
# ADDIS ABABA UNIVERSITY
# COLLEGE OF HEALTH SCIENCE
# SCHOOL OF PUBLIC HEALTH

## WHY WOMEN DELIVER AT HOME AFTER ATTENDING THREE OR MORE ANTENATAL CARE VISITS IN SEBETA WOREDA, OROMIA, ETHIOPIA

**By**
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**A THESIS SUBMITTED TO THE SCHOOL OF GRADUATE STUDIES OF ADDIS ABABA UNIVERSITY SCHOOL OF PUBLIC HEALTH IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTERS IN PUBLIC HEALTH WITH SPECIALTY IN REPRODUCTIVE POPULATION AND FAMILY HEALTH**

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This thesis, by Elzabeth Seyoum is accepted in its present form by the board of examiners as fulfilling for the degree of Masters of Public Health in Reproductive, Family and Population Health.

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# Acronyms

| | |
|---|---|
| AAU | Addis Ababa University |
| ANC | Antenatal Care |
| EDHS | Ethiopian Demographic and Health Survey |
| EmOC | Emergency Obstetric Care |
| ETB | Ethiopian Birr |
| HD | Home Delivery |
| HEW | Health Extension Workers |
| IDI | In-Depth-Interview |
| KII | Key Informant Interview |
| MDG | Millennium Development Goal |
| MOH | Ministry Of Health |
| MMR | Maternal Mortality Ratio |
| PNC | Post Natal Care |
| SDG | Sustainable Development Goal |
| TBA | Traditional Birth Attendant |
| UN | United Nation |
| WDA | Women Development Army |
| WHO | World Health Organization |

# Abstract

**Background:** Even though government of Ethiopia strives to increase quality of health care, maternal death remains a big challenge. Antenatal care (ANC) visit and health facility delivery care are the key interventions to reduce maternal and child death. In Ethiopia, 74% of women received antenatal care from a skilled provider at least once for their last pregnancy, fifty percent of them (50%) were delivered by a skilled provider and 48% gave birth in health facility. So this data shows that there are still a number of women who deliver at home.

**Objective:** This study aimed at to explore the reason of home delivery among women attending three or more Antenatal care visits in Sebeta Hawas.

**Method:** Community based qualitative descriptive study was conducted. Ten In-depth interviews were conducted with women who had home delivery after attending three and more ANC visits one year preceding the study. Ten in-depth interviews were also conducted with Spouse, Traditional birth attendants, Women development army leaders (WDA), Medical director and health extension workers. The participants were purposively selected from Sebeta rural kebeles .A semi structured interview guide was used to collect data. The in-depth interviews were tape-recorded, transcribed and then the transcripts were analyzed by using inductive thematic analysis method. The open code soft ware version 4.02 was used for coding and categorization.

**Result:** Knowledge and perception related barriers(lack of knowledge, low risk perception and perception of bad care),culture and norm related barrier(refuse to comply on decision making, gender role and pressure, traditional belief and practice and socio-economic inaccessibility) and health service and health care provider relate barrier were contributed for home delivery.

**Conclusion and Recommendation:** Despite efforts have been taken to reduce home delivery, various factors deters women from facility delivery after attending subsequent ANC visits. It needs to design strategies to improve utilization of facility delivery that focuses on improvement of quality of care, and women empowerment.



**Keywords:** Skilled birth attendance, Sebeta Woreda, Home delivery, Reasons of home delivery, Qualitative descriptive.

# 1. Introduction

## 1.1. Background

Maternal death is the one that brings health crisis in developing countries especially in sub-Saharan Africa countries(1). According to approximation in 2015, there were 303,000 maternal deaths globally as a result of pregnancy and child birth complications. About 99% of all maternal deaths were occurred countries with low resources like Sub-Saharan africa countries and most of these deaths are preventable (2). In the years between 1990 and 2015, maternal mortality declined by about 44%, globally. This is low as compared to the aim set by the Millennium Development Goal (MDG) five to ease up maternal mortality globally by 75% by two thousand fifteen (2015). For that reason, as part of the Sustainable Development Goal (SDG) 3 on health, the target is to trim down the global maternal mortality ratio (MMR) to less than seventy deaths per 100,000 live births by 2020(3).

Ethiopia is amongst the high leading countries with maternal death in which almost 5 in 10 women deaths were happen related to childbirth and pregnancy(4). According to the Ethiopian Demographic and Health Survey (EDHS) 2016 report, an estimated maternal mortality ratio of Ethiopia is 470/100,000 live births in 2016(5). The major sources of maternal death include obstructed labor, ruptured uterus, severe pre-eclampsia/eclampsia, malaria, and complications from abortion (6). Attended by trained health professionals through labour, delivery, and in the early postpartum period, possibility reduce up to 75% or more of maternal deaths(6). According to the most recent EDHS report 74% of women received antenatal care from a skilled provider at least once for their last pregnancy. and only 50% of them obtain delivery care from skilled health professionals(7). Others were attended by traditional birth attendants. The World Health Organization(WHO) defines Traditional birth attendants (TBA) as “person who assists the mother during childbirth and who primarily acquired her skills by delivering babies herself or by working with other TBAs”(8).

According to the World Health Organization, mainly maternal deaths in sub-Saharan Africa are associated with direct causes of labour complications primarily, bleeding, hypertension, sepsis, and obstructed labor, which account for about 64% of all deaths related to child birth and conception. Remarkably, a huge percentage of these maternal deaths are prevented through timely and appropriate interventions. Problems interconnected to maternal- provider behaviors and attitudes are most important barrier when compared to any other environmental or economic barriers to use of skilled childbirth care.(1)

One reason that associated with maternal and child mortality is home delivery or childbirth elsewhere other than health facility. These mal practices are basically unplanned, accidental and assisted by unqualified health professionals, if at all. The dwelling environment as a place of delivery in Ethiopia is given away to unsafe delivery care and may have undesirable neonatal and maternal outcomes (9). Home delivery is mainly linked with young maternal age, low educational achievement, rural residence, low socioeconomic condition, high birth order, the lack of ANC services, remoteness to health facilities and complications during childbirth. Dissimilarly , having good awareness of obstetric complications can boost institutional delivery (10).The presence of skilled delivery service utilization at each birth can significantly reduce maternal morbidity and mortality (11).

Several low income countries plan to decline maternal mortality through implementing many-sided interventions, including better access to emergency obstetric services(12). And the government had design various programs and strategies in order to improve accessibility of maternal health services utilization use like family planning, ANC, facility delivery, and PNC services provision for free (13). In spite of these efforts, health facility delivery service use (50%) and PNC uptake (34%) remain not good enough(7). This low health facility child birth and PNC services utilization was observed while there was progress in ANC service use from 27% in 2000 to 74% in 2019(7).Enhancement in ANC service utilization is likely to improve health facility delivery and postnatal care services use by enhancing behaviors favorable to the mother as well as her child together with delivering in health facility and using postnatal care services(14).

Even though continuous effort made to encourage health facility delivery, a lot of Ethiopian mothers still give birth at home. Access to health service has been greatly improved and for about 94.0% of the Ethiopian population has accessed primary healthcare services. Maternal services had been also made free skilled care of child births was unsatisfactory(15). Current studies also showed that improving access is not adequate enough to enhance utilization (16). As a result ,improve in maternal health care left over a daunting challenge to the state (17).

Antenatal care (ANC), health facility birth and postnatal care services are proved to condense maternal and new born morbidity and mortality. In order to prevent maternal mortality, utilization of at least four antenatal cares (ANC) visits and health facility delivery are central in preventing maternal deaths(18). Exploring the reasons behind the insufficient use of those services is key strategies to tackle the dilemma. Therefore this study was aimed to explore the reasons why women in Sebeta Hawas prefer home delivery after attending three or more ANC visits.

## 1.2. Statement of the Problems

Globally about 25 percent of maternal deaths occur during pregnancy. Each day around 830 women die from avoidable cause related to pregnancies and child birth that can be avoided if women could have accesses to a high quality maternity care (19). This issue is principally need large emphasis in sub-Saharan Africa because there where more than 162,000 women still die each year during pregnancy and childbirth, majority of them occur due to the lack of access to skilled delivery service and emergency care(20, 21).

Despite the fact that current figures of facility delivery are encouraging, they are not reliable with ANC utilization. In Ethiopia ANC coverage at least one visit increased from 42.6% in 2011 to 74% in 2019, whereas percentage of deliveries attended by skilled health personnel increased from 10% to 50% during the similar period. Even if the nation show tangible progress, maternal health remains a huge challenge to the nation(7).

Maternal and neonatal outcomes mainly associated with the accessibility of the choice of child birthplace. Giving birth in a health facility care taken by a skilled birth attendant is linked with slowing the rates of maternal morbidity and mortality than a birth occurs at home. Delivery care in the health facilities moreover plays a significant role in preventing stillbirths and improving newborn survival. Health facility delivery had been averting substantial portion of women death hence essential to realize that the range of factors linked with the choice of delivery place. Several studies of health care use have been underscoring a variety of possible influences on a woman's affinity to seek care.(22)

The existence of poor quality of maternal health care highly associated with high maternal, neonatal, and child mortality rates. Additionally, evidence also explains that skilled care before (ANC care), during, and after childbirth saves the lives of thousands of women and newborn babies.

An estimated 74% of maternal deaths linked with pregnancy and childbirth possibly will be tackled if all women had access to the interventions for preventing or treating pregnancy and birth complications, in particular emergency obstetric care services. Therefore, the utilization of ANC, skilled delivery attendants and PNC are the known solution to get better health outcomes for children and women. Even though delivery care service use is crucial for further improvement of mothers and newborns, the coverage of delivery service in Ethiopia is still problematic. Even if there is the availability of nearby health facilities, numerous mothers may not use them because of various factors at different level (individual, household, and community) that delay them to look for maternal health care (22).Various studies were conducted in Ethiopia which explore the reason of home delivery but studies are limited that explore the reasons of home delivery after attending ANC visits.

### 1.3 Significance of the Study

In Ethiopia, maternal health care services are accessible for most of the women, but women living in rural area are particularly does get maternal health care services near to their village. About 74 % of pregnant women get antenatal care from skilled health personal for their most recent birth. In an urban setting, the coverage is high about 80 % (7). Exploring the reason why women delivered at home after attending three or more ANC visits is important to know the factors hindering women from attending skilled delivery service and exploration of the reason for home delivery make available information needed to improve the health status of pregnant women, and newborns. This information also allows decision-makers to identify problems, major determinants threat that hinder the utilization of the skilled delivery service after attending ANC care visits and will be used as input for implementing enhanced programs. Again, the result of this study helps health personnel to intensify health education on the use of skilled delivery care at ANC and during community health programs. It is also informed the Ministry of Health (MOH) about the gaps that exist in the provision of skilled delivery care during delivery to strengthen the available strategies and design appropriate planning with delivery service also emerges as a determinant. After its completion, this study is anticipated to add input on the existing knowledge regarding the determinants of home delivery because having a high coverage of ANC in the country but with a low level of skilled birth care is commonly observed problem.

# 2. Literature Review

## 2.1 Overview of childbirth

Early diagnosis, professional follow-up during ANC visit, and skilled assistance during labor, and delivery are important measures to lower maternal mortality and morbidity. The majority of maternal deaths are avertable, as the maternal health care intervention to handle drawback is well identified. It is for the most part imperative that for each and every birth care is given by trained health staff, as appropriate care and treatment that leads to create the variation between death and survival (21, 22).

Home delivery is a practice of childbirth in a nonclinical setting that takes place in residence than in hospitals or health center. In developed nations, it is attended by midwife or attendant with experience, but in developing nations, where women may possibly not be capable to manage to pay for medical care, then home birth could be the only option to be had(23).

Trained professionals could handle childbirth at a health facility or at dweller; nevertheless, the most efficient approach for low-income countries like Ethiopia is health facilities deliveries with a functional referral system. According to WHO definition a skilled birth attendant (SBA) is defined as "an accredited health professional such as a midwife, doctor or nurse- who has been educated and trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth and the immediate postnatal period, and in the identification, management and referral of complications in women and newborns(24).

## 2.2 Reason for the preference of place delivery

### 2.2.1Decision to Seek Care

Home is the first option for child birth among women who faced various dificulities.Different studies find out a key reason for not deliver in the institution. Studies conducted in Zala woreda Hadiya, Amhara region, Addis Ababa, and Shashemene indicated that socio-cultural factors primarily influence decision making on whether a mother seeks care or not (25-30). According to these studies findings the major factors associated with institutional delivery were mother occupation, husband occupation, educational status of women and her family members, women's decision making power on health care services and monthly income. This all extensively linked with the utilization of skilled delivery attendants. Childbirth before age 18 is also associated with skilled birth attendance.

Delivery in a private or public health facility is more common among births to mothers aged 20-34 followed by mothers aged less than 20 and age group range from 35-49(3). Decision making to take mothers to a health facility (private or public) depends on the husband or relatives; request to go to a health facility by mothers with difficult labor could be ignored (25-33).

In Ethiopia health facility delivery service utilization among women who attended four or more ANC follows up was still unsettled (14). The study conducted from the Ethiopian demographic and health survey 2011 shows that if women received appropriate ANC, she has a probability to give birth at a health facility (14, 24).

Based on the findings of various studies, the discrepancies between ANC utilization and facility delivery is directly or indirectly related to the quality of ANC provision and additional personal and the entire health structure factors. Therefore, it sounds the alarm for policymakers and ANC program planners to give attention to service quality of ANC visits and concentrate on changing pregnant mothers' attitudes by providing individual awareness and accountability to create relations among ANC providers and the clients.

The study conducted in Sekela District Dangila, Wolayita, and Eritrea shows that mothers who had medium wealth status, having access to a health facility within a 2-kilometer distance, and women who had a chance to use traditional means of transport were also higher possibility to attend a skilled care. The reality that there is no appropriate communication at different levels of the health system has also meant that laboring mothers who need of immediate obstetric care could keep away from departing to health facilities anticipating that the facilities did not provide care(closed) or doesn’t give service mainly without working hours(21, 24-26).

Several studies conducted in Ethiopia and rural costal Kenya indicate that distance from the hospital was a physical accessibility factor while the financial problem was also one of the leading causes for home birth preference because of long-distance or time is taken to get to at a health facility. (14, 18, 24-36).

Long waiting time for ANC follow up, mother's awareness about danger sign of pregnancy and other potential complications during labor and delivery, and insight about health facility birth indications were stated by studies conducted in Bahirdar, Tigray, Hadiya Wollaita, and Sub-Saharan African countries as a factor for the preference of place of childbirth. In addition to this, regard to perceived quality of care previous experience and experiences of others, the effectiveness of previous treatments, staff attitudes, hospital procedures, and privacy conditions were mentioned as a barrier for facility delivery (2, 18, 24-33).

Understanding of problems throughout labor and ANC follow up has a direct influence on institutional delivery. Hence, provision of appropriate and better ANC service; which is a way for other MCH services quality and evaluation to give special attention to counseling on complications and challenges that may occur during labor and safe health facility delivery (24).

### 2.2.2 Factors affecting reaching an appropriate care

Even if maternal health care service is available within reach of women, they are deterred from using the services available either because of cost or poor treatment by the staff. The study conducted in Wollaita Sodo and the southern part of Ethiopia indicate that reach the nearest health institution were positively associated with institution delivery service utilization (24, 25). Short distance to reach health facility and using traditional transport systems, were also found to increase the odds of delivering in a health facility (25, 26).

Studies conducted in Dangila district, Hadiya zone, south-central Ethiopia, quantitative studies in different regions of Ethiopia and University of Gahanna results also showed that barriers to institutional childbirth were issues related to access and lack of resources. Some of these are a long-distance to health facilities, lack of means of transportation, referral problems and poor roads, payments in health facilities and lack of health facility infrastructure as well as mothers who live in rural areas were the probability not to utilize skilled delivery service than mothers from urban areas.(24-30).

