COLLEGE OF DEVELOPMENT STUDIES

CENTER FOR POPULATION STUDIES

EXCLUSIVE BREASTFEEDING PRACTICES AND ASSOCIATED FACTORS AMONG WORKING MOTHERS IN QERA MEBERAT HAYEL CONDEMINIUM,ADDIS ABABA, ETHIOPIA

BY

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A RESEARCH THESIS SUBMITTED TO COLLEGE OF DEVELOPMENT STUDIES, CENTER FOR POPULATION STUDIES IN PARTIAL FULLFILMENT OF REQUIRMENTS FOR THE DEGREE OF MASTER OF SCIENCE IN POPULATION STUDIES

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This is to certify that the thesis prepared by Mahlet Kassahun, entitled: EXCLUSIVE BREAST FEEDING PRACTICES AND ASSOCIATED FACTORS AMONG WORKING MOTHERS RESIDING IN QERA MEBERAT HAYEL CONDEMINIUM ADDIS ABABA, ETHIOPIA 2019. Submitted in partial fulfilment of the requirements for the Degree of Master of Science in population studies complies with the regulations of the University and meets the accepted standards with respect to originality and quality.

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Table of Contents

Page

List of Tables and Figure

Page

List of Abbreviations

ANC	Antenatal Care
AOR	Adjusted Odds Ratio
BF	Breastfeeding
CI	Confidential Interval
EBF	Exclusive Breastfeeding
EDHS	Ethiopian Demographic and Health Survey
HSDP	Health Sector Development Program
IFS	Infant Feeding Survey
LMICs	Low-and Middle-Income Countries
MDGs	Millennium Development Goals
SDGS	Sustainable Development Goals
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Abstract

Exclusive breastfeeding is the infant receives only breast milk. WHO & UNICEF recommend that every infant should be exclusively breastfed for the first six months. Globally, the rate of exclusive breastfeeding (EBF) was 41% in 2018, while in East Africa it was 56%, in Ethiopia 58% in 2016. Over two-thirds of deaths occurring worldwide during the first year of life is often associated with inappropriate feeding practices, especially due to poor exclusive breastfeeding practice. Other aggravating factor and the key reason is that working women in the formal and informal sectors around the world face challenges combining work with breastfeeding. Therefore, the purpose of this study was to assess exclusive breastfeeding practices and associated factors among working mothers of children 7 to 23 months old.

The study was conducted in Qera Meberat Hayle Condominium. Community based both quantitative and qualitative cross-sectional study was conducted. Study participants were randomly selected; data were collected from 422 working mothers of children 7 to 23 months old. The collected data were coded and entered in to SPSS version 20 for analysis. Factors associated with exclusive breastfeeding were determined using binary logistic regression. Out of the 422 working mothers 148 (35.1%) were practices exclusive breastfeeding and 274 (64.9 %) of respondents did not practice of exclusive breastfeeding at the time of the survey. Adjusted odds ratios of exclusive breastfeeding were Age of the mothers was significantly associated with exclusive breastfeeding practice. Mothers who had access to feed breast milk at work place were 16 times [AOR=17.174(6.256, 47.143)] more likely to practice exclusive BF than mothers didn't have access. The study concludes that a large proportion of children were not exclusively breastfed by working mothers. The duration of EBF was below the WHO recommendation and the target of the Ethiopian health sector development plan.

'Keywords': - Exclusive breastfeeding, working mothers, Knowledge.

I.Introduction

1.1. Background

Exclusive breastfeeding is the infant receives only breast milk. No other liquids or solids are given not even water with the exception of oral rehydration solution, or drops/syrups of vitamins, minerals or medicines (WHO, 2002). Exclusive breastfeeding (EBF) provides all infants nutritional and fluid needs in the first six months and is a perfect combination of proteins, fats, carbohydrates and fluids. Breastfeeding is the process of milk transference from mother to baby that is needed for the survival and health (UNICEF, 2009). Breastfeeding creates an inimitable psycho social bond between the mothers enhances modest cognitive development and the underpinning of the infant's wellbeing in the first year of life even into the second year of life with appropriate complementary foods from 6 months (Heckman, 2011 Singh & Srivastava, 1992).

For the first six months of life, infants should be exclusively breast fed to achieve optimal growth, development and health. Breastfeeding is an important public health strategy for improving infant and child morbidity and mortality, improving maternal morbidity, and helping to control health care costs. Nutrition deficiencies and infectious diseases are the leading causes of child mortality in developing countries. Exclusive Breastfed infants have a reduced risk of malnutrition and common childhood infectious diseases. To maximize the health effect of breastfeeding, optimum breastfeeding is recommended (James & Lessen. 2009).

World Health Organization (WHO) and United Nations Children's Fund (UNICEF) recommend that every infant should be exclusively breastfed for the first six months of life, with breastfeeding continuing for up to two years of age or longer. The single most effective Intervention to reduce child mortality in developed and developing countries is promotion of breast feeding practices (WHO, 2002).

The 2030 Agenda for sustainable development in 2015, which comprises 17 goals. SDGs two and three of the 17 SDGs, two are directly linked to breastfeeding (Victora et al., 2016). Globally, the rate of exclusive breastfeeding (EBF) is 41% in 2018, while in East Africa it is 56%, (UNICEF & IYCF, 2018). Exclusive breastfeeding in Ethiopia, children under age of 6

months has consistently increased from 49% in 2005 to 52% in 2011 and 58% in 2016, but the percentage of exclusive breastfeeding declines with age from 74% in 0-1 months to 36% in 4-5 months. Contrary to the recommendation that children under the age of 6 months be exclusively breastfed, many infants are also fed with other liquids such as water (17%), non-milk liquids (5%), and other milks (5%) before reaching age 6 months (0-5months). Moreover, 11% of infants begin complementary foods before 6 months of age, with more than one-fifth of children (21%) consuming complementary foods by age 4-5 months (EDHS, 2016).

1.2. Statement of the problem

Over two-thirds of deaths occurring worldwide during the first year of life is often associated with inappropriate feeding practices, especially due to poor exclusive breastfeeding practices (WHO, 2011). Suboptimal breastfeeding contributes to 45% of neonatal infectious deaths, 30% of diarrheal deaths and 18% of acute respiratory deaths among under five years of age children in developing countries (WHO, 2009). Non-exclusive breastfeeding is known to compromise the nutritional status of children. Exclusive breastfeeding from birth to six months has the potential to prevent 13% of child mortality (UNICEF, 2010). However, no more than 41% of infants worldwide are less than six months of age are exclusively breastfeeding (WHO, 2018). In developing countries, only 37% of children younger than 6 months of age are exclusively breastfed (Victora et al., 2016).

Exclusively breastfed infants have only 12% of the risk of death in Low and Medium Income Countries (LMIC) as those who were not breastfed underscoring the strong protective effect of exclusive breastfeeding. On average, infants younger than six months who are not breastfed are 3-4 times more likely to die than those who received any breast milk. There is evidence that breastfeeding protects against the two leading causes of death in children under 5 years pneumonia and diarrhea. Nearly half of all diarrhea episodes and one-third of all respiratory infections would be prevented with breastfeeding. Protection against hospital admissions due to these diseases is even greater 72% and 57%, respectively.

Suboptimal exclusive breastfeeding are the major contributors to infectious diseases are common causes of death in low income countries. Exclusive breastfeeding is associated with a 36% reduction in sudden infant deaths, while another showed a 58% decline in necrotizing enterocolitis, the most common and serious intestinal disease among premature babies. Exclusive breastfeeding is a critical intervention in reducing under-5 child deaths. More than 820,000 lives (87% of them infants under 6 months of age) would be saved annually in low-and middle-income countries (LMICs) with Exclusive breastfeeding (Victora et al., 2016).
In Ethiopia suboptimal breastfeeding practices are the major contributors to an estimated 70,000 infant deaths per year, 24% of the total infant death annually and which can be significantly prevented by nutrition interventions such as exclusive breastfeeding [MOH, 2010).

The Ethiopian Health Sector Development Program (HSDP) IV planned to increase in the proportion of exclusively breastfeeding infants under the age of six months to 70% but not reach this target by the end of 2015. In addition to the disparities of EBF practice in different places of Ethiopia, it seems that according to reports from different authors, the country might not reach the target set to be achieved by2019/20 which is 93% (Hunegnaw et al., 2017).

Other aggravated factor and the key reason is working women in the formal and informal sectors around the world face challenges combining work with breastfeeding. Women do not breastfeed or stop breastfeeding early is the need to return to work away from their babies. Exclusive breast feeding practices in Ethiopia the maternity leave offered during the postpartum period is only three months. This could affect working mothers not to exclusively breastfeed for the first six months (Jennings & Hirbaye, 2008). Studies indicate that significant difference (10–30%) was observed between employed and unemployed mothers on the practice of exclusive breastfeeding (Alemayehu et al., 2009).

A study done in Goba district, south east Ethiopia on factors associated with exclusive breastfeeding practices among mothers has indicated a significant difference among employed (33%) and unemployed (73%). Mothers with regard to exclusive breastfeeding. So working mothers were found to be more likely not to exclusively breastfeed their babies compared to unemployed ones (Setegn et al., 2012). This difference was a little lower in a study conducted in

the north western part of Ethiopia which reported 44% and 65% of EBF among employed and unemployed mothers respectively (Seid et al., 2013).

1.3. Significance of the study

There has been an information gap regarding knowledge, attitudes and other associated factors to exclusive breastfeeding practices among working mothers. In this regard, there is a need to study this issue among the working mothers to come up with strong evidence on the difference of their practice.

