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COLLEGE OF EDUCATION AND BEHAVIORAL SCIENCES

DEPARTMENT OF PSYCHOLOGY

SOCIO- EMOTIONAL EXPERIANCES OF POST SAFE ABORTIONWOMEN IN THE CASE OF JIMMA UNIVERSITY MEDICAL CENTER

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Advisor approval sheet

Thesis entitled as “socio- emotional conditions of women post safe abortionthe case of Jimma University Medical Center” is original work done by student MulukenKeshamo under our full guidance and advice. The interpretations put forth are based on his reading and understanding of the original work and it is not published anywhere in the form of books, or articles.

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Declaration

I declare that this thesis is my original work and has not been presented to any other University anywhere for the award of any academic degree, diploma, or certificate. It has been submitted in partial fulfillment of the requirement for MA degree in Counseling Psychology at Jimma University. All sources of materials used for this thesis have been duly acknowledged. I have fully granted the University to deposit it at the University library to be made available to borrowers under rules of the library, to produce, archive, preserve, communicate to the public or on the internet, loan, and distribute the thesis worldwide for non-commercial purposes in any format provided that accurate acknowledgement of source is made. In all other instances, however permission must be obtained from the author.

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SCHOOL OF POST GRADUATE STUDIES

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Board of Examiners Approval Sheet

This is to certify that the thesis prepared by MulukenKeshamo entitled "socio- emotional conditions of women who were post safe abortionthe case of Jimma University Medical Center" and submitted in Partial Fulfillment of the Requirements of Master of Art in Counseling Psychology complies with the regulations of the University and meets the accepted standards with respect to originality and quality.

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Chairman of Department of Graduate Program Coordinator

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Abstract

The main objective of this study was to explore women's socio-emotional experiences at Jimma University Medical Center following safe abortion services.Importance of the study Almost all abortion hospitals focus on women's physical health rather than their psychological responses.Following a safe abortion procedure, it is important to examine the implications of psychological problems for women.This research aids concerned bodies in paying attention to socio-emotional experiences issues

The scope of the study was the focus of women's socio-emotional experiences.It is also defined by location and population.Geographically, the study was assigned to Jimma University Medical Center.Strategically, this study employed.

To achieve the objectives of the study, research design was used a qualitative case study approach, to examine the feelings and practices of women who had an abortion.The researcher used qualitative data collection techniques during in-depth interviews.

Sources of data was The researcher used a sampling process related to the objectives of the study. This is very important for accurate information.In an interview with Jimma Hospital Maternity and Obstetrics Unit, a sample of women who came to use various contraceptives and family planning services. The sample was taken by asking about the background history of abortion and abortion services used.

Qualitative research approach has also been applied to the objective sampling technique.About 15 women participated in the study.an interview type was used to gather information from the study participants.According to the study, the most socio-emotional problems experienced by women following abortion are feeling, anger, loneliness, loneliness,

and social stigma.In conclusion, the Women's Jimma Medical Center faces various socio-emotional challenges in the community.

Therefore, Jimma University Medical Center Obstetrics and Gynecology Outreach Department in collaboration with the Jimma University Guidance and Counseling Office should provide counseling and counseling services.

Keywords: socio-emotional experiences of post Safe abortion of women in jimma medical center

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CHAPTER ONE

Introduction

1.1. Background of the Study

Abortion is simply the termination of pregnancy. According to Ethiopian Criminal code of 2005 a woman can legally terminate a pregnancy if her life or physical health is in danger, if she has physical or mental disabilities, or if she is a minor who is physically or mentally unprepared for childbirth. The termination of pregnancy in this case is legally acceptable. As World Health Organization (WHO) medication is one form of abortion which needs to include in to national laws (McKinley, 1993).

Current levelsofsafe abortion in global and regional incidence. As of 2010–2014, an estimated 55.9 million abortions occur each year 49.3 million in developing regions and 6.6 million in developed regions. Whereas absolute numbers are influenced by population size, annual rates are not. Overall, 35 abortions occur each year per 1,000 women aged 15-44 worldwide the rate in developed regions is significantly lower than that in developing regions 27 vs. 36 per 1,000). To put these estimates into real-life terms, an annual rate of 35 per 1,000 suggests that, on average, a woman would have one abortion in her lifetime. (Singh, 2018).

During 2010–2014, an estimated 8.2 million induced abortions occurred each year in Africa. This number represents an increase from 4.6 million annually during 1990–1994, mainly because of an increase in the number of women of reproductive age. The annual rate of abortion

for the region is an estimated 34 per 1,000 women of reproductive age 15–44, and remained more or less constant between 1990–1994 and 2010–2014. (Singh, 2018).

Safe abortion is permitted in Burkina Faso only to save the life and protect the health of pregnant women, or in cases of rape, incest, and severe fetal impairment. As a result, the vastmajority of women who end unintended pregnancies do so in secrecy, out of fear of prosecution and to avoid the social stigma that surrounds this practice. Most clandestine abortions are carried out in unsafe conditions that jeopardize women's health and sometimes their lives. This report presents estimates of the number and rate of induced abortions that occurred in Burkina Faso in 2008 and 2012; reports levels of unintended pregnancy (the major reason that women seek abortions in the first place); and describes some of the adverse consequences of unsafe abortion for women, their families and society. (Guiella, G. 2014).

A research conducted by Mekbib(2007). Shows that as a means to reduce the problems stated above, the penal code was revised in 2005 to broaden the indications under which abortion is permitted. Termination of pregnancy is now legal when the pregnancy results from rape or incest, when continuation of the pregnancy endangers the health or life of the woman or the fetus, in cases of fetal impairment, for women with physical or mental disabilities, for minors who are physically or psychologically unprepared to raise a child and in cases of grave and imminent danger that can be averted only through immediate pregnancy termination. Following the revision of the criminal code in 2005 and the development of abortion series guidelines by the Ministry of Health, access to safe abortion has been gradually increasing Criminal Code of FDRE, (2005).

Safe abortion is almost all the deaths and complications from unsafe abortion are preventable. Procedures and techniques for early induced abortion are simple and safe. When Performed by trained health care providers with proper equipment, correct technique and

sanitary standards, such abortion is one of the safest medical procedures. In countries where women have access to safe services, their likelihood of dying as a result of an abortion performed with modern methods is no more than one per 100,000 procedures (Sedgh, 2015).In developing countries, the risk of death following complications of unsafe abortion procedures is Hundred times higher than that of an abortion performedprofessionallyunderafeconditions. (WHO, 1998).Properly provided services for early abortion save women's lives and avoid the often substantial costs of treating preventable complications of unsafe abortion. (WHO, & UNAIDS, 2003).

Ethiopia's parliament amended the penal code inn 2005, to expand the circumstances in which abortion is legal. Although the country has expanded access to abortion and post abortion care, In 2008, an estimated 382,500 induced safe abortions were performed in Ethiopia, for an annual rate of 23 abortions per 1,000 women aged 15-44(Moore, 2016).

Ethiopia expanded its abortion law,in 2005 which had previously allowed the procedure only to save the life of a woman or protect her physical health. Abortion is now legal in cases of rape, Incest or fetal impairment. In addition, a woman can legally terminate a pregnancy if her life or physical health is in danger, if she has physical or mental disabilities, or if she is a minor who is physically or mentally unprepared for childbirth. Since enactment of the new law, efforts have been undertaken to improve access to abortion-related care, such as by constructing more health centers and training more midlevel providers. In 2006, the government published national standards and guidelines on safe abortion that permitted the use of medications (misoprostol with or without mifepristone) to terminate pregnancies, in accordance with World Health Organization (WHO) clinical recommendations on safe abortion (McKinley, 1993).

In the study conducted by Remennick, (2001).Socio-emotional context and women's experiences of abortion in Israeli women and Russian immigrants by reaveled most women of either origin did not report serious emotional problems during the three months following abortion. The typical feeling right after the procedure was one of relief, often mixed with sadness, and the wish to forget this experience as soon as possible. However, in both groups there also were informants who could not easily forget the pregnancy and its end. About a quarter of Israeli informants and about one-third of Russian women talked of sadness, insomnia, poor concentration, fatigue and other signs of depression that they were going through. Several women noted that they had experienced these problems also in the past, or during this pregnancy, but after abortion things got worse. Hence, the purpose of this study is to explore socio-emotional experience of women after Post Safe AbortionService in Jimma University Medical Center

1.2. Statement of The problem

According Allen, J. G. (2008),Emotional consequences of a safe abortion have long been acknowledged. Repentance, wrath, remorse, and shame, as well as loss of self-confidence, loneliness, eating disorders, and sleeping disorders, were the most commonly cited emotional and social difficulties.According to several studies, some women have suffered serious mental problems such as anxiety and acute depression (Sang, 2008).For example, according to (Agrawal, 2012).research findings, abortion is frequently followed by post-abortion syndrome, which is characterized by psychological abnormalities such as intense guilt, remorse, anxieties, sadness, regrets, anger, anxiety attacks, suicide ideation, and social and sexual dysfunction.

Personal, socioeconomic, emotional, and procedural factors, as well as the circumstances of sexual intercourse, have been linked to psychological issues following abortion in several studies (Fergusson, &Ridder, 2006). The study on abortion was carried out by a number of different researchers. However, they ignored the topic of post-abortion socio emoyionalexperiences in women's lives.

Ethiopia has made significant progress in meeting the health requirements of mothers by expanding its maternity and child health program. However, the socio-emotional problems that women face after an abortion procedure are overlooked.As a result, the current study was looked into the socio-emotional experiences of women who have had a safe abortion at Jimma University Medical Center. As a result, the following research issues were addressed in this study:

1. Wthatis women's socio-emotional feelings following safe abortion service inJimma University Medical Center.
2. What are the factors associated with emotional status of women following safe abortion service?
3. What are the basic emotion management techniques used by the women after safe abortion?

1.3. Objectives

1.3.1. General objective

Theaim of this study was to explore women's socio-emotional experiences of safe abortion in Jimma University Medical Center following safe abortion service.

