ASSESSMENT OF THE PREVALENCE OF UNPLANNED PREGNANCY AND ASSOCIATED FACTOR AMONG PREGNANT WOMEN ATTENDING ANTENATAL CARE UNIT AT ASENDABO HEALTH CENTER.

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Abstract

Background: - Unplanned pregnancy is an important public health problem concern in both developing and developed world, because of its association with adverse social and health out come for mothers' children and family as whole.

Objective: - To assess prevalence and factor associated with unplanned pregnancy among ANC attendants of Asendabo health center; Asendabo Town, Jimma Zone, Oromia region, southwest Ethiopia.

Method: - Cross sectional study design wasemployed in Asendabo Health Center from February 20 to JUNE 4/2013. Data was collected by using pretested structured questionnaire, by face to face interview and convenience sampling technique wasused. The result of the study was presents by table, graph, and the finding of the study was provided as a source of information for further studies, policy maker and other concerned bodies will to take action and chi-square test was used for a test of association .

Result: - from total of 271 women responded the questionnaire 113(41.7%) were unplanned and 158 (58.3%) were planned pregnancy. The reason for failure to avoid unplanned was contraceptive failure 35(30.97%) followed by missed time 30(26.5%). From the women in the study 150(55.44%) were not used in contraceptive and 121(44.64%) were used in contraceptive.

Concerning the knowledge about F/P majority of women in study 203(74.9%) had knowledge about family planning from this 73(26.9%) were unplanned and 130(47.9%) had planned pregnancy and 68(24.83%) had notknowledge about family planning from this 40(14.5%) were unplanned and 28(10.33%) had planned pregnancy.

Conclusion:This study showed the occurrence of unplanned pregnancy was higher in the study area. The reason for this include lack of adulate information on modern contraceptive method, husbands negative attitude to words family planning method and also poor counseling technique by health professional for client who are coming for family planning services are among the main reason for unplanned pregnancy.

Recommendation: The health worker of Asendabo health center provide adequate information on modern contraceptive at health center and at the community level and also provide appropriate chosen method and effective counseling on that method is necessary.

Information on reproductive health services should be disseminated through health institution, schools, mass media and at community level through Keble by using community health aidand policy maker must be emphasis on activities that improve women's living condition with regard to education, better opportunities in the work market, a worth income, in addition to full and equal health care without race, gender, age or any other types of discrimination

Key Words: - Unplanned pregnancy,Abortion,Contraception

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Acronomy

WHO -World Health Organization

F/P - Family Planning

DHS- Demographic Health Survey

CDC- Communicable Disease Control

PRAMS- Pregnancy Risk Assessment Monitoring System

WHR- World Health Report.

F/P-Family planning

MC-Modern contraceptive

CHAPTER ONE: INTRODUCTION

1.1 Background

Unplanned pregnancy is an important public health problem concern in both developing and developed world, because of its association with adverse social and health outcome for mothers, children and family as whole (1).

The level of unplanned pregnancy is considered to be an indicator of the state of women's reproductive health and success or failure of reproductive health programs, including family planning services however, in recent years, researcher have began to criticize some fundamental assumption made by DHS and fertility survey in measuring the prevalence of Unplanned pregnancy(2).

Therefore, there are growing concerns over for finding in improved ways of measuring its prevalence.Studies conducted in developing countries indicate that women's age, level of education, number of children, social and economic deprivation are the major determinant of unplanned pregnancy (3).

In almost everywhere in the world, there is an interrelation ship between the population growth rate and socio economic condition of the population, poverty and illness that cause unhappiness are the most important consequences of rapid population growth and inadequate public service (3).

Meeting couples need for spacing and limiting child bearing by providing the range of contraceptive method is critical to preventunplannedpregnancy, program manager and policy maker need to be aware of the fact that unplanned pregnancy and unsafe abortion mayrise if contraceptive services are unable to meet the rising demand for fertility regulation (4).

1.2 Statement of the Problem

Unplanned pregnancy is mistimed or unwanted one, unwanted describes pregnancies that are not desires now, later or any time in the future, mistimed describes pregnancies that are desired either later or sooner(5). It is a public health problem which affect maternal and child health, including maternal death, abortion, low birth weight baby, preterm birth and high infant mortality are attributed to unplanned pregnancy (6.7).

Worldwide about 210 million women fall or become pregnant each year, 80 million of these pregnancies are unplanned; this means two in every five pregnancies are unplanned (8). In India 1994, data was collected via the CDC pregnancy risk assessment monitoring system (PRAMS), nearly 40% of pregnancies where unplanned (9). According to an abbreviated 2002 version of these PRAMS survey more than 50 percent of women reported unplanned pregnancy (10).

There are multiple reasons for unplanned pregnancy, normally non-use of contraception, failure of contraception, unreliable method of contraception, failure of contraception or rape (11).A study from Nepal indicates that no single factor accounted for the high rates of unplanned pregnancy, many factor contributed in this regard among them, this study has found that age of Women,perceived ideal number of children, women's age at first marriage, radio Exposure, religion and knowledge on family planning method are strong predictor of unplanned pregnancy (12).

Lack of knowledge on sexual and reproductive health is one important that contributed to unplanned pregnancy especially in teenage girls who are commonly left out in national contraceptive program (8).

Sexually active women who are not using contraceptive are two to three times more likely to have unplanned pregnancy whencompared towomen using an effective method (13).Higher contraceptive failure rates occur among women who are cohabiting or living with each other before married, unmarried, earning income below poverty level, black, Hispanicsand adolescent in the age of 20 years, with the increasing population diversity, numerous social and cultural factors shape contraceptive use and pregnancy prevention. (13).

Effective program to prevent unplanned pregnancy must use terms that are familiar to women and build up on and support their cultural beliefs and practices. (14).Women in 10 to 17 years of age had the highest rate of mistimed pregnancies while women 25 to 34 and 35 plus years of age had the highest rate of unwanted pregnancy (15).

