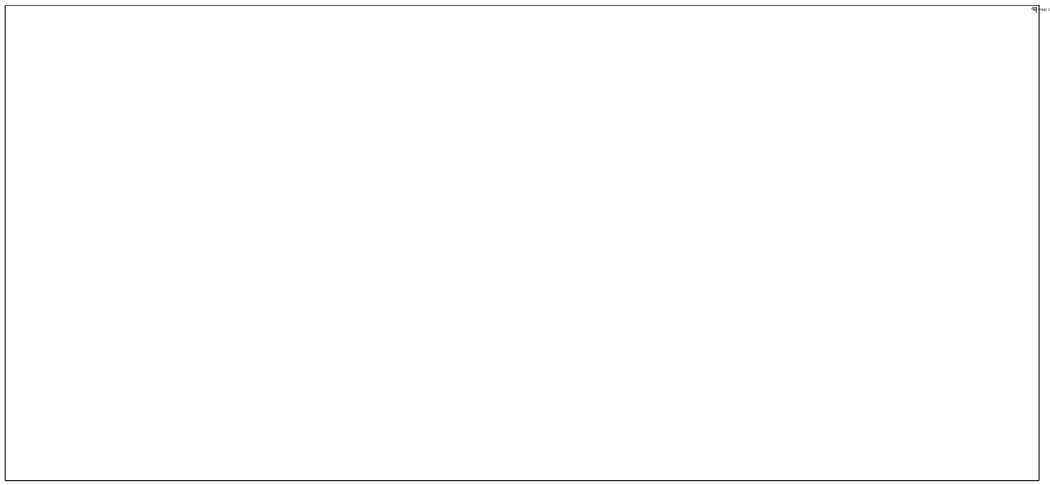

ARSI UNIVERSITY

COLLEGE OF HEALTH SCIENCES

DEPARTMENT OF PUBLIC HEALTH

ASSESSMENT OF UTILIZATION AND SATISFACTION OF URBAN HEALTH EXTENSION SERVICES AND ASSOCIATED FACTORS AMONG WOMEN OF CHILD BEARING AGE (15-49 YEARS) IN ASSELA TOWN, OROMIYA REGIONAL STATE SOUTHEAST ETHIOPIA, FROM SEPTEMBER 1 TO 30 IN THE YEAR 2025.

BY GIRMA DAGIFE

A THESIS REPORT SUBMITTED TO THE DEPARTMENT OF PUBLIC HEALTH, COLLEGE OF HEALTH SCIENCES, ARSI UNIVERSITY, IN PARTIAL FULFILLMENT FOR THE REQUIREMENT OF MASTER OF PUBLIC IN GENERAL PUBLIC HEALTH

September, 2025 Assela, Ethiopia.

ARSI UNIVERSITY

COLLEGE OF HEALTH SCIENCES

DEPARTMENT OF PUBLIC HEALTH

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Name of Advisors	1. Dr Gizachew Abdeta 2. Mr Mahammedawal Kaso
Title of the Research Project	ASSESSMENT OF UTILIZATION AND SATISFACTION OF URBAN HEALTH EXTENSION SERVICES AND ASSOCIATED FACTORS AMONG WOMEN OF CHILD BEARING AGE (15-49 YEARS) OF ASSELA TOWN, OROMIYA REGIONAL STATE SOUTHEAST ETHIOPIA, FROM SEPTEMBER 1 TO 30 IN THE YEAR 2025.
Duration of the Project	One month
Study Area	Assela Town, Oromiya Regional State South East Ethiopia
Total Cost of the Project	45,450.00
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Abbreviations

DALYs: Disability Adjusted Life Years

DPC: Disease Prevention and Control

HC: Health Center

HEWs: Health Extension Workers

HFs: Health Facilities

HHs: House Holds

HP: Health Post

LMICS: Low and middle-income countries

MCH: Mother and Child Health

PHC: Primary Health Care

PHCU: Primary Health Care Unit

PNC: Postnatal Care

SSACs: Sub-Saharan African Countries

UHC: Universal Health Coverage

UHEP: Urban Health Extension Program

UHEWs: Urban Health Extension Workers

Abstract

Background: Urban Health Extension service utilization and satisfaction was affected by lack of knowledge and participation on packages in the study area and period.

Objective: It was to assess the magnitude of utilization and satisfaction of health extension services and associated factors among women of age (15-49 years) in Assela Town, Oromia Regional state South East Ethiopia in September 2025.

Methodology: A community based cross-sectional study was conducted. Using single proportion and 1.5 desinge effect formula by adoption 51.8% from a study in Hawasa Town and final sample size was 632. Sampling procedure was by stratified random sampling from all 8 kebeles 8 ketenas were selected by lottery; allocating proportionally. Urban Health extension services utilization and satisfaction was dependent variable. Independent variables related to socio demographic and behavioral factors. An adopted questionnaire was developed in Kobo toolbox. And pretest was done on 5% of the sample in Gonde Town. Ethical clearance from Public Health Department, verbal consent of each participant was obtained. Face to face interview by using close and open ended questionnaire data collection was done. Data analysis: Kobo toolbox collected data was transferred to SPSS version 27 to analyze by binary logistic regression by considering 95% CI, p-value < 0.05. The answers from open ended question was triangulated.

Results: With a response rate of 98 %(618/632) the Urban Health Extension service (UHEP) utilization and satisfaction was 28% and 41% respectively. Among associated factors with 95% CI and p-value <0.05 were knowledge about UHEP 6.7(AOR=6.7; 95% CI: 3.15-14.97), participation of women on planning of UHEP activities 5.36 higher (AOR=5.36; 95 CI: 1-19.6) than their respective counterpart.

Conclusions and Recommendations: The study came with results among researches reported least utilization proportion. The associated factors were manageable by the town health office, health extension workers and kebele administers. Awareness creation, participating women in planning and best experience sharing between families on health extension activities were among the recommendations.

1. Introduction

1.1. Background

Globally, urban health service utilization is exposed to inequalities; especially in low and Middle Income Countries (LMICs) who are the home of major portion of children and adolescents population of the World (1) (2). Starting from Alma Ata Declaration such kind of primary health care approach was recommended by WHO for low and middle-income countries. Encouraging community ownership by exercising community participation starting from planning, implementation and regulation of Primary Health Care intervention(3), (4).

Low-and middle-income countries (LMICS) according to their socioeconomic conditions adopted the primary health care (PHC) services that focused on disease prevention and encouraging healthy behavior(3),(5). Basing on preventive policy approach countries are making broad PHC services from time to time in its quality, accessibility to the mass and scope of services like increasing efficiency of non-communicable diseases prevention, treatment and control interventions (6), (7).

Health Extension package is an innovative approach in Ethiopia; that focuses on primary health services that incorporate a preventive and basic curative service targeting households to improve the health status of families through the intended health extension packages (3).

Among the routes that Ethiopia chosen to wards Universal Health Coverage is Primary Health Care approach by basing its roots in Health Extension package. Urban Health Extension package was launched in 2009 by assigning one Urban Health Extension Worker (UHEW) for 500 Households (8) and (9).

The HEP enhances the health service journey towards Universal Health Coverage by establishing primary health care services by equality, equity, accessibility and affordability for all citizens (3).

The Health Extension package (HEP) in its journey contributed much to public health. A research reported that the program saved the lives of 50,700 mothers and children among marginalized and needy segment of the community in 2008-2017 (23).

But the package should be evaluated in different dimensions to confirm the status and associated factors for further achievements. A systematic review in Ethiopia that was on utilization of HEP reported that Health Extension program services utilization in the studied areas was 58.5 to 60.42.% (3).

The studies done above had not a coherent result; there is a different report 42 and 86 % a big difference! Their recommendations also different; one admired and other pointed to look at a reform for the program(8). A community based cross sectional research that was done in Gullele/Sub City of Addis Ababa) on UHEP service utilization recommended that further research should be done to assess factors affecting utilization (8).

So to come to a brief conclusion for decision makers the research The Assessment of Utilization of Health extension program services and associated factors among residents of Assela Town contribute something important.

1.2. Statement of the Problem

Globally among preventable health problems maternal, neonatal, nutritional diseases and communicable diseases share 44.75% of global disease burden in 2021.Due to these fact effective interventions to achieve SDGs that recommended for countries to pave their own way to UHC according to their socioeconomic status. So Ethiopia also strives to be on the track for SDG **(10).**

As a public health burden unimproved sanitation related diseases and MCH related health problems who are top contributors of death in Ethiopia are amongst that can be preventable by interventions of HEP packages (3).

