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Assessment of Health Care Service Working Mothers Exclusive Breast- feeding Practice and their Perception towards the Breast-feeding Support Program at Work Place in Governmental Hospitals in Addis Ababa, Ethiopia:

A Mixed Method Study

By

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Assessment of Health Care Service Working Mothers Exclusive Breast- feeding Practice and their Perception towards the Breast-feeding Support Program at Work Place in Governmental Hospitals in Addis Ababa, Ethiopia

APPROVED BY THE BOARD OF EXAMINERS

This thesis, by Tseganesh Tesfaye is accepted in its present form by the board of examiners as fulfilling for the degree of Masters in General Masters of Public Health.

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Abbreviations and acronyms

ART	Anti-retro Viral Therapy
CDC	Center for Disease Control and Prevention
EBF	Exclusive Breast Feeding
EDHS	Ethiopia Demographic and Health Survey
ETB	Ethiopian Birr
IM	Internal Medicine
IUCD	Intra Uterine Contraceptive Device
NGOs	Non- Governmental Organizations
REC	Research and Ethics Committee
SPSS	Statistical Package for the Social Sciences
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organization

1.

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Summary

Background: In different parts of Ethiopia employed mothers wean breast feeding earlier than unemployed mothers due to early returning to work after child birth. A recent World Health Organization (WHO) internal employee's based study recommended that the employer should provide, prenatal/ postpartum services, which include separate rooms for breastfeeding, nursery childcare and provide flexible time and lighter job to working mothers.

Objectives: To assess health care service working mothers exclusive breast-feeding practice and determining factors and their perception towards the breast-feeding support program at work place in Governmental hospitals in Addis Ababa, Ethiopia 2020

Methods: A mixed methods research of institutional based cross sectional quantitative study design supplemented with qualitative method was conducted in Addis Ababa Governmental hospitals. For the quantitative portion the sample size was estimated using a single population proportion formula and become 403. For the qualitative, in-depth interview was done for working mothers having child less than 2 years until information of interest is saturated. Simple random sampling technique was used for the cross sectional quantitative research design and purposive sampling for the qualitative. The data for the quantitative was collected using a face to face interview questionnaire and semi-structured interviews for the qualitative data. For the qualitative, during dada collection period, the obtained data through Interviews was audio taped by digital sound recorder. Descriptive statistics such as frequencies, proportions, and measures of central tendency and measures of variation used to describe the distributions of variables. The logistic regression model was used to assess the relation between dependent and explanatory variables. The qualitative data analyzed using content analysis.

Result: Only 95(24.1%) continue EBF after returning to work and majority of them stop EBF before six months due to work related reason 270(89.9%) while the rest were due to different reasons 30(10. 15%). The odds of discontinuing EBF after return to work is 8 times higher (OR: 7.98, 95% CI 1.64-38.90) among women who works in shift compared to women who works by the regular office hours. With all the importance that the mothers mentioned about the breast feeding support program but they prefer not to use the program due to cleanliness issues and transport-related problems.

Conclusion: Health care service working mothers discontinue EBF before 6 month due to different reasons but mainly due to work related reason and mothers intention to use the breast feeding support program which helps mothers to continue EBF is affected due cleanliness issues, transport difficulties, hospital acquired infections and work overload.

1. INTRODUCTION

1.1 Background

Exclusive breast-feeding (EBF) has been defined by the world health organization (WHO) as the situation where "the infant has received only breast milk from his/her mother or a wet nurse, or expressed breast milk and no other liquids, or solids, with the exception of drops or syrups consisting of vitamins, minerals, supplements, or medicines". Also recommend that all mothers should breastfeed their children exclusively for the first six months of life(1).

A recent WHO internal employee's based study recommended that the employer should provide, prenatal/ postpartum services, which include separate rooms for breastfeeding, nursery childcare, provide flexible time and lighter job to working mothers(2).

Mothers who continue breastfeeding after returning to work need the support of their coworkers, supervisors, and others in the workplace. Individual employers can do a great deal to create an atmosphere that supports employees who breastfeed. Such an atmosphere will become easier to achieve as workplace support programs are promoted to varied employers. Workplace support programs can be endorsed to employers, including managers of human resources, employee health coordinators, insurers, and health providers serving many of a specific organization's employees(3) .

Support for breastfeeding in the workplace can include several types of employee welfares and services. Examples include the following: Developing company policies to support breastfeeding women; Providing chosen private space for women to breastfeed or express milk; Allowing flexible scheduling to support milk expression during work; Giving mothers options for returning to work such as teleworking, part-time work, or extended maternity leave; Providing on-site or nearby child care; Providing high-quality breast pumps; Allowing babies at the workplace and Offering professional lactation management services and support(4).

1.2 Statement of the problem

Globally, the rate of exclusive breastfeeding (EBF) is 43% in 2015, while in Sub-Saharan Africa and East Africa it was 31% and 42%, respectively(5). In Ethiopia, 58 percent of infants under 6 months are exclusively breastfed. Contrary to recommendation by WHO that children under age 6 months should be exclusively breastfed, 17 percent of infants 0-5 months drink plain water, 5 percent, each, consume non milk liquids or other milk, and 11 percent consume complementary foods in addition to breast milk. Five percent of infants under age 6 months are not breastfed at all. The percentage exclusively breastfed decreases abruptly with age from 74 percent of infants age 0-1 month to 64 percent of those age 2-3 months and, further, to 36 percent of infants age 4-5 months. Nine percent of infants under 6 months use a bottle with a nipple, a practice that is discouraged because of the risk of sickness to the child(6).

Studies indicate that significant difference (10–30%) was observed between employed and unemployed mothers on the practice of exclusive breastfeeding(7, 8). In different parts of Ethiopia employed mothers wean breast feeding earlier than un employed mothers due to early returning to work after child birth(9). The government of Ethiopia has recognized the problem of low exclusive breastfeeding practice in the country and has declared the annual “exclusive breastfeeding day” at national level, which is on 1st February(10). In Ethiopia, the maternity leave given during the postpartum period is only three months. This could affect working mothers not to exclusively breastfeed for the first six months(11).

Mothers need a safe, clean and private place in or near their workplace to be capable to continue breastfeeding. A supporting environment at work, such as paid maternity leave, part time work engagements, facilities for expressing and storing breast milk and also breastfeeding breaks can help(12).

In Addis Ababa Employed mothers have a lower opportunity to stay at home and their work load affects the prevalence of EBF practice(13). But in almost all work places the breast feeding support program is not being practiced actively. And also a study conducted suggests the

importance of further investigation pertaining to worksite-related factors, such as resources for breast-feeding, degree of support at work, and attitudes and acceptance of breast-feeding in the maternal work place (14).

Therefore, this study was conducted to fill the above mentioned gap by examining health care service working mother's perception towards the breast feeding support program qualitatively in relation with their previous EBF practice and determining factors which will help the breast feeding support program become practicable.

1.3 Significance of the study

By investigating health care service working mother's practice of exclusive breast feeding after return to work and their perception towards the breast feeding support program at work place, this study will help to know working mothers attitude about the breast feeding support program and make the program practicable to the specific study areas and to the country. And also help to get new information to make the program suitable to the mothers to continue breast feeding after return to work.

2. LITERATURE REVIEW

2.1 Exclusive breast feeding

The World Health Organization and United Nations international Children's Emergency Fund (UNICEF) have offered an even stronger recommendation: Initiation of breastfeeding within the first hour after the birth; exclusive breastfeeding for the first six months; and continued breastfeeding for two years or more, together with safe, nutritionally adequate, age appropriate, responsive complementary feeding starting in the sixth month (15) .

Breastfeeding has always been the ideal feeding practice for infants. There is extensive evidence of short-term and long-term health benefits of breastfeeding for infants and mothers.
In addition to specific health advantages for infants and mothers, breastfeeding also benefits the society by reducing health care cost, parental employee absenteeism and associated loss of family income. Exclusive, frequent and early breastfeeding secure infant from infective diseases, such as acute respiratory infections, gastrointestinal infections, which are leading causes of mortality and morbidity especially among developing countries(16, 17).

The sustainable development goal 3 aims to ensure health and well-being for all at all ages by improving reproductive, maternal and child health. Since 2000, 50 million lives of children under 5 have been saved from preventable causes. Yet 5.6 million children died in 2016, 4.6% during their first months of life. Further more 250 million children under 5 are at risk of suboptimal development(18, 19).

2.3 Practice of exclusive breast feeding after return to work

A study in Johns Hopkins University School of Medicine and the University of Florida College of Medicine which was done in 2016 with the objective of exploring the personal infant-feeding decisions and behavior of physician mothers in internal medicine finds out that maternal goal for breastfeeding duration correlated with duration of both exclusive and any breastfeeding, there was a consistent and appreciable disparity between maternal duration goal and actual breastfeeding duration. Work-related reasons are reported for early supplementation and breastfeeding cessation but their study has potential limitations which are recall bias since they collected data on infant feeding practices reported over a span of nearly 30 years and also have

been skewed by self-selection bias as their participants were volunteers who might not be representative of all IM physicians (20).

In assessing findings from the 1988 National Maternal and Infant Health Survey with the objective of exploring the factors including employment associated with breast-feeding initiation and duration in United Nations finds out that returning to work is associated with earlier weaning among women who breast-feed. Women who are presumed to have the most influence over their working conditions are the most likely to breast-feed after returning to work and have the longest duration of breast-feeding, despite a median duration of maternity leave as short as or shorter than that of other employed women. The duration of maternity leave was shown to be highly significantly associated with the duration of breast-feeding. However, the analysis does not mean that returning to work directly causes weaning. Some women may wean in anticipation of returning to work, while others may wean in the face of difficulties in managing work and breast-feeding (21).

A study conducted in Mexico to assess the association between working mothers and breastfeeding using secondary data source 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 mothers were 20% less likely to breastfeed compared to part time employed mothers. While, full time employed mothers were 27% less likely to breastfeed compared to non-employed mothers (22).

A study done in Debre Berhan District, Central Ethiopia in 2014 with the objective of assessing factors associated with EBF practices among mothers who have an infant aged below 12 months found that Employed mothers were found to be 0.36 times less likely to practice EBF than housewives(23).

A study done in Ethiopia which was in Motta town, East Gojjam zone with the objective of assessing the prevalence of exclusive breastfeeding practice and its associated factor among mothers who have infants less than six months of age in 2015, among the factors associated with exclusive breast-feeding practice income was one of the factors. Mothers who earn less money (<1000 Ethiopian birr/month) were more likely (48.9%) to practice exclusive breastfeeding than mothers whose average monthly household income was 2001 Ethiopian birr and above. While mothers who earn between 1001- 2000 Ethiopian birr/month were more likely (26.4%) to practice EBF than those who earn >2001 Ethiopian birr/month(24).

Another study in Ethiopia which was done in Gonder town with the objective of assessing the extent of exclusive breast feeding practice and associated factors among employed and unemployed mothers in 2015, Exclusive breastfeeding was higher among unemployed (48.0%) than employed (20.9%) mothers. The main reasons reported by employed mothers for not practicing exclusive breastfeeding were that working was a hindrance (26.6%), and concern about the amount of milk (7.3%) immediately after birth (9).

A cross-sectional study done in Addis Ababa with the objective of assessing the exclusive breastfeeding practice and associated factors which was done in 2016, Employed mothers have a lower opportunity to stay at home, compromising exclusive breastfeeding. Mothers also may have to leave their babies to search for a job. It was found that only 43% of employed mothers breastfed their child for six months, whereas the unemployed figure is 56%, which is 13% more than the employed figure. The workload that employed mothers have affects the prevalence of EBF(13).

