

ADDIS ABEBA UNIVERSITY
COLLAGE OF HEALTH SCIENCE
SCHOOL OF ALLIED HEALTH SCIENCE
DEPARTMENT OF NURSING AND MIDWIFIRY

**ASSESEMENT OF FATHERS ATTITUDE TOWARDS BREAST FEEDING
AND ASSOCIATED FACTORS AMONG FATHERS WHO ACOMPAINING
THEIR PARTNER FOR DELIVERY IN SELECTED GOVEMENTAL
HOSPITALS OFADDIS ABEBA, ETHOPIA, 2017**

BY

ELASBET BIRHANU (BSC)

**A THESIS SUBMITTED TO SCHOOL OF GRADUATE STUDIES OF
ADDIS ABEBA UNIVERSITY, COLLAGE OF HEALTH SCIENCE,
SCHOOL OF ALLIED HEALTH SCIENCE, DEPARTMENT OF
NURSING AND MIDWIFERY IN PARTIAL FULFILLMENTS OF THE
REQUIREMENTS FOR THE DEGREE OF MASTERS IN MATERNITY
AND REPRODUCTIVE HEALTH NURSING.**

June, 2017

Addis Ababa, Ethiopia

ADDIS ABEBA UNIVERSITY
COLLAGE OF HEALTH SCIENCE
SCHOOL OF ALLIED HEALTH SCIENCE
DEPARTEMENT OF NURSING AND MIDWIFERY

**ASSESEMENT OF FATHERS ATTITUDE TOWARDS BREAST
FEEDING AND ASSOCIATED FACTORS AMONG FATHERS WHO
ACCOMPING THEIR PARTNER FOR DELIVERY IN SELECTED
GOVERMENTAL HOSPITALS OF ADDIS ABEBA ETHIOPIA, 2017**

ADVISORS.....SR.ADDISHIWOT FANTAHUN (BSC, MSC)

MR LEOUL DERBAE (BSC, MPH)

**A THESIS SUMMITED TO ADDIS ABEBA UNIVERCITY SCHOOL OF
ALLED HEALTH SCIENCE, DEPARTEMENT OF NURSING AND
MIDWIFERY IN PARCIAL FULFILEMENT OF THE REQUIRMENTS OF
MASTERS OF SCIENCE IN MATERNITY AND REPRODUCTIVE
HEALTH.**

June, 2017
Addis Ababa, Ethiopia

Acknowledgements

First and foremost, I would like to thank God for everything he has done for me.

Secondly, my deepest gratitude goes to my first advisor Sr. Addishiwot Fanthun (BSC, MSC) who tirelessly and patiently assisted me in various aspects of this work starting from Proposal development to this end and, my second advisor Mr. Leoul Derbae (BSC, MPH) For his constructive and valuable comments.

I also acknowledged Addis Ababa University College of health science school of allied health sciences department of nursing and midwifery who gives this opportunity to carry out this research.

My heart full thanks go to study subjects, data collectors and supervisors for their participation.

Finally, my sincere appreciation goes to my family, especially my husband for his continuous support.

ABSTRACT

Background Breast feeding is unambiguously important for child growth and development. World health organization and united nation children's emergency international fund recommended that children get breast milk exclusively for 6 months and extends to 24 months with other additional feedings. However, these days there are many problems are seen in relation to initiation and continuation of breast feeding practice. Out of those problems, fathers support and father's attitude towards breast feeding is directly or indirectly affects initiation and continuation rate of breast feeding.

Objective The aim of this study will be to investigate father's attitude towards breast feeding and its associated factors in selected governmental hospitals from April 17 to May 17, 2017 in Addis Ababa Ethiopia.

Methods The study was used institutional based cross-sectional quantitative method with structured interview as a data collection tool. In order to select sampling units from the given 8 hospitals, lottery method was used and 4 hospitals were selected. A total of 422 fathers participated in this study and allocate to each selected hospitals proportion to size. To select study participant's convenience sampling was used. All interview questions analyzed by using SPSS version 20 for data entry and analysis.

Results A total of 243(52%) of participants had negative attitude towards breast feeding poor breast feeding knowledge (35%), fathers not support in house hold chores(46.2%) and cultural role(56.9%) had association with negative attitude.

Conclusion and recommendation 52% of the participants had negative attitude towards breast feeding. Good breast feeding knowledge, fathers support in house hold chores and cultural role were found to be associated with attitude about breast feeding in this study. Guide lines should be developed and implemented related to breast feeding attitude of fathers.

Key words: breast feeding, fathers, attitude.

Table of contents

Contents	page
Acknowledgment.....	I
Abstract.....	II
List of figures.....	III
List of tables.....	IV
List of variations and acronyms.....	V
CHAPTER 1. INTRODUCTION.....	1
1.1 Background of the study.....	1
1.2 Statement of the problem.....	2
1.3 significance of the study.....	3
CHAPTER 2. LITRATURE REVIEW.....	4
2.1Fathers attitude.....	4
2.2 Determinant factors of fathers attitude towards breast feeding.....	5
2.2.1 Socio demographic factors.....	6
2.2.2 Knowledge of breast feeding.....	6
2.2.3 Family support.....	7
2.2.4 Health provider support.....	7
2.2.5 Fathers support in house hold chores.....	7
2.2.6 Socio cultural factors.....	8
2.3 Conceptual framework.....	9
CHAPTR 3. OBJECTIVE.....	10
3.1General objective.....	10
3.2 Specific objectives.....	10
CHAPTER 4. METHDOLOGY.....	11
4.1 study setting.....	11
4.2 study design and setting.....	11
4.3 population.....	11
4.3.1 Source population.....	11
4.3.2 Study subjects.....	11

4.4 Inclusion and exclusion criteria.....	12
4.4.1 Inclusion criteria.....	12
4.4.2 Exclusion criteria.....	12
4.5 Sample size determination.....	12
4.6 Sampling procedure and technique.....	13
4.7 variables of the study.....	15
4.7.1 Dependent variable.....	15
4.7.2 Independent variable.....	15
4.8 Operational definition.....	15
4.9 Data collection tool and procedure.....	16
4.10 Data collection procedure.....	16
4.11 Data quality control management.....	16
4.12 Data analysis procedure.....	17
4.13 Ethical consideration.....	17
4.14 dissemination of results.....	17
CHAPTER 5. RESULTS.....	18
5.1 socio demographic characteristics.....	18
5.2 knowledge of study participants.....	20
5.3 Respondents family support, health provider support, taking care of house hold chores and cultural role.....	22
5.4 Attitude of study participants.....	23
5.5 bivariate and multivariate logistic regression analysis of breast feeding attitude and its independent variables.....	26
CHAPYER 6. DISCUSSION.....	28
CHAPTER 7. LIMITATION OF THE STUDY.....	30
STRENGTH OF THE STUDY.....	30
CHAPTER 8. CONCLUSION AND RECOMMENDATION.....	31
8.1 Conclusion.....	31
8.2 Recommendation.....	31
References.....	32
ANNEX I Individual information sheet and consent form.....	35

ANNEX II: Questionnaire Form: English version.....	36
ANNEX III: Amharic version of participant information sheet and consent form.....	40
ANNEX IV: Questionnaire form: Amharic version.....	41
ANNEX V: Assurance of principal investigator.....	45

List of figures

Figure 1: conceptual framework.....	9
Figure 2: Schematic presentation of sampling procedure of the participants from selected Hospitals, Addis, Abeba, 2017.....	14

List of tables

Table 1; Socio demographic characteristics of fathers at selected governmental hospitals, Addis Ababa, 2017.....	19
Table 2; Knowledge of fathers about breast feeding at selected governmental hospitals, Addis Ababa, 2017.....	21
Table 3; Family support, health provider support, taking care of house hold chores and cultural role of fathers about breast feeding at selected governmental hospitals, Addis Ababa, 2017.....	22
Table 4; Breastfeeding attitude of participants among fathers at selected governmental hospitals, Addis Ababa, 2017 (N=410)	24
Table 5:-Bivariate and multivariate logistic regression analysis of factors affecting breastfeeding attitude at selected governmental hospitals, Addis Ababa, 2017 (N=410)	27

List of variations and Acronyms

ANC.....	Antenatal care
BF.....	Breast feeding
BA.....	Bachelor of art
CSA.....	Central statistical agency
EFY.....	Ethiopian full year
EBF.....	Exclusive breast feeding
EDHS.....	Ethiopian demographic and health survey
IIFAS.....	Iowa infant feeding attitude scale
MA.....	Masters of art
MDG.....	Millennium development goal
TEFL.....	Teaching English as a foreign language
UNICEF...	united nation international children's emergency fund
WHO.....	world health organization

CHAPTER 1. INTRODUCTION

1.1 Background

Breast milk is a natural, renewable food that serves as a complete source of infant nutrition until six months of age [1]. It is also safe, readily available and affordable and provides essential nutrients for healthy child development [2]. WHO and UNICEF (1990) have recommended exclusive breastfeeding for six months, followed by introduction of complementary foods and continued breastfeeding for 24 months or more [3].

