ADDIS ABABA UNIVERSITY

SCHOOL OF PUBLIC HEALTH

DEPARTEMENT OF PREVENTIVE MEDICINE

Assessment of Husband involvement during Pregnancy and Child Birth in AkakiKaliti Sub-city, Addis Ababa, Ethiopia

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Declaration

I, the undersigned declare that this thesis is my original work and has never been presented in any other University and that all sources of materials have been acknowledged.

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ACCRONYMS

AOR……Adjusted odds ratio

AIDS----------Acquired Immunodeficiency Syndrome

ANC----------Ante Natal Care

CI……confidence interval

CSA----------Central Statistical Authority

FGD----------Focus-group discussion

FP----------Family planning

HEWs----------Health Extension Workers

HFs----------Health Facilities

HC……Health Center

HIV----------Human Immunodeficiency Virus

ID----------Institutional delivery

MCH----------Maternal and Child Health

MMR----------Maternal Mortality Ratio

OR……Odds Ratio

P……Probability

PMTCT----------Prevention of Mother to Child Transmission

SRH----------Sexual and Reproductive Health

TBAs----------Traditional Birth Attendants

UNFPA----------United Nations Populations Fund

VCHW……Voluntary Community Health Workers

VCT----------Voluntary Counseling and Testing

WHO----------World Health Organizations

Abstract

Background: International attention to men's participation emerged from the 1994 international conference on population and development (ICPD) in Cairo. Representatives from countries signed an ICPD program of Action (UNFPA, 1995) that emphasized male responsibilities and participation as central components in improving SRH, promoting Gender equality, and empowering women.

Objective: Objective of the study was to assess husband involvement during pregnancy and child birth.

Methods:- A cross-sectional quantitative study was conducted in Akaki Kality Sub-City among married women who gave live birth in the past one year and attended their children vaccination, FP & counseling in the MCH department of the health facilities. A sample of 422 married women who had given live birth (s) in the past one year were interviewed using interviewer administered questionnaire. Bivariate analysis was done using cross tabulation and then multivariate logistic regression was used to analyze factors that were independently associated with husband involvement during pregnancy and child birth.

Results: This study determined the prevalence of husband involvement during ANC (65.5%), labor (80.8%).Factors associated with husband involvement at ANC were Husbands occupation of formal employment (AOR=2.096, 95% CI=1.139, 3.897, P=0.001), Living together of husbands and wives (AOR=12.824, 95% CI=1.211, 135.769, P=0.016).Number received ANC (AOR=2.304, 95% CI=1.290, 4.113, P=0.005). Any signs of pregnancy complications (AOR=3.170, 95% CI=1.787, 5.620 P=0.000). Factors significantly associated with husband involvement during labor were family size of less than five (AOR=2.768 , 95% CI=1.080 , 7.094 , P=0.012),living together of husbands and wives (AOR=14.371, 95% CI=1.205, 171.384, P=0.000),history of abortion (AOR=0.290, 95% CI=0.092, 0.910, P=0.003),and husbands attended ANC (AOR=3.778 , 95% CI= 1.421, 10.044 ,P=0.000).

Conclusion and recommendations: Husbands involvement were relatively higher During childbirth, moderate in Birth preparedness and complications readiness, and Relatively lower during ANC. Communities need to be empowered economically and Socially. Men should be considered during IEC of maternal health services.

1. INTRODUCTION

The risk of a woman dying as a result of pregnancy or child birth during her life time is about one in six in the poorest parts of the world compared with one in 30,000 in Northern Europe(1). The maternal mortality ratio in 2008 was highest in developing regions in contrast to developed regions and countries of the common wealth of independent states (2).

Since the launch of the Safe Motherhood Initiative in 1987, governmental and non-governmental agencies have joined forces to reduce the huge burden of maternal mortality in the world (3). International attention to men's participation emerged from the 1994 International Conference on Population and Development (ICPD) in Cairo (4). Representatives from countries signed an ICPD program of Action (UNFPA, 1995) that emphasized male responsibilities and participation as central components in improving SRH, promoting Gender equality, and empowering women.

In many societies, a patriarchal masculinity model prevails and establishes the stereotypes and defining images of who a man is and what his characteristics should be (5). The tendency to avoid talking about SRH issues with a partner is characteristic of the existing gender unbalanced society. Women's lack of power puts them at a greater disadvantage. Men are important actors who influence, both positively and negatively, both directly and indirectly, the reproductive health outcomes of women and children (6). One of the most important areas of reproductive health affected by men is pregnancy care and outcome

Stress during pregnancy caused by men may lead to premature delivery (6). Moreover, men may introduce infection into the vagina of a partner during pregnancy (6). Because men mediate women's access to economic resources in many parts of the world, women's nutritional status, especially during pregnancy, may depend heavily on male partners and relatives.

Involving men in the maternity care of their pregnant partners has become important because of the realization that men's behavior can significantly affect the health outcomes of the women and babies (7).

Till now few researches have been conducted in Ethiopia about husband involvement during pregnancy and childbirth. The result of this study will help to understand how to plan health services and to set strategies on how to involve men in the reproductive health care of the women as the whole.

2. Literature Review

2.1 Prenatal care and counseling

A study in Vietnam stated that men and women all recognized that pregnancy is a special period, where women required extra attention and support (8). they stated that women are more tired, more emotional and need more support during pregnancy and expect husbands to play an important role(8). Women said that they expected men to provide financial support and many women also said that their husbands asked them how they felt, about what they would like to eat, and if they had eaten enough (8). Men and women also reported that they helped their wives during pregnancy with housework and in some cases, where the couples were living with parents; husbands did not help as such. Men were aware of the need for pregnant women to rest and most men and women said that since husbands had a key role to play in supporting wives, encouraging them to get tested or to follow any health practices would significantly influence a woman. But that qualitative study found that male involvement in HIV testing when offered during routine ANC and access to PMTCT related care were minimal.

Studies from India, Nepal and Uganda indicated that education of the husband was positively associated with their presence or accompany their wives for ANC checkups (9, 10, 11, 12).

Same studies from India and Nepal show that the number of children ever born was negatively associated with the husband's presence at the time of ANC checkups (9, 10).

A study from India stated that standard of living of the household, exposure to mass media and size of social network of the husband were found to be positively associated with the extent of assistance during pregnancy, while number of living children was negatively associated(9). Men having egalitarian gender role attitudes were more likely to assist wives during pregnancy than traditional gender role attitudes (9). Men who lived in non-nuclear households were more likely to assist their wives during pregnancies compared to men who lived in nuclear households (9). The study from Nepalese men showed that age of the husband and wealth index were positively associated with their presence at the time of ANC checkups while wives' Autonomy was negatively associated (10).

The results from a review of determinants of male involvement in maternal and child health services in sub-Saharan Africa showed that education and income status of the husband, opening hours of services, behavior of health providers, lack of space to accommodate male partners and communication between men and women were the factors identified as determinants for male participation in PMTCT services (13).

A study in Jiniga(Uganda) showed that invitation letter received by the husband and men employed were the factors associated with increased likelihood of the man escorting the wife for ANC(11). The study also showed that men in polygamous relationships, health workers demand for payment for services, long waiting time at the health unit coupled with concurrent job demand of the husband, health workers being rude to mothers and their partners and absenteeism were factors that inhibit male involvement or few men escorting their wife for ANC (11).

A study in Gulu District in Uganda showed that long waiting time at the health unit, lack of transport means, walking distance greater than one hour to health facility, fear of being tested for HIV, husbands attaching no importance to their attendance, having a concurrent task or job demand, non-invitation by the wife, spouse's last full term pregnancy more than one year ago, male intended spouse's to carry another pregnancy were factors associated with low male attendance of ANC. The study also showed that husband's perception of fetal monitoring as a benefit of attendance, spouse's last delivery took place in a health facility and if the male is traditionally/religiously married compared to consensual marital unions were the factors associated with higher male attendance of ANC (12).

In a study in Uganda (jinja), husbands stated that though as a couple both made decisions for prenatal care services, husbands were still exercising the decision power at the household levels and they argued that women themselves did not exercise their rights because of the way the society constructed their responsibilities (11).

A study made in Tigray Region, Ethiopia, indicated that most of the participant mothers pointed out that they had to ask for permission for their husbands to attend ANC (14).

According to a study made in Addis Ababa, Ethiopia, almost all pregnant women reported in FGD that only few male partners do actually engage in ranges of roles like: taking care of the children, selecting the appropriate health facilities for child birth, sharing household duties and responsibilities, giving care during illness, accompanying the woman during pregnancy follow-ups and providing psychological, social and financial support (15). Some women also

believed that on some occasions even if the woman found out her husband's promiscuity she might be terrified to negotiate for a condom in order to keep herself protected from sexually transmitted infections or HIV/AIDS (15). Most of the women also said that they have never discussed with any of the family members or with any male partner about VCT and PMTCT during their pregnancy.

A study from Tigray Region in Ethiopia indicated that all of the women who received encouragement from husbands received ANC (14).

A study in Addis Ababa showed that pregnant women, regardless of a women having income of her own or not, being fully dependent on husband's income and pregnant women who had mutual trust with their male partners were positively associated with influencing women for HIV testing during pregnancy(15). Statistically significant association was also observed between consulting male partners before HIV testing and their influence on the women at HIV testing. The study also showed significant positive association between not to be influenced by male partner on decision of HIV testing and acceptance of the voluntary HIV testing by the pregnant women.

2.2 Birth preparedness and complications readiness

From the results of a qualitative exploration with first time parenting couples, some couples see the birth of their child as a family event that affects the couple's emotional health (16). Negotiating how the new family will be formed; that is, how their child will be born, influences their relationship and quality of life in the post partum period. All men in this study expressed a strong desire to support their partners, and several wanted to be active participants in decisions about in labor and delivery.

A study from rural Maharashtra in India showed that the likelihood of delivering in a medical institution is higher in cases where husband decides the place of delivery compared to those cases where other members of the household decide the place of delivery (17).

The results from a randomized controlled trial in urban Nepal to determine the impact of including husbands in Antenatal health education services in maternal health services showed that women who received education with their husbands were also more likely to be highly prepared for birth than women who received education alone(18).

A study in rural Ahmadnagar in India showed that the likelihood of non-institutional delivery was higher in cases where others had decided on the place of delivery compared to cases

where the husband himself decided. The chances of an institutional delivery were the same whether husband or husband and wife jointly decided on the place of delivery (9). Also, the deliveries were significantly, less likely to be attended by a trained medical person if others had decided on the place of delivery compared to cases where husband or both spouses had jointly decided (9).

Results of a study from Nepalese men showed that education (Secondary and above), mass media exposure (high), wealth index are significantly, and positively associated with their involvement in birth preparedness, whereas wives' autonomy is inversely and significantly associated with husband's involvement in birth preparedness (10).

A study in Jinja district in Uganda showed that the number of males who discuss and make joint couple decision on where the wife should deliver was low (11).

A study in rural Uganda regarding birth preparedness and complication readiness for emergency obstetric referrals showed that parity, material age, education level of the women, age and occupation of husbands and presence of pregnancy complications were associated with having a birth plan(19).

A study from Bussia in Kenya, revealed that low level of education and income, and negative cultural practices of male partners, negative attitude of health workers, unavailability of skilled attendants at community level, the "nice care" offered by the traditional birth attendants, and "high care" offered by the traditional birth attendants and "high fees" charged at health facilities for delivers services have affected the participation of male partners in promoting skilled deliveries for their spouses(20). A very high percentage of male partners indicated that they would be ridiculed by their peers and relatives if they were seen participating in pregnant and child birth issues.

A study in Tigray Region in Ethiopia indicated that most of the participant mothers from the FGD stated that husbands and their parents were decision makers for the selection of delivery place(14). Some did not know whether delivery needs a decision since they did not know when their delivery day was. The FGD respondents also argued that the majority of mothers were poor. This might be the main reason for the selection of home delivery. Cost of treatment, transport, and other out-of-pocket costs were mentioned as constraints. Poor basic infrastructure (road, Ambulance, health facilities and their equipment), lack of decision making power, lack of women empowerment, inequity, low educational status and less attention to basic women health and basic rights were discussed as a result of poverty.

A study in Addis Ababa, Ethiopia, revealed that women whose husbands have formal education are likely to intend to deliver in HFs and women whose families have better income were likely to intend delivering in HFS. Women's decision making power about getting institutional delivery(ID) services have shown significant differences between women who have intended to deliver in HFs and those who intended to deliver at home(21).

2.3 Child Birth

From the qualitative study by Sharoy(16) men were more likely than their partners to suggest calling the doctor or midwife at a particular time, and were anxious to leave the birth facility as soon as possible(16). Also, when a care giver proposed an intervention in child birth, the male partner was expected to be assertive and confrontational.

A study in rural Ahmadnagar in India showed that education and current age of husbands, number of living children, and standard of living of the household were found to be positively associated with the presence of men at the time of delivery(9). Also, a higher percentage of men living in nuclear households were found to be present at the time of delivery of their last child compared to men living in non-nuclear households.

The results of the study in Jinja District in Uganda showed that stock of drugs and requiring mothers to buy gloves and plastic sheets was cited as one of the reasons for the men not to escort the wife during labor (11). Also, the health workers not allowing men in to the delivery room also featured prominent, as an example of the health system not accommodating men who accompany their partners during labor. The study also revealed that men who accompanied their partners during ANC, received male partner invitation letter and made joint couple decision on where the wife was to deliver were factors found to be predictive of more men accompanying their partners during delivery.

From the results of the study in South Africa one of the reasons stated by hospital delivery staff for turning men away, was that the wards were often crowded and no set up for the couples(7). The study also showed from the FGDs that most women agreed that is important for men to be there during delivery, so that they can see how the women suffer in labor ward.

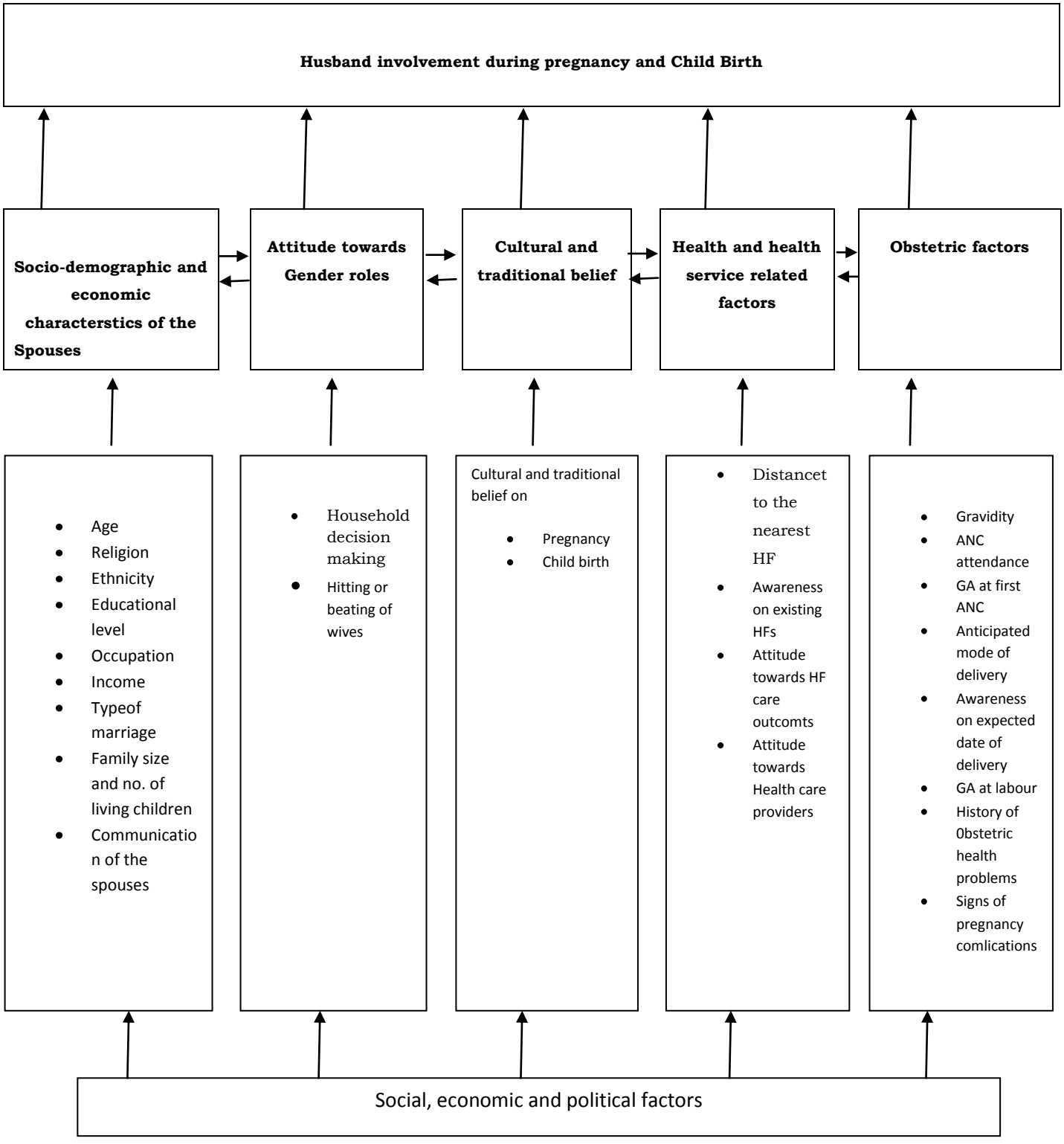
A study in Tigray Region in Ethiopia showed that delivery assisted by skilled attendants was very low (10). According to the participant women of the FDGs, economic, social and cultural believes, transport problems, poor quality of services, decision making power, sudden onset of labor and poor access of the health facilities were the main reasons why mothers gave

birth at home(14). All the participant women reported that older mothers and TBAS were more accepted by the community than HEWs because of their experience and the respect to privacy of the laboring mother. They also perceived that the HEWs and HWs were not good on handling and respecting the laboring mothers. The participant mothers also believed that if delivery is normal and natural and it is better to give birth at home.