2.4 Perception towards the breast feeding support program at work place

A study done in united states from 2009-2011 to explore the infant-feeding intentions and behaviors of lawyer mothers compared with findings with those for physician mothers, Physicians' breast-feeding rates were 98% at birth, 83% at 6 months, and 51% at 12 months. Lawyers' breast-feeding rates were 100% at birth, 55% at 6 months, and 17% at 12 months. Their duration of breast-feeding correlated with the support level at work and the sufficiency of time and availability of appropriate places at work to express milk. But this study suggests the

importance of further investigation pertaining to worksite-related factors, such as resources for breast-feeding, degree of support at work, and attitudes and acceptance of breast-feeding in the maternal work place (25).

A retrospective survey done in Taiwan in 2002 to explore the impact of breastfeeding-friendly support on the intention of working mothers to continue breastfeeding after return to work finds, Non–clean room worksite , awareness of breast pumping breaks , encouragement by colleagues to use breast pumping breaks, and greater awareness of the benefits of breastfeeding were significant predictors of the use of breast-pumping breaks after returning to work, whereas the perception of inefficiency when using breast-pumping breaks reduced an employed mother's intention to use breast-pumping breaks. The study finds workplaces and employers can help employed mothers to understand the benefits of breastfeeding, which may increase the intention of the mother to take breast-pumping breaks after returning to work (14).

Cross sectional study which was conducted between December 2016 and March 2017 in Yogyakarta, Indonesia on family support and exclusive breastfeeding among mothers in employment, the partner's initial support of the choice to breastfeed and encouragement to use the lactation room and milk expression breaks and the mother's perception of the partner's support for baby care were significant predictors of the intention to continue to breastfeed after returning to work. These findings suggest that antenatal education or activities provided by the workplace should include the partner, which may improve workplace breastfeeding support (26, 27).

Another Study in Indonesia in 2015 found that the prevalence of EBF was 32.3 that 21.5% of the mothers were exposed to a proper dedicated breastfeeding support facility and that only 7.5% were able to benefit from a breastfeeding support program at their workplace. A proper dedicated breastfeeding facility increased EBF practice three times and a breastfeeding support program at the workplace increased EBF practice almost six times. So the study suggests the combination of both of these initiatives is the key to success (28).

On a retrospective cohort study in the city of Piracicaba (Southeastern Brazil) among the working mothers, mothers not participating in the incentive program, mothers who did not have a 30-minute break during the working hours, and mothers whose children used pacifiers or bottles had higher odds of stopping breastfeeding. Support and information on lactation management and on their rights guaranteed by law, together with the increase in the length of maternity leave, may play an important role in maintaining breastfeeding (29).

Another study on the effect of work status on initiation and duration of breast feeding say Part-time work is an effective strategy to help mothers combine breast-feeding and employment. Expecting to work part-time does not significantly decrease the percentage of mothers who initiate breast-feeding, whereas expecting to work full-time does. Working full-time at 3 months postpartum decreases duration of breast-feeding, but working part-time for 4 or fewer hours per day does not affect duration, and working part-time for more than 4 hours per day decreases duration less than does working full-time (30).

Majority of studies have shown the poor experience of exclusive breast feeding among employed mothers than unemployed including Ethiopia (9, 14, 19, 22). From the factors affecting their exclusive breast feeding practices work related reason is the major finding (9, 14, and 19). The duration of maternity leave was shown to be highly significantly associated with the duration of breast-feeding (20, 27) .and also maternal full time employment is another factor for short duration of EBF among employed mothers (21, 28). As the studies show proper work place breast feeding support increases EBF practice (26). But the support level at work, the sufficiency of time and availability of appropriate places at work to express milk, clean room worksite, awareness of breast pumping breaks, encouragement by colleagues to use breast pumping breaks, greater awareness of the benefits of breast feeding and partner's initial support affects working mothers intention to use the breast feeding break at work place (15, 23, 25). In Ethiopian there is short duration of EBF practice among employed mothers but the breast feeding support program is not being practicing actively so this proposed study will examine working mothers perception towards the breast feeding support program in relation with their EBF practice and the determining factors in Addis Ababa, Ethiopia. With a research question of " How health care

service working mothers perceive the importance of the breast feeding support program in relation with their previous EBF practice and the determining factors?

Conceptual framework

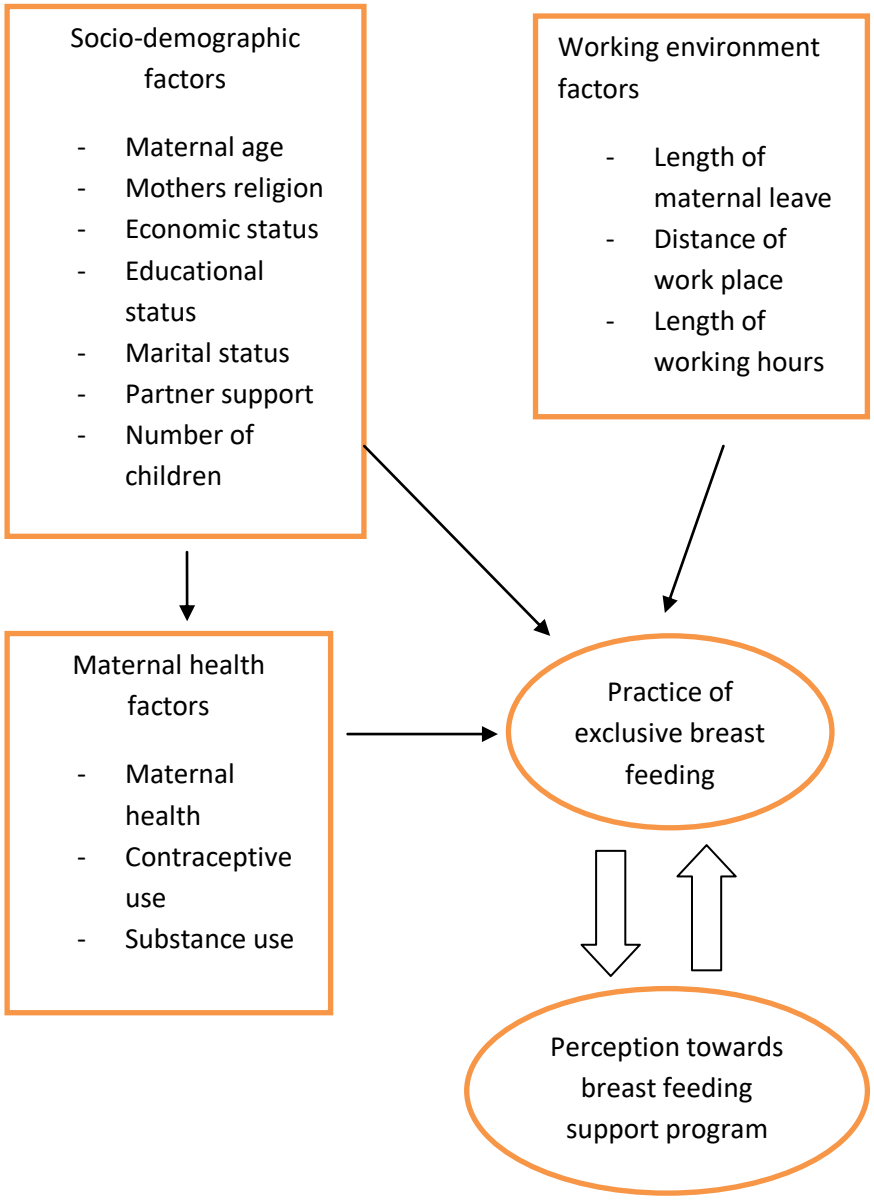


Figure 1: Conceptual frame work of the effect of maternal socio demographic characteristic, maternal health and working environment on their EBF practice and their perception towards the BF support program; developed by the researcher after reviewing literatures

The diagram is adopted and modified from a study on knowledge and Practice Exclusive Breast-feeding among Women in Rural Uttar Pradesh (31).

3. OBJECTIVES

3.1 General objective

To assess health care service working mothers exclusive breast-feeding practice and determining factors and their perception towards the breast-feeding support program at work place in Governmental hospitals in Addis Ababa, Ethiopia 2018

3.2 Specific objective

- To measure the proportion of exclusive breast-feeding practice among health care service working mothers after return to work
- To identify the determining factors of exclusive breast-feeding practice among health care service working mothers after returning to work
- To explore health care service working mothers perception towards the breast-feeding support program

4. METHODS

4.1 Study design

Mixed method research design was used. Institutional based cross sectional quantitative with qualitative method of phenomenology study design.

4.2 Study area and period

The study was conducted in Addis Ababa, Ethiopia. Addis Ababa is the capital city of Ethiopia and the seat for the African Union. The town covers about 540 km^2 and of which 18.2 km^2 are rural. Addis Ababa lies between 2,200 and 2,500 meters above sea level. There are 11 public hospitals and 62 health centres in Addis Ababa. Generally, the total number of hospitals run by the Ministry of Health and Private Entities in Addis Ababa are 39 . This study specifically was conducted in the five Governmental hospitals, Tikur Anbesa Specialized Hospital, Yekatit 12 Hospital, Zewditu Memorial Hospital, Gandi Memorial Hospital and Minilik Referral Hospital which are large and have many staffs with different professionals.

Tikur Anbesa Specialized Hospital is Ethiopia's largest public hospital with many staffs. In 1998, the Tikur Anbesa Specialized Hospital, the largest referral hospital in the country with 200 doctors, 379 nurses and 115 other health professionals dedicated to provide health care services. And there is breast feeding center for the breast feeding support program but not started functioning.

Zewditu Hospital is Ethiopia's leading hospital in the treatment of ART patients and currently treats over 6,000 each month. CDC- Ethiopia helped launch Ethiopia's first ART program at Zewditu in July 2003.

Minilik Referral Hospital was the first modern governmental- run hospital built by Emperor Menelik the 2^{nd} in 1906 Addis Ababa with only 30 beds. But now it is large referral hospital run by the Ministry of Health. Gandi Memorial Hospital is women and child care center with many staffs and dedicated to provide health care for large number of clients.

The data was collected from September 15, 2019 to November 28, 2019.

4.3 Source population

All working mothers working in the study area during the study period was the source population.

4.4 Study population

The study populations are mothers working in the specific study institutions and having a child less than 2 years.

4.5 Inclusion criteria

- Working mothers having a child less than 2 years old
- Working mothers who were practicing exclusive breast feeding before returning to work

4.6 Exclusion criteria

- Working mothers having twin last child
- Working mothers whose residency is in the institution

4.7 Study variables

4.7.1 Dependent variables

- Practice of exclusive breast feeding

4.7.2 Independent variables

- Maternal socio-demographic characteristics (Maternal age, Mother's religion, Economic status , Educational status, Marital status, Partner support, Number of children)
- Maternal health conditions (Maternal health, Contraceptive use, Substance use)
- Maternal work environment (Employment status, Length of maternal leave, Distance of work place, Length of working hours, Occupational status)

4.8 Operational definitions

Working mothers: Mothers who work outside the home for income in addition to the work they perform at home in raising their children.

EBF practice: Mothers who fed their child only breast milk for six months. 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.

Perception: How working mothers think or understand about the breast-feeding support program.

4.9 Sample size

A. In the case of measuring the proportion of exclusive breast feeding practice among working mothers after return to work

The sample size was estimated using a single population proportion formula assuming an expected prevalence of working mothers with exclusive breastfeeding 43% in Addis Ababa, which was conducted in 2016 (13). With a 95% confidence level, at a 5% margin of error the calculated sample size using the above assumptions became 375.

