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UTILIZATION OF PRINTED SOCIAL AND BEHAVIORAL CHANGE MATERIALS AND ASSOCIATED FACTORS AMONG HEALTH PROFESSIONS FOR PROVIDING HEALTH EDUCATION AT PUBLIC HOSPITALS IN BAHIR DAR CITY, NORTHWEST ETHIOPIA.

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BAHIR DAR UNIVERSITY

COLLEGE OF MEDICINE AND HEALTH SCIENCES

SCHOOL OF PUBLIC HEALTH

DEPARTMENT OF HEALTH PROMOTION AND

BEHAVIORAL SCIENCE

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A RESEARCH THESIS SUBMITTED TO DEPARTMENT OF HEALTH PROMOTION AND BEHAVIORAL SCIENCES, SCHOOL OF PUBLIC HEALTH, COLLEGE OF MEDICINE AND HEALTH SCIENCES BAHIR DAR UNIVERSITY FOR PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF PUBLIC HEALTH IN HEALTH PROMOTION

AUGUST, 2024

Bahir Dar, Ethiopia

BAHIR DAR UNIVERSITY

COLLEGE OF MEDICINE AND HEALTH SCIENCES

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UTILIZATION OF PRINTED SOCIAL AND BEHAVIOURAL CHANGE MATERIALS FOR PROVIDING HEALTH EDUCATION AND ASSOCIATED FACTORS AMONG HEALTH PROFESSIONS AT PUBLIC HOSPITAL IN BAHIR DAR CITY

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Acknowledgment

First of all, I would like to thank my Almighty God for keeping me in all aspects of my life and helping me in doing this research thesis. I would like to express my sincere and deepest gratitude to Bahir Dar university school of public health and department of health promotion instructors for the arrangement of the program to attend and for approval of this title to assess the utilization of printed social and behavioral change communication material for providing health education and associated factors.

Next, I would like to express my deepest appreciation and heartfelt thanks to my advisors Mr. Habtamu Wondiye (MPH, assistant professor) and Mr. Tadele Fentabil (MPH) for their constructive advice, unreserved support and for their insightful comments also.

Also I would like to thank Bahir Dar city public hospitals which provide me permission letter and for their facilitation and cooperation during data collection and providing all necessary information and documents related to the research. Lastly, but not the least my warm gratitude goes to data collectors, supervisors and study participants for their diligence and dedication in collecting and inputting a high-quality data used for the study.

Abstract

Background - Social and Behavior Change (SBC) plays a critical role in improving behavior and health outcomes across continues of healthcare and behavioral change. Communication plays a powerful role to addressing barriers and for shaping demand and adoption of preventive and promotive practices related to health.

Objectives: - To assess Utilization of printed social and Behavioral Change Material and associated Factors among Healthcare profession for providing health education at Bahir Dar city public Hospitals, Northwest Ethiopia, 2024.

Methods:-Facility based cross-sectional study was conducted on 402 health care professionals working in public hospitals at Bahir Dar city. Simple random sampling technique was used to collect data. By using Multivariable Logistic regression analysis utilization of printed SBC materials and associated factors was identified. Significant association was declared with AOR and 95% confidence interval at P-value less than 0.05.

Result: The prevalence of utilization printed SBC materials were 56% (95% CI: 51%, 61%). factors which associated with utilization of printed SBC material, Health professionals who age was 31-36 years was (AOR=3.13; 95% CI: 1.56, 6.26; P=0.001) and 37-45years was (AOR=2.94; 95% CI: 1.52, 6.69; P=0.001), work experience greater than five years was (AOR=3.87; 95% CI: 2.19,6.84 P=0.000), health professionals perceived that printed SBCC materials were understandable was (AOR=1.76; 95% CI: 1.04,2.98 P=0.036), good knowledge about SBC materials was was (AOR=6.29; 95% CI: 3.75, 10.6, P= 0.000) and positive attitude towards printed SBC (AOR=3.7; 95% CI: 1.86, 7.33; P=0.000) were found to be significantly associated with utilization of printed SBC materials for giving health education .

Conclusion:-The results of this study indicated that the utilization of printed SBC materials was which was low. Age, work experience, perceive printed SBC material were easily underdastable, knowledge and Attitude were identified as the factors for utilization of printed SBC materials. Therefore, government and non government organizations should do a lot to improve utization of printed SBC materials.

Key words: Printed material, SBC material, Health professionals

Abbreviations/Acronomys

AIDS……. Acquired Immune Deficiency Syndrome

ANC……Ante Natal Care

BCC……Behavioral Change Communication

C4D……Communication for development

EDHIS ……Ethiopia Demographic and Health Survey

ETB……Ethiopian birr

FHCSH…… Feleg Hiwot comprehensive specialized hospital

FP……Family Planning

HCPs…… Health Care Professions

HIV…… Human Immune Virus

HLMs…… Health learning materials

HP……..Health Professionals

IEC……. Information Education Communication

SBC……Social Behavioral Change

SBCC……...Social and Behavioral Change Communication

SPSS…… Statistical package for social sciences

TB……Tuberculosis

TGCSH…… Tibebe Ghion comprensive specialized hospital

TV ……Television

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1. INTRODUCTION

1. 1. Background

Social and behavioral change communication (SBC) is the systematic application of interactive, theory and research driven communication processes and strategies that address change at individual, community, and societal levels (1). It is essential for people's decision-making to achieve protective, promotive and sustaining their health. SBC is a framework that uses the strategies of advocacy, behavioural change communication (BCC) and community mobilization to influence both individual and societal change that positively impact the environment, support social equity, improve health and lead to sustainable development (1, 2, 3, 4, 5).

Social and behavioral change materials are teaching aids, which can be physically shown, manipulated and enhance health education processes. It used to make health education more purposeful and meaningful as supplementary multisensory and perceptual aids to learning. It shows real experience of the situation (1, 6, 7). SBC materials serve a variety of purposes. For promation which include educating patients, enhancing informed choices, formulating public health messages and improving relationships between health service provider to patient, improving newborn and maternal health, increasing the use of family planning. For prevetive which includes prevention of communicable and non-communicable diseases, mental illnesses, drug abuse, preventing HIV and AIDS, distress relief, and pain relief, which increasing patient satisfaction (4, 8, 9).

About 80% of the health problems in developing countries could be alleviated by well designed health education and health promotion. SBC is that addresses both social change and behavior change. Social change includes; changes in social order and institutions and norms while, behavior change includes; changes in human behavior. Printed health education materials also have been used to increase awareness, knowledge and attitudes of individuals. Familiar printed health education materials were posters, leaflets and flip charts. It can be found in a variety of places such as hospitals, public libraries, grocery stores, fire stations, schools, drug stores, local health departments(10).

Health professionals using health communication materials that make decisions about screening, diagnostics and treatment(11) and they developing appropriate printed SBC materials based on

behavior changes needed for each type of health crisis (12). Effective communication is critical to improving behavior and health outcomes across the continuum of care. It can be used to increase demand and uptake of services, and improve consistent long-term maintenance of behaviors(13). As global health projects, evaluation with in Ethiopia, Bangladesh and Liberia indicated that SBC had 58% change with in each country all over the system. in Ethiopia,13.5, 64.9% and 21.6%, in Bangildish 9.8, 33.64% and 25.5% and in Liberia 38.5, 41% and 20.5% had change in individual level, organization level and all over the system respectively(14). A different study conducted in different areas showed that different factors affect the use of IEC material; lack of knowledge, staff shortage, lack of time, lack of quality material, and language barrier, work experiences, worker belief in the importance of IEC materials, perceived understandability of the materials (9, 15).

As report show in SBC utilization for HVI/ADS indicated in Ugand HIV prevalence declines 21.1% to 9.7% in all ANC and to 6.4% in youth(16). Healthcare proffessions are responsible for providing health education to the community through the use of different types of health learning materials that the information is sufficient, effective, and positively impacts the quality care. (14, 17, .

The Ethiopian health policy gives high priority to IEC/Behavior Change Communication (BCC) in improving the health of the population. But Printed SBC materials were damp and wasted without being used at the study area and according to a study conducted at the national level on the utilization of printed SBC material was low. This had an impact on both health service delivery and resource utilization. Furthermore, many health managers identified printed SBCC materials utilization as one of the main issue for health education that need to be addressed in order to facilitate an effective health education program at the health facility level. Therefore, assessing the use of printed SBC materials is critical to the effective implementation of government policy as well as the efficient use of resources(1, 3, 19). So, this study aimed to assess the utilization of printed SBC materials, and associated factors among health professionals for health education in public hospitals of Bahir Dar city.

1.2. Statement of the problems

Globally public health are rooted in human behavior, all prevention and control efforts should be mindful of the social, cultural and behavioral factors that are facilitate prevention efforts (1, 3).

Social and behavioral change communication one of effective programs approaches that is evidence-based and theoretically supported and makes use of any opportunity health provider for effective communication(20, 21). Globally social and behavioral change Communication, whether through printed material, media, inter-personal channels, or digital platforms, is an essential tool for not only enhancing awareness of issues that directly impact them, but also persuading the change in attitudes, behaviors, policies, and other forms of decision-making at all levels (7, 22).

A study conducted in India revealed that SBC a component in national health programs, is affected by inadequate infrastructure and human resources, and poorly implemented. The scope of health communication activities in the district is limited to the distribution of IEC materials and conducting a few group meetings. The lack of integration and convergence of the IEC components within the programs is another identified gap(23). Patient education is a critical idea that helps to enhance the quality of care at lower costs and encourages people to establish preventive behaviors, take precautions to avoid health problems, and improve their self-care (19).

About 80% of the health problems in developing countries could be alleviated by well-designed(1, 2, 12). A number of negative outcomes occur due to ineffective communication and inappropriate utilization of health earning materials. For instance, About 40–80% of the medical information provided by healthcare practitioners is quickly forgotten. Furthermore, patients remember as little as 20% of the information given to them during a 5-minute consultation (24). Health education and promotion activities in the past 20 years of research in international public health have conclusively demonstrated that Information, Education and Communication interventions that are reflective and responsive to local cultures and conditions are far more effective to bring behavior change(2, 12) .

