LEVEL OF MALE PARTNER INVOLVEMENT AND ASSOCIATED FACTORS IN PREVENTION OF MOTHER TO CHILD TRANSMISSION OF HIV/AIDS SERVICES IN LEMO WOREDA, HADIYA ZONE, SOUTHERN ETHIOPIA, 2015

BY: DEGEFA TADELE BELATO (*BSc*)

A THESIS SUBMITED TO JIMMA UNIVERSITY,COLLEGE OF HEALTH SCIENCES ,DEPARTMENT OF EPIDEMIOLOGY IN PARTIAL FIFILMENT OF MASTERS DEGREE IN EPIDEMIOLOGY.

LEVEL OF MALE PARTNER INVOLVEMENT AND ASSOCIATED FACTORS IN PREVENTION OF MOTHER TO CHILD TRANSMISSION OF HIV/AIDS SERVICES IN LEMO WOREDA, SOUTHERN ETHIOPIA, 2015

BY: DEGEFA TADELE BELATO (*BSc*)

ADVISOR: 1.Dr.SAHILU ASSEGED (MD, MPH, Associated Professor)

2. Mr. HAILAY ABRHA (BSc, MPH)

June, 2015

Jimma, Ethiopia

Abstract

Background: Male partner involvement in prevention of mother to child transmition of Human Immunodeficiency Virus is potential to achieve virtual elimination of mother-to-child transmission of Human Immunodeficiency Virus. However, male partner involvement is very low in Ethiopia and it is one of the potential program gaps.

Objectives: To determine level of male partner involvement and associated factors in prevention of mother-to-child transmission of HIV/AIDS services among males in Lemo woreda, Hadiya zone, South Ethiopia, 2015.

Methods: A community based cross- sectional study design was conducted among males in Lemo woreda from March 15/2015 to 15/2015 April after ethical clearance obtained from responsible bodies. Totally 422 male partners were included in the study by using multistage stratified sampling technique. Data was collected by trained 8 data collectors using a structured and pre-tested questionnaire and analyzed using SPSS version 16.0. Bivariate and multivariable binary logistic regression analyses were used to identify the predictors of male partner involvement in PMTCT of HIV/AIDS services. The variables which had significant association at P value ≤ 0.05 were considered as predictors of male partner involvement in PMTCT of HIV/AIDS services.

Results: A total of 401 male partners of pregnant mothers had participated in the study making the response rate of 95%. Level of male partner involvement in PMTCT of HIV/AIDS service among participated male partners was 123(30.7%). Male partners' involvement in PMTCT services was significantly associated with level of education grade 1 to 4 (AOR=0.3, 95%CI: 0.1 - 0.9) and Grade 11 and higher (AOR=3.2, 95%CI: 1.5 - 6.6), average family monthly income less than or equal 1170 ETB (AOR=0.2, 95%CI: 0.1 - 0.4), low socio cultural factor influence(AOR =4.1, 95%CI: 2.28 - 7.34) , high knowledge (AOR =6.7 ,95%:3.7-1.1) and low service related factors influence (AOR=3.2,95%CI:1.8 - 5.6)

Conclusions & Recommendation: Male partners who had highly educated, high family monthly income, high knowledge, low socio cultural factors influence , low service related factor influence to involve in PMTCT services were more likely involved in PMTCT of HIV/AIDS services than their counter parts. Efforts should be made for information dissemination to both partners about PMTCT service.

Key words: Male Partner, Involvement, PMTCT, HIV/AID

Acknowledgement

First and for most I would like to thank the almighty God for everything .My special thanks go to my advisors Dr. Sahilu Asseged and Mr. Hailay Abrha for their continuous, unreserved and valuable advice throughout the preparation and completion of this thesis paper. I sincerely thank Jimma University, College of Health Sciences for this opportunity. I would like also to express my appreciation to Hadiya zone health department and Lemo woreda health office for their cooperation and assistance by giving relevant information. I would like to extend my thanks to my family for their support throughout this study.

At last, but not least, I would like to thank the data collectors, supervisors and participants of this study.

Table of Contents

List of Figures

List of Table

List of Abbreviations and Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal care
AOR	Adjusted Odds ratio
ARV	Antiretroviral
COR	Crude odds ratio
DBK	Amibicho Gode Kebele
EC	Ethiopian calendar
ETB	Ethiopian Birr
FMOH	Federal Ministry of Health
GC	Gregorian calendar
HCT	HIV Counseling and Testing
HIV	Human Immunodeficiency Virus
HK	Hayise kebele
JWK	Jawe kebele
KK	Kidihigisa kebele
Km	Kilo meter
LK	Lissana kename
LKK	Lissana kusa kebele
MBK	Masena bako kebele
MCH	Mother and child health
MPH	Master of public health
MsBK	Masibirra kebele
MTCT	Mother –to- child transmission
OR	Odds ratio
PMTCT	Prevention of mother –to- child transmission
SBK	Samen balesa kebele
SNNPR	Southern Nations Nationalities and Peoples Region
SOK	Shacha oroma kebele
SPSS	Statistical package for social science
SWK	Shurmo Wittbira kebele

UNAIDS	The joint United Nations Program on HIV/AIDS
UNICEF	United Nations Children's Fund
USA	United state of America
VCT	Voluntary counseling and testing
VIF	Variance inflation factor
WHO	World Health Organization

Chapter One: Introduction

1.1 Background

Mother to child transmission is the most common mode of HIV transmission in children which can be vertically transmitted from HIV positive pregnant women to their unborn babies during pregnancy, labor and delivery or through breastfeeding after delivery (1). Fortunately, the risk of prenatal transmission of HIV is below two percent with antiretroviral (ARV) treatments, safe delivery and safe infant feeding (2)**.**For this reason, antenatal care /prevention of mother to child transmission (ANC/PMTCT) is the opportunity to capture pregnant mothers and their male partners to prevent the transmission of HIV during pregnancy, labour and breast feeding(3). Ethiopia has initiated prevention of mother-to-child transmission (PMTCT) of HIV services in 2001 and Effectively addressing mother-to-child transmission of HIV requires a comprehensive approach that includes the following four strategic components:- primary prevention of HIV infection among women of childbearing age, preventing unintended pregnancies among women living with HIV, preventing HIV transmission from women living with HIV to their infants and providing appropriate treatment ,care and support to mothers living with HIV and their children and families (3).

Male partners involvement may increase adherence to PMTCT and its program outcomes(4) and it has been seen to increase uptake of PMTCT services and their involvement underscores their importance in reducing HIV infection in children (5).Also Greater uptake of PMTCT interventions and adherence to the feeding option of choice has been demonstrated with male partner involvement (6). Consequently, involving male partners in ANC/PMTCT is very crucial in the fight against transmission of the virus to children (7). Male partners involvement in PMTCT is also one promising strategy to further reduce HIV vertical transmission and improve infant survival (8).

There is low male involvement in PMTCT programme and still low access to early infant diagnosis (9). During pregnancy the HIV Transmission rate without Intervention, 5-10% ,During labour and delivery Transmission rate without intervention10-15% ,During breastfeeding Transmission rate without intervention 5-20%(10).

1.2 Statement of Problem

Male partners involvement in PMTCT has been recognized as a priority focus area to be strengthened in PMTCT but testing male partners for HIV in the context of preventing mother to-child transmission remains a challenge in most low and middle-income countries(10).
Acquired immune deficiency syndrome (AIDS) is caused by the human immunodeficiency Virus which weakens the immune system, making the body susceptible to secondary and opportunistic infections.

Human immunodeficiency virus (HIV) remains a major challenge globally despite decades of advocacy and investment in programs to control the spread of the virus (12).Globally, an estimated 35.3 million people were living with HIV/AIDS in 2012 (13). The number of newly infected children in 2012 was 260, 000 in low and middle-income countries (14). Nearly all of these children acquired HIV through Mother-to-Child Transmission and ninety percent of them live in sub-Saharan Africa (15). These figures indicate not only the magnitude of the problem, but also the fact that pediatric HIV infections are numerous and worrisome(15). Mother-to-child transmission of HIV is a main public health challenge for those Sub Saharan African countries because more than 90% of children living with HIV are infected through mother-to-child transmission during pregnancy, around the time of birth or through breastfeeding (16).HIV/AIDS mainly affects people of reproductive age and increasingly affects women (17).

In Ethiopia, mother-to-child transmission (MTCT) accounts for 95 percent of childhood HIV infections. It poses a significant threat to child health and survival (18). According to the 2011,Ethiopian demographic health survey , 1.5 percent of adults age 15-49 are infected with HIV in Ethiopia(11). In 2013, there were an estimated 793,700 people living with HIV including 200,300 children and the pediatric HIV population in Ethiopia are mostly older children who were vertically infected in earlier years when the coverage and effectiveness of PMTCT in the country was low (MTCT rates high), in 2013 ,163,800 HIV positive children were aged 5-14 year. There were approximately 45,200 AIDS related deaths in 2013 and about 898,400 AIDS orphans in the same year (2).In southern Ethiopia, Only 45% mothers brought their partner to HIV counseling and testing. Among these only 25% were tested and the HIV

prevalence was 6.5%. This can also increases the likelihood of HIV infection among the newborns (17).

MTCT of HIV is causing great social and economical problems by increasing the burden of orphans after the death of one or both parents due to AIDS(19).

In Ethiopia, In spite of increasing access to ANC and remarkable expansion of PMTCT sites, PMTCT coverage was still 55% but the national target is 76.0% in 2013 in(9) and the government work to reduce vertical transmission rate to <5% by 2015 (20). Lack of male partner involvement in PMTCT consequently undermines the potential benefits of antenatal HIV preventive efforts (21), thus representing a missed opportunity to effectively prevent vertical HIV transmission(22).However, the factors associated with poor male participation are not well known in Ethiopia and need to be investigated to help the country develop reasonable strategies to address this bottlenecks (23) .Lack of male involvement in PMTCT deprives women of their partners care and support in coping with HIV infection, in taking antiretroviral therapy and making appropriate infant feeding choices (25,26). Male involvement is said to be very low in many health facilities in Ethiopia and it is one of the potential program gaps unfavorably affecting PMTCT services uptake in the country (25).

In Lemo woreda , there is no clear evidence that could shows level of male partners involvement in the ANC/ PMTCT service. Thus, this study therefore was identify level of male involvement in PMTCT and factors which affect male involvement in PMTCT of HIV among males whose wives were attending ANC in previous six month before the study conducted in Lemo woreda, Hadiya Zone, Southern Ethiopia.

Chapter Two: Literature Review

2.1 Overview

Male partner involvement in PMTCT of HIV/AIDS affected in different factors in the literatures. Such factors which affect male partners involvement in PMTCT may be found in the literatures are grouped in to socio demographic factors, socio cultural factors, knowledge of male partners and service related factors. Barriers to male involvement in the PMTCT programme were related to both the poor health system, to socio-economic factors and to cultural factors(26).Many literatures are used in this study have been supplemented quantitative study design with qualitative study design at the same time to triangulate the findings but most of the literatures have been used only crude odd ratio to measure significance of association of the variables .

Most PMTCT programs in sub-Saharan Africa focus only on medical intervention, leaving out the others that address the social drivers of MTCT including primary prevention, male involvement, family planning and other reproductive health measures. PMTCT services continue to suffer from low counseling uptake and low testing proportions. HIV testing of men also remains challenging, with an estimated 6.1% of men in sub-Saharan Africa having ever been tested for HIV and receiving the results (27).One major factor that prevents some women from accepting HIV testing is the need to seek their partner consent(3).

2.2 Socio demographic and Socio economic factor to male partner to involve in PMTCT of HIV/AIDS services

In the study conducted in the Cameroon, those male partners who were employed in governmental organization were 2 more likely to get involved in PMTCT service than private employed(34) .In the other study conducted in the Addis Ababa ,those respondents who were self-employed and drivers were 3.1 times more likely to get involved in PMTCT service than private (AOR=3.10,95%CI:1.21-7.92)(28). Lack of adequate space in the antenatal clinics coupled with shortage of health workers and an increase in women attending antenatal care demotivate men from attending ANC with their spouses since they have to wait for a long time before they are attended to ANC/PMTCT(29). In the study which conducted in Easter Uganda only 4.7% men had attended ANC with their partners, but most of them ,97% out of provided financial support to their spouses to attend ANC and men who had had 8 or more years of

education were 2 times more likely to get involved in the PMTCT programme than those with less education(AOR=1.9,95%CI: 1.1-3.3 ; p≤0.05)(29).

2.3 Socio cultural factors influence to male Partners to involve in PMTCT of HIV/AIDS services

Men are decision makers in many of the African settings where PMTCT is offered (6).Traditionally in sub-Saharan Africa, support and care are seen as women's duty (30). Societal norms and cultural barriers were the leading identified barriers for male involvement in PMTCT programmers' (31).

In the study which conducted in South Africa , the barriers to male-partner testing during pregnancy were:- fear, guilt, and subsequent denial associated with a positive test result and lack of social expectation for a man to get tested during his partner's pregnancy (7).

Some of the reasons why male partners not accompany with pregnant women at ANC clinic mentioned by the respondents were:- pregnancy related services are considered as the task of pregnant women only, men's were not willing to go with us, fear of stigma & discrimination and fear of positive test result (32). In the study which conducted in the sub Saharan Africa ,barriers to male involvement in PMTCT, identified were fear of stigmatization and the belief that men should not participate in female reproductive health(33).

Another barrier is men's perception that he was viewed as jealous by the community if he comes to clinic with the pregnant wife (26,38).

2.4 Knowledge of male partners in PMTCT of HIV/AIDS services

Knowledge of the benefits of male involvement in PMTCT was a support for male involvement in PMTCT (34).Increasing knowledge of ways in which HIV can be transmitted from mother to child and of the fact that the risk of transmission can be reduced by using antiretroviral drugs is critical to reducing mother-to-child transmission (MTCT) of HIV(11). In knowledge's and awareness of male in PMTCT, the study conducted in Addis Ababa, Regarding the knowledge response of participants; 77% of them had high knowledge about PMTCT service (28).The participants who had high knowledge were 14% more likely to have high involvement in PMTCT services when compared to those who had low knowledge (AOR=0.14, 95%CI :0.06-0.35) (28). In the study which conducted in the Cameroon, more than 81% of respondents had heard of the PMTCT program (95%CI: 93.5-97.9%) (35).

About three-fourth of the respondents knew about the transmission and prevention of mother to child transmission of HIV (18).In another study which conducted in Addis Ababa, 97.7% and 84.7% respondents respectively knew that HIV is transmitted through unprotected sexual intercourse, contaminated sharps and needles, and blood transfusion but only 11.6% and 12.5% respondents erroneously believed that HIV could be transmitted through eating from the same plate and social kiss respectively(36) .only 22.2%, 59.3%, 15.7% and 39.8% of the 216 respondents were aware that risk of MTCT of HIV could be reduced by caesarean section, total avoidance of breastfeeding, exclusively breastfeeding for the first six months, and use of family planning methods for HIV infected couples respectively(36)**.**In the same study, 42%, 35.2% and 25.5% of the respondents were unaware that MTCT of HIV could occur during pregnancy, Labour &Delivery, and breastfeeding Respectively (36).In the study which conducted in Debremarkos town,two hundred eighteen (77.9%), 222 (81%)and 223 (81.4%) participants knew that MTCT of HIV could be during pregnancy, labor and delivery, and breast feeding respectively(46).In the same study, two thundered thirty six (86.8 %) of the respondents knew and heard about PMTCT services. In the study which conducted Addis Ababa three hospitals ,216(96.3%) and 88.4% of the respondents knew that HCT of pregnant women and male partner of pregnant women(36).Furthermore, 222 (81.0%) respondents knew services offered in government health facilities and 241 (80%) knew HIV counseling and testing (HCT) service was provided for pregnant women in ANC clinics(46) and In another study which conducted in Addis Ababa, Ethiopia ,Respectively, 42%, 35.2% and 25.5% of the 216 respondents were unaware that MTCT of HIV could occur during pregnancy, L&D, and breastfeeding(36)

2.5 Service related factor influence to male partners to involve in PMTCT of HIV/AIDS services

Programs' to prevent the mother-to-child transmission of HIV, delivered in the context of maternal, newborn and child health services, represent an important condition to provide information on HIV prevention to women of reproductive age(2). Couples testing and counseling in settings for preventing mother-to-child transmission is an important strategy for reaching male partners with HIV testing and counseling, helping HIV negative women and men remain negative and reducing the risk of transmission in serodiscordant couples (24).

In the study which conducted in the Cameroon male participation at ANC/PMTCT clinic was low (41.3%) (35).In the same study, radio and television were the main sources of information

on PMTCT (35). In South Africa and Uganda, distance, poor roads, undeveloped transport system and cost of getting to the hospital bar men from being involved in PMTCT since most of them have few resources to travel and live along distance from the clinic or hospital (37) .

In Uganda, charging user fee also prevent male partner from participating in PMTCT services due to financial problems (42) In the study which conducted in Addis Ababa, 25.2% of the reasons for poor male partner involvement in PMTCT were being busy (38).

Men, who frequently are in the paid work force, are often not in a position to spend virtually the entire day participating in ANC services(39). Other studies suggested, Weekend clinics hours, making clinics more male or couple friendly or introducing specific clinics for pregnant couples as effective ways to increase male involvement in PMTCT activities (40) .In the study conducted in Debremarkos town, only 151 (55.1%) of respondents had received an invitation to attend PMTCT by ANC clinics and 164 (56.9%) of respondents had heard an invitation through the media promoting male participation in PMTCT. Thirty three percent of the respondents agreed that providers did not request males to enter to MCH clinics, even if accompanying their partners(46).

