

**Addis Ababa University
College of Health Sciences
School of Public Health**



Male partner's involvement in antenatal care service use and associated factors in selected public health centers, Bole sub city, Addis Ababa Ethiopia

By: Eskedar Girum (BSc)

**Advisors: 1.Demeke Assefa (MD, MA)
2. Gebretsadik Shibre (MPH)**

A thesis submitted to Addis Ababa University College of Health Science, School of Public Health, in partial fulfillment of the requirements for the degree of master in public health

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ACRONYMS AND ABBREVIATIONS

ANC	--	Antenatal care
DHS	--	Demographic and Health Survey
EDHS	--	Ethiopian Demographic and Health Survey
EPI	--	Epidemiological
FMOH	—	Federal Ministry of Health
HIV	—	Human Immune Deficiency Virus
HCT	—	HIV counseling and testing
ICPD	--	International Conference on Population and Development
IDI	--	In-depth interviews
MDG	--	Millennium Development Goals
MMR	--	Maternal Mortality Ratio
PMTCT	--	Prevention of mother to child transmission
RH	--	Reproductive Health
SDG	--	Sustainable Development Goals
SPSS	--	Statistical Package for Social Science
VIF	--	Variance Inflation Factor
WHO	--	World Health Organization
UN	--	United Nations
UNDP	--	United Nations Development Program

ABSTRACT

Background: Antenatal care (ANC) service utilization is an important strategy for improved maternal and child healthcare. Evidence show that male partner's involvement in ANC has helped the improvement of women's and children's wellbeing. However, there is limited evidence about male partner's involvement in ANC service in Ethiopia, particularly in Addis Ababa.

Objective: The survey aimed to assess male partner's involvement in the utilization of ANC and associated factors in selected public health centers of Bole sub city, Addis Ababa, Ethiopia

Methods: Facility based cross sectional study design was conducted among 383 male partner participants who accompanied their pregnant wives in ANC visit in selected public health centers, Bole sub city. Study participants were selected by using convenience sampling method. The purpose and significance of the study was explained to each participant ahead of their interview. Interviewers administered structured questionnaires, which was pre-tested on five percent of the total sample size, to gather data. The consistency and completeness of the data was checked throughout the data collection process. The collected data were entered into Epi data v 3.1 Software and were analyzed by using SPSS v 22 software. Binary logistic regression model was used to identify factors that predict the response variable. The findings are presented in texts, tables and charts. Odds Ratio (OR) was used as a measure of association. The 95% uncertainty interval was constructed around each point estimate of the OR. In addition to the confidence interval (CI), p-value <0.05 was used as a measure of statistical significance.

Results: More than 60% of the respondents (N= 205) accompanied their spouse at least on one ANC visit in the previous pregnancy. The largest percentage of participants, 93.7% (N=310), were also involved in shared decision making. Besides, almost all respondents, 97.9% (N=324), supported their wives financially for their previous pregnancy ANC service. Respondents who were employee of private sector [AOR=3.54, 95% CI (1, 12.9)], self- employed [AOR=3.7, 95% CI (1, 13.9)] and those who got positive attitude from health professionals [AOR=3.19, 95% CI (1.90, 5.36)].had significant association with male partners involvement in previous pregnancy ANC visit.

Conclusion: The study has revealed that male partner involvement in wife's ANC service was high in the studied setting. In complement to this, further study is recommended to verify the positive outcome achieved from the involvement of male partners, on maternal and child health.

Key Words: Antenatal care, Male involvement, Bole sub city, Addis Ababa

1. BACKGROUND

1.1. Introduction

Antenatal care (ANC) or 'pregnancy care' is the healthcare and support given for a pregnant woman. It is a type of preventative care with the goal of providing regular check-ups that allow healthcare providers to treat and prevent potential health problems throughout the course of the pregnancy and during childbirth(1). For many women around the world, an ANC visit is serving as a gateway to health services both during and beyond maternity care. In addition to diagnosing and managing pregnancy-related complications, ANC provides an opportunity to screen for and treat other chronic conditions and non-communicable diseases. It is the proportion of women attended at least four times during pregnancy by trained health personnel for reasons related to their pregnancy (1, 2).

Globally, while 86 % of pregnant women access ANC with skilled health personnel at least once, only 62 % receive at least four antenatal visits (2). In regions with the highest rates of maternal mortality such as sub-Saharan Africa, even fewer women received at least four antenatal visits (52 %). In Ethiopian, the 2016 Demographic and Health Survey(DHS)shows that the first ANC coverage has reached 62%(2).Maternal and child health (MCH) were a focus of the Millennium Development Goals (MDG) (2000–2015), and continued to be part of Sustainable Development Goal(SDG) five (2016–2030) as agreed upon by the United Nations and co-operating countries(3). Complications during pregnancy, childbirth and the postpartum period present a significant and complex public health problem in low income countries such as Ethiopia(4). One strategy endorsed by the World Health Organization (WHO) to improve the MCH outcomes is to encourage male partner involvement in ANC(5). Male partner involvement in women's sexual and reproductive health as well as maternal and child health care has attracted considerable attention since the International Conference was held on Population and Development (ICPD) in Cairo, 1994 (6) and the 4th World Conference on Women in Beijing(7), which were on women's health and the need to have men more involved in the promotion of maternal health. Although the WHO has recognized the role of male partner involvement in MCH, the proportion of ANC attendees who do benefit from their husbands is rather low. Engaging male partner early in pregnancy healthcare is viewed as an opportunity to educate them about the importance of perinatal healthcare and to help male partners support their spouses effectively during pregnancy, birth preparation, during delivery and in the postnatal period(8).

In most sub-Saharan African countries including Ethiopia, pregnancy and childbirth have long been regarded as exclusively women's affairs. Evidences suggest that in positive benefits of male partner's involvement in antenatal care is associated with improved maternal health outcomes(8) .Despite the potential benefits, male partner involvement in antenatal care service in Ethiopia is low and vary across regions (9, 10).Despite the Ethiopian government's focus on maternal health and the WHO recommendations regarding male involvement, there is limited evidence about male partner's involvement in antenatal care service in Ethiopia in general and Addis Ababa in particular.

1.2. Statement of the problem

ANC is a critical element for reducing maternal mortality through prevention, early detection and treatment of problems and complications(11).In 2015, 303,000 women died of pregnancy and child birth related complications worldwide, among which 99% were in developing world and 1% in developed countries(1). Besides, the maternal mortality ratio per 100,000 live births in developing to developed countries was 239 to 12.(1). According to 2016 DHS, the MMR in Ethiopia was 412 per 100,000 live births. However, this figure is far from the millennium development goal (MDG) target of 267maternal deaths per 100,000 live births by 2015(3).

Utilization of ANC depends not only the availability of services but also on different factors such as husbands' involvement in seeking institutional ANC service(12).The role of men as household heads and chief decision-makers, as indicated in majority of studies in Ethiopia, determines women's access to maternal health services and influences their health outcomes (8). Some researchers suggest that male partners' involvement is a very significant factor to consider in finding a solution for the main factors that are responsible for many of the maternal death. These factors include delay one (delay in decision making to seek healthcare) and delay two (delay in reaching to health facility) which are directly related to the issues in the family and need the involvement of the husbands(13, 14).

In majority of Sub-Sahara African countries including Ethiopia, male partner's participation at ANC is low(4). Predictably, men thought that antenatal clinic activities fell outside their area of responsibility. Consequently, men perceived that attending the antenatal clinic would be "unmanly"(15). Studies conducted in Harari and Tigray regions showed that male involvements in ANC visits was only 19.7% and 18% respectively(16, 17). Another study in Addis Ababa conducted on male involvement in prevention of mother to child transmission (PMTCT) of HIV showed that 39% of male partners had

attended ANC service with their partners(18). Some studies have shown that socio-demographic, cultural and health facility factors hinder the participation of male at antenatal care(16). The sources of information for these studies were pregnant woman who attended ANC visits in health facilities reflecting their feelings about their husbands. However, studying the actual factors that hinder male partner's involvement in the ANC service by involving the male partner themselves as respondents is very worthwhile to produce unbiased evidence.

Ethiopian Federal Ministry of Health (EFMOH), as part of reproductive health (RH) has a strategies to reduce MMR. Those strategies did not consider and were not focused on the roles of men in maternal health services including ANC, except limiting their participation only for HIV screening(19). Similarly, male partner involvement in wives' ANC service has not been well assessed and there is no clear evidence that shows the level of male partner's involvement in the uptake of ANC service in Ethiopia as well as in Addis Ababa. Hence, this study is intended to know the status of male partner's involvement in wives ANC service and to assess associated factors which facilitate or inhibit the involvement in the uptake of ANC services in study area.

1.3. Significance and rationale of the study

Husband and wife as a couple bear all the responsibility of their present and future life. To ensure good health of the family they need better understanding and Cooperation between each other. At the time of pregnancy, demand for cooperation is more to ensure the safety of mother and child. So it is important to check the husbands' presence at the time of wives ANC visit for better maternal health outcome(12). Male partners who attended their wives' ANC visits are benefited from getting first-hand information about the health of their wives and the unborn babies, so that they will contribute in identifying and preventing danger signs of pregnancy(4). Most studies did not focus exclusively on the role of men, instead examined factors related to maternal healthcare overall and included some information on male partner involvement(4). It is believed that improved ANC service coverage and utilization doesn't guarantee the full prevention, treatment, care and support for the pregnant mother unless male partners are involved in wide ranges of ANC activities (18). Therefore, this study is useful to show the status of male partner involvement in ANC and to identify factors that affect this involvement. The information that is delivered by this study provides directions for stakeholders to implement successful strategies that are effective in promoting male involvement in ANC service, which eventually leads to improvement in health service utilization and the health of the women and (20).

