


# COLLEGE OF MEDICINE AND HEALTH SCIENCES

## DEPARTMENT OF PUBLIC HEALTH

**KNOWLEDGE, ATTITUDE, PRACTICE OF INDUCED ABORTION AND ATTITUDE ABOUT ITS LEGALIZATION AMONG FEMALE STUDENTS OF AGENA HIGH SHOOL AND PREPARATORY SHOOL. GURAGE ZONE, CENTERAL ETIOPIA,2025 G.C**

**A RESEARCH REPORT TO BE SUBMITTED TO COLLEGE OF MEDICINE AND HEALTH SCIENCES,DEPARTEMENT OF PUBLIC HEALTH FOR PARTIAL FULFILLMENT OF THE REQUIREMENT FOR BACHELOR DEGREE OF SCIENCE IN PUBLIC HEALTH OFFICER.**

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**COLLEGE OF MEDICINE AND HEALTH SCIENCE**

# KNOWLEDGE, ATTITUDE, PRACTICE OF INDUCED ABORTION AND ATTITUDE ABOUT ITS LEGALIZATION AMONG FEMALE STUDENTS OF AGENA HIGH SHOOL AND PREPARATORY SHOOL.GURAGE ZONE, CENTERAL ETIOPIA, 2024/25


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# ACRONYMS

| No | Acronym | Full words |
|---|---|---|
| 1 | A/A | Addis Ababa |
| 2 | AHSPS | Agena High School and Preparatory School |
| 3 | FP | Family Planning |
| 4 | HIV/AIDS | Human Immunodeficiency virus/ Acquired immune Deficiency Syndrome |
| 5 | MVA | Manual Vacuum Aspiration |
| 6 | NGO | Non Governmental Organization |
| 7 | SRP | Student Research Programme |
| 8 | USA | United State of America |
| 9 | WHO | World Health Organization |
| 10 | EC | Ethiopian Calender |

# ABSTRACT

**Background:** Unsafe abortion is one of the three leading causes of maternal mortality globally. In Africa unsafe abortion accounts for more than a quarter causes for maternal death. Ethiopia is one of the east African countries with highest incidence of unsafe abortion.. However lots of things remain to be done to address this major public health problem; this stems from high number of unwanted pregnancy which is a result of low contraceptive usage.

**Objective**: To assess knowledge, attitude and practice of women on induced abortion and their attitude about its legalization at Agena High school and Preparatory School in Agena town, Ezha woreda, Guraghe zone ,central Ethiopia from 24 December -6 January,2025

**Method:** Institutional based cross sectional study design was conducted among 298 regular female students of Agena High school and Preparatory School and data was collected by using structured questionnaire. A simple random sampling technique was carried out. Collected data were cleaned, edited, and it was analyzed using SPSS computer programmed version 25. After analyzing of collected data results was summarized and presented in texts, tables, charts and graphs as necessary.

**Result:** Out of 184 participants, 180 completed the provided questionnaire, resulting in an impressive response rate of 97.8%. However, only 18.9% demonstrated good knowledge on the topic. Regarding attitudes towards induced abortion, only 17.8% held a positive view, while most of the study participants, 60%, expressed an unfavorable attitude toward the legalization of abortion in Ethiopia.

**Conclusion and recommendation**

The study found that participants had limited knowledge about induced abortion and held negative views on the subject. Many students engaged in unprotected sex, leading some to attempt self-induced abortions using local herbs due to fear of family member' s

reactions. The study recommends offering education on modern contraceptives, the dangers of unsafe abortion, and pregnancy prevention. It also suggests making health information in schools and modern contraceptives accessible where it is possible for the needs to be used in Agena town.

**Key words:** knowledge, attitude, practice, legalization, Female students

# CHAPTER ONE

# INTRODUCTION

## 1.1 Background

Abortion is the expulsion of fetus from the uterus or termination of pregnancy before fetal viability. This is usually taken to be so if it happens before 28 completed weeks of gestation or less than 1000gm weight in Ethiopia and united kingdom abortion can be classified based on occurrence and clinical stages. By occurrence it Can be classified as spontaneous or induced abortion while clinically, it could be classified as threatened, complete, incomplete, missed and inevitable.(1)

Abortion has been legal in every United State (USA) since 1973 when medical decisions about their bodies. Fetus also has rights, but only after the pregnancy has progressed to the point where the fetus can be viewed as an independent person. In medical terms this is defined as the viability threshold the point at which a fetus can survive outside of womb. Abortions have been performed for at least 3,500 years. The word " abortions" comes from the Latin root " aboriri" (means to miscarry" ) .(2)

Abortion is a highly sensitive issue, which is why discussion on the topic are ongoing and never ending. Different people have opinion on topic of abortion. In earlier days speaking about abortion was not allowed openly, but now with changing times people have become open minded about this topic (3)

Among the issues in today s world that are divisive and inflammatory, none is so increased over the years and seems, it will become even greater in the days on head. Christians are divided over how to address the issue from biblical perspective (4)

## 1.2 Statement of the problem

Many pregnant women, particularly in Asia, Africa, and Latin America, die from complications related to pregnancy, including obstructed labor, unsafe abortions,

hemorrhages, and eclampsia. The World Health Organization estimates that 500,000 women die annually from pregnancy-related causes, with a significant portion linked to unsafe abortions. Despite efforts to find a safe solution, the prevalence of abortion-related maternal deaths remains high.(5)

Induced abortion is a major global public health issue, with approximately 50 million pregnancies ending in abortion each year, 20 million of which are unsafe. Unsafe abortion accounts for about 15% of maternal mortality worldwide, making it a leading cause of maternal deaths. In Africa, around 5 million unsafe abortions occur annually, representing over 40% of the global total, with East Africa having particularly high rates. In Ethiopia, unsafe abortion is a leading cause of maternal mortality, contributing to 25-35% of maternal deaths.(6)

The complications associated with unsafe abortion are severe. These complications include hemorrhage, infection, injuries to the uterus, and long-term reproductive health problems, such as infertility and psychological trauma. Unsafe abortion can also lead to death, and the majority of these deaths are preventable with appropriate medical care and access to safe abortion services. The impact of unsafe abortion is multifaceted, affecting not only the health of women but also their families, communities, and national healthcare systems. It contributes to maternal morbidity and mortality rates, particularly in low- and middle-income countries like Ethiopia.(7)

