UNWANTED PREGNANCY AND INDUCED ABORTION AMONG FEMALE YOUTHS: A CASE STUDY OF TEMEKE DISTRICT

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UNWANTED PREGNANCY AND INDUCED ABORTION AMONG FEMALE YOUTHS: A CASE STUDY OF TEMEKE DISTRICT

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A dissertation /thesis submitted in (partial) fulfilment of the requirement of degree of masters of Public Health of Muhimbili University of Health and Allied Science.

Muhimbili University of Health and Allied Sciences, November 2012.

CERTIFICATION

The undersigned certify that he has read and hereby recommend for acceptance by Muhimbili University of Health and Allied Sciences a thesis/dissertation entitled ***Unwanted pregnancy and Induced abortion among Female Youths a case study of Temeke district, Dar es Salaam, Tanzania***, in fulfilment of the requirements for the degree of Master of Public Health of Muhimbili University of Health and Allied Sciences.

_____

Dr .David Urassa (MD, PHD)

(Supervisor)

_____

DATE

DECLERATION

AND

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I Dr.Neema Mamboleo, 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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DEDICATION

This dissertation is dedicated to my Lovely husband Prosper Nambaya and daughter Melissa Nambaya, as they are my strength in everything I do.

ABSTRACT

Background: Unwanted pregnancy is the major cause of induced abortion, one of the leading causes of maternal mortality and morbidity in the world. Hundreds of thousands of women become pregnant without intending to, and many of them decide to end the pregnancies into abortion. Youth are more susceptible to unwanted pregnancies; this may be explained by the fact that premarital sexual activity is very common and reported to be on the rise in all parts of the world. This could be explained by the fact that youths are facing various problems with regards to their reproductive health needs including contraceptive use e.g. lack of information, misinformation, fear of side effects as well as social, cultural and economic barriers in accessing the family planning services, economic problems, violence as well as cultural and social beliefs.

Objective: The study assessed the magnitude of unwanted pregnancies and induced abortion among female youths aged 15-24 years in Temeke district. Specifically the study was trying to examine the association between the magnitude of unwanted pregnancies and induced abortion among youths with other factors like contraceptive knowledge and use, socio demographic characteristics, socio cultural factors and sexual factors.

Methodology : A cross sectional study, was conducted among 454 youths aged 15-24 years in Temeke district in Dar es Salaam using a Semi structured questionnaire , the respondents were being interviewed after they or their parents/guardian give a consent to the Prime investigator or research assistants.

Results: The mean age for fist sexual intercourse was 18 years. 57 % of the study respondents agreed to have used contraceptives, 33 % of all the pregnancies had unwanted pregnancy and 26 % of them ended up into abortions, out of all the abortions 87 % were induced. Out of all the abortions 74 % were the result of an unwanted pregnancy with P value of 0.001.Single youths were found to have more likely hood of having unwanted pregnancy and induced abortion with the proportion of 78 % (P=0.001) and 59 % (P=0.001) respectively. Students were more likely to have unwanted pregnancy, 83% (P =0.001) and induced abortion with the proportion of 83% (P =0.004).

Conclusion: The prevalence of unwanted pregnancy and induced abortion were high, and most of the induced abortion was the result of unwanted pregnancy. There was low utilization of contraceptives among female youths but its association with the rate of unwanted pregnancy was found not to be statistically significant. Female youths who were single, unmarried and students were found to have high likelihood of having unwanted pregnancy and induced abortion.

Recommendation: I would recommend that the Ministry of health and Social welfare in partnership with other implementing partners , local and international to focus their strategies to the ins school programming , addressing the need of the in school female youth on reproductive health issues. Different partners in partnership with the Government to address the issue of unemployment among female youths, to improve their economic status, hence for them to be able to take care of themselves as well as their children and to conduct a qualitative study in the community especially rural settings in order for them to have an in depth discussion with regard to unwanted pregnancies and induced abortion in order to compliment the findings from his study. This is because this study was conducted in semi urban area of which the results could be different from the rural settings.

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LIST OF ABBREVIATIONS AND ACRONYMS

FP	Family Planning
IUCD	Intrauterine Contraceptive Device
MDG	Millennium Development Goals
OR	Odds Ratio
SD	Standard Deviation
PRB	Population Reference Bureau
SPSS	Statistical Package for Social Sciences
STI	Sexual transmitted Infections
TDHS	Tanzania Demographic health survey
THMIS	Tanzania Health Management Information system.

CHAPTER I

INTRODUCTION

1.1 Background

Unintended pregnancy is a pregnancy that is either mistimed or unwanted at the time of conception. It is a core concept in understanding the fertility of populations and the unmet need for contraception. Unintended pregnancy is associated with an increased risk of morbidity for women, and with health behaviours during pregnancy that are associated with adverse effects. For example, women with an unintended pregnancy may delay prenatal care, which may affect the health of the infant. Women of all ages may have unintended pregnancies, but some groups, such as teens, are at a higher risk.

The use of modern contraceptive methods has greatly reduced the incidence of unintended pregnancy, particularly in more developed countries and provision of family planning services and modern contraceptives to those who do not have access to them would prevent a large proportion of unintended pregnancies and abortions, as well as many maternal and infant deaths. It is reported that despite of the availability of different modern methods of contraceptives, ranging from short, long term to permanent methods, as well as natural methods of contraception, the problem of unwanted pregnancies is very big worldwide but still underreported in many communities due to its sensitive nature. This is so said due to the high incidence of pregnancy termination which contributes to high maternal mortality and morbidity. About 80 million of unintended pregnancies are estimated to occur worldwide annually. In developing countries more than one-third of all pregnancies are considered unintended and about 19% will end up in abortion, which are most often unsafe accounting for 13% of all maternal death globally (Guttmacher institute 2007, Marston 2004).

Unwanted pregnancies are affected by number of factors including personal beliefs, social services, religious and cultural values as well as the existing laws in the community. Most of the time unwanted pregnancies started as unplanned pregnancy, but occasionally the planned pregnancy may end up into being unwanted pregnancy (Baginsk, 2007).It is also shown that

out of 210 million pregnancies occurring in the world annually, about 79 million are estimated to be unintended, of these more than 50% end up in abortion.(Bongarts & West off, 2000). The World Health Organisation estimates that at least 33% of all women seeking hospital care for complications related to abortions are less than 20 years of age. This may be explained by the fact that adolescents' fertility rate is very high, this affects not only these young women but also their children's health; because birth to women aged 15-19 years have the highest risks of infant and child mortality as well as high risk of maternal mortality (WHO). In Tanzania there are 139 reported births per 1000 women aged 15-19 years (WHO, Adolescent fertility statistics 2000). Even if all contraceptives users were too use their methods correctly at all time, still there will be nearly six million accidental pregnancies annually which may end up into unwanted pregnancy (WHO 2003). Countries were contraceptive use is very high, the rate of unwanted pregnancy as well as abortion has declined to a very great extent, that is contraceptive use is inversely proportional to the rate of abortion (Bongaarts and Westoff, 2000).

In Tanzania, the contraceptive use is still very low. The Contraceptive Prevalence rate is 34% among married women, so this low contraceptive use gives us the reflection of the magnitude of unplanned pregnancies which is most likely to be unwanted compared to the planned pregnancies. This is much of a problem among the youths , because majority of them are facing various problems with regards to their reproductive health needs including contraceptive use i.e. services are not protecting the youths from infections as well as unplanned pregnancies, this is due to the fact that there is limited access to contraceptive to this vulnerable group, the barriers may include lack of information, misinformation, fear of side effects as well as social, cultural and economic barriers in accessing the family planning services (PRB 2000).

Despite the social and cultural importance of child bearing in many African communities, unwanted pregnancies are the source of problems in the families. This is more severe for young girls who often fall pregnant out of wed lock. The best option for them is to go for an abortion just to avoid facing the judgment from their families and the community in general.

Adolescents aged 15-19 years accounts for 25% of all the unsafe abortions in Africa, According to (Olukoyo et al 2001) women in developing countries who were admitted to the hospital for the treatment of unsafe abortion complications 38-68% were under the age of 20 years. These complications include cervical or vaginal lacerations, sepsis, haemorrhage, bowel or uterine perforation, tetanus, pelvic infections or abscesses, chronic pelvic inflammatory disease and secondary infertility. For Tanzania 23 % of all maternal deaths are among young pregnant girls. Unmarried adolescent girls are far more likely to become pregnant unintended and thus pregnancies are more likely to end in induced abortion (THMIS 2007/08). This is also much contributed by Premarital sexual activity which is very common in many parts of the world and is reported to be on the rise in all parts of the world. In many countries, young women and men are under strong social and peer group pressure to engage in premarital sex (PRB, 2000). Surveys have shown that, on average 43 percent of women in sub-Saharan Africa has had premarital sex before age 20, for instance median age at first intercourse among young women in Ethiopia, Cameroon, Kenya and Niger is 16, 15.9, 16.8 and 15.3 respectively from Africa (PRB, 2000).In Tanzania it is shown that 13 % of women had sex by the age of 15 years and 59 % of women have had sexual intercourse by age 18 years (TDHS 2010), this increase in sexual activity puts young people at a great risk of unintended pregnancies as well as other STI's including HIV/AIDS (Negussie et al, 1999).

Despite of all these alarming statistics, only 13 percent of married adolescent age 15-19 use contraception in sub-Saharan Africa (PRB, 2000). In South Africa, 61 percent of sexually active women used a modern contraceptive method, yet 53 % of all births were reported as mistimed or unwanted and 78 percent of births to women aged 19 or younger were unplanned (Blanchard et al, 2005).

