
Assessment of Knowledge, Attitude and Practice Women of Reproductive Age Group towards Abortion Care at Debre Markos Referral Hospital, Debre Markos Ethiopia

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Abstract: Back ground: Abortion is an important cause of bleeding during pregnancy. It is one of the five leading causes of maternal death in the developing world. Moreover, in developing country, abortion is the major cause of maternal mortality, which in Ethiopia safe abortion accounts 60% considering the huge number of maternal deaths due to abortion. Objective:-The main objective of this study was to assess knowledge, attitude and practice towards to abortion care among reproductive age group women at Debre Markos Referral Hospital, Debre Markos, Ethiopia. Method: Across sectional descriptive study design was used. The study was conducted on 384 women in Debre Markos referral Hospital. We were used systematic random sampling technique to select the number of study participant. The data was analyzed manually; Using tables, graphics and the result finding were presented by chart. A total time of April 1-30/08/2006. Result:-A total of 384 make the response rate of 91%. The majority of 292(76%) participants had knowledge about legal abortion service and 92 (23%) had no knowledge and who think about abortion, 97(25%) were said that it is good and 73(19%) were said that it is harm full practice and 9 (2%) were they don't knew. Among the sampled population those who practice when unwanted pregnancy were happen 178 (46%) were said that we would continue the pregnancy, 131(34%) were said that we would abort the pregnancy and 75 (19%) were they do not knew. Conclusion: - Even if this study show that women of reproductive age groups have good knowledge, attitude and poor practice.

Keywords: Knowledge, Attitude, Practices, Women of Reproductive Age Group, Abortion Care, Debre Markos, Referral Hospital

1. Introduction

Abortion is the expulsion of fetus from the uterus or termination of pregnancy before fetal viability. Abortion is an important cause of bleeding during pregnancy. It is one of the five leading causes of maternal death in developing world. The WHO systemic revise estimates maternal mortality ratios from induced abortion of 37 death per 100, 000 live birth in sub-Saharan Africa, 12 per 100,000 in south Asia, and 23 per 100,000 in Latin American and the Caribbean 22 per 100, 000 However much higher estimates have been reported globally, 23 per 100,000 live birth Globally, each day about 910,000

conceptions occurs half are unplanned and a quarter was unwanted. Every day 150,000 women undergo induced abortion and third of these women end up abortion and some 500 of 99 % of these in developing countries (1, 2, 3, 4). Abortion is an important cause of bleeding during pregnancy. It is one of the five leading causes of maternal death in the developing world. The other causes being obstructed labor, hypertensive disorders of pregnancy, hemorrhage and infection (5, 6, 7, 8). Abortion could be occurring spontaneously or could be induced. Spontaneous abortion it occurs without intervention. It is most commonly due to fetal chromosomal defects while, induced abortion results from medical or surgical intervention that can cause abortion (9, 10, 11, 12). Abortion places great