1.3.2. Specific Objectives

1. To assess women's socio-emotional experiences of safe abortion Jimma University Medical Center.
2. To identify the resonof emotional experiances of women following safe abortion service.
3. To explore women's emotion management techniques following safe abortion

1.4. Significance of the Study

Almost all abortion hospitals place greater emphasis on the physical health of women than on their psychological reactions. It is critical to investigate the implications of psychological difficulties in women following a safe abortion procedure. This research aids concerned bodies in paying attention to socio-emotional experiancesissues..

Health-care professionals can choose from a variety of pertinent data that will assist them in improving their service delivery,as a result, this study is expected to lead women to therapy who

will have an appropriating to this study and learn about their private experiences in order to make informed decisions. Furthermore, this study may provide some materials for academics who are interested in conducting research on a topic connected to the current study.

1.5. Delimitation of the study

Women's socioemotional experiences were the focus of the research. It is also defined by its location and population. Geographically, the study was delimited to Jimma University Medical Center. methodolohically, this study was employed a qualitative research approach,because the participants' subjective experiences were thoroughly probed.

1.6. Definition of Terms

Emotional experiences is refers to feelings like joy, fear, relief, anger sad, shame, guilt, proud, embarrassment of the participants after the abortion procedure because of the evaluation of their experience.

Social experience refers to the social interaction of the participants with family, parents, or close friends.

Socio-emotional experience refers to the variation's occur in participants feeling and relationships with other after abortion.

Safe Abortion refers to the clinical procedure performed intentionally to terminate the pregnancy.

First trimester is refers to abortion which is done before three months of pregnancy.

Second trimester is refers to abortion which is done after three months of pregnancy.

1.7 Organization of the Thesis

This study is organized by six chapters. The first chapter includes the introductory, statement of the problem, objectives of the study, Significance of the study, delimitation and limitation and operational definitions. The second chapter contains review of related literatures. The third chapter explains the methodology of data collection and analysis. The fourth chapter contains the result of the study. The fifth chapter discussed the result. Finally, the last chapter contains the summary, conclusion and recommendations of the study.

CHAPTER TWO

2. Review of related Literature

2.1. Safe Abortion in Global and Regional Incidence

Current levels. As of 2010–2014, an estimated 55.9 million abortions occur each year 49.3 million in developing regions and 6.6 million in developed regions. Whereas absolute numbers are influenced by population size, annual rates are not. Overall, 35 abortions occur each year per 1,000 women aged 15-44 worldwide the rate in developed regions is significantly lower than that in developing regions 27 vs. 36 per 1,000). To put these estimates into real-life terms, an annual rate of 35 per 1,000 suggests that, on average, a woman would have one abortion in her lifetime.

Abortion incidence varies little by countries' economic conditions: Rates are similar among the World Bank's four income groups the highest and lowest income-groups range narrowly rates of 29 and 32 per 1,000 women, respectively. Moreover, women living under the most restrictive laws i.e., where abortion is prohibited altogether or allowed only to save a woman's life have abortions at about the same rate as those living where the procedure is available without restriction as to reason 37 and 34 abortions per 1,00, respectively.

Regionally, the highest estimated abortion rate is in Latin America and the Caribbean 44 abortions per 1,000 women and the lowest rates are in Northern America and Oceania 17 and 19 per 1,000, respectively. Rates in Africa and Asia are very close to the world average 34 and 36 per 1,000). At the sub regional level, rates are fairly homogenous within Africa and Asia however; they vary widely within Latin America and the Caribbean from 33 per 1,000 in Central America to 59 per 1,000 in the Caribbean, and within Europe from 16 per 1,000 in Western Europe to 42 per 1,000 in Eastern Europe Singh, S., et.al…(2018).

2.2.1. Safe Abortion in Africa

During 2010–2014, an estimated 8.2 million induced abortions occurred each year in Africa. This number represents an increase from 4.6 million annually during 1990–1994, mainly because of an increase in the number of women of reproductive age. The annual rate of abortion for the region is an estimated 34 per 1,000 women of reproductive age 15–44, and remained more or less constant between 1990–1994 and 2010–2014.The regional abortion rate is roughly 26 per 1,000 for married women and 36 per 1,000 for unmarried women's of 2010–2014, the annual abortion rate varies slightly by sub region, ranging from 31 per 1,000 women of reproductive age in Western Africa to 38 per 1,000 in Northern Africa; rates in Eastern, Middle and Southern Africa are close to the regional average of 34 per 1,000.The proportion of all pregnancies in Africa ending in abortion each year, estimated at 15% in 2010–2014, has changed little since 1990–1994.The proportion of pregnancies ending in abortion ranges from 12% in Western Africa to 24% in Southern Africa; rates in Middle, Eastern and Northern Africa are13%, 14% and 23%, respectively(Singh,2018).

Legal status of abortion

An estimated 93% of women of reproductive age in Africa live in countries with restrictive abortion laws (i.e., countries in the first four categories. Even in countries where the law allows abortion under limited circumstances, it is likely that few women are able to obtain a safe, legal procedure. Abortion is not permitted for any reason in 10 out of 54 African countries. Four countries in Africa have relatively liberal abortion laws: Zambia permits abortion for health and socioeconomic reasons, whereas Cape Verde, South Africa and Tunisia permit abortion without restriction as to reason, with gestational limits (Singh, S.et al., 2018).

2.2.2. Safe Abortion in Ethiopia

In 2005, Ethiopia expanded its abortion law, which had previously allowed the procedure only to save the life of a woman or protect her physical health. Abortion is now legal in cases of rape, Incest or fetal impairment. In addition, a woman can legally terminate a pregnancy if her life or physical health is in danger, if she has physical or mental disabilities, or if she is a minor who is physically or mentally unprepared for childbirth. Since enactment of the new law, efforts have been undertaken to improve access to abortion-related care, such as by constructing more health centers and training more midlevel providers. In 2006, the government published national standards and guidelines on safe abortion that permitted the use of medications (misoprostol with or without mifepristone) to terminate pregnancies, in accordance with World Health Organization (WHO) clinical recommendations on safe abortion (McKinley, 1993). Abortion

Abortion is simply the termination of pregnancy. According to Ethiopian Criminal code of 2005 a woman can legally terminate a pregnancy if her life or physical health is in danger, if she has physical or mental disabilities, or if she is a minor who is physically or mentally unprepared for childbirth. The termination of pregnancy in this case is legally acceptable. As World Health Organization (WHO) medication is one form of abortion which needs to include in to national laws (McKinley, 1993).

2.2. Abortion Rate

As of 2010–2014, an estimated 36 abortions occur each year per 1,000 women aged 15–44 in developing regions, compared with 27 in developed regions. The abortion rate declined significantly in developed regions since 1990–1994; however, no significant change occurred in developing regions. By far, the steepest decline in abortion rates occurred in Eastern Europe, where use of effective contraceptives increased dramatically; the abortion rate also declined

significantly in the developing sub region of Central Asia. Both sub regions are made up of former Soviet Bloc states where the availability of modern contraceptives increased sharply after political independence exemplifying how abortion goes down when use of effective contraceptives goes up. Abortions occur as frequently in the two most-restrictive categories of countries (banned outright or allowed only to save the woman's life as in the least-restrictive category (allowed without restriction as to reason)—37 and 34 per 1,000 women, respectively. In much of the world, 20–24-year-old women tend to have the highest abortion rate of any age group, and the bulk of abortions are accounted for by women in their twenties. Adolescent abortion rates in countries in developed regions are fairly low e.g., 3–16 per 1,000. Is demonstrated Singh, S.et al., and (2018).

Manner of Abortion

In 2014, an estimated 620,300 abortions were performed in Ethiopia. This corresponds to an annual rate of 28 abortions per 1,000 women aged 15–49, an increase from 22 per 1,000 in 2008.Ethiopia's abortion rate remains lower than the estimated rate of 34 per1,000 women for East Africa region as a whole, which includes many countries where abortion is highly restricted. The abortion rate is highest in urban areas: Ninety-two per 1,000 women in Addis Ababa, the country's largest city, and 78 per 1,000 in the smaller urban regions of Dire-Dawa and Harari. The higher rates in urban areas are likely the result of many factors, including those women who reside elsewhere travel to urban areas to obtain abortions (Singh, S.et al., 2018).

Providing safe abortion Care

In 2014, 53% of safe abortions (some 326,200) were legal procedures performed in health facilities, nearly double the proportion in 2008 (27%).In 2014, almost three-fourths of facilities that could potentially provide abortions or post abortion care did so, including 67% of the 2,600 public health centers nationwide, 80% of the 1,300 private or non- governmental organization (NGO) facilities and 98%of the 120 public hospitals. The majority of abortions (66%) are provided by private or NGO facilities, while most post abortion care (72%) is provided by public hospitals and health centers. Between 2008 and 2014, the share of legal abortions performed using medication increased from zero to more than one-third. The proportion of abortion-related services—induced abortion and post abortion care—provided by midlevel health workers increased from 48% in 2008 to 83% in 2014.

2.9.Women Seeking safe abortion Care

In both 2008 and 2014, the majority of women seeking a legal abortion, or post abortion care for complications from an abortion or a miscarriage, were married, were younger than 25 and had at least one previous pregnancy. During this period, the proportion of women seeking care who reported that they had already tried to end the pregnancy increased from 11% to 15 %(Singh, S.et al., 2018).In Ethiopia post-abortion care follow-up is focused on complications from unsafe abortion and family planning services to prevent unplanned pregnancies. Psychological implications of induced abortion have been given less attention than physical complications.

Some researchers investigating post-abortion reactions report only one positive emotion: relief. This emotion is understandable, especially in light of the fact that the majority of aborting women report feeling under intense pressure to "get it over with." Temporary feelings of relief are frequently followed by a period psychiatrists identify as emotional "paralysis," or post-

abortion "numbness." Like shell-shocked soldiers, these aborted women are unable to express or even feel their own emotions. Their focus is primarily on having survived the ordeal, and they are at least temporarily out of touch with their feelings (Singh, S.et al., 2018).

2.2.3. Safe abortion in Jimma

According to Gebeyehu, D, (2015).of the total calculated 194 sample size of the clients admitted for both spontaneous and induced abortion, 125(64.4%) were spontaneous and 69(35.6%) were induced abortion 49(25%) of the study participants were between 20-24years of age. 28(14.4%) of incomplete abortion occurs between age of 25-29years. 155(59.3%) were from rural area 95(45%) were multigravida) 130 (67%) of them were married and 27.8% (54) were single while 55(28.4%) of them were household followed by student 46(23.7%) and government employee 38 (19.6%) Occupation and marital status are strongly associated with types of abortion with p-value of $P<0.001$.