The major consequence of unwanted pregnancy worldwide is induced abortion, this can be performed in health care services where by the abortion is provided by a skilled health care provider with proper equipment, correct technique as well as under sterile environment as part of the reproductive health services. According to WHO standards these services are provided

to any woman in need of the services in countries were abortion is legalised, But for the countries were abortion is illegal except under life threatening conditions (medical grounds), majority of the women go for unsafe abortion despite all the complications that may arise, ranging from immediate to lifelong complications and even deaths. Adolescents have the highest risk of serious complications from the unsafe abortion, this is worse in countries were abortion is restricted by law. It is estimated that 46 million abortions are performed each year, 20 million of which occur in countries where abortion is prohibited by law (WHO 2006). Globally maternal deaths due to complications of unsafe abortion is on the rise from 13 to 20 %(WHO,2003, World Health Report 2005), women are still risking their life as well as criminal consequences to terminate their pregnancies, this explains their need of avoiding or delaying having a child at a particular time in their lives, for Tanzania specifically considering Low contraceptive rate i.e. 34% and the restricted law on Abortion, addressing the problem of unwanted and induced abortion especially to the youths will help in dealing directly with maternal mortality and morbidity. This will be achieved by exploring the extent of unwanted pregnancies and induced abortion among youths, together with their knowledge and practice of contraceptive as well as assessing their sexual behaviour in general.

1.2 Problem statement

In Tanzania studies on unwanted pregnancies and induced abortion among youths at the community levels are few, with a lot of studies done at the health facility level. This point out to the need of more community-based studies, because most of the maternal deaths due to abortion complications occur outside the formal health system. The problem of unwanted pregnancy and induced abortion at the community is very big but much underreported; Women are not open to discuss on the sensitive issue of abortion and unplanned pregnancies. So this study will provide information on the real situation at the community level. Several studies have been conducted to determine factors contributing to the unwanted pregnancies and induced abortion in Sub Saharan Africa , Reasons includes :- poverty, no support from the partner, disruption of education and employment, family building preferences i.e. need to post pone childbearing or to achieve health spacing between births, relationship problems with

the partner/husband, risk to maternal or foetal health, pregnancy resulting from rape or incest, most of the time it is poor access to contraceptives or contraceptive failure.(Bankole A, Singh S, Haas T 1998). Most of the unwanted pregnancies and induced abortions occur among the youths e.g. a study done in Tanzania among youths showed that 27.1% of pregnancies were unplanned (Urassa et al 2008) and another hospital based study done in Temeke district hospital in Dar es salaam showed that 60% of patients admitted with an incomplete abortion stated that it had been induced and among these women 88% of them were less than 24 years, and 55% were less than 20 years (Vibeke R 2000). Statistically it is shown that at the turn of the 21st century, there will be 1.7 billion people - more than one- fourth of the world's six billion people are between the ages of 10 and 24, and the vast majorities 86 % live in less developed countries (PRB, 2000 and Ipas, 2005). In many countries, young women and men are under strong social and peer group pressure to engage in premarital sex (PRB, 2000).Surveys have shown that, on average, 43 % of women in sub Saharan Africa started to have sex before the age of 20, when this is coupled with limited accessibility of effective and modern contraceptives, then the problem of unintended pregnancies as well as induced abortion is bound to rise.

It was important to conduct this study because of the limited community data on the prevalence of unwanted pregnancies and induced abortion among female youths, many of the studies in Tanzania are hospital based .Information from this study will be used by the policy makers and program managers in addressing the needs of young people today and come up with effective interventions to help in the reduction of unwanted and induced abortion among the youths hence reduction in maternal mortality and morbidity. This is very important because the actions of young people will shape the size, health, and prosperity of the world's future population.

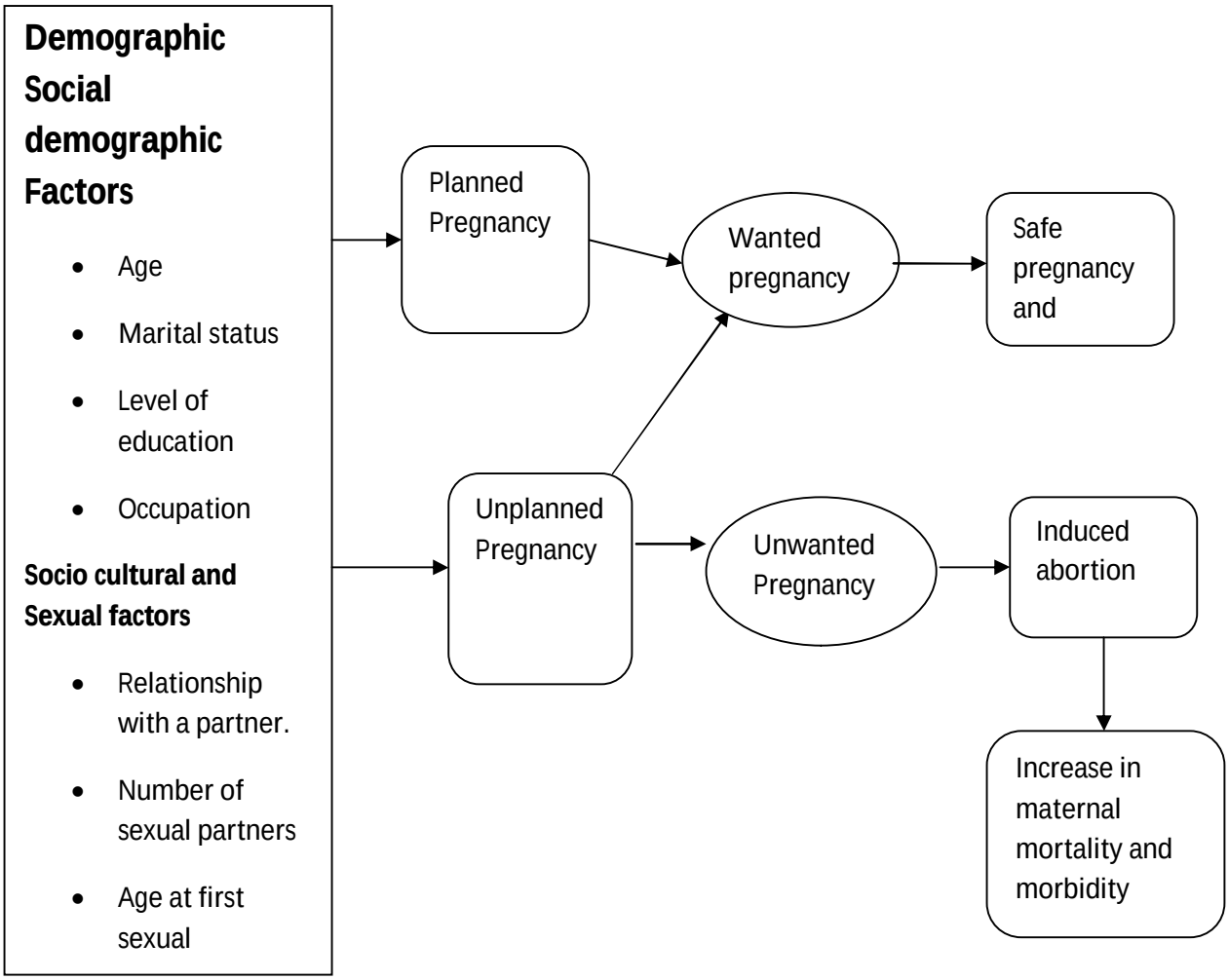
Therefore the main research question in this study was; **what is the prevalence of unwanted pregnancies and induced abortion and its associated factors among female youths aged 15-24 years in Temeke district?**

1.3Research questions

The study had the following research questions:-

1. What proportion of female youths in Temeke has ever had unwanted pregnancies?
2. What proportion of female youths in Temeke has ever had an induced abortion?
3. What are the reasons for induced abortion?
4. What is their level of contraceptives use among female youths in Temeke district?
5. What are the factors influencing female youths in Temeke district to go for an abortion?
6. What are the factors that lead to unwanted pregnancies among female youths in Temeke district?
7. What is the association between the knowledge and use of contraceptives with unwanted pregnancy and induced abortion among female youths in Temeke district?

Fig 1: CONCEPTUAL FRAMEWORK FOR THE FACTORS ASSOCIATED WITH THE PREVALENCE OF UNWANTED PREGNANCIES AND INDUCED ABORTION.



Narrative

The increase in the rates maternal mortality and morbidity due to unwanted pregnancy and induced abortion is associated with several factors. These factors have been identified in several studies and are described in the conceptual framework above (Figure 1). The factors can be categorised into three groups i.e. socio demographic factors and socio cultural factors as well as sexual factors.

1.4 Rationale

The problem of unwanted pregnancy and induced abortion at the community is very big, but much underreported this is due to the fact that majority of people mainly because of the social and cultural norms are not open to discuss on the sensitive issue of abortion and unplanned pregnancies.

An understanding of the magnitude of unwanted pregnancy , induced abortion among youths as well as the factors that are associated with them at the community level is very crucial in designing and implementing interventions that could be tailored to youths needs there by contributing in the attainment of the MDG 5(Reduction in maternal mortality)

Therefore the results will be useful in developing or reviewing the national policy and guidelines regarding the prevention of unwanted pregnancies and induced abortion.

1.5 Broad objective

To assess the magnitude of unwanted pregnancies and induced abortion and its associated factors among female youths aged 15-24 years in Temeke district.

1.6 Specific objectives

1. To determine the proportion of female youths aged 15-24 years reported to have unwanted pregnancies in Temeke district
2. To determine the proportion of female youths aged 15-24 years reported to have induced abortion in Temeke district
3. To assess the ways used by female youths aged 15-24years for the induction of abortion in Temeke district.
4. To establish factors that influence female youths aged 15-24 years in having unwanted pregnancies in Temeke district.

5. To establish factors that influence female youths aged 15-24 years in having induced abortion in Temeke district.
6. To assess the knowledge of contraceptives among female youths aged 15-24 years in relation to unwanted pregnancies in Temeke district
7. To assess the extent of use of contraceptives among female youths aged 15-24 years in Temeke district.

