



The Prevalence of unplanned pregnancy and associated factors among pregnant women attending the Antenatal care unit at Itang health center.

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DEGREE THESIS	
ARCADA	
DEGREE PROGRAM	Nursing
IDENTIFICATION NUMBER	
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TITLE	The Prevalence of unplanned pregnancy and associated factors among pregnant women attending the Antenatal care unit at Itang health center.
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<p>Abstract,</p> <p>Background: - Unplanned pregnancy is an important public health problem in both developing and developed world, because of its association with adverse social and health outcome for mothers' children and family as whole.</p> <p>Objective: - To determine prevalence and factor associated with unplanned pregnancy among ANC attendants of Itang health center; Gambella region, Ethiopia, June 6, 2017.</p> <p>Method: A cross- sectional study design using pre-tested structured questionnaire was employed in Itang Health Center from June 6-20. The sampling technique is convenient sampling method, which is non-probability sampling technique. SPSS software was employed to assess the factors associated with unplanned pregnancy.</p> <p>Result: A total of 183 women responded the questionnaire 68(37.2%) were unplanned and 115 (62.8%) were planned pregnancy. The reason for failure to avoid unplanned pregnancy was lack of awareness 36(53.7%). the majority of the study subjects 166(90.7%) had heard FP method.</p> <p>Frequent reason of not practicing FP method were lack of awareness 8(39.1%). One hundred thirty-six (74.3) had no awareness of regarding how to prevent unintended pregnancy following unprotected sex. Majority of the women 39(86.7%) who had previously used FP method stated that emergency contraceptive was their first choice.</p> <p>Conclusion: The present study revealed that over one in three (37.2%) of the pregnant women attending ANC in Itang Health center had unplanned pregnancy experience. This showed that many factor were interwoven to affect the occurrence of the unplanned pregnancy including lack of adequate information on modern contraceptive method, husband negative attitude towards family planning method as well as poor counseling technique by health professional are among the main reason for unplanned pregnancy.</p> <p>Recommendation: Adequate information on Family Planning methods, options and advantages should be providing and strengthened at the health center and in the community at large.</p>	
Key words	unplanned pregnancy, antenatal care unit, Itang health center
Number of Pages	30
Language	English
Date of acceptance	November 28, 2019

Acknowledgment,

I am grateful to my Supervisor Pamela Gray, regardless the great distance between I and my school, who helped me a lot to write my thesis. Without her direction my work may not be finalized by this time, thank you very much Pamela you have helped me a lot! I am also grateful to the staffs at ARRA health center in Tierkidi refugee camp and the staff of DICAC preparatory school at Tierkidi town for their time and collecting and sharing of data. In this town which is at the out-skirt of the country a few hours' drive to cross the border to enter South Sudan there is no network as well as internet access to get the necessary literature from the internet as well as no libraries to check on hard copies/ books. Therefore, without their help I was not in a position to finish my writing. Thank you very much for all.

List of tables,

Table 1. Distribution of Respondents by their socio-demographic characteristics at Itang health center ANC clinic, Itang town, Gambella regional State, Ethiopia, August, 2017.

Table 2. Distribution of Respondents by knowledge and practices of modern contraceptive at Itang health center, ANC clinic, Itang town, Gambella regional state, Ethiopia, August, 2017.

Table 3. Distribution of Respondents by their reason for the occurrence of unplanned pregnancy among ANC attendants of Itang health center, Itang town, Gambella regional state Ethiopia, August, 2017.

Table 4. chi-square analysis of unplanned pregnancy with sociodemographic characteristics and FP method among ANC attendants at Itang health center, Itang town, Gambella regional state, Ethiopia, August, 2017.

List of figures,

Figure 1. Distribution of Respondents by their reason for not using FP in the past among ANC attendants of Itang health center, Gambella regional state, Ethiopia, August, 2017.

Figure 2. Distribution of Respondents by their pregnancy status at Itang health center ANC clinic, Itang town, Gambella regional state, Ethiopia, August, 2017.

Acronyms,

ANC- Antenatal care

CBE-Community based education

CDC-Center for disease control

EDHS-Ethiopian demographic health survey

FP-Family planning

MMR-Maternal mortality ratio

PRAMS-Pregnancy risk assessment monitoring system

WHO – World Health Organization

TABLE OF CONTENTS

1.INTRODUCTION.....	8
1.1 STATEMENT OF THE PROBLEM.....	9
1.2 RATIONAL OF THE STUDY.....	10
2.BACKGROUND.....	11
2.1 UNPLANNED PREGNANCY.....	11
2.2 DETERMINANTS OF UNPLANNED PREGNANCY.....	12
3. AIM OF THE STUDY AND RESEARCH QUESTION.....	14
4. RESEARCH METHOD.....	15
4.1 Study Design.....	15
4.2 Sampling Criteria.....	15
4.3 Data Collection method.....	15
4.4 Study Variable and Conceptual Definitions.....	15
4.5 Pretest.....	16
4.6 Data Quality Control and Analysis.....	16
4.7 Data Presentation and Dissemination of Results.....	16
4.8 Ethical Considerations	16
5. RESULTS	
5.1 Socio-Demographic Characteristics of Respondents.....	17
5.2 Family Planning History of ANC attending pregnant women.....	18
5.3 Reasons for unplanned pregnancy.....	21
5.4 Factors associated with unplanned pregnancy status.....	22
6. DISCUSSION.....	23
7. CONCLUSION AND RECOMMENDATION.....	25
7.1 Strengths and Limitations of the study.....	25
7.2 Recommendations.....	25
REFERENCES.....	27
APPENDIX	

1. Introduction

In 2012 out of the total eighty-five million pregnancies that occur globally, 40% of all them were unintended (Darega & Dida 2015). In that same year out of these unintended pregnancies 50%, ended in abortion, 13% in miscarriage and 38% in unplanned birth. The same author also stated that an estimated 50 million induced abortions are performed each year as result of unplanned pregnancies of which 95% of them are in developing countries. In most developing countries, about 20% - 60% of married women or about 120 million women that need to avoid pregnancy become pregnant (Darega & Dida 2015).

In Sub-Saharan Africa, according to (Darega & Dida 2015). about 86 unintended pregnancies occur for every 1000 women, one third of them end with unsafe abortion. In Ethiopia, according to the Ethiopian Demography and Health Survey 2011(EDHS) about 28.3 % of total last pregnancy were unplanned. Darega & Dida (2015) Also mention 19.5% and 8.8 % were unwanted and mistimed respectively.

Studies conducted in developing countries indicate that women's age, level of education, number of children, social and economic deprivation are the major determinant of unplanned pregnancy. At the same time meeting couples need for spacing and limiting child bearing by providing the range of contraceptive method is critical to prevent unplanned pregnancy. Unplanned pregnancy and unsafe abortion may rise if contraceptive services are unable to meet the rising demand for fertility regulation (Kendall et al., 2005).