Gebeyehu, D.,etael. (2015).125(64.4%) were spontaneous and from 69(35.6%) induced abortion 57 (82.6 %) happened under the age of 30 years while the rest 121 (96.8 %) of spontaneous abortion were common in age<30 years old. This is comparable with previous studies done in Gambella hospital showed that patients with induced abortion were younger, single and had a secondary education. Conquering to this study in southwest Ethiopia showed that 81.5 % of the induced abortions occurred among 15 to 25 years. Study in Wollega showed 36.4% were educate, 63.6% were uneducated, 22.4%were house wife, 89% are from rural, 10.9% were from urban.

Those married were comparable and those single where lower in this study which related to school based study at Northern Ethiopia and those come from urban area is higher than and those from rural area is lower when compared to study in Wollega, because that study is more

peripheral and Jimma is more urban and where the tertiary hospital and higher institution are available. The current finding is also in conformity with the finding in Tanzania, it was found that nearly a third of victims of unsafe abortion were teenagers of whom about one in every four were students of primary and secondary schools. From 37 (19.1%) of patients have had one or more abortion, 28(75.7%) had one to two abortion and 9(24.3%) had three and more abortion. When compared with a study done in jimma Zone, 207 (51.8%) of the respondents have history of one or two pregnancies including the current pregnancy. which is higher than the current study because of improving trend us of contraceptive , availability of health service at Jimma and number of pregnancy experienced is higher in rural than urban.

Previously conducted study in southwest Ethiopia revelaedthat,the reasons given by the respondents for committing induced abortion are 31.3% due to fear of family and the community and 14.1% due to economic problem. The current study is also comparable with the study by S. Kebede at Jimma hospital revealed that the main reason for induced abortion was due to economic problem. In the present study, rape 30(15.5%) and economic 16(8.2%) problem hold most indication of induced abortion. and Oral Contraceptive Pills/ had been utilized for post abortion family planning method accounting about 74 (38.1%) and 35(18%) respectively which is higher than the Ethiopia Demographic and health service / 20014 the contraceptive method used in all reproductive women's injectable (21.2%) and pill account (1.8%) respectively The difference may be Demographic and health service represent the wall country but the current study figured out only on Jimma University Teaching hospital.

The most common clinical presentation in this study was vaginal bleeding (63.4%), complaining termination of pregnancy (35.6%) and about 1% was due to complications of pregnancy fever and pushing down pain respectively which is similar with reports of other studies. The difference could be attributed to incomplete abortion and trauma to genital

tract/uterus. The most common complication in this study was sepsis, 23(11.9%) It occurred in 57.1% of cases reported in Kaduna 20and 73% of cases in Niger Delta, Nigeria (Gebeyehu, 2015).

2.2.4. The concept of Emotion

Yet, there is no consensus on a definition of the term emotion, and theorists and researchers use it in ways that imply different processes, meanings, and functions. In much of the existing literature, the term emotion was often applied both to basic emotions as well as to emotion schemas. According to Izard (2007) Emotions are divided into two, basic emotions and emotion schemas. Basic emotions refers to those emotions that have been characterized as having evolutionarily old neurobiological substrates, as well as an evolved feeling component and capacity for expressive and other behavioral actions of evolutionary origin. Such as interest, joy/happiness, sadness, anger, disgust, and fear are basic emotions. Whereas the term emotion schema refers to the processes involved in the dynamic interplay of emotion, appraisals, and higher order cognition. The term emotion schema emphasizes a cognitive content that does not characterize a basic emotion or basic-emotion episode. Emotions are generally conceptualized as complex phenomena that involve changes in the domains of subjective experience, behavior, and peripheral physiology. (Lewis, et al., 2008)

In the framework of the component process model, emotion is defined as an episode of interrelated, synchronized changes in the states of most of the five organismic subsystems in response to the evaluation of an external or internal stimulus event as relevant to major concerns of the organism. The term emotional has appeal in that emotions are inherent and central to psychosocial functioning, motivation, well-being, and life satisfaction. Emotions make up the

fabric of relationships and are embedded to one degree or another in all interpersonal interactions. There are basically two perspectives of emotion (Scherer,etal, 2001).

2.2.5 The psychologist's perspective of Emotion

The psychological point of view is that "emotion" represents a meaningful and necessary concept. People, objects, and events, and the feelings they evoke, moreover, do not leave one emotionless. They affect human's body and cognitive functioning. One may tremble, become confused, or believe what one knows to be wrong. The psychologists' point of view thus points to a domain of phenomena of feelings, behaviors, and bodily reactions. These phenomena require explanations different from those required for explaining habit, voluntary action, and sensory impressions and thought as such. They appear to demand explanatory concepts such as pleasure and pain, evaluation, control priorities, preferences, and desires. This psychological perspective has two interconnected implications. First, its focus is on phenomena manifested or felt by individuals. Second, the explanations for these phenomena require hypotheses about intrapersonal causal processes. Emotion serves as a shorthand for or pointer to, intrapersonal processes and mechanisms (Frijda,, 2009).

Appraisal theory assumes that emotions are adaptive entities that have evolved to respond quickly to recurring important circumstances. Its emphasis is put on a cognitive step between those circumstances and the emotion (event→appraisal→emotion). Some versions of appraisal theory assume that appraisals are a part of the emotion.The notion of emotion thereby serves to resolve discrepancies between what people do or feel and the events surrounding them; between what they do and what they say; between what they do and what seems most appropriate, most useful, most reasonable, and best organized. It serves. To help our understanding that different people may react in different ways to the same situations, and that one given person may react

differently to one given situation on different occasions. The psychological point of view focuses on intra-individual processes, even if these may represent convergence points for influences of sociocultural origin. Among its explanatory tools, the psychology of emotion includes the dynamic interactions of the individual with his or her environment. These interactions bring sensory stimuli in from environment and body, produce effects on how smoothly the individual's faculties and processes function, and produce effects on the environment as well as feedback from that environment (Scherer, K. et al, 2001).

2.2.5. Emotional States and Experiences

Emotional states are defined as particular constellations of changes in somatic and/or neurophysiologic activity. Emotional states can occur without organisms' awareness. Individuals can be angry as a consequence of a particular elicitor and yet not perceive the angry state that they are in. An emotional state may involve changes in neurophysiologic and Hormonal responses, as well as changes in facial, bodily, and vocal behavior. States are considered action patterns that include facial changes and physiological responses are demonstratedis demonstrated (Lewis, et al., 2008).

In order for an emotion to take place, some stimulus event must trigger a change in the state of the organism. The state of the organism can be a change in an idea, or it can be a change in the physiological state of the organism. The triggering event may either be an external or internal stimulus. External elicitors may be nonsocial (loud noise) or social (separation from a loved one).Internal elicitors may range from changes in specific physiological states to complex cognitive activities.

Emotional states can be elicited through cognitive evaluative processes. They may be automatic that is, may be action patterns to certain thoughts. Self-conscious emotions such as embarrassment, pride, shame, and guilt are elicited by thoughts about others' thinking about us.

Lewis has argued for distinguishing between different emotional states by using the difference between the levels of cognitive activity involved in their elicitation. Fear of falling is elicited by little cognition, shame by much cognition (Lewis, M., 1992).

Emotional expressionsare observable surface changes in face, voice, body, and activity level. Emotional expressions are seen as the manifestations of internal emotional states. In fact, no single measure of emotional states or action patterns is more differentiating than emotional expressions. The problem with emotional expressions is that they are soon capable of being masked, dissembled, and in general controlled by an individual. Moreover, emotional expressions are subject to wide cultural and socialization experiences. Thus the relationship between expressions and states remains somewhat vague (Saarni, C., 1999).

Emotional experiencesare the evaluations and interpretations by individuals of their perceived.

Situations, emotional states, and expressions. Emotional experiences require that individuals attend to their emotional states (changes in their neurophysiological behavior), as well as the situations in which the changes occur, the behaviors of others, and their own expressions. Attending to these stimuli is neither automatic nor necessarily conscious. Emotional experiences require people to attend to a select set of stimuli. Without attention, emotional experiences may not occur, even though an emotional state may exist. For example, a patient may be in a particular emotional state (e.g., depression), but may attend to select features of that state (e.g., fatigue), and so may only experience tiredness. Or a patient may not experience pain at the dentist when distraction is provided through the use of earphones and loud music. Emotional experiences occur through the interpretation and evaluation of states, expressions, situations, behaviors of others, and beliefs about what ought to be happening emotional experiences there for depend on cognitive process **(**Lewis et al., 2008).

2.2.6. Social Experiences

Sociality has a significant influence on human functioning. The survival and success of our evolutionary ancestors depended on their ability to form organized group of interdependent actors. The benefits of group living allowed a group of people to succeed where an individual might fail. Although our species has come a long way from the harsh and precarious conditions during early evolution, human beings continue to be utterly dependent on one another for their survival and wellbeing. It is therefore quite reasonable to assume that human cognitive and motivational tendencies were shaped by the demands of group living (Lerner, et al., 2003).

Meaningful human relationships are a crucial part of the self. The researchers conducted by have proposed that the need to belong is one of the most fundamental human motivations, underlying many emotions, actions, and decisions throughout life. Belongingness theory predicts that people seek to have close and meaningful relationships with others, perhaps because such relationships increase the likelihood of survival and reproduction (Baumeister, et.al., 1995)**.**

According to study conducted **(**Sternberg, et.al., 1988), People form relationships voluntarily and with minimal external motivation. They hesitate to break a relationship even when its practical purpose has ended. They also seem to categorize others based on their relationships. In general, humans are social animals, and people seek relationships with others as a fundamental need. When this need is not met people feel disconnected from the society.

The study conducted by Baumers, suggests that social exclusion is associated with a variety of negative circumstances, including poor physical and mental health, crime and antisocial behavior, alcohol and drug abuse, and even reckless (Baumester, et.al. 2000).

‘Social interest and community feeling are Adler’s most significant and distinctive concepts. These terms refer to individuals’ awareness of being part of the human community and to individuals’ attitudes in dealing with the social world.