### 2.2.3 Obtaining adequate and appropriate treatment

Qualitative studies conducted in south-central Ethiopia , Malawi and Kenya indicated the main user factors that hold back women from attending facility delivery. These includes bad attitude towards the services provided at the health facility, absence of the family members of laboring mother during of labor and delivery, lack of privacy and other factors related to tradition and beliefs in spiritual thoughts, financial constraints as well as access to health care facilities(25, 31-33).

In other studies the factors that delay women's from obtaining adequate and appropriate services treatment were poor reception, denial of admission of the laboring mother at a health facility(health center), lack of privacy, lack of awareness, and poor competence of health care staff and shortage of health care staff and various commodities at health facilities(30, 34). In addition to this, the accessibility of maternal care rooms, drugs, and supplies at health facilities were greatly ranked barriers to the utilization of institutional delivery (24-28).

## 2.3 Factors contributing for home delivery

Being at home is comfortable, losing close attention from family, considering home delivery as usual practice, dislike facility delivery service due to previous bad experience, unwelcoming approach of Health workers (HEWs), labor was short & smooth and home delivery (HD) is considered as culture are some of the reasons of women who had home delivery(35, 36). The studies conducted in different parts of Ethiopia revealed the reasons for home delivery :this are previous experience of short and simple labor, previous experience of uncomplicated home birth, night-time labor, no pregnancy-related problem, and transportation problem. Besides the factors per women perspective, health care providers were reported that poor reception of women towards health professionals could force women to avoid institutional delivery and then women attend home childbirths (24-28). Women and her families of laboring mothers perceive that traditional birth attendants give more favorable care and support than health professionals because they perceived that health professionals are not worried about laboring mother's privacy and they didn't give them psychological support while they need more (18, 24-31).

In Ethiopia, among women attending four and more ANC visits, skilled delivery care is still low. Women whose husbands are literate, who have communication about a delivery place with their families and women whose husbands have a positive attitude towards health facility delivery were more liable to have health facility delivery(25).A study conducted in Wollaita Sodo, Dangila south west Ethiopia and Eritrea indicated women who had adequate information or awareness about complications during delivery , good attitude towards the quality of care received, had previous facility delivery, have history negative experiences of delivery outcomes from other community members, and women who perceive home delivery as life threatening had high probability to deliver in health facility(14, 24-27).

# 3. Objective

## 3.1 General Objective

- To explore why women deliver at home after attending three or more ANC visits in Sebeta Woreda, Oromia Special Zone Surrounding Finfinne from January 2020 up to Augest 2020.

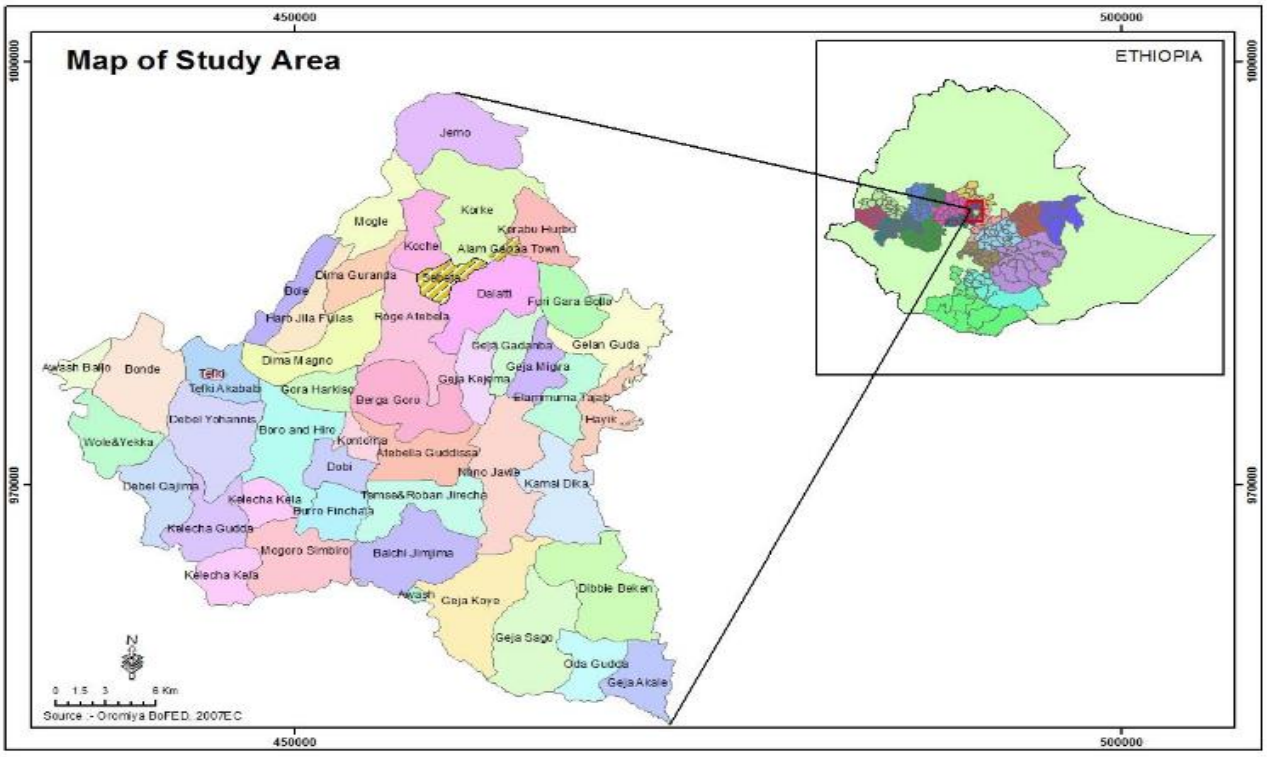
## 3.2 Specific Objectives

- To explore  describe barriers of facility delivery among women who had home delivery
- To describe barriers of facility delivery among women who had home deliver after attending three or more ANC visits

# 4. Methods

## 4.1 Study Area and period

This study was conducted in Sebeta Hawas, which is a special zone of Oromia region located 24Kms southeast direction of Addis Ababa, the capital city of Ethiopia along Addis Jimma road. The 2007 national census reported a total population for this woreda of 132,294 of who 68,133 are men and 64,161 are women; 7,359 or 5.56%of its population are urban dwellers(37).With regards to the ratio of rural urban population of the district, the rural population accounts for 127,173 while the urban population is 6,573(38). Population density of the district is 2 persons per hectare. The average number of persons per household is 5 and the total number household live in the district is estimated to be 26056(38). The woreda has 6 health center and 35 health posts and 10 private clinics. The woreda health office 2012 annual report indicated that skilled delivery care is 42% and ANC coverage is 89.2%. The data collection was conducted from January 2020 to Augest 2020.




Source: Oromia Finance and Economic Development Bureau, (2015)

Figure 1Map of Sebeta Woreda

## 4.2 Study design

The study was conducted using qualitative descriptive study design

## 4.3 Study Population

All women of childbearing age (15-49 year) who gave birth at home after attending three or more ANC visits in the preceding one year and individuals who were assumed to be reached in information about the reasons for home delivery were involved named as women development army leaders, Health Extension Workers (HEWs), spouse of the participated mothers, Traditional birth attendants (TBA) and health center medical director.

### 4.3.1 Inclusion criteria

Women who gave child birth at home after attending three or more ANC visits in the last 12 months preceding to the study and who were volunteers to participate in this study were included.Women development army leaders, Health extension workers (HEWs), Spouse of the participated mothers, Traditional birth attendant (TBA) and health center medical director were included in this study.

### 4.3.2 Exclusion

Women who were mentally incapable and who had been residing in the study area for less than six months were excluded from the study. Women and key informant who were not able to participate in the interviews and seriously sick were excluded. In addition, women, who were assumed to be unable to be interviewed to provide valid information because of hearing, speaking or other medical problems, were excluded.

## 4.4 Sampling Procedure

Maximum variation and expert sampling was used as it is essential to identify and include information-rich cases that could able to understand the reason for home delivery after attending three or more ANC visits. First women who had three or more ANC visits one year preceding the study were selected based on the data define from maternal health focal person of health center that encompasses a selected kebeles. After gathering that information those women who had three or more ANC visits one year preceding the study place of delivery was identified with the help of health extension workers at each selected health post level.Among selected kebeles 39 womens were deliver at home after attending three or more ANC visits. Then incorporated with HEWs, eligible women were identified based on random purposive sampling technique and in-depth interview were arranged. Secondly women development army leaders and TBA were selected with the help of HEWs at health post. And also spouse of four participating women were selected initially by women her self. In this sampling process women development army leaders and TBA were those located in selected kebeles of participant mother who deliver at home after attending three or more ANC visits. The key informants were chosen because of their sustained involvement in maternal health promotion and protection of the community as well as tighten social bond with the society and great influence on preference of place of delivery. Their professional perspectives also considered as it is crucial to understand reason of home delivery after attending three or more ANC visit. Interviews were continued until the information was saturated. The key informant in-depth interviews with health center medical director and HEWs were conducted by the principal investigator. The rest of in-depth interviews were conducted by trained data collectors.

## 4.5 Sample Size Estimation

Totally 20 in-depth interview were conducted. In-depth interviews with ten women who had home delivery after attending three or more ANC visits were conducted until saturation of information reached. In addition, interview with spouses of participant mother and two Women Development Army Leaders, one Traditional birth attendants, two health extension workers and one health center medical director were conducted.

## 4.6 Operational Definition`

Home delivery: Delivery conducted by non-skilled delivery in a non-clinical setting (39)

ANC three or above: Visit ANC clinic(health post and health center) three or more times during pregnancy(40).

Traditional birth Attendant (TBA): -A birth attendant who initially acquired the ability by delivering babies herself or through apprenticeship with other TBAs(41).

Women development Army (WDA):-A structural arrangement that involves women's development teams and one two five Connection(42).

Women development Army(WDA) Leader: the representative of volunteer women's that serve different development role in the community(42).

Health extension Workers (HEWS): - salaried government employees that implement 16 packages of health extension program at community level(43).

## 4.7 Data Collection Tools and procedure

In-depth interview with women and key informants were conducted with semi-structured open ended and non-directive separate interview guide to explore why women delivered at home after attending three or more ANC visits. Participating kebeles and village were visited a day before the study and with the help of health extension workers, potential participants were verbally invited to participate in the study. Then time and suitable day was prepared. The in-depth interview guide first developed in English, and translated into Afaan Oromo and Amharic (local language) to maintain the consistency of the guides. Hence, interviews were conducted in Amharic and Afaan Oromo languages. Before initiating data collection data collectors were identified and one day training was given on interview guides and interview protocols for data collectors. There were two female data collectors in the data collection in addition to principal investigator sence data collectors were conducting fiftinen indepth interviews.Both of them have BSC in public health. The interview guides were pretested before data collection. Two audio tape recorders at a time were used as a backup for captured data. Tape recorder and field notes were used as a tool to gather relevant information in this study. Each IDI interview in average has been taking about 30 to 60 minutes and was conducted by trained data collectors who speak Afaan Oromo language fluently in places were selected by participants.

The data collectors were letting participants to answer each question freely and to obtain in-depth understanding probing was used before proceeding to the next question. At the end of each indepth interview, the benefits of maternal health care service and the shortcoming of home deliver as well as general health education were given for all participants.

### 4.8 Data Analysis Procedures

An inductive thematic analysis approach was used to analyze the captured data from in-depth interview and key informant interview. The audio records listened again and again. Then Oromifa in-depth interviews were transcribed verbatim and translated into Amharic language by data collectors in order to keep the original meaning since principal investigator could not familiar with Affan Oromo language. The transcribed texts read several times and translated back to English by data collectors. Field notes were used to boost the transcribed audio information. After every recorded Amharic interviews transcribed verbatim and written note were fully translated into English they were again read well repeatedly to acquire the overall sense of the general idea and the triangulated data from women and key informants were identified carefully before coding. The draft summary data analysis was done simultaneously with data collection. The MS word data was converted to plain text then exported to Open Code software version 4.02 to code and categorizes the data. Units of relevant meaning has been examined line-by-line and coded accordingly. The coding results were check for discrepancies in the interpretations. The gathering and organizing of all the constituents was carried out for each of the participants in this study and at the end interpret themes to answer research questions. The report presented by summarizing the themes and quoting important verbatim for summarizing main finding from in-depth interview from different perspective.

## 4.9 Trustworthiness

Data quality has been ensuring during data collection, entry, coding, and analysis. During interview an in-depth understanding of the culture, language, view of the group was considered and at the mid time checked for misunderstanding and distortions. Interview was conduct by trained data collectors who speaks Afaan Oromo language fluently and the interviews were conducted in private places. The interview takes 30- 60 minutes and persistent observation was done. Data was also collected from different level of person (women and key informants) with two different teams at a time and at the middle of the interview findings were communicated with study participants.All field notes, transcripts and recorded interviews were checked on each day for errors to correct timely. In addition to this peer briefing was done with colleague who has experience on qualitative studies and comments were received.

## 4.10 Ethical Considerations

This study received ethical approval from the Addis Ababa University College of Health Sciences School of Public Health Ethical and Research Committee. Letter of support was obtained from the respective institutions in Sebeta. Written consent was obtained from participants and for those who could not read, data collectors were read the consent form while their anonymity has to be maintained. Principal investigator or data collectors were explained the general aim of the study, the benefit, and expected duration of the interview, how the information will be kept confidential and encouraged the interviewee to express their ideas freely. Furthermore, all the study participants were encouraged to participate in the study and at the same time they were told also that they have the right not to participate.

# 5. Results

## 5.1 Characteristics of the Participants

Ten key informant in-depth interviews with spouse of participant mother, TBA, WDA leaders, HEWs and health center manager were performed while ten in-depth interviews were also conducted with women who had home delivery after attending three or more ANC visits. The mean age of women who had home delivery after attending three or more ANC visits were 31.1years and whose occupational status were house wives. All these women were married and majority of the women had no education. The distribution of the number of pregnancies ranges from two to five pregnancies per woman. More than half of women had four up to six children and four women had two to three children. Most of them started to give birth before the age of 25. Majority of the women attended four Antenatal care visits at health facility during recent delivery. Most of the women lived within 3 km of a health facility which providing delivery care (Tefki health center). It takes more than an hour to reach the nearest health facility for one-third of women, and it takes less than an hour for majority of the women to reach health centre.