Exclusive breast-feeding (EBF) is the consumption of only breast milk with no supplementation of any type since birth except drops and syrups like; vitamins, minerals or medicines [4].

Breast feeding has lots of benefits; the child gets the optimal balance of nutrients and antibodies from his mother. Simultaneously, a breast feeding mother has increased hormonal products which facilitate uterine contraction. This prevents morbidity and mortality because of hemorrhage. Breast feeding also reduces breast and ovarian cancer with weight loss [5].

Breast feeding rate is highly affected by cultural malpractices, attitude and knowledge of the mother, mothers having ANC visits, age, educational status and occupation of mothers, fathers support and fathers' attitudes about breast feeding [6, 7, 8].

A positive attitude to breast feeding refers to cognitive, affective and behavioral dimensions. Father's attitude is one of the essential defining characteristics of fathers support and considered as a strong predictor for initiation, continuation and duration of breast feeding rate [9,].

Industrialized countries are working hard so as to increase breast feeding rate by giving prenatal classes focused on fathers. But, in low-income countries fathers are not taught in a proper class which targets them [10].

1.2 Statement of the problem

Child mortality rates are terrible and many deaths are due to totally preventable childhood illnesses from those inadequate breastfeeding practice is a major cause of death in infants and young children[11,12].Optimal breastfeeding (early and exclusive breastfeeding) has the potential to prevent over 800,000 deaths (13 % of all deaths) in children under five in the developing world[13]. Only 35% of worldwide infants were exclusively breastfed for even the first six months of life and the recommendations in developing countries including Ethiopia (52 %) were still low[13,14].

For the successful development of an effective breastfeeding promotion program, it is important to examine factors that influence women's breastfeeding decisions [15].

Mothers' ability to follow breastfeeding recommendations is Influenced by many factors, one of those factors that directly and indirectly related to successful breast feeding practice is father's negative attitude for breast feeding [10,16].

Father's negative attitude towards breast feeding indirectly will make infants vulnerable for a significant problems like poor school performance, reduced productivity and impaired intellectual and social development [14]. When we come to mothers, father's negative attitude is one of the greatest barriers for non- exclusive breast feeding which influence the breast feeding practices pursued by mothers [15]. Non breast feed mothers lost only 2.4kg per year which is almost half of breast feed mother. This leads to increasing the risk of type 2 diabetes and cardiovascular diseases [16].

A combination of factors has been associated with negative attitude of fathers towards breast feeding. Some of which includes inadequate knowledge about breast feeding, socio demographic factors like low level of education, fathers age and employment, lack of family support, lack of health provider support, cultural influences .[17,18].

In Ethiopia getting enough data which talks about father's attitude towards breast feeding is a temptation, the only multipronged Alive & Thrive intervention engages fathers in supporting improved breastfeeding and complementary feeding practices in few regions [19].So this study will be going to assess father's attitude and its associated factors.

1.3 Significance of the study

In my opinion little is known about father's attitude towards breast feeding in our country so, understanding about the degree of attitude of fathers on breast feeding may contribute for increasing initiation and continuation rate of breast feeding and becomes benchmark for further studies.

The result of this study will be valuable for:

Fathers: to shape their attitude and to let them to be part of the promotion of breast feeding by supporting their partner's throughout breast feeding process.

Policy makers: breast feeding is best way and directly related to improving maternal health and reducing child morbidity and mortality. Even if MDG 4 and 5 are completed before two years, still these issues need attention of all. Previous interventions are concerned only mothers. However, the influencing factors of father's attitude about breast feeding get from this study will give a clue that what kind of intervention is needed to involve fathers and may give direction for decision making and policy development related to breast feeding.

Health-care providers: this study will add new knowledge for health workers to incorporate fathers in health education sessions of maternity and child health services and to come up with evidence based practices.

CHAPTER 2. LITRATURE REVIEW

2.1 Father's attitude

Father's attitude is strongly related to the disposition in supporting breastfeeding and they can act as an important source of social support for the breastfeeding mother [23].

In study conducted on breast feeding attitude among couples planning exclusive breast feeding or mixed feeding in Muncie, Indiana, 71 couples were participated and among fathers those planning exclusive breast feeding, 89% of them have favorable attitude related to naturalness. Mothers' predictions of fathers' attitudes were not significantly different from fathers' reported attitudes for seven of the 12 survey items. However, fathers were more likely to indicate that breastfeeding was harmful to breasts ($p=0.043$) and made breasts unattractive ($p=0.041$) than predicted by mothers. Compared with mothers' predictions, fathers were also more likely to report respect for breastfeeding women ($p=0.042$), to indicate that breastfeeding helped mothers feel closer to infants ($p=0.024$), and to describe breastfeeding as the purpose of breasts ($p=0.007$) [24].

A study done on the role of men in hindering or promoting breast feeding in OShakati, Namibia. four focus group interview was conducted and men in three different groups verbalized that if a women is in church, public meetings and soon, she couldn't breast feed among people. She must go out and find another isolated place to breast feed. [25]

On other study, fathers and breast feeding process determining their role and attitudes in Jordan majority of the participants (81.3%) of fathers had negative attitude to breast feeding practice [26]. A study on knowledge and attitude of male staff in a Nigerian tertiary institution towards infant feeding, suggested that most of the man (76%) had negative attitude towards infant feeding and two out of ten had positive attitude [27].

In another study done on expectant fathers and mothers perception of breast feeding and formula feeding in 3 US cities in 18 focus group discussion. The author used thematic approach and in the men's focus group most partners had favorable attitude towards BF but did not mention specific benefits to mothers and infants. And both groups dis approved of BF in public.[28].In other studies on fathers thoughts on BF and implications for theory based interventions 14 males are participated and fathers feeling out of the infant feeding process and being uncomfortable with breast feeding in public[29].

In a study done in Texas explored the attitude and the knowledge of expectant fathers regarding breast feeding .They concluded that the group deciding to breast feed was more likely to believe breast-feeding was better for the baby ($p < 0.001$) when compared to the group deciding to formula-feed[30]. In another study on Intent of expecting fathers to encourage breast feeding, perception of support and barriers to encourage breast feeding, fathers have positive attitude regarding encouraging BF [6].

According to study on the major factors influencing breast feeding rate; maternal perception of fathers attitude and milk supply, suggested that the most common reason for mixed feeding choosing in mothers is perception of a negative attitude from their partner[31].

A study in UK on fathers experience of supporting breast feeding challenges for breast feeding promotion and Education, 117 men were interviewed, fathers were encouraging BF however, they often felt left out of the BF relationship and helpless to support their partner at that time [32].

2.2. Determinant factors of fathers attitude towards breast feeding

There are many factors associated with the father's attitude of breastfeeding includes, some socio demographic characteristics, knowledge, family support, health provider support, fathers support in household chores and socio cultural factors.

2.2.1 Socio demographic factors

In a cross sectional survey on knowledge and attitude towards breast feeding in an African American male population Dallas, Texas. There were 81 adult men participated and all most one half of men age 18 to 25(43%) and age 25 to 40(48%) felt that breast feeding should not occur in public compared to men older than 40(4%) ($p=.005$)[33].

A Study in Turkey indicated that the fathers' level of education had an effect on their attitudes toward breast feeding ($p<0.05$) [33].

A study in Pakistan on exploring father's role in BF practice urban and semi-urban area, 12 fathers are participated and participants from the semi- urban area some fathers perceived that because of their economic status Their wife's couldn't get a balanced diet this compromise the quality and quantity of breast milk [21].

2.2.2 Knowledge of breast feeding

Father's knowledge about breast feeding includes appropriate information about breast feeding how best to support their breast feeding partner [10].

In developing countries knowledge is a key determinant factor of father's attitude a study conducted in Brazil suggested that because of low level of knowledge father's perceive that BF is the women's responsibility [35]. A study in Nigeria also shows(75.7%) of men with poor infant feeding knowledge had negative attitude and only two out of ten men with adequate infant feeding knowledge had positive attitude[27].In Namibia also men who had negative attitude towards BF had limited knowledge on BF[25].

2.2.3 Family support

According to the study fathers are live in extended family so mother in-law and elder sister's support was beneficial. Fathers verbalized that family support is one of the driving forces of them and a major supportive factor. In converse, two fathers from the urban area found that family as barrier particularly mother in-law and sister in-laws. Because of work load in mother she couldn't breast feed so pressured to start formula feeding also they were not supportive of parent's breast feeding decision [21]. According to turkey study also found the type of family they were affects fathers attitude [34].

