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Intention to Use Maternity Waiting Home and Associated Factors Among Pregnant Women in Jawi District, North West Ethiopia

Zigiju, Yehuala

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BAHIR DAR UNIVERSITY

COLLEGE OF MEDICINE AND HEALTH SCIENCES

SCHOOL OF PUBLIC HEALTH

DEPARTMENT OF Reproductive Health and Population Studies

Intention to Use Maternity Waiting Home and Associated Factors

Among Pregnant Women in Jawi District, North West Ethiopia

By: Zigiju Yehuala (BSc.)

**A THESIS SUBMITTED TO BAHIR DAR UNIVERSITY, COLLEGE OF
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BAHIR DAR, ETHIOPIA

BAHIR DAR UNIVERSITY
COLLEGE OF MEDICINE AND HEALTH SCIENCES
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DEPARTMENT OF REPRODUCTIVE HEALTH AND
POPULATION STUDIES

INTENTION TO USE MATERNITY WAITING HOME AND ASSOCIATED
FACTORS AMONG PREGNANT WOMEN IN JAWI DISTRICT, NORTH
WEST ETHIOPIA 2022: A COMMUNITY BASED CROSS-SECTIONAL
STUDY

BY: ZIGIJU YEHUALA (BSc.)

1. ADVISORS: DR. AMANU ARAGAW (PHD) ASSOCIATE PROFESSOR
MR. MEKONNEN MELKIE (MPH/RH)

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BAHIR DAR, ETHIOPIA

	Zigiju Yehuala Phoneno- <u>0936360501</u> Email- <u>Zigijuyehuala12@gmail.com</u>
Title	Intention to use maternity waiting home and associated factors among pregnant women in jawi district, north west ethiopia 2022
Advisors' Address	1. Dr.Amanu Aragaw (PHD) Associate professor Phone no 0918780295 Email amanuaragaw@yahoo.com 2. Mr.Mekonnen Melkie(MPH/RH) Phone no 0930525010 Email mek.meki18@gmail.com
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Abstract

Background: Maternity waiting home is temporary shelter for pregnant women built near health institutions which allow pregnant women to wait the onset of labor for safe delivery. Although previous studies have identified factors for intention to use maternity waiting home, these didn't explore intention of women on maternity waiting home. Therefore, community based study was conducted with the aim of investigating women's intention on maternity waiting home and considers attending pregnant women's conference towards maternity waiting home.

Objective: To assess intention to use maternity waiting home and associated factors among pregnantwomen in Jawi district in Awi zone, Northwest Ethiopia, 2022.

Methods: A community based cross sectional triangulated with qualitative study was conducted among 766 pregnant women. The study was done from May 24 to June 24/2022 using multistage sampling techniques. Data were collected usingsemi-structured interviewer-administered questionnaire and entered to Epi data version 4.6 then exported to SPSS version 23 for analysis. Bi variable and multi variable logistic regression analysis were done using odds ratio with 95% confidence interval. P-value < 0.05 was considered as significant in multi variable analysis. Health extension workers, maternal and child health care team leaders and community health development army leader women were interviewed and manual method was used for thematic analysis.

Result: Prevalence of intention to use maternity waiting was 469 (62.5%) (CI: 59.1-65.8). Attendingpregnantwomen's conference (AOR=1.67, CI; 1.19-2.48), favorable attitude (AOR=3.69, CI; 2.63-5.16), birth preparedness plan (AOR=1.75, CI; 1.15-2.68), good knowledge AOR=1.76, CI; (1.17-2.64), housewife AOR=1.99, CI; (1.03-3.88) and previous history of child birth (AOR=1.47, CI; (1.02-2.12) were positively significant factors of intention to use maternity waiting home. Shortage of budget, lack of sleeping space for woman and thier families and lack of care taker were barriers of intentiton use maternity waiting home.

Conclusion and recommendations: Prevalence of intention to use materity wating home is high. Attending pregnant women's conference; favorable attitude, birth preparedness plan, good knowledge, housewife and having previous child birth history were positively significant factors of intention to use maternity waiting home. It is better to encourage women to attend at pregnant women's conference.

Key Words: Maternity waiting homes; associated factors, pregnant women; Jawi district

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Abbreviations and Acronyms

ANC	Ante Natal Care
AOR	Adjusted Odds Ratio
BSc.	Bachelor of Science
CI	Confidence Interval
MCH	Maternal and Child Health
MWH	Maternity Waiting Home

OR Odds Ratio

WHO World Health Organization

1. Introduction

1.1 Background

Maternity waiting home is temporary shelter for pregnant women built near health institutions which allow pregnant women to wait the onset of labor for safe delivery and give access to emergency obstetric care during onset of labor (1–3). Maternity waiting home was opened in Ethiopia in 1976 for pregnant women at high risk because of high number of obstetric emergencies and difficult roads for traveling to hospitals which was built near to delivery unit (4). It can improve skilled birth attendance and address the problem of long distance between living place and health facilities (5). Staying at maternity waiting home reduced prolonged labor, maternal morbidity and mortality (2,6).

Intervention of maternity waiting home in Ethiopia spans more than three decades (6). Previous findings revealed that practices like pregnant women's conferences to promote, quality improvement process and integrating community contribution with existing system were applied in Amhara (7). Strategies were developed by world health organization (WHO) on improvement of intention to use maternity waiting home to reduce maternal and infant mortality like selection of high risk pregnant women, giving skilled obstetric service and community and cultural support (8).

Challenges on maternity waiting home were lack of regulatory mechanisms to enforce minimum standard of maternity waiting home, inadequate quality of food, lack of transportation service, no one to take care of household chores and inappropriate targeting of women for stay at maternity waiting home lead to potential overcrowding, shortage of resources, lack of knowledge, cultural influence and lack of support (9,10).

1.2 Statement of the problem

Lack of road and public transport were causes of maternal death due to delaying to reach health facilities to get maternal care in health facilities (10). According to finding in Sub-Saharan Africa, using maternity waiting home reduced maternal mortality by 80% (11). In developing countries, maternity waiting home remained a vital intervention towards improving access to maternity care and reducing maternal death (12). Indeed, 90% of maternity waiting home users received ante natal care follow up and health education services while staying at maternal waiting homes in Ethiopia (13). Studies in Ethiopia revealed that 44.6% and 57.3% pregnant women were intended to use maternity waiting home in Misrak Badewacho district in Hadiya zone and Jimma district in southwest Ethiopia (3,14). Another finding in Amhara region showed 65.3% pregnant women were intended to use maternity waiting home in East Bellesa district (15)

Using maternity waiting home could prevent maternal mortality and maternal birth complications (11,16–18). Findings in Ethiopia showed that maternal death and obstetric complications were consequences of maternity waiting home utilization problem (19,20). Wealth index, educational status of women, educational status of husband, women's occupation, knowledge on maternity waiting home, attitude on maternity waiting home, previous experience on maternity waiting home utilization, attending at ante natal care follow up, history of child birth, caesarian section, history of previous obstetric complication, decision making to use maternity health care, practice birth preparedness plan, affordability of transport fee and lack of family who can care children the rest of children at home were significant factors of intention to use maternity waiting home (3,14–16,21–25). Qualitative findings also explored variables that affect maternity waiting home were lack of sleeping space, poor toilet, lack of kitchen, lack of space for family and availability of water at maternity waiting home (26–30).

Taken measures to improve women's intention towards maternity waiting home utilization were giving food stuff, furniture, latrine construction and health education (20). Indeed, World Health Organization (WHO) had strategies on quality improvement process, financing and managing maternity waiting homes, creating demand for waiting home through women development army leaders and collaboration with government implementing partners (7).

Despite Ethiopia had taken these measures, pregnant women faced delayed to deliver in health institutions to reach health institutions in Jimma, Gamo Zone in Southern Ethiopia and Bahir Dar

city in Amhara region (31–33). Issues on women’s intention to use maternity waiting home like structure, financing and organizational issues between countries and even between different districts in the same country were not uniform (34).

Although previous studies had identified factors for intention to use maternity waiting home, these didn’t explore women’s intention on maternity waiting home utilization. Even though findings in Libo Kemkwem district revealed attending at pregnant women’s conference was a significant factor of having higher institutional delivery and applying birth preparedness practices, studies didn’t consider attending at pregnant women’s conference as predictor variable for maternal waiting home (35,36). Therefore, community based concurrent triangulated cross-sectional study was conducted with the aim of investigating the intention of pregnant women on maternity waiting home and considers attending at pregnant women’s conference towards maternity waiting home.

So, this study was new for the following reasons. First, this study identified contributing factors for the gap between developed utilization strategies to improve maternity waiting home utilization among pregnant women and delayed to delivery in health institutions in Ethiopia. Second, it explored women’s intention towards maternity waiting home utilization using concurrent triangulated cross-sectional study which was recommended the need of mixed study by finding conducted in Bellesa, Amhara region. Third, this study used attending at pregnant women’s conference as predictor variable that was not included in previous studies. Therefore, this study assessed intention to use maternity waiting home, identified associated factors and explored women’s intention to use maternity waiting home.

1.3 Significance of the study

This finding could help Amhara regional health bureau to plan strategies on improvement of maternity waiting home utilization. For Jawi woreda health office, it would help to identify women's interest and barriers on maternity waiting home utilization and to take appropriate measures against inhibiting factors. It would also help for health institutions to identify contributing factors and to take appropriate measure to improve women's interest on maternity waiting home utilization. Indeed, it might be used for community in Jawi district to apply utilization measures. For researchers who want to conduct similar study, it would be used as an additional source of information.

2. Literature review

2.1 Magnitude of intention to use waiting home

According to studies conducted at national level in Ethiopia, the magnitude of intention to use maternity waiting home among pregnant women in Ethiopia were 44.91%, 61.4% and 42.5%, respectively (21,22,37). Indeed, in Misrak Badewacho in Hadiya zone, Bench Maji and Gamo Gofa zone in Ethiopia among pregnant women also showed that the magnitude of intention to use waiting home were 44.6%, 42.6% and 48.8%, respectively (14,23,38). Finding in Amhara region also revealed the magnitude of intention to use maternal waiting home in East Bellesa district in Northwest Ethiopia was 65.3% (15).

2.2 Factors affecting intention to use maternity waiting home

2.2.1. Socio-demographic factors

Based on studies conducted in Southwest and southern Ethiopia, preparatory or above educated mother and those who can read and write were more intended to use maternal waiting home compared with those had no formal education (14,22). Mother whose husband can read and write, primary school and secondary and above educated were more intended to utilize maternal waiting home than those who unable to read and write in Southwest Ethiopia (22).

Government employees were more likely to be intended to use maternal waiting home as compared with house wife in Gamo Gofa (23). On the other hand house wife were more intended to use maternal waiting home than farmers and merchants in Jimma zone in Ethiopia (24).

Households with rich and medium wealth status were more intended to use maternal waiting home than those who were poor in East Bellesa in Amhara region (15).

2.2.2 Knowledge towards maternal waiting home

Qualitative findings in south west Ethiopia and middle and low income countries explored that lack of knowledge on maternity waiting home was barrier of intention to use maternity waiting home (26,30).

Based on study conducted among women in East Bellesa in Northwest Ethiopia, women who had good knowledge on maternal health care and obstetric complications had more intention to use maternal waiting home as compared with those who had poor knowledge (15).

2.2.3 Attitude towards maternal waiting home

Studies conducted in East Bellesa in Northwest Ethiopia and Misrak Badewacho in Southern Ethiopia, showed that women with favorable attitude towards maternal waiting home utilization had more intention to use maternal waiting home as compared with those who had unfavorable attitude (14,15).

2.2.4 Obstetric history related factors

Studies conducted in Omo Nada district in Jimma zone and Misrak Badewacho district in Southern Ethiopia revealed women who had ANC follow up and those who attended three or more ANC visits had more intention to use maternal waiting home as compared with those who didn't attend ANC visit (14,22). Indeed, a finding in Amhara region revealed women who had ANC follow up had more intention to use maternal waiting home as compared with those didn't attend ANC visit in East Bellesa district (15).

Women who had history of child birth had more intention to use maternal waiting home as compared with counterparts in Jimma district and Gamo Gofa in Southern Ethiopia (21,23).

Women who had history of cesarean section had more intention to utilize maternal waiting home than those hadn't history of caesarian section in worldwide (16). Findings in East Gurage in Southern Ethiopia and East Bellesa in Amhara region also revealed that women who had history of previous obstetric complication were more intended to use maternity waiting home than those who hadn't complication (15,27).

Findings in Misrak Badewacho, Gamo Gofa and Jimma in Southern and Southwest Ethiopia, revealed women's previous experience on maternal waiting home utilization were more intended to use maternal waiting home as compared with those who hadn't experience (3,14,23).

