

2021-07

Husbands Knowledge on Partners Reproductive Rights and Associated Factors in Wolkite Town, Snnpr, Ethiopia, 2021

Selamawit, Nigatu

<http://ir.bdu.edu.et/handle/123456789/13899>

Downloaded from DSpace Repository, DSpace Institution's institutional repository



COLLEGE OF MEDICINE AND HEALTH SCIENCE

DEPARTMENT OF MIDWIFERY

HUSBANDS' KNOWLEDGE ON PARTNERS
REPRODUCTIVE RIGHTS AND ASSOCIATED FACTORS IN
WOLKITE TOWN, SNNPR, ETHIOPIA, 2021

INVESTIGATOR: SELAMAWIT NIGATU (BSc)

THESIS SUBMITTED TO COLLEGE OF MEDICINE AND HEALTH
SCIENCES, DEPARTMENT OF MIDWIFERY BAHIR DAR
UNIVERSITY IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR MASTER DEGREE IN CLINICAL MIDWIFERY.

JULY, 2021

BAHIR DAR, ETHIOPIA

BAHIR DAR UNIVERSITY

COLLEGE OF MEDICINE AND HEALTH SCIENCES

DEPARTMENT OF MIDWIFERY

THIS SUBMITTED TO BAHIR DAR UNIVERSITY COLLEGE OF MEDICINE AND HEALTH SCIENCE DEPARTMENT OF MIDWIFERY BAHIRDAR UNIVERSITY IN PARTIAL FULFILLMENT OF THE REQUIRMENTS FOR THE DEGREE OF MASTER OF SCIENCE IN CLINICAL MIDWIFERY.

FULL TITLE	HUSBANDS' KNOWLEDGE ON PARTNERS' REPRODUCTIVE RIGHTS AND ASSOCIATED FACTORS IN WOLKITE TOWN, SOUTHERN, ETHIOPIA, 2021
NAME OF INVESTIGATOR	SELAMAWIT NIGATU (BSc) Mobile No:0913727600 Email:nigatuselamawit40@gmail.com
NAME OF ADVISOR	1 FIKADU WALTENGUS(Assistant prof) Mobile No:0918289892 Email:fek0015@gmail.com 2.FANTAHUN ALEMNEW(MSC) Mobile No:0931855155 Email: fentahun746@gmail.com 3. EDEN ASMARE(MSC) Mobile No:0913046499 Email:edenasmare86@mail .com
DURATION OF PROJECT	March1-April 30 /2021
STUDY AREA	Wolkite town
COST OF THE PROJECT	25,967

APPROVAL SHEET

The undersigned examining committee certify that the thesis presented by Selamawit Nigatu , entitled: Husbands’ knowledge on partners’ reproductive rights and associated factors in wolkite town, southern, Ethiopia, 2021 submitted to Bahir Dar University, College of Medicine and Health Sciences, School of Health Sciences, Department of Midwifery, in partial fulfillment of the requirement for master degree in Clinical Midwifery compiles with the regulation of the University and meets the accepted standards with respects to originality and quality.

Place of submission: Midwifery department, College of Medicine and Health sciences, Bahir Dar University.

Date of submission _____

PI: Selamawit Nigatu (Candidate for MSc in clinical Midwifery) Signature_____ Date _____

RESEARCH ADVISORS:

Fikadu Waltengus (MSc, assistant professor) signature _____ date _____

Fantahun Alemnew (MSc clinical midwifery) signature_____ date _____

Eden Esmare (MSC Clinical Midwifery) Signature_____ Date _____

INTERNAL EXAMINER: _____

Signature_____ Date, _____

EXTERNAL EXAMINER: _____

Signature_____, Date_____

CHAIR OF DEPARTMENT: GETAHUN BELAY (MSc in clinical Midwifery)

Signature _____, Date_____

JULY, 2021

Acknowledgement

First my grateful gratitude and appreciation goes to Bahir Dar University College of Medicine and Health Sciences, and Department of midwifery for creating this opportunity and help me in the process this study.

I would also like to forward my gratitude and respect goes to my advisors Fikadu Waltengus, Fantahun Alemnew and Eden Asmare for their valuable and constructive comments throughout the development of this thesis work.

At last but not least, I would like to thanks study participants, data collectors, gurage zone health bureau and all individual who gave me their comment and advice during this work.

Contents	
APPROVAL SHEET	II
Acknowledgement	III
Contents	IV
LIST OF FIGURES	VI
Abbreviation	VII
Abstract	VIII
1. INTRODUCTION	1
1.1. Background	1
1.2. Statement of the Problems	3
1.3 literature review	4
1.4. Conceptual Framework.....	6
1.5. Justification of the Study	7
2. Objective	8
3. METHODS AND MATERIALS.....	9
3.1. Study Area and Period.....	9
3.2. Study Design.....	9
3.3. Population	9
3.4. Inclusion and Exclusion Criteria	9
3.5. Sample Size Determination.....	10
3.6. Sampling Procedure	11
3.7. Data Collection Methods	13
3.8. Study Variables	14
3.9. Operational Definitions	14
3.10. Data Quality Control	15
3.11. Data Processing and Analysis	15
3.12. Ethical Considerations	16
4. Results	17
5. Discussion	23
6. Limitation of the study	26
7. Conclusion.....	27
8. Recommendations.....	27
References	28

List of table

Table 1: Sample size determination for the second objectives for factors Associated with the husbands' knowledge on partners' reproductive rights in the Wolkite town southern Ethiopia, 2021.	11
Table 2: Socio-demographic characteristics of husbands at Wolkite town, Southern Ethiopia, 2021(n=628)	17
Table 3: Health service and information related factors among the husbands in Wolkite town, 2021 (n=628)	18
Table 4: Knowledge status of the husbands on partners' reproductive rights in Wolkite, Southern Ethiopia, 2021 (n=628)	19
Table 5: Factors associated with husbands' knowledge on partner's reproductive rights in Wolkite town, Southern Ethiopia, 2021(n=628)	21

LIST OF FIGURES

Figure 1: Conceptual frame work showing relationship between independent variables and outcome variable, adapted from different literature (23, 26-28).....	6
Figure 2: Schematic presentation of sampling procedure.	12

Abbreviation

AOR	Adjusted Odd Ratio
CI	Confidence Interval
COR	Crude odd Ratio
ICDP	International Conference on Population Development
IPV	Intimate partner violence
SDGs	Sustainable Development Goals
SNNPR	South nation nationality people representative
SPSS	Statistical Package for Social Sciences
SRHR	Sexual and Reproductive Health Rights
STIs	Sexually Transmitted infections
UNDP	United Nations Development Program
WHO	World Health Organization

Abstract

Introduction: Reproductive rights are the rights of all couples and individuals to decide and choose about reproduction without discrimination, coercion, and violence. Despite the influence of men on partners' use of their reproductive rights and its negative impacts, the husbands' knowledge on partners' reproductive rights and associated factors remain not an area of concern till now both at national and study area.

Objective: The aim of the study was to assess husbands' knowledge on partners' reproductive rights and associated factors in Wolkite town, Southern, Ethiopia, 2021.

Methods: a Community-based cross-sectional study was conducted among 628 husbands in Wolkite town from March 1st to April 30th, 2021. A multi-stage stratified sampling and a systematic random sampling technique was used to select kebele and study participants respectively and data was collected using an interviewer-administered structured questionnaire. The data was entered into Epi data Version 3.1 and exported to SPSS Version 22 for analysis. COR and AOR together with 95% CI was carried out to see the relation between each independent variables on the dependent variables. A P-value <0.05 was considered as statistical significance.

Result: The prevalence of husbands' good knowledge on partners' reproductive rights was 47.8% (95%CI: 43.8, 51.8). Age of the husbands 25- 35 years old (AOR: 2.7; 95%CI: 1.1, 6.6), below primary education (AOR: 2.4; 95%CI: 1.3, 4.3), primary education (AOR: 5.98; 95%CI: 3.10, 11.4), secondary education (AOR: 2.1; 95%CI: 1.0, 4.3), post-secondary education (AOR: 8.0; 95%CI: 4.3, 15.2), discussion with reproductive health related matters with partner (AOR: 3.2; 95%CI: 2.0, 5.2), and vehicle as a means of transport (AOR: 3.3; 95%CI: 2.2, 4.9) were statistically significant for good knowledge.

Conclusion and recommendations: The prevalence of having good husbands' knowledge on partners' reproductive rights at Wolkite town was 47.8%. Educational status was factors associated with husbands' knowledge on partners' reproductive rights. It still needs improvement to achieve the SDG 3. Therefore; integrating reproductive health rights at the early classes is required to improve the knowledge status of husbands towards the partners' reproductive rights.