demands on the scarce clinical material and financial resources of hospitals in many developing countries, compromising other materiality and emergency services in the developing world as a whole, an estimated five million women are admitted to hospital for treatment of complications from induced abortions each year. Abortion places great demands on the scarce clinical material and financial resources of hospitals in many developing countries, compromising other materiality and emergency services in the developing world as a whole, an estimated five million women are admitted to hospital for treatment of complications from induced abortions each year (3). As we can see from different literatures, Abortion is not only a medical problem but also a social problem. It's necessary and timely to study the important issue in this study group. The study therefore aimed at assessing the KAP towards abortion in women of reproductive age group at Debre Markos referral hospital. In Pakistan, postpartum hemorrhage, ante partum hemorrhage, puerperal sepsis, obstructed labor, eclampsia and complications related to unsafe abortion have been identified as the leading causes of maternal death (13, 14, 15). In Pakistan, 6% of maternal deaths resulted from the complications of unsafe abortion (sepsis or hemorrhage) according to the 2006-2007 PDHS4. A 1990-2001 study conducted in a hospital setting found that 11 % of maternal deaths during the study period were due to complications of unsafe induced abortion performed by untrained service providers in unhygienic conditions. Thus, unsafe abortions and their complications are responsible for a sizeable proportion of maternal deaths. A large number of woman experiencing post-abortion complication in Pakistan remains invisible because they do not present themselves at hospitals for treatment. This is particularly true for poor rural women who lack access to a medical facility, or cannot afford the costs of treatment. Abortions are expensive: the cost of the procedure averages 1,145 rupees (the average household income in Pakistan is 25,679 rupees) 17, and on top of this the costs of transportation and medicines are often difficult for families to cover. Delay in seeking treatment for post-abortion care is common, and only one-quarter of women obtaining care also receive family planning counseling (16, 17, 18, 19, 20). Unsafe abortion is a preventable tragedy and is one of the neglected problems of health care in developing countries like Ethiopia. Annually, an estimated 25,000 women die of pregnancy and delivery complications in Ethiopia and the maternal mortality ratio was estimated to be 678 per 100, 000 live births. A community-based study conducted in Addis Ababa in 1985 showed that unsafe abortion was the commonest cause of maternal death. Furthermore, other hospital-based studies in Addis Ababa, reported that abortion could account between 22.2% and 52.2% of all maternal deaths. The MoH also showed the presence of higher cause of hospital admission for women in 1994/95, and it was the second most frequent cause of death. Those findings revealed that illegal and unsafe abortion was a serious public health problem (20,21,22,23,24,25,26) The finding of this study help to know the knowledge, attitude and practice of reproductive age groups towards abortion care and to determine what

methods are more appropriate to educate reproductive age groups about abortion care .the result of this investigation was also be used by the concerned bodies or sectors to know the problem in the study area and carry out their intervention activities or reduction of this problem. For the Community it is important to prevent diseases resulted from unsafe abortion like vaginal bleeding, infection, cervical cancer, pelvic infection and laceration, sepsis and high grade fever, needed blood transfusion, needed hospitalization and death. The main aim of this study was to assess knowledge, attitude and practice towards to abortion care among reproductive age group women at Debre Markos referral hospital, Debre Markos, Ethiopia.

2. Methods and Materials

2.1. Study Area and Period

This study was conducted in Deber Markos town Debre Markos referral hospital which is found in Amhara regional state east Gojjam Administrative Zone. The zonal capital city is Debre Markos town which is located at the distance of 299 to North from Addis Ababa and 265km to North West from Bahardar respectively. The town has a total population of 90,123 according to 2006 E.C and has 21,179 of reproductive age group. Debre Markos referral hospital has 4 specialists, and 18 general practitioners (GP) and other health professional. The town has one referral hospital, three health center and eight health post and also different private clinic, pharmacy, laboratory and nongovernmental organization. The town has a total of health professional work at health center 78 and 32 health extension worker. The studies were conducted in Debre Markos hospital April 2014.

2.2. Study Design

A cross sectional descriptive study design was employed.

2.3. Study Population

Sampled all women of reproductive age group in Debre Markos Town on April .The study population was all women of reproduction age group in Debre Markos Town, Debre Markos referral hospital in which sampled women selected from the source of population with systemic random sampling from those who are between 15-49 years old and those with no history of mental illness.

2.4. Sample Size

The sample size was determined by using a single population formula considering the following assumption: Proportion of women selected from the source of population with systemic random sampling from those who are between 15-49 years old and those with no history of mental illness 50%(P=0.5)(12), level of significance to be 5%($\alpha=0.05$), $Z_{\alpha/2}=1.96$ margin of error to be 5%(d=0.05) and design effect =2 .By adding 10% non-response rate, the final sample size was 422.

2.5. Sampling Techniques

A systematic sampling technique was employed. First the total sample size was distributed to town in each sampled Keble proportionally. Then based on the registration of the participants was selected using systematic random sampling technique.