CHAPTER 2

Literature review

2.1 Unwanted pregnancy among female youths

In the entire world, pregnancy is wanted and a happy event for women, their husbands/partners, families and the community in general. But this is not always the case, millions of women around the world become pregnant unintended. This contributes greatly to the increase in maternal and infant mortalities. It is shown that out of 210 Million pregnancies occurring in the world annually, about 79million are estimated to be unintended of these 50 % end up in abortion (Bongrats & Westoff 2000). It is also shown that 2 in every pregnancy worldwide are unplanned and reported that 10-14 % of young unmarried women around the world has unwanted pregnancy (UNFPA 2003).In Developing countries more than one –third of all the pregnancies are considered unintended and about 19 % will end up into abortion, which are most often unsafe accounting for 13 % of maternal deaths globally (Guttmacher Institute 2007 & Marston 2004).It is also reported that between 20- 40% of all births occurring in developing countries are unwanted posing hardships for families and jeopardizing the health of millions of women and children (WHO 1997 & Caskiline JB et al 2003). As a result, significant proportions of women turn to induced abortions to avoid unwanted or unplanned births. Another study done in Ethiopia showed that 33.3% sexually active women reported that their most recent pregnancies were unintended. In sub Saharan Africa, it is estimated that 14 million unintended pregnancies occur every year, with almost half occurring among women aged 15-24 years (Hubacher D, 2008).The same is reflected for Tanzania as a study done among youths showed that 27.1% of pregnancies were unplanned (Urassa, W. et al 2008).

Having unwanted pregnancy to a woman is depressing and debilitating, putting a woman in dilemma, the woman may not be mentally, physically, socially and psychologically fit to bear the child. The decision of a woman on what to do with the unwanted pregnancy may be guided by what is best at that particular time and point in life; this is based on her own opinion as well as the people surrounding her at the moment, by the time the woman with unwanted

pregnancy seeks for medical attention she has already made her mind and most of the time is to terminate the pregnancy (Baginsk 2007).

2.2 Induced abortion among female youths

The termination of pregnancy (abortion) is a universal phenomenon occurring in all levels of societies. Abortion is defined as the discarding by the uterus of the product of conception before the 24^{th} week of gestation. (WHO) The abortionists consist mainly of health workers or sometimes quacks. Places where abortions are conducted are numerous, including health facilities, hospitals, health centres, dispensaries, ordinary bedrooms, and occasionally in a simple room. Induced abortion is either safe abortion or unsafe abortion.

2.2.1 Safe abortion

This is the termination of pregnancy by a skilled health care provider with proper equipments and in an environment with required medical standards. In countries were women have access to safe services, their likelihood of dying from complications of unsafe abortion is very minimal. In developing countries, the risk of death following complications of unsafe abortion procedures is several hundred times higher than that of an abortion performed professionally under safe conditions

2.2.2 Unsafe abortion

This is the termination of unwanted pregnancy either by a person lacking necessary skills or in an environment lacking minimal medical standards or both. Unsafe abortion causes a significant proportion of maternal deaths and morbidity. Nearly 70,000 women die every year due to the complications of unsafe abortion. Worldwide women of all ages seek abortion, but in sub Saharan Africa there is highest burden of ill health and deaths from unsafe abortion, but there is more burden among the youths as it is shown that one in four unsafe abortion is among adolescents aged 15-19 years (WHO 2011).It is also reported that out of 210 million pregnancies that occur each year 46 million (22%) are terminated.

Worldwide majority of women are likely to have at least one abortion by the time they are 45 years of age (Guttmacher 1999). It is estimated that in developing countries, one woman dies every eight minutes due to the complications of an unsafe abortion, and the procedure accounts for around13% of maternal deaths (WHO, 2007a).

Abortion can either be legal or illegal depending on the country laws. In most of sub Saharan Africa abortion is illegal. The existence of restrictive and punitive laws in relation to abortion found in most sub-Saharan African countries is associated with high rates of unsafe abortions (WHO 1998). For Tanzania abortion is illegal according to Tanzania law, Section 150 of the Penal Code has been very clear about illegal abortion.

> *"Any person who with intent to procure miscarriage of a woman whether she is or is not with child unlawfully administers to her or causes her to take any poison or noxious thing or uses any force of any kind, or uses any other means whatsoever, is guilty of a felony and is liable to imprisonment for fourteen years".*

It is only permitted to save the life of the mother. According to WHO (2005), 75% of all abortion occur in developing countries where the practice is available though illegal.

Data on unsafe abortion in developing countries however is often limited and of questionable validity since women may be unwilling to admit to illegal abortion especially in acute situations. The degree of under reporting of abortion depends on the degree to which the laws are enforced and on the social and cultural attitudes towards abortion. In Tanzania most of the data available is hospital based, mainly from the public health facilities in urban areas of the country.

It was estimated that unsafe abortion is contributing to about 15% of maternal deaths in Dar es Salaam (Urassa et al 1996), also a study done in four health facilities in Dar es salaam on factors associated with induced abortion found that 47% of the admitted patients with complications of abortion found to have induced abortion . Another study done in Muhimbili Medical centre found that 39.7% of the admitted women for the treatment of the complications of abortion were found to have illegally induced abortion (Lekundayo 1998)

2.3 Factors associated with the rate of unwanted pregnancies and induced abortion among youths.

The problem of unwanted pregnancies and induced abortion is of very large impact to the health of women worldwide, but youths are still shown to be highly affected compared to older women. According to some studies done in Ethiopia, showed that 33 % of women reported to have their recent pregnancy unintended and among all these pregnancies half (50%) of them ended in induced abortion. Most of them were teenagers (OR 4.2 95% CI 1.4,10, 5), those married at the age of less than 20 years (OR 2.1 95%CI 1.9, 4.7), and currently unmarried (OR 1.7 95% CI 1.2, 2.5) have been reported to have higher chance of experiencing unwanted pregnancy (Solomon W. Mesganaw F. 2006). In Tanzania a hospital study done in Temeke district hospital in Dar es salaam showed that 60% of patients admitted with an incomplete abortion stated that it had been induced and among these women 88% of them were less than 24 years, and 55% were less than 20 years(.Vibeke R 2000).

Socio economic factors also play a part as it was found that 16 million women aged 15–19 years old give birth each year, about 11% of all births worldwide. Ninety-five per cent of these births occur in low- and middle-income countries. The average adolescent birth rate in middle-income countries is more than twice as high as that in high-income countries, with the rate in low-income countries being five times as high. The proportion of births that take place during adolescence is about 2% in China, 18% in Latin America and the Caribbean and more than 50% in sub-Saharan Africa (WHO 2012). Youths with unplanned pregnancy are more likely to come from low socio-economic status than with planned pregnancy (Allan Guttmacher Institute, 1999).

The level of education also plays a part in determining the rate of unwanted pregnancy and induced abortion, e.g. the level of education of parents, especially the mother, may have an influence on the adolescent towards teenage pregnancy as she acts as a role model (Vundule et al., 2001) which may be a preventive factor of the early pregnancy. Education, on the other hand, is a major protective factor for early pregnancy: the more years of schooling, the fewer

early pregnancies. Birth rates among women with low education are higher than for those with secondary or tertiary education. This is supported by several studies which have shown that level of education have an influence on the rate of unwanted pregnancy and induced abortion , a study done in Kenya reported that women with no education had first sexual intercourse three years earlier than their counterparts with at least a secondary school education (Advocate for Youth, 2005). Similarly in Malawi, 63% of adolescents with no education .The same applies for Tanzania were by there is a variation in the age at first birth by the level of education which ranges from 18.7 years among women with no education to 23 years among women with at least secondary education (TDHS 2010). Marriage is also delayed if teenagers further their education to secondary and post secondary education. Hence reduction in the rate of unwanted pregnancy and induced abortion among youths. This is due to the fact that main reasons leading to abortion decisions mentioned by youths in several studies includes: inability to take care of an additional child, accidental pregnancy, inadequate birth spacing, and because the woman concerned was a student and feared expulsion (Mpangile, Leshabari & Kihwele 1993). Another study conducted in Machame, contends that there is a feeling among the residents that abortion rates are higher among secondary school students than other categories, this is because students want to avoid having their educational aspirations terminated. (Stambach 1996)

These factors also applies for the rate of induced abortion because by the time the woman with unwanted pregnancy seeks for medical attention she has already made her mind and most of the time is to terminate the pregnancy (Baginsk 2007).Studies have found that more than 60% of all unsafe abortions in developing countries occur among Women 15-30 years old, with almost 14%, or 2.5 million, among women under 20 years (WHO 2004).

Another factor is the age at menarche, it has been reported that the earlier the age at menarche, the earlier the first intercourse is likely to occur. Early sexual activities pose health risks for youths as most of them enter into sexual relations for the first time without using any form of contraception, leaving them vulnerable to unplanned pregnancy (Allan Guttmacher Institute, 2005). In South Africa, the mean age at menarche was reported to be at 13.7 (Vundule et al,

2001) as for Tanzania it ranges from 14.3 years and 15.8 years (Zegeye et al 2009). Early sex may be attributable to cultural practices, peer pressure, experimentation, coercion and boredom (Palamuleni, 2002; Munthali & Chimbiri, 2003). In Tanzania the mean age of first sexual intercourse was 17.4 years (TDHS 2010). The earlier the age at first sex, the more likely unwanted pregnancy might occur at an early age. As for marital status, marriage is the primary indicator of the exposure of women to becoming pregnant. Most of the women enter into marriage earlier before they are physically, mentally and economically prepared for pregnancy (Guttmacher Institute, 2005).So there is a likelihood of having unwanted pregnancy .Several studies have also shown that singles are more likely to have unwanted pregnancy and induced abortion compared to their counterparts e.g. a Zimbabwean study done by Mbizvo et al 1997 found out that singles were to report more on unwanted pregnancies compared to married counterparts. Reasons being that singles may not be in the stable union, and also parenthood in our culture when single is not acceptable another one done in Ethiopia showed that for the currently unmarried women the chances of having unwanted pregnancy was high with OR 1.7 95% CI 1.2, 2 (Solomon W. Mesganaw F. 2006). Most of these abortions were reported to being conducted at the health facilities by the health care provider e.g. Tanzanian study done by Mpangile et al 1993 which reported that 22% of the abortionists were ‘doctors’, 65% ‘other health clinic workers’ and 13% ‘quacks The abortionist profession is reflected in the method most frequently reported, dilatation and curettage.