2.2.4 Health provider support

A study reported that like family support health provider support also enabling and impeding factor as most (seven out of twelve) participants said that health care providers were very supportive of encouraging BF. They never approached fathers directly, however, spoke to mothers BF issues. In contrary, many (nine out of twelve) fathers stated that health providers are not invite fathers into antenatal classes and they did not prepare fathers to support breast feeding [21]. In another study in Australia, an increase in BF rate when fathers attended an antenatal class and post natal support [36]. A study in UK highlights that fathers need direct support and information from health professionals [32].

2.2.5 Fathers support in household chores

The study revealed that even if fathers don't do directly for BF, they can perform various other tasks to assist the family like looking after the older child and taking care for their wives diet, rest and sleep [21]. A study in turkey revealed that 88.7% of the fathers were happy to help with the housework so that their wives could breast feed [34].

2.2.6 Socio cultural factors

The study further determined that the socio cultural factor of male dominance is also perceived as impacting breast feeding and three out of twelve participants believed that BF role is designed to females only. Men had nothing to do with this [21].

2.3 Conceptual framework

The factors that contribute for father's positive or negative attitude about breast feeding can be summarized as some socio demographic characteristics, knowledge, family support, health provider support, fathers support in household chores and socio cultural factors.

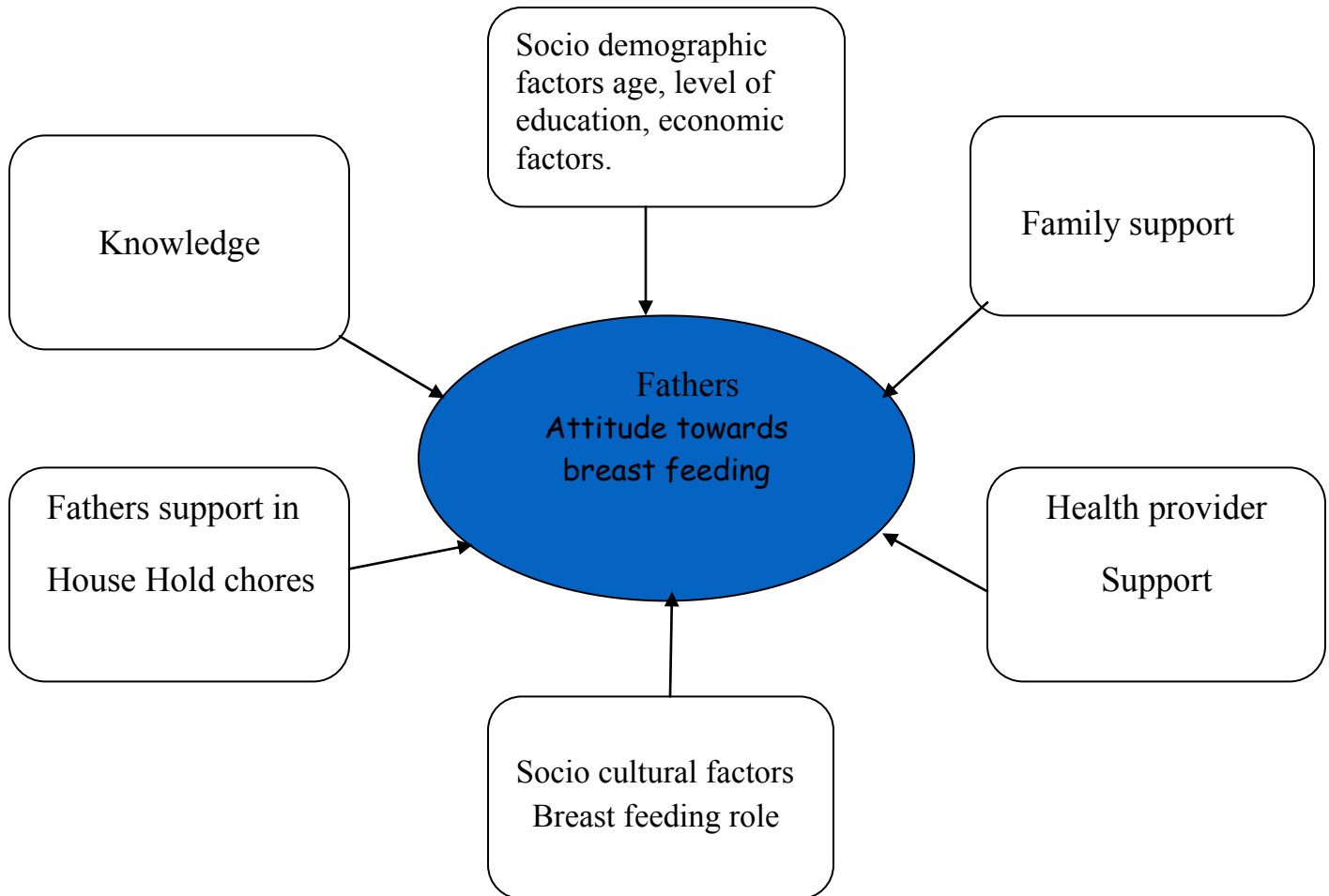


Figure 1 conceptual frame work

Source (developed from different literatures (18, 24, 30, 31))

CHAPTER 3. OBJECTIVE OF THE STUDY

3.1 General objective

To assess the attitude of fathers toward breast feeding and its associated factors among fathers in governmental hospitals Addis Ababa from April 17 to May 17, 2017.

3.2 Specific objectives

- To examine the attitude of fathers towards breast feeding.
- To identify factors affecting attitude of fathers towards breast feeding.

CHAPTER 4. METHODS AND MATERIALS

4.1 Study area

The study was conducted in governmental hospitals which are found in Addis Ababa capital City of Ethiopia. Addis Ababa is rapidly growing urban city both in terms of population and economy. According to census 2007(EFY) figures from the Central Statistical Agency (CSA) of Ethiopia, Addis Ababa has an estimated total population of 2,917,295 consisting of 1,389,817 male and 1,527,478 female. 100% of the population are urban dwellers (CSA 2007). And an estimated area of 526.99 square kilometers, an estimated density of 5,535.8 people per square kilometer[37]. There are 11 governmental hospitals in Addis, one university hospital, four federal hospitals and the rest are regional hospitals. Out of eleven eight of them are giving delivery service.

4.2 Study design and period

A facility based cross-sectional quantitative study design was employed to assess fathers attitude toward breast feeding and associated factors among fathers who accompany their partner for delivery in selected governmental hospitals from April 17 to May 17, 2017.

4.3 Population

4.3.1 Source population

All fathers who come with their delivering partner in selected Governmental hospitals Addis Ababa Ethiopia.

4.3.2 Study subjects

Each selected eligible fathers who were come with delivering partner in selected governmental hospitals Addis Ababa Ethiopia.

4.4 Inclusion and exclusion criteria

4.4.1 Inclusion criteria

All Fathers who come with their delivering partner in selected governmental hospitals during data collection period and consented to participate in the study are included.

4.4.2 Exclusion criteria

Fathers who were refused to participate are excluded.

4.5 Sample size determination

The sample size was determined by using the single population proportion formula assuming an expected proportion of fathers with positive attitude 50%, 95% confidence level, 5% margin of error, and adding a non-response rate of 10%.

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

Where;

n= number of participants to be interviewed

P= 50% proportion of fathers with positive attitude.

$(Z_{\alpha/2})^2$ = level of confidence at 95% certainty (1.96)

d= 5% marginal error

Non-response rate, 10%

The sample size will be 384.

A non-response rate of 10%, the total sample size will be $384 + 10\% (NR) = 422$ fathers.

4.6 Sampling procedure and technique

There are 8 hospitals which are giving delivery service from those 4 hospitals were selected by using simple random sampling (lottery method) and the calculated sample size distributed to each hospital by proportion to size (PPS) then convenience sampling was used to select study participants.

Proportionate to Population Size (PPS) is calculated as-: $n_i = N_i \times n_0/N$,

Where n_i = proportion of participants in a specific hospital.

N_i = Total number of participants who are attended with in specific hospital.

n_0 = calculated sample size.

N = total number of participants in selected hospitals.

