

WOLKITE UNIVERSITY
COLLEGE OF MEDICINE AND HEALTH SCIENCE
DEPARTMENT OF MIDWIFERY



ASSESSMENT OF INDUCED ABORTION AMONG REPRODUCTIVE AGE GROUP IN
BUTAJIRA GENERAL HOSPITAL SOUTHERN ETHIOPIA

BY: GROUP TWO

STUDENT NAME	ID NUMBER	PROGRAM
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A RESEARCH PAPER IS TO BE SUBMITTED WOLKITE UNIVERSITY , COLLEGE OF MEDICINE AND HEALTH SCIENCE DEPARTMENT OF MIDWIFERY AS PARTIAL FULFILMENT OF THE REQUIRMENT FOR THE BACHELOR OF SCIENCE DEGREE IN MIDWIFERY

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WOLKITE UNIVERSITY

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ABBREVIATION

AMMRS:-Abortion Related Maternal Mortality Ratios

BMC;-Baseboard Management Controller

MVA:-Manual Vacuum Aspiration

MMR:-Maternal Mortality Ratio

SSA:-Sub-Saharan Africa

WHO:-World Health Organization

SPSS;-Statically package for social science

ABSTRACT

BACKGROUND: World Health Organization estimated that for time period of 2010-14 there were 55.7 million abortion worldwide each year .out of these abortion ,approximately 54% were unsafe ,31% were less safe ,and 14% were least safe. From the studies conducted in Ethiopia, we can see that the prevalence of induced abortion and its negative consequences are increasing from time to time in our country and related information needed for prevention.

OBJECTIVES- To determine the Assessment of induced abortion among reproductive age group women seen gynecology Opd, at Butajira General Hospital Southern Ethiopia from November to December 2013 E.C

METHODOLOGY- The study was conducted using facility based Descriptive cross sectional study on 285 study sample selected by systematic random sampling among all records of women child bearing age who visited gynecology opd at Butajira General Hospital Southern Ethiopia from 2011 to 2012 E.C. Data was entered to SPSS version 20.0 to be analyzed

RESULT- The prevalence induced abortion was 175(61.4%) and 110(38.8%) were spontaneous abortion .The women who had nullpara 209(73.3%) and 76(26.7%) were multipara .Among induced abortion the causes of abortion 90(51%) were lack of contraceptive, 36 (20.2%) were child spacing, 30 (18%) were contraceptive failure and the rests were rape.

CONCLUSION AND RECOMMENDATION- The study tried to assessment of induced abortion among reproductive age in butagira general hospital. Participants in this study were women who experienced abortion. From the study finding, the following conclusion are drawn Firstly most of record documented experienced induced abortion was 175 (61.4%). The main reasons for induced abortion 90(51%) were lack of contraceptive .More than half of 209 (70.3%)

were nullparas women.. 172 (60.4%) were use post abortal family planning. Among use family planning 82 (47.7%) were Depo-Provera, 74 (43%) were implant, the rest were oral pills

KEYWORDS- Induced abortion, Early pregnancy loss, Case records, Gestation.

CHAPTER 1

INTRODUCTION

1.1 Background

Globally, an estimated 56 million induced abortions occurred each year. In all, safe abortion and unsafe abortion estimated as 55% and 45 each year, respectively. Among the direct cause of maternal death in the world, unsafe abortions account eight percent of overall maternal deaths; at least 22,800 women die annually from complication of unsafe abortions .(1)

In Africa, the risk of dying after unsafe abortion is one in hundred fifty. The percent of maternal deaths due to unsafe abortion is 13%.the estimated annual number of unsafe abortion in sub – Saharan Africa is 5.5 million .although unsafe abortion are preventable, they continue to pose undue risks to a women health (2).The maternal mortality ratio (MMR) in Ethiopia was estimated at 676 deaths per 100,000 live births in the year 2003 EC . It is estimated that there are 3.27 million pregnancies in Ethiopia every year, of which approximately 500,000 end in either spontaneous or induced abortion. In 1997 EC, Ethiopia expanded its abortion law, which had previously allowed the procedure only to save the life of a woman or protect her physical health. (3).A study conducted on abortion at Jimma Hospital, Southwestern Ethiopia showed that the problem of induced abortion is quite significant in the area. Among the total of 80 patients with a diagnosis of induced abortion, 50 (62.5%) were admitted for bleeding and infection. Students accounted for 28 (35%) of the cases and seventy (87.5%) of the cases could read and write.(4).