Number of sexual partners that a person has could also establish the likelihood of unwanted pregnancies .Many partners you have the more the likelihood of having unwanted pregnancy and induced abortion, this is the case because most of the time the relationship is not stable and the couples are not ready to have a child. One study done in Calabar Nigeria found out that out of the 128 sexually active respondents, 43 (33.6%) reported to have unintended pregnancy, out of them (100%) of the five respondents with multiple sex partners had unintended pregnancy, less than a third (30.9%) of those with only one partner reported unintended pregnancy.

Contraceptives methods can remarkably reduce the rate of unwanted pregnancies as it is shown that in countries were contraceptive use is very high, the rate of unwanted pregnancies as well as abortion has declined, (Bongaarts and Westoff, 2000) but despite its correctly use still there will be nearly six million accidental pregnancies annually which may end up into unwanted pregnancy (WHO 2003). Apart from incorrect use of contraceptives and not using contraceptives at all, as well as contraceptives failure, unwanted pregnancies can be a result of: rape or incest or other changing life circumstances and life crisis. So this shows that all women are still susceptible to unwanted pregnancies though the extent may differ with the accessibility, availability as well as the consistently use of contraceptives. Level of education has been reported to influence the use of contraceptives. The low literacy levels may lead to low paying jobs, causing early marriage and influencing non-contraceptive use, thereby increasing the prevalence of teenage pregnancy. Statistics have shown that only 13 percent of married adolescent age 15-19 use contraception in sub-Saharan Africa (PRB, 2000). The unmet need of family planning among young married women aged 15-24 years in Tanzania is 22% and among unmarried young women of the same age is 40 % (PRB 2011. It is also shown that youths are more likely than adults to experience unintended pregnancies during their first year of contraceptive use this could be due to) the reason could be lack of knowledge and skill in using contraception, accessibility, societal views and availability of contraceptives .However, even where contraceptives are widely available, sexually active youths are less likely to use contraceptives than adults. In Latin America, Europe and Asia only 42-68% of adolescents who are married or in partnerships use contraceptives. In Africa the rate ranges from 3-49% (Ipas, 2007), On top of that there is a lack of sexuality education in many countries puts youths at more risk so by reducing unmet need for modern contraception is an effective way to prevent unintended pregnancies, abortions and unplanned births.

CHAPTER 3

Methodology

3.1 Description of Study Area

This study was conducted in Temeke district in Dar es Salaam.

Geographically, Temeke district is the southernmost of three districts in Dar es Salaam, Tanzania, with area of 786.5 km². (Tanzania national census report 2002). The population of Temeke District is 768,451, of which 387, 364 are male and 381,087 are females. The population growth rate of Temeke is 4.6 % (Dar es Salaam city report 2004)

Temeke District is administratively divided into 3 divisions and 24 wards, namely: Azimio, Chamazi, Chang'ombe, Charambe, Keko, Kigamboni, Kibada, Kimbiji, Kisarawe II, Kurasini, Makangarawe, Mbagala, Mbagala kuu, Miburani, Mjimwema, Mtoni, Pemba Mnazi, Sandali, Somangira, Tandika, Temeke, Toangoma, Vijibweni and Yombo vituka. This study was conducted in Temeke Municipal because it is the largest district in Dar es Salaam region; highest growth rate of 4.6, economically it ranks last and the location is more of semi urban compared to Ilala and Kinondoni districts.

3.2 Study population

The target population for the study was female youths aged 15- 24 years in Temeke district.

3.3 Study Design

This was a cross-sectional study conducted from July 2011 to February 2012.

Cross sectional studies are often referred to as observational studies because the investigator simply observes. No interventions are carried out by the investigator. Advantage of cross sectional studies is that in general they are quick and cheap since data is collected only once and multiple outcomes can be studied hence less resources are required to run the study (Mann, 2003)

Cross sectional studies are the best way to determine prevalence and are useful at identifying associations that can then be more rigorously studied using a cohort study or randomized controlled study. However, the most important problem with this type of study is differentiating cause and effect or the sequence of events (Mann, 2003).

Cross-sectional research design was most appropriate in this case because the study aimed to describe a phenomenon at a certain point time. In addition, the researcher was faced with shortage of time and resources for conducting the study.

3.4 Study Variables

3.4.1**. Dependent variables**;

1. Unwanted pregnancies
2. Induced abortion.

3.4 .2. Independent variables; -

1. Age,
2. Religion
3. Marital status
4. Occupation
5. Level of education
6. Exposure to FP information
7. Ever use of contraceptives
8. History of induced abortion
9. Reasons for induced abortion
10. Age at first sexual intercourse
11. Number of sexual partners
12. History of pregnancy

3.5 Sample Size Estimation

Sample size was calculated using the formula for single proportion:

$$N = \frac{Z^2 P Q}{}$$

ε^2

Where:

N= sample size

Z= standard normal deviate, (a constant set at 1.96 on the basis of using the 95% confidence interval for estimation).

P= Estimated proportion of youth with unwanted pregnancy is 27.1 %(Urassa W, et al 2008)

ε^2= margin of error (5 %) ε

Q= 1-P

$$N= \frac{1.96^2 \times 27.1 (100-27.1)}{5x5}$$

N= 303

To adjust the sample size for the design effect by multiplying it with 1.5

=303 x 1.5= 454

Therefore, the estimated sample size was 454 youths

3.6 Sampling procedure

Multistage sampling method was used in selecting the study sample.Temeke district has a total of 24 wards and 97 streets**.** Out of 24 wards in Temeke district 5 wards were randomly selected using a lottery method, then from the selected wards, two streets were randomly selected by using lottery method. Then from each street female youth aged 15 to 24 years of age from the households were also selected and interviewed randomly.

Procedure used

	24 wards									
1st stage	1st Ward		2nd Ward		3rd Ward		4th Ward		5Th Ward	
2nd Stage	1st Street	2nd Street	3rd Street	4th Street	5th Street	6th Street	7th Street	8th Street	9th Street	10th Street
3rd Stage	454 Female youth aged 15-24years were interviewed randomly from the households.									

3.7 Data collection techniques and tools

Data was collected using semi structured questionnaire with open and closed end questions. The questionnaire was translated from English into Swahili as this is the local language used by the majority of Tanzanians. The questionnaire consist of socio-demographic characteristics of respondents, history of pregnancies and induced abortion, knowledge about contraceptives, use of contraceptives, and other factors influencing and related to unwanted pregnancies and induced abortion among youths.

3.8 Inclusion Criteria

1. All female youths aged 15-24 years available during the interview.

3.9 Exclusion Criteria

1. Female youth who were uunable to respond to the interviewer

3.10 Plan for data collection

Four persons were recruited as research assistants. The research assistants consist of fifth year medical students from Muhimbili University of Health and Allied Sciences, two were male and two were females. Prior to the actual fieldwork, assistant researchers were trained and participated in pre-testing the questionnaire. The training involved familiarizing the assistants

on the subject matter of the study, the research tool, research ethics and administrative issues such as work schedule and other logistics

3.11 Pre-testing the questionnaire

Pre-testing of the study instrument was done a week before execution of the study to youth aged 15-24 years in Kinondoni district.

3.12 Data Processing and Analysis

Data from the questionnaire was cleaned and verified to minimize entry errors, outliers and missing values. Responses from questionnaire were coded and the codes were saved in the code book and used during the interpretation. Collected data were entered into the computer by using EPI Data (Version 3.1), in order to ensure its accuracy. Data cleaning was done to check for the forgotten entries, consistency and outliers.

Data analysis was done by using Statistical Package for social scientist (SPSS) software. Frequencies of variables were generated; Tabulation and percentages were used to illustrate study findings. Chi square test was used to test the association between the dependent variables and independent variables.

3.13 Reliability and Validity

A data collection instrument's reliability is defined as the consistency with which it measures the target attribute and / or concerns a measure's accuracy.

In order to ensure reliability of the instrument in this study, a pilot study was conducted. This involved testing the actual tool on a small sample taken from the general population. A week before execution of the study, the actual questionnaire was administered to 30 youths aged 15-24 years of age in Kinondoni district , in order to ensure that the tool would collect the desired data and that the questions were clear. After analyzing data from the pilot study, questions which were not clear were rephrased to ensure that appropriate responses would be obtained in the future.

Validity of an instrument concerns the extent to which the research measures what it purports to measure without bias or distortion.

To test the validity of the instrument, a copy of the questionnaire was submitted to the study supervisor to examine whether the number and type of items in the questionnaire measured the concept or construct of interest (content validity). Questions in the tool were developed based on findings from previous studies and the literature reviewed

3.14 Ethical considerations

Prior to data collection, the researcher obtained the clearance of the study from Muhimbili University of Health and Allied sciences (MUHAS) ethical committee, and she obtained the research permit from the Temeke Municipal authorities.

Before the participants participated in the study, the researcher made sure that they were well informed on the objectives of the study and that their participation is voluntary, and if they are willing to participate they sign the informed consent, for those younger than eighteen years of age the consent was obtained from the guardian/parent.

To ensure confidentiality female youths were interviewed alone without the presence of guardian or parents. Only age of the participant was needed for the study and no names were recorded.

3.15 Study limitations

- Since induced abortion is illegal in Tanzania, participants sometimes hesitated to admit on having an abortion.