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

P: Prevalence of working mothers exclusive breast feeding in Addis Ababa: 0.43

d: margin of error : 5%

Z : Confidence level : 1.96

$$n = 375$$

$$n = \frac{(1.96)^2}{(0.05)^2}(0.43)(1-0.43)$$

By considering a 5% nonresponse rate, the overall minimum sample size was 394.

B. In the case of assessing the determining factors of exclusive breast feeding practice among working mothers after returning to work

The sample size was estimated using a single population proportion formula assuming an expected prevalence of working mothers challenge (leaving their child at home to their families due to work pressure) 51% in Ghana(32), with a 95% confidence level, at a 5% margin of error the calculated sample size using the above assumptions became 384.

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

P: Prevalence of leaving their child at home as a challenge in Ghana: 0.51

d: margin of error : 5%

Z: Confidence level: 1.96

$$n = \frac{(1.96)^2}{(0.05)^2}(0.51)(1-0.51)$$

$$n = 384$$

By considering a 5% non-response rate, the overall minimum sample size was 403.

- So as the larger sample size is 403, this studies sample size was 403.

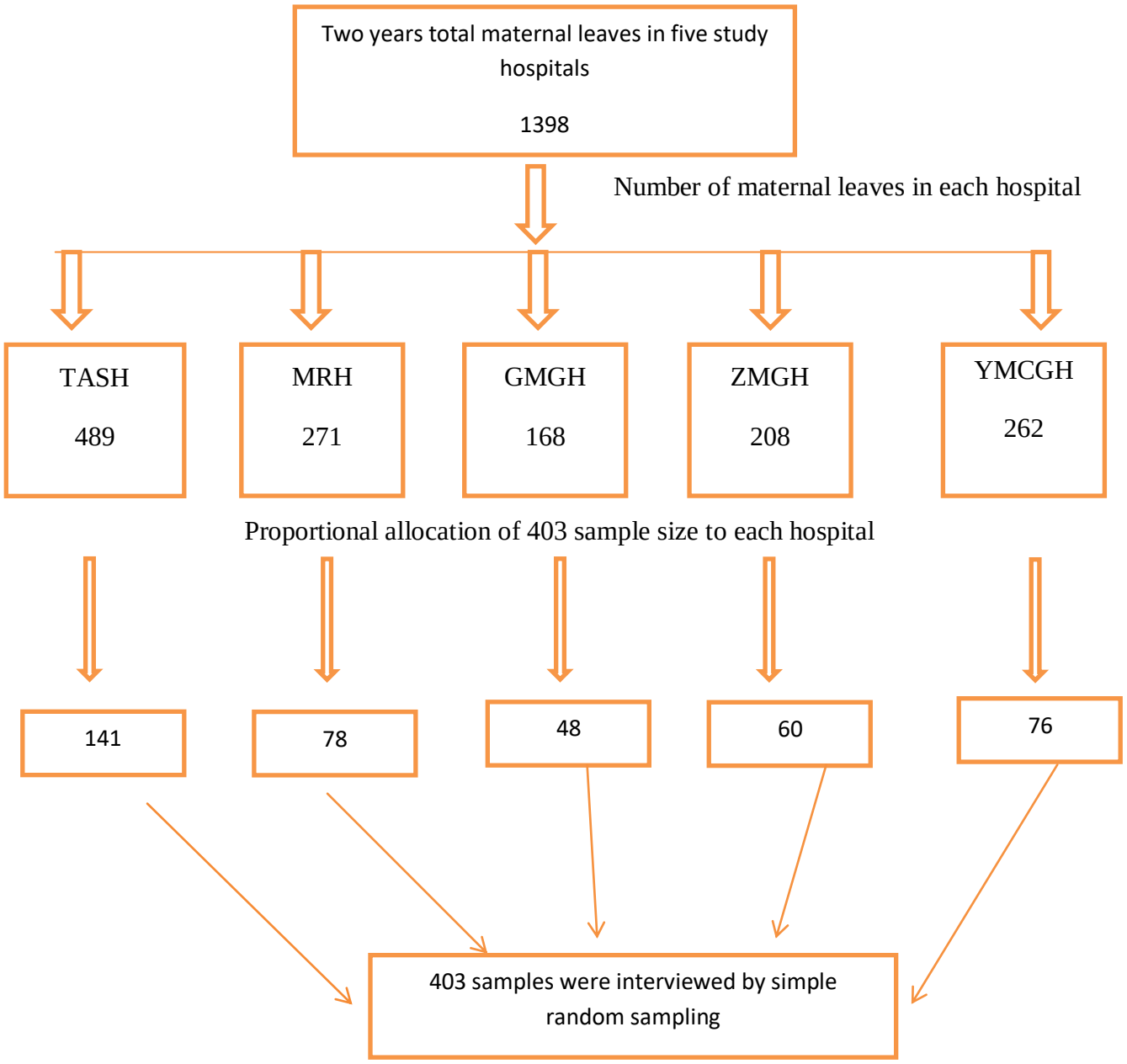
For the qualitative, in-depth interview was done for working mothers having child less than 2 years until information of interest is saturated, that is 9 working mothers were interviewed.

4.10 Sampling procedure

For the cross sectional quantitative design out of the eleven public hospitals found in Addis Ababa, five hospitals were selected based on having large staff members. Then, the sample 403 was proportionally allocated to each hospital based on their number of working mothers who have child less than 2 years old. Then simple random sampling technique was used to address each participant by getting their list from each department coordinators. With the sampling frame random number table used to select the sample units. Schematic presentation of sampling procedure is presented in figure 2 below.

And from those five hospitals Tikur Anbesa Specialized Hospital have the breast feeding support center but is not being practiced so for the qualitative design purposive sampling was used to select study participants. Those who are willing and can arrange time for the in-depth interview were selected and the date, time, and place for each interview were scheduled by the researcher in accordance with what was most conducive and comfortable for the subjects.

Figure 2: Sampling producer that shows how the samples are selected



TASH, *Tikur Anbessa Specialized Hospital*, MRH, *Minilik Referral Hospital*, GMGH, *Gandhi Memorial General Hospital*, ZMGH, *Zewditu Memorial General Hospital*, YMCGH, *Yekatit 12 Medical College General Hospital*

4.11 Data collection procedures

The data regarding the mother's socio-demographic characteristics, about their EBF practice after returning to work and the associated factors was collected using a face to face interview after obtaining informed consent. The questionnaire was adopted from different literatures so as to suit the local context and was translated to Amharic language as majority of the respondents can hear and speak Amharic language. The questionnaire was designed by close-ended questions. For most of the participants data were collected after the participants finish their work and for some of them during their break times. Trained five nurses and three midwives collected the data and trained three health professionals supervised the data collection process.

Data regarding their perception towards the program was assessed by semi-structured in-depth interviews in Amharic language. An interview guide was used which was used as a memory aid to the interviewer and to help the topics to be covered but not mean to strictly structure the interview according to a certain order. The data were collected by the investigator by arranging the date, time and place with the selected participants which is comfortable for the interview. The average length of each semi-structural interview was 30-40 minutes. All an in-depth interviews were audio-taped and transcribed and confidentiality was ensured.

4.12 Data quality management

The quality of the data was assured by providing training for data collectors and for supervisors and supervision of data collection was implemented. Since the data collection tool were developed after reviewing different literatures, there was pretest on the relatively similar population for 40 participants before the actual data collection period to ensure acceptability, clarity, consistency and comprehensibility of the questionnaire. The researcher and the supervisors checked the collected data for completeness and corrective measures was taken accordingly. The collected data was coded and the coded data was checked and entered using Epi info. The data collection tool was reviewed by the Addis Ababa University School of Public Health, in order to check and correct translation in to the local writing language (Amharic) and also to check appropriateness of questions.

For the qualitative, during dada collection period, the obtained data through interviews was audio taped by digital sound recorder. Data from each day's was stored in password protected computer and kept under lock and key. At the end of the data collection period, the data was then get transcribed and translated to English language. Following the completion of data analysis and presentation of findings, all audio tapes containing the interview data will be immediately destroyed.

4.13 Data analysis procedure

The collected data was cleaned, coded, and entered into EpiData software version 3.1 and then exported to the Statistical Package for the Social Sciences (SPSS) version 23 windows for further analysis. Descriptive statistics such as frequencies, proportions, and measures of central tendency and measures of variation was used to describe the distributions of variables. The logistic regression model was used to assess the relation between dependent and explanatory variables. Bivariate analysis was done to examine the associations of single independent variable with their practice of EBF after returning to work.

The qualitative data from the interviews of working mothers having child less than 2 years was analyzed using content analysis. The interviews were transcribed and the transcribed text dada was imported to the Open Code version 4.02 software to facilitate the coding process. The processes of giving relevant meaning were examined line-by-line and coded. Then the thematically coded results were discussed.

4.14 Ethical consideration

This research was conducted to act in the best interests of study participants, in which ethical approval was obtained by the Research and Ethics committee (REC) school of public health, Addis Ababa University (AAU) and Addis Ababa Health Bureau Research Ethical Committee. After the ethical approval, formal letter of cooperation was written to the specific study government hospitals in order to collect data from mothers having a child less 2 years old and working in the Hospital. Oral consent was also requested from all the participants during data collection. Only approved study personnel have access to this information. After completion of the study, identifier information was set aside and only study identification numbers (ID no.) was used during analysis.

4.15 Dissemination of results

The result of this study will be disseminated to Addis Ababa University School of Public Health, Federal Ministry of Health, for the specific study governmental hospitals and other governmental and non-governmental organizations (NGOs) who are currently started or planning to start with the breast feeding support program at work place, other stakeholders and local and journals

5. Result

5.1.1 Socio demographic Characteristics of the study subjects

A total of 394 health care facility working mothers having a child less than 2 years old participated in this study, resulting a response rate of 97.8%.

The mean age of the mothers and last child (in month) were 30.3(SD ± 2.3) years and 15.8(SD ± 5.4) respectively. More than half 251 (63.7%) were Orthodox religion followers followed by Protestant 73 (18.5%) and majority of them were Amhara 158 (40.1) and Oromo 126 (32.0%) in their ethnicity. Most of the mothers were married/ co- habited. The highest education level for 239 (60.7%) were Bachelor degree followed by complete secondary level 47(11.9%). The average monthly income of the family was 12,223.2 (SD ± 7135.9) Ethiopian Birr (ETB). And most of them have one child 142 (36.0%) and two children 137 (34.8%).

The detail of the socio- demographic characteristics of the study participants and their husband is presented bellow in table 1.

