



INSTITUTE OF HEALTH SCIENCES
SCHOOL OF NURSING AND MIDWIFERY
DEPARTMENT OF NURSING

**HUSBANDS' INVOLVEMENT IN ANTENATAL CARE AND
ASSOCIATED FACTORS AMONG WOMEN WHO GAVE BIRTH
AT PUBLIC HOSPITALS IN EAST WOLLEGA, ETHIOPIA, 2025**

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DECEMBER, 2025

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APPROVAL SHEET

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STATEMENT OF DECLARATION

I Mr. **Dawit Dereje Gudeta** hereby declare and affirm that the thesis entitled “**Husbands’ involvement in antenatal care and associated factors among women who gave birth at public hospitals in east Wollega, Ethiopia, 2025**” is my own work conducted under the supervision of **Dr. Temesgen Tilahun (Associate prof, Maternal-fetal medicine fellow)** and **Mrs. Chaltu Shimelis (MSc, lecturer)** I have followed all the ethical principles of scholarship in the preparation, data collection, data analysis and completion of this thesis. All scholarly matter that is included in the thesis has been given recognition through citation. I have adequately cited and referenced all the original sources. I also declare that I have adhered to all principles of academic honesty and integrity and I have not misrepresented, fabricated, or falsified any idea / data / fact / source in my submission. This thesis is submitted in partial fulfillment of the requirement for a degree from the Post Graduate Studies at Wollega University. I further declare that this thesis has not been submitted to any other institution anywhere for the award of any academic degree, diploma or certificate.

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ABBREVIATIONS AND ACRONYMS

ANC-----	Antenatal Care
AOR.....	Adjusted Odds Ratio
APH.....	Arjo Primary Hospital
CI.....	Confidence Interval
CSA.....	Central Statistical Agency
DHS.....	Demographic Health Survey
EDHS-----	Ethiopia Demographic and Health Survey
GAGH.....	Gida Ayana General Hospital
MMR-----	Maternal Mortality Ratio
NCSH.....	Nekemte Comprehensive Specialized Hospital
NGO -----	Non-Governmental Organization
SBA.....	Skilled Birth Attendant
SD.....	Standard Deviation
SPH.....	Sire Primary Hospital
SPSS -----	Statistical Package for Social Science
WUCSH.....	Wollega University Comprehensive Specialized Hospital

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ABSTRACT

Background: Husbands' involvement in antenatal care is key strategy for improving maternal health. It presents an opportunity to the health workers to educate husband to be able to recognize early an obstetric emergency for appropriate decisions and actions that may influence the outcome of the pregnancy. However, it is often ignored by health programs in developing countries. So, assessing the level of husband's involvement in ANC and associated factors is very important.

Objective: To assess the magnitude of husbands' involvement in ANC and its associated factors among women who gave birth in East Wollega public hospitals, Ethiopia, 2025

Methods: Hospital based cross sectional study which supplement with qualitative method was conducted on 398 of participant from April 20 to June 20, 2025. Systematic random sampling technique was used to select the study participants. Interviewer administered questionnaire was used to collect the data on women who gave birth. Data were coded and entered by using Epidata version 3.1.0 and analyzed by SPSS version 25. Binary and multivariate logistic regressions was used to identify possible predictors and Odd Ratio was used to measure strength of associations at p-value of <0.05. Thematic analysis of the qualitative data was conducted using the ATLAS-ti 8.4 software.

Result: The study revealed that 57.3% (95% CI, 53.4–62.8) of husbands accompanied their wives during ANC services. Educational status [AOR= 1.04, 95% CI (0.06-4.36)]. Place of residence [AOR=5.73, 95% CI (3.08, 14.90)], planned pregnancy [AOR= 2.87, 95% CI (1.71-5.11)], Mode of transportation [AOR=3.56, 95% CI = (2.39-8.29)], attitude of healthcare workers towards husband [AOR= 4.82, 95% CI (2.56-8.76)], and people's attitudes toward husband who attend their wives for ANC [AOR= 3.12, 95% CI (1.89-10.96)] were found to have statistically significant association with husband involvement during ANC.

Conclusion and recommendation: Prevalence of husband involvement during ANC in the study area was low. Significant factors influencing husband involvement in ANC included the place of residence, the wife's level of education, whether the pregnancy was planned, the mode of transportation used, the attitude of healthcare workers towards husband involvement in ANC, and people's attitudes towards husband who attend ANC with their wives. Stakeholders should promote husband participation through counseling, community mobilization, and awareness campaigns.

Key words: Husband involvement, antenatal care, pregnant women, East Wollega, Ethiopia

1. INTRODUCTION

1.1 Background

Husband involvement in antenatal care (ANC) is discussion of husband with wife on maternal health issues and making a joint decision as a couple about the spacing of a pregnancy, utilization of maternal services, and accompanying their wives to seek ANC in a health facility (1). The ability of pregnant women to use ANC services cannot be separated from the influence of their families, especially their husbands (2, 3). In African culture, husbands are often the key family decision makers, including decisions related to whether, when and where a pregnant woman should begin ANC services (4).

World Health Organization recommends promotion of husband involvement during pregnancy to facilitate and support improved self-care of women, improved home care practices for women and newborns, and improved use of skilled care during pregnancy, childbirth and the postnatal period for women and newborns (2). Husband's involvement is considered as an important intervention for improving maternal health. This practice has implications for maternal health as it determines the nutritional status of women during pregnancy and women's access to maternal health care (5).

Involvement of husband in maternal health programs has been associated with positive reproductive health outcomes, such as in the use of contraceptives, birth spacing, birth preparedness, postnatal care attendance, couple communication and emotional support for women during pregnancy and improved maternal health outcomes(6-8).

Despite the fact that husband involvements during ANC follow up plays a crucial role on pregnancy outcome globally, husband's role in reproductive and sexual health has not been so widely recognized (9). Particularly in most developing countries with low utilization of maternal health care, the concept of husband involvement is not generally accepted by people(10, 11).

1.2 Statement of the Problem

Maternal mortality is among the major concerns of the globe with special emphasis in developing countries ([12](#)). The statement of the problem highlights the persistent challenges in maternal health, emphasizing the high rates of maternal mortality and morbidity worldwide, particularly in low and middle-income countries([13](#)). Despite global efforts to reduce maternal deaths, underutilization of maternal health services remains a significant obstacle([14](#)). Sub-Saharan Africa had high maternal mortality, accounting for about 66% of the estimated global maternal deaths ([15](#)). One reason is low utilization of skilled birth attendants during birth. About 70% of childbirths occur at home without skilled birth attendants' assistance([16](#)). The another reasons given for mother not using health facility during birth were 'health facility was not involving the husbands' in antenatal care, as they are the heads of households, most of the decisions are mainly made by husband and they control household expenditure in Ethiopian community ([17](#))

In most developing countries, societies are patriarchal, with husband having the role of primary decision maker and controlling the household budget. Thus, the decision to seek care (the first delay) is usually made by the husband. Yet in some cultures, husbands' are not expected to be directly involved in their wife's pregnancy and delivery care. If they are, this is considered by their peers as a demonstration of weakness. From a social perspective, the notion of joining one's wife at the antenatal clinic is unusual in many communities and the husband's presence is often considered superfluous. According to EDHS 2016 report, high proportion of women reported that their husbands were one of the major factors for non-attendance of ANC during pregnancy ([17-19](#))

Husband involvement during ANC emerges as a key driver for improving maternal and child health outcomes, yet it faces challenges due to deeply embedded perceptions that matters related to pregnancy and childbirth are exclusively women's responsibilities([20](#)).

The urgency of addressing this problem is underscored by alarming statistics, with 94% of maternal deaths occurring in low and middle-income countries, particularly in Sub-Saharan Africa([21](#)). In Ethiopia, where approximately four women die during pregnancy, childbirth, or within two months after childbirth, husband involvement during ANC has the potential to contribute significantly to reducing maternal mortality, however, current evidence suggests a lack of active husband participation in ANC services, further emphasizing the need for a comprehensive assessment in the study area([21](#))

Numerous African countries and communities have worked to enhance the involvement of husbands in maternal and newborn health. In Ethiopia, strategies aimed at reducing maternal mortality rates (MMR) included plans to increase the number of deliveries attended by skilled birth attendants (SBA). However, these strategies did not take into account the role of husbands in maternal health services. Nonetheless, a husband's presence at antenatal care (ANC) is a crucial factor influencing the likelihood of skilled attendance during childbirth. ([22](#), [23](#)).

The prevalence of husband involvement in antenatal care service was found to be low in Ethiopia([24](#)); this is due to educational level, knowledge of antenatal care service, health system barriers, cultural beliefs, lack of husband invitation, and complications during pregnancy, couples' living status, and highlighting the need for interventions like counseling and awareness campaigns to boost husband involvement ([25](#), [26](#))

Although studies have been conducted on husbands' involvement in antenatal care services in developing countries, this aspect is frequently overlooked and ignored by health programs ([27-31](#)). In Ethiopia, there have been limited studies examining the attendance of husband partners during antenatal care (ANC) ([10](#), [32-37](#)). Furthermore, current research in Ethiopia has not sufficiently identified the gaps and limitations regarding husband involvement in antenatal care (ANC) and the associated factors for women giving birth in public hospitals, which future researchers should explore.

This study aimed to evaluate the prevalence of husband attendance at their partners' antenatal visits and the factors associated with it among antenatal care attendees in the East Wollega Zone. To achieve this, qualitative data was incorporated to investigate the primary barriers to husbands' involvement in ANC services for women giving birth at public hospitals in East Wollega, and the research was expanded to include five hospitals in the zone.

