ADDIS ABABA UNIVERSITY

COLLEGE OF HEALTH SCIENCES

SCHOOL OF ALLIED HEALTH SCIENCE

DEPARTMENT OF NURSING AND MIDWIFERY

MALE PARTNER'S INVOLVEMENT AND ITS ASSOCIATED FACTORS IN PROMOTING SKILLED DELIVERY ATTENDANCE AMONG FATHERS WHO HAVE CHILDREN LESS THAN ONEYEAR OF AGE IN AMBO TOWN, ETHIOPIA, 2017

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A THESESSUBMITTED TO ADDIS ABABA UNIVERSITY, COLLEGE OF HEALTH SCIENCE, SCHOOL OF ALLIED HEALTH SCIENCES, DEPARTMENT OF NURSING AND MIDWIFERY IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR MASTER'S DEGREE SPECIALIZED IN MATERNITY AND REPRODUCTIVE HEALTH.

JUNE 2017

ADDIS ABABA, ETHIOPIA

Acknowledgement

I would like to forward my thanks to Addis Ababa university College of Health Science, department nursing and midwifery, for giving this chance to attend master"s program Maternity and Reproductive Health in Nursing and Ambo University for sponsoring me. Secondly, deepest gratitude to my advisor Sr.NadiaWorede (Bsc, Msc) and Mr.BirhanuHordofa (Bsc, Msc) for their continuous support, patience, motivation, enthusiasm, and immense knowledge. Their guidance helped me throughout the time of writing this proposal and theses.

I would also like thank my fellow class mate of Addis Ababa University College of Health Sciences, School of Allied Health Science department of nursing and midwifery for the sharing their comments and working together before deadlines.

My thanks also goes to all my friends and families who provided me with their continuous support and help me finish this proposal.

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Acronyms and Abbreviation

AMRF	African Medical and Research Foundation
ANC	Antenatal Care
DHS	Demographic and Health Survey
EDHS	Ethiopia Demographic Health Survey
HIV	Human Immune Deficiency Virus
ICPD	International Conference on Population and Development
MDGS	Millennium Development Goals
MMR	Maternal Mortality ratio
MM	Maternal Mortality
SBA	Skilled Birth Attendant
SSA	Sub-Saharan Africa
SPSS	Statistical Package for Social Science
WHO	World Health Organization

ABSTRACT

Background: Male partner‟s involvement in maternal health care has been described as a process of social and behavioral change that is needed for men to play in maternal health care with the purpose of ensuring women‟s and children`s wellbeing. How every little has been explored about level of male involvement and associated factors in promoting skilled birth attendant in the study area

Objective: To assess male partner‟s involvement and its associated factors in promoting skilled delivery attendance among fathers who have children less than one year of age in ambo town west shoa zone, western Ethiopia, 2017

Methods: Community based cross sectional study design was conducted on a sample of 408 male partners‟ that has children less than one year of age. The data was collected using simple random sampling method. The data were entered into Epi 3.3.5 version data and analyzed by SPSS window software.Discriptive statistics and measure of central tendency and variability were computed. Binary and multiple logistic regressions were used to identify the association between dependent and independent variables.

Result. Out Of three hundred ninety six study Participants‟**,** One hundred sixty-six (41.9 %) of male partners involved in promoting skilled birth attendant of their spouse. Age group between 20-29 years [AOR=16.34(7.582-35.238)], participant who have diploma and above [AOR=2.85(1.013-8.057**)**], those who are civil servant [AOR=2.51(1.449-4.351)], monthly income who have greater than three thousand and five hundred [AOR=2.25(CI: 1.084-4.707)] and knowledge of skilled attendant [A0R=2.73(1.617-4.636**)]** had significant association with male involvement

Conclusion and recommendation: level of male partner‟s involvement in promoting skilled birth attendant was low. Age of male partners, educational level, occupational status, monthly income and knowledge on skilled birth attendant were found to be associated with male partner‟s involvement. To improve male partner involvement, policy makers and different stake holders has to adopt strategies/programs to promote male involvement, promote education and facilitate economic empowerment, create awareness on importance of male involvement in skilled birth attendant through media ,health education and community mobilization

Key words: Male involvement, skilled delivery attendant, Ambo town, Ethiopia

1. **INTRODUCTION**

Pregnancy &child birth is natural & often an eventful process. Many women are at risk for developing complication at any time during this period(1) .A vast majority of maternal deaths are due to preventable direct obstetric causes such as hemorrhage, infection, obstructed labor, unsafe abortion and high blood pressure (2)These causes can be detected and managed early during antenatal care (ANC) and intrapartum period by existing and well known medical interventions

Complication of pregnancy &child birth are known to be the leading cause of disability &death among woman of reproductive age (15-49years), especially in developing countries(1)

Delay to make a decision to seek care is considered as one of the contributing factors that is attributed to maternal morbidity and mortality and is preventable (3). Hence, access to skilled care before, during and after childbirth is among the key strategies to reduce maternal mortality (MM) and improve the health of women (4)

A Prompt decision in seeking reproductive health service like having a skilled birth attendant (SBA) at every delivery has been found to be markedly influenced by husbands ((5-8).Husbands typically serve as gatekeepers of women's reproductive health including decisions about where they will deliver (6, 9, 10)

In sub-Saharan countries, men generally are considered to be the decision makers regarding the location at which their spouse should give birth(9-11).Therefore, male involvement in maternal health care services serves as a building block for ensuring women‟s and children`s wellbeing.

The 1994 International Conference on Population and Development (ICPD), held in Cairo, recommended males to be involved in the reproductive health of their wives or partners. It also encouraged reproductive health care programmers to adopt a more holistic approach that includes men and focuses on couples rather than focusing on the women alone. in addition, male‟s involvement in maternal health is now being advocated as an essential element of world Health organization (WHO) initiative for making pregnancy safer(12)

Male partners involvement in maternal health care has been described as the participation ,commitment and joint responsibility of men with woman and behavioral change that is needed for men to play in maternal health care with the purpose of ensuring women‟s and children`s wellbeing(12)

Male involvement increases outreach as well as utilization of the various reproductive health services. Interventions that include men during pregnancy and childbirth have shown to yield positive health benefits to women and their children (13) .Therefore one of the best ways to reduce maternal mortality and improve women‟s health is by improving male partner‟s involvement in promoting skilled delivery attendance of their spouse which can be done by assessing their level of involvement and factors affecting it in the study area.

1.2. STATEMENT OF THE PROBLEM

Maternal mortality (MM) is a key indicator of international development, and its reduction has long been and continues to be a global challenge, particularly in low-income countries. In 2015, an estimated 303,000 women died as a result of pregnancy and childbirth-related complication (14)Developing countries accounted for about 99% of global maternal deaths, with the maternal mortality ratio (MMR) of239 per 100,000 live births, 14 times higher compared to the developed regions (17 maternal deaths per 100,000 live births)(14).Despite an apparent global improvement made over the last two and half decades, the worldwide MM dropped by about 45% in 2015(14-16)which is far from the decline targeted (75%) to be achieved by 2015.

Sub-Saharan Africa (SSA) alone accounted for 66% of maternal deaths with the MMR of 546 per 100,000 live births (14).In Ethiopia, maternal mortality ratio is estimated at 412/100,000 live births according to EDHS 2016(17), indicating a significant improvement from that reported in 2011 EDHS However, this figure is far from the millennium development goal (MDG) target of 267maternal deaths per 100,000 live births by 2015. (14)

Lack of maternal health services has been considered as one of the factors that resulted in the slow progress of maternal mortality reduction programs (18). However, in some cases where the different services exist, husbands were reported to forbid their wives from seeking any maternal health care like delivery.

Globally, the proportion of deliveries attended by skilled health personnel increased from 59 % in 1990 to 71 % in 2014(19). Yet this leaves more than one in four babies and their mothers without access to crucial medical care during childbirth. In Sub-Saharan Africa (SSA), 42% of child birth are assisted by skilled birth attendants while in Ethiopia, it accounts for only 28 %.(14, 17)

Studies conducted in different countries indicate that social, cultural, and religious factors play a paramount role in SBA (skilled birth attendant) service uptake. Gender inequality, harmful traditional practices, the low social status of women, limited female involvement in decision making, family members‟ influence and decisions, and women‟s limited influence over their families are key factors in SBA service uptake(20). In addition, religious reasons, poor attitude of health workers, and the poor quality of care are related to low service uptake (21)

Studies conducted in lemmo and meraka woreda, southern Ethiopia showed that male involvements on skilled delivery care was only41.3%and 38.2 respectively (22, 23)Reporting findings of their studies conclude that efforts should be made to improve awareness of the male partner‟s on institutional delivery through community-based health education and through community leaders in reaching out to men and encouraging their involvement on skilled delivery care services

Even though studies have been conducted in Ethiopia concerning male partner involvement in promoting skilled delivery attendance of their spouse, focus has always been on district or rural area while the prevalence and associated factors of male involvement in urban area gained little attention. Therefore, this study aims at assessing male involvement in promoting skilled delivery attendance and its associated factors in ambo town which could serve as baseline information for creating an intervention in this study area.

1.3. SIGNIFICANCE OF THE STUDY

Because it addresses the issues related to maternal morbidity and mortality. The present study will be important for different stakeholders of our society.

The result of study will help as input for Ambo town health bureau to develop strategies and guidelines or standards for scaling up male involvement in promoting skilled delivery care of their spouse.

This study will provide information about the issue to be emphasized by health care workers to improve the quality of service which would attract male partner‟s in order to utilize the service.

The information derived from this study would provide directions for both governmental and non-governmental bodies to implementing successful strategies that are effective in promoting male involvement in maternal health service utilization which eventually leads to improvement in health service coverage and heath of the women.

