



**WOLKITE UNIVERSITY COLLEGE OF MEDICINE AND HEALTH  
SCIENCES DEPARTMENT OF NURSING**

**ASSESSMENT OF KNOWLADGE AND HEALTH SEEKING BEHAVIOUR  
TOWARD MATERNAL DANGER SIGN AMONG PREGNANT WOMEN  
ATTENDING ANC FOLLW UP AT WOLKITE UNIVERSITY  
SPECIALZED TEACHING HOSPITAL, WOLKITE, SOUTH ETHIOPIA  
2022.**

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## **Acronyms and abbreviation**

ANC	Antenatal Care
AOR	Adjusted odd ratio
CI	Confidence Interval
COR	Crude odd ratio
EDHS	Ethiopia Demographic Health Survey
ETB	Ethiopian Birr
FMOH	Federal Ministry of Health
IEC	Information, Education and Communication
MDG	Millennium Development Goal
MMR	Maternal Mortality Ratio
MOH	Ministry of Health
SNNPR	Southern Nation's Nationality People Regional State
SPSS	statistical package for social sciences;
WHO	World Health Organization

## ABSTRACT

**Background:** Pregnancy danger signs are warning signs that women encounter during pregnancy, childbirth, and postpartum. Globally, about 810 women died every day from preventable causes related to obstetric complications. Haemorrhage alone accounts for one-third of all maternal deaths in Africa. In 2019, approximately, 99% of the global maternal deaths occurred in developing countries with the majority of these deaths occurring in sub-Saharan Africa where the majority of women lack knowledge about obstetric danger signs.

**Objectives:** To assess knowledge and health seeking behaviour of pregnancy dangers signs among pregnant women attending ANC at wolkite University Specialized Teaching Hospital, Wolkite, South, Ethiopia, 2022.

**Methods and Martials:** Facility based cross sectional study was carried out at wolkite University Specialized Teaching Hospital from May 06-May 22, 2022. The sample size were 311 and had been selected by systematic simple random sampling method. The descriptive statistics was summarized using summary statistics such as frequency tables, graphs, percentages, means. In order to ensure the quality of the data and not to doubts in response, the structured questionnaire wase pretested from May 01-May 06 ,2022 in Wolkite health centre before the actual study started.

**Result:** There were 311 mothers involved in the study which gave a response rate of 100%. The majority of respondents age 95 (30.55%), were found in the range of 25-29 years with mean age of 28.4. Regarding their knowledge level out of 311 study participants 239(76.8%) of them has good knowledge about dangers signs occur during pregnancy and 45(14.5%) of the respondents who experienced obstetric danger signs with 37(82.22%) of them had good health seeking behaviour seeking medical care when they faced problem. From 45(14.5%) of the respondents who experienced obstetric danger signs 37(82.22%) of them had good health seeking behaviour seeking medical care when they faced problem.

**Conclusion and Recommendations:** This study conclude that 239(76.8%) of respondents have good knowledge about dangers signs occur during pregnancy and the respondents who experienced obstetric danger signs 37(82.22%) of them had good health seeking medical care when they faced problem. And We recommended mobilizing communities to increase knowledge and health seeking behaviour on obstetric danger sign during pregnanc

# CHAPTER ONE

## 1. INTRODUCTION

### 1. 1 Background

Globally every day, around 810 women die from preventable causes connected to obstetric problems around the world (1). In 2019, developing nations accounted for nearly all maternal mortality, with the majority of these deaths occurring in Sub-Saharan Africa, where the majority of women are unaware of obstetric risk indicators (2).

In Ethiopia, haemorrhage, hypertensive disorders of pregnancy, abortion, and sepsis are the leading causes of maternal deaths, which can be averted through recognition of danger signs of these complications and skilled institutional care, according to the Ethiopian severe vaginal bleeding, prolonged labour, convulsions, retained placenta, premature rupture of membrane, fetal malposition is the commonest danger signs during labour and child birth. Raising awareness among pregnant women about danger signs improves early detection of problems and reduces delays in deciding to seek obstetric care (7)

Improved awareness of obstetric danger indicators, birth preparation health seeking behaviour, and emergency preparedness are some of the methods targeted at improving maternal health service usage and boosting access to expert treatment during childbirth, especially for women with obstetric problems. (8) A lack of awareness of danger signs, as well as a lack of preparedness, contributes to a delay in seeking skilled care, resulting in high maternal mortality and morbidity. Maternal morbidity and mortality could be avoided if women and their families detect obstetric danger signs and seek medical help as soon as possible. Increased awareness of risk indications among pregnant women would increase early diagnosis of problems and shorten the time it takes to decide to seek obstetric treatment (9,10). Complications of pregnancy are the leading cause of death in women. The danger signs are not actual obstetric complications, but symptoms that are easily identified by nonclinical personnel. The key danger signs of pregnancy include persistent vomiting, severe abdominal pain, vaginal bleeding during pregnancy, delivery and after birth,

swelling of the face, feet, blurring of vision, severe headache, high grade fever, marked change in fetal movements, high blood pressure, and a sudden gush of fluid from the vagina fits during pregnancy (11).

Every pregnant woman is at danger of unexpected, life-threatening problems that could result in death or damage to herself or her baby. Complications associated with pregnancy are difficult to predict (12). Obstetric danger signals are extremely dangerous, and pregnant women can easily die as a result of this preventable obstetric danger sign. Detecting pregnancy danger indicators and difficulties improves women's, partners', and families' ability to seek prompt medical attention and take the necessary precautions to ensure a safe birth and post-partum period (13).

Antenatal care (ANC) has a potential role to identify and manage pregnancy complications, educate women's risks during pregnancy and promote skilled birth attendance during childbirth. Knowledge of the danger signs of obstetric complications is the essential first step in the appropriate and timely referral to essential obstetric care (14).

The majority of obstetric complications can be prevented if their occurrence is recognized and women receive timely quality obstetric care. Appropriate knowledge of pregnancy danger signs is very critical to save the life of the mother and the foetus (15).

Mortality and morbidity are two terms that are used interchangeably. Such maternal morbidity and death could be avoided if a woman and her family detect and act on obstetric warning indicators. Women can use a range of techniques to help them overcome their danger indications throughout pregnancy. During such times, some women visit a health facility, while others contact health workers, consult a friend or relative, health seeking behaviour self-care, consult a traditional healer, or do nothing. This disparity could be due to a variation in women's perceptions of the significance of pregnancy danger symptoms, their level of awareness, or a cultural environment that influences their practices. (16)

Moreover, practices toward danger signs of pregnancy will save lives of women from preventable diseases and maternal death and reduce maternal mortality and morbidity. There are many practices performed by women toward danger signs such as seeking medical care and in the other side many women may prefer traditional remedies and cultural beliefs to overcome abnormal signs and symptoms during pregnancy (17).

## **1.2 Statement of the problems**

Pregnancy danger signs are symptoms that women experience during pregnancy, childbirth, and the postpartum period (2). Every minute, at least one woman dies from the pregnancy related complication or childbirth, 529,000 women a year. Moreover, about 20 more people suffer from injuries, infections or illnesses that affect about 10 million women every year, for every woman who dies at birth. Studies show that the cause of maternal mortality in developing countries is mainly due to poor access to maternal health care. Because of poor antenatal and maternity ward, as well as inadequacies in available care (19).

According to the World Health Organization (WHO), 300 million women in developing countries experience short- or long-term sickness as a result of pregnancy and childbirth, resulting in significant maternal mortality. Sub-Saharan Africa accounts for more than half of these deaths. Ethiopian maternal mortality accounts for 442 deaths each year, according to the 2016 Ethiopia Demographic and Health Survey (EDHS) (3).