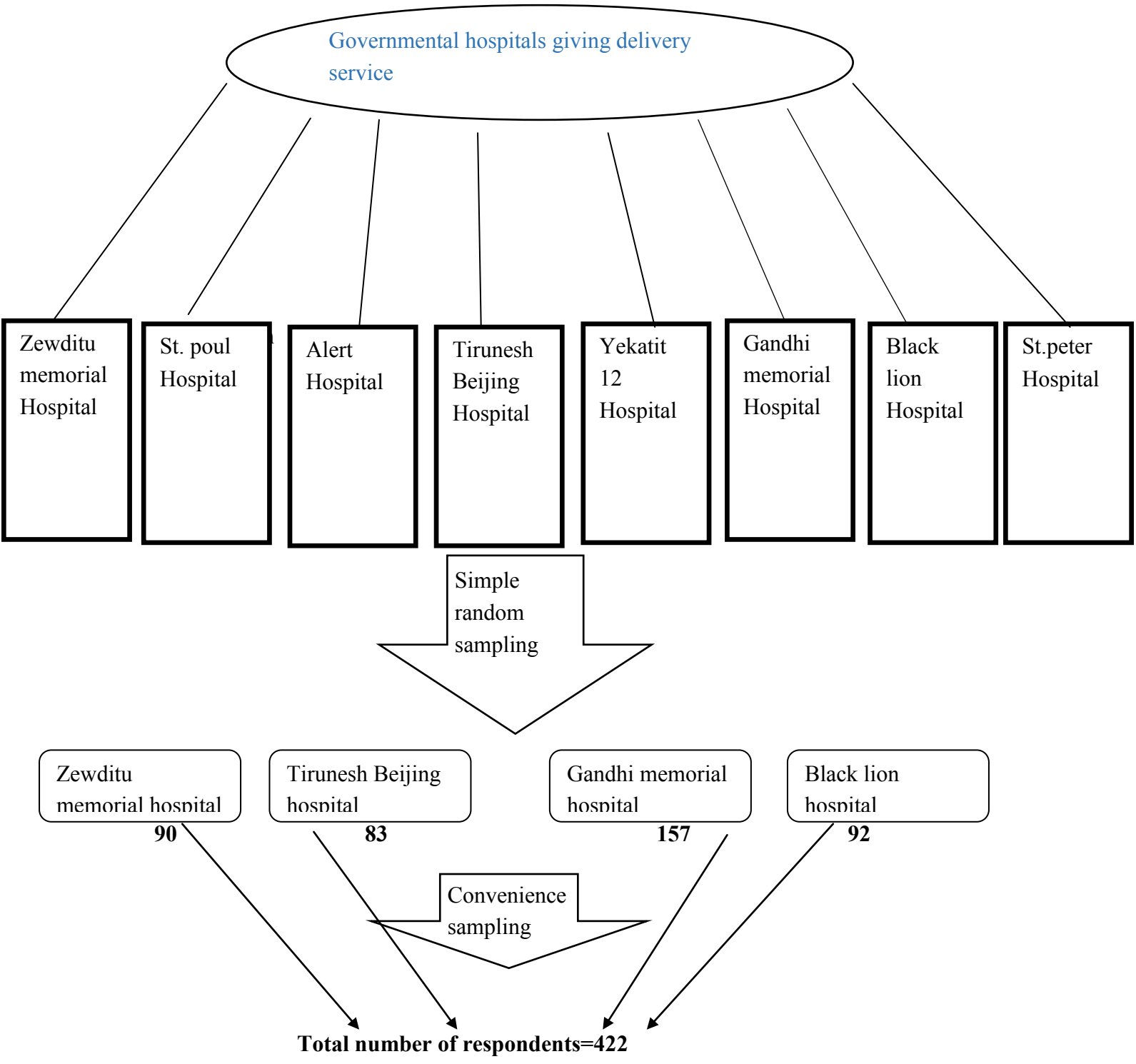


Fig2.Schematic presentation of sampling procedure

4.7 variable of the study

4.7.1 Dependent variable fathers attitude

4.7.2 Independent variable knowledge (good knowledge, poor knowledge)

- Socio demographic factors (age, level of education, employment, economic factors)
- Family support (beneficial, not beneficial)
- Health provider support (beneficial, not beneficial)
- Fathers support in household chores (supportive, not supportive))
- Socio cultural factors (affect, not affect)

4.8 Operational definition

Attitude

- Positive Attitude: - participants who scored above the mean score were considered having positive attitude towards breastfeeding.
- Negative Attitude: - participants who scored below the mean score were considered having negative attitude towards breastfeeding

Knowledge

- Good knowledge: - participants who scored above the mean score were considered having good knowledge
- Poor knowledge: - participants who scored below the mean score were considered having poor knowledge.
- Agree :- agree + strongly agree
- Disagree:- disagree + strongly disagree

4.9 Data collection tool

Data was collected through, structured interview questions and developed from different literatures in English and translated to Amharic to be sure of clarity of question and to assure its consistency translated back to English by foreign language experts.

The interview contains 2 sections. Section A contained socio demographic data, questions assessing knowledge, some determinants factors of attitude consists of family support, health provider support, fathers support in house hold chores, socio cultural factors. Section B attitude measurement scale contained the Iowa infant feeding attitude scale which is designed to assess attitudes towards breast feeding and contains 17 items. IIFAS has provides reliable and valid assessment of attitude towards different methods of infant feeding and usable with a wide variety of population and having Cronbach's alpha scores ranges from (0.85-0.86) that evaluates BF attitude in cross-sectional settings [21,27, 33,34 ,38,39,40].

4.10 Data collection procedure

Four data collectors were selected who are BSC midwives and an experienced BSC midwife supervisor in data collection. One day training was given for data collectors and supervisor about the research objective, sampling procedure, data collection tool and procedure. The collected data was checked every day for its completeness and consistency.

4.11 Data quality management

To ensure the validity of the study, pre-testing was conducted in Yekatit 12 hospital medical collage on 10% of sample size (42) participants before data collection, based on that the questions were revised and edited. The pre-tested samples were not included in the study. In addition, data collectors were trained about data collection techniques and appropriate information was given for respondents on the objective and relevance of the study. The data was cross checked and corrected by the researcher prior to analysis.

4.12 Data analysis procedure

The collected structured interview was checked manually for its completeness and coded. Then entered and analyzed by using SPSS version 20 . Frequency distribution tables were used to describe most of the findings. And measures of central tendency (median) and variability (percentile) were computed to describe the variables. To identify the existence of association between the selected dependent and independent variables, bivariate and multivariate logistic regression with 95% C.I was used. For all of statistical test used in this study, the significant level was p-value ≤ 0.05

4.13 Ethical consideration

Ethical clearance was obtained from Addis Ababa University College of Health Science, school of allied Health Science department of nursing and midwifery institutional review board (IRB) before the study was started. Taking in account that a permission AAU gave me, Addis Ababa health bureau wrote a letter of cooperation for respective hospitals. Respondents were informed about the objective and purpose of the study. Participating fathers completed the interview based on their verbal consent and assure for maintaining confidentiality for the information obtained from them. Respondents were told the right to decline giving information at any time without the need to justify the decision and without prejudice.

4.14 Dissemination of results

After presenting for department of nursing and midwifery, the result of the study will be communicated to ministry of health, regional health bureau and different academic institutions. also it will be submitted for publication in recognized library.

CHAPTER 5.RESULTS

5.1.Socio-DemograophicCharacteristics

There were a total of 422 fathers who were expected to take part in this study, and the response rate was 100%, but 12(3%) of the responses were excluded from the analysis because of their incomplete responses, while 410 fathers completed the interview questions. From these fathers 242(59%) were age between 25-34. The mean age of the respondents was 32(SD 1.3) years old. Concerning the educational status, the majority 146(35.6%) fathers were more than secondary education. Regarding employment status, 202(49.3%) were self employed. Majority (44.9%) of participants had an average monthly income of above 3500 ETB.

Table 1 Socio-demographic characteristics of fathers at selected governmental hospitals, Addis Ababa, 2017 (N=410)

Characteristics	Frequency	Percent
Age in years		
18-24	20	4.8
25-34	242	59.0
35-44	123	30.0
45-55	25	6.2
Level of education		
No formal education	35	8.5
Primary	91	22.2
Secondary	138	33.7
More than secondary	146	35.6
Occupation		
Employed	174	42.4
Unemployed	27	6.6
Self employed	202	49.3
Others	7	1.7
Family monthly income		
<445Br	2	0.5
446-1200Br	17	4.1
1201-2500Br	55	13.4
2501-3500Br	108	26.3
>3501	228	55.6

5.2 knowledge of respondents regarding breast feeding

Breast feeding knowledge score ranges from 16 to 34 with a mean score of 27.9 and 267(65%)of respondents have good knowledge who scored above the mean. 143(34.4%) of fathers have poor knowledge.

Majority (89.3%) of the respondents reported breast milk as the first food to be given to infant after birth. Also, (74.4%) believed that breast milk is more beneficial than the infant formula.

22.9% of the respondents were disagreeing about a mother who feel she has insufficient breast milk should feed with infant formula in addition to breastfeeding. About 57.6% of respondents disagreed that mother should stop breastfeeding a sick infant while, 46.6% were believed that mothers should ensure that one breast is fully emptied before introducing the second breast during a breastfeeding session.

About one third (34.1 %) were believed that exclusive breastfeeding may protect mothers from pregnancy in the first few months after birth. About 74.6% were believed that semi-solid/soft foods should not be introduced to the infants before 6 months. About 64.4% of the respondents disagreed with it should be stopped the moment the baby is introduced to semi-solid or soft foods.