A qualitative study in Addis Ababa showed that husbands are compelled to stand outside and in front of the delivery rooms where they usually listen to the screaming and shouting of their wives' expressing delivery and labor (22). Also, most husbands were busy running here and there, talking with their relative's ad family about the status of delivery and labor with cell phones.

This study depicted how the socio-economic and demographic characteristics of husbands and their spouses, the cultural beliefs and traditions of women had an effect on the involvement of husbands during pregnancy and childbirth

3. Conceptual framework of Husband involvement during pregnancy and Child Birth



Studies have shown that socio-demographic and economic charactersics of the spouses, attitude towards gender roles, cultural and traditional belief on spouses' involvement during pregnancy and Child Birth, health and health service related factors, and obstetric factors are the main determinants of spouses' involvement durng pregnancy and Child Birth.

4. OBJECTIVES

4.1 General Objective:

- The main objective of the study was to assess husband involvement during pregnancy and child birth.

4.2 Specific objectives:

- Determine the extent and prevalence of husband involvement during pregnancy and child birth.
- Examine factors associated with husband involvement during pregnancy and child birth.

5. METHODS

5.1 Study Setting

A quantitative cross sectional study was conducted among married women who had given births during the last year before the survey. Data collectors were a nursing student and health professionals working in health facilities that provide child immunization services. Structured questionnaires were used for the data collection. All the health facilities selected for the study were located in Akaki Kaliti sub-city.

The health facilities in the sub-city selected for the study are Tirunesh Beijing Hospital, Zenbaba Hospital, Saris Health center, Kality Health Center, Akaki Health center and Selam Fire Health center.

The study was conducted from Jan 2013-May 2014.

5.2 Study Design

A cross-sectional study design was used.

5.3 Source population

Women who lived in Akaki Kaliti Sub-city and had given live birth (s) with in the past one year.

5.4 Study population

Married Women who had given live birth (s) in the past one year during the study period and attended in the MCH department of health facilities were selected for the study and fulfilled the inclusion criteria.

5.5 Inclusion and Exclusion Criteria

5.5.1 Inclusion Criteria

- All married women who had given live birth(s) in the past one year to reduce recall bias and irrespective of gestational age of pregnancy.
- Willing to participate in the study.
- Usual place of residence was Akaki Kaliti sub-city

5.5.2 Exclusion criteria

- Those married women who had given live birth(s) in the past one year who were unable to speak, sick and their usual place of residence was not Akaki Kaliti Sub-City.

5.6 Sample Size determination

Sample size was calculated for the single population proportion using EPI-INFO version 7.0.

$$n = \frac{(Z\alpha/2)^2 pq}{d^2}$$

Where

n = the desired sample size

p = the proportion of married women who had their husbands involved during pregnancy and childbirth which was not known and hence set at 50% (0.5) to obtain the maximum sample size.

q= 1-P = 0.5

d= the margin of error between the sample and the population which is 0.05.

The calculated result was 384. When a non-response 10% was added, the total sample size for the study was 422 married women who had given birth in the past one year.

5.7 Sampling procedures

The study was conducted in health facilities in Akaki Kaliti sub city where immunization of children takes place. Vaccination of children as selection criteria of the health facilities was considered to get mothers when attending their children's immunization. From the EDHS 2011 report vaccination coverage in Addis Ababa among 12-23 months who are fully vaccinated is 79 percent. The only health facilities in the sub-city which provide immunization service for children and selected for the study are Tirunesh Beijing Hospital, Zenbaba Hospital, Saris Health center, Kality Health Center, Akaki Health center and Selam fire Health center. Tirunesh Beijing Hospital, Zenbaba Hospital and Selam fire Health center had low client flow for child immunization thus constitute 30 percent of the total sample.

Saris Health Center, Kality health center and Akaki Health center had high client flow for child immunization thus constitute 70 percent of the sample.

Mothers who had given live birth (S) in the past one year and attended the MCH department were interviewed.

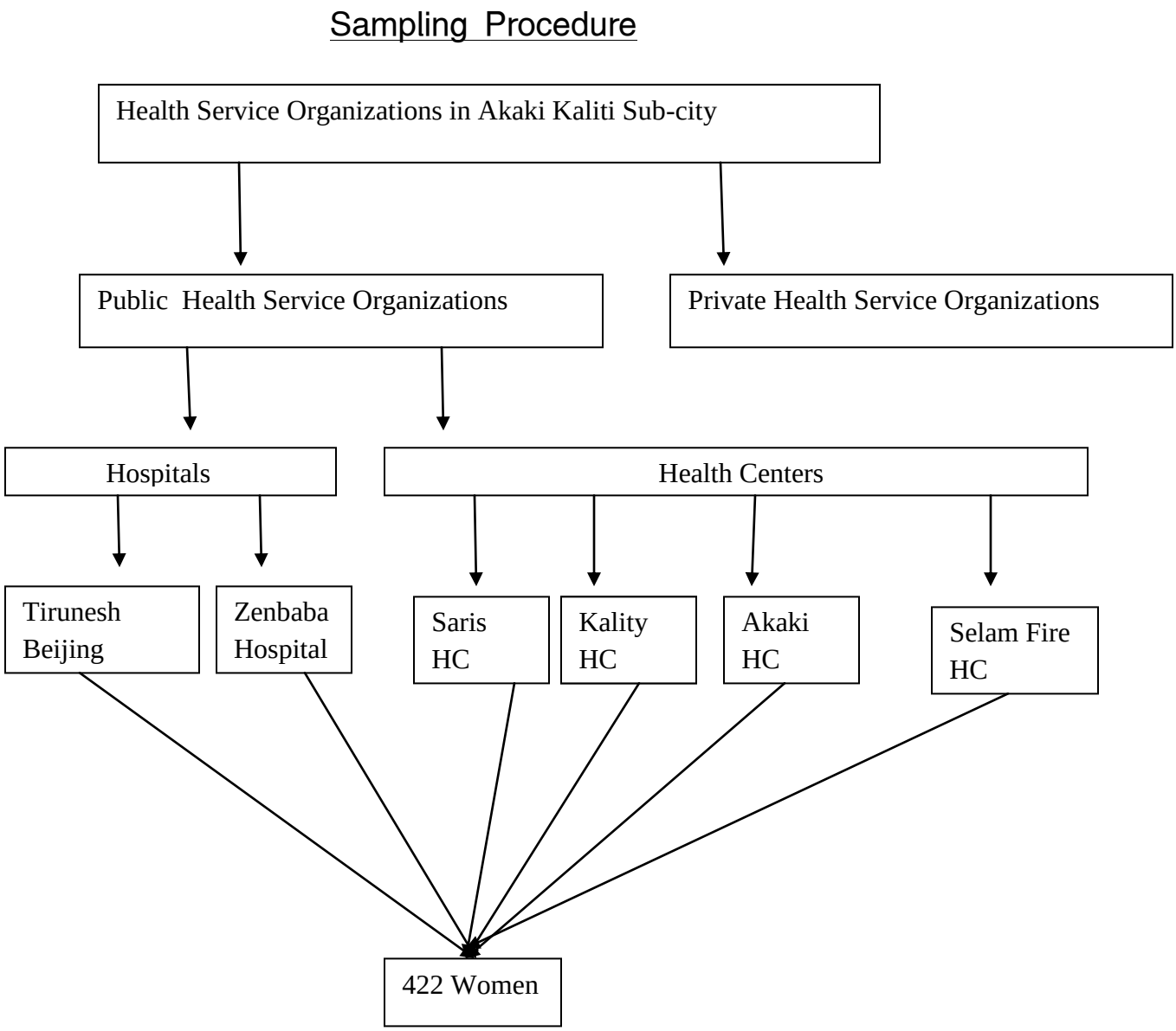


Figure 1: Schematic Presentation of the Sampling procedure

5.8 Study variables

5.8.1 Dependent variables

►Husband involvement during ANC

►Husband involvement in Birth preparedness and complications readiness:

►Husband involvement in childbirth

5.8.2 Independent Variables

►Socioeconomic and demographic characteristics

Age, Religion, Ethnicity, Educational level, Occupation ,monthly income ,Husband's Age, Husband's religion, Husband's ethnicity, husband's educational level, husband's occupation, husband's income ,Type of Marriage, Marital status, Number of family size, household own; radio, television, bicycle, motor cycle, TVS scooter, car; living together or living apart, How many living children ,communication,

►Attitude towards gender roles (Attitude towards household decision making, Attitude towards wife beating),

►Cultural and traditional beliefs, health and health service related issues

►Obstetric (prenatal care and counseling, birth preparedness and complications readiness,

Childbirth)

5.9 Operational Definitions

Husband involvement during ANC: refers that the husband accompanied the women at least once during ANC check-ups

Husband involvement in Birth preparedness and complications readiness: refers that the husband is involved in joint decisions on where to attend ANC, joint decisions on where to deliver, save money.

Male involvement in childbirth: - refers that the husband attended child birth.

Husband involvement during pregnancy and childbirth: refers that the husband is involved at ANC, make joint decisions on where to attend ANC, make the plan of where to deliver ,save money in case of emergency, attended during labor.

Women autonomy: refers that the women have access to and control over resources and attitude towards wife beating or hitting for any the situations

Means of Mass media exposure: refers that the household has a radio or television or both

Availability of means of transport: refers that the household has bicycle, motorcycle,TVS scooter ,or car/truck

Cultural and traditional belief was measured by asking the respondents their beliefs on three responses:- pregnancy is women's affairs that doesn't need husband involvement ,child birth is a natural phenomenon that doesn't need husband involvement and the husband need to discus with a doctor or health care provider about pregnancy and child birth. High prohibitive cultural and traditional beliefs if respondents disagree with the first two responses and agrees with the last response and low or medium prohibitive if agrees with one or two of the first responses or disagrees with the last responses.

Husband involvement during pregnancy was measured by asking respondents if husbands have attended ANC at least once. Husband involvement during child birth was measured by asking respondents if husbands have attended during labor. Husband involvement for birth preparedness and complications readiness was measured by asking respondents if husbands were participated jointly in decision making about where the women to attend ANC ,made the plan of where to deliver from, paid the cost of transport to HF for delivery and cost of HF care at child birth, husband participated in saving money either alone or jointly with the wife in case of emergency.

Occupation was measured Gov. and NGO or private, merchant, daily laborer or other (farmers, drivers not included in other category and others). Housewife was included under respondent's occupation. For analytical purposes it was categorized in to formal (Gov. and NGO or private org. employed) and informal employment(merchant, daily laborer ,farmers, drivers not included in other category and, Housewives)

Wife participation in household decision making was measured by asking respondents their attitude on three types of decisions: - own health care, purchasing goods, visits to family or relatives. The woman is highly empowered if participated in all the three decisions, low or medium if participated in one, two or none.

Hitting or beating wife was measured by asking respondents their attitude if the husband is justified in hitting or beating the wife on five situations:- if goes out without telling him ,

neglect children, argues with him ,refuses to have sex with him , and if she burns the food. Highly empowered if the respondent disagrees in all situations, low or medium if agrees in one or more situations.

Living together was measured by asking respondents if they were living with their spouses in the same household or as perceived by the women.

Good communication was measured by simply asking respondents if they had good communication with their spouses or as perceived by the women.

Age: Age of both spouses was categorized based on the means of their ages and standard deviations.

5.10 Data collection procedures

Interviewer-administered interview was conducted for the quantitative study. The questionnaires was first prepared in English then translated to Amharic and then back to English to maintain its consistency.

Data collection was undertaken by nurses in the MCH department of the respective health facilities and a Nursing student at two health facilities.

Data collection was taken place in the MCH department when mothers attended vaccination of their children, FP and counseling services

A two days training was conducted for data collectors and supervisors about the objectives and process of data collection.

Pre-testing of the questionnaire was undertaken on 15 individuals to identify problems with the questionnaire and procedures of data collection.

The principal investigator had coordinated the data collection process of quantitative study. The principal investigator was communicated and discussed every day with the supervisors and data collectors about problem faced during data collection process and collected the completed questionnaires every day and check for inconsistencies and omissions.

5.11 Data Management

Questionnaires were checked for completeness, consistencies and missing values. The principal investigator had checked whether the data collectors and supervisors were using the right data collection process and techniques. Data entry and cleaning was done SPSS

version 16.0. After data were collected and entered in to a computer a separate numerical code was assigned for separate answers and missing values. Data were checked for values that are inconsistent with other information gathered in the study. The data was also checked for missing item and decisions was made as to simply disregard missing data items during analysis.

5.12 Data Analysis

Data analysis was done by computer statistical package for social science (SPSS) version 16.0. On univariate analysis, Frequency tables and Charts were used to describe categorical variables. Graphs, means, mode, medians and standard deviations were used to describe numerical variables. Bivariate analysis was done and then multivariate analysis using logistic regression was used to identify factors that were independently associated with the dependent variable. Multivariate analysis was done for those independent variables that were found significant by chi square (p=<0.05) and odds ratio with 95% confidence interval on the bivariate analysis. A significance level of p value <0.05 was considered significant during analysis.The odds ratios were adjusted on logistic regression so that they have been less affected by the confounding variables.

5.13 Ethical consideration

The study obtained ethical approval from Addis Ababa University School of Public Health Ethical Clearance committee (REC). Informed consent was obtained from the participants after the purpose, risks and benefits of the research were told to the potential respondents, so that they could have the information needed to decide whether to participate in the research. The respondents was told that they are not forced to participate, or that they could refuse to answer any question (s), and that they could quit any time, and that participants' confidentiality and privacy was protected.