3.16 Addressing the limitations.

- Emphasising on the confidentiality, no names were taken. The collected information will be known only by the principal investigator and the research team**.**

CHAPTER 5

Results

5.1 Introduction

This chapter presents the findings of the study that was carried in five wards of the Temeke district in Dar es Salaam Region. A total of 454 female youths aged 15- 24 years participated in the study. The study participants were selected from 10 streets of the selected wards in the district.

a) Demographic information

A total of 454 female youths aged 15-24 years participated in the study. The respondents mean age was 20 (standard deviation=3), the mean age of attaining menarche was 14 years (Standard deviation 1), and the mean age for the first sexual intercourse was 18 years (Standard deviation 1.5) years with a large proportion 283(62.3 %) aged 19 -24 years. The majority of female youths 270 (59.5%) had secondary education, 178(39.2%) had primary education while 4(0.9 %), 2(0.4%) had never been to school and had university /college education respectively. Of the respondents, 345(76.0%) were single and 109(24.0%) were married. In terms of occupation, 189(41.6 %) respondents were students, 122(26.9%) unemployed and 84(18.5) were into business. Of the total respondents, 294(64.8%) were Christians. See Table 1 below.

Table 1: Social Demographic characteristics of the study sample

Variable	**N(%)**
Age group (years)	
15-19	171(37.7)
19-24	283(62.3)
Total	**454(100)**
Level of Education	
Never been to school	4(0.9)
Primary	178(39.2)
Secondary	270(59.5)
College/University	2(0.4)
Marital status	
Married	109(24.0)
Single	345(76.0)
Occupation	
Student	189(41.6)
Peasant	1(0.2)
Civil servant	24(5.3)
Business	84(18.5)
Unemployed	122(26.9)
Others	34(7.5)
Religion	
Christian	294(64.8)
Islam	160(35.2)

b) Proportion of unwanted pregnancies

A total of 116 responded about unwanted pregnancies. 78 (67.2%) wanted to get pregnant and out of all who reported to have had pregnant, 30(26.0%) wanted to have an abortion and 86 (74.0%) did not want to get an abortion. See table 2 below.

Table 2: Proportion of unwanted Pregnancies among female youths

Variable	**N(%) n=116**
Wanted Pregnancy	
Yes	78(67.2)
No	38(32.8)
Abortion	
Yes	30(26.0)
No	86(74.0)

c) Proportion of induced abortion

Out of all the abortions 26(86.7%) respondents had their abortion induced compared to 4(13.3%) who had spontaneous abortion.

Table 3: Prevalence of induced abortion among female youths

Variable	**N (%)**
Spontaneous	4(13.3)
Induced	26(86.7)

d) Relationship between unwanted pregnancy and induced abortion

Majority of the respondents with a history of abortion had unwanted pregnancies 76 (88.4%) as for those who wanted their pregnancies 28(93.3%) had never had an abortion. The chi-square for this relationship is 67.41 as shown in the table.

Table 4: Relationship between unwanted pregnancy and Abortion among female youths

Variable	**History of Abortion**		**P value**	**Chi square**
Pregnancy wanted	Yes N (%)	No N (%)		
Yes	2(6.7)	28(93.3)	0.001	67.41
No	76(88.4)	10(11.6)		

e) Ways of induced abortions

It was reported that a big number of abortions were taking place at the private clinic 20 (76.9%), as compared to the public clinics and hospitals of which each of them have the same proportion, that's to say 11.5%. It was also reported that all abortion was conducted by the health care provider 100%. The person that was mentioned by the majority of the respondents as a person who helped them to get an abortion was male friend partner 17 (65.4%). However majority of them 21 (81.0%) didn't know the ways used to induce an abortion.

Table 5: Induced abortion process among female youths

Variable	**Induced pregnancies N (%)**
Person who carried out the abortion	
Health worker	26(100)
Ways used to induced abortion	
Curette	1(3.9)
Urinary catheter	2(7.7)
Don't know	21(81.0)
Others	2(7.7)
Place for conducting abortion	
Private Clinic	20(76.9)
Public Clinic	3(11.5)
Hospital	3(11.5)
Person who helped during abortion	
Friend	3(11.5)
Male friend /partner	17(65.4)
No one	3 (11.5)
Others	3 (11.5)

f) Relationship between demographic factors with the Prevalence of Unwanted Pregnancy

As regards to age, youths aged 15-18 years were more likely to have unwanted pregnancy 4 (80.0 %) compared to 19-24 years 34 (31.0 %) with the P value of 0.039 .The same age group of 15-18 years is reflected on the rate of induced abortion of which 80 % of them reported to have ever had an abortion as compared to the youths in the age group of 19 -24 years of which

only 23 % had abortion. This association was also statistically significant with the P value of 0.016.

Occupational wise, Students were more likely to have both unwanted pregnancy and induced abortion with both having the proportion of 83 % and P value of 0.000 and 0.004 respectively .This association is statistically significant.

As for marital status the association is statistically significant for both unwanted pregnancy and abortion with P value of 0.000 for both. In-case of unwanted pregnancy with single women are more likely in having unwanted pregnancies (78%) as well as they are also more likely to end up having an abortion (58 %) as compared to the married counterparts.

However, regarding level of education, the association was not statistically significant for both unwanted pregnancy and induced abortion .the P-value was 0.117 for unwanted pregnancy and 0.583 for abortion.

Table 6; Relationship between demographic factors with the Prevalence of Unwanted Pregnancy

Variable	**Wanted pregnancy**		
	Yes **N (%)**	**No** **N (%)**	**P-Value**
Age (years)			
15-18 years	1(20)	4(80.0)	0.039
19-24 years	77(69.0)	34(31.0)	
Level of Education			
Never been to school	0(0.0)	2(100.0)	
Primary	14(63.6)	8(36.4)	0.117
Secondary	62(69.7)	27(30.3)	
College/University	1(100)	0(0.0)	
Marital status			
Married	70(87.5)	10(12.5)	0.001
Single	8(22.2)	28(77.9)	
Occupation			
Student	1(16.67)	5(12.3)	
Peasant	1(100)	0(0.0)	
Civil Servant	12(80.0)	3(20.0)	0.001
Business	27(79.4)	7(20.6)	
Unemployed	17(46.0)	20(54.0)	
Others	20(87.0)	3(23.0)	

Table 7; Relationship between demographic factors with induced abortion

Variable	**Abortion**		
	Yes **N (%)**	**No** **N (%)**	**P-Value**
Age (years)			
15-18 years	4 (80.0)	1(20.0)	0.016
19-24 years	26(23.0)	85(77.0)	
Level of Education			
Never been to school	0(0.0)	2(100.0)	
Primary	7(41.2)	10(58.8)	0.583
Secondary	22(25.3)	65(74.7)	
College/University	0(0.0)	1(100.0)	
Marital status			
Married	9(11.3)	71(88.8)	0.001
Single	21(58.3)	15(41.67)	
Occupation			
Student	5(83.3)	1(16.7)	
Peasant	0(0.0)	1(100.0)	
Civil Servant	2(13.3)	13(86.7)	0.004
Business	6(17.7)	28(82.5)	
Unemployed	14(37.8)	23(62.2)	
Others	3(13.0)	20(87.0)	

When comparing the number of sexual partners with the rate of unwanted pregnancy, youths with more than two sexual partners are more likely 14(51.9%) to have unwanted pregnancy

compared to others with one partner 24(27.3 %).this association is statistically significant with the P-value of 0.046.

With regard to number of children, that youth are having .youths with one child 38 (39.2%), were reported to have more unwanted pregnancy compared to their counterparts, and the association is statistically significant.

Table 8: Relationship between unwanted pregnancy and number of sexual partners and number of children

Variable	**Wanted pregnancy**		
	Yes **N (%)**	**No** **N (%)**	**P-value**
Number o sexual partners			
Never had a partner	1(100)	0(0.0)	0.046
1 partner	64(72.3)	24(27.3)	
More than one partner	13(48.2)	14(51.9)	
Number of children			
One	59(60.8)	38(39.2)	0.001
Two	19(100.0)	0(0.0)	

g) Factors that influence having unwanted pregnancies

Majority of the respondents who did not want pregnancies were still in school, 18 (47.4%) followed by 15 (39.5%) who did not have money to take care of the baby.

Table 9; Reasons for female youth to end up having unwanted Pregnancies

Reasons	**Unwanted pregnancy** **N (%)**
Still in school	18(47.4)
Don't have enough money to take care of the baby	15(39.5)
Raped	1(0.2)
Fear of being an outcast	2(0.4)
Other *	2(0.4)
Total	**38(100)**

*****She was not ready to take care of the baby, didn't prepare herself for the pregnancy

h) Factors that influence having induced abortions

Most of the respondents mentioned that the reason for not wanting the pregnancy was they were still in school. (47%), followed by don't have enough money to take care of the baby (40%)**.**As for to why youths ended up into having induced abortion majority of them mentioned that they didn't have enough money to take care of the baby 14(53.8%) followed by they were still in school 10 (35.8 %).

Table 10: Reasons for female youth to end up having induced Abortion

Reasons	**Abortion** **N (%)**
Still in school	10(38.5)
Don't have enough money to take care of the baby	14(53.8)
Fear of being an outcast	2(7.7)

i) Knowledge on contraceptives

Out of all the study respondents, Majority of them 449 (98.9 %) have heard of the FP planning information, the information was mostly received from radio/newspaper /television /flyers 437 (96.3 %) and the FP method that was mentioned by the majority was pills 425 (93.6 %) and 420(92.5 %) for condom.

Table 11: Family Planning information among female youths

Variable	**Knowledge on contraceptives**	
	Yes N(%)	**No N(%)**
Ever heard of Family Planning	449(98.9)	5(1.1)
FP method Heard		
Pills	425(93.6)	29(6.4)
Condoms	420(92.5)	34(7.5)
Injectables	114(25.1)	340(74.5)
IUCD	40(8.8)	414(91.2)
Implants	55(12.1)	399(87.9)
Withdrawal	28(6.2)	426(93.8)
Calendar	132(29.1)	322(70.9)
Place to get FP information		
Family	0(0.0)	454(100)
School	126(27.8)	328(72.3)
Church/Mosque	1(0.22)	453(99.8)
Radio/Newspaper/TV/Flyers	437(96.3)	17(3.7)
Health facility.	109(24.1)	345(76.0)

j) **Association between awareness of FP method, the rate of unwanted pregnancy**

From the respondents who were aware of the Family planning methods, majority of them 77(67.0 %) had wanted pregnancy compared to only 38 (33.0) % who had unwanted pregnancies. But this association is not statistically significant with the P value of 1.000

Table 12: Association between awareness of FP method, the rate of unwanted pregnancy

	Pregnancy wanted		
Awareness on FP	**Yes , N (%)**	**No, N (%)**	**P-value**
Yes	77(67.0)	38(33.0)	1.000
No	1(100.0)	0(0.0)	

k) Use of contraceptives

Of the total respondents, those who reported to have ever used contraceptives 248 (54.6 %) are using condoms followed by pills 58(12.8%).