Health Extension Program in Ethiopia played a great role to contribute for public health. In this perspective UHEP is a backup for health centers to boost a health seeking behavior of the community by awareness creation, home visit and defaulter tressing creating of model HHs. So lack of awarness creation, unfavourable attitudes, less frequency of home visit, lack of defualter tressing ... resulted in poor packge services utilization and satisfaction (10).

But UHEP is being challenged by different bottle necks. These were demographic, behavioral and environmental factors which were discussed in the literature review.

The above statements showed the HEP seems sick; it should get due attention to be studied in different dimensions.

So this study also may help to clear out to what extent health extension service is in the intended target or not. After the research will be done and find out the service utilization status and associated factors it may help as an input for decision makers.

1.3. Significance of the research

Among innovations of Ethiopia on public health programs at grass root level that should do a lot for the community, Urban Health Extension Program is one of them which would be managed and efficiently as well as evaluated in different dimensions its progress.

The program should be assessed in different thematic areas and factors like Socio-Demographic, community related factors, environment related factors, health institution related factors and so on. So significance of the study can help to Assela Town's primary health package's status by assessing UHEP service utilization by the community and associated factors.

In case of saying service utilization is there highly neglected packages or which victims of sustainability problem are. Finally the research result and finding which is focusing on relevant thematic areas and related information will be used as decision making input may help by what challenges are tackling the program and to what magnitude.

And provoking the stockholders; the Town Health Office, Town and kebele administrative bodies to let them giving more attention to foster the Urban Health Extension program of the town by supporting, follow up and assisting according to the conditions.

2. Literature Review

Globally there were 1.17 million deaths due to unimproved environmental health conditions by the year 2021. Most of those diarrheal diseases are preventable by primary health care interventions. A systematic review that was done in China on community health showed that Public Health service was successful in its community centered strategy and extending the service to control and prevention of NCDs **(11) (12)**. A reasserts` summery in South East Asia indicated that primary health service especially that is related to maternal health still needed more work to achieve the universal health coverage**(9)**.

A systematic review that was done in Sub-Saharan African Countries showed that only 3.4% of women completed all of the 11 maternal, new born and child health care services along the schedule of services (13).

Another systematic review that was done in East Africa showed that prevalence of latrine utilization was only 57.05% at the horn that could be danger for public health (14). In East Africa child immunization is also insufficient as a research at the horn done indicated that only 67.4% were fully immunized (15)

Still another systematic review at the horn that was done on maternal health care its result focused to be given due attention on the community participation and equality and equity issues for women as well as health education at the health facility level finally the article recommended health extension programs at the policy level (16).

2.1. Prevalence of utilization of UHEP services

A systematic review that was done in Ethiopia reported that HEP service utilization was 58% (3). A community based cross-sectional study that was done on UHEP service utilization in Hosanna Town South Ethiopia reported that only 42% of the respondents were utilized the services (17). Another CBCS that was done on utilization of UHEP services in Gonder Town showed UHEP service utilization was 59.5 % (18).

Another community based cross-sectional study that was done in Gamo Goffaa Zone Southern Ethiopia showed environmental health service utilization was only 60%. This study also revealed that programs such as skilled birth attendance, rodent and vector control, water supply and safety were given the least attention **(19)**.

Another community based cross-sectional study which was done on UHEP service utilization among mothers in East Gojam Zone North West Ethiopia reported that only 14.8% of the respondents utilized the maternal health service from UHEWs **(21)**.

Another community based cross-sectional study which was done on maternal service utilization among mothers in Ambo Town Oromia Regional State Ethiopia reported that only 14.2% of the respondents utilized the maternal health service from UHEWs **(20)**.

A community based cross-sectional study that was done in towns of Ethiopian regions on patterns of utilization, expectations and satisfaction of community to UHEP services reported that services utilization of immunization 39.2%, PNC 7.8%, nutritional screening for children 9.7% and environmental health services 75.7% **(22)**.

2.1. Factors associated to UHEP service utilization

2.1.1. Socio-Demographic factors

2.1.1.1. Age of women

A community based cross-sectional study that was done in Addis Ababa on UHEP service utilization reported that women at ages of 18-49 were 1.74 more times likely to utilize than women of greater than 49 year old (22).

In other finding in Hosanna residents at age of 36-45 years we're showed 3.37 times more likely to utilize UHEP services than that of 18-24 (17).

2.1.1. 2. Occupation

A community based cross-sectional study that was done on UHEP utilization in Gonder City reported that women who were house wives showed tendency of service utilization of 36%, merchants 8% and private employees 37%. This study used government employees as comparing participants (18).

2.1.1.3. Average monthly income of the households

A research report that was done Hosanna Town reported that HHs with average monthly income > 3550 Eth Birr were 3.5 times (AOR=3.53: 95% CI : 1.63 - 5.04) higher odds of utilization of UHEP services as compared who had 150 - 650 Ethiopian Birr average monthly income (17)

2.2. Factors related to Behavior

2.2.1. Knowledge about the UHEPs

In a community based cross-sectional study that was done in Hosanna Town participants who had satisfactory knowledge about the packages had 2 times more likely to utilize the service than who had poor knowledge (17).

In other community based cross-sectional study which was done in Gonder City reported that participants who had satisfactory knowledge about UHEP had 2 times more likely to utilized the service than who had poor knowledge about the package (18).

Another community based cross-sectional study that was done in Addis Ababa reported that knowledge about UHEP showed a service utilization AOR of 3.14 than who didn't had the knowledge about the packages (23).

A community based cross-sectional study that was done in Gullele Sub city of Addis Ababa concerning service utilization HHs with satisfactory knowledge of UHEP showed 1.5 times the odds of those who had unsatisfactory knowledge about the packages (24).

Another research that was done on UHEP service utilization reported that people with better information and knowledge of it showed a better service seeking behavior than that of not (25).

Another community based cross-sectional study research which was done on maternal service utilization among mothers in Ambo Town Oromia Regional State Ethiopia reported mothers who had knowledge of pregnancy danger signs showed a service utilization AOR of 3.8 than who hadn't the awareness (20).

2.2.2. Being model household

At its birth the program UHEP is intended to be achieved among the top strategies was by creating model households (3).

A community based cross-sectional study reported those attending model households' courses even before graduation also helping to be a better packages utilizer. Half a dozen of researches that were done in different settings, ways, methods and topics concerning UHEP confirmed being model of household by HEP enhanced significantly to utilize UHEP (25).

Another community based cross-sectional study research Which was done on maternal service utilization from UHEWs among mothers in Ambo Town ORS Ethiopia reported that model families had AOR 2.4 utilization of maternal services from UHEWs than who didn't (20).

2.2.3. Participated in planning

A community based cross-sectional study that was done on UHEP utilization in Gullele Sub-City reported that HHs that had been participated in the planning phase were 2.8 (AOR=2.8:95% CI: 1.43 - 3.70) times the odds of those who didn't participated (24).

A community based cross-sectional study that was done in Gamo Gofa Zone on women's satisfaction with health extension service utilization reported that women that participated in planning activities health extension packages had 5.75 times more likely to be satisfied compared to that who didn't participated (19).

2.3. Environmental Factors

2.3.1. Frequent visit of households

A community based cross-sectional study in Addis Ababa showed that UHEWS' frequent of visits to HHs had a contribution to health service utilization of the community (25), (23).

Another community based cross-sectional study that was done in Addis Ababa reported that households that were visited by HEWs with more frequent showed a better productivity in healthy practices and more utilization of health extension services than that weren't getting the visit (26).

A research that was done in Bishoftu Town Oromiya Regional State on UHEP utilization showed that defaulter tracing from health services, referral linkage to their respective primary health care units also an opportunity services during households' visits (27).

Another community based cross-sectional study research which was done on maternal service utilization from UHEWs among mothers in Ambo Town ORS Ethiopia reported that good frequency (at least once in a month) had AOR 11.6 utilization of maternal service from UHEWs than who didn't (20).

2.3.2. Satisfaction of women by UHEP services

A community based cross-sectional study that was done in Gamo Goffa Zone South West Ethiopia on satisfaction of women with the health extension services showed that 37% a satisfaction by the package services (20).

A community based cross-sectional study that was done in Hawasa City, Sidama Reginal State South Ethiopia on satisfaction of women with the health extension services showed that 51.8% a satisfaction by the package services (18).