Although, several international declaration where passed on the problem, many in sub Saharan Africa are suffering from un wanted pregnancy (16).In most African countries, abortion remain both un authorized and unsafe and leading cause of maternal death accounted for a global average of 1.3% of pregnancy related fatalities (8).

Annually an estimated 2-4.4 million adolescent resort to abortion would wide and WHO estimates of unsafe abortion revealed that for more than 50% of all abortion related mortality are due to unplanned pregnancy (8).The outcome of unplanned pregnancy could be carrying to delivery or induced termination of pregnancy, which may be safe or unsafe, women withunplanned pregnancy have infant or children who are increased risk for abuse, neglect, reduced cognitive, behaviors and emotional development (17).

There are certain intervention against unplanned pregnancy which is include, provide adequate information on contraception, ensure the availability, avoid failure of contraception through routine follow up and use of Emergency contraception is one of the safe and effective method to reduce the number of unplanned pregnancies and abortion (19).

Issue related to unplanned pregnancy has been studies by few researchers in Ethiopia therefore the purpose of our study to assess the pre valance of unplanned pregnancy and the reason among pregnant mother attending Asendabo Health Center ANC unit.

1.3 Significance of the Study

The study will help to give recent prevalence of unplanned pregnancy in Asendabo Town and its catchment area,Omonadaworedafor policy maker and health planners to design strategy to improve reproductive health status of reproductive age women.

The study result also serves as a source of data for further investigation on the same topic in the future.

CHAPTER TWO: LITERATURE REVIEW

Over 100 million acts of sexual intercourse takes place each day in the world resulting around 1 million conceptions, about 50% of which are unplanned and about 25% are definitely unwanted (20).The world health report (WHR 2005) noted that unwanted, mistimed orunplanned pregnancy is the most common causes of maternal mortality in developing countries (21)

In 2006, based on the survey of unplanned pregnancy in USA, Canada and Netherland the proportion of unplanned pregnancy showed that 48% in unites states, 36% in Canada, and 18% in Nether land were reported (26).The teenage birth rate in United States was 53 per 1000 women aged between 15-19 in 2002, the highest in developed world. If all pregnancies, including those that end in abortion are taken into account the total rate in 2000 was 74.5 pregnancies per 1,000 girls (22).

Nevada and the District ofColumbia have the highest teenage pregnancy rates in the U.S.A while the north Dekota has the lowest, over 80% of teenage pregnancy in the U.S.A isunintended approximately one third ends in abortion, one third end in spontaneous miscarriage and one third will continue their pregnancy and keep their baby. However, the trend is decreasing in 1990; the birth rate was 61.8 and the pregnancy rate 116.9 per thousands. This decline manifested across all racial groups, although teenagers of African- American and Hispanic decent retain a high rate, when compared to that of European - American and Asian- American (22).

The study conducted in 2009 at the maternity and neonatal hospital of the province Cordoba, Argentina in 200 Women interviewed, 130 (65%) stated that the current pregnancies had been unintended (23)

A study conducted in the UK in 2011 report that approximately 200,000 abortions are carried out in the UK annually, suggesting a high rate of unplanned pregnancy (24).

Study conducted in Scotland found that almost one third of pregnancy were unplanned, this study was asked women during their visit for antenatal or for abortion about their attitude to becoming pregnant, in a sampleof 2908 who continued to maternity after becoming pregnant, 999 were initially either ambivalent towards conception or it was unintended (24).Another study found that for 92% women getting an abortion in Edinburgh the pregnancy was unplanned, despite not planned to conceive, 16% of women in this study were not using any form of contraception (25).

In 2009, there were 896,300 conceptions in England and Wales, including women under 16 years old, with 79% of these leading to maternity and 21% leading to legal abortion.In the UK, high number of conception iscarried to maternity despite being unintended in the first instances (26).

In England and Wales, 2008 and 2009 a greater percentage of total conception results in abortion in younger age group than older ones with highest abortion rates occurring in 14 years old age, with 67.6% and 64.9% of conception resulting in legal abortion in 2008 and 2009 respectively. This rate decreases with 42% of conception resulting in abortion in all age group under 20, this suggest that in England and Wales the highest rate of unintended pregnancies in younger age group particularly in teenagers(26).

The DHS in 2001 studies in Nepal have indicated that the prevalence of unintended or unplanned Births increased from 25 percent in 1991 to 36 percent in 2001 amongst women of reproductive age (27).

Study conducted in Kathmandu valley showed that about 20% of married women aged between 15 and 24 years reported at least one experience of unplanned pregnancy (28)

Similarly, another study conducted amongst 500 patients attending for pregnancy test in government hospital in Nepal showed that 31% of the women reported that their current pregnancies where unplanned, out of these 70% where young women aged between 15 and 24 years (29).

A 2004 Indian access survey found that 72% of women has unplanned pregnancy, with 45% wanting to be pregnant later and 27% never wanting to be pregnant. In this study the rate of unplanned pregnancy for African-American women was 83% compared to 74% of white women and 45% of for his panic women (15).

In Africa, the very high rate of unplanned pregnancy in 1995, which was 92 per 100 women, declined only slightly by 2008 to 56 per 100 women (21).The unplanned pregnancy rate is much higher in eastern Africa (118 per 1000 women of child bearing age) and middle Africa (94 per 1,000) than in the other three sub region; Northern, southern and western Africa, where the rate ranges between 56 and 83 per 1,000 women (21)

About one third of all unplanned pregnancies in Africa end in Abortion.In Africa unsafe abortion mortality ratio is 100 per 100,000 live births which is the highest compared to other region. In Zambia it is 120 per 100,000 live births of unsafe abortion mortality ratio and adolescent fertility rate is 146 per 100 girls aged 15-19 years (18).This is a very high figure and indicated the level of teenage pregnancy and unplanned pregnancy rate in Zambia.

