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# Utilization of Maternity Waiting Home and Associated factors Among Mothers of Yilmana Densa District, North West Ethiopia

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**BAHIR DAR UNIVERSITY**

**COLLEGE OF MEDICINE AND HEALTH SCIENCES, SCHOOL  
OF PUBLIC HEALTH**

**UTILIZATION OF MATERNITY WAITING HOME AND  
ASSOCIATED FACTORS AMONG MOTHERS OF YILMANA  
DENSA DISTRICT, NORTH WEST ETHIOPIA.**

**BY**

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**A THESIS SUBMITTED TO BAHIR DAR UNIVERSITY,  
COLLEGE OF MEDICINE AND HEALTH SCIENCES, IN  
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**BAHIRDAR, ETHIOPIA**

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## **Abstract**

**Background:** Since 2014 GC, Ethiopia has been implementing maternity waiting homes to reduce maternal and prenatal mortality, though utilization varies markedly between facilities

**Objective:** To determine utilization of maternity waiting home and associated factors among mothers of Yilmana Densa District, Northwest Ethiopia.

**Methods:** Community based cross sectional study design was conducted from September to November 2018. A total of 508 women participated in this study. Descriptive statistics was used to summarize the data. Binary logistic regression was used to identify independent predictors of the maternity waiting home. Bivariable analysis was executed and variables with a p-value <0.2 in the bivariate logistic regression analysis were fitted in to the final multivariable regression analysis; p-value <0.05 was considered to identify significant independent predictors for maternity waiting home utilization.

**Results:** Utilization of maternity waiting home was 32.7%. Independent predictors for maternity waiting home utilization were far distance (AOR=5.35, 95% CI: 3.24,8.84), more favorable attitude (AOR=8.31,95% CI:5.10,13.52), having information on maternity waiting home (AOR=3.08,95%CI:1.22,7.79) and age of women greater than median (AOR=1.90,95% CI:1.18,3.05).

**Conclusions:** Maternity waiting home utilization is not as such encouraging. Information of women on maternity waiting home, women with more favorable attitude towards maternity waiting home, far distance between women's home and health facilities and women with age greater than median were independent predictors to utilization of maternity waiting homes. Working on bringing attitudinal change of mothers towards maternity waiting home, accessing health information to women, accessing transport, road and health services are important. Attention has to be given for aged women since they could face more exposure to complications.

**Key Words:** Maternity waiting home, Utilization, Factors

## Acronyms

ANC	Antenatal care
AOR	Adjusted odd ratio
CI	Confidence interval
COR	Crude odd ratio
EDD	Expected date of delivery
FMOH	Federal ministry of health
HF	Health facility
MWH	Maternal waiting home
PNC	Postnatal care
UNICEF	United nation international child education fund
WHO	World Health Organization

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# **1. Introduction**

## **1.1 Background**

Maternity waiting homes (MWHs) are homes located near a hospital or a health center to accommodate women in their final weeks of pregnancy to bridge the geographical gap in obstetric care between rural and urban areas and areas with poor access to facilities. Once labor starts, women would move to the health facility(HF) so that they can be assisted by a skilled birth attendant (1).MWH is a structure where women with high-risk pregnancies await onset of labor during the final weeks of pregnancy. This includes women from remote areas, grand multiparous women, and women with scarred uterine, multiple pregnancies or a previous stillbirth(2, 3).

Maternity waiting homes have been promoted to improve pregnant women's access to quality and timely maternal health care services, especially for women with high-risk pregnancy and women who live in remote areas(4). Since 2014, the Ethiopian Ministry of Health has implemented MWHs throughout the country (5).

Deliveries attended by skilled health professionals is targeted to be 90% and to decrease institutional maternal mortality rate to be less than one percent in 2020(6).The largest observational study was conducted in Ethiopia and found significantly lower maternal mortality and stillbirth rates among women who had been enrolled into an MWH compared to those who were admitted directly to hospital (7).

Qualitative study from other setting has examined such limited use of MWH services, and has underlined the need to take local customs and practice, and other supportive and inhibitory factors into account when planning to establish MWH(2).

## 1.2 Statement of the problem

Though globally between 1990 and 2015 maternal mortality ratio declined by 44% from 385 to 216 per 100,000 live births more than 300,000 pregnant and recently delivered died in 2015, sub-Saharan Africa contributing the major 200,000(8). Had worked on appropriate, timely interventions by skilled professionals more than 80% deaths could have been prevented(2, 9).

Regardless of Ethiopia's significant achievement in reducing infant and under-5 mortality, the reduction in maternal and neonatal mortality is comparatively low. The neonatal mortality rate currently stands at 48 deaths per 1,000 live births and Maternal Mortality Ratio reduced from 676 to 412 per 100,000 live births between 2011 and 2016 indicating that Ethiopia was among the top-five countries contributing to global maternal mortality(8, 10). Maternal delays in arrival at a HF, delay in receiving adequate treatment and delay in seeking health care in utilization of emergency obstetric care are the contributing factors for high maternal and neonatal mortality in developing countries. Different approaches designed and engaged to decrease those maternal delays (8, 11). Accordingly, Ethiopian Federal Ministry of Health (EFMOH), designed and implemented a strategy entitled "maternity waiting home" since 2014(5).

Seventy three percent of health centers in Amhara region have maternity waiting home (12) Studies showed that utilization of MWH reduce maternal & neonatal mortality (5, 8)There is scarcity of documented data in the study area about utilization of MWH and its predictors. . In study area researches on utilization and determinant factors of maternity waiting homes are limited. Therefore, this study would narrow this gap by studying utilization of MWH among mothers and determinant factors which could help to increase uptake of institutional delivery and decrease maternal and neonatal mortality and morbidity in the region as well as in a country.

### **1.3 significance of the study**

Maternity waiting home utilization increases institutional delivery and decreases maternal and neonatal mortality and morbidity by working on maternal delays in the region as well as in a country at large. So determining utilization and identifying of determinants of maternity waiting home utilization is important for stakeholders in addressing common barriers and facilitators.

On top of this, doing this research provides basic information for programmers to design interventional strategies, researchers for further studies, teaching and learning purpose in educational and training programs.

## **1.4 Literature review**

### **Maternity Waiting Home Utilization Status**

Studies conducted on utilization of maternity waiting homes showed that at Jinka Zonal Hospital was 28.8%(13), in Tanzania 31.3% (14). A study conducted in Jimma on intention to use maternity waiting home among pregnant women revealed that 38.7% of pregnant women had experiences to use MWH(15). Other studies revealed that utilization of maternity waiting home were 31.5% and 16.7% (16, 17) respectively.

### **Socio demographic factors**

Potential users of MWH were women at the age group of less than 25 years, educated, decision makers having educated husbands and have child care provider at home during her stay at MWH(18). Mothers who completed primary schooling or more had slightly higher odds than mothers who had no education and unmarried had lower odds of utilizing MWH when compared to married ones(17)

Barriers to utilization of MWH included being away from the household and having children in the household cared for by the community during a woman's absence(19). Absence of care provider to children at home was mentioned as determinant factors for staying at the waiting homes(12) . Pregnant women agreed that most important people approve or disprove to use MWH was their husband. Approval was also important from traditional birth attendant, their mother, neighbor and one to five networking leaders to use MWH(18).Lack of family and community support was barriers to access to and use of MWHs(19)

### **Knowledge of women on MWH**

Poor utilization of maternity waiting homes in low- and middle-income countries was due to lack of knowledge and acceptance of the MWH among women and communities (19, 20)Information on MWH use was available for 1046 women (97.6%) and of them 335 women (31.3%) had used at the MWH(14)

### **Attitude of women towards MWH**

Attitude was one of the factors which affect utilization of maternity waiting home, in a study conducted in rural Zambia, it was significantly associated with women's perception of benefits gained from staying in a MWH while waiting for delivery at the health center(13). A study conducted in Jimma showed that MWH utilization among pregnant women was significantly associated with positive relation between intention and use of MWH attitude(15)

### **Reproductive and obstetric factors**

Higher number of ANC visits was one of the positively associated factor to use of maternity waiting homes ( $p=0.001$ ) and associated with higher proportions of complications during ANC follow up(13). Women who had complications during past births and those who envisioned few barriers expressed that they were more likely to use an MWH in the future. Women with previous delivery complications stayed at MWH about 4 times greater than have no experience of complication(18).The other study showed that women who reported delivering at the hospital or rural health clinic were significantly more likely to use a MWH than delivering at home or the way they come to hospital or health clinic(21).

### **Physical and environmental factors**

Longer distance from HF is one of the determinant factors which significantly associated with maternity waiting home utilization according to different studies; utilization of maternity waiting homes was associated with longer distances to the nearest health center(13). MWH utilization increased progressively with distance from the health facilities (2, 22).