5.14 Dissemination of the results

The results will be reported to the School of Public Health in a form of a thesis as fulfillment the Master of Public Health program. The Research finding shall as well be communicated to the Akaki Kaliti Sub-city Health Office, the Regional Health Bearue and nongovernmental organizations working on Reproductive health. The results will also be communicated to staffs of health facilities where the study was conducted. Seminars, publication and conference presentations will be used to disseminate the findings

6. Results

6.1 The socio-demographic and economic characteristics of respondents and husbands.

A total of 422 Married women who had given births in the last 12 months were interviewed using interviewer administered questionnaires. Majority of the respondents were in the age group of 25 and above (74.5%) with mean age of 27.1 ± 4.3 standard deviation, while most of husbands were in the age group of 30 and above years of age (74.5%) with mean age of 33.7 ± 5.7 standard deviation. Most of the respondents (64.7%) and husbands (65.1%) were orthodox and Amhara (37.4%) and (34.8%) respectively. Most of respondents (34.2%) had primary level of education followed by territiary (28.5%), secondary (28.0%) and no formal education (9.3%). 45.5% of husbands had territiary level of education followed by secondary (25.8%), primary (25.6%) and no formal education (2.6%). (Table1)

Most of the respondents are housewives (48.8%) whereas the husbands are NGO or private org. employed (30.4%) followed by Gov. Organization employed (28.7%). (Table 1)

Table 1 : Socio-demographic and economic characteristics of the Respondents and Husbands in Akaki Kaliti Sub-city, Addis Ababa, 2014

Variables	Category	frequency	Percentages (%)
Age category	Below 25	97	25.5%
	25 and above	284	74.5%
Husband's Age category	Below 30	80	23.2%
	30 and above	257	74.5%
Religion	Orthodox	270	64.7%
	Muslim	93	22.3%
	Protestant	46	11.0%
	Catholic	6	1.4%
	Other	2	.5%
Husband's Religion	Orthodox	269	65.1%
	Muslim	94	22.8%
	Protestant	43	10.4%
	Catholic	6	1.5%
	Other	1	.2%
Ethnicity	Amhara	158	37.4%
	Oromo	119	28.1%
	Tigre	47	11.1%
	Guragie	65	15.4%
	siltie	22	5.2%
	wolaita	6	1.4%
	Other	6	1.4%
Husband's Ethnicity	Amhara	147	34.8%
	Oromo	144	34.0%
	Tigre	43	10.2%
	Guragie	48	11.3%
	siltie	30	7.1%
	wolaita	4	.9%
	Other	7	1.7%
Educational Level	No Formal Education	39	9.3%
	Primary(1-8)	144	34.2%
	Secondary(9-12)	118	28.0%

	Tertiary(above 12)	120	28.5%
Husband's Educational Level	No Formal Education	11	2.6%
	Primary(1-8)	107	25.6%
	Secondary(9-12)	108	25.8%
	Tertiary(above 12)	190	45.5%
	DK(Don't know)	2	.5%
Occupation	Gov.Org.Employed	71	16.8%
	NGO or Private Org.Employed	51	12.1%
	Merchant	63	14.9%
	Daily Laborer	20	4.7%
	Housewife	206	48.8%
	Other	11	2.6%
Husband's Occupation	Gov.Org.Employed	120	28.7%
	NGO or Private Org.Employed	127	30.4%
	Merchant	87	20.8%
	Daily Laborer	42	10.0%
	Other	41	9.8%
	DK(Don't know)	1	.2%

6.2 Household characteristics

Most of the respondents had traditional marriage (39.8%), followed by civil marriage (35.7%) and religious marriage (24.5%). (Table2).

Three hundred sixty three (87.5%) and Three hundred forty five (83.3%) of households had radio and television as a means of mass media exposure. (Table 2)

Majority of households (91.6%) had less than three numbers of living children and 8.4% had three or more of living children .Over 95%(96.5%) of the respondents reported that they had good communication with their husbands and 3.5% reported that they did not have. (Table 2).

Table 2: Household characteristics of study participants in Akaki Kaliti Sub-city,N=4 AddisAbaba,2014

Variables	Category	Frequency	Percenteges(%)
Type Of Marriage	Civil Marriage	149	35.7%
	Religious	102	24.5%
	Traditional	166	39.8%
Means of Mass Media exposure			
• Radio owned by the Household	Yes	363	87.5%
	No	52	12.5%
• Television owned by the Household	Yes	345	83.3%
	No	69	16.7%
Number of living children category	Less than 3	282	91.6%
	3 or more	26	8.4%
Good Communication	Yes	391	96.5%
	No	14	3.5%

6.3 Gender roles, cultural and traditional beliefs about pregnancy and childbirth, health and health related factors

6.3.1 Attitude towards household decision making

Most of the respondents 262 (63.4%) reported that decision about health care for the respondent were made jointly with their husbands, followed by respondents alone 81(19.6%) and husbands alone 70(16.9%). Two hundred seventy three (66.7%) said that decision about major households purchases were made by husbands and wives jointly, followed by husbands alone 109(26.7%) and respondent alone 27(6.6%). Three hundred sixteen (77.8%) reported that decision about visit to family or friends were made jointly by husbands and wives, followed by husbands alone 67(16.5%) and respondents alone23 (5.7%). (Table 3)

6.3.2 Attitude towards wife hitting or beating

Respondents who reported that a husband is justified to hitting or beating his wife in five situations were as follows: if goes out without telling him 48(11.8%) , neglects children 33(8.1%) , argues with him 24(5.9%) , refuses to have sex with him 52(12.8%) and if she burns the food were 28(6.9%) and who disagrees in each of the five situations were 87.2% , 91.2% ,93.6%,85.7% and 92.6% respectively. Respondents who reported DK (Don't know) are 1.0%. 0.7%, 0.5%, 1.5% and 0.5% respectively. (Table 3)

Table 3: Attitude towards Gender roles among respondents in Akaki Kaliti sub-city,Addis Ababa,N=422, 2014

Variables	Category	Frequency	Percentages (%)
Attitude towards Household decision making			
Who should decide about Health Care for respondent	Respondent	81	19.6%
	Husband	70	16.9%
	Respondent and Husband	262	63.4%
Who should decide about major Household purchases	Respondent	27	6.6%
	Husband	109	26.7%
	Respondent and Husband	273	66.7%
Who should decide about visits to Family or Relatives	Respondent	23	5.7%
	Husband	67	16.5%
	Respondent and Husband	316	77.8%
Attitude towards wife hitting or beating			
Hitting or beating wife if goesout without telling him	Yes	48	11.8%
	No	354	87.2%
	DK	4	1.0%
Hitting or beating wife if neglects the children	Yes	33	8.1%
	No	371	91.2%
	DK	3	.7%
Hitting or beating wife if argues with him	Yes	24	5.9%
	No	379	93.6%
	DK	2	.5%
Hitting or beating wife if refuses to have sex with him	Yes	52	12.8%
	No	347	85.7%
	DK	6	1.5%
Hitting or beating wife if she burns the food	Yes	28	6.9%
	No	376	92.6%
	DK	2	.5%

6.3.3 Cultural and traditional beliefs

Among the respondents who didn't agree with the following two conditions were as follows: pregnancy is a women affair that doesn't need husband involvement292 (70.4%) and child birth is a natural phenomenon that doesn't need husband involvement 277(70.5%), and 369(93.4%) reported that a husband need to a discus with a doctor of health care provider about pregnancy and child birth, and 341(83.2%) said that what do people talk about husbands who escort their wives for ANC , delivery and PNC is good and encouraging. (Table 4)

Table 4: Cultural and Traditional beliefs among respondents in Akaki Kaliti sub-city ,Addis Ababa,N=422,2014

Variables	category	frequency	Percentages(%)
Pregnancy is a woman affair that does not need husband involvement	Yes	113	27.2%
	No	292	70.4%
	DK	10	2.4%
	Total	415	100.0%
Child Birth doesn't need husband involvement	Yes	104	26.5%
	No	277	70.5%
	DK	12	3.1%
	Total	393	100.0%
Husband need to discuss with a doctor or healthcare provider	Yes	369	93.4%
	No	15	3.8%
	DK	11	2.8%
	Total	395	100.0%
What do people talk	Good and	341	83.2%
	Bad and	14	3.4%
	DK	55	13.4%
	Total	410	100.0%

6.3.4 Health and health service related factors

Majority of the respondents 393(94.7%) reported that they know at least one health facility that provides ANC , delivery and PNC in the Akaki Kality sub city and Beijing Hospital was the most known 255(65.2%). Three hundred and fifteen(77.6%) said that health facility offering ANC , delivery and PNC were less than 5KM from house and more than 5 kms were reported by 91(22.4%) of respondents. (Table 5)

Three hundred and sixty one(89.1 %) of the respondents reported that any pregnant women is susceptible to complication during child birth and 87.9% said that health workers are cooperative and welcoming towards men who escort their wives for ANC ,delivery and PNC and 87.2 % believed that giving birth at HF has a better outcome. Using their own evaluation, most of the respondent reported that quality of the nearest health facility care for ANC , delivery and PNC was good, followed by excellent (22.3%), very good (21.3%) and poor (7.6%). (Table 5)

Table 5: Health and Health service related factors by respondent Characteristics in Akaki Kaliti sub-city, Addis Ababa,N=422,2014

Variables	Category	frequency	Percentages(%)
Did know any HF that provides ANC,delivery and PNC in akaki kaliti sub-city	Yes	393	94.7%
	No	22	5.3%
Did know the following HF			
Tirunesh Beijing Hospital	Yes	255	65.2%
	No	136	34.8%
Zenbaba Hospital	Yes	145	37.2%
	No	245	62.8%
Saris HC	Yes	214	55.2%
	No	174	44.8%
Kality HC	Yes	201	51.5%
	No	189	48.5%
Akaki HC	Yes	194	49.9%
	No	195	50.1%
Selamfire HC	Yes	61	15.6%
	No	329	84.4%
Distance to the nearest HF offering ANC, delivery and PNC	Less	315	77.6%
	More	91	22.4%
How did they evaluated the quality of nearest HF care for ANC, delivery and PNC	Poor	31	7.6%
	Good	185	45.3%
	Very	87	21.3%
	Excellent	91	22.3%
	DK	14	3.4%
Any pregnant women is susceptible to complications during childbirth	Yes	361	89.1%
	No	28	6.9%
	DK	16	4.0%
Believed that Giving Birth at HF has a better outcome	Yes	340	87.2%
	No	25	6.4%
	DK	25	6.4%
Attitude towards health workers	Cooperat	355	87.9%
	Uncoope	6	1.5%
	DK	43	10.6%
	Total	404	100.0%

6.4 Obstetrics history

6.4.1 Past and present obstetric health problems

forty five (10.9%) had history of abortion, 8(2.2 %) had history of still birth, danger sign most reported that study participants had during pregnancy was vaginal bleeding (33.5%) and other signs reported were vaginal gush of fluid (30.7%) ,severe headache (68.4%) , blurred vision (56.8%),fever (50.3%),abdominal pain (32.8%) and other signs(6.1%). (Table 6).

Table 6: Past and present obstetric problems among women in Akaki kaliti sub-city, Addis Ababa, n=422, 2014

Vriables	Category	Frequency	Percentages(%)
History of abortion	Yes	45	10.9%
	No	366	89.1%
History of stillbirth	Yes	8	2.2%
	No	362	97.8%
Had these signs of pregnancy complications at recent pregnancy			
Had vaginal bleeding	Yes	59	33.5%
	No	117	66.5%
Had vaginal gush of fluid	Yes	54	30.7%
	No	122	69.3%
Had severe headache	Yes	121	68.4%
	No	56	31.6%
Had blurred vision	Yes	100	56.8%
	No	76	43.2%
Had fever	Yes	89	50.3%
	No	88	49.7%
Had abdominal pain	Yes	58	32.8%

6.4.2 ANC attendance by the women

Most of the respondents were multigravid 230(60.7%) and primigravid 149(39.3%) during pregnancy of last baby (Table7). Three hundred and ninety five (95.9%) women said that they had ANC at least once during pregnancy of last child. 389(98.5%) had ANC at HF and 1.5% reported they had ANC at home by health professionals .(Table 7). During their first ANC visit, 197(49.5%) were 4-6 months, 172 (43.2%) less than 4 months and 26(6.5%) were 7 months and above pregnant. 221(59%) had more than 3 ANC visits while 156(41%) had three or less than three. (Table7).

Table 7: ANC attendance by respondents in akaki kaliti sub-city, Addis Ababa, n=422, 2014

Variables	Category	Frequency	Percentages(%)
Gravidity	Primigravid	149	39.3%
	Multigravid	230	60.7%
ANC at least once	Yes	395	95.9%
	No	17	4.1%
Who attended ANC	Doctor,Nurse or	372	96.4%
	Health Officer	10	2.6%
	HEW	4	1.0%
Where received ANC	Home	6	1.5%
	HF	389	98.5%
How many months pregnant first ANC	<4 months	172	43.2%
	4-6 months	197	49.5%
	7 months and	26	6.5%
	DK	3	.8%
Number of ANC	Three or less	156	41%
	More than three	221	59%

6.4.3 Labor

Four hundred and nine (99.5%) had given birth to a single baby and 2(0.5 %) twins. Three hundred eighty three(93.4%) had anticipated mode vaginal and 27(6.6%) cesarean section ,320(92.0%) had actual vaginal delivery and 8.0% cesarean section ,223(55.1%) were 37-42 weeks pregnant when baby was born , 96(23.7%) were less than 37% weeks and 47(11.6%) more than 42 weeks , 317(77.5%) knew their expected date of delivery. (Table 8).

Table 8: Child Birth history in Akaki Kaliti sub-city,n=422,2014

Variables	Category	Frequency	Percentages(%)
Given Girth to single baby, twins or more	Single baby	409	99.5%
	Twins	2	.5%
Anticipated mode of delivery	Vaginal	383	93.4%
	Cesarean	27	6.6%
Actual mode of delivery	Vaginal	320	92.0%
	Cesarean	28	8.0%
How many weeks pregnant when baby was born	<37 weeks	96	23.7%
	37-42 weeks	223	55.1%
	>42 weeks	47	11.6%
	DK	39	9.6%
knew expected date of delivery	Yes	317	77.5%
	No	92	22.5%
	Total	409	100.0%

6.5 Level of husband involvement

6.5.1 Antenatal care

Majority of the respondents 264 (65.5%) were accompanied by their husbands for ANC visits (Table 9 and Figure 2). Husbands who attended at ANC more than three times were 14.6%, while 85.4% had three or less than three times accompanied their wives.

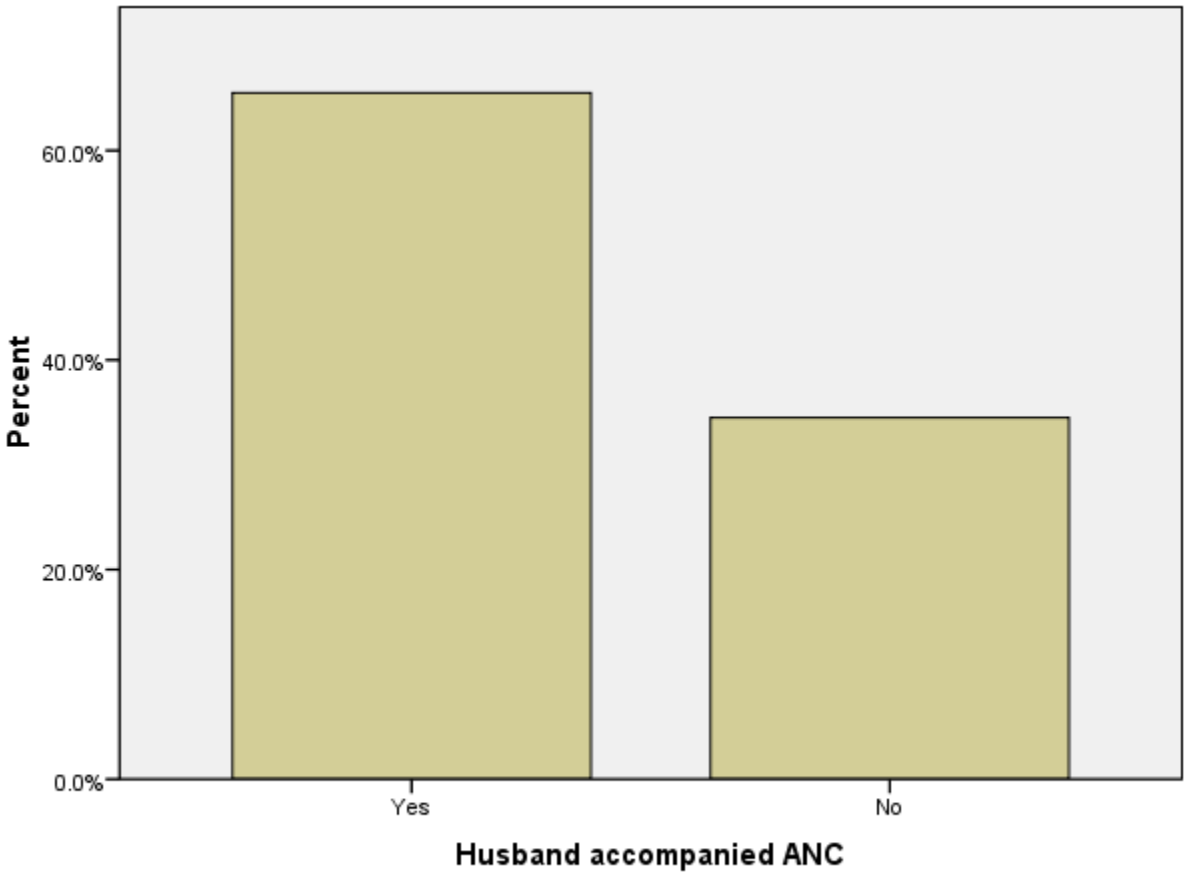


Figure 2: The proportion of women accompanied by Husbands at ANC in Akaki Kaliti Sub-city,Addis Ababa,2014