Table 1 Demographic characteristics of IDI participants (n = 10) and KII participants (n = 10)

| Characteristics | IDIs (n = 10) n (%) | KII (n = 10) n (%) |
|---|---|---|
| **Education level** | | |
| No education | 6(60%) | 4(20%) |
| Primary | 4(40%) | 2(20%) |
| Other(Higher education) | 0 | 4(40%) |
| Total | 10(100%) | 10(100%) |
| **Marital status** | | |
| Single | 0 | 3(30%) |
| Married | 10(100%) | 7(70%) |
| Total | 10(100%) | 10(100%) |
| **Age group** | | |
| 24-30 | 5(50%) | 4(40%) |
| 31-40 | 5(50%) | 3(30%) |
| 41and above | 0 | 3(30%) |
| Total | 10(100%) | (%) |
| **Parity** | | |
| 1 | 0 | - |
| 2-4 | 8(%) | - |
| 5 and above | 2(%) | - |
| Total | 10(%) | - |
| **Respondent occupation** | | |
| Housewife | 10(100%) | 2(20%) |
| Agriculture | 0 | 4(40%) |
| Business | 0 | 2(20%) |
| Health care provider | 0 | 2(20%) |
| Total | 10(100%) | 100(%) |
| **Person who assisted the birth** | | |
| Traditional birth attendant | 9(90%) | - |
| Self delivery | 1(10%) | - |
| Total | 10(100%) | - |

**IDI**-Women who had home delivery after attending three or more ANC visits (10)

**KII**- TBA (1), WDA leaders (2), HEWs (2), Spouse (4), Health care staff (1)

For an assortment of reasons, women who had three or more ANC visits were deter from skilled delivery care. Based on the data, three major themes were identified; namely, Knowledge and perception related barriers of heath facility delivery care service, culture, and norm related barriers, and service and providers related barriers. Besides these, each major theme has subthemes**.**

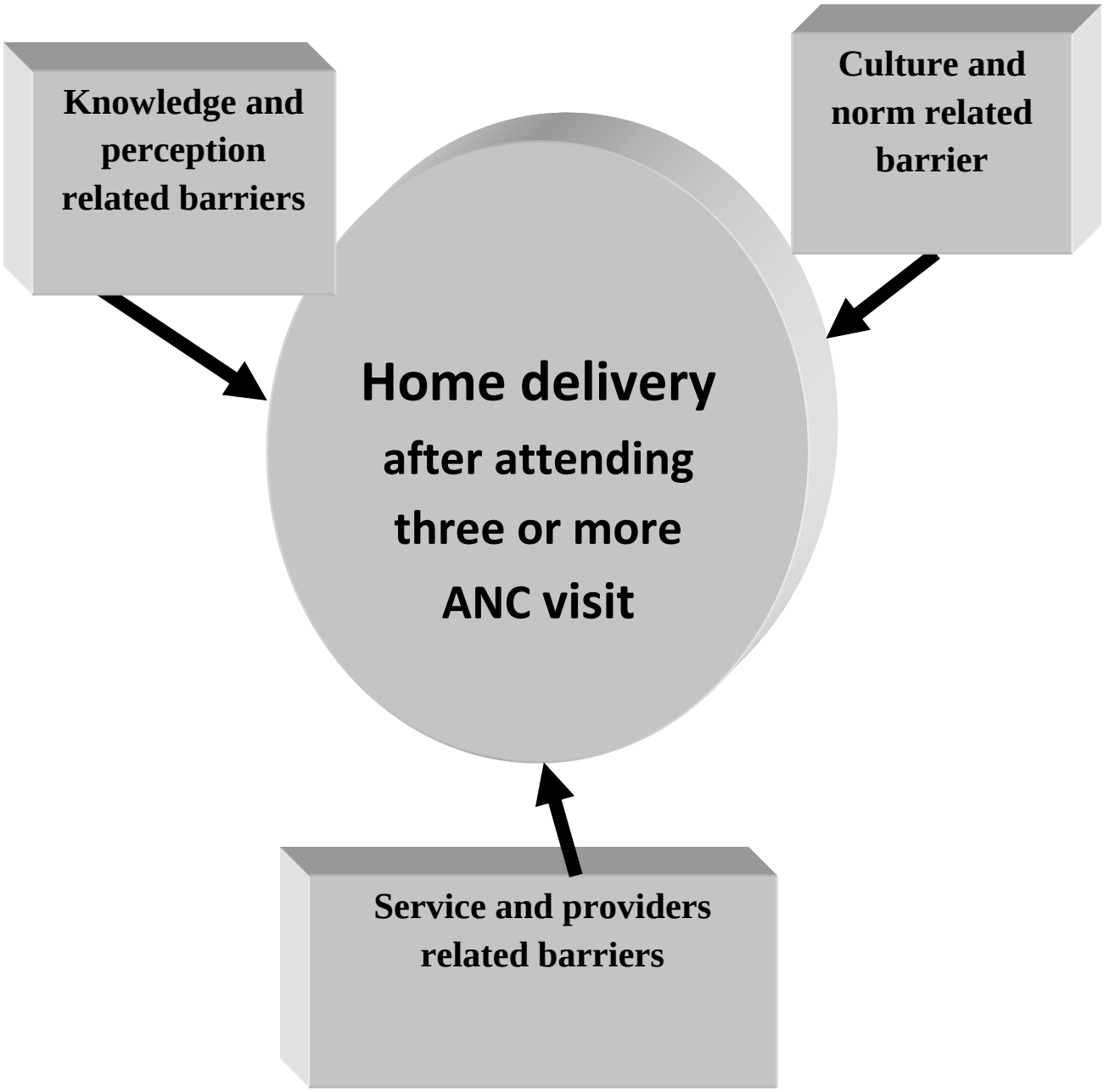



Figure 2 Summary of finding

## Major theme 01:-Knowledge and perception related barriers to health facility delivery care

### Sub-theme 01:-Lack of knowledge about labor and child delivery

Several key informants said that most of the peoples living in this area lack education ,have poor knowledge and wrong information concerning maternal health care service utilization was a reason for non-utilization of health facility for delivery. Most respondents explain that women did not prefer health facilities for childbirth because of a misunderstanding about the drawback of home delivery and the benefits of facility delivery until they faced severe complication thus women prefer home delivery with the help of TBA and other family members as illustrated below:

*"To keep my child healthy I was visiting ANC clinic and I already finished my follow-up and after all, there were no more problems will happen to me. Therefore I was preferred to give birth at home with my families" (IDI-24 years old women).*

This study also identified that all women understood maternal health care services but most women visit a health center or health posts if complications occurred. These opinions are highlighted in the following quote:

*"Interestingly, in this community, women do not necessarily choose to travel into a health facility for childbirth; they were preferred to go there (health facility), if they faced a strong health problem. For example if women are exhausted and bleed more." (KII-39 year's old WDA leader)*

### Sub-theme 02:-Low risk perception about labor and delivery

This study revealed that low-risk perception of labor and delivery among women and relying on previous delivery experience are barriers for facility delivery service utilization. Women who had home delivery after attending three or more ANC visits have unanticipated perceptions concerning the risk of home delivery. The non-existence of delivery complications and delivery taking care of by their relatives or their nearby family was deterring women from the health facility childbirth.

Women who had home delivery and other key informants felt that when women deliver at home husbands feeling of blessing and self-confidence in the health of his wife and baby, and also he relies on previous successful home deliveries, therefore, women prefer home delivery to fulfill the need of her husband.

This quoted as:

"*Most of the time I was gave birth at home. My labor is not such a difficult and long. For your surprise I can give birth lonely." (IDI, 35-year-old Female)*

The other respondent articulate

*"I gave birth at home because my labor was very immediate and easy. I don't have enough time to go health center and I never worried. Nothing happened to me as usual." (IDI, 24-year-old Female)*

This study also showed a spouse of participation woman's wrong perception and lack of knowledge about maternal health care services as a source of a barrier to use delivery service. As defined by most male respondents, ANC visit is suitable for the pregnant mother but facility delivery is not obligatory because previous home delivery has been successful so it is needless to go to the health center for childbirth. One male respondent quoted as

*"My wife is qualified enough to give birth at home. She has delivered at home four times without any difficulty. So facility delivery is unnecessary." (KII, 58-year-old Male)*

## Sub-theme 03:- Perception of bad care

Women and other family's perception of bad care hindered women from the health facility childbirth. As indicated by this study having little knowledge, perception of ignorance by health care providers, and care is given by male health providers found to be the reason for home delivery. Husbands make out little knowledge about the details of care during childbirth hence they had a negative outlook towards facility deliveries especially on the concern of the service provider's gender.

Participants said that health care providers don't allow them to get into labor wards and they didn't give actual information for them. Therefore, they didn't know what happen with their wife and they believe that health care providers at labor wards hidden the laboring mother because of lack of skills in child delivery and they were trying to hide their mistake.

One key informant stated,

*"... man may touch the bodies of my wife so I do not send my wife to the health center for childbirth……..Nurses doing anything on laboring mother but they didn't receive punishments therefore my wife may suffer this problem. KII, 43-year-old male)".*

Another key informant said that,

*"They surround my wife and they don't let me see her when she gives birth .... Close doors in front of us and male providers touch my wife body without my permission and I worried about the health of my wife and my baby so I didn't let her" (KII, 50-year-old male).*

## Major theme 02:- Cultural and norm related barriers to health facility delivery care

### Sub-theme 01:- Refuse to comply on decision making

Support provision of husband, relative's, neighbor, and TBAs around the laboring women during labor was found to be an obstacle for women for facility childbirth. Despite the woman have a desire for health facility delivery; she should not support by the family members and neighbors since they were opposing her decision on childbirth. This study found that a husband of women, family members, and neighbors decided the place of delivery. The participants described that even if women preferred delivery at a health center; she delayed reporting of labor pain for those peoples around her because of dominant influence on her so she didn't get early care from the health facility. One of the respondents stated,

*"Yes, I feel prepared to give birth in a health center. My labor was not such painful. It lasted for two days. But my family said she would give birth soon… nodding……. keep saying this for two days, after this, I give birth at home." (IDI, 30-year-old female).*

As shown by this study husbands have too much power towards women pertaining to deciding about the place of childbirth. Non-involvement of women on a decision and culturally considering men as responsible to make the decision was another barrier for utilization of facility delivery. Therefore, women are not in the position to make a decision on the preference of place of delivery.

Unlikely one respondent avowed that the place of childbirth was settled by together with her husband and he had been supporting her to have facility delivery.

*"Smile……. We always discuss how children could be cared for, how can I keep my baby healthy, and how, when, and where to give birth. He also discussed with his families and they were supports our decisions so I didn't face challenges regard to the place of childbirth."(IDI, 24-year-old female)*

## Sub-Theme 02:- Gender role and social pressure

Domestic activities, additional responsibilities of women, number of kids in the household and lack of trustworthy peoples was setback laboring mothers to seek care or to decide to receive delivery care in a health facility as indicated by respondents. Some women argued that domestic chores including taking care of children's in the family hinder from giving birth in a health facility in view of the fact that the number of kids in the family was greatly affected the final decision of mothers. So they focus on domestic activities rather than labor pain and then sudden labor will occur and she pushed to give birth at home. This highlighted in the statement below:

*"I was feeling labor pain, but I have been engaged in caring of the rest of four children. Sudden childbirth was occurring." (IDI, 24-year-old Female)*

Other woman's state as,

*"Nodding…… Who will take care, my children? When I go to a health center for delivery" (IDI, 35-year-old Female)*

## Sub-theme 03:-Traditional beliefs' and practices

This study found that community beliefs on shared cultures and taboos practiced for several years were the reason for women's home delivery. All participants of this study agree that attending childbirth at home with a traditional birth attendant or other relatives is a cultural and normal circumstance. Most women accept it because their elders relied on traditional birth attendants other than health professionals and believe in traditional birth attendants. Thus women were beliefs what their elder's beliefs and chose home delivery. One participant quoted,

*"We believe in her because she takes care of us, our father and mother believe in her, she had known what we won't and understand our feelings easily". (IDI-35year old female).*

Other female respondents strengthen this thought as,

"*She is competent. She reads my feeling from my eye. I'm aware of the importance of hospital delivery but I always rely on her (TBAs)" (IDI, 35year old female).*

The other respondent also seconded the reason for home delivery as,

"*She never falls to take care of my children so we choose her (TBAs)to take care of my wife". (KII, 40year old male).*

The community members also believe that childbirth at home is considered as blessing for the baby and the family. Even if she experiences facility delivery before, she has place facility delivery as the second option for childbirth. Women in this community believe that attending childbirth in health facilities is perceived as disobeying the law of their culture and afterward women fair of the curse of elders in their village. The following quote illustrates this underlying view.

*"Likewise, I was decided to deliver at a health facility but I fear off. Because I give birth, my second child in a health facility that's why he suffers ear problems due to curse of elders"(IDI, 24year old female).*

On the other hand, women believe in a home remedy than health facility treatment provided for laboring mothers because remedies are prepared and given by their beloved, nearby, and easily available community members or family members. Therefore, they believe that if the laboring mother gets treatment from home, no complication will happen hence home delivery doesn't have a risk and most of them rely on traditional healers than health care providers. One man quoted as,

"When *my wife stays at home, I feel free and she has been delivered safely because she gets medicines nearby for pain relief "(KII, 58-year-old Male)*

## Sub-theme 04:- Socioeconomic inaccessibility

Government health facilities were free of charge for delivery care services but women asked to pay or to buy some products outside the health center and charged for ultrasound service in private clinics. Hence a woman with low income impedes access to health care facilities even though the services are free. The problem posed by the participants was about financial constraints which are correlated with the accidental onset of labor, making it difficult to reach the health center due to lack of money for transport and other expenses especially if the labor occurs during the nighttime.

*"I went to the health center for giving birth at night at 6 o'clock. I couldn't give birth and they referred me to Alemgena higher health station. I have no money to give birth there. We went back to our home to find some money. While I come back home to find money, I gave birth at home. (IDI, 36-year-old Female*

The other problems repeatedly mentioned by most of the respondents as barriers to facility-based childbirth care utilization were unavailability of transportation and expenditure for transportation whilst improved care is critical for laboring mothers. If a woman having difficulty in labor, and the new baby develops a complication, the nearby health centers refer them to hospital for better management. In this case, women back to her home and deliver their due to lack of money for transportation as the government does not provide transportation for referral cases.

On another hand in this community women are dependent on the income of her husband so that they lack money for each fee request in health facilities. To be free from this cost she prefers home births with little and acceptable cost as captured in the following quote:

*"We pay more when we refer to Addis Ababa Gandhi Hospital and infrequently there was a lack of drugs at the hospital pharmacy and send us to get it from drug shops afterward they ask me three folds than the hospital. So I do not have money to pay for added expenditures". (IDI, 30-year-old Female)*

## Major theme 03:- Health Service and health care provider related barriers to health facility delivery care

### Sub-theme 01:- previous labor and delivery experiences

As this study identified, women's previous health care experiences concerning labor and childbirth influence the decision making of a place of delivery. The study found that pregnant women did not attend at the facility during delivery as the health care provider's attitude, care they provided, and the response they gave for client need was poor. As described by the quote, women fear to have childbirth in the health facility.

*"Doctors (caregivers) didn't help us while in labor. During my third childbirth, I was falling to the wall because the doctor (caregiver) leaves me alone in the coach and I want to void my urine then I was shouting a lot but no one helps me. When I was trying to get up, I fell into the wall." (IDI, 36-year-old female)*

The study also found that bad care provision of health care providers during previous childbirth of women and other relatives create a bad image to others and become a reason for home delivery.

One female respondent supported this idea by mentioning,

"*Nurses were carless during suturing. My cousin has been delivered at a health center and her suture still pains full and untie. So I'm scared to go there" (IDI, 24-years old female).*

### Sub-theme 02:- Health Service and Provider related barriers

Women in this study had awareness of the benefit of SBA however the level of quality of service provided in health facilities and the existence of poor patient-client interactions put a negative image towards facility delivery. Women development army leader quoted after a long silence.

*"…….. We apparently and repeatedly teach pregnant mothers to give birth at a health facility but they always deny. Because most laboring women believe that health care providers lack skill in caring for childbirth" (KII, 48-years old women development Army leader).*

Other key informant supports this suggestion and quoted as,

"*To tell you the truth, women fear to choose facility delivery for the reason that the subsistence rumors in the community about health center. Like health professionals lack experiences, disrespect the laboring mother, misstreatment women with severe pain and so on…." (KII- 45 years old WDA leader).*

Poor delivery care provision for maternity care providers were also another reason encouraging home delivery for the families of laboring women. The poor attention for laboring mothers, disrespect, and non-openness of maternity care providers has been to create a bad image among her families and relatives. The male respondent suggested that.

*"I just want to take my wife to the Health Centre and try to plan and prepare essential materials for her. In the middle of the time, I was recall something about the health center (Disrespect and poor attention for laboring mothers) then I pushed her to deliver at home ,"(KII, 46years-old male).*

In contrast to this claim, this study was found that health care providers were getting enough training on delivery care, acquiring good skills, and providing quality maternity care for all women. Though there were rumors come out by somebody else.

These are delivery care is assisted by students who are not properly trained and lack skills; there is a lack of drugs so they can't treat the laboring mother and the baby properly and also health care providers lack experience so that they will refer the laboring mother to the hospital for surgery (cesarean delivery).

Quoted as.

