ADDIS ABABA UNIVERSITY

COLLEGE OF HEALTH SCIENCES

SCHOOL OF ALLIED HEALTH SCIENCES

DEPARTMENT OF NURSING AND MIDWIFERY

BREASTFEEDING INTENTION AND ITS ASSOCIATED FACTORS AMONG NULLIPAROUS FEMALE YOUTH AT COLLEGE OF BUSINESS AND ECONOMICS OF ADDIS ABABA UNIVERSITY, ADDIS ABABA, ETHIOPIA,2016

BY: - NADIA WOREDE (BSC)

A THESIS SUBMITTED TO ADDIS ABABA UNIVERSITY, COLLEGE OF HEALTH SCIENCE, SCHOOL OF ALLIED HEALTH SCIENCES, DEPARTMENT OF NURSING AND MIDWIFERY IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR MASTERS DEGREE SPECIALIZED IN MATERNITY AND REPRODUCTIVE HEALTH

JUNE, 2016

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APPROVAL BY THE BOARD OF EXAMINATION

THIS THESIS BY NADIA WOREDE (BSC) IS ACCEPTED IN ITS PRESENT FORM BY THE BOARD OF EXAMINERS AS STISFYING THESIS REQUIREMENT FOR THE DEGREE OF MASTER IN MATERNITY AND REPRODUCTIVE HEALTH.

INTERNAL EXAMINER:

_____	_____	_____	_____
FULL NAME	**RANK**	**SIGNITURE**	**DATE**

RESEARCH ADVISOR/SUPERVISOR:

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FULL NAME	**RANK**	**SIGNITURE**	**DATE**

Abstract

Background: Breast milk is the natural source of nutrition for all infants and is found to be the most effective strategy to improve child survival especially in developing countries. It brings significant benefits for the nutritional, physiological and psychological health in the early years of a child and throughout the life span but yet very few of the world's infants are actually fed according to WHO/UNICEF recommendation. Breastfeeding practice is influenced by its intention to do so which is often a strong predictor of both initiation and duration of breastfeeding.

Objective: To assess breastfeeding intention and its associated factors among nulliparous female youth at college of Business and Economics of Addis Ababa University, 2016

Method: A quantitative Descriptive cross-sectional study design was employed. Simple random sampling technique was used to select programs from the college and the estimated sample size was allocated proportionally across the selected programs. Then the study participants from each program were selected by simple random sampling. Data was collected using pre-tested structured questionnaire. The data were entered into Epi data and analyzed by SPSS window software. Descriptive statistics such as frequency distribution and measure of central tendency and variability (mean and standard deviation) were computed. Binary and multiple logistic regressions were used to identify association between dependent and independent variables.

Result: -Two hundred seventeen (51.7 %) of the participants had intention to breastfeed a future child. Good breastfeeding knowledge [Adjusted OR=4.9 (95% C.I: 2.7, 9.0)], positive attitude towards breastfeeding [Adjusted OR=7.7 (95% C.I: 4.2, 14.0)], supportive subjective norm[Adjusted OR=2.9 (95% C.I: 1.2 , 7.1)], prior breastfeeding exposure[Adjusted OR=5.3 (95% C.I: 2.9, 9.6)] and having heard information about the importance of breastfeeding from sources like mass media[Adjusted OR=2.4 (95% C.I: (1.3, 4.5)] had significant association with participants breastfeeding intention.

Conclusion and Recommendation: -Half of the participants were with future intention to breastfeed. Breastfeeding knowledge, Attitude, prior exposure, Subjective norm, year in college and having heard information about breastfeeding from sources like mass media were found to be associated with breastfeeding intention in this study. Different strategies should be planned and implement to protect, promote and support BF in the nulliparous young population.

Key words: - breastfeeding, intention, female youth, nulliparous, undergraduate students

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List of Acronyms

WHO	World health organization
UNICEF	United Nations International Children's Emergency Fund
BF	Breastfeeding
EBF	Exclusive Breastfeeding
CBE	College of Business and Economics
AAU	Addis Ababa University
DC	Data collectors
BSc	Bachelor of science
EDHS	Ethiopian Demographic and Health survey
PI	Principal Investigator
IRB	Institution review board

CHAPTER 1: BACKGROUND

1.1 Introduction

Adequate nutrition is critical to child health and development. The period from birth to two years of age is particularly important because of the occurrence of rapid growth and brain development. Unfortunately this period is often marked by growth faltering, micronutrient deficiencies and common childhood illnesses attributed to inappropriate child feeding practices. Improving infant feeding practices in children 0–23 months of age is therefore critical to improved nutrition, health, growth and development(1,2)

Among infant feeding practices, breastfeeding is considered as the golden standard and its benefits extend beyond the mother and child. UNICEF and WHO recommend that children be put to the breast immediately or within one hour after birth and be exclusively breastfed—fed only breast milk with no other liquids (including water) or food—on demand for the first 6 months of life and continue until two years, with the appropriate and sufficient weaning foods being introduced after six months of life(1,3).

Breast milk is the natural source of nutrition for all infants and is found to be the most effective strategy to improve child health and survival , especially in developing countries(4). Increasing optimal breast feeding practice could save an estimated 1.30-1.45 million child lives each year and its early initiation contributes to reducing overall neonatal mortality by around 20% in countries around the globe. Breastfeeding brings significant benefits for the nutritional, physiological and psychological health in the early years of a child and throughout the lifespan. It also brings health and fertility-control benefits for the mother and offers economic benefits to the family and society. Breastfeeding may be one of the most cost effective interventions to modify the impact of the current epidemics of childhood and adult obesity(4–6).

Despite the abundance of evidence on the health and social advantages of Breastfeeding (BF) and the strong advocacy of BF in primary care, very few of the world's infants are actually fed according to WHO/UNICEF recommendation. Globally, only 36% of infants are exclusively breastfed for the first six months of their life and the majorities receive some other food or fluid in the early months (3).

Women's intention to BF her child prior to birth is known to be a strong predictor of her BF decision and thus practices. Therefore ,the best way to target BF behavior is to assess behavioral intention, which in turn is seen to be a function of knowledge, attitudes, prior exposure and certain socio-demographic factors (7–10).

1.2. Statement of the problem

Children in low- and middle-income countries continue to suffer from under nutrition, one of the contributing factors being insufficient breast milk. According to the 2009 WHO global health risk report, next to underweight, suboptimal breastfeeding is the largest cause of death in children under 5 years. These, in combination with other nutritional risks, were responsible for an estimated 3.9 million deaths (35% of total deaths) in children less than 5 years old (11).

Prelacteal feeding—giving liquids or foods other than breast milk prior to the establishment of regular breast-feeding—deprives the child of the valuable nutrients and needed protections which exposes the newborn to the risk of infection. In Ethiopia, nearly three children in every ten (27 percent) are given prelacteal feeds within the first three days of life(12). Besides prelacteal feeding, suboptimal breastfeeding practices, especially nonexclusive breastfeeding, are contributing to the burden of childhood diseases and mortality and are responsible for 45 % of neonatal infectious deaths, 30 % of diarrheal deaths and 18 % of acute respiratory deaths. Moreover, the long term impacts such as poor academic performance, decreased productivity and impaired cognitive and social development among children under-five years of age have been attributed to suboptimal infant feeding practices(8,13).

In developing countries, only 24–32% of infants are breastfed according to the WHO/UNICEF recommendation and these percentages are much lower in developed countries(11). According to the 2011 EDHS report, exclusive breast feeding (EBF) is not widely practiced in Ethiopia and only half (52 %) of infants under six months of age are exclusively breastfed; which increased only by 3% compared to the 2005 EDHS. Even though this figure is greater compared to other countries like Nigeria, large proportion Ethiopian mothers are not yet breastfeeding to the expected standard recommendation(12,14,15).

Due to the high prevalence of inappropriate child feeding practices and the importance of exclusive breastfeeding, the Ethiopian government developed guidelines one after another in order to improve infant and young child feeding practices(16,17). Consequently, varying levels

of interventions, giving due emphasis to the key messages of exclusive breastfeeding, were being given both at health institution and community level. Nonetheless, breastfeeding practice still remains far from the global recommendation.

Though multiple studies have been conducted in Ethiopia concerning BF, the focus has always been expectant mothers and mothers who have just given birth while the nulliparous young Ethiopian women gained little or no attention. Since women who make decision before pregnancy are more likely to choose BF than those who make decision during or after pregnancy (18), it is important to plan and implement strategies to protect, promote and support BF in the nulliparous young population. Considering these benefits and gaps, this study aims at assessing breastfeeding intention and its associated factors among nulliparous female youth at College of Business and Economics of Addis Ababa University.

1.3 Rational of the study

Promoting breastfeeding in individuals in a range of phases of human development is potentially an effective strategy for increasing BF behavior. Young women represent a key population of interest for identifying misconceptions and negative perceptions that may act as future barriers to successful breastfeeding. But There are study reports about the scarcity of information for young people on breastfeeding promotion (19). Hence, in this study efforts were made to understand young women's intention towards BF which will help in the design and implementation of BF interventions in the early stages of life spectrum of the women.

Though, the young population group has been the subject of many studies worldwide, with topics related to breastfeeding, most of these studies were conducted in high-income countries and western societies; hence, the findings may not be applicable to our country. In addition, there are no studies that assessed and documented future intention towards BF among nulliparous young women in Addis Ababa, Ethiopia. Therefore, it is useful to conduct a study about BF focused on this population group; the result of which will be used as a baseline information on the study subjects.

As infant-feeding decisions are influenced and continuously being made by women's surrounding community standards and appear to be made preconceptually not only prenatally, gaining greater insight into the factors that may modulate infant-feeding intentions in these young population could assist both governmental and non-governmental organizations to implement successful BF promotion strategies and catalyze the development of effective breastfeeding-friendly policies that are specific to our country.

CHAPTER 2:-LITERATURE REVIEW

2.1. Introduction

Intention is an indicator of how hard a person is willing to try or how much effort they are willing to put into performing a behavior. The probability that a person will actually perform a behavior increases as the strength of intention increases. Therefore, it is the best predictor of behavior and considered to be its immediate antecedent (7)

Though breastfeeding is considered by most to be a behavior that involves only the mother and child, it also occurs in the greater aspects of a community and/or a society. Therefore, breast feeding is hardly a personal behavior rather it is accompanied by multiple factors that act either independently or collaboratively to affect the intention to carry it out which eventually affects the performance of the behavior. This results in a reduced breast feeding rates(20)

2.2- Intention to breastfeed

Intention to breastfeed is related to the amount of effort a woman is willing to put into being successful at breastfeeding. Researches show that intention is among one of the modifiable factors that affect breastfeeding practice (8).Therefore, it plays an important role in determining or predicting both initiation and duration of breastfeeding(21–23)**.**for instance, in the year 2015 Andy Emmanuel reviewed Articles published from the year 2005 to 2015 in order to understand the factors that influence BF behavior .The study revealed that intention of a woman to breastfeed in the antenatal period was found to be one of the determinant factors for both initiation and duration of breastfeeding(24)**.** Hence, a better understanding of the modifiable factors that impact breastfeeding practice like intention could improve future breastfeeding rates (8).

According to literatures, breastfeeding intention is found to be different for different countries as well as study participants.

A cross-sectional quantitative study, conducted in 2012 among 395 university students in China found that 75.1% of students expressed the intention to breastfeed or support a partner to breastfeed their future child(20).Another cross-sectional survey conducted in Taiwan among 1319 high school and vocational school students of both sexes revealed that only 34.7% of female participants reported that they have future intention to breastfeed,

while 29% of males intend to support their partners to breastfeed their future child(25). Similarly in Hong Kong, a study completed among 403 Chinese university students reported that 71.3% of the participants intended to have their babies breastfed in the future(26).Breastfeeding intention was also assessed in a cross-sectional study conducted among undergraduate female students in middle east in which the majority(81.4%) of the study participants were reported to have intention to breastfeed if they were to have a baby(9).in addition, another cross-sectional study completed among female students in Jordanian university reported that the intention to breastfeed exclusively for the first six months of life was found among 50% of the study subjects(27).

In 2015, a cross sectional study was conducted by Fujimori M et al. to assess the attitude of primary school students towards BF among 503 participants. This study revealed that, approximately 96.0% of the students who intended to have children in the future also intended to breastfeed them (19).

A study completed in Osun state Nigeria assessed ―the knowledge, attitude and intending practice of breastfeeding" among 200 single university female students. It showed that the intention to practice EBF was less than 39% and only 20 % of women intend to manage EBF even during working hours by any means possible(15).likewise, a study conducted among female young adults in Ibadan Nigeria reported that 60% of the study subjects have the intention to breastfeed exclusively(10). A longitudinal study conducted among 2077 adolescents in Jimma indicated that this population has the intention to breastfeed in a way that significantly differs from the current international recommendation. This study came to the conclusion that young people pass into parenthood with minimal knowledge about breast feeding, specially exclusive breast feeding(28).

2.3 - Factors associated with intention to breastfeed

Factors associated with intention, as outlined in literatures, include certain socio-demographic factors, subjective norm, knowledge, attitude and past history of the women regarding breast feeding which in most literatures is considered as prior exposure.