2. LITERATURE REVIEW

2.1. Magnitude of male partner involvement during ANC service utilization of wives

2.1.1 Accompanying woman for ANC visit

Institutional based cross-sectional study on male partners' involvement in maternal ANC was conducted in Harari regional State (16). It was made among ANC attendees in the health institutions and 385 women were interviewed. This study was intended to investigate the level of male involvement in maternal ANC care and to identify the factors associated with ANC follow up. As a result 52.6% of the women were answered that they were never accompanied to any of their ANC visit during their recent pregnancy, only 19.7% were accompanied by their male partners during their current visit. The possible reasons why the women were not accompanied by their male partners were asked and majority of the participants (54.6%) reported that their partners were occupied with routine jobs. In addition, 13.6% of the respondents replied that males consider the ANC is the sole responsibility of the wife/women (16).

Another Institution based cross-sectional study was conducted in Gondar city to assess the prevalence and associated factors of male involvement in HCT among partners of pregnant women (14). 422 partners of pregnant women were participated. In this study, about 40.1% of the partners accompany their wives to ANC and received HIV counseling and testing together. The study result showed that male partners of pregnant women who were living with their wives were significantly more likely to attend the ANC service than those partners of pregnant women living in separated place. On the other hand the level of male involvement in ANC /HCT visits was found to be higher among younger male partners. In this study, male involvement in ANC visit/ HCT was significantly associated with wife's number of pregnancies (21). A Community-based cross-sectional study which is conducted in Chenchä district Gamogofa zone southern Ethiopia, among 836 participants showed that the magnitude of pregnant women that are accompanied by their partner in ANC service in the district was 9.4% (14).

2.1.2. Shared decision making

A cross-sectional study done in Central Tanzania on factors influencing men's involvement in antenatal care service mentioned that 89% of male partner respondents made joint decisions on seeking antenatal care (22). The study carried out in Kassena-Nankana Districts of Ghana using qualitative approaches showed women who participated in the focus groups confirmed that health seeking decisions, particularly relating to pregnancy and childbirth, are made by husbands and traditional soothsayer (23). On the other hand a study done in Ambo on involvement of male in antenatal care, birth preparedness

and complication readiness and associated factors showed that about 60.7% of decision to seek wife's healthcare service was made by male partners alone and 34% of shared decision was made jointly (24). Similarly in India male involvement and utilization of maternal health services were assessed and the result showed that 27 percent of health care decision taken jointly and the rest was made by husbands only (12). Another cross sectional survey conducted in Vietnam among 907 mothers with children younger than one year showed that two- third of women (66.5%) were not equal to their husbands in decision making regarding to their health(25).

2.1.3. Financial support

A cross sectional study conducted in Uganda on determinants of male involvement in PMTCT of HIV program showed that only 4.7% of the 387 men participants had attended ANC with their partners, but most of them(97%) provided financial support to their spouses to attend ANC(26). Another community based cross sectional study in male involvement in prevention of mother to child transmission of HIV in Addis Ababa showed that 87.5% male partners provided financial support to their spouses to attend ANC(18). Similarly a study on women's attitudes toward their partners' involvement in antenatal care and prevention of Mother-to-Child Transmission of HIV in Cameroon showed that 98.2% of respondents stated that male partners primary role was payment for obstetric care (27).

Another community-based cross sectional study in Debreworkos which assessed the level of male partner involvement and associated factors in prevention of mother to child transmission of HIV/AIDS services stated 88.3% of husbands had supported ANC follow up for their partners by covering medical expenses (28). In contrast to the above studies, a cross sectional survey done in Vietnam among 907 mothers showed only one third of husbands provided financial support to their wives during pregnancy(25)

2.2. Factors Associated with Male Involvement in ANC service utilization

2.2.1. Socio-Demographic factors

An educational level, marital status and age as a socio demographic factor could have an impact on male involvement in ANC service. A study carried out in Makindye sub country Central Uganda, which is a community-based descriptive cross sectional study using both quantitative and qualitative approaches between August and October 2015. The number of participants recruited was 405 (384 males and 21 key informants). The study showed that 6% of male partners were found to be consistently involved while

94.0% were not consistently involved in ANC. The results showed that education, Monthly income earnings, marital status and age had a significant relationship with the male partner involvement in antenatal care. Occupation has no association with male involvement to ANC. Therefore, higher attainment of education improved involvement in ANC among male partners (10).

A Secondary analysis of 2011 Ethiopian demographic and health survey data was done on Male partner attendance at antenatal care and adherence to antenatal care guidelines. Complete data were used for 1204 couples who met inclusion criteria. As the study showed that, Compared to men who did not attend ANC visits, men who attended at least one antenatal care appointment with their partner were younger, had fewer children, were more educated, were wealthier, were more likely to live in an urban area, report partner or shared healthcare decision making and follow Ethiopian Orthodox religion. Higher rates of screening tests (urine and blood samples) and counseling about potential pregnancy complications were significantly associated with male partner attendance at antenatal care. These associations remained significant after controlling for socio-economic factors, women's decision making power and location of antenatal care (4).

2.2.2. Socio cultural factors

A study carried out in the East and West Kassena-Nankana Districts of Ghana was used a qualitative research approach to gain an understanding of men's perception of their role in maternal health (23). One hundred twenty individuals participated in the focus groups discussion. This was in addition to the 16 in-depth interviews (IDIs) with the health workers. ANC services in Ghana are dominated by females and men in the district do not accompany their partners for antenatal care due to many barriers like tradition, lack of knowledge on the importance of accompanying their partners to the ANC, Men will have risk social disrespect and stigma if seen accompanying their partners to the ANC(23). Women with complications were more likely to have their husbands attend antenatal care with them. This was due to two reasons; first, because the woman cannot walk due to the illness and therefore has to be transported and second, because they want to have first-hand information on her recovery(23). Male involvement and utilization in maternal health was also assessed in India using data from National Family Health Survey. The analysis was done on 42,183 match couples, those who are married. Those women's husband has knowledge regarding maternal health and present at the time of ANC visit more likely to utilize safe delivery service. The study shows that husband can significantly influence the women's health care utilization by restricting women into the house hold and leads non institutional delivery.

Presence of violence decreases the husbands' presence at the time of wives ANC visit but increase the institutional delivery. A result showed that among Hindus 75% male partners are present in antenatal care visit (12).

2.2.3. Knowledge towards ANC service

Institutional based cross-sectional study which was conducted in Harari regional State on male partners' involvement in ANC service was showed that the reason why pregnant mothers were not accompanied by their partners to the visit were identified as being husbands are preoccupied with work, lack of knowledge that pregnancy could result in different complications, a belief that the ANC is the issue of women's only, male's feeling shame to accompany and lack of responsibility (16). A study conducted in India showed that husband's knowledge about pregnancy related care increases its utilization and suggested that male partner's presence during antenatal visits might increase the likelihood of institutional delivery(29). Another study conducted in Ambo Town, Ethiopia shows that 53.7% had good knowledge of general danger signs of pregnancy in the study area(24).

2.2.4. Health Care Delivery System

In 2017 a community based cross sectional study was carried out in Kenya on male partner involvement in antenatal care services among 424 Participants(15). Both qualitative and quantitative data was collected through the questionnaires, interview schedules, Focus Group Discussion, and observation (15). The study showed that the health care facility environment influenced husband's to accompany wives in attending antenatal clinic. Antenatal clinic's environment influence comprises 62% on male participation in antenatal care service(15). On the other hand a study conducted in Uganda as reflected from husband's qualitative data response, the first major factor consistently identified by the focus groups was rudeness and rough handling of the pregnant women in the ANC clinics (26). A similar study which is conducted in Uganda showed that long waiting times at health facilities (14.7%) and concerns over limited privacy with most ANC health education and other activities being conducted in an open space, making it difficult for males to express themselves(30).

This portion of the thesis has reviewed existing literatures based on conceptual and a methodological approach that are applicable in male partner involvement in antenatal care service utilization. The level of male partner involvement in antenatal care service is found to be different for different countries as well as study methods. From the literatures reviewed male partner's involvement in ANC of their wives

ranges from (4.7%- 40%) in Uganda and Gondar town, Ethiopia respectively. Men partner involvement in ANC services is low and most studies were based on pregnant woman's who attend ANC/PMTCT clinics which reflect their feelings about their male partners; hence exploring the male partner actual factors from husband's perspective is worthwhile.

