HAWASSA UNIVERSITY

COLLEGE OF SOCIAL SCIENCES AND HUMANITIES

DEPARTMENT OF JOURNALISM AND COMMUNICATION

THE PRACTICE AND CHALLENGES OF HEALTH COMMUNICATION AT HAWASSA UNIVERSITY COMPREHENSIVE SPECIALIZED HOSPITAL: REPRODUCTIVE HEALTH IN FOCUS

MA. THESIS

BY: MEDANIT BERISO

ADVISOR: MELISEW DEJENE (PhD, ASSOCT.PROF.)

A THESIS SUBMITTED TO THE DEPARTMENT OF JOURNALISM AND COMMUNICATION

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF ARTS IN JOURNALISM AND MASS COMMUNICATION

MAY, 2024

HAWASSA, ETHIOPIA

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Department of Graduate Studies

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The Practice and Challenges of Health Communication at Hawassa Comprehensive Specialized Hospital: Reproductive Health in Focus

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I, the undersigned, declare that this thesis is my original work and has not been presented for degree in any other University and that all sources of materials used for this thesis have been duly acknowledged

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Table content

List of Acronyms

WHO	World Health Organization
RH	Reproductive Health
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infections
NGOs	Non-Governmental Organizations
HIV	Human Immune Virus
U S	United state
HUCSH	Hawassa university comprehensive specialized hospital
E.C	Ethiopian calendar
ITNs	insecticide-treated nets

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ABSTRACT

Effective health communication plays a crucial role in promoting reproductive health outcomes, particularly in hospital settings. This study investigates the practice and challenges of health communication within Hawassa University Comprehensive Specialized Hospital, focusing on reproductive health. It examines what kind of communication strategies have been employed in the hospital and whether the communication strategies were effective in promoting and creating awareness about reproductive health. The study employed a mixed-methods approach, including surveys, interviews, and observations, and subjects were selected from the study population using purposive sampling techniques and by setting inclusion and exclusion criteria. Data was collected from healthcare providers, administrators, and clients. A total of 266 clients seeking reproductive health services participated in the survey; 12 clients, 7 health providers, and 2 administrative staff participated in the interview. The findings highlight both positive aspects and challenges in health communication practices, including the implementation of client-centered communication strategies, patient education initiatives, and the integration of cultural sensitivity. However, significant challenges, such as the use of various communication channels, language barriers, limited resources, and inadequate training for healthcare providers, were identified. The study underscores the importance of addressing these challenges to enhance the effectiveness of health communication strategies and ultimately improve reproductive health outcomes in hospital settings. Recommendations are provided for policymakers, hospital administrators, and healthcare providers to optimize health communication practices and overcome existing challenges.

Key words: reproductive health, health communication, strategy,

CHAPTER ONE

1. INTRODUCTION

1.1 Background

Reproductive health is defined by different organizations, including the WHO. The World Health Organization (2004) working definition of reproductive health explains sexual and reproductive health issues as experiences around pregnancy and parenthood, sexuality and relationships, abortion, STIs, HIV/AIDS, condom use, sexual partner, family planning services including infertility and contraception, etc. The Constitution of the WHO (2002) also defines reproductive health as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity in all matters relating to the reproductive system and its functions and processes.

In addition, different scholars also give many definitions for reproductive health. According to those scholars, Fahimi and Ashford (2008) state a broad concept of reproductive health as encompassing health and well-being in matters related to sexual relations, pregnancies, and births. They also state that reproductive health is the most intimate and private aspect of people's lives. Other scholars, Mahmoud F. Fathalla (1988), stated that reproductive health is, apart from the absence of disease or infirmity, people have the ability to reproduce, to regulate their fertility, and to practice and enjoy sexual relationships. This further implies that reproduction is carried out to a successful outcome through infant and child survival, growth, and healthy development. Reproductive health is an integrated concept. According to Fathalla, various elements of reproductive health are strongly interrelated. Improvements in one element can result in potential improvements in other elements. Similarly, a lack of improvement in one element can hinder the progress of the other elements.

From the above definition, we can easily understand that reproductive health is a critical aspect of overall health and well-being, and addressing reproductive health issues is essential for the development and prosperity of a society.

In this regard, raising awareness about reproductive health is crucial, and effective health communication plays a vital role at all levels in addressing these issues. Health communication has been identified as an important tool for increasing awareness, knowledge, and understanding of the disease, its transmission, and prevention methods among the

affected population Joshi (2013). Moreover, many studies show that current reproductive health issues have become a national agenda for many countries. As an example in East Africa, both Kenya and Ethiopia have recognized the importance of health communication strategies in improving public health outcomes.

In Kenya, from 2010 to 2012, the government implemented planned health communication strategies to effectively communicate with patients. This demonstrates a commitment to addressing communication barriers in healthcare. Similarly, in Ethiopia, the government has prioritized health communication efforts, such as including health communication strategies in the Millennium Development Goals agenda. Specifically, from 2016 to 2020, the government focused on reducing communication challenges related to reproductive health among women, men, and youths FDRE Ministry of Health (2017). These coordinated efforts by different governments highlight the significance placed on health communication as a critical component of overall public health initiatives in the region.

However, addressing reproductive health issues requires a multifaceted approach that goes beyond coordinated efforts. There are challenges to ensuring reproductive health communication in society. These include the wrong attitudes of society toward different reproductive methods (condom usage, contraceptive methods, and family planning), the wrong interpretation of biblical words toward the issue, etc. Especially in the Ethiopian context, communicating about reproductive health is considered a boundary (ill-mannered).

Therefore, it is crucial to include health communication into considerations with regards to reproductive health issues because, despite these contributions, gaps remain in our understanding of the practice and challenges of health communication in the field of reproductive health. Key areas for further exploration include the effectiveness of communication strategies in addressing vaccine hesitancy, combating misinformation, and promoting evidence-based reproductive health practices. Additionally, there is a need for innovative approaches to engage diverse stakeholders, including adolescents, parents, healthcare providers, policymakers, and community leaders, in collaborative efforts to improve reproductive health outcomes.

This research aims to address these gaps by examining the practice and challenges of health communication at Hawassa university comprehensive specialized hospital, with a specific focus on reproductive health. By conducting a comprehensive assessment of communication practices, barriers, and opportunities within the hospital setting, this study seeks to inform the

development of tailored interventions and strategies to enhance reproductive health communication and outcomes. Through a multi-disciplinary approach that integrates insights from communication theory, public health, and healthcare delivery, this research endeavors to contribute to the promotion of reproductive health issues.

1.2. Statements of the problem

Health communication is the art and technique of informing, influencing, and motivating individual, institutional and public audiences about important health issues Schiavo (2007). From this definition we can understand that the society needs to know about the health issues in general and reproductive health in particular. Health communication also plays a critical role in ensuring effective delivery of healthcare services, particularly in addressing reproductive health issues.

As its importance health communication is not effective in addressing reproductive health issues in Africa especially in sub-Saharan countries including Ethiopia. As the study done by Dr Felix Bongomin and Dr. Ella August, Women in Sub-Saharan Africa face significant challenges, including high fertility rates, highly prevalent HIV infection rates, increased risk of maternal and infant mortality, and a substantial unmet need for contraception. In addition to that, Africa comprises about one tenth of the world's population and contributes 20% of births worldwide, almost half of mothers who die during pregnancy and childbirth are African. These numbers are even more annoying given that the Sub-Saharan African region has the highest proportion of residents aged 10 – 24 years and the highest number of births to females aged 15-19 years. So applying health communication is essential for resolving this issue.

Effective health communication is a backbone for public health as well as health professionals and also for patients in different levels. But Health communication is not always effective because of various factors. Some the factors are language barrier, personal behavior, information overload, the medium, emotional distractions, cultural barriers, gender barriers are some of them. So in our country case, we have so many communication barriers. Among the barriers culture is one of the hindering things in reproductive health communication. On the other hand, a different culture in Ethiopia believes that speaking about reproductive health is considered as a taboo in society.

This kind of norm in society creates difficulty to the professionals who are in the field. Not only the society even the professionals are not free to discuss about reproductive health

because of social values and norms, If both side (professionals and clients) have a problem to communicate about reproductive health, so the main aim of the research is to address this problems. The other communication barrier is related with gender and age, in gender case our society associates the issues of reproductive health with women and that is one of miss understanding regarding the issue. When we come to age, as a country we have a huge number of young age populations but there is knowledge gap or lack of awareness about reproductive health within this age class. This gap of knowledge in this age group costs country a lot.

Also language is one of the barriers which count more than others. The community of Hawassa is mixed and Hawassa University referral hospital serves different societies within the city and from neighboring zones, such as Shashemene, Halaba, Hosana, Kambata, and around Wolayita. The patient from those zones comes with different languages. So to serve this all-diverse society effective communication is essential at all levels. For that matter, health communication faces those barriers at the country level in general and in Hawassa in particular.

Numerous research studies have explored about health communication, both globally and locally. To give an example from international researches the study conducted by Babalola Stella (2008) on "Health Communication and Family Planning in Nigeria." This study focused on understanding the role of health communication in promoting family planning in Nigeria. And also other researcher Roberts H, Seymour (2017) conducted research on "Digital Health Communication and Global Public Influence: A Study of the Ebola Epidemic." This study examines the role of digital health communication in shaping public perceptions and responses during the Ebola epidemic, highlighting the importance of timely and accurate information dissemination.

In other hand from local research, the studies like Solomon Zewdu (2001) in Assessment of Adolescent Parent Communication Concerning Sexual and Reproductive Health addresses the problem of reproductive health communication of adolescent with their parents. The other research conducted by Yimer Hotesa (2012) Reproductive Health Needs and Service Utilization among youth in Bule Hora town southern Oromia, Ethiopia. Both researches are conducted from health department and it focused on medical issues not in communication side. And also other study conducted by Assefa Amaje (2019) in titled with Health communication strategies in tackling tuberculosis: the case of Sidama zone. This research

focuses on the communication strategies related with tuberculosis, but this study is going to conduct on reproductive health and the issue is sensitive in a family as well as the society.

In this reason there is a research gap in investigating the practice and challenges of health communication in hospital settings in reproductive health in Ethiopia. While there are studies that have explored health communication strategies for reproductive health in Ethiopia, limited attention has been given to evaluating the effectiveness of communication practices in hospital settings. Based on these research gaps this study will try to find out the practice and challenge of health communication at Hawassa University comprehensive specialized hospital specifically toward reproductive health.

1.3. Objective of the Study

1.3.1. General Objectives

The general objective of the study is to explore the practice and challenges of heath communication at Hawassa university comprehensive specialized hospital: Reproductive health in focus.

1.3.2. Specific Objectives

- To identify the nature of health communication strategies employed for promoting reproductive health.
- To evaluate the effectiveness of the hospital's communication efforts in raising awareness about reproductive health.
- To identify the challenges of health communication practice in the hospital.

1.4. Research Questions

- What kind of communication strategies are employed for creating awareness about reproductive health?
- How is reproductive health messages communicated in the hospital?
- What are the challenges of health communication practice in the hospital?

1.5. Significance of the Study

This study is supposed to explore health communication strategies for creating awareness about reproductive health at Hawassa University's comprehensive specialized hospital. Therefore, this study has a great deal of significance for the following parties: It offers valuable insights into the current communication methods employed within the hospital,

enabling the reproductive health department to evaluate their effectiveness and pinpoint areas for enhancement. Moreover, the study serves as a valuable resource for researchers interested in this field and provides actionable findings for professionals and authorities at Hawassa University Comprehensive Specialized Hospital to implement corrective measures. Ultimately, the study's outcomes can benefit broader societies by serving as a catalyst for improved reproductive health practices involving diverse stakeholders.

1.6. Scope of the study

The study aimed to explore the communication dynamics within Hawassa University Comprehensive Specialized Hospital, located in Hawassa, Ethiopia, and how these dynamics influence reproductive health outcomes. It involved the participation of healthcare professionals and clients, who were selected through purposive sampling to ensure a diverse range of perspectives and experiences related to reproductive health communication.

A mixed-methods approach was employed, utilizing qualitative methods such as observations and interviews to gain in-depth insights into communication challenges and practices within the hospital. Additionally, quantitative data was collected through surveys to complement the qualitative findings. Preference was given to clients who could read and write, with interviews conducted for those unable to do so if their information was relevant to the study.

Thematic analysis was utilized to identify patterns and themes within the qualitative data, while statistical analysis was applied to the quantitative data to derive relevant insights. The study adhered to ethical guidelines, ensuring confidentiality and obtaining informed consent from all participants. Approval was obtained from the hospital's ethics committee prior to commencing the research.

It is important to note that the study specifically focused on Hawassa University Comprehensive Specialized Hospital and may not encompass the full spectrum of reproductive health communication challenges across all healthcare settings in Ethiopia. The research was conducted from November, 2016 E.C to May, 2016 E.C.

CHAPTER TWO

2. REVIEW OF RELATED LITERATURES

2.1. Concepts of health communication

2.1.1 Definition

Before we talk about the concept of health communication, it's better to see the broad concept of communication in general. Communication refers to the transmission or exchange of information and implies the sharing of meaning among those who are communicating. Communication serves the purposes of initiating actions, making known needs and requirements, exchanging information, ideas, attitudes, and beliefs, engendering understanding, and/or establishing and maintaining relations U.S. Office of Disease Prevention and Health Promotion, (2004). From this definition of communication, we can understand that communication is categorized based on its purpose. Of those categories of communication, health communication is one of them which are mainly used in the health system. Health communication is about improving health outcomes by encouraging behavior modification and social change. It is increasingly considered an integral part of most public health interventions Bernhardt (2004).

Other scholars McKenzie, Pinger, & Kotecki (2005) stated health communication in different ways. According to those scholars health is derived from hal, meaning 'hal sounds whole'. At this point, the definition of health is varied in type and the most common definition of health is given by WHO (1947). On the other hand, the meaning of health communication is well stated by Schiavo (2007) who highlighted that; Health communication is a multifaceted and multidisciplinary approach to reach different audiences and share health-related information to influence, engage, and support individuals, communities, health professionals, special groups, policymakers, and the public to champion, introduce, adopt, or sustain a behavior, practice, or policy that will ultimately improve health outcomes.

The other definition of health communication is stated by Harrington (2015), who pointed out that health communication is an inquiry into messages that enable one to acquire meanings related to physical, mental, and social status. According to Harrington's definition of health communication, people want to know about their health status by using different communicated messages.

According to Smith and Hornik (2002), Health communication is a process for the development and diffusion of messages to specific audiences to influence their knowledge, attitudes, and beliefs in favor of healthy behavioral choices. In this definition of health communication, health-related messages are important to human beings to protect them from any disease and other non-communicable threats. Health communication enables us to have awareness about health-related information and encourages people to know about their health status. The other point about health communication is levels of communication:

2.1.2. Levels of Health Communication

According to the Centers for Disease Control and Prevention health communication has different levels of impact:

The individual – The individual is the most fundamental target for health-related change since it is individual behaviors that affect health status. Communication can affect the individual's awareness, knowledge, attitudes, self-efficacy, and skills for behavior change. Activity at all other levels ultimately aims to affect and support individual change.