Key words: Husband; Knowledge, Partner; Reproductive Rights; Wolkite

1. INTRODUCTION

1.1. Background

Reproductive rights are the rights of individuals and all couples to decide and choose about reproduction without discrimination, coercion, and violence (1). These rights also include the twelve basic human rights which include the right to life, liberty, and security, privacy, equality and non-discrimination, consent to marriage and equality in marriage, health including sexual and reproductive health, access to sexual and reproductive health education and family planning information, decide the number and spacing of children, be free from practices that harm and sexual and gender-based violence, not to be subjected to inhuman or degrading punishment and enjoy scientific progress (1-3).

The mid-1990s marked an important milestone internationally towards the roles and responsibilities of men in the reproductive right of women (4). Before this time, relevant programs, policies and strategies were mainly focused on women and their roles in improving reproductive rights. The Cairo International Conference on Population and Development (ICPD), was the first global initiative that encouraged for extending the focus beyond women and gave emphasis on shared responsibility of men (5).

The Millennium Development Goals in 2000, health and development initiatives including the Agenda of Sustainable Development in 2030, and the universal health coverage further support the realization of the reproductive health rights that were already recognized in the ICPD in 1994 (6). Women's reproductive rights violations are related with husbands' inadequacy of knowledge related to reproductive rights, lacking reproductive education programs, lacking spousal discussions on reproductive issues (7).

To achieve the Sustainable Development Goals (SDGs), the United Nations agenda has put the issue of gender equality and empowering all women and girls in its goal five. This is to ensure universal access to sexual and reproductive rights and health by the year 2030 (8). Moreover, the Ethiopian FMOH in line with the WHO puts seven strategic directions to prevent women's reproductive and other human rights (9).

Violence against these reproductive rights of women is still a challenge particularly related to physical, sexual, getting access to reproductive education, services and family planning use(1, 2).

Henceforth, knowing husbands' knowledge on partners' reproductive rights helps to plan and intervene on maternal health care needs during pregnancy, childbirth and after all. It also improves using advanced scientific progresses like contraception by that proper child spacing, preventing diseases (STIs and HIV/ AIDS) and promote satisfying sexual lives for men and women (10).

1.2. Statement of the Problems

Globally, about 30% of women experience reproductive rights violence particularly by their intimate partner **(11)**. These partners' reproductive rights violations are a public problem particularly in African countries estimated to be between 20% and 70% **(12, 13)**.

According to WHO 2005 study, indicate that Ethiopia had highest rate intimate partner reproductive right violation than those ten countries included in the study and 53.7% women had experienced reproductive right violation either sexual ,physically or both within one year preceding the interview and 70.9% over their lifetime**(14)**. The prevalence in SNNPR region is 29.6% **(15)**.

Women's experience of physical violence is significantly associated with low use of contraception, sexually transmitted diseases (STDs), unwanted pregnancy, miscarriages, antenatal hospitalization, repeat pregnancy, preterm delivery, low birth weight, and neonatal and child mortality**(14, 16)**.

So, inadequate husbands' knowledge has a pronounced negative impact on partners' reproductive right implementation. These include low health service use, lacking access for reproductive related education and use of scientific progress like contraception use and other reproductive rights resulting in high burden of maternal morbidity and mortality **(2, 17)**

Generally, despite the influence of men on partners' use of their reproductive rights and its negative impacts, the status of husbands' knowledge and their associated factors remain not area of concern till now both at national and the study area. Therefore, studying this topic helps to plan good intervention towards women's reproductive rights violence by their husbands. Thus, this study was aimed to assess husbands' knowledge on partners' reproductive rights and associated factors in wolkite town, southern, Ethiopia

1.3 literature review

1.3.1. Husbands' knowledge on Partners' Reproductive Rights

A study done in Nepal shows that 91.48% of respondents had some sort of information about reproductive rights. But only 9.1% had good level of knowledge regarding reproductive rights **(18)**. A study done in south Africa indicates that 56.1% of respondents lacked knowledge on reproductive right.**(19)**

Another study in Ghana shows that males lacked knowledge of one's sexual and reproductive health rights violations, lacking knowledge about human rights 46.2% and 53.8% respectively and denial of SRH services, had forced marriage and had the experience of forced sex 66.7%, 94.1% and 85.1% respectively**(20)**.

A study done in Adet Tana Haik and sidama zone revealed that 25.96% and 43.9 respondents were knowledgeable on reproductive right respectively **(21, 22)**. Similarly, a study done in Harer and wolyta Sodo indicates that 48.5% and 45.5% of the respondents were knowledge on reproductive rights respectively**(23)**.

1.3.2. Factors Associated with Husbands' Knowledge on Partners' Reproductive Rights

1.3.2.1 Socio demographic factors

A study done in Nepal relived that level of education of husbands significantly associated with husband's knowledge in reproductive rights **(18)**. Another study done in Wolyta sodo, shows that occupation type, and having discussion on reproductive issues were associated with husbands' knowledge **(10)**.

Study done in Harare Male partners who used social media were nearly 5 times more likely to be knowledgeable than their counterparts and Partners who had an open discussion on their reproductive health were 2 times more likely to be knowledgeable on partners' reproductive rights than those partners who did not have a discussion**(23)**.

1.3.2.2 Health service and information related factors

A study done in Tanzania shows that Men who had poor knowledge on reproductive care services were two times less likely to be involved in reproductive care services (24). Another study done in Gana shows that absence or lack of good social media that functions best on increasing community awareness on reproductive rights and information dissemination is a factor for husbands' level of knowledge in general sense(13).

A study done in Harer indicates that social media, discussion on reproductive health and type of nearby health facility were found to have a significant association with husbands knowledge on reproductive rights(23). Similarly, another study conducted in Wolyta sodo, shows that presence and having participation in reproductive health education programs and having utilizing experiences of reproductive health services were associated with level of knowledge (10).

Another study done in Adet Tana Haik revealed that participation in reproductive health education programs , having experiences in reproductive health services and discussion on reproductive issues were statistically significantly associated with having optimal knowledge level about SRHRs(21). Similarly, a study done in Gonder types present and availability of reproductive health services and having social media access information were statistically significantly associated with having optimal knowledge level about SRHRs (25)

