

ADDIS ABABA UNIVERSITY
COLLEGE OF HEALTH SCIENCES
SCHOOL OF ALLIED HEALTH SCIENCES
DEPARTEMET OF NURSNG AND MIDWIFERY

FACTORS ASSOCIATED WITH TIMELY FIRST ANTENATAL CARE
BOOKING AMONG PREGNANT WOMEN ATTENDING ANTENATAL
CLINICS IN ASELLA TOWN PUBLIC HEALTH INSTITUTIONS, ARSI ZONE
OROMIA REGIONAL STATE, ETHIOPIA, 2017

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A THESIS SUBMITTED TO ADDISABABA UNIVERSITY COLLEGE OF HEALTH
SCIENCE, DEPARTMENT OF NURSING AND MIDWIFERY IN PARTIAL FULFILLMENT
OF THE REQUIRMENTS FOR DEGREE OF MASTER SCIENCE IN MATERNITY AND
REPRODUCTIVE HEALTH NURSING.

JUNE, 2017

ADDIS ABABA, ETHIOPIA

Approval by the Board of Examiners

This thesis by **Getu Megersa** is accepted in its present form by the Board of Examiners as Satisfying thesis requirements for Degree of Masters in Reproductive Health and Maternity Nursing.

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Acknowledgement

First and for most, I wish to give glory and Praise to the almighty God!

I would like to forward my thanks to Addis Ababa university College of Health Science, department nursing and midwifery, for giving this chance to attend master's program Maternity and reproductive health Nursing and Arsi University for sponsoring me. Secondly, deepest gratitude goes to my primary advisor Dr. Hussen Mekonnen and Mrs. workinesh Daba as co-advisor, for their constructive and invaluable comments in developing this research proposal.

I will extend my thanks to my friends who give me constructive ideas directly or indirectly and AAU librarian for their cooperation in providing documented materials and Internet access.

I acknowledge the administrators and staff of the Asella City Administration Health Bureau, Asella Referral Hospital and health centers participated on the pre-test and actual study.

I am also pleased to acknowledge the pregnant women, who were study participants, data collectors and facilitators.

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Lists of Abbreviations

AOR	Adjusted Odd Ratio
ANC	Antenatal Care
CI	Confidence Interval
COR	Crude Odd Ratio
EDHS	Ethiopian Demographic Health Survey
HC	Health Center
MMR	Maternal Mortality Ratio
MDG	Millennium Development Goal
NGO	Non-governmental Organization
SPSS	Statistical Package for Social Sciences
SD	Standard Deviation
WHO	World Health Organization

Abstract

Background: The burden of maternal mortality is the issue of both developed and developing countries, especially sub-Saharan Africa including Ethiopia. This is known due to poor quality of maternal health care services. Almost all causes of maternal death are preventable, so ANC is the entry point to tackle those causes of maternal death as well as complications during pregnancy. However, early initiation of first ANC visit is not well practiced in country Ethiopia according to evidences different literatures. Due to this reason many mothers died because of pregnancy complications.

Objective: To assess factors associated with timely booking of first antenatal care visit among pregnant women attending ANC clinics in Asella town public health institutions, Ethiopia, 2017

Methods: Facility based Cross-Sectional study design was conducted from March – April, 2017 to assess the timing of first ANC booking and associated factors on 334 pregnant women. Study subjects were selected by using systematic random sampling. Data was collected by 3 BSc midwives recruited from other health facility and supervised by one Ass. Lecturer. Data was collected by questionnaire and entered onto a computer using Epi-info 7 statistical program then exported to SPSS version 22 for analysis. Logistic regression model was used to predict timing of first ANC booking and associated factors. Lastly, Significant of statistical association was assured or tested using 95% confidence interval (CI) and p value (<0.05).

Results: The study revealed that only 37% of the study respondents were started first ANC visit timely. Husband involvement (AOR=8.17, 3.15-21, P=0.0001), pregnancy related complications (AOR= 2.83, 1.21-6.56, P=0.016), Birth experience (AOR= 2.54, 1.42-4.56, p=0.002), Knowledge on time begin ANC (AOR=5.6, 3.32-9.45, P=0.0001), Payment of service (AOR=0.534, 0.319-0.895, p=0.017), waiting time (AOR=0.557, 0.318-0.977, P=0.041) have shown significant association with timely booking of first ANC.

Conclusion: The proportion of pregnant mothers who practiced timely booking is low.

Keyword: Timing of first antenatal booking; Pregnancy; Antenatal care; Asella town

1. Introduction

1.1. Background

Antenatal Care (ANC) is a type of care given for women during pregnancy and it is one of the bases of maternal health service. The major goals are Health promotion and disease prevention, early detection and treatment of complications and existing diseases, birth preparedness and complication readiness planning(1).

The World Health Organization recommends a minimum of four antenatal visits, comprising interventions such as tetanus toxoid vaccination, screening and treatment for infections, and identification of warning signs during pregnancy(2). Prevention and treatment of any complications; emergency preparedness; birth planning; satisfying any unmet nutritional, social, emotional and physical needs of pregnant woman; provision of patient education, including successful care and nutrition of the newborn; identification of high risk pregnancy; encouragement of partner (especially male) involvement in antenatal care are the main objectives of antenatal care (3).

The new WHO antenatal care model recommends that first ANC visit should occur within the first trimester of pregnancy. The first visit offers an opportunity to establish baseline information on the general wellbeing of the mother and the pregnancy. It also helps the expectant mothers assess personally the services provided in the facility and build up their impression about the establishment (3, 4).

Identification of complications or risk factors for complications on timely visit enables early initiation of interventions to alleviate or mitigate the effects of such complications on the mothers and unborn babies (5).

1.2. Statement of the problem

Globally, 10.7 million women have died in the 25 years between 1990 and 2015 due to maternal causes. Over the course of that time, however, the world has made steady progress in reducing maternal mortality(6). In 2015, an estimated 303,000 women died as a result of pregnancy and childbirth-related complication worldwide. Developing countries accounted for about 99% of global maternal deaths, with the maternal mortality ratio (MMR) of 239 per 100,000 live births. Despite an apparent global improvement made over the last two and half decades, the worldwide MM dropped by about 45% in 2015 which is far from the decline targeted (75%) to be achieved by 2015(6).

Moreover, majority of the countries with the highest maternal mortality are in sub-Saharan Africa, including Ethiopia (7). In EDHS 2016, the maternal mortality ratio in Ethiopia was estimated at 412 deaths per 100,000 live births. Most of these deaths occur unpredictably during labor, delivery, and the immediate postpartum period(8, 9). Ethiopia as one of the sub-Saharan country maternal care is extremely poor. According to EDHS 2011 and 2016 only 34% and 62 % of women who gave birth in the five years preceding the survey received antenatal care from a skilled provider respectively one woman in every five (19%) made four or more antenatal care visits during the course of her pregnancy(8, 9).

Many health problems during pregnancy can be prevented, detected and treated by trained health workers during antenatal care visits(10).

The more helpful in preventing adverse pregnancy outcomes is antenatal care when it is received early in the pregnancy and continued through delivery. Under normal condition, World Health Organization recommends that a woman without complications should have at least four antenatal care visits, the first of which should take place during the first trimester (2, 11).

Moreover, planning for a safe delivery is an integral part of ANC. Early antenatal care attendance during the first three months of gestation plays a major role in detecting and treating some complications of pregnancy and forms a good basis for appropriate management during delivery and after childbirth. Failure to attend antenatal care early results in the potential for complications during pregnancy, delivery, and puerperium(12).

However, existing evidence from developing countries including Ethiopia indicates that few women seek antenatal care at early stage of their pregnancy.(13)

According to Ethiopia Demographic Health Survey 2011 report only 11% made their first ANC visit before the fourth month of pregnancy.

Study in Debra Berhan town, central Ethiopia revealed that only 26.2% of pregnant mothers started ANC visit early in the recommended time and another study in Ambo town showed that only 13.2% of the study respondents were started ANC timely (in the first trimester of pregnancy(14, 15)

Many studies have identified several factors that influence the utilization of antenatal care in developing countries, although there are few studies regarding factors affecting the timing of first ANC attendance. These factors include, among others, maternal education, husband's education, availability of health service, cost, household income, women's employment, media exposure,(5, 16, 17)and having a obstetric history like parity and mother's undesired child birth outcome; past experience of service like previous service utilization, perceived quality of service, cost of the service; awareness of care and pregnancy related complications; and other factors like influence of husband, wanted or unwanted pregnancy, unrecognized symptoms of pregnancy, and fear of parents were found to be predictors that either positively or negatively influence timing of ANC booking(18).

Therefore, Timely ANC is generally acknowledged to be an effective method of preventing adverse outcomes of pregnancy and late initiation of ANC may lead to undetected or late detection of maternal health problems and subsequently unmanaged complication among pregnant women and thus contributes to maternal mortality. So this study intended to assess timing of first antenatal care visit and associated factors among pregnant women attending ANC clinic in Asella town public health institutions, 2017.

1.3. Significance of the study

Every pregnant woman is at risk of pregnancy related complication. To minimize this risk, pregnant women should start first ANC visit early in first trimester so that they will have enough time for essential diagnosis and treatment of the cases. But there is gap in timing of first ANC visit in our country. EDHS 2011 reported that only 11% of ANC client started first visit in the recommended time. Some studies were done in developed countries but there is few in our country Ethiopia.

There is inadequate study conducted on this timing of first ANC visit booking within recommended time in Asella town as far as my knowledge concerned.

Thus, the result of the study will make pregnant mother beneficiary from this study also used as input for planning and implementation of quality antenatal care service in Asella town. The result of study will help as input for Health Bureau of Asella City Administration; demonstrate quality of ANC and service given by health professionals at health facilities; for managers, policy makers at different level who are concerned for and other organizations also used as input for researchers who will interested to do on the same issue in the future.

2. Literature Review

2.1. Timing of first ANC booking

ANC is concerned mainly with prevention, early diagnosis and treatment of general medical and pregnancy associated disorder. For it to be meaningful early visit (booking) is recommended; however late visit is still major problem(2).

In Indonesia, 80 percent of pregnant women attended first antenatal care visit before the fourth month of pregnancy (19). The median number of months pregnant at the first antenatal care visit is 2.4.

Another facility based cross sectional study in Malasia on late initiation of antenatal care and its determinants revealed that more than half of pregnant women (56.2%) took first ANC for their present pregnancies after 16 weeks of gestation. (20).

In Nigeria, the study shown that 53.3 percent of the women booked late that means 17 weeks as national antenatal care guide line of the country due to number of associated factors (21).

In Ethiopia, according to EDHS 2011, only 11 percent of women make their first ANC visit before the fourth month of pregnancy. The median duration of pregnancy at the first visit was 5.2 months, and urban women made their first ANC visit earlier (4.4 months) than rural women (5.5 months)(8).

Institutional based cross sectional study conducted in Dilla town to assess timing of first ANC booking and associated factors reported that 35.4% respondents were booked first Antenatal care timely. The mean gestational age of timing of first ANC booking was 4+1.4 months and the same study in Ambo, Addis Ababa and Gonder showed that only 50 (13.2%), 40.2% and 35.1 of the study participants were booked timely for ANC service respectively,(15, 22, 23). Factors associated with timing of first Antenatal care booking

2.1.1. Socio demographic factors

The level of antenatal care utilization and first ANC booking were found to be significant among women of better education, married, urban setting, older and employed women as shown by study conducted in central Uganda, Kassala, Eastern Sudan, in Lao People's Democratic Republic and in Kenya (24-27).

Cross sectional Study conducted in Nigeria and Cameron indicated that more educated women are more likely to book early in the first trimester(28, 29). Antenatal care utilization is more

common in younger women age 20- 34 and which accounts around 36 percent but, women age 35 -49 received antenatal care utilization is 27 percent. Maternal age is found to be a factor in the utilization of ANC services(11).

Another study in Pakistan showed that a higher proportion of women 15–24 received ANC within the first 3 months compared to women 35–49 (51 % vs 38 %).