2.3.1 – Socio-Demographic factors

An education level and type, as a socio-demographic factor, could have an impact on intention of women to breastfeed. A study conducted among white British and south Asian women in Bradford showed that education is associated with intention to breast feed. Those with less years of education were less likely to have the intention to breast feed than those with higher educational level(29). In Nigeria, study major was also found to be predictive of future intention to breastfeed. According to the findings, medical students had better knowledge and more positive attitudes towards exclusive breastfeeding and thus intention to breastfeed compared to others in the arts, social sciences and education fields(15). On the other hand, few researches indicated that demographic factors like age and grade level seem to be minimal indicators of those who intend to initiate and continue breastfeeding. A cross-sectional correlational study conducted among 190 unmarried women in the United States found that demographic variables like age and year in college do not have a significant effect on participants' intention to breastfeed their Future children(30)

Life style, like smoking, is also found to be related to breastfeeding intention. In Tennessee, a study by Bailey.et.al. 2011 found the existence of a very significant relationship between smoking and intent to breast feed. Mothers who did not smoke were more likely to have the intention to breast feed a future child than those mothers who smoked (31).

2.3.2. Subjective norm/Normative believe

Subjective norm is defined as the person's perception of social pressure to perform or not to perform the behavior under consideration(7). An individual's Intention is known to be the function of social influences in few studies. Lucy.et.al. utilized the Theory of planned behavior to understand breastfeeding intention of postpartum women in Kenya. They indicated that perceived social support to breastfeed was a significant influence towards the development of positive breastfeeding intention. They found that the more supportive subjective norm, the higher the rates of intention to breastfeed(21). Similarly, D Behera et al.(2014) found that supportive norms had a potential effect on exclusive breastfeeding intention among rural pregnant mothers in India (32). Hence, women of child bearing age who are surrounded by not only families and health care providers but also a society that appreciate breastfeeding, its numerous advantages and encourage its practice will reinforce any women of child bearing age in the process of breast feeding which is healthy for both family and society.

2.3.3-Knowledge and Attitude

Reviewed literatures have indicated that there exist certain misconceptions and specific gap in knowledge on multiple aspects of breastfeeding which directly or indirectly pose a negative impact on future breastfeeding intention. Some of the misconceptions held by participants in most of the studies include the belief that breast milk is insufficient for the infant, breastfeeding would be painful, restrictive, inconvenient and would result in change of breast shape; the perception that public breastfeeding is embarrassing, formula feeding is more convenient, both breastfeeding and formula feeding have equal nutritional value for the child and that women are restricted from many diets while breastfeeding. The lack of understanding of the general breastfeeding recommendations and duration of EBF also happen to be part of these misconceptions(9,15,25,26,33,34).

To promote breastfeeding through education and to clear misconceptions, studies recommend that special courses should be offered at schools & universities. This will help increase knowledge on appropriate recommendations of BF practices which can allow boys and girls to have an opportunity to receive information about BF, to clarify misconceptions and Promote positive attitudes toward breastfeeding which will produce a generation where breast feeding will be number one choice(25,34).

To most women, breastfeeding does not come naturally, rather it needs to be thought and learned. Interventions focused at changing women's knowledge and attitudes are usually important to increase the rate of breastfeeding practice(3). With understanding and increased knowledge of the process of breast feeding, women of child bearing age feel confident. This amplifies their intention and provide them with motivation to follow through on this behavior(30). Several studies confirms that breast feeding related educations offered not only to pregnant mothers but also to nulliparous young population, have positive impacts on knowledge, awareness, attitudes & intentions towards breast feeding.

In Brazil, a cross-sectional study was conducted among 503 male and female junior students of five different schools in order to evaluate the impact of lectures related to breast feeding on the students' attitude. Findings from this study revealed that the intervention employed
i.e. (30 minute lecture on BF) amplified the figure of participants who answered some of the

basic concepts of breastfeeding. The intervention has also showed an increase in the intention to breast feed for one year or more among girl participants in the intervention group compared to those in the controlled group i.e. (39.1% in the control group vs. 43.2% in the intervention group). In addition, the lecture reduced the figure of participants who had the intention to undesirable infant feeding practices like giving additional feeding during the first month of life(19).

Similarly, Amber France conducted a systematic review on 16 studies in order to evaluate the ―Impact of High School Breastfeeding Education on Breastfeeding Knowledge, Attitudes & Beliefs" in the year 2012. She indicated that providing such classes as early as this age will help this group of generation that are to become future parents to adopt to the behavior. According to Amber, these populations were chosen because of the anticipation that they are at a pre-conception phase and are thinking about infant feeding decisions by now(35). Another study conducted by Yen-Ju Ho et al. among 1319 students in Taiwan, revealed that 60.7% of the participants expressed that the school curriculum should include breast feeding education as part of the program(25).

There are several ways to acquire knowledge regarding breastfeeding. The knowledge gained determines the attitude and thus intentions of a woman to breast feed. Knowledge and positive attitude towards breastfeeding were found to be significant predictors of the intention to breastfeed in number of studies(9,20,25,30). This is supported by the Theory of Planned Behavior (TPB) which states that breastfeeding behavior can be predicted by breastfeeding intention, which is influenced by a combined effect of breastfeeding attitudes, subjective norm and maternal perceptions of behavioral control (7). On the other hand, the intention to breastfeed can be undermined by information about the alternatives.

In Hong Kong,Tarrant.et.al. (2007) recruited 15,000 university students to assess the relationship between ―the participant's breast feeding attitudes, exposures, and future intentions" and described the existence of a significant relationship between future intention to breastfeed, knowledge and attitude. Among the participants, those with the intention to breastfeed their future child had higher breastfeeding knowledge and positive attitudes towards breastfeeding(26).

A descriptive cross-sectional survey conducted in Taiwan revealed that intention to breastfeed and encouraging breastfeeding among women of child bearing age were found to be associated positively with breastfeeding attitudes. In addition, the study concluded that adolescents' infant feeding intentions depend on attitudes toward breastfeeding (25). Similarly, in USA, China, Lebanon and Syria, greater breastfeeding knowledge and attitudes were found to be associated with a greater likelihood of future breastfeeding intention (9,20). This is also supported by a cross sectional, correlational study that was carried out among 190 single, nulliparous students between the ages of 18 and 24 in Clark County, Nevada. According to this study, correct knowledge and positive attitude have a constructive effect on intention which in turn affects the commencement and length of breastfeeding behavior(30).

Correct breastfeeding knowledge and positive attitude was also found to be a remarkable predictor of intention to breastfeed among mothers from Kenya and china (21,36).Similarly a community-based analytical cross-sectional study conducted among mother in east Ethiopia revealed that lack of breastfeeding knowledge was among the reasons for lower breastfeeding practice(37)

2.3.4-Prior exposure to breastfeed

One of the contributing factors in shaping the inclination of young females' intention towards future breastfeeding is their interaction with breastfeeding at home. The teachings and practical life experiences of breastfeeding that children observe from their mothers are the main foundations of their intentions towards breastfeeding though the positivity or negativity of the influence is dependent on the type of the teaching or experience that the child receives.

According to reviewed literatures, in addition to knowledge & attitude, previous breastfeeding exposure is also one of the significant predictors of intention to breast feed future child. There was found a linear relationship between the overall number of breastfeeding exposures and future intention to breastfeed. Prior exposure includes being breast fed as an infant/child, witnessing a women breastfeeding her child either at the household or in the surrounding community and knowing someone who was breastfed or has breastfed a baby.

Those reporting being breastfed as an infant and knowing someone who had breastfed are more likely to express intention to breastfeed a future child compared to those who are unsure or are not breastfed (20,26,30,38).

Summary: While intention, as a factor affecting BF practice, is an important role player in determining or predicting both initiation and duration of BF, it is in turn affected by different factors acting either individually or in group. Factors like higher level of education, breastfeeding favorable surrounding community or environment, clearer view to certain BF misconceptions and more extensive BF promotional education results in higher intention to breastfeeding while the opposites results in lower intention .Generally a better understanding of the factors that affect intention to breastfeed helps in the planning and implementation of BF promotion strategies and intern results in higher likelihood of a women to BF her child.

2.4 – Conceptual Framework

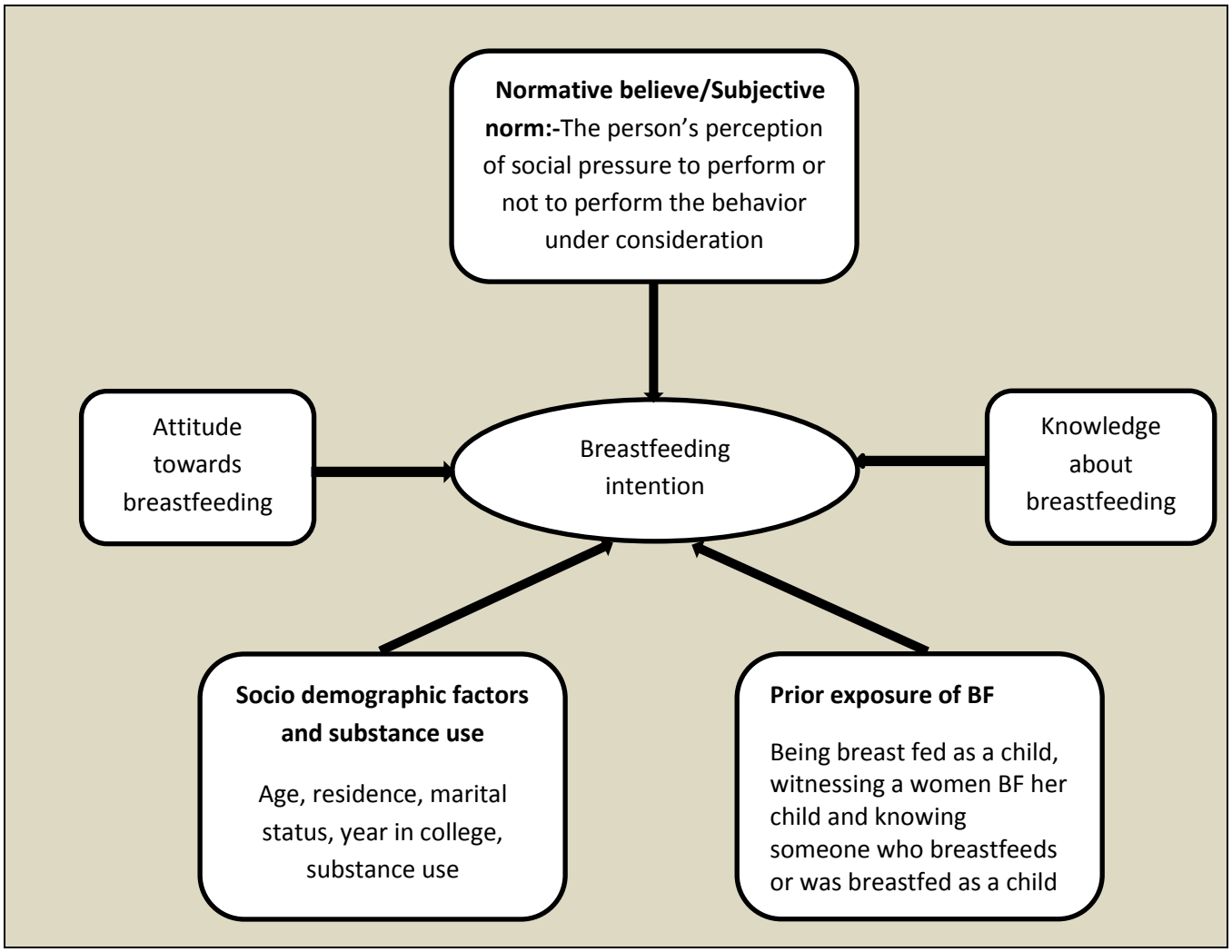

Figure 1: Schematic presentation of future breastfeeding intention and its associated factors developed from reviewed literatures (9,20,21,25,30,32)

CHAPTER 3: OBJECTIVES OF THE STUDY

3.1. General objective

To assess breastfeeding intention and its associated factors among nulliparous female youth at College of Business and Economics of Addis Ababa University on March 2016.

3.2. Specific objectives

1.To examine future intention to breast feed among nulliparous female youth at College of Business and Economics of Addis Ababa University on March 2016.

2. To identify factors associated with breastfeeding intention among nulliparous female youth at College of Business and Economics of Addis Ababa University on March 2016.

CHAPTER 4: METHODOLOGY

4.1. Study area

Addis Ababa University (AAU), which was established in 1950 with an initial name –University College of Addis Ababa (UCAA)", is the oldest and the largest higher learning institution in Ethiopia. AAU is located in Addis Ababa which is the capital city of Ethiopia and the seat of the African Union. In its long years of existence, the University has remained the leading center in teaching, research and community services in Ethiopia. The University has 10 colleges, 4 institutes that run both teaching and research, and 6 research institutes that predominantly conduct research. This study was conducted at College of Business and Economics (CBE), one of the college of AAU. This college consists of the former Faculty of Business and Economics (established in November 1990) and School of Commerce (established in 1943). The College runs various undergraduate and post-graduate programs (MA, MSc and PhD) and is committed to the promotion of teaching and learning. There are a total of 11 programs offered at the undergraduate level at this college; out of which seven are taught at school of commerce while the rest are taught at FBE(39). According to the information gathered from the registrar office of Addis Ababa University, there are about 3221 regular undergraduate students enrolled in the different programs of this college out of which 940 are females while the rest are males.

4.2. Study design and period

A quantitative descriptive cross sectional study design was employed to collect data from the study participants on March /2016.