Those women who had birth preparedness plan were more intended to use maternal waiting home than those who didn't practice done in Arba Minch Zuria district in Gamo Zone in Ethiopia (25).

2.2.5 Decision maker and care taker on maternity waiting home

A qualitative finding in rural Zambia revealed lack decision making power was barrier of intention to use maternity waiting home (28). Women who decided themselves to use maternal

services had more intention to utilize maternity waiting home as compared with women whose husbands were the only decision makers in East Bellesa district in Northwest Ethiopia (15).

Another study conducted in Ethiopia also revealed that women who can afford transport fee to and from maternity waiting home were more intended to use maternity waiting home than those who can't afford in East Gurage in southern Ethiopia (27).

Women who can afford transport fee to and from maternal waiting home were more intended to use maternity waiting home as compared with women who couldn't afford in East Bellesa (15).

Finding in East Gurage in Southern Ethiopia revealed that women who had someone to take care their children at home were more intended to utilize maternal waiting home as compared with those who hadn't take care (27).

2.2.6 Barriers to use maternity waiting home

Qualitative finding conducted in low and middle countries explored that barriers of intention to use maternal waiting home were poor toilet, kitchens and lack of space for family (26). Other qualitative findings in Zambia and Malawi also explored lack of sleeping space and water were barriers of intention on maternity waiting home utilization (28,29). Indeed, A qualitative finding in Southern Ethiopia explored on barriers that affect intention to use maternal waiting home were non-affordability of materials in waiting home, lack of information about benefit and availability of waiting home (30).

3. Conceptual framework

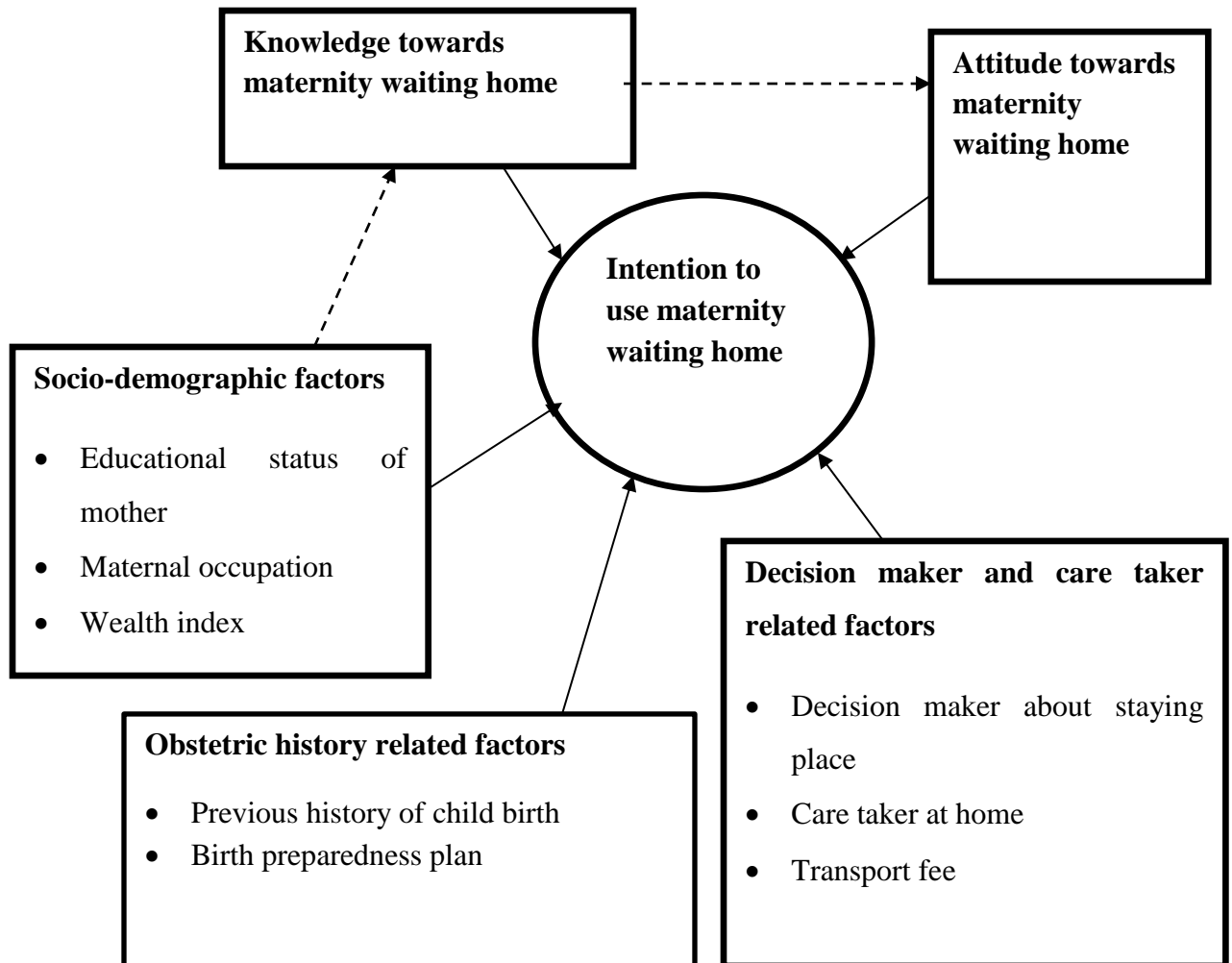


Figure 1: Conceptual framework adapted from different literatures on intention to use maternity waiting home among pregnant women in Jawi district, Northwest Ethiopia, 2022

Key: Broken rays indicate possible association among factors while solid rays show significant association between independent and outcome variable.

4. Objectives

4.1 General objective

To assess intention to use maternity waiting home and associated factors among pregnant women in Jawi district in Awi zone, Northwest Ethiopia, 2022

4.2 Specific objectives

- ❖ To determine the prevalence of intention to use maternity waiting home among pregnant women in Jawi district.
- ❖ To identify factors associated with intention to use maternity waiting home among pregnant women in Jawi district.
- ❖ To explore women's intention to use maternity waiting home among pregnant women in Jawi district.

5. Methods and materials

5.1 Study setting and Period

The study was conducted in Jawi district of Awi zone, Amhara region, Northwest Ethiopia from May 24 to June 24/2022. Jawi woreda is located 576 Kilometers far from Addis Ababa, the capital city of Ethiopia. Based on National census conducted by national central statistical agency in 2007, this woreda had a total population of 79,090, of whom, 41,407 were females (39). In this district, the total numbers of pregnant women were 4,747. It had one primary hospital, five health centers and twenty nine health posts. As Jawi woreda health office informed that all health centers had maternal waiting home where necessary materials like food, water and coffee were supported for maternity waiting home users.

5.2 Study design

A community based cross sectional study triangulated with qualitative study was conducted among pregnant women in Jawi district. Phenomenological approach was used for qualitative study.

5.3 Source population

All pregnant women living in Jawi district.

5.4 Study population

❖ All pregnant women living in Jawi district in the selected kebele.

5.5 Study unit

- Individual pregnant women
- Women's community development army leaders, maternal and child health team leaders and health extension workers were key informants for qualitative study

5.6 Eligibility criteria

5.6.1 Inclusion criteria

All pregnant women who live in Jawi district in the selected were included

5.6.2 Exclusion criteria

Women who delivered after sampling procedure were excluded.

5.7 Variables

Dependant variable: Intention to use maternity waiting home (Yes/No)

Independent variables:

Socio-demographic variables

Knowledge on maternity waiting home

Attitude on maternity waiting home

Women's decision making and birthpreparedness plan

Attend at pregnant woman's conference.

5.8 Operational definitions and measurements

Intention to use maternity waiting home: An indication of individual readiness/willing/ to use MWH and how much an effort they are planning to exert and to use MWH. Response options have 5 likert scales (from strongly agree to strongly disagree) then it was dichotomized into two (strongly agree and agree labeled as 1 and from neutral to strongly disagree labeled as 0). Finally respondents who score 1 from one of the three questions were considered as have intention to use maternity waiting home others have no intention to use maternity waiting home (15).

Maternity waiting home: are homes built near facility with essential health services and allow pregnant women to wait the onset of labor for safe delivery (3).

Attitude: It was measured by 5 questions containing five points Likert scale Those who scored 15 and above out of 25 ($\geq 60\%$) were considered as they have favorable attitude, otherwise unfavorable attitude (15).

Knowledge: It was measured based on 8 questions focus on advantage of using maternity waiting home utilization. Each question had 1 score except Question number 203 and 208 were multiple answer questions each weighted 6 and 3 points, respectively. Total maximum score was 15 while minimum possible score was 0. Those respondents who scored 9 and above out of 15 ($\geq 60\%$) were considered as good knowledge, otherwise poor knowledge (15).

5.9 Sample size determination

5.9.1 Quantitative study

For quantitative part, sample size for intention to use maternity waiting home was determined using single population proportion formula with assumption of 95% confidence level, 5% margin of error and 65.3% prevalence taken from study conducted in East Bellesa, Amhara region in Ethiopia (15). Then, sample size was calculated as:

$$n = \frac{(Z \alpha / 2)^2 p (1-P)}{(d)^2}$$

Where, Z = level of significance, d = margin of error

P = 65.3 % prevalence intention to use maternity waiting home

$$n = \frac{(1.96)^2 * 0.653 * 0.347}{(0.05)^2} = 348$$

By using design effect = 2 then, $n = 348 * 2 = 696$

Finally adding 10% non response rate: final sample size (n_f) = $696 + 70 = 766$

Table 1: Sample size determination using associated factors among pregnant women in Jawi district, Northwest Ethiopia, 2022

Variables	Categories of variables	Intention to use MWH	Assumptions		Sample size	Reference
		%outcome unexposed	AOR	CL = 95% Power = 80% Ratio = 1:1		
ANC visit	No	56.62%	Ref	CL = 95% Power = 80% Ratio = 1:1	242	(15)
	Yes		2.24			
Decision maker	Husband	53.24%	Ref	CL = 95% Power = 80% Ratio = 1:1	158	
	Herself		2.74			
	Favorable		Ref			
Wealth status	Poor	54.82%	2.38	CL = 95% Power = 80% Ratio = 1:1	208	
	Medium		Ref			
	Rich	75.2%	4.21		92	

Sample size for associated factors in the above table is 242. Then, using design effect = 2, the sample size is $242 \times 2 = 484$. Using non-response rate 10%, the sample size was $484 + 48 = 532$. Sample size which was determined using first objective was higher than 532. Therefore, final sample size was 766

5.9.2 Sample size for qualitative study

Sample size for qualitative study was determined by saturation of information.

5.10 Sampling technique and procedure

5.10.1 Quantitative study

Multi stage sampling techniques was used to reach study participants. In Jawi woreda, there were a total of 79,090 populations, 34480 households and thirty one kebeles. Of these, 3 were urban while the remaining 28 were rural kebeles. Nine kebeles were selected from rural kebeles by simple

random sampling technique using lottery method. The average number of pregnant woman before the study period was 1682. Then, lists of pregnant women from health posts of selected kebeles were compiled together and 766 participants were selected by simple random sampling technique using computer generation method. For women who were not present during data collection time, one more revisit was performed and those who didn't participated after repeated visit were considered as non response.

