the 2016 Ethiopia Demographic and Health Survey (EDHS),22 % % married women had an unmet need for family planning, and nearly 29% of most recent births and current pregnancies were reported as either mistimed or unwanted (7) . It is estimated that as many as 95% of unintended pregnancies in Ethiopia (24).

The nationally representative study in Ethiopia, conducted in 2014, also found that 25% of facilities in the country did not have designated post-abortion contraceptive services for women who had received abortion care, and one-fifth did not receive post-abortion family planning after seeking abortion (8). These putting women at increased risk of another unwanted pregnancy and possibly ended with another abortion (25).

Women who have an abortion have had a previous abortion most of the time (26), yet many of these women didn't have access to contraceptives and didn't get immediate PAFP services (27).

Contraception following abortion is highly recommended for preventing another unintended pregnancy and repeat abortion; because even repeated safe abortion is associated with negative subsequent health consequences increased risk of placenta previa, ectopic pregnancy, preterm birth, and possibly subfertility and breast cancer, thus increasing modern and long-acting contraceptive utilization is optimal (23, 28).

For many post-abortion patients, the lack of family planning counseling and services quickly leads to another abortion (3). This makes it essential to ensure that post abortion family planning counseling and service delivery are offered to all women who present for emergency obstetric or post-abortion care, regardless of the method of treatment (29).

Many studies have described the utilization of PAFP and associated factors among women seeking abortion service but, still, service data revealed a low rate of uptake of contraception after abortion care in most facilities and have no yet been studied for the target study area. It's hoped that this study will be given insight about factors affecting PAFP utilization in the study area.

1.3. Literature review

1.3.1. Proportion of post abortion family planning utilization

A study done in Pakistan showed that 72.9% of women used post abortion contraceptives (30). A study done in Peru showed that over 80% of post abortion clients received a method before leaving the facility (31) .A study done in Brazil shows that (97.4%) women who come abortion service receive at least one contraceptive method (32).

Study done in Turkey shows that following counseling 79.64% of the patients agree for immediate family planning practice (33).

A study done in Somalia shows that 88% of post abortion clients were accepted a contraceptive method before leaving the facility (34).

A study conducted in Asia and Sub Saharan Africa shows that overall, 77% of women left the facility with a contraceptive method (35).

A different study done in Tanzania showed that overall PAFP utilization 89% (36)and 55% (37). A study done in Kenya showed that 76% accepted the use post abortion contraceptive (38).

A study which was conducted in Gambela town revealed that 72.9% of them use PAFP (12). Study done in Tigray showed that 61.5% of them utilized contraceptives after abortion (39).

A different study done in Bahir Dar city showed that overall utilization 61% (40)and (64.8%)(13) .It was reported that, abortion clients who left the intervention facilities with some form of contraception, are 83% in Southern Nations and Nationalities and Peoples Region (SNNPR), Ethiopia (5).

A study done in Debre Markos city indicate that, 59.2% of women was utilized post abortion contraceptive (41). A study done in Addis Ababa show that among women seeking PAC ,86% were used PAFP (42).

A study was conducted in Jimma town show that post abortion family planning utilization was (70.1%)(43). A study conducted in Asela city showed that the rate of the post abortion contraceptive utilization was (53.7%) (44).

1.3.2. Determinants of PAFP among women came to abortion service

1.3.2.1 Socio demographic factors

In Pakistan study indicate that women's post-secondary education were significant associations with the uptake of post abortion contraception (30). A study done in Brazil show that age20-25 years were significantly associated with utilization of PAFP (45).

A study conducted in china shows that married women were 2.7 times significantly more likely to use PAFP services compared to those who were unmarried (46). Study done in India shows women age 25-34 years and literate couple were determinants of post-abortion contraceptive utilization (47). Study done in eight countries of Africa and Asia ,Tanzania and Kenya shows that age less than 20 years, 20-24 were significant association with PAFP (35, 36, 38) respectively .

A study done in Gambela showed that age groups 20 -25 and 30 -34 , single women and educational status of tertiary and above were the significant factors to PAFP utilization (12). Study done in Bahir dar and Gondar showed that married women was significant predictors of the post abortion contraceptive utilization (48, 49). A study done in Debr Markos showed that being single and secondary and above educational status and also study done in Shire town show that married women and secondary and above educational status were found to be factors associated with post abortion contraceptive utilization (39, 41) respectively .

A study done in Bahir Dar city in 2020 shows being a housewife and monthly income> 5000 ETB were significantly associated with PAFP (13). A study done in Bahir Dar in 2021 showed that secondary educational level and certificate and above education level was significantly associated with PAFP utilization (40). In Addis Ababa study; women aged 40-44 ,students and employed women were significantly associated with PAFP (42). In Jimma study significant association was observed between PAFP and married and being in age group from 18 to 24 years were factors (43).

1.3.2.2 Reproductive health factors

In Pakistan study shows that previous contraceptive use had significant associations with the uptake of post abortion contraception (30). A study done in eight countries of Africa and Asia showed that women seeking an induced abortion (compared spontaneous), and treated by medical abortion were significantly associated with PAFP (35). A study done in India shows that previous induced abortion and had children were determinants of post-abortion contraceptive utilization (47).

A study in Guinea show that having a history of abortion was statistically significant factors with post abortion contraceptives methods (50). A study done in Kenya showed that multigravida were independent factors for uptake of PAFP (38).

Study conducted in Shire woreda indicate that previous contraceptive use, and being grand multiparty were determinants of post-abortion contraceptive utilization (39). A study done in Gambela showed that previous history of abortion were the significant factors to PAFP utilization (51). A study done in Gondar show that abortion from unwanted pregnancy was significant predictors of the post abortion contraceptive utilization (49).

A study done in Bahir Dar woreda showed that previous history of contraceptive use, and previous history of abortion were significantly associated with PAFP utilization (48). similar study conducted in Bahir Dar city in 2020 shows that gestational age less than 3 months significantly associated with PAFP (13). A study done in Debre Berhan shows that women who were primiparous had 5 times more likely to utilize PAFP as compared to the women who were nulliparous (52).

In Jimma study significant association was observed between PAFP and history of family planning use before this pregnancy and multi parity were factors (43). In Addis Ababa study shows that having more than two alive children were significantly associated with PAFP (42).

A study done in Asela show that history of pervious abortion, decision when to have a child were significantly associated with post-abortion family planning use (44).

1.3.2.3 Personal Factors

A study done in India shows that women have information about family planning was determinants of post-abortion contraceptive utilization (47). A study in Guinea show that a non-desire for pregnancy in the following 12 months was statistically significant factors with post abortion contraceptives methods (50).

A Study conducted in Bahir Dar city shows having previous information about family planning was significantly associated with PAFP (13). A study done in Asela show that decision when to have a child, and good knowledge about PAFP were significantly associated with post-abortion family planning use (44).

1.3.2.4 Heath service related factors

A study done in Kenya and Brazil showed that received PAFP counseling was significantly associated with utilization of PAFP (38, 45) respectively . A study done in Tanzania showed that using uterine evacuation technology was found to be PAFP factors (53) .

A study done in Gambel, Debre Markos ,Bahir Dar and Gondar, and a showed that received counseling about PAFP was significantly associated with post-abortion family planning utilization (12, 13, 41, 49) respectively. A study done in Bahir Dar in 2021 Manual Vacuum Aspiration(MVA), both medication and MVA were significantly associated with PAFP utilization (40).

Study conducted in Addis Ababa and Shire woreda indicate that owner of facility which abortion care service given was determinants of post-abortion contraceptive utilization (39, 42) respectively.