The social network – An individual's relationships and the groups to which an individual belongs can have a significant impact on his or her health. Health communication programs can work to shape the information a group receives and may attempt to change communication patterns or content. Opinion leaders within a network are often a point of entry for health programs.

The organization – Organizations include formal groups with a defined structure, such as associations, clubs, and civic groups; worksites; schools; primary healthcare settings; and retailers. Organizations can carry health messages to their membership, provide support for individual efforts, and make policy changes that enable individual change.

The community – The collective well-being of communities can be fostered by creating structures and policies that support healthy lifestyles and by reducing or eliminating hazards in social and physical environments. Community-level initiatives are planned and led by organizations and institutions that can influence health: schools, worksites, healthcare settings, community groups, and government agencies. Society – Society as a whole has many influences on individual behavior, including norms and values, attitudes and opinions, laws and policies, and the physical, economic, cultural, and information environments.

2.1.3 Characteristics of health communication

Health communication has its unique characteristics, this characteristic reveals by Schiavo (2007) as the following:

2.1.3.1 Audience Centered

Health communication is an ongoing process that starts and ends with the wants and needs of the audience. Health communication practitioners viewed the audience in health communication as more than just a target; they are active participants in the analysis of the health issue and the search for affordable, culturally relevant, and cost-effective solutions. Researching target audiences and other important constituencies is a frequent practice in health communication, as is making an effort to involve them in developing and carrying out essential strategies and initiatives.

2.1.3.2 Research Base

Research is essential thing in health communication. Understanding the intended audience is not the only way to the success of health communication but also practitioners should understand the environmental situation. Health communication aims to create behavioral change in society, so to create change health communication practitioners should research the social norms, key issues, and obstacles in addressing the specific health problem.

2.1.3.2. Multidisciplinary

Health communication is "trans-disciplinary in nature" Bernhardt (2004, p. 2051) and draws on multiple disciplines. Because of its multidisciplinary nature health communication borrows some theoretical concepts from health education, social marketing, and behavioral theories. In addition, health communication cannot depend on one defined theory or model. This nature of health communication enables the audiences to increase their participation and engagement in health issues.

2.1.3.3. Strategic

In a nature health communication needs to show objective or strategic and plan of actions. In health communication all activities needs to be well organized and enough to react on every single or specific audience related needs. Communication strategies must be based on research and its activities must serve the strategies. Therefore, program planners must focuses on selected approach or strategy rather than focusing on press release, brochures and workshops.

2.1.3.4. Process Oriented

Health communication by its behavior is ongoing process, which aims to influence the people and their behavior and it requires constant commitment for health issues and solutions. This is based on a deep understanding of specific audience and their surroundings and aims to construct a common understanding among the audience members about what is potential plan of actions.

In health communication, teaching the target groups about health related issues and the way to solve them is only the beginning step of long term, audience centered process. The process needs theoretical flexibility to serve the desires of interested groups. Health communication uses different mediums and ways to reach their audiences; it's not limited to mass media.

2.1.3.5. Cost-Effective

It's a concept that health communication takes from the commercial world and social marketing. As a non-profit organization cost effective way is very important in competitive environment. Cost-Effective method enables communicators to get solutions for their needs in minimal use of manpower and economic resources. Using Cost-Effective way doesn't mean that reducing the main objectives of health rather using the cheapest way to achieve what we need.

2.1.3.6. Creative in Support of Strategy

Creativity is essential attribute of communicators it enables them to see different angles and choices, styles and mediums to reach the potential audience. Creativity also helps to consider sustainability and cost effective ways by showing different opportunities to health communication intervention. Otherwise even interesting ideas or well-organized communication tools may fail to address behavioral or social changes. For example, giving a brochure to target groups, which contains that how to use insecticide-treated nets (ITNs), makes sense only if they (audience) have already awareness about chain of malaria transmission. So the health communicator's role in here is that finding friendly or familiar tools or ways to the society. Creativity should never be used raise or insert a great idea that is unnecessary to react for actual needs and strategic plans.

In general having the knowledge about the above characteristics of health communication is helping the researcher to understand the practice and challenges of health communication in study area.

2.1.4. The role of health communication in public health

Previously health communication has been used slightly in public health. Know a days, it has been perceived more as a skill than a discipline and confined to the mere dissemination of scientific and medical findings by public health professionals Bernhardt (2004).

Fortunately, most public health organizations and leaders now recognize the role that health communication can play in advancing health outcomes and the general health status of interested populations and special groups Bernhardt (2004). Different scholars states the role of health communication in various ways from those scholars Freimuth (2000) states as the following: - Health communication "links the domains of communication and health" and is increasingly regarded as a science, of great importance in public health, especially in the era of emerging infectious diseases, global threats, bioterrorism, and a new emphasis on a preventive and patient centered approach to health.

Communication is the means by which such information is imparted and shared with others. Put more formally, it is the transfer of information between a source and one or more receivers; a process of sharing meanings, using a set of common rules. Northouse and Northouse (1998)

In other hand Edwards and Hugman (1997, p. 223) identified six core issues that need to be taken into account when planning any health communication:

1. The purpose of the message.
2. The state of mind of the intended recipient(s), including their cognitive abilities and emotional state.
3. The general context or climate in which the message will be received.
4. The medium of communication to be used.
5. Feedback mechanisms to assess the effects of the message.
6. Monitoring and evaluation.

In most situations, healthcare professionals will need to take account of many, if not all, of these factors when planning their communications with patients and others. Therefore this study aims to explore the practice and challenges of health communication towards reproductive health. Reproductive health still remains sensitive issues in our society, so health communication plays important role in creating awareness and helps to empower the society. Community empowerment is community's ability to decide and involve in the world

they live in and particularly in health issues with no predetermined commandments from any side Laverack (2007). Therefore, the communities' ability to participate in all aspects of a community project should be fortified and communities are accountable for taking control of their environment and conscious about heath related information WHO (2003).

2.2. Theoretical Framework of the Study

If we talk about communication, we must first include the approaches of communication. So, according to Dimbleby and Burton (1995), there are three main approaches to be stated at communication studies. They are the process, the semiotics, and the cultural studies approach. But the main aim of this research is not about the approaches; it's about health communication. For that reason, we are going to see the two models which are specified in process approach. The first one is Health Belief Model Rosen stock (1974) and the second one is the Theory of Planned Behavior. Azjen (1988)

2.2.1 .The Health Belief Model

For the first time the model was proposed by Rosen stock (1966). This model was the first analysis of decisions concerning health behaviors that emphasized that such decisions are a function of people's subjective perceptions about a potential health threat and a relevant behavior. The model states that it's about decision making process of people regarding to health issues and the concern or perception of health threat. According to the model, perceived threat motivates people to take action, but beliefs about potential behaviors determine the specific plan of attack. Threat is operationalized in terms of both perceptions of the severity of a particular health problem and perceptions of the person's susceptibility to that health problem. This means that effective health communications need to emphasize both of these factors in order to influence health beliefs.

Relevant beliefs concern the perceived benefits of taking appropriate action as well as any perceived barriers to taking that action. Research has shown, for example, that health behaviors such as eating a healthy diet and taking regular exercise are related to individual beliefs that the health concern is severe, that they are susceptible to it and that the benefits of adopting the health behavior will outweigh any costs Harrison (1992). However, other studies have reported conflicting findings Jenz and Becker (1984).

The primary criticism of the model is that the effects of the model's constructs, in terms of accurately predicting health behaviors, tend to be fairly small Rutter and Quine (2002), and that the model takes a rather static approach to health beliefs and does not sufficiently

consider the temporal dynamic aspects Schwarzer, (1992). Overall, the evidence suggests that although the beliefs specified by the model are prerequisites for preventative health behaviors, other cognitions are likely to be involved in prompting such behaviors.

2.2.2. The Theory of Planned Behavior

Although health beliefs go some way towards helping us to understand when people will change their health behaviors, it is also now recognized that a complete model of health behavior needs to pay more attention to the role of behavioral intentions and actions. The Theory of Planned Behavior Azjen (1988) attempts to link health beliefs directly to behavior. It proposes that intentions should be conceptualized as plans of action in pursuit of behavioral goals.

Intentions result from three factors or beliefs, these being, the attitude towards the behavior, subjective norms (including social norms and pressures) and perceived behavioral control or self-efficacy. According to the model, these three factors predict behavioral intentions, which are then linked to behavior. However, it also acknowledges that perceived behavioral control can have a direct effect on behavior itself. Theory of Planned Behavior can predict a broad array of health behaviors, including exercise, vitamin taking, sunscreen use and contraceptive use. Although the Theory of Planned Behavior has received less criticism than the Health Belief model, some researchers have pointed out that a significant weakness of the model is that, like the Health Belief model, it does not include a temporal element Rutter and Quine (2002). Other critics have argued that the model is too subjective, it neglects important social variables, and it does not specify the relationship between the different health beliefs Schwartzer (1992).

Therefore, this theory can be helpful for the research in order to identify and evaluate the health communication practitioner’s activity weather they having the concept of behavioral change or not.

CHAPTER THREE

3. RESEARCH METHODOLOGY

3.1. Introduction

This section deals with the research design and data collection methods used to answer the research questions. They were explained along with their various steps and procedures, and with the rationale behind employing them in the context of this particular study.

3.2. Description of the Study Area

The study will be conducted at Hawassa University comprehensive specialized Hospital, which is located in Sidama regional state. The hospital established in 1997 E.C, and attached with Hawassa University. Hawassa university comprehensive specialized Hospital is a government hospital that serves the population of Hawassa and extends to include surrounding areas, encompassing roughly 17 million people.

Hawassa is one of the most developed cities in Ethiopia. For this reason, many people come from neighboring cities. The hospital serves those who come from different zones such as, Shashemene, Halaba, Hosana, Kambata, and around Wolayita, this client comes with different languages and backgrounds. Not only are the surroundings of Hawassa diverse, but even the city has a more mixed society than other neighboring cities. The other thing that makes the hospital different is that it is a referral hospital and recently became comprehensive specialized hospital for this reason the hospital receives different cases from near and far zones of the city. In cause of reproductive the hospital gives the following services: per maternal test, pregnancy follow up, post pregnancy checkup, advising and etc.

3.3. Research Design

The main aim of this study is to explore the practice and challenges of health communication at the Hawassa University comprehensive specialized hospital, focusing on reproductive health. This study utilized a cross-sectional study design, which involves analyzing data from a population at a specific point in time.

This design is commonly used to determine the prevalence of health outcomes, identify factors influencing health, and characterize population characteristics. Thomas. M (2001)

Unlike other observational studies, cross-sectional studies do not follow up individuals over time. The other advantages of a cross-sectional research design are that it is usually inexpensive, easy to conduct, and easy to generate hypothesis. In a cross-sectional study, investigators measured the outcomes and exposures of study subjects at the same time.

The cross-sectional research design is well suited for assessing health communication practices at a specific facility or institution. This type of study is commonly used to determine the prevalence of diseases in clinical research, and does not pose significant ethical challenges. Given these factors, the cross-sectional research design is highly compatible with the objectives of this study.

3.4. Research methods

The study utilized a mixed research method to address the proposed research questions, with a focus on providing a detailed description and understanding of the phenomena under investigation. Both quantitative and qualitative data were collected and analyzed in a cohesive manner. The primary justification for selecting the mixed method research strategy for this particular study lies in the fact that integration of both quantitative and qualitative methods allows to come through the respondents objective and interpretive views. This significantly contributes to the interpretation of the study results.

Among the mixed-methods strategies, the exploratory strategy was utilized for the purpose of this particular study. According to Creswell (2017) “exploratory research helps reduce risks associated with embarking on larger-scale studies by providing a preliminary understanding of the topic and identifying potential challenges or limitations” (p. 77). In line with this statement, both the quantitative and qualitative data were collected, and then their implementation was done sequentially. This means that first, quantitative data (such as numerical data) were collected and analyzed. Following this phase, qualitative data (such as textual or descriptive data) were collected and analyzed separately. Integration of the findings occurred during the interpretation and discussion phase, allowing for a comprehensive understanding of the research outcomes.

3.5. Sampling techniques

Purposive sampling technique is used to draw participants of this study. Both clients and professionals are selected purposively based on the criteria sated by the researcher.

Inclusion criteria: Eligible participants for the research are individuals accessing reproductive health services at Hawassa University Comprehensive Specialized Hospital (HUCSH), aged between 15 and 46 years. This includes clients seeking reproductive health care and those utilizing related resources and information within the hospital. Their willingness to engage in the study is essential for exploring their experiences and perspectives regarding reproductive health service delivery at HUCSH

Health Professionals: Eligible participants are HUCSH employees directly involved in delivering reproductive health services, including doctors, nurses, midwives, and counselors. They must have at least one year of experience in providing reproductive health services and be willing to participate in interviews. Their expertise is crucial for understanding service delivery dynamics at HUCSH

Exclusion criteria:

Individuals under the age of 15, clients with severe cognitive impairments or communication barriers that would impede participation, those exclusively accessing non-reproductive health services

Health Professionals: Employees of HUCSH not directly involved in reproductive health service delivery, were excluded from the study. Additionally, health professionals with less than one year of experience in providing reproductive health services, those unwilling or unable to participate in interviews, and those not fluent in the language of data collection will also be excluded

3.5.1. Target Participants and Sampling Frame

According to the data from Hawassa university comprehensive specialized hospital, there are 2160 clients comes to the hospital within three months. With an intention to collect quantitative data from the respondents, piloting instrument was used, the survey questioner was piloted on a sample equivalent to n=15 of the study respondents. A pilot survey is a condensed version of the main survey, conducted prior to full-scale data collection Gall.H & Gall (1996). Its primary purpose is to test the survey instrument, usually a questionnaire, for any potential issues before launching the comprehensive study. Moreover, it assesses the clarity, answerability, and absence of unintended biases in the questions.

The sample size for the study (n) was determined using a single population proportion technique and the following assumptions were considered: to determine the sample size for client's survey, I employed sample size formula.

$$n = \frac{\frac{Z^2 P(1-P)}{e^2}}{1 + \frac{Z^2 P(1-P)}{Ne^2}}$$

Where

N = population size: The total number of individuals or elements in the entire population from which a sample is drawn. It represents the entire group that you are interested in studying.

n= sample size: The number of individuals or elements selected from the population to represent the whole. A sample is a subset of the population that is used to make inferences about the population.

P = number of success: The number of individuals or events in the sample that meet a specific criteria or outcome of interest. It is one of the parameters used in calculating proportions and probabilities.

e= margin of error: The amount by which the sample statistic (such as a mean or proportion) may differ from the true population parameter. It is used to quantify the uncertainty in estimates based on sample data.

q(1-p) = number of failure: The complement of the number of successes. It represents the number of individuals or events in the sample that do not meet the specific criteria or outcome of interest.

Z= table value: The critical value from the standard normal distribution used in hypothesis testing and constructing confidence intervals. It helps determine the significance level or confidence level for a given test statistic or interval estimate.