Complications of pregnancy are the leading cause of death among women in underdeveloped countries. Approximately 529,000 women die each year as a result of pregnancy-related causes, with nearly all (99%) of these maternal deaths occurring in developing nations. The global maternal mortality rate is far too high (4). Despite significant success in all developing nations, the worldwide maternal mortality ratio (MMR) declined by 3.1 percent on an annual basis, falling short of the Millennium Development Goals (MDGs) objective of 5.5 percent. Every day, about 800 women die as a result of pregnancy or childbirth, with 20 or more women experiencing major difficulties for every woman who dies. One of the United Nations' Millennium Development Goals is to lower MMR by 75% by 2015. (5).

Pregnancy-related fatalities and diseases continued was unacceptably high on a global scale, claiming the lives of millions of women and infants. The World Health Organization recommended that all pregnant women get at least four prenatal check-ups during their pregnancy (18). Every minute, a woman died as a result of pregnancy, childbirth, or the postpartum period

(10). Maternal deaths were avoided if women with problems were able to recognize and obtain proper emergency obstetric treatment before it was too late (19).

Maternal deaths had both direct and indirect causes. Around 80% of maternal deaths worldwide were brought about by direct obstetric complications the five major global causes of maternal death were: - severe bleeding (mostly bleeding postpartum), infections (also mostly soon after delivery), unsafe induced abortion, hypertensive disorders in pregnancy (eclampsia) and obstructed labour. Globally, about 80% of maternal deaths were due to those causes (6).

Maternal death was caused by indirect factors such as malaria, diabetes, hepatitis, anaemia, and other cardiovascular problems increased by pregnancy. The first step in accepting proper and timely referral to obstetric and neonatal care was recognizing the risk indicators of obstetric problems. Raising women's understanding of pregnancy, childbirth, and the postpartum period danger indications improves moms' willingness to seek medical help, which was essential for safe parenthood. (20).

When mothers were failed to recognize the danger signs of pregnancy, the mother, the unborn baby, or the pregnancy itself may suffered negative consequences. The following were some of the negative effects: Severe bleeding, for example, can cause anaemia or death in the mother, as well as infection of the unborn baby through prematurely torn membranes, which occurs when amniotic fluid seeps from the vagina. If left untreated, that could result in fatal or neonatal illness and mortality, as well as the premature termination of a pregnancy and vaginal haemorrhage (21). Most maternal deaths were preventable, thanks to well-known health-care methods for preventing or managing problems. All pregnant women required antenatal care, expert care during labour, and after care and support. It was particularly important that all births were attended by skilled health professionals, as timely management and treatment can make the difference between life and death (16). Also, at 2013 E.C annual report shows that were significant number of pregnancy related danger sign were reported at MCH department, Wolkite University Specialized Teaching Hospital.

Therefore, this study identifies the gap by assessing the current status of knowledge and health seeking behaviour of danger signs among mothers in the study area, Wolkite University Specialized Teaching Hospital.

### **1.3 Significance of the study**

As there was no adequate information on obstetric danger signs Knowledge and health seeking behaviour , the study result would be vital and can be used as an input for maternal health curriculum, strategy and package establishment.

This study was providing basic data on the issue that may help policy makers and as baseline data for MOH to reduce the highest maternal mortality rate of Ethiopia.

In addition to this, this study could have the following importance to different stake holders. The outcome of the study was an input for concerned policy makers in decision making process regarding obstetric danger signs for pregnant and delivered mothers. And also, it served as an input for health education program undertaken by different organizations so as to kept the pregnant and delivered mothers being aware of the consequence of obstetric danger signs

## CHAPTER TWO

### 2. LITERATURE REVIEW

In sub-Saharan Africa, nearly three quarters (72%) of women initiate their first ANC check-up after the first trimester of pregnancy (18).

Expectant mothers indicated that 49% received no antenatal care, even in the presence of no cost and low-cost public health sector ANC services. It is reported that out of 900 pregnant women, 811 (90%) had at least one visit. Only 11% of the women had  $\geq$  four antenatal visits. Pakistan Demographic and Health Survey confirms that maternal deaths are not merely a result of treatment failure; rather they are the final outcome of a complex interplay between a myriad of social, cultural and economic factors (22)

#### 2.1. Knowledge of Pregnancy Dangers Signs

A study in rural Tanzania acknowledged the wide knowledge of the participants in matters relating to pregnancy complications. But the project results showed community members did not have essential knowledge of some significant threats during pregnancy including: excessive vaginal bleeding and fits during pregnancy, fever, ruptured membranes, leaking of urine, and prolonged labour.6 Conditions such as fits were perceived to be caused by evil spirits, and were therefore treated with traditional medicines (14).

Study conducted in Debre Tabor town shows that knowledge score of the pregnant women about danger signs of pregnancy was 74.4% (CI 69.4%–79%) (23).

Study conducted at Debre Birhan, most 431(68.2%) of the study participants were found to have poor knowledge scoring median and below the median value. The multivariate analysis showed that residence of the study participants was significantly associated with their obstetric danger signs knowledge (7).

Study conducted at Arbaminch, shows from the respondents 68.4% of the respondents were knowledgeable about danger signs of pregnancy in which Out of the total women 245 (68.4%) said, “yes” regarding to the knowledge of danger signs of pregnancy related health problems, 85.3% states reduced fetal movement, 72.65% leakage of liquor, 82.04% swelling of hands, face and body, 66.94% severe headache. 72.65% high fever, 80% convulsion, 77.14% difficulty of breathing, 80.82% loss of consciousness and 98.37% states vaginal bleeding and 26.3% of the respondents had good knowledge of danger signs during pregnancy (24).

## **2.2 Practice to Health Seeking Behavior**

Study in Gonder, among 349 pregnant women, 138 (39.5%) and 193 (55.3%) had adequate knowledge, a positive attitude, and good practice respectively. Overall, 108 (30.9) of the respondents practiced antenatal exercise, while only 41 (37.9%) of those pregnant women had a good practice. Brisk walking (90.7%), relaxation (38.9%), and breathing exercise (36.1%) were most practice, while pelvic floor 6 (5.6%) and 3 (2.8%) yoga were the least practiced (26).

Studies conducted in Aleta Wondo district, indicated that the knowledge level of pregnant women about obstetric danger signs (during pregnancy, childbirth and postpartum period) was low and affected by residential area. Therefore, the identified deficiencies in awareness should be addressed through maternal and child health services by designing an appropriate strategy including provision of targeted information, education and communication. In spite of great potential of knowledge, attitude and practice of obstetric danger signs in reducing the maternal and new-born deaths its status is not well known in most of Sub-Saharan Africa including Ethiopia.

## **CHAPTER THREE**

### **3. OBJECTIVES OF THE STUDY**

#### **3.1 General Objectives**

- ❖ To assess knowledge and health seeking behaviours towards maternal dangers signs among pregnant women attending ANC at wolkite University Specialized Teaching Hospital, South Ethiopia.

#### **3.2 Specific Objectives**

- ❖ To assess knowledge of pregnant mother towards maternal dangers signs among pregnant women attending ANC at wolkite University Specialized Teaching Hospital, Wolkite, South Ethiopia,2022
- ❖ To assess health seeking behaviour of pregnant mothers towards maternal danger signs among pregnant women attending ANC at wolkite University specialized Teaching Hospital, Wolkite, South Ethiopia,2022

## CHAPTER FOUR

### 4. Methods and Martials

#### 4.1 Study area and period

This study was conducted in wolkite university specialized teaching Hospital, district, Gurage zone which is found in Gurage zone southern nation nationality of people regional states (SNNPR) of Ethiopia which is located 154 km away from Addis Abeba. The Gurage zone is geographically located in the rift valley region at a latitude of 8<sup>0</sup> 17' North and longitude of 37<sup>0</sup> 47' East. It lies in the altitudinal ranges of 1500-2400 m a. s. l.

According to the national Central Statistical Agency 2007 report, Gurage Zone has a total population of 1,577,074, of which 763,643 (48.4%) were males and 813,431 (51.6%) were females. The area also has a total of 28,856 (1.98%) people living in rural and 121,603 (9.49%) people living in urban areas and its weather condition is woynadega. The study was conducted from December 2021 to June 2022

#### 4.2 Study design

A facility-based cross-sectional study design was conducted.