2.3. Conceptual Framework

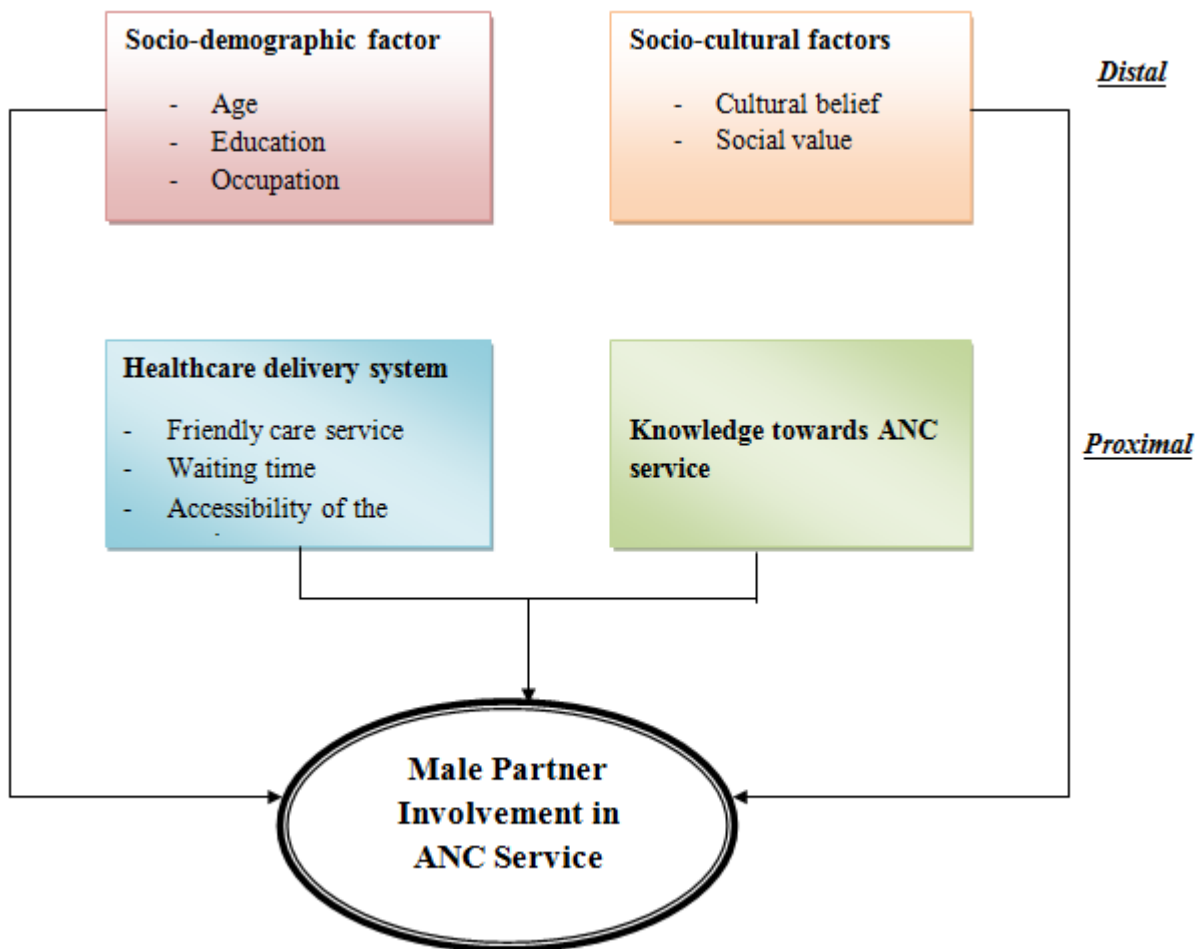


Figure 1: Conceptual frame work on male's involvement in ANC service use in selected public health centers of Bole Sub-city, Addis Ababa, 2019(20).

3. OBJECTIVES

3.1. General Objective

-  To assess the magnitude of male partner's involvement in antenatal care service use and identify factors that influence the involvement in selected public health centers in Bole sub city, Addis Ababa, Ethiopia.

3.2. Specific objectives

-  To determine the magnitude of male partner involvement in the ANC service use
-  To identify factors associated with male partner's involvement in ANC service use

4. METHODS

4.1.Study area

The study was conducted in a randomly selected public health centers in Bole sub city Addis Ababa, Ethiopia. Bole sub city is the largest among the ten administrative sub cities that are found in Addis Ababa city. It is located in the south-eastern part of Addis Ababa with a total population of 406,059. Under the sub city health office there are ten public health centers and other private health facilities which offer maternal health services including ANC service. There are fifteen woreda administrations in the sub-city; and the public health facilities are allocated based on the woreda's distribution and according to the geographical locations. One health center addresses one to two woreda's catchment population. A team of health professionals (Doctor, Nurses, Midwife, Pharmacists, Laboratory Technicians and Health officers) provide the health care service at each public health facilities(31).

4.2.Study design

Facility based cross sectional study was conducted.

4.3.Source population

All husbands who accompanied their wives for ANC visit in public health facilities of Bole sub city, Addis Ababa.

4.4.Study population

All husbands who accompanied their wives for ANC attendance in selected public health facilities in Bole sub-city, Addis Ababa were the study population.

4.5.Inclusion Criteria

All husbands who accompanied their wives for ANC visit at the time of data collection and whose wives had previous ANC follow up at least once.

4.6. Exclusion criteria

Those husbands whose wives are primigravid (those with no history of previous pregnancy) and null para (those women with no history of delivery) were excluded from the study.

4.7. Sample size determination

The sample size required for this study was calculated based on a single population proportions formula as follows; where n is sample size, Z is standard normal distribution corresponding to significance level at $\alpha = 0.05$, d is margin of error assumed to be 5%,

4.7.1. When P is Prevalence of male partner's involvement in accompanying woman for ANC = 19.7% (taken from a study done at Harari region, Ethiopia 2014)(16).

$$n = (Z a/2)^2 p (1-P) / d^2$$
$$n = (1.96)^2 0.197 (0.803) / (0.05)^2$$
$$n = 243$$

By considering non-response rate of 10 %, the final sample size is 270.

4.7.2. When P is Prevalence of male partner's involvement in financial support for ANC = 87.5% (taken from a study done at Addis Ababa region, Ethiopia 2014)(18)

$$n = (Z a/2)^2 p (1-P) / d^2$$
$$n = (1.96)^2 0.125 (0.875) / (0.05)^2$$
$$n = 168$$

By considering non-response rate of 10%, the sample size is 187.

4.7.3. When P is Prevalence of male partner's involvement in Shared decision making for ANC = 34% (taken from a study done at Ambo city Oromia region, Ethiopia 2016(24))

$$n = (Z a/2)^2 p (1-P) / d^2$$
$$n = (1.96)^2 0.34 (0.66) / (0.05)^2$$
$$n = 345$$

By considering non-response rate of 10%, the sample size is 383.

Among the above selected samples of male partner's involvement in ANC the largest sample size is the final sample size of the study. For this reason the sample size is 383, which was taken from a study done at Ambo city Oromia region, Ethiopia 2016(24).

4.8. Sampling procedures

Bole sub-city was selected for the study because it has diversified and largest population size among ten sub cities that could represent that of Addis Ababa city. Among ten public health centers that are found in Bole sub city five health centers were selected by using simple random sampling technique and the calculated sample size was allocated proportionally to each health centers.

Proportional allocation = $\frac{\text{Annual ANC follow-up plan of a given health facility}}{\text{Sum of the annual ANC follow-up plan of each health facility}} \times \text{Sample size}$

The study subjects (husbands of pregnant women) from each facility were selected by using systematic random sampling techniques.

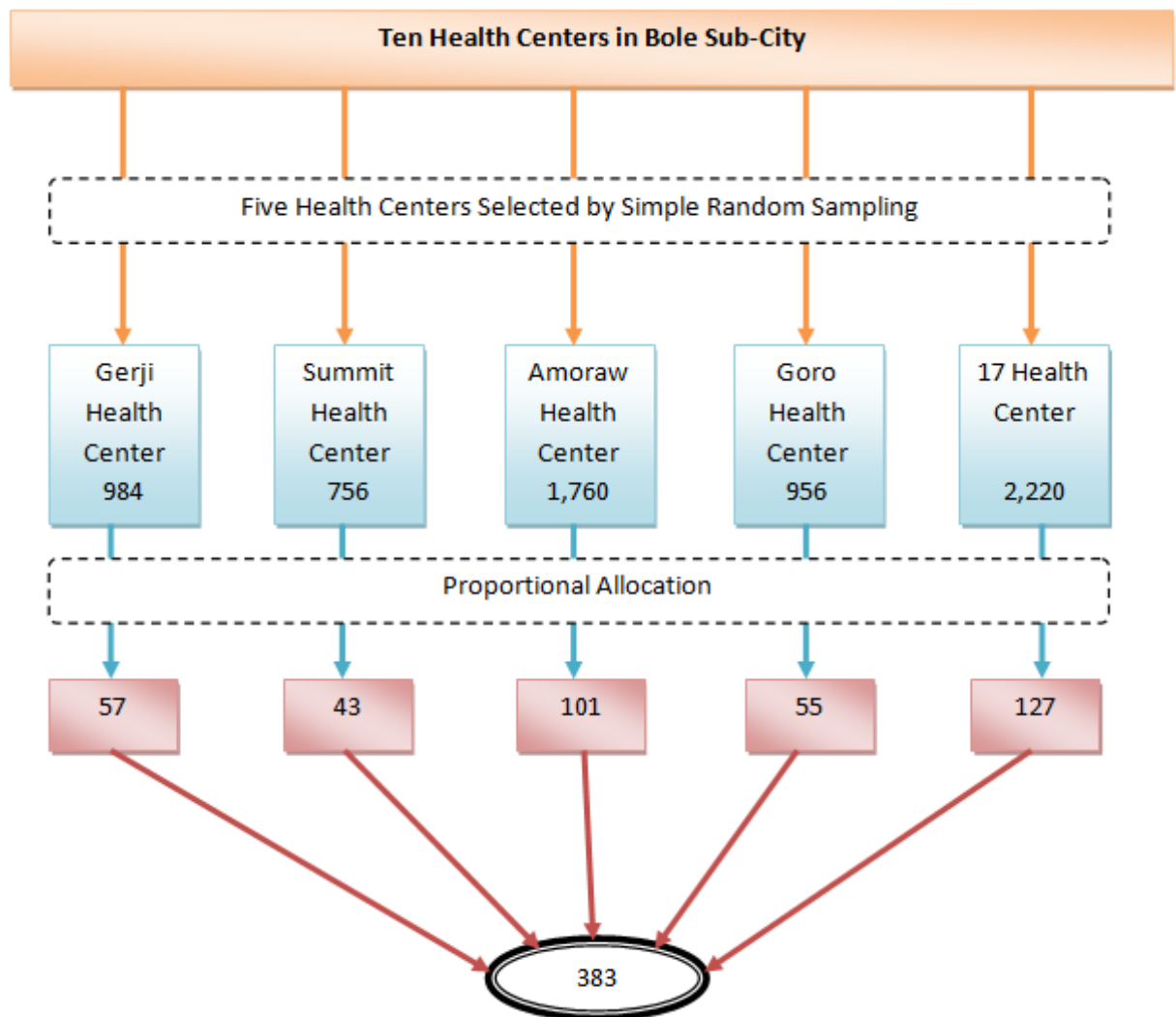


Figure 2:- Diagrammatic representation of sampling procedures in selected public health centers of Bole Sub-city, Addis Ababa, 2019

4.9.Data collection procedures

The data collection process was supervised by the principal investigator using a structured questioner to gather information from the study participants. A questionnaire was developed in English language first

and translated into Amharic. The data was collected by six health professionals (Midwives and Nurses) working at different public health facilities.