4.3. Population

4.3.1 Source population

All regular undergraduate female students at CBE of AAU.

4.3.2 Study population

All eligible female students who were selected from the different programs of CBE at the time of data collection.

4.4. Eligibility criteria

4.4.1. Inclusion criteria

- Regular undergraduate nulliparous female students at CBE of AAU

4.4.2. Exclusion criteria

- Those in the extension class and postgraduate program
- Those who were absent.
- Those who did not want to have children for the future.

4.5. Sample size and sampling procedure

4.5.1 Sample size determination

The sample size required for this study was calculated based on a single population proportions formula as follows.

$$n = \frac{Z_{\alpha/2}{}^2 P(1-P)}{d^2}; \qquad n = \frac{1.96^2 \times 0.5 \times 0.5}{0.05^2} = 384$$

Where: n is sample size, Z is standard normal distribution corresponding to significance level at α = 0.05, d is margin of error assumed to be 5% and P is anticipated proportion of students having intention to breast feed and is not found from reliable previous studies hence, 50% proportion is considered.

Since the total female population at CBE was 940 and it is less than 10,000; correction formula was used as follows:

$$N = \frac{ni}{1+\frac{ni}{N}} \rightarrow N = \frac{384}{1+384/940} = 272$$

As the sampling procedure was multistage, Design effect was considered =1.5

$$272.34 \times 1.5 = 408.5 \approx 409$$

With 10% non-response rate the final sample size was found to be 450.

4.5.2 Sampling procedures

A multi-stage sampling technique was employed for the selection of the sampling units. In the College there was one school i.e. (school of commerce) with seven program units and one faculty i.e. (FBE) with four programs**.** Out of 11 programs in which students were enrolled, five were selected using simple random sampling and the calculated sample size was allocated

proportionally to each program as shown in the diagram below. Then again simple random sampling method was employed to select participants from each selected programs.

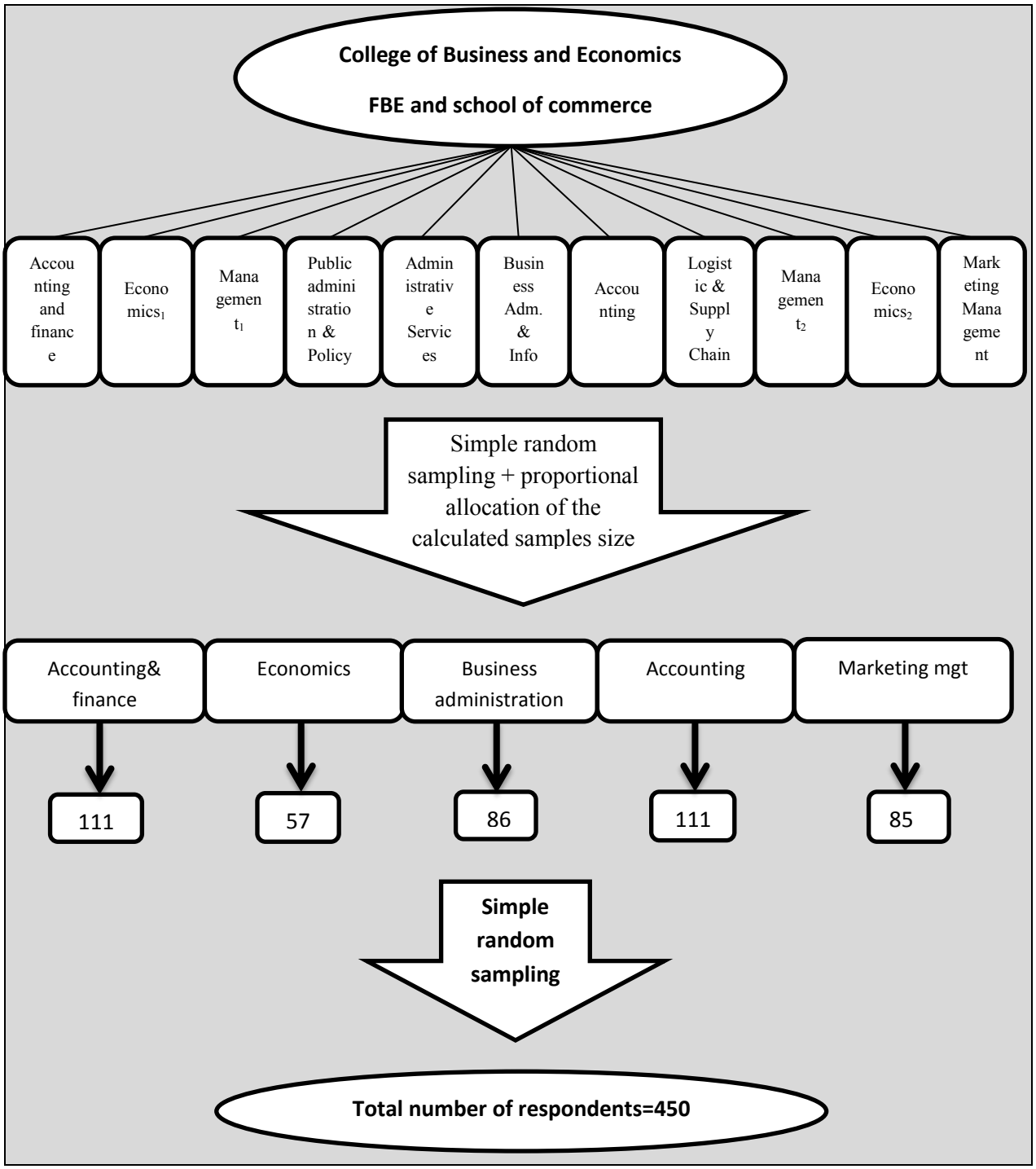

Figure 2. Schematic presentation of sampling procedure of the participants from CBE, Addis Ababa, 2016

4.6. Study variables

4.6.1 Dependent variable

- Breastfeeding intention

4.6.2 Independent variables

- Socio-demographic characteristics(age, marital status, residence, year in college)
- Substance use
- Subjective norm/Normative believe
- Knowledge
- Attitude
- Previous exposure to breastfeeding practice.

4.7. Operational definitions.

- Breastfeeding intention
  - ✓ With intention: **-** participants who scored above the mean value were considered to have intention to breastfeed**.**
  - ✓ Without intention: - participants with a score below the mean were considered to have no intention to breastfeed.
- Knowledge
  - ✓ Poor knowledge: - participants who scored below the mean were considered to have poor knowledge.
  - ✓ Good knowledge :- participants who scored above the mean were considered to have good knowledge
- Attitude
  - ✓ Positive Attitude: - participants who scored above the mean were considered to have positive attitude towards breastfeeding.
  - ✓ Negative Attitude: - participants who scored below the mean were considered to have negative attitude towards breastfeeding.
- Prior breastfeeding exposure
  - ✓ High Exposure:- out of 3, a score of 0 or 1 indicates low exposure to breastfeeding
  - ✓ Low Exposure: - a score of 2 or 3 indicates high exposure to breastfeeding.
- Youth:-Those people between the ages of 15 and 24 years.

- Nulliparous :-having never given birth
- Substance use :-the use of any substances such as cigarette, khat, shisha and alcohol

4.8. Data collection tool

A self-administered questionnaire was used to collect data from the study participants. The questionnaire was designed in English and translated in to local Amharic language by translator, and then translated back to English by the third person to check for consistency. The questionnaire was reviewed by concerned experts in the field to keep its reliability and validity. The tool has four sections.

The first section consisted of basic socio-demographic questions as well as questions on social influence/subjective norm and breastfeeding exposures (9,21,26,30). Breastfeeding exposures were measured using three questions: whether the participant had been breastfed (yes/no/unsure), whether they knew anyone who had breastfed or who was breastfed as a baby (yes/no), and whether they had ever witnessed a woman breastfeeding (yes/no).

Section two consisted of the Infant Feeding Intention Scale (IFI) .The IFI is a test of an individual's intention to initiate and sustain breastfeeding. The IFI scale consists of five infant feeding statements. The construct validity of the IFI scale was confirmed, and the scale was found to provide a valid measure of breastfeeding intention in a diverse population from multiple ethnic groups. The IFI was also shown to be a simple tool that is highly reliable at predicting breastfeeding intention (Cronbach'$\alpha = 0.9$)(40).

Third section consisted of the Iowa infant feeding attitude scale which was designed to assess an individual's attitudes toward BF and is composed of 17 items. The IIFAS has been tested with various populations, such as postpartum women, health visitors, fathers, pregnant women, and university students. The construct validity of the IIFAS was demonstrated, and the scale was found to provide a valid assessment of breastfeeding attitude, based on its association with behavioral intentions and actual feeding behavior, as well as its relationship with alternative measures of infant-feeding attitude. The IIFAS was found to be highly reliable and to have high internal consistency (Cronbach's $\alpha = 0.86$) among a broad sample of randomly selected women. The IIFAS shows that it is predictive of the choice of infant feeding methods as measured by behavioral intention(41).

The Fourth section consisted of 15 items questions to assess the participants' fundamental knowledge about breastfeeding (its benefits to the baby and the mother, time of initiation and the recommended duration and so on). The questions in this section are closed ended format with true/false and do not know option(9,26,34,42,43).

4.9. Data collection procedures

The data collection process was facilitated by the principal investigator to gather information from the selected female students at CBE of AAU. The data collected were checked for completeness every day and entered in to computer. Two Females from the 12 grade and one Female with BSc nurse were recruited as data collectors and supervisor respectively and trained for one day on information about the research objective, sampling procedures, data collection tools and procedures.

4.10 Data quality control/assurance

The data collection instrument was pretested for its relevance and clarity to address the research problems appropriately and was corrected prior to the actual data collection period. The pre-test was carried out in 50 undergraduate female students (1^{st} - 3^{rd} year) from Ethiopian institute of Architecture, Building construction and city development **.**In addition, the data collectors were trained for one day on the techniques of data collection and the importance of disclosing the possible benefits and purpose of the study to the study participants before the start of data collection. Maintaining confidentiality of the participants throughout the whole process of data collection was also discussed and ascertained during the training. The researcher checked for completeness and consistencies of questionnaires filled by the data collector to ensure the quality of the data. The researcher also appraised the data during the data analysis stage to verify the completeness of the collected data.

4.11 Data Analysis procedures

The data's were entered into statistical software Epi data version 3.1 and subjected to cleaning using simple frequency and tabulation. Then, the analysis was made with IBM SPSS version 21 after exporting the prepared data. Descriptive statistics such as frequency distribution and measure of central tendency and variability (mean and standard deviation) was computed to describe variables of the study. 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.

4.12 Ethical consideration

Ethical approval was obtained from Research Ethical Committee of the Department of Nursing & Midwifery. Permission was sought from the dean of CBE and dean of each department found in this college. Written informed consent was obtained from each participating students after the investigator had explained the nature, purpose and procedures of the study. Participants completed the questionnaire only if they chose to do so. Anonymity and confidentiality of the data provided was strictly maintained. Participants were assured that their participation is voluntary, and they have every right to withdraw or refuse to give information at any time in the study without any penalties.

4.13 Dissemination of results

The results of the study will be presented and submitted to the Department of Nursing and Midwifery, for Ministry of Health, for Midwives Association and for different seminars. Dissemination of the result will also be made to different academic institutions so that it can be used as a baseline for other similar researches. Also, manuscript(s) will be submitted for publication in peer reviewed scientific journals.

CHAPTER 5: RESULTS

5.1 Characteristics of study Participants

There were a total of 450 female undergraduate students who were invited to take part in this study out of which 420 participated, which represents a 93.33% response rate. The mean age was 20.20 (±SD1.24) and the large majority 402 (88.3%) were from urban areas. Samples from various selected departments of college of Business and Economics (CBE), which are Accounting 84 (20.0%), Business Administration 78 (18.6%), Economics 53 (12.6%), Accounting & Finance 123(29.3%) and Marketing Management 82 (19.5%), were included in this study. Study subjects were almost evenly split between years; first year 134(31.9%), second year 155(36.9%) and third year 131(31.2%) with most being unmarried 405(96.5%)(Table 1).

Table 1: Socio-Demographic characteristics of undergraduate female students at CBE of Addis Ababa university, Addis Ababa, 2016 (N=420)

Characters tics	Frequency	Percent
Age in years		
18-21	369	87.9
22-25	51	12.1
Residence		
Urban	371	88.3
Rural	49	11.7
Current Department		
Accounting	84	20.0
Accounting & Finance	123	29.3
Business Administration	78	18.6
Economics	53	12.6
Marketing Management	82	19.5
Year of study		
1stYear	134	31.9
2ndYear	155	36.9
3rdYear	131	31.2
Current Marital Status		
Single	405	96.5
Married	9	2.1
Cohabited	6	1.4

5.2 Participants' substance use, information about BF and normative believe

From the total study subjects, few students 86(20.5%) averred that they use substances like Alcohol, khat, shisha and cigarette. While 294(70%) of the participants asserted having previous awareness regarding the importance of BF, most of them 173(58.8%) put mass media as their primary source amongst the different possible sources of the acquired information. The majority 368(87.6%) were keen to believe that their surrounding people would want and support them to BF if they were to have a baby, specially their mothers and families with 217(59%) and 214(58.2%) respectively. Though not as big, some students also thought that the support might come from close friends, medical professionals and partner (Table 2).Almost all of the respondents 400(95.2%) revealed their interest to learn more about BF and the majority 287(68.3%) regarded BF education as worthy of being included in a school curriculum.

