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# W o m e n s R o l e i n S a n i t a t i o n D Making and its Associated factor in Yilmana Densa District, West Gojjam, Amhara Region, Northwest Ethiopia

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**BAHIR DAR UNIVERSITY**

**COLLEGE OF MEDICINE AND HEALTH SCIENCES**

**SCHOOL OF PUBLIC HEALTH**

**DEPARTMENT OF Environmental Health**

**Postgraduate Program**

**Women's Role in Sanitation Decision Making and its Associated factor  
in Yilmana Densa District, West Gojjam, Amhara Region, Northwest  
Ethiopia**

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**A THESIS RESEARCH SUBMITTED TO DEPARTMENT OF  
ENVIRONMENTAL HEALTH, COLLEGE OF MEDICINE AND  
HEALTH SCIENCES, BAHIR DAR UNIVERSITY IN PARTIAL  
FULFILLMENT OF THE REQUIREMENTS FOR MASTER OF  
PUBLIC HEALTH DEGREE IN WATER, SANITATION AND  
HYGIENE**

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BAHIR DAR, ETHIOPIA**

WOMEN'S ROLE IN SANITATION DECISION MAKING AND ITS  
ASSOCIATED FACTORS IN YILMANA DENSA DISTRICT, WEST  
GOJJAM, AMHARA REGION, NORTHWEST ETHIOPIA

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## LISTS OF ACRONOMY AND ABBREVIATIONS

AAU	Addis Abeba University
AOR	Adjusted Odd Ratio
CL	Confidence Level
COR	Crude Odd Ratio
CSA	Central Statistics Agency
DE	Design Effect
EDHS	Ethiopian Demographic Health Survey
FGD	Focus Group Discussion
HEW	Health Extension Worker
HH	Household
IDI	In depth Interviewee
MPH	Master of Public Health
NGO	Non-Governmental Organization
NRR	Non Response Rate
SDG	Sustainable Development Goal
SPSS	Statistical Package for Social Science
WASH	Water Sanitation and Hygiene
WHO	World Health Organization
WSS	Water Supply Sanitation

## TABLE OF CONTENTS

ACKNOWLEDGEMENTS .....	i
LISTS OF ACRONOMY AND ABBREVIATIONS .....	ii
LIST OF TABLES .....	v
LIST OF FIGURES .....	vi
LIST OF ANNEXES .....	vii
ABSTRACT.....	viii
1. INTRODUCTION .....	1
1.1 Background .....	1
1.2 Statements of the problem.....	2
1.3 Significance of the study .....	3
2. LITERATURE REVIEW .....	4
2.1 Women role in sanitation decision making .....	4
2.2 Factors that influence women role in sanitation decision making .....	4
2.2.1 Socio-economical and demographic factor .....	4
2.2.2 Women’s exposure to mass media access .....	6
2.2.3 Latrine status.....	6
2.2.4 Determining of knowledge and attitude of women’s role in sanitation decision making .....	6
2.3 Conceptual framework for Women’s role in sanitation decision making in Yilmana Densa District, West Gojjam Zone, Amhara Region, Northwest Ethiopia.....	8
3. OBJECTIVE .....	9
3.1 General objective.....	9
3.2 Specific objective .....	9
4. METHODS .....	10
4.1 Study design and period .....	10

4.2 Study area .....	10
4.3 Source of population .....	11
4.4 Study population .....	11
4.5 Study unit .....	11
4.6 Inclusion and Exclusion Criteria .....	11
4.7 Study variables .....	12
4.7.1 Dependant variable .....	12
4.7. 2 Independent variable.....	12
4.8 Sample size determination .....	14
4.9 Sampling technique and procedure .....	15
4.10 Data collection tools.....	16
4.11 Data quality assurance.....	17
4.12 Data management and analysis .....	17
4.13 Ethical considerations .....	18
4.14 Dissemination of result.....	18
5. RESULT .....	19
5.1 Socio demographic and economic variables of respondents’ .....	19
5.2 Latrine status .....	21
5.3 Exposure to mass media.....	21
5.3 Knowledge and attitude of women’s role in sanitation decision making .....	22
5.4 proportion of women’s role in sanitation decision making.....	25
5.4 Qualitative results.....	26
5.5 Multivariable analysis .....	29
6. DISCUSSION .....	31
7. STRENGTH AND LIMITATIONS .....	34
8. CONCLUSION.....	35
9. RECOMMENDATION .....	36
10. REFERENCE.....	37

## LIST OF TABLES

Table 1: Sample size determination using factors affecting women’s role in sanitation decision making in Yilmana Densa District, West Gojjam Zone, amhara region, northwest Ethiopia, 2019 .....	14
Table 2: Characteristics of participants in focus groups and in-depth interviews. ....	15
Table 3: Socio – demographic and economic characteristics of respondents in Yilmana Densa District, West Gojjam Zone, Amhara Region, Northwest Ethiopia 2019 (n = 853). ....	20
Table 4: Latrine status of women in sanitation decision making in the selected households in Yilmana Densa District, West Gojjam Zone, Amhara Region, northwest Ethiopia 2019 (n = 853) .....	21
Table 5: Exposure to mass media of women in sanitation decision making in the selected households in Yilmana Densa District, West Gojjam Zone, Amhara Region, northwest Ethiopia 2019 (n = 853).....	21
Table 6: Knowledge of women in sanitation decision making in the selected households in Yilmana Densa District, West Gojjam Zone, Amhara Region, northwest Ethiopia 2019 (n = 853). .....	22
Table 7: Attitude of women in sanitation decision making in the selected households in Yilmana Densa District, West Gojjam Zone, Amhara Region, northwest Ethiopia 2019 (n = 853). ....	23
Table 8: Summary of knowledge and attitude women in sanitation decision making in the selected households in Yilmana Densa District, West Gojjam Zone, Amhara Region, northwest Ethiopia 2019 (n = 853). .....	24
Table 9: Women’s role in decision making on stages of latrine construction in Yilmana Densa District, West Gojjam Zone Amhara Region, northwest Ethiopia 2019 (N = 853).....	25
Table 10: Factors associated with women’s role in sanitation decision making in multivariable logistic regression analysis (n=853), in Yilmana Densa District, West Gojjam Zone, Amhara Region, Northwest Ethiopia, 2019.....	30



## LIST OF FIGURES

Figure 1: Conceptual Framework of Women’s role in sanitation decision making and its associated factors in in Yilmana Densa District, West Gojjam Zone, and Amhara Region, Northwest Ethiopia, 2019. ....	8
Figure 2: Map of Ethiopia showing study area in Yilmana Densa District (Arc. Map 10.3 Shape file).....	11
Figure 3: Schematic presentation of the sampling procedure on women’s role in sanitation decision making Yilmana Densa District, northwest Ethiopia, 2019 .....	16
Figure 4: Educational status of women’s husband in the households of Yilmana Densa District, West Gojam Zone Amhara Region, Northwest Ethiopia 2019.....	19
Figure 5: The magnitude of women’s role in sanitation decision making in in Yilmana Densa District, West Gojam Zone Amhara Region, northwest Ethiopia 2019 (N = 853).....	26

## LIST OF ANNEXES

Annex 1: Subject information sheet, English version.....	42
Annex 2: Informed consent agreement form, English version .....	43
Annex 3: English Questionnaire .....	45
Annex 4 : የተሳታፊ መረጃ ወረቀት እና የፈቃደኝነት ስምምነት ቅጽ (የአማርኛ ሥራት).....	55
Annex 5:- የተስማማቤብት የስምምነት ቅጽ ፣ የአማራጭ ሥራት ::.....	56
Annex 6:- የአማራጭ መጠይቅ ::.....	59
Annex 7: Declaration form .....	72

## ABSTRACT

**Background:** Women's role in sanitation decision-making is often ignored area, due to their burden of household chores. There is limited evidence on women's role in sanitation decision-making and its associated factors, particularly in the study area.

**Objective:** To assess women's role in sanitation decision making and its associated factors in Yilmana Densa District, West Gojjam Zone, Amhara Region, Northwest Ethiopia 2019.

**Methods:** - A community based cross sectional study design was conducted in Yilmana Densa District from October 5 -November 25, 2019. Systematic random sampling technique was used to select 853 households which have latrine. Data was collected using a pretested questionnaire, observational check list, key informant, and focus group guides. Data was entered into Epi-data version 3.1 and exported to SPSS version 20.0 for analysis. Bivariate and multivariable logistic regressions were employed to identify factors associated with women's role in sanitation decision making. Qualitative data analyzed by using opencoded Version 3.4.2703.16290 software. Thematic analysis was carried out.

**Results:** - The magnitude of women's role in sanitation decision making was 22% with (95%CI 20% to 25%) which is very low. Older women ( $\geq 45$  years) [AOR= 1.85, 95% CI: (1.24, 2.76)], small family size  $\leq 5$ [AOR=0.60, 95%CI: (0.41, 0.87)], having good knowledge [AOR= 0.57, 95% CI: (0.35, 0.93)] and having positive attitude [AOR= 0.34, 95% CI: (0.22, 0.51)] were statically significance with women's role in sanitation decision-making and low economic status, burden of work at home, lack of formal education and power hierarchies within household were explored as challenges of women's decision making role in sanitation.

**Conclusions:** - The magnitude of women's decision making role in sanitation was very low. Factors statistical significances with women's role in sanitation decision making were older women, small family size, good knowledge and positive attitude in sanitation decision making. Power hierarchies within the household, women's attitude, low economic status, lack of formal education and burden of work at home were the explored challenges of women's decision making role on sanitation. Therefore, the identified factors and challenges are the area of intervention to increase women's role in sanitation decision making.

**Keywords:** Women; sanitation; latrine construction; decision making; role; Ethiopia

# 1. INTRODUCTION

## 1.1 Background

Women's decision-making role in sanitation is closely linked to maternal and child health outcomes, with empowerment of women and gender equity being recognized as the cornerstones of effective health programs(1). Promoting gender equality and empowering women is also 1 of the 17 sustainable development goals to be achieved by countries that participated at the World Summit of United Nations in the year 2016(2). Women are greatly excluded from making decisions in sanitation and have limited access and control of resources. Identification of the determinants of poor participation of women in decision making for sanitation program will help countries develop programs and policies to improve gender inequalities in sanitation facility provision and service seeking behavior(3).

While women's decision making power within households, where most of the decisions about care for children take place, is known to be lower than that of their husbands, women are the main caretakers of children, as in most of the developing world(4). Past studies have demonstrated that when their power is increased, women use it to direct household resources toward improving their hygienic practices and sanitation facility provision, therefore the health and sanitation practice status of their children(5). This challenge and its impacts on the health and wellbeing of women and girls, gained global attention when it was included in the Sustainable Development Goals (SDGs). That is, SDG 6 target 6.2 aims to, "achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations". Similarly, SDG4 aims to, "build and upgrade education facilities that are child, disability, and gender sensitive and provide safe, non-violent, and inclusive and effective learning environments for all". The role of access to sanitation facility in empowering women and ensuring gender equality has been well documented in recent studies (6, 7).

For women, poor sanitation has been linked to toxic shock syndrome and vaginal infections resulting from neglectful menstruation practices (8-10). Additional research suggests that women without access to adequate sanitation may be at higher risk of experiencing non-partner violence (11-13).

## 1.2 Statements of the problem

Lack of access to improved sanitation facility is discriminating problem for women who live in low income countries including Ethiopia, because women are most vulnerable to unsanitary environments and victims of violence when defecating in the open(14). Universally, access to improved sanitation facility was 68% in 2015 (15). Although several efforts done over the past decades to decrease people who lack of access to safe sanitation facilities in the world(16, 17), 2.3 billion people are still living without access to basic sanitation facilities such as toilets or latrines(16). Globally, 638 million people (9%) use by sharing their sanitation service among another families, 34% in South Asia, and 23% Sub-Saharan Africa people still practice open defecation (18).

Lack of access to adequate sanitation facility is an issue that can affect every one; however women are frequently at more risk of experiencing violence and multiple health vulnerabilities, due to distance to sites of urination/defecation, lack of accessibility of toilets at night, darkness, and the presence of animals influence(19, 20). Absence of adequate sanitation facility makes females at risk of acquiring feco-orally transmitted diseases, urogenital tract infections, urinary incontinence and persistent constipation, gastric disorders and poor sanitation can promote hookworm infestation, which is a risk factor for maternal anemia (21, 22). Given the serious health cost of poor sanitation for women, understanding the factors that influence their ability to access and utilize safe sanitation facilities is a critical concern for policy-makers and researchers around the world.

Sanitation policy and intervention programmes strongly focused on `women' active participation for deciding at ministerial to household level (23). However, in practice, women's involvement is seldom actively encouraged by advocators in field level (24). In rural Odisha, research found that women lacked power, control of money and confidence, which men corroborated, resulting in their exclusion from decision-making, particularly regarding toilet construction(25).The government of Ethiopia has implemented different programs and approaches to improve sanitation coverage and practices for the last two decades the coverage of improved sanitation remains very low (<10%). The coverage of improved sanitation in Amhara Region (5.2%) is below the national average (6.3%)(26). Past research has addressed role of psychological, economical, and behavioral factors on sanitation facility (27, 28). Studies have also identified

behavioral indicators like preference, intention and choice stages for household sanitation decision making(29) with cost stated as a main reason for not constructing latrines (30).

However, poor sanitation access has disproportionate impact on women and girls. The impact on women and girls includes physical stress and psycho-social stress due to infrequent visits to the toilet; the risk involved with feeling of unsafe while searching a place to go often to toilet after dark or early in the morning; it is again observed that the women's participation and voice are marginalized in decision making, which affects their ability to influence decisions around sanitation facilities and services. Woman's inclusion in decision making for considering women's needs when determining the sanitation solution may not be adequately taken into consideration. Moreover, previous research has not addressed factors that influence women's participation in decision making (knowledge, attitude, exposure to mass media, socio-demographic and economic factor) , magnitude of women's role in sanitation decision making and (low economic challenges, burdens of work at home, lack of formal education, power hierarchies within household and attitude of women on sanitation decision making role). Therefore, this study assesses women's role in sanitation decision making and its associated factors in Yilmana Densa District, West Gojjam Zone, Amhara Region, Northwest Ethiopia is very critical.

### 1.3 Significance of the study

The finding of the thesis would help for identifying the right intervention methods to tackle challenges for women participation in sanitation decision making and sustainability. Giving insight for community, community based organization program planner for factors that hinder women participation in sanitation decision making. Provides an input for Amhara regional Health Bureau and Local administrators to empowering women's involvement in sanitation decision making.

## 2. LITERATURE REVIEW

### 2.1 Women role in sanitation decision making

Decisions on the construction of household level sanitation facilities were made only by the male head in 80% of households and 11% the decision was made by both men and women jointed(25). Whereas, only 9% of households the decision was made by women and households where women were more involved in general decision making processes were no more likely to build a latrine, compared to households where they were excluded from decisions(25). Lacking women's decision-making role in water and sanitation project in India's Rajasthan state, influenced in toilet acceptance (31).

Researches evidence found that female political leadership may lead to an increase in provision of goods and services commonly decided to be privileged by women (sanitation, education, and health)(32). Modest attention pay to outlooks for women decision making in sanitation and hygiene polices and intervention and investment in low income countries, typically in Africa(33, 34). Research finding suggested that women active participation makes risky more likely to succeed and the impacts of both providing better sanitation facility and increased knowledge on hygiene are felt all over the wider community health and quality of life; the impacts of these measures on the lives of women gives self-confidence, encouraged ability to get money and the real evidence suggested that women are probable to healthier, happier and gives enough time to focus in making the household an improved place in which to live (21).

### 2.2 Factors that influence women role in sanitation decision making

#### 2.2.1 Socio-economical and demographic factor

**Head of the household:** - Women tend to make greater efforts to prevent the shame of being seen while practicing sanitation and female headed households may thus have a comparatively higher willingness to adopt and use latrines. Studies from Benin, reveals that female-headed households were more likely to own a latrine and consistence use(35). Additionally, studies from Indonesia, India, and Zambia showing that at the individual level, women tend to use latrines more consistently than men women tend to make greater efforts to prevent the shame of being seen while practicing sanitation and female headed households may thus have a comparatively

higher willingness to adopt and use latrines(35-37). Additionally, evidence shows that households with female heads were 2.5 times more likely to have an improved or shared latrine compared to households headed by males(38).

**Family size:-** The household family size was very large among the consequential reasons for not constructing latrines, whilst referring to the lack of resources(39).

**Wealth index:-**Researches was conducted in Kenya, shown that economic challenges greatly hinder women and girls' participation in WaSH decision-making and implementation processes(40). Further, socioeconomic status was positively associated with the use of an improved facility and probability of having an improved sanitation facility for the poorer, middle, richer, and richest quintiles was 0.055, 0.161, 0.285, and 0.270 higher than that of the poorest quintile(41).

**Age** is another commonly studied demographic parameter associated with women's role in sanitation decision making. High rate of open defecation and lower latrine uptake were known for older people from India and Nigeria (35, 42, 43). On the other hands, studies from Cambodia, Indonesia, Tanzania, and Benin indicated that positive associations between age and latrine ownership or use (38, 44-46).

**Education:-** Study conducted in Indonesia, (2011), results shown that households with higher female education was more likely to build a latrine and use and households in which a woman has a bachelor's degree or higher are about 50 percentage points more likely to build a latrine and use, on average, than households with no educated females (38). Another argument is that literacy helps empower women to become active in monitoring their children's survival and nutrition, which includes giving them the capability of addressing children's health issues that arise(47). Other evidence from Indian indicate that female head had been to secondary school were more likely to use latrines provided by the government and education does appear to increase the propensity to adopt latrines – households headed by individuals with at least a primary education are significantly more likely to adopt latrines than those in which the household head has no formal education(48). Women have without any education, the probability of adopting improved sanitation was 0.095, 0.228, and 0.500 higher among respondents who received at least some primary education, secondary education, and higher education, respectively(41).