6.5.2 Birth preparedness and complications readiness

6.5.2.1 Decisions on where to attend ANC and made the plan of where to deliver

Regarding decision making on where to attend ANC 252(66.3%) of the respondents said that they have decided jointly with husbands,66(17.4%) and 62(16.3%) of them reported respondents and husbands have decided respectively. (Table 9)

Among the study participants who reported that they had made either alone or jointly with husbands the plan of where to deliver from, 260(76%) said respondents and husbands jointly, 49(14.3%) by husbands alone and 33(9.6%) by respondents alone had made the plan of where to deliver from. (Table 9)

6.5.2.2 Paid for the cost of transport and health facility care

Among the respondents who delivered at HF;193(51.6%) said that the cost of transport to the health unit were paid by husbands only,70(18.7%) by Respondents and husbands both , 32(8.6%) by respondents , 11(2.90%) by relatives ,3% by respondents and relatives jointly covered the cost of transport. when the cost of transport is not paid , relatives 21.8% ,husbands only 7.3% and respondents and husbands both 7.3% had arranged the means of transportation and 63.6% had Ambulance ,used own car and on foot. (Table 9)

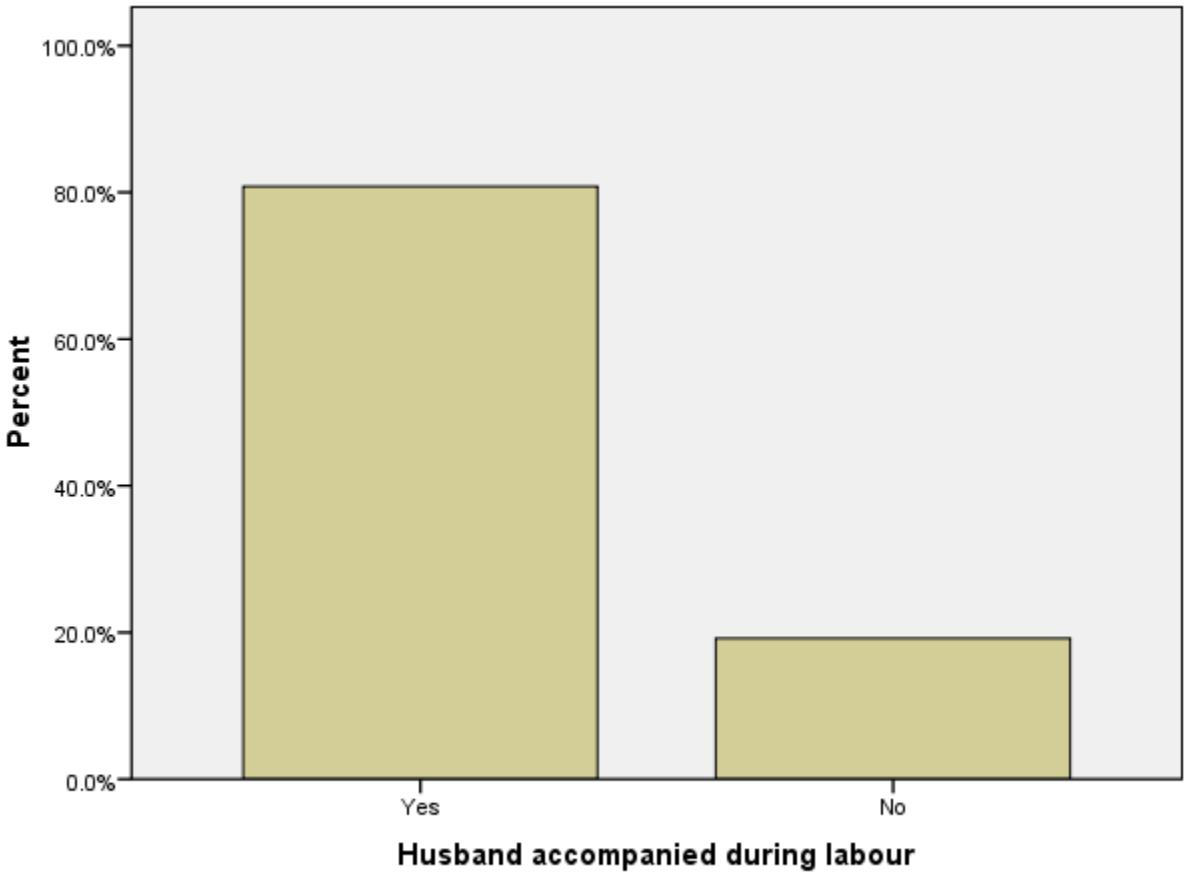
For the mothers who delivered at HFs ;husbands 61.7%, respondents and husbands both 13.2% ,relatives and respondents 4.4 % had paid for the cost of HF care .16.5% of the respondents said that they didn't pay and 3% paid by others. For study participants who didn't have delivered at HFs or given birth at home, 64.3% reported that they had not paid for the person who assisted with the delivery of the baby. For those who have paid, husbands 28.6%, respondents 7.1 % covered the cost. (Table 9)

6.5.2.3 Saved money in case of emergency

Among the respondents who said they had saved money in case of emergency either alone or with husbands jointly. Most of respondents (63.6%) said that respondents and husbands jointly, 28.9% and 7.5% reported husbands alone and respondents alone respectively had saved money in case of emergency. (Table 9).

6.5.3 Child Birth

Majority of Husbands attended labor as reported by 80.8% of the respondents and 19.9 said husbands did not attend (Table 9 and Figure 3)



Fgure 3: The proportion of women accompanied by Husbands during labour in Akaki Kaliti Sub-city , Addis Ababa, 2014

Table 9: Level of husband involvement during pregnancy and childbirth in Akaki Kaliti Sub-city,(N=422),2014

Variables	**Category**	frequency	Percentages (%)
Husband accompanied ANC	Yes	264	65.5%
	No	139	34.5%
Who decided where should attend	Respondent		
Made plan of where to deliver from	Yes	351	86.0%
	No	57	14.0%
Who made the plan of where to deliver	Respondent	33	9.6%
	Respondent and Husband	260	76.0%
	Husband only	49	14.3%
Who paid for the cost of transport	Respondent	32	8.6%
	Respondent and Husband	70	18.7%
	Husband only	193	51.6%
	Relatives	11	2.9%
	Not Paid	67	17.9%
	Respondent and Relative(s)	1	0.3%
If not paid, who arranged or provided the means of transportation	Respondent and Husband	4	7.3%
	Husband only	4	7.3%
	Relatives	12	21.8%
	Other(ambulance)	35	63.6%
Who have paid for the cost of HF care	Respondent only	16	4.4%
	Respondent and Husband	48	13.2%
	Husband only	224	61.7%
	Relatives	14	3.9%
	Not paid	60	16.5%
	Other	1	.3%
Who paid for the person who assisted with the delivery of the baby	Respondent only	1	7.1%
	Respondent and Husband	0	.0%
	Husband only	4	28.6%
	Relatives	0	.0%

	Not paid	9	64.3%
Saved money in case of emergency	Yes	345	83.5%
	No	68	16.5%
Who saved the money	Respondent only	25	7.5%
	Respondent and Husband	211	63.6%
	Husband only	96	28.9%
Husband accompanied during labor	Yes	333	80.8%
	No	79	19.2%

6.6 Bivariate analysis

6.6.1 Socio-demographic and economic characteristics of Respondents, husbands and households

Women with educational level of primary and below were less likely to be accompanied by husbands at ANC than those with secondary and above (OR=0.649, 95% CI=0.429, 0.982, P=0.04). The odds of husbands attendance at ANC are lower for women whose husbands had primary and below level of education compared to those whose husbands who had secondary and above (OR=0.482 , 95% CI=0.307 ,0.757 ,P=0.001) (Table 10).

Occupation of respondents with formal employment were 2 times more likely to be accompanied by husband at ANC than those with informal employment (OR=2.169, 95% CI=1.335, 3.524, P=0.002).Women with husbands occupation formal employment had 2 times higher odds of husband attendance at ANC compared to those whose husbands had informal employment (OR=2.054 ,95% CI=1.347 , 3.132 , P=0.001).The odds of husbands attendance at ANC for wives and husbands living together were 4 times higher for those living apart (OR=4.031 ,95% CI=1.191 ,13.641 , P=0.016) (Table 10).

Women with their husbands formal occupation ,family size of less than 5 and living together of husbands and wives had a higher odds of husbands attendance at labor than those whose husbands had informal employment (OR=1.662 , 95% CI=1.009 , 2.737 ,P=0.045) and family size of 5 or more (OR=2.444 ,95% CI=1.205 , 4.957,,P=0.012) and husbands and wives living apart (OR=14.552 ,95% CI=3.838 55.179 ,P=0.000). Good communication between husband and wives had a higher odds of husband attendance at labor compared with those who didn't have (OR=3.624, 95% CI=1.184, 11.118, P=0.017). (Table 11)

6.6.2 Gender roles and health and health related factors

The odds of husband attendance at ANC for higher empowered women in household decision making was 2.4 times higher compared with low or medium empowered (OR=2.390, 95% CI=1.531, 3.7290, P=0.000).women higher empowered in attitude towards hitting or betting wife are 3.1 times higher likely to be accompanied by husbands at ANC than those with lower or medium empowered (OR=3.092, 95% CI=1.868, 5.117, P=0.000). (Table 10)

The odds of husband attendance at ANC for women who did know at least one health facility in Akaki Kaliti Sub-City that provides ANC , delivery and PNC was 2.9 times higher compared to those didn't know (OR=2.839 ,95% CI=1.114 , 7.239 , P=0.023). (Table 10)

Distance to the nearest health facility less than 5 km had lower odds of husband attendance at ANC compared to more than 5km (OR=463 , 95% CI = 0.258 , 0.831 , P=0.009). (Table 10)

The odds of husband attendance at labor for women higher empowered in household decision making and attitude towards hitting or beating wife are 1.9 and 5.1 times higher compared to those with low or medium empowered (OR=1.947 , 95% CI=1.165 , 3.257 ,P=0.10 and OR=5.120,95%CI=2.957, 8.866 , P=0.010). (Table 11)

6.6.3 Obstetrics factors

Women with first ANC visit of less than 4 months of gestational age are more likely to be accompanied by husbands at ANC than those with first ANC more than 4 months of gestational age (OR=1.648, 95% CI= 1.076, 2.525, P= 0.021) . **(**Table 10**)**

Women with with more than 3 ANC visits are more likely to be accompanied by husbands at ANC than those less than 3 ANC visits (OR=1.852, 95% CI=1.203, 2.851, P=0.005). **(**Table 10**)**

The odds of husband attendance at ANC for women who had at least one sign of pregnancy complication are 3 times higher for women who had not any signs of pregnancy complications (OR=3.014 , 95% CI=1.845 , 4.922 P=0.000). (Table 10)

Women with history of abortion are less likely to be accompanied by husband at labor than those who didn't have (OR=0.375, 95% CI=0.192, 0.734, P=0.003). (Table 11)

Women who have vaginal anticipated mode of delivery, accompanied by husband at ANC and had at least one danger signs of pregnancy complications had a higher odds of husband attendance at labor compared to those who had cesarean section anticipated mode of delivery (2.363, 95% CI=1.011, 5.524, P=0.0421, not accompanied by husbands at ANC (5.356, 95% CI= 3.123, 9.187 ,P=0.000) and not had any danger sign of pregnancy complication (OR=2.627, 95% CI=1.469, 4.696, P=0.001). (Table 11)

Table 10: Bivariate Analysis of factors associated with Husband involvement during ANC in Akaki Kaliti Sub-city, Addis Ababa, 2014

Variables	Husband attendance during ANC	
	Test of significance at 95% CI(p value)	**odds ratio at 95%CI**
Educational category • Primary and below • Secondary and above	P=0.04	0.649(0.429 - 0.982) 1.00
Husband education • Primary and below • Secondary and above	P=0.001	0.482(0.307 – 0.757) 1.00
Occupation • Formal employment • Informal employment	P=0.002	2.169(1.335-3.524) 1.00
Husbands occupation • Formal employment • Informal employment	P=0.001	2.054(1.347 – 3.132) 1.00
Living together or living apart • Living together • Living apart	P=0.016	4. 031(1.191 – 13.641) 1.00
wife participation in household decision making • High empowered • Lower or medium empowered	P=0.000	2.390(1.531 – 3.729) 1.00
Attitude towards hitting or beating wife • High empowered • Low or medium empowered	P=0.000	3.092(1.868 – 5.117) 1.00
Do know HF • Yes • No	P=0.023	2.839(1.114 – 7.239) 1.00
Distance of HF • Less than 5km • More than 5 km	P=0.009	0.463(0.258 – 0.831) 1.00
First ANC • Below 04 months • 04 months and above	P=0.021	1.648(1.076 – 2.525) 1.00
Number received ANC • Greater than 3 • 3 or less	P=0.005	1.852(1.203 – 2.851) 1.00
Signs pregnancy complications • Yes • No	P=0.000	3.014(1.845-4.922) 1.00

Table 11: Bivariate analysis of factors associated with husband involvement during Child birth in Akaki Kaliti Sub-City, Addis Ababa, 2014.

	Husband attendance at labour	
Vaiables	Test of significance at 95% CI (P value)	0dds Ratio at 95% CI
Husband occupation • Formal employment • Informal employment	0.045	1.662(1.009 – 2.737) 1.00
Family size • Less than 5 • 5 or more	0.012	2.444(1.205 – 4.957) 1.00
Living together or apart • Living together • Living apart	0.000	14.552(3.838–55.179) 1.00
Good communication • Yes • No	P=0.017	3.617(1.184-11.118) 1.00
Wife participation in household decision making • High empowered • Low or medium empowered	0.01	1.947(1.165 – 3.257) 1.00
Hitting or beating wife • High empowered • Low or medium empowered	0.000	5.12(2.957 – 8.866) 1.00
History of abortion • Yes • No	P=0.003	0.375(0.192-0.734) 1.00
Anticipated mode of delivery • Vaginal • Cesarean section	P=0.042	2.363(1.011 – 5.524) 1.00
Husband accompanied ANC • Yes • No	P=0.000	5.356(3.123 – 9.187) 1.00
Signs of pregnancy complications • Yes • No	P=0.001	2.627(1.469-4.696) 1.00

6.7 Multivariate analysis

6.7.1 Multivariate analysis of factors associated with husband involvement during pregnancy

Multivariate analysis of factors associated with husband involvement during pregnancy was done for selected variables.

Factors that remained significantly associated with husband involvement at ANC were husbands' occupation, living together of husbands and wives, number received ANC and signs of complications. (Table 12)

Women with husbands occupation of formal employment were two times more likely to be accompanied by their spouses at ANC than those whose husbands had informal employment (AOR=2.096 ,95% CI=1.139 ,3.897 , P=0.001). (Table 12)

Women who lived together with their husbands were twelve times more likely to be accompanied by husbands at ANC than those living apart (AOR=12.824, 95% CI=1.211, 135.769, P=0.016). (Table 12)

Women who had received ANC more than three times were 2.3 times more likely to accompanied by husbands at ANC than those who received three or less than three times received ANC (AOR=2.304, 95% CI=1.290 , 4.113 , P=0.005). (Table 12)

Women who had any signs of pregnancy complications were three times more likely to be accompanied by husbands at ANC than those who didn't have any signs (A OR=3.170 , 95% CI=1.787 , 5.620 P=0.000). (Table 12)

Factors that were not significantly associated with the spouses involvement at ANC but predictor of more spouses attended at ANC were respondents 'education and occupation were secondary and above educational level and of formal employment, respondents know at least one health facility in Akaki kaliti that provides ANC, delivery and PNC services and distance to the nearest health facilities were less than 5km from home, number received ANC were more than 3 times and GA at first ANC were below 04 months.