Women of older age have late first ANC visit and fewer number of visit compared with younger one in a cross sectional study done in Nepalese(30).

Study done in Gonder reported that, pregnant mothers at younger age were 3.83 times more likely to book earlier compared to older ones (23), similarly study done in Halaba kulito public health institution also showed that mothers aged 26 years and below were about four times more likely to start ANC within recommended time than those whose age was above 26 years(31), and study done in Dilla town also showed that the same result, respondents age 35 and above were less likely to book timely as compared referents (32).

Being an urban or rural residence can determine the use of. ANC service and first visit. Generally urban dwellers are more likely to utilize ANC and booked early than the rural one (29).

Study in Pakistan revealed that nearly 60 % of urban women received a check-up within 3 months compared to 36 % of rural women(20).

Study in Indonesia shows that urban mothers reported receiving the various antenatal care services more often than rural mothers(33). Women in urban areas are more likely than those in rural areas to come for the first antenatal care visit before the fourth month which is 85 percent and 76 percent, respectively. The median number of months pregnant at first visit is 2.1 and 2.6 months, respectively, among urban and rural mothers (19).

Study done in Dilla town showed that the respondents from urban area were more likely to start first ANC booking as compared those from rural area (32).

Different literatures reported that marital status has an influence on timing of first ANC booking. Study done in Ghana, kenya and Malawi illustrated that pregnancy disclosure influenced timing of ANC adolescents and unmarried younger women secreted their pregnancies and delay ANC to avoid the potential social implications of pregnancy: exclusion from school, expulsion from their

natal home, partner abandonment and stigmatization(34). Unplanned pregnancy which means unmarried pregnancy is associated with late timing of ANC booking(35).

Study done in Ethiopia, Dilla town reported that variables like marital status and religion did not show statistically significant association with timing of the first ANC booking(32).

According to study conducted in Halaba Kulito town , no association was observed between timely Commencement of ANC and variables like marital status, religion, maternal educational status, maternal occupation and parity(31).

In Nigeria, 9.2 percent of pregnant women could not attend antenatal care due to financial shortage. Attending ANC required direct or indirect costs(12).

According to study done in Dilla town, those who had less than five hundred (500 ETB) per month were less likely to book first Antenatal care as compared to referents. Employed respondents were more likely to initiate ANC timely as compared to referent (32).

Study in Nigeria shown that late antenatal care booking is significantly influenced by the client's level of education(21).

As expected, women with no education were more likely not to receive ANC while those with at least secondary education were less likely not to receive ANC compared to those with primary education(36). Study in Sudan showed that women who did not use antenatal care services were those who had less education and those of rural residency and husband education \leq secondary level were associated with inadequacy of antenatal Care(37).

In Ethiopia ,according to EDHS 2011 woman's education level has direct relationship to whether she is likely to receive ANC from a skilled provider or not. A 91 percent of women with more than secondary education received ANC from a skilled provider compared with 25 percent of women with no education (8).Also study conducted in Dilla town reported that, those who can't read and write were less likely to initiate first ANC booking within recommend time as compared above secondary school educated in contrast study in done in Halaba kulito town showed that no association was observed between timely Commencement of ANC and maternal educational status(31).

2.1.2. Previous experience of mothers and obstetric history

2.1.2.1. Past obstetric history

Cross sectional study conducted in Pakistan revealed that as parity increase, the mothers became late in initiating first ANC visit (60 % of women at parity one received ANC within 3 months, compared to 48 of women at parity three and 33 % of women at parity five(20).

Study done in Nigeria revealed that parity being main proximate determinant of first ANC visit. It has reported that the higher the parity, the more likely the parturient feels experienced enough in childbearing not to require early booking. But this women are actually more likely to have high-risk pregnancies with the attending problems of multi gravidity and complications of advancing maternal age (28). Similar study conducted in Kenya showed that lower parity is an important predictor of early and more frequent visit(27).

The study done in Ghana, Kenya and Malawi pointed out that some primagravida are unfamiliar to the associated signs and symptoms of pregnancy as a result they are more likely to seek advice and assistance and initiate timing of ANC booking earlier and in contrast, older multiparous women were at particular risk of delaying ANC (34). In Nigeria, 53.3 percent of women were lately booked ANC and parity was indicated as influencing factor(21). But, in Indonesia, an 85 percent of mothers received antenatal care for a first pregnancy compared with 69 percent of mothers who were pregnant six and above pregnancy(19).

Study conducted in Dilla town showed that respondents with parity zero were 1.8 times more to book first Antenatal care timely as compared respondents those who had parity one and above (32), and the study in Hadiya showed that out of the obstetric factors considered, number of delivery experience and parity were found to be determinants of ANC service utilization. As the order of birth decreases utilization of ANC becomes less likely(38) similar study in Debra berhan reported that Nulliparous mothers were 3.65 times more likely to start first ANC visit early as compared to those who had at least one history of birth(14).

2.1.2.2. Past experience of ANC service utilization

Study done in Nigeria showed that mother's previous experience of undesired birth outcome, like stillbirth, has significant effect on early booking. It underlines that such experience forms correlation between complications in subsequent pregnancy and previous one (28, 39). Good

interaction of care providers and pregnant women influences timing of ANC booking and number of visits (40).

A 26.7 percent pregnant women complained that waiting for a long time while antenatal care utilization which hinders to ANC service utilization(41). Similarly, other study conducted in Dilla revealed that quality of previous service and satisfaction influence booking and 28.7 per cent of women complained long waiting time as hindering factors for booking of first ANC timely(32). Study conducted in Kham District, Japan reported that 73.9 percent of pregnant women lacked sufficient knowledge on antenatal care utilization (41).

In Nigeria, 22.8 percent pregnant women lately initiated their ANC booking due to the lack of knowledge of booking time(21). Another study in Uganda showed that 72.7% of the study participants did not know the right gestation age at which a pregnant woman should start attending antenatal care and only 27.3% women knew the right gestation age (42).

According to study done in Debra berhan, pregnant mothers who had good knowledge on timing of the first ANC were about three times more likely to start their first ANC visit early as compared to their counterparts(14), similarly study done in Dilla town reported that respondents those know the importance of timely booking were two times more to book first Antenatal care within recommended time as compared to referents and proportion of respondents who advised (informed) before to book ANC were three times more to book first ANC within recommended time compared to others (32).

Cultural and religious practices were reported as hindrance ANC utilization by Asian and Muslim women. Women initiated ANC booking lately because of shame about being undressed during consultations(40, 43), whereas study done in Ethiopia, Halaba kulito and Dilla town reported that Religion has no any association with timely initiation of first ANC visit respectively(31, 32).

Concerning husband involvement, study conducted in Japan showed that 7.3 percent of pregnant women were supported by their husbands to visit ANC by providing information(41), also another study in Pakistan reported that lack of permission from husband hinders to use ANC service. Amongst the women who did not use antenatal care 60 percent did not have permission from their husbands(44). Study in Namibia and Kenya indicated, decision-making of wife only or husband only is associated with less antenatal care utilization as compared to joint decision-making(45).

whereas study in Dilla town revealed that respondents whose partners (husbands) hadn't participated on initiation of ANC were less likely to book first ANC with in recommended time as compared others and (32).

Study done in Indonesia reported that women who has no intention (plan) to be pregnant had higher percentage of inadequate and late initiation of ANC than those who planned their pregnancy (46).

Study conducted in Dilla town reported that respondents who had experience long waiting time for seeking service were less likely to initiate first Antenatal care booking before fourth month of pregnancy as compared to others and who were not satisfied on service (Client- Professional interaction, privacy, respect, laboratory service, service charge) were less likely to book first Antenatal care timely as compared to referents(32).

According to Anderson and Newman Socio-behavioral model which was used to conceptualize this study, individual's access to and use of health services is considered to be a function of three characteristics. These are predisposing factors (the socio cultural characteristics of individuals that exist prior to their need of health service), enabling factors (the logistical aspects of obtaining care) and need factors (the most immediate cause of health service use, from functional and health problems that generate the need for health care services)

So, these three factors can affect directly the timing of first ANC visit and socio demographic factors can affect knowledge as well as income, husband involvement and cost of the service.

2.3. Conceptual frame work

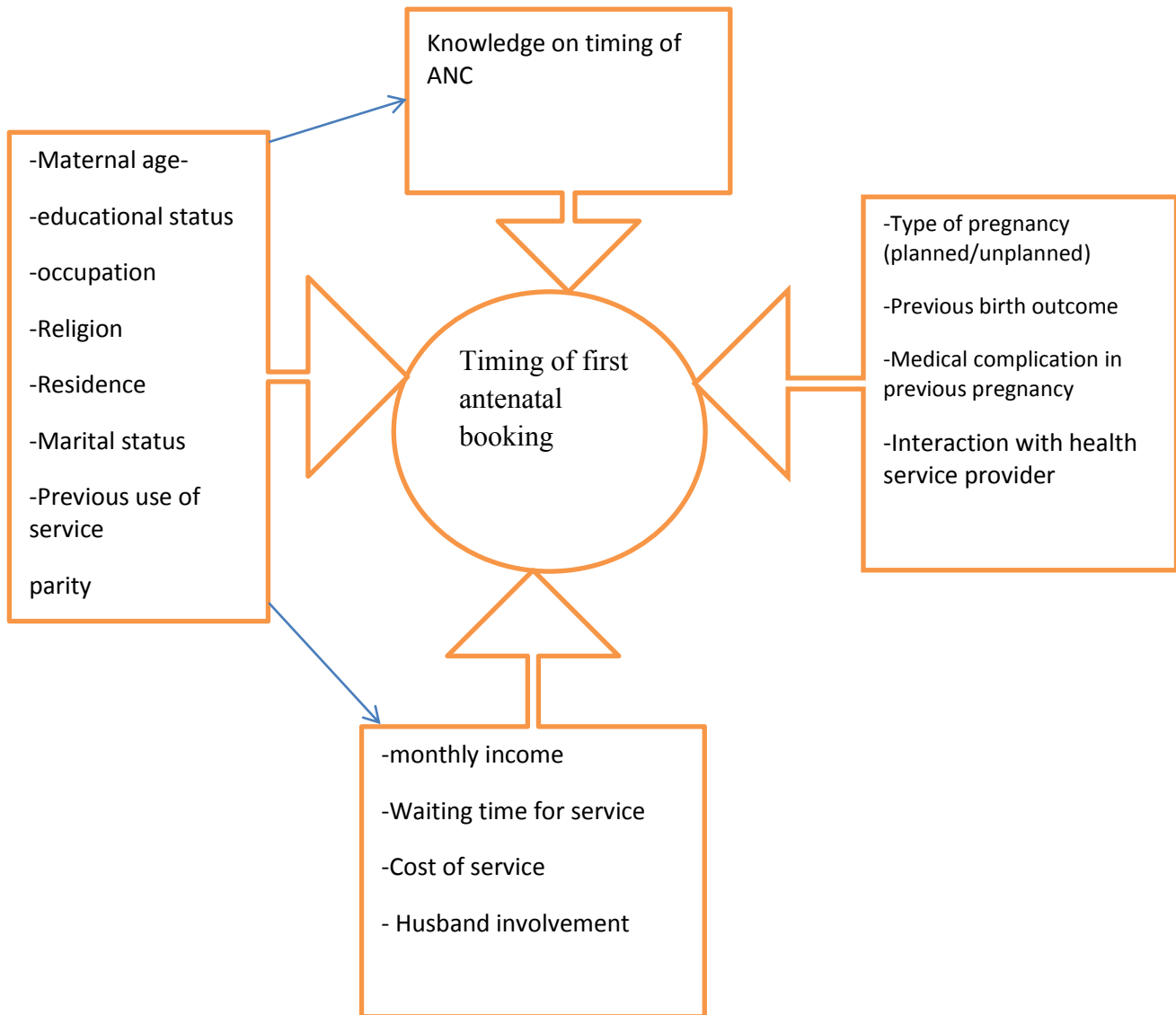


Figure 1:Conceptual framework on timing of first ANC booking and associated factors among pregnant women in Asella town, January 2017,(adapted from Anderson 1995)(47) and modified from literature(14)

3. Objective of the study

3.1. General objective

To assess factors associated with timely booking of first antenatal care visit among pregnant women attending ANC clinics in Asella town public health institutions, Ethiopia, 2017.

