



HARAMAYA UNIVERSITY

POSTGRADUATE PROGRAMS DIRECTORATE

**DETERMINANTS OF INDUCED ABORTION AMONG
REPRODUCTIVE AGE WOMEN ATTENDING PUBLIC HEALTH
FACILITIES IN DIRE DAWA ADMINISTRATION, EASTERN
ETHIOPIA**

MPH THESIS

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**A THESIS TO BE SUBMITTED TO SCHOOL OF PUBLIC
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THE DEGREE OF MASTERS IN PUBLIC HEALTH**

HARAMAYA UNIVERSITY, HARAR

JANUARY 2026

STATEMENT OF THE AUTHOR

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ACRONYMS AND ABBREVIATIONS

AOR:	Adjusted Odds Ratio
CI:	Confidence Interval
COR:	Crude Odds Ratio
HEW:	Health Extension Worker
LPI:	Lifetime Pregnancy Involvement
MCH:	Maternal and Child Health
MD:	Medical Doctor
MPH:	Masters of Public Health
NGOs:	Non-Governmental Organizations
OR:	Odds Ratio
SD:	Standard Deviation
WHO:	World Health Organization

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ABSTRACT

Background Induced abortion remains a significant public health issue globally, with an estimated 73 million procedures occurring annually, accounting for 29% of all pregnancies. Nearly 45% of these abortions are unsafe and disproportionately affect women in low- and middle-income countries where healthcare access is limited. Unsafe abortion contributes to 4.7–13.2% of maternal deaths worldwide, and approximately 7 million women are hospitalized each year due to complications such as sepsis, hemorrhage, and trauma. The burden is particularly severe in sub-Saharan Africa and South Asia. In Ethiopia, although abortion law was liberalized in 2005 to permit the procedure under specific circumstances, many women continue to resort to unsafe methods due to cultural stigma, limited awareness of legal provisions, and inadequate access to quality reproductive health services. Evidence suggests that unintended pregnancies, low contraceptive use, and socio-economic disparities are major drivers of induced abortion in the country. Dire Dawa, characterized by its diverse socio-cultural composition and mixed urban–rural population, presents unique reproductive health challenges. Understanding the factors influencing induced abortion in this setting is essential for informing targeted interventions aimed at reducing unsafe abortion and improving maternal health outcomes. This study examines the socio-demographic, reproductive, and healthcare-related determinants of induced abortion among women of reproductive age attending public health facilities in Dire Dawa. The findings will contribute to evidence-based strategies to address unsafe abortion and advance progress toward national and global maternal health goals.

Objective: To Identify determinants of Induced abortion among women of reproductive age
G.C

Method: Unmatched case-control study had been done. A total of 194 cases and 390 controls were included in the study. The Kobo server data were downloaded as an excel file and exported to SPSS V.25 for cleaning, coding, ensuring completeness and accuracy, and then to Stata V.14 software for further analysis. Bivariate and multivariate logistic regression analysis with 95% confidence interval was done.

Results: A total of 194 cases and 390 controls completed the interview with response rate of 95% and 94.9% for cases and controls. Divorced or separated women had significantly reduced odds of abortion (AOR = 0.192, 95% CI: 0.051–0.725, $p = 0.015$), whereas married and single women also demonstrated lower odds but without statistical significance. Stigma from health professionals was

not significantly associated with the abortion outcome. Short waiting times were linked to lower odds of abortion (AOR = 0.357, 95% CI: 0.115–1.106), although this relationship was borderline non-significant. Women who perceived abortion services as unaffordable had markedly reduced odds of obtaining an abortion (AOR = 0.108, 95% CI: 0.034–0.345, $p < 0.001$), highlighting financial constraints as a critical limitation to access.

Conclusion: This study found that religion, marital status, knowledge of safe abortion, and service affordability significantly influenced induced abortion among women in Dire Dawa. Muslim and Orthodox Christian women, as well as divorced or separated women, were less likely to seek abortion. Limited knowledge of safe abortion and financial barriers further reduced access to care. These findings underscore the need to increase awareness of legal abortion services, improve affordability, strengthen counseling, expand contraceptive education, and reduce stigma to enhance safe abortion care and prevent unintended pregnancies.

Key words: Determinate of induced abortion, Prevalence of induced abortion, reproductive health service Dire Dawa Administration, Eastern Ethiopia

INTRODUCTION

1.1 Background

Abortion is defined by world health organization as the termination of pregnancy by removal or expulsion of conceptus tissues from the uterus before 28th week of gestation for developing countries and 20 weeks of gestation for developed countries. It can occur spontaneously (miscarriage) or be induced intentionally, often due to unintended pregnancies. Induced abortion remains a contentious subject of medical, ethical, and social debate. Globally, approximately 73 million induced abortions occur each year, accounting for 29% of all pregnancies. Nearly 45% of these are unsafe, disproportionately affecting women in low- and middle-income countries where access to healthcare is limited (Sedgh *et al.*, 2012; World Health Organization, 2022).

Unsafe abortion is a major contributor to preventable maternal morbidity and mortality, accounting for 4.7–13.2% of maternal deaths worldwide. Each year, an estimated 7 million women are hospitalized for complications related to unsafe abortion, including sepsis, hemorrhage, and trauma (Sedgh *et al.*, 2012; Ganatra *et al.*, 2017). The burden is most pronounced in sub-Saharan Africa and South Asia, where restrictive laws, societal stigma, and inadequate healthcare infrastructure limit access to safe abortion care (Haddad and Nour, 2009). Addressing these barriers is essential for improving maternal health and achieving Sustainable Development Goal 3, which aims to reduce global maternal mortality to less than 70 per 100,000 live births by 2030 (Walsh, Banerjee and Murphy, 2022).

In Ethiopia, abortion law was liberalized in 2005, permitting the procedure under conditions such as rape, incest, risks to the woman's health, or severe fetal abnormalities. This legislative change aimed to reduce unsafe abortions and their associated health consequences. Despite this, many Ethiopian women continue to rely on unsafe methods due to cultural stigma, lack of awareness about the law, and inadequate availability of reproductive health services. Research indicates that unintended pregnancies, low contraceptive use, and socio-economic disparities are significant drivers of induced abortion in Ethiopia ('in Numbers We Estimate That in 2019 Our Services Resulted in', no date; Abebe *et al.*, 2022).

Dire Dawa, a region with a unique blend of urban and rural populations and diverse socio-cultural dynamics, presents distinct challenges related to reproductive health. The determinants of induced abortion in this region are likely influenced by a combination of socio-economic, cultural, and healthcare access factors. Understanding these determinants is essential for designing targeted interventions to reduce unsafe abortions and improve maternal health outcomes in Dire Dawa. This research seeks to contribute to this understanding by examining the factors associated with induced abortion among women of reproductive age attending public health facilities in the region.

1.2 Statement of the Problem

Induced abortion, both safe and unsafe, remains a critical public health issue worldwide, particularly in regions with limited access to reproductive health services. The following points outline the specific challenges and gaps that this research aims to address:

The global prevalence of abortion is alarming, approximately 45% of all abortions are considered unsafe, leading to an estimated 7 million women being hospitalized annually due to complications such as excessive bleeding, infections, and uterine perforation. In Ethiopia, unsafe abortion is a leading contributor to maternal deaths, with a maternal mortality ratio of 401 per 100,000 live births (FMOH-Ethiopia, 2021). In Dire Dawa, the situation is exacerbated by socio-economic disparities, leading to significant health risks for women.

The consequences of induced abortion extend beyond physical health, impacting social, psychological, and economic dimensions. Globally, unsafe abortion is a major cause of preventable maternal deaths, contributing to 4.7–13.2% of global maternal mortality (Ganatra *et al.*, 2017; World Health Organization, 2022). In Dire Dawa, the combination of stigma, inadequate health care access, and social-cultural barriers further complicates the situation, resulting in profound health and economic burdens on women and the health care system.

Despite the Ethiopian Penal Code being revised in 2005 to allow abortion under specific circumstances, including cases of rape, incest, fetal abnormalities, and maternal health risks, access to safe abortion services remains limited, particularly in rural and underserved areas. Studies indicate that nearly 50% of all abortions in Ethiopia are unsafe, with the consequences of these procedures burdening both women's health and the national healthcare system ('In Numbers We Estimate That in 2019 Our Services Resulted in', no date). Inadequate knowledge, societal stigma,

and socio-cultural barriers have perpetuated this crisis, with women often unaware of their legal rights and reproductive health options.

In Dire Dawa, a region marked by socio-cultural diversity and an urban-rural divide, women face distinct challenges related to induced abortion. Socio-economic disparities, low contraceptive prevalence, high rates of unintended pregnancies, and limited access to safe abortion services contribute to the magnitude of the problem. Despite the legal framework, cultural and religious influences inhibit open discussions about abortion and reproductive health, leading to significant gaps in awareness and understanding of available services. These factors contribute to a high reliance on unsafe abortion methods, further aggravating the risks to maternal health (FMoH, 2020).

Despite the widespread impact of unsafe abortion, there is a significant gap in region-specific evidence regarding its determinants in Dire Dawa. While national-level studies provide valuable insights into the broader issue of unsafe abortion in Ethiopia, the unique socio-cultural and economic conditions of Dire Dawa require focused research to understand the specific factors influencing induced abortion in this region. This gap hinders the development of targeted, evidence-based interventions to improve access to safe abortion services and reduce the health risks associated with unsafe abortion. This study aims to fill this gap by examining the factors associated with induced abortion among women of reproductive age attending public health facilities in Dire Dawa, with the goal of informing policies and programs that will reduce unsafe abortion and improve maternal health outcomes in the region.

1.3 Significance of the Study

This study is essential for addressing the critical issue of unsafe abortion in Dire Dawa, where unique socio-cultural and economic factors contribute to the problem. By examining the determinants of induced abortion, the research fills a significant gap in region-specific data, providing evidence to guide targeted interventions. These findings are supporting the development of tailored policies and programs aimed at reducing unsafe abortion, improving access to safe abortion services, and promoting the use of contraceptives to prevent unintended pregnancies.

The study's insights will aid local policymakers, healthcare providers, and public health stakeholders in addressing cultural and religious stigma, improving awareness, and enhancing

reproductive health education. It also helps allocate resources efficiently to underserved areas, ensuring equitable access to safe and legal services for women.

Additionally, the research was contributed to Ethiopia's broader reproductive health goals by providing a model for understanding and addressing unsafe abortion in similar regions. It aims to reduce maternal morbidity and mortality, empower women to make informed reproductive health choices, and promote gender equality, ultimately improving of women in Dire Dawa and beyond.

1.4 Objectives

1.4.1 General Objective

- To Identify determinants of Induced abortion among women of reproductive age attending public health facilities of Dire Dawa, Eastern Ethiopia, from February15- April 30 ,2025
G.C

2. Literature Review

2.1 Determinants of Induced Abortion

Induced abortion is a significant public health issue influenced by a variety of socio-economic, legal, cultural, and health-related factors. The prevalence of induced abortion varies significantly across countries and regions, shaped by local laws, access to healthcare, and social norms. Understanding these determinants is essential for addressing the public health challenges associated with unsafe abortion, particularly in regions with high rates of maternal morbidity and mortality.

2.1.1 Socio-Demographic Factors

Globally, younger women, particularly those aged 20–24 years, along with unmarried women, are more likely to seek abortions. This trend is often driven by unintended pregnancies and the societal stigma surrounding unplanned parenthood (Sedgy, Singh, and Hussain, 2014; Sharma et al., 2016). Younger women may feel less equipped to navigate the complexities of maternal responsibilities, leading them to consider abortion as a viable option.

Education level is a significant determinant of access to safe abortion services. In Ethiopia, women with higher educational attainment are more likely to access safe abortion options. A study conducted in Addis Ababa found that 56% of abortion seekers had completed secondary education, highlighting the importance of education in facilitating access to reproductive health services (Feleke et al., 2013). In contrast, rural and less-educated women often encounter barriers that compel them to resort to unsafe abortion practices (Deribe et al., no date; Habte old et al., 2019). The urban-rural divide also influences access to abortion services. Women residing in urban areas generally have better access to healthcare facilities and information regarding reproductive health, making it easier for them to seek safe abortion services. Conversely, rural women face significant challenges, including limited healthcare infrastructure and social stigma, which can lead to higher rates of unsafe abortions.

Economic factors are critical in determining a woman's ability to access safe abortion services. Low-income women are frequently unable to afford the costs associated with safe procedures, which may lead them to seek unsafe alternatives (Conté et al., 2023). Economic constraints can exacerbate the challenges faced by women in accessing necessary healthcare, further perpetuating the cycle of unsafe abortion practices.

2.1.2 Socio-Economic Factors

Globally, socio-economic status plays a crucial role in the decision to undergo an induced abortion. Women from lower socio-economic backgrounds face greater barriers to accessing reproductive health services, including contraception and safe abortion services. As a result, unintended pregnancies are more prevalent among this group, contributing to higher rates of induced abortion. In the United States, research has shown that women in poverty or with lower educational attainment are more likely to have an abortion due to limited access to contraception (Jones, Kirstein and Philbin, 2022). Similarly, in regions with lower contraceptive prevalence, such as sub-Saharan Africa, the prevalence of induced abortion is higher due to unmet contraceptive needs (Singh *et al.*, 2018).

2.1.3 Legal and Policy Environment

The legal and policy environment surrounding abortion plays a pivotal role in shaping individual experiences and decisions regarding the procedure. The legality of abortion directly impacts its accessibility, safety, and the choices available to women.

In countries where abortion is legal and regulated, women typically have better access to safe procedures. This legal framework can empower individuals to make informed choices about their reproductive health without fear of legal repercussions. Conversely, in nations where abortion is heavily restricted or illegal, many women face significant barriers that compel them to seek unsafe and illegal methods. This scenario is particularly prevalent in regions such as sub-Saharan Africa, Latin America, and certain parts of Asia, where restrictive laws contribute to high rates of unsafe abortions.

Individual awareness of abortion laws is crucial in determining whether women can access safe services. In Ethiopia, while abortion is permitted under specific circumstances—such as cases of rape, incest, fetal abnormalities, or risks to maternal health—a considerable number of women remain unaware of their legal rights and the conditions under which they can seek safe abortion services (Hailu *et al.*, 2023). This lack of awareness can lead to fear and misinformation, driving women to unsafe methods even when legal options are available.

Cultural norms and societal attitudes towards abortion can further complicate individual decisions. In many societies, stigma surrounding abortion can deter women from seeking legal services, regardless of their availability. This social pressure can lead individuals to prioritize secrecy and safety over legality, often resulting in dangerous outcomes.

The availability of information and resources related to reproductive health is another critical individual factor influenced by the legal environment. In regions with supportive legal frameworks, public health campaigns and educational programs can enhance awareness and understanding of abortion rights, leading to safer practices. In contrast, restrictive environments often lack sufficient educational outreach, leaving women ill-informed about their options.

2.1.4 Cultural and Religious Influences

Cultural and religious beliefs play a significant role in shaping attitudes toward abortion. In regions with strong religious and cultural taboos against abortion, women may face significant stigma, which discourages them from seeking professional care or discussing abortion openly. This is especially true in Ethiopia, where religious and cultural norms often discourage open conversations about reproductive health. Despite the legal framework for abortion, many women, particularly in rural areas like Dire Dawa, face cultural barriers that limit their understanding of their legal rights and access to safe abortion services (Abebe *et al.*, 2022).