Several factors contribute to the high incidence of induced abortion. After the legalization of abortion, the total number of abortions increased significantly, as seen in the USA, where 854,122 legal induced abortions were reported in 2003, leading to over 30 million abortions since legalization. A key factor is the lack of access to safe abortion services, with many regions either restricting or failing to provide adequate care, pushing women to resort to unsafe methods. Low contraceptive use, particularly in countries like Ethiopia and other parts of Africa, results in unintended pregnancies and higher demand for abortion services. Sociocultural barriers, including cultural beliefs and societal norms, prevent women from using contraception or seeking timely medical care. Women also often delay seeking care due to fear of stigma, legal consequences, or lack of trust in the health-care system. Economic factors, such as poverty, worsen the situation by limiting access to abortion and post-abortion care. Additionally, many women are

unaware of safe abortion options and the risks of unsafe procedures, mainly due to lack of education. Gender inequality further exacerbates the issue, as women in many African societies have limited autonomy, leading to higher abortion rates and worse reproductive health outcomes.(8)

Several interventions have been implemented to reduce unsafe abortion and its complications. Key strategies include legal reforms, such as the legalization of abortion in certain circumstances (e.g., rape, incest, or health risks) in countries like Ethiopia, though implementation has been slow and insufficient. Expanding family planning programs to increase contraceptive access and reduce unwanted pregnancies is another approach, although their success, particularly for young people, has been mixed. Sexual and reproductive health education, especially for young women, is essential in raising awareness about contraception and safe abortion options. Additionally, many countries have focused on improving post-abortion care to treat complications and prevent maternal deaths, promoting safer reproductive health practices.(9)

Abortion-related complications are preventable, and understanding their causes is essential for shaping public health policies to reduce maternal mortality and morbidity. In countries like Ethiopia, where abortion laws are evolving, research is crucial for guiding policy decisions on expanding abortion access and implementing safe procedures. Addressing social, economic, and cultural factors that impact women's reproductive health is also key to reducing gender inequality, empowering women, and improving well-being. Previous research on induced abortion has identified several critical gaps, including inadequate knowledge about legal rights and abortion procedures, misconceptions about the safety of abortion, and negative, stigmatizing attitudes shaped by cultural, social, and religious beliefs. Many studies also highlight barriers to accessing safe abortion services, such as geographic location, financial constraints, and societal stigma. Our research addresses these gaps by providing valuable insights into the knowledge and attitudes of female youth regarding induced abortion. Furthermore, our research sheds light on the vulnerability of female youth to misinformation and unsafe abortion practices, particularly in the context of cultural or familial pressures, thus filling a gap in the literature related to this demographic. Studying barriers to accessing safe abortion and contraception can help improve healthcare systems, ensuring effective

reproductive health services for all women. Research findings can inform future interventions, healthcare policies, and global efforts to reduce maternal mortality and morbidity, particularly in Africa and Ethiopia.(10)

## 1.3 Significance of the study

This study aims to provide insights into various aspects of reproductive health, focusing on female students' knowledge, attitudes, and practices related to induced abortion. It will examine students' understanding of medical procedures, legal implications, psychological effects, and preventive measures, identifying knowledge gaps to inform targeted educational programs. The study will also explore how cultural, religious, and personal factors shape students' views on abortion. Additionally, it will assess the prevalence of abortion, factors influencing students to seek abortions, access to safe services, and available support systems. The findings could help inform policies and reproductive health education tailored to young female students, reducing unsafe abortion practices, promoting contraception, and addressing students' psychological well-being. The research will contribute to the academic literature on reproductive health, particularly in vocational and technical education, and support efforts to reduce stigma and foster informed, safe, and responsible reproductive health decisions. The objective is to assess the knowledge, attitude, and practices related to induced abortion and its legalization, providing valuable data for future research and policy-making at regional and national levels.(11)

## 1.4 LITERATURE REVIEW

Induced abortion is a critical issue globally, with significant implications for women's health, public policy, and social attitudes. With approximately 180-200 million pregnancies occurring each year worldwide, about 75 million of them are unwanted, leading to the termination of approximately 50 million pregnancies through induced abortion. Of these, nearly 20 million are considered unsafe, with unsafe abortion accounting for 15% of maternal mortality globally.(12)

Unsafe abortion remains a primary cause of maternal death, particularly in developing countries where 95% of such abortions take place. In some regions, it is reported that for every seven live births, one unsafe abortion occurs, contributing to the high maternal mortality rates in these areas. Furthermore, approximately 5-7 million women suffer non-fatal, yet debilitating health issues due to unsafe abortions, including reproductive tract infections, which can result in infertility and other long-term health complications. Unsafe abortions contribute to pregnancy-related morbidity, with every maternal death often linked to 10-15 women suffering from severe reproductive health problems.(13)

## 1.4.1 Knowledge on induced abortion

The knowledge surrounding induced abortion varies significantly across different regions and populations. A comprehensive understanding of induced abortion includes awareness of the legal frameworks, the methods of abortion, and the associated health risks. Unfortunately, many individuals, particularly young women, possess limited or fragmented knowledge on these critical aspects. For instance, a study by Wanyama et al. (2015) in Uganda highlighted that while university students had access to reproductive health education, they often lacked knowledge about the legal and medical aspects of abortion. This lack of understanding frequently leads to misconceptions about the safety and consequences of abortion. However, other studies suggest that exposure to reproductive health education, whether formal or through media, can improve awareness and reduce misconceptions. Singh et al. (2014) found that female students who received formal sex education were more likely to understand the consequences of induced abortion and the legalities surrounding it. Despite the presence of reproductive health education, stigma and misinformation often hinder women’ s understanding of the availability of safe and legal abortion services. A study done in Ambo town revealed that 44.2% have good knowledge about induced abortion.(14)

In Ethiopia, the knowledge of induced abortion is influenced by the country's legal framework. According to the 2004 Penal Code, abortion is legal under specific circumstances, such as when it is necessary to save a woman's life or health, in cases of rape, incest, fetal impairment, or when a woman is unable to care for a child due to age or health concerns. Despite the legal allowances, public knowledge and awareness of these

provisions remain limited, contributing to confusion and potential barriers to safe abortion access.(15)

## 1.4.2 Attitude toward induced abortion

Attitudes toward induced abortion vary across different cultural, religious, and socio-political contexts. In Ethiopia, for example, studies show a complex set of views regarding abortion. A study in Jimma Town revealed that while 88.3% of participants were aware that abortion is illegal in Ethiopia, only 4.4% supported abortion on request, while 71% opposed abortion under any circumstances. These findings suggest that public opinion in Ethiopia is largely conservative, with strong opposition to abortion, regardless of the circumstances. Similar patterns of opposition to abortion are often seen in countries with strict abortion laws and deeply entrenched cultural or religious views.(16)

Globally, attitudes toward abortion are heavily influenced by moral, religious, and ethical beliefs. In many societies, abortion is seen as a moral issue, and its legalization is met with strong opposition from certain groups, particularly religious organizations.

