CHOICE OF PLACE OF DELIVERY AND ASSOCIATED FACTORS AMONG PREGNANT WOMEN IN ANEDED WOREDA, EAST GOJJAM ZONE, NORTH WEST ETHIOPIA

BY

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Jimma, Ethiopia

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Abstract

Background: *Place of delivery is an important part of reproductive health care. Births occurring at home are most likely to take place without assistance from a health professional, whereas births occurring at a health facility are more likely to be attended by a trained health professional. Women's choice of place of delivery is influenced by different socio-demographic, obstetric and health service related factors.*

Objective: *To identify choice of place of delivery and associated factors among pregnant women.*

Methods: *A community based cross sectional study design with both quantitative and qualitative methods was employed in Aneded Woreda, East Gojjam Zone, North West Ethiopia, from March 1-20, 2011.*

Pre-test was conducted before the actual data collection. Data was analyzed using SPSS version 16.0 and qualitative data was used to triangulate the quantitative findings. Bivariate & multiple logistic regression analysis were used to identify predictors of choice of place of delivery.

Result: *Two hundred fifty nine (65.4%) pregnant women preferred to deliver at home while the rest preferred health institutions. Reason for choosing home were assessed and accordingly the most frequently mentioned reasons were "it is my usual practice" (52.9%), "I get close attention from relatives and family" (43.2%) and "I feel more comfortable giving birth at home" (34.4%).Teen age pregnancy was also found to be high (65.6%)in the study area.*

On the multivariable logistic regression model; decision maker (when made by husbands) (OR: 5.1: 95% CI: 1.2, 22.5), family income between 270.8 & 458 Birr (OR: 2.54: 95% CI: 1.026, 6.3), not attending ANC visit (OR: 3.8: 95% CI = 1.7, 8.7), time taken to reach the nearby health facility (1/2-1hr (OR: 2.9: 95% CI: 1.3, 6.1) and > 1hr (OR: 3.8, 95% CI: 1.7, 8.8)) and previous home delivery (OR: 23.8: 95% CI: 22.8, 24.8) were associated with a preference by pregnant women to deliver at home.

Conclusion and recommendation*:* *Majority of the respondents chose to deliver at home. A range of characteristics affect choice of place of delivery such as socio-demographic and health service related practices/factors. Despite the increased focus on increasing institutional delivery majority of the women in Aneded woreda preferred to deliver at home and this shows that the Woreda health office and other concerned bodies should work together to increase institutional delivery by increasing ANC utilization and accessibility of the services.*

Key words*: Choice of place of delivery, pregnant women, Aneded Woreda.*

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Table of contents

Abstract i
Acknowledgement iii
Table of contents iv
List of figures vi
List of tables vi
Acronyms vii
Chapter One: Introduction 1
1.1 Background 1
1.2. Statement of the problem 2
Chapter Two: Literature Review 5
2.1 Factors associated with choice of place of delivery 5
2.2. Significance of the study 10
Conceptual framework 11
Chapter Three: Objectives 13
3.1. General Objective 13
3.2. Specific Objectives 13
Hypothesis ..... **Error! Bookmark not defined.**
Chapter Four: Method and materials 14
4.1 Study area and period 14
4.2 Study design 14
4.3 Population 14
4.3.1 Source population 14
4.3.2 Study population 15
4.4 Sample size and sampling procedure 15
4.4.1 Sample size 15
4.4.2 Sampling procedure 16
4.5 Data collection and measurements 17
4.5.1 Data collection instrument 17
4.5.2 Study variables 18
4.5.3 Data collection technique 19

4.6 Data collectors 19
4.7 Pre-test 19
4.8 Quality control 19
4.9 Data processing and analysis 20
4.10 Ethical consideration 20
4.11 Definition of operational terms 20
4.12 Dissemination plan 21
Chapter Five: Result 22
5.1 Socio-demographic and economic characteristics 22
5.2. Past and current obstetric history 25
5.3. Health service related characteristics 27
5.4. Mothers current choice of place of delivery and their reasons 27
5.5 Predictors of choice of place of delivery 33
Chapter Six: Discussion 37
Strengths of the study 40
Limitation of the study 40
Chapter Seven: Conclusion and recommendations 41
7.1. Conclusion 41
References 42
Annex I: Questionnaires 43

List of figures

Figure 1: Conceptual framework showing factors associated with choice of place of delivery 2011. 12
Figure 2: Schematic representation of sampling procedure for the quantitative method 17
Figure 3: Educational status of women & husbands in Aneded woreda, East Gojjam zone, North West Ethiopia, 2011. 24
Figure 4: Decision maker to choose place of delivery among pregnant women in Aneded woreda, East Gojjam zone, North West Ethiopia, 2011. 24
Figure 5: Time taken to reach to the nearby health facility from the homes of pregnant women in Aneded Woreda, East Gojjam Zone, North West Ethiopia, 2011. 27

List of tables

Table 1: Socio-demographic characteristics of pregnant women in Aneded woreda, East Gojjam Zone, North West Ethiopia, 2011. 23
Table 2: Past & current obstetric history of pregnant women in Aneded woreda, East Gojjam Zone, North West Ethiopia, 2011. 26
Table 3: Women's choice of place of delivery and their reasons in Aneded woreda, East Gojjam Zone, North West Ethiopia, 2011. 29
Table 4: Socio-demographic factors affecting choice of place of delivery among pregnant women in Aneded Woreda, East Gojjam zone, Northwest Ethiopia, 2011. 31
Table 5: Obstetric and health service related factors affecting choice of place of delivery among pregnant women in Aneded Woreda, East Gojjam zone, Northwest Ethiopia, 2011 32
Table 6: Multivariable logistic regression showing independent predictors of choice of place of delivery among pregnant women in Aneded Woreda, East Gojjam zone, Northwest Ethiopia, 2011 36
Table 7: Proportional to size allocation of sample size in each selected kebele in Aneded Woreda, East Gojjam Zone, North West Ethiopia, 2011. 46

Acronyms

ANC	Antenatal Care
AOR	Adjusted Odds Ratio
COR	Crude Odds Ratio
DHS	Demographic and Health Survey
EDHS	Ethiopian Demographic and Health Survey
HEP	Health Extension Program
HSDP	Health Sector Development Program
ICPD	International Conference on Population and Development
MDGs	Millennium Development Goals
MMR	Maternal Mortality Ratio
NGO	Non-Governmental Organization
OR	Odds Ratio
PID	Pelvic Inflammatory Disease
SBA	Skilled Birth Attendant
SSA	Sub Saharan Africa
TBA	Traditional Birth Attendant
UNICEF	United Nations International Children's Education Fund
WHO	World Health Organization

Chapter One: Introduction

1.1 Background

Place of delivery is an important part of reproductive health care. The place of delivery often determines the quality of care received by the mother and infant and is an important factor affecting peri-natal and maternal mortality (1). Pregnancy is not a disease and pregnancy related mortality and morbidity are preventable with attainable, simple and cost effective interventions (2). Every pregnant woman faces the risk of sudden, unpredictable complications that could end in death or injury to herself or to her infant (3).

The provision of care for women during pregnancy and child birth is essential to ensure a healthy and successful outcome of pregnancy for the mother and her newborn (4). Access to professional health care during delivery is critical for maternal & child mortality reduction. Since majority of deaths occur during delivery and the low predictive value of antenatal screening for identifying risk cases, the presence of a skilled attendant at delivery more likely reduces mortality (5).

“Births occurring at home are most likely to take place without assistance from a health professional, whereas births occurring at a health facility are more likely to be attended by a trained health professional” (6). One of the most critical interventions for safe motherhood is to ensure skilled care provided by skilled professionals during pregnancy and childbirth (7). Proper medical attention and hygienic conditions during delivery can reduce the risk of complications and infections that may cause the death or serious illness of the mother and the baby or both (6).

1.2. Statement of the problem

Every day, at least 1,600 women die worldwide from the complications of pregnancy and child birth; of which Sub-Saharan Africa and South Asia took the largest share (86%) (8,9). Four million new born infants die and millions more disabled every year because of poorly managed pregnancies and deliveries. This is a devastating health problem of areas with low ANC and high home delivery (2). A lifetime risk of maternal death in developing countries is forty times higher than that of the developed world (8, 10). In Sub-Saharan Africa (SSA), a woman's risk of dying from treatable or preventable complications of pregnancy and childbirth over the course of her lifetime is 1 in 22 compared to the developed regions (1 in 7,300) (11).

The proportion of women who delivered with the assistance of a skilled birth attendant is one of the indicators in meeting the fifth millennium development goal (MDG). In almost all countries where health professionals attend more than 80% of deliveries, maternal mortality ratios (MMRs) are below 200 per 100,000 live births (8). In 2008, 65.7% of births were attended by a skilled health worker world-wide. Nearly all births were attended by skilled health personnel in the developed countries while this proportion is 61.9% and 35.3% in less developed and least developed countries respectively. In Africa and Asia, only 46.5% and 65.4%, respectively, of women gave birth with professional assistance. From less developed regions, the lowest levels of skilled attendant at birth were in Eastern Africa (33.7%) (12).

Eleven countries, including Ethiopia, comprised 65% of the global maternal deaths in 2005. A total of 14 countries had maternal mortality ratio (MMR) of at least 1000/100,000 live births, of which 13 were in the SSA. The MMR in the country, in 2005, was 673 per 100,000 live births and the infant mortality rate was 77 per 1000 live births (6).

Home delivery is a common phenomenon for Ethiopian women. Previous studies have clearly demonstrated that the utilization of institutional delivery and other maternal health services is very low in the country (13, 14). Nationally, only 7% of births occurred in the health institutions indicating that the majority of Ethiopian women gave birth at home. Only a quarter of Ethiopian women received antenatal care (ANC) which justifies the high level of home delivery in the country (15, 16).

The proportion of births delivered in a health facility is generally low in most of the regions in Ethiopia (6% or less). In Amhara region specifically institutional delivery was the lowest (3.5%) when compared with other regions of the country (6). It is well established that giving birth in a medical institution under the care and supervision of trained health-care providers promotes child survival and reduces the risk of maternal mortality. Deliveries that took place in health facilities were mainly assisted by a skilled attendant. However, in case of home deliveries it was mainly conducted by unskilled attendants. Utilization of health services including choice of place of delivery is affected by a number of factors. Common determinants are socio-demographic characteristics, obstetric history, distance, economic factors, cost and level of information available to clients and knowledge of birth complications. These variables were studied by different researchers in different settings but findings were inconsistent (6, 9, 17-24).

Maternal deaths are the result of complications of pregnancy and child birth such as hemorrhage, hypertensive disorder, obstructed labor, unsafe abortion and infection which contribute for up to 80% of maternal deaths with resultant increased fetal loss, peri-natal mortality and poor survival of small children. Even though millions of women and newborns survive such complications, many mothers and newborns suffer acute and chronic ill health or lifelong disabilities from uterine prolapse and vesico-vaginal and/or recto-vaginal fistulae. Furthermore, obstructed labor can also result in infections, including sepsis, pelvic inflammatory disease (PID), which damage the reproductive system, leading to infertility and a range of gynecological disorders (8, 25, 26).

The complications that affect women during pregnancy and child birth affect the fetus as well. Around 8.1 million infants die each year, half of them within the first month of life and a large proportion within a few days of birth. Many of these neonatal deaths are a direct consequence of poorly managed pregnancies and deliveries. Infants surviving these complications have greater risk of developing physical and mental disabilities throughout their lives (2).

Deaths and disabilities related to pregnancy result in human suffering and are obstacles to the social and economic development. The women who die are in the prime of life, responsible for the health and wellbeing of their families who generate income, grow and prepare food, educate the young, care for children, the elderly and the sick. Their death makes development efforts unreliable (2).

Cognizant of high MMR and high home delivery, the Ethiopian government has come to be strong advocate for improved maternal health as evidenced by its commitment to the MDGs. It is also committed to improvement of maternal health as a primary goal of the third Health Sector Development Program (HSDP III). This places strong emphasis on expanding basic and equitable access through an innovative program, health extension program (25).

Important efforts have also been made to improve social and economic conditions through adoption of relevant policies and strategies, for example, on reproductive health and adolescent reproductive health (6). Sector-wide programs have been developed for women in health and education. Significant improvement in health service coverage, particularly in rural areas, is evidenced by the recent construction of thousands of health posts and the deployment of 30,000 health extension workers to deliver primary health care (26). Despite this improvement, with this pace, the achievement of MDGs by the year 2015 is lagging behind.

Despite the fact that institutional delivery is essential for further improvement of maternal and child health little is known about the current choice of place of delivery and associated factors in the study area. Understanding the choice of the women and the various factors that influence their choice will help to put in strategies that will improve maternal health service utilization. Therefore, the purpose of this research is to identify women's choice of place of delivery and associated factors.