Table 2:- Substance use, information about BF and normative belief among female undergraduate students at CBE of Addis Ababa university, Addis Ababa, 2016 (N=420)

Characters tics	Frequency	Percent
Substance use		
Yes	86	20.5
No	334	79.5
Used substances**		
Alcohol drinking	37	8.8
Khat chewing	11	2.6
Shisha smoking	24	5.7
Cigarrate smoking	14	3.3
information about BF		
Yes	294	70.0
No	126	30.0
Source of information**		
Mother	89	30.3
School	78	26.5
Mass media	173	58.8
Health Facility	28	9.5
Other*	6	2.0
Normative belief		
Yes	368	87.6
No	52	12.4
Belief about who would want them to BF**		
My Mum	217	59.0
My Family	214	58.2
My Close Friend	94	25.5
Medical profession	139	37.8
My Partner	113	30.7
Want more information		
Yes	400	95.2
No	20	4.8
Information incorporated in the curriculum		
Yes	287	68.3
No	133	31.7

* Discussion, Sister, Internet, Personal research

**when the numbers are added the outcome doesn't give either N=420 or 100 %.This is because this questions had been skipped by some of the participants and/or had been answered multiple times.

5.3 Breastfeeding Knowledge, Attitude and Prior exposure

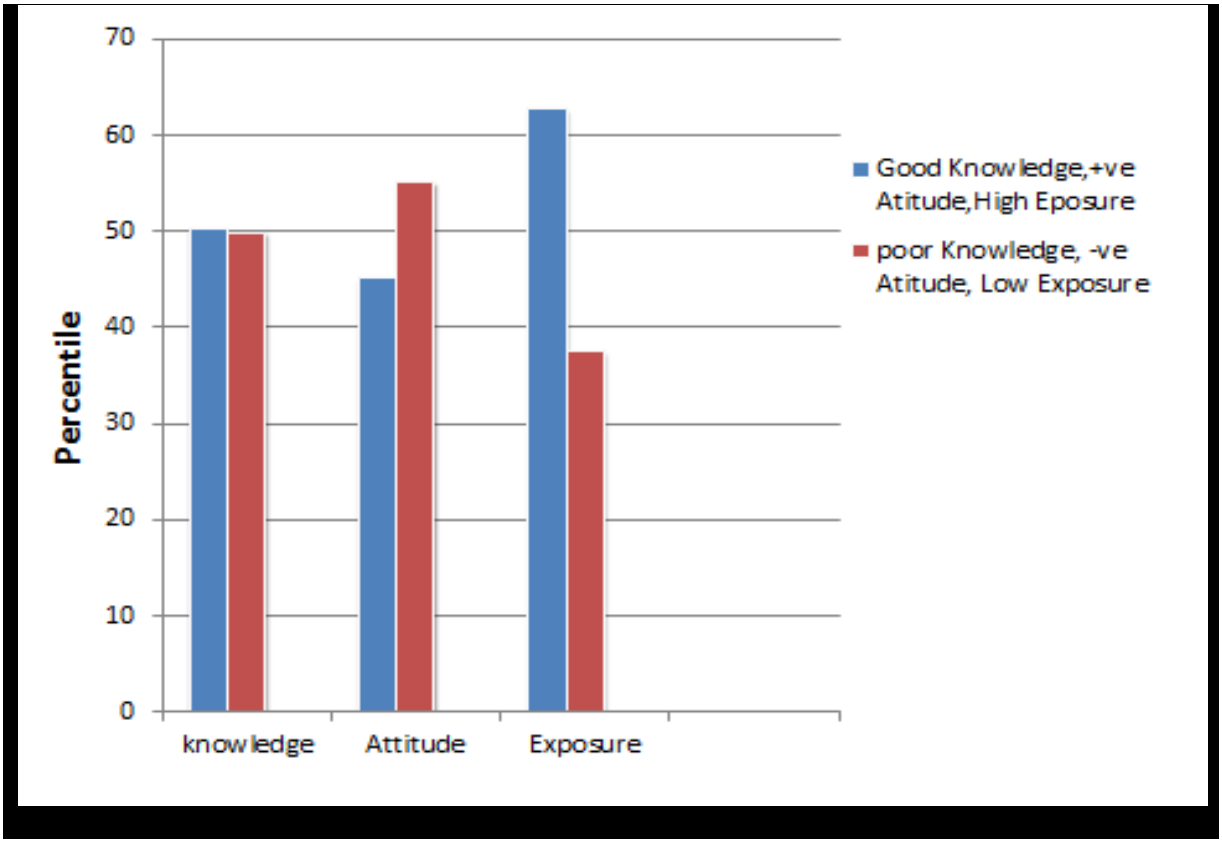

Figure 3:- Breastfeeding knowledge, attitude and prior exposure of participants from CBE, Addis Ababa, 2016 (N=420)

Breastfeeding knowledge scores were rated from 3 to 13 in the overall sample, with a mean score of 7.88. Half of the study participants 211(50.2%) scored above the mean value and hence considered to have good knowledge about breastfeeding (Figure 1). Most of the participants 314(74.8%)were aware that breastfeeding helps prevent infections and allergies in babies; that the ability to breastfed is unrelated to breast size 314(74.8%); that breastfeeding is healthier and hygienic 271(64.5%); that a women's breast produces milk to adequately feed the baby 318(75.7%). However, knowledge deficits were noted in important issues pertaining to maternal BF benefits, the differences between breast & cow milk, the time of BF initiation and the benefits of colostrum. For Example, less than half of the participants 207(49.3%) knew that breastfeeding should start immediately after delivery and more than half 260(61.9%) thought that colostrum should be discarded before initiating breastfeeding. Participants who believed that breastfeeding is painful and that a mother should cease to breastfeed if she is sick accounted for

248(59 %) & 326(77.6%) respectively. Moreover, 201(49.3%) of the participants believed that babies need food or fluid in addition to breast milk in the first 6 months of life.

Breastfeeding Attitude scores ranged from 33 to 79 in the overall sample with a mean value of 61.33. A total of 195 study participants (46.4%) were deemed to have a positive attitude towards breast feeding for they scored more than the mean (Figure 1).The majority of the students 282(67.1 %) perceived breastfeeding as ―one of the great joys of motherhood" and an important bonding factor between mother and child 306(72.8%). Although 298(71%) of the study subjects considered breast milk as the best food for babies, only174 (41%) perceived that its benefits last throughout the life of the child. Students mistook that breastfed babies would be more overfed than the formula fed ones and also believed that formula feeding and breastfeeding benefited the child equally. In addition, only 167(39.7 %) of the respondents deemed BF in public as a socially acceptable norm, while majority 219(52.14%) stated that breastfeeding is not the better choice if the mother plans to go back to work.

While the scores for breastfeeding exposure were between 0 and 3, 263(62.6%) of the total participants scored 2 and 3 which shows the respondents' high exposure to breastfeeding (Figure 1). About three quarters of the participants 312(74.3%) reported that they were breastfed as children; more than two thirds 291(69.3%) have seen someone BF and the large majority 348(82.9) reported knowing someone who was breastfed or has breastfed a baby (Table 3).

Table 3: Prior breastfeeding exposure among undergraduate female students at CBE, Addis Ababa, 2016 (N=420)

Prior exposure	Frequency	Percent
Breastfed as a child		
Yes	312	74.3
No	108	25.7
Knows someone who was breastfed /has breastfed		
Yes	348	82.9
No	72	17.1
Seen someone who BF		
Yes	291	69.3
No	129	30.7

5.4 Breastfeeding intention of the study participants

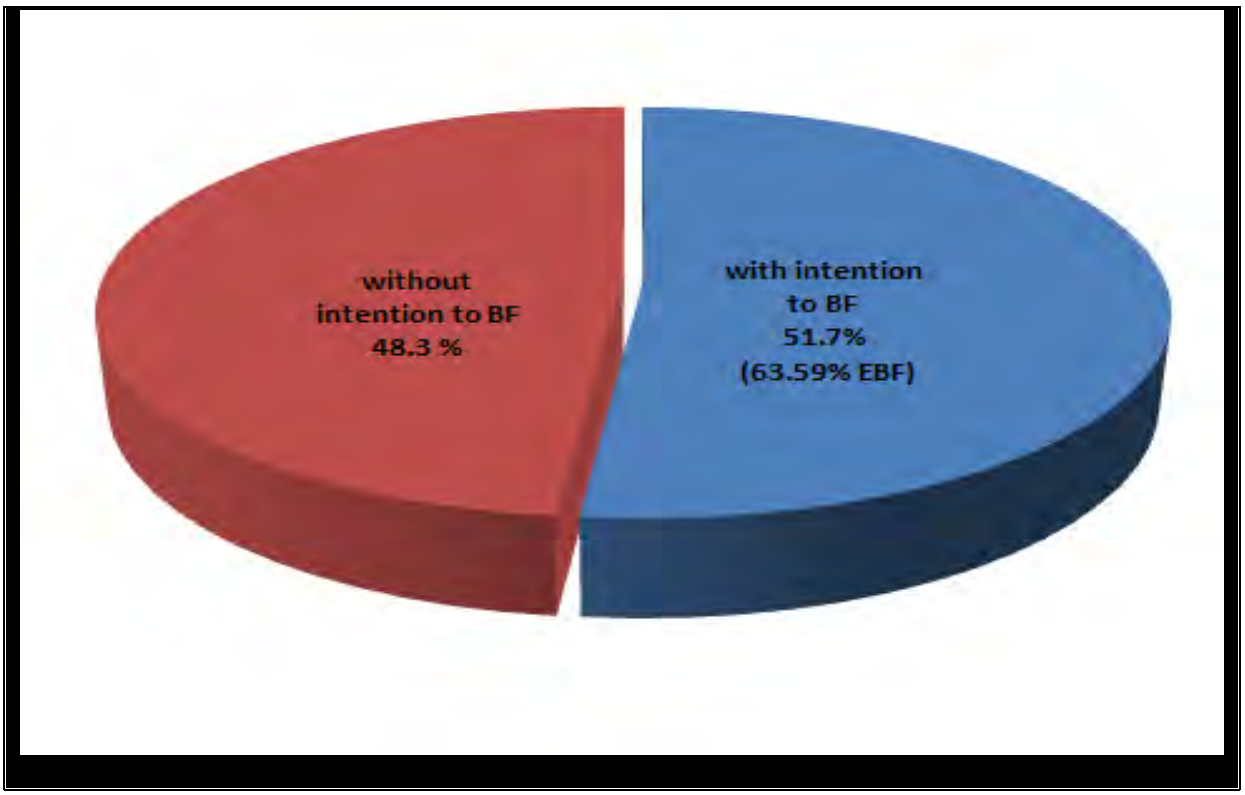

Figure 4:-Future breastfeeding intention among undergraduate female students at CBE, Addis Ababa, 2016 (N=420)

Breastfeeding intention scores in the overall sample were between the span of 0 and 16.The sample's mean value is 10.76 with 217(51.7 %) of the participants scoring above the mean, there by having future intention to breastfeed. Out of those 217 participants, the majority 138(63.59%) had the intention to breastfeed exclusively for six months as per WHO recommendation and when computed from the total sample, they accounted for 138(32.9 %) of the overall participants (Figure 2). Two hundred thirty five (56%) of the study subjects strongly agreed to at least give breastfeeding a try, although up to 16.4% opposed the idea of continuing to exclusively breastfeed for 6 months and 31(7.4%) of the total participants strongly agreed to feed their babies only formula since birth.

5.5 Bivariate and multivariate logistic regression analysis of BF intentions and its explanatory variables

Binary Logistic regression was performed to assess the association of each independent variable with intention to breastfeed .The factors that showed p-value of 0.2 and less in addition to those with a significant value of ($p < 0.05$) were added to multivariate regression model .The model contained six independent variables . The result revealed that year of study was among the variables that were found to be associated with breastfeeding intention. Students who were in their third year turned out to have over four times more intention to breastfeed than those who were in their first year and those in their second year were found to have two times more intention to BF than those in first year.

The other variables that were found to have association were the participants' normative believe and their awareness (information) about breastfeeding. Respondents who believed that people would encourage them to BF if they were to have a baby were over three folds more to have breastfeeding intention than those who didn't believe in such thing. In addition, Respondents who have received information about the importance of breastfeeding declared future intention to breastfeed over two times more than those who were not informed.

Furthermore, Participants' breastfeeding Knowledge, Attitude and Prior exposure were also found to affect the outcome variable. Those with positive attitude were over eight times more to have breastfeeding intention compared to those with negative attitude and respondents who had good knowledge were over five times more to have intention to breastfeed than those with poor knowledge. Similarly Participants with high breastfeeding exposure were five times more to report future breastfeeding intention than those who had low exposure (Table 4).

Other variables such as age, residence, marital status ,substance use and the duration in which the participants were breastfed as a child didn't show any association to breastfeeding intention.