1.4. Conceptual Framework

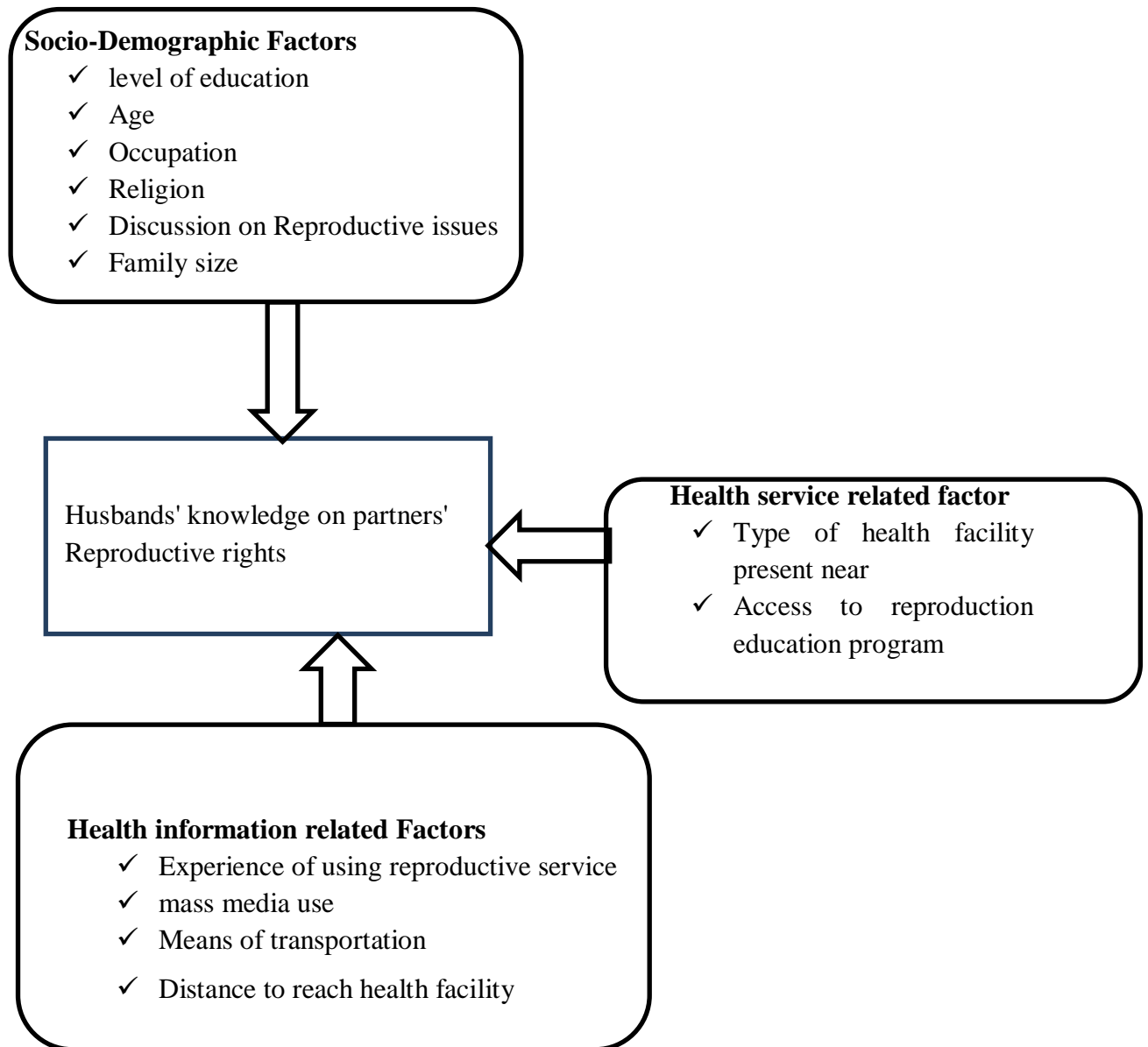


Figure 1: Conceptual frame work showing relationship between independent variables and outcome variable, adapted from different literature (23, 26-28).

1.5. Justification of the Study

Reproductive health rights are inherent entitlements for women but these rights have not been recognized to their maximum potential in Ethiopia, despite the domestication of the international instruments related to their implementation.

Even though Ethiopia plans to achieve gender equality and empowering women in SDG women's reproductive right violation by their partner is still major public problem.

Generally, despite the influence of men on partners' use of their reproductive rights and its negative impacts, the status of husbands' knowledge and their associated factors remain not an area of concern till know both at national and study area. Therefore, studying this topic helps to plan good intervention towards women's reproductive rights violence by their husbands and it will be baseline for other researchers. Thus, this study was aimed to assess husbands' knowledge on partners' reproductive rights and associated factors in Wolkite town, southern Ethiopia.

2. Objective

2.1 General objective

- To assess husbands' knowledge on partners' reproductive rights and associated factors in Wolkite town, Southern, Ethiopia, 2021

2.2 Specific objectives

- To Determine husbands' knowledge on partners' reproductive rights
- To identify factors associated with husbands' knowledge on partners' reproductive rights

3. METHODS AND MATERIALS

3.1. Study Area and Period

Wolkite town is located in Guraghe zone of South Nations, Nationalities and Peoples Regional State (SNNPRS), Ethiopia. It is the capital town of the zone and located at 158 km South of Addis Ababa on the way to Jimma town and 427 km from the regional capital city Hawassa. Total population of the town 79987. Among these 15997 are household heads.

3.2. Study Design

A community-based cross-sectional study was conducted

3.3. Population

3.3.1. Source of population

All husbands who have reproductive age partner in the Wolkite town

3.3.2. Study population

Husbands who have reproductive age partner in the selected Kebele during the study period.

3.4. Inclusion and Exclusion Criteria

3.4.1. Inclusion criteria

All husbands who have reproductive age partner

3.4.2. Exclusion criteria

- ✓ Mentally ill husbands
- ✓ Husbands who were critically ill

3.5. Sample Size Determination

Sample size was calculated by using single population proportion sample size calculation formula with a source population.

$$n = (Z \alpha / 2)^2 * P (1-P)/d^2$$

Where:

n=desired sample size

Z a/2=value of standard normal distribution in 1.96 level of significance with a 95% confidence interval

p=proportion=48.3% There is a previous study done in Harer city was taken to calculate the sample size(23).

$$p=1-0.48=0.52$$

d=desirable error/ margin of error between the sample and the population or desired precision (5%) =0.05:

$$n=383$$

$$\text{Adding 10\% non-response rate}=38.3+383=421$$

$$\text{Considering the design effect 1.5, } 421 \times 1.5 = \mathbf{632}$$

Table 1: Sample size determination for the second objectives for factors Associated with the husbands' knowledge on partners' reproductive rights in the Wolkite town southern Ethiopia, 2021.

Assumptions Confidence level=95%, Power=80%, Margin of error=5%,Ratio=1:1, Adding 10% non-response					
NO	Factor	Proportion Of unexposed	Proportion Of exposed	Total Sample	reference
1	partners who used social media were nearly AOR = 4.97	17.5%	51.3%	115	(23)
2	Type of nearby health facility AOR=3.21	53.1%	78.4%	201	(23)
3	Discussion on reproductive health AOR=2.33	34.3%	54.9%	320	(23)

Calculated sample size for the second objective was smaller than that of the first objective. Therefore, the final sample size for this study was 632

3.6. Sampling Procedure

First, all the Kebele in the town were stratified in to urban and rural. The town has 8 kebele (6 urban and 2 rural). Then, 1 out of 2 rural and 3 out of 6 urban Kebele were selected by simple random sampling method from each stratum. Then, based on the number of households proportionately allocated sample size was selected from each 4 kebele by systematic sampling using kebele house number for those residing urban and for rural kebele number was given for each household. A list of total households with reproductive-age women present in the family folder of the kebele administration was used as a sampling frame. The family folder contains the list of total households in the kebele administration and regularly updated. The first house hold was selected by simple random method between one and K.

$$K = 10445/632 = 16.5$$

The study participant was selected by keeping the class interval sixteen and all eligible husbands were included until the required sample size attained. For more than one eligible in the household, a lottery method was used to choose one eligible.

