WOLKITE UNIVERSITY

COLLEGE OF MEDICINE AND HEALTH SCIENCE

DEPARTMENT OF NURSING

LABOR COMPANIONSHIP AND ITS ASSOCIATED FACTORS AMONG POSTNATAL MOTHERS AT ATTAT PRIMARY HOSPITAL AND WOLKITE UNIVERSITY SPECIALIZED HOSPITAL, GURAGE ZONE, SNNPs REGION, ETHIOPIA, 2023.

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A REASERCH REPORT TO BE SUBMITTED TO WOLKITE UNIVERSITY COLLEGE OF MEDICEN AND HEALTHE SCIENCE DEPARTEMENT OF NURSING FOR THE PARTIAL FULLFILMENT OF BACHELOR OF DEGREE IN NURSING

August, 2023,

WOLKITE UNIVERSITY

ETHIOPIA

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APPROVAL SHEET

TITLE: LABOR COMPANIONSHIP AND ITS ASSOCIATED FACTORS AMONG POSTNATAL MOTHERS AT ATTAT PRIMARY HOSPITAL AND WOLKITE UNIVERSITY SPECIALIZED HOSPITAL, GURAGE ZONE, SNNPs REGION, ETHIOPIA, 2023.

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ACKNOWLEGEMENT

First of all, we would like to praise and thank God for his grace and blessings, without him we could not be here today. We would like to say thank you our study participants for their cooperativeness, and we would like to acknowledge WKUSH and Attat primary hospital center for their willingness to collect data from our respondents, also we would like to acknowledge Wolkite University, College of Medicine and Health Sciences, Department of Nursing for helping us to perform this research. finally, Our heartfelt thanks to our advisors Ms. ESKEDAR D. (BSc, MSc) and Mr. ALEMAYEHU S. (Asst. Professor) for their continuous support and guidance with their constructive comments.

ABSTRACT

Background: Labor companionship is the assistance given to a woman throughout her labor and childbirth. The burden of maternal and perinatal deaths is surprisingly higher in low resource countries compared to developed countries, this discrepancy is due to lack of quality of care and the low utilization of institutionalized, client-centered and continuous preferred companion-supported care in less developed countries. companionship has great impact on the reduction of maternal and perinatal death by encouraging facility-based delivery. Therefore, this research will assess the labor companionship implementation and its associated factors in primary and specialized hospitals, Gurage Zone, SNNP, Ethiopia 2023.

Objective: To assess labor companionship and its associated factors among post-natal mothers at Attat primary hospital and WKU specialized hospital, Gurage Zone, SNNP, Ethiopia, 2023.

Methods: Institution based cross-sectional study design was employed. From the total sample size of 372 post-natal mothers, 361 postnatal mothers were participated in the study and we collected individual respondent consecutively as per the total numbers of women per one month and the data was collected by using structured questionnaire from woman who gave childbirth in Attat primary hospital and WKU specialized hospital from May 25 to June 26, 2023. The data was entered in Epi data manager version 4.4 and exported to Statistical Package for Social Sciences (SPSS) version 27 for analysis. Bivariate and multivariable logistic regression was used to assess the factor association.

Result: A total of 361 participants were involved in the study with a 97.045 response rate. The magnitude of labor companionship during labor (first stage) was found to be 78.9% and during delivery (second stage) 15.5%. Women who had complicated labor and delivery (AOR= 5.132; CI= 95%: 1.597, 10.691), women's residence (who live in urban) (AOR= 4.796, CI= 95%: 1.859, 12.369), Good attitude toward having support person (AOR= 12.21, CI= 95%: 4.648, 32.097), comfortability of the facility (AOR= 5.044 CI= 95%: 1.926, 13.209),women's perceived SBA were not busy (AOR= 8.888, CI= 95%: 3.944, 20.031), being primipara (AOR= 4.755, CI= 95%: 1.235, 6.144) were significantly associated with labor companionship.

Conclusion: Labor companionship during delivery (second stage) was found to be low. Giving emphasis on the Attitude toward having support person, residence, complicated labor and delivery, busyness of skilled birth attendants, being primipara were suggested for the improvement of labor companionship.

Key word: labor companionship, first stage labor, second sage labor post-natal, factors, hospital, Ethiopia

Table of Contents

ACKNOWLEGEMENT iv

ABSTRACT v

LIST OF TABLES viii

LIST OF FIGURES ix

ACRONOMYS: x

1. INTRODUCTION 1

1.1. Background 1

1.2. Statement of the problem 2

1.3. Significance of the study 3

2. LITERATURE REVIEW 4

2.1. Magnitude of labor companionship 4

2.2. Factors associated with utilization of labor companionship 5

2.2.1. Socio demographic factor 5

2.2.2. Socio-economic factor 5

2.2.3. Obstetric factors 5

2.2.4. Institutional factor 6

2.3 Conceptual framework 7

3. OBJECTIVE 8

3.1. General objective 8

3.2. Specific objective 8

4. METHODS AND MATERIALS 9

4.1. Study area 9

4.2. Study period 9

4.3. Study design 9

4.4. Population 9

4.4.1. Source population 9

4.4.2. Study population 9

4.5. Eligibility Criteria 10
4.5.1. Inclusion criteria 10
4.5.2. Exclusion criteria 10
4.6. Sample size determination and sampling procedure 10
4.6.1. Sample size determination 10
4.6.2. Sampling procedure 11
4.7 Study Variables 13
4.7.1. Dependent variables 13
4.7.2. Independent variables 13
4.7.3 Operational definitions 13
4.8. Data collection tool and procedure 13
4.9. Data quality assurance 14
4.10. Data processing and analysis 14
4.11. Ethical consideration 14
4.12. Dissemination of result 14
5.RESULT 15
5.1. Socio-demographic and socio-economic characteristics of the study participants 15
5.3. Obstetrics characteristics of the respondents 17
5.4. Institutional characteristics of the respondents 18
5.5. Utilization of Labor companionship 19
5.6. Factors associated with utilization of labor companion during delivery 20
6.DISCUSSION 22
7. CONCLUSION 27
8. RECOMMENDATION 27
9. REFERENCE: 28
APPENDIX 30

LIST OF TABLES

TABLE 1: SAMPLE SIZE CALCULATION RESULT BY USING DOUBLE POPULATION PROPORTION FORMULA BY CONSIDERING THREE SIGNIFICANT FACTORS FROM PREVIOUS STUDY CARRIED OUT DEBREMARKOSE, ETHIOPIA STATCALC.

TABLE 2: SOCIO-DEMOGRAPHIC AND SOCIO-ECONOMIC CHARACTERISTICS OF STUDY PARTICIPANTS, GURAGE ZONE, SNNPS, ETHIOPIA, 2023

TABLE 3:OBSTETRICS CHARACTERISTICS OF RESPONDENTS, GURAGE ZONE, SNNPS, ETHIOPIA,2023

TABLE 4: INSTITUTION CHARACTERISTICS OF RESPONDENTS, GURAGE ZONE, SNNPS, ETHIOPIA,2023

TABLE 5: SUPPORT PERSON DURING LABOR AND REASON FOR NOT HAVING COMPANION OF STUDY PARTICIPANTS, GURAGE ZONE, SNNPS, ETHIOPIA,2023

TABLE 6: BI-VARIATE AND MULTIVARIATE LOGISTIC REGRESSION ANALYSIS OF FACTORS ASSOCIATED WITH LABOR COMPANION UTILIZATION, GURAGE ZONE, SNNPS, ETHIOPIA,2023.

LIST OF FIGURES

FIGURE 1: CONCEPTUAL FRAME WORK ON THE STUDY OF LABOR COMPANIONSHIP AND ITS ASSOCIATED FACTORS AMONG POSTNATAL MOTHERS AT ATTAT AND WOLKITE UNIVERSITY SPECIALIZED HOSPITALS, GURAGE ZONE, SNNPS, ETHIOPIA 2023.

FIGURE 2: DIAGRAMMATICAL REPRESENTATION OF SAMPLING PROCEDURE AND TECHNIQUE ON LABOR COMPANIONSHIP AND ITS ASSOCIATED FACTORS AMONG POST-NATAL MOTHERS, GURAGE ZONE, SNNPS, ETHIOPIA

FIGURE 3 REASON FOR DELIVERING HOME MENTIONED BY STUDY PARTICIPANTS, GURAGE ZONE, SNNPS, ETHIOPIA,2023

FIGURE 4: MAGNITUDE OF LABOR COMPANION UTILIZATION AMONG POSTNATAL WOMEN, GURAGE ZONE, SNNPS, ETHIOPIA,2023.

ACRONOMYS:

DPM: Delivery per month

ETB: Ethiopian Birr

GNNM: Ghana, Guinea, Nigeria and Myanmar

LMICS: Low- and Middle-Income Countries

RMC: Respectful Maternity Care

SBA: Skill Birth Attendant

SNNPS: South Nation Nationality and Peoples

TBA: Traditional Birth Attendant

WHO: World Health Organization

WKUSH: Wolkite University specialized hospital

1. INTRODUCTION

1.1. Background

Labor is the process of childbirth from the start of uterine contractions to delivery. It is characterized by forceful and painful uterine contractions that effect cervical dilation and cause the fetus to descend through the birth canal. Labor and delivery are not passive processes in which uterine contractions push a rigid object through a fixed aperture(1).

Labor companionship is the assistance given to a woman throughout her labor and childbirth(2). A companion can be a member of the family or social network, such as a spouse or partner, friend, family member, a community member, such as a leader in the area, a community health worker, a traditional birth attendant, or a doula(3).

Labor partners provide assistance by providing women with knowledge about birthing and supporting polite and clear labor and childbirth communication, they can bridge communication gaps between health professionals and women. A labor companion can express the woman's preferences to healthcare professionals and other people(4).