Table 1: Socio-demographic characteristics of the study participants working in the selected Governmental Hospitals of Addis Ababa, Ethiopia, 2020

Variables	Category	Frequency(%)	Percent %
Mothers age (year)	25-29	169	42.9
	30-35	225	57.1
Index child age (month)	6-12	137	34.8
	13-18	112	28.4
	19-24	145	36.8
Sex of index child	M	196	49.7
	F	198	50.3
Mothers religion	Orthodox	251	63.7
	Protestant	73	16.5
	Muslim	65	18.5
	Others	5	1.3
Ethnicity	Amhara	158	40.1
	Oromo	126	32.0
	Tigre	69	17.5

	Gurage	35	8.9
	Others	6	1.5
Mothers educational level	Primary	41	10.4
	Secondary	47	11.9
	Associate degree	21	5.3
	Bachelor's degree	239	60.7
	Master's degree	34	8.6
	Doctorate	10	2.5
	No formally educated	2	0.5
Monthly income of the family	< 5000	197	50.0
	5000-10,000	152	38.6
	>10,000	45	11.4
Marital status	Married	346	87.8
	Other(Divorce, widowed and single)	48	12.2
Number of child	1	142	36.0
	2	137	34.8
	>3	115	29.2
Husbands educational level	Primary	38	10.6
	Secondary	64	17.9
	Associate degree	30	8.4
	Bachelor's degree	112	31.3
	Master's degree	61	17.0
	Doctorate	42	11.7
	No formally educated	11	3.1
Husbands occupation	Government employed	174	48.6
	Private	118	32.9
	Merchant	43	12.0
	Farmer	6	1.7
	Others	17	4.8
	Mean(SD)		
Mothers age(year)	30.29(±2.3)		
Monthly income of the family	12,223.23(±7,135.9)		

5.1.2 Work conditions of the mothers

Most of the mothers were nurses 215 (54.6%) and midwifes 30 (7.6%) in which majority of them work in the same occupation for 2-5 years 229(58.1%) and 5-10 years 105(26.6%). All most all were permanent (work at one place) and full time employees with office hour (8 am-5pm) working time 303(76.9%) and shift (morning/afternoon/night/ others…) working time 72(18.3%). All mothers got maternity leave during giving birth to their last child with the duration of 4 months 269(68.3%) and three months 99(25.1%). Most of their husbands have got paternity leave with a duration of 7 days 77(19.6%) and 10 days 44(11.2%).

Table 2: Work conditions of the study participants working in the selected Governmental Hospitals of Addis Ababa, Ethiopia, 2020

Variables	Categories	Frequencies	Percent %
Current working position	Nurse	215	54.6
	Midwife	34	8.6
	Cleaner	25	6.3
	Pharmacies	20	5.1
	Other health professionals	29	7.2
	Administrative staffs	44	11.1
	other than health professionals	27	7.1
Duration of working in the same occupation	< 2 years	43	10.9
	2-5 years	229	58.1
	5-10 years	105	26.7
	>10 years	17	4.3
Occupational status	Full time	372	94.4
	Per time	22	5.6
Working operation	Permanent(at one place)	385	97.7
	Working out station	9	2.3
Current working time	Office hour	303	76.9
	Shift	72	18.3
	Half day	19	4.8
Got maternity leave	Yes	394	99.7
	No	1	0.3
Duration of	3 months	99	25.1

maternity leave	4 months	269	68.3
	> 4 months	26	6.6
	Yes	229	58.1
Paternity leave for husbands	No	165	41.9
	10 days	50	21.8
Duration of paternity leave	7 days	83	36.3
	15 days	36	15.7
	5 days	29	12.7
	< 5 days	31	13.5

- Other health professionals include doctor, public health officer, intern, laboratories
- Administrative staffs includes auditor, data clerk, finance, human resource, management, purchaser, reception, record keeping, secretory and coordinator
- Other than health professionals includes care giver for patients, cooker, drivers, electrician, foreman, messenger, porter, security guard and store keeper

5.1.3Mothers health conditions

From 394 mothers participated 92(23.4%) experience complication during pregnancy or during delivery of the last child and from those, pregnancy induced hypertension 38(41.3%) and post-partum bleeding 21(22.8%) were the leading. Only 13(3.3%) were having health related problem which hampers them from breast feeding their last child. only few of the mothers often smoke cigarette 3(0.8%) and drink alcohol 15(3.8%) during breastfeeding of their last child. Some of the mothers 242(61.4%) were using contraceptive during breast feeding of their last child which were pills 93(38.4%) and implant 84(34.7%).

Table 3: Health conditions of the study participants working in the selected Governmental Hospitals of Addis Ababa, Ethiopia, 2020

Variables	Category	Frequency	Percent
Experience any complication during pregnancy or during delivery of the last child	Yes	92	23.4
	No	302	76.6
Types of complications	Pregnancy induced hypertension	38	41.3
	Post-partum bleeding	21	22.8
	Gestational diabetes	16	17.4
	Others	17	18.4
Have health related problem which hampers from breast feeding	Yes	13	3.3
	No	381	96.7
Often smoke cigarette	Yes	3	0.8
	No	391	99.2
Often drink alcohol	Yes	15	3.8
	No	379	96.2
Using contraceptive during beast-feeding of last child	Yes	242	61.4
	No	152	38.6
Methods of contraceptives	Pills	93	38.4
	Implant	84	34.7
	Injectable	30	12.4
	IUCD	25	10.3
	Others (calendar)	10	4.1

5.1.4 Mothers practice of EBF after returning to work

Most of the mothers start breast feeding after few hours of delivering their last child and majority of them breast fed 8 times a day 284 (72.1%) followed by 4 times a day 46(11.7). 242(61.4%) were exclusively breast feeding their child and from those 96(39.7) were exclusively breast fed for 6 months while 92(38.1%) 2-4 months. Only 95(24.1%) continue EBF after returning to work and majority of them stop EBF due to work related reason 270(89.9%) while the rest are due to different reasons 30(10. 15%). Those who had continued breast feeding after returning to work combine breast feeding with work by breast feeding their child before & after work but during working hours using infant formula 61(57.5%) and others breast fed before & after work but expressed breast milk during working hours 45(42.5%). 126 (32.0%) of the mothers usually got their partner support to breastfed their last child while 121 (30.7%) of them got their partner support seldom.

Table 4: practice of exclusive breast feeding of the study participants working in the selected Governmental Hospitals of Addis Ababa, Ethiopia, 2020

Variables	Category	Frequency	Percent %
Time of starting to breast feeding	After few hours	181	45.9
	Within an hour	172	43.7
	I don't remember	41	10.4
Daily frequency	8 times a day	284	72.1
	4 times a day	46	11.7
	Others	64	16.2
Practice of EBF	Yes	242	61.4
	No	152	38.6
Duration of EBF	2 months	4	1.0
	2-4 months	92	23.4
	4-6 months	50	12.7
	6 months	96	24.4
Continue EBF after return to work	Yes	95	24.1
	No	299	75.9
Reason to discontinue EBF	Job	269	89.9
	Other	30	10.1
How work & EBF combined	Breast fed before & after work/infant formula during working hours	61	57.5

	Breast-fed before & after work/expressed breast milk during working hours	45	42.5
Got partner support	Always	72	18.3
	usually	126	32.0
	seldom	121	30.7
	does not care	27	6.9
	never	48	12.2

5.1.5 Determining Factors of Discontinuing Exclusive Breast-feeding among Working Mothers

On bivariate logistic regression analysis, child age, family income, occupational status, marital status, duration of maternity leave, husbands occupational status, current working time, time of starting breast-feeding right after delivery and practice of EBF have statistically significant association with health care facility working mothers discontinuation of EBF after return to work. The final determining factors were assessed by multivariable logistic regression and are showed as follows (table 6).

According to the multivariable logistic regression the odds of discontinuing EBF after return to work is nearly 3 times higher (OR: 2.87, 95% CI 1.10-7.43) among women whose family income is 5000-10,000 compared to women with family income < 5000. Additionally the odds of discontinuing EBF after return to work is 8 times higher (OR: 7.98, 95% CI 1.64-38.90) among women who works in shift compared to women who works on the regular office hour. And also the odds of discontinuing EBF after return to work is 6.6 times higher (OR: 6.59, 95% CI 2.45-17.70) among women who start breast-feeding after few hours of delivery compared to those who start breast feeding within an hour right after delivery; 6 times higher (OR: 5.72, 95% CI 2.16-15.18) among women who don't remember time of starting breast-feeding compared to women who start breast-feeding within an hour right after delivery.

Table 5: Bivariate Binary logistic regression analysis of factors associated with discontinuation of Exclusive Beast-feeding among working mothers in selected 5 hospitals of Addis Ababa, Ethiopia, 2020.

Variables	Classes	OR	SE	P- Value	95% OR CI
Child age(in month)	6-12	1			
	13-18	4.02	0.34	0.00	2.13-7.62
	19-24	1.24	0.27	0.43	0.72-2.11
Family income (in ETB	<5000	1			
	5000-10,000	2.24	3.67	0.028	1.09-4.58
	>10,000	1.23	3.63	0.573	0.60-2.50
Occupational status	Full time	1			
	Part time	3.43	0.44	0.006	1.44-8.19
Marital status	Married	1			
	Single	0.33	0.49	0.023	0.13-0.86
Duration of maternity leave	3 months	1			
	4 months	0.37	0.78	0.209	0.08-1.73
	>4 months	0.22	0.75	0.040	0.05-0.93
Husbands occupational status	Government employed	1			
	Private employee	0.27	1.05	0.208	0.03-2.09
	Merchant	0.16	1.05	0.082	0.02-1.26
	Farmer	0.01	1.07	0.014	0.01-0.59
	Other	0.00	1.35	0.010	0.00-0.44
Current working time	Office hour(8am-5pm)	1			
	Shift	3.20	0.48	0.015	1.26-8.18
	Half day	10.31	0.61	0.000	3.13-33.95
time of starting breast-feeding right after delivery	Within an hour	1			
	After few hours	2.41	0.37	0.017	1.17-5.00
	I don't remember	2.05	0.36	0.048	1.00-4.20

Note :- 1 shows the reference group

Table 6: Multivariable logistic regression analysis of factors associated with discontinuation of Exclusive Beast-feeding among working mothers in selected 5 hospitals of Addis Ababa, Ethiopia, 2020.

Variables	Classes	OR	SE	P- Value	95% OR CI
Child age(in month)	6-12	1			
	13-18	3.36	0.38	0.002	1.58-7.14
	19-24	1.12	0.33	0.727	0.59-2.16
Family income (in ETB	<5000	1			
	5000-10,000	2.87	0.49	0.030	1.10-7.43
	>10,000	1.33	0.43	0.510	0.57-3.10
Occupational status	Full time	1			
	Part time	1.92	0.75	0.385	0.44-8.35
Marital status	Married	1			
	Single	0.23	1.20	0.306	0.03-3.08
Duration of maternity leave	3 months	1			
	4 months	0.49	1.06	0.50	0.06-3.92
	>4 months	0.27	0.99	0.18	0.04-1.89
Husbands occupational status	Government employed	1			
	Private employee	0.15	1.16	0.105	0.02-1.48
	Merchant	0.09	1.16	0.045	0.01-0.95
	Farmer	0.05	1.21	0.015	0.00-0.56
	Other	0.02	1.55	0.009	0.00-0.36
Current working time	Office hour(8am-5pm)	1			
	Shift	7.98	0.80	0.010	1.64-38.90
	Half day	31.97	0.90	0.000	5.45-187.41
Time of starting breast-feeding right after delivery	Within an hour	1			
	After few hours	6.59	0.50	0.000	2.45-17.70
	I don't remember	5.72	0.49	0.000	2.16-15.18

Note :- 1 shows the reference group

5.2 Mothers perception towards the breast feeding support program

5.2.1 Demographic characteristics of mothers

Mothers in this study are found in the age range of 28-34. All the mothers are holding bachelor degree except the two who accomplish 10th grade. All the mothers have either one or two children with the last child age range of 4-20 months except the one who have three children. And all are working in black lion specialized hospital as full time employee. They were breast feeding exclusively before returning to work.

Table 7– Demographic characteristics of employed mothers, Addis Ababa, Ethiopia, 2020. .