Table 2 knowledge of fathers about breast feeding at selected governmental Hospitals, Addis Ababa, 2017 (N=410)

Knowledge	Response	Frequency	Percent
Breast milk is the first food given to a baby after birth	True	366	89.3
	False	33	8.0
Water or glucose water should not be introduced to a baby in the first few days after birth	True	243	59.3
	false	135	32.9
Infant formula is more beneficial to the baby than the breast milk	True	74	18.0
	False	305	25.6
It is common for mothers to have insufficient milk in their breast	True	157	38.3
	False	193	47.1
A mother who feels she has insufficient milk should feed with infant formula in addition to breastfeeding	True	270	65.9
	False	94	22.9
Mothers should stop breastfeeding if their baby is ill	True	119	29.0
	False	236	57.6
Breast milk is sufficient to provide all nourishment for a baby in the first 6 months of life	True	287	70.0
	False	83	20.2
Mothers should ensure that one breast is fully emptied before the second breast is offered to the baby during breastfeeding session	True	191	46.6
	False	139	33.9
Exclusive breastfeeding may protect mothers from getting pregnant in the first few months after birth	True	140	34.1
	False	112	27.3
A baby should be fed with infant formula as soon as he/she is born	True	74	18.0
	False	293	71.5
Semisolid/soft food should not be introduced before the age of 6 months	True	306	74.6
	False	67	16.3
Breastfeeding should be stopped the moment the baby is introduced to semisolid/soft foods	True	70	17.1
	False	266	64.9

5.3 Respondents family support, health provider support, taking care of house hold chores and cultural role

Most of the respondents (89.5%) believed that the support get from family members was beneficial to encourage a breast feeding partner .all most all fathers(95.9%)were believed that the support get from health care provider is beneficial. About (81.2%) respondents were positive to support their breast feeding partner. Half of participants(49%) were think that breast feeding is a role of mothers.

Table 3 family support, health provider support, taking care of house hold chores and cultural role of fathers about breast feeding among fathers at selected governmental hospitals, Addis Ababa, 2017 (N=410)

Characteristics	Frequency	Percent
Do you believe that the support get from family members is beneficial to encourage your partner to breast feed?		
Yes	367	89.5
No	43	10.5
Do you believe support from health care providers is beneficial?		
Yes	393	95.9
No	17	4.1
Do you support your breast feeding partner by taking care of house hold chores?		
Yes	333	81.2
No	77	18.8
Do you think breast feeding is a role of mothers only?		
Yes	201	49.0
No	209	51.0

5.4 Respondents' attitude regarding breast feeding

From the 410 study participants 197(48%) were having a positive attitude towards breast feeding for they scored more than the mean(60.3). While 213(52%) of fathers have negative attitude .Half of fathers 213 (51.9%) believed that the nutritional benefits of breast milk lasts not only the baby is weaned from breast milk. 227(55.%) of fathers disagreed that formula feeding is more convenient than breast feeding. Majority of fathers 344(83.9%) perceived that breastfeeding is increases the bond between mother and infant. About 168(41.2%) of fathers agreed that breast milk contains iron. Only one fifth 81(19.8%) of the study participants believed as formula feeding is not the best choice of mother who works out side. More than half 220(53.6%) of respondents believed that mothers who formula fed miss one of the great joys of motherhood. About 217(52.9) of study subjects believed that women should breast feed in public. Majority368(89.7%) of fathers stated, breast milk as the best food for babies. On the other hand 180(43.9%) father's believed that formula is not as healthy for an infant as breast milk.

Table 4:- Breastfeeding attitude of participants among fathers at selected governmental hospitals, Addis Ababa, 2017 (N=410)

Attitude	response	frequency	Percent
The nutritional benefits of breast milk lasts only until the baby is weaned from breast milk	Agree	213	51.9
	Disagree	119	29.0
	Neutral	78	19.1
Formula feeding is more convenient than breast feeding	Agree	132	32.2
	Disagree	227	55.3
	Neutral	51	12.4
Breast feeding increases mother-infant bonding.	Agree	344	83.9
	Disagree	21	5.1
	Neutral	45	10.9
Breast milk lacks iron	Agree	80	19.5
	Disagree	169	41.2
	Neutral	161	39.2
Formula-fed babies are more likely to be over feed than are breast-fed babies.	Agree	169	41.2
	Disagree	155	37.8
	Neutral	86	20.9
Formula feeding is the better choice if a mother plans to work outside the home	Agree	288	70.2
	Disagree	81	19.7
	Neutral	41	10
Mothers who formula-fed miss one of the great joys of motherhood	Agree	220	53.6
	Disagree	111	25.1
	Neutral	87	21.2
Women should not breast feed in public places such as restaurants	Agree	157	38.3
	Disagree	217	52.9
	Neutral	36	8.7
Fathers feel left out if a mother breast feeds	Agree	57	13.9
	Disagree	310	75.6
	Neutral	43	10.4

Breast milk is the ideal food for babies	Agree	368	89.7
	Disagree	13	3.2
	Neutral	29	7
Breast milk is more easily digested than formula.	Agree	317	77.3
	Disagree	34	8.3
	Neutral	59	14.3
Formula is as healthy for an infant as breast milk.	Agree	151	36.8
	Disagree	180	43.9
	Neutral	79	19.2
Breast milk is more convenient than formula.	Agree	332	80.9
	Disagree	46	11.2
	Neutral	32	7.8
Breast milk is less expensive than formula	Agree	350	85.3
	Disagree	34	8.3
	Neutral	26	6.3
Breast fed babies are more likely to be over fed than formula fed babies	Agree	285	69.5
	Disagree	40	9.7
	Neutral	85	20.7
Babies fed breast milk are healthier than babies who are fed formula	Agree	335	81.7
	Disagree	28	6.8
	Neutral	47	11.4
A mother who occasionally drinks alcohol should not breast feed her baby.	Agree	169	41.2
	Disagree	138	33.6
	Neutral	103	25.1

5.5 Bivariate and multivariate logistic regression analysis of breast feeding attitude and its independent variables.

Binary Logistic regression was performed to assess the association of each independent variable with attitude of breast feeding. . For those variables that had significant association to the dependent variable, P-value of less than 0.05 was entered to multiple logistic regressions.

The result revealed that knowledge was found to have an association with attitude. Participants who had poor knowledge were less likely to have positive attitude compared with who had good knowledge AOR 0.6, 95%CI (0.930, 0.925).

Further, taking care of house hold chores and cultural role were also found to have association. Fathers who don't support their breast feeding partner by taking care of house hold chores less likely to have positive attitude than those who support AOR 0.3, 95%CI (0.196,0.600). Participants who think breast feeding is a mother's role only was less likely to have positive attitude than those who don't think AOR 0.5, 95%CI (0.350,0.792).

Other variables such as age, level of education, employment, economic status, family support and didn't show any association to breastfeeding attitude.

Table 5:-Bivariate and multivariate logistic regression analysis of factors affecting breastfeeding attitude (N=410)

Variables	Positive attitude	Negative attitude	COR(95% C.I)	AOR(95% C.I)
Knowledge				
Good	144	122	1	1
Poor	54	87	0.5(0.368,0.838)*	0.6(0.930,0.925)*
Health provider support				
Yes	198	195	1	1
No	3	14	0.2(0.60,0.746)*	0.3(0.101,1.375)
Fathers support in house hold chores				
Yes	179	154	1	1
No	22	55	0.3(0.201,0.590)*	0.3(0.196,0.600)*
Cultural role				
yes	111	90	1	1
No	90	119	0.6(0.415,0.906)*	0.5(0.350,0.792)*

*P value is significant at P<0.05

CHAPTER 6 DISCUSSION

This study was done in selected governmental hospitals on fathers who come with their delivering partner to assess their attitude about breast feeding and the associated factors. The previous evidences suggested that breast feeding practice is highly affected by father's attitude [32]. So, the findings from this study helped as to notice these fathers' current attitude and what they could correct in the future.

The study findings indicated that 213(52%) of fathers had a negative attitude regarding breast feeding. This finding is better when compared with the study obtained from Jordan and Nigeria 81.3 and 76.5% respectively [26, 27]. This deference might be due to in Nigeria the study was conducted on university male staffs who had no breast feeding experience.

On the contrary, a focus group discussion in 3 US cities [28]. Most partners had favorable attitude towards breast feeding. Similar study in university of Santo [41] on fathers attitude by using the Iowa Infant Feeding Attitude Scale showed fathers to be generally unbiased whether their child be fed breast milk or milk formula. This different figure might be because developed countries are working on fathers' attitude and support in breast feeding process.