Social interest refers to an action line of one's community feeling, and it involves the individual's positive attitude toward other people in the world. Social interest is the capacity to cooperate and contribute. Social interest requires that we have enough contact with the present to make a move toward a meaningful future, that we are willing to give and to take, and that we develop our capacity for contributing to the welfare of others. Social interest includes striving for a better future for humanity. The socialization process, which begins in childhood, involves finding a place in society and acquiring a Sense of belonging and of contributing. While Adler considered social interest to be innate, he also believed that it must be taught, learned, and used. Social interest is the central indicator of mental health. Those with social interest tend to direct the striving toward the healthy and socially useful side of life. From the Adlerian perspective, as social interest develops, feelings of inferiority and alienation diminish. People express social interest through shared activity and mutual respect (Baumester, et.al. 2000).

Individual Psychology rests on a central belief that our happiness and success are largely related to this social connectedness. Because we are embedded in a society, we cannot be understood in isolation from that social context. We are primarily motivated by a desire to belong. Community feeling embodies the feeling of being connected to all of humanity past, present, and future and to being involved in making the world a better place. Those who lack this community feeling become discouraged and end up on the useless side of life. We seek a place in the family and in society to fulfill basic needs for security, acceptance, and worthiness. Many of the problems we experience are related to the fear of not being accepted by the groups we value. If our sense of belonging is not fulfilled, anxiety is the result. Only when we feel united with others are we able to act with courage in facing and dealing with our problems' In this study fear of being accepted by the people they value and poor close interpersonal relationship (with

family, friends, spouse or partner) considered as a social problem and its relationship with the women's concealment of real emotional experience assessed. Are demonstrated (Corey,(2009).

2.2.7. Self-Conscious Emotions

Emotions often reflect value judgments relevant to the self. For example, shame and guilt have strong interpersonal components. The difference between the two lies in how much of the self is affected. Guilt accuses a specific action by the self, whereas shame condemns the entire self. Shame is usually the more destructive of the two emotions. Because shame signifies that the entire self is bad, simple reparations or constructive responses seem pointless. This absence of constructive solutions probably leads to many of the pathological outcomes connected with shame, such as suicide and major depression. Shame also seems to produce socially undesirable outcomes such as, for some people, a complete withdrawal from others. Other people, however, respond to shame with anger. The shift from shame into anger may be a defensive effort to negate the global negative evaluation. In contrast, guilt is more reparable and less socially disruptive than shame. Guilt has a strong basis in relationships even when no transgression is involved. For example, some people feel survivor guilt because they have survived when others have died or suffered (Tagney, et.al., 1996)

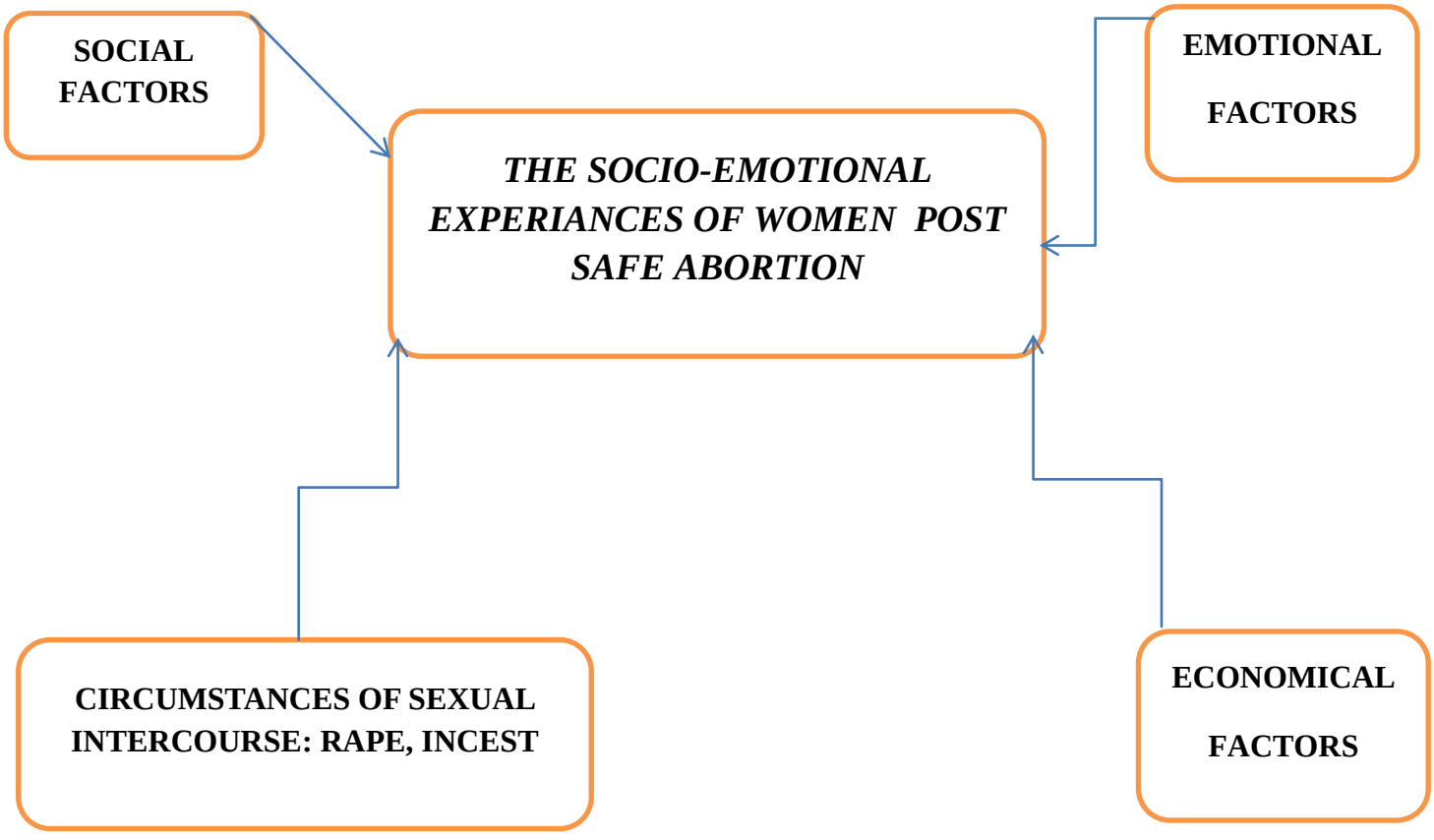
2.2.8. Abortion Perspectives

Several different perspectives have shaped understanding of potential associations between abortion and socio emotional experiences. The main two viewpoints of abortion are the following. The first perspective argues that abortion is traumatic because it involves a human death experience, specifically, the intentional destruction of one's unborn child and the witnessing of a violent death, as well as a violation of parental instinct and responsibility, the breaking of maternal attachments to the unborn child, and unacknowledged grief (Coleman,

2005). The belief that women who terminate a pregnancy typically will feel grief, guilt, remorse, loss, and depression also is evident in early studies of the psychological implications of abortion, many of which were influenced by psychoanalytic theory and based on clinical case studies of patients presenting to psychiatrists for psychological problems after an abortion (Adler et al., 1990). Speckhard and Rue (1992) posited that the traumatic experience of abortion can lead to serious mental health problems for which they coined the term post abortion syndrome. They conceptualized post abortion syndrome as a specific form of posttraumatic stress disorder comparable to the symptoms experienced by Vietnam veterans, including symptoms of trauma, such as flashbacks and denial, and symptoms such as depression, grief, anger, shame, survivor guilt, and substance abuse. Post abortion syndrome is not recognized as a diagnosis in the Diagnostic and Statistical Manual of the American Psychiatric Association (APA, 2012).

The other perspective emphasizes the impact of the larger social context within which pregnancy and abortion occur on women's psychological experience of these events. Unwanted pregnancy and abortion do not occur in a social vacuum. The current sociopolitical climate stigmatizes some women who have pregnancies as well as women who have abortions (Major, et.al., 1999). From a sociocultural perspective, social practices and messages that stigmatize women who have induced safe abortions may directly contribute to negative psychological experiences post abortion.

2.2.9.Conceptual frame work



CHAPTER THREE

3. Research methods

3.1.Research Design

The study used a qualitative case study approach to examine the feelings and experiences of women who had post abortion.The researcher used qualitative data collection techniques during in-depth interviews. Chahil, P. K. (2016).

3.2. Study Area

The study was conducted in Jimma university medical Center /JUMC/which is found in Jimma town. Jimma town is the capital city of the Jimma Zone which is found in the Ethiopia Oromia Regional State located at South-West of Ethiopia at a distance of 335 kms from Addis Ababa the capital of Ethiopia. Its geographical location is approximately 7 & 41 N latitude and 360 & 50E longitude.Seifu, Y. (2002).

3.3. Target Population

The study's target population are all women who received safe abortion services at Jimma University Medical Center.

3.4 Tool Development

Qualitative study was carried out. In order to collect data from the participants interview questions were used. An individual based, semi-structured in depth interview was conducted to provide greater flexibility and give emphasis on the emotional and social factors of safe abortion.

Interview guided questions was constructed based on the research questions, operational definitions and the reviewed literature. Then the questions reviewed by the research advisor at the university to check the content of relevant with research title.

1.4.1. Sources of Data

The researcher used a quality modeling process that was relevant to the purpose of the study.This is very important for accurate information.In an interview with Jimma Hospital Obstetrics and Gynecology Unit, a sample of women who had come to use various contraceptives and family planning services was asked about the history of abortion and abortion services.

1.5. Sampling Technique and Sample Size

To determine the exact number of samples for the study, the researcher went to the hospital's Obstetrics and Gynecology department to look at the number of mothers who had abortions for the past one month.After i saw it the past information about 60 women abortions in hospital document .According to the hospital document, the researcher took samples of 15 mothers who performed the data based on their background history,and using purposive sampling method

3.5.1. Study Participants

A sample of 15 women was selected for personal interviews.The selection criteria were based on choosing married, unmarried, or single and divorced women to obtain information from different perspectives were based on women's marital status.Both first trimester and second trimester women were included. The criterion also based on the participants' availability and willingness for the interview.