1.3 Significance of the Study

The involvement of husbands during ANC contact presents an opportunity to the health workers to educate and empowering husbands' to be able to recognize early an obstetric emergency for appropriate decisions and actions that may influence the outcome of the pregnancy.

This study contributes to better understanding of the magnitude of husbands' involvement in maternal health care. Furthermore, the research findings bring out a more comprehensive view on the role of husbands in maternity care by taking into account gender-sensitivity.

The information generated will be used for decision-making and actions that will lead to increase husbands' involvement in maternal health care and to increase utilization of the services by the women. It also, contributes for reduction of maternal and infant mortality. Also, it will be base line data for further researcher by identifying the gaps and assessing the magnitude of husband involvement in ANC contact.

Furthermore, for East Wollega Zonal Health Office and Non-Governmental Organization (NGO) sectors, the finding of this study and recommendations will be great value for monitoring and evaluation of maternal health service in the Zone

2. LITERATURE REVIEW

2.1. Magnitude of Husband Involvement in ANC

Analyses of Demographic Health Surveys (DHS) in eight sub-Saharan Africa countries show that slightly less than half (45.7%) of all husband in the study population reported being present during one of his wives antenatal contact(27). Rwanda had the highest proportion of husband who accompanied their husband to ANC (86.8%) while Burundi had the lowest proportion (18.2%) among eight sub Saharan Africa countries (11).

Another study conducted in Dares Salaam, Tanzania revealed that 69% of husband involvement in antenatal care for husband whose women delivered at a tertiary health facility (29). Similar study conducted in Rwanda showed that. The level of husband Ante natal care attendance was low (29.4%)(38). In addition, similar study done in Kenya revealed that 40% of husband accompanied their during Antenatal care contact (31).

A study conducted in Enebsiesarmider District, Northwest Ethiopia showed that 31.8% of the respondents were found to be accompanied by their wife during the antenatal care contact (39) . Study in Debre Berhan town, Ethiopia reported that more than half the (62.5%) of the husbands were involved in accompanying their wife in ANC contact. A majority, 92.3% of husbands had good communication with their wife during pregnancy and 88.6% of husbands discussed with doctor about the health-related condition of their wife(40).

Another study conducted in Harari regional state revealed 19.7% were accompanied by their husband during their current contact. The reason why they were not accompanied to the contact were identified to be a pretext of being preoccupied with work, lack of knowledge that pregnancy could result in different complications, a belief that the ANC is the issue of women's only, male's feeling shame to accompany and lack of responsible (10). Similarly, study conducted in Sodo Town of Wolaita Zone showed prevalence of husbands' involvement in birth preparedness and complication readiness was 30.9% (41).

In addition, study done in Sidama zone, Ethiopia reported that 46% of pregnant women attending Antenatal care were never accompanied by their husbands (42). The finding in Bale Zone, South East Ethiopia, reported that the prevalence of husband's involvement was 41.4%. Reasons for not accompanied by their husbands were husband working in another town, not the custom and considering as women affair (43). Similar study done in Ambo town showed that prevalence of husband involvement in Antenatal care was 59.9% (36).

2.2. Factors associated with husband's involvement in antenatal care

Study done in Indonesia showed that the possibility for a husband to accompany his wife is larger in several factors, such as the wife being between the ages of 21 – 35 years old, a husband who minimally graduated from junior high school, a working husband, as well as a wife, and the number of children less than and equal to two and the expected pregnancy ([44](#)).

Study done in Nigeria reported that educational status beyond primary school level, Christian faith, having means of transportation and couples making a joint decision on ANC were significant predictors for husband's involvement in ANC services. Similarly, a good condition of ANC services and spending less than 30 minutes waiting for consultation were significant health-related predictive factors ([45](#)).

Study conducted in Ibanda District, Southwestern, Uganda identified barriers of husband's involvement in Antenatal care such as individual and behavioral factors like ignorance/knowledge, responsibility, excessive alcohol consumption, laziness and lack of money. Family and extended family factors included trust and cooperation by the couple, fidelity issues, domestic violence and family perceptions. Environmental, cultural, and gender factors include misperceptions about husbands' involvement, cultural beliefs regarding their role in reproductive matters, and prevailing gender norms. The health care services factors included timing of the services the attitude of the health workers and the availability and access to the health services ([6](#)).

Similar study done in Kenya revealed that husbands with tertiary level education and above were one and a half times more likely to be involved in antenatal care. Marital status for the married and in legalized relationships was highly associated with husband involvement. Timed or intended pregnancies had a higher chance of eliciting husband involvement. Mothers who were in employment at the time of conception were 40% more likely to get their partners involved in pregnancy issues([31](#)).

A study conducted in Enebsiesarmider District, Northwest Ethiopia showed that attending secondary education and above, good antenatal care knowledge and hadn't health system barriers were statistically associated with husband antenatal care attendance ([39](#)). Study in Debre Berhan town, Ethiopia reported that Age category of husbands 30–39 years old and the educational status of husbands being illiterate and primary school and secondary school were significant predictors on accompanying their wife in ANC contact ([40](#)).

Study conducted on Determinants of husband Involvement during Antenatal Care among Pregnant Women in Gedeo Zone, South Ethiopia showed that Husband and maternal age difference, maternal age at marriage, women empowerment, type of nearby health facility and provider invitation of husband to antenatal care examination room were determinants of husband involvement during antenatal care ([46](#)).

Similar study done in Harari regional state, eastern Ethiopia revealed that being a housewife, rural residents and women unsupportive of husband involvement in maternal care were more likely associated with un accompanying husband. The major reasons reported by women for not being accompanied by their husband were: a pretext that husband being preoccupied with work, lack of awareness on the possible complication during pregnancy, misconception that the ANC is the concern of women's only, husbands feeling shame to accompany them on contact and lack of responsibility ([10](#)).

Another finding in Bale Zone, South East Ethiopia, reported that having primary level of education, age ≥ 35 years, being farmer, having previous antenatal care contact were positively associated with husband involvement ([43](#)).

2.3. Conceptual Frame Work

This conceptual frame works postulates that socio-demographic factors, health facility factors, socio-cultural factors, and Obstetrical history can influence husbands' involvement in Antenatal care services. The diagram shows the proposed relationship between socio-demographic factors, health related factors, obstetrical history, and socio-cultural factors can directly influence husbands' involvement in Antenatal care services.

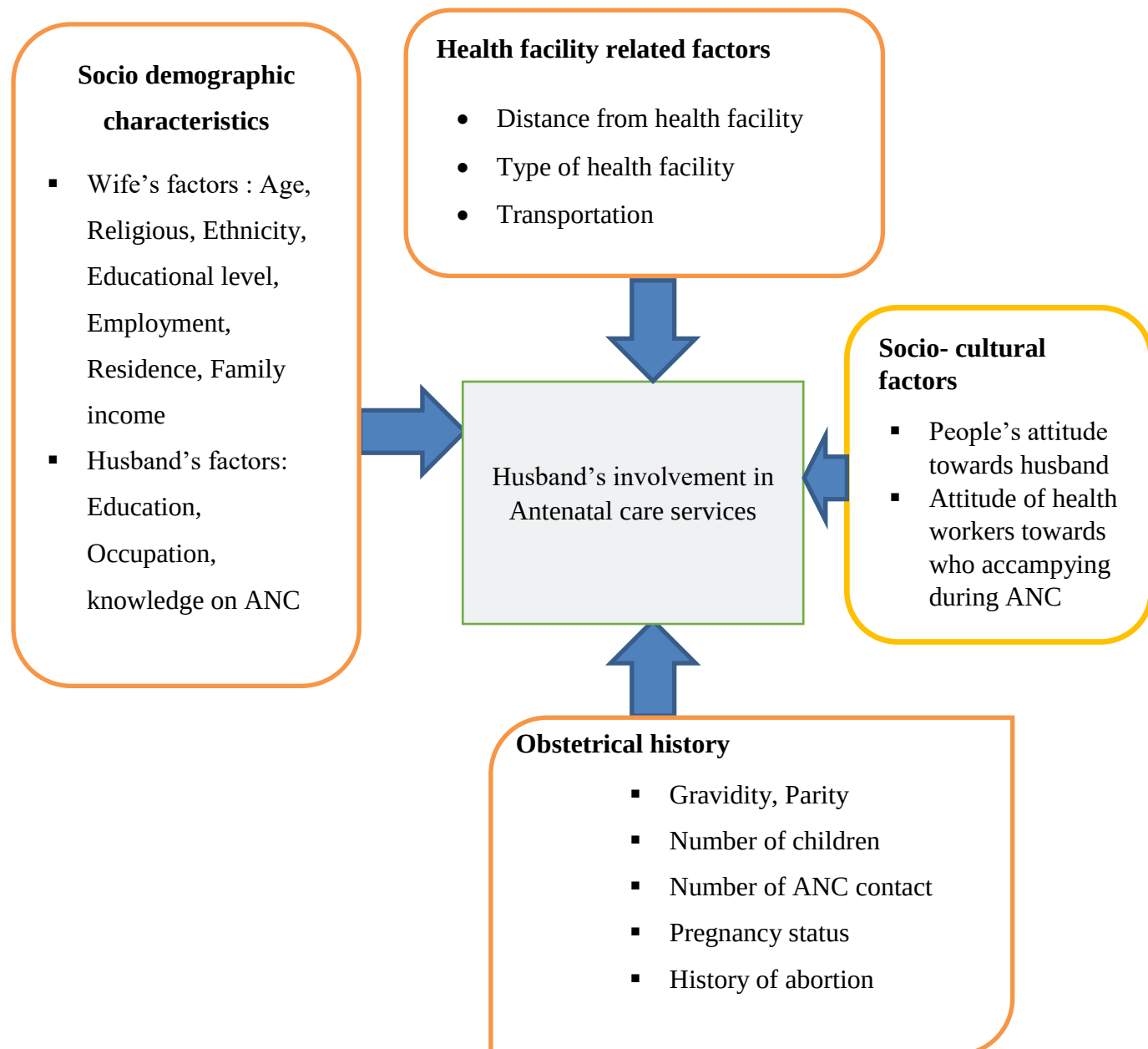


Figure 1 Conceptual framework for associated factors of husbands' involvement in Antenatal .care services (6, 31, 43-46) .