In Ethiopia, the few survey conducted on issues related to unplanned pregnancy suggested that unplanned pregnancy is among the main causes of maternalmortality (30).According to DHS of 2005 reported that 35% of pregnancies among woman in reproductive age where unplanned, as result, significant proportion of married women turned to induced abortion to avoidunplanned pregnancy(31).In addition, according to the DHS of 2005, 16.2% and 18.7% of the study subject reported that their last pregnancy was unwanted and mistimed respectively (32).According to ministry of health 2006 report, approximately half of a million pregnancies annually end in induced abortion among 3.7 million pregnancies, which is reflection of high rate of unplanned pregnancy(36).

The study on pregnancy surveillance in Kersa district in East Hararge Zone conducted in 2011 reported that from 2012 pregnant women 578 or 27.9% were unplanned, among this 440 (76.1%) reported their pregnancy was mistimed, the remaining 138(23.9%) reported their pregnancy was unwanted (33).

Study on unintended pregnancy among married women in a district Damot gale woreda, southern nation, southern Ethiopia in 2011 reported that 42% of their current pregnancy wasunintended (34).

In south east Ethiopia, a study in Harar Town in 2006 showed that from a total of 1983 female aged between 15-49 year who were interviewed, 225 (33.39) reported that the most recent pregnancies were unplanned (30)

CHPTER THREE: OBJECTIVE OF STUDY

3.1 General Objective

- To assess prevalence and factor associated with unplanned pregnancy among ANC attendants of Asendabo Health centers.

3.2 Specific Objectives

3.2.1 To assess the magnitude of unplanned pregnancy among ANC attendants of Asendabo Health Center.

3.2.2 To assess associated factor to unplanned pregnancy among ANC attendants of AsendaboHealth Center.

CHAPTER FOUR: METHODS AND MATERIALS

4.1 Study Area and Period

The study was conductedat Asendabo Health Center,Asendabo town, Omonada woreda, Jimma Zone, Oromia region from February 20 to March 20 in 2013.Asendabo Town is located at 289 km southwest of Addis Ababa and 54 km towards east of Jimma town. According to 2007 census, Asendabo townhas total population of 7,120(males 3,576 and females 3,544) out of this 1262 are women of reproductive age group which comprised various Ethiopian Ethnic groups among which Oromo population is highest in number.Currently there are many service are available in Asendabo Health center including (Antenatal care, EPI, Family planning, ART services. Abortion care, delivery services, three OPD and chronic disease services and this health center have twelve non-technical and 17technical staff from this 3HO, 6 diplomas Nurse, 2Lab technicians, 2 midwives,2 pharmacists and 2 Bsc Nurse.

This health center provides services for all people in Asendabo town and its catchment area.

4.2 Study design

Across sectional descriptive study was conducted on pregnant women who were visit ANC follow up at Asendabo Health center.

4.3 Population

4.3.1. Source Population

The source population for this study was all women attending ANC clinic at Asendabo Health center.

4.3.2. Study Population

All pregnant women who were attending ANC follow up at Asendabo Health Center during the study period.

4.3.3. Inclusion Criteria

- Pregnant women who visit ANC during the data collection period.

4.3.4. Exclusion criteria

- Pregnant women who are deaf and speech problem.
- Pregnant women who are critically ill.

4.4 Sample Size and Sampling Technique

4.4.1. Sample Size

The sample size was estimated by the single proportion formula

$$ni = \frac{(Z\alpha/2)^2 P(1-P)}{d2}$$

$$n = \frac{(1.96)^2 0.35(1-0.65)}{(0.05)^2} = 350$$

n_f=350

Where **ni**- The initial sample size required
p-National prevalence of unplanned pregnancies among woman in reproductive age =35% (28)
d- The margin of sampling error toleratedMostly **5%**
$\mathbf{z_{\alpha/2}}$- is 95% of confidence interval

Since our source population is less than 10,000, which are 1262 we use the correction formula as follows.

$$nf = \frac{n}{1+\frac{n}{N}}$$

$$nf = \frac{350}{1+\frac{350}{1262}} = 271$$

Where,
- n_f= final sample size
- n=total study population which is 350
- N=source population which is 1262.

With 10% of non-response rate, the final sample size was271.

4.4.2. Sampling Technique

The sampling technique was convenient sampling technique, which is non-probability samplingtechnique.The study subject was obtain from those who present themselves for the services at the study area withinthe study periods i.e. from February 20 to JUNE 4, during this period a total of 271clientswas interviewed.

4.5 Data collection Method and Instrument

The data was collected using apre-tested structured questionnaire by two fourth year nursing student who knows local language both Afan Oromo and Amharic, the data was collected by face to face interview from the respondents using questionnaire translated into local language.

4.6 Study Variable

4.6.1. Dependent Variable

- Unplanned Pregnancy

4.6.2. In dependent Variable

- Age
- Marital stats
- Educational status
- Religion
- Occupation
- Ever practice of family planning
- Preferred numbers of children by mother
- Ethnicity
- Knowledge on contraceptive.

4.7 Operational definitionof terms

- **Unplanned pregnancy-** is occurrence of pregnancy while woman want to post phone or avoid.
- **Mistimed pregnancy –** described pregnancies that are desired either dater or sooner
- **Unwanted –** describes pregnancy that are not desired now, later or any time in the future.

4.8 Pre –test

In order to determine the clarity and understandability of the data collectinginstrument, pilot study wasconducted on 10% of selected respondent at ANC unit of Yebbu health center

The questionnaire was modifies based on information obtained from pre-test results.

4.9 Ethical Consideration

Before the actual data collection letter of permission was obtained from Jimma University, Nursing Department to Jimma Zone,AsendaboHealth center authorities, the objective of the study was Explained to the study participants, privacy maintains and confidentialitywasensured, Fur there more, the study participants involvement in the study was based on their willingness.

4.10 Quality Control

The questionnaire was pretested, data collector was trained, supervised and data was checked for completeness

4.11 Data Processing and Analysis

The collected data was first cleared; tallied, analyzed using scientific calculator and chi-square test was used for a test of association.

4.12 Data presentation and Dissemination of the Results

Descriptive statistics wasemployed to examine the finding and the result was presented by using tables, percentage, charts, graphs, then the finding of the study was presented on publicconferences in JIMMA UNIVERSITY and additionally, either in the form of soft Copy or hard copy the finding of the study was provided to the concerned bodies.