3.5.2. Inclusion and Exclusion Criteria

3.5.3. Inclusion Criteria

woman who has a history of abortion and is willing to provide information for this study were included in the study.

3.5.3.2 Exclusion Criteria

Mentally ill women: -No woman should be included in this study, if she has had a history of abortion and is mentally ill because she cannot provide adequate and accurate information for the study.

Women who do not consent and women with Critical illness.: - Any woman who has had an abortion history in the past, but refuses to provide information for this study and is seriously ill will not be included in the study.

3.6. Data Collection Instruments

3.6.1. Interview

Interviewing is by far the most commonly used method of data gathering for qualitative studies due to the reason that it enables the researcher to get in-depth information about the experience of the informants. In this study, the researcher used in depth interview or open ended questions type was used to gather data from the participants, because it allows the informants to have more freedom to narrate their story and experience. The duration of the interviewwas last for an average timeof 30minutes per individual and interviews were audio-recorded with informed consent, then later transcribed and translated from the participants original language into English for analysis. Researchers produced reports with the aid of notes and audio records.

3.7. Data Collection Procedures

A letter of permission was obtained from Jimma University College of Education and Behavioral Sciences, Department of Psychology to Jimma University Medical Center Gynecology Outpatient Department.Then the letter was submitted to the management of gynecology to gate access to the women who came to gate to abortion service. Moreover, the participants' interests tointerviewandinformation consent was secured. Further, the intimacy was created to facilitate the environmwent for data collection. Finally, the data was collected from the study participants.

3.8. Data Analysis process

Qualitative research in social science focuses on the study of human behavior and social life under natural conditions.There are many different ways to analyze social life, so there are many perspectives and practices in quality data analysis.There are different techniques, because it describes different questions that need to be asked and different truths that can be explained. (Keith, 2009).

The aim of data analysis in qualitative study is decreasing and organizing the data in to specific themes in order to explore participants experience in social and historical contexts out of the data. Thus findings can be interpreted in a meaningful way. In addition, data collection and analysis must be a simultaneous process in qualitative research. (Creswell, 2009).

In this study data from the participants, was analyzed thematically by Compacting extensive and diverse raw data into concise structure then major issues generated by the participants was detected and identified. The researcher was used audio recording to collect data from all participants .After conducting all the interviews, the data was translated and transcribed

from audio recorded sounds and notes taken directly from Amharic and Afan Oromo, into written forms (Amharic) and the transcriptions was translated to English.

3.9. Trustworthiness

In this study, the researcher identified the participants in the study to ensure the reliability and reliability of the test, followed by a series of observations, time-tested sampling, feedback, member interviews, peer review, negative case analysis and good interview techniques. The ability to communicate clearly is verified by clear and concise descriptions and deliberate sampling methods. Dependence will also be established using audit trail, code-retrieval strategy, step-by-step multiplication, triangular and peer-to-peer analysis. Qualitative audit relevance was obtained through audit testing, instruction. The reliability of research findings was achieved through quality engagement and close communication and trust, triangles (sources, methods and researchers), good interview techniques, participants identities and researcher self-confidence, and participants' confidentiality.

4.10. Ethical Consideration

The Purpose of the study was informed for study participants and then their informed consent (verbal & written) was taken for both audio and participation. Their right of privacy and confidentiality was assured for participants during data collection and analysis process. Identifiers of the respondents was not be used. Instead pseudo-anonyms were used. Potential benefit and risk was told to the study participants.They were informed to interrupt the interview at any time if they fill discomfort.Privacy was ensured to enable interviewees to feel free to express themselves.

CHAPTER FOUR

4. Data Analysis And Interpretation

4.1.Result

Introduction

The aim of this study was to explore socio-emotional experiences women who had undergone safe abortion.The following specific objectives informed the study

A.To assess women's social and emotional experience following safe abortion at Jimma UniversityMedicalCenter.

B. Identify the factors associated with emotional experiances to women who have had a safe abortion service.

C. To explore women’s emotion management techniques following safe abortion.

The following table illustrates the socio demographic characteristics of the participants.

Table 1 Socio Demographic Characteristics of Participants (N = 15)

Characteristic		Number of Participants (N)
Age	18 - 25	4
	26 - 35	11
Marital Status	Single	6
	Married	8
	Divorced	1
Occupation	Employed in Company	2
	Governmental workers	3
	House Maid	2
	House Wife	4
	Student	4
Education	Can Read and Write only	1
	Primary School (1 – 8)	2
	Secondary School (9– 12)	3
	College	1
	University	1
Residence	jimma	11
	neighboring werdas	4

4 . Result presentation

4.1Socio Demographic Characteristics of the Participants

Study participants were ranged in age from 15 to 30, and averaged 28 years of age. Eleven (11) participants resided in jimma town and four (4) participants were neighboring werdas the majorities were married /8 participants were married / and had no children. Six participants were single and one participant were divorced. Eleven participants had less than higher education or from 9 grade to 12 and two of them holds diploma/degree. Thirteen of them were second trimester (above 3 months pregnancy) and only two were first trimester (less than 3 months pregnancy).

4.2 Circumstances which Caused women to Seek Abortion

The following developed from the participants ansewers regarding to reasons for terminating their pregnancy were.

Their partner unable to take responsibility for their child.

having financial problem to have and grow a baby,

Cultural influence of the society or afraid of not getting support and being judged by the People they value. Their husband doesn't share the responsibility of having unwanted pregnancy and the

Tendency of him to push the woman to seek abortion as a solution and seeking of independence to finish their education before they are having a baby. Women who are single seek abortion for not having a child because of their financial problem.

Two women explained why they needed to terminate their pregnancy as follows

‘’Desperately wanted to avoid having an abortion, but I could not because I did not have the money to raise it. I am from a very poor family. I am a very poor family. They even need my support. You can imagine what I mean by living. I don't want to be a burden to me parents. Despite my contribution, I am deeply saddened by my irresponsible boyfriend. So after three months of trying to make things better, I gave up. Then I had an abortion. I have no choice ‘’

~27 years old, Single, Lives in jimma,

’’When I was pregnant, I lived with my houseband and daughter.I was very happy.After a while my husband and I got divorced, and he left.My daily wage is also very low.I have no money to raise this child I am now pregnant with.I raised my first child with my wife.I don't want to raise this, anyone can say a lot about this and I decided to have an abortion myself but after that I had a very difficult time after the abortion and now I don't want to forget it.’’

~25 years old , Divorced, Lives in jimma

Two women /participants/ who are single were seeking abortion for not only being financially insecure but also for not being exposed to the cultural influence of the society. They think that people might Judge them for having an unwanted pregnancy. They also thought that out of wed lock child is not acceptable with in their society. These women explained why they decided to terminate their Pregnancy as this.

"Unexpectedly I was pregnant and my boyfriend was not ready to take on the role as a father. I am a housemaid and I am building a house. I don't have my own house. I can't go back to my family because I know they won't accept me."My employer told me I was pregnant. My employer told me that I had to go to the family or that I would have an abortion. If you wanted to stay with us, you had to have an abortion’’

23 years old, single from jimma

"...my boyfriend didn't want anyone to take responsibility for his son.I am unemployed and cannot raise my child on my own.I even had trouble finding money to pay for an abortion.My family knew that they would never accept my baby.So I didn't talk to anyone except my boyfriend "

~20 years old, single, jimma zone agarowerda

Divorced women decide to terminate their pregnancy because their partners or husbands do not want to take responsibility for the child.They told me in their own language as follows

"When I realize that I was pregnant, I was so happy and excited about getting a child. At That time I was married to my husband. Our marriage was lasted within nine months because my husband was cheating on me. He used to say she was his cousin but through Time I discovered that he is with her. I wanted to forgive him because of my pregnancy though he didn't want to stay with me. It was very difficult to decide whether to terminate the pregnancy or to have a baby. I didn't discuss with anyone that I didn't want to keep a Child without a father who is irresponsible. The other reason was our culture. I want to remarry some other person in the future. If I have a child, No one will accept me as his Wife. I don't want to continue as a widow so i aborted"

~25 years old, Divorced, Lives in jimma

"It was a one day mistake. I was pregnant from the person that I didn't know well. I didn't even ask him to take the responsibility because our relationship was not series. I am also not ready to have a baby. Most of all it happened out of marriage and it will never be acceptable in my family and that is why I decided to terminate the pregnancy."

~23 years old, single from sekawerda

The other circumstance for pursuing abortion was husbands don't share responsibility with their Wives for having unwanted pregnancy and there is a tendency of pushing their wives to seek Abortion as a solution. Two of the respondents explained their situation as follows

"I am married to my husband for 8 years and we have two children. We have agreed for not to have more children because we are financially poor. Unfortunately I was being pregnant unintentionally. My husband used to tell me not to be pregnant. I was afraid to lose our good relationship because of this baby. It is so much hurts to lose your own baby just because of financial problems. But I have decided to quit my pregnancy to save my marriage. "

~27 years old, Married, Lives in jimma zone Agaro wereda

"My husband lives in other area far from us because of his job and I raised my child alone. I don't want any more child because I don't have any support from my husband except getting money. My husband also doesn't need more children. So I didn't tell him about my pregnancy." She was crying a lot and feels very sad about her baby.

~23 years old, Married, Lives in jimma

Two of the participants were high school students who live in jimma. They explain their Situation as this.

''As I have told you before I am a student and want to continue my study without Interruption. The other reason is unable to tell my family. They will never accept my pregnancy and I don't have courage to tell them. I and my boyfriend are not capable to raise our child since we both are student."

-19 years old, 11th Grade Student, lives in jimma

"I needed to terminate my pregnancy because it was unplanned and also I am a student. I don't want to have a child before I finish my study. This is my decision. I didn't tell to any person"

~18 years old, 10th grade Student, lives jimma

Two women are seeking abortion for not to have more child. These women have a tendency to perceive abortion as one of the family planning method. There wasn't any sign of distress on their face during the interview session. These women explained their situation.

"My husband is the only one who works and supports the family. We have two children. I am staying at home to take care of our children. We just can't afford to give care for another child and that is why we agreed to quit the pregnancy" and to abort we agreed together

~24 years old married, lives in jimma

"I became pregnant unexpectedly. We have a plan to build a house. If I keep my pregnancy, it is difficult to move forward easily. I don't want to postpone my plan. Abortion is a must.so i did it but i faced many social isolations"

21 years old married

4.3.Post abortion emotional response.