This thesis intends to find out if above determinants applies at Itang Health center service users which the majority of service user are believed to be South Sudanese refugees. It also intends to determine prevalence and factor associated with unplanned pregnancy among ANC attendants of Itang health center; Gambela region, Ethiopia, June 6, 2017.

The method used to do the study is a cross-sectional study design using pre-tested structured questionnaire. The sampling technique is convenient sampling method, which is non-probability sampling technique. SPSS software was employed to assess the factors associated with unplanned pregnancy.

1.1 Statement of the problem

Unintended pregnancy is a worldwide problem that affects women, their families and societies at large. It is an important public health concern in both the developing and developed world because of its association with adverse social and health outcomes, for both mothers and children (Gebreamlak et al, 2014). Nearly 90 percent of all the births in the world occur in developing countries that is 115 million births per year. These 115 million births are the outcomes of about 180 million pregnancies. A significant proportion of these births that is about one-fifth are unintended (Tsui et al 1997). In the United States about one half are unintended by the mother at the time she becomes pregnant, including more than one third of live births. Other studies shown that a higher percentage of births among teenagers, unmarried adults, low-income and less-educated women, and black women are unintended, compared with married, high-income, college-educated, and white women (Mosher D. et al 2010). Which may suggest the standard of living, income and educational status may have role on pregnancy outcomes. Regardless the suggestive factors according to Aimee (2011). Approximately 200,000 abortions are carried out in the UK annually, suggesting a high rate of unintended conceptions. In 2009, there were 896,300 conceptions in England and Wales, including those of under 16 year olds, with 79% of these leading to maternity, and 21% leading to legal abortion. Following that a study in Scotland found that almost one third of pregnancies were unplanned (Aimee, 2011). In India 1994, data was collected via the CDC pregnancy risk assessment monitoring system (PRAMS), nearly 40% of pregnancies were unplanned. Nearly after a decade according to an abbreviated 2002 version of these PRAMS survey more than 50% of women reported unplanned pregnancy which shows rather incensement on the status (India prenatal Network and India state department of health 2003).

There are multiple reasons for unplanned pregnancy, normally unplanned pregnancy can result from not using contraceptives, contraceptive failure and also, less commonly, from rape (Worku & Fantahun 2006). According to Calvert & Bailey (2013) physical maturity, lack of knowledge and experience, illegality of abortion in Tanzania, expose women face a 1-in-24 lifetime risk of maternal mortality, for women aged 15–24 years, at highest risk

of having an unplanned pregnancy, in addition in Sub-Saharan Africa, unintended pregnancies is due to poor use of short-term hormonal methods (Hamdela B. et al, 2012). In the case of Ethiopia lack of knowledge, tools or assistance needed to maintain their reproductive health was another reason (Gebreamlak et al, 2014). When effective contraceptives are available and used consistently and correctly, unplanned pregnancies are preventable. Educational interventions have been cited as a promising platform to increase contraceptive use through improving knowledge of the methods available and how to access them (Calvert & Baisley 2013). Significant proportions of women turn to induced abortions to avoid unwanted or unplanned births. Reducing the number of unintended pregnancies promotes reproductive health mainly by reducing the number of times women is exposed to the risks of the pregnancy and child bearing in adverse circumstances (Worku & Fantahun 2006).

Even though researches from other countries presented a detailed report on the issue, in Ethiopia, available literatures do not provide sufficient evidence, and sub national level information is lacking; as a result, statistics regarding the rural women is hardly available. Little is therefore known about the prevalence and determinants of unplanned pregnancy from diverse socioeconomic and demographic contexts at national level. The main aim of this study is to assess the prevalence of unplanned pregnancy and the determinants among pregnant mothers attending at Itang health center, ANC unit.

1.2 Rational of the study

The problem of unintended pregnancy at the community is very critical, but it is under reported due to the fact that the legal, social and cultural norms are not open to discuss on the sensitive issue of unintended pregnancies followed by abortion. Determining the magnitude of unintended pregnancy among pregnant women as well as the factors associated with them at the community level is very crucial in designing and implementing interventions that could be tailored to women needs. Therefore, this study can be used as an input to influence the national policy makers, program formulators and program implementers and to review the guidelines regarding the prevention of unintended pregnancy and related problems like, unsafe abortion, future fertility problems, unwanted birth, mother and child morbidity and mortality.

The study will help to give recent prevalence of unplanned pregnancy in Itang Town for policy maker and health planners in order to design strategy and improve reproductive health status of reproductive age women and maintain the rapid population growth of the country. Issues related to unplanned pregnancy have been studied by few researchers in Ethiopia in addition Itang is located approximately 850 kilo meters away from the capital city of the country which is remote does not have access to major infrastructures thus it will help to illustrate the situation of FP & Reproductive Health in the border of the country. The study result will also serve as a source of data for further investigation on the same topic in other remote areas of the country the future.

Finally, this study will enrich the knowledge of all those interested to tackle the burdens of these study population and the challenges of the health professionals working at health center.

2. BACKGROUND

In the entire world, pregnancy is most often a happy event for the women, husband, families, and community when it is wanted or planned. However, millions of women around the world become pregnant unplanned. Unplanned pregnancies remain a serious health and social problem worldwide, and have been associated with numerous risk factors evident in the young people's family, peer, school, and neighborhood contexts.

2.1 Unplanned pregnancy

An unintended pregnancy is a pregnancy that is either mistimed or unwanted at the time of Conception (Mamboleo 2012). Mistimed pregnancy is a pregnancy which has occurred without the plan of the woman for want the pregnancy when she is ready in the future. Unwanted pregnancy is a pregnancy without the wish of the women because she has child or children who are enough for her (Kahsay, 2015).

Sexual activity is a natural process found in all human beings. This activity need proper time and conditions in order to avoid unnecessary out comes on individuals, family and the society. From these unnecessary outcomes unintended pregnancy is the major one.

Every year, about 210 million women throughout the world discover that they are pregnant when they miss a menstrual period or have a positive pregnancy test. However, out of this 15% of pregnant women spontaneously miscarry or experience a stillbirth. Another 22% end their pregnancy by abortion. Thus, only about two-thirds of known pregnancies each year 133 million result in the birth of a baby (Kahsay, 2015, Fetene et al 2014). In 2011, nearly half (45% or 2.8 million) of the 6.1 million pregnancies in the United States each year were unintended. Black women had the highest unintended pregnancy rate of any racial or ethnic group. At 79 per 1,000 women aged 15–44, it was more than double that of non-Hispanic white women (33 per 1,000). Women without a high school degree had the highest unintended pregnancy rate among all educational levels (73 per 1,000 women aged 15–44), and rates were lower for women with more years of education (Henshaw, 1998). Approximately 200,000 abortions are carried out in the UK annually, suggesting a high rate of unintended conceptions. In 2009, there were 896,300 conceptions in England and Wales, including those of under 16 year olds, with 79% of these leading to maternity, and 21% leading to legal abortion (Smith 2011).