Labor partners give practical assistance as well, such as facilitating non-pharmacological pain management, encouraging women to walk about, and providing massage or hand-holding(4). Additionally, labor companions provide emotional support, offering compliments and assurances to help women feel in control. They also provide a constant physical presence(4). The possibility for preventing abuse is another crucial component of the position and labor companion might observe maltreatment and protect the lady from it as an advocate for her(5,6).

In low resource countries, such as Ethiopia, the prevalence of maternal and perinatal deaths is strangely higher than in developed nations(7). This discrepancy is caused by poor care quality and a low uptake of institutionalized, client-centered, and continuous preferred companion-supported care(8). Therefore, it has been determined that the most significant strategy for lowering maternal and infant deaths is to improve the quality of care provided around the time of birth(7).

The most important component to provide respectful maternity care is labor companionship. The World Health Organization claimed in 1985 that a new mother's health may be guaranteed by having free access to a selected member of her family during giving birth (9). The intrapartum care recommendations ensure a happy birthing experience and are one of the standards for enhancing the standard of maternal and infant care in healthcare facilities (10).

1.2. Statement of the problem

Maternal mortality is very high. Around 287 000 women died related to pregnancy and childbirth in 2020. Low- and lower middle-income countries accounted for over 95% of all maternal deaths in 2020, and the majority might have been eliminated. Around 87% (253 000) of the anticipated global maternal mortality in 2020 occurred in Sub-Saharan Africa and Southern Asia. The number of mothers who died in Sub-Saharan Africa alone accounted for over 70% (202 000), whereas maternal deaths in Southern Asia numbered about 16% (47 000)(11).

In 2020, 2.4 million infant deaths occurred in the world. Every day, over 6700 newborns die. A child's likelihood of surviving beyond birth greatly differs depending on where they are born. The region with the greatest neonatal mortality rate in 2020 was Sub-Saharan Africa, with 27 (25-32) deaths per 1000 live births, Central and southern Asia came in second with 23 (21-25) deaths per 1000 live births. Compared to children born in high-income countries, children born in sub-Saharan Africa have a 10-fold higher risk of dying in their first month(12). According to 2016 EDHS(Ethiopian demographic health survey) neonatal mortality was 29 deaths per 1000 live births,(13) but according to 2019 EMDHS(Ethiopian mini demographic and health survey) it increasing to 33 deaths per 1000 live birth(14).To reduce maternal and neonatal mortality WHO recommends labor companionship initiative under three topics of guidance: the first one is for augmentation of labor(15), the second one is for health promotion interventions and for maternal and new born health(16), the third one is intrapartum care for a positive child birth experience(10) in order to increase the number of women giving birth in health care facilities. However, many hospitals in developing nations continue to discourage labor companionship during labor and delivery; as a result, many women in low- and middle-income countries (LMICS) prefer to give birth at home and with a traditional birth attendant rather than in a hospital and with a skilled birth attendant, respectively due to the desire of companionship and vibe(17). According to EMDHS 2019 in Ethiopia around 51% of women still deliver at home(14), as a result maternal and neonatal mortality is still a tragic event around the world, especially in developing country like Ethiopia.

Factors associated with the use of labor companionship include maternal age, number of deliveries, complicated pregnancies, current delivery methods, staff employment, gender of the most

commonly followed SBA, residence, women's knowledge, marital status, number of pregnancies conceived, occupation and income, and desire of companion(2,18).

Women who didn't not have companionship during the hours of labor and delivery appeared to have less self-esteem and confidence, as well as increased anxiety and postpartum depression score in the weeks after delivery, it cause to have a negative childbirth experience also the rate of Caesarean section is become high(19). It cause to have a low APGAR score and longer labor, additionally Women who gave birth without companion may see their lack of support as a particular kind of pain, tension, or fear that complicated the process of giving birth(4).

Therefore, this study was assessed labor companionship and its associated factors among post-natal mothers at Attat Primary Hospital and WKU specialized Hospital in Gurage Zone, SNNPs Region, Ethiopia.

1.3. Significance of the study

This study will help to identify the factors which hinder the implementation of labor companionship at Health care facility and it will let the laboring mother to get proper companionship during first, second, and third stage of labor, due to this it will help to increase the women who deliver at Health care facility and by skill birth attendant rather than the traditional way, associated to this it will help to reduce Maternal and neonatal mortality rate. Additionally, there is insufficient data about the extent of implementation of labor companionship in our country's health institutions, so this study finding will provide important and pertinent information for future researchers who are interested in this specific area.

2. LITERATURE REVIEW

2.1. Magnitude of labor companionship

The magnitude of labor companionship differs throughout the world and have different implementation rate. Even though there is no global utilization rate of labor companion that is specifically identified, there are different researches done in different countries around the world that determine the rate.

A study conducted in rural Bangladesh revealed that the prevalence of labor companionship is 68% and its significantly higher among women giving birth at home (75%) than in a health facility and specifically the prevalence of labor companionship in the health facility is only 27% (20). According to a 2014 study conducted in Brazil indicated that about 75.5% of women experienced some kind of companionship during their hospital stay, with 18.8% having continuous companionship and 56.7% having partial companionship. The woman's boyfriend (35.4%), mother (26.3%), brother, or friends were most commonly her companions when only women who had a companion at any point were taken into account(21).

A study conducted in Ghana, Guinea, Nigeria, and Myanmar in 2020, labor companion was present for nearly half (50.4%) of the study subjects. Fiftieth percent of women in the four countries reported having a labor companion at some point while receiving treatment at the institution, but this varied by country in Ghana, (47.3%); in Guinea, (12.7%); in Myanmar, (23.5%); and in Nigeria, (42.8%)(22).

According to the study done in Kenya in 2018, about 88% of women were accompanied by someone from their social network to the health facility during their childbirth, with 29% being accompanied by a male partner. While just 29% were given permission to receive continuous care throughout delivery, 67% of women were given permission to do so during labor. When it came to labor and delivery, 63% and 18%, respectively, of people, did not want a partner(23).

According to the study conducted northwestern Tanzania the prevalence of birth companionship is about 60.1%(24) and according to the study conducted in Uyo, Nigeria reveled that the prevalence labor companionship during child birth is 69.4%(25).

In Ethiopia some of the studies revealed that it is implemented in small rate. For instance, a study conducted in 2021 Debremarkose Town shows the magnitude of labor companionship was found to be 14.6% and women's desire for a labor companion was found to be low(2). On similar subject study done in South Wollo in 2020 shows that 19.5% of respondents have good knowledge about labor companionship while 87.3% of them have desire to have labor companion(26). A study conducted in Arbaminch town in 2020 reveal that only 13.8% of mothers use companionship during delivery(18). The finding of the studies in Ethiopia showed that the magnitude of companionship during delivery was low in reference to other developed and developing countries like Africa as mentioned above.

2.2. Factors associated with utilization of labor companionship

2.2.1. Socio demographic factor

A study conducted in China, multi country community-based survey done in Ghana, Guinea, Nigeria and Myanmar revealed that age of the mother was found to be significantly associated with labor companionship(22,27).

As study conducted in Nigeria, Arbaminch, Debremarkose and Wollo stated that education was significantly associated with labor companionship(2,9,18,26).

A study conducted from multi country community-based survey done in Ghana, Guinea, Nigeria and Myanmar and also a study in Debremarkose revealed that marital status also has significant association with labor companionship(2,22).

A study conducted in Wollo revealed that residence is significantly associated with labor companionship(26).

2.2.2. Socio-economic factor

As a study done in Arbaminch indicate that women’s occupation and family monthly income have significant association with labor companionship(18).

2.2.3. Obstetric factors

A study conducted in Arbaminch, Debremarkose and Nigeria revealed complicated pregnancy and desire of the women to be accompanied by her chosen companion are significantly associated with labor companionship(2,9,18). Also, the study conducted in Tanzania revealed that complication of pregnancy is significantly associated with birth companionship(28).

A study conducted in also Arbaminch, Debremarkose revealed that parity is significantly associated with labor companionship(2,18).

Moreover, a study conducted in Wollo also revealed that complicated pregnancy is significantly associated with labor companionship(26), where as a study conducted in multi country community-based survey done in Ghana, Guinea, Nigeria and Myanmar (GNNM) reveled that parity is significantly associated with labor companionship(22).

2.2.4. Institutional factor

A study done in Arbaminch indicate institutional factor like that of Comfortability of facilities to be accompanied in is significantly associated with labor companionship(18). Another study in Debremarkose stated that busyness of staff and sex of SBAs mostly followed have significant association with labor companionship(2). The study conducted in Bangladesh reveled that the health provider/health facility management did not allow is significantly associated with labor companionship. Additionally, the study conducted in Tanzania revealed that provider attended more than 10 deliveries in the last month compared to fewer deliveries has significantly associated with birth companionship(28).

2.3 Conceptual framework

A conceptual frame work represents understanding on how specific variable related to each other, This helps to understand the relationship between independent variables and dependent variable. The independent variable includes socio demographic, socio economic, obstetric factors. The dependent variable is Labor companionship and this conceptual frame work was developed after reviewing different literature.