Then: N (population size) = 2160

e is margin of error. z =1.96

The proportion of the population based on pilot survey, 11 out of 15 respondents complete the questionnaire and 4 respondents incomplete it.

$$p = {}^{11}/_{15} = 0.73$$

$$q = (1 - p) = 1 - 0.73 = 0.27$$

$$\text{n} = \frac{\frac{Z^2P(q)}{e^2}}{1 + \frac{Z^2P(1-P)}{Ne^2}} = \frac{1.96 * 0.73 * 0.27}{0.05^2} = 0.303$$

$$\frac{Z^2P(q)}{Ne^2} = 0.14$$

$$n = \frac{303}{1 + 0.14} = 265.78 \approx 266$$

Sample size of n = 266

A sample size of n = 266 from N = 2160 provides a good foundation for statistical analysis. Since the sample size is over 10% of the population (266/2160 ≈ 0.12), it's likely to be a reasonably representative sample of the whole population.

3.6. Data collection methods and its Procedures

The types of data collected: To achieve the goals of this particular study, a combination of quantitative and qualitative primary data were collected.

3.6.1. Data collection methods

Observation, a survey questionnaire, and interview techniques were employed for the purpose of data collection. Observation involves a careful and comprehensive exploration of a situation, investigating under the surface to reveal underlying motives, emotions, and experiences. Additionally, questionnaires and interview guides were used as tools for data collection. A questionnaire holding closed-ended questions was designed to collect quantitative data.

Qualitative data was gathered from the selected professional and clients interviewees via questions on interview guides. Quantitative data collection instrument was developed in relation to the research objectives of this particular study by revising relevant literatures. The interview questions for the qualitative data primarily originated from the study objectives or research questions intended for qualitative responses. Additionally, they aimed to complement the quantitative data.

Observation: In this data collection method, the researcher tries to capture aspects not addressed through interviews and surveys. Observational checklists were utilized to collect the data.

Moreover, during this data collection method, the researcher gets the first permission and letter of support from the department of journalism and communication. Secondly, by communicating with the concerned bodies of the reproductive health department in Hawassa University comprehensive specialized hospital, the researcher gets permission from the head of the midwifery department to observe health communication practices toward reproductive health in person to discover the challenges that were not covered during the interview and survey. During the time of observation, the researcher participated as an intern student, so neither doctors nor patients knew the researcher rather than the head of midwifery. The anonymity of the researcher helped to access the real challenges and practices without any interruption or formality during the interview.

Questionnaire: Due to the sensitive nature of the topics being studied, a self-administered questionnaire was favored to reduce potential bias and distortion commonly associated with

face-to-face interviews. The questionnaire includes Socio-demographic characteristics clients, Clients' awareness and the usage of communication channels for reproductive health Information, Challenges and Barriers in Finding Reliable Reproductive Health Information, Client's privacy and confidentiality, and Feedback and suggestions for improvement.

Interview: An interview, as a third type of data collection instrument was used. It was utilized to collect information from purposively selected professionals and clients. A total of 9 professionals' and 12 clients took part in the interview. According to William C. Adams (2005), Semi-structured interviews, an invaluable research tool due to their adaptability and balance between structure and flexibility. In this approach, researchers employ a predetermined set of open-ended questions while also allowing room for exploration and elaboration based on the respondent's answers. This method is particularly well-suited for exploratory and descriptive research designs, providing researchers with rich qualitative data while maintaining some level of structure. The semi-structured format enables interviewers to delve deeper into topics of interest and to capture nuanced insights that may not emerge in more rigidly structured interviews. So for this reason among structured interviews, semi-structured interviews, and in-depth interviews methods, semi-structured type of interview best fitted with the all interviews conducted in this study.

3.7. Data Analysis methods

In the Field of empirical research, data analysis and interpretation constitute fundamental pillars upon which scientific inquiry stands. The process of analyzing and interpreting data not only facilitates the understanding of complex phenomena but also enables researchers to draw meaningful conclusions and make informed decisions.so this section deals with Analysis method for both quantitative and qualitative data.

Analysis method for quantitative part: Quantitative data analysis is a systematic technique for gathering and interpreting measurable and verifiable data. It includes a statistical technique for evaluating or interpreting quantitative data Creswell (2007). It enables a researcher to systematically categorize, sum up, and illustrate observations. All these mechanisms and techniques are called descriptive statistics. . Basing these definitions, the very nature of the topic and research questions of the phenomena understudy led to employ descriptive statistics.

After the collection of both quantitative and qualitative data, the quantitative data was coded in the form that suited to analysis then the data was analyzed by using Statistical Package for

Social Science (SPSS) Version 27 computer application program. The data were analyzed and presented in terms of frequencies, and percentages.

Analysis method for qualitative part:

The qualitative information obtained from the interviews was transcribed in the Amharic language, capturing the exact words spoken in the audio recordings. Additionally, care was taken to ensure that the English translations remained as faithful as possible to the original statements, minimizing inaccuracies. The analysis of qualitative data began with the coding and categorization of the text data obtained from interviews. This involved taking notes by listening to the recorded interviews, then assigning codes to the responses provided by health professionals and clients.

Following the transcription process, the analysis of the qualitative data commenced with coding and categorization. The text data gathered from the interviews were carefully reviewed, with notes taken while listening to the recorded interviews. Subsequently, codes were assigned to the responses provided by the health professionals, allowing for systematic organization and identification of key themes.

To guide the interviews effectively, thematic guides were developed outlining topics and sub-topics to be explored during the discussions. During the interviews, the interviewer exercised discretion in adhering to the thematic guide, allowing flexibility to delve deeper into individual responses. Probing questions were strategically employed to direct the conversation towards important areas and encourage participants to elaborate on their opinions.

The final qualitative results were utilized to provide additional context and nuance in explaining and interpreting the findings of the quantitative data. By integrating qualitative insights with quantitative findings, a more comprehensive understanding of the research topic was achieved. This mixed-methods approach enabled researchers to not only identify statistical trends but also to delve deeper into the underlying reasons and meanings behind the data. The qualitative data acted as a rich source of information, shedding light on participants' perspectives, experiences, and attitudes, which complemented and enriched the quantitative analysis. Ultimately, the combined analysis of both qualitative and quantitative data strengthened the validity and depth of the research findings, offering a more robust basis for drawing conclusions and making recommendations.

3.8. Ethical Consideration

Research ethics deal primarily with the interaction between researchers and the people who participated in the study. Ethical considerations play a role in all research studies, and all researchers must be aware of and attend to the ethical considerations related to their studies. Therefore, in this study, before starting data collection in the proposed areas, the researcher received a letter of approval for ethics from the Department of Journalism and Communication at Hawassa University. Then, after starting data collection, the researcher had good communication with all respondents. The purpose of the study was made clear and understandable for all participants. Any communication with the respondents was accomplished at their voluntary agreement without harming or threatening their personal and institutional well-being. Finally, the researcher used a false name to keep the privacy of respondents in the research and never used their responses or viewpoints about RH for other purposes, just for this paper.

CHAPTER FOUR

4. FINDINGS AND DISCUSSION

This section presents the findings of the study. For clarity, the findings are organized according to the specific objectives of the study. Subsequently, a discussion is provided to explore the major findings in relation to other pertinent studies.

4.1 Findings

The findings of the study are presented in three sections in line with the objective of the study. The first section presents the basic socio-demographic profiles of respondents; the second sub-section is focused on the nature of communication strategies for creating awareness about reproductive health and the efforts of the hospital. The third deals with the challenges of communicating reproductive health issues in a hospital setting.

4.1.1 Socio-demographic profiles of respondents

4.1.1.1 Basic profiles of the quantitative data participant

Table 1: profiles of the quantitative data participant from clients

Components of respondents socio demographic characteristics	Number (n=266)	Percent (%)
Age		
15-22	38	14.3%
23-30	116	43.6%
31-38	89	33.5%
39-46	23	8.6%
Gender		
Male	24	9.0%
Female	242	91.0%
Marital status		
Single	61	22.9%
Married	109	41.0%
widowed	29	10.9%
Divorced	67	25.2%
Occupations		

civil servant	65	24.4%
merchant	42	15.8%
Farmer	36	13.5%
self employed	78	29.3%
Other	45	16.9%
Educational background		
Illiterate	38	14.3%
1-4	22	8.3%
5-8	49	18.4%
9-12	49	18.4%
diploma and above	108	40.6%

NB: the analysis done on valid n = 266.

*Others** = Occupation such as tailor, security or guard, driver, work in small scale industry*

Source: clients survey data 2016

A total of 266 clients were included in the study. Concerning the sex composition of the study participants, 91 %(242) and 9% (24) were female and male respectively. The age distribution of respondents indicates that individuals aged 23-30 represent the largest cohort at 43.6%, followed by those aged 31-38 at 33.5%. Adolescents and young adults aged 15-22 comprise 14.3% of respondents, while individuals aged 39-46 constitute the smallest group at 8.6%. These findings suggest a strong interest in reproductive health information among young adults, with notable representation across various age brackets.

Regarding the Marital status of respondents, 23% (61) individuals were single, 41 % (109) were Married, 11% (29) were widowed, 25% (67) were Divorced. In addition regarding to occupation and educational background of the participants, In terms of occupation, the majority were self-employed individuals constituting 30% (78) followed by civil servants, at 25% (65). while17% (45) fell under the category of "Other" occupations such as house wife, job seeker and students. Merchants and farmers accounted for16% (42) and 14% (36), respectively. Regarding educational background, the distribution varied. The highest proportion of participants, 108(40.6%), had attained a diploma or higher level of education. This was followed by those with 5-8 and 9-12 years of education, both representing 18.4% (49) of the sample. Participants with no education (illiterate) made up of 14% (38). A smaller portion, 8% (22), was classified as1-4 grade.

4.1.1.2 Basic profiles of the qualitative data participant

Table 2: interview participant from clients

No	Pseudonym	Sex	Age	Educational background	Occupation
1	Kalkidan	F	27	BA degree	Civil servant
2	Mehret	F	32	Diploma	Civil servant
3	Wubalem	F	28	Grade 10	House wife
4	Shofiya	F	28	Diploma	House wife
5	Dureti	F	29	B.A degree	House wife
6	Debora	F	21	Grade 12	Student
7	Tsion	F	24	BSC Degree	Merchant
8	Medina	F	25	BA Degree	Self employed
9	Terufat	F	29	BSC Degree	Civil servant
10	Rahamet	F	26	Diploma	Civil servant
11	Chaltu	F	27	Grade 9	House wife
12	Alemnesh	F	29	Grade 10	Merchant

A total of twelve female individuals participated in the interview, each representing diverse demographics and backgrounds. The participants were selected based on specific criteria related to reproductive health issues. All participants were categorized within the reproductive age range, spanning from 21 to 32 years old and were present during the study period.

Table 3: Interview participants from reproductive health professionals

No	Pseudonym	Sex	Role
1	Dr Haymanot	F	Medical Doctor
2	Dr Sisay	M	Medical Doctor
3	Dr Tirunesh	F	Medical Doctor
4	Meseret	F	Midwife
5	Mahlet	F	Nurse
6	Mirte	F	Nurse
7	Liya	F	Social worker
Administrative staff			
8	Shitaye	F	Head of the midwifery department
9	Firehiwot	F	Midwives supervisor

Seven health care providers and two administrative staff, a total of nine participants was participated in the interview, representing a diverse array of healthcare professionals and support staff within a medical facility. Each participant was assigned a pseudonym, and their sex and role were recorded. The group included both male and female medical doctors, midwives, nurses, and a social worker. Of the medical professionals, two were female doctors and one was male. The midwifery team consisted entirely of female midwives, with one designated as the team leader and another as a supervisor. Furthermore, female nurses and a female social worker were also part of the interview, illustrating the broad spectrum of healthcare roles present within the medical facility.

4.2. Communication Strategies used for Reproductive Health

4.2.1. Awareness & Usage of media for RH Information

Table 4: Clients' response regards to awareness & channel usage for RH Information

Components of Awareness & media Usage	Number	Percent (%)
Are you aware of RH service		
Yes	147	55.3%
No	119	44.7%
Where did you get the information		
from parents	7	2.6%
from friends	54	20.3%
from media	27	10.2%
from former clients	101	38.0%
Other	77	28.9%
Do you use any communication channels		
Yes	147	55.3%
No	119	44.7%
Types of communication channels		
Brochures	3	1.1%
radio	26	9.8%
TV	63	23.7%
social media	55	20.7%
other	119	44.7%
Frequency of accessing information		
daily	11	4.1%
weekly	36	13.5%
monthly	32	12.0%
quarterly	10	3.8%
other	177	66.5%

Source: clients survey data 2016

*Others** where did you get information = 2 respondents mentioned from hospital's staff and health extensions.*

Among the total 266 respondents, 55% (147) were aware of reproductive health (RH) services at Hawassa university comprehensive specialized hospital, while 27% (119) were not. The primary sources of information for RH services varied, with 3% (7) respondents obtaining information from parents, 54(20.3%) from friends, 10% (27) from media outlets, 38% (101) from former clients, and 29% (77) from other sources.

In terms of communication channel usage for RH issues, 55% (147) respondents reported using them, while 26.9% (119) did not. The most common communication channels utilized were TV, mentioned by 24% (63) respondents, followed by social media 30%(55), radio 10%(26), and brochures 1%(3). When it comes to the frequency of accessing information, 4% (11) respondents reported doing so daily, 14% (36) weekly, 12% (32) monthly, and 4% (10) quarterly. Notably, 67% (177) respondents accessed information through other unspecified frequencies or intervals.

The survey findings suggest that there is a moderate level of awareness and utilization of reproductive health (RH) services and communication channels among the respondents. Likewise according to interview participants among the twelve female interviewees, nine were found to be aware of the reproductive health services offered at Hawassa University Comprehensive Hospital. Remarkably, the majority of these individuals acquired their knowledge through referrals from former clients. For example,

Kalkidan mentioned that:

> *"I obtained information about the available reproductive health services at Hawassa University Comprehensive Specialized Hospital from former clients who had previously utilized these services. They shared their experiences and provided insights into the range of services offered, the quality of care received and any challenges"* (February 15, 2016).

Moreover, Rahamet expressed how she came to know about the available services:

> *"I heard about the services provided at Hawassa University Comprehensive Hospital from my neighbor, who shared her experience after utilizing the service. She said that "I initially heard about these services from my old friend".* (February 16, 2016).

In addition Medina stated that:

> "*I get the information from Debub FM 100.9, when they promoting about the service they provide, for example about family planning, prenatal care, maternal health services, and STI testing and treatment. Additionally, I know that they provide counseling and support for various reproductive health issues*". (February 16, 2016).

However, the remaining three interviewees were not aware of the reproductive health services available at Hawassa University Comprehensive Specialized Hospital. They noting that they had expected such services to be offered, considering the hospital's status as a comprehensive specialized facility and the sensitive nature of reproductive health issues at the national level.

> Tsion: "*I had expected the availability of reproductive health services at Hawassa University Comprehensive Specialized Hospital, considering the significant importance placed on addressing reproductive health issues at the national level. The sensitive nature of these issues underscores the necessity for comprehensive healthcare facilities to provide such services to cater to the diverse needs of the community"*. (February 17, 2016).

This is regarding the awareness and access to reproductive health services among the twelve female interviewees. It's notable that a majority of the participants, comprising nine individuals, and demonstrated awareness of the reproductive health services available at Hawassa University Comprehensive Hospital. This finding suggests a considerable level of understanding and recognition of healthcare options related to reproductive health within the community.