4.13 Limitation of the Study

It was lack of budget, time constraintand additionally, because of sample size and sampling technique the finding of the study cannot be generalized to the general population.

CHAPTER FIVE:5 Result and Discussion

5.1 Result

Socio Demographic Characteristics of respondents

A total of 271 ANC attendants were included during the study period, out of these the majority 83(30.62%) of them were found in age group of 20-29 years followed by 73 (26.93%) in age group of 25-29 years. Regarding marital status the majority 254(93.7%) were married, 10(3.75) were widowed and the rest 7(2.58%) were single.

Concerning ethnicity majority of the women 200(73.8%) were Oromo, followed by 45 (16.6%)

Amhara. As to religion majority of women 190 (70.11) were Muslim followed by 45(16.6%) were

Orthodox. As to educational status, most of the women in this study were illiterate which

accounts 195(71.9% followed by 1-6 grade 35(12.91%).

Concerning occupational status & monthly income, majority of the women200(73.8%) were house wife followed by merchant30(11.07%) and majority of the women's family were got monthly income

between 6001-100 birr followed by 70(25.83% were between 3001-600 birr. (Table 1)

Table 1: Distribution of personate mother by their socio demographic characteristics at Asendabo health center ANC clinic, Asendabo town, Jimma zone, oromia regional State, southwest Ethiopia, June,2013

Characteristics	Number	Percentage
Age group (in year)		
15-19	30	11.07
20-24	83	30.62
25-29	73	26.93
30-34	55	20.3
35-39	18	6.64
40-44	10	3.7%
>45	2	0.74
Total	271	100
Marital status		
Married	254	93.72
Single	7	2.58
Widowed	10	3.7
Total	271	100
Ethnicity		
Oromo	200	73.8
Amhara	45	16.6

Tigre	7	2.6
Others	19	7.01
Total	271	100
Religion		
Muslim	190	70.11
Orthodox	45	16.6
Protestant	20	7.4
Others	16	5.90
Total	271	100
Educational level		
Illiterate	195	71.95
Can read and write	10	3.69
1-6 grade	35	12.91
7-12	20	7.4
College /university complete	11	4.05
Total	271	100
Occupational status		
House wife	200	73.8
Government Employees	20	7.38
Merchant	30	11.07
Others	21	7.75
Total	271	100
Monthly income birr		
<100	20	7.4
101-350	45	16.6
300-600	70	25.83
601-1000	82	30.25
>3000	54	19.92
Total	271	100

*- Silte, Dawro, yem

**- Adventist, waqefeta

***- daily labor, self employed

The majority of the study subjects 212(78.22%)had heard modern contraceptive, the number for each source of information included 120 (56.60%) from health worker, followed by mass media 22(10.38%) and majority of the women 120(16.6%) knew at least one advantages of modern contraceptive, followed by 83(39.1%) knew more than one advantages. Concerning modern contraceptive practices majority of the women 121(44.64%) were previously used modern contraceptive and 150(56.44%) has never

usedany contraceptive method. As previously used method most of the women 60(49.5%) were used in injectable followed by pills 44(36. 36%). (Table2)

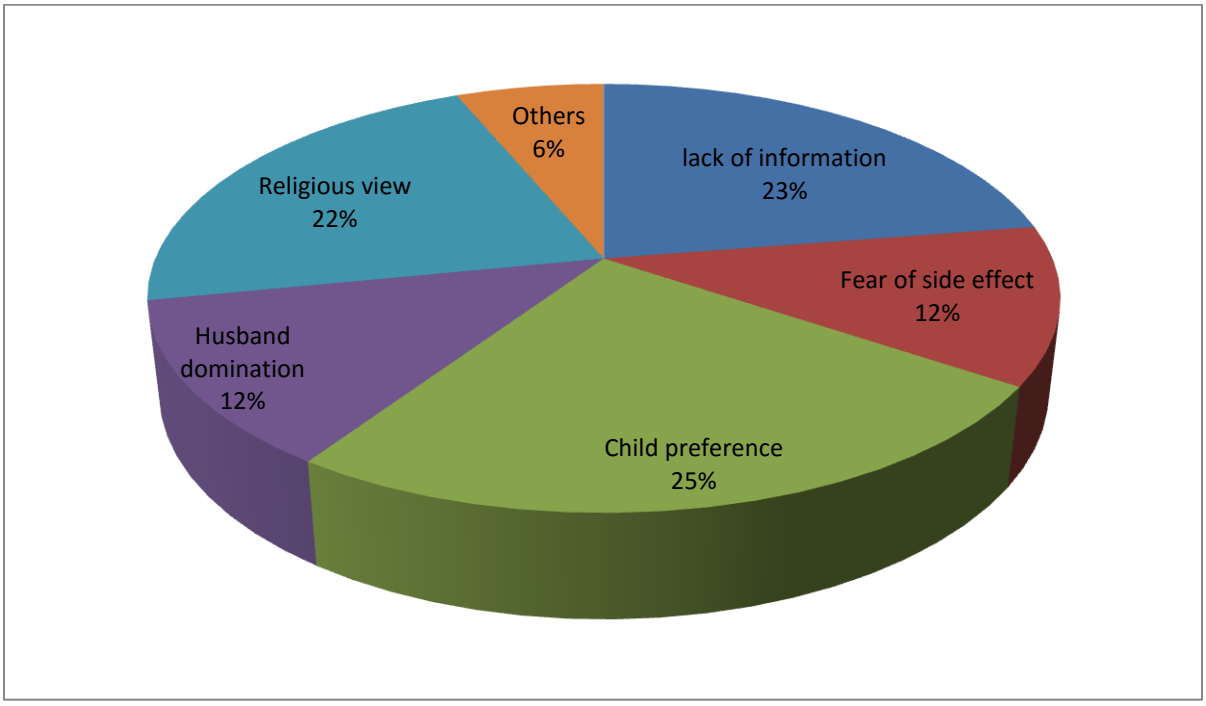
Table2: Distribution of pregnant women by knowledge and practices of modern contraceptive at Asendabo health center, AN C clinic, Asendabo town, Jimma zone, oromia religional state,southwest Ethiopia,June,2013

