



MAGNITUDE OF FEMALE GENITAL MUTILATION AND ASSOCIATED  
BIRTH COMPLICATIONS AMONG REPRODUCTIVE AGE WOMEN WITH  
FIRST BIRTH IN BASKETO SPECIAL WOREDA, SNNPR, ETHIOPIA

BY

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JIMMA UNIVERSITY COLLEGE OF PUBLIC HEALTH AND MEDICAL SCIENCES, DEPARTMENT OF POPULATION AND FAMILY HEALTH

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### Abstract

**Introduction:** Female genital mutilation/cutting (FGM/C) is a harmful traditional practice that reflects deep-rooted gender inequality and represents a societies control over women. The practice of FGM, in one form or another continues to exist in around 40 countries of the world. It is associated with different kinds of health problems which manifest immediately or long after the wound has healed. Complications during delivery are among the long term complications.

**Objectives:** The objective of this study was to assess the magnitude of FGM and associated birth complications among women of reproductive age groups (15-49 years) with first birth within the last five years in Basketo special woreda from March 10-22/2014.

**Methods and materials:** A community based cross-sectional survey using a multistage sampling technique was employed. Study subjects were randomly selected from reproductive age women with first birth within the last five years before survey. A total of 756 women were included. Data was collected using semi-structured and pre- tested interviewer administered questionnaire and was analyzed using computer software SPSS version 16.0. Frequency tables, graphs and descriptive summaries were used to describe the study variables. Both bivariate and multivariate logistic regression analysis (P-value < 0.05, AOR with 95% CI) was used to see association and significance of association between outcome and predictor variables.

**Result:** Of the total 756 respondents interviewed, 276 (36.5%) of respondents were Circumcised while 480 (63.5%) were not circumcised. On multivariate logistic regression Muslim religion 5.0 (1.7-13.3), non Basketo ethnicity 3.5(2.4-5.0), illiterate parent 1.7(1.4-1.96), occupationally employed women 0.45(0.24-0.85), women from highest wealth family 0.024(0.005-0.10), and women from rural residence 2.4 (1.4-4.25) had statistically significant relation with the practices of female circumcision. Circumcised women developed complications 1.710(1.252-2.334) times higher than uncircumcised one.

**Conclusion and recommendation:** FGM/C still exists in Basketo woreda with high prevalence, inspite of the government efforts to abandon the practice. The practice of FGM/C was higher among non Basketo ethnic group. Circumcised women have also a risk to develop complications during birth. Therefore focus should be given to education of women, empowering status of women by involving them in income generating activities, and create awareness about the effect of FGM/C on birth out come by involving religious leader with special attention to rural area.

**Key words:** Female genital mutilation, circumcision, birth complication

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## **Abbreviations and acronyms**

**ANC:**-Antenatal Care

**C/S:**-Cesarean Section

**EDHS/DHS:**-Ethiopian Demographic and Health Survey

**EGLDAM:** - Ethiopia Goji Limadawi Dirgitoch Aswogaj Maherber

**FGM/C:**-Female Genital Mutilation/Circumcision

**IAC:** Inter-African Committee

**NCTPE:**-National Committee on Traditional Practices of Ethiopia

**NGO'S:**-Nongovernmental Organizations

**RAW:** - Reproductive Age Women

**SNNPR:** - Southern Nation Nationality Peoples Region

**SPSS:**-Statistical Package for Social Sciences

**UNICEF:**-United Nations International Children's Emergency Fund

**UN:**-United Nations

**UNFPA:** -United Nation Population Fund

**USAID:**-United State Agency for International Development

**WHO:**-World Health Organization

## **CHAPTER ONE: INTRODUCTION**

### **1.1. BACK GROUND**

Female genital mutilation (FGM), also known as female circumcision, is defined by World Health Organization (WHO) as "all procedures that involve partial or total removal of the external female genitalia or other injury to the female genital organs for cultural and non-medical reasons. The term "female genital mutilation" is used, because this term is recommended by the WHO and all UN agencies. Other terms in use include female genital cutting, female genital surgeries, female genital alteration, female genital excision and ethnic female genital modification. USAID and UNICEF use the combined term female genital mutilation/cutting (1). FGM is usually carried out on girls between infancy and age 15, with the majority of cases occurring between the ages of 5 - 8 years and in some cultures as early as a few days after birth or as late as just before marriage. The procedure is traditionally carried out by individual/s with no medical training, without an aesthetics or antiseptic treatments, using knives, scissors, and scalpels, pieces of glass or razor blades (2). There are concerns about the detrimental effects of this practice on a woman's health, especially when it is performed under unsanitary conditions and by a person other than a trained medical practitioner (3).

There has been an international effort since the 1970s to eradicate the practice, culminating in a unanimous vote in 2012 by the United Nations General Assembly to take all necessary steps to end it. It has been outlawed in most of the key countries in which it occurs and across the rest of the world, but the laws are poorly enforced (4).

### **1.2. STATEMENT OF THE PROBLEM**

Globally, estimated that about 100–140 million girls and women have undergone female genital mutilation and each year a further three million, on average 8000 per day girls and women are at risk of this practice. Most of the girls and women affected live in 28 African countries, but also in the Middle East and Asia (5-6).

The prevalence of FGM according to figures from African countries shows a prevalence of more than 70% in most African countries. However, there is great variation in prevalence between and within countries, reflecting ethnicity and tradition. For example, the prevalence rate is 92% in

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Mali as compared with 28% in Senegal. It is estimated that 15% of all circumcised women have undergone the most severe form of FGM (infibulations), which involves the stitching and narrowing of the vaginal opening. However, approximately 80%–90% of all circumcisions in Djibouti, Somalia, and Sudan are of this type (2,6-7).

The most prevalent form of FGM in Ethiopia is clitoridectomy 96.2% of women and 96.5% of daughters have undergone some form of circumcision without having their vaginal area sewn. Infibulations involves the excision of genitalia and closure of the vaginal opening by stitching and is generally considered the most extreme form of FGM. In Ethiopia, 2.9% of women and 3.4% of daughters have been subjected to it. This is disturbing as it indicates that some women who have not undergone infibulations themselves choose to put their daughters through the most severe type of circumcision. Ethiopia has one of the highest levels of infant girls undergoing some form of FGM (8-9). According to the latest DHS findings, over half of the girls who undergo FGM (53%) are circumcised in early infancy, before reaching their first year (10).

The median age at the time of circumcision is below one year. A total of 52% of women in Ethiopia report that at least one of their daughters has been circumcised. Generally, older, rural and less-educated women are more likely to have their daughters circumcised. Mothers' educational level appears to be a major influence on the likelihood of a daughter being circumcised. 56% of the daughters of mothers without formal education are circumcised compared to 26% of daughters of women with at least some secondary education. There are also significant regional differences, which mirror the pattern of the respondents themselves. 94% of women in Affar region report having at least one daughter circumcised, compared to 37% of women in the SNNPR. Contrary to other countries, in Ethiopia women who are unemployed are less likely to have their daughters circumcised (44%), compared to women who are employed. For women who are employed, these numbers are: 53% for women who are employed for cash and 58% for women who are employed not for cash (11).

The involvement of medical personnel in the performance of FGM is often referred to as “medicalization” of the practice. While it is thought to decrease the negative health consequences of the procedure, UNICEF believes medicalization obscures the problems related to FGM, and prevents the development of effective and long-term solution for the abandonment of the practice. 92% of women report having their daughters cut by a traditional circumciser. Another 5.5% have been circumcised by a traditional birth attendant. Only 0.8% of girls have undergone

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FGM by health practitioners (12-13). It has been perpetuated over generations by social dynamics that make it very difficult for individual families as well as individual girls and women to abandon the practice because; it is taken as cultural or traditional entity (14).

FGM has no known health benefits. It has immediate and late complications, which depend on several factors: the type of FGM; the conditions in which the procedure took place and whether the practitioner had medical training; and whether the procedure was performed more than once (for example, to close an opening regarded as too wide or re-open one too small (15).

Complications that occur at different time as a result of FGM are; During Labor and Delivery (Caesarian section, Prolonged labour): because the vagina, perineum and the labia have all undergone mutilation that has left extensive scar formation, the vaginal canal becomes inelastic and the pelvic floor muscles rigid. Maternal Complications like obstructed labour, extensive vaginal and perineal lacerations third degree tears, excessive bleeding, uterine rupture, maternal distress and maternal death. During post-natal like infection of the lacerations, delayed healing of the repaired perineum and vaginal tissues (16-17).

EDHS 2005 shows the practice of FGM is rampant in Ethiopia with a national prevalence range of 74 to 85%. Almost 71% prevalence rate was reported for the SNNPR in the DHS 2005 of Ethiopia (10), 35% prevalence rate on follow up survey by NCTPE in 2007/8 (18).

FGM is a major public health problem, and also a form of violence against girls and women reflecting discrimination against these vulnerable sections of the society. It violates a series of well established human rights principles, norms and standards, including the principles of equality and non-discrimination on the basis of sex, the right to life when the procedure results in death, and the right to freedom from torture or cruel, in human or degrading treatment or punishment. As it interferes with healthy genital tissue in the absence of medical necessity and can lead to severe consequences for a woman's physical and mental health. In Ethiopia, the condition constitutes a major health problem which puts a lot of burden on the already deficient health services (1, 19).

But as much as the investigator knowledge concerned there is scarce study on female genital mutilation and associated birth complication in Ethiopia in general, and no study conducted on this issue in BasketoWoreda in particular, inspite of the existence of obstetric problems associated with female genital mutilation. The purpose of this study is to assess area-specific information on magnitude of female genital mutilation and associated birth complications.

## **CHAPTER TWO: LITERATURE REVIEW**

### **Definition and Classification**

Controversy still continues to exist over the use of the terms "female circumcision" and "female genital mutilation" to describe the procedures employed. The most common argument over the term "female circumcision" relates to whether or not the procedure is analogous to male circumcision a practice to which medical literatures has not yet established any sexual or other dysfunction. The procedure has been termed "female genital mutilation", often abbreviated to FGM, because of the severity and irreversibility of the damage inflicted on the girl's body. The term FGM was first endorsed by the Inter-African Committee on Traditional Practices Affecting the health of Women and Children (IAC) during its regional meeting in Addis Ababa (1989) and it is now the term generally accepted for the practice (20).

The difference among researchers and health personnel was not only in the use of terminologies but also in the classification of the different types of genital mutilation. Recognizing the need for a standardized classification and terminologies, WHO, UNICEF and UNFPA gave their joint statement on FGM with the following definition and classifications of the practice: "Female genital mutilation refers to a group of traditional practices that involve partial or total removal of the external female genitalia or other injury to the female genital organs for cultural, religious, or other non-therapeutic reasons.

Different types of female genital mutilation; Type I: Excision of the prepuce [skin covering clitoris], with or without excision of part or the entire Clitoris. Type II: Excision of the clitoris with partial or total excision of the labia minora. Type III: Excision of part or all of the external genitalia and stitching/ narrowing of the vaginal opening (infibulations). Type IV: Includes pricking, piercing or incising of the clitoris and/or labia; stretching of the clitoris and/or labia; cauterization by burning of the clitoris and surrounding tissue; scraping of tissue surrounding the vaginal orifice (angurya cuts) or cutting of the vagina (gishiri cuts); introduction of corrosive substances or herbs into the vagina to cause bleeding or for the purposes of tightening or narrowing it; and any other procedure that falls under the definition of FGM (21-22).

### **Prevalence, *Epidemiology* and associated factors of FGM**

The practice of FGM, in one form or another continues to exist in around 40 countries, mostly in East and West Africa, and parts of the Arabian Peninsula. The variation in the percentage of adult female population affected by the practice between countries ranges from 5% to almost 98% in most countries of the horn of Africa. With immigration, it is now also practiced in Europe and North America. Currently it is estimated that over 132 million women and girls have experienced FGM. It is also estimated that some three million girls are at risk of undergoing some form of the procedure every year. About 8,000 girls are genitally mutilated every day. Worldwide type I and II together account for 80-85% of all FGM, although the proportion may vary greatly from country to country. Only 15-20% of all women who experienced genital mutilation have undergone type III, but in certain countries such as Djibouti, Somalia and Sudan the proportion is 80-90% (23-24).

According to the study conducted in Ghana on FGM prevalence and obstetric sequelae, overall, the FGM prevalence was 38%, made up of 7% of FGM type I, 30% of FGM type II and 1% of FGM type III. Bawku region had the highest FGM prevalence of 82% and accounted for 84% of all the cases of FGM Type III that were seen (25).

A cross-sectional study conducted on Prevalence and associated factors of FGM among Somali refugees shows, although the intention of the parents to circumcise their daughters was high (84%), 42.4% (122) of 288 ≤12years girls were reported being undergone FGM. The prevalence increased with age, and about 52% and 95% were circumcised at the age of 7–8 and 11–12 years, respectively. Almost all operations were performed by traditional circumcisers (81%) and birth attendants (18%). Clitoral cutting (64%) and narrowing of the vaginal opening through stitching (36%) were the two common forms of FGM reported by the respondents. Participation of the parents in anti-FGM interventions is statistically associated with lower practice and intention of the procedures (26).

Study conducted in Burkinafaso on factor associated with FGM, 77 % ( 9267) of the women interviewed had had FGM. 7336 women had a daughter of whom 2216 (30.2%) had a daughter with FGM and 334 (4.5%) said that they intended that their daughter should have it. Univariate analysis showed that age, religion, wealth, ethnicity, literacy, years of education, household affluence, region and who had responsibility for health care decisions in the household were all significantly related to the outcomes ( $p < 0.01$ ). Multivariate analysis stratified by religion

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mainly confirmed these findings; however, education is significantly associated with a reduced likelihood of FGM only for Christian women (27).

According to the 2000 DHS of Ethiopia only 3% and in 2005 EDHS 2.9 of genitally mutilated women had had FGM type III (10). According to the Ethiopian FGM/C country profile 2005, there are slight regional differences, some 80% of women aged 15-49 have undergone some form of FGM/C in the country. The practice is slightly lower among women in the younger age groups (25 and below). There are regional differences in prevalence: lower among women in the Tigray (36%) and Gambela (43%) regions, while it reaches almost 100% in the Somali and the Affar region. A further study in 1990, sponsored by IAC, included 20 of the 31 administrative regions and found that 85% of the women surveyed had undergone genital mutilation. However, this survey did not include high prevalent regions such as Diredawa, Ogaden and Eastern Hararghe (9).

A cross-sectional study conducted in Addis Ababa on magnitude and driving factors of FGM on 407 school girls, 26.0% had undergone FGM at a median age of 4 years. FGM had most commonly been performed at age 1 - 5 years, when 50.9% of the total group had been circumcised. Of the girls attending government schools, 36.6% had undergone FGM. The majority of the procedures had been performed by traditional circumcisers (62.3%), followed by health workers (22.6%). The decision to subject the girl to FGM was most frequently made by mothers (38.7% of the FGM group), the remainder of the decisions being made by fathers (24.5%), both parents (22.6%) and relatives (14.2%). There was a significantly higher prevalence of FGM among girls attending government schools, girls of Guraghe ethnicity, and girls whose mothers had no knowledge about the harm of FGM. A smaller proportion of girls living with both parents than of those living with relatives had undergone FGM (28).

### **Health Consequences [birth complication] of FGM**

All types of female genital mutilation involve removal or damage to the normal functioning of the external female genitalia and can give rise to a range of well documented physical complications. They are irreversible and their effects last a lifetime. One of the factors related to the occurrence of complication is the timing of FGM as this may affect childbirth outcome since FGM performed antenatal may precede labour and delivery by only a few days or weeks, whereas FGM performed on neonates or in childhood will precede labour and delivery by many



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years. Among the long-term/late complications are those occurring before, at and/or after delivery, affecting the health of both mothers and children. These complications are typical of FGM type III as a result of the mechanical obstruction caused by the scarring covering the urethra and vagina, and further damage caused by defibulation and by "re-infibulations" (11, 29).

The mechanism by which FGM might cause adverse obstetric outcomes is unclear. Although practices vary from country to country, FGM is generally done in girls younger than 10 years and leads to varying amounts of scar formation. The presence of this scar tissue, which is less elastic than the perineal and vaginal tissue would normally be, might cause differing degrees of obstruction and tears or episiotomy. A long second stage of labour, along with direct effects on the perineum, could underlie the findings of an increased risk of perineal injury, postpartum haemorrhage, resuscitation of the infant, and fresh stillbirth associated with FGM. An increased risk of caesarean section in women with FGM II or III could theoretically mask evidence that FGM is associated with increased rates of genital and urinary-tract infection, which could also have repercussions for obstetric outcomes (1, 30-33).

The consequences of FGM are evidenced by the high maternal death rate suffered in Djibouti and Somalia (> 700 per 100 000 live births) where FGM is almost universal when compared to other nearby countries with a similar health and midwifery care but where FGM is much less common (Kenya and Tanzania: < 500 per 100 000 live births). Not only FGM is a widespread practice but the most mutilating forms are the most prevalent (34). A study by the Ministry of Health indicated that 93 % of women between 14 and 45 years of age had suffered mutilations of types II or III (35).

In a study conducted in six African countries by WHO showed that those having suffered FGM were more likely to have adverse obstetric outcomes, compared with women without FGM, the adjusted relative risks of certain obstetric complications were, in women with FGM I, II, and III, respectively: caesarean section 1.03, 1.29, 1.31; postpartum haemorrhage 1.03, 1.21, 1.69; extended maternal hospital stay 1.15, 1.51, 1.98; infant resuscitation 1.11, 1.28, 1.66, stillbirth or early neonatal death 1.15, 1.32, 1.55, and low birth weight 0.94, 1.03, 0.91. Parity did not significantly affect these relative risks. FGM is estimated to lead to an extra one to two perinatal deaths per 100 deliveries (36).