In Africa seven countries Printed health education materials pamphlets, brochures materials had a much narrower range of coverage(25).Communication between healthcare professionals and patients Primary health care profession given information ; physicians use newspaper (4%)(26) .Tanzania using SBC materials for nutrition and COVID-19 messages developed in audio, video and print formats effective behavioral change outcome developed(27). Many low and middle-income countries including Ethiopia are suffering from the double burden of communicable and non-communicable diseases the most essential component of primary health care to reach the

goal of “health for all” most of the health care providers have not utilized printed materials due to job burden, lack of knowledge about the importance of printed materials and a lack of training about printed SBC materials(24) .

The Federal Democratic Republic of Ethiopian health policy focuses on disease prevention rather than cure. SBC materials were chosen as the primary strategy for implementing this policy. In Ethiopia, about 80 % of health institutions develop one or more of printed health education materials, most of which are pamphlets and posters(20). The Study conducted among front-line healthcare system actors in Ethiopia: knowledge more than half (59.2%) of the participants scored below 60% of the sum score and had poor knowledge, one third (32.6%) of them had good knowledge (3).

The study conducted in north Shoa zone, Oromia region in central Ethiopia, 46 (16%) of health care providers did not know about printed IEC materials. Most of The study participants used IEC materials at the ANC, followed by the wards. One-third of the study participants did not utilize the IEC material due to the inaccessibility of the printed IEC material as well as due to the lack of appropriate printed IEC material(2). Another Studies conducts in oromia region poster and flip chart, lack of the materials was the main reason cited by 59 (60.8%) of non-users(12).

A Study conducted in Amhira region Gondar city Lack of health communication material was the main reason for non-utilization 35.6%, 13.80% health professionals read a newspaper at least once a week, Approximately two-thirds 67.10% of health professionals never read a newspaper at all(1). The non-use of the printed social and behavioral change communication materials have a critical impact on health service provisions such as antenatal care, family planning and immunization service. In particular, family planning and the provision of antenatal care services are difficult without SBC materials (2, 21) .

Printed Social and behavioral change materials are commonly thought to be an effective technique of achieving fundamental health education and promotion objectives such as raising public awareness, the quick reach of information, counteracting rumors/doubts and misconceptions, providing detailed facts, improving skills, communicating risks, supplementing messages presented verbally during interpersonal communications, reminding for key messages ,increasing retention, encouraging the target audience, increasing self-efficacy, building trust,

assisting community sensitization and mobilization and reducing costs, and ultimately bringing the desired behavioral change For instance, evidence showed that providing additional text information after consultations can increase retention by up to 50% which implies the relevance of health learning materials for effective communication(3, 6, 28).

Social and behavioral change material interventions Some barriers these include; Lack of awareness, motivation, skill and knowledge, lack of interests both health profession and patients, Language Barriers and lack of Appropriate Printed Materials (8, 24).Printed IEC materials are distributed for especially family planning and antenatal care unity but health care providers not use these materials(24).

Health communication materials are more likely available at primary health-care units (health post and health centers) than at hospitals and enhance the use of health-related messages. Hospitals mainly focus on clinical management, It is also important to remember that most IEC materials are not powerful enough by themselves to change behavior (1).Therefore, the aim of this study is to assess utilization of printed social behavioral change materials for providing health education among healthcare professions in Bahir Dar city public hospitals.

1.3. Significance of the study

This study is particularly important for public health facilities for identifying crucial programmatic areas for treatments, reducing complications by primary way to raise awareness and share information. The result will help working healthcare professionals improve communication between them, between health profssional and patients. Generally, use of communication matrials to change behaviors including service utilization and promote social change by positively influencing knowledge, attitudes, and social norms. It can help get clients to services by building individual and community support for health issues and related services, influencing norms and creating demand among intended clients. using of behavioral changes materials During service delivery, techniques can be used to enhance the client experience and devlope new behaviors are adopted by improving provider counseling and client support, follow-up and behavioral maintenance by building and maintaining linkages between communities and service providers ,and the results will be used as a starting point for future studies.

2. LITERATURE REVIEW

2.1 Overview of SBC Materials Utilization

SBC material are teaching aids that provide health-related information and instruction to a specified audience. It aid for preventative and promotive for health care. It combines strategies, approaches, and methods that enable people, families, organizations, and communities to actively participate in achieving, protecting, and maintaining their health.

2.2. Printed SBC Materials Utilization

As global health projects, evaluation in Ethiopia, Bangladesh and Liberia in SBC indicated that 58% had improvemet harvesting evaluation with in each country by using SBC. In this study individual behioural change was 13.5, 9.8, and 38.5 in Ethiopia, Bangladesh and Liberia respectively)(14). As study conducted in Southern African Development Community(16 member state) in nutrition SBC strategy state that utilization of Posters, Billboards and flip chart were 69.8%; 23.3%; and flip chartwere used by comminity health providers and mothers groups(29). The study conducted in India revealed around 72.5% of distric health office workers and only 14.4% of the health woerkers had used printed IEC materials(23). As research conducted in United Nation in utilization of SBC for nutrition specific interventions indicated that nutrition of both maternal and childhood improved and exclusive breast feeding also improved(30). As research conducted in Malawi revealed that health promotion officers had on average low capacity to plan, implement and evaluate SBC interventions(17).

As research conducted in Mozambique revealed that SBC is the use of communication to change behaviours by positively influencing knowledge, attitudes and social norms at the individual and community level(31). As study conducted in Nigeria in the use of print IEC materials for malaria prevention indicated that Flip Chart and posters utilization were 55.6% and 83.3% respectively(32). Another study conducted in Nigeria reported that community health workers are less likely to use information and communication technology for nutrition education(33). Study conducted in Ethiopia selected region knowledge of SBC indicated 59.2% of the participants is were utilization of printed IEC materials(3, 34).

North Shoa zone, Oromia region among health care providers indicated that around 83.6% of health professionals were used printed IEC material. Around half of study participants have

used posters, followed by flipchart, 16.4%. one-third (29%) of the study participants did not utilize the IEC material due to the inaccessibility of the printed IEC material as well as due to the lack of appropriate printed IEC material. (2).

Health learning materials utilization among health care professions that Audiovisual and printed HLMs such as posters, brochures, and leaflets COVID-19 HLMs were usually unavailable(21). Study conducted in Jimma Zone, Oromia National Regional State showed that only 68% of the health workkers had ever used printed IEC material. From those 80.5% and 65.3% of the were reported that they use poster and flip chart. Around 60.8% of non users main reason was lack of the materials, Among printed IEC materials poster was the most preferred touse which accounts 85.1% followed by leaflets 8.3% (12).

Oromia National Regional State 60.9% study participants used printed IEC material last month and 30% of the study participants always used posters, flip charts and leaflets. Of the study participants, 84% and 84% participants had heard about the IEC material and knew about printed IEC material respectively, Of the study participants 83.6%, 60.9% and 30% of respondents had ever used printed IEC material, used printed IEC material within the last month and used IEC material always respectively (2).Health learning materials utilization for COVID-19 among health workers in Arsi Zone, Ethiopia: Implication for response to pandemic health workers who utilize never, sometimes and always the materials were 39.6%, 22.1%, and 38.3%, respectively(21). A study was conducted in Gonder city among health professionals working at health-care institutions showed that approximately two-thirds 67.50% of the study participants ever used health communication materials(1).

2.3. Factors Associated with Utilization of SBC Material

Social and behavioral change (SBC) examines challenges from multiple sides by analyzing personal, societal, and environmental factors in order to find an effective way to achieve sustainable change and also employs strategies that influence the physical, socio-economic, and cultural environment to facilitate healthy(35).In different areas different factors affect the use of printed materials; age, sex, marital status, having sufficient time to provide health education, and perceiving the importance of IEC material to provide basic concepts, lack of knowledge, staff shortage, lack of quality material, and language barrier(1, 2, 3).

2.3.1. Socio Demographic Factors

In Ethiopia Four regions and one city administration among front-line healthcare system actors in Ethiopia indicated that Nurses had 9.71times more likely to use SBC other Frontline professionals (health officer, HEW), In this study male frontline health actors had 5.34 times more likely to use in SBCC than females. In this study health actors who had an experience of 8–11 years had 6.96 times more likely to use SBC interventions compared to those who had less than or equal to four years'(3). North Showa zone, Oromia region, Male participants were two times more likely to use printed IEC materials than female participants and The married study participants were 14 times more likely to use printed IEC material. In this research age between 25 and 30 years are 73% less likely to use printed IEC material than whose age was 37 and 45 (2).

In Jimma Zone, Oromia Regional State showed that participants who were nurse and laboratory technologist were 0.35 and 0.23 times less likely to use IEC materials than environmental Health experts respectively. On the other hand, graduates of private colleges were 10 times more likely to report utilization of IEC materials than graduates of government institutions. In this study participants who had a work experience of 3-5 years were 3.71 times more likely to use printed IEC materials than those who had worked for less than one year(12).

2.3.2 Institution Related Factors

Northwest Ethiopia indicated that resources availability, HCPs awareness, number of staff and health facility working hours had siginficcat effect on SBC utilization(10).

In Ethiopia selected region is 35.5% reported that they had taken at least one social and behavioral change or related health communication training in the last five years (3). Another study was conducted in Gonder city among health professionals working at health center is; availability of the materials and good knowledge about health communication materials than hospital (1). A study conducted in North Shoa Zone, Oromia, Ethiopia utilize printed IEC materials among healthcare showed availability of printed IEC materials, distribution of printed IEC material, perceived usefulness of printed IEC materials, and support from the non-government organization had significant influence to use it. In this study barriers to use printed

IEC materials were patients related factors, health care provider's related factors, and government-related factors (24).

