COLLEGE OF HEALTH SCIENCES

SCHOOL OF NURSING AND MIDWIFERY

DEPARTMENT OF NURSING

# FATHERS INVOLVMENT IN CHILD FEEDING PRACTICE AND ITS ASSOCIATED FACTORS AMONG FATHERS HAVING CHILDREN AGED 6-24 MONTHS IN WORABE TOWN ADMINSTRATION SILITE ZONE ,2025

BY; KEDIR HUSSEN (BSC)

ADVISORS

1. Mr. ABDISSA BOKA (MSc, MPH/RH, Assistant professor)

2. Mr. WUDMA ALEMU (MSc, Assistant professor, PhD fellow)

THIS THESIS SUBMITTED TO THE SCHOOL OF NURSING COLLEGE OF HEALTH SCIENCE GRADUATE STUDIES OF ADDIS ABABA UNIVERSITY IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTERS OF SCIENCE IN PEDIATRICS AND CHILD HEALTH NURSING

JUNE, 2025

ADDIS ABABA ,ETHIOPIA

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| Full title of the research project | Fathers involvement in child feeding practice and associated factors among fathers having children6-24 month in Worabe town administration Silite zone ,2025 |
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| Study period | from January 20 to February 20/2025. |
| Project area | Worabe town, Silte zone Central Ethiopia |
| Total budget | 57628 |

# APPROVAL SHEET

ADDS ABABA UNIVERSITY

COLLEGE OF HEALTH SCIENCES

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DEPARTMENT OF NURSING

I, the undersigned, MSc student, state that I have submitted my thesis on the title 'Fathers involvement in child feeding and associated factors among fathers having children 6-24 month in Worabe town Silite zone ,2025

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# STATEMENT OF DECLARATION

By my signature below, I declare and affirm that this thesis is my own work. I have followed all ethical principles of scholarship in the preparation, data collection analysis and completion of this thesis. All scholarly matter that is included in the thesis has been given recognition through citation. I affirm that I have cited and referenced all sources used in this document. Every effort has been made to avoid plagiarism in the preparation of this thesis. This thesis is submitted in partial fulfillment of the requirement for a graduate degree from Addis Ababa University at College of Health Sciences, School of Nursing and Midwifery. The thesis is deposited in the Addis Ababa University Digital Library and is made available to the local, national, and international scientific communities. Solemnly declare that this thesis has not been submitted to any other institution anywhere for the award of any academic degree, diploma or certificate. Brief quotations from my thesis may be used without special permission provided that accurate and complete acknowledgment of the source is made. Requests for permission for extended quotations from, or reproduction of, this thesis in whole or impart may be granted by the Head of the Department or all advisors of these when in his or her judgment the proposed use of the material is in the interest of scholarship and publication. In all other instances, however, permission must be obtained from the author of the thesis.

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## Acronyms and abbreviations

| | |
|---|---|
| AOR | Adjusted odd ratio |
| CF | Child feeding |
| CI | confidence interval |
| COR | Crude odd ratio |
| DCs | Data collectors |
| IYCF | Infant and young child feeding |
| LMIC | low- and middle-income countries |
| MNCH | Maternal, Newborn, and Child Health |
| MSC | Masters science |
| PIs | Principal investigators |
| SDGs | Sustainable Development Goal |
| SNNPR | South nation nationality people region |
| SSA | Sub Sharan Africa |
| SUP- | Supervisors |
| UNICEF | United Nations International Children's Fund |
| WHO | world health organization |

Contents

## List of tables

## List of figures

## Abstract

**Background**: Optimal child feeding is crucial for the health and development of infants and young children, significantly impacting growth and survival rates. However, there is a notable gap in understanding the responsibility of fathers in child feeding practices. Addressing this gap is essential for creating effective interventions that encourage paternal engagement, ultimately enhancing child well-being.

**Objective:** The objective of this study was to assess fathers' involvement in child feeding practices and to identify contributing factors among fathers of children in Worabe Town administration who are between the ages of 6 and 24 months.

**Methods:** community-based cross-sectional study, supplemented by qualitative methods, was conducted in Worabe Town Administration from February 20 to march 20, 2025.Participants in the study were chosen using a systematic random selection technique, and data was gathered through in-depth interviews until the information was saturated for the qualitative component and in-person interviews using a standardized questionnaire for the quantitative component After its completeness is checked. Data were entered into Epi Data version 4.6 and exported to SPSS version 27 then descriptive s were calculated. Bi variate and multivariate logistic regression analysis was employed to identify factors associated with fathers' involvement in child feeding. In bivariate analysis variables with a p-value of $\leq 0.25$ were included in the multivariate logistic regression analysis at a 95% confidence range.A significant association was declared when the p-value was less than 0.05. Qualitative data was manually analyzed by summarizing key themes and ideas expressed by participants.

**Results**: The study revealed that 42.1% of the respondents were involved in child feeding. Factors significantly associated were urban residence(AOR = 2.0; 95% CI: 1.88–3.57), secondary or higher education levels among fathers (5.2;95% CI: 2.59-10.46) and (5.4; 95% CI: 2.40,12.14), higher women's education(AOR = 2.94; 95% CI: 1.24–6.98), having a male child (AOR = 1.8; 95% CI: 1.18–2.69), daily laborer occupation(AOR=0.3; 95% CI: 0.13–0.64), good fathers knowledge (AOR = 1.73; 95% CI: 1.18–2.52) and positive attitude (AOR = 2.1;95% CI:1.4–3.1),supportive community encouragement (AOR=1.7;95%CI;1.16-2.44).

**Conclusion**: According the findings of this study, it showed that that the level of fathers' involvement in child feeding remains low.highlighting these findings, it is important to implement targeted interventions that promote awareness and education among male partners.



**Key word:- Father's involvement ,Child feeding, Associated factor**

# Chapter one

## 1.Introduction

### 1.1. Background

Feeding habits are primary factor influencing the health of infants and young children (IYC) [1].Optimal infant and young child feeding (IYCF) is defined by the World Health Organization (WHO) as starting nursing within an hour of delivery, going on breastfeeding exclusively for the first six months of life, and continuing to do so for at least two years.[1, 2]. Good child feeding techniques are essential for promoting healthy growth and development, especially in the first two years of life, which have a significant impact on the survival rates of children.[3-5]. Adequate nutrition during infancy and early childhood is vital for overall development, while insufficient nutrition during these critical stages is linked to various adverse health outcomes [4, 6]. Through sharing responsibility for their children's health, contributing resources, financial help, and social and physical support, fathers may improve their nutrition by promoting positive eating habits[7, 8]..Extended breastfeeding incorporated with adequate supplemental feeding can improve cognitive development and substantially decrease childhood disease. However, a sizable portion of newborns and kids worldwide do not receive enough nourishment, which might have a negative effect on their health [9, 10]. The participation of family members, especially male partners, in infant feeding practices has often gotten insufficient research focus, despite the fact that it has the potential to improve maternal support and child nutrition outcomes [7, 11-15]..Fathers are essential in increasing dietary selection,ensuring supplemental feeding is initiated on time, and optimizing children's nutritional status [7, 15-17]. Their participation can affect the supply of food, how household resources are distributed, and how mothers are assisted with feeding practices[7].Only 8% of Ethiopian children aged six to twenty-three months eat the necessary five out of eight food groups, with significant regional variations[18]. Despite the well-established roles of mothers in child rearing, dads' and partners' involvement has been mainly ignored[11-14, 19, 20]. Research specifically focusing on Ethiopian male partners participation in child feeding is still insufficient, despite the growing understanding of the significance of fathers' involvement in children's health. The majority of current research ignores the possible impact of males on feeding habits in favor of concentrating on maternal factors [12, 14, 19-22].Insights gained from this understanding can help address gender dynamics in childcare, improve nutritional outcomes, and support national efforts

to reduce malnutrition. There is limited literature on this topic, particularly regarding Ethiopia and Sub-Saharan Africa. The purpose of this study is to enhance knowledge about the role that fathers play in the nutrition of their children.

## 1.2. Statement of the problem

Although The role of fathers in the well-being of their children and feeding habits receives attention in developed countries, it is still low in poor nations [23]. Fathers play crucial roles in family decision-making on child care, however their participate in IYCF is low [24, 25]. The absence of participation makes it more difficult for women to use feeding strategies successfully [26].Outside of Africa, fathers' participation in child feeding ranges from59.1 to 73%[1, 24, 27]. IIn Africa, it ranged from 43.1 to 65.5% [28, 29]. In Ethiopia fathers' involvement in child feeding was 26.2, 43.1 and 50.9% [2, 23, 30]. It is around over 1.4 million young children worldwide die before they reach the age of five years due to poor feeding practices[29].Under nutrition is still a major problem worldwide, accounting for over 45% of young children's mortality, particularly in low- and middle-income countries (LMICs), where the effects of malnutrition are most acute [6].In sub-Saharan Africa (SSA),Insufficient supplementary nutrition strategies are a primary cause of high child mortality rates, with only 13.02% of couples practicing complementary feeding adequately [31, 32]. Inadequate child feeding practices remain a significant challenge in Ethiopia, with only 9.8% of couples adhering to the recommended guidelines [33]. While mothers are predominantly recognized as the primary caregivers, the limited involvement of male partners is a notable factor contributing to deficiencies in child nutrition. Engaging partners in child feeding is critical not only for supporting mothers but also for fostering improved family health dynamics [26, 27].

Research indicates that although fathers support positively influences maternal education and health-seeking behaviors, traditional norms prevalent in many areas restrict men's participation in care giving activities [16, 34]. Previous study have documented fathers' involvement in infant feeding is limited in various underdeveloped nations, including Ethiopia[1, 23, 35-37], this restricted engagement is frequently rooted in cultural norms that assign child feeding responsibilities solely to women [15, 34]. Several barriers contribute to this limited participation, including low social support [16, 34], and socio-economic challenges, such as restricted access to health services, low sociolect-economic status, lack of physical availability due to work commitments, and high workloads among fathers [1, 35, 36]. Many women do not adequately express their expectations regarding their partners' roles in childcare, often perceiving the husband's role primarily as a breadwinner rather than as a co-caregiver [15, 34].Various initiatives are undertaken to engaging fathers in infant and young child nutrition through enabling

environments, home visits, couple communication, and responsive care giving, targeting individual, couple, family, and community levels[38]. Moreover, factors such as knowledge, attitudes, and decision-making regarding child feeding practices significantly influence fathers engagement in feeding interventions [36]. Even if some studies in Ethiopia have addressed fathers' involvement in promoting child feeding and but no data regarding to study area, there may be differences in influencing factors. This study is crucial for closing the gap regarding the role of fathers in child feeding and its impact on nutritional outcomes by identifying the factors influencing fathers' involvement.Therefore, this rsearch aims to evaluate fathers' participation in child feeding practices and the related factors of male partners with child aged 6 to 24 months in Worabe city administration, Silte Zone.

## 1.3. Significance of the study

- ✓ Based on the findings of this study, the Worabe Town Health Office can create guidelines and measures to increase fathers' involvement in child feeding.
- ✓ It is also crucial for health professionals to offer suitable interventions to enhance the father's perspective of their involvement.
  Policymakers would be guided by the data from this study in encouraging fathers to be involved in feeding their children.
- ✓ The study's findings would be useful to researchers in the field.,as they provide baseline data,

## 1.4. Justification of the study

The major rationale of this rsearch is first, main indicator for nutritional statues of children, appropriate feeding practice interrelated with proper fathers' involvement. Secondly, fathers may wish to know the importance of their involvement on child feeding to improve the overall well being, health of their children and decrease malnutrition and its related mortality. As a result, in Silte zone there was no previous study which investigate the father's participation in child feeding practice and contributing predictors hence, the main purpose of this rsearch is to determine prevalence of fathers participation in child nutrition and associated predictors in Worabe Town administration Silte zone.

# Chapter two

## 2. Literature review

### 2.1. Introduction

The concept of fathers' engagement in child feeding and the factors influencing such involvement are briefly reviewed in this chapter. As a result, the body of existing literature was thoroughly examined, and the results have been arranged as follows. Knowing fathers' involvement in child feeding and recognizing scientific disputes on influencing factors need a survey of the literature.

### 2.2. Fathers' involvement

Engaging fathers can improve timely healthcare seeking for childhood illnesses, as they play a important role in decision-making and care giving [39].Involving parents and male partners can improve the growth and health of children.[40]. Increased rates of nursing, improved gain in weight in preterm babies, improved cognitive development, and improved language and academic abilities are all linked to fathers' active involvement in parenting [28].Children are risk growth faltering between 6 and 24 months if there is no collaborative feeding engagement [41].Limited fathers involvement in IYCF can hinder mothers' efforts to enhance complementary feeding, as fathers often influence the purchase of nutritious but costly foods[25].Some studies suggests that fathers and grandmothers may negatively affect infant and young child feeding (IYCF) due to insufficient knowledge [42].According to a Vietnamese study, children whose fathers skipped vaccination sessions had a 1.7-fold greater chance of nutritional deficiency emphasizing the importance of father involvement in child health and nutrition. [43]. Another study in South India found that 59.1% of participants were well-involved in IYCF practices, whilst 40.9% were poorly involved [1]. Recent research from France and Denmark shows that fathers are increasingly involved in grocery shopping and mealtime activities with their children. Excluding fathers from IYCF interventions may reduce their efficacy[44, 45].