Employed mothers demographic characteristics							
Code	Mothers age	Educational status	Marital status	Occupation	Number of children	Age of index child (month)	Sex of index child
P1	29	Degree	Married	Professional nurse	1	18	F
P2	29	Degree	Married	Pharmacist	1	13	F
P3	30	10th grade	Married	Cleaner	1	10	M
P4	28	Degree	Married	Professional nurse	3	6	F
P5	34	Degree	Married	Laboratory technician	2	11	F
P6	28	Degree	Married	Professional nurse	1	16	M
P7	29	Degree	Married	Professional nurse	2	4	F
P8	29	Degree	Married	Pharmacist	1	20	F
P9	33	10th grade	Married	Cleaner	2	14	F

P stands for participant

After analyzing the collected data three themes emerged each having 2 sub themes except the first theme and are presented as follows.

i. Theme one awareness about the program
ii. Theme two the importance and the challenges to use the program
iii. Theme three mother's perception about the program and their recommendation.

5.2.2: Theme One: Awareness about the Program

All the mothers have the information about the program except the one who works as a cleaner don't hear about the breast feeding support program but from where they hear about the program are not the same. Most of the participants hear from their coworkers and their boss.

"*I heard about the program from my boss before five years. As she told us we will bring our children with the nannies and they will stay at the center and we will get breaks to breast feed. Then we went to the center and have seen it but it was not functioning."* **P4**

One participant also had heard about the program from coworkers and also from media.

"I hear about the program both from my organization and from television. There was a debate to make the maternal leave six months then it announced as making the maternal leave four months and preparing breast feeding center which mothers will bring their children and leave them there and we will breast feed with the breaks we will be offered." **P2**

One participant who had heard about the program from coworkers described the program differently which she hears, the program is only to store their expressed breast milk while they are at work due to lack of well preparedness of the organization to make the breast feeding center functional.

"I heard about the program from my colleagues and it is about that we will express our breast milk when we are at work place and will store in refrigerator prepared for this purpose only then

we will collect it when we return to work and again will be stored in refrigerator again for the next day to feed the baby while we are at work." P5

5.2.2 Theme Two: The Importance and the Challenges to Use the Program

Mothers explain many importance's of the program and also the challenges to bring their children to the center and continue EBF after returning to work.

5.2.2.1 Sub Theme One: Importance's of the Breast-feeding Support Program

As all the mothers expressed they have stopped exclusive breast feeding when they return to work. They all explained as the program is important to help working mothers continue EBF and to reduce the stress they feel about the baby they leave at home.

"When we return to work we are starting giving our children either formula or cow's milk while we are at work but with this breast feeding support program our children are with us and we could continue exclusive breast feeding for up to six month if we are provided with the breast feeding breaks. " P1

"When my child is here while I am working it's important not only for breast feeding it will also help me not to thinking about my child so it will decrease the stress which I will feel and help me to do my job effectively." P8

And some of them also said it will reduce their discomfort they feel when they leave their work before the other staffs to feed their child.

"After returning to work at 4 month our colleagues are helping us by doing our job when we leave work earlier than others to feed our child. Even if it is by their willingness it not comfortable so bringing our child is better. " P4

5.2.2.2 Sub Theme Two: Challenges to Use the Program

Even if all the participants believe the importance of the program but they all mentioned being in a hospital itself is difficult to bring their own child due to the fear of hospital acquired infections. And also some of them mentioned about the difficulty of transportation with a child.

"We are not using civil servants bus because our working hours are not the same with other civil servants so bringing a child with public transport is difficult and it is also suffocated." P2

The other challenge mentioned to use the program is about getting a nanny who will look after the child while the mother is working.

"To use this program i need to bring nanny with me so it is difficult to afford for two nannies one for the kids left at home and one for the child at work place. So for me with the money I am paying to the nanny it's better to buy formula milk and leave my child at home with other kids. " P4

5.2.3 Theme Three: Mothers Perception about the Program and their Recommendation

5.2.3.1 Sub Theme One Mothers: Perception about the Breast-Feeding Support Program

Even if the mothers believe about on the importance of the breast feeding support program to continue EBF after returning to work but when it comes to hospital compound most of them believe the disadvantages of bringing the child are greater than the advantages due to different reasons.

"The center is built near the cafeteria which the staffs, students, patients and patient's attendants are using so the center is not safe for my child. There are many peoples around it so my child may get infections and it's too noisy which makes children awake so I prefer not to breast feed than exposing my child for infection." P7

*"We are working wearing gowns which is prone to infection so when we go to our children to breast feed we need to change and wash, so how many times are we going to do this with the workloads we have. In my opinion for us working in hospital it's difficult to use this program."*P1

And also the transport system they are using affects their believe about the preference of using the program.

"To come to work I am using two to three taxies and after reaching to the hospital compound I will have to pass different wards to reach to the breast feeding center so starting from leaving my home up to reaching to the breast feeding center I will expose my child for different infections and polluted airs. So even if the cost of formula milk is high I prefer to give my child formula milk while I am working. It is better to cost for milk than costing for health care when my child is sick. " P2

5.2.3.2 **Sub Theme Two: Mother's Recommendations to Make the Program Practicable**

With all the importance's they mentioned about the breast feeding support program but they prefer not to use the program ,mothers were asked what they recommend to make the center safe for the children and comfortable for them.

Making the center fenced alone which no one will enter except the mothers who have children there, trained nannies hired by the organization, transportation facility arranged for mothers having breast feeding child, hand washes and showers in the center and assigned in lighter job position are the recommendations mentioned by the mothers.

"Breast feeding by itself needs rest, if we are doing tiresome jobs our breast may not have sufficient milk so we need to be assigned in a lighter job position." P2

6. Discussion

In this study the practice of exclusive breast feeding practice and determining factors were assessed among governmental employed mothers as well as their perception towards the breast feeding support program. As the result indicates employed mothers discontinue EBF before 6 month due to different reasons but mainly due to work related reason (89.9%) which is supported with a study done in Johns Hopkins University School of Medicine and the University of Florida College of Medicine which was done in 2016(20) saying that work-related reasons are reported for early supplementation and breastfeeding cessation.

In this study, mothers with a lower monthly household income had high tendency to practice EBF. And also mothers whose husbands occupation are private employee, merchants and farmers discontinue EBF than mothers whose husbands are governmental employee, this could be related with their monthly income amount which means mothers whose monthly income is low continue EBF due the high cost of formula milk. This agrees with findings from other part of Ethiopia(24). This could be explained by the reason that breastfeeding is the only option for mothers with lower monthly income as they cannot afford to buy other alternative foods.

According to our study being single mother did not have statistically significant association with discontinuation of EBF after return to work by controlling other factors but it is not aligned with a study in Yogyakarta(27) which says the partner's initial support of the choice to breastfeed and encouragement to use the lactation room and milk expression breaks and the mother's perception of the partner's support for baby care were significant predictors of the intention to continue to breastfeeding after returning to work.

Our study showed that the odds of discontinuing EBF was higher among mothers who works shift hours and half day compared with those who works office hour and it contradicts with a study done in Mexico(22). Which suggest that maternal full time employment was negatively associated with breastfeeding among mothers with a child under age one year. This could be due to working another per time work with their free times to overcome their financial challenge.

Time of starting breast-feeding right after delivery was one of the determining factors for discontinuing EBF when return to work. Mothers who start breast feeding after few hours of delivery were more likely to discontinue EBF after return to work and this shows they have exposed their child to bottle feeding in the beginning so they will discontinue EBF when return to work. This result is supported by the study finding(20) that said maternal goal for breastfeeding duration correlated with duration of both exclusive and any breastfeeding.

According to our study duration of maternal leave did not have statistically significant association with discontinuation of EBF after return to work by controlling other factors. This means mothers discontinue EBF not only due to returning to work there might be other reasons like transport facilities which consume their time before and after working time and also the work load they have during the working times. This result is inconsistent with findings from the 1988 National Maternal and Infant Health Survey(21) but this report finds out their analysis does not mean that returning to work directly causes weaning. Some women may wean in anticipation of returning to work, while others may wean in the face of difficulties in managing work and breast-feeding.

On this study the mothers have different information about the breast-feeding support program and also their sources of information are also different and even there are mothers who do have any information about the breast-feeding support program. And also the mothers did not get formal support from their colleagues to use the breast feeding breaks this might affect their perception to use breast-feeding support program and this finding is supported with a study in Taiwan(14) which says awareness of breast pumping

breaks , encouragement by colleagues to use breast pumping breaks, and greater awareness of the benefits of breastfeeding were significant predictors of the use of breast-pumping breaks after returning to work.

According to this study mothers mentioned the work load they have and the amount of milk their breasts have are also reasons not to use the breast feeding support program which is related with mother's reasons in Gonder(9) and Addis Ababa(13), they also mentioned concern about the amount of milk and workload that employed mothers have affects the prevalence of EBF after returning to work.

Due to different reasons most of working mothers discontinue EBF after return to work and from the interviewed mother even if they know the importance of the breast feeding support program to help mothers continue EBF after return to work most of them prefer not to use the breast feeding support program because of fear of hospital acquired infections, difficulty of transportation, noise, cleanliness and likes. So they recommended issues such as Making the center fenced alone which no one will enter except the mothers who have child there, trained nannies hired by the organization, transportation facility arranged for mothers having breast feeding child, hand washes and showers in the center and assigned in lighter job position this result aliens with studies in united states from 2009-2011 (25) which suggests duration of breast-feeding correlated with the support level at work and the sufficiency of time and availability of appropriate places at work to express milk and retrospective survey done in Taiwan in 2002 (14) which finds perception of inefficiency when using breast-pumping breaks reduced an employed mother's intention to use breast-pumping breaks.

7. Strength and Limitation

Strength

- The study combines cross-sectional study design with the qualitative method
- All the participants are from health care facilities which controls the contextual difference in relation with the type of the organization

Limitation

- Majority of the participants are health care workers which may affect the perception of mother in regards hospital acquired infection
- The qualitative portion is done only from the mothers perspective it should include the administrative perspective.

8. Conclusion

The study identified that working mothers discontinue EBF before 6 month, and their discontinuation of EBF after return to work is statistically significantly associated with work related conditions like working time, their monthly income and time of starting breast feeding right after delivery. And mothers intention to use the breast feeding support program which helps mothers to continue EBF is affected due cleanliness issues, transport difficulties, hospital acquired infections and work overload.

9. Recommendation

To Addis Ababa Health Bureau

Effort should be made to design and implement creating awareness about the breast feeding support program and how it should be implemented in health facilities to make the centers suitable to the mothers and their child and make the program practicable to help working mothers continue EBF after return to work.

To Addis Ababa Hospitals

Addis Ababa Hospitals should have discussion opportunities with their respective staffs to have a common understanding about the breast feeding support program. And the administrative should get information from the mother's side to make the center comfortable and suitable for them and their child.

To Researchers

Further studies should be conducted about the breast feeding support program from the administrates perspectives qualitatively to verify the findings of this study.