**Marital status:-** Study was conducted in Kenya (2013), results shown that the type of sanitation facility used by households was significantly influenced by the marital status of household head ( $p < 0.02$ ) and most of the married respondents used improved sanitation facilities; VIP latrine (71%) and flush/pour flush latrine (86%) and only few (14%) of the separated respondents used flush/pour flush latrine(49). Other findings such as single women-headed in households facing greater challenges in constructing toilets, the lack of sex-disaggregated data collection and analysis for development activities at different levels(50).

**Place of residence:-** Rural women were always less likely to be involved in decision making than urban women(4).

## 2. 2.2 Women's exposure to mass media access

Women's regular usage of mass media, even more so than men's media usage or other factors, is found to have a strong association with having latrines at home. While women's role as a household decision-maker is also positively associated with having household latrines, it has a relatively weaker influence. When considering the accessibility of different media channels for the rural poor where the lack of sanitation is most acute for women, a change in radio ownership together with a change in women's basic health knowledge, have effects on increasing latrine provision(51).

### 2.2.3 Latrine status

Latrine functionality status was associated with women's role in sanitation decision making ( $p < 0.001$ )(25). Women's involvement in decision making was greater in households with a functional latrine than with a non-functional latrine or no latrine at. women making financial decisions is slightly reduced, showing that the odds of having a latrine are about 1.17 times greater in households where women are the main decision makers compared to households where women are not(51).

### 2.2.4 Determining of knowledge and attitude of women's role in sanitation decision making

**Knowledge:-**Women having proper knowledge of health-related issues are also influential. Knowledge of women's on sanitation facility and open defecation is undesirable. However, a caveat is that they might not be fully aware of the risks of defecating in the river and might not

even consider it to be open defecation in the same way as defecating on the ground within the community. A research finding suggests that women's generally have a high degree of knowledge about sanitation facility(38). This study found that attitude was the predictors of latrine ownership, which showed that the social norm influenced people's decision to own a latrine(52). A study was conducted in Zambia reported that open defecation was commonly practiced because of its acceptance as a societal norm (1).

**Attitude:** Study conducted in the rural Echo district of central Ethiopia, (2015) findings showed that attitude (AOR 1.70; 95% CI 1.21–2.37) were positively and significantly associated with latrine ownership (latrine construction) (27). Attitudes toward open defecation that serve to deter the extent to which feces are perceived as harmful to the environment and the concept of human waste as a source of pollution, but only found as relevant in Bihar, East Java and Kenya. For example, in Bihar, farmers believe that feces are beneficial for farming, as it will increase fertility of the land and improve and increase crop production, in East Java, respondents discuss how open defecation into a river is not harmful, given there is the belief that fish eat their waste or that feces can serve as fertilizer.

### 2.3 Conceptual framework for Women’s role in sanitation decision making in Yilmana Densa District, West Gojjam Zone, Amhara Region, Northwest Ethiopia

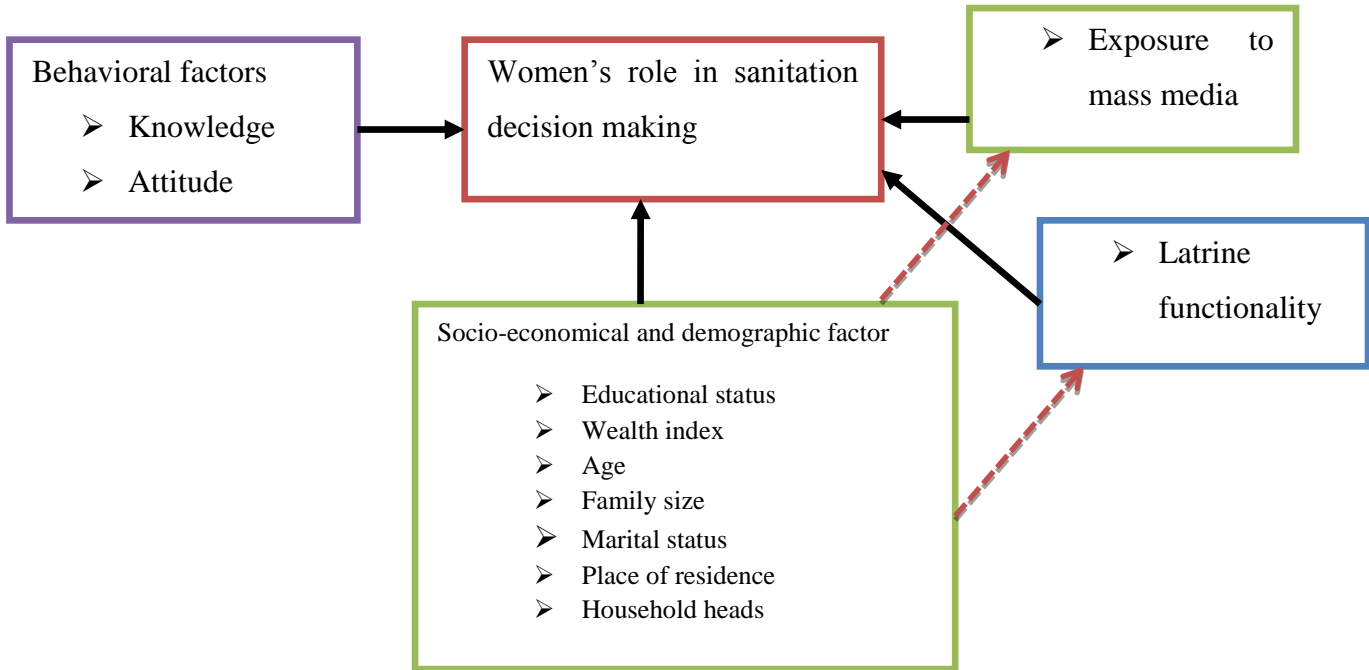


Figure 1: Conceptual Framework of Women’s role in sanitation decision making and its associated factors in in Yilmana Densa District, West Gojjam Zone, and Amhara Region, Northwest Ethiopia, 2019.

Source: Adapted from different literatures(27, 35, 38, 39, 41, 42, 51, 52)

NB: ———→ The solid line shows the direct relationship with the women’s role in sanitation decision making.

- - - - -➤ The broken line indicates the indirect relationship with latrine functionality and exposure to mass media.

### 3. OBJECTIVE

#### 3.1 General objective

To assess women's role in sanitation decision making and its associated factor in Yilmana Densa District, West Gojjam Zone Amhara Region, Northwest Ethiopia, 2019

#### 3.2 Specific objective

- To determine the magnitudes of women's role in sanitation decision making in Yilmana Densa District, West Gojjam Zone Amhara Region, Northwest Ethiopia.
- To identify factors associated with women's role in sanitation decision making in Yilmana Densa District, West Gojjam Zone Amhara Region, Northwest Ethiopia.

## 4. METHODS

### 4.1 Study design and period

A community based cross-sectional study was conducted in Yilmana Densa District, West Gojjam Zone Amhara Region, Northwest Ethiopia from October 5 to November 25, 2019.

### 4.2 Study area

The study was conducted in Yilmana Densa District, West Gojjam Zone Amhara Region, Northwest Ethiopia, 2019. The town administration of Yilmana Densa district is Adet, which located in the south direction at 43 km far from Bihar Dar, capital city of Amhara Region. This town is located at latitude of 11°16'North and longitude of 37°29'East with an altitude of 2,216 meters above sea level. This district has 40 kebeles, lowest administration level in Ethiopia, (35 rural and 5 urban), with an estimated population of 265,187 in 2018 based on 2007 national census. Total numbers of households in the district are 61,672 and numbers of both functional and non functional 29,356 are households. Most of the population (90.8%) of the district resides in rural area. Different interventions have been implemented by the government and nongovernmental organization since 2004 to improve access to safe water, adequate sanitation facility and adopt good hygiene behavioral practices. However, the coverage of sanitation facility, which is 47.2% and the remaining 52.8% households still practice open space([53](#)).

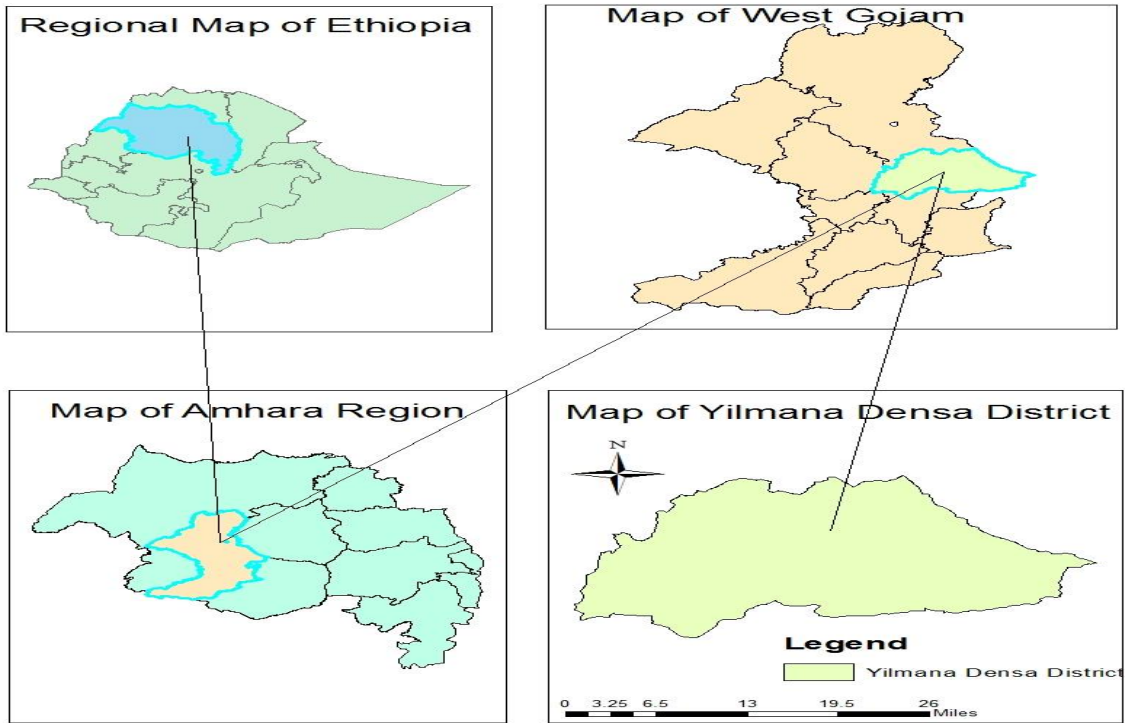


Figure 2: Map of Ethiopia showing study area in Yilmana Densa District (Arc. Map 10.3 Shape file)

#### 4.3 Source of population

All households having a latrine in the district was the source population

#### 4.4 Study population

Households having functional and non functional latrine in randomly selected kebeles from the district.

#### 4.5 Study unit

The study units were women in selected households.

#### 4.6 Inclusion and Exclusion Criteria

Households either having a functional latrine (improved and unimproved), a non-functional latrine and women lived at least for 6 month in the study area was included in the study. Women

who are critically ill and other mental problems that makes difficult to the interview was exclude from the study.

## 4.7 Study variables

### 4.7.1 Dependant variable

This thesis has used women's role in sanitation decision making as a dependent variable. This variable is categorized into two categories and labeled as '0' women's not having decision making role in sanitation and '1' women's having decision making role in sanitation

### 4.7.2 Independent variable

- Knowledge of women on sanitation decision making roles
- Attitude of women sanitation decision making roles
- Exposure to mass media
- Latrine status

### Socio-economical and demographic factor

- ✓ Educational status
- ✓ Wealth index
- ✓ Age
- ✓ Marital status
- ✓ Family size
- ✓ Place of residence
- ✓ Household heads

Key explanatory variable of this thesis was measured based on responses to "Who makes the following decisions in sanitation about: 1) final say build a latrine; 2) site selection; 3) raw materials purchase for latrines; 4) arranging masons for latrines') investing in latrine building and 6) refusing open defecation practice?" Response options were: a) men only; b) women and men jointly; c) women only. The value of 1 is assigned if the response was (c) or (b), that is, women's having decision making role in sanitation, or else 0, for women's not having decision making role in sanitation. The other control variables included in this study were socio-

demographic and socio-economic variables such as age, number of family size in the household, heads of the household, marital status, education, place of residence, wealth status of households and latrine status, exposure to mass media, knowledge and Attitude.

#### **4.7.3 Operational definition**

**Women decision making role:-** Women decision making role in sanitation obtained and assessed from six (6) questions by sum statements related to this sanitation decision making (final say build a latrine, site selection, raw materials purchase for latrines, arranging masons for latrines, investing in latrine building and refusing open defecation practice), which scored using three(3) point responses; above cut point (7.85) indicates women having role in sanitation decision making and below or equal to cut point (7.85) indicates not having role in sanitation decision making(25).

“**Sanitation**” in this study mean that construction of latrines or provision of household facility for safe human excreta and urine disposal.

**Wealth index:** Households are given scores based on the number and kinds of consumer goods they own and housing characteristics such as source of drinking water, toilet facilities. These scores are derived using principal component analysis. Ranking each household’s score and then dividing the distribution into three equal categories, each comprising 33.3% of the households.

**Attitude:** - It is individual belief on women’s role in sanitation decision making assessed by twelve (12) questions. Women were considered as “positive attitude” in an attitude question if they answered  $\geq$  (6/12) questions whereas, women have “negative attitude” if they answered  $<$  (6/12) questions.

**Knowledge:** - The response of knowledge questions about women’s role in sanitation decision making were summed up and a total score is compute from seven questions related to women’s role in sanitation decision making. The respondents were considered as Good knowledge which answers  $\geq$  (4/7) questions whereas respondents have no knowledge if they answered  $<$  (4/7) from women’s role in sanitation decision making questions.



**Exposure to mass media:** - Women were asked how often they read a newspaper, listened to the radio, or watched television. Those who responded at least once a week are considered to be regularly exposed to that form of media(26).

#### 4.8 Sample size determination

For quantitative data: The required sample size was calculated using single population proportion formula by considering the following assumptions: 95 confidence level ( $Z_{\alpha/2}=1.96$ ), 5% of marginal error ( $d=0.05$ ), 50% of proportion of women’s role in sanitation decision making

$$(p=0.5), \text{ since there is no previous study, } n = \frac{(1.96)^2 0.5 * 0.5}{(0.05)^2} = \frac{384.16}{0.0025} = 153664$$

Considering design effect (2) and non-response rate (10%=1-0.1=0.9) = 384\*2=778/0.9=853

However, the required sample size was determined using factors frequently associated with women’s role in sanitation decision making. To get maximum sample size that is greater than 853 households.

Table 1: Sample size determination using factors affecting women’s role in sanitation decision making in Yilmana Densa District, West Gojjam Zone, amhara region, northwest Ethiopia, 2019

Variables	% in having role	% in not having role	Sample size	Sample size x DExNRR	Reference
Age	33.2	54.8	280	622	(45)
Knowledge	42.1	31.6	205	456	(54)
Attitude	62.2	34.5	330	733	(27)

Finally, the required sample size for this particular study was determined by taking the maximum sample size from the first and second objectives sample size calculation results. Therefore, the final minimum sample size to represent the general population was **853** since it is larger than the sample size obtained from sample size determined by factors.

For qualitative study: a total of five focus group discussion was carried out by segregation of sex (three women and two men) in selected kebeles and number of focus group discussion was done till the information is saturated. A total of ten in-depth interviews were conducted and the participants were hygiene office of the district, health extension worker, and leaders in selected kebeles.

Table 2: Characteristics of participants in focus groups and in-depth interviews.

Type	Participants (n)	Gender	Age range (years)
Focus group 1	10	F	35-68
Focus group 2	8	F	30- 58
Focus group 3	9	F	34-70
Focus group 4	7	M	38-72
Focus group 5	8	M	30-69
10 individual interviews		M=4(2,6,7,9) F=6(1,3,4,5,8,10)	28-56
M = male F= female			

#### 4.9 Sampling technique and procedure

To select the study participants, multistage sampling technique was employed. Of the 35 rural and 5 urban-kebeles a total of 8 kebele in the district (6 in rural and 2 in urban kebeles) was selected randomly by lottery method. Proportion to size allocation was made to determine the required sample size in each selected kebele. Systematic sampling technique was used to select households in each selected kebele.