A study conducted in Bangladesh on father involvement revealed that 37% had poor involvement while 63% had good involvement [24]. Another study in Ghana revealed that 63.5% of males were actively participated in childcare and feeding duties. [29].Study in a southwest rural area Uganda showed that while low male involvement scores are associated with a higher probability of under nutrition, father involvement is linked to better child nutrition. [28].Another study conducted in Uganda among smallholder farming households in male involvement in child feeding raveled that

48% of fathers participated in actual child feeding [36].According to a previous National Center for Education Statistics research, over half of fathers said they helped prepare and serve their children's meals every day [46]. A study from Ethiopia's chronically food-insecure communities revealed that 26.2% of fathers participate in the best feeding practices for infants and young children.[2].Another Study done in Malawi show that husbands contributed by financially supporting food purchases and encouraging mothers to follow recommended feeding practices. However, one-third of mothers wished for greater father involvement in child feeding [47]. Anther study done in Bibugn area conducted a study on men's engagement in child care and feeding. The proportion of men who participated with baby care was 42.2% [48]. According to a study on male partners' participation in breast feeding practices conducted in southern Ethiopia, 72.4% of fathers actively participated in breastfeeding [49].According to a study conducted in the Damot Woyde district male partners participation in infant nutrtion is 50.9% [30].According to the other study conducted in Antoskia Gemza, 43.1% of male partners participate intheir young child nutrtion [23].

## 2.3. Factors affecting father's involvement in infant and young child feeding

### 2.3.1. Socio-demographic factors

The involvement of fathers in child feeding practices is greatly influenced by socio-demographic parameters. Fathers in urban regions were more likely to feed their children than fathers in rural areas, according to a community-based cross-sectional study done in Antoskia Gemza [23]. Black nonresidential fathers generally offer more daily caregiving support than white nonresidential fathers, while women have historically managed most caregiving duties and fathers have primarily provided financial suppor [50, 51].

Compared to fathers who not learn at any formal schooling, those who completed primary school or higher were actively participate in IYCF habits [24].According anathor study conducted in southern parts Ethiopia, male partners with at least a attend high school or higher participated in breastfeeding practices than fathers with less than an eighth-grade education.[49].Study done in Bibugn district of Ethiopia male involvements child care activities males without formal education were 24% less likely to participate in infant care than those who attended primary school or higher [48].Another study done south India revealed that Involvement was higher among participants with education above graduation (66.2%), while poor involvement was more common in those

with high school education or less [1].Another study done from chronically food-Insecure Communities, Ethiopia Fathers who could read and write simple words or had received an education demonstrated higher participation rates than those who could not [2].However, fathers of day laborers are 0.66% less likely than fathers of business owners to be actively participated [24]. According to a Ghanaian study, fathers from wealthier families were 1.7 times more likely to take part in child care than fathers from poorer families. [29]. Participation in supplemental feeding was 79% more common among fathers who valued it than among those who did not [30].Marital status of fathers significantly affects the nutritional status of infants aged 6-24 months, with unmarried men more likely to have undernourished children. Their support tends to be less consistent than that of married fathers, who are generally more dedicated to their child's needs [39].Another study carried out in Eroup educated Fathers usually understand the advantages of being involved in their childs growth and welfare. They also have more money to raise their kids and are more likely to follow the conventions of contemporary parenthood [52].Fathers with wives between the ages of 21 and 30 were twice as likely to be actively involved in child nutrition than fathers with women between the ages of 16 and 20.Good fathers' engagement is also linked to moms' education [24]. Fathers were five folds actively to engage in breastfeeding habits to those their spouses had a positive opinion than who did not [49].The likelihood of fathers participating in their child's supplemental nutrtion habit was 56% greater for those with higher family wealth [30].

### 2.3.2. Child characteristics

Regarding child parity, a study in Bangladeshi urban slums found that male partners with first-birth order child were highly participated in IYCF than those more than one child; parents of children between the ages of 14 and 20 months were roughly three folds participated more compared to those parents of children between the ages from birth to six month; Another study in Antoskia Gamze found that fathers of first-born children were 3.97 folds more likely to be actively participated in feeding their children than fathers of non-first-born children.. Fathers participation in parenting and nutrition was considerably greaterfor children aged 24–36 months compared to younger children. Fathers with their first infant were 2.7 times more likely to be involved in infant care than those with second or third infants [1, 23, 24, 29, 48]..Another study conducted in chronically food-insecure communities in Ethiopia found that as a child's age increases, fathers

engagement in optimal Infant and Young Child Feeding (IYCF) also increases and In contrast to men with seven or more babies, fathers with fewer babies were became more likely to take par [2, 48].Regarding to child's sex Compared to fathers of female children, those with The youngest male infants had a 3.68-fold higher chance of actively involved in child nutrtion [23].In contrast with this study conducted in south India say that from those fathers of female children, the rate of poor involvement was 38.2%, while it was higher at 43.7% for fathers with male children [1].

### 2.3.4. Knowledge of fathers towards involvement of child feeding

Compared to dads with inadequate information, those with high knowledge were 3.843 folds highly engaged in feeding their babies.Paternal participation in optimum IYCF practice improves thrice for every unit increase in paternal IYCF knowledge [2, 23].Another study done Ghana regarding fathers knowledge say that children with fathers who possessed a strong understanding of nutrition were 1.7 folds more probable to receive minimum adequate diet than those with fathers who had low nutritional knowledge [29].Another study conducted in Bibugn indicates fathers who had good knowledge of taking care of their babies were 5.56 folds highly to participate in taking care of their babies than those with who didn't [48].

### 2.3.5. Attitude of fathers towards involvement of child feeding

Study done in Ghana raveled that compared to Mens they possessed favorable attitude toward care giving and nutrition were 2·9 fold highly participate in care giving activities [29].Other study done in Antoskia Gemza Compared to fathers with unfavorable attitude,fathers with favorable attitudes were 8.57 folds highly participate in child feeding [23].Another study done in Bibugn district of Ethiopia fathers having positive attitude toward child care giving were two folds highly participate than those with a negative attitude [48].

## 2.4. Conceptual Framework

This conceptual framework was developed based on a review of various studies concerning The participation of husbands in child feeding[1, 16, 23, 26, 30, 39].It highlights multiple factors that influence father's participation in child feeding. The framework includes Father socio demographic, Characteristics Child Characteristics, Family Characteristics, cultural norms and the outcome variable: father's participation in the nutrition of their children

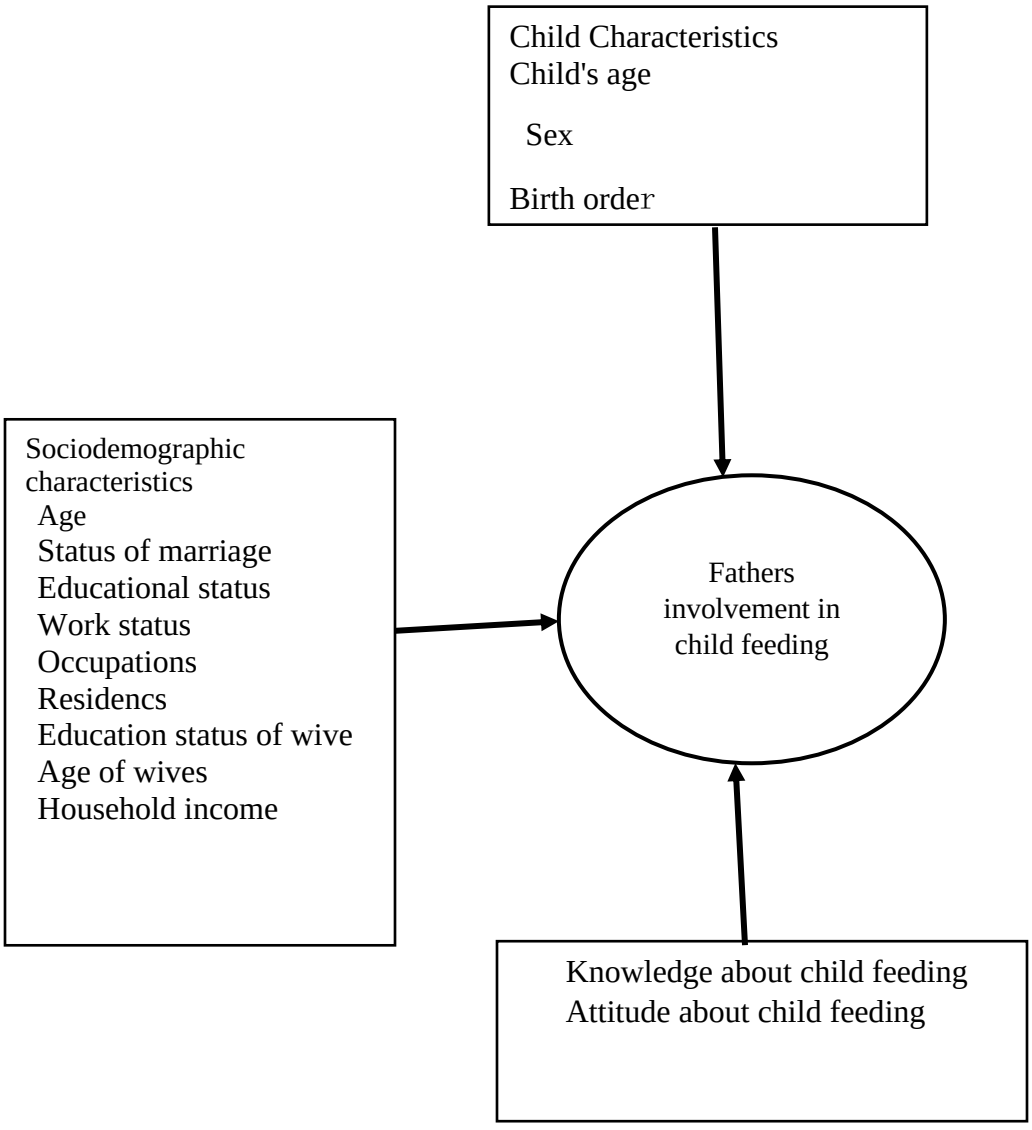


Figure 1:Conceptual farm work derived from previous studies on the predictors influencing fathers' engagement in child feeding

# Chapter three

## 3. Study objectives

### 3.1. General Objective

- To assess father's involvement in child feeding and its associated factors among fathers having children aged 6 to 24 months in Worabe town administration, Silite zone central Ethiopia ,2025

### 3.2. **Specific objective**

- To determine magnitude of father's involvement in child feeding among fathers having children aged 6 to 24 months in Worabe town administration,2025,
- To identify factors associated with father's involvement in child feeding among fathers with children between aged 6 to 24 months in Worabe town administration,2025.

# Chapter four

## 4. Methods and material

### 4.1. Study aera and period

The study was conducted in Worabe Town administration, Silite Zone, Central Ethiopia, from January 20 to February 20, 2025. Worabe Town administration is situated approximately 175 kilometers from the capital city, Addis Ababa, and 137 kilometers from Hawassa, the former administrative center of the Southern Nations, Nationalities, and Peoples' Region (SNNPR). The town is geographically located at a latitude of 8°1′N and a longitude of 38°20′E, with an elevation of 2,113 meters above sea level. According to data from the Worabe City Administration in 2024, the total population of the town is 101,945, comprising 52,416 males and 49,488 females. Among this population, 35,648 are children under the age of five [53]. Worabe Town administration is divided into ten Kebeles and is equipped with one Comprehensive Specialized Hospital, three health centers, and health posts. It serves as a central hub for health and educational services, addressing maternal and child health issues and other public health concerns in the Central Ethiopia region. The study will be conducted in Kebeles within Worabe Town.

### 4.2. Study design

A community based cross sectional study, supplemented by qualitative (mixed,explanatory sequential) study was employed.

### 4.3. Population

#### 4.3.1. Source population

The Source population is all fathers who have children in worabe town administration during study period.

#### 4.3.2. Study population

The study population is fathers of children aged between 6 to 24 months in in worabe town administration.

## 4.4. Inclusion and exclusion criteria

### 4.4.1. Inclusion criteria

Fathers who have children aged between 6 to 24 months who live within the Worabe town. Fathers who live in study area at least past six months were included.

### 4.4.2. Exclusion criteria

Fathers who were seriously ill and unable to communicate during the data collecting period, as well as fathers who did not reside with their family, were not included.

## 4.5. **Sample size determination, sampling technique and procedures**

### 4.5.1. Sample size determination

Assuming a 95% confidence level and a 0.05 margin of error, the sample size was determined by a single population proportion for objective one. For the second objective (related factors), the sample size was estimated using Epi-info V.7.1, which took into account elements from earlier research. 43.1% of fathers in Antoskia Gamze Woreda were involved in child feeding [23] in the in the previous study.

1.The following factors are taken into account for the single population proportion:

*P* =Proportion of male partner involvement= 43.1% [23]

*D*=margin of error =0.05 with 95% confidence interval (CI)

*Z* =1.96 (level of significance)

Design effect:1.5

Non response rate = 10%

$$n = \frac{Z\alpha/22 * p*(1-p) * DE}{d2} = \frac{(1.96)2 * (0.431) * (1-0.431) * 1.5}{(0.05)2} = 566$$

With addition of non 10% non-response rate, the study's final sample size is n=**623**

Based on the assumption sample size was **623** fathers

II: Using Epi-info V.7.1 and the assumptions from the prior study, the sample size was determined for objective two.