3.2. Specific objectives

1. To determine time of first antenatal care visit among pregnant women attending ANC service in the study area.
2. To identify associated factors for timing of first antenatal care visit among pregnant women attending ANC service in the study area.

4. Methods

4.1. Study Area

The study was done in Asella town, Arsi zone Oromia Regional state. It is situated along 175 kilometers from Addis Ababa city. The town covers an area of 29.3 Square kilometers. The town is inhabited by people of different ethnic groups with diverse cultural back grounds. According to Asella city administrative 2012 bulletin report the total population is 74,268, from this Oromo accounts 34,989 and Amhara, 30,785, Gurage 3000, Silte 2000 and 3,494 are others the dominated languages are Afan oromo followed by Amharic (48).

Asella town have six health facilities one is government hospital, one private hospital, two health centers, and two NGO family health clinics. Since my working area is in Asella town I make it my starting place. From my clinical experience while I working with students during clinical attachment I have been facing problems associated with late initiation of first ANC visit. Lot of mothers come with different pregnancy complications at second or third trimester for their first time. This makes me to raise questions what are the factors associated with late initiation of first ANC visit.

4.2. Study design and study period

Institution based cross sectional study design was used from March 1, 2017- April 10, 2017

4.3. Source population

All pregnant women attending Asella public health institutions

4.4. Study population

Pregnant women who are attending ANC Clinics in Asella town during data collection period

4.5. Study Subjects

Individual pregnant women

4.6. Inclusion and Exclusion criteria

4.6.1. Inclusion criteria

All pregnant women who are attending antenatal care service in Asella town that come to health institutions during data collection period.

4.6.2. Exclusion Criteria

Pregnant women who are- unable to hear and speak, seriously ill and unable to respond.

4.7. Sample size determination

The sample size was calculated by using single population proportion formula based on the following assumptions: Proportion of timely ANC visit was taken 27.1(31) Significant level at $\alpha= 0.05$, at 95% confidence interval, Margin of error is 5%.and 10% nonresponse rate, the sample size was calculated by the following formula:

$$n = \frac{(Z\alpha/2)^2 P (1-p)}{d^2}$$
$$n = \frac{(1.96)^2 (0.271) (0.729)}{(0.05)^2} = 304$$

Where:

n = the required Sample size

p = prevalence timing of first ANC booking (27.1% or P=0.271)(31).

Z = the value of the standard normal curve corresponding to the given Confidence interval 1.96

d = the permissible Margin of error (the required precision) = 5%

By adding 10% of non-response rate, total of 334 pregnant women were recruited as study units among pregnant women who attended ANC follow up at health facilities in Asella town during study period.

4.8. Sampling procedure

In this study, all health institutions which provide ANC service were selected. Based on these, three public health institutions, (one hospital and two health centers) were included. The total population for these health institutions (their average monthly ANC flows of previous, at least for two months is estimated that 752, (350 for Asella Hospital, 253 for Asella health center and 149 for Halila health center) so final sample size (334) is obtained by proportionally allocating to these selected health facilities by considering their monthly ANC flows. Lastly, subjects (pregnant mother) were taken by systematic Random sampling. Based on assessment of each health facility monthly load, by systematic random sampling technique (i.e. $K^{th} = N / \text{sample size}$ $\Rightarrow 752 / 334 \approx 2$ which means $K^{th} = 2$), thus every 2nd pregnant women who attended first ANC booking was recruited as study units in each health facilities until the total sample size for this study is obtained.

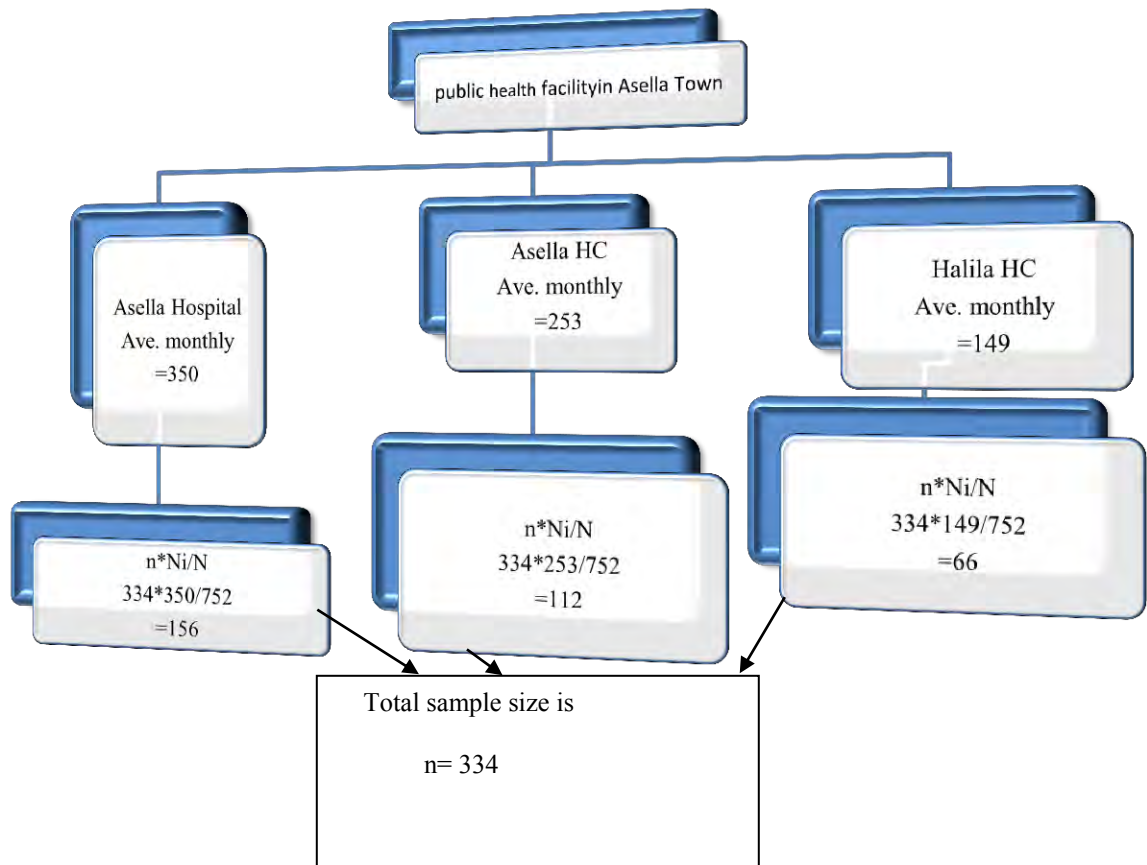


Figure 2: Schematic representation of Sampling Techniques on timing of first ANC booking and associated factors among pregnant women in Asella town, January 2017.

4.9. Variables of the study

4.9.1. Dependent variable

Timing of first antenatal care visit

4.9.2. Independent variables

Socio demographic characteristic of individual (age of mother, marital status, occupation, educational status residence), previous use of service, parity, knowledge on timing of first ANC, monthly income, distance from health service, waiting time, cost of service, husband involvement

4.10. Operational definition

Timely ANC booking: booking first ANC before fourth month of pregnancy).

Lately ANC booking: booking first ANC within fourth to ninth month of pregnancy(1).

4.11. Data collection tool

Data was collected using standardized and pretested questionnaires by interviewing pregnant mothers. The tool was adapted from Safe motherhood and modified from previous done researches. It has six parts, which is open to use and the author is acknowledged(14, 32). The first part is socio demographic characteristics , second part is Knowledge of ANC, third part is current pregnancy and experience of health services utilization, fourth part is obstetric history of the mother, fifth part is Health service related and sixth part is women decision making .The data collection tool was first prepared in English and then translated to Afan oromo (local language) and Amharic .Then first and the second versions of the tool was retranslated back in to the original one by language experts to evaluate its consistency. Edited final versions both Afan oromo and Amharic of questionnaires was used to collect data from respondents.

4.12. Data entry and Analysis procedure

After data collection, the questionnaire was checked for completeness and data entry was made by the principal investigator. The collected data was entered in to Epi-info version 7 and exported to Statistical Package for Social Science (SPSS) version 22 for analysis. A logistic regression was used to identify the association of the independent variables on the dependent

variable and then multivariate logistic regression was used to control cofounders and statistically significant associations in between variables. And also descriptive statistics was applied to describe mean and SD. Lastly, Significant of statistical association was assured or tested using 95% confidence interval (CI) and p value (<0.05).

4.13. Data collection procedure

Interview technique was used to collect data with structured and pretested questionnaire.

Three degree midwives were recruited from other health facility in respect to his/her experience of data collection and communication skills with pregnant mothers for data collection and Assistant Lecturer for supervision from academic staffs based on his/her language skill and super vision experience.

One day training was given for data collectors and supervisors concerning the research objective, data collection tools and procedures, and interview methods that are supposed to be applied during data collection based on prepared training manual. Trained data collectors were collected data at health facility using revised version of data collection tool from March – April, 2017 and they were interviewed the pregnant women waiting after they completed their daily visits.

Supervisors were carried out regular supervision, spot-checking and reviewing the completed questionnaire daily to maintain data quality. The overall activity was coordinated by the principal investigator.

Pretest was done at Gonde health center, Asella Zuriya Woreda before conducting the major study on about 5 percent of the sample to check validity and reliability of questionnaire. After the questionnaire is pre tested, the questionnaire was revised and amended.

4.14. Data quality assurance

To assure the quality of data, the questionnaire was pre-tested. Training was given for the data collectors (BSC Midwives) how to interview and check the questionnaires for completeness during collecting data. The supervisors and principal investigator were checked and reviewed the completeness of questionnaires and were offered necessary feedback to data collectors.

4.15. Ethical clearance

Ethical clearance was assured prior to data collection from Institutional Review Board of Nursing and Midwifery Department, College of Health Sciences, Addis Ababa University. Also authorization was obtained from Health Bureau of Asella City Administration and Directors of all health facilities. The pregnant women were provided information by data collectors after they asked for willingness and verbal consent was obtained before data collection. Each study participants (pregnant women) were informed about the purpose, methods of collection, anticipated benefit and risk of study by the data collectors. Privacy and confidentiality was maintained throughout the data collection, analysis and result dissemination.

4.16. Dissemination of the result

The result of research will be disseminated both with hard and soft copy to Addis Ababa University Collage of Allied Health Sciences, post graduate program. The research result will be disseminated and accessed to others to be employed as source of information to do further research and even to critique the findings and also the result will be provide to Health Bureau of Asella City Administration and public health institutions on which study will be conducted. And the findings may be presented in annual scientific meeting and conferences. It will be sent for publication on scientific journals in related fields.

5. RESULT

5.1. Response coverage

Out of the total 334, 324 pregnant women were participated in the study from 334 total population and making 97% response rate.

5.2 Socio demographic characteristics of respondents

Out of 324 (97%) respondents, the majority of participant mothers were age between 20 and 34, 263 (81.2%). The mean and standard deviation age of participant was 26.8(-/+ 4.8). Three hundred one (92.9%) mothers were married and 132 (40.7%) were daily laborer.

The ethnic composition of study participants shows that Oromo (65.7%) are the dominant group followed by Amhara (26.9%). The majority of participants 152 (46.9%) Muslim followers and followed by Orthodox 109 (33.6%), Protestant 59 (18.2%) and Catholic 4(1.2%).

Regarding educational status of the mother, majority 172 (53.1%) were attended primary school and (14.2%) can't read write. Majority of the respondents 200 (61.7%) were Urban residents.

Nearly greater than half of pregnant women (58%) had monthly income of above 1000 ETB.

(Table 1)

Table: 1 Socio demographic characteristics of pregnant women in Asella Town, May 2017.