2.6. Instruments and Measurements

Self administered structured questionnaires was used for data collection .the questionnaire which was be initially developed in English and translated to Amharic by a person who can speak both languages and then back to English to ensure consistency and we was use open ended questions was be used and then was do per-test to women of reproductive age groups at health centers, which was be selected by simple random sampling and are 5% of our final sample size which is $384 \times 5\% = 384 \times 0.05 = 19.2 = 19$ And an appropriate modification was be made on the questionnaire format based on the finding

2.7. Data Collection Procedure

The data were collected for thirty days from selected participants. It was collected through distributed the self administered questionnaire and interview of the women's at reproductive age groups who are attending at Debre Markos referral Hospital by using Amharic Version instruments based on the information taken from patient records in Hospital. Two nursing professional personnel's supervisor was involved in data collection and was supervised by two nurses. For both data collectors and supervisors one day training was given on data collection instrument, interview technique and importance of taking informed consent for data collection starts. Each data was checked for completeness and consistency.

2.8. Data Processing and Analysis

The questionnaire checked for completeness and consistency and entered in to SPSS statistical package Version 16. Quantitative data was being processed and analyzed using manual calculator, frequency distribution table bar graphic chart and to organize and present data. Test of significance was done using X^2 -test and a value of $p < 0.05$ were taken to indicate statistical significance.

2.9. Data Quality Control

To ensure the quality of data, first the questionnaire was pretested .The pretested was conducted in 5 % of the participants at randomly selected. Training was given for the data collectors and supervisors before the actual data collection. Every day after data collection, questionnaires were reviewed and checked for completeness, accuracy and clarity by the supervisors and principal investigators.

2.10. Ethical Considerations

Before starting the data collection process, an official letter

to conduct the research was being forts be obtained from public health department, HSC, DMU. These copies of the letter was be given for Debere Markos hospital head and data collection data was be collected after getting an informed consent from every study percipient. Confidentiality of information was be assured by excluding names as identification in the questionnaires. Because of this study is a requirement for partial fulfillment of bachelor of degree in public health , this was be presented to Dum department of public health department a defense and also the copy of the report was be disseminated to concerned organizations .

3. Result

3.1. Socio Demographic Characteristic

A total of 384 respondents participated in this study making the response rate of 90.1%. The mean age of the respondents was 24.1 years with the $SD = 4.21$. Regarding place of participants residence 313(81.5%) of respondents were living in urban area. Based on the ethnicity majority of the respondents 365 (95%) were Amhara, and 14 (3.7%) were Oromo. Three hundred and sixty (93%) of the respondents were Orthodox and followed by 19, (4%) were Protestant and 5 (1%) were Muslim. Almost half 197(51%) of the participants were married. Regarding education 324 (84%) was unable to read and write (See table 1 below).

Table 1. Frequency and distribution on Socio demo characteristic of Women of reproductive age group towards Abortion care at Debre Markos Referral Hospital, Debre Markos, Ethiopia, 2014.

No	Variables	frequency	%	
1	Age (in years)	15-19	70	18.1
		20-24	109	28.4
		25-29	82	21.4
		30-34	63	16.4
		35-39	35	9.1
		40-44	10	2.6
		45-49	15	4
		Total	384	
2	Ethnic group	Amhara	365	95.052
		Tigre	5	1.302
		Oromo	14	3.645
		Others(specify)	0	0
		Total	384	
		Christian	360	93.75
3	Religion	Muslim	5	1.302
		Protestant	19	4.947
		Others	0	0
		Total	384	
		Married	197	51.302
4	Marital status	Un married	158	41.145
		Divorced	29	7.552
		Others	0	0
		Total	384	
		Urban	313	81.510
5	Place of residence	Rural	71	18.489
		Total	384	
		Literate	324	84.375
6	Educational level	Not read and write	14	3.645
		Only read and write	46	11.979
		Other(specify)	0	0
		Total	384	

3.2. Knowledge

In our study there were 384 female reproductive age group among them, 292 (76%) have knowledge about legal abortion service and 23% were have no knowledge. From those who knew about legal abortion service 30% were from friends 119 (27%) from TV, 104 (13%) from school 51 (2.08 %) from magazine and newspaper 8 (2.604%) were from radio. Among the sampled population 224 (58%) they

don't knew about the revised abortion law in Ethiopia and 160 (41%) were knew the revised abortion law in Ethiopia. Of the sampled population those who answered the definition of abortion 149 (38%) said that it is termination of pregnancy before fetal viability conventionally <20 wks, 127(33%) those who don't knew, 72(18%) it is termination of pregnancy before fetal viability conventionally <28wks and 34(8%) it is termination of pregnancy before fetal viability conventionally 24 wks.

