

**Emergency Contraceptive usage and factors associate among Female
Daily Laborers in the reproductive age group in Flower Farm of Bora
Woreda, Oromia Region Central Ethiopia.**

MPH THESIS

RAHEL TEREFE

March, 2020

Harar, Ethiopia

HARAMAYA UNIVERSITY
SCHOOL OF GRADUATE STUDIES

Emergency Contraceptive usage and factors associate among Female Daily Laborers in the reproductive age group in Flower Farm of Bora Woreda, Oromia Region Central Ethiopia.

A Thesis Submitted to the Department of Public Health, School of Graduate Studies Haramaya University for Partial Fulfillment of the Requirement for the Degree of Master of Public Health

RAHEL TEREFE

College: Health and Medical Sciences

School: Public health

Program: General public health

Major advisor: Dr. Biftu Geda (Assistant Professor)

Co-advisor: Mr.Zelalem Teklemariam (MSc, Associtae professor)

February, 2019

Harar, Ethiopia

HARAMAYA UNIVERSITY
SCHOOL OF GRADUATE STUDIES

I hereby certify that I have read and evaluated this thesis entitled Emergency Contraceptive usage and factors associate among Female Daily Laborers in the reproductive age group in Flower Farm of Bora Woreda, Oromia Region Central Ethiopia by Rahel Terefe. I recommend that it can be submitted as fulfilling the thesis requirement.

_____ Major Advisor	_____ Signature	_____ Date
------------------------	--------------------	---------------

_____ Co-Advisor	_____ Signature	_____ Date
---------------------	--------------------	---------------

As member of the board of examiners of the MPH Thesis open defense Examination certify that I have read and evaluated the Thesis prepared by Rahel Terefe and examine the candidate. I recommend that the thesis be accepted as fulfilling the Thesis requirements for the degree of Master of Public Health in General Public health.

_____ Chairperson	_____ Signature	_____ Date
----------------------	--------------------	---------------

_____ Internal Examiner	_____ Signature	_____ Date
----------------------------	--------------------	---------------

_____ External Examiner	_____ Signature	_____ Date
----------------------------	--------------------	---------------

DEDICATION

I dedicated this thesis to the memorial of my lovely daughter Elili Surra for her partnership, sacrifice she paid and challenges she has been facing while I'm doing this paper.

STATEMENT OF THE AUTHOR

By my signature below I declare and affirm that this Thesis is my own work. I have followed all ethical and technical principles of scholarship in preparation, Data collection, data analysis and compilation of this thesis. Any scholarly matter that is included in the thesis has been given recognition through citation.

This thesis is submitted in partial fulfillment of the requirements for Master of Public Health in Haramaya University. The thesis is deposited in the Haramaya University Library and is made available to borrowers under the rules of the library. I solemnly declare that this thesis has not been submitted to any other institution anywhere for the award of any academic degree, diploma or certificate.

Brief quotations from this thesis may be made without special permission provided that accurate and complete acknowledgement of the source is made. Requests for permission for extended quotations from or reproduction of this Thesis in whole or in part may be granted by head of the school or Department when in his or her judgment the proposed use of the material is in the interest of scholarship. In all other instances, however, permission must be obtained from the author of the Thesis.

Name: _____ signature: _____ Date: _____

School/Department: _____

BIOGRAPHICAL SKETCH

I was born in July 19, 1990 G.C in South West Shoa. I attend my Elementary school in Woliso Liban elementary school; and secondary and preparatory School in Dejazmach Geresu Duki secondary and preparatory school. I earned BSc Degree in public health Officer from Wollega University in 2010G.C. Regarding to Work Experience I am serving in East Shoa Zone Bora woreda Health office for eight years.

ACKNOWLEDGMENTS

I would like to thank my advisors Dr.Biftu Geda and Mr.Zelalem Teklemariam for their constructive comments. I would also like to thank flower farm of Bora Woreda, Sher Blen administration for giving me necessary information for preparation of this document. My gratitude also extends to all authors of the articles I already have used to prepare this document; without them preparing such type of document may be impossible.

ACRONYMS

AOR	Adjusted odds ratio.
COC	Combined Oral Contraceptives.
Cu-T	Copper T intra uterine Device.
EC	Emergency contraceptive.
ECps	Emergency contraceptive pills.
FP	Family planning.
IUCD	Intra Uterine Contraceptive Device.
KAP	Knowledge, attitude and practices.
MOH	Ministry of Health.
NGO	None Governmental Organizations.
WHO	World health organization.

TABLE OF CONTENTS

BIOGRAPHICALSKETCH	iv
ACRONYMS	
vii	
TABLEOF	CONTENTS
viii	
LISTOF TABLES	xi
LIST	OF
xii	FIGURS
ABSTRACT	
xiii	
1. INTRODUCTION	1
1.1. Back ground	1
1.3. Significance of the study	7
1.4. Objectives of the Study	8
1.4.1. General Objective	8
2. LITERATURE REVIEW.	9
2 .1. Magnitude of use of Emergency contraception	9
2.2. Associated Factors to use of Emergency contraception	11
2.2.1. Demographic factor	11
2.2.2. Social factors	12
2.2.2.1Educational status	12
2.2.3. Knowledge and attitude about EC	13
2.3. Conceptual frame work	15
3. MATERIALS AND METHODS	16
3.1. Study area and period	16

	3.3. Population	17
	3.3.1. Source population	17
	3.3.2. Study population	17
	3.4. Inclusion and Exclusion criteria	17
	3.4.1 Inclusion criteria	17
	3.4.2. Exclusion criteria	17
	3.5. Sample size determination	17
3.6.Sampling	procedures	(techniques)
18		
	3.7. Data collection Methods	21
	3.8. Study Variables	21
	3.8.1. Independent Variables	21
	3.8.2. Dependent Variables	21
	3.9. Operational definition	21
	3.10. Data quality control	22
	3.11. Data Processing and analysis	22
	3.12. Ethical Considerations	23
	3.14. Information dissemination	23
4.RESULTS		25
5.DISCUSSION		32
6.CONCLUSION		
31		
	6.1. Conclusion	34
	6.2. Recommendations	34
7. REFERENCES		35
8. APPENDIX (CES)		41

LIST OF TABLES

Table 1: Sample size calculation for factors associated with use of emergency contraceptive, 2019	17
Table 2: Socio-demographic characteristics of participants included in the survey of use of emergency contraception.	23
Table 3: Reproductive history, Knowledge and practice of modern contraceptive among laborers.	24
Table 4: Emergency contraceptive use among study participants	25
Table 5: Bivariate analysis to identify factors associated with emergency contraceptive use among daily laborers	26
Table 6: Multivariate analysis to identify factors associated with emergency contraceptive use.	28

LIST OF FIGURES

- Figure 1: Conceptual framework of the relationship between predictor variables and use of emergency contraception. 14
- Figure 2: Map of study area 15
- Figure 3: Schematic diagram of sampling procedure of female daily laborers of Flower farm of Bora Woreda, Sher Blen farm. 18

ABSTRACT

Introduction: Globally, approximately 213 million pregnancies occurred annually, out of which, 40% were unintended. In Africa, from a total of 53.8 million pregnancies, 35% were unintended pregnancy in 2014. Most of them were terminated unsafely which can result in different complications. Consistent and frequent use of emergency contraception is a very much important factor to be effective in reducing the rate of unintended pregnancy.

Objective: to assess the emergency Contraceptive utilization and factors associated among female daily laborers in reproductive age group in flower farm of Bora woreda, Oromia Region Central Ethiopia.

Methods: an Institution based cross-sectional study was conducted on 336 female daily laborers in reproductive age group in flower farm of Bora woreda of Eastern oromia from March 5-14/2019. Study participants were selected using a systematic random sampling technique. Data was collected by interviewing using pre tested structured questionnaire. Data was entered by Epi Data-3.1 and analyzed by SPSS-20. Both descriptive and inferential analysis was used. Those variables with $P < 0.05$ at 95% confidence interval was considered as associated factors.

Result: utilization of emergency contraception among female daily laborers was 14.3% (95% CI: 10.7, 18.3). Those above secondary educational level (AOR=7.00; 95% CI: 2.30, 21.34), Single marital status (AOR=2.64; 95% CI: 1.12, 6.21), history of induced abortion (AOR=4.66; 95% CI: 1.89-11.45), ever pregnancy (AOR=3.11; 95% CI: 1.12, 8.74) and being knowledgeable about emergency contraception (AOR=3.46; 95% CI: 1.57, 7.69) were factors associated with high utilization of emergency contraception.

Conclusion: Emergency contraceptive utilization among daily laborers is low. Educational level, marital status, ever pregnancy, history of induced abortion and knowledge about emergency contraception were factors associated with utilization of emergency ccontraception. Therefore, the district health office, the administration of the sher blen farm clinic and Zonal health department should give attention to create awareness on emergency contraception to increase its utilization among the laborers.

Key words: Emergency contraception, utilization, Flower farm, Daily laborers. Bora Woreda, Eastern Ethiopia

1. INTRODUCTION

1.1. Back ground

Emergency contraception (EC) unlike other regular methods of contraception which are taken prior to the sexual act, is a method used for prevention of unintended pregnancy when taken within 5 days after unanticipated sexual intercourse such as rape or accidental phenomenon like leakage or breakage of condom, contraceptive failure, failed coitus interruptus, three or more consecutive missed oral contraceptive pills, more than 4 weeks late for the depomedroxy progesterone acetate progestogen-only injection or non-use of any contraception. (WHO, 2017).

There are two types of emergency contraception. Hormonal methods (pills) and Intrauterine devices (IUDs). Hormonal emergency contraceptive pills consist of a) combined oral contraceptive pills: which contain estrogen and progestin taken within 72 hours of unprotected sexual intercourse and then 12 hours later. b) Progesterone only pills one pill should be taken as the first dose as soon as convenient, but not later than 3 days (72 hours) after unprotected intercourse to be followed by another one pills 12 hours later. The second type is copper-bearing intrauterine devices (IUD) are a highly effective method of emergency contraception which prevents implantation of fertilized egg to prevent pregnancy up to five to seven days after unprotected intercourse and offer the added benefit of long-term protection from pregnancy.

Unintended pregnancy has typically been defined as a pregnancy that is either mistimed or unwanted at conception. Mistimed is generally defined as a pregnancy that is desired later in life but not at conception and unwanted is defined as not wanted then or at any time in the future (Santelli. *et al*, 2003).

Emergency contraception (EC) is the last option a women has to salvage herself from unintended pregnancy and its disabling and fatal consequences in a conditions where the opportunity to use regular contraceptive methods is passed. (Khan *et al.*, 2015)

The Ethiopian Ministry of Health includes EC in its National Guideline for Family Planning Services to be distributed through social marketing to complement the permanent family Planning Services that are rendered in the public, private Nongovernmental organization health institutions with no EC-related age or other restrictions. (FMOH, 2011).

Although the EC method is included in the National family planning guideline, underutilization of the method is clearly shown by large magnitude of unintended pregnancy, induced abortion and its low contraceptive prevalence rate in the country. According to EDHS 2016, emergency contraception use among currently married and sexually active unmarried women is 3.6% which is the list figure of all modern methods. (EDHS, 2016)

1.2. Statement of the problem

Emergency contraception (EC) is a method used for prevention of unintended pregnancy and unsafe abortion. Unintended pregnancy is a potential hazard for every sexually active woman. It is a worldwide problem that affects women, their families, society and nation both in developed and developing countries due to negative associations with the social and health outcomes of both the mother and child compared to intended pregnancies. Mothers with unintended pregnancy utilize less and delay prenatal and postnatal care, breastfeed for a shorter duration; have poorer personal hygiene; and have higher rates of risky behavior such as smoking, drinking alcohol, and drug abuse during pregnancy. As a result Children born to an unintended pregnancy are more likely to have poor nutrition, a lower birth weight, incomplete vaccinations, and a higher incidence of illness compared to those of intended pregnancies. (Gipson *et al*, 2008; Yohanneset *al*, 2013).

Globally, in 2014, approximately 213 million pregnancies occurred annually, out of which, 40% were unintended. Unintended pregnancy is 36% higher in developing countries than developed countries. In Africa, from a total of 53.8 million pregnancies, 35% were unintended pregnancy in the same year. Of these, 50 percent ended in abortion, 13 percent ended in miscarriage, and 38 percent resulted in an unplanned birth (Sedgeet *al*, 2014). There were also 21 million pregnancies among adolescent girls aged 15–19 years in developing countries in 2016; nearly half (49%) were unintended(43% in Asia, 45% in Africa, and 74% in Latin America and the Caribbean).(Darroch *et al*, 2016)

A study done in Democratic republic of Congo report Out of 13.92 % current pregnancies, more than half 51.4 % were unintended. (Dhakal, 2016).

Unintended pregnancy is also prevalent public health problem in Ethiopia. According to Guttmacher Institute's report in Ethiopia, in 2014, about 4.93 million pregnancies occurred annually, out of which 1.9 million (38%) were unintended pregnancy (Guttmacher Institute, 2016). A study conducted in North West Belessa Woreda, One in Dila south Ethiopia,one from Maichew North Ethiopia and other from West Arsi,Ethiopia,found magnitude of unintended preganacy 13.7 %,36.9% ,27.9% and 41.5%respectvely.(Adino *et.al*,2016;Mohammed *et.al*,2017;Eskeziaw *et.al*,2017 and Robera *et.al*,2018)

About one-fifth (21%) of unintended adolescent pregnancies in Asia, and about half of unintended pregnancies in Latin America and the Caribbean (49%) and in Africa (46%) end in unsafe abortion. (Darroch *et al*, 2016). It is also a major public health problem in Ethiopia. According to a study conducted in Guraghe Zone, Southern Ethiopia the magnitude of induced abortion was 12.3% which resulted from 75.5% of the current unwanted pregnancies. Similarly one study done among Wolaita Sodo university students the magnitude of induced abortion 96.9% with 34% of them were unsafe resulting from 85% unintended pregnancy. (Amha *et al*, 2014; Gezahegn *et al*, 2014).

Mobile people those who move from one place to another temporarily, seasonally, or permanently for either voluntary or involuntary reasons like daily laborers are vulnerable to unintended pregnancy. Because, they are more likely to have multiple concurrent sexual partners and wide sexual networks, harder to have access to health care facility, have less access to information and services in languages they can understand across the entire breadth of the routes they travel (FHAPCO, 2009). A study done among Women Working in Flower Farms of Batu Town, Ethiopia found report, 25.6% prevalence of abortion. Majority (79.4%) of them were induced abortion which was due to unwanted pregnancy, pre-marital pregnancy or did not want more children (Desalegn *et al*, 2015).

Unintended pregnancy and its consequences may occur as a result of different reasons. One of the reasons was non-use of regular contraceptive methods (Klima, 1998).

A study in South Africa among Female University students found that more than half (53.2%) reported to have sex prior to the study, and among them 35.8% never used any contraceptive methods. Out of 19% total pregnancies, more than half (51.1%) of the pregnancies were unintended and 22.2% had induced abortions. (Hoque and Ghuman, 2012). According to a study done in Addis Ababa to assess magnitude of repeated induced abortion among clients seeking abortion service, out of 72.3% unintended current pregnancy, 66.4% had aborted once while 33.6% had two or more times prior to the current one (Betelhem, *et al*, 2019). A report from another study done in Sub-Saharan Africa found prevalence of unintended pregnancy 29% from the total pregnancies. (Ameyaw *et al*, 2019).

In Ethiopia practice of emergency contraception is very low. Study assessing Knowledge, attitude and practice of emergency contraceptive among women seeking abortion care in Jimma University specialized hospital; more than half (56.2%) were induced abortion resulting from unintended pregnancy. None of the study participants were used emergency contraception (Tatek *et al*, 2012).

Different factors were found associated with utilization of EC from various studies around the world. Occupational status, previous history of contraceptive use, Women's age, residence, marital status, knowledge of emergency contraception and attitude towards emergency contraception are associated factors with the utilization of emergency contraceptives. (Tatek *et al*, 2012; Asres *et al*, 2018).

Despite there is high Magnitude of unintended pregnancy and low utilization of contraceptive including emergency contraceptive from different segments of population (EDHS, 2016). There is lack of information on utilization and factors associate EC use among mobile workers like flower farms. So this study is aimed at assessing emergency Contraceptive utilization and factors associate among female daily laborers in the reproductive age group in Flower Farm of Bora Woreda, Oromia Region Central Ethiopia.

1.3. Significance of the study

Knowing the level of utilization of emergency contraceptive and identifying associated factors among female daily laborers in flower farm will help the district health office and zonal health department in planning to improve barriers against its utilization. The female daily laborers in the flower farm will be benefited from this as the rate of unintended pregnancy and its adverse outcomes decreases. The flower company will also use this study finding for actively participating with district health office for designing intervention which can improve the emergency contraceptive utilization of female laborers in case of need. The data from this study will also be used by other researchers for further research.

1.4. Objectives of the Study

1.4.1. General Objective

To know the level of emergency Contraceptive use and factors associate among female daily laborers in the reproductive age group in Flower Farm of Bora Woreda, Oromia Region Central Ethiopia from March 5-14/2019.

1.4.2. Specific Objectives

- To determine magnitude of practice of emergency contraception among Female Daily Laborers in the reproductive age group in Flower Farm of Bora Woreda, Oromia Region Central Ethiopia.
- To identify factors associated with emergency contraceptive use among female daily laborers in reproductive age group in flower farm of Bora Woreda Oromia Region Central Ethiopia.

2. LITERATURE REVIEW.

2.1. Magnitude of utilization of Emergency contraception

Emergency contraception has the potential to safely and effectively reduce unintended pregnancy. EC use can also act as a bridge for regular contraceptive use, as consultation for EC provided an opportunity to discuss regular contraception. However, literatures show there is a gap on the practice.