2.3.3 Health Care Providers Related Factors

Nigeria revealed 84% of the study participants knew about printed IEC material and 16% of health care providers did not know about printed IEC materials(33). A study conducted in Ethiopia five regions (Oromia, Amhara, SNNPR, Gambella and Addis Ababa city) among front-line healthcare system actors in Ethiopia indicated that frontline health actors who had good knowledge of SBC had 9.82 times increased skill to use SBC than those with low knowledge(3). Study was conducted in health learning materials utilization for COVID-19 among health workers in Arsi Zone, Ethiopia: health workers who utilize never, sometimes and always the materials were 39.6%, 22.1%, and 38.3%(36).

North shoa that the most common reasons for not using printed IEC materials job overload and factors associated with utilizing printed IEC ,health care providers showed that participants who had sufficient time to provide health education were 1.5 times more likely to use printed IEC material (12). Another study conducted in the North Shoa zone, Oromia region, Ethiopia showed that health care workers who perceived that IEC material was important to provide basic information and sufficient time to provide health education were 2.5 and 1.5 times more likely to use IEC material than the counterpart respectively(2). A research studied in North Shoa Zone, Oromia, Ethiopia utilize printed IEC materials among healthcare showed health care provider's and patients related factors were main barriers to use printed IEC materials (24).

Gondar city, Amhara region, Ethiopia indicated health professionals(HP) from health centers were 3.60 times more likely to use SBC than those who were from the hospital health professionals. In this HP who had good knowledge about health communication materials were 2.69 times more likely to utilize health communication materials compared (1).

3. Conceptual Frame Work

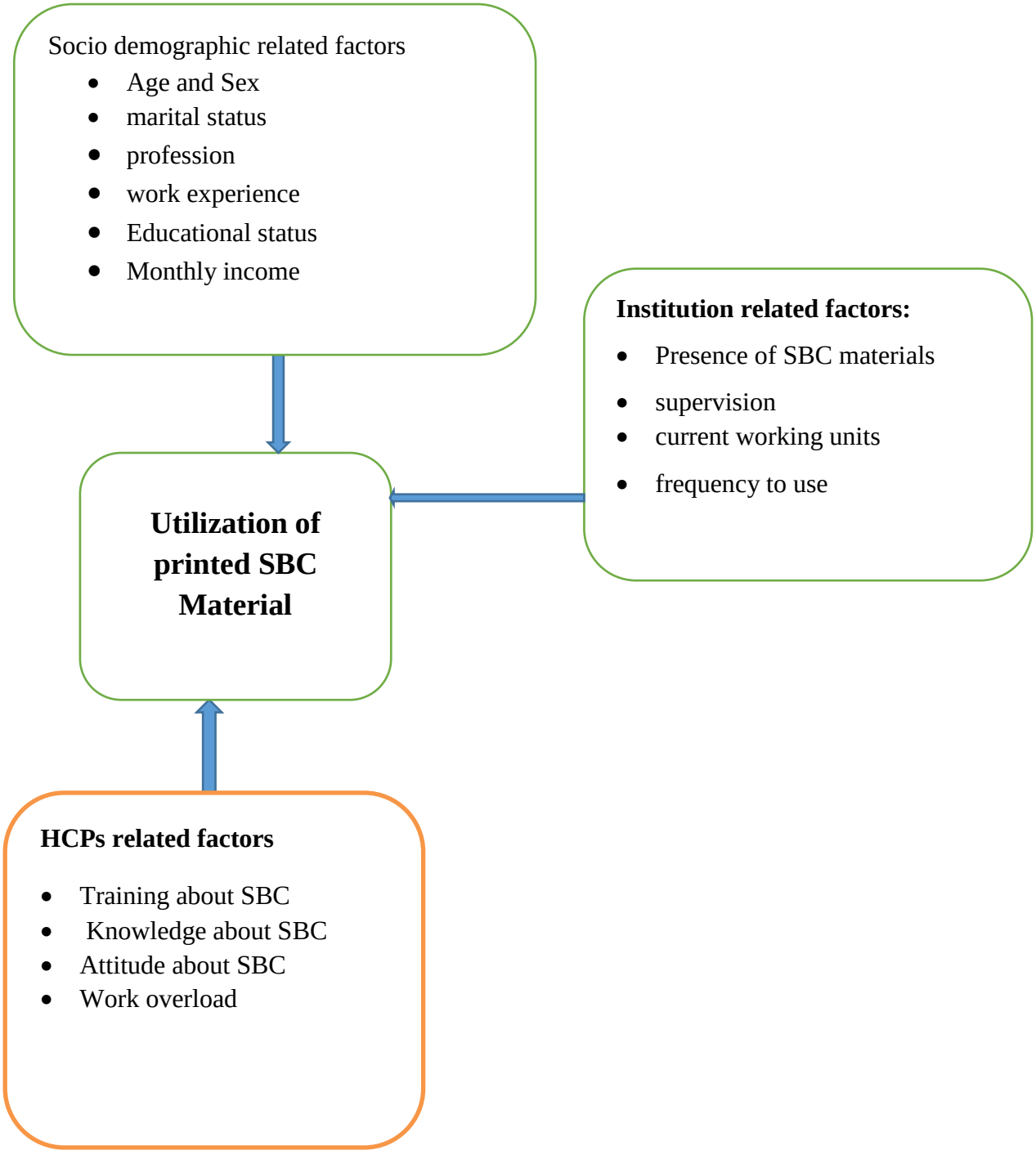

Figure 1. shows conceptual frameworks on factors associated with printed social and behavioral change communication utilization(1)

4. Objectives

4.1. General Objective

To assess utilization of Printed social and behavioral change materials for providing health education and associated factors among health care professions at public hospitals, in Bahir Dar City, Northwest Ethiopia, 2024.

4.2. Specific Objectives

To determine utilization of social and behavioral change materials for providing health education among health care professions at public hospitals, Bahir Dar City Northwest, Ethiopia 2024.

To identify associated factors of utilization of social and behavioral change materials for providing health education among health care professions at public hospitals, Bahir Dar City, Northwest Ethiopia 2024.

5. METHODS AND MATERIALS

5.1 Study Area and Period

The study was conducted in Bahir Dar city- a capital city of Amhara regional state of Ethiopia. It is located in North West Ethiopia, about 565 Kms far away from Addis Ababa capital city of Ethiopia. The city has three public hospitals (Felege Hiwot comprehensive specialized hospital (FHCRH), Tibebe Ghion compressive specialized hospital (TGCSH) and Addis Alem district hospital. There are 2079 health care professionals in public hospitals at Bahir Dar city. The health care's professionals will participate in the study are physician, nurses and midwifes. FHCRH have 643 health care professionals in three professions (429 nurses, 150 physicians and 64 midwives) with different educational backgrounds. TGSH have 529 health care professionals in three professions (296 nurses, 161 physician and 72 midwifes) with different educational backgrounds. Addis Alem district hospital have 84 health care professionals in three professions (42 nurses, 25 physician and 17 midwifes) with different educational backgrounds. The study was conducted from May1-30/2024.

5.2 Study Design

A facility-based cross-sectional study was conducted among health care professionals at public hospitals at Bahir Dar City in 2024.

5.3. Population

5.3.1. Source Population

Health professionals who were physician ,nurse and midwifes public hospitals at Bahir Dar City.

5.3.2. Study Population

All randomly selected are physician, nurses and midwife who are working at public hospitals in Bahir Dar City.

5.4 Eligibility Criteria

5.4.1 Inclusion Criteria

Physicians, nurses, and midwives who are currently practicing in healthcare settings and > 6-month experience.

5.4.2 Exclusion Criteria

Physicians, nurses, and midwives who less than six months of work experience, annual leave, and severely ill during data collection on sick leave during the study period those excluded from the study.

5.5. Sample Size Determination

The sample size is determined using a single population proportion formula with the assumptions considered were p (61.32 % proportion of front-line healthcare system who used Social and behavior change communication Competency, Ethiopia: (3)), 95% confidence interval, and 5% margin of error.

$$n = \frac{(Z\alpha/2)2\ P\ (1-P)}{W2}$$

$$n = \frac{(1.96)\ 2\times 0.61(1-0.61)}{(0.05)2}$$

$$n = 366$$

ni = initial sample size.

Z = standard normal value at 95% CI which is 1.96

P = proportion of front-line healthcare system who used Social and behavior change communication Competency, Ethiopia which is 0.61 D = possible margin of error tolerated which is 5%.

By considering 10% non-response rate the final sample size becomes 402 HCPs from public hospitals at Bahir Dar town will be included in the study.

Sample size calculate for objective two is calculate using EPI info version 7.2 by considering power=80%, CI =95%, the ration of un expected to exposed 1:1 and using 10% nonresponse rate

Table 1. Sample size calculation for the second objective

Study variables	AOR	Power	Outcome of non-exposed	Sample Size	Total sample size after adding 10% of nonresponse rate	References
Age(25-30)	0.268	80	33.9	116	128	(2)
Professional of the participants midwifes	0.31	80	39	126	137	(1)
Delivering health education	0.09	80	22.20	86	95	(1)
Professional of the participants Nursing	0.35	80	34.7	162	178	(12)

Since from the first objective sample size is taken as a final sample size because it's greater than the second objective sample size the final sample size is 402.