1. P1 =percent of the exposed group's results
2. P2= percent of results for the group that was not exposed

95% confidence interval, and power=80

Table 1:list of Exposure variables used to determine the second objective's sample size

| Exposure variable | % of the unexposed outcome | %of theexposed outcome | Odds ratios (OR) | Sample (n)* | Reference |
|---|---|---|---|---|---|
| Culture of fathers (good) | 3.5 | 64.3 | 49.6 | 39 | [23] |
| Fathers' Know of complementary feeding | 14.3 | 73.4 | 16.5 | 59 | |
| Fathers' Attitudes of the involvement | 12.7 | 81.6 | 30.8 | 33 | |
| Birth order of the youngest child (frist) | 38.6 | 64.8 | 2.9 | 205 | |
| Educationalstatues (graduation/above) | 63.4 | 66.3 | 1.13 | 38 | [49] |

** *indicates samples non response rates* 10 and design effect Know=knowledge

The first objective's calculated sample size is 623, which is larger than the second objective's. Thus, this was the final sample size for study conducted in Worabe town, Silte zone, Central Ethiopia,2025.

**For qualitative part:** In-depth interview was conducted and Participants were selected using a purposive sampling method 7 participants among fathers who were not included on quantitative study and mothers were included due to saturation. The selection of subjects was supported by health extension workers, focusing, those more than one child rearing experience.

### 4.5.2. Sampling technique

A multi-stage sampling technique was used to select fathers with children aged 6 to 24 months. First, Worabe town administration was selected at random from four town administration in Silite zone by lottery methods, and then five kebeles within the town administration were chosen based on lottery methods. Prior to starting data collection, we obtained a comprehensive list of households with male partners and their eligible children from the relevant kebele health post. Once the households were identified, the sample was proportionately allocated to each selected kebele based on the number of eligible fathers (ni=n*Ni/N). By dividing the total number of eligible participants (N=3903) by the intended sample size (n=623), a k-interval was used to pick households, giving an approximate k-interval of 7. Using a lottery method, the first household with a research participant was selected at random from seven of the initially identified houses. Until the final eligible person in each kebele was included, or until the necessary sample size was met, subsequent homes were chosen at k-intervals.Fathers with children aged 6 to 24 months were interviewed in their homes after their names and addresses were compiled in collaboration with the health extension workers (see Figure 2).

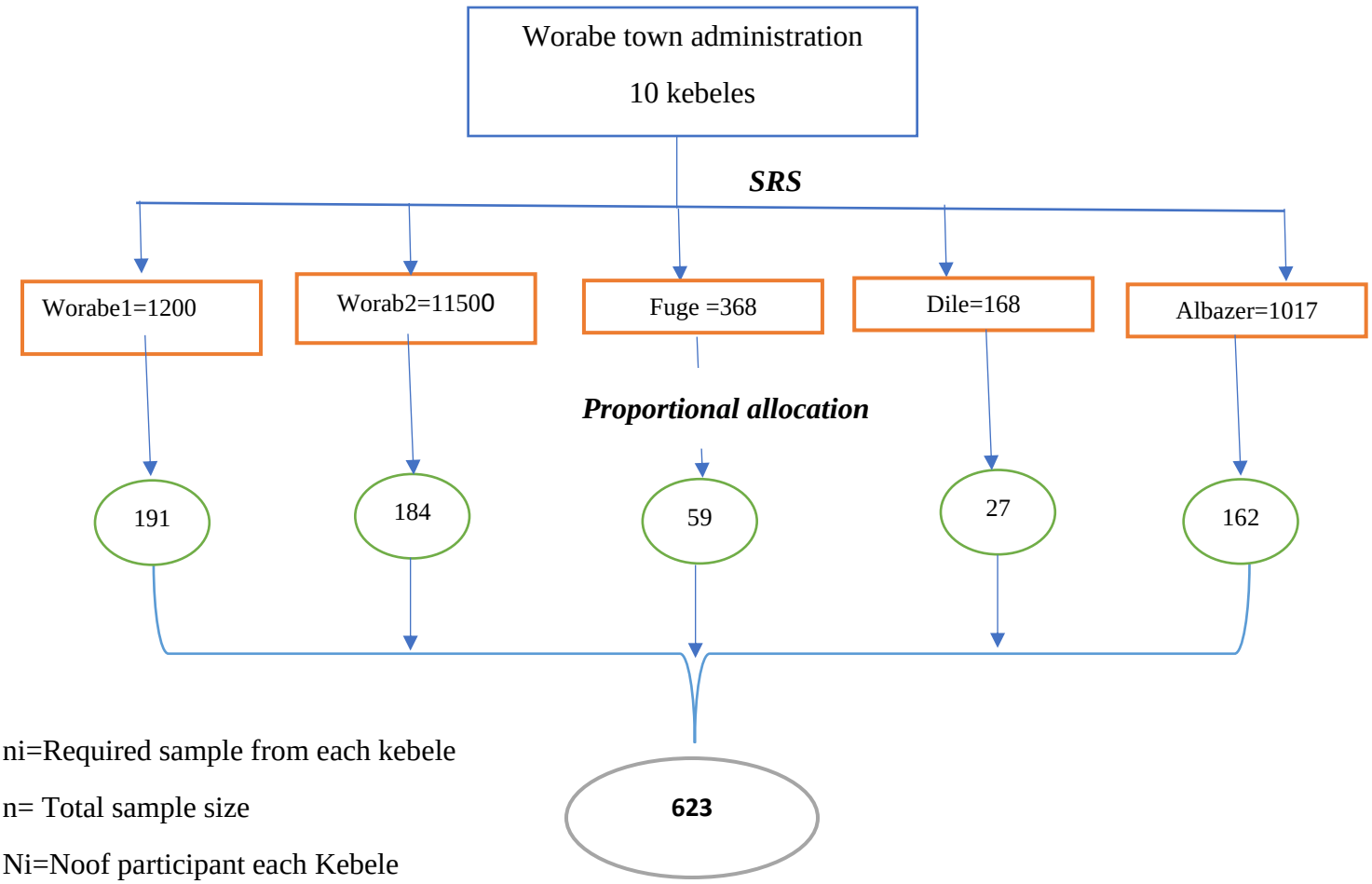


Figure 2:Diagrammatic representation of the sampling process used in the study on fathers' involvement in child feeding and the factors that are associated with it among fathers of children aged 6 to 24 months in Worabe town, Silite zone, 2025.

**For qualitative part:** Participants were purposively selected Participants not included for quantitative sample, with support of health extension workers,participants with more than one child rearing experience.Participant were be recruited till saturation of data.

## 4.6. Study Variables

### 4.6.1. Dependent Variable

Fathers' involvement in child feeding (poor/good involvement)

### 4.6.2. Independent variables

- ✓ **Fathers' socio Demographic: -**Age of fathers**,** Education of father**,** Occupation, Religion of father, Marital statuse, Resideces, Household income.
- ✓ **Family Characteristics: -** Age of wife, Education status mother, Occupational of wife
- ✓ **Child Characteristics: -** Age of the child or infant, Sex of the young child, Birth order young child, Number of children.
- ✓ Attitude towards child feeding
- ✓ Knowledge about child feeding
- ✓ Community encouragement (Socio-cultural norms)

## 4.7. Operational definitions

**Fathers' involvement in child feeding is**: To take part in or make fathers take part in exercising positive influence child feeding practices.

**Good fathers involvement;** fathers who scores 12 and above from these 22 questions directed to the fathers[23].

**Poor fathers involvement;** fathers who scores below12 from these 22 questions directed to the fathers [23].

**Knowledge:** Information gained from experience or education that supports or discourages the involvement of men in child feeding practice.

**Good knowledge**: Fathers who scored five or more on the nine items were classified as having good knowledge of their involvement in child feeding practices [23]

**Poor knowledge:** Those who scored below five were considered to have poor knowledge of fathers' involvement in child feeding practices[23].

The attitude of fathers toward their involvement in child feeding is assessed using a 5-point Likert scale: 5 (strongly agree), 4 (agree), 3 (neutral), 2 (disagree), 1 (strongly disagree). The total score is converted into a percentage by dividing by the maximum possible score and multiplying by 100. Attitudes are categorized as negative if the percentage score is between 0% and 60%, and positive if above 60%.

**Positive attitude**:The total score is converted into a percentage by dividing by the maximum possible score and multiplying by 100 respondents who score above 60% were classified as having a positive attitude [23].

**Negative attitude**: The total score is converted into a percentage by dividing by the maximum possible score and multiplying by 100 Respondents who score 60% and blow were classified as having a negative attitude towards child feeding practices [23].

## 4.7. Data collection methods

### 4.7.1. Data collection tools

The quantitative data from the study participants was gathered using a structured questionnaire that was administered during an interview. The principal investigator developed and adopted the questionnaire after consulting with other litterateurs. [23, 26]. To ensure uniformity, the questionnaire was initially developed in English, then translated into Amharic and Siltughna by the translator, and then returned to English by a third party.The tool consists four sections and the first section consists of Socio-demographic information: This section gathers information about the background and demographics of the participants; the second section consists Involvement assessment (22 items): The degree of fathers' engagement in feeding infants and young children is gauged in this section. Nine items make up the knowledge evaluation in the third section:This portion will examine the respondents' understanding of newborn and early child feeding methods, and the fourth section includes an attitude assessment with eight items:This section evaluates dads' perspectives on feeding infants and young children. The community's encouragement of fathers on their involvement in child feeding is covered in the fourth part.

**For qualitative part**,The in-depth interview guides were written in English, translated into Amharic, and then, by native speakers, into Siltughna. The prepared guide's questions were designed to probe into experiences, observations, and opinions about fathers' involvement in feeding infants and young children.

### 4.7.2. Data collection methods

In order to obtain information from the study participants, the principal investigator facilitated the data collection process. The particular time frame for this process was February 5, 2025, to March 20, 2025. Under the guidance of a designated supervisor who was in charge of managing the entire data collecting process, five community-based health extension workers participated in the data collection. Before the planned data collection, the principal investigator created a field guide and training. The primary investigator then instructed supervisors and data collectors on the study's goals and data collection techniques prior to data collection.In-person interviews at the respondent's home are employed to gather the data while maintaining privacy.The data collectors

made it very clear before the interview began that participation in the study is entirely voluntary If not visited three times interview may be by phone and by going to where they present.

**For qualitative part;** The interviews was conducted immediately after the quantitative data collection phase. Data is gathered by a trained one Master of Science (MSc) holder with prior qualitative research experience. Data collectors were receive one day of training covering the study's purpose, ethical considerations, and effective facilitation of in-depth interviews. Interview was conducted in-person in each of the selected participants. Before each interview, participants were informed information about study's objectives and a consent form. Interviews was conducted in Siltughna, allowing participants the freedom and time to express their opinions without interruption.

### 4.8. Data quality assurance

To guarantee the integrity of the data at every stage of the study process—from pre-collection to collection and data entry—a thorough set of data quality assurance techniques was put into place. Procedures for Per-Collection: To ensure uniformity, the questionnaire was first translated from English into Amharic, then Siltigna, and finally back into English by two separate people.All supervisors and data collectors attended a one-day orientation before to the start of data collecting, which included the goals of the study, its methods, and procedures for protecting the privacy of the data collected. Additionally, the lead investigator pre-tested the questionnaire on a sample of 5% (32) of the final participants in Alkeso two weeks prior to the start of data collection. Revisions were made where needed in light of the pre-test results.After the pre-test, a reliability test called Cronbach's alpha was performed on the items pertaining to father involvement, knowledge, and attitude; the results showed a value of 0.76. During Data Collection Investigators and supervisors were constantly watched during the data collection process. The investigators examined the completed questionnaires at the end of each day to look for any inconsistencies or areas that needed attention. EpiData version 4.6 was used during data entry to reduce errors and guarantee the precision and dependability of the data entered into the system.

**Qualitative:** An expert commented on the question. To prevent any data distortions from occurring, the participants chose the locations and times for the interviews. A recording and note take were utilized to record the information. Similar questions were posed to the participants in the same manner, and the procedures of analysis were carried out. The investigator transcribed the interviews into word in the participant's language, which was afterwards translated to English for analysis. The researcher double-checked the transcription by comparing it to the audio file in order to ensure its accuracy, and explain any confusing or ambiguous language. Experts in qualitative research were consulted throughout the data collecting, and report-writing processes.

### 4.9. Data processing and analysis

Each questionnaire was personally evaluated to guarantee completeness after data collection was finished. Epi Data version 4.6 was used to enter the gathered data, and SPSS version 27 was then exported for analysis. For the socio-demographic features of the participants, their involvement in child feeding, and the characteristics of the children, descriptive statistics such as frequency and percentage, mean, and standard deviation were used. Logistic regression was used to evaluate factors related to fathers' engagement in child feeding practices because the outcome variable is binary. "Good involvement," which was given a value of 1, and "poor involvement," which was given a value of 0, were the outcome categories. Bivariate logistic regression analysis was first used to choose potential variables. Numerous variables were subjected to multivariate logistic regression analysis if their p-value was less than 0.25. A p-value of 0.05 and 95% CI were used to evaluate statistical significance. Adjusted odds ratios (AOR) and 95% confidence intervals (CI) were used to assess the degree of relationship between independent and dependent factors. Using the Homer-Lem show test, the model's goodness of fit was evaluated; the result was 0.68, which indicates a suitable model fit. Furthermore, multicollinearity was evaluated using the variance inflation factor (VIF); a value of 1.35 suggests that multicollinearity is not significant.

**For qualitative part:** The qualitative data is transcribed manually from the audio taped records and the note taken in to verbatim and translated, thematic analysis was performed by manual coding emergent themes was grouped. The result is analyzed manually written by summarizing the ideas forwarded by the participants.

## 4.10. Ethical Consideration

The research ethics committee at the School of Nursing and Midwifery provided ethical clearance.Letter of ethical clearance was sent to Worabe Town health office.At each of the selected study sites, kebele officials were contacted for consent and necessary information before the beginning of the study. Concurrently with the questionnaire, a consent letter detailing the primary goal and specifics of the study was prepared.And informed consent is obtained from each participant, after the data Collectors was explained the nature, purpose and procedures of the study. In addition to this, prior inter-view the semi- structured questionnaires to assure anonymity and confidentiality, the names of participants was replaced by codes.