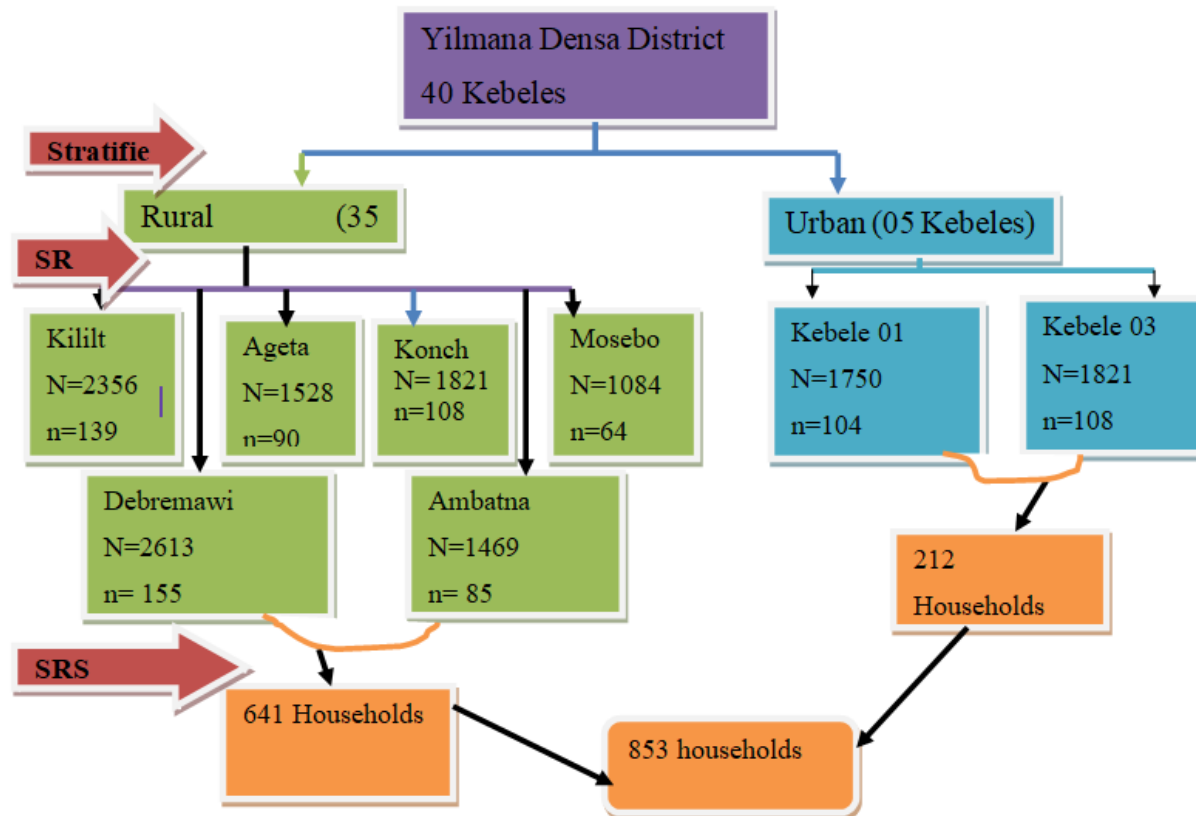


Figure 3: Schematic presentation of the sampling procedure on women’s role in sanitation decision making Yilmana Densa District, northwest Ethiopia, 2019

#### 4.10 Data collection tools

For quantitative data collection tool: - structured questionnaire for (socio-demographic and socio-economic factors), knowledge, attitude, and exposure to media and observation for (latrine status based on which latrines were categorized as functional or non-functional). In order to be deemed functional, the latrine was required to have proper walls, roof, door, a completed pit, and pan not broken/not blocked/and not blocked by leaves. The questionnaire was developed in English, translated to Amharic (the local language) and then back-translated to English to assess the accuracy of questionnaire.

For qualitative data collection tool: Focus group discussion and In-depth interviews.

#### 4.11 Data quality assurance

For quantitative data: - quality of data was assured by proper designing and pretesting of the questionnaires on 5% of the sample size in 43 households (Densa Bata and Ambesit) 2 Kebeles where the main study was not undertaken. Training was given for both data collectors and supervisors on the purpose of the study, data collection technique, and tool by the principal investigator for three days. Pretest of the questionnaires was part of the training and its findings were discussed during the training day and all the concerns were clarified. Every day after data collection, questionnaires was reviewed by principal investigator for ensuring completeness of questions. Incomplete questionnaires were discarded from the analysis.

For qualitative data: - quality of data was assured by preparation / practice with topic list, good audio recording equipment and recording setting and establishing quality control performed by third parties meaning the extent to which non-response and the selection of respondents has been recorded to improve qualitative data.

#### 4.12 Data management and analysis

Data was entered in EpiData version 3.1 and analysis was using SPSS version 20.0. The associations between the predictive variables (final say build a latrine, site selection, raw materials purchase for latrines, arranging masons for latrines, investing in latrine building and refusing open defecation practice, socio-economic and demographic factors and households and latrine functionality, exposure to mass media, knowledge and Attitude) outcome variable women's inclusion in latrine installation decision making are explored using cross tabulations and the chi-squared test. Factors found to be significantly associated (at a 5% level;  $p < 0.05$ ) with the outcome measures were then used in (a) bivariable use 0.25 maximum likelihood estimator to pass into multivariable logistic regression (55), and (b) multivariable logistic regression to generate odds ratios (ORs) and confidence intervals (95% CIs). A backward-stepwise method is used in multivariable logistic regression to determine the relative independent factor as a predictor of women's inclusion in latrine installation decision making. A backward-stepwise regression starts with all the predictive factors included in the full starting model. It then removes the least significant covariate, that is, the one with the highest p-value, at each step, until all factors have been added. By scrutinizing the overall fit of the model, variables were automatically removed until the optimum model is found.

Qualitative data: was transcribed from Amharic to English and then analyzed in open coded Version 3.4.2703.16290 software. Thematic analysis was carried out on the transcripts to explore the challenges of women's in sanitation decision making. Themes were identified and narrated.

#### 4.13 Ethical considerations

Ethical approval was obtained from Institutional Review Board of College of Medicine and Health Sciences, Bahir Dar University. Permissions letter was also taken from Amhara Public Health Institute Transfer Office, West Gojam Zonal health department and district health office to get support letter. Verbal informed consent was obtained from each study participants after briefing the objective of the study. Study participants were informed about their right to be involved and not involved in the study and omit any question if they do not want to answer it. Confidentiality of the study participants was kept by recording data anonymously.

#### 4.14 Dissemination of result

The finding of the research was submitted to Bahir Dar University School of Public Health Environmental Health Department and also to Zonal Health Department and respected district administration Health Office. The result was presented in Bahir Dar University, College of health science, School of Public Health; in different seminars, meetings/conferences, and workshops. I hope the findings of the research was published and disseminated through different journals and scientific publications.

## 5. RESULT

### 5.1 Socio demographic and economic variables of respondents'

A total of 853 households were involved in the present study with a response rate of 100%. Among these participants 87 (10.2%) were female heads in which women started the role either after their husband's death or got divorced. The mean age ( $\pm$  SD) of women districts was 49.04 ( $\pm$  11.679) years (range = 28 to 78) and the mean number of persons per house was 4.05( $\pm$ .878) (range 2 to 9 persons).Almost number (95.5%) of the studied households were Orthodox Christianity followers.

Very low 16.6% women had secondary level and above compared to men 32.59% and women were attending primary level education (26.5%) when compared to men (35.05%). A high percentage (56.9%) of female heads was no formal education and ever went to school. Agriculture was the primary occupation of more than half of male heads and majority of women's (41.3%) were housewives. Majority of women 89.8 % ( 766) in the district was married and 37.6 % ( 321) of studied households were found in poor socio-economic levels in the wealth index measurements. Very low 24.9 % of women were lived in urban area (figure 4 and table 3).

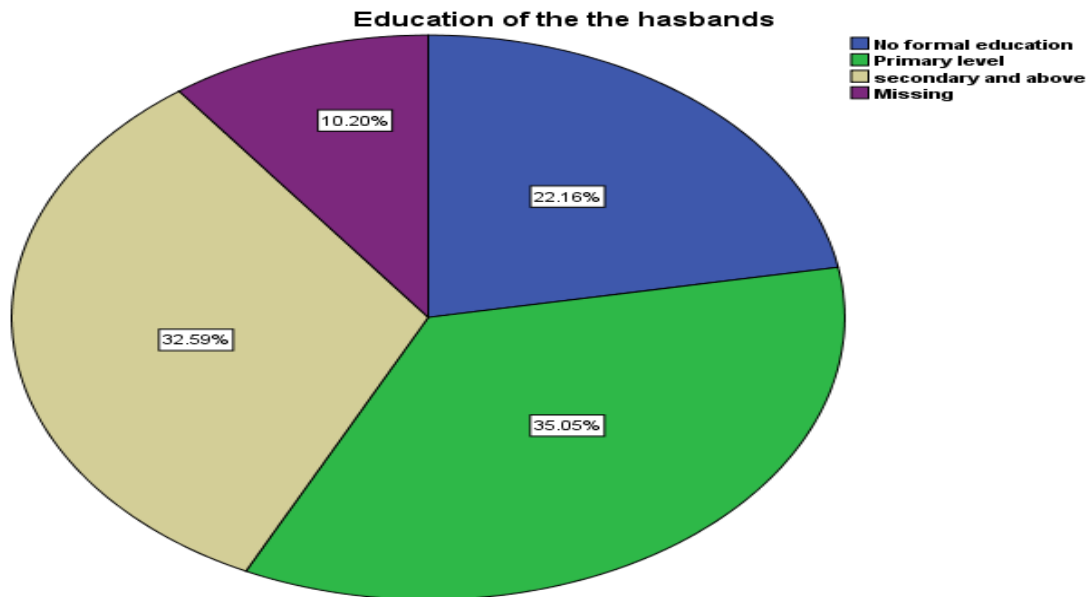


Figure 4: Educational status of women's husband in the households of Yilmana Densa District, West Gojam Zone Amhara Region, Northwest Ethiopia 2019

Table 3: Socio – demographic and economic characteristics of respondents in Yilmana Densa District, West Gojjam Zone, Amhara Region, Northwest Ethiopia 2019 (n = 853).

	Variable	Having decision making role n (%)	Not having decision making role n (%)	Total n (%)	P-value
Age	< 39 years	57(17.2)	274(82.8)	331(38.8)	.003
	40-44 years	50(22.0)	177(78.0)	227(26.6)	
	45 + years	84(28.5)	211(71.5)	295(34.6)	
Occupation	Employed	13(27.1)	35(72.9)	48(5.6)	.77
	Merchant	28(22.4)	97(76.6)	125(14.7)	
	Farmer	106(31.4)	232(68.6)	338(39.6)	
	Housewife	44(12.9)	298(87.1)	342(40.1)	
Education	Secondary	47(33.1)	95(66.9)	142(16.6)	.001
	+ Primary level	38(16.8)	188(83.2)	226(26.5)	
	No formal education	106(21.9)	379(78.1)	485(56.9)	
Wealth index	Rich	58(24.4)	180(75.6)	238(27.9)	.014
	Middle	78(26.5)	216(73.5)	294(34.5)	
	Poor	55(17.1)	266(82.9)	321(37.6)	
Family size	≤5	139(25.2)	412(74.8)	551(64.6)	.007
	>5	52(17.2)	250(82.8)	302(35.4)	
Household's head	Female	87(100)	0	87(10.2)	.996
	Male	104(13.6)	662(86.4)	766(89.8)	
Place of residence	Urban	49(23.1)	163(76.9)	212(24.9)	.771
	Rural	142(22.2)	499(77.8)	641(75.1)	
Marital status	Married	104(13.6)	662(86.4)	766(89.8)	.994
	Windowed	56(100)	0	56(6.6)	
	Divorced	31(100)	0	31(3.6)	
Religion	Orthodox	180(22.1)	635(77.9)	815(95.5)	.573
	Muslim	8(27.6)	21(72.4)	29(3.4)	
	Protestant	3(33.3)	6(66.7)	9(1.1)	
	Catholic	0	0	0	

## 5.2 Latrine status

Among households in the district, 482 (56.7%) were having a functional latrine and the remaining 371(43.5%) were having non-functional latrine during the study period (Table 4).

Table 4: Latrine status of women in sanitation decision making in the selected households in Yilmana Densa District, West Gojjam Zone, Amhara Region, northwest Ethiopia 2019 (n = 853)

<b>Variable</b>		<b>Having role n (%)</b>	<b>Not having role n (%)</b>	<b>Total n (%)</b>	<b>P-Value</b>
<b>Latrine status</b>	Functional	138(28.6)	344(71.4)	482(56.5)	.000
	Non functional	53(14.3)	318(85.7)	371(43.5)	

## 5.3 Exposure to mass media

Of households in the district, 374(43.8%) women were not access and use to any form of mass media (e.g. radio, television, or newspaper) at least once a week during the study period (Table 5).

Table 5: Exposure to mass media of women in sanitation decision making in the selected households in Yilmana Densa District, West Gojjam Zone, Amhara Region, northwest Ethiopia 2019 (n = 853)

<b>Variable</b>		<b>Having role n (%)</b>	<b>Not having role n (%)</b>	<b>Total n (%)</b>	<b>P-Value</b>
<b>Exposure to mass media</b>	Yes	138(28.8)	341(71.2)	479(56.2)	.000
	No	53(14.3)	321(85.7)	374(43.8)	



### 5.3 Knowledge and attitude of women's role in sanitation decision making

Among households in the district, 537 (63.0%) women were having a good knowledge in sanitation decision making during the study period. Of households in the district, 314(36.8%) women were having positive attitude towards to women's role in sanitation decision making, while 539(63.2%) women were having negative attitude towards women's role in sanitation decision making in the selected households (Table 6 and 7).

Table 6: Knowledge of women in sanitation decision making in the selected households in Yilmana Densa District, West Gojjam Zone, Amhara Region, northwest Ethiopia 2019 (n = 853).

Variables	Yes N (%)	No N (%)
Is latrine construction essential for privacy, security, health, hygiene, and comfort?		
Yes	156(28.4)	394(71.6)
No	35(11.6)	268(88.6)
Did you know how to construct a latrine?		
Yes	157(28.4)	395(71.6)
No	34(11.3)	267(88.7)
Is final decision made to construct a toilet done by both men and women?		
Yes	158(29.1)	385(70.9)
No	33(10.6)	277(89.4)
Is constructing your latrine by selling animals/farm products to buy more materials?		
Yes	157(28.5)	394(71.5)
No	34(11.3)	268(88.7)
Low levels of education workload and male domination challenges for women's role in sanitation decision-making?		
Yes	158(28.7)	393(71.3)
No	33(10.9)	269(89.1)
Promote gender equality, teaching women and increase media access is a solution for increase women's role in sanitation decision-making?		
Yes	156(27.6)	409(72.4)
No	35(12.2)	253(87.8)
Is improving women's role in sanitation decision-making by create awareness; promote behavioral change, teaching women and increase media access?		
Yes	155(28.7)	386(71.3)
No	36(11.5)	276(88.5)

Table 7: Attitude of women in sanitation decision making in the selected households in Yilmana Densa District, West Gojjam Zone, Amhara Region, northwest Ethiopia 2019 (n = 853).

Variables	Yes N (%)	No N (%)
<b>Do you believe that some law in the community limits role of women in sanitation decision making?</b>		
Agree	123(30.5)	280(69.5)
Disagree	68(15.1)	382(84.9)
Do you think that respected by community since you have own latrine?		
Agree	122(32.8)	250(67.2)
Disagree	69(14.3)	412(85.7)
Do you think that male dominance has no bearing on role of women in sanitation decision-making?		
Agree	117(31.7)	252(68.3)
Disagree	74(15.3)	410(84.7)
Do you think that women's role in sanitation decision-making for wasting time?		
Agree	109(33.5)	216(66.5)
Disagree	82(15.5)	446(84.5)
Do you think that the role of women for keeping latrine hygienic rather than decision making?		
Agree	104(29.4)	250(70.6)
Disagree	87(17.4)	412(82.6)
Responsibility of buying of raw materials for latrine is limited to men only?		
Agree	109(31.5)	237(68.5)
Disagree	82(16.2)	425(83.8)
Do you think that role of site selection should be carried out only by men?		
Agree	104(32.3)	218 (67.7)
Disagree	87(16.4)	444(83.6)
Do you think that sanitation decisions should be made solely by men?		
Agree	105(28.6)	262(71.4)
Disagree	86(17.7)	400(82.3)
Women's role in sanitation decision-making is only refusing OD practices?		
Agree	126(22.6)	432(77.4)
Disagree	65(22.0)	230(78.0)
Do you think lack of formal education affect women's role in sanitation decision-making?		
Agree	118(28.5)	296(71.5)
Disagree	73(16.6)	366(83.4)
Do you think you are more vulnerable for envy?		
Agree	153(22.4)	529(77.6)
Disagree	38(22.2)	133(77.8)
Do you think that constructing your own latrine is expensive?		
Agree	183(22.4)	633(77.6)
Disagree	8(21.6)	29(78.4)

Table 8: Summary of knowledge and attitude women in sanitation decision making in the selected households in Yilmana Densa District, West Gojjam Zone, Amhara Region, northwest Ethiopia 2019 (n = 853).

Variable		Having decision making role n (%)	Not having decision making role n (%)	Total n (%)	P-value
Knowledge	Good knowledge	157(29.2 )	380(70.8 )	537(63.0)	0.000
	No knowledge	34(10.8 )	282(89.2 )	316(37.0)	
Attitude	Positive attitude	118(37.6)	196(62.4)	314(36.8)	0.000
	Negative attitude	73(13.5)	466(86.5)	539(63.2)	

Decision making of latrine construction and its different elements: -Table 2 below shows that women's role in decision making concerning in sanitation; 87(10.2%) of households, females only had the final say to build the latrine and 104(12.2%) households, both male and females. For the latrine site selection, 87(10.2%) of households, females only decided for the latrine site selection and 101(11.8%) households it was a joint decision household. For raw material purchasing for a latrine was 85(10.0%) of households, females only decided and 62(7.2%) households it was a joint decision households. For arranging masons for a latrine was 88(10.3%) of households, females only decided and 102(12.0%) households it was a joint decision households. For investing money for a latrine was 85(10.0%) of households, females only decided and 62(7.2%) households it was a joint decision households. For raw refusing open defecation practice was 85(10.0%) of households, females only decided and 62(7.2%) households it was a joint decision households.

Table 9: Women’s role in decision making on stages of latrine construction in Yilmana Densa District, West Gojam Zone Amhara Region, northwest Ethiopia 2019 (N = 853).