4.10. Variables of the study

4.10.1. Outcome/Dependent variable: Male partner's involvement during ANC service of their wife (accompanying woman for visit, shared decision making or financial support).

4.10.2. Explanatory variables:

- ❖ Socio-demographic variables: - Age of husbands(20-29, 30-39and 40-59 years), educational status of wives and husbands(No formal education, Primary, Secondary, Technical/Vocational and Higher),occupation of husbands and wives(Government, private, self-employee, daily laborer, house wife and other)
- ❖ Socio cultural factors:- Cultural beliefs and social values
- ❖ Health care service related factors:-Friendly care service, Waiting time of service provision (standard/not standard)&accessibility of the services
- ❖ Knowledge of husbands towards ANC service

4.11. Operational definitions

4.11.1. Male partner: male who is in marital unions with the women (legal, religious and traditional)

4.11.2. Male partner's involvement in ANC service: is measured by considering components, which include accompanying woman for ANC visit, shared decision making about the ANC service with his wife and financial support for pregnancy related expenses (6), where any of them constitutes male partner's involvement. As indicated on the questionnaire, questions number 202, 208 and 211 measured the outcome variable.

4.11.3. Antenatal care service waiting time: is measured by considering the standard service waiting time which is 55 minute (32).

4.12. Data Analysis Procedure

The collected data were entered into EPI data v3.1 software and transferred to SPSSv22software for analysis. The data were cleaned and new variables deemed necessary for the study were computed ahead of the final analysis. Owing to the binary nature of the outcome variable, binary logistic regression was used to determine association between the dependent and explanatory variables. The outcome variable

was measured by using the three components of male partner involvement in ANC service and each variable was coded in to yes and no (1 and 0 respectively).Odds Ratio (OR) was used as a measure of association. Statistical significance was measured by using 95% confidence interval (CI) of the reported OR and p-value <0.05. Findings were presented in texts, tables and graphs by using frequencies, percentages, mean and standard deviation. Variables that were significant at P-value less than 0.2at bi-variable analysis were taken to the multivariable regression. Multi-co linearity was checked using the Variance Inflation Factor (VIF) diagnostic statistical procedure before running the multivariable regression analysis and VIF less than five. Concerning to model fitness, it was checked by Hosmer and Leme show test.

4.13. Data quality management

The data quality was ensured through various procedures such as orienting data collectors, and pre-testing the data collection instrument for its clarity to make it address the research problems appropriately. Necessary adjustment to the tool was done prior to the actual data collection period. Also, the questionnaire being structured has helped to minimize inter-data collector bias. Moreover, the collected data were checked for its consistency, completeness and entered to Epi data version 3.1 and exported to SPSS 22 for analysis.

4.14. Ethical considerations

Ethical approval was obtained from the Research Ethical Committee of the Addis Ababa university school of public health. The proposal was also approved by Addis Ababa health bureau research ethical committee and written permission was obtained. For each study participant verbal informed and written consent was offered after the data collectors was explained the nature, purpose and procedures of the study. Reassuring participants about anonymity and confidentiality of the data they provided was strictly maintained.

4.15. Dissemination of results

The result of this study will be presented and submitted to Addis Ababa University College of Health Science School of public health t and will also be disseminated to Bole sub City Health office and Addis Ababa health bureau. The result will be accessed to other researchers to use as source of information for further research and even to critique the findings.

5. RESULTS

5.1. Socio-demographic characteristics of the respondents

During the data collection process, the response rate was 100%. More than 60% of the respondents were between the age of 30-39 years, and the mean age ($\pm$ SD) of the respondents was 34.07 ($\pm$ 5.29) years. Concerning the educational status, 16 respondents (4.2%) had no formal education, 112 (29.2%) had attended primary education, 99 (28.8%) had attended secondary education, and 94 (24.5%) had also attended higher education. Besides, higher proportion (N=152, 39.7%) of respondents were private sector employee. Regarding respondents' spouse educational and employment status, 138 (36%) wives had attended secondary education and the majority 174 (45%) were housewives (Table 1).

Table 1: Socio-demographic characteristics of respondents and their wives at selected health centers of Bole sub city, Addis Ababa Ethiopia, 2019. (n= 383)

Variables		N (%)
Age category	20-29	93 (24.3)
	30-39	234 (61.1)
	40-59	56 (14.6)
Occupational status of respondents	Government employee	72 (18.8)
	Private sector employee	152 (39.7)
	Self-employee	103 (26.9)
	Daily Laborer	56 (14.6)
Educational status of respondents	Primary	112 (29.2)
	Secondary	99 (25.8)
	Technical/Vocational	62 (16.2)
	Higher	94 (24.5)
	No education	16 (4.2)
Respondents' spouse occupational status	House wife	174 (45.4)
	Private sector employee	74 (19.3)
	Self employed	56 (14.6)
	Government employ	51 (13.3)
	Daily laborer	28 (7.3)

Respondents' spouse educational status	Primary	105 (27.4)
	Secondary	138 (36)
	Technical/Vocational	58 (15.1)
	Higher	43 (11.2)
	No education	39 (10.2)

5.2 Male partners' involvement in ANC service and wives obstetric history

5.2.1 Men involvement in previous pregnancy ANC service

With respect to previous pregnancy, 324 (84.6 %) husbands mentioned that their wives had skilled ANC follow up. Majority of the respondents, 205 (63.3%) were accompanied their wives during their previous pregnancy at least once, and of which 146 (70.5 %) had accompanied two and above visits. Moreover, 324 respondents (97.9%) were involved in financial support for expense related to pregnancy and ANC service, and 310 (93.7%) were also involved in decision making to seek skilled ANC service in previous pregnancy.

Regarding respondents' main reason for not attending wives at ANC visit, 75 husbands (64.1%) stated that they were preoccupied with routine work, 36 (30.8%) thought that their attendance at the visit was not useful, and only five (4.3%) husbands mentioned that their wives didn't want them to go for the visit. About 307 (80%) of respondents also stated that their wives did not face any pregnancy complications in previous pregnancy. The number of wives attending the current ANC visit for their second pregnancy (N= 295, 77 %) exceeds those wives who were attending for their third and above pregnancy status (88, 23 %) more than three times (figure 3).

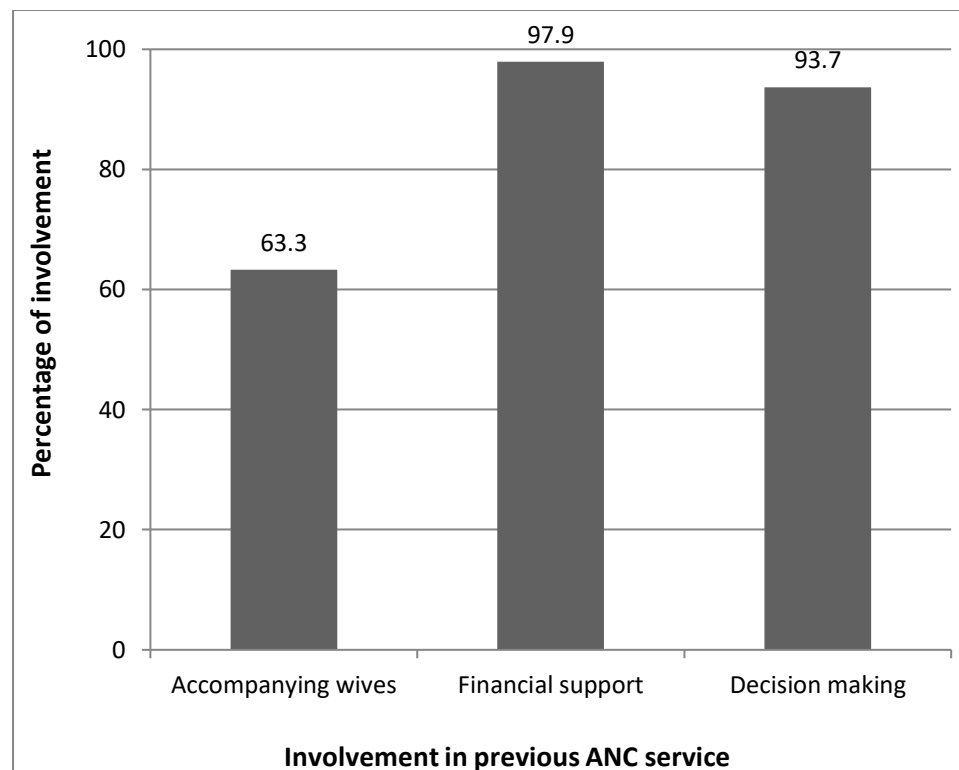


Figure 3: Male partners' involvement in previous pregnancy ANC visits at selected health centers of Bole sub-city, Addis Ababa, Ethiopia, 2019

5.3 Men's knowledge about antenatal care services

Knowledge of male partners about ANC services that are provided at the health center level was assessed on the basis of twenty three questions. Each respondent answered six questions in average. Accordingly, 61.6% of respondents knew at least one ANC service, of which 18 respondents (4.7%) had knowledge related to blood and urinalysis investigation, 194 (50.7%) related to fetal health monitoring , 94 (24.5%) to provider initiated HIV testing and counseling , 40 (10.4%) to iron supplementation , six (1.6%) to tetanus toxin (TT) vaccine, 61(15.9%) to advice on danger signs, five (1.3%) to PMTCT , and three (0.8) to advice on skilled delivery.

