

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



**MALE PARTNER'S INVOLVEMENT IN PROMOTING SKILLED
DELIVERY ATTENDANCE AMONG FATHER WHO HAVE
CHILDREN LESS THAN ONE YEAR AGE IN GUCHIRE TOWN**

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ABBREVIATION

ANC_____ Antenatal Care

HIV_____ Human Immune Deficiency Virus

ICPD_____ International Conference on Population and Development

MDGS_____ Millennium Development Goals

MMR _____ Maternal Mortality ratio

MM _____ Maternal Mortality

PMCT_____ Prevention Mother to children transmission

SBA _____Skilled Birth Attendant

SDG_____ Sustainable Development Goal

SSA _____Sub-Saharan Africa

SPSS_____ Statistical Package for Social Science

WHO_____ World Health Organization

- **ABSTRACT**

Background: Male partner's involvement in maternal health care has been described as a process of social and behavioral change that is needed for men to play in maternal health care with the purpose of ensuring women's and children's wellbeing. However, the failure to incorporate men in maternal health promotion, prevention and implementation of maternal health services has had a serious impact on the health of women and children.

Objective: To assess the involvement of male partner's in promoting skilled delivery attendance among fathers who have children less than one year of age in Gunchire twon, Gurage zone ,SNNP regional state, Ethiopia.

Methods: Community based descriptive cross sectional; study design was conducted on a sample of 398 male partners' that has children less than one year of age. The data was collected using structured and pre-tested questionnaires by face to face interviewee from December to January 2021. The data were collected and analyzed by manually using scientific calculator and presented by tables and figure.

Results: Data were obtained from 362 male partner's yielding a response rate 90%.The prevalence of male partner's involvement in promoting skilled delivery attendants was 38%.The data were analyzed manually using scientific calculator. This study revealed that among 362 male partners toward skilled attendants of their spouse only 120(33%) of the respondents were have good knowledge, while a majority 242 (77%) of the respondents was poor knowledge and only 139(38%) was involved in skilled delivery attendants, while the majority of 223 (62%) was not involved.

Conclusion and recommendation:Majority of male was not involved in promoting skilled delivery attendants and poor knowledge toward skilled delivery attendants of their spouse In order to improve male skilled delivery attendance, health education aimed at increasing men awareness, encourage women to come with her husband. The government should make efforts to increase community based health education, awareness creation and improve male partners involvement on skilled delivery attendants of a spouse that strategy my reduce MMR by improve reproductive health care.

CHAPTER ONE

1. INTRODUCTION

1.1 BACKGROUND

Pregnancy and childbirth is natural and often an eventful process. Many women are at risk for developing complication at any time during this period(1). A vast majority of maternal deaths are due to preventable direct obstetric causes such as hemorrhage, infection, obstructed labor unsafe abortion and high blood pressure(2). These causes can be detected and managed early during antenatal care (ANC) and intrapartum period by existing and well known medical interventions.

Complication of pregnancy & child birth are known to be the leading cause of disability & death among woman of reproductive age (15-49years), especially in developing countries(1).

Delay to make a decision to seek care is considered as one of the contributing factors that is attributed to maternal morbidity and mortality and is preventable(3).

In sub-Saharan countries, men generally are considered to be the decision makers regarding the location at which their spouse should give birth(4). Therefore, male involvement in maternal health care services serves as a building block for ensuring women's and children's wellbeing.

According to the World Health Report for the world health day of 2005, between 11% and 17% of maternal deaths happen during childbirth itself and between 50% and 71% in the postpartum period. About 45% of postpartum maternal deaths occur during the first 24 hours, and more than two thirds during the first week(5). A trained attendant present during childbirth can mean the difference between life and death both for the mother and the child. One of the reasons for women not seeking care from skilled professionals during delivery is because their male partners do not allow it(6). Male involvement increases outreach as well as utilization of the various reproductive health services. Interventions that include men during pregnancy and childbirth have shown to yield positive health benefits to women and their children(7) Therefore one of the best ways to reduce maternal mortality and improve women's health is by improving male partner's involvement in Promoting skilled delivery attendance of their spouse which can be done by assessing their level of involvement and factors affecting it in the study area.

1.2. STATEMENT OF THE PROBLEM

Hundreds of thousands of women are still passing away due to complication from pregnancy and /or childbirth every year universal. Several of these deaths go immeasurable. Attaining the Sustainable Development Goal (SDG) of a global MMR below 70 will require reducing global MMR by an average of 7.5% each year between 2016 and 2030. This will require more than three times the 2.3% annual rate of reduction observed universally between 1990 and 2015(8)

Maternal mortality and morbidity associated to pregnancy and childbirth could be prevented if women and their families identify when and where to seek help, have access to the healthcare system during pregnancy, childbirth and the postpartum period and subsequently receive care from skilled provide(9) Lack of husband participation in birth preparedness plans and delays in care seeking for obstetric emergencies are main contributing factor of maternal death. Birth preparedness has been found to be effective against decreasing these delays. Low male involvement in maternal and child health has been cited as one of the cardinal factors contributing to low rate of deliveries at health facilities. As a country the proportion of births attended by skilled health personnel is at 62% yet the target according to MDGs is 90% in 2015 (10) Inability by women to deliver in a health facility under care of a skilled attendant is attributed to lack of resources, inability to make decisions on where to deliver or even lack of transport. In looking for solutions to achieving the 90%, it is important that the role of men in promoting skilled deliveries be addressed(11)

In Ethiopia, only 28% of the deliveries are attended to by health professionals. This condition well clarifies the maternal mortality ratio of 412 per 100,000 live births, which is one of the highest in the world(12) Studies shown that hemorrhage, hypertensive disorders and ruptured uterus were among the origins of maternal deaths.

This situation makes husbands critical partners for the improvement of maternal health and reduction of maternal mortality by participating in birth preparation. Studies conducted on pregnant mother in Ethiopia at Maichew Town, Southern Tigray showed that one of the factors of affecting prenatal care (15.5% husband's disapproval of antenatal attendance, and only 21% of pregnant mother were accompanied by their husbands to the antenatal clinic) which is the best time for giving information about birth preparedness and preparing to complication readiness, starting point to setting a plan for the anticipated birth and emergency conditions(13). Husband support for women during pregnancy and delivery which is a critical time for them have not yet been promote effectively. A community based cross-sectional study conducted in Northern part of Ethiopia in 2008 reported that among 326 (87.9%) who give birth at home 32(14.14%) were influenced by family delivery at home and male preference skilled delivery was low 69 (19.4%)(14)

1.3. SIGNIFICANCE OF THE STUDY

The significance of this study was to assess the involvement of male partners in promoting skilled delivery attendance during childbirth in Gunchire twon.