It has been estimated that every day, 1,600 women and more than 10,000 newborns die from preventable complications during pregnancy and childbirth in which a large proportion (~50%) of such pregnancies are unplanned and about 25% are definitely unwanted. Almost 99% of these maternal and 90% of neonatal deaths occur in the developing countries. In Sub-Saharan Africa, maternal mortality occurs in 1 in 160 pregnancies (Gebreamlak et al. 2014). In the 2003, the Kenya Demographic and Health Survey (KDHS) showed that nearly 50% of unmarried women aged 15–19 and 45% of the married women reported their current pregnancies as mistimed or unwanted. The 2008–09 KDHS showed that 43% (26% mistimed and 17% unwanted) of married women in Kenya reported their current pregnancies as unintended. Unintended pregnancy is one of the most critical factors contributing to schoolgirl drop out in Kenya (Ikamari et al, 2013).

According to report of the Ethiopian Demographic and Health Survey 2011, 25% of currently married women had an unmet need for family planning; 9% of births were not wanted and 16% of births were mistimed (Gebreamlak et al, 2014). In the same year, a study conducted at selected health centers in Addis Ababa, showed that 38.7% pregnant women attending ANC report that their current pregnancy were unintended. Similar study

in Bahir Dar in one facility were 26%. A community based study done in Oromia Region, Ethiopia showed that 36.5% of sexually active women reported that their most recent pregnancies were unintended (Tadele, 2015).

2.2 Determinants of unplanned pregnancy

The problem of unwanted pregnancies and induced abortion is very large impact to the health of women worldwide, but youths are still shown to be highly affected compared to older women (Teshale, 2014). In the study conducted in different regions of the world, the relationship of education and unintended pregnancy showed that education decreases the odds of unintended pregnancy. Generally, age is a measure of both biological and social maturity. The age of the woman at the time of conception could influence whether the pregnancy is mistimed or unwanted because age may indirectly reflect a woman's preparedness to material, biological, social and emotional for child bearing. Although the meaning and definition of marriage is undergoing under rapid change in various cultures, previous studies especially in developed countries have found that a woman's current marital status was consistently a strong predictor of unintended pregnancies. In almost all countries of the world, people with no access to media source experienced higher levels of unintended pregnancy than those who had access. The greater the number of media a woman is exposed, the lower the odds of developing unintended pregnancy (Mulatu, 2017). Several literatures suggest that different factors can be determinants of unintended pregnancy and according to Thapa (2012) the factors can be categorized in to three that Intra-personal such as age (life stage) marital status, education, economic situation, attitude to-wards pregnancy, previous pregnancy, past experiences / history Self efficacy. Inter-personal factors such as issues related to partner support, relationship type, family back-ground, structural such as Institutional Region Residence (urban/rural), woman's autonomy, family support & values, community support, system, norms and values, services availability of information such as counseling services and its access and Intermediate Factors, contraception use and or failure, emergency contraception use or failure, abortion procedures success or failure, Safe sex practice or failure. All the above factor unless successfully managed can significantly affect the outcomes which will be unintended pregnancy unwanted pregnancy and mistimed pregnancy.

3. AIM OF THE STUDY AND RESEARCH QUESTIONS

Community dwellers of Itang town and service beneficiaries of the towns health centers are majority refugees who come from South Sudan. Their living conditions are greatly affected by above factors and many others such as political and security factors which directly affects their engagement with learning, emotional and physical safety, positive sense of self/self-efficacy, acquisition of life/decision-making skills. Therefore, based on the above factors this thesis intends to explore the situations on the ground attempt to answer the research question. This study aims to 1) determine the prevalence and risk factor associated with unplanned pregnancy among ANC attendants of Itang health center, 2) determine the magnitude of unplanned pregnancy among ANC attendants in Itang Health Center, and 3) assess associated risk factor of unplanned pregnancy among ANC attendants in Itang Health Center. In order to do so the following research questions have been posed.

- What is the prevalence of unintended pregnancy at Itang Health service users?
- What are the risk factors of unplanned pregnancy among ANC attendants at Itang Health center?

A key objective of global public health policy is the reduction of the number of unplanned conceptions. Available evidence shows that unplanned pregnancies can have a negative effect on women's lives and result in poorer outcomes than those that are planned. Many women with unplanned pregnancies have an abortion, and those who give birth have an increased risk of obstetric complications. Women whose pregnancy is unplanned present later for antenatal care, and are more prone to prenatal and postnatal depression and relationship breakdown. Children born of unplanned pregnancies have been shown to have a lower birthweight, have poorer mental and physical health during childhood, and to do less well in cognitive tests (Kaye et al 2013).

4. RESEARCH METHODOLOGY

4.1 Study Design and Population

A cross sectional descriptive study was conducted on pregnant women who were visiting ANC follow up at Itang Health center. The source population for this study was all pregnant women attending ANC follow up at Itang Health center in 2017.

4.2 Sampling criteria

Inclusive and exclusive criteria is used as a sampling criteria thus pregnant women who visit ANC during the data collection period are considered as inclusive and pregnant women who are not able to communicate due to sickness are excluded.

4.3 Data collection method

Data is collected in Itang health center using a self- administered pretested close-ended and open-ended questionnaire (Appendix 1). It is prepared in English and translated in to Amharic. The Amharic version is again translated back to English to check for consistency of meaning. The data collection instrument is pre-tested before the actual data collection at Teklehaymanot health center.

4.4 Study variables and conceptual definitions

In this study the only dependent variable is unplanned pregnancy the independent variables include socio-demographic factors (age, marital status, educational status, Religion, Occupation, Ethnicity), ever practice of family planning, reproductive history of the woman, preferred numbers of children by mother, discussion of family planning with others.

Unplanned pregnancy is occurrence of pregnancy while woman wants to postpone or avoid. It could be either mistimed or unwanted.

Mistimed pregnancy is a pregnancy which has occurred without the wish of the woman at the specific time of occurrence of the pregnancy, but she has a desire to be pregnant and have a child or children sometime in the future.

Unwanted pregnancy is a pregnancy which has occurred after a woman has reached her desired family size and did not want a child or any more children in any time in the future.

4.5 Pretest

In order to determine the clarity and understandability of the data collecting instrument, a pilot study was conducted on selected respondents at ANC unit of Teklehaymanot health center. The questionnaire was thereafter modified based on information obtained from pre-test results.

