



ADDIS ABABA UNIVERSITY
COLLEGE OF HEALTH SCIENCES
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Pattern and factors of place of childbirth care service
in Kirkos sub city, Addis Ababa, Ethiopia.

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Abbreviation and acronyms

ACAHB	Addis Ababa City Administration Health Bureau
AAU SPH	Addis Ababa University School of Public Health
BEmONC	Basic Emergency Obstetric and Neonatal Care
CBCS	Childbirth Care Service
CEmONC	Comprehensive Emergency Obstetric and Neonatal Care
EDHS	Ethiopian Demographic and Health Survey
EFMOH	Ethiopian Federal Ministry of Health
HSTP	Health Sector Transformation Plan
KSCHB	Kirkos Sub-City Health Bureau
MDGs	Millennium Development Goals
MMR	Maternal Mortality Ratio
RH	Reproductive Health
SDGs	Sustainable Development Goals
WHO	World Health Organization

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Abstract

Background: Skilled health personnel attended delivery is a key for reduction of maternal mortality ratio and also for better perinatal outcome of the fetus/neonate. Our endless concern about place of childbirth care is not for nothing Therefore, choices of places of childbirth care and its related factors are important for maternal health care outcomes. **Objective:** The objective of the study is to assess the patterns and factors of choice of place of childbirth care service in Kirkos Sub City, Addis Ababa Ethiopia. **Method:** A community based survey with face to face interview using a structured and pretested questionnaire was conducted from April 1 to July 30, 2018 on a sample of 594 women who had experienced child birth within the last 12 months prior to the study. Simple random sampling to select woredas and systematic random sampling was used to contact eligible woman. Women with a child less than one years of age in each woreda are interviewed until the sample size in each woreda is completed. Data were entered and analyzed using EPI info v.7 and SPSS version 20. Univariable analysis was done to describe some important characteristics of study subjects. Multivariable analysis using binary logistic regression technique was done to see the association between the independent variables and the dependent variable. In multivariable analyses odds ratio with 95% confidence interval was estimated to identify predictors of patterns of place of childbirth care service by controlling the effect of others. **Result:** In this study, of the 594 women who had given birth in last 12 month prior to the study period selected as sample, only 544 women responded to the questionnaire; make the response rate 92%. Majority of respondents have given birth and also have plan to give birth in future in public childbirth care facilities. 434 (79.7%), 105 (19.3%) and 5(1.00%) of respondents had delivered in public, private health childbirth care facilities and at home respectively. Level of education, place of antenatal care woman attended and pervious obstetric complication showed stastically significant with women's choices for places of childbirth care service. **Conclusion:** Most of women gave birth in public childbirth care facility. In general, the present study showed that women have a confidence on public childbirth care service despite there is a commonly perceived doubt in quality in public child birth care. **Recommendation:** Therefore, health programmer and service providers at all level should work to ensure pubic childbirth care centers fulfill the minimum standard of childbirth care services to help women with labour.

1. Introduction

1.1 Background

Over the past 25 year the at global level Maternal Mortality Ratio (MMR) fell by 44 % (216 per 100,000 live births) in 2015 from 385 per 100,000 in 1990(1).Sub-Saharan Africa and South Asia accounted to 99 % (302,000) of the global maternal death. Ethiopia is among the ten countries which shared 59 % of the global maternal death (11,000 deaths per 100,000 live births).In 2013, the developing regions took the lion share, where the MMR was about 14 times higher than the developed regions(1).

In the developing regions, in 2014 only 56 per cent of births were attended by skilled health personnel in rural than 87 % in urban .Ensuring antenatal care, skilled personnel attendant and postnatal care for every pregnancy is key for reduction of maternal morbidity and mortality. By the end of the Millennium Development Goal era the proportion of births delivered with assistance by skilled health provider has shown slow progress. Globally, it increased from 59 per cent in 1990 to 71 percent in 2014(2)

In Ethiopia women who give birth in their home accounted for 74% but 3% in Addis Ababa. Urban Ethiopian women are significantly more likely than rural women to deliver in a health facility (79 % versus 20 %) (3).

Globally, it is planned to reduce MMR in to 70 per 100,000 live birth by 2030(4). Ethiopia also has planned to reduce MMR to 199 per 100,000 live birth by 2020 and 100% health centers and hospitals will provide the 7 basic emergency obstetric and neonatal care and the 9 comprehensive emergency obstetric and neonatal care signal functions respectively (5).To achieve these goals and targets, strategic intervention like availing all the required contraceptive commodities at all service delivery points including private health facilities, build the competency of health workers to provide long-acting and permanent methods of contraceptive and scale up provision of high-impact interventions BEmONC services at all health centers and CEmONC services at a hospitals are listed to address the major causes of maternal and neonatal mortality. In addition 100% of private sectors are targeted to participate in human and reproductive health (RH) policy and strategy development and provision service(6).

1.2 Statement of the problem

Women in Addis Ababa have ranges of choice for childbirth care service. Expansion of private childbirth care service has been contributing for increment of facility based delivery. In Addis Ababa, facility based delivery has reportedly reached 97%. In many countries public childbirth care centers are the most common option, but for various reasons a woman may choose to seek a private facility. According to a study in India, the poor who have physical access to public childbirth care centers seek out private childbirth care service despite higher cost by considering care to be good there (7). This has implication for household health care expenditure.

Being reported that about one in five births in Addis Ababa happen at private health institutions and that the proportion of pregnant women delivering at private childbirth care centers has shown positively growing even though the change was insignificant. 20.1%, 20.7% and 22.2 in 2011, 2014 and 2016 respectively(8).

But the pattern and driving characteristics of women's choice of private or public childbirth care centers are not adequately examined as far as my literature review is concerned. Since Kirkos Sub city is found in the center of the capital city of Addis Ababa with a diverse socio-economic characteristics community and with also the easy access of all types of childbirth cares service, it was appropriate as well as timely to investigate the current pattern and the pertinent factors of preference of place of childbirth care service in particular.

A study conducted in Addis Ababa in 2014(10), tried to answer the same question. But the present research was conducted among women who are located at the center of Addis Ababa with in short radius to access all types of childbirth care services and at time of both public and private childbirth care centers have been increasing in numbers and types. Therefore, this research would be timely in exploring the current pattern of preference of place of childbirth care service.

1.3 Significance of the study

Very importantly, knowing the proportion and factors associated with using the childbirth care service among women gives a clue for policy makers and government body about the acceptability of public childbirth care centers, which are built in walking distance radius within the community and the private as well. And also will be helpful for maternal health programmers and care providers to better understand the factors influencing in choosing a place of childbirth care services among women.

Therefore, this study has envisioned determining the proportion and exploring the most pertinent factors associated with using the place of childbirth care service. This gives clue in building a responsive maternal health care system in general and improving childbirth care services in particular.

2. Literature review

2.1 Maternity service utilization

Globally 10.7 million women have died in the years between 1990 and 2015 due to maternal causes although the world has made steady progress in reducing maternal mortality(1).Maternal survival has significantly increased since the adoption of the MDGs. Maternal death decreased from 380 per 100,000 live births to 210.Sub-Saharan Africa and Southern Asia together accounted for 86 % of the global maternal death in 2013. In developing regions one from two pregnant women receive the recommended minimum of four antenatal care visit and 25% of babies worldwide are delivered without skilled care(2).

Ensuring every delivery to be assisted by skilled personnel and antenatal and postnatal care is key for reduction of maternal morbidity and mortality but as per the MDG time frame the proportion of births delivered with skilled attendance has been showing slow progress (from 59 per cent in 1990 to 71 percent in 2014 globally)(2).

In Ethiopia maternity service utilization among women has reportedly been increasing year to year. Antenatal care user mothers have been increasing from 34 %to 62 % with five years (2011 to 2016).But the disparity between urban and rural women is high, 90% and 58% respectively.

2.2 Places of childbirth preferences

Skilled delivery and MMR have shown progress from 10 % to 28% and 676 to 412 per 100,000 live births respectively according to EDHS 2011 and 2016 report. And women in Ethiopia who give birth in their home account for 72.6% but in Addis Ababa only 3% mothers give birth in their home(3).

Many articles present with a place of childbirth preferences. But most of them try to answer why home delivery practiced and its magnitude. Of course small numbers of studies also consider a place of childbirth preference in terms of public vs. private. Study conducted in Addis in 2014 report that two third and a quarter of respondents gave birth at public and private childbirth care centers respectively (9). But study in Kenya report that 43% and 21% of respondents gave birth at private and public childbirth care centers respectively (10).

2.3 Associated factors with preference of place of child birth care

In Deber Markos, mothers claims that majority of their husbands prefer institutional delivery. Maternal age, the pregnant women's and their husband's educational status, women's perceptions about delivery complications and benefits of institutional delivery, obstetric problems during current pregnancy or child birth, antenatal care follow up and their intention for place of delivery were determined for selection of place of delivery and if husband has college education mothers are threefold more likely to deliver in health institution (11).

A study conducted in Dodota factors associated with institutional delivery were, educational level of mothers, previous history of prolonged labour, and final decision made by husbands or relative (12). A study in Nepali also identified number of pregnancy, age at first pregnancy, and number of antenatal care visit to be were associated with place of delivery(13).A study in Bench Maji showed that age of women, place of delivery of the last baby, perception of mothers about pregnancy and health care workers significantly affected delivery site preference(14).A systematic literature review from 17 countries found out that perceptions of pregnancy and childbirth, influence of sociocultural context and care experiences, resource availability and access, perceptions of quality of care as common themes for facility based delivery(15).