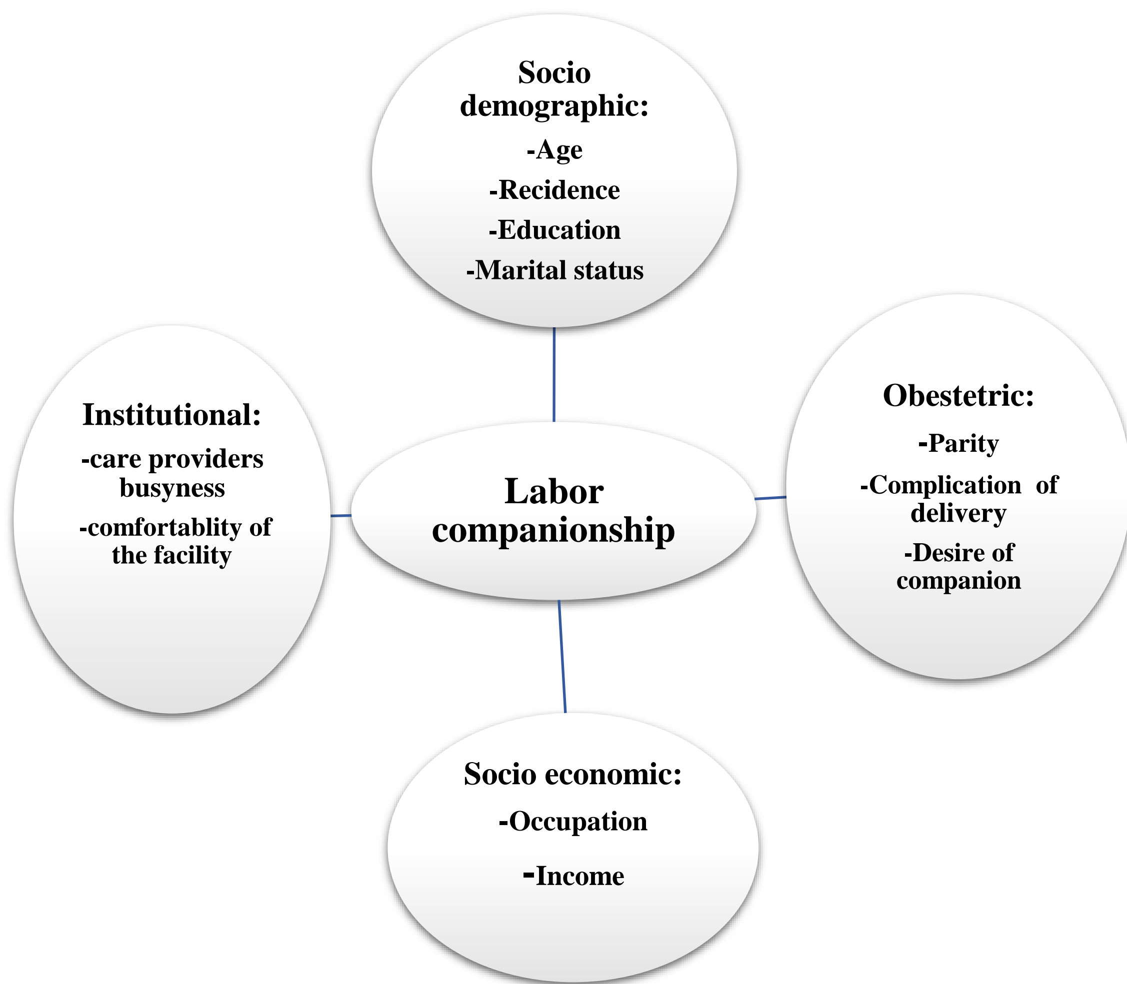

Figure 1: Conceptual frame work on the study of labor companionship and its associated factors among postnatal mothers at Attat and Wolkite university specialized hospitals, Gurage zone, SNNPs, Ethiopia 2023.

3. OBJECTIVE

3.1. General objective

- ✓ To assess labor companionship and its associated factors among post-natal mothers at Attat primary hospital and WKU specialized hospital, Gurage zone, SNNPs region, Ethiopia 2023.

3.2. Specific objective

- ✓ To assess the magnitude of labor companionship among post-natal mothers at Attat Primary hospital and WKU specialized hospital 2023.
- ✓ To identify the factors associated with labor companionship during delivery among post-natal mothers at Attat primary hospital and WKU specialized hospital 2023.

4. METHODS AND MATERIALS

4.1. Study area

The study was conducted in Attat Primary Hospital and Wolkite University Specialized Hospital, Cheha Woreda, Gurage Zone, South Nation Nationality and People of Ethiopia. Attat hospital is found, about 187 km south west of Addis Ababa along the Jimma Road in the southern region of Ethiopia. The hospital has been serving the community since its establishment 1969 E.C. The hospital provides both inpatients and out patients services. Totally the hospital has 97 beds. 4 beds in labor and delivery ward, 21 bed in the postpartum area, annually around 2862 mothers get post-partum service and WKU Specialized hospital is found 158 km southwest of Addis Abeba, the capital city of Ethiopia, the hospital has been serving since 2006 E.C, the hospital provides both inpatient and outpatient services. Totally the hospital has 62 beds in obstetrics and gynecology ward. 17 beds in labore and delivery ward, 24 beds in maternity ward, 17 beds in gynecology ward and 4 beds in gyne emergency ward, annually around 2718 mothers get post-partum service.

4.2. Study period

The study was conducted from May 25 to June 26, 2023.

4.3. Study design

An institution based cross-sectional study design was employed.

4.4. Population

4.4.1. Source population

All woman's who were gave childbirth at Attat primary hospital and WKU specialized hospital.

4.4.2. Study population

All selected woman's who were gave childbirth in Attat primary hospital and WKU specialized hospital during the study period.

4.5. Eligibility Criteria

4.5.1. Inclusion criteria

All women who were gave a child birth at Attat primary hospital and WKU specialized hospital.

4.5.2. Exclusion criteria

All women who were seriously ill and unable to communicate during the data collection period were excluded from the study.

All mothers who gave birth with elective cesarean section during the data collection period.

4.6. Sample size determination and sampling procedure

4.6.1. Sample size determination

The required sample size of the study is determined using a formula to estimate single population proportion with the following assumption; the proportion of labor companionship utilization of 14.6% from a previous study carried out in Debremarkose, Ethiopia(2). We assumed 95% confidence interval, margin of error 5%.

So, n = $Z^2P(1-P)/W^2$

where, n= required sample size

Z= critical value for normal distribution at 95% confidence interval which is equal to 1.96(at alpha 0.05)

P= an estimate of the proportion of labor companionship utilization of 14.6%

W= Margin of error which is 5%

n = $Z^2P(1-P)/W^2$.

n = $1.96^2 \times 0.146(1-0.146)/0.05^2$ so, n =191.6 ≈ 192

Then, finally we considered 10% non-response rate, the final sample size will be n = 211.2 ≈ 211

We also calculated the sample size by using double population proportion formula by consider significant factors from a previous study carried out in Debremarkose, Ethiopia(2). The factors that we consider are complicated pregnancy, being primipara and future desire for labor companionship. Then we calculate the sample size by using epi-info version: 7.2.5.0 statcalc.

Table 1: Sample size calculation result by using double population proportion formula by considering three significant factors from previous study carried out Debremarkose, Ethiopia statcalc.

Factors	Two-side confidence interval	Power	Ratio (unexposed: exposed)	% outcome in unexposed group	Odd ratio	% outcome in exposed group	Sample size	10% non-response rate
Complicated pregnancy	95%	80%	1:1	8.8%	4.39	29.8%	128	141
Being primipara	95%	80%	1:1	9.47%	2.68	21%	338	372
Future desire	95%	80%	1:1	5.55%	3.56	17.3%	262	288

Finally, we conclude to take the largest sample size from the above sample sizes 372.

4.6.2. Sampling procedure

We selected Attat primary hospital and WKUSH purposefully, then we were access to the total number of women who were gave an institutional delivery in the last one year for each hospital, Attat primary hospital 2862 and WKUSH 2718 were recorded delivery in the past one year, then we were calculated the average number of women who gave birth per month, then Attat became 239 delivery/month and 227 delivery/month from WKUSH, then we were proportionally allocated the sample size to each selected hospitals, which means from the total 372 sample size 191 sample size for Attat primary hospital and 181 were for WKUSH, Thereafter, we were collected the data consecutively as per the total numbers of women per one month.