2.1.5 Access to Reproductive Health Services

Access to family planning services, contraception, and safe abortion care is a critical determinant of induced abortion. In regions with low contraceptive use and inadequate reproductive health services, the prevalence of induced abortion is higher. In Ethiopia, especially in rural and underserved areas like Dire Dawa, access to contraceptives and safe abortion services remains limited. A study in the Tigray region highlighted that many women face significant challenges in accessing family planning services, leading to high rates of unintended pregnancies and induced abortions (Belayihun *et al.*, 2022). Moreover, the lack of trained healthcare providers and inadequate healthcare infrastructure further exacerbates the issue, with many women turning to unsafe, unregulated abortion methods (Scd *et al.*, 2012).

2.1.6 Health-Related and Demographic Factors

Age, maternal health conditions, and reproductive history also influence the likelihood of induced abortion. Younger women, particularly adolescents, are more likely to have unintended pregnancies and seek abortions due to lack of access to contraception and reproductive health education. In Ethiopia, adolescent pregnancy rates are high, with many young women seeking abortion due to stigma surrounding teenage pregnancies and limited family support (Megersa *et al.*, 2020). Additionally, older women with multiple children or those facing health risks may seek

abortion to avoid further pregnancies or to protect their health (Geda, Tirfe and Gessese, 2024). In regions like Dire Dawa, socio-economic pressures, combined with poor maternal healthcare services, contribute to higher abortion rates, particularly among women who cannot afford to raise additional children.

2.2 Conceptual framework

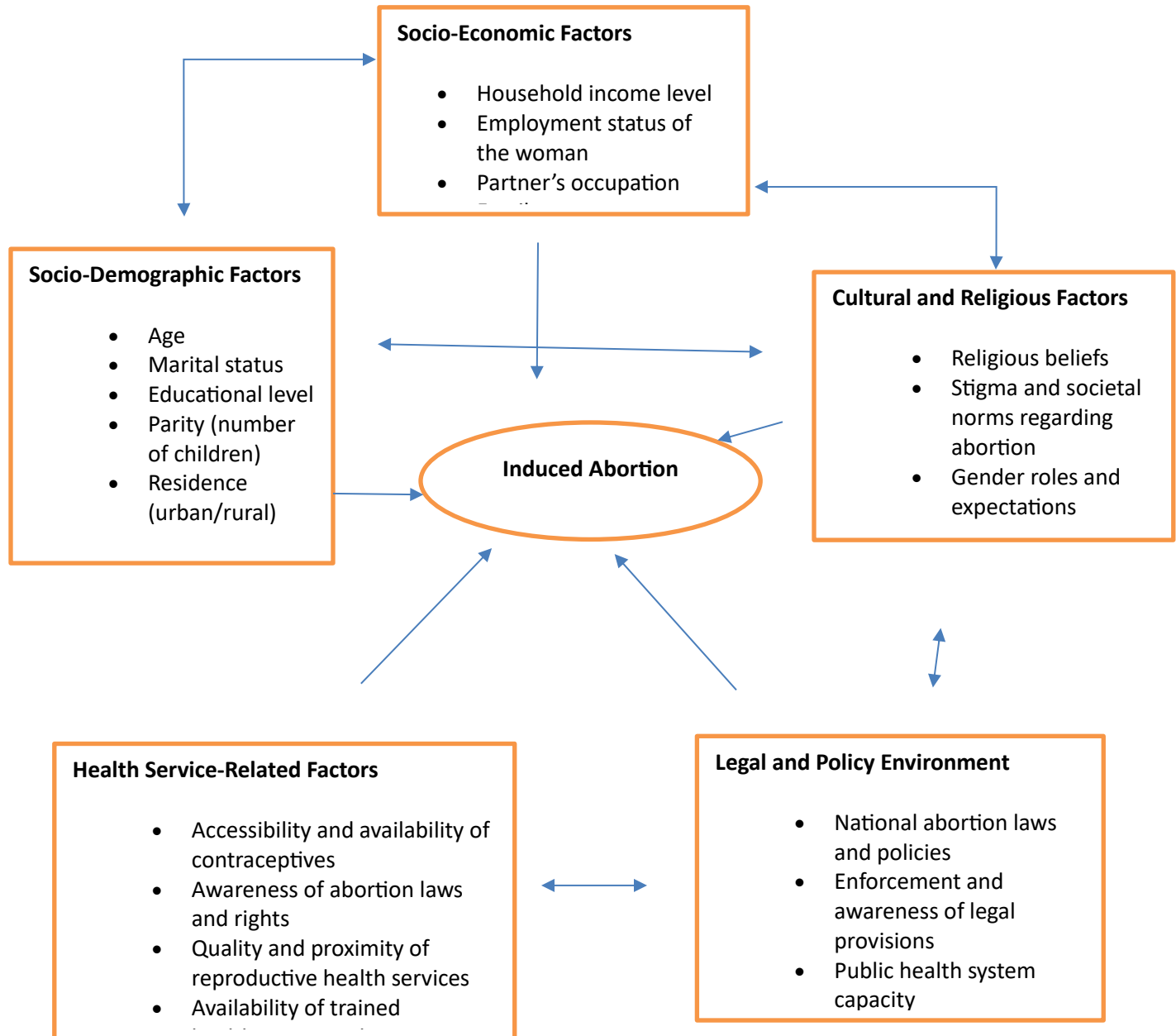


FIGURE 1: CONCEPTUAL FRAMEWORK OF DETERMINANTS OF INDUCED ABORTION AMONG WOMEN IN REPRODUCTIVE AGE GROUP ADAPTED FROM PREVIOUS LITERATURE (BERHAN AND BERHAN, NO DATE)

3. METHODS AND MATERIALS

3.1 Study Area and Period

This study was conducted at, Dire Dawa administration health bureau Ethiopia starting from February 15 ,2025. Dire Dawa city administration is found in the eastern part of Ethiopia, which is located at a distance of 515 km away from Addis Ababa, the capital city Ethiopia it was stabilized in 1902at a relatively low land link on the Djibouti. Addis Ababa railway by passing the higher angelicity of Harar the city is about 500km from Addis Ababa the capital of Ethiopia and 300km from the international port of Djibouti.

Dire Dawa is one of two chartered cities in Ethiopia it is divided administratively in to two woreda the city proper and the Non-urban woreda of Gurugram there are 24 urban kebeles and 28 rural peasant association under the chartered city and estimated total population of 506,639 consists of 185,377 male and 184,264 female 32.2% of population is estimated to rural inhabitants while 67.5% are urban dwellers (CSA 2017) An estimated area of 1,558.61 Square Kilometers this region has an estimated density of 237.2 people square Kilometers There are 21 public Health facilities and 36 health pos and 45 private health facilities.

3.2 Study Design

An Institutional-based unmatched case-control study was conduct.

3.3 Population

3.3.1 Source Population

All women in reproductive age group who come to receive maternal health care (MCH) services in Dire Dawa Public health facilities.

3.3.2 Study population

All women who received comprehensive abortion car and those who visited maternal and child health (MCH) units for antenatal or postnatal care services in public health facility of dire Dawa

Cases: women who received induced abortion care services in selected public hospitals during the data collection period or who received post abortion care service after being presented to the selected public hospital with an attempt of induced abortion

Controls: women who had at least one pregnancy history in the last 12 month, and who come for maternal health care services in selected public hospitals and never had history of induced abortion

3.4 Inclusion and Exclusion criteria

3.4.1 Inclusion criteria

Cases: Women in reproductive age group who have had induced abortion (attempt personally or by someone else).

Controls: Pregnant women who come Antenatal care services and who had no history of abortion either induced or spontaneous abortion.

3.4.2 Exclusion criteria

Cases: Women with spontaneous abortion, Women with unknown vaginal bleeding, women with unknown gestational age and who are seriously ill at the time of data collection.

Controls: Pregnant women who have history of abortion or women who have difficulty of communication during data collection was excluded.

3.5 Sample Size Determination

For a case-control study design, the sample size is calculated based on the ability to detect a significant association between exposure and outcome (induced abortion). The formula for unmatched case-control studies is:

$$n = \left(\frac{Z_{\alpha/2} + Z_{\beta}^2 \cdot (p_1(1 - p_1) + p_2(1 - p_2))}{(p_1 - p_2)^2} \right) \cdot r \cdot \frac{1 + r}{r^2}$$

Where:

$Z_{\alpha/2}$ =1.96 (for 95% confidence level)

Z_{β} = 0.84 (for 80% power)

p_1 = 0.3 (proportion of exposure among cases, based on assumptions or prior studies in Ethiopia)

p_2 = 0.15 (proportion of exposure among controls)

$r = 2$ (ratio of controls to cases)

Using EDHS data or previous studies in Ethiopia, assume: (FMoH, 2020)

Prevalence of exposure among cases (p_1) = 30% (0.3).

Prevalence of exposure among controls (p_2) = 15% (0.15).

Case-to-control ratio (r) = 1:2

The sample size calculation becomes:

$$n = \left(\frac{(1.96 + 0.84)^2 * ((0.3(1-0.3)) + (0.15(1-0.15)))}{(0.3-0.15)^2} \right) * 2 * 1 + 2/2^2$$

$$n = ((7.84 * (0.21 + 0.1275)) / (0.0225)) * 2 * 3/4$$

$$n = (7.84 * 0.3375) * 1.5 \approx 176.4$$

For cases: $n = 177$

For controls ($n = r * n$ cases): $n = 2 * 177 = 354$

Total sample size:

$$N_{\text{total}} = n_{\text{cases}} + n_{\text{controls}} = 177 + 354 = 531$$

Adding a 10% non-response rate:

$$N_{\text{final}} = 531 + (0.1 * 531) = 584$$

Thus, the final sample size will consist of:

Cases: 194

Controls: 390

3.6 Sampling technique and Procedures

The sampling technique employed in this study is a multi-stage process to ensure representativeness and address the socio-demographic and healthcare diversity of Dire Dawa. Initially, public health facilities were stratified into urban and rural categories, and representative facilities were selected using stratified random sampling. Within these facilities, cases (women aged 15–49 years who experienced induced abortion) were identified from patient records or self-

reports, while controls (women aged 15–49 years with no history of induced abortion) were systematically sampled from those attending the same facilities for ANC services. Controls were matched to cases based on age (± 2 years) to minimize confounding. This approach ensures a robust and representative sample while accounting for the diverse contextual factors in Dire Dawa.

3.7. Data collection Methods

3.7.1 Data collection instrument

The data collection instrument for this study is a structured questionnaire designed to gather comprehensive information on the determinants of induced abortion among women of reproductive age (15–49 years) attending public health facilities in Dire Dawa, Eastern Ethiopia. The questionnaire consists of five sections: socio-demographic characteristics, pregnancy and abortion experiences, knowledge and attitudes about abortion, health system and service-related factors, and contraceptive use and awareness. It was developed based on literature review and contextualized to the Ethiopian setting, ensuring cultural relevance. The tool was pre-tested on a similar population outside the study area, and feedback was used to enhance clarity and validity. Prepared in English, the questionnaire was translated into local languages (Amharic, Afaan Oromo and a Somali questionnaire) for accessibility and back-translated for accuracy. Trained data collectors were administering it via face-to-face interviews, ensuring comprehensive and reliable data collection for the study.

3.7.2 Data collectors and supervisor

The data collection process was carried out by trained data collectors who are proficient in the local languages (Amharic, Afaan Oromo) and familiar with the cultural context of the study area. A total of six data collectors, preferably health professionals with prior experience in survey administration or research, was recruited. They were undergoing comprehensive training on the study objectives, ethical considerations, proper administration of the questionnaire, and techniques for building rapport with respondents to ensure accurate and unbiased data collection. The training was emphasizing confidentiality, sensitivity when addressing topics related to reproductive health and abortion, and adherence to ethical guidelines, such as obtaining informed consent. Supervisors were assigned to oversee the data collection process, ensuring quality control and resolving any challenges encountered in the field.

3.7.3. Data collection procedure

The data collection was conducted over a specified period at selected public health facilities in Dire Dawa, Eastern Ethiopia. Before initiating the process, data collectors were obtaining informed consent from each participant, ensuring they understand the purpose of the study, their right to withdraw at any time, and the confidentiality of their responses. Using a structured questionnaire, data collectors were conducting face-to-face interviews in private settings to ensure privacy and encourage honest responses, particularly on sensitive topics like abortion. Supervisors were monitoring the data collection process to ensure adherence to protocols and provide on-site support for any issues that arise. Completed questionnaires were checked daily for completeness and accuracy by the supervisors before data entry, and any inconsistencies were addressed promptly with the data collectors. Ethical considerations, including respect for participants' time and rights, were strictly observed throughout the procedure.

3.8. Variables

3.8.1. Dependent variables

- Induced abortion

3.8.2. Independent variables

- Socio-Demographic Factors; Age, Marital status, educational level, Parity (number of children)
- Socio-Economic Factors; Household income level, Employment status of the woman, Partner's occupation, Family support
- Cultural and Religious Factors; Religious beliefs, Stigma and societal norms regarding abortion, Gender roles and expectations
- Health Service-Related Factors; Accessibility and availability of contraceptives, Awareness of abortion laws and rights, Quality and proximity of reproductive health services, Availability of trained healthcare provider
- Legal and Policy Environment; National abortion laws and policies, Enforcement and awareness of legal provisions, public health system capacity,

3.9. Operational definitions

- **Induced abortion:** An intentional termination of pregnancy by any means or person other than spontaneous reproductive age group women was asked, as they have undergone the induced abortion
 - ✓ Those undergone induced abortion case
 - ✓ Those note undergone induced abortion control
 - ✓ Finally, IA case=1
 - ✓ Not IA=0
- **Contraceptive use:** The percentage of women who used any modern contraceptive methods to prior to current pregnancy
- **Knowledge of contraceptive:** In this study, a respondent scored above the mean of contraceptive knowledge related question was regarded as having good knowledge, otherwise poor knowledge.
- **Awareness of Complication abortion:** is defined as the respondent's knowledge of potential health risks and complications of induced abortion, such as infection, excessive bleeding, and infertility. It is assessed using a structured questionnaire and categorized by the educational level
- **Family support:** is defined as the emotional, financial, or practical assistance provided by family members to the respondent, assessed through responses to questions about the presence and extent of support during challenging situations.
- **Social Norms:** are defined as the shared beliefs, behaviors, and expectations within a community or society that influence individual action, assessed through questions about cultural practices, community expectations, and peer influences.
- **Stigma:** is defined as the negative attitudes, discrimination, or social disapproval experienced by individuals due to a particular characteristic, behavior, or condition, assessed through questions about perceived judgment, exclusion, or criticism from others.

3.10. Data Quality Control

To ensure the quality, reliability, accuracy, and completeness of data collection, daily on job supervision was done during the data collection process by supervisor and principal investigators.

3.11. Methods of Data Analysis

The Kobo server data were downloaded as an excel file and exported to SPSS V.25 for cleaning, coding, ensuring completeness and accuracy, and then to Stata V.14 software for further analysis. A descriptive analysis was done to describe the pertinent characteristics of the study participants. After that, simple frequencies, percentages, and summary measures were computed. Both bivariate and multivariable analyses were used to assess the association between each independent variable and the outcome variable by using binary logistic regression. The goodness of fit was checked by Hosmer and Lem show test. Variables with a 95% confidence interval and P-value < 0.25 during the bivariate analysis were included in the multivariable logistic regression analysis in order to control all potential confounding variables. In addition, even if the above parameters were not being met, variables that were significant in previous studies and from a contextual viewpoint were included in the final model. Multi co-linearity was checked by co-linearity diagnostic statistics via variance inflation factors and tolerance test. Adjusted odds ratios with a 95% confidence interval were calculated and P-value less than 0.05 was considered as statistically significant. Finally, data were being presented using tables

3.12. Ethical Considerations

Data collection was carried out after approval by the Institutional Health Research Ethics Review Committee (IHRERC) of Hara maya University, College of Health and Medical Science, a permission letter was obtained from the School of Graduate Studies and was submitted to Dire Dawa Administration health bureau, and sampled health facilities after an official letter written from Hara maya University. After getting all permission letters from the responsible body, informed voluntary written and signed consent was obtained from heads of the health facility .no personal identifiers were used in the data collections to maintain confidentiality.