Knowledge on MC	Number	Percentage
ever heard of MC		
Yes	212	78.22
No	59	25.78
Total	271	100
Source information on MC		
Health workers	120	56.60
Mass media	70	33.01
Others	22	10.38
Knowledge on advantage of MC		
Know none	9	4.24
Know at least one	120	56.60
Know greater than one	83	39.15
Modern contraceptive practices		
Ever used	121	44.64
Never used	158	56.44
Total	271	100
Type of MC practices		
Pills	44	36.36
Inject able(Depo-Provera)	60	49.58
Others	17	14.04

*-Implanon,IUCD,Jaddle

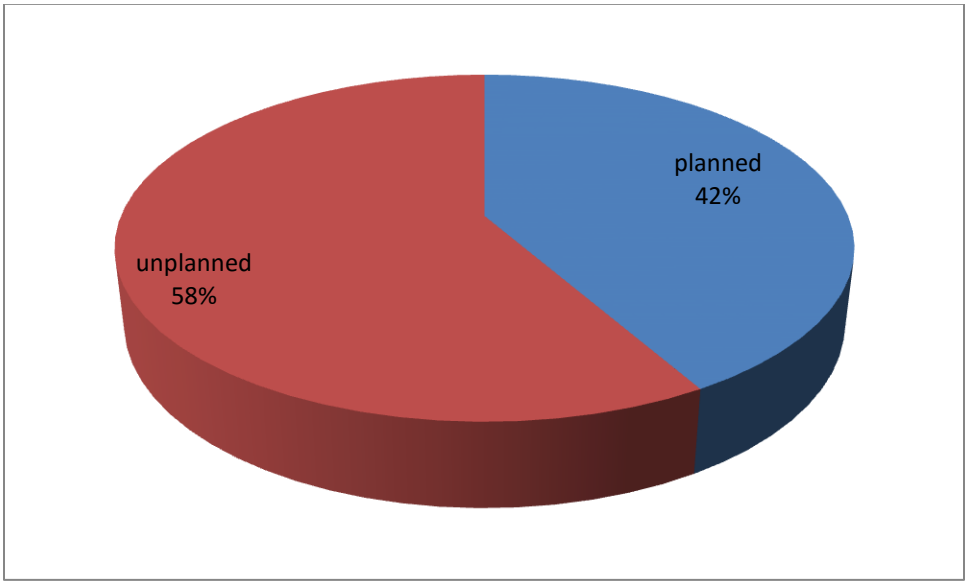
Concerning frequently reported reason for no use of contraception were mostly 40(26.7% were child preference followed 36(24%) lack of awareness about contraception and the least 19(12.7%) fear of side effect.

Pie chart1: Distribution of respondents by their reason for not using F/p in the past among ANC attendants of Asendabo healthcenter,Asendabotown,Jimmazone, oromia regionalstate,southwestethiopia,June,2013.



Among the total of 271 ANC attendants, 158(58.3%) were planned for current pregnancy and 113(41.7%) were unplanned (piechart2).

Pie chart 2: Distribution of pregnant mother by their pregnant Asendabo health center ANC clinic, Asendabo town, Jimma zone, oromia regions state, southwestEthiopia, June,2013.



Regarding the reason for the occurrence of unplanned pregnancy were failure of contraceptive which account 35(30.97%) followed by missed time 30(26.5. %) (Table 3).

Table 3.Distribution of pregnant mother by their reason for the occurrence of unplanned pregnancy among ANC attendants of Asendabo health center, Asendabo town, Jimma zone, oromia regional state.

Reason	Number	Percentage
Missed time	30	26.5
Failure of contraceptive	35	30.97
Lack of means to protect	18	15.92
Husband preference	20	17.7
• Others	10	8.84
Total	113	100

*-discontinuation of F/P

Regarding preferred number of children by mother majorities of mothers 55% preferred only four children out of this 35(12.92) were planned and 20(738%) Unplanned pregnancy and the least 36(13.28%)were preferred six and above children out of this 28 (10.33%) were planned and 8(2.95%) Unplanned. There is significant proportional difference between preferred number of children and unplanned pregnancy as p- value of 0.0000(Table 4).

Table 4: allocation between preferred numbers of children is mother and pregnancy of un planned pregnancy among ANC attendants of Asendabo health center Asendabo town, Jimma zone, oromia regional state, southwest Ethiopia,June,2013.

Preferred no of children	Planned Pregnancy		Un planned pregnancy		Total		p-Value
	No	%	No				
1	10	3.69	30	11.07	40	14.76	P=0.000
2	20	7.38	23	8.48	43	15.86	
3	25	9.22	20	7.38	45	16.6	
4	35	12.9	20	7.38	55	20.29	
5	40	14.76	12	4.42	52	19.1	
6	28	10.33	8	2.95	36	13.28	
Total	158	58.3	113	47.1	271	100	

Regarding pregnant mother knowledge towards family planning and their pregnancy status should that the majority,203 (74.9%) of the respondents has knowledge about family planning, out of this 73(26.93) hadunplanned pregnancy whereas 130(47.9%) has planned pregnancy and 68(25.5%) of respondents had not knowledge about family planning out of this 40(14.5%) had unplanned and 28(10.33%)were planned. Significant proportional difference were found between pregnant mother knowledge about family planning and unplanned pregnancy as p- value of 0.001, there is association between pregnant mother knowledge and unplanned pregnancy. (Table 5)

Table: Association between pregnant mother knowledge towards F/P and their pregnancy status at Asendabo healthcenter,Asendabo town, Jimma zone, oromia regional state,southwestethiopia,June,2013.