According to a descriptive cross sectional study done among 200 married women attending obstetrics and gynecology department to assess the awareness regarding emergency contraception and the knowledge, attitude and preference about emergency contraception in Pakistan, where the use of condoms was the preferred contraceptive method (44%) followed by coitus interruptus (10%), safe period method (13.5%) and non-users of any methods (16%) (Which are all risky methods to unintended pregnancy), only 7.5% of the study participants had ever used emergency contraceptive method (Khan, *et al*, 2015)

Other study done to investigate awareness, use and factors associated with the use of ECPs among reproductive age (15-49 years) women in Tamale, Ghana, only forty percent (39.9% participants who had awareness have ever used ECPs. (Amalba *et al*, 2014)

A cross sectional study conducted among 336 married female staff in the University of Putra Malaysia (UPM) to investigate the knowledge, attitudes, and practices regarding EC pill use among Malay women, reveal EC was used only by 11% of all participants in the study. (Najafi *et al*, 2012)

A descriptive cross sectional study in Hawassa to assess awareness and utilization of emergency contraceptive among secondary cycle primary female evening students done on 643 study participants, Of all sexually experienced respondents 87 (72.5%) reported that they had sexual intercourse without condom or any other contraceptive method. But, only 22.5% reported used EC. Even, among those who had heard about EC and had experience of sexual intercourse, only 45.8% respondents used it; of respondents who had ever used EC, 58.3% had ever used emergency contraceptive pills while 12.5% had ever used IUCD. (Alemayehu and Teferi, 2016)

Another facility based cross-sectional study was conducted on 390 study participants to assess knowledge, attitude and practice (KAP) and determinants of use of emergency contraceptive among women obtaining abortion service in Dire Dawa show that only 9.7% mentioned that they had ever used ECP at least once while none of the respondents use IUCD as EC. (Meskerem *et al*, 2014)

A cross-sectional study was conducted on 624 regular undergraduate female students of Debre-markos University from March 26 to 30/2013, to assess the knowledge, attitude and practice of emergency contraception and associated factors, the prevalence of ever use of EC among female students was only 11.45%.ECP were the commonest EC method used which accounted for 95.6% of total EC users and IUCD 4.4%.(Marta and Hinselmu, 2015)

A study done in Nigeria to Determine Knowledge and Determinants of Emergency Contraception use Among Students in Tertiary Institution, although more than half of respondents are in sexual relationships only 27.6% ever used EC. (Adenji *et al*, 2013).

According to a study done in Banepa Municipality of Kavre among Colleges Students of to explor the level of knowledge, attitude and practices of emergency contraceptive discovered that 54.2 % of the total respondents were sexually active and more than 80 % had sexual relationships. Among the sexually active respondents, 65.1 % had ever used ECP after the sexual intercourse.. (Dahal, 2017)

According to study done in Dessie North East Ethiopia, to measure the level of Emergency contraception and determinant factors among abortion care seekers, 51% of respondents had ever used EC where all of them used ECP.Respondents who had never used EC mentioned main factors for non-utilization are; lack of information (66.5%), time inconvenience (3.7%), lack of willingness (4.9%), drugs unavailability (1.3%) and privacy issue (1%). (Asres *et al*, 2018)

2.2. Associated Factors to utilization of Emergency contraception

Studies show different factors associate with utilization of emergency contraception in different settings. The next part try to indicate some of them.

2.2.1. Demographic factors

Demographic factors like age and marital status are significantly associated with use of emergency contraception.

2.2.1.1. Age

According to one facility based study done in Ethiopia, age of respondents was found significantly associated with the use of EC (AOR=0.2, 95% CI: 0.01, 0.8).The likely hood of EC usage decreased as the age of the women increased. Women of the age group 15-19 were more likely to use EC compared with the older age group (20–24) with an (AOR =0.18, 95% CI: 0.04, 0.8). (Meskerem *et al*, 2014). Another study done to assess Knowledge, Attitude and Practice towards Emergency Contraceptives and Associated Factors among Wollo University students show that the likely hood of ECutilization increases as age of students increases for those age 20 and above, with (AOR=1.4, 95% CI 0.8-1.7) (Kibir *et al*, 2017).Similarly Study done in Dessie, Ethiopia, among abortion service seekers reported clients with age group of 20–24 years were more likely to use EC than younger age group. (AOR =2.10, 95%CI: 1.200-73.671). (Asres *et al*, 2018)

2.2.1.2. Marital Status

A study done in Dire Dawa Ethiopia, showed marital status significantly associated with the use of EC [p=0.000]. Married women were less likely to use EC compared to unmarried women.(Meskerem *et al*, 2014).Another study done in Dessie Ethiopia, also supports marital status is associated with EC use. Participants with single marital status are about two times more likely to use EC than participants with other marital status (AOR=1.71,95%CI: 1.176-2.485) (Asres *et al*, 2018). A study done among Female Students of Debre-Markos University, East Gojam Zone, North West Ethiopia, reported marital status associated with emergency contraceptive use. Unlike the above studies, this study reported Students who were married were

7 times more likely to practice EC than not married (AOR=6.51; 95% CI: 2.455, 17.279).(Marta and Hinsermu, 2015).

2.2.1.3. Religion

Some literatures reported religion of the respondents was found to be associated with the use of EC. According to one study done among Addis Ababa University students in Ethiopia, Muslim participants use emergency contraceptives more likely than Christians. (AOR=0.26; 95% CI: 0.04-1.53)(Fatuma *et al*, 2012). Similarly, study done among Wollo University students in Ethiopia reported Muslim participants use emergency contraceptives than Christians. (AOR=0.8; 95% CI:0.6, 2.4).(Kibir *et al*, 2017). Contrarily, other study done in Dirre dawa Ethiopia reported, religion was associated with emergency contraceptive use(p=0.024). The study shows that Christian respondents were using EC than that of Muslim (AOR=4.113;95% CI:1.205, 14.039). (Meskerem *et al*, 2014).

2.2.2. Social factors

2.2.2.1 Educational status

According to facility based cross-sectional study conducted on 390 study participants to assess knowledge, attitude and practice (KAP) and determinants of use of emergency contraceptive among women obtaining abortion service in Dire Dawa found that those study participants with diploma & above were more likely to use EC compared to primary and secondary education With (AOR=0.059,95%CI=0.014-0.248). (Meskerem *etal*, 2014). Similarly, according to another study done in Hawassa, Ethiopia among evening students as the grade level increases, there appears to be an increase on EC utilization (AOR=15.565,95%CI:2.316,104.623) for grade seven and (AOR=89.324, 95% CI: 10.821-737.313) for grade eight.(Alemayehu and Teferi, 2016). A study done to assess Knowledge, Attitude and Practice towards Emergency Contraceptives and Associated Factors among Wollo University students also show study year has significant statistical association with practice of EC. Students of year two and above are 3.83 times more likely to use EC than year one. (AOR=3.83; 95% CI: 1.61-5.4) (Kibir *et al*, 2017).

2.2.2.2 Living arrangement

A study done in Dire dawa Ethiopia, reported women who were living with their spouse were less likely to use EC compared to those living alone, (AOR= 0.001; 95% CI: 0.000, 0.017). (Meskerem *et al*, 2014)

2.2.2.3 Source of information.

Some literatures show Source of information can influence emergency contraceptive use. According to a study done in Ethiopia, Source of information was highly associated to the use of EC. The study revealed that women who obtained information from friends were less likely to use EC compared to those women who heard from health workers. (Meskerem *et al*, 2014)

2.2.3. Knowledge and attitude about EC

Having enough Knowledge and positive attitude toward emergency contraception, as well as different sexual and reproductive factors like ever use of contraceptive, having Sex without condom, abortion, ever pregnancy, unplanned pregnancy, Concern about EC found to be associated with EC utilization.

According to one study done among university students in Ethiopia, Students who has adequate knowledge of EC were 24 times more likely to practice EC than who has inadequate knowledge of EC (AOR =23.97;95% CI: 3.19, 35.83).(Marta and Hinsermu,2015).Other institution based cross - sectional study conducted from March 2013 to June 2013 among female Clients of Ethiopian immigration and Nationality Affairs Office, those who have adequate knowledge about EC were 5 times more likely to use EC than their counterparts (AOR=5.08;95%CI: 1.19, 21.56). (Gessesew *et al*, 2014). Other study done in Dire dawa Ethiopia also show, Knowledge of respondents towards EC was significantly associated with use of EC [p=0.000]. The likelihood to use EC increased among the knowledgeable respondents. Similarly, a study done in Dessie,Ethiopia, among abortion service seekers reported, knowledgeable clients were more likely to use EC than those with poor knowledge (AOR=5.66;95%CI:3.976,8.070).

Studies also showed positive attitude associated with emergency contraceptive use. According to studies done in Dessie and Arbaminch Ethiopia, study participants with positive attitude use EC more likely than those with negative attitude. (AOR=2.75;95%CI: 1.946, 3.881) and (AOR = 2.4; 95% CI: 1.5, 7.2) respectively. (Asres *et al*, 2018; Yohannes *etal*, 2018). Other study also reported, attitude is significant towards EC use (COR=0.1, 95% CI: 0.1, 0.14). (Meskerem *et al*, 2014).Similarly, Study done in Ethiopia participants who had good knowledge on EC were 3.2

times more likely to use EC than those female students who were not knowledgeable about EC (AOR: 3.248; 95% CI=1.320, 7.988). 95% CI: 2.234, 11.274). (Bisrat *et al*, 2016).

Studies show ever use of contraceptive and ever pregnancy found to be associated with EC utilization.

Other institution based cross - sectional study conducted in Ethiopian, study participants those who ever used contraceptive were around 14 times more likely to use EC than not ever used contraceptives (AOR=13.7;95% CI: 2.66, 70.59) (Gessew *et al*, 2014). Similarly, other studies done in Ethiopia, Hawassa and MizanTepi reported ever use of family planning associated with EC use (AOR=2.397; 95% CI: 0.477,12)and(AOR= 5.019; 95% CI:2.234, 11.274) respectively.(Alemayehu and Teferi, 2016; Bisrat *et al*, 2016)

According to study done to assess knowledge, attitude and Practice of emergency ContraceptivesamongMizan-Tepi University Female Students, South West Ethiopia, respondents who had history of pregnancy were 3 times more likely to use EC than those with no exposure of pregnancy (AOR= 3.122; 95% CI:1.346, 7.240). (Bisrat *et al*, 2016). Other study done to assess KAP of EC among university students in Ethiopia reported that ever pregnancy is associated with use of emergency contraceptive use. Ever pregnant women are more likely to use EC than never pregnant women (AOR= 2.62; 95% CI: 1.50, 4.56), (Kibiret *et al*, 2017)

2.3. Conceptual frame work

For the construction of the following conceptual frame-work, factors associated with use of EC in different studies used. It is also based on an understanding of the factors that can affect practice of EC in the institution.

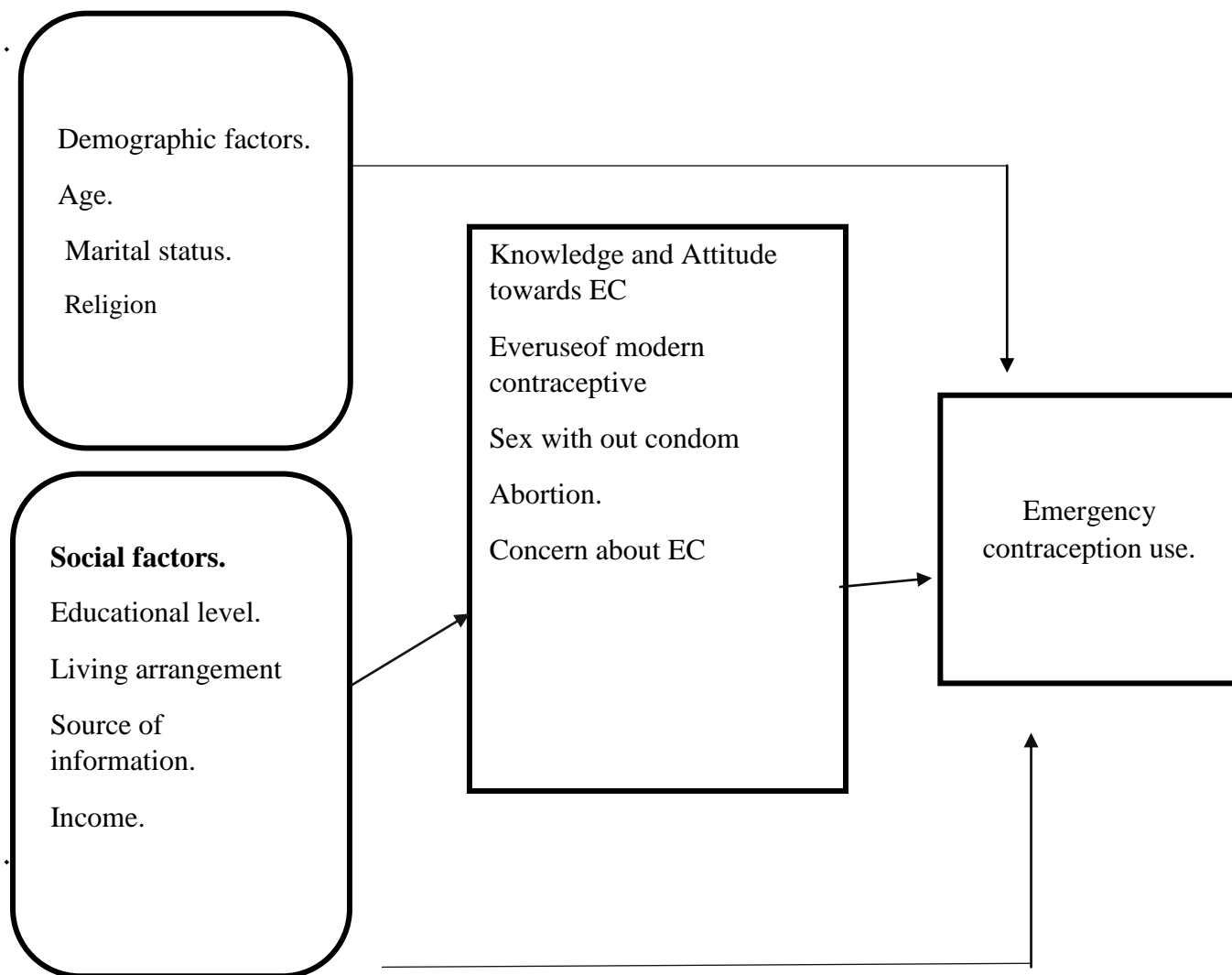


Figure 1: Conceptual framework of the relationship between different variables and utilization of EC among female daily laborers in reproductive age group in flower farm of Bora Woreda central, Ethiopia.

Source: Adopted from (Alemayehu and Teferi, 2016) and modified.

3. MATERIALS AND METHODS

3.1. Study area and period

The study was conducted in Bora Woreda, which found in East Shoa Zone of Oromia Regional State. Bote is the town for this particular district situated at a distance of 110 km South-East away from Addis Ababa and 65km away from Adama (Zonal town). According to the woreda health office profile, the woreda has a total population of 79,865 of which 40,752 are Female and 39,134 are male. The woreda has three health centers and 18 health posts. (Bora woreda health office, 2019).

Sher Blen farm is the only flower growing investment institution found in the district. It is found in Malima Bari kebele 10 KM from Bote town. The institution has a clinic which give health care to all employee. The institution has 1,500 female daily laborers. The study was conducted in this institution from March 05-14/2019.

MAP OF BORA DISTRICT WITH KEBELE NAMES



Figure 2: Map of study area

(Bora Woreda municipality, 2019)

3.2. Study design

Institution based cross sectional quantitative study was conducted among female dialy labourers working at Sher Blen flower farming.

3.3. Population

3.3.1. Source population

All sexually active female daily laborers in reproductive age group in Sher Blen Farm, was the source population for this study.

3.3.2. Study population

Selected female daily laborers in reproductive age group during the study period.

3.4. Inclusion and Exclusion criteria

3.4.1 Inclusion criteria

All female daily laborers in reproductive age group will be included in the study.

3.4.2. Exclusion criteria

Participants those are critically ill or has mental problem that are not stable will be excluded from the study.

3.5. Sample size determination

For objective one practice of emergency contraception

Sample size was determined using single population proportion formula considering proportion of (39.9%) from the previous study on practice of emergency contraception (Amalba *et al*, 2014); d to the the margin of error (0.05) and $(Z\alpha/2)$ =standard normal distribution curve /value for the 95% confidence interval of 1.96

$$n = \frac{(Z_{\alpha/2})^2 P(1-P)}{d^2}$$

$$n = \frac{(1.96)^2 0.399(1-0.399)}{(0.05)(0.05)} = 368$$

Since source population <10,000 population correction formulas is employed with following formula:

$$N_f = n / (1 + n/N) = 368 / (1 + 368/1500) = 295$$

n = minimum sample size (368),

N = total number of female workers (1500),

N_f = minimum final sample size Thus=295. After which if become 336 and by considering 14% non-response rate of 41.

For objective two: Factors associated with use of EC

For objective two Factors associated with use of EC are, knowledge towards EC, educational level, ethnicity, marital status, Age and Religion. (Meskerem *et al*, 2014).

The sample size calculation was done by using Epi-Info StatCalc statistical software program for two population proportions formula with equal sample size (sample size and power for cohort or cross-sectional study), targeting a power of 80% and an α error of 5% for the comparison of EC utilization for those associated factors becomes as follows.