3. OBJECTIVE OF THE STUDY

3.1. General Objective

To assess the magnitude of husbands' involvement in Antenatal care services and its associated factors among women who gave birth at public hospitals, in East Wollega Zone, Western Ethiopia, 2025.

2.2. Specific objectives

- To assess the magnitude of husbands' involvement in ANC among women who gave birth at public hospitals, in East Wollega Zone.
- To identify factors associated with husbands' involvement in ANC services among women who gave birth at public hospitals, in East Wollega Zone.
- To explore the main barriers to husbands' involvement in ANC services among women who gave birth at public hospitals, in East Wollega Zone.

4. METHOD AND MATERIALS

4.1. Study Setting and period

A Hospital based cross sectional study with supplementation of qualitative study design was conducted in East Wollega public hospitals from April 20 to June 20, 2025. East Wollega zone is one of the 21 zones in Oromia Regional State located in the western part of the region. Based on the 2007 Census conducted by the CSA, this Zone has a total population of 1,213,503, of whom 606,379 are men and 607,124 women([32](#)). East Wollega Zone has five public hospitals namely Nekemte Comprehensive Specialized Hospital, Wollega University comprehensive specialized Hospital, Gida Ayana General Hospital, Arjo Primary Hospital and Sire Primary Hospital.

4.2. Study design

Hospital based cross sectional study with supplementation of qualitative study design was used.

4.3. Source population

The sources of population were all women who gave birth at East Wollega public hospitals.

4.4. Study population

The study populations were all selected women who gave birth at East Wollega public hospitals during the study period. Study population for qualitative method was selected husbands who accompanying their wife during study period.

4.5. Eligibility Criteria

4.5.1. Inclusion criteria

All selected women who gave birth at East Wollega public hospital.

Husband who accompanying their wife's during delivery for qualitative data

4.5.2. Exclusion criteria

Women who have no ANC contact in current pregnancy.

Selected women who have ANC but severely ill

4.6. Sample size determination

The sample size was determined using single proportion formula. This study considered the proportions of husbands accompanied their pregnant wives for antenatal care was 62.5%

from previous study conducted in Debre Berhan, Ethiopia (40), 5% marginal error, 95% confidence interval and 10% non-response rate is added.

$$n = \frac{(\frac{Z\alpha}{2})^2 pq}{d^2} = \frac{(1.96)^2 (0.625)(0.375)}{0.05^2} = 361$$

Total sample size by assuming 10% non-response rate will be $361 + (361 \times 0.1) = 398$

Where;

n= the required sample size

z= standard score corresponding to 95% confidence interval

p= proportion of husbands accompanied their pregnant wives for antenatal care

q=1-p

d= the margin of error (precision)

Sample size determination for associated factors

Sample size for associated factors with husband involvement in ANC was determined using Epi info version 7.1 by considering 95% confidence level, Power of 80%, The ratio of unexposed to exposed = 1, and possible non-response rate 10% from a study done in Debre Berhan, Ethiopia.

Table 1: Sample size determination for factors associated with husband involvement in ANC

S/No	Associated factors(variables)	Proportion of unexposed	Proportion of exposed	AOR	Sample size with 10% non-response rate
1	Age of husband	44.8	31.9	1.9	398
2	Educational status	12.3	59.1	3.1	201

Finally, to take maximum sample size, the first sample size calculation was considered as study sample size, that is total sample size of the study was 398.

For qualitative data

The sample size was determined based on the saturation of the information. The Eight husbands for in depth interview who attend their wives during delivery of neonate were selected to obtain adequate information..

4.7. Sampling procedure

All five hospitals of East Wollega zone namely Wollega University Comprehensive Specialized Hospital (WUCSH), Nekemte Comprehensive Specialized Hospital (NCSH), Gida Ayana General Hospital (GAGH), Arjo Primary Hospital (APH) and Sire Primary Hospital (SPH) were included in the study. Study participants were selected by Systematic sampling from the five public hospitals. The previous 3 months' clients flow to the five hospitals for delivery service was reviewed from registration book to estimate the expected number of mothers that would give birth in one-month period. Therefore, the average number of mothers gave birth in the previous one month's back was 400, 600, 250, 200, and 200 for WUCSH, NCSH, GAGH, APH and SPH respectively.

The calculated sample size 398 was allocated to each hospital based on proportion to population size of the 5 hospitals. Sample size allocated to each hospital was calculated by dividing the product of total sample size required and total number of mothers expected to give birth of each hospital in one-month period to the sum of total number of mothers expected to give birth of the five hospitals.

Accordingly, proportional allocation to population size for each hospital was 97, 145, 60, 48 and 48 to WUCSH, NCSH, GAGH, APH and SPH respectively. Sampling interval (k) was determined by dividing the total number of mothers expected to give birth of each health facility in one-month period by number of sample size allocated to each hospital, thus sampling interval was approximately 4 for each hospital. First study subject was selected randomly, and then taking every 4th women for each hospital from mothers who gave birth.

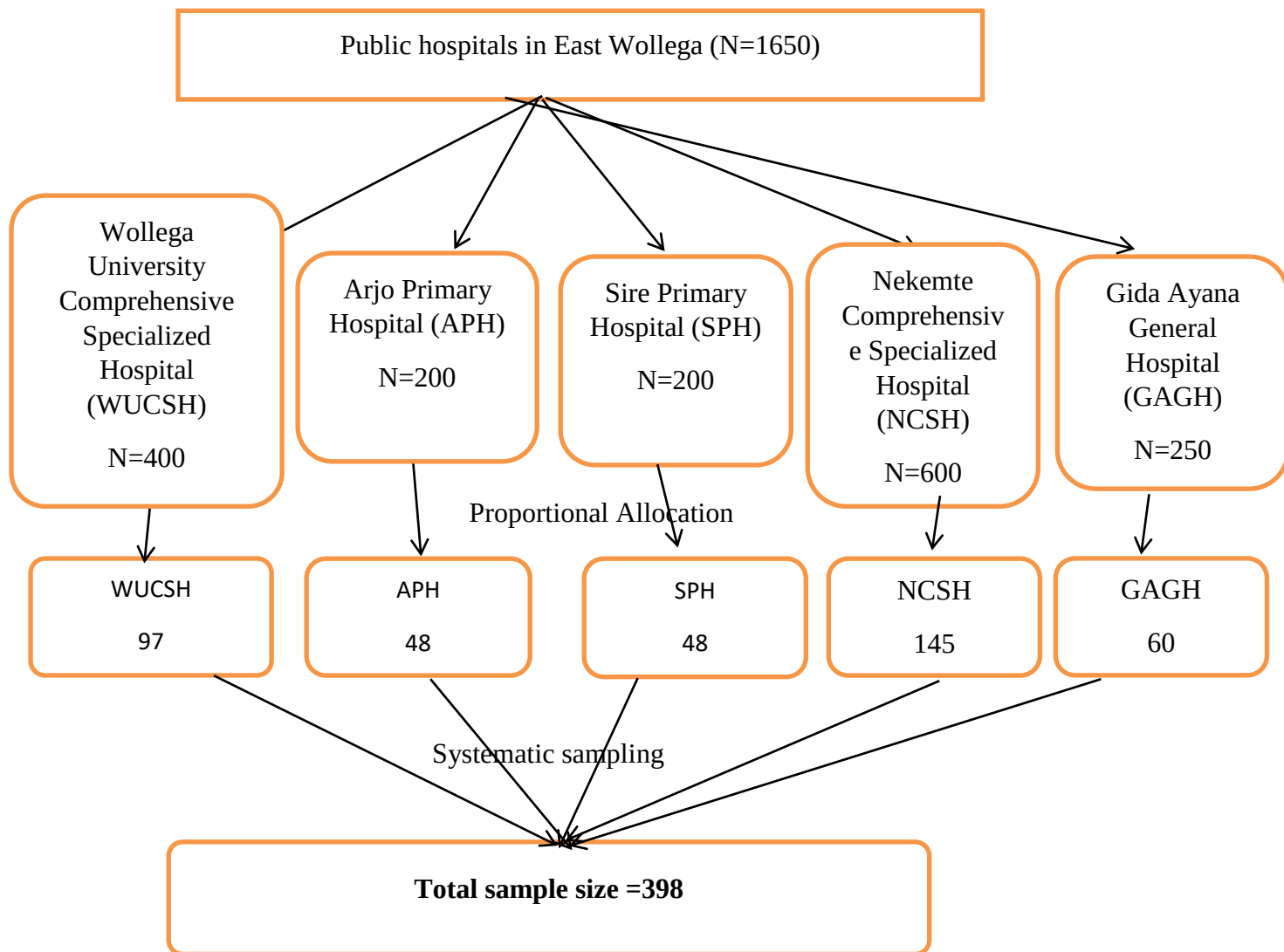


Figure 2. Schematic presentation of sampling procedure in husband involvement in ANC service

For qualitative

The qualitative data collection was done by using semi-structured Afan Oromo interview guide questions, which were primarily prepared in English by the principal investigator based on previous studies and then translated into Afan Oromo by a fluent speaker of the language. The participants were purposively selected to share about husband involvement and thoughts related to ANC service. The interview took place in a quite private room. The interview was facilitated by the principal investigator, and the mean average time taken for the interview was 15 minutes. The interviewer took mobile phone records and field notes. All documents were kept properly, and the computer version of the data was also protected by a password, which was accessed only by the researcher.