*"I guess….The rumor is a rise by the traditional birth attendants themselves. Therefore, women deter from facility delivery based on this rumor" (KII, 40-year-old M.director)*

Poor provisions of ANC, nonappearance of birth preparedness among women, and a long stay in a health center for ANC visit were also established by this study as another reason for anticipating home delivery. Most of the participants mention sudden labor, lack of preparation for childbirth, and the delay of the ambulance were lead women to home delivery.

*"My husband was fuming with me because I stayed for a long time in health center during pregnancy follow up (ANC visit). To keep away from this situation, I was decided to give birth home "(IDI, 30-year-old Female).*

Dissimilarly to this, the existence of proper education on birth preparedness and complication readiness during ANC follow up in the health center was identified by this study. This was assured by the medical director of the health center.

## Sub-theme 03:- Infrastructure and supplies related barriers

Inadequate drug supply and poor infrastructure of the health center were additional barriers to deny health facility delivery among women attending three or more ANC visits. This is principally linked to an absence of vaccines for children and women and other essential drugs in the health center.

*"Most of the time health caregivers complain that there is no enough medication for patients. Last time (during pregnancy) I didn't get vaccination like other neighbors. Nurses complain that there is a lack of vaccine so I realized that there will be no medications for delivery." (IDI, 24-year-old Female)*

Furthermore, this study was found a lack of health care providers in the health center, high client flow, inadequate delivery equipment, delayed receiving of drug supplies, lack and stricture of delivery rooms as a reason for non-utilization of health facility for childbirth. This is boldly indicated by the majority of key informants.

One of the key informants from health post quoted as,

*"……. So that she is not satisfied. For example, the health center has only two coaches, so no spacing was provided for her when the third laboring mother comes and forced her to wait. Thus, women prefer to give birth at home. In addition to this lack of goods is not only a problem of the health center but also our problem. We were sometimes encountering a complete shortage of commodities from zone". (KII, 28-year-old Health extension workers)*

*Other male respondent quoted as,*

*"Health care professionals are boredom to provide health care service because of high patient flow. Due to this, clients complain that the health center doesn't have good treatment. There is generally a shortage of health professionals. Hence members of the community do not get actual treatment." (KII, 40-year-old M.director)*

Additionally, non functionality or incorporation of emergency obstetric services in the health center, lack of emergency drugs, deficiency of coach, absence of a separate room for emergency maternal health care management, lack of training among health professional on emergency obstetric care, and ineffective referral systems from the community to the health care facility were barriers of facility delivery services. The participant illustrated below

*"Emergency service is available, but it doesn't fit the standard. Especially emergency drugs supplies were inadequate."(KII, 40-year-old M.director*

Women and other community members have participated in this study had awareness on emergency call for laboring mother though the shortage of ambulance in some area, longer ambulance waiting time, the nonresponsive of call for an ambulance and lack of ambulance driver was found by this study as a barrier for women that hinder from health facility delivery.

In this regard, a woman said that,

*“When my labor was started, I was engaged in domestic work and then I tried to call the ambulance, but it couldn't reach on time. That is why I wasn't able to give birth at the health center. (IDI, 35-year-old Female)*

The majority of the key informants and women who had home delivery after attending three or more ANC visit highlighted that the health center has ambulance service but ambulances were not transporting women to the health center or refused to transport the laboring mothers due to several conditions which are not known by the communities.

*"No, it's completely different; I had been given birth at the health center and it was nice. But I couldn't repeat that during recent childbirth because of the ambulance delay. I don’t know why this happens. We already call to the ambulance “(IDI, 24-year-old Female)*

Other male respondents add a suggestion,

*"They give us the number of ambulances, but not functional. So why they lying to us” (KII, 41-year-old male)*

The large catchment population of kebeles, few ambulance drivers, and unfair distribution of emergency ambulances were as well identified as a barrier by this study for home delivery. Quoted as

*“It covers a large catchment population. In the first place, it includes 26 kebeles and other adjacent kebeles which were also covered by Tefki health center. Although we have been received different emergency calls we couldn’t meet their request”. (KII, 28-year-old Female health extension worker.*

## Sub-theme 04:- Geographic and distance-related barriers

This study ascertain that geographic imbalances of a health center and health posts, as well as referral hospitals, play a major role in reaching maternal health services mainly for delivery services. As pointed out by most of the respondent's long distance to referral hospitals, lack of transportation to the referral hospital, inaccessability of health institution within a short distance, limited the number of government health facilities in this area, and inaccessibility of private hospitals or clinics were found as a reason for home delivery. This deters women from health facility delivery. The female respondent illustrated that.

"*Feeling sad….I had lost my child because it is far away from home so I can't get transport to a hospital for referral" (IDI, 30-year-old Female)*

In addition to this poor road along with the dweller to the health center especially during the night time and rainy season was identified by this study as a reason for home delivery even though women have a desire to give birth in the health facility. In this context, respondent quote as,

*"I gave birth to my third child on the second day of a religious holiday and there was muddy and heavy rain. That day, my husband asks my neighbor to help me to give birth. I told them to call the ambulance even though it was delayed but I gave birth home because the ambulance was not there and I can't go on my own." (IDI, 35-year-old Female)*

# 6. Discussion

This study was set out to explore why women attending three or more ANC visits delivered at home in Sebeta Hawas, a special zone of Oromia.

The wide range of study participants (e.g. Women who had home delivery after attending three or more ANC visits, health extension workers, health care administrator, Spouse, women development army leaders, and traditional birth attendant) mentioned several similar reasons why women prefer home delivery after attending three or more ANC visits. These include; poor knowledge towards maternal health care service, low-risk perception, perception of bad care, refuse to comply on decision making, gender role, and social pressure, traditional beliefs and practice, socio-economic inaccessibility, previous labor, and delivery experiences, health service and provider-related barriers, poor infrastructure and supply, poor roads and long-distance.

The findings of this study also provided an insight into the contextual factors that lead women to choose home delivery after attending three or more ANC visits within the availability of maternal health services in Sebeta Hawas. This study illustrated that there are other health systems, environmental, and social-cultural factors that need to be addressed to improve acceptability and use of facility-based delivery services.

Our findings suggest that most women in Sebeta Hawas lack the knowledge and have a misconception about facility delivery which is considerably related to the utilization of skilled delivery services. This finding was in line with other studies that were done in Uganda, Kenya, Ethiopia, Bangladesh, and other developing countries (26, 38-40). The reason could be low education, lack of women empowerment in an attempt to increase autonomy and self-confidence to build competency to identify the benefits of facility delivery their own and to keep their family's health. Almost all mothers are illiterate, though some had changed their perceptions through community health extension workers. The majority of them still did not change their perception of labor and delivery. They had a low-risk perception of home delivery. This might be due to their previous experiences of home delivery and women may not suffer complications during a previous home delivery. Therefore they will have low-risk perception concerning labor and delivery based on her or others' past childbirth experience like easy labor, sudden childbirth, visiting health facility is unnecessary, successful home delivery before and competency of self childbirth care could hinder women from health facility delivery. This finding is consistent with other studies (41-47).

Moreover, this study shows that the wrong perception of women, husbands, and other neighbors towards health care providers also deter women from health facility delivery. This study is similar to other studies' findings (48-50). This might be women or husband or other family members perceive that health care providers at the health center will provide bad care for women. This is due to a lack of knowledge about health care services provided to laboring mothers in the health center.

Our findings point out that most women who had home delivery regarding the decision-making process on the preference of place of delivery and use of TBAs, most respondents believed that husbands and the family members are the main decision-makers. Three spouses out of four in our sample accept that place of delivery decide by themselves and also discussed with families and neighbors. This is similar to studies conducted in different parts of Ethiopia and Kenya that women are under the power to make a primary decision (38, 40, 51, 52). This might be due to women are economically dependent on their husbands and also in this study area husbands are considered as superior in decision making concerning the place of delivery.

Our finding suggests that domestic chores deter women from facility delivery. Respondents indicated that women most of the time engage in domestic chores and have responsibilities for preparing food, cleaning the house, and take care of children. Therefore, she could step back from facility delivery because there is no one responsible to save guard children and fulfill household tasks. Hence it is a key factor inspiring women to give birth at home. This study is in line with the studies conducted in Uganda, Romberg south Sudan, and review was done in low and middle-income countries (30, 53, 54). This could be the reason that women engage in domestic activities and tolerating labor pain and hesitating to reach a health center so they gave birth at home.

Our findings show that various socio-cultural practices and beliefs also influence women and to choose to give birth at home and seek the services of TBAs. For instance, our finding suggests that despite being informed about the risks associated with pregnancy and childbirth, as well as complication of home delivery without a skilled birth attendant, culture and norms of the community deter women from attending health facility delivery such as home delivery considered as culture, home remands are better than modern medicine and they fear of curse of elders if they deliver in health facilities. The finding of this study is consistent with the study conducted in four regional states of Ethiopia and Tanzania (55-57). This might be due to families or neighbors were around the home to support her and then influence her choice of place of delivery based on their culture and belief.

This study reviles that women were hindered from health facility delivery as a result of poor health care received during a previous labor and delivery care in health facilities. This finding was agreed with studies done in Ghana (56), Ethiopia (28), and Sudan (30). Women's past health care experiences like a long stay in the health center, delivery care given by more than one caregiver, violent conditions, and severe pain during episiotomy have a positive or negative influence on decision making of preference of place of delivery. This could be due to women depend on past childbirth experiences and fear not to suffer previous health problems which have been occurred to her or other relatives. Besides, this study identified the common rumors that deter women from health facility delivery some rumor mentioned by a majority of participants were delivery care is assisted by students who are not properly trained and lack skills, there is a lack of drugs so they can't treat the laboring mother and the baby properly and health care providers don't have proper experience so that they will refer the laboring mother to the hospital for surgery (cesarean delivery). This result is consistent with other studies (58-60). Likewise study showed that financial limitations were major constraints that prevent community members from accessing and using trained delivery attendants and institutional deliveries. Despite maternal health care services are fee free, having low resource is a big challenge for women live in poverty and highly influence her decision on place of delivery. Women were expected to pay for transportation to the facility, and other costs related to treatment at the health facility especially when the laboring mother refers to higher hospitals. So that women could lag to attend facility delivery. The finding of this study is consistent with other studies (25, 44).

Furthermore, this study also indicated that poor attitude of health care providers which is labeled as disrespect; mistreatment, and negligence towards women who come to the health facility for health care service were recognized as a key barrier to the use of delivery services by the women who had home delivery after attending three or more ANC visits. Several studies demonstrated that health care provider's quality of care or the way of providing care is the key to women seeking care at a health facility (9, 63-65). Consistent with other studies the unwelcoming attitudes of health workers towards mothers may discourage institutional delivery services (39, 49, 66).

This study points out that the availability of emergency services, drugs, and a maternal health care facility determines women's utilization of health facility delivery. As a majority of participants claimed that when there was a sudden onset of labor or labor that starts at night, getting to a health facility was a very difficult situation therefore women choose to give birth at home.

This study in line with other studies which shows the challenge for obtaining transport or ambulance service and shortage of emergency means of transport for laboring mother to a health Centre, especially when it happened at night and when sudden labor occurred and also ambulance delay was boldly mentioned as a major factor for home delivery.(38, 59, 67-70). This might be due to the laboring mother was forced to give birth at home as a result of lack of transportation to a health facility. If there was no option for childbirth in a health facility, women prefer home childbirth with close relatives or traditional birth attendants.

This study also shows geographical imbalances of a health center and health posts, as well as referral hospitals as a determinant for facility delivery. Poor road conditions, inability to access and afford safe transport options, as well as the burden of distance and inaccessibility of hospitals particularly during the rainy season could limit women's abilities to access and utilize care at the health facility during childbirth. This is similar to other studies. (70, 71).

Consistent with other studies this study indicated that poor quality of care and health facility incompetency to provide the standard care like poor health infrastructure, inadequate supply and lack of human resource, as well as a shortage of trained health professionals, was hinder women from health facility delivery (50, 72). And also non-functionality or incorporation of services that relate to emergency management in the health center. For example lack of ambulance, lack of emergency drugs, deficiency of coach, lack of room for emergency maternal health care management, and professional poor skill in emergency management also identified by this study as a challenge for women to attend skilled delivery care after consequent ANC follow up. This is similar to other studies (29, 62).

## 6.1. Strength and Limitation of the Study

### 6.1.1 Strength of the study

- Descriptive research can provide an in-depth view of any topic we might want to study and the level of detail that we can find in descriptive research is extremely valuable.
- The study participants used in this study are those women who delivered in the last 12 months to minimize recall bias
- Concerning attendance of ANC visits in their last pregnancy was a facility-based report (health extension workers from health post)

### 6.1.2 Limitation of the study

- The findings are based on qualitative data only, so they cannot be generalized.
- The factors that hinder women from facility delivery are context-specific, thereby limiting the transferability of the findings

# 7. Conclusion

The study finding showed that various factors played an important role in influencing women utilization of skilled delivery services after attending three or more ANC visits:-this are knowledge and perception barriers, culture and belief related barriers, and health service and health care provider related barriers. This indicated that women had ANC visits three or four times but the mention barriers deter women from attending deliver care services. Understanding the factors hindering women from facility delivery helps to make clear why women deliver at home after attending three or more ANC visits and this finding can be used to notify the development of policies and programs intended at increasing the number of women who go to deliver in a health facility.

# 8. Recommendations

Based on the finding of this study the following recommendations were forwarded.

## To stack holders

- Concerned stack holders (zonal education beraue, woreda education office, woreda health office, woreda gender office, youth center) at each level and non-government organizations should give great emphasis to education and communication as well as empowerment of women since education has played a preeminent role in the utilization of institutional delivery service.

## To health care service providers

- ·Health workers should make every effort to assure service quality and focus on awareness creation concerning the importance of facility delivery and also health care providers should strengthen interactions with their patients.

## To local health sector officials

- ·Zonal maternal health department, Woreda health office, health centers and health post in each kebele should work jointly to reinforce in-service training on the issues of emergency obstetric management and to advance patient-provider interaction and friendly approach to promote suitable service delivery to all to build up the confidence to use delivery service.
- Program managers should work on quality improvement initiative and try to implement at each level.
- Emergency ambulance service should be functional to all segments of the population through evaluating the underline causes of ambulance delay.

## Researches

- Further mixed study should be conducted to explore barriers of facility delivery among women who had home delivery after attending three or more ANC visits.

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# 10. Annex

Annex -01 English Information sheet, consent form, and interview guide

A. Information sheet to explain participation in individual interviews

to explore why women deliver home after attending three or more ANC care visits in Sebeta Hawas.

1. Invitation

   The Addis Ababa University would like to invite you to participate on this study of that explore why women's deliver home after attending three or more ANC visits .Funded by Addis Ababa University.

2. What is the purpose of the study?

   We would like to explore the reasons why some women still give birth at home after receiving three and more ANC and also to assess the prevalence of home delivery .So that we can understand how it occur and what could be improved.

3. Do I have to take part?

   Participation is voluntary; please feel free to decline to participate.Refusing to participate will not have any negative consequences. You can refuse to answer any question I ask or stop the interview at any time. You do not have to give a reason to refuse to take part, skip a question or to stop the interview. If you decide to stop the interview you can tell me what you wish to happen to any information you provided.

4. What will happen to me if I take part?

   If you agree to participate, you will be interviewed by me, the fieldworker, at a time that is convenient to you. We will find a quiet place for the interview, which will take about an hour. If you agree I will take notes and tape record the interview, these will be stored securely and destroyed after the study is completed. If you do not want your voice to be audio-recorded, written notes will be taken instead.

5. How will the recording be used?

   The recording is only to help me remember all that was discussed. If you agree to the recording the interview, I will keep the recording secure and no one outside of me will have access to it.

6. What are the possible benefits of taking part?

   Taking part in the study may not benefit you directly, but may help us understand how to improve the utilization of maternity service (ANC, Delivery and PNC). We do not pay people for being interviewed.

7. Will my taking part in this study be kept confidential?

   I will keep everything you say confidential by not writing your name on my notes, storing the notes and recordings securely.