Of particular interest is the predominant source of information identified among the participants. The majority acquired information about reproductive health services through referrals from former clients. This highlights the influential role of word-of-mouth communication and personal experiences in shaping individuals' awareness and perceptions of healthcare services. The reliance on recommendations and experiences of others

underscores the importance of community networks in disseminating information and fostering trust in healthcare systems.

The testimonials provided by interviewees Kalkidan and Rahamet further illuminate the impact of personal experiences and shared narratives in informing individuals about healthcare options. Both individuals mentioned obtaining information about reproductive health services from neighbors or former clients who had utilized these services. Their accounts underline the significance of community-based approaches and interpersonal relationships in promoting access to healthcare services, particularly in settings where formal communication channels may be limited.

Regarding the sources of information on various issues related to reproductive health, 9 out of 12 interviewees mentioned mass media as their primary source. According to the participants, particularly radio and television are the dominant sources of information for reproductive health issues. Additionally, press products such as posters and brochures were also highlighted as less valuable sources of information. Furthermore, participants also acknowledged interpersonal communication with their family and community as significant sources of information for reproductive health issues, which allows for a broader dissemination of knowledge.

Radio and Interpersonal communication: the participants, especially the people come from rural area mentioned radio and interpersonal communication as tools for accessing reproductive health issues. Wubalem is one of interviewee who is comes from rural area. She stated that:

> *"I listen to a radio program called "Ye Setoch program," its weakly program on Fana FM, which focuses on the role of women in society and covers a wide range of reproductive health topics such as pregnancy, early marriage, and HIV/AIDS".* (February 17, 2016).

In the context of interpersonal communication, participants from rural areas emphasized the role of health extension workers in raising awareness about reproductive health through door-to-door communication. Additionally, they highlighted the importance of family and community as sources of information, often sharing experiences to disseminate knowledge about reproductive health issues.

Television: Participants from urban areas acknowledge that television plays a crucial role in spreading information about reproductive health topics to individuals. Television programs in urban communities serve as a valuable source of education and awareness on subjects like family planning, maternal health, and sexually transmitted infections. Despite its importance, the frequency of accessing television programs is not as high as that of radio broadcasts.

Social media: regarding to the use of social media for obtaining reproductive health information, most of the respondent do not have such kind of trend except two. Dibora, a grade 12 student, stands out among the respondents as someone who actively uses social media to obtain different information.

> *"Often, I use social media for different purposes, most of the time for entertainment, but I occasionally chat about sex and reproductive health issues with my friends, and I try to access medical issues related to reproductive health because there is no formal discussion about reproductive health issues with anyone, including my family, because our society takes this issue as a shabby thing, especially with young people like me".* (February 18, 2016).

Posters and brochures

In terms of postures and brochures, clients generally do not perceive them as primary sources of information for reproductive health issues. However, their interaction with these materials extends beyond formal settings, such as hospitals. Instead, individuals often encounter postures and brochures incidentally while awaiting their turn or during idle moments. In these instances, they may casually peruse the content, albeit not with the intention of seeking reproductive health information. Rather, the reading of postures and brochures in such contexts serves as a form of passive entertainment or distraction.

Despite the lack of intentional engagement, the incidental exposure to reproductive health-related materials can still have an impact. Clients may absorb snippets of information or become familiar with key messages through repeated exposure to posters and brochures in healthcare facilities. Over time, this passive absorption of information could contribute to a gradual increase in awareness and knowledge about reproductive health topics.

In summary, the primary sources of information for reproductive health issues include mass media (particularly radio and television), interpersonal communication within family and community networks, and to a lesser extent, social media. While posters and brochures are

not typically perceived as primary sources of information, their incidental exposure in healthcare settings can still contribute to a gradual increase in awareness and knowledge about reproductive health topics over time.

4.2.2. Organizational Communication Strategy towards Reproductive Health

According to the head of midwives at Hawassa University Comprehensive Specialized Hospital, the organizational communication strategy concerning to Reproductive Health is founded on a client-centered approach. This strategy is consistently implemented across the hospital, ensuring systematic application throughout. The emphasis lies on fostering empathy and cultural sensitivity to establish trust and rapport with patients, thereby facilitating open and constructive dialogue concerning reproductive health matters.

> *"Our communication strategy towards reproductive health is centered on empathy and cultural sensitivity. We emphasize the importance of establishing trust and relationship with patients to facilitate open dialogue about reproductive health matters and also we encourage continuous training and development for our staff to ensure effective communication practices are upheld throughout the organization".* (February 19, 2016).

Furthermore, Firehiwot, the midwives supervisor, supports the statement expressed by the head of the midwife department regarding the organizational communication strategy for Reproductive Health at Hawassa University Comprehensive Specialized Hospital. This strategy, deeply rooted in a client-centered approach, is consistently upheld throughout the hospital, with a steadfast commitment to systematic implementation. Firehiwot emphasizes the crucial importance of raising understanding and cultural sensitivity to establish trust and connection with patients, thereby creating an environment conducive to open and constructive dialogue on matters related to reproductive health. Additionally, she underlines the value of ongoing training and development initiatives for staff members, ensuring the maintenance of effective communication practices across all levels of the organization.

4.2.2.1 Strategy used for communicating RH issues with clients

Initial engagement and client's readiness: Healthcare providers employ different strategies used to communicate with clients on reproductive health issues, According to Dr. Himanot, the first crucial step before initiating discussions with clients is assessing their readiness. In this regard, Dr Haymanot stated that:

> *"Basically, most of the time, as a doctor, we started our health treatments by introducing ourselves and asking our clients names, then asking for their symptoms. The questions of symptoms followed if the client is free or ready to communicate the issues, unless we try to talk about other things like how many kids do you have, how old they are, etc. In this time, the client became comfortable and ready to communicate about their reproductive health issues."* (February 22, 2016).

Dr. Haymanot also emphasized the importance of understanding whether clients are prepared to engage in conversations about sensitive topics related to reproductive health. This initial assessment helps to ensure that clients are receptive to the information being provided and are emotionally prepared for the discussion.

In addition, Dr. Sisay emphasized the importance of creating a comfortable environment for clients to discuss reproductive health issues. He noted that clients tend to feel more comfortable when the space is free from distractions and the communication setting provides a sense of privacy and safety. This suggests that ensuring a closed door and a confidential atmosphere can enhance clients' readiness to engage in open and meaningful discussions about reproductive health concerns. Moreover, Dr. Sisay highlighted the essential role of environmental elements in facilitating effective communication between healthcare providers and clients.

Utilization of Visual tools: Another effective communication strategy used to communicate with clients is using visual tools such as pamphlets, brochures, and posters that provide clear and concise information about various reproductive health topics. In this context, Dr Tirunesh highlighted her recent experience:

> *"Recently, one of my clients came with a cause (vaginal fissure) or cervical hernia. I sent her to the laboratory room, and after the examination, they told her that it was a virginal fissure, but she didn't understand the cause. And come back to my room, and then I took my cell phone and showed her some videos related to the cause. At this time, I understood that our hospital needed visual material like a TV screen. Previously, we used brochures and posters to separate reproductive services rooms from each other and to show the location of the rooms".* (February 22, 2016).

As Dr. Tirunesh emphasized, integrating visual aids into the communication process enables healthcare providers to facilitate clearer and more accessible discussions about reproductive health issues with their clients.

In addition, sister Mirte emphasized that, in her nursing experience, visual aids have proven to be crucial in effectively communicating with patients about their health. She mentioned that, whether it involves explaining medical procedures, showcasing anatomy, or discussing treatment options, visual tools provide a clear and memorable way to convey complex information. And also, Sister Mirte highlighted that by integrating these aids into healthcare communication, not only is patient understanding enhanced, but also a collaborative and supportive relationship between healthcare providers and clients is cultivated. In this regard, a collaborative approach ultimately leads to better health outcomes. As a suggestion, Sister Mirte stressed the importance of nurses continuously exploring innovative ways to incorporate visual tools into their practice, thereby improving patient education and engagement in their care.

Psychological support and collaboration with other healthcare providers: Psychological support plays a critical role in communicating reproductive health issues, addressing the emotional and mental well-being of clients as they communicate sensitive topics and decisions. In this issue midwife Meseret stated her experience as following:

> *"In our hospital, the clients who have sensitive reproductive issues like abortion or unwanted pregnancy are usually street children, sex workers, and domestic workers who attend night classes. In this cause, we should collaborate with the social workers of our hospital because they facilitate funds from non-governmental organizations and provide psychological consoling".* (February 23, 2016).

Furthermore, another healthcare provider Mahlet highlighted the importance of collaboration with various healthcare professionals. According to her raising collaboration is very important, particularly when addressing complex medical conditions that necessitate the involvement of specialists such as surgical doctors. This collaboration ensures that patients receive comprehensive healthcare that addresses their diverse needs and medical requirements. By working together across disciplines, healthcare providers can share their expertise, resources, and knowledge to deliver the highest quality of care and improve persistent outcomes.

Informed Decision-Making Process: Lastly, the other issue related to communication between clients and health providers is the decision-making process. In this regard, interview participants highlighted many difficulties: According to Dr Sisay, they faces different clients and most of the clients thinks that they waits to get a direction about their plans, not only the directions they even waits professionals to decide and write like the description of medicine, but the nature of reproductive health is not a one side decision. As a client they have to decide in favor of what they want, what is their plan about future and are they able to this or not. So this all matters their decision but they come to us and just keep silent to hear everything from us.

4.2.2.2 Utilizing Communication Channels for Reproductive Health Initiatives

Regarding the utilization of media for spreading awareness regarding reproductive health issues, there seems to be a noticeable gap in effectiveness. The head of the midwifery department, Shitaye, remarks,

> "*In previous times, our institution operated a comprehensive radio program on Debub FM 100.9, providing an invaluable platform for educating the community on a myriad of reproductive health matters. Regrettably, financial constraints compelled us to discontinue this program however we've initiated a weekly educational initiative within our hospital as part of our proactive approach to nurturing awareness among clients accessing diverse services. This initiative aims to cultivate a thorough comprehension of reproductive health and other relevant subjects*." (February 19, 2016).

In addition, Shitaye explains the significance of media for creating awareness about reproductive health issues. And also, by reflecting on past successes and gaps, Shitaye recalls the institution's former radio program on Debub FM 100.9, which served as a vital conduit for community education on various reproductive health matters. However, financial constraints necessitated the discontinuation of this program. Nevertheless, Shitaye remains resolute in the department's commitment to proactive awareness-building. A weekly educational program has been implemented within the hospital, serving as a proactive measure to foster understanding among clients accessing the services.

On the other hand, in cause of department member the midwives supervisor firehiwot stated that:

> *"We utilize various methods of communication within the reproductive health department, including regular team meetings, email correspondence, and face-to-face discussions at coffee time. These discussions allow for effective collaboration and information sharing among team members, ensuring alignment in our approach to patient care".* (February 19, 2016).

Lastly, Shitaye, in response, highlights the effort of the hospital to improve communication channels for reproductive health initiatives and that the department is exploring diverse methods, including encouraging social media presence and revisiting collaboration opportunities with Debub FM. These initiatives collectively attempt to bridge the gap in reproductive health awareness and empower individuals with knowledge for informed decision-making.

4.3. The challenges of health communication practice in communicating RH

4.3.1. Communication between health professionals and clients on RH issues:

Table 5: Client's privacy and confidence level in communicating RH

Components of Client's privacy and confidentiality	Number	Percent (%)
Level of confidence in communicating RH issues		
very confident	54	20.3%
confident	32	12.0%
neutral	71	26.7%
unconfident	65	24.4%
very unconfident	44	16.5%
Level of satisfaction on privacy and confidentiality		
very satisfied		
satisfied	55	20.7%
neutral	46	17.3%
unsatisfied	87	32.7%
very unsatisfied	69	25.9%
	9	3.4%
Addressing cultural and religious sensitivity		
very good	17	6.4%
good	46	17.3%
neutral	116	43.6%
bad	51	19.2%
very bad	36	13.5%
Involvement decision making process		
yes	125	47.0%

no	141	53.0%
In what way health care professionals involve you decision making process		
by providing essential info	28	10.5%
by to giving chance decide	28	10.5%
by informing risk and benefit	30	11.3%
by facilitated discussion	30	11.3%
other	150	56.4%
Misunderstood or judged by health professionals		
yes	102	38.3%
no	164	61.7%
Reason for Misunderstood or judged by health professionals		
Language barriers		
yes	66	24.8%
no	200	75.2%
Norms and taboos		
yes	30	11.3%
no	236	88.7%
Lack of communication skill		
yes		
no	79	29.7%
Miss treatments by the professionals	187	70.3%
yes		
no	27	10.2%
	239	89.8%
Other		
yes	18	6.8%
no	248	93.2%

Source: clients survey data 2016

The provided data offers insights into various components related to clients' privacy and confidence level in healthcare settings. Firstly, regarding the level of confidence in communicating reproductive health (RH) issues, only a minority of respondents express high confidence, with 20% (54)feeling very confident and 12% (32) feeling confident. A significant portion, 27% (71), remains neutral, while 24% (65) feel unconfident and 17% (44) very unconfident indicates a notable degree of discomfort or uncertainty in discussing RH issues.

In terms of satisfaction with privacy and confidentiality, responses are somewhat more evenly distributed, with 21% (55) feeling very satisfied and 17.3% (46) satisfied. However, a substantial proportion, 26% (69), express dissatisfaction, including 32.7% (87) who feel neutral and 3.4% (9) who are very unsatisfied, suggesting room for improvement in ensuring client satisfaction with privacy and confidentiality measures.

Addressing cultural and religious sensitivity reveals a range of perceptions, with 6% (17) rating it very good, 17% (46) good, and 44% (116) neutral. However, 19% (51) perceive it as bad, and 13.5% (36) very bad, indicating potential gaps in effectively addressing cultural and religious considerations.

Regarding involvement in the decision making process, a slight majority, 47% (125), report being involved, while 53% (141) are not. Among those involved, various methods are cited, with facilitated discussion and providing essential information being the most common, both at 11%, followed closely by giving the chance to decide 11% and informing about risks and benefits 11%.

Misunderstandings or judgments by healthcare professionals are reported by a significant portion of respondents, with 38% indicating they have experienced such instances. The reasons cited include language barriers 24.8% (66), norms and taboos 11% (30), lack of communication skills 30% (79), mistreatments by professionals 27 (10.2%), and other unspecified reasons 7% (18).

The quantitative data emphasizes the significance of enhancing communication strategies within healthcare settings. It shows the range of confidence levels among clients, with notable proportions expressing neutrality or dissatisfaction. Furthermore, while a slight majority report involvement in decision-making processes, there are considerable challenges, including misunderstandings and judgments by healthcare professionals because various reason. Similarly, the qualitative data further highlighted these points, among the participants interviewed, five out of twelve indicated feeling more comfortable in discussing matters concerning reproductive health (RH) and various aspects of human reproduction with their healthcare providers. The most common topics of discussion included pregnancy, STIs, and HIV/AIDS. Meanwhile, these individuals did not encounter sensitive issues such as abortion or unwanted pregnancy during their conversations with healthcare providers.