A study conducted by UNICEF found that distance impacted health care knowledge among women, as well as decisions to seek care. Only 30% of families in Ragh, in rural Afghanistan, sought care, whereas 72 % did so in the capital city Kabul. Of families trying to obtain care, 75% identified distance, availability of transport, and cost of transport as determinant factor(4, 23)

### **MWH related factors**

Conditions or accommodation at MWHs are critically important so as to attract women to enroll into home or increase the uptake of MWH (22).

Poor MWH structures including poor toilets and kitchens, and a lack of space for family and companions were identified as a major barrier(20). Similarly, lack of food insecurity was a barrier to access to and use of MWHs(12, 19).

## Conceptual framework

It is framed with six category dependent and independent variables. Each independent variable contained one to five related factors.

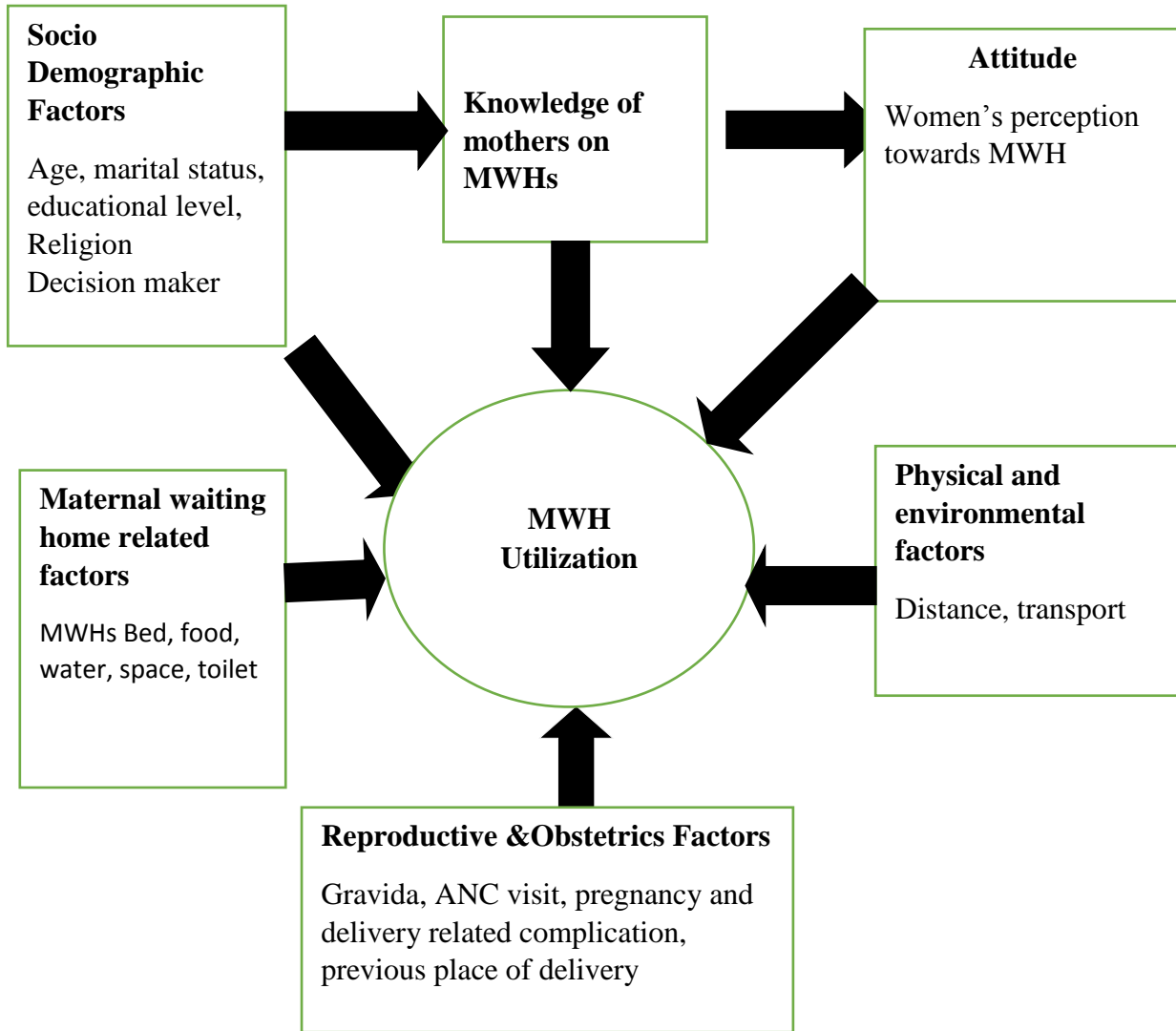


Figure 1: Conceptual framework (1-25)

## **2. Objectives**

### **2.1. General objective**

- To determine utilization of maternity waiting home and associated factors among mothers of Yilmana Densa District, North West Ethiopia, 2018

### **2.2. Specific Objectives**

- To determine magnitude of utilization of maternity waiting home at Yilmana Densa District
- To identify factors associated with utilization of maternity waiting home at Yilmana Densa District



### **3. Methods and materials**

#### **3.1 Study Setting**

Study was conducted in Yilmana Densa District which is found in West Gojjam Zone, North West Ethiopia. It is 45km far away from the capital city of Amhara regional state, Bahir Dar.

The District has eleven health centers having maternity waiting homes since 2008 E.C and one district primary hospital. Total population of the District is 275,187; of these 23.23% are women of reproductive age group. ANC coverage and Institutional delivery of the District were 68% and 50.5% from July 8, 2018 to June 7, 2017 respectively. The District has a total number of 168 health professionals 38 of them are midwives(24, 25)

#### **3.2 Study Design and period:**

Community based cross-sectional study was conducted from September to November 2018

#### **3.3 Population:**

##### **3.3.1 Source population:**

All women delivered in Yilmana Densa District

##### **3.3.2 Study population:**

Women's delivered from July8, 2016 to June7, 2017 in Yilmana Densa District

#### **3.4 Inclusion and exclusion criteria**

##### **3.4.1 Inclusion Criteria:**

All women delivered from July8, 2016 to June7, 2017 in Yilmana Densa District

##### **3.4.2 Exclusion Criteria:**

Women who critically ill and can't react with data collector during data collection.

### 3.5 Sample size determination

Sample size of objective one is calculated by considering CI=95%, precision(d)=5%, Proportion (P) from study conducted in Tanzania was 31.3% (14) as follows

$$N = \frac{(Z_{\alpha/2})^2 P(1-P)}{d^2}$$

$$N = \frac{(1.96)^2 (0.313(1-0.313))}{(0.05)^2}$$

$$N = 330$$

So, the final sample size for objective one is 363 with 10% non-response rate.

Sample Size of objective two is calculated using EPI Info Version 7 by considering power =80%, CI=95%, ratio of unexposed to exposed 1:1 as follows,

**Table 1: Sample size for objective two**

Variables	AOR	Total required sample size
Distance from HF(Far Distance in km)(14)	4.38	462

The sample size of objective two was 508 by adding 10% non-response rate.

Hence, objective two sample size is taken as a final sample size as it was greater than objective one sample size.

### 3.6 Sampling technique and procedures

All women delivered in 2009 E.C were registered in each HF as follows;