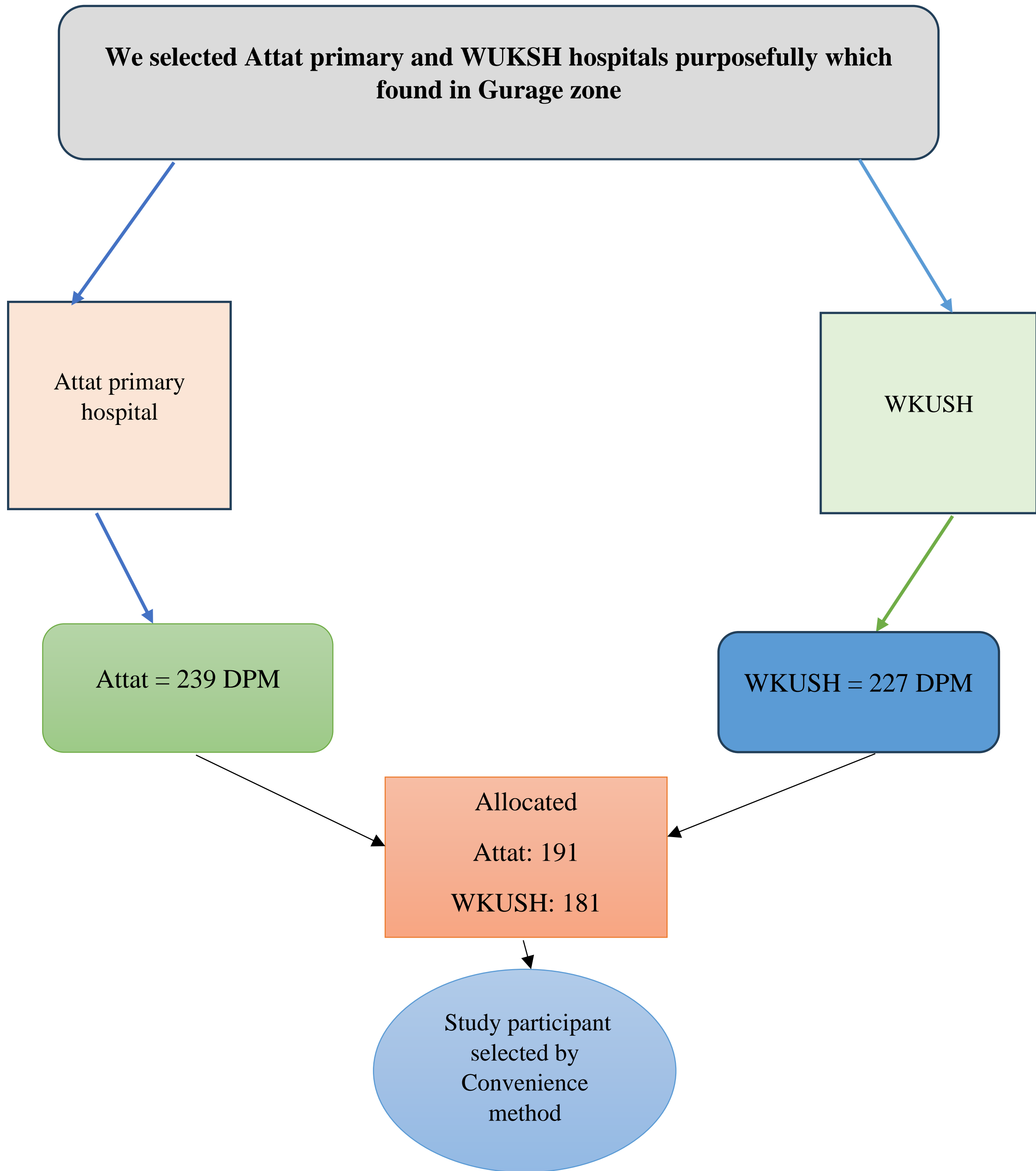

Figure 2: Diagrammatical representation of sampling procedure and technique on labor companionship and its associated factors among post-natal mothers, Gurage zone, SNNPs, Ethiopia.

4.7 Study Variables

4.7.1. Dependent variables

Labor companionship during (delivery) second stage.

4.7.2. Independent variables

Socio-demographic characteristics such as age, educational status, marital status, religion, ethnicity, residence

Socio-economic characteristics like occupation, average monthly income.

Maternal and obstetric characteristics Parity, ANC follow-up, complicated pregnancy.

4.7.3 Operational definitions

Labor companionship during first stage: A women having a continuous emotional, tangible, informational, and social support with a preferred companion from their social network during first stage labor or before entering to the delivery room.

Labor companionship during second stage (delivery): A women having a continuous emotional, tangible, informational, and social support with a preferred companion from their social network during second stage labor(delivery) or after entering into the delivery room.

4.8. Data collection tool and procedure

The data was collected by using the structured interviewer administered questionnaires which were adapted from reviewing different literature(2,18). First Structured questionnaire was developed in English, the final version of the English questionnaire was translated to Amharic version, then back to English to ensure understandability and message consistency. Then, the pre-test was conducted among 5% of women in the other setting (Emdibir City Health Center). Accordingly, redundancy, vagueness and logical flow of the questions were corrected as per the pretest result. The data was checked for completeness and consistency on a daily basis.

4.9. Data quality assurance

First, the data was checked again manually for its completeness and the missing or incomplete data was excluded to assure quality control. The questionnaire was prepared in English and it was be translated into Amharic for the understanding of study subject and for data quality improvement. The questionnaires were revised by senior researchers and advisors' then the comments were be incorporated.

4.10. Data processing and analysis

Data was collected, then after the data was entered into epi data manager software version 4.2, then it processed and analyzed by using SPSS version 27 system. Frequency, Proportion and percentage were used to describe the study population. Bivariate logistic regression was used to assess the crude association between outcome variable and independent variable. Variables with a P-value < 0.25 in bivariate analysis was entered into multivariate logistic regression to assess the net effect by controlling confounders. The variables with a P-value < 0.05 in multivariate logistic regression was considered as the cutoff point for statistically significance association. The adjusted odd ratio (AOR) with 95% confidence interval (CI) was used to assess the strength of the association.

4.11. Ethical consideration

First ethical clearance was obtained from wolkite university college of medicine and health science, department of nursing after that we were informed the purpose and objective of the study then informed consent was obtained from each study participant. We were notifying the respondents That they have full right to refuse or terminate the interview at any point and information from any respondents were kept confidentially.

4.12. Dissemination of result

After completion of the study, final result of this research will be submitted to wolkite university college of medicine and health science department of nursing. Beside there were presentation of the result to the university community. Dissemination of the result will be made to Attat hospital, WKU specialized hospital, cheha woreda health office, NGOs working on maternal and child health and stake holder through hard copy or softcopy.

5.RESULT

5.1. Socio-demographic and socio-economic characteristics of the study participants

In this study, data was collected from 372 postpartum mothers from Attat Primary Hospital and Wolkite University Specialized Hospital. From this mother 361 (97%) filled structured interviewer administered questionnaire properly. So that the non-response rate was 3%. Among the 361 participants, majority of the postpartum mothers (51.2%) were in the age range of 25–34 years and the mean age were 29, 195 (54%) of them were from urban, majority were married 334 (92.5%), 240(66.5%) were from Gurage ethnic group and among the total respondents, 132 (36.6%) of women had secondary and above education level, 109(30.2%) were government employee and majority of the respondents 195(54%) inquire monthly income in range of 3000-3500.

Table 2 Socio-demographic and socio-economic characteristics of study participants, Gurage zone, SNNPs, Ethiopia, 2023

Variable	**Frequency**	**Percentage (%)**
Age group (in years)		
<25	115	31.9
25-34	185	51.2
>34	61	16.9
Place of residence		
Rural	166	46.0
Urban	195	54.0
Marital status		
Married	334	92.5
Single	12	3.3
Divorced	8	2.2
Widowed	7	1.9
Religion		
Orthodox	128	35.5

Protestant	78	21.6
Muslim	84	23.3
Catholic	71	19.7
Ethnicity		
Gurage	240	66.5
Selte	38	10.5
Hadeya	23	6.4
Amhara	37	10.2
Oromo	23	6.4
Educational status		
Not read and write	26	7.2
Primary	112	31.0
Secondary	132	36.6
Above secondary	91	25.2
Occupational status		
House wife	90	24.9
Government employee	109	30.2
Marchant/ private	96	26.6
NGO	66	18.3
Monthly income		
<3000	121	33.5
3000-3500	195	54
>3500	45	12.5

5.3. Obstetrics characteristics of the respondents

One hundred ninety-nine (55.1%) of the study participants were multiparous, majority of the mothers 327(90.6%) delivered their babies vaginally and almost all 318 (87.3%) women had antenatal follow up during current pregnancy and only 58(16.1%) of women had got information from health care providers about labor companionship during antenatal care attendance. The majority of 295(81.7%) of respondents perceived that allowing laboring women to have a companion during childbirth would make them eager to deliver in health institution. Of the total respondent, 274(75.9%) of them had planned pregnancy and 90(24.9%) had complicated pregnancy.

Table 3:obstetrics characteristics of respondents, Gurage zone, SNNPs, Ethiopia,2023.

Variable	**Frequency**	**Percentage (%)**
Parity		
Primipara	162	44.9
Multipara	199	55.1
Route of delivery		
Vaginal	327	90.6
C/section	34	9.4
ANC attendance		
Attended	315	87.3
Didn't attend	46	12.7
Information about labor companion during ANC attendance		
Did get information	58	16.1
Didn't get information	257	71.2
Status of pregnancy		
Planned	274	75.9
Unplanned	87	24.1
Complication during pregnancy		
Had complication	90	24.9
Didn't had complication	271	75.1

5.4. Institutional characteristics of the respondents

From 361 postpartum mothers 191(52.9%) delivered their current babies in Attat primary hospital and 28(7.8%) had delivered their previous baby at home and the reason behind this delivery at home being normal pregnancy 10(35.7%) followed by to be attended by TBAs 9(32.1%).

Table 4: Institution characteristics of respondents, Gurage zone, SNNPs, Ethiopia,2023

Variable	Frequency	Percentage (%)
Previous delivery place		
Home	28	14.1
Hospital	62	31.2
Health center	104	52.3
Private facility	5	2.5
Current delivery place		
Primary hospital	191	52.9
Specialized hospital	170	47.1

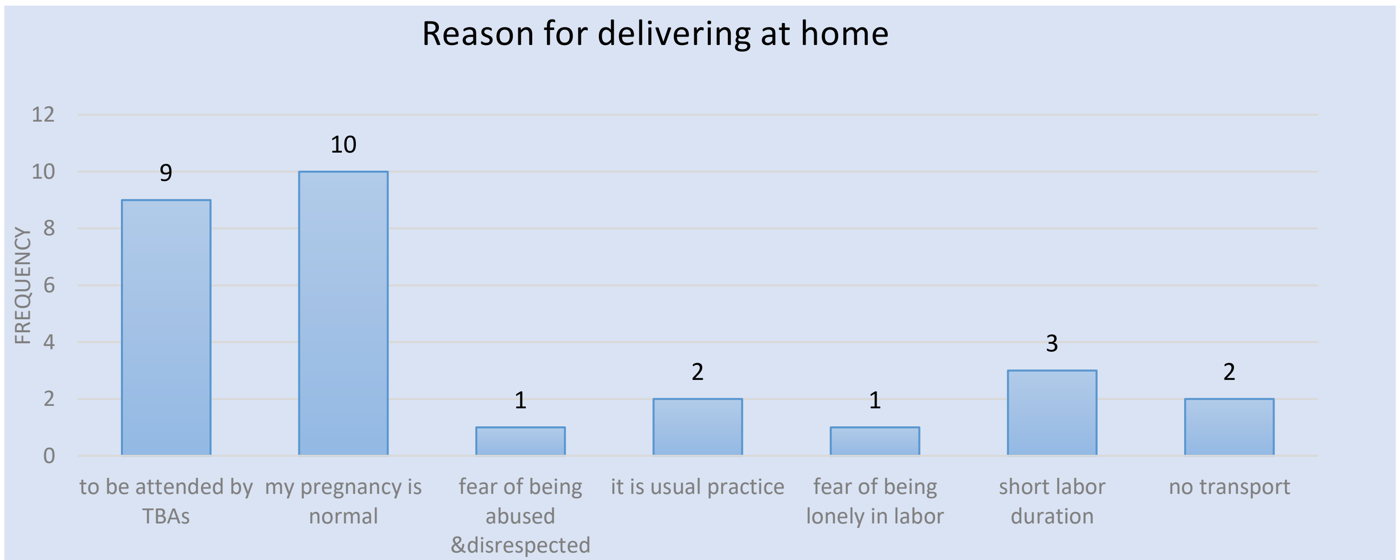

Figure 3: Reason for delivering home mentioned by study participants, Gurage zone, SNNPs, Ethiopia,2023.