And when asked why they are not using contraceptives, majority of them reported that they are still too young to involve themselves in family planning 120 (65.9%).

Table 13: Family Planning use among female youths aged 15-24 years

Variable	**N (%)**
Family Planning method used	
Condom	248(54.6)
Pills	58(12.8)
Injectables	12(2.6)
Implants	1(0.2)
Withdrawal	4(0.9)
Calendar	8(1.8)
Traditional method	1(0.2)
Reason for not using contraceptives	
Still young	120(65.9)
Lack of Knowledge on Family Planning	3(1.3)
Accused of immoral behavior	30(16.5)
Scared of side effects	7(3.8)
Others	22(12.7)

The association between contraceptive use and unwanted pregnancies was found not to be statistically significant with the P value of 1.00.

Table 14: Association between contraceptive use and the rate of unwanted pregnancy

	Pregnancy wanted		
Contraceptive use	**Yes**	**No**	**P-value**
	N(%)	**N(%)**	
Yes	74(66.7)	37(33.3)	1.000
No	3(75.0)	1(25.0)	

Only 45(10.0 %) of the study respondents have heard of emergency contraceptives, and with only 2 % actually used the emergency contraceptives as shown in the table below.

Table 15: Awareness and Use of Emergency Contraceptives among female youth

Contraceptive use	**Yes** **N (%)**	**No** **N (%)**
Ever heard of emergency contraceptive	45 (10.0)	406(90.0)
Ever used emergency contraceptives	1(2.3)	43(97.7)

Over half of the respondents 25 (55.6 %) mentioned that Emergency contraceptives should be used within 24 hours after sexual intercourse while only 20 (44.4 %) reported that it should be used within 72 hours after sexual intercourse. As for how emergency contraceptives works, majority of the respondents35 (77.8%) mentioned that it is used to prevent the occurrence of pregnancy.

Table16: Knowledge on effective use of emergency contraceptives (EC

Variable	**N (%)**
When EC should be used	
Within 24 hours	25(55.6)
Within 72 hours	20(44.4)
How emergency contraceptive works	
Prevent the occurrence of pregnancy	35(77.8)
Used in abortion	4(8.9)
Prevent and induce abortion	5(11.1)
Don't know	1(2.2)

CHAPTER 6

Discussion

6.1 Proportion of unwanted pregnancy and induced abortion among female youths

Findings suggest that the proportion of unwanted pregnancy and induced abortion among youths is very high, as it was reported that 33 % of all the female youths had unwanted pregnancies 1%), most of these unwanted pregnancies ended up into abortion with the proportion of 88 % . Most of these abortions which were reported were induced rather than being spontaneous i.e. 26 % and out of all the abortions 87 % were found to have induced .This coincides with what have been reported from other studies e.g. a study done in Tanzania which showed that 27.1% of all pregnancies were among the female youths (Urassa W et al 2003) and also Bongarts & Westoff 2000 found out that a study done in Tanzania which showed that 27.1% of all pregnancies were among the female youths (Urassa W et al 2003). There are several reasons for a woman to end up having unwanted pregnancy; it could be they are still in school, financial problem, family issues as well as culture and norms in the community. For this study it was found that most of the youths who had unwanted pregnancy were still in school (47 %) followed by the financial reason , as they mentioned that they didn't have enough money to take care of the baby.(40%)..

6.2 Relationship between demographic factors with unwanted pregnancies and induced abortion.

In this study age, marital status and occupation were significantly associated with unwanted pregnancy and induced abortion.

As for the age , it was shown that female youths aged 15-18years were more likely to have unwanted pregnancies and induced abortion with the proportion of 80% and the P value of 0.039 and 0.016 respectively compared to the counterparts aged 19- 24years. This is the same as what was reported from a study done in Ethiopia which showed that 33 % of women reported to have their recent pregnancy unintended and among all these pregnancies half (50%) of them ended in induced abortion Most of them were teenagers (OR 4.2 95% CI

1.4,10, 5), those married at the age of less than 20 years (OR 2.1 95%CI 1.9, 4.7), have been reported to have higher chance of experiencing unwanted pregnancy. (Solomon W. Mesganaw F. 2006).In Tanzania a hospital study done in Temeke district hospital in Dar es salaam showed that 60% of patients admitted with an incomplete abortion stated that it had been induced and among these women 88% of them were less than 24 years, and 55% were less than 20 years(.Vibeke R 2000).

This could have been explained by the early debut, which most likely will result into unwanted pregnancy. From this study it was found that mean age at fist sexual intercourse was 18 years , this coincide with several studies in sub Saharan Africa , e g. a study done by Mpangile et al 1993 showed that the median age of first sexual intercourse ranges from 10 -16 years of age , and according to PRB 2011 the age was 17 years and Tanzanian Demographic Health survey 2010 showed that 13 % of all women had sex by the age of 15 years , 59 % had their first sexual intercourse by the age of 18 years.

Regarding the occupation, 83 % of students reported to have induced abortion. This striking figure reflects what was normal previously, when a Tanzanian girl becomes pregnant she is dismissed from school .This situation leaves a pregnant girls with very few choices .They can either continue with their pregnancies and consequently expelled from the school, a situation which may have huge implications for their future lives or they can decide to have an induced abortion and thereby run the severe health risks associated with such a procedure. Other studies have shown an equal proportion of students among women with induced abortion e.g. in a study done in Nigeria around half of the women with induced abortion reported to be students (Konje &Obisiesan 1991).In an Ethiopian study , 31% of women with induced abortion were students (Abdella 1996).

Mbizvo et al 1997 in Zimbabwe found out that singles were to report more on unwanted pregnancies compared to married counterparts. Reasons being that singles may not be in the stable union, and also parenthood in our culture when single is not acceptable. The same trend was reported for an Ethiopian study which showed that for the currently unmarried women the chances of having unwanted g unwanted pregnancy was high with OR 1.7 95% CI 1.2, 2

(Solomon W. Mesganaw F. 2006).This coincides with the findings from the present study which showed that 78 % of singles were more likely to have unwanted pregnancy compared to their married counterparts with the P value of 0.001 the same group is affected more on having induced abortion with the proportion of 58 % and P value of 0.001.

In contrast with other studies, this study showed that there was no significant association between the level of education and the proportion of unwanted pregnancy and induced abortion, other studies revealed that the level of education plays a big part in determining the rate of unwanted pregnancy and induced abortion. For example a study done in Kenya showed that women with at least secondary education had their first sexual intercourse delayed by at least three years (Advocate for youths 2005).This plays a big part in the reduction of the rate of unwanted pregnancy and induced abortion among youths.

6.3 Abortion process.

This study showed that most of the abortions were being conducted by a skilled health provider, at the Private clinic (77 %), this could explain the response by the majority of the respondents who reported that they don't know how/ways used for the induction of abortion (81%). But still this information could also be misleading as abortion is illegal in Tanzania, so youth could most likely hesitate to mention the place where abortion was conducted just out of fear of being charged of this offence, or it could be the place where this study was conducted is semi-urban so most likely they could have easy access to the health facilities because of many private clinics existing in the area, so it might not reflect the actual practice from the rural perspective. This is similar of what has been reported in other studies e.g a study done by (Konje &Obisesam 1991) and Machungo et al 1997) showed that majority of the induced abortion have been performed in a health unit by a health professional .Another study done by Vibeke Rasch 2000, stated that 34 % of the induction that has been performed by doctors, 44 % by other health personnel and 22 by unskilled health care provider, whether or not actually the doctors were actually doctors will be difficult to assess since people refer any personnel in white uniform is a doctor, the same was also reflected in a study done by Mpangile et al 1993

which reported that 22% of the abortionists were doctors 65 % other health care providers and 13 % quacks

It was also found that number of sexual partners also influences the rate of unwanted pregnancies, youth with more than two partners had more unwanted pregnancy compared to others.(52%). And the association is statistically significantp-0.046., and with regard to number of children a youth have, youths with one child (39 %), were reported to have more unwanted pregnancies compared to their counterparts. and the association is statistically significant p-0.001.This could be explained by the fact that , youths who are starting to have their families, most of them their minds are not settled with the idea of them having kids, and also the issues of multiple sexual partners could compliment the explanation.

6.7 Contraceptive use and its association with unwanted pregnancy and induced abortion.

Accessibility to family Planning information and Education as well as the use of modern Family planning method is being associated with the reduction of unwanted pregnancies and induced abortion, only if used correctly as advised by the health care provider. This study also tried to find the level of awareness and use of family planning among the youths and it was found that almost all respondents have heard of Family Planning information (99 %), but only 57 % agreed to have ever used the contraceptives, and the most mentioned method that was reported to be used was condom (55 %). If we tried to compare the use of FP in relation to the rate of unwanted pregnancy , despite of them having heard and use the FP method still 33 % had unwanted pregnancy .This could be explained by may be the method failure or incorrect information on contraceptive use , This coincided with previous literature where by it was found that only 13 percent of married adolescent age 15-19 use contraception in sub-Saharan Africa (PRB, 2000), the reason could be lack of knowledge and skill in using contraception, as adolescents are more likely than adults to experience unintended pregnancies during their first year of contraceptive use (Ipas, 2007). In South Africa, 61 percent of sexually active women used a modern contraceptive method, yet 53 percent of all births were reported as mistimed or unwanted and 78 percent of births to women aged 19 or younger were unplanned

(Blanchard et al, 2005). So appropriate IEC on the prevention unplanned/unwanted pregnancy, so this could explain about the method failure, which is a serious problem with great implications both for the individual as well as the system providing Family Planning services .Deceived by false protection the woman could face unwanted pregnancy and its consequences .Hence the system would loose the confidence of users and those who are currently using the contraceptives.

