

ASSESSMENT OF KNOWLEDGE, ATTITUDE AND PRACTICE OF EMERGENCY CONTRACEPTIVES AMONG REGULAR PREPARATORY AND TVET FEMALE STUDENTS THE CASE OF SETIT- HUMORA TOWN, WESTERN ZONE OF TIGRAY



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Declaration

I Adanech Alebel declare that this thesis entitled “Assessment of knowledge, attitude and practice of emergency contraceptives among regular preparatory and TVET female students in case of Setit Humora town” is my own original work and it has not been presented and will not be in any of the University or similar or any other degree award.

Signature-----

Date -----

ABSTRACT

Background: Emergency contraceptive (EC) is used as a back-up birth control method to prevent unintended pregnancy after sex in the event of unprotected sex, sexual assault, or a contraceptive failure, such as a condom breaking.

Objective: to assess knowledge, attitude and practices of emergency contraceptive among female students of Preparatory & TVET Schools.

Methods: A cross-sectional study design and systematic random sampling technique were used among 222 female students in Setit Humora town. Data entry and analysis was done using SPSS version 20. Logistic regression analysis; model was used.

Results: from the total female students participated in this study (n=222) ninety-eight (44.1%) had positive attitude towards EC, 48.45% respondents had knowledge about EC. Of these (103) sexual active respondents only 9.7% respondents reported that they had used emergency contraceptive. Lack of knowledge about EC, religions motivation and want to be pregnant were the main reason mentioned for not using EC. Age of respondents at OR=10.45[95%CI (1.274-85.958)], Education level at OR=9 (95% CI.143--15.465), marital status OR=14.166 [95% CI2.838-.70.727), fathers education OR=5.8 (95%CI 1.023--32.890), ever heard about EC at OR =29.8(95%CI5.6-158.783) and respondents who live with boyfriends 6.49(95%CI 1.45-27.984) were significantly associated with practicing of EC in the study area.

Conclusion: KAP toward EC among sampled female students is low. Therefore, government and other stakeholders should plan to promote the provision of information, education and communication targeting young females, and the general community to increase KAP toward emergency contraceptive.

Keywords: Emergency contraceptive, Knowledge, Attitude and practices

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ACRONYMS

EC	Emergency contraception
ECPs	Emergency contraception pills
FDRE	Federal Democratic Republic of Ethiopia
FGAE	Family Guidance Association of Ethiopia
FSRH	Faculty of Sexual and Reproductive Health
GBV	Gender Based Violence
IUCD	Intra Uterine Contraceptive Device
KAP	Knowledge, Attitude, practice
MMR	Maternal Mortality Ratio
MOH	Ministry of Health
OR	Odds Ratio
SRH	Sexual and reproductive health
SPSS	Statistical package for social sciences
TVET	Technical and Vocational Education Training
UP	Unwanted Pregnancy
USA	United States of America
WHO	World Health Organization

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CHAPTER ONE: INTRODUCTION

1.1 Back ground of the study

Emergency contraceptive (EC) is used as a back-up birth control method to prevent unintended pregnancy after sex in the event of unprotected sex, sexual assault, or a contraceptive failure, such as a condom breaking. It is also known as post-coital contraception or morning-after pills. Emergency contraceptive methods have varying ranges of effectiveness depending on the method and timing of administration. Emergency contraceptive pills prevent pregnancy by preventing or delaying ovulation and they do not induce an abortion. Copper-bearing intrauterine devices (IUD) prevent fertilization by causing a chemical change in sperm and egg before they meet and it is more than 99% effective in preventing pregnancy. Emergency contraceptive cannot interrupt an established pregnancy or harm a developing embryo. These recommended for use within 5 days, but are more effective the sooner they are used after the act of intercourse. IUD insertion is sometimes used as an alternative to hormonal EC if a woman presents more than 72 hours after intercourse but before 5 days after ovulation (Curtis, K.M. *et al.*, 2016).

Globally women who had heard of emergency contraception was highest in Colombia (66%) and Ukraine (49%) and lowest in Chad (2%) and Timor-Leste 3% among women who had ever been sexually active, the proportion reporting having ever used emergency contraception ranged from less than 0.1% in Chad to 12% in Colombia. Knowledge and use of the method varied considerably within regions. In Africa, Compared with currently married women, never-married women had lower heard of emergency contraception in eight of 24 countries (range, 0.5 in Mali to 0.8 in Namibia), while formerly married women had elevated of having heard of it in two of 24 countries, Benin (1.4) and Liberia (1.9)

Generally, older women were more likely than 15–19-year-olds to be aware of emergency contraception, especially in Southern Africa and Egypt, although there was no relationship between knowledge and age in Liberia, ranged from 1.4 among 30–34-year-olds in Namibia to 4.9 among 35–39-year-olds in Chad, having heard of emergency contraception was positively associated with education ranged from 1.2 in Malawi to 6.4 in Chad for those who had completed primary school and from 1.6 in Ghana to 10.4 in Chad for those who had had some secondary or higher education, compared with those who had less than a complete primary education (Palermo, Bleck & Westley, 2018).

Ethiopia is the second most populated country in Africa after Nigeria. Different strategies are being followed to increase the utilization of family planning method in order to control high fertility (4.8%) and Population growth rate (2.6%) in 2007. The pilot project done in 2007 demonstrated that EC was popular among young people and showed the need to expand the services. Although this attempt was encouraging, there was no systematic and organized approach to address the wide spread unmet need for this method. As a result, the MOH and its partners launched a new initiative, which focuses on mainstreaming EC in to the public and NGO sector (Dawit A (2007).

The consequences of unplanned pregnancies are multiple including discontinuation of school, unsafe induced abortion and their risk of very serious morbidity and mortality. The most affected groups are students, single and young couple. Widespread of EC could be a potential strategy to reduce the incidence of unwanted pregnancies and unsafe abortions. Thus, the purpose of this study is to assess the knowledge, attitude and practices on EC by the preparatory and TVET school female students in Setit Humora.

1.2. Statement of the Problem

Any woman or girl of reproductive age may need emergency contraceptive to avoid an unwanted pregnancy there are no absolute medical contra indications to the use of emergency contraceptive. There are no age limits for the use of emergency contraceptive. Eligibility criteria for general use of a copper IUD also apply for use of a copper IUD for emergency purposes (WHO, 2017).

The need for emergency contraception is not the right of the young and feckless, but it is for all women who are at risk of becoming pregnant following unprotected sexual intercourse occur. Society should accept that unprotected sexual occurs and will continue to happen regardless of its attitude towards such action. This is particularly true for the young, single women still in high school, college or out of college without a stable relationship (Rukaria, 1989).

High sexual violence, lack of access and low utilization of family planning services in developing countries contribute to high rate of unintended pregnancies. Each year throughout the world, approximately 210 million women became pregnant and some 130 millions of them go on to deliver live born infants (Akpanekpo, Umoessien, 2017).

Ethiopia is among low-income countries and it is found with high younger age group population. As evidenced in the Ethiopian demographic health survey report, 12% of young girls in the age group, 15 to 19 had already begun child bearing. The report showed that 29% of girls were started sexual relation in early age. This shows there is more trend of sexual relation in early age, which leads them to unintended pregnancy and ultimately to unsafe abortion (EDHS,2000,2011).

According to EDHS (2016) EC ever use among all women was 4% .Contraceptive prevalence rate was 42%. This shows that a gap exists in either the access & in availability of the service in health facilities or a gap in knowledge on EC. Those sexual active unmarried women more likely use Emergency contraceptive than married women (EDHS, 2016).

A community based study done in kofele district Arsi zone on magnitude and immediate Outcomes of physical violence against women showed that 12.9% and 6.8% of women were married through abduction and faced coercion by male partners respectively (*Haji kedir: 2004*) Knowledge and practice on EC are important because of high rates of unwanted and teenage pregnancy. Some studies, however, has shown that the knowledge and practice in relation to EC are limited among women as method is not presented with other methods (*Wegene Tamire, Fikre Enqueselasie, 2005.*).

Rape reported to be common in Ethiopia and associated with various health problems including unwanted pregnancy and unsafe abortion. As study in Tigray, Adigrat hospital shows majority women (69.8%) had unwanted pregnancy and only 11 patients (12%) had the knowledge of emergency contraceptive (Gessesew, 2010).

According to the western zone of Tigray annual report (2016) in Setit Humera, unplanned pregnancy and abortion practices are higher than those three wordas, found in the western zone, of 1455 women with abortion 32.5% of them were in Setit Humera. Many studies related to this topic were done before, but most of these studies were limited to health professional, university students. Moreover, knowledge, attitude and practice of emergency contraceptives among preparatory & TVET female students in Setit Humora is not yet studied.

From this stand, this study was conducted to study the knowledge, attitude and practice of emergency contraceptives female students of preparatory and TVET in the study area. Consequently, the results will provide information for designing relevant program and strategy to reduce the problem of unwanted pregnancy female students in the study area.

1.3. Objectives of the Study:

1.3.1 General Objective:

- ❖ The general objective of this study is to assess the knowledge, attitude and practice of emergency contraceptive among female students of preparatory and TVET Schools in Humora town, Tigray region.

1.3.2 Specific Objectives:

- To assess the level of knowledge & attitude toward emergency contraception among regular preparatory and TVET of female students
- To identify factors associated with attitude & use emergency contraceptive

1.4. Research Question

- ✚ What are the knowledge, attitude and practice of emergency contraceptive use among female students?
- ✚ What are the factors associated with attitude and use of EC?

1.5. Significance of the Study

An unintended pregnancy (UP), is one that occurs at a time that a woman does not want to get pregnant. To prevent such problem, a woman can use Emergency Contraception (EC) after unprotected sexual intercourse to prevent pregnancy. It is very crucial and the only method that can use after unprotected sex.

This attempts to assess the knowledge, attitude and practice of emergency contraceptive in female students. This study will be useful in informing and supporting government efforts in the implementation of the constitution that entitles every citizen to have the right to health. Besides this, the study may contribute to the achievement of Ethiopians vision 2020. Moreover, the results from the study will be important information for governmental and non-governmental organization those who are working on health especially on awareness about ECs among women.

Continuing population growth of population required sufficient food public service including education and health care in order to meet the need of population.

- It helps individuals women to have enough knowledge about the practice of EC.

- To improve quality of family life of population by reducing maternal and infant mortality
- To increase access and availability of birth space methods and service, accurate information needed by women and couples who wish to plan and space the birth of their children.
- Governmental and non-governmental organizations will take intervention measures and set appropriate plans to reduce and improve the existing level of awareness and practice contraceptives by identifying and taking measurement on factors which affecting the utilization of modern contraceptive methods.
- The results of this study will contribute towards understanding of the amount of EC use how it varies from individual to individual depending on the various factors. Beside this the result will have significant input and used as a baseline for interested one

1.6. Operational Definition of Terms

Emergency contraceptive: who defines emergency contraceptive as a method of contraceptive that can used to prevent pregnancy in the first 72 hours after sexual intercourse.

Knowledge: information status about EC, reasons for use EC, timing of use, source of EC.

Practice: current emergency contraceptives use among female students.

Attitude: perception of individuals toward emergency contraceptive methods. Those who will have scored less than 50% will have a negative attitude while above 50% are regards as having a positive attitude toward EC.

1.7. Scope and Limitation of the Study

Scope of the study: The study was delimited to Setit Humora, particularly in preparatory and TVET School. It was done on knowledge, attitude and practice of emergency contraceptive among preparatory and TVET female students.

Limitation of the study

- ✚ The study was conducted only among preparatory and TVET school female students. Therefore, it was not representative of all general population.
- ✚ Some students may complete the questionnaires in different ways, despite the fact this was unlikely to have an influence on findings to any appreciable degree.

1.7. Organization of the thesis

The thesis organized into five Chapters. Chapter one presents the introduction part, which includes background of the study, Statement of the problem, objectives of the study, the significance of the study, strength, scope and limitation of the Study and organization of the study. The second chapter presents Literature review related to the research topic. Chapter 3 outlines the research methodology section. This section includes the study area, study design, sample determination, sampling procedure, data collection tools, data quality management, data processing & data analysis, Ethical considerations and dissemination of results. Chapter 4 presents result and discussion about demographic characteristics of respondents, knowledge and attitude of respondents towards EC, practice of EC and factors associated with attitude and practice of EC and discussions, with previous study. Finally, conclusion and recommendation we discussed in chapter five.

CHAPTER TWO: LITERATURE REVIEW

2.1. Over view about Emergency Contraceptive

Globally, the proportion of women who had heard of emergency contraception was highest in Colombia (66%) and Ukraine (49%) and lowest in Chad (2%) and Timor-Leste (3%) among women who had ever been sexually active, the proportion reporting having ever used emergency contraception ranged from less than 0.1% in Chad to 12% in Colombia. In Europe and west Asia, the proportion of women who had heard of emergency contraception ranged from 5% Azerbaijan to 49% Ukraine, and rates of use among ever–sexually active women ranged from less than 1% Azerbaijan to 6% Ukraine. In addition, in Latin America and the Caribbean, the proportion of women who had heard of emergency contraception ranged from 13% Haiti to 66% Colombia, and rates of use among ever–sexually active women ranged from less than 1% Haiti to 12% Colombia. In Africa, awareness of emergency contraception ranged from 2% Chad to 40% Kenya, and among sexually experienced women, the proportion who reported ever having used emergency contraception ranged from less than 0.1% Chad to 4% Ghana (Palermo, Bleck & Westley, 2018).

A study to evaluate the knowledge and attitude towards emergency contraception (EC) among medical doctors in Nigeria delta state only 112 respondents (45%) correctly defined EC. 35 doctors (14.1%) could not name any contraceptive methods that are suitable for EC. Ninety-three doctors (37%) could identify only one method, 76 doctors (30.5%) knew two, 42 doctors (16.9%) knew only three doctors (1.2%) four methods (Wolters K, 2014).