In Uganda, men reported having been forced to wait an entire day for care at antenatal clinics, a heavy sacrifice for someone who needs to work to support his family. They were also excluded from the session where their wives were examined and had to wait outside without any information about what was happening to their pregnant wives. Furthermore, health workers mistreatment of the spouses made them feel uncomfortable and embarrassed (42)

2.6 Male partners involvement in PMTCT of HIV/AIDS Services

In male partner involvement in PMTCT, a couple has a chance to make informed decisions together on living positively with HIV, share responsibility for preventing HIV in the unborn child and they can discuss safer sex practices and make informed decisions to access care and treatment. Men partners can play an important role of supporting HIV positive pregnant women to get to clinics or hospitals where chances of safe delivery are higher, they can assist HIV positive pregnant women to choose safe infant feeding method (41). Poor communication between spouses on PMTCT has also contributed to low turnout of men in antenatal clinics in sub-Saharan Africa. Communication with partner plays a vital role in the uptake of HIV testing. In the study conducted in the Democratic Republic of Congo , male participation in PMTCT was

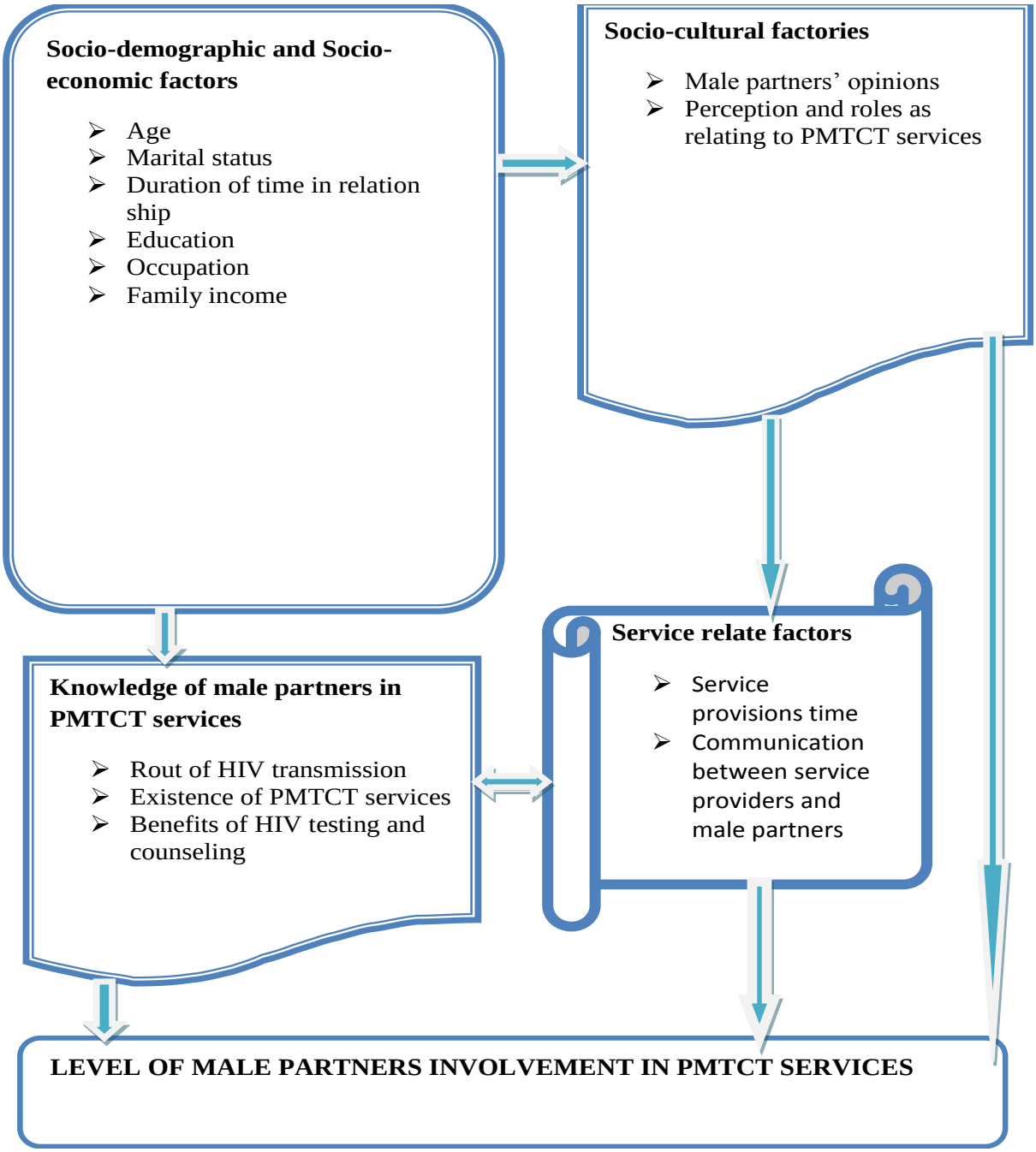
increased from 2% to 18% when men were invited to PMTCT services(42).Male partner involvement in PMTCT services is low in many sub-Saharan countries (43) .

A study which conducted inWolaita Zone revealed that only 5.1% women were accompanied by their male partners to the health canters for ANC or HIV testing, but 95.0% came alone or accompanied by relatives/friends (44).In the same study, 20.1% pregnant mother were accompanied by their male partner at the ANC/PMTCT (45). In the other study conducted in Addis Ababa , 39% of male partners had attended ANC with their partners. (28) .

In the study conducted in the Uganda only,4.7% (AOR=1.9 ,95%CI:1.1-3.2) of the men had attended ANC with their partners (29).In study conducted in Cameroon, More than two-thirds of the men (67.9%) responded that it was good to go to ANC visits with their wife. Of all men, 109 (43.3%) said that they had accompanied their wife at least one time (27).In the other study which conducted in Cameroon,39.8% male partners had come along with female partners for PMTCT during pregnancy(35).

In Debremarkos Town, 57.3% of the respondents did self-initiated discussion about HIV-testing with their partner and had supported ANC follow up for their partners by covering medical expenses 88.3%), 72.6% reminding follow up schedule and Out of respondents who had accompanying their partners to ANC 69.3% respondents were entered into ANC room together and only 54.7% were counseled and/or tested for HIV(46).In another study which conducted in Mekele, 20.1% of male partners who accompany their pregnant wives, 82.1% of them have been tested for HIV (45) .In another study which conducted in Eastern Go jam ,Ethiopia ,15.7% of pregnant women who were attend ANC clinic accompanied with male partners (32).Among male partners who accompany their pregnant wives, 82.1% of husbands who accompany their pregnant wives have tested and counseled for HIV in the current pregnancy of their wives at ANC or show their test results done elsewhere Pregnant mothers who know their sero status were less to bring their partner to the ANC/PMTCT clinic than those who didn't(45).In the some study which conducted in Mekele town Health facilities ,Ethiopia, Half 239(50.5%) of male partners arrange transport and provide financial support to their pregnant wives to go for ANC/PMTCT(45). In the study which conducted in the Cameroon, 64.7% of male partners provide financial support for their pregnant wives to go for ANC/PMTCT service (27).

2.7 Conceptual Framework



Source: Developed after reviewing different literatures

Figure 1: Conceptual frame work of male partner involvement in PMTCT o f HIV/AIDS services

2.8 Significance of the Study

The study findings expected to improve the uptake of PMTCT services, reduce maternal and child mortality and provide base line information for health program managers, policy makers, researchers and concerned non- governmental organizations to wards to reduce new HIV/AIDS infections by involving male partners in PMTCT of HIV/ AIDS service during pregnancy, delivery and breast feeding by using different mechanisms and may contribute for current our country national strategic plan achievement to eliminate new pediatric HIV /AIDS infection in ,2015 G.C.

Chapter Three: Objective

3.1 General Objective

To determine level of male partner involvement and associated factors in prevention of mother-to-child transmission of Human Immunodeficiency Virus services among males in Lemo Woreda, Southern Ethiopia, 2015

3.2 Specific Objectives

1. To determine level of male partner involvement in prevention of mother-to-child transmission of Human Immunodeficiency Virus services in lemo woreda.
2. To identify factors which affect male partners involvement in prevention of mother-to-child transmission of Human Immunodeficiency Virus services in lemo woreda.

Chapter Four: Method and Materials

4.1 Study Area and Period

The study was conducted in Lemo Woreda which is found in Hadiyna zone, south nation nationality people regional state. Lemo Woreda is one of eleven Woredas found in Hadiya zone and Located in south west of Ethiopia, which is 230 km far away from Addis Ababa, and 194 km from regional city of Hawassa and it shares boundary with Misha woreda and Site zone in north, Anilemo and Shashogo woreda in east, Soro woreda and Kembata Zone in south and, Soro woreda and Gomborra woreda in west. Administratively lemo woreda structured by two urban and thirty three rural kebeles. The total population of the Woreda based on 2007 G .C national census, projection for 2014/15 G .C is 148339,of this 73390 is male and 74950 is female and also 34563 is women in reproductive age group, 5133 is expected pregnancy and 4732 is under one year children. Based on the report from the woreda health office, 7 health centers, 33 rural and 2 urban health posts. In the Lemo Woreda the ANC& PMTCT service was provided in integrated way in the seven health centers. The study was conducted from March 15/2015 to April 15/2015 G .C.

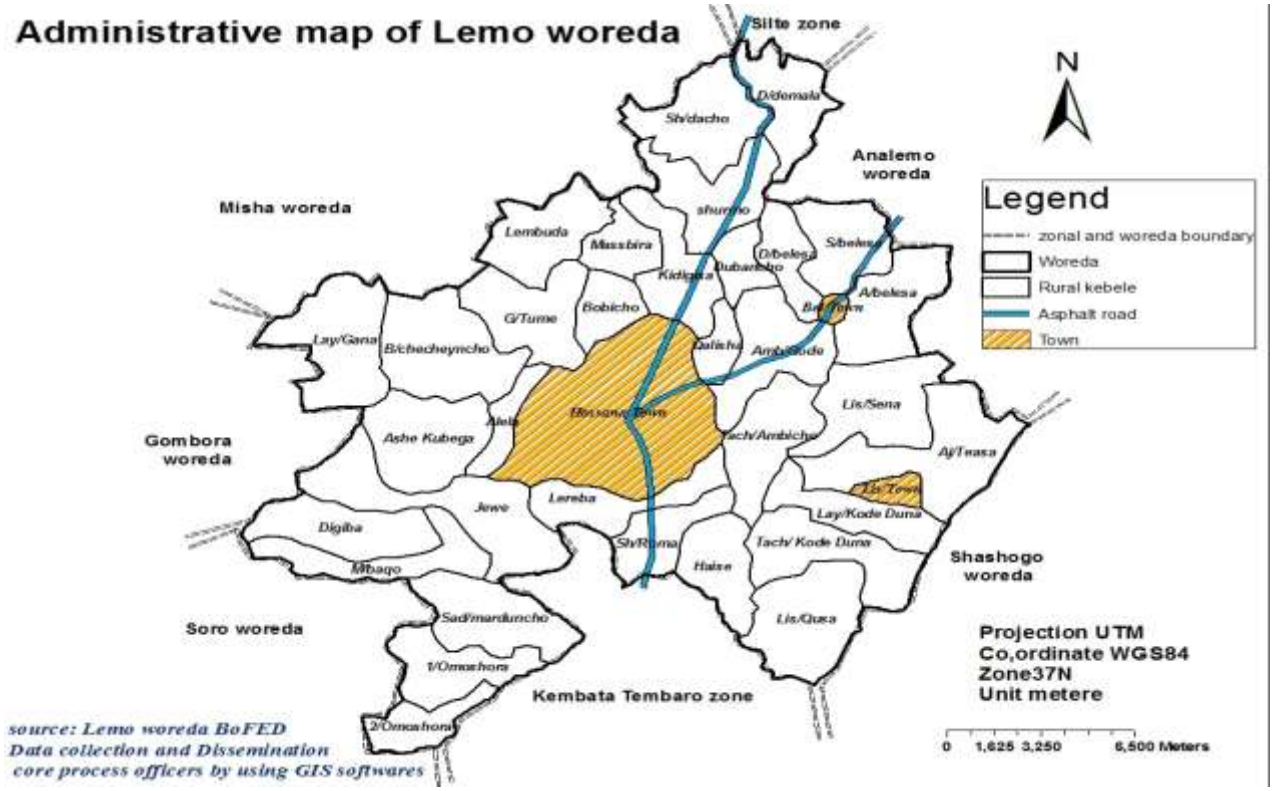


Figure 2 : Map of Lemo Woreda

4.2 Study Design

A community based cross- sectional study design was used

4.3 Source Population

All males whose wives or sexual partners were attending ANC service six month prior to the study in selected kebeles.

4.4 Study Population

Eligible males whose wives or sexual partners were attending ANC service six month prior to the study in selected kebeles

4.5 Eligibility Criteria

4.5.1 Inclusion Criteria

Males partners whose wives or sexual partners were attending ANC service six month prior to the study in selected kebeles who had registered in family folder.

The sero-status of the potential respondent or his female partner was not considered.

4.5.2 Exclusion Criteria

Male partners whose wife or sexual partners were attending ANC service six month prior to the study but who were lived out of selected kebeles during the study.

4.6 Sample Size Determination and Sampling Technique

4.6.1 Sample Size Determination

The sample size was calculated by using single population proportion formula by considering the following assumptions:-p = level of male partner involvement in PMTCT of HIV/AIDS services,

P=50% to get maximum sample since there were no similar studies which conducted in similar set ups of this study

$Z\alpha/2$ = at 95% confidence level = 1.96

d = the margin of error = 5%

Design effect (Deff) =2

n =the desired sample

$n = \frac{\left(z_{\frac{\alpha}{2}}\right)^2 p(1-q)\text{Deff}}{d^2}$ n= $(1.96)^2$x 0.5x 0.5× 2/ $(0.05)^2$= 768

Since the source population is less than 10000 the correction formula was used

$$nf = \frac{n}{1+\frac{n}{N}} = 384$$

N = Source population (727)

n=calculated sample size

n_f = adjusted sample size

By considering 10% of non-response rate and, final sample size was calculated to be 422 male partners.

4.6 .2 Sampling Technique

Multistage stratified sampling technique was used to select the study units. First, all the kebeles in the woreda was stratified in to urban and rural kebeles. Then 1 out of 2 urban kebeles and 10 out of 33 rural Kebeles was selected randomly. The number of male partners were proportionally allocated to size based on the average number of male partners whose pregnant mothers were attending ANC services in previous six months prior to the study was conducted which had reported by each kebele health post to the next level. Family folder in the health posts was used to identify households with eligible male partners by identifying the pregnant mothers who were attending ANC service six month prior to the study. Households with eligible male partners were identified and sampling frame was created based on house numbers. Finally computer generated simple random sampling method(by using software Excel and SPSS version 16.0) was employed to select and approach each male partners .

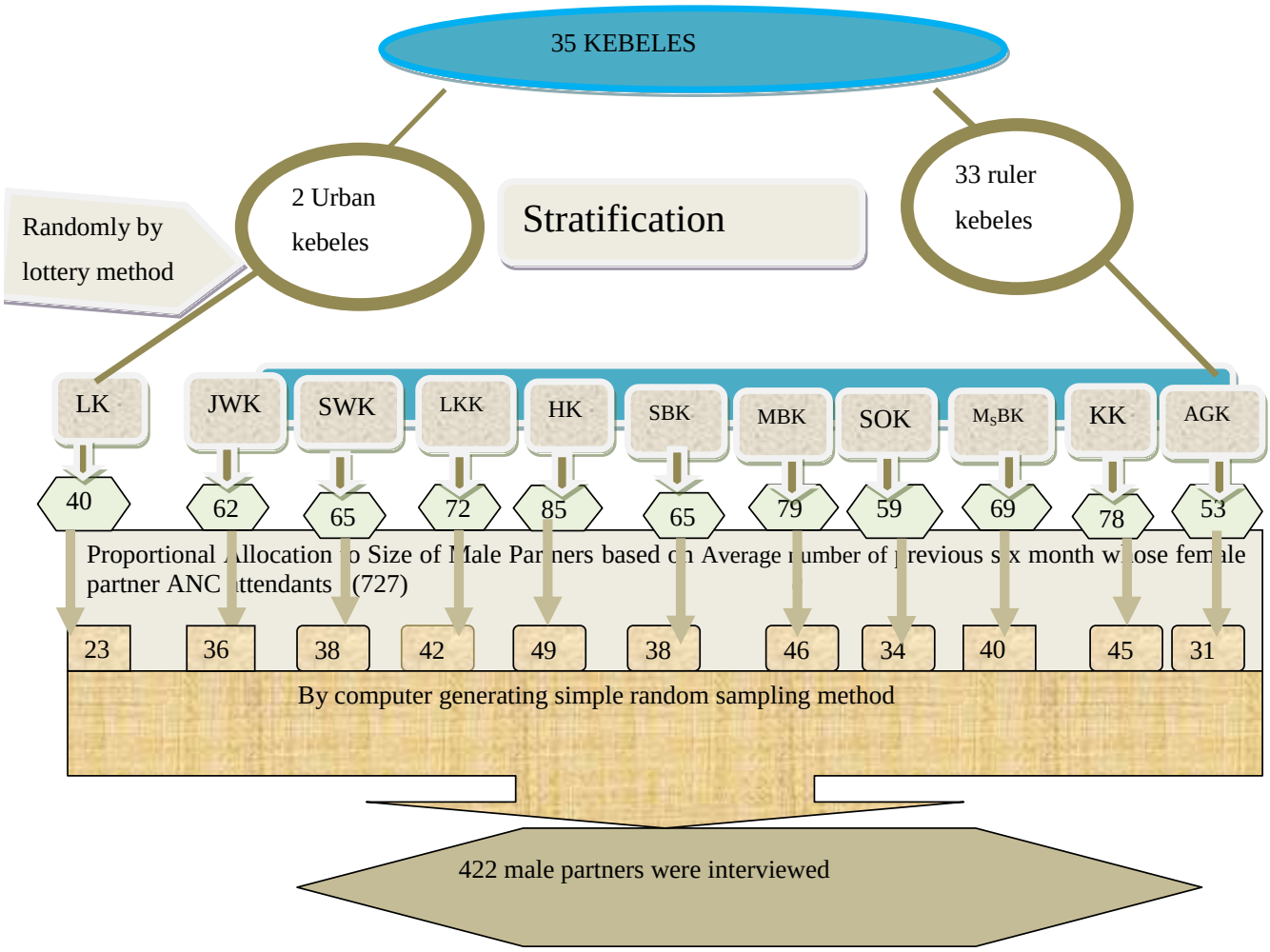


Figure 3 : Schematic presentation of sampling procedure

4.7 Study Variables

Dependent variable

Level of male partner involvement in PMTCT of HIV/AIDS services

Independent variables

Socio-demographic variables (Age, Residence, Religion, Level of Education, Occupation, Family monthly Income, Marital status, Ethnicity and Length of years in relationship)

Male partners' knowledge on PMTCT of HIV/AIDS services (Routes and time of HIV transmission during pregnancy, Benefits of HIV testing of pregnant mother and male partners and Existence of PMTCT services in health care institutions)

Socio-cultural factors influence which affects male involvement in PMTCT services

Male partners opinions on PMTCT services (Male's opinions and perceptions and role as relating to ANC/PMTCT PMTCT of HIV/AIDS service)

Service related factors influence which affects male involvement in PMTCT of HIV/AIDS services(Communication (sending invitations letters for male partners in order to attend ANC/PMTCT with their partners, invitations for males to attend ANC/PMTCT clinic, Services prevision time and Client and health worker relationship).