4.6 Data quality control and Analysis

The questionnaire was pretested, data collector was trained, supervised and data was checked for completeness. The interview was conducted in free room to keep privacy and confidentiality of the patient. The questionnaires were partially adopted from previously done researches by Mulatu et al (2017). Assessment of magnitude and factors associated with unintended pregnancy among women attending ANC at Gandhi memorial hospital in Addis Ababa and Assessment of factors associated with unintended pregnancy among pregnant women in Addis Ababa Zewdie (2015) to include all possible variables that address the objective of the study. The collected data was first cleared, tallied, analyzed using scientific calculator and chi-square test is used for a test of association.

4.7 Data Presentation and Dissemination of the results

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

4.8 Ethical Considerations

Before the actual data collection, letter of permission was obtained from woreda health office of Itang Town, and submitted to Itang Health center authorities; the objective of the study was explained to the study participants. There was no any identifying name on the questionnaire and the information gathered in this study had remained confidential and ensure that it was handled exclusively by the investigators and no one was able to recognize them in the report. Furthermore, the study participant's involvement in the study was based on their willingness.

5 RESULTS

5.1 Socio-Demographic Characteristics of Respondents

A total of 183 pregnant women responded to the questionnaire. Out of these, 80 (43.7%) of them were found in age group of 20-24 years, the mean age was found to be 24.2. Regarding marital status, 91(49.7%) were married.

Among the respondents the majority were Oromo 141(77 %). As of to religion majority of women 130 (71%) were Orthodox. In terms educational status, most of the women in this study were primary level which accounts 82(44.8%).

Concerning occupational status & monthly income, majority of the women 95 (51.9%) were house wife. Majority of the women's family income 85(46.45%) were above 1000birr.

Majority of the study participants, 121(66.1%) were urban residents.

Table 1 – socio demographics characteristics of respondents on EC among female students in DICAC preparatory school South West Ethiopia 2017.

Variable		Frequency	Percent (%)
Age	≤19	166	68%
	20-23	56	31.2%
	≥24	2	0.8%
Grade	11	135	53.3%
	12	109	44.7%
Religion	orthodox	205	84.0%
	Muslim	34	13.9%
	Catholic	3	1.2%
	protestant	2	0.8%
Marital Status	Unmarried	180	73.8%
	Live with boyfriend	30	12.3%
	Married	33	13.5%

	Divorced	1	0.4%
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5.2 Family Planning History of ANC attending pregnant women

As depicted in Table 3 below the study also attempts to understand the source of knowledge of respondents this is very important because the majority are refugees in which they have very limited access to any form of broadcasting. Accordingly, the majority of the study subjects 90.7% (166) had heard Family Planning method, and 9.3% (17) weren't able to hear about FP method. Their source of information about Family Planning method for 56% (93) of the respondents is from health care provider, media as a source of information accounts for 19.3% (32) of the respondents, family 3% and others 5.4%.

Concerning FP method practices majority of the women 137(74.9%) had previously used modern contraceptive and 46 (25.1%) claim to never practice any form of Family Planning methods. The study also attempts to find out why they never use the FP methods and the frequent reasons for not practicing FP method were lack of awareness 8(39.1%). One 136 (74.3) majority of respondents had no awareness of regarding how to prevent unintended pregnancy following unprotected sex but considerable number of respondents 47 (25.6%) are aware that it possible to avoid unintended pregnancy following unprotected sex. Majority of the women 39(86.7%) who had previously used FP method stated that in the case of emergency combined oral contraceptive pills are their first line choice, and no single respondents claim to use the other forms contraceptives as means of prevention.

Table3: Distribution of Respondents by knowledge and practices of modern contraceptive at Itang health center, ANC clinic, Itang town, Gambela regional state, Ethiopia, August, 2017.

	Frequency (n=183)	Percent
Ever heard FP		
Yes	166	90.7
No	17	9.3
Source of info. about FP		
Media	32	19.3
Heath care provider	93	56
Family	5	3
Other	9	5.4
Ever practice FP		
Yes	137	74.9
No	46	25.1
How to prevent unintended Pregnancy following unprotected sex		
Yes	47	25.6
No	136	74.3
Type of contraceptive		
EC (Combined E & P pills, progestin only& anti-progestin pills)	39	86.7
Others	6	13.3

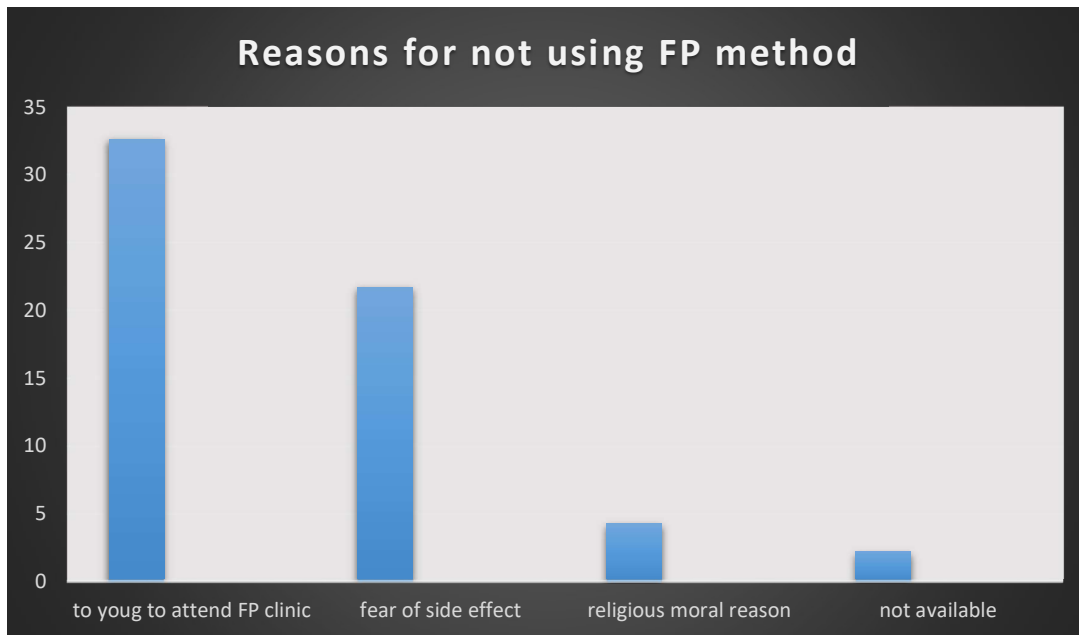


Figure 1. Distribution of Respondents by their reasons for not using FP in the past among ANC attendants of Itang Health Center, Gambela Regional State, Ethiopia August 2017.