#### 4.3 Population

##### 4.3.1 Source population

All pregnant women who attended ANC follow up at Wolkite University Specialized Teaching Hospital during the data collection period.

##### 4.3.2 Study population

All randomly selected pregnant women who were attending ANC follow up in Wolkite University specialized teaching hospital.

##### 4.3.3 Sampling procedure

Systematic random sampling method was used

#### 4.4 Data collection method

##### 4.4.1 Data collector

Research investigator of Wolkite University College of health and medical science 4<sup>th</sup> year Nursing student.

##### 4.4.2 Data collector materials

The data was collected by using pretested structured questionnaires prepared by English language and translated to Amharic and we was use SPSS for analysis.

#### 4.5 Sample Size Determination and Sampling Technique

The sample size was calculated by using single population proportion formula with the following assumptions of 95% Confidence Interval (CI) of width  $\pm 5\%$ , the value of the proportion of the population at previous study was 74% (30).

Using two sided  $\alpha$  with 95% confidence and margin of error Determined at 0.05, the sample size was calculated as follows'

$$\begin{aligned}n &= \frac{(Z_{\alpha/2})^2 p (1-p)}{(d)^2} \\ &= \frac{(1.96)^2 * 0.74(1-0.74)}{(0.05)^2} \\ &= \frac{3.8416 * 0.1924}{0.0025} \\ &= \underline{296}\end{aligned}$$

By adding a 5% non-response rate, the final sample size was 311.

#### 4.6 Sampling Technique and Procedure

A systematic random sampling method were employed to select study subjects. On average, about 25 pregnant women visit the ANC clinic of gynaecological units in Wolkite University specialized teaching hospital every day According to the information from the registry of the ANC clinic, a total estimated number of pregnant women visiting ANC clinic during the study period is 550 and the  $K^{\text{th}}$  ( $K = 2$ ) is determined by dividing the total number of pregnant women estimated to attend by the required sample size. The first pregnant mother had been selected using the lottery method and then every second pregnant woman attending ANC follow-up was recruited until the total sample size for the study was obtained.

#### 4.7 Study Variables

##### 4.7.1 Dependent Variable

Knowledge and health seeking behaviour on maternal danger signs of pregnancy.

##### 4.7.2 Independent Variables

###### ❖ Socio-demographic variables

- Women Age
- Respondents' monthly income
- Educational status
- Occupational status
- Family size

❖ **Obstetric and ANC visit/service variables**

- Parity
- Gravidity
- gestational age
- Previous abortion
- Place of previous delivery
- Mode of previous delivery

❖ **Health institution factor**

- Health education or counselling
- Informed about pregnancy danger signs during ANC

#### 4.8. Operational Definition

- ❖ **Danger signs:** Presence of condition that increases the chances of pregnant woman and/or her unborn child dying or having poor health. Most common Danger signs are vaginal bleeding, convulsions, high fever, abdominal pain, severe headaches, blurred vision, absence of fetal movements gush of fluid from vagina, foul smelling vaginal discharge (2,24)
- ❖ **Knowledge:** Knowledge of obstetric danger signs means the basic information that the mothers have regarding obstetric danger signs (30)
- ❖ **Good knowledge:** refers to those participants who respond correctly to knowledge questions and score above the median value (30)
- ❖ **Mothers:** Refers to women who are pregnant and/ or who have child.
- ❖ **Poor knowledge:** refers those participants who correctly respond to knowledge questions and score median value and below the median value (30)
- ❖ **Health seeking behavior:** A woman's activities in relation to obstetric danger signs of pregnancy. (30)
- ❖ **Good health seeking behavior:** refers to those participants who seek medical care first when they experience obstetric danger signs (30)
- ❖ **Poor health seeking behavior:** refers to those participants who seek care from a TBA and an older woman first, and who stayed home when they experience obstetric danger signs (30)
- ❖ **Health personnel:** (HEW, physicians, health officers, nurses/midwives) who can manage normal deliveries and diagnose, manage or refer obstetric complications.
- ❖ **Not Married-**Mothers who were not in marital union during data collection.

- ❖ **Informal Education**-Mothers who were illiterate and can read and write only.
- ❖ **Formal education**- Mothers who were primary and secondary school.
- ❖ **High level education**- Mothers whose educational status were diploma and above.

## **4.9 Eligibility Criteria**

### **4.9.1 Inclusion Criteria**

- ✓ Those pregnant women who had ANC follow up at Wolkite University Specialized Teaching Hospital were included in this study.
- ✓ Individual who was volunteer to respond

### **4.9.2 Exclusion criteria**

- ✓ Pregnant women who were seriously ill were excluded from the study.
- ✓ Individuals who cannot communicate properly because of language barrier had been excluded from the study.

## **4.10 Data Quality Control**

Before the actual data collection, the data collector had checked to ensure that they understood the objectives and contents of questionnaire. After data collection the questionnaire was checked for completeness.

## **4.11 Data Processing and Analysis**

The collected data was checked for completeness of information and consistency. The data were analysed and presented using tables and diagrams.

## **4.12 Ethical Considerations**

The study was approved by Research and Ethical Committee of Wilkeite University College of Medicine and Health Sciences. Following the approval, official letter of co-operation was written to Wilkeite University Specialized Teaching Hospital, by the department of Nursing of Wilkeite University College of Medicine and Health Sciences. Finally, data was collected after assuring the confidentiality nature of responses and obtaining oral consent from the study participant. All the study participants will be encouraged to participate in the study and at the same time they will have also been told that they will have the right not to participate.

#### **4.13 Dissemination of the Result Plan**

The result of the study was submitted to Wolkite University College of Medicine and Health Sciences department of Nursing. The result will be also disseminated to Wolkite Zone health bureau and Wolkite University Specialized Teaching Hospital in which the study was done. Also, the findings will be presented in any meetings and seminars. It will be submitted to national and/or international reputable journals for publication.

## **CHAPTER FIVE**

### **5. RESULT**

#### **5.1. Socio-demographic Characteristics of the Respondents**

There were 311 mothers involved in the study which gave a response rate of 100%. The majority of respondents age 95 (30.55%), were found in the range of 25-29 years with mean age of 28.4. Concerning educational status of the respondents, majority 103 (33.12%), were found to be an educational level of primary school. Regarding marital status almost all of the respondents, 302(97.11%) were married, also among the total of 311 respondents' occupation majority of them 178 (57.23%) were housewife. More than half ,275(88.42%) of respondent's residence were urban. Concerning family size majority of respondents family size is in between 2-4,181(58.87%). Regarding religion of respondents' majority,122 (39.23%) and 119(38.22) were orthodox and Muslim respectively (table)

**Table: -1** Socio-demographic characteristics on knowledge and practice of pregnancy dangers signs among pregnant women attending ANC at wolkite University Specialized Teaching Hospital, Wolkite, South Ethiopia,2022 (n=311).