5.6. Sampling Procedure

The representative 402 samples was selected from the total of 1256 HCPs in three in Bahir Dar at three public hospitals(FHCSH, TGTH, Adisalem Hospital). The study units were determined from Bahir Dar city govermntal hospitals. List of all respective human resource profile of health professionals who are working in study area included was retrieved to calculate the proportional allocation of sample size in each hospials. The number of health professionals sample size were allocated to each hospitals determined by using proportional allocation to-health professional size. As result, in each hospitals, the numbers of estimated sample size were also allocated among health professionals by using proportional allocation based on professional number in

each profession. Then, health professional that participated in the study was identified from each profession by using computer generated, simple random sampling techniques

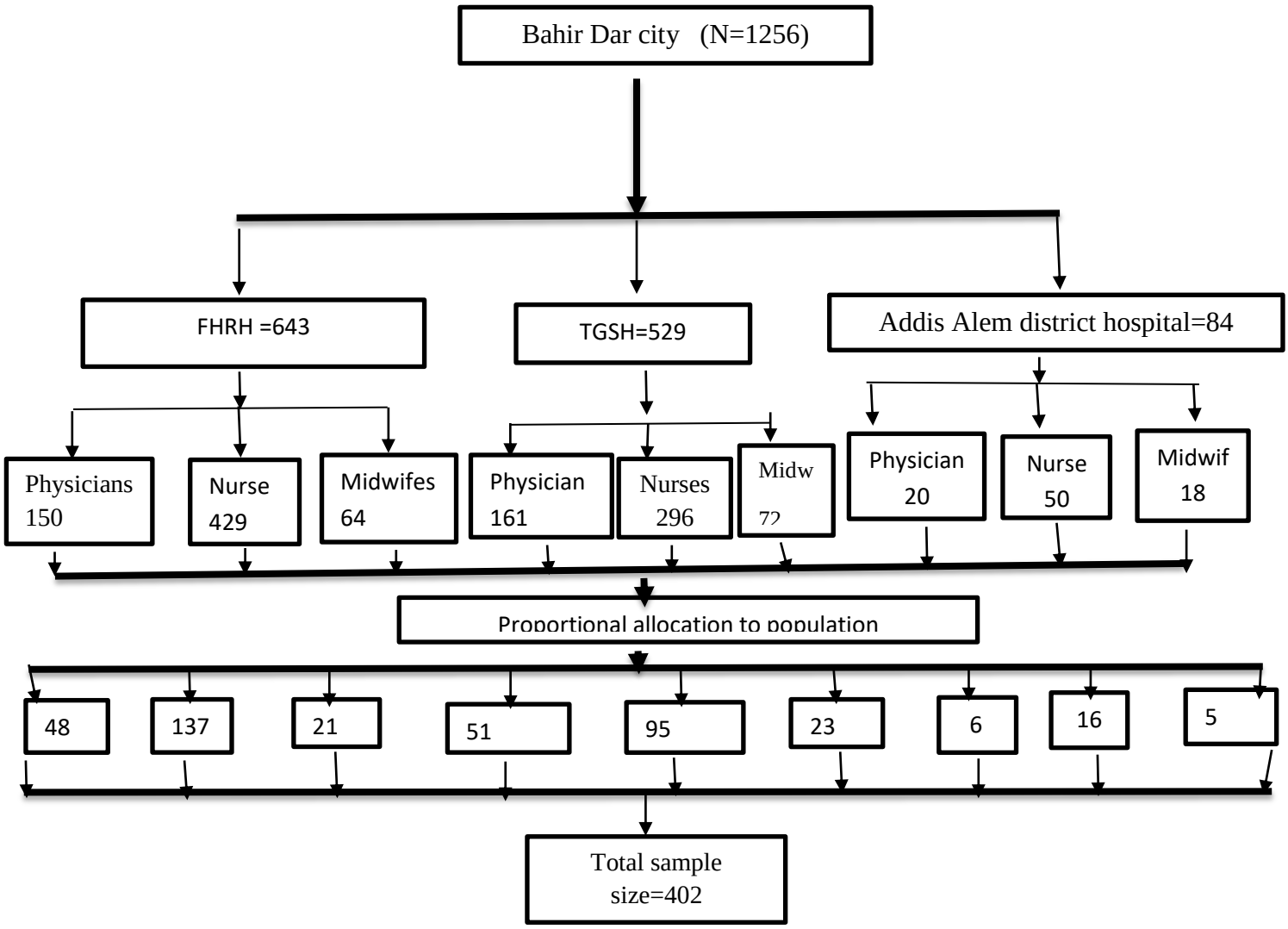

Figure 2. Schematic presentation of sampling procedure of HCPs public hospitals at Bahir Dar City, Ethiopia.

5.7. Study Variables

5.7.1 Dependent Variable

Utilization of printed social and behavioral change materials

5.7.2. Independent Variables

Socio-demographic characteristics and

- Age
- Sex
- Marital status
- Profession
- Work experience
- Educational status
- Monthly income

HCPs related factors

- Training about SBC
- Knowledge about SBC
- Attitude about SBC
- Work overload
- Perceived the printed material are necessary
- Perceived understandability of the materials

Institution related factors:

- Presence of SBC materials
- Supervision
- Current working units
- Frequency to use

5.8. Operational Definitions

Knowledge of SBC: Knowledge of SBC measures one's current cognition level around various of SBC program design, implementation, and evaluation. It was measured with 7 items. The composite score ranges from 0-7 and the higher score indicates higher knowledge of SBC among individuals. For descriptive statistics purpose the composite knowledge score was categorized using as poor knowledge (less 80%) and good knowledge (>=80%) (37).

Attitude:- health professionals beliefs and expectations about the various SBC printed materia and their five perceived attributes (strongly disagree, disagree, neither, agree, and strongly

agree.). Respondents whose score greater than or equal to mean value is considered as positive attitude and below mean value is considered as negative attitude (37).

Social and behavioral change materials: Refers to all materials used in overall health messaging including printed materials such as flipchart, posters, and leaflets use of health communication materials refer to all attempts (2).

Health professional: In the current study, health professionals include physician, nurses and midwifes(2).

Utilization of SBC materials; Assessed utilization of printed social and behavioral change communication materials which will be measured using one item and use Yes or No questions. The answer "Yes'' indicates that health professions utilize printed SBC materials while the answer" No" indicates; health professions not utilize printed SBC materials (1, 2).

Work load:-Assessment of health professionals response to their work load in their working units. The answer "Yes'' indicates that health professions has work load while the answer" No" indicates; health professions has no work load (38).

5.9. Data Collection Procedure

In this study self administer type of quantitative method was used to measure health professional's level of utilization printed SBC and associated factors in Bahir Dar city. structured and pre-tested English version questioner was used to collect data among three hospitals in Bahir Dar city. Three data collectors with BSc in public health officer and one supervisor with MSc was assigned. The principal investigator was give two day duration of training for data collectors and supervisor. The questionnaire was coded in numerical. The data collectors was asked to submit their collected data every day to their supervisor. The data's consistency and completeness are examined by the supervisors and pricpan investigator. To avoid discrepancies, any errors must be corrected right away in every day.

5.10. Data Collection Tools

Data collection developed after reviewing different literatures. The questionnaires was prepared in English language and translate to Amharic and check after retranslated into English the meaning of words and concepts. Pretest was conducted on 5% of the sample in Adet hospital

from out of study area but which have similar characteristics before one week of the actual data collection period. The ques`tionnaires consisted of socio demographic characteristics, institution related factors and health care providers related factors.

5.11 Data Processing and Analysis

Data were coded and entered in to Epi Data version 3.1 software and exported to SPSS version 25 for further analysis. Descriptive statistics were used to summarize the data in the form of frequency; cross-tabulation and proportions. Bi-variable and multivariable logistic regression analysis were carried out to identify the association between the dependent and independent variables. Variables with p-value < 0.25 in bi-variable logistic regression were used for multiple variable logistic regression. The p-value <0.05 and odds ratio with 95% CI were used to determine the significance and association between the independent variables and the dependent variable. Associations between outcome and exposure variables were described by adjusted odds ratio with a 95% confidence interval (CI).

5.12. Data Quality Assurance

The quality of data was controlled starting from the time of questionnaires preparations. The questionnaires was prepared in English and translated to Amharic. Finally, it was retranslated to English by other person to ensure consistency. The questionnaire was developed after reviewing different relevant literatures on the subject and revised before the main study to ensure reliability and validity,were conducted tool pretested on 21 health professionals in Adet hospital .Before actual data collection two days training about the aim of the study and the content of the instrument was given for data collectors and supervisor. After completing the training, trainees which did not belong to the study area but which have similar character to study area. Andambiguity question corrections were made on the questionnaire based on pretest result.

During data collection, supervisor and principal investigator were receiving questionnaires from data collectors and review for completeness, accuracy, missing or unclear information and consistency on daily bases. Data quality were kept after data collection during data entry and analysis, data were coded and entered in to Epi Data and exported to SPSS for analysis.

5.13. Ethical Considerations

Ethical clearance was obtained from the Ethical review board of Bahir Dar University College of Medicine and Health Sciences, School of Public health. Ethical approval was given with the litter and IRB numbers RDD/2046/2016;004/2024). Communication with the different institutions was made through formal letter obtained from university. Official permission was obtained from chief executive officers of hospitals. Individual written consent was -taken during data collection period after clarifying the purpose of the study. Confidentiality was assured for study participants during data collection.

5.14. Dissemination and Utilization of Result

The final report will be presented as partial fulfillment of the degree of Master of health promotion to School of Public Health, College of Medicine and health sciences, Bahir Dar University. This paper will be submitted to Bahir Dar University, school of public health, department of health promotion. Copies will be sent to the health institution, Amhara regional health Bureau. It was also disseminated through publication on local or international journals and presentation on scientific conferences and workshops.

6. Result

6.1. Socio-demographic Characteristic of Health Professionals

A total of 391 health professionals were participated in the study with a response rate of 97.3%. Of the total health professionals, the mean age of the study was 34.2±5.32years. Among the respondents, 278 (71.1%) were orthodox Christian and less than two third of participants 242 (61.1%) were married. More than half 234 (59.8%) of respondents had degree. In this study 243 (62.1%) and 277 (70.8%) of health professionals were nurse and had experience 1-5 years (Table 2).

Table 2. Socio-demographic characteristic of health professionals to assess utilization of printed SBC materials, and associated factors in Public hospitals of Bahir Dar city, Amhara regional state, Northwest Ethiopia, from May1-30/2024.