1.4 Conceptual Framework of the Study

Conceptual framework on post abortion contraceptive utilization and associated factors

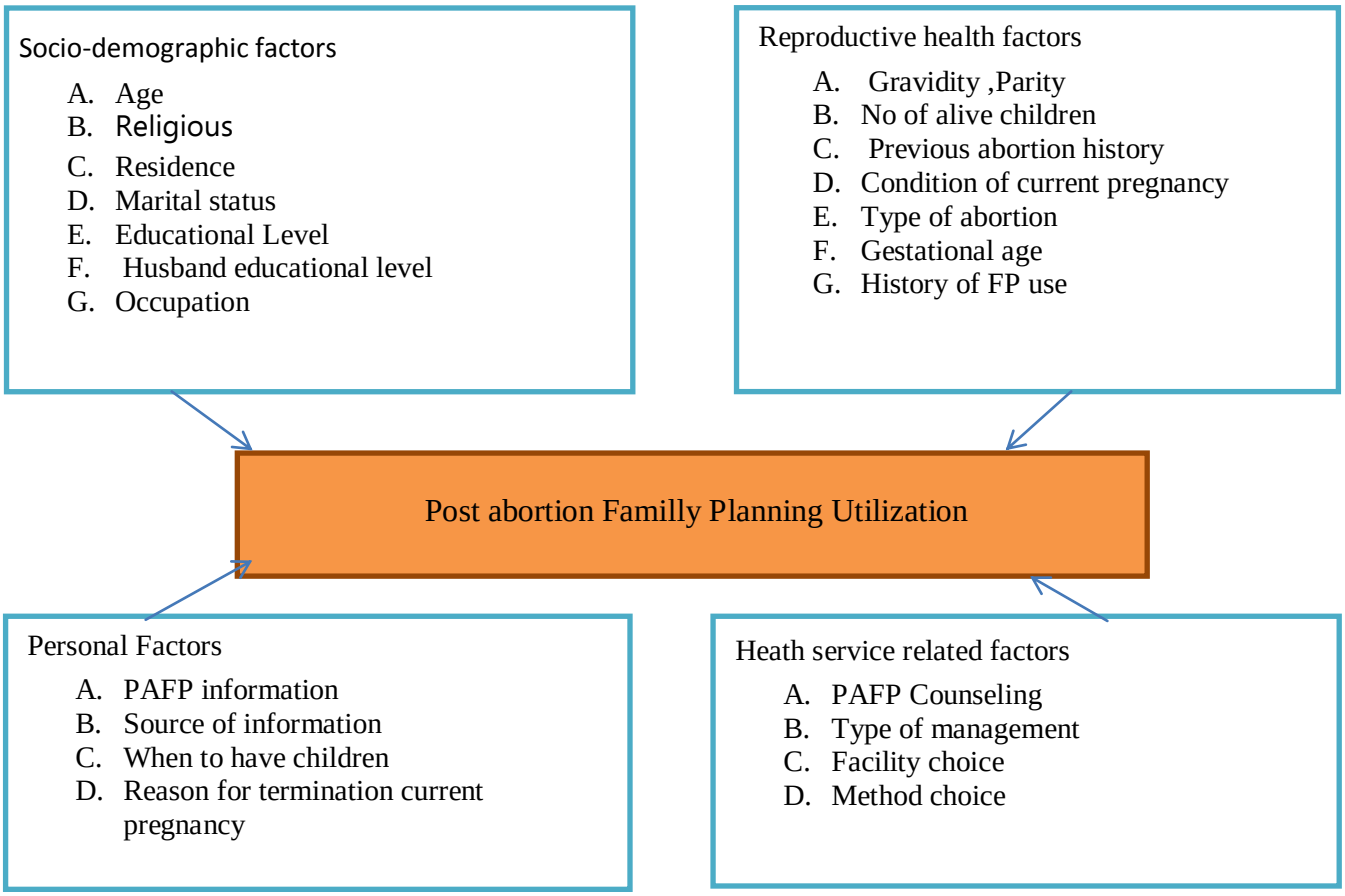

Figure 1: Conceptual framework on post-abortion family planning utilization and associated factors, Zuway 2021 (13, 39-41, 43, 44, 51, 54).

1.5 Justifications of the study

To achieve the Sustainable Development Goal targets with maternal health post-abortion contraceptive service is crucial. The lack of these services quickly leads to unwanted pregnancy and another induced abortion which was a high burden for maternal mortality. Even though Ethiopia set a comprehensive strategy of abortion care which improves access of information and methods for uptake of post-abortion family planning, prevalence of post abortion family planning utilization was low.

Additionally, Ethiopia implemented the new health sector transformation plan (HSTP) that aimed to improve the uptakes of maternal health care services utilization. However, no evidence indicates the magnitude of post abortion family planning services and their associated factors in the study area.

Therefore, this study will help to fill the evidence gaps for the utilization of PAFP and providing information for NGOs to develop relevant interventional strategies and it may encourage other researchers to carry out more extensive research in this particular area.

2. OBJECTIVE OF THE STUDY

2.1 GENERAL OBJECTIVE

- To assess utilization of post abortion family planning and associated factors among women seeking abortion service at health facility of Zuway Dugda woreda, East Shewa, Ethiopia, 2021.

2.2 Specific objective

- To determine the proportion of post abortion family planning among women seeking abortion service.
- To identify factors associated with post abortion family planning use among women seeking abortion services.

3. METHODS AND MATERIALS

3.1. Study area

The study was conducted in Zuway Dugda woreda known as Batu .Zuway Dugda woreda, is found in oromia regional state. It is about 165km far from the capital city of Ethiopia, Addis Ababa. The woreda is located in the middle of the Ethiopian Rift Valley with a total population increasing from 120,862 in 2007 to 196,678(100,761 males and 95,917 females) based on Ethiopian projection 2017 due to the flourishing of industries such as floriculture and agro-processing industrial park. The woreda has two hospitals (one government and one NGO), and six government health centers. These health institutions gave comprehensive abortion and family planning services under IPAS support. There are also eight private medium clinics providing limited abortion care services. Within one year around 2940 post abortion clients visit the health institutions and on averagely 30 women got abortion service in one month and 20 health professions were taken post abortion family planning training.

3.2. Study design and period

Facility-based cross-sectional study design was conducted from March 20-May 25, 2021.

3.4. Source population

The source population comprises all women who get abortion service in health institutions at Zuway Dugda woreda.

3.5 Study population

All women who get abortion service during the study period were included in the study.

3.6 Inclusion and exclusion criteria

3.61 Inclusion criteria

We included all women who came for abortion care and get abortion services.

3.6.2 Exclusion criteria

Post abortal women who were acute critically ill who needs referral for immediate treatments.

3.7 Sample size determination

The sample size was determined by using single population proportion formula assuming PAFP utilization of 61% from a study conducted in Bahir dar (40) . Assuming a 5% margin of error, 95% confidence interval, and 10% non -respondent rate, the sample size was calculated for the outcome variable.

n = Sample size

Z α/2 = Confidence interval = 95%

d = Margin of error = 5%

P = prevalence of post abortion family planning =61%

$n = Z\alpha/22 \times P\ (1-p)/d2$

$= (1.96)2 \times 0.61(1-0.61)/(0.05)2$

=366

Non-response rate of (10%) =36

Final sample size= 366+36=402

Sample size determination for the second objective; the sample size for some of the factors for post abortion family planning obtained from the study of Bahir dar town and calculated by Epi Info 7, by considering the following assumptions: confidence level 95%, power 80%, and exposed to the unexposed ratio of 1.

Table 1 Sample size determination for the specific objective

Variables	Proportion of unexposed	AOR	Ratio of unexposed to exposed	Confidence interval %	Power (%)	Non response rate	Final sample size
Educational level	35.7	3.06	1	95	80	0.1	130
Type of Management	38.1	4.62	1	95	80	0.1	75
Counseling about PAFP	39.58	5.99	1	95	80	0.1	61

AOR=Adjusted odds ratio

Ratio of unexposed to exposed= 1:1

Confidence interval= 95%

Power= 80%

Non response rate=10%

Finally, the first objective had the largest sample size which is 402 women seeking abortion care were included to address the objective.