Variables	frequency	Percentage (%)
<b>Age</b>		
15-19	8	2.57 %
20-24	73	23.47 %
25-29	95	30.55
30-34	86	27.65
35-39	44	14.15
40-44	5	1.61
45-49	0	-
<b>Respondents' occupation</b>		
House wife	178	57.23
Gov't Employee	17	5.47
farmer	2	0.64
merchant	91	29.26

daily labor	12	3.86
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Others	11	3.54
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#### Husbands occupation

House wife	0	-
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Gov't Employee	23	7.40
----------------	----	------

farmer	76	24.44
--------	----	-------

merchant	112	36.01
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daily labour	79	25.40
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Others	21	6.75
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#### Respondents educational level

unable to read and write/uneducated	26	8.36
--	----	------

Able to read and write	69	22.19
------------------------	----	-------

Primary school	103	33.12
----------------	-----	-------

Secondary school	91	29.26
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College and above	22	7.07
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#### Husbands educational level

unable to read and write/uneducated	9	2.89
--	---	------

Able to read and write	67	21.54
Primary school	101	32.48
Secondary school	88	28.30
College and above	36	11.58
<b>Marital Status</b>		
Married	302	97.11
Divorced	3	0.96
Widowed	4	1.29
single	2	0.64
<b>Ethnicity</b>		
Oromo	49	15.76
Amhara	35	11.25
Gurage	209	67.20
Others	18	5.79
<b>Residence</b>		
urban	275	88.42
rural	36	11.58

## Family size

2	115	36.98
2-4	181	58.87
$\geq 4$	15	4.82

## **5.2 Obstetric Characteristics of the respondent**

Among 311 responded 164(52.73%) of them were gravida 2-4 and 161(51.7%) were para 2-4. As regards mode of last delivery, 254 (81%) of the pregnant women reported that they delivered via spontaneous vaginal delivery at governmental hospital 148(47%). And around 293(94.2%) respondents were informed about danger sign during their ANC visit by health professionals

Among 311 responded most of them 145(46%) were with gestational age range in between 20-28 weeks and least 38(12%) were <20 weeks. Out of 311 respondents 15 (4.82%) have previously abortion history and the rest 296 (95.18%) had not experience previously abortion history (table2).

Table 1; obstetric characteristics of the respondent among pregnant women attending ANC at wolkite University Specialized Teaching Hospital, Wolkite, South Ethiopia,2022 (n=311)

<b>Variables</b>	<b>frequency</b>	<b>Percentage (%)</b>
Gravida		
1	121	38.91%
2_4	164	52.73 %
above 4	26	8.36 %
Para		
0		
1	126	40.51 %
2_4	161	51.77 %
above 4	24	7.72 %
previous abortion		
Yes	15	4.82%
No	296	95.18 %
Mode of previous delivery		
SVD	254	81.67 %
CS	57	18.33 %
During ANC visits get an opportunity to be advised/counselled on		
Where to deliver	177	56.91 %

Benefits of delivering at the health facility/hospital	34	10.93 %
What to do in case of any complication	90	28.94 %
During any of ANC visits informed about pregnancy danger sign		
Yes	293	94.21 %
No	8	2.57 %

Among 311 responded most of them 148(47.6%) were previously give birth at government hospitals and least at private clinics 41(13.2%) **figure 1** below.

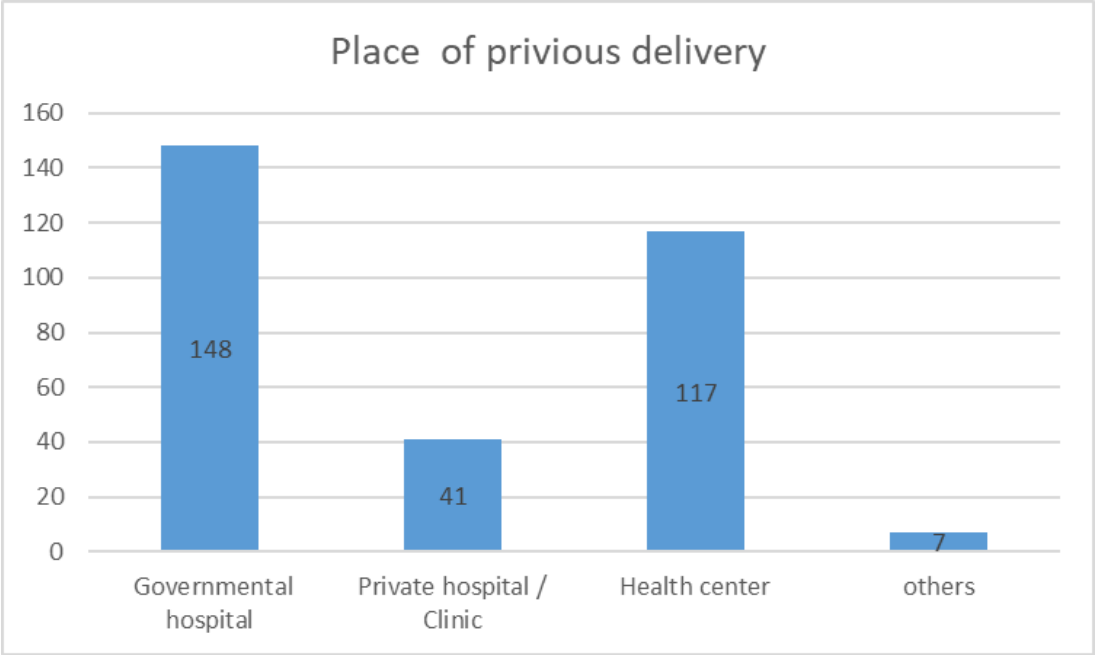


Figure 1; place of previous delivery among pregnant women attending ANC follow up at Wolkite University Specialized Teaching Hospital, South west Ethiopia,2022(n=311)

### **5.3 Knowledge on Danger Signs During Pregnancy**

Regarding their knowledge level out of 311 study participants 239(76.8%) of them has good knowledge about dangers signs occur during pregnancy. majority of them 294(94.5%) reported that they know/had information about obstetric danger sign during pregnancy. From those who had the information most` of them 297(97.2%) identified vaginal bleeding as danger sign and severe headache, excessive vomiting Loss of fetal movement,282(92.7%)272(89.4%),297(97.2%) respectively were identified by respondent as a danger sign. While 13(4.3%) and 9 (3%) had least information on premature onset of contraction and sever unusual abdominal pain respectively as pregnancy dander sign.

Majority of the respondent294(94.2%) heard about pregnancy danger sign from health institution/health care provider (table 2).

Table 2; knowledge of dangers signs among pregnant women attending ANC at wolkite University Specialized Teaching Hospital, Wolkite, South Ethiopia,2022 (n=311)

Variables		frequency	Percentage (%)
Know or have Information about Obstetric danger signs			
Yes		294	94.5%
No		17	4.5%
danger sign does you know	Category		
Vaginal bleeding	Yes	287	97.7%
	No	7	2.8%
Sudden gush of fluid before labour	Yes	226	77.6%
	No	68	22.4%
Severe head ache	Yes	272	92.7%
	No	22	7.3%
Dizziness and blurred vision	Yes	228	78.2%
	No	66	21.8%
Excessive vomiting	Yes	272	89.4%
	No	32	10.6%
Swelling of hands, face	Yes	179	62.1%
	No	115	37.9%
Loss of fetal movement	Yes	297	97.6%
	No	7	2.4%

Premature onset of contraction	Yes	13	4.3%
	No	291	95.7%
Severe unusual abdominal pain	Yes	9	3%
	No	295	97%
Where did you hear about danger signs of pregnancy			
Family member		4	1.2%
Neighbour		1	0.32%
health institution/health care provider		294	94.2%
mass media		3	0.96%
Other		2	0.61%

Regarding their knowledge level out of 311 study participants 239(76.8%) of them has good knowledge about dangers signs occur during pregnancy