3.13. Dissemination Result

The study results was disseminated to Hara maya University, college of health and medical science, Dire Dawa administration health bureau and other stakeholders who may need it. Finally, an attempt was carried out to present in conferences, work shop and published in scientific Journal

4. Results

4.1 Socio-demographic and economic Characteristics

A study of 584 reproductive-age women case 194 and control 390 in Dire Dawa found that the participants were demographic characteristics of the study participants, categorized into control and case groups, across several variables including age, religion, marital status, educational status of the respondent, occupation of the mother, and residency of the respondent. The largest proportion of respondents in both groups were aged 25–31 years, representing 41.1% of the control group and 40.0% of the case group. Muslim respondents constituted the largest religious group in both categories, with slightly higher representation among cases (43.6%) than controls (42.6%). Most participants were married, with a higher proportion in the case group (72.3%) compared to the control group (63.5%). Respondents with college and above education were more common in the control group (38.3%) than the case group (30.9%). Conversely, no formal education was significantly higher among cases (16.0%) compared to controls (6.6%). The occupation of participants' mothers varied across groups. The majority of control respondents had mothers employed as employees (46.4%), compared to only 32.4% in the case group. The occupation of participants' mothers varied across groups. The majority of control respondents had mothers employed as employees (46.4%), compared to only 32.4% in the case group (Table 1)

TABLE 1: SOCIO-DEMOGRAPHIC AND ECONOMIC CHARACTERISTICS OF WOMEN AMONG REPRODUCTIVE AGE ATTENDING PUBLIC HEALTH FACILITIES IN DIRE DAWA ADMINISTRATION EASTERN ETHIOPIA

<i>Variables</i>	<i>Category</i>	Control n=390(%)	Case n=194(%)
<i>Age</i>	18-24	78(19.9)	33(17.6)
	25-31	159(41.1)	75(40)
	32-38	125(31.8)	56(29.8)
	39-45	28(7.2)	24(12.6)
<i>Religion</i>	Catholic	14(3.6)	5(2.7)

	Muslim	165(42.6)	82(43.6)
	Orthodox	144(36.7)	53(28.2)
	Protestant	38(9.7)	25(13.3)
	Others	29(7.4)	23(12.2)
<i>Marital status</i>	Single	93(23.7)	19(10.1)
	Married	247(63.5)	136(72.3)
	Divorced or separated	43(11.0)	19(10.1)
	Widowed	7(1.8)	14(7.4)
<i>Educational status of respondent</i>	No formal education	26(6.6)	30(16.0)
	Primary education	106(27.0)	53(28.2)
	Secondary and above	110(28.1)	47(25.0)
	College and above	148(38.3)	58(30.9)
<i>Occupation of the mother</i>	Employee	180(46.4)	61(32.4)
	Farmer	54(13.8)	33(17.3)
	Marchant	92(23.5)	61(32.4)
	Others	64(16.3)	33(17.6)
<i>Resident the respondent</i>	Rural	88(22.4)	57(30.3)
	Urban	302(77.6)	131(69.7)

4.2 Knowledge and legal policy about abortion

A higher proportion of case participants reported current use of contraceptive methods (67.7%) compared to the control group (57.4%). Conversely, non-use of contraceptives was more common

among controls (42.6%) than cases (30.3%). Most respondents in both groups had heard about the current abortion law, with similar levels of awareness among cases (59.6%) and controls (61.5%). Lack of awareness was slightly higher in cases (39.9%) than controls (38.5%). About one-fifth of both cases (20.7%) and controls (21.9%) believed that abortion is legal and provided on request. A similar proportion in each group perceived abortion as illegal (Cases: 19.6%; Controls: 17.3%). The largest proportion in both groups stated that abortion is legal for specific reasons (Cases: 34.6%; Controls: 34.2%). A quarter of cases (25%) and controls (26%) reported that they did not know the legal status. Most respondents believed that abortion services are accessible to all women, with a higher percentage among cases (84.6%) compared to controls (76%). Perceived lack of accessibility was reported by 15.4% of cases and 23.5% of controls. A majority of respondents agreed that contraceptive use reduces abortion, although the proportions differed slightly between groups. Agreement was higher among controls (80.3%) compared to cases (76.3%). Disagreement was reported by 23.5% of cases and 19.7% of controls.

TABLE 2: KNOWLEDGE AND LEGAL POLICY ABOUT ABORTION OF WOMEN AMONG REPRODUCTIVE AGE ATTENDING PUBLIC HEALTH FACILITIES IN DIRE DAWA ADMINISTRATION EASTERN ETHIOPIA

<i>Variables</i>	Category	Case n=194(%)	Control n=390
<i>Currently using contraceptive method</i>	Yes	131(67.7)	223(57.4)
	No	57(30.3)	167(42.6)
<i>Heard current abortion law</i>	Yes	112(56.6)	240(61.5)
	No	76(39.9)	150(38.5)
<i>Abortion law in Ethiopia</i>	Abortion is legal and provided on request	39(20.7)	86 (21.9)
	Abortion is illegal	36(19.6)	68(17.3)
	Abortion is legal for specific reasons	65(34.6)	134(34.2)
	Don't know	48(25)	102(26)

<i>Abortion services accessible to all women</i>	Yes	159(84.6)	296(76)
	No	29(15.4)	92(23.5)
<i>Contraceptive reduce abortion</i>	Yes	298(76.3)	151(80.3)
	No	92(23.5)	37(19.7)

4.3 Health system and services related

The findings show that a higher proportion of case participants reported receiving pre-abortion counseling at a health facility (38.8%) compared to control participants (23.4%). The majority in both groups, however, did not receive counseling, with non-counseled respondents representing 61.2% of cases and 76.5% of controls. Among respondents, 46.8% of case participants and 43.6% of control participants reported that they were counseled to continue the pregnancy at a health facility. Slightly over half of both groups indicated that they did not receive such counseling (Cases: 53.2%; Controls: 56.4%). Reports of prolonged waiting time to receive abortion services were higher among control participants (44.9%) compared to cases (35.1%). The majority of respondents in both groups did not experience long waiting times (Cases: 64.9%; Controls: 55.1%). Most respondents perceived the cost of abortion services as affordable, with slightly higher affordability reported in the control group (79.8%) than in the case group (73.4%). Perception of services being unaffordable was more common among cases (26.6%) compared to controls

TABLE 3: HEALTH SYSTEM AND SERVICES RELATED OF WOMEN AMONG REPRODUCTIVE AGE ATTENDING PUBLIC HEALTH FACILITIES IN DIRE DAWA ADMINISTRATION EASTERN ETHIOPIA

<i>Variables</i>	<i>Category</i>	Case n=194	Control n=390
<i>Pre-abortion counseling at a health facility</i>	Yes	73(38.8)	88(23.4)
	No	115(61.2)	302(76.5)
	Yes	88(46.8)	170(43.6)

<i>Counseled to continue the pregnancy at a health facility</i>	No	100(53.2)	220(56.4)
<i>Experience a prolonged wait time to receive abortion services</i>	Yes	66(35.1)	174(44.9)
	No	122(64.9)	216(55.1)
<i>The cost of abortion services</i>	Affordable	138(73.4)	312(79.8)
	Unaffordable	50(26.6)	78(19.7)

4.4 Determinates of induced abortion

A multivariable logistic regression analysis assessed the association between religion and the likelihood of experiencing the outcome of abortion. Compared with respondents in the reference group, Catholic women had lower odds of abortion, although this association was not statistically significant (AOR = 0.308, 95% CI: 0.056–1.691, $p = 0.175$). Muslim women also had significantly lower odds of abortion (AOR = 0.319, 95% CI: 0.129–0.789, $p = 0.013$). Similarly, Orthodox Christian women demonstrated a significantly reduced likelihood of abortion (AOR = 0.276, 95% CI: 0.108–0.702, $p = 0.007$). Respondents categorized under other religions showed a marginally non-significant reduction in odds (AOR = 0.346, 95% CI: 0.116–1.037, $p = 0.058$). Overall, religion was significantly associated with abortion outcome, with Muslim and Orthodox women showing reduced odds. Marital status demonstrated a mixed association with abortion outcome. Divorced or separated women had significantly lower odds of abortion compared with the reference category (AOR = 0.192, 95% CI: 0.051–0.725, $p = 0.015$). Married women also showed lower odds, though the association was not statistically significant (AOR = 0.412, 95% CI: 0.120–1.416, $p = 0.159$). Single women similarly had reduced odds, but the association did not reach significance (AOR = 0.449, 95% CI: 0.107–1.880, $p = 0.273$). Only the divorced/separated category was statistically significant. Experiencing stigma from health professionals was not significantly associated with abortion outcome. Women who did not report stigma were more likely to seek abortion services (AOR = 1.769, 95% CI: 0.553–5.664, $p = 0.336$), but this association was not statistically significant. Women who did not wait a prolonged time to receive abortion care had lower odds of abortion compared to those who waited longer (AOR = 0.357,

95% CI: 0.115–1.106, $p = 0.074$). Although the association approached statistical significance, it did not meet the threshold. Cost emerged as a strong predictor. Women who reported that abortion services were unaffordable had significantly lower odds of obtaining an abortion (AOR = 0.108, 95% CI: 0.034–0.345, $p < 0.001$). This indicates that financial barriers critically limit access to abortion services.

TABLE 4: DETERMENT OF INDUCED ABORTION AMONG WOMEN OF REPRODUCTION AGE ATTENDING PUBLIC HEALTH FACILITIES

	Variable	Outcome abortion		Odd ratio		
		Casen (%)	Control N (%)	COR (95%)	AOR (95%)	P-Value
<i>Religion</i>	Catholic	5(2.7%)	14(3.6%)	0.54(0.17,1.70)	0.31(0.60,1.69)	0.175
	Muslim	82(43.6%)	165(42.6%)	0.75(0.42,1.32)	0.32(0.13,0.79)	0.013
	Orthodox	53(28.2%)	144(36.7%)	0.56(0.31,1.01)	0.28(0.11,0.70)	0.007
	Others	23(12.2%)	29(7.4%)	1.21(0.57,2.54)	0.35(0.12,1.04)	0.058
<i>Marital status</i>	Divorced or separated	19(10.1%)	43(11.0%)	0.22(0.08-0.64)	0.19(0.05,0.73)	0.015
	Married	136(72.3%)	247(63.5%)	0.27(0.11-0.69)	0.412(0.12,1.42)	0.159
	Single	19(10.1%)	93(23.7%)	0.10(0.04-0.29)	0.45(0.11,1.88)	0.273
<i>Stigma/discrimination from health care provider</i>	Yes	70(37.2%)	94(24.5%)	1		
	No	118(62.8%)	296(75.5%)	3.06(1.34,6.97)	1.769(0.55,5.66)	0.336

<i>Waited prolonged time to receive abortion service at health facility</i>	Yes	66(35.1%)	174(44.7%)	1		
	No	122(64.9%)	216(55.1%)	0.21(0.09,0.48)	0.357(0.12,1.11)	0.074
<i>Cost of abortion at health facility</i>	Affordable	138(73.4%)	312(79.8%)	1		
	Un Affordable	50(26.6%)	78(19.7%)	0.15(0.06,0.36)	0.11(0.03,0.35)	0.001

Note: p-value <0.05; AOR adjusted for [list adjustment variables] Total Casa=194 Total Control =390

5. Discussion

Inducing abortion is one of the major public health concerns in the world today. Maternal mortality and morbidity continue to be alarmingly high. Sub-Saharan Africa has the highest estimated proportion of induced abortions, and women are more likely to die as a result of abortion than any other region of the world [Bankole et al.]. Identifying the determinants of induced abortion is crucial for many sub-Saharan African countries like Ethiopia. Thus, this study revealed a facility-based case-control study to identify factors associated with induced abortion in the study to identify the socio-demographic, knowledge-related, and health-system determinants of induced abortion among reproductive-age women attending public health facilities in Dire Dawa Administration, Eastern Ethiopia. The findings reveal several important predictors of induced abortion, highlighting complex interactions between socio-economic characteristics, awareness of abortion laws, and accessibility of reproductive health services. The age distribution of participants showed that most women in both case and control groups were between 25–31 years, similar to previous studies in Ethiopia where women in this age range are most likely to engage in reproductive health service use. However, age did not emerge as a significant predictor of induced abortion in the multivariable analysis, consistent with findings from studies conducted in Addis Ababa and Jimma, where age was not independently associated with abortion-seeking behavior. Religion showed a strong association with induced abortion. Muslim and Orthodox Christian women had significantly reduced odds of experiencing induced abortion compared with the reference category. Similar findings have been reported in other Ethiopian studies showing that religious norms may influence reproductive decisions, often discouraging abortion. The reduced odds observed among Catholic and “other” religions, although not statistically significant in this study, suggest a general trend where religiosity may lower the likelihood of seeking abortion services. Marital status also demonstrated a notable influence. Divorced or separated women had significantly lower odds of induced abortion compared with the reference category. While studies elsewhere have shown higher abortion rates among unmarried women, the reduced odds among divorced or separated women in this study may indicate limited access to services, social stigma, or differing fertility intentions. Married and single women showed lower odds of induced abortion as well, but these associations were not statistically significant. Educational characteristics revealed that women with no formal education were more highly represented in the case group, while those with college-level education were more common among controls. Though not

significant in the regression results you provided, this pattern aligns with literature indicating that higher educational attainment enhances reproductive health literacy and contraceptive use, which may reduce unwanted pregnancies and abortion. Among characteristics assessed in this study; residence, age at first sex, multiple sexual partners, number of children, and contraceptive knowledge had a significant association with induced abortion.

This study showed that urban residents were more likely to report having an induced abortion compared with those who were rural residents. This finding was supported by studies done in different parts of Ethiopia [Jamie AH , Abdoh mz]. Similarly, those living in urban areas are more likely to have premarital sex, which can lead to unintended pregnancy and induced abortion. The finding of this study is supported by the findings of the 2016 EDHS, which revealed that urban residents have a higher rate of premarital sex than their rural counterparts [Ethiopia csa].

Health-system characteristics also played an important role in abortion outcomes. Pre-abortion counseling was more frequently reported among cases than controls, reflecting that women seeking abortion services often receive facility-based counseling. However, a majority of women in both groups reported receiving no counseling, highlighting critical gaps in comprehensive reproductive health service delivery. Experiencing stigma or discrimination from health providers was not a significant predictor of induced abortion in this study. However, other studies in Ethiopia and Kenya have found that stigma negatively influences service uptake. The lack of significance here may reflect differences in measurement or facility-level practices in Dire Dawa. Waiting time showed a borderline association with the likelihood of abortion. Women who did not experience prolonged waiting times had lower odds of induced abortion, approaching statistical significance. Long waiting times have been identified in past Ethiopian studies as barriers to accessing timely abortion services, which can lead to second-trimester procedures or unsafe alternatives. Cost emerged as one of the strongest predictors of induced abortion. Women who perceived abortion services as unaffordable had significantly lower odds of obtaining abortions, indicating that financial barriers critically influence service utilization. This finding is consistent with global evidence showing that high costs deter women—especially those from low-income households—from seeking safe, facility-based care, increasing the risk of unsafe abortion practices.

5.1. Strengths and Limitations

✓ Strengths of the Study

This study was used primary data by directly interviewing study participants, and incident cases were used to reduce the problem of establishing a temporal relationship. The study used adapted standardized questionnaires which increase its validity. Adequate sample size was employed with a high response rate

✓ Limitations of the study

There is a concern of information bias because women's history of induced abortion was self-reported, so some controls may have had abortions in the past but wanted to give responses. The medical records of controls were cross-checked to ensure they had not obtained an abortion. this study was also prone to recall bias, as respondents may not have been able to recall past events accurately.