4.8. Study variable

4.8.1. Dependent variables

- ✓ Husbands' involvement in ANC service

4.8.2. Independent variables

❖ Socioeconomic characteristics for both wife and husband

- ✓ Wife's related factors (Age, Religion, Educational level, Occupation, Monthly income, Residency, Ethnicity)
- ✓ Husband's related factors (Education, Occupation, knowledge on ANC)

❖ Obstetrical history

- ✓ Gravidity, Parity
- ✓ History of abortion
- ✓ Number of children
- ✓ Pregnancy status
- ✓ Number of ANC contact

❖ Health facility related factors

- ✓ Distance from health facility
- ✓ Type of health facility
- ✓ Transportation

❖ Socio-cultural factors of wife

- ✓ People's attitudes toward husband
- ✓ Attitude of health workers towards who accompanying during ANC

4.9. Operational definition

Antenatal Care: Care provided by skilled health-care professionals to pregnant women and adolescent girls in order to ensure the best health conditions for both mother and baby during pregnancy. **Very good antenatal care** refers to a comprehensive, patient-centered approach that ensures the health and well-being of both the mother and the fetus throughout pregnancy, whereas, **not very good antenatal care** refers to inadequate or substandard practices that may compromise the health of the mother and fetus ([2](#)).

Husband involvement in Antenatal care: Presence of the husband in any one of the antenatal care contacts with his wife ([40](#)).

Attitude of a health worker; refers to a specific, measurable way to assess the beliefs, feelings, and behaviors that health workers exhibit in their professional roles, **A very well and friendly attitude** is characterized by positive, supportive, and respectful interactions between health workers and husbands accompanying their wives for antenatal care, An **unfriendly attitude** is characterized by negative, dismissive, or disrespectful interactions between health workers and husbands accompanying their wives for antenatal care, and **I don't know** attitude reflects uncertainty or lack of knowledge from the health worker regarding the involvement of husbands in antenatal care

Attitude of people toward antenatal care (ANC): **A good and encouraging attitude** reflects a supportive and proactive stance toward antenatal care, characterized by positive beliefs and active engagement, **bad and discouraging attitude** reflects negative beliefs and skepticism about antenatal care, leading to avoidance or criticism of ANC services, and **I don't know attitude** indicates uncertainty or lack of knowledge about antenatal care, reflecting ambivalence or indecision regarding its importance.

4.10. Data collection instrument and procedure

The structured questionnaire both quantitative and qualitative was adapted from different literatures in English ([29,40, 47](#)) then translated to Afan Oromo and translated back to English to maintain its consistency. Two BSc midwife as supervisor along with principal investigator and five BSc Midwife as data collectors was participating in the quantitative data collection process.

Training of data collectors on information about the research purpose, confidentiality of information, respondent's right, informed consent, data collection tools and procedures, and interview methods was conducted for two consecutive days.

4.11. Data quality assurance

Before data collection, 5 % (20 participants) of the sample size was pretested at Gimbi General Hospital the validity of the survey tool was checked. Standardization of the questionnaire and appropriate modifications was made after analyzing the pre-test result before the implementation of actual data collection. Training, close supervision and observation were done throughout the fieldwork, and actual data collection process. In addition, meeting with each member of the team on a daily basis to discuss and evaluate the performance. Supervisor and the principal investigator were made frequent cross check on

the data collection process to ensure the completeness and consistency of the gathered information and errors found during the process was corrected.

For qualitative data

Measures to Confirm Trustworthiness of Qualitative Data

Trustworthiness is a measure of the quality of the research, which entails, Credibility, Transferability, dependability, and conformability. The researcher ensured the credibility of the research through immersion in the field and by using a variety of strategies to collect data, which included interviews, observation, field notes, and reflexive journals. And the interviewer was openly communicating with participants to tell true or credible information about their experience. The researcher presented the strategies and findings at the research forums, and corrections were made based on the recommendations of experts and advisors in research. The researcher ensured transferability by providing a rich description of the demographic of the participants and a description of findings in such a manner that another person can compare it with the findings of other studies. This study used qualitative data to support or validate results from the quantitative studies.

Dependability was ensured by providing a dense description of the research methodology, supported by a literature review and to ensure the dependability of the study information about data collection, time, place, and analysis was provided. Conformability is a criterion for trustworthiness in a qualitative inquiry, which refers to the neutrality of the data and interpretations. To ensure conformability, the entire research process was audited by the study supervisors, advisors, and independent coders who worked closely with the researcher, and the study description was supported by quotations.

4.12. Data processing and analysis

The data was checked, cleaned and entered into Epidata version 3.1.0, then exported to SPSS version 25 for analysis. Incomplete and inconsistent data was excluded from the analysis. Descriptive statistics was used to describe the variables. The results of the descriptive statistics were expressed as frequencies, percentages, median, range, and interquartile range. Bivariable logistic regression was used to determine the association between predictors and outcome variable. It was checked by crude odds ratio and 95% confidence interval. Those independent variables which have p-value < 0.25 were considered for multivariable logistic regression analysis. Also, multicollinearity was checked by using tolerance and Variance Inflation Factor (VIF). Since there was no severe multicollinearity between

independent variables; the result of VIF were between (1.074 - 1.237), and tolerance (0.701 - 0.852) respectively. Lastly Hosmer's and Lemishow goodness of fit test was used to test the model fitness which was 0.862. Adjusted odds ratio with 95% confidence level was used to determine associated factors with husband involvements. In multivariate analysis, AOR with its 95% CI was computed and statistically significant variables are those which have p-value < 0.05.

For qualitative

For qualitative, data analysis was performed by using narrative thematic analysis. An in-depth audio-recorded interview was changed to text and checked for consistency and entered into ATLAS-ti 8.4 software for analysis and grouped into themes then finally the result of qualitative data was presented in narration by methodological findings.

4.13. Ethical consideration

Ethical approval of the research proposal was obtained from Wollega University Institute of health science, research ethical committee was written to each hospital before proceeding to the data collection process. Respondents were given a clarification about the aim of the study and verbal consent was obtained before starting interview. Each wife and husband was informed about the purpose of the study and participation is voluntary and they are free to withdraw consent and discontinue participation at any time. Confidentiality of information and privacy of participants is assured for all the information provided. Before the self-administered questionnaire and recording telephone interview, the objective of the study was verbally clarified for each participant and the participants' questions were answered.

4.14. Plan for dissemination of results

The study findings will be presented and submitted to Wollega University Institute of health science, school of nursing and midwifery, department of nursing. An attempt will be made to present the thesis result in different national and international conferences and workshops and will be sent for publication on scientific journals for the timely dissemination of the study findings to the relevant organizations and stakeholders.

5. Results

5.1 Socio demographic characteristics of the respondents

A total of 398, postpartum women had participated in the study with response rate of 100%. The women's age ranges from 18 to 40 years, with a mean age of 25.94 and (SD of ± 4.95) years respectively. Nearly half of the respondents, 196 (49.2%) were age between 25-34 years old. More than half of the respondents, 222 (55.8%) were protestant. One third of the respondents, 135 (33.9%) were attended college and above. Regarding their occupation, 167 (42%) were housewives. Regarding their residence place, 259(65.1%) of the study participants were urban dwellers (**Table 2**).

Table 2: Socio demographic characteristics of the respondents at public hospitals in East Wollega, west Ethiopia, 2025(n=398)

Variables	Category	Frequency	Percent
Women's Age in years	15-24	175	44
	25-34	196	49.2
	35-49	27	6.8
Total		398	100
Religion	Protestant	222	55.8
	Orthodox	121	30.4
	Muslim	47	11.8
	Catholic	8	2
Total		398	100
Ethnicity of wife	Oromo	352	88.4
	Amhara	29	7.3
	Gurage	5	1.3
	Tigre	12	3.0
Total		398	100
Residence	Urban	259	65.1
	Rural	139	34.9
Total		398	100
Educational status of wife	No formal education	56	14.1
	Elementary	83	20.9
	Secondary	124	31.2
	college or university	135	33.9
Total		398	100
Educational status of husband	No formal education	9	2.3
	Elementary	47	11.8
	Secondary	88	22.1
	college or university	254	63.8
Total		398	100

Occupation of wife	Housewife	167	42.0
	Private business	55	13.8
	Government employed	80	20.1
	Student	96	24.1
Total		398	100
Occupation of husband	Private business	121	30.4
	Government employed	154	38.7
	NGO employed	105	26.4
	Student	18	4.5
Total		398	100
Monthly family Income in Ethiopian birr	≤1000	40	10.1
	1001-5000	244	61.3
	5001-10000	77	19.3
	Above 10000	37	9.3
Total		398	100

5.2. Obstetric Characteristics of the respondents

About two third of the study participants were multigravida 261(65.5%). Among multigravida mothers 92(23.1%) of mothers had history of abortion. With regard to pregnancy intention, majority 352(88.4) of respondents reported that their pregnancy was planned (Table 3)

Table 3: Obstetric characteristics of the respondents at public hospitals in East Wollega, West Ethiopia, 2025(n= 398)

Variables	Category	Frequency	Percent
Gravidity	One	137	34.4
	Two to four	184	46.2
	Above four	77	19.3
Total		398	100
Parity	One	21	5.3
	Two to four	172	43.2
	Above four	68	17.1
Total		261	65.6
Number of alive children	None	3	0.8
	One	21	5.3
	Two and above	237	59.5
Total		261	65.6
Abortion	Yes	92	23.1
	No	169	42.5
Total		261	65.6
Planned pregnancy	Yes	352	88.4
	No	46	11.6
Total		398	100
Number of ANC contact	1-4	283	71.1
	5-8	115	28.9
Total		398	100

5.3. Health system and experience of service for ANC

Majority of respondents, 392 (98.5%) have a health facility service within vicinity. Of these, 211(53.0%) reported that it is a health center, while 126(31.7%) indicated it is a hospital. Most people travel to these facilities using public transport 242 (60.8%), followed by walking 79 (19.8%), and personal cars 46 (11.6%).

