DETERMINANTS OF UNINTENDED PREGNANCY AMONG YOUTH AT FUONI HEALTH CENTER URBAN WEST ZANZIBAR

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MSc (Midwifery and Women's health) Dissertation
Muhimbili University of Health and Allied Sciences
October, 2017

Muhimbili University of Health and Allied Sciences

Department of Community Health Nursing

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By

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A Dissertation Submitted in (partial) Fulfillment of the Requirement of Degree of Masters of Science (Midwifery and Women's health) of

Muhimbili University of Health and Allied Science.
October, 2017

CERTIFICATION

The undersigned certify that she has read and here by recommend for acceptance by Muhimbili University of Health and Allied Sciences a dissertation entitled: "***Determinants of unintended pregnancy among Youth at Fuoni Health Center Zanzibar",*** in (partial) fulfillment of the requirements for the degree of Master of Science (Midwifery and women's at Health) of Muhimbili University of Health and Allied Sciences.

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Dr. LILIAN MSELLE (RN, RM, PhD)

(Supervisor)

_____

DATE

DECLERATION AND COPYRIGHTS

I **Khadija Salum Said**, declare that this **dissertation** is my own original work and that has not been submitted and will not be presented to any university for a similar or any other degree award.

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ACKNOWLEGMENTS

This dissertation would not have been possible without the guidance and the help of several individuals who in one way or another contributed and extended their valuable assistance in the preparation and completion of this study.

First and foremost, I would like to extend my greatest gratitude to the School of Community Nursing and UNFPA for their financial support which enabled me to pursue this study.

I wish to express my deepest gratitude to my supervisor, Dr. Lilian Mselle, I am most thankful for his tireless efforts in giving me valuable and guiding advices throughout the preparation and writing of this work. Her willingness, wise guidance and constructive constant comments brought this work into reality. Thanks from Sir Ahmed Suleiman and Ally Mohamed Suleiman for helping me to analyze data in my dissertation.

I greatly appreciate the friendliness, support and encouragement of my group members; Kondo Mahamud, Joyce Njenga, Aneti Kaduma and Katembo Bahati for their own effort.

To my beloved Husband Amer Rajab Ramadhan and my daughters Lubna and Lujaina Ame Rajab, words cannot express the gratitude I feel for tireless love, patience and continuous support and encouragement you have given me, you always keep my working spirit high.

My Parent Leyla Salum Said for bringing me into this world and for making me the person Iam today. Thank you very much.

Lastly but not least, I be obligated my special and deepest gratitude to God the one above all of us, for answering my prayers for giving me the strength to complete all this hard work despite all the challenges I faced , thank you so much Dear Lord.

ABSTRACT

Background: Unintended pregnancy is defined as the pregnancy either mistimed or unwanted pregnancy at the time of conception. Women change behaviors at the period of antenatal to postnatal as well as increase the morbidity and mortality rates. Unintended pregnancy has been associated with the failure of contraceptive use and unmet need for family planning. The youth is a transitional period from childhood to adulthood between the ages of 15-24 year, where physical and mentally are still immature. Youth are more susceptible to unwanted pregnancy, which can lead them to induced abortion and increase number of morbidity and maternal mortality rate.

Objective: To assess the determinants of unintended pregnancy among Youth at Fuoni Health Center Zanzibar. Specifically, the study was trying to examine the factors like social demographic characteristics and contraceptive knowledge and uses.

Methodology

The study was descriptive cross-sectional design. Design simply Characterized by descriptive survey where the participant filling the questionnaire. It was conducted at fuoni Health Center involved pregnant youth between the ages of 15 -24years visited ANC at Fuoni Health Center. All respondents provided written consent.

Result: The majority of respondent revealed that 97.8% were Muslim and had started sexual intercourse in the age of 19-20 years (55.6%) of respondents were unplanned pregnancy among of the group age of 20-24years were in the group of two or more children. Also about 94(52.20%) of women attended at facility had planned pregnancy while 86(47.80%) had unplanned pregnancy. Out of 94 (52.2%) p -value 0.025 of respondent were found to have more likelihood having unintended pregnancies.

Conclusion: Age between 20-24 years were found have high likelihood of having unintended pregnancy. Most reasons of getting unintended pregnancy were incorrectly use of contraceptive methods, have no decision making power in their marriage.

Recommendations; Local Government leaders have to plan small groups in their society to provide health education concern on uses of family planning.

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LIST OF ABBREVIATION

ANC	Antenatal Care
CPR Rate	Contraceptive Prevalence Rate
EC	Emergency Contraceptive
FP	Family Planning
MUHAS	Muhimbili University of Health and Allied Sciences
RCH	Reproductive Child Health
SD	Standard Deviation
SPSS	Statistical Package of Social Sciences
TDHS	Tanzania Demographic Health Survey
UNFPA	United Nation Population Fund
WH O	World Health Organization

OPERATIONAL DEFINITIONS

PREGNANCY	Is a physiological change of the women body system characterized by nausea and vomiting, frequency maturations, mild edema, backache and psychological and emotional disturbances
UNINTENDED PREGNANCY	Is unplanned or unwanted pregnancy occurring at the time of conception
ADOLESCENTS	Is a transitional period from adult hood to child hood between the age of 15 -19 years
YOUTH	Is a transitional period from dependence of childhood to adulthood independence between the ages of 15-24 years

CHAPTER ONE

1.0 INTRODUCTION

1.1 Background

Unintended pregnancy is defined as the pregnancy either mistimed or unwanted pregnancy at the time of conception (Eliason et al., 2014). It is associated with unmet need for the contraception. Unintended pregnancy change of women behaviors during antenatal to postnatal period as well as increases the morbidity and mortality rates (Sedgh, Singh, & Hussain, 2014). According to WHO (2013) reported that unintended pregnancy remains one of the major cause of induced abortion among adolescents between the age of 10-19 years, have high risk during pregnancy and childbirth leading to stillbirth and newborn death. Global unintended pregnancy is 40% out of this 50 % end up with abortion (Sedgh et al., 2014**).** In developing and developed country, unintended pregnancy bring about adverse effect of social and health outcomes for both mother and children, about 25% was unplanned and 99%of these are maternal death and 90% of neonatal death (Gebreamlak at el 2014). U.S.A., Japan, and Tanzania reported that the prevalence of unwanted pregnancy is 48%,46.2%, and 23.7% respectively, even though there were availability of modern contraceptives (Ebrahimzadeh et al .,2015).

According to United Nation Population Fund (UNFPA) estimated unintended pregnancy that in 2008 in Africa 86 per 1000 between the ages of 15-44years. Unintended pregnancy occur due to failure of contraceptive use or non-use of contraceptive negative effect of both mother and baby as well as family and community (Palamuleni, M.E.,& Adebowale, A.S 2014).Youth in Nigeria reported that, they use abortion for child spacing instead of using contraceptive methods, despite awareness of contraceptive use among of the contributing factor are occupation status ,level of education and women decision making (Lamina, 2015)**. The survey conducted by the** Reproductive Health Research Unit (RHRU) of the University of the Witwatersrand (2003) reported that 66% of the youth had unplanned pregnancies, and most of them end up with abortion which bring adverse effect for reproductive health of a nation (Latifat. D &Clifford O., 2007).