3.8 Sampling Technique and procedure

All eight health institutions that give abortion services were included in Zuway Dugda woreda. From all those health institutions, on average, there were 981(N) abortion service users per 3 months. Then, the possible number of respondents in each of the health institutions of the study area were allocated proportionally based on the 3 month average number of client flow for abortion services. After this, systematic random sampling was used to select the study participants in each health care facility as K=N/n, where K is the skipping interval and was two. The woman who came for the abortion service on the first day of data collection was considered as the first respondent and then, each respondent corresponding to the skip interval was selected.

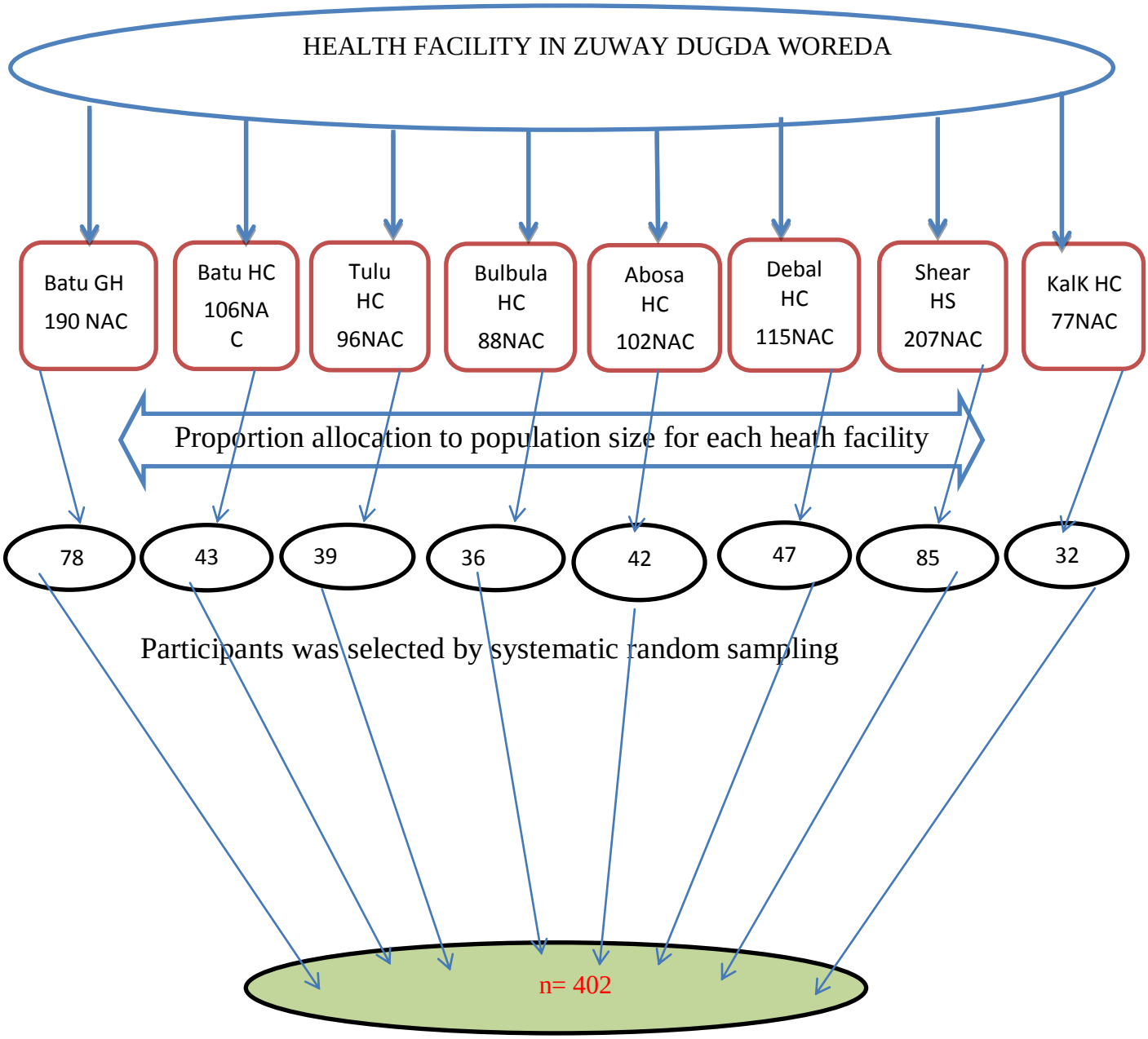

Figure 2 Schemic presentation of sampling procedure of post abortion family planning in zuway Dugda woreda,2021.

3.9. Study Variables

3.9.1. Dependent Variable

- ✓ post abortion family planning utilization

3.9.2. Independent variables

- ✓ Socio-demographic characteristics such as:

Age, religion, residence, marital status, educational level, husband educational level, and occupation.

- ✓ Reproductive health factors:

  Gravidity, Parity, number of alive children, previous abortion history, condition of current pregnancy, type of abortion, gestational age and FP use history,

- ✓ Heath service related factors;

  PA FP counseling, owner of the facility, type of management, method choice.

- ✓ Personal factors; Family planning information, source of information .when to have child, reason of termination current pregnancy.

3.10. Operational Definitions

Abortion: is the expulsion of the fetus from the uterus or termination of pregnancy before 28 completed weeks of gestation(8) .

PAFP utilization: use of modern family planning method among clients get abortion care in the health facility (55).

3.11 Data collection tool and data collection procedure

A structured interview administered questionnaire was developed after reviewing the relevant literature and used for data collection. The questionnaires were initially prepared in English and then translated to Amharic and Oromic language, and were translated back

to English to check for any inconsistencies. Eight BSc nurses were assigned for data collection. The questionnaire had contained socio-demographic characteristics, previous reproductive health history, personal factors and post abortion family planning service-related questions. All the participants were reached through exit interviews in a private place after the women get abortion service. Data were collected after obtaining written informed consent from the study participants by interviewers. The completeness of the questionnaire was regularly checked and finally, the reviewed questionnaires were returned to the principal investigator.

3.12. Data analysis procedures

Data entry was done using Epi data version 3.1. The entered data was cleaned and exported to SPSS for data analysis. Different frequency tables, graphs, and descriptive summaries were used to describe the study variables. Binary and multiple logistic regressions were used to analyze the association between PAFP utilization and independent variables. Odds ratio and confidence interval were used to measure the strength of associations. On bivariate analysis p-value of less than 0.2 was used to select candidate variables for multivariable analysis. The results were considered statistically significant at $P < 0.05$ for multiple regressions.

3.13 .Data quality management

To maintain the quality of data assure training was given for both data collectors and supervisors by the principal investigator. Pre-testing of the questionnaire was carried out on the 5% of sample size in the Mojo health center. Based on the result obtained necessary modification was made. The completeness of the data was checked by data collectors during data collection and also immediately after data collection by the supervisor and principal investigator.

3.14. Ethical Consideration

Ethical clearance was obtained from Institutional Review Board (IRB) of Bahir Dar University, college of medicine and health sciences. Formal letter was written from the University to the respective health offices and study facilities before going for data collection. Participants of the study were briefed about the objectives and aims of the study in detail. Participants were informed that their participation was been purely voluntary and assured of the confidentiality of all information. After all, informed voluntary, written, and signed consult was obtained from study participants. Confidentiality of the data was assured and kept; code number was assigned to the study participants without mentioning the name, the information that was collected for the study was kept in a file and locked with a key and was burned after used.

4 .RESULT

4.1 Socio-Demographic Characteristics

A total of 402 respondents participated in this study with a response rate of 100%

About 149(37.1%) women were in the age group of 20- 24 with the mean age of 24.7and SD of ±8.3 years and 163(40.5%) respondents were Muslim religion followers. 261 (64.9%) of respondents were living in a rural areas and nearly three fourth 287 (71.4%) of respondents were married, 129 (32.1%) of them completed primary education. (Table 2) .