To improve the policy on duration of maternity leave or other possible solution like facility for childcare at or near the workplace, privacy room for breastfeeding, place to store breast milk (refrigerator). Paid maternity leave and avoid fear over job insecurity and build the working mothers knowledge about EBF practice. Mothers play a crucial role to success of exclusive breastfeeding practice. This study was attempted to fill the above gap and provide direction for policy makers and stakeholders with relevant information for future planning and interventions. Therefore the purpose of this study was assess exclusive breastfeeding practices and associated factors among working mothers of children 7 to 23 months old.

Finally the findings of the study were submitted to the College of Development studies, Centre for Population studies, Addis Ababa University. It was also to share findings to research participants through sub city.

1.4. Objective of the study

1.4.1. General Objective

The general objective of the study was to assess exclusive breastfeeding practices and associated factors among working mothers, in Qera Meberat Hayel Condominium, Addis Ababa, 2019.

1.4.2. Specific Objectives

The specific objectives of were to:-

- Identify socio-economic & demographic factors affecting of exclusive breastfeeding practices among working mothers.
- Assess knowledge and attitude factors of exclusive breastfeeding practices among working mothers.
- Find out work related factors of exclusive breastfeeding practices among working mothers.
- Assess health service factors of exclusive breastfeeding practices among working mothers.

Research Questions

1. What factors affecting to practice exclusive breastfeeding?

2. Is there significant association between exclusive breastfeeding practice and working condition?

2. Literature review

2.1 Social Theories on breastfeeding

Social research on infant feeding has demonstrated the profoundly social nature of decisions which in public health terms might be viewed as more straight forwardly. The infant feeding survey identifies different rates of breastfeeding amongst women based on particular characteristics. For example, mothers aged over 30, women from particular minority ethnic groups; and women who were in professional or managerial occupations, all had breastfeeding rates that were between six and 16 percent higher than the average rate. Data from the IFS also shows the connections between the feeding practices of mothers and their family histories and suggested friendship networks were significant (McAndrew et al., 2012).

Conflicts between women's productive and reproductive roles are intensified by rapid development and social change. Women have a right to offer optimum nutrition to their babies through breastfeeding they also are entitled to seek gainful employment. Employment is essential to the economic survival of their families (Yimyam et al., 1999). There are many factors associated with the practice of exclusive breastfeeding including maternal socio demographic characteristics, knowledge and attitude factors, working related and health service factors. These factors vary from country to country, reflecting different influences due to the differences in various circumstances. Study showed that EBF has a potential to reduce under- five mortality by 11.6%, the prevalence of EBF is still relatively low globally (41 %), and in East and South Africa (56%) (UNICEF, 2018). According to WHO, 90% EBF practice strongly reduces the incidence of infant mortality due to pneumonia (Greenwood, 2008).

The prevalence also varied from locality to locality within the country. In Addis Ababa, Kirkos sub city 40% of mothers practice exclusive breastfeeding (Kuma, A. 2015). The prevalence of exclusive in Goba district was 71.3% (Setegn et al.,2012),was 50.1% for Motta district (Tewabe et al., 2015), 79% for Azezo district (Asemahagn, 2016) and 81.1% in dubti town, northeast Ethiopia (Liben et al.,2016).

2.2 Socio-economic & demographic factors

Socio-economic & demographic factors were found to be associated with the success of exclusive breast feeding in various studies. There is consistent evidence indicating that older mothers are more likely to exclusively breastfeed their infants than younger mothers, maternal age was significantly associated with initial of Breastfeeding and showed clear dose-response gradients with older ages in Hong Kong (Leung et al.,2012). A study conducted in Beijing reported contrary findings that younger mothers were more likely to exclusively breastfeed their infants during the first 6 weeks of life (Scott & Binns, 1999).

In Addis Ababa study done in Kirkos sub city the likelihood of practicing EBF among those who have, primary education, secondary education and diploma is higher than those who have no education (Kuma, 2015). Similarly a study done in Bahir Dar indicates that, the practices of EBF among mothers who were unable to read and write or in primary school were 3 times higher than those who completed secondary school or higher and child sex, parity, and family size were significantly associated to the practice of EBF. Those mothers whose child was male were 2 times more likely to practice EBF than those mothers whose children were female (Alemayehu, 2009).

The family support predominantly comes from spouse or parents and then from other family members. The non-family support drive chiefly from employer at work, socio-cultural system and mother attribute which may be her knowledge, education, commitment, and other personal factors that influence her decision for breastfeeding. Studied non-family support using a cohort study done Hong Kong based study reported that 85% of the full time working mothers return to work within 10 weeks following delivery,32% of women were able to continue exclusive breastfeeding along with the work. While, short working hours, higher maternal education was associated with exclusive breastfeeding (Allen et al., 2014).

2.3 Knowledge and attitude factors

Attitude and practices affect the success of exclusive breastfeeding. Study done in Chad mothers who exclusively breastfeed their babies starting from the first one hour is only 2-4 % because of

the baby is usually taken away from the mothers in the first few days and given hot drinks they believe that will be warm up the intestines (UNICEF, 2010). While in Tanzania, about 86% of mothers believe water should be given to the new born just after the birth compared with 65% urban mothers (Eshton & Emmanuel, 2011). Survey done in Somalia on knowledge and attitude and practice on breast feeding are mainly controlled by through maternal grandmothers and other elderly women in the community. Most children are start breastfeeding after 2-3 days and colostrum is not feed it is considered as dirty .Lack of knowledge and inappropriate belief are majority obstacles to exclusive breastfeeding (Hillowis, 2016).

2.4 Work related factors

The female participation worldwide has increased in labour markets from the last few decades. (WHO, 2013) According to the US Bureau of Labour Statistics, 57% of females with babies under one year of age contribute in labour force, which involve 40% full time worker. Many mothers who return to work give up breastfeeding partially or completely because they do not have appropriate time, or place to breastfeed or express and store breast milk (Balkam, 2016). A study in Mexico to assess the association between working mothers and breast feeding from three national health survey (1999, 2006 & 2012), the findings of study suggest that maternal full time employment was negatively associated with breastfeeding among mothers with a child under age one year. The study further elaborated that full time employed motherswere20% less likely to Exclusive breastfeeding compared to part time employed mothers. While full time employed mothers were 27% less likely to exclusive breast feed compared to non-employed mothers (Rivera et al., 2014).

A study done in India the feeding behaviour of working women the study described challenges of working women in adjusting breastfeeding in concordance with work. The data showed that the work is largely responsible for the deviation from the standard breastfeeding behaviour. The working group of women shared common characteristics such as: 77% age below 30 years, 83% education level up to graduation (Kumar et al., 2015). Study conducted in Singapore among female residents shows that working status had no effect on the initiation of breastfeeding, but it had a significant effect on breastfeeding duration. A higher proportion of non-working than working mothers breastfed for more than two months. The main reasons for working mothers to stop breastfeeding between two and six months were due to work-related factors (48.4%).The

most important work-related reasons included the need to return to work, lack of facilities at the workplace for breastfeeding and demands of work interfering with breastfeeding. On the other hand, factors which are unrelated to employment such as insufficient breast milk, baby preferring formula milk also influenced the duration of breastfeeding following a mother's return to work (Ong et al., 2005).

A study done on female health care workers in Nigeria had reported only 3% of medical staff practiced exclusive breastfeeding with all their children. Whereas, only 1% working mothers were able to breastfeed all their children up to two years. Among those who did not breastfeed, the main reason was inappropriate workplace support, reported by 62% of the participants (Anyanwu et al., 2014).

2.5 Health service factors

In a study investigating the factors affecting breastfeeding duration among Ethiopian mothers who received prenatal and postnatal care, the data showed larger breastfeeding duration among unemployed mothers compared to employed mothers. Inadequate maternity leave and absence of nursery at work site were reported as the major factors affecting breastfeeding practices at work (Mekuria & Edris, 2015). Counselling enhances mothers understanding and appreciation of the demands and benefits of EBF. Mothers who were counselled during pregnancy prepared themselves psychologically as well economically to exclusively feed only breast milk to the infant. Mothers who access antenatal care and information about breast feeding during pregnancy were 3 times more likely to practice exclusive breastfeeding than those who were not attend antenatal care (Torres, 2011).

Place of birth is associated with EBF practice as evidenced by a community-based comparative cross-sectional study that was conducted in Injibara town, Awi Zone, mothers who delivered at health facility were 4.4 times higher to practice EBF than those who delivered at home (Taddele et al 2014). Another study done in Tanzania indicates that Women's who were delivering at the health facilities had to practice three times more than those who delivered at home (Nkala & Msuya, 2011).

A study done in Brazil mode of delivery was associated with exclusive breast feeding practice in Cesarean delivery decreases EBF by 16% (Alves et al., 2013). Another cross-sectional study done in Northern Ghana showed that Compared to home delivery women who delivered at a health institution were 5 times more likely to practice EBF than others (Saaka et al., 2012). Delivery attendant influenced EBF practice in Ethiopia as evidenced by a community-based comparative cross-sectional study which was conducted in Injibara town, Awi Zone mothers who delivered by health professional were 3 times higher to practice Exclusive breastfeeding than those who delivered by unskilled birth attendants (Taddele et al., 2014).