The study would go ahead to help the policy makers and health administrators to improve on the existing interventions to reduce maternal and child mortality rates.

Male partner attendance to skilled antenatal care and encouraging joint decision-making among couples is a promising strategy for promoting maternal health and in achieving women's empowerment; this will ultimately result in reduced maternal morbidity and mortality.

This study was provide information about the issue to be emphasized by health care workers to improve the quality of service which would attract male partner's in order to utilize the service.

The information derived from this study would provide directions for both governmental and nongovernmental bodies to implementing successful strategies that are effective in promoting male involvement in maternal health service utilization which eventually leads to improvement in health service coverage and heath of the women.

In addition, the findings from this study would benefit researchers interested in the field by providing base line information regarding male involvement in promoting skilled attendant in the study area.

CHAPTER TWO

2. LITERATURE REVIEWS

2.1 Theoretical Review

WHO defines a Skilled birth Attendant as someone “trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth and the immediate postnatal period, and in the identification, management and referral of complications in women and newborns(5).

Skilled care is the quality care to a woman during pregnancy, childbirth and postpartum period and her infant provided by a skilled personnel supported by an enabling environment (necessary equipment, supplies and medicines and infrastructure) and a functional referral system. At the centre of skilled care is a skilled attendant who is a health professional (doctor, midwife, nurse, etc) equipped with the skills needed to manage normal pregnancy, childbirth and the immediate post-partum and in the referral of complications(5)

2.2 Male involvement in the choice of birth place

Studies in many settings showed that the support of male partners influences women’s uptake of maternal health services, their workload, nutrition and wellbeing during pregnancy, and the ways they care for and feed their babies. So there are many potential benefits to reaching expectant fathers with information and services(15). According to literature the level of male involvement in maternal health specifically in promoting skilled delivery attendance of spouse is found to be different for different countries as well as study participants.

A Community-based cross sectional study, conducted in Japan among 426 husbands showed that, 69.7% were found to be involved in decision-making about the place of delivery. Regarding birth preparedness, the majority of husbands prepared for skilled birth attendance (91.1%), and 81.7% saving money before their spouses gave birth(16).

In addition, a nationally representative survey which was conducted in Kenya among 730 males expressed that male involvement in maternal health determined the utilization of skilled birth attendants among their wives. This study revealed that majority (68 %) of women whose husbands accompanied them for at least one ANC visit utilized a skilled birth attendant during delivery(17)

In 2011 a cross sectional study was carried out in Jinja district eastern Uganda by Peter Dyogo to assess males’ involvement in maternal health care services among 469 males. This

study showed that showed that about, 43% accompanied their partners during delivery and 32.5% of the men reported joint couple decision-making with the wife on where to attend delivery(18)

Furthermore, a Community based cross-sectional study conducted among 676 Husbands in mareka woreda, Southern Ethiopia revealed that male partners involvement in promoting institutional delivery was 41.3% and only 32.7% of husbands“ planned health facility for delivery, 52.4% made joint decision for skilled delivery care and 43.2% made prior arrangement for delivery(19).

Male involvement in maternal health was also assessed in lemmo woreda; Southern Ethiopia by a community based cross- sectional study among 335 male partners showed that male partner’s involvement in promoting institutional delivery was 38.2%.Only 15.5% were involved in discussing the issue with their relatives, 20%discussed with their friends, 44.2%accompanied their spouse for ANC follow-up and40.9% decided to deliver in health institution for current child(20)

2.3 Socio-Cultural influence on male attendance in childbirth

Cultural beliefs are known to play role in determining the involvement of males in maternity care especially in skilled delivery of their spouse.

A Study conducted in Kenya Busia showed that many cultural beliefs exist among the male partner that affect their involvement in supporting their spouses to access skilled delivery services. For instance, out of 380 male partners participants 33%stated that their newly born babies must be kept indoors for three days for boys and two days for girls and taken out only after the naming ceremony and 45% of them said that child-birth is a woman’s affair which does not require their males participation(21).

A study in Bangladesh also showed that certain socio-cultural factors affect male involvement in promoting skilled delivery of spouse. These includes feeling shy, embarrassed, feeling out of place and most men believe that it is inappropriate place are common barriers for male involvement in skilled delivery attendance (22).

2.4 Socio-Economic Factors and Male Attendance in Childbirth

Male partner involvement during childbirth is beneficial to improving maternal outcomes.

A Study conducted in Kathmandu, Nepal revealed that male partners whose monthly income of NPR 500 or above per month were found to be two times involve in skilled birth preparedness as compared to monthly income less than NPR 500 ($p < 0.001$) (23).

Another study conducted in lemmo woreda southern Ethiopia showed that male partners who had monthly income between 490-800 birr were 71% (AOR: 0.29, 95% CI: 0.116, 0.719) less likely to promote their spouses to attend institutional delivery when compared to those with monthly income above 800 birr(20)

Type of job was also found to be among the factors affecting male involvement. A study conducted in eastern Uganda showed that Taxi drivers and boda boda riders were found to be less involved in the MCH services due to the nature of their jobs as compared to their counterparts such as farmers (OR =0.3; 95% CI: 0.1-0.9; $p \leq 0.05$)(24)

2.5 Knowledge and attitude of male partners on skilled delivery attendant of a spouse.

Male involvement will enable men to support their spouses to utilize emergency obstetric services early and the couple would adequately prepare for birth and ready themselves for complications. This would lead to a reduction in all three phases of delay and thereby positively impact birth outcomes(25).

Male participation in the implementation of Safe Motherhood initiatives is particularly vital role of male partners' as gatekeepers. However, it is widely recognized that men are often marginalized by maternal health services and are provided limited access to information and knowledge that they need to make informed choices to protect their and their family's health(26).

A study conducted in India showed that men's knowledge about pregnancy related care increases its utilization and suggested that men's presence during antenatal visits might increase the likelihood of institutional delivery(27).