Socio demographic variables of mother		Frequency (n= 324)	Percentages (%)
Age	<20	43	13.3
	20-34	263	81.2
	35-49	18	5.6
	Total	324	100
Residence	Rural	118	36.4
	Urban	206	63.6
	Total	324	100
Religion	Orthodox	109	33.6
	Muslim	152	46.9
	Protestant	59	18.2
	Catholic	4	1.2
	Total	324	100
Ethnicity	Oromo	213	65.7
	Amhara	87	26.9
	Tigre	20	6.2
	Gurage	2	.6
	Others #	2	.6
	Total	324	100
Educational status of the mother	Can't read and write	46	14.2
	primary(1-8)	172	53.1
	secondary (9-12)	106	32.7
	&above		
	Total	324	100
Occupational status	Government employed	79	24.4
	Private employed	23	7.1
	Merchant	54	16.7
	House wife	26	8.0
	Daily laborer	132	40.7
	Other###	10	3.1
	Total	324	100
Family monthly income	< 500	61	18.8
Occupational status of the mother	500-1000	75	23.1
	>1000	188	58
	Total	324	100

NB: (“#”: silte, Wolayita, ##: Student, waiter)

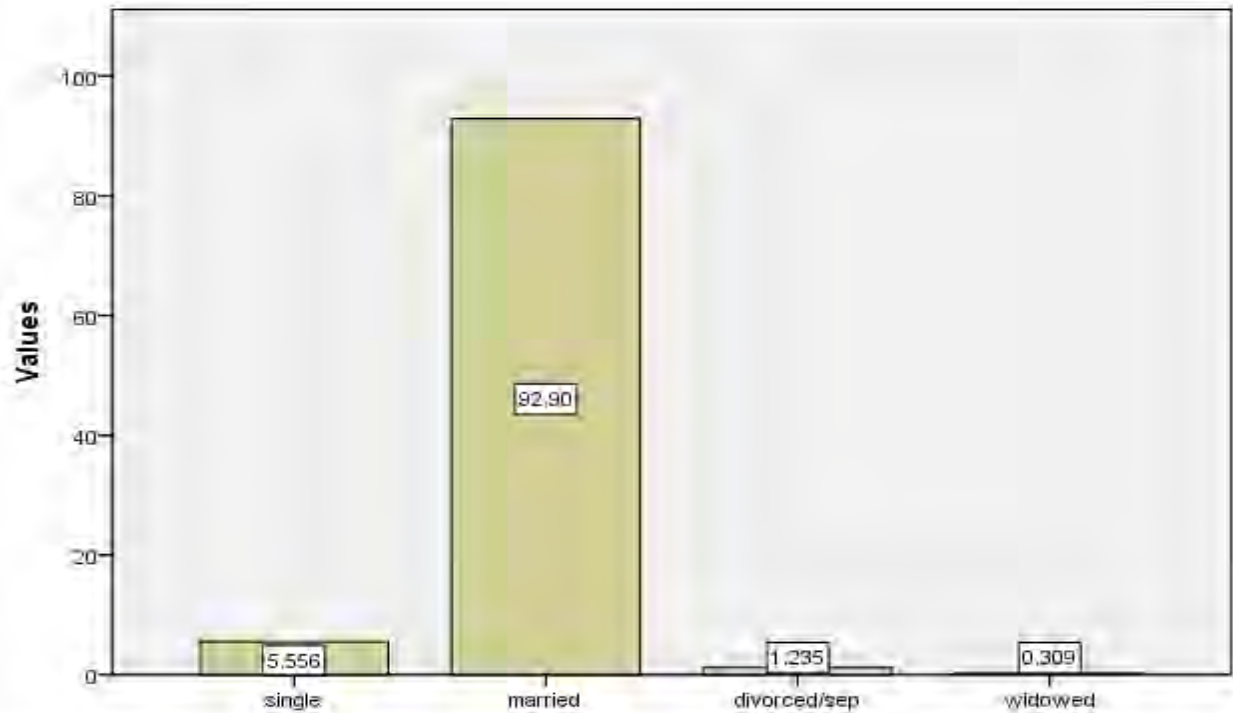


Figure 3 : Marital status distribution among pregnant women in Asella town, May 2017

Concerning the marital status of the respondents as shown on the above graph, majority of them respondents were married (92.9%) followed by single (5.6%).

5.3. Knowledge of respondents on timing of first ANC booking

Out of total respondents, two hundred eighty nine (92%) reported that ANC service is important and 26(8%) didn't know its importance. Around two hundred sixty three (81%) and 228 (70%) respondents knew as early booking of first ANC improve health of the mother and also improve fetal outcome respectively.

Concerning the knowledge of appropriate time to begin first ANC only 123(38%) mother reported that it should be within first trimester (<4th months) and 201(62%) after first trimester (>4th months).

One hundred eighty eight (58%) participants were responded as four and above ANC visit is needed for pregnant women during normal pregnancy.

Out of the three hundred twenty four respondents around 224 (69.1%) mothers reported that all pregnant mothers are at risk of pregnancy complications and 63.6% mother responded that there is no difference between primi and multiparous in timing of first ANC(Table 2).

Table.2 Knowledge of pregnant women on timing of first ANC booking in Asella Town, May 2017.

Variables		Frequency(n=324)	Percentages (%)
Importance of ANC for mother	Yes	298	92
	No	26	8
Appropriate time to begin ANC after amenorrhea	Within 1 st TM	123	38
	After 1 st TM	201	62
Timing of ANC improve outcome of the fetus	Yes	228	70.4
	No	96	29.6
Timing of ANC improve health of the mother	Yes	263	81.2
	No	61	18.8
Times of ANC visit	1-3	136	42
	>=4	188	58
All pregnant women are at risk of pregnancy complication	Yes	224	69.1
	No	100	30.9
Difference between primiparous and multi in timing of first ANC visit	Yes	118	36.4
	No	206	63.6

5.4. Obstetric history

Among the total participants, 258 (79.6%) had experienced birth and from these mothers, 211 (65.1) were multi para who gave birth two and above and about 47 (14.5%) were primi para and para zero. Still birth accounted around 52 (16%) from the total birth and abortion accounted twenty two (6.8%) from the total respondents. From the total mothers who gave in the previous time nearly half of them 173 (53.4%) had ANC follow up and around 159 (49.1%) of these advised when to start first ANC for the next pregnancy(Table 3).

Table. 3 Obstetric history of pregnant mother in Asella town May, 2017

Variables		Frequency(n=334)	Percentages (%)
Birth experience	Yes	258	79.6
	No	66	20.4
No. of parity	0-1	47	14.5
	=>2	211	65.1
No . of alive children	0-1	53	16.3
	=>2	205	63.3
Any still birth	Yes	52	16
	No	206	63.6
Any abortion	Yes	22	6.8
	No	302	93.2
Had ANC visit for last pregnancy	Yes	173	53.4
	No	85	26.2

5.5. History of current pregnancy, health service related and experience of service utilization

Majority of the respondents pregnancy was planned, 238 (73.5%) whereas around 86(26.5%) of pregnancy was unplanned and about 27(8.3%) pregnancy was unwanted.

From the total respondents about 60(18.5%) pregnant mothers initiate ANC visit because of medical complications of pregnancy. One hundred twenty four (38.3%) respondents had no information about timing of first ANC booking.

Majority of the respondents, 248(76.5%) complaining that waiting long time can hinder timing of first ANC booking, whereas about 76(23.5%) didn't agree. About two hundred one (62%) respondents reported that as they hadn't asked payment for the service they received, while 123(38%) of them complain payment for the service.

Out of the total respondents , one hundred thirty four (41.4%) mothers pay greater than five birr for transportation whereas 78(24.1%) pay 1-5 birr and 112(34.6%) hadn't paid transportation cost because they came from nearby health facility.

From the total participants 324, about 74(22.9%), 162(50%) and 153(47.2%) women were not satisfied on staff approach, privacy and service charge respectively.

5.6. Timing of first ANC booking

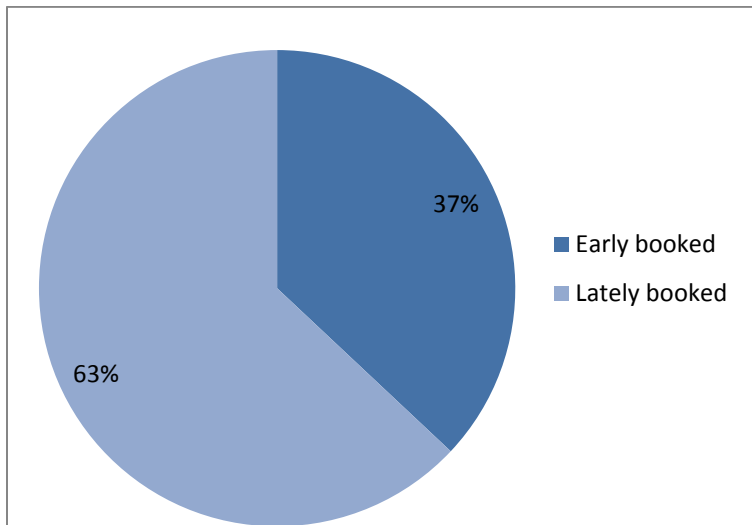


Figure 4: Timing of first Antenatal care booking among pregnant women in Asella Town, May 2017.

Out of 324 respondents only 120(37%) pregnant women booked timely (within first trimester) while 204(63%) were booked lately, after first trimester. The mean Gestational age of booked respondents was 21.2 weeks with standard deviation of 6.8 weeks and timing of first ANC booking ranged from four weeks to thirty six weeks. (Figure.4)

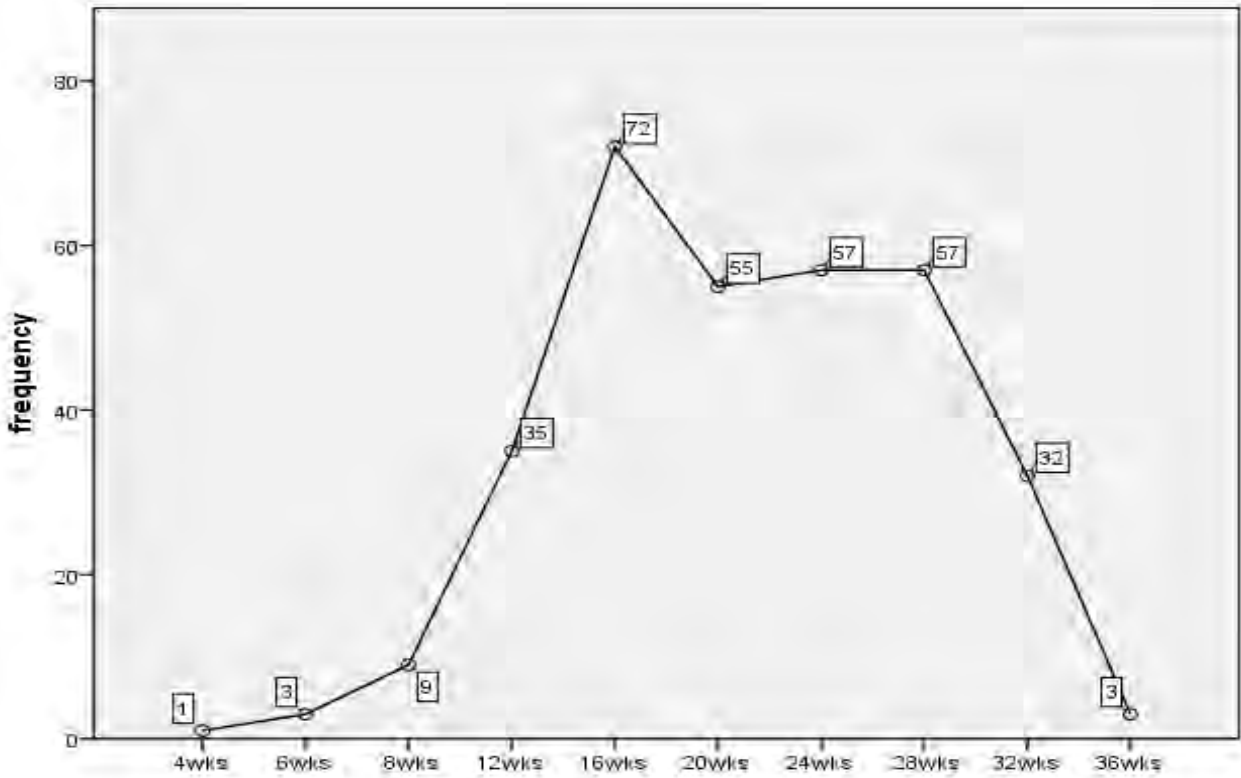


Figure 5: The frequency respondents booked first ANC from 4th weeks to 36th weeks of pregnancy in Asella town, May 2017

The above figure showed that the pattern of ANC from 4th weeks to 36th of pregnancy, the peak weeks for initiating first ANC was at 16th weeks of and few at 4th of gestational age.