4 .8 Data Collection Tools

Data collection instrument were adapted from previous *similar studies* (28,46,47,36) . It was adapted in English and translates to Hadiyigna and Amharic by local language experts and re-translated back to English by other different local language experts to check the reliability of the instrument. The tool includes five sections such as Socio-demographic& socio-economic factors of the respondents (9 questions), Socio-cultural norms of the respondents (respondents were asked to give their opinion regarding 12 statements that assessed socio-cultural belief, using a Likert scale of five categories. For simplifying analysis, "strongly agree" and "agree" were grouped into "agreed", while "strongly disagree" and "disagree" were grouped into "disagreed" (36,46)), Knowledge of respondents in PMTCT services(19 items with yes ,no and I don't know response category), service related factors of PMTCT of HIV (respondents were asked to give their responses regarding 10 statements that assessed service related factors influence towards male partners involvement in PMTCT services , using a Likert scale of five categories. For

simplifying analysis, "strongly agree" and "agree" were grouped into "agreed", while "strongly disagree" and "disagree" were grouped into "disagreed" (36,46)) and Level of male involvement in PMTCT services (14 items with yes o no response category).Those who were responded seven and above male involvement items was recorded as "yes=1" and those who were responded less than seven items was recorded as "no=0"respondents' total score on male involvement was calculated by summing up the scores of 14 items designed to assess level of male involvement. All items had an equal weight of score 1. For all items except item 13, a score of 1 was given for "yes" responses for positive connotation and 0 (zero) for "no" or "uncertain" responses for negative connotation while for Item 13 a score of 1 was assigned for "no" response because of its negative connation and 0 (zero) for "yes" response.

Data collectors and supervisors were recruited from the health facilities of the study area. The training was given for eight diploma nurse data collectors and two Bsc holder supervisors for one day on data quality, data collection procedure, in ethical issue and confidentiality of information. Both data collectors and supervisors were speakers of both hadiyigna and Amharic and they had previous experience of data collection in different studies.

The questionnaire was pre-tested by taking on 21 male partners in Misha woreda which is located 18 Km far away from the study area to ensure the reliability of tools , with a population that has more or less similar socio-demographic characteristics with the people of the study area. The result of the pre-tested data was discussed with the team (data collectors, supervisories and principal investigator) and some modification on tools were made and refined. The pre-tested data was not included in the main data analysis.

4.9 Data Collection Procedures

Structured questionnaire was used to interview male partners whose pregnant mothers were attending ANC service six months prior to this study. Data collectors were interview male partners who had selected by computer generated simple random sampling method based on the data of family folder in each selected Kebeles. The data collectors and supervisors were used assigned house numbers and other available information's' from health extension workers to got the actual respondents and they were interview each selected male partners in each selected kebeles.

4.10 Data quality assurance

All the data for each respondent was checked for completeness and consistency by the principal investigator and supervisors in daily bases. Data was coded and entered to EpiData version 3.1 and exported to SPSS version 16.0 to further analysis. The data was verified using distribution to look into the range of values, identify missing data or possibly miscoded data in each observation after export to SPSS version 16.0

4.11 Data Analysis

The data was analyzed by using SPSS version 16.0 software. Descriptive analysis was carried out for each of the variables. Frequencies, proportion, and summary statistics were used to describe variables. Bivariate logistic regression analyses was used primarily to check crude association of independent variables with male partner involvement in PMTCT of HIV/AIDS service then variables found to have p -value <0.25 was entered in to Multivariable binary logistic regression for controlling the possible effect of confounders among independent variables. Adjusted odds ratio and corresponding 95% confidence intervals were used to quantify the degrees of association between dependent and independent variables. Results with p-value ≤ 0.05 were considered as predictors of the male partner involvement in PMTCT of HIV/AIDS services. The model fitness for the variables was assessed by Hosmer-Lemeshow Goodness of Fit test and the model was god fit and the multicollinearity between the independent variables was also checked by variance inflation factors (VIF). Finally the result was presented by text, tables and chart.

4.12 Ethical Consideration

The ethical clearance was obtained from Jimma University, College of Health Sciences ethical review board. Formal letter was written from the Ethical review committee of Jimma University to Hadiya Zone Health Department, then letter of permission was obtained from administrative bodies of the Hadiya Zonal Health Department to the Lemo woreda health office, further the Lemo woreda health office was written formal later to selected kebeles and health facilities. Finally written informed consent and oral consent was obtained from each study participants before conducting interview and confidentiality was secured. Confidentiality of the information also was assured and collected anonymously.

4.13 Dissemination of the Result

The findings of this study is presented to Jimma university, Collage of Health Sciences and Also the findings will be presented to other concerned bodies by using different opportunities like seminars and workshops. The findings will be distributed to Lemo woreda health office, Hadiya Zone health department, SNNRP Regional Health Bureau, for policy makers and Stakeholders who are concerned in maternal and child health related activities in hadiya Zone. Finally effort will be made for publication national and international journal.

4.14 Operational Definitions

Male partner: - Husband or cohabiting or regular sexual partner of pregnant women.

Regular sexual partner: - includes a spouse or sex partner who has cohabited (lived in) for twelve months or longer (25)

Traditional marriage: Marriage by cultural way only, without any formal registration.

Registered marriage: - Marriage occurred based on formal registration, it may include marriage by municipality which confirmed by different witness or certificate.

Level of male partners involvement in PMTCT of HIV/AIDS services: - dichotomized as low and high male partners involvement in PMTCT of HIV/AIDS service which was measured based on male involvement index information collected on 14 questions (36, 46).The index was constructed using fourteen items with equal weight. Respondents who responded a total of 7-14 items of positive response was considered as a 'high' male involvement and responded a total of 0-6 items of positive response was considered as 'low' male involvement in PMTCT services relative to this particular population . Those who were responded seven and above male involvement items was recorded as "yes=1" and those who were responded less than seven items was recorded as "no=0"(36, 46)

Knowledge of male partners in PMTCT of HIV/AIDS services: - items with equal weight with a scoring system was designed to assess the Knowledge of male partners in PMTCT of HIV/AIDS services, those who answered 60% and above of knowledge items correctly was taken as have high knowledge to PMTCT of HIV/AIDS services and who answered <60% of knowledge items correctly was taken as had low knowledge to PMTCT of HIV/AIDS services (28,48).

Socio-cultural factors influence:- Measured on 5 -point Likert's scale with 12 items , summed score above mean considered as had high socio-cultural influence towards male

partner involvement in PMTCT of HIV/AIDS services and below mean were considered as low socio cultural influence towards male partner involvement in PMTCT (28).

Service related factors influence:- Measured by summed score on 5 -point Likert's scale with 10 items, summed score above mean considered as had high service related factors influence and below mean considered as had low service related factors influence towards male involvement in PMTCT of HIV/AIDS service(28).

Chapter Five: Results

5.1 Socio-Demographic Characteristics

A total of 401 male partners of pregnant mothers had participated in the study making the response rate of 95%.One hundred seventy three (43.1%) of respondents belong to the age group below 34 years with median age of 35 years (IQR: 30–40 years).Regarding to the ethnic the predominant ethnic group 341(85%) was Hadiya followed by Kamibata 30(7.5%) while the dominant religion, 242(60.2%) was protestant followed by orthodox 85(21.2%). The majority, 378(94.4 %) of male partners were from the rural; the remaining 23(5.7%) of respondents were from the urban. With regard to occupation, 176 (68.8%) of the participants were farmers followed by merchants 75(18.7%) and the largest number of the respondents, 297(74.1%) had earned family monthly income above 1170 ETB.

Table 1: Showing Socio-demographic and economic characteristic of male partners' involvement in PMTCT of HIV/AIDS services in Lemo Woreda, Hadiya Zone, Southern Ethiopia, 2015.

Sociodemographic variables	Frequency(n=401)	Percent (%)
Residence		
Urban	23	5.7
Rural	378	94.3
Total	401	100
Age		
≤ 34 years	173	43.1
35-44 years	157	39.2
≥45 years	71	17.7
Total	401	100
Marital status		
Traditional married	371	92.5
Registered married	30	7.5
Total	401	100
Duration of living relationship		
< 5 years	143	35.7
5-10 years	132	32.9
>10 years	126	31.4
Total	401	100
Religion		
Protestant	242	60.3
Orthodox	85	21.2
Muslim	54	13.5
Others (Catholic and Adventist)	20	5.0
Total	401	100
Ethnicity		
Hadiya	341	85.0
Kamibata	30	7.5
Silte	16	4.0
Others(Amhara and Gurage)	14	3.5
Total	401	100
Educational		
Illiterate	18	4.5
Able to read and write	26	6.5
Grade 1-4	58	14.5
Grade 5-8	134	33.4
Grade 9-10	84	20.9
Grade 11 and higher	81	20.2
Total	401	100
Occupation		
Farmers	276	68.8
Governmental employees	36	9.0
Merchants	75	18.7
Daily laborers	14	3.5
Total	401	100
Monthly income		
≤1170 ETB	104	25.9
> 1170 ETB	297	74.1
Total	401	100

5.2 Socio-cultural factors influence to male involvement in PMTCT of HIV/AIDS services

One hundred thirty five (33.6%) of male partners were agreed that men should accompany their pregnant wives to ANC/PMTCT clinic and only 117(29.2%) of the respondent were approved that even if couples had believed they were faithful to each other, they should be tested for HIV together during ANC follow up for the sake of PMTCT services. Two hundred fifty seven (64.1%) of the respondents agreed that it was taboo men to have discuss with women about HIV testing during pregnancy, delivery and breastfeeding. 183(45.6%) of male partners agreed that it is better to postpone HIV testing to post delivery due to fear of stress during pregnancy and 252(62.8%) respondent approved that it is enough that a pregnant woman be accompanied to ANC clinic by less busy relatives or friends. One hundred ninety six (48.8%) male partners agreed that the maternal and child health clinics should focus only on the health care service of women and children excluding male partners and 174(43.4%) male partners decided that if the pregnant woman found HIV positive she should be divorced.

The overall socio-cultural factors influence towards to male partners' involvement in PMTCT of HIV/AIDS service were categorized based on mean of total sum score of each items. The mean of sum score of each items in socio-cultural factors were 36.13 (± 5.06 SD). Respondents' scores were categorized into two groups using the means (28). One hundred eighty (45.2%) male partners' response sum score of each items were found below mean of total sum score, they were categorized as had low socio cultural factors influence to involve in PMTCT of HIV/AIDS services and 218(54.8%) male partners response sum score of each items were found above mean of total sum score of each items in socio-cultural factors, they were categorized as they had high socio cultural factors influence to involve in PMTCT services of HIV/AIDS services.

Table 2: Male partners belief about socio cultural factors on level of male partners involvement in PMTCT of HIV/AIDS services in Lemo woreda ,Hadiya Zone ,Southern Ethiopia,2015 (n=401)

Items	Agree	Uncertain	Disagree	Total
	No. (%)	No. (%)	No. (%)	No. (%)
Men should accompany their pregnant wives to ANC/PMTCT clinic	135(33.6)	24(6)	241(60.00)	400(100)
A pregnant woman can be tested for HIV without permission of her husband	156(38.9)	23(5.7)	222(55.4)	401(100)
It is a taboo for men to discuss with women about HIV testing During pregnancy *	257(64.1)	19(4.7)	125(31.2)	401(100)
Even If couples believe they are faithful to each other, they should be tested for HIV together during ANC follow up for the sake of PMTCT	117(29.2)	18 (4.5)	266(66.3)	401(100)
It is suffice/enough that a pregnant woman be accompanied to ANC clinic by less busy relatives/family members*	252(62.8)	19(4.7)	129(32.1)	400(100)
An HIV test result of a pregnant woman indirectly confirms HIV status of her husband/partner*	195(48.6)	27(6.7)	179 (44.6)	401(100)
If a pregnant woman found to be HIV positive she should be divorced *	174(43.4)	16(4)	210(52.3)	400(100)
Couples can use condoms to reduce chances of mother to child transmission	215(53.6)	22(5.5)	164(40.9)	401(100)
It is better to live with unknown HIV status than live depressed with positive HIV status known*	219(54.8)	18(4.5)	162(40.4)	399(99.5)
A positive HIV test result of a female partner proves that she is unfaithful *	218(54.4)	16(4.0)	167(42.4)	401(100)
ANC/PMTCT clinics are give services for women and children only*	196(48.8)	15(3.7)	190(47.3)	401(100)
It is better to postpone HIV testing to post delivery as pregnancy by itself is stressful*	183(45.6)	19(4.7)	199(49.6)	401(100)

*=shows negative connotations (statements)

5.3 Male partners Knowledge in PMTCT of HIV/AIDS services

Three hundred forty seven (86.5%) male partners knew that HIV could be transmitted by an unprotected sexual intercourse. Almost half, (*50.4%) and (50.6%)* of male partners knew that MTCT of HIV could be during pregnancy and labor respectively and 169 (42.1%) of respondents approved that HIV could be transmitted during breastfeeding. One eight two (45%) male partners knew that HIV Counseling and Testing of pregnant women could reduce MTCT of HIV and 110(27.4%) male partners knew that HIV Counseling and Testing of male partners could reduce MTCT of HIV and 291 (72.6%) male partners knew that provision of ARV could reduce MTCT of HIV. About half, (49.6%) of male partners knew and heard about PMTCT services and almost half, (51.9%) of male partners knew that HIV counseling and testing service was provided for pregnant women in ANC clinics.

The overall level of knowledge of male partners in PMTCT services were categorized in two groups. Two hundred sixteen (53.9%) male partner were responded 60% and above correct answers from knowledge items and they were categorized as they had high knowledge in PMTCT of HIV/AIDS services and 185 (46.1%) male partners were responded bellow 60% correct answers from knowledge item, and they were categorized as they had low knowledge in PMTCT of HIV/AIDS services.

Table 3: Knowledge of male partners on prevention of mother-to-child transmission of HIV services in Lemo woreda, Hadiya zone, Southern Ethiopia, 2015(n=401)

Items	Yes	No	I do not Know	Total
	No. (%)	No. (%)	No. (%)	No. (%)
HIV transmitted through unprotected sexual intercourse	347(86.5)	50(12.5)	4(1.0)	401(100)
HIV transmitted through eating from the same plate	36(9.0)	362(90.3)	3(.7)	401(100)
HIV transmitted through contaminated sharp materials	338(84.3)	63(15.7)	-	401(100)
HIV transmitted through blood transfusion	244(60.8)	145(36.2)	11(2.7)	400(99.7)
HIV can be transmitted from mother to child	287(71.6)	109(27.2)	5(1.2)	401(100)
HIV can be transmitted from infected mother to child during pregnancy	202(50.4)	193(48.1)	6(1.5)	401(100)
HIV can be transmitted from infected mother to child during labor and delivery	203(50.6)	189(47.1)	9(2.2)	401(100)
HIV can be transmitted from infected mother to child while sleeping with baby on same bed	67(16.7)	330(82.3)	4(1.0)	401(100)
HIV can be transmitted from infected mother to child during breast feeding after birth	169(42.1)	223(55.6)	9(2.2)	401(100)
HIV counseling and testing for pregnant mothers helps to reduce mother to child transition of HIV	182(45.4)	209(52.1)	10(2.5)	401(100)
HIV counseling and testing for male partners helps to reduce mother to child transmition of HIV	110(27.4)	267(66.6)	23(5.7)	400(99.7)
Giving antiretroviral drugs to infected mother and baby	291(72.6)	104(25.9)	6(1.5)	401(100)
Delivery by cesarean section helps to reduce mother to child transition of HIV	141(35.2)	242(60.3)	18(4.5)	401(100)
Complete avoidance of breast feeding is one option to reduce mother to child transition of HIV	127(31.7)	258(64.3)	15(3.7)	400(100)
Exclusive breast feeding for first 6 months is one option to reduce mother to child transition of HIV	169(42.1)	222(55.4)	10(2.5)	401(100)
Using contraceptive methods by HIV positive couples is one option to reduce mother to child transition of HIV	147(36.7)	245(61.1)	9(2.2)	401(100)
Have you ever heard about a program called Prevention of Mother-To-Child Transmission (PMTCT) of HIV	199(49.6)	188(46.9)	14(3.5)	401(100)
PMTCT services are offered in all government health facilities	209(52.1)	182(45.4)	10(2.5)	401(100)
Pregnant women are counseled and tested at antenatal care clinic	208(51.9)	187(46.6)	6(1.5)	401(100)

5.4 Service related factors to male partners involvement in PMTCT of HIV/AIDS services

Two hundred nineteen (54.6%) male partners disproved that antenatal clinics should be opened on weekends and evening for men to attend ANC clinics with their partner and 72 (17.9%) of respondents were agreed that distance from health facility was major obstacle to have attend ANC/PMTCT clinic with their partners and also 214(53.4%) male partners disagreed that couple HIV counseling and testing for PMTCT should be conducted at villages.

Two hundred forty nine (62%) male partners agreed that there should be separate waiting areas for men and women visiting maternal and child health clinics and, 214 (53.4%) male partners approved that there should be a different exit for male and female partners after HIV testing to avoid being identified by the crowd waiting for service. Two third of the respondents (66%) agreed that service providers didn't request men to enter in to ANC room together with their partner and 79(19.7%) male partners agreed that health facilities did give men medical certificate of ANC attendance and invited verbally or in written for their attendance ANC clinic by the antenatal clinic respectively .