This study shows that 52.9 of fathers agreed with breast feeding in public, whereas in another study in Namibia [25], most men in three different groups verbalized that she couldn't breast feed in public. In US[28] also both groups disapproved breast feeding in public; similarly another study in US[29], fathers reported that breast feeding process is being uncomfortable in public. Study in Santo [41] also reported that 48% find breastfeeding in public is un acceptable. This controversy might be due to lack of comfortable environment to breast feed she fed every where she get and this is somehow accepted in our culture. .

In this study is 75.6% of fathers disagreed that they were not feel left out if a mother breast feeds. Similar result was found in study done in university of Santo [35] About 57% do not feel left out whenever the mothers breastfeed.

While, in US most fathers feeling out of infant feeding [29]. The same result reported that even if they were encourage breast feeding they often felt out of the breast feeding relationship [32]. for this discrepancy culturally, somehow this might be nothing for fathers in our context.

In this study 89.3% of fathers approved that when the mother breast feeds increases mother infant bonding .a similar result is found in India [24], fathers believed that breast feeding helped mothers feel closer to infants. Another similar result found in Santo [41] 91% believed that breastfeeding increased mother-infant bonding

89.8% of respondents from this study were agreed that breast milk is the ideal food for babies. This result complied with the study in Texas[30], father's believed that breast feeding was better for baby. Similarly a study done in Santo University 85% of fathers agreed that breast milk is the ideal food for babies.

In this study negative attitude was higher among participants with poor knowledge AOR 0.6, 95%CI (0.930, 0.925) than those with good knowledge. Similar finding is also reported in Nigeria[27] men with poor infant feeding knowledge had negative attitude .and in Namibia[25] also men who have negative attitude had limited knowledge. These findings tinted that fathers breast feeding attitude affected by their knowledge.

Another identified factor which have an association with attitude is fathers support in house hold chores. Negative attitude is statistically significant among fathers not supporting breast feeding partner by taking care of house hold chores than who were willing to support their breast feeding partner AOR 0.3, 95%CI (0.196, 0.600). This result is supported by study in turkey reported that 11.3% of fathers who were negative about helping the house work when their wife could breast feeds. [32].

Cultural role(breast feeding role) was found to be associated with attitude in which those had negative attitude were found to think breast feeding is a mothers role only AOR 0.5, 95%CI (0.350,0.792). Similarly a study in Pakistan reported that three out of twelve fathers who had negative attitude were think that breast feeding role is mothers responsibility[21].

CHAPTER 7 LIMITATION OF THE STUDY

- ◆ The limitation of this study arose from the sampling method that means convenience sampling and not representative which decreased potential for analyzing association.

STRENGTH OF THE STUDY

- ✓ to the extent that my knowledge concerns, this study is the first in this population(on fathers).

CHAPTER 8 CONCLUSION AND RECOMMENDATION

8.1 conclusion

This study has shown the level of attitude of fathers towards breast feeding in selected governmental hospitals. 52% of the participants had negative attitude.

The finding of this study had showed that there was association between attitude about breast feeding and knowledge about breast feeding, taking care of house hold chores and cultural role.

65%of the participants had good knowledge but their attitude level is not adequate. This implied that even if they know about benefits of breast feeding their attitude needs some adjustment.

8.2 Recommendation

Based on the result of this, the following recommendations are forwarded

To policy makers:

- ✓ Increasing father's attitude of breast feeding is a critical component of breast feeding rate success so; educational guide lines must be developed which targets fathers and implemented to strengthen the system.
- ✓ To fill the knowledge gap maintaining access to information on breast feeding by using mass media and community health system.
- ✓ By using elders' and religious fathers educate fathers about the role breast feeding is concerns both parents.

To health-care professionals:

- ✓ In addition to mothers it is important to give special attention to fathers that focus on method and long term benefits of breast feeding.
- ✓ In collaboration with policy makers address issues to improve fathers' attitude in the community.

To researchers;

- ✓ Conducting further researches in community level.

References

1. Getnet Mekuria. Exclusive breast feeding and associated factors among mothers in Debre Markos, North Western Ethiopia across sectional study. *International breast feed journal*. 2015 Jan 20;10(1):
2. Nahia M Al-Ali, Reem Hatamleh and Yousef Khader. Intention and attitudes towards breast feeding among undergraduate female students at a public Jordanian university. *Evidence based midwifery*, Dec, 2012.
3. Wubareg Siefu, Getasew Assefa and Gudina Egata. Prevalence of exclusive breast feeding and its predictors among infants aged six month in Jimma town, south west Ethiopia. *J of pediatrics and neonatal care*. 2014 1(3).
4. Kassa Ehetu Modjo, Negash Wakgari Amanta. Attitude and practice towards exclusive breast feeding and its associated factors among HIV positive mothers in southern Ethiopia. *American journal of health research* .2015, 3(2), pp. 105-115.
5. Jharna Elisabeth Neupane, Regina Kiragu and Sudha Kandel. KNOWLEDGE ATTITUDE AND CALLENGES OF EXCLUSIVE BREAST FEEDING AMONG PRIMI GRAVIDAS. Literature review. Central university of applied sciences. March 2014.thesis.
6. Katrina Harwood. Intent of expecting fathers to encourage breast feeding, perception of support and barriers to encourage breast feeding. Nutrition and health sciences dissertation and theses paper 22.
7. Meaza Mitiku Asfaw Mesele Damte Argaw and Zelalem Kebede Kefene. Factors associated with exclusive breast feeding practices in Debre Birhan district, central Ethiopia. A cross sectional community based study. *International breast feed journal*. 2015 10(23).
8. Noraini Mohammad, Nani Draman, Rosediani Muhammad. Knowledge and attitude towards exclusive breast feeding practice among fathers who attend primary health care in Malaysia. www.research.gate.net Jan 2012
9. Nigel sheriff, Valerie Hall, Christina Panton. Engaging and supporting fathers to promote breast feeding: a concept analysis *.midwifery*,2014,30,pp667-677
10. Edey Kuyper and Kathryn Dewey literature review; fathers support in infant and young child feeding, their contribution to better outcome. Program in international and community nutrition of university of California devis spot light on innovation, Oct 2012
11. R.Harragle and P.S.Chawla. a study of knowledge attitude and practice(kap)of lactating mothers on breast feeding weaning immunization and dietary practice at Jbalpur cantonment,India.*International journal of current microbiology and applied sciences* 2013 2(11);393-403.
12. Ayisi, R.K. Thuita, F. Nieru, e. and Wakoli, A.B. factors associated with exclusive breast feeding among infants aged 0-6 months in aperi-urban low income settlement of Kangemi,Nairobi *lobal journal of biology, agriculture and health science* 2014 3(4).

13. Niguse Tadele, Firhiwot Habta, Dinu Akmel, and Eyeus Deges. Knowledge attitude and practice towards Exclusive breast feeding among lactating mothers in Mizan Aman town south west Ethiopia; descriptive cross- sectional study. *International breast feeding journal* 2016 11(3).
14. Abduselam mohammed dallak, nabil ahmed al-rabeei, yassein ahmed aljahmi. breast feeding knowledge and attitude among mothers attending health centers in sana'a city. *ARC journal of public health and community medicine* 2016 1(2);9-17.
15. Nahla M, Reem Hatamleh and Yousef Khader. Intention and attitudes towards breast feeding among under graduate female student s at public Jordanian university. *Evidence based midwifery* 2012.
16. Moore K and Rempel L. 2010, father's involvement in breast feeding process, determining contributing aspects .faculty of applied health science, BrockUniversity, 21, Aug, 2013
17. Mekuanint Taddele, Lakew Abebe, Netsanet Fentahun. Exclusive breast feeding and maternalemployment in Ethiopia: a comparative cross-sectional study. *International journal of nutrition and foods sciences*. 2014 3(6) pp. 497-503.
18. Zimbabwe Vulnerability Assessment Committee, Rural Livelihood Assessments, 2012.
19. Andy Emmanuel. A literature review of the factors that influence breast feeding: an application of health belief model. *International journal of nursing and health science*.2015 2(3) pp28-36.
20. Lima, F.T, Santana, A.C, dosantos, G.M , Albergaria, T.F, Doss. And Salva, I.R. the knowledge and participation of the father in breast feeding. Salvador, Brazil. *Open journal of obstetrics and Gynecology* 2016.6 pp. 559-571
21. Yasmin Mithani, Zahra Shaheen Premani, Zahra Kurji and Shehnaz Rashid exploring fathers role in breast feeding practice in urban and semi-urban settings of kurachi, Pakistan.. *Journal of prenatal education*.2015 24(4) pp. 249-260.
22. Alive and thrive .org/Ethiopia-fathers-involvement.
23. Noraini Mohamed, Nani Draman, Rosediani Muhammad. Knowledge and attitude to exclusive breast feeding practice among fathers. www.research.gate.net Jan 2015.
24. Jo Carol Chezem. Breast feeding attitudes among couples planning exclusive breast feeding or mixed feeding. *Breast feeding medicine*.2012.7(3) pp. 155-162
25. OTTILIE VAFEFNDJOVO KAVELA. The role men hindering and promoting breast feeding in OShakati, Namibia. A mini thesis submitted to the faculty of community and health science, university of the Western Cape in partial fulfilment of the requirement for the degree of master's in public health.2007.
26. Manar W Abu Abbas, Manal I Kassab Khitam I Shelash. Fathers and breast feeding process: determining their roles and attitudes. *European scientific journal* June 2016 12(18) pp327-336.