Chapter Two: Literature Review

Women have many different choices these days. Deciding where to give birth is one of these choices which have a significant effect on their health and the newborn. Obviously the choice between home and hospital birth is as much a matter of personal preference as well as of the health and risk factor of the pregnancy. Some women may prefer the freedom to deliver at home while others may prefer to deliver in the health institutions (27). Hence, preference is influenced by many factors such as socio-demographic, maternal obstetric history and health service related factors.

In a cross sectional study conducted in Zaria (Northern Nigeria) 71.8% of women preferred to deliver at home while the rest (28.2%) preferred institutional delivery (23). In a study conducted in Nepal however, 49.4% of women preferred home delivery while 50.6% of women preferred institutional delivery (22).

2.1 Factors associated with choice of place of delivery

2.1.1 Socio-demographic and economic factors

Socio-demographic factors primarily influence decision making of women on whether to seek care (28). A cross sectional study from Southern Kenya, found that older women were more likely to give birth outside the health institution compared to women in the age group 20-29 years (29). In a cross sectional study done in India, Muslim women had significantly lower chances of using skilled personnel at child birth (19).

Maternal education is identified as predictor of preference to place of delivery in different studies conducted in different countries but, there is no consistent finding. Cross-sectional studies from India (19) and North Gondar (21) and the 2005 EDHS (6) showed those women with higher education levels were more likely to use skilled attendants at birth compared to those with lower or no education. However, a cross-sectional study from West Bengal showed that there was no significant association between maternal education and place of delivery (20).

Cross sectional studies from Nepal and Zaria (Northern Nigeria) showed a significant association between husband's education and place of delivery (22,23). In opposite to this, a cross sectional study from rural West Bengal showed that there was no significant association between husband's education and place of delivery (20).

Different studies found a significant association between who decided to go for ANC and delivery services and utilization of these services. A cross sectional study on barriers to institutional delivery from West Bengal showed that selection of place of delivery has been influenced by the person who selected it. In this study, in about 34.80%, 47.90% and 3.20% of cases place of delivery was decided by mother-in-law, husband and pregnant women themselves respectively and in those cases home deliveries were 85.05%, 86.55% and 37.5% respectively (20). A cross sectional study conducted on utilization of ANC and delivery services in Nigeria stated that married women usually seek spousal approval of their choice of ANC and delivery facilities and majority of the women used TBA to satisfy their husband need (1).

A study done in India found that women residing in rural areas had lower odds of skilled care (30). Similarly a cross sectional study done in North Gondar showed a statistically significant association between place of residence and place of delivery. In this research women who resided in rural areas were more likely to use the services than their urban counter parts (21). In contradiction to this, in a study conducted in Turkey there was no statistically significant association between residence and place of delivery (31).

Cross sectional studies from India, Southern Kenya and North Gondar found that women with lower income were less likely to deliver at health facilities than women having higher income (19,21,31).

A survey conducted in India on place of birth found a significant association between listening to radio and place of delivery. In this survey, women who didn't listen to radio every week were less likely to deliver at home compared to women who listen to radio every week (1**).**

A similar study conducted in Nigeria on determinants of use of maternal health services showed that women with medium and high community media saturation were 1.44 and 2.17 times more likely to use medical personnel at delivery respectively compared to women with low community media saturation (32).

Another study conducted in North Gondar found women without access to radio were less likely to deliver at a health institution than women with access to radio. In this study 8.4% of women had radio while the rest 91.6% didn't have (21).

Various studies found a significant association between maternal occupation and their choice of place of delivery. A cross sectional survey conducted in Nepal indicated that women who were working in agriculture and housewives were 5.1 & 1.5 times more likely to deliver at home than those working in office respectively (22). Similarly in a cross sectional study from West Bengal conducted on barriers to institutional delivery 9.23% of workers and 78.9% of housewives deliver their baby at home (20).

Different studies found a significant association between occupation of the husband and choice of place of delivery. In a study conducted in Nepal on socio-economic and physical distance to the maternity hospital women whose husbands were working in agriculture were 4 times more likely to deliver at home than those working in an office (22).

Similarly in a cross sectional survey from Bangladesh on determinants of maternal health services utilization, women whose husbands were working in business/service sectors were 2.23 times more likely to go to traditional services compared to women whose husbands were farmers (33). The girls' right to have any say over when and if they should become pregnant is unacknowledged. This unequal division of power in marriage is likely to be exacerbated where the husband-wife age gap is wide (34).

2.1.2 Maternal obstetric factors

Different studies conducted in different parts of the world revealed a significant association between maternal obstetric factors and place of delivery. A cross sectional study done in North Gondar showed age at first pregnancy was not significantly associated with place of delivery (21).

Studies showed a significant association between parity and place of delivery. A community based cross sectional survey from Western Kenya on use of antenatal services and delivery care showed that parity was not associated with place of delivery (29).

Previous experience of child death is identified as predictor for choice of place of delivery and ANC. A community based cross sectional survey conducted in Western Kenya showed that women who had 1-2 and ≥ 3 previous child deaths were 1.6 and 1.35 times more likely to give birth outside the health institution respectively compared to women with no previous child death. In contradiction to this, previous experience of still birth was not significantly associated with ANC and delivery service utilization (29).

Different literatures found a significant association between occurrence of ANC complications and place of delivery. Studies from West Bengal, Karachi (South Pakistan) and North Gondar found a significant association between experience of pregnancy & birth complications with ANC utilization and place of delivery. According to these studies, mothers who had past history of pregnancy and delivery complications were more likely to deliver in the health institutions (20, 21,24).

A Cross sectional study conducted on choice of place for child birth in Chongwe district (Zambia) found that compared to mothers who delivered their last pregnancy at a health facility, mothers who had their last childbirth at home were 85% less likely to deliver their current pregnancy at a health facility (35).

2.1.3. Health service related factors

Different studies conducted in different countries found distance from the health institution as a significant factor affecting choice of place of delivery. According to cross-sectional studies conducted in Nepal and Western Kenya, women walking 1 hour and greater than 1 hour were more likely to give birth outside the health facility compared to those who travel < 1 hour walking distance (22,23). However, a cross sectional study conducted in West Bengal found that there was no significant association between distance of household from nearest health care facility and place of delivery (20).

Different literatures from different areas found a significant association between ANC follow up and place of delivery. According to cross-sectional studies conducted in West Bengal, Nepal and North Gondar, women who had registered antenatal visit were more likely to give birth at health facilities than women who had no registered ANC visits (20-22).

Different studies were done in different parts of the world and found a significant association between maternal socio-demographic, obstetric and health service related factors and ANC utilization and choice of place of delivery. Because some of these factors vary in different settings their influence on women's choice of place of delivery need to be studied in the country and study area specifically.

2.2. Significance of the study

The aims of delivery care include achieving clean and safe delivery as well as recognition, early detection and management or referral of complications at health center or hospitals. Identifying factors influencing choice of place of delivery helps to focus on these factors which are amenable to change. Understanding the forces behind choice of place of delivery will help to improve the health service delivery and assist in directing efforts towards better use of resources. So far, to the researcher's knowledge, no adequate study done to address this area of concern in the country, and no study done in Aneded Woreda specifically. Therefore, this study is aimed to identify choice of place of delivery and factors that influence choice of place of delivery among women in Aneded Woreda. Identification and analysis of determinants of choice of place of delivery is quite important for a resource starved country like Ethiopia. Because analysis of factors influencing choice of place of delivery will help local health authorities, governmental and NGOs working on MCH (maternal and child health) with relevant information to take measures that can overcome the shortcomings in the existing service delivery system so that utilization rate of institutional delivery in the Woreda is increased.

Conceptual framework

This conceptual framework is developed after review of literatures on the subject. The socio-demographic & economic factors affect ANC utilization and choice of place of delivery. Maternal obstetric factors also affect ANC utilization and choice of place of delivery. Health service related factors have also an influence on ANC utilization and choice of place of delivery. The ANC utilization (an intermediate variable) affect choice of place of delivery and is influenced by maternal socio-demographic & economic, obstetric and health service related factors. This relationship is explained in the conceptual framework next page (Figure 1).

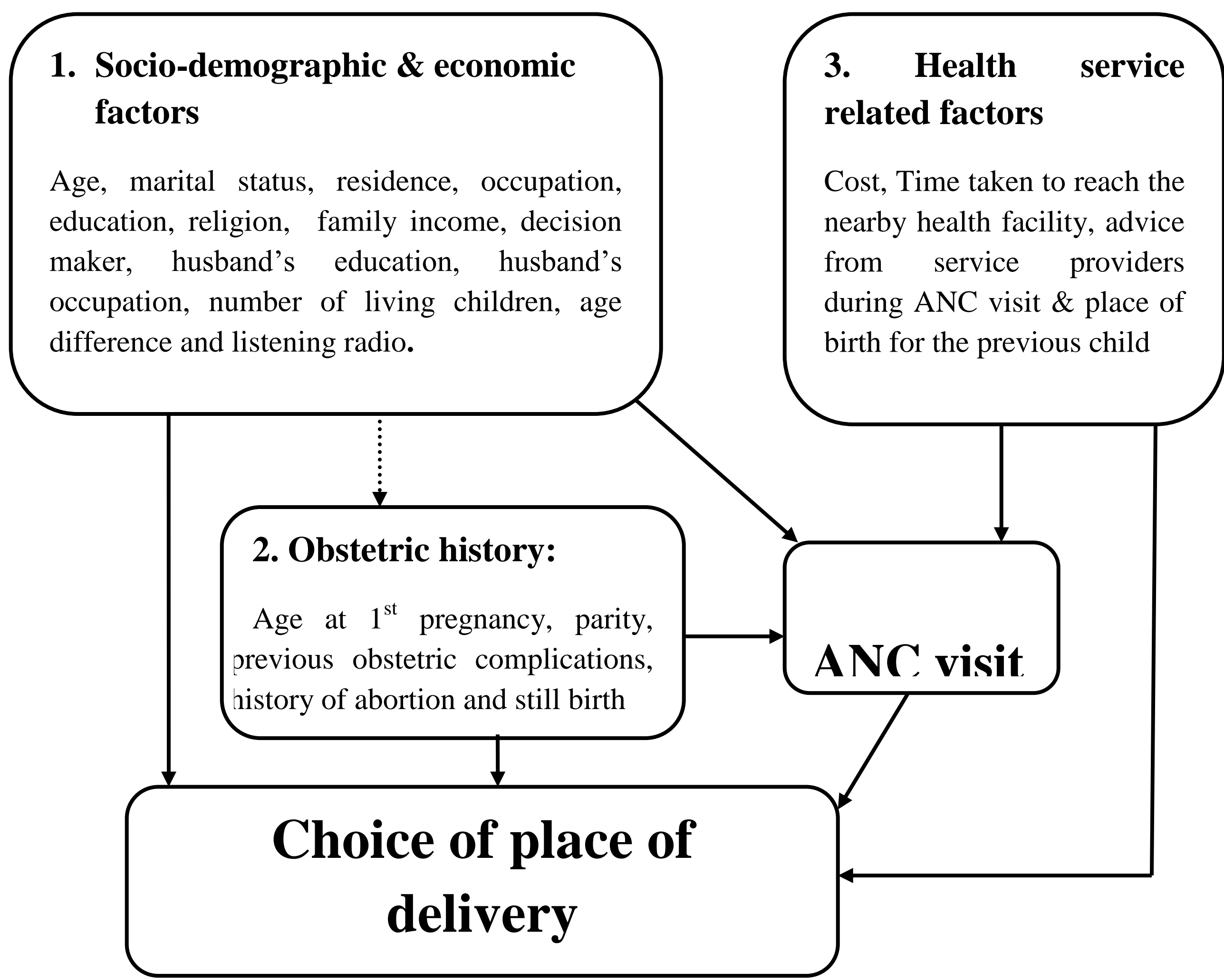


Figure 1: Conceptual framework showing factors associated with choice of place of delivery 2011.

Chapter Three: Objectives

3.1. General Objective

The overall objective of this study was to identify choice of place of delivery and associated factors among pregnant women in Aneded Woreda, East Gojjam Zone, North West Ethiopia, 2011.