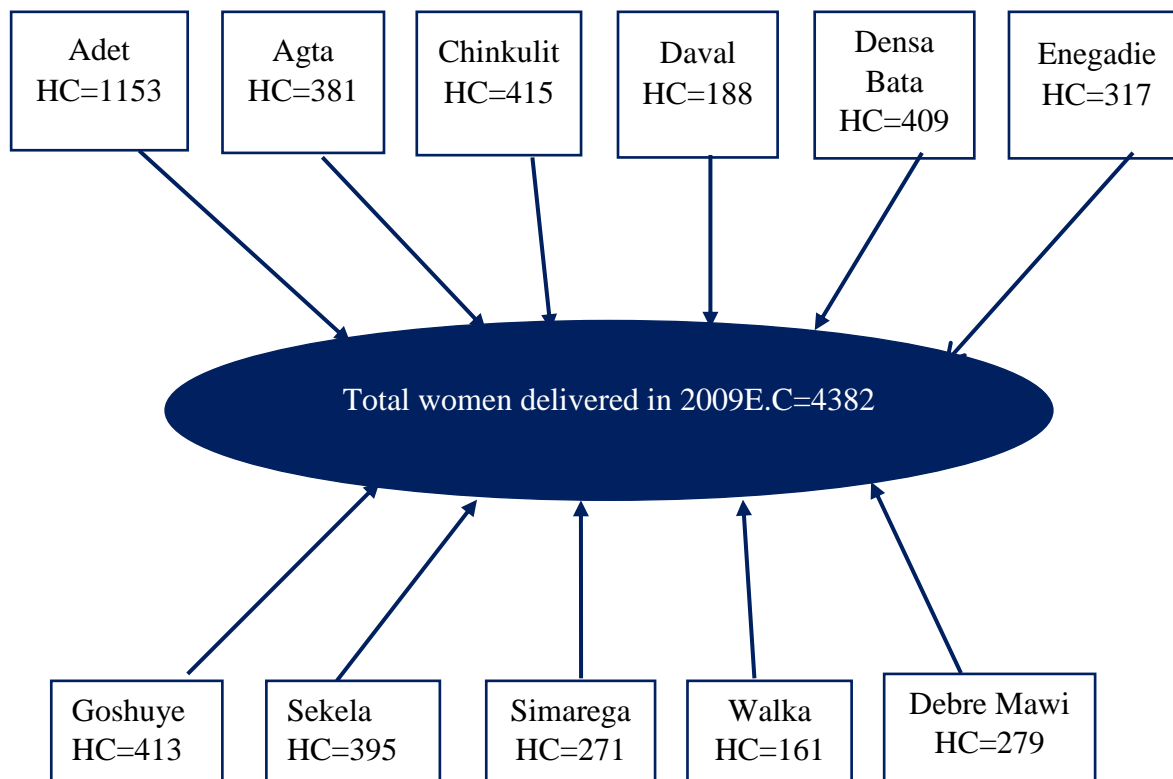
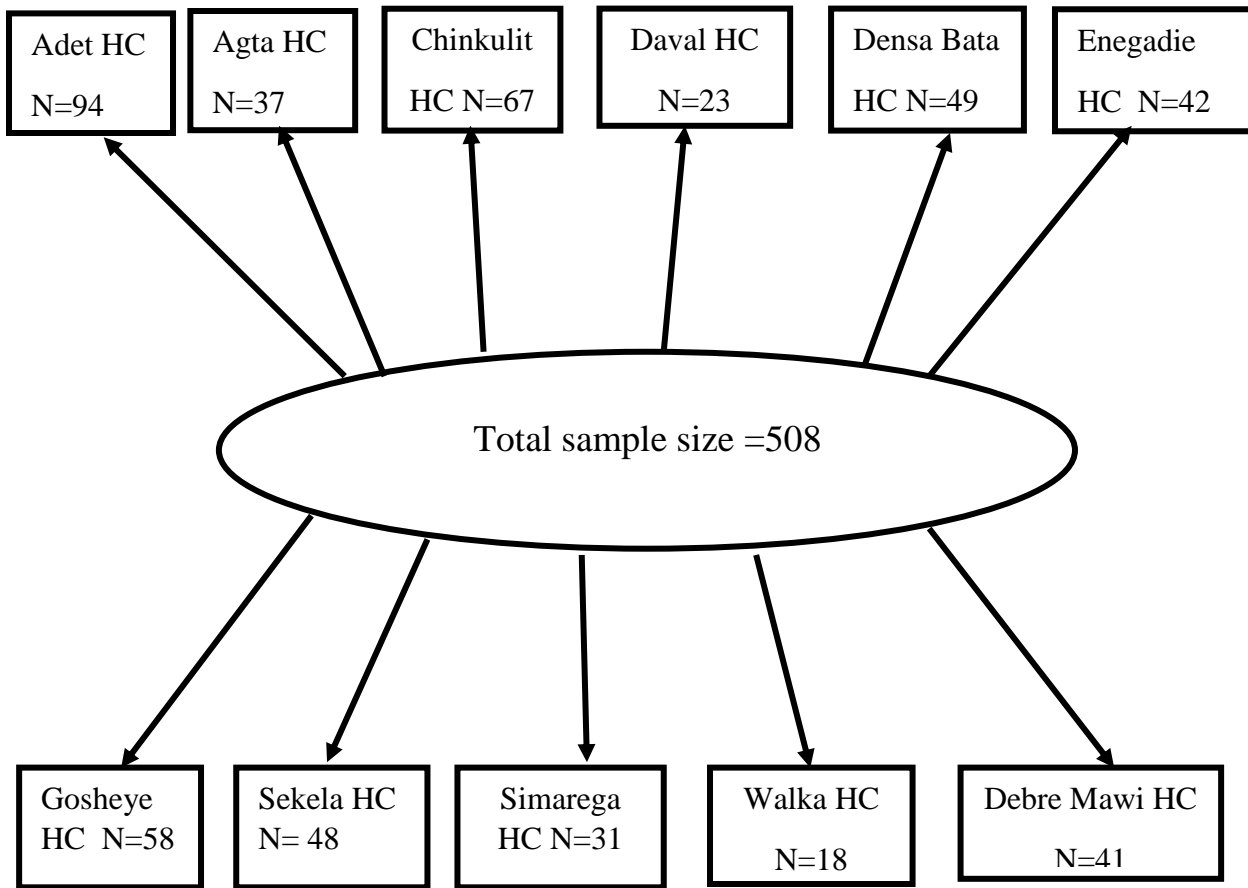


Figure 2: illustrate number of delivered women in each health center in 2009 Ethiopian Budget year.

Proportional allocation of sample size in each health center based on amount of delivered women in the catchment area including home delivered women.



**Figure 3 :Illustrated proportional allocation of study participant.**

Based on the number of delivered women in the catchment area including home delivered women, sample size was allocated proportionally for each health center. Then each participants of the study were selected by computer generated random numbers method.

### 3.7 Study variables

#### 3.7.1 Dependent variable

- Utilization of maternity waiting home (Yes=1, No=0)

#### 3.7.2 Independent variables

- **Socio Demographic factors:** Age, religion, marital status, educational level (women, husband), decision maker.
- **Knowledge:** of mothers on MWH
- **Attitude:** Women's perception towards MWH utilization
- **MWH related factors:** Availability of bed, room space, toilet, food and water
- **Reproductive and obstetrics:** gravid, ANC follow up, pregnancy related complication and previous place of delivery
- **Physical and environmental factors:** Distance and availability of transport

### 3.8 Operational definitions of variables

- **Utilization of maternity waiting home:** women who wait at MWH and delivered or referred to higher health institute for better delivery service after waiting at center.
- **Knowledgeable on MWH-**responses of knowledge questions were summed up and a total score was obtained for each respondent. The median score was calculated and those who scored equal to or greater than the median were categorized as “more Knowledge/knowledgeable “and those who scored below the median were categorized as “less knowledgeable” towards MWH utilization.
- **Attitude MWH:** A five-point Likert scale responses were summed up and a total score obtained for each respondent. The median score was calculated and those who scored equal to or greater than the median was categorized as having “more favorable attitude “and those who scored below the median were categorized as having “less favorable attitude” towards MWH utilization.

### **3.9 Data collection tools and procedures**

Data collection tool was adapted from literatures and prepared in English and translated to Amharic and then retranslated to English to keep the consistency of the tool. The data were collected by 18 health professionals using interviewer administer questionnaires. The data collector's and 3 supervisors were trained for one day on how to interview and fill the questionnaires based on a prepared instruction. The tool was pretested on 5% of sampled population before the actual data collection period. Each study participant was selected with simple random sampling technique in each health facilities.

### **3.10 Data quality assurance**

Quality of data were assured through pretesting of the questionnaires, proper training of the data collectors and supervisors, close supervision of the data collectors and proper handling of the data. At the end of each data collection day, the supervisor checked the completeness of data.

### **3.11 Data management and analysis procedures**

Data were cleaned, edited, checked and entered in to SPSS version 23. Frequencies and percentages were used to describe the profile of study participants.

Descriptive statistics was used to summarize the data. Binary logistic regression was used to identify independent predictors of the dependent variable. Bivariable analysis was executed and variables with a p-value  $\leq 0.2$  in the bivariate logistic regression analysis were fitted in to the final multivariable regression analysis; p-value  $< 0.05$  was considered to identify significant independent predictors for maternity waiting home utilization. Respondents' knowledge about maternity waiting home utilization was evaluated using 16 point knowledge questions. Each correct response was given a score code of 1 and wrong responses a score code of 0. Similarly respondents attitude were evaluated with 8 attitude questions which accounted a total 40 points as maximum and 8 as minimum included. Women's with total score greater than or equal to the median value were categorized as having "more sufficient knowledge" or "more favorable attitude" and

those with score less than the median were categorized as having “less sufficient knowledge” or “less favorable attitude”.

### **Ethical considerations and consent to participate**

Ethical clearance was obtained from Bahir Dar University Review Board and ethical approval was obtained from Amhara Public Health Institute ethical committee (APHI/03/121/2010). Permission was obtained from Yilmana Densa District Health office. Informed verbal consent was obtained from each study participants. The name was not written on the questionnaire and all information obtained from the health institution & respondents were kept confidential.