FGM was significantly associated with prolonged labour (OR: 1.47,  $p = 0.000$ , CI = 1.23 - 1.75). FGM type II and type III were significantly associated with post-delivery genital wound

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infection. FGM type III with OR=38.03, P=0.003, CI=3.36-430.85 was strongly associated with post-delivery genital wound infection. FGM Type III with OR=453.16, P=0.000 was strongly associated with third degree tears (25).

The study by Ebong in Nigeria in 1999 to assess views on health hazards of FGM showed only 10 of 400 respondents believed FGM (probably Type II) could prolong labour and cause stillbirth, which seemed to illustrate either little awareness among respondents of the effects of FGM on childbirth or a denial of the negative effects (37).

Another study conducted in Tanzania on FGM and pregnancy outcome, the result shows 131 women recruited for the study had some obstetric complications. 81 were FGM women and 50 were not. Women with FGM had 1.5 times more risk of obstructed/prolonged labour than those without FGM but the difference between the two groups was not statistically significant. The risk of perineal tears was higher (3.6) in FGM than in non-FGM women. The observed difference was highly significant (P = 0.005). Women with FGM had 1.7 times more risk of episiotomy than those without FGM. The observed difference was statistically significant (P=0.03). While 16 (7.5%) FGM women had caesarean section, 196 (92.5%) had vaginal delivery. For the non-FGM women, it was 15 (7.1%) and 198 (92.9%) respectively. It was observed that; there was no statistically significant difference in terms of caesarean section between the two groups (P=0.84). It is evident that, neonates born by FGM women were 3.5 times more likely to get low Apgar score than those who were born by non-FGM women. The observed difference was statistically significant (P=0.01) (38).

Another study conducted on health consequences of FGM shows, Complications due to FGM were found in 299 of the 871 patients (34.3%). Even type I, the form of FGM of least anatomical extent, presented complications in 1 of 5 girls and women examined **Error! Reference source not found.** A health institution-based study in Burkina Faso and Mali has shown that uncut women were significantly less likely to have an observed complication during delivery than were cut women 5% versus 18-36%. An unpublished report cited in the above study from Mali suggests that Women who have undergone FGM are nearly seven times more likely than those who have not to experience complications during child birth (39).

A cross-sectional study conducted on female genital mutilation and birth complications, in Jijiga town, Somali shows episiotomies occurred among 61% of women who were delivering for the first time and 28.1% of women delivering for the second time. The rates of instrumental and

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cesarean deliveries among the first-time deliveries were 6.6% and 3.1%, respectively; while they were 3.2% and 1.3% among the second-time deliveries, respectively. Among primi-parous women 36.2% reported having had complicated postnatal period; 22.5%, prolonged labour; 10.3%, perineal tear and 9.8%, heavy bleeding. Internal comparison between infibulated and non-infibulated women had shown that there was a significant difference in the occurrence of hemorrhage and postnatal problem (40).

A major information dissemination effort in the last 15 years by the government and supportive partners have been made, mostly through health services, mass meetings, schools and to a limited degree the mass media. Consequently, awareness of the harm of FGM and supportive attitude to their elimination has reached almost saturation levels but the practice is still continued in a hidden manner (18).

As much as different literature reviewed, most studies conducted in Ethiopia on female genital mutilation were on prevalence, epidemiology and associated factors of the practice and only one study conducted related with birth complications in Jijiga town. Therefore, the investigator is initiated to conduct this study to assess the situation of female genital mutilation and associated birth complication in Basketo woreda and to fill literature gap.

**2.2. Conceptual framework**

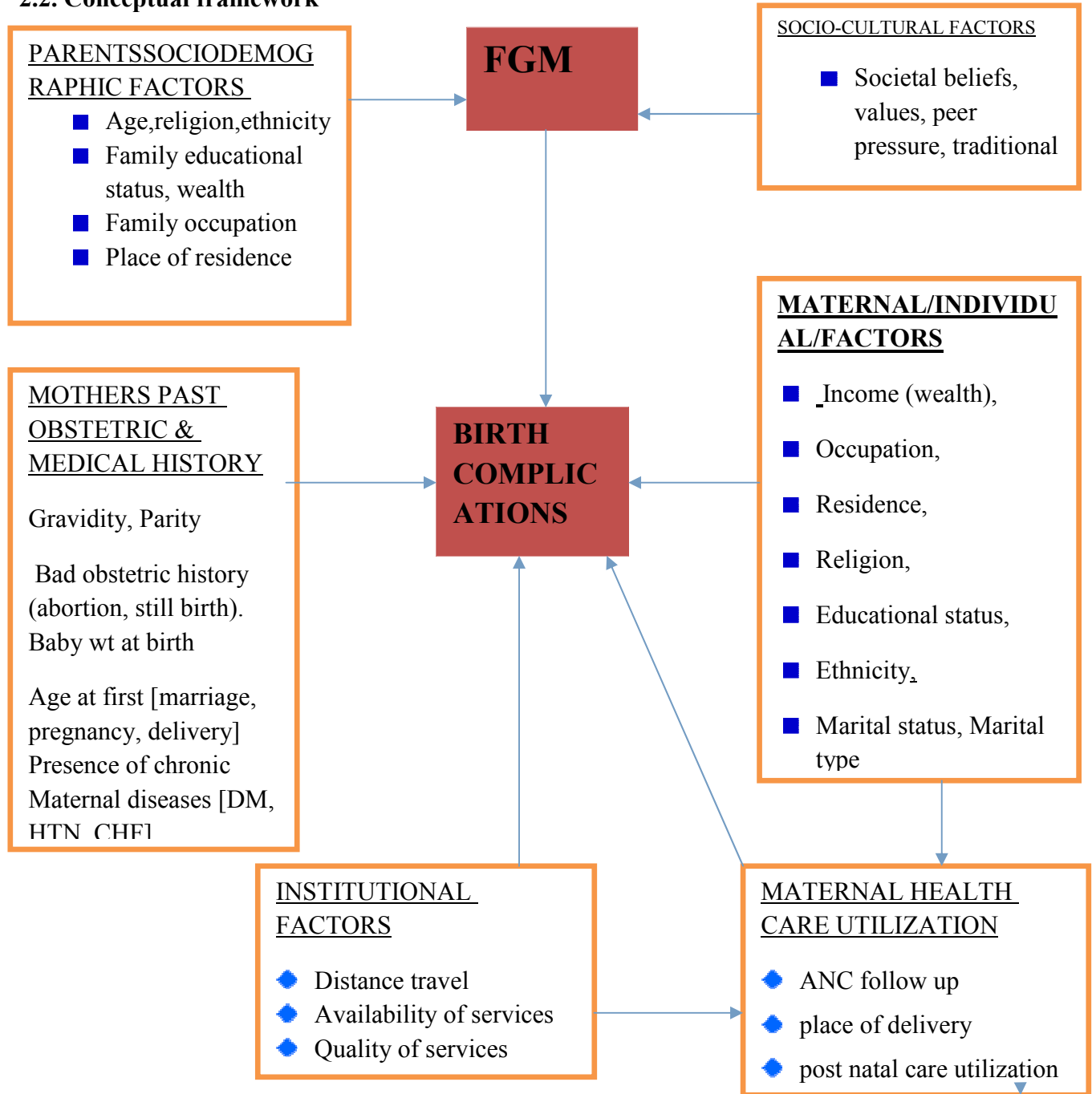


Figure 1: Conceptual framework showing factors associated with FGM/C and birth complications (16-17, 25) (38,40).

### **2.3. SIGNIFICANCE OF THE STUDY**

FGM is a traditional harmful practices against women and girls which has health consequences, as well as a human right violation. It has a great contribution on maternal morbidity and mortality, by increasing the risk of obstructed labor and its consequences because the practices have lifelong consequence in their life (18, 25, 40). FGM is also a form of violence against girls and women reflecting discrimination against these vulnerable sections of the society (1).

Although the prevalence of FGM is exceedingly high in Ethiopia and in the Southern region and the literature clearly shows the negative consequences on obstetric outcomes (birth complication associated with it), the practice still exist in the woreda. Hence, this study is expected to demonstrate the ill-health effects of FGM among women of the woreda. So that by providing area-specific information for decision-makers it will help in breaking problem associated with female genital mutilation. At the same time, it will also remind health planners of the woreda to visualize the extent of the problem in terms of its significant lifelong negative health effect as well as human right violation & appropriate intervention and special health care needs of the victims.

As far as investigator knowledge concern no similar studies conducted in the study area as well as in the region, the result of this study will also serve interested researchers who want to conduct study in the area as baseline data. Besides, stakeholders and other NGO'S who are interested in the field in general would benefit from this finding to design appropriate interventions.

## **CHAPTER THREE: OBJECTIVES**

### **3.1. General objective**

To assess the magnitude of female genital mutilation and associated birth complications among women of reproductive age groups (15-49 years) who gave their first birth within the last five years in Basketo woreda from March 10-22/2014.

### **3.2. Specific objectives:**

1. To determine the prevalence of Female genital mutilation.
2. To assess factors associated with female genital mutilation.
3. To determine the association between female genital mutilation and birth complications.

## **CHAPTER FOUR: METHODS AND MATERIALS**

### **4.1. Study area and period**

The study was conducted from March 12-22/2006 in Basketo woreda, Southern Ethiopia; the woreda capital town is Laska. Basketo is located approximately 583km south west of Addis Ababa, and 330km from capital city of the region Hawassa. The woreda has common boulder with Gelila (Dehub Omo) in the south, Geze goffa in the east, Melokoza in the north, and Salamago in the west. And has 30 rural and 2 urban kebeles. The estimated population of basket woreda in 2005 E.C is 65,386, out of which 9,808 population lives in laska town and a large number of people from food insecure households in Wolayita, Hadiya, and Konso have been recently resettled in the fertile lower altitude areas of the woreda and have added to the size of woreda population. The woreda reproductive age group (15-49) women were 16,139 and children 6-59 months were 20543 (41).

The health serves in Basketo special woreda is characterized by an inadequate number of health facilities, health personnel and insufficient logistic supplies. In 2005, there were 3 health centers, 2 private pharmacies and 30 health posts providing health services for the woreda populations. The potential health coverage of the woreda is 95% but F/P coverage was 80%, ANC coverage 62%, immunization coverage 71% and institutional delivery coverage 40% in 2005. But no data on FGM. Communicable diseases, mal-nutrition and obstetric conditions are the leading cause of morbidity and mortality in the woreda (42).

### **4.2. Study Design**

A community based cross-sectional survey was employed.

### **4.3. Population**

#### **4.3.1. Source population**

The source Population for the study was all women of reproductive age (15-49years) in Basketo woreda.

#### **4.3.2. Study population**

The study population was all women of reproductive age who gave their first birth within the last 5years in Basketo woreda.

### 4.3.3 Study subject:

Those women with first birth within the last 5 years and randomly selected.

### 4.3.4. Eligibility criteria

#### 4.3.4.1. Inclusion criteria

All women in the reproductive age (15-49 years) living in the woreda for at least six months and above prior to the survey who gave their first birth within the last five years regardless of birth outcome.

#### 4.3.4.2. Exclusion criteria

Critically ill women, women who are unable to communicate because of different reasons were excluded from the study.

### 4.4. Sample size determination

The sample size was determined by using single population proportion considering.

- Prevalence of FGM in SNNPR is 35% (18).
- Margin of error 5%
- Desired confidence level 95%
- 10% of non response rate, design effect=2

$$n = (z\alpha/2)^2 P (1-P)/d^2$$

$$n = (1.96*1.96)[0.35][1-0.35]/0.05^2*2$$

$$n = 350*2 \text{ then add 10\% non-response rate gives } = \underline{770}$$

### 4.5. Sampling procedure

A multi-stage sampling technique was used. First 10 kebeles out of 32 kebele's of the woreda were selected randomly, one from urban and nine from rural kebele's. Then the calculated sample size was proportionally allocated to each selected ten kebeles according to their number of reproductive age group women they consist. A census was conducted to get women with first birth in the last five years. Finally, study subjects were taken by lottery method.



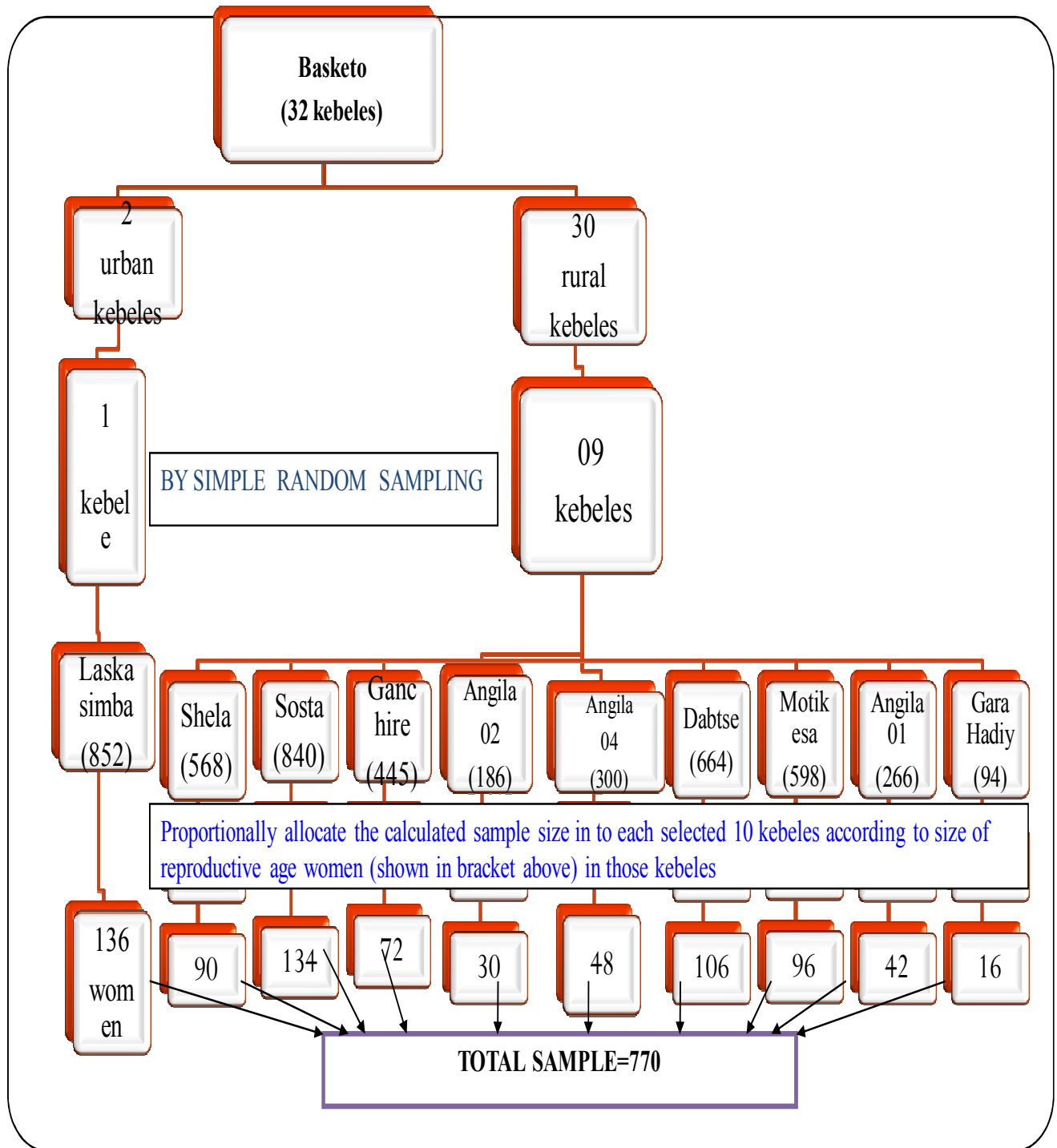


Figure 2: Showing schematic presentation of sampling procedure.

### **4.7. Data collection techniques**

Data was collected by face to face interview by using the prepared questionnaires after training given for ten female nurses who has atleast diploma. The training focus mainly on the aim of the study, on each part of questionnaires, about consents, the right to participated or not, the right to with draw at any time, confidentiality, and how to approach. To ensure data quality the data collection process was supervised by two trained B.sc nurses and the principal investigator at each step daily. Data was collected from March 10-22/2014.

### **4.8. Measurements**

To secure accurate and complete data on female circumcision and associated birth complication, data collection tool [questionnaire] was adapted by reviewing different literatures and guidelines in line with the objectives of study. The tool has five different parts; socio-demographic characteristics, past obstetric & medical history, circumcision status, maternal health care utilization and facility related factors.

### **4.9. Data collectors**

Data was collected by ten female nurses who has atleast diploma and those who has knowledge of culture and norms of the woreda after training given on aim of the study and supervised by two supervisors (B.Sc nurses) and the principal investigator.

### **4.10. Data quality control**

To ensure the quality of the data the following measures were undertaken. The questionnaire was translated to Amharic and back translated to English. Pre-testing of the questionnaire was undertaken in 39(5%) of women in another woreda adjacent to basket woreda before the actual data collection taken place and corrections on the instruments were made accordingly. A total of two days' intensive training was given for all supervisors and data collectors. Data was daily checked for completeness, clarity and consistency by the supervisors and the principal investigator. Overall activity was controlled by the principal investigator, who supervised carefully during data collection and finally data was entered through double data entry in to Epi-data 3.1 software to minimize error during data entry.

### 4.11. Study variables

#### 4.11.1. Dependent variables

- ◆ Female genital mutilation.
- ◆ Birth complications

#### 4.11.2. Independent variable

- ◆ Socio-demographic characteristics of mothers and their parents  
Age, religious, ethnicity, Educational status, Residence, Marital status, Occupation, household possession.
- ◆ Socio-cultural factors  
Societal traditional beliefs & values, peer pressure, customs, religion demand
- ◆ Maternal health service utilization (ANC, Delivery, & post natal care)
- ◆ Presence of chronic maternal diseases (DM, HTN, CHF...)
- ◆ Reproductive characteristics  
FGM types, marital type, age at first marriage, age at first pregnant, age at first birth, gravidity, parity, abortion, and still birth, baby wt at birth.
- ◆ Institutional factors  
Distance travel, Availability of services and Perceived quality of services.