The sample size was calculated by using Epi-Info StatCalc statistical software program as follows.

Table 1. Sample size calculation for factors associated with use of EC.

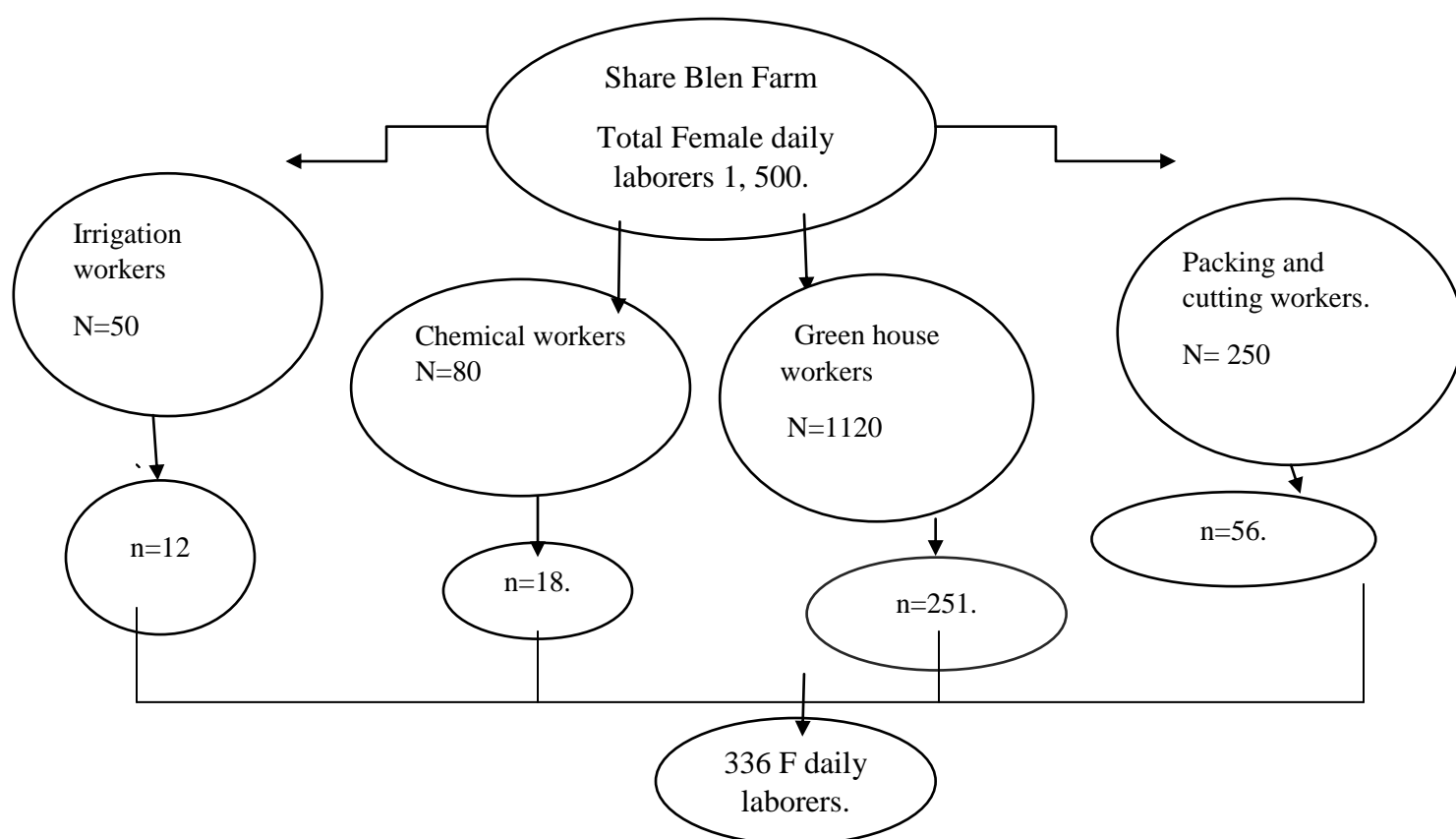
Variables.	Effect on EC utilization.		Sample size plus 10% non-response rate.	Reference.
	Proportion of Practice EC.	AOR		
Knowledge			288	(Meskerem, <i>et al</i> , 2014).
Knowledgeable	9%	0.027		
Not knowledgeable/bad knowledge	0.8%			

The final sample size of 336 which gave higher number of study participants for the study

3.6. Sampling procedures (techniques)

The calculated final sample size was allocated proportionally among number of females in each division of working department. Then, a registration of each unit was used as

sampling frame of female laborers from each department and systematic random sampling was employed to draw study participants from each division.



N= total number females in each working sections/department

n=proprtionall allocated sample size to each working section/department

Figure 3: Schematic diagram of sampling procedure of female daily laborers of Flower farm of Bora Woreda, Sher Blen farm.

3.7. Data collection Methods

Data was collected by face to face interview using pretested and structured questionnaire by six female diploma nurses for data collection and two BSC nurses supervisors. The data collectors and supervisors were taken from Botehealth center, which is one of the woreda's health centers. The questionnaire was adapted from relevant literatures. (Alemayehu and Teferi 2016; Meskerm *etal*, 2014) The questionnaire have different parts like Socio demographic characteristics.

3.8. Study Variables

3.8.1. Independent Variables

Age, marital status, income, educational level, ever use of modern contraceptive, Knowledge about EC, attitude towards EC, living arrangement, sex without condom or contraceptive, Source of information, concerns about EC.

3.8.2. Dependent Variables

EC Use.

3.9. Operational definition

Reproductive age group: Any female whose age is between 15- 49.

EC Use: study participant who have ever used EC to prevent unplanned pregnancy after unprotected sex, or method failure.

Unprotected sexual intercourse: – Is an intercourse taking place without barrier methods such as no contraceptive has been used, when there is a contraceptive accident (failure) or misuse, condom rupture, slippage or misuse, failure to abstain on a fertility day of the cycle in a women who uses the calendar method and rape while do not want to be pregnant. (Bekele, 2008).

Awareness: - Hearing the method availability.

Knowledge : A study subjects awareness on existence of Emergency Contraceptive, type of EC knew time limit to be taken EC after unprotected sex and occasions when EC need to be used/not used.

Knowledgeable: Answering the mean value and above of knowledge measuring questions.(Asmere *et al*, 2015)

3.10. Data quality control

A structured interviewer administered questionnaire was first prepared in English and then translated in to the local Amharic and Afan Oromo language and re-translated to English to maintain consistency in translation. The questions was Pretested on 5%(17)of the sample size on neighboring woreda (Lume Woreda) flower farm laborers was conducted to know the length, content, question wording and language understandability of the questions before two weeks of the actual data collection time. Six female diploma nurse's data collection and two BSC nurses supervisors was trained by the principal investigator for two consecutive days. All the questionnaires was checked daily by supervisor and principal investigator to ensure that whether they are appropriately filled. Any missing data was confirmed before the start of the next day's interviews.

3.11. Data Processing and analysis

After the completion of data collection process, all the questionnaires were checked for completeness, clarity and consistency. Then data entered and cleaned using EpiDATA soft were version 3.1 and analyzed by SPSS version 20 statistical software. Descriptive statistics were computed to know the level of practice on emergency contraception among study participants and put as proportion. The questionnaire has Different parts. Knowledge and practice of modern contraception, Knowledge towards EC, Attitude and practice parts. Seven questions were used to measure knowledge of the respondents on EC. If respondents get the right answer, it was coded as Yes "1" if not it was coded as No "0".The respondent's knowledge scores were aggregated and ranged 0–7.Basedon the cumulated score, respondents, who scored above the mean value,

were considered as ‘‘knowledgeable’’ while those who score below the mean were considered as ‘‘not knowledgeable’’. The respondents’ attitude was measured using four questions. The scores were aggregated and ranged 0–4. Based on the cumulative score, respondents who scored above the mean of the total were considered as having ‘‘positive attitude’’; while those scored below the mean of the total were considered as having ‘negative attitude’. Practice was determined based on ever use of EC after exposure to unprotected sexual intercourse to prevent unintended pregnancy. A bivariate logistic regression was performed, and variables showing association ($p < 0.2$) with utilization of emergency contraception were entered to multivariate logistic regression to control the effect of confounding variables. Variables were considered as significantly associated factors in the multivariate logistic regression when $p \leq 0.05$ at 95% Confidence interval.

3.12. Ethical Considerations

Ethical clearance was obtained from Haramaya University College of Health and Medical Science Institutional Health Research Ethics Review Committee (IHRERC) and a formal letter was written to Bora Woreda Health office. The health office in turn wrote letter to the administration of Sher Blen farm, Flower farm of Bora woreda for the necessary facilitation and smooth undertaking of the study. Signed written consent was obtained from each study participants after informing detailed participants information sheet like objective, procedure, right and other. Participation in this study was voluntary. Personal identifier was not used. Any information obtained during this study was kept confidential.

3.14. Information dissemination

The finding of this study will be presented to Haramaya University in open defense. Then, corrections will be made and the final result will be communicated to the District Health Office and Zonal health department of study area. In addition effort will be made to publish the project in national and international journals.

4. RESULTS

4.1. Socio Demographic Characteristics of study participants

A total of 336 female daily laborers participated in the study with response rate of 100%. The median age of study participants was 29 years and ranged from 16 to 40 years. Most of the study participants were in age group greater than or equal to 25 (63.5%), has educational status of primary education (42.9%), Orthodox in religion (50%), Oromo in ethnicity (43.5%) and are married (41.4%). They earn 1300 ETB on average with minimum of 800 ETB and maximum 1800 ETB. With respect to living arrangement, majority 136 (40.5%) live with their husband. (Table 2)

Table 2: Socio-demographic characteristics of selected female daily laborers working in flower farm of Bora Woreda Oromia region, central Ethiopia. 2019 (n=336)

Socio demographic Characteristics		Frequency No (%)
Age (in years)	15-19	43 (12.8)
	20-24	80(23.8)
	≥25	213 (63.4)
Educational level	No formal education/Not read and write	73(21.7)
	Primary education	144(42.9)
	≥ Secondary education	119(35.4)
Religion	Orthodox	168(50)
	Protestant	108(32.1)
	Muslim	24(7.1)
	Catholic	16(4.8)
Ethnicity	Oromo	146(43.5)
	Amhara	128(38.1)
	Walaita	35(4)
	Gurage	27(8)
Marital status	Single	124(36.9)
	Divorced	53(15.8)
	Widowed	15(4.5)
	Married	139(41.4)
Monthly Salary	>1000 ETB	248(26.2)
	≤1000 ETB	88(26.2)
Living arrangement	Alone	44(13.1)
	With Partner/Spouse	132(39.3)
	With female friends.	40(11.9)
	With parents/relatives	66(19.6)
	Other*	54(16.1)

4.2. Reproductive history, knowledge and practices of modern contraception

All 336(100%) of study participants have heard about modern contraceptive methods. While 272(80.91%) are aware of one type of modern contraceptive methods. Majority 256(76.2%) of them have ever used modern contraceptive methods and 114(33.9%) have unprotected sexual intercourse while not want to be pregnant. One hundred two (48.3%) and Sixty (58.8%) of them also had ever face unplanned pregnancy and induced abortion respectively. (Table3)

Table 3: Reproductive history, knowledge and practices of modern contraception among female daily laborers in reproductive age group in flower farm of Bora Woreda Oromia Region, Central Ethiopia.

Variables		Frequency N=336 No (%)
Ever used modern contraceptive methods	Yes	256 (76.2)
	No	80(23.8)
Ever pregnant	Yes	211(62.8)
	No	125(37.2)
Ever face unplanned pregnancy N=211	Yes	102(48.3)
	No	109(51.7)
Cause of unplanned pregnancy N= 102	Forced sexual intercourse	20(19.6)
	Wrong calendar method	19(18.6)
	Contraceptive failure	23(22.5)
	Forget to take contraception.	11(10.7)
	Not taking regularcontraceptive because of infrequent sex.	29(28.4)
Have you ever had induced abortion? N= 102	Yes	60(58.8)
	No	42(14.2)

4.3. Emergency Contraceptive Use.

All study participants (336) of them reported they are sexually active. Out of those who have heard about EC 14.3% (95% CI: 10.7, 18.3) have ever used EC. All of them used Emergency contraceptive pills and no body used IUCD for emergency contraception. Not using any contraceptive method was the main reason to use EC for (41.7 %) of the ever users (table 4)

Table4: Emergency contraceptive use among female daily laborers in Bora Woreda, 2019.

Variables	No (%)
Ever use EC	
Yes	48(14.3)
No	288(85.7)
Type EC used	
POP	41(85.4)
COC	7(14.6)
Time of EC Use	
Immediately after sex	19(39.6)
Within 24 hrs	10(20.8)
Within 72 hrs	18(37.5)
Within 120 hrs	1(2.1)
Reason to use EC	
Do not use any contraceptive method	20(41.7)
The sexual intercourse was unplanned	2(4.2)
The timing was mis calculated	4(8.3)
Due to missed pills	12(25)
Forced to have sex	10(20.8)
Reason for not use EC	
Don't know where to get	72(25)
I don't have full information about it.	20(7)
It is not effective	9(3)
It is dangerous to one health	8(3)

I am using regular contraceptive method	74(26)
Variables	No (%)
Don't know it by the time(Before)	59(20)
I'm Sexually inactive	35(12)
Other	11(4)

4.4. Factors associated with Emergency Contraceptive Use

During bivariate analysis, age, educational level, unprotected sex, history of Abortion, having good knowledge and positive attitude were significantly associated with EC ($p < 0.05$). However, other predictors were not significant at 5% significance level. But selected as a candidate predictor at $P < 0.25$ (Table 5).

Table 5: Bivariable logistic regression of factors associated with EC use among female daily laborers in Bora Woreda Oromia Region, Central Ethiopia, 2019.

Variables		EC Practice		COR (95%CI)	P
		YES (%)	No (%)		
Age (in years)	15-19	8(18.6)	35(81.4)	2.09(0.86, 5.09)	0.11
	20-24	19(23.8)	61(76.2)	2.85(1.44, 5.65)**	0.00
	≥25	21(9.9)	192(90.1)	1	
Educational level	No formal education	5(6.8)	68(93.2)	1	
	Primary education	4(2.8)	150(97.2)	0.39 (0.10, 1.49)	0.17
	≥ Secondary education	39(32.8)	80(67.2)	6.63(2.48, 17.77)***	0.00
Marital status	Single	34(17.3)	163(82.7)	1.87(0.96, 3.62)	0.07
	Married	14(10.1)	125(89.9)	1	
Monthly Salary	>1000 ETB	38(15.3)	210(84.3)	1.41(0.67, 2.97)	0.37
	≤1000 ETB	10(11.4)	78(88.6)	1	
Living arrangement	Alone	7(15.9)	37(84.1)	1	
	With Partner/Spouse	14(10.6)	118(89.4)	0.63(0.24, 1.67)	0.35
	With friends/peers	8(18.2)	36(81.8)	1.17(0.39, 3.58)	0.78
	With parents/relatives	19(16.4)	97(83.6)	1.04(4.02, 2.67)	0.94
Unprotected sex	Yes	30(23.8)	96(76.2)	3.333(1.77, 6.28)***	0.00
	No	18(8.6)	192(91.4)	1	
History of Abortion	Yes	25(41.7)	35(58.3)	7.86(4.03, 15.32)***	0.00
	No	23(8.3)	253(91.3)	1	
Ever used modern contraceptive	Yes	40(15.6)	216(84.4)	1.67(0.75, 3.73)	0.21
	No	8(10.0)	72(90)	1	
Knowledge Status	Knowledgeable	30(33.3)	60(66.7)	6.33(3.31, 12.13)***	0.00
	Not knowledgeable	18(7.3)	228(92.7)	1	
Attitude status	Positive	40(17.4)	190(82.6)	2.58(1.16, 5.73)*	0.02

	Negative	8(7.5)	98(92.5)	1
--	----------	--------	----------	---

P<0.001=***, at P<0.01=** and at P<0.05=*, COR=Crude OR and CI= Confidence Interval

During multivariate analysis educational level, marital status, having history of induced abortion and having good knowledge about EC were factors associated with EC use.

study participants above secondary education were about seven times more likely to practice emergency contraception than those study participants who have lower than secondary school education.(AOR=7.0;95% CI:2.30, 21.34). The odds of EC practice were 2.6 times higher among those who were currently single/divorced/widowed, compared to currently married participants (AOR=2.64; 95% CI: 1.123, 6.21). Compared to never pregnant women, those who were ever pregnant were three times more likely to use emergency contraception (AOR=3.11; 95% CI: 1.102, 8.74).EC practice was 4.66 times higher among those who had history of induced abortion compared to those who do not (AOR=4.66; 95% CI: 1.89, 11.45). Practice of EC were about four times higher among those who were knowledgeable about EC as compared to those who were not knowledgeable about EC (AOR= 3.48;95% CI:1.57, 7.69) (Table 6)

Table 6: Multi variable logistic regression of factors associated with EC use among female daily laborers in Bora Woreda Oromia Region, Central Ethiopia, 2019(n=336).