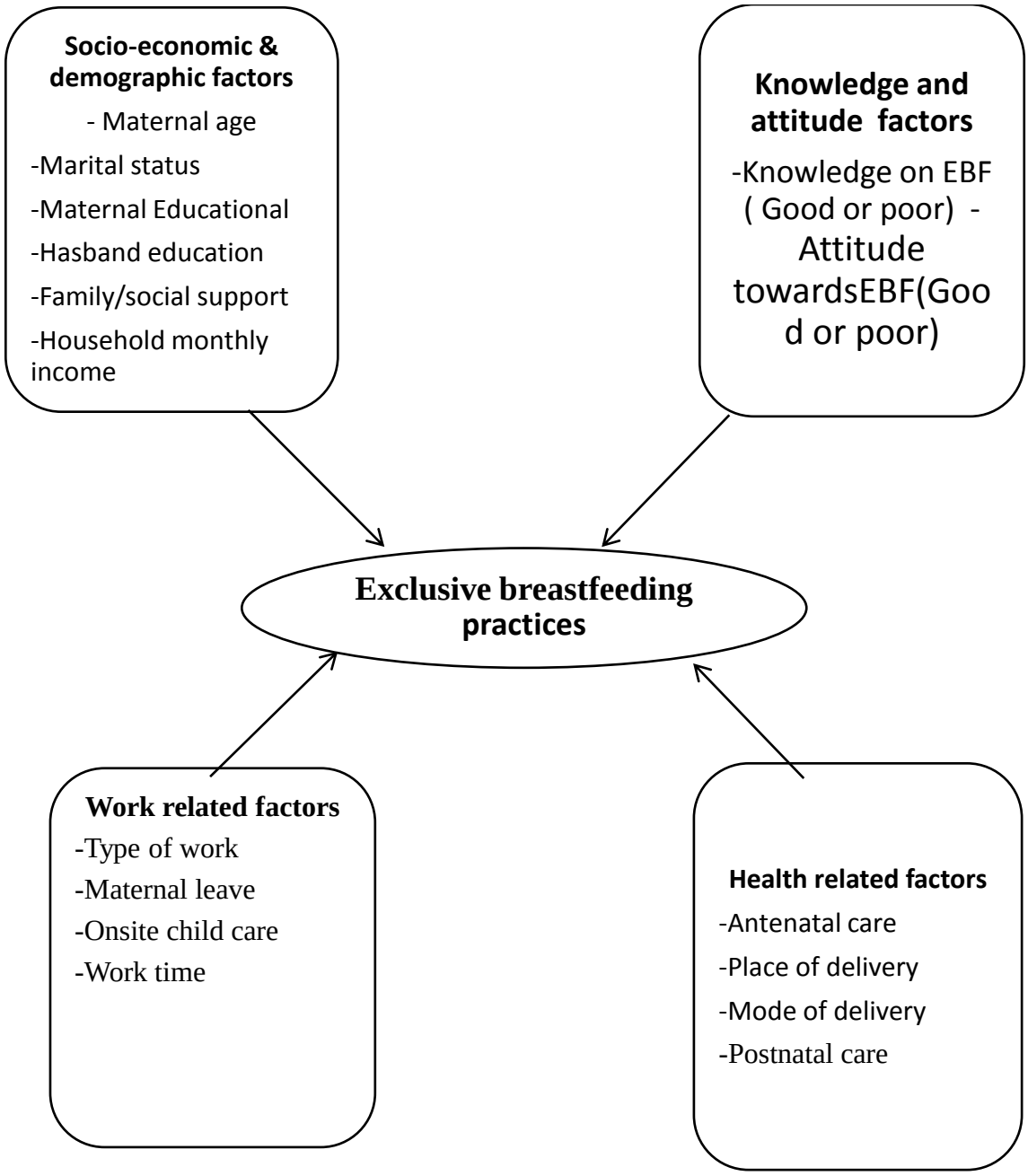

Figure 1**:** - Conceptual Framework of the study source: - Literature review

3. Research area and methods

3.1. Study Area

The study was conducted in Qera Meberat Hayel Condominium Addis Ababa, Ethiopia. Qera Meberat Hayel condominium found in Nifas Silk Lafto sub-city. There are 180 blocks and 5400 houses found in this condominium and there is no exact data about the population live in but estimated around 27,000 people live in Qera Meberat Hayel Condominium. Qera Meberat Hayel Condominium selected because of life in a condominium is better than others house in a town. All the necessary living standard accommodation is available in a specific area privately and modern life style exercised.

3.2 Study Design and period

Community based both quantitative and qualitative cross-sectional study was conducted from March to April, 2019.

3.3 Source Population

Source of population for this study was all working mothers having children of age 7-23 months old and living in the Qera Mebrat Hayel Condominium.

3.4 Study Participant

The study participants were randomly selected working mothers who having children of age 7-23 months old and living in the Qera Mebrat Hayel Condominium.

3.5 Inclusion and Exclusion Criteria

3.5.1 Inclusion criteria

- Working Mothers who have a child of age 7-23 months old and available at the time of data collection.

3.5.2 Exclusion criteria

- Working mothers with children of age bellow 7and above 23 months and who are critically ill and unable to be interview was excluded
- Mothers who are not willing to consent to participate in the interview

3.6. Sample Size Determination

The sample size was calculated using single population proportion formula by considering the following assumptions.

$$n = \frac{(Z\ \alpha/2)^2 * p\ (1-p)}{d^2}$$

P = since the research does not know exactly the value of this proportion, an estimated prevalence of exclusive breast feeding in the population = 50%

Level of confidence = 95% = (1.96)

n- The minimum sample size required

P- Estimated proportion of infants less than 6 months old who are exclusively breastfed

d- Margin of error (5%)

Zα/2 Standard normal value at (1- α) 100% confidence level

$$n = \frac{(1.96)^2 * 0.50\ (1-0.50)}{(0.05)^2}$$

$$n = \frac{(3.84) * 0.50\ (0.50)}{(0.05)^2}$$

$$n = \underline{384}$$

After considering 10% non- response rate, the final sample size = 384+ 10% = <u>422</u>

3.7. Sampling procedure

Divide the residential areas into 6 clusters and clearly demark the clusters and prepare list of blocks for each of the clusters (divide the 180 blocks in 6 clusters). Randomly select 10 blocks from each of the clusters (6 clusters* 10 blocks= 60 blocks) and prepare list of households in each of the randomly selected blocks (60 randomly selected blocks * 29 households = 1740 households). Identify households with children aged 7-23 months. Make sure that their mother is living in that household. Prepare list of households with eligible children for the survey and randomly select 422 households with children aged 7-23 months, In case there is more than one child eligible for the survey, select the most recent birth.

3.8. Data collection

The questionnaire was administered used to collection of primary data. The questionnaire was consisting of four parts: Socio-economic & demographic factors, knowledge, attitude and factors, working related factors, and health service factors. The questionnaire was first developed in English and translates to Amharic. Four data collectors were assigned and principal investigator was supervised for data quality in daily basis. Data was collected after working hour or night time and weekend days because of working study participants.

3.9. Data Quality Assurance

The questionnaire was pre-tested on 5% or 19 mothers having infants age 7-23 months in the households located in Gotera Condominium. The age range between 7-23 months select because of the duration of exclusive breastfeeding practice is recommended up to 6 months and to know how many working mothers feed their child exclusively. Supervision was made by the principal investigator by observing how data collectors was conducted the interview. At the end of every day supervisor was ensure data quality (completeness, consistency). The qualitative data were translated from Amharic to English language and text analysis was done manually.

3.10. Study Variables

3.10.1. Dependent variable

Exclusive breastfeeding practice

3.10.2. Independent variables

Socio-economic & demographic factors

Maternal age categorized (≤ 24, 25–29, 30–34, and ≥35 years), maternal education (No formal education, only read and write, Primary, Secondary & Higher), Husband education (No formal education, only read and write, Primary, Secondary & Higher), marital status (Married, Single, Divorced & Widowed), Family/social support (Yes, No) and monthly households income.

Knowledge, attitude factors

Knowledge on EBF (Good knowledge, Poor knowledge) and attitude towards EBF (Good attitude, poor attitude).

Health service related factors

Antenatal care (Hospital, Health center & Private clinic), Place of delivery (Hospital, Health center , Private clinic & at home), Mode of delivery (Vaginal delivery , Caesarean section) and post natal care (Hospital, Health Center & Private clinic).

Working related factors

Type of work = (Government or Non-government Employee, Self- employed), Working time = (8 hour, 9_12 hour &> 13 hour) and onsite child care = (Yes, No).

3.11. Data management

Immediately after completion of interview from each 6 clusters, the researcher double-checked the questionnaire for consistency and completeness of answers. The data entry was done at the end of fieldwork. The data were entered on Statistical package for the social sciences (SPSS) by researcher. Cross checking and data cleaning was done. During data cross checking and cleaning of computer, missing information was obtained and was streamlined by going back to the questionnaire. In order to avoid data entry errors, the data entry on SPSS was double-checked by researcher. Finally, the data was analysed on SPSS version 20.

3.12. Data analysis procedures

The collected data were coded and entered in to SPSS version 20 for analysis. To identify associated factors, first a bivariate logistic regression was performed for each independent variable with the outcome of interest (exclusive breastfeeding practice). Finally, multivariable logistic regression was done to determine independent predictors of exclusive breastfeeding.

Since dependent variable exclusive breastfeeding is a binary variable 1= yes EBF and 0 = No EBF, P.value < 5% and adjusted Odd ratio (AOR) confounders, The independent variables are Socio-economic & demographic, knowledge, attitude and practice, health service and working related to identify factors associated with exclusive breastfeeding practice, binary logistic regression analysis was carried out.

3.13. Ethical consideration

The eligible participants (working mothers) was provided with the letter, the purpose of the study was explained and stated that how their participation can contribute to the current study project. Informed consent was taken from Working Mothers prior to start of the study.