Table 2. Distribution of knowledge among women of reproductive age group towards Abortion care at Debre Markos Referral Hospital, Debre Markos, Ethiopia, 2014.

			No	%		
1	Do you know that there are some conditions in which a pregnant mother can have legal abortion service Currently in Ethiopia?	Yes	292	76.041		
		No	92	23.958		
		TV	104	27.083		
		Radio	10	2.604		
		magazine and news paper	8	2.083		
2	If yes for q1, what is your source of information?	friends	119	30.989		
		school	51	13.281		
		Other	0	0		
		3	Do you know that Ethiopia has revised the abortion law currently?	Yes	160	41.666
				No	224	58.333
4	What is abortion?	It is the termination of pregnancy before fetal viability which is conventionally taken to be less than 20 weeks from the LNMP	149	38.802		
		It is the termination of pregnancy before fetal viability which is conventionally taken to be less than 24 weeks from the LNMP	34	8.854		
		It is the termination of pregnancy before fetal viability which is conventionally taken to be less than 28 weeks from the LNMP	72	18.75		
		I don't know	127	33.072		
		5	How many weeks do you think the timing is for a woman who is Eligible for pregnancy termination to obtain the service?	before 12weeks	297	77.343
after 16 weeks	36			9.375		
after 28 weeks	33			8.593		
I don't know	18			4.687		
6	Here are some respond whether you know each or not (by making "x" in front of your appropriate answer).					

3.3. Eligibility Termination of Pregnancy

Among the sampled population 297 (77%) knew about the time for eligible termination of pregnancy that is <12wks, 36(9%) those who gave their answer termination of pregnancy after 16 wks, 33(8%) are said that, termination of pregnancy after 28wks and 18 (4%) don't knew the time of termination of pregnancy. Among the sampled population those who knew in Ethiopia, events that are abortion is legal from those financially unable to support 213(55%) knew about legal abortion, 100(26%) were they don't knew about legal abortion and 71 (18%) are uncertain. From legal abortion the pregnancy endangers the life of the mother 222 (57%) those who knew, 101(26%) don't knew and 61(15%) were uncertain. From the sample population who knew legal abortion in case of fetal impairment 181(47%) are aware of legal abortion, 122 (31%) un aware and 81 (21%) were uncertain. Among the sample population those who gave their response about abortion is legal for a women with physical or mental destabilizes 157 (40%) were aware of

legal abortion, 141(36%) are not aware and 86(22%) were uncertain. From the sample population abortion is legal when the mother doesn't want the child 168(43%) were not knew, 151(39%) were knew about legal abortion and 65 (16%) were uncertain. Among the sampled population who gave their answer abortion is legal when the pregnancy excremental 176 (45%) were knew the legality, 143(37%) were not knew the legality and 65 (16%) were uncertain. Of the sampled population abortion is legal for minors who are physically or psychologically un prepared to raise a child from those 184 (47%) were knew about the legal, 121(31%) were not knew the legal and 79 (20%) were uncertain. Among the sampled population who gave their answer about the legality of abortion in the case of for all women up to 12week of pregnancy irrespective of their reason from those 163(42%) were knew about the legal, 149(38%) were not knew about the legal and 72(18%) were uncertain. From the sampled population who gave their response about the legality of abortion resulted from rape 168 (43%) were knew the legal, 160(41%) were not knew the legal and 58(14%) were uncertain. Out of the sampled population those who

gave their response in the case of incest or pregnancy between relative 214(55%) were knew the legal, 105(27%) were not knew the legal and 65(16%) were uncertain. Among the sampled population abortion is legal in the case of if when she is unable to raise her child because her young age [<18years] from those 163(42%) were knew the legal,

119(30%) were not knew the legal and 102 (26%) were uncertain. Among the respondent the question what makes women to perform abortion from those 154(40%) said fear of making the abortion, 92(24%) having reliability on unsafe abortion and 78(20%) said due to inaccessibility of health institution.