Of the 350 respondents, 87.9% reported that they consider the antenatal care services to be very good. Furthermore, 341(85.7%) of respondents noted that health workers have a very well and friendly attitude toward men who accompany their wives to ANC contact. **(Table 4)**

Table 4: Health system and experience of service for ANC of the respondents at public hospitals in East Wollega, west Ethiopia, 2025 (n=398)

Variables	Category	Frequency	Percent
Presence of health facility in your vicinity	Yes	392	98.5
	No	6	1.5
Total		398	100
Means of transport	personal car	46	11.6
	public transport	79	19.8
	Motorbike	29	7.3
	Bicycle	2	.5
	Foot	242	60.8
Total		398	100
Type of health facility	health post	49	12.3
	health center	211	53.0
	Hospital	126	31.7
	private clinic	12	3.0
Total		398	100
Status of ANC	very good	350	87.9
	not very good	48	12.1
Total		398	100
The attitude of health workers towards men who accompany their wives during ANC	very well and friendly	341	85.7
	Unfriendly	16	4.0
	I do not know	41	10.3
Total		398	100
Time required to reach health facility	Less than 30 minutes	87	21.9
	More than 30 minutes	311	78.1
Total		398	100
Presence of bad health facility in the vicinity	Yes	11	2.8
	No	387	97.2
Total		398	100
Attitude of people about men who accompanying with wives	Good and encouraging	352	88.4
	Bad and discouraging	17	4.3
	I do not know	29	7.3
Total		398	100

5.4. Husbands' involvement in Antenatal care services

The result of this study shows that 57.3% [95%CI, 53.4–62.8] of them were attended with their husbands during ANC services. Among pregnant women accompanied by their husbands' majority of them 323(81.2%) were decide jointly with their spouse when they went for ANC services. The reasons raised by participants for absence of husband involvement during ANC service were lack of awareness about male involvement in maternal health care and inhospitable and unreceptive words directed at women and their husbands from skilled health professionals. (Figure)

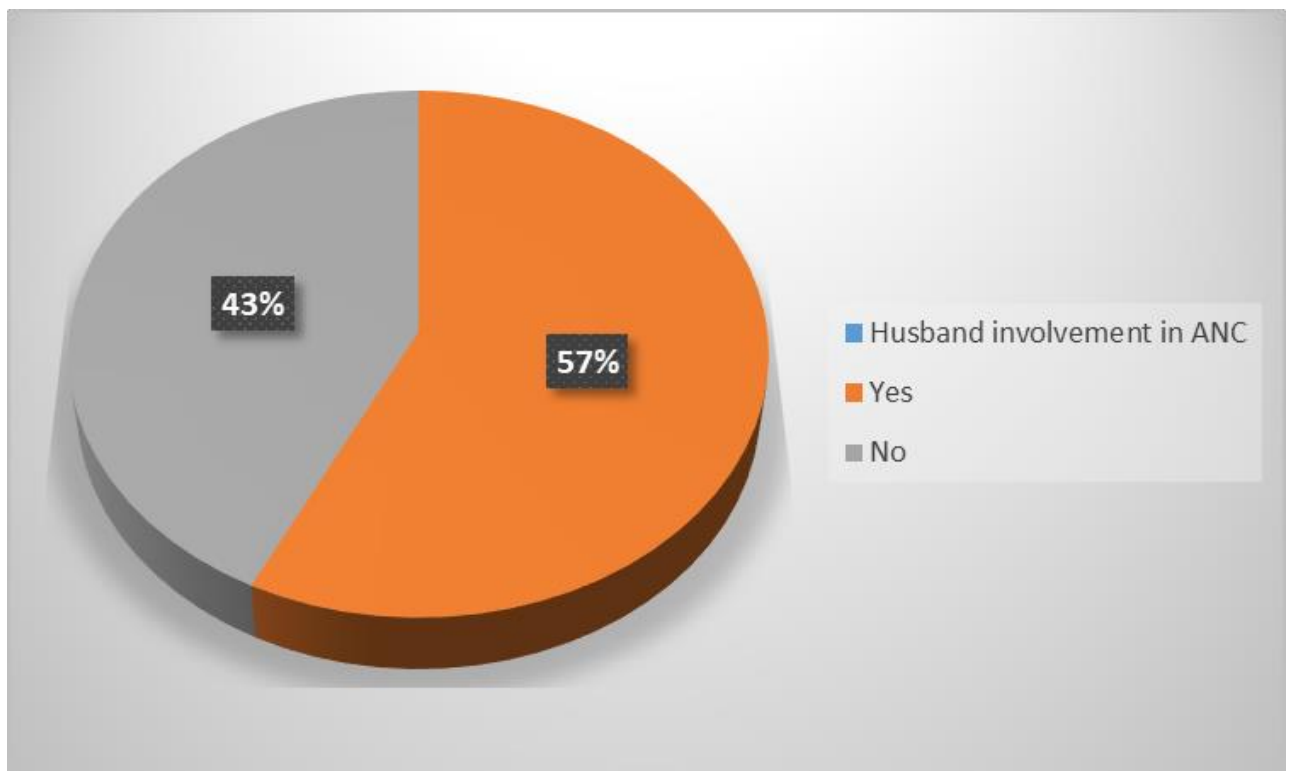


Figure 3: Husbands' involvement in antenatal care at East Wollega Public hospitals, West Ethiopia, 2025

Result from key informant interview

During the key informant interviews, a total of 8 husbands from five hospitals found in East Wollega zone were recruited and actively participated. The mean age of the husbands was 32 years old, about individual's knowledge of ANC service attendances.

Qualitative findings and merged themes

Through the process of data analysis, the utilization of ATLAS-ti 8.4 software revealed the emergence of two main themes, along with three subthemes. The main theme categories were factors related to the knowledge of husbands about ANC service, and Husband's involvement in antenatal care related factors. The subthemes are lack of education about ANC related factors, lack of support from husbands, and negative attitudes from healthcare providers and hospital service

Table 5: Extracted themes and sub-themes

Identified theme and sub-themes	
Themes	Sub-Themes
Knowledge of husbands about ANC service	Lack of education about ANC
Husband's involvement in antenatal care	Lack of support from husbands
	Negative attitudes from healthcare providers and hospital service

Theme one: Knowledge of husbands about ANC service related factors

In the key informant interviews, participants highlighted the crucial influence of husbands' knowledge on antenatal care (ANC) services. This understanding of ANC challenges was identified as a key factor driving greater involvement of husbands in ANC. The awareness that husbands possess regarding antenatal care significantly encourages them to accompany their wives during pregnancy. Nearly all husbands noted that those who are informed about ANC services are more likely to support their partners during this important time.

Subtheme one: Lack of education about ANC related factors

*"... Thirty-four years old **educated** husband stated that: "... many husbands lack awareness on benefits of Antenatal care. This might lead them to believe that Antenatal care is useless and simply wasting time." (P5)*

"... Another 30-year-old man as reported, "I'm always accompanying my wife for ANC at least two or three times during her appointments, but nothing was given to me; so, I often asked health care provider what they told her and what they did for the baby or to her in the room. Still, I don't know what I should do to my wife and baby during pregnancy except buying things to them." (P2)

A 35 years olds reports that, "...the problem of husband involvement in ANC can be solved by educating men about the importance of ANC and the benefits of being involved in their

wife's pregnancy, making ANC services more accessible and affordable for families and creating a welcoming and supportive environment for men at ANC clinics. (P4)

Theme two: Husband's involvement in antenatal care related factors

The data gathered from key informant interviews conducted by husbands highlights several factors related to antenatal care (ANC) services that impact maternal and neonatal health. These factors include a lack of support from husbands, and negative attitudes from healthcare providers and hospital service. These findings underscore the challenges husbands' face that significantly affect their ability to accompany their wives during ANC visits.

Subtheme one: Lack of support from husbands related factors

A 42-year-old man reported, "... Women who have supportive partners during pregnancy have healthy pregnancies and babies. However, due to different reasons we are not taking part in ANC service given during pregnancy." In addition, he stated that, "many husbands have no information on the importance and they considered as shameful for a husband to accompany his wife to antenatal care appointments". (P8)

A 25 years old said that, "... as to me all husbands should share experience from fathers who have been through pregnancy and accompanied their wife during ANC and they should have to there for their wife and let her know that they love and support her." He also added, "Encouraging men to accompany their wives to their ANC appointments brings improvements on husband participation." (P3)

"...A 34 years old man also recommends, "Partnering with community leaders and organizations can improve husband involvements in ANC service." (P5)

Subtheme two: Negative attitudes from healthcare providers and hospital service

A 33 years old husband reported as "... health care providers ignored our questions and they think our presence with our wives have no importance." In addition, "Healthcare providers should not provide us with information about pregnancy, childbirth, and their role as partners and fathers and all these behaviors discouraged us from accompanying our wives to ANC appointments." (P7)

They stated that "... Many husbands' belief that pregnancy and childbirth are private matters for women and they think that it is not expected for men to be involved in their wives'

pregnancies”, “In addition, many men have demanding work schedules that make it difficult to take time off to accompany their wives for ANC appointments, health service managers and health workers can do a number of things to encourage male involvement in ANC services to avert the problems.” (P2) (P6) (P5) (P8) (P3)

5.5. Factors associated with husbands’ involvement in antenatal care

Bivariable logistic regression analysis was carried out to examine the associations between each of the independent variables and outcome variables separately at 95% confidence intervals of each independent variable with the outcome variable and those variables showed association with outcome variables at $p < 0.25$ in the bivariable analysis were selected as candidate variables for multivariable logistic regression analysis. The multivariable logistic regression analysis was used by taking all these factors into account simultaneously while controlling for the confounding aspects of the other variables.