According to the EDHS, results show that In Ethiopia, knowledge of emergency contraceptive methods all women, in currently married and sexually active unmarried ages 15-49 who have heard of emergency contraceptive method is 19.5%, 16.1% and 51.7% respectively (EDHS, 2016).

The KAP of EC is different in different study a survey conducted in Addis Ababa, About 43.5% of the students said that they have heard about emergency contraceptives. Among those who have ever heard of emergency contraceptives, 279 (82.8%) mentioned pills and 115 (34.1%) mentioned intrauterine contraceptive devices (IUCDs). About 53% of the students had positive attitude towards emergency contraceptive (Tamire and Enqueselassie, 2007).

A study conducted in Harmaya university (2011) from the total number of ever had pregnancy, 17 (73.9%) of them experienced induced abortion. In addition, shows that about 47% of the respondents mentioned that they have ever heard of EC as a means of preventing unwanted pregnancy. 25percent had good knowledge of EC, and 76.5% had favorable attitude toward EC. Certain variables have become significant predictors of awareness of EC including, age, previous place residence, religion, grade level, knowing other methods preventing unwanted pregnancy, education, chewing 'Chat', and consuming alcohol. Similarly, religion, grade level, father's educational level, knowing other methods of preventing unwanted pregnancy, and currently chewing chat were found to be significant predict attitude toward EC (Desta and Regassa, 2011).

Moreover, another study conducted in Adama, Ethiopia: On Emergency Contraception among Unmarried women of reproductive age the findings of the study showed that from the total unmarried women participated in the study (n=470), one hundred eighty two (38.7%) had knowledge of emergency contraception. Of these 182, one hundred seventy three (95%) of them know oral pills only and the rest know oral pills and intra uterine devices as a method of emergency contraceptive. About, 61.3% of those ever heard of emergency contraception had positive attitude towards emergency contraception. Age, Educational status, occupation and knowledge of time in menstrual cycle when pregnancy is more likely to occur, having experience of sexual intercourse and having discussion on reproductive health are significantly associated with awareness of emergency contraceptive knowledge, attitude and utilization among sampled urban unmarried women was low (Jima, Segni and Zergaw, 2016).

A similar studies done among female college students in Mekelle college students (2011) show that 393 (67.3%) of them replied that they have heard about emergency contraceptives. Among those who have ever heard of emergency contraceptives, 244 (57%) mentioned pills only, 9 (2.3%) mentioned intrauterine contraceptive device and 154 (39.2%) mentioned both pill and IUCDS. 263 (45%) of the respondents are knowledgeable towards EC, and about 271 (46.4%) of the students had positive attitude towards emergency contraceptives (Haftom Gebrehiwot, Berhane Gebrekidan,2011). In addition, the study conducted in Atse Yohanesse preparatory school Mekelle, (2013) about 90.7% of the respondents had had heard about emergency contraceptives. The major sources of information were mass media, club in school and friends. About 277(75.7%) of the students had good knowledge about EC, the older age was significantly associated with the students' awareness. The majority 229(64.9%) of respondents had a positive attitude towards EC. Age and ethnic group were significantly associated with the students'

attitude towards EC. Among those respondents who used contraceptives, 60.5% of them responded to use EC. About two-third (67.4%) of ever users of EC had good knowledge of the correct time of taking EC after unprotected sexual intercourse (Abrha *et al.*, 2014).

2.2. Trends in the Use of EC in Ethiopia (2000-2016)

Modern contraceptive use for woman has steadily increased over the last 16 years in Ethiopia from 6% in 2000 to 35% in 2016. For currently married women age 15-49 years. Moreover, use of emergency contraceptive increased (from less than 1% in 2000 to 4% in 2016), Of those sexually active unmarried women the largest increases were in the use of injectable (3% in 2000 to 23% in 2016) and implants (from <1% in 2000 to 8% in 2016), (EDHS, 2016).

2.3 Determinants of Emergency Contraceptive Use

Emergency contraceptives are available in many countries in the world currently but the level of practice is still low. Study conducted in Pakistan on community health workers, exposed that the level of knowledge on EC was high (75.5%, n=40) but the practical use was low (17%, n=9) (Mir and Malik, 2010). Among those who are aware of emergency contraception, its use rate is very low later the information they have concerning the methods and the timing of emergency contraception was not sufficient.

Study done in Britain about use of emergency contraception the prevalence of EC use increased amongst single women and those with higher educational attainment (adjusted odds ratio, aOR 1.51; 95% confidence interval, 95% CI 1.04–2.20; $P = 0.0308$). Increases in EC use were generally greater among women without behavioral risk factors, such as those with no history of abortion within 5 years (aOR 1.57; 95% CI 1.17–2.12; $P = 0.0029$), or those whose first heterosexual intercourse occurred after the age of 16 years (aOR 1.68; 95% CI 1.21–2.35; $P = 0.0021$). The increase in EC use was also more marked among women usually accessing contraception from retail sources than among those doing so from healthcare sources, which may reflect a use of condoms amongst EC users (Black KI, Geary R).

According to EDHS (2016) EC ever use among all women was 4% .Contraceptive prevalence rate was 42%. This shows that a gap exists in either the access & in availability of the service in health facilities or a gap in knowledge on EC. Use of Emergency contraceptive for unmarried women is higher in urban areas 0.8% than in rural areas 0.2% (EDHS, 2016).

Studies from western and southern Nigeria have found rates of contraceptive use among sexually active adolescents of about 30% considerably lower than the rates reported for developed

countries (Akpanekpo, Umoessien and Frank, 2017). Another study on nurses and nursing students in Nairobi found that about half of the respondents had heard about emergency contraception and only 3.5% of the respondents had used EC in the past. There was poor knowledge on the time to use, side effects and possible mechanisms of action of EC. forty-nine percent of the respondents viewed EC as a drug that induces abortion and this view influenced negatively the desire to use or encourage use of EC (Nyambura *et al.*, 2017).

A study conducted in Maichew town; from 623 respondents (2.8%) of them had ever used emergency contraceptive. Emergency contraceptive use was lower in the 19 & above age group when compared to the younger age group. Moreover, there was statistical significant that single respondents practiced EC 6.9 times more likely than married respondents to use EC (Kebede A, 2009). Studies done among female students at Fasiledes Preparatory School Gondar, Ethiopia the study participants who use ever-emergency contraceptive was only (13.5%) majority (10.1%) of the study participants who practiced emergency contraceptive were from orthodox Christian religion followers. Regarding their marital status, more number (10.1%) of study participants who practiced emergency contraceptive was single in their marital status (Gebremedhin *et al.*, 2017).

The research conducted in Mekelle College students (2011) show that. Of the sexually active respondents 70 (24.2%) only reported that they had used emergency contraceptive methods. Sixty five (92.9%) of the participants said that they had used oral pills as type of emergency contraceptive methods, 3 (4.3%) respondent's reported that IUCDs and 2 (2.9%) of them had used both oral pill and IUCD type of ECs (Haftom Gebrehiwot, Berhane Gebrekidan, 2011).

Another study about emergency contraceptive among female students in Mizan-Tepi university showed that of these sexually active respondents, 68(36.2%) had used emergency contraceptive methods. Age at first sexual intercourse, history of pregnancy, and previous use of regular contraceptives were found to be significant predictors of EC utilization (Bisrat Z, 2015).

2.4. Conceptual Frame Work of the Study

The conceptual framework shows socio-demographic variables, family background factors affects the KAP of EC among female students. According to EDHS (2016) the percentage of women who used emergency contraceptive was greatly with women's in urban than rural. Respondents those who were single 15.7 times more likely to practice emergency contraceptive use than married respondents (Kebede A, 2009). The study conducted in Mekelle, showed the older age, was 1.93 times more likely to have positive attitude towards EC. Than those who were younger. Another study conducted in Harame University, reported that respondent fathers employer 2.741 times more likely to have positive attitude towards EC.

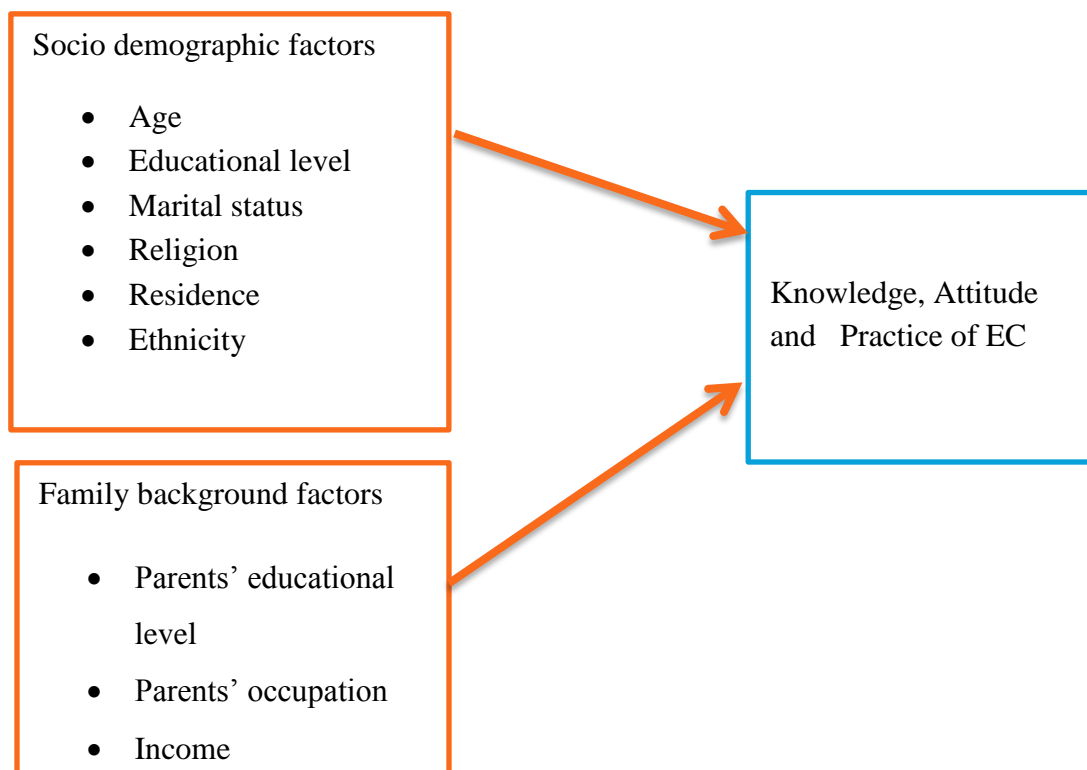


Figure 1 Conceptual Frame Work based on different Study 2018

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Study Area and Period

This study conducted from December 2017 to March 2018, to assess the KAP of EC among female students at Setit Humera town, Tigray region. Setit Humera is one of the four woredas found in western zone of Tigray is 514 km away from Mekelle. According to the 2007, census conducted by the central statistical agency of Ethiopia (CSA), the city has a total population of 34,295 and there were 18,744 males and 15,551 females. Setit Humera town has one government hospital, one-government health center, five private clinics and fifteen drug venders. The town has five primary, one secondary, one preparatory and one TVET schools. In addition, there are two private colleges. However, there is no any government college and there are not adolescent health center or school health services in the town. .

3.2. Study design:

Institutional based cross-sectional study design was used (conducted by collecting the data at one point in time) to assess the KAP and its associated factors among female students of preparatory and TVET institution.

3.2.1. Inclusion and Exclusion Criteria

3.2.1.1. Inclusion Criteria

- ✓ Female students randomly selected from preparatory and TVET School who were in the study area.
- ✓ Those students were volunteers to participate in the study.

3.2.1.2. Exclusion Criteria

- female student in Primary and secondary schools were excluded in the data collection

3.2.3 Study Unit: - Individual Female students.

3.3. Sampling Technique

Sampling design is a system of taking a small ratio of observation from a large population to get information about that large population from the sample observation by using some statistical design. In this study, simple random sampling technique (lottery method) and Purposive non-random sampling were employed in this study. The study area (Setit Humera town) was selected purposely because there is unplanned pregnancy and abortion practices are higher than those

three wordas, found in the western zone, then this study aimed to assess KAP of EC and its associated factors in the study area.

Simple random sampling techniques for the quantitative data were employed. Firstly, from 4 preparatory sections grade11& 12 two sections were selected by using simple random sampling (lottery method). Those sections were grade11B & grade 12A, all TVET levels were selected Purposive. A sample frame for list preparatory & TVET student's from each selected grade & level was taken from heads office of the preparatory school & TVET institution. Then the total sample size 234 was allocated proportionally to each grade & levels based on the number of students attending their class year of the survey. Finally, study respondents were identified using systematic random sampling techniques.

3.4. Sample Size Determination

The total number of female students found in the two schools was 458. The researcher used a sample size formula given by Yamane (1967) as cited in (Glen D 2013). The formula was set as follows.

$$n = \frac{N}{1 + N (e^2)}$$

$$n = \frac{458}{1 + 458 (0.052)^2} = \frac{458}{1 + 2.145} = 213$$

Where n= the sample size need

N= the total target population

e = is the desired level of precision. For 95% confidence level,

Based on the above formula, calculated 213- with10 percentage non-response rate the required sample was 234 participants were involved in the research.

3.5. Sampling Procedure

Based on proportion allocation formula all TVET level students were selected and from 4 preparatory section classes 2 section was selected using simple random sampling/lottery method, Finally, respondents from each grade were selected by Systematic random sampling method.