The overall of service related factors influence to male partners to involve in PMTCT of HIV/AIDS service were categorized based on mean of total sum score of each items. The mean of sum score of each items in service related factors were 32.6 (± 5.06 SD). Respondents' scores were categorized into two groups using the means (28). One hundred seventy nine (45.2%) male partners response sum score of each items were found below mean of total sum score and were categorized as they had low socio cultural factors influence towards to male partners involvement in PMTCT of HIV/AIDS services and 220(55.1%) male partners response sum score of each items were found above mean of total sum score of each items in socio-cultural factors and were categorized as they had high socio cultural factors influence towards to male partners involvement in PMTCT of HIV/AIDS services.

Table 4: Service related factors influence to male partner involvement in PMTCT of HIV/AIDS services in Lemo woreda ,Hadiya Zone ,Southern Ethiopia,2015 (n=401)

Items	Agree	Uncertain	Disagree	Total (%)
	No. (%)	No. (%)	No. (%)	No. (%)
Antenatal clinics should be opened on weekends and evening for men to attend the ANC clinics with their partner	147(36.6)	35(8.7)	219(54.6)	401(100)
Distance from health facility was major obstacle for you to attend ANC/PMTCT clinic with your partner	72(17.9)	22(5.5)	307(76.5)	401(100)
Couple HIV counseling and testing for PMTCT should be conducted at villages	154(38.4)	33(8.2)	214(53.4)	401(100)
There should be separate waiting areas for men and women visiting maternal and child health clinics	249(62)	40(10)	112(28)	401(100)
There should be a different exit after HIV testing to avoid being identified by the crowd waiting for service	227(56.6)	19(4.7)	155(38.7)	401(100)
From what you have observed or heard service providers don't request men in waiting area to enter in to ANC together with their partner	265(66)	30(7.5)	106(26.4)	401(100)
From what you have observed or heard health facilities do give men medical certificate of ANC attendance	30(7.5)	35(8.7)	336(83.7)	401(100)
As you have noticed health facilities inviting/promoting male participation in PMTCT through Mass media	61(15.2)	30(7.5)	309(77)	400(99.7)
As you have ever seen a sign board with picture or message promoting male participation in PMTCT at gate or in premise of any health facilities	77(19.2)	36(9)	288(71.8)	401(100)
If your partner had ANC follow up, have you been invited verbally or in written for your attendance by the antenatal clinic	79(19.7)	34(8.5)	287(71.6)	400(99.7

5.5 Level of male partners involvement in PMTCT of HIV/AIDS services

One hundred twenty four (30.9) male partners were support ANC follow up of their partners by arranging transport cost,122(30.4%) male partners were self- initiated to discuss about HIV-testing with their partner during pregnancy,125(31.2%) of male partners participated by reminding the follow up schedule and 117(29.2%) of male partners of accompanying the partner to ANC clinics at least once, out of accompanied ANC clinic with their partners only 61(15.2%) of male partners were enter in to ANC room together with their partner. Only one hundred eleven (28%) male partners were counseled and tested for HIV during their partners' pregnancy, out of counseled and tested only, 45(38.9%) of male partners were counseled and tested together with their female partner.

Three hundred eight male partners (76.8%) agreed to support the medical follow up of newborn until they were known HIV status while nearly two-third of the respondents 259 (64.6%) were confident of using a condom consistently in case of discordant HIV status but nearly one fourth of the male partners (24.4%) decided to discontinue conjugal or love relationship if their partners' HIV status were positive.

Table 5 : Level of male partner involvement in PMTCT of HIV/AIDS services in Lemo Woreda, Hadiya Zone, Southern Ethiopia, 2015(n=401)

Items	Yes	No	I don't know	Total
	No. (%)	No. (%)	No. (%)	No. (%)
Self initiated discuss on importance of PMTCT service with your wife during this pregnancy	122(30.4)	239(59.6)	40(10.0)	401(100)
Requested your wife to be tested for HIV during this pregnancy	71(17.7)	311(77.6)	19(4.7)	401(100)
Asked her what information/service she got at ANC clinic	131(32.7)	259(64.6)	11(2.7)	401(100)
Reminded your partner ANC follow up schedule	125(31.2)	235(58.6)	41(10.2)	401(100)
Arranging transport cost /other support to your wife /partner in the ANC follow up of this pregnancy	124(30.9)	268(66.8)	9(2.2)	399(99.7)
Did you accompany her to ANC clinic at least once during this pregnancy	117(29.2)	250(62.3)	34(8.5)	401(100)
If you accompany ,did you enter in to ANC room together with your wife	61(15.2)	51(12.7)	5(1.2)	117(29.2)
HIV test and counseling for HIV during your wife/partner pregnancy	111(28.0)	285(72.0)	-	396(98.7)
were you counseled and tested together with your partner	45(40.5)	66(59.5)	-	111(28.2)
will you confide in your female partner if your test result is positive for HIV	273(68.1)	104(25.9)	24(6.0)	401(100)
If your female partner gives consent for HIV test and tests positive, will you accept that she and the newborn take ARVs for PMTCT	296(73.8)	91(22.7)	14(3.5)	401(100)
would you be confident to help in the newborn's medical follow up until the HIV status is known	308(76.8)	75(18.7)	18(4.5)	401(100)
Would you decide to discontinue your conjugal or love relationship in case of discordant*	98(24.4)	295(73.6)	8(2.0)	401(100)
Confident to use condom consistently to prevent transmission to her and thus to the child in discordant result of HIV test	259(64.6)	133(33.2)	9(2.2)	401(100)

*=shows negative statements

5.5.1 Composite measures of level of male partners involvement in PMTCT of HIV/AIDS services

One hundred twenty three (30.7%) males partners had highly involved in PMTCT services by responding seven and above correct answers from the total of male partners involvement in PMTCT service measurement items while the rest, 278(69.3%) male partners had lowly involved in PMTCT services by responding below seven correct answers from the total of male partners involvement measurement items. The composite score of male partners in PMTCT services ranged from 0 to 14 with a mean of 6.2 (± 3.47 SD).

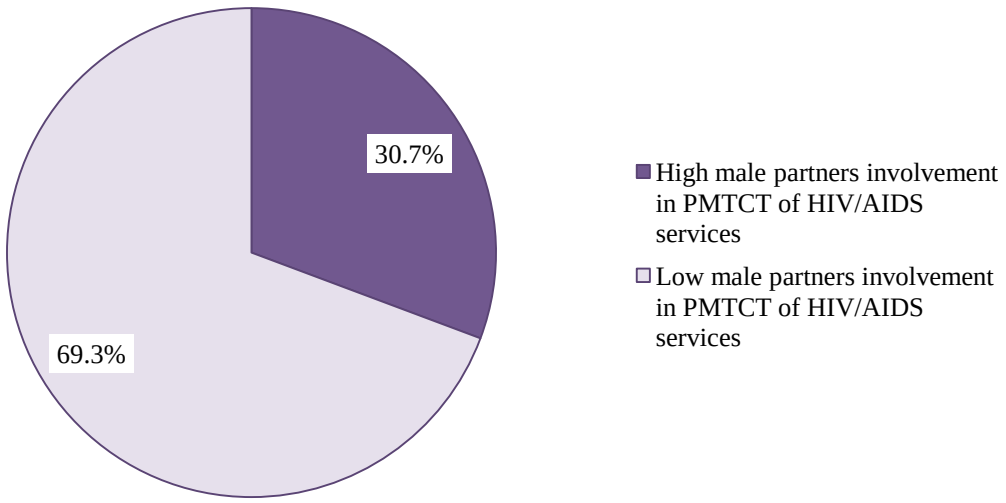


Figure 4: Level of male partner involvement in PMTCT of HIV/AIDS service category in Lemo woreda, Hadiya zone, Southern Ethiopia, 2015

5.6 Factors affecting male partners involvement in PMTCT of HIV/AIDS service

The bivariate analysis revealed that residence, level of education, occupation and family monthly income , socio cultural factors influence, level of knowledge and service related factors influences were candidates for further analysis in multivariable logistic regression. Variables such as level of education, occupation, family monthly income, socio cultural factors influence, level of knowledge and service related factors influences were significantly associated with male partners involvement in PMTCT of HIV/AIDS services.

Table 6 : Bivariate logistic regression analysis on level of male partner involvement and associated factors in PMTCT services in Lemo woreda, Hadiya zone, Southern Ethiopia 2015(n=401) .

Variables	Male partner involvement in PMTCT of HIV/AIDS services			
	High	Low	COR (95%C.I)	p-value
	No. (%)	No. (%)		
Age				
≤ 34 years	53(30.6)	120(69.4)	1	
5-10	44(28.0)	113(72.0)	0.9(0 .5, 1.4)	0.603
≥10 years	26(36.6)	45(63.4)	1.3(0.7, 2.3)	0.365
Marital status				
Traditionally married	112(30.2)	259(69.8)	1	
Registered married	11(36.7)	19(63.3)	1.3(0.6.2.9)	0.461
Duration of relation ship				
<5 years	44(30.8)	99(69.2)	1	
5- 10 years	42(31.8)	90(68.2)	1.1(0.63, 1.7)	0.851
>10 years	37(29.4)	89(70.6)	0.9(0.6, 1.6)	0.802
Educational				
Illiterate	5(27.8)	13(72.2)	1.3(0.4, 3.9)	0.664
Able to read and write	6(23.1)	20(76.9)	0.9(0.4, 2.7)	0.995
Grade 1-4	5(8.6)	53(93.4)	0.3(0.12, 0.9)	0.023*
Grade 5-8	31(23.1)	103(76.9)	1	
Grade 9-10	25(29.8)	59(70.2)	1.4(0.8, 2.6)	0.277
Grade 11 and higher	51(63.0)	30(37.0)	5.61(3.1, 10.3)	0.000*
Occupation				
Farmer	62(22.5)	214(77.5)	1	
Governmental employee	30(83.3)	6(16.7)	17.26(6.9, 4.4)	0.000*
Merchant	28(37.3)	47(62.7)	2.1(1.2, 3.6)	0.010*
Daily laborer	3(21.4)	11(78.6)	0.9(0.3, 3.5)	0.928
Family Monthly income				
≤1170 ETB	11(10.6)	93(89.4)	0.2(.1, .4)	0.000*
> 1170 ETB	112(37.7)	185(62.3)	1	
Sociocultural factors				
High cultural	42(19.3)	176(80.7)	1	
Low cultural	80(44.4)	100(55.6)	3.4(2.1, 5.2)	0.000*
Level of knowledge				
High knowledge	96 (51.9)	89 (48.1)	7.6(4.6,1.4)	
Low knowledge	27(12.5)	189(87.5)	1	0.00*
Service related factors				
High service related factors	44 (20.0)	176 (80.0)	1	
Low service related factor	78(43.6)	101(56.4)	3.1(1.9,4.8)	0.000*

N.B: *=Variables significant association in bivariate analysis (p≤0.05), 1= reference

5.7 Predictors of male partners involvement in PMTCT services of HIV/AIDS services

Variables which had p-value less 0.25 in bivariate analysis were occupation, family monthly income, level education, socio cultural factor influence, level of knowledge and service related factor influence of male partners involvement in PMTCT of HIV/AIDS service. Variables such as occupation, family monthly income, level education, socio cultural factor influence, service related factor influence and level of knowledge were again entered in to multivariable logistic model to control confounders. The final model was developed after checking the goodness of fit test by Hosmer and Lemeshow Test. The model was good fit. Variables which significantly predict the level of male partners' involvement in PMTCT of HIV/AIDS services were family monthly income, level of education, socio-cultural factor influence, level of knowledge and service related factors influence

Table 7 : Showing final multivariable logistic model of factors associated with male partners' involvement in PMTCT of HIV/AIDS services among males in Lemo woreda, Hadiya zone, Southern Ethiopia, 2015

Variables	Male partner involvement in PMTCT of HIV/AIDS services				
	High	Low	COR (95%C.I)	AOR (95%C.I)	P-Value
	No. (%)	No. (%)			
Educational					
Illiterate	5(27.8)	13(72.2)	1.3(0.4, 3.9)	0.72(0.2, 2.6)	0.619
Able to read and write	6(23.1)	20(76.9)	0.9(0.4, 2.7)	0.49(0.1, 1.7)	0.276
Grade 1-4	5(8.6)	53(93.4)	0.3(0.1, 0.9)	0.3(.1, .9)	0. 033*
Grade 5-8	31(23.1)	103(76.9)		1	
Grade 9-10	25(29.8)	59(70.2)	1.4(0.8, 2.6)	0.76(0.4, 1.6)	0.488
Grade 11 and higher	51(63.0)	30(37.0)	5.61(3.09, 10.33)	3.2(1.5, 6.6)	0.002*
Total	123(30.7)	278(69.3)			
Occupation					
Farmer	62(22.5)	214(77.5)		1	
Governmental employee	30(83.3)	6(16.7)	17.3(6.9, 43.4)	1.8(0.5, 6.5)	0.403
Merchant	28(37.3)	47(62.7)	2.1(1.2, 3.6)	0.7(0.3, 1.5)	0.413
Daily laborer	3(21.4)	11(78.6)	0.9(0.3, 3.5)	1.1(0.2, 7.4)	0.915
Total	123(30.7)	278(69.3)			
Monthly income					
≤1170 ETB	11(10.6)	93(89.4)	0.2(.1, .4)	0.2(0.1, 0.4)	0.000*
> 1170 ETB	112(37.7)	185(62.3)		1	
Total	122(30.7)	276(69.3)			
Sociocultural factors					
High cultural	42(19.3)	176(80.7)		1	
Low cultural	80(44.4)	100(55.6)	3.4(2.1, 5.2)	4.1(2.3, 7.3)	0.000*
Total	123(30.7)	278(69.3)			
Level of knowledge					
High knowledge	96 (51.9)	89 (48.1)	7.6(4.6,12.4)	6.7(3.7, 12.1)	0.000*
Low knowledge	27(12.5)	189(87.5)		1	
Total	123(30.7)	278(69.3)			
Service related factors					
High service related factors	44 (20.0)	176 (80.0)		1	
Low service related factor	78(43.6)	101(56.4)	3.1(1.9,4.8)	3.2(1.9, 5.6)	0.000*
Total	122(30.7)	277(69.3)			

N.B: *=statistically significant at (p≤0.05), 1= reference group

Accordingly, this study found that education level: - Grade 1-4 and Grade 11 and higher, family monthly income, socio cultural factor influence, level of knowledge and service related factor influence were statistically significant association with male partners involvement in PMTCT services.

Those male partners who had attend grade. 1 to 4 were 74% (AOR=0.3, 95%CI: 0.1 - 0.9) less likely involved in PMTCT of HIV/AIDS services when compared to participants those who had attend grade 5 to 8 where as male partners who had attend Grade 11 and higher were almost three (AOR=3.2, 95%CI: 1.5 - 6.6) times more likely involved in PMTCT services when compared to participants those who had attend grade 5 to 8. Male partners who had earned family income less than or equal 1170 ETB monthly were 84% (AOR=0.2, 95%CI: 0.1 -0.4) less likely involved in PMTCT service when compared to those who had earned 1170 ETB. Male partners who had low socio cultural factor influence to involve in PMTCT services were almost four (AOR =4.1, 95%CI: 2.3 - 7.3) time more likely involved in PMTCT services when compared with their counterparts. Moreover, the participants who had high knowledge in PMTCT of HIV/AIDS service were nearly seven (AOR =6.7 ,95%:3.7-12.1) times more likely involved in PMTCT service when compared with their counterparts and the respondents who had low service related factors influence to involve in PMTCT service were almost three (AOR=3.2,95%CI:1.9 - 5.6) times more likely involved in PMTCT services when compared to those who had high service related factor influence to have involve in PMTCT of HIV/AIDS services .

Chapter six: Discussion

Male partners' involvement in PMTCT of HIV/AIDS services is a crucial to fight against mother to child transmission of HIV/AIDS during pregnancy, delivery (labour) and breast feeding. Therefore determining the level of male partners' involvement in PMTCT service is a key factor to the success of increase the uptake of PMTCT of HIV/AIDS services.

In this study, 117(29.2%) of male partners were accompanied their partner to ANC/PMTCT clinics at least once. The findings of this study were lower than the studies result which conducted in four districts of Addis Ababa, Debremarkos Town, Cameroon which revealed ,39%, 73.7% and 43.3% of male partners were accompanied ANC/PMTCT clinic with their male partners respectively (28,46,27). However, the findings of this study were higher than the study results from Wolaita Zone, East Gojam, Mekele town, Eastern Uganda and Cameroon which had shown 5.1%, 15.7%, 20.1%, 4.7% and 39.8% of male partners were accompanied by their partners to ANC/PMTCT clinics respectively (44,32,45,26,35). The discrepancy of this findings might be attributed to difference in method used and study settings, sociodemographic characteristics of the study participants and availability and accessibility of the infrastructures.

In this study, 61(15.2%) of male partners who had accompanied ANC/PMTCT clinic with their partners were entered in to ANC room together with their partners. This findings is lower than that the study conducted in Debremarkos town which revealed that out of respondents who had accompanied their partners to ANC clinic , 69.3% of male partners were entered into ANC room together with their female partners (46).

This study found that one hundred twenty three (30.7%) of male partners were highly involved in the PMTCT of HIV/AIDS services. This finding is nearly similar with the study conducted in four districts in Addis Ababa which found that 28.1% of male partners were highly involved in PMTCT of HIV/AIDS services(28) and the study in eastern Uganda found that 99 (26%) of the male partners were highly involved in PMTCT services (26).However, the finding of this study is lower than the study conducted in Debremarkos town and three public hospitals in Addis Ababa which revealed that male partner involvement in the PMTCT services was 72.26% and 88% respectively (46,36). This difference might be due to the fact that those studies were conducted in urban area, with probable higher access to information on PMTCT of HIV/AIDS

services. This implies that efforts should be made to disseminate information through different mechanisms to community about PMTCT of HIV/AIDS services in the study area.

This study found that male partners who had attended grade 1 to 4 were 70% less likely involved in PMTCT services when compared to male partners who had attended grade 5 to 8 where as male partners who had attended grade 11 and higher were almost three times more likely involved in PMTC services when compared to the male partners who had attended Grad 5 to 8.The findings of this study is supported by the study findings which conducted in Eastern Uganda found that male partners who had attended secondary education or higher education had twice more likely involved in PMTCT of HIV/AIDS services (26). The findings of this study implies that formal education have impact in male partners involvement in PMTCT services, therefore more effort should be made to increase awareness to low educated individuals about PMTCT services to increase PMTCT uptake in the study area.