Table 12: Multivariate Analysis of factors associated with husband involvement during ANC among respondents in Akaki Kaliti Sub-city Addis Ababa, N=422, 2014

Variables	Husbands attendance at ANC	
	Odds ratio with 95%CI	Adj. odds ratio with 95% CI
Education Primary and below Secondary and above	0.649(0.429 -0.982) 1.00	1.072.(0.530-2.170)* 1.00
Occupation Formal employment┼ Informal employment┼┼	2.169(1.335-3.524) 1.00	1.300(.634-2.669)** 1.00
Husband education Primary and below Secondary and above	0.482(0.307 –0.757 1.00	.718.(0.340-1.519)** 1.00
Husband occupation Formal employment Informal employment┼	2.054(1.347 –3.132 1.00	2.096(1.139-3.857)** 1.00
Living together or apart Living together Living apart	4.031(1.19113.64) 1.00	12.824(1.211-135.769)* 1.00
Know Health facility Yes No	2.839(1.114 –7.239 1.00	1.863(.545-6.371)* 1.00
Distance to Health facility Less than 5 km More than 5 km	0.463(0.258 –0.831 1.00	0.593.(0.282-1.246)** 1.00
Numbered received ANC more than three times Three or less times	1.852(1.203-2.851) 1.00	2.304(1.290-4.113)** 1.00
GA at First ANC Below four months Four or more months	1.648(1.076-2.525) 1.00	1.085(.607-1.939)* 1.00
Signs of complications Yes No	2.627(1.469-4.696) 1.00	3.170(1.787-5.620)*** 1.00

┼governmental, NGO or private organizations employed

┼┼indicates daily laborers, housewives, merchants, farmers

*P<0.05, **P<0.01, ***P<0.001

6.7.2 Multivariate Analysis of factors associated with husbands' attendance during labor

Multivariate analysis of factors associated with husband involvement was done for selected variables.

Factors that remained signifiacantly associated with husband attendance during labor were family size ,living together of husbands and wives ,history of abortion and husband accompanied at ANC at least once during recent pregnancy.(Table 13)

Women who had family size of less than five were more likely to be accompanied by husbands during labor than those who had a family size of five or more (AOR=2.768 , 95% CI=1.080 , 7.094 , P=0.012). (Table 13)

Women who lived together with husbands were fourteen times more likely to be accompanied by husbands during labor than those who lived part (AOR=14.371, 95% CI=1.205, 171.384, P=0.000). (Table 13)

Women with history of abortion were less likely to be accompanied by husbands at labor than those who didn't have (AOR=0.290, 95% CI=0.092, 0.910, P=0.003). (Table 13)

Women who attended ANC with husbands were 3.8 times more likely to be accompanied by husbands during labor than those who didn't attend whose their spouse (AOR=3.778 , 95% CI= 1.421, 10.044 ,P=0.000). (Table 13)

Factors that were not significantly associated with husband attendance at labor but predictor of more spouses' attendance at labor were husbands' occupation of formal employment ,anticipated mode of delivery were vaginal ,good communication and presence of any signs of pregnancy complications

Table 13: Multivariat Analysis of factors Associated with Husbands involvement during labour among respondents in Akaki Kaliti sub city , Addis Ababa , N=422 ,2014

variables	Husbands attendance during labour	
	Odds Ratio with 95% CI	Adjusted Odds Ratio at 95% CI
Husbands occupation		
formal employment ┼	2.054(1.347 – 3.132	795(.307-2.061)*
Informal employment┼┼	1.00	1.00
Family size		
less than five	2.444(1.205-4.957)	2.768(1.080-7.094)*
Five or more	1.00	1.00
Living together or apart		
Living together	4. 031(1.191 – 13.641)	14.371(1.205-171.384)***
Living apart	1.00	1.00
History of abortion		
Yes	o.375(0.192-0.734)	0.290(.092.-o.910)**
no	1.00	1.00
Anticipated mode of delivery		
vaginal	2.363(1.011-5.524)	2.562(.659-9.952)*
cesarean section	1.00	1.00
Husband accompanied ANC		
Yes	5.356(3.123-9.187)	3.778(1.421-10.044)***
No	1.00	1.00
Good communication		
Yes	3.634(1.184-11.118)	1.209(.042-34.919)*
No	1.00	1.00
Signs of complications		
Yes	2.627(1.469-4.696)	1.321.(0.477-3.662)**
No	1.00	1.00

┼govermental, NGO or private organizations employed

┼┼ Daily laborer, merchant, farmers and others

*P<0.05, **P<0.01, ***P<0.001

7. Discussion

Antenatal care is more beneficiary to prevent adverse pregnancy outcomes when received early in the pregnancy and continued through delivery. Under normal circumstances, the world health organization (WHO) recommends that a woman without complications should have at least four ANC visits, the first of which should take place during the first trimester (23).

This study showed that 65.5% of the respondents reported that they were accompanied by their husbands for ANC visit. This finding is relatively higher compared with studies conducted in jinga district of Uganda , Nepalese Men , men in Kairahani VDC of Chitwan district , men in Khairwar tribe of central India , and studies conducted in Ethiopia (11,10,24,25,23). This finding is relatively lower compared with the studies in rural Ahmadnager, Inda, and Periurban Gulu District, Northern Uganda (9, 12). This may be explained by women in urban areas are educated and men perception that educated women can follow ANC visits by themselves.

Our study showed that joint discussion by husbands and wives on where should they attend ANC was 66.3%. This is relatively higher compared with maternal health research in Ethiopia (23). It is in line with Another study in Jinga District of Uganda and it is relatively higher compared with a study in Madeha pradesh ,india, (,11,23) . The findings of a study in Bangladish showed that joint discussion with husbands on ANC was low (23). A study by Yalem Tsegay in Samre Saharti District, Tigray, most mothers mentioned on FGD that their husbands and parents decided about to attend ANC (14).

Regarding joint discussion with husbands on where to deliver, 76 % of study participants reported that they have decided jointly with husbands on the place of delivery. This is relatively higher compared with the study in Uganda, in Addis Ababa, and studies in Ethiopia and rural ahmadnagar, India (11, 15, 23, 12). It is relatively lower than a study in Madha Pradesh, India, (23).

For those spouses who paid the cost of transport to HF for delivery, our study showed that 70.3% of wives reported that husbands alone or jointly with the women paid for the cost of transport to reach the health facilities. This is relatively higher compared with the studies in rural Uganda, Khatmandu (Nepal) and a study in khairahani VCD of chitwan district (19, 26, 24).

Nearly 75%(74.9%) of study participant reported that husband alone or jointly with wives paid the cost of HF care at delivery .This is relatively higher compared with the study in rural Uganda (19) where 25.7% of husbands paid the cost of transport and health facility care.

Among those who delivered at home, 28.6% of the respondents said that husbands alone have paid for the person who assisted with delivery of the baby.

Just over 90%(92.5%) of the respondents said that husbands alone or jointly with the wives have saved money in case of emergency .This is relatively higher compared with studies in khatmandu, Nepal, ,and rural Uganda and a study by Abinet(15) ,Addis Ababa(26,19,15). A study in busia, Kenya, showed that most mother (72 %) interviewed felt that their male spouses should at least set aside funds to be used in assisting them access skilled delivery services which indicated women attitude towards the benefits of men involvement in birth planning (20).

During child birth, 80.8% of study participants said that husbands have accompanied them during labor .This is relatively higher compared with a studies in Ahmadnager ,india, Uganda , and another study in rural marahashra where only a small proportion of men accompanied wives at delivery of their children(9,19,11,17). A study in Busia, Kenya, 54% of the mothers indicated that they wanted their male partners to be accompanying them to HFs for antenatal care and delivery services, while 45% of men said that childbirth is a women's affair which doesn't require men participation and 40% stated that delivery is a natural phenomenon that does not require men's participation (20).

Among women who were accompanied by husbands, 69.6 % were secondary and above level of education compared to 59.8 % with primary and below levels of education , though the two groups didn't show significance in multivariate analysis, it is possible to see increased men involvement with increased maternal educational level. This is in line with the study in Jinga District of Uganda, where wives who had primary and below levels of education were less likely to be accompanied by husbands at ANC compared to those whose spouses were post primary (OR=0.50 ,95% CI =0.34-0.78, P=0.001) and it was not significant in multivariate analysis(11).

Among women with husbands education secondary and above, 70% of them were accompanied by husbands at ANC compared to 53% of those whose husbands primary and below levels of education. This is in agreement with the study in rural ahmednager ,India, where around 90% of men who were educated above high school accompanied their wives

compared to only 70% of men who were educated only up to primary school(9). It is also supported by other study findings in Uganda (12, 13) where one of the factors associated with higher attendance at ANC was attainment of secondary and higher level of education. This result is not supported by a study in Kinshasa where level of education of pregnant women or their male partners didn't influence male couple counseling and HIV testing during ANC (13). A study in Metekel zone, North West Ethiopia, showed that education of the women and husbands secondary and above was associated with higher ANC service utilization (27). This strengthens our finding that indicated how education level affect ANC service utilization and husband involvement. A study in Ethiopia, as shown by the univariate analysis, men attendance at ANC increased with increasing educational level (28).

Among women living together with husbands, 66.8% were accompanied by their spouses at ANC compared with 33.3% of those living apart. This is related with the study finding in rural Ahmednager, India, though not statistically significant, where 78% men living in nuclear households accompanied their wives for ANC compared to 82% living in non nuclear households(9). This is different from another study in Ethiopia (28) where men not in union were more likely to accompany their spouses to ANC than men living in union

Where the nearest health facility that provides ANC, delivery and PNC services are located more than 5km from home, more of women (78.8%) were accompanied by husbands compared to 63.2% of those living less than 5km .This is different with the study finding in Jinga District of Uganda where distance to the nearest health facility less than 5km, and 5km or more didn't influence husbands attendance at ANC (11).

Among women who had their first ANC visit before 04 months gestational age , a higher proportion of them (71.5%) were accompanied by husbands compared to 60.4 % of those who begun first ANC at second trimester or more. This is supported by a study in Peri-Urban, Gulu Dstrict, and northern Uganda, where men who accompanied their wives at ANC reported that a higher proportion (59.8%) of women had started visits in the first trimester (12).

Women who were living together with husbands, and attended ANC with husbands were more likely to be accompanied by husbands during labor compared to those living apart and not had ANC with husbands. This is consistent with the study in Jinga District of Uganda (11).

Though not statistically significant in multivariate analysis, good communication of the spouses was found to affect men involvement during labor. This is supported by a qualitative study in Malawian men that couple communication is vital for male attendance at child birth (29).

This study showed that women with husbands' occupation of formal employment were more likely to be accompanied by their spouses at ANC than those whose husbands had informal employment. This can be explained by men in formal employment might have higher chance of exposure to information and education campaign than in the informal employment. Women who had received ANC more than three times were more likely to accompanied by husbands at ANC than those who received three or less than three times received ANC. This may be explained by husbands could have the opportunity to accompany the women for ANC.

Our study also showed that women who had any signs of pregnancy complications were more likely to be accompanied by husbands at ANC than those who didn't have any signs. This may be due to spouses might have been worried more than those whose spouses had not any signs of pregnancy complications. Women who had family size of less than five were more likely to be accompanied by husbands during labor than those who had a family size of five or more. This could have been due to women might have been more likely to be accompanied by other family members and husbands did other activities necessary for the labouring mother and the baby.

This study also indicated that women who attended ANC with husbands were more likely to be accompanied by husbands during labor than those who didn't attend with their spouses. This might be explained by husbands who attended ANC with their wives have an oppportunity to gain necessary information from the health care providers for the birth plan and attendance at labour.

8. Strengths and Limitation of the study

8.1 Strengths of the study

The study was based on a standardized questionnaire on similar topic

High response rate

8.2 Limitation of the study

Limitation of the study was unlike most other researches, this study didn't include husbands in the sample. Generalizations about husband involvement were made based on wives report.

The study was cross sectional.

9. Conclusion

Husbands' involvements at labor were relatively higher during child birth, whereas husbands participation in joint decision on where to deliver from and paid for the cost of transport and health facility care were moderate. However, husbands' involvement at ANC and participation in joint decisions on where to attend ANC were lower.

Factors that were significantly associated with husbands' attendance at ANC were husbands' occupation, living together of husbands and wives, number of received ANC by the women and signs of complications.

Family size, living together of husbands and wives, history of abortion and husbands accompanied ANC were the factors found to be significantly associated with men spouses' attendance during labor.

10. Recommendations

Communities should be empowered economically and socially i.e Education, Employment and Housing.

Governmental and nongovernmental organizations and policy makers should involve men in different sectors both formal and informal if men involvement during pregnancy and child birth is to be effective.

Encourage women to come for the first ANC visit early in pregnancy and for adequate frequency of ANC visits.

Encourage Spouses to have Good communication especially on matters regarding Reproductive health.

Till now, few researches have been conducted on similar topics in this country. For best understanding and maintaining and improving maternal and child health, more researches should be conducted in the future for the purpose of planning and implementing and evaluating reproductive health care.

11. References

1. Ronsmans C, Graham W, Lancet on Maternal survival series 1, September 28, 2006.
2. WHO, UNICEF, UNFPA and the World Bank, Trends in Maternal mortality 1990 to 2008, 2010.
3. Ronsmans C, Marie A , Chakraborty J, Van J, Lancet on Decline Maternal mortality in Matlab, Bangladish: a Cautionary tale.
   Lancet 1997; 350: 1810-14
4. Omar J and Krishna A, constructive Men's engagement in Reproductive Health and HIV in Ethiopia: Facilitating Policy Dialogue, August 2010.
5. Strenberg P, Hubley J: Evaluating Men's involvement as a strategy in sexual and Reproductive Health promotion.
   Health promote International, 2004, 19:389-96
6. Dudgen MR, Inhorn Mc: Men's influence of Women's
   reproductive health: Medical Anthropological perspectives.
   Social Science and Medicine 2004, 59:1379-1395.
7. Mullick S, Kenene B, and Wanjiru M: Involving men in maternity care: Health service delivery issues, Agenda Mullick 05, South Africa, Reproductive Health research unit in Durban, University of the witwatersrand, Agenda special focus 2005.
8. Thi B , Van V , thi D , Lan L , Khanh P , Male Partner in prevention for mother-to – child transmission in Vietnam, March 2008.
9. Abhishek and Ram F: "Men's involvement during pregnancy and child birth: evidence from rural Ahmadngar; India" population Review 48, 1 (2009): 83-102.

10. NDHS, Husband's Participation in pregnancy care: the voice of Nepalese men, 2006.

11. Dyogo N, Factors associated with male involvement in maternal health care services in Jinja District, Uganda, 2011.

12. Twehoyo R, Konde-Lule, Tumwesigye NM, Sekandi JN. Male Partner attendance of Skilled Antenatal care in periurban Gulu District, Northern Uganda. BMC Pregnancy and Child birth. 2010,10:53

13. Ditekemena J, Kole O, Engmann C, Matendo R, Tshefu A, Ryder R and Colebunders R: Determinants of Male involvement in Maternal and Child health services in sub-Saharan Africa: A review. Reproductive health 2012, 9: 32

14. Tsegaye Y: Determinants of Antenatal Care, institutional Delivery and Skilled Birth Attendant utilization in Samre Saharti District, Tigray, Ethiopia, 2010.

15. Takele A, Assessment of male partner influence on pregnant women towards HIV testing and support on PMTCT in Hospitals of Addis Ababa, July 2007.

16. Dejoy S, the role of Male partners in Child birth Decision-making: A qualitative exploration with first time parenting Couples. 2011.