3.14 Operational definitions

EBF: - Exclusive breastfeeding is defined as feeding infants only breast milk, be it directly from breast or expressed until six months.

Working mothers: - 7 to 23 months postpartum who had initiated breastfeeding prior to the survey and returned to work at the time of the interview.

Knowledge on EBF: - If a mother answered half and above questions correctly categories have good knowledge and answered below half of question categories poor knowledge to measure exclusive breastfeeding knowledge.

Attitude toward EBF: - There was three attitude related questions and mothers who respond the right response to all the three questions that was categorized as having a good attitude.
Practiced EBF: - Working mothers who feed breast milk only for the first six month.

Maternal age: - Categorized into four groups (≤ 24, 25–29, 30–34, and ≥35 years)

Onsite child care|: - Facility for breast feeding and childcare at workplace.

3.15. Strengths and Limitations of the Study

3.15.1. Strength of the Study

This is the first study in Qera Meberat Hayel Condominium that evaluates Exclusive breast feeding practice and associated factors among work mothers. This study employed both quantitative and qualitative methods of data collection which helps in triangulation of the findings.

3.15.2. Limitations of the study

The study focused only on working mothers, and thus study results cannot be generalized for both working and non-working mothers. Non-working mothers were not addressed. The mother's respondent was enrolled conveniently due to the limited time which could have influenced the results.

4. Result

4.1. Results

4.1.1. Socio-economic & demographic characteristics of the respondents

A total 422 respondents of working mothers having children of age 7–23 months were interviewed. The age of mothers ≤ 24 years were 73 (17.3%), age range between, 25-29 were 170 (40.3%), respondents ages from 30-34, 150 (35.5%) and 29 (6.9%) were ≥ 35 years. Numbers of children currently having by respondents majority of 192 (45.5%) had only one child, 162 (38.4%) had two children and 68 (16.1%) working mothers had three and above three children from all respondents. (Table 1)

Marital status of working mothers majority 390 (92.4%) of working mothers were married followed by never married 32 (7.6%) of respondents. The majority of respondents educational level of the mothers 311 (73.7%) were higher education level, 111(26.3%) of working mothers educational level were up to secondary school attended. Educational status of husband of working mothers 348 (82 .5%) higher education level and the rest of 74 (17.5%) of secondary school attended.

Majority 358 (84.8%) of mothers were supported by from their husband and the society to feed their child to exclusive breast feeding practice. From total participants monthly households income were ≥ 12500 Ethiopia birr 135 (32%), 139 (32.9%) income between 10001-12499 birr, 82 (19.4 %) of monthly income between 7501-10000 Ethiopia birr. The remain 66 (15.6 %) of monthly income ≤ 7500 Ethiopian birr. (Table 1)

Table 1: Socio-economic & demographic characteristics of working mothers in Qera Meberat Hayel Condominium, Addis Ababa, Ethiopia 2019

Variable	Frequency	Percent
Maternal age		
≤ 24	73	17.3
25 -29	170	40.3
30-34	150	35.5
≥35	29	6.9
Numbers of children currently		
One child	192	45.5
Two children	162	38.4
Three & above children	68	16.1
Marital status		
Married	390	92.4
Never married	32	7.6
Educational level of mothers		
Higher education level	311	73.7
Up to Secondary school level	111	26.3
Educational level of husband		
Higher education level	348	82.5
Up to Secondary school level	74	17.5
Support from husband and society During breast feeding		
Yes	358	84.8
No	64	15.2
Monthly households income		
≥ 12500 Ethiopia birr	135	32.1
12499 – 10001 Ethiopia birr	139	32.9
7501-10000 Ethiopia birr	82	19.4
≤ 7500 Ethiopian birr	66	15.6

4.1.2. Knowledge, attitude and practice characteristics of the respondents

From total 422 working mothers 169 (40%) mothers initiated breast milk to child immediately within one hour of birth. 253 (60%) of respondent not given breast milk within one hour after delivery. Knowledge question about time to breastfeed in 24 hours 187 (44.3%) of working mothers were breastfed their child on the demand of child, 180 (42.7%) feed 12 times in 24 hours, 55 (13%) breast feed up to 8 times in a day.

Among all working mothers who were participated in the study 148 (35.1%) breastfed their child exclusively during the first six months of age. Majority of working mothers 274 (64.9%) not exclusively breast feed their child until six months. Majority of working mothers 274 (64.9%) not exclusively breast feed their child until six months. When mother were asked to mention what conditions that affect their practice of exclusive breastfeeding, 146 (34.6%) of working mother mentioned that due to maternity leave a major reason to not practiced EBF for the first six month. Other conditions that affect to practice EBF 86 (20.4%) respond that working condition. While 42 (10.9 %) of responded that fear of not producing enough milk was one of their reason. (Table 2)

When mothers were asked about their attitude toward the practice of EBF for the first six month, the majority 284 (67.3%) suggested that children should be exclusively breastfed till six month. While 49 (11.6 %) responds exclusively up to 5 months. 89(21.1%) working mothers suggested that children should be exclusively breastfeed up to 4 months. From 274 working mothers respondents' breast milk alone is not given until six months and some kind of alternatively feed for their child. Majority of respondents 184 (43.6%) were infant formula milk feed the child the past six months of life, 90 (21.3 %) of working mothers cow milk feed to their child. (Table 2)

From all respondents working mothers were asked about how to express breast milk and storage of expressed breast milk who were among working mothers 202 (47.9%) have a knowledge and the majority of respondents, 220 (52.1%) they haven't knowledge about express and storage of breast milk. Knowledge of working mothers about health benefit of breast feeding for the mothers, above two third of working mothers who were responds 392 (92.9%) have knowledge and 30 (7.1%) of have not knowledge about health benefit of breast feeding for the mothers.

Table 2: Knowledge, attitude and practice characteristics of working mothers in Qera Meberat Hayle Condominium Addis Ababa, Ethiopia 2019.

Variable	Frequency	Percent
Initiated breast milk immediately within one hour		
Yes	169	40
No	253	60
Time to breastfeed in 24 hours		
Up to 8 times	55	13
12 times	180	42.7
On child demand	187	44.3
Exclusively breastfed during the first six months of age		
Yes	148	35.1
No	274	64.9
Conditions affect to practice exclusive breastfeeding,		
Due to maternity leave	146	34.6
Working condition	86	20.2
Fear of not producing enough milk	42	10.9
Breast milk alone would no longer be enough to feed infant		
Up to 4 months		
Up to 5 months	89	21.1
Up to 6 months	49	11.6
	284	67.3
If breast milk alone not enough for 6 months		
Cow milk	90	21.3
Infant formula	184	43.6
Knowledge of Health benefit of breast feeding for mothers		
Yes	392	92.9
No	30	7.1
Knowledge of express breast milk and storage		
Yes	202	47.9
No	220	52.1
Total	**422**	**100**

4.1.3. Health service utilization characteristics of the respondents

Regarding the sex of the child, more than half 246 (58.3%) of males and 176 (41.7%) of female children. All the study participants, 422 (100 %) of the mothers attended antenatal care during pregnancy. Out those who had antenatal care, 411 (97.4%) mothers received breastfeeding counselling during antenatal visit. With regarding to place of delivery, most of the respondents 211 (50%) mothers delivered in hospital, 174 (41.2%) of delivered in private clinic and 37 (8.8 %) delivered in health center.

From total respondents 205 (48.6%) mothers delivered their child with vaginal mode of delivery and more than half 217 (51.4%) by Caesarean delivery. From total respondents, around 379 (89.8%) of mothers received postnatal care, and 375 (88.9%) were told about exclusive breastfeeding up to six months, 47 (11.1%) of respondent not get advice from health worker about breastfeeding during postnatal care.

Table 3: Health service utilization characteristics of working mothers in Qera Meberat Hayel Condominium, Addis Ababa, Ethiopia 2019

Variable	Frequency	Percent
Sex of child		
Male	246	58.3
Female	176	41.7
Antenatal care visit		
Yes	422	100
Advice on EBF during antenatal care visit		
Yes	411	97.4
No	11	2.6
Place of delivery		
Hospital	211	50
Health center	37	8.8
Private clinic	174	41.2
Mode of delivery		
Vaginal delivery	205	48.6
Caesarean delivery	217	51.4
Postnatal care		
Yes	379	89.8
No	43	10.2
Advice about EBF during postnatal care		
Yes	375	88.9
No	47	11.1
Total	**422**	**100**

4.1.4. Work related characteristics of the respondents.

Of the working mothers, 156 (37%) Government employed, 208 (49.3%) were Non-Government employed 58 (13.7%) were self-employed respondents. More than half 263 (62.3 %) work for 8 hours per day followed by 9-12 hours and ≥ 13 hours, 115 (27.3 %) and 44 (10.4%), respectively.

Majority 383 (90.8 %) of respondent working mothers didn't have access to feed their child at work place and there is no room or onsite child care for breastfeeding and for breast expression at their work place. The remain 39 (9.2%) of working mothers have access to feed their children at work place. Working mothers feed their children during working time the past six months of were asked 184 (43.6%) of infant were given infant formula milk, 148 (35.1%) respondents feed their child expressed breast milk, 90 (21.3%) feed cow milk for their child.