A study in Turkey showed that parity level, health insurance coverage, household wealth and geographic region to be factors in using health care service(16). Beliefs more determinants than individual and service factors as reported in a study in north west Ontario (17).When husbands are involved in the decision of delivery location, the chance of facility delivery is high for mothers in Philippines (18). Women who have equal right in the decision of household expenses are more likely to have skilled attendance than not (19). A study in western Ethiopia, reported that empowered women are twice more in using institution delivery than others women (20).

A study in Bangladesh reported that men make decision because of women's limited mobility and education (21). Husband's involvement takes forms like transporting, providing money, giving information and emotional support during labor in Guatemala (22).But in Nigeria males are considered as obstacle in safe delivery practices(23).

In Ethiopia the share of the place of birth are 24.8 and 1.1 in public and private childbirth care centers respectively in 2016 (3). It is estimated that almost all residents of Addis Ababa live within a five kilometer radius of a health facility that provides delivery services (24). Along this fact in Addis Ababa one out of five mothers gives birth in a private facility (3).

A qualitative study in Addis Ababa was identified that cleanliness and respectful, supportive provider attitudes are factors that lead mothers to attract to health facilities and a study participant also express that there is no difference in quality of care between public and private facilities (25). Women are believes that private facility gives high quality service than public but due to high cost many of them give birth at public facilities. Cost is a primary determinant to choose between public and private facilities (26, 27). In Nepal, two-third of mothers give birth in public childbirth care centers health because of less cost (28). In Uganda out of 227 health facilities delivery 30% were in private childbirth care centers in 2012(29). When mothers' education and economy status increase, they prefer a private childbirth care center (30, 31). Maternal and paternal education and media exposure are predictors of the choice of public verses private. A man and a woman with above secondary education level had 60% and 66% lesser odd of using a public childbirth care service respectively (32). A study in Uganda identify that access to maternity service, social influence from the spouse and other relatives are factors for choosing a delivery site (33). In Vietnam women's wealth and education status are associated with the use of private childbirth care service (34). Care provider attitude also the most influencing factors in women preference of place of childbirth in Tanzania(35).

Almost all reviewed literature in the study have tried to answer the question about why home delivery and what are the factors associated with utilization of health facilities for childbirth care. This time the expansion of both public and private childbirth care facilities have been observed in Addis Ababa. Ninety seven percent from the total birth was conducted at facilities and 1 out of 5 skilled deliveries happen at private childbirth care facilities. Therefore the driving factors for preference of place of childbirth care service among women should be addressed.

The following conceptual framework was adapted (36) and (9) to explain the relationship between the dependent and the independent variables.

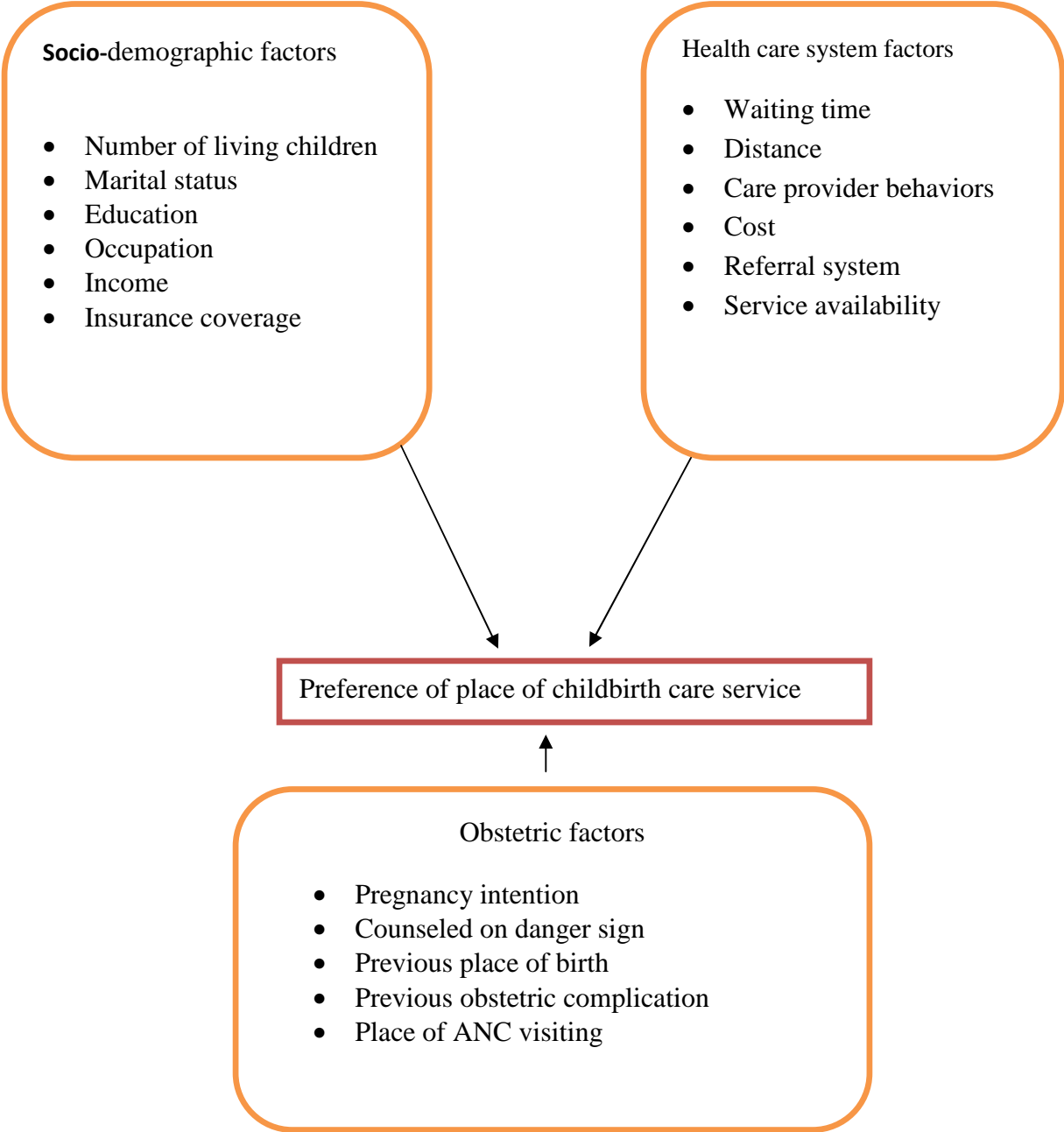


Figure 1 : Conceptual framework to display factors associated with choice of place of childbrith care service.

3. Objective.

3.1 General objective.

To determine the pattern and factors associated with choice of child birth care service in Kirkos Sub city, Addis Ababa

3.2 Specific objective

1. To determine the proportion of woman's choice for place of childbirth care service.
2. To identify the socio-demographic and obstetric factors associated with choice of place of childbirth care service.
3. To identify health care system factors associated with choice of place of childbirth care service.

4. Methods

4.1 Study area

The study was conducted in Kirkos Sub City (KSC). KSC is situated at the center of Addis Ababa city administration. It has 11 woredas. The total population is expected to be more than 283,745 from the projection of previous census with the proportion of 47.5% and 52.5% male and female, respectively. The child bearing age group and estimated pregnancy for 2018 fiscal year is 98,175 and 6611 respectively. In the sub city there are two governmental hospitals, 22 higher clinics, 2 private, 1 Non-governmental organization (NGO) child birth care centers and there are 8 governmental health centers with childbirth care services.

4.2 Study design

A community based cross sectional survey was conducted.

4.3 Study period

The study was conducted from April 1 to July 30 2018.

4.4 Source population

All women who gave birth in the last 12 months (from April 1, 2017 to March 31, 2018) in Kirkos Sub City were the study population.

4.5 Study population

Women who are residents of the selected study woreda and have given birth during 12 months before the study period (from April 1, 2017 to March 31, 2018) regardless of place of delivery was considering as study participants.

4.6 Sample size determination

Proportion of women who have given birth at health facilities was 62.3% as studied in Deber Markos in 2015(11) was taken as prevalence by using proportion formula

$$n = \frac{Z_{\alpha/2}^2 P (1-P)}{d^2} = \frac{(1.96)^2 * (0.623 * 0.377)}{(0.05)^2} = 360$$

After considering 10% non-response rate and 1.5 design effect the minimum sample size was 594.

4.7 Sampling procedure

Among 11 woredas in Kirkos sub city, five woredas were randomly selected. Then, the sample size for each selected woredas was allocated proportional to the number of women with a child less than one year of age. To estimate the expected number of less than one year child in each woredas, the conversion factors (2.24%) was used. Accordingly, there estimated are a total of 2,832 under one child in the five woredas.

Households in selected woredas were selected using systematic random sampling technique to contact and interview eligible women. Regarding sampling frame, all of the households /women/ with a child less than one year of age in the selected woreda was enumerated. Closed households during data collection were revisited two times at different times. The next nearest households were included for unsuccessful visits. Finally all eligible mothers in selected woreda were interviewed until the allocated sample size in each woreda is completed.