REFERENCE

1. Iellamo A, Sobel H, Engelhardt K. Working mothers of the World Health Organization Western Pacific offices: lessons and experiences to protect, promote, and support breastfeeding. Journal of human lactation. 2015;31(1):36-9.
2. développement OmdlsDse, Staff WHO, Organization WH, UNICEF. Global strategy for infant and young child feeding: World Health Organization; 2003.
3. Kolinsky HM. Respecting working mothers with infant children: The need for increased federal intervention to develop, protect, and support a breastfeeding culture in the United States. Duke J Gender L & Pol'y. 2010;17:333.
4. Gandy K, King K, Hurle PS, Bustin C, Glazebrook K. Poverty and decision-making. London: The Behavioural Insights Team Google Scholar. 2016.
5. Sanghvi T, Haque R, Roy S, Afsana K, Seidel R, Islam S, et al. Achieving behaviour change at scale: Alive & Thrive's infant and young child feeding programme in Bangladesh. Maternal & child nutrition. 2016;12:141-54.
6. Demographic CE. Health Survey-2011. Central Statistical Agency Addis Ababa. Ethiopia ICF International Calverton, Maryland, USA. 2012. 2016.
7. Jennings J, Hirbaye M. Review of incorporation of essential nutrition actions into public health programs in Ethiopia. Washington DC: The Food and Nutrition Technical Assistance Project (FANTA) Equinet Newsletter. 2008:1-25.
8. Alemayehu T, Haidar J, Habte D. Determinants of exclusive breastfeeding practices in Ethiopia. Ethiopian Journal of Health Development. 2009;23(1).
9. Andargie CG, Assefa BY, Alemu GY. Exclusive breastfeeding and mothers' employment status in Gondar town, Northwest Ethiopia: a comparative cross-sectional study. International breastfeeding journal. 2017.
10. Macro O. Central Statistical Agency Addis Ababa, Ethiopia. 2006.
11. Brown C, Dodds L, Legge A, Bryanton J, Semenic S. Factors influencing the reasons why mothers stop breastfeeding. Can J Public Health. 2014;105(3):e179-85.
12. Organization WH. Indicators for assessing breast-feeding practices: report of an informal meeting, 11-12 June 1991, Geneva, Switzerland. 1991.
13. Elyas L, Mekasha A, Admasie A, Assefa E. Exclusive Breastfeeding Practice and Associated Factors among Mothers Attending Private Pediatric and Child Clinics, Addis Ababa, Ethiopia: A Cross-Sectional Study. International journal of pediatrics. 2017;2017.
14. Tsai S-Y. Employee perception of breastfeeding-friendly support and benefits of breastfeeding as a predictor of intention to use breast-pumping breaks after returning to work among employed mothers. Breastfeeding Medicine. 2014;9(1):16-23.
15. Ball TM, Bennett DM. The economic impact of breastfeeding. Pediatric Clinics of North America. 2001;48(1):253-62.
16. Jones J. The methodology of nutritional screening and assessment tools. Journal of Human Nutrition and Dietetics. 2002;15(1):59-71.
17. McFadden A, Toole G. Exploring women's views of breastfeeding: a focus group study within an area with high levels of socio-economic deprivation. Maternal & child nutrition. 2006;2(3):156-68.
18. al. SKe. The Global Strategy for Women's, Children's and Adolescents health (2016-2030) : a roadmap based on evidence and country experience Bull World Health Organization 2016;94(Ensuring Children Survive & Thrive):398-400.
19. Nations U. The Sustainable Development Goals Report Bull World Health Organization. 2016.
20. Sattari M, Serwint JR, Shuster JJ, Levine DM. Infant-feeding intentions and practices of internal medicine physicians. Breastfeeding Medicine. 2016;11(4):173-9.

21. Visness CM, Kennedy KI. Maternal employment and breast-feeding: findings from the 1988 National Maternal and Infant Health Survey. American Journal of Public Health. 1997;87(6):945-50.
22. Rivera-Pasquel M, Escobar-Zaragoza L, de Cosío TG. Breastfeeding and maternal employment: Results from three national nutritional surveys in Mexico. Maternal and child health journal. 2015;19(5):1162-72.
23. Asfaw MM, Argaw MD, Kefene ZK. Factors associated with exclusive breastfeeding practices in Debre Berhan District, Central Ethiopia: a cross sectional community based study. International breastfeeding journal. 2015;10(1):23.
24. Tewabe T, Mandesh A, Gualu T, Alem G, Mekuria G, Zeleke H. Exclusive breastfeeding practice and associated factors among mothers in Motta town, East Gojjam zone, Amhara Regional State, Ethiopia, 2015: a cross-sectional study. International breastfeeding journal. 2016;12(1):12.
25. Alvarez R, Serwint JR, Levine DM, Bertram A, Sattari M. Lawyer mothers: Infant-feeding intentions and behavior. Southern medical journal. 2015;108(5):262.
26. Tsai S-Y. Influence of partner support on an employed mother's intention to breastfeed after returning to work. Breastfeeding Medicine. 2014;9(4):222-30.
27. Ratnasari D, Paramashanti BA, Hadi H, Yugistyowati A, Astiti D, Nurhayati E. Family support and exclusive breastfeeding among Yogyakarta mothers in employment. Asia Pacific journal of clinical nutrition. 2017;26(Supplement):S31.
28. Basrowi RW, Sulistomo AB, Adi NP, Vandenplas Y. Benefits of a dedicated breastfeeding facility and support program for exclusive breastfeeding among workers in Indonesia. Pediatric gastroenterology, hepatology & nutrition. 2015;18(2):94-9.
29. Brasileiro AA, Ambrosano GMB, Marba STM, Possobon RdF. Breastfeeding among children of women workers. Revista de saude publica. 2012;46(4):642-8.
30. Fein SB, Roe B. The effect of work status on initiation and duration of breast-feeding. American journal of public health. 1998;88(7):1042-6.
31. Verma A, Dixit P. Knowledge and Practices of Exclusive Breastfeeding among Women in Rural Uttar Pradesh. J Neonatal Biol. 2016;5(3):228.
32. Danso J. Examining the practice of exclusive breastfeeding among professional working mothers in Kumasi metropolis of Ghana. Int J Nurs. 2014;1(1):11-24.

ANNEX

Informed Consent (English Version)

Addis Ababa University, School of public health

Subject Information Sheet

Hello,

My name is ———————————————— I am here on behalf of Tseganesh Tesfaye, a student at Addis Ababa University School of Public Health General Public Health department. She is conducting a research for her MPH thesis with a title of "Assessment of working mother exclusive breast feeding practice and their perception towards the breast feeding support program" .She has received permission from Addis Ababa University School of Public Health to conduct this research.

You are selected by simple random sampling technique(lottery method) from mothers who are working here and have a child less than 2 years, as you have child less than 2 years old so you can give resent information about your breast feeding practice. Your participation on this study will only be based on your willingness.You have the right to choose not to take part in this study. Your refusal will not have any problem on your work. I want to assure you that all of your answers will be kept strictly secret. I will not keep a record of your name or address. I would like to inform you that the responses that you provide to the questions are very essential, not only, for the successful accomplishment of the study, but also for producing relevant information which will be helpful in making the breast feeding support program practicable and suitable to the mothers and their child . The interview will takes approximately 25 minutes to complete.

If you have anything you want to communicate with the investigator you can contact her by +2519 16 00 30 51 (mobile number) and tsegat116@gmail.com (email address).

Informed Consent

I have read and understand the provided information and have had the opportunity to ask question. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without cost. I understand that I will be given a copy of this consent form. I voluntarily agree to take part in this study.

Participant's signature

_____ Date _____

Interviewer's signature

_____ Date _____

Name of interviewer who sought the consent: _____

Telephone (mobile number): _____

Email: _____

Date of data collection: _____

Date &Signature: _____

Name of supervisor: _____

Telephone (mobile number): _____

Email: _____

Date Signature: _____

English language Questioner

Please tick √ on the correct answer

	Part 1: Socio demographic part		
No	**Questions**	**Answers**	**Code**
101	Mother's age	**……..**	
102	Last child age(in month)	**……..**	
103	Sex of child	□ Male □ Female	
104	Mother's religion	□ Orthodox □ Muslim □ Protestant □ Other	
105	Mother's education level:	□ Associate degree(junior college) □ Bachelor's degree □ Master's degree □ Doctorate □ Non formally educated □ None of the above (less than high school)	
106	Your monthly Income	**…….ETB**	
107	Marital status	□ Married/Co-habiting □ Divorcee/Separated □ Widowed □ Single	
108	Number of children	……..	

	Part 2: Husband/partner socio-demographic characteristics		
201	Husband's Educational level	□ Associate degree(junior college) □ Bachelor's degree □ Master's degree □ Doctorate □ Non formally educated □ None of the above (less than high school)	
202	Husband's Occupational status	□ Government employee □ Private employee □ Merchant □ Farmer □ Other……specify	
203	Husband's monthly Income	_____ ET. Birr	
	Part 3: Work condition related questions		
301	What is your position know?	……..	
302	Duration of working in the same occupation	□ < 2 years □ 2-5 years □ 5-10 years □ > 10 years	
303	Occupational status	□ Full time □ Part time	
304	Working operation	□ Permanent (at one place) □ Working outstation	
305	Working time	□ office hour(8 am-5pm) □ shift (morning /afternooon/ night/ others……..) □ halfday(specify……	

		……) □ flexible hours (specify……..)	
306	Does your employer give any maternity leave? If yes state the duration:	□ Yes □ No…… skip to Q No 307 □ 2 months □ 3 months □ 4 months □ > 4 months	
307	Was there any paternity leave given to husband after you had given birth? If yes, for how long it was given?	□ Yes □ No…….. skip to Q No 401 ……	
	Part 4: Maternal health conditions related questions		
401	Did you have any complication during pregnancy or during delivery of the last child? If yes, specify the type of complication/problem	□ Yes □ No……. skip to Q No 402 □ Pregnancy induced hypertension □ gestational diabetes mellitus □ postpartum bleeding □ retained placenta □ Others, specify……	

402	Do you have any health related problem which hampers you from breast feeding? If yes, specify the type of problem	□ Yes □ No……. skip to Q No 403 ……..	
403	Do you smoke?	□ Yes □ No	
404	Do you drink alcohol?	□ Yes □ No	
405	Were you using contraceptive during breast feeding of your last child? If yes, which method?	□ Yes □ No……. skip to Q No 501 □ Pills □ Injectable □ Implant □ IUCD Others	
	Part 5 : EBF Practice Questions		
501	When did you start breast feeding after delivery?	□ With in an hour □ After few hours □ I don't remember	
502	Daily frequency of your breast feeding	□ 4 times a day □ 8 times a day □ Other……. Specify	
503	Do you breast feed your baby exclusively? If yes for how long EBF?	□ Yes □ No……. skip to Q No 504 □ <2 months □ 2-4 months □ 4-6 months □ 6 months	

504	Do you continue EBF after return to work? If “No” why? Mention your reason If “yes” How you combined EBF& work?	□ Yes □ No …… □ Breastfed before & after work/infant formula during working hours □ Breastfed before & after work/expressed breast milk during working hours □ Breastfed baby before/after/during working hours □ Other	
505	Did your husband or partner gave support to breastfeed your baby?	□ always □ usually □ seldom □ does not care □ never	

Informed Consent (English Version)

Addis Ababa University, School of public health

Subject Information Sheet

Hello,

My name is Tseganesh Tesfaye, a student at Addis Ababa University School of Public Health General Public Health department. I am conducting a research for my MPH thesis with a title of "The assessment of working mother exclusive breast feeding practice and their perception towards the breast feeding support program". I havereceived permission from Addis Ababa University School of Public Health to conduct this research.

You are selected by purposive sampling technique from mothers who are working here and have a child less than 2 years, as you have child less than 2 years old so you can tell me your perception towards the breast feeding support program in relation with your previous exclusive breast feeding practice after returning to work. Your participation on this study will only be based on your willingness .You have the right to choose not to take part in this study. Your refusal will not have any problem on your work. I want to assure you that all of your answers will be kept strictly secret. I will not keep a record of your name or address. I would like to inform you that the responses that you provide to the questions are very essential, not only, for the successful accomplishment of the study, but also for producing relevant information which will be helpful in making the breast feeding support program practicable and suitable to the mothers and their child . The interviews will be audio taped for the purpose of not missing part of our discussion in the analysis. After the analysis the recorded audio will be destroyed and it is only me who is going to listen the record. The interview will take approximately 30-40 minutes to complete.