Table 3. Distribution of attitude among women of reproductive age group towards Abortion care at Debre Markos Referral Hospital, Debre Markos, Ethiopia, 2014.

No	Question	Yes	%	No	%	Uncertain	%
1	She is financially unable to support child	213	55.46	100	26.04	71	18.48
2	If the pregnancy endangers the life of the mother	222	57.81	101	26.30	61	15.88
3	In case of fetal important	181	47.13	122	31.77	81	21.09
4	For a women with physical or mental destabilizes	157	40.88	141	36.71	86	22.39
5	She doesn't want the child	151	39.32	168	43.75	65	16.92
6	When the pregnancy is excremental	176	45.83	143	37.23	65	16.92
7	For minors who are physically or psychologically Unprepared to rises child	184	47.91	121	31.51	79	20.57
8	For all women up to 12 week of pregnancy Irrespective of their reason	16	42.44	149	38.80	72	18.75
9	Pregnancy resulted from rape	168	43.75	160	41.66	56	14.58
10	Incest (pregnancy between relatives	214	55.72	105	27.34	65	16.92
11	If when she is unable to raise her child because of Her young are (<18)	163	42.44	119	30.98	102	26.56

3.4. Attitude

Among the sampled population who think about abortion, 97(25%) were said that it is good and 73(19%) were said that it is harm full practice and 9(2%) were they don't knew. From the sampled population who think that the presence of safe abortion service reduce the risk of women reproductive health problem, 136(35%) were said yes, 127(33%) were said no and 121(31%) were uncertain. Among the respondents who committed safe abortion 76(19%) were committed safe abortion and 51(13%) were not committed safe abortion. Out of the sampled population who think that abortion related illness and death in Ethiopia weather it is high or no 222(57%) said that there is illness and death 84(21%) were uncertain and 78(20%) were not knew illness and death is high in Ethiopia.

Table 4. Distribution of attitude among women of reproductive age group towards Abortion care at Debre Markos Referral Hospital, Debre Markos, Ethiopia, 2014.

1	What do you think about abortion?	it is good	97	25.3
		it is harmful practice	73	19.0
		, I don't know	9	2.3
2	Do you think that the presence of safe abortion service Reduce the risk of women reproductive health problem?	Yes	136	35.4
		. No	127	33.1
		Uncertain	121	31.5
3	If your answer is B. have you ever committed safe abortion previously?	. yes	76	19.8
		No	51	13.3
4	do you know that abortion related illnesses and death in Ethiopia is high?	. yes	222	57.8
		No	78	20.3
		Uncertain	84	21.9

3.5. Practice

Among the sampled population those who practice when unwanted pregnancy were happen 178 (46%) were said that we would continue the pregnancy, 131 (34%) were said that we would abort the pregnancy and 75 (19%) were they don't

knew. From the sampled population who said that we would abort the pregnancy the place where they abort were 70 (18%) were from government, 22 (5.729%) were from private clinic 21 (5.4%) were using local rural drugs or traditional medicine and 18 (4%) were from non government organization.

Table 5. Distribution of practice among women of reproductive age group towards Abortion care at Debre Markos Referral Hospital, Debre Markos, Ethiopia, 2014.