<b>Variables</b>		<b>Having role n (%)</b>	<b>Not having role n (%)</b>	<b>Total n (%)</b>
<b>Finally say building a latrine</b>	Male	2(0.3)	660(99.7)	662(77.6)
	Both group	102(98.1)	2 (1.9)	104(12.2)
	Female	87(100)	0	87(10.2)
<b>Site selection for the latrine</b>	Male	3(0.5)	662(99.5)	665(78.0)
	Both group	101(100)	0	101(11.8)
	Female	87(100)	0	87(10.2)
<b>Raw material purchasing for a latrine</b>	Male	44(6.2)	662(93.8)	706(82.8)
	Both group	62(100)	0	62(7.2)
	Female	85(100)	0	85(10.0)
<b>Arrange a mason for a latrine</b>	Male	1(0.2)	662(99.8)	663(77.7)
	Both group	102(100)	0	102(12.0)
	Female	88(100)	0	88(10.3)
<b>Investing money for a latrine</b>	Male	44(6.2)	662(93.8)	706(82.8)
	Both group	62(100)	0	62(7.2)
	Female	85(100)	0	85(10.0)
<b>Refusing open defecation</b>	Male	1(0.2)	661(99.8)	662(77.6)
	Both group	102(99.0)	1(1.0)	103(12.1)
	Female	88(100)	0	88(10.3)

#### 5.4 proportion of women’s role in sanitation decision making

Out of 853 women who were interviewed for women’s role in sanitation decision making, 191 (22.4%) of them having role in sanitation decision making. The overall magnitude of women’s decision making role in sanitation was 22.4% with (95% CI 0.2 to 0.25) (Figure 5).

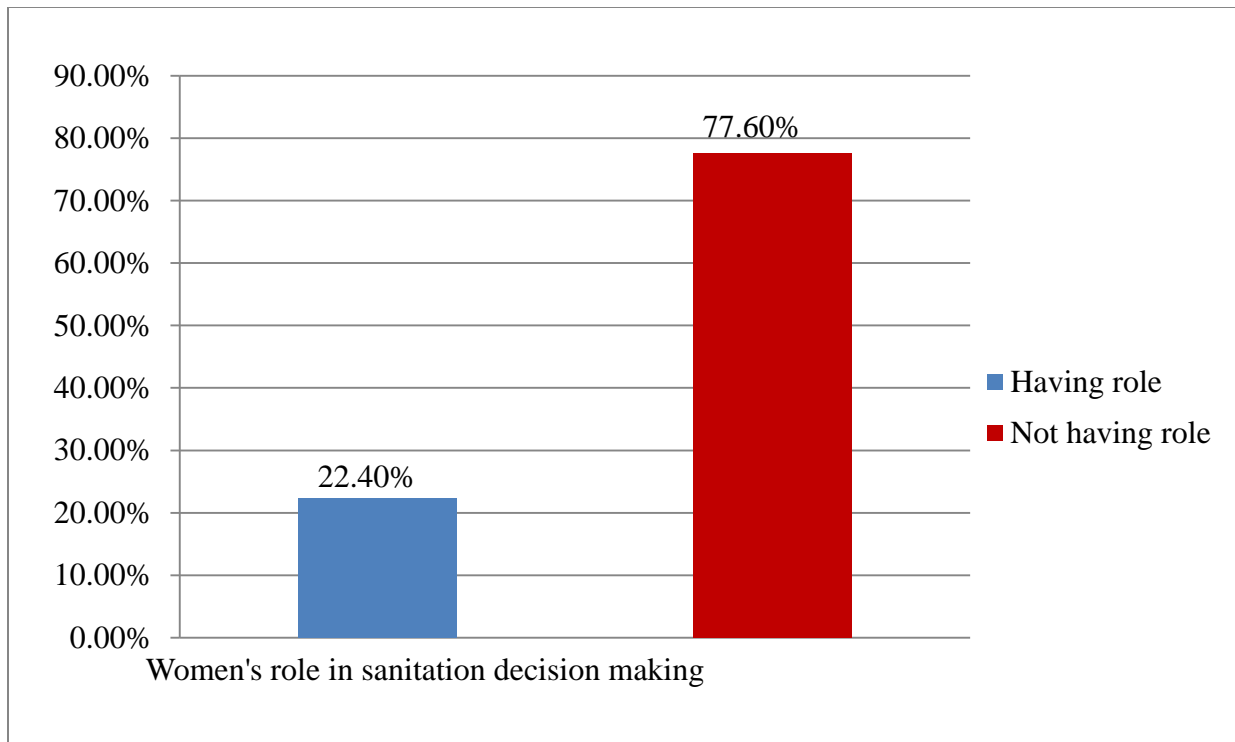


Figure 5: The magnitude of women’s role in sanitation decision making in in Yilmana Densa District, West Gojam Zone Amhara Region, northwest Ethiopia 2019 (N = 853).

#### 5.4 Qualitative results

Five themes were identified from key informant interview and focus group discussion as supporting idea of why women’s role in sanitation decision making is very low.

##### **Power within household challenges (Theme one)**

Power hierarchies determined the decision making power of the family members: *“Overall, the husband is the head of the household and he is investing money for the latrine, hence, decision making role relies on men”*. (IDI-4, HEW, aged 32). Other respondents, *“Traditionally, men feeling uncomfortable when women were allowed to participate in decision-making because all decision making role given for men; this considered as resection of the husband”*. (IDI 8, HEW aged 38 years)

Women regularly had to be asking consent from their husbands to participate keenly in various circumstances. *“Sure. Naturally in the society, a man is superior to a woman. She is under a man and if they are not permitted to go, she can’t go. They must seek permission and when it has been decided, and then they can go”*. (FDG 1&3 aged 42 &58 years). Similarly, *“When we try to*

*make decisions, they always say let us consult our husbands because they have the final say in the house*". (FGD 4 & 3 aged 48 & 44 years).

### **Attitude on women's decision making role (theme two)**

Attitude toward women decision making role in sanitation programs are major challenges. Women having negative attitude in sanitation decision-making role: *"Women perceived that women's did not have ability to manage sanitation program and decided it. In most cases men are the only decision making bodies due to unwillingness of the women themselves to participate on decision making because, their own negative attitude"*. (IDI 2, 4, 7& 9 kebele leader, 3, 8 HEW & 10 Hygiene officer) Moreover, *"Everything outside my home limits is done by my husband"*. (IDI 10, aged 28 years Hygiene officer).

Women also felt inferiority to decision making on sanitation by them, as is evident from this quote: *"Women's roles are cooking, caregivers of children and doing household chores. But, when they need money, they come to us, and we then decide"*. (FGD 2, age 58 years woman and IDI 3&8 HEW) In very few households, elderly females were involved in the decision making role in latrine site selection: *"My husband decided to build a latrine and arranged masons"*. (FGD 1 age 65 years, IDI 1, 3, 6, 8 HEW and 2, 4,7,9 kebele leaders) Men made only some efforts to participate women: *"For any kind of construction, women arrange materials ourselves, as women know from where to get them. Women have no idea about the market; as a result, women did not involve them in such decisions. But for digging the pit, women helped their husband by remove digging soil in the pit"*. (FGD 4 &5, and IDI 1, 2, 4, 6, 7, 8)

### **Low economic status or economic Challenges (theme three)**

All the interviewed respondents said that a latrine is very important at household. Women recognized that latrine construction is costly, as a result man, who controlled the household budget, were not keen to build a latrine. Some who had little finances were unwilling to invest in latrines, as they had other priorities. At the household level, high level of dependency was seen within females on their husbands: *"If something 'big' is to be done for the house that needs more money, then my husband is deciding on its. I can only make small purchases like buying a daily Asbeza; the big ones are to be decided by my husband's"* (FGD 1, 2, 3, 4&5). *"There is a big difference between poor women and people who have high income. Women having own trees to construct a strong latrine and they have a better income. But, poor women use straw, grass or something like that to build latrines and this latrine has been collapsing every year. Those who*

*are better than us in terms of wealth did not face similar challenges like us*". (FGD 1, age 32 year).

Also, *"When a woman told us to build a latrine; we stayed for her husband to come home and they would not directly agree to our requests, as they have to arrange money, but we keep on convince them until they give a nod for it. Lacking their volunteer, we do not go even a single inch"*. (FGD 1, age 45 years & kebele leader IDI 2, 4, 7& 9).

*"As I have experienced in the past, women say we desire to building safe latrine in the home, but when it comes to money, women undeviating you to their husbands"*. (IDI 4, 7, 9 Kebele leaders). *"Still if we have a discussion of the economic help, women may shy off for the reason that of their low economic bargain"*. (IDI 1, 3, 8 HEW and 10 hygiene officer)

#### **Burden of work at home (theme four)**

Women may not be able to take part in decision making because of the time taken up by household duties. As culture, women play very important roles in organizing domestic activities. Women said that *"There are dispute; since, much of the work in our homes only done by woman. Thus, women were do not attending in community meetings and decision making"*. (IDI 1, 3, 5, 6, 8, HEW, FGD 1, 2, 3, 4, 5) In addition, *"Woman may be a teacher for their household children and the same time caregivers for the baby and keeping the household hygiene. This challenge also hinders her from participating in sanitation decision making"*. (IDI 1, 3, 8 HEW, 10 hygiene officer)

#### **Lack of formal education (theme five)**

A lack of literacy or education may limit a woman's ability to participate in sanitation facilities decision making processes. Even where women are well educated, early gender streaming and stereotyping mean that girls are steered away from science, technology and engineering subjects in school. Women are recognized as very important in decision-making: *"women did not participate in latrine construction, if this girl or mother is not literate sometimes; they stay away because of the language that is being used"*. (IDI 1, 3, 5, 6, 8, HEW, and 2, 4, 6, 9 kebele leader) Another respondent indicated that literacy played a major role in these decision-making gatherings: *"Most of them have lack of formal education prevents them from expressing themselves clearly. Some may be shy off because in the community, men are the ones who are in front to even solve the problems of women"*. (IDI 1, 3, 5, 6, &8 HEW, and FGD 1, 2, 3, 4, &5)

## 5.5 Multivariable analysis

A multivariable logistic regression analysis was carried out to evaluate the combined effect of multiple associated factors, adjusting for confounding variables. The result indicated that age of women in the household, number of family size in the household, knowledge and attitude towards women role in sanitation decision making role were showed statistically significant association with women's role in sanitation decision making. Older women are more likely to participate in decision-making

Accordingly for age, compared to women aged <39, older women (45 and above) are 1.85 times [AOR= 1.85, 95% CI: (1.24, 2.76)] more likely to participate in sanitation decision-making whereas young women (<39) are less likely to participate in sanitation decision-making. The odds of women's role in sanitation decision making among women who family member size less than or equal to fives were 1.66 times more likely to participate in sanitation decision making than who are family member size greater than five family size [AOR=.602, 95%CI: (.41, .87)].

Those women who having good knowledge in sanitation decision making role were 1.74 times [AOR= 0.57, 95% CI: (0.352, 0.93)] more likely to participate in sanitation decision making than women who have no knowledge. The odds of women's role in sanitation decision making among women who having positive attitude on women's role in sanitation decision making were 2.91 times [AOR= 0.34, 95% CI: (0.22, 0.51)] higher than women who having negative attitude (Table 10).



Table 10: Factors associated with women's role in sanitation decision making in multivariable logistic regression analysis (n=853), in Yilmana Densa District, West Gojjam Zone, Amhara Region, Northwest Ethiopia, 2019

Variables	Women's role SDM		COR (95% CI)	AOR (95% CI)	P – Value
	Having role	Not having			
Age					.004
≤ 39 years	57	274	1	1	
40-44	50	177	1.35 (0.88, 2.07)	1.25(0.80,1.95)	0.312
≥45 years	84	211	1.91(1.30, 2.80)	1.85(1.24, 2.76)	0.002
Family size					
≤5	139	412	1	1	
>5	32	250	1.62(1.13, 2.31)	0.60 (0.41, 0.87)	0.008
Educational status					
≥Secondary level	47	95	1		
Primary level	38	188	2.44(1.49, 4.01)		
No formal education	106	379	1.76(1.17, 2.31)		
Wealth index					
Rich	58	180	1		
Middle	78	216	1.12(0.75, 1.66)		
Poor	55	266	0.64(0.42, 0.97)		
Exposure to media					
Yes	138	341	1		
No	53	321	0.40(0.28, 0.58)		
Latrine status					
Functional	138	344	1		
Not functional	53	318	0.41(0.29, 0.59)		
Knowledge					
Good knowledge	157	380	1	1	0.027
No knowledge	34	282	0.29(0.19, 0.43)	0.57(0.35, 0.93)	
Attitude					
Positive attitude	118	196	1	1	
Negative attitude	73	466	0.26(0.18, 0.36)	0.34(0.22,0.51)	0.000

Remark = **SDM**= Sanitation Decision Making

## 6. DISCUSSION

This study shows the magnitude of Women's' role in sanitation decision making in Yilmana Densa District, North West Ethiopia has been very low. Accordingly the overall role of women in sanitation decision making was found to be 22%. This finding is approximately similar with the previous study conducted in rural India the magnitude of women's role in sanitation decision making was 20% (25). It also showed that latrines had been in the households, wherever the male head having good education and the household's financial income was higher. However investing on latrine construction was of least concern to men, regularly in dispute that they had other priorities and financial challenges to build a latrine, which is consistent with the finding of a global review on latrine ownership in rural households(35).

It also revealed that 43.5% of the households that had non-functional latrine maintenance in the households in the previous two years, which may suggest, that financial was available for repairing the existing house but not for latrine construction. It also indicates rural men not being responsible to the privacy and security needs of their women(43). Both the FGD and IDI results indicate that male heads take most decision making roles and women's participation in latrine building stage decision making role is very low.

It is found that power hierarchies within the households were main challenges that hinder women's role in sanitation decision making in Yilmana Densa District, North West Ethiopia. This finding supports the previous qualitative study finding from India and Kenya(25, 40). Men are naturally the heads of their households and are seen as providers for their homes. To engage in activities, many women must seek the permission of their husbands and fathers. The trend persists because women are not financially independent. Not being financially independent limits women's contribution to specific types of sanitation infrastructure that meets their needs. Access to sanitation is very important for women's empowerment since they are the key players in sanitation and hygiene improvement(56).

It is found that low economic status the households were main challenges that hinder women's role in sanitation decision making in Yilmana Densa District, North West Ethiopia. This finding supports the previous qualitative studies(25, 57). Women need to engage in some economic activities since financial independence is a major determinant of wellbeing. Also, it is important

to comprehensively empower women economically and socially to help address the power imbalance in participation about sanitation decision-making(3).

It is found that burden of work at home the households were main challenges that hinder women's role in sanitation decision making in Yilmana Densa District, North West Ethiopia. This result in line with the previous qualitative studies from Kenya (40, 57, 58). Although, women are having different tasks and accountabilities, women regularly had no vote or option in the singular types of services including latrine construction(28). Women did not involve in sanitation decision making because of their economic activities. It was exciting to get out that some women did not have the time because they engaged in income generating activities. These women preferred to generate money than to attend sanitation decision making activity. In addition, it is important to widely give power to women economically to help address the power disproportion in participation on sanitation decision making(57).

It is also found that lack of formal education the households were main challenges that hinder women's role in sanitation decision making in Yilmana Densa District, North West Ethiopia. This finding supports the previous qualitative studies(40). Due to women's low literacy levels, Women often don't have the experience or confidence to make their voice heard(14). High rate of lack of formal education among women and girls are hardly seen at decision-making gatherings, and even when present rarely contribute because they cannot fully express themselves. This makes a lot of the women feel shy and inferior.

In this study age (older women above 45 years old) was significant predictor of women's role in sanitation decision making. This finding is in line with results from cross-sectional studies conducted in from Cambodia, Indonesia, Tanzania, and Benin (39, 44, 45, 54). The possible explanations for this household with older women above 45 years old may be more likely to decision making role in prioritize a latrine construction in household level, because older women confidence and women with men relationship also increased. In addition, latrine construction at household level in general requires an expensive payment out of household savings: old family members having sufficient saving income for a long period of time in their life time, as a result afforded it economically burden to build a latrine and acquisition of construction materials and labour for sanitation facility at home, those with better income had a better purchasing power and, hence, opted to purchase the materials since they had the capacity to pay it. Women may gain authority as they age, 45 years old and above.

Family sizes were also significant predictor of women's role in sanitation decision making, the odds of women's role in sanitation decision making was higher in family size  $\leq 5$  compared to their family size  $> 5$ . The possible explanations for this association might be larger family's size in the household lack of resources for deciding to construct latrines in the households. This finding supports supported by the previous findings from Cambodia (59) . Another possible explanation is the decision made to construct quality toilets in the household required adequate amount of budget.

Women having good knowledge on sanitation decision making was also significant predictor of women's role in sanitation decision making. This finding supported by the previous finding from Indonesia (54) . This study suggests that the women's role in sanitation decision making was positive associated with women's attitude on sanitation facility. This finding supports previous findings from Indonesia and Ethiopia (27, 54).

## 7. STRENGTH AND LIMITATIONS

Community based nature of the study in district and quantitative studies supported by qualitative study (triangulation) could be the strengths of this study. The study was restricted to female heads as study respondents and ideas of other women household members were excluded in the quantitative survey and analysis. In the qualitative study, the subjects were chosen purposively, which might acquire selection bias. Response rate in the quantitative parts may be influenced by social desirability of data collectors (health extension worker) apparently wish to hear the facts. Women may have overstated their lack of decision making power for latrine construction to hide the fact that their own demand for latrines may be low.

## 8. CONCLUSION

The result suggested that the magnitude of women's participation in decision making role concerning on sanitation were very low. The result also suggested that factors statistical significances with women's role in sanitation decision making were; older women ( $\geq 45$  years), small family size, good knowledge and positive attitude in sanitation decision making. Power hierarchies within the household, attitude of women on decision making role, low economic status, lack of formal education and burden of work at home were the explored challenges of women's decision making role on sanitation.

## 9. RECOMMENDATION

To district health offices

- District health office should design interventions intended for sanitation promotion and sanitation behaviour change to address household level dynamics and empowerments of women in decision making role.
- The districts should also promote utilization of family planning to reduce the number of family size in a household.

To stakeholders

- Very low magnitude of women's role in sanitation decision making can be taking into account the essential roles played by men and women in sustainability of projects, strategies need to be developed to hold both gender of different age groups in the decision-making at different stages of sanitation intervention (pre and post latrine construction).
- Design interventions intended for behavioral change communication to address negative attitude and knowledge gaps on women's decision making role in sanitation at grass root level.