According to Tanzania Demographic Health Survey 2010 estimated that unintended pregnancy were 26% whereby 22% were mistimed and 4% were unwanted due to the facts that women do not use or do not consistently use of contraceptive(Exaveryat el.,2014). Another study was done in Mwanza, Tanzania (2013) shown that high risk of maternal mortality occurs at the age between 15-24 years and high risk of unplanned pregnancy is due to physically immaturity and lack of knowledge. Unintended pregnancy affects women, family and their society at large (Calvert et al., 2013)**.**The unmet need for family planning in Tanzania mainland was estimated to be 22% and in Zanzibar 28% (Kidayi et al.,2015).Women with unmet need conceive without planning and consequences of unintended pregnant are induced abortion, which was often done unsafe and practiced illegal, another the women deliver low birth weight, premature birth, anxiety, maternal depression. and poor ANC visiting (Exavery et al., 2014).It was essential to identify the factors contributing to unintended pregnancy and to provide services to address those who are at risk. To develop effective strategies for the prevention of unintended pregnancy, it has being hypothesized that the higher risks of unintended pregnancies are associated with low knowledge of family planning , educational level , lack of autonomy and marital status. So the purpose of this study was to determine factors contributing to unintended pregnancy among adolescents in Zanzibar. Unintended pregnancy is the worldwide problem that affects women's , family and community at large (Gebreamlak et al., 2014). Global unintended pregnancy were estimated that 40% and of this 50 % end up with abortion (Sedgh et al., 2014). About 14 % of pregnancies in Kenya end up with abortion and those being performing with the unskilled person and end up with complicated abortion which contributing to maternal death approximately 2600 death per annually (Mumah et al., 2014). In Tanzania, the prevalence of unintended pregnancy of less than 21years was 21.3% and more than 25years is 33.8% end up with unsafe abortion and about 3% contribute to maternal death (Calvert et al., 2013). A study conducted in Arusha Tanzania and Zanzibar shows that youth tends to terminate pregnancies and most of these are unintended pregnancy (Nyalali., et al 2013). Unintended pregnancy affects the women's

psychologically and emotionally disturbances. It was associated with stress, depression and poor adherence of antenatal visit.

1.2 Problem statement

Unintended pregnancy is the worldwide problem that affects women's , family and community at large (Gebreamlak et al., 2014). Global unintended pregnancy is estimated at 40% and ofthis 50 % end up with abortion (Sedgh et al., 2014). About 14 % of pregnancies in Kenya end up with abortion and those being performing with the unskilled person and end up with complicated abortion which contributing to maternal death approximately 2600 death per annually (Mumah et al., 2014). In Tanzania, the prevalence of unintended pregnancy of less than 21years is 21.3% and more than 25years is 33.8% end up with unsafe abortion and about 3% contribute to maternal death (Calvert et al., 2013). The study done in Arusha Tanzania and Zanzibar shows that adolescent tends to terminate pregnancies and most of these are unintended pregnancies (Nyalali., et al 2013).The reason for adolescent conducting unsafe abortion was fear of negative attitude to their community about unintended pregnancy. Unintended pregnancy affects the women's psychologically and emotionally which is associated with stress, poor adherence of antenatal visit and depression. In Zanzibar despite availability of family planning methods 16% were using modern contraceptive (Norris et al., (2016). The rate of abortion in Zanzibar is still high about 10.7% and contributes to about 17% to 21% to maternal death (Norris et al., (2016). Therefore, there is a need to find out the reason of unwanted pregnancies in an environment where modern family planning available. This study aims at determining the factors contributing to unintended pregnancies among adolescent in Zanzibar.

In Zanzibar despite availability of family planning methods 16% were using modern contraceptive (Norris et al., (2016). The rate of abortion in Zanzibar is still high about 10.7% that contributes to about 17% to 21% of maternal deaths (Norris et al., (2016). Therefore, there is a need to find out the reason of unintended pregnancies in an environment where modern family planning are available. This study aimed at determining factors contributing to unintended pregnancy among youth in Zanzibar.

1.3 Significant of the study

This study provided the awareness of factors contributing to unintended pregnancy among youth and enabled the results to be utilized to youth health center for the purpose of reducing incidence of unintended pregnancy among youth at Fuoni Health Center. Also enabling Health worker to provide health education on the factors contributing to unintended pregnancy among youth at fuoni Health Center

1.4 Research question

1. What is the percentage of youth with unintended pregnancies attending at Fuoni Health Center?
2. What is the proportion of youth who have knowledge about contraceptive use in Fuoni Health Center?
3. What are the factors associated with unintended pregnancies among youth attending at Fuoni Health Center?

1.5 Objectives

2.5.1Broad objective

To assess the determinants of unintended pregnancy among youth current attend at Fuoni Health Center West Urban Zanzibar.

1.5.2 Specific objective

The specific objectives of this study were to;

1. **Determine** the proportion of adolescents with unintended pregnancies in Fuoni Health Center.
2. Determine the proportion of adolescents who have knowledge about contraceptive use in Fuoni Health Center.
3. Determine factors associated with unintended pregnancy among adolescents attending at Fuoni health center in West Zanzibar.

1.6 Hypothesis

The higher risk of unintended pregnancies is associated with low knowledge of family planning, educational level, lack of autonomy and marital status.

1.7 Conceptual framework of unintended pregnancy

Conceptual framework represents the researcher's synthesis of literature on how to explain phenomena, in simply way help the research to understand how the particular variables connecting with each other and identify the variables required in research investigation (Brunswik,1952)This study described Social demographic factors, Social-economic factors, fertility-related factors and Women decision making. The factors like women age, education status, and the area of the resident, knowledge of the use of family planning, the number of children, occupation, gravidity, parity, mother's age at the time of marriage, women autonomy and economic situation .The adolescents having a lack of decision making to use family planning and have a high risk of unintended pregnancy, education and age affect women's decisions to be pregnant that may lead to unsafe abortion and a bad outcome is maternal death. The independent and intermediate variable direct or indirect will affect the unintended pregnancy. This conceptual framework will help to identify the variables required in the research investigation.

1.8 Study variable

Variable is a characteristics or attribute of interest in research study or property that takes the different value and sometimes is not constant variable may be straight forward and easy to use (Holzemer, 1995). The following are dependent, intermediate and independent variables

Dependent variable; unintended pregnancy,

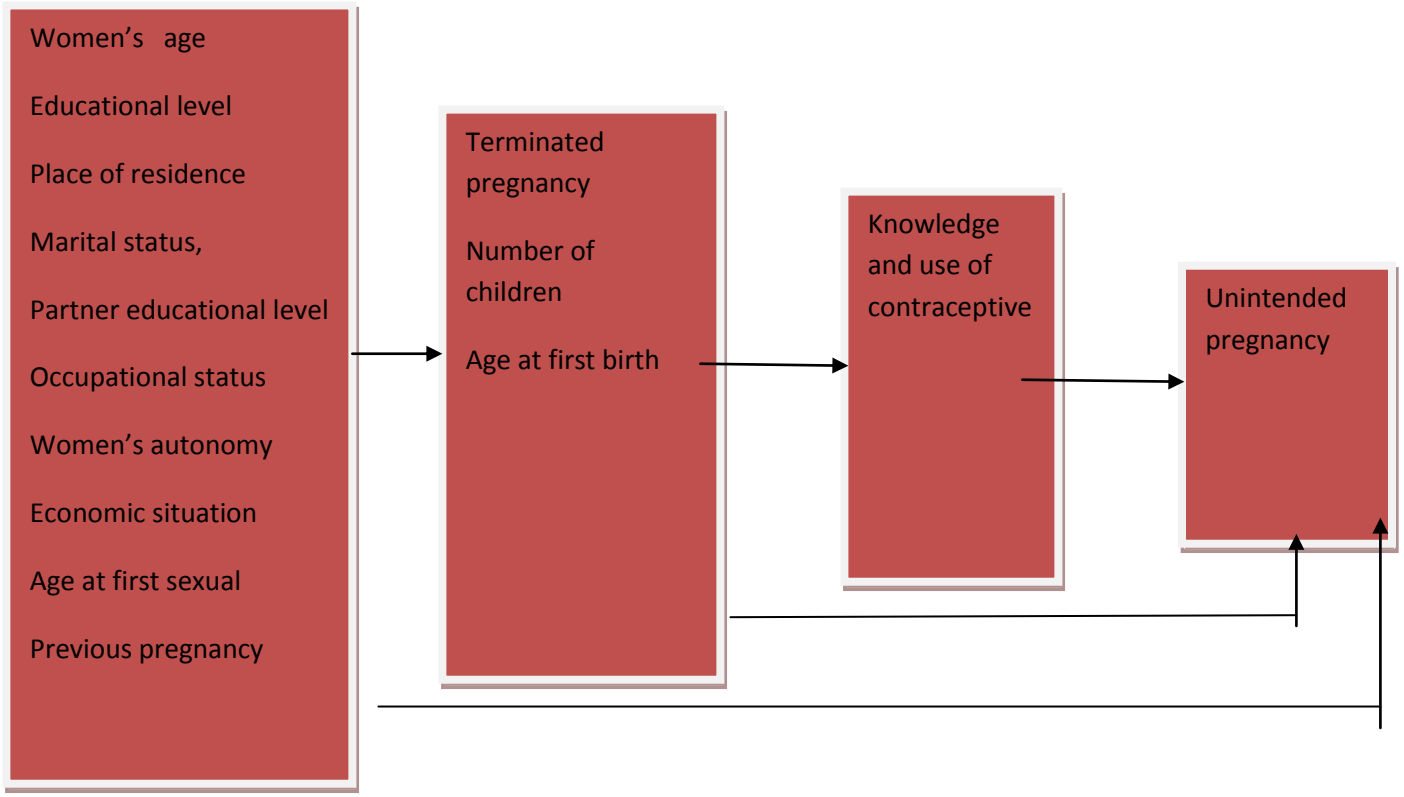
intermediate variable; Termination of pregnancy, number of children and Age at first birth