Past practice of F/P	Pregnancy status				Total		p-Value
	Planned		Unplanned				
	No	%	No	%	No	%	
Yes	86	31.73	35	12.91	121	44.64	P=0.000
No	72	26.56	78	28.7	150	55.26	
Total	158	58.3	113	41.7	271	100	

based on the age of the respondents the study result showed that the prevalence of unplanned pregnancy was higher among the age group of 20- 24 years which account 33(12.17%) and there is no significant proportional differences between age and unplanned pregnancy as p>0.05, therefore no association between age and unplanned pregnancy.

The prevalence of unplanned pregnancy was higher among Muslim mother 70(25.83%) and there is significant proportional differences between religion and unplanned pregnancy as (p-value=0.03), there is association between religion and planned pregnancy. On the other hand the prevalence of unplanned pregnancy was higher among illiterate mother 86(31.7%) followed by 1-6 grade12(4.42%)no significant proportional difference between educational status & unplanned pregnancy as (p-value=0.693) as result no association between educational status & unplanned pregnancy.

The prevalence of unplanned pregnancy was higher among house wife 85(31.36%) followed by merchants 12(4.42%) no significant proportional difference between occupation and unplanned pregnancies as a result no association between them as (p-value=0.974)(Table7).

Table7: Association of unplanned pregnancy with sociodemographic characteristics among ANC attendant at Asendabo health center, Asendabo town, Jimma zone, Oromia regional state, south west Ethiopia, June,2013.

Characteristics	Planned		Unplanned		Total		p-value
	No	%	No	%	No	%	
Age in year							P=0.971
15-19	17	6.27	13	4.8	30	11.07	
20-24	50	18.45	33	12.17	83	30.62	
25-29	43	15.86	30	11.07	73	26.9	
30-34	30	11.07	25	9.22	55	20.29	
35-49	18	6.64	12	4.42	30	11.07	
Total	158	58.3	113	41.7	271	100	
Marital status							
Married	152	56.08	102	37.63	254	93.1	P=0.124
Single	2	0.73	5	1.84	7	2.57	
Widowed	4	1.47	6	2.21	10	3.68	
Total	158	58.3	113	41.7	271	100	
Religion							
Muslim	120	44.28	70	25.83	190	70.11	P=0.03
Orthodox	15	5.53	30	11.07	45	16.6	
Protestant	12	4.42	8	2.95	20	7.37	
Other	11	3.91	5	1.84	16	5.75	
Total	158	58.3	113	41.7	271	100	
Educational status							
Illiterate	109	40.22	86	31.7	195	71.9	
Can read write	6	2.21	4	1.47	10	3.69	P=0.693
1-6 grade	23	8.46	12	4.42	35	12.9	
7-12 grade	12	4.42	8	2.95	20	7.38	
College university group us	8	2.95	3	1.1	11	4.05	
Total	158	58.3	113	41.7	271	100	P=0.974

House wife	115	42.43	85	31.36	200	73.8	
Government employee	12	4.42	8	2.95	20	7.38	
Merchant	18	6.64	12	4.42	30	11.07	
Other	13	4.8	8	2.95	21	7.74	
Total	158	58.3	113	41.7	271	100	

5.2 Discussion

This study shows the magnitude of unplanned pregnancy and associated factor with it such as socio demographic characteristics. Knowledge and ever use of contraceptive method & desired number of children by family.

Among the interviewed 271 women of the study, 113(41.7%) had unplanned pregnancy, while 158(58.3%) planed for their current pregnancy.

The previous study done in Harar town showed prevalence of unplanned pregnancy was (33.4%) from a total of 983 female aged between 15-49 years(30) and the national revel of 35% (31). This figure is lower than the figure observed in this study.

The reason for this may be limited sample size and study setting doesn't represent the general population.

On the other hand, the result is in contrast to the currently increasing awareness ofmodern contraceptive methods, availability of the services and contraceptive prevalence rate. From this we recognize that having awareness on contraceptive by themselves did not avoid unplanned pregnancy appropriate counseling on methods and proper intake of chosen method is also necessary.

The most frequent reason mentionedby the participants in this study for failure to avoid unplanned pregnancy where contraceptive failure , missed time, husband preference and lack of awareness. Lack of

awareness was reported 18(15.92%) this was much lower than that of Harar (19.52%vs 70.6%) , method failure in the current study was lower than that of harar (30.9%vs31.3%).(30) .This may be due to a timely increase in awareness and utilization of modern contraceptive. Husband preference or disapprovals in current study was (17.7%) which is analogous to the study conducted in harar (11.6%).(30) .

This may be due to men's desire for more children than women in both areas because of different socio cultural context.

This study found higher prevalence of unplanned pregnancy among women aged between 20-24 years, This finding is different from finding of studies done in Nepal showed that from 31% of unplanned pregnancy.70% of this where occurred in young women ages between 15 and 24 years (29).

This may be attributed to the high proportion of study population in this study where found at the age group of 20-24 years.

This study also showed that knowledge of family planning, past or ever practices of modern contraceptive, religion and Ideal or preferred number of children by mother have statistically significant with experience of unplanned pregnancy.

In the present study unplanned pregnancy was more common in Muslim womenwhen compared to other religion, one of the reason could be that Muslim women are likely to accept pregnancy as "given by god" as another reason may be Islam restricts women's activities in ways that other religion do not (29). This was similar to the study of Nepal.

As we hypothesized that women who have higher knowledge about family methods (more than average) are less likely to experience unplanned pregnancy, also our results supports the hypothesis that if a women has higher knowledge of family planning method, she is more likely to be aware of the benefits of those methods which in turn will motivate her to use the family planning method and be less likely to have unplanned pregnancy. The similar result is found in Ecuador as well (1)

In this study women who ever used in contraception is less likely to experience unplanned pregnancy when compared to women who not used in contraception this reflect that most of unplanned pregnancy occur in women who are not used in contraception.

As to preferred number of children by mother was negatively associated with unplanned pregnancy indicating that those women who desired more children where less likely to experience unplanned pregnancy. The reason could be more people live in rural areas and rular women perceived greater benefit from having more children, this was similar to the finding of study conductedon married women in Nepal(12)

This study showed that the prevalence of unplanned was higher among illiterate mother

Compared to other, this study was similar in study conducted in Nepal (12) .In both there is

no significant association between unplanned pregnancy and women's education, however it

should not be concluded that education is not significantly related to planned pregnancy

Status and thus we should not ignore the importance of education for better life of women.