In addition, the findings from this study would benefit researchers interested in the field by providing base line information regarding male involvement in promoting skilled attendant in the study area

2. LITERATURE REVIEWS

2.2. Male involvement in the choice of birth place

Studies in many settings showed that the support of male partners influences women‟s uptake of maternal health services, their workload, nutrition and wellbeing during pregnancy, and the ways they care for and feed their babies. So there are many potential benefits to reaching expectant fathers with information and services(24).According to literature the level of male involvement in maternal health specifically in promoting skilled delivery attendance of spouse is found to be different for different countries as well as study participants

A Community-based crosses sectional study, conducted in Japan among 426 husbands showed that, 69.7% were found to be involved in decision-making about the place of delivery. Regarding birth preparedness, the majority of husbands prepared for skilled birth attendance (91.1%), and81.7% saving money before their spouses gave birth (25). In addition, a nationally representative survey which was conducted in Kenya among 730 males expressed that male involvement in maternal health determined the utilization of skilled birth attendants among their wives. This study revealed that majority (68 %) of women whose husbands accompanied them for at least one ANC visit utilized a skilled birth attendant during delivery (26)

In 2011 a cross sectional study was carried out in Jinja district eastern Uganda by Peter Dyogo to assess males‟ involvement in maternal health care services among 469 males. This study showed that showed that about, 43% accompanied their partners during delivery and 32.5% of the men reported joint couple decision-making with the wife on where to attend delivery (27)

Furthermore, a Community based cross-sectional study conducted among 676 Husbands inmarekaworeda, Southern Ethiopia revealed that male partners involvement in promoting institutional delivery was 41.3% and only 32.7% of husbands‟ planned health facility for delivery, 52.4% made joint decision for skilled delivery care and 43.2% made prior arrangement for delivery(23)

Male involvement in maternal health was also assessed in lemmo woreda; Southern Ethiopia by a community based cross- sectional study among 335 male partners showed that male partner‟s involvement in promoting institutional delivery was 38.2%.Only 15.5% were involved in discussing the issue with their relatives, 20%discussed with their friends, 44.2%accompanied their spouse for ANC follow-up and40.9% decided to deliver in health institution for current child (22)

2.3. Factors Associated With Male Involvement in Promoting Skilled Delivery Attendance of Spouse

2.3.1 Socio-Demographic factors

An educational level and type, as a socio demographic factor could have an impact on male involvement in maternal health.

A study conducted in northern Nigeria showed that Men who had formal education (n=103, 37.9%) were found to be more likely to participate in maternity care compared to those with non-formal education (11)

Another study conducted in Eastern Uganda. Findings from this study revealed that men who had complete 8 or more years of education were twice more often involved compared with those with less than 8years of education (p<o.o5)(28) This was also true for the study conducted in Kenya which revealed that more spouses of male partners with secondary level of education and above sought skilled care at delivery than the spouses of less educated male partner(p=0.000)(29)

Furthermore, another study conducted in Munisa woreda; South-East Ethiopia concluded that husband´s educational levels are connected to the decision about delivery place, higher levels being contributing to institutional delivery (30)on the contrary a study conducted in lemmo woreda, Ethiopia showed that no relationship exist between male involvement and level of education (22)

Age of the women and male partners was also found to significantly affect male partner involvement in multiple literatures.

A study conducted in northern Nigeria found that Young paternal age is associated with maternal care involvement (AOR =1.5, 95% CI=1.2-2.6) (11). Similarly younger men were involved two times more likely on skilled delivery care than older ones in mareka district, Ethiopia (AOR=1.77

95% CI1.19-2.62)(23).On the contrary study in Busia Kenya, established no statistical difference between the age of a male partner and type of delivery of spouse (skilled or unskilled) (29)

Reviewed literatures have also indicated marital status as one of the factors that significantly affect male partner involvement.

According to study which was conducted in northern Nigeria men in monogamous marriages accompanied their spouses for maternity care compared to (n=24, 15.3%) their polygamous counterparts ($\chi 2=3.6$, $P<0.001$)(11). on contrary Study conducted in Japan showed that polygamous marriage had a negative association with delivery care accompaniment (AOR 0.34, 95% CI 0.12–0.96, $p < 0.05$) (25)

2.3. 2.Economic Factors

Another factor that affects Male involvement in maternal health of their partners was found to be monthly income and job status.

A Study conducted in Kathmandu, Nepal revealed that male partners whose monthly income of NPR 500 or above per month were found to be two times involve in skilled birth preparedness as compared to monthly income less than NPR 500 ($p<0.001$)(31)

Another study conducted in lemmo woreda southern Ethiopia showed that male partners who had monthly income between 490-800 birr were 71% (AOR: 0.29, 95% CI: 0.116, 0.719) less likely to promote their spouses to attend institutional delivery when compared to those with monthly income above 800 birr(22)

Type of job was also found to be among the factors affecting male involvement. A study conducted in eastern Uganda showed that Taxi drivers and boda boda riders were found to be less involved in the MCH services due to the nature of their jobs as compared to their counterparts such as farmers (OR =0.3; 95% CI: 0.1-0.9; $p\leq 0.05$)(28). on the contrary study in Kenya Busia showed that spouses of male partners with formal employment or engaged in a business were more likely to seek skilled delivery than those whose partners were unemployed (.OR 0.455 95% CI 0.286-0.720, p=0.001(29)

2.3.3. Health Service Related Factors

A study conducted in Eastern Uganda established that the harsh language (like you can die) used by the health workers was a barrier to male participation. Further, some of the health workers did not allow men to access the ANC settings and as such discouraged men from accompanying their spouses to delivery service(28)

According to study conducted in Busia Kenya majority of the study participant (61.1%) state that high fees charged for deliveries at health facilities and found to be major contributing factors to low male lessen the level of male involvement in child birth activities (29)

Similarly, a study conducted in Lemmo woreda Ethiopia reported that male partners who considered the health service fees to be affordable were two times more likely to participate in promoting institutional delivery as compared to those who said cost of health services are not affordable (22)

A study conducted in Matayos Sub-County, Busia, Kenya showed that majority of respondent (96%) agreed that there was health facility in the area and distance to the nearest was 1-2killometeres but accessibility hindered male partners to participate in skilled delivery attendance (32)

2.3. 4.Socio-Cultural factors

Cultural beliefs are known to play role in determining the involvement of males in maternity care especially in skilled delivery of their spouse.

A Study conducted in Kenya Busia showed that many cultural beliefs exist among the male partner that affect their involvement in supporting their spouses to access skilled delivery services. For instance, out of 380 male partners participants 33%stated that their newly born babies must be kept indoors for three days for boys and two days for girls and taken out only after the naming ceremony and 45% of them said that child-birth is a woman‟s affair which does not require their males participation.(29)

A study in Bangladesh also showed that certain socio-cultural factors affect male involvement in promoting skilled delivery of spouse. These includes feeling shy, embarrassed, feeling out of place and most men believe that it is inappropriate place are common barriers for male involvement in skilled delivery attendant (7)

Besides cultural beliefs, religion was also found to be among the factors that affect male involvement to participate in skilled delivery attendance of their spouses in few countries

A study conducted in northern Nigeria showed that higher proportion (n=18, 51.4%) of non-Muslim men participated in maternity care compared to their Muslim counterparts (n=107, 30.2%) ($\chi 2$=6.6)(11)

2.3.5. Knowledge and perception related factors

A study conducted in India showed that men´s knowledge about pregnancy related care increases its utilization and suggested that men´s presence during antenatal visits might increase the likelihood of institutional delivery (33)

Another study Conducted in Busia Kenya reported that low knowledge regarding complications associated with pregnancy and delivery has been identified as determinant for male partner involvement in promoting skilled birth attendant. According to this study majority of male partners exhibited very low knowledge regarding complications that are associated with pregnancy and delivery, with 24.9% of them responding that they did not know a single complication and those who were able to mention at least one complication were very few (29)

In a study in Tanzania, poor understanding among men of the health problems faced by mothers and babies, lack of knowledge regarding how to take an active role in maternal and child health have been identified as barriers to male involvement in choice of delivery site (34)

In 2014a cross sectional study was carried out in lemmo woreda, Ethiopia by Okatiso to assess male partners‟ involvement in promoting skilled delivery attendance of a spouse and associated factors among 335 males. This study showed that showed that three fourth (74.6%) of the respondents were found to have good knowledge about institutional delivery, while a substantial proportion (25.4%)

of the respondents were not. The finding of this study showed Majority (80.6%) reported that they had known about ANC follow up of their spouses. When asked about why it is important to take their wives to health facility for delivery? 59.1% said to avoid delay in getting medical care in case of emergency, 62.1% said to get access to skilled care, and 64.5% said to get immediate treatment for mother and new born. While 2.4% of them said they did not know why institutional delivery is important (22)

A Study conducted in peri-urban Gulu district, Northern Uganda showed that male who perceived fetal monitoring in health facility is important were two times more likely to participate on skilled care than who perceive it has no important (PRR 1.20; 95%CI 1.03, 1.40; p = 0.018)(35)).Similarly in meraka district, Ethiopia showed that male who perceived delivery in health facility is important for mother and new born were two times more likely to participate on skilled care than those who perceived it has no importance(AOR 1.68, 95% CI: 1.13-2.50)(36)