27. Folake Olukemi Samuel, Oladejo Thomas Adepoju and Oluwatosin Olushola Leshi. Knowledge and attitude of male staff in a Nigerian tertiary institution towards infant feeding. *British journal of medicine and medical research* 2016 12(1).
28. Alexis B. Avery and Jeanette Magnus. Expectant fathers and mothers perceptions of breast feeding and formula feeding; a focus group study in three US cities. *J Hum Lact.* 2010, 27(2)pp 147-154.
29. Kristen Mitchell, Katryn Braun. Father's thoughts on breast feeding and implications for theory based interventions. *Journal of obstetric gynecology and neonatal nursing.* Aug 2012 41(6) 41-50.
30. Buddhika Mahesh and PM Manawadu Faculty of medicine university of Colombo knowledge and attitudes of expectant fathers on breast feeding [www.med. Cmb .ac. lk](http://www.med.cmb.ac.lk) pp 205.
31. Samir Arora, Cheryl Mcjunkin, Julie Wehrer and Phyllis Kuhn. Major factors influencing breast feeding rate; maternal perception of father's attitude and milk supply. *Pediatrics* 2000 106(5).
32. Amy Brown, Rroth Davis .fathers experience of supporting breast feeding, challenges for promotion and education. *Maternal and child health nutrition* 2014, 10, pp510-526
33. Lisa Jolly, Patti Pagles, Grant Woodfin, Mandy silver, Tiffany Kindratt, Nora Gimpel. Knowledge and attitudes towards breast feeding in an Africa American male population. *Journal of obstetric and gynecologic and neonatal nursing* 2013 42(6) PP664-671.
34. Ayten Tanspinar, Ayden Coban, Mert Kucuk and Ahsen Sirn. Father's knowledge about and attitudes towards breast feeding in Manisa, Turkey. 2015 *Journal of midwifery* 29(6) pp 653-660.
35. Cleide M.pontes, Aline C. alexandrine and Monica M. Osorio. The participation of fathers in breast feeding process: experiences, knowledge, behavior and emotions. *J pediatrics (RioJ).* 2008 84(4) pp. 357-364.
36. Maycock B., Binns C., Dhaliwal S., Tohotoa J., Hauck Y.Burns S. *et al.* Education and support for fathers improves breastfeeding rates: a randomized controlled trial. *Journal of Human Lactation* 2013 29 (4), 484–490.
37. AAHB.gov.et
38. Ethiopian demographic profile 2016
39. Arlene M. Dela Mora, Daniel Wayne Russell and Mary E Losch. The Iowa infant feeding attitude scale. Analysis of reliability and validity1.*Journal of applied social psychology* 1999.
40. Knowledge, attitude and breast feeding practices of post natal mothers: across sectional survey. *International journal of health science* 2015 9(4) pp. 364-373
41. J Liamas, A Regal, fathers knowledge and attitude towards breast feeding. Across sectional study.gastroentrology and hepatology/ nutrition.2014

ANNEX I Individual information sheet and consent form

Greeting, my name is Elsabet Birhanu. I am a 2nd year MSc student in Maternity and Reproductive Health at College of Health Sciences, Department of Nursing and Midwifery of Addis Ababa University. I am conducting a study on father's attitude towards breast feeding and associated factors in selected governmental hospitals Addis Ababa, Ethiopia.

The purpose of this study is to assess father's attitude towards breast feeding and associated factors. . The result of this study may be used as baseline information for developing strategies to promote breast feeding. It will make beneficial those fathers are participating in this research in order to change their attitude.

The questionnaire will take around 15-20 minutes. Your participation is entirely voluntarily, and you can quit from the study any time you want. I would like to assure you that privacy will be strictly be maintained throughout. There is no need to put your name. No individual response will be reported. It is your full right to participate or refuse in the study. But your honest participation will have a great contribution. So please take a few minute to answer this question.

Do you wish to participate in the study?

Yes, I want to participate in the study (please go to the next page)

No, I don't want to participate.

ANNEX II Questionnaire form

Questions related to fathers attitude towards breastfeeding and its associated factors in selected governmental hospitals Addis Ababa, Ethiopia

Section A: Socio-demographic question, questions assessing knowledge and questions that have some determinant factors of attitude.

Directions: Please answer the questions as truthfully as you can. Your input is greatly appreciated.

No	Questions	Answers
101	Age	
102	Level of education	1. no formal education 2. primary 3. secondary 4. more than secondary 5. others
103	Occupation	1. employed 2. unemployed 3. self employed 4. others
104	Family monthly income	

Questions assessing knowledge

Directions- choose the appropriate answer for each of the following questions

No	Questions	True	False	Not sure
201	Breast milk as the first given to infant after birth.			
202	Water or glucose water should not be introduced to the infant to their first few days of life.			
203	Infant formula is more beneficial to the baby than the breast milk.			
204	It is common for mothers to have insufficient milk in their breast.			

205	A mother who feels she has insufficient milk should feed with infant formula in addition to Breastfeeding.			
206	Mothers should stop breastfeeding if their Baby is ill.			
207	Breast milk alone is sufficient to provide all nourishment for infants in the first six months of life.			
208	In breast feeding session mothers should ensure that one breast is fully emptied before introducing the second breast.			
209	Exclusive breast feeding protects mothers from pregnancy in the first few months' afterbirth			
210	A baby should be fed formula as soon as he/she born.			
211	Semi-solid or soft foods should not be introduced to the infant before six months			
212	Breast feeding should be stopped the moment the baby is introduced to semi-solid or soft foods.			

Questions that contain determinants of attitude.

Directions- choose the appropriate answer for each of the following questions.

No	Questions	Yes	No
301	Do you believe that the support get from family members is beneficial to encourage your partner to breast feed?		
302	Do you believe support from health care providers is beneficial?		
303	Do you support your breast feeding partner by taking care of house hold chores?		
304	Do you think breast feeding is a role of mothers only?		

Section B assessment of attitude

Directions- choose the appropriate answer for each of the following questions.

No	Questions	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
401	The nutritional benefits of breast milk lasts only until the baby is weaned from breast milk.					
402	Formula feeding is more convenient than breast feeding.					
403	Breast feeding increases mother-infant bonding.					
404	Breast milk lacks iron.					
405	Formula-fed babies are more likely to be over feed than are breast-fed babies.					
406	Formula feeding is the better choice if a mother plans to work outside the home.					
407	Mothers who formula-fed miss one of the great joys of motherhood.					
408	Women should not breast feed in public places such as restaurants.					
409	Fathers feel left out if a mother breast feeds					
410	Breast milk is the ideal food for babies.					
411	Breast milk is more easily digested than formula.					
412	Formula is as healthy for an infant as breast milk.					
413	Breast milk is more convenient than formula.					
414	Breast milk is less expensive than formula					
415	Breast fed babies are more likely to be over fed than formula fed babies.					

416	Babies fed breast milk are healthier than babies who are fed formula					
417	A mother who occasionally drinks alcohol should not breast feed her baby.					

Thank you for allowing us to share your precious time and for your willingness to participate in this study.

ANNEX III: Amharic version of participant information sheet and consent form የአማርኛ ትርጉም የመጠይቅ ቅጽ

ጤና ይስጥልኝ ኤልሳቤጥ ብርሃኑ እባላለሁ በአዲስ አበባ ዩንቨርሲቲ ጤና ሳይንስ ኮሌጅ የነርቪንግ እና ሚድዋይሬሪ ዲፓርትመንት የሁለተኛ አመት የእናትነት ስነ ተዋልዶ ጤና የድህረ ምረቃ ተማሪ ነኝ። በተመረጡ የመንግስት ሆስፒታሎች በመገኘት አባቶች ስለ ጡት ማጥባት ያላቸውን አመለካከት እና ተያያዥነት ያላቸውን ኹነቶች በተመለከተ ጥናት በማድረግ ላይ እገኛለሁ።

የዚህ ጥናት ዋነኛ አላማ አባቶች ስለ ጡት ማጥባት ያላቸውን አመለካከት እና ተያያዥነት ያላቸው ኹነቶች መገምገም ነው ። ከዚህ ጥናት የሚገኘው ውጤት ጡት ማጥባትን ለማበረታታት ለሚቀረጹ ስልታዊ እቅዶች እንደ መነሻ መረጃ ሆኖ ሊጠቅም ይችላል። በዚህ ጥናት የተካተቱትን አባቶች አመለካከታቸውን በማስተካከል ረገድ ተጠቃሚ ያደርጋል ተብሎ ይታሰባል።

ቃለ መጠይቁን ለመሙላት ከ15 እስከ 20 ደቂቃ ይወስዳል ። ተሳትፎውም በፍጹም ፈቃደኝነት ላይ የተመሰረተ ስለሆነ በፈለጉት ጊዜ ማቋረጥ ይቻላል። የሚሰበሰበው መረጃ በፍጹም ምስጢር የሚያዝ እንደሆነ ለማረጋገጥ እወዳለሁ። የአንድ ግለሰብ ምላሽ ተመዝግቦ አይተላለፍም፤ በጥናቱ የመሳተፍ ወይም ያለመሳተፍ ሙሉ መብት አለዎት። የእርስዎ እውነተኛ መረጃ ለጥናቱ ያለው አስተዋጾ ከፍተኛ ነው። ስለዚህ እነዚህን ጥያቄዎች ጥቂት ጊዜ ወስደው ይመልሱ።

በዚህ ጥናት ለመሳተፍ ፈቃደኛ ነዎት?