The sample size were proportionally allocated for each sampled kebele as follows

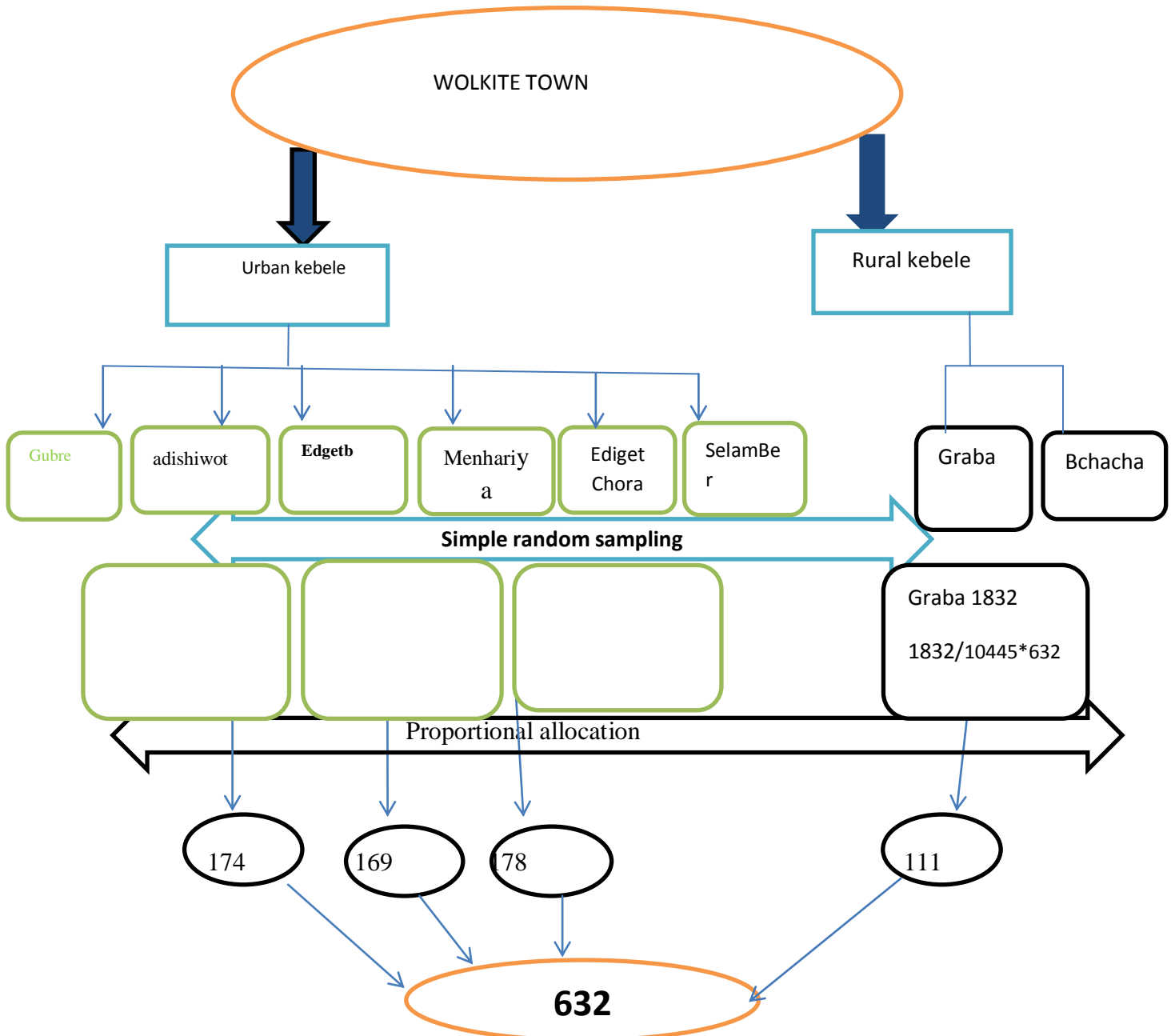


Figure 2: Schematic presentation of sampling procedure.

3.7. Data Collection Methods

3.7.1. Data collection tools and Data collection procedure

A structured, interviewer-administered questionnaire was adapted from different literature developed for a similar purpose by Different authors in English(10, 22). Then variables are reviewed to suit the local condition. The questionnaire contains two parts socio-demographic Characteristics, knowledge on reproductive rights.

Eight health extension workers for data collection and 2 supervisors (2 BSc Midwives) were recruited from Wolkite town based on their experience on data collection and the ability to speaking the local languages (Guraginga and Amharic) well. Data collectors and supervisors were trained for 2 days on the objective, benefits, confidentiality, respondents' right, informed consent and techniques of the interview.

First, data collectors greet the study participants. Then the aim, benefit, confidentiality, and right of study participants to refuse or withdraw were explained to study participants by data collectors. After all, signed and written informed consent was taken from study participants, data collectors; using a pre-tested questionnaire was collect data from eligible study participants and they were arrange the convenient time for revisit when respondent were not avail at home. In each data collection days, the supervisors and principal investigator were supervised the process of data collection.

3.8. Study Variables

3.8.1. Dependent variables

Husbands' knowledge on partners' reproductive rights

3.8.2. Independent variables

- Socio-demographic variables:
 - Age
 - Occupation
 - Religion
 - Level of education
 - Residence
 - Family size
 - Discussion on reproductive issues
- Health service and information related:
 - Reproductive service use experience
 - Mass media use
 - Access to reproductive education program
 - Type of health facility present in near
 - Means of transportation
 - Distance to reach health facility

3.9. Operational Definitions

1) Women's reproductive right =the right of women to make a free decision and choices on the twelve basic human rights **(8)**

2) Husband's knowledge---based on the summative score of questions designed to assess the participants' overall knowledge in the reproductive rights of women were categorized as poor/good as; **(10, 22)**

1-optimal/good=if the score is greater than or equal to the mean score 6.99

2--poor=if the score is less than the mean score 6.99

A total of 11 questions are adapted to assess husbands' level of knowledge on partners' reproductive rights and each correct answer has a score=1, each wrongly answered/do not know=0

3.10. Data Quality Control

To ensure data quality, the first, properly designed data collection tool were adapted. Second, data collectors and supervisors were trained related to the objective of the study, contents of the questionnaire, the confidentiality, and rights of the study participants.

Third, a pre-test was done on 5% of the sample size before the actual data collection to check the reliability and construct the validity of the questionnaire at Addis Hiwot Kebele. Finally, the data were entered into Epi data version 3.01 as part of data management. During data cleaning, a logical checking technique was employed to identify errors. Furthermore, the collected data were checked each day for consistency and entered data on Epi data version 3.01 and corrective measures were taken.

3.11. Data Processing and Analysis

Data management- After data collection, each questionnaire was checked for completeness and those returned questionnaires were rechecked for completeness, cleaned with a manual inspection at the field.

Then data entry and cleaning was done by Epi- data 3.01 and data verification was made using this software. Lastly, the data were exported to SPSS (Version 22) for analysis.

Binary and multivariate logistic regressions were employed to identify the relationships between the predictors and the outcome variable and select variable with p-value less than 0.25 at 95% confidence interval as a candidate for a multivariable logistic regression analysis. Variable having P-value less than 0.05 in the multivariable logistic regression analysis were considered as factors for male knowledge on female reproductive right. Descriptive statistics like frequencies and cross tabulation were performed. Data were presented using text and tables.

3.12. Ethical Considerations

The data collection was carried out after getting approval of proposal from the Institutional Review Board (IRB) of Bahir Dar University College of medicine and health science. A formal letter was written by midwifery department to Gurage Zone health office and Official permission was secured from health office, Wolkite town. The purpose and importance of the study was explained to the study participants and written informed consent was obtained from all participants before starting the interviews or taking body measurements and also they was informed about the possibility to refuse participation at any time of data collection. Confidentiality of the data was assured and kept; code number was assigned to the study participants without mentioning the name.

4. Results

4.1. Socio demographic characteristics

This study was conducted among 628 husbands at Wolkite town, which yields a response rate of 99.37%. Even if detail information was given about the objective of the study four respondents were not volunteer to give response they were stated that they have no time for interview and they think that the research doesn't add any advantage for them. The minimum and maximum age of the respondents was 20 years and 60 years old respectively, with the mean age of 36.94 ± 7.67 years. The minimum and maximum age of the partner was 18 years and 45 years old respectively with the mean age of 30.1 ± 6.16 years. Regarding the educational status about one hundred sixty four (26.1%), respondents have no formal education, (**Table 2**).

Table 2: Socio-demographic characteristics of husbands at Wolkite town, Southern Ethiopia, 2021(n=628)

Variables	Category	Frequency (n)	
			Percent (%)
Age of the respondent (years)	≤ 25 years	40	6.4
	26 -35	219	34.9
	35 and above	369	58.8
Age of the partner (years)	≤ 25 years	185	29.5
	26 -35	309	49.2
	35 and above	134	21.3
Religion	Orthodox	264	42.0
	Muslim	232	36.9
	Catholic	47	7.5
	Protestant	77	12.3
	Others	8	1.3
Occupational status	Employed	218	34.7
	Merchants	282	44.9
	Farmers	107	17.0

	Others	21	3.3
Residence	Urban	517	82.3%
	Rural	111	17.7%
Family size	≤3	228	36.3
	Four and above	400	63.7
Educational status	No formal education	164	26.1
	Read and write	136	21.7
	Primary education	95	15.1
	Secondary education	69	11
	Post-secondary Education	164	26.1

Other wake feta, java other** Daily laborer, driver*

4.2. Health service and information related factors

Regarding the utilization of mass media, 593(94.4%) of the respondents have used mass media. In considering the time to reach health institution from their home, 79(12.0%) of them consumes more than 30 minutes. In addition, three hundred seventy six (59.9%) and 274(43.6%) of the husbands have experiences of using reproductive services and have available reproductive education program respectively. Similarly, four hundred thirty three (68.9%) of the respondents have a discussion on reproductive health related matters with their partners. (**Table 3**).

Table 3: Health service and information related factors among the husbands in Wolkite town, 2021 (n=628)

Variables	Category	Frequency(n)	Percent (%)
Mass media use	Yes	593	94.4
	No	35	5.6
Type of mass media (n=593)	Radio only	97	15.4
	Television only	202	32.2
	Other mass medias	8	1.3
	More than one	286	45.5

The nearby health facility	Hospital	273	43.5
	Health center	201	32.0
	Health post	154	24.5
Means of transport	Vehicles	380	60.5
	Other than vehicle	248	39.5
discussion	Yes	433	68.9
	No	195	31.1
Experience of using reproductive services	Yes	376	59.9
	No	252	40.1

Other means of transport= by foot and animal

4.3. Husbands' knowledge on partners' reproductive rights

The prevalence of husbands' good knowledge on partners' reproductive rights was 47.8% (95%CI: 43.8, 51.8). Among the respondents, around half of the respondents (50.2%) knew married woman have full right to access all reproductive health services without husbands' consent. In addition, nearly one fourth of the husbands (24.4%) knew that, married women have the right that their reproductive health issues are kept confidential. (Table 4).