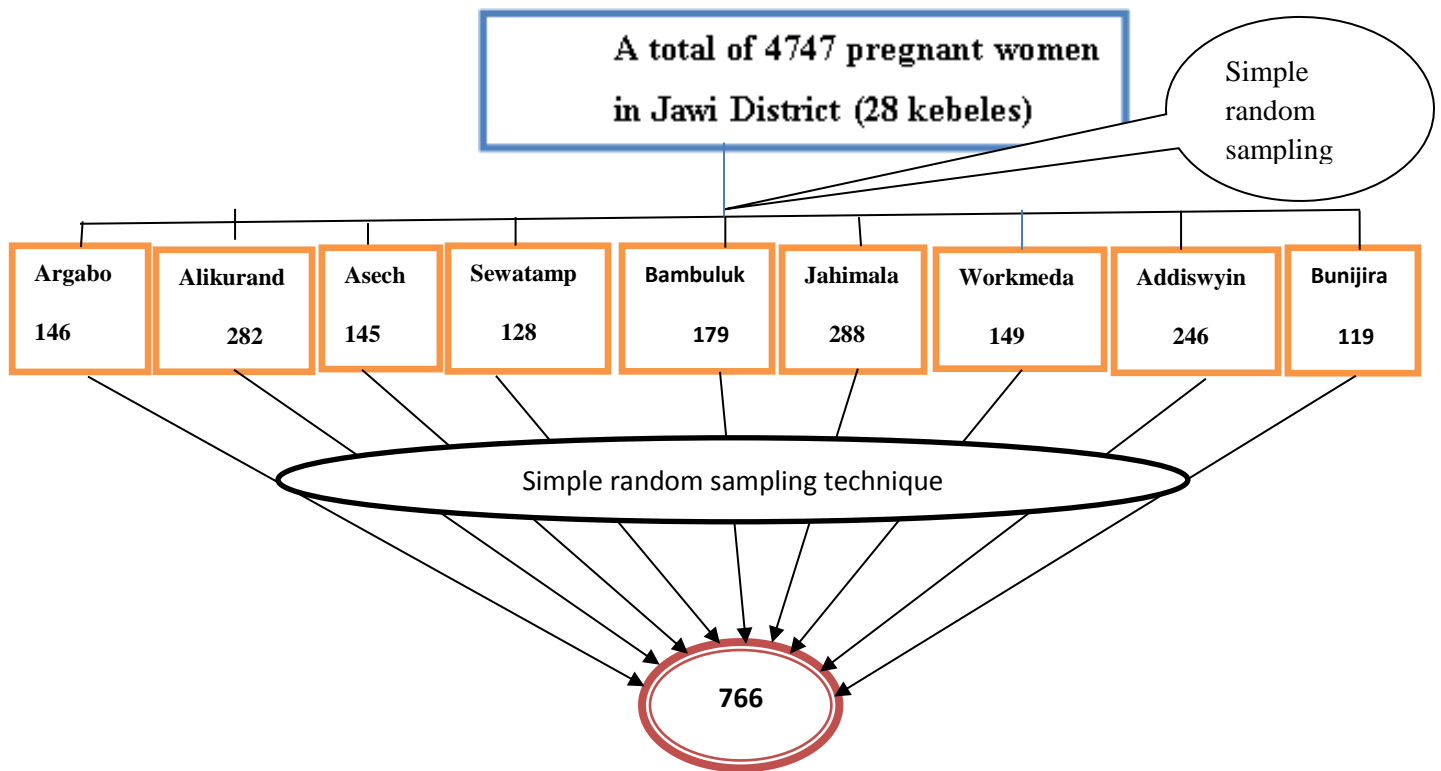


Figure 2: Sampling technique of pregnant women in Jawi district, Awi zone, Northwest Ethiopia, 2022

5.10.2 Sampling technique for qualitative study

For qualitative study, intention to use maternity waiting home was explored by in-depth interview and key informant interview was used using semi-structured interview guide with phenomenological approach. The number of recruited key informants were two health extension workers, three women's development army leaders and four maternal and child health team leader using purposive sampling technique. On the other hand four in-depth interviewees were recruited among pregnant women using convenient sampling technique. Sample size was determined depending on saturation of information on the interview process.

5.11 Data collection tools and techniques

For quantitative study part: Structured, pretested and interviewer-administered questionnaire was used for data collection. Questionnaire was adapted from different literatures (3,14,28–30,15,16,22–27). First, the questionnaire was developed in English and translated to Amharic language then back to English by language experts.

Five diploma clinical midwives who were familiar with the Amharic language and custom were recruited as data collectors. Two degree Nurses were selected as supervisor for the data collectors and overall supervision also made by the investigator. Pretest questionnaire was used.

For qualitative part: in depth interview was conducted by investigator using semi-structured interview guide adapted from literatures. Tape recorder and field notes were used during interview. Overall supervision was made by the principal investigator, and face mask and sanitizer were given for all of them. Key informants were selected from health extension workers, women's demand creation army leader, maternal and child health team leader using purposive sampling technique. Data was collected concurrently with the quantitative study. Key informants explored their idea until saturation of the information.

5.12 Data quality assurance

For quantitative study, before the actual data collection, the questionnaire was pre-tested in Chagini district out of the study area on 38 (5%) of the total sample which was not included in the study. Based on the pretest, the instruments were checked for internal consistency, clarity, flow and structure. One day training on the overall procedure, techniques, ways of data collection and proper data handling were given for data collectors and supervisors.

Throughout the course of the data collection, data collectors were supervised; and regular meetings were held among the data collectors, supervisors and the investigator. One more additional visit was made for participants who weren't available at home during data collection. Collected data was reviewed and checked for completeness before data entry.

For qualitative study, training was given for all data collectors. Credibility of the data was checked by interpreting only based on data, making context rich interpretation, revising questions and limiting investigator's influence.

5.13 Data processing and analysis

The quantitative data was coded and entered to Epi data version 4.6 and exported to SPSS (Statistical Package for Social science) version 23 for analysis. Descriptive statistics was employed to display the study findings. Binary logistic regression model were done to identify candidate variables. For multivariable logistic regression analyses, all explanatory variables with p-value less than 0.25 were taken to control the effect of confounders. Hosmer and Lemeshow goodness of fit statistics test was tested with P-value 0.285 and the model was fitted. Finally, variables with P value less than 0.05 were considered as significant.

In qualitative section of this study, recorded audio and field notes of interviewee were transcribed and then translated from Amharic to English in verbatim way. After listening interview repeatedly, the transcripts was reduced, coded and categorized into themes using manual method. Finally it was triangulated with the quantitative result.

5.14 Ethical consideration

Ethical clearance was obtained from Institutional Review Board of Bahir Dar University college of Medicine and Health sciences. Then, Jawi woreda health office wrote official letter to all kebele's chair men. Finally, kebele chair men wrote official letters. At the beginning of the data collection, verbal informed consent was obtained from each respondent thorough explanation of the purpose and the procedures of the study. Respondents were informed that all the data obtained from them will be kept confidential.

6. Result

6.1. Socio-demographic characteristics

Out of 766 respondents 751 (98%) were responded to interview .The number of respondents who had husband and Unable to read and write were 723 (96.3%) and 234 (31.2%) respectively.

Table 2: Socio-demographic characteristics of pregnant women on intention to use maternity waiting home in Jawi district, Northwest Ethiopia, 2022 (n=751)

Variables	Categories	Frequency (%)
Women's educational status	No formal education	369 (49.1)
	Primary	172 (22.9)
	Secondary	154 (20.5)
	Preparatory and above	56 (7.5)
Womens' who have husband	Yes	723(96.3)
	No	28(3.7)
husband's educational status(n=723)	Unable to read and write	234 (31.2)
	No formal education but can read write	239 (31.8)
	Elementary	158 (21)
	Secondary and above	92 (12.3)
	Merchant	45 (6.0)
Women's occupation	Housewife	667 (88.8)
	Government employee	18 (2.4)
	Other	21 (2.8)
Wealth index	Poor	248 (33)
	Medium	259 (34.5)
	Rich	244 (32.5)

6.2. Knowledge and attitude towards maternity waiting home

Out of 751 participants, 544 (72.4%) had poor knowledge on maternity waiting home. A total 430(57.3%) of pregnant women had favorable attitude towards maternity waiting home.

Table 3 knowledge and attitude towards intention to use maternity waiting home in Jawi district, Northwest Ethiopia, 2022 (n=751)

Variables	Categories	Frequency (%)
Knowledge on maternity waiting home	Poor knowledge	544 (72.4)
	Good knowledge	207 (27.6)
Attitude on maternity waiting home	Unfavorable attitude	321 (42.7)
	Favorable attitude	430 (57.3)

6.3. Decision maker and care taker related characteristics

A total of 8.8% of the pregnant women can decide by themselves to in to maternity wating home. Around 85% of the respondents could not to pay the transport fee

Table 4 Decision maker and birth preparedness plan of pregnant women on intention to use maternity waiting home in Jawi district, Northwest Ethiopia, 2022 (n=751)

Variables	Categories	Frequency (%)
Decision maker about staying place before onset of labor	Husband	299 (39.8)
	Husband and wife together	367(48.9)
	Wife alone	66 (8.8)
	Others	19 (2.5)
Anyone who will provide care for the family at home.	No	477 (63.5)
	Yes	274 (36.5)
Paying transport fee	Not affordable	636 (84.7)
	Affordable	115 (15.3)

6.4. Obstetric history, previous experience on using maternity waiting home and Pregnant Woman's' conference related characteristics of Pregnant women

Around 40% of pregnant women have used maternity waiting home before current pregnancy, and 64.3 % of them had attended pregnant women's conference.

Table 5 Obstetric, attending at pregnant women's conference and previous experience on maternity waiting home in Jawi district, Northwest Ethiopia, 2022 (n=751)

Variables	Categories	Frequency n (%)
Pregnant women attend ANC in current pregnancy	Yes	472 (62.8)
	No	279 (37.2)
Number of ANC visits attended (n=472)	1 st visit	146 (19.4)
	2 nd visit	84 (11.2)
	3 rd visit	108 (14.4)
	4 th visit and above	134 (17.8)
Pregnant women having child birth history (n=751)	Yes	422 (56.2)
	No	329 (43.8)
Have history of cesarean section (n=422)	Yes	152 (20.2)
	No	270 (35.9)
Had history of obstetric complication (n=422)	Yes	142 (18.9)
	No	280 (37.3)
Past history of using maternity waiting home before current pregnancy(n= 422)	Yes	299 (39.8)
	No	123 (16.4)
Previous place of delivery (n= 422)	Home delivery and Others	200 (26.6)
	Institutional delivery	222 (29.6)
Had attended pregnant women's conference for the current pregnancy (n=751)	Yes	483 (64.3)
	No	268 (35.7)
Prepare birth readiness plan for the current pregnancy	Yes	546(72.7)
	No	205(27.3)

6.7. Prevalence of intention to use maternity waiting home

The Prevalence of intention to use maternity waiting home among pregnant woman was 469(62.5%) (CI; 59.1-65.8).

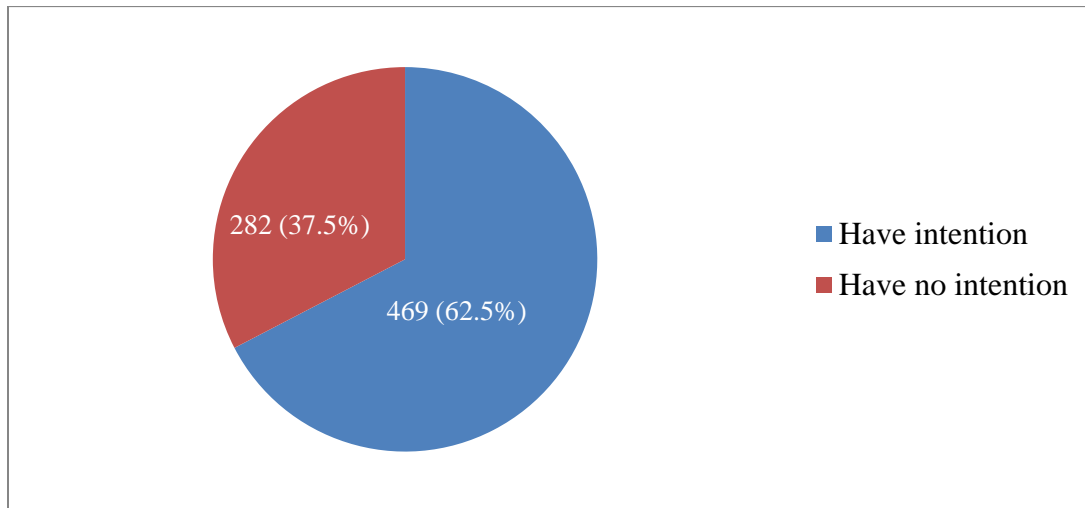


Figure 3: Prevalence of intention to use maternity waiting home among pregnant woman Jawi district, Northwest Ethiopia, 2022(n=751)

6.8 Factors associated with intention to use maternity waiting home

Among nine independent variables those with P-value below 0.25 in binary logistic analysis entered in to multi-variable logistic regression to control confounding, five variables such as favorable attitude, history of previous child birth, attending pregnant women’s conference, good knowledge, housewife and having preparedness and readiness plan of birth had significant association with the outcome variable .The odds of intention to use maternity waiting home among pregnant women who had favorable attitude towards using maternity waiting home were 3.7 times higher than those who had unfavorable attitude (AOR= 3.69, 95% CI; 2.63-5.16).

The odds of intention to use maternity waiting home among women who attended at pregnant women’s conference were 1.67 times higher as compared with those who didn’t attend (AOR= 1.67, 95% CI; 1.19-2.48).

The odds of intention to use maternity waiting home among women who had history of child birth were 1.47 times higher than those who hadn’t (AOR= 1.47, 95% CI; 1.02-2.12).

The odds of intention to use maternity waiting home among women who prepared birth readiness plan were 1.75 times higher as compared with those who didn’t prepare (AOR= 1.75, 95% CI; 1.15-2.68).

The odds of intention to use maternity waiting home among housewife were 2 times higher than merchants (AOR= 1.99, 95% CI; 1.03-3.88).

The odds of intention to use maternity waiting home among women who had good knowledge were 1.76 times higher than those who had poor knowledge (AOR= 1.76, 95% CI; 1.17-2.64).