Study conducted in Kenya showed that utilizing a skilled birth attendant were 2.8 times higher for women who were go together with their male partners' to at least one ANC visit than for women who had ANC but not go together with their male partners'. As for the husbands perception, about half (49.5 percent) of the women whose husbands had a positive perception were attended by a skilled birth attendant. Further, women whose male partners' had a positive perception of the use of a skilled birth attendant had slightly higher utilizing a skilled birth attendant than women whose male partners' had a negative perception(28).

Ethiopian comparative cross-sectional community based study found that husbands' attitude was associated with antenatal and safe delivery service utilization, positive attitude contributing to more frequent utilization(29).

2.6 Knowledge of antenatal care service and danger signs of pregnancy

A study about correlates of male involvement in maternal and newborn health from Myanmar shows that men with greater levels of knowledge about sexual and reproductive health are more likely to be involved in their wives' pregnancies and newborn care(30). In Bangladesh few men knew that advice on newborn care, family planning, birth preparedness was given during ANC(31) in Nepal only 26.9% of men had knowledge about danger signs in pregnancy(32).

The study done at Gulu district, Northern Uganda shows male partners' knowledge about ANC services offered is limited; about half 49.9% could correctly mention two or fewer services offered(33)

Cross-sectional study done in Ambo town revealed that male partners who ever attended health education on Antenatal care were 1.89 times more likely to be involved in antenatal care as compared to those who were not ever attended health education on ANC. Married male partners involved in antenatal care were 3.14 times more likely to have practiced birth preparedness and complication readiness as compared to those who were not involved in antenatal care(34)

Study about male attendance in PMTCT in Gondar and Addis Ababa, Ethiopia shows that men who heard and were knowledgeable about PMTCT are more likely to have high attendance in PMTCT as compared to those who didn't hear and were not knowledgeable (35). Study done in southern Ethiopia revealed that only 9.7% of husbands were aware of danger signs of obstetric complications(36)

2.6.1 Knowledge and perception related factors

A study conducted in Eastern Uganda established that the harsh language (like you can die) used by the health workers was a barrier to male participation. Further, some of the health workers did not allow men to access the ANC settings and as such discouraged men from accompanying their spouses to delivery service(24).

Another study conducted in Busia Kenya reported that low knowledge regarding complications associated with pregnancy and delivery has been identified as a determinant for male partner involvement in promoting skilled birth attendants. According to this study majority of male partners exhibited very low knowledge regarding complications that are associated with pregnancy and delivery, with 24.9% of them responding that they did not know a single complication and those who were able to mention at least one complication were very few(21)

In 2014a cross sectional study was carried out in lemmo woreda, Ethiopia by Okatiso to assess male partners' involvement in promoting skilled delivery attendance of a spouse and associated factors among 335 males. This study showed that showed that three fourth (74.6%) of the respondents were found to have good knowledge about institutional delivery, while a substantial proportion (25.4%) 11of the respondents were not. The finding of this study showed Majority (80.6%) reported that they had known about ANC follow up of their spouses. When asked about why it is important to take their wives to health facility for delivery? 59.1% said to avoid delay in getting medical care in case of emergency, 62.1% said to get access to skilled care, and 64.5% said to get immediate treatment for mother and new born. While 2.4% of them said they did not know why institutional delivery is important(20).

CHAPTER THREE

3. OBJECTIVES OF THE STUDY

3.1. General objective

To assess male partner's involvement in promoting skilled delivery attendance among fathers who have children less than one year of age in Gunchire town, SNNP in Gurage zone Ethiopia, 2020

3.2. Specific objective

1. To determine the level of males involvement in promoting skilled delivery attendance of their spouse
2. To assess the socio-cultural aspects that influence male partner involvement in promoting deliveries by skilled professionals.

CHAPTER FOUR

4. METHODOLOGY

4.1. Study area

The study was conducted in Gunchire town is a one of the urban kebeles found in the Enamore & Enar woreda. It is around 197 km from the capital city of Ethiopia Addis Ababa toward south-western and 301 km from Hawassa, capital of the SNNP region and 42 km from Wolkite, the town of Gurage zone. Gunchire town has 1 Primary hospital which was established in 2008E.C. and 2 health post with 8 health workers (4 in each Health Extension).The study was conducted in Gunchire town, capital of Enamore & Enar woreda, Gurage zone, SNNPR, Ethiopia. According to Gunchire town municipality data, Gunchire town has total populations of 22313 peoples of these 11378 (51%)are males and 10935(49%)females.

4.2. Study design and period

A descriptive community based cross-sectional study design was used to describe male partner;s involvement in promoting skilled delivery by professional birth attendants from December 2020 to January 2021 G.C

4.3. Source population

All male partners who have children in Gunchire town, during study period.

4.4. Study population

All eligible male partners having children less than one year of age who are randomly selected from the different kebeles of Gunchire town during the data collection period.

4.5. Inclusion and Exclusion criteria

4.5.1. Inclusion criteria

- Male partner's who are 18years and above and had at least one child in the last one year
- Male partner's who are willing to give consent to partake in the study.

4.5.2. Exclusion criteria

- Those Participants who doesn't permanently reside in the study area.
- Participants with mental and other illnesses who are unable to communicate.

4.6. Sample size determination

The sample size was determined by using the formula for single population proportion

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

$$n = \frac{(1.96)^2 \cdot 0.38 \cdot (0.62)}{(0.05)^2}$$

$$n = 362$$

By considering non-response rate of 10 %

$$n = n + n \cdot 10\%$$

$$n = 362 + 362 \cdot 10\%$$

the final sample size was 398

Where: n is sample size, Z is standard normal distribution corresponding to significance level at $\alpha = 0.05$, d is margin of error assumed to be 5%, P is Prevalence of male partner's involvement in promoting skilled delivery attendant= 38% (taken from a study done at Lemo woreda, Southern nation nationalities and peoples region Ethiopia(20)

4.7. Sampling Procedures

In this study multi stage sampling method by using lottery method was used to identify the kebele up on which the study was collected and then systematic random sampling technique was introduced to selected specific households. We were use systematic sampling method by using sample interval k

$$K = N/n$$

Where n=sample size of households= (398)

N=total number of households= (812)

$$K = 812/398 = 2.04 = 2$$

A list of household that fulfills the inclusion criteria i.e. (households with fathers that have a child less than one year of age).