The importance of ANC service to the mother as well as the unborn baby was acknowledged by 382 respondents (99.7%). This was related to getting skilled care services from health professionals as perceived by 319 respondents (83.3%), to preventing pregnancy complications by 172 respondents (44.9%), to promoting health of the mother and the fetus by 171 respondents (44.6%), and to HIV testing and counseling by 33 respondents (8.6%). Majority of the respondents (n=363, 94.8 %) believed in starting ANC follow up before sixteen weeks of gestational age; however, with regard to the knowledge of ANC visit frequency, only 61 respondents (5.9 %) knew the recommended number of

visits. Concerning the responsibilities who should accompany pregnant women for ANC visits, the majority (n=315, 82%) mentioned it to be that of the husband (Table 2).

Table 2: Knowledge of male partner's regarding antenatal care services and its importance at Bole sub city selected public health centers, Addis Ababa, April 2019.

Variables	Yes	No
	N (%)	N (%)
Know about ANC services	236 (61.6)	147 (38.4)
Blood & Urine Analysis	18 (4.7)	365 (95.3)
Fetal Health Monitoring	194 (50.7)	189 (49.3)
HIV Testing & Counseling	94 (24.5)	290 (75.5)
Iron Supplementation	40 (10.4)	345 (89.6)
TT Vaccine	6 (1.6)	369 (98.4)
Advice on danger signs	61 (15.9)	323 (84.1)
PMTCT	5 (1.3)	380 (98.7)
Advice on Skilled Delivery	3 (0.8)	372 (99.2)
Is ANC Service Important	382 (99.7)	1 (0.3)
Skilled Care Service	319 (83.3)	64 (16.7)
Prevent pregnancy complications	172 (44.9)	211 (55.1)
Promote Health of Mother & Fetus	171 (44.6)	212 (55.4)
HIV testing & counseling	33 (8.6)	351 (91.4)
ANC follow up should be started $\leq$ 16 weeks	363 (94.8)	20 (5.2)
Male partner's should accompany their pregnant wives	330 (86.2)	53 (13.8)
Recommended ANC visit frequency is $>$ 4 visit	61 (15.9)	322 (84.1)

5.4. Knowledge of pregnancy danger signs

As shown in figure 4 below, husbands' knowledge on pregnancy danger signs was very low. Most respondents (n=210, 54.8 %) did not know danger signs that occurred during pregnancy. From those respondents who mentioned at least one danger sign of pregnancy (n=173, 45.2 %), only 34 respondents (8.9%) knew two and above danger signs. Vaginal bleeding was the most recognized danger sign of pregnancy, whereas loss of consciousness and edema were the least recognized. (Figure 4)

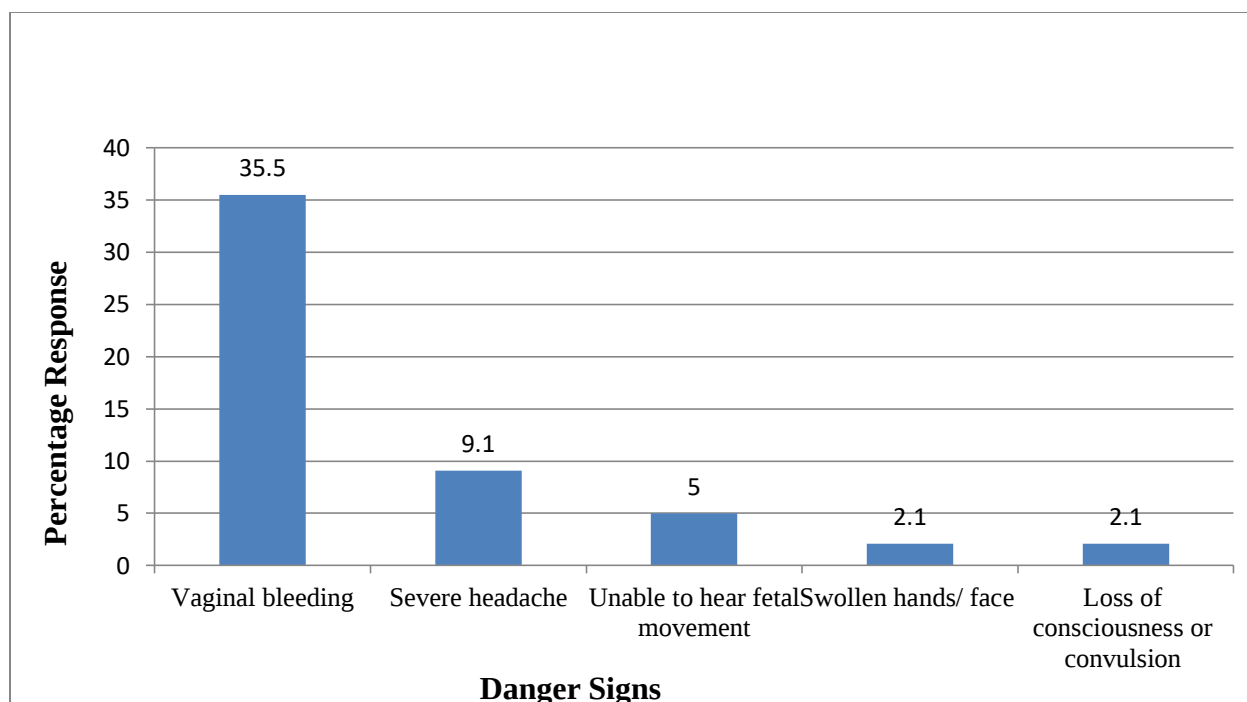


Figure 4: Knowledge of male partners about danger Signs of pregnancy in Bole sub-city selected health centers, Addis Ababa, April 2019.

5.5. Health care service related influence of male partner's involvement in antenatal care service

According to the respondents' feedback, it took not more than 30 minutes to reach to the health facility from their home for 270 respondents (70.5%). Most of the respondents (n=201, 52.5%) believed that health providers had positive or encouraging attitude for husband's participation in ANC visit. However, only 83 respondents (21.7 %) had waiting time, at the health facilities, of less than or equal to 55 minutes to receive the ANC service. Besides, the waiting areas were found to be inadequate and with lack of chairs to most of the respondents (n=231, 60.3%). (Table 3)

Table 3: Health care service related influence on male partner's involvement in antenatal care service in Bole sub-city selected health centers, Addis Ababa, April 2019.

Variables	Yes	No
	N (%)	N (%)
Possible to reach the nearest public health center within 30 minute	270 (70.5)	113 (29.5)
Health care providers have positive attitude towards male partners of pregnant women at ANC visit	201 (52.5)	182 (47.5)
Suitability of the ANC provision area for males	152 (39.7)	231(60.3)

5.6. Socio- cultural factors influence on male partner's involvement in antenatal care service

This study established socio-cultural influences on male partner's involvement in supporting their spouse in ANC service use. ANC service room is perceived, by almost half of the respondents (n=188, 49.1%), as a place where service is given only for women. Some of the respondents also believed that pregnancy is only women affair that does not require husbands participation (n=16, 4.2%), and they had no couple discussion culture on a healthy pregnancy (n=43, 11.2%). Besides, significant number of respondents (n=222, 58%) stated that the community that they lived in did not have participation on issues associated with ANC service. On the other hand, 75 respondents (19.6%) thought that pregnancy is a natural phenomenon that does not need much attention. (Table 4)

Table 4: Socio- cultural factors influence on male partners' involvement in wives antenatal care service use, Bole sub city selected health centers, Addis Ababa, April 2019.

Variables	Yes	No
	N (%)	N (%)
Pregnancy is women's affairs	16 (4.2)	367 (95.8)
ANC clinic is a place where service is given only for women	188 (49.1)	195 (50.9)
It is our culture to discuss as a couple about the healthy pregnancy.	340 (88.8)	43 (11.2)
Pregnancy is a natural phenomenon, it should be given much attention	308 (80.4)	75 (19.6)
Community participation regarding with wives ANC service	161 (42)	222 (58)

5.7 Result of bi-variable and Multi-variable logistic regression analysis on factors associated with male partner involvement in ANC

Binary logistic regression was performed to assess the association of each independent variable with male partners' involvement in their wives ANC visit. The multi-variable logistic regression analysis was confined to one of the three response variables, accompanying wives at ANC service, since almost all respondents have responded "yes" to the other measurements of male partner's involvement (table 5).

Twenty selected variables were separately assessed in the binary regression model and variables that showed a p-value of 0.2 and less at bi-variable analysis were taken to multivariable logistic regression model. Eight factors were found significantly associated with the response variable during bivariate regression and all of them were entered in to multi-variable logistic regression

The result showed that occupational status of the respondents was found to be associated with male partners who accompanied their wives at ANC visit. The odds of being involved in wives ANC visit among private sector employees [AOR=3.54, 95% CI (1, 12.9)] and self-employed [AOR=3.7, 95% CI (1, 13.9)] are higher than that of daily laborers.

Under healthcare delivery system influencing variable professionals' attitude towards male partner attendance during their wives at ANC visit also significantly influenced male involvement. Respondents who had exposure for health professionals positive attitude were three times more likely to be involved in wife' antenatal care visit [AOR=3.19, 95% CI (1.90,5.36)].

Table 5: Factors associated with male partner's involvement in ANC service utilization.