## 10.11. Dissemination of Results

The thesis will be submitted to the School of Nursing at Addis Ababa University in order to partially complete the requirements for a master's program in pediatrics and pediatric nursing. The findings of the research will be shared with the target audience and stakeholders via workshops, conferences, and reports. Last but not least, attempts will be made to communicate with the scientific community via publishing in regional and global publications. These findings will also be discussed at other workshops, meetings, and seminars. Addis Ababa University library will have both hard and soft copies available for graduate students and other readers and researchers. Lastly, a globally recognized and respected publication will publish the findings for all interested parties to view.

# 5.Results

### 5.1. Socio-demographic characteristics study participants

The response rate of this study was 615(98.7%). Among the study participants, 313 (50.9%) were in the age range of 31 to 40 years, and the mean age of the respondents was 32.1 (SD±5.6) years. A significant portion of the study participants, 201 (32.7%), were merchant 284 (46.2%), who were in primary school, followed by those in secondary school 131( 21.3%), and the majority, 373 (60.7%), were urban residents.According to data on children, 99 (16.1%) of fathers were first-time parents, while 516 (83.9%) had multiple children. Of the children, 313 (50.9%) were male, and 232 (37.0%) were in the 18–24 month age range. Their mean age was 15.97 (SD±5.6) months. Of the children, only 82 (13.3%) had a first birth order. 395 (64.2%) of the mothers were housewives, and 255 (41.5%) had completed primary school(**Table 2**).

Table 2: Socio-demographic characteristics of father involvement in child feeding among fathers who had children aged from 6–24 months in Worabe town administration 2025 (n=615)

| Variables | Categories | Frequency (N=615) | Percent (%) |
|---|---|---|---|
| Age group | 15-20 | 16 | 2.6 |
| | 21-30 | 241 | 39.2 |
| | 31-40 | 313 | 50.9 |
| | 41 and above | 45 | 7.3 |
| Residence | Rural | 242 | 39.3 |
| | Urban | 373 | 60.7 |
| Educational status of father | Unable to read and write | 72 | 11.7 |
| | Able to right and read | 59 | 9.6 |
| | Primary education | 284 | 46.2 |
| | Secondary school | 131 | 21.3 |
| | Higher education | 69 | 11.2 |
| Birth order | Frist child | 82 | 13.3 |
| | Not first child | 533 | 86.7 |
| Sex of children | Male | 313 | 50.9 |
| | Female | 302 | 49.1 |
| Age of children | 6-16 | 180 | 29.3 |
| | 12-18 | 203 | 33.0 |
| | 18-24 | 232 | 37.7 |
| Occupation | Marchant | 201 | 32.7 |
| | Farmer | 187 | 30.4 |
| | Employee * | 182 | 29.6 |
| | Daily laborer | 45 | 7.3 |
| Total number of children | One | 99 | 16.1 |
| | Two-four | 481 | 78.2 |
| | Above 4 | 35 | 5.7 |
| Age of women | 15-19 | 17 | 2.8 |
| | 20-24 | 54 | 8.8 |
| | 25-29 | 328 | 53.3 |
| | 30-34 | 163 | 26.5 |
| | 35 and above | 53 | 8.6 |
| Education status | Unable to read and write | 80 | 13 |
| | Able to read and write | 59 | 9.6 |
| | Primary education | 255 | 41.5 |
| | High school (10-12) | 172 | 28 |
| | Higher education | 49 | 8 |
| Occupation of wife | House wives | 395 | 64.2 |
| | Merchant | 151 | 24.6 |
| | Employee* | 55 | 8.9 |
| | Other** | 14 | 2.3 |

* Government employee and private ** Students, daily laborer

### 5.2. Level of fathers' involvement in Infant and young child feeding

According to this research, 42.1% (95% CI, 38.2-46.1) of fathers are involved in the feeding of young children and infants. However, 57.9% (95% CI, 38.2-46.1) of the study's participants did not participate. Majority of the male partners 368(90.2%) were participated in supporting the infant's mother financially. Only few fathers 178(28.9%) were involved or participated in infant and young child Feed regularly at home (Figure3**,** Table3)

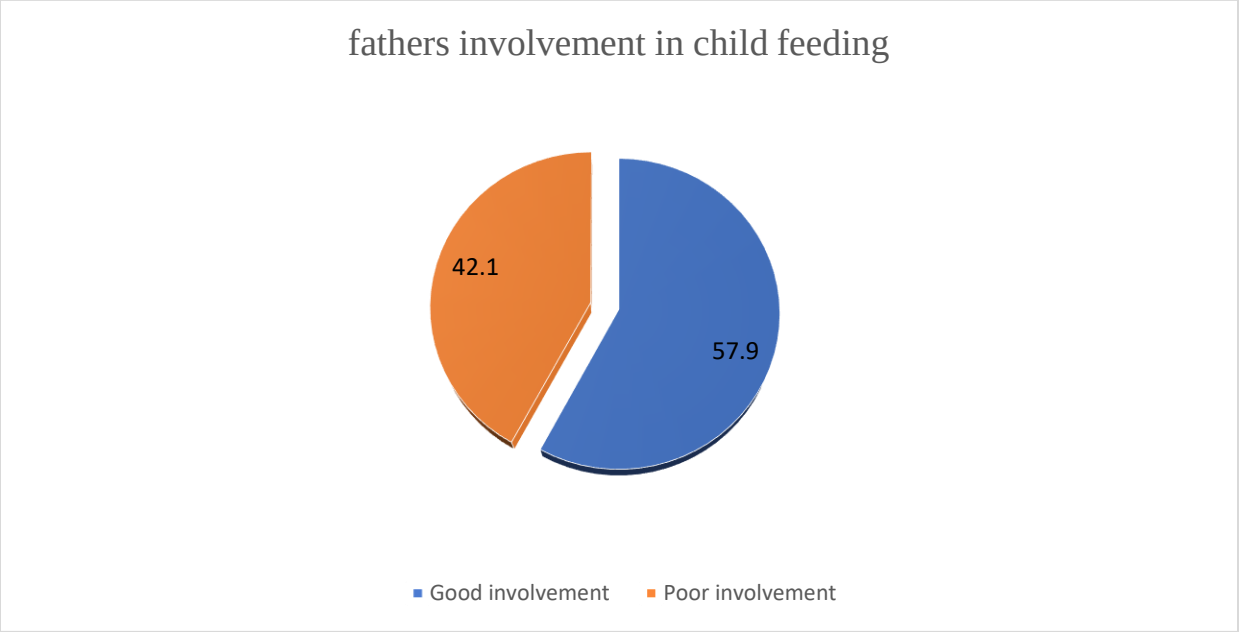


Figure 3:Level of fathers' involvement in child feeding and its associated factors

**Table 3:Father involvement in child feeding in Worabe town administration 2025 (n=615)**

| | | Responses | | | |
|---|---|---|---|---|---|
| | | No | | Yes | |
| **Domain** | **Items** | N | % | N | % |
| Shared decision making in child feeding practices | Discuss with spouse before child feeding decision | 220 | 35.8 | 395 | 64.2 |
| | Equal decision-making responsibilities (father vs mother) | 312 | 50.7 | 303 | 49.3 |
| | Final decision on child feeding | 294 | 47.8 | 321 | 52.2 |
| | Decision on complementary feeding timing | 278 | 45.2 | 337 | 54.8 |
| | Decision on initial food introduction | 282 | 45.9 | 333 | 54.1 |
| | Decision on food serving order during meals | 302 | 49.1 | 313 | 50.9 |
| Provision | Participate in child feeding during mealtimes | 281 | 45.7 | 334 | 54.3 |
| Physical Support to the mother | Assist mother with household wor | 269 | 43.7 | 346 | 56.3 |
| | help mother with cultvatingfor child's nutritious food | 227 | 36.9 | 388 | 63.1 |
| | Accompany mother to child health clinics | 257 | 41.8 | 358 | 58.2 |
| | Allow family/relatives to support mother post-delivery | 222 | 36.1 | 393 | 63.9 |
| Offering | Community encourages active role in child feeding | 331 | 53.8 | 284 | 46.2 |
| Psycho social Support | Encourage children to eat during mother's feeding | 229 | 37.2 | 386 | 62.8 |
| | Motivate spouse to engage in child feeding | 291 | 47.3 | 324 | 52.7 |
| Financial support | Purchase food for child | 259 | 42.1 | 356 | 57.9 |
| | Buy clothing/diapers/childcare items | 282 | 45.9 | 333 | 54.1 |
| | Purchase food for lactating mother | 253 | 41.1 | 362 | 58.9 |
| | Transport child to health clinics | 236 | 38.4 | 379 | 61.6 |
| | Provide funds for child's food purchases | 207 | 33.7 | 407 | 66.2 |
| Work load sharing | Feed child at home regularly | 437 | 71.1 | 178 | 28.9 |
| | Cook meals for child while mother breastfeeds | 329 | 53.5 | 286 | 46.5 |
| | Care for child when mother is absent | 236 | 38.4 | 379 | 61.6 |
| | | Frequency | | **%** | |
| Male Involvement level in child feeding | Poor involvement | 356 | | 57.9 | |
| | Good Involvement | 259 | | 42.1 | |

### 5.3. Knowledge of fathers about father involvement in child feeding

According to the study, 306 respondents (49.8%; 95% CI: 45.7–53.8%) had a strong knowledge of baby and young child feeding. On the other hand, 309 (50.2%) (95% CI, 46.2-54.3) of the respondents knew not much about the role that husbands play in the feeding of infants and young children. 388 (63.1%) of the study's participants, the majority, agreed that babies should begin eating foods other than breast milk at six months of age. About 360 (58.5%) of respondents said that fathers help their children by feeding them healthy meals, and 346 (56.3%) said that they are aware of their responsibility in providing social and emotional support. Of those surveyed, only 178 (28.9%) are aware of breastfeeding for 24 months or longer (Table 4).

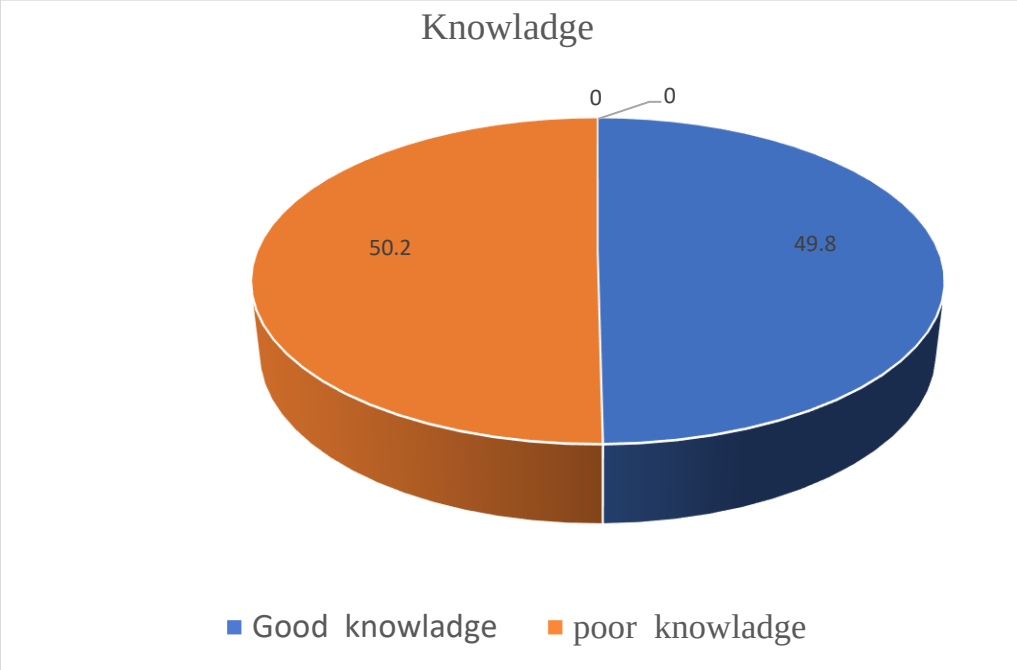


Figure 4:Knowledge of fathers about father involvement in child feeding

**Table 4:Knowledge of fathers about father involvement in child feeding in Worabe town administration 2025 (n=615)**

| | | Response | | | |
|---|---|---|---|---|---|
| | | No | | Yes | |
| **No** | **Items** | N | % | N | % |
| 1. | Infant should start complementary food at 6 months | 227 | 36.9 | 388 | 63.1 |
| 2. | Breastfeeding duration (24+ months) | 437 | 71.1 | 178 | 28.9 |
| 3. | Father's role in advising on child diet | 302 | 49.1 | 313 | 50.9 |
| 4. | Father's role in farming/gardening for nutritious food | 255 | 41.5 | 360 | 58.5 |
| 5. | Father's role in financial support for food | 347 | 56.4 | 268 | 43.6 |
| 6. | Father's role in cooking meals for child | 275 | 44.7 | 340 | 55.3 |
| 7. | Father's role in medical appointment accompaniment | 300 | 48.8 | 315 | 51.2 |
| 8. | Father's role in social/emotional support | 269 | 43.7 | 346 | 56.3 |
| 9. | Father's role in assisting with household chores | 284 | 46.2 | 331 | 53.8 |

| | | Frequency | % |
|---|---|---|---|
| **Knowledge level** | **Poor knowledge** | 309 | 50.2 |
| | **Good knowledge** | 306 | 49.8 |

### 5.4. The attitude of fathers towards father involvement in child feeding

Fathers' engagement in child feeding was seen favorably by nearly half of the study participants 296(48.1%) 95% CI: 44.1-52.2), while 319( 51.9 %), (95% CI: 47.8-55.9), had a unfavorable attitude toward it. Out of the respondents, only 286 (46.5%) agreed and 62 (10.1%) strongly agreed that they were confident in their ability to prepare meals for their children. There were only 98 (15.9%) respondents who strongly agreed that they felt comfortable helping their wife with child-feeding tasks(**Table 5**).