These attitudes are often tied to the belief in the sanctity of life, and the concept of "life begins at conception," which influences how abortion is perceived in many parts of the world.(17)

## 1.4.3 Practice on induced abortion

The practice of induced abortion is shaped by a combination of legal, societal, and healthcare factors. Globally, the practice of abortion is not uniformly regulated, leading to disparities in access to safe abortion services. In many countries, especially in low- and middle-income regions, abortion is often performed under unsafe conditions, contributing to high rates of maternal morbidity and mortality. It is estimated that 95% of unsafe abortions occur in developing countries, where restrictive abortion laws, lack of access to healthcare, and stigma often drive women to seek unsafe, illegal procedures. In Ethiopia, for instance, unsafe abortion is a leading cause of maternal mortality and morbidity, accounting for 25-35% of maternal deaths. The high number of unsafe abortions is

compounded by a lack of access to skilled providers and healthcare facilities, leading to severe complications such as hemorrhage, sepsis, and infertility.(18)

The practice of induced abortion also varies in regions where it is legally permitted. In the United States, for example, the legalization of abortion in 1973 led to a significant increase in the number of abortions performed. According to the CDC, there were 854,122 legal induced abortions in the U.S. in 2003 alone.(8)

This increase was due in part to the removal of legal barriers and improved access to safe abortion services. However, despite the legal framework, challenges remain in ensuring equitable access to safe abortions, particularly for marginalized populations

Among adolescent female students in four selected secondary schools in Moshi municipality, Kilimanjaro region, Northern Tanzania is

5.6% of respondent having an abortion was reported.(19)

## 1.4.4 Attitude about the legalization of abortion

The legalization of abortion is a contentious issue, with strong opinions on both sides. In countries where abortion is illegal or heavily restricted, there is often debate about whether legalizing abortion would lead to a decrease in unsafe abortions and maternal deaths. The legalization of abortion has been shown to reduce the incidence of unsafe abortions and improve maternal health outcomes. For example, in the U.S., the legalization of abortion in 1973 led to a significant decline in maternal deaths related to abortion. However, in countries where abortion remains illegal, attitudes toward legalization are often shaped by cultural, religious, and moral beliefs. In Ethiopia, where abortion is legally permitted only under specific circumstances, there remains strong opposition to broader legalization, with many individuals holding conservative views about the morality of abortion(20)

According to a study done in Axum 47.5% of the study participants had favorable attitude towards legalization of abortion. Globally, the legalization of abortion continues to be a subject of debate, particularly in countries with strong religious or cultural opposition. Human rights arguments, such as the right to reproductive freedom, are often used to advocate for the legalization of abortion. Proponents argue that women should

have the right to make decisions about their own bodies and reproductive health, while opponents argue that abortion is morally unacceptable and should be restricted.(21)
A cross-sectional study among female undergraduate students in Ghana shows that 61.7% of the students had a favourable attitude towards Ghana’ s abortion legalization.(22)

# CHAPTER TWO

# OBJECTIVES

## 2.1 General objective

- To assess knowledge, attitude and practice of women on induced abortion and their attitude about its legalization at Agena High school and Preparatory School in Agena town, Ezha woreda, Guraghe zone ,central Ethiopia from 24 December -6 January,2025

## 2.1 Specific objectives

1. To evaluate the level of knowledge among female students at Agena High school and Preparatory School regarding induced abortion from 24 December -6 January,2025
2. To identify the level of attitudes of female students at Agena High school and Preparatory School toward induced abortion in Agena town, Ezha woreda, Guraghe zone, central Ethiopia from 24 December -6 January,2025
3. To assess the level of practices of female students at Agena High school and Preparatory School regarding induced abortion in Agena town, Ezha woreda, Guraghe zone, central Ethiopia from 24 December -6 January,2025
4. To explore the perception of female students at Agena High school and Preparatory School regarding the legalization of induced abortion in Agena town, Ezha woreda, Guraghe zone, central Ethiopia from24 December -6 January,2025

# CHAPTER THREE

# METHODS AND MATERIALS

## 3.1 Study area Background

The study was conducted in Agena High school and Preparatory School from 24 December -6 January,2025. which is found in Agena town located 181km south west of Addis Ababa and 41km from Wolkite town(East) and 29km from Wolkite University found in Gubre. The town has one high school and preparatory school which was established in 1996 E.C and currently in the academic year 2024/25 G.C. enrolling a total number of 298 female students and has one health center and one primary hospital. Agena town is the capital city of Ezha woreda of Guraghe zone with a climate of dega and found on altitude of 2310-2320 m above sea level.(Source: principal office).

## 3.2 Study design and period

Cross sectional descriptive study design was conducted from 24 December -6 January,2025 to assess knowledge, attitude and practice of female students towards induced abortion and attitude toward its legalization, on a total of 298 female regular students who are following their education at Agena High school and Preparatory School students in the academic year 2024/25 G.C.

## 3.3 Source Population

Source population was female students who were following their education at Agena High school and Preparatory School students and Study population were all sampled female students of Agena High school and Preparatory School students

## 3.4 Inclusion and exclusion criteria

All eligible female students of Agena High school and Preparatory School aged 15-49 were included while excluding those either not consenting or absent from school during data collection time, aged less than 15 and those who were withdrawn from the school.

## 3.5 Sample size calculation and sampling technique

The sample size was determined by using single population proportion formula considering the following assumptions; using the prevalence from a similar study done in Yebu Secondary School, Jimma zone in 2018 the prevalence of knowledge is 9.1% and prevalence of attitude is 23.2%(21) and the prevalence of attitude about its legalization is 47.5%(22).The confidence interval is 95 %, the margin of error is 5 %, and 10 % is the non-respondent rate. Since the total population is less than 10,000, where the total number of female students is 298, correction formula is used to calculate the actual sample size. Finally the largest sample size was taken among all and the total sample size including the non- response rate was decided to be 184 female students.

- Sampling technique: Simple random sampling
- Sample size was determined for each specific objectives based on related researches done before.