Another community based cross-sectional study that was done in Gonder town North West of Ethiopia on UHEP service satisfaction reported that an overall satisfaction of 29.4%.

2.4. Factors Associated to women's Satisfaction with UHEP utilization

Socio demographic factors

2.4.1. Age

A CBCS that was done on women's satisfaction with UHEP services showed that women in age group of 45- 53 years were 3.9 times more likely to be satisfied by UHEP services than those age group of 18-26 years (28).

2.4.2. Income of the Household's

A community based cross-sectional study that was done in Gamo Goffa Zone South West Ethiopia on satisfaction reported that women that had average monthly income of greater than 60 USD had 5.3 times more likely to be satisfied with health extension services than that had monthly income was 15 USD (19).

2.4.3. Knowledge

A community based cross-sectional study that was done in Hawasa City on community service satisfaction by UHEP showed that secondary education had higher odds (AOR 2.4: 95) of satisfaction with UHEP services than the lower level (29).

2.4.4. Occupation

A community based cross-sectional study that was done in Hawasa City on community service satisfaction by UHEP service delivery husband occupation being merchant showed AOR of 15: in 95 CI(29).

Another community based cross-sectional study that was done in Gonder City on women's' satisfaction with UHEP showed that women who were governmental employees had AOR 1.37 than that of private employees in service satisfaction (28).

2.4.5. Being model household

A community based cross-sectional study that was done in Hawasa City on community service satisfaction by UHEP service delivery reported that being model household showed AOR 2.43 in 95% CI higher odds of satisfaction with UHEP service delivery (29).

2.5. Conceptual Framework for Utilization and satisfaction of UHEP Services.

The interdependence between the dependent variable (Urban Health Extension Program services utilization and satisfaction) and the independent variables (factors that affected the level or extent of utilization and satisfaction) that was synthesized from reviewed articles can be demonstrated as the following conceptual framework.

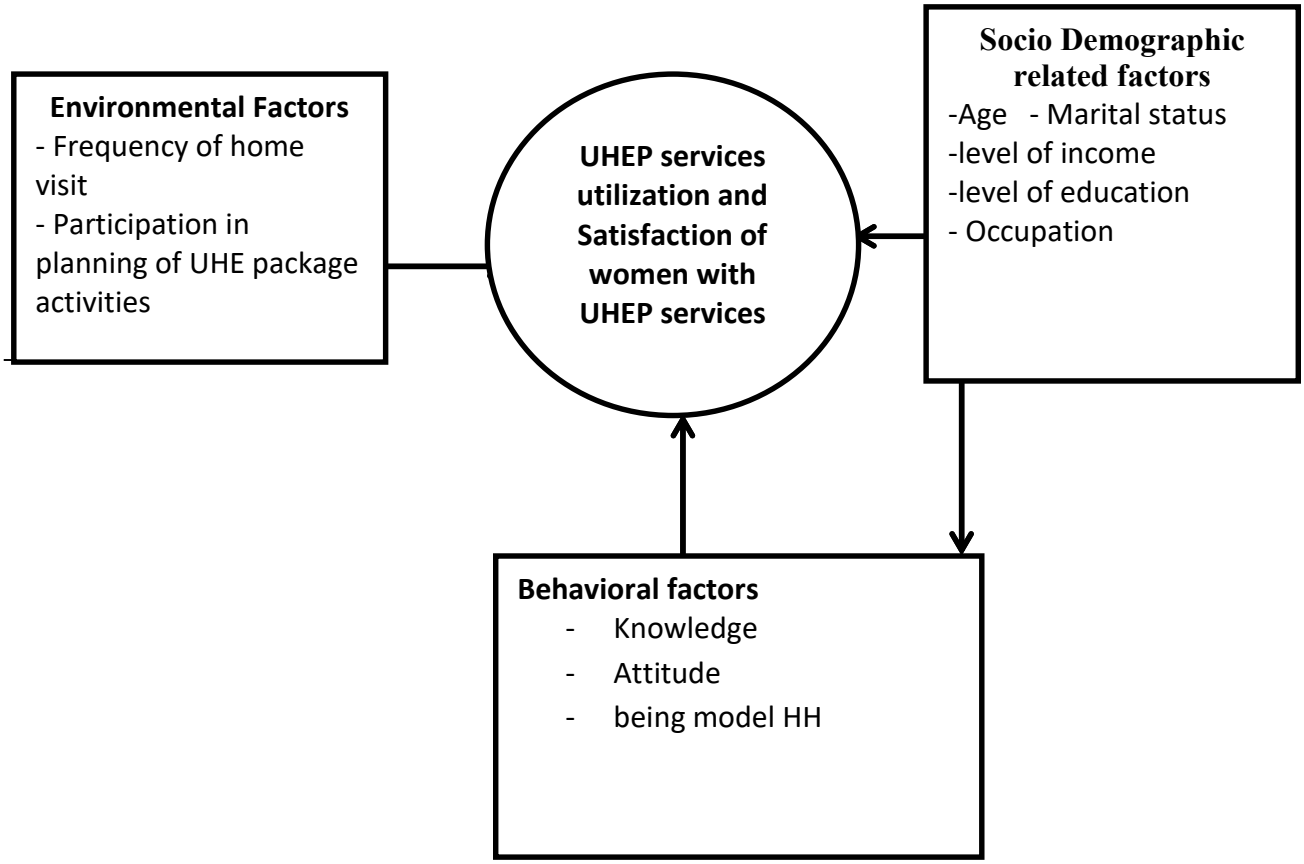

Figure -1- Conceptual Framework for Utilization and women's satisfaction with UHEP Services. Adopted from (24), (25)

3. Objective

3.1. General Objective

To assess the magnitude of utilization and women's' satisfaction with UHEP Services and associated factors among women of Child bearing age(15-49 years) of Assela Town, Oromiya Regional State Southeast Ethiopia, from September 01 to 30 in the year 2025.

3.2. Specific Objectives

1. To assess the magnitude of Utilization of Health extension services among Women of Child bearing age(15-49 years of Assela Town, Oromiya Regional State Southeast Ethiopia, from September 01 to 30 in the year 2025.

2. To identify factors associated with Utilization of Health extension services among Women of Child bearing age(15-49 years of Assela Town, Oromiya Regional State Southeast Ethiopia, from September 01 to 30 in the year 2025.

3. To identify factors associated with satisfaction of women's' with UHEP services among HHs of Assela Town, Oromiya Regional State Southeast Ethiopia, from September 01 to 30 in the year 2025.

4. Methods and materials.

4.1 Study area

Assela is an administrative Town and its location is in South East of Ethiopia. It is located at 175km distance to the South from Addis Ababa. The town has eight kebeles, 121,122 total population and 22,583 Women of Child Bearing Age **(5)**

4. 2. Study design and period

The study design was a community based cross-sectional one that was held in Assela Town from September 01 to 30 in the year 2025,

4. 3. Source population and Study Population

4.3.1. Source population

The study population was Women of Child bearing age (15-49 years) in Assela Town that are residents starting from at least six months prior to the data collection time.

4.3. 2. Study population

Women of Child bearing age (15-49 years) that was selected for the study.

4.4. Study unit

Women of Child bearing age (15-49 years).

Inclusion criteria

All Women of Child bearing age(15-49 years) in Assela Town that had not problem of hearing, mental health, impairment due to health problem or with other phenomenon and

who were volunteer for participation.

Exclusion criteria

All Women of Child bearing age (15-49 years) in Assela Town that were not fulfilled the inclusion criteria.

4.4. Sample size determnation and Sampling Procedures

4.4.1. Sample size determnation

Sample size was calculated by using the adopted proportion from a research done in Hawasa Town South Ethiopia proportion of 51.8%, 95 CI and 5% margin of error (29). By using a single population proportion formula and design effect of 1.5 and adding 10% non-response rate;

n= (Za/2)2 p(1-p)/ e2 n= (1.96)2 (0.518) (0.482)/0.0025 n= 384*1.5=575

Total n =575 + 10% as non-respondent rate n=575+57= 632

n=632, this was total sample size.

4.4.2. Sampling procedure

To incorporate the proper number of study participants stratified random sampling method was used.

From eight kebeles where more or less had equal number of ketenas (most of kebeles had eight) in the town; by lottery method taking one Ketena from each Kebele which will be a total of eight Ketenas.