## 4. Result

### 1. Maternity waiting home utilization in Yilmana Densa District

A total of 508 women participated with response rate was 100 %. The median age of women was 28 years with majority of them found in the age group 25-34years259(51%). Four hundred twenty-six (83.9%) of women and 325(64%) of husbands were unable to read and write. Majority of women, 476 (93.7%), were married whereas 16 (3.1%) were divorced and widowed. Farmer was the dominant occupation of women 504(99.2%). Regarding religion, almost all women 503 (99.4%) were orthodox Christian (Table1).

**Table 2: Socio demographic characteristics of women participated in maternity waiting home utilization, Yilmana Densa District, 2018.**

Variables	Frequency	%
Age in years		
Median age	28 years	
15-24	133	26.2
25-34	259	51.0
35+	116	22.8
Religion		
Orthodox Christian	505	99.4
Muslim	3	0.6
Educational Status of Women		
Unable to read and write	426	83.9
1-8 grade	75	14.8
9-12 grade	7	1.4
Educational Status of Husband		
Unable to read and write	325	64
1-8 grade	172	33.9
9-12 grade	11	2.2
Marital status		
Married	492	96.9
Divorced	6	1.2
Widowed	10	2.0
Occupation of women		
Farmer	504	99.2
Merchant	4	0.8
Occupation of husbands		
Farmer	497	97.8
Merchant	11	2.2

Except 4, all women (99.2%) attended ANC follow up with frequency of two to four times during the last-born pregnancy, majority 362(71.3%) attended four times. Two hundred



seventy-two (53.5%) women had three and less gravid history. During ANC follow up 464 (91.3%) women have got different information about maternity waiting home from service providers. Based on this, 189(19.3%) women were informed on availability/presence of MWH at HC, 368(37.6%) women informed on MWH purpose that it is a home for pregnant women to await onset of labor and 422(43.1%) home to prevent complications and deaths related to labor.

Forty-five (8.9%) women give birth at home with having multiple contributing reasons (48 responses) such as having no complication in the previous delivery 18(37.5%), no information about institutional delivery 13(27.1%) and transport inaccessibility 13(27.1%). Four hundred sixty-three (91.1%) women delivered their last baby at health facilities. Of those, 109 (23.5%) faced challenges to reach HF. Faced challenges were; transportation inaccessibility for 60(55%), road inaccessibility 37(33.9%), lack of supporter/accompany to reach HF 9(8.3%) and financial problem 3(2.8%). Though the distance between women's home and HF was five km and above, more than half 283(55.7%) women travelled on foot 242(51.9%) and kareza 164(35.5%) for delivery service. Decision where to deliver was made in couple for 419(82.5%) women, 47(9.3%) women decided by themselves, family members decided for 28(5.5%) women and husbands alone 14(2.8%) (Table 2).

Regarding women's knowledge on importance of MWHs, 430(31.9%) women knew that MWHs are important for women to avoid death due to pregnancy and delivery, 366(27.1%) to prevent delays, 259(19.2%) to get PNC, 151(11.2%) to safeguard mothers during delivery and for 144(10.7%) to get health information. Similarly, women's knowledge on danger signs of pregnancy showed that: 445(32.4%) mentioned bleeding, 352(25.6%) headache, 307(22.4%) convulsion, 162(11.8%) fever, 54(3.9%) weakness, 31(2.3%) breathing disorder and 22 (1.6%) abdominal cramps as signs. Women also knew the importance of MWHs for newborn, they mentioned that MWHs are important for newborn to prevent death 393(39%), to get immunization service 389(38.6%) and to get PNC 226(22.4%). Hundred fifty-three (30.1%) women knew the admission time (last two weeks of pregnancy) of pregnant women to MWH to await labor. Of women participated in this study, 183 (36%) had more knowledge whereas 325 (64%) had less knowledge on MWH (Table 2).

Of women participated in this study, 217 (43%) had more favorable attitude whereas 291(57%) women had less favorable attitude towards maternity waiting home utilization. (Table-2).

**Table 3:obstetrics and gynecological history of women participated in maternity waiting home utilization, Yilmana Densa District, 2018.**

Variables	Frequency	%
Gravida		
≤ 3	272	53.5
>3	236	46.5
Had ANC follow Up		
No	4	0.8
Yes	504	99.2
ANC visit		
≤3 times	146	28.7
≥4 times	362	71.3
Place of delivery		
Home	45	8.9
HF	463	91.1
Knowledge of women on MWH		
Less knowledgeable	325	64
More Knowledge	183	36
Attitude of women on MWH		
Less favorable attitude	291	57
More favorable attitude	217	43

### **Reasons for Maternity waiting Utilization**

Of a total woman participated in this study, 166(32.7%) at 95% CI: 28.7, 37.0) utilized maternity waiting home considering previous complication during labor and pregnancy 87(52.4%), so as to prevent death as a result of delays 149(90%), and used recall of expected date of delivery (EDD) by health extension workers 114(69%).

## Predictors of maternity waiting home utilization

Variables which fulfilled  $\chi^2$ -test entered into binary logistic regression and of them variables with cutoff point p-value  $\leq 0.2$  selected and entered into multivariable regression. Maternity waiting home utilization of women was associated with women's home distance from HF, women's information on MWH, women's attitude towards MWH and age of women. (Table-4)

**Table 4: Bivariate logistic regression results of MWH utilization and associated factors among women in Yilmana Densa District, 2018.**

		Had used MWH?		COR (95%CI)	P-Value
		Yes	No		
Educational status women	Able to read and write	27	55	1.014(0.613,1.676)	0.959
	Unable to read and write	139	287	1	
<b>Educational status of Husband's</b>	<b>Able to read and write</b>	71	112	<b>1.535(1.048,2.248)</b>	<b>0.028*</b>
	Unable to read and write	<b>95</b>	<b>230</b>	<b>1</b>	
<b>Information on MWH</b>	Yes	158	306	<b>2.324(1.055,5.119)</b>	<b>0.036*</b>
	<b>No</b>	<b>8</b>	<b>36</b>	<b>1</b>	
<b>Decision Maker</b>	Family member	17	11	0.735(0.284,1.902)	0.526
	<b>Couple</b>	<b>127</b>	292	<b>0.494(0.269,0.909)</b>	<b>0.023*</b>
	Husband	6	8	0.852(0.256,2.84)	0.795
	My self	22	25	1	
<b>Number of ANC Visit</b>	<b>&gt;=4</b>	133	229	<b>1.989(1.277,3.097)</b>	<b>0.002*</b>
	<b>&lt;=3</b>	<b>33</b>	113	<b>1</b>	
Gravida	>3	82	154	1.192(0.822,1.728)	0.355
	<=3	84	<b>188</b>	1	
<b>Attitude</b>	<b>More favorable Attitude</b>	115	102	<b>5.306(3.546,7.939)</b>	<b>&lt;0.001*</b>
	Less favorable Attitude	<b>51</b>	240	<b>1</b>	
Knowledge	More Knowledgeable	64	119	1.176(0.801,1.726)	0.408
	Less knowledgeable	102	<b>223</b>	1	
<b>Distance from home to HF</b>	<b>5km and more</b>	<b>122</b>	161	<b>3.117(2.079,4.673)</b>	<b>&lt;0.001*</b>
	less than 5km	<b>44</b>	<b>181</b>	<b>1</b>	
<b>Age in years</b>	<b>&gt;28</b>	<b>88</b>	150	<b>1.444(0.995,2.095)</b>	<b>0.053*</b>
	<b>&lt;=28</b>	78	<b>192</b>	<b>1</b>	

\*-Variables entered into Multivariable regression.

Women whose home was at a distance greater than 5 km from HF utilized MWH 5.35fold than women at distance less than 5 km (AOR= 5.352, 95% CI: 3.242,8.837), women with more favorable attitude utilized MWH 8.304-times more likely than those who had less favorable attitude (AOR=8.304,95% CI:5.101,13.518), women who had information on maternity waiting home utilized MWH 3 time more likely than who had no(AOR=3.081,95%CI:1.219,7.790) and women with age above median(>28years) utilized MWH 1.898 fold than women with median age below 28years(AOR=1.898,95% CI:1.183,3.047)(Table 5).