Table 4:-Bivariate and multivariate logistic regression analysis of breastfeeding intention (N=420)

Variables	With intention	Without intention	COR(95% C.I)	AOR(95% C.I)
Year of study				
3rd year	57	74	0.7(0.4 , 1.2)	3.8(1.8,8.0)*
2nd year	91	64	1.3(0.8 , 2.1)	2.3(1.2 , 4.7)*
1st year	69	65		
Information received				
Yes	175	119	2.9 (1.9,4.6)	2.3(1.2 , 4.2)*
No	42	84		
Normative belief				
Yes	202	166	3.0 (1.6 , 5.7)	2.9(1.2 , 7.1)*
No	15	37		
Attitude				
Positive	161	34	14.3(8.9 ,23.0)	7.7(4.2 , 13.9)**
Negative	56	169		
Knowledge				
Good	161	50	8.8 (5.7,13.7)	4.9 (2.7 , 9.2)**
Poor	56	153		
Exposure				
High	185	78	9.3(5.8,14.8)	5.6 (3.0 , 9.9)**
Low	32	125		

*P value is significant at P<0.05 **p value is significant at P<0.001
P value of Hosmer and Lemeshow Test = 0.123

CHAPTER 6: DISCUSSION

The focus of this study was nulliparous young females while its purpose was to assess their breastfeeding intention and its determinant factors. The available evidence suggested that breastfeeding practice is highly influenced by its intention to do so(7,38). Hence, findings from this study helped us know what these young females plan to practice for the future when they become mothers and also provided us with further understanding about the constructs that play a role in determining their intention. Thus, the results might be regarded as a basis to provide an opportunity for encouraging these young women to consider breastfeeding as an ultimate infant feeding choice.

In this study, 217(51.7%) of the students were keen to practice breastfeeding for the future. This implied that women think about the choices of feeding their babies way before they conceive. This was somehow comparable with the study conducted in Taiwan (25) in which more than half (56.7 %) had future intention to BF. On the other hand, this figure was lesser when compared to other similar studies done in Middle East (9) and Southwest China(20)**,** where the prevalence of intention was 81.4% and 75.1% respectively .This difference might be due to the inclusion of students from the health related field in both studies.

Interestingly, out of the 217 (51.7%) students, the majority (63.59%) had the intention to breastfeed as per WHO recommendation. Nonetheless, considering the total sample size i.e. 420, only 32.9% reported their intention to breastfeed exclusively for the first six months. This figure was in line with a study conducted in Nigeria(15) in which only 33% of the female participants had the intention to breastfeed exclusively. This might be due to inadequate information provided to the young nulliparous population about the importance and the recommended practice of breastfeeding which poses a concern to the public health as it might negatively affect future breastfeeding rate.

In this study, future intention to breastfeed was significantly higher among participants with good knowledge [Adjusted OR=4.9 (95% C.I: 2.7, 9.0)] than those with poor knowledge. Previous studies conducted on such focus groups (9,20) showed similar results in which good breastfeeding knowledge was found to be major determinant factors of the intended breastfeeding practice. Likewise, studies carried out among mothers in Kenya (21)**,**China(36)

and Ethiopia (37) were in agreement with the findings of this study in which the awareness of proper breastfeeding practice or WHO guidelines were associated with mother's intention to breastfeed and that poor knowledge concerning proper infant feeding practice led to low breastfeeding practice rate. Following the same trend, students who acquired previous BF information from informal sources like mass media were more likely to have future BF intention than those who were not informed [Adjusted OR=2.4 (95% C.I: (1.3, 4.5)].

Participants from this study were found to have knowledge gaps concerning the benefits of breastfeeding to the mother and colostrum to the baby as well as timely initiation of BF. Interestingly, these gaps have been highlighted by most previous studies conducted among similar study subjects from Middle East(9), Saudi Arabia (34) and Nigeria(15).In addition, a study conducted among mothers in Addis Ababa also highlighted that the same knowledge gaps existed in soon to be mothers (33)**.** This expresses that such misconceived issues start to form at a very early age and become strongly embedded into the minds of the women where it will be deemed as accurate if not corrected early. This, on the other hand, might have a negative impact on future intention to breastfeed which in turn affects its practice. For instance, a study conducted among mothers in Arba Minch revealed that some women gave their babies cow milk before initiating breast milk since they considered colostrum as rotten milk. They provided their babies with water because of the wrong belief that it will remove waste from the stomach and delayed initiation of breastfeeding was also reported by mothers who were not aware of the recommended breastfeeding practices(45).Another misconception revealed by this study was that most considered breastfeeding as being painful and that a mother should discontinue breastfeeding if she becomes sick which was akin to the findings from the studies conducted in Nigeria(15) and china (20).

On the contrary, most of these misconceptions were insignificant in a study that included only medical students from Egypt(43)where the majority of students were more aware about the recommended time of initiation, duration and the advantages of breastfeeding for both the mother and the baby. This might be attributed to the incorporation of breastfeeding information in their education curriculum (43).This showed that proper breastfeeding education has importance in clearing these misconceptions.

As observed from this and other similar studies, it is evident that knowledge serves as a major determinant of breastfeeding intention and hence enhancing breastfeeding knowledge will in turn boost the intention to breastfeed for the future. Therefore, providing breastfeeding education to the youth will inarguably be an important input to elevate the rate of intention to breastfeed.

Furthermore, breastfeeding intention was found to be significantly and positively associated with participants positive attitude compared to those with negative attitude [Adjusted OR=7.7 (95% C.I: 4.2, 14.0)].This finding was similar to other studies conducted in Middle East(9),Nevada(30),China(20),Taiwan(25) and Northern Ireland(44) in which participants attitude played a major role in determining their intention.

This study showed that specific items of the attitude scale were associated with negative perception in the study sample which mainly pertained to: women should not breastfeed in public, breastfeeding benefits lasts only until the baby is weaned, the inconvenience of breastfeeding for working mothers, that breastfed babies will be overfed, and that formula is as healthy for the baby as breast milk. These results were also observed in previous studies carried out in USA(46),Middle East(9), Nigeria (27)and Saudi Arabia(34) where the majority of the participants either agreed or strongly agreed to the above stated items. Accordingly, only 39.7% of the participants accepted the notion of a mother breastfeeding in public while the rest either disagreed or remained neutral towards public breastfeeding. This finding was somehow unexpected because compared to other countries like USA; breastfeeding in public is a culturally accepted ritual here in Ethiopia. Such negative attitude towards public breastfeeding might be due modernization and cultural transfusion through western movies and electronic media among the youth. Moreover, The documented negative attitude towards breastfeeding in working mothers which was reported by more than half (52.1%) of the participants should be a concern because women are becoming increasingly part of the labor force now a days compared to previous years in Ethiopia**.**

Another association found in this study was between intention and the participants' normative belief in which future intention to breastfeed was significantly higher among participants who believed that support will come from people around them if they were to breastfeed [Adjusted OR=2.9 (95% C.I: 1.2 , 7.1)] than their respective referent group. This result was consistent with

a study conducted among adolescents in Northern Ireland (44) and among expectant mothers in India(32)where encouragement and support from others showed the strongest association to breastfeeding intention. Likewise, a study conducted among undergraduate students in Nigeria(15)revealed that breastfeeding decisions might be affected by husbands, mothers, friends and other family members. Similar finding was also reported by study conducted among postpartum women in Kenya(21). These findings highlighted that women's breastfeeding intention and practice continue to be affected by societal beliefs which marks the need to advocate breastfeeding at societal level.

Furthermore, intention to breastfeed was statistically significant among participants with high breastfeeding exposure than those with no or low exposure [Adjusted OR=5.3 (95% C.I: 2.9, 9.6)].This was comparable with other studies conducted in Nevada(46), Middle East (9), Brazil (19) and Northern Ireland (44) where being breastfed as a child and witnessing a breastfeeding woman was found to be significantly associated with the desire to breastfeed a future child. The current study also revealed that knowing someone who was breastfed or has breastfed a baby was found to be associated with intention to breastfeed. This finding, however, was opposite to a study conducted in china(20) where exposure to breastfeeding and future breastfeeding intention were not associated at all.

Among the participants' characteristics, the variables age, residence, marital status and substance use had no association with intention to breastfeed. However year in college was found to be associated with breastfeeding intention in which those in their third year were found to have more intention than those in their first year [Adjusted OR=3.5 (95% C.I: 1.6, 4.5)] and similarly those in their second year were found to have more intention than those in the first year [Adjusted OR=2.2 (95% C.I: 1.1, 7.4)]. This might be due to the fact that third year students might discuss more sensitive issues openly and freely for they become more closer and accustomed to each other. In addition the more courses the students take, there might be a possibility that they tend to read and browse more which might increase the possibility of acquiring information about breastfeeding. Furthermore, their desire to get married might get higher as they approach graduation which in turn might have resulted in their higher BF intention.

CHAPTER 7: LIMITATIONS OF THE STUDY

- The cross-sectional study could not help the researcher establish cause- effect relationship between the possible determinants of breastfeeding intention and the outcome of interest
- Participants may have inaccurately recalled their breastfeeding experiences during their child years.
- Limited to female youth.

CHAPTER 8: CONCLUSION AND RECOMMENDATION

8.1 conclusion

This study was conducted to assess future BF intention of nulliparous female youth and its determinant factors .Accordingly; it was found that half of the students (51%) were with future intention to breastfeed in which the majority among them was with intention to breastfeed as per WHO recommendation. Breastfeeding intention was found among participants who have positive attitude and good knowledge towards BF. These factors were significantly associated to BF intention in this sample. The study also highlighted the existence of specific gaps in knowledge and attitude which affected BF intention negatively. Therefore, implementing strategies that would increase BF knowledge and change negative attitude through clearing misconceptions and creating positive perception towards BF should be the first step to bring about behavioral changes towards breastfeeding.

Furthermore, high prior exposure was found to be highly and positively associated with BF intention. Future intention to BF was also high among those participants who believed that help or support will come from people around them if they were to BF. In addition, seniors in college were found to have more intention than juniors.

While endorsing further studies on this and the other determinants of BF and their individual as well as combined effects in determining BF practice, the results of this paper may help as a stepping stone and input to conduct such further studies on the subject matter. It could also serve as an information source for future programs that focus on creating awareness about the benefits and importance of BF among the youth population group of the country be it through regular school courses or the mass media.

8.2 Recommendation

To The Federal Ministry of health & non-governmental organizations (NGO's & Midwives Association)

- ✓ Different strategies should be planned and implemented to promote and advocate BF that is targeted not only to the society in general but also to the youth in specific. This might include a combined approach of one to one education, group education and media campaigns
- ✓ Community based interventions including group counseling and education, mother support activities to help any lactating mother to overcome her burdens and continue BF should be carried out.

To health facilities

- ✓ Training and interventions concerning BF should be carried out to staffs in any health system. This includes the ten steps to successful BF and the baby-friendly hospital initiative (BFHI) and lactation management trainings.
- ✓ Strengthening BF education in the antenatal period.

For policy makers and schools

- ✓ Should look for possible ways of incorporating breastfeeding education into the schools or university curriculums.
- ✓ There should be legislation for reducing barriers to breastfeed for working mothers by either providing separate rooms where the mothers can feed theirs babies comfortably (lactation rooms) or increasing maternity leave.

For the government communication affairs bureau

- ✓ More air time should be provided for programs that are intended to create positive perception towards BF and bring about awareness on the benefits and the importance of BF among the youth.

For future research

- ✓ Conducting further studies focused on larger youth groups including the role males paly in determining breastfeeding practice.

References

1. United Nations Children's Fund (UNICEF). Infant and Young Child feeding programming guide. 2012;(June).
2. world health organization. Indicators for assessing infant and young child feeding practices. 2010;
3. world health organization. WHO infant feeding factsheets-1. 2016.
4. world health organization. World Breastfeeding Week – Just 10 Steps ! The Baby Friendly Way '. In: World Breastfeeding Week – Just 10 Steps ! The Baby Friendly Way. 2010. p. 1–5.
5. Binns C, Lee SW. The 2012 World Congress on Public Health Papers presented at the Symposium on Breastfeeding and Public Health Prof Colin Binns Prof Seung Wook Lee Seoul National University. seoul national university; 2012.
6. world health organization. Learning from large-scale community-based programmes to improve breast feeding practices. 2010.
7. Ajzen. The Theory of Planned Behaviour. organ Behav Hum Deis Pro-ess. 1991;50:179–211.
8. Shahla M, Fahy K, Kable AK. Factors that positively influence breastfeeding duration to 6 months : a literature review. ePublications@SCU. 2010;23(4):135–45.
9. Hamade H, Naja F, Keyrouz S, Hwalla N, Karam J, Al-rustom L, et al. and intention among female undergraduate university students in the Middle East : The case of Lebanon and Syria. Food Nutr Bull. 2011;35(2):179–90.
10. Leshi O, Samuel FO, Ajakaye MO. Breastfeeding Knowledge , Attitude and Intention among Female Young Adults in Ibadan , Nigeria. open J Nurs. 2016;6(January):11–23.
11. World helath organization. Global health risks,mortality and burden of disease attributed to selected major risks. 2009.
12. Central Statistical Agency [Ethiopia] and ICF International. Ethiopia denographic and health survey 2011. 2012.
13. World health organization. Infant and young child feeding,model chapter for textbooks for medical students and allied health professionals,world health organization. 2009.
14. Central Statistical Agency [Ethiopia] and ICF International. Ethiopia Demographic and Health Survey. 2005.
15. ogunba b. knowledge, attitude and intending practice of female undergraduates about breastfeeding. african j food agliculture nutr dev. 2014;14(4):9039–54.
16. Ministry of Health Federal Democratic Republic of Ethiopia. Infant & Young Child Feeding. 2010.
17. Federal ministry of health. national strategy for child survival. 2005.
18. Scott JA, Binns CW, Oddy WH, Graham KI, Dip G, Diet N. Predictors of Breastfeeding Duration : Evidence From a cohort study. Pediatrics. 2006;117(4):e646–55.
19. Fujimori M, Morais TC, França EL. The attitudes of primary school children to breastfeeding and the effect of health education lectures. J Pediatr (Rio J). 2008;84(3):224–31.
20. zixin lou. Exploration of Breastfeeding Concepts among Current and Future Parents : Results of Questionnaires Administered to Chinese and US University Students and to New Mothers in China. university of tennessee; 2013.
21. Mutuli LA, Walingo MK. Applicability of Theory of Planned Behavior in understanding Breastfeeding Intention of Postpartum Women. Int J Multidiscip Curr Res. 2014;2(April):258–66.