This study found that male partners who had earned average family monthly income less than or equal 1170 ETB were 80% less likely involved in PMTCT of HIV/AIDS service when compared to those who earned monthly income above 1170 ETB .The findings of this study supported by the study conducted in South Africa revealed that the male partners who had high monthly income had more involved in PMTCT of HIV/AIDS services than respondents who had low monthly income (7).This low involvement might be due to lack of awareness about PMTCT service which are given free of fee in all governmental health facilities and socio demographic characteristics of the respondents. This implies that more efforts should made to create awareness to community as PMTCT service is given free of fee for both pregnant mothers and their partners who found in any economical status to increase level of male partners involvement in PMTCT services in the study area.

This study found that, 180(45.2%) of male partners had low socio cultural factors influence to have involve in PMTCT services. The findings of this study is inconsistence to the study finding in Debremarkos town which revealed 99.3 % of male partners were within the range of low socio-cultural factors influence (46).This discrepancy might be attributed to different socio demographic characteristics of respondents, in this study more than two third of the respondents

were farmers where as in previous study more than half of the respondents were government employees and also different in study area may attribute to this differences.

In the current study male partners who had low socio cultural factors influence to involve in PMTCT services were almost four times more likely to involve in PMTCT of HIV/AIDS service when compared to male partners who had high socio cultural factors influence to involve in PMTCT services. The finding of this study was comparable with the findings which conducted in Addis Ababa which revealed for a unit increased in the cultural factors influence the odds of male involvement in PMTCT had decreased by 0.9 (28). The findings of this study also supported by the study findings in South Africa, which states that the barriers to male partner testing during pregnancy ,delivery and breast feeding were:- fear, guilt, and subsequent denial associated with a positive test result and lack of social expectation for a man to get tested during his partner's pregnancy (7).

This study found that ,185(46.1%) of male partners had high knowledge in PMTCT of HIV/AIDS services .The findings of this study is lower than the study finding from four district of Addis Ababa which revealed that 77% of male partners had high knowledge in PMTCT of HIV/AIDS services (28).The discrepancy might be attributed to different in socio-demographic characteristics of the study participants and lack of accesses and availability of infrastructures like mass media and others.

Moreover, this study revealed that male partners who had high knowledge in PMTCT of HIV/AIDS service were nearly seven times more likely involved in PMTCT of HIV/AIDS services when compared to those who had low knowledge in PMTCT services. The findings of this study is comparable to the study findings from four districts of Addis Ababa which revealed that participants who had high knowledge were 14% more likely to have high involvement in PMTCT services when compared to those who had low knowledge (28). Furthermore, the findings of this study is supported by the study findings in Debremarkos Town which revealed that male partners who had moderate and good knowledge about PMTCT services were 4.4 and 3.2 times more likely involved in PMTCT services than male partners with low knowledge about PMTCT services respectively (46).

This study found that, 179(44.9%) of male partners had low service related factor influence to involve in PMTCT services. The finding of this study is lower than study conducted in Debremarkos town which revealed that, 82.4% of male partners had low service related factor influence to involve in PMTCT services (46).

Moreover respondents who had low service related factors influence to PMTCT service were almost three times more likely involved in PMTCT services when compared to their counter parts. The findings of the study is consistent with the study findings from Debremarkos town which showed that the respondents who had low service related factor influence to involve in PMTCT service were 14 times more likely involved in PMTCT of HIV/AIDS services (46).

Chapter seven: Conclusions and Recommendations

7.1 Conclusions

This study was conducted among male partners whose pregnant mothers were attending ANC services six month prior to the study in Lemo Woreda, Hadiya Zone, and Southern Ethiopia. In this study majority of male partners had low involvement in PMTCT services .Male partners who had highly educated, high family monthly income, high knowledge, low socio cultural influence toward to male partners' involvement in PMTCT services and low service related factor influence toward to male partner involvement in PMTCT services were more likely involved in PMTCT of HIV/AIDS services than their counter parts. Male partner involvement in PMTCT of HIV/AIDS services is encouraging to improve the PMTCT uptake. But, lack of awareness and knowledge about PMTCT services, cultural influence and service related factors influence were some of the reasons that hinder higher male partner involvement in PMTCT of HIV/AIDS services. Low male involvement in PMTCT service affects successful implementation of the PMTCT program, uptake PMTCT services and maternal and child health program, which may increase maternal and child mortality due to high expansion of HIV/AIDS from mother to child.

7.2 Recommendations

Based on the findings of the study the following recommendations are forwarded:-

To the health center

- Efforts should be made for intensive and continued information dissemination to both pregnant mother and their partners' about ways of HIV transmission and existence of PMTCT service.
- Should increase awareness to community as PMTCT service provided in all governmental health facility free of fee for both pregnant women and male partners.
- Invitation letters should be given for male partner in order to attend ANC clinic with their pregnant mothers and also male medical certificate should be provided to male partners who accompany ANC/PMTCT clinic with their pregnant mothers.

- Culture sensitive messages which promote male partners' involvement in PMTCT services should be formulated and disseminated to community through different mechanisms.

To MOH, SNNPR health bureau, Hadiya health department and Lemo Woreda health office

- Should develop different strategies to increase male partner's knowledge in PMTCT of HIV/AIDS service.
- Availability of PMTCT service should be disseminated to community in different media with local language to increase the knowledge of male partners and to decrease socio-cultural factors influence in PMTCT service.

To Research

- Further researches should be done on male partner involvement in PMTCT services by participating both pregnant women and their partners to identify barriers to PMTCT services from both partners perspective.

Reference

1. Hiv F, Prevention A, Office C. Guidelines For Prevention of Mother-to-Child Transmission of HIV In Ethiopia. 2007;(July).

2. Republic FD. COUNTRY PROGRESS REPORT ON THE HIV. Addis Ababa; 2014.

3. Programme P, Brou H, Becquet R, Viho I, Desgr A. When Do HIV-Infected Women Disclose Their HIV Status to Their Male Partner and Why ? A Study in a to cite this version : 2007;4(12).

4. Kloos H, Converse PJ, Mulatu MS, Haile D, Yibeltal M. Bibliography on HIV / AIDS in Ethiopia and Ethiopians in the Diaspora : The 2010 Update. Ethiop.J.Health.Dev. 2010;

5. Kalembo FW, Yukai D, Zgambo M, Jun Q. Male partner involvement in prevention of mother to child transmission of HIV in sub-Saharan Africa : Successes , challenges and way forward. 2012;2(1):35–42.

6. Journal SS. An Evaluation of Male Involvement on the Programme for PMTCT of HIV / AIDS : A Case Study of Ilala Municipality in Dar es Salaam , Tanzania. Art Soc Sci J. 2011;1(1):1–11..

7. Koo K, Makin JD, Forsyth BWC. BARRIERS TO MALE-PARTNER PARTICIPATION IN PROGRAMS TO PREVENT MOTHER-TO-CHILD HIV TRANSMISSION IN SOUTH AFRICA. 2013;1–11.

8. Betancourt TS, Abrams EJ, Mcbain R, Fawzi MCS. Family-centred approaches to the prevention of mother to child transmission of HIV. Int AIDS Soc. 2010;13(Suppl 2).

9. Republic FD. COUNTRY PROGRESS REPORT ON THE HIV. Addis Ababa; 2010;

10. FMOH/HAPCO. Guidelines For Prevention of Mother-to-Child Transmission of HIV In Ethiopia. Addis Ababa; 2007.

11. Ethiopia Demographic and Survey H. Ethiopia. CSA. 2011;2:4–452.

12. Car J. Male involvement for increasing the effectiveness of prevention of mother-to-child HIV transmission (PMTCT) programmes Review information Authors. 2012;(November 2011):1–20.

13. USAID. GLOBAL REPORT. Addis Ababa; 2013 p. 1–198.

14. WHO : Male Involvement in the Prevention of Mother-to-Child Transmission of HIV, World Health Organization; 2012

15. WHO : Male Involvement in the Prevention of Mother-to-Child Transmission of HIV, World Health Organization; 2012

16. Sax PE, Baden LR. edi t or i a l s When to Start Antiretroviral Therapy — Ready When You Are ? 2009;1897–9.

17. Godana W. Prevalence of HIV/AIDS and its Associated Factors among Prevention of Mother-to-Child Transmission (PMTCT) Service Users in Jinka Town Health Institutions, South Omo Zone, South Ethiopia. Sci. J. Public Heal. [Internet]. 2013 [cited 2014 Dec 2];1(3):125.Availablefrom:http://www.sciencepublishinggroup.com/journal/paperinfo.aspx?journalid=251&doi=10.1648/j.sjph.20130103.13

18. USAID. GLOBAL REPORT. Addis Ababa; 2012 p. 7–150.

19. UNAIDS. UNAIDS report on the global AIDS epidemic. Global Report. Switzerland, Geneva: Joint United Nations Programme on HIV/AIDS; 2010

20. National T, Plan S. Elimination of Mother to Child Transmission of HIV (e-MTCT of HIV) 2013 - 2015. 2015;(September 2013):11–57.

21. P.AarnioMale involvement in antenatal HIV counseling and testing: exploring men's perceptions in rural Malawi**.** 2009 Dec;21(12):1537-46. doi:10.1080/09540120902903719.

22. UNAIDS. UNAIDS report on the global AIDS epidemic. Global Report. Switzerland, Geneva: Joint United Nations Programme on HIV/AIDS; 2010

23. WHO: *Global HIV/AIDS response Epidemic update and health sector progress towards Universal Access, Progress Report 2010*

24. HAPCO and GAMET. HIV/AIDS in Ethiopia Epidemiological Synthesis, 2011.

25. Ministry of Health. Behavioral survey surveillance round two, Ethiopia, 2005

26. Byamugisha R, Tumwine JK, Semiyaga N, Tylleskär T. Determinants of male involvement in the prevention of mother-to-child transmission of HIV programme in Eastern Uganda : a cross-sectional survey. 2010;1–9.

27. Nkuoh GN, Meyer DJ, Tih PM, Nkfusai J. Barriers to men's participation in antenatal and prevention of mother-to-child HIV transmission care in Cameroon, Africa. J. Midwifery Womens. Health [Internet]. Elsevier Ltd; 2010 [cited 2014 Dec 6];55(4):363–9. Available from: http://www.ncbi.nlm.nih.gov/pubmed/20630363

28. Abuhay Y, Abebe L, Fentahun N. Male involvement in prevention of mother to child transmission of HIV and associated factors among males in Addis Ababa , Ethiopia. 2014;2(6):8–43.

29. Byamugisha R, Åstrøm AN, Ndeezi G, Karamagi CAS, Tylleskär T, Tumwine JK. Male partner antenatal attendance and HIV testing in eastern Uganda : a randomized facility-based intervention trial. J. Int. AIDS Soc. [Internet]. BioMed Central Ltd; 2011;14(1):43. Available from: http://www.jiasociety.org/content/14/1/43

30. Peacock D. Men as Partners : Promoting Men ' s Involvement in Care and Support Activities for People Living with HIV / AIDS Prepared by. 2003;(October).

31. Adelekan AL, Edoni ER, Olaleye OS. Married Men Perceptions and Barriers to Participation in the Prevention of Mother-to-Child HIV Transmission Care in Osogbo , Nigeria. 2014;2014.

32. Belachew A,. Factors Affecting Acceptance of HIV Counsel- ing & Testing Among Antenatal Care Atten- dants : With Emphasis on Role of Male Partners. 2012;3(4):1–11.

33. Osman RJ, Unkels R, Mathew OK. Barriers to male involvement in uptake of Prevention-of-Mother- to-Child-Transmission (PMTCT) of HIV in Sub-Saharan Africa. 2014;3(5):1–7.

34. Mary dutki a , male involvement in the prevention of mother - to - child transmission of hiv (pmtct) program in kayunga district :programmatic activity report (march 2010).

35. Nsagha DS, Halle-ekane GE, Nfor CS, Ngowe MN, Nasah T. The Role of the Male Partner in the Prevention of Mother to Child Transmission of HIV in Cameroon. 2015;2(2):52–9.

36. Daniel G Factors related to male participation in prevention of mother-to-child transmission of humanimmunodeficiency virus in AddisAbaba. 2011

37. Pariyo G, Waiswa P, Kadobera D, Marrone G, Ekstro AM. Missed Opportunities : Barriers to HIV Testing during Pregnancy from a Population Based Cohort Study in Rural uganda. 2012;7(8).

38. Kilimanjaro-Tanzania f. Willingness and participation toward prevention of mother to child transmission among males of reproductive age . A study. 2009;23–6.

39. WHO: Global HIV/AIDS response Epidemic update and health sector progress towards Universal Access, Progress Report 2011

40. Kizito D, Woodburn PW, Kesande B, Ameke C, Nabulime J, Muwanga M, et al. Uptake of HIV and syphilis testing of pregnant women and their male partners in a programme for prevention of mother-to-child HIV transmission in Uganda *. 2008;13(5):680–2.

41. Medley A, Garcia-moreno C, Mcgill S, Maman S. Rates , barriers and outcomes of HIV serostatus disclosure among women in developing countries : implications for prevention of mother-to-child transmission programmes. 2004;003913(03):299–307.

42. Ditekemena J, Koole O, Engmann C, Matendo R, Tshefu A, Ryder R, et al. Determinants of male involvement in maternal and child health services in sub-Saharan Africa : a review. Reprod. Health [Internet]. Reproductive Health; 2012;9(1):1. Available from: Reproductive Health

43. Larsson EC, Thorson A, Nsabagasani X, Namusoko S, Popenoe R, Ekström AM. Mistrust in marriage-Reasons why men do not accept couple HIV testing during antenatal care- a qualitative study in eastern Uganda. BMC Public Health [Internet]. BioMed Central Ltd; 2010;10(1):769. Available from: http://www.biomedcentral.com/1471-2458/10/769

44. Nigatu T, Woldegebriel Y. Analysis of the Prevention of Mother-to-Child Transmission (PMTCT) Service utilization in Ethiopia : 2006-2010. Reprod. Health [Internet]. BioMed Central Ltd; 2011;8(1):6. Available from: http://www.reproductive-health-journal.com/content/8/1/6

45. Haile F, Brhan Y. Male partner involvements in PMTCT : a cross sectional study , Mekelle , Northern Ethiopia. BMC Pregnancy Childbirth [Internet]. BMC Pregnancy and Childbirth; 2014;14(1):1–6. Available from: BMC Pregnancy and Childbirth

46. Amsalu E, Tiruneh G, Abajobir AA. Level of male partner involvement and associated factors in prevention of mother to child transmission of HIV / AIDS services in Debremarkos town , Northwest Ethiopia. 2013;1(June 2011):16–25.

47. Bajunirwe F, Muzoora M. AIDS Research and Therapy Barriers to the implementation of programs for the prevention of mother-to-child transmission of HIV : A cross-sectional survey in rural and urban Uganda. 2005;7:1–7.

48. Ghaffar A, Pongpanich S, Chapman RS. Provision and Utilization of Routine Antenatal Care in Rural Balochistan Province , Pakistan : a Survey of Knowledge , Attitudes , and Practices of Pregnant Women. 2012;1(1):93–116.

Annex: Questionnaires

QUESTIONNAIRES –ENGLISH VERSION

JIMMA UNIVERSITY, COLLEGE HEALTH SCIENCES

DEPARTMENT OF EPIDEMIOLOGY

Informed consent form

My name is _____; I am working as a data collector temporarily for post graduate student of Jimma University College of Public health &Medical Science. This study will be conducted with objective of assessing male partner involvement in PMTCT of HIV/AIDS and associated factors among male reproductive age in Lemo Woreda, Hadiya Zone, and South Ethiopia. The study is directly related to male partners of pregnant women who attend ANC service in the public health care facilities six month prior this study conducted. You are selected to participate in this study just by chance so your participation in the study is upon purely voluntary basis .Your willingness and cooperation for the interview is helpful in identifying problems related to male partners involvement in PMTCT of HIV/AIDS and will give us is quite useful information to achieve the objective of the study.

I would like to interview you a few questions about your experience and opinion of PMTCT services with your woman's/partner's . It will take about 20 - 30 minutes. The information you provide to us is completely confidential and will not be shared with anyone else without your consent. Your name or any identifying information will not be registered. You may refuse to answer any question and choose to stop the interview at any time. If you agree to participate in this study I will interview you.

Would you be willing to participate? Yes ☐ No ☐

If the answer is yes, thanks! Conduct the interview. If the answer is no, Thanks! Proceed to the next eligible client.

Interviewer name**:** _____ and Signature _____

D a t e **:** _ _ / _ _ / _ _ _ _ started Time _____ finished Time _____

Name of Kebele: _____House code: _____

Name of supervisory _____and Signature _____

Section I: Socia-Demograpic and Socio-Economic Characteristics

Instruction: - please, circle in your appropriate response to the following socio-demographic questions

S./No.	Questions	Response category	Skip
101	What is your age?	…….years	
102	Residence of the respondent	1. urban 2. rural	
103	What is your ethnicity?	1. Hadiya 2. Kamibata 3. Amhara 4. Gurage 5. Silte 6. Others (specify)……	
104	What is your religion?	1. Protestant 2. Orthodox 3. Muslim 4. Catholic 5. Adventist 6. Others (specify)……..	
105	What is your Marital status?	1. Traditional marriage 2. Registered marriage 3. Cohabitating 4. separated/divorced 5. Other(specify)……	
106	For how long have you been living with the current wife/partner? (together cohabitating or in marriage)	……. Years	

107	Are you currently living with your partner in the same house?	1. Yes 2. No 3. Don't know	
108	What is the highest level of education you completed?	1. Illiterate 2. Able to read and write 3. Grade 1 – 4 4. Grade 5 – 8 5. Grade 9–10 6. Grade 11 and higher 7. Others (specify)----------	
109	What is your occupation?	1. Farmer 2. Government Employee 3. Merchant 4. Daily laborer 5. Other (specify)…….	
1010	Your estimated family income in year Wheat----------in konital Teff---------- in konital Barley----------in konital In cash----------ETB Others (specify)----------	----------ETB (average family monthly income)	

Section II:-Socio-cultural factors of male partners about PMTCT of HIV/AIDS.