1.2 STATEMENT OF THE PROBLEM

This contributes greatly to the increase in maternal and infant mortalities. It is shown that out of 210 Million pregnancies occurring in the world annually, about 79million are estimated to be unintended of these 50 % end up in abortion(6)

It is also shown that 2 in every pregnancy worldwide are unplanned and reported that 10-14 % of young unmarried women around the world has unwanted pregnancy . In Developing countries more than one –third of all the pregnancies are considered unintended and about 19 % will end up into abortion, which are most often unsafe accounting for 13 % of maternal deaths globally .

Despite its existence across time and its persistence across geographic location, the impact of abortion on women, families, communities and societies differs drastically across the world. Safe abortions – those done by trained providers in hygienic settings and early medical abortions (using medication to end a pregnancy) carry few health risks(7).

In 2000 EC, an estimated 382,000 induced abortions were performed in Ethiopia, and 52,600 women were treated for complications of such abortions. There were an estimated 103,000 legal procedures in health facilities nationwide 27% of all abortions. Nationally, annual abortion rate was 23 per 1,000 women aged 15-44; the abortion ratio was 13 per 100 live births. Unsafe abortion is still common and exacts a heavy toll on women in Ethiopia.(8).

1.3 SIGNIFICANCE OF STUDY

Abortion related maternal morbidity and mortality in developing countries especially in Sub-Saharan country are very high 48% of abortions were classified as "unsafe," and more than 97 percent of all unsafe abortions were in developing countries. Ethiopia as a member of sub-Saharan African country contributes a huge number in maternal morbidity and mortality(9); .

The results from the study was help to make aware the magnitude of the problem to those professionals who give abortion care services especially in this hospital and to make uninformed decision towards prevention of this major reproductive health problem therefore this study attempts to explore the extent of abortion safe or unsafe .

This topic should be interest to women, in general and to researchers and policymakers who are concerned with abortion accessibility, specifically. This study is also primarily of interest to pregnant mothers. Additionally, it may appeal to potential future pregnant mothers, as well as family and friends who may be directly or indirectly be responsible for pregnant women well – being. Policymakers may also choose to read this study because of legal issues surrounding abortion. Lastly, this study may interest healthcare provider are oftentimes in a position to influence barriers to health care access, because of this, they can be invaluable in solving the problem.(19)

CHAPTER 2

LITERACHER REVIEW

2.1 over view of induced abortion

Abortion is termination of pregnancy before 28 wks of gestation, when we see induced abortion it is caused by deliberate interference and usually defined as pregnancy termination prior to 20 weeks for developed countries and 28 weeks for developing countries(10).

Induced abortion, safe or unsafe, legal or illegal, is a universal phenomenon and has existed through out recorded history(11). When faced with an unintended pregnancy, women seek abortion and self-induce it or find providers, irrespective of the law. Yet, abortion continues to be the most emotive and contentious issue in reproductive health. The World Health Organization (WHO) defines unsafe abortion as a procedure for terminating an unintended pregnancy carried out either by persons lacking the necessary skills or in an environment that does not conform to minimal medical standards, or both.(12).

In the entire world, pregnancy is wanted and a happy event for women, their husbands/partners, families and the community in general. But this is not always the case, millions of women around the world become pregnant unintended(10). This contributes greatly to the increase in maternal and infant mortalities. It is shown that out of 210 Million pregnancies occurring in the world an Globally, annually, about 79 million are estimated to be unintended of these 50 % end up in abortion(6).