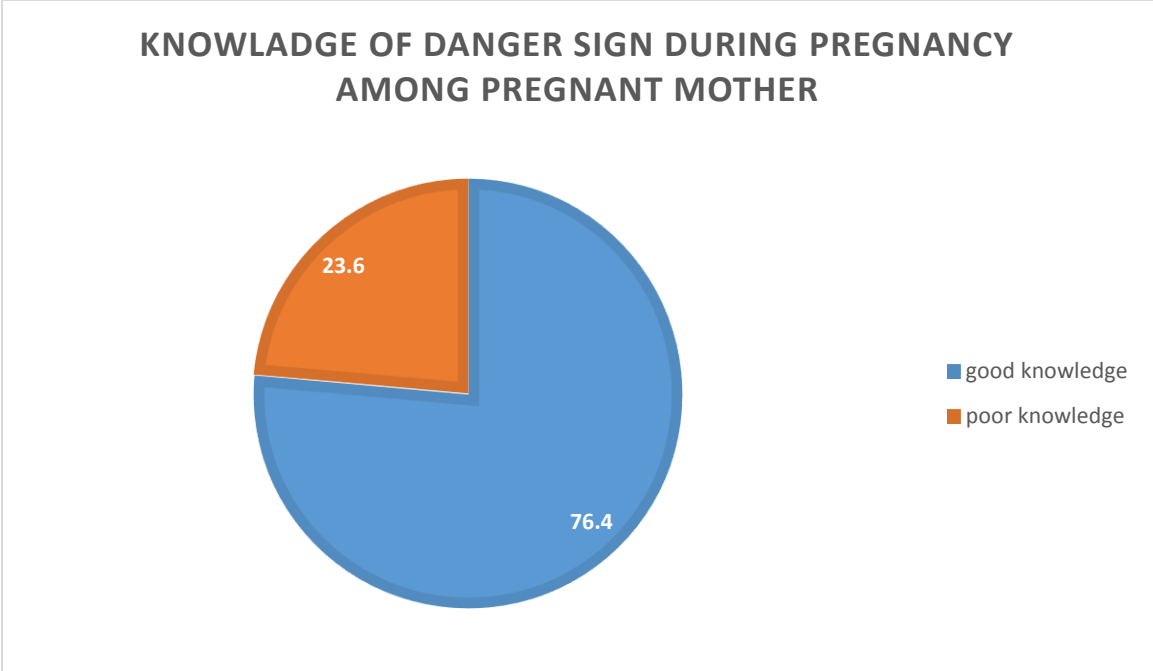


Figure 2; knowledge level of maternal danger sign among pregnant women attending ANC follow up at Wolkite University Specialized Teaching Hospital, South west Ethiopia,2022(n=311)

#### **5.4 Health Seeking Behavior/Practice on Danger Sign of Pregnancy**

Regarding the practice level from the 311 total respondents 37(82.22%) of them had good practice seeking medical care when they faced problem.

Among the 311 respondent 45(14.5%) were faced with pregnancy danger sign while the rest are not. From those who have faced pregnancy danger sign majority 11(24.44%) were faced by virginal bleeding.

Also, from those who faced by pregnancy danger sign majority 37 (82.22%) of respondent were went to healthy facility for investigation and treatment. And 5 (35.71%) of respondent were delayed health seeking for shortage of transportation.

Table 3; Health seeking behavior/practice on danger sign among pregnant women attending ANC at Wolkite University Specialized Teaching Hospital, Wolkite, South west Ethiopia, 2022(n=311)

<b>Variables</b>	<b>frequency</b>	<b>Percentage (%)</b>
Ever faced any obstetric danger sign in your pregnancy		
Yes	45	14.5 %
No	266	85.5 %
Which obstetric danger sign faced in your pregnancy		
Vaginal bleeding	11	24.44 %
Severe head ache	8	17.78 %
Dizziness and blurred vision	5	11.11 %
Excessive vomiting	9	20 %
Swelling of hands, face	5	11.11 %
Loss of fetal movement	4	8.89 %
Others	3	6.67 %

Action when you faced the obstetric danger signs in your pregnancy		
Consulted a friend/relative	2	4.44 %
Self-care/treatment	3	6.67 %
Went to health facility	37	82.22 %
Others	3	6.67 %
How many hour/days you took to seek health care provide/ reach health facility		
<1 Hrs	29	64.44 %
1-4 Hrs	14	31.11%
5-8 Hrs	2	4.44%
Ever delayed in health care seeking		
Yes	14	31.11 %
No	31	68.89 %

Among the 311 respondent 45(14.5%) were faced with pregnancy danger sign while the rest are not. From those who have faced pregnancy danger sign majority 11(24.44%) were faced by virginal bleeding.

Also, from those who faced by pregnancy danger sign majority 37 (82.22%) of respondent were went to healthy facility for investigation and treatment. And 5 (35.71%) of respondent were delayed health seeking for shortage of transportation.

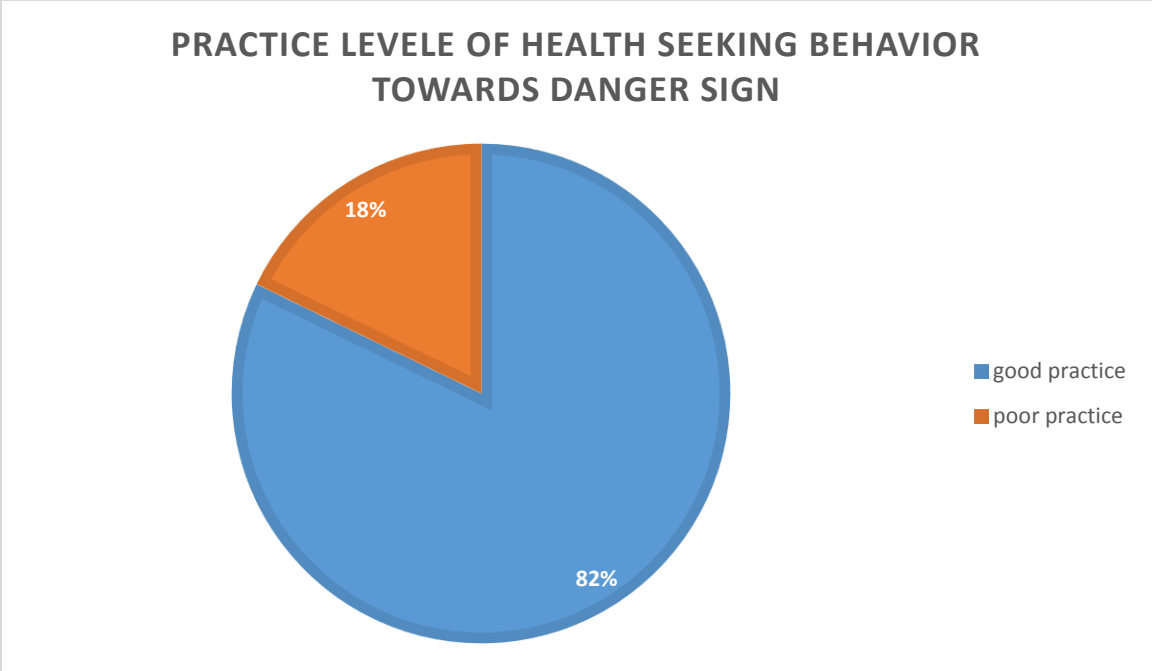


Figure 3; practice of health seeking behavior toward maternal danger sign among pregnant women attending ANC follow up at Wolkite University Specialized Teaching Hospital, South west Ethiopia,2022(n=311)

## CHAPTER SIX

### 6. DISCUSSION

This study shows the knowledge and practice on dangers signs among pregnant women attending ANC at Wolkite University Specialized Teaching Hospital, Wolkite, South Ethiopia, 2022. The result of this study shows that among 311 respondent 294(94.5%) reported that they know/had information about obstetric danger sign during pregnancy and 45(14.5%) of the respondents who experienced obstetric danger signs with 37(82.22%) of them had good practice seeking medical care when they faced problem. From 45(14.5%) of the respondents who experienced obstetric danger signs 37(82.22%) of them had good practice seeking medical care when they faced problem and this finding was consistence/similar with study done in Shashamene 85% (30) and Debre Birhan 84.2% (25).

This study has found 94.5% of the participants had heard/know about obstetric danger signs and from those mothers 284(93.2%) were got information from health institution, which is more than study done in Arba mich 78% (24), it is more than study conducted at Shashamene 85% (30) and Debre tabor 74.4% (23). The difference might be due to a difference in study area which was conducted both in urban and rural area.