5.5. Utilization of Labor companionship

The magnitude of labor companionship during delivery (Second stage) was found to be 15.5% with 95% CI range from (11.9, 19.7) and the magnitude of labor companionship during first stage of labor is 285(78.9%). From those who utilized a labor companion during delivery 31(55.4%) were accompanied by their mothers, followed by their husband (33.9%) and the main reason mentioned for not utilizing companionship during delivery was provider not allowing 49.5%.

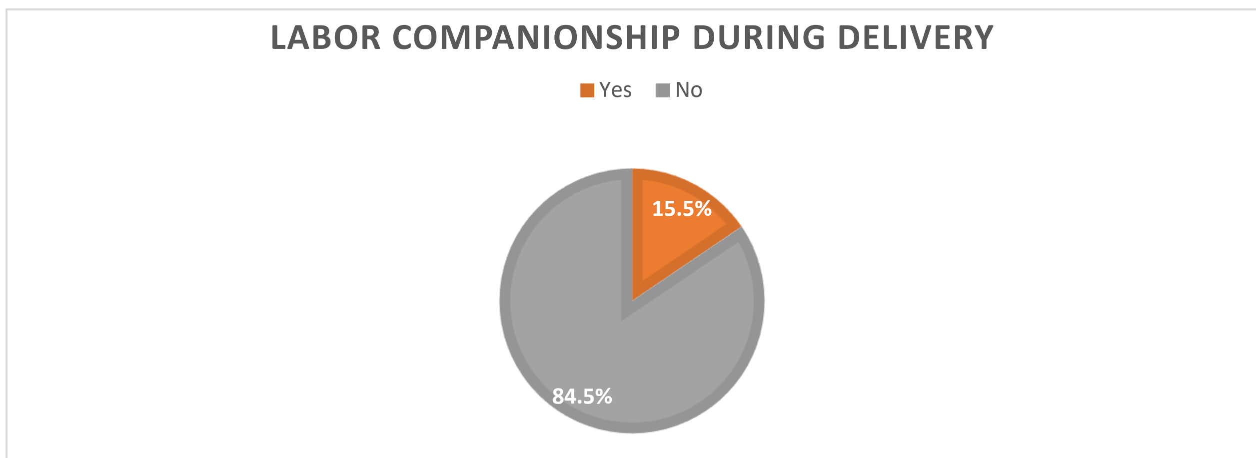

Figure 4: Magnitude of labor companion utilization among postnatal women, Gurage zone, SNNPs, Ethiopia,2023.

Table 5: Support person during labor and reason for not having companion of study participants, Gurage zone, SNNPs, Ethiopia,2023

Variable	Frequency	Percentage (%)
Support person during labor		
Mother	31	55.4
Husband	19	33.9
Sister	4	7.1
Friends	2	3.6
Reason for not having birth companion		
Providers not allow	154	50.49
C/S delivery	57	18.68
Didn’t want to	50	16.39
Have no support	44	14.42

5.6. Factors associated with utilization of labor companion during delivery

To determine the association between different factors that affect the utilization of companionship during delivery in the health facilities, the following independent variables were checked against outcome variables. On bivariate analysis, women's residence, family monthly income, rout of delivery, having support person, parity, complication during labor, Comfortability of facilities to be accompanied and busyness of care providers had significantly associated with the utilization of companion during delivery in the health facilities.

After controlling the effects of confounder on multivariable analysis, residence, having support person, complication during labor, comfortability of facilities and busyness of care providers have a statistically significant association with utilization of companionship during delivery. Those women who had obstetric and medical complication during labor and delivery were 5.132 time more likely utilize a labor companion during delivery compared to counterparts (AOR= 5.132; CI= 95%: 1.597,10.691), Women who live in urban were 4.796 time more likely utilize a labor companion during delivery compared to counterparts (AOR= 4.796, CI= 95%: 1.859,12.369), women who said having labor companion during delivery is good practice were 12.2 times more likely to be utilized companion during delivery as compared to counterparts (AOR= 12.21, CI= 95%: 4.648, 32.097), women who said the facility is comfortable 5.044 times more likely to be utilize labor companionship during delivery as compared to the counterparts (AOR= 5.044 CI= 95%: 1.926, 13.209), women who said the SBA were not busy 8.888 times more likely to be utilized labor companionship during delivery as compared to counterparts (AOR= 8.888, CI= 95%: 3.944, 20.031) and being prime para were 4.755 times more likely to be utilized labor companion during delivery as compared to the counterparts (AOR= 4.755, CI= 95%: 1.235, 6.144).

Table 6: Bi-Variate and Multivariate Logistic Regression Analysis of Factors Associated with Labor Companion Utilization, Gurage zone, SNNPs, Ethiopia,2023.

Variable	Categories	Labor companion during delivery		COR (95%CI)	AOR (95%CI)
		Yes	No		
Residence	Urban	39	156	2.191(1.188,4.042)	4.796(1.859,12.369) ***
	Rural	17	149	1	1
Rout of delivery	Vaginal	53	249	3.973(0.076,4.56)	6.467(0.498,12.423)
	C/S	3	56	1	1
Having support person	Good practice	23	29	6.633(3.444,12.778)	12.215(4.648,32.097) ***
	Not good	33	276	1	1
Complication	Yes	25	65	2.977(1.435,4.132)	5.132(1.597,10.691) *
	No	31	240	1	1
Facility comfort	Yes	45	202	2.085(1.238,4.966)	5.044(1.926,13.209) ***
	No	11	103	1	1
Provider busyness	No	41	115	4.516(2.393,8.523)	8.888(3.944,20.031) ***
	Yes	15	190	1	1
Parity	Primiparous	36	126	2.557(1.216,3.707)	4.755(1.235,6.144) *
	Multiparous	20	179	1	1

[1] Notes: ***P ≤0.001, **P≤0.01, *P≤0.05
Abbreviations: AOR, adjusted odd ratio; COR, crude odd ratio; CI, confidence interval

6.DISCUSSION

Labor is a period marked as emotionally upheavals, anxiety, concerns, terrible pain, and an increased risk of maternal and child mortality and morbidity rate(1). Globally Around 287 000 women died related to pregnancy and childbirth in 2020(11). In 2020, 2.4 million infant deaths occurred in the world. Every day, over 6700 newborns die. A child's likelihood of surviving beyond birth greatly differs depending on where they are born(12). To reduce maternal and neonatal mortality WHO recommends labor companionship initiative under three topics of guidance: the first one is for augmentation of labor(15), the second one is for health promotion interventions and for maternal and new born health(16), the third one is intrapartum care for a positive child birth experience in order to increase the number of women giving birth in health care facilities(10).

However, many hospitals in developing nations continue to discourage labor companionship during labor and delivery; as a result, many women in low- and middle-income countries (LMICS) prefer to give birth at home and with a traditional birth attendant rather than in a hospital and with a skilled birth attendant, respectively due to the desire of companionship and vibe despite evidence suggested that labor and childbirth with companionship have both long- and short-term obstetrical and postpartum benefits (17).

There is no conventional means of determining the presence, length, and timing of labor companionship, which makes it difficult to compare studies(29). Our study revealed that only 15.5% of pregnant women in Gurage zone hospitals are use labor companionship during delivery. This finding is in line with the study conducted in both Arbaminch and Debremarkose which is 13.8% and 14.6% respectively (2,18). This may be due to the reason that the study at Debremarkose was conducted during in the time of COVID-19, and the result implies that still the implementation of labor companionship during delivery in the health facility as one package of respectful maternity care is very low this may contribute to the increment of maternal and neonatal morbidity and mortality rate in Ethiopia. Also our study result was in line with the study conducted in Nigeria, Akin13.1%(9), Tanzania 12%(28), Brazil 18.85%(21) and in Guinea12.7%(22). When the sample size of a study increases and cover wide study area the reliability of the result also increased so the study conducted in Tanzania were included large sample size (960 postpartum mothers) and wide

study area (6 hospitals, 25 health center and 30 dispensaries) and the result surely revealed that the prevalence of labor companionship during delivery is low.

In contrast to findings from previous studies, the prevalence of labor companionship during delivery in this study (15.5%) is lower than findings from Kenya 29%(23), Ghana 44.0%(22), Northwest Tanzania 60.1%(24) and Uyo Nigeria69.7%(25). The possible explanation for the decrement of our study result from other, for instance in Brazil labor companionship is included in their Demographic health survey as an indicator of maternal health and the implementation of labor companionship for all women was included in their national law whereas in our EDHS this service is not included as maternal health service indicator like ANC, PNC and institutional delivery coverage. Additionally, the discrepancy might be due to the socio-cultural and study population difference in labor companion country to country. In contrast to findings from previous studies, the prevalence of labor companionship during delivery in this study (15.5%) is lower than findings from Brazil 18.85%(21), Kenya 29%(23), Ghana 44.0%(22), Northwest Tanzania 60.1%(24) and Uyo Nigeria69.7%(25). The possible explanation for the decrement of our study result from other, for instance in Brazil labor companionship is included in their Demographic health survey as an indicator of maternal health and the implementation of labor companionship for all women was included in their national law whereas in our EDHS this service is not included as maternal health service indicator like ANC, PNC and institutional delivery coverage. Additionally, the discrepancy might be due to the socio-cultural and study population difference in labor companion country to country.