In addition to assessing the distribution respondents by knowledge and practice this study also attempt to understand the reasons for not using Family Planning method (see figure one above). Accordingly, nearly 33% of the respondents say they are too young to go to Family Planning clinic and get the service, about 20% fear the side effect of the contraceptive methods therefore failed to use any form of contraceptive, 4% of the respondents say they don't want to use contraceptives and any Family Planning programs because of their religious obligation and about 2% percent say the service is not available in their area.

5.3 Reasons for unplanned pregnancy

Among the total of 183 ANC attendants, 115(62.8%) were planned for current pregnancy and 68(37.2%) were unplanned.

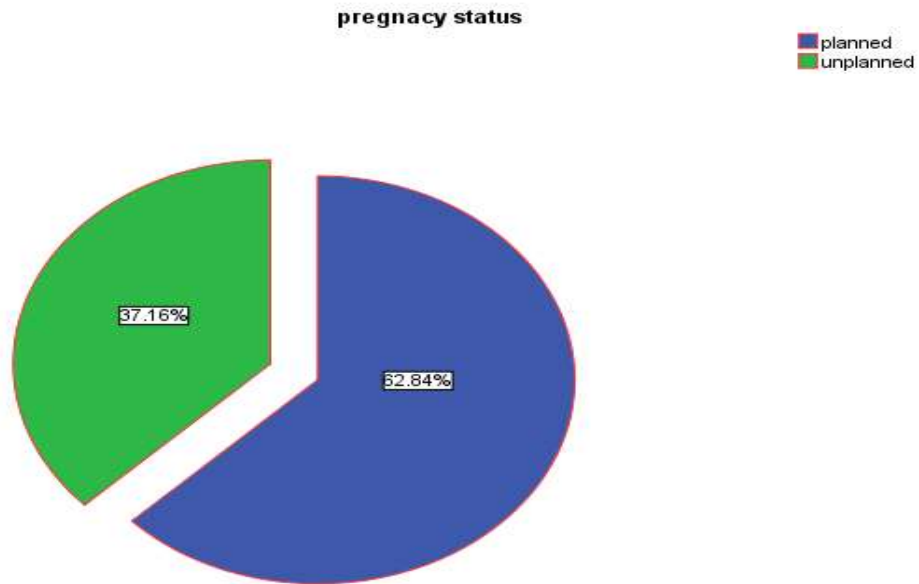


Figure 2: Distribution of Respondents by their pregnancy status at Itang health center ANC clinic, Itang town, Gambella regional state, Ethiopia, August, 2017.

The thesis works also tried to understand the Reasons for the occurrence of unplanned pregnancy (see table four below). Accordingly, the majority that is 36 (53.7/5) of the respondents were not aware of the pregnancy, other reasons which respondents do not want to mention was the second highest reason for unplanned pregnancy which stand at 28 (41.8%), family wish was the third reason for unplanned pregnancy, the last reason was rape which is 1(1.5%). It is a common knowledge that regardless the family law of the country which comes in to force in 2004 abduction is still common practice specially on the ethnic majorities which usually results in rape and sometimes in torture, regardless the study finds out to the contrary the lowest practice in the study area.

Table 4. Distribution of Respondents by their reason for the occurrence of unplanned pregnancy among ANC attendants of Itang health center, Itang town, Gambela regional state Ethiopia, August, 2017.

Variables	Frequency (n=183)	Percent
Reasons for occurrence of unplanned pregnancy		
Not aware of it	36	53.7
Rape	1	1.5
Family wish	2	3
Others	28	41.8

5.4 Factors associated with unplanned pregnancy status

The chi-square analysis indicated that past practice of family planning(P-value=0.203), and occupational status(p-value=0.21) were found not to be significant of association with unplanned pregnancy; whereas Age(p-value=0.028), marital status(p-value=0.005), Religion(p-value=0.017), Educational status(p-value=0.054) were found to be significant of association with unplanned pregnancy. (see appendix two for data analyzed).

6. DISCUSSION

This study has assessed prevalence and associated factors of unplanned pregnancy among pregnant Women attending antenatal care in Itang town, Itang Health center, Oromia regional state, Ethiopia. Accordingly, 68 (37.2%) of their current pregnancy were unplanned, while 115(62.8%) had planned for their current pregnancy. In contrary to this study results, a study done in the previous study in Kersa District, East Hararge showed prevalence of unplanned pregnancy was 27.9% from a total of 983 female aged between 15-49 years in 2010 (Hamdela B. et al 2012) and the national level of unplanned pregnancy was decreased from 35% in 2005 to 29% in 2011 (PAI 2011). This figure is lower than the figure observed in this study. The reasons for this could be limited sample size and study setting which doesn't represent the general population. On the other hand, the result is in contrast to the currently increasing awareness of modern contraceptive methods, availability of the services and contraceptive prevalence rate. From this we can observe that having awareness on contraceptive doesn't guarantee avoiding unplanned pregnancy, appropriate counseling on methods and proper intake of chosen method is also mandatory.

The present study is comparable with other community based study done in West Wollega with prevalence of 36.5%. In Hossana town in 2011 with the prevalence of unintended pregnancy was 34%. In contrast the study conducted in Damote Gale Woreda in Southern Ethiopia in 2011 showed that the prevalence of unintended pregnancy among married women was 42.2% (Tadele 2015), which was much higher than the present study. This variation is due to the difference in socio-demographic characteristic, the availability of health care providers, availability health services, the study populations were only married women, the time gap between studies and the study design. The most frequent reason mentioned by the participants in this study for failure to avoid unplanned pregnancy where lack of awareness, other reasons (contraceptive failure, Husband preference and missed time), family wish and rape. Lack of awareness of contraceptive method was reported 36 (53.7%) this was much lower than that of Harar (53.7vs 70.6%). (PAI 2011), this could be due to delay in timely increase of awareness and utilization of modern contraceptives. This study found higher prevalence of unplanned pregnancy among women aged between 20-24 years 43.7%, this finding is different from finding of studies done in

Nepal which showed that 70% of unplanned pregnancy occurred in the ages between 15 and 24 years (Mulatu et al 2017). This could be attributed to the high proportion of study population in this study where found at the age group of 20-24 years. It also showed that marital status, religion and educational status have statistically significant with experience of unplanned pregnancy. In the present study unplanned pregnancy was more common in Orthodox women when compared to other religion, this may be attributed to the high proportion of study population were found in this religion.