17. Singh A and Ram F, Men's involvement in maternal care during pregnancy and childbirth in rural Maharashtra.

18. Mullany BC, Becker S, and Hindin MJ: the impact of including husbands in Antenatal health education services on maternal health practices in urban Nepal: results from a randomized controlled trial. Health education Research, 2007, 22: 166-76.

19. Kakaire et al: Male involvement in birth preparedness and complication readiness for emergency obstetric referrals in rural Uganda. Reproductive Health, 2011, 8:12 doi 10, 1186/ 17 42-4755-8-12.

20. Nanjala M, Determinants of male partner involvement in promoting deliveries by skilled attendants in Bussia, Kenya, March 2012,vol 4,No.2

21. Ayele B, what factors determine delivery practices of pregnant women, may 2005.

22. Muleta M, Husband's roles in prenatal care in Addis Ababa, August 13, 2009.

23. S.laura: improving maternal health practices in four countries: insights and lessons learned, October 2013

24. B. bhatta: supportive role of husbands In relation to child birth

25. S Neeruet.al: Mens's involvement in reproductive health: a study among the khirwar tribe of central India.

26. N.dharma: involvement of males in ANC, birth preparedness, exclusive breast feeding and immunizations for children in khatmandu, Nepal: Batta BMC pregnancy and child birth 2013, 13:14

27. Tura G, antenatal care service utilization and associated factors in Metekel zone, northwest Ethiopia, Vol.19, No. 2, July 2009

28. M, pavilion: Men's socio demographic background and maternal health care utilization in Ethiopia, august 2013.

29. Malawian fathers' views and experiences of attending the birth of their children: A qualitative study

ANNEX I

Addis Ababa University

School of Public Health

Department of Preventive Medicine

TITLE OF THE STUDY: Assessment of husband involvement during pregnancy and childbirth in Akaki Kaliti Sub-city

Consent form

My name is _____. We are conducting a study on assessment of husband involvement during pregnancy and childbirth. We are interested on the experiences of married women who had given births in the past one year and their usual place of residence is Akaki Kaliti sub city. You may be eligible to participate in the study. The result of the study will help to understand how to plan health services and to set strategies on how to involve men in the reproductive health care of the women as a whole. We have some questions and will not take much of your time. The information you will give us will be kept confidential i.e it will not be disclosed to anyone other than the study team. You will not be asked your name. You don't have to be in the study but we hope you will agree to answer the questions since your views are important. There is no right or wrong answers. If I ask you any question that make you feel uncomfortable just let me know and I will go to the next question or your can stop the interview at any time. It is very important that you answer every question truthfully.

The principal investigator for the study is Addisalem Destaw, MPH student at Addis Ababa University and I am part of the study team. For further information, you can call to the principal investigator by Mobile phone No. 09 11 85 58 10/09 12 83 87 09

Do you have any questions?

May I continue the interview now?

If you agree, please sign in the space below.

Signature of the participant _____ Date _____

Signature of the interviewer _____ Date _____

Questions

Is your usual place of residence in Akaki Kaliti Sub-City?

☐ Yes ☐ No

Is your child born within the past one year?

☐ Yes ☐ No

Do you get married to the father of the baby?

☐ Yes ☐ No

If the answer to any of the above questions is "No", thank the woman for her time and explain that she is not eligible for the study. If the answer is "yes" to all, ask the next questions.

ANNEX II

Addis Ababa University

School of Public Health

Department of Preventive Medicine

Questionnaire on Assessment of husband involvement during pregnancy and child birth in Akaki Kality Sub-city

Name of health facility _____

Respondent's code _____

Name of interviewer _____

Date _____

SECTION1: BACKGROUND CHARACTERSTICS OF THE RESPONDENT

QUESTIONS	CODING CATEGORIES	SKIP
1. Age?	_____	
2. Religion?	Orthodox .....A Muslim .....B Catholic .....C Protestant .....D Other (specify)	

3. Ethnicity?	Amhara ……A Oromo……B Tigre ……C Guragie……D Siltie……E Wolaita ……F Other (specify) _____	
4. Educational level?	No formal Education……A Primary (1-8) ……B Secondary (9-12)……C Tertiary (above 12)……D	
5. Occupation?	Gov. org. Employed……A NGO or Private Org. employed …….B Merchant ……C Daily laborer ……D House wife……E Other (Specify) _____	
6. Do you earn monthly income by your own?	Yes……A No ……B	→ 9
7. Your average income per month? (in Eth. Birr)	_____	

SECTION 2: BACKGROUND CHARACTERSTICS OF THE HUSBAND

QUESTIONS	CODING CATEGORIES	SKIP
8. Your Husband's Age?	Age in completed years _____ Don't know_____	
9. Your Husband's religion?	Orthodox……A Muslim……B Catholic……C Protestant ……E Other (Specify) Don't know……F	
10. Your Husband's ethnicity?	Amhara ……A	

	Oromo……B Tigre ……C Guragie……D Other Wolaita ……E Siltie……F Other (specify) Don't know	
11. What is your husband's educational level?	No formal Education ……A Primary (1-8) ……B Secondary (9-12)……C Tertiary (above 12)……D Don't know……E	
12. What is your husband's occupation?	Gov. org. Employed……A NGO or Private Org. employed …….B Merchant ……C Daily laborer ……D Other (Specify) _____	
13. His income per month (in Eth. Birr)?	_____ Do not know……A Do not have ……B	

SECTION 3: COUPLE AND HOUSEHOLD CHARACTERSTICS

QUESTIONS	CODING CATEGORIES	SKIP
14. Type of Marriage?	Civil marriage …… A Religious ……B Traditional ……C	
15. Marital status?	Monogamous ……A Polygamous ……B	
16. Number of family size?	_____	
17. Does your household own?	Yes No Radio……1 2	

	Television ……1 2 Bicycle ……1 2 Motorcycle……1 2 Bajaj ……1 2 Car …. ……. ……1 2	
18. During pregnancy of the recent baby, were you and your husband living together or living apart?	Living together……A Living apart ……B	
19. How many living children did you have before the recent baby?	_____	
20. Do you believe that you and your husband have good communication?	Yes……A No ……B	

SECTION 4: ATTITUDE TOWARDS GENDER ROLES

SECTION 4.1: Attitude towards household decision making		
QUESTIONS	**CODING CATEGORIES**	**SKIP**
21. Who do you believe should make decisions about health care for yourself?	Respondent……A Husband ……B Respondent and husband jointly…..C Other (specify) _____	
22. Who do you believe should make decisions about major household purchases?	Respondent……A Husband ……B Respondent and husband jointly…..C Other (specify) _____	
23. Who do you believe should make dictions about visits to your family or relatives?	Respondent……A Husband ……B Respondent and husband jointly…..C Other (specify) _____	

SECTION 4.2: Attitude towards wife beating		
24. In your opinion, is the husband justified in hitting or beating his wife in the following	If she goes out with out telling him…1 If she neglects the children……1	

situations?	If she argues with him .....1 If she refuses to have sex with him...1	

SECTION 5: CULTURAL AND TRADITIONAL BELIEFS

QUESTIONS	CODING CATEGORIES	SKIP
25. Do you believe that pregnancy is a woman affair that does not need husband involvement?	Yes .....1 No .....2 Don't know.....3	
26. Do you believe that child birth is a natural phenomenon that does not need husband involvement?	Yes.....1 No .....2 Do not know.....3	
27. Do you believe that a husband need to discuss with a doctor or health care provider in issues concerning pregnancy and delivery of his wife?	Yes.....1 No .....2 Do not know.....3	
28. What do you think about the attitude of health workers towards men who accompany their wives to health facility to seek care?	Cooperative and welcoming .....A Uncooperative and harsh.....B Do not know.....C	
29. What do people talk about men who escort their wives to the health unit for ANC, delivery and postnatal care?	Good and encouraging .....A Bad and discouraging .....B Do not know.....C	

SECTION 6: HEALTH AND HEALTH SERVICE RELATED ISSUES

QUESTIONS	CODING CATEGORIES	SKIP
30. Do you know any health facility that provides ANC, delivery and postnatal care services in Akaki Kaliti sub-city?	Yes.....1 No 2	☞32
31. Which health facility do you know?	Tirunesh hospital .....1 Zenbaba hospital .....1 Saris health center .....1 Kality health center 1	

	Akaki health center .....1 Selam fire health center .....1 Other (specify) _____	
32. How far is the nearest health facility offering ANC, delivery and postnatal care services from your home?	Less than 5 km .....A More than 5km.....B	
33. How do you evaluate the quality of care for ANC, delivery and PNC services in the health unit nearest to your home?	Poor .....A Good .....B Very good .....C Excellent .....D Don't know.....E	
34. Do you believe that any pregnant woman is susceptible to complications during child birth?	Yes.....1 No .....2 Do not know.....3	
35. Do you believe that giving birth at health facility has a better outcome than giving birth at home?	Yes.....1 No .....2 Do not know.....3	

SECTION 7: OBSTETRIC HISTORY

QUESTIONS	CODING CATEGORIES	SKIP
36. Number of total pregnancies in lifetime?	_____	
37. Do you have history of abortion?	Yes.....1 No 2	☞39
38. How many times did you have abortion?	_____	
39. Do you have any history of stillbirth?	Yes.....1 No 2	☞41
40. How many times did you have stillbirths?	_____	
Questions from 41-44 are about some events that happened during the recent pregnancy and child birth.		
41. Did you give birth to a single baby, twins or more?	Single baby.....A Twins .....B	

	Triplets or more C	
42. Which month and year was the baby born?	_____	
43. Anticipated mode of delivery?	Vaginal .....A Cesearean section .....B	
44. Actual mode of delivery?	Vaginal .....A Cesearean section .....B	
45. How many weeks pregnant were you when your recent baby was born?	Less than 37 weeks.....A 37-42 weeks .....B More than 42 weeks .....C Don't know.....D	
46. While you were pregnant, did you know your expected date of delivery?	Yes.....1 No 2	

SECTION 8: PRENATAL CARE AND COUNSELING

The questions in this section are about some events that may have happened during your pregnancy of the recent baby.

QUESTIONS	CODING CATEGORIES	SKIP
47. Did you have antenatal care check-up at least once during your pregnancy?	Yes.....1 No 2	 ☞58
48. Who attended your ANC?	Doctor, Nurse or midwife .....A Health officer.....B HEW.....C Other health Personnel.....D Trained trad. birth attendant.....E Untrained trad. birth attendant.....F VCHW.....G Other (specify)_____	
49. Where did you receive antenatal care for your pregnancy?	Home .....A Health facility.....B Other (specify)_____	
50. Did you or your husband have decided where you should attend ANC?	Respondent.....A Husband .....B	

	Make a decision as a couple……C Other (Specify)_____	
51. How many months pregnant were you when you first received antenatal care during your pregnancy?	Less than 4 ……A 4-6……B 7 and above……C Don't know……D	
52. How many times did you receive antenatal care during your pregnancy?	One ……A Two ……B Three ……C Four ……D Other specify _____	
53. Who did accompany you at least once during any of those antenatal check-ups?	Yes No Your husband ……1 2 Relatives ……1 2 Neighbors……1 2 Other (specify)_____	
54. How many times did your husband accompany you during those of your ANC checkups?	One ……A Two ……B Three ……C Four ……D Other specify _____	
55. As part of your antenatal care during your pregnancy, were any of the following done at least once?	Yes No Was your blood pressure measured? ……1 2 Did you give a urine sample?…1 2 Did you give a blood sample?…1 2	
56. During (any of your antenatal care visit(s), were you told about the signs of pregnancy complications?	Yes……1 No ……2 Don't know ……3	
57. Which signs of pregnancy complications were you told about?	Vaginal bleeding……A Vaginal gush of fluid……B Severe head ache……C Blurred vision ……D Fever……E	

	Abdominal pain……F Other (specify) _____	
58. Why you didn't have antenatal care during your pregnancy?	No health problem ……A Work load inside/outside home ……B Health facility far ……C Husband refused ……D Cost too much……E Not wanting to go alone……F Do not know importance ……G Other (specify)_____	
59. Which signs of pregnancy complications did you have?	Vaginal bleeding……A Vaginal gush of fluid……B Severe head ache……C Blurred vision ……D Fever……E Abdominal pain……F Other……G	

SECTION 9: BIRTH PREPAREDNESS AND COMPLICATIONS READINESS

The questions in this diction are about some events that may have happened during your pregnancy of the recent baby.

QUESTIONS	CODING CATEGORIES	SKIP
60. Did you or your husband have made a plan of where to deliver from?	Yes……1 No ……2	 ☞62
61. Who have made the plan of where to deliver from?	Respondent only ……A Respondent and husband both……B Husband only……C	
62. Where did you give birth to the recent baby?	Home ……A Health facility……B Other (Specify)_____	 ☞64
63. Why didn't you deliver in a health facility?	Cost too much……A Facility not open ……B Too far ……C	

	No transportation……D Don't trust facility/poor Quality service……E No female care provider at facility……F Husband did not allow……G Relatives did not allow……H Not necessary……I Not customary……F Other (specify)_____	
64. Who paid for the cost of transport to reach to the place of birth during labor?	Respondent only ……A Respondent and husband both……B Husband only……C Relatives……D Others (Specify)_____	
65. If not paid, who arranged or provided the means of transportation?	Respondent only ……A Respondent and husband both……B Husband only……C Relatives……D Others (Specify)_____	
66. Who have paid the cost for health facility care during labor?	Respondent only ……A Respondent and husband both……B Husband only……C Relatives……D Not paid……E Others (Specify)_____	
67. If you deliver at home, who have paid for the person who assisted with the delivery of the baby	Respondent only ……A Respondent and husband both……B Husband only……C Relatives……D Not paid……E Others (Specify)_____	
68. Who assisted with the delivery of the baby?	Doctor, Nurse or midwife ……A Health officer ……B	

	HEW……C Other health Personne……D Trained trad. birth attendant……E Untrained trad. birth attendant……F VCHW……G Relative ……H Neighbour……I No one ……J Don't know……K Other (specify) _____	
69. Did you or your husband have saved money in case of emergency?	Yes……1 No ……2	 ☞71
70. Who saved the money?	Respondent only ……A Respondent and husband both……B Husband only……C Others (Specify)_____	

SECTION 10: CHILDBIRTH AND POSTNATAL CARE

The questions in this section are about some events that may have happened during childbirth and with in two days after delivery the recent baby.

QUESTIONS	CODING CATEGORIES	SKIP
71. Who did accompany you while you were in labor?	Yes No Dk Husband only…… 1 2 3 Relatives……1 2 3 Other family members…..1 2 3 Neighbours……1 2 3 Other (Specify)_____	
73. In the 2 days after the delivery, did any	Yes……1	

Doctor/Nurse/HEW or other health personnel or a traditional birth attendant check on your and the baby's health?	No ……2 Don't know……3	
74. Where did this first postnatal check-up take place?	Home ……A Health facility……B Other (specify)_____	
75. Who checked on your health at that time?	Doctor, Nurse or midwife ……A Health officer ……B HEW……C Other health Personne……D Trained trad. birth attendant……E Untrained trad. birth attendant……F VCHW……G Other (specify) _____	
76. Who checked on the baby's health at that time?	Doctor, Nurse or midwife ……A Health officer ……B HEW……C Other health Personne……D Trained trad. birth attendant……E Untrained trad. birth attendant……F VCHW……G Other (specify) _____	
76. Who did accompany you at least once while your health was checked?	Yes No Dk Husband only…… 1 2 3 Relatives……1 2 3 Other family members…..1 2 3 Neighbours……1 2 3 Other (Specify)_____	
77. Who have been present at least once while the baby's health was checked?	Yes No Dk Husband only…… 1 2 3 Relatives……1 2 3 Other family members…..1 2 3 Neighbours……1 2 3 Other (Specify)_____	

THANK YOU!