Table 6: Bivariable and multivariable logistic regression analysis result of intention to use maternity waiting home among pregnant women in Jawi district, Northwest Ethiopia, 2022

Variables	Categories	Intention to use MWH		COR (95% CI)	AOR (95% CI)
		Have intention	Have no Intention		
Maternal occupation	Merchant	25	20	1	1
	Housewife	463	204	1.82(0.99-3.34)	1.99(1.03-3.88) *
	Government employee	9	9	0.80(0.27-2.39)	0.59(0.18-1.97)
	Other	9	12	0.60(0.21-1.7)	1.08(0.34-3.42)
Previous child birth history	Yes	323	99	2.60(1.90-3.56)	1.47 (1.02-2.12)*
	No	183	146	1	1
Attend at women's conference	Yes	374	109	3.54(2.57-4.87)	1.67(1.19-2.48)*
	No	132	136	1	1
Birth readiness plan	Yes	415	131	3.97(2.83-5.57)	1.75(1.15-2.68)*
	No	91	114	1	1
Transport fee	Not affordable	439	197	1	1
	Affordable	67	48	0.62(0.45-1.05)	
Care taker for children or family	Not possible	332	145	1	1
	Possible	174	100	0.76(0.56-1.04)	
Knowledge	Poor knowledge	342	202	1	1
	Good knowledge	164	43	2.25(1.54-3.29)	1.76(1.17-2.64) *

Attitude	Unfavorable attitude	157	164	1	1
	Favorable attitude	349	81	4.5(3.25-6.24)	3.69(2.63-5.16)*
Wealth index	Poor	156	92	1	1
	Medium	179	80	1.32(0.91-1.91)	
	Rich	171	73	1.38(0.95-2.01)	

NB (*= p value <0.05, AOR=Adejusted odds ratio, COR=Crude odds ratio, CI=Confidence interval, other =daily laborer)

7. Qualitative findings on intention to use maternity waiting home

Socio-demographic characteristics of this study include: 4 maternal and child health care team leaders, 2 health extension workers, 3 women's community health development army leaders and 4 pregnant women explored their ideas. There were three central themes (barriers of intention to use maternity waiting home, environmental, information and economic factors and further encouraging strategies) and each central them has subthemes. These include: these subthemes include: Socio-demographic related factors (religion and husband influence), accessibility of materials (lack of water, toilet, separated room, sleeping space, food and space for family) and care and attitude related factors (care takers, health care providers, family supporter and attitude related barriers) , sub themes for the second central them also include: Physical barriers and misinformation(Accessibility of transportation, Topography of roads and rumor)and financial barriers(budget)and sub themes for the third central theme were: community related measures (awareness creation and cooperation) and facility related measures (infrastructure of maternity waiting home and human resource related measures).

Table 7: Outcome space showing the ordered relationship between three merging categories of descriptions

1. Barriers of intention to use maternity waiting home	
Socio-demographic barriers	Religion
	Husband influence
Accessibility of materials	Lack of water
	Lack of toilet
	No separated room
	Lack of sleeping space
Care and attitude related barriers	Lack of space for family
	Food
	Care takers
	Health providers
	Family supporters
	Attitude
2 Environmental, information and economic factors	
Physical barriers and misinformation	Topography of roads
	Accessibility of transportation
Financial barrier	Rumors
	Budget
3 Further encouraging strategies	
Facility related measures	Infrastructure of maternity waiting home
	Human resource related measures
Community related measures	Awareness creation
	Cooperation of the community

7.1 Barriers of intention to use maternity waiting home

7.1.1 Socio-demographic barriers

Participants explored socio-demographic related barriers of intention to use maternity waiting home such as religion and husband influence.

7.1.1.1 Religion

A respondent explored that Muslims didn't use MWHs due to prepared food was prepared by other religion followers.

“Currently, there is no one Muslim who use MWH, due to this there is no employed Muslim care taker and separated feeding room that consider Muslims pregnant women. Even though Muslim pregnant women attended at pregnant women’s conference and have ANC follow up, they have no trend to use MWH service.” (MCH team leader, participant 4)

Other participant adds:

“Until now, most of WMH users in our institution are Christian religion followers while Muslims seldom use it. I think the reason is cultural influence. When we give community health services, we usually use this opportunity to inform pregnant women to use MWH. When they come for ANC follow up at health institutions, we initiate to use MWH since 9 months of gestational age. But usually they are not interested.” **(MCH team leader, participant 1)**

7.1.1.2 Husband influence

Participants viewed their idea that husbands didn't allow for pregnant women to use MWHs.

“Even though there is no one who inform me face to face, I heard some information that there are women whose husband didn't allow to them to use maternity waiting home due to lack of other supporter family to cover activities at home.” **(Health extension worker, participant 1)**

Other adds as:

“Husbands believe that works in home are solely for women and they didn't perform work at home. So, they didn't allow us to use MWH even when we want to use it.” **(Women's health development army, participant 1)**

7.1.2 Accessibility of materials

7.1.2.1 Lack of water

Respondents explored as lack of water was barrier of women's interest on MWHs.

“Some of complains raised by women against services in MWH are lack of adequate food and water” **(Health extension worker, participant 1)**

Similar outlooks were added:

“Indeed, there are shortage of water, sleeping space and family supporter who care the remaining children at home.” **(MCH team leader, participant 2)**

7.1.2.2 Lack of toilet

Respondents were replied that single common toilet was barrier of intention to use MWH.

“Women who were recent MWH users also complain as we have only one common toilet which is not enough when we have frequent urination [ahunm ahunm].” (Health extension worker, Participant 2)

Other participant also out looked like this:

“we took my sister at MWH last year and she told that there was lack of sleeping space, feed frozen food, get coffee only one times per day, traveling too far distance to fetch water, had common toilet and toilet didn't cleaned frequently” (Women's health development army leader, participant 3)

7.1.2.3 No separated room

Participants shared their idea for interview about barriers of intention due to no separation room for each woman.

“MWH user pregnant women told me that there was lack of sleeping space, it is not allowed for families to stay together with us and no separated room for each woman.” (Pregnant women, participant 1)

7.1.2.4 Lack of sleeping space

Health profession viewed that there was lack of sleeping space in MWH and it may discourage women from using MWH service.

“In some cases, when there are more women, there is a possibility that they sleep in groups of two up to three.” (MCH team leader, participant 1)

Other women added her idea as:

“Indeed, other women who used MWH told me as there was lack of bed and they slept on single bed together.” (Women's health development army leader, participant 3)

A pregnant woman also viewed similar idea as:

“Recently I had joined to MWH for a few days but interrupt it again due to lack of safety. I will not try to use it again! I extremely hate to stay in such crowded places. It is unbelievable to ever use MWH even for a single day because of disturbance by other women in the room. One disturbs me at

deep when she walks to toilet sleep and others also talk each other loudly at mid night.” (Pregnant women, participant 3)

7.1.2.5 Lack of space for family

Health extension worker was asked to explore the reason restrict women’s interest on MWH and replied as:

“Generally, common complains raised by pregnant women are lack of supporter family at home to care other children, lack of space for family at MWH, lack of sleeping space, husband’s refuse against using MWH, care takers at MWH routinely give frozen food and they didn’t accept women’s complain rather they refuse us to stop such complains.”(Health extension worker, participant 2)

Other health profession also added:

“Barriers of intention to use MWH are fear of staying a lot of time separated from their family at MWH and thinking presence of ambulance service during onset of labor can replace MWH utilization. Child bearing women with their child together are not allowed to use MWH because children may disturb other women. So, MWH service is allowed for only women with 9 months of gestation and those who come alone.” (MCH team leader, participant 3)

7.1.2.6 Food

Respondents share their ideas no diversified and frozen food was discouraged women’s interest to use MWH.

“During the last pregnancy, I had used MWH in the facility. It was comfortable except frozen and carelessly prepared food. I think it is due to negligence of care takers in MWH. Conversely, as I heard from health professionals, women need better food during pregnancy than routine feeding style.” (Women’s community health development army leader, participant 2)

Other health care provider opposed as:

“We heard some women who complain as favorites of foods in MWH are not satisfying their interest. One want [Shiro wot] while other one need

lent [wot] and etc. Different women have different favorite foods. We cannot fulfill all interest of women.” (MCH team leader, participant 3)

7.1.3 Care and attitude related barriers

Participants explored the barriers of intention to use MWH were care takers negligence, lack of daily health care and attitude of women.

7.1.3.1 Care takers

Pregnant women interviewed on barriers of their interest and replied that care takers didn't satisfy their need including works which require much energy such as washing clothes.

“Care takers in MWH also visit us only when they come to prepare food. Who will help us to wash clothes? Who will fetch water? I think it is better to stay at home with our family where they would help us such activities”

(Pregnant woman, participant 3)

Other woman added similar idea as:

“During the last pregnancy, I had used MWH in the facility. It was comfortable except frozen and carelessly prepared food. I think it is due to negligence of care takers in MWH. Conversely, as I heard from health professionals, women need better food during pregnancy than routine feeding style.” (Women's community health development army leader, participant 2)

7.1.3.2 Family supporters

Majority of participants complain the main barriers that inhibit women's interest to use MWH due to lack of family supporter who can cover work at home.

“Some women also inhibited from utilizing maternity waiting home due to lack of someone who can cover activities at home” (health extension worker, participant 1)

Another respondent added:

“Barriers that affect women's interest on MWH utilization are lack of family supporter who perform daily activities at home (it is our main reason). Recently, I used MWH for 15 days and return before delivery because my husband complains due to lack of other servant at

home.”(Women’s community health development army leader, participant 2)

7.1.3.3 Attitude

Respondents said that women had better attitude towards using MWH except some women complain since different women had different need to be satisfied.

“Women often join to MWH with necessary materials by their own interest without any influence because they understood the importance of MWH utilization well. Recently, we joined women by mobilizing them to use MWH but nowadays MWH waiting rooms crowded by excess pregnant women.”

(MCH team leader, participant 1).

Other health care provider supported the idea:

“Recently, women were obligated to join MWH but now a day they use the service by their own interest because they have awareness on the need of MWH utilization since 9 months of gestation. Even, some women complained to use MWH before 9 months of gestation but we didn’t accept them due to possible problems like shortage of budget.”

(MCH team leader, participant 4).

7.2 Environmental, information and economic factors

7.2.1 Physical barriers and misinformation

Majority of participants complain the main barriers of intention to use MWH were difficulty of roads and transport inaccessibility in some kebeles.

7.2.1.1 Topography of roads

Respondents explored that women faced to traveling problem to MWH due to difficult topography and filled rivers.

“Topography of road is not only for pregnant woman, it is difficult for strong individuals, too.” **(Health extension worker, participant 2)**

Other also support as:

“Problems in our facility such as difficulty of crossing filled river during summer season results unable to use MWH.” **(MCH team leader, participant 1)**

7.2.1.2 Accessibility of transportation

Others viewed

“Indeed, they may be faced to inaccessibility of ambulance and mobile phone may be switched off due to lack of electricity during onset of labor.”

(Health extension worker, participant 2)

A health care provider supposed his reflection as:

“There is lack of transportation accessibility in some kebeles due to unconstructed road infrastructure.” **(MCH team leader, participant 1)**

7.2.1.3 Rumors

Respondents shared their idea about misconceptions on MWH services.

“Some pregnant also asked to deliver at health post due to fear of rumor such as (episiotomy will be done for all women who deliver at health center).” **(Health extension worker, participant 2)**

7.2.2 Financial barrier

Respondents also explored in detail about financial related problems.

7.2.2.1 Budget

They viewed that the service was interrupted due to lack of budget.

“What the main problem is lack of budget. In some occasions MWH service interrupted for 4 or 5 months due to lack of budget. Because of this reason, we have decided to cease MWH service including for those women who come to the facility with their own interest at 9 months of gestational age.” **(MCH team leader, participant 3)**

Other participant added his idea that health professionals try to cover the budget as they can as possible.

“Regarding with financial resources on MWH, we mobilize the community to collect 50 birr from each household and there is organized committee responsible to procure any necessary supplies in MWH. We give receipt for those who pay 50 birr collaboratively with woreda administrative

leaders even though some kebeles didn't pay.” (MCH team leader, participant 3&4)

7.3 Further encouraging strategies

7.3.1 Facility related measures

Participants supposed possible measures to increase intention of women to use MWH such as additional human resource and maternity waiting home related measures.

7.3.1.1 Maternity waiting home related measures

Respondents out looked necessary measures to improve women's intention on MWH like construction of additional separated rooms.

“To improve women's interest on MWH utilization, it is better to construct additional waiting rooms and permit for family to stay together with pregnant women. I am interested to use it if these things what I told you are fulfilled.” (Pregnant woman, participant 1)

Other woman also added like this:

“To improve women's interest on MWH utilization, it is better to construct separated rooms to include their families, give daily care like checking vital signs. Care takers shall perform activities such as fetching water.”