Table 2 Socio demographic characteristics of the study participants, East Shewa Ethiopia, 2021(n=402)

Character	Category	Frequency	Percent
Age(years)	15-19	66	16.4
	20-24	149	37.1
	25-29	110	27.4
	30-34	51	12.7
	≥35	26	6.4
Religions	Orthodox	152	37.8
	Muslim	163	40.5
	Protestant	73	18.2
	Catholic	10	2.5
	Others*	4	1
Marital status	Married	287	71.4
	Single	115	28.6
Residence	Urban	261	64.9
	Rural	141	35.1
Educational Level	No formal education	88	21.9
	Primary education(1-8)	129	32.1
	Secondary education(9-12)	112	27.9
	Above secondary education	73	18.2
Occupation	Student	60	14.9

	Employed	117	29.1
	House wife	109	27.1
	Farmer	64	15.9
	Others **	52	12.9
Husband educational level	No formal education	55	19.2
	Primary education (1-8)	95	33.1
	Secondary education (9-12)	54	18.8
	Above secondary education	79	27.5
	Don't know	4	1.4

Others* * no job and merchant Others* wakefeta and, Jova

4.2 Reproductive health characteristics

The study revealed that from the total respondents, about 249 (61.9%) of respondents were gravida 2-4, 146 (36.3%) of the participants were nulliparous and about, 230 (57.2 %) of the study respondents had 1-3 alive children. Contraceptives history before the latest index of pregnancy information were assessed, 231 (57.5%) used FP previously, only 63 (15.7%) had previous abortion history, and more than three fourth 52 (81.2%) of them faced abortion at least once (Table 3).

Table 3: Reproductive health related characteristics of respondents in Zuway Woreda, East Shewa Ethiopia, 2021.

Variable	Category	Frequency	Percent
Gravidity	One	123	30.6
	2-4	249	61.9
	Five and above	30	7.5
Parity	Null	146	36.3
	One	109	27.1
	2-4	132	32.8
	≥ five	15	3.7
No of alive child	0	151	37.6
	1-3		
	Four and more	21	5.2
History of abortion	No	339	84.3

	Yes	63	15.7
No of abortion	One	53	82.8
	Two	8	12.5
	Three and more	2	4.7
History of PAFP	No	20	31.3
	Yes	44	68.8
Condition of current pregnancy	Wanted	298	74.1
	Unwanted	104	25.9
Type o abortion	Spontaneous	306	76.1
	Induced	96	23.9
Reason of termination	Fetal condition	14	3.5
	Maternal condition	14	3.5
	Rape	36	9
	Others	32	8
	Spontaneous	306	76.1
Type of abortion management	Medication	141	35.1
	MVA	204	50.7
	Mixed procedure	57	14.2
Gestational age	<9 weeks	196	48.8
	9-12 weeks	150	37.3
	12 -28 weeks	56	13.9
Information about family planning	Yes	264	65.7
	No	138	34.3
Source of information	Mass media	43	16.3
	Neighbor	42	16
	Health professions	142	54
	Relative/friends	36	13.7
When to use PAFP	Immediately	282	70,1
	When come to my mind	64	15.9
	Don’t want	33	8.2
	Don’t know	23	5.7
When to want additional child	Within one yrs.	99	24.6
	Within two yrs.	105	26.1

	Three and above	85	21.1
	Don't know	101	25.1
	Don't want	12	3

4.4 Utilization of post abortion family planning

Of the total, 282 respondents (70.1%) were utilized contraceptives after they got post-abortion care services. Among those who used contraceptives most of them used injection methods (Figure 3).

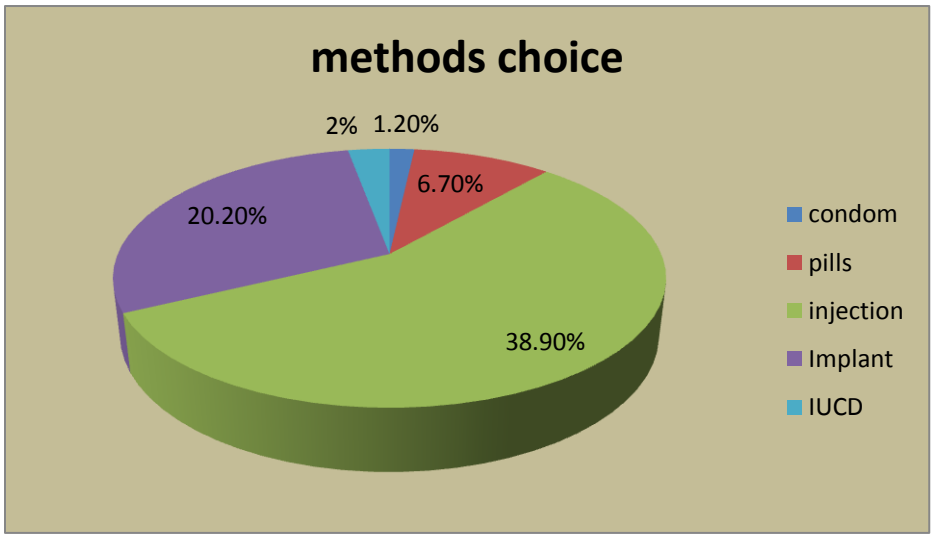

Figure 3: Type of family planning utilized among women who came to abortion service in Zuway woreda, 2021

From those who utilized contraceptives 317(78.9 %) of them where got abortion services in public health institutions and remaining 85(21.1%) at private. Two hundred seventy five (68.4%) respondents received post-abortion family planning counseling before they left the health institution.

4.5 Factors associated with post abortion family planning utilization

Bivariate analysis showed that age, marital status, educational level, residence, occupation, gravidity, number of alive children, owner of the facility, information access, ever used family planning, and PAFP counseling were found to be candidate variables at P-value < 0.2 for the multivariable analysis.

In multivariable analysis, marital status, educational level, owner of the facility, information access, ever used previous contraceptives, and post-abortion family planning counseling were factors that affect post-abortion family planning utilization at a p-value less than 0.05.

In this study, Single women were four times (AOR=4.0, CI (1.8-8) more likely to utilize PAFP than the married women, women who attend secondary education were 3.7 times (AOR=3.7 95% CI (1.4-9.7)) more likely to use PAFP compared with those women who don't attend formal education. Women who got abortion services at public health institutions were 3 times more likely to utilize post abortion family planning as compared to those who got abortion care services in the private sector (AOR 3.0, 95% CI (1.5, 6.1)). Those respondents who have previous information about PAFP were 2.1 times (AOR 2.1, 95%CI (1.2-3.9)) more likely to use PAFP compared with those women who didn't have previous information. Similarly, women whoever used the previous contraceptive were 5.4 times more likely to utilize contraceptive as compared to their counterpart [AOR 5.4, 95% CI (2.9, 9.9)] and the women who received family planning counseling during service provision were 5.7 times (AOR=5.7 95%CI (3.1.10.4)) more likely to accept PAFP compared with women who didn't. (Table 4).