Variables	Characterized	Frequency	Percentage
Sex	Female	219	56.0
	Male	172	44.0
Age of the health professionals	25-30 years	86	22.0
	31-36 years	141	36.1
	37- 45 years	164	41.9
Religion	Orthodox	278	71.1
	Muslim	91	23.3
	Protestant	13	3.3
	Catholic	9	2.3
Marital status	Married	242	61.1
	Single	130	33.2
	Divorced	18	4.6
	Widowed	4	1.0
Educational status	Diploma	51	13.1
	Degree	280	71.6
	Master and above	60	15.3
Profession	Nurse	243	62.1

	Physician	99	25.3
	Midwife	49	12.5
	ANC	58	14.8
Current working units	In patient	213	54.5
	Out patient	120	30.7
Experience	6month-60 month	277	70.8
	>60moth	114	29.2
Monthly income	<5,000 birr	19	4.9
	5,000-10,000 birr	324	82.9
	>10,000birr	48	12.3
Current certificate organizations	Private	64	16.4
	Public	327	83.6

6.2. Health Professionals Related Factors for Utilization of Printed SBC Material

About 344(88%) of health professionals had working load in their working units. In this study around 252(64.5%) of participants had training about printed SBC. In this study health professionals who perceived printed SBC Materials and understandable were 245(62.5) and 259(66.2%) respectively. About 228(58.3%) and 322(82.4%) of health professionals had good knowledge and positive attitude for printed SBC materials respectively. In this study midwife health professionals were highly utilized printed materials than others which accounts 69.4% and nurse and physical were 63.6% and 50.2% respectively. About 219(56%) of health professionals use printed SBCC material for health education . In this study 219(56%) of health professionals use printed SBC material for health education (Table 3).

Table 3. Health professionals related factors to assess utilization of printed SBC materials and associated factors in Public hospitals of Bahir Dar city, Amhara regional state, Northwest Ethiopia, from May1-30/2024.

Variables	Characterized	Frequency	Percentage
Workload	Yes	344	88.0
	No	47	12.0
SBC training	Yes	252	64.5
	No	139	35.5
Perceived printed SBC matrial are essential	Yes	245	62.7
	No	146	37.3
Perceived printed SBC matrial are understandable	Yes	259	66.2
	No	132	33.8
Attitude	Good Attitude	322	82.4
	Poor attitude	69	17.6
Knowledge	Good knowledge	228	58.3
	Poor knowledge	163	41.7
Utilization of printed SBC matrial	Yes	219	56.0
	No	172	44.0

6.3. Knowledge and Attitude

In this study health professionals positive attitude was greater than health professionals good knowledge to use SBC printed material for providing health education.

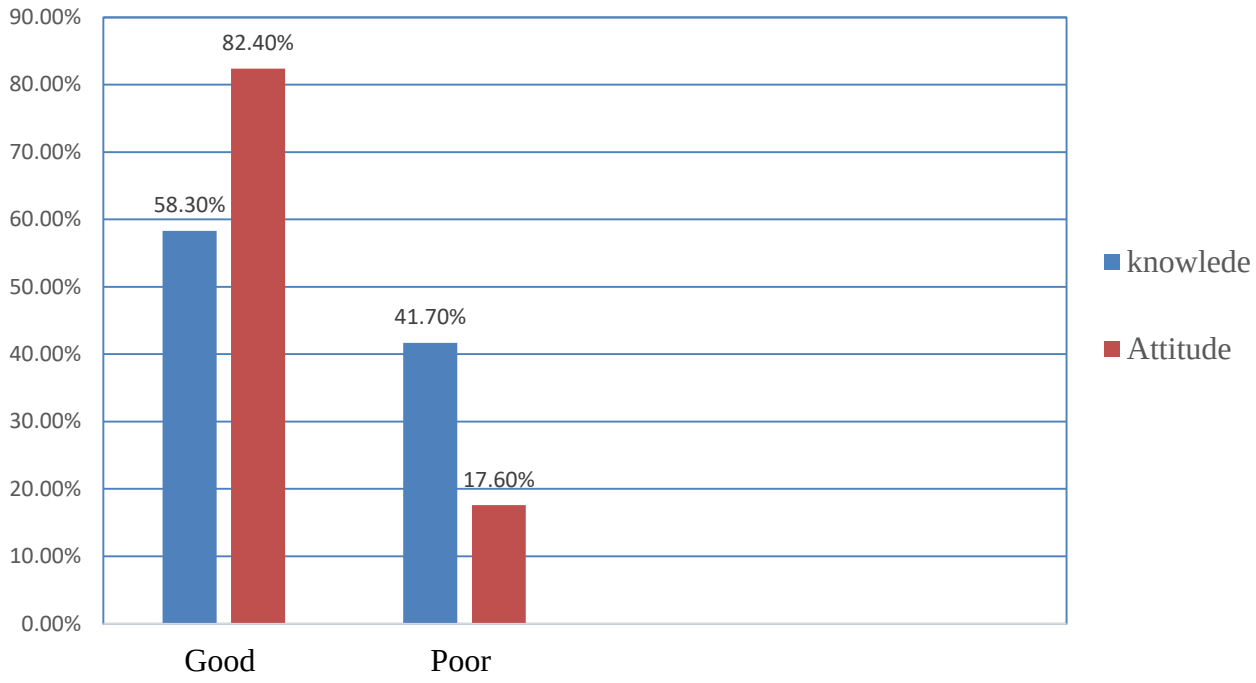

Figure 3. health professionals knowledge and attitude in public hospitals of Bahir Dar city, Amhara region, Northwest Ethiopia.

6.4. Printed SBCC Matrial Utilization

In this study utilization of printed matrail among health professionals in public hospitals in Bahir Dar city for health education was 56%.

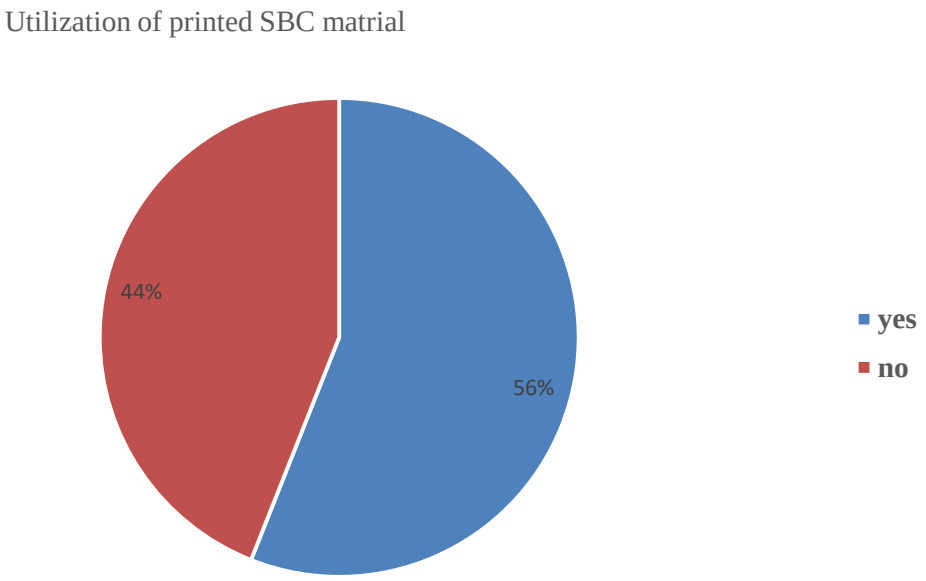

Figure 4. Utlization of printed SBC matrials among health professionals for health education in public hospitals of Bahir Dar city, Amhara region, Northwest Ethiopia.

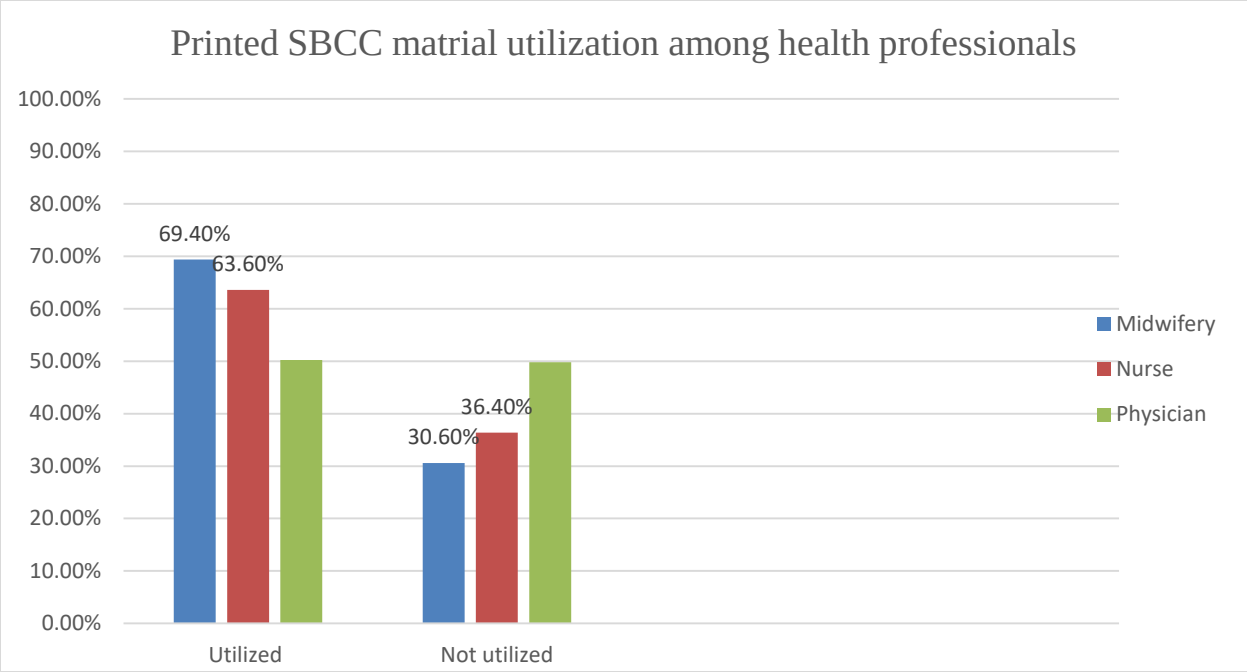

Figure 5. Utlization of printed SBCC matrial among each health professionals for health education in public hospitals of Bahir Dar city, Amhara region, Northwest Ethiopia.

6.5. Institution Related Factors

In this study 135(34.5%), 209(53.4%) and 149(38.1%) of common printed SBC msatrial were TB and HIV learning format, it commonly avail in out patient deparmnet and prepare in the from of poster. About 252(64.5%) of health professionals use printed SBC materials occationaly and 204(52.2%) of participants reason not using Printed SBC material was lack of appropriate printed materials (table 4).