7.3.1.2 Human resource related measures

Participants said that Muslim pregnant women were not interested to use MWH due to all employed care takers were not Muslims. For Muslim women, foods like meat should be prepared by Muslim care takers.

“I think eating foods that are prepared by other religion follower is not allowed. e.g meat. In our facility, MWH care takers who prepare food for women are only Christian religion followers. That is why Muslims do not use MWH in our facility. Currently, there no one Muslim who use MWH, due to this there is no employed Muslim care taker and separated feeding room that consider Muslims pregnant women.” (MCH Team Leader, participant 4)

7.3.2 Community related measures

7.3.2.1 Awareness creation

Women commented that awareness creation is needed for husbands on gender based division of work to improve their intention on MWH utilization by reduce work load.

“Women who went to MWH are considered as lazy and husbands also do not allow to them because males are not interested to cover female’s work. They shall get health education by health care providers.” **(Community health development army, participant 3)**

Other women also added like this:

“Husbands believe that works in home are solely for women and they didn’t perform work at home. So, they didn’t allow us to use MWH even when we want to use it.” **(Community health development army leader, participant 1)**

7.3.2.2 Cooperation of the community

Community shall cooperate to cover pregnant women’s work at home when they stay at MWH.

“If other women cooperate by performing necessary activities at home, I would use MWH freely.” **(Pregnant women, participant 2)**

8. Discussion

The aim of this study was to determine the intention to use maternity waiting home and associated factors among pregnant women in Jawi district. Based on this, prevalence of intention to use maternity waiting home was 62.5%. This finding is consistent with study conducted in East Bellesa in Amhara region which was 65.3% (15). On the other hand the current finding is higher than studies conducted in jima district, Misrak Badewacho in Hadiya zone, Gamo Gofa and Bench Maji zone in Ethiopia 57.3, 44.6%, 48.8% and 42.6% (3,14,23,38), respectively. The possible justification might be types of waiting home and their capability of holding clients varied from region to region (40).

The finding revealed that prepare birth readiness plan, favorable attitude, having history of child birth, good knowledge, housewife and attending pregnant women's conference were significant factors of intention to use maternity waiting home. Housewife women were more likely to have intention to use maternity waiting home as compared with those who were merchants. The current result was consistent with a study conducted in Jimma zone in Ethiopia (24). The possible justification might be housewife might have knowledge about maternity waiting home during ANC visit because more housewives use ANC visit service than merchants (41).

Women who had favorable attitude on maternity waiting home were more likely to be intended to use maternity waiting home as compared with those with unfavorable attitude. It was supported by qualitative finding of the current study. Women who had better attitude towards using maternity waiting home were interested to use the service except some women who complain since different women had different need to be satisfied. The current finding was in line with study done in East Bellesa in Northwest Ethiopia and Misrak Badewacho in Southern Ethiopia (14,15). The possible reasons could be due to performing cultural activities at maternity waiting home such as preparing porridge and coffee ceremony which encourages development of interest to use maternity waiting home (42).

Women who had good knowledge on maternity waiting home were more likely to have intention to use maternity waiting home as compared with those with poor knowledge. This finding was in line with study done in East Bellesa in Northwest Ethiopia (15). The possible reason might be routine community services such as home delivery free packages given by health extension

workers and other health professionals from health facilities which will give an opportunity to have good awareness which lead to have intention to use maternity waiting home.

Pregnant women who prepared birth readiness plan were more likely to have intention to use maternity waiting home than those who didn't prepare. This finding was congruent with a study done in Arba Minch Zuria district in Gamo Zone in Ethiopia (25). The possible reason might be women who prepared readiness plan had good knowledge of danger signs during pregnancy as compared with women who didn't prepare (41).

Women who had history of child birth in health institutions were more likely to have intention to use maternal waiting home as compared who didn't history of child birth. This finding was congruent with a study done Jimma district and Gamo Gofa in Ethiopia (21,23).The possible reason could be those women who had a history of previous childbirth might have better information about the availability and importance of MWH services during previous health facility visiting than those women who had not ever given birth.

Women who attended at pregnant women's conference were more likely to have intention to use maternity waiting home than those who didn't attend. It is supported with current finding of qualitative study. Respondents who had positive view on services given in maternity waiting home were interested to use the service. Possible explanations could be at pregnant women's conference different health education services such as danger sign of pregnancy and labor, immediate management of danger signs, explaining eligible women for maternity waiting home and when pregnant women should start to use maternity waiting home. This opportunity might give awareness even for early stage of pregnancy about maternity waiting home who would be informed at 4th visit. Indeed, the conference might give an opportunity for pregnant women to share their experience with women who had previous experience about advantages and health care services given at maternity waiting home.

9 Strength and limitation of the study

9.1 Strength of the study

This study used mixed study design in which qualitative part explored barriers of intention to use maternity waiting home that could not be addressed with quantitative study. This finding also used attending at pregnant women's conference as predictor variable which was not considered in previous studies.

9.2 Limitations of the study

Respondents who didn't remember questions importance of maternity waiting home may affect the actual result.

10. Conclusion

The aim objective of the study was to determine the prevalence of intention to use maternity waiting home, to identify and explore the intention to use maternity waiting home. Based on this the prevalence was high. Attending pregnant women's conference, favorable attitude, birth preparedness plan, previous child birth history and housewife were significant factors of intention to use maternity waiting home. Qualitative findings revealed that lack of water, no separated room for maternity waiting home, single common toilet, lack of sleeping space, frozen food, difficult topography of roads, lack of transportation, rumor and lack of budget were accessibility of materials, budget and care taker were barriers of intention to use maternity waiting home.

11. Recommendation

For Jawi Woreda health office

The woreda health office shall encourage each health centers to sustain pregnant women conference.

It is better to coordinate health centers and health extension workers to emphasize the community to have better attitude towards maternity waiting home.

For Jawi health centers

Health center emphasize pregnant women to use pregnant women's conference.

Give awareness creation for husbands about importance of maternity waiting home

Health center shall invite women who had previous child birth history to share their experience for other pregnant women.

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13 Annex

Code number _____

English version verbal Consent Form

Bahir Dar University
College of Medicine and health sciences
School of public health
Reproductive health

Questionnaire to assess intention to use maternity waiting home and associated factors among pregnant women in Jawi district, Northwest Ethiopia.

Consent form

My name is _____ I am collecting data for Ms Zigiju Yehuala who is postgraduate Reproductive health student. I have given my consent to participate in the study entitled as “intention to use maternity waiting home and associated factors among pregnant women in Jawi district in Awi zone, northwest Ethiopia.” I bring these questionnaires to ask you a few questions about intention to use maternity waiting home. This will help us to identify factors that affect intention to use maternity waiting home based on your answers. Your name will not be written in this form and will never be used regarding with any information that you tell us. All information that is given by you will be kept strictly confidential. Your participation in this study is entirely voluntarily and you are not obliged to answer any question that you do not wish to answer. If you fill discomfort with the interview please fill free to drop it any time you want. This interview will take about 25 minutes. Are you willing to take part in the study? Yes No

1. If yes, continue to the next page. If no, skip to the next participant by writing reasons for his/ her refusal.

1. Investigator’s name _____ Sign _____ phone no. _____

2. Data collector Name _____ sign-----phone no.-----

3. Supervisor name _____ Sig. _____ phone no. _____ date of data collection __/__/__

English version information sheet

Name of the investigator: Zigiju Yehuala

Name of organization: Bahir Dar University College of medicine and health science school of public health

Sponsor: Regional health Bureau

Title of the study: Intention to use maternity waiting home and associated factors among pregnant women in Jawi district in Awi zone, Northwest Ethiopia.

The objective of the study: To assess intention to use maternity waiting home and associated factors among pregnant women in Jawi district in Awi zone, Northwest Ethiopia.

Introduction:

These information sheets and consent forms are prepared to explain the study you are being asked to join. Please listen carefully and ask any questions about the study before you are agreeing to join. You may ask questions at any time after joining the study.

Procedure: You are invited to take part in the project on the assessment of maternity waiting home utilization and associated factors among pregnant women in Jawi woreda in Awi zone, Northwest Ethiopia. If you are willing to participate in this project, you need to sign on the agreement form. Then after, you will be interviewed by the data collector. All your responses and the results obtained will be kept confidential by using coding system whereby no one will have access to your response. The questionnaire will take 25 minutes.

Risk of the study: The study has no risk for the participant and your answer also will be private to make safe participants from any problems.

Benefits of the study: If you participate in this research project, there may not be direct benefit to you, but your participation is likely to help us in assessing maternity waiting home

utilization. Ultimately, this will help us to take the appropriate intervention by the authorized stakeholder. You will not be provided any incentive or payment to take part in this project.

Confidentiality: The information collected from this study will be kept confidential and information about you that will be collected by this the study will be stored in a file, without your name, but a code number assigned to it and it will not be revealed to anyone except the principal investigator.

Rights to refuse or withdraw: You have the full right to refuse to take part in this study. You have also the full right to withdraw from this study at any time you wish

Persons to contact: The research project was reviewed and approved by the Ethical committee of Bahir Dar University. If you have any questions you can contact me by the following address.

1. amanuaragaw@yahoo.com
2. mek.meki18@gmail.com
3. Zigijuyehuala12@gmail.com

13.1 Annex I: English version questionnaire

13.1.1 Quantitative study questionnaire

01. Kebele _____

02. Date of data collection ____/____/____ E.C

03. Data collector name _____ Signature _____

Encircle the answer for multiple choice questions and fill your answer for blank spaces

Part I: Socio-demographic characteristics			
Choose and encircle your response for the following questions			
No	Questions	Categories & responses	Remark
10 1	What is your educational status?	1. No formal education 2. Primary 3. Secondary 4. Preparatory and above	
10 2	Do you have husband?	1. Yes 2. No	If No, skip to Ques no. 104
10 3	If yes for question number 102, what is your husband's educational status?	1. Unable to read and write 2. Didn't learn formal education but can read and write 3. Elementary 4. Secondary and above	
10 4	What is your occupation?	1. Merchant 2. Housewife 3. Government employee 4. If others specify _____	
Wealth index			
105	Do you belong to the house?	1. Yes 2. No	
106	Type of the house	1. Corrugated iron sheet 2. Thatch 3. Other specify -----	
107	Availability of radio	1. Yes 2. No	
108	Availability of mobile telephone	1. Yes 2. No	
109	Availability of table	1. Yes 2. No	
110	Availability of chair	1. Yes 2. No	

111	Availability of bed with cotton/ sponge/spring mattress	1. Yes 2. No	
112	Availability of electricity	1. Yes 2. No	
113	Availability of kerosene lamp	1. Yes 2. No	
114	Does the household own any agricultural land?	1. Yes 2. No	
115	If yes, what type of land	1.Private 2 Rent	
116	Does any member of this household have a bank account?	1. Yes 2. No	
117	What is the main source of drinking water for members of your household?	1. Tape water(hund dug well) 2. Other	
118	What kind of toilet facility do members of your household usually use?	1. Pit latrine without slab / open pit 2. No facility / bush / field	
119	What type of fuel does your household mainly use for cooking?	1. Electricity 2. Wood 3. Other	
120	What is the main material of the floor in your household?	1. Earth / sand 2. Other	
121	What is the main material of the exterior walls in your household?	1. Bamboo with mud 2. Other	
122	What is the main material of the roof in your household?	1. Metal / corrugated iron 2. Other	

Part II: Knowledge questions on maternity waiting home

Choose and encircle your response for the following questions

No	Questions	Categories & responses	Remark
201	Do you know heard about importance of maternity waiting home utilization?	1. Yes 2. No 3. I don't remember	
202	Maternity waiting home utilization is important for pregnant women who need immediate obstetric care?	1. Yes 2. No 3. I don't know	If No skip Q204

203	If “yes” Q 202, what is/are/ importance of maternity waiting home utilization (Multiple answers is possible)	1. Reduce risk of maternal death 2. Reduce risk of newborn death 3.reduce risk of obstetric complications 4. I don’t know _	
204	Is/are/ there MWH near your residence area?	1. Yes 2. No 3. I don’t know	
205	Do you know your expected date of delivery?	1. Yes 2. No	
206	Where is the appropriate staying place for pregnant women during late pregnancy before onset of labor?	1. At health institution 2. At home 3. If other specify, _____	
207	Is/are/ there risk of maternal or newborn health problem for women who give birth at home?	1. Yes 2. No 3. I don’t know	
208	What is/are/ possible health problem/s/ related to delaying to reach health institutions before onset of labor? (Multiple answers is possible)	1. Prolonged labor 2. Neonatal distress 3. Maternal death 4. Post partum hemorrhage 5. Neonatal death due to lack of essential newborn care 6. I don’t know 7. If other specify, _____	