5.7. Husband involvement and women decision making on timing of first ANC booking

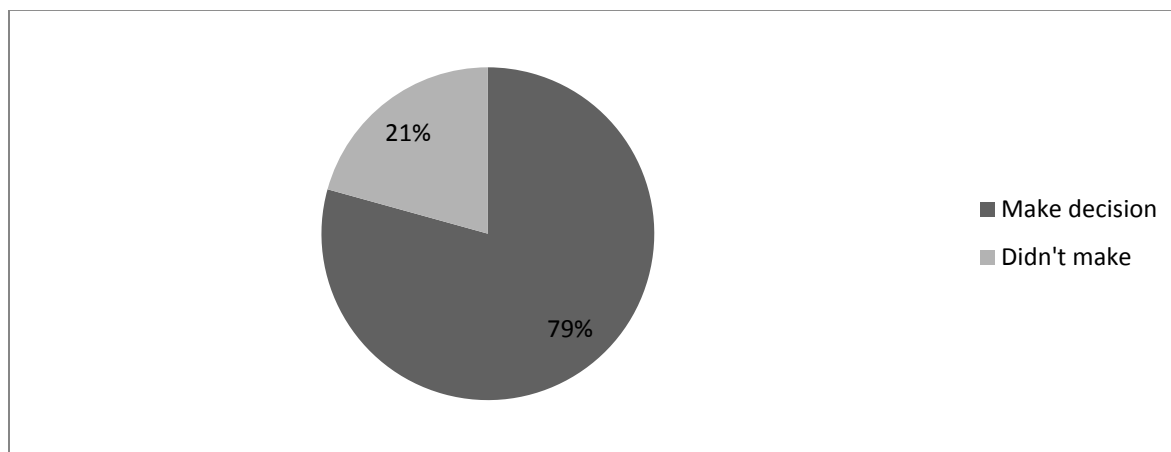


Figure 6 .women decision making with their husbands on timing of First ANC booking , in Asella town ,May,2017

From the total 324 respondents booked for First ANC visit , 257(79.3%) women were made decision with their husband on timing of first ANC booking and around 67(20.7%) didn't make decision.

5.9. Association of selected factors associated with timing of first ANC booking

A multivariate analysis was done to identify independent predictors of timing of first Antenatal care booking. After controlling the confounding factors, the multivariate revealed that the following factors have association with timing of first ANC booking: Husband involvement in timing of ANC booking, Medical complications during pregnancy, had birth experience, got information when to book ANC, Perceived right time to book and asked payment for service.

Those women who made decision with their husbands 8 times more likely (AOR=8.17, 95% CI 3.15, 21.00) to initiate first ANC timely than who didn't. Mothers who faced pregnancy complication were 2.8 times more likely start first ANC early than their counter parts. Mothers who had experienced at least birth were 2.5 times more likely to book first ANC timely than para zero. Mothers who didn't informed about the timing of first ANC booking was 0.31 less likely (AOR=0.31, 95% CI 0.178-0.54) to initiate ANC within recommended time than their counter parts. Pregnant women who were asked payment for ANC service were 0.56 less likely (AOR=0.56, 95% CI 0.35 -0.88,) to start first ANC timely. Those mothers who complaining long waiting time to get the service were 0.56 less likely (AOR=0.56, 95%CI, 0.32, 0.98) to booked timely than who get free service (Table.4).

Table 1 Multivariate analysis (Association of selected factors by timing of first ANC booking in Asella town, May 2017

Variable		Early booked(n)	Lately booked(n)	Crude OR 95% CI	Adjusted OR 95% CI
Husband involvement	Yes	115(44.4%)	144(55.5%)	9.58(3.7-24.6)	8.17(3.15-21) **
	No	5(7.7%)	60(92.3%)	1.00	1.00
Preg related complxn.	Yes	8(13.3%)	52(86.7%)	4.79(2.19-10.48)	2.83(1.21-6.58) **
	No	112(42.4%)	152(57.6%)	1.00	1.00
Birth experience	Yes	86(33.3%)	172(66.7%)	2.13(1.23-3.68)	2.54(1.42-4.56) **
	No	34(51.5%)	32(48.5%)	1.00	1.00
Knowledg of right time to begin 1 st ANC	Within 1 st TM	79(64.2%)	44(35.8%)	7.01(4.23-11.59)	5.60(3.32-9.45) **
	After 1 st TM	41(20.4%)	160(79.6%)	1.00	1.00
Informed about timing of ANC	Yes	93(46.5%)	107(53.5%)	1.00	1.00
	No	27(21.8%)	97(78.2%)	0.32(0.193-0.533)	0.31(0.18-0.54) **
Payment for service	Yes	65(44.5%)	81(55.5%)	0.56(0.35-0.88)	0.53(0.32-0.90) **
	No	55(30.9%)	123(69.1%)	1.00	1.00
Waiting time hinder timing of ANC	Yes	82(33.1%)	166(66.9%)	0.49(0.29 -0.83)	0.56(0.32-0.98) **
	No	38(50%)	38(50%)	1.00	1.00

Keys: **Statistically significant at $p < 0.05$ in multivariate, 1=Reference category ,COR=crude odd ratio,AOR= adjusted odd ratio

6. DISCUSSION

This facility based cross sectional study was conducted to assess the timing of first Antenatal care booking and associated factors. The findings of this study revealed that 37 % were booked timely (within fourth month) while 63% were booked lately (within fourth month of pregnancy and above).

Booking of first Antenatal care ranges from four weeks to thirty six weeks of pregnancy. The mean gestational age the respondent booked was 21.2 weeks and with standard Deviation of 6.8weeks.

World Health Organization recommends that pregnant mothers shall start ANC booking in the first trimester (before four months) of pregnancy(1). However, in this study nearly two-third (63%) respondents were made ANC booking beyond the recommended time, only 37% were started timely.

This finding is lower than study shown in Indonesia (80%), Malasia (56.2%) and Addis Ababa (40.2%)(19, 20, 22).This inconsistency may be due to difference in socio demographic characteristics of the respondents. But, this result is higher when compared with study done in Ambo (13.2%) (15) and EDHS 2011(11%). This inconsistency may be due to the time gap of the Research done in Ambo and almost EDHS covered remote (rural) areas of the country and may be due to sample size or study design. On the other hand this finding is nearly in line with study conducted in Dilla (35.4%) and in Gonder (35.1%)(23, 32).

In this study, husband involvement was highly associated with timely initiation of first ANC booking. Involvement of the husband was positively influencing timely initiation of first ANC booking. This finding was in line with study conducted in Pakistan, which reported that lack of permission or discussion from husband hinders the ANC service(44). Also study in Namibia and Kenya indicated that, decision making of wife only or husband only is associated with less ANC utilization as compared to joint decision making(45). And also supported by study in Dilla Town(32), this might be due to the fact that when mothers supported by their husbands, they seek health care timely, due to financial and psychological issues.

but inconsistent with the study done Uganda, which indicated that timing and frequency of ANC visits were significantly associated with mother's autonomy in taking health decision(42). This

inconsistency may be due to socio cultural difference between Ethiopian society and Ugandan society, there may be autonomy of the women well practiced.

The present study revealed that mothers who faced pregnancy related complication during pregnancy were more likely (AOR=2.83, 95% CI 1.21, 6.58) to initiate first ANC booking early than their counter parts. This study is supported by study conducted in Nigeria(49) but inconsistent with study done Debra Berhan, indicated pregnancy related complication for current pregnancy was not significantly associated with early ANC visit(14). This variation may be due to Time gap of the study, socio cultural difference and sample size.

In this study, mothers who had experienced at least one birth were more likely (AOR=2.54, 95% CI 1.42, 4.56) to book first ANC early within recommended time when compared with their referents. This result is consistent with the study done in Nigeria(21), whereas another finding from Debra berhan, Hadiya and Dilla contradict this study (14, 31, 32). The possible reason may be, mothers who gave birth at least once well counseled about danger sign of pregnancy and appropriate time when to start first ANC booking for the next pregnancy, or due to socio cultural difference and time gap of the research done.

Another association was observed between pregnant mothers' perception of right time to start first ANC and timely booking for ANC. Mothers who knew the right time to be within 4th months were more likely (AOR=5.6, 95% CI 3.32, 9.45) to start first ANC early than those who perceived the right time beyond 4th months of pregnancy. This finding is similar with the study done in Uganda ,indicated that around of participants didn't know the right gestational age at which a pregnant woman should start attending ANC (50) also study done in Debra Berhan supported this finding(14).This might be due to, those who know the exact time come early than without information.

Finding in this study indicated that pregnant mothers who didn't informed about the timing of first ANC booking was less likely to start first ANC booking within recommended time than their counter parts. This study is supported by study conducted in Kham District, Japan(50), Nigeria (21) also consistent with study done in Ethiopia (Debra Berhan) and Dilla(14, 32).

Finding observed in this study indicated that those mothers who have asked payment for ANC service were less likely to start first ANC booking early than those who received free service. This finding is in line with the study done in Tanzania and Ghana(51, 52).

Another multivariate analysis was revealed that association between long waiting time and timely first ANC booking. Those mothers who complaining long waiting time for getting the services were less likely to start first ANC booking early than those who didn't complain. This result is supported by the study done in Kham District(50) and Dilla Town(32) long waiting time is one of the hindrance of early booking of first ANC visit.

7. Strength and Limitation of the study

7.1. Strength of the study

- All pregnant women who attend first visit were included in the study as study units
- Questionnaire was validated
- Data collectors from other health facilities

7.2. Limitation of the study

- ❖ This study has the same limitations as other observational studies which are based on cross sectional data.
- ✚ Since data on dependent and independent variables was collected at the same point in time, no causal interpretation can be made of the relationships between variables.
- ✚ The data are based on self-reports from women, which may be subject to recall biases.
- ✚ This study was carried out in public health institutions; pregnant women who attend antenatal care at private health facilities were not included in the study.
- ✚ Moreover, gestational age was determined based on women's reports of their last menstrual period (LNMP). Ultrasound scan to confirm gestational age was not performed; hence, this may have caused inaccuracies in measurement of gestational age.
- ✚ Moreover, this is a facility based cross-sectional study whose findings are not generalized to a general population, rural community.

8. CONCLUSION AND RECOMMENDATION

8.1. Conclusion

- In conclusion, timing of the first ANC booking was relatively low.
- ✓ Maternal decision making with her husband on initiation of timely first ANC booking, Facing pregnancy related complications, previous history of birth experience, Having knowledge or being informed on the right time to start first ANC visit, payment for service and waiting time were significantly associated with timely first ANC booking.

8.2. Recommendation

As per the findings of this study:

Asella town, health office

- Should strengthen and maintain local information dissemination network on antenatal care and should develop a detailed and clear guideline and structure that will advance knowledge of reproductive age women on timing of Antenatal care.
- Community based information education and communication on ante natal care and its right time of commencement should be organized and implemented by HEW.

Health care providers

- Give appropriate information on the importance of the early ANC visit need to be emphasized at the time of service provision.
- Providing First ANC booking within the recommended time (within the first trimester) for the ANC visiting mothers.