6. CONCLUSION

This study identified several key socio-demographic, knowledge-related, and health system determinants of induced abortion among reproductive-age women in Dire Dawa. Religion, marital status, knowledge of safe abortion, and cost of services were found to be significant predictors of abortion outcome. Muslim and Orthodox Christian women were less likely to seek induced abortion, while divorced or separated women also had reduced odds. Financial barriers were the strongest determinant; women who found services unaffordable were significantly less likely to obtain abortion care. These findings highlight the need for increased awareness of legal abortion provisions, improved access to affordable reproductive health services, and strengthened counseling services. Enhancing contraceptive access and education, reducing stigma, and addressing financial constraints are essential strategies to improve safe abortion care and reduce unintended pregnancies in Dire Dawa and similar settings.

7. Recommendation

Based on the findings of this study, the following recommendations are made:

✓ For Government

The Governmental, policymakers' health authorities should design a health program to ensuring sustainable behavioral change among youth for use of contraceptive increased contraceptive use will reduce un wanted pregnancy.

For Health Bureau, Woreda Education Office and Health Extension Workers

Respectively health bureau and woreda education office health extension workers should worked on awareness regarding determinant of induced abortion use of contraceptive to prevent unwanted pregnancy among these population group.

✓ For researchers

Future studies should emphasize a qualitative study design and prospective study designs to identify determinate of induced abortion to help more specific intervention aimed to reducing abortion related health risks.

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9. ANNEXES

9.1 Information Sheet and Informed Voluntary Consent Form for Head of the health facility

Introduction

My name is Aynalem Kassahun. I am a Principal Investigator of the study that is being conducted in this health facility: Determinants of induced abortion among women in reproductive age group in public health facilities of Dire Dawa Administration, Eastern Ethiopia. This study will be conducted for partial fulfillment of my master's degree at Hara maya University College of Health and Medical Sciences. I kindly request you to lend me your attention to explain you about the study and your institution being selected as the study setting.

2. The study/project title: Determinants of induced abortion among women in reproductive age group in public health facilities of Dire Dawa Administration, Eastern Ethiopia, 2025

3. Purpose/aim of the study: This study aims to write a thesis as a partial requirement for the partial fulfillment of the master's degree program in General Public health of the principal investigator. To identify Determinants of induced abortion among women in reproductive age group in public health facilities of Dire Dawa, Eastern Ethiopia. The purpose is to provide baseline data on the issue for a better understanding of the outcome on the side of the induced abortion so that appropriate protection and services can be provided by the concerned body.

4. Procedure and duration: The data will be collected via interview-based from the women's If you agree to take part in the study, we will ask you to sign this form. You will be asked also to respond to the following questions. The questionnaire contains 38 questions to collect the information from women's and will take about 30-40 minutes

5. Risks and benefits: There is no possible risk associated with participating in this study except, the time you spent responding to the questionnaire. You may find one or more questions that we ask to be discomforting, emotionally sensitive, or upsetting. You do not have to respond to any question that makes you uncomfortable. There would not be any direct payment for participating in this study. But the findings from this research may generate important information for

governmental and non-governmental agencies that want to work on the food security and sets a baseline for future planning and policy design.

6. Confidentiality: The information that we will provide will be kept confidential. There will be no information that will identify the participants. The findings of the study will be general for the study community and will not reflect anything particular about individual persons. The questionnaire will be coded to exclude showing names. No reference will be made in oral or written reports that could link participants to the research.

7. Rights: Participation in this study is fully voluntary. The women's have the right to declare whether to participate or not in this study. If you decide to participate, you have the right to stop the study at any time and this will not label you for any loss of benefits to which your treatment center otherwise is entitled. They do not have to provide any information that they do not want to do so.

8. Contact address: If there are any questions or inquiries at any time about the study or procedures, who to contact for clarification if there are any questions or enquires at any time about the study or the procedures, please contact

Principal Investigator: Aynalem Kashun

E-mail: aynailemkassahun78@gmail.com

Mobile phone: +251-936960647

Hara maya University College of Health and Medical Sciences Institutional Research Ethical

Review Committee: Office phone: 0254662011, P.O.Box: 235, Harar.

9. Declaration of informed voluntary consent: I have read the participant information sheet. I have clearly understood the purpose of the research, the procedures, the risks and benefits, issues of confidentiality, the rights of participating, and the contact address for any queries. I have been allowed to ask questions about things that may have been unclear. I was informed that we have the right to stop the study at any time or not to answer any question that they do not want. I am also informed that we have the right to stop this study from being conducted in the health facility if any misdeeds or unethical procedures are observed during the data collection process on the premises of health facility head. Therefore, I declare my voluntary consent on behalf of

_____ health facility head to allow this study to be conducted in this Site
(signature).

Name and signature of health facility Head:

_____ Date _____

Name and Signature of Principal investigator: _____ Date _____

9.2 participants information sheet and informed voluntary Consent for adolescent < 18 years old to be signed by Parents/Guardians

1. Introduction:

My name is Aynalem Kassahun. I am a Principal Investigator of the study that is being conducted in this health facility: Determinants of induced abortion among women in reproductive age group in public health facilities of Dire Dawa Administration, Eastern Ethiopia. This study will be conducted for partial fulfillment of my master's degree at Hara maya University College of Health and Medical Sciences. I kindly request you to lend me your attention to explain you about the study and your institution being selected as the study setting

2. The study/project title: Determinants of induced abortion among women in reproductive age group in public health facilities of Dire Dawa Administration, Eastern Ethiopia, 2025

3. Purpose/aim of the study: This study aims to write a thesis as a partial requirement for the partial fulfillment of the master's degree program in General Public health of the principal investigator. To identify Determinants of induced abortion among women in reproductive age group in public health facilities of Dire Dawa, Eastern Ethiopia. The purpose is to provide baseline data on the issue for a better understanding of the outcome on the side of the induced abortion so that appropriate protection and services can be provided by the concerned body

4. Procedure and duration: If you agree to take part in the study, we will ask you to sign this form. You will be asked also to respond to the following questions. The questionnaire contains 38 questions to collect the information from women's and will take about 30-40 minutes

5. Risks and benefits: The risk of being participating for you in this study is very minimal; but only taking few minutes from your time. There would not be any direct payment for participating in this study. But the findings from this research may reveal important information for determination of induced abortion.

6. Confidentiality: The information that we will collect from this study will be confidential. There will be no information that will identify yourself in particular. The findings of the study will be general for the study community and will not reflect anything particular about individual persons.

The questionnaire will be coded to exclude showing names. No reference will be made in oral or written reports that could link participants to the research.

Rights: Participation for this study is fully voluntary. You have the right to declare to allow you be involved in this study or not. If you would allow your child for this study, you have the right to withdraw him/her from the study at any time and this will not label you/your child for any loss of benefits which you/your child otherwise are entitled. You do not have to answer any question that you do not as well.

8. Contact address: If there are any questions or enquires any time about the study or the procedures Who to contact for clarification if there are any questions or enquires at any time about the study or the procedures, please contact

Principal Investigator: Aynalem Kashun

E-mail: aynalemkassahun78@gmail.com

Mobile phone: +251-936960647

Hara maya University College of Health and Medical Sciences Institutional Research Ethical

Review Committee: Office phone: 0254662011, P.O.Box: 235, Harar.

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

Name and signature of women: _____ Date: _____

Name and signature of Data Collector: _____ Date: _____

9.3. participants information sheet and informed voluntary Consent for adolescent < 18 years old to be signed by Parents/Guardians (Afi Somalia Version)

Hordhac:

1. Magacaygu waa Aynalem Kasshun. Anigu waxaan ahay Baaraha Maamule ee daraasaddan lagu samaynayo xaruntan caafimaadka: Go'aaminta ilmo iska soo ridida haweenka ee kooxda da'da taranka ee xarumaha caafimaadka dadweynaha ee Maamulka Diridhaba, Bariga Itoobiya. Daraasaddan waxa loo samayn doonaa si aan qayb ahaan u dhammaystiro shahaadada heerka labaad ee jaamacadda Haramaya College of Health and Medical Sciences. Waxaan si naxariis leh kaaga codsanayaa inaad i siiso dareenkaaga si aan kuugu sharaxo daraasadda iyo machadkaaga loo doortay goob waxbarasho.

2. Ciwaanka daraasadda/mashruuca : Go'aaminta ilmo iska soo ridida haweenka ee kooxda da'da taranka ee xarumaha caafimaadka dadweynaha ee Maamulka Diridhaba, Bariga Itoobiya, 2025

3. Ujeedada/ujeedada daraasadda: Daraasadani waxay ujeedadeedu tahay inay qoraan tesis shuruud ahaan qayb ahaan buuxinta qayb ahaan barnaamijka shahaadada mastarka ee caafimaadka guud ee baaraha maamulaha. Si loo caddeeyo go'aaminta ilmo iska soo ridida haweenka ee kooxda da'da taranka ee xarumaha caafimaadka dadweynaha ee Diridhaba, Bariga Itoobiya. Ujeeddadu waa in la bixiyo xogta asaasiga ah ee arrinta si loo fahmo natiijada ka soo baxda dhinaca ilmo iska soo rididda keentay si ilaalinta iyo adeegyada ku habboon ay u bixiso hay'adda ay khusayso.

4. Habka iyo muddada: Haddii aad ogolaato inaad ka qayb qaadato daraasadda, waxaanu ku waydiin doonaa inaad saxeeexo foomkan. Waxaa sidoo kale lagu weydiin doonaa inaad ka jawaabto su'aalaha soo socda. Xog-ururinta waxa ay ka kooban tahay 38 su'aalood si xogta dumarka looga ururiyo waxayna qaadan doontaa qiyaastii 30-40 daqiiqo

5. Khatarta iyo faa'iidooyinka: Halista ka-qaybgalka daraasaddan aad ayey u yar tahay; laakiin kaliya waxaad ka qaadanaysaa dhowr daqiiqo wakhtigaaga. Ma jiri doonto lacag toos ah ka qaybqaadashada daraasaddan. Laakiin natiijooyinka ka soo baxay cilmi-baaristan ayaa laga yaabaa inay daaha ka qaadaan macluumaadka muhiimka ah ee lagu ogaanayo ilmo iska soo ridid sababa.

6. Qarsoodi: Macluumaadka aan ka ururin doono daraasaddan waxay noqon doontaa qarsoodi. Ma jiri doono macluumaad si gaar ah isu aqoonsan doona. Natiijooyinka daraasadda ayaa noqon doona

mid guud oo loogu talagalay bulshada daraasadda mana ka tarjumayso wax gaar ah oo ku saabsan shakhsiyadka. Foomka xog-ururinta ayaa kood lagu dhejin doonaa si looga saaro muujinta magacyada. Wax tixraac ah laguma samayn doono warbixino hadal ama qoraal ah oo xidhiidhin kara ka qaybgalayaasha cilmi-baadhista.

7. Xuquuqda: Ka-qaybgalka daraasaddan waa ikhtiyaari. Waxaad xaq u leedahay inaad caddayso inaad ogolaato inaad ka qayb qaadato daraasaddan iyo inkale. Haddi aad ku ogolaato daraasaddan, waxa aad xaq u leedahay in aad isaga/iyada ka joojiso daraasadda wakhti kasta taasina kuma calaamadayn doonto wax khasaare ah oo dheefo ah oo aad xaq u leedahay. Uma baahnid inaad ka jawaabto su'aal kasta oo aadan sidoo kale samayn.

8. Cinwaanka lagala soo xidhiidho: Haddii ay jiraan wax su'aalo ah ama weydiiyo wakhti kasta oo ku saabsan daraasadda ama hababka, fadlan la xiriir: Cidda la xiriiri karta si aad u caddeeyso haddii ay jiraan wax su'aalo ah ama wax weydiinaya wakhti kasta oo ku saabsan daraasadda ama nidaamka, fadlan la xiriir

Baaraha Maamulaha: Aynalem Kashun

Email: aynalemkassahun78@gmail.com

Telefoonka gacanta: +251-93696064

Kulliyadda Caafimaadka iyo Sayniska Caafimaadka ee Jaamacadda Haramaya ee Anshaxa Cilmi-baarista

Guddiga dib u eegista: telefoonka xafiiska: 0254662011, P.O.Box: 235, Harar.

9. Ku dhawaaqida ogolaanshaha ikhtiyaariga ah ee la wargaliyay: Waan akhriyay/ waa la ii akhriyay/ xaashida macluumaadka ka qaybqaataha. Waxaan si cad u fahmay ujeedada cilmi-baarista, hababka, khataraha iyo faa'iidooyinka, arrimaha sirta, xuquuqda ka qaybqaadashada iyo ciwaanka xiriirka wixii su'aalo ah. Waxaa la i siiyay fursad aan ku weydiiyo su'aalo laga yaabo in aan caddayn. Waa la ii sheegay.

in aan xaq u leeyahay in aan kaa saaro daraasadda wakhti kasta ama aanan ka jawaabin su'aal kasta oo aanan rabin. Sidaa darteed, waxaan caddaynayaa oggolaanshahayga ikhtiyaarka ah si aan ugu oggolaado ilmahayga inuu ka qaybqaato (ka qaybqaadashada) daraasaddan oo leh xarfaha hore (saxiixa).

Magaca iyo saxiixa haweenka: _____ Taariikhda: _____

Magaca iyo saxcexa xog ururiyaha: _____ Taariikhda: _____

9.4. participants information sheet and informed voluntary Consent for adolescent < 18 years old to be signed by Parents/Guardians (Amharic Version)

መግቢያ:-

1. አይናለም ካሳሁን እባላለሁ። እኔ በዚህ የጤና ተቋም ውስጥ እየተካሄደ ያለው የጥናት ዋና መርማሪ ነኝ። በድሬዳዋ አስተዳደር በምስራቅ ኢትዮጵያ በሚገኙ የህብረተሰብ ጤና ተቋማት በመውለድ እድሜ ክልል ውስጥ የሚገኙ ሴቶችን አስገድዶ ውርጃ የሚወስኑ። ይህ ጥናት በሀገራዊ ዲሞክራሲ ጤና እና ህክምና ሳይንስ ኮሌጅ የማስተርስ ዲግሪዬን በከፊል ለመጨረስ የሚደረግ ነው። ስለ ጥናቱ እና የእርስዎ ተቋም እንደ የጥናት መቼት ስለተመረጠው እርስዎ ትኩረት እንዲሰጡኝ በአክብሮት እጠይቃለሁ።

2. የጥናት/የፕሮጀክት ርዕስ:- በድሬዳዋ አስተዳደር በምስራቅ ኢትዮጵያ በሚገኙ የህብረተሰብ ጤና ተቋማት በመውለድ እድሜ ክልል ውስጥ የሚገኙ ሴቶች ፅንሰ ማስወረድ የሚወስኑ ውሳኔዎች፣ 2025

3. የጥናቱ ዓላማ/ዓላማ:- ይህ ጥናት የማስተርስ ድግሪ መርሃ ግብር በጠቅላይ መርማሪ አጠቃላይ የህዝብ ጤና በከፊል ለማሟላት እንደ ከፊል መስፈርት ሆኖ ተሰጥቶ ለመፍጠር ያለመ ነው። በምስራቅ ኢትዮጵያ በድሬዳዋ የህዝብ ጤና ተቋማት ውስጥ በወሊድ እድሜ ክልል ውስጥ ያሉ ሴቶች የፅንሰ መጨንገፍ ቆራጮችን መለየት። ዓላማው በጉዳዩ ላይ የመነሻ መረጃን በማቅረብ ፅንሰ ማስወረድ በሚያስከትልበት ወቅት ውጤቱን በተሻለ ሁኔታ ለመረዳት በሚመለከተው አካል ተገቢውን ጥበቃና አገልግሎት እንዲሰጥ ለማድረግ ነው።

4. ሂደት እና የቆይታ ጊዜ:- በጥናቱ ላይ ለመሳተፍ ከተስማሙ፣ ይህን ቅጽ እንድትፈረሙ እንጠይቅዎታለን። እንዲሁም ለሚከተሉት ጥያቄዎች ምላሽ እንዲሰጡ ይጠየቃሉ. መጠይቁ መረጃውን ከሴቶች ለመሰብሰብ 38 ጥያቄዎችን የያዘ ሲሆን ከ30-40 ደቂቃ ይወስዳል።

5. አደጋዎች እና ጥቅሞች: በዚህ ጥናት ውስጥ ለእርስዎ የመሳተፍ አደጋ በጣም ትንሽ ነው፣ ነገር ግን ከእርስዎ ጊዜ ጥቂት ደቂቃዎችን ብቻ ይወስዳል። በዚህ ጥናት ውስጥ ለመሳተፍ ምንም አይነት ቀጥተኛ ክፍያ አይኖርም። ነገር ግን የዚህ ጥናት ግኝቶች የፅንሰ መጨንገፍን ለመወሰን ጠቃሚ መረጃን ሊያሳዩ ይችላሉ.