Table 4: Knowledge status of the husbands on partners' reproductive rights in Wolkite, Southern Ethiopia, 2021 (n=628)

Knowledge domain	Category	Frequency (n)	Percent (%)
Married women and married men have equal reproductive rights	Yes	186	29.66
	No	442	70.4
Married women have the right to acquire reproductive health related information and education where it is available without their husbands' consent	Yes	254	40.4
	No	374	59.6
Married women have right to use contraceptives without their husbands'	Yes	549	87.4
	No	79	12.6

consent				
Married women have the right that their reproductive health issues are kept confidential	Yes	153	24.4	
	No	475	75.6	
Married woman have the right to maternity leave with adequate social security benefits				
	Yes	101	16.1	
	No	527	83.9	
Married women have full right to access all reproductive health services without husbands' consent				
	Yes	315	50.2	
	No	313	49.8	
Married women have right to autonomous reproductive service choices without their husbands' consent				
	Yes	317	50.5	
	No	311	49.5	
A husband should get sex whenever he wants irrespective of his wife's wish				
	Yes	450	71.28	
	No	178	28.3	
Married women have right to limit the number of their children according to their desire and without their husbands' consent				
	Yes	178	28.3	
	No	450	71.7	
Must all married women be free to enjoy and control their sexual and reproductive life				
	Yes	222	35.7	
	No	466	64.6	
It is sometimes justifiable for a husband to hit his wife				
	Yes	141	22.5	
	No	487	77.5	

4.4. Factors associated with husbands' knowledge on partners' reproductive rights

In this study, candidate variables were selected using p-value less than 0.25 in bivariate analysis. Among the variables, age of the respondent, partners' age, educational status, family size, nearest health facility, means of transport, availability of RH program, discussion with RH matters and experiences of using RH services were candidate variables for multivariable logistic regression model.

Among the candidate variables, age of the respondent, educational status of the respondent, discussion with RH matters and means of transport were statistically

significant in multivariable logistic regression model. The odd of having good knowledge about the partners' reproductive rights among husbands who have age between 25 to 35 years old were 2.7 times more likely as compared with those who have age less than 25 years old (AOR: 2.7; 95%CI: 1.1, 6.6).

Husbands who can read and write were two times more likely to have good knowledge as compared with those with no formal education (AOR: 2.4; 95%CI: 1.3, 4.3). The odd of having good knowledge about partners' reproductive rights among husbands who have primary education were 5.98 times more likely as compared with those with no formal education (AOR: 5.98; 95%CI: 3.1, 11.4). The odd of having good knowledge among the husbands who were learnt secondary school were two times higher as compared with those with no formal education (AOR: 2.1; 95%CI: 1.0, 4.3). Similarly, the odd of having good knowledge about partners' reproductive rights among husbands who studied post-secondary education were 8 times higher as compared with those with no formal education (AOR: 8.0; 95%CI: 4.3, 15.2).

Husbands having good knowledge who were discussed about reproductive health matters with their partner were three times more likely as compared with those who have not discussed about reproductive health matters (AOR: 3.2; 95%CI: 2.0, 5.1). Respondents who have used vehicle as a means of transport were three times more likely to have good knowledge as compared with those who use other than vehicles (AOR: 3.3; 95%CI: 2.2, 4.9).

Table 5: Factors associated with husbands' knowledge on partner's reproductive rights in Wolkite town, Southern Ethiopia, 2021(n=628)

Category	Knowledge status		COR (95%CI)	AOR(95%CI)
	Good	Poor		
Age of respondent				
Less than 25 years	10	28	1	1
26 -35	145	76	5.34(2.47,11.59)*	2.7(1.1,6.6)**
35 and above	145	224	1.81(0.86,3.84)*	1.4(0.6,3.3)
Partners' age				

Less than 25 years	107	78	1	1
26 -35	151	158	0.69(0.48,1.06)*	0.9(0.5,1.7)
Above 35	42	92	0.33(0.21,0.53)*	0.7(0.3,1.5)
Educational status				
No formal education	28	136	1	1
Read and write	54	82	3.19(1.88,5.45)*	2.4(1.3,4.3)**
Primary	54	41	6.39(3.60,11.36)*	5.98(3.1,11.4)**
Secondary	32	37	4.20(2.25,7.84)*	2.1(1.0,4.3)**
Post-secondary	132	32	20.3(11.43,35.11)*	8.0(4.3,15.2)**
Family size				
Less than three	75	153	1	1
Four and above	225	175	2.62(1.87,3.68)*	1.09(0.69,1.71)
Nearest health facility				
Hospital	173	100	3.82(2.51,5.82)*	1.60(0.96,2.8)
Health center	79	122	1.43(0.92,2.23)*	0.9(0.5,1.6)
Health post	48	106	1	1
Means of transport				
Vehicle	268	282	1.37(0.84,2.21)*	3.3(2.2,4.9)**
Other means of transport	32	46	1	1
Availability of RH program				
Yes	154	120	1.83(1.33,2.52)*	0.9(0.6,1.4)
No	146	208	1	1
Discussion with RH matters				
Yes	259	174	5.59(3.76,8.29)*	3.2(2.0,5.1)**
No	41	154	1	1
Experiences of using RH services				
Yes	200	176	1.73(1.25,2.39)*	1.04(0.68,1.60)
No	100	152	1	1
<i>*indicates variables having p-value <0.25 in bivariate analysis</i>				
<i>**indicates variables having p-value <0.05 in multivariable analysis</i>				

5. Discussion

The prevalence of husbands' good knowledge on partners' reproductive rights was 47.8% (95%CI: 43.8, 51.8). This finding was consistent with the study conducted at Harer which was 48.3% **(23)**. This consistency might be related to study period, study design and study population. In addition it might be due to similar government intervention strategies across all parts of the nation. Since 2003, the Ethiopian government launched the health extension program intended to provide universal primary health care coverage by 2009. This program employs the health extension practitioners to promote health and prevent disease through awareness creation and disease prevention. Therefore, this activity of health extension practitioners involves awareness creation on reproductive rights **(29)**.

Similarly, there are community health development armies and established one to five networking among the communities as strategies to share health related matters across both study areas. This network enables the husbands' to share knowledge with other in both study areas.

This study was greater than the study conducted at Nepal, which was 9.1 % **(18)**. This discrepancy might be due to difference in study period, economical and government intervention strategies variation between the county.

This study was less than the study conducted at South Africa, which was 56.1% and Ghana, which was 53.8% **(19, 20)**. This discrepancy might be due to variation educational level, all respondents in South Africa and Ghana were university student but in this study most respondents were studied below post-secondary. This is due to the fact that study attended higher education could have the potential to analyze and understand reproductive health rights in advance **(30)**.

Similarly, among the nationwide studies, this finding was lower than studies Southern Ethiopia (Wolyta sodo, 54.5%) **(10)** and Northern Ethiopia (Gonder, 57.7%) **(25)**. This disparity might be because of the difference in study population (age, level of education and awareness), area and period.

Husbands having age between 25 to 35 years old were 2.7 times more likely to have good knowledge as compared with those who have age less than 25 years old. This age category is commonly the age which have a recent school age children. Childs may act as a medium for sharing information and knowledge for the parents as acquired through different Medias and school. This media may contain the governments' expansion of health service and integrating education with health related extracurricular activities across schools. In addition, it might be related to the increased family sizes as compared with those who have age less than 25 years old. Similarly; the recent populations were prone to the social Medias, which highly impacts their knowledge as well their attitudes.

Husbands who can read and write were two times more likely to have good knowledge as compared with those with no formal education. The odd of having good knowledge about partners' reproductive rights among husbands who have primary education were six times more likely as compared with those with no formal education. Husbands who learnt secondary school were two times higher as compared with those with no formal education. Similarly, the odd of having good knowledge about partners' reproductive rights among husbands who studied post-secondary education were eight times higher as compared with those with no formal education. This might be related to increase in educational level of the husbands increase the act beyond the cultures and beliefs. In addition, it might be the result of difference in exposure, information sharing and communication on the reproductive health rights among the intermediate and senior classes(21). Similarly, those who have attended higher education could have the potential to analyze and understand reproductive health rights in advance and the fact that Education, considered as the single most important socio-economic characteristic positively affecting reproductive health knowledge and behaviors(30).