Globally, an estimated 56 million induced abortions occurred each year. In all, safe abortion and unsafe abortion estimated as 55% and 45% each year, respectively. Among the direct cause of maternal death in the world, unsafe abortions account eight percent of overall maternal deaths; at least 22,800 women die annually from complication of unsafe abortions. According to recent estimates, the global annual rate of abortion for all women of reproductive age is 35 per 1,000 (13).

A research as conducted in Tanzania the mean age for first sexual intercourse was 18 years. 57 % of the study respondents agreed to have used contraceptives, 33 % of all the pregnancies had unwanted pregnancy and 26 % of them ended up into abortions, out of all the abortions 87 % were induced(WHO report in 2006 E.C(14). Out of all the abortions 74 % were the result of an unwanted pregnancy with P value of 0.001. Single youths were found to have more likely hood of having unwanted pregnancy and induced abortion with the proportion of 78 % (P=0.001) and 59 % (P=0.001) respectively. Students were more likely to have unwanted pregnancy, 83% (P =0.001) and induced abortion with the proportion of 83% (P =0.004)(14).

.In 1997 EC, Ethiopia expanded its abortion law, which had previously allowed the procedure only to save the life of a woman or protect her physical health. Currently abortion is legal in Ethiopia under certain preconditions that include cases of rape, incest or fetal impairment, if the pregnancy endangers her or her child's life, or if continuing BMC Public Health (2000E.C) 15:1048 the pregnancy or giving birth endangers her life. A woman may also terminate a pregnancy if she is unable to bring up the child, owing to her status as a minor or to a physical or mental infirmity. Despite the implementation of the new law, almost six in ten abortions in Ethiopia are unsafe (15).

2.2 Unsafe Abortion

Unsafe abortion is a persistent, preventable pandemic. WHO defines unsafe abortion as a procedure for terminating an unintended pregnancy either by individuals without the necessary skills or in an environment that does not conform to minimum medical standards, or both.(16)

According to the World Health Organization (WHO), every 8 minutes a woman in a developing nation will die of complications arising from an unsafe abortion. An unsafe abortion is defined as “a procedure for terminating an unintended pregnancy carried out either by persons lacking the necessary skills or in an environment that does not conform to minimal medical standards, or both.”(16)

In Developing countries more than one –third of all the pregnancies are considered unintended and about 19 % will end up into abortion, which are most often unsafe accounting for 13 % of maternal deaths globally . Worldwide women of all ages seek abortion, but in sub Saharan Africa (SSA)there is highest burden of ill health and deaths from unsafe abortion, but there is more burden among the youths as it is shown that one in four unsafe abortion is among adolescents aged 15-19 years.(9).

In Isfahan determined the prevalence of illegally-induced abortion prior to admittance and its associated risk factors in 8 maternity hospitals in Isfahan, Islamic Republic of Iran, during 2003–04.(17)

2.3 Safe Abortion

When abortion is done in an environment which fulfills the minimum medical standard and by skilled care provider(18).Abortions are defined as safe when “done with a method recommended

by the WHO that is appropriate to the pregnancy duration and if the person providing or supporting the abortion is trained,” The WHO definition recognizes that “the people, skills, and medical standards considered safe in the provision of induced abortions are different for medical abortion (which is performed with drugs alone) and surgical abortion (which is performed with a manual or electric aspirator)(18).

CHAPTER 3

OBJECTIVE

3.1 General objective

- To Assessment of induced abortion among females of reproductive age group at Butajira General Hospital from 2011 to 2012 EC.

3.2 Specific objectives

-To determine the prevalence of induced abortion among females of reproductive age group.