Informed Consent

I have read and understand the provided information and have had the opportunity to ask question. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without cost. I understand that I will be given a copy of this consent form. I voluntarily agree to take part in this study.

Participant's signature

_____ Date _____

Interviewer's signature

_____ Date _____

Name of interviewer who sought the consent: _____

Telephone (mobile number): _____

Email: _____

Date of data collection: _____

Date &Signature: _____

Name of supervisor: _____

Telephone (mobile number): _____

Email: _____

Date Signature: _____

Interview guide (English version)

No	
	Introduction
	Greeting Self Introduction General question about the interviewee other than the topic of interest Lets go to our discussion
1	**Knowledge questions**
	What do you know about the breast feeding support program? From where do you get the information? Tell me what you know about the program? Tell me all you know?
2	**Questions about the institutions**
	What is your institution current situation in relation to start the program? Tell me about the institutions breast feeding center in your institutions?
3	**Perception questions about the program**
	What are the importances's of the program? How could the program help mothers continue EBF after return to work? What are the challenges to use this program? How you going to use the program in the future? How you see the program in regards to improving your economy? How you see the program in regards to the doing the work efficiently? What you suggest to make the program practicable? What you suggest to make the program comfortable/suitable to the child and the mother? What other employees say about the program?
	Concluding remarks
	Is there anything you like to add to this interview? Thank you very much for your participation

በመረጃ ላይ ተመስርቶ የሚሰጥ ስምምነት

አዲስ አበባ ዩኒቨርሲቲ፣ የማህበረሰብ ጤና ትምህርት ቤት

ጉዳዩ፡- የመረጃ መስጫ ቅጽ

እንደ ምን አሉ?

ስሜ _____ ሲሆን እዚህ የተገኘሁት የአዲስ አበባ ዩኒቨርሲቲ፣ የማህበረሰብ ጤና ትምህርት ቤት፣ የጠቅላላ የማህበረሰብ ጤና የትምህርት መምሪያ ተማሪ የሆነችው ፀጋነሽ ተስፋዬን ወክዬ ነው። ተማሪዋ በአሁኑ ወቅት ‹‹የሰራተኛ እናቶች ጡት የማጥባት ተሞክሮ እና ለጡት ማጥባት ድጋፍ ፕሮግራም ያላቸው አቀባበል›› በሚል ርእስ በኤምፒኤች ላይ የመመረቂያ ጽሁፍ ጥናቷን እየሰራች ነው። ተማሪዋ ይህን ጥናት ለማካሄድ ከአዲስ አበባ ዩኒቨርሲቲ የማህበረሰብ ጤና ት/ቤት ፍቃድ ተሰጥቷታል።

እርስዎ እዚህ ከሚሰሩና እድሜያቸው ከ2 አመት በታች የሆኑ ህጻናት ካሏቸው እናቶች መካከል የተመረጡት በቀላል ጥቅል የናሙና መውሰጃ ዘዴ አማካኝነት ሲሆን እድሜው ከ2 አመት በታች የሆነ ህጻን ልጅ ያልዎ እንደመሆኑ ስለ ጡት ማጥባት ተሞክሮዎ የቅርብ መረጃ ሊሰጡን ይችላሉ። በዚህ ጥናት ላይ የሚያደርጉት ተሳትፎ በፍቃደኝነት ላይ ብቻ የተመሰረተ ነው። በጥናቱ ላይ ያለመሳተፍ መብት አልዎ። በጥናቱ ላይ ላለመሳተፍ መምረጥዎ በስራዎ ላይ ምንም ችግር አያስከትልብዎትም። የሚሰጡን ሁሉም መልሶች በጥብቅ ሚስጥር የሚያዙ መሆኑን ላረጋግጥልዎ እወዳለሁ። ስምዎን እና አድራሻዎን መዝግቤ አልይዝም። ለጥያቄዎቹ የሚሰጡኝ መልሶች ጥናቱን በስኬት ለማጠናቀቅ ብቻም ሳይሆን በእናቶችና ህጻናት ልጆቻቸው ለሚተገበረውና ተስማሚ ለሆነው የጡት ማጥባት ድጋፍ ፕሮግራም ተገቢ መረጃ ለመስጠት በማገዝ ረገድ እጅግ ጠቃሚ እንደሆነ ልገልጽልዎት እወዳለሁ። ቃለ መጠይቁን ለማጠናቀቅ ቢበዛ 25 ደቂቃዎች ይወስዳል።

ጥናቱን በተመለከተ የጥናቱን ባለቤት በማንኛውም ጉዳይ ማነጋገር ከፈለጉ +2519 16 00 30 51 (ሞባይል ቁጥር) እና tsegat116@gmail.com (ኢ- ሜይል) ማግኘት ይችላሉ።

በመረጃ ላይ የተመሰረተ ስምምነት

ከላይ የተገለጸውን መረጃ በሚገባ ተገንዝቤአለሁ ያልገባገኝንም ነገሮቸ የምጠይቅበት እድል አጊንቼ ተብራርቶልኛል። ተሳትፎዬም በፈቃደኝነት ላይ የተመሰረተ እና በማንኛዉም ሰአት ተሳትፎዬን ምንም ችግር ሳይደርስብኝ ማቁአረጥ እንደምችል ተረድቼአለሁ። የዚህ ስምምነት ግልባች እንደሚሰጠኝም ተነግሮኛል። በመሆኑም በዚህ ጥናት ላይ ለመሳተፍ ፍቃደኛ ነኝ።

የተሳታፊው ፊርማ _____ቀን _____

ቃለ-መጠይቅ አድራጊው ፊርማ _____ቀን _____

ሥምምነት የጠየቀው ቃለ መጠይቅ አድራጊ ስም፡ _____

ዳታ የሚሰበሰብበት ቀን _____

ስልክ ቁጥር _____

ኢ- ሜይል _____

ቀንና ፊርማ፡ _____

የኃላፊ ስም፡ _____

ስልክ ቁጥር _____

ኢ- ሜይል _____

የተፈረመበት ቀን፡ _____

የአማርኛ ቋንቋ መጠይቅ

እባክዎ በትክክለኛው መልስ ላይ (√) ምልክት ያድርጉ፡-

ክፍል 1፡ የማህበራዊ አኗኗር ሁኔታ ክፍል			
ተ/ቁ	**ጥያቄዎች**	**መልሶች**	**መለያ**
101	የእናት እድሜ	_____	
102	የመጨረሻ ልጅ እድሜ (በወራት)	_____	
103	የህጻን ጾታ (የመጨረሻ ልጅ)	☐ ጋንድ ☐ ኔት	
104	የእናት ሀይማኖት	☐ ርቶዶክስ ☐ ስልምና ☐ ሮቴስታንት ☐ ላ	
105	የእናት የትምህርት ደረጃ	☐ ሶሺየት ዲግሪ (ጀማሪ የኮሌጅ ምሩቅ) ☐ መጀመሪያ ዲግሪ ☐ ተለተኛ ዲግሪ ☐ ክትሬት ☐ በኛትምህርትያልተማረች ☐ ላይ ከተገለጹት የተለየ (ከሁለተኛ ደረጃ ትምህርት በታች)	
106	የእናትወርሀዊ ገቢ	_____ብር	
107	የጋብቻ ሁኔታ	☐ ገባች/አብሮ መኖር ☐ ፍቺ እና በመሳሰሉት የተለያየች ☐ ል የሞተባት ☐ ላገባች	

108	የልጆች ብዛት	_____	
ክፍል 2፡ የባል/ አብሮ ኗሪ የማህበራዊ አኗኗር ሁኔታ ባህሪያት			
201	የባል የትምህርት ደረጃ	☐ሶሺየት ዲግሪ (ጀማሪ የኮሌጅ ምሩቅ) ☐መጀመሪያ ዲግሪ ☐ኮለተኛ ዲግሪ ☐ኽክትሬት ☐በኛትምህርትያልተማረች ☐ላይ ከተገለጹት የተለየ (ከሁለተኛ ደረጃ ትምህርት	
202	የባል ሙያ/ ስራ	☐መንግስት ሰራተኛ ☐ግል ሰራተኛ ☐ጋዴ ☐ርሷደር ☐ኌላ ---------- ይግለጹ	
203	የባል ወርሀዊ ገቢ	---------- ብር	
ክፍል 3፡ ከጥያቄዎቹ ጋር ተያያዥነት ያለው የስራ ሁኔታ			
301	ወቅታዊ የስራ መደብዎ ምንድን ነው?	----------	
302	በተመሳሳይ ስራ የሰሩበት ዘመን	☐አመት ☐-5 አመት ☐-10 አመት ☐0 አመት	
303	የሰራ ሁኔታ	☐ሙሉ ሰአት ☐ግማሽ ቀን	
304	የስራ ቦታ	☐ሚ (አንድ ቦታ) ☐መደበኛ የስራ ቦታ ውጭ የሚኬድበት	

305	የስራ ጊዜ/ ሰአት	☐መደበኛ የስራ ሰአት (ከጠዋቱ 02- ቀኑ 11 ሰአት ☐ፈረቃ (ጠዋት፣ ከሰአት በኋላ፣ ምሽት/ ሌላ ----------) ☐ግማሽ ቀን (ይግለጹ ----------) ☐ተለዋዋጭ (ይግለጹ ----------)	
306	አሰሪዎ የትኛውንም የእናትነት እረፍት ይሰጣል? የሚሰጥ ከሆነ ምን ያህል ጊዜ	☐ዎ ☐ይደለም -------- ወደ ጥ.ቁ. 307 ይለፉ ☐ ወራት ☐ ወራት ☐ወራት	
307	እርስዎ ከወለዱ በኋላ ለባለቤትዎ ማንኛውም የአባትነት እረፍት ይሰጣል? አዎ ከሆነ ምን ያህል ጊዜ?	☐ዎ ☐ይደለም -------- ወደ ጥ.ቁ. 401 ይለፉ ----------	
ክፍል 4፡ ከጥያቄዎቹ ጋር ተያያዥ የእናት የጤና ሁኔታዎች			
401	የመጨረሻ ልጅዎልጅዎን ባረገዙበት ወይም በወለዱበት ወቅት የትኛውም የጤና ችግር አጋጥሞዎት ነበር? መልስዎ አዎ ከሆነ ያጋጠምዎትን ችግር አይነት ይግለጹ	☐ዎ ☐ይደለም ----- ወደ ጥ.ቁ 402 ይለፉ ☐ርግዝና የደም ግፊት አስከትሎብኛል ☐እርግዝናው ጊዜ የስኪር መጠኔ ጨምሯል ☐ድህረ ወሊድ ደም መፍሰስ አጋጥሞኛል ☐እንግዴ ልጅ ቀርቶብኛል ☐ሌላይግለጹ ----------	