Then taking participants proportionally from eight selected ketenas who are distinct and non-overlapping that was produced a sample size of 632.

To allocate the sample to the selected Ketenas using the stratified random sampling formula; nh= (Nh/N)*n

Where; nh=sample size for hth strata

Nh = population size for hth size

N = the entire population

n= the total sample size

K=Nh/nh; where K is sampling interval,

Nh is total eligible in the hth strata/ketena and

-nh is proportionally allocated sample size in the ketena.

Hunde Gudina Kebele; nh= 3404/22583*632=95

- So sample size for lottery method selected ketena 5 in Hunde Gudina Kebele is 95.

- Total eligibles in the selected ketena 5 were 191

- K= 191/95 = 2

- Chilalo Kebele nh=1647/22583*632=46

- So sample size for lottery method selected ketena 3 in Chilalo Kebele is 46.

- Total eligible in the selected ketena 3 were 338

- K=338/46= 7 and so on to the rest ketenas under kebeles in the town as illustrated in the following diagram in details as figure 2 showes. Finally each selected ketena had its own proportionally allocated sample size and sampling interval K that ranges from two to eight that is illustrated in figure 2.

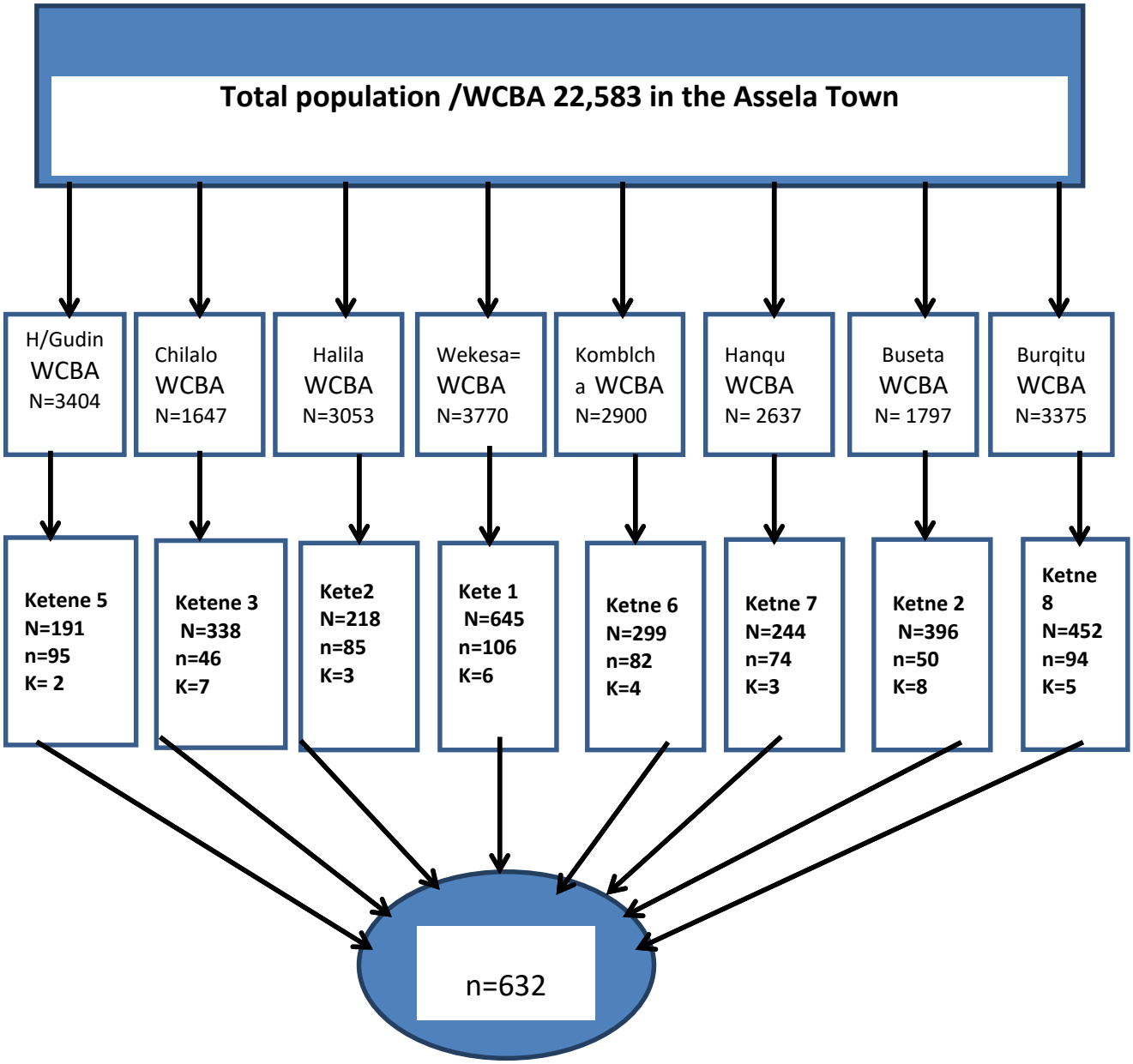

Figure -2- that shows proportional allocation and sampling procedure of study units by Stratified Sampling Procedures (24).

4.5. Study Variables

4.5.1. Dependent Variables

- Urban Health extension services utilization and satisfaction

4.5.2. Independent Variables

Variables related to Socio-Demographic factors

- Age

- Level of education.

- Level of income.

- Occupation

- Marital status

Variables related to Behavioral factors

- Knowledge about HEP

- Attitude towards the packages

- being model family

Variables related to Environmental factors

- Frequency of households' visit

- Participation in planning activities of UHE programs

4.6. Operational Definitions and scoring variables

- *Knowledge of UHEP:* will be measured based on the respondent's ability to respond to questions related to health extension packages under the study.

~ *Satisfactory knowledge on the packages:* respondents who were recall or list 12 or more of the UHE programs scored above or equal to ≥75% and coded 1.

~ *Unsatisfactory knowledge on the packages:* respondents who had a score of <75% of the packages under the study and coded 0 (24)

- ***Attitude:*** The attitude was measured using items of questions with a 5-point liker's scale (1-Strongly disagree to 5=strongly agree),

- **favorable attitude**; participants who > 3 (3 represented neutral or undetermined) to the mean score that was 3 were categorized as having a favorable attitude" and coded 1.

-unfavorable attitude; participants who were in less or equale to the mean score considered as "unfavorable attitude" and coded 0 (28).

-UHEP service utilization: was measured using respondent's utilization of health extension services under the study.

- ***Utilized***: Respondent's implementation scored above or equal to 12(75%) of the packages under the study were considered as having utilized the UHEPs and coded 1.

- ***Not utilized:*** score below the 75% were classified as not having utilized the services under the study and coded 0 (24).

HH visit; for health information dissemination, environmental promotion, follow-up of defaulter tracing, referral linkage, best experience sharing between HHs and evaluation of HHS' practices that taken the model families courses.

Frequency of home visit;

_ ***frequently visited:*** if a home was visited in time of less than a month at least once prior to data collecting date.

_ l***ess frequently visited:*** if a home was visited in a time more than a month and less than three months prior to data collecting date.

-- ***not visited:*** if a home was not visited in three months at all prior to data collecting date.

- ***Model household;*** a household that attended and practiced more or equal to 75% training hours (96 hours) and packages respectively.

- ***None model household:*** a household that didn't fulfill the model household criteria.

- ***Satisfaction with UHEP services provided:*** using UHEP satisfaction items that had three items with five-point Likers scales each.

- ***Satisfied:*** When respondents were 'very satisfied' and 'satisfied' those who scored greater than or equal to 12 points (27%) out of 45 (100%) categorized into satisfied and coded as 1.

-***Unsatisfied:*** whereas, if respondents were 'very dissatisfied', 'dissatisfied and 'neutral' or undetermined those who scored less than 12 points (27%) were categorized into “unsatisfied “and coded as 0. Hawasa.

4.7. Data Collection: A questionnaire that helped to assess utilization and satisfaction of UHEP services was adopted from preiorly done on similarly topic. Then to make non-paper data collecting procedure questionnaire was developed in Kobo toolbox. Face to face interview by using this close and open ended structured questionnaire data collection was done.

Materials used for the research

- Materials that used for this reasearch were; Computer for proposal writing, quesionaire developing, handling submsions, analyzing data and report writing.

- Mobiles for data collection - Pen and paper for draft writing

- Printer and paper for final resesrch report printing.