Independent variable:

Educational level, Women's autonomy, Women's age, Area of resident, Occupational, Contraceptive Number of children, marital status, economic situation, previous pregnancy

Figure 1 Conceptual framework

Independent variable Intermediate variable Dependent variable



Modified conceptual framework from Anderson and Newman 1990

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Overview of unintended pregnancy

Unintended pregnancies are those pregnancies resulting from sexual activity without use of contraceptive or incorrect use of contraceptive this pregnancy either mistimed or unplanned or unwanted at the time of conception. A literature review of unintended pregnancy was described as social demographic, social-economic, knowledge of contraceptive and use of contraceptives, and women decision making. The social demographic and social economic status including education Age, occupation status , residential area and mother autonomy, the fertility-related factor including mothers age at a time of marriage, gravidity, Parity, and The family planning methods including knowledge about contraceptives, uses of contraceptive and availability of family planning methods and induced abortion similar study done to Helwan shows that education level, the age of marriage , contraceptivemethods , number of children alive and the number of previous pregnancies affect unintended pregnancy (Valipour & Nodush an., 2015).

Social demographic and social economic

The women who aged 25 years were less likely to have unintended pregnancy than those women who had less than 2years give birth experienced unintended pregnancy (Faye at el., 2013). Similar to the study done in Ghana women with four to five children had likely to unintended pregnancy than those who had one or two children (Eliason et al., 2014) .The prevalence of unintended pregnancy was found to be higher when the women decided to seek health care by both 61.5% than an alone decision made 43%.and 15% of done mutual understanding in purchase households goods (Bastola,2013).

According to Pakistan Demographic Health Survey has been categorized into two parts, worked and for those who never worked. Women living in the urban area are more likely to use contraceptive methods compare to those women living in the rural area are a risk to get unintended pregnancy. A study from developing countries like Nepal, women living in rural area experience more unintended pregnancy than those who living in an urban area due to the rea-son of poor utilization of contraceptive method (Ali et al., 2015) for women who work after marriage, they use a modern contraceptive. A study conducted in Nepal describes more than half of age group between 25-34 years about 30% was the age between 15-24 years. 60% works on agriculture while one-third were not working the majority living in rural area about 92% , the rest living in urban (Bastola, 2013)

The unintended pregnancy increased to the women with the lower economic status and the primary or secondary level were high risk of unintended pregnancy compare to those with no education, though the majority of studies from Nepal , China, Nigeria and Vietnam shows that there's no relationship between education status of women and unintended pregnancy (Ali et al., 2015). Another study done in Senegal reported that 20.0% higher prevalence of the last two years likewise on 2013 is 20.1% reported poor women had unintended pregnancy than rich women ,among of them quarter are adolescent reported that had unintended pregnancy last two years (Faye et al., 2013) Similar to the study was done in Malawi women living in poor household were most likely to report unintended while the highest income are less and women with no education are high risk of unintended compare to those women living in urban area the same as women who were living in rural area more likely to have unintended pregnancy compare to urban area (Palamuleni,M.E.,&Adebowale,A.S 2014). Regarding their occupational status 43.8% were housewives and about 39.4% of them monthly income less than 1000.00 Ethiopian birrs. The result published in 2013 in Mwanza Tanzania a cross-sectional study done between the age of 15-30 years estimated that that 30.5 % of prevalence of unintended pregnancy among women never married., lack of knowledge of contraceptives, increase the number of sexual partners The educational level, unmarried status and. younger age has been associated with unintended pregnancies

(Exavery et al., 2014).The level of education about 27.5% were illiterate and 25.1% of women completed their higher education were unintended pregnancy (Gebreamlak et al., 2014). Another study done in Kenya shows positives association between the education level and unintended pregnancy among adolescent mother face social consequences of unintended pregnancy including poor education , employment , marital instability and single parenting hood have a high risk of getting unintended pregnancy and remain poverty (Beguy, 2014).Another study was done in Ghana the prevalence was 62.7% by the year 2010 this show that low level of education and being single were significant to unintended pregnancy (Goicolea, & Sebastian, 2010).Two third of respondent were not educated and one firth completed secondary to higher education (Bastola, 2013).The study done in Uganda indicates that adolescent and young adult are at risk for intended pregnancy because they engage is sexual activity at the age between 20-24 years and they don't use any contraceptive because of taboos, beliefs and shame (Hussain, 2013). The study done in Nigeria showed that many women became pregnant when they were between 15-19 years were predisposed to greater pregnancy related risks than those older than 20 years (Adeneye AK, et al, 2017).

Knowledge about contraceptive use among adolescents

One among the cause of unintended pregnancy is a failure of the contraceptive method. The knowledge of contraceptive is an essential and is one among the factor of unintended pregnancy. Contraceptive failure this means that incorrect or inconsistency of use modern contraceptive or lack of use of any form of contraceptive. Despite availability of family planning methods to reduce unintended pregnancy but still significant large problem of adolescent about contraceptive access is inadequate 45% of adolescent have unmet need for contraceptive (Beguy et al., 2014)

Though the fertility rate has fallen from 6.7 in 1992 to 6.4 in 2000 and contraceptive prevalence rate increases from 7% in 1992 to 22% in 2004 and 46%in 2010 but the majorities of women in Malawi have an unintended pregnancy and end up with abortion to unskilled worker though is illegally (Palamuleni, M.E. & Adebowale, A.S 2014).Women who never used family planning method have a greater chance of

unintended pregnancy than those who use FP (Faye et al., 2013).Highly education level knowing in arranging family planning to family. the study was done in Tanzania and Ethiopia shows there's relationship between the contraceptive and unintended pregnancies(Ali et al., 2015).Uganda has shown that contraceptive use is very low only 26% of women who are married and 43%women who are sexual active are unmarried women use modern FP furthermore one in three women who are married were not using even they don't want to become pregnancy (Hussain,,2013).About 87% ever heard modern contraceptive and 35.8% respondent were using ,the rest percentage of 74 they intend pregnancy and 24 & were unwanted pregnancy (Abayu et al.,215).