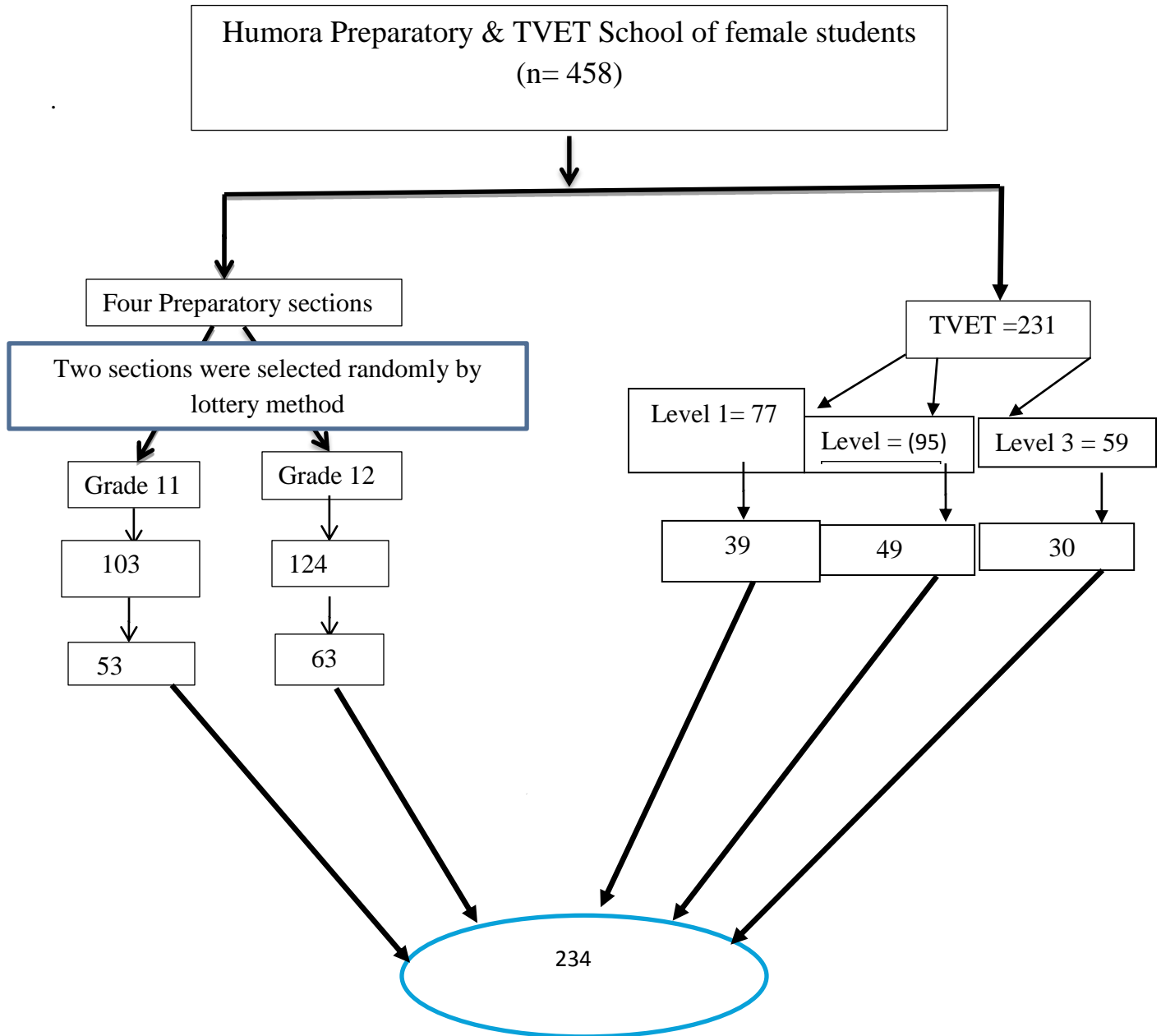


Figure 2. Schematic Presentation of Sampling Procedure Setit Humora 2018

3.6. Data Collection Methods and Tools

Data Type

A quantitative approach to data collection and analysis was used to gather information collected from different sources, because quantitative research method used to collect accurate information.

Source of Data

- Primary and secondary sources of data were used to gather the necessary information required.

Primary sources: Primary data collected through a structured questionnaire that answered by respondents of female students in the study area.

Secondary sources: Secondary data were collected from secondary sources such as books, journals, documents, thesis, articles and online internet web pages and relate literatures,

3.6.1. Data Collection Tools.

Questionnaire: - A structured questionnaire was used to collect the quantitative data. The questionnaire consists of the questions relate to socio-demographic, knowledge, attitude and practice of EC and it was originally prepared in English and was translated in local language Tigrigna. The items on the questionnaire were both closed ended and open-ended questions. Five data collectors and two supervisors were assigned based on their previous experience on data collection. Training was given to the data collectors and supervisors on the objectives of the study, the content of the questionnaire, issue related to confidentiality of the responses and rights of the respondents for a day. The researcher was checked all the collected data for completeness.

3.6.2. Data Quality Management

To ensure quality of data, the data collection tools were assessed and commented by advisers, for its content and some necessary correction was made. In addition, Pre-test was made of 5% (23) of the sample size in high school regular female students prior to the actual data collection to ensure quality, clarity, and understandability of the questionnaires. Depending on the outcome of the pre-test, correction and modification were done with the questionnaire before actual data collection begins.

3.7. Data Processing and Analysis

3.7.1. Data Processing

The methods of data processing in this study were being manual and computerized system. In the data processing procedure editing, coding, classification and tabulation of the collected data were used. Data processing has two phases, namely: data cleanup and data reduction. During data clean up the collected raw data was edited to detect anomalies errors and omission in responses and checking that the question answered accurately and uniformly. The process of assigning numerical or other symbols came next, which used to reduce responses into a limited number of categories or class. After this, the process of classification or arranging large volume of raw data into class or groups based on common characteristics applied. Data having the common characteristics placed together and in this way, the entered data divided into a number of groups. Finally, depending on the result of the collected data tabulation and pie charts, was used to summarize the raw data and displayed in the form of tabulation for further analysis.

3.7.2. Data Analysis

This is a further transformation of the processed data to look for patterns and relationship between and/or among data groups by using descriptive and inferential statistical analysis. The statistical package for social science (SPSS) was used to analyze the data obtained from primary sources.

Especially descriptive statistics (mean, standard deviation, frequency and percentage) and inferential statistics, binary logistic regression such as bivariate was used to assess the possible association between the dependent and independent variable at odd ratio 95% confidence interval $p \text{ value} \leq 0.05$. The reason why the researcher used binary logistic regression was the dependent variables were dichotomous or binary (dependent variable categorized in to two i.e., No, Yes).

3.7.2.1. Descriptive Analysis

Descriptive analysis was used to reduce data in to summary format by tabulation (the data arranged in a table format) and measures of central tendency (mean and standard deviation). Moreover, pie charts, columns were used to describe the general characteristics of the EC.

3.7.2.2. Inferential Analysis

Inferential statistics allow inferring from the data through analysis of the relationship between two or more variables and how several independent variables might explain the variance in the

dependent variables. Binary logistic regression analysis was done between independent and dependent variables. After checking associations of the variables through bivariate analysis, The P-value of ≤ 0.05 was used to express statistical significance of the variables. Sentence, table and were used to present result of this study.

3.8. Study Variables

3.8.1. Independent Variables:

These the independent variable of this study was Socio demographic factors such as age, religion, educational status, income, residence and family background factors such as Parents' education level, Parents' occupation and discussed about contraceptive with family.

3.8.2. Dependent Variables:

The dependent variables of the study were the knowledge, attitude and practice towards emergency contraceptive.

3.9. Ethical Considerations

Formal coordination letter was obtained from the institute of population studies; Mekelle University. Official permission was taken from Setit Humora and school administration office to conduct this study on preparatory & TVET female students. The purpose and significance of the research were explained to study participants. The study subjects were also informed, as their participation is voluntary, they can skip questions that they do not want to answer fully or partly and to quit the process at any time if they wanted to do so. After assuring the confidentiality nature of the responses, verbal consent was obtained and the questionnaires were distributed to selected female students to be filled with a strict privacy.

3.10. Dissemination of Results

The result of the study will presented to Mekelle University, Institute of Population study, for partial fulfillment of degree of Master of Science in population and development disseminates to study schools, woreda & zone office. In addition, the findings of the research will presented at different association meetings.

HAPTER FOUR: RESULTS AND DISCUSSIONS

4.1. Results

4.1.1. Demographic Characteristics of Respondents

Two hundred thirty four (234) organized questionnaires dispersed to the study respondents preparatory and TVET female students in order to assess their knowledge, Attitude and practice of EC. Among the total (234) study participant responded to the questionnaire, 95% (222) was completed. The 12questionnaire, was not completed this might to be due to their attitude towards research. As shown in table 1, age of respondents ranged from 16-21 with a mean age of 18.40 and standard deviation of (\pm .925) years. One hundred thirty one (59%) of the respondents were followers of orthodox Christian followed by Muslim, Protestant and Catholic which accounted for 60(27%), 14(6.3%) and 17(7.7%) respectively. Regarding to the residence of the participants, majority of the study participants, 172 (77.5%) were from urban. One hundred twenty four (55.86%) of the participants were currently living with their parents. Concerning to the marital status of the respondent, more than half of respondents were single 155 (69.8%) and followed by married, 24 (10.8%), 21(59%) divorced & cohabited respectively. In addition, hundred fifty-four (69.4%) were Tigray by ethnicity followed by Amara, 46 (20.7%), Other 15 (6.8%), Kunama 6 (2.7%) and Saho one (0.45%) respectively (Figure 3).

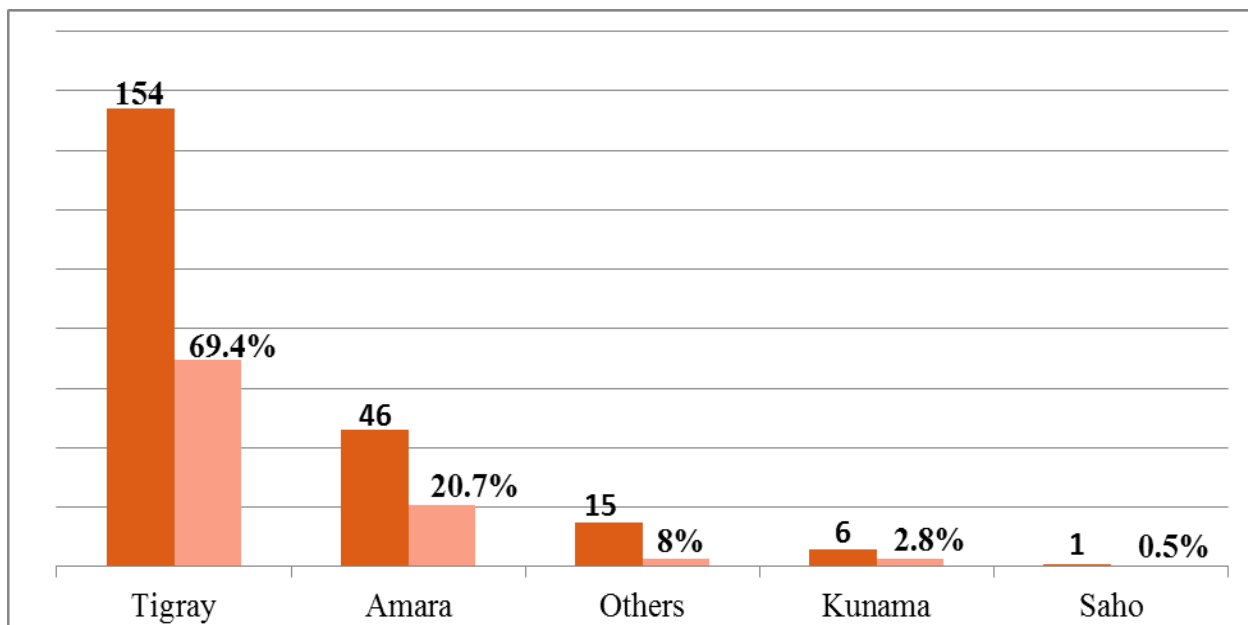


Figure 3 .Distribution of respondents by Ethnicity in Setit Humora 2018, (n= 222)

Table 1. Demographic profile of respondents among preparatory and TVET School Female Students in Humora, 2018 (n= 222)

Variable	Number	Percent or %
Age (n=222)		
16-18	109	49.1
19-21	113	50.9
Education level (n=222)		
11	48	21.6
12	63	28.4
TVET	111	50
Marital status (n=222)		
Married	24	10.8
Divorced	21	9.5
Widowed	1	.5
Single	155	69.8
Cohabited	21	9.5
Residence (n=222)		
Urban	172	77.5
Rural	50	22.5
Religion (n=222)		
Orthodox	131	59.0
Muslim	60	27.0
Catholic	14	6.3
Protestant	17	7.7
With whom are you living?(n=222)		
alone in rental house	5	2.3
With girlfriend	20	9.0
with boyfriend	21	9.5
with husband	24	10.8
with brother or sister	30	13.5
with parents (father, mother)	122	55.0

Source: on survey 2018

4.1.2. Parents Background of Respondents

As table 2 indicates majority (61.7%) of respondent's father were illiterate, (unable to read and write) followed by 14.9 percent attended primary school, 12.2 percent attended secondary school, and 11.3 percent attended diploma & above. Similarly, 62.6 percent of the respondent has reported that their mothers were illiterate (unable to read & write). Nine percent of respondent's mothers were educated diploma and above, whereas 28 percent of respondent's mothers in the primary and secondary level. Concerning to the Parents employment, 86 (38.7%) of respondents parents both employed followed by 93(41.9%) Father employed and 10(4.5%) mother employed respectively. With regard to parents monthly income of the respondents the mean parents incomes of the study participants were found to be (2948.87±2182.429) in Birr ranging from 200 to15, 000 birr.