Those variables selected for multi variable logistic regression analysis were age of wife, residence, wife’s education status, wife’s occupation, history of miscarriage, pregnancy intention, mode of transportation, condition of ANC services provided in the health unit, attitude of health workers towards men who accompany their wives and people’s attitudes toward men who attend with their wives for ANC.

The current study shows that education level was found to have statistically significant association with husband involvement during Antenatal care. Wife’s of those who completed college and above were found to be 1.04 times more likely to have husband involvement during ANC than no formal education [AOR= 1.04, 95% CI (0.06-4.36)]. Place of residence was found to have statistically significant association with involvement of husband during ANC. Those women who live in urban were 5.73 times more likely to have husband involvement as compared with those women who live in rural [AOR=5.73, 95% CI (3.08, 14.90)].

In addition, women who planned the pregnancy prior on conception were 2.87 times more likely to have husband involvement during ANC compared with those women who did not plan the pregnancy [AOR= 2.87, 95% CI (1.71-5.11)]

Mode of transport was found to have statistically significant association with involvement of husband during ANC. Those women who get access to public transport were 3.56 times more likely to have husband involvement as compared with those women who travel on foot

[AOR=3.56, 95% CI = (2.39-8.29)]. Similarly, those couples who have personal car were 12.15 times more likely to have husband involvement as compared with those women who travel on foot [AOR=12.15, 95% CI = (2.19-18.08)].

Health workers' attitudes towards husbands' involvement in antenatal care (ANC) were 4.82 times more positive among those who had a strong and friendly relationship with their partners compared to those with a less friendly relationship [AOR= 4.82,95% CI (2.56-8.76)].

People's attitudes toward husbands' involvement in antenatal care (ANC) were 5.3 times more positive among those who had a good and encouraging relationship with their wives regarding ANC than those who hadn't [AOR= 3.12, 95% CI (1.89-10.96)]. **(Table 6)**

Table 6: Bivariable and multivariable analysis of associated factors related to husband involvement in antenatal care at public hospitals in East Wollega, Ethiopia, 2025

Variables	Category	Husband involvement		Odd ratio (95 % CI)		P-Value
		Yes	No	COR	AOR	
Age of wife	15-24	133(51.2%)	42(30.4%)	2.60(1.14-5.95)*	11.12 (0.72-15.32)	0.19
	25-34	121(46.5%)	75(54.3%)	1.71(0.76-3.84)	5.64 (0.82-8.94)	0.17
	35-49	6(2.3%)	21(15.2%)	1	1	
Place of residence	Urban	179(82.1%)	80(44.4%)	1.94(1.26-2.98)*	5.73 (3.08-14.90)*	0.001*
	Rural	39(17.9%)	100(37.5%)	1	1	
Wife's Education	No formal education	15(5.8%)	41(29.7%)	1	1	
	Primary	55(21.2%)	28(20.3%)	2.19(1.09-4.41)*	0.18 (0.07-4.03)	0.11
	Secondary	90(34.6%)	34(24.6%)	2.54(1.32-4.89)*	0.13 (0.119-7.15)	0.08
	college & above	35(25.4%)	100(38.5%)	2.46(1.295-4.68)*	1.04 (0.06-4.36)	0.003*
Occupation of wife	gov't employed	62(23.8%)	18(13.0%)	0.485(.278-.846)*	1.14 (0.48-5.60)	0.37
	Housewife	87(33.5%)	80(58.0%)	0.632(.307-1.301)	0.36 (0.20-6.36)	0.32
	private business	39(15.0%)	16(11.6%)	1.235(.609-2.506)	0.81 (0.22-7.48)	0.78
	Student	72(27.7%)	24(17.4%)	1	1	
History of miscarriage	Yes	44(27.2%)	48(48.5%)	1	1	
	No	118(72.8%)	51(51.5%)	2.027(1.19-3.44)*	0.39(0.17-7.12)	0.08
Planned pregnancy	Yes	249(92.2%)	103(80.5%)	2.878(1.542-5.37)*	2.87 (1.71-5.11)	0.001*
	No	21(7.8%)	25(19.5%)	1	1	

Mode of transport	Foot	174(66.9%)	68(49.3%)	1	1	
	Public transport	33(12.7%)	46(33.3%)	2.793(1.653-4.72)*	3.56(2.39-8.29)	0.001*
	Motorbike	15(5.8%)	16(11.6%)	1.262(0.537-2.967)	2.72(0.49-3.09)	0.66
	Personal car	8(5.8%)	38(14.6%)	4.87(2.019-11.755)*	12.15 (2.19-18.08)	0.001*
ANC services provided in the health unit	very good	245(94.2%)	105(76.1%)	2.147(1.166-3.95)*	5.1(0.65-7.57)	0.47
	not very good	15(5.8%)	33(23.9%)	1	1	
Attitude of health workers towards husband involvement in ANC	very well and friendly	241(92.7%)	100(72.5%)	4.82(1.983-7.57)*	4.82(2.56-8.76)	0.001*
	Unfriendly	19(7.3%)	38(27.5%)	1	1	
people's attitudes toward men who attend with their wives for ANC	good and encouraging	246(94.6%)	106(76.8%)	5.30 (2.345-6.23)*	5.3(1.89-10.96)	0.008*
	bad and discouraging	14(5.3%)	32(23.2%)	1		

6. Discussion

The present study pointed out that overall prevalence of husband involvement in antenatal care was found to be 57.3% [95% CI, 53.4–62.8]. This figure is in line with the study done in Ambo town (59.9) ([36](#)) and Debre Berhan town (62.5) ([40](#)). The similarity could be due to the percentage of the study participants were attended secondary education and above. However, the current finding is higher than study conducted in Sub Saharan Africa (45.7%) ([11](#)), Rwanda (29%) ([38](#)), Kenya (40%) ([31](#)), Bale (41.4%) ([43](#)), Sidama (46 %) , Wolaita Sodo (30.9%) ([41](#)), Harari (19.7%) ([10](#)) and Northwest part of Ethiopia (31.8%) ([39](#)). This discrepancy could be due to study period, sample size, increased women awareness level, participant residence in urban and educated study participants.

However, this result is slightly lower than study done in Tanzania (69%) ([29](#)), Afghanistan (69.4) ([48](#)) and Ghana (67.2) ([14](#)). The difference could be due to socio-demographic status of respondent, health care facility seeking and sample size variation.

Those women who live in urban were 5.73 times more likely to have husband involvement as compared with those women who live in rural. This finding is supported with existing

evidence from Ethiopia ([49](#)), Indonesia ([44](#)) and Bangladesh ([50](#)). The possible explanation is urban areas have often better access to healthcare facilities and information movement, which can educate husbands about the importance of antenatal care and their role in it.

Women who planned the pregnancy prior on conception were 2.87 times more likely to have husband involvement during Antenatal care compared with those women who did not plan the pregnancy. This finding is supported with study done in Sidama ([49](#)), Kenya ([31](#)) and Bangladesh ([50](#)). This implies couples who plan their pregnancy may be more likely to discuss and prepare for it together, which can lead to greater husband involvement in antenatal care. Qualitative data supports this perspective, with one participant noting that husbands should draw on the experiences of fathers who have gone through pregnancy. They emphasized the importance of accompanying their wives during antenatal care, expressing their love and support to help their partners feel valued and cared for.

Those women who get access to public transport were 3.56 times, and personal car were 12.15 times more likely to have husband involvement as compared with those women who travel on foot. The finding is similar with study reported in Nigeria ([45](#)). This implies that having access to transportation, whether private or public, makes it easier for husband to accompany their wives to antenatal care appointments, and found to have positive association with involvement of husband

Wife those who completed college and above were found to be 1.04 times more likely to be involved during Antenatal care than no formal education. This finding is supported with existing evidence from Indonesia ([44](#)), Northwest Ethiopia ([39](#)), Debre Berhan ([40](#)), Nigeria ([45](#)) and Kenya ([31](#)). This implies that education has a crucial role in improving one's knowledge level on importance of husband involvement during antenatal care.

This finding is supported by the qualitative data, the problem of husband involvement in ANC can be solved by educating husband about the importance of ANC and the benefits of being involved in their wife's pregnancy, making ANC services more accessible and affordable for families and creating a welcoming and supportive environment for husband at ANC clinics. Educated mothers actively prioritize their health during the antenatal care (ANC) period and often invite their husbands to accompany them to each ANC appointment. This perspective is supported by the majority of key informants.

Health workers' attitudes towards men's involvement in antenatal care (ANC) were 4.82 times more positive among those who had a strong and friendly relationship with their partners compared to those with a less friendly relationship. This finding is supported with existing evidence from Ghana([14](#)). This is because when healthcare workers are welcoming, respectful, and intentionally include husband in discussions, it makes husbands feel valued and more at ease attending antenatal care. This, in turn, encourages their presence and active participation of the husband.