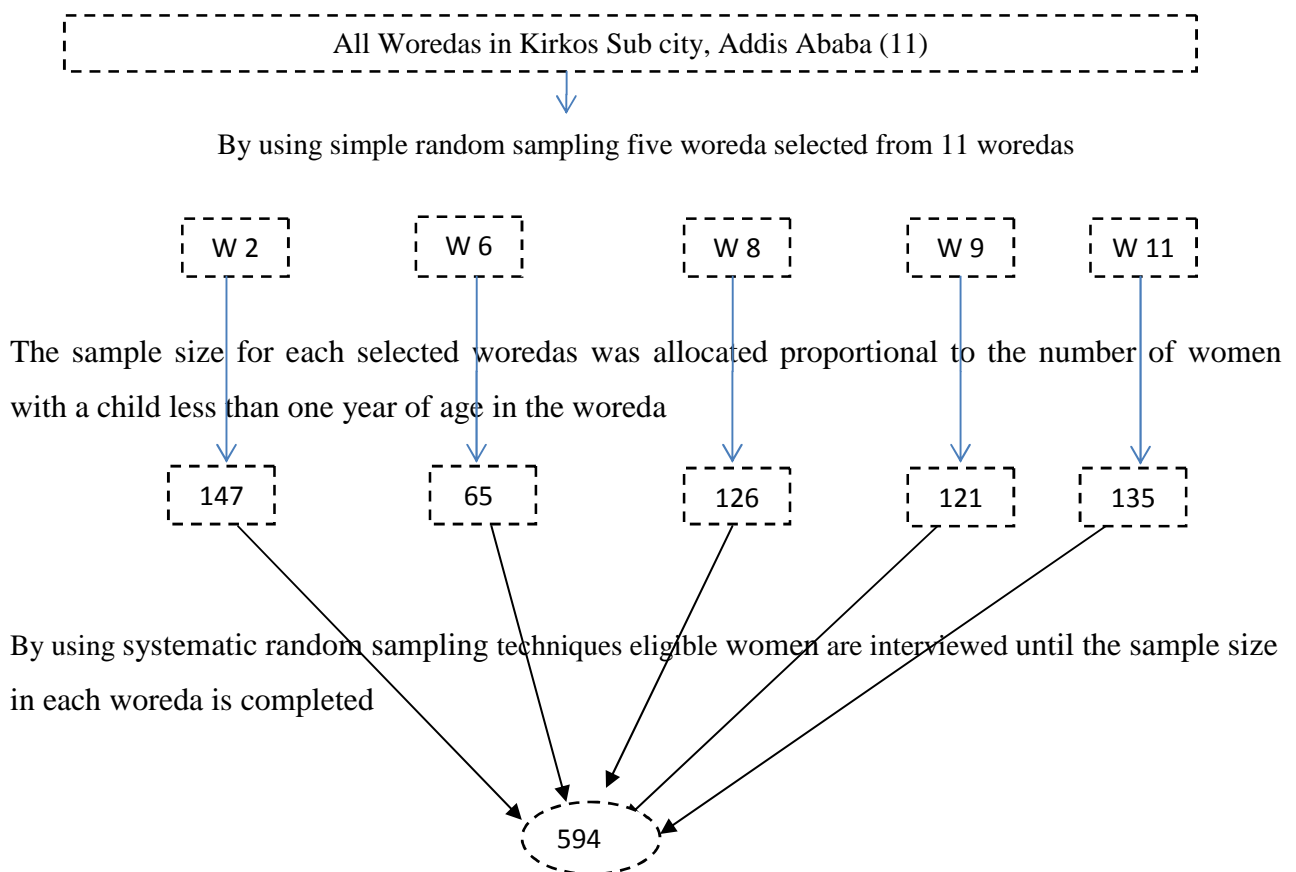


Figure 2: Schematic presentation of the sampling procedure for the study of the place of preference of childbirth care in Kirkos Sub city, Addis Ababa, 2018

Table 1: Sample size allocation for each selected woreda in Kirkos Sub City, Addis Ababa.

Woreda	Population size	Expected number of under 1 year child (PoPn*2.24%)	Sample size for each woreda
2	31,320	701	147
6	13,834	310	65
8	26,910	603	126
9	25,757	576	121
11	28,655	642	135
Total	126,476	2,832	594

NB. 2.24% indicates expected number of under 1 year children in each woreda

4.8 Data collection procedures

The questionnaire was adopted from previous study and then translated into local language Amharic. The questionnaire asked about women's socio demographic characteristics, their obstetric history, and woman's experience about childbirth care service. A pretest was done prior to the survey in similar setup outside the study area. The study subjects were identified according to the sampling procedure and all respondents were asked to provide their consent prior to taking part in the interviews. Data was collected by trained diploma nurses who are fluent in Amharic and working outside the actual study area using an interviewer administered pre-tested structured questionnaire. The principal investigator was supervising the data collection process by checking the completeness of the required type of data and correcting for errors.

4.9 Data quality management

Pre-test was carried out before the start of the data collection to make further adjustments so that the tool was reliable enough. Based on the findings from the pilot study, modification on the process of the data collection and the questionnaire were carried out. Pre-test was conducted in Lideta Sub city with 5% of the sample size. Training was given to the data collectors to familiarize them with the questionnaire. At the time of the data collection, data was checked for completeness and consistency by the principal investigator. Completed questionnaires were coded. Data cleaning was done by running frequencies of each variable to check for accuracy, outliers, and consistencies.

4.10 Data analysis procedures

The data was entered by using Epi Data version 3.1 and exported in to Software Package for Social Science (SPSS version 20). Data cleansing was done. Univariable analysis was computed to describe some important characteristics of study subjects. The data was expressed in percentages, graphs, means and standard deviations. Bivariable analysis was computed to see the crude association between the independent variables and the dependent variable. And then multivariable analysis was computed to evaluate independent effect of each variable with preference of place of childbirth care service using binary logistic regression. The strength of association between the dependent variable and independent variables was expressed in odds ratio (OR) with 95% CI.

4.11 Study variables

Dependent Variable (outcome variable)

- Place of childbirth care service for the last child.

Independent variable

- Socio-demographic variable

- Age
- Number of living Children
- Marital status
- Education
- Occupation

- Obstetric variable

- Place of ANC follows up
- Number of ANC Visit
- Pregnancy intention
- Counseled danger sign
- Perceived of obstetric complication

- Health care system variable

- Cost
- Distance

4.12 Operational definitions

Preference: In this study, is defined as choice or pattern of place of delivery of women toward any type of childbirth care service.

Factors: In this study, is defined as determinant characteristics of socio demographic and obstetric which made women to prefer the place of childbirth care service.

Private Childbirth Care service: In this study, is defined as childbirth care service given by health organizations which are outside the direct control of state and government, and not benefiting from allocations of government's budget regardless of the level. NGO and charity childbirth care centers were included in the private childbirth care centers due to their small numbers for analysis purpose

Pubic Childbirth Care service: In this study, is defined as childbirth care service given by health organizations which are owned and managed by the government and financed by public resource regardless of the level.

4.13 Ethical consideration

Ethical clearance was obtained from the Ethical Clearance Committee of the Addis Ababa University's, School of Public Health. Letter was written from Addis Ababa University's, School of Public Health to the Addis Ababa Health Bureau. Before administration of the questionnaire, the respondents were informed about the objective and purpose of the study and informed consent was taken from each respondent; also they were informed about their right not to participate in the study and the possibility of interruption at any time. No personal identifiers were used on data collection form. The recorded data was not accessed by any other person except by the principal investigator, and was kept confidentially and anonymous. There was a proper advance explanation to study participants. And they are well informed about that no personal rewards happen to them because of their participations; and also the information they provide will be an input for maternal health service improvement across the Addis Ababa city Administration and in Kirkos subcity in particular.

4.14 Dissemination of results

The thesis report was submitted to AAU SPH, AACAHB and KSCHB through soft and hard copy. Attempts will be made to publish the findings of this paper for wider access.

5. Result

5.1 Socio-demographic characteristics of respondents

The respondent's mean and range of age were 29 and 17-45 years respectively. Eighty four percent of respondents were currently married and 66 (12%) were cohabiting (living together). Sixty six respondents were illiterate. Fourteen percent and 6.5 % of respondents attended primary and secondary level of education respectively. Twelve percent of respondents acquired college and above education. Thirty nine percent have of job. But 181 (41.8%) and 29 (27.7%) women delivered in public and private health facility respectively had no jobs.29% and 30.2% respondents are governmental and private employee respectively (Table 2).

Table 2: Socio demographic characteristics of women who gave birth in the last 12 month in Kirkos sub city, Addis Ababa, 2018

Variables	Category	Place of last childbirth			
		Public HF N (%)	Private HF N(%)	HomeN(%)	Total
Place of delivery		434(79.7%)	105(19.3%)	5(1%)	544(100%
Age of respondent (n=544)	<=25 years	65(15.0)	22 (21.0)	1(20.0)	88(16.2)
	26-30 years	193(44.4)	43(41.0)	1(20.0)	237(43.5)
	31-34 years	105(24.1)	19(18.0)	2(40.0)	126(23.2)
	>=35 years	71(16.5)	21(20.0)	1(20.0)	93(17.1)
	Total	434(100)	105(100)	5(100)	544(100)
Education level of respondent (n=544)	Illiterate	337(77.6)	22(20.9)	4(80.0)	363(66.7)
	primary	63(14.5)	13(12.4)	1(20.0)	77(14.2)
	Secondary	14(3.2)	21(20.0)	0(0)	35(6.4)
	Collage and above	20(4.6)	49(46.6)	0(0)	69(12.7)
	Total	434(100)	105(100)	5(100)	544(100)
Job of the respondent (n=544)	Yes	253(58.2)	76(72.3)	0(0)	329(61.5)
	No	181(41.8)	29(27.7)	5(100)	215(39.5)
	Total	434(100)	105(100)	5(100)	544(100)
Marital status of the respondent (n=544)	Current married	359(82.8)	93(88.5)	3(60.0)	455(83.6)
	Living together	57(13.1)	9(8.7)	2(40.0)	68(12.5)
	Other status	18(4.1)	3(2.8)	0(0)	21(3.9)
	Total	434(100)	105(100)	5(100)	544(100)
Partner's education level (n=544)	Illiterate	17 (4.0)	2 (2.0)	5(100)	24(4.4)
	primary	129(30.0)	8 (7.6)	0(0)	137(25.2)
	Secondary	108(25.0)	19 (18.0)	0(0)	127(23.3)
	Collage and above	180(41.0)	76 (72.4)	0(0)	256(47.1)
	Total	434(100)	105(100)	5(100)	544(100)
Partner's jobs (n=489)	Gov't employee	134(35.0)	23(22.8)	1(20.0)	158(32.3)
	Private employee	132(34.4)	31(30.7)	0(0)	163(33.3)
	Merchant	79(20.6)	31(30.7)	0(0)	110(22.5)
	Other jobs	38(10.0)	16(15.8)	4(80.0)	58(11.9)
	Total	383(100)	101(100)	5(100)	489(100)
Family size (n=544)	<5 family members	346(79.7)	77(73.3)	5(100)	428(78.7)
	5 family members	88(20.3)	28(26.6)	0(0)	116(21.3)
	Total	434(100)	105(100)	5(100)	544(100)