Factors associated with unintended pregnancy

Different factors predicting of unintended pregnancy have divided into social demographic, social-economic , fertility related and access-related factors. The social economic factor including couples age economic status ,educational ,occupational status ,autonomy of mother and residential area ,the fertility-related factor including mothers age at time of marriage ,gravidity, parity and number f live sons and factor related family planning methods including knowledge of contraceptive methods ,use of contraceptives methods, and accessibility, and availability of family planning center (Ali et al., 2015).Similar to the study done in Ghana factors being associated with unintended arrangement with partner and awareness of traditional methods of contraception (Eliason et al., 2014).

A study done in Nepal indicate that educational status of women,economics of the household , history of terminated pregnancy and knowledge of family planning were significantly associated with unintended pregnancy (Bastola, 2013).The fertility influence the pregnancy status , women with five or more children are more likely to have unintended pregnancy to the fewer women with one to two children (Palamuleni, M.E.,& Adebowale, A.S 2014)

Education and women decision made by husband,family, and culture regards to a decision on their pregnancy timing. also, women with education can influence women decision making power leading to avoiding unintended pregnancy (Geda & Lako, 2011).

Unadjusted and adjusted was reported to find the risk factors of unplanned pregnancy amongst all women are social demographic factors associated with unplanned pregnancy were increasing age , lower educational level , occupational , contraceptiveuse , sexual behavior, younger age at sexual intercourse (Calvert et al., 2013) .Study done in South Africa Among the factor contributing to unintended pregnancy decision making in planning their family based on male but 64.1% decided them self to conceive the pregnancy out off 57% decide them self because are the leader of the house the 53% decision comes from her husband (Abayu et al., 2015). Study on women's experience of unwanted pregnancy and induced abortion using a population based household survey questionnaire. They reported that the respondents 'reasons for unwanted pregnancies and consequent abortions included: bad timing, desire to remain in school, high cost of having more children, social unacceptability, abandonment by partner and extramarital pregnancy. The result of the analyses carried out also showed that age, education, employment and current use of family planning were significant independent predictors of unwanted pregnancy in Nigerian women (L. D. G Ihisomi & C.O. Odimwegu .2014).

CHAPTER THREE

3.0 METHODOLOGY

3.0.1 Study design

The study applied descriptive cross-sectional design (Jackson, 2014) this design characterized by descriptive survey where the participant filling the questionnaire and the researcher describe the response, and this can be assessed at either one point in time or over a period of time. So it was the best methods to evaluate the proportion of a population with disease and risk factors for a certain disease. Cross-section study abled to identify the factors associated with research problem and describes the phenomenon at a certain point in time.

3.0.2 Study setting

This study was conducted in Zanzibar Islands which is located in Eastern part of the coast area of Tanzania Mainland. The total surface area of the island is 2,654 square kilometer with the population estimated 1.3 million and the growth rate is 1 annually. Zanzibar consists of two main Islands which are Unguja and Pemba. Unguja Islands are administratively composed of three regions with a total of six districts. These regions with their districts are Urban West region with two districts known as West and Urban; Unguja North region also has two districts North A and North B, and the third region is Unguja South with districts of Central and South. Unguja: North Unguja 187, 455; South Unguja 115,588 and Urban West has 593,678 According to the census 2012 total population 1,303,569 (Tanzania, 2012) .Zanzibar engagesin tourism and trade as the leading sectors while the agriculture, manufacture, and infrastructure remain the supportive sectors in promoting National Economic growth in Zanzibar. The study area is Fuoni health center located five kilometer to the south east of Zanzibar city, people living south east of Zanzibar depend this health center to get health services, this services delivery 24 hours ,such as Intranatal care, postnatal care and Antenatal care services. Approximately 180 client per month receive Antenatal care services its almost

60 client per day attend to ANC among of them 22 adolescent between the age of 10-24 years visit at ANC.

3.0.3 Study population

The study involved pregnant youth between 10 -24years of age visiting at ANC at Fuoni Health Center. Often youth have physically vulnerability due to improper nutrition, poor physically and health habits as well as high risk behavior such as alcohol or drug use and sexual activity.

3.4 Sample size estimation

The aim of sample size calculation is to determine the number of participants needed to arrive at ethical and scientifically valid result (Lenth, 2001) Sample size calculated using single proportional.

$$N=\frac{Z^2 P (1 - P)}{E^2}$$

Whereby;

N=Sample size

Z=Standard normal deviation (a constant set at 1.96 on the basis of using the 95% confidence interval for estimated). =1.96

P=Estimated proportional is 12% of unintended pregnancy and abortion in Uganda.(Hussein.,2013)

$\mathcal{E}^2$=margin of error (5%)

$$\frac{1.96^2 \times 12(100 - 12)}{5^2}$$

n= 162

n=Adjusted minimum sample size

n=n× adjusted factor

n=162×100/100-10=180, n=180

3.0.5 Sampling procedure

Convenient sampling strategy was used to select respondents for this study. Convenient sampling was used during the time of data collection where participants available. This method that relies on data collection from population members who are available at study area were participated in the study (Etikan et al., 2016). The participant recruited from all pregnant woman's attending at ANC between the age of 10-24 years who was available at the time of data collection were included in the study after provided written consent

3.0.6 Inclusion criteria

All youth pregnancy between the ages of 10-24year will be involved in the study.

3.0.7 Exclusion criteria

All youth pregnancy who were medical or mentally illness between the ages 10-24 years were not participated in the study.

3.08 Data collection procedure

The questionnaire survey with descriptive cross sectional design was administered among adolescent pregnancy between 10-24 years. A self-administered questionnaire designed specifically to be completed by a respondent without intervention or manipulating, only participants stand alone to fill the questionnaire. A Swahili pre-tested self-administered questionnaire was used to collect data (Appendix B) in which was being translated from English (Appendix A).The Semi-structured questionnaire was designated open and closed ended questions. The questionnaire was modified in the part of the knowledge of contraceptive use from Bastola (2013). The questions based on social demographic data such as age, marital status, knowledge of contraceptive use and education, economic status, occupational, woman's autonomy and residence.

3.0.9 A pilot study

A pilot study is a standard scientific tool for soft research allowing the scientists to conduct preliminary analysis before committing to a full study or experiment A pilot study helps to assess time and resources, problems that can occur during the main study, length of time to fill all the study questionnaire and feasibility of the study protocol. Pilot study was done at Mwembeladu RCH Unit that is different from participate recruited from the main study of 10% from sample size (18 pregnant adolescent) between the ages of 10-24 years participated in the pilot study to ensure reliability and validity of data collection tool. The instrument the questionnaire was calculated by Cronebarchs Coefficient during pretest by using SPSS 21 version Software. The supervisor also was examined the number and type of questionnaire of well-constructed.

3.10 Research assistants recruitment

Before data collection two research assistants recruited and trained for two days, on how to collect data and help the participant in understanding the questionnaire, one is Nursing Officer and Nursing Midwife .Nursing officer had knowledge of data collection to ensure the questionnaire was fulfilled.

3.11 Data analysis

The data set was transferred from SPSS for Windows, Version 21. Some variables were regrouped to facilitate analysis and to make interpretation meaningful. These included: age, which was grouped into three age groups 15-18, 19-20 and 21-24 years, a quantitative data involved, s we've just described, descriptive statistics are used primarily to summarize the data. SPSS is statistical software that is used to calculate descriptive statistics. By which the data was converted into numerical form and subject them into Statistical Package for Social Sciences (SPSS) software Version 21, was used to analyse data. Continuous variable be summarized the measure of the central tendency and variability (mean or medium and SD or range) categorical variable was compaired using chi- squire test or Fishers exactly test p value <0.05 was being considered a statistical significant.3.12 Validity

Validity is a degree of an instrument concerns the extent to which the research measures what it purports to measure without bias or distortion. To ensure the validity of this study, the supervisor and two senior midwives specialist reviewed questionnaire to ensuring consistence of the questions. A copy of questionnaire was submitted to the study supervisor and two senior midwives' specialist to examine whether the number and type of items in the questionnaire measured the concept or construct of interest (content validity).