6. ሚስጥራዊነት:- ከዚህ ጥናት የምንሰበስበው መረጃ ሚስጥራዊ ይሆናል። በተለይ እራስዎን የሚለይ መረጃ አይኖርም. የጥናቱ ግኝቶች ለጥናት ማህበረሰብ አጠቃላይ ይሆናል እና ስለግለሰብ ምንም የተለየ ነገር

አያንፀባርቅም። መጠይቂያው ስሞችን ከማሳየት እንዲገለጹ ኮድ ይደረጋል። ተሳታፊዎችን ከጥናቱ ጋር ሊያገናኙ የሚችሉ የቃል ወይም የጽሁፍ ዘገባዎች ማጣቀሻ አይደረግም።

7. መብቶች፡- የዚህ ጥናት ተሳትፎ ሙሉ በሙሉ በፈቃደኝነት ነው። በዚህ ጥናት ውስጥ ለመሳተፍ ወይም ለመሳተፍ ለመፍቀድ የመግለጽ መብት አልዎት። ለዚህ ጥናት ከፈቀዱ፣ በማንኛውም ጊዜ ከጥናቱ የማውጣት መብት አልዎት እና ይህ ካልሆነ እርስዎ ያለዎትን ማንኛውንም የጥቅማጥቅም ኪሳራ አይገልጽዎትም። እርስዎም ለማይፈልጉት ማንኛውንም ጥያቄ መመለስ የለብዎትም።

8. የመገኛ አድራሻ፡- ስለ ጥናቱ ወይም አካሄዶቹ በማንኛውም ጊዜ ጥያቄዎች ወይም ጥያቄዎች ካሉ እባክዎን ያነጋግሩ። ለማብራራት ማንን ያነጋግሩ ወይም በማንኛውም ጊዜ ስለ ጥናቱ ወይም አካሄዶቹ ይጠይቁ ፣ እባክዎን ያነጋግሩ።

ዋና መርማሪ፡ አይናለም ካሹን።

ኢሜል፡ aynalemkassahun78@gmail.com

የሞባይል ስልክ፡ +251-936960647

የሀረማያ ዩኒቨርሲቲ ጤና እና ህክምና ሳይንስ ኮሌጅ ተቋማዊ ምርምር ስነምግባር

የግምገማ ኮሚቴ፡ የቢሮ ስልክ፡ 0254662011, P.O.Box: 235, Harar.

9. በመረጃ ላይ የተመሰረተ የፈቃደኝነት ስምምነት መግለጫ፡-

አንብቤያለሁ/አንብብኩኝ/የተሳታፊውን የመረጃ ወረቀት። የጥናቱ ዓላማ፣ አካሄዶች፣ ስጋቶች እና ጥቅሞች፣ ሚስጥራዊ ጉዳዮች፣ የመሳተፍ መብቶች እና ለማንኛውም መጠይቆች የእውቂያ አድራሻውን በግልፅ ተረድቻለሁ። ግልጽ ባልሆኑ ጉዳዮች ላይ ጥያቄዎችን እንድጠይቅ እድል ተሰጥቶኛል። ተነገረኝ።

በማንኛውም ጊዜ እርስዎን ከጥናቱ የማስወጣት ወይም የማልፈልገውን ማንኛውንም ጥያቄ ለመመለስ መብት እንዳለኝ። ስለዚህ፣ ልጄ በዚህ ጥናት የመጀመሪያ ሆሄዶች (ፊርማ) እንዲሳተፍ (እንዲሳተፍ) ለመፍቀድ በፈቃደኝነት መስማማቴን አውጃለሁ።

የሴቶች ስም እና ፊርማ፡-----ቀን፡-----

የውሂብ ሰብሳቢው ስም እና ፊርማ:-----ቀን:-----

9.5. participants information sheet and informed voluntary Consent for adolescent < 18 years old to be signed by Parents/Guardians (Afaan Oromoo Version)

seensa:

1. Maqaan koo Aynalem kasshun jedhama. Ani Qorataa Muummee qorannoo dhaabbata fayyaa kana keessatti gaggeeffamaa jiruuti: Murteessitoota ulfa baasuu kakaasuun dubartoota umuriin walhormaataa keessa jiran dhaabbilee fayyaa hawaasaa Bulchiinsa Diree Dawaa, Baha Itoophiyaa keessatti. Qorannoon kun kan gaggeeffamu digirii koo lammaffaa koolleejjii fayyaa fi saayinsii fayyaa Yunivarsiitii Haramayaatti gartokkoon guutuuf ta'a. Waa'ee qo'annichaa fi dhaabbati keessan akka bakka qo'annootti filatamuu isaa akka isiniif ibsuuf xiyyeeffannoo keessan akka naaf liqeessitan kabajaan isin gaafadha.

2. Mata duree qorannichaa/pirojektichaa:: Murteessitootni ulfa baasuu kakaasuun dubartoota umuriin walhormaataa keessa jiran dhaabbilee fayyaa hawaasaa Bulchiinsa Dire Dawaa, Baha Ethiopia, 2025

3. Kaayyoo/kaayyoo qorannichaa:

Qorannoon kun sagantaa digirii maastarsii Fayyaa Hawaasaa Waliigalaa qorataa muummichaa gartokkoon guutuuf akka barbaachisummaa gartokkeetti barruu qorannoo (thesis) barreessuu kan kaayyeffatedha. Dhaabbilee fayyaa hawaasaa Dire Dawa, Baha Ethiopia keessatti dubartoota umuriin walhormaataa keessa jiran irratti murteessitootni ulfa baasuu kakaafame adda baasuuf. Kaayyoon isaas bu'aa gama ulfa baasuu kakaafame irratti hubannoo gaarii akka qabaatuuf dhimmicha irratti ragaa bu'uura kennuudhaan eegumsaa fi tajaajilli barbaachisaan qaama dhimmi ilaallatu irraa akka kennamu gochuudha

4. Hojimaata fi yeroo: Qorannicha irratti hirmaachuuf yoo walii galan unka kana akka mallatteessitan isin gaafanna. Gaaffiiwwan armaan gadii kanaafis deebii akka kennitan ni gaafatamna. Gaaffiin kun gaaffilee 38 kan of keessaa qabu yoo ta'u, odeeffannoo dubartoota irraa walitti qabuuf gara daqiiqaa 30-40 kan fudhatu ta'a

5. Bala fi faayidaa: Balaan qorannoo kana irratti siif hirmaachuu baayyee xiqqaadha, garuu yeroo kee irraa daqiiqaa muraasa qofa fudhachuudha. Qorannoon kun hirmaachuuf kaffaltiin kallattiin

hin jiraatu ture. Garuu argannoon qorannoo kanaa odeeffannoo barbaachisaa determenation of induced abortion mul'isuu danda'a.

6. Iccitii: Odeeffannoon qorannoo kana irraa walitti qabnu iccitii ta'a. Odeeffannoon addatti eenyummaa kee ibsu hin jiraatu. Argannoon qorannichaa hawaasa qorannichaaf waliigalaa kan ta'u yoo ta'u, waa'ee namoota dhuunfaa waan addaa kan hin calaqqisiifne ta'a. Gaaffiin maqaa agarsiisu akka hin dabalanneef koodii ni kennama. Gabaasa afaaniin ykn barreeffamaan hirmaattoota qorannicha waliin walqabsiisuu danda'u keessatti eeruun hin kennamu.

7. Mirgoota: Qorannoon kanaaf hirmaannaan guutummaatti fedhii ofiitiin kan raawwatamudha. Qo'annoo kana keessatti hirmaachuu fi dhiisuu kee akka hayyamtu labsuuf mirga qabda. Yoo qorannoo kanaaf siif hayyamte, yeroo barbaaddetti qo'annicha keessaa isa baasuuf mirga qabda kunis faayidaa kasaaraa karaa biraatiin siif malu kamiyyuu si hin mallatu. Gaaffii akkasuma hin kennine kamiyyuu deebisuu hin qabdu.

8. Teessoo quunnamtii: Waa'ee qorannichaa ykn hojimaata yeroo kamiyyuu gaaffiin ykn gaaffii yoo jiraate, mee qunnamaa: Eenyu qunnamuun qulqulleessuuf yoo gaaffiin ykn gaaffiin yeroo kamiyyuu waa'ee

qo'annoo ykn hojimaata, mee qunnamaa

Qorataa Muummee: Aynalem Kashun

Imeelii: aynalemkassahun78@gmail.com irratti ergaa

Bilbila harkaa: +251-936960647

Yuunivarsiitii Haramaya Kolleejjii Fayyaa fi Saayinsii Fayyaa Qorannoo Dhaabbilee Naamusa

Koree Gamaaggamaa: Bilbila waajjira: 0254662011, P.O.Box: 235, Harar.

9. Ibsa hayyama tola ooltummaa beekumsa qabu: Waraqaa odeeffannoo hirmaattotaa dubbiseera/naaf dubbifameera/. Kaayyoo qorannichaa, hojimaata, balaa fi faayidaa, dhimmoota iccitii, mirga hirmaachuu fi teessoo quunnamtii gaaffii kamiifuu sirriitti hubadheera. Wantoota ifa hin taane ta'uu danda'aniif gaaffii akkan gaafadhu carraan naaf kennameera. Naaf beeksise

yeroo barbaadetti qo'annoo keessaa si baasuu ykn gaaffii ani hin barbaanne kamiyyuu deebisuuf mirga akkan qabu. Kanaafuu, mucaan koo qorannoo kana irratti akka hirmaatu (hirmaatu) hayyama fedhii kootiin qubee jalqabaa (mallattoo) kootiin nan labsa.

Maqaa fi mallattoo dubartootaa: _____ Guyyaa: _____

Maqaa fi mallattoo Walitti qabaa Odeeffannoo: _____ Guyyaa: _____

9.6 Participants information sheet and informed voluntary Consent for adolescent > 18 years old to be signed by Parents/Guardians

Introduction:

My name is Aynalem Kassahun. I am a Principal Investigator of the study that is being conducted in this health facility: Determinants of induced abortion among women in reproductive age group in public health facilities of Dire Dawa Administration, Eastern Ethiopia. This study will be conducted for partial fulfillment of my master's degree at Hara maya University College of Health and Medical Sciences. I kindly request you to lend me your attention to explain you about the study and your institution being selected as the study setting

2. The study/project title: Determinants of induced abortion among women in reproductive age group in public health facilities of Dire Dawa Administration, Eastern Ethiopia, 2025

3. Purpose/aim of the study: This study aims to write a thesis as a partial requirement for the partial fulfillment of the master's degree program in General Public health of the principal investigator. To identify Determinants of induced abortion among women in reproductive age group in public health facilities of Dire Dawa, Eastern Ethiopia. The purpose is to provide baseline data on the issue for a better understanding of the outcome on the side of the induced abortion so that appropriate protection and services can be provided by the concerned body

4. Procedure and duration: If you agree to take part in the study, we will ask you to sign this form. You will be asked also to respond to the following questions. The questionnaire contains 38 questions to collect the information from women's and will take about 30-40 minutes

5. Risks and benefits: The risk of being participating for you in this study is very minimal; but only taking few minutes from your time. There would not be any direct payment for participating in this study. But the findings from this research may reveal important information for determination of induced abortion.

6. Confidentiality: The information that is collected during the interview will be kept private. No one will be told that you have participated in the study. The information that is collected will be used only for the purpose intended. The study team will make every effort to protect your privacy and maintain the confidentiality of all the information that you provide. Your name or other

identifiers will not be included in any published documents from this study. Raw and processed data will be stored in a computer dedicated to this study that only the study team can access

7. Rights:

Participation for this study is fully voluntary. You have the right to decline to allow you be involved in this study or not. If you would allow your child for this study, you have the right to withdraw him/her from the study at any time and this will not label you/your child for any loss of benefits which you/your child otherwise are entitled. You do not have to answer any question that you do not as well.

8. Contact address:

If there are any questions or enquires any time about the study or the procedures Who to contact for clarification if there are any questions or enquires at any time about the study or the procedures, please contact

Principal Investigator: Aynalem Kashun

E-mail: aynailemkassahun78@gmail.com

Mobile phone: +251-936960647

Hara maya University College of Health and Medical Sciences Institutional Research Ethical

Review Committee: Office phone: 0254662011, P.O.Box: 235, Harar.

9. Declaration of informed voluntary consent:

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

Name and signature of participant: _____ Date _____

Name and signature of Data Collector: _____ Date _____

9.7. Participants information sheet and informed voluntary Consent for adolescent > 18 years old to be signed by Parents/Guardians (Somalia Version)

Hardhack:

1. Magacaygu waa Aynalem kasshun. Anigu waxaan ahay Baaraha Maamule ee daraasaddan lagu samaynayo xaruntan caafimaadka: Go'aaminta ilmo iska soo ridida haweenka ee kooxda da'da taranka ee xarumaha caafimaadka dadweynaha ee Maamulka Diridhaba, Bariga Itoobiya. Daraasaddan waxa loo samayn doonaa si aan qayb ahaan u dhammaystiro shahaadada heerka labaad ee jaamacadda Haramaya College of Health and Medical Sciences. Waxaan si naxariis leh kaaga codsanayaa inaad i siiso dareenkaaga si aan kuugu sharaxo daraasadda iyo machadkaaga loo doortay goob waxbarasho.

2. Ciwaanka daraasadda/mashruuca: Go'aaminta ilmo iska soo ridid lagu sababeeyay haweenka ku jira kooxda da'da taranka ee xarumaha caafimaadka dadweynaha ee Maamulka Diridhaba, Bariga Itoobiya, 2025

3. Ujeedada/ujeedada daraasadda: Daraasadani waxay ujeedadeedu tahay inay qoraan tesis shuruud ahaan qayb ahaan buuxinta qayb ahaan barnaamijka shahaadada mastarka ee caafimaadka guud ee baaraha maamulaha. Si loo aqoonsado go'aaminta ilmo iska soo rididda keentay haweenka ku jira kooxda da'da taranka ee caafimaadka dadweynaha. Magaalada Diridhaba ee Bariga Itoobiya. Ujeeddadu waa in la bixiyo xogta asaasiga ah ee arrinta si loo fahmo natiijada ka soo baxda dhinaca ilmo iska soo rididda keentay si ilaalinta iyo adeegyada ku habboon ay u bixiso hay'adda ay khusayso.