5.2 Place of health facility (private vs. public) for childbirth care service

In this study, of the 594 women who had given birth in last 12 month prior to the study period selected as sample, only 544 women responded to the questionnaire; make the response rate 92%. Women were asked about the place of their last childbirth care. This study has revealed that pattern of preference of place childbirth care service for their last child among respondents. Accordingly, 434 (79.7%), 105 (19.3%) and 5(1.00%) of respondents had delivered in public, private health childbirth care facilities and at home respectively.

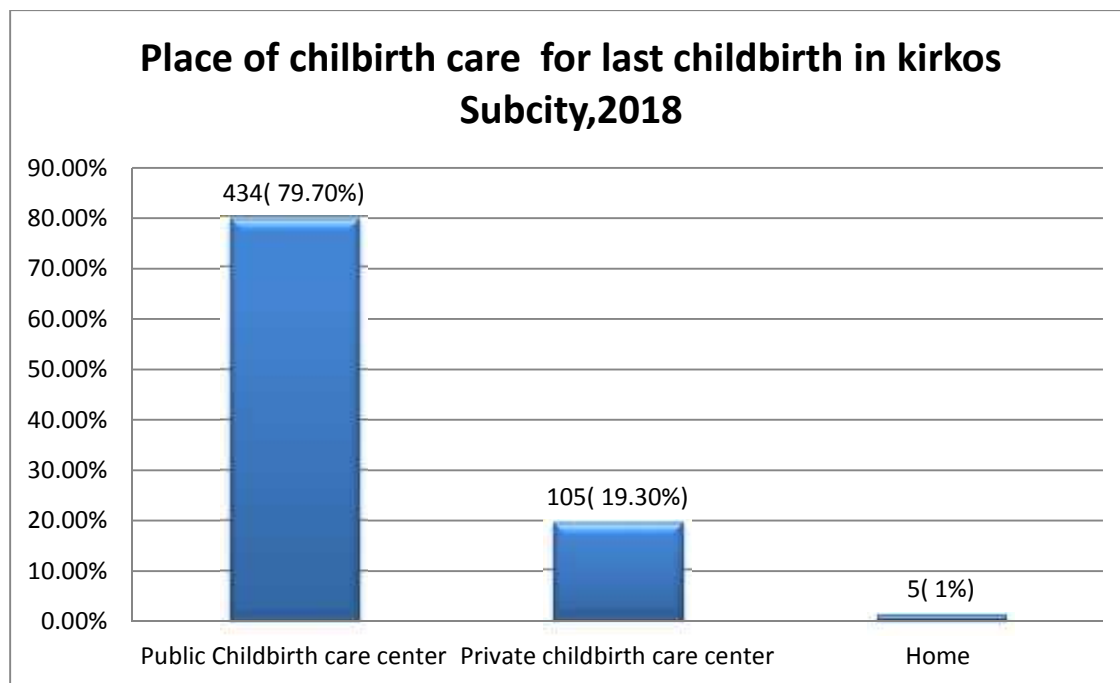


Figure 3: Proportion of choice of place of childbirth care for women who gave birth in last 12 months in Kirkos sub city, Addis Ababa, 2018.

As reported by respondent women, governmental health center (59%), governmental hospital (21%) and private hospital (14%) have taken the most shares of women’s preference of place of last childbirth care service. (Figure 4).For analysis purpose governmental hospital and governmental health center categorized in public childbirth care center and private hospital, private clinic and NGO childbirth care centers categorized in private childbirth care centers.

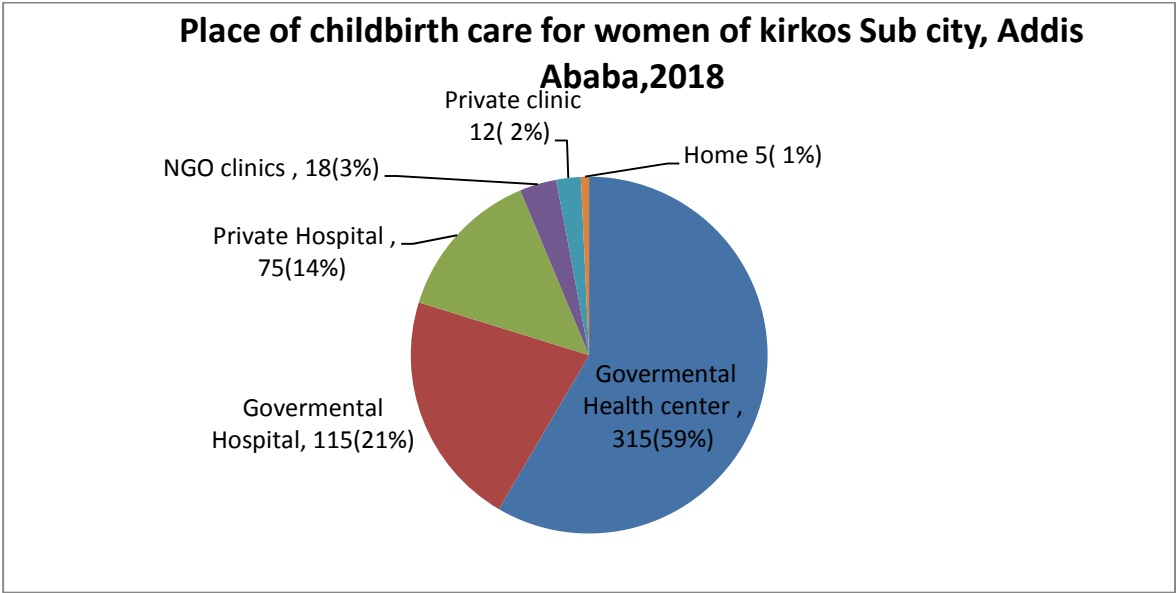


Figure 4: Percentage of women interviewed by their choice of place of childbirth care facilities for last child birth, in Kirkos Sub city, Addis Ababa, 2018.

Among reasons for choosing public childbirth care center; short distance, short waiting time, experiencing good service and less cost reported by 36%, 18%, 17% and 11% of respondents respectively. The construction of health centers in all woredas may be a reason for women to report short distance and short waiting time as selection criteria among interviewed women for preferring government childbirth care centers (Figure 5).

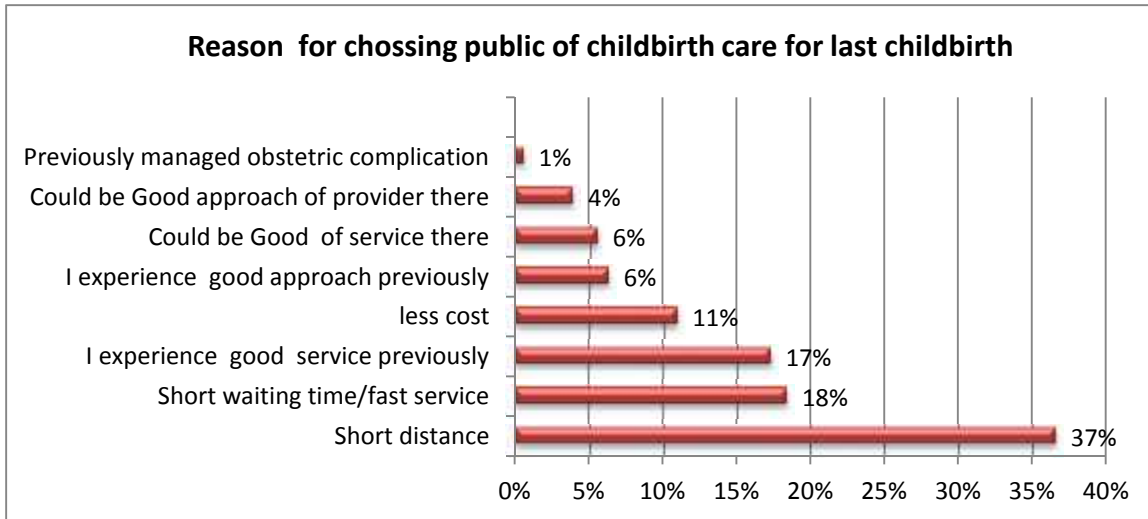


Figure 5: Reason for choosing place of childbirth care for last childbirth in Kirkos Sub city, Addis Ababa, 2018.