**Table 5: Factors associated with maternity waiting home utilization in Yilmana Densa District 2018**

		Had used MWH?		COR (95%CI)	AOR (95%CI)
		Yes	No		
Educational status of Husband	Able to read and write	71	112	1.535(1.048,2.248)	1.008(0.628, 1.619)
	Unable to read and write	95	230	1	1
<b>Information on MWH</b>	Yes	158	306	2.324(1.055,5.119)	<b>3.081(1.219,7.790)*</b>
	No	8	36	1	<b>1</b>
Number of ANC Visit	>=4	133	229	1.989(1.277,3.097)	1.114(0.636,1.953)
	<=3	33	113	1	1
Decision Maker	Family member	17	11	0.735(0.284,1.902)	1.155(0.363,3.681)
	Couple	127	292	0.494(0.269,0.909)	0.503(0.229,1.103)
	Husband	6	8	0.852(0.256,2.84)	1.012(0.241,4.246)
	My self	22	25	1	1
<b>Attitude</b>	More favorable Attitude	115	102	5.306(3.546,7.939)	<b>8.304(5.101,13.518)</b> *
	Less favorable Attitude	51	240	1	<b>1</b>
<b>Distance from home to HF</b>	5km and more	122	161	3.117(2.079,4.673)	<b>5.352(3.242,8.837)</b> *
	less than 5km	44	181		<b>1</b>
<b>Age (Median) in years</b>	>28	88	150	1.444(0.995,2.095)	<b>1.898(1.183,3.047)</b> *
	<=28	78	192	1	

\*-Independent predictors

## 5. Discussion:

In reviewed literatures, utilization status vary from study to study, area to area ranging from 16.7% to 38.7% the highest scored at Jimma and the lowest at Jinka putting the result of this study finding in between of them. The finding of this is better from the three study results conducted at Jinka (16.7%), Tanzania (31.3%) and Zambia (31.5%) and less than the result found at Jimma (38.7%)(14-17).The probable reason for the finding difference between this and Jimma might be study setting; it was conducted among women of Jimma town who could access health information and health facilities better than Yilmana Densa which is rural community. Utilization finding of a study conducted in Jinka (16.7%) is by far less than this one. The probable reason for the difference might be participants were women who admitted to labor ward, half of them came from the town of Jinka of whom only 4.9% admitted to MWH and half of women came from remote distance at which only health posts are available (maternity waiting homes were not with them).

Although distance remains a potential barrier to accessibility of health care, the MWHs are serving as a bridge to skilled care by providing temporary shelter near a facility staffed by professionals (26)Like studies (2, 13, 22) revealed that distance was one of the factors significantly associated with maternity waiting home, in this study it is also an associating factor in that women living at a distance 5km and above from health facility utilized maternity waiting home 5.35 times more likely than women living at a distance less than 5km from health facility which is similar with study conducted in Zambia(21) and Tanzania(14). MWH utilization increased progressively with distance from the health facilities(2, 22) .

Women with more favorable attitude towards MWH were 8.304-times more likely utilized MWH than those who had less favorable attitude. Of women utilized MWH 115(69%) had more favorable attitude towards MWH. Similarly a study done on use of maternity waiting home among pregnant women at Jimma revealed that 38.7% pregnant women had experiences to use MWH which was significantly associated with positive relation between intention and use of MWH Attitude(15). Most husbands perceived many benefits from using MWHs. They believed that MWHs increased access to facility-based skilled birth assistance and mitigated long distances and transport costs to health facilities(22).

Women who had information on maternity waiting home utilized MWH three times more likely than who had no information. Similarly the other study showed that information on MWH use was available for 1046 women (97.6%) and of them 335 women (31.3%) had used at the MWH(14). While only thirty women (7.0%) had heard of MWHs prior to the study, 236 (55.1%), after being explained the concept, indicated that they intended to stay at such a structure in the future(18)

In this study women with age above median ( $\geq 28$  years) utilized MWH 1.898 more likely than women with median age below 28 years. No other study revealed similarly or in contrary. From the finding of this study can argue that age might be helpful to women to use MWH because as age increased, women's experiences/exposures to health facility services like ANC and challenges during previous pregnancy and birth processes and outcomes like complications of pregnancy and delivery increased which made them user of health services including MWH. In this regard according to a study, higher number of ANC visits was one of the positively associated factor to use of maternity waiting homes ( $p=0.001$ ) and associated with higher proportions of complications during ANC follow up (13). Similarly another study revealed that women who had complications during past births and those who envisioned few barriers expressed that they were more likely to use an MWH in the future. The other study strengthened the fact, women with previous delivery complications stayed at MWH about 4 times greater than have no experience of complication(18).

## **6. Conclusion**

Maternity waiting home utilization is not as such encouraging. Information of women on maternity waiting home, women with more favorable attitude towards maternity waiting home, far distance between women's home and health facilities and women with age greater than median were independent predictors for utilization of maternity waiting homes.

## **7. Recommendations**

### **District Health Office**

- ✓ In collaboration with other stakeholders shall work on women to bring attitudinal change towards MWH utilization through providing continuous behavioral changing interventions.
- ✓ Shall give emphasis on the utilization of standard/guideline of screening and linkage to health centers.
- ✓ Shall emphasis on advocacy of maternity waiting home and its utilization.
- ✓ Shall provide tailored information to women about maternity waiting homes utilization through health service providers in any time good opportunity happened and using medias to reach community.

### **Transport and road authority**

- ✓ Access shall be created to avoid delay related to distance by availing transportation and road.

### **Researchers**

- ✓ Further study shall be conducted using qualitative design to explore other predictors.



## **Limitation of the study**

Identifying and participating eligible based on ministry of health guideline criteria (high risk mothers, far distance etc.) was impossible so that included all women delivered from July 8, 2016 to July 7, 2017.

## **Declaration**

I, the undersigned public health student, declare that this thesis is my original work in partial fulfillment of the requirement for the Master of Public Health.

Name of Student	signature
Yenemayehu Minalu	_____
Place of submission:	_____
Date of Submission:	_____

This thesis work has been submitted for examination with my advisor(s).

### **Advisor:**

**Name: Dr. Fentie Ambaw (PhD)**

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

**Name: Asmamaw Ketemaw (MPH)**

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

### **Evaluator**

Name: Animaw Asrat(MPH)    Signature \_\_\_\_\_ Date \_\_\_\_\_



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## **Annexes**

### **Annex-1-English Version Information sheet**

**Title of the research project:** pregnant women's utilization of maternity waiting home and its associated factors in Yilmana Densa District, North West Ethiopia, 2018.

**Name of Organization:** Bahir Dar University, Collage of Medicine & Health Sciences.

**Principal Investigator** –Yenemayehu Minalu

Name of sponsor: self-sponsor

**Introduction:** This information sheet and consent form is prepared for study participants. The aim of the form is to make the above concerned office clear about the purpose of the research work, data collection procedures and get permission to undertake the research.

**Procedure:** community based Cross sectional study will be conducted with structured questionnaire.

**Purpose of the research:** The purpose of this research will be to determine utilization of maternity waiting home and its associated factors in Yilmana Densa District, North West Ethiopia, 2018. The findings will be used for program managers and implementers to make decisions regarding cervical cancer prevention and treatment among sex workers.

**Risks and discomfort-** By participating in this research, there is totally no risk that comes whereas doing these is of great importance for overall planning and improvement of the program. There is no expected risk and discomforts will happen being participating in this study.

**Benefit:** There is no direct benefit for participating in this research. But the indirect benefit of the research for the participant and all other clients in the program is clear. This is because if program planners are preparing predicted plan there is a benefit for women's in the program of getting appropriate strategies. Of all, the research work has a paramount direct benefit for health care planners and managers, especially for those on cancer prevention and treatment planning and management.

**Confidentiality:** I assure that whatever information I obtained will only be used for the purpose of this research and will not be made available to anyone outside the research team. The information collected will be kept confidential and information about you that will be collected by this study will be stored in a file, without your name, but a code number assigned to it

**Right to Refuse or Withdraw:** You have the full right to refuse from participating in this research. You can choose not to respond some or all the questions and this will not affect you from getting any kind of service given in the clinic.

**Person to contact**

Name: Yenemayehu Minalu

Mobile phone: +251 9784732,

E-mail: [yenemamin@yahoo.com](mailto:yenemamin@yahoo.com)

Bahir Dar, Ethiopia

## **Annex II - Consent form (English version)**

### Introduction

Hello, my name is ----- . I am working with Yenemayehu Minalu who is doing a research as partial fulfillment for the requirement of MPH in Bahir Dar University college of Medical and health sciences on “Pregnant women’s utilization of maternity waiting home and its associated factors in Yilmana Densa District, North West Ethiopia.

I am requesting your permission to participate in this research for the study of identify “Pregnant women’s utilization of maternity waiting home and its associated factors in Yilmana Densa District, North West Ethiopia in order to generate information necessary for the planning of appropriate strategies (interventions) for timely detection which is important to decrease the number of maternal and neonatal mortality and morbidity.

I assure that whatever information I obtained will only be used for the purpose of this research and will not be made available to anyone outside the research team.

Do you agree to participate and answer the questions listed below?

A –Agree..... (If agree continue) B-Disagree..... (If Disagree stop)

### Section 0: questionnaire identification data

001 Questionnaire Identification code : \_\_\_\_\_

003 Data collectors’ code: \_\_\_\_\_

004 Supervisor’s code: \_\_\_\_\_

005 Date of data collection: \_\_\_\_\_\\_\_\_\_\_day\ month

### **Instruction:**

It was prepared and given for trainees (supervisors and data collectors) to use at the time of data collection.