3.2. Specific Objectives

1. To identify women's choice of place of delivery for the current pregnancy
2. To determine factors associated with women's choice of place of delivery

Chapter Four: Method and materials

4.1 Study area and period

The study was conducted in East Gojjam zone, Aneded Woreda from March 1-20, 2011. East Gojjam zone is one of the zones in Amhara Regional State located, in North West Ethiopia and has a total population of 2,152,671 bounded by South Gondar in the North, Oromiya region in the South, North Shoa, South Wollo and Oromiya region in the East and West Gojjam in the west. Debre Markos is the zonal capital located 299Km from the capital city of Ethiopia, Addis Ababa. Aneded is one of the 18 woredas in East Gojjam zone, Amhara region of Ethiopia; located 282 km from Addis Ababa and 17 Km from the Zonal capital, Debre Markos. Currently, the woreda has 19 rural and 1 urban kebeles. This woreda has 41,437 hectare area and a total population of 91,195 of whom 45,387 are males and 45,808 are females. About 89,418 were rural and 1,777 were urban dwellers. The estimated number of women in reproductive age (15-49) in the woreda (both rural and urban) was 22,550. About 12,899 Children less than 5 years and 3,535 expected pregnancies were recorded in the woreda. In the woreda there are three health centers and 19 health posts (36, Aneded woreda health office report, 2009/2010 unpublished).

4.2 Study design

A community based cross sectional study with both quantitative and qualitative methods was employed.

4.3 Population

4.3.1 Source population

For quantitative study: All pregnant women in Aneded woreda.

For qualitative study: Health care providers working in ANC and delivery service, health extension workers, pregnant women, husbands and community leaders in Aneded woreda were the source population for the qualitative data.

4.3.2 Study population

For the Quantitative study

Selected pregnant women were included.

Inclusion and exclusion criteria

- **Inclusion criteria**

Pregnant women were included as study population.

Pregnant women who stayed for 1 or more years in the study area prior to the time of data collection

- **Exclusion criteria**

Pregnant women who were seriously ill and unable to communicate were excluded from the study.

For the qualitative Method

A total of 15 participants from health service providers working in ANC and delivery service, health extension workers, pregnant women, husbands and community representatives were selected purposively for the in-depth interview.

4.4 Sample size and sampling procedure

4.4.1 Sample size

The quantitative sample size for this study was calculated using formula for a single population proportion considering the following assumptions:

- Assumptions: A 95% confidence level, margin of error (0.05), proportion of women who prefer to deliver in health institutions (p = 0.5) was substituted in the following single population proportion formula.

$$n = \frac{\left(z_{\alpha/2}\right)^2 p(1- p)}{d^2}$$

Where: n = required sample size

$Z_{\alpha/2}$ = Critical value for a standard normal distribution at 95% confidence level which equals to 1.96 (z value at α =0.05)

P = proportion of women who prefer to deliver in health the institution

d = an absolute precision (margin of error 5%).

$$n = \frac{(1.96)^2 (0.5)(1 - 0.5)}{(0.05)^2} = 384$$

The formula yield n = 384

Adding 10% for non-response the required total sample size for the study was.

For the qualitative part, 15 participants from health care providers at ANC and delivery service, health extension workers, pregnant women, husbands and community leaders were interviewed based on the principle of saturation of information.

4.4.2 Sampling procedure

For quantitative study

From a total of 20 Kebeles in Aneded Woreda, ten kebeles were selected by simple random sampling (lottery) method. Number and list of pregnant women in the selected kebeles was obtained from Health Extension Works and they were approached randomly using lottery method. Closed houses were revisited three times on the same day rather than simply considering them as non-response.

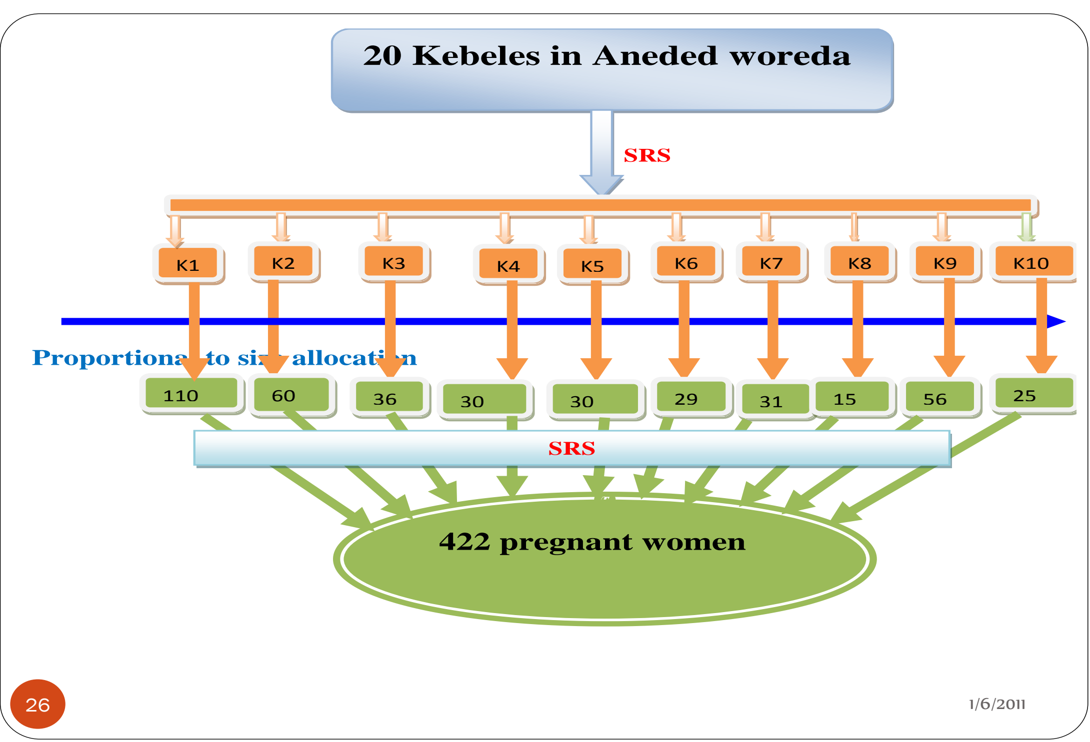


Figure 2: Schematic representation of sampling procedure for the quantitative method

For qualitative study

Health care providers at ANC and delivery services, health extension workers, pregnant women, husbands and community leaders were selected purposively with the help of kebele administratives and HEWs and interviewed on choice of place of delivery and associated factors.

4.5 Data collection and measurements

4.5.1 Data collection instrument

Quantitative data were collected using a pre-tested questionnaire after a review of similar literatures (6, 9, 17-24). The questionnaire had socio-demographic & economic, obstetric and health service related questions with 5 sections. The questionnaire was prepared first in English then translated in to Amharic and back to English to check for consistency.

A semi-structured open-ended interview guide was developed and used for in-depth interview and the interview was tape recorded and notes were taken accordingly.

4.5.2 Study variables

- **Dependent variable**
  - ✓ Choice of place of delivery
- **Independent variables**

Socio-demographic and economic characteristics

- ✓ Age of the mother
- ✓ Marital status
- ✓ Residence
- ✓ Religion
- ✓ Income
- ✓ Educational status of the mother
- ✓ Educational status of the husband
- ✓ Age difference between husband & wife
- ✓ Occupation of the mother
- ✓ Occupation of the husband
- ✓ Listening about institutional delivery on radio
- ✓ Number of living children
- ✓ Decision maker

Obstetrics history

- Age at 1st pregnancy
- Parity
- Previous obstetric complication
- History of abortion
- History of still birth

Health service related factors

- Cost
- Distance from the health facility
- Place of birth for the previous child
- ANC visit
- Advice from health professionals

4.5.3 Data collection technique

Interviewer administered semi-structured questionnaire was used in a study subjects' usual place of residence. In order to complement and supplement and ultimately to maximize the data quality obtained from the questionnaires, in-depth interview was conducted with health care providers in ANC and delivery services, health extension workers, pregnant women, husbands and community leaders by the principal investigator.

4.6 Data collectors

Ten 10th grade completed female students (able to speak and write Amharic fluently) were recruited and trained for three days (including practical work) by the principal investigator on the study instrument, consent form, how to interview and data collection procedure. Four BSc nurses and one health officer were recruited and trained for three days to supervise the data collection.

4.7 Pre-test

Pre-test was conducted on 10% (42 pregnant women) of the sample on a nearby Kebeles (Amber Zuria & Nefasam) to ensure clarity, wordings, logical sequence and skip patterns of the questions and amendments on the questionnaire were made accordingly.

4.8 Quality control

The quality of the data was assured by using questionnaires obtained from review of similar literatures. The questionnaire was translated from English to Amharic by translators and back to English by second other translators who are health professionals and fluent speakers of Amharic and English to compare the consistency.

Data collectors and supervisors were trained for 3 days. The questionnaire was pre-tested before data collection on the kebeles which weren't included in the study.

Five supervisors were assigned and checked the day today activity of data collectors. The principal investigator also checked the supervisors' work each day.

4.9 Data processing and analysis

For the quantitative data

The data was checked for completeness and inconsistencies, coded, entered in to SPSS for windows version 16.0 (SPSS Inc.) and cleaned. Further, editing of the data was done after data entry by running frequencies and checking for out of range responses.

Binary logistic regression analysis was used to test the existence of association between independent variables and choice of place of delivery. Finally all the significant variables in a bivariate analysis were entered to the multivariable logistic regression model to determine predictors of choice of place of delivery. Odds ratios and 95% confidence intervals were used to measure the strength of statistical associations and to interpret the findings and statistical significance was declared at $P<0.05$.

For the qualitative data

Data was transcribed verbatim in to an English text by the principal investigator by replaying the recorded interview. Ideas in the text were merged in their thematic areas and a thematic framework analysis was employed manually. The results were presented in narratives in triangulation with quantitative data.

4.10 Ethical consideration

Ethical clearance was obtained Ethical Review Board of College of Public Health and Medical Sciences, Jimma University. Letter of permission was obtained from Aneded Woreda health office and Amber town administrative offices. In addition all of the study participants were informed about the purpose of the study and finally their verbal consent was obtained before interview and ensured during each activity of data collection. The respondents were notified that they have the right to refuse or terminate at any point of the interview. The information provided by each respondent was kept confidential and used only for the purpose of the study and hence name of the respondents was omitted.

4.11 Operational definition

Age difference between husband & wife– is calculated by subtracting age of the mother from age of the husband.

Choice of home delivery – Those births which are planned to take place in the respondents, family, traditional birth attendants or neighbors home.

Choice of institutional delivery – Those births which are planned to take in governmental, non-governmental or private health institutions.

Parity - the number of full term children previously borne by a woman, excluding miscarriages or abortions in early pregnancy, but including still births.

4.12 Dissemination plan

The results of this study will be presented to Jimma University, population and family health department. It will also be communicated to East Gojjam zone health department, Aneded woreda administrative office and Aneded Woreda health office and other concerned bodies through report. Efforts will be made to publish the findings on national and international peer reviewed journals.

Chapter Five: Result

5.1 Socio-demographic and economic characteristics

Four hundred twenty two pregnant women were planned to be included in this study, 396 were interviewed making the response rate of 93.8%. The mean age of respondents was 28.1 (±5.9) years. Less than a third (29.5%) of respondents were in the age group 25-29 years while only 5.8% were in the age group of 15- 19 years. The average age difference between husband and wife was 6.4 (±4.1) years. More than two third (68.4%) of husbands were 5 or more years older than their wives. Majority of the respondents 375 (94.7%) were rural dwellers and 395 (99.7%) were Orthodox Christians by religion. Majority of the participants were married (95.7%) and more than half (51.3%) of the respondents were farmers by occupation. Concerning husband occupation, majority were farmers (93.0%).

About 190 (50.0%) of study participants reported an average monthly family income below the median (458 Birr). On average, a woman had 3 children (±2.1). Slightly higher than one third (37.5%) of women had 3 to 5 living children while 9.3% of them had 6 or more living children. More than half (53%) of study participants didn't listen about institutional delivery on radio (Table 1).

Table 1: Socio-demographic characteristics of pregnant women in Aneded woreda, East Gojjam Zone, North West Ethiopia, 2011.

Variable	Category	Frequency	Percent
Age	15-19	23	5.8
	20-24	89	22.5
	25-29	117	29.5
	30-34	86	21.7
	>=35	81	20.5
Age difference between husband & wife	<=4	125	31.6
	5-9	193	48.7
	>=10	78	19.7
Residence	Rural	375	94.7
	Urban	21	5.3
Marital status	Married	379	95.7
	Others*	17	4.3
Religion	Orthodox	395	99.7
	Muslim	1	0.3
Occupation of the mother	House wife	176	44.4
	Farmer	203	51.3
	Others**	17	4.3
Husband occupation	Government employee	8	2.1
	Farmer	361	93.0
	Others***	19	4.9
Monthly family income (In Birr)	<270.8	99	26.1
	270.8-458	91	24.0
	458-812.5	95	25.1
	>812.5	94	24.8
Number of living children	None	81	20.5
	1	61	15.4
	2	69	17.4
	3-5	148	37.4
	6^{+}	37	9.3
Do you own a radio in your house?	Yes	186	47.0
	No	210	53.0

* Widowed, divorced, single, cohabitated
** Local drink seller, daily laborer, pot maker
*** Tailor, merchant, daily laborer

Concerning educational status, 324 (81.8%) of the study participants were unable to read and write while 8.1% of them attended formal education. Half 194 (50.0%) of the husbands were unable to read and write while only 7.7% attended formal education (Figure 3).