**For Attitude**

$$No = \frac{Z^2 P(1-P)}{D^2}$$

Where: n0=required minimum sample size

z=z-score value corresponding to a given level of confidence (0.95)

p= single population proportion (0.232)

w=allowable margins of error (0.05)

$n0=(1.96)^2(0.232)(1-0.232)/0.052$

n0=274

By using correction, final sample size

n=n0/(1+n0/N)

n=274/(1+274/298)

n=143, having 10% non- respondent rate, the final n becomes n=143+14=157

**For knowledge**

Where: n0=required minimum sample size

z=z-score value corresponding to a given level of confidence (0.95)

p= single population proportion (0.091)

w=allowable margins of error (0.05)

$n0=(1.96)^{2(}0.091)(1-0.091)/0.052$

n0=127

By using correction, final sample size

n=n0/(1+n0/N)

n=127/(1+127/298)

n=89, having 10% non- respondent rate, the final n becomes n=89+9=97

**For attitude about its legalization**

Where: n0=required minimum sample size

z=z-score value corresponding to a given level of confidence (0.95)

p= single population proportion (0.475)

w=allowable margins of error (0.05)

$n0=(1.96)^{2(}0.475)(1-0.475)/0.052$

n0=383

By using correction, final sample size

n=n0/(1+n0/N)

n=383/(1+383/298)

n=167, having 10% non- respondent rate, the final n becomes n=167+17=184

## 3.6 Data collection instrument and procedure

Data was collected by using a pretested, structured, close-ended, self-administered questionnaire which were prepared in English, as English language is institutional media for all higher educations. The questionnaire was divided into five sections to gather information on the following: Socio-demographic characteristics of the respondents,

knowledge about abortion, attitude toward abortion, practice of abortion and attitude toward legalization of abortion to collect the necessary information and assess different level of our study participants. Stratified simple random sampling was used in order to ensure proportional representation of appropriate sample. First the female students were stratified by their grade and the same grade of different shifts was combined together and sample students were selected from each stratum proportionally to their size by using simple random sampling technique then the required sample was taken from each stratum. The data was collected by trained public health officer students who were guiding and giving clarification to those who face problem during filling the questionnaire.

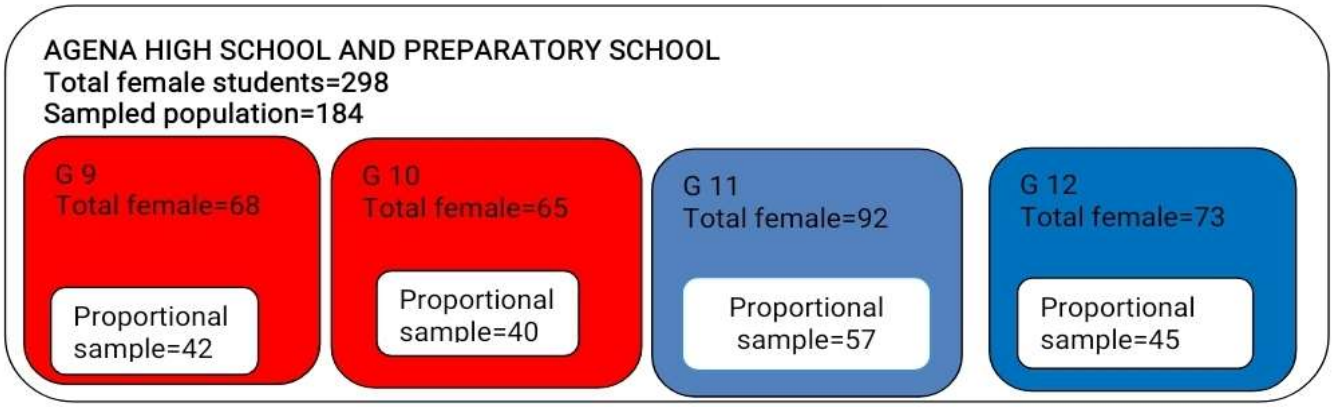



Figure: 1 A figure showing how the proportion has been taken from each class

## 3.7 Study variables

## 3.7.1 Lists of variables

- Knowledge
- Attitude
- Practice
- Complication of abortion
- Age
- Sex
- Religion
- Ethnicity
- Educational status
- Place of origin
- Marital status

## 3.8 Operational definition

**Induced abortion**: Interference with provable concepts with the aim of termination of pregnancy(23)

**Unsafe abortion**: Abortion technique that lack or inadequate skill of provider, hazardous technique and unsanitary conditions.(20)

**Knowledge**: In this study knowledge used for explaining awareness of students about induced abortion. (23)

**Attitude**: In this study attitude was used to describe the views of students towards induced abortion.(23)

**Attitude about its legalization:** A feeling about the legalization of abortion which could be a feeling of acceptance or rejection.

**Practice:** Practice used to describe any experience of abortion among female students included in this study.(19)

**Knowledge scores**: In this study " Good knowledge" represents that respondents who answered 70% and above of the statement on knowledge questions, while " Poor

knowledge" represents those who answered below 70% of the statement on knowledge questions.(23)

**Attitude scores**: In this study " Favorable (positive)" attitude was for those who answer 70% and above of the statement on attitude, whereas " Unfavorable (negative)" attitude was for those who answer below 70% of the statement on attitude.(22)

**Practice scores: "** Good practice" represents practices which are positive towards health and " Poor practice**"** represents practices which are negative towards health.

**Attitude about its legalization score** : Favorable attitude-Those participants whose score above the mean attitude or 4 out of 7 questions abortion law related. Unfavorable attitude -those participants whose score is less than the mean attitude or 4 out of 7 abortion law related.(24)

## 3.9 Data processing and analysis

Collected data was cleaned, edited and checked for completeness and consistency and was processed using SPSS software version 25 then analysis was done using simple descriptive, qualitative and quantitative data analysis and final result was presented by frequency tables, graphs and statement.

## 3.10 Data quality assurance

Data collectors were three public health students who were on their basic study and who know more about the topic issue. Information was given ahead of actual data collection time on the selection procedure of study units and objectives of the study.

All materials used for data collection was arranged sequentially before the beginning. The respondents were told about the objective of the study and their importance to participate voluntarily in the study and collected data were checked for completeness and

consistency, on daily basis. Data was kept in the form of file in private secured place and confidentiality was insured by not recording names or any personal identity.

## 3.11 Ethical consideration

Formal letter was written from Wolkite University public health department to Agena high school and preparatory school and the concerned authority for permission and supporting during data collection. female students were clearly informed regarding confidentiality of any information the purpose of the study, and that name of the respondent would not written on the questionnaire and oral consent was obtained from respondents before obtaining any information .As much as possible the privacy of student were maintained and only the volunteer were involved.

## 3.12 Dissemination of result

The study result was elaborated ,compiled and submitted to Wolkite University college of medicine and health science Department of Public health. Finally, the findings were disseminated and recommendation were made to various concerned bodies including governmental and non -governmental organization particularly Zonal health department, woreda health offices in Agena town, and relevant health facility managers and beneficiaries.

# CHAPTER FOUR: RESULTS

From the total of 184 participants, 180 respondents had finished the provided questionnaire and yielding the response rate 97.8%.

## 4.1 Socio-demographic characteristics of respondents

From the total of 184 participants, 180 respondents had finished the provided questionnaire and yielding the response rate 97.8%.