1. Skip irrelevant questions and continue on relevant ones as indicated at the questionnaire (skip to).
2. Not to mention options as alternative/choice for participants rather motivate them to mention by themselves (probing participants).
3. To check the collected data daily in order to fill and take corrective measure timely
4. Incomplete data need to be completed in the next day for its completeness prior to start the daily activity
5. If there happen something needs to be clear report to supervisor or principal investigator.



## English Version Questionnaire

Field Interviewer: \_\_\_\_\_ Interview date \_\_\_\_\_

<b>IDENTIFICATION</b>			
Respondent's ID _____			
<b>Respondent's background</b>			
No.	Question	Participant's answer/response	Skip
101	How old are you?	( ) years	
102	Which religion do you practice?	1. Orthodox Christianity 2. Islam 3. Protestant 4. Other	
103	What is the highest level of education you attended?	1. Can't read and write 2. Grade 1-8 3. Grade 9-12 4. Diploma and above	
104	What is the highest-level of education your husband attended?	1. Can't read and write 2. Grade 1-8 3. Grade 9-12 4. Diploma and above	
105	What is your marital status?	1. Unmarried 2. Married 3. Divorced 4. Widowed	
106	What is your occupation?	1. Farmer 2. Merchant 3. Employee 4. Others specify.....	
107	What is your husband's/partner's occupation?	1. Farmer 2. Merchant 3. Employee 4. Other.....	
<b>Pregnancy related questions</b>			
201	Number of pregnancy	( )	
202	Did you attend ANC in your last pregnancy?	1. Yes 2. No	
203	If your answer for question number 202 is yes, how many times did you attend?	( ) number	If no, skip to #301
204	During your routine ANC visit, did you receive any information about MWH?	1. Yes 2. No	
205	If your answer for question number 204 is yes, What information did you receive?	1. Its availability at the health center 2. Is a home for pregnant mothers to wait for delivery 3. Built to help pregnant with complication 4. Others specify.....	
<b>Delivery related questions(focusing on the delivery of your last child)</b>			
30	Where did you give birth?	1. Home 2. HF	
30 1 2	If your answer for question number 301 is home, why?  (multiple answer is possible)	1. I don't have knowledge about institutional delivery 2. My previous birth was with no problem 3. My husband was not cooperative 4. There was financial problem 5. Lack of transportation 6. Fear of procedure 7. I need ceremony's during and after delivery 8. Others specify.....	If HF skip to #303

303	If your answer for question number 301 is HF, did you face challenges to go to HF during your laboring time?	1.Yes	2.No	If home skip to #306
304	If your answer for question number 302 is yes, which one?(multiple answer is possible)	1.Lackoftransport	2.Lackoffinance	
		3.Lackofsupporter	4.Noroad	
		5. Others specify.....		
305	How did you access to place of delivery	1. Walking	2. Public transport	
		3. Ambulance		
		4.Traditional ambulance		
306	How far is your home from place of delivery?	-----Km		
307	Who was the main person that made the decision about where you should go for delivery? (Multiple response is possible)	1. Myself	2.Husband	
		3. Husband and me	4.Family members	
		5. Other, specify.....		

**Knowledge of mothers on MWH and its importance**

401	Do you know about MWHs and their importance?	1.Yes	2.No	
402	If your answer for question number 401 is yes, mention importance you know(Multiple response is possible)	1. Prevents mother from death due to complication of pregnancy		If no, skip to #403
		2. Mothers can get early postnatal care.		
		3. Mother can get health information		
		4. Deliver safely without fear		
		5. Others specify.....		
403	Do you know danger signs of pregnancy?	1.Yes	2.No	
404	If your answer for question number 403 is yes, mention danger signs you know(Multiple response is possible)	1. Vaginal bleeding		If no, skip to #405
		2. Convulsions/fits		
		3. Fever headaches with blurred vision		
		4. Fever and too weak to get out of bed		
		5. Severe abdominal pain		
		6. Fast or difficult breathing.		
		7.Othersspecifv.....		
405	Do MWHs have roles on children health?	1.Yes	2.No	
406	If your answer for question number 405 is yes, mention roles you know (Multiple response is possible)	1.Prevents death due to complication		If no, skip to #407
		2. Newborn can get early postnatal care.		
		3. Newborn can get immunization		
		4. Others specify.....		
407	Do you know acceptable pregnant mothers admitting time/period to MWH?	1.Yes	2.No	
408	If your answer for question number 407 is yes, tell me the time/period	-----		

**Attitude of mothers towards MWH utilization**

		Strongly agree=5	Agree =4	Neutral =3	Disagree =2	Strongly disagree=1
501	MWHs are important for the health of mothers and infants					
502	It is worthwhile for pregnant to stay in MWH.					
503	Going early to MWHs to wait for delivery is wiser than waiting for delivery at home until labor.					
504	Waiting for delivery at MWHs prevents pregnant women from reaching the clinic late due to long distances and lack of transport					

505	Separation of pregnant women from husband and children to stay at MWH for delivery does not hurt them.					
506	Waiting at the MWH will help women find assistance from the nurses and midwives if they develop labor complication					
507	A clinic with a MWH is more beneficial to the mother and baby than a clinic without MWH					
508	Staying in the MWH while waiting for delivery will safe guard mothers.					

**Utilization of MWH**

601	Did you wait at the maternity waiting home?	1. Yes	2.No	
602	If your answer for question number 601 is yes, what were your reasons? (multiple answer is possible)	1. I had complication during my previous pregnancy 2. As my home is far from HC, it was to avoid delay related death. 3. Health extension workers informed that my EDD had reached 4. Others, specify.....		If no, skip to #603 and stop here
603	If your answer for question number 601 is no, what were your reasons? (multiple answer is possible)	1. I did not know about MWH and its importance 2. My family member/s refused to go 3. There were family members who seek my help 4. I thought that it was time wasting 5. My home is near to HF 6. Others, specify.....		If yes, skip to #604
604	Were MWHs fulfilled your interest?	1.Yes	2.No	
605	If your answer for question 604 is yes, what made you interested? (multiple answer is possible)	1.Presence of cooker 3.Presence of water 5.Presence of food 7. Service provision 8. Others specify.....	2.Presence of beds 4.Presence of toilets 6.Presence of space	
606	If your answer for question 604 is no, what made you disinterested? (multiple answer is possible)	1. Health professionals were not providing service politely 2. Privacy was not kept 3. I was departed from family 4. Other, specify		

**Thank you very much!**

**ተቀጽላ iii: የአማርኛ መረጃ መስጫ ቅፅ፤**

የጥናቱ አርዕስት: ለወሊድ ቀናቸው የደረሱ እናቶች በጤና ጣቢያ በተዘጋጀው የእናቶች የመቆያ ክፍል መጠቀምና ተያያዥም ክንያቶችን ለማጥናት ነው።

መግቢያ

ይህ የመረጃ ቅፅ የተዘጋጀው ለወሊድ ቀናቸው የደረሱ እናቶች በጤና ጣቢያ በተዘጋጀው የእናቶች የመቆያ ክፍል መጠቀምና ተያያዥ ምክንያቶችን ለማጥናት ነው። በዚህ ጥናት ዋና ተማራማሪ፣ መረጃ ሰብሳቢዎች ተቆጣጣሪ እና ከባህርዳር ዩኒቨርሲቲ የህክምና ጤና ሳይንስ ኮሌጅ አማካሪዎች ይሳተፉበታል።

የጥናቱ ዋና ዓላማ

ለወሊድ ቀናቸው የደረሱ እናቶች በጤና ጣቢያ በተዘጋጀው የእናቶች የመቆያ ክፍል መጠቀምና ተያያዥ ምክንያቶችን ለማጥናት ። በዚህ ጥናት መሳተፍዎና መተባበርዎ የእናቶች የመቆያ ክፍል አጠቃቀምና ያሉትን ተግዳሮቶች ለማወቅ ከፍተኛ አስተዋፅኦ ይኖረዋል ። ስለዚህ ለወሊድ ቀናቸው የደረሱ እናቶች በጤና ጣቢያ በተዘጋጀው የእናቶች የመቆያ ክፍል መጠቀምና ተያያዥ ምክንያቶች ተለይተው ከታወቁ ችግሩን አስቀድሞ ለመቆጣጠርና፣ ለሌሎች ጥናቶች እንደ መነሻ ሃሳብ ሆኖ ለማገልገል ትልቅ ሚና ይኖረዋል። በተጨማሪም ይህ ጥናት የተለያዩ መንግስታዊና መንግስታዊ ያልሆኑ ድርጅቶች በነዚህ ችግሮች ዙርያ እንዲሰሩና የተቻላቸውን እንዲያበረክቱ ያደርጋል የሚል ጽኑ እምነት አለን ።