Table 4: Factors associated with post abortion family planning utilization among women who came for abortion service in Zuway wareda health institutions, East Shewa Ethiopia, 2021

Variables	PAFP Utilization		COR(95%CI)	AOR(95%CI)	P value
	Yes	No			
Age					
≥35	15	11	0.4(0.1-0.9)	3.1(0.8-13)	0.117
30-34	33	18	0.5(0.2-1.1)	0.9(0.3-3.3)	0.960
25-29	72	38	0.5(0.3-1.0)	0.9(0.103-2.5)	0.823
20-24	110	39	0.8(0.4-1.5)	1.9(0.7-5/5)	0.224
15-19	52	14	1	1	
Marital status					
Single	99	16	3.5(2.0-6.3)	**4.0(1.8-8)**	**0.001**
Married	183	104	1	**1**	
Educational status					
Above secondary education	62	11	7.1(3.3-15.2)	**3.7(1.4-9.7)**	**0.007**
Secondary education(9-12)	93	19	6.2(3.2-11.8)	2.0(0/9-4.5)	0.089
Primary education (1-8)	88	41	2.7(1.5-4.7)	1.8(0.9-3.8)	0.119
Not attained formal education	39	49	1	**1**	
Residence					
Urban	200	61	2.4(1.5-3.7)	1.0(0.5-2.0)	0.890
Rural	82	59	1		
Occupation					
Student	53	7	1	1	
Employed	86	3l	0.4(0.2-0.9)	0.4(0.1-1.6)	0.184
House wife	76	33	0.3(0.1-0.7)	0.5(0.1-2.2)	0.367
Farmer	32	32	0.1(0.1-0.3)	0.7(0.1-3.4)	0.629
Others	35	17	0.3(0.1-0.7)	0.6(0.1-2.6)	0.501
Gravida					
Five and above	15	15	0.3(0.1-0.8)	3.0(0.6-15.4)	0.185
2-4	175	74	0.8(0.5-1.3)	3.0(1.0-8.6)	0.043
One	92	31	1	1	
No of alive child					
Four and above	9	12	0.2(0.1-0.6)	`1.8(0.2-17.9)	0.603
1-3	71	159	0.7(0.5-1.2)	0.6(0.2.2.2)	0.421
Null	114	37	1	1	
Owner of health institutions					
Public	246	71	4.7(2.8-7.8)	**3.0(1.5-6.1)**	**0.002**
Private	36	49	1	1	
Information about PAFP					
Yes	214	50	4.4(2.8-6.9)	**2.1(1.2-3.9)**	**0.013**
No	68	70	1		
Ever used contraceptives					
Yes	202	29	7.9(4.8-13.0)	**5.4(2.9.9.9)**	**<0.001**
No	80	91	1	1	
Post abortion Counseling					

Yes	230	45	7.4(4.6-15.0)	**5.7(3.1-10.4)**	**< 0.001**
No	52	75	1	1	

5. Discussion

In this study, 70.1% with 95 %(CI: 65.4, 74.6) of women had used contraceptives after receiving abortion care. This study was consistent with previous studies conducted in Pakistan, Jimma and Gambela by 70. 1%, 72.9% (43, 51) respectively. In Jimma the similarity might be due to the similarity of participants in the studies in some socio demographic characteristics and study design also in Gambela may be due to the similarity of study design.

This study was higher compared to the previous study done in Bahir dar town (61%) , Asela (53.7%) , shire town(61.5%) and Dessie Town (47.5%) (39, 40, 44, 56) . The difference might be due to the number of respondents who have information about family planning. The possible reason could be information may change their belief, perception, miss conceptions, rumor and practice of individuals. The other possible reasons might be insufficient counseling, desire to have more children, judgmental approach of health care provider, and miss conceptions rumors on family planning methods.

On other hand these study lower than the studies conducted in Addis Ababa (86%)(42). The difference could be due to education level. This might be educated individuals increase their chance of access to reproductive health information and education helps them to understand their rights and responsibilities on reproductive and sexual issues. And also it enables them to discuss with their partners and make joint decisions on family planning and family size (57).

Also , the current finding was lower than the study done in Brazil (97.4%) (32) and Dar es Salaam Tanzania (89%)(36). The probable difference might be due to the setup, cultural difference,socio-demographic characteristics of the respondents. In addition in Tanzania the study design was cohort .It is different from the current study design.

Single women were 4 times more likely to use PAFP as compared with those married women. This is in line with a study conducted in Debre Markos (41) Gambela (51) .The

possible reason could be unmarried have a strong desire to use family planning due to fear of pregnancy due to cultural outcast and social discrimination.

Women who attend above secondary education were 3.7 times more likely to use PAFP compared with those women who did not attend formal education. The finding of this study was similar to the previous studies conducted in Gambella (51), Bahir dar town (40) as well as study in Pakistan (30). This could be due to, women who attend formal education are more concerned about their carrier development and they would put their child's desire aside. In addition, increase their chance of access to reproductive health information. Also, better education might have been associated with increased women's income and social independence where they are less likely to be influenced by social norms in making fertility and contraception decisions (58, 59) . Therefore, educating women helps in overcoming barriers to use PAFP.

In this finding, receiving abortion care service in public health institutions was 3 times more likely utilized post abortion family planning as compared with private. This finding was supported by study done in Tigray town (55). This is might be due to the currently situation in Ethiopia family planning services are provided free of charge in all public health facilities whereas the services in private facilities had cost.

Those respondents who had got information about PAFP before coming to the abortion service were 2.1 more likely to accept PAFP compared with those who hadn't got information before. This study agreed with a study done in Bahir dar (13) . Also in line with a study done in Kenya (38) . This is due to evidence that information systems are one of the elements of successful post-abortion family planning programs (60). The other reason might be women had got information about family planning, improving knowledge along with increasing self-efficacy or empowerment in making better decisions regarding family planning use. In addition, those who had information may change their belief, perception, miss rumor, and practice of individuals (61).

Women who had a history of contraceptive utilization were 5.4 times more likely to utilize PAFP as compared to their counterparts. This is in line with studies done in the Shire (39), and Bahir dar (48) .In addition Similar to the study conducted in Pakistan(30) .This might be because previous exposure to family planning services might influence the

awareness and has a better understanding of the different types of family planning methods along with the advantage and disadvantage that will enhance their decision making skill towards PAFP utilization. They may also have a good attitude towards utilization of PAFP (62).

In this study, those women who had got post abortion family planning counseling were 5.7 times more likely to use PAFP than those who hadn't got PAFP counseling.This result is in line with the study in Debre Markos (41) , Asela (44) , and Shire Town (39). This might be due to counseling helps the women to make informed decisions about family planning services utilization. In addition, counseling is one of the critical elements in the provision of quality family planning service. It is a way, providers help clients make and carry out their own choices about reproductive health and family planning (63, 64). Therefore counseling on family planning is a unique opportunity to provide information about family planning and its widespread health benefits for women, which facilitates decision-making for use.

6. LIMITATION OF STUDY

- Social desirability bias is one of the limitations of this study since women may report more acceptable response.

7. CONCLUSION

- Post abortion family planning utilization was high as compared to other studies. Marital status, educational level, owner of the facility, information access, ever used family planning, and PAFP counseling was the significant factors to PAFP utilization.

8. RECOMMENDATION

Zonal health office

- Should design health education programs that promote PAFP.

Health care provider

- The health care providers who give abortion service should give detail PAFP counseling for all women who got abortion service.
- Finally the recommendation goes for researchers to do further investigation on the longitudinal way.

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Annex

Annex1. Declaration

This proposal is my original work and has not been presented for award of MSc Degree or for any similar purpose in any other institutions.

Name ---------- Signature: _____ Date: _____

Advisors:

This thesis has been submitted for review with my approval as university supervisor.

1 . ---------- Signature: _____ Date: _____

2. ---------- Signature: _____ Date: _____

3. ---------- Signature: _____ Date: _____

Annex-II principal investigator assurance

I certify that the statements herein are true, complete, and accurate to the best of my knowledge. I certify that individuals or organizations named herein are aware of their planned or potential involvement. I agree to accept responsibility for the scientific conduct of this research and to provide the required progress reports if needed.

Name ---------- Signature----------date----------

Annex- III Information sheet and consent form

Introduction: Hello, how are you? My name is _____. I am working as data collector_in a survey conducted by Aberash Beyene .The research supported in collaboration of Bahir Dar University, College of Medicine and Health Sciences, Midwifery Department to assess Utilization f post abortion family planning and associated factors among abortion seeking women . You are invited to participate in this study and I kindly request your active involvement in this survey in order to provide me the necessary information. So thank you for your contribution.