3.13 Reliability

Reliability means consistency and accuracy of data obtained from the study.(Polit & Beck ,2008).To ensure the data was accuracy, the pre-test was done and any incorrect question was corrected and tested again before data collection .The data maintained by confidentiality and well secured in SPSS 21 version.

3.14 Ethical consideration

Formal approval and consents of the local health authorities and the communities were obtained prior to the commencement of the study through trusted and respected community leaders. The researcher had obtained the ethical clearance of the study from Research Ethics Committee at Muhimbili University of Health and Allied Sciences (MUHAS) and research permit from Ministry of Health Zanzibar Medical Research Committee Permission. Also obtained from the management of the hospitals where the study was conducted. The informed consent of the study participants was obtained before data collection. The study participants were made to understand the nature and purpose of the study, the potential risks and benefits of participation to them and their community, and their right to refuse or participate voluntarily. The study was conducted in accordance to the tenets of the Helsinki Declaration of 1964 as amended in 2000.

3.14 Study limitation and mitigation

Some questions in the questionnaire involved in asking mothers issues like whether their pregnancies were planned or unplanned, some of participants were hesitant to answer this question. However, the researcher encouraged them to answer and she further reminded participants about issues of confidentiality, they were also told that it's okay if they don't feel to answer the question.

4.0 DISSEMINATION

The study finding will be disseminated at MUHAS, school of nursing, ministry of health Zanzibar, UNFPA, Zanzibar health management team, Fuoni health center and will be published in midwifery journey.

CHAPTER FOUR

RESEARCH FINDINGS AND DATA PRESENTATIONS

4.1 Introduction

This chapter presents data collection during the study analysis of data and presenting the finding of the study. The findings were obtained through questionnaire. This chapter starts by presenting general characteristics which are educational level, Religion, occupational and marital status so as to give a general over view of the respondent participated in the study.

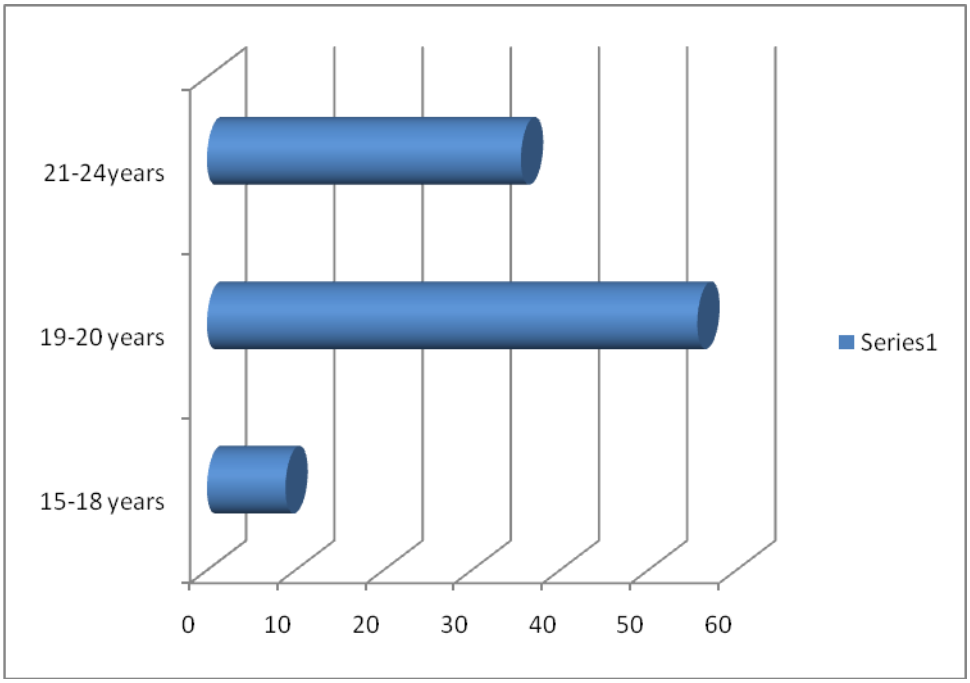
4.2 Socio-demographic Information

Table 1: **Univariate analysis for socio-demographic characteristics of respondents**

Variable Characteristics	**Frequency(N=180)**	**Percentage (%)**
Age		
15-18yrs	6	3.3
19-20 yrs	45	25.0
21-24 years	129	71.7
Total	180	100%
Education level		
Completely primary school	22	12.2
Completely secondary school O level	140	77.8
Completely secondary school A level	11	6.1
College	4	2.2
University	3	1.6
Total	180	100%
Muslim	176	97.8
Christian	4	2.2
Total	180	100%
Who are you living with?		
mother only	3	1.7
Relatives	6	3.3
Husband	171	95.0
Total	180	100
Married	180	100
Total	180	100
What is your occupation		
Housewife	126	70.0
civil servant	8	4.4
Business	46	25.6
Total	180	100

The study shows that about 77.8% of the total of respondent participates in the study had complete secondary school (0 level) compaired to university is about 1.6%. Also result shows that 97.8% were Islamic religion,

Figure 1: In what age did you started sexual intercourse



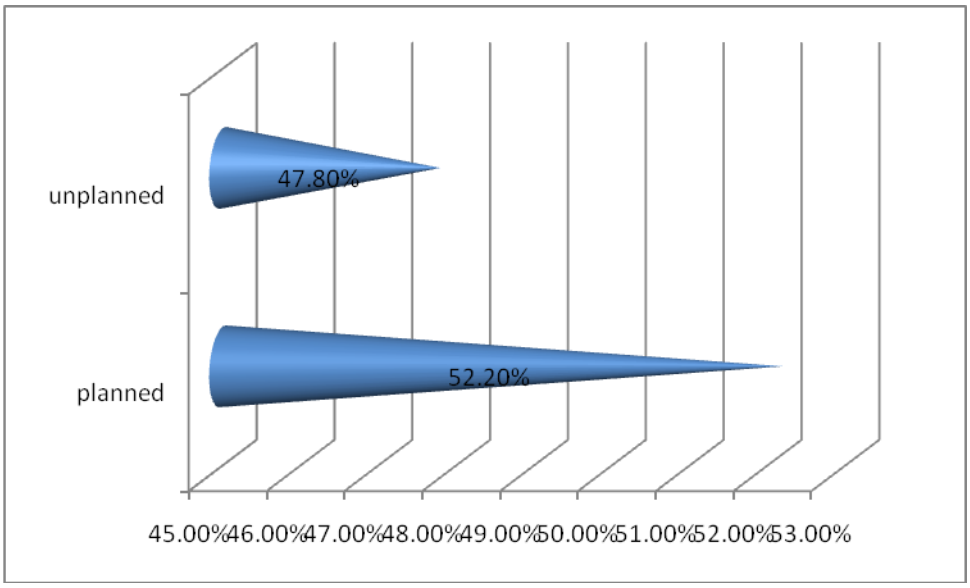
The majority 100(55.6%) of respondents started sexual intercourse when they were at age of 19-20 and 64(35.6%) at the age of 21-24 years old.

Table 2: Univariate analysis of proportion of adolescents with unintended pregnancies at Fuoni health center.