This factor is supported by the qualitative data findings, which reveal that negative attitudes among healthcare providers marginalize husbands and perpetuate the notion that pregnancy care is solely a woman's responsibility. This perspective hinders husbands' involvement in antenatal care (ANC) services. Many husbands expressed those unwelcoming and dismissive remarks from skilled health professionals towards both women and their husbands' served as a barrier to their participation in ANC service

People's attitudes toward husbands' involvement in antenatal care (ANC) were 5.3 times more positive among those who had a good and encouraging relationship with their wives regarding ANC than those who hadn't. This finding is supported with study done in Ghana ([14](#)). This may be attributed to positive community attitudes that encourage husbands to view their role not only as financial providers but also as active partners in their wives' health.

Qualitative data supports this finding, with most key informants recommending that partnering with community leaders and organizations can enhance husband involvement in antenatal care (ANC) services. Additionally, husbands who accompany their wives to ANC appointments are positively contributing to their family's health and well-being.

STRENGTH AND LIMITATION OF THE STUDY

Strength of the study

This study employs both quantitative and qualitative methods to provide a comprehensive understanding of husbands' involvement in antenatal care (ANC) services. Additionally, it contributes to the limited research on this topic within the East Wollega zone, by addressing existing knowledge gaps and encouraging further investigation. Lastly, the current study achieved a 100% response rate

Limitation of the Study

The current study has several limitations. First, the findings may not be generalizable to all women who gave birth in rural areas and those who delivered in private healthcare facilities. Second, women or their husbands may have difficulty accurately recalling details of past interactions, which could result in inaccurate data. Third, husbands might respond with answers they believe are socially acceptable rather than providing truthful responses. Lastly, the current study does not include mothers who did not have any antenatal follow-up during their current pregnancy.

7. CONCLUSION AND RECOMMENDATION

7.1. Conclusion

In this study, over half of the husbands participated in accompanying their wives to antenatal care appointments. Significant factors influencing husband involvement in antenatal care included the place of residence, the wife's level of education, whether the pregnancy was planned, the mode of transportation used, the attitude of healthcare workers towards male involvement in ANC, and people's attitudes towards husband who attend ANC with their wives.

7.2. Recommendations

Federal Ministry of health

The reproductive health policy needs to mainstream husband involvement in the routine maternal health care services; and such policies should address husbands' roles and constraints, as well as educational component to sensitize husband to the benefits of their involvement in pregnancy care and outcomes

Hospital managers

- ❖ Involve community leaders and health extension workers in promoting ANC services to build trust and encourage utilization
- ❖ Improve transportation options and reduce travel distances to healthcare facilities. Mobile clinics could be implemented to reach remote areas.
- ❖ Advocate for policies that support maternal health, including financial assistance for low-income families to access healthcare services

Health workers

- ❖ Inviting husbands to attend maternal health care services with their partners
- ❖ Conduct community-based education programs to raise awareness about the importance of regular ANC contacts and dispel myths surrounding maternal health care
- ❖ Raising awareness about husbands' involvement in maternal health care through mass media, religious leaders, and community elders should be done

For researcher

Performing a qualitative analysis and systematic review of husband involvement in antenatal care within the study area

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ANNEX I: ENGLISH VERSION QUESTIONNAIRE
WOLLEGA UNIVERSITY
INSTITUTE OF HEALTH SCIENCES
SCHOOL OF NURSING AND MIDWIFERY
DEPARTMENT OF NURSING

Information Sheet

I....., student in masters of sciences in Maternal and Reproductive Health Nursing at Wollega University, Institute of Health Sciences, School of Nursing and Midwifery, Department of Nursing currently, I will be undertaking research on a topic entitled husband's involvement in antenatal care and associated factor among women who gave birth at public hospitals, East Wollega, Ethiopia. For this study, you will be selected as a participant and before getting your assent or permission of your participation, you need to know all necessary information related to the study. Thus, this information will be detailed as;

Objective: To assess the magnitude of husbands' involvement in Antenatal care services and its associated factors among women who gave birth at public hospitals in East Wollega Zone, Western Ethiopia. 2025.

Significance of the study: The research finding can be an input for concerned policy makers in decision making process around husband involvement in Antenatal care during pregnancy. And also, it serves as an input in the health education program by different organizations so as to keep the community being aware of the importance of husband involvement in Antenatal care during pregnancy.

Participants to be included: All Women who gave birth at East Wollega public hospitals and who are voluntary to participate in the study included.

Confidentiality: All information you give will be kept confidential and won't be accessible to any third party. Your name won't be registered on the question sheet so that you will not be identified.

Risks and Benefits of the study: The study will be carried out by interviewer administered questionnaire. The procedure doesn't bear any physical or psychological trauma.

Furthermore, you will not be forced to respond to the information you do not know. No payment for your participation in the study but participating in the study and giving your information to questions asked will have great input in efforts to improve health of pregnant and delivered mothers.

Assent: Your participation in the study will be totally based on your willingness. You have the right not to participate from the beginning, or stop any time after starting participation. You will not be forced to respond to the question you do not know and you can ask any question whenever you like.

Name of principal investigator (PI): Dawit Dereje Date: _____

Signature _____ Address of PI: Mobile: +251913479256

E- Mail: dawitdereje30@gmail.com

Data Collector Name _____ Date _____ Signature _____

Supervisor Name _____ Date _____ Signature _____

Consent Form

Good morning/afternoon. My name is _____ and I am data collector for research conducted by Dawit Dereje, who is post graduate student at Wollega University, Institute of Health Science, school of Nursing and Midwifery, Department of Nursing on husband's involvement in antenatal care and associated factor among women who gave birth at public hospitals. I would like you to respond to only if you wish to do so. I assure you that the information you provide are will be kept confidential. Your name will be not written on the questionnaire to ensure your confidentiality. Make sure that, there should be no harm caused because you are involved in this study and it may take up to 25 minutes.

You have full right to decline to the interview partly or totally. In case you consent for the interview, I need you to provide me your honest answer to the questions you want to respond as this would help us to come up with genuine conclusions and recommendations that would potentially help Ministry of Health of Ethiopia and health facilities improve these services.

I have fully understood its contents and I have agreed to participate in this research project.

Yes-----

No-----

Thank you for giving us your consent.

Instruction: Circle the code numbers given parallel to the answer you choose and for Questions that you give direct answer, write the answer in the space provided.

1. Socio-demographic and economic Information			
No	Questions	Alternative responses	skip
101	Age	 Years	
102	What is your educational status?	1. Unable to read and write 2. Primary 3. Secondary	
103	What is your occupation?	1. Farmer 2. Government employee 3. Privately owned business	
104	What is your religion?	1. Orthodox 2. Catholic 3. Protestant	
	Where is place of your residence?	1. Urban 2. Rural	
105	What is your ethnicity?	1. Oromo 2. Amhara 3. Gurage 4. Tigray 5. If other specify _____	
106	Household size	-----	
107	How many under 5 year children do you have?	-----	
108	What is your monthly income?	----- ETB.	

2. Obstetrical history			
Serial no	Questions	Alternative responses	Skip
201	How many times in total you became pregnant?	One -----1 2 – 4 -----2 Above 4 -----3	If answer is ‘One’ skip to Q.203
202	Have you ever had history of miscarriage?	Yes-----1 No-----2	
203	How many times in total you gave birth?	one-----1 1-----2 ≥2-----3	
204	How many children do you have?	None-----1 1-2 children-----2 >2children and above---3	
205	Was the pregnancy planned?	Yes-----1 No-----2	
206	How many ANC contacts have you received? (In number)		

3. Husband involvement in Antenatal care			
301	When you went for ANC contact, are you decided jointly with your husband?	1. Yes> 2. No	skin If yes skip to 303
302	If not, who made the final decision?	1. The wife 2. The husband 3. Relatives	
303	Has your husband ever attended ANC clinic with you?	1. Yes 2. No	If yes skip to 305
304	Why did not attend ANC with you?	_____	
305	Was he attend the health information with you at health facility?	1. Yes 2. No -----	If yes skip to 307
306	Why did not attend the health information?		
307	Does he ever received an invitation from a health worker to attend ANC issues with you ?	1. Yes 2. No	
308	What do you recommend the health managers to do to encourage men to be more involved in the ANC services?		

4. Health system and experience of service for ANC			
401	Is there health facility in your vicinity?	1. Yes 2. No	
402	If yes, how far is it?	_____Km or_____walking hours	
403	What type of health facility is it?	1. Health post 2. Health center 3. Hospital 4. Private clinic 5. Other specify	
404	What is the condition of ANC services provided in the health unit nearest to your home?	1. Very good 2. Not very good	If 1 skip to 406
405	If say 'not very good', why do you say so?		
406	How do you find the attitude of health workers towards men who accompany their wives to hospital to seek care?	1. They attend to us very well and friendly 2. They are unfriendly 3. I don't know	
407	How long you spend in the health facility when you goes for ANC?	1. Less than 30 minutes 2. More than 30 minutes	
408	Have you had of bad practices going on in the health facilities?	1. Yes 2. No ----->	If No skip to 410
409	If 'yes' for Q3.14, why do you say so?		
410	What do people talk about men who attend with their wives for ANC?	1. Good and encouraging 2. Bad and discouraging 3. I don't know	

In-depth interview guide for husbands

1. What do you know about ANC?
2. Do men in this area accompany their wife for ANC?
3. What could be the reasons that prevent men to accompany the wife for ANC,
4. What do you suggest that the health service managers and the health workers need to do to encourage male involvement in ANC services?
5. What about you as the men and community members?
6. Why is it that some pregnant women do not attend ANC?
7. What should be done to improve health facility deliveries and attendance of PNC services?

Thank you very much for your time and information

ANNEXII: AFAN OROMO VERSION QUESTIONNARE

Gaaffilee odeeffannoo waa’ee hirmaannaa abbaan manaa hordoffii da’umsa duraa irratti qabuu fi waantoota dhiibbaa geessisan irratti odeeffannoo sassaabuuf qophaa’e.