CHAPTER 4

METHODOLOGY

4.1 Study Area

The study was conducted in Butajira General Hospital which found in Gurage Zone,. The hospital has been operative since 1986 EC. which is located at 108km south from Addis Ababa and 119km from Hawasa (capital of SNNPR) the town located at the base of Zebidar massif in Garage Zone. It was 2131 meter above sea level. The Town has 10 kebeles. the total population of the town was 33,406 of whom 16,923male and 16,483 female based on 2007 census farming was the largest Economic activities around the town with a small Business in the town.

4.2 Study Design

Facility based Descriptive cross sectional study was employed.

4.3 Population

Source population

The source of population of the study was all records of women of child bearing age who visited gynecology opd at Butajira General Hospital.

Study population

The study population was all selected women by systematic sampling method who visited gynecology opd at Butajira General Hospital.

Study unit

The study units all was selected women who visited gynecology opd at Butajira General Hospital who fulfills the inclusion criteria.

4.4 Eligibility criteria

Inclusion criteria

All registered women who undergone abortion at Butajira General Hospital from 2011 to 2012 E.C

Exclusion criteria

Charts of Patients with incomplete data (information)

4.5 Sample size determination

The sample size was determined using the formula for single population proportion

$$n_i = \frac{Z^2 p(1-p)}{d^2}$$

Where: n= sample size

z= standard normal distribution corresponding to significance level at α

= 0.05

p= population proportion

d= margin of error

For prevalence of induce abortion p=21.5% which is found from study done at Mekele Town, north Ethiopia(study done In 2003 E.C at Addis Ababa university)

$$n_i = \frac{(1.96)^2 (0.215)(1 - 0.215)}{(0.05)^2} \approx 259$$

Based on this by considering 10% of non documented rate the total sample size was 259 + 26 =285

Sampling technique

A systematic random sampling procedure was used to choose the study participants using gyne opd registration book from 2011 to 2012 E.C as a sampling frame

By using the formula $k = N/n$ $480/285=1.68$ Approximately 2

Where k= length of interval

N= total population

n= sample size

Study variable

Age, residence, gestational age, parity, induced abortion

Operational definition

Abortion: Is termination of pregnancy before 28 wks of gestation.

Abortion rate: Number of abortions per 1000 females 15-44 years old.

Abortion ratio: Number of abortion per 1,000 live births
Abortion: termination of pregnancy before the fetus is capable of extra uterine life (Before 28 weeks of GA in Ethiopia).

Induced abortion: Abortion caused by deliberate interference

Maternal mortality: The number of maternal death per 100,000 live births

Safe abortion: When abortion is done in an environment which fulfills the minimum medical standard and by skilled care provider.

Spontaneous abortion: Termination of pregnancy which is not provoked. Teenage: children aged between thirteen and nineteen years old

Method of Data Analysis.

The collected data was checked for its completeness by cross checking, and exported to manually data for analysis after edition. The data was analyzed by SPSS Version 20.0.

Ethical Consideration

Ethical clearance to conduct the study is obtained from Wolkite University, College of medicine and health Science, department of Midwifery and letter of approval obtained from Wolkite University research review board

permission to conduct the study in Butagira General Hospital secured from the hospital ethical review board.

Data Quality Assurance

To ensure the quality of data to be gathered, a range of mechanisms was employed. Discussion was done between data collectors and supervisor on the objective and relevance of the study, how to gather the appropriate information, procedures of data collection techniques and the whole contents of the questionnaire. The checklist was collected from data collectors each day by principal investigator and checked for any error. Then appropriate measure was taken accordingly. The checklist was pre- tested.

Chapter five

RESULT

5.1 Socio demographic characteristics

A total of 285 women of card reproductive age group was reviewed documented, most of the client were from butagira town, 188 (65.5%) and the rest were from rural area. around. In their ethnicity about 230(80.7%) were garage, and 23(8.1%) were kombat. Most of record documented 161 (56.5%) were followers of Muslim religion, 102(35.1%) were orthodox and the rest were protestant. The marital status revealed that the largest number 184 (64.6%) were single and 101 (35.4%) were married. The total 285 record documented 102 (35.8%) were students, 100(35.1%) were housewives and the rest were farmer and merchant.