Husbands having good knowledge who were discussed about reproductive health matters were three times more likely as compared with those who have not discussed about reproductive health matters with their partner. This study finding is consistent with the study conducted at Wolaita Soddo and Adet Tana Haik(10) (21). It was also in line with the study conducted at Harar, which revealed that, Partners who had an open discussion on their reproductive health were 2 times more likely to be knowledgeable on partners'

reproductive rights than those partners who did not have a discussion(23).This might be related to discussion increases awareness towards reproductive health rights. Through discussion individuals will share ideas, beliefs and truths related with the reproductive health matters(31, 32). This can be explained by the fact that through experience sharing during discussion can increase the knowledge in reproductive rights (2, 25)

Respondents who have used vehicle as a means of transport were three times more likely to have good knowledge as compared with those who used other than vehicles for means of transport. It might be due to using a vehicle as a means of transport is related to the economic status of the respondents. Most of the respondents who prefer to walk by foot and using animals were those who have no potential to pay the transportation fee. Even though health facility access can result in changing the perception, belief, health norms and practice of individuals(31, 33), they may not prefer to visit health facilities for fear or lack of transportation fee, which hinder them in having knowledge about the partners' reproductive rights.

6. Limitation of the study

- ✓ Social desirability bias is expected in this study since husbands may report more acceptable responses.
- ✓ Since it used self-reporting or interview responses, it may be prone to inaccurate estimations on the time required to travel from home to the nearby health facility.

7. Conclusion

Less than half of the husbands (47.8%) have good knowledge on partners' reproductive rights at Wolkite town. In addition, age of the husbands, educational status, discussion with RH matters and means of transport were factors associated with husbands' knowledge on partners' reproductive rights.

8. Recommendations

Community women affairs

- Mobilize men to participate in promoting gender equity and taking against gender based violence

Researchers

- Other researchers ought to do further researches using different study design approaches.

References

1. World Health Organization. Sexual and reproductive health beyond 2014: equality, quality of care and accountability: position paper; 2014.
2. World Health Organization. RESPECT-seven strategies to prevent violence against women: key messages; 2019.
3. Assembly UG. Universal declaration of human rights. UN General Assembly. 1948;302(2):14-25.
4. Greene ME, Biddlecom AE. Absent and problematic men: Demographic accounts of male reproductive roles. *Population and development review*. 2000;26(1):81-115.
5. Barroso C. Beyond Cairo: sexual and reproductive rights of young people in the new development agenda. *Global public health*. 2014;9(6):639-46.
6. Yamey G, Shretta R, Binka FN. The 2030 sustainable development goal for health. *British Medical Journal Publishing Group*; 2014.
7. Kassahun F, Worku C, Nigussie A, Ganfurie G. Prevalence of male attendance and associated factors at their partners antenatal visits among antenatal care attendees in Bale Zone, South East Ethiopia. *International Journal of Nursing and Midwifery*. 2018;10(9):109-20.
8. Germain A, editor Discussion note for the ICPD beyond 2014 conference on human rights: Meeting human rights norms for the quality of sexual and reproductive health information and services. *ICPD Beyond 2014 Expert Meeting on Women's Health: Rights, Empowerment and Social Determinants*; 2014.
9. Barot S. Sexual and reproductive health and rights are key to global development: the case for ramping up investment. 2015.
10. Adinew YM, Worku AG, Mengesha ZB. Knowledge of reproductive and sexual rights among University students in Ethiopia: institution-based cross-sectional. *BMC international health and human rights*. 2013;13(1):1-7.
11. WHO. Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence: World Health Organization; 2013.
12. Beyene H. Final report national assessment: Ethiopia gender equality and the knowledge society. *Women in Global Science and Technology*. 2015.
13. Quarcoo AE, Tarkang EE. Socio-demographic and structural predictors of involvement of the male partner in maternal health care in Hohoe, Volta Region, Ghana. *African journal of reproductive health*. 2019;23(2):56-64.
14. García-Moreno C, Jansen HA, Ellsberg M, Heise L, Watts C. WHO multi-country study on women's health and domestic violence against women: World Health Organization; 2005.
15. Chernet AG, Cherie KT. Prevalence of intimate partner violence against women and associated factors in Ethiopia. *BMC women's health*. 2020;20(1):22.
16. García-Moreno C, Pallitto C, Devries K, Stöckl H, Watts C, Abrahams N. Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence: World Health Organization; 2013.
17. Birhan Z, Tushune K, Jebena MG. Sexual and reproductive health services use, perceptions, and barriers among young people in southwest Oromia, Ethiopia. *Ethiopian journal of health sciences*. 2018;28(1):37-48.
18. Yadav RK, Gahatraj NR, Yadav DK, Marahatta SB. Knowledge and practice on reproductive health rights among married women in Nepal. *Journal of Health and Allied Sciences*. 2016;5(1):53-7.

19. Govender D, Naidoo S, Taylor M. Knowledge, attitudes and peer influences related to pregnancy, sexual and reproductive health among adolescents using maternal health services in Ugu, KwaZulu-Natal, South Africa. *BMC public health*. 2019;19(1):1-16.
20. Yendaw E, Martin-Yeboah E, Bagah B. Knowledge and Perception of Adolescents on Sexual and Reproductive Health Rights in Ghana: A Case Study of Yamoransa in the Mfantseman Municipality. 2015.
21. Ayalew M, Nigatu D, Sitotaw G, Debie A. Knowledge and attitude towards sexual and reproductive health rights and associated factors among Adet Tana Haik College students, Northwest Ethiopia: a cross-sectional study. *BMC research notes*. 2019;12(1):1-7.
22. Tadesse T, Dangisso MH, Abebo TA. Sexual and reproductive health rights knowledge and reproductive health services utilization among rural reproductive age women in aleta wondo district, sidama zone, Ethiopia: community based cross-sectional study. *BMC international health and human rights*. 2020;20(1):1-9.
23. Mohammed A, Alemayehu T, Desalew A, Belay Y, Sema A, Debella A, et al. Husband's Knowledge and Involvement in the Reproductive Rights of Women in Harar, Eastern Ethiopia. 2020.
24. Gibore NS, Gesase AP. Men in maternal health: an analysis of men's views and knowledge on, and challenges to, involvement in antenatal care services in a Tanzanian community in Dodoma Region. *Journal of Biosocial Science*. 2020:1-14.
25. Gebresilassie KY, Boke MM, Yenit MK, Baraki AG. Knowledge level and associated factors about sexual and reproductive health rights among University of Gondar students, Gondar Ethiopia. *International Journal of Sexual and Reproductive Health Care*. 2019;2(1):016-20.
26. Bishwajit G, Tang S, Yaya S, Ide S, Fu H, Wang M, et al. Factors associated with male involvement in reproductive care in Bangladesh. *BMC Public Health*. 2017;17(1):1-8.
27. Aregay A, Alemayehu M, Assefa H, Terefe W. Factors associated with maternal health care services in Enderta District, Tigray, Northern Ethiopia: A cross sectional study. *American Journal of Nursing Science*. 2014;3(6):117-25.
28. Gibore NS, Ezekiel MJ, Meremo A, Munyogwa MJ, Kibusi SM. Determinants of men's involvement in maternity care in Dodoma Region, Central Tanzania. *Journal of pregnancy*. 2019;2019.
29. Workie NW, Ramana GN. The health extension program in Ethiopia. 2013.
30. Adjiwanou V, Bougma M, LeGrand T. The effect of partners' education on women's reproductive and maternal health in developing countries. *Social Science & Medicine*. 2018;197:104-15.
31. Gebreselassie K, boke M, Yenit M, Baraki A. A knowledge level and associated factors about sexual and reproductive health rights among University of Gonder students, Gonder Ethiopia. *IntReprod Heal Care J Sex* 2019;2(1):016-20.
32. Adugnaw B, Sibhatu B, Alemayehu A, Sudhakar M, Alemayehu B, Kebede D. Men's knowledge and spousal communication about modern family planning methods in Ethiopia. *African journal of reproductive health*. 2011;15(4):24-32.
33. Yenadew E, Martin-Yeboah E, Begah D. Knowledge and perception of adolescents on sexual and reproductive health rights in Ghana: A case study of Yamoransa in the Mfantseman Municipality. *Br J Edus Soc Behav Sci*. 2015;8(3):147-58.

Annex

Annex1. Declaration

This thesis is my original work and has not been presented for award of MSc Degree or for any similar purpose in any other institutions.

Name -----Signature: _____ Date: _____

Advisors:

This thesis has been submitted for review with my approval as university supervisor.

1. ----- Signature: _____ Date: _____

2. ----- Signature: _____ Date: _____

3. ----- Signature: _____ Date: _____

Annex-II principal investigator assurance

I certify that the statements herein are true, complete, and accurate to the best of my knowledge. I certify that individuals or organizations named herein are aware of their planned or potential involvement. I agree to accept responsibility for the scientific conduct of this research and to provide the required progress reports if needed.