2.4. CONCEPTUAL FRAME WORK

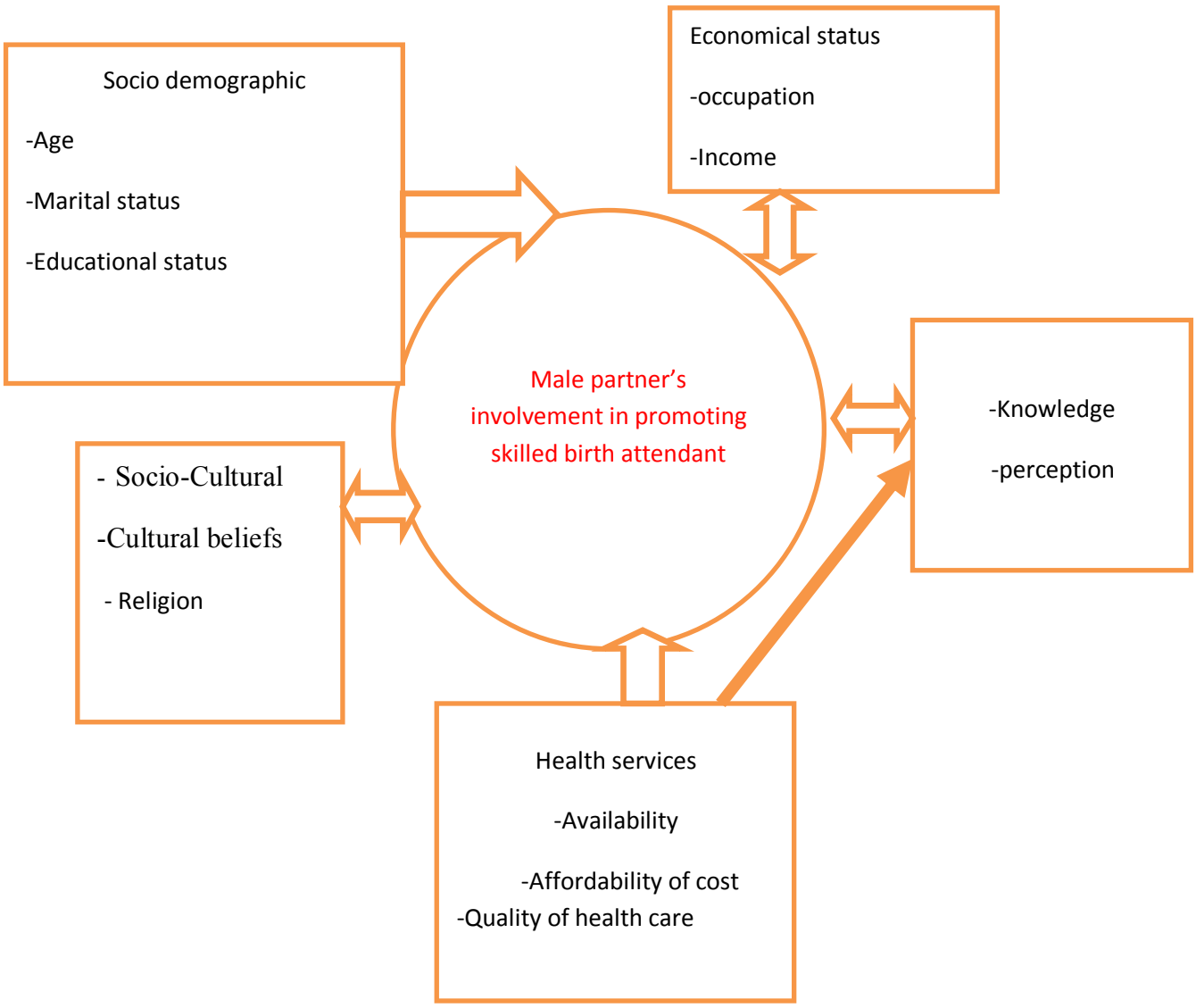

Figure 1: Conceptual frame work of male involvement in promoting skilled delivery attendance of spouse developed from reviewed literatures (26-39)

3. STUDY OBJECTIVES

3.1. General objective

To assess male partner‟s involvement and its associated factors in promoting skilled delivery attendance among fathers who have children less than one year of age in Ambo town, west shoa zone Ethiopia, 2017

3.2. Specific objective

- To determine the level of males involvement in promoting skilled delivery attendance of their spouse
- To determine factors that are associated with male partner‟s involvement in promoting skilled delivery care utilization of their spouse.

4. METHODOLOGY

4.1. Study area

This study was conducted in Ambo town West shoa Zone which is located at 115 kilometers to west Addis Ababa, the capital city of Ethiopia. This town has 6 kebeles and according to Health Bureau of Ambo city Administration total numbers of households who have children less than one year of age was 2566. The total population this town is estimated to be 80712. Out of this total estimated proportion, male accounts for 50.03 %(39553) while female accounts for 49.97% (39506).

4.2. Study design and period

A community based cross sectional study design was employed to collect data from the study participants from March to April 2017

4.3. Source population

All male partners who have children in Ambo town, during study period.

4.4. Study population

All eligible male partners having children less than one year of age who are randomly selected from the different kebeles of ambo town during the data collection period.

4.5. Inclusion and Exclusion criteria

4.5.1 .Inclusion criteria

- Male partner‟s who are 18yeas and above and had at least one child in the last one year
- male partner‟s who are willing to give consent to partake in the study

4.5.2. Exclusion criteria

- ✓ Those Participants who doesn‟t permanently reside in the study area
- ✓ Participants with mental and other illnesses who are unable to communicate

4.6. Sample size determination

The sample size required for this study was calculated based on a single population proportions formula as follows.

$$n = \frac{(Z\ a/_2)^2 p\ (1-P)}{d^2}$$

$$n = ((1.96)^2 0.41\ (0.59)) / (0.05)^2$$

$$n = 371$$

By considering non -response rate of 10 % the final sample size will be **408**

Where: n is sample size, Z is standard normal distribution corresponding to significance level at α = 0.05, d is margin of error assumed to be 5% , P is Prevalence of male partner‟s involvement in promoting skilled delivery attendant= 41 %(taken from a study done at Mareka woreda, Southern Ethiopia 2014)(23)

4.7. Sampling procedures

All 6 kebeles found in ambo town, will be included and the calculated sample size was allocated proportionally to each kebeles as shown in the diagram below. A list of household that fulfills the inclusion criteria i.e. (households with fathers that have a child less than one year of age) was provided by the health extension workers. Using this list simple random sampling was used to target the study units.

Diagrammatic representation of sampling procedure

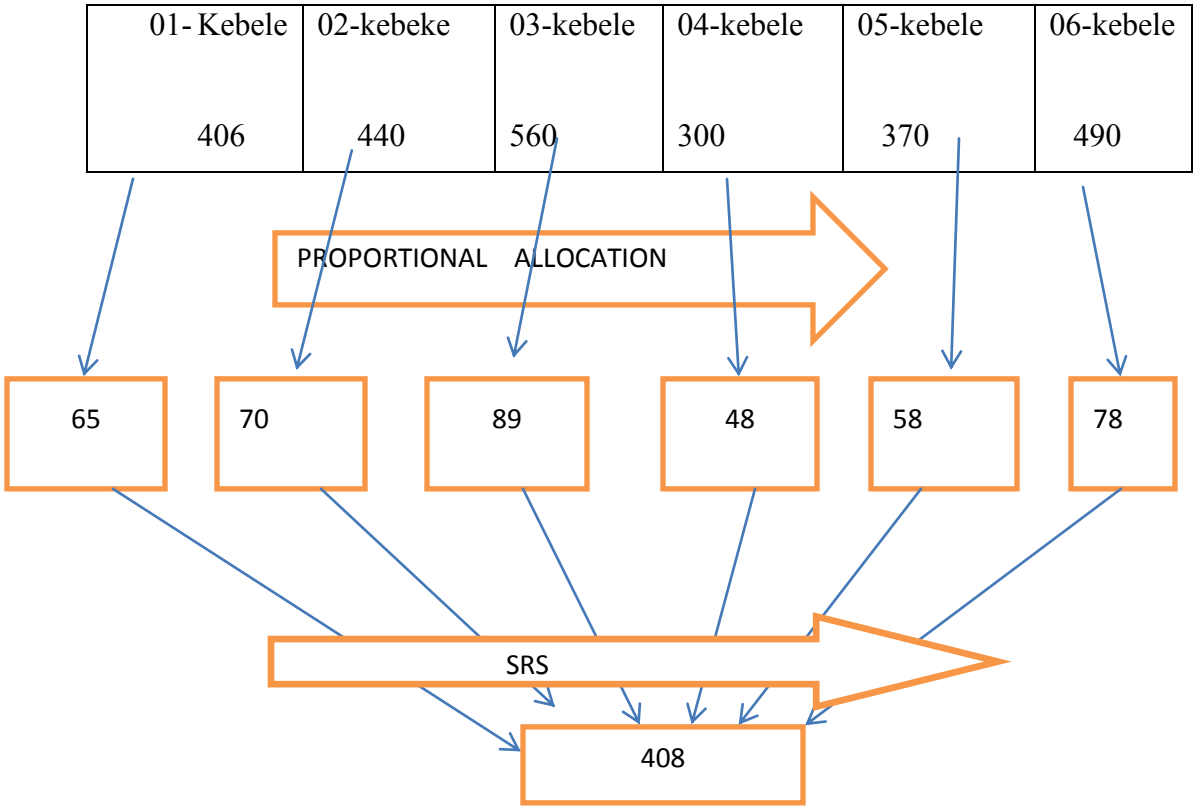

Figure 2:- Diagrammatic representation of sampling procedures

4.8. VARIABLES OF THE STUDY

4.8.1. Dependant variable

Male partner‟s involvement

4.8.2. Independent variable

- ✓ Socio-demographic variables :- age, marital status, education, ethnicity, religion
- ✓ Economic status
- ✓ Health service related factors:- affordability &accessibility of services
- ✓ Knowledge
- ✓ perception

4.9. Operational Definitions

Male involvement is measured by considering different components .These includes discussion with health professionals on the place of spouses‟ delivery, encouraging spouse for institutional delivery, accompanying spouse for ANC, birth preparedness, and discussion with relatives and friends.

- **Involved.** Those participant who had involved equal to three or more components (37, 38)
- **Not involved .**Those participant that had involved in less than three of the components

Knowledge of male partner's involvement decision in place of delivery: -Eleven knowledge related items were used to assess male partners and mean was considered to differentiate between participants with good and poor knowledge.

- **Good knowledge.** Those participants who score more than the mean value
- **poor knowledge .**Those participant who score less than mean value

Perception The respondents were asked to reflect their opinion on a serious of questions concerning delivery and skilled attendants.