Waraqaa odeeffannoo

Seensa: akkam jirtu? ani maqaan koo Obboo/Aaddee ----- kanan jedhamu

odeeffannoo qorannoo waa’ee hirmaannaa abbaan manaa hordoffii da’umsa duraa irratti qabuu fi waantoota dhiibbaa geessisan irratti Obboo Daawit Darajjeetiin Yuunibarsiitii Wallaggaatti muummee barnoota Narsiingiitti gaggeeffamaa jiru irratti odeeffannoo isin irraa funaanuufi.

Mata-duree qorannichaa – Hirmaannaa abbaan manaa hordoffii da’umsa duraa irratti qabuu fi waantoota dhiibbaa geessisan.

Kaayyoo qorannichaa –kaayyoon qorannoo kanaa Hirmaannaa abbaan manaa hordoffii da’umsa duraa irratti qabuu fi waantoota dhiibbaa geessisan qorachuudha.

Adeemsa qorannichaa fi yeroo inni fudhatu – Hirmaattuu qorannoo kanaa kan taate, carraatiin filatamteeti. Gaaffileen qorannoo kanaaf qophaa’an 33 yoo ta’an yeroon inni fudhachuu danda’u immoo daqiiqaa 25 kan hin caalleedha.

Miidhaa qorannichi geessisuu danda’u – Qorannoo kana keessatti hirmaachuu keen walqabatee yeroo kee muraasa fudhachuu irraan kan hafe, miidhaan inni sirraan gahu tokko illee hin jiru.

Faayidaa qorannichaa – Qorannoo kana irratti hirmaachuu keetin faayidaan kaflatti ati argattu hin jiru, garuu odeeffannoon ati nuuf laattu rakkoolee haadholii ulfaa gargaarsa abbaa manaa dhabuun isaan mudachuu danda’an ittisuuf gargaara.

Iccittii – Iccitiin odeeffannoo ati nuuf laattuu eegamaadha akkasumas waraqaa gaaffii irrattis ta’ee unka walii galtee irratti maqaan kee hin katabamu.

Mirga – Qorannicha irratti hirmaachuu fi dhiisuun guutummaatti fedhii kee irratti kan hundaa’eedha. Akkasumas mirgi qorannicha irratti hirmaachuu dhiisuu yookin yeroo barbaadetti addaan kutuu danda’uu kee eegamaadha. Haa ta’u malee hirmaannaan kee fiixan bayii’nsa qorannoo kanaatif daran murteessaadha

Qunnamtii – Adeemsa fi waa’ee qorannichaa irratti gaaffii yoo qabaattan abbaa qorannoo kanaa kan ta’e Obboo Daawit Darajjee karaa lakkofsa bilbilaa: +251913479256 yookiin E-Mail: dawitdereje30@gmail.com Kanaan argachuu ni dandeessuu.

Unka Walii galtee

Wantoota armaan olitti ibsaman kana dubbisee yookin Afaan ani hubachuu danda’uun naaf dubbifamee jira.

Qarannoo kana irratti hirmaachuuf fedhii qabdaa?

a) Eeyyee (itti fufi)

b) Lakki(irra darbi)

Mallattoo nama odeeffannoo funaanee_____ guyyaa_____

Maqaa dhaabbata fayyaa _____

1. Odeeffannoo haala hawaasummaa fi dinagdee ilaalchisee			
T/L	Gaaffilee	Deebii fi koodii	Irra darbi
101	Umriin	_____waggaadhan	
102	Sadarkaa barnootaa	1. Barnoota idilee kan hin qabne 2. Barnoota sadarkaa 1ffaa 3. Barnoota sadarkaa 2ffaa 4. Dippiloomaa fi isaa ol	
103	Hojiin kee maali?	1. Haadha manaa 2. Daldaaltuu 3. Hojjattuu mootummaa 4. Hojii dhuunfaa 5. Barattuu 6. Kan biroo(ibsi)___	
104	Amantaa	1. Pirotestaantii 2. Ortodoksii 3. Musliima 4. Kaatolikii 5. Kan biroo(ibsi)_____	
105	Bakka jireenyaa	1. Magaalaa 2. Baadiyyaa	
106	Sabummaa	1. Oromoo 2. Amaara 3. Tigree 4. Guraage 5. Kan biroo(ibsi)_____	
107	Baay'ina maatii	_____	
108	Daa'imman waggaa 5 gadii meeqa qabdu	_____	
109	Galiin dimshaashaa maatii kee ji'aatti meeqa?	Qarshii _____	

1. Odeeffannoo waa'ee ulfaa, da'uumsaa			
T/L	Gaaffilee	Deebii fi koodii	Irra darbi
201	Si'a meeqa ulfoofte	1. Tokko 2. Lam-afurii 3. Afurii ol	Yoo 1 ta'e 203 tti darbi
202	Ulfi sirraa ba'ee beekaa?	1. Eyyee 2. Lakki	
203	Meeqa deesse	1. Tokko 2. Lam-afurii 3. Afurii ol	
204	Ijoollee meeqa qabda	1. Homaa 2. Tokko 3. Lamaa ol	
205	Ulfi kun karooraan ture	1. Eyyee 2. Lakki	
206	Yeroo meeqa hordoffii ulfaa godhatte	_____	

3. Odeeffannoo waa'ee hirmaannaa abbaan manaa hordoffii da'umsa duraa keessatti qabu			
T/L	Gaaffilee	Deebii fi koodii	Irra darbi
301	Yeroo hordoffii da'umsa duraa godhachuuf deemtu abbaa manaa kee faana mari'attanii murteessituu	1.Eyyee 2. Lakki	Yoo eyyee ta'e 303 tti darbi
302	Yoo lakkii ta'e murtoo dhumaa eenyutu kenna	1.Haadha manaa 2. Abbaa manaa 3. Fira	
303	Abbaan manaa kee sifaana bakka ati hordoffii da'umsa duraa itti godhattu deemee beekaa	1.Eyyee 2. Lakki	Yoo eyyee ta'e 305 tti darbi
304	Maaliif si wajjin hordoffii da'umsa duraa hin deemne		
305	Abbaan manaa kee barnoota fayyaa dhaabbilee fayyaatti kennaman si wajjin hordofee beekaa	1.Eyyee 2. Lakki	Yoo eyyee ta'e 307 tti darbi
306	Barnoota kennamu yoo hin hordofne ta'e maaliif		
307	Abbaan manaa kee hordoffii da'umsa duraa si wajjin hirmaatu ogeessonna fayyaa afeerraa godhaniifi beekuu	1.Eyyee 2. Lakki	
308	Hirmaannaa abbaan manaa hordoffii da'umsa duraa keessatti qabu akka foyya'uuf hooggantonni fayyaa maal gochuu qabu jetta	_____ _____ _____	

1. Odeeffannoo waa'ee dhaabbata fayyaa fi tajaajila hordoffii da'umsa duraa			
T/L	Gaaffilee	Deebii fi koodii	Irra darbi
401	Dhaabbanni fayyaa naannoo keessan jiraa	1.Eyyee 2. Lakki	
402	Yoo jira ta'e hangam isinirraa fagaata	KM_____ykn deemsa sa'aatii_____	
403	Dhaabbanni fayyaa naannoo keesaanitti argamu gosa akkamiiti?	1. kella fayyaa 2. Buufata fayyaa 3. Hospitaala 4. kilinika dhuunfaa 5. kan bira (ibsi)_____	
404	Haalli keenninsa ajaajila hordoffii da'umsa duraa dhaabbata fayyaa isinitti dhiyoon kennamu maal fakkaata?	1. Baay'ee gaariidha 2. Baay'ee gaarii miti	
405	Baay'ee gaarii miti yoo jette maaliif kana jette	_____ _____	
406	Ilaalchi ogeessanni fayyaa abbaa manaa tajaajila da'umsa duraa keessatti hirmaatuuf qaban maal fakkaata?	1.Akka gaariitti keessummeessu 2. Ilaalcha gaarii hin qaban 3. hin beeku	
407	Yommuu tajaajila da'umsa duraaf dhaabbata fayyaa deemtu achitti yeroo hangam dabarsita		
408	Shaakalli hin taane yommuu dhaabbata fayyaa kana keessatti raawwatamu argitee beektaa?	1.Eyyee 2. Lakki	
409	Eyyee yoo jette maaliif kana jette?	_____	
410	Abbaa manaa tajaajila da'umsa duraa haadha manaa isaanii wajjin hirmaataniif namoonni ilaalcha akkamii qabu?	1.Gaariidha, ni jajjabeessu 2. Badaa dha, hamilee cabsu 3. Hin beeku	

Qajeelfama af-gaaffii gadi fageenya qabu abbootii warraatiif

1. Waa'ee Taajila da'umsa duraa maal beektu?
2. Dhiironni naannoo kanaa Taajila da'umsa duraatiif haadha warraa isaanii waliin deemuu?
3. Sababoonni dhiironni Taajila da'umsa duraatiif haadha manaa waliin akka hin deemne dhorkan maal ta'uu danda'u, .
4. Hoggantoonni tajaajila fayyaa fi hojjettoonni fayyaa tajaajila da'umsa duraa keessatti hirmaannaa dhiiraa jajjabeessuuf maal gochuu akka qaban yaada kennitu?
5. Akka dhiirotaa fi miseensota hawaasaatti hoo?
6. Dubartoonni ulfaa tokko tokko maaliif Taajila da'umsa duraatiif irratti hin hirmaanne?
7. Kenniinsa dhaabbilee fayyaa fi argama tajaajila Taajila da'umsa boodaa fooyyessuuf maaltu hojjetamuu qaba?

Yeroo fi odeeffannoo nuuf kennitaniif hedduu galatoomaa