22. Herndon CH. Breastfeeding Intention and Initiation Among Rural, Low-Income Native American and African American Adolescent Mothers in North Carolina: Testing the Theory of Planned Behavior(doctoral dissertation,East Carolina University).retrieved from scholarship.(ht. 2014.
23. Colaizy TT, Saftlas AF, morriss r FH. Maternal Intention to Breastfeed and Breastfeeding Outcomes in term and preterm. NIH Public Access. 2013;15(4):702–10.
24. Emmanuel A. A Literature Review of the Factors That Influence Breastfeeding : An Application of the Health Belief Model. Int J Nurs Heal Sci. 2015;2(3):28–36.
25. Ho Y, Yu C-C. Attitudes of High School and Vocational School Students Toward Breastfeeding in Taiwan. J Perinat Educ. 2014;23(2):89–95.
26. Tarrant M, Dodgson JE. Knowledge, Attitudes, Exposure, and Future Intentions of Hong Kong University Students Toward Infant Feeding. JOGNN. 2007;36(3):243–54.
27. Al-Ali NM, Hatamleh R, Khader Y. Intention and attitudes towards breastfeeding among undergraduate female students at a public Jordanian university. Evid Based Midwifery. 2012;
28. Hadley C, Lindstrom D, Belachew T, Tessema F. Ethiopian Adolescents ' Attitudes and Expectations Deviate from Current Infant and Young Child Feeding Recommendations. J Adolesc Heal. 2008;01:1–7.
29. Lawton, Ashley, Dawson, Waiblinger, Conner. Employing an extended Theory of Planned Behaviour to predict breastfeeding intention, initiation, and maintenance in White British and South-Asian(abstract). Br J Heal Psychol. 2012;17(4).
30. Darby-Carlberg CL. Attitudes of young adults about breastfeeding and the association of breastfeeding exposure by. University of Nevada Las Vegas; 2010.
31. Collins R. Does Pregnancy Intent Impact the Decision to Breastfeed ? East Tennessee State University; 2012.
32. Behera D, Kumar KA. Predictors of exclusive breastfeeding intention among rural pregnant women in India : a study using theory of planned behaviour. Int Electron J Rural Remote Heal Res. 2015;15:1–10.
33. Humnessa s. assessment of knowledge, attitude and intention to breastfeed among pregnant women following anc in addis ababa, ethiopia. 2011.
34. Amin TT, Al Hamdan OA, Abdulrahman AG, Al Muhaidib N. Breastfeeding attitudes and knowledge among future female physicians and teachers in Saudi Arabia. Heal Sci J. 2014;8(1):102–15.
35. France A. Impact of Breastfeeding Education in High School on Breastfeeding Knowledge, Attitudes, & Beliefstle. concordia university,Nebraska; 2015.
36. Li M, Yang D, Wen LM, Hunter C. Awareness , Intention , and Needs Regarding Breastfeeding : Breastfeed Med. 2012;7(6):526–34.
37. Egata G, Berhane Y, Worku A. Predictors of non-exclusive breastfeeding at 6 months among rural mothers in east Ethiopia : a community-based analytical cross-sectional study. Int Breastfeed J [Internet]. International Breastfeeding Journal; 2013;8(1):1. Available from: International Breastfeeding Journal
38. Giles M, Connor S, Mcclenahan C, Mallet J. Attitudes to breastfeeding among adolescents. J Hum Nutr Diet. 2010;23:285–93.
39. Abera B. Addis Ababa University Organizational Handbook. 2013.
40. Nommsen-Rivers LA, Cohen RJ, Chantry CJ, Dewey KG. The Infant Feeding Intentions scale demonstrates construct validity and comparability in quantifying maternal breastfeeding intentions across multiple ethnic groups. Matern Child Nutr 2010;6:220–7.

41. Dusdieker LANDL. The Iowa Infant Feeding Attitude Scale: Analysis of Reliability and Validity'. J Appl Soc pschology. 1999;29(11):2362–80.
42. Hatamleh W, Sabeeb ZA. Knowledge and Attitude toward Breastfeeding among Nursing Students. J Nat scienes. 2015;5(16):147–53.
43. Abdel-hady D, Eladawi N. Knowledge of Female Medical Students about Breastfeeding. Univers J public Heal. 2013;1(3):72–8.
44. Giles M, Connor S, Mcclenahan C, Mallet J. Attitudes to breastfeeding among adolescents. J Hum Nutr Diet. 2010;23:285–93.
45. Adugna DT. Women ' s perception and risk factors for delayed initiation of breastfeeding in Arba Minch Zuria ,. internatinal breastfeding J. 2014;9(1):1–8.
46. Darby-carlberg CL, Darby-carlberg CL. Attitudes of young adults about breastfeeding and the association of breastfeeding exposure by. 2010;

ANNEX I Individual information sheet and consent form

Introduction: - Hello, my name is Nadia Worede. I am assistant lecturer and 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 future intention to breastfeed and its associated factors among **nulliparous (ያልወለዱ)** female youth at college of Business and Economics of Addis Ababa University.

Purpose and benefits of the study: - The purpose of this study is to assess future breastfeeding intention and its determinants among the young population. The result that will come out from this study may be used as baseline information for developing strategies to promote BF among the young population. Therefore, it is intended to benefit the community including the people that will be participating in this research. This study is also conducted as a partial fulfillment of the requirements for master's degree specialized in maternity and reproductive health nursing.

Voluntary participation, withdrawal, Risks and discomforts: - The questionnaire will take around 30-40 minutes. Your participation is entirely voluntarily, and you can quit from the study any time you want. There are no costs to you for participating in this study other than the time you will spend on filling out the questionnaire. You will not gain any personal benefit or money from your participation in this study. You will have no penalty if you fail to show desire to participate. I, however, do hope that you will participate in the study since the data that will come from you will contribute so much to us. If you decide to participate and feel uncomfortable answering certain questions, you can decide not to answer or you can stop.

Confidentiality: - Your name and other personal identity will not be used, and hence the Information we will collect from you will completely be kept confidential and will not be disclosed to any third person. I would like to thank you for your cooperation. If you have any questions please feel free to ask and we will make everything clear for you. For further information, you can use the contact address written below.

Addresses → **Tel**: 0911558671 **Email**: nadia.legesse@gmail.com

Are you willing to participate? → **If yes please continue**

If no please return the questionnaire to the data collector

Agreement to participate: - I have read the above information, or it has been read to me. If I have any questions or further information, I have been informed and understood to contact the researcher by the cell number & E-mail address provided above. I consent voluntarily to participate in this study and understand that I have the right to withdraw from the study at any time I want.

Signature of volunteer: _____ Date: _____

Signature of Data collector: _____ Date: _____

ANNEX II: Questionnaire Form: English version

Questionnaire Form

Questions related to future intention to breastfeed and its associated factors among **nulliparous (ያልወለዱ)** female youth at college of Business and Economics of Addis Ababa University, Addis Ababa, Ethiopia. ⟶ **Questionnaire code: 001**

Q. No.	Question	Answers and codes
SECTION-1: Respondents Socio Demographic Characteristics , History of Breastfeeding and Social Influence **Choose or write the appropriate answers for each of the following questions**		
101.	How old are you?	_____
102.	Where was your residence before you enrolled in Addis Ababa University?	1.Urban 2.Rural
103.	Your current department?	_____
104.	Year of study?	1.1st Year 2. 2nd Year 3.3rd Year
105.	Marital Status?	1. Single 2. Married 3. Divorced 5.Cohabited**(not married but live together)**
106.	Do you use any of the following substances listed here? Please circle on those you use • **More than one answer is permissible**	1.No,i don't 2.Alchol 3.Khat 4.Shisha 5. Cigarrate 6.if other, please specify _____
107.	Have you ever been given information about the importance of breastfeeding?	1.Yes 2.No
108.	If yes to the above question. From where did you receive this information?	1.From mother 2.School 3.Mass media 4.Any health facility 5.if Other, please specify _____
109.	Do you think people around you would want you to breastfeed if you were to have a baby?	1.Yes 2.No
110.	If yes to the above question, whom do you think will want you to breastfeed for the future? • **More than one answer is permissible**	1. My Mum 2. my family 3. My Close friends 4. the medical profession 5. partner
111.	Were you breastfed when you were a baby?	1.Yes 2.No 3.Unsure
112.	If yes for the above question for how long were you breastfed?	1.for < 3month 2.for 3-4month 3.for 6 months 4. For 2years 5.other_____
113.	Do you know somebody who **was breastfed** or **has breastfed a baby**?	1.Yes 2.No

114.	Have you ever seen a woman breastfeeding her baby?	1.Yes 2.No
SECTION- 2: Infant Feeding Intention Scale **You may not know exactly what your plans are for feeding your baby in the future, but you may have ideas about what you would like or are planning to do. For each of the statements written below please choose the answer that most closely matches your opinion**		
201.	I am planning to only **formula feed** my baby (I will not breastfeed at all) **N:B:- Formula is Powder milk prepared for infants like S26(ሰው ሰራሽ የዱቄት ወተቶች)**	1.very much agree 2.somewhat agree 3.unsure 4.somewhat disagree 5.very much disagree
202.	I am planning to breastfeed my baby or at least give breastfeeding a try	1.very much agree 2.somewhat agree 3.unsure 4.somewhat disagree 5.very much disagree
203.	I will be only breastfeeding without using any **formula** or other milk-Until my baby is at least one month old	1.very much agree 2.somewhat agree 3.unsure 4.somewhat disagree 5.very much disagree
204.	I will be only breastfeeding without using any **formula** or other milk-Until my baby is at least three months old	1.very much agree 2.somewhat agree 3.unsure 4.somewhat disagree 5.very much disagree
205.	I will be only breastfeeding without using any **formula** or other milk-Until my baby is at least six months old.	1.very much agree 2.somewhat agree 3.unsure 4.somewhat disagree 5.very much disagree
SECTION 3.Assesement of Attitude **For each of the statements written below please choose the answer that most closely matches your opinion**		
301	The nutritional benefits of breast milk last only until the baby is **weaned** from breast milk. **N: B:-weaned means that the baby transitioned from breastfeeding or bottle feeding and started taking other foods. (ጡት መጣል)**	1strongly agree 2.somewhat agree 3.neutral 4.somewhat disagree 5. strongly disagree
302	**Formula** feeding is more convenient than breastfeeding. ➢ **Formula(ሰው ሰራሽ የዱቄት ወተቶች)**	1strongly agree 2.somewhat agree 3.neutral 4.somewhat disagree 5. strongly disagree
303	Breastfeeding increases mother–infant bonding?	1strongly agree 2.somewhat agree 3.neutral 4.somewhat disagree 5. strongly disagree
304	Breast milk lacks iron	1strongly agree 2.somewhat agree 3.neutral 4.somewhat disagree 5. strongly disagree
305	**Formula**-fed babies are more likely to be overfed than are breastfed babies	1strongly agree 2.somewhat agree 3.neutral 4.somewhat disagree 5. strongly disagree

306	**Formula** feeding is the better choice if a mother plans to work outside the home	1strongly agree 3.neutral 5. strongly disagree	2.somewhat agree 4.somewhat disagree
307	Mothers who **formula** feed miss one of the great joys of motherhood.	1strongly agree 3.neutral 5. strongly disagree	2.somewhat agree 4.somewhat disagree
308	Women should not breastfeed in public places such as restaurants.	1strongly agree 3.neutral 5. strongly disagree	2.somewhat agree 4.somewhat disagree
309	Babies fed breast milk are healthier than babies who are fed **formula**.	1strongly agree 3.neutral 5. strongly disagree	2.somewhat agree 4.somewhat disagree
310	Breastfed babies are more likely to be overfed than **formula**-fed babies	1strongly agree 3.neutral 5. strongly disagree	2.somewhat agree 4.somewhat disagree
311	Fathers feel left out if a mother breastfeeds.	1strongly agree 3.neutral 5. strongly disagree	2.somewhat agree 4.somewhat disagree
312	Breast milk is the best food for babies	1strongly agree 3.neutral 5. strongly disagree	2.somewhat agree 4.somewhat disagree
313	Breast milk is more easily digested that **formula.**	1strongly agree 3.neutral 5. strongly disagree	2.somewhat agree 4.somewhat disagree
314	**Formula** is as healthy for an infant as breast milk	1strongly agree 3.neutral 5. strongly disagree	2.somewhat agree 4.somewhat disagree
315	Breastfeeding is more convenient than **formula** feeding	1. Strongly agree 3.neutral 5. strongly disagree	2.somewhat agree 4.somewhat disagree
316	Breast milk is less expensive than formula.	1. Strongly agree 3.neutral 5. strongly disagree	2.somewhat agree 4.somewhat disagree
317	A mother who drinks alcohol once a week should not breastfeed her baby	1. Strongly agree 3.neutral 5. strongly disagree	2.somewhat agree 4.somewhat disagree
SECTION 4.Assesement of Knowledge **Choose the appropriate answer for the following questions**			
401	Breastfeeding should be started with in an hour after the baby is born?	1.True 3.Don't know	2.False
402	The first milk produced by the mother should be discarded before initiating breastfeeding.	1.True 3.Don't know	2.False
403	Babies need food or fluid in addition to breast milk in the first 6 months of life?	1.True 3.Don't know	2.False