### 4.12. Data analysis

Collected data was checked at the end of each data collection day for its completeness and consistency. It was also cleaned, edited, coded and entered to Epi data version 3.1, software. Then exported to SPSS version 16.0 for analysis. Descriptive statistics like, Frequencies, proportions and summary statistics was used to describe the study population in relation to relevant variables.

Binary Logistic regression was used to assess the presence of association b/t predictors & outcome variable and Variables having p-value <0.25 were candidate for multivariate logistic regression. Odds ratio, P- Value < 0.05 with 95% CI was used to determine the significance, level of association b/t predictors & outcome variable.

### **4.13. Ethical consideration**

The study was carried out after getting approval from the ethical clearance committee of Jimma University, and permission letter from the Woreda administrative office. Information was given to the participants on the study, including purpose and procedures, potential risk and benefits so encourage provision of accurate and honest responses. Confidentiality was kept at each step of data collection and processing, names were not included on the written questionnaires and identification of an informant was only used. The participants were assured that they have full right to participate or withdraw from the study. Then, data was collected after getting written consent from all study participants.

### **4.14. Operational definition and definition of term**

**Birth complication:-** a condition in which a woman having one or more of the following (perineal tearing, prolonged labor/Obstructed labor, episiotomy, heavy bleeding, postnatal complications) during delivery and after delivery for post natal complication.

**Distance:-**The distance of the house of the respondents from health facility was estimated by the amount of time taken by the respondents to walk to the facility (H/C, Hospital), and a house was labeled distant when it takes 2hours or more.

**Episiotomy:-**is an incision made on the vulva (vagina) during delivery including both anterior (defibulation) and posterolateral incision.

**Infibulation (fgm type III):-**is a type of genital mutilation in which the vaginal area is cut and sewn closed.

**Bleeding:** - was classified as mild if the blood wet the mother under wear clothes, moderate if the blood wet the under wear clothes and bed, and severe (heavy) if Wet the under wear clothes, bed and floor.

**Non infibulations (fgm type I and II) -** is a type of genital mutilation in which the vaginal area is cut and not sewn at all.

**Post partum complication:-**was considered when one or more of the following complications (heavy bleeding, foul smelling discharge, urine incontinence, fever, wound infections) were reported by the respondents.

**Prolonged labor:-**labor that lasts longer than 18 hours and 16 hours for primiparous and multiparous respectively.

**Prolonged labor:** In this study a labor is said to be prolonged if it lasts  $\geq 24$  hours (one day) regardless of parity because it is not feasible to ask in hour basis.

**Wealth:** a proxy measure of the household economic status of the respondents was calculated from information on housing characteristics and household possessions. Like possession of a radio, television, refrigerator, bicycle, car, electricity, safe drinking water and sanitation facilities, and for the type of building material. The scores were created by factor analyzing (principal component analysis) and given category as lowest, second, middle, fourth & highest wealth quintile (10).

### **4.15. Communication of study result**

The study findings will be presented to Jimma University scientific community and submitted to Jimma University College of Public health and medical sciences department of population and family health, Basketo special woreda health office, Southern national nationality people region health bureau.

The finding of the study will also be presented on different health and health related conferences. Furthermore an effort will be made to publish the study on both national and international journals. The study finding will be used as a baseline for further studies; development of guideline strategies to prevent female genital mutilation/circumcision and associated birth complications.

## **CHAPTER FIVE: RESULT**

### **5.1. Socio-demographic description of study subjects**

A total of 756 respondents participated in the study giving a response rate of 98.2%. The mean age of participants was 23.98 ( $\pm$  4.4) years. Four hundred nineteen (55.4%) of respondents were younger than 25years. The major ethnic groups were Basketo constituting 511(67.6%) and Amhara 82 (10.8%) followed by Walaita, 76 (10.1%).

The distribution of respondents by religion showed that the majority 706 (93.4%) were Christian followed by Islam 50(6.6%). Five hundred sixty one (74.2%) and 195(25.8%) of women were rural and urban residence respectively. Regarding respondents educational status 468(61.9%) of women were literate (has formal education) but 288 (38.1%) illiterate (has no formal education).

Concerning marital status of the study subjects, the majority 628(83.1%) of them were currently married. Out of married 556 (88.6%) of the subjects had been married with a monogamy and 72(11.5%) polygamous marriage. Majority of study subjects 253(66.9%) were housewives and only 34(14.0%) were involved in the civil sector.

In terms of household possessions (wealth quintile) of respondents, most 151(20.0%) of respondents were in the lowest, 156(20.6%) were in the second, 165(21.8) were in the fourth and 149(19.7%) in the highest wealth quintile (table 1).

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Table 1: Showing distribution of Socio-demographic characteristics of respondents in Basketo special woreda, SNNPR, Ethiopia, May 2014.

Socio-demographic characteristics	Frequency	Percent
<b>Age of respondents (in year)</b>		
15-24	419	55.4
25-34	325	43.0
35+	12	1.6
<b>Religion of respondents</b>		
Christian	706	93.4
Muslim	50	6.6
<b>Ethnicity of respondents</b>		
Basketo	511	67.6
Gamo	23	3.0
Konso	44	5.8
Walaita	76	10.0
Hadiya	20	2.6
Amhara	82	10.8
<b>Do you have formal education</b>		
Yes	468	61.9
No	288	38.1
<b>Educational level of respondents</b>		
Elementary/Junior/1-8	468	61.9
Secondary/ higher/	288	38.1
<b>Marital Status of respondents</b>		
Never married	48	6.3
Married	628	83.1
Divorced/Separated/Widowed	80	10.6
<b>Occupation of respondents</b>		
House wife	506	66.9
Civil servant	106	14.0
Merchant	68	9.0
Student	44	5.8
Daily laborer	22	2.9
House maid	10	1.3
<b>Wealth quintile of respondents</b>		
Lowest	151	20.0
second	156	20.6
Middle	135	17.9
fourth	165	21.8
Highest	149	19.7

**5.2. Parents Socio-Demographic Characteristics**

Seven hundred six (93.4%) of parents were Christians followed by 50(6.6%) were Muslim by religion. The predominant ethnicity (67.6%) was Basketo followed by Amhara (10.8%).

Regarding the educational status of parents four hundred fourteen (54.8%) of both fathers and mothers of respondents were illiterate (has no formal education) and 342 (45.2%) were having certain schooling (literate). Twenty one (14.9%) and 6.6% of the literate fathers and mothers were reached secondary school level.

The fathers of 566 (74.9%) of the respondents were farmers and those of 60 (7.9%) were civil servants. The majority 512 (67.7%) of mothers were house wives and 14 (1.9%) of mothers involved in the civil sector. Hundred ninety two ((25.4%) of parents were in the lowest, and only 100 (13.2%) in the highest wealth quintile (table 2).

Table 2: Showing distribution of parents Socio-demographic characteristics of the study subjects in Basketo special woreda, SNNPR, Ethiopia, May 2014.

<b>Socio-demographic characteristics</b>	<b>Frequency</b>	<b>Percent</b>
<b>Religion of parents</b>		
Christian	706	93.4
Muslim	50	6.6
<b>Parent Educational status</b>		
Literate	342	45.2
Illiterate	414	54.8
<b>Father occupation</b>		
Farmer	566	74.9
Civil servant	60	7.9
Merchant	40	5.3
Soldier	64	8.5
Others	26	3.5
<b>Mothers occupation</b>		
House wife	646	85.6
Civil servant	14	1.9
Merchant	78	10.3
Daily laborer	8	1.1
House maid	10	1.3
<b>Parent wealth quintile</b>		
Lowest	155	20.5
second	170	22.5
Middle	84	11.1
Fourth	195	25.8
Highest	152	20.1



### 5.3. Respondents past Obstetric and Medical History

Five hundred seventy one (75.5%) of subjects were primigravida and 499(66.0%) were multi gravida. One hundred eighty five (24.5%) of subjects have two pregnancies and 174 (22.7%) have two deliveries. The mean age of respondents at first marriage, at first pregnancy, and at first birth was 20.60 ( $\pm 3.88$ ), 20.91( $\pm 3.74$ ), and 21.78 ( $\pm 3.81$ ) years, respectively.

Sixty one (8.1%) of respondents had history of still birth at gestational age of nine months and above. Seventy two (9.5%) of the subjects had history of abortion and almost all abortions happened during the first trimester of pregnancy.

Regarding any medical problem during pregnancy, majority 597 (79.0%) of respondents had no medical problems, but 5.4% of respondents had febrile illness, 3.7% respondents had vaginal bleeding, 3.2% respondents had cardiac diseases, and 2.9% hypertension (figure 3).

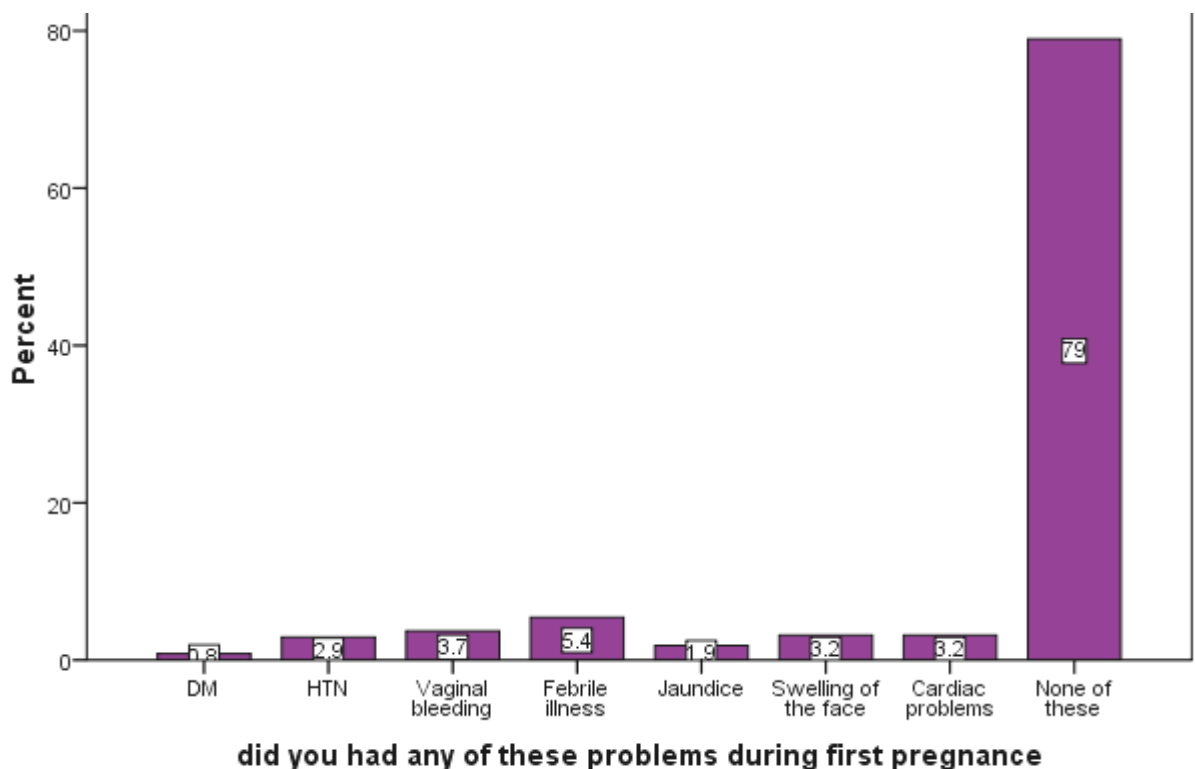


Figure 3: Showing distribution of study subjects with corresponding responses if they had any medical problems during pregnancy in Basketo special woreda, SNNPR, Ethiopia, May 2014. \*DM= diabetic mellitus, \*HTN= hypertension

**5.4. Maternal Health Care Utilization**

Four hundred forty (58.2%) of women were followed ANC service, out of whom 55.9% and 27.8% of respondents had 4 and 3 visits respectively. Two hundred twenty six (51.1%) of participants were followed ANC at health post followed by at health center 213 (48.2%). Majority of respondents 556(73.5%) gave their first birth at home and 200(26.5%) delivered in the health facility. Three hundred fifteen (41.6%), 241(31.9%) and 200 (26.5%) of respondents were assisted during delivery by TBA, non-TBA (relatives, old women) and skill birth attendants respectively. Six hundred sixty one (87.4%) of participants had no postnatal care follow up while 95 (12.6%) of respondents were followed post natal care (table 3).

Table 3: distribution of respondent's maternal health care utilization in Basketo special woreda, SNNPR, Ethiopia, May 2014.

<b>Maternal health care utilization</b>	<b>Frequency</b>	<b>Percent</b>
<b>Did you follow ANC during pregnancy</b>		
Yes	440	58.2
No	316	41.8
<b>Number of ANC visit</b>		
One visit	29	7.0
Two visit	41	9.3
Three visit	123	27.8
Four visit or more	247	55.9
<b>Where did you follow ANC?</b>		
Hospital	1	0.7
Health center	213	48.2
Health post	226	51.1
<b>Place of delivery</b>		
Health facility	200	26.5
Home	556	73.5
<b>Delivery assisted by</b>		
Health professional	200	26.5
TBA	315	41.6
Non-TBA(relatives, friends)	241	31.9
<b>Did you follow post natal check up after delivery</b>		
Yes	95	12.6
No	661	87.4

**5.5. Respondents Circumcision Status**

Two hundred seventy six (36.5%) of respondents were circumcised. Out of whom 272 (35.1%) of respondents type I/II, while 4(1.4%) were infibulation. One hundred sixty one (58.3%) of the respondents were circumcised at age between 5-10 years. The majority 171 (61.7%) of participants were circumcised by old women or a traditional circumciser while 9 (3.6%) were circumcised by medical personnel.

Majority 645 (85.3%) of respondents don't believe that FGM/C is a good cultural practice but 111(14.7%) of respondents believe that it is a good cultural practice. Five hundred forty seven (72.4%) and 635 (84.0%) of respondents know that FGM/C had health problem and oppose continuation of FGM/C respectively.

Table 4: Shows circumcision status of respondents in Basketo special woreda, SNNPR, Ethiopia, May 2014.

<b>Circumcision status</b>	<b>Frequency</b>	<b>Percent</b>
<b>Circumcised</b>		
Yes	276	36.5
No	480	63.5
<b>Type of circumcision</b>		
Clitoridectomy/incision (I/II)	272	98.6
Infibulation (typeIII)	4	1.4
<b>Age at circumcision</b>		
<5years	97	35.1
5-10years	161	58.3
10-15years	18	6.5
<b>Circumcised by</b>		
TBA	96	34.7
Old women	171	61.7
Midwife/nurse/Physician	9	3.6
<b>Do you think FGM/C is a good practice</b>		
Yes	111	14.7
No	645	85.3
<b>Do you know that FGM can cause health problems</b>		
Yes	547	72.4
No	209	27.6
<b>Do you support continuation of FGM?</b>		
Yes	121	16.0
No	635	84.0

**5.6. Socio-cultural factors for continuation of female genital mutilation.**

Socio-cultural beliefs were mainly affecting the practices of female genital mutilation/circumcision. In this study respondents who support continuation of female genital mutilation/circumcision were asked why they support FGM/C practices. The possible reasons given for continuation were: 32.2%, 9.1%, 18.2%,30.6% and 9.9% of respondents were because FGM/C is a good tradition of our society, a good custom, it is a religious demand, it is important for cleanliness and it is also important for better marriage prospect since it preserve virginity respectively (figure 4).

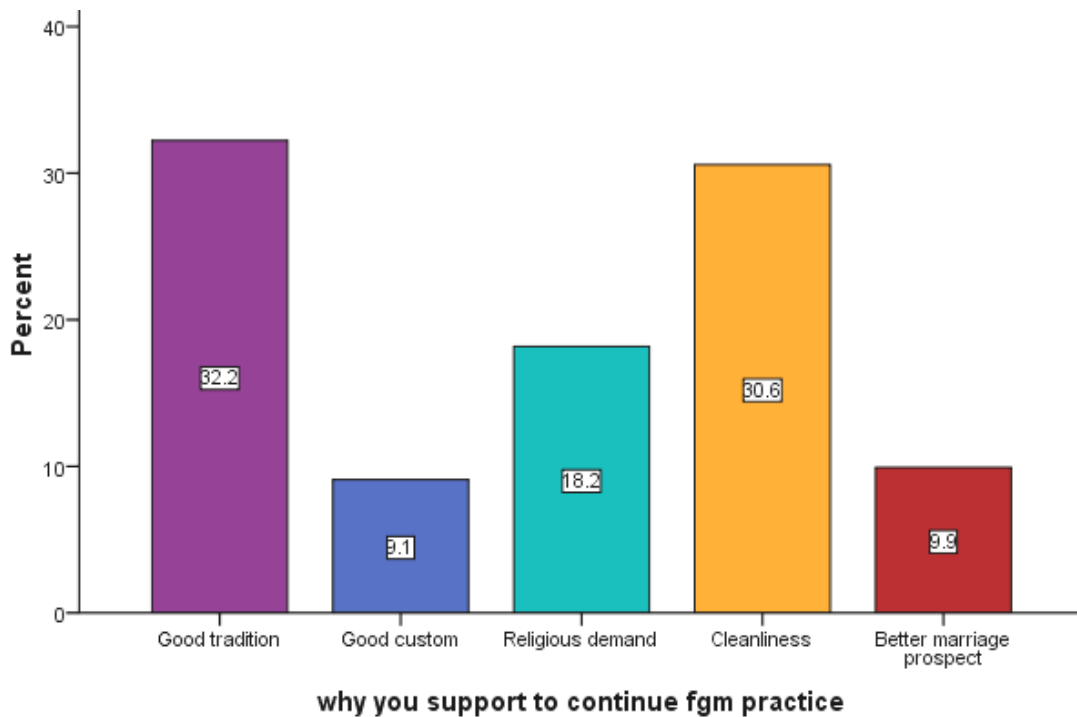


Figure 2: Showing distribution of study subjects in relation to their reasons why they support FGM practice in Basketo special woreda, SNNPR, Ethiopia, May 2014

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As shown in figure below respondents were also asked the best way to abandon female genital mutilation/circumcision, and the major mechanisms suggested were: strengthen legislation by 25.3%, Educational campaign for women 36.2% and improving the status of women in the society by 14.3% of respondents.