This highlights a specific comfort level with certain RH topics among the interviewees, suggesting varying degrees of openness and readiness to engage in discussions about different aspects of reproductive health.

According to the interviewees, most of the time their healthcare providers frequently wanted to persuades them by sharing experiences related to reproductive health (RH) from former clients For instance, Mehret said that:

> *"Actually, I have an open and communicative nature; I believe in communicating things with kindness, so this supported me in communicating effectively with my doctor about my reproductive health issues. Also, I have 2 kids; this is my 3rd pregnancy, so this makes me more experienced on these issues."* (March 6, 2016).

Terufat also mentioned that she is confident in communicating reproductive issues with health care providers. According to her statement she understands the importance of open communication with health professionals, especially in reproductive health issues. She stated that discussing sexual and reproductive health (SRH) issues with her healthcare provider can be frightening. However she understands the importance of addressing these concerns for her overall well-being but sometimes feels hesitant or embarrassed to bring them up. However, she appreciates when her healthcare provider creates a welcoming and understanding atmosphere, which helps her feel more comfortable discussing these topics. Feeling supported and respected during these conversations is crucial for her to address her reproductive health concerns effectively. Regarding the same issue, Alemnesh responded:

> *"I am truly confident in communicating reproductive issues with my health care provider. Effective communication is key to receiving quality care. I am coming to the hospital because I need help, so in order to get good services, I should have to communicate effectively about how I feel and what the cause of the pain is".* (March 6, 2016).

On the other hand, seven out of twelve participants express a lack of confidence when it comes to discussing reproductive health issues. The reasons for their lack of confidence vary among participants, with many attributing it to their social perspectives on reproductive matters. Additionally, some participants mention that they assumed healthcare providers would possess comprehensive knowledge about their issues due to their professional experience. Furthermore, two participants cite language barriers as a factor, expressing concerns about being understood by healthcare providers. These diverse perspectives highlight the multifaceted challenges individuals may encounter when communicating about reproductive health issues.

In this context, three female participants shared their thoughts and feelings. Wubalem expressed her perspective on reproductive health from a social standpoint:

> *"I feel uncomfortable discussing reproductive health because it's not something that was openly talked about in my family or community. I worry about being judged or misunderstood if I bring up these topics with my healthcare provider".* (February 17, 2016).

Chaltu stated her feelings regarding societal expectations about healthcare providers:

> *"I always assumed that healthcare providers would know everything about reproductive health, so I never felt the need to ask questions or share my concerns. It's only recently that I've realized the importance of being proactive about my reproductive health and advocating for myself during medical appointments."* (March 6, 2016).

Lastly, Dureti shared her experience with language barriers:

> *"I struggle to communicate effectively about my reproductive health issues because Amharic is not my first language. I worry that I won't be able to accurately express my concerns or understand the information provided by my healthcare provider. This language barrier adds an extra layer of stress to an already sensitive topic."* (March 7, 2016).

In addition to the quantitative and qualitative findings observations regarding clients' confidence level in discussing reproductive health issues: some clients stated high confidence levels during interviews and survey responses, but during the study period, the researcher's experience indicates that more than half of the clients lacked confidence when discussing their reproductive health concerns. These clients often struggled to articulate their symptoms clearly and resorted to unclear expressions. Subsequently, healthcare providers, based on their previous experience, frame the client's attitude to answer the questions rather than asking them about how they feel and what kind of service they need.

4.3.2. Challenges in communicating reproductive health issues

Table 6: Challenges and Barriers in accessing Reliable Reproductive Health Information

Components of Challenges and Barriers	Number	Percent (%)
Have you encountered challenges in accessing information?		
yes	176	66.2%
no	90	33.8%
Challenges in accessing accurate information		
Language barriers		
yes	105	39.5%
no	161	60.5%
Limited access		
yes	90	33.8%
no	176	66.2%
Lack of messages clarity		
yes	98	36.8%
no	168	63.2%
Cultural or societal taboos		
yes	121	45.5%
no	145	54.5%
Other		
yes	120	45.1%
no	146	54.9%

Source: clients survey data 2016

The data provided offers insights into the challenges and barriers encountered in accessing information. Among the surveyed individuals, a significant majority, comprising 66% (176) reported facing hurdles in accessing information, while 34% (90) indicated otherwise. When examining specific challenges, Language barriers affect 40% (105) of respondents, indicating a significant challenge in understanding information due to linguistic differences. Limited access to information is reported by 34% (90) of individuals, highlighting difficulties in obtaining information possibly due to factors such as geographical location or lack of resources. Additionally, 36.8% (98) of respondents cite a lack of clarity in messages as a challenge, suggesting that the presentation or communication of information is often unclear or ambiguous. Cultural or societal taboos represent a significant barrier, with 46% (121) of respondents facing challenges accessing information due to cultural sensitivities or restrictions. Moreover, 45% (120) of respondents report encountering other unspecified challenges, underscoring the diverse array of obstacles individuals face when seeking

accurate information. These findings emphasize the multifaceted nature of challenges in accessing accurate information and emphasize the importance of implementing comprehensive strategies to address linguistic, infrastructural, communicational, and cultural barriers effectively. The following graph shows the summary of challenges in accessing accurate information about reproductive health specifically in the context of Hawassa university comprehensive specialized hospital.

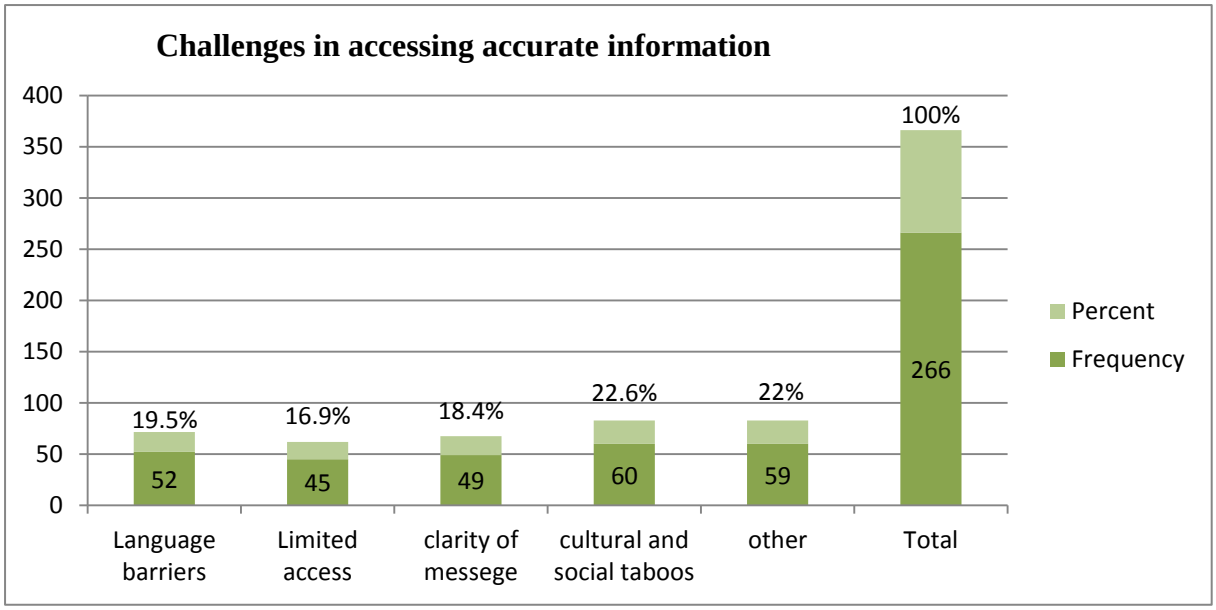

Figure 1: Challenges and Barriers in Finding Reliable information about Reproductive Health

The above figure highlights the main challenges in in finding Reliable information about Reproductive Health, cultural and social taboos unspecified issues is the most common, each reported by 22.6% and 22% of respondents respectively. Language barriers follow at 19.55%, clarity of message at 18.4%, and limited access at 16.9%. These findings indicate that cultural and social taboos, other unspecified issues and language barriers are the primary obstacles to accessing accurate information.

4.3.3. The effect of culture in communicating RH issues:

Culture profoundly shapes the communication of reproductive health (RH) information, influencing perceptions, attitudes, and behaviors related to sexual and reproductive practices. In diverse cultural contexts, deeply ingrained beliefs, traditions, and societal norms dictate how RH issues are discussed, understood, and addressed. These cultural factors can either facilitate or hinder effective communication strategies, emphasizing the need for tailored

approaches that respect and accommodate cultural diversity. The effect of culture on communicating RH reveals several key aspects:

Beliefs and Taboos: Cultural beliefs and taboos surrounding reproductive health vary widely across societies. These beliefs influence individuals' willingness to discuss RH matters openly and seek appropriate care. For example, from interviewees, as Wubalem explained above in the communication section, she also raised the social taboos as follows:

> *"I feel uncomfortable discussing reproductive health because it's not something that was openly talked about in my family or community. I worry about being judged or misunderstood if I bring up these topics with my healthcare provider."* (February 17, 2016).

In this regard, some of the clients, like Wubalem, fear discussing reproductive health issues because, in some cultures, discussing reproductive health topics may be considered taboo, leading to silence and stigma surrounding RH issues.

Gender Roles: Cultural norms regarding gender roles and power dynamics within relationships play a significant role in RH communication. In my observation of Hawassa University comprehensive specialized hospital, almost all of the clients and health professionals around reproductive health are women; there are only 2 men doctors in the area.

One of interview participant Alemnesh stated that:

> *"It was not expected that my husband would come to the hospital with me for my pregnancy unless the cause was too hard, and he told me to go to the hospital and check if our baby was fine or not. But I know both of us have a responsibility for our baby, but most of the time I take it as my responsibility".* (March 6, 2016).

Alemnesh often assumed the role of decision-maker regarding healthcare visits. On the other hand, health professionals often advise clients to involve their husbands in decision-making processes, emphasizing the importance of male involvement in reproductive health matters.

In addition, the researcher's observations revealed a notable trend: women not only comprise a significant portion of clients seeking reproductive health services but also play crucial roles as providers delivering these services. This observation has broader implications, shaping societal perspectives on reproductive health. It underlines a prevailing notion that

reproductive health is primarily viewed as a women's issue, perpetuating the belief that it falls solely within the domain of women's concerns.

In conclusion, cultural norms surrounding gender roles and power dynamics significantly influence reproductive health (RH) communication, as observed at Hawassa University Comprehensive Specialized Hospital. The predominance of women among both clients and health professionals highlights the traditional expectation that women primarily manage reproductive health matters.

Social Norms and Peer Influence: Social norms and peer influence heavily influence individuals' behaviors and attitudes towards RH. Cultural expectations regarding premarital sex, marriage, and childbearing can shape individuals' decisions regarding contraception, family planning, and reproductive healthcare seeking behaviors.

As highlighted in RH awareness and access section, a significant finding emerges regarding the primary sources of information for reproductive health services among interviewees, with many relying on insights from former clients and neighbors. This underlines the essential role of peer influence in shaping the communication landscape surrounding reproductive health issues. Such reliance on peers reflects a broader societal trend where individuals seek guidance and advice from those within their social circles. This phenomenon not only demonstrates the importance of interpersonal relationships in accessing information but also highlights the trust and credibility placed in firsthand experiences shared by peers.

On the other hand, during the study period, the researcher observed a fascinating behavioral pattern among clients seeking reproductive health services. It was observed that clients who received information from former clients expressed a preference to be treated by the same provider whom their informants had seen previously. This preference was often expressed through inquiries such as "Is Doctor X or Y available?" When informed that their preferred provider was unavailable, these clients exhibited reluctance or unwillingness to engage with other health providers. This highlights the significant influence of peer recommendations and the importance of continuity of care in the realm of reproductive health services.

Social norms also have a considerable influence on communication dynamics surrounding reproductive health, impacting interactions both positively and negatively. These norms, shaped by cultural values, community expectations, and collective beliefs, play a critical role in shaping individuals' attitudes and behaviors towards reproductive health issues. On one

hand, adherence to positive social norms can facilitate open and supportive communication about reproductive health matters. In communities where discussing such topics is normalized and encouraged, individuals may feel more comfortable seeking information, sharing experiences, and accessing healthcare services without fear of judgment or stigma. This fosters a supportive environment conducive to promoting reproductive health awareness and empowerment.

Conversely, negative social norms can hinder effective communication about reproductive health, creating barriers to access and perpetuating harmful misconceptions. In cultures where topics related to sex and reproductive health are considered taboo or shameful, individuals may be reluctant to seek information or discuss their concerns openly. This can lead to misinformation, missed opportunities for education, and limited access to essential reproductive health services.

Religious and Spiritual Beliefs: Religious and spiritual beliefs often influence attitudes towards contraception, abortion, and sexual practices. Religious teachings may promote abstinence or emphasize procreation, impacting individuals' perceptions of RH practices and healthcare seeking behaviors. For instance Medina stated that:

> *"As a Muslim, our Sharia teaches us that children are a gift from Allah, and we are encouraged to accept this gift without any restrictions. However, when we visit hospitals, many health care providers strongly advocate for the use of family planning and contraception. While I understand that it is their professional duty, this situation creates a contradiction in our beliefs."* (March 6, 2016).

In conclusion, understanding the multifaceted influence of culture on communicating RH is essential for developing contextually appropriate and effective communication strategies. By recognizing and addressing cultural factors, healthcare providers and policymakers can bridge cultural gaps, promote dialogue, and improve access to comprehensive RH information and services for all individuals, irrespective of cultural backgrounds.

4.3.4. Challenges in communicating reproductive health issues from healthcare provider's perspective

Communicating reproductive health issues in health provider's perspective can be related with different challenges. The interview participant from health provider highlighted almost the same difficulties in communicating reproductive health issues with the clients. One

significant barrier is the persistent stigma and taboo surrounding topics like contraception, sexually transmitted infections (STIs), and abortion. This societal discomfort can create an atmosphere of unease for both providers and clients, making open dialogue difficult.

Additionally, clients may lack sufficient education and health literacy on how to communicate these sensitive subjects effectively. This gap in health literacy can lead to uncertainty or misunderstand during discussions, further hindering communication. Moreover, as the hospital serves diverse clients from surrounding areas, language and cultural barriers can complicate matters, as providers. Other more sensitive and reused by most of the interview participants is time constraint, according to the participants stated in busy clinical settings, time constraints often aggravate the challenges related to communicating reproductive health because health providers leave the client with little room for comprehensive discussions.

In other hand the confidence and gender dynamics between providers and clients challenging health providers to communicate reproductive health issues, according to participants, clients themselves may feel ashamed or embarrassed discussing reproductive health matters, gender dynamics of health provider and fearing judgments by their nurses or doctors this influencing the comfort level of discussions.

4.3.5. Addressing Communication Gaps and Challenges in Reproductive Health Issues

In the context of reproductive health, addressing communication gaps and challenges is vital to ensuring equitable access to information, services, and support. The interview with the head of midwives and supervisor pointed out that the following are major problems and there measurable solution in the communication of reproductive health issues: These are:

Language and Cultural Barriers: In this regard, the head of midwives and supervisor responded that clients from diverse cultural backgrounds may face language barriers, making it difficult to effectively communicate their reproductive health needs.