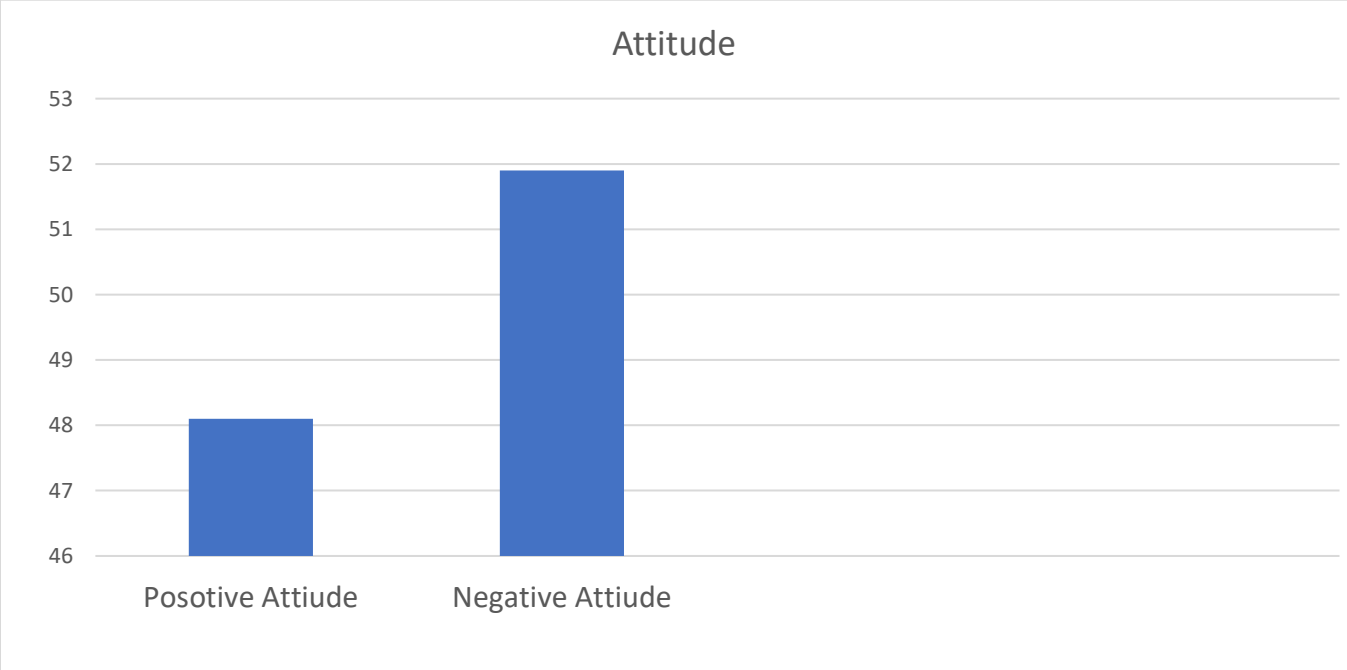


Figure 5:The attitude of fathers towards father involvement in child feeding

**Table 5:Attitude of fathers about father involvement in child feeding in Worabe town administration 2025 (n=615)**

| Item | Response SD | | D | | N | | A | | SA | |
|---|---|---|---|---|---|---|---|---|---|---|
| | N | % | N | % | N | % | N | % | N | % |
| I am confident cooking for my child. | 54 | 8.8 | 146 | 23.7 | 67 | 10.9 | 286 | 46.5 | 62 | 10.1 |
| I find it challenging to provide my child with healthy food. | 59 | 9.6 | 261 | 42.4 | 26 | 4.2 | 202 | 32.8 | 67 | 10.9 |
| It looks less significant to me that husbands should spend alot of tim e with his kids | 105 | 17.1 | 255 | 41.5 | 34 | 5.5 | 185 | 30.1 | 36 | 5.9 |
| Providing for my wife's child care and feeding makes me feel challenged. | 96 | 15.6 | 240 | 39.0 | 39 | 6.3 | 187 | 30.4 | 53 | 8.6 |
| I'm confident in my ability to help my wife with child care | 30 | 4.9 | 107 | 17.4 | 50 | 8.1 | 330 | 53.7 | 98 | 15.9 |
| I believe that mothers should play an important role in CF. | 26 | 4.2 | 76 | 12.4 | 28 | 4.6 | 301 | 48.9 | 184 | 29.9 |
| If my wife asks me to assist her by FC, I'm glad. | 32 | 5.2 | 126 | 20.5 | 43 | 7.0 | 300 | 48.8 | 114 | 18.5 |
| I believe that feeding children is a shared duty | 29 | 16.9 | 104 | 16.9 | 8.6 | 53 | 244 | 39.7 | 185 | 30.1 |

| | | **Frequency** | **%** |
|---|---|---|---|
| **Attitude level** | **Negative** | **319** | **51.9** |
| | **Positive** | **296** | **48.1** |

## 5.5. community encouragement for fathers' involvement in child feeding

Regarding community support, 326 (53%) of the study participants reported that their community did not support their father's engagement with child feeding. In contrast, 289 (47%) experienced encouraging community support. The community discourages fathers from actively participating in child-feeding, according to over half of respondents 310( 50.4%), while 305( 49.6%) of research participants claimed that the community laugh of fathers when they do so. Most of the participants 333(54.1%) stated that the community believes that mothers are solely responsible for child care.

**Table 6: community encouragement of fathers' involvement in child feeding in Worabe town administration 2025 (n=615).**

| Item | | Response | | | |
|---|---|---|---|---|---|
| | | Yes | | NO | |
| | | N | % | N | % |
| Community discourages active father role in child feeding | | 310 | 50.4 | 305 | 49.6 |
| Wife disapproves of father involvement in child feeding | | 275 | 44.7 | 340 | 55.3 |
| Community sanctions/mocks father involvement | | 305 | 49.6 | 310 | 504 |
| Traditional gender roles limit father involvement | | 365 | 59.3 | 250 | 40.7 |
| Community views child feeding as solely mothers' responsibility | | 333 | 54.1 | 282 | 45.9 |
| **Community encouragement** | **Unsupportive** | **326** | | **53.0** | |
| | **Supportive** | **289** | | **47.0** | |

## 5.6. Factors Associated with fathers Involvement in Child Feeding Practices

The bivariate logistic regression analysis's relationship between each individual covariate and fathers' involvement in child feeding is shown in the table. As can be seen from this table, fathers' involvement in child feeding is significantly correlated with a number of factors, such as living in an urban area, having a male child, having a first-born child, occupations like farming or daily labor, having a good understanding of child feeding practices, having a positive attitude toward child feeding, and culturally supportive norms."Potential predictor (independent) variables were identified using -variate logistic regression; those variables with a p-value of less than 0.25 were then transferred to multivariate logistic regression.However, only urban residence, fathers' secondary or higher education levels, women's higher education, having a male child, daily laborer occupation, good fathers' knowledge of child feeding practices, and positive attitudes supportive of community encouragement are statistically significant after taking into account the multi variable logistic regression model.Fathers who lived in urbanwere twice as likely to use child feeding techniques as fathers who lived in rural areas (AOR = 2.0; 95% CI: 1.188-3.57).Comparing dads with secondary and higher education to those who could not read and write, the former showed significantly higher engagement, with likelihoods increasing 5.2-fold (5.2; 95% CI: 2.59-10.46) and 5.4-fold (5.4; 95% CI: 2.40-12.14), respectively.Additionally, compared to fathers of female children, fathers of male children were 1.8 times more likely to engage in child feeding (AOR = 1.8; 95% CI: 1.77–2.69).Furthermore, fathers who knew a lot about child feeding practices were 1.7 times more involved than fathers who didn't (AOR = 1.7; 95% CI: 1.18–2.52), and fathers who had favorable attitudes were twice as likely to participate as fathers who didn't (AOR=2.1; 95% CI: 1.403–3.07).On the other hand, daily workers' engagement likelihood was 70% lower than merchants' (AOR = 0.3; 95% CI: 0.13-0.64). Lastly, women with higher levels of school had 2.9 times higher odds of their fathers being involved than women with no schooling (AOR = 2.9; 95% CI: 1.24,6.98). Compared to fathers who received unsupportive community encouragement, those who received supportive community encouragement were approximately 1.6 times as likely to be involved in child feeding (AOR=1.68; 95% CI:1.16-2.44) (**Table 6**).

**Table 6: Binary and Multi variable logistic regression analysis of factors associated with fathers' involvement in child feeding and its associated factors in Worabe town administration, 2025**

| Character | Category | Male involvement | | OR at 95% Cl | |
|---|---|---|---|---|---|
| | | Poor | Good | Crude OR | Adjusted OR |
| Residence | Rural | 164 | 78 | Ref | |
| | Urban | 192 | 181 | 2.0(1.41, 2.77) | 2.0(1.19, 3.57)** |
| Age group | 15-20 years | 8 | 8 | Ref | |
| | 21-30 years | 144 | 97 | .67(0.24, 1.85) | 0.88(.24, 3.27) |
| | 31-40 years | 168 | 145 | .86(.32, 2.36) | 1.07(.287, 3.96) |
| | 41 and above | 36 | 9 | 0.25(0.07, 0.85) * | 0.29(.061, 1.39) |
| Educational status | Unable to read and write | 54 | 18 | Ref | |
| | able to right and read | 41 | 18 | 1.3(.61, 2.84) | 1.46(0.63,3.376) |
| | Primary education | 191 | 93 | 1.5(.81, 2.6) | 1.43(0.75,2.703) |
| | Secondary school | 48 | 83 | 5.2(2.73, 9.85) * | 5.2(2.59,10.46) ** |
| | Higher education | 22 | 47 | 6.4(3.07,13.37)* | 5.4(2.40,12.14) ** |
| Occupation | Marchant | 103 | 98 | Ref | |
| | Farmer | 125 | 62 | 0.5(.35, .79*) | 0.79(0.42,1.50) |
| | Government employee | 95 | 87 | 1.0(0.64,1.38) | 0.7(0.43,1.13) |
| | Daily laborer | 33 | 12 | 0.4(0.19,0.72) * | 0.29(0.13,0.64) ** |
| Birth order | Frist child | 38 | 44 | 1.7(1.07, 2.73) * | 1.04(0.29,3.74) |
| | Not first child | 318 | 215 | Ref | |
| Children | One | 48 | 51 | Ref | |
| | Two-four | 286 | 195 | 064(0.42, 0.99) * | 0.84(0.27,2.61) |
| | Above and above | 22 | 13 | 0.55(0.25, 1.23) | 1.19(0.30,4.67) |
| Sex | Male | 163 | 150 | 1.6(1.18, 2.25) | 1.8(1.18,1.69) ** |
| | Female | 193 | 109 | Ref | |
| Women Education | Unable to read and write | 57 | 23 | Ref | |
| | Able to read and write | 43 | 16 | 0.92(0.44, 1.95) | 0.92(0.40,2.13) |
| | Primary education | 148 | 107 | 1.7(1.79, 3.09) | 1.23(0.66,2.27) |
| | High school (10-12) | 91 | 81 | 2.2(1.5, 3.9) * | 1.87(0.99,3.53) |
| | Higher education | 17 | 32 | 4.7(2.18, 9.99) * | 2.94(1.24,6.98) ** |
| Knowledge | Poor | 195 | 114 | Ref | |
| | Good | 161 | 145 | 1.5(1.1, 2.1) * | 1.73(1.18,2.52) ** |
| Attitude | Negative | 209 | 110 | Ref | |
| | Positive | 147 | 149 | 1.9(1.4, 2.7) * | 2.08(1.40,3.07) ** |

| | | | | | |
|---|---|---|---|---|---|
| Community encouragement | Unsupportive | 209 | 117 | Ref | |
| | Supportive | 147 | 142 | 1.73(1.25, 2.38) | 1.68(1.16,2.44) ** |

* Significant variables at P value <0.25 in the bivariate analysis 1.00 _ reference category
** Statistically significant variables at P value <0.05 in the multivariable analysis

### 6.1. Result of qualitative Study by using in-depth interview

A total of seven respondents participated in the interviews. The respondents include fathers and mothers, and they had more than one child rearing experience. Five of the respondents were mothers and the rest were fathers (**Table7**).

**Table 7:Table Socio-demographic characteristics of participants for explore lived experience key informants about fathers' involvement in child feeding practice in Worabe town administration** zone,2025

| Code | Age | Occupation |
|---|---|---|
| FIDI 01 | 30 | Employee |
| FIDI 02 | 32 | Merchant |
| FIDI 03 | 45 | Employee |
| FIDI 04 | 30 | Farmer |
| MIDI 01 | 38 | House wife |
| MIDI 02 | 28 | House wife |
| MIDI 03 | 36 | House wife |

A study was carried out in the town administration of Worabe to investigate the experiences of fathers who have children between the ages of 6 and 24 months on their engagement in child feeding and the factors that are related to it. The participants in the Worabe town administration provided insightful information about their experiences with fathers' involvement in child feeding and its associated factors among fathers having children aged 6 to 24 months in Worabe town administration. Carefully transcribe all interview recordings into written text, then review the transcripts thoroughly and identify specific segments related to fathers' involvement, perceptions, barriers, and facilitators. Then, group similar codes from these segments into broader, or themes. based on their similarities and differences.