4. Habka iyo muddada: Waxa aan ku waraysan doonaa aniga oo isticmaalaya xog-ururinta si aan ii siiyo xog la xidhiidha oo waxtar u leh daraasadda. Waxaa sidoo kale lagu weydiin doonaa inaad ka jawaabto su'aalaha soo socda. Xog-ururintu waxay ka kooban tahay 38 su'aalood oo lagu ururinayo xogta haweenka waxayna qaadan doontaa qiyaastii 30-40 daqiiqo, markaa waxaan si naxariis leh kaaga codsanayaa inaad waqtigan iiga tudhiso waraysiga.

5. Khatarta iyo faa'iidooyinka: Khatarta ka-qaybgalka daraasaddan aad bay u yar tahay, laakiin waxay qaadanaysaa daqiiqado yar oo keliya wakhtigaaga. Ma jiri doonto lacag toos ah ka qaybqaadashada daraasaddan. Laakiin natiijooyinka ka soo baxa cilmi-baaristan ayaa laga yaabaa inay daaha ka qaadaan macluumaadka muhiimka ah ee go'aaminta ilmo iska soo ridid la dhaliyay

6. Qarsoodi: Macluumaadka aad na siin doontaa waxay ahaan doontaa qarsoodi. Ma jiri doono macluumaad si gaar ah kuu aqoonsan doona. Natiijooyinka daraasadda ayaa noqon doona mid guud oo loogu talagalay bulshada daraasadda mana ka tarjumayso wax gaar ah oo qof ama guri. Foomka xog-ururinta ayaa kood lagu dhejin doonaa si looga saaro muujinta magacyada. Maya. tixraac ayaa lagu samayn doonaa warbixino hadal ama qoraal ah oo ku xidhi kara ka qaybgalayaasha cilmi-baadhista.

7. Xuquuqda: Ka-qaybgalka daraasaddan waa ikhtiyaari. Waxaad xaq u leedahay inaad caddayso inaad ka qaybqaadato ama aadan ka qaybqaadan karin daraasaddan. Haddii aad go'aansato inaad ka qaybgasho, waxaad xaq u leedahay inaad ka baxdo daraasadda wakhti kasta tanina kuma calaamadayn doonto wax khasaare ah oo dheefo ah oo aad xaq u leedahay. Uma baahnid inaad ka jawaabto su'aal kasta oo aadan rabin inaad ka jawaabto.

8. Cinwaanka xiriirka: Haddii ay jiraan wax su'aalo ah ama weydiyo wakhti kasta oo ku saabsan daraasadda ama habraacyada, fadlan la xidhiidh: Cidda lala xidhiidhinayo

Si loo caddeeyo haddii ay jiraan wax su'aalo ah ama weydiimo ah wakhti kasta oo ku saabsan daraasadda ama nidaamka, fadlan la xiriir

Baaraha Maamulaha: Aynalem Kashun

Email: aynalemkassahun78@gmail.com

Telefoonka gacanta: +251-936960647

Kulliyadda Caafimaadka iyo Sayniska Caafimaadka ee Jaamacadda Haramaya ee Anshaxa Cilmi-baarista

Guddiga dib u eegista: telefoonka xafiiska: 0254662011, P.O.Box: 235, Harar.

9. Ku dhawaaqida ogolaanshaha ikhtiyaariga ah ee la wargaliyay: Waan akhriyay/la akhriyay xaashida macluumaadka ka qaybqaataha. Waxaan si cad u fahmay ujeedada cilmi-baarista, hababka, khataraha iyo faa'iidooyinka, arrimaha sirta, xuquuqda ka qaybqaadashada iyo ciwaanka xiriirka wixii su'aalo ah. Waxaa la i siiyay fursad aan ku weydiyo su'aalo laga yaabo in aan caddayn. Waxaa la igu wargeliyay inaan xaq u leeyahay inaan ka baxo daraasadda wakhti kasta

ama inaan ka jawaabin su'aal kasta oo aanan rabin. Sidaa darteed, waxaan caddaynayaa oggolaanshahayga ikhtiyaarka ah si aan uga qaybqaato daraasaddan anigoo wata xarafka hore (saxiixa).

Magaca iyo saxiixa ka qaybqaataha: _____ Taariikhda _____

Magaca iyo saxeexa xog ururiyaha: _____ Taariikhda _____

9.8. Participants information sheet and informed voluntary Consent for adolescent > 18 years old to be signed by Parents/Guardians (Amharic Version)

መግቢያ፡-

1. አይናለም ካሳሁን እባላለሁ። እኔ በዚህ የጤና ተቋም ውስጥ እየተካሄደ ያለው የጥናት ዋና መርማሪ ነኝ። በድሬዳዋ አስተዳደር በምስራቅ ኢትዮጵያ በሚገኙ የህብረተሰብ ጤና ተቋማት በመውለድ እድሜ ክልል ውስጥ የሚገኙ ሴቶችን አስገድዶ ውርጃ የሚወስኑ። ይህ ጥናት በሀገር ውስጥ የሚኖሩ የደህንነት ጉዳይ የማስተርስ ዲግሪዬን በከፊል ለመጨረስ የሚደረግ ነው። ስለ ጥናቱ እና የእርስዎ ተቋም እንደ የጥናት መቼት ስለተመረጠው እርስዎ ትኩረት እንዲሰጡኝ በአክብሮት እጠይቃለሁ።

2. የጥናት/የፕሮጀክት ርዕስ፡- በድሬዳዋ አስተዳደር በምስራቅ ኢትዮጵያ በሚገኙ የህብረተሰብ ጤና ተቋማት በመውለድ እድሜ ክልል ውስጥ የሚገኙ ሴቶች ፅንሰ ማስወረድ የሚወስኑት 2025

3. የጥናቱ ዓላማ/ዓላማ፡- ይህ ጥናት የማስተርስ ድግሪ መርሃ ግብር በጠቅላይ መርማሪ አጠቃላይ የህዝብ ጤና በከፊል ለማሟላት እንደ ከፊል መስፈርት ሆኖ ተሰጥቶ ለመፍጠር ያለመ ነው። በምስራቅ ኢትዮጵያ በድሬዳዋ የህዝብ ጤና ተቋማት ውስጥ በወሊድ እድሜ ክልል ውስጥ ያሉ ሴቶች የፅንሰ ማስወረድ መጨንገፍ ቆራጮችን መለየት። ዓላማው በጉዳዩ ላይ የመነሻ መረጃን በማቅረብ ፅንሰ ማስወረድ በሚያስከትልበት ወቅት ውጤቱን በተሻለ ሁኔታ ለመረዳት በሚመለከተው አካል ተገቢውን ጥበቃና አገልግሎት እንዲሰጥ ለማድረግ ነው።

4. ሂደት እና የቆይታ ጊዜ፡- ለጥናቱ አጋዥ የሆኑ ተዛማጅ መረጃዎችን ለመስጠት መጠይቁን ተጠቅሜ ቃለ መጠይቅ አደርግልዎታለሁ። እንዲሁም ለሚከተሉት ጥያቄዎች ምላሽ እንዲሰጡ ይጠየቃሉ. መጠይቁ መረጃውን ከሴቶች ለመሰብሰብ 38 ጥያቄዎችን የያዘ ሲሆን ከ30-40 ደቂቃ ጊዜ ይወስዳል ስለዚህ ለቃለ መጠይቁ በዚህ ጊዜ እንድትቆጥቡልኝ በአክብሮት እጠይቃለሁ።

5. አደጋዎች እና ጥቅሞች፡ በዚህ ጥናት ውስጥ የመሳተፍ አደጋ በጣም አናሳ ነው፣ ነገር ግን ጊዜያችሁ ጥቂት ደቂቃዎችን ብቻ ነው የሚወስደው። በዚህ ጥናት ውስጥ ለመሳተፍ ምንም አይነት ቀጥተኛ ክፍያ አይኖርም። ነገር ግን የዚህ ጥናት ግኝቶች የፅንሰ ማቋረጥን ለመወሰን ጠቃሚ መረጃን ሊያሳዩ ይችላሉ

6. ሚስጥራዊነት፡- የምታቀርቡልን መረጃ ሚስጥራዊ ይሆናል። በተለይ እርስዎን የሚለይ መረጃ አይኖርም። የጥናቱ ግኝቶች ለጥናት ማህበረሰብ አጠቃላይ እና የግለሰብን ወይም የመኖሪያ ቤትን ምንም የሚያንፀባርቅ አይሆንም። መጠይቂያው ስሞችን ከማሳየት እንዲገለጹ ኮድ ይደረጋል። ተሳታፊዎችን ከጥናቱ ጋር ሊያገናኙ የሚችሉ የቃል ወይም የጽሁፍ ዘገባዎች ማጣቀሻ አይደረግም።

7. መብቶች፡- የዚህ ጥናት ተሳትፎ ሙሉ በሙሉ በፈቃደኝነት ነው። በዚህ ጥናት ለመሳተፍም ሆነ ለመሰረድም ሆነ ለመሰረድም የማይኖር መብት አልዎት። ለመሳተፍ ከወሰኑ በማንኛውም ጊዜ ከጥናቱ የመውጣት መብት አለዎት እና ይህ እርስዎ ያለዎትን ጥቅማጥቅሞች ማጣት ላይ ምልክት አይሰጥዎትም። መመለስ የማትፈልገውን ማንኛውንም ጥያቄ መመለስ የለብህም።

8. የመገኛ አድራሻ፡- ስለ ጥናቱ ወይም አካሄዶቹ ማንኛውም አይነት ጥያቄ ወይም ጊዜ የሚጠይቅ ከሆነ እባክዎን ያነጋግሩ። ማንን ማነጋገር እንዳለብዎ ስለ ጥናቱ ወይም ስለ ጥናቱ በማንኛውም ጊዜ ማናቸውም ጥያቄዎች ወይም ጥያቄዎች ካሉ ለማብራራት ሂደቶች እባክዎ ያነጋግሩ

ዋና መርማሪ፡ አይናለም ካሹን።

ኢሜል፡ aynalemkassahun78@gmail.com

የሞባይል ስልክ፡ +251-936960647

የሐረማያ ዩኒቨርሲቲ ጤና እና ህክምና ሳይንስ ኮሌጅ ተቋማዊ ምርምር ሥነ ምግባራዊ

የግምገማ ኮሚቴ፡ የቢሮ ስልክ፡ 0254662011, P.O.Box: 235, Harar.

9. በመረጃ ላይ የተመሰረተ የፈቃደኝነት ስምምነት መግለጫ፡- የተሳታፊውን የመረጃ ወረቀት አንብቤአለሁ/ አንብቤያለሁ። የጥናቱ ዓላማ፣ አካሄዶች፣ ስጋቶች እና ጥቅሞች፣ ሚስጥራዊ ጉዳዮች፣ የመሳተፍ መብቶች እና ለማንኛውም መጠይቆች የእውቂያ አድራሻውን በግልፅ ተረድቻለሁ። ግልጽ ባልሆኑ ጉዳዮች ላይ ጥያቄዎችን እንደጠይቅ እድል ተሰጥቶኛል። በማንኛውም ጊዜ ከጥናቱ የመውጣት ወይም የማልፈልገውን ማንኛውንም ጥያቄ ለመመለስ መብት እንዳለኝ ተነገረኝ። ስለዚህ፣ በዚህ ጥናት የመጀመሪያ ሆኜ (ፈርማ) ለመሳተፍ በፈቃደኝነት መስማማቴን አውጃለሁ።

የተሳታፊው ስም እና ፊርማ-----ቀን-----

የውሂብ ሰብሳቢው ስም እና ፊርማ:-----ቀን-----

9.9.Participants information sheet and informed voluntary Consent for adolescent > 18 years old to be signed by Parents/Guardians (Affan Oromo Version)

Seensa:

1. Maqaan koo Aynalem kasshun jedhama. Ani Qorataa Muummee qorannoo dhaabbata fayyaa kana keessatti gaggeeffamaa jiruuti: Murteessitoota ulfa baasuu kakaasuun dubartoota umuriin walhormaataa keessa jiran dhaabbilee fayyaa hawaasaa Bulchiinsa Diree Dawaa, Baha Itoophiyaa keessatti. Qorannoon kun kan gaggeeffamu digirii koo lammaffaa koolleejjii fayyaa fi saayinsii fayyaa Yunivarsiitii Haramayaatti gartokkoon guutuuf ta'a. Waa'ee qo'annichaa fi dhaabbati keessan akka bakka qo'annootti filatamuu isaa akka isiniif ibsuuf xiyyeeffannoo keessan akka naaf liqeessitan kabajaan isin gaafadha.
2. Mata duree qorannichaa/pirojektichaa: Murteessitoota ulfa baasuu kakaasuun dubartoota umuriin walhormaataa keessa jiran dhaabbilee fayyaa hawaasaa Bulchiinsa Diree Dawa, Baha Itoophiyaa, 2025
3. Kaayyoo/kaayyoo qorannichaa: Qorannoon kun sagantaa digirii maastarsii Fayyaa Hawaasaa Waliigalaa qorataa muummichaa gartokkoon guutuuf akka barbaachisummaa gartokkeetti barruu qorannoo (thesis) barreessuu kan kaayyeffatedha. Murteessitoota ulfa baasuu kakaafame dubartoota umuriin walhormaataa fayyaa hawaasaa keessatti argaman adda baasuu. mijaa'ina Diree Dawaa, Baha Itoophiyaa. Kaayyoon isaas bu'aa gama ulfa baasuu kakaafame irratti hubannoo gaarii akka qabaatuuf dhimmicha irratti ragaa bu'uura kennuudhaan eegumsaa fi tajaajilli barbaachisaan qaama dhimmi ilaallatu irraa akka kennamu gochuudha.
4. Hojimaata fi yeroo: Daataa barbaachisaa ta'ee fi qorannichaaf gargaaru naaf kennuudhaaf gaaffilee fayyadamee isin gaafadha. Gaaffiiwwan armaan gadii kanaafis deebii akka kennitan ni gaafatamna. Gaaffiin kun gaaffilee 38 kan of keessaa qabu yoo ta'u odeeffannoo dubartoota irraa walitti qabuuf gara daqiiqaa 30- 40 kan fudhatu waan ta'eef yeroo kana gaaffii fi deebii kanaaf akka na qusattan kabajaan isin gaafadha.
5. Balaa fi faayidaa: Balaan qorannoo kana irratti hirmaachuu baayyee xiqqaadha, garuu yeroo keessan irraa daqiiqaa muraasa qofa fudhachuudha. Qorannoon kun hirmaachuuf kaffaltiin

kallattiin hin jiraatu ture. Garuu argannoon qorannoo kanaa odeeffannoo barbaachisaa determenaion of induced abortio mul'isuu danda'a

6. Iccitii: Odeeffannoon isin nuuf kennitan iccitii ta'a. Odeeffannoon addatti si adda baasu hin jiraatu. Argannoon qorannichaa hawaasa qorannichaaf waliigalaa kan ta'u yoo ta'u, namoota dhuunfaa ykn mana jireenyaa adda ta'e kan hin calaqqisiifne ta'a. Gaaffiin maqaa agarsiisu akka hin dabalanneef koodii ni kennama. Gabaasa afaaniin ykn barreeffamaan hirmaattoota qorannicha waliin walqabsiisuu danda'u keessatti eeruun hin kennamu.

7. Mirgoota: Qorannoon kanaaf hirmaannaan guutummaatti fedhii ofiitiin kan raawwatamudha. Qo'annoo kana irratti hirmaachuu fi dhiisuu kee labsuuf mirga qabda. Yoo hirmaachuuf murteessite yeroo barbaaddetti qo'annoo irraa ba'uuf mirga qabda kunis faayidaa kasaaraa karaa biraatiin siif malu kamiyyuu si hin mallatu. Gaaffii deebii kennuu hin barbaanne kamiyyuu deebisuun si hin barbaachisu.