4.8. VARIABLES OF THE STUDY

4.8.1. Dependant variable

Male partner's involvement

4.8.2. Independent variable

- Socio-demographic variable: - age, marital status, education, ethnicity, religion
- Economic status
- Health service related factors: - affordability & accessibility of services
- Knowledge
- Perception

4.9. Operational Definitions

Male involvement: the actual involvement of married male partners in promoting Spouses' skilled delivery attendance like discussion with health professionals on the place of spouses delivery, deciding institutional delivery, accompanying spouse for ANC, birth preparedness, and discussion with relatives and friends. Those participations that had involvement less than three of these components were considered as no involvement while those who had involved equal to three or more than were considered as male involvement.

skilled birth attendant:- an accredited health professional, such as a midwife, doctor, or nurse, who has been educated and trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth, and the immediate postnatal period and in the identification, management, and referral of complications in women and newborns.

Knowledge of male partners on skilled birth attendants: - Eleven knowledge related items were asked and the response scored based on the mean value (measured as poor knowledge for those who score less than mean and good knowledge for those score more than mean)

Knowledgeable of pregnancy danger sign: Male partner who spontaneously mentioned at least 3 danger signs of pregnancy.

Not knowledgeable of pregnancy danger sign: Male partner who did not spontaneously mentioned 3 danger signs of pregnancy.

Type of marriages

- **Monogamous:** male partners who have currently one wife
- **polygamous:** male partners who have currently more than two wife

Involved. Those participant who had involved equal to three or more components.

Not involved. Those participant that had involved in less than three of the components.

Knowledge. Those participants who score more than the mean value.

4.10. Data collection tool

The data was collected by using structured questionnaires that contain close ended questions and it was collected by three students using questionnaire and face to face interview with the respondents was used to collect the data. Questionnaire, pen, pencil, paper, etc. was utilized for collecting, analyzing and writing the data.

4.11. Data collection methods

Data was collected by group members after taking common understanding on the meaning extent of questions and questioner.

4.12. Data quality control

To ensure the validity and reliability of data pretest was done on 5% of the calculated sample size. Based on the finding of pretest necessary correction and modification was made on the questionnaire. Every evening the collected data was checked for completeness, consistency and clarity.

4.13. Data Analysis and Presentation

The row data was analyzed by manually scientific calculator. The result was presented using tables and figures.

4.15. Ethical consideration

Official letter of permission was taken from Wolkite University, Department of Midwifery and student research program and it was given to office of Gunchire Town and the permission was taken from Town. Verbal consent was obtained from the respondent after detailed explanation about the benefit of the study.

4.16. Dissemination of the Study Findings.

The final report was submitted to Wolkite University College of Medicine and Health Sciences department of midwifery, Wolkite University student research project and to Gunchire town health burea .

CHAPTER FIVE

5. RESULTS

5.1. Socio-demographic Characteristics of Male Partners

The complete response rate of this study was 362(90%). The cumulative age profile showed that most of the respondent's age ranged between 20 and 29 years (34.8%), while 30-39 years were 29.8% and above 50 years were 13.2%. On the issue of religion a cumulative of 37.1% indicated that they were Muslims while 33.4 % were orthodox. Majority of the respondents were 84.8% were Gurage ethnicity while 5.5% were Amhara. Concerning Employment, 40.6% of the respondents indicated that they were merchant, while 18.6% were farmer. On education most of the respondents (46.9%) were illiterate had attained primary education while 18.7% had attained up to secondary education level (17.9%) and diploma and above (16.3%). The cumulative monthly income was ranged between (500-1000) 29.1%.Majority of the respondents 95.5% were in a monogamous marriage.

Table.1 Socio-demographic characteristics of male partner's involvement in promoting skilled birth attendant in Gunchire town January 2021

Variables	Frequency	Percentage
Age categories		
20-29	126	34.8
30-39	108	29.8
40-49	80	22.2
>50	48	13.2
Religion		
Muslim	134	37.1
Orthodox	121	33.4
Protestant	82	22.7
Catholic	20	5.5
Others	5	1.3
Ethnicity		
Gurage	307	84.8
Amhara	20	5.5
Tigre	10	2.8
Oromo	5	1.4
Others	20	5.5
Occupation		
Civil servant	55	15.2
Unemployed	45	12.4
Farmer	67	18.6
Merchant	147	40.6
Daily laborer	48	13.2
Educational status		

Illiterate	170	46.9
Primary education (1-8)	68	18.7
Secondary education (9-12)	65	17.9
Diploma and above	59	16.3
Monthly income		
< 500ETB	80	22.1
501-1000ETB	105	29.1
1001-2000ETB	75	20.7
2001-3000ETB	69	19
>3001ETB	33	9.1
Type of marriage		
Monogamous	347	95.9
Polygamous	15	4.1

5.2 Influence of Healthcare facilities of male partner's involvement in promoting skilled birth attendant

This study indicated that more than half of respondents 270(74.6%) said that the health facility far away only 30 minutes of walk from their home while 92(25%) they said that it was far away from their home, and also the study established that 177(49%) said that the availability of institutional delivery is fair while 60(16.5%), 25(6.9%) they said that the availability of institutional delivery was very difficult and impossible respectively, 100(27.6%) state that it is very easy,197(54.4%),of respondents said that the cost of health facility was absolutely free while 5(1.4%) said that it was very expensive ,while 29% ,8.3% and ,6.9% said that the cost of healthy facility was partially free ,affordable and expensive respectively.

The study showed that most of having poor attitude about nearest healthy facility were behavior of staff 88(24.3%) and service provider readiness (bed, water, medicine)138(38.1%) respectively.

Table2. Influence of Healthcare facilities of male partner's involvement in promoting skilled birth attendant in Gunchire town January 2021

Variables		N	%
Distance from health facility within 30 minutes of walking	YES	270	74.6
	NO	92	25.4
Availability institutional delivery	Very easy	100	27.6
	Fair	177	49
	Very difficult	60	16.5
	Impossible	25	6.9
Cost	Absolutely free	197	54.4
	Partial free	105	29
	Affordable	30	8.3
	Expensive	25	6.9
	Very Expensive	5	1.4
Reason for poor attitude about nearest health facility	Distance covered to access skilled	66	18.2
	Attitude/behavior of health staff	88	24.3
	Opening hours (day/night)	26	7.1
	Service provider readiness (bed, Water, Medicines)	138	38.1

5.3. Male partners socio-cultural barriers in promoting skilled birth attendant

This study indicates that socio-cultural barrier of male partner's involvement in supporting their spouse to access skilled delivery services. Therefore about 132(36.5%) of them said child birth is a woman's affairs that does not require men participation,120(33.1%) of men said that child birth is natural phenomenon that should not be given much attention,62(17.1%)Of men stated that the placentas must be disposed secretly,82(22.7%) of men said that it is not our culture to discuss with wife about place of delivery and 15(4.2%) of the male said that fear of being seen by others.