1	Assume that you have unwanted pregnancy now, What would you do?	I was abort it	131	34.1
		I was continue the pregnancy	178	46.4
		I don't know what to do	75	19.5
2	If or question No .1 your answer is A, Where was you About it?	Using local rural drugs (traditional medicine	21	5.5
		In govern mental health institution	70	18.3
		In nongovernmental health institution	18	4.7
		In private clinic	22	5.7

4. Discussion

The study has tried to assess knowledge, attitude and practices of women at reproductive age group towards abortions care at Debre Markos Referral Hospital, Deber Markos, Ethiopia. In this study finding indicates that the majority of respondents were in the age group between 20-24 years and the mean age was 24.1 years with the SD ± 4.21. In contrast, the previous study conducted in Malmo, Sweden among Ethiopian undergraduate female students at which ages ranged from 17 to 29 years old, making the mean and standard deviation of (20.5±1.75). However, most of them (57.1%) had age between 17 to 20 years, about 90.5% were unmarried (27). This may be due to some respondents in this study were from rural area (18.5%) may be due to access to come to school. This study noted that most of the participants (76%) had

knowledge about legal abortion services. Only 23% of the participants had not positive attitude towards abortion. There seem to be low awareness on legal abortion in the study population due to the inaccessibility of health institution. When the sample was stratified, it was realized that awareness of legal abortion was actually who are attending at health institution. Awareness of legal abortion is relatively higher among the participants of this study than other similar studies conducted in Addis Ababa. For example, in a study conducted in 2006 among 636 antenatal care clients of selected Addis Ababa health centers, the women who were aware of EC were only 10.2% and those who had positive attitude were 37.6A similar study was conducted in the Western Cape province of South Africa, among 831 sexually active women in selected public clinic; those who were aware of EC were only 30% in 2009, there was also a similar study conducted among 300 women of age 18-45 years old at Lyari general hospital at Karachi, about 48% of the respondents had ever heard of EC. This variation seems to be due to the difference in their level of education, which can have an influence on the awareness level of legal abortion. It is believed that educated people are much more dedicated to their health than non-educated people; and in most of the cases, they can have a tendency to gather information in this regard. In this study, the participants who know about legal revised recent abortion law service were 41.7% and 58.3% they know and do not know revised recent abortion law. As we compared this study with the study conducted in Jimma University 40.1% and 59.9% were known and do not know the revised recent abortion law were comparable service incest, rape women <18 years, fetal impairment, extra marital and endangers the life of mother were 57.7%, 43.7%, 42%, 47%, 45.8% and 57.8% were comparable with the study was conducted in Jimma University incest (59.46%), rape (70.8%), women <18 years (63.17%), fetal impairment (52.5%), Extra marital (60%), and endangers the life of mothers (54.45%)(28,29). In contrast, the study was conducted in Armenia; most women knew that abortion is legal under any (31%) or certain (50%) circumstances. The majority of women had heard of medical abortion, but had superficial or incorrect knowledge of the method. Thirty percent of women expressed a preference for medical abortion over surgical abortion (30). This variation seems to be due to the difference in their level of education, which can have an influence on the awareness level of legal abortion. It is believed that educated people are much more dedicated to their health than non-educated people; and in most of the cases, they can have a tendency to gather information in this regard.

5. Strength and Weakness of This Study

5.1. Strength

Even if confidentiality is a big issue in adolescent age response rate was interested.

5.2. Weakness of This Study

- Because of the analysis was done manually it was

difficult whether there is confounder factor or not.

- Self-reported information is subjected to reporting errors, missed values & biases. Since the study touches sensitive issues the possibility of underestimation cannot be excluded. Cross-sectional study design was used in the present study. This type of study design shows the exposure and outcome at the same point in time, so that we cannot formulate cause and effect relationship

6. Conclusion

Even if this study shows that women of reproductive age groups have good knowledge, attitude and poor practice. The main source of knowledge for respondents was radio/TV. Most of the respondents know the transmission and prevention method of Abortion. There is association between father level of education, job of father & job of mother with knowledge of risk factors of Abortion. Priority should be given for reproductive health of youths, Anti Abortion clubs in school should be strengthened and Programs concerning with Abortion should focus on practice, since most of the respondents aware about Abortion.

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