8. Teessoo quunnamtii: Yeroo kamiyyuu waa'ee qorannichaa ykn hojimaata gaaffiin ykn gaaffii yoo jiraate, maaloo qunnamaa: Eenyu qunnamuu akka qabdan qulqulleessuuf yeroo kamiyyuu waa'ee qorannichaa ykn gaaffiin yoo jiraate ykn hojimaata, qunnamaa.

Qorataa Muummee: Aynalem Kashun

Imeelii: aynalemkassahun78@gmail.com irratti ergaa

Bilbila harkaa: +251-936960647

Yuunivarsiitii Haramaya Kolleejjii Fayyaa fi Saayinsii Fayyaa Qorannoo Dhaabbilee Naamusa

Koree Gamaaggamaa: Bilbila waajjira: 0254662011, P.O.Box: 235, Harar.

9. Ibsa hayyama tola ooltummaa beekumsa qabu:

Waraqaa odeeffannoo hirmaattotaa dubbiseera/ naaf dubbifameera. Kaayyoo qorannichaa, hojimaata, balaa fi faayidaa, dhimmoota iccitii, mirga hirmaachuu fi teessoo quunnamtii gaaffii kamiifuu sirriitti hubadheera. Wantoota ifa hin taane ta'uu danda'aniif gaaffii akkan gaafadhu carraan naaf kennameera.

Yeroo barbaadetti qo'annoo keessaa ba'uuf ykn gaaffii ani hin barbaanne kamiyyuu deebisuuf mirga akkan qabu naaf himameera. Kanaaf, qorannoo kana irratti hirmaachuuf fedhii kootiin hayyama koo qubee jalqabaa (mallattoo) kootiin nan ibsa.

Maqaa fi mallattoo hirmaataa:_____ Guyyaa_____

Maqaa fi mallattoo Walitti qabaa Odeeffannoo:_____ Guyyaa_____

9.10. Questionnaire

The following question was prepared to to assess Determinants of induced abortion among women in reproductive age group in public health facilities of Dire Dawa, Eastern Ethiopia

Facility code _____ Questionnaire code _____

Name of Data Collector: _____ Signature _____ Date: _____

Name of Supervisor: _____ Signature _____ Date _____

Part I: Socio-demographic Characteristics

No	Question	Response	Remark
01	How old are you?	_____ Years old.	
02	What is your religion?	1 = Muslim 2 = Christian 3 = Other (specify): _____	
03	What is your ethnicity?	1 = Oromo 2 = Amhara 3 = Somali 4 = Gurage 5 = Other (specify): _____	
04	What is the highest level of education you have completed?	1 = No formal education 2 = Primary education 3 = Secondary education 4 = College and above	
05	What is your occupation?	1 = Farmer 2 = Employee 3 = Merchant 4 = Other (specify): _____	

06	What is your marital status?	1 = Single 2 = Married 3 = Divorced/Separated 4 = Widowed	
07	Where is your current residence?	1 = Urban 2 = Rural	
08	What is your family's monthly income (in birr)?	_____	
09	Do you have access to health insurance?	a = Yes b = No	

Part II: Pregnancy and Abortion Experience

10. Have you ever been pregnant?	a. Yes	
	b. No	<i>(If no, skip to Part III)</i>
11. If yes, how many pregnancies have you had?	_____	
12. Was your most recent pregnancy wanted?	a. Yes	
	b. No	
13. Have you ever known someone who has experienced an abortion?	a. Yes	
	b. No	
14. Have you ever had an abortion yourself?	a. Yes	
	b. No	<i>(If no, skip to Part III)</i>
15. If yes, how many abortions have you had? _____		
16. What type of abortion did you have?		

a. Induced		
b. Spontaneous (miscarriage)		
17. If induced, what was the reason?		
a. Unwanted pregnancy		
b. Financial constraints		
c. Health-related issues		
d. Family or societal pressure		
e. Other (specify): _____		
18. Where did the abortion take place?		
a. Health institution		
b. Outside a health institution		
19. If in a health institution, specify the type:		
a. Public health center		
b. Private clinic		
c. Public hospital		
d. Private hospital		
20. If outside a health institution, specify the setting:		
a. Self-induced		
b. Traditional healer		
c. Other (specify): _____		
21. Did you experience complications from the abortion?		
a. Yes (specify): _____		

b. No		
22. Did you receive post-abortion care?		
a. Yes		
b. No		

Part III: Knowledge and Attitudes about Abortion

23. Are you aware that safe abortion services are provided in health facilities?

a. Yes

b. No

24. Have you ever heard about the current abortion law in Ethiopia?

a. Yes

b. No

25. What do you know about the abortion law in Ethiopia?

a. Abortion is legal and provided on request

b. Abortion is illegal

c. Abortion is legal for specific reasons

d. Don't know

26. If abortion is legal for specific reasons, what are they? *(Check all that apply)*

a. Fetal malformation

b. Pregnancy endangers the woman's life

c. Pregnancy below the age of 18 years

d. Pregnancy resulting from rape or incest

e. Physical or mental illness of the mother

f. Extreme poverty

27. Do you believe abortion services should be accessible to all women?

a. Yes

b. No

28. Do you think stigma influences women's decisions to seek abortion services?

a. Yes

b. No

Part IV: Health System and Service-Related Factors

29. Have you ever faced stigma or discrimination from healthcare providers?

a. Yes

b. No

30. Do you think you might face stigma or discrimination if you seek abortion services?

a. Yes

b. No

31. Have you ever received pre-abortion counseling at a health facility?

a. Yes

b. No

32. Were you ever counseled to continue the pregnancy at a health facility?

a. Yes

b. No

33. Did you experience a prolonged wait time to receive abortion services?

a. Yes

b. No

34. How do you rate the cost of abortion services at health facilities?

a. Affordable

b. Unaffordable

Part V: Contraceptive Use and Awareness

35. Are you currently using any contraceptive method?

a. Yes

b. No

36. If yes, which method? (*Check all that apply*)

a. Oral pills

b. Condoms

c. Injectable

d. Implants

e. IUD

f. Natural methods

g. Other (specify): _____

37. If no, why are you not using any contraceptive method?

a. Lack of awareness

b. Cultural/religious beliefs

c. Fear of side effects

d. Partner opposition

e. Other (specify): _____

38. Do you believe contraceptives reduce the need for abortion?

a. Yes

b. No

9.11. Questionnaire (Amharic version)

በምስራቅ ኢትዮጵያ በድሬዳዋ የህዝብ ጤና ተቋማት በስነ ተዋልዶ እድሜ ክልል ውስጥ ያሉ ሴቶች ፅንሰ ማስወረድ የሚወስኑትን ለመወሰን የሚከተለው ጥያቄ ተዘጋጅቷል።

የመገልገያ ኮድ _____ ኮድ መጠይቅ፣ _____

የውሂብ ሰብሳቢ ስም፡- _____ ፊርማ _____ ቀን፡- _____

.....

የተቆጣጣሪው ስም፡-

_____ ፊርማ _____ ቀን.....

ክፍል አንድ፡- ማህበረ-ሕዝብ ባህሪያት

ተ/ቁ	ጥያቄ	ምላሽ	አስተያየት
1	ስንት አመት ነው።	የዕድሜ ዓመት።	
2	ሃይማኖትህ ምንድን ነው?	1 ሙስሊም 2 ክርስቲያን 3 = ሌላ (ይግለጹ)፡-	
3	ብሄርህ ምንድን ነው?	1 አሮሚኛ 2 = አማራ 3 = ሶማሌ 4 ጉራጌ 5 = ሌላ (ይግለጹ)።	
4	ያጠናቀቁት ከፍተኛ የትምህርት ደረጃ ምንድን ነው?	1 መደበኛ ትምህርት የለም 2 = የመጀመሪያ ደረጃ ትምህርት 3 = ሁለተኛ ደረጃ ትምህርት 4 = ኮሌጅ እና ከዚያ በላይ	
5	ሥራህ ምንድን ነው?	1 ገበሬ 2 ሰራተኛ 3 = ነጋዴ 4 ሌላ (ይግለጹ)	

6	የጋብቻ ሁኔታዎ ምን ያህል ነው?	1 ነጠላ 2 ያገቡ 3 = የተፋቱ/የተለያዩ 4 = ባል የሞተባት	
7	የአሁኑ መኖሪያዎ የት ነው?	1 ከተማ 2 = ገጠር	
8	የቤተሰብዎ ወርሃዊ ገቢ (በብር) ስንት ነው?		
9	የጤና ኢንሹራንስ አሎት?	U አዎ ለ አይደለም	

ክፍል II: እርግዝና እና ፅንሰ ማስወረድ ልምድ

10	ነፍስ ጡር ሆኖ ታውቃለህ?	U. አዎ	
		ለ. አይ	(አይ ከሆነ ወደ ክፍል III ይዝለሉ)
11	አዎ ከሆነ፣ ስንት እርግዝና ነበረዎት?	_____	
12	የቅርብ ጊዜ እርግዝናዎ ይፈለጋል?	U. አዎ ለ. አይ	
13	ፅንሰ ማስወረድ ያጋጠመውን ሰው ታውቃለህ?	U. አዎ ለ. አይ	
14	እራስዎ ፅንሰ አስወርዶ ያውቃሉ?		

		ሀ. አዎ	
		ለ. አይ	(አይ ከሆነ ወደ ክፍል III ይዝለሉ)
15	አዎ ከሆነ፣ ስንት ውርጃዎች አደረጉ? _____		
16	ምን አይነት ፅንሰ አስወረድክ?		
	ሀ. ተነሳሳ		
	ለ. ድንገተኛ (የፅንሰ መጨንገፍ)		
17	ከተነሳሳ ምክንያቱ ምን ነበር?		
	ሀ. ያልተፈለገ እርግዝና		
	ለ. የገንዘብ ገደቦች		
	ሐ. ከጤና ጋር የተያያዙ ጉዳዮች		
	መ. የቤተሰብ ወይም የማህበረሰብ ጫና		
	ሠ. ሌላ (ይግለጹ)		
18	ፅንሰ ማስወረድ የተካሄደው የት ነው?		
	ሀ. የጤና ተቋም.		
	ለ. ከጤና ተቋም ውጭ		
19	በጤና ተቋም ውስጥ ከሆነ አይነቱን ይግለጹ፡-		
	ሀ. የህዝብ ጤና ማእከል		

	ለ. የግል ክሊኒክ		
20	2ከጤና ተቋም ውጭ ከሆነ መቼትን ይግለጹ፡-		
	ሀ. በራስ ተነሳሽነት		
	ለ. ባህላዊ ፈዋሽ		
	ሐ. ሌላ (ይግለጹ)		
21	21. ከውርጃው ውስብስብ ችግሮች አጋጥመውዎታል?		
	ሀ. አዎ (ይግለጹ)		
	ለ. አይ		
22	22. ከውርጃ በኋላ እንክብካቤ አግኝተዋል?		
	ሀ. አዎ		
	ለ. አይ		

ክፍል III: ስለ ፅንሰ ማስወረድ እውቀት እና አመለካከት

23. ደህንነቱ የተጠበቀ የውርጃ አገልግሎት በጤና ተቋማት እንደሚሰጥ ያውቃሉ?

ሀ. አዎ

ለ. አይ

24. በኢትዮጵያ ስላለው የፅንሰ ማቋረጥ ህግ ሰምተህ ታውቃለህ?

ሀ. አዎ

ለ. አይ

25. በኢትዮጵያ ስላለው የውርጃ ህግ ምን ያውቃሉ?

ሀ. ፅንሰ ማስወረድ ህጋዊ እና በጥያቄ የቀረበ ነው።

ለ. ፅንሰ ማስወረድ ሕገወጥ ነው።

ሐ. በተወሰኑ ምክንያቶች ፅንሰ ማስወረድ ህጋዊ ነው

መ. አላውቅም

26. ፅንሰ ማስወረድ በተወሰኑ ምክንያቶች ህጋዊ ከሆነ ምንድናቸው? (የሚመለከተውን ሁሉ አረጋግጥ)

ሀ. የፅንሰ መዛባት

ለ. እርግዝና የሴቷን ህይወት አደጋ ላይ ይጥላል

ሐ. ከ 18 ዓመት በታች የሆነ እርግዝና

መ. በአስገዳጅ መድፈር ወይም በግብረ ሥጋ ግንኙነት ምክንያት የሚከሰት እርግዝና

ሠ. የእናትየው የአካል ወይም የአእምሮ ሕመም

ረ. ከፍተኛ ድህነት

27. የፅንሰ ማስወረድ አገልግሎት ለሁሉም ሴቶች ተደራሽ መሆን አለበት ብለው ያምናሉ?

ሀ. አዎ

ለ. አይ

28. መገለል የሴቶች የፅንሰ ማቋረጥ አገልግሎትን ለመፈለግ በሚወስኑት ውሳኔ ላይ ተጽዕኖ ያሳድራል ብለው ያስባሉ?

ሀ. አዎ

ለ. አይ

ክፍል IV: የጤና ስርዓት እና ከአገልግሎት ጋር የተገናኙ ምክንያቶች

29. ከጤና እንክብካቤ አቅራቢዎች መገለል ወይም መድልዎ አጋጥሞህ ያውቃል?

ሀ. አዎ

ለ. አይ

30. የውርጃ አገልግሎት ከፈለግክ መገለል ወይም መድልዎ ሊያጋጥምህ ይችላል ብለው ያስባሉ?

ሀ. አዎ

ለ. አይ

ሀ. የግንዛቤ እጥረት

ለ. ባህላዊ / ሃይማኖታዊ እምነቶች

ሐ. የጎንዮሽ ጉዳዮችን መፍራት

መ. የአጋር ተቃውሞ

ሠ. ሌላ (ይግለጹ)

38. የወሊድ መከላከያ ፅንሰ ማስወረድ አስፈላጊነትን ይቀንሳል ብለው ያምናሉ?

ሀ. አዎ

ለ. አይ

9.12. Questionnaire (Afan Oromo Version)

The following question was prepared to assess Murteessitoota ulfa baasuu kakaasuun dubartoota umuriin walhormaataa keessa jiran dhaabbilee fayyaa hawaasaa Dire Dawa, Baha Itiyoophiyaa keessatti

Koodii dhaabbataa..... Koodii
gaaffii.....

Maqaa Walitti Qabduu
Deetaa:.....Mallattoo.....Guyyaa:.....

Maqaa
Supervayizaraa.....Mallattoo.....Guyyaa.....
....