Table 4. Institution related factors to assess utilization of printed SBC materials and associated factors in Public hospitals of Bahir Dar city, Amhara regional state, Northwest Ethiopia, from May1-30/2024.

Variables	Characterized	Frequency	Percentage
Commonly availabile printed SBC material	Communicable disease	233	59.6
	FP	83	21.2
	Non- communicable disease	75	19.2
Where working unit commonly printed SBC material avail.	Out patients	209	53.4
	ANC and FP	118	30.2
	In patients	64	16.4
Commonly used available printed SBC matrial	Poster	149	38.1
	Leaflet	141	36.1
	Flipchart	101	25.8
	others	-	-
Frequence of using Printed matrail	Always	67	17.1
	Occationally	252	64.5
	Never use	72	18.4
Reason not always using printed SBCC matrial	Unavailability	93	23.8
	Lack of appropriate material	204	52.2
	Time consuming	78	19.9
	Other reasons	16	4.1
Supervision on utilization of printed SBCC matrial	Yes	57	14.6
	No	230	58.8
	I dont know	104	26.6
Interst to use printed SBCC material in the future	Yes	336	85.9
	No	55	14.1

6.6. Factors Affecting the Utilization of Printed SBC Materials

Both bivariate and multivariable logistic regression analyses were done to identify factors associated with utilization of printed SBC materials. In Bivariable analysis: sex, age, educational status, work experience, training on printed SBC material, perceived printed SBC material were essential and understandable, work load, knowledge and attitude of health professionals about printed SBC matrial have an association with utilization of printed SBC matrial.

Varibles in the bivariable analysis with p value<0.25 were entered into multivariable logstic regression to identifay factors aassociated with utilization of printed SBC materials among Health professional. These variable(age, work experience, perceived printed SBC materials were understandable, knowledge and attitude) were significantly associated with utilization of printed SBC materials at P<0.05 and model fitness was check using Hosmer and Lemeshow test.

Health professionals whose age 31-36 years and37-45years were 3.13 and 2.94 times more likely to use printed SBC matrial than those who aged from 25-30 years (AOR=3.13; 95% CI: 1.56, 6.26; P=0.001) and (AOR=2.94; 95% CI: 1.52, 6.69; P=0.001) respectively. Health professionals who have work experience greater than 6o month were 3.87 times more likely to use printed SBC materials than those who have working experience 6month-60 ymonth (AOR=3.87; 95% CI: 2.19,6.84 P=0.000). In this study health professionals who perceived that printed SBC material were understandable was 1.76 times more likely to use printed SBC materials than its counter part (AOR=1.76; 95% CI: 1.04,2.98 P=0.036). Helth professionals who had good knowledge and positive attitude for utilization of printed SBC materials were (AOR=6.29; 95% CI: 3.75, 10.6, P= 0.000) and (AOR=3.7; 95% CI: 1.86, 7.33; P=0.000) time more likely to use printed SBC materials than their counterparts respectively.

Table 5. Multivariable logistic regression analysis of factors associated with utilization of printed SBC matrail among health professionals in govermental hospitals, Bahir Dar city, Northwest Ethiopia, 2024 (n=391).

Variables		Printed SBC utilization		Odd ratio		p- value
		Yes	No	COR With 95% CI	AOR With 95% CI	
Age						
	31-36 years	89	52	3.55(2.01- 6.25)	3.13(1.56-6.26)	0.001
	37-45 years	102	62	3.41(1.97-5.91)	2.94(1.52-5.69)	0.001
	25-30 years	28	58	1	1	
Experience						
	>60 month	178	99	3.2(2.03-5.04)	3.87(2.19-6.84	0.000
	6month-60 month	41	73	1	1	
Perceived understandable printed SBC material	Yes	168	91	2.93(1.9-4.52)	1.76(1.04-2.98)	0.036
	No	51	81	1	1	
Knowledge						
	Good	167	61	5.84(3.76-9.08)	6.29(3.75-10.6)	0.000
	Poor	52	111	1	1	
Attitude						
	Good	121	201	4.71(2.63-8.43)	3.7(1.86-7.33)	0.000
	Poor	18	51			

Note; 1= reference category *P< 0.05 significant, **P<0.01 highly significant, ***P<0.001 very highly significant. CI = Confidence Interval, COR = Crude Odds Ratio, AOR= Adjusted Odds.

7. Discussion

Utilization of printed SBC material aid in planning and successful implementation for treatment, diagnosis and prevention of health care (11). In this study about 56% (with 95% CI of 51% to 61%) of health professionals use printed SBC matrial for health care. This study similar was with a study conducted in North Shoa zone was 60.9% (2), in Ethiopia selected region was 59.2%(3), Nigeria was 55.6%(32), global health projects in Ethiopia, Bangladesh and Liberia in SBC indicated that 58% (14).

This finding is lower when compared to a studies conducted in Ethiopia (Gondar city was 67.5%(1), Jimma Zone in Oromia National Regional State was 68% (12), Southern African Development Community 69.8%(29), India among distric health office workers indicated was 72.5(23). This difference might be due to availability difference. In this study lack of appropriate materials was 52.2% (Table 4) but in study conducted in Godar city was 35.6% and in Jimma zone was 22.7%(12). If no availability of appropriate SBC matraisl there was no utilization(1).

This study was higer than a study conducted in Arsi Zone, Ethiopia was 38.3% (21), Southern African Development Community(16 member state) indicated Billboards utilization for nutrition was 23.3% (29), in India revealed among health workers was 14.4% (23). The possible justification for this inconsistency was due to a difference in study periods, area and study participants. The previous studies included health professionals working at the health centers and all health professionals but this study participants were heath professionals of nurse, midwifery and physician those had more contact with patient and refers different SBC materials to treat them. Health professionals who work in hospitals had treat critical patient and use as reference printed SBC materials than health professionals in health center(37).

Health professionals whose age 31-36 years and 37-45years were 3.13 and 2.94 times more likely to to use printed SBC matrial than those whose age was from 25-30 years. Aline with study conducted in North Showa zone, Oromia region, Ethiopia (2). The rational justification for this finding was that experienced healthcare providers prioritize all activities over inexperienced ones (2). In addition, experienced individuals more understand the importance of the printed SBC material. The federal Democratic Republic of Ethiopian health policy focuses on disease prevention rather than cure. As a result, SBC materials were chosen as the primary strategy for implementing this policy (2, 39).

Health professionals who have work experience greater than 60 month were 3.87 times more likely to use printed SBC materials than those who have working experience 6month-60month. This study inline with study conducted in Ethiopia, Jimma Zone (12) and Five regions (Oromia, Amhara, SNNPR, Gambella and Addis Ababa) (3). In this study health professionals who perceived that printed SBC material were understandable was 1.76 times more likely to use printed SBC materials than its counter part. This study supported by study conducted North Shoa zone, Oromia region (2) The rational explanation for this finding was that an individual who developed a positive attitude towards utilization of printed SBC materials important for providing health education was more likely to practice printed SBC materials at a higher level than an individual who developed a negative attitude toward printed SBC materials(2).

Helth professionals who had good knowledge about utilization of printed SBC materials were 6.29 time more likely to to use printed SBC materials than those who had poor knowledge. This study supported study conducted in study done in Ethiopia in Gonder city(1), five region of Eythiopia (3) and Mozambique (31). It is fact knowledge increase interest and attitude of health professionals to use printed SBC materials. Helth professionals who had positive attitude towards utilization of printed SBC materials were 3.7 time more likely to to use printed SBC materials than those their counter part. This similar to study conducted in Mozambique (31). The rational justification for this finding was that an individual who developed a positive attitude toward printed SBC materials important for providing health education was more likely to practice printed SBC materials at a higher level than an individual who developed a negative attitude toward printed SBC materials(40).

7.1 Strength and Limitations

- This study Other health proffesion ,private health facilities and public health center not included
- Recall and social desability bias
- The data were collected at one point in time making it difficult to establish causal relationships dependate and independate varables

8. Conclusion

The results of this study indicated that the utilization of printed SBC materials among nurse ,midwives and physians at Bahir Dar city public hospitals ,This finding indicates that a significant number of health professionals did not use printed SBC materials this could result in fragmented, inconsistent, duplicated messaging, which becomes a challenge to promote healthy lifestyles in the population. Age, work experience, perceive printed SBC material were easily underdastable, know printed knowledge and Attitude were identified as the factors for utilization of printed SBC materials. Therefore, coordinated efforts were required from the federal government, regional government, non-government organizations, the zonal health bureau, and health facilities.

9. Recommendation

Hospitals

- ✓ Hospitals should give more attention for health professionals whose age is less than 30 years and who had less than five years work experience to increase printed SBC matrial utilization for health education.
- ✓ Hospitals should provide training to improve health professionals perception, knowledge and attitude for utilization of printed SBC matraial to give health education.

Health Professionals

- ✓ Health professionals whose age is less than 30 years and who had less than five years work experience should learn/share work experiance, knowlage and attitudes from experienced ones.
- ✓ Health professionals give training and share informations to all new coming staffs about utilization of printed SBC materials for providing health education.

FMOH and RHB

- The FMOH with RHB should provide training to health professionals to increase their knowledge and attitude about utilization of printed SBC material for health education.
- In addition to that, the federal minister of health and regional health bureau should avail appropriate printed SBC materials for health facility.
- The regional health bureau, zonal health administration, woreda health office and the health facility should establish a strong relationship for distribution and collection of SBC materials for capacity building of health professionals by using printed SBC material.

NGO

- Non govermental organizations should participate on capacity building training and availing printed SBC materials to health professionals for the proper utilization/implementation of SBC materials.

Researchers

- A mixed study should be considered in the future to see how utilization of printed SBC materials have behavioral change both health professionals and their client.