Table. 2. Parents background of respondents in Setit Humora, 2018 (n=222)

Variable	Number	Percent or %
Father level of education (n=222)		
Illiterate (unable to read and write)	137	61.7
Primary education	33	14.9
Secondary education	27	12.2
Diploma & above	25	11.3
Mother level of education(n=222)		
Illiterate	139	62.6
Primary education	31	14.0
Secondary education	31	14.0
Diploma & above	21	9.5
Parents employment (n=222)		
Both employed	86	38.7
Father employed	93	41.9
Mother employed	10	4.5
Both un employed	33	14.9
Father occupation(n=222)		
Farmer	70	31.5
Merchant	53	23.9
Government employer	26	13.5
Daily worker	30	11.7
No work	33	14.9
Mother occupation(n=222)		
Farmer	16	7.2
Merchant	37	16.7
Government employer	23	10.4
Daily worker	20	9.0
No occupation	33	14.9

Parents monthly income(n=189)		
Less than or equal 1500	48	25
1501-2500	73	38.6
2501-3500	31	16.4
3501-4500	6	3.2
More than 5000	31	16.4

Source: on survey 2018

4.2 Sexual and Reproductive Characteristics of Respondents in Setit Humora, 2018

Out of the total (222) study participants, 103 (46.4%) were sexually experienced. Of those who had experienced sexual intercourse 50 (48.5%) began sexual intercourse before age 18 years and 21 percent began at age 18 & above years. The rest (30%) were not remembering the definite age that they started sexual intercourse. Regarding to history of pregnancies of these sexually experienced respondents, 45 (43.7%) ever had pregnancy; 28 (62.2%) were unplanned. From these who had experienced unwanted pregnancies, 20 (71.4%) terminated by induced abortion. Concerning to the Place of abortion, more than half of respondents were ended it in traditional abortion place, 11 (55%) and followed by Health institution 6 (30%) and Self-infliction 3 (15%). This finding showed that higher rate of unwanted pregnancy, high rate of induced abortion and high rate of unsafe abortion compared with the study result at Maichew & were 42.9%, 38% & 62.5% respectively (Kebede A, 2009).

This is a devastating result, which signifies how greatly the students were exposed to unplanned pregnancy as well as STDs including HIV/AIDS. Furthermore, it shows that sexual relationship among youths is typically unplanned (table 3)

Table 2. Sexual and reproductive characteristic of respondents in setit Humora, 2018

Variable	Number	Percent or %
Ever had sex (n=222)		
Yes	103	46.4
No	119	53.6
Ever had unprotected sex (n=103)		
Yes	48	46.6
No	55	53.4
Age at first sexual intercourse (n=103)		
Below 18 years old	50	48.5
18 years and above	22	21.36
I don't remember	31	30.
Ever been pregnant (n=103)		
Yes	45	43.7
No	58	56.3
Number of pregnant (n=45)		
One times	17	37.7
Two	10	22.2
3 & above	5	11.1
No response	13	29
Was the pregnancy unplanned (n=45)		
Yes	28	62.2
No	17	37.8
Is Practiced induced abortion? (n=28)		
Yes	20	71.4
No	8	28.6
place of abortion (n=20)		
Self-infliction	3	15
Health institution	6	30
Traditional abortion place	11	55

Source: on survey 2018

4.3. Respondents Knowledge and Practice towards Modern Contraceptive Methods

As shown in table 4, one hundred and fifty three (68.9 %) of respondents have heard about contraceptive methods. The common sources of information were 68 (45.3%) from friends, 55 (36.7%) from radio the rest 22 (14.7%) from TV & 5 (3.3%) from clubs in school. Injectable & oral pills were the most commonly known method by respondents 143 (96%) followed by oral pills 140 (94%) and IUCD 34 (22%). The finding was consistent with the survey finding of the Ethiopian DHS 2016, which shows that Injectable and oral pills were the most widely known contraceptive methods. Of the total study participants, forty-five (20.3%) of them have ever used contraceptive methods. This result shows a better use of contraceptive modern compared with the study result in Maichew town where 10.8% of the respondents had ever used contraceptives (Kebede A, 2009). This result shows that less information towards contraceptives compared with the study result at Mekelle where 98.3% but the result was better compared with the study result in Maichew town where 31.1% of the respondents have ever heard about contraceptives (Haftom & Berhane ,2011) and (Kebede A, 2009) respectively. Of the Study participants 89 (40.1%) had ever discussed about contraceptive with their family, peers .However, greater than 50% of study participants have never discussed about contraceptive.

Table 3 respondents' knowledge & practice on modern contraceptive methods

Variable	Number	Percent /%
Ever heard Contraceptives (n=222)		
No	69	31.1
Yes	153	68.9
Source of Information (n=153)		
TV	22	14.7
Radio	55	36.7
Friend	68	45
School	8	3.6
Method of contraceptive know *		
oral pills	140	94.0
IUCD	34	22.
Injectable	143	96
Norplant	35	2 3.5
Ever use contraception methods (n=222)		
Yes	45	20.3
No	177	79.7
Discussed about contraceptive (n=222)		
Yes	89	40.1
No	133	59.9

4.4. Knowledge of Respondents towards Emergency Contraceptive Methods

For the study, participants were asked some questions to assess their knowledge towards EC. The knowledge objects/items were adopted from previous similar studies concerned on attitude towards EC. The questions made to be responded either “YES”, “NO” & “I don’t know”. For positively phrased statements (having a positive suggestion for EC use), those who responded “YES” was considered as having a good knowledge and those who answered “NO” were considered to have poor knowledge. In addition, those who answered, “I don’t know,” add to those who answered “NO”. Moreover, those who responded “YES” were collected to have good knowledge, and those who responded “NO” were collected to have a poor knowledge. The knowledge score was computed from questionnaire and respondents recorded 50% and above of the total were considered as having ‘good knowledge; while those recorded below 50% of the total were considered as having ‘poor knowledge (Kebede A, 2009).

As shown in table, 5, 14.9% of the whole respondents ever heard about EC. The rest 189 (85.1%) had never heard about EC in their lifetime. According to knowledge of respondents on the recommended when EC uses 39.4% (13) of respondents were aware, the recommended when EC was used, the majority of them 60.6% (20) were not aware when there was used EC. Also the result shows that more than 50% of those heard about EC 17(51.54%) were not aware the correct time limit to take ECPs 16 (48%). Of them were aware that ECPs could be used within 72 hours after sex.

Regarding the effectiveness of IUCD in preventing unplanned pregnancy, 16 (48%) of the respondents said >95 percent effective in avoiding pregnancy. In addition, of those heard about EC, 16 (48.5%) respondents only perceived that ECs cannot prevent STI whereas, 17 (51.5%) of the respondents reported ECs can prevent STI.

Generally, Of 33 respondents who had heard about EC, only 48.5 % had good knowledge and the rest 51.5 % have not Knowledgeable about EC (Table 5).

Table 4 Respondents Knowledge on EC among female students in Humora, 2018(n=222).

Variable	Number	Percent or %
Ever heard about EC (n=222)		
No	189	85.1
Yes	33	14.9
Do you know from where EC is obtained (n=33)		
No	16	51.5
Yes	17	48.5
IS EC use after unprotected sex? (n=33)		
No	20	60.6
Yes	13	39.4
Is ECPs take Within 72 hours after sex (n=33)		
No	17	51.54
Yes	16	48.5
Are IUCD >95% effective? in preventing unwanted pregnancy (n=33)		
No	17	51.54
Yes	16	48.5
Is EC helpful for early abortion? (n=33)		
No	19	57.6
Yes	14	42.4
Taken early ECs can prevent STD (n=33)		
No	17	51.5
Yes	16	48.5

Source: on survey 2018

Regarding the sources of Emergency contraceptive methods, majority of the study participants indicated that the most important sources of information for hearing about EC were friends comprising 18 (54.5%), followed by radio, 7 (21.2%), clubs school five (15.2%) & TV 3 (9.1%). Of those who have heard about EC 17 (68%) of them recognized where to get EC as pharmacy, followed Private clinic, 6 (24%) and Health center 7 (28%) respectively and eight (32%), did not know the place where to obtain EC, (table 6).

Table 5 respondent's sours of information about Knowledge of EC in Humora, 2018 (33)

Sours of information (n= 33)	Frequency	Percent or %
TV	3	9.1
Radio	7	21.2
Friend	18	54.5
School	5	15.2
EC is obtained *		
Health center	7	28
Pharmacy	17	68
private clinic	6	24
I don't know	8	32

*Refers multiple responses

Source: on survey 2018

Among those who have heard about EC, 57.6% knew as the pill was an emergency contraceptive method followed by intrauterine contractive device or IUCD 30.3 % and only 12.1% knows both pill & IUCD as an emergency contraceptive method (Figure 4).

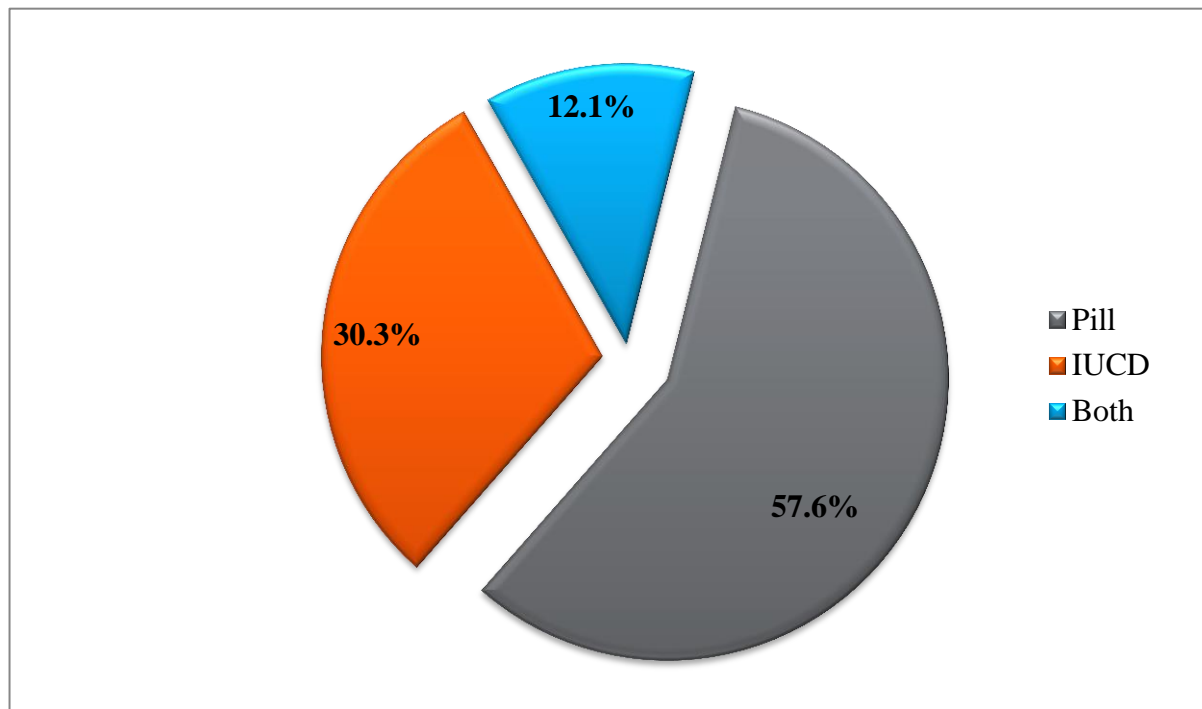


Figure 4. Methods ever knew by respondents in Setit Humera 2018, (n=33)

4.5. Attitude of Participant's towards Emergency Contraceptive Methods

All study participants were asked some questions to assess their concerns towards EC. The attitude indicator objects/items/ were adopted from previous similar studies concerned with attitude towards EC. The questions were made to be responded either “Agree”& “Disagree” For positively phrased statements (having a positive suggestion for EC use) those who responded “Agree” were considered as having positive -attitude and those who answered “Disagree” were considered to have negative- attitude.

On the other hand, for negatively worded statements (having negative implication for EC user), those who responded “Disagree” were considered as having positive-attitude and those who responded “Agree” were collected to have negative-attitude. The attitude score was computed from questionnaire and respondents recorded 50% and above of the total were considered as having ‘positive attitude’; while those recorded below 50% of the total were considered as having ‘negative attitude.

In this study (44.1%) participants have positive attitude towards EC whereas 124(55.9%) have negative attitude to it.

Of those, 183 (82.4%) of the respondents were perceived that EC would hurt the baby if it fails to work. 39 (17.6%) of respondents reported as EC would not hurt the baby if it fails to work. Of those respondents 129 (58.1%) agreed that taking EC is sin in religious view the rest 93 (41.9%) of them were disagreeing about it. Concerning the promiscuity promotes out of the study participants majority of the respondents, 173 (77.9%) were Agree with emergency contraceptive was promotes promiscuity. More than 50% of the respondents reported that taking EC was sin in religious view. Majority, 185 (83.3%) of study participants indicated that they were ready to use EC and 176 (79.3%) of respondents recommend others to use ECs. This result looks better as compared with the study findings at Maichew town where 62.4% have a willingness to use EC (kebede a, 2009), (table 7).

Table 6. Attitude of respondents towards EC among female students in Humora 2018.