Federal health Bureau

- Should focus on increasing ANC coverage by giving ANC service freely for all pregnant women at all public hospitals.

Researcher

- Should do further studies both with qualitative and quantitative researches to improve the ANC service quality and importance of early first ANC booking.
- Community based cross sectional should be done.

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ADDIS ABABA UNIVERSITY
COLLEGE OF HEALTH SCIENCES
NURSING AND MIDWIFERY DEPARTEMENT

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

Information Sheet

Greeting!

Hello!

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

Study title– Assessment of factors Associated with timely First Antenatal Care Visit Booking Among Pregnant Women Attending Antenatal Clinics in Asella Town Public Health Institutions, Eastern Ethiopia, Arsi Zone Oromia Regional State, Ethiopia, 2017

Purpose-- To assess factors Associated with timely First Antenatal Care Visit Booking Among Pregnant Women Attending Antenatal Clinics in Asella Town Public Health Institutions, Eastern Ethiopia, Arsi Zone Oromia Regional State, Ethiopia, 2017

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

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

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

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

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

Contact address: If there is any questions or unclear idea any time about the study or the procedures, do not hesitate to contact and speak to principal investigator with cell phone number:0913840793 or e-mail address getumegersa370@gmail.com.

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

Are you willing to participate in this study?

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

Consent Form

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

Participant's signature _____ Date _____

Interviewer signature certifying that the informed consent will be given verbally.

Interview's name _____

Interview's signature _____ Date _____

May I continue the interview?

1. Yes _____ Continue the interview
2. No _____ Stop the interview and thank the respondent

Result: (to confirm for completeness)

A. Questionnaire completed _____

B. Questionnaire partially completed _____

C. Participant refused _____

D. Others (please Specify) _____

Checked by Supervisor:

Supervisor's Name _____

Supervisor's Signature _____

Date _____

Annex III. Questionnaire (English version)

PartI. Socio demographic questions			
No.	Questions	Response	skip
101	Age?	_____ years	
102	Residence?	1. Rural 2. Urban	
103	Marital status?	1. Single (never married) 2. Married 3. Divorced/ separated 4. Widowed	
104	Religion	1. Orthodox 2. Muslim 3. Protestant 4. Catholic 5. Others [specify]	
105	Ethnicity	1. Oromo 2. Amhara 3. Gurage 4. Tigre 5. Others [specify]	
106	Educational status?	1. Can't read and write 2. primary(1-8) 3. secondary and above	
107	Your monthly income in birr?	-----Ethio.Birr	
108	Your occupational status	1. Gov't employed 2. Private employed 3. Merchant 4. Daily laborer 5. House wife 6. Other (specify) -----	
109	Occupational status of your husband	1. Gov't Employed 2. Private employed 3. Merchant 4. Daily laborer 5. Farmer 6. Other	
110	Educational status of your husband?	1. Can't read and write 2. primary(1-8) 3. secondary(9-12) and above	

Part II. Question on knowledge of ANC			
201	Is ANC service important for mother?	1. Yes. 2.No	if no skip to que.203
202	If yes for que. 201, When do you think it is appropriate time to begin the ANC after amenorrhea?	_____ weeks	
203	Can early (within 12 weeks of gestation) timing of ANC improve pregnancy outcome of fetus?	1. Yes 2.No	
204	Can early (within 12 week of gestation) timing of ANC help to improve health of mother?	1. Yes 2.No	
205	How many times do you think women need to go for ANC in health facility during pregnancy?	_____ times	
206	All pregnant women are at risk of pregnancy complication.	1. Yes 2.No	
207	Is there any difference in time of visiting of first ANC (between primi porous and multi porous women)?	1. Yes 2.No	
Part III. Obstetric history			
301	Have you experienced birth before	1. Yes 2. No	
302	If yes Q.301, No. of parity	_____	
303	If yes Q. 301, Number of children alive now	_____	
304	If have any birth experience for que. No. 301, is there any still birth?	1. Yes 2.No	
305	If have any birth experience before, for Q.No 301, have you had any ANC visit for last pregnancy?	1. Yes 2.No	
306	If yes for que.306, Have you been advised when to start ANC for this pregnancy?	1. Yes 2.No	
307	Is there any hx. of abortion ?	1. Yes	

		2. No	
Part IV. History of current pregnancy and experience of service utilization			
401	At what month you start first ANC for current pregnancy ?	_____ months	
402	Is this pregnancy planned?	1.Yes 2.No	
403	If yes for Q. No.404, is the plan including your spouse?	1.Yes 2.No	
404	Is this pregnancy wanted?	1.Yes 2. No	
405	Before you start first ANC visit, have you get any advice to come in to health institution?	1.Yes 2.No	
406	Is there any pregnancy related medical complication that makes you start ANC visit?	1.Yes 2.No	
Part VI. Health service related question			
501	Is there any payment you have asked for the service?	1.Yes 2.No	
502	How much do you pay for transportation?	_____ ETB	
503	Do you think waiting time is one of the problems that hinder ANC service utilization?	1. Yes 2. No	
504	Rate your satisfaction level on staff approach	1. Highly satisfied 2. Satisfied 3. Medium 4. Not satisfied 5.Highlynot satisfied	
505	Rate your satisfaction level on waiting time to get service	1. Highly satisfied 2. Satisfied 3. Medium 4. Not satisfied 5.Highlynot satisfied	
506	Rate your satisfaction level on laboratory service	1. Highly satisfied 2. Satisfied 3. Medium 4. Not satisfied 5. Highly not satisfied	
507	Rate your satisfaction level on privacy condition that is provided while checkup	1. Highly satisfied 2. Satisfied	

		3. Medium 4. Not satisfied 5. Highly not satisfied	
508	Rate your satisfaction level on service charge of ANC follow up	1. Highly satisfied 2. Satisfied 3. Medium 4. Not satisfied 5. Highly not satisfied	
Part VII. Women Decision making and male involvement			
601	Did you get permission from your husband to initiate ANC booking?	1. Yes 2. No	
602	With whom did you decide to initiate antenatal care visit for current pregnancy?	1. With my husband 2. Myself 3. Others	
603	If no for que. 601 why do you think your husband did not participated ANC booking?	1. B/c pregnancy is normal 2. No good service at HC 3. Financial problem 4. I don't know the reason 5. Others (specify)	

This is all what I want to ask you. Thank you for spending your time and

Valuable information you gave me. Do you have any question that I can Address for you?

Name of data collector ----- signatures-----

Name of supervisors----- signature-----

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

Heloo, akkam jirta?Maqaan koo _____jedhama. Amma Qu’annoo University Finfinneetti, Kolleejjii Saayinsii Fayyaa, dippartimantii Narsii fi Miidwaayifarii keessatti adeemsifamuf fedhii kee yoo ta’e gaaffiifi deebii goona. Sababiin qu’annoo kanaas tajaajilli hordoffii ulfaa inni jalqabaa dubartoota ulfaatiin dhaabbatoota mana yaalaa mootummaa magaalaa Asellaa hammam akka ta’e beekuu ta’a. hammam tokko akka ta’e beekuudhaafi. Kanaafuu dhimma armaan oliitti ibsame irratti gaaffilee tokko tokko sigaafachuun barbaadaa. Bu’aan qu’annoo kunis dhima armaan olitti ibsame irratti namoota seeraafi karoora baasaniif gargaarsa guddaa akka ta’u nihubachiisna. Hirmaannaan keetillee askeessatti bu’aa guddaa akka ta’u ni’abdanna. Hirmaannaa keetiin walqabatee ammoo sodaan wayituu akka sitti hin uumaamne nibeeksisna. Maaliif yoo jette gaaffilee irratti maqaan kee hinbarreefamuu waan ta’eef, kanaafuu icciitiin sirriitti eegama. Akkasumas immoo fedhii kee malee hirmaachuuf dirqama hinqabdu. Gaaffileen Kun hanga daqiiqaa _____ fudhachuu nidanda’a. Qu’annoo kana ilaalchisee gaaffii yoo qabaatte ykn bu’aa isaa beekuuf yoo barbaadde obboo Geetuu Magarsaa qunnamtii gochuudhaf hinlaafin. Lakk. **Bilbilla: 0913840793**

Unka eeyyama afaaniffaa (Afan Oromo Version)

Waraqaa odeeffannoo qu’annoo kanaa ilaalchisee armaan olitti barraayee naadubbifame hubannoo keessa galchee jira, wanta narraa barbaadamus naaf galee jira. Walumaa galatti wayitiin barbaadametti sababii tokko malee osoo anaafi maatii kiyarratti rakkoo hin uumin addaan kutuu akkan danda’ullee beekke jira. Mallattoo hirmaataa _____guyyaa _____ Mallattoo abbaa gaaffii dhiyeessee mirkaneessuu. Maqaa _____ Mallattoo _____guyyaa _____ Amma gaaffii itti fufuu danda’aa? 1. Eyyeen _____ itti fufuu 2. Lakki _____ gaafachuu dhiisuu fi gaaffii deebisaa galateeffachuu

Annex V. Questionnaires (Afan Oromo Version)

Kutaa 1ffaa Gaaffii waa'ee odeeffannoo walii galaa			
S.no	Gaaffii	Deebii	Darbii
101	Umuriin kee meeqa?	_____	
102	Bakki jireenyaa kee eessa ?	1. Magaalaa 2. Baadiyyaa	
103	Haala gaa'ela kee	1. Hin heerumne 2. Heerumeera 3. Adda baane/wal hiikneerra 4. Narraa du'e	
104	Amantaan kee maali	1. Ortodoksii 2. Muusiliima 3. Proteestaantii 3. Kaatolikii 4. Kan biro(ibsi)	
105	Sabummaa	1. Oromoo 2. Amaaraa 3. Tigiree 4. Guraagee 5. Kan biro (ibsi)	
106	Haala barumsaa	1. Dubbisuu fi barreessuu hin danda'u 2. Sad. 1ffaa (1-8) 3. Sad. 2ffaa fi isaa ol	
107	Galii ji'aa tilmaama qarshiin	_____	
108	Haala hojii kee	1. Hojjetaa mootummaa 2. Hojjetaa dhaabbata dhuunfaa 3. Daldala 4. Hojii humnaa guyyaa	

		5. Haadha manaa 6. Kan biro (ibsi)	
109	Haala hojii kan abbaa manaa keetii	1. Hojjetaa mootummaa 2. Hojjetaa dhaabbata dhuunfaa 3. Daldala 4. Hojii humnaa guyyaa 5. Qotee bulaa 6. Kan biro (ibsi)	
110	Haala barumsaa kan abbaa manaakee	1. Dubbisuu fi barreessuu hin danda'u 2. Sad. 1ffaa (1-8) 3. Sad. 2ffaa fi isaa ol	
Kutaa 2ffaa Gaaffii waa'ee beekumsa hordoffii ulfaa			
201	Tajaajilli hordoffii ulfaa haadhaaf barbaachisaadhaa?	1. Eeyyee 2. Lakki	Lakki yoo jette gara gaaffii 203 deemi
202	Gaaffii 201 eeyyee yoo jette yeroon sirriin itti jalqabuu qabu dhaabacuu lagu booda:	Torbee_____	
203	Dafanii hordoffii ulfaa torbee 12 ulfaa keessatti eegaluun fayyummaa daa'ima dhalatuu/ttuu fooyyessuuf ni gargaaraa?	1. Eeyyee 2. Lakki	
204	Dafanii hordoffii ulfaa torbee 12 ulfaa keessatti eegaluun fayyummaa haadhaaf ni gargaaraa?	1. Eeyyee 2. Lakki	
205	Dubartiin ulfaa tokko yeroo meeqa hordoffii ulfaa mana	yeroo_____	

	yaalaatti gochuu qabdi jettee yaadda?		
206	Dubartoonni ulfaa hundiyyuu rakkinoota yeroo ulfaaf saaxilamtootaa?	1. Eeyyee 2. Lakki	
207	Hordoffii ulfaa isa jalqabaa gochuudhaaf dubartoota tokko dahanii fi baay'ee dahan gidduu garaa garummaan jiraa?	1. Eeyyee 2. Lakki	
Kutaa 3ffaa Gaaffii waa'ee dahumsaa			
301	Kanaan dura Deesseetaa?	1. Eeyyee 2. Lakki	
302	Eeyyee yoo jette, Ijoollee meeqa deesse?	_____	
303	Eeyyee yoo jette, Ijoollee meeqatu lubbuun jira?	_____	
304	Yoo kanaan dura deesseetta ta'e , kan du'ee dhalate jira?	1. Eeyyee 2. Lakki	
305	Yoo kanaan dura deesseetta ta'e ulfa isa gara dhumaaf hordoffii gooteetaa?	1. Eeyyee 2. Lakki	
3076	Yoo kanaan dura deesseetta ta'e yoom hordoffii ulfaa akka jalqabdu gorfamtee jirtaa	1. Eeyyee 2. Lakki	
307	Ulfi sirraa deebi'e jiraa?	1. Eeyyee 2. Lakki	