The possible justification for the decrement of our study result when we compare to Kenya study it might be due to sampling technique, study design, setting, sociocultural difference, and study population difference and also Birth companionship is becoming more and more a part of the recommendations for maternal health in many nations, especially those with poor and intermediate levels of wealth in Sub-Saharan Africa. For instance, the National Guidelines for Quality Obstetric and Perinatal Care in Kenya recommend that during the first stage of labor, healthcare professionals should encourage women to have their preferred companions with them and make accommodations for birth companions or male partners; and during the second stage of labor, healthcare professionals should "allow and encourage her birth companion/male partner to be present"(23).

The possible justification for the decrement of our study result when we compare to Ghana 44.0%(22), Northwest Tanzania 60.1%(24) and Uyo Nigeria69.7%(25) is it might be due to the difference of study setting and socio-cultural difference, for instance the study conducted in Uyo Nigeria collect the data from primary, secondary, and tertiary levels of hospitals and The average monthly attendance of women who get post-natal service in the hospitals 837, 269 and 516 respectively but our study sample size is collected from one primary and one specialized hospital with the monthly attendance of 239 and 227 respectively.

The finding of this study revealed that being primiparous (delivered for the first time) were 4.755 times more likely to be accompanied by their labor companion during childbirth in the health facilities than those women who were multiparous. This finding is similar to the study done in Arbaminch(18), Debremarkose(2), Brazil(21), and Tanzania(30), which revealed that being primiparous (delivered for the first time) were more likely to be accompanied by their labor companion during childbirth in the health facilities than those women who were multiparous.
The possible reason for this is, it might be due to women with no experience of the childbirth process need more social and support than women who had a history of childbirth. Primigravida women experience fears concerning helplessness, loss of self-control in labor and negative child birth expectations compared to Multiparas and another possible justification might be multiparous women were less worried about pregnancy and less prepared for labor and delivery compared to primiparous women. Multiparous women were expected to have a shorter labor and receive less support from people compared to their counterparts.

The finding of this study also revealed that obstetric and medical complication during labor and delivery is significantly associated with labor companionship during delivery. In this finding women who had obstetrics or medical complications during labor and delivery were 5.132 times more likely to be utilized companion during delivery as compared to those women who had never been experiencing any complications during labor and delivery. This finding is supported by a study done at Arbaminch which asserted that the odds of labor companion utilization is 3.5 times for women who had complications during labor and delivery compared to their counterparts(18) and also supported by study conducted in Debremarkose with the odds of 5.5 times for women who had complications during labor and delivery compared to their counterparts(2), additionally a study conducted in Tanzania also revealed that women who developed complications during

childbirth had significantly greater odds of having companionship during delivery than women who had normal labor and delivery(28). The possible explanation might be high risk pregnancies or a complicated labor needs more support from both health professionals and social networks in order to assist in decision making and improve the outcome. But in contrast, a study in Kenya showed that women who had experienced complications at labor are 66% less likely to have companionship while giving birth in the health facilities. This difference may be encountered due to women with labor and delivery complication needs strict follow up by health care provider alone, to provide appropriate management without intervention, and to avoid additional stress by her family members(23).

The finding of this study also revealed that residence is significantly associated with labor companionship during delivery. In this finding women who live in urban were 4.796 times more likely to be utilized companion during delivery as compared to those women who live in rural. The possible explanation for this is it might be due to the socio-cultural effect of the society, people who live in rural area believe that husband shouldn't see and enter into the delivery area when his wife is giving birth it's considered as a shame and also associated to this it might be due to lake of knowledge and access of information about labor companionship in rural areas, Ethiopian central statistical agency reported that literacy rate in urban areas is about two times higher than that of rural areas (78.0% percent against 39.5% percent) and specifically EMDHS-2019 reported that literacy rate of women age 15-49 who live in urban area is 66.8% and rural area 38.6%(14,31).

The finding of this study also revealed that attitude of women about having support person is significantly associated with labor companionship during delivery. In this finding women who said having labor companion during delivery is good were 12.215 times more likely to be utilized companion during delivery as compared to those women who said Having labor companion during delivery is not good. The possible explanation for this might be the attitude that women have is the basic thing to do or not to something.

The finding of this study also revealed that facility comfortability is significantly associated with labor companionship during delivery. In this finding women who said the facility is comfortable were 5.044 times more likely to be utilized companion during delivery as compared to those women who said the facility is not comfortable. This finding is supported by study conducted in Kenya revealed that facility comfortability had significantly greater odds of having labor

companionship during delivery(23). The possible explanation for this is when the health facility is not comfortable and when the ward is overcrowding; privacy issues, space issues, ward cleanliness and bed side chair availability for companion become compromised due to this the women's desire for the use of labor companion during delivery is decreased(23).

The finding of this study also revealed that provider busyness is significantly associated with labor companionship during delivery. In this finding, women when providers who are not busy were 8.88 times more likely to be utilize labor companion during delivery compared to their counterparts. This finding is supported by study conducted in Kenya and Debremarkose revealed that busyness of the providers decrease the utilization of labor companionship during delivery(2,23). The possible explanation for this is When SBAs are busy, they can suffer from burn out and behavior change, which may result with non-respectful maternity care. In addition to this, most of the time the busyness of SBAs is related to the crowdedness of wards which makes it difficult to accommodate laboring mothers and their companion due to privacy issues, space issues, ward cleanliness and bed side chair availability for companion(2,23).

Strengths:

A major strength of our project is that we used structured and interview-administered questionnaires in order to assess our dependent variable and its factor moreover we used bivariate and multi-variate logistic regression for the factors.

Limitation:

There is the possibility that some women were not willing to share their real opinions because of fear of reparation from the staff of their delivery center. The relatively unequal distribution of the study population by ethnic origin in this study was noted.

7. CONCLUSION

The coverage of labor companion utilization during labor in this study was low. This implies that the practice of having a labor companion during delivery which is one main component of RMC, was not practiced during institutional delivery service of study area. Living in urban, good attitude toward having support person, complication during labor and delivery, comfortable facility, being primipara and if the provider is not busy are the factor which increase the utilization of labor companionship during delivery. Therefore, if we work on creating awareness about labor companionship by community campaign and informing about there right about using labor companionship during delivery in the ANC clinic, moreover if we provide comfortable facility and decrease work load of health care provider in order to solve their busyness will increase labor companionship implementation during deliver in the health center.

8. RECOMMENDATION

Utilization of labor companionship during delivery is one of the recommendation of WHO in order to increase institutional delivery and decrease maternal and neonatal morbidity and mortality, as studies show women who used labor companion during institutional delivery increase their satisfaction and view toward childbirth experience which is relevant to healthcare providers, administrators and policy-makers as an indicator of the quality of our maternity care services and should be used regularly as such; and additionally serve as a form of medical audit in our labor wards. The low utilization of labor companion during institutional delivery in Gurage zone hospitals should be promptly addressed. More concerted efforts should be wielded towards improving factors which affect the implementation; the health care facilities' labor ward should be comfortable for the companion and the mothers in order to keep their privacy, addressing the busyness of the health care provider by delegating tasks properly according their capacity should be needed because busyness of the health care provider is one of the hindering factor of labor companionship during institution based delivery, creating awareness and giving advice to all pregnant women about their right to have labor companion during delivery and its importance should be incorporated as one component of ANC and also as this study showed that women who live in urban were 4.8 times more likely to be utilized companion during delivery as compared to those women who live in rural so health offices, health centers, health care provider and health

extensions should promptly address and work on its improvement because women who live in rural area has lack of information access than that of who live in urban.

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APPENDIX

Questionary in English

Dear Respondent

Good morning/afternoon, my name is………and I am a 4th year nursing student of Wolkite University who works as a data collector in this study. If you have been selected to participate in this study, you are kindly requested to participate in this study. If you agree to participate, you must understand the agreement and verbally agree to it. The main objective of this study is to "study labor companionship practicalities and its associated factors among post-partum mothers. There is no financial benefit to be gained from participating in this study, and there is generally no harm to be done by participating in this study maybe it takes your time; all information obtained from this study will be kept confidential. The information collected for this study will be stored in an archive, and the archive will be stored with a different code, not by name, and the code will not be disclosed to anyone other than the main researcher. If you choose not to participate, or if you wish to exclude yourself from this study, you have full right.

Ways to contact the researcher if you have any questions, you can ask them at the address below.

Name: Hawi Jebessa and Masresha Geremew

Phone Number: 0909069704, 0941977586

Email: masreshag33@gmail.com , hawijebessa2012@gmail.com

Consent Form

I have been informed that I have the right to participate or not to participate in this study and that there is no financial benefit for participating in the study and that I will not be harmed by not participating in the study. I have been told that the information I provide will only be used for the study.

Do you agree to participate in the study?