Characteristics	Frequency	Percent
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Residence	1.rural	97	34.5
	2.urban	188	65.5
Age	1.15-20	86	30
	2.21-25	100	34.8
	3.26-30	48	17.4
	4.31-36	28	9.8
	5.above 36	23	8
Ethnicity	1.gurage	230	80.7
	2.oromo	26	9.1
	3.amhara	6	2.1
	4.kembata	23	8.1
Marital status	1.married	101	35.4
	2.single	184	64.6
Occupation	1.house wife	100	35.1
	2.farmer	24	8.4
	3.student	102	35.8
	4.merchant	59	20.7
Religion	1.orthodox	102	35.1
	2.muslim	161	56.5
	3.protestant	22	7.7

Table 2 obstetric characteristics among reproductive age in butajira general hospital 2011 to 2012 E.C

5.2 Obstetric related variable

. The prevalence of induced abortion was 175(61.4%) . The women who had nullpara 209(73.3%) and 76(26.7%) were multipara .Among induced abortion the causes of abortion 90(51%) were

lack of contraceptive, 36 (20.2%) were child spacing, 30 (18%) were contraceptive failure and the rests were rape. From the total of record documented 253 (88.8%) were no previous history of abortion. 172 (60.4%) were use post abortal family planning. Among use family planning 82 (47.7%) were Depo-Provera, 74 (43%) were implant, the rest were oral pills. The majority of the women who had done by manual vacuum aspiration (MVA) 154 (54%), 103 (36.1%) were dilatation followed by evacuation and 28 (9.8%) were curettage and evacuation.

Table 2 obstetric characteristics among reproductive age in butajira general hospital 2011 to 2012 E.C

Characteristics		Frequency	Percent
Parity	1.nullpara	209	73.3
	2.multipara	76	26.7
possible diagnosis	1.induced abortion	175	61.4
	2.spontaneous abortion	110	38.6
Previous history of abortion	1.no	253	88.8
	2.1-2	32	11.2
post abortal family planning	1.yes	172	60.4
	2.no	113	39.6
Types of contraceptive	1.implant	74	43
	2.depo-provera	82	47.7
	3.oral pills	16	9.3

Cause of induced abortion(n-175)	1.rape	12	6.8
	2.health problem	7	4
	3.lack of contraceptive	90	51
	4.contraceptive failure	30	18
	5.child spacing	36	20.2
Surgical method	1.dilatation followed by evacuation	103	36.1
	2.curatage and evacuation	28	9.8
	3. MvA	154	54

CHAPTER SIX

DISCUSSION

The current finding reported that from the total abortion of 480 women, 175(61.4%) women were induced abortion so the prevalence of induced abortion was 61.4% from the total abortion case. This finding was not comparable with the study done in mekele town 21.5%,the major determinates of induced abortion study in mekele town was health problem 28.7% but in this study health problem was 4% the most common cause for induced abortion was lack of

contraceptive in this study 51% followed by child spacing 20.2%. The study also observed that the most common surgical method of induced abortion was manual vacuum aspiration 54%. In agreement with previous study, The prevalence abortion more in 21-25 age group women 34.8% in this study in mekele town 31.4%.

LIMITATION OF THE STUDY

While we conducted this study, different limitation were occurred among those the main were shortage of time and shortage of budget.