Variables	Males involved in previous pregnancy ANC visit		COR (95% CI)	AOR (95%)
	Yes	No		
Husbands Occupation				
Governmental employee	47 (14.7%)	18 (5.6%)	3.92 (1.58, 9.7)	3.93 (0.94,16)
Private organization	82 (25.3%)	50 (15.4%)	2.46 (1, 5.5)	3.54(1, 12.9)*
Self-employed	64 (19.8%)	33 (10.2%)	2.9 (1.25, 6.7)	3.72 (1,13.9)*
Daily laborer	12 (3.7%)	18 (5.6%)	1	1
Husbands Education				
No formal education	3 (0.9%)	3 (0.9%)	0.53(0.1, 2.73)	0.49 (0.06, 3.59)
Primary education	47 (14.5%)	38 (11.7%)	0.65 (0.38, 1.13)	0.6 (0.26, 1.36)
Secondary education	61(18.8%)	28(8.6%)	1.15(0.66, 2)	1.26(0.64, 2.47)
Technical and Higher education	94 (29%)	50 (15.4%)	1	1
Spouse education				
No formal education	13(4%)	7(2.2%)	0.71 (0.25,1.97)	1.51 (0.4,5.76)
primary education	55(77%)	32(9.9%)	0.65(0.35, 1.23)	1.48(0.63, 3.5)
Secondary education	69 (21.3%)	54 (16.7%)	0.01 (0.48, 0.27)	0.58(0.3, 1.13)
Technical and Higher education	68 (21%)	26 (8%)	1	1
Spouse Occupation				
House wife	89(27.5%)	56 (17.3%)	1.39 (0.76, 2.54)	1.27 (0.65, 2.48)
Self-employed	38 (11.7%)	15 (4.6%)	2.22 (1, 4.84)	2.24 (0.9, 5.55)
Governmental	37(11.4%)	10(3.1%)	3.25(1.37, 7.67)	2.35(0.9, 6.16)
Daily laborer	8(2.5%)	9(2.8%)	0.78(0.26, 2.28)	2(0.41, 10.45)
Private sector employee	33(10.2%)	29(9%)	1	1
Pregnancy related problems				
Yes	46 (14.2%)	16 (4.9%)	1.86 (1, 3.46)	1.2 (0.6, 2.39)
No	159 (49.1%)	103 (31.8%)	1	1
Giving attention to pregnancy				
Yes	164 (50.6%)	102(31.5%)	0.66 (0.36, 1.23)	0.65 (0.32, 1.33)
No	41 (12.7%)	17 (5.2%)	1	1
Community practice towards ANC				
Yes	101 (31.2%)	47 (14.5%)	1.48 (0.94, 2.35)	1.43 (0.84, 2.43)
No	104(32.1%)	72 (22.2%)	1	1
Professional attitude for male accompanied their wife's ANC visit				
Yes	128 (39.5%)	44 (13.6%)	2.83 (1.77, 4.52)	3.19 (1.9, 5.36)*
No	77 (23.8%)	75 (23.1%)	1	1

* P value is significant at < 0.05

6. DISCUSSION

This study was carried out to assess factors associated with male partners' involvement in ANC service in selected health centers of Bole sub-city, Addis Ababa. More than 60% of the respondents accompanied their spouse at least once in ANC visit in previous pregnancy. The largest percentage of participants (93.7%) was also involved in shared decision making. Besides, almost all respondents, (97.9%), supported their wives financially for their previous pregnancy ANC service. Respondents who were employee of private sector, self- employed and those who got positive attitude from health professionals had significant association with male partners' involvement in previous pregnancy ANC visit.

The study determined that among male partners who accompanied the current pregnancy, only 63.3% had attended the previous ANC visits at least once. The prevalence of the study was similar with the studies done at Ambo, Myanmar and Northern Uganda that showed husbands accompanied their spouses at ANC visit at least once was 59.9%, 64.8% and 65.4% respectively (24, 33, 34) . On the other hand, much higher male partner attendance of previous ANC visits was recorded in this study as compared to that of studies done in Harari (19.7%) , Halaba (24.9%) and Banglادish (27%), respectively (16, 35, 36). The reason for these differences might be socio-cultural factors, professional attitude and low ANC service coverage in study areas.

Better communication between spouses and shared decision making have been identified as enabling mechanism for males to involve in accompany and financial support during ANC service use. This study showed that 93.7% of respondents were involved in decision making related to wives healthcare service use, from this only 11.7% of decision was made by males and the rest 82% decision was made by both husband and wife jointly. This result is similar to a study done in Addis Ababa which reported 12% decision made by husbands only(9). Against to this study findings, a survey done in Ambo showed that about 60.7% of decision to seek healthcare service was made by male partners alone and 34% of shared decision made jointly (24), and in India, 27% of decision was made jointly by husband and wife(12). The difference could be due to socio-cultural factors across countries as well as urban and rural residence setting.

With regard to financial support, most of the respondents (n=324, 97.9%) covered the cost for transportation and pregnancy related expenses. Similar result was also reported in other studies done at Halaba (95.1%), Cameroon (98.2%), and Myanmar (95.8%) (33, 35, 37). This is because most husbands consider that the provision of finance for pregnancy related expenses is their most important role in supporting wives' pregnancy.

The involvement of male partners in ANC service was found to vary among different categories of the respondents' occupation. Private sector employee and self-employed male partners were more likely involved in ANC service as compared to those who were daily laborers. Regarding to the respondents' wives, 174 (45.4%) were unemployed, and 144 (37.6%) included both those who had attended primary education and those who had no formal education. This is in-line with other studies conducted at Addis Ababa and south Ethiopia; majority of wives of respondents were house wives by occupation (48% and 74.2%, respectively) and had attended lower educational level (15% and 54.1%, respectively) (9, 14). Moreover, according to the united nations development program (UNDP), sub-Saharan Africa has the highest gender inequity in the world(38). Regarding with the reason why husbands were not accompanying their wives previously, more than half (64.1%) of respondents mentioned that their main reason was their routine jobs did not allow them to attend wife's ANC visit. This finding is concurrent with other studies done at Harari in 2014, Halaba in 2017, and Mozambique in 2016 (16, 35).

Even if there was high male partner involvement in ANC service, the assessment of husbands' knowledge about pregnancy, ANC service and pregnancy danger signs showed low score, that is six out of twenty three knowledge indexes on average. This implies that only few male partners shared ANC packages provided by the healthcare professionals with active participation, which may be because of that the healthcare system was focused on HIV screening only with regard to male partners. Similar studies also reported that there was limited knowledge of husbands on ANC service and pregnancy danger signs(13, 35).

Under health care delivery system, the last variable that was significantly associated with male partner involvement in wives' ANC service was health professionals' attitude towards male involvement. According to this study, husbands who were exposed for professionals' positive attitude were four times more likely to be involved in ANC service than those who were not exposed. Similarly other studies done in Tanzania and Kenya showed that most male partners tended to have a passive attitude regarding

the role during pregnancy; they stated that pregnancy is women burden unless there was a clinical complication (39, 40).

This research reported the unbiased feedback of the husbands' for not being involved in previous ANC visit(s). Besides, the use of a structured questionnaire for interview can be considered as the strength of the study. However, it was limited in that: recall bias is possible from the cross-sectional nature of this study which reported male partner's involvement in previous pregnancy; and as the study was facility based, it excluded male partners who were not attended the current ANC visit in data collection period.

7. CONCLUSION AND RECOMMENDATION

7.1 Conclusion

This study was conducted to assess the status of male partners in their spouse ANC visit and the factors associated with it. Accordingly, 63.3% male partners were found to accompany their wives at ANC visit; 97.9% respondents were involved in financial support; and 93.7% respondents were involved in decision making to seek skilled ANC service in previous pregnancy. Husband's occupational status and under health care delivery system, professional attitude towards male involvement were among the top influencing factors for the involvement of husbands.

7.2. Recommendations

For government and policy makers:

Policy makers should incorporate and strengthen strategies or health policy that will improve the recognition of male partner's involvement in ANC service as well as in maternal health service packages. The government should also support, monitor and evaluate the strategies of promoting men's involvement in ANC service.

For health workers:

All health professionals should create positive attitude towards males who accompanied their wives at ANC, and also should engage them in each ANC service packages during their visit.

For further research:

The study recommends that further research should be undertaken to verify the positive outcome achieved from the involvement of male partners, on maternal and child health.

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ANNEX I: QUESTIONNAIRE (English Version)

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

Participant Information Sheet

Dear respondents my name is _____ and I am working as data collector for the study being conducted in this health center by Ms Eskedar Girum who is a health professional and studying for her master's degree at Addis Ababa University, College of health science school of public health department postgraduate program. I kindly request you to lend me your attention to explain you about the study and how you have been selected as study participant.

Study Title: Male Partner Involvement in Antenatal Care Visits in Public Health Facilities in Bole Sub city, Addis Ababa Ethiopia, 2018.

Purpose/Aim of the study: is to assess the status of male partner involvement in antenatal care and identify factors that influence male involvement in ANC service.

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 take **20-30** minutes averagely.

Risks: The risk of being participating in this study is very minimal. There will not be anything that could impose harm (physical, social, emotional, mental, political, and religious) unless we take your time for a few minutes for interview.

Benefit: At this moment you may not get any direct benefit by being involved in this study and there would not be any direct payment for participating but the information you provide may reveal important information for the health planners in relation of maternal and child health services.

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 the principal investigator with the following address.

Cell phone number: 0913567361 or e-mail address - girumeskedar@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 from 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 family's routine service utilization being affected for my refusal.

Participants' signature _____ Date _____

Interviewer certifies that the informed consent has been given verbally for participants.