Variable	Category	Frequency	Percentage (%)
Level of Attitude	Positive	98	44.1%
	Negative	124	55.9%
If I have unwanted sexual intercourse, I would use ECs.	Agree	185	83.3
	Disagree	37	16.7
If close friend or relative have unintended sexual intercourse I would advise her to use ECs.	Agree	176	79.3
	Disagree	46	8.7
Wide spread use of ECs will increase the prevalence of HIV AIDS and other transmitted disease.	Agree	129	58.1
	Disagree	93	41.9
Emergency contraception promotes promiscuity	Agree	173	77.9
	Disagree	49	22.1
Emergency contraception is one way of abortion	Agree	177	79.7
	Disagree	45	20.3
I do not want to use ECs for fear of side effects and they are not safe.	Agree	102	45.9
	Disagree	120	54.1
Emergency contraception will affects ongoing regular methods of contraception negatively	Agree	149	67.1
	Disagree	73	32.9
EC may hurt the baby in case it does not work.	Agree	183	82.4
	Disagree	39	17.6
Use of ECs can prevent unwanted pregnancy after unprotected sex	Agree	157	70.7
	Disagree	65	29.3
Taking EC is sin in religious view	Agree	129	58.1
	Disagree	93	41.9
It causes sterility, so I do not want to use.	Agree	132	59.5
	Disagree	90	40.5

Source: on survey 2018

4.6. Practice of Emergency Contraceptive

From those sexual experienced respondents only 10 (9.7%) of the study participants had practiced emergency contraceptive to prevent unplanned pregnancy. More than half respondents were from the age group 19-21 years. Moreover, the majority, 8.7% of the respondents use EC, were from orthodox. Regarding their marital status, 4.85% of study participants who practiced emergency contraceptive were cohabits in their marital status. In relation of their residence, those respondents were from urban use EC more than respondents from rural were. This study finding agreed with the survey findings of the Ethiopian DHS report (2016), which shows that use of Emergency contraceptive was higher in urban areas 0.8% than in rural areas 0.2%. In addition, there was an educational level difference that those TVET students likely to use EC compared were with those preparatory students (table 8)

Table 7 practice of the respondents on EC among female students in Humora, 2018

Characteristics	Yes		No	
	Number	Percent or %	Number	Percent or %
Ever use EC (n=103)	10	9.7	90	90.3
Age in years				
16-18	1	0.97	50	48.5
19-21	9	8.7	43	41.7
Education				
Preparatory	1	0.97	49	47.6
TVET	9	8.7	44	42.7
Marital status				
Married-	1	0.97	8	7.8
Divorced-	1	0.97	8	7.8
Widowed	0	0.97	1	
Cohabited	5	4.85	8	7.8
Single	3	2.9	68	66
Residence				
Urban	10	10.3	68	66
Rural	0	0	25	24
Religions				
Orthodox	9	8.7	56	54
Muslim	0	0	23	22
Catholic	0	0	5	4.8
Protestants	1	0.97	9	8.73

Of those who used EC, 60% pill, 30% IUCD and 10% both pill & IUCD ever used method by the respondent respectively (figure 5).

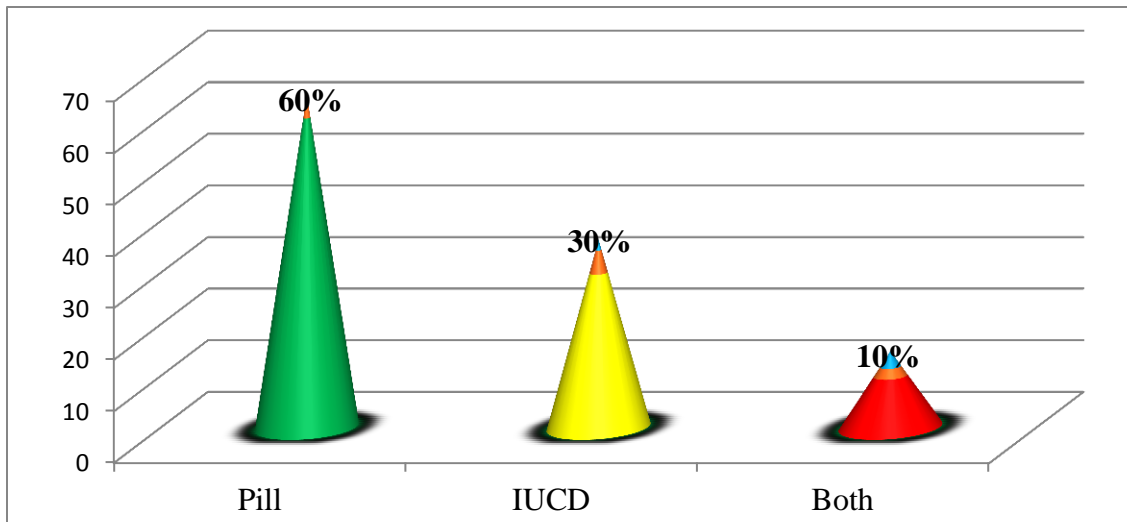


Figure 5. Shown ever used methods by respondents in Humora 2018, (n=10)

Among those not used EC, 69.89% reported that because of lack of knowledge about EC, 13.98% of the respondents reported that because of religious reasons and the rest wanted to be pregnant. According to the survey findings, of the whole respondents 107 (48.2%) were reported that use EC for the future to avoid unwanted pregnancy, 80 (36 %) respondents reported might be use it for the future and 35 (15.8%) of them they did not like use EC for the future (table 9). Of those who had not like to use EC, 15 (43%) of the respondents responded that they did not have full information about EC. 12 (34%) of them side no to have plan to sex or keep virginity 8 (23%) reported religious motives.

Table 8: Respondents reason for not using EC current & for the future in Setit Humora 2018, (n=93)

Variable	Number	Percent or %
Reason1 for not using EC (n=93)		
Lack of knowledge about EC	65	69.89
Religious reasons	13	13.98
Wanted to be pregnant	15	19.13
Do you intend to use EC to avoid unwanted pregnancy in the future? (n=222)		
Yes	107	48.2
No	35	15.8
May be	80	36.0

4.7. Factors associated with attitude towards emergency contraceptive

In order to see the association between attitude towards emergency contraceptive method and explanatory variable Logistic regression analysis was conducted to analysis the possible relationship. Using the bivariate logistic regression analysis factor affecting attitude towards emergency contraceptive among preparatory & TVET female students were, Age, respondents' with OR =2.610 (1.513-4.503) educational level, OR =2.2301(1.256 -5.934), marital status, ethnicity, OR=5.473(1.788--16.754), father's occupation, OR=2.947(1.636--5.307 and ever heard contraceptive, Discussed about contraceptive. OR=3.397(1.902--6.066), were had significant\ associated to the dependent factor at p value 0.05, confidence interval 95%.

As shown on Table 10, Age of respondent in the group, 16- 18 were 2.6 times more likely to use EC method than those who were at the age group 19-21. The finding was opposite with the survey finding at Atse Yohanesse preparatory school (2013), which shows that the older age was significantly associated with the students' attitude towards EC. However, similar finding with the study finding at Maichew preparatory & TVET school (2009), shows that the younger age group were have more positive attitude towards EC than those older age. This might be as the age of group lack of access to get information.

Educational level association that those preparatory students 2.470 times more likely to have favorable attitude towards EC were compared those TVET students.

Marital status, those single female students were 5.5 times more likely to have positive attitude towards EC than those married respondents were. The studies lining similar to previous studies conducted in fasiledes preparatory School, participants those single were more likely to have positive attitude towards EC than others were(Gebremedhin *et al.*, 2017).

EC than Ethnicity, respondents who were Nigerians and Eritreans were 4.76 times more likely to have positive attitude toward EC than Amhara ethnicity.

Those respondent Father Government employers were 3.84 times more likely to have positive attitude toward EC than those who were farmer. In addition, respondents who ever heard about contraceptive 2.947 times more likely to have positive attitude than counterparts did and Respondents who was discussed about contraceptive with their family or friend 3.397 were found significant predictors of attitude towards EC.

Table. 9. Logistic regression analysis for factors between Demographic variables & attitude of respondents towards EC in Setit Humora 2018, n=222

Variable	Respondent who have		p-value	ODDS Ratio COR 95%
	Positive attitude	Negative attitude		
Age				
16-18	61	48	.001	2.610 (1.513-4.503)
19-21	37	76		1
Educational level				
Preparatory	60	51	.020	2.2301(1.256 -5.934)
TVET	38	73		1
Marital status				
Married	4	20		1
Divorced	7	14	.237	2.500 (.613-10.195)
Single	81	74	.003	5.473 (.1.788 --16.754)
Cohabited	7	14	.259	2.000 (.478-.8.3691)
Widowed	0	1	1.000	.000 --- .000
Resident				
Urban	70	102		1
Rural	28	22	.802	.539 (.285-1.018)
Religion				
Orthodox	53	78	.842	1.800(.591-5.479)
Muslim	35	25	.374	.351(.070-1.761)
Catholic	3	11	.318	.863(.303- 2.458)
Protestant	7	10		1
Ethnicity				
Amhara	21	25		1
Tigray	60	94	.040	.760(.391-.477)
Kunama	5	1	.024	5.952 (.644--55.027)
Saho	0	1	1.000	1.000 (.000—000)
Others	12	3	.028	4.762(1.184--19.153)
Father occupation				
Farmer	29	41		1
Merchant	24	29	.779	.819 (.339 -11.977)
Governmental employer	19	7	.008	3.837 (1.428-10.312)
Daily worker	11	19	.633	1.042(.4512.--4091)
No work	14	19	.805	1.290 (.589 -2.823)
Ever heard contraceptive				
No	43	26		1
Yes	55	98	.000	2.947(1.636--5.307)
Discussed about contraceptive with your family, or fired				
No	74	58		1
Yes	24	65	.000	3.397(1.902--6.066)

4.8. Association Factors with Practice Study Participants towards EC

As illustrated in table 11, respondents at age group 19-21 were 10.465 times EC used than those in the age group 16-18, marital status, respondents who cohabited were 14 times more likely to practice EC than those married. Respondents educational level with TVET were 9 times more likely to practice EC than those who attend preparatory, Father education level with secondary and above were 5.8 times more likely to practice EC than those who were illiterate. And respondents who ever heard about EC was found to 29.8 times more likely to practice emergency contraceptive than those who had no heard information about EC, respondents who live with their boyfriend were 6.49 times more likely to practice EC than those who live with parents.

Table 10 Logistic regression analysis for Demographic Variables & EC practices in Humora

Variable	Respondent who used EC		p-value	ODDS Ratio
	Yes	NO		COR 95%
Age				
16-18	1	50		1
19-21	9	43	.009	10.465/ 1.274-85.958/
Educational level				
Preparatory	1	49		
TVET	9	44	.004	9 (.143--15.465)
Marital status				
Married-	1	8		1
Divorced	1	8	.561	2.833(.263--30.577)
Single	3	68	.561	2.833(.263--30.577)
Cohabited	5	8	.001	14.166(2.838--70.727)
Father education				
Literate	3	58		1
Primary education	3	12	.549	4.833(.868--26.905)
Secondary above	3	10	.001	5.800(1.023--32.890)
Ever heard about EC				
No	2	82		1
Yes	8	11	.011	29.818(5.600--158.783)
Currently living status				
Alone in resent house	0	3	.999	.000
With friends	0	8	.099	.000
With boy friend	5	10	0.014	6.49(1.45-27.984)
With husband	0	19	.999	1.159(.118-11.402)
With brother or sister	1	11	.999	.000
With parents	4	54		1

4.3. Discussion

Study was conducted to assess knowledge, attitude and practice of emergency contraceptive among preparatory & TVET school female students in setit Humora town, Ethiopia. The response rate in this study was found to be 95%, which can be considered slightly higher than similar study conducted in Mekelle higher education female students 94.8. However, low while compared with the study conducted in Maichew female students 100% (Kebede A, 2009).

Eighty-nine (40.1%) study participants had ever discussed about modern contraceptive with their family, peers and one hundred fifty three (68.9%) of respondents had heard about contraceptive methods. This result shows that less information towards contraceptives compared with the study result at Mekelle and Maichew town where 98.3% and 72.2% of the respondents had ever heard about contraceptives (Kebed.A,2009;HaftomG ,Berhane Gebrekidan,2011) respectively. In this study about 46.4% of the subjects reported that they are already sexually active. This result is nearly similar to the study conducted on Mekelle higher education female students 49%. The result is also higher than similar study conducted in Adama, Maichew & Mizan-Tepi University were 35.3,15.7% ,38.4% respectively (Jima, Segni and Zergaw, 2016, Kebede A, 2009; Bisrat Z, 2015). This finding might related to environmental difference & lack of experience to make discussion about reproductive health with their family.

Those of sexual active respondents, 43.4% ever had pregnancy, and 62.2% were unplanned. From these had unwanted pregnancy, 71.4% were terminated by induced abortion. Majority cares of abortions were under unsafe condition. This finding showed that higher rate of unwanted pregnancy 43.4%, high rate of induced abortion 71.4% and high rate of unsafe abortion 70% compared with the study result at Maichew & were 42.9%, 38% & 62.5% respectively (Kebede A, 2009).

In addition, it is higher than similar study conducted in Mekelle higher education female students. The probable reason for this study might be due to lack of safe & security place of these to get prevent methods, lack of clear information & knowledge to use modern contraceptive and also high payment of abortion service in private clinic for those high rate of unsafe abortion. Generally, neither there are adolescent health center nor school health services in the study area. According to the survey findings of this study, majority of the respondents never have heard about EC. Only 33 or 14.9 percent of the whole respondents heard about EC. The finding was low matched to studies done in Colombia 66.%, Ukraine 49.% and Hurmaia

47% respectively (Palermo, Bleck and Westley, 2018 and Desta and Regassa, 2011).The probable description for the difference might be due to level of education. In this study, all of the study participants were preparatory and TVET students while the study participants in Hurmaia were university students. In addition, well access to information and more weight given for university students by government and stakeholders may have its contribution the difference between my study groups and respondents from the other studies. On the other side in this finding might be due to passive information.