Kutaa4ffaa.Gaaffii waa'ee ulfa ammaa fi itti fayyadamina tajaajila yaalaa		
401	Ulfa kanaaf hordoffii baatii meeqatti eegalte?	Baatii_____
402	Ulfa kana karoorsiteetii?	1. Eeyyee 2. Lakki
403	Gaaffii 404 eeyyee yoo jette karoorichi abbaa manaakee faanaa?	1. Eeyyee 2. Lakki
404	Ulfi kee abbaa manaa keen yookiin nama kan biraan mirkanaa'eeraa?	1. Eeyyee 2. Lakki
405	Ulfa kana barbaaddeetii?	1. Eeyyee 2. Lakki
406	Osoo hordoffii jalqabaa kana hin godhiin dura akka gara mana yaalaa dhuftu gorsi argatte jiraa?	1. Eeyyee 2. Lakki
407	Ulfa faana kan wal qabate rakkoon akka ati hordoffii jalqabdu si godheeraa	1. Eeyyee 2. Lakki
Kutaa 5ffaaGaaffii waa'ee yaala fayyaa wajjin wal qabate		
501	Tajaajila yaalaaf kaffaltiin gaafatamtu jiraa?	1. Eeyyee 2. Lakki
502	Gaaffii 37 eeyyee yoo jette sababii qarshii dhabdeef kan si jalaa hafe jiraa?	1. Eeyyee 2. Lakki
503	Gatiin geejibaaf gaafatamtu jiraa?	1. Eeyyee 2. Lakki
504	Eeyyee yoo jette qarshii meeqa?	qarshii_____

505	Tajaajila argachuuf yeroon ati turtu tajaajila hordoffii ulfaa miidha jettee yaaddaa?	1. Eeyyee 2. Lakki	
506	Yeroo tajaajilamtu walitti dhufeenya ogeessa fayyaa wajjini akkamitti ibsita	1. Baay'ee natti toleera 2. Natti toleera 3. Giddu galeessa 4. Natti hin tolle 5. Baay'eee natti hin tolle	
507	Tjaajila argachuuf yeroo turtii akkamitti ibsita?	1. Baay'ee natti toleera 2. Natti toleera 3. Giddu galeessa 4. Natti hin tolle 5. Baay'eee natti hin tolle	
508	Waa'ee tajaajila laaboraatoorii akkamitti ibsita?	1. Baay'ee natti toleera 2. Natti toleera 3. Giddu galeessa 4. Natti hin tolle 5. Baay'eee natti hin tolle	
509	Waa'ee qoofniitti tajaajila argachuu akkamitti ibsita?	1. Baay'ee natti toleera 2. Natti toleera 3. Giddu galeessa 4. Natti hin tolle 5. Baay'eee natti hin tolle	
510	Tajaajilaaf kaffaltiin gaafatamtu yoo jiraate akkamitti ibsita?	1. Baay'ee natti toleera 2. Natti toleera 3. Giddu galeessa 4. Natti hin tolle 5. Baay'eee natti hin tolle	

Kutaa 6ffaa Gaaffii waa'ee dubartoonni murtoo kennuu			
601	Tajaajila hordoffii ulfaa kana jalqabuuf eeyyama abbaa manaa keerraa argattee jirtaa?	1. Eeyyee 2. Lakki	
602	Tajaajila kana jalqabuuf eenyu faana murteessite?	1. Abbaa manaakoo faana 2. Ofiidhuma kootiin 3. Nama kan biro waliin	
603	Abbaan manaakee sababiin tajaajila kana keessatti hin hirmaanneef maali jettee yaadda?	1. Ulfikoo nagaa waan ta'eef 2. Buufata fayyaatti tajaajilli gaariin waan hin kannamneef 3. Rakkoo maallaqaa 4. Sababiisaa hin beeku 5. Kan biroo(ibsi)	

Gaaffiin ani si gaafachuu barbaade ammaaf kanuma qofa yoo ta'u, yeroo kee aarsaa gootee raga naaf laatte hundumaaf galanni koo guddaadha. Wanti ifa siif hin taane yoo jiraate gaafachuu dandeessa.

Maqaa ragaa funaanaa -----

Mallattoo -----

Maqaa To'ataa -----

Mallattoo -----

Annex VI. Respondents Information Sheet Amharic Version

በጥናቱ ተሳታፊዎች የመረጃ ቅጽ

በአድስ አበባ የኒቨርሲቲ ጤና ሳይንስ ኮሌጅ በድህረ ምረቃ ትምህርት ፕሮግራም የነርቪንግና ሚድ ዋይሬሪ ትምህርት ክፍል።

ከዚህ በታች እንደተመለከተው በአድስ አበባ የኒቨርሲቲ በድህረ ምረቃ ትምህርት ፕሮግራም ነርቪንግና ሚድ ዋይሬሪ ትምህርት

ክፍል፡ በአሁኑ ወቅት የእናቶች የቅድሚያ ወሊድ ክትትል አጀማመርን በሚመለከት ጥናት በአሰላ ከተማ እያካሄድኩ ነዉ።

የዚህ ጥናት ተሳታፊ ለመሆን እርስዎ ተጋብዘዋል። በጥናቱ ላይ ለመሳተፍ ፍቃደኝነትዎ ከመጠየቁ በፊት ጥናቱን በተመለከተ አስፈላጊ የሆኑ መረጃዎችን ማግኘት ያስፈልግዎታል። ስለሆነም በጥናቱ ላይ ለመሳተፍም ሆነ ላለመሳተፍ መጀመሪያ ማወቅ የምገባዎትን መረጃ እንደምከተለዉ እናቀርብልዎታለን።

የጥናቱ አላማ፡ የእናቶችን ቅድሚያ ወሊድ ክትትል አጀማመርና ተያያዥ ጉዳዮችን ለመዳሰስ።

በጥናቱ የምካተቱ ተሳታፊዎች፡ ማንኛውም ለመጀመሪያ ለቅድሚያ ወሊድ ክትትል የመጠች እናትና ለመረጃዉ ፍቃደኛ የሆነች።

ከጥናቱ ጋር የተያያዘ ጉዳት፡ ጥናቱ የምካሄደዉ ቀደም ለዚህ ጥናት የተዘጋጀዉን ጥያቄ በመጠየቅ ነዉ። ሆኖም በጥናቱ ተሳታፊዎች አካል ላይም ሆነ አእምሮ ላይ ፈፅሞ ጉዳት የለዉም። ያልገባዎትን መረጃ ለመመለስ አይገደዱም።

ጥቅም፡ በጥናቱ በመሳተፍዎ የምከፈልዎት ክፍያ ወይም የተለየ ጥቅም የለዉም። በለላ በኩል በጥናትዎ መሳተፍዎና ለምጠየቁት ጥያቄዎች ተገቢዉን መረጃ መስጠትዎ የቅድሚያ ወሊድ ክትትል አገልግሎት ላይ ከፍተኛ እገዛ ይኖረዋል።

ምስጢር የመጠበቅ ሁኔታ፡ እርስዎ የምሰጡት መረጃ በምስጢር የጠበቃል። ለሶስተኛ ሰዉ ተላልፎ አይሰጥም ወይም አይጋለጥም። ማንነትዎ እንዳይታወቅ ስምዎ በዋናዉ ኮፒ አይመዘገብም።

Participants Consent form Amharic Version

እንደምን አደሩ/ እንደምን ዋሉ? (እንደ አስፈላግነቱ)

እኔ ስሜ ----- እበላለሁ። የመጠሁት በአድስ አበባ የኒቨርሲቲ ጤና ሳይንስ ኮሌጅ በድህረ ምረቃ ትምህርት ፕሮግራም የነርቪንግና ሚድ ዋይሬሪ ትምህርት ክፍል ነዉ።

የእናቶች የቅድሚያ ወሊድ ክትትል አጀማመር በሚመለከት አነስተኛ ጥናት ለማድረግ መረጃ የሰበሰብኩ ነዉ።

በጥናቱ ላይ መሳተፍዎ ሙሉ በሙሉ የምመሰረተዉ በራስዎ ፍላጎትና ፍቃደኝነት ላይ ነዉ። ከመጀመሪያዉ በጥናቱ ላይ መሳተፍዎ ሆነ ላለመሳተፍ ይችላሉ። ካልተስማማዎት በመሀል የማቋረጥ መብትዎ ሙሉ በሙሉ የተጠበቀ ነዉ።

ያልገባዎትን መረጃ ለመመለስ አይገደዱም። ስምዎት ከመረጃዉ ጋር አይካታትም፤ የሰጡኝን መረጃ ሁሉ በሚስጢር እንደምጠብቅልዎ ቃል እገባለሁ።

ጥያቄዉ የምወስደዉ ጊዜ በአማካይ 30 ደቅቃ ብቻ ነዉ። ይህ ጊዜዎትን የሚይዝ ቢሆንም የእናቶች የቅድሚያ ወሊድ ክትትል አጀማመር በሚመለከት ከፍተኛ ሚና ያለዉ በመሆኑ እንድትባባሩኝ እጠይቅዎተለሁ። የተወሰኑ ደቂቃዎች ባነጋግርዎ ፈቃደኛ ነዎት፤

በመጨረሻም ስላዳመጡኝ ከልብ አመሰግናለሁ፡፡

ፈቃደኛ ነኝ

ፈቃደኛ አይደለሁም

ፊርማ ----- ቀን: -----

አጥኚውን መጠየቅ/ መግኛት ከፈለጉ፤

አጥኚው: ስም:- ጌቱ መገርሳ

ስልክ: 0913840793

ኢ.ሜይል: getumegersa370@gmail.com

Annex VII. የአማርኛ መጠይቅ

ክፍል - 1 አጠቃላይ መረጃ			
ተ.ቁ	ጥያቄ	መልስ	ምርመራ
101	ዕድሜ	_____ ዓመት	
102	የመኖሪያ ቦታ	1.ገጠር 2.ከተማ	
103	የጋብቻ ሁኔታ	1. ያገባ(ች) 2.ያላገባ(ች) 3.አግብቶየፈታች/ተለያይተው የሚኖሩ 4.የሞተባቸው	
104	ሀይማኖት	1.አርቶዶክስ ክርስቲያን 2.ሙስሊም 3.ፕሮቴስታንት 4.ሌላ (ይግለጹ)	
105	ብሔረሰብ	1. አሮሞ 2. አማራ 3. ትግሬ 4. ቶራቶ 5. ሌላ/□/የለ□/	
106	የትምህርት ደረጃ	1.ት/ቤት ገብቶ ያልተምረ 2.እስከ 1ኛ ደረጃ ድረስ (1-8) 3.ሁለተኛ ደረጃ (9-12) ና ከዛ በላይ	
107	ወራዊ ገቢዎ በገንዘብ ቢተመን ምን	-----የኢትዮጵያ ብር	
108	የስራ ሁኔታ	1.የመንግስት ተቀጣሪ 2. የግል ተቀጣሪ 3. ነጋዴ 4. ቀን ስራ 5.የቤት እመቤት 6.ሌላ(ይግለጹ)	
109	የባለቤትዎ የስራ ሁኔታ	1.የመንግስት ተቀጣሪ 2. የግል ተቀጣሪ 3. ነጋዴ	