This study also shows the prevalence of unplanned pregnancy more prevalent among house wife because of it is financially dependent on their partners or family members, afactor that makes it difficult to achieve autonomy and freedom of choice.

In this study most of the mother who have unplanned pregnancy were not using in contraception due to different reason given by the mothers, include, unaware about contraception, religious view, child preference and fear of side effect it also seen that the individual or community perception about contraception is an important factor which affect contraceptive use ,similarly misconception lead to discontinuation and decrease use of contraception and increase the level of unplanned pregnancy (23) . This study was similar to the study of Argentina.
Generally :itis obvious the study was exhaustive due to shortage of time and limitation of the

study setting .Therefore aneed for further study to find out the magnitude of unplanned pregnancy and associated factor to prevent the occurrence of unplanned pregnancy in our community.

5.3 Conclusion recommendation

5.3.1 Conclusion

This study showed the occurrence of unplanned pregnancy was higher in the study area. The

reason for this include; lack of adequate information on modern contraceptive method, husbands

negative attitude towards family planning method and also poor counseling technique by health professional for client who are coming for family planning services are among the main reason for unplanned pregnancy.

According to the finding of this study religion, knowledge on contraceptive, ever practice of

Modern contraceptive and preferrednumber of children by mother is statistically significant associated factor for unplanned pregnancy.

Recommendation

To combat the problem identifies in this study researcher forward the following recommendation as possible solution

- The health worker of Asendabo health center provide adequate information on modern contraceptive at health center and at the community level and also provide appropriate chosen method and effective counseling on that method is necessary.
- The health worker of Asendabo health center who work in the community and rular health extension should improve the misconception of Muslim mother on contraception by providing information on contraception and its advantages.

The ministry of health, the government and other sector like the family guidance association has to emphasize to extend reproductive health services for individuals, families and community.

Information reproductive health services should be disseminated through health institution, schools, mass media and at community level through kebele by using community health aid .Policy maker must be emphasis on activities that improve women's in living condition with regard to education, better opportunities in the work market, a worth income, in addition to full and equal health care without race, gender, age or any other types of discrimination

ANNEXI:References

1. 1.Eggleston, Elizabeth, Amy O.TSU;miltonkotalcuhuk) 2001 Unintended pregnancy and low birth weight in Ecuador,AmericanJournal of public health, 91(5), 808-810.
2. Mass marry, RuthPeterson, Katherine meadows, Cathymalvinand Alison spitz, 2000 pregnant women perspective on intendness of pregnancy, Women health issue 7(6) 385-392.
3. National institute of population and Training (NIPORT 2004)
4. Ahman E shah I, unsafe abortion; global and regional estimates of incidence of unsafe abortion Geneva: WHO 2004, 2005, 2006.
5. Kendall C, Afablemunsuz, a, speiser, l, etal (2005, under standing pregnancy in a population of inner city women in Neworlears: Result of qualitative research social science and Medicine, 61,297-311.
6. WHO: Reproductive health and the MDG (cited 2011): available from (http://www, who,int) reproductive health /publication/ catalogue PDF.
7. Tiwari A. The impact of Psychological abuse by an intimate partner or mental health of pregnant women, BTOG, black well publishing 2008 115: 377-384.
8. World health organization editor in 2004 un safe abortion Global and regional estimates of the incidence of unsafe abortion andassociated mortality in 2000, 4th ed. Geneva WHO: 2004.
9. India prenatal Network and India state department of health (2003) lesson (learned from pregnant and newmomi the mini PRAMS survey in marion, lake and st, Josephcountries.
10. 10 Kids count data book, (2006) the Annie E, case, foundation Accessed February 2007 from\ www, aectorg/kids count.
11. World Health organization, word health statistics, 2009.
12. Ramesh A, kusol.s, pramoteP (2009) correlates of unintended pregnancy among currently pregnant women in Nepal BMC international Health and Human right 9:17 find this article on sine
13. Peterson, L.S .okley, potter etal (2000) women effort to prevent unplanned pregnancy: consistency oral contraceptive use, family planning perspective, 30(1) 19-23.