Kutaa I: Amaloota hawaas-dimoogiraafii

	Gaaffii	Deebii	
1	Umuriin kee meeqa?	Waggaa.	
2	Amantiin keessan maali?	1 Muslima 2 = Kiristaana 3 = Kan biraa (ibsi):	
3	Sabummaan keessan maali?	1 Oromo 2= Amhara 3 = Somali 4 Gurage 5 = Other (specify)	
4	Sadarkaan barnootaa ol aanaan xumurte maali?	1 Barnoota idilee hin qabu 2 = Barnoota sadarkaa tokkoffaa 3 = Barnoota sadarkaa lammaffaa 4 = Kolleejjii fi isaa ol	
5	Hojiin keessan maali?	1 Qonnaan bulaa 2 Hojjetaa 3 = Daldalaa 4 Kan biroo (ibsi):	
6	Haalli gaa'ela keessanii maali?	1 Qofa 2 Fuudhaa fi heeruma 3 = Hiikkaan/Adda gargar ba'an 4 = Dubartii abbaan manaa irraa du'e	

7	Bakki jireenyaa amma keessan eessa jira?	1 Magaalaa 2= Baadiyyaa	
8	Galiin maatii keessanii ji'a ji'aan (birriin) maali?		
9	Inshuraansii fayyaa argachuuda ndeessaa?	a Eeyyee b Lakki	

Kutaa II: Muuxannoo Ulfaa fi Ulfa Baasu

10	. Ulfa taatee beektaa?	a Eeyyee b Lakki	Yoo lakki ta'e gara Kutaa IIItti darbi
11	Yoo eeyyee ta'e ulfa meeqa argatte?		
12	Ulfi kee inni dhiyoo barbaadamaa turee?	a Eeyyee b Lakki	
13	Nama ulfa baasuu mudate beektaa?	a Eeyyee b Lakki	

14	Ofii keetii ulfa baastee beektaa?	a Eeyyee b Lakki	Yoo lakki ta'e gara Kutaa IIItti darbi
15	Yoo eeyyee ta'e ulfa meeqa baaste?		
16	Ulfa gosa akkamii baastee turte?	A. qeenxee. Induced ta'e b. Ofumaan (ulfi bahuu) .	
17	. Yoo kakaafame sababni isaa maali ture?	qeenxee. Ulfa hin barbaadamne b. Danqaa maallaqaa c. Dhimmoota fayyaa waliin walqabatan d. Dhiibbaa maatii ykn hawaasaa	

		e. Kan biroo (ibsi):	
18	. Ulfa baasuun eessatti raawwatame?	a.qeenxee. Dhaabbata fayyaa b. Dhaabbata fayyaatiin alatti	
19	. Dhaabbata fayyaa keessa yoo ta'e gosa:	a.qeenxee. Buufata fayyaa hawaasaa b. Kilinika dhuunfaa c.Hospitaalamootummaa d. Hospitaala dhuunfaa	
20	. Dhaabbata fayyaatiin ala yoo ta'e, haala ibsi:	a.qeenxee. Ofiin kan kakaafame b. Fayyisaa aadaa.	

		c. Kan biroo (ibsi):	
21	Rakkoon si mudatee turee ulfa baasuu?	a.qeenxee. Eeyyee (ibsi): b. Lakki	

Kutaa III: Beekumsaa fi Ilaalcha waa'ee Ulfa Baasu

23. Tajaajilli ulfa baasuu nageenya qabu dhaabbilee fayyaa keessatti akka kennamu quba qabduu?

a.qeenxee. Eeyyee

b. Lakki

24. Waa'ee seera ulfa baasuu amma Itoophiyaa keessatti bahe dhageessanii beektuu?

a.qeenxee. Eeyyee

b. Lakki

25. Waa'ee seera ulfa baasuu Itoophiyaa keessatti maal beektu?

a.qeenxee. Ulfa baasuun seera qabeessaa fi gaaffii irratti kan kennamu dha

b. Ulfa baasuun seeraan ala

c. Ulfa baasuun sababoota adda ta'aniif seera qabeessa

d. Hin beeku

26. Ulfa baasuun sababoota adda ta'een seera qabeessa yoo ta'e isaan maal fa'a? (Kanneen ilaallatu hunda ilaali)26. Ulfa baasuun sababoota adda ta'een seera qabeessa yoo ta'e isaan maal fa'a? (Kanneen ilaallatu hunda ilaali)

a.qeenxee. Malformation mucaa gadameessaa

b. Ulfi lubbuu dubartii sanaa balaadhaaf saaxila

- c. Ulfa umrii waggaa 18 gadii
- d. Ulfa gudeeddii ykn saalqunnamtii fira gidduutti uumamu
- e. Dhukkuba qaamaa ykn sammuu haadha
- f. Hiyyummaa garmalee

27. Tajaajilli ulfa baasuu dubartoota hundaaf dhaqqabamaa ta'uu qaba jettanii amantaa?

- a. qeenxee. Eeyyee
- b. Lakki

28. Maqaa balleessiin murtoo dubartoonni tajaajila ulfa baasuu barbaaduu irratti dhiibbaa qaba jettanii yaaddu?

- a. qeenxee. Eeyyee
- b. Lakki

Kutaa IV: Sirna Fayyaa fi Qabxiilee Tajaajila Waliin Walqabatan

29. Dhiyeessitoota eegumsa fayyaa irraa maqaa balleessiin ykn loogiin si mudatee beekaa?

- a. qeenxee. Eeyyee
- b. Lakki

30. Tajaajila ulfa baasuu yoo barbaadde maqaa balleessii ykn loogiin si mudachuu danda'a jettee yaaddaa?

- a. qeenxee. Eeyyee
- b. Lakki

31. Dhaabbata fayyaa keessatti gorsa ulfa baasuu dura argatte beektaa?

- a. qeenxee. Eeyyee
- b. Lakki

32. Dhaabbata fayyaa keessatti ulfa itti fufuuf gorfamee beektaa?

- a. qeenxee. Eeyyee
- b. Lakki

33. Tajaajila ulfa baasuu argachuuf yeroo dheeraa eeguun si mudatee?

- a. qeenxee. Eeyyee
- b. Lakki

34. Baasii tajaajila ulfa baasuu dhaabbilee fayyaa keessatti akkamitti madaaltu?

a.qeenxee. Kan danda'amu

b. Gatii kan hin malle

Kutaa V: Itti Fayyadamaa fi Hubannoo Ulfa ittisuu

35. Yeroo ammaa kana mala ittisa ulfaa kamiyyuu fayyadamaa jirtuu?

a.qeenxee. Eeyyee

b. Lakki

36. Yoo eeyyee ta'e, mala kam? (Kanneen ilaallatu hunda ilaali)

a.qeenxee. Kiniinii afaaniin fudhatamu

b. Kondomii

c. Lilmoodhaan kan kennamu

d. Implants kan jedhaman

e. IUD

f. Malleen uumamaa

g. Kan biroo (ibsi):

37. Yoo lakki ta'e maaliif mala ittisa ulfaa kamiyyuu hin fayyadamtu?

a.qeenxee. Hubannoo dhabuu

b. Amantaa aadaa/amantii

c. Sodaa miidhaa cinaa

d. Mormii michuu

e. Kan biroo (ibsi):

38. Qorichootni ulfa ittisuu barbaachisummaa ulfa baasuu hir'isa jettanii amantaa?

a.qeenxee. Eeyyee

b. Lakki

9.13. Questioner (Afa Somali Version)

Suraksha so scoot ayaa loo diyaariyay in lagu qiimeeyo go'aaminta ilmo iska soo ridida haweenka ee kooxda da'da taranka ee xarumaha caafimaadka dadweynaha ee Diridhaba, Bariga Itoobiya

Koodhka xarunta..... Koodhka
su'aalaha.....

Magaca Xog-
ururinta:.....Saxeexa.....Taariikhda:.....

Magaca
Kormeeraha.....Saxeexa.....Taariikhda.....

.

Qaybta I: Astaamaha Bulsho-Demograafiyeed

	Su'aal	Jawaabta	Odhaah
1	meeqa sano ayaad jirtaa	Sano jir.	
2	Waa maxay diintaadu?	1 Muslim 2 = Christian 3 = Mid kale (sheeg):	
3	Waa maxay isirkaaga?	1 Oromo 2= Amxaaro 3 = Somali 4 Gurage 5 = Mid Kale (Cadee):	
4	Waa maxay heerka ugu sareeya ee waxbarashada aad dhammaysay?	1 Waxbarasho toos ah la'aan 2 = Waxbarashada aasaasiga ah 3 = Dugsi sare 4 = Kuliyad iyo wixii ka sareeya	
5	Waa maxay shaqadaadu?	1 Beeralay 2 Shaqaale 3 = Ganacsade 4 Kale (sheeg):	
6	Waa maxay xaaladdaada guur?	1 keligiis 2 guursaday 3 = La furay/la kala tagay 4 = Carmal	

7	Aaway deegaankaaga hadda?	1 Magaalo 2= Miyiga	
8	Waa maxay dakhliga qoyskaaga bishii (Bir)?		
9	Ma heli kartaa caymis caafimaad?	a Haa b Maya	

Qaybta II: Waayo-aragnimada Uurka iyo Uurka

10	. Weligaa ma uuraysatay?	a. Haa b. Maya	Haddii ay maya tahay, u gudub Qaybta III
11	. Hadday haa tahay, imisa uur ayaad yeelatay?		
12	. Miyaa la rabay uurkaagi kuugu dambeeyay?	a. Haa b. Maya	

13	Weligaa ma taqaan qof uu soo ritay ilmo iska soo rididda?	a. Haa b. Maya	
14	Waligaa ma iska soo ridday?	a. Haa b. Maya	Haddii ay maya tahay, u gudub Qaybta III
15	. Hadday haa tahay, imisa ilmo soo rid ayaa kugu dhacday?		
16	Waa maxay nooca ilmo iska soo ridid ee aad samaysay?	a. La kiciyay b. Kadis ah (dhicin)	
17	. Haddii la kiciyay, maxay ahayd sababtu?	a. Uurka aan la rabin b. Caqabadaha dhaqaale	

		<p>c. Arrimaha caafimaadka la xiriira</p> <p>d. Cadaadiska qoyska ama bulshada</p> <p>e. Wax kale (sheeg):</p>	
18	. Xagee ilmo iska soo rididu ka dhacday?	<p>a. Xarunta caafimaadka</p> <p>b. Ka baxsan xarun caafimaad</p>	
19	Haddii aad ku jirto xarun caafimaad, sheeg nooca:	<p>a. Xarunta caafimaadka dadweynaha</p> <p>b. Rugta caafimaadka ee gaarka loo leeyahay</p> <p>c. Isbitaalka guud</p>	

		d. Isbitaalka gaarka ah	
20	Haddii meel ka baxsan xarun caafimaad, sheeg goobta:	a. Is-xakamaynta b. Daawe dhaqameed. c. Wax kale (sheeg):	
21	Ma la kulantay dhibaatooyin ka yimid ilmo iska soo ridid?	a. Haa (sheeg): b. Maya	
22	Ma heshay daryeel ilmo soo rididda ka dib?	a. Haa b. Maya	

Qaybta III: Aqoonta iyo Aragtida Ku Saabsan Ilmo-soorida

23. Ma la socotaa in adeegyada ilmo soo rididda ammaan ah lagu bixiyo xarumaha caafimaadka?

a. Haa b. Maya

24. Weligaa ma maqashay sharciga ilmo iska soo rididda ee hadda ka jira Itoobiya?

- a. Haan b. Maya

25. Maxaad ka taqaanaa sharciga ilmo iska soo ridida ee Itoobiya?

- a. Soo ridku waa sharci waxaana lagu bixiyaa codsi
- b. Ilmo soo rididda waa sharci-darro
- c. Ilmo soo rididda waa sharci sababo gaar ah dartood
- d. Ma garanayo

26. Haddii ilmo iska soo xaaqidku sharci yahay sababo gaar ah, maxay yihiin? (Calaamadi dhammaan kuwa khuseeya)

- a. cillad uurjiifka
- b. Uurku wuxuu khatar gelinayaa nolosha haweeneyda
- c. Uurka ka yar da'da 18 sano

26. Haddii ilmo iska soo xaaqidku sharci yahay sababo gaar ah, maxay yihiin? (Calaamadi dhammaan kuwa khuseeya)

- a. cillad uurjiifka
- b. Uurku wuxuu khatar gelinayaa nolosha haweeneyda
- c. Uurka ka yar da'da 18 sano
- d. Uurka oo ka dhashay kufsigu ama isqabqabsiga
- e. Jirrada ama xanuunka maskaxda ee hooyada
- f. Saboolnimo aad u daran

27. Ma aaminsan tahay in adeegyada ilmo soo rididda ay heli karaan dhammaan haweenka?

- a. Haa b. Maya

28. Ma u malaynaysaa in dhaleecayntu ay saamayn ku leedahay go'aamada haweenka ee raadinta adeegyada ilmo soo rididda?

a. Haa

b. Maya

Qaybta IV: Nidaamka Caafimaadka iyo Arrimaha Adeegga La Xidhiidha

29. Weligaa ma la kulantay ceebayn ama takoorid bixiyayaasha daryeelka caafimaadka?

a. Haa

b. Maya

30. Ma u malaynaysaa inaad la kulmi karto ceebayn ama takoorid haddii aad raadsato adeegyada ilmo soo rididda?

a. Haa

b. Maya

31. Weligaa ma ku heshay la-talin ka-hortagga ilmo iska soo rididda goob caafimaad?

a. Haa

b. Maya

32. Weligaa ma lagugula taliyay in aad uurka ku sii wado goob caafimaad?

a. Haa

b. Maya

33. Miyaad la kulantay wakhti dheer oo sugitaan ah si aad u hesho adeegyada ilmo soo rididda?

a. Haa

b. Maya

34. Sideed u qiimeysaa qiimaha adeegyada ilmo soo rididda ee xarumaha caafimaadka?

a. La awoodi karo

b. Aan la awoodi karin

Qaybta V: Istimaalka Ka-hortagga Uurka iyo Wacyigelinta

35. Hadda ma isticmaashaa hab kasta oo ka hortagga uurka ah?

a. Haa

b. Maya

36. Hadday haa tahay, qaabkee? (Calaamadi dhammaan kuwa khuseeya)

a. Kiniinnada afka

b. Kondhomyada

c. La isku duro

d. Maqaarka

e. IUD

f. Hababka dabiiciga ah

g. Wax kale (sheeg):

37. Hadday maya tahay, maxaad u isticmaali wayday hab kasta oo ka hortagga uurka?

a. Wacyigelin la'aan

b. Caqiidada dhaqanka/diimeed

c. Cabsida waxyeellooyinka

d. Mucaarad wadaag

e. Wax kale (sheeg):

38. Ma rumaysan tahay in ka-hortagga uur-qaadku ay yareeyaan baahida ilmo soo rididda?

a. Haa

b. Maya

10. CURRICULUM VITAE

Personal information

- **First Name:** Aynalem Kassahun
- **Contact Address:** Telephone: +251936960647, Dire dawah, Ethiopia
email: aynalemkassahun763@gmail.com
- **Date of Birth:** 10 Nove 1996 E.C
- **Place of Birth:** Addis Abeba, Ethiopia
- **Nationality:** Ethiopian
- **Civil Status:** Married
- **Education**

No	Institution	Date from-Date to:	Degree(s):
1	Rift valley University	2007-2010	BSC public health (Degree)

2	Haramaya University	2014-now (Graduation)	MPH (General Public Health)
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▪ **Language Skills**

Indicate competence on a scale 1 to 5 (1- excellent; 5- basic)

Language	Reading	Speaking	Writing
English	1	2	1
Amharic	1	1	1

▪ **Professional Experience**

- Amanuel mental health hospital free service and in covid -19 come to dire Dawa and worked in Shenille quartet center and Ferenc aye treatment center then in Jello Belina health center and legend guddle feta health center worked currently working in Goro health center.

▪ **Other Skills**

Basic computer skills including Microsoft word, Microsoft excel, PPT and I had had skills of physical exercise (aerobic)

- **Years of work experience:** 5 Years

▪ **REFERENCES**

- Tajuddin Mohammed. Lagonda gudul feta health center 0915086688.
- Endalemew erekyehun . Goro health center 0912729688
- Mehari Mekonnen .0902068225

11. Approval sheet

HARAMAYA UNIVERSITY
POSTGRADUATE PROGRAM DIRECTORATE

Submitted to:

_____	_____	_____
Name of student	Signature	Date

Approved by:

1. _____	_____	_____
Major advisor	Signature	Date

2. _____	_____	_____
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Co-advisor

Signature

Date

3. _____

Research Thematic Area Leader

Signature

Date

4. _____

Chairman DGC/SGS

Signature

Date

5. _____

PGPD

Signature

Date