- Softwares; Kobo toolbox for questionnaire developing and data collection and submission, Microsoft excel data clearing, SPSS for analysis, Microsoft Word for report writting, Power Point for presentation,

-Indexes or previously done articles searching engines; Google Scholars, Research Gate, Meadline, Biomedical Center, Assela Town Health Office basic data documents

- Transports - Budget for expenses - manpower for data collection

4.8. Data Analysis: Kobo toolbox collected data wias displayed in excel and then it wias transferred to SPSS version 27 for data analysis then it was described and summarized by descriptive analysis. To determine associated factors bivariet analysos was done for each candodate variable to choose variables that were less than 0.25 P-value. it treated Then choosing variables with less than 0.25 and entering to multivariate by binary logistic regression approach by considering 95% CI, $p< 0.05$ for determination of associeted facters. Data that was collected by open ended qiestionnaire was also triangulated with the quantitave. .

4.9. Data Quality Control

The questionnaire was translated in to Affan Oromo and Amharic and translated back to English by language technical person. Training on the data collecting for data collectors was delivered. And pretest was conducted in Gonde Town residents who had UHEP on 5% of the sample to identify and address doubts or misunderstanding of ideas in the questionnaire. Then internal consistency of data was checked by Cornbach's alpha test with alpha value 0.79. No multi-corinality problems encountered VIF was 2.56. Model fitness was in acceptable range; Hosmer and Lemshew result was 0.833. During data collecting period supervisors followed each and every data collector activity, data completeness and inconsistency was checked on daily base.

4.10. Ethical Consideration

First of all approval paper was collected from Arsi University Public Health Department. Ethical Clearance also to the study area was obtained from Arsi University. And verbal consent was taken from sampled individuals. The nature of the Study, confidentiality, the benefits was clearly explained for the participants. And the final result was communicated to the Arsi University Public Health Department.

4.11. Research report dissemination

The research result was reported to Arsi University Public Health Department, Assela Town Health Office and to the public from which the data was collected.

5. Results

Socio demographic characteristics of respondents

From the total sample size women of child bearing age (15-49 years age) 632 the respodents were 618 within a responde rate of 98%. The average age of participants was 30.60, it ranges from 15 to 49 and the standard divasion was += 8.11. Among respondents 427(69%) of the women were married, 122(20%) were single, 59(9.34) divorced and the rest 10(2%) of them were widowed. 246(40%) attended high school, 135(22%), 134(22%), 89(14%) college and above, Junior and primary school respectively. Occupation ; housewives 261(42%), merchant 109(17.5), Government employees 57(9.4%), private employees 43(7%), another own business 84(13.5%) and the rest eligibles were students 64(10.5%). And the rest variables are mentioned in table 1.

Table 2 Socio-demographic characteristics of women of participants of the study in Assela Town, Oromiya, Ethiopia, September 2025 (n=618).

Variables	Frequency	Percent
Age of Participants		
15-24	131	21
25-34	256	41
35-49	231	37
Marital status of participant		
Married	427	69
Single	122	20
Divorced	59	9.5
Widowed	10	2
Occupation: **Housewife**	261	42
Merchant	109	17.5
Government employee	57	9.4
Private employee	43	7.1
another own business	84	13.5

Student	64	10.5
No formal education	14	2
Primary school	89	14
Junior school	134	22
High School	246	40
Collage and above	135	22
Average Monthly income*		
<41,667	611	99
41,667-83,333	7	1
>83,333	0	0

- The level of income was determined from Ethiopian Taxation category.

Knowledge of study participants about UHE program

Among respondent women knowledge about immunization services which was predominantly listed by respondents 596(96%), family planning also responded by 532(86%) of the women and MCH services also listed by 493(80%) of the women. These UHE programs were among top well known packages among the women that were participated in the research.

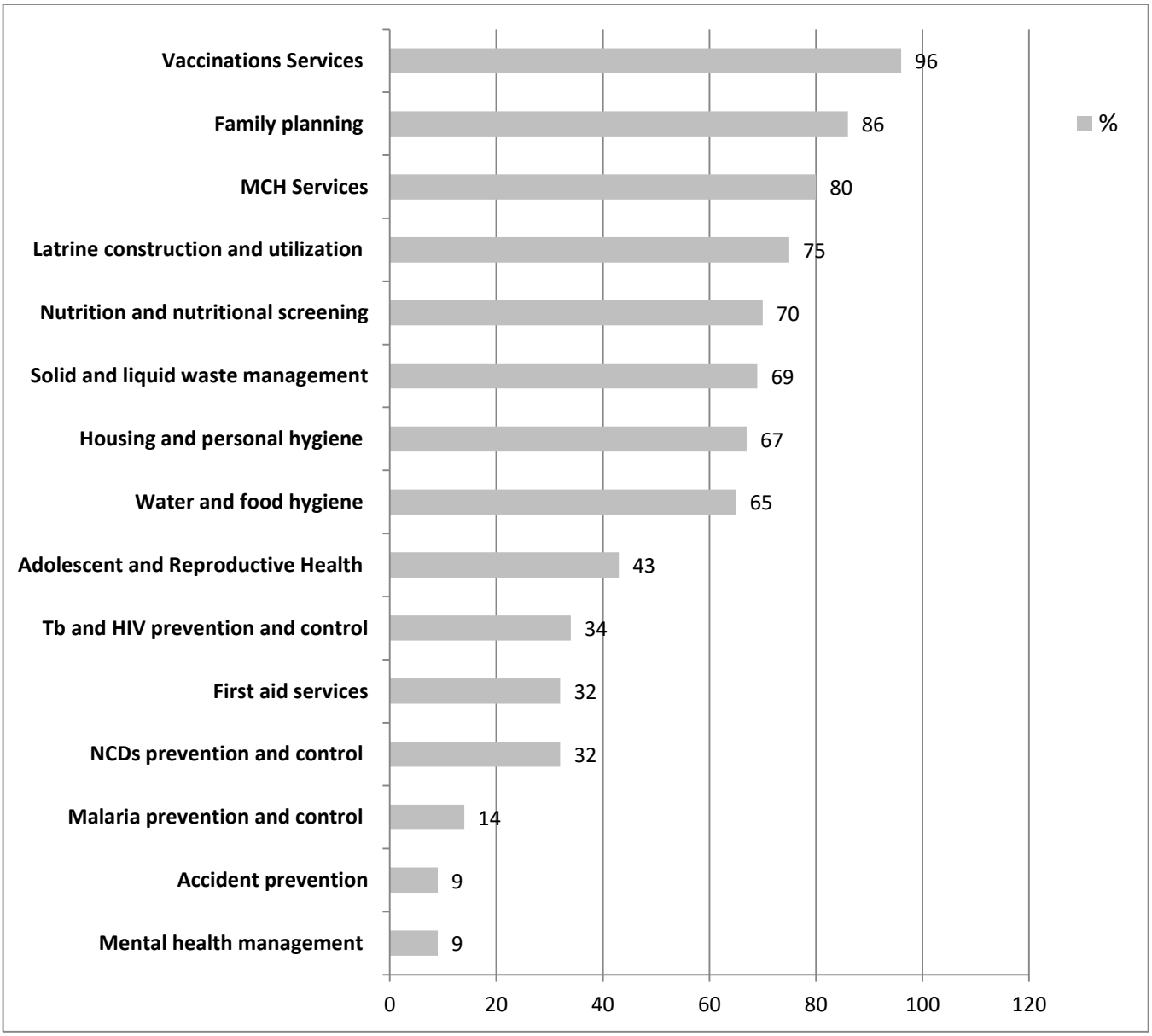

Figure 3 Knowledge of UHE Packages that were listed by women of participants of the study in Assela Town, September 2025 (n=618).

Attitude of Respondents towards the importance of UHE packages

Among 618 respondents that participated in the interview 67(11%) undetermined weather to agree or not, almost little bit more than half of them 326(53.2%) were agree, 219(35%) of the women were strongly agree so that almost nine out of ten of the women (88.2%) of them were with favorable attitude towards the importance of UHEP. And very rare of them or 5(0.8%) of the respondents were disagree about the importance of UHE packages.