A/ I agree. __________Continue

B/ I don't agree. _____________Stop

Signature---------------------

Questionary identification code___________

A. Socio-demographic

101	How old are you?	Age in years_________
102	Where do you live?	1. Rural 2. Urban
103	What is your Current marital status?	1. Married 2. Single 3. Divorced 4. Widowed
104	Religion	1.orthodox 2. protestant 3. Muslim 4. catholic 5. Others
105	Ethnicity	1.Gurage 2.Selte 3.Hadeya 4.Amhara 5.Oromo 6.others(specify)_______
106	What is your level of education?	1. Not read and write 2. Primary school 3. Secondary school 4.above Secondary

107	What is your Occupational status?	1. House wife 2. Government employer 3.marchent/private 4. NGO 5. others (specify)___________
108	What is your husband level of education?	1. Not read and write 2. Primary school 3. Secondary school 4.above Secondary
109	Monthly family income?	--------in birr

B. Utilization of companionship during childbirth.

	Questions	Coding category	Skip
201	Do you have support person during this labor?	1. yes 2. no	If no, skip to no 201b
201a	If yes, who was the support person?	1.Husband 2.Sister/brother/in law 3.Mother/mother-in-law 4.Freinds/neighbors 5. Others(specify)	
201b	If no, why?	1. I didn't want 2. institution not allow 3. providers not allow 4. I have no support 5. others------------	
202	Do you have support person during delivery?	1. Yes 2. no	
202a	If yes, who was the support person?	1.Husband 2.Sister 3.Mother 4.Freinds 5. Others(specify)	
202b	If no support, why?	1. I didn't want 2. institution not allow	

		3. providers not allow 4. I have no support 5. cesarean delivery	
203	Route of delivery	1.vaginal 2.cesarean	

C: Knowledge and desire of women companionship

204	Do you know what labor companion is?	1.yes 2.no	If no, skip to 205
204a	If yes, what it means by	1. support during labor 2. support during pregnancy 3. support after delivery 4. others	
205	Do you think that labor companion has positive birth outcome?	1. Yes 2. No	
206	Do you know that every woman has the right to have companionship while she is in labor?	1. Yes 2. No	If no, skip to 207
206a	If yes, where do you get this information?	1.heard from people 2.I experienced it before 3.from health providers (ANC) 4. I read about it 5. others(specify)	
207	What do you say about having support person during labor?	1. Good practice 2. not good	
208	Do you expect any help from companion?	1. Yes 2. No	If no, skip to 209
208a	If yes, what would be your expectations from companion to do for you in labor?	1.Encourage 2.rub your back 3. pray for me	

		4. cover medical expense 5.others (specify)	
209	Do you think that having labor companionship is beneficial?	1. Yes 2. No	If no skip to q210
209a	If yes what are the benefits	1.reduced pain in labor 2.reduced need for c/s 3.increased chance of VD 4.reduced worry & fear 5.Make the women happy 6.reduce the duration of labor 7.reduced loneliness in women 8. Survival of baby is better 9.reduce the chance of abuse & disrespect of women by health care providers 10. others(specify)----	
210	Did you wish to have companion during delivery?	1. Yes 2. No	If no skip to D

210a	If not, the reason for not desiring to have companionship?	1.not to exposed 2.to be alone 3.others-------------	

D: Obstetric (past and present) data

Q.no.	Questions	Choices for response	Skip
301	How many times have you delivered a baby/ies before?	______ in numbers	If no skip to q 302
301a	If multiparous, where did you deliver your previous baby?	1.at home 2.at health center 3. at hospital 4. at private facility 5. others -----	
301b	If you deliver at home, why?	1.to be attended by TBAs 2.my pregnancy is normal 3.fear of being abused & disrespected 4.it is usual practice 5.fear of being lonely in labor 6.short labor duration 7.no transport 8.others(specify)_______	
302	Did you attend antenatal clinics?	1.Yes 2. No	If NO skip to question 303
302a	If yes, where did you attend antenatal clinics?	1.hospital 2.health center 3. private facility 4. others(specify)____	

302b	If yes at ANC, did the provider ever mentioned about you choose your companion in labor?	1.Yes 2. No	
303	Do you have any complications during your labor?	1. Yes 2. No	**If no to q304**
303a	If yes, type of complications?	1. Obstetrics 2. Medical	
304	Was the pregnancy planned and supported?	1. Yes 2. No	
305	What was the outcome of delivery?	1. baby alive and well 2. baby was sickly 3. baby dead	
306	Do you think that allowing you to choose someone to stay with you would make you eager to deliver health institutions?	1.yes 2.no	
307	Route of delivery	1. Vaginal 2. C/section	

D. provider's & facility related information's

401	Do you think that this facility is comfortable to be accompanied by their choice of companion?	1.yes 2.no
402	Do you think that the care providers in this facility are busy?	1. Yes 2.no
403	Place of current intra natal and postnatal care attaining?	1. Primary hospital 2. Specialized hospital

የመረጃ መሰብሰቢያ

በወልቂጤ ዩኒቨርሲቲ

ከ ነርሲንግ ት/ት ክፍል

እኔ …………………….. በዚህ ጥናት እንደ መረጃ ሰብሳቢ ሆኜ የምሰራ የወልቂጤ ዩኒቨርሲቲ የ 4ኛ አመት የ ነርሲንግ ተማሪ ነኝ፡፡ በዚህ ጥናት እንዲሳተፉ እርስዎ የተመረጡ ሲሆን፡ በዚህ ጥናት እንዲሳተፉ በትህትና ይጠየቃሉ፡፡ ለመሳተፍ ከተስማሙ ስምምነቱን በደንብ መረዳትና እንደተስማሙ በቃል መግለጥ ይገባዎታል፡፡ የዚህ ጥናት ዋና አላማ "በምጥ ወቅት አብሮ/ራ ስለሚሆን /ስለምትሆን ግለሰብ የድህረ-ወሊድ ደንበኞች ያላቸውን ተግባራዊነት እና ተግዳሮቶችን ማጥናት ነው። በዚህ ጥናት በመሳተፍዎ የሚያገኙት የገንዘብ ጥቅም የለም እንዲሁም በዚህ ጥናት በመሳተፍዎ ባጠቃላይ ምንም አይነት ችግር አይደርስብዎትም ፤ ምናልባት ጊዜዎትን ሊሻማብዎ ይችል ይሆናል፡፡ ከዚህ ጥናት የሚገኘው መረጃ ሁለ በሚስጥራዊነት ይጠበቃል፡፡ለዚህ ጥናት የሚሰበሰበው እርስዎን የሚመለከት መረጃ በማህደር የሚቀመጥ ሲሆን ማህደሩም በስም ሳይሆን በተለየ ኮድ ሲቀመጥ ኮዱን ከዋናው ተመራማሪ ውጭ ለማንም አይገለጽም፡፡በጥናቱ ያለመሳተፍ ወይም እራስዎን ለማግለል ወይም በጥናቱ ላለመሳተፍ ከፈልጉ በዚህ ጥናት ያለመሳተፍ ሙሉ መብት አለዎት፡፡በዚህ ጥናት ባለመሳተፎ የሚያጡት አገልግሎት አይኖርም፡፡

ከአጥኚው ሰው ጋር መገናኛ መንገዶች

ማንኛውም አይነት ጥያቄ ቢኖርዎት ከዚህ በታች ባለው አድራሻ መጠየቅ ይችላሉ፡፡

- ሀዊ ጀቤሳ እና ማስረሻ ገረመው
- ስልክ ቁጥር፡ 0909069704፣0941977586
- ኢሜል፡ masreshag33@gmail.com,hawijebessa2012@gmail.com

የስምምነት ቅጽ

የዚህ ጥናት የመሳተፍም ሆነ ያለመሳተፍም መብት እንዳለኝና በጥናቱ በመሳተፌ ምንም አይነት የገንዘብ ጥቅም እንደሌለውና በጥናቱ ባለመሳተፌ ምንም አይነት ጉዳት እንደማይደርስብኝ ፤የምሰጠውን መረጃ ለጥናቱ ብቻ እንደሚጠቀሙበት ተነግሮኛል፡፡

እናም በጥናቱ ለመሳተፍ

ሀ/ ተስማምቻለሁ፡፡____________ቀጥል

ለ/ አልስማማም፡፡________________አቁም

የጥያቄው መለያ ቁጥር___________________

ሀ ፡- የማህበረሰባዊና ስነ-ህዝብ ጥናት መረጃ

ተ.ቁ	ጥያቄዎች	አማራጭ መልሶች	ዝለል
101	እድሜሽ ስንት ነው?	-------------ዓመት	
102	የት ነዉ የሚኖሩት ?	1. ገጠር 2. ከተማ	
103	ባሁኑ ወቅት የርስዎ የጋብቻ ሁኔታ?	1. ያገባች 2. ያላገባች 3. የፈታች 4.ጋለሞታ(ባሏ የሞተባት ሴት)	
104	ሃይማኖት?	1) ኦርቶዶክስ 2) ፕሮቴስታንት 3) ሙሰሊም 4) ካቶሊክ 6)ሌሎች (ይግለጹ) ----	
105.	ብሔር?	1)ጉራጌ 2.ስልጤ 3) ሃዲያ	

		4)አማራ 5) ኦሮሞ 6)ሌሎች(ይግለጹ)________	
106.	የርስዎ የት/ት ሁኔታ?.	1.አልተማረኩም 2. የመጀመሪ ደረጃ 3.የሁለተኛ ደረጃ 4. ከሁለተኛ ደረጃ በላይ	
107	ስራዎት ምነድን ነዉ?	1. የቤት እመቤት 2. የመንግስት ሰራተ 3. የግል ስራ 4. ሌላ ካለ -------------	
108	የባለቤትዎ የት/ት ሁኔታ?	1.ያልተማረ 2. የመጀመሪ ደረጃ 3.የሁተኛደረጃ 4. ከሁተኛ ደረጃ በላይ	
109	የቤተሰበዎ የወር ገቢ ስንት ነው?	----------ብር	

ለ. በምጥ ጊዜ ሊኖርዎት ስለሚች ረዳት/ድጋፍ ሰጪ ያለውን ተግባራዊነት ጥያቄዎች

ተ.ቁ	ጥያቄዎች	የመልስ አማራጮች	ይለፉ
201	በዚህ የምጥ ወቅት የረዳሽ ሰው ነበር?	1. አዎ አለ 2. የለም	የለም ከሆነ ወደ 201 ለ እለፍ
201 ሀ	በወቅቱ የረዳሽ ሰው ካለ ማን ነበር?	1) ባለቤቴ 2) እህቴ/አይቴ ወንድሜ	

		3) እናቴ/ አማቴ 4) ጓደኛዬ /ጎረቢቴ 5) ሌሎች (ይግለጹ)______	
201 ለ	የረዳሽ ሰው ከሌለ ለምን?	1) ዕኔ ስላልፈለኩ 2) የጤና ተቋሙ ስለማይፈቅድ 3) የጤና ባለሙያው ባለመፍቀዱ 4) የሚረዳኝ ስለሌለ 5)ሌሎች (ይግለጹ)______	
202	በዚህ የወሊድ ወቅቱ የረዳሽ ሰው ነበር?	1. አዎ አለ 2. የለም	
202 ሀ	በወቅቱ የረዳሽ ሰው ካለ ማን ነበር?	1) ባለቤቴ 2) እህቴ 3)እናቴ 4) ጓደኛዬ 5) ሌሎች (ይግለጹ)______	
202 ለ	የረዳሽ ሰው ከሌለ ለምን?	1) ዕኔ ስላልፈለኩ 2) የጤና ተቋሙ ስለማይፈቅድ 3) የጤና ባለሙያው ባለመፍቀዱ 4) የሚረዳኝ ስለሌለ 5) በኦፕሬሽን ሰስለወለድኩ	

ሐ. በምጥ ወቅት አብሯት ስለሚሆንና እና ስሚረዳት ሰው ያላት እውቀት እና ፍላጎት.