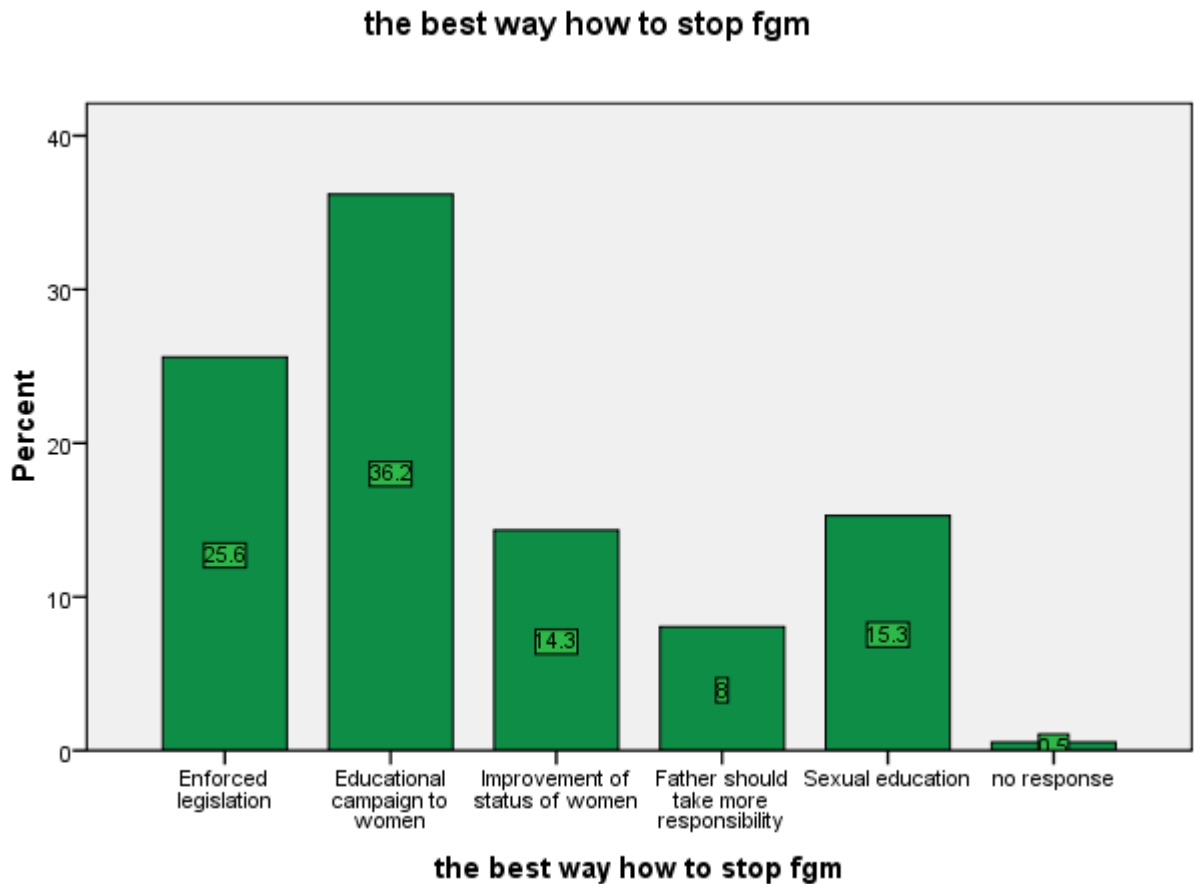


Figure 5: Showing distribution (%) of study subjects in terms of the best way to abandon FGM practices in Basketo special woreda, SNNPR, Ethiopia, May 2014

### 5.7. Institutional Factors

As shown in table below, seven hundred twenty six (96%) of the respondents had health facility nearby, of which 79.6% and 16.4% of respondents were having health center and health post respectively regarding the types of health facility available. The distance travelled by respondents from their home to health facility was also asked and most 430 (59.4%) of them were travel (walk) less than 120 minute (<2 hours) and 296 (40.8%) of respondents travel greater than or equal to 120 minute ( $\geq$ 2 hours).

Service quality was also assessed, through service satisfaction and 533 (73.4%) of the respondents were satisfied with the service provided at health facility, while 26.6% were not satisfied (table 5).

Table 5: shows distribution of some institutional factors of respondents in Basketo special woreda, SNNPR, Ethiopia, May 2014.

<b>Institutional factors</b>	<b>Frequency</b>	<b>Percent</b>
<b>Do you have health facility</b>		
Yes	726	96.0
No	30	4.0
<b>Type of health facility available</b>		
Health center	602	79.6
Health post	124	16.4
<b>Distance travelled (from home to health facility)</b>		
< 120 minute	430	59.2
$\geq$ 120 minute	296	40.8
<b>Do you think the services provided in health facility has quality (are you satisfied with the services)?</b>		
Yes	533	73.4
No	193	26.6

### **5.8. Factors associated with female genital mutilation/Circumcision**

Female genital mutilation/circumcision was associated with age, religion, ethnicity, residence, occupation educational status of respondents, parent house hold possession (wealth quintile), parent educational status and occupation on bivariate logistic regression analysis at a  $p < 0.05$ . When all these variables entered into a multivariate logistic regression analysis, all maintain their significant association except age of respondents, and parent occupation.

This study result showed being Muslim religion (women from parent of Muslim religion) was at least 5 times more likely circumcised (AOR: 5.02, 95%CI: 1.9-13.3) than Christian.

Ethnicity was also significantly associated with FGM/C. Being Basketo ethnic group is protective and non Basketo ethnicity had 3.5 higher odds of being circumcised (AOR: 3.5, 95%CI: 2.4-5.0).

Employed women had significantly lower odds (AOR: 0.45, 95%CI: 0.24-0.85) of being circumcised compared to uncircumcised women. Respondents of rural residence had higher odds (AOR: 2.4, 95%CI: 1.4-4.25) of being circumcised than those respondents of urban residence.

Educational status of respondents and their parents was significantly associated with the practices of FGM/C. Respondents who has no formal education (illiterate) were 1.7 times more likely circumcised (AOR: 1.7, 95%CI: 1.05-2.63). Respondents whose both parents had no formal education (illiterate) were 1.7 times more likely circumcised than a woman whose parents were literate (AOR: 1.7, 95%CI: 1.4-1.96).

Even though women from employed family were lesser odds on bivariate analysis, Parental occupations were not found to be associated with FGM/C on multivariate analysis.

Regarding respondents parent house hold possession (wealth quintile), respondents from highest wealth quintile family had fewer odds (AOR: 0.024, 95%CI: 0.005-0.10) of being circumcised, but other categories were didn't showed association (table 6).

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Table 6: Showing bivariate and multivariate results of factors associated with FGM/C among reproductive age women in Basketo special woreda, SNNPR, Ethiopia, May 2014.

Variables	Circumcised, n (%)		COR (95%CI)	AOR(95%CI)
	Yes	No		
<b>Age of respondent</b>				
15-24	139(33.3)	279(66.7)	1.00	1.00
25-34	127(39.1)	198(60.9)	10.1(2.2-46.6)	1.7(0.012-39.12)
35+	10(76.9)	3(23.1)	7.8(1.7-36.2)	1.44(0.01-20.22)
<b>Religion of parent</b>				
Christian	240(34.0)	466(66.0)	1.00	1.00
Muslim	36(72.0)	14(28.0)	4.99(2.64-9.44)	5.0(1.7-13.3)
<b>Ethnicity</b>				
Basketo	128(25.0)	383(75.0)	1.00	1.00
Non Basketo	148(60.4)	97(39.6)	4.6(3.3-6.32)	3.5(2.4-5.0)
<b>Had formal educatn</b>				
Yes	153(32.7)	315(67.3)	1.00	1.00
No	123(42.7)	165(57.3)	1.54(1.13-2.0)	1.7(1.05-2.63)
<b>Education level</b>				
Elementary/junior	93(33.1)	188(66.9)	1.00	1.00
Secondary/higher	60(32.1)	127(67.9)	0.96(0.64-1.42)	1.4(0.52-3.94)
<b>Parent education</b>				
literate	108(31.6)	234(68.4)	1.00	1.00
Illiterate	168(40.6)	246(59.4)	1.48(1.09-1.999)	1.7(1.4-1.96)
<b>Residence</b>				
Urban	52(26.7)	143(73.3)	1.00	1.00
Rural	224(39.9)	337(60.1)	1.83(1.3-2.62)	2.4(1.4-4.25)
<b>Occupation</b>				
Unemployed	258(39.2)	400(60.8)	1.00	1.00
Employed	18(18.4)	80(81.6)	0.35(0.2-0.6)	0.45(0.24-0.85)
<b>Parent occupation</b>				
Father Unemployed	242(38.9)	380(61.1)	1.00	1.00
Employed	34(25.4)	100(74.6)	0.5(0.350-0.814)	0.58(0.05-7.4)
Mother :House wife	236(39.2)	366(60.8)	1.00	1.00
Employed	40(26.0)	114(74.0)	0.54(0.37-0.8)	1.83(0.57-5.89)
<b>Parent Wealth</b>				
Lowest	46(29.7)	109(70.3)	1.00	1.00
Second	84(49.4)	86(50.6)	0.76(0.46-1.26)	1.12(0.30-4.18)
Middle	41(48.8)	43(51.2)	0.33(0.2-0.53)	0.54(0.16-1.8)
Fourth	68(34.9)	127(65.1)	0.34(0.2-0.59)	0.337(0.1-1.19)
Highest	37(24.3)	115(75.7)	0.6(0.37-0.97)	0.024(0.005-0.10)



### **5.9. Delivery and its Outcomes of respondents**

As shown in table below, majority of respondents gave their first birth at home 556(73.5%), of whom 347(45.14%) of respondents were uncircumcised, 204(27.0%) of respondents were circumcised with type I/II, and 2(0.26%) of respondents were circumcised with type III. And only 200(26.5%) respondents were delivered at health facility.

Two hundred forty nine (32.9%) and 57 (30.8) of mothers developed any of birth complications during the first and second delivery respectively, of whom 112(45.0%) circumcised women. Episiotomies occurred among 175 (23.3%) of women who were delivered for the first time and 27(14.6%) of women delivered for the second time. Only 41(5.4%) and 8(4.3%) deliveries needed instrumental delivery during the first-time and the second-time deliveries respectively.

Of the proxy birth complication measures: 88(11.7%) of respondents were reported having used IV fluid and 14 (7.6%) were used during second delivery. Sixty six (8.8%) and 15 (8.5%) of participants were used pitocin (oxytocin) during first and second delivery respectively. Two hundred fifty two (33.3%) and 56 (30.3%) of mothers during first and second delivery utilized sitz bath respectively.

The Cesarean section rate was found to be 16(2.1%) and 7(3.8%) during the first and second delivery respectively. Among women who were delivered for the first time: 407(53.8%) and 324(42.9%) of them were reported having had prolonged labor and perineal tear respectively. Two hundred twenty (29.1%) and 317 (41.9%) of respondents were reported heavy bleeding during labor and post natal complications respectively.

The figures for women who were delivered for the second time were 88(47.6%) and 68(36.8%) of respondents were reported prolonged labor and perineal tear respectively. Twenty (10.8%) and 62(33.5%) of study participants were reported heavy bleeding during labor and post natal complications respectively (table 7).

## Magnitude of FGM/C & associated birth complications...

Table 7: Showing frequency distribution some birth complications encountered by study subjects during first and second delivery in Basketo special woreda, SNNPR, Ethiopia, May 2014.

Variables	<u>During first delivery</u>		<u>During second delivery</u>	
	Frequencies	percent	Frequencies	percent
Have had any birth complication?				
Yes	249	32.9	57	30.8
No	507	67.1	128	69.2
Episiotomy				
Yes	175	23.1	27	14.6
No	581	76.9	158	85.4
Instrumentation				
Yes	41	5.4	8	4.3
No	715	94.6	177	95.7
Cesarean section				
Yes	16	2.1	7	3.8
No	740	97.9	178	96.2
Prolonged labor				
Yes	407	53.8	88	47.6
No	349	46.2	97	52.4
Heavy bleeding				
Yes	220	29.1	20	10.8
No	536	70.9	165	89.2
Perineal tear				
Yes	324	42.9	68	36.8
No	432	57.1	117	63.2
Postnatal problems				
Yes	317	41.9	62	33.5
No	439	58.1	123	66.5

### **5.9. Association between FGM/C and birth complications**

Female genital mutilation/circumcision was found to be significantly associated with birth complications at  $p=0.002$ , i.e. circumcised women were 1.710 times likely developed any birth complications than uncircumcised women (AOR: 1.71, 95%CI: 1.25-2.33).

In this study birth complications were measured by prolonged labor, heavy bleeding, episiotomy perineal tear, and post natal problems. On bivariate analysis prolonged labor, episiotomy, and perineal tear/laceration were associated with female genital mutilation/circumcision, at a  $p<0.05$ , but heavy bleeding, and post natal complications were not associated with female genital mutilation/circumcision.

The finding showed that prolonged labor had association with female genital mutilation/circumcision. Circumcised women had higher odds (AOR: 2.85, CI: 2.21-3.67) being having prolonged labor than uncircumcised women. Infibulated women 10.2 times more likely having prolonged labor than other type of circumcision (AOR: 10.2, 95%CI: 1.6-64.54).

The odds of circumcised women were 2.76 times higher to have episiotomy (AOR: 2.76, 95%CI: 1.9-4.0) than uncircumcised women. But there were no significant difference between types of circumcision.

Women who were circumcised had higher odds (AOR: 3.03, 95%CI: 2.12-4.3) of having any type of genital laceration/tear during delivery (table 8).

But the proxy measure of episiotomy and perineal tear or laceration; sitzbath was less commonly used by circumcised women than uncircumcised women after delivery (AOR: 0.29; 95%CI: 0.08-0.92).

## Magnitude of FGM/C & associated birth complications...

Table 8: showing association between FGM/C and birth complications (prolonged labor, episiotomy, perineal tear) among study subjects in Basketo woreda, SNNPR, Ethiopia, May 2014.

Variables	Prolonged labor		Episiotomy		Perineal tear(laceration)	
	COR(95%CI)	AOR(95%CI)	COR(95%CI),	AOR(95%CI)	COR(95%CI),AOR(95%CI)	
<b>Mutilation</b>						
Yes	3.6(2.59-4.914)	2.85(2.2-3.67)*	2.18(1.6-3.0)	2.76(1.9-4.0)	3.0(2.2-4.1)*	3.0(2.1-4.3)*
No	1.00	1.00	1.00	1.00	1.00	1.00
<b>Type of mutilation</b>						
Type III	2.7(0.37-19.44)	10.2(1.6-64.6)*	2.14(0.3-15.43)	2.1(0.13-35.4)	0.68(0.1-4.9)	0.59(0.06-6.0)
Type I/II	1.00	1.00	1.00	1.00	1.00	1.00

- ✘ Adjusted for age at first delivery, educational status, residence, baby's weight at birth, prolonged labor, delivery place, delivery assistance, quality of services, H/Facility Distance  
 ✘ \*=p-value of 0.001,

On multivariate logistic regression analysis in addition to FGM/C, factors like educational status, place of delivery, assisted delivery, baby size at birth, ANC follow up status, distance of health facility, and quality of services provided in health facility were found to be associated with the occurrence of complications (prolonged labor, perineal tear, and episiotomy) at  $p < 0.05$ , but these variables were beyond the objective of this study. Some sociodemographic characteristic like age of mother at first birth, and wealth quintile were not found to be associated with birth complications,(table9,10,and11).

## Magnitude of FGM/C & associated birth complications...

### Prolonged labor

Women having formal education (literate) were 45% less likely having pronged labor (AOR: 0.55, 95%CI (0.44-0.70), compare to illiterate women.

Baby size at birth were one of the predictor of prolonged labor and those women gave birth to small baby weight at birth had less odds (AOR: 0.54, 95% CI: 0.35-0.84) of having complication (prolonged labor) than those women with big baby weight at birth.

Distance of health facility from respondent home had significant association with prolonged labor. The odds of women walking less than two hours were fewer (AOR: 0.36, 95%CI (0.28-0.46), than women walking more than two hours reporting history of prolonged labor (table 9).

Table 9: Showing factors associated with prolonged labor during delivery among study subjects in Basketo special woreda, SNNPR, Ethiopia, May 2014.

Variables	Prolonged Labour, n (%)		COR(95%CI)	AOR(95% CI)
	Yes	No		
<b>Mutilation</b>				
Yes	201(72.8)	75(27.2)	3.565(2.586-4.914)	2.85(2.21-3.67)
No	206(42.9)	274(57.1)	1.00	1.00
<b>Type of mutilation</b>				
Type III	199(72.9)	74(27.1)	2.689(0.372,19.439)	10.17(1.60-64.54)
Type I/II	2(50.0)	2(50.0)	1.00	1.00
<b>Age at first delivery</b>				
< 18year	66(61.7)	41(38.3)	1.454(0.956-2.211)	1.19(0.62-2.277)
>=18 year	341(52.5)	308(47.5)	1.00	1.00
<b>Has formal education</b>				
Yes	211(45.1)	257(54.9)	0.385(0.283-0.524)	0.55(0.44-0.70)
No	196(68.1)	92(31.9)	1.00	1.00
<b>H/Facility Distance</b>				
<120 minute	191(41.5)	269(58.5)	0.263(0.192-0.361)	0.36(0.28-0.46)
>=120 minute	216(73.0)	80(27.0)	1.00	1.00

\*Adjusted for age at first delivery, residence, delivery place, delivery assistance, ANC visit, wealth and baby weight at birth

## Magnitude of FGM/C & associated birth complications...

### Episiotomy

Episiotomy was significantly associated with FGM/C and weight of baby at birth. The odds of circumcised women were (AOR: 2.76, 95%CI: 1.9-4.0) higher than uncircumcised women to have episiotomy. But there were no significant difference between different types of circumcision. Women gave birth with small baby had lower odds (AOR: 0.59, CI: 0.34-0.999) of having episiotomy than women gave birth with big baby at birth (table 10).