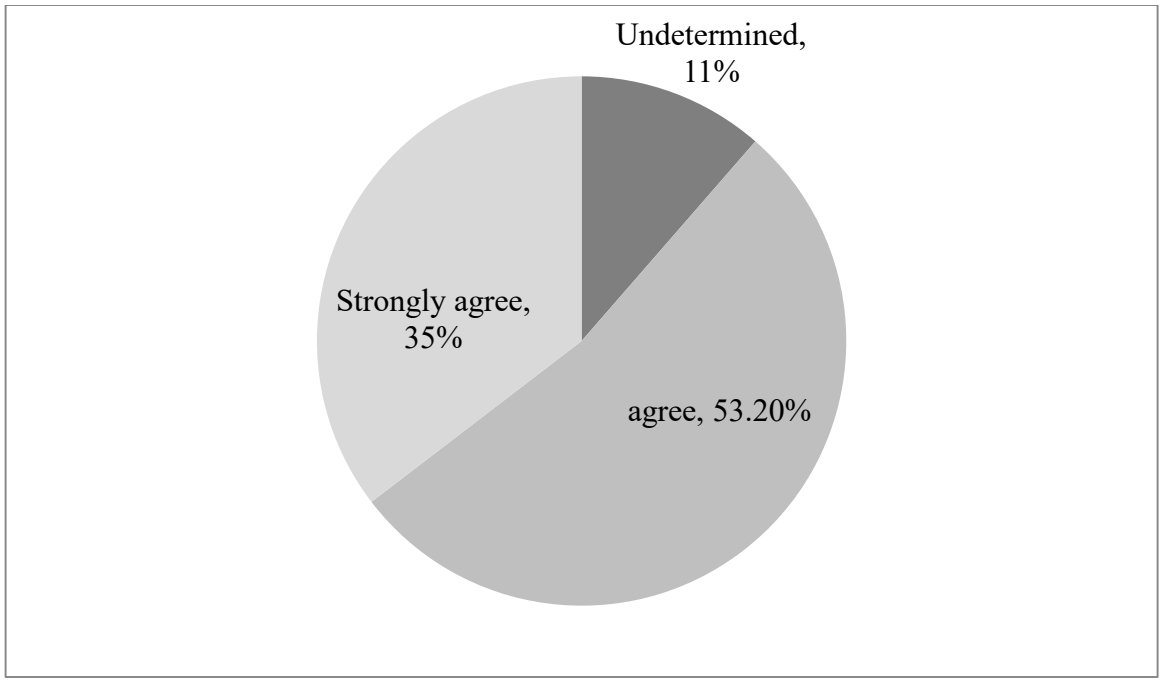

Figure 4. Showed attitudes of participants towards the importance of UHEP; Assela Town Oromia Regional State, South East Ethiopia, September 2025. (n=618).

Utilization of Urban Health Extension services

Service utilization for a participant to detrmine a score was given; if a women utilized 12 and above (>=75%) packages labled as utilized and less than 12(<75%) packages labled as not utilized. And in this way only below one third or 171(28%) of the women fulfilled the utilization score. Regardless of such scoring by including a single service relating contact immunization service was among highly utilized packages 435(70%), latrine construction and utilization 399(65%) and family planning 330(33%). In other hand there were also poorly utilized packages; mental health management 81(13), accident prebention and control 116(19%), first aid services 156(25%), Tb HIV prevention and control 219(35%) and NCDs prevention was below half 186(46%) of the participants.

Table 3 Utilization of Urban Health Extension services of women of participants of the study in Assela Town , Oromiya, Ethiopia, September 2025 (n=618).

No	Health Extension Services	Responses	Frequency	%
1	Service of Vaccinations	Yes	435	70
		No	183	30

2	MCH services	Yes	288	47
		No	330	53
3	Nutrition	Yes	348	56
		No	270	44
4	Family planning	Yes	330	53
		No	288	47
5	Adolescence health	Yes	201	33
		No	417	67
6	Water and food hygiene	Yes	314	51
		No	304	49
7	Housing and personal hygiene	Yes	386	62
		No	232	38
8	Latrine construction and utilization	Yes	399	65
		No	219	35
9	Liquid and solid waste management	Yes	389	63
		No	229	37
10	Tb and HIV prevention and control	Yes	219	35
		No	399	65
11	Malaria prevention and control	Yes	72	12
		No	546	88
12	NCDs prevention and control	Yes	286	46
		No	332	54
13	Mental health management	Yes	81	13
		No	537	87
14	Accident prevention	Yes	116	19
		No	502	81
15	First aid services	Yes	156	25
		No	462	75

Factors associated with women's UHEP service utilization

Women that had satisfactory knowledge about Health Extension Packages had odd ratio hiegher 6.7 (AOR= 6.7; 95% CI: 6.7 3-14.97) at P-Value 0.000 than women who hadn't satisfactory knowledge about Urban Health Extension Package for service utilization. Participation during health extension package activities planning had an odds rario 5.362 hiegher than (AOR= 5.362; 95% CI: 01-19.16) at P-Value 0.001 than women who hadn't participation on UHE packages activities.

And good frequency of service related contact (a contact in one month perior to data collection date) with health extension workers showed hiegher an AOR of 6.98 (AOR=6.98; 95% CI: 1.03-47.38) at P-Value 0.047 than women who hadn't. Also education level high school and above showed 6.2 higher UHEP utilization (AOR= 6.2; 95% CI: 1 6-23.5) at P-Value 0.001 than the lower education level. Housewives had a higher 2.91 utilization than other occupations (AOR= 2.91; 95% CI: 2.91 1.3-6.7) at P-Value 0.021.

The open ended question also came with results as follows. Women pointed bottle necks that tackled UHEP services utilization such as loss of continuity of service delivery by UHEWs. Women also reported UHEWs visited mostly during immunization campaigns and data collection period. The absence of best excprince sharing among women also limited the difussion of the health extension program. The women had also reported awarness creation was poor. Near to half of the participated women conserved not to give idea about the bottle necks of UHEP service utilization.

Table 4 Showed bivariate and multivariate analysis of predictors that were significantly associated with women`s utilization of UHEP services in Assela Town Oromiya Regional State South East Ethiopia, September 2025. (n=618)

Variables	Category	Utilization of UHEP services		COR in 95% CI	P-Value	AOR in 95% CI	P-Value
		Yes	No				
Lack of Knowledge about UHEP	Yes	86	85	5.12(3.46-7.57)	0.000	9.5(2.6-14.9)	0.002
	No	72	364	1		1	
Occupation being housewife	Yes	143	97	3.4(2.3-11.55)	0.005	2.91(1.3-6.7)	0.021
	No	1	15	1		1	
Less frequency of service related contact	Yes	43	13	9.46(3.91-22.3)	<0.001	6.89(1.9-24.5)	0.003
	No	128	274	1		1	
Lack of Participation on planning of UHEP activities	Yes	94	43	17.1(8.4-34.69)	0.000	5.36(1-19.6)	0.001
	No	77	404	1		1	
Education level high school and above	Yes	10	4	12.3(3.4-44.6)	0.000	6.2(1.6-23.5)	0.001
	No	161	432	1		1	

Women's Satisfaction with UHEP services delivered

Among total respondents(618) less than half of them 256(41%) of the women reported that they had reported they had been satisfied with UBEP services they got. From these women who got UHEP services; very satisfied 82(19%), satisfied 225(52%), undetermined 108(24%) and unsatisfied 21(5%).

Factors associated with satisfaction of women with UHEP service utilized

Being model household, home visit by Health Extension Workers, women's favorable attitudes towards UHE packages, good frequency of service related contact of women by UHEWs, women's favourable perception for professional competence of UHEWs and participation of women's on planning of UHE packages activities showed a significant association (p-value <0.05 with 95% CI).