14. Dixon, A.C.Schoon maker, C.T. philliber.w.w (2000). A journey to wardswonmenhood; effect of an Afro-centric approach to pregnancy prevention among African- American female Adolescent 35(139)425.
15. India prenatal network, (2004) the consumer voice, unintended pregnancy: Result from the indi-Accars project.
16. UN, Declaration preventable moderns mortality, Geneva Switzerland united nation: 2009 (cited 2011) available from (http//www, who, int/pmnch/topics/maternal 2009, o6171 resolution, PDF.
17. Conde- Agudala A., Roles-Bermuda z A, katury- Goeta A. (2006). Birth spacing and risk of adverse prenatal out come" A meta- Analysis . Journal of American association 295(15), 1809-1823.
18. Persman .S.E Rich man C, Dina, Sabatini, m.m.l Krueger Hetal(2001), contraception myths, facts and method journal of Reproductive medicine 46(2). 169-177.
19. Moos M.K Bartiolonew N.E Lohr LN (2003) counseling in clinical setting to preventpregnancy: Evidence based research agenda, contraception67(2) 115-132.
20. AkaleworkB (2008). Determinant and magnitude of unintended pregnancy among selected married in Hawasa town SNNPR, A, A, U, Addis Ababa.
21. Sign S, wulFB, Hussein R, Ban kola A, sedghG(2009).Decedeof uneven progress, Newyork: Guttmacher institute 2009, Abortion world wide.
22. Prevalence of unplanned pregnancy, Retrieved from http// wwwpubmedorgaccessed on may 2009.
23. Polenaetal, High rate of unintended pregnancy among pregnant women in maternity hospital in Cordoba, Argentina, 2009 Reproductive health 2009, Gill do: 10, 1186/1742-4755-6-11)24.
24. Lakha, FQ Glasier, A, unintended pregnancy and use of emergency contraception among large cohort of women attending antenatal care or abortion in Scotland, The lancet, 2006, (368), 1782-1787.
25. Schumann, C andGoslar A, 2006, measuring pregnancy intention and its relation ship with contraceptiveuse among women undergoing therapeutic abortion,contraception,76,520-524.
26. Office for National statistics UK, conception statistics, England and Wales: Conception statistics 2009 (provisions undated 17JUNE 2011(2a-Table A 2bTable B) accessed from http://www statistics. Gov.UK/stat body product.asp? Vlnk=15055.
27. Marley. Bryan F.T 1994 multivariate statistical methods LondonChapman and Hall ministry of Health (Nepal). Neweraand ORC macro 2002, Nepal Demographic Health survey 2004, family health division. Ministry of health, Newera ORC macro, Calverton, Maryland USA.
28. Tomang. Anand. Binod Nepaland RameshAdhikari, 2002, contraceptionun wanted pregnancy and induced abortion in Nepal Kathmandu valley, paper presented at the national conference on abortion in Nepal. Post legalization challenges –Experience from neighboring countries and strategy for Nepal 20-21 June 2002 Kathmandu Nepal.
29. Sharma,sudha, 2002"Post legalization of abortion: issue and challenges in the Nepal case context: paper presented on national workshop on abortion in Nepal: 20-25 June 2002 Kathmandu Nepal.
30. Work us Fantahun m(2006) unintended pregnancy and Induced abortion in town with accessible family planning services the case of harar Eastern Ethiopia, Ethiopia Journal of health Dev.20(2): 79-87: do:10,4214/eJhd.V 2012, 10026 find this article on line.
31. Ministry of health (2006) Health and health related indicator planning and program Department, Addis Ababa, Ethiopia.
32. Ethiopia CSA, macro: Demographic and Health survey 2005, 2006,

33. Kassaetal, predictor of unintended pregnancy in Kersa, Eastern Ethiopia, 2010 Reproductive health 2012 9:1.
34. NigatuRegesa. G, and TadeleKebede 1, (2011) a population based study on unintended pregnancy among married women in damot galeworeda(a districtsouthernEthiopia Journal of geography and Regional planning vol. 4(7).pp.417-427 July 2011 find this article online.

ANNEX II:QUESTIONNAIRES

JIMMA UNIVERSITY
COLLEGE OF PUBLIC HEALTH AND MEDICAL SCIENCES
DEPARTMENT OF NURSING

The general purposes of this study is to assess the magnitude of unplanned pregnancy and associated factors among pregnant mother and to provide information for responsible authorities and for extensive study to develop appropriate strategy that meat clients need.

1. The client name will not be important and keep the right of respondent if they do notwantto respond and terminate at anytime during interview.
2. For multiple choice items choiceitems put mark "✓" in the box wherever appropriate, for items schedule calling "Yes" or "No" put a mark "✓" In fronts of an item which corresponds the participant response.
3. 3. For open Ended question items, please write the dissectclient response in space provided.

Part 1 General information about the respondents

1.Age _____ (in Years)

2.Marital status ☐

A, Single ☐ C,Divorce ☐
B, Married ☐ D, Widowed ☐

3.Educational status of mother

A. Illiterate ☐ B. read and write ☐

C. 1-6 grade7-12 grade ☐ D. College /University Complete ☐

4.Ethnicity

A.Oromo ☐ C. Tigre ☐

B.Amhara ☐ D.Other (specify) _____

5.Religion

A. Muslim ☐ C, Protestant ☐

B. Orthodox ☐ D. other (specify)_____

6.Occupational status

A,House wife ☐ D, Daily labor ☐

B, Government Employee ☐ E, other (specify)_____

C,Merchant ☐

7.Monthly Income of family (in birr) _____

Part II, Specific information regarding family planning services

1. Have you ever heard information about family planning method before?

   Yes ☐ No ☐

2. If your answer is yes for the above question, what was your source of information?

   A, Health worker ☐ B, Relative ☐

   C. Mass media ☐ D. Other (specify)_____

3. Do you know the importance of family planning?

   A. Yes ☐ B. No ☐

4. If Yes for question –No.3 what is the importance of family planning you know?

   A. For child Spacing ☐ C. For Maternal health ☐

   B. For child Health ☐ D. Other (Specify)_____

5. Have you ever practiced any types of family planning method?

   Yes ☐ No ☐

6. If your answer is yes, for the above question what type of family planning method did you practice?

   _____

7. Why you preferred this method? _____

8. For how long you used this method? _____

9. If your answer is no for question No.5 what is your reason for not use in Family planning method (more than one answer is possible.

   A, Lack of information ☐ C, Religions view ☐

   B, Child preference ☐ D, Fear of side ☐

F. in accessibility of the services ☐ E, husband domination ☐

G. Other (please specify _____

Part III, the client view towards present pregnancy

1. Are you current pregnancy planned?

   A, Yes ☐ B, No ☐

2. If your answer is "No" for the above question what is your reason for being pregnancy.

   A, Lack of means to protect ☐ C, Failure of contraceptive usage ☐
   B, Missed time ☐ D, husband preference ☐
   E. Other (please specify _____

3. How many children do you think sufficient for life time

   A, One ☐
   B, Two ☐
   C,Three ☐
   D,Four ☐
   E,Five ☐ F,Six or more ☐

4. Would you expect family planning program help you to get the number of children when you want to get?

   A, Yes ☐ B, No ☐

STATEMENT OF DECLARATION OF PRINCIPAL INVESTIGATOR

I the undersigned agree to accept responsibility for the scientific ethical and technical conduct of the research project and provision of the required progress reports as per terms and conditions of the SRP in effect at time. Grant is forwarded as the result of this application.

Name of the student:ABDUSELAM ALIYI

Signature ----------Date of submission----------

APPROVALS OF THE ADVISORS

Name of the first advisor: ----------

Signature ----------Date ----------

Name of the second advisor: ----------

Signature----------Date----------