Name ----- Signature-----date -----

Annex III: Information Sheet and Informed Voluntary Consent Form

English Version

My name is I am working as a data collector for the study being conducted by Sir Selamawit Nigatu who is studying for her master's degree at Bardar University, college of health and medical sciences. I kindly request you to lend me your attention to explain to you about the study.

The study/project title: Husbands' knowledge on partners 'reproductive rights and associated factors in Wolkite town, southern Ethiopia from March1 to April 30, 2021.

Purpose/Aim of the study:

The finding of this study may be used as a guide for health care providers and health institution to take the appropriate intervention. It will also be used for the regional health bureaus to plan and set strategies and expand services about health information dissemination. Moreover, the study aims to write a thesis as a partial requirement for the fulfillment of a Master's program in clinical midwifery for the principal investigator.

Procedure and duration:

The data collector will be interviewing husbands using a questionnaire to provide me with pertinent data that is helpful for the study. If you are agreeing to involve the interview, the data collector will conduct after all procedures are completed and it will take a maximum of 20-30 minutes.

Risks and benefits:

The risk of being participating in this study is very minimal. But a few minutes from husband's time. There will not be any direct payment for reviewing this study. But, the findings from this research will reveal important information for the institutions, the Zonal health department, for hospital and health planners.

Confidentiality:

The information that will be provided will keep confidential. There will be no information that will identify the participants in particular. The finding of the study will be general for the study community and will not reflect anything particular of person. The questionnaire will be coded to exclude showing names. No reference will be used in oral or written reports that could link participants to the research. Rights: Participation in this study is fully voluntary. The participants have the right to declare to participate or not in this study. If they decide to participate, they have the right to withdraw from the study at any time and this will not label them for any loss of benefits that they otherwise are entitled. They do not have to answer any question that they do not want to answer.

Incentives/Payments for Participating: You will not be provided any incentives or payment to take part in this project

Contact Address: If there are any questions or enquires any time about the study or the procedures, please contact: Principal investigator Selamawit Nigatu E-mail: selamawitnigatu77@gmail.com Mobile phone: 0913727600

6.3. Annex -C: English Version Questionnaire

Title: Husbands' knowledge on partners 'reproductive rights and associated factors in Wolkite city, southern Ethiopia from March1 to April 30, 2021

Name of kebele/number -----

Name of interviewer's/data collector-----

Date of interview ----//-----//----- Code number-----

Instruction: Encircle the response of the respondents in front of each question.

Questionnaire

Part one: Socio-Economic and Demographic and Health facility-related information of respondents (applicable for husbands)

S.N	Variables	Responses	skip
101	How old are you? /Age of husband in years/ Year of birth (DD/MM/YY)	-----	
102	Age of partner in years-	-----	
103	What is your Occupation (job) currently?	1-Employed 2-Merchant 3- Farmer 4-others(specify)	
104	Residence	1-urban 2-rural	
105	Religion	1-Ortodox 2-muslime 3-catolic 4-prostant 5-other	

106	Family size	1-less than or equal to 3 2-four and above	
107	What is your level of Education?	1-No formal education 2- read and write 3-Primary education 4-Secondary education 5-Post-secondary Education	
108	Do you use any mass media?	1-yes 2-No	
109	If yes, what type of mass media do you use Weekly?	1) Radio only 2) Television only 3) Newspaper only 4) Others (specify) 5) more than one media	
110	What is the nearest health facility accessible?	1) Hospital 2) Health Center 3)Health Post 4)Others(specify)	
111	What is the distance/time it takes from your home to the health facility?	1Below2km/<15min 2-Between 2-5km/16-30 minutes 3-Above 5 km/>30 Minutes	
112	What is your means of transportation to reach the health facility?	1-On foot 2-Cart/Animal 3-Car	
113	Is there reproductive education program in your	1-yes 2-no	

	kebele?		
114	Do you discuss reproductive -related matters with your partner?	1-yes 2-no	
115	Do you have experiences of using reproductive services	1-yes 2-no	

Part 2: questions related to husbands' knowledge on partners' reproductive rights

		Responses	Skip
1	Do married women and married men have equal reproductive rights?	1-yes 2-no	
2	Do married women have the right to acquire reproductive health related information and education where it is available without their Husbands' consent?	1-yes 2-no/I do not know/I am not sure	
3	Married women have right to use contraceptives without their husbands' consent	1-yes 2-no/I do not know/I am not sure	
4	Do married women have the right that their reproductive health issues Are kept confidential?	1-yes 2-no/I do not know/I am not sure	
5	Does a married woman have the right to maternity leave with Adequate social security benefits?	1-yes 2-no/I do not know/I am not sure	
6	Do married women have full right to access all Reproductive Health services without husbands' consent?	1-yes 2- no/I do not know/I am not sure	

7	Married women have right to autonomous reproductive service choices without their husbands' consent	1-true 2-false	
8	A husband should get sex whenever he wants irrespective of his wife's wish	1-yes 2-no/I do not know/I am not sure	
9	Married women have right to limit the number of their children according to their desire and without their husbands' consent	1-yes 2-no/I do not know/I am not sure	
10	Must all married women be free to enjoy and control their sexual and Reproductive life?	1-yes 2-no/I do not know/I am not sure	
11	It is sometimes justifiable for a husband to hit his wife	1-yes 2-no/I do not know/I am not sure	

6.4. Annex D-: Information Sheet and Informed Voluntary Consent Form

Amharic Version for Study Husbands

የጥናቱ ተሳታፊዎች መረጃ መሰጫ ፈቃደኝነት መጠየቂያ ቅጽ (በአማርኛ)

የተሳታፊዎች መረጃ: እንደምን አሉ ስሜ-----

እባላለሁ: :

በባህር ዳር ዩኒቨርሲቲ የሚከተሉት ዲግሪ በክሊኒካል ሜዲሲሲን የትምህርት ዘርፍ ተማሪ ስላማዊት ንጋቱ የምታደርገው ምርምር በመረጃ ሰብሳቢነት እስራለሁ። ስለሆነ ምክላዎት ጊዜ ጥቂት እንዲያወሰኝ እና ስለ ጥናቱ እንዳስረዳዎ በትህትና እጠይቃለሁ። :

የጥናቱ ስም: ባሎች በሴቶች የስነ ተዋልዶ/የሙሴያ መብት ላይ ያላቸው የእውቀትና ደረጃ እና ተዛማጅነት ያላቸው ገሮች በወልቅ ከተማ ከመጋቢት 1-መጋቢት 30 2013 ዓ.ም

የጥናቱ አሊማጭ: ከጥናቱ የሚገኘው ወጠታ በከተማው ወስጥ ለሚገኙ ጠፍ ተቋማትና ጠፍ ባሞያዎች፣ ላልችለባለድርሻ አካላትና ድርጅቶች ለችግሩ ትኩረት እንዲሰጠፍ ማቆላለጥ እንዲያፈለግ የበኩሉን ይወጣል ተብሎ ይታሰባል። ከዚህ ጥናት የሚገኘው ወጠታ በከተማው ወደ ፊት ለሚገኙ ተመሳሳይ ጥናቶች እንደመሳሰሉ ግብዓት ሆኖ ያገለግላል። ከዚህም በላይ በዋናነት ለሚከተሉት ዲግሪ መመሪያ የማግኘት ጥናታዊ ጽሁፍ ለማዘጋጀት ነው። :

ድርሻ እና ቆይታ: ለጥናቱ አስፈላጊ መረጃ ለመጠይቅ በመጠቀም ቃለ-መጠይቅ አደርግሎታለሁ። ይህ ጥናት ከጊዜዎ ላይ 20-30 ደቂቃ ይወስዳል። :

ሊያደርስ የሚችለው ጉዳትና የሚገባ ገንዘብ ጥቅም: ይህ ጥናት ከጊዜዎ ላይ 20-30 ደቂቃ ከመወሰድ ወጭ ምንም አይነት ጉዳት አያመጣም። በዚህ ጥናት በመተባበራቸውም በቀጥታ የሚገኙ ክፍያ የለም። ነገር ግን የዚህ ጥናት ወጠታ ለከተማው ጠፍ ጽ/ቤትና እቅድ አወጭ መንግስት አካላት ጠቃሚ መረጃ ሊሰጥ ይችላል። :

ሚስጠራዊነት: የሚስጠራ መረጃ ሚስጠራዊነት የሚጠበቅ ሲሆን እንደግለሰብ ተለይቶ የሚጠበቅ መረጃ የለም። የጥናቱ ወጠታ የህብረተሰቡን አጠቃላይ ሁኔታ እንጂ የአንድን ግለሰብ ምንም ነገር