- **Good perceptions .**All the respondents with cumulative scores equal or more than the mean
- **Poor perception**. All the respondents with cumulative scores below the mean

Male partner: male who has a spouse, whether with formal marriage or informal union

Type of marriages

- Monogamous: male partners who have currently one wife
- polygamous: male partners who have currently more than two wife

4.10. Data collection tool

A structured, interview administered questionnaire was used to collect data from the study participants. The questionnaire is designed in English and translated in to local Afanoromo language by the translator, and then translated back to English by a third person to check for consistency .The tool has four sections and was adapted from the survey tools developed by African Medical and Research Foundation (AMRF), Child and Reproductive Health Programme (38). The first section consists of socio demographic questions; the second section consists of Male partner‟s involvement in promoting skilled delivery of spouse, the third part knowledge about in decision in place of delivery and the fourth section consists of perception about seriousness of delivery

4.11. Data collection methods

The data collection process was facilitated by the principal investigator to gather information from the study participants. This process was take place from march-April/2017. 6Health extension workers were used for data collection and 6Bscnurse who have experience in supervising was recruited .training and field guide was prepared by the principal investigator, prior to the scheduled training. Then data collectors and supervisors were trained by the principal investigator for two days before data collection.

4.12. Data quality control/assurance

The data collection instrument was pretested for its relevance and clarity to address the research problems appropriately and was corrected prior to the actual data collection period. The pre-test was carried out in Guder town on 41 similar study subjects. The data collection instrument was pretested for its relevance and clarity to address the research problems appropriately and it was corrected prior to the actual data collection period. In addition, the data collectors were trained for one day on the techniques of data collection and the importance of disclosing the possible benefits and purpose of the study to the study participants before the start of data collection. Maintaining confidentiality of the participants throughout the whole process of data collection was also discussed and ascertained during the training. The researcher checked for completeness and consistencies of questionnaires filled by the data collector to ensure the quality of the data.

4.13. Data Analysis procedures

The data were entered into statistical software Epi data version 3.1 and subjected to cleaning using simple frequency and tabulation. Then, the analysis was made with IBM SPSS version 21 after exporting the prepared data. Descriptive statistics such as frequency distribution and measure of central tendency and variability (mean and standard deviation) was computed to describe variables of the study. To identify the existence of association between the selected dependent and independent variables, bivariate and multivariate logistic regression with 95% C.I was used. For all of statistical test used in this study, the significant level was p-value <=0.05

4.14. Ethical clearance

Ethical approval was obtained from Research Ethical Committee of the Department of Nursing & Midwifery. Written Permission was sought from the responsible body of the study setting and informed consent was obtained from each participant after the data Collectors had explained the nature, purpose and procedures of the study. Participants complete the questionnaire only if they chose to do so. Anonymity and confidentiality of the data provided was strictly maintained. Participants were assured that their participation is voluntary, and they have every right to withdraw or refuse to give information at any time in the study without any penalties.

4.15. Dissemination and Utilization of results

The result of this study will be presented and submitted to College of Allied Health Science, post graduate program, Addis Ababa University. The result will be disseminated and accessed to other researchers to use as source of information for further research and even to critique the findings. The result will also be disseminated to Health Bureau of Ambo City Administration. Also the findings may be presented in annual scientific meeting and conferences and will be sent for publication on scientific journals in related fields

5. RESULTS

5.1. Socio-demographic Characteristics of Male Partners

The complete response rate of this study was 396(97.1%).One hundred forty three (36.1%) were in the age range of 20-29 years. The mean age of the respondent was 33.25 ± 8.4SD years. The study participants were predominantly Oromo 360(90.9) and protestant 199 (50.3) by their ethnicity and religion respectively. One hundred forty seven (37.1%) of the participants have completed grade 1-8, followed by those who completed grade nine to twelve 70 (17.7%). One hundred one (25.5) were getting monthly income of less than 650 Ethiopian Birr (Table 1)

Table.1 Socio-demographic characteristics of male partner's involvement in promoting skilled birth attendant in Ambo city administration, Oromia, regional state, May 2017

variables	frequency	percentage
Age categories		
20-29	143	36.1
30-39	150	37.9
40-49	103	26.0
Religion		
Orthodox	164	41.4
Muslim	26	6.6
Protestant	199	50.3
Catholic	4	1.0
Wakefata	3	0.8
Ethnicity		
Oromo	360	90.9
Amhara	25	6.3
Tigre	2	0.5
Gurage	9	2.3

occupation		
Civil servant	222	56.1
farmers	21	5.3
Merchant	153	38.6
Educational status		
Un able to read and write	51	12.9
Primary education (1-8)	147	37.1
Secondary education (9-12)	70	17.7
Diploma and above	128	32.3
monthly income		
<650	101	25.5
650-1675	97	24.5
1675-3500	109	27.5
>3500	89	22.5
Type of marriage		
monogamous	366	92.4
polygamous	30	7.6

5.2. Influence of Healthcare facilities of male partner's involvement in promoting skilled birth attendant

The study showed that more than half of respondent 208(52.5%) said that the health facility is only 30 minutes of walk from their home while 188(47.5%) said that it was far away from their home and can‟t be accessed easily.

The study also established that 175(44.2 %) of the respondents said that cost of health facility was absolutely free while8 (2.0%) said that it was very expensive to pay for the service. concerning availability of institutional delivery majority of the respondent 194(49%) said that the availability of institutional delivery is fair while 78(19.7%), 110(27.8%) and 14 (3.5%) said that it‟s very easy, very difficult and impossible respectively. In this study the most commonly mentioned for having

poor attitude about nearest health facility were attitude/behavior of health staff 144(36.4%)and Service provider readiness(bed, water, Medicines)162(40.9%) respectively (table 2)

Table2.Influence of Healthcare facilities of male partner's involvement in promoting skilled birth attendant in Ambo city administration, Oromia, regional state, May 2017

Variables		N	%
Distance from health facilitywithin3ominutes of walking	YES	208	52.5
	NO	188	47.5
Availability institutional delivery	very easy	78	19.7
	Fair	194	49.0
	very difficult	110	27.8
	Impossible	14	3.5
Cost	Absolutely free	175	44.2
	Partially free	117	29.5
	Affordable	94	23.7
	Expensive	8	2.0
	Very expensive	2	0.5
Reason for poor attitude about nearest health facility	Distance covered to access skilled	56	14.1
	Attitude/behavior of health staff	144	36.4
	Opening hours (day/night)	27	6.8
	Service provider readiness(bed, water, Medicines)	162	40.9

5.3. Male partners socio-cultural barriers in promoting skilled birth attendant

This study established that socio-cultural barrier of male partners in supporting their spouses to access skilled delivery services. For instance, about103(26%)of them said that child-birth is a woman‟s affair which does not require their participation, 195(49.2%) stated that the placentas must be buried secretly to avoid babies from being bewitched which they felt was not possible if deliveries took place at health facilities. Male partners also have limited knowledge regarding complications related to child-birth as 68(17.2%) stated that delivery is a natural phenomenon that do not require men‟s participation, and21 (5.3%) of the male partners said that they will be ridiculed by their peers and be seen as being "ruled" by their wives if they were seen accompanying them to health facilities for delivery

Table.3.socio-cultural barriers of male partners in Ambo city administration, Oromia, regional state, May 2017

socio-cultural beliefs	frequency(N=396)	Percentages (%)
Child-birth is a woman's affairs that does not require men participation	103	26
Child-birth is natural phenomenon that should not be given much attention	68	17.2
It's not our culture to discuss with wife about place of delivery	62	15.7
Placenta must be disposed secretly which is not possible with in health facility	195	49.2
Fear of being seen by others	21	5.3

5.4 Knowledge of male partners toward skilled delivery attendants of spouse

This study showed 155(39.1%) of the respondents were found to have good knowledge, while a majority 241(60.9%) of the respondents was not. Majority of the respondents 249 (62.9%) reported that they had known about ANC (antenatal care) follow up of their spouses but only 111(28.0%) know correctly the recommended minimum number of times that a pregnant needs to attend ANC.Regarding reasons for taking their spouse to a health facility for delivery; 107(27.0%) stated that to avoid delay in getting medical care in case of emergency, 56(14.1%)said to get access to skilled, and188(47.5%)said to get immediate treatment for mother and new born. While 105(26.5%) of them did not know why institutional delivery is important. When asked about pregnancy related complications, 94(23.7%) mentioned vaginal bleeding as a sign of complication, and 279(70.5%) reported they did not know sign of pregnancy complication

Table4.Knowledgeof male partners toward skilled delivery attendants in Ambo city administration, Oromia, regional state, May 2017

Variables		frequency	percentages
Male partners had known about ANC follow up of their spouses	yes	249	62.9
	No	147	37.1
Institutional delivery has access to skilled attendants	Yes	56	14.1
	No	340	85.9
Institutional delivery prevent delay in getting medical care in a case of emergency	Yes	107	27.0
	No	289	73.0
Institutional delivery has important to get immediate treatment for mother and new born	Yes	188	47.5
	No	208	52.5
Male partners did not know why institutional delivery is important	Yes	105	26.5
	No	291	73.5
Mentioned vaginal bleeding as a sign of complication during pregnancy	Yes	94	23.7
	No	302	76.3
Mentioned fever as a sign of complication during pregnancy	Yes	80	20.2
	No	316	79.8

Mentioned abdominal pain as a sign of complication during pregnancy	Yes	7	1.8
	No	389	98.2
Mentioned difficult in labor as a sign of complication during pregnancy	Yes	91	23.0
	No	305	77.0
Mentioned convulsion as a sign of complication during pregnancy	Yes	8	2.0
	No	388	98.0
Did not know sign of pregnancy complication	Yes	117	29.5
	No	279	70.5

The study Results indicate that 241(60.9%) of the male partners had poor knowledge while 155(39.1%) had good knowledge toward the need for skilled delivery attendance