Part III: Attitude questions on maternity waiting home

Choose and encircle given number under specified answer for each questions						
No.	Questions	Strongly agree	Agree	Neutra l	Disagr ee	Strongly disagree
301	Using maternity waiting home is good	5	4	3	2	1
302	Using maternity waiting home is very easy.	5	4	3	2	1
303	I am confident that I can use MWH in the last 2–4 weeks of my pregnancy	5	4	3	2	1

304	Using maternity waiting home is possible in our set up	5	4	3	2	1
305	staying in MWH for institutional delivery 15 days before giving birth will help me to get health child	5	4	3	2	1

Part IV: Decision maker and birth preparednes plan related Quations

Choose and encircle appropriate responses

No.	Questions	Choices	Remark
401	Do you prepare birth readiness plan for current pregnancy?	1. Yes 2. No	
402	Who is decision maker about staying place until onset of labor?	1. Husband 2. Husband and wife together 3. Wife alone 4. If other specify _____	
403	Do you hvave care taker for family at home by others while staying at maternity waiting home?	1. No 2. Yes	
404	Can you pay transport fee during traveling to maternity waiting home?	1. Not affordable 2. Affordable 3. If other specify _____	

Part V Obstetric ,attending pregnant woman’s conference and previous expriance on maternity wating home

Choose and encircle your response for the following questions

No.	Questions	Choices	Remark
501	Did you attend ante natal care visit in current pregnancy?	1. Yes 2. No	If No, skip to Q 503.
502	If yes for Q501, how many visits did you attend?	1. 1 2. 2 3. 3 4. ≥ 4	
503	Did you have child birth history previously?	1. Yes 2. No	If No, skip to Q 508
504	If yes for Q 503, where was place of delivery?	1. Home 2. Health institution 3. If other specify it _____	

505	If yes for Q503, did you have history of obstetric complication?	1. Yes 2. No 3 I don't remember	
506	If yes for Q503, do you use maternity waiting home before current pregnancy?	1. Yes 2. No	
507	Did you attend at pregnant women's conference for this pregnancy?	1. Yes 2. No 3. I didn't hear presence of pregnant women's conference	
508	If yes for Q503, did you use maternity waiting home before current pregnancy?	1.yes 2.No	If no skip Part VI

Part VI :Intention to use maternity waiting home related questions

Choose and encircle your response for the following questions

No.	Questions	Choice				
		Strongly agree	Agree	Neutral	Disagree	Strongly disagree
601	I plan to use maternity waiting home for the last remaining 2-4 weeks of my current pregnancy	5	4	3	2	1
602	I will make my effort to use maternity waiting home for my current pregnancy	5	4	3	2	1
603	I want to use maternity waiting home for my current pregnancy	5	4	3	2	1

13.2.1 Qualitative study questionnaire

Code number _____

13.3.1 Interview guide for in depth interview on intention to use maternity waiting home

Date: (DD/MM/YYYY) ____ / ____ / _____

Group name/description: _____

of male participants: _____ # of female participants: _____

Introduction and consent for in-depth interview

Good morning/afternoon, my/our name is _____.

We are in your community to hear your opinions and views of the maternity waiting home.

The information provided will be used by the government, Federal ministry of health, researchers and health care providers to improve activities in response to the issue.

- Participation in these consultations is free and there is no obligation to respond, you can stop at any point.
- No personal data will be shared with others and the information provided will be analyzed anonymously and used confidentially.
- Your ideas are important and will contribute to our study.

Our interview will last around 25minutes.

Do you have any questions? Are you willing to participate in the interview?

Consent:

Do you provide consent to document, use, and store and share the information provided for research purpose?

1. YES 2. NO (if NO, say thanks and let the person leave) , May I begin now

Part I: in depth interview questions		
	Questions	Observer takes notes of ANSWERS here. Or using recording of the interview records answers in detailed notes here
QUESTIONS ASKED TO THE INDIVIDUAL BY THE INTERVIEWER ABOUT INTENTION TO USE MATERNITY WAITING HOME		
Answers to be created in detailed notes from recording or during the interview session or interviews.		
1	<p>What is maternity waiting home?</p> <p>(Interviewer prompts participant's responses related to what they know about MWHs, government involvement, what they have seen on TV, etc., ensuring that the interviewee share her belief.)</p>	
2	<p>What is your intention towards using maternity waiting home?</p> <p>(Depending on answers the interviewer might probe by asking the reason why she do/don't want to use and allowing the participant to explore her intention on the issue)</p>	
3	<p>What are barriers of intention to maternity waiting home utilization?</p> <p>(Depending on answers the interviewer will probe by asking the reason for each barrier by allowing the participant to explore her perception on the issue)</p>	

Part II: Key informant interview questions		
No	Questions	Observer takes notes of ANSWERS here. Or using recording of the interview records answers in detailed notes here
Information		
01	1. Location: 2. Sex of the interviewee: 3. Interviewee age: 4. Occupation:	
QUESTIONS ASKED TO THE INDIVIDUAL KEY INFORMANTS BY THE INTERVIEWER ABOUT INTENTION TO USE MATERNITY WAITING HOME Answers to be created in detailed notes from recording or during the interview session or interviews.		
1	How pregnant women use maternity waiting home? (Interviewer prompts participant's responses related to what they know about any complains related to health care services given at MWH, probe to barriers of attending maternity waiting home for pregnant women by asking why they didn't use it and ensuring that the interviewee explore his/her belief.)	
2	What is the interest of pregnant women towards using maternity waiting home? (Interviewer might probe based on answers by asking pregnant women's intention towards using MWH, ideas raised by pregnant women related, to MWH during different services like pregnant women's conference etc.)	

Thank you for your participation

14 Annex II: Amharic version questionnaire

የመጠይቅ መለያ ቁጥር _____



ባህር ዳር ዩኒቨርሲቲ

ሕክምናና ጤና ሳይንስ ኮሌጅ

የህብረተሰብ ጤና ት/ቤት

ስነ ተዋልዶ ጤና ት/ት ክፍል

የተሳታፊዎች ፈቃደኝነት መጠየቂያ ቅጽ

ይህ መጠይቅ በጃዊ ገጠር ቀበሌዎች የሚገኙ ነፍሰጡር እናቶች የእናቶችን ማቆያ ክፍል የመጠቀም ፍላጎት እና ተያያዥ ምክንያቶች ላይ ጥናት ለማጥናት የተዘጋጀ ነው።

ጤና ይስጥልኝ _____ እባላለሁ። ወደ እርስዎ የመጣሁት በባህር ዳር ዩኒቨርሲቲ የስነ ተዋልዶ ትምህርት ዘርፍ የማስተር ተማሪ ለሆነችው ለተማሪ ዝግጁ የኋላ በሰሜን ምዕራብ ኢትዮጵያ በአዊ ዞን ገጠር ቀበሌዎች ውስጥ የሚገኙ ነፍሰጡር እናቶች የእናቶች ማቆያ ክፍልን የመጠቀም ፍላጎት በተመለከተ መረጃ ለመሰብሰብ ጥያቄዎችን ልጠይቀዎት ነው። ስለ እናቶች ማቆያ ክፍል የመጠቀም ፍላጎት ለመተየቅ ጥቂት ጥያቄዎችን ይገባ መጥቻለሁ። ከርስዎ የሚገኘው መልስ ከእናቶች ማቆያ ክፍል አጠቃቀም ጋር ተያያዥ የሆኑ ነገሮችን ለመለየት ይረዳናል።

ከዚህ ጥናት ጋር በተያያዘ ስምዎ እንደማይጠቀስ እና ለዚህ ጥናት ተብሎ ከእርስዎ የተገኘ ማንኛውም መረጃ ሚስጥራዊነቱ ተጠብቆ የሚያዝ ይሆናል። በመሆኑም ከዋና አጥኝው በስተቀር ማንኛውም ግለሰብ መረጃውን እንዲያገኝ ወይም እንዲመለከት አይፈቀድለትም። በዚህ ጥናት በመሳተፍዎ ምክንያት ለእርስዎ በግልጽ የሚደረግልዎ ወይም የሚሰጥዎ ጥቅማጥቅም አይኖርም። በመጠይቁ ሂደት ለመመለስ የማይፈልጉትን ጥያቄዎች ያለመመለስ መብትዎ የተጠበቀ ነው።

በአጠቃላይ መጠይቁ ወደ 25 ደቂቃ ገደማ የሚወስድ ሲሆን በጥናቱ የምናሳትፈዎት የእርስዎን ሙሉ ፈቃደኝነት ስናገኝ ብቻ ነው። በመጠይቁ ለመሳተፍ ፈቃደኛ ነዎት? 1. አዎ 2.

አይደለሁም

የአጥኝው ስም : ዝግጁ የኋላ ፊርማ _____ ስልክ: 0936360501

1. የመረጃ ሰብሳቢ ስም _____ ፊርማ _____ ስልክ _____

2. የሱፐርቫይዘር ስም _____ ፊርማ _____ ስልክ _____

መረጃው የተሰበሰበበት ቀን ___/___/___

የጥናቱ መረጃ:-

የዋና አጥኝው ስም- ዝግጁ የጎላ

የተቋሙ ስም - ባህር ዳር ዩኒቨርሲቲ

የምርምር ወጭ የሚሸፍነው- በአማራ ክልል ጤና ቢሮ የሚሸፈን

የጥናቱ ርዕስ - በጃዊ ገጠር ቀበሌዎች የሚገኙ ነፍሰጡር እናቶች የእናቶች ማቆያ ክፍልን የመጠቀም ፍላጎት እና ተያያዥነት ያላቸውን ምክንያቶች ማጥናት

የጥናቱ ዓላማ- በጃዊ ገጠር ቀበሌዎች የሚገኙ ነፍሰጡር እናቶች የእናቶችን ማቆያ ክፍል የመጠቀም ፍላጎት እና ተያያዥነት ያላቸውን ምክንያቶች መለየት

መግቢያ- ይህ የመረጃና የስምምነት ቅፅ የተዘጋጀው እርስዎ ተሳታፊ እንዲሆኑ ለተጋበዙበት በምርምር ቡድኑ የሚካሄደውን ጥናት በተመለከተ የእርስዎን ፈቃደኝነት ለማወቅ ነው። የምርምር ቡድኑን ለመቀላቀል ከመስማማትዎ በፊት እባክዎ በጥንቃቄ ያዳምጡ እና ስለ ጥናቱ ማንኛውንም ጥያቄ ይጠይቁ ።

የጥናቱ ዘዴ- በፕሮጀክቱ ላይ በጃዊ ገጠር ቀበሌዎች የሚገኙ ነፍሰጡር እናቶች የእናቶችን ማቆያ ክፍል የመጠቀም ፍላጎት እና ተያያዥ ምክንያቶች ላይ እንዲሳተፉ ተጋብዘዋል ። በዚህ ፕሮጀክት ውስጥ ለመሳተፍ ፈቃደኛ ከሆኑ በስምምነቱ ቅፅ ላይ መፈረም ያስፈልግዎታል ። ከዚያ በጎላ በመረጃ ሰብሳቢው ቃለ መጠይቅ ይደረጋል ። ሁሉም የእርስዎ ምላሾች እና የተገኙት ውጤቶች ማንም ሰው የእርስዎን ምላሽ የማያገኝበትን የኮድ ስርዓት በመጠቀም ሚስጥራዊ ሆነው ይቀመጣሉ ። መጠይቁ 25 ደቂቃዎችን ይወስዳል ።

የጥናቱ ጉዳት:- ተሳታፊዎች በዚህ ጥናት ውስጥ በመሳተፋቸው የሚደርስባቸው ምንም አይነት ጉዳት የለም። ተሳታፊው የሚሰጠው መረጃም በሚስጥር ስለሚያዝ ተሳታፊው ከማንኛውም ዓይነት ጫና ነፃ ነው።

የጥናቱ ጥቅም- በዚህ የምርምር ፕሮጀክት ውስጥ በመሳተፊዎ በቀጥታ የሚያገኙት ጥቅም የለም። ከዚህ ጥናት የሚገኘው ውጤት ነፍሰጡር እናቶች የእናቶችን ማቆያ ክፍል ለመጠቀም ያላቸውን ፍላጎት ለማሻሻል እና የተለያዩ ስትራቴጂዎችን ለማውጣት እንደ ግብዓት ያገለግላል። የጥናቱ ውጤት ለሚመለከታቸው ባለድርሻ አካላት በመጠቀም ተገቢውን መፍትሄ ለመውሰድ ጠቀሜታ ይኖረዋል።

ሚስጥራዊነቱ:- በዚህ ጥናት የሚሰበሰበው መረጃ ሚስጥራዊነቱ የተጠበቀ ሲሆን መረጃውም በፋይል ተደርጎ ሚስጥራዊ ኮድ ተሰጥቶት ሥምዎን ሳይጨምር ተቆልፎ ይቀመጣል። በተጨማሪም የሚሰጡት መረጃ ከዋናው አጥኝ በስተቀር ለማንም ግልፅ አይደረግም።

የመቃወምና የማቋረጥ መብት:- በዚህ ጥናት ላይ የመሳተፍም ሆነ ያለ መሳተፍ ሙሉ መብትዎ የተጠበቀ ነው። በመሳተፍ ላይ እያሉም በማንኛውም ሰዓት ማቋረጥ ወይም ከጥያቄዎቹ ውስጥ አመመለስ የማይፈልጉት ጥያቄ ካለ አመመለስ ይችላሉ።

በጥናቱ ለመሳተፍ ፈቃደኛ ነዎት?