## 10. REFERENCE

1. Crocker J, Saywell D, Bartram J. Sustainability of community-led total sanitation outcomes: Evidence from Ethiopia and Ghana. *International journal of hygiene and environmental health*. 2017;220(3):551-7.
2. Hutton G, Chase C. The knowledge base for achieving the sustainable development goal targets on water supply, sanitation and hygiene. *International journal of environmental research and public health*. 2016;13(6):536.
3. Leder SC, F.; Karki, E. Reframing women's empowerment in water security programmes in Western Nepal Reframing women's empowerment in water security programmes in Western Nepal. 2017;3(25):35–251.
4. Senarath U, Gunawardena NS. Women's autonomy in decision making for health care in South Asia. *Asia Pacific Journal of Public Health*. 2009;21(2):137-43.
5. Smith LC, Ramakrishnan U, Ndiaye A, Haddad L, Martorell R. The importance of women's status for child nutrition in developing countries: International Food Policy Research Institute (Ifpri) research report abstract 131. *Food and Nutrition Bulletin*. 2003;24(3):287-8.
6. Cairns MR, Workman CL, Tandon I. Gender mainstreaming and water development projects: Analyzing unexpected enviro-social impacts in Bolivia, India, and Lesotho. *Gender, Place & Culture*. 2017;24(3):325-42.
7. Duflo E. Women empowerment and economic development. *Journal of Economic literature*. 2012;50(4):1051-79.
8. Fisher J. Women in water supply, sanitation and hygiene programmes. 2008.
9. Mahon T, Fernandes M. Menstrual hygiene in South Asia: a neglected issue for WASH (water, sanitation and hygiene) programmes. *Gender & Development*. 2010;18(1):99-113.
10. Sommer M, Ferron S, Cavill S, House S. Violence, gender and WASH: spurring action on a complex, under-documented and sensitive topic. *Environment and Urbanization*. 2015;27(1):105-16.
11. Jadhav A, Weitzman A, Smith-Greenaway E. Household sanitation facilities and women's risk of non-partner sexual violence in India. *BMC public health*. 2016;16(1):1139.
12. Khanna T, Das M. Why gender matters in the solution towards safe sanitation? Reflections from rural India. *Global public health*. 2016;11(10):1185-201.



13. Winter SC, Barchi F. Access to sanitation and violence against women: evidence from Demographic Health Survey (DHS) data in Kenya. *International journal of environmental health research*. 2016;26(3):291-305.
14. WSP. Gender in Water and Sanitation. Water and Sanitation Program Working Paper. 2010.
15. Supply WUJW, Programme SM. Progress on drinking water and sanitation: 2014 Update: World Health Organization; 2014.
16. World Health Organization. Sanitation fact sheet. 2016.
17. World Health organization. Global Health Risks-Mortality and burden of disease attributable to selected major risks. Geneva (Switzerland). 2017a.
18. Peal A, Evans B, Blackett I, Hawkes P. A review of fecal sludge management in 12 cities. World Bank Final Report. 2015.
19. Carolini GY. Framing water, sanitation, and hygiene needs among female-headed households in periurban Maputo, Mozambique. *American journal of public health*. 2012;102(2):256-61.
20. Wendland C, Dankelman I, Samwel M. Gender aspects of sustainable sanitation based on experiences and literature research. Munich: WECF. 2009.
21. Fisher J. For her its the big issue. Putting women at the centre of water supply sanitation and hygiene. 2006.
22. Mudey AB, Kesharwani N, Mudey GA, Goyal RC. A cross-sectional study on awareness regarding safe and hygienic practices amongst school going adolescent girls in rural area of Wardha District, India. *Global journal of health science*. 2010;2(2):225.
23. Water U. Gender, water and sanitation: A policy brief. UN, New York. 2006.
24. Dankelman I, Muylwijk J, Wendland C, Samwel M. Making Sustainable Sanitation work for women and men integrating a gender perspective into sanitation initiatives. *Water and sanitation: Facts and Experiences*; February 2009. 2009.
25. Routray P, Torondel B, Clasen T, Schmidt W-P. Women's role in sanitation decision making in rural coastal Odisha, India. *PloS one*. 2017;12(5):e0178042.
26. Ethiopian Demographic and Health Survey. Ethiopia Demographic and Health Survey 2016: Key indicators report. 2016.

27. Alemu F, Kumie A, Medhin G, Gasana J. The role of psychological factors in predicting latrine ownership and consistent latrine use in rural Ethiopia: a cross-sectional study. *BMC Public Health*. 2018;18(1):229.
28. Alemu F, Kumie A, Medhin G, Gebre T, Godfrey P. A socio-ecological analysis of barriers to the adoption, sustainability and consistent use of sanitation facilities in rural Ethiopia. *BMC public health*. 2017;17(1):706.
29. Jenkins MW, Scott B. Behavioral indicators of household decision-making and demand for sanitation and potential gains from social marketing in Ghana. *Social science & medicine*. 2007;64(12):2427-42.
30. Pattanayak SK, Yang J-C, Dickinson KL, Poulos C, Patil SR, Mallick RK, et al. Shame or subsidy revisited: social mobilization for sanitation in Orissa, India. *Bulletin of the World Health Organization*. 2009;87:580-7.
31. O'Reilly K. Combining sanitation and women's participation in water supply: an example from Rajasthan. *Development in Practice*. 2010;20(1):45-56.
32. Chattopadhyay R, Duflo E. Impact of reservation in Panchayati Raj: Evidence from a nationwide randomised experiment. *Economic and political Weekly*. 2004:979-86.
33. Ban R, Rao V. Tokenism or agency? The impact of women's reservations on village democracies in South India. *Economic Development and Cultural Change*. 2008;56(3):501-30.
34. Svaleryd H. Women's representation and public spending. *European Journal of Political Economy*. 2009;25(2):186-98.
35. Coffey D, Gupta A, Hathi P, Khurana N, Spears D, Srivastav N, et al. Revealed preference for open defecation. *Economic & Political Weekly*. 2014;49(38):43.
36. Cameron LA, Shah M, Olivia S, , editors. *Impact Evaluation of a Large-scale Rural Sanitation Project in Indonesia* 2013.
37. Thys S, Mwape KE, Lefevre P, Dorny P, Marcotty T, Phiri AM, et al. Why latrines are not used: communities' perceptions and practices regarding latrines in a Taenia solium endemic rural area in Eastern Zambia. *PLoS neglected tropical diseases*. 2015;9(3):e0003570.
38. Amin S, Rangarajan, A., Borkum, E. *Improving Sanitation at Scale: Lessons from TSSM Implementation in East Java, Indonesia - Final report*. . 2011.

39. Pedi D, Sophanna M, Sophea P, Jenkins M. Rural Consumer Sanitation Adoption Study: an analysis of rural consumers in the emerging sanitation market in Cambodia. WaterSHED2014.
40. Abu TZ, Bisung E, Elliott SJ. What If Your Husband Doesn't Feel the Pressure? An Exploration of Women's Involvement in WaSH Decision Making in Nyanchwa, Kenya. *International journal of environmental research and public health*. 2019;16(10):1763.
41. Hirai M, Graham JP, Sandberg J. Understanding women's decision making power and its link to improved household sanitation: the case of Kenya. *Journal of Water, Sanitation and Hygiene for Development*. 2016;6(1):151-60.
42. Evans B, Colin C, Jones H, Robinson A. Sustainability and equity aspects of total sanitation programmes - A study of recent WaterAid-supported programmes in three countries: global synthesis report. 2009.
43. Routray P, Schmidt W-P, Boisson S, Clasen T, Jenkins MW. Socio-cultural and behavioural factors constraining latrine adoption in rural coastal Odisha: an exploratory qualitative study. *BMC public health*. 2015;15(1):880.
44. Gross E, Günther I. Why do households invest in sanitation in rural Benin: Health, wealth, or prestige? *Water Resources Research*. 2014;50(10):8314-29.
45. Kema K, Semali I, Mkuwa S, Kagonji I, Temu F, Ilako F, et al. Factors affecting the utilisation of improved ventilated latrines among communities in Mtwara Rural District, Tanzania. *The Pan African medical journal*. 2012;13 Suppl 1:4.
46. Pedi D, Mel S, Sophea P, Jenkins M. Rural Consumer Sanitation Adoption Study: An analysis of rural consumers in the emerging sanitation market in Cambodia2014.
47. LeVine R, LeVine S, Schnell B. " Improve the women": Mass schooling, female literacy, and worldwide social change. *Harvard Educational Review*. 2001;71(1):1-51.
48. Barnard S, Routray P, Majorin F, Peletz R, Boisson S, Sinha A, et al. Impact of Indian Total Sanitation Campaign on latrine coverage and use: a cross-sectional study in Orissa three years following programme implementation. *PloS one*. 2013;8(8):e71438.
49. Koskei EC, Koskei R, Koske M, Koech HK. Effect of socio-economic factors on access to improved water sources and basic sanitation in Bomet Municipality, Kenya. *Research Journal of Environmental and Earth Sciences*. 2013;5(12):714-9.
50. Organization WH. WHO Country Cooperation Strategy: Bhutan 2014-2018. 2014.

51. Lee YJ. Informing women and improving sanitation: evidence from rural India. *Journal of rural studies*. 2017;55:203-15.
52. O’O’Connell KA. What influences open defecation and latrine ownership in rural households? : findings from a global review. 2014 2014/08/01 00:00:00. Report No.: 90044.
53. YIlmana Densa District Health office Annual Report. YIlmana Densa District Health office Annual Report. 2019.
54. Amin S, Rangarajan A, Borkum E. Improving sanitation at scale: Lessons from TSSM implementation in East Java, Indonesia: Mathematica Policy Research; 2011.
55. David W. Hosmer Jr. SL, Rodney X. Sturdivant. *Applied Logistic Regression*, 3rd Edition 2011.
56. Ivens S. Does increased water access empower women? *Development*. 2008;51(1):63-7.
57. Koolwal G, Van de Walle D. Access to water, women’s work, and child outcomes. *Economic Development and Cultural Change*. 2013;61(2):369-405.
58. Becker S, Fonseca-Becker F, Schenck-Yglesias C. Husbands’ and wives’ reports of women's decision-making power in Western Guatemala and their effects on preventive health behaviors. *Social Science & Medicine*. 2006;62(9):2313-26.
59. Roberts M, Long A. Demand Assessment for Sanitary Latrines in Rural and Urban Areas of Cambodia. World Bank Water and Sanitation Program. 2007.

## ANNEXES

### Annex 1: Subject information sheet, English version

Good morning/afternoon. My name is \_\_\_\_\_ and I am from \_\_\_\_\_. I am a member of a data collector team on behalf the study conducted by Mengistu Belay who is a MPH. student in Bahir Dar university.

Title of the project: Women's role in sanitation decision making and its associated factors in Yilmana Densa District, West Gojjam Zone, Amhara Region, northwest Ethiopia, 2019/20

Principal Investigator: Mengistu Belay Supervisor: \_\_\_\_\_

### Informed consent agreement from English version

Title of the thesis project: Women's role in sanitation decision making and its associated factors in Yilmana Densa District, West Gojjam Zone, Amhara Region, northwest Ethiopia, 2019/20

I am aware that this study undertaking is a post graduate MPH degree research project which is fully supported and coordinated by Bahir Dar University and Amhara Regional Health Bureau and the designate principal investigator is Mengistu Belay

I have been also fully informed in the language I understood and about the research project objective to assess Women's role in sanitation decision making and its associated factors in Yilmana Densa District, West Gojjam Zone, Amhara Region, northwest Ethiopia, 2019/20. I have been informed that all the information I shall provide to the interviewer will be kept confidential. I understood that the research has no any risk and no compensation. I also know that I have the right to withhold information, skip questions to answer or to withdraw from the study any time. I have been informed that nobody will impose on me to explain the reason of withdrawal. It is also clear that there will be no effect at all in my health benefit or other administrative effect that I get from the district. I have been assured of the right to ask information that is not clear about the research before and/or during the research work by contacting:

1. Bahir Dar University, Office phone:
2. Principal investigator name and address: Mengistu Belay, cell Phone: +251 923528015

3. Supervisor name and address: \_\_\_\_\_

I have read this form, or it has been read to me in the language I comprehend, and I understood the condition stated above; therefore, I am willing and confirm my participation by signing this consent form. Women agreed to participate in the study: (Mark one of them for verbal/oral consent) Yes \_\_\_\_\_ No \_\_\_\_\_

Name of interviewer signature \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Annex 2: Informed consent agreement form, English version**

Title: Women's role in sanitation decision making and its associated factors in Yilmana Densa District, West Gojjam Zone, Amhara Region, northwest Ethiopia, 2019/20

Purpose: The purpose of this thesis is to assess women's role in sanitation decision making and its associated factors in Yilmana Densa District, West Gojjam Zone, Amhara Region, northwest Ethiopia, 2019/20.

Procedure and participation: The method of this thesis is community based cross sectional study design was conducted in Yilmana Densa districts. The expected duration of the study participant for one time contact with the interviewer was not be more than 35 minutes. From your household members women in the household was interviewed about Women's role in sanitation decision making and its associated factors in Yilmana Densa District, West Gojjam Zone, Amhara Region, northwest Ethiopia, 2019/20. You were asked to participate in this research since the truthful information which you were provided is important for the understanding of the proposed research project. However, your particular participation is affirmed by the procedure of probability sampling technique which provides equal chance of selection.

Confidentiality: In order to establish secured safeguards of the confidentiality of research data, the data collector were use codes during the data collection period instead of using names. The original data was locked in cabinets until the data analysis is carried out and no person shall have access to it except the principal investigator and the supervisor for data checking and cleaning purposes. The use of information for any purpose other than that to which participants consent is unethical to the participants. The information you provide is not disclosed in the way that may identify your personal characteristics or violate privacy. After the research defense and final

work is approved by Bahir Dar university senate, the original data questionnaires were incinerated in a secure manner.

**Benefit:** The research does not have short term financial, healthcare and capacity-building benefits to the research participant as an individual or as a group. However, if the households are found to have women's role in sanitation decision making during the interview, was advised to create awareness on provision of safe and adequate access to sanitation options by keeping in mind women's active participation that is easily available for the household sanitation; but this is not even as a benefit rather as fulfilling research ethics through bringing the household to be access to safe and adequate sanitation facility and adoption at household level. In the long run, the outcome of this study was help the concerned organizations and policy makers in consideration, direction and formulation of strategy and design of programs related to health problems, especially women's active participation in decision making role in latrine construction and adoption in rural communities.

**Risk:** The research does not have any inhuman treatment of the research participants or any physical harm, social discrimination, psychological trauma and economic loss.

**Inducement, incentive, and compensation:** This study process was not having any form of inducement, or coercion and the study does not bring any risks that incur compensation.

**Freedom to withdraw:** If you want to participate in the study, you have also the full right to withdraw from the study at any time you wish without any penalty. Nobody was asking or enforce you to explain the reason for withdrawal.

**Person to contact:** The participant has the right to ask information that is not clear about the research context and content before and during the research work. You can contact the principal investigator and the data collector's supervisor. In addition this research had undergone ethical review and approval by Bahir Dar University, College of Medicine and Health Sciences Ethical Review Approval Committee. If you want more information about this research project, you can contact the following people.