አያንጸባርቅም፡፡ የተሳታፊዎችን ስም ላለማየት ለመጠይቆቻችን የራሳችንን ቁጥር ሰጥተናቸዋል፡፡
የጥናቱ ተሳታፊዎችን ከምርምሩ ጋር በማጣቀስ የሚጠየቁ ያልሆኑ የጽሁፍ ሪፖርት የለም

መብት፡ በዚህ ጥናት ወስጥ መሳተፍ መላ በመላ በፈቃደኝነት ላይ የተመሰረተ ሲሆን በጥናቱ ለመሳተፍም
ሆነ ላለመሳተፍ የመወሰን መብት አለዎት፡፡ በፈለጉት ጊዜ ከጥናቱ መውጣት ይችላሉ፡፡ ይህን በማድረግዎም
ማገኘት የሚገባቸውን ጥቅም አያስቀርባቸውም፡፡

በጥናቱ ወይንም በመረጃ አሰባሰቡ ዙሪያ ጥያቄ ወይም ያልተብራራ ነገር ካለ በሚከተለው አድራሻ ያግኙን
ዋና

አጥኚ= ሰላማዊት ንጋቱ

ኢሜል: nigatuselamawit40@gmail.com

ስልክቁጥር: 0913727600

የሙሉ ፈቃደኝነት ማረጋገጫ የተሳታፊዎችን መረጃ ወረቀት አንብቤዋለሁ/ተነብብልኛል፡፡ የጥናቱን
አላማክንዎኔ ከንዋኔ፣ ጥቅምና

ጉዳት፣ ሚስጥራዊነት፣ መብት እና ለማንኛውም ጥያቄ የተሰጠውን የመገኛ አድራሻ በደንብ ተረድቼዋለሁ፡፡
የጥናቱ ተሳታፊዎች በፈለጉት ጊዜ ከጥናቱ መውጣት እንደሚችሉ እንዲሁም መሙላት የማይፈልጉትን
ጥያቄዎች አለመሙላት እንደሚችሉ ተረድቻለሁ፡፡ ስለዚህ በዚህ ጥናት ለመሳተፍ ተሳታፊዎች በመላ
ፈቃደኝነት ከዚህ ቀጥል በፊርማዎ አረጋግጣለሁ፡፡

ፊርማ _____

የመረጃ ሰብሳቢ ስም እና ፊርማ _____

ክፍል አንድ- መልስ ሰጪዎች -ሚበራዊ እና ኢኮኖሚያዊ መረጃ (ለባለሽተፊና ማኅ ት)

ተ.ቁ	ጥያቄዎች	ምሊሽ	ዝሁኔ
1	እድሜዎ ስንት ነው? / (ቀን / ወር / ዓመተምህረት) - -		
2	የባለቤትዎ/የትዳር አጋርዎ ዕድሜ ስንት ይሆናል-- -----		
3	በአሁኑ ጊዜ የእርስዎ ሥራ (ሙያ) ምን ድንገት ነው?	1ተቀጣሪ (በመንግስት/በግሌ ድርጅት) 2-ነጋዴ 3- ገበሬ 4-ልሎች (ይግለጹ)	
4	የመኖሪያ ቦታ	1 -ከተማ 2 -ገጠር	
4	የትምህርት ደረጃዎ ስንት ነው?	1-መደበኛ ትምህርት የለም	
5	ማንኛውንም የመረጃ ሚዲያ ይጠቀማሉ?	1-አዎ 2-የለም	
6	አዎ ከሆነ በየሳምንቱ ምን ዓይነት መረጃ ስጠዎት? ይጠቀማሉ	1) ሬዲዮ ብቻ 2) ቴሌቪዥን ብቻ 3) ጋዜጣ ብቻ 4)ሌላ 5) ከአንድ በላይ ሚዲያ	
7	በአቅራቢያ ያለ የጠፍ ተቋም ምን ይገኛል?	1) ሆስፒታል 2) ጠፍ ጣቢያ 3) ጠፍ ፖስት/ኪላ 4) ሌሎች (ይግለጹ)	

8	ከቤትዎ እስከ ጠፍ ተቋም ያለው ርቀት ምን ያህል ይሆናል?	1-ከ 2 ኪ.ሜ/15 ደቂቃ በታች 2 - ከ2-5 ኪ.ሜ/ከ16-30 ደቂቃ 3 - ከ 5 ኪ.ሜ በላይ/ከ30 ደቂቃ በላይ	
9	ወደ ጠፍ ተቋሙ ለመድረስ የትራንስፖርት ዎ ዘዴ ምን ይጠቀማሉ?	1-በእግር 2-ጋሪ / እንስሳ 3-መኪና	
10	በቀበሌዎ የአዋቂዎች የስነ-ተዋሌዶ ትምህርት ፕሮግራም አለ ?	1-አዎ 2-የ ለም	
11	የ መራሪያ-ነ ከ ጉዳዮችን ከባለብትዎ/ከትዳር አጋርዎ ጋር ይወያያሉ?	1-አዎ 2-የ ሳም	
12	የስነ-ተዋሌዶ አገልግሎቶች ከባለቤትዎ /ከትዳር አጋርዎ/ጋር ሁነው የሚጠቀሙ ሌምድ አለዎት?	1-አዎ 2-የ ለም	

ክፍሌ -2- የ ባሎች ዕውቀት በሴቶች የ መራሪያ መብቶችን የሚጥሉ ከቱ ጥያቄዎች

ተ.ቁ	ጥያቄዎች	ኮድ	መዘ-ህሌ
1	ያገቡ ሴቶች እና ያገቡ ወንዶች እኩሌ የስነ-ተዋሌዶ መብት አላቸው?	1-አዎ 2-የ ለም	
2	ባለትዳር ሴቶች ያለ ባሎቻቸው ፈቃድም ቢሆን የስነ-ተዋሌዶ ጠፍ-ነ ከ መረጃዎችን ወይም ትምህርት የማግኘት መብት	1-አዎ 2-አይ / አላ ወቅም / እርግጠኛ አይደለሁም	

	አላቸው		
3	ያገቡ ሴቶች ያለባለቻቸው ፈቃድ የወለድ መከላከያ የመጠቀም መብት የላቸውም?	1-አዎ 2-አይ / አላ ወቅም / እርግጠኛ አይደሉም	
4	ባለትዳር ሴቶች ያላቸውን የስነ-ተዋሌዶ ጠፍቶግሮች/መረጃ በሚከተሉት እንዲጠበቅላቸው መብት አላቸው?	1-አዎ 2-አይ / አላ ወቅም / እርግጠኛ አይደለም	
5	ባለትዳር ሴት በወለድ ጊዜ የወለድ ፈቃድ የማግኘት መብት አላት?	1-አዎ 2-አይ / አላ ወቅም / እርግጠኛ አይደለም	
6	ባለትዳር ሴቶች ከባለቻቸው ከግምገማት ወጭ ሁሉም የተዋሌዶ ጠፍቶ አገላለጻቸውን የመጠቀም መብት መብት የላቸውም?	1-አዎ 2-አይ / አላ ወቅም / እርግጠኛ አይደለም	
7	ባለትዳር ሴቶች የስነ-ተዋሌዶ አገላለጽ በራሳቸውም ጫያ ለባለቻቸው ወሳኔ የመሆን መብት የላቸውም?	1-አዎ 2-አይ / አላ ወቅም / እርግጠኛ አይደለም	
8	ባል ማህበራዊ ባትፈሌግም እሱ በፈለገ ጊዜ የወሲብ ፍላጎቱን መፈጸም መቻሉ አበለት ብለው ያስባሉ?	1-አዎ 2-አይ / አላ ወቅም / እርግጠኛ አይደለም	
9	ባለትዳር ሴቶች ያለ ባለቻቸው ፍቃድ የልጆቻቸውን ብዛት በፍላጎታቸው የመወሰን መብት የላቸውም?	1-አዎ 2-አይ / አላ ወቅም / እርግጠኛ አይደለም	
10	ሁሉም ባለትዳር ሴቶች በወሲባዊ እና የሚቢያ ህይወታቸው ለመደሰት እና ለመቆጣጠር ነፃ የመሆን መብት አላቸው?	1-አዎ 2-አይ / አላ ወቅም / እርግጠኛ አይደለም	
11	አንዳንድ ጊዜ ባሌ ማህበራዊ መምታቱ ተገቢ ነው	1-አዎ	

		2-አይ / አላ ወቅም / እርግጠኛ አይደሉም	
--	--	--------------------------------	--