Table 4: Work related characteristics of working mothers in Qera Meberat Hayel Condominium, Addis Ababa, Ethiopia 2019

Variable	Frequency	Percent
Type of work		
Government Employee	156	37
Non-Government employee	208	49.3
Self-employed	58	13.7
How long stay at work in 24 hours		
8 hours	263	62.3
9-12 hours	115	27.3
≥ 13 hours	44	10.4
Personal room or child care for breastfeeding at work place		
Yes	39	9.2
No	383	90.8
What did the child feed when you are at work past 6 months		
Cow milk	90	21.3
Expressed breast milk	148	35.1
Infant formula milk	184	43.6
Total	**422**	**100**

4.1.5. Results of Bivariate analysis of Exclusive breastfeeding practices characteristics of working mothers

Out of the 422 working mothers 148 (35.1%) were practice exclusive breastfeeding and 274 (64.9 %) of respondents did not practice of exclusive breastfeeding at the time of the survey. From total respondents, 73 of maternal age group ≤ 24 exclusively breast feeding up to 6 months practiced were 27 (37%). From total of 170 working mothers age group 25-29, who were 48 (28.2%) practiced exclusive breast feeding up to 6 months. Out of 150 working mothers age group 30-34, 53 (35.3%) exclusively breastfeeding practice up to 6 months. From 29 of respondents ≥35 age group 20 (69%) were exclusive breastfeeding practice till 6 months.

More than half (69%) of exclusive breastfeeding practice was observed in the age group ≥35 followed by the age group ≤ 24 (37%) and the lowest percentage (28.2%) of exclusive breastfeeding practice were observed in the age group 25 -29. With regard to the number of children having by working mothers, the highest numbers (73.5%) of mothers who were exclusive breast feeding practice were those mothers who had three & above children followed by those mothers who had two children (35.8%). Moreover, the least proportion (20.8%) of working mothers who were exclusive breast feeding practice had one child.

The highest (35.4%) married mothers who were exclusive breast feeding practice compare to never married working mothers (31.2%). Regarding of education level of working mothers that the higher proportion of exclusive breast feeding practice were (38.7 %) among mothers who had up to secondary school compare to higher level education (33.8 %) . On the other hand, (37.1%) of the mothers whose education level of husbands had higher education level were the higher proportion of exclusive breast feeding practice compare to up to secondary school (25.7%).

The higher percent (38%) of exclusive breastfeeding practice was observed in the working mothers were got support from their husband and the society to feed their child to exclusive breast feeding practice compare to (18.8%) mothers who were didn't get Support from husband &society. More than half (74.2%) of mothers who were exclusive breast feeding practice ≤7500 Eth birr monthly households income followed by 7501-10000 Eth birr (63.4%). The lowest

percent (16.3%) of exclusive breast feeding practice was observed among ≥ 12500 Eth. birr monthly income.

Regarding of initiation of breast feeding within one hour that the higher proportion of exclusive breast feeding practice were (56.2%) of initiated to breast feeding within one hour compare to among not initiation of breast feeding within one hour(20.9%). Nearly half (47.2%) of exclusive breastfeeding practice was observed in the working mothers were 12 time per day breast feeding in 24 hours followed by breast feeding on child demand (33.1%). The lowest percentage (5.5%) of exclusive breast feeding practice was observed among up to 8 times in 24 hours.

Slightly over a third (35.2%) of working mothers who were had knowledge of health benefit of breastfeeding for the mothers practiced exclusive breast feeding than among who were without knowledge of health benefit of breastfeeding for the mothers (33.3%). From all respondents working mothers who were had Knowledge how to express breast milk and storage of expressed breast milk among working mothers more than half (63.9%) of practiced exclusive breast feeding for their children up 6 months than those who were without knowledge about express and storage of breast milk (8.6%).

Regarding of sex of the child that the male children higher (45.9%) of exclusive breast feeding practice compare to among female children (19.9%). Working mothers who were get advice on EBF during antenatal care visit were the higher (65.5%) of practiced exclusive breastfeeding compare to working mother who were not get advice on EBF during antenatal care visit(54.5%). With regarding of mode of delivery working mothers who were delivered by vaginal delivery nearly half (46.3%) of practiced of exclusive breastfeeding than who were caesarean delivery (24.4%). Working mothers who were get advice on EBF during postnatal care visit were the higher (66.4%) of practiced exclusive breastfeeding compare to working mother who were not get advice on EBF during postnatal care visit(46.8%).

Regarding of working mothers long stay at work in 24 hours .The highest (38.8%) of exclusive breastfeeding practice was observed working mothers who were work time per day up to 8 hours followed by the ≥ 13 hours (36.4%) and age the lowest (26.1%) of exclusive breastfeeding practice were observed in the mothers who were work 9-12 hours within 24 hours. Working mothers who were had room or child care for breastfeeding at work place higher (87.2%) to

practice EBF compare to mothers who were (29.8%) without room or child care for breastfeeding at work place.

Table 5: Bivariate analysis of Exclusive breastfeeding practices characteristics of working mothers in Qera Meberat Hayel Condominium Addis Ababa, Ethiopia 2019. (%)

Exclusive breastfeeding practice			
Independent variables	**Yes**	**No**	**Total**
Maternal age			
≤ 24	27(37)	46(63)	73(100)
25 -29	48(28.2)	122(71.8)	170(100)
30-34	53(35.3)	97(64.7)	150(100)
≥35	20(69)	9(31)	29(100)
No of children			
One child	40(20.8)	152(79.2)	192(100)
Two children	58(35.8)	104(64.2)	162(100)
3& above children	50(73.5)	18(26.5)	68(100)
Marital status			
Married	138(35.4)	252(64.6)	390(100)
Never married	10(31.2)	22(68.8)	32(100)
Educational level of mothers			
Higher level	106(33.8)	205(66.2)	311(100)
Up to Secondary school	43(38.7)	68 (61.3)	111(100)
Educational level of husband			
Higher level	129(37.5)	219(62.5)	348(100)
Up to Secondary school	19(25.7)	55(74.3)	74(100)
Support from husband &society			
Yes	136(38)	222(62)	358(100)
No	12(18.8)	52(81.2)	64(100)
Monthly households income			
≤7500 Eth birr	49(74.2)	17(25.8)	66(100)
7501-10000 Eth birr	52(63.4)	30(36.6)	82(100)
10001 –12499 Eth birr	25(18)	114(82)	139(100)
≥ 12500 Eth. birr	22(16.3)	113(83.7)	135(100)

Bivariate analysis of Exclusive breastfeeding practices characteristics of working mothers continued *

Exclusive breastfeeding practice			
Independent variables	**Yes**	**No**	**Total**
Initiated BF within one hour			
Yes	95(56.2)	74(43.8)	169(100)
No	53(20.9)	200(79.1)	253(100)
Time to breastfeed in 24 hours			
Up to 8 times	3(5.5)	52(94.5)	55(100)
12 times	85(47.2)	95(52.8)	180(100)
On child demand	60(32.1)	127(67.9)	187(100)
Benefit of BF for mothers			
Yes	138(35.2)	254(64.8)	392(100)
No	10(33.3)	20(66.7)	30(100)
Knowledge of express BM			
Yes	129(63.9)	73(36.1)	201(100)
No	19(8.6)	201(91.4)	220(100)
Sex of child			
Male	113(45.9)	133(54.1)	246(100)
Female	35(19.9)	141(80.1)	176(100)
Advice during ANC			
Yes	142(34.5)	269(65.5)	411(100)
No	6(54.5)	5(45.5)	11(100)
Mode of delivery			
Vaginal delivery	95(46.3)	110(53.7)	205(100)
Caesarean delivery	53(24.4)	164(75.6)	217(100)

Advice during postnatal care			
Yes	126(33.6)	249(66.4)	375(100)
No	22(46.8)	25(53.2)	47(100)
Work time in 24 hours			
Up to 8 hours	102(38.8)	161(61.2)	263(100)
9 - 12 hours	30(26.1)	85(73.9)	115(100)
≥13 hours	16(36.4)	28(63.6)	44(100)
Room or child care for BF			
Yes	34(87.2)	5(12.8)	39(100)
No	114(29.8)	269(70.2)	383(100)

4.1.6 Factors associated with exclusive breastfeeding practice (Multivariate analysis results)

From total participants of this study, 35.1% of mothers practiced exclusive breastfeeding. To identify factors associated with exclusive breastfeeding practice, each variable were assessed independently whether they were predictor of EBF practice or not. First variables were tested using bivariate analysis. Variables which were associated in the bivariate logistic regression analysis ($P<0.05$) were; age of the mothers, numbers of children currently, husband or community support, Initiated breast feeding , Knowledge of express breast milk and storage, sex of child, mode of delivery, work hours, Rooms or onsite child care of the mothers. Variables which were associated in the bivariate analysis were tested in the final multivariate analysis to see their significant association with exclusive breast feeding practice.

Age of the mothers was significantly associated with exclusive breastfeeding practice. Mothers who are ≥35 age old was 5.5 times [AOR=6.507(1.987, 21.306)] more likely to exclusively breastfed than mother age ≤ 24. Number of children currently was significantly associated with exclusive breastfeeding practice. Mothers who had three and above three children were 8 times [AOR=9.168(4.248, 19.784)] more likely to practice EBF than those who had one child mothers. Similarly mothers who had two children were 1.6 times [AOR=2.614(1.435, 4.763)] more likely to exclusive breastfeeding practice than those who had one child mothers.

Support from husband & society during exclusive breast feeding was significantly associated with exclusive breastfeeding practice. Mothers who were get support from husband & society during breastfeeding were 80 % [AOR= [1.834(.803, 4.188)] more likely to practice EBF to the infant than mothers who were not supported by husband and society.