1. Bahir Dar University, Office phone: -----

2. Principal investigator name and address: Mengistu Belay, cell Phone: +251 923528015

E-mail: 0923528015mb@gmail.com

1. Supervisor name and address: \_\_\_\_\_

Annex 3: English Questionnaire

ParticipantIDNo \_\_\_\_\_ Kebele \_\_\_\_\_ Interviewername \_\_\_\_\_

Date of interview \_\_\_\_\_ Starting time \_\_\_\_\_ Ending time \_\_\_\_\_

**Section one: Socio-economic and demographic status of HH**

<b>Section one: Socio-economic and demographic status of HH</b>			
H01	Gender of respondent	1. Women 2. Men	
H02	Head of the household	3. Women 1. Men	
H03	Place of residence	1. Rural 2. Urban	
H04	Age	-----	
H05	Religion	1. Orthodox 2. Muslim 3. protestant 4. catholic	
H06	Education level	1. Illiterate 2. Primary level (1-8 grade) 3. Secondary and preparatory level (9-12 grade) 4. College 5. University	
H07	If you have a husband, educational level of your husband?	1. Illiterate 2. Primary level (1-8 grade) 3. Secondary and preparatory level (9-12 grade) 4. College 5. University	
H08	Marital status of women	1. Single 2. Married	



		3. Divorced 4. Widowed	
H09	Occupation	1. Unemployed 2. Employed 3. Daily laborer 4. Merchant 5. Farmer 6. House wife	
H10	If the answer of question number 5 is 2, what is occupational status of your husband?	1. Unemployed 2. Employed 3. Daily laborer 4. Merchant 5. farmer	
H11	Numbers of family member in the household	—	
<b>Section two: Wealth index</b>			
H12	What is the main source of water used by your HH for other purposes such as cooking and hand washing?	Sources of water 1. Surface water-river, lake, dam, etc. 2. Water from rain 3. Unprotected well 4. Water from tanker truck 5. Protected well 6. Public tap / standpipe	7. Unprotected Spring 8. Piped into yard/plot 9. Protected Spring 10. Piped into dwelling 11. Tube well or borehole 12. Other water source H12 — H13 —
H13	What is the main source of drinking water for members of your HH?		
H14	Does your HH share toilet facilities with other HHs?	No=0; Yes =1	
H15	What kind of toilet facility do members of your HH usually use?	1. No facility/bush/field 2. Traditional pit latrine	—

		<ul style="list-style-type: none"> <li>3. Pit latrine with slab</li> <li>4. Flush toilet</li> <li>5. VIP latrine</li> <li>6. Composting toilet</li> <li>7. Other type of latrine/toilet</li> </ul>	
H16	Does your HH own the following?	<ul style="list-style-type: none"> <li>1. Electricity</li> <li>2. Watch/Clock</li> <li>3. Radio</li> <li>4. Television</li> <li>5. Mobile phone</li> <li>6. Refrigerator</li> <li>7. Table</li> <li>8. Chair</li> <li>9. Bed with cotton/sponge/spring mattress</li> <li>10. Electric stove</li> <li>11. Solar lamp</li> <li>12. Bicycle</li> <li>13. Motorcycle or Scooter</li> <li>14. Animal-drawn cart</li> </ul>	<ul style="list-style-type: none"> <li>_____</li> <li>_____</li> <li>_____</li> <li>_____</li> <li>_____</li> <li>_____</li> <li>_____</li> <li>_____</li> <li>_____</li> <li>_____</li> <li>_____</li> <li>_____</li> <li>_____</li> <li>_____</li> </ul>

		15. Car or Truck	
H17	What type of fuel does your HH mainly use for cooking?	<ol style="list-style-type: none"> <li>1. Straw</li> <li>2. Wood</li> <li>3. Biogas</li> <li>4. Charcoal</li> <li>5. Agricultural crop residue</li> <li>6. Dung</li> <li>7. Electricity</li> </ol>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
H18	What is the main material of floor?	<ol style="list-style-type: none"> <li>1. Earth, sand, dung floor</li> <li>2. Rudimentary wood plank, palm, bamboo floor</li> <li>3. Cement floor</li> <li>4. Polished wood floor</li> <li>5. Carpeted floor</li> <li>6. Ceramic tile floor</li> </ol>	<p>_____</p>
H19	What is the main material for roof?	<ol style="list-style-type: none"> <li>1. Thatched roof</li> <li>2. Corrugated iron roof</li> <li>3. Other</li> </ol>	<p>_____</p>
H20	What is the main material for wall?	<ol style="list-style-type: none"> <li>1. Adobe walls</li> <li>2. Mud brick walls</li> <li>3. Stone/brick/cinderblock</li> </ol>	<p>_____</p>
H21	Do you have an independent house for your livestock?	No=0; Yes =1	
H22	Do you have an independent kitchen room/house?	No=0; Yes =1	
H25	How many rooms in this house are used for sleeping?	No room _____	

H26	Does your HH own the following?	1. Milk cows, oxen or bulls 2. Horses, donkeys, or mules 3. Goats 4. Sheep 5. Chickens 6. Beehives	____ ____ ____ ____ ____ ____
H27	Your household member has its own farm lands?	No=0; Yes =1	
H28	How many hectares of agricultural land do members of this household own?	In hectares_____	
<b>Section three: women's exposure to mass media</b>			
29	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	1. At least once a week 2. Less than once a week 3. Not at all	
30	Do you listen to the radio at least once a week, less than once a week or not at all?	1 At least once a week 2 Less than once a week 3 Not at all	
31	Do you watch television at least once a week, less than once a week or not at all?	1 At least once a week 2 Less than once a week 3 Not at all	
<b>Section three: Households with a latrine</b>			
H32	Who is final say to build a latrine?	1. Male head alone 2. Female head alone 3. Females and Males head jointly	
H33	Who is latrine site identification?	1. Male alone 2. Female alone 3. Females and Males jointly	
H34	Who is raw materials purchase for latrines?	1. Male alone 2. Female alone	

		3. Females and Males jointly	
H35	Who is arranging masons for latrines?	1. Male alone 2. Female alone 3. Females and Males jointly	
H36	Who is investing in latrine building?	1. Male alone 2. Female alone 3. Females and Males jointly	
H37	Who is refuse open defecation practice?	1. Male alone 2. Female alone 3. Females and Males jointly	
<b>Section four: Latrine functionality status</b>			
H38	Is the latrine workable?	No=0; Yes =1	
H39	Is the latrine currently in use?	No=0; Yes =1	
H40	Do family members, regularly use the latrine?	No=0; Yes =1	
<b>Section five: Latrine non functionality status</b>			
H41	Why the latrine is not functional/not completed?	-----	
H42	Who in the household is responsible to make the private latrine workable?	1. Husband/other males 2. Female head 3. Both Males and females jointly	
<b>Section six: Determine the Knowledge and attitudes of women's role in sanitation decision making</b>			
<b>Knowledge part</b>			
H43	Is latrine construction essential for privacy, security, health, hygiene, and comfort?	No=0; Yes =1	
H44	Did you know how to construct a latrine?	No=0; Yes =1	
H45	Is final decision made to construct a toilet done by both men and women?	No=0; Yes =1	
H46	Is constructing your latrine by selling	No=0; Yes =1	

	animals/farm products to buy more materials?		
H47	Low levels of education workload and male domination challenges for women's role in sanitation decision-making?	No=0; Yes =1	
H48	Promote gender equality, teaching women and increase media access is a solution for increase women's role in sanitation decision-making?	No=0; Yes =1	
H49	Is improving women's role in sanitation decision-making by create awareness; promote behavioral change, teaching women and increase media access?	No=0; Yes =1	
<b>Attitude part</b>			
H50	Do you believe that some laws in the community restrict the role of women in sanitation decision making?	Disagree =0; Agree =1	
H51	Do you think you are more respected by your community because you have an own latrine?	Disagree =0; Agree =1	
H52	Do you believe that male dominance has no bearing on the role of women in sanitation decision-making?	Disagree =0; Agree =1	
H53	Do you believe that women's role in sanitation decision-making does not play a role unless it is wasted time?	Disagree =0; Agree =1	
H54	Do you believe that the role of women participation is important for keeping latrine hygienic rather than participating decision making?	Disagree =0; Agree =1	
H55	Do you believe that the responsibility of buying raw materials for toilet construction should be limited to men only?	Disagree =0; Agree =1	
H56	Do you believe that the role of site selection for toilet construction should be carried out only by men?	Disagree =0; Agree =1	
H57	Do you believe that latrine construction decisions should be made	Disagree =0; Agree =1	

	solely by men?		
H58	Do you believe that the role of women in sanitation decision-making is only refusing open defecation practices?	Disagree =0; Agree =1	
H59	Do you believe that low literacy rates will be affect the role of women in toilet construction decisions making.	Disagree =0; Agree =1	
H60	If you construct a latrine, do you think you are more vulnerable for envy?	Disagree =0; Agree =1	
H61	Do you think that constructing your own latrine is expensive?	Disagree =0; Agree =1	

### In-depth interview discussion guides

Participant's village: ..... Sex: M/F    Age: .....    Marriage status .....    participants consent: Y/N Date of Interview: ...../...../.....    Start time: .....    End time: .....
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#### Introduction

1. Tell something about your village, your family, friends, and yourself.
2. How is life in rural areas? What are the challenges of living in a village (general)?
3. What are the good things/what you appreciate about your village?

Probe: Explore what are the different infrastructure has in the village ; are any government programmes to improve people's health like latrine construction related activities in their village; how united are the villagers; village customs and cultures related to latrine building and use

4. What is it the challenges living in this village? Why?

5. Have you and your household participated in any of government's development schemes?

In what way? Why not participated?

6. Had you and your household member participate in latrine building programmes of government or private in the past? If yes, in what way and if no, why not participated?

7. Do you have workable latrine in your house? For how long does had this facility at home? By who was the latrine built?

Probe: Who approached your family? How was the decision decided? How was the place selected? Who made the investments? Who constructed?

8. How were you involved in this latrine construction process?

Probe: What were your contributions in the whole process of latrine construction, starting from the idea level till completion?

9. What are the factors that hinder in private or public latrine construction decision making in the households?

Probe: In household level; power hierarchies within the family members to decision making for latrine construction; which members is dominance; who has more strong say in the family member? Why? By economy, education; which members are in the household mostly strong? Why?

10. If you give a chance to build latrine to you, in what way differently you will do it?

### **Focus group discussion guide**

Participant's village: .....

Sex: M/F Age: ..... Marriage status ..... participants consent: Y/N

Date of FDG: ...../...../..... Start time: ..... End time: .....

#### **Introduction**

1. Tell something about your village, your family, friends, and yourself.



2. How is life in rural areas? What are the challenges of living in a village (general)? What are the good things/what you appreciate about your village?
3. Have you ever heard women's role in decision making on latrine construction?
4. How to see that family and community member perception on women's role in decision making on latrine construction?
5. What is reason behind in your village women's had not participated in any of government's development schemes (planning, site identifying, latrine construction, utilization, promotion, etc) in decision making role?
6. What type of latrine facility has the village for defecation? Estimate in years if the villager has the latrine facility?
7. Any organization was built the latrine for your household? Who approached your family? How was the decision taken? How were the sites selected? Who made the investments? Who is constructed?
8. What are the factors that facilitates/ hinder on decision making in private and public latrine construction?
9. What are the main challenges on women decision making role in latrine construction in the household level or community level?
10. If you had to implement a programmed like planning, sites identify, latrine • construction • , promotion, how would you approach to your family? Or, are you happy the way the programmed was delivered?

Annex 4 : የተሳታፊ መረጃ ወረቀት እና የፈቃደኝነት ስምምነት ቅጽ (የአማርኛ ሥሪት)

ጤና ይስጥልኝ እንደምን አደርሽ/ዋሌሽ? ስሜ \_\_\_\_\_ ይባላል። የመጣሁት ከዚህ ከአማራ ክልል ሲሆን የባህርዳር ዩኒቨርሲቲ የማስተርስ ተማሪ በሆኑት በአቶ መንግስቱ በላይ አማካኝነት ለሚካሄደው የጥናቱ ርዕስ- በመጻፍዎቼ ቤት ግንባታ ውሳኔ አሰጣጥ ውስጥ የሴቶች ሚና እና ተጓዳኝ ሁኔታዎች እና ተፈታታኝ ሁኔታዎች ተግዳሮቶች ጥናት መረጃ በመሰብሰብ ላይ ከሚገኙ መረጃ ሰብሳቢዎች መካከል አንዱ ነኝ። እርስዎ/አንቺ ከዚህ በታች የሚነበበውን የጥናቱን መግለጫ ተገንዝበው ፈቃደኛ ከሆኑ መረጃ በመስጠት የዚህ ጥናት ተሳታፊ እንዲሆኑ ሳይንሳዊ በሆነ መንገድ ተመርጠዋል።

የተሳታፊ መረጃ ገጽ እና የፍቃደኝነት ቅፅ

የጥናቱ ርዕስ: በመጻፍዎቼ ቤት ግንባታ ውሳኔ አሰጣጥ ውስጥ የሴቶች ሚና እና ተጓዳኝ ሁኔታዎች እና ተፈታታኝ ሁኔታዎች ተግዳሮቶች መካከል በሰሜን ምዕራብ ኢትዮጵያ በይልማና ዴንሳ ወረዳ 2019 እ.ኤ.አ.

ይህ የጥናቱ ሥራ በባህር ዳር ዩኒቨርሲቲ እና በአማራ ክልል ጤና ቢሮ የተሟላና የተቀናጀ የድህረ-ምረቃ የማስተርስ ድግሪ ምርምር ፕሮጀክት መሆኑን ተረድቻለሁ እናም የተመረጠው ዋና አጥኝ አቶ መንግስቱ በላይ ነው ። እንዲሁም በሰሜን ምዕራብ ኢትዮጵያ በይልማና ዴንሳ ወረዳ ውስጥ በመጻፍዎቼ ቤት ግንባታ ውሳኔ አሰጣጥ ውስጥ የሴቶች ሚና እና ተጓዳኝ ሁኔታዎች እና ተፈታታኝ ሁኔታዎች ተግዳሮቶች ለመገምገም የሴቶች ድርሻን ለመገምገም በተረዳሁበት ቋንቋ እና ስለ ምርምር ፕሮጀክት ዓላማው በሚገባ ተረድቻለሁ ። ለቃለ መጠይቁም ቀርቢያለሁ ። በቃለ መጠይቁ ወቅት የሰጠሁት ማንኛውም መረጃ በሚስጠር የተጠበቀ ይሆናል ። ጥናቱ ምንም ዓይነት አደጋ እና ምንም ዓይነት ካሳ የለውም። እንዲሁም መረጃን ለመከልከል ፣ መልስ ለመስጠት ጥያቄዎችን መዘለል ወይም በማንኛውም ጊዜ ከጥናቱ የመወጣት መብት እንዳለኝ አውቃለሁ ። ከጥናቱ ለመወጣት ምክንያቱን ማስረዳት ማንም ሊያስገድደኝ እንደማይችል ተነግሮኛል ። በተጨማሪም በጤንነቱ ጥቅማዬም ሆነ ከዲስትሪክ ያገኘሁት ሌላ አስተዳደራዊ ተጽዕኖ በጭራሽ ምንም ውጤት እንደማይኖር ግልፅ ነው ። በጥናቱ ሥራ ላይ በፊት ሆነ በጥናቱ ሥራ ወቅት ግልፅ ያልሆነ መረጃን የመጠየቅ መብት አለኝ።

1. የባህር ዳር ዩኒቨርሲቲ ፣ ቢሮ ስልክ:

2. የጥናቱ ባለቤት ስምና አድራሻ-መንግስቱ በላይ ፣ ሞባይል ስልክ: +251 923528015

3. የተቆጣጣሪ ስም እና አድራሻ-\_\_\_\_\_

ይህንን ቅጽ በተረዳሁት ቋንቋ አነብብኩኝ እና ከዚህ በላይ የተገለፀውን ሁኔታ ተረዳሁኝ ። ስለዚህ ይህንን የስምምነት ቅጽ በመፈረም የእኔን ተሳትፎ አረጋግጫለሁ ።

እናቶች በጥናቱ ውስጥ ለመሳተፍ ተስማምተዋል ከሆን (አንደኛውን የቃል ስምምነት ላይ ምልክት ያድርጉ) ተስማምቻለሁ \_\_\_\_\_ አልተስማማሁም \_\_\_\_\_

የቃለ መጠይቅ ፈራሚ መለያ ቁጥር \_\_\_\_\_

ፊርማ \_\_\_\_\_ ቀን \_\_\_\_\_

Annex 5:-የተስማማዋቸው የስምምነት ቅጽ ፣ የእማሪኛዉ ሥራት ።

የጥናቱ ርዕስ: - በመጻፍዎቹ ቤት ግንባታ ውሳኔ አሰጣጥ ውስጥ የሴቶች ሚና እና ተጓዳኝ ሁኔታዎች እና ተፈታታኝ ሁኔታዎች ተግዳሮቶች መካከል በሰሜን ምዕራብ ኢትዮጵያ በይልማና ዴንሳ ወረዳ 2019 እኔኔኔ.

ዓላማው የዚህ ምርምር ዓላማ በሰሜን ምዕራብ ኢትዮጵያ በይልማና ዴንሳ ወረዳ በመጻፍዎቹ ቤት ግንባታ ውሳኔ አሰጣጥ ውስጥ የሴቶች ሚና እና ተጓዳኝ ሁኔታዎች እና ተፈታታኝ ሁኔታዎች ለመገምገም ነው ።

ሥነ-ሥርዓቱ እና ተሳትፎው-የዚህ ጥናቱ ዘዴ በይልማና ዴንሳ ወረዳ ውስጥ የሚመረከዘው በማህበረሰብ ላይ የተመሠረተ የሽግግር ጥናት ንድፍ ነው ። ከጥናቱ ቃለ-መጠይቁ ጋር የሚገናኝበት የጥናቱ ተሳታፊ ለአንድ ጊዜ የሚጠብቀው ጊዜ ከ 35 ደቂቃዎች አይበልጥም ። ከቤተሰብዎ አባላት እናቶች መካከል ስለ በመጻፍዎቹ ቤት ግንባታ ውሳኔ አሰጣጥ ውስጥ የሴቶች ሚና እና ተጓዳኝ ሁኔታዎች እና ተፈታታኝ ሁኔታዎች ተግዳሮቶች በሰሜን ምዕራብ ኢትዮጵያ በይልማና ዴንሳ ወረዳ 2019 ውስጥ ቃለ-መጠይቅ ይደረጋሉ ። እርስዎ በእውነቱ በተሰጡት እውነተኛ መረጃ ውስጥ እንዲሳተፉ ይጠየቃሉ ። የታቀደው የምርምር ፕሮጀክት መሻሻል አስፈላጊ ነው ። ሆኖም የእናንተ ልዩ ተሳትፎ በእኩልነት የመምረጥ እድልን በሚሰጥ የናሙና ዘዴ አሰራር ተረጋግጦል።

ምስጢራዊነት-የምርምር ሃሳብ ሚስጥራዊነት ደህንነትን ለመጠበቅ ሲባል የመረጃ አሰባሳቢው ስሞችን ከመጠቀም ይልቅ መረጃ አሰባሳቢ ወቅት ኮዶችን ይጠቀማል ። የመረጃው ትንተና እስኪያከናውን ድረስ የመጀመሪያው መረጃ በካቢኔ ውስጥ ተቆልፎ ይቆያል እንዲሁም ከዋና መርማሪው እና ከተቆጣጣሪው በስተቀር ለመረጃ ፍተሻ እና ለጽዳት ዓላማዎች በስተቀር ማንም ሊኖረው አይችልም። ለተሳታፊዎች ከተስማሙበት ዓላማ ውጭ ለማንኛውም ዓላማ የመረጃ አጠቃቀሙ ለተሳታፊዎች ሕገወጥ ነው ። የሰጡት መረጃ የግል ባህሪዎችን ለመለየት ወይም ግላዊነትን በሚጥስ መንገድ አይገለጽም ። የምርምር መከላከያ እና የመጨረሻ ስራው በባህር ዳር ዩኒቨርሲቲ ም / ቤት ከተፀደቀ በኋላ የመጀመሪያው የመረጃ መጠይቅ በአስተማማኝ ሁኔታ ይካተታል ።