As we hypothesized that women who have higher knowledge about family planning methods are less likely to experience unplanned pregnancy our results support the hypothesis that if a woman has higher knowledge of family planning method, she is more likely to be aware of the benefits of those methods which in turn will motivate her to use the family planning method and be less likely to have unplanned pregnancy; similar result is found in Ecuador as well (Ahman E. 2004, 2005, 2006). In this study women who ever used in contraception is less likely to experience unplanned pregnancy when compared to women who do not use contraception; this reflect that most of unplanned pregnancy occur in women who do not use contraception. It also showed that the prevalence of unplanned pregnancy was higher among no formal education mothers compared to other, this study was similar in study conducted in Nepal (Mulatu et al 2017). Among socio-demographic characteristics of the women occupational status was not statistically significant as of (p-value 0.21). This study also shows the prevalence of unplanned pregnancy more prevalent among house wife because, they are financially dependent on their partners or family members; a factor that makes it difficult to achieve autonomy and freedom of choice. Most of the mother who have unplanned pregnancy were not using contraception due to different reasons which includes, unaware of about contraception, too young to attend FP clinic, fear of side effect, religious moral reasons, and in inaccessibility. It is also observed the individual or community perception about contraception is an important factor which affect contraceptive use, similarly misconception lead to discontinuation and decrease use of contraception and increase the level of unplanned pregnancy. This study was similar to the study of Argentina (Stanly K. 1998). Generally, there is a need to further study the magnitude of unplanned pregnancy and associated factor to prevent the occurrence of unplanned pregnancy in our community.

7. CONCLUSION

The present study revealed that over one in three of (37.2%) the pregnant women attending ANC in Itang Health center had unplanned pregnancy experience. This indicates unintended pregnancy is one of the major reproductive health problems in the study area.

The results of this study showed that many factor were interwoven to affect the occurrence of the event including lack of adequate information on modern contraceptive method, husband negative attitude towards family planning method as well as poor counseling technique by health professional are among the main reason for unplanned pregnancy.

According to the findings of this study age, marital status, religion and educational status of mother is statistically significant associated factor for unplanned pregnancy.

Women resort to risk even their lives in desperate conditions like seeking for illegally induced abortion following unintended pregnancies in adverse circumstances, so restriction may not lead to elimination of a case as in the case of restrictive abortions law unless alternatives methods or prevention of the problem before becoming into life is efficient and adequate.

7.1 Strengths and Limitations of the study

The study is one of major public health problems of many women due to that it's expected that target groups do actively participated in the study and Provision of appropriate information on the aim and advantage of the study to the participants.

Limitation related to cross-sectional studies. Due to the sensitivity of the issue, stigmas related to unplanned pregnancy and the illegal nature of induced abortion in Ethiopia might result in under reporting. The writer had lack of access to literatures, electronic data and books, time constraint and additionally, due to the sample size and sampling technique the finding of the study cannot be generalized to the general population.

7.2 Recommendations

On the basis of the key findings, the researchers would like to recommend the following recommendations to the target group as possible solution

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

Since illegally induced abortion and unintended birth is a major public health problem, Policy makers, health professionals and health authorities are recommended to give due attentions towards its prevention. One of possible ways of prevention will be post-abortion, and post- partum counseling and method provision so as to avoid repeated cycles of abortion as well as unintended birth.

Policy makers must be emphasis on activities that improve women's in living condition with regard to education, better opportunities in the work market, a worth income, in addition to full and equal health care

Health care providers, the health worker of Itang health center should provide adequate information on modern contraceptive at health center and at the community level and also provide appropriate chosen method and effective counseling on that method is necessary. The health worker of Itang health center who work in the community and rural health extension should improve the misconception of mother on contraception by providing information on contraception and its advantages

Mass media, reproductive health programs, promoting long term family planning methods by provision of effective IEC and counseling, and encourage men's participation with their partners in fertility issues and using contraception.

REFERENCES

Aimee Frances Smith: A paper exploring the scale and causes of unintended conception in the UK, including looking at emergency contraception and abortion, 2011.

Amy O. Tsui, Judith N. Wasserheit, and John G. Haaga, reproductive health in developing countries; expanding dimensions, building solutions [pp15] National Academic Press US 1997.

Ahman E shah I, unsafe abortion; global and regional estimates of incidence of unsafe abortion Geneva: WHO 2004, 2005, 2006.

Birhanu Darega and Nagasa Dida 2015; prevalence of unplanned pregnancy and associated factors among ANC attending women in Bale zone, Oromia region, southeast Ethiopia: a facility based cross sectional study. *Global Journal of Medical Research; K Interdisciplinary*. Volume 15 Issue 4 version 1.0 Year 2015.

Calvert C, Baisley K, Doyle AM, et al. *J FP Reproductive Health Care* 2013;39: e2. Addis Ababa University Institutional Repository. URL: <http://local-host:80/xmlui/handle/123456789/9655>.

Fetene T. Teshome, Abebe Gebremariam Hailu, Aderajew Nigussie Teklehaymanot. Prevalence of Unintended Pregnancy and Associated Factors among Married Pregnant Women in Ganji Woreda, West Wollega Oromia Region, Ethiopia. *Science Journal of Public Health*. Vol. 2, No. 2, 2014, pp. 92-101. doi: 10.11648/j.sjph.20140202.18.

Habte D, Teklu S, Melese T, Magafu MGD (2013) Correlates of Unintended Pregnancy in Ethiopia: Results from a National Survey. *PLoS ONE* 8(12): e82987. doi: 10.1371/journal.pone.0082987.

Hamdela B, G/mariam A, Tilahun T (2012) Unwanted Pregnancy and Associated Factors among Pregnant Married Women in Hosanna Town, Southern Ethiopia. *PLoS ONE* 7(6): e39074. doi: 10.1371/journal.pone.0039074.

India prenatal Network and India state department of health (2003) lesson learned from pregnant and new_momi the mini PRAMS survey in Marion, lake and St, Joseph countries.

Kaye Welling's, Kyle G Jones, Catherine H Mercer, Clare Tanton, Soazig Clifton, Jessica Datta, Andrew J Copas, Bob Erens, Lorna J Gibson, Wendy McDowall, Pam Sonnenberg, Andrew Phelps, Anne M Johnson; the prevalence of unplanned pregnancy and associated factors in Britain survey of sexual attitudes and life styles (Natsal-3) *Lancet*. 2013 November 30; 382(9907) 1807–1816. doi:10.1016/S0140-6736(13)62071-1.

Kendall C, Afable-Munsuz A, Speiser, I, Avery A, Schemedit N, Stanelli J 2005, Understanding pregnancy in a population of inner city women in New Orleans: Result of qualitative research Social science and Medicine, 61,297-311. Pub Med.

Lawrence Ikamari, Chimaraoke Izugbara and Rhoun Ochako: Prevalence and determinants of unintended pregnancy among women in Nairobi, Kenya, 2013. BMC Pregnancy and Childbirth 2013,13:69 <https://doi.org/10.1186/1471-2393-13-69>.

Neema Mamboleo, MD: Unwanted pregnancy and induced abortion among female youths A case study of Temeke district Nov 2012. Public Health and Social Science. Theses and Dissertations [297] Muhimbili University of Health and Allied Sciences.