		4. ቀን ስራ 5. ገበሬ 6. ሌላ (ይግለጹ)	
110	የባለቤትዎ የትምህርት ደረጃ	1. ት/ቤት ገብቶ ያልተምረ 2. እስከ 1ኛ ደረጃ ድረስ (1-8) 3. ሁለተኛ ደረጃ (9-12) ና ከዛ በላይ	
ክፍል - II የቅድመ ቀሊድ ምርመራ ክትትል እውቀትን የሚመለከት			
201	የነፍሱ-ጡር ህክምና ክትትል ማድረግ ለእናትዮ የሚጠቅማት ነገር አለ?;	1. አዎ 2. የለም	ኤይተቅምም ካሉ ወደ ትያቄ 13 ይሂዱ
202	ለ ጥያቄ ቁ.11 ፣አዎ ከሆነ መልስዎ፣ የወር አበባዎ ከቆመ ከስንት ጊዜ በኋላ የነፍሱ-ጡር ክትትል ብትጀምር ጥሩ ነዉ ይላሉ?	_____ ሳምንት	
203	እርግዝናዉ ከተጀመረ(የወር አበባ ከቆመ) እስከ 12ኛዉ ሳምንት የነፍሱ-ጡር ክትትል መጀመር የጽንሱን ጤናማነት መጨመር ይችላል ?	1. አዎ 2. አይችልም	
204	እርግዝናዉ ከተጀመረ(የወር አበባ ከቆመ) እስከ 12ኛዉ ሳምንት የነፍሱ-ጡር ክትትል መጀመር የእናትዮን ጤንነት ለመጠበቅ ይችላል;	1.አዎ 2.አይችልም	
205	አንድ ነፍሱ-ጡር እናት በእርግዝና ጊዜዋ ስንት ጊዜ የነፍሱ-ጡር ክትትል ማድረግ ያስፈልጋታል?	-----ጊዜ	
206	ሁሉም ነፍሱ-ጡር እናቶች ከርግዝና ጋር በተያያዘ የጤንነት ችግር የማጋጠም እድል አላቸዉ?	1.አዎ 2.የላቸዉም	
207	ባካር በሆኑ እናቶች እና ከዚህ በፊት በወለዱት መካከል የነፍሱ-ጡር ክትትል ቀድሞ በመጀመር የጊዜ ልዩነት አለ ወይ?	1.አዎ 2.ልዩነት የለም	

ክፍል - III አጠቃላይ የወሊድ መረጃ			
301	ስንት ልጆች ወልደዋል;	_____	
302	አሁን ያሉዎት ልጆች ብዛት ስንት ነው?	_____	
303	ከዚህ በፊት እርግዝና እና ወሊድ ካጋጠመዎት፣ ሞቶ ተወለደ አጋጥመዎታል?	1. አዎ 2. አላጋጠመኝም	
304	ወርጃ አጋትሞዎት ያወካል;	1. አዎ 2. አላጋጠመኝም	
305	ከአሁኑ እርግዝና በፊት ማንኛውም ዓይነት በርግዝና ምክንያት ያጋጠመዎት የጤና ችግር አለ (የደም ግፊት በመጨመሩ ምክንያት አልጋ ይዘዉ መታከም፣ የቀዶ ሕክምና ወ.ዘ.ተ.)	1. አላጠመኝም 2. አጋጥሞኛል	
306	ከዚህ በፊት ለነበረዎት የመጨረሻዉ እርግዝና (ቅርብ) የነፍሱ-ጡር ክትትል አድርገዉ ነበር?	1. አዎ 2. አላደረግሁም	
307	ላለፈዉ እርግዝና ክትትል አድረገዉ ከሆነ፣ ለሚቀጥለዉ እርግዝና የነፍሱ-ጡር ክትትል መቼ እንደሚጀምሩ በቂ መረጃ አግኝተዉ ነበር	1. አዎ 2. አላገኘሁም	
ክፍል - IV የአገልግሎት አጠቃቀም መረጃዎች ለአሁኑና ለነበሩ ዕርግዝና			
401	ለአሁኑ እርግዝና የነፍሱ-ጡር ክትትል የጀመሩት ካረገዙ በስንት ሳምንት ያህል ነው?	_____ ሳምንት/ወር	
402	የቅድመ ወሊድ /የነፍሱ-ጡር ምርመራ/ ተከተትለው ያውቃሉ?	1. አዎ 2. አላውቅም	
403	ከዚህ እርግዝና በፊት የነበረውን እርግዝና የቅድመ ወሊድ ተከተትለዉ ከሆነ ክትትሉን የጀመሩት ወር አበባቀርቶ በስንት ጊዜ ነው።	1. ----- ወር 2. አላስተውስም	
404	የአሁኑን እርግዝና በዕቅድ መሰረት ነዉ ያረገዙት	1. አዎ 2. አይደለም	
405	በእቅድ መሰረት ከሆነ ያረገዙት ፡እቅዱ ባለቤትዎን ወይም የወንድ ጉዳዮችን ያካትታል?	1. አዎ 2. አያካትትም	
406	እርግዝናዉ በባለቤትሽ ወይም በሌላ ሰዉ ተረጋግጦል	1. አዎ 2. አይደለም	

407	አሁን እርግዝናውን ፈልገውታል;	1.አዎ 2.አልፈለግሁትም	
408	ማርገዝዎን በምንድነው ያረጋገጡት?	1.የወር አበባዬ ስለቀረ 2.የሸንት ምርመራ አሰረቼ	
409	ለአሁኑ እርግዝና የነፍሱ-ጡር ክትትል ከመጀመርዎ በፊት ወደ ጤና ተቐም እንዲሄዱና የነፍሱ-ጡር ክትትል እንዲያደርጉ ምክር የሰጠዎት አለ?	1.አዎ፤ 2.ምክር የሰጠኝ የለም፤	
410	ምክር የሰጠዎት ሰዉ ካለ ቢጠቅሱልኝ	1.ባለቤቴ(የወንድ ጉዐደኛዬ)፤ 2. የቅርብ ጉአደኛዬ፤ 3.ሌሎች የቤተሰብ አባላት፤	
411	በአሁኑ እርግዝናዎ፡ እርግዝናን ምክንያት በማድረግ ያጋጠመዎት ጤና ችግር አለ?	1.አዎ 2.ያጋጠመኝ ችግር የለም፤	
412	የጤና ችግር አጋጥመዎት ከሆነ፡ ይህ ችግር ነፍሱ-ጡር ክትትሉን እንዲጀምሩ ምክንያትሆኖዎታል?	1.አዎ 2.ክትትሉን ለመጀመር ምክንያት አልሆነኝም፤	
ክፍል - V ከጤና ተቆማት ገር የተያያዙ መረጃዎች			
501	የእርግዝና ክትትል ሲያደርጉ ለሚያገኙአቸው አገልግሎቶች ሂሳብ እንዲከፍሉ ይጠየቃሉ?	1.አዎ 2.ክፍያ አልተጠየቅሁም፤	
502	መልስዎ ስአ ከሆነ ለምን ጉዳይ ነበር የከፈሉት	1. ለካርት 2. ለላብራቶሪ 3. አልትራሳውንድ 4. ለመትሐኒት 5. ሌላ / <input type="checkbox"/> ቀለ/ <input type="checkbox"/> -----	
503	ክፍያ ተጠይቀዉ ከሆነ ፡ለመክፍል ባለመቻልዎ የቀረብዎት የህክምና አገልግሎት አለ	1. አለ 2. የለም	
504	በገንዘብ ጥረት ምክንያት ያላደረጉት የህክምና አገልግሎት ካለ የትኛውን ነዉ?	1. ለካርት 2. ለላብራቶሪ 3. አልትራሳውንድ 4. ለመትሐኒት 5. ሌላ / <input type="checkbox"/> ቀለ/ <input type="checkbox"/> -----	
505	ይህንን ህክምና ለማግኘት የሚከፍሉት ክፍያ አለ	1. አለ 2. የለም	
506	አዎ ካሉ በብር ስንት ይሆናል	-----የኢትዮጵያ ብር	

507	ይህንን ህክምና ለማግኘት በአማካኝ ምን ያህል ርቀት ይሄዳሉ?	_____ ኪሎ ሜትር	
508	አገልግሎቱን ለማግኘት የሚትተብቀው ሰዓት የቅድመ ወሊድ ክትትልን አገልግሎትን ይጎዳል ብላሽ ታስባለሽ	1. አዎ 2. አይደለም	
509	በባለሙያዎቹ አቀራረብ የእርስዎ እርካታ መጠን ይግለጹት	1. በጣም ረክቻለሁ 2. ረክቻለሁ 3. መካከለኛ 4. አልረካሁም 5. በጣም አልረካሁም	
510	በምርመራው፣ <input type="checkbox"/> ሚ. <input type="checkbox"/> ወ. ቱ <input type="checkbox"/> እርስዎ እርካታ መጠን ይግለጹት	1. በጣም ረክቻለሁ 2. ረክቻለሁ 3. መካከለኛ 4. አልረካሁም 5. በጣም አልረካሁም	
511	በላብራቶሪ ምርመራ አገልግሎት <input type="checkbox"/> እርስዎ እርካታ መጠን ይግለጹት	1. በጣም ረክቻለሁ 2. ረክቻለሁ 3. መካከለኛ 4. አልረካሁም 5. በጣም አልረካሁም	
512	በባለሙያዎቹ ገበና አጠባበቅ አገልግሎት <input type="checkbox"/> እርስዎ እርካታ መጠን ይግለጹት	1. በጣም ረክቻለሁ 2. ረክቻለሁ 3. መካከለኛ 4. አልረካሁም 5. በጣም አልረካሁም	
513	በአገልግሎት ክፍያ ላይ የእርስዎ እርካታ መጠን ይግለጹት	1. በጣም ረክቻለሁ 2. ረክቻለሁ 3. መካከለኛ 4. አልረካሁም 5. በጣም አልረካሁም	
ክፍል -VI ወሳኔ ሰጭነት ሁኔታ			
601	የቅድመ ወሊድ አገልግሎት ለማግኘት ከባለቤቶች ፍቃድ ጠይቆል	1. አዎ 2. አለገኘሁትም	
602	<input type="checkbox"/> ቅጥመ ወሊት ምርመራ (ለአሁኑ) የወሰነት ከማን ጋር ነው?	1. ከባለቤቶች <input type="checkbox"/> C 2. ብቻዎትን 3. ከሌላ /ይገለጹ/	
603	ባለቤት ፈቀደኛ ያልሆነበት ምክንያት ምን ይሁን?	1. እርግዝናወ. ችግር ስለሌለው፤ 2. በህክምና ተቋም ጥሩ አገልግሎት ስለማይሰጥ 3. የገንዘብ ችግር	

		ስላለን 4. አላውቅም 5. ሌላ /□-የለ□/--	
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ጥያቄዬን ጨረሻለሁ ጊዜዎትን መስዋዕት አድርገዋል ለቃለ መጠይቁ በመተባበር ጠቃሚ መረጃ ስለሰጡኝ ከልብ አመሰግናለሁ። ሌላ አስተያየት ካለዎት ሊነግሩኝ ይችላሉ።

የመረጃ ሰብሳቢው ስም _____ ፊርማ _____

የተቆጣጣሪው ስም _____ ፊርማ _____

Annex VIII. Assurance of principal investigator

Declaration:

I, the undersigned, declare that this is my original work and has not been presented in this or any other University and all sources of materials used for this Thesis have been fully acknowledged.

Principal investigator: **Getu Megersa**

Signature: _____

Date: _____

Place: Addis Ababa University, College of Health Sciences, Department of Nursing and midwifery

This Thesis has been submitted with our approval as University advisors

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