Variable	EC Practice		AOR (95%CI)	P	
	YES (%)	No (%)			
Age (in years)	15-19	8(18.6)	35(81.4)	3.77(0.90, 15.85)	0.07
	20-24	19(23.8)	61(76.2)	1.44(0.55, 3.76)	0.46
	≥25	21(9.9)	192(90.1)	1	
Educational level	No formal education	5(6.8)	68(93.2)	1	
	Primary school	4(2.8)	150(97.2)	0.45(0.10,1.493)	0.27
	Secondary school and above	39(32.8)	80(67.2)	7.00(2.3, 21.34)***	0.00
Marital status	Single	34(17.3)	163(82.7)	2.64(1.12, 6.21)*	0.03
	Married	14(10.1)	125(89.9)	1	
Unprotected sex	Yes	30(23.8)	96(76.2)	1.02(0.39,2.69)	0.97
	No	18(8.6)	192(91.4)	1	
History of Abortion	Yes	25(41.7)	35(58.3)	4.66(1.89, 11.45)**	0.00
	No	23(8.3)	253(91.7)	1	
Ever used modern family planning methods.	Yes	40(15.6)	216(84.4)	1.23(0.43, 3.51)	0.7
	No	8(10.0)	72(90)	1	
Knowledge	Knowledgeable	30(33.3)	60(66.7)	3.48(1.57, 7.69)**	0.00

Status	Not knowledgeable	18(7.3)	228(92.7)	1	
Attitude status	Positive	40(17.4)	190(82.6)	2.31(0.88, 6.07)	0.09
	Negative	8(7.5)	98(92.2)	1	

P<0.001=***, at P<0.01=** and at P<0.05=*, AOR=Adjusted Odds Ratio and CI= Confidence Interval

5. DISCUSSION

In this study the number of female day laborers who have ever practiced emergency contraceptive was 14.3% (95% CI :10.3-18.7) Educational status of secondary school and above, Single marital status, having history of pregnancy, having history of induced abortion and knowledgeable on EC use were factors identified as associated with the use of emergency contraceptives use .

The number female who ever practiced emergency contraceptive was 14.3%. This result is agree with a studies conducted in Ethiopia among university students in Tigray (12.2%), Gondar (13.5%) and Hawassa (17.4%) and african countries like Ghana (12.7%). (Desta *et al*, 2017; Ketema *et al*, 2017; Tutu *et al*, 2018, Kaleab, 2019). This study results was higher than a study conducted in Dire Dawa, Ethiopia among post abortal care clients (9.7%) and study conducted in India among working female in the reproductive age group attending the obstetrics and gynecology outpatient department (8.2%) (Meskerem *et al*, 2014; Harne and Khan, 2016). This may be due participants in the Dire Dawa was found high magnitude of un intended pregnancy. However it was much lower than findings of studies conducted in Ethiopia, Mizan Tepi, (36.2%) Harar (61% and 33%), Arbaminch (33.4%) and Study conducted in Ghan (39.9%) (Bisrat *et al*, 2016; Semira and Mekonnen, 2016; Yohannes *et al*, 2018; Kirubel *et al*, 2019; Amalba *et al*, 2014). This difference might be due to difference in study population, study setting, educational status and access to emergency contraceptive services and other. For instance, some of the above studies were conducted in university students, urban setting and areas with better sexual and reproductive services. But the current study is among daily laborers.

Literatures imply the literacy status of women has great role on emergency contraceptive use. The use of EC was reported significantly higher among participants with higher educational status. In this Study also participants with educational level secondary school and above were more likely to use EC than those with educational level of primary education and below. This agree with Studies conducted in Wallo University and Dire Dawa Ethiopia (Marta and Hinsermu, 2015; Meskerem *et al*, 2014). On the other hand education might improve knowldeg and practice of females on the use of contraceptives. This was supported by finding from the currents study which indicates knowledgeable participants about emergency contraceptive were three times more likely to practice it. This is also in line with a study done in Ethiopia among MizanTepi

university students, Dire Dawa, Debre Markos, and Hawassa (Bisrat *et al*, 2016; Meskerem *et al*, 2014; Marta and Hinsermu, 2015; Kaleab, 2019).

This study find married women were less likely to use emergency contraceptives than those with single marital status. This agree with a study done in Dirre Dawa. (Meskerem *et al*, 2014). On the other hand, this result contradicts with a study done among Wollo University and evening primary school students in Hawassa. where married study participnats were more likely to utilize emergency contraceptives than those never married respondents. (Alemayehu and Teferi, 2016; Kibir *et al*, 2017). This difference may be due to difference in study setting, method preferences. Those married women in this study may prefer regular contraception as they may live with their husband while those in the university do not.

Abortion is the other associating factor with the use of emergency contraceptive. In this study participants who had ever induced abortion are four times more likely to use emergency contraception than those who do not have history of induced abortion. This result opposes the study done in Debre markos which find, those participants with no history of induced abortion were more likely to use emergency contraceptive than their counter parts. (Marta and Hinsermu, 2015). This difference may be due to a higher proportion of induced abortion in current study and higher proportion of sexually inactive participants in the previous study. Because, participant who ever face abortion is more likely to have post abortal care which might increase awareness about emergency cotraceptive contraceptive method.

The strength of this study is using female interviewer to minimize biase with the sensitive nature of the questions and getting response rate of 100%. Despite this, some of the limitations are, this study has sensitive nature of the questions about reproductive issue like sexual history and abortion which affects findings. There is also potential for recall bias regarding ever use of EC. The other limitation is, as the study is done on one flower farm, it is not representative of all flower farms and the general condition of women in the district. As this was a cross -sectional study, it was difficult to ascertain cause and affect relationship. There is also lack of studies done among daily laborers for comparison.

6. CONCLUSION AND RECOMMENDATIONS

6.1. Conclusion

The finding indicates that Emergency contraceptive use among female daily laborers in reproductive age group in Flower farm of Bora District is low. Educational status of secondary school and above, Single marital status, history of pregnancy, history of induced abortion and being knowledgeable about EC are factors associated with EC use among female daily laborers.

6.2. Recommendations

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

- Family health department in the district health office and Zonal health department should work on method availability and have appropriate knowledge about emergency contraception in order to improve emergency contraceptive utilization in case of (no contraceptive use, contraceptive accident (failure) or misuse, condom rupture, slippage or misuse, failure to abstain on a fertile day in a women who uses the calendar method and rape while do not want to be pregnant among daily laborers. The administration of the sher blen farm clinic should also plan on reproductive health services like family planning and strengthen health education on emergency contraception and abortion.

7. REFERENCES

- Adeniji, Aramide M Tijani, Kola M Owonikoko.2013.Knowledge and determinants of Emergency contraceptive use among students in Tertiary institution usun state, Nigeria. *Journal of Basic and clinical reproductive science*,2 (1): 46-53.
- Adino Tesfahun Tsegaye, Menderie Mengistu and Alemayehu Shimeka.2016.Prevalenceof Unintended pregnancy and associated factors among married women in West Belessa Woreda, North West, Ethiopia, *BMC Res Notes*,15(201):1-10
- Alemayehu Adinew and Teferi Gedif Fanta.2016. Awareness and utilization of Emergency contraceptive among second cycle primary female evening students in Hawassa. *Ethiopian Pharmaceutical Journal*.3(1):1-37.
- Amha Admassie Gelaye, Kalemeleket Nigussie Taye and Tesfa Mekonen.2014. Magnitude and risk factors of abortion among regular female students in Wolaita sodo University ,Ethiopia.*BMCWomen'sHealth*,14(50):1-9
- Anthony Amalba, Victor Mogre, Monica NA Appiah and Winnifred A Mumuni.2014. Awareness, use and associated factors of emergency contraceptive pills among women of reproductive age (15-49 years) in Tamale, Ghana. *BMC Women's Health*, 14:(14)1-6.
- Asres Eshetie Feleke,Tewdros Seyoum Nigussie,Tibeb Zena Debel .2018.Utilization and associated factors of emergency contraception among women seeking abortion services in health institutions of dessie town, north east Ethiopia.*BMC Research Notes*,12(68):1-6
- Bekele Wondimu Ayana.2008. Emergency contraceptive: Post-secondary school femal students' and service providers' perspective (the case of Awassa town). Msc thesis (Addis Ababa University). Available at <http://localhost:80/xmlui/handle/123456789/11995>.Accessed on

Bethlehem Alemayehu, Adamu Addissie, Wondimu Ayele, Sisay Tiroro and Demelash Woldeyohannes, 2019. Magnitude and associated factors of repeat induced abortion among reproductive age group women who seek abortion care services at married couples' international Ethiopia clinics in Addis Ababa. *Reproductive health*. 16(76):1-10. <https://doi.org/10.1186/s12978-019-0743-4>.

Bisrat Zeleke Shiferaw, Bosen Tebeje Gashaw and Fekadu Yadassa Tesso. 2016. Knowledge, Attitude and Practice of Emergency Contraceptives among Mizan-Tepi University Female Students, South West Ethiopia *Journal of Pain Management & Medicine*, 2:(2):1-7

Bora Woreda Health office. 2019. Woreda Based Annual Plan of Bora woreda.

Darroch, J.E., S. Audam, and V. Woog. 2016. Adding It Up: Costs and Benefits of Meeting the Contraceptive Needs of Adolescents. Supplementary Data Tables. New York: Guttmacher Institute. <https://www.guttmacher.org/sites/default/files/report>. accessed December 27 2019

Darroch, J.E., V. Woog, A. Bankole, and L.S. Ashford. 2016. Adding It Up: Costs and Benefits of Meeting Contraceptive Needs of Adolescents. New York: Guttmacher Institute. https://www.guttmacher.org/sites/default/files/report_pdf. accessed December 27 2019

Desalegn Bekele, Mohammed Taha, Fasil Tessema. 2015. Prevalence and Abortion Methods Employed by Women Working in Flower Farms of Batu Town, Ethiopia. *Science Journal of Public Health*, 3(3):404-409. Doi: 10.11648/j.sjph.20150303.26.

Ellen Osei Tutu, Abigail A Aryeh-Adjei and Ernest Ampadu, 2018. Awareness and Usage of Emergency Contraceptives (EC) Among University Students: The Case of Ghana. *Journal of Gynecology and Women's Health* ISSN 2474-7602. 10(3): 555788.

Eskeziaw Abebe Kassahun, Liknaw Bewket Zeleke, Amanuel Addisu Dessie, Bisrat Gebrehiwot Gersa, Hayat Ibrahim Oumer, Hunegnaw Alemaw Dersseh, Mulugeta Wodaje Arage and Getnet Gedefaw Azeze.2019.Factors associated with unintended pregnancy among women attending antenatal care in Maichew Town.Northern Ethiopia.*BMC Res Notes*, 12 (38):1-6 <https://doi.org/10.1186/s13104-019-4419-5>

Fatuma A Ahmed, Kontie M Moussa, Karen O Peterson and Benedict O Asamoah.2012. Assessing knowledge, attitude, and practice of emergency contraception: a cross-sectional study among Ethiopian undergraduate female students. *BMC Public Health* 12(110):1-9. <http://www.biomedcentral.com/1471-2458/12/110>.

Fatemeh Najafi, Hejar Abdul Rahman, Muhamad Hanafiah, Yadollah A Momtaz and Zaiton Ahmad. 2012.Knowledge, Attitudes And Practices Among Married Malay Women Staff At a Public University In Malaysia. *Southeast Asian journal of Tropical Medicine and Public Health*, 43 (6): 1512 – 1520.

Federal Democratic Republic of Ethiopia Ministry of Health.2011: National Guideline for Family Planning Services in Ethiopia, Addis Ababa Ethiopia.Available at <http://www.med box.org> national guid..Accessed on December 27 2019

FHAPCO(Federal HIV/AIDS Prevention and control office) Multi-sectoral HIV/AIDS Response Annual Monitoring and Evaluation Report, July 2008-June 2009.Ministry of health Addis Ababa Ethiopia.

Gessesew Bugssa, Tensay Kahsay, Abyot Asres, Balem Dimtsu and Yosief Tsige. 2014. Factors Associated with Knowledge, Attitude and Practice towards Emergency Contraception among Female Clients of Ethiopian Immigration and Nationality Affairs Office. *Journal of Community Medicine & Health Education*, 4(4):1-7. Doi:10.4172/2161-0711.10003.

Gezahegn Tesfaye,Mitiku Teshome Hambisa and Agumasie Semahegn.2014. Induced Abortion and Associated Factors in Health Facilities of Guraghe Zone, Southern Ethiopia, *Journal of Pregnancy*,2014 (2957332): 1-8 <http://dx.doi.org/10.1155/2014/295732>

- Gilda Sedgh , Sushela Singh and Rubina Hussain .2014. Intended and unintended pregnancies worldwide in 2012 and recent trends.*Studies in Family Planning*, 45(3):301-314.
- Jessica D.Gipson,Michael A.Koenig,Michelle J.Hindin. The effects of unintended pregnancy on infant, child, and parental health 2008.a review of the literature. *Stud Fam Plann.*39(1):18–38.
- John S.Santelli,Roger rochat,Kendra Hatfield-TimajchyBrenda Celley Gilbert,Kathryn M.Curtis,Rebecca CabralJenifer S.Hirsch, Laura Schieve.2003Measurement and Meaning of uninteded pregnancy,*Perspectives on sexual and reproductive haelth*,35(2):94-101
- Hoque, ME. And Ghuman, S.,2012. Knowledge, Practices, and Attitudes of Emergency Contraception among Female University Students in kwazulu-Natal, South Africa. *Plos ONE*, 7(9):1-7 e46346. Doi:10.1371/journal.pone.0046346.
- Kaleab Tesfaye Tegegne.Assessment of Knowledge, Attitude, Practice and Associated Factors on Emergency Contraception Among Level- II to Level-IV Female Students in Hawassa College of Health Sciences, South, Ethiopia.2019. *Journal of Natural Sciences Research*, 9(15): 40.DOI: 10.7176/JNSR
- Ketema Bizuwork Gebremedhin, Tesfaye Gebresillassie, Beedemariam Bihone, Tesfaye Demeke, Netsane Habtie.2017. Assessment of knowledge, attitude and behaviour towards Emergency Contraceptive among Female Students of Fasiledes Preparatory school, Gondar, Ethiopia. *Clinics Mother Child Health*, 14(2):1-6. Doi:10.4172/2090-7214.1000260
- Kibir Temesgen, Amare Workie and Delelegn Tsegaye.2017.Assessment of Knowledge, Attitude and Practice Towards Emergency Contraceptives and Associated Factors among Wollo University (Dessie Campus) Undergraduate Female Students in Dessie, Ethiopia. *Journal of Epidemiology and Public Health Reviews*,2(3):1-6
doi<http://dx.doi.org/10.16966/2471-8211.144>.
- KlimaCS.(1998).Unintended pregnancy. Consequences and solutions for a worldwide problem.*Journal of Nurse Midwifery*,43(6):483-491.

- Marta Tessema and Hinsermu Bayu.2015.Knowledge, Attitude and Practice on Emergency Contraception and Associated Factors among Female Students of Debre-Markos University, Debre-Markos Town, East Gojam Zone, North West Ethiopia.*Global Journal of medical research*,15(1):1-8.
- Meskerem Abate, Nega Assefa, Tadesse Alemayehu. 2014. Knowledge, Attitude, Practice, and determinants emergency contraceptive use among women Seeking abortion Services in Dire Dawa, Ethiopia. *Plos ONE*,9(10):1-7 e110008. Doi:10.1371/journal.pone.0110008.
- Mohammed Feyisso, Alebachew Girma, Hamid Yimamand Sileshi Hailu.2017. Magnitude of Unintended Pregnancy and its Determinants among Pregnant Women Visiting Dilla University Referral Hospital, South Ethiopia. *Journal of Women's Health Care*, 6(4): 1-7 Doi:10.4172/2167-0420.1000388<https://www.omicsonline.org>
- Prateek Harne and Amir Maroof Khan .Awareness and usage of emergency contraceptive pills among working women: a hospital based survey from North India. *International Journal of Reproduction, Contraception, Obstetrics and Gynecology*.5(4):1202-1206
- Robera Olana Fite, Abdurahman Mohammedamin and Tilaye Workneh Abebe,2018.Unintended pregnancy and associated factors among pregnant women in Arsi Negele Woreda, West Arsi Zone, Ethiopia *BMC Res Notes* 11(671):1-7 <https://doi.org/10.1186/s13104-018-3778-7>
- Sarita Dhakal, Jin Sung Song, Dong Eun Shin, Tae Ho Lee, Ae Young So, and Eun Woo Nam .2016. Unintended pregnancy and its correlates among currently pregnant women in the Kwango District, Democratic Republic of the Congo PMCID: PMC4910199 *Reprod Health*.13(74).1-7 doi: 10.1186/s12978-016-0195-z.
- Semira Busery And Mekonnen Sisay.2016.Knowledge, Attitude And Practice Of Emergency Contraceptives Among Graduating Female Students Of College Of Health And Medical Sciences, Haramaya University, Eastern Ethiopia. *Scholars Academic Journal of Pharmacy*,5(12): 413-420. DOI: 10.21276/Sajp.2016.5.12.2.