Table 10: Showing factors associated with Episiotomy during delivery among study subjects in Basketo special woreda, SNNPR, Ethiopia, May 2014.

Variables	Episiotomy, n (%)		COR(95%CI)	AOR(95% CI)
	Yes	No		
<b>Circumcised</b>				
Yes	89(32.2)	187(67.8)	2.18(1.55-3.1)	2.76(1.9-4.0)
No	86(17.9)	394(82.1)	1.00	1.00
<b>Type of circumcision</b>				
Type III	2(50.0)	2(50.0)	2.14(0.3-15.43)	2.12(0.13-35.4)
Type I/II	87(31.9)	186(68.1)	1.00	1.00
<b>Age at first delivery</b>				
<=18year	42(31.3)	92(68.7)	1.7(1.11-2.54)	1.34(0.86-2.09)
>18 year	133(21.4)	489(78.6)	1.00	1.00
<b>Baby's size at birth</b>				
Small	32(45.7)	38(54.3)	0.55(0.32-0.94)	0.59(0.34-0.999)
Average	63(14.6)	369(85.4)	2.69(1.85-3.92)	3.31(2.23-4.9)
Big baby	80(31.5)	174(68.5)	1.00	1.00
<b>Prolonged labor</b>				
Yes	96(23.6)	311(76.4)	1.06(0.75-1.48)	0.82(0.56-1.20)
No	79(22.6)	270(77.4)	1.00	1.00

\*Adjusted for variables like delivery place, delivery assistance, wealth, and residence

## Magnitude of FGM/C & associated birth complications...

### Genital Laceration/Tear

Circumcised women were 3 times more likely to have genital laceration/tear during delivery than uncircumcised women (AOR: 3.0, 95%CI: 2.12-4.32). Respondents who gave birth in health facility had less odds (AOR: 0.10, 95%CI: 0.05-0.21). Those assisted by health profession had also less odds (AOR: 0.213, CI: 0.141-0.322, P=0.001) of having tear. Women gave birth with small baby weight at birth less likely to have tear (AOR: 0.15, CI: 0.08-0.28). Those perceived the services has quality (AOR: 0.59, CI: 0.4-0.86), were found to have less odds for genital tear during delivery. Women who have history of prolonged labor were 1.48 times more likely to have genital tear during delivery (AOR: 1.48, CI: 1.04-2.09) (table 11).

Table 11: Showing factors associated with perineal tear/ laceration during delivery among study subjects in Basketo special woreda, SNNPR, Ethiopia, May 2014.

Variables	Perineal tear, n (%)		COR(95%CI)	AOR(95% CI)
	Yes	No		
<b>Mutilation</b>				
Yes	165(59.8)	111(40.2)	3.0(2.21-4.08)	3.0(2.12-4.32)
No	159(33.1)	321(66.9)	1.00	1.00
<b>Type of mutilation</b>				
Type III	163(59.7)	110(40.3)	0.68(0.09-4.86)	0.59(0.06-6.0)
Type I/II	2(50.0)	2(50.0)	1.00	1.00
<b>Delivery place</b>				
H/Institution	49(24.5)	151(75.5)	0.33(0.23-0.48)	0.10(0.05-0.21)
Home	275(49.5)	281(50.5)	1.00	1.00
<b>Delivery assistance</b>				
Professional	49(22.2)	172(77.8)	0.27(0.19-0.4)	0.21(0.14-0.32)
Non-Professional	275(51.4)	260(48.6)	1.00	1.00
<b>Baby weight</b>				
Small	46(65.7)	24(34.3)	0.25(0.15-0.44)	0.15(0.08-0.28)
Average	195(45.1)	237(54.9)	0.59(0.43-0.82)	0.76(0.53-1.09)
Big	83(32.7)	171(67.3)	1.00	1.00
<b>Prolonged labor</b>				
Yes	206(50.6)	201(49.4)	2.0(1.49-2.69)	1.48(1.04-2.09)
No	118(33.8)	231(66.2)	1.00	1.00
<b>Quality of services</b>				
Yes	209(37.1)	354(62.9)	0.4(0.29-0.56)	0.59(0.4-0.86)
No	115(59.6)	78(40.4)	1.00	1.00

\*Adjusted for age at first delivery, distance of health facility, ANC visit

## **CHAPTER SIX: DISCUSSION**

Female genital mutilation/circumcision is a very deeply rooted harmful tradition practice that dates back centuries in most African countries including Ethiopia and some Arabian countries. Apart from being a form of violence against females it has debilitating and long lasting health hazards. For a variety of reasons people at different corners of the world are still continue to practice it.

The result of this study showed that 276 (36.5%) of women were circumcised. Out of whom 4(1.4%) of them severely circumcised with the most devastating type of FGM- called infibulation. This finding is consistent with the finding from Ghana 38%, of 1% infibulation and the one reported in NCTPE 35% (18, 25). However, the proportion of women with FGM in this study is very much lower than the study conducted in Jijiga town which was 97%, of which 52% was infibulation (40). This discrepancy could be because of the fact that FGM/C practice especially infibulation is more common in the Somali region having a prevalence of (99%), whereas infibulation is not common in SNNPR (10).

In this study 161(58.3%) of respondents were circumcised in the age range of 5-10 years old. This finding is consistent with the findings of the study conducted in urban Somalia (53). However, in Serria Leone majority of females were circumcised in the age between 10-14years. This difference in age at circumcision might be because of cultural difference between the two countries (43). Majority (61.7%) of respondents were circumcised by traditional circumcisers/old women, and (34.7%) of respondents were by traditional birth attendants. This finding is similar to the findings of EDHS 2005 (10).

Socio-cultural and traditional beliefs were the most important factors for the practice of female circumcision. In this study the various reasons, why FGM/C practiced was enquired and 32.2% of women responded that FGM is a good traditional practice and 30.5% of respondents were support continuation of FGM/C for cleanliness. This finding is consistent with a study done in Kenya 30% of women were supported this practice because it is a good traditional practice of their society (44). However, more than half of Egyptian women believed that FGM/C would be a good traditional practice, a good custom of the society, and support for aesthetic (cleanness) purpose. This discrepancy could be because of that traditional beliefs, customs, and religious reasons for practicing FGM/C are widely accepted by females in different area differently (45).



## **Magnitude of FGM/C & associated birth complications...**

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There were different factors contribute for the wide existence of FGM/C in different regions. In this study Muslim religion; ethnicity, parent education, occupation, wealth, and place of birth were significantly associated with FGM.

The result of this study also revealed that Muslim respondents (respondents from Muslim religion family) were 5 times more likely circumcised than Christians (AOR: 5.0, CI: 1.7-13.3). This finding was in line with other study that report Muslims were more likely circumcised and support for the continuation of the practice than their Christian counterpart. But how religion influences the practices of FGM/C needs further studies to ascertain (17, 46).

Ethnicity had also significant association with female circumcision. Being Basketo ethnic group is protective and non Basketo ethnicity had 3.48 higher odds of being circumcised (AOR: 3.48. 95%CI: 2.43-5.0). This might be because of, most of those non-Basketo ethnic group come or migrate to the area from high FGM prevalence are (Walaita, Hadiya, Amhara) (18).

Employed women in this study had significantly lower odds (AOR: 0.45, 95%CI: 0.24-0.85) of reporting circumcision compared to unemployed women. This could be because of employed women were from educated parent. This finding was contradict with the study conducted in Jijiga town; this might be because of majority of women in Jijiga town were employed women, since the study conducted in the town only with high FGM/C prevalence (40).

Residential area of participants were significantly associated with FGM/C, respondents of rural residence were 2.41 times more likely circumcised/mutilated compare to urban residence (AOR: 2.41, 95% CI: 1.37-4.25). This might be due to the fact that rural women have less access to information's and lack of awareness on harmful effects of FGM/C. However study conducted in Kersa district of Ethiopia showed, respondents who were living in rural areas had less likelihood of being circumcised than respondents living in urban (AOR: 0.116, 95% CI: 0.065–0.207). This controversy finding could be because of the anti- FGM/C activities focused on rural settings in high FGM/C prevalence areas like Hararge (44).

Educational status of respondents and their parents had significant association with the practices of female circumcision. Our finding also shows respondents who has no formal education (illiterate) were 66% more likely circumcised than literate (AOR: 1.66, 95% CI: 1.049-2.630, p= 0.030). But no differences observed within levels of education. These findings agree with the study conducted in Ethiopia, in Khartum, Sudan, in southern urban and peri-urban Nigeria and in rural Tanzania (32,46)(47-48). This study also showed a woman whose both parents lack formal

## **Magnitude of FGM/C & associated birth complications...**

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education (illiterate) were 69.5% more likely circumcised (AOR: 1.695, CI: 1.36-1.96). Similarly, in Egypt, 92% of circumcised mothers were illiterate compared with 69% of uncircumcised mother. This showed that the level of education of parent has a decisive role on the practice of FGM. This might be because, the more educated the people, and the more they understood the harmful effects of FGM/C (49).

Regarding house hold possession (wealth quintile), in our study women from highest wealth quintile family had lower odds (AOR: 0.14, CI: 0.06-0.36,) of being circumcised. This finding is consistent with the study conducted in Burkina Faso and in Kersa district of Ethiopia, which showed ownership of a radio indicating higher socioeconomic status associated with a lower risk of women being circumcised themselves or their daughters being circumcised. This could be as results of wealthier peoples are accessible to information's regarding harm of FGM/C through media (27, 44).

Literature showed that FGM/C has great contributions for the occurrence of birth complications. All forms of FGM/C, including type I, are responsible for a high percentage of complications, (30). In this study, the association between female circumcision and birth complication seen, they had significant association at  $p=0.001$ . Circumcised women were 1.71 times more likely to develop birth complications than uncircumcised women (AOR: 1.71, CI: 1.25-2.33). This finding consistent with the study conducted in Burkina Faso and Mali. This could be because of anatomical removal of parts of genitalia could result in scar formation to the area (39).

In this study birth complications were measured by prolonged labor, heavy bleeding, episiotomy perineal tear, and post natal problems. Only prolonged labor, perineal tear, and episiotomy were significantly associated with FGM/C on multivariate logistic regression after adjusting for other variables. Our study finding showed that circumcised women were 2.85 times more likely having prolonged labor (AOR: 2.85, 95% CI: 2.21-3.67). Infibulated women had also higher odds (AOR: 10.2, 95% CI (1.6-64.54)) of being developing prolonged labor than other type I/II circumcision. Similar results were observed in study conducted in Tanzania which had 1.5 and 1.69 times higher odds of prolonged labor. This could be because of the formation of scar tissue after circumcision heal that prevent fully opening of the vaginal canal and inhibit descent of fetal head (38, 50).

## **Magnitude of FGM/C & associated birth complications...**

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Episiotomy was another measure of birth complications which had association with FGM/C. In this study circumcised women were 2.76 times more likely having episiotomy (AOR: 2.76, CI: 1.90-4.0). This finding was consistent with the study conducted in six African countries by WHO and that of Tanzania which showed 2.02 and 1.7 times more risk. The possible explanation for this finding could be the rigidity of perineal area after circumcision wound healed, that lost its elasticity to allow passage of fetus. But there were no significant difference between different types of circumcision (17,38).

The Study showed that FGM/C has significant association with genital laceration (tear) during delivery. This study also showed circumcised women had 3.03 times higher odds of being having perineal tear/laceration compare to uncircumcised women (AOR: 3.03, CI: 2.12-4.32). Similarly a study conducted in rural Tanzania shows perineal tears significantly associated with FGM/C at an AOR of 3.6. This could be due to the fact that FGM/C resulted in scar formation that could torn during active phase of labor (48).

The proxy measure of episiotomy and perineal tear or laceration, sitzbath was less commonly used by circumcised women than uncircumcised women after delivery (AOR: 0.29; CI: 0.08-0.92). The finding of Jijiga town study also showed that similar result. This could be because of lack of information where to get and how to use, since most mutilated/circumcised women were illiterate and majority of the delivery takes place at home (40).

In this study heavy bleeding during/after delivery was reported with no significant differences found among circumcised and uncircumcised women. No association was seen between blood transfusion and women circumcision status. This finding is consistent with the one conducted in Jijiga town (50). However, the study conducted in six African countries showed a loss of 130,000 life years is expected owing to FGM/C's associated with obstetric haemorrhage. This discrepancy might be because of under reporting of bleeding status, since our study based on respondents self report (51).

## STRENGTH AND LIMITATION OF THE STUDY

### **Strengths of the study**

- ◆ The study employed a community based survey including a representative of both rural and urban reproductive age women, which can represent women of Basketo special woreda.
- ◆ Study tool in this study was translated and pre-tested for its applicability and consistence.
- ◆ Because of the sensitivity nature of FGM female data collectors were also used to avoid possible bias and in a way decrease non-response rate.

### **Limitation of the study**

- ◆ Our study was based on respondents' self-reporting of circumcision status, the type of circumcision and birth complications.
- ◆ The lack of literature in the country regarding birth complications for comparison.
- ◆ Even though recall period minimized to five years, recall bias could be there.

### **Conclusion**

Based on the finding of this study and considering the limitations of the study it is possible to conclude that female genital mutilation/circumcision still exist in Basketo special woreda inspite of the government efforts to abandon the practice. Internal comparison between Basketo and non-Basketo ethnic groups (Walaita, Hadiya, and Amhara) showed the practice of FGM/C was higher among non Basketo ethnic group. Infibulation type of circumcision was not common in the woreda. The main perpetrators of FGM/C in this study area were found to be TBA'S, an issue which needs serious attention when designing a policy to combat the practices. The principal reason for performing FGM/C was because of socio-cultural and traditional beliefs including reduction of hyper sexuality before marriage, cleanliness, marriage opportunity.

This study also showed that some socio-demographic characteristics of the respondents and their parents were the most determinants of the practice and continuation of FGM/C in the woreda. Rural residence, being a Muslim religion, lack of formal education and being in the lowest wealth quintile were more at risk for FGM/C practices and its health effects.

The practices of female genital mutilation/circumcision were found to be a negative impact on the reproductive health behaviors of women. In this study female circumcision was found to be associated with increased occurrence of some birth complications like high episiotomy rate, perineal tear, and prolonged labor regardless of type of female genital mutilation.

## **RECOMMENDATIONS**

The following recommendations are forwarded in line with what has been found in this study:

- ◆ Basketo woreda health office should/better to
  - ✘ Make continuous dialogue with religious leaders and community members in each kebele's of the woreda to gain support in order to discourage and ultimately abandon the practice of FGM/C.
  - ✘ Intensify community-based interventions about the possible consequences of FGM/C on birth out come and the need to prevent FGM/C to bring about the desired change in behavior of the woreda community.
  - ✘ Strengthen legislation at the grass root level, beside awareness raising activities.
  - ✘ Provide training for TBA/local circumcisers/ on harmful effect of FGM/C.
  - ✘ Focus on awareness raising trainings through different social groups such as Edir and holydays celebrations with emphasis to rural areas and settlement areas where non Basketo ethnic group mainly found.
- ◆ SNNPR health bureau, women's affair, and other partners should/better to
  - ✘ Take the magnitude of the problem, its health implications, and its violation of human right seriously and strengthen activities against the practice of FGM/C, like make intensive programs on female's education, improvement of socio-economic status of women, and making information on harmful effect of FGM/C accessible with special attention to rural area.
  - ✘ Should be emphasized and publicized the greater health risks associated with FGM/C through local media.
- ◆ For researchers: this study should be replicated (repeated) at facility based longitudinal study to better determine the association between FGM/C and obstetric (birth) complications by including variables not included in this study

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## **Annexes**

### **Questionnaire**

Jimma University College of public health and medical sciences department of population and family health, questionnaire developed for a study on female genital mutilation and birth complications among women of reproductive age who had their first birth within the last 5 years in basket special woreda, SNNPR, Ethiopia.

001 QUESTIONNAIRE IDENTIFICATION NUMBER \_\_\_\_\_

002 WEREDA \_\_\_\_\_

003 KEBELE \_\_\_\_\_

004 HOUSE NUMBER \_\_\_\_\_

**Introduction:** “My name is \_\_\_\_\_ I am working with a study group from Jimma University. We are interviewing women living in this kebele whose age is between 15 and 49 in order to find out the magnitude of female genital mutilation and associated birth complications, and the occurrence of these complications among these women. The purpose of the study is to gather information relevant to Basketo woreda and useful for the planning of appropriate interventions and health care plans. Therefore, your honest and genuine participation by responding to the questions prepared is highly appreciated and credited.”