Table.3.socio-cultural barriers of male partners in Gunchire town 2021

Socio-cultural beliefs	frequency(n=362)	Percentages%
Child-birth is a woman's affairs that does not require men participation	132	36.5
Child-birth is natural phenomenon that should not be given much attention	120	33.1
It's not our culture to discuss with wife about place of delivery	82	22.7
Placenta must be disposed secretly which is not possible with in health facility	62	17.1
Fear of being seen by others	15	4.2

5. 4 Knowledge of male partners toward skilled delivery attendants of spouse

This study indicated that 125(35%) of the respondents were have good knowledgeable while a majority 237(65%) of the respondents was not knowledgeable .Out of study subjects, 235(64.9%) reported that they had known about ANC follow up of their spouse. The main reasons for taking their spouse to healthy facility for delivery were to avoid in getting medical care in a case of emergency 228(63%),access to skilled attendants 264(73%),to get immediate treatment for mother 206(57%) and they did not known why institutional delivery is important 25(6.9%). From this study when asked about pregnancy related complications the respondents mentionned, 122(33.7%) ,91(25.1%) 88 (24.3%) 82(22.7%) 22(6.1%)and 12(3.3%),vaginal bleeding, fever, reported they did not know sign of pregnancy complication ,difficult in labour, convulsion and abdominal pain respectively.

Variables		Frequency	Percentages
Male partners had know about ANC follow up of their spouses	Yes	235	64.9
	No	127	35.1
Institutional delivery prevent delay in getting medical care in a case of emergency	Yes	228	63
	No	134	37
Institutional delivery has access to skilled Attendants	yes	264	73
	No	98	27
Institutional delivery has important to get immediate treatment for mother and new born	Yes	206	57
	No	156	43
Male partners did not know why institutional delivery is important	Yes	25	6.9
	No	337	93.1
Mentioned vaginal bleeding as a sign of complication during pregnancy	Yes	122	33.7
	No	240	66.3
Mentioned fever as a sign of complication during pregnancy	Yes	91	25.1
	No	271	74.9
Mentioned abdominal pain as a sign of complication during pregnancy	Yes	12	3.3
	No	350	96.7
Mentioned difficult in labor as a sign of complication during pregnancy	Yes	82	22.7
	No	280	77.3
Mentioned convulsion as a sign of complication during pregnancy	Yes	22	6.1
	No	340	93.9
Did not know sign of pregnancy complication	Yes	88	24.3
	No	276	75.7

Table4: Knowledge of male partner's toward skilled delivery attendants in Gunchire town 2021

The study results showed that 125(35%) of the male partners had good knowledge while 237(65%) had poor knowledge toward the need for skilled delivery attendance.

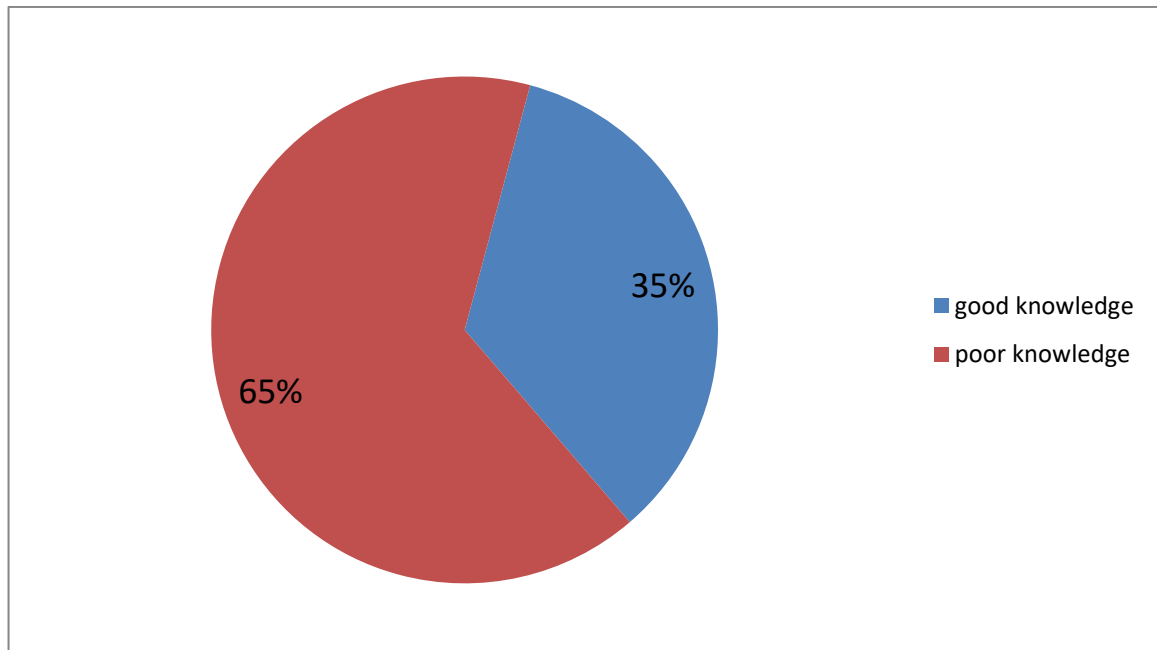


Figure 1: Level of male partner's knowledge in choice of delivery site in Gunchire, January 2021

5.5. Male partner's perception on skilled birth attendant

This study showed that 225(62.2%) of the male partners had positive perception on delivery complication and benefits of being attended by skilled attendants while 137(37.8%) had negative perception respectively.