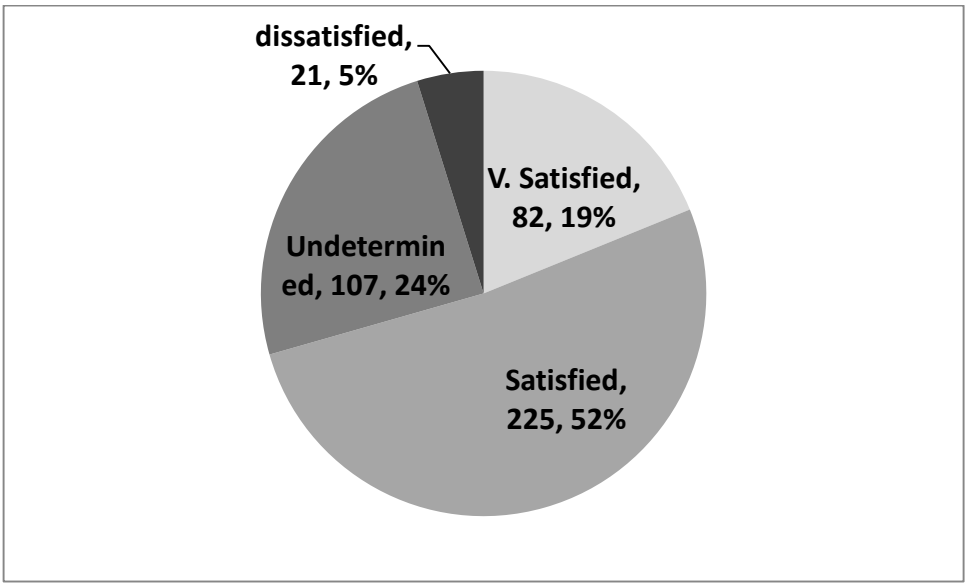

Figure 5 Shows level of satisfaction with UHEP services among women of CBA (15-49 years) in Assela Town, Oromia, South East Ethiopia; September 2025

Moreover, being a model household for women satisfaction with UHEP service they utilized contributed an AOR of 15.5 (AOR=15.5; 95% CI: 4.12-53.86) at P-Value 0.001 than women who weren't among model households. Women who got home visit services by UHEWs had an odds 9.57 times hiegher (AOR= 95% CI: 2.25-40.73) at P-Value 0.002 than women who didn't get the visit. Respondents who had favourable attitude towards UHE package had an odds 6.2 times higher (AOR= 6.21; 95% CI 1.32-29.24) at P-Value 0.021 than women who had unfavuerable attitude towards the packages.

And good frequency of service related contact with health extension workers showed 6.89 hiegher (AOR=6.98; 95% CI: 1.93-24.54) at P-Value 0.003 than women who hadn't good frequency of service related contact. Women that had participation in planning of UHEP showed 5.36 higher odds ratio (AOR=5.36; 95% CI 1-19.16) than who did not participated in the planning. Perception of women that had "HEWs are professionally competant" had an

odds ratio 10.84 hiegher (AOR=10.84; 95% CI: 3.08-34.82) at p-value 0.001 than women who hadn't favorable perceptions towards UHE workers' professional competency.

Table 5 Showed bivariate and multivariate analysis of predictors that were significantly associated with women`s satisfaction by UHEP services utilized in Assela Town Oromiya Regional State South East Ethiopia, September 2025. (n=618)

Variables	Category	Satisfaction with UHEP services		COR in 95% CI	P-Value	AOR in 95% CI	P-Value
		Yes	No				
Home visit by UHEWs	Yes	121	7	2.5(0.97-6.59)	0.00	9.5(2.25-40.7)	0.002
	No	89	13	1		1	
Favorable attitude for UHEP	Yes	143	97	22.11(2.87-170)	0.003	6.21(1.3-29.3)	0.021
	No	1	15	1		1	
Good frequency of service related contact	Yes	144	115	9.41(2.88-31.7)	<0.001	6.89(1.9-24.5)	0.003
	No			1		1	
Participation on planning of UHEP activities	Yes	39	6	6.75(2.74-16.6)	0.000	5.36(1-19.16)	0.001
	No	105	109	1		1	
Competency of UHEWs in their profession	Yes	141	3	78(23.6-262.4)	0.000	10.8(3.7-34.8)	0.001
	No	43	72	1		1	

6. Discussion

This research showed the extent of utilization and level of satisfaction with UHEP services among women of Assela Town in the study period. This research investigated both of the parameters; utilization and satisfaction with UHEP services. Among the main finding utilization of UHEP services in the research place and period was 28%. This finding was greater than the pirior researchs that were done in Ambo Town, Central Ethiopia and East Gojam Zone North West Ethiopia that were 14% and 14.8% respectively (20) and (21). And less than researches that were done in Hosana Town 42%, Bishoftu 76%, Gulelle Sub City of Addis Ababa 86% (17), (27) and (24).

The difference may be due to time and place difference. Since UHEP started at Addis Ababa the Gullele one may got better attension to have better utilization proportion. And socioeconomic differences may also contribute to such difference. In other hand as researchs showed a decling pattern of utilization proportion from time to time this research reported among the lower percentage of UHEP utilization.

There was also a service utilization difference among the 15 packages in this study that ranges from 13% to 70%. The most utilized package was immunization services 70%, latrine construction and utilization 65%. There were also with less utilization such as mental health management 13%, first aid services 25% as well as TB and HIV prevention and control 35%.

In this finding women's satisfaction with UHEP service utilization was 41%. This result was less than (51.8%) a research that was done in Hawasa City South Ethiopia on satisfaction of women with UHEP (30). In other hand this research result was greater than researchs that were done in Gamo Gofa South West Ethiopia Regional State 37% and Gonder Town North West Ethiopia 29.4% (19) and (28). These result differences may be because of time and socio economic differences.

Other reasons for declined service utilization and satisfaction in the study are compared to the previous studies may be due to the following reasons. As the women responded in the open ended questions about the bottle necks to the HEP services utilization and satisfaction ; lack of awarness creation 121(20%), less frequently and non countinous home visit activity 87(14%), the working site ("Health Post") being kebele offices hinders women's service

seeking behavior 50(8%), the absence of best practice sharing approach among women 10(2%) and the rest 258(41.7%) of them not sugusted any idea at all.

So the identified associated factors were backed up by the responses of women in the open ended questions. These may contributed to the investgated poor magnitude of UHEP service utilization and satisfaction in the study area and period.

7. Conclusions

The study came with information about UHEP services utilization and satisfaction status among women of child bearing age in Assela Town. Utilization proportion was among the least research reports on the topic. As far as individual packages utilization immunization and contraceptive services were among most utilized. In other hands mental health and TB/HIV prevention and control were rarely utilized.

Factors that were enabling utilization and satisfaction of the package were knowledge about the packages, favorable attitude towards the packages frequent home visit by health extensions, participation of women in planning of UHEP activates, occupation, education level, and good frequency of service related contacts with HEWs and perception of the women about professional competence of HEWs.

As seen above most of the factors associated to UHEP service utilization and satisfaction were manageable by Health Sector structures of Town Health Office, kebele admiration bodies and Health Extension Workers to improve the current utilization and satisfaction status gaps of UHEP service that were investigated in the study area and period.

8. Recommendations

Depending on the results of the research the following recommendations were given.

- Awareness creation on UHEP to the public should be given by Health professionals and UHEWs since knowledge and attitudes were among associate factors regarding service utilization.
- Participation of Women on UHEP activities planning should be facilitated by Kebele's Administration Health Extension workers.
- More supportive supervision should be facilitated by Assela Town Health Office to UHEWs.

- ❖ Best experience sharing among women on health extension better practicing should be facilitated by UHEWs.
- ❖ Home visit should be done on continued manner by HEWs.
- ❖ Creation of model households by HEWs should be continued to increase UHEP service utilization and satisfaction

9. Strength and limitations of the study

Strength

- The research was a community based not secondary data.
- Data collectors were BSC nurses and above.

Limitations

- The research design implemented was cross-sectional one that can show only the situation during data collection period.
- Data collection method was interview that may be exposed to participants' recall bias.
- Most of the participants to respond about their income showed less interest during data collection period due to social desirability bias the income variable the amount they responded may not represented the real situation.

References

Annex 1. English version Information Sheet and Consent Form

Dear respondent, my name is.....and I am working as a data collector for the study being conducted You are invited to participate in a research study aimed on UHEP service utilization and satisfaction with the packages among women of child bearing age (15-49 years) of Asella residencies and associated factors.

Are you volunteer to participate in this study? 1= yes 0= no Thank you !