Awareness on emergency contraceptives could also play a big role in the reduction of unwanted pregnancies among youths, but still this was found as a gap as most of the youths are not aware of the existence of emergency contraceptives, with only 10 % of the respondents have heard of emergency contraceptives and only 2 % have actually used it. This could reflect another study done in Nigeria among the tertiary students of which only 38 % of the study respondents were aware of the emergency contraceptives and only 9 % of them ever practiced it. (J.A Obiechina et al)

CHAPTER 7

Conclusion and Recommendations

7.1 Conclusions

The prevalence of unwanted pregnancy and induced abortion were high, and most of the induced abortion was the result of unwanted pregnancy. There was low utilization of contraceptives among female youths but its association with the rate of unwanted pregnancy was found not to be statistically significant.

Female youths who were single, unmarried and students were found have high likelihood of having unwanted pregnancy and induced abortion.

Most reasons that were given by the female youths for having unwanted pregnancies and induced abortion were that they were still in school and they don't have enough money to take care of the baby respectively.

7.2 Recommendations.

Based on the findings from the study, I would recommend that

I. Ministry of health in partnership with other implementing partners , local and international to focus their strategies to the ins school programming , addressing the need of the in school female youth on reproductive health issues.
II. Different partners in partnership with the Government to address the issue of unemployment among female youths, to improve their economic status, hence for them to be able to take care of themselves as well as their children.
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 unwanted pregnancies and induced abortion in order to compliment the findings from his study. This is because this study was conducted in semi urban area of which the results could be different from the rural settings.

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8.0 APPENDICES

8.1 APPENDIX 1A: Informed consent, English Version

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES (MUHAS).

DIRECTORATE OF RESEARCH AND PUBLICATIONS.

INFORMED CONSENT

ID-NO ☐☐☐

Consent to participate in this study

Greetings! My name is …….. I am conducting a study on unwanted pregnancy and induced abortion among youth, a case study of Temeke district, Dar es Salaam.

Purpose of the study

This study has the purpose of collecting information on the magnitude of unwanted pregnancies and induced abortion among youths with associated factors in Temeke district, Dar es Salaam. You are being asked to participate in this study because you may have particular knowledge and experiences that may be important to the study.

What Participation Involves

If you agree to participate in this study, you will be required to answer questions about unwanted pregnancy and induced abortion, factors associated with unwanted pregnancies and induced abortion as well as knowledge and use of contraceptives.

Confidentiality

I assure you that all the information collected from you will be kept confidential. Only people working in this research study will have access to the information. We will be compiling a report, which will contain responses from several youths without any reference to individuals. We will not put your name or other identifying information on the records of the information you provide.

Risks

You will be asked questions about unwanted pregnancies and induced abortion with their associated factors.

Rights to Withdraw and Alternatives

Taking part in this study is completely your choice. If you choose not to participate in the study or if you decide to stop participating in the study you will not get any harm. You can stop participating in this study 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.

Benefits

The information you provide will help in providing enough information in order to make recommendations mainly to the policy makers as well as other implementing partners and stakeholders in addressing this problem and come up with effective interventions to help in the reduction of unwanted and induced abortion among the youths hence reduction in maternal mortality and morbidity.

In Case of Injury

We do not anticipate that any harm will occur to you or your family as a result of participation in this study.

Who to contact

If you ever have questions about this study, you should contact the **Principal Investigator, Dr, Neema Mamboleo,** Muhimbili University of Health and Allied Sciences (MUHAS), P.O. Box 65001, Dar es Salaam (Tel. no. 0754 298 718).

If you ever have questions about your rights as a participant, you may call **Prof. M. Aboud, Chairman of the Senate Research and Publications Committee,** P. O. Box 65001, Dar es Salaam. Tel: 2150302-6 and **Dr. David Urassa who is the supervisor** of this study, Tel: 0754 279 553).

Signature

Do you agree?

Participant Agrees [__]

I have read and understood the contents in this form. I agree to participate in this study.

Signature of Participant _____

Date of signed consent _____

Participant Disagrees [__]

8.2 APPENDIX 1B: Informed Consent Swahili version

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES.

DIRECTORATE OF RESEARCH AND PUBLICATIONS.

FOMU YA RIDHAA

Namba ya Utambulisho ☐☐☐

Ridhaa ya Kushiriki katika utafiti huu

Habari! Jina langu naitwa ..…….. nafanya utafiti kuhusu tatizo la mimba zisizohitajika pamoja na utoaji wa mimba miongoni mwa vijana katika wilaya ya temeke ,Dar es salaam.

Malengo ya Utafiti

Utafiti huu una lengo la kukusanya taarifa juu ya tatizo la kupata mimba zisizohitajika na utoaji mimba miongoni mwa vijana pamoja na mambo yanayopelekea kutokea kwa tatizo hilo miongoni mwa vijana mkatika wilaya ya Temeke , Dar es Salaam.Unaombwa kushiriki katika utafiti huu kwa sababu una uelewa na ambao unaweza kuwa muhimu katika tafiti hii.

Ushiriki.

Ukikubali kushiriki katika utafiti huu utatakiwa kujibu maswali yahusuyo ufahamu wako katika masuala mazima ya mimba zisizoihitajika na utoaji mimba miongoni mwa vijana katika wilaya ya Temeke , Dar es Salaam.

Siri

Nakuhakikishia kwamba taarifa zote zitakazokusanywa kutoka kwako zitakua ni siri, watu wanaofanya kazi katika utafiti huu tu ndio wanaweza kuziona taarifa hizi. Hatutaweka jina lako au taarifa yoyote ya utambulisho kwenye kumbukumbu za taarifa utakazotupa.

Madhara

Utaulizwa maswali juu ya ufahamu wako kuhusu mimba zisizohitajika na utoaji mimba miongoni mwa vijana .

Haki ya kujitoa na mbadala wowote

Kushiriki katika utafiti huu ni uchaguzi wako, kama utachagua kutokushiriki au utaamua kusimamisha kushiriki hutapata madhara yoyote. Unaweza kusimamisha kushiriki katika utafiti huu muda wowote hata kama ulisharidhia kushiriki. Kukataa kushiriki au kujitoa katika utafiti hakutasababisha adhabu yoyote au upotevu wa faida yoyote unayotakiwa kupata.

Faida

Taarifa utakayotupatia itasaidia kuongeza uelewa na kutoa maelezo yatakayosaidia katika kutoa mapendekezo hasa hasa kwa watunga sera wa nchi pamoja na wadau mbalimbali katika kulitaua tatizo hili.Mojawapo ikiwa ni kupanga mikakati ambayo italiangalia kwa makini tatizo hili miongoni mwa vijana hivyo basi kusaidia kupunguza tatizo la mimba zisizohiatjika pamoja na utoaji wa mimba na hatimaye kupunguza vifo vya kinamama nchini.

Endapo Utadhurika

Hatutegemi madhara yoyote kutokea kwa kushiriki kwako katika utafiti huu.

Watu wa kuwasiliana nao

Kama una maswaIi katika utafiti huu unaweza kuwasiliana na **mratibu mkuu wa mradi, Dr. Neema Mamboleo,** Chuo Kikuu cha Muhimbili, S.L. P 65001, Dar es Salaam (Simu. no. 0754 298 718).

Kama utakua na maswali yoyote kuhusu haki zako kama mshitriki unaweza kupiga simu kwa ambaye ni **Mwenyekiti wa kamati ya chuo ya utafiti na machapisho, Prof. M. Aboud** S.L.P 65001, Dar es Salaam. Simu namba: 2150302-6 na **Dr.David Urassa** ambaye ni **msimamizi wa utafiti huu**, simu namba 0754 279 553.

Sahihi

Unakubali kushiriki?

Mshiriki amekubali [__]

Mimi nimesoma na kuielewa hii fomu. Nakubali kushiriki katika utafiti huu.

Sahihi ya mshiriki _____

Tarehe ya makubaliano _____

Mshiriki amekataa [__

8.3 APPENDIX 11A: Survey Questionnaire, English Version

UNWANTED PREGNANCY AND INDUCED ABORTION AMONG FEMALE YOUTHS, CASE STUDY OF TEMEKE DISTRICT 2011.

Date [__ __] - [__ __] - [2011]

Respondents ID # ☐☐☐

Street.....

INSTRUCTION: PLEASE ANSWER THE FOLLOWING QUESTIONS

1. How old are you?
2. What is your Religion?
    1) Christian
    2) Muslim
    3) Other.....
3. Who are you living with?
    1) Both Parents
    2) Mother Only
    3) Father Only
    4) Relative
    5) Husband

6) Boyfriend

7) Friend

8) Alone

9) Other.(mention).....

4. What is your level of education?

1) Completed Primary School

2) Completed Secondary School

3) Completed High School

4) College

5) University

6) No formal education

5. What is your occupation?

1) Student

2) Peasant

3) Civil Servant

4) Business

5) Unemployed

6) Other.....

6. What is your marital status?

1) Married

2) Single

3) Cohabiting

4) Divorced

5) Widowed

6) Other.....

7. Age at menarche.....

8. At what age did you have your first sexual intercourse?

9. How many partners have you ever had?.....

10. Have you ever heard of FP methods?

1) Yes

2) No

11. Which one do you know?(Circle all that apply)

1) Pills

2) Condoms

3) Injectables

4) IUCD

5) Implants

6) Withdrawal

7) Calendar

8) Other.....