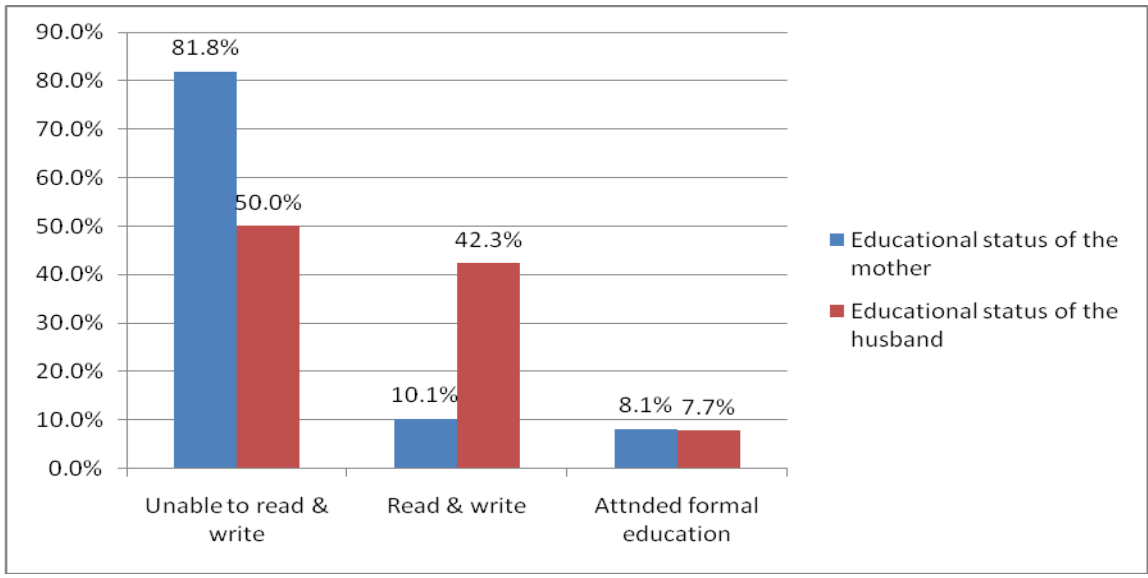
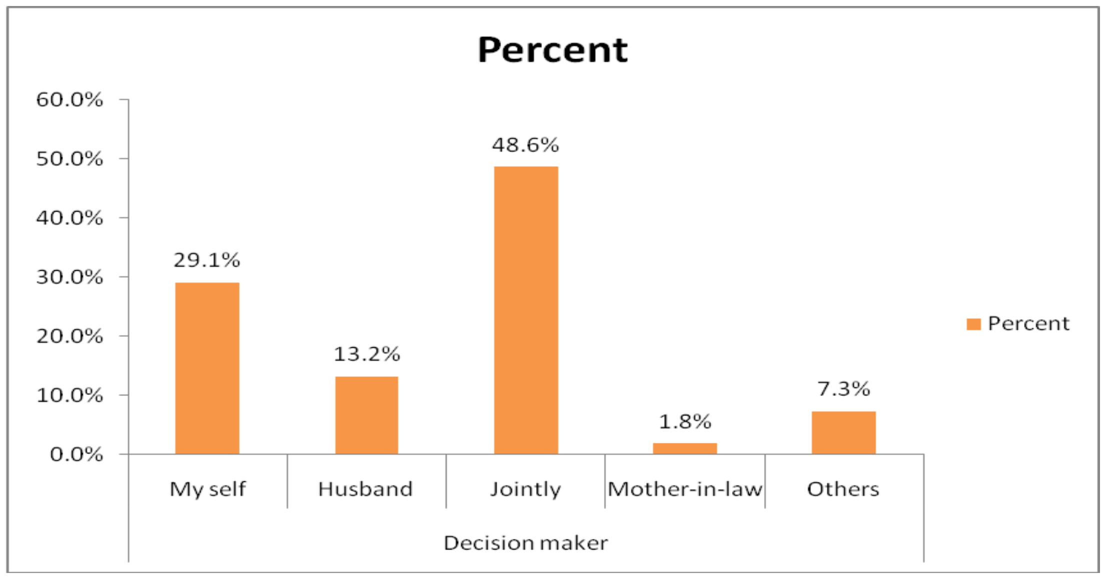


Figure 3: Educational status of women & husbands in Aneded woreda, East Gojjam zone, North West Ethiopia, 2011.

Nearly half (48.6%) of the participants reported that final decision to choose place of delivery made jointly (with the husband) and & 1.8% of the respondents reported that final decision made by mother-in-laws (Figure 4).



* Others include mother, father, brother, sister and father in law.

Figure 4: Decision maker to choose place of delivery among pregnant women in Aneded woreda, East Gojjam zone, North West Ethiopia, 2011.

5.2. Past and current obstetric history

Nearly two third (65.6%) of the respondents had their first pregnancy before 20 years. A quarter (25.0%) of the subjects gave birth to 5 or more children while 14.4% of them were parity one. Regarding history of abortion, 67 (16.9%) women reported history of one or more abortions and 32 (8.1%) reported history of still birth. The mean gestational age was 27.3 (± 6.7) weeks.

Two hundred ninety (73.2%) respondents visited the nearby health facility at least once for ANC while 106 (26.8%) didn't visit the health institution during the current pregnancy. From those pregnant women who attended ANC, 94.1% made less than 4 visits while only 5.9% made 4 or more ANC visits.

About a third (36.9%) of study participants reported previous history of pregnancy/delivery complications while 265 (80.3%) respondents delivered their previous child at home (Table 2).

Table 2: Past & current obstetric history of pregnant women in Aneded woreda, East Gojjam Zone, North West Ethiopia, 2011.

Variable	Category	Number	Percent
Age at 1st pregnancy	<20	257	65.6
	20-29	135	34.4
Parity	None	75	18.9
	1	57	14.4
	2-4	165	41.7
	≥ 5	99	25.0
History of abortion	Yes	67	16.9
	No	329	83.1
History of still birth	Yes	32	8.1
	No	364	91.9
ANC visit	Yes	290	73.2
	No	106	26.8
Number of ANC visits	<4	273	94.1
	4+	17	5.9
Previous complication	Yes	132	36.9
	No	226	63.1
Place of previous delivery	Home	265	80.3
	Health institution	65	19.7

5.3. Health service related characteristics

From the total 290 pregnant women who visited the health facility for ANC, majority (81.7%) reported that they got advice to deliver in the health institution. Eighty four (21.2%) respondents reported cost of care/time it takes for ANC & delivery services as a great problem to get these services. More than a third (37.9%) of the respondents reported more than half an hour to an hour walking distance to reach the nearby health facility (Figure 5).

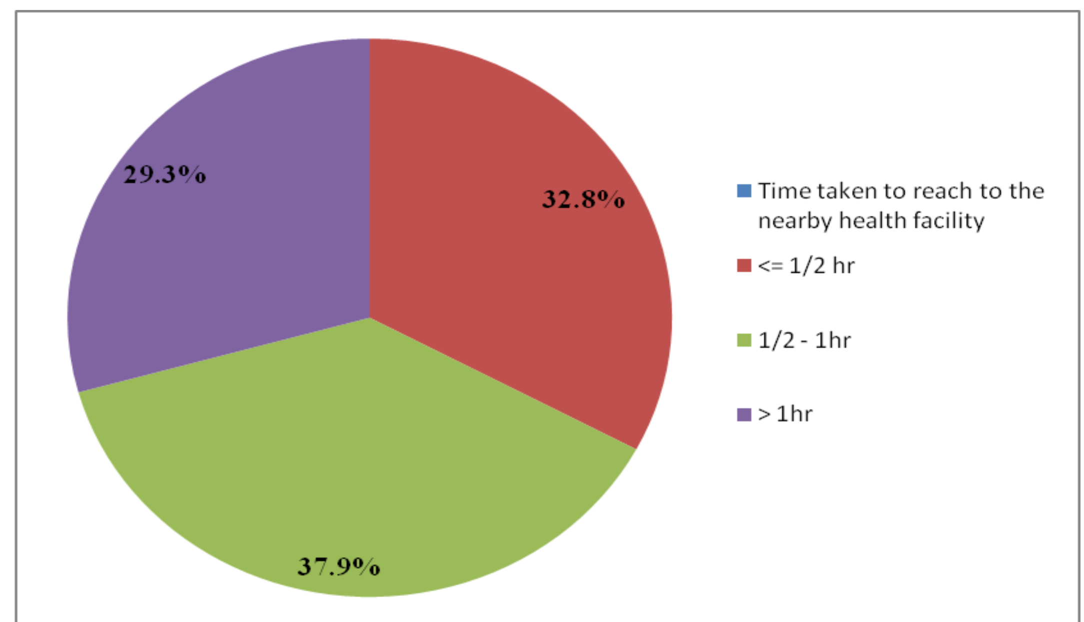


Figure 5: Time taken to reach to the nearby health facility from the homes of pregnant women in Aneded Woreda, East Gojjam Zone, North West Ethiopia, 2011.

5.4. Mothers current choice of place of delivery and their reasons

Two hundred fifty nine (65.4%) pregnant women chose to deliver at home while the rest (34.6%) chose health institution. The most frequently mentioned reasons for choosing home delivery were “it is my usual practice” (52.9%), “I get close attention from relatives and family” (43.2%) and “I feel more comfortable giving birth at home” (34.4%) while most frequently mentioned reasons for choosing institutional delivery were “informed to deliver in health facilities” (78.3%), “to get better services in health facilities” (54.3%) and “to get better outcomes from health facilities to me & my baby” (52.2%) (Table 3).

Regarding the reasons for choosing home to deliver her child, a 25 years old mother from Adisge kebele said:

"…I go nowhere… I will deliver and get rest here (home). I face many problems to reach the health center. There is no one to carry me there (health center) & there is problem of money."

On the other hand a health officer from Jama health center remarked;

"…Women want to deliver at home fearing the long distance and delivering on the road… There are also "very hot places" ('Berehama') areas and it is difficult to come to the health center."

A nurse from Amber health center also said;

"…When a woman deliver at home… there is what we call social support… relatives, friends are there with them who are helping and supporting."

Table 3: Women's choice of place of delivery and their reasons in Aneded woreda, East Gojjam Zone, North West Ethiopia, 2011.

Variables	Frequency	Percent
Choice of place of delivery		
Home	259	65.4
Health institution	137	34.6
Total	396	100
Reasons to choose home delivery for the current pregnancy		
I feel more comfortable giving birth at home	89	34.4
I get Close attention from relatives and family	112	43.2
Because it is my usual practice	137	52.9
Bad experience in giving birth in health facilities	7	2.7
Unwelcoming approach of health workers in health facilities	3	1.2
The health facility is too far from my house	8	3.1
Lack of money for transport	12	4.6
Influenced by my husband not to go to health facilities	19	7.3
No one to care for the family	12	4.6
Reasons to choose institutional delivery for the current pregnancy		
Informed to deliver in health facilities	108	78.3
To get better services in health facilities	75	54.3
To get better outcomes from health facilities to me & my baby	72	52.2
Bad experience from past home delivery	39	28.3
The health facility closer to home	28	20.3
Others	7	5.1

NB*. Percents will not add up to 100 due to multiple responses.

In a bivariate analysis of socio-demographic variables; occupation of the mother, educational status of the mother, husband occupation, average monthly family income and decision maker on place of delivery were significantly associated with choice of place of delivery (Table 4).

From obstetric and health service related variables place of previous delivery, ANC visit during the current pregnancy, advice from service providers to deliver in the health institution and time taken to reach the nearby health facility were significantly associated with choice of place of delivery in a bivariate analysis (Table 5).

Table 4: Socio-demographic factors affecting choice of place of delivery among pregnant women in Aneded Woreda, East Gojjam zone, Northwest Ethiopia, 2011.