Monthly households income was significantly associated with exclusive breastfeeding practice. Working mothers ≤ 7500 Eth birr were 14 times [AOR= [15.376(6.891, 34.306)] more likely to practice EBF than who were ≥ 12500 Eth.birr. Similarly working mothers 7501-10000 Eth birr income were 10 times [AOR= [11.375(5.390,24.005)] more likely to practice EBF than who were ≥ 12500 Eth. birr and working mothers 10001 –12499 Eth. birr income were 30% times [AOR= [1.309(.652, 2.627)] more likely to practice EBF than who were ≥ 12500 Eth. Birr.

Initiated BF within one hour after delivery was significantly associated with exclusive breastfeeding practice. Mothers who were breast feed for their child within one hour after delivery were almost 3.8 times [AOR=4.833(2.775, 8.417)] more likely to practice EBF than mothers who were not feed within one hour after delivery. Breastfeeding time within 24 hours was significantly associated with exclusive breastfeeding practice. Mothers who were breast feed for their child 12 time per day were 12.8 times [AOR= 13.875(3.669, 52.474)] more likely to practice EBF than mothers who were breast feeding up to 8 times per day. Similarly mothers who were breast feed their child on child demand were 7.3 times [AOR= 8.357(2.213, 31.551)] more likely to practice EBF than mothers who were breast feeding up to 8 times per day.

Knowledge of the mothers about exclusive breastfeeding practice benefit for their child, majority of working mothers mentioned its breast milk is very important for children's health, it protects from disease and it makes children strong and healthy. While knowledge of express breast milk and storage was significantly associated with exclusive breastfeeding practice. Mothers who had knowledge about how to express and store breast milk were 17.5 times [AOR=18.593(10.129, 34.130)] more likely to practice of exclusive breastfeeding than mothers who were hadn't knowledge about how to express and store breast milk.

Mothers were asked whether there is anything which substitutes breast milk or not. Except one of the mother who said *"cow milk can replace breast milk".* The rest of mothers mentioned that there is no fluid or other milks not replace breast milk.

Sex of child was significantly associated with exclusive breastfeeding practice. Mothers who had male children were 2.3 times [AOR=3.395(2.057, 5.602)] more likely exclusive breast feeding compare to female children. Mode of delivery was significantly associated with exclusive breastfeeding practice. Mothers who were delivered by vaginal mode were 1.8 times [AOR=2.886(1.804, 4.617)] more likely to breastfeed exclusively when compared with those who were delivered by caesarean delivery.

Work hours were significant associated with exclusive breastfeeding practice. Working mothers who working 9-12 hours per day were 57% [AOR= .434(.244, .771)] less likely exclusive breast feeding than mothers who working up to 8 hours per day.

Another question about related to working what is your opinion for breastfeed exclusively till six months, most respondents which was mentioned by all of employed mothers was maternity leave should be extended until six month. Most working mothers mentioned all working organization should facility onsite child care service. And another option for working mother to feed breast milk until six months some working mothers suggest about expressed breast milk put in refrigerator and can give to the child when mothers in work place. A twenty seven years old mother said *"I am permanent Non-government employees after I gave birth , I got only 3 month maternity leave therefore I preferred to feed cow milk to my 3 months baby and breast feeding given at night time".* And another a thirty four years working mother said *"I have no option, I have to work for my family to survive therefore I feed my child Infant formula milk before I return to my work in order to make him familiar with the new test".*

Rooms or onsite child care for Breast feeding at work place was significant associated with exclusive breastfeeding practice. Mothers who had access to feed breast milk at work place were 16 times [AOR=17.174(6.256,47.143)] more likely to practice exclusive breast feeding than mothers didn't have access to feed their child at their work place.

Table 6: Multivariate analysis results predicting of exclusive breastfeeding among working mothers in Qera Meberat Hayel Condominium Addis Ababa, Ethiopia 2019

Variable with Categories	B	S.E.	P- value	Exp (B)	AOR 95% C.I.	
					Lower	Upper
Maternal age						
+ 24(Ref)	1					
25-29	-.245	.383	.522	.783	.370	1.657
30-34	-.054	.379	.886	.947	.450	1.991
≥35	1.873	.605	.002***	6.507	1.987	21.306
No of children						
One Child (Ref)	1					
Two children	.961	.306	.002***	2.614	1.435	4.763
3& above children	2.216	.392	.000***	9.168	4.248	19.784
Marital status						
Married	.163	.540	.763	1.177	.408	3.394
Never married (Ref)	1					
Educational level of mothers						
Higher level (Ref)	1					
Up to Secondary school	-.440	.293	.132	.644	.363	1.142
Educational level of husband						
Higher level (Ref)	1					
Up to Secondary school	.597	.363	.100	1.817	.892	3.701
Support from husband &society						
Yes	1.030	.337	.002***	1.834	.803	4.188
No (Ref)	1					
Monthly hhds income						
≤7500 Eth birr	2.733	.409	.000***	15.376	6.891	34.306
7501-10000 Eth birr	2.431	.381	.000***	11.375	5.390	24.005
10001 –12499 Eth birr	.269	.355	.449	1.309	.652	2.627
≥ 12500 Eth. birr (Ref)	1					
Initiated BF within 1 hours						
Yes	1.576	.283	.000***	4.833	2.775	8.417
No (Ref)	1					
Time to BF in 24 hours						
Up to 8 times(Ref)	1					
12 times	2.630	.679	.000***	13.875	3.669	52.474
On child demand	2.123	.678	.002	8.357	2.213	31.551

Multivariate analysis results predicting of exclusive breastfeeding among working mothers continued *

Health benefit of BF for mothers						
Yes	-.203	.523	.699	.817	.293	2.278
No (Ref)	1					
Knowledge of express breast						
Yes	2.923	.310	.000***	18.593	10.129	34.130
No (Ref)	1					
Sex of child						
Male	1.222	.256	.000***	3.395	2.057	5.602
Female(Ref)	1					
Advice about EBF during ANC						
Yes	1.121	.739	.129	3.069	.722	13.054
No (Ref)	1					
Mode of delivery						
Vaginal delivery	1.060	.240	.000***	2.886	1.804	4.617
Caesarean delivery(Ref)	1					
Advice about EBF during postnatal						
Yes	.489	.362	.177	1.631	.802	3.317
No (Ref)	1					
How long stay at work in 24 hours						
Up to 8 hours(Ref)	1					
9 -12 hours	-.836	.294	.004**	.434	.244	.771
≥13 hours	-.222	.388	.567	.801	.374	1.713
Room or child care for BF at work place						
Yes	2.843	.515	.000***	17.174	6.256	47.143
No (Ref)	1					

1=Reference

* = p-value less than 0.05 (significant)

** = p-value less than 0.01 (significant)

***= p-value less than 0.001 (significant)

5. Discussion

This study aimed to determine exclusive breastfeeding practice and associated factors of among working mothers. Socio-economic and demographic factors were found to be associated with the success of exclusive breast feeding in various studies. Maternal age was significantly associated with Exclusive Breastfeeding and showed clear dose-response gradients with older ages in Hong Kong (Leunget al., 2012). On this study maternal age is significantly associated with exclusive breast feeding practice.

In Addis Ababa study done in Kirkos sub city the likelihood of practicing EBF among those who have, primary education, secondary education and diploma is higher than those who have no education (Kuma, 2015).. In contrast, a study done in Bahir Dar indicates that, the practices of EBF among mothers who were unable to read and write or in primary school were 3 times higher than those who completed secondary school or higher and child sex, parity, and family size were significantly associated to the practice of EBF(Alemayehu, 2009). On this study finding educational level, marital status, of the respondents (working mothers) were no significantly associated with practices of exclusive breast feeding.

In this study initiation of breast feeding within one hour (56.2%) significantly association with exclusive breast feeding practice. Study done in Chad mothers who exclusively breastfeed their babies starting from the first one hour is only 2-4 % because of the baby is usually taken away from the mothers in the first few days and given hot drinks they believe that will be warm up the intestines (UNICEF, 2010).

The prevalence of EBF was 35.1% among working mothers which is comparable with the study done in Goba among employed and unemployed mothers 33% for employed and study done in Addis Ababa among employed among unemployed mothers 34.5% respectively. The low rate of EBF among working mothers was attributed to less maternity leave after delivery leading to less opportunity to stay at home and practice EBF.

WHO and Ethiopian National Strategy for infant and young child feeding recommends that infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health, however less than half (35.1%) of working mother practiced mixed and

predominant breastfeeding after 2 month during working time because of their working condition.

In this study significant association between sex of the child and exclusive breast feeding practice, male child were 2.3 times more likely to practice exclusive breast feeding. Similar study shows those mothers whose child was male were 2 times more likely to practice EBF than those mothers whose children were female (Alemayehu. 2009).

This study shows no significant association between antenatal care visit and exclusive breast feeding counselling during antenatal visits with exclusive breastfeeding practice, which is different with the findings mothers who were counselled during pregnancy prepared themselves psychologically as well economically to exclusively feed only breast milk to the infant. Mothers who access antenatal care and information about breast feeding during pregnancy were 3 times more likely to practice exclusive breastfeeding than those who were not attend antenatal care (Torres 2011).

In this study, all working mothers delivered in health facility and there is no significant association between places of birth with exclusive breast feeding practice among working mothers. Which is different with the findings place of birth is associated with EBF practice as evidenced by a community-based comparative cross-sectional study that was conducted in Injibara town, Awi Zone, mothers who delivered at health facility were 4.4 times higher to practice EBF than those who delivered at home (Taddele et al 2014).

A study done in Brazil mode of delivery was associated with exclusive breast feeding practice in Caesarean delivery decreases EBF by 16% (Alves et al., 2013). Result of the study shows that there is association between mode of delivery and exclusive breast feeding practice. Vaginal delivery (46.3%) more likely to practice EBF than those delivered by caesarean (24.4%).