Sara Kahasay: Assessment of magnitude and factors associated with unintended pregnancy among preparatory high school student, Addis Ababa University College of Health Science Department of Nursing and Midwife. Addis Ababa, Ethiopia, June 2015.

Shaym Thapa Phd, Scientists with assistance from Jacqueline D. Marks and Elizabeth Corey. Unintended Pregnancy Toward understanding the issues and addressing the need gaps. Department of Reproductive Health and Research World Health Organization, Geneva 2012.

Stanley K. Henshaw unintended pregnancy in the US, Guttmacher institute; volume 30, number 1, December 1998. Family Planning Journal Article. <https://www.jstor.org/stable/2991501>.

Solomon Worku, Mesganaw Fantahun: Unintended pregnancy and induced abortion in town with accessible FP services: The case of Harar in eastern Ethiopia. Ethiopian Journal of Health and Development 2006.

Teshale Mulatu, Amsale Cherie and Lemma Negesa 2017 Prevalence of Unwanted Pregnancy and Associated Factors among Women in Reproductive Age Groups at Selected Health Facilities in Addis Ababa, Ethiopia. Journal of Women's Health Care.

Tadele Kassie: Assessment of factors associated with unintended pregnancy among pregnant woman in Addis Ababa, Ethiopia Jul 2015. Addis Ababa University School of Graduate Studies.

Telila Zewde; Assessment of the prevalence of unplanned pregnancy and associated factor among women attending ANC unit at meki health center east, Shewa zone, Oromia region, Ethiopia; June 2015. Department of Biomedical Sciences, Institute of Health, Jima University J Womens Health Care 2017.

Teshale Mulatu: Prevalence of unwanted pregnancy and associated factors among women in reproductive age group at selected health facilities in Addis Ababa city, Ethiopia Jun 2014. Addis Ababa University Institutional Repository. URL: <http://localhost:80/xmlui/handle/123456789/9655>.

William D. Mosher, Ph. D; Jo Jones, Ph.D.; and Joyce C. Abma, Ph.D.: [Intended and Unintended Births in the United States 1982-2010](#). National Health Statistics Report July 24, 2012.

Wubalem Gebreamlak, Amanu Aragaw, Seblewongele Lemma, Wubante Demilew. Magnitude and Factors Influencing Unintended Pregnancy among Pregnant Women Attending Antenatal Care at Felege Hiwot Referral Hospital, Northwest Ethiopia: A Cross-Sectional Study. *Science Journal of Public Health*. Vol. 2, No. 4, 2014, pp. 261-269. doi: 10.11648/j.sjph.20140204.13.

Why Population Matter to Maternal Health. Washington: Population Action International (PAI) Healthy Family Healthy Planet, 2011. www.populationaction.org.

Yibeltal Tebekaw, Bezuhan Aemro and Charles Teller: Prevalence and determinates of unintended child birth in Ethiopia,2014 pp [2]. BMC Pregnancy and Childbirth 2014. <http://doi.org/10.1186/1471-2393-14-326>.

Appendix 1.

Questionnaires.

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

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

Part 1 Socio-demographic Questions

1. Age _____ (in Years)
2. Where is your residence?
 1. Urban 2. Rural
3. What’s your educational status?
 1. No formal education 2. Primary level 3. Secondary level 4. Vocational 5. Degree & above
4. Which religion do you follow?
 1. Orthodox 2. Protestant 3. Islam 4. Catholic 5. Others (specify)
5. What is your ethnic group?
 1. Oromo 2. Amhara 3. Tigray 4. Gurage 5. Others (specify).....

6. What's your current marital status?

1. Married 2. Single 3. Divorced 4. Separated 5. Widowed 6. Unmarried but in stable union

7. If you are married, at what age were you married? Age _____ (in Years)

8. What's your occupation?

1. Employee 2. Unemployed 3. House wife 4. Student 5. Trader

9. How many family members do you have? Enter in number _____

10. How much is your average family monthly income? _____ Birr

11. How do classify your family's economic status?

1. Low income 2. Middle income 3. High income

Part II Specific information regarding family planning services

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

1. Yes 2. No

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

1. Media 2. Health care provider 3. family 4. Friends 5. others (specify)

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

1. Yes 2. No

4. If your answer is "NO" why are you not using contraceptive?

1. Not aware of it 2. Not available 3. Religious moral reasons 4. Fear of side effect

5. Too young to attend FP clinic 6. Others (specify)

5. Do you know how to prevent unintended pregnancy following unprotected sex?

1. Yes 2. No

6. If "Yes" for the above question no.5 what method can be used?

1. Emergency contraceptive 2. IUCD 3. Depo Vera 3. Implanon 4. Tubal ligation 5. others (specify)

Part III the client view towards present pregnancy

1. Is your current pregnancy planned?

1. Yes 2. No

2. If your answer is “No” for the above question what is your reason for being pregnant?
1. Not aware of it 2. Rape 3. Family wish 4. Others (specify)
3. How many children do you think is sufficient for life time _____?
4. Is your current pregnancy _____?
1. Wanted 2. Unintended 3. Mistimed
5. How many times have you been pregnant?
1. One 2. Two 3. Three 4. Four 5. Four and above
6. Do you have history of abortion?
1. Yes 2.No
7. If Yes to Q 6, what type of abortion was it?
1. Induced 2. Spontaneous
8. Before you became pregnant the current pregnancy, do you want to have a child at any time in the future?
1. Yes 2. No
9. If Yes to Q 8, do you think that you became pregnant at the right time?
1. Yes 2. No
10. Right before you become pregnant, did you think not to have any child? /children in the future?
1. Yes 2. No
11. Did you experience unintended pregnancy/pregnancies before this pregnancy?
1. Yes 2. No
12. If “yes” to Q 11, when did the last unintended pregnancy/pregnancies you had occurred?
1. within the last three years
2. before three years ago
13. How many unintended pregnancies/pregnancies you have had within the last three years?
1. One 2. Two or more
14. What did you do for the unintended pregnancy/pregnancies that you had?
1. Nothing, pregnancy continued & I gave birth.
2. Attempted to stop pregnancy but failed.

3. Attempted to stop pregnancy & succeeded.

15. How many live births you have had?

Enter the number _____

16. How many of the live births you had were unintended?

Enter the number _____

Appendix 2.