CHAPTER SEVEN

CONCLUSION AND RECOMMENDATION

7.1 CONCLUSION

The study tried to assessment of induced abortion among reproductive age in butajira general hospital. Participants in this study were women who experienced abortion. From the study finding, the following conclusion are drawn

Firstly most of record documented experienced induced abortion was 175 (61.4%). The main reasons for induced abortion 90(51%) were lack of contraceptive .More than half of

209 (70.3%) were nullparas women.. 172 (60.4%) were use post abortal family planning. Among use family planning 82 (47.7%) were Depo-Provera, 74 (43%) were implant, the rest were oral pills

7.2 RECOMMENDATION

To reduce number of induced abortion and complication of reproductive age women, the following recommendation are made based on above finding

1. In a high number of induced abortion communities, the concern that immediately comes to mind would be the expansion of health education related to information about how and when to control unwanted pregnancies we recommend for butagira general hospital
2. It is recommended that health professionals and community health workers should help the reproductive age women to develop strategies for social, psychological and financial readiness to conceive child in their families with appropriate size.
3. Policy makers and community leaders should condemn that rape and incest have moral, physical, and religious trauma on the victim, which is legally, ethically and socially unacceptable.
5. Another recommendation that require due consideration is the pre marital sex. Health professional, policy makers and leaders should create awareness in the community that the unwanted pregnancy would have cultural, economical and psychological impacts secondary to the outcome of the pregnancy.

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ANNEX

Check list Patient Information

Question number	Question	Option
1	Residence	1 .Rural <input type="radio"/> 2. Urban <input type="radio"/>
2	Age	1. 15-20 <input type="radio"/> 2. 21-25 <input type="radio"/> 3.26-30 <input type="radio"/> 4.31-35 <input type="radio"/> 5.Above 36 <input type="radio"/>
3	Ethnicity	1.gurage <input type="radio"/> 2.oromo <input type="radio"/> 3.amhara <input type="radio"/> 4.kembata <input type="radio"/> 5.hadya <input type="radio"/> 6.others <input type="radio"/>
4	Marital status	1.married <input type="radio"/> 2. Single <input type="radio"/> 3. Divorse <input type="radio"/> 4.widowed <input type="radio"/>
5	Religion	1.orthodox <input type="radio"/> 2.muslim <input type="radio"/> 3. Protestant <input type="radio"/> 4. catholic <input type="radio"/> 5.other <input type="radio"/>
6	Parity	1.null para <input type="radio"/> 2. Multipara <input type="radio"/> 3.Grandmultipara <input type="radio"/> 4.above Grandmultipara <input type="radio"/>
7	Occupation	1.house wife <input type="radio"/> 2.farmer <input type="radio"/> 3.student <input type="radio"/> 4.merchant <input type="radio"/> 5. government employed <input type="radio"/>
8	what is the possible diagnosis	1.induced abortion <input type="radio"/> 2.spontaneousce abortion <input type="radio"/>
9	Previous history of Abortion	1.no <input type="radio"/> 2.1-2 <input type="radio"/> 3.above 3 <input type="radio"/>
10	Investigation done	1.yes <input type="radio"/> 2.no <input type="radio"/>
11	Medical treatment given	1.yes <input type="radio"/> 2. No <input type="radio"/>

12	Did she get post abortion family planning	1.yes <input type="radio"/> 2.no <input type="radio"/>
13	If yes question number 12	1.implant <input type="radio"/> 2.depo provera <input type="radio"/> 3.oral pills <input type="radio"/> 4. Barrier method <input type="radio"/> 5.intrauterine device <input type="radio"/> 6.sterilization <input type="radio"/> 7.others <input type="radio"/>
14	Gestational age	1. less than 4 week <input type="radio"/> 2. 4-8 week <input type="radio"/> 3.9-12 week <input type="radio"/>
15	Surgical procedure	1.yes <input type="radio"/> 2.no <input type="radio"/>
16	If yes question number 15	1.dilatation followed by evacuation <input type="radio"/> 2.laparatomy <input type="radio"/> 3.curretage and evacuation <input type="radio"/> 4.manual vacuum aspiration <input type="radio"/>
17	What was the cause of abortion	1.rape <input type="radio"/> 2.health problem <input type="radio"/> 3.lack.contracepetive <input type="radio"/> 4.contraceptive failure <input type="radio"/> 5. Child spacing <input type="radio"/>
18	Was there any complication related to abortion	1.yes <input type="radio"/> 2.no <input type="radio"/>