To further explored women’s preference of pace of childbirth care service respondents were asked about their future plan to give birth and where their plan to give childbirth. Among women who have future birth plan 224 (77.6%) of them reported that their choice of place of childbirth care for the future is public childbirth care centers and only 66 (22.3%) have answered that they want to give birth in private childbirth care centers (Figure 6)

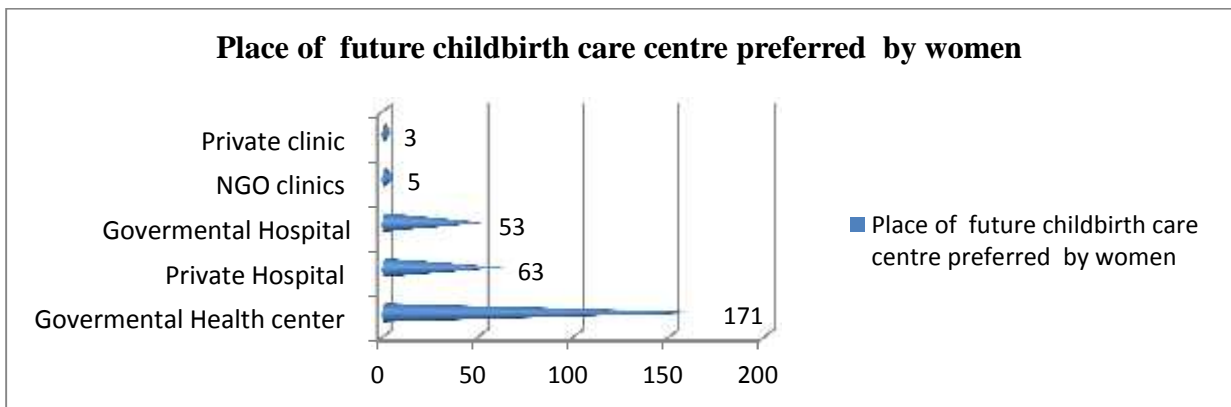


Figure 6: Place of future childbirth care center chosen by women in Kirkos Sub city, Addis Ababa, 2018.

5.3 Obstetric characteristics of women (respondents)

Concerning obstetrics history, out of the 544 respondents only 54(51.4%) out of 105 who gave birth their last child at private health facility had two live children. whereas only 52(35.2%) gave birth for their last child at private and had two birth.

Twenty percent and fifteen percent of respondents who had encountered obstetric complication previously delivered their last child at private and public health facility respectively. Prolonged labour 26 (29.2%), stillbirth 4 (4.6) and child death 30 (34%) were the majors problem in both groups. All women in this study had attended ANC follow up during their last child pregnancy.

Ninety percent and eighty six percent of respondents who had delivered at private and public were starting ANC visit with recommended time (less than 16 weeks) respectively. Shifting from one childbirth care center health to the other among respondents; from 105 mother who had given birth at private 31 (29.5 %) of them attended antenatal care in governmental childbirth care center but from 434 mothers who had given birth in governmental childbirth care center 93.5% of them attended antenatal care in governmental health. Likewise, among those who had followed ANC in private childbirth care center about 74(70.5%) and 28(6.4%) had delivered their child in private and public health childbirth care center respectively. Only 6 % of women who attended at public childbirth care center shifted to private for childbirth care service. From the total of 78 unintentional pregnancies for the last childbirth 69 (85%) of them had given birth in governmental facilities and only 11(14 %) of them had given birth at private. Decision on places of delivery for last child made by jointly (husband and wife) accounts 55.4 % and only 29 % made by women (Table 3).

Table 3: Obstetric characteristics of women who gave birth in the last 12 month in Kirkos Sub city Addis Ababa, 2018.

Variables	Category	Place of delivery for the last childbirth			
		Public HF N (%)	Private HF N (%)	Home N (%)	Total
Number of live child the women have	One child	165(38.0)	30(28.6)	2(40)	197(36.2)
	Two child	150(34.5)	54 (51.4)	2(40)	206(37.8)
	>=3 child	119(27.5)	21(20.0)	1(20)	141(26.0)
	Total	434(100)	105(100)	5(100)	544(100)
Number of child birth the women give	One child	157(36.1)	29(27.6)	1(20)	187(34.4)
	Two child	153(35.2)	52(49.5)	3(60)	208(38.2)
	>=3 child	124(28.5)	24(22.9)	1(20)	149(27.4)
	Total	434(100)	105(100)	5(100)	544(100)
Type previous pregnancy related problem to mother and child the encountered	Prolonged labor	20(30.0)	6(28.5)	2(40)	28(30.1)
	Heavy bleeding	9(13.4)	0(0)	1(20)	10(10.7)
	Retained Placenta	5(7.4)	2(9.5)	1(20)	8(8.6)
	Stillbirth	4(6.0)	0(0)	1(20)	5(5.4)
	Child death	22(32.8)	8(38)	0(0)	30(32.2)
	Other*	7(10.4)	5(23.8)	0(0)	12(13.0)
	Total	67(76.1)	21(23.9)	5(100)	93(100)
ANC attending status in the last pregnancy	Yes	434(100)	105(100)	4(80)	543(99.8)
	No	0(0)	0(0)	1(20)	1(0.2)
	Total	434(100)	105(100)	5(100)	544(100)
ANC The month of pregnancy at first visit	16 weeks	377(86.9)	93(88.5)	0(0)	470(86.4)
	>16 weeks	57(13.1)	12(11.4)	5(100)	74(13.6)
	Total	434(100)	105(100)	5(100)	544(100)
Number of ANC visit in the mother's last birth	ANC visited >=4 times	411(94.7)	101(96.2)	4(80)	516(95.0)
	ANC visited <4 times	23(5.3)	4(3.8)	1(20)	28(5.0)
	Total	434(100)	105(100)	5(100)	544(100)
Status of counseling on danger signs of pregnancy during last pregnancy	Yes	417(96.0)	100(95.2)	3(60)	520(95.6)
	No	17(4.0)	5(4.8)	2(40)	24(4.4)
	Total	434(100)	105(100)	5(100)	544(100)
The mothers last pregnancy ANC health facility	Governmental HF	406(93.5)	31(29.5)	5(100)	442(81.3)
	Private HF	28(6.4)	74(70.5)	0(0)	102(18.7)
	Total	434(100)	105(100)	5(100)	544(100)
Have intended the last pregnancy	Yes	367(84.5)	94(89.5)	5(100)	466(85.7)
	No	67(15.5)	11(10.4)	0(0)	78(14.3)
	Total	434(100)	105(100)	5(100)	544(100)
Decision maker of the household in choosing place of delivery for last child	Jointly	229(52.8)	71(67.6)	1(20)	301(55.4)
	Myself	138(31.8)	16(15.2)	4(80)	158(29)
	Others **	67(15.4)	18(17.1)	0(0)	85(15.6)
	Total	434(100)	105(100)	5(100)	544(100)

*Others, abortion, **others: husband, neighbors, relatives, mothers,

5.4 Factors associated with choice of place of childbirth care service.

Bivariable analysis was conducted to select candidate variables for multivariable analysis. P- value 0.05 was used as cut off point and variables with P-value less than 0.05 were selected for the final model. Multivariable logistic regression analysis was done to identify factors associated with preference of place of childbirth care service.

Variables like employment status of respondent, status of delivery expense covered by employer, respondent's level of education & partner's jobs, number of child birth the women give, the respondent's place of ANC follow up, type of health facility close to the mother's home, decision maker of the household in choosing place of delivery, feeling of the respondents on cost of delivery service and previous obstetric complication were selected for the final model.

On the multivariable analysis, place where ANC follow up, mother's level of education and experienced in obstetric complication associated with the preference of place of childbirth care service. Mothers who were attended ANC in public health facility were 8 times more likely to prefer public childbirth care service than those follow in private health facility [AOR=8.1(3.3-19.5)]. Women who faced with obstetric complication before were 8 times more likely to prefer public health facility than those don't face obstetric complication previously [AOR=8.7(3.7-20.6)]. Illiterate women are 4 times more likely to prefer childbirth care service in public childbirth care [AOR= 4.7(1.7-13)] and women with primary level of education are almost 3 times more likely to prefer public childbirth care service [AOR =2.9(1.0-9.5)] than those women have secondary and above level of education .