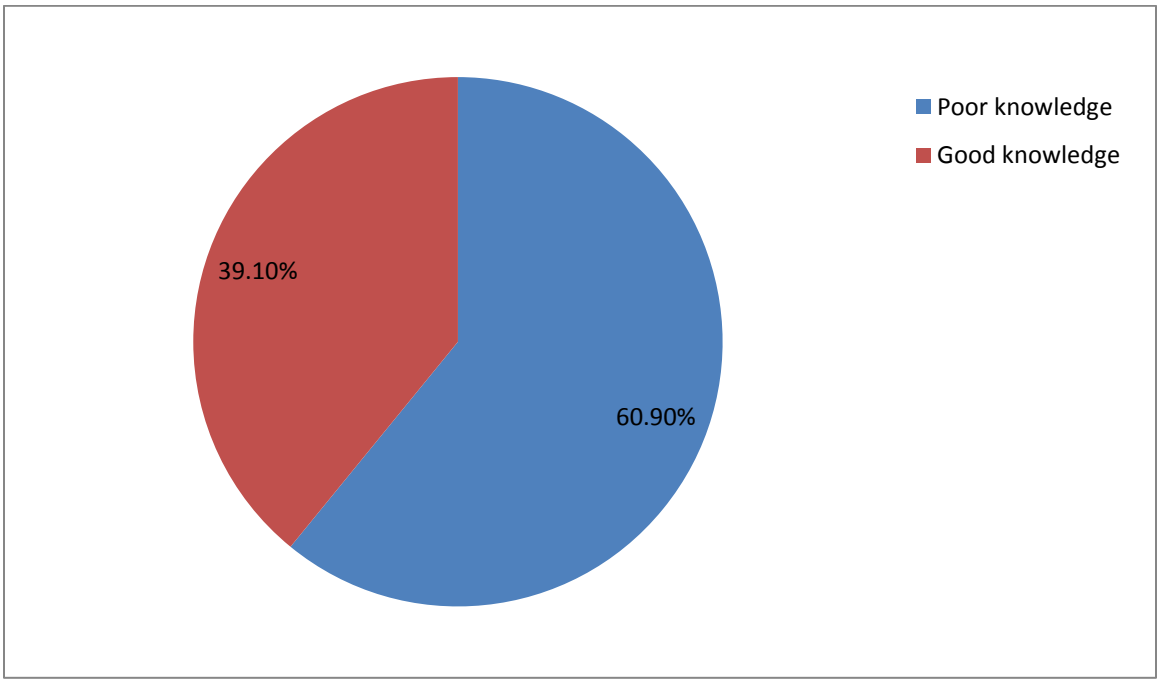

Figure3. Level of male partners' knowledge in choice of delivery site and its benefits in Ambo city administration, Oromia regional state, May 2017

5.5. Male partner's perception on skilled birth attendants

The study Results indicate that 235(59.3%) of the male partners had good perception on delivery complication and benefits of being attended by skilled attendants while 161(40.7%) had poor perception respectively

In order to ascertain the respondents‟ level of perception on male partner involvement in choice of delivery site, the respondents were asked to reflect their opinion on a serious of questions concerning delivery and skilled attendants. The likert scale with scores ranging from 1=strongly disagree to 5=strongly agree was used. The mean score obtained was 17.3. Using the mean score as the cut-off, the study showed 161 (40.7%) and 235(59.3%) of male partners interviewed had poor and good perception towards delivery complication and being attended by a skilled attendant

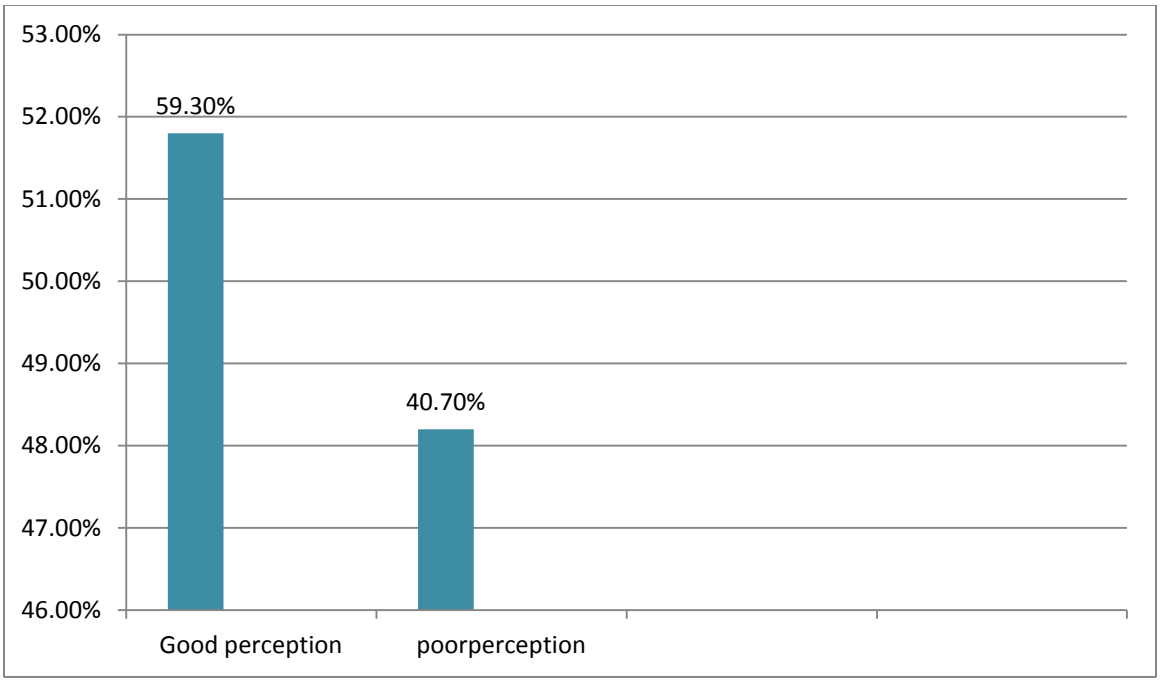

Figure.4Level of male partner's perception on skilled birth attendants in Ambo city administration, Oromia regional state, May 2017

5.6. Level of male partners' involvement in promoting skilled delivery attendants

This study showed that 166(41.9%) of men involved in skilled delivery care on recent child birth while half of the study participant 230 (58.1%) was not involved .183(46.2%) of men accompanied their spouse for ANC follow-up, 211(53.3%) of men made prior arrangement for delivery, 254(64.1%) of men discussed with health provide on the place of delivery. Among husbands who made prior arrangement for delivery 81(20.5% identified transportation, 126(31.8 %) save money, 45(11.4%) identified a skilled provider for delivery assistance and 38(9.6%) Prepare essential items for delivery.

Table.5.distribution of level male partners' involvement in choice of delivery site Ambo city administration, Oromia regional state, May 2017

variables		frequency	percentages
Accompanied their spouse for ANC follow-up	Yes	183	46.2
	No	213	53.8
Birth preparedness support by male partners for recent child during delivery	Yes	211	53.3
	No	185	46.7
Discussed with health provide on the place of delivery	Yes	254	64.1
	No	142	35.9
Discussed with their friends	Yes	164	41.4
	No	232	58.6
Discussed with their relatives	Yes	138	34.8
	No	258	65.2

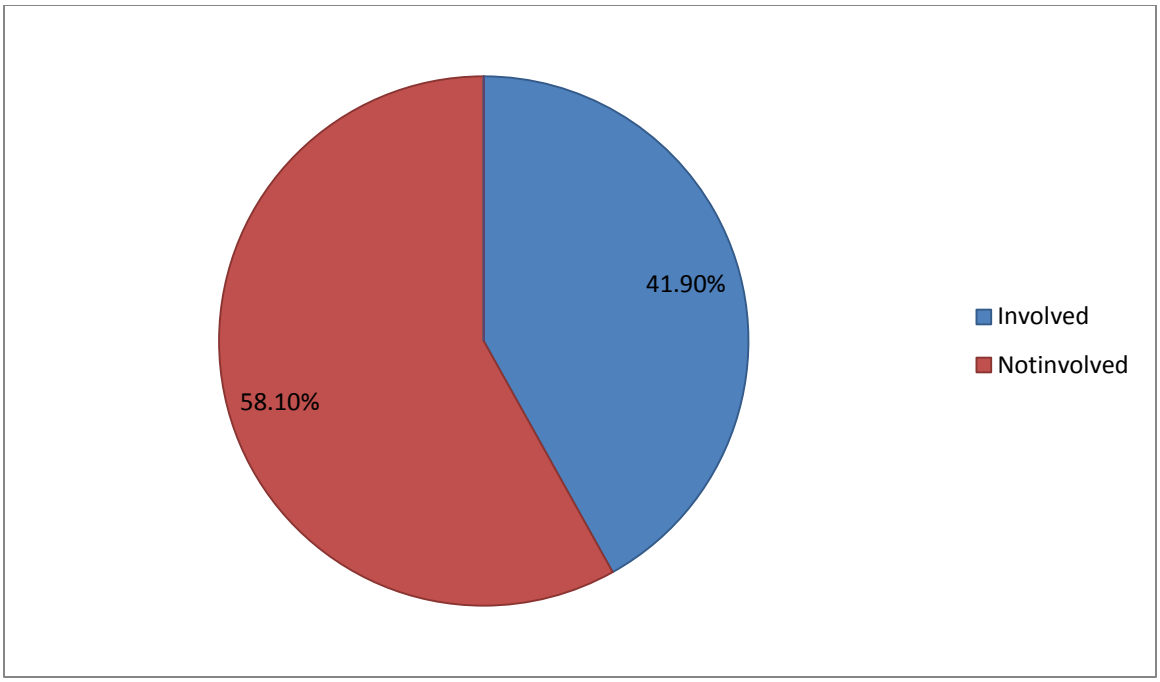

Figure5. Level of male partner's involvement in promoting skilled birth attendant in Ambo city administration, Oromia regional state, May 2017(N=396)