- አዎ ለመሳተፍ ፈቃደኛ ነኝ(አባክዎ ወደ ቀጣዩ ገጽ ይሂዱ)
- ለመሳተፍ ፈቃደኛ አይደለሁም

ANNEX IV: Questionnaire form: Amharic version

ክፍል 1. የማህበራዊናኢኮኖሚያዊሁኔታ

መመሪያ: እባክዎ ለጥያቄዎቹ ትክክለኛ ምላሽ ይሰጡ። የሚሰጡት ምላሽ እጅግ ገንቢ ነው።

ቁጥር	መግለጫ	ዝርዝር
101	እድሜ.	
102	የትምህርት ደረጃ	1. መደበኛ ትምህርት አልተማርኩም 2. የመጀመሪያ ደረጃ ትምህርት 3. ሁለተኛ ደረጃ ትምህርት 4. ከሁለተኛ ደረጃ ትምህርት በላይ 5. ሌላ
103	የሰራ ሁኔታ	1. ሰራተኛ 2. ስራ አጥ 3. የግል ስራ 4. ሌላ
104	የቤተሰብ ገቢ	

ጡት ማጥባትን በተመለከተ የዕውቀት (KNOWLEDGE) መለኪያ

ቁጥር	መግለጫ	ዕውነት	ሐሰት	አላዉቅም
201	የእናት ጡት ወተት ገና ለተወለደ ልጅ እንደመጀመሪያ ይሰጣል።			
202	ውሃ ወይም ስኳርና ውሃ ከተወለዱ የመጀመሪያ ቀናት ላይ ላሉ ልጆች መሰጠት የለበትም።			
203	ከእናት ጡት ወተት ይልቅ ሰው ሰራሽ ወተት ለህፃናት ጠቃሚ ነው።			
204	በእናቶች ጡት በቂ ወተት አለመገኘት የተለመደ ነው።			
205	በጡትዎ በቂ ወተት እንደሌላት የምታስብ እናት ከእናት ጡት ወተት በተጨማሪ ሰው ሰራሽ ወተት መመገብ ትችላለች።			
206	ህፃኗ የታመመባት እናት ጡት ማጥባትዋን ማቆም አለበት።			
207	ልጅ ከተወለደ በኋላ ባሉት የመጀመሪያ ስድስት ወራት የእናት ጡት ወተት በቂ ንጥረ ነገር ስላለው ብቻውን በቂ ነው።			
208	እናቶች ጡት በማጥባት ወቅት ማጥባት የጀመሩትን ጡት በሚገባ ሳይጠባ ወደ ሌላኛው እንደማይሄዱ እርግጠኛ መሆን አለባቸው።			
209	ጡት ማጥባት እናቶችን ከወለዱ በኋላ ባሉት የመጀመሪያ ወራት ከእርግዝና ይከላከላል።			
210	አንድ ህጻን ከተወለደ ጊዜ አንስቶ ሰው ሰራሽ ወተት መመገብ አለበት።			
211	ለስላሳ ምግቦችና በከፊል ጠጣር የሆኑ ምግቦች ከስድስት ወር በታች ለሆኑ ህፃናት መሰጠት የለበትም።			
212	ህፃናት ለስላሳ ወይም በከፊል ጠጣር የሆኑ ምግቦችን መመገብ ከጀመሩ ጡት መጥባት ማቆም አለባቸው።			

ከአመለካከትጋር የተያያዙ ጥያቄዎች

ቁጥር	መግለጫ	አዎ	አይደለም
301	ባለቤትዎን ጡት እንድታጠባ የቤተሰብ ድጋፍ ያበረታታል ብለው ያምናሉ?		
302	ከጤና ባለሙያ የሚደረግ ድጋፍ ጥቅም አለው ብለው ያምናሉ?		
303	የቤት ዉስጥ ስራዎችን በማገዝ ጡት የምታጠባ ባለቤትዎን ይረዳሉ?		
304	ጡት ማጥባት የእናቶች ብቻ ሚና ነው ብለው ያምናሉ?		

ክፍል 2. ጡት ማጥባትን አስመልክቶ ያለ አመለካከትን (ATTITUDE) መዳሰሻ

	መግለጫ	በጣም አስማማለሁ	እስማማለሁ	እርግጠኛ አይደለሁም	አልሰማማም	በጣም አልሰማማም
401	የእናት ጡት ለልጅ ንጥረ-ነገራዊ ጠቀሜታ የሚኖረው ጡት መጣል እስከቻሉበት ጊዜ ድረስ ብቻ ነው።					
402	ሰው ሰራሽ የሆኑት ተበጥብጠው ለልጅ የሚሰጡት የዱቄት ወተቶች የተፈጥሮ የእናት ጡትን ለልጅ ከማጥባት የተሻለ አመቺ ናቸው።					
403	ጡት ማጥባት እናትና ልጅ መሃል ያለውን ግንኙነት የበለጠ ያጠናክራል።					
404	የእናት ጡት ወተት ብረት (iron) የተባለው ንጥረ-ነገር የለውም።					
405	ሰው ሰራሽ የዱቄት ወተት የሚመጡ ህፃናት በእናት ጡት ከሚመጡት የተሻለ የመጥገብ ዕድል አላቸው።					

	ሰው ሰራሽ የዱቄት ወተቶችን ለህፃናት ምግብነት ማዋል ከቤት ውጭ ለመስራት ለምታሰብ እናት የተሻለ ምርጫ ነው።					
407	ልጆቻቸውን ሰው ሰራሽ ወተት የሚመግቡ እናቶች ጡት በማጥባት የሚገኘው የእናትነት አንድ ታላቅ ደስታ ይቀርባቸዋል።					
408	ሴቶች ህዝባዊ በሆኑ እንደ ምግብ ቤት ባሉ ቦታዎች ጡት ማጥባት የለባቸውም።					
409	እናቶች ሲያጠቡ አባቶች የተገለሉ ይመስላቸዋል።					
410	የእናት ጡት ወተት ለህፃናት ከሁለም የላቀ ምግብ ነው።					
411	የእናት ጡት ወተት ከሰው ሰራሽ ወተት ይልቅ በቀላሉ ይፈጫል።					
412	ሰው ሰራሽ ወተት ከእናት ጡት ወተት እኩል ለህፃኑ ጤና ይሆናል።					
413	ጡት ማጥባት ሰው ሰራሽ ወተት ከመመገብ ይልቅ አመቺ ነው።					
414	ጡት ማጥባት ሰው ሰራሽ ወተት ከመመገብ ይልቅ ወጪ ቆጣቢ ነው።					
415	ሰው ሰራሽ ወተት ከሚጠቡ ህጻናት ይልቅ የእናት ጡት የሚጠቡ ህጻናት ይጠግባሉ።					
416	ጡት የሚጠቡ ህፃናት ሰው ሰራሽ ወተት ከሚጠቡ የበለጠ ጤነኞች ናቸው።					
417	አልፎ አልፎ አልኮል መጠጥ የምትጠጣ እናት ልጇን ጡት ማጥባት የለባትም።					

ይህንን የመጠይቅ ፎርም ለመሙላት ላወጡት ጊዜና ጉልበት በጣም አመሰግናለሁ።

Declaration:

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

Name: Elsabet Birhanu

Signature: _____

Date: _____

Place: Addis Ababa University, College of Health Sciences, Department of Nursing and midwifery

This proposal has been submitted for examination with my approval as University advisor

Advisor Sr.Addishiwot Fantahun (BSC, MSC)

Signature: _____

Date: _____

Co –advisor Mr.Leoul Derbae (BSC, MPH)

Signature: _____

Date: _____