- Shrijana Dahal.2017. Exploring the Level of Knowledge, Attitude and Practices of Emergency Contraceptive among Colleges Students of Banepa Municipality of Kavre District. *Journal of Gynecology* 1 (5)61-46
- Shazia Amir Khan, Humaira Hafeez, Rabiya Akbar.2015. Emergency Contraception: An Overview Among Users.*J Ayub Med Coll Abbottabad*,27 (1):51–54 <http://www.ayubmed.edu.pk/JAMC/27-1/Shazia.pdf>.
- Tatek Tesfaye,Tizta Tilahun and Eshetu Girma.2012.Knowledge, attitude and practice of emergency contraceptive among women who seek abortion care at Jimma University specialized hospital, southwest Ethiopia.*BMC Women 's Health*,12(3):1-6. <http://www.biomedcentral.com/1472-6874/12/3>.
- Vernon Mochache,Amyn Lakhanin,Hajara El-Busaidy,Marleen Tammerman and Peter Gichangi.2018.Patterm and determinant of contraceptive usage among women of reproductive age from the Digo community residing in kwale,Kenya:results fro cross sectional survey.*BMC Womens health*,18 (10):1-11
- WHO.Emergency Contraception (Last accessed on 2019 December). Available from: ncbi.nlm.nih.gov/pmc/articles/PMC4338617/updated june 2017.Accessed on December 27 2019
- Yohannes Ayanaw Habitu,HedijaYenusYeshita,Abel Fekadu Dadi and Desta Galcha.2018.Prevalence of and Factors Associated with Emergency Contraceptive Use among Female Undergraduates in Arba Minch University, Southern Ethiopia, 2015:ACross-Sectional Study, *Hindawi International Journal of Population Research*,2018,(2924308):1- 8 <https://doi.org/10.1155/2018/2924308>
- Yohannes Dibaba, Mesganaw Fantahun and Michelle J Hindin.2013. The effects of pregnancy intention on the use of antenatal care services: systematic review and meta-analysis. *Reproductive health journal.* ;10(50):1-9. Doi: 10.1186/1742-4755-10-50.

8. APPENDIX (CES)

Annex 1. Information Sheet and Informed Voluntary Consent Form for Head Of flower farm.

My name is Rahel Terefe. I am the investigator for the study being conducted in this flower farm. I am studying for my Master's degree at Haramaya University, the 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.

1. The study/project title:

Emergency Contraceptive usage and factors associate among female daily laborers in the reproductive age group in Flower Farm of Bora Woreda, Oromia Region Central Ethiopia.

2. Purpose/aim of the study:

The findings of the study can be of a paramount importance for the district health office and zonal health department in planning to improve the level of practice of emergency contraceptive among female daily laborers in reproductive age group of this flower farm .helps barriers against its usage.

3. Procedure and duration:

I will be interviewing the participants for those greater than 18 years and the care givers for those less than 18 years old using questionnaire to provide me with pertinent data that is helpful for the study .There are 41 questions to answer where I will fill the questionnaire by interviewing. The interview will take about 30minutes.

4. Risks and benefits:

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

5. Confidentiality:

The information that will be provided will be kept confidential .There will be no information that will identify the participants in particular. The findings of the study will be general for the institution and will not reflect anything particular of individual persons. The questionnaire will be coded to exclude showing names .No references will be made in oral or written reports that could link participants to the research.

6. Rights:

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

7. Contact address:

If there are any questions or enquires any time about the study or procedures, please contact Rahel Terefe-phone number 0939139435, 0221150019, E-mail elfiye012@gmail.com.

Contact addresses of responsible Institutional Health Research Ethics Review Committee IHERERCO office Phone 0254662011 /PO Box 235, Harar.

8. 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 addressor any quarries. I have been given the opportunity to ask questions for things that may have been unclear .I was informed that participants have the right to withdraw from the study at any time or not to answer any question that they do not want. I am also informed that the flower farm has the right to stop the study from being conducted if any misdeeds and unethical procedures are observed during the data collection process in the institutions premises. Therefore, I declare my voluntary consent on behalf of flower farm of Bora Woreda, Sher Blen farm management to allow this study to be conducted in the flower farm with my initials signature.

Name and Signature of Head of the Flower farm: -----

Name and Signature of principal investigator -----

NB

This is signed face to face in the presence of the principal investigator.

Please provide a copy of this signed consent to the responsible head.

ANNEX 2. Participant information sheet and informed voluntary consent form for those aged 18 and above.

My name is----- . I am working as a data collector for the study being conducted in this flower farm by Rahel Terefe who is studying her Master's degree at Haramaya University College of Health and Medical Sciences. I kindly request you to lend me your attention to explain you about the study and being selected as the study participant.

The study title:

Emergency Contraceptive usage and factors associate among female daily laborers in the reproductive age group in Flower Farm of Bora Woreda, Oromia Region Central Ethiopia.

Purpose of the study:

Emergency Contraceptive utilization and factors associate among female daily laborers in the reproductive age group in Flower Farm of Bora Woreda, Oromia Region Central Ethiopia. This have paramount importance for the district health office to plan on identified gap. Moreover, the aim of this study is to write a thesis as a partial requirement for the fulfillment of a Master's Program in General Public Health for the principal investigator.

Procedure and duration:

I will be interviewing you using a questionnaire to provide me with pertinent data that is helpful for the study. There are 40 questions to answer where I will fill the questionnaire by interviewing you. The interview will take 30 minutes.

Risks and benefits:

The risk of being participating in this study is very minimal, only taking your time. There would be no direct payment for participating in this study. But the findings from this research may reveal important information for the local health planners there by the participant will benefited.

Confidentiality:

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

Rights:

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

Contact address:

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

Principal investigator: Rahel Terefe

E-mail:elfiye012@gmail.com

Mobile phone: 0975883905

Haramaya University College of Health and Medical Science Institutional Research Ethical review Committee:

Office phone: 0254662011

P.O.Box: 235, Harar

Declaration of informed voluntary consent.

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

Name and Signature of participant: -----

Name and Signature of data collector -----

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

**ANNEX 3.Participant information sheet and informed consent form
from parents /guardians those aged below 18 years.**

My name is----- . I am working as a data collector for the study being conducted in this flower farm by Rahel Terefe who is studying her Master's degree at Haramaya University College of Health and Medical Sciences. I kindly request you to lend me your attention to explain you about the study and your daughter selected as the study participant.

The study title:

Emergency Contraceptive usage and factors associate among female daily laborers in the reproductive age group in Flower Farm of Bora Woreda, Oromia Region Central Ethiopia.

Purpose of the study:

Emergency Contraceptive utilization and factors associate among female daily laborers in the reproductive age group in Flower Farm of Bora Woreda, Oromia Region Central Ethiopia.This have paramount importance for the district health office to plan on identified gap. Moreover, the aim of this study is to write a thesis as a partial requirement for the fulfillment of a Master's Program in General Public Health for the principal investigator.

Procedure and duration:

I will be interviewing your daughter using a questionnaire to provide me with pertinent data that is helpful for the study. There are **40** questions to answer where I will fill the questionnaire by interviewing her. The interview will take about 30 minutes, so I kindly request you to allow for her to spare this time for the interview.

Risks and benefits:

The risk of being participating in this study is very minimal, only taking your daughters time. There would be no direct payment for participating in this study. But the findings from this research may reveal important information for the local health planners there by the participant will benefited.

Confidentiality:

The information your daughter will provide us will be confidential. There will be no information that will identify her in particular. The findings of the study will be general for the source

ANNEX 4.Participant Information Sheet and Informed Consent Form in Amharic for those aged 18 and above.

ስሜ-----ይባላል:

:እኔምራሄልተረፈየተባለችበሐረማያዩኒቨርሲቲየአጠቃላይየህብረተሰብጤናትምህርትየማስተርስዲግሪተማሪየምታካሂደዉንጥናትመጠይቅለማስሞላትየተመርጡኩነኝ::እኔምበትህትናየምጠይቀዎቢኖርስለጥናቱምንነትናእርሰዎለምንለጥናቱእንደተመረጡገለጻስለማደርግለዎእንዲያዳምጡኝነዉ::

የጥናቱርዕስ

:በቦራውረዳየአበባእርሻበመውለድየእድሜክልልየሚገኙሴትየቀንሰራኞችየድንገተኛእርግዝናመከላከያዘዴዎችአጠቃቀምእናተያያዦቸ::

የጥናቱዓላማ

:የጥናቱዉጤትበድርጅቱዉስጥየድንገተኛእርግዝናመከላከያዘዴዎችአጠቃቀምእናተያያዦቸምንእንደሚመስልጠቃሚየሆኑመረጃዎችንይሰጣልሌላዉምየጥናቱዓላማየጥናቱአቅራቢየማስተርስዲግሪየመመረቂያዱሁፍለማዘጋጀትትጠቀመዋለች:

የጥናቱሂደትናጊዜ

እኔጥያቄዎቼንበማንበብእርሷደግሞለጥያቄዎቼምላሸበመስጠት 30
ደቂቃዎችአብረንእንቆያለን::የጥያቄዎቼብዛትም 41
ነዉ::ስለዚህእኔጥያቄዎቼንአንብላትናየምትሰጡኝንየጥያቄመልሶችበቦታቸዉእሞላለሁ::

ጥቅምናጉዳት

ይህጥናትየርሰዎንየተወሰነሰዓትከመሻማትበቀርሚያመጣዉብዙየሚባልጉዳትየለም::በጥናቱስለተሳተፉሚያገኙትቀጥተኛየሆነጥቅምየለም::ነገርግንየጥናቱዉጤትሴትየቀንሰራተችበድርጅቱዉስጥየድንገተኛእርግዝናመከላከያዘዴዎችአጠቃቀምእናተያያዦቸምንእንደሚመስልጠቃሚየሆኑመረጃዎችንይሰጣል:ከጥናቱ የሚገኘውውጤት:ለወረዳዉጤናጽ/ ቤትእናየስነተሀሌድ
ለሚሰሩድርጅቶችጠቀሚየሆኑመረጃዎችንይሰጣልይህምለወፊትሚከተለትስሌትእናየመሬትሄአቅጣጫእንግብአትያገለግላል:

ምስጢራዊነት

የሚሰጡት መረጃ ምስጢራዊነቱ የተጠበቀ ነው። በመጠይቁም ውስጥ የረሰዎን ማንነት በተለየ ሁኔታ የሚጠይቅ ጥያቄ የለም። የጥናቱም ውጤት ጥናቱ ለተካሄደበት FIGU ጠቅላይ ያለ መረጃ የሚሰጥ ሲሆን የአንድን ግለሰብን ለጸባር ቅዳሜ ደለም። ጥናቱም በምንም ዓይነት መልኩ በቃልም ይሁን በጽሁፍ ጥናቱን ተሳታፊ ማንነት በሚሰጠው ቅሁኔት ምሳሌ አድርጎ አያቀርብም።

የተሳታፊ መብት

በጥናቱ መሳተፍ ሙሉ በሙሉ በፈቃደኝነት ላይ የተመሰረተ ነው። በጥናቱ የመሳተፍ ምሆነያ ለመሳተፊ መብት አለዎት። ለመሳተፍ ፈቃደኛ ከሆኑ ደግሞ በማንኛውም ሰዓት የማቆም ወይም ምመመ ለስያል ፍለጎትን ጥያቄ ያለ መልስ መብት አለዎት። በማንኛውም ሰዓት ጥናቱን ቢያቆሙት በተለየ መልኩ የሚፈረጁ በትንገር የለም። የበለጠ መረጃ ማግኘት ከሰፈለገ ጥናቱን የተመለከተ ማንኛውም ዓይነት ጥያቄ ወይም አሰተያየት ካለዎት በሚከተሉት አድራሻዎች መረጃ ማግኘት ትችላላችሁ።

የመጠየቂያ አድራሻ

ስም፡ ራህልተረፈ

ስ. ቁጥር፡ 0975883905

ኢ. ሜይል፡ elfiye012@gmail. Com

በሐረማ ያዩኒቨርሲቲ የህክምና ትምህርት ቤት የጥናትና ምርመራ የስነምግባር ክትትል ኮሚቴ

ስ. ቁጥር፡ 0254662011

ፖ. ሳ. ቁጥር፡ 235፤ ሐረር

በፈቃደኝነት ላይ የተመሰረተ በዚህ ጥናት እንድትሳተፍ ፈቃደኛ መሆንን የሚገልጽ መግለጫ

ይህ የስም ምንት መግለጫ

በሚገባ ተነቦልኛል። እኔም የጥናቱን ዓላማ በሚገባ ተረድቻለሁ። ጥቅምና ጉዳቱን፤ ምስጢራዊነቱን፤ መብቷን እንዲሁም ጥናቱን የተመለከቱ ጥያቄዎችና አስተያየቶች ካሉን ማንንም ጠየቅ እንደምንችል ተገንዝቤ አለሁ። ግልጽ ያልሆኑ ነገሮችን እንድትጠይቅ እዲሁ ሰጥቶኛል። እሷም በማንኛውም ሰዓት መጠይቁን የማቆም ወይም ምመመ ለስያል ፍለጎትን ጥያቄ ያለ መልስ መብት እንዳለ ትተነግሮኛል። ስለዚህ በፈቃደኝነት ላይ በተመሰረተ እርሷ በጥናቱ እንድትሳተፍ መወሰኔን ከዚህ በታች ባለው ፊርማ እረጋግጣለሁ።

የተሳታፊ ስምና ፊርማ -----

ይህጥናት የእርሷን የተወሰነ ሰዓት ከመሻማት በቀር የሚያመጣው ብዙ የሚባል ጉዳት የለም። በጥናቱ ስለተሳተፈ ችግሮች ገንዘብ ተገዳሪ የሆነ ጥቅም የለም። ነገር ግን የጥናቱ ውጤት በድርጅቱ ውስጥ በጤናዎች ሪፖርት ስራዎች ላይ ፍጥነት ለማድረግ ስራዎችን ማቆም ይቻላል።

ምስጢራዊነት

የምትሰጠው መረጃ ምስጢራዊነቱ የተጠበቀ ነው። በመጠይቁ ውስጥ የእርሷን ማንነት በተለየ ሁኔታ የሚጠይቅ ጥያቄ የለም። የጥናቱ ውጤት ጥናቱ ለተካሄደበት ድርጅት ጠቅላይ ለመረጃ የሚሰጥ ሲሆን የአንድን ግለሰብ ማንነት የሚያንጸባርቅ አይደለም። ጥናቱም በምንም ዓይነት መልኩ በቃልም ይሁን በጽሁፍ የጥናቱን ተሳታፊ ማንነት የሚያሳወቅ ሁኔታ ምሳሌ አድርጎ አያቀርብም።

የተሳታፊዎች

በጥናቱ መሳተፍ ሙሉ በሙሉ በፈቃደኝነት ላይ የተመሰረተ ነው። በጥናቱ መሳተፍ ሆኖ ለመሳተፍ ሙሉ በሙሉ አለች። ለመሳተፍ ፈቃደኛ ከሆነች ደግሞ በማንኛውም ሰዓት የማቆም ወይም መመለስ ያልፈለገችውን ጥያቄ የለም። መለስ ሙሉ በሙሉ አለች። በማንኛውም ሰዓት ጥናቱን ብታቆም / ብታቋርጥ በተለየ መልኩ የምትታይበት / የምትፈረጅበት ነገር የለም።

የመጠየቂያ አድራሻ

ስም: ራህልተረፈ

ስ. ቁጥር: 0975883905

ኢ. ሜይል: elfiye012@gmail. Com

በሐረማ ያዩኒቨርሲቲ የህክምና ትምህርት ቤት የጥናትና ምርመራ የስነምግባር ክትትል ኮሚቴ

ስ. ቁጥር: 0254662011

ፖ. ሳ. ቁጥር: 235፤ ሐረር

በፈቃደኝነት ላይ የተመሰረተ በዚህ ጥናት እንድትሳተፍ ፍቃደኛ መሆንን የሚገልጽ መግለጫ

ይህ የስም ምንት መግለጫ

በሚገባ ተነባብሮ ልኛል። እኔም የጥናቱን ዓላማ በሚገባ ተረድቻለሁ። ጥቅምና ጉዳቱን፤ ምስጢራዊነቱን፤ ሙሉ በሙሉ እንዲሁም ጥናቱን የተመለከቱ ጥያቄዎችና አስተያየቶችን ለማንንም ጠየቅ እንደምንችል ተገንዝቤ አለሁ። ግልጽ ያልሆኑ ነገሮችን እንደጠይቅ እድሉን ሰጥቶኛል። እሷም በማንኛውም ሰዓት መጠይቁን የማቆም ወይም መመለስ

ስያልፈለገችዉ ንጥያቄያላመመለስመብትእንዳላትተነግሮኛል።ስለዚህበፈቃደኝነትላይበተመሰረተእርሷበ
ጥናቱእንድትሳተፍመወሰኔንከዚህበታችባለዉፊርማዬአረጋግጣለሁ።

በፈቃደኝነትላይየተመሰረተበዚህጥናትእንድትሳተፍቃደኛመሆንንየሚገልጽመግለጫ

ይህየስምምነትመግለጫ

በሚገባተነበልኛል።እኔምየጥናቱንዓላማበሚገባተረድቻለሁ።ጥቅምናጉዳቱን፤ምስጢራዊነቱን፤መብቷንእ
ንዲሁምጥናቱንየተመለከቱጥያቄዎችናአስተያየቶችካሉንማንንመጠየቅእንደምንችልተገንዝቤአለሁ።ግልጽ
ያልሆኑነገሮችንእንድጠይቅእዲሉተሰጥቶኛል።እሷምበማንኛዉምሰዓትመጠይቁንየማቆምወይንምመመለ
ስያልፈለገችዉ ንጥያቄያላመመለስመብትእንዳላትተነግሮኛል።ስለዚህበፈቃደኝነትላይበተመሰረተእርሷበጥ
ናቱእንድትሳተፍመወሰኔንከዚህበታችባለዉፊርማዬአረጋግጣለሁ።

የወላጅ/አሳዳጊስምናፊርማ-----

መጠይቁንያስምለዉሰዉፊርማ. -----

ፊርማዉመጠይቁንበሚያስምለዉሰዉፊትየሚፈረምነዉ!

ANNEX 6.Participant Information Sheet and Informed Consent Form in Afan Oromo for those aged 18 and above.

Ani maqaan Koo _____jedhama.Anis qorannoo dhaabbata abaaboo kana keessatti Raaheel Tarrafaa Nama jedhamtu univarsitii Haramaayaatti Digirii lammataa barachaa jirtuun gaggeeffamuun odeeffannoo akkan sassaabuuf kanan ramadamee yoon ta'u, waa'ee qorannichaa akkan isiniif ibsu akka nadhaggeeffattan kabajaan isin gaafadha.