The study finding shown friend was main source of information about emergency contraceptive. This is opposite from findings of study in Fasiledes Preparatory School, (2017) the main source of information's was mass media 34.4%. This might be because of the respondents in this study were give less attention for the country mass media or might be related to difference in culture of discussion here in the study participants.

Only 48% percent of the respondents correctly identified 72 hours as the time limit for the first dose of oral emergency contraceptive pills. 17(51.54%) were not aware the correct time limit to take ECPs. 60.6% percent of those who heard about EC were miss informed that EC were effective within 24 hours of unprotected sexual intercourse. This result was lower than similar studies conducted in Adama, (2016), which were 81.3%. The reason might be due to clear & full information about EC and active health extension workers in that area. Most of them were relatively more familiar with oral emergency contraceptive pills widely known and used method.

Similar finding was reported among female students in Fasiledes, (2017) and Maichew, 2009 were majority of them were familiarized with oral emergency contraceptive pills. Accessibility and easiness for use and keeps of emergency contraceptive pill might be the reason for its familiarity and use. In contrast, IUCD needs skilled health care experts to administered and only provided at health care institutions.

Finding of knowledge of emergency contraceptive among study participants of this study was 48.5% it was much lower than the finding of study conducted in Pakistan (2010), 75.5percent and Atse Yohanesse preparatory school (2014), 75.7% respectively. The difference might be due to less information, training empowerments towards emergency contraceptive and environmental difference.

However, finding of knowledge of emergency contraceptive among study participants of this study was higher than study conducted in Haremaya University 25.7%, Chad 2%, and Kenya

40% respectively (Desta and Regassa, 2011; Mir and Malik, 2010). The difference might be due to variation conducted and/or study setting difference. In addition, the finding of this result was higher than EDH report, which was 19.5% (EDHS, 2016). The probable reason might be due to the survey includes all sexually active unmarried women in the age group 15 to 49 in all over the country, but this study includes only female students from two schools and from one town. In this study, 44% of the respondents had positive attitude towards EC utilization. This indicates that 55.9 % of the study participants had poor attitudes towards emergency contraceptives; it is a point for the government and the stakeholder to deal to improve the attitude of the women towards emergency contraceptive. The finding is lower than study conducted in Maichew 62.4%, Mekelle College 46.4%, Haremaya University 76.5% (Desta and Regassa, 2011; Haftom Gebrehiwot, Berhane Gebrekidan, 2011) respectively. This difference might be due to study population difference, awareness difference of these finding participants were to have a better attitude towards emergency contraceptive.

In this study, students who were younger age 2.897 times more likely to have positive attitude towards EC. Than those who were older age. This result was found to be opposite with other study done in Tigray region, Mekelle city.

Nevertheless, consistence with study conducted at Maichew town and with the study done in another part of the country Adama town, Gonder Fasiledes preparatory school.

From those sexual experienced only 9.7% of the study participants had practiced emergency contraceptive. The result very low Practice of emergency contraceptive were compared to study conducted in Pakistan on community health workers 17 % and Mekelle college students 24.2% respectively (Mir and Malik, 2010; Palermo, Bleck and Westley, 2017 H G, Ber Geb, 2011).

The possible reason for low practice of emergency contraceptive in this study was the level of education compared to university students, poor of knowledge about EC & awareness difference about emergency contraceptive. However, this result was higher than the result of study conducted in Adama town 2016 where 4.2% of women had used EC. Nevertheless, it is show better used EC compared with the finding result in Adama where 4.2% Maichew 2.8%, Ghan 4% and EDH report 4% of the respondents had ever used emergency contraceptive, (Jima, Segni and Zergaw, 2016,.Kebede A, 2009, Palermo, Bleck Westley, 2017 and EDHS, 2016) respectively .The difference might be due to variation conducted and/or study population difference.

Age of respondents at the age group of 16-18 years was 2.61 times more likely to have positive attitude towards EC than those who were at the age group 19-21. The finding was difference with the survey finding at Atse Yohanesse preparatory school (2013), which shows that the older age was significantly associated with the students' attitude towards EC. However, similar finding with the study finding at Maichew preparatory & TVET school (2009), shows that the younger age group were have more positive attitude towards EC than those older age. This might be the young age group were more technology acceptant or positive attitude had than the older one that means at the age increase attitude toward EC decrease.

Respondents who attended preparatory were times more likely to have positive attitude about EC than those who were in TVET. This study was difference with the study conducted in Michew, is lower positive attitude towards EC by the preparatory students (Kebede A, 2009,)

Marital status was those single female students were 5.5 times more likely to have positive attitude towards EC than those married respondents were. This study supported by the study conducted in Michew single/never married had more positive attitude towards EC than the married,(kebede A ,2009).

Ethnicity, respondents who were Nigerians and Eritreans were 4.76 times more likely to have positive attitude toward EC than Amhara ethnicity .Fathers occupational level, government employer 3.84 times more likely to have positive attitude toward EC than those who were farmer and respondents. Respondents who ever heard about EC were 2.95 times more likely to have positive attitude than counterparts were

Respondents who was discussed about EC were 3.4 times more likely to have positive attitude than those counterparts were

Respondents at age group 19-21 were 10.46 times more likely to use EC than those in the age group 16-18. This study also supported by the study conducted in Michew (Kebede A).

Marital status, respondents, who cohabited, was 14 times more likely to practice EC than those married. The studies lining similar to previous studies conducted in fasiledes preparatory School(Gebremedhin *et al.*, 2017). Those single participants were more likely to use EC than others were married.

Respondents educational level with TVET were 9 times more likely to practice EC than those who attend preparatory,

Father education level with secondary and above was 5.8 times more likely to practice EC than those who were literate.

Respondents who ever heard about EC was found to be 29.8 times more likely to practice emergency contraceptive than those who had no heard information about EC, This study also supported by the study conducted Atse Yohanesse preparatory school (Abrham et al., 2014).

Respondents who live with their boyfriend were 6.49 times more likely to practice EC than those who live with parents. This study were difference with the study conducted in Maichew , Students living with parents were more likely used EC than students living with Husband & other (Kebede A, 2009,) and also similar with the study conducted in fasiledes preparatory school (Gebremedhin *et al.*, 2017).

CHAPTER FIVE: CONCLUSION AND RECOMMENDATION

5.1 Conclusion

Generally, the finding of this study showed that 48.45 % of the participants had knowledge about emergency contraceptive while others are not knowledgeable 51.55 percentage of respondents scored below 50% of knowledge question so they have had poor knowledge of EC.

Regarding to their attitudes, majority of the respondents had no good attitude toward EC while only 44.1% of the respondents had good attitude about EC. So based on the finding, it is possible to say that the study subjects had a negative attitude toward practicing EC since the overall result was below 50%.

From those sexual experienced only few (9.7%) of the study participants had practiced EC Majority, 80% of the study participants who practiced EC were from orthodox. Regarding their marital status, (50%) of study participants who practiced emergency contraceptive was cohabited in their marital status.

Of those, (60%) participants who were reported that oral emergency contraceptive pills widely known and used method. The study finding shown friend was the main source of information about emergency contraceptive. This is opposite from findings of a study in Gonder & Maichew were the main source of information was mass media & health institution.

5.2. Recommendation

- The government and stakeholders should motivate the young women to use emergency contraceptive to prevent undesired pregnancy in addition to increasing their awareness.
- Community and religious leaders should encourage discussion about reproductive health, which is a good intervention to reduce unplanned sexual relation, which leads them to unintended pregnancy.
- Governmental and non-governmental origination should increase youth service centers that give them counseling on any occasion that young women face problems and need counseling to resolve their problem in schools and adolescence health institutions
- For researcher further study should investigate at community level to get a further picture of knowledge, attitude & practices about EC.

References

- Abrha, S. et al. (2014) 'Assessment of Knowledge, Attitude and Practice among Regular Female Preparatory School Students towards Emergency Contraceptives in Mekelle, Northern Ethiopia', *International Journal of Pharma Sciences and Research*, 5(11), pp. 856–864.
- Akpanekpo, E. I., Umoessien, E. D. and Frank, E. I. (2017) 'Unsafe Abortion and Maternal Mortality in Nigeria : A Review Unsafe Abortion and Maternal Mortality in Nigeria : A Review', (June), pp. 0–6.
- Bisrat Z, B. T. and F. Y. (2015) 'Factors associated with utilization of emergency contraception among female students in Mizan-Tepi', pp. 1–23.
- Curtis, K. M. et al. (2016) 'U.S. Selected Practice Recommendations for Contraceptive Use, 2016', *MMWR. Recommendations and Reports*, 65(4), pp. 1–66. doi: 10.15585/mmwr.rr6504a1.
- Dawit A (2007) *Emergency contraceptive in Addis Ababa: Practice of service provider. National Research Foundation: 3-7*
- Desta, B. and Regassa, N. (2011) 'On Emergency Contraception among Female Students of Haramaya University, Ethiopia: Surveying the Level of Knowledge and Attitude', *Educational Research*, 2(4), pp. 2141–5161.
- EDHS (2016) Ethiopia. 'Ethiopia Demographic and Health Survey', (March).
- EDHS2000-2011 (2012) 'Ethiopia Demographic and Health Survey', (March).
- MOHE. (2015) 'National adolescent and youth reproductive health strategy', (October 2010).
- Gebremedhin, K. B. et al. (2017) 'Assessment of Knowledge, Attitude and Behaviour towards Emergency Contraceptive among Female Students of Fasiledes Preparatory School, Gondar, Ethiopia', *Clinics in Mother and Child Health*, 14(2), pp. 1–6. doi: 10.4172/2090-7214.1000260.
- Gessesew, (2010) *Abortion study in Adigrat zone hospital Tigray*,
- Haftom Gebrehiwot*, Berhane Gebrekidan, H. B. and K. K. (2013) 'Assessment of Knowledge, Attitude, and Practice towards Emergency Contraceptives among Female College

Students at Mekelle Town, Tigray Region, Ethiopia.

Haji kedir: 2004. Magnitude and immediate outcomes of physical violence against women in kofele district, Arusi zone, Oromiya region.

Jima, A., Segni, M. T. and Zergaw, A. (2016) 'Assessment of Knowledge, Attitude and Utilization of Emergency Contraception among Unmarried Women of Reproductive Age in Adama, Ethiopia', Health Science Journal, 10(6), pp. 1–11. doi: 10.21767/1791-809X.1000469.

Kebede A (2009) 'Assessment of Knowledge, Attitude and Practice on Emergency contraception among secondary, preparatory, and technical & vocational school female students in Maichew town, Southern zone of Tigray, Ethiopia.

Kaihura. D.M.M. (1997). A survey of Knowledge, attitude and use of emergency contraception among undergraduate female students in 2 Kenyan Universities. M.Med Thesis. University of Nairobi.

Mir, A. S. and Malik, R. (2010) 'Emergency contraceptive pills: exploring the knowledge and attitudes of community health workers in a developing Muslim country', N Am J Med Sci. doi: 10.4297/najms.2010.2359.

Nyambura, M. G. et al. (2017) 'Knowledge and Utilisation of Emergency Contraception Pills among Female Undergraduate Students at the University of Nairobi , Kenya', pp. 989–1005. doi: 10.4236/ojog.2017.79100.

Palermo, T., Bleck, J. and Westley, E. (2018) 'INTERNATIONAL PERSPECTIVES ON SEXUAL AND Knowledge and Use of Emergency Contraception : A Multicountry Analysis', 40(2), pp. 1–12. doi: 10.1363/4007914.

Tamire, W. and Enqueselassie, F. (2007) 'Knowledge , attitude , and practice on emergency contraceptives among female university students in Addis', The Ethiopian Journal of Health Development, 21(2).Topics, S. (2017) 'Emergency Contraception', Journal of Obstetric, Gynecologic & Neonatal Nursing, 46(6), pp. 886–888. doi: 10.1016/j.jogn.2017.09.004.

Black,KI,Geary R.(2016). Trends in the use of emergency contraception in Britain: evidence from the second and third National Surveys of Sexual Attitudes and Lifestyles

Wegene Tamire, Fikre Enqueselasie. Knowledge, attitude and practice on emergency

Contraceptives among female students at higher education in Addis Ababa, Sep2005.

Western zone annual report (2016) in Setit Humera western zone of Tigray.

WHO (2011) 'The Global Epidemic of Unintended Pregnancies', pp. 1–53.

WHO (2015) 'Transforming Health Systems: Gender and Rights in Reproductive Health'.World Health Organisation (2017) 'WHO | Emergency contraception', Who.

Annex 1: Structure questionnaire for survey (English version)

Mekelle University

Institute of Population studies

Center for population and development

Questionnaire for the study

Female students in preparatory& TVET School

Setit Humora

Good morning/ Afternoon?

My name is Adanech Alebel. Currently I am a postgraduate student at Mekelle University, Institute of Population studies. I am conducting a survey to assess the knowledge, attitude and practices of Emergency contraceptive among preparatory& TVET School female students. The study will be conduct as a fulfillment of the requirement for the degree of Master of Science in Population and Development. The information obtain from you will be vital to accomplish the study successfully and very crucial in the prevention of unwanted pregnancy. To attain this study your honest and open participation is very important and I would very much appreciate your participation in this study. Therefore, kindly request you to fill this questionnaire as accurately and carefully as possible. Please be assure that all the information gathered will be kept strictly confidential and you do not need to write your name on any of the questionnaire page. Only the researcher has the access of the information and the result will be used only for academic purpose. You have a full right and decision to not respond all the questions or partly. Are you willing to participate? Yes or No Please put \surd on the space provided below. Thank you, have a nice day. If you have any questions about this study, feel free to contact Mob: +250975131860 E-mail: adanechalebel551@gmmail.com Are you agree in to complete the questionnaire?