### 1. Theme I: Positive experiences of father's involvement in child feeding

According to the mothers and some fathers, they felt that the fathers had successfully involve in child feeding in various aspects, identify problems following their poor involvement, and promote father's involvement in child feeding.

*A 32-year-old father stated that," in their community, mothers usually take the lead in child feeding activities, while fathers primarily contribute by providing financial support. However, he believes that, in addition to the financial role, fathers should also participate in home feeding activities, as children benefit from interactions with both parents. He perceives his own involvement in child feeding as supplying essential resources and actively engaging in feeding tasks. He noted that there are no cultural, social, or religious barriers hindering paternal involvement. For the future, he recommends that if fathers are busy with work outside the home, mothers should take responsibility for child feeding within the household (FIDI2).*

*A 45-year-old father of four expressed the belief that sharing an equitable role in child feeding activities is crucial for a child's development. He identified his specific involvement as feeding the child and providing water during feeding times. He further described his participation in child feeding as mainly offering financial support to the mother, rather than engaging in food preparation or direct feeding. For the future, he recommends that fathers should engage more fully in all aspects of child feeding activities to promote better child development outcomes. (FIDI03)*

*36 years old mothers of five child said "In my opinion husbands' involvement in child feeding is in different ways. He would have liked to be involved in a few activities like holding the infant but because of the nature of his work so most of time fathers may not actually participated in child feeding practice as me but he has to go and look for money to care for his wife and children because if he stays at home and the family may suffer problem, he cannot get money to solve future (IDI M 03)*

**3. Theme II: Challenge faced on experiences of father's involvement in child feeding**

According to the mothers and some fathers, fathers felt about some challenges for experiencing their involvement in child feeding involvement on child feeding by a lack of, personal factors, sociolect-cultural aspects on their involvement. They also reported that they were unable to implement all of their involvement in child feeding

*30-year-old father of two children observed that, in his community, child feeding activities are predominantly viewed as the mother's responsibility. He identified factors such as socio-cultural norms, religious misunderstandings, and individual commitments,particularly external work responsibilities as barriers to fathers participation. Fathers often do not participate in child care activities (FIDI01)*

*38 years old mother of four child said" my husband participates in child feeding only when I have not around but when I am around, he said to me "care your child this role of you my role is participate works out side" for the future I recommend fathers equally participate equally with mothers if possible (IDI M01)*

*28-year-old mother of three children observed that her husband is often busy with external work and is not directly involved in child feeding activities. She expressed that she would be happy if her husband were more actively engaged in feeding her children. She noted that cultural and traditional norms within their community tend to favor fathers' roles outside the home. Additionally, she mentioned that some fathers feel a sense of inferiority when involved in direct child feeding, influenced by peer perceptions. Overall, she recommends that fathers participate actively in child feeding to promote better familial relationships and child development" (IDI M 02)*

*30 years old father of two child farmer "Even if my involvement is very important, I am not involved directly even if no shortage of time, I have no specific role in feeding time. most of time indivjual factor also affects my involvement for future I recommend fathers involve by providing active support for mothers for child feeding activity mothers participate direct feeding activities" (FIDI04).*

**Table 8: Themes, categories and main codes emerged from qualitative data analysis of father's involvement in child feeding in Worabe town administration.**

| | | | |
|---|---|---|---|
| Positive experiences of father's involvement in child feeding | Category | Sub category | Main codes |
| | Father Involvement | Enablers | Financial contribution to feeding<br>Engaging direct feeding<br>Holding child |
| | Perceived benefits of Involvement | Enablers | Enhanced child interaction<br>Improved family bonding |
| | Culture Supporting Father's Role | Enablers | Cultural acceptability of involvement<br>motivate fatherhood practices |
| Challenges Faced in Father's Involvement in Child Feeding | Socio-cultural Barriers | Barriers | Child feeding as a mother's responsibility<br>Social perceptions discouraging involvement |
| | Personal Factors | Barriers | External work responsibilities<br>Feelings of inferiority |
| | Household Roles | Barriers | Role division |

## 7. Discussion

This study is conducted in the Silte zone to assess fathers' involvement in child feeding practices and its associated factors among fathers with children aged 6-24 months in Worabe town administration. The study found a low proportion of paternal involvement in child feeding within the study area which is revealed that 42.1% (95% CI, 38.2-46.1) of fathers had good involvement on child feeding practices. Which highlights a substantial gap in fathers' participation. This indicates a missed opportunity for healthcare providers to engage fathers actively in child nutrition and health interventions.

The finding also indicates cultural norms and societal perceptions that limit fathers' active participation in child feeding are not addressed in the community. So immunity-based interventions, such as awareness campaigns, peer support groups, and involvement of local leaders, are important to promoting fathers' engagement and shifting gender roles regarding child feeding responsibilities.

Factors significantly associated with the fathers' involvement in child feeding were urban residence, secondary or higher education levels among fathers, women's higher education, having a male child, daily laborer occupation, good fathers' knowledge of child feeding practices, and positive attitudes towards child feeding practice. This finding was consistent with former quantitative studies Antoskia Gemza which is 43.1[23] which emphasized on participants were involved in various child feeding practice including providing financial support ,sharing household activity, feeding child at home and/or attending events related to child feeding practice. However the finding this study was lower than studies done in urban slums of Bangladesh (63%) ,South India (59.1%), Northern Ghana (63.5%), Misha woreda 72.5%),demote woyde (50.9%),south western district of Uganda(65.5%) [1, 24, 28-30, 49].Likewise, the result of this study was higher than study conducted in food insecure communities of Ethiopia(26.2%) [2].

This difference might be the result of cultural differences, community norms and the difference in study population regarding gender-specific roles in Ethiopian society . The variation may also be due to differences in measurement tools and influcing factors.

*30, years old father "Even if my involvement is very important, I am not involved directly even if no shortage of time, I have no specific role in feeding time. most of time indivjual factor also affects*

*my involvement for future I recommend fathers involve by providing active support for mothers for child feeding" (FIDI04)*

Fathers who residing in urban were twice as likely to engage in child feeding practices compared to their rural counterparts. The results are consistent with a previous cross-sectional study conducted in Antoskia ,urban slum Bangladesh[23, 24]. This may be because living in an urban setting offers greater access to information about fathers' involvement in child feeding. Similarly, fathers with secondary and higher education demonstrated five times substantially greater involvement, that their counterpart relative to those with unable to read and write education. The results are consistent with a previous cross-sectional study conducted in Antoskia, urban slum Bangladesh, Southern part of Ethiopia [23, 24, 49].This may be because education enhances understanding of the importance of their involvement and facilitates better communication between husband and wife. Additionally, education enables male partners to challenge negative cultural beliefs. Fathers with male children were two times more likely to participate in child feeding than those with female children.

These findings are consistent with a previous cross-sectional study conducted in Antoskia.[23].Additionally, The father's knowledge about the father's involvement in child feeding was another significant independent variable affecting the father's involvement in child feeding fathers with good knowledge of child feeding practices exhibited two times higher involvement than those with poor knowledge .The results are consistent with a previous study conducted in Chronically Food-Insecure Communities,Ethiopia, Antsokia Gemza Woreda, Northern Ghana, Bibugn district of Ethiopia [2, 23, 29, 48].This may be because fathers with good knowledge of child feeding practices are more likely to recognize the importance of their involvement and to identify and address misconceptions that could result in inappropriate feeding.

Additionally, in this study, having a positive attitude towards child feeding was associated with a two-fold increase in fathers involvement compared to participants having a negative attitude. These findings are consistent with prior studies conducted in South Coastal India, Ghana, and Antsokia Gemza Woreda, Ethiopia.[23, 29, 48].This might be because fathers with positive attitude towards child feeding practice are more likely to be aware of the importance of child feeding and adhere to child feeding principles. This also may be due to the fact that having a positive attitude increases coordination between mothers and enhances discussion on child

feeding. Conversely, daily laborers showed a 70% reduction in involvement likelihood relative to merchants.

Finally, higher education levels among women were associated with three times greater odds of fathers' involvement compared to women with no education. This findings is consistent with a previous cross-sectional study conducted in urban slums of Bangladesh [24]. Mothers may be more likely to participate in formal employment and take on more professional obligations as their educational attainment increases. This shift may limit the amount of time and energy available for the child's direct feeding, leading to greater father engagement. This was supported by a qualitative report from.*The 38-year-old mother stated, "My husband only helps with child care when I'm not there, but when I am around, he tells me, 'Care for your child; that's my responsibility to assist you out'(IDIM01)*.

This study found a substantial correlation between fathers' increasing involvement in feeding their children and supportive community encouragement. This result is in line with earlier studies carried out in Antoskia.[23].which similarly suggests that positive cultural practices among fathers can effectively enhance their participation in child feeding. This may be because fathers are motivated to take part in child feeding by the strong support of the community. This is consistent with qualitative findings from in-depth interviews with some fathers.

*30-year-old father of two children said that, in his community, child feeding activities are predominantly viewed as the mother's responsibility. He identified factors such as socio-cultural norms, religious misunderstandings, and individual commitments—particularly external work responsibilities—as barriers to paternal participation. Fathers often do not participate in child care activities (FIDI01)*

*28-year-old mother also said that "cultural and traditional norms within their community tend to favor fathers' roles outside the home. Additionally, she mentioned that some fathers feel inferiority when involved in direct child feeding, influenced by peer perceptions" (IDI M 02)*

In general, most response in in-depth from mothers and fathers in study area child feeding role is mothers there is some barriers which limits from actual involvement in child feeding activities.

### 7.1. Strength of the study

- Using comprehensive approach that employed both quantitative and qualitative data collection methods across diverse settings and maximum representative sample size.
- Including both rural and urban settings in town administration enhance the potential for generalization.
- The community-based nature of the study allowed for a more accurate reflection of the actual experiences of fathers during the study period.
- Selection of data collectors with formal certification helped minimize both selection and information biases, as they are familiar with local areas, their respective kebeles respondents live, and speak the local languages.
- Random selection of kebeles further reduced selection bias, contributing to the study's overall validity.

### 7.2. Limitations of the study

- ✓ The study did not include real-time observations,because it did collect data on fathers' prior experiences with their practice.
- ✓ The quantitative component may be biased due to the use of self-reported data.
- ✓ Identifying cause-and-effect linkages is limited by the cross-sectional design.

## 8.Conclusion and Recommendation

### 8.1. Conclusion

According the findings of this study, it showed that that the level of fathers' involvement in child feeding remains low. Only 42.1% of the study's respondents showed that fathers were actively involved in their children's feeding. Fathers' involvement in child feeding was significantly associated with the father's urban residence, secondary or higher education levels among fathers, higher women's education, having a male child, daily laborer occupation, having good knowledge, having a positive attitude towards child feeding practice, supportive community encouragement. highlighting these findings, it is important to implement targeted interventions that promote awareness and education among male partners.

## 8.2. Recommendation

### For policy makers and government

- ✓ Fathers should be the focus of specific community-based initiatives to increase their participation in IYCF.
- ✓ The government should be support, monitors and evaluate the strategies of educating fathers on their roles and responsibilities in promoting their involvement in child care from time to time to ensure that they succeed
- ✓ Health professionals should encourage men to participate in nutrition education during prenatal checkups and postpartum, according to health institutional policy.

### Worabe Town administration Health Office

- ✓ Health practitioners should give community leaders information to help fathers become more aware of their role in providing for their children's food.
- ✓ Establish programs that involve fathers in child care and create health professional training materials that discuss fathers' involvement in child feeding.
- ✓ The health workers and health extension worker in Worabe town should create awareness on furthers involvement and its benefits by, health education at community level;
- ✓ When doing house visits, health extension workers coach fathers on appropriate child-feeding methods and conduct local group meetings.

### For further researchers

- ✓ The study recommends that to do further research in quantitative and qualitative by incorporating in-depth interview and FGD to address the problem associated with male partner involvement in child feeding and share the research results with stakeholders to increase awareness about the critical role of fathers in child nutrition.

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LISTS OF ANNEXES

## Annex I: Personal Information Sheet

Good morning/good afternoon! My name is _____. I am here today to collect data for a study to be conducted by kedir Hassen from Addis Ababa University, Department of pediatrics and child health nursing post graduate program. The objective of this study is Father's involvement in child feeding and its associated factors among fathers having children aged 6 to 24 months in Worabe Town of Silite zone. You are asked to take part in this study and to respond genuinely and your cooperation is greatly helpful. Your participation is voluntary and your name will not be written in this form and will never be used in connection with any information you tell us. There is no risk in participating in this research project and there may not be direct benefit to you but your participation may have direct or indirect contribution to your child, and indirectly for you  If you have questions regarding this study or would like to be informed of the results after its completion, please feel free to contact the principal investigator by using the following address:

Kedir Hussen (BSc)

Mobile = +251919763512

E-mail:kedirabuabdulhfiz@gmail.com

## Annex II: Informed Consent

In signing this document, I am giving my consent to participate in the study entitled "Father's involvement in child feeding and its associated factors among fathers having children aged 6 to 24 months in Worabe Town of Silite zone" I have understood that participation in this study is entirely voluntarily and participation or refusal to answer the questions will have no effect on me. I have been told that answers to the questions or reports of this study will never identify me in any way. I understood that, Kedir Hussen is the contact person if I have questions about the study or about my rights as a study participant. I also know that the address of the principal investigator is:

Kedir Hussen, (BSc):

Mobile = +251919763512

E-mail:kedirabuabdulhfiz@gmail.com

I hereby freely consent to take part in this study

I here approve my consent to take part in the study with my signature.