Annex-2 English version of Questioner

Part I: Socio-demographic and socioeconomic data			
No	Questions	Answer	Skip
101	Respondent age in years	1 =_____	
102.	What is your marital status?	1=single 2=Married 3= divorced 4. widowed	
103	What is your level of education?	1= Illiterate 2= primary 3= Secondary 4= College education and above	
104	How many family do you have	Write_____	
105	What is your Occupation?	1=merchant 2=Government employee 3=private employee 4= Daily laborer 5=others	
106	How much is Income of the family per monthly?	in Ethi Birr _____	

Part II: Knowledge and Attitude data			
No	Questions	Answer	Skip
201	Would you please list or recall me Urban Health Extension Packages?	_____	

202	do you agree these packages are important for you and your community ?	1= strongly agree. 2= agree 3= undetermined 4= not agree 5= strongly disagree	
203	did you participated in the planning of UHEP packages activities ?	1=yes. 0= no	

Part III: Services Utilization and satisfaction related Data			
No	Questions	Answer	Skip
301	Have you or any member of your household any service-related contact with UHEWs in the previous 3 months?	1=Yes 0= No	If the asw, is no skip to Q.304
302	If the answer for Q 301 is yes when was the last time that the contact has been done?	1 = Less than one month ago 2 = > 1 month < 3 months ago 3 = > 3 months ago	
303	If the answer for Q 301 is yes, Would please answer the of UHEP you or your family used?	1= Vaccination for or your family? 1=yes. 0= no 2=Nutrition and children screening ? 1=yes. 0= no 3=MCH services? 1=yes. 0= no 4= Family planning? 1=yes. 0= no 5. Youth and adolescence health? 1=yes. 0= no	

		6= Housing, environmental, and sanitation 1=yes. 0= no 7= Solid and liquid waste management 1=yes. 0= no 8= Water supply and safety 1=yes. 0= no 9= food safety and hygiene 1=yes. 0= no 10. Latrine construction and utilization 1=yes. 0= no 11. Personal hygiene? 1=yes. 0= no 12. Vector and rodent control ? 1=yes. 0= no	
304	Have you heard about Health extension model family program?	1=yes. 0= no	
305	If the answer for Q 304 is yes, did your family participate in model HH training?	1=yes. 0= no	If the asw, is no skip to Q.307
306	If you participated did you finished and got certificate?	1 = yes, and showed certificate 2 = yes, did not showed certificate 3 = Presently on training	

Part III: Services Utilization and satisfaction related Data			
No	Questions	Answer	Skip
307	Did the Health Extension Worker visited your home in the previous 3 months?	1=Yes 0= No	If the asw, is no skip to

			Q.309
308	If the answer for Q 307 is yes when was the last time that the home Visit has been done?	1 = Less than one month ago 2 = > 1 month < 3 months ago 3 = > 3 months ago	
309	What is your overall satisfaction with UHEP services you or your family utilized? .	1= Very satisfied 2= Satisfied 3= Neither satisfied nor dissatisfied 4= Not very satisfied 5= Not satisfied at all	

Part IV: ***Open ended questions***			
No	Questions	Answer	Skip
	Do you think there are challenges for UHEP utilization? If yes, would you please list the challenges?	_____	
	What suggestions/recommendations do you list to improve	_____	

We finished the interview. Thank you for cooperation.

Annex-2: Local language version of questioner

Gaafiilee Afaan Oromo

Kutaa I. Gaafilee Hawwaasdinagdee(Socio-Demographic questionnaire			
No	Questions	Answer	Skip
101	Umrin keessan meeqaa?	_____	
102	Haalli gaa'ila keessan	1. Gaa'ila kan hinhundeesine	

		2. Gaa"ila kan qabu 3. Kan walhikee 4.du'an addaan bahe	
103	Sadarkaa barnoota keessan?	. 1.kan dubious fi barreesuu hin dandeenyee 2.barnnoota idilee osoo hinbaratin barreessuu fi dubisuu kan dandaa'u 3. Sadarkaa 1ffaa 4. Sadarkaa 2ffaa 5.koleji fi Sanaa ol	
104	Baayini maatii keessan meeqaa?	_____	
105	Hojiin keessan maalii?	1. Hadha manaa 2. Hojii dhunfaa 3. Daldaalaa 4. Hojjataa motummaa 5. Dhunfaa biratti mindeefamaa 6. Kan biroo	
106	Galiin keessan ji'an meeqaa?	_____	

Kutaa II: Gaafilee Hubannoo fi Ilaalcha Sagantaa Paakeejii Ekisteenshinii Fayyaa Magaalaa tiif Jiruu irratti qaban.			
No	Questions	Answer	Skip
201	Mee sagantaalee Paakeeji Ekstenshini fayyaa Magaalaa naatareesaa?	_____ ------	
202	Sagantaaleen kunin isinif hawaasaaf faaydaa qabuu jeetuu?	1. Baayyee ittin waligalaa 2. Ittiwalgalaa 3. Ittihinyaadnee 4. Ittiwalihingaluu 5.Tasuma barbaachisaa mitii	

203	Karoora sagantaalee Paakeeji Ekstenshini fayyaa Magaalaa karoorfachuu irratti hirmaatani jirtuu?	1= eeyyee 0= mitii	

Kutaa III: Gaafilee tajaajilaa fi ittiqufinsa Sagantaa Paakeejii Ekisteenshinii Fayyaa Magaalaa tiif Jiruu irratti qaban.			
No	Questions	Answer	Skip
301	Isiin ykn maatiin keessan Tajaajiloota Paakeejii Ekisteenshinii Fayyaa Magaalaarraa fayyadamtani beektuu?	1= eeyyee 0= mitii	Deebin Mitii yoo ta`ee gara Ga.304 darbi
302	Deebiin 301 Eyyee yoo ta'e, yoom tajaajilamtan?	1. Ji'a 1 keessatti 2. Ji'a lamaa keessatti 3. Ji'a sadii keessatti 4. Ji'a sadeen dura	
303		1. Tajaajila Talaallii 1= eeyyee 0= mitii 2. Sirna nyaataa 1= eeyyee 0= mitii 3. Tajajaajila Fayyaa dubartootaa ulfaa, fayyaa deetuu fi daa'immani 1= eeyyee 1. 0= mitii 4. Karoora maati. 1= eeyyee 0= mitii 5. Tajaajila fayyaa sirna Walhormaata fi dargagummaa1= eeyyee 0= mitii 6.qulqullina manaa fi naannoo 1= eeyyee 0= mitii 7. Balfa goggooga fi dhangalaa'a haala	

		ittimaqsan 1= eeyyee 0= mitii 8. Egumsa qulqullina nyaataa 1= eeyyee 0= mitii 9. Egumsa qulqullina bishaani 1= eeyyee 0= mitii 10. Ijaarsaa fi ittifayyadama mana fiincaani 1= eeyyee 0= mitii 11. Ilbisotaa ittisuu 1= eeyyee 0= mitii 12. Egumsa qulqullina dhinfaa 1= eeyyee 0= mitii	
304	maatii adda duree SPEFM beektuu?	1= eeyyee 0= mitii	
305	Isiin ykn Maatiin keessan leenjii maatii adda duree irratti akka hirmaattan gaafatamani beektuu?	1= eeyyee 0= mitii	
306	Deebin gaafi 306 Eyyee yoo ta'e maatii keessaa namni leenjicha xumuree waraqaan ragaa ittikeennee jiraa?	1 = Eyyee, waraqaa ragaa agarsiisuu dandaa'ani jiruu 2 = Eyyee, garuu waraqaa ragaa agarsisuu hindandeenyee 3 = Yeeroo ammaati leenji'an jira	

Part IV: Gaafilee yaada hirmaatoota qoofa kanirraa fudhamuu			
No	Questions	Answer	

401	Tajaajilii SPEFM akka hin babaldhanee maalfaa`atuu danqaa itti ta`e jeetuu? Naatareesaamee?	_____ _____ _____	
402	Yaada furmaata Tajaajilii SPEFM babaldhisuu dandaa`an kan jeetuu naatareesaamee?	_____ _____ _____	

Annex-3: Local language version of questioner

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Thesis Report Approval Sheet

This is to certify that the thesis Report entitled: ASSESSMENT OF UTILIZATION AND SATISFACTION OF HEALTH EXTENSION SERVICES AND ASSOCIATED FACTORS AMONG WOMEN OF CHILD BEARING AGE (15-49 YEARS) OF ASSELA TOWN, OROMIYA REGIONAL STATE SOUTHEAST ETHIOPIA, FROM SEPTEMBER 1 TO 30 IN THE YEAR 2025.

Submitted by Girma Degife ID No. 0502/2015,  has been and approved by the undersigned, based on the comments and suggestions provided du thesis Report.

Student Declaration I the undersigned, declare that I  have incorporated the comments and suggestions of my advisors into the final version of my thesis Report.

Name of Student: Girma Degife Signature:  Date: 20/11/2025

Advisors' Approval

1. Name Gizachew Abdeta Signature: Date: 20/11/2025 :

2. Name:.Mr Muhamadawel Kaso Signature: Date:20/11/2025