Variable	Category	Choice of place of delivery		
		Home No. (%)	Health institution No. (%)	COR (95% CI)
Age of the mother	15-19	13 (56.5%)	10 (43.5%)	1.0
	20-24	62 (69.7%)	27 (30.3%)	1.8 (0.7, 4.5)
	25-29	75 (64.1%)	42 (35.9%)	1.4 (0.6, 3.4)
	30-34	62 (72.1%)	24 (27.9%)	2 (0.8, 5.1)
	≥ 35	47 (58.0%)	34 (42.0%)	1.1 (0.4, 2.7)
Age difference	≤ 4 years	81 (64.8%)	44 (35.2%)	1.0
	5-9 Years	128 (66.3%)	65 (33.7)	1.1 (0.7, 1.7)
	≥10 years	50 (64.1%)	28 (35.9%)	0.97 (0.5, 1.7)
Residence	Rural	248 (66.1%)	127 (33.9%)	1.8 (0.7, 4.3)
	Urban	11 (52.4%)	10 (47.6%)	1.0
Marital status	Married	250 (66.0%)	129 (34.0%)	1.0
	Others	9 (52.9%)	8 (47.1%)	0.6 (0.2, 1.5)
Occupational status of the mother	Housewife	136 (77.3%)	40 (22.7%)	1.0
	Farmer	116 (57.1%)	87 (42.9%)	**0.4 (0.3, 0.6)**
	Others	7 (41.2%)	10 (58.8%)	**0.2 (0.07, 0.6)**
Husband occupation	Gov't employee	1 (12.5%)	7 (87.5%)	1.0
	Farmer	242 (67%)	119 (33%)	**14.2 (12.05, 16.3)**
	Others	12 (63.2%)	7 (36.8%)	**12.0 (9.7, 14.3)**
Educational status of the mother	Unable to read & write	223 (68.8%)	101 (31.2%)	**2.5 (1.2, 5.2)**
	Read & write	21 (52.5%)	19 (47.5%)	1.3 (0.5, 3.2)
	Attended formal school	15 (46.9%)	17 (53.1%)	1.0
Husband education	Unable to read & write	124 (63.9%)	70 (36.1%)	1.6 (0.7, 3.4)
	Read & write	115 (70.1%)	49 (29.9%)	2.1 (0.9, 5)
	Attended formal school	16 (53.1%)	14(46.7%)	1.0
Family income	< 270.8 Birr	76 (76.8%)	23 (23.2%)	**3.2 (1.7, 5.9)**
	270.8-458 Birr	66 (72.5%)	25 (27.5%)	**2.5 (1.4, 4.7)**
	458-812.5 Birr	59 (62.1%)	36 (37.9%)	1.6 (0.9, 2.8)
	>812.5% Birr	48 (51.1%)	46 (48.9%)	1.0
No. of living children	None	51 (63.0%)	30 (37.0%)	1.0
	1	41 (67.2%)	20 (32.8%)	1.2 (0.6, 2.4)
	2	43 (62.3%)	26 (37.7%)	0.97 (0.5, 1.9)
	3-5	102 (68.9%)	46 (31.1%)	1.3 (0.7, 2.3)
	6+	22 (59.5%)	15 (40.5%)	0.9 (0.4, 1.9)
Radio at home	Yes	114 (61.3%)	72 (38.7%)	1.0
	No	145 (69%)	65 (31%)	1.4 (0.9, 2.1)
Decision maker	Self	27 (76.5%)	88 (23.5%)	1.0
	Husband	6 (88.5%)	46 (11.5%)	2.4 (0.9, 6.1)
	Jointly	97 (49.5%)	95 (50.5%)	**0.3 (0.2, 0.5)**
	Mother-in-law	5 (71.4%)	2 (28.6%)	0.8 (0.1, 4.2)
	Others	24 (82.8%)	5 (17.2%)	1.5 (0.5, 4.2)

Table 5: Obstetric and health service related factors affecting choice of place of delivery among pregnant women in Aneded Woreda, East Gojjam zone, Northwest Ethiopia, 2011.

Variable	Category	Choice of place of delivery		COR (95% CI)
		Home No. (%)	Health institution No. (%)	
Age at 1st pregnancy	< 20 years	169 (65.8%)	88 (34.2%)	0.99 (0.6, 1.5)
	20-29	89 (65.9%)	46 (34.1%)	1.0
Parity	None	48 (64.0%)	27 (36.0%)	1.0
	1	39 (68.4%)	18 (31.6%)	1.2 (0.6, 2.5)
	2-4	109 (66.1%)	56 (33.9%)	1.1 (0.6, 1.9)
	5+	63 (63.6%)	36 (36.4%)	0.98 (0.5, 1.8)
History of abortion	Yes	38 (56.7%)	29(43.3%)	1.0
	No	221 (67.2%)	108 (32.8%)	1.6 (0.9, 2.7)
History of still birth	Yes	17 (53.1%)	15 (46.9%)	1.0
	No	242 (66.5%)	122 (33.5%)	1.8 (0.9, 3.6)
ANC visit	Yes	168 (57.9%)	122 (42.1%)	1.0
	No	91 (85.8%)	15 (14.2%)	**4.4 (2.4, 8.0)**
No. of ANC visits	<4 visits	161 (59%)	112 (41%)	2.1 (0.8, 5.6)
	4+ visits	7 (41.2%)	10 (58.8%)	1.0
Advice	Yes	122 (51.7%)	114 (48.3%)	1.0
	No	46 (86.8%)	7 (13.2%)	**6.1 (2.7, 14.2)**
Previous complication	Yes	83 (62.9%)	49 (37.1%)	1.0
	No	153 (67.7%)	73 (32.3%)	1.2 (0.8, 1.9)
Place of previous delivery	Home	207 (78.1%)	58 (21.9%)	**22.2 (21.4, 23.0)**
	Health institution	9 (13.8%)	56 (86.2%)	1.0
Distance	≤ 30 minutes	69 (53.5%)	60 (46.5%)	1.0
	31-60 minutes	97 (65.1%)	52 (34.9%)	**1.6 (1.001, 2.6)**
	>1 hr	91 (79.1%)	24 (20.9%)	**3.3 (1.9, 5.8)**
Cost of the services/ affordability	Yes	60 (71.4%)	24 (28.6%)	1.4 (0.8, 2.4)
	No	199 (63.8%)	113 (36.2%)	1.0

5.5 Predictors of choice of place of delivery

All the significant independent variables in a bivariate analysis were entered together in a multivariable logistic regression using backward method to determine final predictors of choice of place of delivery controlling for potential confounders. Accordingly; monthly family income, ANC visit, place of previous delivery, decision maker and distance from the nearby health facility were independent predictors of women's choice of place of delivery.

In this study women whose average monthly family income was in the 2nd income quartile (between 270.8 and 458 Birr) were two and half times more likely to choose home delivery as compared to women who were in the highest income quartile (> 812.5 Birr) (OR: 2.54: 95% CI: 1.026, 6.3).

A health officer from Jama health center mentioned, *"Most of them think that the delivery service is expensive and women may choose to deliver at home for fear of extra charges … actually it is free."*

A 35 years old man from Woreda health office remarked, *"…Women who are poor may give priority for household expenses than their health and prefer to deliver there (home). It is true since some women in rural areas don't know the service is free".*

Based on the study finding, women who didn't visit the health facility for ANC during the current pregnancy were 3.8 times more likely to choose home delivery as compared to women who made at least 1 ANC visit (OR:3.8: 95% CI = 1.7, 8.7).

A nurse from Aneded health center remarked, *"…During ANC we give advice on the advantage of institutional delivery and recommend them to deliver in the health center… and most of them come to deliver here (health center)."*

Place of previous delivery was a significant predictor of women's choice of place of delivery for the current pregnancy. Women who delivered their previous child at home were more likely to choose home delivery compared to women who delivered their previous child in the health institution (OR: 23.8: 95% CI: 22.8, 24.8).

A 25 years old woman from Adisge kebele stated, *"…I delivered my younger child here (home) easily. Why I need to go now? (Questioning)…I don't know about the importance of delivering there (health institution).*

A health extension worker from Zinkir Mele kebele remarked, *"If a woman delivered at home previously with no complications, for sure she will prefer home. She thinks 'everything is ok' and she will deliver like the previous one."*

This study found that women whose husbands made final decision to choose place of delivery were five times more likely to choose to deliver at home compared to women who made the decision by themselves (OR: 5.1: 95% CI: 1.2, 22.5) and women who made decision jointly with their husbands were 70% less likely to choose home delivery than women who made decision by themselves (OR: 0.3: 95% CI: 0.2, 0.7).

Urban health extension worker from Amber kebele stated, *"Husbands want their wives to stay at home ... women can't choose place of delivery by themselves and want to deliver at home to avoid quarreling with husbands."*

A 32 year old man from Jama kebele stated, *"We should ask how much husbands respect the will of their wives… there are husbands who don't want their wives to go to the health center… those who discuss and made decisions together will benefit. But most of the time women don't discuss with their husbands and decisions are made by husbands."*

Distance from the nearby health facility was also another health service related predictor of choice of place of delivery. In this study increased distance from the nearby health facility was found to be associated with preference of home delivery.

Women travelling half an hour to an hour walking distance to reach to the nearby health facility were 2.9 times more likely to prefer home delivery than women travelling ≤ half an hour walking distance to reach to the nearby health facility (OR: 2.9: 95% CI: 1.3, 6.1) and women travelling greater than an hour walking distance to reach to the nearby health facility were 3.8 times more likely to prefer home delivery than women who travel ≤ half an hour walking distance to reach to the nearby health facility (OR: 3.8, 95% CI: 1.7, 8.8) (Table 6).

A 30 years old woman from Jama kebele said, *"…Labour is urgent. Here is no one to carry me there (health center). How can I reach there? (Questioning) I don't want to deliver my child on the road."*

A health officer from Jama health center remarked, *"…there is no transport service in the kebele… if a mother in labour wants to come to the health center, she need help to be carried to the health center. Because of this she prefers to deliver at home."*

Table 6: Multivariable logistic regression showing independent predictors of choice of place of delivery among pregnant women in Aneded Woreda, East Gojjam zone, Northwest Ethiopia, 2011.

Variable	Home No. (%)	Health Institution No. (%)	COR (95%CI)	AOR (95%CI)
Income				
<270.8 (lowest quartile)	76 (76.8%)	23 (23.2%)	3.2 (1.7, 5.9)	2.5 (0.9, 6.3)
270.8-458 (2nd quartile)	66 (72.5%)	25 (27.5%)	2.5 (1.37, 4.67)	**2.5 (1.026, 6.3)**
458-812.5	59 (62.1%)	36 (37.9%)	1.6 (0.9, 2.8)	1.3 (0.6, 2.9)
>812.5 (Upper quartile)	48 (51.1%)	46 (48.9%)	1.0	1.0
ANC visit				
Yes	168 (57.9%)	122 (42.1%)	1.0	1.0
No	91 (85.8%)	15 (14.2%)	4.4 (2.4, 8.0)	**3.8 (1.7, 8.7)**
Place of previous delivery				
Home	207 (78.1%)	58 (21.9%)	22.2(10.4,47.6)	**23.8(22.8, 24.8)**
Health institution	9 (13.8%)	56 (86.2%)	1.0	1.0
Final decision maker				
Myself	88 (76.5%)	27 (23.5%)	1.0	1.0
My husband	46 (88.5%)	6 (11.5%)	2.4 (0.9, 6.1)	**5.1 (1.2, 22.5)**
Both I & my husband	97 (49.5%)	95 (50.5%)	0.3 (0.2, 0.5)	**0.3 (0.2, 0.7)**
Mother-in-law	5 (71.4%)	2 (28.6%)	0.8 (0.1, 4.2)	0.3 (0.02, 3.1)
Others	24 (82.8%)	5 (17.2%)	1.5 (0.5, 4.2)	0.7 (0.2, 3.1)
Distance				
≤ 30 minutes	69 (53.5%)	60 (46.5%)	1.0	1.0
½-1hr	97 (65.1%)	52 (34.9%)	1.6 (1.001,2.6)	**2.9 (1.3, 6.1)**
>1hr	91 (79.1%)	24 (20.9%)	3.3 (1.9, 5.8)	**3.8 (1.7, 8.8)**

Chapter Six: Discussion

In this study 65.4% of study participants chose home delivery while the rest 34.6% chose institutional delivery. This finding is comparable with a study conducted in Northern Nigeria of whom 71.8% chose home delivery (23) but higher compared to a study conducted in Nepal which is 49.4% (22). This difference may be due to the difference in the time since the above study is conducted and the difference in study population.

The results of the present study revealed that women's choice of place of delivery is significantly influenced by their level of average monthly family income. Women whose average monthly family income was in the 2nd income quartile (between 270.8 and 458 Birr) were 2.5 times more likely to choose home delivery compared to women who were in the highest income quartile (> 812.5 Birr). This finding is in line with similar studies conducted in India and Western Kenya (19,29). This may be because in situations where income is low women always face trouble to allocate little money for different necessities of daily life. Therefore, they can't give enough attention to their health care need due to moenetary problems. Moreover, women's health is secondary issue and ignored by husbands in situations decision are made by husbands. Therefore, poor women don't get opportunity to use modern facilities for child delivery (37). This may be true in situations where women don't know the availability of free delivery services. This is also supported by the qualitative finding.