8. Limits to confidentiality

   The only time we would break your confidentiality is if during our conversation I hear anything which makes me worried that someone might be in danger, I might have to inform someone about this. We would inform you we felt this was necessary.

9. What will happen to the results of the research?

   The results of this study will be disseminated through research papers, conference presentations, reports or workshops. If the study team reports your opinions or ideas, your name will not appear and we will make sure that you cannot be identified. The information you provide may be used by others for future research and also may be help full for policy maker.

10. Contact for further information

    For more information, you can contact Ms Elzabeth Seyoum; you can also contact her if you have any complaints about the study.

    MPH second year student, RPFH track
    School of Public Health, Addis Ababa University
    E-mail elzabethseyoum@gmail.com
    Tele: +251913632634/0917554030/0913430718

## B. Consent form

Title of Research: Why women's delivery at home after attending three or more ANC visits in sebeta surrounding fin fine.

Investigators: Ms Elzabeth Seyoum (Addis Ababa University)

For more information contact: Ms Elzabeth Seyoum (Tel: +251913632634)

Thank you for considering taking part in this research. Please let me know if you consent to each element of the research that I will now read out:

Now I would like to formally ask you to participate. If anything was unclear or you would like more information, please ask me. I want to be sure you are taking part because you want to, so I am going to ask you to sign a form that says you agree to take part. I will read you the form and then ask you to sign. The signed form will be kept separate from your recording and will be locked away just after the interview. If you do not want to participate that is OK, just let m*e* know

Are you volunteer to participate? Yes---------- No----------

| | | |
|---|---|---|
| | I confirm that I have read the information sheet and/or have been given a clear explanation of the study and have had the opportunity to ask questions which have been answered to my satisfaction | |
| | I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason, and if I decide to withdraw, any personal data I have provided up to that point will be deleted unless I agree otherwise. | |
| | I understand that all personal information will be kept confidential and that all efforts will be made to ensure I cannot be identified. | |
| | I understand that I will not benefit directly from this study or from any possible outcome it may result in the future. | |
| | I am happy for the interview to be sound recorded, and if I am not happy with this written notes will be taken instead. I understand that these recordings and notes will be destroyed when the interview has been transferred to computer. | |
| | I am happy for you to write about what I have said during our interview in reports, on the understanding that you will not reveal my identify | |
| | I am happy for you to include quotations from this interview in reports, on the understanding that I will not be able to be identified from these quotes | |
| | I am happy for the information I provide may be used by others for future research | |
| | I consent to be interviewed | |

Please tick all boxes that apply:

Researcher Name (in BLOCK CAPITALS)

Signature Date

Interviewee Name (in BLOCK CAPITALS)

Signature Date

**C. English Interview guides for women's and key informants**

## A. In-depth interview guide for women's (IGHD-ID01)

### Socio-demographic and interview information

1.1 ID _____ 1.7 Age_____

1.2 Interview date _____ 1.8 Age at first pregnancy and marriage

1.3 Interview start time _____ 1.9 Number of children__

1.4 Interview end time_____ 1.10Educational status_____

1.5 Interviewer code _____ 1.11Martial status_____

1.6 Tape recording number _____ 1.12 Number of pregnancies___

1. When somebody is ill, what do you do?

   Probe: - Normally, where do you go for treatment? When and why? Do you go to a traditional or Spiritual healer? When and why? What treatment do they give you?

2. Where is the nearest health centre/health post?

   Probe:-How do you get there? How long does it take to get there? Do you have to pay for treatment? If so, is it difficult to pay for treatment? Does it give good treatment? What conditions does the health centre/health post treats best?

3. Where do you usually go to seek maternal health services and why?

4. Where do most women you know give birth? Why?

   Probe:-Where do you think it is better to give birth? Why? Why do women go/not go to a health centre to give birth?

5. What do you think about giving birth at home? Whom do you prefer to conduct your delivery and why?

6. Did here women's deliver at home after attending ANC visits? Why?

7. If you prefer informal providers like TBA or other family members, then, why?

8. In your opinion, what are the reasons that lead you to receive delivery care from TBA or other relatives? If you prefer other than TBA, then why?

**9.** Is there any issue you would like to raise, anything we have note touched upon that is important to discuss

Thank respondents for their time

**Additional note for interviewer:** where interview takes place, interruption, mood, openness and engagement

**Reflection about your selves;**

- Were you happy with how you conduct the interview? Were you at ease?
- If you did it again would you do anything differently?
- Anything else worth remembering about this interview?

## B. In-depth interview guide for Traditional Birth Attendants (TBAs) (IGHD-KII02)

### Socio-demographic and interview information

1.1 ID _____ 1.6 Age _____

1.2 Interview date _____ 1.7 Educational status

1.3 Interview start time _____ 1.8 Occupational Status

1.4 Interview end time_____ 1.9 Interviewer code

1.5 Tape recording number _____

1. What are the specific health services that you provide to pregnant women in this area?
2. From your observation, where do most pregnant women usually go to conduct delivery? If you think that most women prefer home delivery then what could be the possible reasons behind it?
3. If you think that most women prefer facility delivery then what could be the possible reasons behind it? And if they do not prefer facility delivery, why not?
4. In your opinion, why do women conduct delivery at home by you?
5. Did here women's deliver at home after attending ANC visits? Why?
6. Why do not they conduct delivery at health facility?
7. Is there any issue you would like to raise, anything we have note touched upon that is important to discuss?

Thank respondents for their time

**Additional note for interviewer:** where interview takes place, interruption, mood, openness and engagement

**Reflection about your selves;**

- Were you happy with how you conduct the interview? Were you at ease?
- If you did it again would you do anything differently?
- Anything else worth remembering about this interview?

## C. In-depth interview guide for Husbands of participant mother (IGHD-KII03)

### Socio-demographic and interview information

1.1 ID _____

1.2 Interview date _____

1.3 Interview start time _____

1.4Interview end time_____

1.5 Interviewer code _____

1.6 Tape recording number _____

1. From your observation, where do most of the pregnant women usually go to conduct delivery in your area?
2. If you think that most women prefer home delivery then what could be the possible reasons behind it? If you think that most women prefer facility delivery then what could be the possible reasons behind it? And if not prefer then why don't they prefer facility delivery?
3. In your opinion, why do women conduct delivery at home by TBA or other relatives? Why do not they conduct delivery from skilled or qualified provider?
4. Is there any issue you would like to raise, anything we have note touched upon that is important to discuss?

Thank respondents for their time!

**Additional note for interviewer:** where interview takes place, interruption, mood, openness and engagement

### Reflection about your selves;

- Were you happy with how you conduct the interview? Were you at ease?
- If you did it again would you do anything differently?
- Anything else worth remembering about this interview?

## D. In-depth interview guide for Women Development Army (WDA) Leader (IGHD-KII04)

### Socio-demographic and interview information

1.1 ID _____

1.2 Interview date _____

1.3 Interview start time _____

1.4 Interview end time_____

1.5 Interviewer code _____

1.6 Tape recording number _____

1. What are the specific health services that you provide to pregnant women in this area?
2. From your observation, where do most pregnant women usually go to conduct delivery? If you think that most women prefer home delivery then what could be the possible reasons behind it?
3. If you think that most women prefer facility delivery then what could be the possible reasons behind it? And if they do not prefer facility delivery, why not?
4. In your opinion, why do women conduct delivery at home by you?
5. Why do not they conduct delivery at health facility?
6. Is there any issue you would like to raise, anything we have note touched upon that is important to discuss?
7. Is there any issue you would like to raise, anything we have note touched upon that is important to discuss?

Thank respondents for their time!

**Additional note for interviewer:** where interview takes place, interruption, mood, openness and engagement

**Reflection about your selves;**

- Were you happy with how you conduct the interview? Were you at ease?
- If you did it again would you do anything differently?
- Anything else worth remembering about this interview?

## E. In-depth interview guide for Health care staff (IG-05)

### Socio-demographic and interview information

1.1 ID _____

1.2 Interview date _____

1.3 Interview start time _____

1.4 Interview end time_____

1.5 Interviewer code _____

1.6 Tape recording number _____

1. What are the specific health services that you provide to pregnant women in this area?
2. From your observation, where do most pregnant women usually go to conduct delivery?
3. If you think that most women prefer home delivery then what could be the possible reasons behind it?
4. If you think that most women prefer facility delivery then what could be the possible reasons behind it? And if they do not prefer facility delivery, why not?
5. In your opinion, why do women conduct delivery at home by TBA or other relatives?
6. Why do not they conduct delivery from skilled or qualified provider?
7. Is there any issue you would like to raise, anything we have note touched upon that is important to discuss?

   Thank respondents for their time!

**Additional note for interviewer:** where interview takes place, interruption, mood, openness and engagement

### Reflection about your selves;

- Were you happy with how you conduct the interview? Were you at ease?
- If you did it again would you do anything differently?
- Anything else worth remembering about this interview?

## Annex -02 Amharic translated Information sheet, consent form and interview guide

**A. የጥናቱ አጠቃላይ መረጃ በአማርኛ**

1. ተሳትፎ

   የአዲስ አበባ ዩንቨርስቲ በሰበታ ሃዋስ የሚኖሩ እናቶች የነፍሰጡር ክትትል ሶስት ጊዜ ወይም ከዛ ባላይ ካደረጉ በዉኃላ ቤት ላምን ይወልዳሉ የሚለዉን ላማጥናት ባዘጋጀዉ ጥናት ላይ እንዲሳተፉ ተጋብዘዋል፡፡ የጥናቱ አጠቃላይ ወጪ የሚሸፈነዉ በአዲስ አበባ ዩንቨርስቲ ነዉ፡፡

2. የጥናቱ አላማ ምንድን ነዉ?

   በዚህ ጥናት በሰበታ ሃዋሰ የሚኖሩ እናቶች የነፍሰጡር ክትትል ሶስት ግዜና ከዛ በላይ ካደረጉ በዉሃላ ለምን ቤት ዉስጥ እንደሚወልዱ በማጥናት በአካባቢዉ በየደረጃዉ ያሉ ችግሮችን በመመርመር እንዲፈቱና እናቶች የተሸለ የጤና አገልግሎት እንዲያገኙ ማድረግ ናዉ፡፡

3. መሳተፍ ይፈልጋሉ?

   በዚህ ጥናት ላይ የሚሳተፈዉ ፍቃደኛ የሆነ ብቻ ነዉ፡፡ ፍላጎቶን ለመግለፅ በነጻነት ይናገሩ. በጥናቱ ላይ አለመሳተፍ በእርሶ ላይ የሚያመጣዉ ምንም ዓይነት ጉዳት የለም. በጥናቱ ላይ ከተሳተፉ መልስ መስጠት የማይፈልጉትን ጥያቄ ማለፍ ወይም አለመመለስ ይችላሉ፡፡ እንዲሁም ደግሞ በማንኛዉም ሰዓት ቃለ መጠይቁን ማቋረጥ ይችላሉ፡፡ ጥያቄ በሚጠየቁበት ወቅት ምክንያት መስጠት ካልቻሉ ጥያቄዉን ማለፍ ወይም ቃለ መጠይቁን ማቋረጥ ይችላሉ፡፡ ቃለ ምልልሱን ለማቋ ረጥ ከወሰኑ ያሎትን ምክንያት ለኔ ያስረዱ፡፡

4. በጥናቱ ላይ ለመሳተፍ ፍቃደኛ ከሆንኩስ?

   በጥናቱ ላይ ለመሳተፍ ፍቃደኛ ከሆኑ ፣ቃለ መጠይቁን የማደርግሎት እኔ ወይም ሌላ መረጃ ሰብሳቢዎች ናቸዉ፡፡ ቃለ ምልልሱን ለማድረግ ምቹ ቦታ እናዘጋጃለን እናም የሚፈጀዉ ጊዜ ከ40 እስከ 60 ደቂቃ ነዉ፡፡ ፍቃደኛ ከሆኑ በቃለ-መጠይቁ ወቅት ማስታወሻ እይዛለዉ እና ሙሉ ቃለ ምልልሱ በድምፅ መቅረጫ ይቀረጻል፡፡ ቃለ መጠይቁ ካበቃ በዉሃላ ማስታወሻዉ እና የተቀረፀዉ ድምፅ ማንም ሊያገኝዉ በማይችል ቦታ ይቀመጣል፡፡ ቃለ ምልልሱ እንዲቀዳ ፍቃደኛ ካልሆኑ ቃለ ምልልሱ አይቀረፅም በምትኩ ማስታውሻ ይያዛል፡፡

5. የተቀዳዉ ቃለ ምልልስ አስፈላጊነቱ ምነድን ነዉ?

   የተቀረፀዉ ቃለ መጠይቅ የሚጠቅመዉ በቃለ ምልልስ ወቅት የተወያያየናቸዉን ጉዳች ለማስታወስ ብቻ ነዉ፡፡ ድምፅ እንዲቀረፅ ፍቃደኛ ከሆኑ ቅጂዉ ማንም በማይደርስበት ቦታ በአግባቡ ይቀመጣል፡፡

6. ጥናቱ ላይ በመሳተፍ የሚገኝዉ ጥቅም?

   በዚህ ጥናት ላይ በመሳተፎ በቀጥታ የሚያገኙት የተለየ ጥቅም ምንም የለም፡፡ ነገር ግን በጥናቱ ላይ በመሳተፎ በአካባቢያችሁ የሚሰጠዉን የእናቶች የጤና አገልግሎት(የቅድመ ወሊድ ክትትል፤ የወሊድ እና የድህረ ወሊድ)ለማጎልበት የሚረዳ መረጃ እናገኛለን፡፡ ቃለ መጠይቅ በማድረጎ የሚከፈሎት ክፍያ የለም፡፡

7. ትናቱ ላይ በመሳተፌ ሚስጢሩ የተጠበቀነዉ?

በቃለ መጠይቁ ወቅት የነበሩ ጥያቄዎችና ምላሾች ምስጢራቸዉ የተጠበቀ ነዉ፡፡ በማስታወሻም ሆነ በድምጽ መቅረጫዉ ላይ ስሞት አይጠቀስም፡፡

8. የሚስጢራዊነቱ ዉስንነት

   ሚስጢራዊነቱ ላይጠበቅ የሚችልባቸዉ ሁኔታዎች አሉ፡፡ ይህም የሚሆነዉ እርሶን ወይም ሌላ ሰዉን አደጋ ላይ የሚጥሉ ሁኔታዎች ወይም መረጃዎች ከተገኙ ብቻ ነዉ፡፡ ስለዚህ ያለዉን ሁኔታ ለሚመለከተዉ አካል ማሳወቅ ይኖርብናል፡፡ ነገር ግን ይህ ሁኔታ ከተፈጠረ ወዲያዉኑ እናሳዉቆታለን፡፡

9. የጥናቱ ዉጤት ምንድን ነዉ የሚሆነዉ?