According to this study the commonly mentioned danger sign was vaginal bleeding which accounts 287(97.2%) of the respondents who know danger signs which is similar with study conducted in Arba Minch 98.3% and mentioning swelling of hands, face and body as a danger sign accounts 179(62.1%) which is lower than study done in Arba Minch 82% (24). This difference may be due to differences in implementation of health programs and study period.

This study revealed that majority of participant responds that 254 (81.87%) were previously delivered by spontaneous virginal delivery which is similar to study conducted in Shashamene town, Oromia region, Ethiopia 80.5% (30). And according to this study mentioning Severe unusual abdominal pain as a pregnancy danger sign is 9 (3%), which is consistence with the study done in Wolayita Sodo Hospitals and Sodo Town Health Centers 4.1% (32).

## **CHAPTER SEVEN**

### **7. CONCLUSION**

This study concludes that the respondents were more knowledgeable about danger signs of pregnancy and the respondents who experienced obstetric danger signs 37(82.22%) of them had good practice seeking medical care when they faced a problem. The most commonly mentioned danger sign during pregnancy was severe vaginal bleeding, loss of fetal movement and severe headache and the respondents less mentioned danger sign during pregnancy were premature onset of contraction and severe unusual abdominal pain.

## **CHAPTER EIGHT**

### **8. RECOMMENDATION**

We recommended mobilizing communities to increase knowledge and practice on obstetric danger sign during pregnancy.

Wolkite University Specialized Teaching Hospital should give special attention to maternal service specifically to those less respond to regarding knowledge and practice related question on danger sign during pregnancy.

We also recommend further research to be conducted using both qualitative and quantitative methods regarding on obstetric danger sign.

## **CHAPTER NINE**

### **9. LIMITATION OF THE STUDY**

The limitation of the study was since it was confined to women visiting Governmental health institution, the findings may not be generalized able to the women who did not visit health

The study might not show a cause-and-effect relationship because of the nature of the study design (cross-sectional).

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## Appendix

### Appendix 1: Information Sheet and Consent form

Wolkite University College of Medicine and Health Science Department of Nursing

Dear Participant, how are you? We are \_\_\_\_\_. We working as data collector for the research being conducted to assess knowledge and practice of pregnancy dangers signs among pregnant women attending ANC Follow up at Wolkite University Specialized Teaching Hospital. We kindly request you to loan us your attention to explain you about the study and study participant.

**The study title:** knowledge and practice of pregnancy dangers signs among pregnant women attending ANC at Wolkite University Specialized Teaching Hospital, Ethiopia.

**Purpose of the study:** The main aim of this study is to write a proposal as a partial requirement for the fulfilment of a degree in nursing for the principal investigator. Moreover, the result of the study will be used as evidence and input for the health facilities of wolkite University Specialized Teaching Hospital and other governmental and non-governmental organizations working on maternal health.

**Confidentiality:** The information acquired from respondents will be confidential. There is no information that is identified in particular and is not reflecting anything particularly of individual persons.

**Rights:** Giving permission for this study is fully voluntary. You have the right to permit or not for this study. If you decide to permit the study, you have the right to terminate the study at any time if you consider something related to the study is wrong.

## **Appendix 2: Declaration of informed written consent**

We have heard the information that has been read for us. We understand the aim of the study. You should keep confidential the information that we give you. And we not given to others without permission, therefore, we can make sure our agreement to involve in the study through our signature

Signature of interviewee \_\_\_\_\_

Signature of interviewer \_\_\_\_\_

Date: \_\_\_\_\_

## **Appendix 3: English version Questionnaires Information sheet**

Hello we are ..... we working for research undertakings by Wolkite University, College of medicine and health science

The purpose of this study is to assess knowledge and practice of pregnancy dangers signs among pregnant women attending ANC at Wolkite University Specialized Teaching Hospital.

You are selected to be one of the participants in the study. The study will be conducted through interviews. We are asking you for a little of your time, to help in this study. The interview involves different questions regarding pregnancy danger sign. We would like to assure you that confidentiality is strictly secured throughout the study. All your information is numbered and your name will not be recorded. Your answers to any of the questions will not be given to anyone else and no reports of the study are ever identifying you. If a report of results is published, only information about the total group will appear and also the importance is for all, the interview is voluntary. Your participation or non-participation, or refusal to answer questions has no effect now or in the future on services that you or any member of your family may receive from health service providers.

Thank you for your cooperation!!

Date of interview (\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_)

Name of Interviewer \_\_\_\_\_

Signature \_\_\_\_\_

**Appendix 4: English version Questionnaires**

**Part one: information sheet**

Hello my name is Ato/ W/ro /W/t ..... I am working for research undertakings by Wolkite University, College of medicine and health science

The purpose of this study is to assess knowledge and practice of pregnancy dangers signs among pregnant women attending ANC at wolkite University Specialized Teaching Hospital. You are selected to be one of the participants in the study. The study will be conducted through interviews. We are asking you for a little of your time, to help in this study. The interview involves different questions regarding pregnancy danger sign. We would like to assure you that confidentiality is strictly secured throughout the study. All your information is numbered and your name will not be recorded. Your answers to any of the questions will not be given to anyone else and no reports of the study are ever identifying you. If a report of results is published, only information about the total group will appear and also the importance is for all, the interview is voluntary. Your participation or non-participation, or refusal to answer questions has no effect now or in the future on services that you or any member of your family may receive from health service providers.

Thank you for your cooperation!!

Date of interview (\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_)

Name of Interviewer \_\_\_\_\_

**Address**

Phone number: - 0938487143

0977784380

0911398042

Email: - etsegenetdegefu@gmail.com

kayeaddisu@gmail.com

Wessenmehamed@gmail.com

Signature \_\_\_\_\_

Part two: Questionnaire

**I: Sociodemographic characteristics**

Sr.no	Questions	Response	Skip to ____
101	Age	1. 15-19 2. 20-24 3. 25-29 4. 30-34 5. 35-39 6. 40-44 7.45-49	
102	What is your current occupation?	1. House wife 2. Gov't Employee 3. farmer 4. merchant 5. daily labour 6.Others Specify_____	
103	What is your educational level?	1. unable to read and write/uneducated 2. Able to read and write 3. Primary school 4. Secondary school 5.College and above	

104	Marital Status	<ol style="list-style-type: none"> <li>1. Married</li> <li>2. Divorced</li> <li>3. Widowed</li> <li>4. single</li> </ol>	
105	What is your husband educational level?	<ol style="list-style-type: none"> <li>1.unable to read and write/uneducated</li> <li>2.Able to read and write</li> <li>3.Primary school</li> <li>4.Secondary school</li> <li>5.College and above</li> </ol>	
106	What is your husband current occupation?	<ol style="list-style-type: none"> <li>1. House wife</li> <li>2. Gov't Employee</li> <li>3. farmer</li> <li>4. merchant</li> <li>5. daily labour</li> <li>6.Others Specify_____</li> </ol>	
107	Average monthly family income	<ol style="list-style-type: none"> <li>1.&lt;500 Birr</li> <li>2. 501-1000 Birr</li> <li>3. 1001-1500 Birr</li> <li>4. 1501-2000 Birr</li> <li>5. &gt;=2001</li> </ol>	
108	Religion	<ol style="list-style-type: none"> <li>1.Protestant</li> </ol>	

		2.Orthodox 3.Muslim 4.Waaqeffataa 5.Others specify_____	
109	Ethnicity	1. Oromo 2. Amhara 3.Gurage 4. Others, specify_____	
110	Residence	1.Urban 2.Rural	
111	Family size	1.1 2.2 3.2-3 4.>4	

## II: Obstetric characteristics

Sr.no	Questions	Choice answers	if no Skip to
201	Gravida	1.1 2.2-4 3.above 4	
202	Para	1.0	