5.7. Bivariate and multivariate logistic regression analysis of male involvement and its explanatory variables

Binary Logistic regression was performed to assess the association of each independent variable with male involvement .The factors that showed a p-value of 0.2 and less were added to multivariate regression model. The model contained six independent variables. The result revealed that age of the respondent was among the variables that were found to be associated with male involvement. Male partners who were in the age group of 20 to 29 and 30-39 were sixteen times and three times more likely to involved in promoting skilled delivery attendants than those who were the age group of 40-49 (AOR=16.34,95%(CI:7.582-35.238),AOR=3.18,95%(CI:1.522-6.683)respectively

The other variables that were found to have association were the participants‟ educational level. Male partners who were diploma and above of education were over three times more often involved compared with those illiterate. (AOR=2.85, 95 %(CI: 1.013-8.057)

Type of job was also found to be among the factors affecting male involvement. Men who were civil servant are three times more likely to involve in skilled birth attendant than merchant (AOR=2.51, 95 %(CI: 1.449-4.351)

Male partner income was also significantly influenced male involvement. Male partners whose monthly income of greater than three thousand five hundred (>3500) and between one thousand six hundred seventy six and three thousand five hundred (1676-3500)were two times more likely involve than whose monthly income of less than six hundred fifty(<650) (AOR=2.25,95%(CI:1.084-4.707),A0R=2.37,95%(CI:1.821-7.633)respectively

Furthermore, knowledge of male partners on skilled birth attendant was also found to affect the outcome variable. Respondents who had good knowledge on institutional delivery were about three times more likely to be involved in promoting institutional delivery than those with poor knowledge **(**AOR=2.72,95%(CI:1.619-4.596)

Table.6.Bivariate and multivariate logistic regression analysis of male involvement in promoting skilled birth attendant (N=396)

	INVOLVED		C0R 95%CI	AOR95%CI
	Yes	No		
variables				
Age				
20-29	98(24.7%	45(11.4%)	**15.07(7.636-29.768)**	**16.34(7.582-35.238)****
30-39	55(13.9%)	95(24.0)	**4.00(2.052-7.830)**	**3.18(1.522-6.683)***
40-49	13(3.3%)	90(22.7%)	1.00	1.00
Occupation				
Civil servant	118(29.8%)	104(26.3%)	**2.81(1.813-4,357)**	**2.51(1.449-4.351)***
Farmers	4(1.0%)	17(4.3%)	(0.186-1.830)	1.240(0.284-5.420)
Merchant	44(11.1%)	109(27.5%)	1.00	1.00
Educational status				
Diploma and above	81(20.5%)	47(11.9%)	**4.13(2.051-8.341)**	**2.85(1.013-8.057)***
Secondary education(9-12)	19(4.8%)	51(12.9%)	0.89(0.402-1.990)	0.55(0.183-1.649)
Primary education (1-8)	51(12.9%)	96(24.2%)	1.27 (0.639-2.546)	1.47(0.565-3.869)
Illiterate	15(3.8%)	36(9.1%	1.00	1.00
Personal income				
>3500	46(11.6%)	43(10.9%)	**2.78(1.527-5.093)**	**2.25(1.084-4.707)***
1676-3500	57(14.4%)	52(13.1%)	**2.85(1.607-5.081)**	**2.37(1.821-7.633)***
650-1675	35 (8.8%)	62(15.7%)	1.47(0.807-2.685)	1.83(0.848-3.982)
<650	28(7.1%)	73 (18.4%)	1.00	1.00
Knowledge of male partners on skilled birth attendant				
Good knowledge	93(23.5%)	62(15.7%)	**3.45(2.262-5.269)**	**2.72(1.619-4.596)****
Poor knowledge	73(18.4%)	168(42.4%)	1.00	1.0

*P value is significant at P<0.05 **p value is significant at P<0.001

6. Discussion

This study showed the level of Male partner‟s involvement in promoting institutional delivery was 41.9%, 95%(CI: 37.1-46.2).This finding was in line with findings of studies done in mareka woreda (41.3%) and lemmo woreda(38.2%),Southern Ethiopia and Jinja district eastern Uganda (43%)(22, 23, 27).However ,the present finding is inconsistent with study the done in Japan and Kenya were (69.7%),(68%) of male involved on skilled delivery care respectively(25, 26). Those levels of variation of male involvement might be attributed to socio-demographic characters like educational status, economic status and residence and also socio-cultural variation among countries.

In this study, male involvement was significantly higher among younger participants (AOR=16.34, 95 %(CI: 7.582-35.238)than older participants. This finding was similar to other studies conducted in Nigeria, mareka district and lemmo woreda, southern Ethiopia (11, 22, 23). This could be due to the fact that younger men are more brave and likely to challenge cultural norms. In addition to this, they might have a better chance of an education which is known to positively influence health seeking behaviors. However, the present study is different from study done in Kenya, busia in which no statistical difference between the age of a male partner and type of delivery of spouse (skilled or unskilled).This might be due to difference in study period.(29)

Among the participants‟ characteristics, Ethnicity, marital status and religion had no association with male involvement.Howevever, educational status was found to be associated with male involvement in which those who were diploma and above was more likely to involve than illiterate(uneducated) (AOR=2.85,95%(CI:1.013-8.057) . This was comparable with other studies conducted in Busia district of Kenya, Northern Nigeria, Eastern Uganda and munisa woreda ,south east Ethiopia(29,11,28,30(28-30). This might be due to the fact that educated male partners might discuss more sensitive issues openly and freely for they become closer and familiarized to each other. In addition male partners with some basic level of education had better understand the complications associated with unskilled delivery.

Furthermore, male involvement was found to be significantly associated with personal income in which male partners whose monthly income was high were more likely involve than whose monthly income was low (AOR=2.25,95%(CI:1.084-4.707).This finding was similar to other

studies conducted in Kathmandu, Nepal and lemmo woreda, southern, Ethiopia in which high level of income was more likely to participate in skilled birth attendant than those with a low level of income(22, 31).This might be because male partners with incomes were able to pay the delivery fees at health facilities for their spouses and able to pay for transport

Another association found in this study was between male involvement and occupational status in which male partners who are civil servant were more likely to seek skilled delivery than(AOR=2.51,95%(CI:1.449-4.351) their respective referent group. This result was consistent with a study conducted in Kenya Busia in which spouses of male partners with formal employment or engaged in a businesses were more likely to seek skilled delivery than those whose partners were unemployed(29). This might be attributed to the fact that these jobs were stable and hence they could plan their timings better as compared to the other jobs which were casual in nature.

Furthermore male involvement was significantly higher among participants who had good knowledge of institutional delivery (A0R=**2.**72, 95 %(CI: 1.619-4.596). This finding was similar to other studies conducted in India, Tanzania, lemmo woreda southern Ethiopia and Kenya busia (22, 29, 33, 39) in which participants knowledge play a major role in determining male involvement. The reason might be explained by the possibility that those with good knowledge understand well possible birth complications; so that they encourage their spouses to give birth in health institution

7: Limitations and strength of the Study

7.1 .Limitation

- This study setting was urban areas; therefore, the findings could not be generalizable in rural area.
- Recall bias could be present although the study included fathers of children less than one year.

7.2. Strength

- Study has used a structured questionnaire adapted from standard questionnaire after the necessary modification and pre-test was made.

8. Conclusion and recommendation

8.1. Conclusion

This study was conducted to assess the level of male partners in promoting skilled birth attendant and its determinant factors .Accordingly; it was found only 41.9% male partners are involved in skilled birth attendant. Age, educational level, occupational status, and monthly income were the contributing factors for low involvement.

The study also highlighted the existence of specific gaps in knowledge of male partners in promoting skilled birth attendant which affect male involvement. Only 39% of male partners have good knowledge in deciding the place of delivery.

8.2. Recommendation

For policy makers and government

- Policy makers should increase male partner involvement, by strengthen strategies and Programs that will promote male involvement in skilled birth attendant though adult education, posters and media.
- The government should be supported, monitored and evaluated the stragies of educating men on their roles and responsibilities in promoting skilled delivery from time to time to ensure that they succeed
- The government should also facilitate economic empowerment of the family through facilitation of some credit facilities and training in basic business management to initiate income generating activities.

For health workers

- The health workers in Ambo town should create awareness on male partner involvement and its benefits through mass media, health education at ANC, community outreaches.

For woreda and MCH stakeholders

- Stakeholders should work to create awareness on the importance and benefits of male involvement in promoting skilled birth attendant. This could be achieved through the development and implementation of behavior change strategies that specifically target men in the town.

For further research

- The study recommends that further research be undertaken to investigate the relationship between male involvement in promoting skilled birth attendant and their future utilization of MCH service.
- The study recommends that to do further research in qualitative study design to address the problem associated with male involvement in promoting skilled birth attendant.

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ADDIS ABABA UNIVERSITY

COLLEGE OF HEALTH SCIENCE

NURSING AND MIDWIFERY DEPARTEMENT

10. Annex

Annex I: Information Sheet and Consent Form: (English Version)

Information Sheet

Greeting!

Hello!

Dear respondents my name is_____ and I am working as data collector for the study being conducted in this health center by Mr. Daniel Belema who is studying for his master‟s degree at Addis Ababa University, school of allied health science, department of nursing and midwifery postgraduate study. I kindly request you to lend me your attention to explain you about the study and how you have been selected as study participant.

Purpose-- To assess male Partner‟s Involvement and Its Associated factors in promoting Skilled Delivery Attendance among Households who have children less than one year of age in Ambo town, Ethiopia, 2017

Procedure and duration: First of all I selected you to take part in this study randomly. There are different questions to answer. Interview questionnaire will be used which will be take **20-30** minutes.

Risks: The risks of being participating in this study are very minimal, only taking few minutes.