According to the midwifery head, as the hospital serves the diverse linguistic and cultural landscape of the regions served, these differences pose significant communication challenges for both clients and healthcare providers. However, within the department, proactive measures have been implemented to address these hurdles. The first strategy employed for this challenge is sharing mutual assistance and knowledge among the professionals. Second, using inter-students from the medical school, these students bring fresh perspectives and

language skills that complement existing resources. On the other hand, by integrating them into the department, valuable learning opportunities are provided, enhancing the capacity to communicate effectively with patients from different regions.

Limited Health Literacy: in addressing limited health literacy, the head of midwives and supervisor acknowledged the prevalence of this issue among clients, particularly those from rural area. And also they highlighted that understanding health information is crucial for making informed decisions about reproductive health. Due to the diverse linguistic and cultural backgrounds of the hospital's clients, language barriers irritate the challenge of conveying complex medical concepts. So in order to solve this issue, the department has employed proactive measures. The professionals within the department engage in mutual assistance and knowledge sharing to develop strategies for simplifying medical information and enhancing communication with clients and minimizing medical jargons.

Time Constraints and Workload Pressures: Time constraints and workload pressures are common challenges faced in many professions, including midwifery. In midwifery, according to midwifery department head, this constraint and workload pressures rises because of different factors, such as the client's volume, administrative tasks, and the need to maintain strict schedules. In this concern, the midwifery head also stated that this constraint has an impact on the communication between clients and health providers in different aspects.

As an example the researcher attend a morning meeting held at a doctor's office, and tries to observe an interaction between a client and the attending doctor. The client had been to several hospitals for the same health issue many times, seeing it as a series of connected cases. In the meeting, she talked a lot about her medical history and showed documents to support her points. But even after all that, the doctor had trouble understanding her, which made the client feel disappointed, in visible way. The doctor then said sorry for not paying enough attention, blaming his busy schedule and mentioned the work overload as a case. Then He asked the client to keep talking about her worries. This incident underscores the researcher's observation regarding the impact of workload on patient care quality and interpersonal communication effectiveness within healthcare settings.

So in order to improve communication gaps because of time constraints and work overload, the midwifery head stated that there is a multifaceted approach is planned. Firstly, the implementation of flexible scheduling systems aims to meet the diverse needs of clients by offering appointments tailored to individual circumstances. This initiative not only enhances

accessibility but also fosters better relationships between clients and providers. Additionally, training and empowerment programs will be provided tso healthcare providers.

Negative and unfair beliefs (Stigma) Surrounding Reproductive Health Issues: The head of midwives and the supervisor explain the negative and unfair beliefs of society surrounding reproductive health issues. They stated that there are various factors that contribute to the negative and unfair beliefs of society; these include cultural taboos, societal norms, a lack of comprehensive education, and misinformation. In addition, the negative and unfair beliefs have driven by the traditions and misconceptions of reproductive health issues and treatments cause clients to delay seeking treatment, to be unwilling to disclose symptoms, and to feel shame or embarrassment.

This misconception challenges healthcare provider's ability to effectively communicate with clients. To fill this gap, the department creates a weekly educational program and encourages clients by offering support and delivering quality services without judgment or discrimination. The hospital strives to create a favorable environment for open communication and access to healthcare.

Generally, the interviews with the head of midwives and supervisor highlighted the hospital's overall organizational communication approach and how their strategy addresses the social and cultural sensitivity of the clients. They also address the fact that the hospital has its own radio program, which works to raise awareness among clients, but currently it is not working in some cases. The other thing they raised in common is about the clients who speak different languages and how they serve those clients. So when they face that kind of client, they use their staff, who can speak the same language with the client or the students who are working with them as interns.

4.4. Feedback and suggestions for improvement

Table 7: Feedback and suggestions for improvement from clients

Components of Feedback and suggestions	Number	Percent (%)
Satisfactions level on service		
extremely satisfied	36	13.5%
very satisfied	68	25.6%
somewhat satisfied	94	35.3%
not very satisfied	60	22.6%
extremely dissatisfied	8	3.0%

Addressing the needs and preference of clients		
most likely	43	16.2%
likely	58	21.8%
neutral	89	33.5%
unlikely	60	22.6%
most unlikely	16	6.0%

Source: clients survey data 2016

The provided data offers insights into various components related to feedback and suggestions regarding service satisfaction and addressing the needs and preferences of clients. Firstly, regarding service satisfaction levels, it is notable that a majority of respondents express satisfaction to some degree, with 14% (36) feeling extremely satisfied and 27% (68) very satisfied. Additionally, a significant proportion, 35% (94), report feeling somewhat satisfied, indicating a generally positive perception of the service provided. However, dissatisfaction is also evident, with 23% (60) reporting not feeling very satisfied and 3% (8) expressing extreme dissatisfaction, suggesting areas for potential improvement in service delivery.

Addressing the needs and preferences of clients reveals varying degrees of likelihood among respondents. While a notable portion, 16% (43) express being most likely to feel that their needs and preferences are addressed, an additional 22% (58) report feeling likely, indicating a significant level of optimism regarding the responsiveness of services. However, a considerable proportion, 34% (87), remains neutral, suggesting uncertainty or lack of clarity regarding the effectiveness of addressing their needs. Moreover, 27% (60) express being unlikely to feel their needs and preferences are met, with 6% (16) feeling most unlikely, highlighting potential areas for improvement in aligning services with client expectations.

Generally, the quantitative data suggests a general positive perception of service satisfaction, with room for improvement in addressing the needs and preferences of clients. Understanding and responding to client feedback and suggestions are crucial for enhancing service quality and ensuring client satisfaction and loyalty in the long term.

In addition, the interviewees also forwarded several suggestions to improve communication and access to reproductive health services. They emphasize the importance of increasing awareness through community engagement initiatives, such as informational sessions and

workshops organized in collaboration with community leaders. Based on this aspect kalkidan said that:

> *“In our society, I think it's really important to raise awareness about reproductive health issues through community events. In this regard, by working with local leaders to host workshops and information sessions, these events can help empower people about reproductive health issues. And also, create a safe space for open conversations and make sure everyone has access to important information about the issues”.* (February 15, 2016).

Likewise, kalkidan recommend the importance of peer networks for information dissemination, establishing peer-led support groups, and creating welcoming environments within healthcare facilities to facilitate open discussions about reproductive health matters.

Also Cultural sensitivity is highlighted as essential, with clients recommending tailored communication strategies that respect diverse cultural beliefs and norms. In this point Medina said that:

> *"As a client, I truly appreciate when healthcare providers take the time to understand and respect my cultural beliefs and norms. It makes me feel valued and heard, and it helps me feel more comfortable discussing sensitive topics like reproductive health, so in order to create a more suitable environment for discussing reproductive health issues, the health provider should understand and respect all clients cultures and beliefs."* (March 6, 2016).

Furthermore, clients advocate for promoting male involvement in reproductive health discussions and decision-making processes. Leveraging mass media platforms, addressing taboos and stigma surrounding reproductive health, and improving access to information in rural areas are also key recommendations. Lastly, clients stress the importance of providing comprehensive and holistic care, empowering individuals to advocate for their reproductive health needs effectively. By implementing these suggestions, healthcare providers and policymakers can work towards enhancing communication, increasing awareness, and improving access to reproductive health services for all individuals.

4.5. Discussion of Major Findings

The findings of this study suggest that the hospital (HUCSH) used a client-centered strategy for facilitating reproductive health services and creating awareness. However, there appears to be a gap in the implementation of formal communication strategies. For instance, the utilization of media to raise awareness about reproductive health issues and promote the services provided by the hospital is notably lacking. As supportive evidence of the above funding, the study conducted by Rose Ndakala Oronje (2011) explores the utilization of media for reproductive health communication in sub-Saharan Africa. This study examines the extent of media usage in sub-Sahara to disseminate information regarding reproductive health issues and promote reproductive health services.

According to the study, mass media have excellent potential to promote good sexual and reproductive health outcomes, but around the world, media often fail to prioritize sexual and reproductive health and rights issues or report them in an accurate manner. In sub-Saharan Africa, media coverage of reproductive health issues is poor due to the weak capacity and motivation for reporting these issues by media practitioners.

Likewise, the current study finds that while some utilization of media for reproductive health communication exists in HUCSH, its consistency and effectiveness are limited. The research identifies a lack of coordination and integration between the health sector and media organizations, resulting in gaps in communication strategies. Furthermore, challenges such as limited resources and competing health priorities hinder the effective utilization of media for reproductive health communication. Also, the study underscores the necessity for enhanced collaboration between the health sector and media organizations, alongside targeted interventions aimed at overcoming barriers to effective communication.

In addition, the study's funding reveals the challenges of communicating reproductive health issues. The findings shed light on the challenges faced by health professionals and their clients in communicating reproductive health issues. The client's challenges were significantly associated with culture, language, and level of confidence to communicate reproductive health issues.

Culture as a barrier to communicating reproductive health issues: the majority of surveyed participants (66.2%) reported encountering obstacles in accessing and communicating reproductive health issues. Cultural or societal taboos represented a significant barrier for 45.5% of participants. Similarly, research conducted on health communication strategies for

family planning in the East Gojjam Zone indicates that there is a social belief or culture in the study area that views children as an asset for families. Dessalew Getnet and Haimanot Getachew (2014). According to this study, the social beliefs in the study area limited the capacity to communicate and educate society about family planning. This research provides supportive evidence for the impact of cultural and social beliefs on communicating reproductive health issues.

Language as a barrier to communicating reproductive health issues: the finding highlighted language as a significant challenge in accessing reliable reproductive health information and communicating with health providers. A substantial portion of respondents, comprising 40%, reported difficulties in understanding information due to linguistic differences. In this regard a systematic review conducted by Sasan Rasi (2020) explored the impact of language barriers on immigrant patients' access to healthcare services in Australia. The findings emphasize a significant association between inadequate language skills and hindered access to healthcare. Various factors, particularly communication and language barriers, contribute to the challenges immigrants face in accessing healthcare services.

Furthermore, this study explored the challenges healthcare providers face when communicating reproductive health issues, highlighting various barriers that hinder effective dialogue with clients. One significant obstacle is the persistent societal stigma and taboo surrounding topics such as contraception, sexually transmitted infections (STIs), and abortion. This discomfort creates an atmosphere of unease for both providers and patients, thereby delaying open communication. A study conducted by Habtu, Kaba, and Mekonnen (2021) investigated the perspectives of service providers regarding barriers to utilizing youth-friendly sexual and reproductive health services for adolescents. The research aimed to identify key challenges faced by healthcare providers in delivering effective reproductive health services tailored to the needs of young people in south Ethiopia. In this study societal stigma and cultural norms surrounding sexual and reproductive health topics were identified as significant barriers for discussing reproductive health issues. Additionally, language and cultural barriers further complicate matters, particularly in healthcare settings serving diverse populations.

Moreover, the current study revealed, clients' lack of sufficient education and health literacy exacerbates these challenges, leading to misunderstandings and uncertainty during discussions.in this regard previous study done Research by Semegnew Hedabo and Tekle

Gezahegn explored the impact of health literacy on maternal healthcare service utilization in Ethiopia. The study found that limited health literacy among women was a significant barrier to accessing maternal health services. Factors such as low educational attainment and lack of awareness about the importance of maternal healthcare contributed to misunderstandings and uncertainty among women when seeking reproductive health services. This study emphasizes the importance of improving health literacy through targeted educational interventions to enhance communication and understanding between clients and healthcare providers in reproductive health settings.

Finally, this study highlights the critical need for enhanced communication strategies and multi-sectorial integration in reproductive health services. While the hospital employs a client-centered approach, there remains a notable gap in formal communication, particularly in utilizing media for awareness. Cultural and language barriers, compounded by societal stigma and limited health literacy, pose significant challenges for both healthcare providers and clients. Addressing these obstacles requires collaborative efforts across various sectors, including healthcare facilities, schools, the media, and NGOs. By integrating efforts and increasing sexual and reproductive health (SRH) capacity-building initiatives, ultimately, fostering comprehensive communication strategies and multi-sectorial involvement is essential for improving reproductive health outcomes and promoting overall well-being in communities.

CHAPTER FIVE

5. CONCLUSIONS AND RECOMMENDATIONS

5.1. Conclusions

The purpose of this study was to explore the practice and challenges of health communication at Hawassa university comprehensive specialized hospital, with a specific focus on reproductive health. It provides valuable insights into the complexities of communication within the healthcare setting. The study highlighted challenges in health communication and proactive measures taken by the hospital. It emphasized the importance of tailored communication strategies and addressing cultural and linguistic barriers to enhance reproductive health communication and outcomes at the hospital.

In exploring the nature of health communication strategies employed for promoting reproductive health, the study has revealed the importance of customized approaches that cater to the diverse needs and preferences of the hospital's clientele. By recognizing the unique communication requirements of different population groups, the hospital can develop targeted strategies that effectively raise awareness about reproductive health issues and services.

The evaluation of the hospital's communication efforts in raising awareness about reproductive health has highlighted the significance of utilizing a variety of communication channels and tools to reach a broader audience. While the hospital has demonstrated a client-centered approach, there is a notable gap in formal communication strategies, particularly in leveraging media platforms to promote reproductive health services. Enhancing the utilization of media and communication resources can amplify the dissemination of reproductive health information and contribute to increased awareness and engagement among clients.

Identifying the challenges of health communication practice in the hospital has illuminated key areas for improvement in addressing reproductive health issues effectively. The study's findings underscore the impact of negative beliefs, cultural norms, and language barriers on communication dynamics within the healthcare setting. By acknowledging these challenges and proposing targeted interventions, such as staff training programs and collaborative initiatives, the hospital can enhance its communication practices and better support clients in advocating for their reproductive health needs.

5.2. Recommendations

Based on the findings of this study, the following recommendations are proposed to enhance reproductive health communication at Hawassa University Comprehensive Specialized Hospital. These recommendations aim to address identified challenges and improve the effectiveness, inclusivity, and sustainability of communication efforts.

Recommendations for Policymakers:

- Advocate for increased funding and resources to develop and implement tailored communication strategies and provide ongoing support for communication training programs for healthcare staff.
- Promote the adoption of multilingual and culturally sensitive communication practices by establishing guidelines for cultural competency training and ensuring that healthcare providers are equipped to effectively communicate with diverse patient populations.
- Encourage healthcare facilities to utilize various forms of media, such as digital platforms and social media, to disseminate reproductive health information in a culturally appropriate and accessible manner.
- Allocate dedicated resources for the implementation of counseling services and peer education programs that address the unique needs and challenges faced by diverse communities, with a focus on promoting positive health behaviors and outcomes.

Recommendations for Hospital Administrators:

- Allocate resources for tailored communication strategies to improve patient-provider interactions.
- Establish a communication task force to drive awareness campaigns and initiatives for culturally sensitive care.
- Invest in communication technology and provide training for staff to enhance in healthcare delivery.
- Implement feedback mechanisms to evaluate and adjust communication strategies for improved client engagement and satisfaction.

Recommendations for Healthcare Providers:

- Commit to continuous professional development to enhance communication skills and cultural competency.