የጥናቱ ጥቅም ለተሳታፊው ግለሰብም ሆነ ቡድን የአጭር ጊዜ የገንዘብ ፣ የጤና እንክብካቤ እና የአቅም ግንባታ ጥቅሞች የለውም ። ሆኖም በቃለ መጠይቁ ወቅት አባ/አማውራ ቤቶች ለሴቶች በንፅህና አጠባበቅ ውሳኔዎች ውስጥ የሴቶች ሚና እንዳላቸው ከተረጋገጠ የሴቶች ንቁ የቤተሰብ ተሳትፎ በቀላሉ በቤት ውስጥ እንዲገኝ በማድረግ በአስተማማኝ ሁኔታ እና በንፅህና አጠባበቅ አማራጮች አቅርቦት ላይ ግንዛቤ እንዲፈጥሩ ይመከራል ። ደህንነቱ የተጠበቀ እና በቂ የአካባቢ ጽዳትና የግል ንፅህና ተቋም እና በቤተሰብ ደረጃ በማምጣት ነው ። የኋላ ኋላ የዚህ ጥናት ውጤት የሚመለከታቸው ድርጅቶች እና የፖሊሲ አውጪዎች ከጤና ችግሮች ጋር የተዛመዱ መርሃግብሮችን እና እቅዶችን እና ቅጥን ፣ በተለይም ሴቶች በመፀዳጃ ቤት ግንባታ ውስጥ በውሳኔ አሰጣጥ ረገድ ከግምት ውስጥ እንዲገቡ ይረዳል ።

ስጋት በጥናቱ ተሳታፊዎች ላይ ምንም አይነት ኢ-ሰብአዊ አያያዝ ሆነ አካላዊ ጉዳት ፣ ማህበራዊ መድልዎ ፣ ሥነ ልቦናዊ ቀውስ እና ኢኮኖሚያዊ ኪሳራ የለውም ።

ማበረታቻ እና ማካካሻ- በዚህ ጥናት ሂደት ውስጥ ምንም ዓይነት ማበረታቻ/ማካካሻ አይኖረውም ፣ ወይም ማስገደድ እና ካሳ ሊያስከትሉ የሚችሉትን አደጋዎች አያመጣም።

የመውጣት ነፃነት-በጥናቱ ውስጥ ለመሳተፍ የሚፈልጉ ከሆነ ፣ ያለ ምንም ቅጣት እርስዎ በሚፈልጉበት በማንኛውም ጊዜ ከጥናቱ ለማምለጥ ሙሉ መብት አልዎት ። የመልቀቂያ ምክንያቱን እንዲያብራሩ ማንም አይጠይቅዎትም ወይም አያስገድድዎትም።

የሚገናኝበት ሰው: - ተሳታፊው ከጥናቱ ሥራ በፊትም ሆነ በጥናት መረጃ ሰብሰባ ወቅት ስለ ጥናቱ አውድ እና ይዘት ግልፅ ያልሆነ መረጃን የመጠየቅ መብት አለው ። የዋና ጥናቱ ባለቤት እና የመረጃ

አሰባሳቢውን ተቆጣጣሪ ማነጋገር ይችላሉ። በተጨማሪም ይህ ጥናት በባህር ዳር ዩኒቨርሲቲ ፣ የህክምና ኮሌጅ እና የጤና ሳይንስ ሥነ-ምግባር ማዕደቂያ የሥነ ምግባር ግምገማ ፀድቋል ። ስለዚህ የምርምር ፕሮጀክት ተጨማሪ መረጃ ከፈለጉ የሚከተሉትን ሰዎች ማነጋገር ይችላሉ ።

1. ባህር ዳር ዩኒቨርሲቲ ፣ ቢሮ ስልክ: -----

2. የጥናቱ ባለቤት ስምና አድራሻ-መንግስቱ በላይ ፣ ሞባይል ስልክ: +251 923528015

4. የተቆጣጣሪ ስም እና አድራሻ: - ----

Annex 6:- የአማራጽ መጠይቅ ::

ቃስ መጠይቅ የተደረገበት ቀን----- / ----- / -----የተጀመረው ጊዜ -----

ክልል: ----- ዞን: ----- ወረዳ: -----ከተማ: -----ቀበሌ: ----- የቤት ቁጥር: -----

ተ.ቁ	ጥያቄ	መልስ
1	ለቃለ- መጠይቁን መልስ የሚሰጥ	1. ወንድ 2. ሴት
2	የቤተሰቡ አባዉራ	1. ወንድ 2. ሴት
3	የሚኖሩበት ቦታ	1. ከተማ 2. ገጠር
4	እድሜ	-----
5	ሃይማኖት	1. ኦርቶዶክስ 2. ሙስሊም 3. ፕሮቴስታንት 4. ካቶሊክ 5. ሌሎች___
6	የትምህርት ደረጃ	1. ማንበብ እና መጻፍ አትችልም:: 2. ማንበብ እና መጻፍ ተችላለች:: 3. የመጀመሪያ ደረጃ 4. ሁለተኛ ደረጃ 5. ዲፕሎማ እና ከዚያ በላይ
7	ባል ካለዎት የባልዎ የትምህርት ደረጃ?	1. ማንበብ እና መጻፍ አትችልም:: 2. ማንበብ እና መጻፍ ተችላለች:: 3. የመጀመሪያ ደረጃ 4. ሁለተኛ ደረጃ 5. ዲፕሎማ እና ከዚያ በላይ

		<ol style="list-style-type: none"> <li>2. ማንበብ እና መጻፍ ተችላለች።</li> <li>3. የመጀመሪያ ደረጃ</li> <li>4. ሁለተኛ ደረጃ</li> <li>5. ዲፕሎማ እና ከዚያ በላይ</li> </ol>
8	የጋብቻ ሁኔታ	<ol style="list-style-type: none"> <li>1. ያላገባች</li> <li>2. ያገባች</li> <li>3. የፈታች</li> <li>4. ባሏ የሞተ</li> </ol>
9	ሥራ ምንድን ነው?	<ol style="list-style-type: none"> <li>1. ሥራ አጥ</li> <li>2. የመንግሥት ሠራተኛ</li> <li>3. የቀን ስራተኛ</li> <li>4. ነጋዴ</li> <li>5. ግብርና</li> </ol>
10	ባል ካለዎት የባልዎ የሥራ ምንድን ነው?	<ol style="list-style-type: none"> <li>1. ሥራ አጥ</li> <li>2. የመንግሥት ሠራተኛ</li> <li>3. የቀን ስራተኛ</li> <li>4. ነጋዴ</li> <li>5. ግብርና</li> </ol>
11	በቤተሰብ ውስጥ የቤተሰብ ብዛት?	—
12	የቤተሰብ የመጠጥ ወ.ሀ መገኛ ምንጭ ከየት ነው?	<ol style="list-style-type: none"> <li>1. የቧንቧ ውሃ በመኖሪያ ቤት ውስጥ</li> <li>2. የቧንቧ ውሃ በግቢ ውስጥ</li> <li>3. የህዝብ ቧንቧ /ቦኖ/</li> <li>4. የተጠበቀ የጉዳይ ውሃ</li> <li>5. የተጠበቀ የምንጭ ውሃ</li> <li>6. ሌላ -----</li> </ol>
13	ብዙውን ጊዜ የቤተሰብዎ አባላት ምን ዓይነት የመጻፊያ ቤት ይጠቀማሉ?	<ol style="list-style-type: none"> <li>1. በውሃ የሚሰራ መጻፊያ ቤት</li> <li>2. የተሻሻለ መጻፊያ ቤት</li> <li>3. ባህላዊ መጻፊያ ቤት</li> </ol>

		<p>4. የጋራ መጻጃ ቤት</p> <p>5. ምንም የለም (ሜዳ ላይ)</p>
14	የእርስዎ ቤተሰብ በዋናነት ለማብሰያ የሚጠቀመው ምን ዓይነት ነዳጅ ነው?	<p>1. ኤሌክትሪክ</p> <p>2. ፈሳሽ ነዳጅ (ጋዘ)</p> <p>3. የተፈጥሮ ጋዘ</p> <p>4. ባዮጋዎች</p> <p>5. ኬሮሲን</p> <p>6. ከሰል</p> <p>7. እንጨት</p> <p>8. ገለባ / ቁጥቋጦዎች / ሳር</p> <p>9. የእንስሳት ፈንድ</p>
15	እንደ ወጥ ቤት የሚያገለግል የተለየ ክፍል አለዎት?	<p>1. አለ</p> <p>2. የለም</p>
16	በዚህ ቤት ውስጥ ስንት ለመኝታ የሚያገለግሉ ክፍሎች አሉ?	የክፍል ብዛት----
17	ይህ ቤተሰብ የራሱ የሆኑ ከብቶች ፣ መንጎች ፣ ሌሎች የእርሻ እንስሳት ወይም የዶሮ እርባታዎች አሉት?	<p>1. አለ</p> <p>2. የለም</p>
18	<p>ከሚከተሉት እንስሳቶች ውስጥ ስንት የሚሆኑት በቤት ውስጥ አለዎት?</p> <p>ሀ. የወተት ላሞች ፣ በሬዎች ወይም በሬዎች?</p> <p>ለ. ፈረሶች ፣ አህዮች ወይም በቅሎዎች?</p> <p>ሐ. ግመሎች?</p> <p>መ. ፍየሎች?</p> <p>ሠ. በጎች?</p> <p>ረ. ዶሮዎች ወይም ሌሎች ዶሮዎች?</p> <p>ሰ. የንብ ቀፎዎች</p>	<p>አለ / የለም</p> <p>አለ / የለም</p> <p>አለ / የለም</p> <p>አለ / የለም</p> <p>አለ / የለም</p> <p>አለ / የለም</p> <p>አለ / የለም</p>
19	የዚህ ቤተሰብ አባል የሆነ ሁሉ የራሳቸው የሆነ	1. አለ



	የእርሻ መሬት አላቸው?	2. የለም
20	የዚህ ቤተሰብ አባላት ስንት ሄክታር የእርሻ መሬት አላቸው?	----- ሄክታር
21	በቤተሰቡ ውስጥ ምን ያህል ቁሳቁስ አላችሁ? ሀ. ኤሌክትሪክ ምጣድ? ለ. ሬዲዮ? ሐ. ቴሌቪዥን? መ. ሞባይል ያልሆነ ስልክ? ሠ. ኮምፒዩተር? ረ. ማቀዝቀዣ ፍሪጅ? ሰ. ጠረጴዛ? ሸ. ወንበር? ቀ. ከጥጥ / ስፖንጅ / ስፕሪንግ ፍራሽ ጋር አልጋ	አለ /የለም አለ /የለም አለ /የለም አለ /የለም አለ /የለም አለ /የለም አለ /የለም አለ /የለም አለ /የለም
22	በቤተሰቡ ውስጥ ምን ያህል ቁሳቁስ አላችሁ? ሀ. የእጅ ሰዓት? ለ. ሞባይል ስልክ? ሐ. ብስክሌት? መ. ሞተር ብስክሌት ወይም የሞተር ብስክሌት? ሠ. በእንስሳ የተሠራ ጋሪ ? ረ. መኪና ወይስ የጭነት መኪና? ሰ. ሞተር ያለው ጆልባ? ሸ. ባጃጅ	አለ /የለም አለ /የለም አለ /የለም አለ /የለም አለ /የለም አለ /የለም አለ /የለም አለ /የለም
23	የዚህ ቤተሰብ አባል የባንክ ሂሳብ አለው?	1. አለ 2. የለም
24	የመኖሪያ ቤቱ ወለል የተሠራው ቁሳቁስ?	ተፈጥሯዊ ጣሪያ 1. ጣሪያ የለውም

		<ul style="list-style-type: none"> <li>2. የሳር ክዳን / ጭቃ</li> <li>3. ሶዳ አፈር</li> </ul> <p><b>ጣሪያ ጣሪያ</b></p> <ul style="list-style-type: none"> <li>1. ዝገት ንጣፍ / የላስቲክ ወረቀት</li> <li>2. ዘንግ / ቀርከሃ</li> <li>3. የእንጨት ጣውላዎች</li> <li>4. ካርቶን</li> </ul> <p><b>መጨረሻው ጣሪያ</b></p> <ul style="list-style-type: none"> <li>1. ብረት / በቆርቆሮ</li> <li>2. እንጨት</li> <li>3. ካቢን / ሲሚንት ፋይበር / አስቤስቲን</li> <li>4. ሲሚንቶ</li> <li>5. የጣሪያ መገጣጠሚያዎች</li> </ul>
26	የመኖሪያ ቤቱ ውጫዊ ግድግዳዎች የተሠራ ነው	<p><b>ከተፈጥሮ ግድግዳዎች</b></p> <ul style="list-style-type: none"> <li>1. ግድግዳዎች የሉም</li> <li>2. ካን / የዘንባባ / ግንዱ / ቅርጫት /</li> <li>3. አባራ</li> </ul> <p><b>ግድግዳዎች</b></p> <ul style="list-style-type: none"> <li>1. የቀርከሃ ጭቃ</li> <li>2. ድንጋይ በጭቃ</li> <li>3. ያልተሸፈነ ጉብት</li> <li>4. ጣውላ</li> <li>5. ካርቶን</li> </ul> <p><b>የተጠናቀቁ ግድግዳዎች</b></p> <ul style="list-style-type: none"> <li>1. ሲሚንቶ</li> <li>2. ጡቦች</li> <li>3. ሲሚንቶ ብሉኮች</li> <li>4. የእንጨት ጣውላዎች / እንጨቶች</li> </ul>

25	የመጨረሻው ውሳኔ ሰጭ (የቤት እንስሳትን ፣ የቤት ዘላቂ ንብረቶችን ፣ ምርታማ ንብረትን) የሚገዛው በቤተሰብ አባላት ውስጥ ማን ነው?	<ol style="list-style-type: none"> <li>1. ወንድ ብቻውን</li> <li>2. ሴት ብቻዋን</li> <li>3. ሴት እና ወንድ በጋራ</li> <li>4. ወንድ እና ሌላ ሰው</li> <li>5. ሴት እና ሌላ ሰው</li> </ol>
26	ባለፈው 1 - 3 ዓመት ውስጥ አሁን ባለው ቤት ላይ ምንም ተጨማሪዎች አልነበሩም ወይ ተሻሽለዋል?	<ol style="list-style-type: none"> <li>1. አለ</li> <li>2. የለም</li> </ol>
27	መልስዎ አዎ ከሆነ ፣ ቤቱ ውስጥ ምን ትልቅ ለውጥ አደረጉ?	<ol style="list-style-type: none"> <li>1. ጣሪያ ተሻሽሏል</li> <li>2. ግድግዳዎቹን ቀይረዋል</li> <li>3. አዲስ ክፍሎች ታክለዋል</li> <li>4. አዲስ ክፍሎችን ታክለዋል</li> <li>5. አዲስ ቤት ገንብቷል</li> </ol>
28	ቤቱን ለማሻሻል የወሰነው ውሳኔ በቤተሰቡ ውስጥ የመጨረሻው ሚና የነበረው ማነው?	<ol style="list-style-type: none"> <li>1. ወንድ ብቻውን</li> <li>2. ሴት ብቻዋን</li> <li>3. ሴቶች እና ወንዶች በጋራ</li> <li>4. ወንዶች እና ሌላ ሰው</li> <li>5. ሴት እና ሌላ ሰው</li> </ol>
29	በአለፉት 3 ዓመታት ውስጥ ላም / ጥጃ / በሬ ገዝተዋል?	<ol style="list-style-type: none"> <li>1. አለ</li> <li>2. የለም</li> </ol>
30	መልስዎ አዎ ከሆነ ፣ በቤተሰብ ውስጥ ከብቶችን ወይም የእርሻ እንስሳትን ይግዙ የሚል የመጨረሻ ውሳኔ የተሰጠው ማነው?	<ol style="list-style-type: none"> <li>1. ወንድ ብቻውን</li> <li>2. ሴት ብቻዋን</li> <li>3. ሴቶች እና ወንዶች በጋራ</li> <li>4. ወንዶች እና ሌላ ሰው</li> <li>5. ሴት እና ሌላ ሰው</li> </ol>
31	የራስዎን የጤና እንክብካቤ የሚወስነው በቤተሰብዎ ውስጥ አብዛኛውን ጊዜ የመጨረሻ	<ol style="list-style-type: none"> <li>1. ወንድ ብቻውን</li> <li>2. ሴት ብቻዋን</li> </ol>

	ውሳኔ የሚሰጠው ማነው?	<ul style="list-style-type: none"> <li>3. ሴቶች እና ወንዶች በጋራ</li> <li>4. ወንዶች እና ሌላ ሰው</li> <li>5. ሴት እና ሌላ ሰው</li> </ul>
32	ትላልቅ የቤት መግዣዎችን በሚመለከት በቤተሰብዎ ውስጥ ብዙውን ጊዜ የመጨረሻ ውሳኔ የሚሰጠው ማነው?	<ul style="list-style-type: none"> <li>1. ወንድ ብቻውን</li> <li>2. ሴት ብቻዋን</li> <li>3. ሴቶች እና ወንዶች በጋራ</li> <li>4. ወንዶች እና ሌላ ሰው</li> <li>5. ሴት እና ሌላ ሰው</li> </ul>
33	ለዕለት ተዕለት ፍላጎቶች ግዢን በሚመለከት በቤተሰብዎ ውስጥ የመጨረሻውን ውሳኔ የሚወስነው ማነው?	<ul style="list-style-type: none"> <li>1. ወንድ ብቻውን</li> <li>2. ሴት ብቻዋን</li> <li>3. ሴቶች እና ወንዶች በጋራ</li> <li>4. ወንዶች እና ሌላ ሰው</li> <li>5. ሴት እና ሌላ ሰው</li> </ul>
34	ወደ ቤተሰብ እና ዘመዶች ሲጎበኙ በቤተሰብዎ ውስጥ የመጨረሻውን ውሳኔ የሚወስነው ማነው?	<ul style="list-style-type: none"> <li>1. ወንድ ብቻውን</li> <li>2. ሴት ብቻዋን</li> <li>3. ሴቶች እና ወንዶች በጋራ</li> <li>4. ወንዶች እና ሌላ ሰው</li> <li>5. ሴት እና ሌላ ሰው</li> </ul>
35	ለዕለታዊ ምግቦች ምን መዘጋጀት እንዳለበት በሚወስኑበት ጊዜ በቤተሰብዎ ውስጥ የመጨረሻ ውሳኔ የሚወስነው ማነው?	<ul style="list-style-type: none"> <li>1. ወንድ ብቻውን</li> <li>2. ሴት ብቻዋን</li> <li>3. ሴቶች እና ወንዶች በጋራ</li> <li>4. ወንዶች እና ሌላ ሰው</li> <li>5. ሴት እና ሌላ ሰው</li> </ul>
36	ቤት ውስጥ መጻዳጃ ቤት አለዎት?	<ul style="list-style-type: none"> <li>1. አለ</li> <li>2. የለም</li> </ul>
37	መልስዎ አዎ ከሆነ ለመጻዳጃ ቤት ፋይናንስ ምንጭ ማን ነበር?	<ul style="list-style-type: none"> <li>1. የራስ ፋይናንስ</li> <li>2. በመንግስት</li> <li>3. መንግስት ድጎማ + የራስ ፋይናንስ</li> </ul>