ANNEX III

አዲስ አበባ ዩኒቨርሲቲ

የህብረተሰብ ጤና ት/ቤት

የስምምነት መግለጫ ቅጽ

ጤና ይስጥልኝ ስሜ ---------- ይባላል፡፡ ባል በእርግዝና እና በወሊድ ጊዜ የሚኖውን ተሳትፎ መገምገሚያ ጥናት እያሄድን እንገኛለን፡፡ በአቃቂ ቃሊቲ ክፍለ ከተማ የሚኖሩና ባለፈው አንድ አመት ውስጥ ልጅ የወለድ ባለትዳር ሴቶች የነበራቸውን ገጠመኝ ለማወቅ ፍላጎት አለን፡፡ እርሰዎም በጥናቱ ላይ ለመሳተፍ መስፈርቱን ያሟሉ ሊሆኑ ይችላሉ፡፡

ከጥናቱ የሚገኘው ውጤት የጤና አገልግሎት እቅድ እንዴት ማውጣትና ባጠቃላይም ወንዶች በሴቶች የስነ ተዋልዶ ጤና እንክብካቤ እንዴት መሳተፍ እንደሚችሉ ስልቶችን ለማስቀመጥ ይረዳል፡፡ ትንሽ ቁጥር ያላቸው ጥያቄዎች አሉን ብዙ ጊዜዎትንም አንወስድብዎትም፡፡ የሚሰጡን መረጃ ምስጢሩ የተጠበቀ ይሆናል ይህም ማለት ከጥናቱ ቡድን አባላት ውጭ ለማንም ሰው የሚገለፅ አይሆንም፡፡ ስምዎትንም አይጠየቁም፡፡ በጥናቱ ውስጥ የግድ መካተት አይኖርብዎትም ነገር ግን የሚሰጡን አስተያየት ጠቃሚ ስለሆነ ጥያቄዎቹን ለመመለስ ፈቃደኛ እንደሚሆኑ ተስፋ እናደርጋለን፡፡ ትክክለኛና የተሳሳተ መልስ የሚባል የለም፡፡ ለስሜትዎ የማይመች ጥያቄ ከጠየኩኝ እንዳውቅ ብቻ ያድርጉ ወደሚቀጥለው ጥያቄ እሄዳለሁ ወይም ቃለ መጠይቁን በማንኛውም ጊዜ ማቆም ይችላሉ፡፡ እያንዳንዱን ጥያቄ በሃቀኝነት ቢመልሱ ጠቃሚ ይሆናል፡፡

የጥናቱ ዋና ተመራማሪ አዲስዓለም ደስታው በአዲስ አበባ ዩኒቨርሲቲ በህብረተሰብ ጤና የሁለተኛ ዲግሪ ተማሪ ሲሆን እኔ ደግሞ የጥናቱ ቡድን አባል ነኝ፡፡

ለተጨማሪ መረጃ ሞባይል ስልክ ቁጥር 09 11 85 58 10/ 09 12 83 87 09 **መደወል ይችላሉ፡፡**

ጥያቄ ይኖርዎታል?

አሁን ቃለ መጠይቁን መቀጠል እችላለሁ?

ከተስማሙ እባክዎትን ከዚህ በታች ባለው ባዶ ቦታ ይፈርሙ፡፡

የተሳታፊ ፊርማ ---------- **ቀን** ----------

የቃለመጠይቅ አቅራቢ ፊርማ ---------- **ቀን** ----------

<u>ጥያቄዎች</u>

የተለመደ የመኖሪያ ቦታዎ አቃቂ ቃሊቲ ክፍለ ከተማ ነው? ☐ **አዎ** ☐ **አይደለም**

ህጻኑ/ኗ የተወለደው/ችው ባለፈው አንድ አመት ውስጥ ነው? ☐ **አዎ** ☐ **አይደለም**

ከህጻኑ/ኗ አባት ጋር ጋብቻ ፈጽመዋል? ☐ **አዎ** ☐ **አይደለም**

ከዚህ በላይ ከሚገኙት ማንኛውም ጥያቄ አይደለም የሚል መልስ ከተሰጠ ለጠፉት ጊዜ ይቅርታ በመጠየቅ ለጥናቱ መስፈርቱን ያሟሉ አለመሆኑን አስረዳ፡፡ ለሁሉም አዎ የሚል መልስከተሰጠ የሚቀጥሉትን ጥያቄዎች ጠይቅ

ANNEX IV

አዲስ አበባ ዩኒቨርሲቲ

የህብረተሰብ ጤና ት/ቤት

ባል በእርግዝና እና በወሊድ ጊዜ የሚኖረውን ተሳትፎ መገምገሚያ መጠይቅ

የጤና ተቋም ስም ----------

የመልስ ሰጭ እናት መለያ ቁጥር ----------

የቃለ መጠይቅ አቅራቢ ስም ----------

ቀን ----------

ክፍል 1፡- የመልስ ሰጭ እናት የመደብ ባህሪያት የሚመለከቱ ጥያቄዎች?

ተ.ቁ	ጥያቄዎች	ማስታወሻ ክፍሎች	መዝለያ
1.	ዕድሜ ?	_____	
2.	ሃይማኖት ?	ኦርቶዶክስ.....ሀ ሙስሊም.....ለ ፕሮቴስታንት.....ሐ ካቶሊክ .....መ ሌላ (ይጥቀሱ)_____	
3.	ብሔር ?	አማራ .....ሀ ኦሮሞ.....ለ ትግሬ.....ሐ	

		ጉራጌ .....መ ስልጤ.....ሠ ወላይታ .....ረ ሌላ(ይጥቀሱ)_____	
4.	የትምህርት ደረጃ ?	መደበኛ ትምህርት ያልተማረ አንደኛ ደረጃ (1-8) . ሁለተኛ ደረጃ (9-12) ሦስተኛ ደረጃ (ከ12 በላይ)	
5.	ሥራ ?	የመንግስት ድርጅት ተቀጣሪ .....ሀ መንግስታዊ ያልሆነ ወይም የግል ድርጅት ተቀጣሪ .....ለ ነጋዴ ....ሐ የቀን ሰራተኛ .....መ የቤት እመቤት .....ሠ ሌላ(ይጥቀሱ)_____	
6.	የሚያገኙት ወርሃዊ ገቢ አለዎት?	አዎ .....1 የለም.....2	➔ 9
7.	ወርሃዊ ገቢዎ ስንት ነው ? (በኢትዮ .ብር)	_____	
<u>ክፍል -2 ፡- የባል የመደብ ባህሪያትን የሚመለከቱ ጥያቄዎች</u>			
ተ.ቁ	ጥያቄዎች	ማስታወሻ ክፍሎች	መዝለያ
8.	የባለቤትዎ ዕድሜ	_____	
9.	ሃይማኖት	ኦርቶዶክስ.....ሀ ሙስሊም.....ለ ፕሮቴስታንት.....ሐ ካቶሊክ .....መ አላውቅም .....ሠ ሌላ (ይጥቀሱ)	
10.	የባለቤትዎ ብሔር	አማራ .....ሀ ኦሮሞ .....ለ ትግሬ.....ሐ	

		ጉራጌ .....መ ስልጤ.....ሠ ወላይታ .....ረ አላውቅም.....ሰ ሌላ(ይጥቀሱ)	
11.	የባለቤትዎ የትምህርት ደረጃ?	መደበኛ ትመህርት ያልተማረ ....ሀ አንደኛ ደረጃ (1-8) .....ለ ሁለተኛ ደረጃ (9-12).....ሐ ሦስተኛ ደረጃ (ከ12 በላይ).....መ	
12.	የባለቤትዎ ሥራ ?	የመንግስት ድርጅት ተቀጣሪ .....ሀ መንግስታዊ ያልሆነ ወይም የግል ድርጅት ተቀጣሪ .....ለ ነጋዴ ....ሐ የቀን ሰራተኛ .....መ ሌላ(ይጥቀሱ)_____	
13.	የባለቤትዎ ገቢ ስንት ነው ?_____ (በኢትዮ. ብር)	_____ አላውቅም .....ሀ የለም.....ለ	
<u>ክፍል -3፡- የባልና ሚስት እና የቤተሰብ ባህሪያትን የሚመለከቱ ጥያቄዎች</u>			
ተ.ቁ	ጥያቄዎች	ማስታወሻ ክፍሎች	መዝለያ
14.	የጋብቻ አይነት	በማዘጋጃ ቤት በኩል የተፈፀመ .....ሀ ሀይማኖታዊ ጋብቻ.....ለ ባህላዊ ጋብቻ.....ሐ	
15.	የጋብቻ ሁኔታ	ባል ላሌሚስት የላቸውም .....ሀ ባል ላሌሚስት አላቸው.....ለ	
16.	የቤተሰብ አባላት ቁጥር	_____	
17.	ቤተሰብዎ በግልንብረት ያለው ይዞታ?	አዎ የለም ራዲዮ.....1 2 ቴሌቪዥን.....1 2 ቢስክሌት .....1 2 ሞተር ብስክሌት .....1 2 ባጃጅ 1 2	

		መኪና.....1 2	
18.	በቅርብ የተወለዱትን ህፃናት ነፍሰጡር በነበሩበት ጊዜ እርስዎና ባለቤትዎ የነበራችሁ የአኗኗር ሁኔታ?	በአንድ ላይ .....ሀ በተለያየ ቦታ .....ለ	
19.	በቅርብ ከወለዱት ህፃናት በፊት በህይወት የሚገኙ ስንት ልጆች ነበሯችሁ ?	_____	
20.	በእርስዎና በባለቤትዎ መካከል ጥሩ መግባባት አለ ብለው ያምናሉ ?	አዎ .....1 የለም 2	

4 ክፍል፡- ስለፆታዊ ሚና ያለ ዝንባሌን ሚመለከቱ ጥያቄዎች

4.1 ቤተሰባዊ የውሳኔ አፈፃፀምን ሚመለከቱ ጥያቄዎች			
ተ.ቁ	ጥያቄዎች	ማስታዎሻ ክፍሎች	መዝለያ
21.	የእርስዋን የጤና እንክብካቤ በሚመለከት መወሰን ያለበት ማን ሊሆን ይገባል ብለው ያምናሉ ?	መልስ ሰጪ እናት.....ሀ ባል .....ለ መልስ ሰጪ እናት እና ባለ ጋራ .....ሐ ሌላ(ይጥቀሱ)_____	
22.	ከፍ ያለ የቤተሰብ ወጪዎችን በተመለከተ መወሰን ያለበት ማን ሊሆን ይገባል ብለው ያምናሉ ?	መልስ ሰጪ እናት.....ሀ ባል .....ለ መልስ ሰጪ እናት እና ባለ ጋራ ....ሐ ሌላ(ይጥቀሱ)_____	
23.	ቤተሰብዎ ወይም ዘመዶቸዋን ለመጎብኘት እንዲሄዱ መወሰን ያለበት ማን ሊሆን ይገባል ብለው ያምናሉ ?	መልስ ሰጪ እናት.....ሀ ባል .....ለ መልስ ሰጪ እናት እና ባለ ጋራ ....ሐ ሌላ(ይጥቀሱ)_____	
ክፍል 4.2 የሚስት መደብደብን በተመለከተ ያለ ዝንባሌን የሚመለከቱ ጥያቄዎች			
24.	በእርስዎ ግምት ባል ሚስቱን በሚከተሉት ሁኔታዎች ምክንያት ቢመታ ወይም ቢደበድብ ትክክል ነው ብለው ያምናሉ ?	አዎ አይደ አላው ለም ቅም ለባለቤቷ ሳታውቅ ወጥታ ብትሄድ.....1 2 3 ልጆቻቸውን ችላ ስትል .....1 2 3 ከባለቤቷ ጋር	

		ብትጨቃጨቅ .....1 2 3 ከባለቤቷ ጋር ግብረ ስጋ ግንኙነት አልፈጽምም ስትል..1 2 3 ያዘጋጀችው ምግብ ያረረ ቢሆን 1 2 3	

ክፍል -5 ፡- ባህላዊና ልማዳዊ እምነቶችን የተመለከቱ ጥያቄዎች

ተ.ቁ	ጥያቄዎች	ማስታዎሻ ክፍሎች	መዝለያ
25.	እርግዝናዊዬ የባሎች ተሳትፎ የማያስፈልገው የሴቶች ጉዳይ ነው ብለው ያምናሉ ?	አዎ .....1 አይደለም .....2 አላውቅም 3	
26.	ልጅ መውለድ የባል ተሳትፎ የማያስፈልገው የተፈጥሮ ክስተት ነው ብለው ያምናሉ ?	አዎ .....1 አይደለም .....2 አላውቅም 3	
27.	አርግዝና እናወሊድን በተመለከተ ባል ከህኪም ወይም የጤና እንክብካቤ አገልግሎት ከሚሰጥ ሰው ጋር መወያየት አስፈላጊ ነው ብለው ያምናሉ ?	አዎ .....1 አይደለም .....2 አላውቅም 3	
28.	ወንዶች ለሚስቶቻው የጤና እክብካቤ አገልግሎት ፈለጋ አብረው ወደ ጤና ተቋም ቢሄዱ የጤና ባለሙያዮች በወንዶቹ ላይ የሚያሳዩት ባህሪያት ምንድን ነው ብለው ያስባሉ ?	የሚተባበሩ ጥሩ አቀባበል አላቸው .....1 የማይተባበሩ እና የሚያመናጭቁ .....2 አላውቅም 3	
29.	የቅድመ ወሊድ ፣ ወሊድና የድህረ ወሊድ አገልግሎት ለማግኘት ሚስቶቻቸው ወደ ጤና ተቋም ሲሄዱ አብረዋቸው በሚሆኑ ወንዶች ዙሪያ ሰዎች የሚያወሩት?	ጥሩና አበረታች ነው .....ሀ መጥፎና ተስፋ አስቆራጭ .....ለ አላውቅም.....ሐ	

ክፍል-6፡- ከጤና እና ከጤና አገልግሎት ጋር የተያየዘ ጉዳዮችን የሚመለከቱ ጥያቄዎች

ተ.ቁ	ጥያቄዎች	ማስታዎሻ ክፍሎች	መዝለያ
30.	በአቃቂ-ቃሊቲ ክፍለ ከተማ የቅድመ		

	ወሊድ ፣ የወሊድና የድህረ ወሊድ አገልግሎት የሚሰጥ እርስዎ የሚያውቁት የጤና ተቋም አለ?	አዎ .....1 አላውቅም.....2	➔32
31.	የትኛውን የጤና ተቋም ያውቃሉ ?	አዎ አይደለም ጥሩነሽ ሆስፒታል .....1 2 ዘንባባ ሆስፒታል .....1 2 ሚሪስ ጤና አጠባበቅ ማቢያ...1 2 ቃሊቲ ጤና አጠባበቅ ማቢያ..1 2 አቃቂ ጤና አጠባበቅ ማቢያ.1 2 ሰላም ፍሬ ጤና አጠባበቅ ማቢያ...1 2 ሌላ(ይጥቀሱ)	
32.	የቅድመ ወሊድ ፣ ወሊድና የድህረ ወሊድ አገልግሎት የሚሰጥ በአቅራቢያዎ የሚገኝ የጤና ተቋም ከመኖሪያ ቤትዎ ያለው ርቀት ?	ከ5 ኪ.ሜ ያንሳል .....ሀ ከ5 ኪ.ሜ ይበልጣል .....ለ	
33.	በእርስዎ ግምገማ ከመኖሪያ ቤትዎ ባቅራቢያዎ የሚገኘው የጤና ተቋም የሚሰጠው የቅድመ ወሊድ፣የወሊድና ፣ የድህረ ወሊድ አገልግሎት ብቃት እንዴት ነው ?	ደካማ .....ሀ ጥሩ .....ለ በጣም ጥሩ .....ሐ እጅግ በጣም ጥሩ .....መ አላውቅም..... .....ሠ	
34.	ማንኛውም ነፍሰጡር ሴት በወሊድ ጊዜ አደገኛና ትኩረትን በሚጠይቁ በሽታዎችና ህመሞች የመጠቃት ሁኔታዎች ሊፈጠሩ ይችላሉ ብለው ያምናሉ?	አዎ .....1 አላምንም .....2 አላውቅም.....3	
35.	በጤና ተቋም መውለድ በመኖሪያ ቤት ውስጥ ከመውለድ የተሻለ ውጤት ይኖረዋል ብለው ያምናሉ ?	አዎ .....1 አላምንም .....2 አላውቅም.....3	