The main reason for working mothers not to practice Exclusive breastfeeding feeding was their working condition, less maternity leave, lack of onsite child care and working time which is comparable with the findings. This is supported by the qualitative result a twenty seven years old mother *said "I am permanent Non-government employees after I gave birth , I got only 3 month*

maternity leave therefore I preferred to feed cow milk to my 3 months baby and breast feeding given at night time. And another a thirteen four years working mother said *"I have no option, I have to work for my family to survive therefore I feed my child Infant formula milk before I return to my work in order to make him familiar with the new test.* Similarly the main reasons for working mothers to stop breastfeeding between two and six months were due to work-related factors (48.4%).The most important work-related reasons included the need to return to work, lack of facilities at the workplace for breastfeeding and demands of work interfering with breastfeeding. On the other hand, factors which are unrelated to employment such as insufficient breast milk, baby preferring formula milk also influenced the duration of breastfeeding following a mother's return to work (Ong et al., 2005).

On this finding (87.2%) of respondent working mothers didn't have access to feed their child at their work place and there is no Personal room or onsite child care for breastfeeding and for breast expression at their work place. Inadequate maternity leave and absence of nursery at work site were reported as the major factors affecting breastfeeding practices at work (Mekuria & Edris .2015).

6. Conclusion and Recommendation

6.1. Conclusion

The study conclude that a large proportion of children were not exclusively breastfed by working mothers. The duration of EBF was below the WHO recommendation and the target of the Ethiopian health sector development plan.

This study has indicated working mothers were less practice of exclusive breastfeeding. Socio economic & demographic factors, knowledge & attitude factors about exclusive breastfeeding, health service utilization and Working related factors were independent variables of exclusive breastfeeding among working mothers.

Maternal age, number of children, family and society support , households monthly income, initiation of breast feeding within one hour, knowledge about express breast milk and storage, sex of the child, mode of delivery, Working status of mothers, availability of onsite child care were found to be significantly associated with exclusive breastfeeding.

Even though majority of mothers had positive attitude and good knowledge toward on exclusive breast feeding up to six month but still there were working mothers who didn't practices of EBF due to different reasons. Majority of working mothers know about the benefits of exclusive breast feeding for both mothers and child. But only some mothers know about expressed breast milk and storage, exclusive breastfeeding is limited indicating knowledge gap on exclusive breastfeeding practice.

6.2. Recommendation

On the basis of the study findings, the following recommendation can be made.

- Having in consideration the impact of appropriate infant and young children feeding practice on children's nutritional status and mortality rate, policy makers still need to give more emphasis on promotion of exclusive breastfeeding through creating an enabling environment targeting the extension of postnatal maternity leave up to the first six month.
- The government should consider revising the legislation of the two month postpartum maternity leave and launch of on-site or near-site child care centers.
- Since malnutrition has several causes it requires collaborative activities of different sectors and institutions therefore having this in mind in order to improve the nutritional status of children and to decrease inappropriate feeding practice related mortality rates, institutions and organizations should give an emphasis for working mothers by creating supportive working environment like onsite child care for mothers to practice exclusive breastfeeding at work place and empowerment of mothers.
- Combined workplace interventions were essential at the level of employer, workplace and mother in Qera Meberat Hayel Condominium to enable sustained breastfeeding at workplaces among working mothers.
- Based on the study results and in the light of international guidelines the policies for workplace breastfeeding facilities may be revised.
- Further research is needed to identify related factors of EBF especially for working mothers, i.e Knowledge about how to storage and feeding of express breast milk related to EBF.

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ANNEXES

ANNEX: - **I Consent formats**

Addis Ababa University

Centre for population studies

Information sheet

This study is part of the requirements for the fulfilment of the Master of Population studies. The study focuses on to assess Exclusive breastfeeding practices and associated factors among working mothers. Working mothers are selected from the households. Hence, you are now part of the selected working mothers for interview.

Hence, I hereby assure you that the responses will be kept strictly confidential for all matters and it will only be used for the purpose of the study mentioned above. Your name will not be

Mentioned to protect your confidentiality. You have a right to answer or not for questions which might be inconvenient for you. The study may require 30 Minute. So please give me only some minutes to complete my questions. If you have any questions about the study, you may raise. For detail information you can contact the investigator through cell phone 0912097614 and e-mail mahletkassahun@gmail.com.

And I thank you in advance for your cooperation to the study.

Consent form for study participants

I have been informed about the purpose and use of this particular research project. The Information I am going to give will be used only for the purpose of this study and my identity as well as the information I will be providing will be kept confidential. After all these I understood and:

1. I agree to participate in this research voluntarily _____

2. I didn't agree to participate in this research_____

Interviewer name _____signature_____

Result of interview questionnaire – encircle from the given option

1. Completed

2. Refused

3. Partially completed

4. Other specify

ANNEX II: - Questionnaires of English version

PART 1

Socio-economic & demographic, question of working mothers in Qera Meberat Hayle Condominium Addis Ababa Ethiopia, 2019.

No	Questions	Response	Skip
101	How old are you?	_____Year	
102	How many children do you have currently?	_____No of children	
103	What is your current marital status?	1. Single 2. Married 3. Divorced 4. Widowed	
104	What is your educational level?	1. No formal education 2. Only read and write 3. Primary 4. Secondary 5. Higher	
105	What is your Married or Divorced husband education level?	1. No formal education 2. Only read and write 3. Primary 4. Secondary 5. Higher	
106	Do you have family/social support during breastfeeding?	1. Yes 2. No	
107	How much is your household average monthly income?	_____ Birr	

PART 2

Knowledge, attitude and practices question of working mothers in Qera Meberat Hayle Condominium Addis Ababa Ethiopia, 2019.

No	Questions	Responses	Skip
201	Did you feed the child with in 1 hour?	1. Yes 2. No	
202	How many times did you breastfed in 24 hours?	1 Up to 8 times 1. 12 times 2. On infant demand	
203	Are you exclusively breastfeeding for your child until 6 months?	1. Yes 2. No	
204	What conditions did affect you not to practice Exclusive breastfeed? more than 2 answered is possible	1. Working condition 2. Fear of producing not enough milk 3. Due to maternity leave	
205	Did you think that breastfeeding only is enough for a child of age 0 - 6 months?	1. Yes 2. No	
206	If you think that breast milk alone not enough what kind of food or liquid did you give?	1. Cow milk 2. water 3. Infant formula	
207	Do you know health benefit of breast feeding for you?	1. Yes 2. No	
208	Do you know express breast milk and storage?	1. Yes 2. No	

PART 3

Health service related factors of working mothers in Qera Meberat Hayle Condominium Addis Ababa Ethiopia, 2019.

NO	Questions	Response	Skip
301	What is Sex of your child?	1. Male 2. Female	
302	What is the age of your child?	_____ months	
303	When you were pregnant, did you go to a health facility for antenatal care?	1. Yes 2. No	If No go to Q. 306
304	If you get ANC service, from where did you get the service?	1. Hospital 2. Health center 3. Private clinic	
305	Did you get advice on EBF during antenatal care visit?	1. Yes 2. No	
306	Where did you give birth?	1. Hospital 2. Health center 3. Private clinic 4. At home	
307	Mode of delivery	1. Vaginal delivery 2. Caesarean section	
308	Did you get postnatal care?	1. Yes 2. No	If answered ,No Go to Part 4
309	Did you get advice from health worker about breastfeeding during postnatal care?	1. Yes 2. No	

Part 4

Working related question of working mothers in Qera Meberat Hayle Condominium Addis Ababa Ethiopia, 2019.

No	Questions	Response	Skip
401	What type of work did you do?	1. Government Employee 2. Non-Government employee 3. Self employed	
402	How long did you stay at work?	1. up to 8 hour 2. 9-12 hour 3. > 13hour	
403	Is there personal room for breastfeeding and breast expression at your work place?	1. Yes 2. No	
404	What did the child feed when you are at work place?	1. Expressed breast milk 2. Infant formula 3. Cow milk	

Open ended Questions

1. In your opinion what is the benefit of exclusive breastfeeding for child?
2. Some people say that there is a substitute for breast milk, did you agree with this and Would you tell us your reason?
3. What is your opinion (suggestion) about working mothers to feed their children exclusive breast feeding?