**Confidentiality and consent:** "I am going to ask you some very personal questions. Your answers are completely confidential. Your name will not be written on this form, and will never be used in connection with any of the information you tell me. You do not have to answer any questions that you do not want to answer, and you may end this interview at any time you want to. However, your honest answer to these questions will help us better understand the situation. We would greatly appreciate your help in responding to this survey. The survey will take about 30 - 40 minutes to be completed. Would you be willing to participate?" 1. Yes 2. No  
(Signature of interviewer certifying that informed consent has been given verbally by respondent) \_\_\_\_\_

## Magnitude of FGM/C & associated birth complications...

### Section I: Background characteristics

First, I would like to ask you some general questions about you and your family																												
S.No	Questions and filters	coding categories	skip to	code																								
Q101	How old are you?	Age in complete years[___/___] Don't know No response Approximate age should be filled																										
Q102	What is your religion?	1) Christian 2) Muslim 3) Others (specify)_____ 99) No response																										
Q103	What is your ethnicity?	1) Basketo 2) Gamo 3) Konso 4) Walaita 5) Hadiya 6) Amhara 7) Others specify_____ 99) No response																										
Q104	Have you ever attended school? Or did you have any schooling?	1) Yes 2) No 99) No response	__Q107																									
Q105	What is the highest level of school you reached?	1. Read & write 2. Grade 1-4 3. Grade 5-8 4. Grade 9-12 5. Above 12 99) No response																										
Q106	Has either of your parents ever attended school? (Or did either of your parents have any schooling?)	1) Yes, father only 2) Yes, mother only 3) Yes, both 4) None them 99) No response	-----Q108 __Q108																									
Q107	What is the highest level of school he/she/they reached?  Mark only one for each.	<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">Father</td> <td style="text-align: center;">Mother</td> </tr> <tr> <td>1) Read &amp; write</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>2) Grade 1-4</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>3) Grade 5-8</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>4) Grade 9-12</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>5) Above 12</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>88) Don't know</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>99) No response</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>		Father	Mother	1) Read & write	_____	_____	2) Grade 1-4	_____	_____	3) Grade 5-8	_____	_____	4) Grade 9-12	_____	_____	5) Above 12	_____	_____	88) Don't know	_____	_____	99) No response	_____	_____		
	Father	Mother																										
1) Read & write	_____	_____																										
2) Grade 1-4	_____	_____																										
3) Grade 5-8	_____	_____																										
4) Grade 9-12	_____	_____																										
5) Above 12	_____	_____																										
88) Don't know	_____	_____																										
99) No response	_____	_____																										
Q108	Where were you born?	1) Urban 2) Rural 99) No response																										

## Magnitude of FGM/C & associated birth complications...

Q109	What is your marital status?	1) Never married 2) Married 3) Divorced 4) Separated 5) Widowed 99) no response	___Q114																
Q110	How old were you when you first got married?	Age in year [____/____] Don't know No response																	
Q111	Does/ did your husband have other wife/wives?	1) Yes 2) No 88) don't know 99) No response																	
Q112	What is your occupation?	1) House wife 2) Civil servant 3) Merchant 4) Student 5) Daily laborer 6) House maid 7) Others(specify) 99) No response																	
Q113	How much is the average family income per month?	1) _____ 2) Unknown 99) No response																	
Q114	What is your family size?	Size in number [____] No response																	
Q115	How many sisters & brothers do you have?( the same father and mother)	Their number [____] No response																	
Q116	What is your father's occupation?	1) Farmer 2) Civil Servant 3) Merchant 4) Driver 5) Daily Laborer 6) Soldier/ex-soldier 7) Other (Specify) _____ 99) No Response																	
Q117	What is your mother's occupation?	1) House wife 2) Civil servant 3) Merchant 4) Daily laborer 5) House maid 6) Others (specify) _____ 99) No response																	
Q118	Do you have any of these? Or does any of the member of HH own these?  Read out lists;	<table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Radio</td> <td>1</td> <td>2</td> </tr> <tr> <td>Television</td> <td>1</td> <td>2</td> </tr> <tr> <td>Refrigerator</td> <td>1</td> <td>2</td> </tr> <tr> <td>Bank account</td> <td>1</td> <td>2</td> </tr> </table>		Yes	No	Radio	1	2	Television	1	2	Refrigerator	1	2	Bank account	1	2		
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Radio	1	2																	
Television	1	2																	
Refrigerator	1	2																	
Bank account	1	2																	

## Magnitude of FGM/C & associated birth complications...

	Mark 1 for haves & 2 for don't haves.	Car 1 2 Bicycle 1 2 Electricity 1 2 Safe drinking water 1 2 Sanitary facilities 1 2 An electric mitad? 1 2 Mobile telephone 1 2 Non mobile telephone 1 2 Farm land 1 2 Livestock, heard or farm Animals 1 2 Separate kitchen for cooking 1 2		
Q119	Main material of the respondent house floor. Record observation.	1. Earth/sand 2. Dung 3. Wood planks 4. Parquet or polished wood 5. Ceramic tiles 6. Cement/bricks 7. others-----		
Q120	Main material of the respondent house wall. Record observation	1. Cane/trunks/bamboo/reed/ wood 2. stone with mud 3. uncovered adobe 4. Cement 5. Stone with lime/cement/brick 6. Others-----		
Q121	Main material of the respondent house roof.  record observation	1. thatch/leaf 2. rustic mat/plastic sheets 3. reed/bamboo 4. Wood planks . 5. corrugated iron 6. calamine/cement fiber 7. cement/concrete		

## Magnitude of FGM/C & associated birth complications...

Q122	<p>Did your parents had any of these? Or did any of the members of your parents HH own these?</p> <p>Read out lists; Mark 1 for haves &amp; 2 for don't haves.</p>	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td>Radio</td><td>1</td><td>2</td></tr> <tr><td>Television</td><td>1</td><td>2</td></tr> <tr><td>Refrigerator</td><td>1</td><td>2</td></tr> <tr><td>Bank account</td><td>1</td><td>2</td></tr> <tr><td>Car</td><td>1</td><td>2</td></tr> <tr><td>Bicycle</td><td>1</td><td>2</td></tr> <tr><td>Electricity</td><td>1</td><td>2</td></tr> <tr><td>Safe drinking water</td><td>1</td><td>2</td></tr> <tr><td>Sanitary facilities</td><td>1</td><td>2</td></tr> <tr><td>An electric mitad?</td><td>1</td><td>2</td></tr> <tr><td>Mobile telephone</td><td>1</td><td>2</td></tr> <tr><td>Non mobile telephone</td><td>1</td><td>2</td></tr> <tr><td>Farm land</td><td>1</td><td>2</td></tr> <tr><td>Livestock, heard or farm</td><td></td><td></td></tr> <tr><td>Animals</td><td>1</td><td>2</td></tr> <tr><td>Separate kitchen for cooking</td><td>1</td><td>2</td></tr> </tbody> </table>		Yes	No	Radio	1	2	Television	1	2	Refrigerator	1	2	Bank account	1	2	Car	1	2	Bicycle	1	2	Electricity	1	2	Safe drinking water	1	2	Sanitary facilities	1	2	An electric mitad?	1	2	Mobile telephone	1	2	Non mobile telephone	1	2	Farm land	1	2	Livestock, heard or farm			Animals	1	2	Separate kitchen for cooking	1	2		
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Q125	<p>Main material of your parent house roof.</p> <p>record observation</p>	<ol style="list-style-type: none"> <li>1. thatch/leaf</li> <li>2. rustic mat/plastic sheets</li> <li>3. reed/bamboo</li> <li>4. Wood planks .</li> <li>5. corrugated iron</li> <li>6. calamine/cement fiber</li> <li>7. cement/concrete</li> </ol>																																																					
Q126	<p>What is your parents' religion?</p> <p>Circle two options for parents</p>	<ol style="list-style-type: none"> <li>1. Christian</li> <li>2. Muslim</li> <li>3. Others.....</li> </ol>																																																					

## Magnitude of FGM/C & associated birth complications...

Now we will move to more personal questions about you and your pregnancy[childbirth]																												
S.no	Questions and filters	Coding Category	Skip to	code																								
Q201	How many times have you been pregnant?(gravidity)	1) Only once 2) Twice 3) More than two times 99) No response																										
Q202	What was your age at first pregnancy?	1) Age in years[___/___] 2) Don't know 99) No response																										
Q203	How many times did you gave birth?(parity)	1) Only once 2) Twice 3) More than two times 99) No response																										
Q204	How many of your children's are alive?	1) Number alive [___/___] 99) No response																										
Q205	How old is your first child?	Age in months[___/___] No response																										
Q206	Did you ever have a stillbirth?	1) Yes 2) No 99) no response	__Q209																									
Q207	How many times did you have a still birth?	Number of times[___/___] No response																										
Q208	What was the gestational age of the still birth(s)?	<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">1<sup>st</sup></td> <td style="text-align: center;">2<sup>nd</sup></td> <td style="text-align: center;">3<sup>rd</sup></td> </tr> <tr> <td>1)Seven month</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> </tr> <tr> <td>2)Eight months</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> </tr> <tr> <td>3)Nine &amp;above</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> </tr> <tr> <td>88)Don't know</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> </tr> <tr> <td>99)No response</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> </tr> </table>		1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	1)Seven month	___	___	___	2)Eight months	___	___	___	3)Nine &above	___	___	___	88)Don't know	___	___	___	99)No response	___	___	___		
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3)Nine &above	___	___	___																									
88)Don't know	___	___	___																									
99)No response	___	___	___																									

### Section II; Reproductive History

Q209	Did you ever have miscarriage/abortion?	1) Yes 2) No 99) response	__Q212																					
Q210	How many times did you have abortion?	1) Number of time [___/___] 99) No response																						
Q211	What was the gestation of the abortion?	<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">1<sup>st</sup></td> <td style="text-align: center;">2<sup>nd</sup></td> <td style="text-align: center;">3<sup>rd</sup></td> </tr> <tr> <td>1) 1<sup>st</sup> trimester</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> </tr> <tr> <td>2) 2<sup>nd</sup> trimester</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> </tr> <tr> <td>88) don't know</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> </tr> <tr> <td>99) no response</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> </tr> </table>		1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	1) 1 <sup>st</sup> trimester	___	___	___	2) 2 <sup>nd</sup> trimester	___	___	___	88) don't know	___	___	___	99) no response	___	___	___		
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>																					
1) 1 <sup>st</sup> trimester	___	___	___																					
2) 2 <sup>nd</sup> trimester	___	___	___																					
88) don't know	___	___	___																					
99) no response	___	___	___																					
Q212	Are you circumcised?	1) Yes 2) No 88) don't know 99) no response	__Q301																					
Q213	How old were you at the time	1) Age in year[___/___]																						

## Magnitude of FGM/C & associated birth complications...

	of your circumcision?	2) Don't know 3) No response		
Q214	Which type of circumcision do you think was performed on you?	1) clitoridectomy /Excision 2) Infibulations 3) Others(specify)____ 88) don't know 99) no response		
Q215	Who did the operation?	1) TBA 2) Old women 3) Midwife/nurse 4) Physician 5) Others( specify)____ 88) don't know 99) no response		

### Section III; Attitude towards female genital mutilation

S.no	Questions and filters	Coding category	Skip to	code
Q301	Do you think female circumcision is a good practice?	1) Yes 2) No 99)no response		
Q302	Do you know that female circumcision can cause health problems?	1) Yes 2) No 99)no response		
Q303	Do you think female circumcision should continue?	1) Yes 2) No 99)no response	__Q308	
Q304	Why do you think it should continue? Probe for more multiple answers possible.	1) Good tradition 2) Good custom 3) Religious demand 4) Cleanliness 5) Better marriage prospect 6) Greater pleasure of husband 7) Preservation of virginity 8) Prevention of immorality 9) Increased fertility 10) Never thought about reason 11) Others(specify)_____ 99) No response		
Q305	What do you think is the best way to stop female circumcision?	1) Enforced legislation 2) Educational campaign to women 3) Improvement of status of women 4) Father should take more responsibility 5) Sexual education 6) Others(specify)_____ 99) no response		



## Magnitude of FGM/C & associated birth complications...

Section IV; A first pregnancy that ended in delivery

Now I am going to ask you some specific questions pertaining to your first pregnancy and delivery, so think of those particular times.

S.no	Questions and filters	Coding categories	Skip to	code
Q401	Did you go for ANC during your first pregnancy?	1) Yes 2) No 88) Don't remember 99) No response	__Q407	
Q402	Where did you go for ANC?	1) Hospital 2) Health center 3) Private clinic 4) Health post 88) Don't remember 99)No response		
Q403	At what month of pregnancy was your first visit?	Month of pregnancy[___/___] Don't remember No response		
Q404	Why did you first attend the ANC?	1) Routine check up 2) Problem with pregnancy 3) Vaccination 4) Others( specify)_____ 88) don't remember 99) no response	__Q405 Otherwise go to Q406	
Q405	What was the problem?	1) Problems[_____] 88) Don't know 99) No response		
Q406	How many times in total did you go for ANC during this first pregnancy?	1) Only once 2) Two times 3) Three times 4) > three times 88) Don't know 99) No response		
Q407	Did you had any of the following during this first pregnancy?  Read out options; multiple answers are possible.	1) DM 2) Hypertension 3) Fit 4) Vaginal bleeding 5) Febrile illness 6) Jaundice 7) Swelling of the face 8) Cardiac problems 9) None of these 10) Others(specify)_____ 99) No response		
Q408	Where did you deliver your first baby?(where did you have your first	1) Health facility (Hospital/h/c/health post) 2) Home		

## Magnitude of FGM/C & associated birth complications...

	child?)	99) No response		
Q409	Was the delivery at the expected time?	1) Term 2) Preterm 3) Post term 88) Don't know 99) No response		
Q410	Who assisted you during the delivery?	1) Gynecologist/obstetrician 2) General practitioners 3) Nurse or midwives 4) TBA 5) Relatives/friend(non TBA) 6) No one assisted me 7) Don't know 99) No response		
Q411	Did you encounter any birth complication during or after delivery?	1. Yes 2. No 88. Don't know 99. No response		
Q412	Did they cut your vagina open to assist the baby out?( did you have episiotomy)	1) Yes 2) No 88) Don't know 99) No response	__Q413	
Q413	What do you think the reason was?	Reasons[ _____ ] Don't know No response		
Q414	Did they use instruments to help baby out?(forceps, vacuum	1) Yes 2) No 88) Don't know 99) No response	__Q415	
Q415	What do you think the reason was?	Reasons[ _____ ] Don't know No response		
Q416	Was IV fluid used just before or during the labor?	1) Yes 2) No 88) Don't know 99) No response		
Q417	Was pitocin used just before or during the labor?	1) Yes 2) No 88) Don't know 99) No response		
Q418	Did they use c/se to bring the baby out?	1) Yes 2) No 99) No response	__Q420	
Q419	What do you think was the reason?	1)Reasons[ _____ ] 88) Don't know		

## Magnitude of FGM/C & associated birth complications...

		99) No response		
Q420	What part of the baby came out first?	1) Head 2) Breech 3) Limb 4) Shoulder 5) Other[specify]_____		
Q421	What was the outcome of the labor?	1. Alive & healthy baby 2. Alive but sick baby 3. Dead baby 99) no response		
Q422	How did you estimate the weight of the baby at birth?	1) Very small 2) Small 3) Normal/average 4) Big 5) Very big 6) Weight in kg[_____] 88) Don't know 99) No response		
Q423	How long did this first labor last?	1) One day or one night 2) A day/ night and half 3) A day and a night 4) Two days and a night 5) Two days and two night 6) More than options		
Q424	How long after the birth of the baby the placenta delivered?	1) <30minute 2) 30-60minute 3) >60 minute 88) don't know 99) no response		
Q425	Were any instruments or any manipulation used to help the delivery of the placenta?	1) Yes 2) No 88) Don't know 99)No response		
Q426	Did you have any genital trauma/(perineal tearing/lacerations)	1) Yes 2) No 99)No response		
Q427	Did you use any sitz bath drugs or warm salt at home?	1) Yes 2) No 99)No response		
Q428	How was your bleeding during or just after the labor?	1) Wet my clothes 2) Wet the bed 3) Wet the floor 88) Don't know 99) No response		
Q429	Did you received any blood transfusion?	1) yes 2) No	__Q430	

## Magnitude of FGM/C & associated birth complications...

		88) Don't know 99)No response		
Q430	How many bags of blood were you transfused?	Number of bag[_____] Don't know No response		
Q431	Did you had any of the following problems after the completion of the labor?  Read out list; multiple answers possible.	1) Excessive vaginal bleeding 2) Foul smelling vaginal discharge 3) Urine leakage wetting the underwear 4) Stool leakage through the vagina 5) Febrile illness 6) Wound infection 7) Others[specify]_____ 88) Don't know 99) No response		

### Section V: A second pregnancy that ended in delivery

Now I am going to ask you some specific questions pertaining to your second pregnancy and delivery, so think of those particular times

S. no	Questions and filters	Coding categories	Skip to	code
Q501	Did you have a second pregnancy that ended in a term delivery?	1) Yes 2) No 99) no response	__Q601	
Q502	Did you go for ANC during your second pregnancy?	1) Yes 2) No 88) Don't remember 99) No response	__Q608	
Q503	Where did you go for ANC?	1. Hospital 2. Health center 3. Private clinic 4. Health post 88) Don't remember 99)No response		
Q504	At what month of pregnancy was your first visit?	Month of pregnancy[___/___] Don't remember No response		
Q505	Why did you first attend the ANC?	1. Routine check up 2. Problem with pregnancy 3. Vaccination 4. Others( specify)_____ 88) don't remember 99) no response	__Q506 Otherwise Q507	
Q506	What was the problem?	1) Problems[_____] 88) Don't know 99) No response		
Q507	How many times in	1) Only once		

## Magnitude of FGM/C & associated birth complications...

	total did you go for ANC during this first pregnancy?	<ul style="list-style-type: none"> <li>2) Two times</li> <li>3) Three times</li> <li>4) &gt; three times</li> <li>88) Don't know</li> <li>99) No response</li> </ul>		
Q508	<p>Did you had any of the following during this first pregnancy?</p> <p>Read out options; multiple answers are possible.</p>	<ul style="list-style-type: none"> <li>1) DM</li> <li>2) Hypertension</li> <li>3) Fit</li> <li>4) Vaginal bleeding</li> <li>5) Febrile illness</li> <li>6) Jaundice</li> <li>7) Swelling of the face</li> <li>8) Cardiac problems</li> <li>9) None of these</li> </ul>		
Q509	Where did you deliver your first baby? (Where did you have your first child?)	<ul style="list-style-type: none"> <li>1) Hospital/h/c/health post</li> <li>2) Home</li> <li>99) No response</li> </ul>		
Q510	Was the delivery at the expected time?	<ul style="list-style-type: none"> <li>1) Term</li> <li>2) Preterm</li> <li>3) Post term</li> <li>88) Don't know</li> <li>99) No response</li> </ul>		
Q511	Who assisted you during the delivery?	<ul style="list-style-type: none"> <li>1) Gynecologist/obstetrician</li> <li>2) General practitioners</li> <li>3) Nurse or midwives</li> <li>4) TBA</li> <li>5) Relatives/friend(non TBA)</li> <li>6) No one assisted me</li> <li>7) Don't know</li> <li>99) No response</li> </ul>		
Q512	Did you encounter any birth complication during or after second delivery?	<ul style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ul>		
Q512	Did they cut your vagina open to assist the baby out?( did you have episiotomy)	<ul style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ul>	__Q514	
Q513	What do you think the reason was?	<p>Reasons[ _____ ]</p> <p>_____ ]</p> <p>Don't know</p> <p>No response</p>		
Q514	Did they use instruments to help	<ul style="list-style-type: none"> <li>1) Yes</li> <li>2) No</li> </ul>	__Q516	