Table 4: Regression analysis table that shows factors associated the of place of delivery (public and private health facility) in Kirkos Sub city Addis Ababa, 2018.

	place of childbirth care center for last child		Odds Ratio	
	Public HF N (%)	Private HF N (%)	COR	AOR
Employment status of women				
Yes	253(58.3)	76(72.4)	1.00	1.00
No	181(41.7)	29(27.6)	1.87(1.17-2.9)	0.9(0.4-1.9)
Women's delivery expense by employer				
Yes	23(5.3)	16(15.3)	1.00	1.00
No	411(94.7)	89(84.7)	3.2(1.6- 6.3)	2.1(0.7-6.2)
Partner's job type				
Government employee	134(34.9)	23(22.8)	2.4(1.2-5.1)	1.6(0.5-5.6)
Private employee	132(34.5)	31(30.7)	1.79(0.8-3.6)	0.7(0.23-2.2)
Self-employee/Merchant	79(20.6)	31(30.7)	1.0(0.5-2.1)	0.7(0.21-2.3)
Other jobs	38(10)	16(15.8)	1.00	1.00
Number of child birth the women gave				
One child	157(36.1)	29(27.6)	1.(0.5-1.8)	2.0(0.7-5)
Two child	153(52.2)	52(49.5)	0.56(0.3-0.97)	0.78(0.3-1.8)
>=3 child	124(28.6)	24(22.9)	1.00	1.00
Type of health facility follow ANC for last pregnancy				
Governmental HF	406(93.5)	31(29.5)	34.6(19.6-61.1)	8.1(3.3-19.5)**
Private HF	28(6.5)	74(70.5)	1.00	1.00
Mode of deliver				
Caesarean section	273(62.9)	33(31.4)	1.7(0.9-3.1)	1.3(0.5-3.3)
Normal(vaginal)	43(9.9)	47(44.6)	0.19(0.1-0.3)	0.6(0.25-1.7)
Epistomy & instrumental	118(27.2)	25(24)	1.00	1.00
Experienced obstetric complication				
Yes	407(93.8)	54(51.4)	14.2(8.2-24.5)	8.7(3.7 -20.6)**
No	27(6.2)	51(48.6)	1.00	1.00
Types of health facilities close to the mother's home				
Governmental HF	404(93)	81(77.)	3.9(2.2-7.2)	0.96(0.3-2.7)
Private HF	30(7)	24(23)	1.00	1.00
Decision maker of the household in choosing place of delivery				
Jointly	138(31.8)	16(15.2)	2.3(1.1-4.8)	0.5(0.13-1.8)
Myself	229(52.8)	71(67.6)	0.8(0.5-1.5)	0.3(0.1-1.07)
Others*	67(15.4)	18(17.2)	1.00	1.00
Feeling of the mother on cost of delivery service				
Not Costly	425(98)	87(83)	9.7(4.2-22.4)	1.6(0.4-6.1)
Costly	9(2)	18(17)	1.00	1.00

Mother Level of education				
Illiterate	337(77.6)	22(21)	37.5(19-73.7)	4.7(1.7-13.3)**
Primary	63(14.5)	13(12)	11.8(5.3-26.2)	2.9(1.0- 9.5) **
Secondary	14(3.2)	21(20)	1.6(0.7-3.8)	1.6(0.5- 5.2)
College and above	20(4.7)	49(47)	1.00	1.00

*mothers, father, ** statistically significant at P value <0.05

6. Discussion

This study revealed that (79.7%) of respondents had delivered their child in public childbirth care center and (19.3%) and (1%) had delivered in private childbirth care center and at home respectively. This finding was different with a study conducted in Addis Ababa in 2014 with 69.2% of women preferred public health facility and 24.% of women preferred private health facility(9). EDHS report (2016) stated that 71.4 % of women chosen public health facility and 22.2. % of women preferred private health facility in Addis Ababa(3). This difference might be due to the time gap between the two studies and the scope of study area. Within the five years health facilities have changed in types and numbers. Particularly public health facilities expansion and health professionals development in childbirth care service have been increasing (37). This may create an access for the women to prefer public health facility. In addition to this, the increment of awareness among women about free service of childbirth care services in public health facilities also can make women to choose public health facility. According to EDHS 2016 report the share of public facilities has increased from 65.4% in 2014 in to 71.4% in 2016. Similarly, increment observed in private childbirth care center. i.e. from 20.7 % in 2014 in to 22.2 % in 2016 in Addis Ababa (3).

The present study identified factors that associated with choice of place of childbirth care service either public or private health facilities. The place where pregnant women attended ANC follow up for their last pregnancy was found as factor to choose a place of childbirth care service. Women who attended ANC follow up in public health facility had greater possibility of getting childbirth care in public health facility. This may be explained by; during ANC visit if woman get better service her preference to delivery in that facility will be high; second the woman has the chance to know the care provider very well and this could bring confidence to choose them; third the care provider may advices woman the benefit she can get in giving birth in their health facility. Therefore because of all these reasons a place where a woman attended ANC will be a factor to choose a place of childbirth care service. This finding was consistent with the study conducted in Kenya that reported women who attends ANC in public health facilities are 2.7 times likely to give birth in public health faculties (10)

In terms of shifting form public to private and private to public health facilities by women, the study confirms that from 105 women who gave birth at private 31 (30.0%) of them attended antenatal care in public childbirth care centers where as from 434 women who gave birth in public

childbirth care centers 94 % of them attended antenatal care in public childbirth care centers only 6 % of women who attended at public childbirth care centers shift to private CBC centers for delivery. The study which made in Addis Ababa confirmed , 30% of the private facilities ANC clients had given birth at public childbirth care center while 22.6 % of the public facilities ANC clients gave birth at private facilities (9). However, the study conducted in Kenya showed that half of women who had received ANC at private childbirth care center had delivered at private childbirth care center (10).

Level of education is one of the social factors for choice of the place of medical care in general and a place of childbirth care in particular.

Women's level of education was found statistically significantly associated with the place of childbirth care service. Illiterate women and women with primary level of education were 4.7 times and 2.9 times more likely to give birth at public childbirth care centers respectively. This finding was congruent with the study conducted in Addis Ababa that reported women with no formal education (OR=0.18) and primary education (OR=0.33) were less likely to give birth at private childbirth care center compared to those with secondary level education (9). But the study in Kenya reported that women with more education were more likely to give birth in public childbirth care center(10). The study in India, maternal and paternal education level was predictors of the choice of public verses private. A man and woman who were above secondary education level had 60 % and 66% lesser odd of using a public childbirth care service respectively(32). Women may believe that more responsible and non-profit minded staff will be available at public childbirth care centers. In most case the individual's level of education determine their income status. Therefore illiterate and primary level women reliance on public childbirth care center.

Previous experience of obstetric complication is also statistically significantly associated the place of childbirth care service. Women experienced obstetric complication in the previous delivery were 8 times more likely to give birth in public childbirth center. This is contradicting with the general thought that women may perceive that private facilities are well equipped with well advanced medical equipment and better man power. And it believes that private childbirth care centers are a better place for complicated pregnancy. However, woman in this study reported in different way. These findings have also been documented in Kenya's study; women who had faced complication during pregnancy or delivery were 2.7 times more likely to deliver in a government childbirth care center(10).

Reason for choosing a particular childbirth care facility types; woman has reported that short distance, short waiting time, experiencing good service and less cost by 36%, 18%, 17% and 11% respectively. Since now a day health centers are built in walking distance in Addis Ababa, short distance and short waiting time were reported as a reason for preferring a public childbirth care centers among interviewed women. But, a qualitative study in Addis Ababa has identified that cleanliness and respectful, supportive provider attitudes are factors that attract women to a particular health facilities and the study participants also expressed that no difference in quality of care between public and private facilities (25). Cost is primary determinant to choose between public and private facilities in India(26, 27).In Nepal, 2/3 of women had given birth in public childbirth care centers health because of less cost(28).where as in the present study cost is not the primary reason to prefer a place of childbirth care service.

Women who had given their last childbirth in public health center, public hospital and private hospital in the last 12 months accounted for 64%, 17% and 16% respectively. And also seventy six percent of respondents who have planned to give birth reported that their future childbirth care place will be public facilities. This might possibly indicate how much governmental childbirth care service is accepted by women and how much women are confident in public childbirth care service.

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7. Limitation of the study.

- The cross-sectional nature of the data that could obscure the causal effect relationships of factors.
- The experiences of participants were examined retrospectively. Hence, there is potential for bias in their recall.

8. Conclusion

Four out of five women chosen to deliver in public health facility. In terms of choosing their future place of childbirth care; 76 % of respondents report that their future childbirth centers will be public health center. But the perspective that the women looking in to the childbirth care centers cannot be a guarantee for availability of good quality service for women. Women's education level, previous obstetric complication and place of ANC women attended have appeared as factors for preference of place of child birth care service.

9. Recommendation.

1. Majority of women use public childbirth care centers. Therefore, health programmer in Kirkos Sub city should work to ensure whether pubic childbirth care centers qualify for the required standard of childbirth care services. And also health managers should oversee the private childbirth care centers.
2. Future research should address the question that whether women's chooses to use childbirth cares service is based on perception or experience of quality service.

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ANNEX I: Research information

Good Morning/Afternoon, My name is _____. I am a trained data collector for the research, Assessment of factories associated with preference for public or private childbirth care service among women in Kirkos Sub City. This is being conducted by Aklilu Negash who is a Master of public health student in Addis Ababa University. Your woreda and your house are selected as a matter of chance; and nothing special is attached to it. The interview will take about 30 minutes. If you participate in the study, there will not be any harm to you or your family because of your participation in the study. Your name and other personal identifiers will not be recorded on data collection form and the information that you give us will be kept confidential. The information you provide will not be used for another purpose than this study. For this interview, there will not be an immediate benefit in terms of money; rather the information you provide will help the government and concerned bodies to improve utilization of delivery services which can also benefit you and your community. You can leave any questions unanswered or withdraw from responding for any reasons you may not need to mention. You have full right not to give information for this study. But the information that would be taken will be useful for the study since the purpose of this interview is to assess factories associated with preference of place of childbirth care service. The study output will help to identify the gap in health institution. The interview will start when you express your willingness only and participation is totally based on voluntarily.

ANNEX II: Consent form

I have read and understand the information provided to me. Therefore, my signature below indicates that I have decided to participate in the study voluntarily.