አዲስ አበባ ዩኒቨርሲቲ

የማህበረሰብ ጥናት ምርምር ክፍል

የጥናቱአላማመግለጫ

ይህ ጥናት በአዲስ አበባ ዩኒቨርሲቲ በድህረ ምረቃ ፕሮግራም የሁለተኛ ዲግሪዋን የማህበረሰብ ጥናት ምርምር ክፍል መስክ ለመመረቅ ከሚያስፈልጎት መስፈርቶች አንዱና ዋነኛው ነው፡፡ የጥናቱ ዋና አላማ ዕደሜያቸው 7-23 ወራቶች ውስጥ ላሉ ህፃናት የእናት ጡት ወተት ማጥባትን በተመለከተ ከእናቶች የስራ ሁኔታና ከሌሎች ማህበራዊ ሁኔታዎች ጋር ተያያዝው ያሉ ምክንያቶችን ለይቶ ለማወቅ እንዲሁም ችግሮች በተመለከተ መፍትሄ ለማግኘት የሚካሄድ ጥናት ነው፡ በዚህ መረጃ አሰባበሰብ ላይ የሚሳተፉ እናቶች ተቀጣሪ ሰራተኛ እናቶች ሲሆኑ እርሶም የመረጃ አሰባበሰብ ዘዴን በመጠቀም መስፈርቱን አሟልተው ከተመረጡ እናቶች አንዷ ነዎት፡፡ በዚህ ጥናት የሚገኘው መረጃ ለጥናቱ አላማ ብቻ የሚውል ይሆናል፡፡ ከእርሶ የሚገኘውን መረጃሚስጥራዊነቱን መጠበቅ ዋናውስራችንነው፡፡

የእርሶ ስም በዚህ መጠይቅ ውስጥ አይጠየቅም፡፡ በተጨማሪም የሚጠየቁትን ጥያቄ ሙሉ በሙሉ መተው ወይንም በከፊል መመለስ ወይም በፈለጉ ጊዜ ማቋረጥ መብትዎ ነው፡፡ መጠይቁ 30 ደቂቃ ይወስዳል ፡፡ ለተጨማሪ መረጃ በስልክ ቁጥር 0912 097614 ወይም በኢሜል አድራሻ mahletkassahun@gmail.com መጠቀም ይችላሉ፡፡

ለጥናቱ ተሳተፊዎች የስምምነት ቅፅ

የጥናቱ አላማ ተረድቸዋለሁ በመሆኑም ማንኛውም የምሰጠው መረጃ ለዚህ ጥናት ብቻ እንደሚውል እንዲሁም ማንነቴ የማይገለጽ መሆኑን ስለተረዳው በዚህ ጥናት ላይ ለመሳተፍ፡-

ፍቃዳኛ ነኝ (የ √ ምልክት ያድርጉ) _____

ፍቃደኛ አይደለሁም (የ X ምልክት ያድርጉ) _____

የጠያቂዋ ስም _____

የጠያቂዋ ፊርማ_____

ውጤት መለያ

1. የተጠናቀቀ
2. ለመጠይቅ አልተስማሙም
3. በከፊል የተሟላ

የጉብኝት ቀን [_____|_____| _____|

መለያ ቁጥር_____

የህንፃ ቁጥር _የቤትቁጥር____

1. መሰረታዊ ማህበራዊ እና ኢኮኖሚያዊ ጉዳዮችን በተመለከተ ለሰራተኛ እናቶች የተዘጋጁ ጥያቄዎች

ተ.ቁ	ጥያቄ	መልስ	እለፍ
101	እድሜዎ ስንት ነው?	_____ አመት	
102	አሁን ምን ያህል ልጆች በህይወት አሉ?	በህይወት ያሉ ልጆች ብዛት_____	
103	የጋብቻ ሁኔታዎን ቢነግሩን?	1. ያገባች 2. ያላገባች 3. አግብታ የፈታች 4. በሞት የተለየ	
104	የትምህርት ደረጃዎ?	1. ማንበብና መፃፍ የማትችል 2. ማንበብና መፃፍ የምትችል 3. አንደኛ ደረጃ (1 — 8ኛ ክፍል) 4. ከዘጠነኛ እስከ አስራሁለተኛ ክፍል 5. ከዚያ በላይ	
105	የባለቤትዎ የትምህርት ደረጃዎ?	1. ማንበብና መፃፍ የማትችል 2. ማንበብና መፃፍ የምትችል 3. አንደኛ ደረጃ (1 — 8ኛ ክፍል) 4. ከዘጠነኛ እስከ አስራሁለተኛ ክፍል 5. ከዚያ በላይ	
106	ልጅሽን ጡት እንድታጠቢ/በምታጠቢ ጊዜ ከቤተሰብ ወይም ከማህበረሰቡ ድጋፍ ታገኚ ነበር ?	1. አዎ 2. አላገኘሁም	
107	የቤታችሁ አማካይ የወር ገቢ ስንት ነዉ?	_____ብር	

2.ስለ ጡት ማጥባት ያላቸዉን ዕዉቀት፣አመለካከትና አተገባበር በተመለከተ ለሰራተኛ እናቶች የተዘጋጁ ጥያቄዎች

ተ.ቁ	ጥያቄ	መልስ	እለፍ
201	ልጅሽን እንደወለሽ በ 1 ሰአት ውስጥ ጡት አጥብተሽ ነበር?	1. አዎ 2. አላጠባሁም	
202	ልጅሽን በ 24ሰአት ውስጥ ስንት ጊዜ ነበር ጡትሽን የምታጠቢዉ?	1. 6 ጊዜ 2. 8 ጊዜ 3. 12 ጊዜ 4. እንደ ልጁ ፍላጎት	
203	ልጅሽን እስከ 6 ወር ድረስ የጡት ወተት ብቻ ነበር ያጠባሽዉ?	1. አዎ 2. አይደለም	
204	ለመጀመሪያዎቹ ስድስት ወራት ለልጅዎ ጡትዎን ብቻ እንዳይመገቡ የሚያደርጎዎት ምክንያት ካለ ቢገልጹልን? (ከአንድ በላይ መልስ መስጠት ይችላሉ)	1.ስራ ሰዓት አመች ስላልሆነ 2.ጡቴ በቂ ወተት አያመነጭም 3.የድረሀረ ወሊድ እረፍት ማነስ	
205	ለህፃኑ እስከ ስድስት ወር የእናት ጡት ወተት ብቻ በቂ ነው ብለው ያምናሉ?	1. አዎ 2. አላምንም	
206	የእናት ጡት ወተት ብቻ በቂ አይደለም ካሉ ወይም ጡት እያጠቡ ካልሆነ ምን አይነት ተጨማሪ ምግብ /ፈሳሽ እየመገቡት ነው? (ከአንድ በላይ መልስ መመለስ ይችላሉ)	1. የላም ወተት 2. ውሃ 3. የ ተዘጋጀ የቆርቆሮ ወተት 4. ሌሎች/ ይገለፅ	
207	ጡት ማጥባት ለእናት ጤንነት ይጠቅማል?	1. አዎ 2. አላዉቅም	
208	ስለ ጡትወተት ማለብና አቀማመጥ የምታዉቂዉ ነገር አለ?	1. አዎ 2. አላዉቅም	

3. የጤና አገልግሎት የተመለከቱ ለሰራተኛ እናቶች የተዘጋጁ ጥያቄዎች

ተ.ቁ	ጥያቄ	መልስ	እለፍ
301	የህፃኑ ፆታ	1. ወንድ 2. ሴት	
302	የህፃኑ እድሜ ስንት ነው (በወር)?	_____ወር	
303	ይህን/ችን ህፃን ነፍሰጡር እያሉ በጤና ተቋም የቅድመወሊድ ክትትል አድርገዉ ነበር?	1. አዎ 2. አላደረኩም	አላደረኩም ከሆነ ወደ ጥያቄ 306ይለፉ
304	የቅድመ ወሊድ ክትትል ጤና አገልግሎት አግኝተዉ ከሆነ፣ አገልግሎቱን ያገኙት የት ነበር?	1. ሆስፒታል 2. ጤና ጣቢያ 3. የግል ክሊኒክ	
305	በቅድመ ወሊድ ክትትል ወቅትዎ ስለ ጡት ማጥባት የምክር አገልግሎት ተሠጥተዉ ነበር?	1. አዎ 2. የለም	
306	ይህን/ችን ህፃን ሲወልዱ የት ነበር የወለዱ?	1. ሆስፒታል 2. ጤና ጣቢያ 3. የግል ክሊኒክ 4. ቤት ዉስጥ	
307	ህፃኑ/ኗ እንዴት ነበር የተወለደዉ/ችዉ?	1. በማህፀን በኩል 2. በቀዶ ጥገና	
308	ከወለዱ በኋላ በ45 ቀን ጊዜ ዉስጥ የድህረ ወሊድ ክትትል አድርገዉ ነበር?	1. አዎ 2. የለም	መልሱ የለም ከሆነወደ ጥያቄ 401 ይለፉ
309	በዚያ የድህረ ወሊድ ክትትል ወቅትዎ ስለ ህፃኑ/ኗ ስለ ጡት ማጥባት የምክር አገልግለት ተሰጥተዉ ነበር?	1. አዎ 2. የለም	

4.ከስራ ሁኔታ ጋር የተመለከቱ ለሰራተኛ እናቶች የተዘጋጁ ጥያቄዎች

ተ.ቁ	ጥያቄ	መልስ	እለፍ
401	የስራዎ አይነት ?	1. የመንግስት ተቀጣሪ 2. የግል ድርጅት ተቀጣሪ 3. ነጋዴ 4. የቀን ሰራተኛ	
402	በቀን ለምን ያህል ሰዓት ስራ ቦታ ያሳልፋሉ ?	_____ሰዓት	
403	በስራዎ ቦታ ልጆዎን ለማጥባት የሚያስችሎ ሁኔታ አለ?	1. አዎ 2. የለም	
404	ላለፉት 6 ወራቶች እርሶዎ ስራ ቦታ ሲውሉ ህፃኑ ምን እየተመገበ ይቆያል?	1. የታለበ የጡት ወተት 2. የተዘጋጀ የቆርቆሮ ወተት 3. የላም ወተት	

1. በአንቺ አመለካከት የጡትወተት እስከ 6 ወር ማጥባት ለልጅሽ የሚሠጠዉ ጥቅም ካለ ብትገልጭ?
2. አንዳንድ ሰዎች የእናት ጡት የሚተካ ነገር አለ ይላሉ፡፡ እርሶ በዚህ ዙሪያ ምንይላሉ?
3. በእርሶ አመለከካት ተቀጣሪ ሰራተኛ እናቶች ለመጀመሪያዎቹ ስድስት ወራት የጡታቸውን ወተት ብቻ እንዲመግቡ ምን መፍትሄ ይሆናል ብለው ያስባሉ?