Interviewer name _____

Interviewer 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 _____

- Participant Code No. _____
- Code of the health facility: _____

Section I. Socio-demographic characteristics of male partners

S.No	Questions	Options /choices	Remark
101	How old are you? (Completed year)	-----	
102	What is your occupation?	1. Government employee 2. Private employee 3. Self-employee 4. Daily Laborer 5. Other	
103	What is your educational status	1. No education 2. Primary 3. Secondary 4. Technical/Vocational 5. Higher	
104	What is your spouse' occupational status?	1.House wife 2.Self employed 3.Government employ 4.Daily laborer 5. Private employee	
105	What is your spouse' educational status?	1. No education 2. Primary 3. Secondary 4. Technical/Vocational 5. Higher	
106	How much is your family income per month?	----- Ethiopian birr	

Section II. Male partners' involvement in ANC visits and wives obstetric history

S.no	Questions	Options /Response	Remark
201	Where was your wife attending ANC follow up for the last pregnancy?	1.No follow up 2.Health facility 3. Other specify.....	
202	Have you ever gone to health facility with your spouse for ANC checkup in her previous pregnancy?	1.Yes 2.No	

203	If so, how many times did you go with her?	1.One 2.Two 3.Three 4.Four 5.Above four	
204	What was your reason to be there?	Specify	
205	If No, what was the reason of your absence?	1. Not necessary 2. Job does not permit 3.My wife does not want to participate 4. Other reasons	
206	Is the current pregnancy intended?	1.Intended 2.Unintended	
207	How many ANC visits (including this) have you attended in the current pregnancy?	1.one 2.Two 3.Three or more	
208	Have you ever financially supported your wife for any one of the pervious ANC visits?	1.Yes 2.No	
209	Who covers costs related to the current ANC?	1.Me (husband) 2.Her(wife) 3.Both of us (Shared) 4.Others	
210	Who make decisions about issues related to the current ANC?	1.Wife 2.Husband 3.Both(shared) 4.Others	
211	Who decided about the need to visit health facilities in the previous ANCs?	1.Wife 2.Husband 3.Both(shared) 4.Others	
212	How many times does your wife get pregnant? (including this one)	1. II 2.III 3. IV or more	
213	How many times your wife did give birth?	1.I 2.II3.III or more	

214	Does your wife experience any health problem during the last pregnancy?	1.Yes 2.No	
215	If so, What type of obstetric problem does she face?	1. Excessive vaginal bleeding 2. Retained placenta 3. Others	

Section III. Male partners Knowledge towards ANC services

S.no	Questions	Options /Response	Remark
301	Do you know A;NC services?	1. Yes 2. No	
302	If your answer is yes to question 124, what are they? (more than one answer possible)	1. Blood test 2. Urinalysis tests 3. Monitoring fetal health 4. HIV Counseling and testing 5. Iron supplementation 6. Immunization against tetanus 7. Advice on danger signs 8. PMTCT 9. Advice on skilled attendance at birth 10. Others -----	
303	Is ANC service important for mother?	1. Yes 2. No	
304	If yes question number 126, When do you think it is appropriate time to start the ANC after amenorrhea?	-----weeks	
305	Why do you think ANC service provided by skilled professional is important (more than one answer possible)?	1.Access to skilled care 2. To prevent pregnancy complications. 3.To promote the health of the mother and baby throughout pregnancy 4.To screen for HIV/AIDS 5.I don't know99	

		6.Other	
306	What is the recommended minimum number of visits that a pregnant woman needs to attend ANC?	1.Once 2.Twice 3. Three times 4.Four times 5. I don't know.....99 6. Other	
307	What are the danger sign of pregnancy(more than one answer possible)	1.Vaginal bleeding 2.Swollen hands/ face 3.Unable to hear fetal movement 4.Sever headache 5. Loss of consciousness/convulsion 6.Other 7. I don't know.....99	
308	Who should accompany women for ANC visits?	1. Husband 2. Her Mother 3. Her Sister 4. Others	

Section IV. Socio-Cultural influence on male involvement in ANC visits

S.no	Questions	Options /Response	Remark
401	Pregnancy is the domain of women/ women's affairs?	1. Yes 2. No	
402	ANC clinic is a place where the service is given only for women?	1. Yes 2. No	
403	As a couple did you discuss about the healthy pregnancy?	1.Yes 2.No	
404	Pregnancy is natural phenomenon that should not be given much attention?	1.Yes 2.No	
405	Does your community have any practices associated with ANC follow up?	1.Yes 2.No	

Section V. Influence of Health Care Facility on Male Involvement in Antenatal care service

S.no	Questions	Options /Response	Remark
501	Is there a public health care facility in your area?	1.Yes 2.No	
502	How long does it take to reach the nearest public health facility from your home (<i>one way walking time</i>)	1.Below 15 Minute 2.15 – 30 Minute 3.30 min and above	
503	What is the attitude of the health care providers towards partners of pregnant women in ANC visits at the health facility?	1. Positive 2. Negative 3. Don't know.....99	
504	How many hours have you stayed to get the service?	_____	
505	Do you know maternal health service provision at health center is for free?	1.Yes 2.No	
506	Is the place where ANC service given suitable for male?	1. Yes 2. No 3. Don't know..... 99	

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?_____

ANNEXE II: QUESTIONNAIRE (Amharic Version)

የመረጃ ገጽና የፈቃደኝነት/የስምምነት ቅጽ (የአማርኛ ቅጽ)

የተሳታፊው መረጃ ገጽ

ክቡራን ተሳታፊዎች ስሜ ----- እባላለሁ።/ር
እስከዳር ግሩም የተባሉ የጤና ባለሙያ በአዲስ አበባ ዩኒቨርሲቲ የጤና ሳይንስ ኮሌጅ የማሕበረሰብ ጤና ትምህርት ክፍል የድህረ ምረቃ ተማሪ ሲሆኑ እዚህ ጤና ጣቢያ ለሁለተኛ ዲግሪ ትምህርታቸው መመረቂያ በሚያደርጉት ዋናት ላይ መረጃ ስብሳቢ በመሆን እየሰራሁ እገኛለሁ። ስለ ዋናቱ እና እርስዎ የዋናቱ ተሳታፊ ሆነው ስለ ተመረጡበት መንገድ እንድንገልጽልዎት ትኩረትዎ እንዲሰጡኝ በትሕትና እጠይቃለሁ።

የዋናቱ ርዕሰ፡ በቦሌ ክ/ከተማ በሚገኙ የጤና ተቋማት ላይ በእርግዝና ክትትል የወንድ አጋር ያለው ሱታፊ።

የዋናቱ ዓላማ፡ ነፍሰ ጡር ሴት በሚኖራት የእርግዝና ክትትል አገልግሎት የወንድ አጋርዋ ያለው የተሳትፎ ሁኔታ ለመገምገም እና በዚህ የወንዱ ተሳትፎ ላይ ተጽዕኖ የሚፈጥሩ ጉዳዮችን ለመለየት አካሄድ እና የሚፈጅው ጊዜ፤ በመጀመሪያ እርስዎን እዚህ ዋናት ላይ እንዲካተቱ የመረጥኩዎት በአጋጣሚ ነው። እንዲመልሱዎቸው የተዘጋጁ የተለያዩ ጥያቄዎች አሉ። ቃለመጠይቁ በአማካይ ከ20-30 ደቂቃ ይፈጃል።

ጉዳት፡ የዚህ ዋናት ተሳታፊ በመሆንዎ ምክንያት የሚደርስብዎት ጉዳት የለም። ለቃለመጠይቁ ጊዜዎን ለትንሽ ደቂቃዎች ከመውሰዳችን በስተቀር ምንም ዓይነት ጉዳት የሚፈጥሩ ነገሮች የሉም።

ጥቅም፡ የዚህ ዋናት ተሳታፊ በመሆንዎ በዚህ ወቅት የሚያገኙት ቀጥተኛ ጥቅም ሆነ ክፍያ ባይኖርም እርስዎ የሚሰጡን መረጃ ግን ከእናቶችና ሕፃናት ጤና አገልግሎቶች ጋር በተያያዘ ለጤና ዕቅድ አውጪዎች ጠቃሚ ግብአት ይሆናል።

ሚስጢራዊነት፡ እርስዎ የሚሰጡን መረጃ ሚስጢራዊነቱ የተጠበቀ ነው። በቃለመጠይቁ ወረቀት እና በዚህ ቅጽ ላይ የእርስዎ ስም እንዳይኖር በማሰብ የሚሰጠር ቁጥር ብቻ ይጻፍበታል።

መብት፡ የዚህ ዋናት ተሳታፊነት በተሳታፊው ሙሉ ፈቃደኝነት ላይ የተመሰረተ ነው። ዋናቱ ላይ ተሳታፊ ያለመሆን መብትዎ የተጠበቀ ነው፤ እንዲሁም በማንኛውም ጊዜ ከዋናቱ ተሳታፊነት ራስዎን የማግለል መብት አለዎት።

የግኑኝነት አድራሻ፡ ዋናቱን በተመለከተ ለሚኖርዎት ጥያቄ ወይም ግልጽ ያልሆነ ሀሳብ የዚህ ዋናት ዋና ባለቤት የሆኑትን ቀጥሎ ባለው አድራሻ ማግኘት ይችላሉ።

ስም- ሲ/ር እስከዳር ግሩም ስልክ ቁጥር- 0913567361 ኢሜይል - girumeskedar@gmail.com

በዚህ ዋናት ላይ ተሳታፊ ለመሆን ፈቃደኛ ነዎት? 1. አዎ (ቃለ መጠይቁን እንቀጥል)

2. አይ (አመለካከት)

የፈቃደኝነት/የስምምነት ቅጽ

ይህንን ዋናት የተመለከተው ከላይ የተገለጸውን መረጃ በማንበብ (ወይም የተደረገልኝን የቃል ገለጻ በመረዳት) ዋናቱ ላይ ተሳታፊ ብሆን ከኔ ምን እንደሚጠበቅ እና በእኔ ላይ ሊደርስ የሚችለውን ነገር ምን እንደሆነ ተረድቻለሁ። በተጨማሪም በማንኛውም ጊዜ

በጥናቱ ላይ የሚኖረኝን ተሳትፎ ያለምንም ምክንያት ማቋረጥ እንደምችልኝ እንዲሁም መሳተፍ ባልፈልግ የኔም ሆነ የቤተሰቦቼ መደበኛ የአገልግሎት ተጠቃሚነት እንደማይጎዳ ተረድቻለሁ።