Variable Characteristics	**Frequency(N=180)**	**Percentage (%)**
How many pregnancies have pregnancy you ever had?		
One	30	17.6
Two	24	13.4
Three	126	70.0
Total	**180**	**100%**
How many live children do you have		
One	20	11.1
Two	15	8.3
Three	126	70.0
None	19	10.6
Total	**180**	**100%**
Total	**180**	**100%**
Of the pregnancy you have, when did you get the last born baby		
2016	71	39.4
2015	52	28.9
2014	57	31.7
Total	**180**	**100**

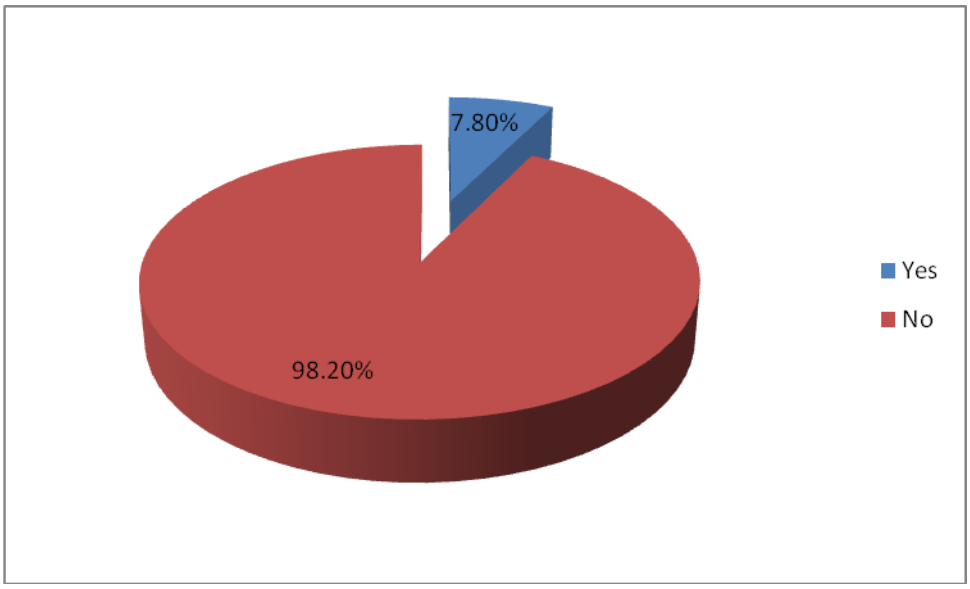
The above table shows that majority of respondent (70.0%) had gravid three between the ages of 15-24 years and (39.4%) had last baby born in 2016 which shows that there's no child spacing between last baby born and current pregnancy.

Figure 2: Responses on percentage of adolescents with unintended pregnancies attending at Fuoni Health Center



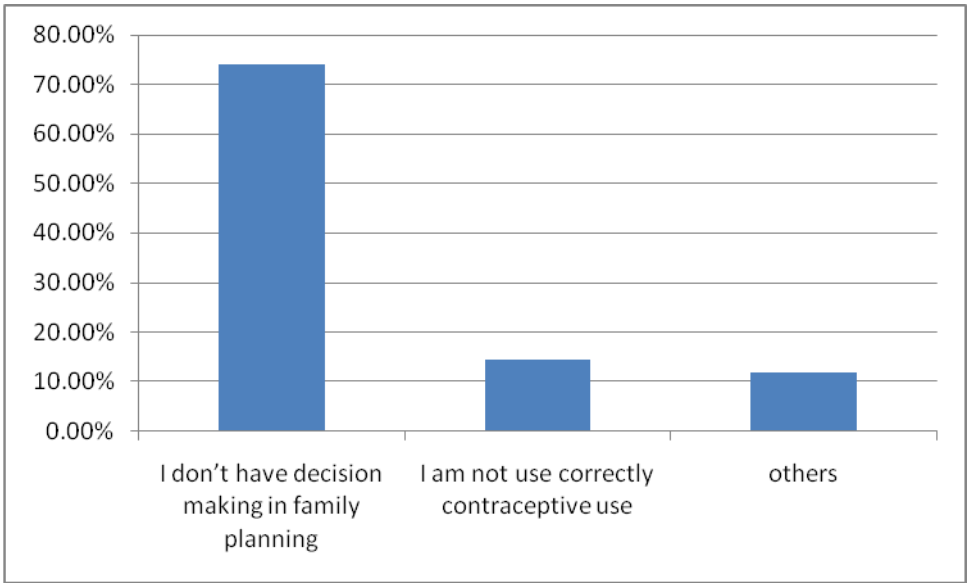
The data from respondents revealed that about 94(52.20%) of women attended at facility had planned pregnancy while 86(47.80%) had unplanned pregnancy.

Figure 3: Respondent responses on the previous pregnant if were planned?



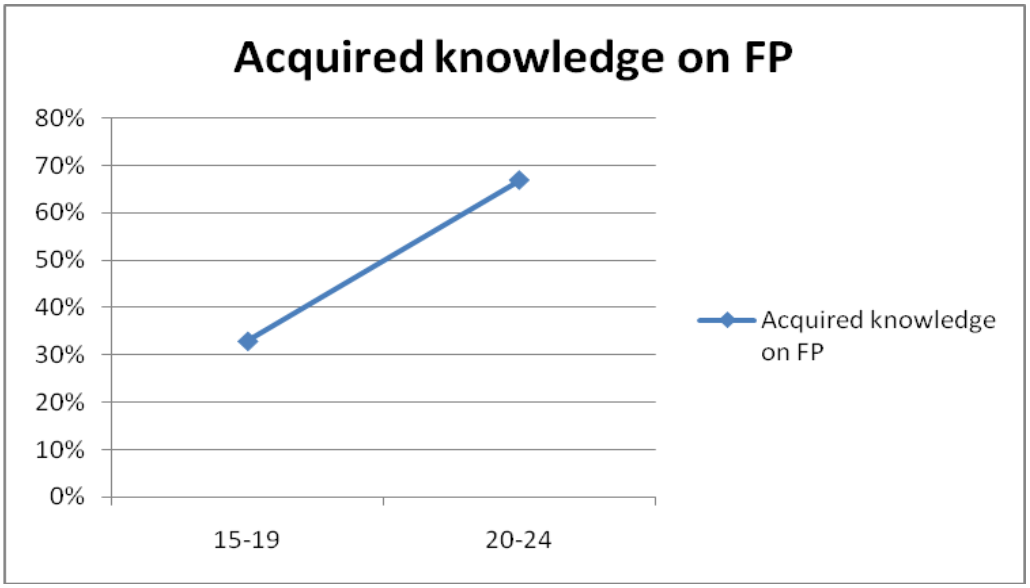
The data from respondents revealed that about 166(98.20%) of women attended at facility had unplanned pregnancy.

Figure 4: Responses on why the pregnant was not planned?



The study also revealed that about 133(73.9%) of the respondents had no decision making about family planning and 26(14.4%) did not use contraceptive methods correctly.

Figure 5: Pproportion of adolescents who have knowledge about contraceptive use



Respondents between the ages 33% had low knowledge while 67% between 20-24 years had knowledge on family planning knowledge.

Bivariate analysis Results

Significant associations between the dependent and independent variables were measured by using Chi–square statistical tests. The dependent variable (Unintended pregnancies) and the Independent variable: Educational level, Women's autonomy, Women's age, Area of resident, Occupational, Contraceptive Number of children, marital status, economic situation, previous pregnancy.

Table: 3 Associations between dependent and independent variable

Variable	**Unintended pregnancy**		**Total No. (%)**	**Unadjusted OR 95% CI**	**P-value**
Variable	**Yes**	**No**			
Agreed(planned)	94 (52.20%)	16 (17.8)	110 (70.0)	4.22 (0.199-0.896)	0.025
Disagree(unplanned)	86 (47.3)	20 (5.3%)	84 (25.5)		

The results revealed that respondents who agree were 4 times likely to have unplanned pregnancy compared to those who disagree. Also results found that there was statistically significant (OR =4.22 95% CI = (0.199-0.896) P-value =0.025).

CHAPTER FIVE

DISCUSSION

Introduction

This chapter provides an opportunity to discuss the study findings according to the study objectives (specific objectives) and also compare findings of this study with other researchers conducted on assess determinants of unintended pregnancy among youth current attend at Fuoni Health Center West Urban Zanzibar. Three outcomes of the study were assessed as proportion of adolescents with unintended pregnancies, knowledge about contraceptive use and factors associated with unintended pregnancies.