Benefit: At this moment you may not get any direct benefit by being involved in this study but the information you provide is very important to solve problems of pregnancy and pregnancy related problems.

Confidentiality: The information that you provide us will be confidential. The questioner will be coded to exclude showing your name on questionnaire and consent form.

Rights: Participation in this study is fully voluntary. You have the right to declare not to participate in this study and you have the right to with draw from participating at any time.

Contact address: If there is any questions or unclear idea any time about the study or the procedures, do not hesitate to contact and speak to principal investigator with cell phone number: 0917675752or e-mail addressdanibelema@gmail.com**.**

I have read this form and I comprehend and understand all condition stated above.

Are you willing to participate in this study?

1. No (say thank you) 2. Yes (continue interviewing)

Consent Form

I have read the information sheet concerning this study (or have understood the verbal explanation) and I understand what will be required of me and what will happen to me if I take part in it. I also understand that any time I may withdraw from this study without giving a reason and without me or my families" routine service utilization being affected for my refusal.

Participant"s signature _____ Date_____

Interviewer signature certifying that the informed consent has been given verbally.

Interview,,s name _____

Interview"s signature _____ Date _____

May I continue the interview?

1. Yes _____Continue the interview

2. No _____Stop the interview and thank the respondent

Result: (to confirm for completeness)

A. Questionnaire completed _____

B. Questionnaire partially completed _____

C. Participant refused _____

Annex II.English version questionnaires for interview

Identification Information

001. Code No._____

002. Kebele____

Section.1.socio-demographic characteristics of male partners

No	Question	Options	
101	Age in year	----------	
102	Religion	1.Orthodox 2. Muslim 3. Protestant 4. Catholic 5. Other specify	
103	Ethnicity	1. Oromo 2. Amhara 3. Tigre 4. Gurage 5. Others	
104	occupation	1. Civil servant 2. Private employee 3. Farmer 4. Merchant 5. Other	
105	Educational status	1. Illiterate 2. Primary education (1-8) 3.Secondary education (9-12) 5. Diploma and above	
106	monthly income	----------	

107	Type of marriage	1.monogamous 2.polygamous	

Section 2; Male partners‟ involvement in promoting skilled delivery of spouse

201	Have you ever gone to health facility with your spouse for ANC checkup in her previous pregnancies?	1.Yes 2.No	If no-pass Question number 203
202	If so, how many times did you go	1.One 2.Two 3.Three 4.Four 5.Above four	
203	Did you prepare for delivery when your wife got pregnant with your youngest child?	1.Yes 2.No	If no-pass Question number 205
204	If so, what preparations did you make for the delivery	1.Saved money for delivery 2.Arranged for transport 3.Planned ahead for a place of delivery 4.Identified a person who follow her in the health facility for delivery 5..Prepare essential items for delivery 6.Diffirent food item preparation 7.Othe(Specify)……	
205	Have you had discussions with health provider during your spouse pregnancy	1.Yes 2.No	If no---pass question number 207

206	What was your motive to discuss with health Professionals?	1.My previous experiences 2.When she feels pain 3.my interest 4.Others (specify)	
207	Have you ever had discussion with anyone concerning the place of delivery of your wife	1 yes 2. No	If no---pass question number 2010
208	If yes, with whom did you have the discussion with	1.Relative 2.Friends 3. Other specifies …More than one answer is permissible…….	
209	what was their suggestion while your spouse was pregnant for Place of delivery?	1.They encouraged me to take her health institution 2.They discourage me to me take health institution 3.They gave no suggestions 4.I don‟t remember	
2010	Where did your spouse give birth for your youngest child	1.Health facility 2.At home	
2011	Who initiate idea of communication about place of delivery?	1.malepartnerswith spouse jointly 2.Your spouse 3.male partners 4.Others	
2012	What was your opinion about the cost of accessing health facility Delivery?	1.Absolutely free 2.Partially free 3.Affordable 4.Expesive 5.Very expensive	
2013	If ans. to Q 2012is No.4 and 5 In which Health facility?	1.Governmental hospital 2.Health center 3.Private clinic	

2014	What traditional beliefs do you think makes male partners not to Involve themselves in the decision of their delivery place?(More than one answer is possible)	1.Child-birth is a woman‟s affairs that does not require men participation 2. Child-birth is natural phenomenon that should not be given much attention 3.It‟s not our culture to discuss with wife about place of delivery 4.Placent must be disposed secretly which is not possible with facility delivery 5.Fear of being seen by others	
2015	What you dislike about your nearest health facility Delivery. Tick the answer based the condition you faced when your spouse gave birth to your last child.(more than one answer is possible	1.Distance covered to access skilled 2.Attitude/behavior of health staff 3.Opening hours (day/night) 4.Service provider readiness(bed, water, medicine) 5.Cost 6. Other specify	
2016	Is there accessibility of delivery site.(yes, if less than 30 minutes walking, no if more than 30 minutes walking)	1.Yes 2.No 3.I don‟t know	If no---pass question number 2018
2017	If yes which site is more than accessibly for you if need arise?	1.Hospital 2.Health center 3.Private clinics	
2018	How do you rate theeasiness for you toget institutionaldelivery services ifthe need arise?	1.very easy 2.Fair 3.very difficult 4.Imposible 5.I cannot assess	

2019	If very difficult and impossible in Q 2017 why?	1.Health facilities are not available 2. Health facilities are not nearby 3.I can‟t pay for the services 4.No transportation services 5. I can‟t pay for transportation 6. Other reason specify……	

Section 3 Question about male partner‟s involvement decision in place of delivery

(KNOWLEDGE)

2020	Do you know your spouse have received ANC follow up?	1.Yes 2.No	If no pass to Q-2022
2021	What is the recommended minimum number of times that a pregnant woman Needs to attend ANC	1.0nce 2.Twice 3. Three times 4.Four times	
2022	Why do you think institutional delivery is important(more than one answer possible)	1.Access to skilled care 2.prevent delay in getting emergency care if needed 3.Immediate treatment to the mother and baby 4.I don‟t know	
2023	What are the sign of complication(more than one answer possible)	1.Vaginal bleeding 2.Fever 3.Abdomomenal pain 4.Diffcult in labor 5.convulion 6.I don‟t know	

Section 4 question about male‟s perceptions (perceived severity, susceptibility and benefits)

2024	Any pregnant woman are susceptible to face delivery complication	1.Strongly disagree 2.Dis agree 3. Neutral 4. Agree 5.Strongly agree
2025	Delivery complication can be sever and may be hazardous to new born	1.Strongly disagree 2.Dis agree 3. Neutral 4. Agree 5.Strongly agree
2026	Delivery complication can be sever and hazardous for pregnant woman	1.Strongly disagree 2.Dis agree 3. Neutral 4. Agree 5.Strongly agree
2027	Being attended by a skilled delivery attendant may be beneficial to the new born wellbeing	1.Strongly disagree 2.Dis agree 3. Neutral 4. Agree 5.Strongly agree
2028	Being attended by a skilled delivery attendant may be beneficial for spouse	1.Strongly disagree 2.Dis agree 3. Neutral 4. Agree 5.Strongly agree

This is all what I want to ask you. Thank you for spending your time and valuable information you gave me. Do you have any question that can I address for you?_____

Annex I. Ragaa odeeffannoo fi unka eeyyamaa (Afan Oromo Version)

Heloo, akkamjirtu?Maqaan koo_____jedhama.Amma Qu"annoo UniversityFinfinneetti KolleejjiiSaayinsiiFayyaa,dippartimantii Narsii fi Miidwaayifariikeessattiadeemsifamuffedhiikeeyoota"egaaffiifideebiigoona.
Sababiinqu"annookanaaswaa"eehirmannaaabbaamanaafuudheedaa"imaargateejiruumur18fiisaaolii jiranwaa"eetajaajialada"uumsadhaabbileefayyaakeessattiakkataasifamuirrattihojjatamuisingafachu ubarbaanna.Kanaafuudhimmaarmaanoliittiibsameirrattigaaffileetokkotokkosigaafachuunbarbaada
Bu"aanqu"annookunisdhimaarmaanolittiibsameirrattinamootaseeraafikaroorabaasaniif gargaarsaguddaaakkata"unihubachiisna.
Hirmaannaankeetilleeaskeessattibu"aaguddaaakkata"uni"abdanna.Hirmaannaakeetiin walqabatee ammo sodaanwayituuakkasittihinuumaamnenibeeksisna. Maaliifyoojette gaaffileeirrattimaqaankeehinbarreefamuwaanta"eef, kanaafuuicciitiinsirriittieegama.
Akkasumasimmoofedhiikeemalehirmaachuufdirqamahinqabdu.
Gaaffileen Kun hangadaqiiqaa_____ fudhachuunidanda"a.
Qu"annoo kana ilaalchiseegaaffiiyooqabaatteyknbu"aaisaabeekuufyoobarbaaddeobboo Daniel Bellamaaqunnamtiigochuudhafhinlaafin.Lakk.**Bilbilla: 0917675752**

Unkaeeyyamaafaaniffaa (Afan Oromo Version)

Waraqaaodeeffannooqu"annookanaailaalchiseearmaanolittibarraayeenaadubbifame hubannookeessagalcheejira, wantanarraabarbaadamusnaafgaleejira.
Walumaagalatti wayitiin barbaadametti sababii tokko malee osoo anaafi maatii kiyyarratti rakkoo hin uumin addaan kutuu akkan danda"ullee beekee jira.
Mallattoohirmaataa_____guyyaa_____
Mallattoo abbaa gaaffii dhiyeessee mirkaneessuu.
Maqaa_____Mallattoo_____guyaa_____
Ammagaaffiiittifufuudanda"aa?
1Eyyeen_____ittifufuu2.Lakki_____gaafachuudhiisuufigaaffideebisaagalate effachaa

Annex II. Afan Oromo version of questionnaires

Identification Information

001 lakkoofsagaaffiinittinaddaanba‟‟u_____

002. Maqaagandaa_____

kutaa1ffaa.Haalawaligalawaa‟‟eehawaassumaaabbawarraa

Lakk	Gaafilee	Garee	
101	Umuriinkeemeeqaa?	umuriibarressi----------	
102	Amantiinkeemaalii?	1.Ortodoksi 2. Musliima 3. protestaantii 4. kaatolikii 5. kan biro……..	
103	Sabnikeemaalii?	1. Oromoo 2. Amhaara 3. Tigree 4. Giragee 5. Kan biro…….	
104	Hojjinkeemaalii?	1. Hojaataamotummaa 2. Hojiidhuunfaa 3. Qoteebulaa 4. Daldaalaa 5. Kan biro…….	
105	Hangasadarkaameeqaat I barattee?	1. Hinbaranne 2.Dubbisuufi barressuu 3. Sadarkaagadanaa 4.Sadarkaa lammaffaa 5. Diplomaafiiisaaoli	

106	Ji‟attigaliinkeemeeqaa?	==========	
107	Hadhamanaameqaaqabda ?	1.Tokko 2.Lamma	

Kuutaa2ffaa; Gaafilee hirmanna dhiirri tajaajila da‟uumsa ogeessota ga‟umsa qabaniin kennamuu irratti qabuilalaa.