Signature _____

Date _____

.

## Annex III Questionnaire

Section.1. Socio-demographic characteristics of fathers Identification number. ____

| | Socio-demographic characteristics | Response | Remark |
|---|---|---|---|
| 1 | Age of respondent (In years) | _____ | |
| 2 | Residence | 1.Rural | |
| | | 2.Urban | |
| 3 | What is your Religion? | 1.Orthodox | |
| | | 2.Muslim | |
| | | 3.Protestant | |
| | | 4.Others_____ | |
| 4 | What your Educational level? | 1.illitrate | |
| | | 2.read &write | |
| | | 3. primary | |
| | | 4.socendry | |
| | | 5..diploma & above | |
| 5 | What your Occupation? | 1.Merchant | |
| | | 2.Farmer | |
| | | 3.Government employee | |
| | | 4.Private employee | |
| | | 5.Daily laborer | |
| 6 | What your current Marital status? | 1.Married | |
| | | 2.divorced | |
| | | 3.Widowed | |
| | | | |
| | Childs Characteristics | | |
| | Number of children you have? | | |
| | What is the birth order of the youngest child | 1.Frist child | |
| | | 2.Not frist child | |
| | Sex of the youngest child? | 1.Male | |
| | | 2.Female | |
| | What is the age of the youngest child in month | ---------- | |
| | **Family Characteristics** | | |
| | What is Occupation of your wives | 1.housewife_____ | |

| | | | |
|---|---|---|---|
| | | 2.merchant | |
| | | 3.employeed | |
| | | 4.daily laborer | |
| | Age of your wives in year | _____ | |
| | Household monthly income In Ethiopian birr | _____ | |
| | What is Educational level your wives | 1.illitrate | |
| | | 2.read and writte | |
| | | 3.primary | |
| | | 4.socendry | |
| | | 5.deploma and above | |

Section 2. Father involvement in child feeding

| Sn | Shared Decision Making in Child Feeding Practices | | |
|---|---|---|---|
| 1 | Do you discuss with your wife before making adecision about child feeding? | Yes | |
| | | No | |
| 2 | Does the father have equal decision-making responsibilities as the mother at home? | Yes | |
| | | No | |
| 3 | Do you participate makes the final decision on child feeding? | Yes | |
| | | No | |
| 4 | Do you participate to decides the time to start complementary feeding? | Yes | |
| | | No | |
| 5 | Do you participate to decides what food to introduce at the start of complementary feeding? | Yes | |
| | | No | |
| 6 | Do you participate in the final decision on the order of serving food during mealtimes? | Yes | |
| | | No | |
| | Providing Physical Support to the Mother | | |
| 7 | Do you participate in child feeding during mealtimes? | Yes | |
| | | No | |
| 8 | Do you assist the mother with household chores? | Yes | |
| | | No | |
| 9 | Do you help the mother with farming activities to obtain nutritious food for your child? | Yes | |
| | | No | |
| 10 | Do you accompany the mother to child health clinics? | Yes | |
| | | No | |
| 11 | Do you allow other family members or relatives to support the mother after delivery? | Yes | |
| | | No | |
| | Offering Psychosocial Support | | |
| 12 | Does your community encourage you to take an active role in child feeding? | Yes | |
| | | No | |

| | | | |
|---|---|---|---|
| | | | |
| 13 | Do you encourage your children to eat while the mother is involved in child feeding? | Yes | |
| | | No | |
| 14 | Do you motivate your spouse to be involved in child feeding? | Yes | |
| | | No | |
| | Delivering Financial and Resource Support | | |
| 15 | Do you buy food for your child? | Yes | |
| | | No | |
| 16 | Do you buy clothing or child care items such as diapers and food for your child? | Yes | |
| | | No | |
| 17 | Do you purchase food for the lactating mother? | Yes | |
| | | No | |
| 18 | Do you transport the child to health clinics? | Yes | |
| | | No | |
| 19 | Do you give money to the mother to purchase necessary food for the child? | Yes | |
| | | No | |
| | Work load sharing | | |
| 20 | Do you usually feed the child at home? | Yes | |
| | | No | |
| 21 | Do you cook meals for the child at home when the mother is breastfeeding? | Yes | |
| | | No | |
| 22 | Do you look after your child when the mother is not around? | Yes | |
| | | No | |

Section .3. knowledge of fathers about father involvement in child feeding

| | Fathers knowledge | Response | Remark |
|---|---|---|---|
| 1 | An infant should start complementary food at 6 months | Yes | |
| | | No | |
| 2 | A woman should breastfeed her child for 24 months and more | Yes | |
| | | No | |
| 3 | Do you know fathers have role in providing advice for mothers on child diet | Yes | |
| | | No | |
| 4 | Do you know fathers have role in farming/gardening nutritious food | Yes | |
| | | No | |
| 5 | Do you know fathers have role in financial support to buy nutritious food | Yes | |
| | | No | |

| | | | |
|---|---|---|---|
| 6 | Do you know fathers have role in cooking a meal for a child | Yes | |
| | | No | |
| 7 | Do you know fathers have role in accompaniment to medical appointments/growth monitoring | Yes | |
| | | No | |
| 8 | Do you know fathers have role in in social and emotional support | Yes | |
| | | No | |
| 9 | Do you know fathers have role to help child feeding mothers with house hold chores | Yes | |
| | | No | |

Section .4. Attitude of fathers about father involvement in child feeding

| | Attitude of fathers | SD | D | N | A | SA |
|---|---|---|---|---|---|---|
| 1 | I am confident in preparing food for my child | 1 | 2 | 3 | 4 | 5 |
| 2 | I feel difficult in giving the right kind of food for my child. | 1 | 2 | 3 | 4 | 5 |
| 3 | I feel less important for a father to spend much time with my children | 1 | 2 | 3 | 4 | 5 |
| 4 | I feel difficult that support my wife for child feeding and care | 1 | 2 | 3 | 4 | 5 |
| 5 | I feel confident that support my wife for child feeding and care | 1 | 2 | 3 | 4 | 5 |
| 6 | I feel right that Mother should be as heavily involved in the child feeding than fathers. | 1 | 2 | 3 | 4 | 5 |
| 7 | I feel happy, if my wife asked me to help her by feeding the child | 1 | 2 | 3 | 4 | 5 |
| 8 | I feel correct that child feeding practice is a shared responsibility of father and Mother | 1 | 2 | 3 | 4 | 5 |

Key SA=Strongly Agree SD=Strongly Disagree A=Agree D = Disagree N=Neutral

Section.5. Culture of fathers about father involvement in child feeding

| Sn | Culture of fathers | Response | Remark |
|---|---|---|---|
| 1 | Does your community discourage fathers from taking an active role in child feeding? | Yes | |
| | | No | |
| 2 | Does your wife disapprove of father involvement in child feeding? | Yes | |
| | | No | |
| 3 | Has your community ever laughed at or sanctioned your involvement in child feeding? | Yes | |
| | | No | |
| 4 | Are there traditionally gender-specific roles in your community that limit father involvement in child feeding? | Yes | |
| | | No | |
| 5 | Does your community believe that child feeding is solely the responsibility of mothers? | Yes | |
| | | No | |

# ሲልጢኛ ሙግሙጋር ሱል

ጥቅስቸ

ጥቅስ 1፣ የምጥ መዝጉብ

አይነኮ አንድርከ የሂ ሱም_____በሸወ አሸር ጋር ዮልድቸ ሃኪምነት ጎልጊ ዋ ዮልድቸ ፈይነት ነርስነት የትመረቆት በሁሲኒ ከዲር ሊትርሻነይ ሚርማሪ ለስብስቦት አውጂ መጣሆ ። ይታይ ሚርማሪ መርቾከ በሲልጢ ዞን ቦራቢ ከተመ ኡምሪኒሙ ተ 6 ወሪ ጀመራኒ 24 ወሪ ጃንጎ ያሉ ወልድቸ ያሉይሙ አቦትቸ ወልዲቻይ በርዘቆት የቦትቻይ ተልቃለቆት ዋ የትንዛዙ ሚኪናትቻኒሙ ። ቢታይ ሚርማሪ ኡስጥ ሊትትቅላቀሉዋ ህቀ የሆነ ጀዋብ ሊቶቡ ተሳሉማን ዋ ኡግጥሙ ፈየኮ ኢድገላን ። ያቱሚ ተልቃልቆት ታቱምተ ኢዝን ዋ ሱማሙ ቢታት ጢቅስ ኡስጥ ኢለትከተብ። አቱም ቲትውዱናሙይ ሀደም መርቾ የትንዛዘ በጥቅም ኢላዊልነ ፣ቢታይ ሚርማሪ ኩቱብ ኡስጥ ተልቃለቆት ሀደም ሚካተ ኢለይ፣ ላቱም ቀጥ የባለ ፋይደ ለይነብረይ ኢሸላን ጊንመ ያቱሚ ተልቃለቆት በሰተትም ሆነ በገነ ኡንገ ሎልድቸ ፋይደ ሊነብረይ ኢሸላን፣ ዋ ላቱም በገነ ኡንገ ኢነይ የሚርማሪ ኩቱበ በትሚሊከተ ሱልቸ አነጊነ ለቻሎት በከሺሙ ኡጣቲ በትፈጂ ዞፍ አደራናሙ ቢትኪተላነይ ሲልክ ሀነጊነ ኢሚል በጠቀሞት ቡረይ መርማሪ ላትዋልኮት ሀደም አይኪቱ።

የሁሲኒ ከዲር (ቢ ኢስ ሲ)

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ጢቅስ III ሱልቸየትቻሎትጡቃሜ1.የላሎትእልቅ. ____

ጎልጊ፣1. የአቦትቸአሙ-ሰብሃለትቸ

| | የአቦትቸአሙ-ሰብሃለትቸ | መልስ | ምርመራ |
|---|---|---|---|
| 1 | የአቦት ኡመር በአይዶ | _____ | |
| 2 | እነብሩቡያን ኤት | 1 ጌን | |
| | | 2 ከተማን | |
| 3 | ያተ ድነሀ ምን ግዝን? | 1.ክርስታን | |
| | | 2.እስላም | |
| | | 3.ጴንጤን | |
| | | 4.ገነባለ | |
| 4 | ያተ የአሸር መቃም ምን ያልን? | 1.ኪተቦት ዋ ሙጢሌ ትእለዋቀትል | |
| | | 2.ኪተቦትዋ ሙጢሌትብቸ ያቀትላው | |
| | | 3.ያፍቴ መቃም አሸርጋር ፈጇሆ | |
| | | 4.ሆሸትለኘ መቃም አሸርጋር ፈጇሆ | |
| | | 5.ዲፕሎማ / ዲግሪዋ ተኢየበዘ | |
| 6 | ያተ ብለሀ ምንግዝን ? | 1.ዝልዛሌተኘ | |
| | | 2.አራሺ | |
| | | 3.የመንግስትብለተኘ | |
| | | 4.የመንግስት የሌነ ብለተኘ | |
| | | 5.ያያምብለተኘ | |
| 7 | አኩ ያለሀቢ የብተር ሃለት አይነኮን ? | 1.ያገበ | |
| | | 2.የፈተ | |
| | | 3.ምሸትየሞተቢ | |
| | ዮልድቸሃለት | | |
| 1 | ምስት ወልድቸ አሉም? | | |
| 2 | አኩ ያለይ ቀሊጡሎ ያፍቴን አሎን? | 1.ያፍቴንልጅነ | |
| | | 2. ያፍቴንልጅነአሎን | |
| 3 | የቀሊ ጩሎ ሉገከ? | 1.ሊጂ | |
| | | 2.ገረድ | |
| 4 | አኩ ያለይ የቀሊ ጩሎ ኡምሪከ ምስትን ? | ---------- | |
| | ያበሮስ ሃለት | | |
| 1 | ያበሮሰሀ ብልሸ ምንግዝን? | 1.የጋርእንደት | |
| | | 2.ዘልዛሌተኘ | |
| | | 3.የመንግስተብለተኘ | |
| | | 4.ያያምብለተኘ | |
| 2 | የምሸተሀ ኡምር ምስትን በአይዶ ? | _____ | |

| | | | |
|---|---|---|---|
| 3 | ቦሪምንያይልብር /ድነትትረክቦሙ? | ¨<br>_____ | |
| 4 | ያበሮሰሀ የአሸር መቃም ምንያልን? | 1.ኪተቦት ዋ ሙጢሎት አታቀትል | |
| | | 2.ኪተቦትሙ ዋ ጢሎትብቸ ታቀትላት | |
| | | 3.ያፍቴ መቃም አሸርጋር የፈጅት | |
| | | 4.ሆሸትለኘመቃምአሸርጋር ፈጇታት | |
| | | 5.ዲፕሎማ / ዲግሪዋተኢየበዘ | |