**ክፍል ለ - የመፀዳጃ ቤት ያላቸውን ቤተሰቦች ይጠይቁ**

38	የመፀዳጃ ቤት ለመገንባት በቤተሰብዎ የመጨረሻ ውሳኔ የሚወስነው ማነው?	<ol style="list-style-type: none"> <li>1. ወንድ ብቻውን</li> <li>2. ሴት ብቻዋን</li> <li>3. ሴቶች እና ወንዶች በጋራ</li> <li>4. ወንዶች እና ሌላ ሰው</li> <li>5. ሴት እና ሌላ ሰው</li> </ol>
39	የመፀዳጃ ቤቱን ቦታ ለመለየት በቤተሰብዎ ውስጥ የመጨረሻውን ውሳኔ የሚወስነው ማነው?	<ol style="list-style-type: none"> <li>1. ወንድ ብቻውን</li> <li>2. ሴት ብቻዋን</li> <li>3. ሴቶች እና ወንዶች በጋራ</li> <li>4. ወንዶች እና ሌላ ሰው</li> <li>5. ሴት እና ሌላ ሰው</li> </ol>
40	ለመፀዳጃ ቤት ግንባታ ጥሬ እቃዎችን ለመግዛት በቤተሰብዎ ውስጥ የመጨረሻውን ውሳኔ የሚወስነው ማነው?	<ol style="list-style-type: none"> <li>1. ወንድ ብቻውን</li> <li>2. ሴት ብቻዋን</li> <li>3. ሴቶች እና ወንዶች በጋራ</li> <li>4. ወንዶች እና ሌላ ሰው</li> <li>5. ሴት እና ሌላ ሰው</li> </ol>
41	የመፀዳጃ ቤት ግንባታ ለማመቻቸት በቤተሰብዎ ውስጥ የመጨረሻውን ውሳኔ የሚወስነው ማነው?	<ol style="list-style-type: none"> <li>1. ወንድ ብቻውን</li> <li>2. ሴት ብቻዋን</li> <li>3. ሴቶች እና ወንዶች በጋራ</li> <li>4. ወንዶች እና ሌላ ሰው</li> <li>5. ሴት እና ሌላ ሰው</li> </ol>
42	መፀዳጃ በዋነኝነት የተሠራው ለማን ነው?	<ol style="list-style-type: none"> <li>1. ሴት እማዉራ</li> <li>2. ሴት ልጅ</li> <li>3. ሌላ ሴት</li> <li>4. ወንድ አባዉራ</li> <li>5. ሁሉም የቤተሰብ አባል</li> <li>6. አዛውንት የቤተሰብ አባላት</li> <li>7. ልጆች</li> </ol>

<b>ክፍል ሐ: መጻዳጃ ተግባራዊ ሁኔታ</b>		
43	መጻዳጃ ቤቱ ሊሠራ የሚችል ነው?	1. አዎ 2. አይሰራም
44	መጻዳጃ ቤቱ በአሁኑ ጊዜ አገልግሎት ላይ እየዋለ ነው?	1. አዎ 2. አይደለም
45	የቤተሰብ አባላት በመጻዳጃ ቤት ውስጥ በመደበኛነት ይጠቀማሉ?	1. አዎ 2. አይተቀሙም
<b>ክፍል መ - የመጻዳጃ ቤት የማይሠራ</b>		
46	መጻዳጃ ቤት የማይሰራ / ያልተጠናቀቀው ለምንድነው?	-----
47	የግል የመጻዳጃ ቤት እንዲሠራ የማድረግ ኃላፊነት ያለበት ማነው በቤት ውስጥ? ማነው?	1. ባል / ሌሎች ወንዶች 2. ሴት እማወራ 3. ወንዶችና ሴቶች በጋራ
<b>ክፍል 2 - በሴቶች በንፅህና አጠባበቅ ውሳኔ አሰጣጥ ውስጥ የሴቶች ሚና እውቀትን እና አመለካከትን ለመለካት</b>		
<b>ክፍል 2.1 እውቀት</b>		<b>መልስ</b>
48	በመጻዳጃ ቤት ግንባታ ሂደት ውስጥ የሴቶች ድርሻ እንዳላቸው ሰምተዎታል?	1. አዎ 2. የለም
49	“አዎ” ብለው ከመለሱ ከየትኛው ምንጭ ይሰማሉ?	1. ከጤና ባለሙያዎች 2. ከመገናኛ ብዙሃን (ከሬዲዮ/ከቴሌቪዥን) 3. ከስብሰባ 4. ከእኩዮች
50	በንፅህና አጠባበቅ ውሳኔ አሰጣጥ ውስጥ ስለ ሴቶች ሚና ሰምተው የሚያውቁ ከሆነ በሴቶች ንፅህና አጠባበቅ ውሳኔ አሰጣጥ ላይ የሴቶች ሚናቸውን እንዳይወጡ የሚያደረጉ ተግዳሮቶች ምንድን ናቸው?	1. ዝቅተኛ የትምህርት ደረጃ። 2. የስራ ጫና። 3. የፋይናንስ እጥረት ። 4. የወንድ የበላይነት ። 5. የማህበረሰቡ አንዳንድ ህጎች ።

		6. የማህበረሰቡ አንዳንድ ባህሎች።						
51	በንፅህና አጠባበቅ ውሳኔ አሰጣጥ ውስጥ የሴቶች ሚና ስምተው ያውቁ ከነበረ በንፅህና አጠባበቅ ውሳኔ አሰጣጥ ውስጥ የሴቶች ሚናቸውን እንዳይወጡ የሚያደረጉ ተግዳሮቶች ለመፍታት መፍትሄው ምን ይመስልዎታል?	<ol style="list-style-type: none"> <li>1. ግንዛቤን መፍጠር ።</li> <li>2. የሥርዓተ ጾታ እኩልነትን ማሰፈን</li> <li>3. ሴቶችን ማጎልበት ።</li> <li>4. ሴቶችን ማስተማር ።</li> <li>5. የመገናኛ ብዙሃን ተደራሽነትን ማሳደግ</li> </ol>						
52	በንፅህና አጠባበቅ ውሳኔ አሰጣጥ ውስጥ ስለ ሴቶች ሚና ስምተው የሚያውቁ ከሆነ ሴቶችን በንፅህና አጠባበቅ ውሳኔ አሰጣጥ ውስጥ ለሚያደረጉት ንቁ ተሳትፎ የሚያሻሽሉ ስልቶች ምን ይመስልዎታል?	<ol style="list-style-type: none"> <li>1. የሴቶች ተሳትፎን ማበረታታት</li> <li>2. የእኩልነት ማሰፈን ።</li> <li>3. ሴቶችን ማስተማር ።</li> <li>4. የባህሪ ለውጥ ተገባቦትን ማሳደግ።</li> <li>5. የመገናኛ ብዙሃን ተደራሽነትን ማሳደግ</li> </ol>						
<b>ክፍል 2.2 የአመለካከት</b>		<table border="1"> <thead> <tr> <th>አልስማማም (1)</th> <th>ምንም ማለት አልችልም (2)</th> <th>እስማማለሁ (3)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	አልስማማም (1)	ምንም ማለት አልችልም (2)	እስማማለሁ (3)			
አልስማማም (1)	ምንም ማለት አልችልም (2)	እስማማለሁ (3)						
53	የማህበረሰቡ ዘንድ ያሉ አንዳንድ ሕጎች በንፅህና አጠባበቅ ውሳኔ አሰጣጥ ውስጥ የሴቶች ሚና ይገድባል የሚል እምነት የለኝም ።							
54	በንፅህና አጠባበቅ ውሳኔ አሰጣጥ ውስጥ የወንዶች የበላይነት የሴቶች ሚና ላይ ምንም አይነት ተጽዕኖ የላቸውም ብዬ አምናለሁ ።							
55	በመፀዳጃ ቤት ግንባታ ውሳኔ አሰጣጥ ውስጥ የሴቶች ማሳተፍ ጊዜ ለማባከን ካልሆነ ምንም አይነት ሚና የላቸውም ብዬ አምናለሁ ።							
56	የውሳኔ አሰጣጥ ላይ ከመሳተፍ ይልቅ የሴቶች ተሳትፎ የመፀዳጃ ቤት ንፅህናን ለመጠበቅ አስፈላጊ ነው የሚል እምነት አለኝ ።							
57	ለመፀዳጃ ቤት ግንባታ ጥሬ ዕቃዎችን የመግዛት ሃላፊነት መወሰን ያለበት በወንዶች ብቻ ነው ብዬ አምናለሁ ።							

58	ለመፀዳጃ ቤት ግንባታ የቦታ ምርጫ ሚና የሚከናወነው በወንዶች ብቻ መሆን አለበት የሚል እምነት አለኝ ::			
59	የመፀዳጃ ቤት ግንባታ ውሳኔዎች በወንዶች ብቻ መወሰን አለባቸው የሚል እምነት አለኝ ::			
60	በንፅህና አጠባበቅ ውሳኔ አሰጣጥ ውስጥ የሴቶች ሚና በየሜዳው መጸዳዳትን ልማድን መቃወም ብቻ ነው ብዬ አምናለሁ ::			
61	ዝቅተኛ የመጻፍና የማንበብ ምጣኔ የሴቶች የመጻፍ ቤት ግንባታ ውሳኔ አሰጣጥ ላይ ያላቸውን ሚና እንቅፋት አይሆንም ብዬ አምናለሁ::			

በጥልቀት ቃለመጠይቅ የውይይት መመሪያዎች ::

የተሳታፊ መንደር: ----- ጾታ: ወ/ሴ ዕድሜ-----የጋብቻ ሁኔታ-----

የተሳታፊ ስምምነት አዎ/የለም የቃለ መጠይቅ ቀን: --- / --- /--- የመነሻ ጊዜ-----ማብቂያ ጊዜ---

መግቢያ

1. የመፀዳጃ ቤት ግንባታ ውሳኔ ውስጥ ሴቶች የሚጫወቱት ሚና አለ ብለው ያስባሉ?
2. በመፀዳጃ ቤት ግንባታ ውሳኔ አሰጣጥ ውስጥ የሴቶች ሚና ምንድን ነው?
3. በመጻፍ ቤት ግንባታ ውሳኔ አሰጣጥ ሂደት ውስጥ የሴቶችን ሚና እንዴት ይመለከቱታል?
4. እርስዎ እና ቤተሰብዎ በአዝዳሚ እና በግል የመፀዳጃ ቤት ግንባታ ፕሮግራም ውስጥ ተሳትፈዋል? በምን መንገድ?
5. ሴቶች በመንግሥት የአካባቢ ጽዳትና ንፅህና መርሃ ግብር (ዕቅድ በማዉታት ፣ የቦታ ምርጫ ፣ የመጻፍ ግንባታ ፣ አጠቃቀም ፣ ማስተዋወቅ ፣ በየቦታው አለመጻዳዳትን ማሰቆም፣ ወዘተ) ላይ ተሳትፈዋል?



6. በመንደሪያ ውስጥ ሴቶች በመንግስት የአካባቢ ጽዳትና ንፅህና መርሃ ግብር (ዕቅድ ማቀድ ፣ ጣቢያ መለየት ፣ መፀዳጃ ቤት ግንባታ ፣ አጠቃቀም ፣ ማስተዋወቅ ፣ በየቦታው አለመጸዳዳትን ማስቆም ፣ ወዘተ) ያልተሳተፉበት ምክንያት ምንድነው?

7. በቤት ውስጥ ሊሠራ የሚችል የመፀዳጃ ቤት አለዎት? ይህ ተቋም በቤት ውስጥ ለምን ያህል ጊዜ ቆይቷል? መጸዳጃ ቤቱ የተገነባው በማንነው?

ምርመራ-ቤተሰብዎን ያነጋገረው ማነው? ውሳኔው እንዴት ተወሰነ? ቦታው እንዴት ተመረጠ? ኢንሽራት ያደረጉት ማነው? ማን ገነባ?

8. በዚህ የመፀዳጃ ቤት ግንባታ ሂደት ውስጥ እንዴት ተሳተፉ?

ምርመራ: - ከሃሳቡ ደረጃ ጀምሮ እስከ ማጠናቀቁ ድረስ በመፀዳጃ ቤት ግንባታ ሂደት ውስጥ በሙሉ የእርስዎ አስተዋፅዖ ምን ነበር?

9. በግል ወይም በሕዝብ መጸዳጃ ቤት ግንባታ ውሳኔዎች ውስጥ እንቅፋት የሚሆኑባቸው ምክንያቶች ምንድናቸው?

ምርመራ በቤተሰብ ደረጃ; ለመፀዳጃ ቤት ግንባታ የውሳኔ አሰጣጥ በቤተሰብ አባላት ውስጥ የሥልጣን ተዋረድዎች ፣ የትኞቹ አባላት የበላይ ናቸው? በቤተሰብ አባል ውስጥ የበለጠ ጠንካራ ማነው ያለው? ለምን? በኢኮኖሚ ፣ በትምህርት; አብዛኛው የቤተሰብ አባል የሆኑት የትኞቹ አባላት ናቸው? ለምን?

10. መጸዳጃ ቤት ለእርስዎ እንዲገነቡ እድል ከተሰጡ ፣ በምን በተለየ መንገድ ነው የሚያደርጉት?

የትኩረት ቡድን ውይይት መመሪያ ::

የተሳታፊ መንደር: ----- ጾታ: ወ/ሴ ዕድሜ-----የጋብቻ ሁኔታ-----  
ተሳታፊዎች ስምምነት አዎ/የለም የቃለ መጠይቅ ቀን: --- / ..... / ..... የመነሻ ጊዜ-----ማብቂያ ጊዜ-----

መግቢያ ::

- 1. የመፀዳጃ ቤት ግንባታ ውሳኔ ውስጥ ሴቶች የሚጫወቱት ሚና አለብለው ያስባሉ?
- 2. በመፀዳጃ ቤት ግንባታ ውሳኔ አሰጣጥ ውስጥ የሴቶች ሚና ምንድነው?

3. በመጻዳጃ ቤት ግንባታ ውሳኔ አሰጣጥ ሂደት ውስጥ የሴቶችን ሚና እንዴት ይመለከቱታል?

4. እርስዎ እና ቤተሰብዎ በሕዝባዊ እና በግል የመጻዳጃ ቤት ግንባታ ፕሮግራም ውስጥ ተሳትፈዋል?  
በምን መንገድ

5. ሴቶች በመንግሥት የአካባቢ ጽዳትና ንፅህና መርሃ ግብር (ዕቅድ በማወታት ፣ የቦታ ምርጫ ፣ የመጻዳጃ ግንባታ ፣ አጠቃቀም ፣ ማስተዋወቅ ፣ በየቦታው አለመጻዳጃን ማስቆም፣ ወዘተ) ላይ ተሳትፈዋል?

6. በመንደራዊ ውስጥ ሴቶች በመንግስት የአካባቢ ጽዳትና ንፅህና መርሃ ግብር (ዕቅድ ማቀድ ፣ ጣቢያ መለየት ፣ መጻዳጃ ቤት ግንባታ ፣ አጠቃቀም ፣ ማስተዋወቅ ፣ በየቦታው አለመጻዳጃን ማስቆም፣ ወዘተ) ያልተሳተፉበት ምክንያት ምንድነው?

7. በግል እና በሕዝብ የመጻዳጃ ቤት ግንባታ ላይ ውሳኔን የሚያመቻች / የሚያደናቅፉ ምክንያቶች ምንድናቸው?

8. በቤተሰብ ደረጃ ወይም በማህበረሰብ ደረጃ በመጻዳጃ ቤት ግንባታ ውስጥ ሴቶች ውሳኔ የማድረግ ሚና ዋና ተግዳሮት ምንድናቸው?

9. እንደ ዕቅድ ፣ የጣቢያ መለያየት ፣ የመጻዳጃ ቤት ግንባታ ፣ ማስተዋወቅ ያሉ መርሃግብሮችን መተግበር ካለብዎት ወደ ቤተሰብዎ እንዴት ይቀርቡ ነበር? ወይም ፕሮግራሙ በተሰጠበት መንገድ ደስተኛ ነዎት?

Annex 7: Declaration form

I, the under signed, declared that this is my original work, has never been presented in this or any other University, and that all the resources and materials used for the research, have been fully acknowledged.

Principal investigator

Name: Mengistu Belay (BSc)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Advisors

Name: Muluken Azage (PhD)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: Tebkew Shbabaw (MSc)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name of the external examiner: Embialle Mengistie (PhD)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name of the internal examiner: Amha ----- (PhD)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_