Instruction: - For the following statements related to socio-cultural factor of male partner about PMTCT of HIV//AIDS, please express your opinion by stating "strongly agree", "agree", "uncertain", "disagree" or "strongly disagree" .

Key:SA- Strongly agree ,A- Agree ,U- Undecided, D- Disagree, SD- Strongly disagree

S/No	Respondents opinions on socio-cultural factors	Scales of agreement of the respondents				
		SA	A	U	D	SD
201	Men should accompany their pregnant wives to ANC/PMTCT	5	4	3	2	1
202	A pregnant woman can be tested for HIV even if her partner disagrees.	5	4	3	2	1
203	It is a taboo for men to discuss with women about HIV testing During pregnancy, delivery and breastfeeding	1	2	3	4	5
204	Even If couples believe they are faithful to each other, they should be tested for HIV together during ANC follow up for the sake of PMTCT.	5	4	3	2	1
205	It suffices/enough that a pregnant woman be accompanied to ANC clinic by less busy relatives/family members	1	2	3	4	5
206	An HIV test result of a pregnant woman indirectly confirms HIV status of her partner.	1	2	3	4	5
207	If a pregnant woman found to be HIV positive she should be divorced	1	2	3	4	5
208	Couples can use condoms to reduce chances of mother to child transmission	5	4	3	2	1
209	It is better to live with unknown HIV status than live depressed with positive HIV status known.	1	2	3	4	5
2010	A positive HIV test result of a female partner proves that she is unfaithful?	1	2	3	4	5

2011	ANC/PMTCT clinics are give services for women and children only *	1	2	3	4	5
2012	It is better to postpone HIV testing to post delivery as pregnancy by itself is stressful	1	2	3 4	5	6
	Total Score					

Section II: Knowledge of male partners on PMTCT of HIV/AIDS

Instruction: For the statements assessing knowledge and awareness of male partner on HIV/PMTCT, please, answer "yes" if you agree, "No" if you disagree or "don't know" if you are uncertain.

S/No	Questions to male partner	Response category	Skip
301	HIV is transmitted through?		
301.01	Unprotected Sexual intercourse	1. Yes 2. No. 3. Don't know	
301.02	Eating from same plate	1. Yes 2. No. 3. Don't know	
301.03	Contaminated sharps/needles	1. Yes 2. No. 3. Don't know	
301.04	Blood transfusion	1. Yes 2. No. 3. Don't know	
302	Mother- to-child transmission of HIV		
302.01	HIV can be transmitted from mother to child	1. Yes 2. No. 3. Don't know	
302.02	HIV can be transmitted from infected mother to child during pregnancy	1. Yes 2. No. 3. Don't know	
302.03	HIV can be transmitted from infected mother to child during labor and delivery	1. Yes 2. No. 3. Don't know	

302.04	HIV can be transmitted from infected mother to child while sleeping with baby on same bed	1. Yes 2. No. 3. Don't know	
302 .05	HIV can be transmitted from infected mother to child during breast feeding after birth	1. Yes 2. No. 3. Don't know	
303	What helps to reduce mother to child transmission of HIV***?***		
303.01	HIV counseling and testing for pregnant mothers	1. Yes 2. No. 3. Don't know	
303.02	HIV counseling and testing for male partners	1. Yes 2. No. 3. Don't know	
303.03	Antiretroviral drugs to infected mother and baby born from her	1. Yes 2. No. 3. Don't know	
303.04	Delivery by cesarean section	1. Yes 2. No. 3. Don't know	
303.05	Complete avoidance of breast feeding is one option	1. Yes 2. No. 3. Don't know	
303.06	Exclusive breast feeding for first 6 months is one option	1. Yes 2. No. 3. Don't know	
303.07	Using contraception by HIV positive couple	1. Yes 2. No. 3. Don't know	
304	Have you ever heard about a program called Prevention of Mother-To-Child Transmission (PMTCT) of HIV?	1. Yes 2. No. 3. Don't know	
305	Do you know that PMTCT services are offered in all government health facilities?	1. Yes 2. No. 3. Don't know	
306	Do you know that pregnant	1. Yes 2. No. 3. Don't	

	women are counseled and tested at antenatal care clinic?	know	

Section IV: Male partner's experience and opinion regarding PMTCT service related factors.

Instruction:- For the following statements related to PMTCT of HIV/AIDS programmatic factors, please express your opinion by stating "strongly agree", "agree", "undetermined", "disagree" or "strongly disagree".

Key: SA- Strongly agree, A- Agree, U- Undecided, D- Disagree,
SD- Strongly disagree

S/NO	Respondents opinions socio-cultural factors	Scales of agreement of the respondents				
		SA	A	U	D	SD
401	Antenatal clinics should be opened on weekends and evening for men to attend the ANC clinics with their partner.	1	2	3	4	5
402	Distance from health facility was major obstacle for you to attend ANC/PMTCT clinic with your partner.	1	2	3	4	5
403	Couple HIV counseling and testing for PMTCT should be conducted at villages	5	4	3	2	1
404	There should be separate waiting areas for men and women visiting maternal and child health clinics	1	2	3	4	5
405	There should be a different exit after HIV testing to avoid being identified by the crowd waiting for service	1	2	3	4	5
406	From what you have observed or heard service providers don't request men in waiting area to enter in to ANC together	1	2	3	4	5

	with their partner					
407	From what you have observed or heard health facilities do give men medical certificate of ANC attendance	5	4	3	2	1
408	As you have noticed health facilities inviting/promoting male participation in PMTCT through Mass media	5	4	3	2	1
409	As you have ever seen a sign board with picture or message promoting male participation in PMTCT at gate or in premise of any health facilities	5	4	3	2	1
4010	If your partner had ANC follow up, have you been invited verbally or in written for your attendance by the antenatal clinic	5	4	3	2	1

Section VI. Level of male partner involvement in PMTCT of HIV/AIDS

Instruction:-for the questions assessing male partner involvement in PMTCT of HIV/AIDS, please answer "yes" if you are agree , "No" if you are disagree or "don't know" if you are uncertain

S/No	Questions to male partner	Response category	Skip
501	Have you ever self initiated the discussion on importance of PMTCT service with your partner during this pregnancy?	1. Yes 2. No. 3. Don't know	
502	Have you ever requested your wife to be tested for HIV during this pregnancy?	1. Yes 2. No. 3. Don't know	
503	If your partner had ANC follow up, have you ever asked her what information/service she got at ANC	1. Yes 2. No. 3. Don't know	If 4 Go

	clinic	4. NA (my partner had no ANC follow up)	to Q. 8
504	Have you ever reminded your partner of her ANC follow up (schedule)?	1. Yes 2. No. 3. Don't know	
505	Did you cover medical expenses of your partner in the ANC follow up of this pregnancy?	1. Yes 2. No. 3. Don't know	
506	Did you accompany her to ANC clinic at least once during this pregnancy?	1. Yes 2. No. 3. Don't know	If 2 go to Q.8
507	If yes to Q.6 did you enter in to ANC room together with your partner?	1. Yes 2. No. 3. Don't	
508	Were you counseled and tested for HIV during your spouse's/partner's pregnancy?	1. Yes 2. No. 3. Don't know 4. I tested HIV+ pre-pregnancy	If 2 go to10

509	If yes to Q 8, were you counseled and tested together with your partner?	1. Yes 2. No. 3. Don't know 4. NA (she is already positive)	
5010	Assuming you are willing for HIV test now, will you confide in your female partner if you test positive for HIV?	1. Yes 2. No. 3. Don't know 4.NA (he already positive)	
5011	Assuming your female partner gives consent for HIV test and tests positive, will you accept that she and the newborn take ARVs for PMTCT	1. Yes 2. No. 3. Don't know 4.NA (she is already positive)	
5012	Assuming your female partner tests HIV positive, would you be confident to help in the newborn's medical follow up until the HIV status is known?	1. Yes 2. No. 3. Don't know 4.NA (she already positive)	
5013	Assuming your female partner and you both gives consent for HIV test and your female partner tests positive while your test negative, would you decide	1. Yes 2. No. 3. Don't know 4. NA(she is already positive)	

	to discontinue your conjugal or love relationship		
5014	Assuming you and your partner are HIV tested, If you are positive while she is negative, would you be confident to use condom consistently to prevent transmission to her and thus to the child?	1. Yes 2. No. 3. Don't know	

THANK YOU!!!!!!!!!!!!!!

Questionnaires: Amharic version

የአማርኛ የመጠየቅያ ቅጽ

ጅማ ዩኒቨርሲቲ ጤና ሳይንስ ኮሌጅ የኢፒዲሞሎጂትምህርትክፍል

በደቡብክልል፤በሀዲያዞን፤ በሌሞ ወረዳ ኤች አቪ ኤድስ ከእናት ወደ ልጅ እንደይተላለፍ በሚደረው አገልግሎትየወንድ አጋሮዎች ተሰትፎ ምን ደረጃ ላይ እንዳለ ለማወቅ እና እንዳይሳተፉ የሚያደርጉትን እንቅፋቶች ለመለየት የተዘጋጀየመጠየቂያቅጽነው፡፡

ከመጠይቅ በፊት የተዘጋጅ የፍቃድ ጥያቄ ፎርም

ስሜ_____ይባላል:: እኔ በጅማ ዩኒቨርሲቲ በህብረተሰብ ጤና ኮሌጅ እና በህክምና ሳይንስ እየተካሄደ ላለው ጥናታዊ ዳሰሳ መረጃ ሰብሳቢ ነኝ::የዚህ ጥናት አላማውም ወንድ አጋሮዎች ኤችአይ ቪ ኤድስ ከእናት ወደ ልጅ እንዳይተላለፍ በሚደረገው አገልግሎት ለይ ያላቸዉን ተሳትፎ እና እንደይሳተፉ የሚያደርጉት እንቅፋቶን ለይቶ ለማወቅ ይሆናል::በዚህ ጥናት ላይ በቀጥታ የሚሳተፉት ባበለፈው ስድስት ወር ውስጥ የእርግዝና ክትትል ሲያደረጉ የነበሩት የነፍሰጡር እናቶች ወንድ አጋሮች ይሆናሉ፡፡ ስለዚህየወንድ አጋሮች ተሳትፎ ኤችአይ ቪ ኤድስ ከእናት ወደ ልጅ እንዳይተላለፍ በሚደረገው አገልግሎት ምን ደረጃላይይ እንዳለ ለማወቅ እና እንዳይሳተፉ የሚያደርጉ እንቅፋቶችን ለመለየት የእርሶትብብርአስተዋጽኦከፍተኛ ነው፡፡ሆኖም የሚሰጡንን ማንኛውንም አይነት መልሶች በሚስጢር እንደሚያዙና ስምዎን ወይም የእርስዎን ማንነት የሚገልጽ ማንኛውም አይነት ነገር እንደማይጻፍ በጣም እንዲረዱልን እንፈልጋለን:: ስለዚህ ስምዎ ከሰጡን መልሶች ጋር ፈጽሞ እንደማይያያዝ እና ለማንም ሰውስምዎ ፈጽሞ ሊገለጽም ሆነ ሊታወቅ አይችልም:: በመጠይቁ ወቅት መመለስ የማይፈልጉትን ማንኛውንም አይነት ጥያቄ መተው ወይም በማንኛውም ሰዓት ማቋረጥ ይችላሉ:: ነገር ግን ለጥያቄዎቹ የሚሰጡን የእርስዎ መልሶች ኤችአይቪኤድስከእናትወደልጅእንይተላለፍ ለመከላከልየወንዶችን ተሳትፎ በተመለከተ ያላቸውን ድርሻና ሚና ወደ ተሻለ ደረጃ ለማድረስ እንድንችል ይጠቅመናል:: መጠይቁ ከ20 እስከ 30 ደቂቃ ሊወስድ ይችላል::

በመጥይቁ ላይ ለመሳተፍ ፍቃደኛ ነዎትን? አዎ ☐ አይደለም ☐

መልሱ አዎ ከሆነ አመስግናለሁ ወደሚቀጥለው ገፅ እለፍ/ፊ

አልፈልግም ከሆነ አመስግናለሁ የሚቀጥለውን ተጠያቂ መጠየቅ

የመረጃ ሰብሳቢ ስም----------ፊርማ----------

መጠይቁ የተደረገበት ቀን ..... የተጀመረበት ሰዓት----------የተጠናቀቀበት ሰዓት--------

የቀበሌ ስም----------የቤት ቁጥር/ኮድ

የሱፐርቫይዘር ስም ----------ፊርማ ----------

ክፍል አንድ: የግለሰቧ ማህበራዊና ኢኮኖሚያዊ ሁኔታ

ተራቁ ጥር	ጥያቄዎች	መልስና ኮድ	እለፍ ወደ
101	እድሜዎ ስንት ነው? /በጣም የተሻለ ግምት ላይ ለመድረስ ጥረት አድርግ/ጊ?	------በዓመት	
102	የመኖሪያ አድራሻ	1. ከተማ 2. ገጠር	
103	ብሔር	1. ሃዲያ 2. ከምባታ 3. አማሃራ 4. ጉራጌ 5. ስልጤ 6. ሌለ ካለይጠቀስ.....	
104	ሃይማኖት	1. ፕሮቴስታንት 2. ኦርቶድክስ 3. መስሊም 4. ካቶሊክ 5. አድቨንትስቲ 6. ሌለ ካለይጠቀስ……..	
105	የጋብቻሁኔታ	1. በባህል ያገበ 2. በመዘጋጀ ዉል ያገበ 3. ሳይጋቡ አብሮ የምኖሩት 4. የተለያዩ/ፈት	

		5. ሌለ ካለይጠቀስ…	
106	ለምን ያህል ጊዜ ነው ከአሁኑ ሚስት/አጋር ጋር አብራችሁ የኖራችሁት	……. በዓመት	
107	በአሁኑ ጊዜ ከሚስትህ/ አጋር ጋር በአንድ ቤት ነው ወይ የምትኖሩት	1. አዎ 2. አይደለም 3. አርግጠና አይደለሁም	
108	የትምህርትሁኔታ	1. ያልተማረ 2. መጻፍማንበብየሚችል 3. ከ1-4 ክፍል 4. ከ5-8 ክፍል 5. ከ9-10 ክፍል 6. ከ11-12 7. ኮሌጅና ዩኒቨርሲቲ 8. ሌላ ካለ ይግለጽ…….	
109	የስራ ሁኔታ	1. ግብርና 2. የመንግስት ሰራተኛ 3. ነጋዴ 4. የቀን ሰራተኛ 5. ሌላ ካለ ይገለጽ…….	
111	የቤተሰብ የዓመት ገቢ ፡- ስንዴ ----------በኩንተል ጤፍ ----------በኩንተል ገብስ ----------በኩንተል በብር ----------ብር ሌለ ገቢ ከለ (ይግለጽ)----------	----------ብር (በአንድ ወደ ብር ተቀይሮ)	

ክፍል ሁለት፡-በባህላዊና በማህበረሰባዊ ወንዶዎች ኤቸ አይ ቪ ኤድስ ከእናት ወደ ልጅ እንዳይተላለፍ በሚደረገው አገልግሎት ያለውን ሚና ለመዳሰስ

ተ.ቁ	የባህልንና ማህበረሰባዊ ፋይዳ ዳሳሽ መጠይቅ	ምላሽ				
		በጣም እስማማለሁ	እስማማለሁ	እርግጠና አይደለሁም	አልስማማም	በጠምአልስመማም
201	ወንዶዎች ከነፍሰጡር ሚስቶቻቸው/ ከአጋሮቻቸው ጋር ለነፍሰጡርእናቶዎች ምርመራ/ኤችአይ ቪ ኤድስ ከእናት ወደ ልጅ እንዳይተላለፍ ለሚደረገው ምርመራ መሐድ አለባቸው	5	4	3	2	1
202	ነፍሰጡር ሴቶች ያለባሎቻቸው/ አጋሮቻቸውስምምነት ኤችአይ ቪ ኤድስ ልመርመሩ ይችለሉ	5	4	3	2	1
203	ወንዶዎች በእርግዝና ጊዜ ከአጋሮቻቸው ጋር መወያየት በባህል ነውር ነው	1	2	3	4	5
204	አጋሮች ምንም ቢተማመኑም በእርግዝናጊዜ ኤችአይ ቪ ኤድስ ከእናት ወደ ልጅ እንዳይተላለፍ ለመከለካለከል መማር ይኖርባቸዋል	5	4	3	2	1
205	በእረግዝና ጊዜ ነፍሰጡር እናቶች ስራ ከማይበዛባቸው ዘመድ ወይም ጓደኛጋር ነፍሰጡር እናቶች ምረመራክሊኒክቢሄዱ በቂ ነው	1	2	3	4	5
206	የነፍሰጡር እናቶች የኤችአይ ቪ ኤድስ ምርመራውጤት በተዘዋዋሪየአጋሮቻቻውን/የባሎቻውን የኤችአይ ቪ ኤድስ ሁኔታን ያረጋግጣል	1	2	3	4	5
207	ነፍሰጡር እናት በእርግዝና ጊዜ በደምዋ ውስጥየኤችአይ ቪ ኤድስ ቫይረስ ቢገኝባት ትዳርዋን	1	2	3	4	5

	መፍታት አለባት					
208	አጋሮች/ባሎችቢያንስበደማቸው የኤችአይ ቪ ኤድስ አለመኖሩን እስከ ሚያውቁ ድራስ ኮንዶም መጠቀም ይኖረባቸዋል	5	4	3	2	1
209	ኤችአይ ቪ ኤድስ በደም ዉስጥ መኖሩን አወቆ እየተጨናነቁ ከመኖር የኤችአይ ቪ ኤድስ ሁኔታ ሳይታወቅ መኖር ይሻለል	1	2	3	4	5
2010	የሴት አጋር የኤች አይ ቪ ኤድስ ምረመር ውጤት በደምዋ ውስጥ የኤችአቨኤድስ ቫይረስ መኖሩን ቢያሳይ ታማኝ አለመሆኑዋን ያሰያል	1	2	3	4	5
2011	የእናቶችና ህፀናት ህክምናክሊነክ ትኩረት መስጠት ያለበት ወንድ አገሮዎችን ሰይጨምር በእናቶችና በህፀናት ጤና አገልግሎት ብቻ መሆን አለበት	1	2	3	4	5
2012	እርግዝና ራሱ አጨናናቂ ስለሆነ የኤችአይ ቪኤስ ምረመር ከወሊድ ቦኃለ ቢሆን ይሸላል	1	2	3	4	5
	ጠቅላላ ድምር					