   ጥናቱ ከተጠናቀቀ በዉሃላ የተለያዩ መድረኮች፤ ዉይይቶች ፤ ፕሮጀክቶች እና ኮንፍረንሶች ላይ ይቀርባሉ፡፡ በዉይይቱ ወቅት የሰጡት ሃሳብና መረጃ ሪፖርት ሲቀርብ ስሞት አይጠቀስም ስለዚህ ማንም ሰዉ ሊለዮት አይችልም፡፡ የሰጡን መረጃ በቀጣይ ለሌላ ጥናት አድራጊዎች መነሻ ይሆናል ከዚህም በተጨማሪ ደግሞ የጤናን ፖሊሲ ለሚቀርጹ ባለሙያዎች ግብዓት ይሆናል፡፡

10. ለበለጠ መረጃ

    ለበለጠ መረጃና ቅሬታ ካሎት ወሪት ኤልሳቤጥ ስዩምን ማናገር ይችላሉ፡፡


    MPH ሁለተኛ ዓመት ተማሪ, RPFH track

    የማህበረሰብ ጤና ትምህርት ክፍል, አዲስ አበባ ዩንቨርስቲ

    ኢሜል አድራሻ elzabethseyoum@gmail.com

    ስልክ: +251913632634/0917554030/0913430718

**B. የአማርኛ ትርጉም የጥናት ፈቃደኝነት መጠይቅ ቅፅ**

**እኔ---------- በአዲስ አበባ ዩኒቨርሲቲ የማህበረሰብ ጤና ክፍል የድህረ ምረቃ ተማሪ ስሆን እናቶች የቅድመ ወሊድ ክትትል ሶስት ጊዜ እና ከዛ ኖሯቸዉ ቤት ለምን ይወልዳሉ በማለት ጥናት እያካሀድኩኝ ሲሆን ዓሊማው የቅድመ ወሊድ ክትትል አገልግሎት በዉሀላ እናቶችን በጤና ተቋም ለመውለድ እንዲች የሚያደርጉ ምክንያቶች ምን ምንእንደሆኑ የሚዳስሱ ናቸዉ፡፡ስለሆነም ከእርሶ የምናገኝዉ መልስ ለተቋሙ ትልቅ አስተዋጽዎ ስላለዉ በጥናቱ ላይ እንዲሳተፉ በትህትና እጠይቃሆሁ፡፡ ጥናቱ ላይ አለመሳተፍ ወይም በማንኛዉም ሰዓት ማቋረጥ ይችላሉ፡፡ ለዚህም ከሚያገኙት እንክብካቤ ወይም አገልግሎት ምንም የማይቀንስ መሆኑን እየገለጽኩ ለጥናቱ የሚስጡት ሃሳብ ሚስጥራዊነቱ የተጠበቀ መሆኑን አረጋግጣለሁኝ፡፡ በተጨማሪም ጥያቄ ወይም አስተያየት ካሎት አሁኑኑ ወይንም በ0913632634 ኤልሳቤት ስዩም ብለው በመደወል መጠየቅ የሚችሉ መሆኑን እገልጻለሁ፡፡ በጥናቱ ሊይ ለመሳተፍ ፈቃደኛ ነዎት? 1.አዎ 2.አይደለሁም**

**አዎ ካለ በጥናቱ ላይ ስለተሳተፉ በቅድሚያ አመስግናለሁ ወደ ቃለ መጠይቁ፡፡**

**አይደሆሁም ካለ አመሰግናለሁ፡፡**

**ቃለ -መጠይቅ አድራጊዉ ፊርማ _____**

**ቀን_____**

**C. Amharic Interview guides for women's and key informants**

## ሀ.ቤት የወለዱ እናቶችን ቃለ መጠይቅ ማድረጊያ -ቅፅ (IGHD-ID01)

### ማህበራዊ መረጃ እና የቃለ-መጠይቁ መረጃ

1.1 መለያ ኮድ _____ 1.7 እድሜ_____

1.2 ቃለ-መጠይቁ የተደረገበት ቀን _____ 1.8 ስታገባና ለመጀመሪያ ግዜ ስትወለድ የነበረችበት እድሜ

1.3 ቃለ-መጠይቁ የተጀመረበት ሰዓት_____ 1.9 የልጆች ብዛት____

1.4 ቃለ-መጠይቁ ያበቃበት ሰዓት_____ 1.10የትምህርት ደረጃ

1.5 ቃለ -መጠይቅ አድራጊዉ መለያ ኮድ __ 1.11የጋብቻ ሁኔታ

1.6 ቃለ መጠይቅ ማድረጊያዉ ቴፕ መለያ ቁጥር ___ 1.12 የእርግዝና ብዛት_____

1. በዚህ አካበባቢ ሰዉ ሲታመም ምን ታደርጋላቹ?
    a. ጥልቅ ምረመራ: - ወዴት ነዉ የምትሄዱት? መቼ ነና ምን? የባህል ህክምና ዙሪያስ ምን የምትይኝ ነገር አለ ? መቼ እና ለምን? ምን አይነት ህክምና እንደሚሰጡ ልትነግረኝ ትችላለህ?
2. ለመንደራቹ ቅርብ የጤና መስጫ ተቋም የት ነዉ የሚገኝዉ?
    a. ጥልቅ ምርመራ:-ወደጤና ተቋሙ እንዴት ነዉ የምትሄዱት? ምን ያሃል ግዜ ይወስድባቹሃል ጤና ተቋም ለመድረስ? ለምታገኙት ህክምና ትከፍላላቹሁ? ምን ያህል እና እንዴት እንደምትከፍሉ ልትነግሪኝ ትችላለሽ? ህክና አሰጣጣቸዉ እንዴት እደሆነ እባክሽ ታስረጂኛለሽ? እሰቲ መልካም ጎን ያልሻቸዉን በዘርዝር ንገሪኝ?
3. የእናቶች የህክምና አገልግሎት ለማግኘት እንዴት ነዉ የምትቸሉት፣ወዴትስ ትሄዳለቸሁ ፤ለምን?
4. በዚህ አካባቢ አብዘኛዉ ሴቶች የት ነዉ የሚወልዱት? ለምን?
    a. ጥልቅ ምርመራ:-ልጅ መዉለድ የት ቢሆን ነዉ የተሻለ የሚሆነዉ? ለምን? ወላድ እናቶች ለምን ይመስልሻል ወደ ጤና ጣቢያ
    b. ወይም ወደ ጤና ጠቋማት የማይሄዱት ወይንም የሚሄዱት?
5. በቤት ዉስጥ ልጅ ስለመዉለድ ምን ታስቢያለሽ ወይንም ያለሽ አመካከት ምንድን ነዉ? የት ልጅ መዉለድ እንዳለብሽ የመረጠዉ ማን ነዉ ለምን?
6. እዚህ አካባቢ የነፍሰጡር ክትትል አድርገዉ ቤት የሚወልዱ እናቶች አሉ? ለምን?
7. በወሊድ ወቅት ከጤና ባለሙያ ባለፈ ሌሎች አዋላጆችን የምትመርጭዉ ለምንድን ነዉ ለምሳሌ የልምድ አዋላጆችን ወይንም በቅርብሽ ያሉ ቤተሰቦችሽን?
8. በአንቺ አመለካከት ከቅር ቤተሰቦችሽ ወይንም ከልምድ አዋላጆች ጋር በመሆን ቤት መዉለድ የመረጥሽበት ምክንያት ምን እንደሆነ ልታስረጂኝ ትችያለሽ ?

**10.** ልታነሺዉና እንዲብራራልሽ የምትፈልጊዉ ጉዳይ አለ ? ወይንም ደግሞ አኛ ያላጠቃለልነዉ ጉዳይ እንድንወያበት የምታነሺዉ ሃሳብ አለ?

ጊዜ ሰጥተሽ ቃለ መጠቁን ስላደረግሽ እናመሰግናለን!!

**የቃለ መጠይቅ አድራዉ ተጨማሪ ማስታወሻ:** ቃለ መጠይቁ የተካሄደበት ቦታ, ቃለ-መጠይቁ አጠቃላይ ሂደት, ቃለ መጠይቅ የተደረገለት የነበረዉ ሰዉ ሁኔታ፡

**አጠቃላይ ስለ ቃለ መጠይቁ አስተያየት;**

- በቃለ መጠይቁ ደስተኛ ነበሩ? ተመችቶታል?
- ቃለ መጠይቁን በድጋሚ ቢካሂዱ ከዚህ የተሸለ መረጃ አገኝለዉ ብለሙ ያስባሉ?
- ስለ ቃለ መጠይቁ ለየት በልዩ ሁኔታ ማስታወስ የሚፈልጉት የሚነግሩን ነገር አለ?

## B. የልምድ አዋላጅ ቃለ መጠይቅ ማድረጊያ- ቅፅ (IGHD-KII02)

### ማህበራዊ መረጃ እና የቃለ-መጠይቁ መረጃ

1.1 መለያ ኮድ _____ 1.7 እድሜ _____

1.2 ቃለ-መጠይቁ የተደረገበት ቀን _____ 1.8 የስራ ሁኔታ _____

1.3 ቃለ-መጠይቁ የተጀመረበት ሰዓት _____ 1.9የትምህርት ደረጃ _____

1.4 ቃለ-መጠይቁ ያበቃበት ሰዓት_____

1.5 ቃለ -መጠይቅ አድራጊዉ መለያ ኮድ _____

1.6 ቃለ መጠይቅ ማድረጊያዉ ቴፕ መለያ ቁጥር_____

1. በዚህ አካባቢ ላሉ ወላድ እናቶች የምትሰጫቸዉ የጤና እንክብካቤ አገልግሎቶች ምን ምን ናቸዉ?
2. በአንቺ እይታ ወላድ እናቶች ልጃቸዉን ለመዉለድ አብዛኛዉን ግዜ ወዴት ነዉ የሚሄዱት? ቤት ነዉ የሚወልዱት ብለሽ ካሰብሽ ምክንያታቸዉ ምንድን ነዉ ብለሽ ታስቢያለሽ?
3. አብዛኛዉን ግዜ ወላድ እናቶች ወደ ጤና ተቋም በመሄድ ነዉ የሚወልዱት ብለሽ ካሰብሽ ከዚህ ጀርባ ያለዉን ምክንያት አስተዉለሻል እና ምን ይመስልሻል? ጤና ተቋምስ የማይመርጡት ለምንድን ነዉ?
4. በአንቺ አመለካከት እናቶች አንቺ ጋር በመምጣት ቤት የሚወልዱት ለምንድን ነዉ?
5. የነፍሰጡር ክትትል ካደረጉ በዉሃላ ጤና ተቋም ሄደዉስ ለምንድን ነዉ የማይወልዱት?
6. ልታነሺዉና እንዲብራራልሽ የምትፈልጊዉ ጉዳይ አለ ? ወይንም ደግሞ አኛ ያላጠቃለልነዉ ጉዳይ እንድንወያበት የምታነሺዉ ሃሳብ አለ?

ጊዜ ሰጥተሽ ቃለ መጠቁን ስላደረግሽ እናመሰግናለን!!

**የቃለ መጠይቅ አድራዉ ተጨማሪ ማስታወሻ:** ቃለ መጠይቁ የተካሄደበት ቦታ, ቃለ-መጠይቁ አጠቃላይ ሂደት, ቃለ መጠይቅ የተደረገለት የነበረዉ ሰዉ ሁኔታ፡

**አጠቃላይ ስለ ቃለ መጠይቁ አስተያየት;**

- በቃለ መጠይቁ ደስተኛ ነበሩ? ተመችቶታል?
- ቃለ መጠይቁን በድጋሚ ቢካሂዱ ከዚህ የተሸለ መረጃ አገኝለዉ ብለሙ ያስባሉ?
- ስለ ቃለ መጠይቁ ለየት በልዩ ሁኔታ ማስታወስ የሚፈልጉት የሚነግሩን ነገር አለ?

## C.ቤት የወለዱ እናቶች ባል ቃለ -መጠይቅ ማድረጊያ- ቅፅ (IGHD-KII03)

**ማህበራዊ መረጃ እና የቃለ-መጠይቁ መረጃ**

1.1 መለያ ኮድ _____ 1.7 እድሜ __

1.2 ቃለ-መጠይቁ የተደረገበት ቀን _____ 1.8 የስራ ሁኔታ

1.3 ቃለ-መጠይቁ የተጀመረበት ሰዓት _____ 1.9 የትምህርት ደረጃ

1.4 ቃለ-መጠይቁ ያበቃበት ሰዓት_____

1.5 ቃለ -መጠይቅ አድራጊዉ መለያ ኮድ _____

1.6 ቃለ መጠይቅ ማድረጊያዉ ቴፕ መለያ ቁጥር_____

1. በአንቺ እይታ በዚህ አካባቢ ያሉ ወላድ እናቶች አብዛኛዉን ግዜ የት ነዉ የሚወልዱት?
2. አብዛኞቹ እናቶች ቤት ነዉ የሚወልዱት ብለህ ካሰብክ ከዚህ ጀርባ ያሉ ምክንያታቸዉ ምንድን ነዉ? የጤና ተቋማትን የማይመርጡበት ምክንያትስ ምን ይሆን ? አብዛኛዉን ግዜጤና ተቋም ነዉ ብለህ ካሰብክ ፤የጤና ተቋማትን የሚመርጡበትስ ምክንያት ምንድን ነዉ?
3. በአንተ እይታ ወላድ እናቶች ቤት ዉስጥ ከልምድ አዋላጆች ጋር ወይንም ከሌሎች ከቤተሰብ አባል ጋር በመሆን ልጅ የሚወልዱት ለምንድን ነዉ? ለምን የጤና ባለሙያዎችን አልመረጡም ወይንም የጤና ባለሙያዎች እንዲያዋልዷቸዉ አልፈለጉም?
4. ልታነሳዉና እንዲብራራልህ የምትፈልጊዉ ጉዳይ አለ ? ወይንም ደግሞ አኛ ያላጠቃለልነዉ ጉዳይ እንድንወያበት የምታነሳዉ ሃሳብ አለ?
5. ጊዜ ሰጥተህ ቃለ -መጠቁን ስላደረግክ እናመሰግናለን!!

**የቃለ መጠይቅ አድራዉ ተጨማሪ ማስታወሻ:** ቃለ መጠይቁ የተካሄደበት ቦታ, ቃለ-መጠይቁ አጠቃላይ ሂደት, ቃለ መጠይቅ የተደረገለት የነበረዉ ሰዉ ሁኔታ፡

**አጠቃላይ ስለ ቃለ መጠይቁ አስተያየት;**

- በቃለ መጠይቁ ደስተኛ ነበሩ? ተመችቶታል?
- ቃለ መጠይቁን በድጋሚ ቢካሂዱ ከዚህ የተሸለ መረጃ አገኝለዉ ብለሙ ያስባሉ?
- ስለ ቃለ መጠይቁ ለየት በልዩ ሁኔታ ማስታወስ የሚፈልጉት የሚነግሩን ነገር አለ?

## D. <u>የሴት ልማት ቡድን መሪ ቃለ -መጠይቅ ማድረጊያ- ቅፅ (IGHD-KII04)</u>

1.1 መለያ ኮድ _____ 1.7 እድሜ

1.2 የተደረገበት ቀን _____ 1.8 የስራ ሁኔታ _____

1.3 ቃለ-መጠይቁ የተጀመረበት ሰዓት _____ 1.9 የትምህርት ደረጃ

1.4 ቃለ-መጠይቁ ያበቃበት ሰዓት_____

1.5 ቃለ -መጠይቅ አድራጊዉ መለያ ኮድ _____

1.6 ቃለ መጠይቅ ማድረጊያዉ ቴፕ መለያ ቁጥር_____

1. በዚህ አካባቢ ላሉ ወላድ እናቶች የምትሰጫቸዉ የጤና እንክብካቤ አገልግሎቶች ምን ምን ናቸዉ?
2. በአንቺ እይታ ወላድ እናቶች ልጃቸዉን ለመዉለድ አብዛኛዉን ግዜ ወዴት ነዉ የሚሄዱት?
3. ቤት ነዉ የሚወልዱት ብለሽ ካሰብሽ ምክንያታቸዉ ምንድን ነዉ ብለሽ ታስቢያለሽ?
4. አብዛኛዉን ግዜ ወላድ እናቶች ወደ ጤና ተቋም በመሄድ ነዉ የሚወልዱት ብለሽ ካሰብሽ ከዚህ ጀርባ ያለዉን ምክንያት አስተዉለሻል እና ምን ይመስልሻል? ጤና ተቋምስ የማይመርጡት ለምንድን ነዉ?
5. የነፍሰጡር ክትትል ካደረጉ በዉሃላ ጤና ተቋም ሄደዉስ ለምንድን ነዉ የማይወልዱት?
6. ባንቺ እይታ ብዙ ግዜ ወላድ እናቶች በልምድ አዋላጅ ወይም በቅርብ ቤተሰብ ልጅ መዉለድ የሚመርጡት ለምንድን ነዉ?
7. ልታነሺዉና እንዲብራራልሽ የምትፈልጊዉ ጉዳይ አለ ? ወይንም ደግሞ አኛ ያላጠቃለልነዉ ጉዳይ እንድንወያበት የምታነሺዉ ሃሳብ አለ?