This study indicated that about 90(24.9%) strongly agreed that any pregnant women are susceptible to, face delivery complication, 144(39.8%) was agree on the any pregnant woman are susceptible to, face delivery complication, while only about 8(2.2%) of the respondents strongly disagreed any pregnant woman are susceptible to, face delivery complication about 110(30.5%) of the respondents was strongly agreed on the delivery complication can be sever and may be hazardous to new born, while about 16(4.4%) of respondents was strongly disagreed on delivery complication can be sever and may be hazardous to new born, 110(30.4%) of respondents was strongly agreed that delivery complication can be sever and hazardous for pregnant woman, while 34(9.4%) strongly disagreed, 88(24.3%), of respondents had strongly agreed that being attended by a skilled delivery attendant may be beneficial to the new born wellbeing, while 25(7%), of respondents was strongly disagreed, (seen, table 5)

Table 5: Male partner's perception on skilled birth attendant in Gunchire town 2021

Variables		N	%
Any pregnant woman are susceptible to, face delivery complication	Strongly disagree	8	2.2
	Disagree	20	5.5
	Neutral	100	27.6
	Agree	144	39.8
	Strongly agree	90	24.9
Delivery complication can be sever and may be hazardous to new born	Strongly disagree	16	4.4
	Disagree	57	15.7
	Neutral	98	27
	Agree	81	22.4
	Strongly agree	110	30.5
Delivery complication can be sever and hazardous for pregnant woman	Strongly disagree	34	9.4
	Di agree	53	14.6
	Neutral	100	27.6
	Agree	65	18
	Strongly agree	110	30.4
Being attended by a skilled delivery attendant may be beneficial to the new born wellbeing	Strongly disagree	25	7
	Disagree	47	13
	Neutral	77	21.2
	Agree	125	34.5
	Strongly agree	88	24.3
Being attended by a skilled delivery attendant may be beneficial for spouse	Strongly disagree	10	27
	Disagree	22	6.1
	Neutral	100	27.6
	Agree	90	24.9
	Strongly agree	140	38.7

5.6 knowledge of pregnancy danger signs.

Men's knowledge of pregnancy danger sign was low. From the total respondents around 60.7% (n=220) of men mentioned at least one danger sign of pregnancy and only 15% (n=54) of respondents knew three and above pregnancy danger signs and about 88(24.3%) of them were they did not know sign of pregnancy. 122(33.7%) ,91(25.1%), 82(22.7%) 22(6.1%)and 12(3.3%),vaginal bleeding, fever, reported ,difficult in labour, convulsion and abdominal pain respectively.(see in the figure 2 below)

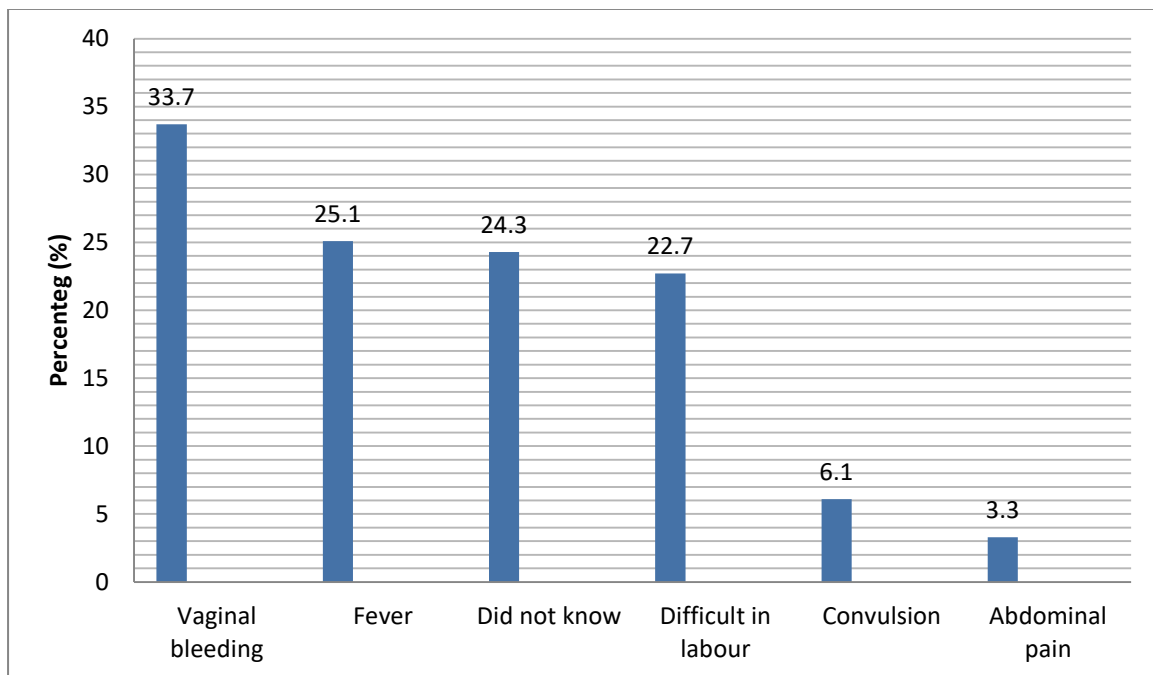


Figure 2: report danger signs of pregnancy men in Gunchire town southern Ethiopia 2021

5.7 Level of male partners' involvement in promoting skilled delivery attendants

This study indicated that 167(46%) of male partner involved in skilled delivery care on recent child birth while above half of the study participant 195(54%) was not involved.

This result showed that 165 (45.5%) respondents were involved with their spouse for ANC follow up. Among the respondents who have accompanied their spouse for ANC follow-up about 90(54.5%) for at least one ANC visit while 75(45.5%) of them are two and above visit. 157(43.4%) of men made prior arrangement for delivery. Among men who made prior arrangement for delivery 60(38.2%) save money,47(29.9%) food item preparation,28(17.8%)prepare essential items for delivery 22(14%) planned ahead for a place of delivery, 109(30.1%) of men discussed with health provide on place of delivery, 195(53.9%), 209(57.7%), respectively men of discussed with friends and relatives.

Table 6: distribution of level male partners' involvement in choice of delivery in Gunchuire town 2021.