Subject's Name _____

Subject's Signature: _____ Date: _____

Investigator's/data collector Signature: _____ Date: _____

If you have any question you can contact the principal investigator at any time by using the following address:

Name of the Principal Investigator (PI): Aklilu Negash

Mobile Phone number: 0911635589, E-mail akliluph036@gmail.com

Name of primary advisor (PA): Dr. Mulugeta Betre (MD, MPH, Fellow)

Mobile Phone number: 0920812088, E-mail: Mulugeta.betre@aau.edu.et

ANNEX III: Questionnaire

Addis Ababa University




School of Public health


Identification: Questionnaire code _____ woreda _____ House number _____

Instruction: Circle the responses for questions from alternatives


SECTION -1: SOCIO DEMOGRAPHIC AND ECONOMICS			
S.No	Questions	choice of response	Skip
101	What is your age in completed years?	_____year	
104	What is your educational status?	<ol style="list-style-type: none"> 1. Illiterate 2. Primary (1-8) 3. Secondary 4. College diploma 5. University degree 	
105	Do you have Job?	<ol style="list-style-type: none"> 1. Yes 2. No → 	108
106	What is your current job?	<ol style="list-style-type: none"> 1. Government employee 2. Private employee 3. NGO Employee 4. Self-Employee 5. Daily laborer } → 6. Other (specify)..... 	108
107	Is your delivery care expense covered by your organization/ Employer/?	<ol style="list-style-type: none"> 1. Yes 2. No 	
108	What is your current marital status?	<ol style="list-style-type: none"> 1. Current Married 2. Living together /Cohabiting 3. Never married 4. Widowed 5. Divorced 6. Separated } → 	201
109	What is your husband's/partner's educational status?	<ol style="list-style-type: none"> 1. Illiterate 2. Primary (1-8) 3. Secondary 4. College diploma 5. University degree 	
110	Does your husband has Job?	<ol style="list-style-type: none"> 1. Yes 2. No → 	201


111	What is your husband's/partner's/job?	1. Government employee 2. Private employee 3. NGO employee 4. Self-employee 5. Daily laborer 6. Other (specify).....	


Section-2: OBSTETRIC HISTORY			
Serial .No	Question	Choice of response	skip
201	How many living children do you have? (alive)	[]	
202	How many childbirth you had in your life?	1. 1  2. Other []	205
203	Did you face any type of health problem in previous pregnancy? (before last pregnancy)	1. Yes 2. No 	205
204	What type of health problem /complication/ you had faced in pervious Pregnancy? (record all complication mentioned)	1. Prolonged labour 2. Heavy bleeding 3. Retained Placenta 4. Abortion 5. Stillbirth 6. Child death 7. Other(specify)	
205	Did you have Antenatal care visit during your last pregnancy?	1. Yes 2. No 	211
206	Where did you attend antenatal care in last pregnancy?	1. Public health facility 2. Private health facility	

207	How many times you had ANC visit during in last pregnancy?	<input type="text"/>	
208	Were you told any risk in your Last ANC visiting?	1. Yes 2. No	
209	Were you counseled about the danger signs in last pregnancy?	1. Yes 2. No	
210	Did the care provider advise you where to delivery specifically for the last pregnancy?	1. Yes 2. No	
211	Your last pregnancy was intentional/desired/planned?	1. Yes, intentional 2. No, unintentional	
212	Did your husband/partner accompany you during your last delivery?	1. Yes,  2. No,	301

Section- 3 Assessing woman’s experience about childbirth care service

S.No	Question	Choice of response	skip
301	Do you have experience giving birth in private health facilities in your life?	1. Yes 2. No	
302	Do you have experience giving birth in public health facilities in your life?	1. Yes 2. No	
303	Which childbirth care facility close to your home?	1. Public health facility 2. Private health facility	
304	Who is decision maker in your family about the choice of childbirth care place?	1. Mother 2. Husband 3. Jointly 4. Other	
305	Where did you deliver your previous child ? (before the last one) Name of facility(_____ Location(_____)	1. Public hospital health facility 2. Public health center 3. Private hospital facility 4. Private clinic 5. NGO health clinic 6. Home	
306	Where did you delivery your last child ? Name of facility (_____ Location (_____)	1. Public hospital health facility 2. Public health center 3. Private hospital facility 4. Private clinic 5. NGO health clinic 6. Home 	308

307	<p>What was the reason to choose the above facility for the last delivery?</p> <p>(record all the reasons mentioned)</p>	<ol style="list-style-type: none"> 1. Short distance 2. Short waiting time 3. Perceived good quality of service 4. Experience good quality of service 5. Perceived good approach of provider 6. Experience good approach of provider 7. Perceived obstetric complication 8. Experienced obstetric complication 9. Perceived less cost 10. Experience less cost 11. Other (specify)..... 	
308	<p>Why didn't deliver in health facility</p> <p>(record all the reasons mentioned)</p>	<ol style="list-style-type: none"> 1. long distance 2. long waiting time 3. high cost 4. don't trust health facility 5. No drug and equipment 6. No qualified care provider 7. Husband don't allow 8. Family don't allow 9. Previous Bad experience there 10. Public facilities not willing to admit me 11. Other (specify)..... 	
309	<p>Mode of delivery in last pregnancy?</p>	<ol style="list-style-type: none"> 1. Caesarean section 2. Normal(vaginal) 	
310	<p>What do you feel about the cost of private childbirth care service?</p>	<ol style="list-style-type: none"> 1. Costly 2. Cheap 3. Medium 	
311	<p>What is the total amount you paid for all service you received for last birth at facility?</p>	<p>Total amount (ETB)_____</p>	
312	<p>Are you pregnant now?</p>	<ol style="list-style-type: none"> 1. Yes  2. No 3. Unsure 	316

313	Do you have a plan to give birth in future?	1. Yes 2. No 	End
314	Where you planned to gives birth in future? (Write the name facility.....)	1. Public hospital health facility 2. Public health center 3. Private hospital facility 4. Private clinic 5. NGO health clinic 6. Home	
315	Do you know the above facility before?	1. Yes 2. No	
316	Would you encourage a friend /relatives of your to gives birth in this facility (what you mentioned in the above)	1. Yes 2. No	

That is the end of our questionnaire. Thank you very much for taking time to answer these questions.

ANNEX IV: Amharic version of research information

ለጥናቱ ተሳታፊዎች የፈቃደኝነት መጠየቂያ ቅፅ

ጤና ይስጥልኝ ስሜ-----ይባላል ስልጠና የወሰድኩ መረጃ ሰብሳቢ ነኝ። በአ.አ ዩንቨርሲቲ የድህረ ምርቃ ተማሪ የሆነው አክሊሉ ነጋሽ ለሚሰራው ጥናት መረጃ ከአናቶች አየሰበሰብኩ ነው። ወረዳዎትና ቤትዎ የተመረጠው በአድል ሲሆን ልዩ ምክንያት የለውም። ጥያቄና መልሱ 30 ደቂቃ የሚወስድ ይሆናል። በጥናቱ ላይ ብትሳተፉ በአርስዎም ሆነ በቤተሰብዎ ላይ ምንም ጉዳት አይደርስም። ስመዎትም ሆነ ሌላ ማንነትን የሚገልፅ መረጃ መጠይቁ ላይ አይሞላም። የሚሰጡን ማንኛውም መረጃ ሚስጥራዊነት የተጠበቀ ሲሆን ሙሉ-ሉሙሉ ለምርምር ስራ ብቻ ይውላል። ጥናቱ ላይ በመሳተፊዎ የሚያገኙት ልዩ ጥቅም አይኖርም ነገር ግን የሚሰጡት መረጃ ለመንግስትም ሆነ ለሚመለከተው አካል በወሊድ አግልግሎት ዙሪያ የሚያደርጉ የማሻሻያ ጥረት የሚረዳ ይሆናል። ይህም ለአርስዎም ሆነ ለሚኖሩበት ማህበረሰብጠቃሚ ይሆናል። መመለስ የልጁ ለጉትን ጥያቄ መተው አንዲሁም ቃለመጠይቁን ምክንያቶችን ሳይገልጹ አቋርጠው መውጣት ይችላሉ። መረጃ ያለመስጠት ሙሉ-ሙሉ አለዎት ነገር ግን መረጃው የአናቶች በወሊድ ስፍራ አወሳሰን ወቅት የሚታዩ ችግሮችን ማውቀ በጤና ተቋማት ያሉ ክፍተቶችን ለማየት በጣም ጠቃሚ ነው። ቃለመጠይቁ አርስዎ ፍቃደኛ ሲሆኑ የሚጀመር ሲሆን ተሳትፈዎ በፍቃደኝነት ላይ የተመሰረተ ነው።

ANNEX V: Amharic version of consent form

ፍቃደኝነት-መግለጫፍርም

የተሰጠኝን ግለጻ በሚገባ ተረድቻለሁ። በጥናቱ ላይ መሳተፍ በመሆኑ ፍቃደኝነት ተስማምቻለሁ። የህንጻውን ስራ ማድረግ አይገባለሁ።

የጥንቱ ተሳታፊ ፊርማዎ.....

ቀን.....

መረጃ ስብሰባ ፊርማዎ ስም.....

ቀን.....