Consistent with studies conducted in West Bengal, Nepal and North Gondar (20-22), women who had antenatal care visit were more likely to prefer to deliver at health facilities than women who had no ANC visits. This may be because women who made ANC visits got advice to deliver in the health institution by health service providers and these may increase women's interest in delivering in the health institution. Majority (94.2%) of women who preferred to deliver in the health institution got advice during ANC visit while only 5.8% didn't get advice. This was evidenced from the qualitative finding.

A nurse from Aneded health center remarked, *"…during ANC we give advice on the advantage of institutional delivery and recommend them to deliver in the health center… and most of them come to deliver here (health center)."*

The study showed that previous home delivery was associated with choosing home delivery. Women who delivered their previous child at home were more likely to prefer home delivery for the current pregnancy as compared to women who delivered their previous child in the health institution. The finding is also comparable with study conducted in Zambia (35). This may be because women who previously delivered at home with no complications want to deliver at home like the previous one. This is apparent in rural areas such as Aneded Woreda where majority don't have information on pregnancy and delivery complications. This is also evidenced from the qualitative findings.

A health extension worker from Zinkir Mele kebele remarked, *"If a woman delivered at home previously with no complications, for sure she will prefer home. She thinks 'everything is ok' and she will deliver like the previous one."*

In this study women who decided place of delivery by themselves were more likely to choose to deliver in the health institution than when the decision was made by their husbands. Similarly women who made decision to choose the place of delivery jointly (together with their husbands) were more likely to prefer to deliver in the health institution than women who made decision by themselves. The finding is similar with studies conducted in North Gondar, Nigeria and West Bengal (1,20,21). This may be because women who made decision by themselves can go for ANC and will give concern for their own health. Joint decision is important to involve the husband and in situations where the husband is voluntary for institutional delivery the woman can be sure that he will accompany her to the health institution during labor. As a result, she will prefer to deliver in the health institution. This is also supported by the qualitative findings.

A 32 year old man from Jama kebele stated, *"We should ask how much husbands respect the will of their wives… There are husbands who don't want their wives to go to the health center… Those who discuss and made decisions together will benefit. But most of the time women don't discuss with their husbands and decisions are made by husbands."*

Choice of place of delivery was highly influenced by distance from the nearby health facility. The preference of home delivery increases with an increase in the distance. Women walking long distances were more likely to prefer home to deliver their next child compared to women walking half an hour or less on foot. These finding is similar with

studies conducted in Nepal and Western Kenya (22,29). However, a study conducted in West Bengal showed that place of delivery wasn't significantly associated with distance from the nearby health facility (20). This may be because of the different level of economic development between West Bengal and the study area.

Apart from the above factors some group level, cultural and health service related (such as quality of the services provided) factors which weren't included in this particular study may have an influence on women's choice of place of delivery.

Strengths of the study

Using qualitative data for triangulation and randomly approaching pregnant women despite they are widely dispersed were strengths of this particular research.

Limitation of the study

Values, beliefs and culture of the community and health service related factors (such as quality of the service provided) which may affect women's choice of place of delivery were not studied.

Chapter Seven: Conclusion and recommendations

7.1. Conclusion

The study showed that small proportion (34.5%) of pregnant women planned to deliver in the health institution. They mentioned: “it is my usual practice”, “I get close attention from relatives and family” and “I feel more comfortable giving birth at home” as their reason to choose home delivery. Nearly three quarter of the pregnant women attended at least one ANC visit during the current pregnancy.

The study also identified factors associated with choice of place of delivery. Predictors of choice of place of delivery were ANC visit, average monthly family income, place of previous delivery, decision maker and distance from the nearby health facility.

Decision maker (when made by husbands), family income (between 270.8 & 458), ANC visit during the current pregnancy (not attending ANC visit), distance from the nearby health facility (being far from health facilities), place of previous delivery (home) were associated with a preference by pregnant women to deliver at home.

7.2 Recommendation

Based on the study findings the following recommendations are suggested:

To governmental & non-governmental organizations working on MCH

- They should consider and practice inter-sectoral partnership with professional associations, Ministry of Labour and Social Affairs (MOLSA), women's association, and other concerned bodies to design strategies for improving women's choice of institutional delivery.

To Zonal Health Department

- Work to increase choice of institutional delivery in the Woreda by improving the utilization of ANC service.
- Focus on increasing accessibility of the health service in the woreda through construction of health centers together with other concerned bodies.

To Health Care Providers and Counselors

- ANC providers should use the opportunity to promote institutional delivery

To Researchers

- Further studies which include variables not considered in this study are recommended.

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Annex I: Proportional to size allocation of the sample size

Table 7: Proportional to size allocation of sample size in each selected kebele in Aneded Woreda, East Gojjam Zone, North West Ethiopia, 2011.

Ser. No.	Kebele	Kebele code	Total no. of pregnant women in the kebele	Required sample (n)
1	Jama	K1	195	110
2	Zinkir Mele	K2	107	60
3	Adisge Yegora	K3	64	36
4	Genetua	K4	53	30
5	Zengoba Denguma	K5	53	30
6	Chendefo	K6	52	29
7	Misleawash	K7	55	31
8	Daget Yegeleka	K8	27	15
9	Gudalma	K9	100	56
10	Amber	K10	44	25
Total			750	422

Annex II: Questionnaires

1. English questionnaire

Introduction

Good morning/afternoon, my name is ____________________ and I am part of a team carrying out a study on women's choice of place of delivery and associated factors in Aneded woreda. The principal investigator is a student from Jimma University in the department of population and family health; attending masters program in reproductive health since 2002. Accordingly the principal investigator currently would like to conduct a study on women's choice of place of delivery and associated factors as partial fulfillment of master's degree in reproductive health.

The purpose of this study is to identify women's choice of place of delivery for the current pregnancy and different factors which affect women's choice of place of delivery for the current pregnancy. Consequently the study provides information needed to guide local health managers in order to improve maternal and child health.

All pregnant women in this woreda will be included in the study based on chance and you are included in the study by chance only. If you participate in the study, it will not take us more than 20 minutes. Your name will not be written on this form, thus the information you provide will not be known to others. Confidentiality of the data will be maintained by the research team. Your participation is purely voluntary, and you can withdraw any time after you get involved in the study. However, we hope that you will participate in this study since your views are important to achieve the objective of the study.

Do you have any question?

Now please tell me if you agree to participate in the interview. The participant:

Agreed---------------**continue interview.** Did not agree! Thank you! --------**End interview.**

Starting time___________: End time_________:

001. How long you have been living here?

002. One year and more 2. Less than 1 year -----: **Go to next house**

Questionnaire Code _____________.

Signature of interviewer which indicates that the respondent has consented to participate in the study:-

Interviewer name: ________________Date: __________Signature _______

Supervisor name: _________________Signature _______

Part I. Socio-demographic factors

Sr. No.	Questions	Choice answers	Skip to Qn No ---
101	Age	In completed years---------------	
102	Age of your husband	In completed years-----------------	
103	Residence	1. Rural 2. Urban	
104	Marital status	1. Married 2. Divorced 3. Widowed 4. Single	
105	Religion	1. Orthodox 2. Protestant 3. Muslim 4. Other, specify-----------------88	
106	Occupation of the mother	1. House wife 2. Farmer 3. Government Employee 4. Private Employee 5. Merchant 6. Daily laborer 7. Other, specify-----------------88	

107	Husbands occupation	1. Farmer 2. Government employee 3. Private employee 4. Merchant 5. Daily laborer 6. Other, specify-----------------88	
108	Educational Status of the mother?	1. Unable to read and write 2. Read and write 3. Primary education (1-8) 4. Secondary education (9-12) 5. 12+	
109	Husbands educational Status	1. Unable to read and write 2. Read & write 3. Primary education (1-8) 4. Secondary education (9-12) 5. 12+	
110	Average monthly family income	In birr--------------------	
111	Annual household income	In birr--------------------	
112	Family size	In number---------------	
113	Number of living children	In number --------------	
114	Did you own a radio at home?	1. Yes 2. No	
115	Who will finally made decision about delivery place?	1. Myself 2. My husband 3. Both me & my husband	

		4. My mother in law 5. Others, specify----------------------88	

Part II. Obstetric history

201	Age at first pregnancy	In completed years -----------------	
202	Total number of births (parity)	In numbers --------------	
203	Did you have abortion before?	1. Yes 2. No →	Skip to Q. No. 205
204	Number of abortions	In numbers --------------	
205	Did you have still birth before?	1. Yes 2. No →	Skip to Q. No. 207
206	Number of still births	In numbers --------------	
207	Did you have any complications during the previous pregnancies/deliveries? **(for women with >1 pregnancy)**	1. Yes 2. No →	Skip to Q No.212
208	What was/were the complication/s you encountered?	1. Severe vaginal bleeding 2. Severe headache 3. Fast & marked weight gain 4. Prolonged labour (>12 hours) 5. Retained placenta (>30 minutes) 6. Others; specify------------------88	
209	Gestational age in weeks	--------------- Weeks.	

Part III. Questions related to the current pregnancy

301	Have you started ANC visit during the current pregnancy?	1. Yes 2. No ⟶	Skip to Q. No. 210
302	How many visits have you have since you started?	In number--------------------	
303	During ANC follow up, did you get advice from health professionals to deliver in the health institution?	1. Yes 2. No	
304	Where do you prefer to deliver?	1. Home 2. Health facility ⟶	Skip to Q. 303
305	If Home, why did you prefer to deliver at home?	1. I feel more comfortable giving birth at home 2. Close attention from my relatives and family 3. Because it is my usual practice 4. I have bad experience in giving birth in health facilities 5. Unwelcoming approach of health workers in health facilities 6. The health facility is too far from my house 7. Lack of money for transport 8. Influenced by my husband not to go to health facilities 9. No one to care for the family. 10. Others reasons, specify---------------------------88	

306	If your answer to 301 is health facility, why did you choose to deliver in Health facility?	1. To get better services in health facilities 2. To get better outcomes from health facilities to me & my baby 3. Bad experience from past home delivery 4. I was informed to deliver in health facilities 5. The health facility closer to my home 6. Others, specify-----------------------------------88	
307	Where did you deliver your previous child? (For those who had previous delivery)	1. Home 2. Health institution	

Part IV. Questions related to knowledge on pregnancy and delivery

401	Which of the following pregnancy and delivery related services are given in health facilities?	1. ANC services 2. Delivery services 3. PNC services 4. Prevention of delivery complications 5. Managing delivery complications 6. Managing health problem of the new born & immunization 7. PMTCT 8. Others, specify---------------------------------------88	
402	What do you think is/are advantage/s of pregnancy and delivery related services?	1. For anticipating problems 2. For early detection of health Problems 3. For appropriate management of health problems 4. For better health care to the women & newborn 5. Others Specify---------------------------------------88	

403	What complications do you know that can occur during pregnancy & delivery?	1. Vaginal bleeding 2. Severe headache 3. Severe abdominal pain 4. Amniotic fluid leakage 5. Loss of consciousness 6. Increased blood pressure 7. Others, specify--------------------------------------88	
404	Who are susceptible for pregnancy and delivery complications?	1. Every mother including me 2. Primi-mothers 3. Multi gravida mothers (5 and more) 4. Mothers with multiple pregnancy 5. Mothers with other medical problems 6. Others, specify-------------------------------- 88	

Part VI. Questions related to health service

501	Distance from the nearby health facility?	In minutes---------------	
502	What do you use to go to the health facility?	1. Nothing/on foot 2. Horse back 3. Cart 4. Car	
503	Do you think the cost of care for ANC & delivery services/time it takes is a great problem for you to get these services?	1. Yes 2. No	

Thank you!!

2. In-depth interview guide

Good morning/afternoon! Thank you for coming.

My name is----------------------. "After we conduct some brief introduction, we will be talking about several issues. We will discuss about your overall experience with the delivery services in your locality and questions related to preferences to place of delivery and influencing factors.

Name of the interviewer: ------------------- Sign------------. Date------------Time-------.

Preparation

Topic: Perception of preferences to place of delivery and influencing factors

Key informants: Women who are currently pregnant, husbands, religious & community leaders and health professionals.

Objective:

To explore the community's understanding and perceptions and preference to place of delivery in Aneded woreda

To assess factors affecting choice of delivery place

Description of the Interview

The participant and the interviewer will sit around a table (face to face) for the discussion. The interviewer will begin the session by introducing himself and explaining the purpose of the interview. The interview will last about 30 to 45 minutes.