Mata duree qorannichaa:

Haala itti fayyadama karoora maatii yeroo hatattammaa fi dhimmoota ittifayyadama isaa waliin wal qabatan dubartoota hojjattoota guyyaa umuri 15-49 jiran dhaabbata Abaaboo Aanaa Booraa, Baha Itoophiyaa.

Kaayyoo qorannichaa:

Haala itti fayyadama karoora maatii yeroo hatattammaa fi dhimmoota ittifayyadama isaa waliin wal qabatan hojjattoota guyyaa dhaabbata Abaaboo Aanaa Booraa,Baha Oromiyaa.Kunis waajjira Eegumsa fayyaa Aana,Godinaa akkasumas,qamoleen rakkoo adda bahe irratti karoorsaniif odeeffannoo bu'uuraa kenna.Kana malees gaggeessituun qorannoo kanaa barreeffama digriilammataa guuttachuuf barbaachisu ittiin qopheessuuf ittiingargaaramti.

Yeroo fi Adeemsa qorannichaa:

Ani gaaffilee waraqaa gaafonnoo kana irratti kennaman isiniif dubbisuudhaan isingaafa dha.Waliigalatti gaaffilee 40 tu jiru .Adeemsi gaaffii fi deebi Kun waligala daqiiqaa 30 fudhata.

Faayidaa fi Midhaa:

Qorannoo kana irratti hirmaachuun miidhaan inni geessisu yeroo keessan muraasa fudhachuu qofaadha. Faayidaan ykn kaffaltiin kallatti dhaan sababa qorannoo kana irratti hirmaattiniif argattan hin jiru. Garuu, argannoon qorannoo kanaa odeeffannoo bu'uuraa qaamolee dhimma karooramaatii irratti karoorsaniif waan kennuuf hirmaataan qorannoo kanaa bu'aa qorannichaa irraa fayyadamaa ni ta'a.

Iccitii Eeguu:

Odeeffannoon isin nuuf kennitan guutumaa guutuutti akka iccitiitti agama. Argannoon qorannoo kanaa akkawaliigalaatti hirmaattota qorannichaa Kan ibsu malee, hirmaataa qorannoo tokko akka dhuunfaatti haala kamiin iyyuu Kan ibsu miti.

Mirga:

Qorannoo kana irratti hirmaachuun guutumaa guutuutti fedhii irratti Kan hundaa'ee dha. Hirmaachuufis ta'e hirmaachuu dhiisuuf mirga guutuu qabdu. Hirmaachuuf yoo murteessitan, yeroo barbaaddan addaan kutuufis ta'e, gaaffii debisuu hinbarbaadne deebisuu dhiisuuf mirgaguutuu qaabdu. kunis faayidaa argattan kam iyyuu kan iisin hin dhabsiisnee fi haala adda ta'een isin hinfarrajsiisu.

Odeeffannoo

Qorannoo kanaan walqabatee yeroo kamitti gaaffii yoo qabaattan

Gaggeessituu qorannoo kanaa Raahel Tarrafaa

E-mail: elfiye012@gmail.com

Bilbila moobaayilii 0975883905

Haramaya University College of Health and Medical Science Institutional Research Ethical review Committee:

Bilbilawajjiraa: 0254662011.

Lakkoofsa saanduqa poostaa: 235, Harar.

Dhimmoonni qorannoo kanaa wal qabatan haalaan naaf dubbifamanii jiru. Anis kaayyoo qorannichaa, adeemsa isaa, faayidaa fi miidhaa, icciti, mirga hirmaattotaa fi odeeffannoo

barbaachisoo hunda haalaan hubadheen jira.Dhimmoota ifa hintaanee illee carraan ittin gaaffii gaafadhu naaf kennamee jira.Hirmaachuufis ta'e hirmaachuu dhiisuuf, yeroon barbaadetti adda kutuuf akkasumas, gaaffii debisuu hinbarbaadne deebisuu dhiisuuf mirga guutuu akkan qabuu naaf ibsamee jira.Kanuufis qorannoo kana irratti hirmaachuuf fedha kootiin murteessuu koo mallattoo kootiin akka armaan gadiitti nan mirkaneessa.

Maqaa fi Mallattoo hirmaataa: ----- Mallattoo Nama odeeffannoo sassaabuu -----

Kun Nama odeeffannoo sassaabu fuulduratti Kan mallatteeffamuudha.

ANNEX 7. Participant Information Sheet and Informed consent form from parents/ guardians in Afan Oromo for those aged below 18 years.

Ani maqaan Koo _____jedhama.Anis qorannoo dhaabbata abaaboo kana keessatti Raaheel Tarrafaa Nama jedhamtu univarsitii Haramaayaatti Digirii lammataa barachaa jirtuun gaggeeffamuuf odeeffannoo akkan sassaabuuf kanan ramadamee yoon ta'u, waa'ee qorannichaa fi mucaan keessan maaliif akka filatamte akkan isiniif ibsu akka nadhaggeeffattan kabajaan isin gaafadha.

Mata duree qorannichaa:

Haala itti fayyadama karoora maatii yeroo hatattammaa fi dhimmoota ittifayyadama isaa waliin wal qabatan dubartoota hojjattoota guyyaa umuri 15-49 jiran dhaabbata Abaaboo Aanaa Booraa, giddu galeessa Itoophiyaa

Kaayyoo qorannichaa:

Haala itti fayyadama karoora maatii yeroo hatattammaa fi dhimmoota ittifayyadama isaa waliin wal qabatan hojjattoota guyyaa dhaabbata Abaaboo Aanaa Booraa,Baha Oromiyaa.Kunis waajjira Eegumsa fayyaa Aana,Godinaa akkasumas,qamoleen rakkoo adda bahe irratti karoorsaniif odeeffannoo bu'uuraa kenna.Kana malees gaggeessituun qorannoo kanaa barreeffama digriilammataa guuttachuuf barbaachisu ittiin qopheessuuf ittiingargaaramti.

Yeroo fi Adeemsa:

Ani gaaffilee waraqaa gaafonnoo kana irratti kennaman isheef dubbisuudhaan ishee gaafa dha. Waliigalatti gaaffilee 40 tu jiru .Adeemsi gaaffii fi deebi Kun waligala daqiiqaa 30 fudhata.

Faayidaa fi Midhaa:

Qorannoo kana irratti hirmaachuun miidhaan inni geessisu yeroo mucaa keessanii irraa daqiiqaa muraasa muraasa fudhachuu qofaadha. Faayidaan ykn kaffaltiin kallatti dhaan sababa qorannoo kana irratti hirmaatfe argattu hin jiru. Garuu, argannoon qorannoo kanaa odeeffannoo bu'uuraa qaamolee dhimma karooramaatii irratti karoorsaniif waan kennuuf hirmaataan qorannoo kanaa bu'aa qorannichaa irraa fayyadamaa ni ta'a.

Iccitii Eeguu:

Odeeffannoon mucaan keessan nuuf kennitu guutummaan guutuutti akka iccitiitti egama. Argannoon qorannoo kanaa akkawaliigalaatti hirmaattota qorannichaa Kan ibsu malee, hirmaataa qorannoo tokko akka dhuunfaatti haala kamiin iyyuu Kan ibsu miti.

Mirga:

Qorannoo kana irratti hirmaachuun guutummaa guutuutti fedhii irratti Kan hundaa'ee dha. Mucaan keessan hirmaachuufis ta'e hirmaachuu dhiisuuf mirga guutuu qabdi. Hirmaachuuf yoo murteessite, yeroo barbaaddu addaan kutuufis ta'e, gaaffii debisuu hinbarbaadne deebisuu dhiisuuf mirgaguutuu qaabdi. kunis faayidaa argachuuf maltu kam iyyuu kan ishee hin dhabsiisnee fi haala adda ta'een ishee hinfarrajsiisu.

Odeeffannoo

Qorannoo kanaan walqabatee yeroo kamitti gaaffii yoo qabaattan

Gaggeessituu qorannoo kanaa Raahel Tarrafaa

E-mail: elfiye012@gmail.com

Bilbila moobaayilii 0975883905

Haramaya University College of Health and Medical Science Institutional Research Ethical review Committee:

Lakk. Bilbilaa: 0254662011

Lakk. Saanduqa Poostaa: 235, Harar.

Dhimmoonni qorannoo kanaa wal qabatan haalaan naaf dubbifamanii jiru. Anis kaayyoo qorannichaa, adeemsa isaa, faayidaa fi miidhaa, icciti, mirga hirmaattotaa fi odeeffannoo

barbaachisoo hunda haalaan hubadheen jira. Dhimmoota ifa hintaanee illee carraan ittin gaaffii gaafadhu naaf kennamee jira. Mucaan kiyya hirmaachuufis ta'e hirmaachuu dhiisuuf, yeroo barbaadetti adda kutuuf akkasumas, gaaffii debisuu hinbarbaadne deebisuu dhiisuuf mirga guutuu akka qabdu naaf ibsamee jira. Kanuufis mucaan kiyya qorannoo kana irratti akka hirmaattuuf fedha kootiin murteessuu Koo mallattoo kootiin akka armaan gadiitti nan mirkaneessa.

Maqaa warraa/Guddistuu: ----- Mallattoo _____

Maqaa Nama odeeffannoo sassaabuu ----- Mallattoo _____

Kun Nama odeeffannoo sassaabu fuulduratti Kan mallatteeffamuudha.

ANNEXES 8. English Language Questionnaire.

Questionnaires on Emergency Contraceptive utilization and factors associate among Female Daily Laborers In reproductive age group in Flower Farm of Bora District, Central Ethiopia.

Submitted by

To be filled by data collectors

Region: Oromia. Zone: East Shoa. Woreda: Bora.

Name of Institution:

Name of the interviewer:

Questionnaires ID NO:

<i>Part I. Back ground characteristics of respondents.</i>			Skip to
101	How old are you?	Age in years _____	
102	What is your educational status?	1. No education/Not read and write. 2. Primary (1-8) 3. Secondary (9-12 grade) 4. Collage 5. Other	
103	What is your religion?	1. Orthodox Christian	

		<ol style="list-style-type: none"> 2. Catholic Christian 3. Protestant Christian 4. Muslim 5. Other 	
104	What is your ethnicity?	<ol style="list-style-type: none"> 1. Oromo 2. Amara 3. Wolaita 4. Guragie 5. Other 	
105	What is your current Marital status?	<ol style="list-style-type: none"> 1. Unmarried 2. Married 3. Divorced 4. Separated 5. Widowed 	
106	How much is your monthly income?	_____ETB	
107	Currently, With whom you are living with?	<ol style="list-style-type: none"> 1. Alone 2. With my husband 3. With my friend(Female) 4. With my boyfriend 5. With my parents 6. Other , specify_____ 	
Part II. Sexual experience, knowledge and practices of contraception.			
201	Have you ever had sexual intercourse?	<ol style="list-style-type: none"> 1. Yes 2. No 	If no skip to 301
202	Have you ever heard about family planning Methods?	<ol style="list-style-type: none"> 1. Yes 2. No 	If not skip to

			question no 206
203	If, Yes“ which one do you know?	<ul style="list-style-type: none"> 1. Oral pills 2. Intra uterine contraceptive devices 3. Injectable 4. Condoms 5. Implants 6. Pills & Injectable 7. Pills, Injectable & Implants 8. Pills, Injectable, Implants & condoms 9. Implants&IUCD 10. Other specify 99. MISSING 	
204	Have you ever used contraceptive methods?	<ul style="list-style-type: none"> 1. Yes 2. No 99. Missing 	If not skip to question no 205
205	Which contraceptive methods ever used?	<ul style="list-style-type: none"> 1. Oral pills. 2. Intra uterine contraceptive devices 3. Injectable 4. Condoms 5. Implants 6. Pills & Injectable 7. Pills, Injectable & Implants 8. Pills, Injectable, Implants & condoms 9. Implants&IUCD 10. Other specify 99. MISSING 	
206	IF your response for	1. Family planning service not available in the	

	question no 203 is No What is your reason for not using family planning methods? (more than one response is possible)	institution 2. Lack of knowledge about contraceptive 3. Partner opposed 4. Religious/moral reasons 5. Fear of side effect 6. Wanted to be pregnant 7. Infrequent sex 8. I'm not sexually active 99. Missing	
207	Have you ever had sexual inter course Without using contraceptive methods while not want to be pregnant?	1. Yes 2. No 99. Missing	
208	Have you ever been pregnant?	1. Yes 2. No 99. Missing	If not skip to 301
209	How many times?	1. Once 2. Two times 3. More than two times 99. Missing	
210	Was there a pregnancy which was unplanned?	1. Yes 2. No	If not skip to 211
211	IF your response is yes for No, 209 How did it happen?(More than one response is possible)	1. Forced sexual intercourse 2. Calendar method was not correct 3. Contraceptive failure 4. Condom slippage/broken 5. Forget to take contraception 6. Religious/moral reasons 7. I was not taking regular contraceptive because of infrequent sex	

		8. Other . 99. Missing	
212	Have you ever had induced abortion?	1. Yes 2. No 99. Missing	
Part III. Knowledge towards EC			
301	Is there any method that could be taken to prevent unwanted pregnancy after unprotected sex?	1. Yes 2. No 3. I don't know 99. Missing	If not or don't know skip to question no 303.
302	If yes for question No 301, Mention all the methods you know that could be used to prevent pregnancy after unprotected sexualinter course?	1.----- 2.----- 3.-----	
303	Have you ever heard about emergency contraception?	1. Yes 2. No 99. Missing	If not End
304	What was the first source of information?	1. Television/Radio 2. Magazines/newspaper 3. Relatives 4. From courses/Formal lecture	

		<ul style="list-style-type: none"> 5. Boyfriend 6. Female friends 7. Healthcare provider 8. Other 99. Missing 	
305	Of the listed, which can be used as emergency contraception? (More than one response is possible).	<ul style="list-style-type: none"> 1. Oral pills 2. IUCD 3. Herbal vaginal pessaries 4. Bitter medications, quinine, lemon 5. Monthly injectable 6. I do not know 7. Other, specify----- 	
306	How long after unprotected sex should emergency contraceptives be used?(more than one response is possible)	<ul style="list-style-type: none"> 1. Immediately after sex 2. Within 24 hrs 3. Within 72 hrs 4. Within 120hrs /five days/ 5. At the next menses 6. Others specify----- 7. Doesn't know 	
307	To the best of your Knowledge, How do emergency contraceptives work?	<ul style="list-style-type: none"> 1. Prevent pregnancy from occurring 2. Cause abortion 3. Don't know 4. Other, specify_____ 	
308	Do you know where a woman can obtain emergency	<ul style="list-style-type: none"> 1. Hospital 2. Health center 3. Private clinic 	

	contraceptive services? (more than one response is possible)	<ol style="list-style-type: none"> 4. Pharmacy 5. Private clinics & Pharmacies. 6. Any health care service providing institution 7 other 99. Missing 	
309	In what circumstances should Emergency contraception be used?	<ol style="list-style-type: none"> 1. When forced to have sex./Raped 2. When condom slipped/broken 3. When there is missed pills 4. When there is infrequent sex 5. When there is miscalculation of calendar method 6. I do not know 7. Other 	
Part IV. Attitude and practice towards EC (For respondents who have heard about EC).			
401	Have you ever used emergency contraceptive methods?	<ol style="list-style-type: none"> 1. Yes 2.No 	If No skip to question no 406
402	If yes for question No 401 Which method of emergency contraceptive have you used? (More than one answer is possible)	<ol style="list-style-type: none"> 1. ECP 2.COC 3. Intra uterine contraceptive devices 4. Other 	

403	Why did you use it?	<ol style="list-style-type: none"> 1. You do not use a contraceptive method 2. The sexual inter course was un planned 3. The timing miscalculated. (Rhythm) 4. The condom broke or slipped 5. You missed pills 6. You were forced to have sex 7. Other Specify: _____ 	
404	Who recommended it?	<ol style="list-style-type: none"> 1. A friend (Female) 2. Partner (male) 3. Health professional 4. Other specify 	
405	How many times have you ever used EC method?	<ol style="list-style-type: none"> 1. Once 2. Two-times 3. More than two times 	
406	If No for question no 401 What is your reason not to use EC? (more than one response is possible)	<ol style="list-style-type: none"> 1. Don't know where to get 2. EC service not available 3. It is against my religion 4. It is not effective 5. It is dangerous to once health 6. I am using regular contraceptive methods 7. Don't know it before 8. Not sexually active 	
407	Where do you think emergency contraceptive method should be provided?	<ol style="list-style-type: none"> 1. Public hospitals 2. Private hospitals 3. Health centers 4. Private clinics 5. Pharmacies 6. Other Specify_____ 	

408	Do you think you would ever use emergency contraceptive or recommend it to a friend or relative in case of need?	<ol style="list-style-type: none"> 1. Yes 2. No 3. Not sure 	If Yes skip to 410
409	If No or Not sure for question no 408 What is your reason? (more than one response is possible)	<ol style="list-style-type: none"> 1. It is against my religion 2. It is not effective 3. It is dangerous to once health 4. I am using regular contraceptive methods 5. My partner does not like it 6. It causes abortion 7. Other reason 	
410	Do you believe your partner would accept that you use this method?	<ol style="list-style-type: none"> 1.yes 2.No 3. I am not sure 	
411	Do you have any questions or concerns about emergency contraceptive methods?	<ol style="list-style-type: none"> 1. Yes 2. No 	
412	If yes to question no 411 Which are your concerns?	<ol style="list-style-type: none"> 1. It may cause health problems 2. It may hurt the baby in case it does not work 3. It may result in complications to get pregnant in the future 	

		4. It is a bortifiant 5. Other Specify 6. I do not have enough information	
--	--	--	--

Thank you!