- **Study topic**- Utilization of post abortion family planning and associated factors among women seeking abortion service of health facility at Zuway woreda, East Shewa Ethiopia, 2021.
- **Objective of the study**-To asses utilization of post abortion family planning and associated factors among women seeking abortion service at health facility of Zuway Dugda woreda, East Shewa Ethiopia, 2021.

Study period- From March 20 to May 25, 2021

Process of study: as part of this study different questions are prepared to be completed by you. For unclear questions, if you need clarification you can ask any time. Since your participation in this survey is totally depends on your voluntary basis you have the full right to refuse, to participate and to stop at any time. To complete these questions at list it takes 20-25 minutes.

Advantage and disadvantage: There is no payment or any special privilege given for your participation in this study but your honest answer to these questions is very important to complete this study that will have impact on reduction of neonatal morbidity and mortality. Also you are not obliged to participate or give information you don't want. If you are not feeling good any time, please don't worry to ask to stop the procedure.

Confidentiality: Certainly I assure that your name will not be mentioned/ recorded anywhere. The confidentiality of the information you provided to me will be maintained

and couldn't be accessed by third party but it's used for the purpose of research only and burnt by the end of the survey.

If you have any questions regarding this study, you can call me with 0938935837 , even you can call for institutional review board with phone number ----------

Could I have your permission to continue? Yes ☐ No ☐

Signature of the data collector certifying that informed consent has been given verbally by respondent_____

Questionnaire code_____

Data collector name _____Signature _____Date of data collection_____

Checked by supervisor; Name _____Signature_____

Name of health facility_____

Annex-IV Questionnaire (English Version)

Identification number_____

Part I. Socio-Demographic characteristics

SR	Question	Response	
Q101.	Age	----------	
102	Religious	1 .Orthodox 2.Muslim 3.Protestant 4. Catholic 5. Other (specify)……	
Q103	Marital status	1.Single 2. Married	
Q104	Residence	1.urban 2.rural	
Q105	Educational level	1.No formal education 2. Primary education (1-8) 3. Secondary education (9-12) 4. Above secondary	
Q106	What is your occupation?	1. Student 2.Employeed 3. House wife 4.Farmer 5.others	
Q107	What is your husband educational level	1. No formal education 2.Primary education (1-8) 3. Secondary education (9-12) 4. Above secondary	

Part II. Reproductive health characteristics

NO			
Q201	How many times become pregnant?	A .one B. 2-4 C. five and above	
Q202	How many times do you give birth?	A. Null B. one C.2-4 D.≥5	
Q203	How many alive children do you have?	1.Null 2. 1-3 3.Four and above	
204	Do you have previous abortion history?	A. yes B .No	
205	If your answer yes for Q no 204 how many times with the current one?	A. once B. two times C. three and above	
206	If your answer yes for Q no 204 does you used post abortion family planning?	A. Yes B .No	
207	How is your current pregnancy condition?	A. wanted B. unwanted	
Q208	What Type of abortion do you have currently?	1.induced 2.spontaneus	
Q209	By why methods terminate the current pregnancy?	1 Medication 2.Manual vacuum aspiration 3.Mixed procedure.	
Q110	If you answer induced Q 207 why do you want to make abortion ?	1.fetal condition 2.maternal condition 3.rape 4.others	
Q111	Where do you want to make abortion?	1.public 2.Private	
Q112	Gestational age?	1. <9 weeks 2. 9-12 weeks 3.>12 weeks	

Part III. Information about post abortion family planning

SR	Question	Response	
Q301	Have you ever heard about post abortion family planning?	A. yes B.No	
Q302	From where did you hear about post abortion family planning?(multiple answer is possible)	1.Mass media 2.Neighbor 3. Health professionals 4.Friends/relatives	
Q303	Do you want PAFP currently	1. yes 2. N0	
Q304	If you say yes Q 3O3 what type of method do you want ?	1.condom 2.pills 3 injection/dipo 4.implant 5.IUCD 7.tubal ligation	

Part IV. Utilization of post abortion family planning and family planning history

SN	Question	Response
Q401	Have you ever used any method of family planning?	A. Yes B. No
Q403	Do you got PAFP counseling currently ?	A. Yes B.No
Q404	Do you used PAFP after recent abortion	A. Yes B .No
405	When do you use post abortion family planning?	1.immediately after abortion procedure 2.When it comes to my mind 3.Idon't want 4.don't know
Q406	If yes for Q404which method of family planning do you used	1.condom 2.pills 3 injection/dipo 4.implant 5.IUCD 7.tubal ligation
207	When do you want to have more children?	1. within one year 2 .within one-two year 3. above two year 4. I don't know 5 don't want

Annex V: Amharic Version questionnaire

ባህርዳር ዩኒቨርሲቲ የሕብረተሰብ ጠፍ ሳይንስ ኮላጅ የምርምር/ ጥናት ማበራሪያ እና የስምምነት መግለጫቅፅ ጠፍ ይስጥሌኝ

ስሜ_____ይባሊሌ። እዚህ የመጣሁት የሁለተኛ ዲግሪ የትምህርት ሚኒስቴር ለማጠናቀቅ የመመረቂያ ጥናት በተመሇከተ አሁን በሀረዳረ ዩኒቨርሲቲ የጠፍ ሳይንስ ኮላጅ በክሊንካል ሜዲዋየፋየ የሚተርስ ዲግሪ ጥናት ሊይ መረጃ እየሰበሰብኩ እገኛሇሁ።

የጥናቱ ዋና ዓለማከጽንስ ማቋረጥ በኋለ የወሉድ መቆጣጠሪያ አጠቃቀምማ እንደሚሇካለ ለማጥናት ነው። የማበየቂያ ቅፁን ለመሞሊት ከ20-30 ደቂቃ ይፈጃሌ። በዚህ ጥናት ሊይ በመሳተፍዎ ማበይቁን ለመሞሊት የሚበይቀውን የተወሰኑ ድቂቃዎች ከማጥፋትዎ በስተቀር የሜርስብዎት ምንምጉዳት የሇም፤ ነገር ግን አንዳንድ ጥያቄዎች ግሊዊ ቢመሰለምለጥናቱ አስፈሊጊ ናቸዉ። በተጨማሪ በዚህ ጥናት ስለተሳተፉ የሚገኙት ክፍያ የሇምምንምእንኳን ከጥናቱ ወጡት እንደ ዜጋ ሉያገኙት የሚቻለት ጥቅም ሉኖር ቢችሌም። በዚህ ጥናት መበይቅ ተሳታፊ የሚሆኑት በፍቃደኝነት ነው። ያለመሳተፍ ወይምበመሀሌ የመቆምመበት አለሽ/ አልት ያለ ቅጣት፤ ቢሆንምግን የአንች/ የእርስዎ ትክክለኛ መረጃ ለዚህ ጥናት ጠቃሚነ ወ፤ እንዲሁም "ከጽንስ ማቋረጥ በኋሊ የወሉድ መቆጣጠሪያ" በሴቶች ሊይ የተሻለ ለሜድረግ በሚደረገዉእንቅስቃሴ ሊይ ትለቅ አስተዋፅአ አሇዉ። የሚሰጡ መረጃ ሚስጥራዊነቱ የተጠበቀ እና ሇጥናታዊ ተግባር ብቻ የሚዉሌ እና ሇማንምየሚገሇጽ ይሆናሌ። ተሳታፊዎችን ሇመሇየት ሌዩ የመሇያ ቁጥር ስለምንጠቀምስምዎትን መጻፍ አስፈሊጊ አይደለም። መረጃ ወይምእርዳታ ማበየቅ ካስፈሇግዎ የጥናቱን ባሇቤት የሆነ ችወን ወ/ሪት አበረሽ በየነ በስሇክ ቁጥር 0938935837 ወይምበኢ-ሜሌ aberashbey217@ gmail .com ማግኘት ይችሊለ።

በጥናቱ ለመሳተፍ ተስማምተዋሌ?