404	In most cases, a mother should keep breastfeeding even if she becomes sick with a flu or gets an infection.	1.True 3.Don't know	2.False
405	Breast milk alone provides all the nutrients a baby needs in the first six months of life.	1.True 3.Don't know	2.False
406	Women's breast produces enough milk to adequately feed the baby.	1.True 3.Don't know	2.False
407	The breastfeeding woman can consume any kinds of foods and beverages as she wills.	1.True 3.Don't know	2.False
408	Babies who are **formula** fed have more illnesses & less mental development than babies who are breastfed.	1.True 3.Don't know	2.False
409	Breastfeeding helps prevent infections & allergies in the baby	1.True 3.Don't know	2.False
410	A woman who has small breasts cannot breastfeed.	1.True 3.Don't know	2.False
411	The baby sucking on the mother's breast is painful.	1.True 3.Don't know	2.False
412	Breastfeeding prevents a woman from returning to her **pre-pregnancy weight (the weight that she had before pregnancy)**	1.True 3.Don't know	2.False
413	Women who breastfeed have a small chance of encountering uterine, endometrial, breast and ovarian cancer.	1.True 3.Don't know	2.False
414	Breastfeeding is unhygienic and therefore can spread germs	1.True 3.Don't know	2.False
415	Because of its high protein content, Cow milk is more beneficial for babies than breast milk	1.True 3.Don't know	2.False

Please tick the box that mostly represents your opinion.

1. Would you like to learn more about breastfeeding? Yes ☐ NO ☐

2. Do you think that information about breastfeeding should be part of school/university curriculum?

Yes ☐ NO ☐

THANK YOU SO MUCH

FOR YOUR TIME AND EFFORT IN COMPLETING THIS QUESTIONNAIRE

ANNEX III: Amharic version of participant information sheet and consent form

የጥናት ባለቤቷ መረጃና የቃለ መጠይቅ ተደራጊዎች የፍቃደኝነት መግለጫ ቅፅ

ይህ ቅፅ "በአዲስ አበባ ዩኒቨርሲቲ የቢዝነስና ኢኮኖሚክስ ኮሌጅ ውስጥ የሚገኙ ያልወለዱ ሴት ወጣት ተማሪዎች ጡት በማጥባት ላይ ያላቸዉን የወደፊት ኣላማ(future intention) እና ከዚሁ ጋር ተያያዥነት ያላቸዉን ጉዳዮች መለኪያ" በሚል ርዕስ ለሚዘጋጀዉ የመመረቂያ ፅሁፍ የቃለ መጠይቅ ተደራጊዎች የፍቃደኝነት መግለጫ ቅፅ ነው::

የባለጥናቷ መግለጫ:- ጤና ይስጥልኝ:: ስሜ ናዲያ ወረደ ይባላል:: በአዲስ አበባ ዩኒቨርሲቲ ጤና ሳይንስ ኮሌጅ የነርሲንግ እና ሚድዋይፈሪ ዲፓርትመንት ረዳት ሌክቸረር እና የሁለተኛ ዓመት የእናትነት እና ስነ-ተዋልዶ ጤና የድህረ-ምረቃ ተማሪ ነኝ:: የቢዝነስና ኢኮኖሚክስ ኮሌጅ ሴት ወጣት ተማሪዎች ጡት በማጥባት ላይ ያላቸዉን የወደፊት ኣላማ(future intention) እና ይህንን ሁኔታ በሚወስኑ ተያያዥነት ያላቸዉ ወሳኝ ኹነቶችን በተመለከተ ጥናት በማድረግ ላይ እገኛለሁ::

የጥናቱ ዓላማ እና ጥቅሞቹ:- የዚህ ጥናት ዓላማ የወጣት ትዉልዱን የወደፊት የጡት ማጥባት ዓላማ እና ተጓዳኝ ወሳኝ ምክንያቶቹን መገምገም ነው:: ከጥናቱ የሚገኘዉ ውጤት ወጣቱ ትዉልድ በጡት ማጥባት ላይ ያለዉን ንቃተ-ህሊና ለማሳደግ ሲባል ለሚቀረጹ ስትራቴጂዎች የመረጃ ግብዓት ሆኖ ሊያገለግል ይችላል:: ከዚህም በተጨማሪ ጥናቱ የሚካሄደዉ የድህረ-ምረቃ ትምህርቴን ጨርሼ ለመመረቅ አስፈላጊ የሆነዉን የመመረቂያ ፅሁፍ ለማዘጋጀት ነው::

በፍቃደኝነት ላይ የተመሰረተ ተሳትፎ፤ ማቻረጥ፤ ፍራቻ እና አለመመቸት:- ቃለመጠየቁ ከ30-40 ደቂቃ ይወስዳል:: ማንኛዉም ተሳትፎ በፈቃደኝነት ላይ የተመሰረተ ሲሆን በማንኛውም ጊዜ ማቻረጥ ይቻላል:: ይህን ቃለመጠይቅ ስትሞሉ ከጊዜያችሁ በቀር የምታወጡት ሌላ ምንም አይነት ወጪ የለም:: የምታገኙት የገንዘብም ሆነ የተለየ ግላዊ ጥቅም የለም:: ለመሳተፍ ፍላጎት ካላሳያችሁም የምትጠየቁበት አይሆንም:: ሆኖም ብትሳተፉ ብዙ ነገር ልታበረክቱልን እንደምትችሉ አውቃችሁ በጥናቱ እንደምታሳተፉልኝ ከልቤ ተስፋ አደርጋለሁ:: በጥናቱ ለመሳተፍ ከወሰናችሁ እና ከጥያቄዎቹ መካከል መመለስ የማትፈልጉት ጥያቄ ካጋጠማችሁ ሳትመልሱት መዝለል ወይም ማቆም ትችላላችሁ::

ምስጥራዊነት:- ስማችሁ እና ማንነታችሁ ለጥናቱ አያስፈልገንም:: በመሆኑም ከናንተ የምንሰበስበው ማንኛውም መረጃ በፍፁም ምስጢር የሚያዝ ሲሆን በዚህ ጥናት ላይ ከሚሣተፉ ሠዎች በስተቀር ለሌላ ሦስተኛ ወገን በጭራሽ የማይተላለፍ ነው:: ለትብብራችሁ በጣም እያመሰገንኩ ጥያቄዎች ካሏችሁ በደስታ ለማብራራት ዝግጁ ነን:: ለተጨማሪ መረጃ ከዚህ በታች ያሉትን አድራሻዎች ይጠቀሙ:-

አድራሻ: ⟶ **ስልክ**:- +251 911 558671 **ኢ-ሜይል**:- nadia.legesse@gmail.com

ተሳታፊ ለመሆን ፈቃደኛ ነዎት? መልሶት አዎ ከሆነ እባክዎ ይቀጥሉ

መልሶት አይደለሁም የሚል ከሆነ ደግሞ አባክዎ የቃለመጠይቅ ወረቀቱን ለመረጃ ሰብሳቢ በመመለስ ይተባበሩን

የተሳትፎ ስምምነት:- ከዚህ በላይ የተዘረዘሩትን መረጃዎች በሙሉ አንብቢያቸዋለሁ ወይም ተነበዉልኛል:: ጥያቄዎች ለመጠየቅ ዕድሉ የነበረኝ ሲሆን የጠየቅኳቸዉ ጥያቄዎች በአጥጋቢ ሁኔታ ተመልሰውልኛል:: ተሳትፎዬን በማንኛዉም ጊዜ የማቻረጥ መብቴ እንደተጠበቀ ሆኖ በዚህ ጥናት ቃለመጠይቅ ላይ ለመሳተፍ በገዛ ፍቃዴ የመረጥኩ መሆኔን አረጋግጣለሁ::

የቃለ መጠይቅ ተደራጊ ፊርማ:---------- ቀን:----------

የመረጃ ሰብሳቢ ፊርማ:---------- ቀን:----------

ANNEX IV: Questionnaire form: Amharic version

የጥያቄና መልስ ቅፅ

በአዲስ አበባ ዩኒቨርሲቲ የቢዝነስና ኢኮኖሚክስ ኮሌጅ ውስጥ የሚገኙ ሴት ተማሪዎች የወደፊት የጡት ማጥባት ዓላማ እና ተጓዳኝ ወሳኝ ምክንያቶቹን የሚመለከቱ ጥያቄዎች::

የጥያቄ ኮድ 001

መመሪያ: ለተዘረዘሩት ጥያቄዎች አግባብ ናቸው የምትሉትን መልስ ምረጡ

ጥ.ቁ	ጥያቄዎች	መልሶች እና ኮዶች
ክፍል-1. የፈቃደኛ ቃለመጠይቅ ተደራጊዋ የማህበራዊ ዴሞግራፊያዊ ሁኔታዎች እና ለጡት ማጥባት ሂደት የነበራት የቀድሞ ተጋላጭነት		
101	ዕድሜሽ ስንት ነው?	.....
102	ከአዲስ አበባ ዩኒቨርሲቲ በፊት የነበረው የመኖሪያ አድራሻሽ?	1.ከተማ 2.ገጠር
103	የየትኛዉ ዲፓርትመንት ተማሪ ነሽ?	.....
104	የስንተኛ ዓመት ተማሪ ነሽ?	1.1ኛ ዓመት 2. 2ኛ ዓመት 3.3ኛ ዓመት
105	የጋብቻ ሁኔታ?	1. ያላገባች 2. ያገባች 3.የተፋታች 4. ያላገባች ግን አብሮ የሚኖሩ
106	ከሚከተሉት ደባል ሱሶች የምትጠቀሚው ካለ/ካሉ ምልክት አድርጊባቸው ከአንድ በላይ መልስ መምረጥ ይቻላል	1. ምንም አልጠቀምም 2.ሲጋራ 3.አልኮል መጠጦች 4.ጫት 5. ሺሻ 6. ሌላ.....
107	ከዚህ በፊት ስለ ጡት ማጥባት አስፈላጊነት መረጃ አግኝተሽ ታውቂያለሽ?	1.አዎ 2.አይ
108	ከዚህ በላይ ላለው ጥያቄ መልስሽ አዎ ከሆነ፤ መረጃውን ከየት አገነሽው/ ሰማሽዉ?	1.ከእናት 2. ከትምህርት ቤት 3.ከመገናኛ ብዙሃን 4. ከጤና ተቋም 5. ሌላ ምንጭ.....
109	ለወደፊት ልጅ ብትወልጂ በዙሪያሽ ያሉ ሰዎች ልጅሽን ጡት እንድታጠቢ ያግዙኛል/ ያበረታቱኛል ብለሽ ታስቢያለሽ?	1. አዎ 2.አይ

110	ከዚህ በላይ ላለው ጥያቄ መልስሽ አዎ ከሆነ፤ በምርጫው ከተዘረዘሩት ውስጥ ማን/እነማን ያግዙኛል/ያበረታቱኛል ብለሽ ታስቢያለሽ? ከአንድ በላይ መልስ መምረጥ ይቻላል	1. እናቴ 2. ቤተሰቦቼ 3. የቅርብ ጓደኞቼ 4. የህክምና ባለሙያዎች 5. ባለቤቴ
111	ህፃን እያለሽ ጡት ጠብተሻል?	1.አዎ 2.አይ 3.እርግጠኛ አይደለሁም
112	ከዚህ በላይ ላለው ጥያቄ መልስሽ አዎ ከሆነ፤ ለምን ያክል ጊዜ ጠብተሻል?	1.ከ3ወር ያነሰ 2.ከ3-4 ወር 3.ለ6ወራት 4.ለ2ዓመት 5. ሌላ.....
113	ከምታውቂያቸው ሰዎች መሃል በልጅነታቸው ጡት የጠቡ ወይም ባንድ ወቅት ራሳቸው ልጅ ያጠቡ ሰዎች አሉ?	1.አዎ 2.አይ
114	ከዚህ በፊት አንድ እናት ልጇን ስታጠባ በአይንሽ ተመልክተሽ ታውቂያለሽ?	1.አዎ 2.አይ
SECTION- 2: የህፃን አመጋገብ ሁኔታ ዓላማ (INTENTION) መለኪያ		
201	እናት በምሆን ጊዜ ልጇን ምንም ጡት ሳላጠባ ከጡት ውጭ ያሉ ሌሎች ተተኪ ሰው ሰራሽ የልጅ የዱቄት ወተቶችን ብቻ እየመገብኩ የማሳደግ ዓላማ ነዉ ያለኝ፡፡	1.በጣም እስማማለሁ 2.በተወሰነ መልኩ እስማማለሁ 3.እርግጠኛ አይደለሁ 4.በተወሰነ መልኩ አልስማማም 5.በጣም እቃወመላሁ
202	እናት ስሆን ልጇን ጡት ለማጥባት ወይም ቢያንስ ለመሞከር ዓላማ አለኝ፡፡	1.በጣም እስማማለሁ 2.በተወሰነ መልኩ እስማማለሁ 3.እርግጠኛ አይደለሁም 4.በተወሰነ መልኩ አልስማማም 5.በጣም እቃወመላሁ
203	እናት ስሆን ልጇ ቢያንስ 1ወር እስኪሆነው ድረስ ያለምንም ተጨማሪ ወተት ወይም ሰው ሰራሽ የዱቄት ወተት ጡት ብቻ ለማጥባት ዓላማ አለኝ፡፡	1.በጣም እስማማለሁ 2.በተወሰነ መልኩ እስማማለሁ 3.እርግጠኛ አይደለሁም 4.በተወሰነ መልኩ አልስማማም 5.በጣም እቃወመላሁ
204	እናት ስሆን ልጇ ቢያንስ 3ወር እስኪሆነው ድረስ ያለምንም ተጨማሪ ወተት ወይም ሰው ሰራሽ የዱቄት ወተት ጡት ብቻ ለማጥባት ዓላማ አለኝ፡፡	1.በጣም እስማማለሁ 2.በተወሰነ መልኩ እስማማለሁ 3.እርግጠኛ አይደለሁም 4.በተወሰነ መልኩ አልስማማም 5.በጣም እቃወመላሁ
205	እናት ስሆን ልጇ ቢያንስ 6ወር እስኪሆነው ድረስ ያለምንም ተጨማሪ ወተት ወይም ሰው ሰራሽ የዱቄት ወተት ጡት ብቻ ለማጥባት ዓላማ አለኝ፡፡	1.በጣም እስማማለሁ 2.በተወሰነ መልኩ እስማማለሁ 3.እርግጠኛ አይደለሁም 4.በተወሰነ መልኩ አልስማማም 5.በጣም እቃወመላሁ