## ጎልጊ .2. አቦትወልደከበርዘቆትውስጥተልቃለቆት

| እል | በሰብያዮ ተረዘቆተ ሃለትቸ ያድነት ወስኖት ዋቦት በትመለከተ | | |
|---|---|---|---|
| 1 | ለሰቢያዮ ተረዘቆት ሃለት መስኒጀ ተትረሶትከ ቀደ ተምሸታሙ ወባጀታሶሙ? | ነ.ኣው | |
| | | 2.በይ | |
| 2 | አቦት በጋር ኡስጥ ይንደትኮ ቅጦ ያስናዶት ወጥ አልቢሙ? | ነ. ኣው | |
| | | 2. ባይ | |
| 3 | በሰብያዮ ተረዘቆት ሃለት የመትፈጂ ወስኖት ትትልቃለቆሙ? | ነ. ኣው | |
| | | 2. ባይ | |
| 4 | ለሰብያዮ ዲባየ ስንቀ ኢጀምርቡያን ወክተ በወሲኖት ትትልቃለቆሙ? | ነ. ኣው | |
| | | 2. ባይ | |
| 5 | ዲባየ ተረዘቆት ቲጀመር ባይነካል ስንቅ ተጀመሮት ያለቢኮ ለወሰኖት ትልቃለቆሙ? | ነ. ኣው | |
| | | 2. ባይ | |
| 6 | በስንቅ ወክት የስንቀ አቅርቦት ተረ በወሰኖት ትልቃለቆሙ? | ነ. ኣው | |
| | | 2. ባይ | |
| እል | ለእንደት የመላዩ ኡግዥ | | |
| 1 | በርዝቅ ወክት ሰብያዮን በርዘቆት ትትቅላቀሎሙ? | ነ. ኣው | |
| | | 2. ባይ | |
| 2 | የሰብያዮ እንደተ በጋር ኡስጥ ብልቸ ኡግዥ ታሶሙ? | ነ. ኣው | |
| | | 2. ባይ | |
| 3 | ለሰብያዮ የትቻበረ ስንቀ እረክቦነኮ እንድተከ በእርሰት ብል ታግዘሙ? | ነ. ኣው | |
| | | 2. ባይ | |
| 4 | የሰብያዮን እንደተ የሰብያዮ የፈይነተ ክተሎ ቲዶሙ? | ነ. ኣው | |
| | | 2. ባይ | |
| 5 | ገናይ ያበሮስ አባልቸ እንደት የጭኘት ወክተ ሊትጋገዙ ኢዝነ ታሶሙ? | ነ. ኣው | |
| | | 2. ባይ | |
| እል | የስነ-ልቦና-ማህበራዊድጋፍመስጠት | | |
| 1 | አሟ_ሰባሙ በሰብያዮ የትረዘቆት ሃለት ኑቂ የሆነ ወጥ እትፍቀሮነኮ ትንቃቅሎሙ? | ነ. ኣው | |
| | | 2. ባይ | |
| 2 | እንደት ሰብያዮ በርዘቆት ኡስጥ ትትቅላቀል ሰብያዮ እትረዘቆነኮ ትንቃቅሎሙ ? | ነ. ኣው | |
| | | 2. ባይ | |
| 3 | የብተር አቻሙ በስቢያዮ የትረዘቆት ሃለተ እትቅላቀሎነኮ ትንቃቅሎሙ ? | ነ. ኣው | |
| | | 2. ባይ | |
| | የብረ ኡግዥ አሶት | | |
| 1 | | ነ. ኣው | |

| | | | |
|---|---|---|---|
| | ለስብይይስንቀቶክቦሙ? | 2. ባይ | |
| 2 | ለስቢይይ ዳይፐር የምሳሰሉ ዋ ሰንቀ አነግነ የስብያዮ እትንክባክቡያን ሙተ ቶክቦሙ? | 1. ኣው | |
| | | 2. ባይ | |
| 3 | ሊታጦባት እንደት ስንቀ ክቦሙ? | 1. ኣው | |
| | | 2. ባይ | |
| 4 | ስብይይ የፈይንት ጋር ትክናናብሎሙ? | 1. ኣው | |
| | | 2. ባይ | |
| 5 | ልንደት ለስብይይ ያትክሻናይ ስንቀ ልቶክብ ዲንተ ቶቦሙ? | 1. ኣው | |
| | | 2. ባይ | |
| | የብል ክብዶት ተካፈሎት | | |
| 1 | በላይ ወክት ለስብይይ በጋር ኡስጥ ስንቀ ታበስሎሙ? | 1. ኣው | |
| | | 2. ባይ | |
| 2 | እንድት ጡብ ብታጦባት ወክት ለስብይይ በጋር ውስጥ ስነቀ ተበስሎሙ? | 1. ኣው | |
| | | 2. ባይ | |
| 3 | እንድት በልለት ወክት ወልዳሙ ትትንክባክቦሙ? | 1. ኣው | |
| | | 2።ባይ | |

3.በቄጃጆ የትረዘቆት አዳብ ውርት ያቦቸ ቻሎት ምን እመስላን

| | የአቦትቸ ቅልቃዬ | ምላሽ | |
|---|---|---|---|
| 1 | ሰብያዮ ቲንደት ጡብ በድባየ በ 6 ወሪ ድባየ ስንቀ ሪክቦት አለቢሙ | 1.ኣው | |
| | | 2.ባይ | |
| 2 | ሀድ እንደት ለ24 ወሪ ጡብ አጥቦት አለቤት | 1. ኣው | |
| | | 2. ባይ | |
| 3 | በሰብያዮ የትረዘቆት አዳብ ሊንደትቸ ሸዥ ባቦትላቦት ወጥ ያለይኮ ተሸለሀ? | 1. ኣው | |
| | | 2. ባይ | |
| 4 | አቦትቸ በጋሬረ ቡቃይቶ /በቻበረ ስንቅ ለውክቦት ኡግዥ /ወጥ ያለይሙኮ ተሸለሀ? | 1. ኣው | |
| | | 2. ባይ | |
| 5 | አቦትቸ የትቻበረ ስንቀ ለውክቦት የድነተ ኡግዥ ባሶት ወጥ ያለይሙኮ ትሸለሀ? | 1. ኣው | |
| | | 2. ባይ | |
| 6 | አቦትቸ ሎልድኒሙ ስንቀ ያብስሎት ወጥ ያለይሙኮ ትሸለሀ? | 1.ኣዎ | |
| | | 2. ባይ | |
| 7 | አቦትቸ ቢኪሚነ የሊቆት ተክታተሎት በቲጋዘት ወጥ ያለይሙኮ ትሸለሀ? | 1. ኣው | |
| | | 2. ባይ | |
| 8 | አቦትቸ በቄጅኒሙ አመኜ ዋ ስነ-አህላቅ ሩክቦ ኡስጥ ቡር ኤት ያለይኮ ተሸለሀ? | 1. ኣው | |
| | | 2. ባይ | |
| 9 | አቦትቸ በጋር ኡስጥ ብል ወልደ ቢንዞት ወልደ ያጦቦን እንደቸ ቢገዞት ወጥ ያለይሙኮ ትሸለሀ? | 1. ኣው | |
| | | 2. ባይ | |

| | አባቶችአመለካከት | SD | D | N | A | SA |
|---|---|---|---|---|---|---|
| 1 | ሎልድ ርዝቀ ባስናዶት ደር | 1 | 2 | 3 | 4 | 5 |

| | | | | | | |
|---|---|---|---|---|---|---|
| 2 | ሎልድ እድጊባንይ ርዝቀ ዋቦት ያሀብዳን ግዝ ሆነ ይታንሹኖን | 1 | 2 | 3 | 4 | 5 |
| 3 | አቦትቸ ቶልድኒሙ ጊነ በለ ወክተ አትልፎትኒሙ አትኪሻትከ ቀለ ሆነ እታንሹኖን | 1 | 2 | 3 | 4 | 5 |
| 4 | የጋር እንደቴ ወልድቸ በርዘቆት ዋ በትንክባከቦት ኢግዞት ያብዳን ግዘ ሆነ እታንሹኖን | 1 | 2 | 3 | 4 | 5 |
| 5 | የጋር እንደቴ ወልድቸ በርዘቁት ዋ በትንክባከቦት ቢገዞቲ ኢቲማመናው | 1 | 2 | 3 | 4 | 5 |
| 6 | እንደት ታቦትቸ በጠቀለ ሃለት ቦልድቸ የትረዘቆት ሃለት ተቅላቀላሎት ያለቢተኮ ሱተ ሆነ እታንሹኖን | 1 | 2 | 3 | 4 | 5 |
| 7 | የጋር እንደቴ ወልድቸ በርዘቁት ኡግዦ ልላሽኒት በሳልተኝ ተስተኖነኩ | 1 | 2 | 3 | 4 | 5 |
| 8 | ወልድቸን የርዘቆት ኣደ የአቦት ዋ የእንደት ያዲኘ ወሻይብነት የሆነኮ ኢሲማኖን | 1 | 2 | 3 | 4 | 5 |

## ክፍል.4. በሰብያዮ የትረዘቆት ሃለት የአቦተቸ ወግ

| Sn | የአባቶችባህል | የአቦትቸ ጀዋብ | |
|---|---|---|---|
| 1 | አመ ሰባሙ የቄጀሙ የትረዘቆት ሃለተ ፈየ ወጥ አዮስዶነኮ የሱማን? | ነ. .ኣው | |
| | | 2. ባይ | |
| 2 | ምየተን /ያቦት ቄጂ በርዘቆት ቲጋገዞት መሸተሀ እትትቄበለሀ ? | ነ. .ኣው | |
| | | 2. ባይ | |
| 3 | አመሰባሙ በሰብያዮ የትረዘቆት ሃለት ያተነይ ቅልቃዬ ናቁዜ ባሉሀ /ሳቅቡሀ ትሸለሀ ? | ነ. .ኣው | |
| | | 2. ባይ | |
| 4 | ባመሰባሙ ኡስጥ አቦት ሎልድከ ቢያግዛነይ የትረዘቆት ሃለት የለይ ወጥ በትሮሼ ሃለት ለገረድ ለልጂ ባሌ ኢሲዬን ? | ነ. .ኣው | |
| | | 2. ባይ | |
| 5 | ማህበረሰብዎልጅንመመገብየእናቶችብቻነውበሎያምናል አመሰባሙ ሰብያዮ ሪዘቆት ይንደቻን መጥ ይላን ?<br>አመሰባሙ በሰብያዮ ረዘቆት ይንድቸን ቢቾ መጥ ይላን ያምናን | ነ. .ኣው | |
| | | 2. ባይ | |

# Annexes IV: Guide for in- depth Interview

**Qualitative**

Greetings, I am currently doing a research to assess fathers' involvement in child feeding and its associated factors among fathers having children age 6-24 months Worabe Silte zone central ethiopia, to fulfill my thesis. I am here to interview you someissues which enable us to triangulate the quantitative findings of experience practice with your involvement in child feeding. the interview will take 25-30 minutes and your response to this interview will remain confidential andanonymous.

Are you willing to participate

1- No (say thank you ) 2- Yes (continue interviewing)

**For fathers**

1. Can you tell me about yourself? (Probe: age, number of child, ….)
2. What are your thoughts when you think of your involvement in infant and young child feeding? (**probe**: benefit, time, cost…
3. What is your perception regarding to your involvement in infant and young child feeding? (**Probes**…….)
4. What are your thoughts about why fathers not involvement in infant and young child feeding? (**Probe**: culture, religion, personal factors, community, ….)How?
5. What do you recommend in general about father's involvement in child feeding?

**For mothers**

1. Can you tell me about yourself? (Probe: age, child number…...)
2. What are your thoughts when you think of husband's involvement in infant and young child feeding? (**probe**: benefit, time, cost…)
3. What is your perception regarding your to husband's involvement in infant and young child feeding? (**probes**…….)
4. What are your thought about why why husband's not involvement in infant and young child feeding? (**probe**: culture, religion, personal factors, community, economic father's involvement in child feeding ….)How ?
5. What do you recommend in general about father's involvement in child feeding?

ጠለቅ የባሉ ሱልቸ ለቡር ቡር ሰብቸ

ለአቦትቸ

1. ስለ ገጋሀ እውደኝ (ለባይትከኡምር፣ዮልድቸብዛት፣የብተርሃለት)

2. በቀልቀሌ ወልድቸ የትረዘቆት  ሃለት ትታስቡ ምንምን ኡስባቦ እሲሙሃነ (ለባይትከፋይዳከ፣ወክት፣ወጪከ)ምን ግዝ ምንግዝ የትነጠሉ የብል ወጥቸ አሉሙ በርዝቅ ወቅት?

3. በቀልቀሌ ወልድቸ  የትረዘቆት  ሃለት ያለሙይ ተቅላቀላት በትመሊከተ አይነኮ ታፍታቱያሙ?

4. አቦትቸ  በለ ወክተ በወልድቸ  የትረዘቆት  ሃለት አይትቅላቀልቡያን መሰከ ምንግዝን ((ለባይትከአደ፣ኢምነት፣የገግሃለትቸ፣ አምሰብ ሴረ፣)? አይነኮ?

5. በወልድቸ የትረዘቆት ሃለት  የአቦትቻን ተቅላቀላት በትመለከተ በሁንዱሉሊከ ሚነቲምክሮሙ ?

# ያሾኪራ

## ለጋርኢንደትቸ

1. ስለገጋሽ እውጂኝ (ለባይትከኡምር፣ዮልድቸብዛት፣የብተርሃለት)

2. የጋርአቦት በቀልቀሊ ወልድቸ የትረዘቆት ሃለት ደር ያለይ ተቅላቀላት ትታስቡ ምንምን ኡስባቦ እሲሙሃነ (ለባይትከፋይዳከ፣ወክት፣ወጪክ)

3. የጋር አቦታሽ በቀልቀሊ ወልድቸ የትረዘቆት ሃለት ያለይሙይ ተቅላቀላት በትመሊከተ አስተያት አለሽ?

4. የጋርአቦትቸ በለ ወክተ በወልድቸ የትረዘቆት ሃለት አይትቅላቀልቡያነ መሰከ ምን ታስቢሽ ((ለባይትከኣደ፣ኢምነት፣ የገግሃለትቸ፣አምሰብሴረ)? አይነኮ?

5. በወልድቸ የትረዘቆት ሃለት የአቦትቻን ተቅላቀላት በትመለከተ በሁንዱሉሊከ ሚነ ቲመክሮሙ ?

# ያሾኪራው