- Advocate for the provision of support services such as counseling and peer education programs to address the unique needs of diverse communities.
- Collaborate with peers to share and implement best practices in communication with diverse clients, including seeking out cultural competency training.
- Engage in workshops on media literacy to effectively disseminate reproductive health information through various platforms and participate in training programs focused on tailored communication strategies.

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APPENDICES

Appendix A: English Version Questionnaire

Dear respondents,

This questionnaire is distributed on behalf of Medanit Beriso, a master's student at Hawassa University, Department of Journalism and Communication. She is planning to conduct a study on the practice and challenges of health communication at Hawassa University referral hospital: reproductive health in focus. This study will be conducted for the partial fulfillment for an MA degree in Journalism and Mass Communication. The researcher would like to say thank you for your participation. The genuine and honest information you provide is essential in responding to the study questions and attaining the objectives of the study. All the information you provide will remain private and anyone who will not be willing to participate in the study will have the right to stop. Furthermore, your confidentiality and privacy will be maintained by allowing you to answer the questions in your own convenient place, where you feel comfortable to answer the questions.

Procedures in filling the questionnaire: After reading the questions, give your answers from the given alternatives based on your own perspectives. If your answer is out of the given alternatives, fill in the blank space saying "others (specify)."

For any questions concerning the study you can contact the principal investigator via telephone number and Email address provided below.

Telephone number: 0916-99-61-02

Email address: medhanitberiso4@gmail.com

Hawassa University, college of Social science and humanity

I thank you in advance for your time!

Section 1: Socio Demographic Characteristics of respondents		
S. No	**Questions**	**Response**
1	Age	_____in years 1. 15-22 2. 23-30 3. 31-38 4. 39-46
2	Gender	1. Male 2. Female
3	Marital status	1. single 2. married 3. Divorced 4. Widowed
4	Occupation	1. civil servant 2. merchant 3. farmers 4. self-employer 5. Others……
5	Educational Background	1. Illiterate 2. grade 1-4 3. grade 5-8 4. grade 9-12 5. Diploma and above……
Section 2: clients Awareness		
1	Are you aware of the available reproductive health services and resources in the Hawassa University comprehensive specialized Hospital?	1. Yes 2. No
2	If you aware of the available reproductive health services and resources in the Hawassa University Hospital, Where did you get the information	1. From my parents 2. From friends 3. From media outlets 4. From Former clients 5. Others…….
3	Do you use any communication channels to access information about reproductive health?	1. Yes 2. No

4	What communication channels or platforms do primary used to access information about reproductive health?	1. Brochures 2. Radio 3. Television 4. Social media 5. Others……
5	How frequently do you access information about reproductive health through these channels?	1. Daily 2. Weekly 3. Monthly 4. Quarterly 5. Other…….

Section 3: Challenges and Barriers

1	Have you encountered any challenges in accessing accurate and reliable information about reproductive health?	1. Yes **2.** No		
2	If you encountered challenges in accessing accurate information what where they?	**Challenges**	Yes	No
		Language barriers		
		Limited access to reliable sources		
		Lack of clarity in the messages received		
		Cultural or societal taboos surrounding reproductive health topics		
		Other ……..		

Section 4: client's privacy and confidentiality

1	How confident do you feel in your ability to communicate your reproductive health needs and concerns with healthcare providers?	1. Very confident 2. Confident 3. Neutral 4. unconfident

		5. very unconfident		
2	How satisfied are you with the level of privacy and confidentiality maintained during reproductive health discussions with healthcare providers?	1. Very satisfied 2. Satisfied 3. Neutral 4. Unsatisfied 5. Very unsatisfied		
3	How well do healthcare providers address your cultural or religious beliefs and values when discussing reproductive health?	1. Very good 2. Good 3. Neutral 4. Bad 5. Very bad		
4	Did the healthcare professionals involve you in the decision-making process regarding your reproductive health choices and options?	1. Yes 2. No		
5	If you were involved in the decision-making process, in what ways did the healthcare professionals involve you?	1. By providing essential information 2. By giving the chance to decide my own choice 3. By informing risks and benefits clearly. 4. By facilitated collaborative discussions. 5. Other ……..		
6	Have you ever felt misunderstood or judged when discussing reproductive health concerns with the healthcare professionals?	1. Yes 2. No		
7	If you felt misunderstood or judged**,** what is the reason the	**Reason**	**Yes**	**No**

	health professionals misunderstood or judges you?	Language barriers		
		Norms and taboos		
		Lack of communication skill		
		Miss treatments by the professionals		
Section 5: feedback and suggestions for improvement				
1	How satisfied are you with the reproductive health information and services you have received?	1. extremely satisfied 2. very satisfied 3. somewhat satisfied 4. not very satisfied 5. extremely dissatisfied		
2	How can the hospital better address the needs and preferences of clients seeking reproductive health information and services?	A. Most likely B. Likely C. Neutral D. Unlikely E. Most unlikely		

THANK YOU FOR YOUR COOPERATION!

Appendix B: Interview guide for clients

The guidelines were as follows:

- ✓ Welcoming and Greeting
- ✓ Explain the objectives and the overall procedures of the interview
- ✓ Ask the willingness of the selected clients for participating in the interview.
- ✓ After recapping that their confidentiality was maintained ask for to use a tape recorder

Questions to be asked

NB: all the below mentioned questions are intended to comprehend our contexts, not the global contexts)

I). Questions revolving around the awareness about reproductive health services at Hawassa University comprehensive specialized and their sources of information

1. Can you describe your awareness of the available reproductive health services and resources at Hawassa University Comprehensive Specialized Hospital?
    - Could you explain on where you obtained this information?
2. Do you actively seek out information about reproductive health through various communication channels?
    - If so, could you describe your preferred channels for reproductive health information and why you prefer them?

II). Questions regarding their interactions with reproductive service providers;

1. How comfortable do you feel in discussing your reproductive health concerns, with your healthcare provider?
2. Have you ever encountered challenges in explaining your reproductive health symptoms or concerns to your healthcare provider?
3. What challenges have you encountered in understanding reproductive health information from your healthcare provider?
4. Do you feel that your healthcare provider actively involves you in decision-making regarding your reproductive health care plan?

5. Have you ever hesitated to discuss sensitive reproductive health topics, like sex or reproductive organs, with your healthcare provider? If yes, what caused this hesitation?
6. How would you rate the clarity and thoroughness of your healthcare provider's explanations about reproductive health treatments?
7. Have any communication strategies from your healthcare provider made you feel more at ease discussing reproductive health?

III, Suggestions for Improvement

1. What specific changes or enhancements would you suggest to improve communication between you and your healthcare provider regarding reproductive health matters?

2. In what ways do you believe the healthcare provider could better address your concerns and provide clearer explanations about reproductive health procedures or treatments?

Thank you!!

Appendix C: Interview guide for Healthcare providers (Healthcare providers who directly engage in communicating with patients)

The guidelines were as follows:

- ✓ Welcoming and Greeting
- ✓ Explain the objectives and the overall procedures of the interview
- ✓ Ask the willingness of the selected healthcare providers for participating in the interview.
- ✓ After recapping that their confidentiality was maintained ask for to use a tape recorder

Questions to be asked

NB: all the below mentioned questions are intended to comprehend our contexts, not the global contexts)

1. How do you assess the readiness of clients to engage in discussions about reproductive health issues before initiating communication?
2. What specific strategies do you implement to establish a comfortable environment for clients to openly discuss sensitive reproductive health topics?
3. What kinds of explanation strategies do you use to effectively communicate reproductive health information with clients?
4. What strategies do you employ to address the emotional and mental well-being of clients during discussions concerning sensitive reproductive health matters, such as abortion or unwanted pregnancy?
5. How do you collaborate with other health professionals to openly discuss reproductive health issues and address the varied needs of clients?
6. What are the common challenges you face in initiating conversations about sensitive reproductive health topics with clients?
7. What are the organizational or personal barriers hinder in raising reproductive awareness?

Thank you!!

Appendix: D Interview guide for Head of Midwifery Department

The guidelines were as follows:

- ✓ Welcoming and Greeting
- ✓ Explain the objectives and the overall procedures of the interview
- ✓ Ask the willingness of the Head of Midwifery Department who participating in the interview.
- ✓ After recapping that their confidentiality was maintained ask for to use a tape recorder

Questions to be asked

NB: all the below mentioned questions are intended to comprehend our contexts, not the global contexts)

1. Do you have any kind of communication strategy towards reproductive health?
2. What is your organizational communication strategy towards reproductive health?
3. Do you have any different methods of communication with the reproductive health department?
4. What is the organizations strategy for those who come from different regions with different languages? How can you communicate with them?
5. The organization plans to give communication training to those who are working on reproductive health department.
6. How do you ensure that your communication strategy regarding reproductive health aligns with the cultural norms and values of the community served by the organization?
7. Can you describe any collaborative efforts or partnerships with local community organizations or stakeholders to enhance awareness about reproductive health?
8. In what ways do you assess the effectiveness of your communication strategies regarding reproductive health?

Thank you!!

Appendix E: Amharic Version Questionnaire

አባሪ አንድ

መጠይቅ

ውድ የጥናቱ ተሳታፊዎች!

ይህ መጠይቅ በሀዋሳ ዩኒቨርሲቲ የጋዜጠኝነት እና ኮሚዩኒኬሽን ትምህርት ክፍል የሁለተኛ ዲግሪ ተማሪ በሆነችው በመዳኒት በሪሶ የተዘጋጀ ሲሆን በጤና ተግባቦት ትግበራ እና ተግዳሮቶች ላይ በሀዋሳ ዩኒቨርሲቲ ሪፈራል ሆስፒታል የስነ ተዋልዶ ጤና ተግባቦት ትኩረት ተደርጎ የተዘጋጀ ነዉ። ይህ ጥናት የሚካሄደው ለጋዜጠኝነት እና ማስ ኮሚዩኒኬሽን የ MA ዲግሪ ማሟያነት ነዉ።

ስለሆነም ከላይ የተዘረዘሩት የጥናቱ ዓላማዎች ይሳኩ ዘንድ በእናንተ በኩሌ በእውነታ ላይ የተመሠረተና ትክክለኛ የሆነ መረጃ እንድትሞሉ እየጠየኩ በመጠይቁ የምትሞሉት በግላችሁ ስለሆነ እና በመጠይቁ ላይ የምትመልሱት መልስ ግላዊ እና ስማችሁን ያላከተተ በመሆኑ በከፍተኛ ሚስጥራዊነት የሚጠበቅ ይሆናል፡፡ ከዚህም በተጨማሪ በጥናቱ ላይ የምትሳተፉት በፈቃደኝነት ስለሆነ ከማይመለከታችሁ ጥያቄዎች ዉጭ ያልተመቻችሁ ጥያቄዎች ካሉ ባዶ ቦታ መተው ትችላላችሁ፤ መጠይቁንም መሙላት ባላስፈለጋችሁ ጊዜ ማቆም/ማቋረጥ መብታችሁ ነው፡፡ መጠይቁን በግላችሁ ካነበባችሁት በኋላ መልሶቻችሁን ከተሰጡት አማራጮች ውስጥ በራሳችሁ ህይወት ላይ ተሞርኩዛችሁ መልስ ሊሆን የሚችለውን አክብቡበት፤ ከተዘረዘሩት አማራጮች ውጭ ሌላ መልስ ካላችሁ ሌላ ከሆነ ግለፁ በሚለው ምርጫ ስር መልሳችሁን ፃፉ፡፡

ጥናቱን በተመለከተ መጠየቅ የምትፈልጉት ጥያቄ ካላችሁ በሚከተለው አድራሻ ደውላችሁ ወይም ኢ-ሜል አድርጋችሁ መጠየቅ ትችላላችሁ፡

ስልክ ቁጥር: 0916-99-61-02

ኢሜል: medhanitberiso4@gmail.com

ሀዋሳ ዩኒቨርሲቲ፣ የማህበራዊ ሳይንስ እና ስነ-ሰብ ኮሌጅ

ጊዜያችሁን ስለሰጣችሁኝ በቅድሚያ አመሠግናለሁ፡፡

ክፍል 1: መሠረታዊ የግልና ማህበራዊ ጥያቄዎች		
S. No	**ጥያቄዎች**	**አማራጮች**
1	ዕድሜህ/ሽ	_____ዓመት
2	ጾታ	1. ወንድ 2. ሴት
3	የጋብቻ ሁኔታ	1. ያላገባ/ች 2. ያገባ/ች 3. የፈታ/ች 4. ባል/ ሚስት የሞተባቸዉ
4	የሥራ ሁኔታ	1. የመንግስት ሰራተኛ 2. ነጋዴ 3. ገበሬ 4. የቤት እመቤት 5. አልተገለጸም ……
5	የትምህርት ደረጃ	1. ማንበብ እና መጻፍ አልችልም 2. ከፍል 1-4 3. ከፍል 5-8 4. ከፍል 9-12 5. ዲፕሎማ እና ከዚያ በላይ
ክፍል 2: የተገልጋዮች ግንዛቤ		
1	በሀዋሳ ዩኒቨርሲቲ ኮምፕረንሲቭ ስፔሻላይዝድ ሆስፒታል ውስጥ ስላሉት የስነ ተዋልዶ ጤና አገልግሎት እና ግብዓቶች ያውቃሉ?	1. አዎ 2. አላውቅም
2	በሀዋሳ ዩኒቨርሲቲ ኮምፕረንሲቭ ስፔሻላይዝድ ሆስፒታል ውስጥ ስላሉት የስነ ተዋልዶ ጤና አገልግሎት እና ግብዓቶች የሚያውቁ ከሆነ መረጃውን ከየት አገኙት?	1. ከቤተሰቦቼ 2. ከጓደኞች 3. ከመገናኛ ብዙሃን 4. ከቀድሞ ተገልጋዮች 5. ሌላ …….
3	ስለ ሥነ ተዋልዶ ጤና መረጃ ለማግኘት የመገናኛ ብዙሀን አማራጮችን ይጠቀማሉ?	1. አዎ 2. አልጠቀምም
4	ስለ ሥነ ተዋልዶ ጤና መረጃን ለማግኘት በዋናነት የሚጠቀሙት የመገናኛ መንገዶች ወይም አማራጮች የትኞቹ ናቸው?	1. ብሮሸሮችን/ በራሪ ወረቀቶችን 2. ሬዲዮ 3. ቴሌቪዥን 4. ማህበራዊ ሚዲያ 5. ሌላ…….
5	ከእነዚህ የመገናኛ መንገዶች ስለ ስነ ተዋልዶ ጤና መረጃን ምን ያህል ጊዜ ያገኛሉ?	1. በየቀኑ 2. በሳምንት 3. በወር 4. በየ4 ወሩ 5. ሌላ……..
ክፍል 3: ተግዳሮቶች		
1	ስለ ሥነ ተዋልዶ ጤና ትክክለኛ እና አስተማማኝ መረጃ በማግኘት ረገድ ተግዳሮቶች አጋጥመውዎት ያውቃል?	1. አዎ 2. አጋጥሞኝ አያውቅም