ክፍል 7 ፡- የቅድመ ወሊድ ፣ የወሊድና እና ድህረ ወሊድ ታሪክን የተመለከቱ ጥያቄዎች

ተ.ቁ	ጥያቄዎች	ማስታወሻ ክፍሎች	መዝለያ
36.	በኑሮ ዘመንዎ ለምን ያህል ጊዜ ነፍሰጡር ሆነው ያውቃሉ	_____	
37.	የጽንስ ማስረድ ገጥሞዎት ያውቃል?	አዎ----------1	➔39

		አያውቅም----------2	
38.	ስንት ጊዜ የፀንስ ማስወረድ ገጥሞዎት ያውቃል ?	_____	
39.	ሞቶ የተወለደ ልጅ ገጥሞዎት ያውቃል?	አዎ----------1 አያውቅም----------2	➔41
40.	ስንት ጊዜ ሞቶ የተወለደ ልጅ ገጥሞዎት ያውቃል ?	_____	
ከ41 አስከ 44 ያሉ ጥያቄዎች በቅርቡ የነበረውን የእርግዝና እና የወሊድ ጊዜ ይመለከታል			
41.	በቅርቡ የወለዱት ልጅ አንድ ፣ መታ ፣ ወይስ ከዚያ በላይ ነው ?	አንድ .....ሀ መንታ .....ለ ሶስትና ከዚያ በላይ .....ሐ	
42.	በቅርቡ የወለዱት ህፃን በምን ወርና ዓመት ነበር ?	_____	
43.	በእርግዝና ጊዜ የተጠቀው አወላለድ ዘዴ ምንድን ነበር ?	በማህፀን .....ሀ በሆድ በኦፕራሲዮን .....ለ	
44.	በወሊድ የነበረው የአወላለድ ጊዜ ምንድን ነበር ?	በማህፀን .....ሀ በሆድ በኦፕራሲዮን .....ለ	
45	ህፃኑን ሲወልዱ የነበረዎት የእርግዝና ጊዜ በሳምነት ምንያህ ነበር ?	ከ37 ሳምንት ያሳል .....ሀ ከ37-42 ሳምንት .....ለ ከ42 ሳምንትይበልጣል.....ሐ አላውቅም .....መ	
46	በእርግዝናዎ ጊዜ የሚወልዱበትን የተጠበቀ የጊዜ ቀጠሮ ያውቁ ነበር ?	አዎ----------1 አላውቅም----------2	

ክፍል 8 ፡- የቅድመ ወሊድ አገልግሎትን የተመከቱት ጥያቄዎች

በዚህ ክፍል ውስጥ የሚገኙ ጥያቄዎች በቅርቡ የእርግዝና ጊዜ የነበሩ ሁኔታዎችን ይመለከታል

ተ.ቁ	ጥያቄዎች	ማስታዎሻ ክፍሎች	መዝለያ
47	በእርግዝናዎ ጊዜ የቅድመ ወሊድ አገልግሎት ቢያንስ ለ1 ጊዜ አግኝተው ነበር ?	አዎ----------1 አይደለም ----------2	➔58
48	የቅድመ ወሊድ ጤና እንክብካቤ አገልግሎት የሰጠዎት ማን ነበር ?	ሀኪም ፣ ነርስ ወይም አዋላጅ ነርስ .....ሀ ጤና መኮንን.....ለ ጤና ኤክስቴንሽን ባለሙያ .....ሐ	

		ሌላ የጤና ባለሙያ .....መ የሰለጠና የልምድ አዋላጅ .....ሠ ያልሰለጠነ የልምድ አዋላጅ .....ረ በጎ ፍቃደኛ የህብረተሰብ ጤና ሰራተኛ ....ሰ ሌላ (ይጥቀሱ)_____	
49	የቅድመ ወሊድ አገልግሎት ያገኙት የት ነበር?	በመኖሪያ ቤት .....ሀ በጤና ተቋም .....ለ ሌላ (ይጥቀሱ)_____	
50	የቅድመ ወሊድ አገልግሎት የት ማግኘት እንደሚገባዎት የወሰነው ማን ነበር ?	መልስ ሰጭ እናት .....ሀ ባል .....ለ መልስ ሰጭ እናት እና ባል በጋራ.....ሐ ሌላ (ይጥቀሱ)_____	
51	ለመጀመሪያ ጊዜ የቅመ ወሊድ አገልግሎት ሲያገኙ የእርግዝናዎ ጊዜ ምን ያህል ወር ነበር ?	ከ4ወር ያንሳል .....ሀ ከ4-6 ወር .....ለ 7 ወር እና ከዚያ በላይ .....ሐ አላውቅም .....መ	
52	ስንት ጊዜ የቅድመ ወሊድ አገልግሎት አግኝተው ነበር ?	አንድ ጊዜ .....ሀ ሁለት ጊዜ .....ለ ሶስት ጊዜ .....ሐ አራት ጊዜ .....መ ሌላ (ይጥቀሱ)_____	
53	የቅድመ ወሊድ አገልግሎት ሲያገኙ ቢያንስ አንድ ከእርስዎ ጋር አብሮ የነበረ ማን ነው ?	አዎ የለም ባል ..... 1 2 ዘመድ .....1 2 ጎረቤት .....1 2 ሌላ (ይጥቀሱ	
54	ለስንት የቅድመ ወሊድ አገልግሎት ባገኙበት ጊዚያት ባለቤትዎ ከእርስዎ ጋር አብረው ነበሩ ?	አንድ ጊዜ .....ሀ ሁለት ጊዜ .....ለ ሶስት ጊዜ .....ሐ አራት ጊዜ .....መ ሌላ (ይጥቀሱ)_____	
55	የቅድመ ወሊድ አገልግሎት ባገኙበት	አዎ አይደለም	

	ወቅት ከሚከተሉት ቢያንስ ለ1 ጊዜ የተደረገለዎት አገልግሎት ምን ነበር ?	የደምግፊት ተለክቶለዎት ነበር....1 2 የሽንት ናሙና ሰጥተዋል.....1 2 የደም ናሙና ሰጥተዋል.....1 2	
56	በማንኛውም የቅድመ ወሊድ አገልግሎት ጎብኝትዎ በእርግዝና ጊዜ አደጋ ሊያስከትሉ የሚችሉ የበሽታዎችና የህመም ምልክቶች ተነግሮዎት ነበር ?	አዎ .....1 አልተነገረኝም .....2 አላውቅም.....3	
57	የትኞቹ አደጋ ሊያስከትሉ የሚችሉ የበሽታዎችና የህመም ምልክቶች ተነግሮዎት ነበር ?	ከማህፀን የደም መፍሰስ .....ሀ ከማህፀን ብዛት ያለው ፈሳሽ .....ለ ከፍተኛ የእራስ ምታት .....ሐ የአይን ብዥ ብዥ ማለት .....መ ትኩሳት .....ሠ የሆድህመም.....ረ ሌላ (ይጥቀሱ)	
58	ለምን ነበር ቅደመ ወሊድ አገልግሎት ያላገኙት ?	የጤና ችግር ስላልነበር .....ሀ በመኖሪያ ቤት ውስጥ ወይም.....ለ ውጭ ያለ የስራ ጫና .....ሐ የጤና ተቋም ሩቅ መሆን .....መ ባል ስላተቃወመ .....ሠ ብዙ ወጪ ስለሚያስወጣ .....ረ ለብቻ መሄድ ባለመፈለግ .....ሰ ጥቅሙን ባለማወቅ .....ሸ ሌላ(ይጥቀሱ)_____	
59	የትኞቹ አደጋ ሊያስከትሉ የሚችሉየበሽታዎችና የህመም ምልክቶች እርስዎ ነበርዎት?	ከማህፀን የደም መፍሰ.....ሀ ከማህፀን ብዛት ያለው ፈሳሽ .....ለ ከፍተኛ የእራስ ምታት .....ሐ የአይን ብዥ ብዥ ማለት.....መ ትኩሳት .....ሠ የሆድህመም.....ረ ከተጠቀሱት የትኛውም አልነበረኝም .....ሰ ሌላ (ይጥቀሱ)	

<u>ክፍል9 ፡-</u> ለወሊድና ለድንገተኛ ሁኔታ የቅድመ ወሊድ ዝግጅቶችን የተመለከቱ ጥያቄዎች

በዚህ ክፍል ውስጥ የሚገኘው ትያቄዎች በቅርቡ የእርግዝናዎ ጊዜ የነበሩ ሁኔታዎችን ይመልካታል

ተ.ቁ	ጥያቄዎች	ማስታዎሻ ክፍሎች	መዝለያ
60	የት መውለድ እንደሚገባዎት እርስዎ ወይም ባለቤትዎ እቅድ አዘጋጅተው ነበር ?	አዎ.....1 አላቀድንም.....2	➔62
61	እቅዱን ያዘጋጀው ማን ነበር ?	መልስ ሰጭ እናት ብቻ.....ሀ መልስ ሰጭ እናት ባል በጋራ .....ለ ባል ብቻ.....ሐ	
62	ህፃኑን የወለዱት የት ነበር ?	በመኖሪያ ቤት.....ሀ በጤና ተቋም.....ለ ሌላ (ይጥቀሱ) _____	➔64
63	ለምን ነበር በጤና ተቋም ያልወለዱት?	ብዙ ወጪ ስለሚያስወጣ .....ሀ ጤና ተቋም ክፍት ስላልነበር .....ለ ሩቅ ስለነበር .....ሐ መንገዣ ስላልነበር .....መ በጤና ተቋም እምነት አለመኖር / የአገልግሎት ብቃት ደካማ መሆን .....ሠ ሴት ጤና አገልግሎት ሰጭ አለመኖር .....ረ የባል ፍቃድ አለመኖር .....ሰ የዘመድ ፍቃድ አለመኖር .....ሸ አስፈላጊ አይደለም .....ቀ የቀድሞ ልምድ አለመኖር .....በ ሌላ(ይጥቀሱ)_____	
64	በምጥ ጊዜ የሚወልዱበት ቦታ ለመድረስ የመንገዣ ወጪ የከፈለ ማን ነበር ?	መልስ ሰጪ እናት ብቻ .....ሀ መልስሰጪ እናት እና ባል በጋራ .....ለ ባል ብቻ .....ሐ ዘመድ .....መ አልተከፈለም .....ሠ ሌላ (ይጥቀሱ)	
65	ያልተከፈለ ከሆነ ማን ነበር የመንገዣ አገልግሎት እንዲያገኙ የረዳዎት ?	መልስ ሰጪ እናት ብቻ .....ሀ መልስሰጪ እናት እና ባል በጋራ .....ለ ባል ብቻ.....ሐ ዘመድ.....መ ሌላ (ይጥቀሱ)_____	

66	በምጥ ጊዜ በጤና ተቋም የጤና እክብካቤ አገልግሎት ወጪ የከፈላው ማን ነበር ?	መልስ ሰጪ እናት ብቻ .....ሀ መልስሰጪ እናት እና ባል በጋራ .....ለ ባል ብቻ.....ሐ ዘመድ.....መ ሌላ (ይጥቀሱ)	
67	የወለዱት በመኖሪያ ቤት ከሆነ የማዋለድ አገልግሎት ለሰጠዎት ሰው ማን ነበር ወጪውን የከፈለው?	መልስ ሰጪ እናት ብቻ .....ሀ መልስሰጪ እናት እና ባል በጋራ .....ለ ባልብቻ.....ሐ ዘመድ.....መ አልተከፈለም.....ሠ ሌላ (ይጥቀሱ)	
68	የማዋለድ አገልግሎት የሰጠዎት ማን ነበር ?	ሀኪም ፣ነርስ ፣ወይስ አዋላጅ ነርስ .....ሀ ጤና መኮንን .....ለ ጤና እክስቴንሽን ባለሙያ .....ሐ የሰለጠነ የልምድ አዋላጅ .....መ ያልሰለጠነ የልምድ አዋላጅ .....ሠ የበጎ ፍቃድ የህብረተሰብ ጤና ሰራተኛ .....ረ ዘመድ .....ሰ ጎረቤት .....ሸ ማንም አረዳኝም .....ቀ አላውቅም.....በ ሌላ (ይጥቀሱ)	
69	በእርግዝናዎ ጊዜ እርስዎ ወይንም ባለቤትዎ ለድንገተኛ ጊዜ የሚሆን ገንዘብ ቆጥበው ነበር ?	አዎ.....1 አልቆጠብንም.....2	➔71
70	ማን ነበር ገንዘብ የቆጠበው	መልስ ሰጪ እናት ብቻ .....ሀ መልስሰጪ እናት እና ባል በጋራ .....ለ ባልብቻ.....ሐ	

ክፍል 10፡- <u>የወሊድና የድህረ ወሊድ አገልግሎቶችን የተመለከቱ ጥያቄዎች</u>

በዚህ ክፍል ውስጥ የሚገኙ ጥያቄዎች በቅርቡ የወሊድና በሁለት ቀን ውስጥ የነበረውን የድህረ ወሊድ አገልግሎቶች ሁኔታዎችን ይመለከታሉ ።

ተ.ቁ	ጥያቄዎች	ማስታወሻ ክፍሎች	መዝለያ

71	በምጥ ጊዜ ከእርስዎ ጋር አብሮ የነበረ ማን ነበር ?	አዎ የለም አላውቅም ባል .....1 2 3 ዘመድ .....1 2 3 ሌላ የቤተሰብ አባል..1 2 3 ጎረቤት .....1 2 3 ሌላ ይጥቀሱ _____	
72	ከወሊድ በኋላ በነበሩት ሁለት ቀናት ውስጥ ሐኪም ፣ ነርስ ፣ የጤና እክስቴሽን ባለሙያ ፣ሌላ የጤና ባለሙያ ወይም የልምድ አዋላጅ የእርስዎንና የልጅዎን ጤንነት በመልካም ሁኔታ ስለመገኘቱ ምርመራ አገልግሎት የሰጠዎት አለ ?	አዎ.....1 የለም .....2 አላውቅም 3	
73	የመጀመሪያ የሆነ የድህረ ወሊድ የምርመራ አገልግሎት የተሰጥዎት የት ነበር ?	በመኖሪያ ቤት .....ሀ በጤና ተቋም .....ለ ሌላ (ይጥቀሱ)_____	
74	ማን ነበር በዚያን ወቅት የእርስዎን ጤንነት በተመለከተ የምርመራ አገልግሎት የሰጥዎት	ሀኪም ፣ነርስ ፣ወይስ አዋላጅ ነርስ .....ሀ ጤና መኮንን .....ለ ጤና እክስቴንሽን ባለሙያ .....ሐ የሰለጠነ የልምድ አዋላጅ .....መ ያልሰለጠነ የልምድ አዋላጅ .....ሠ የበጎ ፍቃድ የህብረተሰብ ጤና ሰራተኛ .....ረ ሌላ (ይጥቀሱ)_____	
75	ማን ነበር የልጅዎን ጤንነት በተመለከተ የምርመራ አገልግሎት የሰጠዎት ?	ሀኪም ፣ነርስ ፣ወይስ አዋላጅ ነርስ .....ሀ ጤና መኮንን .....ለ ጤና እክስቴንሽን ባለሙያ .....ሐ የሰለጠነ የልምድ አዋላጅ .....መ ያልሰለጠነ የልምድ አዋላጅ .....ሠ የበጎ ፍቃድ የህብረተሰብ ጤና ሰራተኛ .....ረ ሌላ (ይጥቀሱ)_____	
76	የእርስዎን ጤንነት በተመለከተ የምርመራ አገልግሎት ሲጥዎት ቢያንስ ለአንድ ጊዜ አብሮ የነበረ ማን ነበር?	አዎ የለም አላውቅም ባል .....1 2 3 ዘመድ .....1 2 3 ሌላ የቤተሰብ አባል..1 2 3	

		ጎረቤት .....1 2 3 ሌላ ይጥቀሱ_____	
77	የልጅዎን ጤንነት በተመለከተ የምርመራ አገልግሎት ሲሰጥ ቢያንስ አንድ ጊዜ አብሮ የነበረ ማን ነበር?	አዎ የለም አላውቅም ባል .....1 2 3 ዘመድ .....1 2 3 ሌላ የቤተሰብ አባል..1 2 3 ጎረቤት .....1 2 3 ሌላ ይጥቀሱ_____	

አመሰግናለሁ!