Majority, 154(85.6%), of respondents were found in the age range of 15-19 years. Majority, 174 (96.7%), of the respondents were single and regarding religion, orthodox religion follower are the highest having 114 (63.3%). out of 180 respondents G-11 were the largest in number which is 56(31.1%) and Among the respondents most of them live in urban with their family having 112(62.2%) and 194 (96.0%) of them were found to be Guraghe Ethnic group.

Table 1: Socio-economic and demographic characteristics of Agena high school and preparatory school female students in Agena 01 kebele, Ezha woreda, Gurage Zone, centeral Ethiopia, January 2025 G.C.

| Socio demographic variable | | Frequency | Percentage (%) |
|---|---|---|---|
| Age | 15-19 | 154 | 85.6 |
| | 20-24 | 25 | 13.9 |
| | 25+ | 1 | 0.6 |
| Marital status | Single | 174 | 96.7 |
| | Married | 6 | 3.3 |
| | Divorced | 0 | 0 |
| | Widowed | 0 | 0 |

| | | | |
|---|---|---|---|
| Religion | Orthodox | 114 | 63.3 |
| | Muslim | 46 | 25.6 |
| | Catholic | 3 | 1.7 |
| | Protestant | 16 | 8.9 |
| | Other | 1 | 0.6 |
| Educational status | 9 | 41 | 22.8 |
| | 10 | 40 | 22.2 |
| | 11 | 56 | 31.1 |
| | 12 | 43 | 23.9 |
| Residence | Urban with family | 112 | 62.2 |
| | Urban without family | 28 | 15.6 |
| | Rural with family | 38 | 21.1 |
| | Rural without family | 2 | 1.1 |
| Ethnicity | Guraghe | 171 | 95 |
| | Amhara | 9 | 5 |

## 4.2 Knowledge of respondent about induced abortion

Out of 180 respondents, 121 (67.2%) Heard about induced abortion from those 66(36.7%) of them defined it as the standard definition of induced abortion while the rest did not give appropriate answer. Among 180 respondent surveyed, Majority 169(93.9%) were aware of at least one potential health risks of unsafe abortion specifically, Hemorrhage 40(22.2%), Infection 14(7.8%), infertility 32(17.8%) and death 83(46.1%). 92(51.1%)of the respondent answered abortion can increase the women's risk of infertility if not done properly. 87(48.3%) of respondents answered that it is safe to conduct induced abortion at medical facility

Table 2: Distribution of female students of Agena high school and preparatory school by their knowledge toward induced abortion in Agena 01 kebele, Ezha woreda, Gurage Zone, centeral Ethiopia, January 2025 G.C.

| Variables | Category | Frequency | Percentage% |
|---|---|---|---|
| Heard about induced abortion | Yes | 121 | 67.2 |
| | No | 59 | 32 |
| What is induced abortion | The process of ending a pregnancy before the fetus can live independently outside the womb. | 66 | 36.7 |
| | The removal of a fertilized egg from the uterus without medical intervention. | 27 | 15 |
| | A method of contraception. | 5 | 2.8 |
| | I am not sure. | 23 | 12.8 |
| Weeks when induced abortion typically performed | 1-4wks | 7 | 3.9 |
| | 5 -10wks | 22 | 12.2 |
| | 10-12wks | 10 | 2.8 |
| | 12-24wks | 24 | 13.3 |
| | I am not sure | 117 | 65 |
| What type of followup needed | No follow-up is necessary | 14 | 7.8 |
| | Follow-up appointment to ensure that the abortion was complete | 55 | 30.6 |

| | | | |
|---|---|---|---|
| after an abortion | and that no complications have arisen | | |
| | Only rest is required | 16 | 8.9 |
| | A. I am not sure | 95 | 52.8 |
| Awareness of medical and surgical method | Yes | 43 | 23.9 |
| | No | 137 | 76.1 |
| Can induced abortion affects women's future fertility | Yes, it can increase the risk of infertility if not done properly | 92 | 51.1 |
| | No, it does not affect future fertility | 24 | 13.3 |
| | I am not sure | 64 | 35.6 |
| Potential health risks of unsafe abortion | Hemorrhage | 40 | 22.2 |
| | Infection | 14 | 7.8 |
| | Infertility | 32 | 17.8 |
| | Death | 83 | 46.1 |
| | I am not sure | 11 | 6.1 |
| Is it safe to conduct induced abortion at medical facility | Yes | 87 | 48.3 |
| | No | 93 | 51.7 |

Regarding the over all knowledge the study showed that 18.9% of respondents have good knowledge where as the remaining 82.1% have poor knowledge on induced abortion

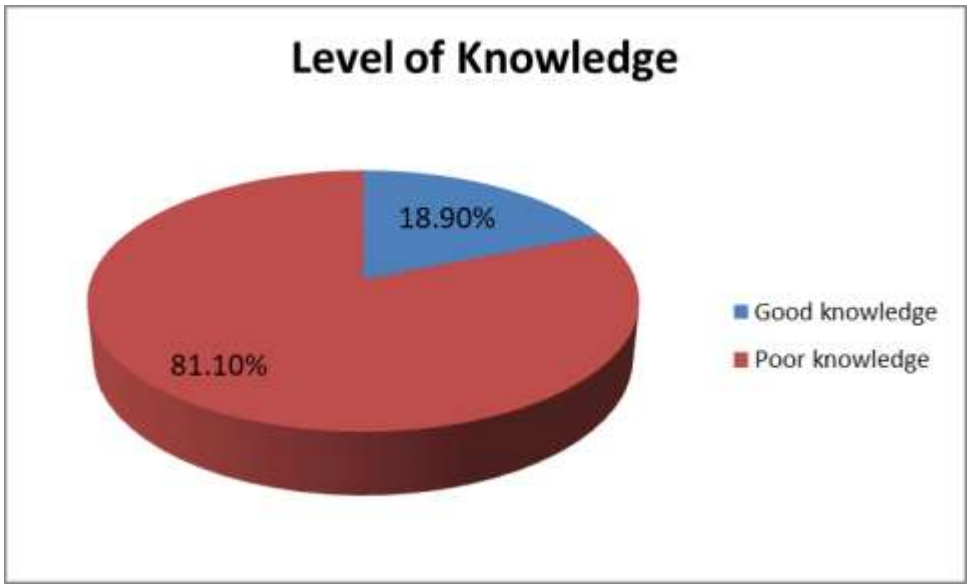



Figure 1 Level of knowledge of study participants of Agena high school and preparatory school

## 4.3 Attitude of respondent toward induced abortion

Of the 180 respondents, 87 (48.3%) believed that induced abortion is safe if performed in a medical facility. Nearly half of the respondents, 92 (51.1%), felt that induced abortion could affect a woman's ability to have children in the future.