201	Yeroo haatii manaa kee ulfa turte ishii wajjiin dhaabbatta fayyaa deemtee beektaa?	1.Eyyee 2.lakki	miti_203
202	Yeroo deemteerta ta‟e si‟aa meeqaa	1.Tokko 2.Lama 3.Sadii 4.Afurii fi isaaol	
203	Yeroo isheen ulfa turte qophii da‟umsaa ati gooteef jiraa?	1.Eyyee 2.lakki	miti-205

204	Eyyee,yoo ta‟ee qophiiwwan taasistte filadhu(kan rawwattehundaairramarri	1.Tajajila da‟umsaatiif qarshii qusachuu 2.Qophii geejjibaa taasisuu 3.Bakka da‟uumsa karoorsuu 4.Ogeessayerooda‟umsaahordofuufi deesissuaddanbasuu 5.Meshaalee da‟umsaaf gargaaran addaan basuu 6. kanbiroo……	
205	Yeroo haati manaa kee ulfa turtee ogeessa fayya / doktoraa wallin wa‟ee ulfaa ishee irratii marii taasifteerta?	1.Eyyeen 2.Lakk	miti_207
206	Maaltuu akka ogeessa fayyaa wajiin mari‟attu si kakkasee?	1.Muxxanoo kanaan dura jiruu irraa ka‟uun 2.Waan ishee dhukkubeefi 3.Fedhii koo waanta‟eef 4.kanbiro……	
207	Kanaan duraa bakka da‟uumsa hadhaa manakeetti illalichisee namota wajjiin mari‟atee qabdaa?	1 .Eyye 2. Lakki	miti_2010
208	Eyyee yoo ta‟ee enyuu wajjin mari‟attee?	1.firootaa koowalliin 2.hiriyyaa koowallin 3.kanbirooo …….. (debii tokko olii kennun ni dandaa‟amaa)	

209	Yeroo firoota kee fi hiriyyota wajjin mari‟atee yaan isanii mal t ure?	1.Akkanhadhaamanakoomanayallagessunaajajjabessanturaan 2.Akkahadhaamanakoogaramanaayallahingesineenatasisaatura 3.Yaadahomaanaahinkennine 4.Hin yaadadhu	
2010	Haati mana kee daa‟ima amma kana dhabbata fayyaa kamitti deessee?	1.Dhabbataa fayyati 2.Manaati	
2011	Dhaabbata fayyati akka deessu yadaa marii enyuttu kaasee	1.Abba manaa 2.Haadha manaakoo 3.maatii(abbaafihaadha) 4.kan biro……..	
2012	Kafaltii tajaajila da‟uumsa dhaabilee fayyaa walqabatee sadarkaa ka‟ii	1.Guttumman gututtitola 2.Gartokken tola 3.Kanfaluun nidanda‟aama 4.Qaalidhaa 5.Bayy‟ee qaalidha	
2013	Debbinlakkofsaa2012 Qaalii fi bayy‟ee qaalii yoo ta‟ee tajajila dhabbata kamitti	1.Hospitala motumma 2.Buffata fayya 3.Kilinika dhunfaa 4.kan biro…..	
2014	Adaan hawaasa keessatti abbaan manaa haadholee yeroo da‟uumsa akka gara dhaabbilee fayyatti hingeessinee taasisan malfa‟aa? (debbi tokko olii kennun nidandaa‟amaa)	1.Daa‟ima da‟uun kenna isaan qofa waanta‟eef hirmanna dhiraa hin barbaachisuu 2.Daa‟imni dhalachuun adeemsa uumama wanta‟eefxiyyefannoo hin barbaduu 3.Haadhamanawallinbakkada‟uumsa irratti mari‟achuun adda keenya miti 4.Hobbattinaddaanbaheebakkaaddatiikangatamuufikundhaabileefayyattiwaanhi	

		ndanda‟‟amneef 5.Haadhaamanatajaajilada‟‟uumsaafgara dhaabileefayyattigessuundhiraanitufachisaa	
2015	Yeroo haati manaa kee daa‟‟ima ammaa kana deessu dhaabata fayyaa dhiyyeenya keeti argamuun waalqabatee waantoota hin jallanne irra mari (deebii hedduun ni danda‟‟aama,deebiihedduakkakenaankakkasii)	1.Fageenya dhaabatafayyaa 2.Ilaalchaa/Amalahojjattotaa 3Sa‟‟aa ittibanamuu fiyerootajaajilaittikenani 4.Qoqhayuu dhabbu(sire,qorichaa) 5.Hirrira heduu 6. Kan biro…….	
2016	Dhaabbatafayyaatajaajilada‟‟uumsakennudhiyyeenyakessanitiargamaa?(eyyeenyoo daqiqa30 kessattigahamuta.e,mitiyoodaqiqa 30 olfudhateeta‟‟ee	1.Eyyee 2.miti 3.hin beeku	miti_2018
2017	Eyyeyoota‟‟eedhabbatakamituuisinitidhiyoodha?	1.Hospitalaa 2.Buffataa fayya 3.kilinikaa dhunfaa 4.kan biro……	
2018	Tajaajiladaa‟‟umsaayeroobarbaaddanittiargachuunwalqabateesadarkakaa‟‟i	1.Bay‟‟ee salphaa 2.Qubsaa 3Bayy‟‟ee ulfataa 4.Hindanda‟‟amuu5.Dhiyotti hinargamu	
2019	Deebiinulfaatayknhindanda‟‟amuuyoota‟‟eesababnimaalif ?	1.Dhaabbileen fayyaa hinjiran 2.Dhaabbileenfayyadhiyootihinjiran 3.Tajaajillakafaaluu waan hin dandeenyeef 4.Tajaajila geejjiba waanhinjireef 5.malaqaa geejjiba kafaaluu wa 6. Kan	

kutaa3ffa:Gaafilee abbaa manaa wa‟ee beekumsa ilaalchaa fi hirmanna tajaajila da‟uumsa ogeessota ga‟uumsa qabannin kennamuu ilalatuu

2020	Haatimanaakeetajaajilada‟uumsad uraadaa‟imaammakanaafargachuui shiibeektaa?	1.Eyyen 2.hin beeku	miti_2022
2021	Dubartiinulfatokkohordoffiiulfa Yooxiiqatesi‟ameqaaakkadhufteeil aallatugorfama?	1.Tokko 2.Lamma 3.Saddii 4.Afurii	
2022	Sababamaalifdhaabbileefayyattiida ‟uunbarbaachisaata‟eejetteeyaadda a?	1.Ogeessoniga‟umsaqabn wan jiraniif 2.Akkatasaayalliinhatattamanibarbachisaa yoota,eedaafaniiakkaargatantasisaa 3.yaalahatattamaahadhaafidaa‟imniniargat uu 4.hin bekuu	
2023	mallattoowwanyeroulfaamidhaag eessissanmaalfa‟aa?kaanbektuuhu ndaafilli)	1.dhiiga qaamasaalaairraabahu 2.hoo‟aa qaamaadabaluu 3.dhukkubbii garaa 4.dahuu dadhabuu 5.Of -wallaluu 6.hin beekuu	

kutaa 4faa .Gaafilee hubannaa dhiiraa waalqabatan.

2024	Haadha ulfaa kamiiyyuu midhaan sababa ulfaa irra gahuu ni danda‟a	1sirritti itii hin amanu 2.ittihinamanu 3.yadaa hin qabu 4.ittiamana 5.sirrittiittiamana
2025	Midhaan sababa da‟umsaatiin dhufu hamaafi haadha mana kootis midhuu ni danda‟a	1 sirritti itii hin amanu 2. itti hin amanu 3.yadaa hinqabu 4. ittiamana 5. sirritti itti amana
2026	Midhaan sababa da‟uumsaatiin dhufu hamaafi daa‟ima dhalatus miidhuu ni danda‟a	1 sirritti itii hin amanu 2. itti hin amanu 3.yadaa hin qabu 4. ittiamana 5. sirrittiittiamana
2027	ogeessa fayyaa biratti da‟uun haadha manaa kootif bu‟aqabeessa	1 sirritti itii hin amanu 2. itti hin amanu 3.yadaa hin qabu 4. itti amana 5. sirritti itti amana
2028	Ogeessa fayyaa biratti da‟uun fayyumma daa‟imma dhalatuutiif bu‟aqabeessa	1 sirritti itii hin amanu 2. itti hin amanu 3.yadaa hinqabu 4. itti amana 5. sirritti itti amana

Gaaffiin ani siin gaafachuu barbaade ammaaf kanuma qofa yoo ta‟u yeroo kee naaf haarsaa gootee naaf kennuu keef galanni koo guddaadha .Wantii siif ifa hin taane yoo jiraate gaafachuu dandeessa_____