		2.1-4 3.above 4	
203	Gestational age	1. <20weeks 2. 20-28 weeks 3. >28 weeks	
204	Have your previous abortion	1.Yes 2.No	
205	Place of previous delivery	1. Governmental hospital 2. Private hospital / Clinic 3. Health center	
206	Mode of previous delivery	1.SVD 2.CS	
207	Where did you give birth your last child/birth?	1.Home 2.Health facility 3.Other, specify-----	
208	How many of your pregnancy resulted in a baby that was born dead?	1.0 2.1 3.>2	
209	How many of your pregnancy resulted in a baby that was born alive?	1.0 2.1 3.>2	

210	In any of your ANC visits did you get an opportunity to be advised/counselled on the Following; more than one response is possible	<ol style="list-style-type: none"> <li>1. Where to deliver</li> <li>2. Benefits of delivering at the health facility/hospital</li> <li>3. What to do in case of any complication</li> </ol>	
211	In any of your ANC visits have you informed about pregnancy danger sign	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>	

### III: Knowledge on obstetric danger sign

301	Have you ever heard or have Information about Obstetric danger signs?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>	
302	If yes, which danger sign do you know?	<ol style="list-style-type: none"> <li>1. Vaginal bleeding</li> <li>2. Sudden gush of fluid before labour</li> <li>3. Severe head ache</li> <li>4. Dizziness and blurred vision</li> <li>5. Excessive vomiting</li> <li>6. Swelling of hands, face</li> <li>7. Loss of fetal movement</li> <li>8. Premature onset of contraction</li> <li>9. Severe unusual abdominal pain</li> <li>10. Other, specify-----</li> </ol>	
303	Where did you hear about danger signs of pregnancy?	<ol style="list-style-type: none"> <li>1. Family member</li> <li>2. Neighbour</li> </ol>	

		3. health institution 4.mass media 5.Other.specify-----	
304	Does danger signs of pregnancy predispose to obstetric complications	1.Yes 2.No 3.I don't know	
305	Are danger signs being different from complications during pregnancy	1.Yes 2.No 3.I don't know	

#### IV: Health seeking behaviour/practice

401	Have you ever faced any Obstetric danger signs in your pregnancy?	1.Yes 2.No	If no skip to 404
402	If yes to question number 401 which one you faced?	1.Vaginal bleeding 2.Sudden gush of fluid before labour 4. Severe head ache 5. Dizziness and blurred vision 6. Excessive vomiting 7. Swelling of hands, face 8. Loss of fetal movement	

		<p>9. Premature onset of contraction</p> <p>10. Severe unusual abdominal pain (Epigastric pain)</p> <p>11. Other, specify-----</p>	
403	<p>What was your actions when you faced the Obstetric danger signs in your last pregnancy?</p>	<p>1. Nothing</p> <p>2. Consulted a friend/relative</p> <p>3 Self-care/treatment</p> <p>4 Consulted a TBA/traditional healer</p> <p>5. Went to a health facility</p> <p>6. Others(specify)_____</p>	
404	<p>If you went to health facility how many hours /days you take to seek health care provider/Health facility?</p>	<p>1. 1-4Hrs</p> <p>2. 5-8Hrs</p> <p>3. One day</p> <p>4. Two days</p> <p>More than two days</p>	
405	<p>Have you ever delayed in health care seeking</p>	<p>1. Yes</p> <p>2. No</p>	
406	<p>If yes for question 405 reason for delayed in health care seeking</p>	<p>1. Lack of awareness about obstetric danger sign</p> <p>2. Health Centre is far</p>	

		3. Lack of money 4. Lack of transportation 5. 5.Other, specify-----	
--	--	---	--

THANK YOU

# ወልቂጤ ዩኒቨርሲቲ

## ሕክምናና በጤና ሳይንስ ኮሌጅ የነርቲንግ የት/ት ክፍል

### አባሪ 4: የአማርኛ መጠይቆች

#### የመረጃ እና የስምምነት ቅጽ

ሰላም ጤና ይስጥልኝ ስሜ አቶ/ወ/ሮ/ወ/ት----- እባላለሁ የመጣሁት ከወልቂጤ ዩኒቨርሲቲ፣ በሕክምናና በጤና ሳይንስ ኮሌጅ ከነርቲንግ የት/ት ክፍል ሲሁን የዚህ ጥናት አላማ በወልቂጤ ዩኒቨርሲቲ ስፔሻላይዜድ ማስተማሪያ ሆስፒታል ለቅድመ ወሊድ ክትትል የሚመጡ ነፍስ ጡር እናቶች ላይ የእርግዝና አደገኛ ምልክቶችን እውቀታቸውና ያላቸውን ልምድ ለማጥናት ነው።

እርስዎ በጥናቱ ውስጥ ከተሳታፊዎች አንዱ ለመሆን ተመርጠዋል። ጥናቱ በቃለ መጠይቅ ሲሆን መጠይቁ የእርግዝና አደገኛ ምልክትን በተመለከተ የተለያዩ ጥያቄዎችን ያካትታል በጥናቱ ወቅት ምስጢራዊነት በጥብቅ የተጠበቀ መሆኑን ልናረጋግጥልዎ እንወዳለን። ሁሉም መረጃዎ በቁጥር የተያዙ ናቸው እና ስምዎ አይመዘገብም ለማንኛቸውም ጥያቄዎች የሚሰጡት መልስ ለሌላ ሰው የማይሰጥ እና በሚሰጥበት የሚያዝ ሲሆን ቃለ-መጠይቁ በፈቃደኝነት ላይ የተመሰረተ ነው።

የእርስዎ ተሳትፎ ወይም አለመሳተፍ፣ ወይም ጥያቄዎችን ለመመለስ ፈቃደኛ አለመሆን እርስዎ ወይም ማንኛውም የቤተሰብዎ አባል ከጤና አገልግሎት ሰጪዎች ሊቀበሏቸው በሚችሉ አገልግሎቶች ላይ አሁን ወይም ወደፊት ምንም ተጽእኖ አይኖረውም።

ለትብብርዎትና ለፍቃደኝነትዎ እናመሰግናለን!!

የቃለ መጠይቁ ቀን ( \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ )

የጠያቂው ስም

እፀገነት ደገፉ

መክሊት አዲሱ

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**ክፍል አንድ፡ ማህበራዊ እና የሥነ-ህዝብ መረጃ**

ተ. ቁ	ጥያቄዎች	የመልስ አማራጮች	ምርመራ
1	ዕድሜዎት ስንት ነው	1.15-19 2.20-24 3.25-29 4.30-34 5.35-39 6.40-44 7.45-49	
2	በአሁኑ ጊዜ የሥራ ሁኔታዎ ምንድነው?	1. የቤት እመቤት 2. የግል ሰራተኛ 3. የመንግስት ሰራተኛ	

		<p>4.ነጋዴ</p> <p>5.ገበሬ</p> <p>6.ሌላ.....</p>	
3	የትምህርት ደረጃዎን ይግለጹ?	<p>1.መፃፍና ማንበብ የማትችል/ያልተማረች</p> <p>2. ማንበብና መጻፍ የምትችል</p> <p>2.አንደኛ ደረጃ ት/ቤት ያጠናቀቀች</p> <p>3. ሁለተኛ ደረጃ ት/ቤት ያጠናቀቀች</p> <p>4.ኮሌጅና ከዛ በላይ ያጠናቀቀች</p> <p>5.ሌላ.....</p>	
4	የጋብቻ ሁኔታዎን ይግለጹ.	<p>1.ያላገባች</p> <p>2.ያገባች</p> <p>3.አግብታ የፈታች</p> <p>4.ባልዋ የሞተባት</p>	
5	የባለቤትሽ የትምህርት ደረጃ	<p>1.መፃፍና ማንበብ የሚችል</p> <p>2.አንደኛ ደረጃ ት/ቤት ያጠናቀቀ</p> <p>3. ሁለተኛ ደረጃ ት/ቤት ያጠናቀቀ</p> <p>4.ኮሌጅና ከዛ በላይ ያጠናቀቀ</p> <p>5.ያልተማረ</p>	