Yes _____ No _____ DataCollectorName _____ S
ignature _____ Date _____ Supervisor Name _____
Signature _____ Date _____

No	Questions	Response / coding categories	
Section I socio – demographic Back-ground Characteristics of respondents			Skip to
Q101	How old are you? Age	Age in years_____	
Q102	What grade level are you now?	_____	
Q103	What is your current marital status?	Married-----1 Divorced-----2 Widowed----- 3Single-----4 Separated-----5 Cohabited-----6	
Q104	Where do you come?	Urban-----1 Rural-----2	
Q105	What is your religion?	Orthodox -----1 Muslim-----2 Catholic-----3 Protestant-----4 Other, Specify-----5	
Q106	What is your ethnicity?	Amhara-----1 Tigray-----2 Kunama-----3 Saho-----4 Other/specify/-----5	
Q107	Currently, With whom are you living?	alone in rental house-----1 With girlfriend-----2 with boyfriend----- 3 with husband-----4 with brother or sister)-----5 with parents (father, mother)-----6 other(specify)-----7	
Q108	How much is your/ family monthly income?	-----	
Q109	What is the educational level of	Illiterate-----1	

	your father?	Primary education-----2 Secondary education-----3 Diploma & above-----4	
Q110	What is the educational level of your mother?	Illiterate-----1 Primary education-----2 Secondary education-----3 Diploma & above-----	
Q111	What is the employment of your parents?	Both employed-----1 Father employed-----2 Mather employed-----3 Both un employed-----4	
Q112	Occupation of father	Farmer-----1 Merchant-----2 Government employer-----3 Daily worker-----4 No work-----5 NGOs-----6 Private-----7 Others-----	
Q113	Occupation of mother	Farmer-----1 Merchant-----2 Government employer-----3 Daily worker-----4 No occupation-----5 NGOs-----6 Private-----7 Others-----8	

Section II. Questions use to assess general KAP on contraception

Q201	Have you ever heard about contraception?	Yes-----1 No-----2	IF no skip to Q.204
Q202	If say yes for Q.201, from where did you get the information?	TV-----1 Radio-----2 Friends-----3 School----- 4Family-----5 Other, specify-----6	
Q203	Which method of contraception do you know? (more than one response is possible)	Oral pills----- 1 IUCD----- 2Norplant -----3 Inject able-----4	
Q204	Ever use any type of contraceptive method?	Yes-----1 No-----2	
Q205	If you say yes for Q.206, which method do you use? Multiple response possible	Oral pills----- 1 IUCD----- 2Norplant-----3 Inject able-----4 Other, specify-----	
Q206	Have you ever discussed about contraceptive with your family, peers	Yes-----1 No-----2	

Section III. Questions use to assess Knowledge on emergency contraceptive

Q301	Is there any method that could take to prevent unwanted pregnancy after unprotected sex with in short period?	EC use----- Nothing at all-----2 Other, specify-----3	
Q302	Have you ever heard about emergency contraceptives?	Yes-----1 No-----2 No response-----3	If No skip to 401

Q303	If you say yes for Q 302, which method do you use?	pills-----1 IUCD-----2 Both-----3 Other, specify-----4	
Q304	What was your first source of information?	TV-----1 Radio-----2 Friend-----3 School-----4 Family-----5 Other, specify-----6	
Q305	Do you know from where EC is obtained	Yes-----1 No-----2	
Q306	emergency contraception Obtained? Multiple response possible	Hospital-----1 Health center-----2 pharmacy-----3 private clinic-----4 I don't know-----5	
Q307	EC will be use after unporprat sxe	yes-----1 No-----2	
Q 308	EC pill taken within72 hours	Yes-----1 No-----2	
Q. 309	Are emergency contraceptive IUCD >95% effective in preventing unwanted pregnancy?	Yes-----1 No-----2	
Q310	Is EC helpful for early abortion?	Yes-----1 No-----2 I Don't know -----3	
Q311	When taken early ECs can prevent sexually transmitted infection.	Yes-----1 No-----2 I Don't know-----3	

Section IV. Questions use to assess Attitude toward EC

Q.NO	Opinions	Level of agreement	
		Agree	Disagree
Q401	If I have unwanted sexual intercourse, I would use ECs.		
Q402	If close friend or relative have unintended sexual intercourse I would advise her to use ECs.		
Q403	Wide spread use of ECs will increase the prevalence of HIV AIDS and other transmitted disease.		
Q404	Emergency contraception promotes promiscuity		
Q405	Emergency contraception is one way of abortion		
Q406	I do not want to use ECs for fear of side effects and they are not safe.		
Q407	Emergency contraception will affects ongoing regular methods of contraception negatively		
Q408	EC may hurt the baby in case it does not work.		
Q409	Use of ECs after unprotected sex can prevent unwanted pregnancy.		
Q410	Taking EC is sin in religious view		
Q411	It causes sterility, so I do not want to use.		

Section V. Questions use to assess practice on ECs

Q501	Ever had sex?	Yes-----1 No-----2	
Q502	Have you ever had unprotected sex?	Yes-----1 No-----2	
Q503	What problem you faced after unprotected sex?	Unwanted pregnancy-----1 STI-----2 Nothing at all-----3 Others, specify-----4	
Q504	If you face unwanted pregnancy, how did you solve the problem?	Continued pregnancy & give birth-----1 Go to health institution-----2 Induced abortion-----3 Others, specify-----4	
Q505	At what age were you had the first sexual intercourse?	Below 18years old-----1 18 years and above-----2 I don't remember-----3	
Q506	Have you ever been pregnant?	Yes-----1 No-----2	
Q507	If Q.506 yes, how many times?	One-----1 Two-----2 3& above-----3 No response-----4	
Q508	Age at first pregnancy	_____	
Q509	Have you ever had unplanned pregnancy?	yes-----1 No-----2	If response is not skip to Q 513
Q510	Have you ever practiced induced abortion?	Yes, of course-----1 No, I don't -----2	
Q511	If say yes for Q.510, number of abortion?	One-----1 Tow-----2 3& above-----3 No response-----4	
Q512	Where was the place of abortion?	Self-infliction-----1 Health institution-----2 Traditional abortion place----3 Private clinics-----4 Other(specify)-----	
Q513	Have you ever use emergency contraceptive	Yes, how many times-----1 No, I haven't used -----	If response is

			not skip to Q519
Q514	If say yes for Q.513 which method have you ever used?	Oral pill-----1 IUCD-----2 Bothe-----3 Other, specify-----4	
Q515	If you ever used oral pills, where did you bought the pill?	Health center-----1 Hospital-----2 Private clinic-----3 Pharmacy-----4 Others-----5	
Q516	Who advise you?	Boyfriend-----1 Girlfriend-----2 Health professionals-----3 Others -----4	
Q517	How do you feel after use oral pills?	Satisfied-----1 Unsatisfied-----2 Nothing-----3	
Q518	If you had unprotected sexual contact and did not take EC what was your reason ?/ Multiple response possible/	EC not accessible-----1 Lack of knowledge about EC--- -----2 2Religious reasons-----3 I do not want to use it-----4 Wanted to be pregnant-----5 If other, specify-----6	
Q519	If your answer for Q.510 is NO what your reason?/ Multiple response possible/	EC not accessible-----1 Lack of knowledge about EC--2 Religious reasons-----3 I do not want to use it-----4 Wanted to be pregnant-----5 If other, specify-----6	
Q520	Do you intend to use emergency contraceptive method to avoid unwanted pregnancy in the future?	Yes-----1 No-----2 May be-----3	
Q521	If No, reason why not	-----	

Tanks for you participation have a nice day!

Annex 2: Structured questionnaire for (Tigriga version)

ሓፈሻዊ መብርሂን ዕላማን እዚ ቃለ መሕትት

አብ ከተማ ሰቲት ሓመራ ዝርከባ መሰናድኦን ሞያን ተክኒክን ኣብያተ ትምህርቲ ካብዝምሃራ ደ/አንስትዮ ተመሃሮ ብዘዕባ ሜላ ሃንደበታዊ መከላከሊ ጥንሲ ዘለዎን ኣፍልጦን ፣ግንዛብ ከምኡውን ኣጠቓቕማ ንዝተፈላለዩ ተዛመድቲ ጉዳያትን ንምድህሳስ ዝግለመ መፅናዕቲ እዩ። ስለዝኮነ ድማ ዘለክን ግዘ ሰውእክን ኣብሓቂ ዝተደረኸ ሃበሬታ ንምሃብ ፍቓደኛ ም'ኳንክን ኣቐዲመ ከመስግን ይደሊ።

አነ ኣዳነኹ ኣለበል እብሃል። እዚ መጠየቂ ግሊ ሜላ ሃንደበታዊ መከላከሊ ጥንሲ ግንዛብ /ኣፍልጦ/ ፣ ኣጠቓቕማን ዝተፈላለዩ ተዛመድቲ ጉዳያት ንምፅናዕ ዝተዳለወ እዩ ። እዚ ፅንዓት ንካልኣይ ዲግሪ ትምህርቲ መማልኢ ዝኸውን እዩ። ኻብክን ዝርከብ መረዳእታ ነቲ መፅናዕቲ ብዝተሳኸፀ መንገዲ ንምፍፃምን ንዘይተደለየ /ሃንደበታዊ/ ጥንሲ ንምክልካል ንዝግበር ምንቅስቃስ ዕዞዝ ገደኣለዎ። ናሓትክን ሓቂ መረዳእታ ምሃብ ንዘይተደለየ ጥንሲ ንምክልኻል ዝግበር ግቡእ መፍትሒ ዝጠቅም እዩ። ኣብዚ መፅናዕቲ ብምስታፍክን ዋላ ሓንቲ ጉድኣት ያብሉን። ብም'ኳኑ እውን ስምክን ንክትፅሕፉ ኣይትጥየኹን፤ እዚ ኸና መልስክን ሚስጥራዊን ንትምህርቲ ጉዳይ ጥራሕ ይውዕል። ስለዚ ነፃ ኾይንክን ሓቂን ጉቡእን መረዳእታ ይሃባ። እቲ ትክክለኛ መልሲ እትብልኦ ብምክባብ መልሳ።

እዚ መጠየቂ ንምሙላእ ፍቓደኛ ዲክን? እው-----ኣይፋለይን-----

ክፍሊ 1 ሐፊ ሻዊ መረዳ እታተሳተፍቲ እዚ መፅናዕቲ

ተ.ቁ	ሕቶ	መውሃቢ መልሱ	
101	ዕድመኪ ክንደይ እዩ?	_____ ዓመት (ብመጠን ለእቁፅ)	
102	ክንደይ ክፍሊት ምሃሪ	_____	
103	ከነታት ሓዳርኻ?	ሕዚ እብሓዳር ይርከብ -----1 ተፋቲሐ -----2 ሰብ እያዝሞታ -----3 አይተመርፀኻ? -----4 ተፈላልዩ -----5 ብዘይሕጋዊ ምርጫ ቢርናንነብር -----6	
104	ካበይ መጻኢ	ካብ ከተማ -----1 ካብ ገጠር -----2	
105	ናይ እየናይ እምነት ተከታሊት ኢኪ ?	ኦርቶዶክስ -----1 ሙስሊም -----2 ካቶሊክ -----3 ፕሮቴስታንት -----4 ካሊእ፣ (ይግለፁ) -----5	
106	ብሄርኪ እንታ እዩ?	አምሓረይቲ -----1 ትግራይ ወይቲ -----2 ኩናማ -----3 ሳሆ -----4 ካሊእ ይገለፅ -----5	
107	ምስመን ትነብሪ?	ብሕተይ/ብይነይ/ -----1 ምስደ/አንስት መሃዙተይ -----2 ምስ ደቂተባዕትዮ መሃዙተይ -----3 ምስ ብዓል ገዛይ -----4 ምስ ሃወይ/ሓፍተይ -----5 ምስ ቤተሰብይ -----6 ካሊእ፣ (ይግለፁ) -----7	
108	ብማእኸላይ ወርሓዊ እቶት ቤተሰብኪ ክንደይ እዩ?	_____ ብር	
109	ብርኪት/ቲወላዲኪ?	መፅሓፍን ምንባብን ጥራሕ -----1	

		1 ^ኛ ደረጃ ዝገወድኡ-----2 2 ^ኛ ደረጃ ዝገወድኡ-----3 ዲፕሎማን ልዕሊኡን-----4	
110	ብርኪት/ቲወላዲትኪ?	መፅሓፍን ምኅባብን ጥራሕ-----1 1 ^ኛ ደረጃ ዝገወድኡት-----2 2 ^ኛ ደረጃ ዝገወድኡት-----3 ዲፕሎማን ልዕሊኡን-----4	
111	ከንታት ስራሕ ወለድኪ?	ክልቲኦም ሰብስራሕ እዮም-----1 ወላድዮ ጥራሕ እዩ ብዓል ስራሕ-----2 ወላዲተይ ጥራሕ እያ ብዓል ቲስራሕ-----3 ክልቲኦም ስራሕ የብሎምን-----4	
112	ዓይነት ስራሕ ወላዲኪ እንታይ እዩ?	ሕርሻ-----1 ንግዲ-----2 መንግስቲ ሰራሕተኛ-----3 መዓልታዊ ስራሕ-----4 ስራሕ የብሉን-----5 ከሊእይገለፅ-----6	
113	ዓይነት ስራሕ ወላዲትኪ እንታይ እዩ?	ሕርሻ-----1 ንግዲ-----2 መንግስቲ ሰራሕተኛ-----3 መዓልታዊ ስራሕ-----4 ስራሕ የብላን-----5 ከሊእይገለፅ-----6	