Additionally, 129 (71.7%) of participants claimed that their cultural background influenced their opinion on abortion. Furthermore, almost half, 97 (53.9%), thought that access to safe and legal abortion is crucial for women' s health and well-being

Table 3: Distribution of female students of Agena high school and preparatory school by their attitude toward induced abortion in Agena 01 kebele, Ezha woreda, Gurage Zone, centeral Ethiopia, January 2025 G.C.

| Variables | Category | Frequency | Percentage% |
|---|---|---|---|

| | | | |
|---|---|---|---|
| Is abortion morally acceptable under any circumstance in your opinion | yes | 36 | 67.2 |
| | no | 106 | 32 |
| | In specific circumstance | 38 | 21.1 |
| Do you believe induced abortion is morally acceptable | Agree | 48 | 26.7 |
| | Disagree | 112 | 62.2 |
| | Neutral | 20 | 11.1 |
| Does your cultural background influences your opinion on abortion | Yes | 129 | 71.7 |
| | No | 51 | 28.3 |
| Do you think religion should play a role in deciding abortion policies | Yes | 117 | 65.0 |
| | No | 63 | 35.0 |
| Do you think access to safe and legal abortion is important for women health and well being | Yes | 97 | 53.9 |
| | No | 83 | 46.1 |

## 4.4 Practices of respondent toward induced abortion

The data shows that among 180 respondents, 39 (21.7%) had sexual intercourse at least once before the data collection, and 117 (65%) were familiar with contraceptive methods. Of these, 27 (15%) used family planning, specifically: 12 (6.7%) used pills, 4 (2.2%) used injectables, 10 (5.6%) used condoms, and 1 (0.6%) used other methods.

Regarding unwanted pregnancies, 93 (51.7%) of the 180 respondents would choose to continue the pregnancy, while 70 (38.9%) would prefer to induce an abortion. Among those who had experienced sexual intercourse, 19 (9.4%) had an abortion—18 (10%) of

them had an induced abortion, and 1 (0.6%) had a spontaneous abortion. Of those who had an induced abortion, 15 (8.3%) visited a health institution.. The main reasons for terminating pregnancies were fear of family members 7(3.9%), financial reasons 6(3.3%), and being a student 3(1.7%). Among those who had induced abortions, 10 (5.6%) were performed by health professionals, while the remaining 8 (4.4%) were performed by non-health professionals. Among those who experienced an abortion, the majority 10(5.6%) faced complications, with bleeding being the most common, followed by infections 5(2.8%).

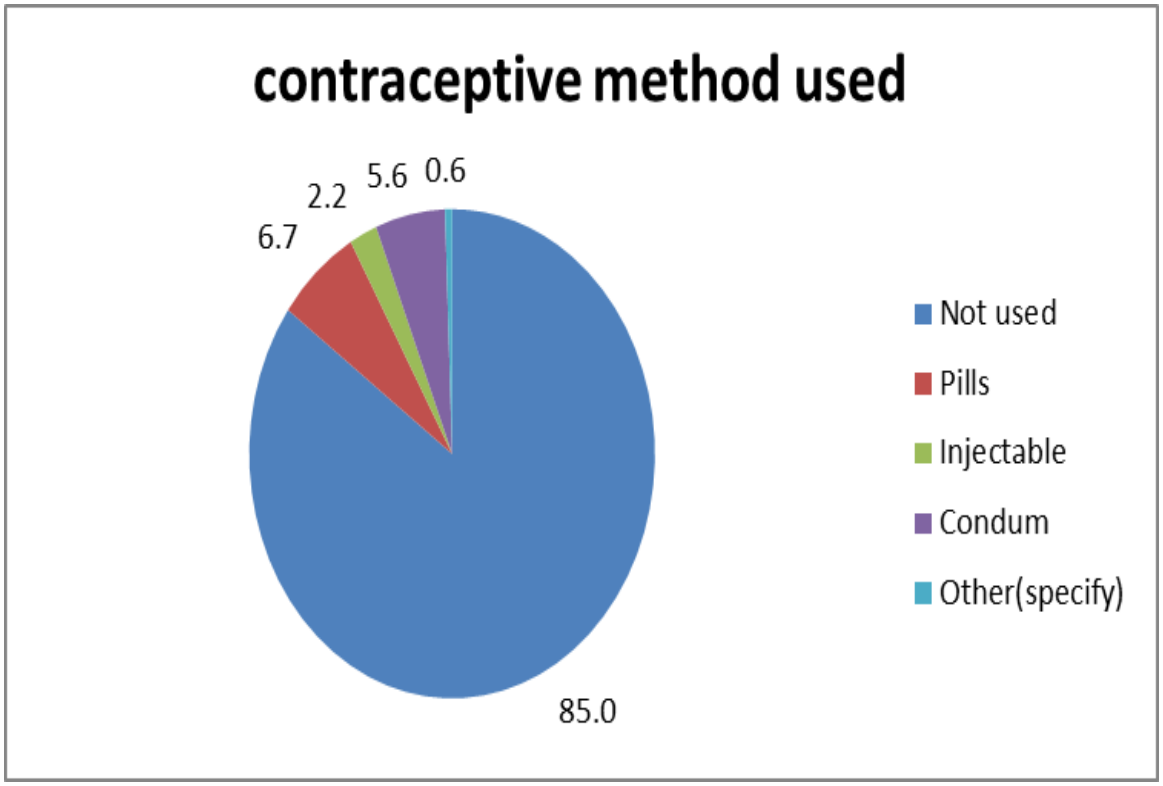



Figure 2 : List of contraceptive used by study participants of Agena high school and preparatory school