2	ትክክለኛ መረጃ በማግኘት ረገድ ተግዳሮቶች ካጋጠሞት፤ ከተዘረዘሩት ተግዳሮቶች መካከል ያጋጠሞት ካለ ምልክት ያድርጉ ?(ከአንድ በላይ መልስ መስጠት ይቻላል)	**ተግዳሮቶች**	አዎ	አላጋጠመኝም
		ቋንቋ		
		የመረጃ ተደራሽ አለመሆን		
		የመልእክት/ የመረጃ ግልፅ አለመሆን		
		የባለሙያዎች ሥነ-ምግባር ጉድለት		
		ሌላ……..		
ክፍል 4: የተገልጋዮች መረጃ ሚስጥራዊነት				
1	የስነ ተዋልዶ ጤና ጉዳዮን እና ስጋቶችዎን ከጤና ባለሙያዎች ጋር በሚያወሩበት ወቅት ምን ያህል በራስ መተማመን ይሰማዎታል?	1. በጣም እተማመናለሁ 2. እተማመናለሁ 3. እርግጠኛ አይደለሁም 4. አልተማመንም 5. በጣም አልተማመንም		
2	ከጤና ባለሙያዎች ጋር በሥነ ተዋልዶ ጤና ውይይቶች ወቅት ግላዊነት እና ሚስጥራዊነት አጠባበቅ ላይ ምን ያህል ረክተዋል?	1. በጣም ረክቻለሁ 2. ረክቻለሁ 3. እርግጠኛ አይደለሁም 4. አልረካሁም 5. በፍፁም አልረካሁም		
3	ስለ ሥነ ተዋልዶ ጤና ጉዳዮች ከባለሙያዎች በሚወያዩበት ጊዜ፤ ባለሙያዎች የእርስዎን ባህላዊ እሴቶች እና ሃይማኖታዊ ጉዳዮች ከግምት ዉስጥ አስገብተዉ አገልግሎት መስጠት ላይ እንዴት ናቸው?	1. በጣም ጥሩ 2. ጥሩ 3. እርግጠኛ አይደለሁም 4. ደካማ 5. እጅግ ደካማ		
4	የጤና ባለሞያወች የእርሶን የስነተዋልዶ ጉዳዮች በተመለከተ በውሳኔ አሰጣጥ ሂደት ውስጥ አሳትፈዋል?	1. አዎ 2. አላሳተፉኝም		
5	የጤና ባለሞያወች የእርሶን የስነተዋልዶ ጉዳዮች በተመለከተ በውሳኔ አሰጣጥ ሂደት ውስጥ ካሳተፎት፤ በምን መልኩ እንዳሳተፎት ከተዘረዘሩት አማራጮች ይምረጡ	1. አስፈላጊ የሆኑ መረጃዎችን በመስጠት 2. የራሴን ምርጫ ለመወሰን እድል በመስጠት 3. ሊፈጠሩ የሚችሉ ችግሮች እና ጥቅሞችን በማሳወቅ 4. ግልጽ የሆኑ ውይይቶችን ለማካሄድ		

		ሁኔታዎችን በማመቻቸት 5. ሌላ ……		
6	የስነ ተዋልዶ ጤና ጉዳዮችን ከጤና ባለሙያዎች ጋር ሲወያዩ በተሳሳተ መንገድ ተረድተዋችሁ ያዉቃሉ?	1. አዎ 2. በጭራሽ		
7	የስነ ተዋልዶ ጤና ጉዳዮችን ከጤና ባለሙያዎች ጋር ሲወያዩ ባለሙያዎቹ ሀሳቦን በተሳሳተ መንገድ የተረዱበት ምክንያት ምንድነው ብለዉ ያምናሉ?	**ምክንያት**	አዎ	አይደለም
		በቋንቋ አለመግባባት		
		የተገልጋይ በህልን ባለመረዳት		
		የተግባቦት ችሎታ ማነስ		
		የባለሙያዎች ሥነ-ምግባር ጉድለት		
		ሌላ……		
	ክፍል 5፡ ግብረ መልስ እና የማሻሻያ ጥቆማዎች			
1	ባገኙት የስነ ተዋልዶ ጤና መረጃ እና አገልግሎት ምን ያህል ረክተዋል?	1. እጅግ በጣም ረክቻለሁ 2. በጣም ረክቻለሁ 3. በመጠኑ ረክቻለሁ 4. በጣም አልረካም። 5. እጅግ በጣም አልረካም።		
2	ሆስፒታሉ የስነ ተዋልዶ ጤና መረጃን እና አገልግሎትን የሚሹ ታካሚዎችን ፍላጎቶች እና ምርጫዎች እንዴት በተሻለ ሁኔታ መፍታት ይችላል?	1. በጣም መፍታት ይችላል 2. መፍታት ይችላል 3. እርግጠኛ አይደለሁም 4. መፍታት የሚችል አይመስለኝም 5. በፍፁም መፍታት አይችልም		

ስለትብብራችሁ አመሠግናለሁ!!

Appendix: F Amharic Version interview guide for clients

መመሪያ፡ ከስነተዋልዶ አገልግሎት ተጠቃሚዎች ጋር ለሚደረገው ቃለ መጠይቅ

የመጠይቁ አካሄድ እንደሚከተለው ይሆናል፡፡

- መደበኛ የሰላምታ አካሄድን ባልተከተለ መልኩ ሰላምታ መለዋወጥ
- የቃለ መጠይቁን አላማና አካሄድ ጠለቅ ባለ መልኩ መግለፅ/ማብራራት
- በቃለ መጠይቁ ውስጥ በመሳተፋቸው ምን እንደሚያገኙ እና በቃለ መጠይቁ አካሄድ ውስጥ ሊኖራቸው ስለሚችለው መብቶች ማብራራት
- ቃለ መጠይቁን ለማድረግ ፈቃደኛ መሆናቸውን መጠየቅ
- በቃለ መጠይቁ ወቅት የሚነሱ ግላዊ ጉዲዮች/ሚስጥሮች በጥብቅ እንደሚጠበቁ በመቅረፀደ ድምፅ ቃለመጠይቁ እንዲቀዳ ፈቃደኛ መሆናቸውን ማረጋገጥ

የጥያቄዎች ርዕሶችና ነጥቦች

I). አጠቃላይ በሀዋሳ ዩኒቨርሲቲ አጠቃላይ ስፔሻላይዝድ ሆስፒታል ስለሚሰጡ የስነተዋልዶ አገልግሎቶች ዙሪያ ያሊቸውን መረጃና የመረጃ ምንጭ የተመለከቱ ጥያቄዎች፤

1. በሀዋሳ ዩኒቨርሲቲ ኮምፕህረንሲቭ ስፔሻላይዝድ ሆስፒታል ስላለው የስነ-ተዋልዶ ጤና አገልግሎት እና ግብአቶች ያለዎትን ግንዛቤ ቢገልጹልን?

   • ይህንን መረጃ ከየት እንዳገኙት?

2. በተለያዩ የመገናኛ መንገዶች ስለ ስነ ተዋልዶ ጤና መረጃን በንቃት ይከታተላሉ?

   • የሚከታተሉ ከሆነ፣ ለሥነ ተዋልዶ ጤና መረጃ የሚመርጡትን የመገናኛ መንገዶችን እና ለምን እንደመረጡት ይግለጹ?

II). ከስነተዋልዶ አገልግሎቶ ሰጪዎች ጋር ያላቸውን ተግባቦት በተመለከተ የሚነሱ ጥያቄዎች፤

1. ስለ እርስዎ የስነ ተዋልዶ ጤና ጉዳዮች ከጤና ባለሞያዎች ጋር በሚወያዩበት ምን ያህል ምቾት ይሰማዎታል?
2. የእርስዎን የስነ ተዋልዶ ጤና ጉዳዮች ወይም ስጋቶች ለጤና ባለሞያዎች በማብራራት ረገድ ተግዳሮቶች ኢጋጥመውዎት ያውቃሉ?
3. ከስነ ተዋልዶ ጤና ባለሞያዎች የእርስዎን የስነ ተዋልዶ ጤና ጉዳዮች በሚወያዩበት ወቅት ባለሞያው የሚሰጥትን መረጃን ለመረዳት ተቸግረው ያውቃሉ? የሚያውቁ ከሆነ ምን እንደነበር ያብራሩ?

4. የእርስዎን የስነ ተዋልዶ ጤና ጉዳዮች በተመለከተ የጤና ባለሞያዎች በውሳኔ አሰጣጥ ላይ እርስዎን በንቃት እንደሚያሳትፎ ይሰማዎታል? ካልተሰማዎት ለምን?
5. ከስነ ተዋልዶ ጤና ባለሞያዎች ጋር እንደ ወሲብ ወይም የመራቢያ አካላት፤የመሳሰሉ ስሜታዊ የሆኑ የስነ-ተዋልዶ ጤና ጉዳዮችን ለመወያየት አመንትተው ያውቃሉ? አዎ ከሆነ፣ ይህ ማመንታት ከምን የመጣ ይመስሎታል?
6. ስለ ሥነ ተዋልዶ ጤና ሕክምናዎች የጤና ባለሞያዎች የሚሰጡትን የመረጃ ግልጽነት እና ጥልቀት እንዴት ይገመግማሉ?
7. ከስነ ተዋልዶ ጤና ባለሞያዎች የሚመጡ ማናቸውም የመግባቢያ ስልቶች ስለ ስነ ተዋልዶ ጤና ለመወያየት የበለጠ እንዲሰማዎት ያደርጎታል?

III) የማሻሻያ ምክሮች

1. በሥነ ተዋልዶ ጤና ጉዳዮች ላይ በእርስዎ እና በጤና ባለሞዎች መካከል ያለውን ግንኙነት ለማሻሻል ምን ማሻሻያዎችን ይመክራሉ?
2. በየትኞቹ መንገዶች የጤና ባለሞያዎች የእርስዎን የስነ ተዋልዶ ጤና ስጋቶች በተሻለ ሁኔታ ሊፈታ ይችላል ብለው ያምናሉ?

Appendix G: Amharic Version Interview guide for Head of Midwifery Department

መመሪያ፡ ከሚድዋይፍ አገልግሎት ክፍል ኃላፊ ጋር ለሚደረገው ቃለ መጠይቅ

የመጠይቁ አካሄድ እንደሚከተለው ይሆናል፡፡

- መደበኛ የሰላምታ አካሄድን ባልተከተለ መልኩ ሰላምታ መለዋወጥ
- የቃለ መጠይቁን አላማና አካሄድ ጠለቅ ባለ መልኩ መግለፅ/ማብራራት
- ቃለ መጠይቁን ለማድረግ ፈቃደኛ መሆናቸውን መጠየቅ
- በመቅረፀደ ድምፅ ቃለመጠይቁ እንዲቀዳ ፈቃደኛ መሆናቸውን ማረጋገጥ

የሚጠየቁ ጥያቄዎች

1. ስለ ስነ ተዋልዶ ጤና ግንዛቤን ለማሳደግ ምንም አይነት የተግባቦት ስልቶችን ትጠቀማላችሁ?
2. እንደ ሀዋሳ ዩኒቨርሲቲ ኮምፕህረንሲቭ ስፔሻላይዝድ ሆስፒታል ለስነ-ተዋልዶ ጤና አገልግሎት አሰጣጥ ምን አይነት የተግባቦት ስልቶችን ትጠቀማላችሁ?
3. በስነ ተዋልዶ ክፍል ውስጥ በዋነኝነት የምትጠቀሙት የተግባቦት ዘዴዎች አሉ? ከለ ያብራሩ?
4. ሆስፒታላቹ የተለየ ቋንቋ ለሚናገሩ ተገልጋዮች ምን አይንት የተግባቦት ስልቶችን የተቀማል?
5. ሆስፒታላቹ በስነ ተዋልዶ ጤና ክፍል ላይ ለሚሰሩ ሰራተኞች የተግባቦት ስልቶችን በተመለከተ ስልጠና ይሰጣል?
6. የስነ ተዋልዶ ጤናን በሚመለከት ሆስፒታላቹ የሚከለው ዘዴ ከሚያገለግላቸው የማህበረሰብ ባህላዊ ደንቦች እና እሴቶች ጋር መጣጣሙን እንዴት ታረጋግጣለህ?
7. ስለ ስነ ተዋልዶ ጤና ግንዛቤን ለማሳደግ ሆስፒታላቹ ከአካባቢው ማህበረሰብ፡ድርጅቶች ወይም ባለድርሻ አካላት ጋር ያደረጋቸው የትብብር ጥረቶች ምን ምን ናቸው?
8. በሆስፒታላቹ ለስነ ተዋልዶ ጤና ግንዛቤን ለማሳደግ የምትጠከሙትን የተግባቦት ስልት ውጤታማነት በምን መልኩ ይገመገማል ይገመግማሉ?

Appendix H: Amharic Version interview guide for health care providers

መመሪያ፡ ከስነ-ተዋልዶ ጤና ባለሞያዎች ጋር ለሚደረገው ቃለ መጠይቅ

የመጠይቁ አካሄድ እንደሚከተለው ይሆናል፡፡

- መደበኛ የሰላምታ አካሄድን ባልተከተለ መልኩ ሰላምታ መለዋወጥ
- የቃለ መጠይቁን አላማና አካሄድ ጠለቅ ባለ መልኩ መግለፅ/ማብራራት
- ቃለ መጠይቁን ለማድረግ ፈቃደኛ መሆናቸውን መጠየቅ
- በመቅረፀደ ድምፅ ቃለመጠይቁ እንዲቀዳ ፈቃደኛ መሆናቸውን ማረጋገጥ

የሚጠየቁ ጥያቄዎች

1. ለስነ-ተዋልዶ ጤና አገልግሎት ከመጡ ተገልጋዮች ጋር ውይይት ከመጀመሮ በፊት የተገልጋዮችን ዝግጁነት እንዴት ይገመግማሉ?
2. ለውይይት አስቸጋሪ የሆኑ የስነ ተዋልዶ ጤና ርዕሰ ጉዳዮችን በግልፅ ለመወያየት ምቹ አካባቢ ለመፍጠር ምን አይነት ስልቶችን ይተገብራሉ?
3. ከተገልጋዮች ጋር የሚደረገውን ውይይት ለማገዝ ምን አይነት የማብራሪያ ስልቶችን ይጠቀማሉ?
4. እንደ ፅንስ ማስወረድ ወይም ያልተፈለገ እርግዝና ባሉ ውይይቶች ወቅት የደንበኞችን ስሜታዊ እና አእምሮአዊ ደህንነት ለመፍታት ምን አይነት ስልቶችን ይጠቀማሉ?
5. የስነ ተዋልዶ ጤና ጉዳዮችን በግልፅ ለመወያየት እና የተገልጋዮችን የተለያዩ ፍላጎቶች ለማሟላት ከሌሎች የጤና ባለሙያዎች ጋር በምን አይነት መንገድ ይተባበራሉ ?
6. የስነ ተዋልዶ ጤና ጉዳዮችን ከተገልጋች ጋረ በሚወያዩበት ወቅት በብዛት የሚጋጥሞት ተግዳሮት ምንድ ነው?
7. የስነ-ተዋልዶ ግንዛቤን ከማሳደግ አንፃር የሚፈጠሩ ድርጅታውም ሆኑ ግላዊ ተግዳሮቶች ምንድ ናቸው?