Participants in the study described their feelings after they had an abortion and how they felt about their relationship with relatives and family and neighbors after receiving the abortion service.Most the participants,besed on their responds the following major thems were developed in their emotion these are. Anxiety, disturbed sleep, sadness, guilt, shame, discomfort, and fatigue.Some married respondents do not have any negative emotions.

All unmarried female participants experienced a variety of negative emotional reactions as a result of their financial situation and fear of being influenced by those around them.Pregnancy without marriage is unacceptable in our culture, so telling them to get it is not guaranteed.Even if

they do, they still feel the need to be hugged, to be silent, and to feel guilty.The following verses illustrate how they express their feelings in their own words.

I was shocked to hear the results of the pregnancy test.I didn't even know what to do.I didn't have the money to go to a private clinic for an abortion.People close to me told me that there was a hospital here and I came and had an abortion 2 months ago and today I came for an appointment.

~23 years old, Single, Living injimma town

"I was so embarrassed, I felt guilty.If I could raise my child on my own, I would not want to have such an abortion.After I had an abortion, I still feel very anxious."

~28 years old, single, lives in jimma

It was the second time I had a difficult time, and I was very worried.It may affect my future pregnancy.I didn't even tell my family.I feel worthless now.I had to be careful"

27 years old, divorced, and lives in jimma

I was terrified because she was 3 months pregnant.I even felt his heartbeat.You can imagine how difficult it is to decide.I was very anxious and worried.I'm sorry, but I still had to abort the baby, so I had an abortion.For the better.

~25 years old, Divorced, One Child

I was very anxious to decide and I was in a difficult situation to decide.I had many sleepless nights.I did not, I was afraid it would be a problem for my family.They even expect my support.How can I give them another child and worry?Better yet, I decided to end my pregnancy because I was financially weak.

~25 years old, Divorced,

Couples who have been forced to abort because of poverty have experienced a variety of negative emotions from divorce.They come to Jimma Hospital for abortion, but there is also a force that can motivate them to seek the service voluntarily.One of the respondents was very sad and felt guilty about having an abortion.They express their feelings in tears.

''I thought about it for three months and decided to end my pregnancy.I can't take care of many children without my wife's support.My husband is sad, and that's why I decided not to say anything.I still feel sad and guilty for killing my son. ''

~26 years old, Married

Anather participant says

"I had a hard time deciding whether to keep my baby.I feel very depressed.I did not tell my wife and I felt very lonely. I finally decided on my own and had an abortion.I feel better now."

25 years old, Married, Living in jimma

Spouses and married women who perceive abortion as a family planning method have experienced a positive response from their husbands or partners and have not experienced severe negative emotions.Two of the respondents expressed their feelings this way

When I first realized I was pregnant, I was relieved.After discussing the matter with my wife, we decided to end the relationship.I'm sorry for the baby because we didn't have the money to raise him, but it's better for us and the baby and I'm happy now. ''

~24 years old, Married, Living in jimma zone gomawereda

"I was not happy with my decision, but it is a better option than having more children.The decision was not only my own but also my husband's.I had an abortion and that feels good right now. "

26 years old, Married, Living in jimma

4.4.Post Abortion Emotional Experiences

Participants were interviewed two months after the abortion. They expressed their emotional experiences for the final process and then two months. Many participants experience a variety of negative emotions after abortion, such as sadness, regret, guilt, anxiety, fatigue, fatigue, shame, and disturbed sleep. Some women were immediately relieved of grief and embarrassment. For the first three months, he was relieved to find that his wife, who had passed away, had received confirmation from her husband. Female students are relieved to be free when they are embarrassed by the inconvenience of having an abortion. These women express their feelings as follows.

“I felt relieved, but I was too embarrassed and embarrassed to talk to my friends.They know that they have to justify my decision, so I always try to have an abortion, pregnancy, childbirth, or any other related issue.”

~18 years old, Student

“I felt nothing special. I am satisfied with my decision and not remember anything. My life is going well as usual.”

~26 years old, Married, and have 2 Children

"I am happy with my decision and I am relieved not to be afraid of getting pregnant again or just worried about losing my baby in the future."

~30 years old, Divorced, lives in jimma

Five (5) Women who were unaware of the dangers of abortion were aware of the potential problems in the past, but their decision may have been reversed.

"How can I explain my situation? It was the most stressful and terrifying thing in my life. Not that I expected the process to be easy. I had to stay in the hospital for about a week. My condition was not good, so I waited to recover. I had severe bleeding problems. For all these reasons, I decided not to tell anyone, but I had to tell my brother. He was very crazy about me, but I was saddened by his decision and he always supported me. I'm back now, but there is physical pain. I can't forget what I went through. I was scared to death because of my bad decision. I feel guilty and I don't want to talk, it bothers me a lot. I do not know how to forget it and I will continue my life as usual. I'm not sure if I'll remarry or get pregnant. You know it's mine. Abortion is very difficult"

~25 years old, Divorced, Lives in jimma

'' If I had information about the procedure before, I would prefer to have a baby.The process was awesome.It was like putting your own hand to kill your child.I can't forget that time.I feel it every day and I feel that bad.I felt guilty for killing my son for a better life.If I had told my husband, it would probably have been the opposite.I shouldn't have done that but now I can't go back."

26 years old, Married, Lives in jimma

"It was the most tragic event of my life. I had to stay in the hospital for a day and night after the treatment. It was a traumatic night for me and others. Unfortunately, there was no doctor to help me, and I had to wait four hours to get it. We both prayed and cried a lot. I was bleeding profusely. You can imagine the situation. Finally, the doctor came and finished the procedure. I will never forget that sad night. I was terrified of bleeding because I was so weak that I could not do my job well. I stayed home with my relatives, who encouraged me to return to work. But now I can't do it at all. You know that in my

case, my employer advised me to have an abortion. I do not know where to go. I can't go to my family like this. I'm very anxious and can't calm down. My son's picture is always on my mind. I am suffering from a bad headache. I need some support to stay calm and think clearly."

~25, Single, No Child

"… I'm not happy at all because I terminated my pregnancy just for the sake of money.I can't help it. I'm always sad and I have anorexia after the procedure.It may take time for me to get rid of all my negative feelings"

23 years old, Single, Living in jimma

The procedure was going well but it was not easy. I had to stay in the hospital for two days if the fetus was older and had some problems.It was very painful.I will never forget that terrible night.I was crying and praying all night while in the hospital.The worst thing I saw was my son.How can I pretend to be okay?I still cry for no reason.I am suffering from disturbed sleep and drowsiness.I feel guilty and always regret my decision."

29 years old, Divorced, Lives in Agaro

Two of the women expressed emotional relief after the procedure, but after a while they began to reconsider their decision and experienced some negative emotions.

"Can't stand it on my own.I recovered, but I was not well.I had a bleeding problem and.I was devastated.Let me tell you that I came to this decision because of money, but I still have many health problems and I have to raise my income again, so I decided to take a half-day break because I could not work all day.It also bothers me a lot and I feel worthless.I am always worried about my future.Sometimes I can't sleep and I can't sleep and. I hope everything will be alright through time.""

~28 years old, Single, Living in manawereda

I don't know how I put my feelings into words. I felt relieved just after the procedure because I lied to my family and they felt sick. I was happy because I thought my problem was gone and sometimes I have to reverse my decision. So I was very upset and guilty. In fact, sometimes I felt that I should not decide to stop. I always have a bad headache after the procedure. The pain lasted for about two months. Pain killers did not help me. I think I can't forget the experience during the process. I hesitated to see a doctor. But now I have to go and check with my psychiatrist to find out why my headache doesn't go away.

23 years old, Single, Lives in jimma

4.5.Post Abortion Coping Mechanism

Participants in this study told to researcher how to deal with experienced emotions and relationships with the people they value, as well as how to deal with negative emotions. But all participants are afraid to share their experiences, especially with family (parents, siblings), relatives or other close friends except their peers. Silence was a common practice among them. The reason they were hiding was fear of violating the culture and rules of society as well as religion and self-judgment, fear of not getting a confirmation for me, their decision about the fetus, and most people think abortion is immoral and something untouchable. Instead of sharing their problems with family, relatives, or close friends, they received information about abortion services from other clinics or health centers and hospitals. Some have already been told about abortion services. They also try to suppress their negative emotional expressions and reactions to secrecy, as well as emotional films. Another way to deal with their emotional experiences is to pray and repent and talk to a religious leader. Women who evaluate their situation are more likely to re-evaluate their situation. A more constructive way is to experience less negative emotions. To think that abortion is wrong and to go back to religion is the solution. Some respondents describe how they felt.

“I never told anyone before the process because I thought they would not approve of my decision. I did not want to be judged by them. So I chose silence. I held my regrets in my heart and prayed silently. Unfortunately, things did not work out that way. My condition forced me to stay in the hospital for three weeks. I asked my brother for help, and he asked me why I had made that decision. I told her that if I became pregnant, I would not be able to raise my child. He was with me only for the sake of the family. He was completely upset with me. I'm glad I didn't tell them because that's embarrassing and that's why I'm always going to church for repentance now. I feel good. ”

25 years divorced live in jimma

“I tried to find different options to keep my pregnancy going.In desperation, I came to Jimma Hospital for advice.I never asked for advice from anyone.Why I Feel Like Sharing My ShareAlthough I needed help, it was better not to talk to others.Sharing this personal experience will only make matters worse.I have never consulted with anyone about this. ”

23 years old, Single, Lives in jimma

“I've been looking for information on how to get rid of the baby for months.I was so anxious that my cousin helped me to have the courage to seek an abortion.But after the procedure, my attitude towards abortion changed and I did not want to talk about my experience.I always try to forget the conversation.I always try to forget, but I still can't.Sometimes I cry for nothing and he can't stop for a long time.I don't know what else to do.”