ክፍል 2 ሓፈሳዊአብአፍልጦ፣ግንዛብንአጠቃቅማንሚላመከላከሊጥንሰ

201	ብዛዕባመከላከሊጥንሰሰሚዕኪዶትፈልጢ?	እው-----1 አይፈልጥን-----2	መልሰኪ ይፈልጥንእንተ ኮይኑናብሕቶ ቁፅሪ204
202	መልሰኪ ንቁፅሪ 201 እወእ ንተኸይኑ መርብብ ሓበሬታኪ እንታነይኑ? (ካብ ሓደ ንላዕሊ መልሲ ምሃብ ይክእል)	ቴሌቪዥን-----1 ሬድዮ-----2 መሓዙተይ-----3 ትምህርትቤት-----4 ቤተሰብ -----5 ካልኦትይገለፁ-----6	
203	አየናይመከላኸሊጥንሰትፈልጢ? (ካብሓደንላዕሊመልሲይክእል)	ከኒን/Pills/-----1 ኣብማህፀንዝቅመት /IUCD/----2 ኣብጥኑቻዝቅበር/Noresponse/-3 መርፍእ-----4	
204	ዝኸነ ዓይነት ሚላ መከላከሊ ጥንሰተ ጠቂምኪ ዶ ትፈልጢኣ?	እው-----1 አይፈልጥን -----2	
205	እንድሕር ንሕቶ ቁፅሪ 206 መልሰኪ እወ ኮይኑ አየናይ ሚላ ተጠቂምኪ?	ከኒን/Pills/-----1 ኣብማህፀንዝቅመት-----2 ኣብጥኑቻዝቅበር /Noresponse/3 መርፍእ-----4 ከሊእይገለፁ-----5	
206	ብዛዕባ መከላከሊ ጥንሰ ምስቤተሰብ ፣መሓዙትኪ ትመያየጢዶ?	እው-----1 አይመያየጥን -----2	

ክፍሉ 3. ሕቶ ኣብ ኣፍልጦ ሃንዳብታዊ መከላከሊ ጥንሲ

301	ጥንቃቄ ብዝጎደሎ ዖታዊ ርክብ ብምፍፃም ንዝፍጠር ዘይተደለየጥንሲ ንምክልካል እንትቀመሉ ሜላ መከላከሊ ትፈልጢ ዶ?	ሃንደበታዊ መከላከሊ ምጥቃም-----1 ኣይፈልጥን-----2 ካሊ እ ይገለፅ-----3	
302	ብዛዕባ ሃንደበታዊ ሜላ መከላከሊ ጥንሲ ሰሚዒኪ ዶ ትፈልጢ?	እው-----1 ኣይፈልጥን -----2	መልስኪ ይፈልጥን እንተ ኮይነናብ ሕቶ ቁፅራ.305
303	እንድሕርን ሕቶ ቁፅራ 302 መልስኪ እው እምተኸይኑ ኣየናይ ሜላ ትፈልጢ?	ከኒን/Pills/-----1 ኣብ ማህፀን ዝቅመ-----2 ኣብ ጥንቅቅ ዝቅበር-----3 መርፍእ-----4 ካልኦት እንተ ሃልዮም-----5	
304	መርብብሓበሬታኪ እንታይነይኖ? (ካብ ኣደን ላዕሊ መልሲ ምምላሳ ይክእል)	ቴሌቪዥን-----1 ሬድዮ-----2 መሓዘተይ-----3 ትምህርት ቤት-----4 ቤተሰብ -----5 ካልኦት ይገለፁ-----6	
305	ሃንደበታዊ መከላከሊ ጥንሲ ኣበይ ከምዝዕደግ ትፍልጢ ዶ?	እው-----1 ኣይፈልጥን-----2	
306	ሃንደበታዊ መከላከሊ ጥንሲ ኣበይ ረኪብክዮ?	ሆስፒታል-----1 ጥዕና ማእከል-----2 ፈርማሲ-----3 ውልቅ ክሊኒክ-----4 ኣይፈልጥን-----5	
307	ሃንደበታዊ መከላከሊ ጥንሲ መግዝ ይውሰድ ትፈልጢ ዶ?	እው-----1 ኣይፈልጥን -----2	
308	ንዘይተደለየ ጥንሲ ንምክልካል ዝውሰድ ድሃንደበታዊ መከላከ ጥንሲ ክኒን ኣብውሽጢ 72 ሰዓት ድሕሪ ዖታዊ ርክብ ዕዉት እዩ ?	እው-----1 ኣይፈልጥን -----2	

309	ንዘይ ተደለየ ጥንሲ ንምክልካል ሃንደበታዊ ሚላ መከላከሊ ክኒን ክንደየናይ ዕውት እዩ?	አዝዩ ዕውት(>95%)-----1 ዕውት 75-89%-----2 ንኡስ እዩ (<10%)-----3 ዕውት ኣይኮነን-----4 ኣይፈልጦን-----5	
309	ንዘይተደለየጥንሲንምክልካል ኣብ ማሕፀን ዝቅበር ሃንደበታዊ ሚላ መከላከሊ ክን (>95% ዕውትእዩ?	እው-----1 ኣይኮነን-----2 ኣይፈልጥን -----3	
310	ሃንደበታዊ መከላከሊ ጥንሲ ጥንሲ ንምንፃል ይሕግዝዩ?	እው-----1 ኣይሕግዝን-----2 ኣፍልጦይብለይን-----3	
311	ሃንደበታዊ መከላከሊጥንሲ ምጥቃምና ንተመሓላለፍቲ ሕማማት ምክልካል ንክእልዩ?	እው-----1 ኣይንክእልን-----2 ኣፍልጦይብለይን-----3	

ክፍሉ 4. ሕቶ አረአጃያ ምጥቃም ሃንደበታዊ መከላከሊ ጥንሲ

	ግላዊ አመለካከት/አረአጃያ/	መጠንምምዕነት	
		ተስማሚዐ	አይስማማዕን
401	እንድሕርዘይተደለየጾታዊርክብፈፃመሃንደበታመከላከሊጥንሲክጥቀምእየ?		
402	መሓዙተይእንድሕርዘይተደለየጾታዊርክብፈፃመንሃንደበታመከላከሊጥንሲንክጥቀማክመክርእየ?		
403	ሃንደበታዊ ሜላ መከላከሊ ጥንሲ ብሰፊሑ ምጥቃም ኤች አይቪ ኤድስን ካልአት ተመሓላለፍቲ ሕማማት ንክውስክን ንክስፋፋሕን ይገብር		
404	ሃንደበታዊ መከላከሊ ጥንሲ ንፋያቶትነት/ሴሰኝነት/ መበረታትዕ ድዩ?		
405	ሃንደበታ መከላከሊ ጥንሲ ሓደ ሜላ መወገዲ ጥንሲ እዩ		
406	ሃንደበታ መከላከሊ ጥንሲ ንክጥቀም ድሌት የብለይን ምክንያቱ ጉድአት አለዎ ኢሊ ስለ ዘፈርሕን ምችው ስለዘይኮነን		
407	ሃንደበታዊ መከላከሊ አብ ልዕሊ እቶም ልሙዳት ሜላታት መከላከሊአሉታዊ ጉድአት አለዎ		
408	ሃንደበታዊ መከላከሊ ጥንሲ እነተዘይሰሪሑ ምናልባሽ/አምኪን/ ነቲ ዕሽልከጎድኦ ይክእል		
409	ድሕሪ ዘይተሓሰበ ጾታዊ ርክብ ሃንደበታ መከላከሊ ጥንሲ ምጥቃም ዘይተደለየ ጥንሲ ክንከለኽል ንክእል		
410	ሃንደበታዊ መከላከሊ ጥንሲ ምጥቃም በሃይማኖት ሃጥያት እዩ		
411	ሃንደበታዊ መከላከሊ ጥንሲ ምጥቃም መካንነት ሰለ ዘስዕብ ክጥቀም ድለየት የብለይን		

ክፍሌ 5 ሕቶ ብዛዕባ ሃንደበታዊ መከላከሊ ጥንሲ ምጥቃም

501	የታዊርክብ ፈፅሞኪ ትፈልጢ ዶ?	እው-----1 አይፈልጥን-----2	
503	ብዘይ መከላከሊ የታዊርክብ ፈፅሞኪ ትፈልጢ ዶ?	እው-----1 አይፈፀምኩን-----2	
503	ድሕሪ ምፍፃምኪ እንታዓነት ፀገም በዓሊኪ?	ዘይተደለየ ጥንሲ-----1 ብየታዊ ርክብ ዝመሓላለፍ ረክሲ-----2 ዋላሓንቲ አይተሰመዓኒን-----3 ካሊእ ይገለፅ-----4	
504	እንድሕር ዘይ ተደለየ ጥንሲ ገጢ ምኪ ነቲ ፀገም ብከመይ ፈቲሕኸዮ?	ጥንሲይ ቀደለን ወሊደን-----1 ናብ ጥዕና ትካል ከይደ-----2 ነዒለ-----3 ካሊእ ይገለፅ-----4	
505	መጀመርያ የታዊ ርክብ ክትፍፅሚ ካለኪ ዕድመኪ ክንደይ ነይሩ?	ትሕቲ 18 ዓመት-----1 18 ዓመትን ልዕሊኡን-----2 ክዝክሮ አይክእልን-----3	
506	ጥንሲ ጠኒስኪ ዶ ትፈልጢ ?	እው-----1 አይፈልጥን-----2	
507	እንድሕር እው ከይኑ መልስኪ ክንደይ ግዘ ጠኒስኪ?	ሓደ ግዘ-----1 ክልተ ግዘ-----2 ስለስተን ልዕሊኡን-----3	
508	አብ መጀመርያ ጥንስኪ ዕድመኪ ክንደይ ነይሩ?	-----	
509	ዘይ ተለምክሮ ጥንሲ ጠኒስኪ ዶ ትፈልጢ?	እው-----1 አይፈልጥን-----2	
510	ጥንሲ ነዒልኪ ዶ ትፈልጢ?	እው-----1 አይፈልጥን-----2	መልስኪ ይፈልጥን እንተ ኮይኑናብ ሕቶ ቁፅራ.513
511	መልስኪ እው እተኾይኑ ክንደይ ግዘ ጥንሲ ሰዲድኪ?	ሓደ ግዘ-----1 ክልተ ግዘ-----2 ስለስተን ልዕሊኡን-----3	

512	ጥንሲ ዘንፀልክሉ ቦታ አበይ ነይረ ?	ካብ ወለቕ ልምደይ-----1 ኣብ ጥዕና ማእከል-----2 ብልምዲ ጥንሲ ዘንፀልክሉ ቦታ----3 መልሲ የብለይን-----4	
513	ሃንደበታዊ መከላከሊ ጥንሲ ትጥቀሚ ዶ?	እው-----1 አይ ጥቀምን-----2	መልሲኪ ይፈልጥን እንተ ኮይኑናብ ሕቶ ቁፅሪ.519
514	እንድሕር ንሕቶ ቁፅሪ 513 መልሲኪ እው እንተኸይኑ አየናይ ሜላ እኪ ትጥቀሚ?	ብኣፍ ዝውሰድ ክኒን-----1 ኣብ ማህፀን ዝቅበር-----2 ክሊትኦም-----3 ካልኦት-----4	
515	እንድሕር ብኣፍ ዝውሰድ ክኒን ተጠቂምኪ አበይ ዝእክቶ?	ኣብ ጥዕና ማእኸል-----1 ሆስፒታል-----2 ውለቕ ክልኒክ-----3 ፈርማሲ-----4 ካሊእ ይገለፅ-----5	
516	ንክትጥቃሚ ንመን ኣማኪርኪ	ወዲ ተባዕታይ መሓዘይ-----1 አንስተይቲ መሓዘይ-----2 ብዓል ሞያ ጥዕና-----3 ዋላ ሓደ-----4	
517	ብኣፍ ዝውሰድ ክኒን ምስ ተጠቀምኪ እንታይ ተሰመዕኪ	አሚን ተቐቢለዮ-----1 አይ ኣመንኩሉን-----2 ዋላ ሓደ ኣይተሰመዐንን-----3	
518	ዘይ ተደለዮ ርክብ ፈጊምኪ እናዳሃለኹ ሰለ ምንታ ሃንደበታዊ መከላከሊ ጥንሲ ዘይ ተጠቐመኪ?	ሃንደበታዊ መከላከሊ ብበዝሒ ኣይርከብን-----1 ኣፍልጦ ያብለይን-----2 ብምክንት ሃይማኖት-----3 ክጥቀም ስለዘይደለኩ-----4 ወዲ ተበኣታይ ኣርከጥ ክጥቀም ስለዘይደለ-----5 ካሊእ ይገለፅ-----6	

519	እንድሕር ንሕቶ ቁፅሪ513 መልስኪ አይጥቀምን እንተኾይኑ ምክንያትኪ እንታይ እዩ?	ሃንደበታዊ መከላከሊ ብበዝሒ አይርከብን-----1 አፍልጦ ያብለይን-----2 ብምክንት ሃይማኖት-----3 ክጥቀም ስለዘይደለኩ-----4 ወዲ ተበኣታይ ኣርከጥ ክጥቀም ስለዘይደሊ-----5 ካሊእ ይገለፅ-----6	
520	ዘይ ተደለየ ጥንሲ ንካያጋጥም ንቅድሚት ሃንደበታዊ መከላከሊ ክትጥቀሚ ትሓሰቢ ዶ?	እው-----1 አይሓስብን-----2 ምናልባሽ-----3	
521	እንድሕር ዘይ ሓሲብኪ ምክንያትኪ እንታይ እዩ?	-----	

ቃለ መሕትት ተፈጻሚ ንተሳትፎክን አመስግን ሰናይ መጻፊቲ!