የአሰራር ሁኔታ

በዚህ ጥናት በይልማና ዴንሳ ወረዳ በ2009 ዓ.ም በወረዳው የወለዱ እናቶች ይሳተፉበታል። እርስዎ በጥናቱ ላይ እንዲሳተፉ በክብር እንጠይቃለን ። ለመሳተፍ ፍቃደኛ ከሆኑ የጥናቱ ዋና አላማና በጥናቱ የሚካተቱ ጥያቄዎችንና አስፈላጊነት ግልፅ የሆነ ግንዛቤ አንዲኖርዎት እንፈልጋለን።

ጥቅማ ጥቅሞችና ጉዳዮች

በዚህ ጥናት በመሳተፍዎት ምናልባት የተወሰነ ጊዜ ሊወስድ ስለሚችል ደስ የሚል ስሜት ላይሰማዎት ይችላል። ይሁን እንጂ ጥናቱ ለወሊድ ቀናቸው የደረሱ እናቶች በጤና ጣቢያ በተዘጋጀው የእናቶች የመቆያ ክፍል መጠቀምና ተያያዥ ምክንያቶችን ለይቶ በማየት ችግሮችን ለመፍታት ትልቅ አስተዋጽኦ ይኖረዋል ። በዚህ ጥናት በመሳተፍዎት ምንም እይነት ጥቅም ወይም ጉዳት አይደርስብዎትም።

ሚስጥር መጠበቅ

ማንኛውም ከእርስዎ የምንሰበስበው መረጃ ከስምዎት ጋር አይያያዝም ስምዎትን እና አድራሻዎትን እንደማይጠቅ እና ለማንም አካል ተላልፎ እንደ ማይሰጥ ልናረጋግጥልዎት እንወዳለን። የዚህ ጥናት ውጤት ግን ተጠርዞ እና ተዘጋጅቶ ለሚመለከታቸው የጤና ድርጅቶች ወይም ለሌሎች አካላት ሊሰጥ ይችላል ።

**ያለመሳተፍ/የማቋረጥ መብት**

ለመሳተፍ በሚጠየቁበት ጊዜ ወይም በመጠይቁ ጊዜ ጥሩ ስሜት ካልተሰማዎት ያለመሳተፍ ወይም በማንኛውም ጊዜ አቋርጠው የመሄድ መብትዎ የተጠበቀ ነው። በተጨማሪ ይህ ጥናት በባህር ዳር የህክምና ሳይንስ ኮሌጅ የጥናት እና ምርምር ኮሚቴ የፀደቀ መሆኑን ልንገልፅልዎ እንወዳለን ።

**የተማራማሪ አድራሻ:**

የኔማየሁ ምናሉ (የማህበረሰብ ጤና ተማሪ )

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**ተቀጽላ IV-ፈቃደኝነትን መጠየቂያ ቅፅ**

ስሜ ----- ይባላል።ለወሊድ ቀናቸው የደረሱ እናቶች በጤና ጣቢያ በተዘጋጀው የእናቶች የመቆያ ክፍል መጠቀምና ተያያዥ ምክንያቶችን ለማወቅ በባህር ዳር ዩኒቨርሲቲ ኮሚሰጡ የማህበረሰብ ጤና ትምህረት ተመራቂ ተማሪ ጋር እየሰራሁ ነወ።የጥናቱ ዋና አላማ ለወሊድ ቀናቸው የደረሱ እናቶች በጤና ጣቢያ በተዘጋጀው የእናቶች የመቆያ ክፍል መጠቀምና ተያያዥ ምክንያቶችን ማጥናት ነወ።

ይህ ለወሊድ ቀናቸው የደረሱ እናቶች በጤና ጣቢያ በተዘጋጀው የእናቶች የመቆያ ክፍል መጠቀምና ተያያዥ ምክንያቶችን የአጠቃቀም ሁኔታ መመዘኛዎችን ለመለየትና ትኩረት እንዲሰጥባቸው ለማድረግ የተዘጋጀ መጠየቅ ሲሆን እኔም የጥናቱ መረጃ ሰብሳቢ ነኝ ከዚህ በመቀጠል ያሉትን ጥያቄዎች በመመለስ ትብብር እንዲያደርጉልኝ በትህትና እጠይቃለሁ። የሚሰጡት አስተያያት በፍፁም ለሌላ ሰው አይነገርም። በራስ ተነሳሽነት ካልሆነ በስተቀር በዚህ ጥናት መሳተፍ ግዴታ የለብዎትም ።በቃለ መጠይቁ ጊዜ በማንኛውም ሰዓት መልስ መስጠትዎን ለማቆም ወይም መመለስ የማይፈልጉትን ጥያቄ ያለመመለስ ሙሉ መብት አለዎት ። ምናልባት በጥናቱ ላይ ጥያቄ ወይም ሀሳብ ካለዎት ዋና አጥኚውን ወይም የጥናትና ምርምሩ አማካሪዎችን በሚከተለው አደራሻ ማግኘት ይችላሉ ።

**ዋናተመራማሪ:**

የኔማየሁ ምናሉ (የማህበረሰብ ጤና ተማሪ)

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**የጥናትና ምርምሩ አማካሪዎች**

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በጥናቱ ለመሳተፍ ፍፈቃደኝነዎት ?

- 1. አዎ ይቀጥሉ
- 2.አይደለሁም ያቁሙ

የጥናቱ መለያ ቁጥር .....

መጠይቁ የተካሄደበት ቀን \_\_\_/\_\_\_/2010 ዓ.ም

የጠያቂው ስም \_\_\_\_\_ ፊርማ \_\_\_\_\_

የተቆጣጣሪ ስም \_\_\_\_\_ ፊርማ \_\_\_\_\_

**የአማርኛ መጠይቅ**

የተሳታፊ መታወቂያ ቁጥር			
ግላዊ/የተሳታፊ ማንነት መጠይቅ			
ተ.ቁ			
101	እድሜሽ ስንነ ወ?	-----አመት	
102	የምትከተይወ ሃይማኖት ምንድን ነወ?	1.የኦርቶዶክስ ክርስትያን	2. እስልምና
		3.ፕሮቴስታንት	4. ሌላ
103	የትምህርት ደረጃሽ?	1. ማንበብና መጻፍ አልችልም	2. ከ1-8ኛክፍል
		3.ከ9-12ኛክፍል	4. ዲፕሎማና በላይ
104	የባለቤትሽ የትምህርት ደረጃ??	1. ማንበብና መጻፍ አይችልም	2. ከ1-8ኛክፍል
		3.ከ9-12ኛክፍል	4.ዲፕሎማና በላይ
105	የትዳር ሁኔታ?	1.ያላገባች	2. ያገባች
		3.የፈታች	4. የሞተባት
106	ስራሽ?	1.ግብርና	2. ንግድ
		3. ቅጥርሰራትኛ	4. ሌላይጠቀስ.....
107	የባለቤትሽ ስራ?	1.ግብርና	2. ንግድ
		3. ቅጥርሰራትኛ	4. ሌላይጠቀስ.....
ከእርግዝና ጋር ተያያዥ ጥያቄወች			
201	ስንት ጊዜ አረገዝሽ?	(____)ቁጥር	
202	በቅርብ እርግዝናሽ የነፍሰጡር ክትትል አድርገሻል ?	1. አወ	2. አላደረግሁም
203	ለጥያቄ202 መልስሽ አወ ከሆነ ስንት ጊዜ ተከታተልሽ ?	( )ቁጥር	
204	በክትትልሽ ወቅት ስለ የእናቶች ማቆያ ክፍል መረጃ ተነግርሻል ?	1.አወ	2. አልተነገረኝም

205	ለጥያቄ 204 መልስሽ አወ ከሆነ,ምን መረጃ ተነገረሽ  ከአንድ በላይ መልስ ይቻላል	<ol style="list-style-type: none"> <li>1. በየ ጤና ጣቢያዎች እንደሚገኙ</li> <li>2. ነፍሰጡር እናቶች የመወለድ ጊዜአቸው ሲቀርብ ገብተው አገልግሎት የሚያገኙበት ቤት መሆኑን</li> <li>3. ከእርግዝና ጋር ተያያዥ የሆኑ ችግሮች የሚያስከትሉትን ሞት ለመከላከል የሚረዳ መሆኑን</li> <li>4. ሌሎች ይጠቀሱ.....</li> </ol>	
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**ከወሊድ ጋር ተያያዥነት ያላቸው ጥያቄዎች**