20 years old no child lives in jimma zone gomawereda

“It was the first time and I didn't know what to do during my pregnancy, but my boyfriend didn't get any support from me. Our relationship was cut off because of him. 49 This was the only person I could share my problems with. She helped me decide to have an abortion and told me where the service would be provided. I always say to myself that he was doing the right thing. After the process, our relationship with my employer changed. I am very worried about my health. Even then, I could not work effectively. I am

very weak. It makes me even more anxious if I can't share my problem with my relatives or family. I have no one to share my feelings with. I was going to church to be baptized and to get relief from my anxiety. This is the only thing I do"

25 years old, Single, No Child

Don't even want to talk to anyone.Sometimes I feel that I am to blame, but if I do not tell my wife the truth, I will wait patiently for the verdict.I told him, I always thought I was irresponsible; I just don't want to talk to anyone anymore.Silence is my choice."

26 years old, Married, 1 child

In an interview, the two described how sharing the situation with their partners helped them not to feel negative.But they did not think it was right, so he judged them.

Was shocked to learn that I was pregnant.I just talked to my partner and we agreed to have an abortion.After the procedure, my life went on as usual and I did not feel any negative emotions.My partner is the only one I haven't told anyone else that person knows and I feel safe now.I don't want to tell anyone.No one will understand my situation and think negatively about me.Not I, their families and friends want to be seen by those around me."

25 years old, Single, Lives in jimma zone serbowereda

Correcting the situation and thinking negatively is one of the coping strategies women use.One of the interviewees explained how she was evaluating her situation and that she could not manage it.

I Live with my family but never tell them I am pregnant.They thought it was me, but I had another disease.Before the procedure, I was feeling well.My only focus was on getting rid of the problem.But after the procedure, I began to evaluate the situation.I feel like I have always betrayed my family and I have a bad headache that I can't get relief from. I live on painkillers. ”

~23 years old, Single, No Child

4.6.Effects of abortion on intimate relationships

Women have been asked whether abortion has a positive or negative impact on their environment. Six women say, “I'm better off because they don't know if there is an abortion service from other women and they don't know what to do. Most single women have different relationships with different men to avoid financial and emotional support. Women feel that their experience has been passed on to family, boyfriends, relatives, or close friends. Most women need help but have not been able to get help from their peers for fear of losing their culture and religion. As a result, they feel broken and vulnerable, and they become emotionally unstable, such as anxiety, fatigue, shame, self-loathing, worthlessness, and guilt.As the respondents below told me

“I broke up with my boyfriend because he was irresponsible.He didn't even support me with a better idea.Sometimes when I think of something in my heart that I could not do, I feel very bad about it.The situation has reduced my self-confidence.I always wanted to talk to my mom, but I couldn't.I thought you would never forgive me, so my mother hated abortion.”

22 years old, Single, No Child

“Unfortunately, things did not go well after the process. My condition forced me to tell my brother to get his help while I was in the hospital for 2 weeks. He asked me why I had made this decision. He told me before the procedure that if I was pregnant, he would accept my baby, but I told him that I was not pregnant. He was with me only for the sake of the family. He was completely upset with me. I'm glad I

didn't tell them because that's embarrassing and that's why I always go to church for repentance. I feel good. Our relationship is not normal. I always tried to avoid the conversation by not listening to his complaints about my decision. ”

~24 years old, Divorced, Live in jimma

” I was so anxious to find my cousin and talk to him that he helped me develop courage.I was relieved when I decided to have an abortion.But later my attitude about abortion changed and I don’t want to talk about my own experiences.I always try to avoid even talking to my cousin.”

~27 years old, Divorced, One Child

… But after the process, our relationship with my employer will be different.I am very worried about my health.I was not even as successful as I used to be.I am very weak.I have not been able to share my problem with my relatives or family and this makes me even more anxious.I have no one to share my feelings with.I was going to church to be baptized and I was relieved when I went there.This is the only thing I can do.

20 years old, Single, No Child.

Although most participants decided to have an abortion due to financial constraints and lack of support, some did not.They still need money. They need financial help to deal with the problems of the abortion process.Some even regretted their decision because they could not do their job well after the abortion

CHAPTER FIVE

5.Discussion

This study provides information on the condition of women who have had abortions at Jimma Hospital, their post-emotional reactions and coping strategies, and their impact on their relationships with family or close friends.

5.1 Causes for SeekingAbortion

The study found that the circumstances of the women for the need of terminating their pregnancy were financial problem, women's partner unable to be responsible for their child, cultural influence of the society or afraid of not getting support from others and judged by the people who cares about, their husband doesn't share the responsibility of having unwanted pregnancy and the tendency of him to push the woman to seek abortion as a solution and seeking of independence to finish their education before they are having a baby. So one way or another these women are forced to undertake abortion as a solution for their problem of unwanted pregnancy. Individuals are viewed as acting on a stage configured by social structure in front of an audience. When individuals violate the cultural script, however, they experience embarrassment and perhaps shame, which leads them to engage in repair rituals. We also seek a place in the family and in society to fulfill basic needs for security, acceptance, and worthiness. Many of the problems are experiences related to the fear of not being accepted by the groups they value. Thus when single women are faced with unwanted pregnancy, they think that they violate the standard of the society and develop the feeling of shame. To overcome this problem, they are looking for a solution to remove this problem and secure their position within the society for the fulfillment of belongingness. So that whatever the cost will be they seek abortion as a solution. Goffman (1982).

Baumeister& Leary (1995) have proposed that the need to belong is one of the most fundamental human motivations, underlying many emotions, actions, and decisions throughout life. Two of the study participants had abortion to keep their relationship with their husband safe because they were agreed not to have more children. Women's decision for seeking abortion was emanated from their need to belong with their partner.

5.2 Post-Abortion Experiences

During the process, all participants were frightened.They are afraid because most of them are married and have come to Jimma Hospital alone.She would not tell anyone if he was worried about an unexpected outcome.Some of them had problems with the process and were forced to seek help from their families.As a result, they were exposed to humiliation and anger when they suddenly saw their dead child.For most, the procedure was particularly painful and traumatic for women who had seen their baby and had severe bleeding.

After the abortion procedure women who had gone through first trimester and who have got approval to terminate the pregnancy from their partner or husband felt relief. Corey (2009), states that our happiness and success are largely related to this social connectedness. Even if they believed that they were doing wrong, getting acceptance from the people they value helps the women to manage their emotions in a constructive way. Participants who are students also experienced relief for getting their freedom with a feeling of embarrassment when they are in position of discussion related with abortion. On the other hand most of the participants experienced negative emotions like sadness about their baby, remorse, guilt, distress, fatigue,

tiredness, shame, change of appetite and disturbed sleep. These women perceived abortion as immoral activity that should not be done. This conflict of their philosophy of what they should do and what they actually do exposed them to negative emotional reactions.

Coleman (1992) argues that abortion is traumatic because it involves a human death experience, specifically, the intentional destruction of one's unborn child and the witnessing of a violent death, as well as a violation of parental instinct and responsibility, the breaking of maternal attachments to the unborn child, and unacknowledged grief. In this study also some of the participants explained the procedure as a very traumatic experience and still they remember it every moment and they also have disturbed sleep specially women who had seen their dead

baby. According to Coleman (1992), abortion is traumatic because it involves the experience of human death, especially the deliberate disappearance of a child and the death of violent witnesses, as well as violations of the parent's feelings and responsibilities, the trauma of the birth of the child, and unknown grief.In this study, some participants also described the process as a shocking experience and still remember every minute and also the special women who saw their dead.

5.3 Post Abortion Coping Mechanisms

Participants' reasons for seeking abortion and social status also changed accordingly. Silence, suppression of emotions, avoidance of emotions, and so on. And praying was a common coping strategy for women. With the exception of talking to their partners, most of them chose to remain silent when interviewed. If they share this very personal experience with their family, relatives, or loved ones, they are worried that their friends will be judged and seen by the people they give it to. On the other hand, abortion is not accepted in the society in which they live, and some of them think that they have betrayed their family or friends.Psychological approaches in the study of emotional sociology try to inherit fear. Individuals often engage in defensive strategies to protect themselves from negative emotions. Individuals experience command, embarrassment, especially when confronted with others and / or when they violate social values;

when they take action in ways that violate cultural values, they are guilty (Turner,2002). Especially for people who are afraid of shame, this negative feeling can go to different degrees because it affects the head and makes a person feel small and unworthy.

(Tangeni and Deding, 2002). Participants in the study actively blocked the emotional expression that was being used to hide their true feelings and deliberately tried to forget the situation. Gross (2001),Kidney reduces positive and negative behaviors but does not try to reduce emotional experiences and memory loss.This negative emotionally expressive behavior should interfere with social interactions, leading to negative reactions in others

Suppression of emotional expression also includes physiology, reactions, and general health consequences.Some participants review their decisionafter the abortion process.Women who evaluate their decisions in a positive way reduce the negative impact of abortion.These women always try to convince themselves that their decision to have an abortion is the best option for them and the baby.Some women re-evaluate their decisions in a negative way.Often these women are the ones who are prone to grief, guilt and remorse.

CHAPTER SIX

6. Summary, Conclusion and Recommendations

6.1.Summary

The purpose of this study was to assess the socio-emotional experiences of women who had abortions at Jimma Medical Center. The study looked at post-abortion emotional responses and coping strategies in women who had an abortion at Jimma Medical center. The study used a qualitative design to collect in-depth data from interviewes. 15 women from Jimma Medical center were purposefully chosen to study socio-emotional responses. The study found that participants had negative emotions after abortion, such as sadness, regret, guilt, anxiety, fatigue, shame, and disturbed sleep. Some women were immediately relieved of grief and embarrassment. Practicing positive and negative repetition of their emotional expressions and abortion are participants' coping strategies. After the abortion, neither of them returned to the hospital for emotional support. After most abortions, close relationships are damaged.

6.2. Conclusion

The study found that participants were experienced sadness, remorse, guilt, distress, fatigue, tiredness, shame, and disturbed sleep after abortion. These women also chose to be

silent and suppressed their emotional expression instead of seeking emotional assistance from the hospital, family or close friends. The study also found that pressure from a partner to terminate their pregnancy, negative attitudes about abortion, and negative woman's experience of the abortion procedure increase a woman's risk of emotional problems after abortion.

6.3. Recommendations

Depending on the finding of this study, the following recommendations were forwaeded.