SECTION 3. ጡት ማጥባትን አስመልክቶ ያለ አመለካከትን (ATTITUDE) መዳሰሻ		
301	የእናት ጡት ለልጅ ንጥረ-ነገራዊ ጠቀሜታ የሚኖረው ልጅ 6ወር ሞልቶት ጡት መጣል እስኪችልበት ጊዜ ድረስ ብቻ ነው፡፡	1.በጣም እስማማለሁ 2.በተወሰነ መልኩ እስማማለሁ 3.እርግጠኛ አይደለሁም 4.በተወሰነ መልኩ አልስማማም 5.በጣም እቃወመላሁ
302	ሰው ሰራሽ የሆኑት ተበጥብጠው ለልጅ የሚሰጡት የዱቄት ወተቶች የተፈጥሮ የእናት ጡትን ለልጅ ከማጥባት በበለጠ አመቺ ናቸው፡፡	1.በጣም እስማማለሁ 2.በተወሰነ መልኩ እስማማለሁ 3.እርግጠኛ አይደለሁም 4.በተወሰነ መልኩ አልስማማም 5.በጣም እቃወመላሁ
303	ጡት ማጥባት እናትና ልጅ መሃል ያለውን ግንኙነት የበለጠ ያጠናክራል፡፡	1.በጣም እስማማለሁ 2.በተወሰነ መልኩ እስማማለሁ 3.እርግጠኛ አይደለሁም 4.በተወሰነ መልኩ አልስማማም 5.በጣም እቃወመላሁ
304	የእናት ጡት ወተት ብረት (iron) የተባለው ንጥረ-ነገር የለውም፡፡	1.በጣም እስማማለሁ 2.በተወሰነ መልኩ እስማማለሁ 3.እርግጠኛ አይደለሁም 4.በተወሰነ መልኩ አልስማማም 5.በጣም እቃወመላሁ
305	ሰው ሰራሽ የዱቄት ወተት የሚመገቡ ህፃናት በእናት ጡት ከሚመገቡት የተሻለ ረሀብን የማስታገስና የመጥገብ ዕድል አላቸው፡፡	1.በጣም እስማማለሁ 2.በተወሰነ መልኩ እስማማለሁ 3.እርግጠኛ አይደለሁም 4.በተወሰነ መልኩ አልስማማም 5.በጣም እቃወመላሁ
306	ሰው ሰራሽ የዱቄት ወተቶችን ለህፃናት ምግብነት ማዋል ከቤት ውጭ ለመስራት ለምታስብ እናት የተሻለ ምርጫ ነው፡፡	1.በጣም እስማማለሁ 2.በተወሰነ መልኩ እስማማለሁ 3.እርግጠኛ አይደለሁም 4.በተወሰነ መልኩ አልስማማም 5.በጣም እቃወመላሁ
307	ልጆቻቸውን ሰው ሰራሽ ወተት የሚመግቡ አናቶች ጡት በማጥባት የሚገኘው የእናትነት አንዱ ታላቅ ደስታ ይቀርባቸዋል፡፡	1.በጣም እስማማለሁ 2.በተወሰነ መልኩ እስማማለሁ 3.እርግጠኛ አይደለሁም 4.በተወሰነ መልኩ አልስማማም 5.በጣም እቃወመላሁ
308	ሴቶች ህዝባዊ በሆኑ እንደ ምግብ ቤት ባሉ ቦታዎች ጡት ማጥባት የለባቸውም፡፡	1.በጣም እስማማለሁ 2.በተወሰነ መልኩ እስማማለሁ 3.እርግጠኛ አይደለሁም 4.በተወሰነ መልኩ አልስማማም 5.በጣም እቃወመላሁ
309	የተፈጠሮ የጡት ወተት የሚመገቡ ህፃናት ሰው ሰራሽ ወተት ከሚመገቡት የበለጠ ጤናማ ናቸው፡፡	1.በጣም እስማማለሁ 2.በተወሰነ መልኩ እስማማለሁ 3.እርግጠኛ አይደለሁም 4.በተወሰነ መልኩ አልስማማም 5.በጣም እቃወመላሁ
310	በእናት ጡት የሚመገቡ ህፃናትሰው ሰራሽ የዱቄት ወተት ከሚመገቡት የተሻለ ረሀብን የማስታገስና የመጥገብ ዕድል አላቸው፡፡	1.በጣም እስማማለሁ 2.በተወሰነ መልኩ እስማማለሁ 3.እርግጠኛ አይደለሁም 4.በተወሰነ መልኩ አልስማማም 5.በጣም እቃወመላሁ
311	እናቶች ሲያጠቡ አባቶች የተገለሉ ይመስላቸዋል፡፡	1.በጣም እስማማለሁ 2.በተወሰነ መልኩ እስማማለሁ 3.እርግጠኛ አይደለሁም 4.በተወሰነ መልኩ አልስማማም 5.በጣም እቃወመላሁ

312	የእናት ጡት ወተት ለህፃናት ከሁሉም የላቀ ምግብ ነው፡፡	1.በጣም እስማማለሁ 2.በተወሰነ መልኩ እስማማለሁ 3.እርግጠኛ አይደለሁም 4.በተወሰነ መልኩ አልስማማም 5.በጣም እቃወመላሁ
313	የእናት ጡት ወተት ከሰው ሰራሽ ወተት ይልቅ በቀላሉ ይፈጫል፡፡	1.በጣም እስማማለሁ 2.በተወሰነ መልኩ እስማማለሁ 3.እርግጠኛ አይደለሁም 4.በተወሰነ መልኩ አልስማማም 5.በጣም እቃወመላሁ
314	ሰው ሰራሽ ወተት ከእናት ጡት ወተት እኩል ለህፃኑ ጤና ይሆናል፡፡	1.በጣም እስማማለሁ 2.በተወሰነ መልኩ እስማማለሁ 3.እርግጠኛ አይደለሁም 4.በተወሰነ መልኩ አልስማማም 5.በጣም እቃወመላሁ
315	ጡት ማጥባት ሰው ሰራሽ ወተት ከመመገብ ይልቅ አመቺ ነው፡፡	1.በጣም እስማማለሁ 2.በተወሰነ መልኩ እስማማለሁ 3.እርግጠኛ አይደለሁም 4.በተወሰነ መልኩ አልስማማም 5.በጣም እቃወመላሁ
316	ጡት ማጥባት ሰው ሰራሽ ወተት ከመመገብ ይልቅ ወጪ ቆጣቢና ርካሽ ነው፡፡	1.በጣም እስማማለሁ 2.በተወሰነ መልኩ እስማማለሁ 3.እርግጠኛ አይደለሁም 4.በተወሰነ መልኩ አልስማማም 5.በጣም እቃወመላሁ
317	በሳምንት አንዴ አልኮል መጠጥ የምትጠጣ እናት ልጇን ማጥባት የለባትም፡፡	1.በጣም እስማማለሁ 2.በተወሰነ መልኩ እስማማለሁ 3.እርግጠኛ አይደለሁም 4.በተወሰነ መልኩ አልስማማም 5.በጣም እቃወመላሁ
SECTION 4. ጡት ማጥባትን በተመለከተ ያለ ዕውቀትን (KNOWLEDGE) መለኪያ		
401	ጡት ማጥባት ልጁ እንደተወለደ ወዲያው መጀመር አለበት፡፡	1.ዕውነት 2.ሐሰት 3.አላዉቅም
402	ልጅ እንደተወለደ ከእናት ጡት የሚፈሰው ቢጫ ፈሳሽ ልጁ ጡት መጥባት ከመጀመሩ በፊት መወገድ አለበት፡፡	1.ዕውነት 2.ሐሰት 3.አላዉቅም
403	አንድ ህፃን ተወልዶ 6 ወር እስኪሞላው ድረስ ከጡት ወተት ሌላ ተጨማሪ ምግብ እና ፈሳሽ ያስፈልገዋል፡፡	1.ዕውነት 2.ሐሰት 3.አላዉቅም
404	የምታጠባ እናት ህመምም ሆነ ኢንፌክሽን ቢያጋጥማትም አብዛኛውን ጊዜ ማጥባቷን ማቆም የለባትም፡፡	1.ዕውነት 2.ሐሰት 3.አላዉቅም
405	የጡት ወተት ብቻውን አንድ ህፃን በህይወቱ የመጀመሪያዎቹ ጥቂት ወራት ውስጥ የሚያስፈልጉትን ንጥረ-ነገራት በሙሉ አጠቃሎ ይዟል፡፡	1.ዕውነት 2.ሐሰት 3.አላዉቅም
406	የእናት ጡት ልጁን በበቂ ሁኔታ ሊመግብ የሚችል ወተት ማምረት ይችላል፡፡	1.ዕውነት 2.ሐሰት 3.አላዉቅም

407	ልጅ የምታጠባ እናት አንዳንድ የምግብ አይነቶችን ከመብላት መቆጠብ አለባት፡፡	1.ዕውነት 2.ሐሰት 3.አላዉቅም
408	ከእናት ጡት ውጭ ያሉ ወተቶችን በጡጦ የሚመገቡ ህፃናት የእናት ጡትን ከሚመገቡ ህፃናት ይልቅ ለተለያዩ በሽታዎች የተጋለጡ እና የአዕምሮ ዕድገታቸዉ ያነሰ ነው፡፡	1.ዕውነት 2.ሐሰት 3.አላዉቅም
409	የጡት ወተት መመገብ ህፃኑን ከተለያዩ ኢንፌክሽኖች እና አለርጂዎች ይጠብቀዋል፡፡	1.ዕውነት 2.ሐሰት 3.አላዉቅም
410	ትናንሽ ጡቶች ያሏት ሴት ጡት ማጥባት አትችልም፡፡	1.ዕውነት 2.ሐሰት 3.አላዉቅም
411	ህፃኑ የእናቱን ጡት በሚጠባበት ጊዜ እናቱ ጡት ላይ ህመም ይፈጥርባታል፡፡	1.ዕውነት 2.ሐሰት 3.አላዉቅም
412	ጡት የምታጠባ እናት ከእርግዝናዋ በፊት ወደነበራት ክብደቷ ለመመለስ ያዳግታታል፡፡	1.ዕውነት 2.ሐሰት 3.አላዉቅም
413	ጡት የሚያጠቡ እናቶች ለማህፀን፤ ለጡት እና ለኦቫሪ ካንሰር የመጋለጥ ዕድላቸው ጠባብ ነው፡፡	1.ዕውነት 2.ሐሰት 3.አላዉቅም
414	ጡት ማጥባት በንፅህና የሚካሄድ ድርጊት ስላልሆነ ጀርሞችን ሊያሰራጭ ይችላል፡፡	1.ዕውነት 2.ሐሰት 3.አላዉቅም
415	የላም ወተት ከፍተኛ የፕሮቲን ይዘት ስላለው ከእናት ጡት ወተት በበለጠ ለህፃናት ጠቃሚ ነው፡፡	1.ዕውነት 2.ሐሰት 3.አላዉቅም

እባክዎ ሀሳብዎትን የበለጠ ይወክላል በሚሉት የመልስ ሳጥን ላይ ምልክት ያድርጉ

1. ስለጡት ማጥባት ይበልጥ መማር ይፈልጋሉ? ☐ አዎ ☐ አይ
2. የጡት ማጥባት መረጃ የትምህርት ካሪኩለም አካል መሆን አለበት ብለው ያስባሉ?
   ☐ አዎ ☐ አይ

ይህንን የቃለመጠይቅ ፎርም ለመሙላት ላወጡት ጊዜና ጉልበት በጣም አመሰግናለሁ፡፡