301	በቅርብ ልጅሽን የት ነው የወለድሽው?	<ol style="list-style-type: none"> <li>1. ቤቴ</li> <li>2. ጤና ተቋም</li> </ol>	
302	ለጥያቄ ቁጥር 301 መልስሽ ቤትሽ ከሆነ ለምን ከአንድ በላይ መልስ ይቻላል	<ol style="list-style-type: none"> <li>1. እውቀቱ ስለ አልነበረኝ</li> <li>2. ከዚህ በፊት ስወልድ ምንም ችግር ስላልገጠመኝ</li> <li>3. ባለቤቴ ፈቃደኛ ስላልነበረ</li> <li>4. የገንዘብ ችግር ስለገጠመኝ</li> <li>5. የትራንስፖርት ጭግር ስለገጠመኝ</li> <li>6. የማዋለጃ ሂደቱ ስለሚያስፈራራኝ</li> <li>7. ቤቴው ስጥስ ስርዓቶችን ስለሚያሳጣኝ</li> <li>8. ሌሎች ይጠቀሱ.....</li> </ol>	
303	ለጥያቄ 301 መልስሽ ጤና ተቋም ከሆነ, ወደ ጤና ተቋም ለመድረስ ችግር ገጥሞሽ ነበር?	<ol style="list-style-type: none"> <li>1. አወ</li> <li>2. አልገጠምኝም</li> </ol>	
304	ለጥያቄ 303 መልስሽ አወ ከሆነ ችግሩ ምንድን ነበር	<ol style="list-style-type: none"> <li>1. የትራንስፖርት እጦት</li> <li>2. የገንዘብ እጦት</li> <li>3. ደጋፊ ማጣት</li> <li>4. መንገድ አለመኖር</li> <li>5. ሌሎች ካሉ ይጠቀሱ.....</li> </ol>	
305	ወደ ጤና ተቋሙ በምን ሄድሽ	<ol style="list-style-type: none"> <li>1. በእግር</li> <li>2. በትራንስፖርት</li> <li>3. በአምቡላንስ</li> <li>4. በቃሬዛ</li> </ol>	
306	የወለድሽበት ተቋም ከቤትሽ ምን ያህል ይርቃል?	-----ኪ.ሜ	
307	የት መወለድ እንዳለብሽ ወሳኙ ማን ነበር?	<ol style="list-style-type: none"> <li>1. እኔ</li> <li>2. ባለቤቴ</li> <li>3. እኔና ባለቤቴ</li> <li>4. ሌሎች የቤተሰብ አባላት</li> </ol>	

**የእናቶችን እውቀት መለኪያ ጥያቄዎች**

401	ስለእናቶች ማቆያ ቤት ታወቂያለሽ?	<ol style="list-style-type: none"> <li>1. አወ</li> <li>2. አላወቅም</li> </ol>	
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402	ለጥያቄ 401 መልስሽ አወ ከሆነ, ምን ጠቀሜታ አለው ከአንድ በላይ መልስ ይቻላል	<ol style="list-style-type: none"> <li>1. እናቶች በእርግዝናና ወሊድ ምክንያት እንዳይሞቱ</li> <li>2. እናቶች የድህረ ወሊድ አገልግሎት እንዲያገኙ ይረዳል.</li> <li>3. እናቶች የጤና መረጃ እንዲያገኙ ያስችላል</li> <li>4. እናቶች ያለ ስጋት እንዲወለዱ ያስችላል</li> <li>5. መዘግየትን ለመከላከል</li> </ol>
403	አደገኛ የእርግዝና ምልክቶችን ታወቂያቸዋለሽ	<ol style="list-style-type: none"> <li>1. አወ</li> <li>2. አላወቅም</li> </ol>



404	ለጥያቄ ቁጥር 403 መልስ ስለሰጠው አወ ከሆነ የምታውቁትን ጥቅሽ (ከአንድ በላይ መልስ ይቻላል)	1. ደም መምታት 3. ትኩሳት 4. ድካም 6. የአተነፋፈስ ችግር. 7. ሌሎች ይጠቀሱ.....	2. ማንቀጥቀጥ 4. ራስ ምታት 5. ቁርጠት
405	የእናቶች ማቆያ ቤት ለህጻናት ጤና ይጠቅማሉ ?	1. አወ	2. አይጠቅሙም
406	ለጥያቄ ቁጥር 405 መልስ ስለሰጠው አወ ከሆነ ለምን ይጠቅማቸዋል (ከአንድ በላይ መልስ ይቻላል)	1. ከሞት የሚደኑበትን አገልግሎት ያገኛሉ 2. ድህረ ወሊድ የህጻናት የጤና አገልግሎት ያገኙባቸዋል 3. የክትባት አገልግሎት እንዲያገኙ ያግዛል	
407	ነፍሰጡር እናቶች ማቆያ ክፍል የሚገቡበት ጊዜ ታውቁያለሽ	1. አወ	2. አላውቅም
408	ለጥያቄ ቁጥር 407 መልስ ስለሰጠው አወ ከሆነ መቼ ነው	-----	

**እናቶች ስለመቆያ ቤት ያላቸው አመለካከት**

	በጣም እስማማለሁ =5	እስማማለሁ =4	ገለልተኛ ነኝ =3	አልስማማም =2	በጣም አልስማማም =1
501	የእናቶች ማቆያ ቤት ለእናቶችና ህጻናት ጤና ጠቃሚ				
502	ነፍሰጡሮችን ማቆያ ቤት ማቆየት ዋጋው የበዛ ነው				
503	ምጥን ቤት ሆኖ ከመጠባበቅ ወደ የእናቶች መቆያ ቤት ገብቶ መጠበቅ ብልህነት ነው...				
504	ወልደትን እናቶች ማቆያ ቤት ገብቶ መጠበቅ በርቀትና በትራንስፖርት እጦት ምክንያት የሚመጣን መዘግየት ያስቀራል				
505	ማቆያ ቤት ገብቶ የመውለጃ ጊዜን መጠበቅ ነፍሰ ጡር እናቶችን ከቤተሰብ በመለያየት ይጎዳቸዋል				
506	ማቆያ ቤት ገብቶ የመውለጃ ጊዜን መጠበቅ ነፍሰ ጡር እናቶች ላይ ሊከሰት የሚችልን ጉዳት በነርስና በአዋላጅ ነርሶች እርዳታ ለመከላከል ይረዳል::				
507	የእናቶች ማቆያ ክፍል ያላቸው ጤና ጣቢያዎች ከሌላቸው በተሻለ እናቶችና ህጻናትን ይጠቅማሉ				

508	እናቶች ማቆያ ክፍል ሆኖ መውለጃ ጊዜን መጠበቅ እናቶች ደህንነት እንዲሰማቸው ያደርጋል።					
<b>የእናቶች መቆያ ቤት የመጠቀም ሁኔታ</b>						
601	የእናቶች ማቆያ ክፍል ገብተሽ ነበር?	1. አወ	2. አልገባሁም			
602	ለጥያቄ ቁጥር 601 መልስሽ አወ ከሆነ, ምክንያትሽ ምንድን ነው (ከአንድ በላይ መልስ ይቻላል)	1. ከዚህ በፊት ስወልድ ችግር ገጥሞኝ ስለነበር. 2. በምጥ ጊዜ የሚከሰትን መዘግየት-በማስቀረት ሞትን ለመከላከል 3. የጤና ኤክስቴንሽን ባለሙያዎች የመውለጃ ጊዜ				
603	ለጥያቄ ቁጥር 601 መልስሽ አልገባሁም ከሆነ, ምክንያትሽ ምንድን ነው ከአንድ በላይ መልስ ይቻላል	1. ስለ የእናቶች ማቆያና ጥቅም-ስለማላውቅ 2. የቤተሰብ አባላት/አባል ፈቃደኛ ስላልሆኑ/ነ 3. የእኔን እርዳታ የሚሹ የቤተሰብ አባላት ስላሉ 4. ጊዜ ማባከን መስሎ ስለሚሰማኝ 5. ቤቴ ቅርብ መሆኑ 5. ሌላ ካለ ይጠቀስ.....				
604	ማቆያ ክፍሉ አርክቶሻል?	1. አወ	2. አላረካኝም			
605	ለጥያቄ ቁጥር 604 መልስሽ አወ ከሆነ ምን-ነው ያላረካሽ ከአንድ በላይ መልስ ይቻላል	1. የአብሳይ መኖር                      2. የአልጋ መኖር 3. የወሃ መኖር                            4. መጸዳጃ ቤቱ 5. የምግብ አቅርቦት                    6. ክፍሉ ሰፊ መሆኑ 7. አገልግሎት አሰጣጡ                8. ሌላ ይጠቀስ.....				
606	ለጥያቄ ቁጥር 604 መልስሽ አላረካኝም ከሆነ ምን-ነው ያላረካሽ? ከአንድ በላይ መልስ ይቻላል	1. የጤና ባለሙያዎች ማመና ጨቃቸው 2. የግሌ ክፍል አለመኖር /privacy 3. ከቤተሰቤ መራቁ 4. ሌላ ካለ ይጠቀስ				

**ጥያቄዎችን ለመመለስ ስለተባበሩኝ ክልብ አመሰግናለሁ።**