የተሳታፊው ፊርማ _____ ቀን _____

ቃለመጠይቅ አድራጊው ይህ የስምምነት ሀሳብ ለተሳታፊው በቃል ማብራሪያ መስጠቱን ያረጋግጣል።

ቃለመጠይቅ አድራጊው ስም _____ ፊርማ _____ ቀን _____

ቃለመጠይቅ ማድረጉን ይቀጥል? 1. አዎ _ቃለመጠይቁ ይቀጥል 2. አይ_ ቃለመጠይቁን በማቋረጥ መልስ ሰጪውን ያመስግኑ ውጤት፡ (የቃለመጠይቁ ወረቀት መጻላቱን ለማረጋገጥ) 1.በአግባቡ ተጻልቷል 2.ግማሹ ተጻልቷል 3.ተሳታፊው ፈቃደኛ አይደለም

የቃለመጠይቅ ጥያቄዎች

የጤና ጣቢያው መለያ ቁጥር _____ የተሳታፊ መለያ ቁጥር _____

ክፍል 1- የወንድ አጋር ማሕበረሰባዊና ስነ ሕዝብ ባሕሪያትን በተመለከተ

ተ.ቁ .	ጥያቄዎች	መልስ	ማብራሪያ
101	ዕድሜ	/ይጠቀስ/	
102	የሰራ ሁኔታ	1. የመንግስት ሰራተኛ 2. የግል ተቀጣሪ 3. በራስ ሥራ የሚተዳደር 4. የቀን ሰራተኛ 5. ሌላ /ይጠቀስ/	
103	የትምህርት ሁኔታ	1. ያልተማረ 2. አንደኛ ደረጃ 3. ሁለተኛ ደረጃ 4. ቴክኒክና ሙያ 5. ከፍተኛ የትምህርት ደረጃ	
104	የባለቤትነት የሥራ ሁኔታ	1. የቤት እመቤት 2. በራስ ሥራ የሚተዳደሩ 3. የመንግስት ሰራተኛ 4. የቀን ሰራተኛ 5. የግል ተቀጣሪ	
105	የባለቤትነት የትምህርት ደረጃ	1. ያልተማረ 2. አንደኛ ደረጃ 3. ሁለተኛ ደረጃ 4. ቴክኒክና ሙያ 5. ከፍተኛ የትምህርት ደረጃ	
106	የቤተሰብ የወር ገቢ	_____ ብር	

ክፍል 2- ወንዶች የሴት አጋራቸው በሚኖራቸው የቅድመ ወሊድ ክትትል ላይ ያላቸውን ተሳትፎ በተመለከተ

ተ.ቁ .	ጥያቄዎች	መልስ	ማብራሪያ
201	ባለቤትዎ ከዚህ በፊት በነበራቸው የእርግዝና ጊዜ የጽንሰ ክትትል ያደርጉ ነበር? አዎ ከሆነ ነፃ?	1. ክትትል አልነበራት 2. በጤና ጣቢያ / ክሊኒክ/ ሆስፒታል 3. ሌላ /ይጠቀስ/	
202	እስከዛሬ የሴት አጋርዎ (ባለቤትዎ) በነበራት የጽንሰ ክትትል ላይ አብረዋት ጤና ጣቢያ / ሕክምና ሄደው ያውቃሉ?	1. አዎ 2. አይ/ አላውቅም	
203	ለቁጥር 202 ጥያቄ መልስዎ አዎ ከሆነ ምን ያህል ጊዜ አብረው ሄደዋል?	1. አንድ ጊዜ 2. ሁለት ጊዜ 3. ሦስት ጊዜ 4 አራት ጊዜ 5. ከአራት በላይ	
204	ለቁጥር 202 ጥያቄ መልስዎ አዎ ከሆነ አብረው ለመሄድ ምክንያትዎ ምንድን ነበር?	/ይጠቀስ/	

205	ለቁጥር 202 ጥያቄ መልስዎ አይ ከሆነ ላለመሄድዎ ምክንያት ምንድን ነበር?	1. መሄዴ ጥቅምስ ለሌለው 2. ከመስሪያ ቤት ፍቃድ ባለማግኘቱ 3. ባለቤቱ አብሬአት እንድሄድ ስለማትፈልግ 4. ሌላ /ይጠቀስ/	
206	የአሁኑ እርግዝና አስባችሁበት ነው የተረዘመው?	1. አዎ 2. አይደለም	
207	በአሁኑ እርግዝና ስንት የክትትል ቀጠሮዎች ላይ ተገኝተዋል?	1. አንድ 2. ሁለት 3. ሶስት እና ከዛ በላይ	
208	ባለቤትዎ ከዚህ በፊት በነበራቸው የጽንሰ ክትትል ጊዜ ላይ የገንዘብ ድጋፍ አድርገዋል?	1. አዎ 2. አይ	
209	ከአሁኑ የጽንሰ ክትትል ጋር በተያያዘ ያወጣችሁትን ወጪ የሸፈነው ማነው?	1. ሚስት 3. ሁለታችንም በጋራ 2. ባል	
210	ከአሁኑ የጽንሰ ክትትል ጋር የተያያዙ ጉዳዮች ላይ ውሳኔ የሚሰጠው ማነው?	1. ሚስት 2. ባል 3. ሁለታችንም በጋራ 4. ሌላ /ይጠቀስ/	
211	ከአሁን በፊት በነበራችሁ የጽንሰ ክትትል ላይ ጤና ጣቢያ የመምጣት አስፈላጊነትን በተመለከተ ውሳኔውን የሰጠው ማን ነው?	1. ሚስት 2. ባል 3. ሁለታችንም በጋራ 4. ሌላ /ይጠቀስ/	
212	ባለቤትዎ ለሰንተኛ ጊዜ ነው ነፍሰጡር የሆኑት?	1. ሁለተኛ 2. ሶስተኛ 3. አራትና ከዚያ በላይ	
213	ከዚህ በፊት ባለቤትዎ ስንት ልጆች ወልደዋል?	1. አንድ 2. ሁለት 3. ሦስትና ከዚያ በላይ	
214	ባለቤትዎ በባለፈው የእርግዝና ጊዜያቸው ላይ ያጋጠማቸው የጤና እክል ነበር?	1. አዎ 2. አይ	
215	መልስዎ አዎ ከሆነ ምን አይነት የጤና እክል ነበረባቸው?	1. በማህጸን የደም መፍሰስ 3. ሌላ 2. የደም ግፊት መጨመር	

ክፍል 3- ወንዶች የሴት አጋራቸው በሚኖራቸው የቅድመ ወሊድ ክትትል ላይ ያላቸውን ዕውቀት/ግንዛቤ በተመለከተ

ተ.ቁ	ጥያቄዎች	መልስ	ማብራሪያ
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301	በጤና ተቋም የሚሰጠው የእርግዝና ክትትል አገልግሎት ምን እንደሆነ ያውቃሉ?	1. አዎ 2. አይ አላውቅም	
302	ለቁጥር 301 መልስዎ አዎ ከሆነ አገልግሎቶቹ ምን ምን ያካትታሉ?	1. የደምና የሽንት ምርመራ 2. የጽንሰ-ን ጤና መከታተል 3. የኤች.አይ.ቪ ምርመራና ምክር አገልግሎት 4. የደም ማነስ መከላከያ መድኃኒት መስጠት	

ተ.ቁ.	ጥያቄዎች	መልስ	ማብራሪያ
401	እርግዝና ሴቶችን ብቻ የሚመለከት ጉዳይ ነው ብለው ያስባሉ?	1. አዎ 2. አይ አላስብም	
402	የእርግዝና ክትትል ክፍል የሴቶች አገልግሎት ብቻ የሚሰጥበት ቦታ ነው ብለው ያስባሉ?	1. አዎ 2. አላስብም	
403	እንደ ባልና ሚስት ስለጤናማ እርግዝና ተወያይተው ያውቃሉ?	1.አዎ 2.አናውቅም	
404	እርግዝናብዙትኩረትየማያስፈልገውተፈጥሮአዊክስተትነውብለውያስባሉ?	1.አዎ 2. አይአላስብም	
405	በኖሩበትማሕበረሰብአባወራበባለቤቱየእርግዝናክትትልእናተያያዥጉዳዮችላይየመሳተፍባህልአለ?	1.አዎ 2.የለም	

ክፍል 5- ወንዶች የሴት አጋራቸው በሚኖራቸው የቅድመወሊድ ክትትል ላይ የጤና ተቋማት የሚኖራቸውን ተጽዕኖ በተመለከተ

ተ.ቁ.	ጥያቄዎች	መልስ	ማብራሪያ
501	በአካባቢዎ የጤና አገልግሎት መስጫ ተቋም አለ?	1.አዎ 2.የለም	
502	ከቤትዎ አቅራቢያ ወዳለው ጤና ጣቢያ ለመድረስ ምንያህል ጊዜ ይወስዳል?	1.ከ15 ደቂቃ በታች 2. ከ15 – 30 ደቂቃ 3.30 ደቂቃ እና ከዚያ በላይ	
503	ከእርግዝና ክትትል ጋር በተያያዘ በጤና ተቋሙ የሚገኙ የጤና ባለሙያዎች ለወንድ አጋሮች ያላቸው አመለካከት ምን ይመስላል?	1.አዎንታዊ 2.አሉታዊ 3.አላውቅም 99	
504	የእርግዝና ክትትል አገልግሎቱን ለማግኘት ምንያህል ቆዩ?	_____ ሰዓት	
505	በጤና ጣቢያዎች የሚሰጥ የነፍሰጡር የጤና ክትትል አገልግሎት በነፃ መሆኑን ያውቃሉ?	1.አዎ 2.አላውቅም 99	
506	የእርግዝና ክትትል አገልግሎት የሚሰጥበት ቦታ ለወንዶች ምቹ ነው ብለው ያስባሉ?	1.አዎ 2.አይደለም 3.አላውቅም 99	

እናመሰግናለን!