6	የባለቤትነት የስራ ድርሻ	1.አባወራ/ስራ ዩሳውም 2.የግል ሰራተኛ 3.የመንግስት ሰራተኛ 4.ነጋዴ 5.ገበሬ 6.ሌላ....	
7	አማካይ የቤተሰብ ወርሃዊ ገቢ በብር	1.<500ብር 2.5001-1000ብር 3.1001-1500ብር 4.1501-2000ብር 5.>2000ብር	
8	ኃይማኖት ምንድነው	1.አርቶዶክስ 2.ሙስሊም 3.ኸኸሮቴስታንት 4.ካቶሊክ 5. ዋቀሬታ 5.ሌላ. ይገለጽ.....	
9	ብሄርዎ ምንድነው	1.አሮሞ 2.አማራ 3.ጉራጌ 4.ትግሬ 5.ሌላ.....	
10	ነዎሪነትዎ ዩት ነው	1.ከተማ 2.ገጠር	

11	የቤተሰብ ብዛት	1.1 2.2 3.2-4 3.>4	
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**ክፍል ሁለት፡የወሊድ ባህሪያት**

ተ. ቁ	ጥያቄዎች	የመልስ አማራጮች	ምርመራ
1	ይህ እርግዝናዎት ለስንተኛ ጊዜዎት ነው /ስንተኛ እርግዝናዎት ነው	1.1 2.2-4 3.ከ 4 በላይ	
2	ስንት ልጆች አሉሽ	1.0 2.1-4 3.ከ4 በላይ	
3	እርግዝናዎት ምን ያህል ጊዜ ነው	1.<20 ሳምንት 2.20-28 ሳምንት 3.>28 ሳምንት	
4	ከዚህ በፊት ውርጃ ገጥመዎት ያውቃሉ	1 አው 2.አይ	
5	ከዚህ በፊት ዬት ነው የወለዱት	1.የመንግስት ሆስፒታል 2.የግል ሆስፒታል/ክሊኒክ 3.ጤና ጣቢያ 4.መኖርያ ቤት	
6	ከዚህ በፊት የወሊድ ሁኔታዎ ምን ነበር	1.በኖርማል/በማህጸን 2.በቀዶ ጥገና/አኘራሰዮን	
7	የመጨረሻ ጊዜ የወለዱት ዬት ነበር	1.ቤት	

		2.ጤና ጣቢያ 3.ሆስፒታል 4.ቤት ውስጥ 5.ሌላ፤	
8	ከዚህ በፊት እርግዝናዎት ውስጥ ምን ያህሉ ሞቶ ተወለዱ.	1.0 2.1 3.>2	
9	ከዚህ በፊት እርግዝናዎት ውስጥ ምን ያህሉ ነው በህይወት የተወለዱ.	1.0 2.1 3.>2 4.ሁሉም	
10	በእርግዝናዎ ወቅት ከሚከተሉት ውስጥ የት መውለድ እንዳለበት የምክር አገልግሎት ያገኙት ከየት ነው?	1.ከቤተሰብ 2.ከጤና ባለሙያ 3.ከጓደኛ 4.ከሚዲያ 5.ሌላ....	
11	በእርግዝናዎት ክትትል ወቅት ስለ እርግዝና አደገኛ ምልክቶች አሳውቆዎታል/ተነግረዎታል	1.አው 2.አይ	

**ክፍል ሶስት: ከእውቀት ጋር የተያያዙ እርግዝና አደገኛ ምልክቶች**

ተ. ቁ	ጥያቄዎች	የመልስ አማራጮች	ምርመራ
1	ስለ እርግዝና አደገኛ ምልክቶች ሰምተው ያውቃሉ/መረጃ አለዎት	1.አው 2.አይ	
2	ለተራ ቁተር 1 መልስዎ አው ከሆነ የትኛውን ያውቃሉ	1.የደም መፍሰስ 2.ከምጥ በፊት ድንገታዊ የሆነ ብዙ ፈሳሽ መፍሰስ 3.ከባድ ራስ ምታት	

		4.የአይን ብብታ 5.ከባድ የሆነ ትውከት 6.የእጅ፣የእግርና የፊት ማበጥ 7.የጽንሱ እንቅስቃሴ በጣም መቀነስ/ማቆም 8.ጊዜው ሳይርስ የምጠጥ አይነት ስሜት መስማት 9.ከባድና ያልተለመደ የሆድ ህመም 10.ሌላ፣ይገለጽ	
3	ስለ እርግዝና አደገኛ ምልክቶች ከየት ነው የሰሙት	1.ከቤተሰብ አባላት 2.ከጎረቤት 3.ከጤና ተቋም 4. ከሚዲያ 5.ሌላ፣ይገለጽ.....	
4	የእርግዝና አደገኛ ምልክቶችወደ ፅንሰ ችግሮች ያመራሉ?	1.አው 2.አይ	
5	የእርግዝና አደገኛ ምልክቶች በእርግዝና ወቅት ከሚከሰት ውስብስብ ችግሮች ይለያሉ ብለው ያስባሉ	1.አው 2.አይ	

**ክፍል ሶስት፡-ተግባር/ልምድ መሰረት ያደረጉ ጥያቄዎች**

ተ. ቁ	ጥያቄዎች	የመልስ አማራጮች	ምርመራ
1	በእርግዝናዎ ወቅት የማህፀን አስጊ ምልክቶች አጋጥመውዎት ያውቃሉ?	1.አው 2.አይ	
2	ለተራ ቁጥር መልስዎ አው ከሆነ የትኛው ምልክት አጋጥሞታል	1.ከብልትዎ ደም መፍሰስ 2.ከወሊድ በፊት ድንገተኛ ፍሳሽ መፍሰስ 3.ከባድ ራስ ምታት	

		<p>4.የአይን ብብታ</p> <p>5.ከባድ የሆነ ትውከት</p> <p>6.የእጅ፣የእግርና የፊት ማበጥ</p> <p>7.የጽንሱ እንቅስቃሴ በጣም መቀነስ/ማቆም</p> <p>8.ጊዜው ሳደርስ የምጠጥ አይነት ስሜት መስማት</p> <p>9.ከባድና ያልተለመደ የሆድ ህመም</p> <p>10.ሌላ፣ይገለጽ</p>	
3	<p>በመጨረሻው እርግዝናዎ ላይ የማህፀን አስጊ ምልክቶች ሲያጋጥምዎ ያደረጋችሁት ድርጊት ምን ነበር?</p>	<p>1.ምንም</p> <p>2.ጓደኛ/ዘመድ አማክራለሁ</p> <p>3.ራሴን አክማለሁ/እረጋጋለሁ</p> <p>4.የባህል ህክምና የሚሰጡ ባለሙያዎችን አማክራለሁ</p> <p>5.ወደ ጤና ተቋም እሄዳለሁ</p> <p>6.ሌላ፣ይገለጽ.....</p>	
4	<p>ወደ ጤና ተቋም ከሄዱ የጤና እንክብካቤ/ህክምና ለማግኘት ስንት ሰዓታት/ቀን ይፈጃል?</p>	<p>1 .1-4 ሰዓት</p> <p>2. 5-8 ሰዓት</p> <p>3. አንድ ቀን</p> <p>4 .ሁለት ቀን</p> <p>5. ከሁለት ቀን በላይ</p>	
5	<p>በጤና እንክብካቤ/ህክምና ፍለጋ ዘግይተው ያውቃሉ?</p>	<p>1. አው</p> <p>2. አይ</p>	
6	<p>ለተራ ቁጥር 405 መልስዎ አው ከሆነ ምክንያቶች ምንድነው</p>	<p>1. ስለ የወሊድ አደገኛ ምልክት የግንዛቤ እጥረት</p> <p>2. የጤና ተቋም ስለሚርቀኝ</p> <p>3. የገንዘብ እጥረት</p> <p>4. የትራንስፖርት እጥረት</p> <p>5. ሌላ፣ይገለጽ.....</p>	

**እናመሰግናለን!!**