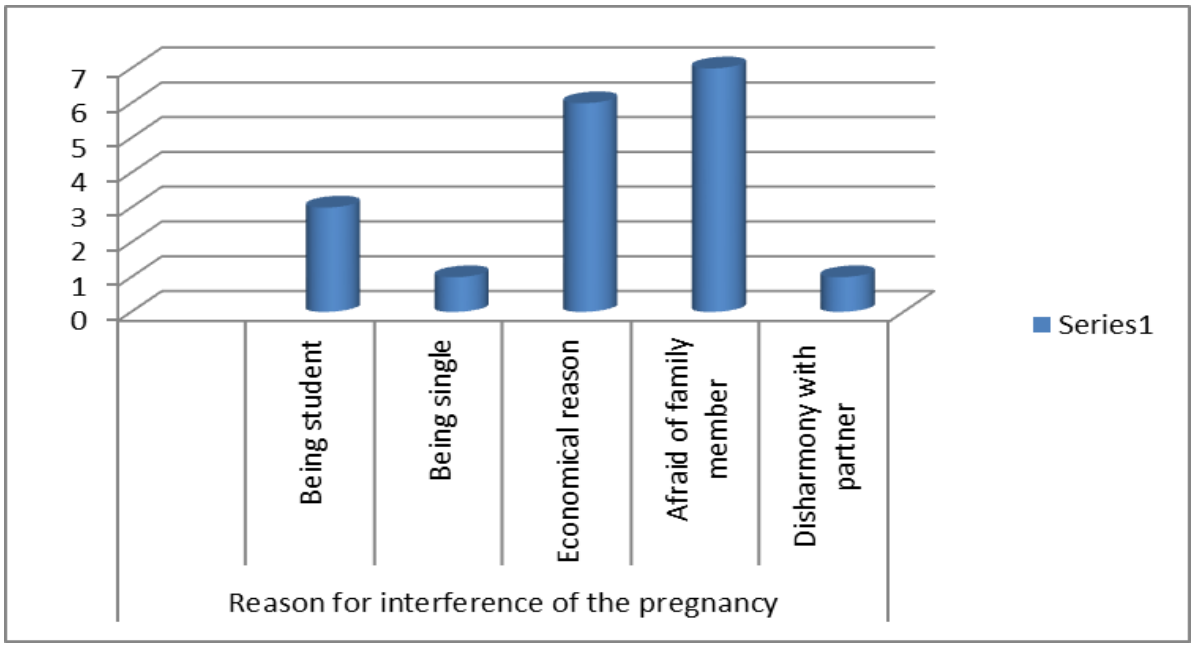



Figure 3 Reason of interference of pregnancy of study participants of Agena high school and preparatory school

Table 4: Distribution of female students of Agena high school and preparatory school by their Practice toward induced abortion in Agena 01 kebele, Ezha woreda, Gurage Zone, centeral Ethiopia, January 2025 G.C.

| Variables | Category | Frequency | Percentage% |
|---|---|---|---|
| Ever had sexual intercourse in your life time | yes | 39 | 21.7% |
| | No | 141 | 78.3% |
| Do you know about contraceptive method | Yes | 117 | 65% |
| | No | 63 | 35% |
| Have you ever used any contraceptive | Yes | 27 | 15% |
| | No | 90 | 50% |
| Which contraceptive did you use | Pills | 12 | 6.7% |
| | Injectable | 4 | 2.2% |
| | Condom | 10 | 5.6% |
| | Other | 1 | 0.6% |

| | | | |
|---|---|---|---|
| What would you do if you get pregnant unwanted | Continue pregnancy | 93 | 51.7% |
| | Induce abortion | 70 | 38.9% |
| | Other | 17 | 9.4% |
| Any experience of abortion | Yes | 19 | 10.6% |
| | No | 161 | 89.4% |
| What type of abortion was it | Induced | 18 | 10% |
| | Spontaneous | 1 | 0.6% |
| Did you visit health institution for abortion treatment | Yes | 15 | 8.3% |
| | No | 4 | 2.2% |
| Services given at health institution | Evaluation only | 3 | 1.7% |
| | Evaluation and FP | 12 | 6.7% |
| Gestational age for the last abortion | < 12wks | 10 | 5.6% |
| | 13-16wks | 5 | 2.8% |
| | 17-20wks | 3 | 1.7% |
| | >21wks | 1 | 0.6% |
| Reason for interference of the pregnancy | Being student | 3 | 1.7% |
| | Being single | 1 | 0.6% |
| | Economical reason | 6 | 3.3% |
| | Afraid of family member | 7 | 3.9% |
| | Disharmony with partner | 1 | 0.6% |
| Who induce the abortion | Self induced | 8 | 4.4% |
| | Health professional | 10 | 5.6% |
| Where did the abortion takes place | Private house | 9 | 5% |
| | Health center | 4 | 2.2% |
| | Hospital | 6 | 3.3% |
| Method used to induce | Insertion of plastic | 4 | 2.2% |

| | | | |
|---|---|---|---|
| abortion | tubes | | |
| | Insertion of metallic rod | 2 | 1.1% |
| | Insertion of modern medicine | 12 | 6.7% |
| | Other | 1 | 0.6% |
| How much does it cost | <50 | 5 | 2.8% |
| | 50-100 | 1 | 0.6% |
| | 100-300 | 4 | 2.2% |
| | >300 | 8 | 4.4% |
| Problem faced while inducing abortion | Bleeding | 10 | 5.6% |
| | Infection | 5 | 2.8% |
| | Infertility | 1 | 0.6% |
| | Psychological trauma | 2 | 1.1% |
| | Other | 1 | 0.6% |

## 4.5 Attitude toward legalization of abortion

Majority of respondents, 103(57.2%0), claimed that the right to abortion concerns women herself and 118(65.6%) of the respondent claimed that the unborn have a right to life. Regarding the legal status of abortion in Ethiopia 93(52.6%) of respondents knew at least one legal aspect and only 87(48.3%) of respondents supported the legalization of abortion in our country. Lastly, the majority of respondents, 121 (67.2%), believed that the legalization of abortion would increase the demand for abortion services.

Table 5: Distribution of female students of Agena high school and preparatory school by their attitude towards legalization of abortion in Agena 01 kebele, Ezha woreda, Gurage Zone, centeral Ethiopia, January 2025 G.C.

| Variables | No | Frequency | Percentage % |
|---|---|---|---|
| Whom do you think the right of abortion concern | Women herself | 103 | 57.2 |
| | Family and parent | 41 | 22.8 |
| | Government | 28 | 15.6 |
| | Other | 8 | 4.4 |
| Does unborn have right to life | Yes | 118 | 65.6 |
| | No | 62 | 34.4 |
| Knowledge about legal status of abortion in Ethiopia | Not perishable it is done in case of rape and incest | 36 | 20 |
| | Not perishable it is done in case of pregnant women lack capacity of care for child because of her age, physical or mental health | 41 | 22.8 |
| | In case of serious fetal impairment | 16 | 8.9 |
| | I have no ideas | 87 | 48.3 |
| Attitude on legalization of abortion in our country | Support | 66 | 36.7 |
| | Not support | 87 | 48.3 |
| | Indifferent | 27 | 15 |
| Why do you support | Women have the right to choose. | 10 | 5.6 |
| | It ensures safe medical procedures. | 28 | 15.6 |
| | Helps address unwanted pregnancies. | 19 | 10.6 |

| | | | |
|---|---|---|---|
| | Reduces maternal mortality due to unsafe abortions. | 10 | 5.6 |
| Why don’ t you support | It goes against personal/religious beliefs. | 31 | 17.2 |
| | It could promote irresponsible behavior. | 19 | 10.6 |
| | It disrespects the value of life. | 28 | 15.6 |
| | There are alternatives like adoption. | 12 | 6.7 |
| Does legalization of abortion increases magnitude of abortion seeking | Yes | 121 | 67.2 |
| | No | 59 | 32.8 |