ለተጨማሪ ጥያቄና ማብራሪያ ዋናው አጥኝ ለማግኘት

አክሊሉ ነጋሽ (ዋና አጥኝ) ስልክ ቁጥር 0911635589 ወይም

በኢሜል አድራሻ akliluph036@gmail.com

ዶ/ር ሙልጊታ በትረ (ዋና አማካሪ) ስልክ ቁጥር 0920 812800 ወይም

በኢሜል አድራሻ: Mulugeta.Betre@aau.edu.et ማግኘት ይቻላል።


ANNEXVI: Amharic version of questionnaire





አዲስአበባዩኒቨርሲቲ
የህብረተሰብጤናትምህርትቤት
መረጃመሰብሰቢያመጣይቅ

መጠይቅኮድ: _____ ወረዳ _____ የቤትቁጥር _____

መመሪያ: ለሚከተሉትጥያቄዎች ከተሰጡት አማራጮች ውስጥ በማክበብ ወይም በክፍት ቦታ በመጻፍ መጠይቁን ይሙሱ

ክፍልአንድ: የግል፣ ማህበራዊ ና ኢኮኖሚያዊ ሆኒታዎችን የሚዳስስ መጠይቅ			
ተራቁ	ጥያቄ	ምርጫ	ዝለል
101	ዕድሜዎት ስንትነው	-----	
102	ትምህርት ደረጃዎት ስንተኛ ነው?(ለእናት)	1. ያልተማረ 2. ከ 1ኛአስከ 8ኛ 3. ሁለተኛደረጃ 4. ኮሌጅዲፕሎማ 5. ዩኒቨርሲቲዲግሪ	
103	ስራአሎት(ለእናት)?	1. አዎ 2. የለኝም	108
104	የስራዎት ዓይነት ምንድንነው?(ለእናት)	1. የመንግስት-ተቀጣሪ 2. የግል-ተቀጣሪ 3. መንግስታዊ ያልሆነ ድርጅት-ስራ-ተኛ 4. የግል/ሥራ 5. የቀንስራ 6. ሌላካለ (የግለጹ).....	108
105	የወለድክትትልናየማዋለጃወጪበመስራቤቶ/በአሰሪዎይሸፈናል?	1. አዎ፣ ይሸፈናል 2. አይሸፈንም	
106	የጋባቻ ሁኔታ ምን ይመስላል?	1. ያገባ 2. አብሮ የሚኖር 3. ያላገባ 4. በሞት የተለየበት 5. የተፋቱ 6. የተለያዩ	201
107	የባለቤቶ የትምህርት ደረጃ ምንድንነው?	1. ዲፕሎማ እና በላይ 2. ሁለተኛደረጃ 3. ከ 1ኛአስከ 8ኛ 4. ያልተማረ.....	

108	ባለቤቶች ስራ አላቸው?	1. አለው 2. የለውም 	201
109	የባለቤቶች ስራ ዓይነት ምንድነው?	1. የመንግስት ተቀጣሪ 2. የግል ተቀጣሪ 3. መንግስታዊ ያልሆነ ድርጅት ስራተኛ 4. የግል ሥራ 5. የቀን ስራተኛ 6. ሌላ (ካለዎት).....	

ክፍል ሁለት ፤ እርግዝና ፤ ወሊድና ተዛማጅ ጥያቄዎች			
ተራቁ	ጥያቄ	ምርጫ	ዝለል
201	በህይወት ያሉ ስንት ልጆች አሉት?	<input type="text"/>	
202	በህይወት ዘመናት ስንት ጊዜ እርግዘዋል?	1. 1  2. ሌላ <input type="text"/>	205
203	ከመጨረሻው ልጅ በፊት በነበረው ወሊድ ችግር አጋጥመዎታል?	1. አዎ፣ አጋጥሞኛል 2. አላጋጠመኝም 	205
204	ከመጨረሻው ልጅ በፊት በወሊድ ወቅት ችግር ከአጋጠሞት ምን ዓይነት ችግር ነበር? (ከአንድ በላይ መልስ መመዘገብ ይቻላል)	1. የምጥመርዘም 2. የድምመፍሰስ 3. የእንግዲ ልጅ መቅረት 4. የወድህመም 5. ዕራስ መሳት 6. የልጅ መሞት 7. ሌላ	
205	በመጨረሻው እርግዝና ወቅት የቅድመ ወሊድ ክትትል አድርገዋል?	1. አዎ 2. አላደረኩም 	211
206	ካደረጉ የትክክር ያደረጉት?	1. የመንግስት ጤና ተቋም 2. የግል ጤና ተቋም	
207	ምን ያህል ክትትል (ምልልስ) አድርገዋል?	<input type="text"/>	
208	በክትትል ወቅት በእርግዝናዎት ላይ ችግር እንዳለ ተነግሮዎት ነበር?	1. አዎ፣ ተነግሮኛል 2. አይ፣ አልተነገረኝም	
209	በክትትል ወቅት ስለ አደገኛ ምልክቶች ተነግሮዎት ነበር?	1. አዎ፣ ተነግሮኛል 2. አልተነገረኝም	
210	ከባለሞያ የት መውለድ እንዳለቦዎት ምክር አግኝተዋል?	1. አዎ፣ ተነግሮኛል 2. አልተነገረኝም	
211	የመጨረሻ እርግዝናዎ የታቀደ ነበር?	1. አዎ፣ የታቀደ ነበር 2. አልነበረም	
212	የመጨረሻ ልጅዎን ሲወልዱ ባለቤቶ (የወንድ ጓደኛዎ) አብሮዎት ነበር?	1. አዎ፣ አብሮኝ ነበረ  2. አልነበረም	301

ክፍል ሶስት፡-ስለወሊድ አግልግሎት ስፍራዎች የላቸው ልምድ እና አማላካካት በተመለከተ			
ተራቁ	ጥያቄ	ምርጫ	ዝላል
301	ከዚህ በፊት የግል ማዋለጃ አግልግሎት ተጠቅመው ያቃሉ?	<ol style="list-style-type: none"> 1. አዎ፤ ተጠቅሟል 2. ተጠቅሟል 	
302	ከዚህ በፊት የመንግስት ማዋለጃ አግልግሎት ተጠቅመው ያቃሉ?	<ol style="list-style-type: none"> 3. አዎ ተጠቅሟል 4. ተጠቅሟል 	
303	ለርሶ ከመንግስት ፍ ከግል የማወለጃ ተቋም የቱ ቅርብነው?	<ol style="list-style-type: none"> 1. የመንግስት ጤና ተቋም 2. የግል ጤና ተቋም 	
304	በቤተሰባቸው ውስጥ ስለማውለጃ ስፍራ የሚወስነው ማነው?	<ol style="list-style-type: none"> 1. እኔ(ራሴ) 2. ባለቤቱ 3. የጋራ (የሁለታችንም) ውሳኔነው 	
305	ከመጨረሻው ልጅ በፊት ያለውን ልጅዎን የትወለዱት? (የጤናተቋሙስም.....) (ቦታው.....)	<ol style="list-style-type: none"> 1. የመንግስት ጤና ተቋም 2. የግል ጤና ተቋም 3. ቤት 	
306	የመጨረሻውን ልጅ የትወለዱት? (የጤናተቋሙስም.....) (ቦታው.....)	<ol style="list-style-type: none"> 1. የመንግስት ጤና ተቋም 2. የግል ጤና ተቋም 3. ቤት → 	308
307	ይህንን ጤና ተቋም ልምን መረጡት? (ከአንድ በላይ መልስ መመዘገብ ይቻላል)	<ol style="list-style-type: none"> 1. ለቤቱ ቅርብ ስለሆነ 2. በቶሎ ስሚያስተናግዱ 3. የአግልግሎት ጥራት አለው ብዬ ስለማስብ 4. የአግልግሎት ጥራት እንዳለው ስለማቅ 5. ትሁት ባለሞያው አለ ብዬ ስለማስብ 6. ትሁት ባለሞያ እንዳላቸው ስለማቅ 7. ችግር ሊያጋጥመኝ ይችላል ብዬ ስለገመትኩኝ 8. ከዚህ በፊት ችግር አጋጠሞኝ ስለማቅ 9. ክፍያው ዝቅተኛ ስለመስለኝ 10. ክፍያው ዝቅተኛ መሆኑን ስለማቅ 	

		11. ሊላ (ግለጽ).....	
308	በጤናተቋም ለምን አልወለዱም? (ከአንድ በላይ መልስ መስጠት ይቻላል)	1. ርቀት ስላለው 2. ፈጣን አግልግሎት ስለማይሰጡ 3. ክፍያው ውድ ስለሆነ 4. በአግልግሎቱ ስለማልተማመን 5. መድሐኒትና መሳሪያ ስለሌላቸው 6. ብቁ ባለሙያ ስለሌላቸው 7. ባሌቤቴ ስለ ማይፈቅድ 8. ቤተሰብ ስለማይፈቅድ 9. ከከዚህ ህብረት በአግልግሎት ደስተኛ አልነበርኩም 10. ሊላ (ይግለጽ).....	
309	የመጨረሻ ልጅዎትን ሲወልዱ በምን ዓይነት ሆኔታ ነበር? ?	1. ኖርማል 2. በአፒራሲሁን	
310	ስለግል የማዋለጃ አግልግሎት ክፍያ ምን ይላሉ?	1. ውድ 2. ርካሽ 3. መካካለኛ	
311	በመጨረሻ ወሊድ ወቅት ስንት ከፈሉ?	<input type="text"/>	
312	በአሁኑ ሰዓት ነፍሰጡርኖት?	1. አዎ  2. የለኝም	316
313	ለወደፊት የመወለድ ዕቅድ አሉት?	1. አዎ 2. የለኝም 	አለቀ
314	ዕቅድ ካሉት የትለመውለድ አሰቡ? (የጤናተቋሙ ስም.....)	1. የመንግስት ጤናተቋም 2. የግል ጤናተቋም 3. ቤት	
315	ከዚህ በፊት በዚህ ተቋም ተገልግለዋል?	1. አዎ 2. አልተገልግልኩም	
316	ከላይ በጠቀሱት ተቋም ውስጥ ወዳጅ ዘመድዎ እንዲወልዱ ይመክራሉ?	1. አዎ መክራለው 2. አይ መክርም	