Proportion of adolescents with unintended pregnancies

Results showed the age of 19-20 years have greater chance of unplanned pregnancy compaired to that woman who became pregnant when aged 15-19 years are predisposed to greater pregnancy related risks than those older than 20 years (16-18).

The level of education among the respondents in this study was the following; their class levels, 140(71.8%) were completely secondary school form II, followed by completely primary school 22(12.2%), A level was 11(6.1%), college were 4(2.2%) and University level were 3(1.6%). Majority of them their level of education is low, might be one factor of contributing unintended pregnancies among the adolescent attended at Fuoni health center. This finding revealed similar study results conducted in Africa and Asia countries: the unintended pregnancy is increasing to the women with the lower social economic status and the primary or secondary level were high risk of unintended pregnancy compare to those with no education, though the majority of studies from Nepal , China, Nigeria and Vietnam shows that there's no relationship between education status of women and unintended pregnancy (Ali et al., 2015). The result showed that respondents who unplanned pregnant 4.2 times likely compared to those who disagree.

Also results found that there was statistically significant (OR =4.22 95%CI = (0.199-0.896) P-value =0.025).

Also the level of education revealed similar finding from another study done in Kenya shows positives association between the education level and unintended pregnancy among youth face social consequences of unintended pregnancy including poor education , employment , marital instability and single parenting hood have a high risk of getting unintended pregnancy and remain poverty(Beguy, 2014)

Moreover, study revealed the unintended pregnancy has increased as shown fig 2. The data from respondents revealed that about 94(52.20%) of women attended at facility intended to get pregnant while 86(47.80%) pregnant were not planned.

Knowledge about contraceptive use

The knowledge of contraceptive is an essential and is one among the factor of unintended pregnancy. Contraceptive failure this means that incorrect or inconsistency of use modern contraceptive or lack of use of any form of contraceptive. Despite availability of family planning methods to reduce unintended pregnancy but still significant large problem of adolescent about contraceptive access is inadequate 45% of adolescent have unmet need for contraceptive (Beguy et al., 2014). The study also revealed that about 133(73.9%) of the respondents they don't have decision making in family planning and 26(14.4%) not use correctly contraceptive methods and some use other methods including traditional methods. Similar to the study done in Ghana factors being associated with unintended pregnancy during the time of survey including high parity , marital arrangement living arrangement with partner and awareness of traditional methods of contraception (Eliason et al., 2014).

Also, this finding agreed with an intervention similar study done in Uganda adolescent and young adult are at risk for intended pregnancy whereby they start age at first sexual between 20-24 years and they were sexual active further more they don't use any contraceptive because the taboos and believe so they feel shame and some expelled out of their family and others neglecting to their partner (Hussain**,** 2013).Women who never used family planning method have a greater chance of unintended pregnancy than those who use FP (Faye et al., 2013).

CONCLUSIONAND RECOMMENDATIONS

6.0 CONCLUSION

Introduction

This chapter consists of the conclusions and recommendations on the key finding of the study based on three specific objectives are as follows

Conclusion

The majority of respondent of unintended pregnancies was high and the utilization of contraceptives among adolescent is very low though knowledge about family planning is high. The Majority of respondent between the ages 19-20 years had started sexual intercourse and the age between 20-24 years were found to have high likelihood of having unintended pregnancy. Most reasons of getting unintended pregnancy were incorrectly use of contraceptives, had no decision making power in their marriages and had no enough money to take care of their babies.

7.0 Recommendation

Based on the finding from the study, I would like to recommend that;

i. Ministry of health in partnership with other implementing partners, local and international to provide health education by using mass media to use condoms and increase health center, rural and urban areas for youth friendly service so as to prevent unintended pregnancies.

ii. Local Government leaders have to plan small groups in their society to provide health education purpose to reduce unintended pregnancy and improve their health.

iii. To conduct a qualitative study in the community especially rural settings in order for them to have an in depth discussion with regard to unintended pregnancies in order to compliment the findings of this study, because this study was conducted in semi urban area of which the results could be different from the rural setting.

REFERENCES

Abayu, H., Birhanu, Z., Nega, A., &Kidanemariam, A. (2015).Prevalence and Associated Factors of Unintended Pregnancy in WelkaiteWoreda, Tigray and North Ethiopia Cross Sectional Study by 2012. *J Preg Child Health*, *2*(137), 2...

Adeneye AK, Erinosho OA, Adeneye AA, Obasi CC (2017) Factors Associated with Unplanned Pregnancy among Unmarried Adolescents in Selected Communities of Ogun State, Nigeria. Arch Prev Med 2(1): 001-009.

Ali, A., Ali, S. A., Aziz Ali, S., &Khuwaja, N. S. (2016). Determinants of Unintended Pregnancy among Women of Reproductive Age in Developing Countries: A Narrative Review. *Journal of Midwifery and Reproductive Health*, *4*(1), 513-521.

Alkema, L., Kantorova, V., Menozzi, C., &Biddlecom, A. (2013). National, regional, and global rates and trends in contraceptive prevalence and unmet need for family planning between 1990 and 2015: a systematic and comprehensive analysis. *The Lancet*, *381*(9878), 1642-1652.

Bastola, K. (2013). Unintended pregnancy among currently pregnant married women in Nepal. *School of Health Sciences university of Tempere.*

Beguy, D., Mumah, J., & Gottschalk, L. (2014). Unintended pregnancies among young women living in urban slums: Evidence from a prospective study in Nairobi City, Kenya. *PloS one*, *9*(7), e101034.

Brunswik, E. (1952). The conceptual framework of psychology. *Psychological Bulletin*, *49*(6), 654-656.

Calvert,C.,Baesley,K.,Doyle,A.M,Maganja,K.S.Changalucha,J.,Watson-jones,D., Ross,D.,A(2013) Risk factors for unplanned pregnancy among young women in Tanzania .*Journal family planning Reproductive Health car*e 39(4);1-12.

Ebrahimzadeh, F., Hajizadeh, E., Vahabi, N., Almasian, M., &Bakhteyar, K. (2015).Prediction of unwanted pregnancies using logistic regression, probit regression

and discriminant analysis. *Medical journal of the Islamic Republic of Iran,* 29:264.

Eliason, S., Baiden, F., Yankey, B. A., &Awusabo–Asare, K. (2014).Determinants of unintended pregnancies in rural Ghana. *BMC pregnancy and childbirth*, *14*(1), 14-261.

Etikan, I., Musa, S. A., &Alkassim, R. S. (2016).Comparison of convenience sampling and purposive sampling. *American Journal of Theoretical and Applied Statistics*, *5*(1), 1-4.

Exavery, A., Kanté, A. M., Njozi, M., Tani, K., Doctor, H. V., Hingora, A., & Phillips, J. F. (2014). Predictors of mistimed, and unwanted pregnancies among women of childbearing age in Rufiji, Kilombero, and Ulanga districts of Tanzania. *Reproductive health*, *11*(1), 11- 63.

Faye, C. M., Speizer, I. S., Fotso, J. C., Corroon, M., &Koumtingue, D. (2013). Unintended pregnancy: magnitude and correlates in six urban sites in Senegal. *Reproductive health*, *10*(1), 10- 59.

Gebreamlak, W., Aragaw, A., Lemma, S., &Demilew, W. (2014). Magnitude and factors influencing unintended pregnancy among pregnant women attending antenatal care at FelegeHiwot referral hospital, Northwest Ethiopia: A cross-sectional study. *Science*, *2*(4), 261-269.

Geda, N. R., &Lako, T. K. (2011). A population based study on unintended pregnancy among married women in a district in Southern Ethiopia. *Journal of Geography and Regional Planning*, *4*(7), 417-427.

Goicolea, I., & San Sebastian, M. (2010). Unintended pregnancy in the amazon basin of Ecuador: a multilevel analysis. *International journal for equity in health*, *9*(1), 9-14.