ክፍል ሦስት፡ የወንድ አገሮች ኤችአይ ቪ ኤስ ከእናት ወደልጅ እንዳይተላለፍ በሚደረገውአገልግሎት ላይ ያላቸውን እዉቀት ለመዳሰስ

<u>መመርያ</u> የወንድ አገሮች ኤችአይ ቪ ኤድስ ከእናት ወደ ልጅ እንዳይታላለፍ በሚደረገውአገልግሎት ለይ ያላቸውን እዉቀት ለመዳሰስ

በተዘረዘሩትን ዐረፍተ ነገሮች በመማልከት ፣እበኮዋን ከተስመሙ አዎ፤ ከልታስመሙ አይደለም እና እረግጠኛ ከልሆኑ አላወቅሁም በማለት ይመልሱ

ተቁ	ጥያቄዎች	መልስና ኮድ	እለፍ ወደ
301	ኤችአይ ቪ ኤድስ የሚተላለፈው		

301.01	ያልተጠበቀ/ያለኮንዶም/ የግብረ ሥጋ ግንኙት በማድረግ ነው	1. አዎ 2. አይደለም 3. አላወቅሁም	
301.02	አብሮ በአንድ ትሪ በመብላት ነው	1. አዎ 2. አይደለም 3. አላወቅሁም	
301.03	በተበከለ ስለት ባለው ዕቃ/በመረፌ	1. አዎ 2. አይደለም 3. አላወቅሁም	
301.04	ደም በመስጠት	1. አዎ 2. አይደለም 3. አላወቅሁም	
302	**ኤችአይ ቪኤድስ ከእናት ወደ ልጅ የሚተላለፈው**		
302.01	ኤችአይ ቪ ኤድስ ከእናት ወደ ልጅ ይታላለፋል	1. አዎ 2. አይደለም 3. አላወቅሁም	
302.02	ኤችአይ ቪ ኤድስ በደሙ ዉስጥ ኤችአይ ቪ ኤድስ ቫይረስ ከለባት እናት በእርግዝና ጊዜ ወደ ልጅ ይታላለፈል	1. አዎ 2. አይደለም 3. አላወቅሁም	
302.03	ኤች አይ ቪ ኤድስ በደሙ ዉስጥ ከለባት እናት በምጥና በወሊድ ጊዜ ወደ ልጆዋ ይታላለፋል	1. አዎ 2. አይደለም 3. አላወቅሁም	
302.04	ኤች አይ ቪ ኤድስ ከእናት ወደ ልጅ አብሮ በመተኛት ሊተላለፍ ይችላል	1. አዎ 2. አይደለም 3. አላወቅሁም	
302 .05	ኤች አይ ቪ ኤድስ በደሙ ዉስጥ ኤች አይ ቪ ኤድስ ቫይረስ ከለባት እናት ጡት በማጥባት ወደ ልጆዋ ይተላለፋል	1. አዎ 2. አይደለም 3. አላወቅሁም	

303	**ኤች አይ ቪ ኤድስ ከእናት ወደ ልጅ እንዳይታላለፍ ምን መደረግ አለበት**		
303.01	**ለናፍሰጡር እናቶዎች የኤች አይ ቪ ኤድስ ምክርና ምረመራ ማድረግ**	1. **አዎ** 2. **አይደለም** 3. **አላወቅሁም**	
303.02	**ለወንድ አገሮች /ባሎች የኤች አይ ቪ ኤድስ ምክርና ምርመራ በማድረግ**	1. **አዎ** 2. **አይደለም** 3. **አላወቅሁም**	
303.03	**በደሟ ዉስጥ የኤች አይ ቪ ኤድስ ኤች አይ ቪ ኤድስ ቫይረስላለባት እናትም ሆነ አዲስ ለሚወለደው ህፃን የኤች አይ ቪ ኤድስ ዕድሜ ማራዘሚያ መድኃኒት በመስጠት**	1. **አዎ** 2. **አይደለም** 3. **አላወቅሁም**	
303.04	**በኦፕሮሽን በማዋለድ**	1. **አዎ** 2. **አይደለም** 3. **አላወቅሁም**	
303.05	**አዲስ ለሚወለደው ህፃን የእናት ጡት ወተት ሙሉ በሙሉ በመከልከል**	1. **አዎ** 2. **አይደለም** 3. **አላወቅሁም**	
303.06	**አዲስ ለሚወለደው ህፃን እስከ 6ወር ድረስ የእናት ጡት ብቻ እንዲመገብ ማድረግ አንድ አማራጭ ነው**	1. **አዎ** 2. **አይደለም** 3. **አላወቅሁም**	
303.07	**በደማቸወ ኤች አይ ቪ ኤድስ ቫይረስ ያለበቸውን ጥንዶዎች የቤተሰብምጠኔ አገልግሎት እንዲጠቀሙ በማድረግ**	1. **አዎ** 2. **አይደለም** 3. **አላወቅሁም**	
304	**ኤች አይ ቪ ኤድስ ከእናት ወደ ልጅ እንደይተላለፍ የሚደረገውን ፕሮግራም/አገልግሎት ሰምተህ ታውቃለህ ወይ;**	1. **አዎ** 2. **አይደለም** 3. **አላወቅሁም**	

305	ኤች አይ ቪ ኤድስ ከእናት ወደ ልጅ እንደይተለለፍ የሚደረገውን አገልግሎት በሁሉም መንግሥታዊ ጤና ተቋማት እንደ ሚሰጥታውቃለህ ወይ	1. አዎ 2. አይደለም 3. አላወቅሁም	
306	በነፍሰጡር እናቶዎች ምርመራ ክሊኒክ የአዲስ ለሚወለደው ህፃን ምክርና ምርመራ እንድ ምሰጥ ተቀሌ ወይ	1. አዎ 2. አይደለም 3. አላወቅሁም	

ክፍል አራት፡ኤች አይ ቪ ኤድስ ከእናት ወደልጅ እንዳይተላለፍ በሚደረገው አገልግሎት ላይ ያላቸውን የወንድ አገሮች/ ባሎች ልምድንና ግምት ለመዳሰስ

ለሚከተሉት ኤች አይ ቪ ኤድስ ከእናት ወደ ልጅ እንደይተለለፍ ከሚደረገው አገልግሎት ጋር ተያይዞ እንቅፋቶዎችን በተመለከተ ፤ እበከዎን የርሶዎን ሀሳብ በጣም እስማማለሁኝ፣እስማማለሁኝ፣አልወሰንኩም ፣አልስማማም እና በጠም አልማማም በማለት እበኮዎን ሀሳብዎትን ይግለፁ”

ተቁ	ጥያቄ የወንድ አገሮችን ማህበራዊና በባህላዊ አስተሳሰብን ለመዳሰስ	ምለሽ				
		በጣም እስመማለሁ	እስማማለሁ	አለወሰንኩም	አልስማማም	በጠም አልስማማም
401	የነፍሰጡር እናቶዎች ክሊኒክ ነፍሰጡር እናቶች ከወንድ አገሮዎቻቸወው ጋር እንዲመጡ ሳምንት መጨረሻ እና ማታ ማታ መከፈት አለበት	5	4	3	2	1
402	ከጤና ተቋም ያለው እርቀትነ ፍሰጡር እናት ከአጋር/ከባል ጋርወደ ነፍሰጡር እናቶችክሊኒክኤች አይ ቪ ኤድስ ከእናት ወደ ልጅ እንደይተላለፍ ለሚደረገው ምርመራእንዳትሄድ ዋና እንቅፋት ነው	1	2	3	4	5
403	ኤች አይ ቪ ኤድስ ከእናት ወደ ልጅእንደይተለለፍ የሚደረገወ የኤች አይ ቪ ኤድስ ምክርና ምረመር	5	4	3	2	1

	በሰፈር ይደራገል					
404	የእናቶችና ህፃናት ክሊኒክሲመጡ ለወንዶች የተለየ መቀያ ቦታ መኖርአለበት	1	2	3	4	5
405	ጥንዶዎች ኤች አይ ቪ ኤድስ ከእናት ወደ ልጅ እንዳይተላፍ ለመከላከል ተመረምረው ሲወጡ በተለያየ መዉጫ መዉጣት ይኖረበቸዋል	1	2	3	4	5
406	ከሰማህ ወይም ካየህ ጤና በለሙያዎች ወንድ አጋሮችን/ባሎችን ከማቆያ ቦታ ወደ ነፍሰጡር እናቶች ምርመራ ክፍል እንዲገቡ አይፈቅዱም	1	2	3	4	5
407	ከሰማህ ወይም ካየህ ጤና ተቆም ከነፍሰጡር እናቶች ጋር ኤች አይ ቪ ኤድስ ከእናት ወደ ልጅ እንዳይተላለፍ ለመመርመርከወንድ አጋሮዎች ጋር ለሚመጡት የምስክር ወረቀት ይሰጣሉ	5	4	3	2	1
408	እርሶዎ እንደሚያስተውሉት ጤና ተቋማት ወንድ አገሮዎች ኤች አይ ቪ ኤድስ ከእናት ወደ ልጅ እንዳይተላለፍ በሚደረገውምርመራ እንዲሳተፉ በብዙሃን መገናኛ ላይ ይጋብዛሉ በማስተለለፍ ይገብዘሉ /ያበረታታሉ	5	4	3	2	1
409	በማስታወቅያ ሰሌዳዎች እንደተመለከቱት ወንድ አገሮዎች/ባሎችኤች አይ ቪ ኤድስ ከእናት ወደ ልጅ እንደይተለለፍ በሚደረገውምርመራ እንድሳተፉ የሚያበረታቱት ስዕሎዎችናመልዕክቶች በዬትኛውም ጤና ተቋም በር ተለጥፏል	5	4	3	2	1
4010	ሴት አጋርህ የነፍሰ ጡር ክትትል አገልግሎት ስትወስድ ከነበረች ፣ ከሷ ጋር ወደ ክክሊኒኩ እንድትሄድ በቃልም ሆነ ወይም በፁሁፍ ይጋብዛሉ	5	4	3	2	1

ክፍል አምስት፡ ኤች አይ ቪ ኤድስ ከልጅ ወደ እናት እንዳይተላለፍ በሚደረገወ ምርመራ የወንድ አጋሮች ተሳትፎ ደረጀ ለመዳሰስ

መመርያ ፡የወንድ አጋሮች ኤች አይ ቪ ኤድስ ከልጅ ወደ እናት እንዳይተላለፍ በሚደረገው አገልግሎት ተሳትፎ ለማወቅ በሚጠየቁት ጥያቄዎች ፣እበኮዎን ከተስመሙ አዎ፣ ካልተስመሙ አይደለም ወይም እረግጠኛካልሆኑ አላወቅሁም በማለት ይመልሱ

ተ/ቁ	የወንድ አጋሮች/ባሎች ተሳትፎ ደረጃ የሚዳስሱጥያቄዎች	መልስና ኮድ	እለፍ ወደ
501	በዚህ እርግዝና ጊዜ ከሴት አጋርህ ጋር ስለ ኤች አይ ቪ ኤድስ ከእናት ወደ ልጅ እንዳይተላለፍ ለሚደረገው አገልግሎት ጥቅም በራስህ ተነሳሽነት ተወያይታችኋል ወይ	1. አዎ 2. አይደለም 3. አለወኩም	
502	ባለቤትህን/አጋርህን በዚህ እርግዝና ጊዜ የኤች አይ ቪ ኤድስ ምርመራ እንድትመረመር ጠይቀሃት ታዉቃለህ ወይ	1. አዎ 2. አይደለም. 3. አለወኩም	
503	ሴት አጋርህ/ሚስትህ የነፍሰጡር እናቶች እንክብካቤ ክትትል ስታደርግ ከነበረች ፣ምን ምን መረጃ ወይም አገልግሎት ተሰጥቷት እንደ ሆነ ጠይቀሃት ታዉቃለህ ወይ	1. አዎ 2. አይደለም 3. አለወቁም 4. አይመለከትም (አጋሬ የእረግዝና ክትት አለደራገችም)	ከሆና 4 ወደ ጥያቄ . 8
504	ለሴት አጋርህ/ሚስትህ የእረግዝና ክትትል ቀጠሮ አሳስበሃት ተወቃለህ ወይ	1. አዎ 2. አይደለም 3. አለወቁም	
505	ለነፍሰጡር አጋርህ/ሚስትህ በአሁኑ እርግዝና ክትትል ጊዜ የምያስፈልገትን የህክምና ወጭዎቿን ሸፍነህላት ነበር	1. አዎ 2. አይደለም 3. አለወቁም	
506	ቢያንስ ለአንድ ጊዜ ከበለቤትህ/ከአጋሪህ ጋር በእረግዝና ወቅት ወደ ነፍሰጡር እናቶች ክሊኒክ ሄደህ ነበርክ ወይ	1. አዎ 2. አይደለም 3. አለወቁም	ከሆና 2 ወደ ጥያቄ .8

507	የጥያቄ 6 መልሱ አዎ ከሆና ወደ ነፍሰጡር እናቶች ምርመራ ክፍል ገብተህ ነበረክ ወይ	1. አዎ 2. አይደለም 3. አለወቁም	
508	ባለቤትህ/አጋረህ እረጉዝ በነበረች ጊዜ የኤች አይ ቪ ኤድስ ስ ምክርና ምርመራ ተሰጥቶአት ነበር ወይ	1. አዎ 2. አይደለም 3. አለወቁም 4. አይመለከትም ር	ከሆና 2 ወደ ጥያቀ 10
509	የጥያቄ 8 መልሱ አዎ ከሆና ከሚስትህ/ከአጋረህ ጋር አብራችሁ ምክርና ምረመር ተሰጥቷችኋል/ተደርጓል ወይ	1. አዎ 2. አይደለም 3. አለወቁም 4. አይመለከትም (ከእርግዝና በፊትም ኤች አይ ቪ ኤድስ ቫይረስ በደሟ ውስጥ ነበር)	
5010	አስብ አሁን የኤች አይ ቪ ኤድስ ምርመራ ለመመርመር ፈቀደኛ ብትሆን እና ዉጤትኤች አይ ቪ ኤድስ ቫይረስ በደምህ ውስጥ እንዳለብህ የሚያሳይ ቢሆን ለሚስትህ/ አጋርህ ሚስጥሩን አትነግራትም	1. አዎ 2. አይደለም 3. አለወቁም 4. ከእርግዝና በፊትም ኤች አይ ቪ ኤድስ ቫይረስ በደሟ ውስጥ ነበር)	
5011	አስብ አሁን ሚስትህ/ አጋርህ ለኤች አይ ቪ ኤድስ ምርመራ ብትስማማና የምርመራ ዉጤቷም ኤች አይ ቪ ኤድስ ቫይረስ በደምዋ ውስጥ እንዳለ የሚያሳይ ብሆን ለሚስትህም/አጋህም ሆነ አዲስ ለሚወለደው ህፃን ኤች አይ ቪ ኤድስ ከእናት ወደ ልጅ እንደይተለለፍ ለመከለከል የኤች አይ ቪ ኤድስ ዕድሜ መራዘሚያ መድኃንት ቢጠቀሙ ትመማል	1. አዎ 2. አይደለም 3. አለወቁም 4. አይመለከትም	

5012	አስብ አሁን የስስትህ/አገረህ የኤች አይ ቪ ኤድስ ምረመር ዉጤት ኤች አይ ቪ ኤድስ ቫይረስ በደምዋ ውስጥ እንዳለ የሚያሳይ ብሆን አድስ የምወለደወ ልጅ የኤች አይ ቪ ኤድስ ሁኔታ እስከ ሚተወቅ ድረስ ህክምናን እንድትወስድ ትረዳታለህ ወይ	1. አዎ 2. አይደለም 3. አለወቁም 4. አይመለከትም	
5013	አስብ አሁን ለኤች አይ ቪ ኤድስ ምርመራፍቃደኛ ብተሆኑ የምስትህ/የአጋርህ የኤች አይ ቪ ኤድስ ምርመራ ዉጤት ኤች አይ ቪ ኤድስ ቫይረስ በደምዋ ውስጥ እንዳለ የሚያሳይ ብሆን ያላችሁን የፍቅር አንድነት ለማቆም ትወሰወናለህ	1. አዎ 2. አይደለም 3. አለወቁም 4. አይመለከትም	
5014	አሁን አስብ አንተና ሚስትህ /አጋርህ ለኤች አይ ቪ ኤድስ ብትመራመሩ ፣ያንተ የምረመራ ዉጤት ኤች አይ ቪ ኤድስ ቫይረስ በደምዋ ውስጥ እንዳለ የሚያሳይቢሆን የሷ ግን ኤች አይ ቪ ኤድስ ቫይረስ በደምዋ ውስጥ እንሌለ የሚያሳይቢሆን፣ኤች አይ ቪ ኤድስ ወደ እሷም ሆነ ወደ ልጇ አንዳይተላለፍ ኮንዶም ሁሌም ለመጠቀም ታማኝትሆናለህ	1. አዎ 2. አይደለም 3. አላወቅሁም	

አመሰግናለሁ!!