Variables		Frequency	Percentags
Accompanied their spouse for ANC follow-up	YES	165	45.5
	NO	197	54.5
Birth preparedness support by male partners for recent child during delivery	yes	157	43.4
	no	205	56.6
Discussed with health provide on the place of delivery	yes	109	30.1
	no	253	69.9
Discussed with their friends	yes	195	53.9
	no	167	46.1
Discussed with their relatives	yes	209	57.7
	no	153	42.3

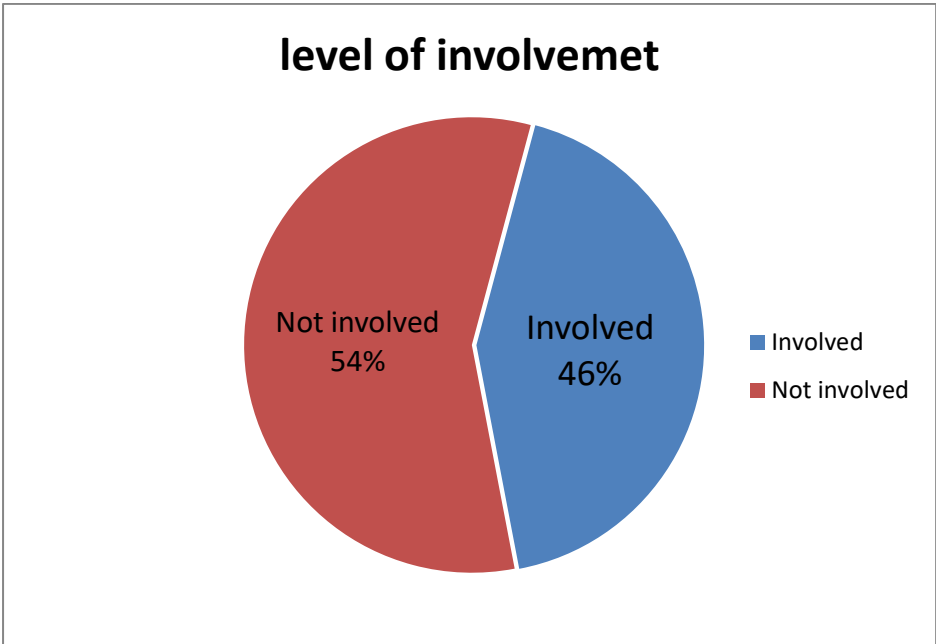


Figure 3: Level of male partner’s involvement in promoting skilled birth attendant in Gunchire, 2021.

CHAPTER SIX

6.1 DISCUSSION

The aim of this study was to assess male partner's involvement in promoting skilled delivery attendance of their spouse among fathers who have less than one year of age in Gunchire town, SNNP Ethiopia.

This study revealed that 132(36.5%) men said that child birth is a woman's affair that does not require men participation. This study result was similar, with the study conducted in Kenya 45% of them said that child-birth is a woman's affair which does not require their males participation. This may be due to socio-cultural similarities that we share in Africa and other developing countries.

The finding of this study illustrated that the level of male partners' involvement in promoting skilled delivery attendants, 209(57.7%), 195(53.9%), 165(45.5%),157(43.4%)and109(30.1%) discussed with their relative, discussed with their friend, accompanied their spouse for ANC follow-up, birth preparedness support by male partners for recent child during delivery and discussed with health provide on the place of delivery respectively. The study result was not agreed with the study reported from community based cross sectional study conducted in Japan 69.7% were found to be involved in decision making about place of delivery. This may be due to lack of knowledge the of the respondent, towards their spouse for ANC follow up.

This study show that majority 235(64.9%) reported that they had known about ANC follow up of their spouse. The study result was lower than the study was carried out in lemmo worda 80.6% they had known about ANC follow up. This variation might be socio-demographic differences between the study population

Regarding knowledge of danger sign of pregnancy from the total respondents around 220(60.7%) of men mentioned at least one danger sign of pregnancy and only 15%(n=54) of respondents knew three and above pregnancy danger signs.

This is lower than the study done in Nepal only 26.9% of men had knowledge about danger signs in pregnancy(32).This might be due to socio-demographic factor.

Regarding birth preparedness 157(43.4%) of men made prior arrangement for delivery. Among men who made prior arrangement for delivery 60(38.2%) save money,47(29.9%) food item preparation,28(17.8%)prepare essential items for delivery 22(14%) planned ahead for a place of delivery.This study results was lower than the study conducted in Japan showed that, 69.7% were found to be involved in decision-making about the place of

delivery. Regarding birth preparedness, the majority of husbands prepared for skilled birth attendance (91.1%), and 81.7% saving money before their spouses gave birth(16). This might be due to socio-demographic factor.

The study showed that 165 (45.5%) respondents were involved with their spouse for ANC follow up. Among the respondents who have accompanied their spouse for ANC follow-up about 90(54.5%) for at least one ANC visit while 75(45.5%) of them are two and above visit. This result was not agreed with the study conducted in Kenya majority (68 %) of women whose husbands accompanied them for at least one ANC visit utilized a skilled birth attendant during delivery(17) It might be due to the culture and socioeconomic difference.

In general according to this study, to the answers given by the respondents to the knowledge assessing questions only 125(35%) of respondents were good knowledgeable about male partners toward skilled delivery attendants of their spouse. This is lower than the study done at Gulu district, Northern Uganda shows male partners' knowledge about ANC services offered is limited; about half 49.9% could correctly mention two or fewer services offered(33). It might be due to the culture and socioeconomic difference.

CHAPTER SEVEN

7. LIMITATION AND STRENGTH OF THE STUDY

7.1. Limitation:

This study was conducted in urban areas ;therefore ,the finding could not generalizable rural area.

7.2.Strength :

The study was community based and could reflect the actual experience of the male partners during the study period.

CHAPTER EIGHT

8. CONCLUSION AND RECOMMENDATION

8.1. Conclusions

In general the study has revealed that male partner's involvement in promoting skilled delivery attendant was low. The study concluded that: the socio-demographic factors such as age, marital status , educational and socio-cultural factors have significant contribution towards male partners involvement in promoting skilled delivery attendance at child birth .

8.2. Recommendation:

To Health extension workers: To educated men intensively on maternal health services in general and in promoting skilled delivery care particular.

To government: The government should make efforts to increase community based health education, awareness creation and improve male partners involvement on skilled delivery attendants of a spouse that strategy my reduce MMR by improve reproductive health care.

To men: Men should also be freely allowed to accompany their partner to a facility in times of delivery. This will be of great benefit on their learning process to understand the need of skilled attendance at every delivery.

To women: Women should have to come with her husband

For health workers: The health workers in Gunchire town should have create awareness on male partner involvement and its benefits through mass media ,health education at skilled delivery attendance, community ,outreaches.