ጊዜ ሰጥተሽ ቃለ -መጠቁን ስላደረግሽ እናመሰግናለን!!

**የቃለ -መጠይቅ አድራዉ ተጨማሪ ማስታወሻ:** ቃለ መጠይቁ የተካሄደበት ቦታ, ቃለ-መጠይቁ አጠቃላይ ሂደት, ቃለ መጠይቅ የተደረገለት የነበረዉ ሰዉ ሁኔታ፡

**አጠቃላይ ስለ ቃለ መጠይቁ አስተያየት;**

- በቃለ መጠይቁ ደስተኛ ነበሩ? ተመችቶታል?
- ቃለ መጠይቁን በድጋሚ ቢካሂዱ ከዚህ የተሸለ መረጃ አገኝለዉ ብለሙ ያስባሉ?
- ስለ ቃለ መጠይቁ ለየት በልዩ ሁኔታ ማስታወስ የሚፈልጉት የሚነግሩን ነገር አለ?

## E.የጤና ባለሙያ ቃለ -መጠይቅ ማድረጊያ- ቅፅ (IGHD-KII05)

1.1 መለያ ኮድ _____ 1.7 እድሜ __

1.2 ቃለ-መጠይቁ የተደረገበት ቀን _____ 1.9 የስራ ሁኔታ ____

1.3 ቃለ-መጠይቁ የተጀመረበት ሰዓት _____ 1.10 የትምህርት ደረጃ

1.4 ቃለ-መጠይቁ ያበቃበት ሰዓት_____

1.5 ቃለ -መጠይቅ አድራጊዉ መለያ ኮድ _____

1.6 ቃለ መጠይቅ ማድረጊያዉ ቴፕ መለያ ቁጥር_____

1. በዚህ አካባቢ ላሉ ወላድ እናቶች የምትሰጫቸዉ የጤና እንክብካቤ አገልግሎቶች ምን ምን ናቸዉ?
2. በአንቺ እይታ ወላድ እናቶች ልጃቸዉን ለመዉለድ አብዛኛዉን ግዜ ወዴት ነዉ የሚሄዱት?
3. ቤት ነዉ የሚወልዱት ብለሽ ካሰብሽ ምክንያታቸዉ ምንድን ነዉ ብለሽ ታስቢያለሽ?
4. አብዛኛዉን ግዜ ወላድ እናቶች ወደ ጤና ተቋም በመሄድ ነዉ የሚወልዱት ብለሽ ካሰብሽ ከዚህ ጀርባ ያለዉን ምክንያት አስተዉለሻል እና ምን ይመስልሻል? ጤና ተቋምስ የማይመርጡት ለምንድን ነዉ?
5. የነፍሰጡር ክትትል ካደረጉ በዉሃላ ጤና ተቋም ሄደዉስ ለምንድን ነዉ የማይወልዱት?
6. ባንቺ እይታ ብዙ ግዜ ወላድ እናቶች በልምድ አዋላጅ ወይም በቅርብ ቤተሰብ ልጅ መዉለድ የሚመርጡት ለምንድን ነዉ?
7. ልታነሺዉና እንዲብራራልሽ የምትፈልጊዉ ጉዳይ አለ ? ወይንም ደግሞ አኛ ያላጠቃለልነዉ ጉዳይ እንድንወያበት የምታነሺዉ ሃሳብ አለ?

ጊዜ ሰጥተሽ ቃለ -መጠቁን ስላደረግሽ እናመሰግናለን!!

**የቃለ -መጠይቅ አድራዉ ተጨማሪ ማስታወሻ:** ቃለ መጠይቁ የተካሄደበት ቦታ, ቃለ-መጠይቁ አጠቃላይ ሂደት, ቃለ መጠይቅ የተደረገለት የነበረዉ ሰዉ ሁኔታ፡

**አጠቃላይ ስለ ቃለ መጠይቁ አስተያየት;**

- በቃለ መጠይቁ ደስተኛ ነበሩ? ተመችቶታል?
- ቃለ መጠይቁን በድጋሚ ቢካሂዱ ከዚህ የተሸለ መረጃ አገኝለዉ ብለሙ ያስባሉ?
- ስለ ቃለ መጠይቁ ለየት በልዩ ሁኔታ ማስታወስ የሚፈልጉት የሚነግሩን ነገር አለ?

Annex -03 Oromifa Information sheet, consent form and interview guide

A. Unkaa Odeefannoo gaafannodhuunfa hirmattotan taasifamee.dubartonni sabbata hawas keessa jiran ergaa yeroo sadiifi isaa ol kunuunsa da'umsa dura taasisaniinboodamaaliif manati dahuu?

**1.Haffeera**

Universiitiin Addis Ababaa namoota qorannoo kanaratti hirmaataniif hafeera gochu barbaada.dubartonni sabbata hawas keessa ergaa yeroo sadiifi isaa ol kunuunsa da'umsa dura taasisaniin boodajiran maaliif manati dahuu?Gargaarsa gama Uniiversiitii Addis Ababaatiin.

**2.Kaayyoon qoraanno kanaa maalii?**

Ibsa Sabaaboota maaliif dubartoonni muraasni ammayyu ergaa yeroo sadii fi isaa ol kunuunsa da'umsa duraa taasisaniin booda manatti da'a jiraachu isanii, akkamiin uumaamuu akka danda'ee fi akkamiin foyyeessuun danda'ama.

**3.Hirmaachu ni dandeessuu?**

Hirmannaan fedhaan; adaraa keessan walabaa ta'ati hirmaadha. Hirmaachu yoo dhiistaniis homaa tokko dhiibba isinirati hin qabu. Yeroo barbaadanitis gaaffifi deebi keenyas addan kutuunis ta'ee gaafichas deebisuu dhiisus ni dandeessuu.Sabaaba gaafannokeenyati hirmaachu diddaanifis ta'ee, irra dabartaniifi ykn addan kutaniif hingaafatamtani.Yoo gaaffif deebii keenya addaan kutaaf murtefatan waan isiinii mijaachu qabu natti himadha.

**4.Yoon hirmaadhee maaltu naaf ta'a?**

Yoo walii galle gaaffifi deebii keenya waliin itti fufna, hojii dirree kana hojjechuuf bakkii itti gaafannooitti taasifnu bakka mijataafi callisa ta'uu qaba hanga sa'aati tokko nutti fudhachu danda'a waan ta'eef. Kanaaf walii galleera yoo ta'ee yaadannoo fi warabduu sagaleen fayyadama, kunis qulqullinan kuufamu waan qabuuf gaafa qoraannon kun xumuramo immo ni bada. Yoo sagaleen keessan akka warabamu hin barbaannees barrefama qofan fudhachuus nan danda'a.

**5.Akkamiin galmeen Kunfayyadaa?**

Galmeen kun kan waliin dubbanne mara nayadaachisuuf qofa na fayyada. Yoo gaafannokana galmeefachuuf waliigalle, galmee kanaaf eegumsa nan godhaaf akkasumas qaama alaafdabarsee hin kennu.

**6.Hirmaanna kanarra faayidan argachuu danda'uu maali fa'ii?**

Qorannoo kanaratti hiirmaachuun keessan kallattin fayyadamuu dhiisu dandeessu, garuuhuubannoakkata foyya'insa kenninsa tajaajila fayya haadhoolee (KDD, Da'umsaa fi KDB) argachu dandeessu.

**7. Qorannoo kana irrati hirmaachu kootiificciitikoo naaf eegdu?**

Yaadannokoo kanarati maqaa keessan hin galmeefadhu waan barbaadan dubachu dandeessukanaan galmeeefadhus ta'ee iccitiin keessan egamadha.

**8. Haala iccitichaa**

Haala walii galtee icciiti kanaa kanan cabsuu danda'uu yoo yeroo waliinturtii haasawwa waliin taasifnukeessatikanan dhaga'ee kun nama biraa yaaddoo keessa galchuunbalaa itti fiduu ta'ee qofa waan dubbanne kana dabarsee himuu danda'a. yoo barbaachisa ta'ee waan natti dhaga'amee isinitan hima.

**9. Bu'aanqoraanno kanarra argamu maal ta'aa?**

Dhuma irratti Bu'aan qorannoo kanaa ibsaa conferaansii, walgahii fi workshooppii gurgudda irraati gabaasa godhamuu danda'a karaa ibsa waraqaa qorannootiin. Yoo gareen gabaasa qoranno yaada kaasan maqaan keessan asirati akka hin jiraanneefi hin ibsamne isinii nan mirkaneessa. Odeefannon naaf kennitan qorannoo biraatiif akasumas kanneen imaamata baasaniif baayyee gargaara.

**10. Odeefanno dabalataatiif**

Odeefanno dabalataatiif Aaddee Elsaabeet Siyuum gaafachu dandeessu akkasumas yoo waa'een qoraannoo kanaarati rakkoon isiin qunnameegaafachu ni dandeessu.

Barattu MPH wagga 2ffa, RPFH track

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## B.Foormi wali galtee/consent form/

Mata dure qoranno:dubartoonni yeroo kunuunsa dura lamaafi sadiin erga hordoofanni booda maalif manati da'an? Sabaaban isaa ibsuu/qorachhu/,naanno fifinne magaala sabataa/

Qorataa:-Elsabet Siyum( Addis Ababa Yuniversity)

Oddefanno dabalata:-Elsabet Siyum(+251913632634)

Waan qorannoo kana irratti hirmateef sin galaterfadha. Akkuma ibsuu yaalet akka wali baruf nagargaaru waa'ee qorannoo siif haa dubbissu. Amma ifa waan naaf ta'eef akka qorranno kessan kessatti hirmadhu isiin gaafadha. Waan isinif hingale gaaffi gafachu ni dandessu. Akka qoranno kana kessatti hirmachuu kee waan mirkanefachuu barbaaduf ,akka mallatoo kessan naaf gootan kabajaan isiin gaafadha. Foormi isiniif dubbisnaan booda isiinis akka waligale mallatto kessan naaf mallatessistan kajadhaan isiin gaafadha. Formin malletessitan icitidhan taa'a.

Yoo qoranno kana irratti hirmachu hin barbadnee akka armaan gaditti naaf ibsaa. Qoranno kana irratti hirmachudhaaf fedhii qabdaa? Eyyeen ni barbaada....hin.

Bakka duwwa irratiguutuu yaala:

| | |
|---|---|
| Anni oddefannoo dubbise gaaffi gaafadheef hundaaf deebi gahaa naaf kenname ,gaaffi yoon qabadhee deebi qubsaa naaf akka kennamu mirkanesse | |
| Akka naaf galatef hirmaana koo feedhi kiyya irrati hundefama, yeroo barbaadre hirmaanna qorannoo kanarraa adda bahuu ni danda'a ,yeroo ani qoranno kessaa bahu barbaade,oddefannoo ani kenne barbadessu qaba yoo ani fayyadama jechuu baadhe | |
| Oddeffanno ani kene hundi iccittidhaan akka qabamani fi enyutu akka adda hin baasnee | |
| Akkuma hubadheti qoranno kannarra yeroo amma faayda hin argadhu,garuu gara fuldura naaf fayada ni danda'a | |
| Yoo ani barrefama oddefanno kanaan gammadu hin taane, gaaffifdeebi kana waraabun na gamachisa,akkasumas gaaffif debin kan warabames fi kan barefama barbadaa'e gara koomputarati akka galu isinin amana | |
| Ani bay'een siif gammade waan atti gaaffif deebi kanarra barresiteef akka reportiti, akkasususmas akka enyumma kiyya hin ibsine sii amanuun. | |
| Jechoota kee Gaaffif deebi kana kessatti dabaludhaan yoo reportii goodhu baay'een gammada,jechoonni kee addan baasuu hin danad'uu. | |
| Oddeffanoo keennefbaay'eengammadeakkuma kanas garafulduratti Qorattota biraatifis waan gargaaruuf. | |
| Gaafatamudhaaf waligal teeraa genyee | |

| | |
|---|---|
| Gaafatamaa Maqaa( Quubee Guddaa)<br>Mallattoo guyyaa | |
| Qorataa Maqaa (in quube guudaa)<br>Mallattoo guyyaa | |

Galatooma!

**C. Qajeelchitu Gaafannoo Afaan Oromoo Dubartoota fi dubbi himtoota ijoo ta'anif**

A.Qajeelchitu Gaafanno gadi fagoo Dubartootaf (IGHD-ID01) Odeefanno Gaafanno sooshiyoo diimogiraafii

1.1 lakkofsaeynumma_____ 1.7 umrii_____

1.2 Guyyaa Gaafannoo _____ 1.8 umri ulfaa fi gaa'ila yeroo jalqaba_____

1.3 Yeroo gaafannoojalqabu _____ 1.9 baay'ina daa'imani

1.4Yeroo gaafannoondhumu _____ 1.10haalabarumsa

1.5 koodi adda _____ 1.11haalagaa'ilaa_

1.6 Baay'ina tepi rekordi _____ 1.12.Baay'inaa ulfaa'ina

1.Yoo namni dhukubsate, maal gota?

Qorannaa:-Akuma baratame, yaalamudhaf essa deemta? yoomif maalif?Gara warra aadan yookin afuuran fayyisan bira demtani? Yoomifi maalif deemtan? Yaala akami siif kennan?

2.Buffani fayya/ kella fayya essa jirra?

Qorannaa: -akkamitibufata fayyaa gessan? Bufata fayya gahuuf sa'aati meqaa fudhata?Yallamudhaf kaffalti ni kafltu? Yoo kaffalti keffelteni kaffaltin isiniti gudadhaa?Yaali garii siif kenne? Buffani fayya waa'ee fayya kam sirriti yaalan?

3.Yeroo baay'eef faayya haadholi eguuf essa demtu?,maalif?4.Haadholin baay'een essati dhaluu?maalif?

Qorannaa:-Essat odo da'ani shaggadha jette yaada? Maalif? Dubartonni maalif buufata fayyaati dhalanni? 5.waa'ee mana kessati dhalu maal yaada? Essu akka si desissu barbaada? Maalif?

6.Assiti dubartonni erga kunuunsa daa'umsadurahordofanin booda manati da’anibeekuu? Maalif?

7.Yommu wara seeran ala dessisan filatan fakkenyaaf warra aadan dessisan/desistuu/ yookiin misseensa maatitin yoo ta'e, maalif akkas filatan?

8.Akka yaada keetitti sababni akka deessistu aadaayookiin fira keetinsii deesistu si godhu maali? Yoo Dessistuu aadaa irra kan biro filate, maalif akkas filate?

9.Waanitti ida'uu barbaade jira kanan ala, waan hanga amma hin tuqnee?

Warra yeroo siif kenani gaafanno deebisan galateefadhu

**Itti dabalata gaafataf:** Bakka gaafannon it gagefame, addaan kuutame, Haala, ifa ta'uufi gaggessu

**Waa'eeofikeecalanqisisuuyookinwaa'eeofikeehimu;**

- Haali Gaaffannookana it hojjetesigammachisejira? Sitti tole moo
- Yooirradebiteehojjetekanaanaddahojjetta moo?
- Waa'eegaaffanno kana waansiidhibekanyaadatujiraa?

**B.Qajeelchitu Gaafanno gadi fagoo Deesistu Aadaaf (TBAs) (IGHD-KII02)**

Odeefanno Gaafanno sooshiyoo diimogiraafii

1.1. Lakkoofsa Eynumma _____ 1.7 umri_____

1.2. Guyyaa Gaafannoo _____ 1.8 Haala barnootaa

1.3Yeroo Gaafannoo itti jalqabame _____ 1.9 haala hoojii

1.4Yeroo Gaafannon itti dhumu _____ 1.5 koodiiGaafata

1.6 Lakkoofsatepi riikordari _____

1. Naannoo kanatti tajaajilli fayya dubartoota ulfaatif kenitan kan adda ta'e maalii?

2. Hubannaa kee irraa dubartoonni baay'innaan dhaluudhaaf essa deeman? Yoo manati dhalu baay'inaan kan filatmu ta'e, sababni isaa maali ta'uu danda'aa?