1. አዎ- ወደ ሚቀጥለው ይሸጋገሩ።
2. የለም- ፈቃደኛ ያልሆኑበትን ምክንያቶች በመጻፍ ወደ ሌላ ተጠያቂ ይሸጋገሩ።

ለተጨማሪ መረጃ

የአጥኝው ስም:- ዝግጁ የኋላ

ስልክ:+251-936-360501 Email: Zigijuyehuala12@gmail.com

አማካሪዎች:-

1. ዶ/ር አማኑ አራጋው
Email: amanuaragaw@yahoo.com

2. አቶ መኮነን መልኬ
Email: mek,meki18@gmail.com

ምርጫ ላላቸው ጥያቄዎች መልስዎን ያክብቡ፣ ክፍት ቦታ ላላቸው ጥያቄዎች ደግሞ መልስዎን በክፍት ቦታው ላይ ይሙሉ።

ክፍል 1:- ማህበራዊና ስነ-ህዝብ መረጃ

ተ.ቁ	ጥያቄዎች	መልሶች (አማራጮች)	ይለፉ
101	የትምህርት ደረጃ	1. ያልተማረች 2. የመጀመሪያ ደረጃ ትምህርት 3. ሁለተኛ ደረጃ ትምህርት 4. መሰናዶ እና ከዚያ በላይ 5. ሌላ ካለ ይጥቀሱ _____	
102	ባል አለዎት?	1. አዎ 2. የለኝም	መልስዎ የለም ከሆነ ወደ ጥያቄ ቁጥር 104 ይለፉ
103	ለጥያቄ ቁጥር 102 መልስዎ አዎ ከሆነ፣ የባልዎት የትምህርት ደረጃ ምንድን ነው?	1. ማንበብም ሆነ መጻፍ የማይችል 2. መደበኛ ትምህርት ያልተማረ ነገር ግን ማንበብ እና መጻፍ የሚችል 3. የመጀመሪያ ደረጃ ትምህርት 4. ሁለተኛ ደረጃ ትምህርት እና ከዚያ በላይ	
104	የስራ ሁኔታዎት ምንድን ነው	1. ነጋዴ 2. የቤት እመቤት 3. የመንግስት ሰራተኛ 4. ሌላ ካለ ይጥቀሱ _____	

የሐብት መጠን

105	እርስዎ የቤቱ ባለቤት ነዎት?	1. አዎ 2. አይደለሁም	
106	የቤቱ አይነት	1. የቆርቆር 2. የሳር ክዳን ቤት 3. ሌላ ከሆነ ይግለጹ ----	
107	ሬድዮ አለዎት/አላችሁ?	1. አለ 2. የለም	
108	የሞባይል ስልክ አለዎት/አላችሁ?	1. አለ 2. የለም	
109	ጠረጴዛ አለዎት/አላችሁ?	1. አለ 2. የለም	
110	ወንበር አለዎት/አላችሁ?	1. አለ 2. የለም	
111	ባለጥጥ/ስፖንዶ/ስፕሪንግ ፍራሽ አልጋ?	1. አለ 2. የለም	
112	የኤሌክትሪክ ኅይል አለ?	1. አለ 2. የለም	

113	የኬሮሴን መብራት / የግሬት መብራት አለ?	1. አለ 2. የለም
114	ቤተሰቡ የእርሻ መሬት አለው?	1. አለ 2. የለም
115	መልስዎ አወ ከሆነ የመሬቱ አይነት ምንድን ነው?	1. የግል 2. የኪራይ
116	ማንኛውም የዚህ ቤተሰብ አባል የባንክ ሂሳብ አለው?	1. አለ 2. የለም
117	ለቤተሰብዎ አባላት ዋናው የመጠጥ ውሃ ምንጭ ምንድነው?	1 የባንባ ወ.ሀ (በእጅ የሚወዘወዝ) 2 ሌላ
118	የቤተሰብዎ አባላት ብዙውን ጊዜ የሚጠቀሙት ምን ዓይነት የመጻጻጃ ቤት ነው?	1. የጉድጓድ መጻጻጃ ቤት ጉድጓድ 2. ምንም መገልገያ / ቁጥቁጦ / መስክ የለም
119	ቤተሰብዎ በዋናነት ለማብሰል ምን አይነት ነዳጅ ይጠቀማሉ?	1. ኤሌክትሪክ 2. እንጨት
120	በቤተሰብዎ ውስጥ የወለል ንጣፍ ዋና ቁሳቁስ ምንድነው?	1. አፈር / አሸዋ 2. ሌላ
121	በቤትዎ ውስጥ የውጪ ግድግዳዎች ዋና ቁሳቁስ ምንድነው?	1. የቀርከሃ ከጭቃ ጋር 2. ሌላ
122	በቤትዎ ውስጥ የጣሪያው ዋና ቁሳቁስ ምንድነው?	1. ብረት / ቆርቆሮ 2. ሌላ

ክፍል 2፣ ስለእናቶች ማቆያ ክፍል እውቀት የሚመለከቱ ጥያቄዎች

ተ.ቁ	ጥያቄዎች	ምርጫዎች	ምርመራ
201	ስለነፍሰጡር እናቶች ማቆያ ክፍል ጥቅም ሰምተው ያውቃሉ?	1. አዎ 2. የለም 3. አላስታውስም	
202	አስቸኳይ የወሊድ እንክብካቤ ለሚያስፈልጋቸው እናቶች የነፍሰጡር ማቆያ ክፍል እንዲቆዩ ማድረግ ጠቃሚ ነው ።	1. አዎ 2. አይጠቅምም 3. አላውቅም	መልስዎ አዎ ካልሆነ፣ ወደ ቁጥር 204 ይለፉ
203	ለጥያቄ ቁጥር 202 መልስዎ አዎ ከሆነ፣ የነፍሰጡር እናቶች ማቆያ ክፍል እንዲቆዩ ማድረግ ለምን ይጠቅማል? (ከአንድ በላይ መልስ መስጠት ይቻላል)	1. የእናቶችን ሞት ይቀንሳል 2. የጨቅላ ህፃናትን ሞት ይቀንሳል 3. ተወሳሳቢ የወሊድ ችግሮችን ይቀንሳል 4. አላውቀዋል	

204	የነፍሰጡር እናቶች ማቆያ ክፍል በመኖሪያ ቤትዎ አቅራቢያ አለ?	1. አዎ 2. የለም 3. አላውቅም	
205	ለአሁኑ እርግዝናዎ አማካይ የመውለጃ ቀኑን ያውቃሉ?	1. አዎ 2. አላውቅም	
206	ምጥ ከመጀመሩ በፊት የመውለጃ ቀን ሲደርስ ነፍሰጡር እናቶች መቆየት ያለባቸው የት ነው?	1. ጤና ተቋም 2. ከመኖሪያ ቤት 3. ሌላ ካለ ይጥቀሱ	
207	ከመኖሪያ ቤት ውስጥ ለሚወለዱ እናቶች አዲስ የተወለደው ህፃን ወይም እናት-የዋ ለጤና ችግር ሊጋለጡ ይችላሉ?	1. አዎ 2. አይጋለጡም 3. አላውቅም	
208	ምጥ በሚጀምርበት ጊዜ ወደ ጤና ተቋም ዘግይቶ መድረስ ሊያስከትል የሚችለው የጤና ችግር/ሮች/ ምንድን ነው/ናቸው/? (ከአንድ በላይ መልስ መስጠት ይቻላል)	1. የምጥ ሰዓት መራዘም 2. አዲስ የሚወለደው ጨቅላ ሊታፈን ይችላል 3. የእናት ሞት ሊከሰት ይችላል 4. ከወሊድ በኋላ ደም መፍሰስ 5. አዲስ የሚወለደው ጨቅላ የጤና እንክብካቤ ባለማግኘቱ ሊሞት ይችላል 6. አላውቅም 7. ሌላ ካለ ይጥቀሱ_____	

ክፍል 3:- ከነፍሰጡር እናቶች ማቆያ ክፍል ጋር የተያያዙ የአመለካከት መመዘኛ ጥያቄዎች

ለሚከተሉት ጥያቄዎች የሚስማማዎትን መልስ መርጠው ከስሩ የሚገኘውን ቁጥር ያክብቡ

ተ.ቁ	ጥያቄዎች	በጣም እስማማለሁ	እስማማለሁ	ገለልተኛ	አልስማማም	በጣም አልስማማም
301	የእናቶች ማቆያ ክፍል መጠቀም ጥሩ ነው።	5	4	3	2	1
302	የእናቶችን ማቆያ ክፍል መጠቀም በጣም ቀላል ነው።	5	4	3	2	1
303	በእርግዝናዎ ወቅት ከ2-4 ሳምንታት የእናቶችን ማቆያ ክፍል ለመጠቀም እርግጠኛ ነኝ።	5	4	3	2	1

304	የእኛ ማህበረሰብ የነፍሰጡር እናቶችን ማቆያ ክፍል እንዲጠቀም ማድረግ ይቻላል።	5	4	3	2	1
305	በጤና ተቋም ለመውለድ እንዲመኙ ከወሊድ በፊት ለ15 ቀናት ያህል በእናቶች ማቆያ ክፍል ውስጥ መቆየት ጤናማ ልጅ ለማግኘት ይረዳል።	5	4	3	2	1

ክፍል 4: ስለነፍሰጡር እናቶች የማቆያ ክፍል ውሳኔ ሰጭነት እና ስለቅድመ ወሊድ ዝግጅት ጋር የተያያዙ ጥያቄዎች

ተ.ቁ	ጥያቄዎች	ምርጫዎች	ምር መራ
401	ለአሁኑ እርግዝና የቅድመ ወሊድ ዝግጅት እቅድ አውጥተዋል?	1. አዎ 2. የለም	
402	ምጥ እስኪጀምር ድረስ የሚቆዩበትን ቦታ የሚወስነው ማን ነው?	1. ባል 2. ባል እና ሚስት በጋራ 3. ሚስት ብቻ 4. ሌላ ካለ ይጥቀሱ _____	
403	ወደነፍሰጡር እናቶች ማቆያ ክፍል ቢሄዱ መኖሪያ ቤት የቀሩ ቤተሰብን ወይም ህፃናትን የሚንከባከብ ሰው ሊኖር ይችላል?	1. የለም 3. አለ	
404	ወደ ነፍሰጡር እናቶች ማቆያ ሲሄዱ ለትራንስፖርት ክፍያ የመክፈል አቅም አለዎት?	1. መክፈል አልችልም 2. አዎ መክፈል እችላለሁ 3. ሌላ ካለ ይጥቀሱ _____	

ክፍል 5: ከወሊድ፣ እርግዝና፣ የነፍሰጡር ማቆያ ክፍል የመጠቀም ልምድና ከነፍሰጡር እናቶች ስብሰባ ተሳትፎ ጋር የተያያዙ ጥያቄዎች

501	ከዚህ በፊት ልጅ ወልደው ያውቃሉ?	4. አዎ 5. የለም	
502	በአሁኑ እርግዝና የቅድመወሊድ ክትትል አድርገው ያውቃሉ?	1. አዎ 2. የለም 3. አላስታውስም	መልስዎ አዎ ካልሆነ፣ ወደ ቁጥር 504 ይለፉ
503	ለጥያቄ ቁጥር 502 መልስዎ አዎ ከሆነ፣ ለምን ያህል ጊዜ ክትትል አድርገዋል?	1. አንድ ጊዜ 2. ሁለት ጊዜ 3. ሶስት ጊዜ 4. አራት ጊዜ እና ከዚያ በላይ	
504	ከነፍሰጡር እናቶች ስብሰባ ተሳትፈው ያውቃሉ?	1. አዎ 2. የለም 3. ስለነፍሰጡር እናቶች ስብሰባ አላውቅም	
505	ለጥያቄ ቁጥር 501 መልስዎ አዎ ከሆነ፣ የወለዱት የት ነበር?	1. መኖሪያ ቤት ውስጥ 2. ጤና ተቋም 3. ሌላ ካለ ይጥቀሱ _____	