To policy makers; Community mobilization and health education should be considersto improve the awareness of in promoting skilled delivery care.

CHAPTER NINE

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Annex II.English version questionnaires for interview Identification Information

001. Code No._____

002. Kebele_____

Section.1.socio-demographic characteristics of male partners

Code	Question	Alternative response	Skip
1.0	How old are you (age in completed years)	----- years	
1.1	What is your ethnic group	<ol style="list-style-type: none"> 1. Gurage 2. Amhara 3. Kebena 4. Kambata 5. Oromo 6. Others; specify----- 	
1.2	Religion	<ol style="list-style-type: none"> 1.Orthodox 2. Muslim 3. Protestant 4. Catholic 5. Other specify 	
1.3	Occupation	<ol style="list-style-type: none"> 1. Civil servant 2. Private employee 3. Farmer 4. Merchant 5. Other 	
1.4	Educational status	<ol style="list-style-type: none"> 1. Illiterate 2. Primary education (1-8) 3.Secondary education (9-12) 5. Diploma and above 	
1.5	monthly income	-----	
1.6	Type of marriage	<ol style="list-style-type: none"> 1.monogamous 2.polygamous 	

Section 2; Male partners' involvement in promoting skilled delivery of spouse

2.1	Have you ever gone to health facility with your spouse for ANC checkup in her previous Pregnancies?	1.Yes 2.No	If no-pass Question number 203
2.2	If so, how many times did you go	1.One 2.Two 3.Three 4.Four 5.Above four	
2.3	Did you prepare for delivery when your wife got pregnant with your Youngest child?	1.Yes 2.No	If no-pass Question number 205
2.4	If so, what preparations did you make for the delivery	1.Saved money for delivery 2.Arranged for transport 3.Planned ahead for a place of delivery 4.Identified a person who follow her in the health facility for delivery 5..Prepare essential items for delivery 6.Diffirent food item preparation 7.Othe(Specify).....	
2.5	Have you had discussions with health provider during your spouse pregnancy	1.Yes 2.No	If no---pass No2.7
2.6	What was your motive to discuss With health Professionals?	1.My previous experiences 2.When she feels pain 3.my interest 4.Others (specify)	
2.7	Have you ever had discussion with anyone concerning the place of delivery of your wife	1 yes 2. No	If no---pass No 2.10
2.8	If yes, with whom did you have the discussion with	1.Relative 2.Friends 3. Other specifies ...More than one answer is permissible.....	

2.9	what was their suggestion while your spouse was pregnant for Place of delivery?	1.They encouraged me to take her health institution 2.They discourage me to me take health institution 3.They gave no suggestions 4.I don't remember	
2.10	Where did your spouse give birth for your youngest child	1.Health facility 2.At hom	
2.11	Who initiate idea of communication about place of delivery?	1.malepartnerswith spouse jointly 2.Your spouse 3.male partners 4.Others	
2.12	What was your opinion about the cost of accessing health facility Delivery?	1.Absolutely free 2.Partially free 3.Affordable 4.Expensive 5.Very expensive	
2.13	If ans. to Q 2012is No.4 and 5 In which Health facility?	1.Governmental hospital 2.Health center 3.Private clinic	
2.14	What traditional beliefs do you think makes male partners not to Involve themselves in the decision of their delivery place?(More than one answer is possible)	1.Child-birth is a woman's affairs that does not require men participation 2. Child-birth is natural phenomenon that should not be given much attention 3.It's not our culture to discuss with wife about place of delivery 4.Placent must be disposed secretly which is not possible with facility delivery 5.Fear of being seen by others	
2.15	What you dislike about your nearest health facility Delivery. Tick the answer based the condition you faced when your spouse gave birth to your last child.(more than one	1.Distance covered to access skilled 2.Attitude/behavior of health staff 3.Opening hours (day/night) 4.Service provider readiness(bed, water, medicine)	

	answer is possible	5.Cost 6. Other specify	
2.16	Is there accessibility of delivery site.(yes, if less than 30 minutes walking, no if more than 30 minutes walking)	1.Yes 2.No 3.I don't know	If no---pass question number 2.18
2.17	If yes which site is more than accessibly for you if need arise?	1.Hospital 2.Health center 3.Private clinics	
2.18	How do you rate the easiness for you to get institutional delivery services if the need arise?	1.very easy 2.Fair 3.very difficult 4.Impossible 5.I cannot assess	
2.19	If very difficult and impossible in Q 2018 why?	1.Health facilities are not available 2. Health facilities are not nearby 3.I can't pay for the services 4.No transportation services 5. I can't pay for transportation 6. Other reason specify.....	

Section 3 Question about male partner's involvement decision in place of delivery (KNOWLEDGE)

2.20	Do you know your spouse have received ANC follow up?	1.Yes 2.No	If no pass to Q-2.22
2.21	What is the recommended minimum number of times that a pregnant woman Needs to attend	1.Once 2.Twice 3. Three times 4.Four times	
2.22	Why do you think institutional delivery is important (more than one answer possible)	1.Access to skilled care 2.prevent delay in getting emergency care if needed 3.Immediate treatment the mother and baby 4.I don't know	
2.23	What are the sign of complication	1.Vaginal bleeding	

	(more than one answer possible)	2.Fever 3.Abdomomenal pain 4.Diffcult in labor 5.convulion 6.I don't know	
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Section 4 question about male's perceptions (perceived severity, susceptibility and benefits)

2.24	Any pregnant woman are susceptible to face delivery complication	1.Strongly disagree 2.Dis agree 3. Neutral 4. Agree 5.Strongly agree
2.25	Delivery complication can be sever and may be hazardous to new born	1.Strongly disagree 2.Dis agree 3. Neutral 4. Agree 5.Strongly agree
2.26	Delivery complication can be sever and hazardous for pregnant woman	1.Strongly disagree 2.Dis agree 3. Neutral 4. Agree 5.Strongly agree
2.27	Being attended by a skilled delivery attendant May be beneficial to the new born wellbeing	1.Strongly disagree 2.Dis agree 3. Neutral 4. Agree 5.Strongly agree
2.28	Being attended by a skilled delivery attendant may be beneficial for spouse	1.Strongly disagree 2.Dis agree 3. Neutral 4. Agree 5.Strongly agree

This is all what we want to ask you. Thank you for spending your time and valuable information you gave me. Do you have any question that can I address for you?_____