204	በአንድ የጤና ተቋም ውስጥ በምጥ ጊዜ በቤተሰብ አባላት ስለሚደረግ እገዛ እውቀት አለሽ	1) አዎ 2) አላውቅም	አላውቅም ከሆነ መልሱ ወደጥያቄ 205 እለፊ
204 ሀ	አዎ ከሆነ ምን ማለት ነው	1.በምት ጊዜ የሚደረግ እገዛ 2.በእርግዝና ጊዜ የሚደረግ እገዛ 3. ከወሊድ በሁላ የሚደረግ እገዛ 4. ሌላ ካለ------	
205	በምጥ ጊዜ በቤተሰብ አባላት እገዛ መደረጉ ውጤቱ አወንታዊ ይሆናል ብለሽ ታምኛለሽ	1. አዎ አምናለሁ 2. አይ አላምንም	
206	የምትፈልገውን ሰው የመምረጥ መብት እንዳላት ታውቂያለሽ?	1) አዎ 2) አላውቅም	አላውቅም ከሆነ መልሱወደ 207 እለፊ
206 ሀ	አዎ ከሆነ እንዴት ልታውቂ ቻልሽ? ውይም ከየት ነው መረጃውን ያገነኙት?	1)ከሰዎች ሰምቼ 2) ከዚህ በፊት ተሞክሮ ስላለኝ 3) ከጤና አገልግሎት ሰጪዎች ሰምቸ 4) አንብቤ 5)ሌሎች (ይግለጹ)____	
207	በምጥ እና በመውለድ ወቅት የሚረዳሽ አንድ ሰው አብሮ	1) በጣም ጥሩ አሰራርነው 2) ጥሩ አሰራር አይደለም	

	ስለመሆኑ የምትይው ነገር ምንድ ነው?		
208	በምጥ ጊዜ አብሮሽ የሚሆን ሰዉ እንዲደርግልሽ የምትፈልጊዉ ነገር አለ	1.አዎ አለ 2.የለም	
208 ሀ	በምጥ ወቅት አብሮሽ ያለ ግለሰብ ምን እንዲያደርጉልሽ ትጠብቂያለ? (ከአንድ በላይ መልስ መምረጥ ይቻላል)	1)እንዲያበረታታኝ 2)ጀርባሽን እንዲያሽልኝ 3)እንዲጸልይልሽ 4) ወጭ የምትፈልጊውን ነገር እንዲያቀርብልሽ 5)ሌላ (ይገለጽ)______	
209	በምጥ ወቅት የሚረዳሽ ሰው አብሮሽ ቢኖርያለውን ጥቅም ታውቂለሽ?.	1.አወአውቃለሁ 2.አላውቅም	አላውቅም ከሆነ ወደ 2010 እለፉ
209 ሀ	በምጥ ወቅት የሚረዳሽ ሰው ቢኖር ሊያስገኘው ስለሚችለው ጥቅም የምታውቂው ነገር አለ? (ከአንድበላይመልስመምረጥይችላሉ)	1)በምጥ ጊዜ ህመም ይቀንሳል 2)በቀዶ ጥገና የመውለድ አስፈላጊነት ይቀንሳል 3)በብልት (ቫጃይና) የመውለድ እድል እንዲጨምር ያደርጋል 4)በሴቷ ውስጥ ያለጭንቀትና ፍርሃት እንዲቀንስ ይረዳል 5)ሴቷን ደስ ያሰኛታል 6)የምጥ ጊዜ እንዲቀንስ ያደርጋ	

		7)የጨቅላውን በህይወት የመቆየት እድል የተሻለ ያደርጋል 8)እናቶች የሚሰማቸውን የብቸኝነት ስሜት ይቀንሳል 9)ሴቷ በጤና አገልግሎት ሰጪዎች የመጠቃትና ክብሯን የማጣት እድልን ይቀንሳል 10)ሌላም ካለ ይግለጹ------	
210	በምጥ ጊዜ የሚረዳሽ ሰው አብሮሽ እንዲሆን ፍላጎቱ አለሽ	1. አዎ 2. አልፈልግም	
210 ሀ	ፍላጎት የለኝም ከሆነ ለምን?	1.አብሮኝ ላለ ሰው ተጋላጭ ላለመሆን 2.ብቻየን መሆን ስለምፈልግ 3. ሌላ ምክኒያት---------------	

መ. ከቀደሞው እና ከአሁኑ ከእርግዝና እና ምጥ ጋር የተያያዙ ጥያቄዎች

ተ.ቁ	ጥያቄዎች	የመልስአማራጮች	ዝለል
301	ከዚህ በፊት ስንት ልጆች ወልደሻ?	በቁጥር__________	መልሱ የለም ከሆነ ወደ ክፍል መ እለፉ

301 ሀ	በዚያን ጊዜ ልጅሽን የወለድሽው የት ነበር?	1) በቤቴ 2) ጤናጣቢያ 3) የመንግስትሆፒታል 4) የግልሆ/ልወይምክሊኒክ 5)ሌሎች (ይገለጽ)	መልሱ 1 ካልሆነ ወደ 302 ይለፉ
30 ለ	በቤት ውስጥ ከወለድሽ ለምን? (ተገቢ ከሆነ ከ 1 በላይ መልስን መስጠት ትችያለሽ)	1) ባህላዊ አዋላጆችን ስለምመርጥ 2) የተለመደ ስለሆነ 3) እርግዝናዬ የጤና ችግር ስለሌለ 4) በጤና አገልግሎት ሰጪ እንዳልንገላታና ክብሬን እንዳላጣ 5) በምጥ ወቅት ብቻዬን መሆን ስለምፈራ 6) ያማጥሁት ለአጭር ጊዜ በመሆኑ 7) የትራንስፖርት ችግር ስላለ 8) ሌሎች (ይግለጹ)_	
302	የቅድመ ወሊድ ክትትል ነበርሽ?	1) አዎ 2) አልተከታተልሁም	አልተከታተል ምከሆነ ወደጥያቄ 303 ይለፉ
302 ሀ	አዎ ካሉ የቅድመ ወሊድ ክትትል የተከታተልሽው የት ነበር?	1) የጤና ጣቢያ 2) የመንግስት ሆስፒታል 3) የግል ተቋም 4) ሌሎች (ይገለጽ)_____	
302 ለ	አዎ ካሉ በዚህ ተቋም ውስጥ በምጥ ወቅት አብሮሽ የሚሆን ሰው መምረጥ እንደምትችይ ገለጻ ተደርጎልሽ ያውቃል?	1) ገለጻ ተደርጎልኛል 2) ገለጻ አልተደረገልኝም	

303	በምጥሽ ወቅት የተለየ የጤና ችግር ገጥሞሽ ነበር	1.አዎ 2. አልነበረም	2 ከሆነ ወደ 304
303 ሀ	አዎ ከሆነ የገጠመሽ ችግር ምን ነበር	1 .ከርግዝና ጋር ተያያዝ 2. ሜዲካለ ችግር	
304	ይህ ዕርግዝና የታቀደና የተፈለገ ነው	1.አዎ 2. ዐይደለም	
305	የወለሽው ልጅ የጤና ሁኔታ እንዴት ነበር?	1.ጤነኛ ነበር 2. የታመመ ነበር 3. ህይወቱ ያለፈ ነበር	
306	በዚህ ተቋም ውስጥ በምጥ ወቅት አብሮሽ እንዲቆይ የምትፈልጊውን ሰው እንድትመርጪ ቢፈቀድልሽ ይህ በጤና ተቋሙ ውስጥ ለመውለድ ፍላጎት ሊያሳድርብሽ ይችላል?	1) አዎ 2) የለም	
307	የወሊድ አይነት	1.በብልቴ(በማህጸኔ) 2. በኦፕሬሽን	

ሰ. ከጤና ተቔማትና ከባለሙያዎች ጋር የተያያዙ መረጃዎች

401	በዚህ ተቁም በምጥ ወቅት አብሮሽ ለሚሆን ሰው ሁኔታወቹ መቹ ይመስሉሻል?	1. አዎ ነው 2. አይደለም
402	በዚህ ተቋም ውስጥ የሚሰሩ ባለሙያዎች ስራ ይበዛበቸዋል ብለሽ ታሽቢያለሽ ?	1. አዎ ይነዛበቸዋል 2. አይበዛባቸዉም
403	አሁን የድህረ ወሊድ አገልግሎት ያገኘሽበት ተቋም	1.የመጀመሪያ ደረጃ ሆስፒታል 2. ስፔሻላይዝድ ሆስፒታል

ስለተሳትፎዎ አመሰግናለሁ።