402	ጡት ከማጥባት የገደብዎት ማንኛውም የጤና ችግር አለብዎ? አዎ ከሆነ የችግሩን አይነት ይግለጹ	☐ዎ ☐ይደለም ----- ወደ ጥ.ቁ 403 ይለፉ ----------	
403	ሲጃራ ያጤሳሉ?	☐ዎ ☐ይደለም	
404	የአልኮል መጠጥ ይጠጣሉ?	☐ዎ ☐ይደለም	
405	የመጨረሻ ልጅዎን በሚያጠቡበት ወቅት የወሊድ መከላከያ ይወስዱ ነበር? አዎ ከሆነ የትኛውን ዘዴ?	☐ዎ ☐ይደለም ----- ወደ ጥ.ቁ. 501 ይለፉ ☐ንክብል ☐ሶስት ወር መርፌ ☐ክርን የሚቀበር ☐ህፀን የሚቀበር ☐ሌሎች……..	
ክፍል 5፡ የጡት ብቻ ማጥባት ተሞክሮ ጥያቄዎች			
501	ከወሊድ በኋላ ጡት ማጥባት የጀመሩት መቼ ነበር?	☐አንድ ሰአት ውስጥ ☐ጥቂት ሰአት በኋላ ☐ላስታውስም	
502	በቀን ምን ያህል ጊዜ ያጠባሉ?	☐ቀን 4 ጊዜ ☐ቀን 8 ጊዜ ☐ሌላ ---------- ይግለጹ	
503	ልጅዎን የሚያጠቡት ጡት ብቻ ነው? አዎ ከሆነ ጡት ብቻ ለምን ያህል ጊዜ?	☐ዎ ☐ይደለም ----- ወደ ጥ.ቁ. 504 ይለፉ ☐ወራት	

		☐-4 ወራት ☐-6 ወራት ☐ ወራት	
504	ወደ ስራ ከተመለሱ በኋላጡት ብቻ ማጥባትዎን ቀጥለዋል? ‹አይደለም› ከሆነ በምን? ምክንያትዎን ይግለጹ ‹‹አዎ›› ከሆነ ጡት ብቻ ማጥባት እንዴት ከስራዎ ጋር ማጣጣም ቻሉ?	☐ዎ ☐ይደለም ---------- ☐ስራ ሰአት በፊትና በኋላ አጠባለሁ/ በስራ ሰአት የህጻናት ፎርሙላ ወተት እሰጠዋለሁ ☐ስራ ሰአት በፊትና በኋላ አጠባለሁ/ በስራ ሰአትጡቴን አልበቤ እሰጠዋለሁ ☐ጻኑን በስራ ሰአት/ከስራ ሰአት በፊት/ከስራ ሰአት በኋላ አጠባዋለሁ ☐ኌላ	
505	ባለቤትዎ ወይም የትዳር ጓደኛዎ ልጅዎን ማጥባትዎ ላይ ያግዝዎታል?	☐ኑልጊዜም ☐ሞደበኛ ባልሆነ ጊዜ ☐ልፎ አልፎ ☐ዳይ አይሰጠውም ☐ያግዘኝም	

በመረጃ ላይ ተመስርቶ የሚሰጥ ስምምነት

አዲስ አበባ ዩኒቨርሲቲ፣ የማህበረሰብ ጤና ትምህርት ቤት

ጉዳዩ፡- የመረጃ መስጫ ቅጽ

እንደ ምን አሉ?

ስሜ ጸጋነሽ ተስፋዬ ሲሆን የአዲስ አበባ ዩኒቨርሲቲ፣ የማህበረሰብ ጤና ትምህርት ቤት፣ የጠቅላላ የማህበረሰብ ጤና የትምህርት መምሪያ ተማሪ ነኝ። በአሁኑ ወቅት ‹‹የሰራተኛ እናቶች ጡት የማጥባት ተሞክሮ እና ለጡት ማጥባት ድጋፍ ፕሮግራም ያላቸው አቀባበል›› በሚል ርእስ በኤምፒኤች ላይ የመመረቂያ ጽሁፍ ጥናቴን እየሰራሁ ነው። ይህን ጥናት ለማካሄድ ከአዲስ አበባ ዩኒቨርሲቲ የማህበረሰብ ጤና ት/ቤት ፍቃድ ተሰጥቶኛል።

እርስዎ እዚህ ከሚሰሩና እድሜያቸው ከ2 አመት በታች የሆኑ ህጻናት ካሏቸው እናቶች መካከል የተመረጡት ሆን ተብሎ ሲሆን ይህም የሆነው ከ2 አመት በታች የሆነ ህጻን ልጅ ያልዎ እንደመሆኑ ስለ ጡት ማጥባት ተሞክሮዎ የቅርብ መረጃ ሊሰጡን ስለሚችሉ ነው። በዚህ ጥናት ላይ የሚያደርጉት ተሳትፎ በፍቃደኝነት ላይ ብቻ የተመሰረተ ነው። በጥናቱ ላይ ያለመሳተፍ መብት አልዎ። በጥናቱ ላይ ላለመሳተፍ መምረጥዎ በስራዎ ላይ ምንም ችግር አያስከትልብዎትም። የሚሰጡን ሁሉም መልሶች በጥብቅ ሚስጥር የሚያዙ መሆኑን ላረጋግጥልዎ እወዳለሁ። ስምዎን እና አድራሻዎን መዝግቤ አልይዝም። ለጥያቄዎቹ የሚሰጡኝ መልሶች ጥናቱን በስኬት ለማጠናቀቅ ብቻም ሳይሆን በእናቶችና ህጻናት ልጆቻቸው ለሚተገበረውና ተስማሚ ለሆነው የጡት ማጥባት ድጋፍ ፕሮግራም ተገቢ መረጃ ለመስጠት በማገዝ ረገድ እጅግ ጠቃሚ እንደሆነ ልገልጽልዎት እወዳለሁ። ቃለ መጠይቁ ለውይይታችን ትንተና አስፈላጊ የሆነ ምንም መረጃ እንዳያመልጠን ሲባል በድምጽ ሊቀዳ ይችላል። የተቀዳው ድምጽ ላይ ትንተና ከተካሄደ በኋላ ማንም ሰው ደግሞ እንዳያዳምጠው ይሰረዛል። ቃለ መጠይቁን ለማጠናቀቅ ቢበዛ ከ30 እስከ 40 ደቂቃዎች ይወስዳል።

በመረጃ ላይ የተመሰረተ ስምምነት

ከላይ የተገለጸውን መረጃ በሚገባ ተገንዝቤአለሁ ያልገባገኝንም ነገሮቸ የምጠይቅበት እድል አጊንቼ ተብራርቶልኛል። ተሳትፎዬም በፈቃደኝነት ላይ የተመሰረተ እና በማንኛዉም ሰአት ተሳትፎዬን ምንም ችግር ሳይደርስብኝ ማቁአረጥ እንደምችል ተረድቼአለሁ። የዚህ ስምምነት ግልባች እንደሚሰጠኝም ተነግሮኛል። በመሆኑም በዚህ ጥናት ላይ ለመሳተፍ ፍቃደኛ ነኝ።

የተሳታፊው ፊርማ _____ቀን _____

ቃለ-መጠይቅ አድራጊው ፊርማ _____ቀን _____

ሥምምነት የጠየቀው ቃለ መጠይቅ አድራጊ ስም፡ _____

ዳታ የሚሰበሰብበት ቀን _____

ስልክ ቁጥር _____

ኢ- ሜይል _____

ቀንና ፊርማ፡ _____

የኃላፊ ስም፡ _____

ስልክ ቁጥር _____

ኢ- ሜይል _____

የተፈረመበት ቀን፡ _____

የቃለ መጠይቅ መመሪያ (አማርኛ)

ተ/ቁ	
	መግቢያ / ትውውቅ
	ስለ እራስ መግለጽ ትኩረት ከተደረገበት እርሰ ጉዳይ ይልቅ ቃለ መጠይቅ ተደራጊውን የተመለከቱ ጠቅላላ ጥያቄዎች ወደ ውይይቱ መግባት
1	**የእውቀት ጥያቄዎች**
	ስለ ጡት ማጥባት ድጋፍ ፕሮግራም ምን ያውቃሉ? መረጃውን ያገኙት ከየት ነው? ስለ ፕሮግራሙ የሚያውቁትን ይንገሩኝ? እስኪ ሁሉንም የሚያውቁትን ይንገሩኝ?
2	**ስለ ተቋማት የተመለከቱ ጥያቄዎች**
	ተቋምዎ ፕሮግራሙን ከመጀመር ጋር በተያያዘ አሁን የሚገኝበት ደረጃ ምንድን ነው? በተቋምዎ ውስጥ ስላለው የተቋማት የጡት ማጥባት ማእከል ይንገሩኝ?
3	**ስለ ፕሮግራሙ ያለ አመለካከት**
	ፕሮግራሙ የሚያስገኛቸው ጥቅሞች ምንድን ናቸው? ፕሮግራሙ እናቶች ወደ ስራ ከተመለሱ በኋላ እንዴት ጡት ብቻ ማጥባት እንዲቀጥሉ ይረዳቸዋል? ይህን ፕሮግራም የመጠቀም ተግዳሮቶች ምንድን ናቸው? ፕሮግራሙን ወደፊት እንዴት ይጠቀማሉ? ኢኮኖሚዎን ከማሻሻል ጋር በተያያዘ ፕሮግራሙን እንዴት ያዩታል? ስራዎን ውጤታማ በሆነ መልኩ ከመስራት ጋር በተያያዘ ፕሮግራሙን እንዴት ያዩታል? ፕሮግራሙ እንዲለመድ ለማድረግ ምን አስተያየት ይሰጣሉ? ፕሮግራሙን ለህጻናትና እናቶች ምቹ/ተስማሚ ለማድረግ የሚሰጡት አስተያየት ምንድን ነው? ሌሎች ሰራተኞች ስለ ፕሮግራሙ ምን ይላሉ?
	የማጠቃለያ አስተያየቶች
	በዚህ ቃለ መጠይቅ ላይ መጨመር የሚፈልጉት ማንኛውም ነገር አለ? ስለ ተሳትፎዎ እጅግ በጣም እናመሰግናለን

CURRICULUM VITAE

TSEGANESH TESFAYE WOLDE

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PERSONAL DATA

Full Name: Ms. Tseganesh Tesfaye Wolde

Sex: Female

Age: 29

Marital Status: Married

Birth Date: May 03, 1990 G.C.

Birth Place: Shashemene (East shoa)

Country of Birth: Ethiopia

Nationality: Ethiopian

Religion: Protestant

EDUCATION

BSc. Degree, Faculty of Health sciences, in the department of **Generic Nursing**, from Meda Walabu University, Ethiopia.

EMPLOYMENT

November/01/2013 to June/7/2015, in Malga wereda Wejigra health center as a **Professional Nurse** (≈ 2 years).

June/8/2015 to October/10/2017, in Hawassa Univeristy Comprhensive Specialized Hospital as a **Professional Nurse** (≈ 2 years).

Total =4 years

DRAIVING LICENSE

'I do have automobile Driving licenses'

LANGUAGE SKILL

Type of language	Writing	Speaking	Listening
English	Excellent	Excellent	Excellent
Amharic	Excellent	Excellent	Excellent

COMPUTER SKILL

Type of computer program	Level of skill		
	Beginner	Regular user	Advanced user
Ms-Windows			✓
Ms-Word			✓
Ms-excel			✓
Ms-Access			✓
Power point			✓
Internet and email			✓
Scanner			✓
Outlook express			✓

ADDITIONAL CAPACITY BUILDING TRAININGS ATTENDED

Training	Training date	Organized by	Training place
Scientific Writing and Communication	Dec 3-7, 2018	NORHED	Addis Ababa, Ethiopia

CURRENT FULL ADDRESS

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Declaration

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

Name: Tseganesh Tesfaye Wolde

Signature: ----------

Place: Addis Ababa

Date of submission: ----------

This thesis has been submitted with my approval as University advisor

Mulugeta Betre Gebremariam (Associate professor-Dr.)

Signature: ----------