Ground rules

I. Confidentiality

Any information collected here will be kept confidential (**Inform to the participant**).

II. Consent for tape-recording

For the sake of accuracy and efficiency, we will take notes and tape recording these sessions, unless you have any objections." After the recorded information is copied to notes the cassette will be broken and destroyed to keep confidentiality of your information.

Role of interviewer

The interviewer will not give any indication (verbal or physical) that would encourage certain types of comments or discourage other types of comments.

Topics of the interview guide

Introduction

At this point, we would like to ask you to introduce yourself.

You can start with (age, education status and how long you have lived in this area and your job.)

Theme1. Choice of place of delivery

1. Where do you think is the best place for a mother to deliver a child? Why?

- ***Probes***: Would you explain further?/an example?/similar experience? /anything else?
- "How did you feel about . . .?"
- "What do you mean when you say . . .?"

Theme2. Factors influencing choice of place of delivery

1. Why do mothers usually give birth at Home?

Probes: Would you explain further?/an example?/similar experience? /anything else

2. What are advantages and disadvantages? **(For community representatives only)**

Would you explain further? /an example / Similar experience? / Anything else?

3. *What are the advantages of giving birth in a HIs?* **(For community representatives only)**

- *Would you explain further? Do you have similar experience?*

4. Why do mothers usually do not give birth in HIs?

- *An example/ similar experience*

5. What is the preference of the community about the place of delivery?

- *Can you explain more please?*

Are there any issues, questions, comments that you would like to raise or points you wanted to add?

"Thank You!!"

3. Amharic questionnaire

ጅማ ዩኒቨርሲቲ ህክምናና ጤና ሳይንስ ኮሌጅ

የሕብረተሰብና ቤተሰብ ጤና ትምህርት ክፍል

መፅቢÁ

ጤና ይስጥልኝ! እንደምን አደሩ/ª ሉ:: እኔ -----------እባላለሁ:: ¾ምሰራ¬ ------------------- ሲሆን በአነደድ ወረዳ የሚኖሩ እናቶች ልጆቻቸዉን የት ለመዉለድ እንደሚመርጡና በምርጫቸዉ ላይ ተፅዕኖ ሊያደርጉ በሚችሉ ምክንያቶች ላይ ጥናት የሚሰራዉ ቡድን አባል ነኝ:: በዋናነት ጥናቱን የሚያካሂዱት አቶ ነብዩ ቢተዉ ሲሆኑ በጅማ ዩኒቨርሲቲ የህብረተሰብና ቤተሰብ ጤና ትምህርት ክፍል ከ2002 ዓ.ም. ጀምሮ በስነ-ተዋልዶ ጤና የ2ኛ ዲግሪያቸዉን በመከታተል ላÃ ÃÑ¡ሉ::

ስለሆነም የመመረቂያ ጥናታዊ ፅሁፋቸዉን እናቶች ልጆቻቸዉን የት ለመዉለድ እንደሚመርጡና በምርጫቸዉ ላይ ተፅዕኖ ሊያደርጉ በሚችሉ ምክንያቶች ላይ ለመስራት ይፈልጋሉ::

የጥናቱ ዋና አላማ እናቶች ልጆቻቸዉን የት ለመዉለድ እንደሚመርጡና በምርጫቸዉ ላይ ተፅዕኖ ሊያደርጉ የሚችሉ ምክንያቶችን ለይቶ ለማዉጣት/ለማወቅ ሲሆን ጥናቱ ለአካባቢዉ ባለስልጣናት እንዲሁም የጤና ሀላፊዎች የእናቶችንና ህፃናትን ጤና ለማሻሻል መረጃ ይሰጣል::

በቀበሌ¬ ¾ሚÑኙ ነፍሰ-Ö‹ር እናቶች በሙሉ በእጣ ብቻ በጥናቱ ዉስጥ የሚካተቱ ሲሆን እርስ- ም በጥናቱ ዉስጥ የተካተቱት በእጣ ነዉ:: ይህ መጠይቅ ቤተሰባዊና ማህበራዊ ነክ፤ የቅድመ ወሊድ ክትትል፤ የወሊድ አገልግሎትና ሌሎች ተያያዥ ሁኔታዎችን የሚዳስሱ ጥያቄዎችን ያጠቃልላል::በጥናቱ ቢሳተፉ ከ20 ደቂቃ በላይ አይወስድብዎትም::

እርስዎ የሚሰጡን ማንኛዉም መረጃ ምስጢራዊነቱ ሙሉ በሙሉ የተጠበቀ ነዉ:: ስለሆነም የእርስዎን ማንነት ለመለየት የሚያገለግሉ መረጃዎችን ለምሳሌ ስምዎትን መጥቀስ አይጠበቅብዎትም:: የሚያደርጉት ተሳትፎ በእርስዎ ፈቃደኝነት ላይ የተመሰረተ ሲሆን መጠይቁን ከጀመሩ በኋላ በማንኛዉም ሰዓት ማቋረጥ ይችላሉ:: ይሁን እንጅ እርስዎ የሚሰጡን መረጃ ጥናቱ ግቡን እንዲመታ ስለሚረዳ ይሳተፋሉ ብለን እናምናለን:: በዚህ ጥናት ዉስጥ የእርስዎ ተሳትፎ ይበረታታል:: **ጥያቄ አለዎት?**

የዚህ ጥናት ዓላማ ተነቦልኝ (አንብቤዉ) እና ዓላማዉ ገብቶኝ በጥናቱ ለመሳተፍ:

ሀ. ð ቃÅኛ ሆኛለሁ ለ. ð ቃÅኛ አይደለሁም:: አመሰግናለሁ! ⟶ **ወደሚቀጥለዉ ቤት ÃሂÆ::**

001. በዚህ ቀበሌ ለምን ያህል ጊዜ ቆይተሻል?

1. አንድ አመትና ከዚያ በላይ 2. ከአንድ አመት በታች⟶ **ወደሚቀጥለዉ ቤት ይሂዱ::**

መÖÃቁ የተጀመረበት ሰዓት: _________ : ያለቀበት ሰዓት: ________

002.¾ቃለ መÖÃቁ ኮÉ_______

ቃለ-መጠይቁን ያደረገዉ ሠዉ ፊርማ የተጠያቂዉን ፈቃደኝነት ያረጋግጣል:-

መረጃዉን ¾ሰበሰበ¬ ሰ¬ ስም----------መረጃዉ የተሰበሰበበት ቀን: ---------- ò ርማ ----------

የመረጃዉን ጥራት የተቆጣጠረዉ ሰዉ ስም--------------------------- ò ርማ-----------

ክፍል 1. አጠቃላይ ማህበራዊ ነክ ጉዳዮችን የሚዳስሱ ጥያቄዎች

ተ.ቁ	ጥያቄዎች	አማራጭ መልሶች	ወÅ Ø.ቁ. Ã ለñ
101	እÉሜ	በአመት-----------	
102	የባለቤትሽ እÉሜ	በአመት-----------	
103	የመኖሪያ አድራሻ	1. ÑÖር 2. ከተማ	
104	የጋብቻ ሁኔታ	1. ያገባች (አሁን አብረዉ የሚኖሩ) 2. ከባሏ የተፋታች 3. ባሏ የሞተባት 4. ያላገባች (አግብታ• ¾ማታ¬ ቅ) 5. በጓደኝነት የሚኖሩ	
105	የየትኛ¬ ሀይማኖት ተከታይ ነሽ?	1. ኦርቶዶክስ 2. ፕሮቴስታንት 3. ሙስሊም 4. ሌላ፤ÃØቀሱ ---------------------------------88	
106	የስራ ሁኔታ	1. የቤት እመቤት 2. አርሶ አደር 3. የመንግስት ሰራተኛ 4. የግል ድርጅት ሰራተኛ 5. ነጋዴ 6. የቀን ሰራተኛ 7. ሌላ፤ÃØቀሱ --------------------------------88	
107	የባለቤትዎ የስራ ሁኔታ	1. አርሶ አደር 2. የመንግስት ሰራተኛ 3. የግል ድርጅት ሰራተኛ 4. ነጋዴ 5. የቀን ሰራተኛ 6. ሌላ፤ÃØቀሱ ---------------------------------88	

108	የትምህርት ደረጃዎ	1. ማንበብና መፃፍ የማትችል 2. ማንበብና መፃፍ የምትችል 3. ¾መËመሪÁ Åረጃ (1-8) 4. ሁለተኛ Åረጃ (9-12) 5. 12+	
109	የባለቤትዎ የትምህርት ደረጃ	1. ማንበብና መፃፍ የማይችል 2. ማንበብና መፃፍ የሚችል 3. ¾መËመሪÁ Åረጃ (1-8) 4. ሁለተኛ Åረጃ (9-12) 5. 12+	
110	የቤተሰቡ አማካኝ የወር ገቢ	በብር---------------	
111	የቤተሰቡ አመታዊ Ñቢ	በብር---------------	
112	¾ቤተሰብ አባላት ብዛት	በቁØር------------	
113	ስንት ልጆች አሉሽ? **(በህይወት ያሉትን ብቻ)**	በቁØር------------	
114	የሚጠቀሙት የመረጃ ምንጭ	1. ሬÉÁ 2. ቴሌቭዥን 3. ሌላ፤ÃØቀሱ ----------------------------------88	
115	ልጅሽን የምትወልጅበትን ቦታ የመጨረሻ ዉሳኔ የሚወስነዉ ማን ነዉ?	1. እኔ 2. ባለቤቴ 3. እኔና ባለቤቴ በጋራ 4. የባለቤቴ እናት 5. ሌሎች ሰዎች፤ይጥቀሱ -----------------88	

ክፍል 2. ከወሊድ ጋር የተያያዙ ጥያቄዎች

201	የመጀመሪያ ልጅሽን በስንት አመትሽ አረገዝሽ?	በአመት--------------	
202	ስንት ልጆች ወልደዋል **(በህይወት የሌሉትንም ይጨምራል: 28 ሳምንትና ከዚያ በላይ ሆኖት ¾ቱወለÅ)?**	በቁØር---------------	
203	êንስ የማቋረጥ ችግር/¬ርጽ አጋጥሞሻል?	1. አዎ 2. አይደለም ⟶	**ወÅ ØÁቁ ቁ. 205**

204	ስንት ጊዜ አጋጥሞሻል?	በቁØር---------------	
205	ከዚህ በፊት ሞቶ የተወለደ ልጅ አጋጥሞሻል?	1. አዎ 2. አይደለም ⟶	ከሌለ፡ወደ ጥያቄ ቁ. 207
206	ስንት ጊዜ አጋጥሞሻል?	በቁØር---------------	
207	ከዚህ በፊት በነበረዉ• እርግዝና/ ወሊÉ (ካለ) ወቅት ያጋጠመሽ ችግር ነበር?	1. አዎ 2. አይደለም ⟶	አይደለም ከሆነ፡ ወÅ ØÁቁ ቁ. 212
207	ያጋጠመሽ ችግር ምን ነበር? **(ከአንድ በላይ መልስ ይቻላል፡፡)**	1. ከፍተኛ ¾Åም መõሰስ 2. ከፍተኛ ¾ራስ ምታት 3. ፈጣንና ከፍተኛ የክብደት መጨመር 4. ምጥ ከጀመረ በኋላ ቶሎ አለመዉለድ **(ከ12 ሰዓት በላይ መቆየት)** 5. ¾እንግዴ ልጅ ቶሎ አለመዉረድ **(ከ30 Åቂቃ በላÃ)** 6. ሌላ፤ ÃØቀሱ----------------------------88	
208	እርግዝናሽ ስንት ሳምንት ሆኖታል?	----------------- ሳምንት	

¡õል 3. የአሁኑን እርግዝና የሚመለከቱ ጥያቄዎች

301	¾ቅÉመ-ወሊድ ክትትል ጀምረሻል?	1. አዎ 2. አይደለም ⟶	ወÅ ØÁቁ ቁ. 210
302	የቅድመ ወሊድ ክትትል ካደረጉ፡ ስንት ጊዜ ሄደዋል?	በቁØር---------------	
303	በቅድመ ወሊድ ክትትል ወቅት በጤና ተቋም ዉስጥ መዉለድ እንዳለብሽ ከጤና ባለሙያ ምክር አግኝተሻል?	1. አዎ 2. አይደለም	
304	የት መዉለድ ትፈልÑÁለሽ?	1. ቤት 2. ጤና ተቋም ⟶	ወÅ ØÁቁ ቁ 303 Ãለñ
305	ቤት መዉለድ የመረጥሽበት ምክንያት ምንድን ነዉ? **(ከአንድ በላይ መልስ ይቻላል፡፡)**	1. ቤት ስወልድ የተሻለ ምቾት ስለሚሰማኝ 2. ቤተሰቦቼ/ዘመዶቼ በቅርብ ስለሚከታተሉኝ 3. ሁሌም የምዎልደዉ ቤት ስለሆነ 4. ጤና ተቋማት ዉስጥ መጥፎ ገጠመኝ ስላለኝ 5. የጤና ባለሙያዎች አቀራረብ ስለማይመቸኝ 6. በምኖርበት አካባቢ በቅርበት የጤና ተቋም	