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Annex I: English Version Questionnaire

I: Information Sheet

Title of the Research: utilization of printed social and behavioral change materials for providing health education and associated factors among health care professions at Bahir Dar City public hospitals, Northwest Ethiopia 2024.Facility -based cross-sectional study

Introduction: This information sheet is prepared for Bahir Dar public hospital. This form aims to make the above-concerned office clear about the purpose of research, data collection procedures and get permission to conduct the research.

Purpose of the Research Project: To assess utilization of Printed social and behavioral change materials for providing health education and associated factors among health care professions at Bahir Dar City public hospitals, Northwest Ethiopia 2024.

Procedure: To achieve the above objective, information that is necessary for the study will be taken from health care professions through structured self-administered questionnaire.

Benefits: The research may have no direct benefit for one who interviewed. But the indirect benefit of the research for the participant.

Confidentiality: The information collected will be kept in confidential and not be revealed to anyone except the investigator and the advisors.

Person to contact: This research project will be reviewed and approved by the institutional review board of BDU, College of Medicine and Health Sciences, School of public health. If you have any questions, you can contact the investigator with the following address.

Name of investigator: Birtukan Yibeltal

Phone: +251- 975112190 E-mail: ybirtukan12@gmail.com

Institution: BDU, College of Medicine and Health Sciences, School of public health, Department of health promotion and behavioral sciences.

II Consent Form

Hello! My name is _____From Bahir Dar University College of medicine and health Sciences, school of public health, Department of health promotion and behavioral science; I am here to collect data on utilization of printed social and behavioral change communication materials and its associated factors. The main part of the study involves collecting information from you on utilization social and behavioral change communication and other related questions. You were selected due to chance from the hospitals. We are requesting your permission to participate in an interview on issues to social and behavioral change communication utilization and its associated factors. This information will help the policy makers and other responsible bodies as background to improve the health of the community. We assure you that whatever information you provide will only be used for the purpose of this research and will not be made available to anyone outside of the research team. Your willingness and support to respond the interview is very much appreciated. We also assure that the interview process will not bring any harm to. It is also your right to withdraw any time from the process when your feeling is uncomfortable with it. The interview will last approximately 40 minutes. Your responses will be kept confidential. Please make (√) mark to indicate the respondents' decision regarding participation in the study.

PI (principal investigator) Name: Birtukan Yibltale, cell phone= 0975112190

E-mail=ybirtukan12@gmail.com

a) Agree _____ b) Disagree_____

Checked by supervisor: Name_____ Signature_____ Date_____

Result of interview: 1. Completed _____ 2. Incomplete _____

Thank you!!

S/N	I. Socio-demographic characteristics
1	Sex of the respondent 1. Male 2. Female
2	How old are you? ----------
3	What is your current marital status? 1. Single 2.married 3.divorced 4. Widowed
4	What is your monthly income in birr? ----------
5	What is your educational status? 1. Diploma 2. Degree 3. Master's degree 4. Specialty
6	What is your current Profession? 1. Physician 2. Nurse 3. Midwife
7	Work experience ---------
8	Which organization did you gate your current certificate form? 1. Public college 2. Private college

II. Health care professionals related factors

1.	Current working units 1. ANC 2. In patient 3. Out patient
2.	Is there work load in your working unit? 1. Yes 2. No
3.	Do you have traing about SBC matrial? 1. Yes 2. No
4.	Do you perceive printed SBC materials are essential? 1. Yes 2. No

5.	Do you perceive printed SBC materials are understandable Yes 2. No

III. Knowledge Related Questions towards Printed Social and behavioral change Materials

Directions: Questions multiple-choice questions. Choose the best answer and record only one response for each question

1	Do you heard about the term or concept of printed social and behavioral change Martials? 1. Yes 2. No
2	Do you know about printed social and behavioral change material? 1. Yes 2. No
3	You got training related to social and behavioral change martials? 1. Yes 2. No
4	Using of cultural appropriateness of printed social and behavioral change Materials to develop continue behavioral change? 1. Yes 2. No
5	Do you know social and behavioral change materials prepared based on strategic and process 1.Yes 2.No
6	Do you think printed social and behavioral change material is important to deliver for sensitive issues? 1. Yes 2. No
7	Do you perceive that printed social and behavioral change material is important to provide basic information? 1. Yes 2. No

IV. Institution related factors

1	Where is commonly availability of printed social and behavioral change material 1.TB and HIV 2. FP 3.Communicable disease 4.Non communicable disease
2	Which works unite commonly availability of printed social and behavioral change material? 1.ANC 2.In Patients 3.Out Patients 4.FP 5 TB and HIV
3	Which type of printed social and behavioral change material Commonly used? 1. Leaflet 2. Poster 3. Flipchart 4.Other specify
4	Which Reason for not using printed social and behavioral change Material? 1.unavailability 2. Lack of appropriate material 3. Time consuming 4. Other reasons
5	How often used printed social and behavioral change Material? 1. Always 2. Occasional 3. Never use
6	Is there supervision on utilization of printed SBC matrial in your working unit? 1.Yes 2. No 3 .I dont know

7	Intension to use printed social and behavioral change communication material in the future? 1. Yes 2. No

	V. Attitude of printed Social and behavioral change communication materials questions	1. Strongly disagree	2. Disagree	3. Neutral	4. Agree	5.Strongly Agree
1	Using printed social and behavioral change material is preventing Patients from diseases Complications?					
2	Using printed social and behavioral change material in patients will help to get job satisfaction?					
3	Using printed social and behavioral change material in patients will help to be happy?					
4	Using printed social and behavioral change material is important to provide basic information For patients?					
5	Using printed social and behavioral change material especially Poster, Flip charts and Leaflets Is important to provide basic information For patients?					
6	Using of printed social and behavioral change materials is important for community before The occurrence of emerging and reemerging disease?					
7	Using printed social and behavioral change material especially Poster, Flip charts and Leaflets Is important to address basic information for rural community?					
8	Perceived appropriateness printed social and					

	behavioral change material diagrams match With written information?					
9	Presence of training in printed social and behavioral change Material makes it easy to use it:					
10	Adequate monthly salary makes it easy for to use printed social and behavioral change martials in patients' education:					
11	Are there resources in your organizational to implement printed social and behavioral change Material?					
12	Availability enough Time make it easy to using printed social and behavioral change materials In patients education?					
13	Availability of enough human resource makes it easy to use printed social and behavioral change Material in patient's education?					

	VI. Utilization of printed Social and behavioral change communication questions
1	Always use printed social and behavioral change Material for provides patient education? 1.YSE 2.NO

Annex II: Amharic Version Questionnaire

ባህር ዳር ዩኒቨርሲቲ ሕክምና ናጤና ሳይንስ ኮሌጅ

የሄልዝ ፕሮሞሽን እና ስነ - ባህሪ ትምህርት ክፍል

የጥናት መጠይቅ

የጥናቱርዕስ=በባህርዳርከተማየህዝብሆስፒታሎችየሚስሩየጤናባለሙያዎቸየታተሙየማህበረሰብባህሪለ ዉጥማምጫቁሳቁሶችያላችዉግንዛቤ, ለመጠቀም ያላቸዉን ፍላጎት እና ተያያዥ ምክንያቶችን ለማጥናት ሲሆን በዚህ ጥናት በመሳተፍዎ እና በመተባበርዎ ቀጥተኛ ጥቅም ላይኖረው ይችላል። ነገር ግን በፕሮግራሙ ውስጥ ለተሳታፊየታተሙየማህበረሰብባህሪለዉጥማምጫቁሳቁሶች እና ለታካሚዎች ያለው የምርምር ቀጥተኛ ያልሆነ ጥቅም ግልጽነው. በጤና አጠባበቅ ባለሙያዎች ላይ እና የታካሚዎችን የትምህርት ልምዶች ለማሻሻል ጥቅም ላይ ይውላል። እንዲሁም ምክንያቶቹ ምትኩረት እንዲሰጣቸዉ ለማድረግ የተዘጋጀ መጠይቅ ሲሆን በመጠይቁ መሰረትም የእርስዎን ሃሳብ በመስጠት ትብብር እንዲያደርጉልኝ በትህትና እጠይቅዎታለሁ። ማነኛዉም ከእርስዎ የሚሰበሰበዉ ሃሳብ /መረጃ/ ስም እና አድራሻ አያካትትም፤ ለማንም አካል ተላልፎ እንደማይሰጥ ላረጋግጥልዎትም እወዳለሁ። እርስዎጥናትላይይሳተፈሉ

አዎ_____ አልሳተፍም_____

በጥናቱ ላይ ሃሳብ ወይም ጥያቄ ካለዎት ዋና አጥኝዉን በሚከተለዉ አድራሻ ማግኘት ይችላሉ፡

የአጥኝዋ ስም ፡- ብርቱካን ይበልጣል(**አድራሻ ስልክ** 0975112190 **ወይም ኢሜል** ybirtukan12@gmail.com)

መጠይቅ ክፍል 1፡ ግላዊ/የተሳታፊ ማንነት መጠየቂያ መጠይቅ

ለእያንዳንዱ ጥያቄዎች በመልሱ መስጫ ከተሰጡ አማራጮች አንዱን ይምረጡ

ተ.ቁ	I ጥያቄዎች	የተሳታፊ ምላሽ
1	ጸታ ምንድን ነው ?	1.ወንድ 2.ሴት
2	እድሜ ሀ/ሽ ስንትነው ?	_____
3	የጋብቻ ሁኔታምንድን ነው ?	1. ያገባ 2. ያላገባ3. የተፋታ 4.የሞተበት
4	የወረ ገቢ በብርስንትነው ?	____
5	የትምህርት ደረጃምንድን ነው ?	1. ዲፕሎማ 2. ዲግሪ 3. ሁለተኛ ዲግሪ 4.ሰፔሻሊሰት
6	የሙያው አይነት ምንድን ነው ?	1.ነርሰ 2.አዋላጀ ነርሰ 3. ሀኪም
7	የሰራ ልምድ ስንትነው ?	_____
8	የተመረቁበት ትምህርት ቤት ምንድን ነው ?	1.ከመንግስት 2.ከግል