## Magnitude of FGM/C & associated birth complications...

	baby out?(forceps, vacuum)	88) Don't know 99) No response		
Q515	What do you think the reason was?	Reasons[_____ _____] Don't know No response		
Q516	Was IV fluid used just before or during the labor?	1) Yes 2) No 88) Don't know 99) No response		
Q517	Was pitocin used just before or during the labor?	1) Yes 2) No 88) Don't know 99) No response		
Q518	What part of the baby came out first?	1) Head 2) Breech 3) Limb 4) Shoulder 5) Other[specify]_____ 88) don't know 99) No response		
Q519	Did they use c/se to bring the baby out?	1) Yes 2) No 99) No response	__Q521	
Q520	What do you think was the reason?	1)Reasons[_____] 88) Don't know 99) No response		
Q521	What was the outcome of the labor?	1) Alive & healthy baby 2) Alive but sick baby 3) Dead baby 99) no response		
Q522	How did you estimate the weight of the baby at birth?	1) Very small 2) Small 3) Normal/average 4) Big 5) Very big 6) Weight in kg[_____] 88) Don't know 99) No response		
Q523	Did your labor prolonged	1. Yes 2. No		

## Magnitude of FGM/C & associated birth complications...

Q523	How long did this first labor last?	1. One day or one night 2. A day/ night and half 3. A day and a night 4. Two days and a night 5. Two days and two night 88) don't know 99) no response		
Q524	How long after the birth of the baby the placenta delivered?	1) <30minute 2) 30-60minute 3) >60 minute 88) don't know 99) no response		
Q525	Were any instruments or any manipulation used, to help the delivery of the placenta?	1) Yes 2) No 88) Don't know 99) No response		
Q526	Did you have any genital trauma/(perineal tearing/lacerations)	1) Yes 2) No 99) No response		
Q527	Did you use any sitz bath drugs or warm salt at home?	1) Yes 2) No 99) No response		
Q528	How was your bleeding during or just after the labor?	1) Wet my clothes 2) Wet the bed 3) Wet the floor 88) Don't know 99) No response		
Q529	Did you receive any blood transfusion?	1) yes 2) No 88) Don't know 99) No response	__Q531	
Q530	How many bags of blood were you transfused?	Number of bag[_____] Don't know No response		
Q531	Did you had any of the following problems after the completion of the labor?  Read out list; multiple answers possible.	1) Heavy vaginal bleeding 2) Foul smelling vaginal discharge 3) Urine leakage wetting the underwear 4) Stool leakage through the vagina 5) Febrile illness 6) Wound infection 7) Others[specify]_____ 99) Don't know		

## Magnitude of FGM/C & associated birth complications...

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### Section VI: Facility related factors

Finally, I would like to ask you

S. no	Questions and filters	Coding categories	Skip to	code
601	Do you have health facility?	1. Yes 2. No	If no complete	
602	If yes which type?	1. Hospital 2. Health center 3. Health post 4. Clinic		
603	How many minutes walk is it from your home to health facility? ( Estimate for yourself if a need)	1. <30minute 2. 30-60 minute 3. 60-90minute 4. =>120 minute 88) Don't know 99) no response		
604	Do you think services provided at health facility has quality?	1. Yes 2. No		

THANK YOU!!!

INTERVIEWER NAME [ \_\_\_\_\_ / \_\_\_\_\_ ]

INTERVIEWER CODE [ \_\_\_\_ / \_\_\_\_ ]

DATE OF INTERVIEW [ \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ]

CHECKED BY SUPERVISOR:

NAME OF SUPERVISOR [ \_\_\_\_\_ / \_\_\_\_\_ ]

SIGNATURE [ \_\_\_\_\_ ]      DATE [ \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ]



6.1 መጠይቅ

የጅም ዩኒቨርሲቲ የህብረተሰብ ጤና ኮሌጅና ሜዲካል ሳይንስ የሥነ ህዝብና የቤተሰብ ጤና ክፍል በሴቶች ግርዘትና ከወሊድ ጋር ተያይዞ የሚያስከትላቸው ችግሮች (በርዝ ኮምፕሌክስ) በወልድ ክልል ለሚገኙ ባለፈው አምስት አመት ውስጥ የመጀመሪያ ልጃቸውን የወለዱ ሴቶች በባስኬቶ ልዩ ወረዳ ውስጥ ለሚገኙ ጥናት የሚረዳ መጠይቅ።

001 የመጠይቅ መለያ ቁጥር \_\_\_\_\_

002 ወረዳ \_\_\_\_\_

003 የቤት ቁጥር \_\_\_\_\_

መግቢያ:-

ስሜ \_\_\_\_\_ እባላለሁኝ ሥራዬም ከላይ በተጠቀሰው ርዕስ ላይ ጥናት ለማድረግ ከጅም ዩኒቨርሲቲ ጋር ለሚሰራ ሰው መረጃ መሰብሰብ ነው፤ እንደተገለጸው ጥናቱ የሚካሄደው በሴት ልጅ ግርዘትና የሚያስከትለው የወልድ ችግር ለማወቅ ስሆን ጥቅሙም ከዚህ ጥናት የሚገኝ መረጃ ለወረዳው የጤና ልማት ዕቅድ ተግባር ተኮር ዕቅድ ለመውጣትና ድርጊቱ ወሊድ ላይ የሚያስከትለውን ችግር ለመቅረፍ የስችላል። ስለዚህ ማንኛው ታከላኝነት ያለው መልሳችሁ ለዚህ ጥናት ዋጋ አለው።

በተጨማሪም ማንኛውም ለሚትጠየቁ ጥያቄ መልስ ሙሉ በሙሉ በሚስጥር ይያዛል። ለዚሁም ሲባል በዚህ ፎርም ላይ ስም አይጻፍም የትኛውንም መመለስ ለማትፈልገው ጥያቄ አትገደጅም በፈለገሽ ጊዜ ቃለ-መጠይቁን ለማቋረጥ መብት አለሽ። ነገር ግን ታሰማንነት ያለው መልስሽ የችግሩን አስከፊነት ለማወቅ ይረዳናል። መጠያቁ ከ30-40 ደቂቃ ሊፈጅ ይችላል። ስለዚህ ለመሳተፍ ፍቃደኛ ነሽ?

- 1. አዎን
- 2. አይደለም

ስም \_\_\_\_\_

ፊርማ \_\_\_\_\_



Magnitude of FGM/C & associated birth complications...

110	በስንት አመት ስንት ዓመት ነው ያገባሽው?	ዕድሜ በሙሉ አመት ----- አላውቅም መ/የለም																																
111	ሥራ ስንት ምንድነው?	1. የቤት እመቤት 2. መንግስት ሰራተኛ 3. ነጋዴ 4. ተማሪ 5. የቀን ሰራተኛ 6. የቤት ሰራተኛ 7. ሌላ ይጠቀስ----- 99. መ/የለም																																
112	ወራዊ ገቢያችሁ ምን ያህል ነው/ ይሆና?	_____																																
113	የቤተሰብ ቁጥር /ብዛት ስንት ነው?	_____																																
114	ስንት እህትና ወንድም አለሽ? (የአንድ እናትና አባት ልጅ)?	ወንድም _____ እህትና-----																																
115	የአባት ስራ ስንት ምንድነው?	1. አርሶ አደር 2. መ/ሰራተኛ 3. ነጋዴ 4. ሹፊር 5. የቀን ሰራተኛ 6. ወታደር 7. ስራ አጥ 8. ሌላ ይጠቀስ 99. መ/የለም																																
116	የእናት ስራ ስንት ምንድነው?	1. አርሶ አደር 2. መ/ሰራተኛ 3. ነጋዴ 4. ሹፊር 5. የቀን ሰራተኛ 6. ወ ደር 7. ስራ አጥ 8. ሌላ ይጠቀስ 99. መ/የለም																																
117	ከነዚያ የትውን አላችሁ? ከአንድ በላይ መልስ ይቻላል 1. አለ (አዎን) 2. የለም	<table border="0"> <tr> <td>ራዲዮ</td> <td>አዎን</td> <td>የለም</td> </tr> <tr> <td>ቴሌቪዥን</td> <td>1</td> <td>2</td> </tr> <tr> <td>ማቀሻቀዣ</td> <td>1</td> <td>2</td> </tr> <tr> <td>ኮት</td> <td>1</td> <td>2</td> </tr> <tr> <td>መኪና</td> <td>1</td> <td>2</td> </tr> <tr> <td>ሳይክል</td> <td>1</td> <td>2</td> </tr> <tr> <td>ማብራት</td> <td>1</td> <td>2</td> </tr> <tr> <td>ንጹህ የመጠጥ</td> <td></td> <td></td> </tr> <tr> <td>ውሃ</td> <td>1</td> <td>2</td> </tr> <tr> <td>የንጽህና ሁኔታ</td> <td>1</td> <td>2</td> </tr> </table>	ራዲዮ	አዎን	የለም	ቴሌቪዥን	1	2	ማቀሻቀዣ	1	2	ኮት	1	2	መኪና	1	2	ሳይክል	1	2	ማብራት	1	2	ንጹህ የመጠጥ			ውሃ	1	2	የንጽህና ሁኔታ	1	2		
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ቴሌቪዥን	1	2																																
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የንጽህና ሁኔታ	1	2																																

Magnitude of FGM/C & associated birth complications...

		<p>የቤቱ ወለል፣ ግድግዳ፣ ጠራጨቃ፣ ኢንጫት፣ ብርክ /ሴምንት/ ኮንክሪት/ሰር/ቆርቆሮ/ቤት ብርክ /ሴምንት/</p> <p>የኤሌክትሮክ ምጣዳ</p> <p>ተንቃሳቃሽ ስልክ</p> <p>መደበኛ ስልክ</p> <p>የእርሻ መሬት</p> <p>የቤት እንስሳ</p> <p>የተሳያ ኩሽነ አሳ</p>	<p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	<p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p>		
118	ቤተሰቦችሽ ከዚህ የትኛውን አላቸው? ከአንድ በላይ መልስ ይቻላል	<p>አዎን የለም</p> <p>ራዲዮ</p> <p>ቴሌቭዥን</p> <p>ማቀዥቀዥ</p> <p>ኮት</p> <p>መኪና</p> <p>ሳክል</p> <p>ማብራት</p> <p>ንጹህ የመጠጥ ውሃ</p> <p>የንጽና ሁኔታ</p> <p>የቤቱ ወለል፣ ግድግዳ፣ ጠራጨቃ፣ ኢንጫት፣ ብርክ /ሴምንት/ ኮንክሪት/ሰር/ቆርቆሮ/ቤት</p> <p>የኤሌክትሮክ ምጣዳ</p> <p>ተንቃሳቃሽ ስልክ</p> <p>መደበኛ ስልክ</p> <p>የእርሻ መሬት</p> <p>የቤት እንስሳ</p> <p>የተሳያ ኩሽነ አሳ</p>	<p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	<p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p>		
119	የቤተሰቦችሽ ሃይማኖት ምንድነው?2 መልስ የተለያዩ ሀይማኖት ላላቸው ቤተሰብ ይቻላል	<p>1. ክርስቲያን</p> <p>2. እስላም</p> <p>3. ሌላ _____</p> <p>99 መ/የለም</p>				
አሁን ደግሞ ስላካንችና ስለእርግዝና/ወሊድ/ ሁኔታ ልጠይቅሽ						
201	ስንት ጊዜ ነው ያረገሽው?	<p>1. አንድ ጊዜ</p> <p>2. ሁለት ጊዜ</p> <p>3. ከሁለት በላይ</p> <p>99. መ/የለም</p>				
202	በስንት አመትሽ ነው የመጀመሪያ ልጅሽን ያረገሽው?	<p>ዕድሜ በአመት _____</p> <p>አላውቅም</p> <p>መ/የለም</p>				
203	ስንቱ ነው የወለድሽው?	<p>1. አንድ ጊዜ</p> <p>2. ሁለት ጊዜ</p> <p>3. ከሁለት በላይ</p> <p>99. መ/የለም</p>				
204	በህይወት ያሉ ስንት ልጆች አሉሽ?	<p>1. በቁጥር _____</p> <p>99. መልስ የለም</p>				
205	የመጀመሪያ ልጅሽ	<p>ዕድሜ በወራት _____</p>				

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	□ዕድሜ ስንት ነው?	አላውቅም መ/የለም		
206	በወሊድ ላይ ልጅ ሞቶብሽ ያውቃል?	1. አዎን 2. አያውቅም 99. መ/የለም	→	209
207	ስንት ጊዜ በወሊድ ላይ ልጅ ሞቶብሻል?	1. በቁጥር _____ 99. መልስ የለም		
208	በስንት ወራቸው ነበር ሞቶ የተወለዱት?	1ኛ 2ኛ 3ኛ 1. 7 ወር ----- 2. 8 ወር ----- 3. ≥9 ወር ----- 88. አላውቅም ----- 99. መልስ የለም -----		
<b>ክፍል ሁለት: የስነ ተዋልዶ ታሪክ /ሁኔታ</b>				
209	ውርጃኢጋጥሞሽያውቃል?	1. አዎን 2. አያውቅም 99. መልስ የለም	→	212
210	ስንት ጊዜነው የገጠመሽ	1 ብዛት _____ 99. መ/የለም		
211	በስንት ወራት ነበርውርጃ የገጠመሽ?	1ኛ 2ኛ 3ኛ -----		
212	ተገርዘሻል ወይ?	1. አዎን 2. አልተገረዘኩም 88. አላውቅም 99. መ/የለም	→	301
213	በስንት አመትሽ ነበር የተገረዘሽው?	1. ዕድሜ በቁጥር _____ 2. አላውቅም 99. መ/የለም		
214	የትኛው አይነት ግርዛት ይመስልሻል የተገረሽው?	1. ተቆርጦ ያልተሰፋ 2. ተቆርጦ የተሰፋ 3. ሌላ ይጠቀስ 88. አላውቅም 99. መልስ የለም		
215	ማን ነበር የገረዘሽ?	1. የልምድ አዋላጅ 2. ሴት አዛውንት 3. አዋላጅ ነርስ 4. ዶክተር 5. ሌላ ይጠቀስ 88. አላውቅም 99. መ/የለም		
<b>ክፍል 3: በሴት ልጅ ግርዛት ላይ ያላቸው አመለካከትን በተመለከተ</b>				
301	የሴት ልጅ ግርዛት ጥሩ ድርጊት ነው ብለሽ ታስቢያለሽ?	1. አዎን 2. አለስብም 99. መ/የለም		
302	የጤና ችግር ያመጣል ብለሽ ስቢያለሽ	1. አዎን 2. አላስብም 99. መ/የለም		
303	የሴት ልጅ ግርዛት መቀጠል አለበት ብለሽ	1. አዎን 2. አላስብም	→	308

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	ታስቢያለሽ?	99. መ/የለም		
304	አዎን ከሆነ መልሱ ለምን?	<ol style="list-style-type: none"> <li>ጥሩ ባህል ነው</li> <li>ጥሩ ልምድ ነው</li> <li>ሃይማኖታዊ ነው</li> <li>ለንጹህና ይረዳል</li> <li>ለጋብቻ ወሳኝ ነው</li> <li>ለግብረሰጋ ግንኙነት</li> <li>ድንገልናን ለማቆየት</li> <li>ለሞራል</li> <li>ዘር እንዲቀጥል ይረዳል</li> <li>ምክንያቱ አይታወቅም</li> <li>ሌላ ካለ ይጠቀስ-----</li> </ol> 99. መልስ የለም		
305	የሴት ልጅ ግርዛትን ለማቆም ምን መደረግ አለበት ትያለሽ?	<ol style="list-style-type: none"> <li>ሕግን ማጥበቅ</li> <li>ሴቶችን ማስተማር</li> <li>ሴትን ማበረ ት</li> <li>አባት ይበልጥ ላፊነት መውሰድ አለበት</li> <li>የስነተዋልዶ ትምህርት</li> <li>ሌላ ካለ ይጠቀስ-----</li> </ol> 99. መልስ የለም		
<b>ክፍል 4: የመጀመሪያ እርግዝናና በወሊድ ጊዜ የተፈጸመ አሁን ደግሞ ስለመጀመሪያ እርግዝናሽና ወሊድ ስለሚጠይቅሽ የዚያን ወቅት በማሰብ እንድትመልሱልኝ</b>				
401	በመጀመሪያ እርግዝናሽ ጊዜ የእርግዝና ምርመራ ተከተለሽ ነበር?	<ol style="list-style-type: none"> <li>አዎን</li> <li>አልተከተለሁም →</li> <li>አላስ ውስም</li> </ol> 99. መልስ የለም	407	
402	የት የተከተለሽው? ነበር	<ol style="list-style-type: none"> <li>ሆስፒታል</li> <li>ጤ/ጣቢያ</li> <li>የግል ክሊኒክ</li> <li>ጤና ኤላ</li> <li>88. አላስተውስም</li> <li>99. መልስ የለም</li> </ol>		
403	በስንት ወርሽ ነበር ለመጀመሪያ ጊዜ ለመከተተል የሄድሽው?	<ol style="list-style-type: none"> <li>1. የእርግዝና ወራት-----</li> <li>88. አላስተውስም</li> <li>99. መ/የለም</li> </ol>		
404	ለምን ነበር ለመከተተል የሄድሽው?	<ol style="list-style-type: none"> <li>1. ለቼካፕ</li> <li>2. ከእርግዝና ጋር ችግር ስለነበረ →</li> <li>3. ለክትባት</li> <li>4. ሌላ ይጠቀስ</li> <li>99. መ/የለም</li> </ol>	405	
405	ችግሩ ምን ነበር?	<ol style="list-style-type: none"> <li>1. ችግሩ ይጠቀስ-----</li> <li>88. አላስተውስም</li> <li>99. መ/የለም</li> </ol>		
406	በመጀመሪያሽ ስንት ጊዜ ነበር የእርግዝና ክትትል የተቀበልሽው?	<ol style="list-style-type: none"> <li>1. አንድ ጊዜ</li> <li>2. ሁለት ጊዜ</li> <li>3. ሶስት ጊዜ</li> <li>4. ከሶስት በላይ</li> <li>99. መ/የለም</li> </ol>		