		ስለሌለ 7. ለትራንስፖርት የሚሆን ገንዘብ ሰለሌለኝ 8. ባለቤቴ ጤና ተቋም ዉስጥ እንድወልድ ስለማÃð ቅÉ ልኝ 9. የቤተሰቡን አባላት የሚንከባከብልኝ ስለሌለ ሌሎች ምክንያቶች፤ይጥቀሱ-------------------88	
306	ለጥያቄ ቁ. 301 መልስሽ ጤና ተቋም ከሆነ፤ጤና ተቋም ለመዉለድ የፈለግሽበት ምክንያት ምንድን ነዉ? **(ከአንድ በላይ መልስ ይቻላል።)**	1. በጤና ተቋማት የተሻለ አገልግሎት ስለማገኝ 2. ለእኔም ሆነ ለልÎ የተሻለ ዉጤት ስላለዉ 3. ከዚህ በፊት ቤት ስወልድ መጥፎ አጋጣሚ ስለነበረኝ 4. ጤና ተቋም እንድወልድ ከጤና ባለሙያ ምክር ስላÑኘሁ 5. ጤና ተቋሙ ለቤቴ ቅርብ ስለሆነ 6. ሌላ ምክንያት፤ ይጥቀሱ-----------------------88	
307	የመጨረሻ ልጅሽን የት ወለድሽ? **(ለወለÆ እናቶች ብቻ)**	1. ቤት 2. ጤና ተቋም	

¡õል 4. ስለ እርፅዝናና ወሊድ የእናቶችን እዉቀት የሚዳስሱ ጥያቄዎች

401	በጤና ተቋማት ዉስጥ የሚሰጡ እርግዝናና ወሊድን የተመለከቱ አገልገሎቶች የትኞቹ ናቸዉ? **(ከአንድ በላይ መልስ ይቻላል።)**	1. ¾ቅÉመ ወሊÉ ክትትል አገልግሎት 2. የወሊድ አገልግሎት 3. ¾Ê ህረ ወሊድ አገልግሎት 4. በእርግዝናና ወሊድ የሚመጡ ችግሮችን መከላከል 5. በእርግዝናና ወሊድ ለሚመጡ ችግሮች ህክምና መስጠት 6. ለሚወለደዉ ህጻን ክትባት መስጠት/ማከም 7. ኤች አይ ቪ ኤድስ ከእናት ወደ ልጅ እንዳይተላለፍ መከላከል 8. ሌሎች፤ ÃØቀሱ---------------------------------------88	

402	በጤና ተቋማት ዉስጥ ለእናቶች በእርግዝናና በወሊድ ጊዜ ¾ሚሰÖ· አገልገሎቶች ምን ጥቅም ይሰጣሉ ብለ¬ Áስባሉ? **(ከአንድ በላይ መልስ ይቻላል::)**	1. ሊመጡ የሚችሉ ችግሮችን ቀደሞ ለመገመት 2. ችግሮች ሲከሰቱ ቀድሞ ለማወቅ 3. ችግሮች ሲከሰቱ ተገቢውን ህክምና ለማድረግ 4. ለእናትየዋና ለህጻኑ ጤና የተሻለ አገልግሎት ለማግኘት 5. ሌሎች ጠቀሜታዎች፤ ይጥቀሱ---------------------88	
403	በእርግዝና ጊዜ ምን ምን ተያያዥ የጤና ችግሮች ሊከሰቱ ይችላሉ ብለ¬ Áስባሉ? **(ከአንድ በላይ መልስ ይቻላል::)**	1. በማህጸን ጫፍ ከፍተኛ ¾Åም መ õሰስ 2. ከፍተኛ የሆነ ራስ ምታት 3. ከፍተኛ የሆነ የሆድ ህመም 4. ፈጣንና ከፍተኛ የሆነ የክብደት መጨመር 5. ¾ሽንሽርት ዉሀ የመዉለጃ ጊዜ ሳይደርስ መፍሰስ 6. ራስን/ህሊናን መሳት 7. የደም ግፊት መጨመር 8. ሌሎች፤ ይጥቀሱ---------------------------------------88	
404	በእርግዝናና በወሊድ ለሚመጡ ተያያዥ የጤና ችግሮች የተጋለጡ እናቶች የትኞቹ ናቸዉ? **(ከአንድ በላይ መልስ ይቻላል::)**	1. እኔን ፊ ምሮ ሁሉም እናቶች 2. ለመËመሪÁ Ñ²¸ Áረñ· እናቶች 3. ብ²· Ñ²¸ ¾ወለÆ እናቶች **(5ና ከዚያ በላይ)** 4. ከአንድ በላይ/መንታ Áረñ· እናቶች 5. ሌላ የጤና ችግር ያለባቸዉ እናቶች (ለምሳሌ:የደም ግፊት፤ ስኳር) 6. ሌሎች፤ ይጥቀሰ---------------------------------------88	

¡ õ ል 5. የጤና አገልግሎትን የሚዳስሱ ጥያቄዎች

501	ከቤትዎ በቅርበት ካለዉ የጤና ተቋም ለመድረስ የሚወስደዉ ሰዓት	በÅቂቃ--------------	
502	በአቅራቢያዎ ካለዉ የጤና ተቋም ለመሄድ የሚጠቀሙት የመጓጓዣ አይነት	1. ምንም አልጠቀምም/በእፅር 2. የጋማ ከብት 3. ፉሪ 4. መኪና	
503	የቅድመ ወሊድና የወሊድ አገልግሎት ለማፅኘት የአገልግሎት ክፍያ¬ /አገልግሎቱን ለማግኘት ¾ሚÖó¬ Ñ²› እንቅፋት ሊሆንብኝ ይችላል ብለዉ Áስባሉ?	1. አዎ 2. አይደለም	

አመሰግናለሁ!!

2. የዉይይት መምሪያ

ጤና ይስጥልኝ! እንደምን አደሩ/ዋሉ! ስለመጡ እናመሰግናለን፡፡

እኔ ------------------ እባላለሁ፡፡ የምሰራዉም --------------------------- ነዉ፡፡

በመቀÖል እናቶች ልጆቻቸዉን የት መዉለድ እንደሚፈልጉና በምርጫቸዉ ላይ ተî እኖ ሊያደርጉባቸዉ በሚችሉ ምክንያቶች ላይ ዉይይት እናደርጋለን፡፡

መጠይቁን ያደረገዉ ሰዉ ስም: -------------------ò ርማ ---------- ቀን ---------ሰዓት ----

አርዕስት: ¾እናቶች ምርጫና ተፅእኖ የሚያደርጉ ምክንያቶች በተመለከተ ያላቸዉ አመለካከት

¾ ÃÃቱ ተሳታò ዎች: ነፈሰ-Ö·ር እናቶችና ባሎቻቸዉ፣ የማህበረሰብ መሪዎችና የጤና ባለሙያዎች፡፡

<u>**የዉይይቱ አላማ**</u>

- እናቶች ልጆቻቸዉን የት መዉለድ እንዳለባቸዉ የማህበረሰቡን አመለካከት ማወቅ
- በእናቶች ምርጫ ላይ ተî እኖ ¾ሚያደርጉ ምክንያቶችን መለየት

<u>**ስለ¬ ÃÃቱ Ñ**ኸí</u>

- ተጠያቂዉና ቃለ-መጠይቁን የሚያደርገዉ ሰዉ ለዉይይት ፊት ለፊት ይቀመጣሉ፡፡ ቃለ-መጠይቁን የሚያደርገዉ ሰዉ ራሱን በማስተዋወቅ ዉይይቱን ይጀምራል፡፡ ዉይይቱ ከ30-45 ደቂቃ ሊወስድ ይችላል፡፡

<u>**የዉይይቱ መርሆዎች**</u>

I. ሚስጥር ጠባቂነት

ከዉይይቱ የሚገኝ ማንኛዉም መረጃ ሚስጥራዊነቱ የተጠበቀ ነዉ፡፡ ስለሆነም የተጠያቂዉ ስምና አድራሻ መጠቀስ የለበትም፡፡ (**ለተጠያቂዉ በግልፅ መነገር አለበት**)

II. <u>ዉይይቱን በቴፕ ለመቅዳት ተÖÁቂ¬ ð ቃÅኛ መሆኑን መጠየቅና ማስፈቀድ</u>

ጊዜያችንን በአግባቡ ለመጠቀምና ያደረግነዉን ዉይይት ለመመዝገብ እንዲረዳኝ ð ቃÅኛ ከሆኑ መቅረì-ደምጹን እጠቀማለሁ፡፡ ጎን ለጎንም ማስታወሸ እÃ³ለሁ፡፡ ¾ተቀረì¬ É ምê ወÅ ማስታወሻ ከተገለበጠ በኋላ ካሴቱ ተሰብሮ ይጣላል፡፡ ይህም የሚደረገዉ ከእርስ- ÁÑኘነዉ መረጃ ሚስጥራዊነቱ እንዲጠበቅ ነዉ፡፡

<u>***ቃለ-መጠይቁን የሚያደርገዉ ሰዉ ኀላፊነት***</u>

ቃለ-መጠይቁን የሚያደርገዉ ሰዉ ተጠያቂዉ ለሚሰጠዉ መልስ የሚያበረታታ ወይም የሚነቅፍ ምልክት በቃልም ሆነ በአካል ምልክት መስጠት የለበትም፡፡

የመወያያ አርእስቶች

መፀቢÁ

በመጀመሪያ ስለራስዎ ትንሽ ገለጻ በማድረግ ዉይይቱን እንጀምር:: እድሜዎትን፣ የትምህርት ደረጃዎትን ፣ የስራ ሁኔታዎትንና ለምን ያህል ጊዜ በአካባቢዉ እንደቆዩ በመግለጽ ይጀምሩ::

አንደኛ ¾መወÁÁ ርእስ: እናቶች ልጆቻቸዉን የት ለመዉለድ ይፈልጋሉ?

1. **እናቶች ልጆቻቸዉን ለመዉለድ የተሻለ ቦታ የት ነዉ ብለዉ ያስባሉ? ለምን?**
   - **ተፊ ማሪ ማብራሪÁ:** ¾ብለÖ ሊÁብራሩልኝ ይችላሉ? ተመሳሳይ ተሞክሮ አለዎት/ Á¬ ቃሉ?
   - ምን ተሰማዎት.....?
   - ምን ለማለት ፈልገዉ ነዉ? ግልጽ ቢያደርጉልኝ?

ሁለተኛ ¾መወÁÁ ርእስ: በእናቶች ምርÝ ላÃ ተê እኖ የሚያደርጉ ነገሮች

1. እናቶች ብዙ ጊዜ ቤት የሚወልዱት ለምንድን ነዉ?

   ተፊ ማሪ ማብራሪÁ: ¾ብለÖ ሊÁብራሩልኝ ይችላሉ? ተመሳሳይ ተሞክሮ አለዎት/

   Á¬ ቃሉ?

2. ቤት መዉለድ ያለዉ ጥቅምና ጉዳት ምንድን ነዉ? **(ለማህበረሰብ ተወካዮች ብቻ)**
   - ¾ብለÖ ሊÁብራሩልኝ ይችላሉ?
   - ተመሳሳይ ተሞክሮ አለዎት/ ያዉቃሉ?
3. ጤና ተቋም መዉለድ ያለዉ ጥቅምና ጉዳት ምንድን ነዉ? **(ለማህበረሰብ ተወካዮች ብቻ)**
   - ¾ብለÖ ሊÁብራሩልኝ ይችላሉ?
   - ተመሳሳይ ተሞክሮ አለዎት/ ያዉቃሉ?
4. እናቶች ጤና ተቋም የማይወልዱት ለምንድን ነዉ?
   - ምሳሌ/ተመሳሳይ አጋጣሚ ካለዎት?
5. ¾መ¬ ለጽ ቦታን በተመለከተ የማህበረሰቡ አመለካከት ምን ይመስላል?
   - ¾ብለÖ ሊÁብራሩልኝ ይችላሉ?
   - ያልተወያየንባቸዉ ሀሳቦች ካሉ ወይም ጥያቄ/አስተያየት ካለዎት ማንሳትÃችላሉ::

አመሰግናለሁ::