መጠይቅ ክፍል 2

ተ.ቁ	II የጤና ባለሙያወች ላይ ያሉምክንያቶች ጥያቄዎች	የተሳታፊ ምላሽ
1	የተመረቁበት ትምህርት ቤት የት ነው ?	1.ከመንግስት 2. ከግል
2	አሁን ከሚስሩበት የሰራ ክፍል የሰራ ጫናአለ ?	1. አው 2. የለም
3	ስለ ማህበርስብ ባህር ለውጥ ማምጫ ቁሳቁሶች ወይም ተዛማጅነት ያለው ስልጥና ወስደዋል?	1. አወን 2. የለም
4	የማህበርስብ ባህር ለውጥ ማምጫ ቁሳቁሶች መጠቀምበጣምአስፍላጊነው?	1. አወን 2. የለም
5	የማህበርስብ ባህር ለውጥ ማምጫ ቁሳቁሶች በቀላሉ የምንረዳቸው ናቸው?	1. አወን 2. የለም

መጠይቅ ክፍል 3

ተ.ቁ	III የታተሙ የማህበረሰብ ባህሪ ለዉጥ ማምጫ ቁሳቁሶች ያላችዉ ግንዛቤ መመዘኛ ጥያቄወች	የተሳታፊ ምላሽ
1	የማህበረሰብ ባህር ለውጥ ማምጫ ቁሳቁሶች ሲባል ስምተዋል?	1 አወን 2 የለም
2	የማህበረሰብ ባህሪ ለውጥ ማምጫ ቁሳቁሶች ያውቃሉ?	1 አወን 2 የለም
3	ስለማህበረሰብ ባህር ለውጥ ማምጫ ቁሳቁሶች ወይም ተዛማጅነት ያለው ስልጥና ወስደዋል?	1 አወን 2 የለም
4	የማህበረሰብ ባህር ለውጥ ማምጫ ቁሳቁሶች የማህበርስቡን ባህል ያግናዘብ ከሆኑ ቀጣይነት ያለው የባህሪ ለውጥ ለማምጣት?	1 አወን 2 የለም
5	የማህበረሰብ ባህሪ ለውጥ ማምጫ ቁሳቁሶች ሲዘጋጁ የራሱ ሂደትና መመሬ እንዳለው ያውቃሉ?	1 አወን 2 የለም
6	የማህበረሰብ ባህሪ ለውጥ ማምጫ ቁሳቁሶች በጣም ወሳኝ ለሆኑ ነገሮች መጠቀም ጠቃሜታው አለው?	1 አወን 2 የለም
7	የማህበረሰብ ባህሪ ለውጥ ማምጫ ቁሳቁሶች ለበሽተኛው ጠቃሚ መረጃወችን ለማስተላለፍ ወሳኝ ነው ብለው ያምናሉ?	1 አወን 2 የለም

መጠይቅ ክፍል 4

ተ.ቁ	IV የጤና ተቋማት ላይ ያሉ ምክንያቶች ጥያቄዎች	የተሳታፊ ምላሽ
1	የታተሙ የማህበረሰብ ባህር ለውጥ ማምጫ ቁሳቁሶች በአብዛኛውበምን በሽታ የተዘጋጅ ናችው?	1. ቲቪ እና ኤች አይቪ 2. የቤተሰብ ምጣኔ 3. ተላላፊ በሽታወች 4. ተላላፊ ያልሆኑ በሽታዎች
2	የታተሙ የማህበረሰብ ባህሪ ለውጥ ማምጫ ቁሳቁሶች በአብዛኛው የትኛው ክፍሎች ይግኛሉ?	1. ነፍሰ-ጡር ክፍል 2. ተኝቶ ህክምና 3. ተመላላሽ ህክምና 4. የቤተሰብ ምጣኔ ክፍል 5. ቲቪ እና ኤች አይቪ

3	የታተሙ የማህበረሰብ ባህር ለውጥ ማምጫ ቁሳቁስ መንግዶች የሆነው የቱ ነው?	1. በራሪ ፅሁፍ 2. ፖስተር 3. ቻርት
4	የታተሙ የማህበረሰብ ባህሪ ለውጥ ማምጫ ቁሳቁሶች የማይጠቀሙቡት ምክንያት ምንድን ነው?	1. ቁሳቁሱ ባለመኖሩ 2. የቁሳቁስ እጥረት ስላለ 3. ግዜ ለመቆጠብ 4. ሌላ----------
5	የታተሙ የማህበረሰብ ባህሪ ለውጥ ማምጫ ቁሳቁሶች ስንት ግዜ ይጠቀማል?	1. ሁል ጊዜ 2. አልፎ አልፍ 3. ተጠቅሜ አላውቅም
6	በሚሰሩበት የስራ ቦታ የታተሙ የማህበረሰብ ባህሪ ለውጥ ማምጫ ቁሳቁሶች አጠቃቀም ይታያል?	1 አወን 2 የለም 3 አላውቅም
7	የታተሙ የማህበርስብ ባህሪ ለውጥ ማምጫ ቁሳቁሶች ለወደፊት ይጠቀማሉ?	1 አወን 2 የለም

መጠይቅ ክፍል 5

ተ.ቁ	**V የታተሙ የማህበረሰብ ባህሪ ለዉጥ ማምጫ ቁሳቁሶች አመለካከት መጠይቅ**	5 በጣምአልስማማም	4አልስማማም	3 ገለልተኛ	2እስማማለሁ	1.በጣምእስማማለሁ
1	በሽተኛውን ለማስተማር የታተሙ የማህበረሰብ ባህሪ ለዉጥ ማምጫ ቁሳቁሶች መጠቀም በሽተኛውን ከተጨማሪ በሽታ ይከላከላል?					
2	የታተመ የማህበረሰብ ባህሪ ለውጥ ማምጫ መጠቀም የስራ እርካታ አለው?					
3	የታተመ የማህበረሰብ ባህሪ ለውጥ ማምጫ መጠቀምዎ በሽተኛው ይደሰታል?					
4	የታተመ የማህበረሰብ ባህሪ ለውጥ ማምጫ መጠቀም ለበሽተኛው ጥቅም መረጃ ያስገኛል?					

5	ለድንገተኛና በፍጥነት ለሚሰራጩ በሽታዎች የታተመ የማህበረሰብ ባህሪ ለውጥ ማምጫ በሽታው ከመከሰቱ በፊት መጠቀም ለማህበረሰቡ ይጠቅማል?					
6	የታተሙ የባህሪ ለውጥ ማምጫ እንደ ፖስተር, በራሪ ፅሁፍ እና ቻርቶች መጠቀም ለበሽተኛው ጥሩ መረጃ መስጠት ይችላል?					
7	የታተሙ የባህሪ ለውጥ ማምጫ ቁሳቁሶች መጠቀም በተለይ ለገጠሩ ማህበረሰብ በቂ መረጃ ለማድረስ ተመራጭ ነው?					
8	የሚጠቀሙት የታተመ የማህበረሰብ ባህሪ ለውጥ ማምጫ ቁሳቁስ ስህሉና ፅሁፍ የተመሳስለ ወይም ተመሳሳይ ሀሳብ እና ይዘት ያለው ነው?					
9	ስለ የታተሙ የማህበረሰብ ባህሪ ለውጥ ማምጫ ቁሳቁሶች ስልጠና ቢኖረው ለመጠቀም ይቀላል?					
10	በቂ የሆነ የደመዎዝ ክፍያ ቢኖር የታተሙ የማህበረሰብ ባህሪ ለውጥ ማምጫ ቁሳቁሶችን በሽተኛውን ለማስተማር ይቀላል?					
11	በተቋሙ ውስጥ የታተሙ የማህበረሰብ ባህሪ ለውጥ ማምጫ ቁሳቁሶችን ለማዘጋጅት በቂ ግብአት አለው?					
12	በቂ ጊዜ ቢኖር የታተሙ የማህበረሰብ ባህሪ ለውጥ ማምጫ ቁሳቁሶችን ተጠቅሞ በሽተኛውን ለማስተማር ይቀላል ወይ?					
13	በቂ የሰው ሀይል ቢኖር የታተሙ የማህበረሰብ ባህሪ ለውጥ ማምጫ ቁሳቁሶችን ተጠቅሞ በሽተኛውን ለማስተማር ይቀላል?					

መጠይቅ ክፍል 6

ተ.ቁ	VI የታተሙ የማህበረሰብ ባህሪ ለዉጥ ማም ጫ ቁሳቁሶች አጠቃቀም ጥያቄ	የተሳታፊ ምላሽ
1	የማህበረሰብ ባህሪ ለውጥ ማምጫ ቁሳቁሶች ታማሚዉን ለማስተማር ይጠቀማሉ?	1. አወን 2. የለም

BAHIR DAR UNIVERSTY

COLLEGE OF MEDICINE AND HEALTH SCINES

SCHOOL OF PUBLIC HEALTH

DEPARTMENT OF HEALTH PROMOTION AND BEHVAIORAL

SCIENCE VI.

Declaration sheet

I, the undersigned, confirm that all sources and materials used in the thesis report have been appropriately acknowledged and that this is an original thesis on predictors of health literacy strategies among health professionals, application of the theory of planned behavior which has never been presented at this university or any other university. We here by certify that the thesis is accepted for fulfilling the requirements for the award of the degree of masters of MPH in health promotion.

Principal Investigator

Name: ----------

Signature: ----------

Date: ----------

APPROVAL SHEET

Approved by examiner review board

We, members of the examining board approved that this thesis is scientific and original that could contribute to scientific knowledge.

Examiners	Signature	Date
External Examiner ----------	----------	----------
Internal Examiner ----------	----------	----------

Advisors Name	**Signature**	**Date**
1. Habtamu Wondye (Assistant prof.)	_____	_____
2. Tadele Fentabil, (MPH)	_____	_____

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Principal Investigator

Name ---Birtukan Yibeltal---

Signature ---

Date ---10/10/2024---

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External Examiner ----------	----------	----------
Internal Examiner --Habtamu Wd.--	---	14/10/2024

Advisors Name	**Signature**	**Date**
1. Habtamu Wondye (Assistant prof.)		14/10/2024
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