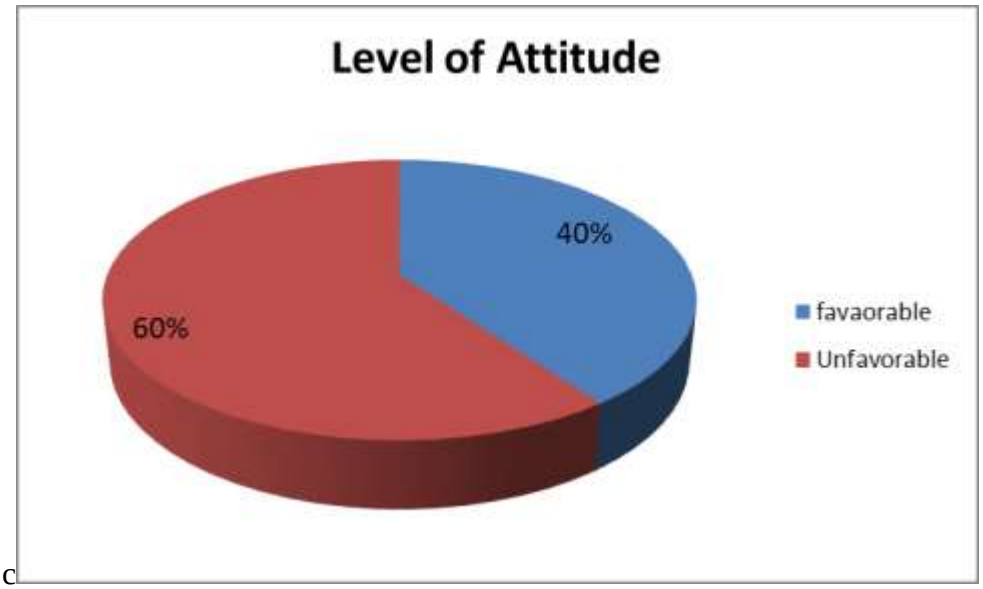
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Figure 4 Attitude of the study participants toward legalization of abortion

# CHAPTER FIVE 5: Discussion

This study revealed that 67.2% of participants had heard about induced abortion, and 94.9% were aware of at least one complication related to it. The most commonly cited complications were death (46.1%), hemorrhage (22.2%), and infertility (17.8%).This finding was consistent with a study conducted in Jimma, where 94.9% of participants were also aware of at least one complication of induced abortion [8].However, only 18.9% of respondents in this study demonstrated good knowledge of induced abortion, which is higher than the 9.1% found in a similar study conducted in Jimma (21). The difference in knowledge levels may be attributed to variations in study populations—while the Jimma study included only secondary school students, this study included both secondary and preparatory school students.

Attitudes toward induced abortion can vary widely across cultural, religious, and socio-political contexts. In this study, only 17.8% of respondents held a positive attitude toward induced abortion, which is lower than the 23.2% found in the Jimma study in the Oromia Region (21). This disparity may be due to differences in the cultural and religious environments of the participants.

Regarding family planning methods, 25.6% of students who had engaged in sexual intercourse at least once used condoms, while 30.75% used pills. This rate is lower than the 34.4% reported in the Jimma study (21), possibly due to a lack of awareness about STI prevention methods.The prevalence of induced abortion in this study was 10%, which is higher than the 2.5% found in the Jimma study (21). This difference might be attributed to the variation in the age group of participant where the age group of the previous study shows almost all are in the 15-19 age group.The study also found that most induced abortions (55.6%) were conducted by health professionals, which is slightly lower than the 60% reported in Jimma (23). The variation could be due to privacy concerns and financial constraints.

In terms of attitudes toward the legalization of abortion in Ethiopia, 60% of respondents have unfavorable attitude, a finding that is higher than the 47.5% opposition reported in a study conducted in Axum (25). This difference may be influenced by the cultural factors prevalent in the study area, which could significantly shape individual attitudes. While A cross-sectional study among female undergraduate students in Ghana shows that 38.3% of the students had unfavourable attitude towards Ghana' s abortion legalization.the variation in Ghana occurred due to the modernization which might be being colonized by foreign countries. Additionally, only 52.7% of students in this study knew the legal status of induced abortion in Ethiopia, which is higher than the 46.2% awareness found in the Axum study (25). This discrepancy may be attributed to differences in the educational level of students between the two study areas, as this study included only secondary and preparatory school students, whereas the Axum study included elementary students.

## 5.1 Strength and Limitation

### 5.1.1 Strength

It focuses on a specific and often underrepresented demographic—female youth. By examining this group,our research provides valuable insights into their knowledge, attitudes, and behaviors surrounding induced abortion, which can inform targeted interventions and it contributes significantly to the existing literature, addressing gaps in knowledge and attitudes toward abortion, while offering a foundation for future research.

### 5.1.2 Limitation

The findings may not be fully applicable to other regions or cultural contexts, as attitudes toward abortion can vary significantly based on cultural, religious, and legal factors

# CHAPTER 6: Conclusion and Recommendation

## 6.1 Conclusion

Generally,81.1% of the respondents have poor knowledge,82.2% of respondent have positive attitude toward induced abortion and 60% of female student have unfavorable attitude towards legalization of abortion service. This indicates that the proportion of poor knowledge and unfavorable attitude is still significantly high. So, it needs further effort to reduce this problem. This study had showed that the study population had poor level of knowledge about induced abortion and also most of the studied participants had showed unfavorable/negative attitude toward induced abortion. There were students practicing sex without using any family planning methods as a result some students tried inducing abortion at home using local herbs. Majority of the respondents who participated in inducing abortion gave reason for their intervention of the pregnancy was that they afraid of their family member. Most of the abortions were performed by health professionals using modern medicine.

## 6.2 Recommendation

The study recommended that health institutions in Agena town should provide schools with information about the dangers of unsafe abortion and the importance of education in preventing unplanned pregnancies. Schools should also promote awareness and education on modern contraceptive methods, ensuring they are accessible. Additionally, schools should create a supportive environment where young people can openly discuss sexual and reproductive health issues with their parents, friends, and others. It is crucial to spread accurate information about legal abortion services and the risks of unsafe abortion through mass media, including radio, television, newspapers, and the internet, so that young women can easily access reliable information. Finally, the study suggested

conducting further research on the knowledge, attitudes, and practices related to induced abortion in this area.

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