12. Have you ever used any type of contraceptives?

    1) Yes

    2) No

If No go to question 14

13. Which among these methods have you used (circle all that applies).

    1) Condoms

    2) Pills

    3) Injectables

    4) Implants

    5) IUCD

    6) Natural method

    7) Traditional methods

    8) Other (mention).....

14. Why are you not using contraceptives?

    1) Too young to attend FP clinics

    2) No knowledge on contraceptives

    3) Contraceptives not available

    4) Fear Of side effects

    5) Accused of immoral behaviour

    6) Other (mention).....

15. Where do you get your FP information?

    1) Family
    2) School
    3) Church/Mosque
    4) Radio/Newspaper/Television/posters
    5) Health facility
    6) Other (mention).....

16. Have you ever heard of emergency contraceptives?

    1) Yes
    2) No

If no go to question 21

17. What type of EC do you know? Mention.....

18. How is it used in order to effectively prevent pregnancy after unprotected sex?

    1) Immediately after sex
    2) Within 24 hours after sex
    3) Within 72 hours after sex
    4) Within 4-6 days after sex
    5) Even after a missed period
    6) Don’t know
    7) Other, specify__

19. What is the mechanism of action of EC?

1) Prevent pregnancy from occurring
2) Induced abortion
3) Prevent pregnancy and induced abortion
4) Don't know
5) other, specify

20. Have you ever used EC?

1) Yes

2) No

21. Have you ever been pregnant?

1) Yes

2) No

If no this is the end of the interview.

22. How many pregnancies have you ever had?.....

23. How many live children do you have?.....

24. Of the pregnancies you had, when did you have the last pregnancy?

25. Was the last pregnancy wanted?

1) Yes

2) No

If Yes , Go to question number 27.

26. Why it was not wanted?

    1) Still in school
    2) Don't have enough money to take care of the baby
    3) Raped
    4) To have a gap between births
    5) Divorced
    6) Fear of being out casted
    7) Other (mention).....

27. Have you ever had an abortion?

    1) Yes
    2) No

If no this is the end of the interview.

28. Was the abortion induced or spontaneous?

    1) Spontaneous
    2) Induced
    3) I don't know

29. Why did you go for an abortion?

    1) Single
    2) Still in School
    3) Employment needs

4) Wanted bigger interval between births
5) High cost of raising children
6) Fear of being out casted
7) Other.(mention) .....

30. What was the duration of the last aborted pregnancy?.....

31. Who did the abortion for you?

1) An unskilled person
2) Health personnel
3) Your self
4) Other.....

32. Which method was used for abortion?

1) Curette
2) Catheter
3) Traditional Herbs
4) I don't know
5) Other (mention).....

33. Where did you get the services?

1) Private house
2) Private clinic
3) Public clinic

4) Hospital

5) Other (mention).....

34. Who supported you to do an abortion?(circle all that applies)

1) Mother

2) Aunt

3) Sister

4) Friend

5) Husband

6) Boyfriend

7) Nobody

8) Other.....

35. How much did it cost?.....

THANK YOU FOR YOUR TIME AND PARTICIPATION

8.4 APPENDIX 11B: Survey Questionnaire, Swahili Version

MIMBA ZISIZOHITAJIKA NA UTOAJI WA MIMBA MIONGONI MWA VIJANA WA KIKE KATIKA WILAYA YA TEMEKE, DAR ES SALAAM 2011

Tarehe ya leo [__ __] - [__ __] - [2011]

Namba ya utambulisho ya mshiriki ☐☐☐

Maelekezo: Tafadhali jibu maswali yafuatayo..

1. Je una miaka mingapi?
2. Dini Yako?
   1) Mkristo
   2) Mwislamu
   3) Dini nyingine(Taja).....
3. Unaishi na nani?
   1) Na wazazi wote
   2) Mama Peke yake
   3) Baba peke yake
   4) Ndugu
   5) Mume
   6) Rafiki wa kiume/mpenzi

7) Rafiki

8) Peke yangu

9) Mwingine (Taja) .....

4. Una kiwango gani cha elimu?

1) Nimemaliza elimu ya msingi

2) Nimemaliza elimu ya sekondari(kidato cha nne)

3) Nimemaliza elimu ya sekondari (kidato cha sita).

4) Chuo kikuu

5) Sijaenda shule

5. Unafanya kazi gani?

1) Mwanafunzi

a. Mkulima

b. Mfanyakazi wa serikali

c. Mfanyabiashara

d. Sina ajira

e. Nyingine (Taja).....

6. Nini hali yako ya ndoa?

1) Nimeolewa

2) Sijaolewa

3) Naishi na mwanaume

4) Nimeachika

5) Mjane

6) Nyingine(Taja).....

7. Taja Umri ambao ulivunja ungo .....

8. Taja umri ambao ulifanya tendo la ndoa kwa mara ya kwanza.....

9. Taja idadi ya wapenzi uliowahi kuwa nao.....

10. Je umeshawahi kusikia kuhusu njia za uzazi wa mpango?

1) Ndio

2) Hapana

11. Zipi kati ya hizi njia unazifahamu?(Zungushia zote zinazohusika)

1) Vidonge

2) Kondomu

3) Sindano

4) Kitanzi

5) Vipandikizi

6) Kutoa nje

7) Njia ya kalenda

8) Nyingine(Taja).....

12. Je umeshawahi kutumia njia yeyote ya uzazi wa mpango?

1) Ndio

2) Hapana

Kama jibu ni hapana, nenda swali la 14.

13. Zipi kati y anjia hizi umeshawahi kutumia?(Zungushia zote zinazohusika)

1) Kondomu
2) Vidonge
3) Sindano
4) Vipandikizi
5) Kitanzi
6) Kutoa nje
7) Kalenda
8) Njia za asili
9) Nyingine(Taja) .....

14. Kwa nini hautumii njia za uzazi wa mpango?(zungushia zote zinazohusika)

1) Umri wangu ni mdogo kwenda kuhudhuria kwenye clinic za uzazi wa mpango.
2) Sina uelewa kuhusu njia za uzazi wa mpango
3) Njia za uzazi wa mpango hazipatikani.
4) Naogopa madhara
5) Ntaonekana na tabia mbaya .
6) Nyingine(Taja).....

15. Unapata wapi taarifa kuhusu uzazi wa mpango?(zungushia zote zinazohusika)

    1) Familia
    2) Shule
    3) Kanisani/Msikitini
    4) Redio/magazeti/runings/vipeperushi.
    5) Kituo cha afya
    6) Nyingine(Taja).....

16. Je umeshawahi kusikia kuhusu emergency contarecptives(vidonge vya dharura)

    1) Ndio
    2) Hapana

Kama jibu ni hapana nenda swali la 21

17. Taja aina za vidonge vya dharura unavyovifahamu.....

18. Ni wakati gani inatumika ili kuhakikisha kwamaba inazuia mimba baada ya kufanya tendo la ndoa bila kinga?

    1) Mara tu baada ya tendo la ndoa
    2) Ndani ya massa 24 baada ya tendo la ndoa
    3) Ndani ya massa 72 baada ya tendo la ndoa.
    4) Ndani ya siku 4-6 baada ya tendo la ndoax
    5) Hata baada ya kukosa siku zako za mwezi
    6) Sijui

7) Nyingine(Taja)__

19. Je vidonge vya dharura vinafanyaje kazi?

1) Inazuia mimba isitiokee.

2) Inatoa mimba

3) Inazuia mimba na kutoa mimba

4) Sijui

5) Nyingine(Taja).....

20. Je umeshawahi kutumia vidonge vya dharura?

1) Ndio

2) Hapana

21. J e umeshawahi kuwa mjamzito?

1) Ndio

2) Hapana

Kama jibu ni hapa, mwisho wa mahojiano

22. Je ni mara ngapi umehawahi kupata ujauzito?.....

23. Je una watoto wangapi?.....

24. Kati ya mimba ulizowahi kupata, ni lini ulikuwa mjamzito kwa mara ya mwisho?.....

25. Je ujauzito ulikuwa unauhitaji?

    1) Ndio
    2) Hapana

Kama jibu ni ndio nenda swali la 27

26. Ni kwa nini hukuuhitaji?

    1) Nilikuwa bado niko shule
    2) Sina pesa za kutosha kumlea mtoto
    3) Nilibakwa
    4) Niliachika
    5) Niliogopa kutengwa na jamii
    6) Nilikosa huduma ya uzazi wa mpango.
    7) Nyingine(Taja).....

27. Je umeshawahi kutoa mimba?

    1) Ndio
    2) Hapana

28. Je , mimba ilitoka yenyewe au uliitoa?

    1) Ilitoka yenyewe
    2) Niliitoa

3) Sijui

29. J e, ni kwanini uliamua kutoa mimba?

1) Sijaolewa
2) Bado nasoma
3) Masharti ya kazi
4) Nataka watoto wapishane.
5) Ghrama kubwa ya malezi ya watoto.
6) Niliogopa kutengwa na jamii.
7) Nyingine(Taja).....

30. Mimba ya mwisho kuitoa ilikuwa na ukubwa gani?.....

31. Nani alikutoa mimba?

1) Mtu asiye na ujuzi
2) Muhudumu wa afya mwenye ujuzi
3) Wewe mwenyewe
4) Nyingine(Taja).....

32. Ni njia gani ilitumika kutolea mimba?

1) Kureta
2) Mpira wa mkojo
3) Dawa za asili
4) Sijui

5) Nyingine(Taja).....

33. Je ulipata wapi huduma?

1) Kwenye nyumba binafsi
2) Kliniki binafsi
3) Kliniki ya serikali
4) Hospitali
5) Nyingine(Taja).....

34. Nani alikusaidia katika utoaji wa mimba?(Zungushia zote zinazohusika)

1) Mama yako
2) Shangazi
3) Dada
4) Rafiki
5) Mume
6) Rafili wa kume/mpenzi
7) Hakuna aliyenisaidia
8) Mwingine(Taja).....

35. Je utoaji mimba ulikugharimu kiasi gani cha fedha?.....

ASANTE KWA USHIRIKIANO WAKO.