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407	ከነዚያ ውስጥ የትናውን ነበር በዚህ መጀመሪያ እርግጠና ወቅት?	<ol style="list-style-type: none"> <li>1. የስኬር በሽታ</li> <li>2. የደም ግፊት</li> <li>3. የሚጥል በሽታ</li> <li>4. የደም መፍሰስ</li> <li>5. የትኩሳት በሽታ</li> <li>6. የአይን ብጫ መሆን</li> <li>7. የፊት ማበጥ</li> <li>8. የልብ ችግር</li> <li>9. የትኛውም</li> <li>10. ሌላ ይጠቀስ-----</li> <li>99. መ/የለም</li> </ol>		
408	የመጀመሪያ ልጅሽን የት ነበር የወለድሽው?	<ol style="list-style-type: none"> <li>1. ሆስፒታል /ጤና ጣቢያ /ጤና ኬላ</li> <li>2. በቤት</li> <li>99. መልስ የለም</li> </ol>		
409	ወሊዱ ወቅቱን ጠብቆ ነው?	<ol style="list-style-type: none"> <li>1. ከ37-40 ወር</li> <li>2. ከ37 ወር በታች</li> <li>3. ከ40 ወር በላይ</li> <li>99. መ/የለም</li> </ol>		
410	ማን ነበር ያዋለደሽ?	<ol style="list-style-type: none"> <li>1. የመ/ና የጽንሰ እስፔሻሊስት</li> <li>2. አጠቃላይ ሀኪም</li> <li>3. አዋላጅ ነርስ</li> <li>4. የልምድ አዋላጅ</li> <li>5. ዘመድ (ጓደኛ)</li> <li>6. ማንም</li> <li>99. መ/የለም</li> </ol>		
411	ወሊድ ላይ ችግር ገጥሞሽ ያወቃል	<ol style="list-style-type: none"> <li>1. አዎን</li> <li>2. አልገጠመኝም</li> </ol>		
412	በምጥ ጊዜ ልጅ እንዲወጣ ለማገዝ ብልትሽ ቆርጠው ነበር?	<ol style="list-style-type: none"> <li>1. አዎን</li> <li>2. አይደለም</li> <li>88. አላውቅም</li> <li>99. መልስ የለም</li> </ol>	413	
413	ምክንያቱ ምን ነበር?	<ol style="list-style-type: none"> <li>1. ምክንያት-----</li> <li>88. አላውቅም</li> <li>99. መልስ የለም</li> </ol>		
414	በመሳሪያነበር ያወለዱሽ?	<ol style="list-style-type: none"> <li>1. አዎን</li> <li>2. አይደለም</li> <li>88. አላውቅም</li> <li>99. መልስ የለም</li> </ol>	415	
415	ምክንያቱ ምን ነበር?	<ol style="list-style-type: none"> <li>1. ምክንያት-----</li> <li>88. አላውቅም</li> <li>99. መልስ የለም</li> </ol>		
416	በደምስርህ ውስጥ ግሉኮስ ተሰጥቶሽ ነበር?	<ol style="list-style-type: none"> <li>1. አዎን</li> <li>2. አልተሰጠም</li> <li>99. መልስ የለም</li> </ol>		
417	ማስማጫ በምጥ ጊዜ ወይም በኃላ ተሰጥቶሽ	<ol style="list-style-type: none"> <li>1. አዎን</li> <li>2. አልተሰጠም</li> </ol>		

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	ነበር?	99. መልስ የለም		
418	በመጀመሪያ የወጣ የልጁ ክፍል የትኛው ነበር?	1. ጭንቅላት 2. ቁጥ 3. እግር/እጅ 4. ትከሻ 5. ሌላ ካለ ይጠቀስ----- 88. አላውቅም 99. መልስ የለም		
419	በቀዶ ጥገና ነው የወለድሽው?	1. አዎን 2. አይደለም -----> 99. መልስ የለም	420	
420	ምክኒያቱ ምን ነበር?	1. ምክንያት ----- 88. አላውቅም 99. መልስ የለም		
421	የሚጠውሉት ምን ነበር?	1. ጤናማ ልጅ 2. የተመመ/የደከመ ልጅ 3. የሞተ/ች ልጅ 99. መልስ የለም		
422	የልጁን ክብደት እንዴት ትገምችዋለሽ?	1. በጣም ትንሽ 2. ትንሽ 3. መካከለኛ/ አማካይ 4. ትልቅ 5. ክብደት በኪ.ግ----- 99. መልስ የለም		
423	ምጡ ምን ያህል ጊዜ ቆየብሽ?	1. አንድ ቀን/1 ሌሊት 2. 1 ቀን /ሌሊትና ግማሽ 3. 1 ቀን ና 1 ሌሊት 4. ሁለት ቀንና 1 ሌሊት 5. 2 ቀንና 2 ሌሊት 99. መልስ የለም		
424	የእንግዶ ልጅ ልጁ ከተወለደ ከስንት ጊዜ በኋላ ነው የተወለደው?	1. ከ30 ደቂቃ በታች 2. 30-60 ደቂቃ 3. ከ60 ደቂቃ በላይ 99. መልስ የለም		
425	የእንግዶ ልጅን ለማዋለድ መሳሪያ ተጠቅሞ ነበር?	1. አዎን 2. አልተጠቀመም 99. መልስ የለም		
426	በወሊድ ጊዜ በብልትሽ ላይ የመሰንጠቅ አደጋ ደርሶብሽ ነበር?	1. አዎን 2. አልደረሰብኝም 88. አላውቅም 99. መልስ የለም		
427	ብልትሽን የመጠቢያ መዳኅኒት ወይም በጨው ውሃ ተጠቅመሽ ታውቁዋለሽ?	1. አዎን 2. አልተቀምኩም 88. አላውቅም 99. መልስ የለም		
428	የደም መጠን በወሊድ ጊዜ ወይም ከወሊድ በኋላ የደማውን እንዴት መገመት ትችያለሽ?	1. ልብሰሽን አረጠበ 2. ልብሰሽና አልጋ አረጠበ 3. ልብሰሽ አልጋና ወለል አረጠበ 88. አላውቅም		



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		99. መልስ የለም		
429	በደም ስርሽ ተሰጥቶሽ ወይም ተለግሰሽ ነበር?	1. አዎን 2. አልተሰጠም 88. አላውቅም 99. መልስ የለም	430	
430	መልስሽ አዎን ከሆነ ስንት ባግ/ ሊትር?	1. _____ 88. አላውቅም 99. መልስ የለም		
431	ልጅሽን ከተገለገልሽ በኋላ ከነዚህ ችግሮች አንዱም ገጥሞሽ ያውቃል? ከአንድ በላይ መልስ ይቻላል	1. ከፍተኛ የደም መፍሰስ 2. ሽታያለው-ፈሳሽ ከብልት መውጣት 3. ሽንት ያለመቆጣጠር ችግር 4. ሰገራ መቆጣጠር አለመቻል 5. ከፍተኛ ትኩሳት ህመም 6. ቁስል መመርቀኝ 7. ሌላ ካለ ይጠቀሱ 8. አላውቅም 99. መ/የለም		
<p>ክፍል 5. የህስተኛ እርግዝናና በወሊድ ጊዜ የተፈጸመ (ሁለት ጊዜ ላረገዙና ለወላዱ ብቻ) አሁን ደግሞ ስለህስተኛ እርግዝናና ወሊድ ስለሚጠይቅሽ የዚያን ወቅት በማሰብ እንድትመልሱልኝ</p>				
501	በህስተኛ እርግዝናሽ ጊዜ የእርግዝና ምርመራ ተከተትላሽ ነበር?	1. አዎን 2. አልተከተተልኩም 3. አላስተውስም 99. መ/የለም	507	
502	የትነበር የተከተተልሽው?	1. ሆስፒታል 2. ጤ/ጣቢያ 3. የግል ክሊኒክ 4. ጤና ኬላ 88. አላስተውስም 99. መልስ የለም		
503	በስንት ወርሽ ነበር ለመጀመሪያ ጊዜ ለመከተተል የሄድሽው?	1. የእርግዝና ወራት----- 88. አላስተውስም 99. መ/የለም		
504	ለምን ነበር ለመከተተል የሄድሽው?	1. ለቼካፕ 2. ከእርግዝና ጋር ችግር ስለነበረ 3. ለክትባት 4. ሌላ ይጠቀስ----- 99. መ/የለም	405	
505	ችግሩ ምን ነበር?	1. ችግሩ ይጠቀስ----- 99. መ/የለም		

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506	በሁለተኛ እርግዝና ስንት ጊዜ ነበር የእርግዝና ክትትል የተቀበልሽው?	<ol style="list-style-type: none"> <li>1. አንድ ጊዜ</li> <li>2. ሁለት ጊዜ</li> <li>3. ሶስት ጊዜ</li> <li>4. ከሶስት በላይ</li> </ol> <p>88. አላውቅም 99. መ/የለም</p>		
507	ከነዚያ ውስጥ የትናውን ነበር በዚህ ሁለተኛ እርግዝና ወቅት?	<ol style="list-style-type: none"> <li>1. የስኬር በሽታ</li> <li>2. የደም ግፊት</li> <li>3. የሚጥል በሽታ</li> <li>4. የደም መፍሰስ</li> <li>5. የትኩሳት በሽታ</li> <li>6. የአይን ብጫ መሆን</li> <li>7. የፊት ማበጥ</li> <li>8. የልብ ችግር</li> <li>9. የትኛውም</li> <li>10. ሌላ ይጠቀስ</li> </ol> <p>99. መ/የለም</p>		
508	የሁለተኛ ልጅሽን የት ነበር የወለድሽው?	<ol style="list-style-type: none"> <li>1. ሆስፒታል/ጤና ጣቢያ/ ጤና ኤላ</li> <li>2. በቤት</li> </ol> <p>99. መልስ የለም</p>		
509	ወሊዱ ወቅቱን ጠብቆ ነው/ነበር?	<ol style="list-style-type: none"> <li>1. ከ37-40 ወር</li> <li>2. ከ37 ወር በ ች</li> <li>3. ከ40 ወር በላይ</li> </ol> <p>88. አላውቅም 99. መ/የለም</p>		
510	ማን ነበር ያዋለደሽ?	<ol style="list-style-type: none"> <li>1. የመ/ ና የጽንሰ ስፔሻሊስት</li> <li>2. አጠቃላይ ሀኪም</li> <li>3. አዋላጅ ነርስ</li> <li>4. የልምድ አዋላጅ</li> <li>5. ዘመድ (ጓደኛ)</li> <li>6. ማንም</li> </ol> <p>88. አላውቅም 99. መ/የለም</p>		
511	በምጥ ጊዜ ልጁ እንዲወጣ ለማገዝ ብልትሽ ቆርጠው ነበር?	<ol style="list-style-type: none"> <li>1. አዎን</li> <li>2. አልቆራጡም →</li> </ol> <p>88. አላውቅም 99. መልስ የለም</p>	413	
512	ምክንያቱ ምን ነበር?	<ol style="list-style-type: none"> <li>1. ምክንያት-----</li> <li>2. አላውቅም</li> </ol> <p>99. መልስ የለም</p>		
513	በመሳሪያ ነበር ያወለዱሽ?	<ol style="list-style-type: none"> <li>1. አዎን</li> <li>2. አይደለም →</li> </ol> <p>88. አላውቅም 99. መልስ የለም</p>	415	

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514	ምክንያቱ ምን ነበር?	1. ምክንያት----- 88. አላውቅም 99. መልስ የለም		
515	በደም ስርሽ ውስጥ ግሉትስ ተሰጥቶቸው ነበር?	1. አዎን 2. አልተሰጠም 88. አላውቅም 99. መልስ የለም		
516	ማስማጫ በምጥ ጊዜ ወይም በዓላ ተሰጥቶቸው ነበር?	1. አዎን 2. አልተሰጠም 88. አላውቅም 99. መልስ የለም		
517	በመጀመሪያ የወጣ የልጁ ክፍል የትኛው ነው?	1. ጭንቅላት 2. ቁጥ 3. እግር/እጅ 4. ትከሻ 5. ሌላ ካለ ይጠቀስ----- 88. አላውቅም 99. መልስ የለም		
518	በቀዶ ጥገና ነው የወለድሽው?	1. አዎን 2. አይደለም 99. መልስ የለም	420	
519	ምክንያቱ ምን ነበር?	1. ምክንያት----- 88.አላውቅም 99. መልስ የለም		
520	የሚጠው ውጤት ምን ነበር?	1. ጤናማ ልጅ 2. የተመመ/የደከመ ልጅ 2. የሞተ/ች ልጅ 99. መልስ የለም		
521	የልጁን ክብደት እንዴት ትገምግማለሽ?	1. በጣም ትንሽ 2. ትንሽ 3. መካከለኛ/ አማካይ ትልቅ 4. ክብደት በኪ.ግ----- 99. መልስ የለም		
522	ምጡ ምን ያህል ጊዜ ቆየብሽ?	1. አንድ ቀን/1 ሌሊት 2. 1 ቀን /1 ሌሊትና ግማሽ 3. 1 ቀንና 1 ሌሊት 4. ሁለት ቀንና 1 ሌሊት 5. 2 ቀንና 2 ሌሊት 99. መልስ የለም		
523	የእንግዶ ልጅ ልጁ ከተወለደ ከስንት ጊዜ በዓላ ነው የተወለደው?	1. ከ30 ደቂቃ በታች 2. 30-60 ደቂቃ 3. ከ60 ደቂቃ በላይ 99. መልስ የለም		
524	የእንግዶ ልጅን ለማዋለድ መሳሪያ ተጠቅሞ ነበር?	1. አዎን 2. አልተቀመጠም 99. መልስ የለም		
525	በወሊድ ጊዜ በብልትሽ ላይ የመሰንጠቅ አደጋ ደርሶብሽ ነበር?	1. አዎን 2. አልደረሰብኝም 99. መልስ የለም		

Magnitude of FGM/C & associated birth complications...

526	ብልትሽን የመታጠቢያ መዳሕኒት ወይም በጨው ውሃ ተጠቅመሽ ተውቁዋለሽ?	1. አዎን 2. አልተጠቀምኩም 99. መልስ የለም		
527	የደም መጠን በወሊድ ጊዜ ወይም ከወሊድ በኋላ የደማውን እንዴት መገመት ትችያለሽ?	1. ልብስሽን አረጠበ 2. ልብስና አልጋ አረጠበ 3. ልብስ አልጋና ወለል አረጠበ 99. መልስ የለም		
528	ደም በደም ስርሽ ተሰጥቶሽ ወይም ተላግሰሽ ነበር?	1. አዎን 2. አልተሰጠም 99. መልስ የለም	430	
529	መልስሽ አዎን ከሆነ ስንት ባግ/ ሊትር?	1. _____ 88. አላውቅም 99. መልስ የለም		
530	ልጅሽን ከተገለገልሽ በኋላ ከነዚህ ችግሮች አንዱም ገጥሞሽ ያውቃል? ከአንድ በላይ መልስ ይቻላል	1. ከፍተኛ የደም መፍሰስ 2. ሽታ ያለው ፈሳሽ ከብልት መውጣት 3. ሽንት ያለመቆጣጠር ችግር 4. ሰገራ መቆጣጠር አለመቻል 5. ከፍተኛ ትኩሳት ህመም 6. ቁስል መመርቀዝ 7. ሌላ ካለ ይጠቀስ----- 99. መ/የለም		

ክፍል 6: ከጤና ተቆም ጋር በተያያዘ በመጨረሻም ከጤና ተቆም ጋር ተያያዥ ጉዳዮችን ልጠይቅሽ

601	ጤና ተቆም በአከበቢ አላ?	1. አዎን 2. የለም 99. መ/የለም	መጠይቁ ያበቃል	
602	አዎን ከሆነ መልስሽ ምን ዓይነት?	1. ሆስፒታል 2. ጤና ጣቢያ 3. ጤና ኬላ 4. ክልንኪ 99. መ/የለም		
603	ምን ያህል ሰዓት ወይም ደቂቃ በእግር ያስኬዳል?	1. ከ30 ደቂቃ በታች 2. ከ30-60 ደቂቃ 3. ከ60-90 ደቂቃ 4. 120 ደቂቃ እና ከዚያ በላይ 99. መ/የለም		
604	በጤና ተቆም የሚሠጥ አገልግሎት ጥረት አለው ብላሽ ታስቢዋላሽ?	1. አዎን 2. የለውም 99. መ/የለም		

የጠያቂው ስም \_\_\_\_\_ የሱፐር ቫይዘር ስም \_\_\_\_\_  
 መለያ ኮድ(ቁጥር) \_\_\_\_\_ ፊርማ \_\_\_\_\_  
 ቀን \_\_\_\_\_ ቀን \_\_\_\_\_