1) አዎ ተስማምቻለሁ 2) አሌተስማማሁም

አማኅግናለሁ! ማጠይቁን የሞሊዉ ባለሞያ ስምእና ፊርማ----------

የጥናቱ/የምርምሩ ማጠየቂያ ቅፅ ክፍሌአንድ፡ - ማህበራዊ እና የስነ - ህዝብ ሚጃ

ተ.ቁ	ጥያቄ	ምሊሽ	ማሳያ
101	እድሜሽ ስንት ነው	----------	
102	የጋብቻሁኔታ	1. ያላገባ 2. ያገባ	
103	ሐይማኖት	1. ኦርቶዶክስ 2.ማኅለም 3. ፕሮቴስታንት 4. ካቶሉክ 5.ልላ ካል--	
104	የምኖራቦታ	1.ከታማ 2. ገጥረ	
105	ስራሽ ምንድን ነው	1. ተማሪ 2. ሠራተኛ 3. የቤት እማቤት 4. arsadr 5. ልላ ጠቀስ	
106	የትምህርት ደረጃ	1.ያልተማረ 2. የመጀመሪያ ደረጃ (1-8) 3. ሁለተኛ ደረጃ (9-12) 4.ስርትፍከት እና በለይ	
107	የባለቤትሽ የትምህርት ደረጃ	1.ያልተማረ 2. የመጀመሪያ ደረጃ (1-8) 3. ሁለተኛ ደረጃ (9-12) 4.ስርትፍከት 5. አላወቀወም	

ክፍሌሁለት፡ - የስነ - ተዋሌዶ ጠፍን በተመለከተ ሚጃ

ተ.ቁ	ጥያቄ	ምላሽ	ማሳያ
201	የመጀመሪያ እርግዝናሽ ነው?	1. አንድ 2 .2-4 3. 5እናበሊይ	
202	ፈሌገሽ ነውያረገዝሽው?	1.አዎ 2. አይደለም	
203	ከዚህ በፊት ወሌደሽ ታውቂያለሽ?	1. Null 2. አንድ 3. 2-4 4. ≥5	
204	ስንት ሇጅ አለሽ?	1. null 2. አንድ- ሦስት 3. ≥4	
205	መቸ ነውመወሇድ የምትፈሇጊው?	1.በአንድ አመት ወስጥ 2.ከአንድ-ሁሇት ዓመት 3.ከሁሇት ዓመት በኃሊ 4.አሇወቅም 5.alflgm	
206	የጽንስ ማቋረጥ ነበረሽ?	1.አዎ 2.የሇም	
207	ሇጥያቄ 207ሚሌስ አዎ ከሆነ ስንት ጊዜ አቋረጥሽ?	1.አንድ ጊዜ 2. ሁሇት ጊዜ 3. ሦስትእና ከዛበሊይ	
208	ጽንሱ የተቋረጠውበምን አይነት መንገድ ነው?	1. በእኔ ፍነሊንት 2. በራሱ	
209	ጽንሱ በማ ምንግደ ነዉ የተቋረጠው?	1.በማዳነት 2. በምክረ 3.በሁሊቱም	
2010	ጣያቀ 209 በእኔ ፍነሊንት ከሊአቹ ጽንሱን ማቋረጥ የፈሇግሽዉሇምንድን ነዉ?	1.የጽንሱ የጠፌ ችግር 2.የኔ የጠፌ ችግር 3.መዴፈር 4.ሌላ ጠቀስ----------	
211	ጽንስ ማቋረጥ የምትፈሌጊው የት ነው?	1. በመንግስት 2. የመንግስት ያሇሆነ	
212	ጽንሱ ስነት ሳማ ቱ ነዉ?	1.ከ 9 ሳምንት በተቸ 2. 9-12 ሳምንት 3 .12 ሳምንት ባሊ	

ክፍሌ ሶስት፡ - ከጽንስ ማቋረጥ በኃሊ የወሉድ መቆጣጠሪያ መረጃ በተመሇከተ

ተ.ቁ	ጥያቄ	ምላሽ	መላያ
301.	ከጽንስ ሞቋረጥ በኋሊ የወሉድ መቆጣጠሪያ መኖሩን ሰምተሽ ታውቂያለሽ?	1. አዎ 2. አለወቅም	
302	ከጽንስ ሞቋረጥ በኋሊ ስለሚደረግ የወሉድ መቆጣጠሪያ ከምን ሰሞሽ? (ከአንድ በሊይ ሚሌስ ሞነጠት ይቻሊሌ)?	1.ከ ሞነሚዲያ 2 ከነሮብት 4. ከጠፍ ባለሞያ 8. ልላ ካለ ይጠቀስ	
303	ከጽንስ ሞቋረጥ በኋሊ የትኛዉን ዘዳ ሞጠቀም ትፈሌጊያለሽ?	1. ኮንዶም 2 በአፍ የሞዋጡታብለት (ኪኒን) 3 ሚፍ 4. ክንድ ሊይ የሞቃመጥ 5. በሞህፀን የሚ ባ (ለፕ)	

ክፍሌ አራት፡ - ከጽንስ ሞቋረጥ በኃሊ የወሉድ መቆጣጠሪያ ተግባርን በተመሇከተ

ተ.ቁ	ጥያቄ	ምሊሽ	መላያ
401	የወሉድ መቆጣጠሪያ ተጠቅሞሽ ታውቂያለሽ?	1.አዎ 2.አለወቅም	
402	ከጽንስ ሞቋረጥ በኋሊ የወሉድ መቆጣጠሪያ ተጠቅሞሽ ታውቂያለሽ?	1. አዎ 2. አለወቅም	
403	ከጽንስ ሞቋረጥ በኋሊ የወሉድ መቆጣጠሪያ የምክር አገሌግልት አግኝተሻለ?	1.አዎ 2.አለወቅም	
404	ከጽንስ ሞቋረጥ በኋሊ አሁን የወሉድ መቆጣጠሪያ ተጠቅሞሌ?	1.አዎ 2. አለተጠቀምኩም	
405	ሇጥያቄ ቁጥር 405 አዎ ከሆነ የትኛዉ አይነ ት ተጠቀሞ?	1. ኮንዶም 2. በአፍ የሞዋጡኪኒን 3.ሞርፌ 4. ክንድ ሊይ የሞቃመጥ 5. በሞህፀን የሚ ባ (ለፕ)	
406	ሞቸ ነዉከጽንስ ሞቋረጥ በኋላ የወሉድ መቆጣጠሪያ ምጠቀመየ ሚታፍልገ ዉ?	1. ወዲያዉከጽንስ ሞቋረጥ በኋለ 2. ወደ አዕምሮዬ ሲመጣ 3. አለወቅም 4. alflgm	

ስለ ትብብርዎ እጅግ በጣም አመሰግናለሁ፡ ፡

Annex VI : Oromic Version questionnaire

Gaafanoolee

Uunkaalee Sassaabbii odeeffannoo fedhinnaarratti hundaaye Amaarriffaan qophaaye. Maqaan kiyya/koo----------kanin hojechaa jiruu warra qorannichatti hirmaataniif odeeffannoo sassaabuu yoo ta'u Ogessa fayyaa /baarsiistuu/ maqaan ishee kana jalattii ibsameen walqunnamuun yoo ta'u

Maqaan isaaniitis:- Abarash Bayana Univarsittii Bahardaarittii damee kolleejjii saayinsii fayyaa bahardarritti barattu maastarii ttii. Yeroo keessaniifi xiyyeeffannoo keessan waa'ee qorannoofii calallii hirmaaattoota ibsuu danda'uu kiyyaaf galatooma.

Mata-Duree Qoraaniichaa/ The study/project title

Fayadmaa qusana matti erga ulfi addan kutame fi sababoota akka hin faayadaamne tasisaan Anaa Zuway Dugdattii hangamtu argama 2021.