Table 2: Distribution of Respondents by their socio demographic characteristics at Itang health center ANC clinic, Itang town, Gambella regional State, Ethiopia, August, 2017,

<u>Variable</u>	<u>Frequency(n=183)</u>	<u>Percent</u>
<u>Age group (in year)</u>		
<u>15-19</u>	<u>21</u>	<u>11.47</u>
<u>20-24</u>	<u>80</u>	<u>43.7</u>
<u>25-29</u>	<u>42</u>	<u>22.95</u>
<u>30-34</u>	<u>25</u>	<u>13.66</u>
<u>35-39</u>	<u>7</u>	<u>7</u>
<u>>40</u>	<u>1</u>	<u>1</u>
<u>Marital status</u>		
<u>Married</u>	<u>91</u>	<u>49.7</u>
<u>Single</u>	<u>5</u>	<u>2.7</u>
<u>Separated</u>	<u>5</u>	<u>2.7</u>
<u>Widowed</u>	<u>1</u>	<u>0.5</u>
<u>Unmarried but in stable union</u>	<u>81</u>	<u>44.7</u>
<u>Ethnicity</u>		
<u>Oromo</u>	<u>141</u>	<u>77</u>
<u>Amhara</u>	<u>23</u>	<u>12.6</u>
<u>Tigre</u>	<u>4</u>	<u>2.2</u>

<u>Gurage</u>	<u>12</u>	<u>6.6</u>
<u>Others</u>	<u>3</u>	<u>1.6</u>
<u>Religion</u>		
<u>Orthodox</u>	<u>130</u>	<u>71</u>
<u>Protestant</u>	<u>45</u>	<u>24.6</u>
<u>Islam</u>	<u>6</u>	<u>3.3</u>
<u>Catholic</u>	<u>1</u>	<u>0.5</u>
<u>Others</u>	<u>1</u>	<u>0.5</u>
<u>Educational level</u>		
<u>Primary level</u>	<u>82</u>	<u>44.8</u>
<u>No formal education</u>	<u>51</u>	<u>27.9</u>
<u>Secondary level</u>	<u>36</u>	<u>19.7</u>
<u>Vocational</u>	<u>5</u>	<u>2.7</u>
<u>Degree & above</u>	<u>9</u>	<u>4.9</u>
<u>Occupational status</u>		
<u>Employee</u>	<u>11</u>	<u>6</u>
<u>Unemployed</u>	<u>34</u>	<u>18.6</u>
<u>House wife</u>	<u>95</u>	<u>51.9</u>
<u>Student</u>	<u>10</u>	<u>5.5</u>
<u>Trader /Merchant</u>	<u>33</u>	<u>18</u>
<u>House hold monthly income (birr)</u>		
<u>100-400</u>	<u>23</u>	<u>12.57</u>
<u>401-600</u>	<u>22</u>	<u>12.02</u>
<u>601-1000</u>	<u>45</u>	<u>24.6</u>
<u>>1000</u>	<u>85</u>	<u>46.45</u>
<u>No monthly income</u>	<u>8</u>	<u>4.4</u>
<u>Residence</u>		
<u>Urban</u>	<u>121</u>	<u>66.1</u>
<u>Rural</u>	<u>62</u>	<u>33.9</u>

Appendix 3.

Table: 5 chi-square analysis of unplanned pregnancy with sociodemographic characteristics and FP method among ANC attendants at Itang health center, Itang town, Gambella regional state, Ethiopia, August, 2017.

Table 5 a, Age in years' variable.

<u>Variable</u>	<u>Planned</u>		<u>Unplanned</u>		<u>p-value</u>
	<u>No</u> <u>(n=183)</u>	<u>%</u>	<u>No(n=183)</u>	<u>%</u>	
<u>Age in</u> <u>year</u>					<u>0.028</u>
<u>15-19</u>	<u>9</u>	<u>6.9</u>	<u>8</u>	<u>15.7</u>	
<u>20-24</u>	<u>34</u>	<u>26.2</u>	<u>22</u>	<u>43.1</u>	
<u>25-29</u>	<u>56</u>	<u>43.1</u>	<u>12</u>	<u>23.5</u>	
<u>30-34</u>	<u>16</u>	<u>12.3</u>	<u>4</u>	<u>7.8</u>	
<u>35-49</u>	<u>15</u>	<u>11.5</u>	<u>5</u>	<u>9.8</u>	

Table 5 b, past practice of Family Planning and Marital status.

<u>Past practice of FP</u>					
<u>Yes</u>	<u>90</u>	<u>65.7</u>	<u>47</u>	<u>34.3</u>	<u>0.203</u>
<u>No</u>	<u>25</u>	<u>55.6</u>	<u>20</u>	<u>44.4</u>	
<u>Marital status</u>					

<u>Married</u>	<u>53</u>	<u>58.2</u>	<u>38</u>	<u>41.8</u>	<u>0.005</u>
<u>Single</u>	<u>1</u>	<u>20</u>	<u>4</u>	<u>80</u>	
<u>Separated</u>	<u>1</u>	<u>20</u>	<u>4</u>	<u>80</u>	
<u>Widowed</u>	<u>0</u>	<u>0</u>	<u>1</u>	<u>100</u>	
<u>Unmarried but in stable union</u>	<u>60</u>	<u>74.1</u>	<u>21</u>	<u>25.9</u>	

Table 5 c, Religious variable.

<u>Religion</u>					
<u>Orthodox</u>	<u>73</u>	<u>56.2</u>	<u>57</u>	<u>43</u>	<u>0.017</u>
			<u>8</u>		
<u>Protestant</u>	<u>37</u>	<u>82.2</u>	<u>8</u>	<u>17.8</u>	
<u>Islam</u>	<u>4</u>	<u>66.7</u>	<u>2</u>	<u>33.3</u>	
<u>Catholic</u>	<u>0</u>	<u>0</u>	<u>1</u>	<u>100</u>	
<u>Other</u>	<u>1</u>	<u>100</u>	<u>0</u>	<u>0</u>	

Table 5 d, educational variables.

<u>Educational status</u>					
<u>No formal ed- ucation</u>	<u>24</u>	<u>47.1</u>	<u>27</u>	<u>52.9</u>	<u>0.054</u>
<u>Primary level</u>	<u>53</u>	<u>64.4</u>	<u>29</u>	<u>35.4</u>	
<u>Secondary level</u>	<u>27</u>	<u>75</u>	<u>9</u>	<u>25</u>	
<u>Vocational</u>	<u>4</u>	<u>80</u>	<u>1</u>	<u>20</u>	

<u>Degree & above</u>	<u>7</u>	<u>77.8</u>	<u>2</u>	<u>22.2</u>	
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Table 5 e, Occupational variables

<u>Occupational status</u>					
<u>Employee</u>	<u>9</u>	<u>81.8</u>	<u>2</u>	<u>18.2</u>	<u>0.21</u>
<u>Unemployed</u>	<u>16</u>	<u>47.1</u>	<u>18</u>	<u>52.9</u>	
<u>House wife</u>	<u>62</u>	<u>65.3</u>	<u>33</u>	<u>34.7</u>	
<u>Student</u>	<u>6</u>	<u>60</u>	<u>4</u>	<u>40</u>	
<u>Merchant/trader</u>	<u>22</u>	<u>66.7</u>	<u>11</u>	<u>33.3</u>	