ANNEX 9. Amharic Language Translated Questionnaire.

መጠይቁን ያስሞላው ሰው ፊርማ.

ፊርማው መጠይቁን በሚያስሞላው ሰው ፊት የሚፈረም ነው!

መጠይቁን የሚያስሞላው ሰው ስም _____

የጥያቄው መለያ ቁጥር _____

ክፍል I አጠቃላይ መረጃ			
	መጠይቅ	መልሶች	ወደተ.ቁይታለ ፍ
101	እድሜ ስንት ነው ?	_____ ዓመት	
102	የትምህርት ደረጃ ስንት?	1. ያልተማረች 2. የመጀመሪያ ደረጃ ትምህርት (1-8) 3. የሁለተኛ ደረጃ ትምህርት (9-12) 4. ከሁለተኛ ደረጃ ትምህርት በላይ (ኮሌጅ) 5. ሌላ ካለ ይገለጽ _____	
103	የትኛው እምነት ተከታይ ነህ?	1. ኦርቶዶክስ ክርስቲያን 2. ካቶሊክ ክርስቲያን 3. ፕሮቴስታንት	

		4.ሙስሊም 5.ሌላካለይገለጽ _____	
104	ብሔርሽ	1. አሮሞ 2. አማራ 3. ወላይታ 4. ጉራጌ 5. ሌላካለይገለጽ _____	
105	የጋብቻሁኔታሽ	1. ያላገባች 2. ያገባች 3. አግብታየፈታች 4. ከባለቤቴጋርየተለያየቦታነውየምኖረው 5. የትዲርጓደኛዋንበሞትያጣች	
106	በወርየምታገኘውየገቢሙጠን	_____ብር	
107	አሁንከማንጋርነውእየኖርሽያለሽው ?	1. ብቻዬን 2. ከባለቤቴጋር 3. ከሌትጓደኛዬ/ኞቴጋር 4. ከወንድጓደኛዬጋር 5. ከቤተሰቦቼ (ከእናትና/ከአባቴ) ጋር 6. ሌላካለይገለጽ _____	
ክፍል II አጠቃላይመረጃስለእርግዝናመከላከያዘዴዎች			
201	ዳታዊግንኙነትፈጽመሽታውቂያለሽ?	1. አዎ 2. አላውቅም	
202	ስለቤተሰብምጣኔሰምተሽታውቂያለሽ ?	1. አዎ 2. አላውቅም	
203	መልስሽአዎከሆነየትኛውንየቤተሰብም ጣኔዘዴታውቂያለሽ?	1. በየቀኑየሚዋጥየርግዝናመከላከያ (መቆጣጠሪያ) እንክብል 2. በማህፀንውስጥየሚቀመጥየርግዝናመከላከያ (መቆጣጠሪያ) 3.	

		<p>በየሦስትወሩክንድላይየሚወጋእርግዝናመከላከያ (መቆጣጠሪያ) መርፌ</p> <p>4. ኮንዶም</p> <p>5. ክንድላይየሚቀበርየርግዝናመከላከያ (መቆጣጠሪያ)</p> <p>6. ሌላካለይገለጽ _____</p>	
204	የርግዝናመከላከያ ዘዴዎችን ተጠቅመሽ ታውቂያለሽ?	<p>1. አዎ</p> <p>2. አላውቅም</p>	
205	መልስ ስለ አዎ ከሆነ የትኛውን የእርግዝና መከላከያ ዘዴ ተጠቅመሽ ታውቂያለሽ?	<p>1. በየቀኑ የሚዋጥ የእርግዝና መከላከያ (መቆጣጠሪያ) እንክብል</p> <p>2. በማህፀን ውስጥ የሚቀመጥ የእርግዝና መከላከያ (መቆጣጠሪያ)</p> <p>3. በየሦስትወሩ ክንድላይ የሚወጋ የእርግዝና መከላከያ (መቆጣጠሪያ) መርፌ</p> <p>4. ኮንዶም</p> <p>5. ክንድላይ የሚቀበር የእርግዝና መከላከያ (መቆጣጠሪያ)</p> <p>6. ሌላካለይገለጽ _____</p>	
206	<p>ለጥያቄ ቁጥር 204 መልስ ስለ የለም ከሆነ የማትጠቀሙበትን ምክንያት?</p> <p>(ከአንድ በላይ መልስ መስጠት ይቻላል)</p>	<p>1. የእርግዝና መከላከያ (መቆጣጠሪያ) ዘዴዎች አቅርቦት በድርጅቱ ውስጥ ስለሌለ</p> <p>2. ስለ እርግዝና መከላከያዎች በቂ እውቀት የለኝም</p> <p>3. የወንድ ጓደኛ ጭፈታ ደኛ አለመሆን</p> <p>4. የእርግዝና መከላከያ መጠቀም በሐይማኖት ጭንቀት ፈቀድ በመሆኑ</p> <p>5. የመደሐኒቶችን የጎንዮሽ ጉዳት ፍራቻ</p> <p>6. ማርገዝ ስለፈለኩ</p> <p>7. ፆታዊ ግንኙነት የምፈጽመው አልፎ አልፎ ስለሆነ</p> <p>8. ሌላካለይገለጽ _____</p>	
207	አርግዘሽ ታውቂያለሽ?	<p>1. አዎ</p> <p>2. አላውቅም</p>	

208	መልስሽአዎከሆነምንደረገገዎታል?	_____ በቁጥር	
209	ያልተፈለገ እርግጥናታዎታል?	1. አዎ 2. የለም	
210	መልስሽአዎከሆነ እንዴት ሊከሰት ይችላል?	1. በወሲባዊ ጥቃት 2. የወር አበባ ቀን አቆጣጠሪ የተዘጋጀ መሆኑ 3. እየተጠቀምኩ የነበረው የእርግጥናት መከላከያ ዘዴ መስራት አለመቻል 4. የኮንዶሚኒየም ቀደም 5. የእርግጥናት መከላከያ እንክብካቤ መዋጥን መዘንጋት 6. እርግጥናት መከላከያ (መቆጣጠሪያ) መጠቀም በሐይማኖት የማይፈቀድ መሆኑ 7. አልፎ አልፎ ያታወቁ ንጉሳዎች ስለሚደረግ 8. ምንም ዓይነት የቤተሰብ ምጣኔ ዘዴ አልተጠቀምኩም 9. ሌላ ካለ ይገለጽ _____	
211.	ውርጃ ፈጽመሽ ታውቁ ደላሽ?	1. አዎ 2. አላውቅም	
ክፍል 3. አጠቃላይ መረጃ ስለ ደንብ / የልተጠበቀ / የእርግጥናት መከላከያ ዘዴዎች (ለሁለት ሰዓታት ይሁን)			
301.	ጥንቃቄ በጎደለው ያታወቁ ንጉሳዎችን የሚፈጠር እርግጥናት መከላከያ ዘዴ አለ?	1. አዎ 2. የአዎ 3. አላውቅም	
302.	የምታውቁ የታወቁ ንግላጫ?	_____	
303.	ስለ ደንብ / የእርግጥናት መከላከያ ዘዴዎች ሰምተሽ ታውቁ ደላሽ?	1. አዎ 2. አላውቅም	
304.	የመረጃው ምን ጭካኔ ነው? (ከአንድ በላይ መልስ መስጠት ይቻላል)	1. ቴሌቪዥን / ራዲዮን 2. መጽሔት / ጋዜጣ	

		<ol style="list-style-type: none"> 3. ከዘመድ 4. ከኢንተርኔት 5. ከመደበኛትምህርት 6. ከወንድጓደኛዬ 7. ከሴትጓደኛዬ 8. ከጤናባለሙያ 9. (ሌላካለይገለጽ) ----- 	
<p>305.</p>	<p>ከሚከተሉት የትኞቹ ድንገተኛ እርግዝና መከላከያ ሊሆኑ ይችላሉ? (ከአንድ በላይ መልስ መስጠት ይቻላል)</p>	<ol style="list-style-type: none"> 1. የሚዋጥ እንክብካቤ 2. በማህፀን ውስጥ የሚቀመጥ የእርግዝና መከላከያ (መቆጣጠሪያ) 3. ወደ ማህፀን የሚገቡ የዕፅዋት ተዋጽኦ ከምጣጣነት / መራራነት ያለቸው መድሐኒቶች (ሎሚ፣ የወባ መዴሐኒት) 5. በየሦስት ወሩ በክንድላይ የሚወጋ የእርግዝና መከላከያ (መቆጣጠሪያ) መርፌ 7. ሌላካለይገለጽ _____ 	
<p>306.</p>	<p>ለልተኛ እርግዝና የሚያጋልጡ ሁኔታዎች ከተከሰቱ በምን ያህል ጊዜ ውስጥ ድንገተኛ እርግዝና መከላከያ መወሰድ አለበት?</p>	<ol style="list-style-type: none"> 1. ወዲያው ጥንቃቄ የገደለው ፆታዊ ግንኙነት ከተፈጸመ በኋላ 2. ጥንቃቄ የገደለው ፆታዊ ግንኙነት ከተፈጸመ በ24 ሰዓታት ውስጥ 3. ትንቃቄ የገደለው ፆታዊ ግንኙነት ከተፈጸመ በ72 ሰዓታት ውስጥ 4. ትንቃቄ የገደለው ፆታዊ ግንኙነት ከተፈጸመ በ120 ሰዓታት ውስጥ 5. የሚቀጥለው የወር አባባ ከመጣ በኋላ 6. ሌላካለይገለጽ _____ 	

		7. አላውቅም	
307.	የድንገተኛ እርግዝና መከላከያ እንክብካቤ አሰራር እንዴት ነው ብለሽ ታስቢያለሽ?	1. እርግዝና እንዳይፈጠር በማድረግ 2. ውርጃን በማስከተል 3. አላውቅም 4. ሌላ ካለ ይገለጽ _____	
308.	የድንገተኛ እርግዝና መከላከያ የትይገኛል?	1. ሆስፒታል 2. ጤና ጣቢያ/ክሊኒክ 3. የግል ክሊኒኮች 4. ፋርማሲ 5. ሌላ ካለ ይገለጽ _____	
309.	ድንገተኛ እርግዝና መከላከያ ዘዴዎች የምንጠቀሙ መሆናቸው? (ከአንድ በላይ መልስ መስጠት ይቻላል)	1. በወሲባዊ ጥቃት ጊዜ 2. ኮንዶም በተቀደደጊዜ 3. እርግዝና መከላከያ እንክብካቤ መዋጥ በተረጎጠ 4. አልፎ አልፎ ያታወግን ፍንት በሚፈጸምበት ጊዜ 5. የተዘባዎ ደር አባባቀን አቆጣጠር በተከሰተ ጊዜ 6. አላውቅም 7. ሌላ ካለ ይገለጽ _____	
<p>ክፍል IV ስለድንገተኛ የእርግዝና መከላከያ ዘዴዎች አጠቃቀምና አመለካከት (ስለድንገተኛ የእርግዝና መከላከያ ለሰሙተሳታፊዎች ብቻ)</p>			
401.	ኮንዶም /ሌላ እርግዝና መከላከያ ዘዴን ሳትጠቀሙ ያታወግን ፍንት ፈጽመሽ ታውቁ ይላሉ?	1. አዎ 2. አላውቅም	
402.	ድንገተኛ እርግዝና መከላከያ ዘዴን ተጠቅመሽ ታውቁ ይላሉ?	1. አዎ 2. አላውቅም	

403.	<p>ለጥያቄቁጥር 402 የለምከሆነ መልስ ስንደሰጥ ተጠቅሞ ስንት ክንያት ምን ድንገት ነው? (ከአንድ በላይ መልስ መስጠት ይቻላል)</p>	<ol style="list-style-type: none"> 1. እርግዝና መከላከያ (መቆጣጠሪያ) መጠቀም በሐይማኖት የማይፈቀድበ መሆኑ 2. እርግዝናን የመከላከል (የመቆጣጠር) አቅሙ አነስተኛ በመሆኑ 3. ጤና ላይ ተጽእኖ ስላለው 4. ሌላ መደበኛ እርግዝና መከላከያ ዘዴ እየተጠቀምኩ ስለሆነ 5. የወንድ ጓደኛ ጭፈታ ይቻላል 6. ውርጃን ስለሚያስከትል 7. ሌላ ካለ ይገለጽ _____ 	
404.	<p>አዎከሆነ መልስ ስንደሰጥ ድንገተኛ እርግዝና መከላከያ ዘዴን ተጠቅሞ ስንት?</p>	<ol style="list-style-type: none"> 1. የሚዋጥ እንክብል 2. በማህፀን ውስጥ የሚቀመጥ እርግዝና መከላከያ (መቆጣጠሪያ) 3. ሌላ ካለ ይገለጽ _____ 	
405.	<p>በወቅቱ ለምን ተጠቅሞ ስንት?</p>	<ol style="list-style-type: none"> 1. ምንም አይነት መከላከያ እየተጠቀምኩ ስለሌለሁ 2. ባልታሰበ የግብረ ስጋ ግንኙነት ምክንያት 3. የተዘባ የወር አባባ ቀን አቆጣጠር ምክንያት 5. በኮንዶም መቀደድ ምክንያት 6. የሚዋጥ እርግዝና እንክብል መዘንጋት 7. በጾታዊ ጥቃት ምክንያት 8. ሌላ ካለ ይገለጽ _____ 	
406.	<p>ድንገተኛ እርግዝና መከላከያ ዘዴን በተደጋ ጋሚ ተጠቅመሽታ ወቅቶ ለሽ?</p>	<ol style="list-style-type: none"> 1. አዎ 2. አላውቅም 	
407.	<p>መልስ ስንደሰጥ ከሆነ ምን ያህል ጊዜ ተጠቅመሻል?</p>	<p>_____ በቅጥር</p>	

408.	እንድትጠቀሙት ረጃጅ ወንጌል ለማንኛውም ሰው ለማድረግ ነገር? (ከአንድ በላይ መልስ መስጠት ይቻላል)	1. ዳደር 2. የወንድ ዳደር 3. ጤና ባለሙያ 4. ሌላ ካለ ይገለጹ _____	
409	የድንገተኛ እርግዝና መከላከያ የትመሰጠት ይኖርበታል ብለሽ ታስቢያለሽ	1. የመንግስት ሆስፒታል 2. የግል ሆስፒታል 3. ጤና ጣቢያ 4. የግል ኪኒልክ 5. ፋርማሲዎች 6. ሌላ ካለ ይገለጹ _____	
410	ድንገተኛ እርግዝና መከላከያ ዘዴዎችን እጠቀማለሁ ሌሎችም እንዲጠቀሙ እመክራለሁ ብለሽ ታስቢያለሽ?	1. አዎ 2. አሉብኝም 3. እርግጠኛ አይደለሁም	
411.	ለጥያቄ ጥር 410 መልስ ስትስጡ ይህም ከሆነ ላለመጠቀም የወሰን ሽቦት ምክንያት ምን ድንገት ነው? (ከአንድ በላይ መልስ መስጠት ይቻላል)	1. ሐይማኖት ስለማይፈቅድ 2. አስተማማኝ ስላልሆነ 3. የጤና ችግር ስለሚያስከትል 4. መደበኛ የእርግዝና መከላከያ ዘዴውን ስለመጠቀም 5. ዳደር (የወንድ) ስለማይደግፍ 6. ውርጃ ስለሚያስከትል 7. ሌላ ካለ ይገለጹ _____	
412.	የትዳር/የወንድ/ ዳደር ስንገተኛ የእርግዝና መከላከያ እንዴት ጠቀሙት ለማድረግ ይረዳዎታል?	1. አዎ 2. አይፈቅድም 3. እርግጠኛ አይደለሁም	
413.	ስለድንገተኛ የእርግዝና መከላከያ ዘዴዎች ሀሳብ ወይም አስተያየት አለሽ?	1. አዎ 2. የለኝም	
414.	ጭጥር 412 አዎ ከሆነ ምን ድንገት ሀሳብ ወይም አስተያየት ስትሰጡ	1. የጤና ችግር ሊያስከትል ይችላል 2. የማይሰራ ከሆነ ህፃኑን ልጎ ይቆይዋል 3. መሀንን ተሊያ ስከትል ይችላል 4. ውርጃ ሊያስከትል ይችላል 5. ሌላ ካለ ይገለጹ _____	

		6. አላውቅም	
--	--	----------	--

አመሰግናለሁ

Gaafannoo haala itti fayyadama karooramaatii yeroo hatattamaa hojjattoota guyyaa dubartootaa fi umurii dahumsaa keessa jiran, dhaabbata Abaaboo Aanaa Booraa, Baha Itophiyaa.

Nama ragaa sassaabuun kan guutamu.

Naannoo Oromiyaa Oromia Godina Shawaa Bahaa. Aanaa Booraa.

Maqaa dhaabbatichaa

Maqaa nama raga sassaabuu.....

Lakk. Gaafannoo.....

<i>Kutaa I. Odeeffannoowwan Bu'uuraa.</i>			
	Gaaffilee.	Deebii	Gara lakk...tti ce'i.
101	Umuriin kee meeqa?	Umurii waggaa-----	
102	Sadarkaan barnoota keetii hangami?	1.Hin baranne. 2.Barnoota sadarkaa tokkoffaa(1-8). 3.Barnoota sadarkaa lammaffaa(9-12). 4.Barnoota kollejjii. 5.kan biro haa ibsam.	
103	Amantaan kee maali?	1.Ortodoksii. 2.Kaatolikii. 3.Pirotestaanti. 4.Muslima. 5. Kan biro haa ibsamu.	