Kaayyoo Qorannichaa (Purposes/ aim of the study)

Bu'aan qoraannoo kannaa irraa argaamuu faayidaan guddaan innii kennuu danda'uu tajaajilaa qusana maattii babbaaliisuuf fi rakkolle jiran fuurudha kan gaargaruu ta.a

Hojimaataa fi yeroo inni fudhatu/ Procedure and duration:

Ani gaafii afaanii kanaa kanin siif godhu gaafannoo qophaa'een yoo ta'u, qorannichaaf deeggarsa ol'anaa waan qabuufii. hiirmaachuudhaf feedhiinaa yoo qabataan Gaafannichi sa'aan fudachuu danda'u daqiiqaa 20-30 yoo ta'u, yeroo kee kana waan naaf kenniteef sin galateeffadha.

Faayidaa fi Miidhaasaa (Risk and beifits)

Miidhaan qorannoo kanaa xiqqaa yoo ta'u innis yeroo hirmaataa irraa fudhatudhaa innis xiqadhaa.

Qorannoo kanarrattii kafaltiin kallatti kamiyyuu hirmaataa fedhiitiif hin kennamu, ta'ullee garuu bu'aan qorannoo kanaa Odeeffanoo jarmayaa fayyaa Zoonittiif, Hoospitaalootaf fi karoora tarsiimoo fayyaa baasuuf gargaara.

Iccitummaa /iccitii eeguu (Confidentiality)

- Iccitiin hirmaataa fedhii kan eegammee dha.
- Nammoonini odeeffannoo kana yommuu kennitan maqaan keessan hin barreeffamu, gruu mallattoo addaa kan isiini kennamu ta'usaa isiin ibsuu barbadaa.

Mirga (Rights)

Qorannoon kun kan adeemsifamuu hirmaattoota fedhii guutuu qabaninii.

Qorannoo kanarratti hirmaachuu fi hirmaachuu dhabuu mirga guutuu qabduu.

Hirmaachuf haayyamaa yoo hin taanee yeroo kamiyyuu qorannicha dhiftee bahuu /addaan muruu mirga qabdaa. kana jechuun mirga kee kan si hin dhabsiisnee yoo ta'u, kanaan ala mirga kee gaafachu ni dandeessaa.

Gaafiilee kaniiyyuu kan qorannicharra jiraniif deebii kan itti kennuu hin barbaanne deebisuu dhiisuu mirga qabdaan.

Teessoo itti Argamuu (Contact Adress)

- Qorannichaa fi hojimaatiichaarratti gaafi kamiyyu yoo qabaattan yeroo kamittuu lakkofsa bilbilaa yookaann teesso gaditti tarreeffamaniirratti bilbiiluungaafachuu mirga qabdaan galatoomii.
- Abarash Bayana
- E-mail: aberashbey2172@gmail.com
- Mobile. 0938935837

Duraan dursee gaafilee koo deebisuuf yeroo keessan kennitani hirmachuu keessaaniif bay'eeisin galateeffadha .Qorannoo kana akk gageeggeessinuuf hayyama keessan gafanna ?

Eeyye---------- Lakki----------

Hirmaannaa Keessaniif gaalatooma.

Annex -VII: Afan Oromo Version Questionnaire

Dhuunfaa diinagidee fi hawaasummaa waaliigalaa (socio economic and demographic status)

Lakk.	Gaffilee	Lakkoofsa	
101	Umrin keessan meeqa?	----------	
102	Amanta keessan?	1. Orthodoxii 2.Muslima 3.Protestantii 4. Catholicii 5.kan birroo--------	
103	Ga'ilii kessan maal fakataa?	1.kan hin herumnee2.kan herumtee	
104	Eddo jirenyaa?	1.magalaa 2.Badiyaa	
105	Hoojiin keessan malii?	1. Baarattuu 2. Hojjetu 3. hadhaa mana 4. Qote bula 5. Kan bira yoo jirate	
106	Sadarkaan barumsa kessani meeqa?	1. Barressuu fi dubbisuu kan hin dandenyee 2. Sadarkaa 1ffaa (kutaa 1-8) 3. Sadarkaa 2ffaa (kutaa 9-12) 4. Sertefikettii fi isaa oli.	

107	Sadarkaan barumsa abbaa mana keessaniii ?	1. Barressuu fi dubbisuu kan hin dandenyee 2. Sadarkaa 1ffaa (kutaa 1-8) 3. Sadarkaa 2ffaa (kutaa 9-12) 4. Sertefikettii fi isaa oli 5. .hin beekuu	

Wal-hormata fayaa wajjiin kaan wal qabattee

Lakk	Gaffiii	Deebbiii	
201	Ulfa meqaffa kettii?	1.tokko 2. 2.4 3. Shanii fi isa oli	
202	Barbadee ulfooftee ?	1.Eeyyee 2. mittii	
203	Kanan duura yeroo meqa ketti dechee?	1. Hin beekuu 2.Tokko 3.2-4 4 .shanii fi isa olii	
204	Ijoolle meeqa qabda ?	1.hin qabu 2 .tokkoo - sadii 3.Afour fi isaa ol	
205	Yoom daahuu barbadaa?	1.waggaa tokko kessattii 2.waggaTokko-lama 3. lama bodaa 4..hin beekuu 5. Hin barbadu	
206	Ulfii sii jala bahee beeka?	1.Eayyee 2.hin beekuu	

207	Gaffii 207 eyyee yoo jettan yerro meeqa issiin qunamee?	1. Tokko2.lama 3.sadii fii sana olii	
208	Halaa akammin ulfii adda kutamee?	1.fedhaa koottiin 2.offii isaattii	
209	Esattii ulfa addaa kutu bardadaa ?	1. Kan motumma 2. Kan dhunfaa	
210	Yoo gaffii 208 fedhaa kotti yoo jetan Maaf akka addaan kutamuu barbadee ?	1.rakko fayaa da'imma 2. Rakko fayaa koo 3. Gudedamee 4.kan bira	
211	Ulfii halaa kamiin adda kutame ?	1.qorichaan 2.Meshaa fayyadamuun 3. Lachinuu	
212	Ulffii torbee meeqaa turee?	1. Torbee 9 lli gadii 2. Torbee . 9-12 3. 12 olii	

Gaaffii kutaa sadafaa Odeeffanno Ergaa ulfii iraa bahee bodaa kan walqabatee

Lakk	Gaaffii		
301	Erga ulfii adda kutame booda qusanaan mattin jirachuu dhagesse ni bektaa	1.Eayye 2. Hin dhagenyee	
302.	Essa dhagesse	1. massii media 2.ogessa fayaa 3 olarraa 4 .kan biraa	
303	Attii amaa isaa kam fayadamuu barbadaa	1.kondommii 2.kinini liqinfamuu 3. Kanwaranamuu 4.Harkartti kaan awalamuu 5.gadamessa keessa kan ta'u 6..gadamesa gudunfuu	

Gaffii kutaa afureffaa Wa.e qusanaa maattii ergaa ulfii iraa bahee boodee

Lakk	Gaffii	Lakkoofsaa	
401	Qusanna mattii fayadamtee ni beektaa	1.Eayyee 2. Lakkii	
402	Erga ulfii siira bahe bode qusanna mattii fayadamtee ni bekta	1.Eayyee 2 .hin beeku	

403	Erga ulfii amma siiraa bahe gusana maattii fayadamtee ni beekta ?	1. Eeyye.2. lakkii	
404	Gaffii 404fa Eeyyee yoo jetaan issaa kaam faydamtan	1.Kondommii 2.kinini liqinfamuu 3. Kan waranamuu 4.Harkartti kaan awalamuu 5. gadamessa keessa kan ta'u 6..gadamesa gudunfuu	
405	Erga ulfi sira bahe bode gorsaa ogessa fayaa argattee nii beekta	1.Eayyee 2 .hin beeku	
406	Yoom qusanna mattii fayadamuu barbada erga ulfi siira bahee	1.akumma naraa baheen 2.erga yaadaadhee booda 3.hin beekuu 4.hin barbadu	

Galatommaa.