- ✓ Jimma Unibersity medical Clinic should priority for womens concerning with the post safe abortion services
- ✓ Jimma University Medical Center (JUMC), Gynecology Outpatient Department (OPD) should provide guidance and counseling services in collaboration with Jimma University guidance and counseling office.
- ✓ This study will be an input to better research on the activities of Jimma University Medical Center (JUMC).
- ✓ Women must have information about the risks in the process of abortion has great value in the system to help them make a decision based on knowledge.
- ✓ Various awareness-raising programs should be developed in order to integrate women into society and reduce post-abortion stereotypes.

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Appendixes

Annex1. Information sheet and interview guide for women who have experienced on safe abortion service

Hello! My name is _____ and I am masters student at Jimma University, we want to conduct a research on the title of to explore the socio-emotional experiences of women following safe abortion service in Jimma hospital. The interview will take approximately between 60 minutes - 90minutes to complete. We are inviting you to participate in this research because your perspective on the procedure is important.

We will do our best to keep your personal information confidential. To help protect your confidentiality, all information from the interviews will be kept in a locked cabinet. The computer files will be password-protected. Your name will not be included on the surveys and other collected data. A code will be placed on the survey and other collected data.

Through the use of an identification key, the researcher will be able to link your survey to your identity; and only the researcher will have access to the identification key. If we write a report or article about this research, your identity will be protected to the maximum extent possible.

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits for which you otherwise qualify.

Consent form

I understand that the aim of this study is to conduct the research on the title “to explorewomen’s socio-emotional experiences following safe abortion in Jimma hospital. Then by signing on this consent paper I confirm to be a participant on the research title mentioned above.

Signature of the respondent_____

Background information

Interviewee code no_____

Participant's personal information

1, place of origin 1, city 2, rural kebele 3, woreda city

2, a**ge 1,** 18-25 **2**, 26-35 **3,** 36-50

3, **marital stat**us 1, married 2, unmarried 3, divorced

4. **Work Conditions** 1. Government Job 2, Private Business / Private Enterprise / 3, Hotel 4, 4

4,Housewife 5, Housekeeper 6, Student

5,School Level: -1, Primary, 1-8 2, Secondary 9-12 3, College 4, Bachelor 5, Second Degree

1. How would you feel about your friends, your family, and your neighbors?

2. Why you were circumstances to seek safe abortion procedure?

3. How you did reach the decision to safe abortion procedure?

4. What was your emotional experience after safe abortio procedure?

5. What was your coping mechanism after safe abortion procedure?

16. Did you share your experience with any of your close friend, spouse, or family member?

7. Do you think that your decision affects your close interpersonal relationship?

8. What are your feelings after safe abortion procedure?

9. What were your emotion management techniques after safe abortion procedure?

10. What advice or recommendations would you like to give to the staff and manager of the Jimma referral hospital regarding to procedure?

Thank you!

አባሪ

1.ከዚህበታችየተዘረዘሩትበጅማዩኒቨርሲቲስፔሻላይዝድሆስፒታልጽንስየሚቋርጡእናቶችየቃለመጠይቅዝርዝርሚጃ

ጠፍይስጥልኝስሜ_____ይባላል፡፡

እናየጅማዩኒቨርሲቲየሳይኮሎጂት/ትክፍልማስተርስተማሪነኝ፣

በጅማሆስፒታልደህንነቱየተጠበቀጽንስማቋረጥአገልግሎትተከትለውየሴቶችማህበራዊና ስሜታዊ ልምዶችንለማዳሰስርዕስላይምርምርሚድረግእንፈልጋለን፡፡ ቃለ-መጠይቁለማጠናቀቅበግምት ከ 50 ደቂቃዎችይወስዳል፡፡ ለዚህቃለመጠይቅፍቃደኛከሆኑእንዲሳተፉእንጋብዝዎታለን፡ ምክንያቱምባሂደቱላይያለዎትአመለካከትአስፈላጊነው ፡

የግልሚጃዎንበሚስጥርለማቆየትየተቻለንንሁሉእናደርጋለን።

ምስጢራዊነትዎንለማጠበቅለማ ዝ፣

ከቃለመጠይቁሁሉምሚጃዎችበተቆለፈካቢኔትውስጥይቀመጣሉ፡፡

የኮምፒተርፋይሎችበይለፍቃልይጠበቃሉ፡

ስምዎበዳሰሳጥናቶችእናበሌሎችበተሰበሰቡሚጃዎችላይአይካተትም።

በዳሰሳጥናቱእናበሌሎችበተሰበሰቡሚጃዎችላይአንድኮድይቀመጣል፡፡

የመታወቂያቁልፍንበማጠቀምተመራሚውየእርስዎንጥናትከማነ ትዎጋርሊያገናኝይችላል፤

እናተመራሚውብቻወደመታወቂያቁልፍመድረስይችላል።

ስለዚህምርምርአንድሪፖርትወይምጽሑፍከፃፍማነ ትዎእስከሚቻልድረስበተቻለማጠንየተጠበቀ ይሆናል፡፡

በዚህምርምርውስጥያለዎትተሳትፎመሉበመሉበፈቃደኝነ ትነው ፡

በጨራሽላለማሳተፍመምረጥይችላሉ፡፡

በዚህምርምርለማሳተፍከወሰኑበማንኛውምጊዜማሳተፍዎንሊያቆሙይችላሉ፡፡

በ ዚ ህ ጥና ት ላ ለ መሳ ተፍ ከ ወሰ ኑ ወይም ባ ማን ኛ ውም ጊ ዜ መሳ ተፉ ን ካ ቆ ሙ ፣ ይ ቀ ጠ ሙ ወይም ማን ኛ ውን ም ብ

ቁ የ ሚያ ደ ር ጉ ት ን ማን ኛ ውን ም ጥቅ ሞች አ ያ ጡ ም ፡ ፡

የ ስ ምም ነ ት ቅ ጽ

የ ዚ ህ የ ጥና ት ዓ ላ ማ በ ጅ ማ ሆ ስ ፒ ታ ል በ ደ ህ ና ፅ ን ስ ማ ስ ወረ ድ ተ ከ ት ሎ ¾□"„‹

ማ ህ በ ራ ዊ ና ስ ሜ ታ ዊ ል ም ዶ ች ን ለ መዳ ሰ ስ /

ለ ማ ጥና ት እ ን ደ ሆነ በ ር ዕ ሱ ላ ይ ም ር ም ር ማ ከ ሄ ድ መሆኑ ን ተ ረ ድ ቻ ለ ሁ ፡ ፡

ከ ዚ ያ በ ዚ ህ ስ ምም ነ ት ላ ይ በ ሚ ፈ ረ ም ከ ዚ ህ በ ላ ይ በ ተ ጠቀ ሰ ው የ ም ር ም ር ር ዕ ስ ተ ሳ ታ ፊ መሆኔ ን አ ረ ጋ ግ

ጣለ ሁ ፡ ፡

ፊ ር ማ-------

የ ተሳ ታፊዋየ ግል ሚ ጃ

- ግለ ሰ ቡበ አ ጤቃላ ይሁኔ ታ

1. እ ን ኪን በ ደ ህ ና ማካሸ

2.**የ ማከል ትቦ ታ/አ ድራሻ** 1,ከ ከ ተ ሚ2,ከ ገ ጠር ቀ በ ሌ 3,ከ ወረ ዳ ከ ተ ማ

3.**የ እ ደ ሜሁኔ ታ**1,ከ 18-25 2, ከ 26-35 ከ 36-50

4.**የ ጋ ብቻሁኔ ታ**1,በ ትዳ ር ያ ለ ሽ 2,,ያ ላ ገ ባ ሽ 3,የ ተ ፋ ታ ሽ

5.**የ ስ ራሁኔ ታ** 1.የ ሞ ግ ስ ት ስ ራ 2, የ ግ ል ስ ራ/ ን ግ ድ /የ ግ ል ድ ር ጅ ት/ 3,ሆ ቴ ል ሰ ራ ተ

4.የ ቤ ት እ ጣ ኬ ት 5,የ ቤ ት ሰ ራ ተ ኛ 6,ተ ማ ሪ

የ ት/ትደረጃ :-1, የ መጀሚያ ደረጃ, ከ1-8 2,ሁልተኛ ደረጃ ከ9-12

3,ኮሌጅ4,የ መጀሚያ ዲግሪ 5,ሁለተኛ ዲግሪ

1

ጽንሱን ካቋረጥሽበሓላየ ተሰማሽስጭብትነ ግርንከጋደኞችሽከቤተሰቦችሽከጎረቤቶችሽጋርየነ በራቸውአስተያየ ትምነነበር?

2.ለምነይህንንጽንስየ ማቋረጥሂደትፈለጉ;ወይምደህንነ ቱየ ተጠበቀጽንስማቋረጥአካሄድለሚ ለግሁኔ ታዎችምነነበሩ?

3. ደህንነ ቱየ ተጠበቀጸንስየ ማቋረጥሂደትውሳኔእንለምነደረሽ?

4. ፅንስከማቀረጡሂደትበኋላየ ሎትንስጭልምምድምነነበር? / እንዴትይገ ልጹታል?

5.

ጽንሱን ካቋረጥሽበኃላአሉታዊተጽዕኖከነ በረሽእንዴትተወጣሽውወይምየ ማቋቋምዝዴዎምነነበር ??

6. ተሞክሮሽንለማነኛውምየ ቅርብጓደኛዎ፣ የ ትዳርጓደኛዎወይምየ ቤተሰብአባልዎአጋርተሻል??

7. ውሳኔዎእርስዎበግለሰባዊግንኙነ ቶችዎላይየነ በረውተጽዕኖምነነበር?

8. ደህንነ ቱየ ተጠበቀጽንስማቋረጥሂደትከተከናወነ በኋላየ ነ በረሽስጭችምነድና ቸው??

9. ፅንስማቋረጥሂደትበኋላየ ነ በረሽንስጭእንዴትተቆጣጠርሽው

/መቆጣጠሪያዘዴዎችሽምነነበሩ;

10. የ ጅሚሪፈራልሆስፒታልየ ማህጸንእናጽንስክትትልሰራተኞች /የ ህክምና ባለሞ ዎችና

/ስራአስኪያጅምነዓይነ ትምክርወይምአስተያየ ትማከጠትይፈልጋሉ;አማክግናለሁ!