3. Yommuu dubartoonni baay'inaan buufata fayyaa filatani dhalan, sababni isaa maal ta'uu danda'a? Yoo buufata fayyaa hin finfilatne moo maalif?

4. Akka ati yaaduti dubartoonni maalif manati dhalan?

5. Asitti dubartonni ega kunuunsa daa'iman dura hordoofanin booda manati dhalini jiru? Maalif?

6. Maalif buufata fayyaati dhalan?

7. Wanti hanga amma dubbanne kessaa kan hafe jette yaaduu, kan itti dabalu barbaadu jiraa?

Warra yeroo siif kenani gaafanno deebisan galateefadhu

**Itti dabalata gaafataf:** Bakka gaafannon it gagefame, addaan kuutame, Haala, ifa ta'uufi gaggessu

**Waa'eeofikeecalanqisisuuyookinwaa'eeofikeehimu;**

•Haali Gaaffannookana it hojjetesigammachisejira? Sitti tole moo

## C.QajeelchituGaafanno gadi fagoo Abba mana Haadholee hirmaatu (IGHD-KII03)

C.Odeefanno Gaafanno sooshiyoo diimogiraafii

1.1 lakkoofsaenyummaa _____ 1.2 Guyyaa gaafannoo _____

1.3 yeroo gaafannoo itti jalqabamu _____ 1.4yeroo gaafannoo ittidhumu

1.5 koodii gaafata _____ 1.6 Lakkoofsa tepi riikordari

1. Hubannaa kee irraa dubartoonni baay'innaan dhaluudhaaf essa deemannaannoo kessanati?

2. Yommuu dubartoonni manatti dhalu filatani, sababni isaa maal ta'uu danda'a? Yommuu dubartoonni baay'inaan buufata fayyaa filatani dhalan, sababni isaa maal ta'uu danda'a? yoo buufata fayyaa hin finfilatne moo maalif? Yoo buufata fayya hin filanne ta'ee, maalif buufata fayyati da'uu hinfilanne?

3. Akka yaada keetitti dubartoonni maalif dessistu aadaatinyookin firaanmanati kan da'an? Maalif ogessa lenji'afemen da'uudidan?

4. Wanti hanga amma dubbanne kessaa Kan hafe jette yaaduu, Kan itti dabalu barbaadu jiraa?

Warra yeroo siif kenaniigaafanno deebisan galateefadhu

**Itti dabalata gaafataf:** Bakka gaafannon it gagefame, addaan kuutame, Haala, ifa ta'uufi gaggessu

**Waa'eeofikeecalanqisisuuyookinwaa'eeofikeehimu;**

- Haali Gaaffannookana it hojjetesigammachisejira? Sitti tole moo
- Yooirradebiteehojjetekanaanaddahojjetta moo?
- Waa'eegaaffanno kana waansiidhibekanyaadatujiraa?

**D.Qajeelchitu Gaafanno gadi fagoo dura buutu Raayya misooma Dubaartoota (IGHD-KII04)**

Odeefanno Gaafannosooshiyoo diimogiraafii

1.1 lakkofsaenyummaa_____ 1.2 Guyyaa gaafannoo ___

1.3 yeroo gaafannoo itti jalqabamu _____ 1.4yeroo gaafannoon ittidhumu

1.5 koodii gaafata _____ 1.6 Lakkoofsa tepi riikordari

1. Naannoo kanatti tajaajilli fayya dubartoota ulfaatif kenitan kan adda ta'e maalii?

2. Hubannaa kee irraa dubartoonni baay'innaan dhaluudhaaf essa deeman? Yoo manati dhalu baay'inaan kan filatmu ta'e, sababni isaa maali ta'uu danda'aa?

3. Yommuu dubartoonni baay'inaan buufata fayyaa filatani dhalan, sababni isaa maal ta'uu danda'a? yoo buufata fayyaa hin finfilatne moo maalif?

4. Akka ati yaaduti dubartoonni maalif manati dhalan?

5. Maalif dubartonni buufata fayyaatiti dhalu?

6. Wanti hanga amma dubbanne kessaa kan hafe jette yaaduu, kan itti dabalubarbaadu jiraa?

Warra yeroo siif kenani gaafanno deebisan galateefadhu

**Itti dabalata gaafataf:** Bakka gaafannon it gagefame, addaan kuutame, Haala, ifa ta'uufi gaggessu

**Waa'eeofikeecalanqisisuuyookinwaa'eeofikeehimu;**

- Haali Gaaffannookana it hojjetesigammachisejira? Sitti tole moo
- Yooirradebiteehojjetekanaanaddahojjetta moo?

## E.Qajeelchitu Gaafanno gadi fagoo Hojjeetoota Fayya (IG-05)

Odeefanno Gaafanno sooshiyoo diimogiraafii

1.1 lakkoofsaenyumma _____ 1.2Guyyaa gaafannoo ____

1.3 yeroo gaafannoo itti jalqabamu _____ 1.4yeroo gaafannoon ittidhumu

1.5 koodii gaafata _____ 1.6 Lakkoofsa tepi riikordari

1. Naannoo kanatti tajaajilli fayya dubartoota ulfaatif kenitan kan adda ta'e maalii?

2. Hubannaa kee irraa dubartoonni baay'innaan dhaluudhaaf essa deeman?

3. Yommuu dubartoonni manatti dhalu filatani, sababni isaa maal ta'uu danda'ajettee yaada?

4. Yommuu dubartoonni baay'inaan buufata fayyaa filatani dhalan, sababni isaa maal ta'uu danda'a? yoo buufata fayyaa hin finfilatne moo maalif?

5. Akka yaada keetitti dubartoonni maalif dessistu aadaatin yookin firaan manati kan da'an?

6. Maalif ogessa fayyaalenjifamehin tajaajilamnedhaludhaaf?

7. Wanti hanga amma dubbanne kessaa kan hafe jette yaaduu, kan itti dabalu barbaadu jiraa?

Warra yeroo siif kenani gaafanno deebisan galateefadhu

**Itti dabalata gaafataf:** Bakka gaafannon it gagefame, addaan kuutame, Haala, ifa ta'uufi gaggessu

**Waa'eeofikeecalanqisisuuyookinwaa'eeofikeehimu;**

- Haali Gaaffannookana it hojjetesigammachisejira? Sitti tole moo
- Yooirradebiteehojjetekanaanaddahojjetta moo?

## Annex -04 Guides and protocol for Indepth interview

Selecting Participants

1. You will identify the participants in discussion with the health extension workers in the health post and the investigator, participants are those women's who had home delivery after attending three or more ANC visits one year preceding the study and possible key informants will be:

- Head/director of the facility/health center
- Health extension worker
- Women development army leader
- Traditional birth attendants
- Participant women spouse

2. When you have located a participant, approach and check if this is a good time to talk to them

3. You are now ready to find a private place, introduce the study and follow the informed consent procedure.

### Key areas to probe on

### Things we are particularly interested in you probing or clarifying

1. Remember respondents may not use terms in the same way as we do .Probe to be clear what they are talking about.

2. Identification and selection of change ideas

3. Keys for opening doors to deeper issues (contradictions, negative comments about things, something that stands out)

4. Remember describing maternal health care is important but the study focus on the reason of home delivery after attending three or more ANC visits. some of those that you should probe on:

- knowledge and attitudes on facility delivery
- availability and accessibility of health services
- decision making on preference of delivery, familial influence shame, fear
- Health care service quality
- Resource allocation, infrastructure of health facilities
- Whether change is being driven by something or someone external or comes from inside the team
- Cultural barriers
- Previous health care service experiences

## Data Storage and Management

### Maintaining participants' confidentiality:

- Do not discuss interviews with people outside of the research team.
- Never write full names of participants or locations in your notebooks
- In transcripts use codes for participants and data collectors' identification and the codes supplied by the principal investigator.
- During coding carefully use list of written codes
- Keep completed consent forms safe and hand them to the principal investigator each day
- Keep your note books, voice recorders and all other equipment you received for data collection secure at all times and stores them in a locked drawer/cabinet when possible.
- Password-protect your computer and your documents (file, info, protect document)
- Give your notebook to the principal investigator at the end of the study

Saving and deleting files and audio

1. Set the computer to auto-save Word documents every 10 minutes. Ask for help if you are unsure how to do this.

2. Download the audio file to your computer and call it by the relevant ID number in a designated folder
3. Open the word template and save it with the ID number of your interview in a designated file
4. Delete any copies of audio files or transcripts from USB sticks
5. Scratch out names from your notebooks when you have completed the transcription

Reflective Meetings

1. Reflective meetings are to enable you to identify differences between your findings and those of your colleges and to learn from each other
2. You should discuss your interviews every day , the following points will be discussed:

- How did the interview go? Were there any problems? How could these be solved or avoided in the future?
- How was your informant during the interview? Were there any problems with misinterpretation of questions, wording issues or wrong translations? What would be your suggested changes?
- What were the most important findings? Were there any unexpected or new findings?
- Are there areas where no new information has been found? (data saturation has been reached)
- Were there any questions that do not trigger any in-depth answers or discussion? Do they need more probing? What probing techniques are used?

3. If based on the discussion field guides will be changed

## Write Up of Verbatim Transcripts

1. Start the verbatim transcript on the same day as the interview, while your memory is still fresh.
2. Type using single space and remember to use the word template

3. Type in oromifa and ensure translations reflect exactly what was said, complemented with your notes on non-verbal communication. Include the questions you asked and answers given.

4. You do not need to have perfect English and grammar, but we need to be able to understand what you write.

5. If participants make a mistake, type exactly what was said and add the correct word in square brackets [ ].

6. Translate things directly. If an HEW says ‘the community do not like getting cut during delivery’ DO NOT type ‘the community do not like having episiotomy’. Keep key words in the local language with a translation

7. Always record who was speaking: “I” for Interviewer and “P” for participant and use a line space between exchanges.

8. Use the following codes for non-verbal (or sound) communication

| | |
|---|---|
| [silence] | Short pause |
| [long silence] | Silence |
| [longer silence] | longer silence |
| [quietly][loud] | Speech is hushed or low or louder than before |
| [clapped] [nodded] | Body movements |
| [smile] [frown] | Facial expressions |
| [inaudible] | You can’t tell what was said |
| [cross talk] | Interviewer/participant talks at the same time |
| [End of interview] | End of interview |

9. Include your own comments and observations in square brackets.
10. Make new paragraphs as they are needed i.e. when a new subject or theme is introduced. This helps us identify sections in the qualitative software.
11. After doing this Oromifa transcripts translated back to English carefully
12. Send the verbatim transcripts as soon as you have finished them to:

    elzabethseyoum@gmail.com or by telegram page

**Annex -05 T he theme, categories and codes as identified from In-depth interview and CODE BOOK**

| Theme: Reasons associated to home delivery of women's attending three and more ANC visits | | | |
|---|---|---|---|
| **Theme** | **Knowledge and perception related barriers of heath facility delivery care service,** | **Culture,and norm related barriers,** | **Service and providers related barriers.** |
| **Sub – theme** | • Low Risk perception<br>• Wrong perception towards health are provider<br>• Lack pf knoweledege | • Beliefs Religionand traditional factors<br>• Limited access of women to decision making in the family<br>• Financial constraints | • Lack of equipment and supplies<br>• Quality of service<br>• Distance and transport costs<br>• Accessibility of health facility |
| **Code** | • Misconception<br>• Misunderstanding<br>• Poor attitude of nurses<br>• Previous labor and delivery experiences in health facilities<br>• Fear, Lack of money<br>• Low awareness<br>• Short labour | • Work load<br>• Lowdecision making power<br>• Traditional and cultural beliefs<br>• Family influence<br>• Domestic activities<br>• Rumors<br>• Good attitude towards home delivery<br>• Course | • Lack of professional<br>• Poor care<br>• Carelessness<br>• Disrespectable<br>• Lack of equipment<br>• Lack of infra structure<br>• Lack of own transport<br>• Long distance<br>• Emergency Far referral hospital transport delays and refusals<br>• Poor distribution of facilities<br>• Difficult roads |

| Theme | Code | Description |
|---|---|---|
| **Knowledge and perception related barriers to health facility delivery care** | Mistreatment ,Disrespect, Facility delivery not necessary, Misunderstanding, feeling of blessing, self confidence, previous successful delivery, give birth lonely, immediate and easy labor, little knowledge ,Negative outlook, wrong information, lack of skill, hide mistake | • This refers to any activity of caregivers that irritate the laboring mother or misbehavior that changes the attitudes of women's attending labor which is experienced before.<br>• Refers to women's perception about the low risk of home delivery based on her or others' past childbirth experience includes easy labor, sudden childbirth, visiting health facility is unnecessary, successful home delivery before, competency of self childbirth care. |
| **Cultural and norm related barriers to health facility delivery care** | Feel prepared, Family influence, Non involvement, too much power, Forced me, Domestic responsibility, lack of trustworthy, Pushed, Culture, Elders belief, Blessing of baby, curse of elder, remedy, fair, rely on traditional healers, extra fee, transport cost, traditional believe | • It includes domestic activities and responsibilities of women's that delay the decision to seek care like, Taking care of children, Taking care of the house, Producing and preparing food for the family, Lack of someone to leave behind with children and so on.<br>• Includes any forces that come from the family members of the pregnant mother in which hinders women from the decision making of the place of delivery. For instance, decisions primarily made by her husband, his families forced her to accept his thoughts or decision and warn her to obey the law of their culture<br>• This includes societal cultures and taboos those women's beliefs on it and practiced for a long period. For example, Women's believe that home delivery is our culture, well-practiced by society.<br>• It includes domestic activities and responsibilities of women's that delay the decision to seek care like, Taking care of children, Taking care of the house, Producing and preparing food for the family, Lack of someone to leave behind with children and so on.<br>• Includes any forces that come from the family members of the pregnant mother in which hinders women from the decision making of the place of delivery. For instance, decisions primarily made by her husband, his families forced her to accept his thoughts or decision and warn her to obey the law of their culture. |

| | | |
|---|---|---|
| **Health Service and health care provider related barriers to health facility delivery care** | Poor care, Fear, Shouting ,Good awareness, Non-openness, Lack of skill, Lack of experience, Poor ANC, Lack of birth plan, Ambulance delay, repeated call, Inadequate drug, poor infrastructure, Absence of drug, High client flow, Lack of training, Long waiting time, Nonresponsive of call, Lack of ambulance driver, Poor road, lack of transportation, Absence of health facility | • This refers to women's past health care experiences related to labor and childbirth that have a positive or negative influence on decision making of preference of delivery place.<br>• This refers to any activity of caregivers that irritate the laboring mother or misbehavior that changes the attitudes of women's attending labor which is experienced before.<br>• Related to costs provide for different services serve for the laboring mother. For example, ask high payment for Ultrasound service.<br>• Refers to the shortage of emergency means of transport for laboring mother to reach a health center for example availability of Ambulance service<br>• Refers to geographical imbalances of a health center and health posts as well as referral hospitals. Like a referral, hospitals are located very<br>• far away from the health center and need transportation.<br>• Refers to the referral hospitals are not available at all or very far away from the residence and need high cost to reach them. This includes women's doesn't have her transport to reach the health center .like Gari or hoarse or other means.<br>• Refers to a situation where persons (health professionals) in employment wanted or sought to work is less than the required number of the health center or health post like the availability of only one midwifery in the health center |

## Declaration

I, the under signed, declare that this thesis is my original work, has not been presented for a degree in this or another university and that all sources of materials used for this thesis have been fully acknowledged.

Name of student: Elzabeth Seyoum Signature. ----------
Date of submission: ----------

This thesis work has been submitted for examination with my approval as university advisor.

Name of the primary advisor ---------- signature. ----------
Date: ----------