506	ለጥያቄ ቁጥር 501 መልስዎ አዎ ከሆነ፣ ከዚህ በፊት የማህፀን ቀዶ ጥገና ተሰርቶለዎት ያውቃል?	1. አዎ 2. የለም	
507	ለጥያቄ ቁጥር 501 መልስዎ አዎ ከሆነ፣ የወሊድ ተወሳሳቢ ችግር አጋጥሞዎት ነበር?	1. አዎ 2. የለም 3. አላስታውስም	
508	ለጥያቄ ቁጥር 501 መልስዎ አዎ ከሆነ፣ ከአሁኑ እርግዝና በፊት የነፍሰጡር እናቶች ማቆያ ክፍል ተጠቅመው ያውቃሉ?	1. አዎ 2. የለም 3. አላስታውስም	መልስዎ የለም ከሆነ ወደክፍል 6 ይለፉ

ክፍል 6:- የነፍሰጡር እናቶችን መቆያ ክፍል ከመጠቀም ፍላጎት ጋር የተያያዙ ጥያቄዎች

ለሚከተሉት ጥያቄዎች ከተዘረዘሩት አማራጭ መልሶች በመምረጥ ከስራቸው የሚገኘውን ቁጥር ያክብቡ

ተ.ቁ	ጥያቄዎች	በጣም እስማማለሁ	እስማማለሁ	ገለልተኛ	አልስማማም	በጣም አልስማማም
601	በአሁኑ እርግዝናዎ በመጨረሻዎቹ 2-4 ሳምንታት የነፍሰጡር እናቶችን ማቆያ ክፍል ለመጠቀም አቅጃለሁ።	5	4	3	2	1
602	በአሁኑ እርግዝናዎ የነፍሰጡር እናቶችን ማቆያ ክፍል ለመጠቀም ጥረት አደርጋለሁ።	5	4	3	2	1
603	በአሁኑ እርግዝናዎ የነፍሰጡር እናቶችን ማቆያ ክፍል ለመጠቀም እፈልጋለሁ።	5	4	3	2	1

- 15 የግለሰብ የማብራሪያ መጠይቅ መግቢያ እና ስምምነት
- 15.1.1 በእናቶች መቆያ ክፍል ዙሪያ ከግለሰቦች ጋር የሚደረግ የጥልቅ ማብራሪያ ጥያቄ መመሪያ

ቀን: ____ / ____ / ____

የግለሰብ ስም / መግለጫ/: _____

እንዴት አደሩ / ዋሉ/ ? ስሜ _____ ነው :: እኔ ከእርስዎ የፈለግሁት በእናቶች መቆያ ክፍል አጠቃቀም ፍላጎት እና ተያያዥ ምክንያቶች ዙሪያ የነፍስ ጡር እናቶች ፍላጎት ምን እንደሚመስል ለማወቅና ከመጠቀም የሚከለክሉን ተግዳሮቶች ምን ምን እንደሆኑ እንዲሁም መደረግ ስላለባቸው መፍትሄዎች ልምደዎትን እንዲያካፍሉኝ ፈልጌ ነው :: በጉዳዩ ዙሪያ ለማብራራት በቂ ጊዜ ስለሰጡኝ አመሰግናለሁ:: የጥናቱ አላማ ነፍሰጡር እናቶች ማቆያ ክፍሎችን ለመጠቀም ያላቸው ፍላጎት ምን እንደሚመስል ልምዶችን ለመውሰድ እና ወደፊት የነፍሰጡር እናቶችን ማቆያ ክፍል የመጠቀም ፍላጎት በማሻሻል የእናቶችን ሞት ለመቀነስ እና ጤናቸውን ለመጠበቅ ስለሚጠቅም ማቆያ ክፍሎችን እንዳይጠቀሙ የሚያደርጉትን ተግዳሮቶች ከተለዩ በኋላ በመንግሥት ፣ በፌዴራል ጤና ጥበቃ ሚኒስቴር ፣ በተመራማሪዎችና በጤና አጠባበቅ ባለሙያዎች የነፍሰጡር እናቶችን የማቆያ ክፍል የመጠቀም ፍላጎት ለማሻሻል ይጠቅማል:: ቃለ-መጠይቁ ወደ 1 ሰዓት ይወስዳል :: ማንኛውንም የሚሰጡኝ ሀሳብ እንዳይጠፋብኝ ቃለ-መጠይቁን እቀዳለሁ:: ምንም እንኳን በቃለመጠይቁ ጊዜ አንዳንድ ማስታወሻዎችን ብይዝም ፣ ሁሉንም ለመያዝ በፍጥነት መጻፍ አልችልም :: ስለዚህ በድምፅ መቅረጫው ቃለምልልሱን ልቀዳ ስለሆነ እባክዎን አስተያየትዎ እንዳያመልጠኝ ድምፁን ከፍ አድርገው በመናገር ያግዙኝ ::

የትኛውም የቃለ መጠይቁ ምላሾች ለጥናት ቡድን አባላት ብቻ የሚጋሩ ሲሆን እኔ በጥናታችን ውስጥ ያካተትኳቸው መረጃዎች ውስጥ የእርስዎ ስም ስለማይፈጸም ማን እንደሆነ የማይታወቅ መሆኑን አረጋግጣለሁ :: ስለሆነም የቀረበው መረጃ በስውር ተተንትኖ በምስጢር ጥቅም ላይ ይውላል::

በዚህ ወይይት መሳተፍ ምንም አይነት ክፍያ የለውም፣ ምላሽ የመስጠት ግዴታም ስለሌለበዎት ቃለመጠይቁን በማንኛውም ጊዜ ማቋረጥ ይችላሉ ::

ስላብራራሁት ነገር ጥያቄ አለዎት? በቃለ መጠይቅ ለመሳተፍ ፈቃደኛ ነዎት?

ስምምነት

ለምርምር ዓላማ የቀረበውን መረጃ በሰነድ ለማስቀመጥ ፣ ለመጠቀም እና ለማጋራት ፈቃደኛ ነዎት?

1. አዎ

2. አይደለሁም (ማቋረጥ)

አሁን ልጅምር እችላለሁ?

ክፍል 1: የማብራሪያ ጥያቄዎች		
ተ.ቁ	ጥያቄዎች	ጠያቂው የመልስ ማስታወሻዎችን ከዚህ ይጻፉ። ወይም የተቀዱ የማብራሪያ መዝገቦችን እና ምላሾችን በዝርዝር ይጻፉ።
መረጃ		
	1. ቦታ 2. የተጠያቂው እድሜ:-	
አቅራቢው ስለ ነፍሰጡር እናቶች ማቆያ ክፍል የተጠየቁ ጥያቄዎችን ለተጠያቂው ያቅርብ በማብራሪያ መጠይቁ ወቅት ቃለ መጠይቆች ማስታወሻዎች መልሶች በዝርዝር መመዘገብ አለባቸው		
1	የነፍሰጡር እናቶች ማቆያ ክፍል ማለት ምን ማለት ነው? ተሳታፊው ምላሽ የማይሰጡ ከሆኑ ጠያቂው የማብራሪያ ጥያቄውን ይጠይቃል።	
2	የነፍሰጡር እናቶችን መቆያ ክፍል ለመጠቀም ፍላጎትዎ እንዴት ነው? (ጠያቂው ተሳታፊው ከነፍሰጡር እናቶችን መቆያ ክፍል ጋር በተያያዘ በጤና ተቋም፣ በቴሌቪዥን ወዘተ ካላቸው ግንዛቤ እንዲያካፍሉ ያድርግ ።)	
3	የነፍሰጡር እናቶች መቆያ ክፍል የመጠቀም ፍላጎትን የሚቀንሱ ተግዳሮቶች ምን ምን እንደሆኑ ያብራሩልኝ። (ተጠያቂው የሚሰጡትን መልስ መነሻ በማድረግ ጠያቂው ዝርዝር የማብራሪያ ጥያቄዎችን ይጠይቅ)	

ክፍል 2: በነፍስ ጡር እናቶች ማቆያ ክፍሎች ዙሪያ የተሻሉ መረጃዎችን ሊሰጡ ከሚችሉ ግለሰቦች የሚጠየቁ ጥያቄዎች

ተ.ቁ	ጥያቄዎች	ጠያቂው የመልስ ማስታወሻዎችን ከዚህ ይጻፉ። ወይም የተቀዱ የማብራሪያ መዝገቦችን እና ምላሾችን በዝርዝር ይጻፉ።
መረጃዎች		
1	1. ቦታ :- 2. የታ..... 3. እድሜ..... 4. የተጠያቂው የስራ ዘርፍ	
<p>አቅራቢው ስለ ነፍሰጡር እናቶች ማቆያ ክፍል የተጠየቁ ጥያቄዎችን ለተጠያቂው ያቅርብ በማብራሪያ መጠይቁ ወቅት ቃለ መጠይቆች እና መልሶች በዝርዝር መመዝገብ አለባቸው</p>		
1	<p>ነፍሰጡር እናቶች የነፍሰጡር ማቆያ ክፍል አጠቃቀማቸው እንዴት ነው? (ጠያቂው የተጠያቂዎችን መልስ መሰረት በማድረግ የማብራሪያ ጥያቄዎችን ይጠይቅ። ለምሳሌ ማቆያ ክፍሎች ውስጥ በሚሰጡ የጤና አገልግሎቶች ላይ ከሚነሱ አቤቱታዎች ጋር የተያያዙ እና የነፍሰጡር ማቆያ ክፍሎችን እንዳይጠቀሙ የሚያደርጉ ተግዳሮቶች ምን ምን እንደሆኑ እና ለምን እንደማይጠቀሙ ምክንያቶችን ማብራሪያ እንዲሰጡ በመጠቀም ሃሳባቸውን እንዲገልጹ ያድርግ። እንዲሁም ተጠያቂው ሃሳቡን መጨረሱን ያረጋግጥ።)</p>	
2	<p>ነፍሰጡር እናቶች የነፍሰጡር ማቆያ ክፍሎችን የመጠቀም ፍላጎታቸው እንዴት ነው? (ጠያቂው ስለነፍሰጡር ማቆያ ክፍሎችን የመጠቀም ፍላጎት የተጠያቂዎችን መልስ መነሻ በማድረግ እና ነፍሰጡር እናቶች የተለያዩ አገልግሎቶችን በሚሰጡበት ጊዜ የሚያነሱባቸውን ሀሳቦች መሰረት በማድረግ የማብራሪያ ጥያቄዎችን ሊጠይቅ ይችላል። ለምሳሌ በነፍሰጡር እናቶች ስብሰባ ላይ ስለማቆያ ክፍሎች የሚነሱ ሀሳቦችን በማስታወስ ማብራሪያ እንዲሰጡ ያድርግ።)</p>	

ለተሳትፎዎ እና መሳግናለን

15. Declaration

I the undersigned declare that this thesis is my original work in partial fulfillment of the requirement for degree of Master of Science in reproductive health.

Name: Zigiju Yehuala

Signature _____

Place of submission: Bahir Dar University College of Medicine and Health Sciences School of public health.

Date of submission _____

The thesis work has been submitted for examination with my/our approval as University advisor(s)

Advisor(s)	Signature	Date
<u>Dr. Amanu Aragaw</u>	-----	-----
<u>Mr. Mekonnen Melkie</u>	-----	-----

Name of examiner : Mr Melash Belachew (Ass professor and Mph inRH)

Signature _____ Date_____

Name of Department Head : Dr. Elenni Admassu (Ass professor and PhD)

Signature _____ Date_____

15. Declaration

I the undersigned declare that this thesis is my original work in partial fulfillment of the requirement for degree of Master of Science in reproductive health.

Name: Zigya Yehuala

Signature: [Signature]

Place of submission: Bahir Dar University College of Medicine and Health Sciences School of public health.

Date of submission: 13/12/14 E.C

The thesis work has been submitted for examination with my/our approval as University advisor(s)

Advisor(s)

Signature

Dr. Amanu Arzigew (Ass. Professor and PhD) Signature [Signature] Date 12/12/2014

Mr. Mekonnen Melkie (MPH/RH) Signature [Signature] Date 12/12/2014

Name of examiner: Mr. Melash Belachew (Ass. Professor and Mph in Rh)

Signature [Signature] Date 13/12/2014

Name of department head: Dr. Eleni Adomaki (Ass. Professor and PhD)

Signature [Signature] Date 13/12/2014 E.C

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Advisor(s) Dr. Amanu Aragaw (Ass. Professor and PhD) Signature [Signature] Date 12/12/2014

Mr. Mekonnen Melkie (MPH/RH) Signature [Signature] Date 12/12/2014

Name of examiner: Mr. Melash Belachew (Ass. Professor and Mph in Rh)

Signature [Signature] Date 13/12/2014

Name of department head: Dr. Eleni Admasu (Ass. Professor and PhD)

Signature [Signature] Date 13/12/2014-E.C