Holzemer, W. L., & Reilly, C. A. (1995). Variables, variability, and variations research: implications for medical informatics. *Journal of the American Medical Informatics Association*, *2*(3), 183-190.

Hussain, R. (2013). Unintended pregnancy and abortion in Uganda.*Issues in Brief (Alan Guttmacher Institute)*, (2), 1-8.

Jackson, S. L. (2014). Research methods and statistics; *A critical thinking approach* (3rd edition).Belmont,CA:Wadsworth.

Kidayi, P. L., Msuya, S., Todd, J., Mtuya, C. C., Mtuy, T., &Mahande, M. J. (2015). Determinants of Modern Contraceptive Use among Women of Reproductive Age in Tanzania: Evidence from Tanzania Demographic and Health Survey Data. *Advances in Sexual Medicine*, *5*(03), 43-52.

Lamina, M. A. (2015).Prevalence and determinants of unintended pregnancy among women in south-western Nigeria. *Ghana medical journal*, *49*(3), 187-194.

Lenth, R. V. (2001). Some practical guidelines for effective sample size determination. *The American Statistician*, *55*(3), 187-193.

Mumah, J. O. Y. C. E., Kabiru, C. W., Mukiira, C. A. R. O. L., Brinton, J., Mutua, M., Izugbara, C., & Askew, I. (2014). Unintended pregnancies in Kenya: a country profile, Nairobi.STEPS UP Research report;*African Population and Health Research Center.*

Norris, A., Harrington, B. J., Grossman, D., Hemed, M., &Hindin, M. J. (2016). Abortion experiences among Zanzibari women: a chain-referral sampling study. *Reproductive health*, *13*(1), 23.

Nyalali, K., Maternowska, C., Brown, H., Testa, A., Coulson, J., & Gordon-Maclean, C. (2013). Unintended pregnancy among teenagers in Arusha and Zanzibar, Tanzania: A situation analysis. London. *MarieStopes International,*

Palamuleni, M. E., &Adebowale, A. S. (2014).Prevalence and determinants of unintended pregnancies in Malawi. *Etude de la Population Africaine*, *28*(1), 551-563.

Polit, D. F., & Beck, C. T. (2012).*Resource manual for nursing research*.Wolters Kluwer HealthPhiladelphia:lippincott Williams & Wilkins.

Sedgh, G., Singh, S., &Hussain, R. (2014).Intended and unintended pregnancies worldwide in 2012 and recent trends. *Studies in family planning*, *45*(3), 301-314

Tanzania, N. B. S. (2012). Population and housing census: population distribution by administrative areas. *Ministry of Finance, Dar es Salaam*.

Valipour, M., &Nodushan, A.A (2015) Factors Pertaining to Unintended Pregnancy amongst Women Visiting Healthcare Centers of Yazd City.

APPENDEX:A Informed consent, English version

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES (MUHAS)

DIRECTORATE OF RESEARCH AND PUBLICATION

INFORMED CONSENT

ID –NO

Consent to participate in this study

Greeting

My name is KHADIJA SALUM SAID I am conducting a study on Determinant of unintended pregnancy among adolescent at Fuoni Health Centre West Urban Zanzibar.

Aim of the study

To assess determinants of unintended pregnancy among adolescents at Fuoni Zanzibar

What participant Involve

If your agree to participate in this study ,you will be required to answer questions about social demographic factor ,knowledge of contraceptive and factors associated of unintended pregnancy**.**

Confidentiality

I'm sure that all information collected I will keep confidential, only person who will be involve in research will access the information .we will not put your name or any other identification on the record on the information given.

Right to withdraw and alternatives

Complete this study is a part of your choice if you choose not to participate in the study or if you decide to participate in the study you will not get in harm. You can stop at any time even if you have already given your consent. Refusal to participate or withdrawal

from the study will not involve penalty or loss of any benefits to which you are otherwise entitled.

Benefit

The information you provide ,it will help to providing enough information in order to recommendation for the policy maker as well as ministry of health and other private sector in order to address this problem which will help to reduce unintended pregnancy among adolescent to reduce maternal morbidity and mortality rate .

In case of injury.

We do not anticipate that any harm will occur to your family as a result of participants in this study

Who to contact

If you ever have questions about this study you should contact the Principle Investigator midwifery KHADIJA SALUM SAID Muhimbili University of Health and Allied Science ,P.O box 65001,Dares salaam, Tel no. 0673245325. For any of your right ask the doctorate of research and publication PROF JOYCE MASALU P.O BOX 65001. Tel. no: 2150302-6

Signature

……

Do you agree?

Participant Agrees ….

I have read and understood the contents in this form

Agree to participant in the study

Signature of participant……..

Date of sign consent …….

Participants Disagrees……...

APPENDIX B:Informed consent Swahili Version

MUHIMBILI UNIVERSITY HEALTH AND ALLIED SCIENCES

DECTORATE OF RESEARCH AND PUBLICATION

FOMU YA RIDHAA

Namba ya utambulisho

Ridhaa ya kushiriki katika utafitihuu

Habari! Jina langu naitwa Khadija salum said nafanya utafiti kuhusu tatizo la mimba zisizopangwa miongoni mwa vijana wa kike katika Kituo Cha Afya Fuoni Zanzibar.

Malengo ya utafiti huu

Utafiti huu malengo juu ya kukusanya taarifa juu yatatizo la kupata mimba zisizopangwa sababu zinazopelekea kupata mimba hizo miongoni mwa vijana wa kike ndani ya umri kati ya 10-24 .Fuoni Zanzibar. Unaombwa kushiriki katika utafiti huu kwasababu unaelewa na unaweza kuwa muhimu katika tafiti hii.

Kushiriki

Ukikubali kushiriki ikatika tafiti huu utatakiwa kujibu maswali yahusuyo kufahamu wako katika maswala mazima ya mimba zisizopangwa miongoni mwa vijana wanaohudhuria kliniki ya wajazito Fuoni Zanzibar.

Siri

Nakuhakikishia kuwa taarifa zote zitakazo kusanywa kutoka kwako zitakuwa nisiri.Watu wanaofanya katika utafiti huu tundo wanaoweza kuziona taarifa hizi..Hatutaweka jinalako la kumbukumbu katika tafiti hii.

Madhara

Utaulizwa maswali juu ya utafiti kuhusu mimba zisizopangwa miongoni mwa vijana wanaohudhuria kliniki ya mama wajawazito Fuoni Zanzibar

Haki ya kujitoa

Kushiriki katika utafiti huu niuchaguzi wako, kama utaamua kushiriki au kutoshiriki hutapata athari yeyote. Hata kama ulishakubali kasha ukajitoa katika tafiti hii hakutaleta athari yeyote au upotefu wa faida unayotakiwa kuipata.

Endapo utadhurika

Hatutegemei kutokea kwa athari kwa kushiriki kwako katika tafiti hii.

Watu wa kuwasiliananao

Kama kutakuwa na maswali yeyote katika tafiti hii unaweza kuwasiliana na Mratibu Mkuu wa Mradi Khadija Salum Said Chuo Kikuu Cha Afya na Sayansi Shirikishi Muhimbili, S.L.P 65001, Dar es Salaam (simu no.0673245325)

Kama utakuwa na maswali kuhusu haki zako kama mshiriki unaweza kupiga simu kwa mwenyekiti wa kamati ya chuo ya tafiti namachapisho **Prof. JOYCE MASALU SLP 65001, Dar es Salaam .**Simu namba 2150302-6 na **DR, LILLIAN MSELLE** simu namba 0717565610ambaye nimsimamizi mkuu wa tafiti huu.

Sahihi

Nakubali kushiriki?

Mshiriki amekubali

Mimi nimesoma na kuilewa form hii .Nakubali kushiriki katika utafiti huu.

Sahihi ya mshiriki

…….

Tarehe ya makubaliano…….

Mshiriki amekataa…….