HADIYSSA VERSION

HADIYYI SU'UM XAMMICHA

JIMMI YUNVERSITE'ENE MINADAPHI FAYA'OM LOSSA'IN COLLEGA

EPIDEMOLOGE'I LOSSA'IN BAXANCHA

WORO'IN GIR GICH GAS QOXO'ONE HADIYI ZO'IN KULILLESANE LEMMI WORADE GASONE EDDIS VARESSI AMMA CILLICHONE HIGO BE'ISSA ISSIMINA MINI ANNEHI SHARADDI YOO LIKKA LA'IMINNA MINI ANO'I SHARADDO GULLOBR'ISSINA ISSO LUWWUWA LA'IMMINA ISSAKAMMI XAMMICHUWA

Xamichchi illage eyyatto cakkishi forma

Summ----------yamamommo Jimmi yunversite'ene minadaphi faya'ommi lossani kollejanne issaku'iyyi yommake'i sarayinna sawwitte wixxa'anchho/tte .Ka srrayikki horror woshishi eddissi(HIV) ammassi harrechho qarrammo cillichchone higgobbe'isa issiminna uwwakku'uyi yommakke'I awwaddonne min anno'i te'im gonni beshshi hammarach yoo qaxxa la'imminatte hammaramob'issa horro hawwuwa annani issakk'a la'imminnatte::Ka sarrayimmi mo'okokki higuki lohi again worronne lamifolanni fayyominna lamiforri mennitti fayye'ommi mini awonukkuyyi he'ukki mannitti gonna te'im busha. Ebbikkina mini annohi'i te'immi gonni beshshi eddissi (HIV) ammasi haarechho qarrammo cillichonne higobb'issina uwwakkami awwodonne gonni sharaddi hinkkani qaxanne yoodda'e la'imminna sharado gullamobbe'issa isso hawuwwa annanni issiminna kinne huwwittakammi sawitti harraqa harrammo bikkinna,issittakami harrammatti na harraqa galaxinomo.Ka xa‟‟imich worqatane ki‟‟in sum te‟‟im ki‟‟in bikina caakisoo luww mahim kitaabamoyo. Odim ki‟‟in kutakam wosha hundam iininsee ki‟‟ineesee mul man maceesoobee‟‟isa man bee bagana xa‟‟imomo.Xamichoma xa‟‟imena xanomok ki‟‟ine xa‟‟immommisinna itatakkolassi xale‟‟ete dabacha uwima hasakobe‟‟I ayy xa‟‟imichinam oo xa‟‟imich gatona yimm xansiisooko. Odim ayy amanenem ihaako uulise yim xansiisooko:: Ihukaremmiddu kinne uwwitakkami dabachchi eddiss ammanis harrechcho qarrammo cilichchonne higobe'issa orriminna min anno'i te'im gonni beshuwwi issuwwi sharrada gulliminne dannami qoxxo'onne affamo'issinna harramokko. Ka xammichuwwa xamimmina masso amani 20 iyyisi 30 daqqiqqi affeb'e yoo ammani ihenna xannokko

Xa'ammiccha xammiminna ittanittakkamonihee eyya ☐ ittammomoyyo ☐ Dabachi eyya ihullassi gallaxxommo, awonno idonne hige

Dabachi ittammomoyyo ihullassi awonno manchho xamme

Xamo manichi suma ----------Firima'a----------

Xamako balla ..... xamiccha asherakko'I ammanne---------- xamiccha gullakko ammanne----------

Qabale'I summa----------Mini xigo/inkino'I mare'e

Do'anichch summa ---------- Firim'a ----------

Baxanchi mato: Lule'i mannomani bikkinanna wocco xammicha

Xigo	Xammichcha	Dabacha	Hige
101	Umura	------ hincho	
102	Heechi gannidisa	1. Beero'o 2. Haaxi ulla	
103	Shumo‟o	1. Hadiyyichcho 2. Kambatichcho 3. Ammaccho 4. Guraggekichcho 5. Silixekichcho 6. Mulleki yollassi cakkise.....	
104	Ama;anat	1. Wa'a amananiccho 2. Orittodosisso 3. Musilimichcho 4. Katolikichcho 5. Addimenitissichcho 6. Mulleki yollassi cakkise.....	
105	Mini isimi bikkinna	1. Min isube'anne 2. Mini isakohanne 3. Tirakkohanne/holakkohanne 4. Mulleki yollassi cakkise.....	
106	Hinkkanni ammaninnatte kaba yo'I beshshichchonne te'im mini	……. Hinchinnatte	

	amanne maqire hellak'okki		
107	Kabba yo'i beshshichchonne te'im mini amanne maqire mati minennenihee heellakamokki	1. Ooyya 2. Maqireyyo hennomokki 3. Qoosuumoyo	
108	Losa'ini bikkinna	1. Mahami losube'anne 2. Qanana;imma kittabimma xanohanne 3. Mati soli baxannichi affebe'e lossakkohanne 4. Onitihi sadennitti baxannichi affebe'e lossakkohanne 5. Honisihi tommi baxanchi affebe'e lossakkohanne 6. Tommisi matisi tommi lammi affebe'e lossakkohanne 7. Kolleja te'im yuniveerisittehhe gullakkohanne 8. Mulleki yollassi cakkise.....	
109	Baxi bikkina	1. Abbulancho 2. Addili baxxanicho 3. Daddaranicho 4. Balibaxanicho 5. Mulleki yollassi cakkise.....	
111	Hinnichonne ago attota birra dabarakamare ihookko yitta sawitto Arasi----------kontaline	---------- birra(matti aggannanne)	

	Xaffe.i ----------kontaline So.i----------kontaline Birrinne----------kontaline Muli attoti goguwi yolasi cakise ----------		

Baxxanichi lammoः-Bahillisinne manni sawwixxissinne eddisi ammasi cillichonne higgobbe'isa; issa issiminna huwwakkammi awadonne yookki gonni sharrada la'imminatte

Xigo	Xamicha	Dabacha				
		Here'emi ittamomo	Ittamomo	Hahamiyena hasoomoyyo	Ittamomoyo	Here'emi Ittamomoyo
201	Goni lamifori mini amo'ine te'im beshichone eddisi ammasi cillichone higobee'isa issakkami sorobbina maqqiremi marimi hasissokko	5	4	3	2	1
202	Lamifori amo'I mi'ini ano'I te'imi beshichi ittanichi bee'imi eddisima sorobamena xanokko	5	4	3	2	1
203	Goni lamifollanani ammanenne min amo'inne te'im beshichone atorarrimi hore'immi tuusisoohanne	1	2	3	4	5
204	Beshuwi te'imi min amma min anni mahami amannaqamamutanimi lami folani amannene eddisi amanisi cillichonne higobee'isa issiminna maqiremi saarayanichi hassisokko	5	4	3	2	1
205	Lamifori menniti lamifolalini ammannene baxxi lopho bee'i sari te'imi beshshi maqire sorobanichina faya.omi mine marulassi ihookko	1	2	3	4	5

206	Lami forri menniti eddissi sarayyimi mishi mulli googinne mini annohi te'mi beeshi eddissi misha mo'isokko	1	2	3	4	5
207	Lami fori mennitichi lamifolallanni ammannene eddssi varressi xiigganne siidamutanni manichchisi annani ihimi hassissokko	1	2	3	4	5
208	Beshuwi te'im mini anno'I xiiqi woronne eddissi varessi bee'isa la'amebe'I kondomma awwaximmi hassissokko	5	4	3	2	1
209	Eddissi varessi xi'iqi worronne siidamma kichchi'imissi eddissi duuha la'akkonno hee'immi ellokko	5	4	3	2	1
2010	Lammi forri mannltichi eddissi sorrobimmi mishi xi'iganne eddissi varressi yo'issa mo'issutani manichchina te'im beshichchin ammananitami bee'issa mo'issokko	5	4	3	2	1
2011	Lami forri te'im cilluwi faya'ommi mini beyyo uwimmi hassissokkoki mini ano'ina te'immi gonni beshinatti ihoonin mentinna cilluwinna xa'ee ihmmi hassissokko	5	4	3	2	1
2012	Lammi folani ixxi gagimmi kichche'issoni ihubikinna eddissa sarayyimmi qarimmi lassagi ihutta'n dannammo	1	2	3	4	5

Baxxanich sasso：Minni annohi'I tee'im beshshi eddissi ammassi cillichchone higobee'isa issakkami awwadonne yoo lachcha xaasiminna

Xigo	Xammicha	Dabacha	Hige
301	Eddissi higo googuwwa laqqohonihhe?		
301.01	Eggeramoni yoo googinne tee'imi kondomi bee'i shahixxi eddanichcha issuminette	1. Eyya 2. Ehooyyo	

		3. La’ommoyo	
301.02	Maqqire mati sahinnanne itiminnette	1 Eyya 2 Ehooyyo 3 La’ommoyo	
301.03	Eddissi ammadu manni xiigginne bee’ikko mu’utta te’imi marife’e awwaximminnette	1 Eyya 2 Ehooyyo 3 La’ommoyo	
301.04	Xiiga uwwiminne	1 Eyya 2 Ehooyyo 3 La’ommoyo	
302	Eddissi varresi ammassi cllichchonne higgokkokki		
302.01	Eddissi varressi ammassi cillicchonne higgokko	1. Eyya 2. Ehooyyo 3. La’ommoyyo	
302.02	Eddissi varressi xiiganne eddissi varessi yoo ammanissi lamifollani ammanne cillichchonne higgokko	1. Eyya 2. Ehooyyo 3. La’ommoyyo	
302.03	Eddissi varressi xiiganne eddissi varessi yoo ammanissi xuuchchi te’immi qarrimmi ammanne cillichchonne higgokko	1. Eyya 2. Ehooyyo 3. La’ommoyyo	
302.04	Eddissi varressi ammassi cillamme maqqirre ennise’iminne higgenna xannokko	1. Eyya 2. Ihooyyo 3. La’ommoyyo	
302 .05	Eddissi xiiqi worronne yoo ammanissi annunna ichchisiminne cillichonne higgenna xannokko	1. Eyya 2. Ihooyyo 3. La’ommoyyo	
303	Eddissi varressi ammassi cillanne higgo bee’issa maha issimmi hassisso		
303.01	Lammi forri ammo’ina eddissi soggitano sorrobimma issimmqa	1. Eyya 2. Ihooyyo 3. La’ommoyyo	

303.02	Lammi forri mennitti gonninna te'imma beshshinna eddissi soggitano sorrobimma issimmqa	1. Eyya 2. Ihooyyo 3. La'ommoyyo	
303.03	Xiiqi worronne eddissi varressi yoo ammanammi ihukko harrechcho qarrammo cillichcinna ummurra qerralisso eddissi qarrare uwwimminnette	1. Eyye 2. Ihooyyo 3. La'ommoyyo	
303.04	Oopireshshininne qarriminnette	1. Eyya 2. Ihooyyo 3. La'ommoyyo	
303.05	Harrechcho qarrammo cillichchinna amma annunna horeemmi horriminnette	1. Eyya 2. Ihooyyo 3. La'ommoyyo	
303.06	Harrechco Qarrammo cillichcina lohi again affebbe'e ammi annunni xalle'e uwwiminnette	1. Eyya 2. Ihooyyo 3. La'ommoyyo	
303.07	Xiiqqi worronne eddissi varressi yoo beshshuwinna eddissi ammanissi cilla higoobee'issa qellissakka'a qarimi qorromma /konnidomma awwaxxamo'issa	1. Eyya 2. Ihooyyo 3. La;ommoyyo	
304	Eddissi varressi ammanissi cillanne higoobe'issinna uwwakkami awwado machessa laqohoonihee	1. Eyya 2. Ihooyyo 3. La'ommoyyo	
305	Eddissi varressi ammanissi cilla higoobee'issa issakkammi awwaddi hunnidemmi addilli fayya'ommi minnenne uwwakkamissa laqqohonnihhe	1. Eyya 2. Ihooyyo 3. La'ommoyyo	
306	Lammiforri ammo'i sarrayimmi fayya'omi minnenne harrechcho qarrammo cillinna soggitanno sarrayimma uwwakkamissa laqohonnihee	1. Eyya 2. Ihooyyo 3. La'ommoyyo	

Baxxanchi sooro: Eddissi ammanissi cillanne higoobee'issa issakkammi awwaddonne minni anno'I te'immi besshi yoo sawwitte la'imminna

Xigo	Xamicha	Dabacha				
		Here'emi ittamomo	Ittamomo	Mahamiyena hasoomoyyo	Ittamomoyo	Here'emi Ittamomoyo
401	Lammifolluwi fayya'omi mini lamifori ammo'I mini amo'inni tee'immi beshsi maqirremi warramonna saanitti beedichchanne hiimmonne foqqokko	5	4	3	2	1
402	Fayya'ommi minissi yoo qellommi lammiforri ammo'I eddissi ammassi cilla higoo bee'issa horriminna min anni te'immi beshichch maqqirre warrammo bee'issa horriminna horror hawwo	1	2	3	4	5
403	Eddissi varressi ammanissi cillanne higoobee'issinna issakkami soggitanni sorrobimmi olla'anne ihookko	5	4	3	2	1
404	Ammo'I te'immi cilluwwi fayya'omi mine warramohare gonninna annanni beyyo guddissimi hassissokko	1	2	3	4	5
405	Beshuwwi eddissi varressi ammassi cilla higoobee'issinna sarayyama firramukkuyya annanni googinne firrimi hassissokko	1	2	3	4	5
406	Machessitanissi te'immi mollitanissi fayya'ommi baxxanni gooni beshuwwi te'immi mine anno'I ushshexaxi beyissi lammi forri ammo'o sarayakammi baxxancha aggo uwwamoyyo	1	2	3	4	5
407	Machessitanissi te'immi mollitanissi fayya'om mini lammiforri ammo'I maqqire eddissi varressis ammanissi cilla higgo bee'issa horriminna saarayyamenna warro mini anno'ina te'imi beshinna	5	4	3	2	1

	naqqashanni worraqatta uwwokko					
408	Kinne sawittakamissa fayya'omi mini anno'I te'imi beshshi Eddissi varressi ammanissi cillanne higgo bee'issa issakkami saarayimanne hamarramo'isinna radonnanne te'imm telvesionnanne higissimminne wesshammkko/qoxxissanissamokko	5	4	3	2	1
409	La'isshanne mollakko'issanne gonni beshshe te'im mini anno'i eddissi varressi ammanissi cilla higgo bee'issa horriminna issakkami hammaramo'issna qoxxissaniso misilluwi assuwwi hundemmi fayya'omi mini goccuwanne laxafammakko	5	4	3	2	1
4010	Mini amma lammifolallani fayya'amo eggachcha awonitu'uyya heellollassi ,isse maqqirremmi fayya'omi mine mattonna kittabinne te'immi saggarinne weshshamokko	5	4	3	2	1

Baxxanichi onnito: Eddissi varressi ammannissi cillla higo bee'issinna isssakkami awwadonne mini anno'I te'im beshi hammaranchi yoo qoxo'o la'imminna

Xigo	Xammicha	Dabacha	Hige
501	Ka lamifollananni ammannenne eddissi varressi ammanis cilla higo bee'isa issakkami awwaxi bikinna kigaagi killa atoorattakka'a laqakkamonihee	1. Eyya 2. Ihooyyo 3. La.ommoyyo	
502	Ka lammifollananni ammannenne mini amma te'imi beshicho eddissa sarrayato issitonna xammitta laqqohonihhe	1. Eyya 2. Ihooyyo 3. La.ommoyyo	

503	Mini amma te'imi beshshicho lammifollani fayya'o eggecha awwonituya hee'o ammannenne maha awado awwakkami da'e xamitta laqohonnihee	1. Eyya 2. Ihooyyo 3. La.ommoyyo 4. Esse mo'oyyo	Dab achi 4/8 hige
504	Ki mini ammnana te'imi beshichona lamifollanani awwonim balla tisissa laqohonihee	1. Eyya 2. Ihooyyo 3. La.ommoyyo	
505	Kimin ammana te'imi beshichona ka lamifollananni awwonimi ammanenne hasisso luwwa hunidami haramita helitonihe	1. Eyya 2. Ihooyyo 3. La.ommoyyo	
506	Hoffe'ukkuyya ki mini amma te'imi beshicho maqire lammifollananni ammannenne lamiforri ammo'I fayya'omi mini mata heelitonihee	1. Eyya 2. Ihooyyo 3. La.ommoyyo	Dab achi 2 /8 hige
507	Loho xanichi dabachi eyya ihullassi lamiforri ammohi sarayamo baxanicha agga laqqohonihe	1. Eyya 2. Ihooyyo 3. La.ommoyyo	
508	Mini amma te'imi beshicho lammiforri he'illo ammanne eddissi sogitanno saarayyato masitta'ahelo'oni	1. Eyya 2. Ihooyyo 3. La.ommoyyo 4. Essemo'oyyo	Dab ach 2/10 hige
509	Xamichi 8 dabachi eyya hihulassi mini ammanne /beshichonne soggitano saarayato siddakahanihee	1. Eyya 2. Ihooyyo 3. La.ommoyyo 4. Essemo'oyyo	
5010	Hinnikko sawwihee eddissi saarayyatto issitte ittanittitaninna saaroyyo mishi eddissi varressi xiiga	1. Eyya 2. Ihooyyo	

	siiddammo'issa mo;issutttani ki minn ammanna te'im beshichona kuttohonihee	3. La.ommoyyo 4. Essemo'oyyo	
5011	Hinnikko sawihhee kii minni amma /beshshichcho eddissi saarayyatto saarayyanitte ittanittotannina saarayyaxxi mishi eddissi varressi xiiga yoo'issa mo'issohani ihuttani kii min ammanammi ihukko haarechch o qarrammo cillinna eddissi varressi ammanisi cilla higgoo bee'isa harrammo qarrare massamuta'ini ittamomo	1. Eyya 2. Ihooyyo 3. La.ommoyyo 4. Essemo'oyyo	
5012	Hinno sawwilehhe kiimini ammaakki/beshshichchokki eddissi saarayyaxxi mishi eddissi vaaressi xiiganne yoho'issa mo'issohanni ihuta'nni haarrchcho qaarammo cillichchikki eddissi varressi du'ahhi qossamebee'e qaarrarre awwaxxittona haarramittohonihee	1. Eyya 2. Ihooyyo 3. La.ommoyyo 4. Essemo'oyy	
5013	Hinnikko sawwihee eddissi saarrayattina ittanitotta'inina saarayo mishi eddissi vaarressi xiiga yoo'issa mo;issohani ihuttani ittamimissi annani ikkakkamonihhe	1. Eyya 2. Ihooyyo 3. La.ommoyyo 4. Essemo'oyy	
5014	Hinnikko sawwihee atihi kimini amma/beshshichcho maqirremmi eddissi saarrayyatto massitakkotani kiiki saarayyo mishi eddissi varressi yo'issa mo;isoha ihuta'ini isekki be'issa mo'issutani,varressi ammanisi cilla higgo bee;isa hundi ammannem ammanatinne kondomma awwaxitohonihee	1. Eyya 2. Ihooyyo 3. La.ommoyyo	

Galaxxoommo!!!!