104	Sabni kee maali?	<ol style="list-style-type: none"> 1. Oromo. 2. Amaara. 3. Wolaayittaa. 4. Guraagee. 5. Kan biro haa ibsamu. 	
105	Haalli gaa'ela keetii maali?	<ol style="list-style-type: none"> 1. Hin heerumne. 2. Heerumeen jira. 3. Abbaa manaa koo waliin wal hiiknee jirra. 4. Abbaa namaa koowaliin bakka garaagaraa jiraanna. 5. Abbaan manaa koo narraadu'ee jira. 	
106	Galiin kee ji'aa hangami?	Qar. _____	
107	Yeroo ammaa enyu waliin jiraachaa jirta?	<ol style="list-style-type: none"> 1. Qofaa koo. 2. Abbaa manaa koo waliin. 3. Hiriya koo dubartii waliin. 4. Hiriya koo dhiiraa waliin. 5. Warra koo waliin. 6. kan biro haa ibsamu----- 	
	Kutaa II. Odeeffannoowwan hubannoo waliigala wal qunnamtii saalaa fi karoora maatii idilee wajjin walqabatan.		
201	Waa'ee karoora maatii dhageessee beektaa?	<ol style="list-style-type: none"> 1. Eyyee. 2. Lakki. 	Deebiin kee lakki yoo ta'e gara lakk 205 tti ce'i.
202	Deebiin lakkofsa 201 Eyyee yoo ta'e mala karoora maatii	<ol style="list-style-type: none"> 1. Kiniinii liqimsamu. 2. Meshaa gadameessa keessa kaa'amu. 	

	kamfa'a beekta?	<p>3. Qoricha lilmoon kennamu.</p> <p>4. Kondomi.</p> <p>5. Qoricha irree keessa awwaalamu.</p> <p>6. Kiniinii liqimsamu fi Qoricha lilmoon kennamu</p> <p>7. Kiniinii liqimsamu, Qoricha lilmoon kennamu fi Qoricha irree keessa awwaalamu.</p> <p>8. Kiniinii liqimsamu, Qoricha lilmoon kennamu fi Qoricha irree keessa awwaalamu fi Kondomi.</p> <p>9. Kiniinii liqimsamu, Qoricha lilmoon kennamu, Qoricha irree keessa awwaalamu, Kondomi fi Meshaa gadameessa keessa kaa'amu</p> <p>10. Qoricha irree keessa awwaalamu fi Meshaa gadameessa keessa kaa'amu.</p> <p>11. Kan biro.</p>	
203	Kana dura mala karoora maatii ammayyaa fayyadamtee beektaa?	<p>1. Eyyee.</p> <p>2. Lakki.</p>	Deebiin lakki yoo ta'e lakk 205 tti darbi.
204	Gosa karoora maatii kam fayyadamte?	<p>1. Kiniinii liqimsamu.</p> <p>2. Meshaa gadameessa keessa kaa'amu.</p> <p>3. Qoricha lilmoon kennamu.</p> <p>4. Kondomi.</p> <p>5. Qoricha irree keessa awwaalamu.</p> <p>6. Homa hin fayyadamne.</p> <p>7. kan biro haa ibsamu.-----</p>	

205	Deebiin lakk. 204 Lakki yoo ta'e Sababni kee maali?	<ol style="list-style-type: none"> 1. Tajaajaalli karoora maatii dhaabbaticha keessawaan hinjirreef. 2. Waa'e karoora maatii beekumsa hin qabu. 3. Hiriyaan kiyya waan balaaleffatuuf. 4. Sababa amantaatiin 5. Rakkolee qoricha wajjin wal qabataniin dhufan soda. 6. Ulfaa'uu waanan barbaadeef. 7. Wal qunnamtii saalaa darbee darbee qofa waana raawwadhuuf. 8. Wal qunnamtii saalaa raawwadhee waanan hin beekneef. 	
206	Karoora maatii ykn kondomii osoo hin fayyadamin wal qunnamtii saalaa raawwattee beektaa?	<ol style="list-style-type: none"> 1. Eyyee. 2. Lakki. 	
207	Ulfoofttee beektaa?	<ol style="list-style-type: none"> 1. Eyyee. 2. Lakki. 	Debiin lakki yoo ta'e gara kutaa III tii ce'i.
208	Yeroo meeqa?	_____.	
209	Ulfi hin karoorfamne ni jira turee?	<ol style="list-style-type: none"> 1. Eyyee. 2. Lakki. 	Lakki yoo ta'e gara 211 tti ce'i.

210	Deebiin eyyee yoo ta'e ulfi hin karoorfamne akkamitti uumame?	<ol style="list-style-type: none"> 1. Sababa wal qunnamtii saalaa fedhii malee tiin. 2. Malli itti fayyadame siirrii hin turre. 3. Karoorri maatii itti fayyadame hin hojjanne. 4. Kondomin tarsi'a ture. 5. Karooramaatii fayyadamuu dagadheen ture. 6. Sababa amantaatiin. 7. Wal qunnamtii saalaa darbee darbee qofa waana raawwadhu. 8. kanbiro haa ibsamu _____. 	
211	Ulfa of irraa baastee beektaa?	<ol style="list-style-type: none"> 1. Eyyee 2. Lakki 	
Kutaa III. Odeeffannoowwan haala hubannoo Maloota karoorra maatii yeroo hatattamaa.			
301	Gosti karoorra maatii erga walqunnamtiin saalaa daangaa hinqabne raawwatameeboda ulfa hin barbaadamne ittisuuf fayyadu ni jiraa?	<ol style="list-style-type: none"> 1. Eyyee. 2. Lakki. 3. Hin beeku. 	If No skip to 303
302	Maloota walqunnamtii saalaa booda ulfa hinbarbaadamne ittisuuf gargaaran hunda tarreessi?	-----.	
303	Waa'e karoorra maatii yeroo hatattamaa dhageessee beektaa?	<ol style="list-style-type: none"> 1. Eyyee. 2. Lakki. 	
304	Jalqaba Eessaa dhageesse?	<ol style="list-style-type: none"> 1. Televiznini irraa/Raadiyoo irraa. 2. Gaazexaa irraa. 	

		<p>3.Fira irraa.</p> <p>4.Dhaabata fayyaa.</p> <p>5. Barnoota irraa.</p> <p>6.Hiriyaa dhiiraa irraa.</p> <p>7.Hiriyaa dubartii irraa.</p> <p>8.Ogeessa fayyaa irraa.</p> <p>6. Kan biro haa ibsamu.</p>	
305	<p>Kanneen armaan gadii keessaa kamtu mala karooraa maatii yeroo hatattamaa ta'uu danda'a?</p> <p>(</p>	<p>1. Kiniinii liqimsamu.</p> <p>2. Meshagadameessa keessa kaa'amu.</p> <p>3. Hidda kara gadameessaa seenu.</p> <p>4.Qorichoota hadhaawoo,qoricha.busaa,loomii</p> <p>5. Qoricha lilmoon kennamu.</p> <p>6.Kan biro haa ibsamu.-----</p>	
306	<p>Dubartiin tokko Walqunnamtii saalaa hin daangeffamne ykn haalota ulfa hin barbaadamneef nama saaxilu erga ummame yeroo hangam keessatti karooraa maatii yeeroo hatattamaa fayyadamuu qabdi?</p>	<p>1. Battala walqunnamtii saalaa hin daangeffamne ykn haalli ulfa hin barbaadamneef nama saaxilu akka uumameen.</p> <p>2. Sa'aatii 24 keessatti/Guyyaa lama.</p> <p>3. Sa'aatii 72/Guyyaa 3 keessatti/</p> <p>4.Sa'aatii 120/Guyyaa 5 keessatti/</p> <p>5.Yeroo lagu itti Anutti</p> <p>6. Kan biroo Adda baasi.</p> <p>7. Hin beeku.</p>	
307	<p>Hanga ati beektutti malootni karooraa maatii yeroo hatattama akkamitti hojjatu?</p>	<p>1. Ulfi akka hin uumamne gochuu dhaan.</p> <p>2. Ulfa baasuudhaan.</p> <p>3. Hin beeku.</p> <p>4. Kan biro haa ibsamu.</p>	
308	<p>Karooraa maatii yeroo hatattamaa eessaa argachuun akka danda'amu beektaa?</p>	<p>1.Hospitaala.</p> <p>2.Buufata fayyaa.</p> <p>3.Kilnika dhuunfaa .</p>	

		4.Faarmaasii. 5.Kan biro adda baasii _____	
309	Karoora maatii yeroo hatattamaa haalota akkamii keessatti fayyadamuun akka danda'amu ibsi?	1. Yeroo wal qunnamtii saalaa fedhii malee. 2. Yoo kondomin tarsi'ee ture. 3. Yeroo karooramaatii (kiniinii liqimsamu) dagatamu. 4. Yeroo Wal qunnamtii saalaa darbee darbe qofa raawwatamu. 5. Yeroo halli lakkoofsa guyyaa dogoggoramu. 6. Ani hin beeku. 7.kan biro_____	
Kutaa IV.Odeeffannoowwan haala ilaalchaa fiitti fayyadama Maloota karoora maatii yeroo hatattamaa wajjin walqabatan (Namoota waa'eeKaroora maatiiyeroo hatattamaa dhagahan qofaaf).			
401	Maloota karoora maatii yeroo hatattamaa fayyadamtee beektaa?	1.Eyyee. 2. Lakki.	Deebiin kee eeyyaa yoo ta'gara lakk.407tti ce'i.
402	Deebiin lakk. 402 Eyyee yoo ta'e gosa mala karoora maatii yeroo hatattamaa kam fayyadamte?	1.Kiniinii liqimsamu. 2. Meeshaa gadameessa keessa kaa'amu 3.Kan biro haa ibsamu.-----	
403	Mala karoora maatii yeroo hattamaa kana maaliif fayyadamtee turte? (Deebiin tokkoo ol ni danda'ama)	1. Karoora maatii idilee fayyadamaa waan hin turreef. 2. Wal qunnamtii saalaa hin yaadamne waan na mudateef. 3. Haalli lakkoofsa guyyaa dogoggorame waan turreef. 4. Kondomiin tarsi'ee waan turreef. 5. Kiniinii/Piilsii fudhachaa ture waanan dagadheef.	

		6.Wal qunnamtii saalaa akkan raawwadhu dirqisiifamee waan tureef 7. Kan biro adda baasi: _____	
404	Mala karoora maatii yeroo hatattamaa kana akka fayyadamtu Eenyutu si gorse?	1. Hiriya koo dubartii. 2. Hiriya dhiiraa/Abbaa manaa koo 3. Ogeessa fayyaa. 4. kan biro haa ibsamu.	
405	Karoora maatii yeroo hatattamaa yeroo tokkoo ol fayyadamtee beektaa?	1.Eyyee 2. Lakki. 3.Hin yaadadhu	
406	Maloota karoora maatii yeroo hattamaa yeroo meeqa fayyadamtee beekta?	1.Yeroo tokko 2. Yeroo lama 3.Yeroo lamaa ol 4.Hin yaadadhu.	
407	Deebiin lakk.402 Lkki yoo ta'e sababni ati hin fayyadamneef maali? (Deebiin tokkoo ol ni danda'ama).	1.Tajaajilli karoora maatii yeroo hattamaa waan hin jirreef. 2. Waa'e karoora maatii beekumsa hin qabu. 3 Karoorri taatii yeroo hatattamaa amansiisaa waan hin taaneef. 4.Malli karoora maatii yeroo hatattamaa fayyaaf waan sodaachisuuf. 5. Mal karoora maatii idilee waanan fayyadamuuf. 6.My partner does not like it. 7.Malootni karoora maatii yeroo hattamaa ulfa waan baasaniif.	
408	Karoora maatii yeroo	1. Hospitaala mootummaa	

	hatattamaa eessaatti kennamuu qaba jettee yaadda?	<p>kessatti.</p> <p>2. Buufata fayyaatti.</p> <p>3.Kilinika dhuunfaa</p> <p>4. Faarmaasiitti.</p> <p>5.Kan biro adda baasii _____</p>	
409	Karooraa maatii yeroo hatattamaa yeroo barbaachisaa ta'etti fayyadamuuf ykn hiriyaan ykn firri kee akka fayyadamtu gorsuuf fedhii qabdaa?	<p>1. Eyyee.</p> <p>2.Lakki.</p> <p>3. Ani hin beeku.</p>	
410	Deebiin kee lakk.410 lakki yoo ta'e gara fuulduraatti karooraa maatii yeroo hatattamaa maaliif hin fayyadamne?	<p>1. Amantaatiin kiyya waan hin eyyamneef.</p> <p>2. Malli karooraa maatii yeroo hatattamaa amansiisaa waan hintaaneeff.</p> <p>3. Rakoo fayyaa waan geesisuuf.</p> <p>4. Karooramaatii idilee waanan fayyadamuuf.</p> <p>5. Hiriyaan kiyya waan balaaleffatuuf.</p> <p>6.Ulfa waan baasuuf</p> <p>7. Kan biro haa ibsamu.</p>	
411	Hiriyaan ykn Abbaan manaa kee mala karooraa maatii yeroo hattamaa akka fayyadamtu ni deeggara jettee yaaddaa?	<p>1. Eyyee.</p> <p>2. Lakki.</p> <p>3. Hin beeku.</p>	
412	Maloota karooraa maatii yeroo hatattamaa ilaalchisee gaaffii ykn yaada qabduu?	<p>1. Eyyee.</p> <p>2. Lakki.</p>	

413	Gaaffii ykn yaadni keessan maali?	<ol style="list-style-type: none"> 1. Malootni karoora maatii yeroo hatattamaa rakkoo fayyaa geessisuu danda’u. 2. Malootni karoora maatii yeroo hatattamaa yoo hajjachuu baatan ulfa uumamu miidhuu danda’u. 3. Ulfa gara fuulduraa irratti rakkoo geessisuu danda’u. 4. Ulfa baasu. 5.Kan biroo adda baasi: __ 6. Odeeffannoo gahaa hin qabu. 	

Galatoomaa

ANNEXES 11. Curriculum vitae.

1. Personal identification.

Full name Rahel Terefe Urgessa.
Date of birth 27/10/1990 G.C.
Sex Female
Place of birth South West shoa, Woliso town.
Marital Status Married.
Nationality Ethiopian.
Address Phone no. 0939139435 E-mail= elfiye012@gmail.com

2. Educational Background.

University Wollega University, 2010 graduate in BSc Health Officer.
 Haramaya University MPH (General public health) ongoing.
Preparatory School Dejazmach Geresu Duki Secondary and Preparatory School.
High School Dejazmach Geresu Duki Secondary and Preparatory School.
Elementary school Woliso liban Primary School.

3. Language skill.

Language	Listening	Speaking	Reading	Writing	Remark
Amharic	X	X	X	X	Mother tongue.
Oromiffa	X	X	X	X	Excellent.
English	X	X	X	X	Excellent.

4. Work Experience.....nine years.
5. Hobbies.....Serving Responsibly.
6. Computer skill..... Excellent in basic computer skills and in some applications like SPSS
7. References.

IdriGemmechu (MPH): +251912009692: Arsi Universi t y.

Gifti Tesfaye (MPH): +251913814848: Oda BultumUnivers t y.

ANNEXES 12.Approval sheet.

HARAMAYA UNIVERSITY.
SCHOOL OF GRADUATE STUDIES.

Emergency Contraceptive usage and factors associate among female daily laborers in the reproductive age group in Flower Farm of Bora Woreda, Oromia Region Central Ethiopia.

Submitted by:

Rahel Terefe.

Name of Student	Signature	Date
Approved by:		
1. _____		
Major Advisor	Signature	Date
2. _____		
Co-Advisors	Signature	Date

3. _____	_____	_____
Reserch Thematic Area Leader	Signature	Date
4. _____	_____	_____
Chairman DGC/SGC	Signature	Date
5. _____	_____	_____
PGPD	Signature	Date

ANNEXES 13. Health Research Ethics Review Application Form.

Haramaya University.

College of Health and Medical Sciences.

Institutional Health Research Ethics Review Committee (IHRERC).

Address: Tel. +251-254-662-011, P.O.Box 235, Fax. +251-256-668-081

E-mail: Harar-Ethiopia.

Fill in the spaces and mark (X) wherever appropriate

A. General.

1. Title of the project: Emergency Contraceptive usage and factors associate among female daily laborers in the reproductive age group in Flower Farm of Bora Woreda, Oromia Region Central Ethiopia.

2. Name and address of the principal investigator:

Rahel Terefe: Tel. 0975883905

E-mail Address: elfiye012@gmail.com

3. Name and address of the applying institution: Haramaya University.

4. Specific request of the application.

a) Ethics Review.

b) Renewal (extension).

c) Termination.

d) Resubmission.

e) Specify if any other _____

B. Specifics

5. Number of submitted copies: _____

6. Number of submitted excluding all attachments: _____

7. Number of submitted including all attachments: _____

8. Required annexes/attachment

8.1. Information sheet and written informed consent form

8.2. Officially endorsed minutes of Department Health Research Ethics Committee

8.3. Letter(s) of collaboration from all collaborating Participating institution(s)

8.4. Ethics review letter from collaborating and host institution(s)

8.5. CVs of the PI and relevant senior co-investigator(s)

8.6. Material transfer agreement (MTA)

8.7. Specify if any other

9. Name and signature of applying PI and host institution(s) as an expression of accountability, responsibility and authenticity of their quest and prior commitment of ethical implementation of the project after approval.

Name (PI) Signature Date

Name (host institution) Signature (Head) Date

Seal and stamp.

