ADDIS ABABA UNIVERSITY
FACULITY OF MEDICINE
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INFANT AND YOUNG CHILD FEEDING PRACTICE IN PREDOMINANTLY FOOD INSECURE COMMUNITITES OF HAWASSA ZURIA WOREDA IN SIDAMA ZONE, SNNPR ,ETHIOPIA.

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Table of contents

List of Tables and Figures

Abstract

***Background*:** Inappropriate feeding practices and sub-optimal or no breastfeeding remains the greatest threat to child health and survival globally. Appropriate breastfeeding alone could save the lives of more than 3,500 children every day. Over two-third of deaths are often associated with inappropriate feeding practice occurring in the 1st year of life.

***Objective*:** The main objective of this study was to assess and describe feeding practices of infant and young children in predominantly food insecure communities**.**

***Method*s**: A cross-sectional study was conducted to assess the feeding practices of mothers of infants and young children 6-23 months. Dietary diversity, meal frequency, time of introduction to complementary feeding was used to measure optimal infant and young child feeding. And also household food security status measuring question were used to assess the food security status of the households.

***Result*:** Breastfeeding is universal in the study area. More than 95% of mothers reported breastfeeding at the time of the survey .Early initiation of breastfeeding is 67%. The majority of mothers 72.7% reported use of prelacteal feeding. More than 95% of mothers reported breast feeding at the time of the survey. The rate of exclusive breast feeding was only 12.4%. The majority of mothers (79 %) introduced complementary feeding too early, before six months of age. Minimum dietary diversity was 16% among infants 6-8 months and 27.7 % among those 9-23 months. Of the children 6-23 months of age 57.6% receive minimum recommended meal frequency. Optimal complementary feeding practice was identified in only 17.2%. Food insecurity with moderate and with severe hunger was 64.5% and 10.5%, respectively. Food insecurity was one of the factors that contributed to sub optimal feeding practice. Maternal education &antenatal care were factors related to infant and young child feeding practices.

Conclusion: The prevalence of optimal infant and young child feeding practice was very low and household food security status was one of the factors related to optimal feeding practice. The rate of exclusive breastfeeding was very low. To reduce child morbidity and mortality of the infant and young child, the influence of maternal educational status and antenatal care provision should not be neglected .Integration of infant and young child feeding (IYCF) program with the other routine health service program is important to optimize the feeding practice and also to improve and maintain standard growth and development of the children.

LIST OF ABBREVIATIONS

AA – Addis Ababa

BF – Breast feeding

CF – Complementary Feeding

DHS – Demographic and Health Survey

DPPC – Disaster Prevention and Preparedness Commission

EBF – Exclusive Breast feeding

FAO – Food and Agriculture Organization of the UN

FMOH – Federal Ministry of Health

GDP – Gross Domestic Product

IDA – Iron Deficiency Anemia

IDD – Iodine Deficiency Disorder

IFP – Infant Feeding Practice

IMR – Infant Mortality Rate

IFPRI - International Food policy Research Institute

IYCF – Infant and Young Children Feeding

HHs – Households

HHFI – Household Food Insecurity

HHFS - Household Food Security

HIV/AIDS – Human Immune virus/ Acquired Immune Deficiency Syndrome

IMR – Infant Mortality Rate

NGOs – Non-Governmental Organizations

NNP- National Nutrition Program

SNNPRS – Southern Nation's Nationalities and People Regional State

SPH- School of Public Health

TFP – Therapeutic Feeding Program

WHO - World Health organization.

UNHCR- United Nation Higher Commissioner for Refugee

1. INTRODUCTION

Food insecurity occurs whenever the availability of nutritionally adequate and safe foods or the ability to acquire acceptable foods in socially acceptable way is limited or uncertain. Food insecurity can affect the health and quality of life directly or indirectly through nutritional status for children and become physical, emotional and economic burden to the mothers and caregivers (1, 2). Although the mechanism linking food insecurity and child feeding practices are uncertain, researchers identified a common pattern of managing food resources in response to increasing family economic stress, which in turn manifests at household level through modification of eating pattern.(3)

Ethiopia is among the sub-Saharan African countries with chronic food insecurity problem and with the second highest malnutrition rate. One of the reasons is, very large proportions of mothers (96%) do not practice optimal breastfeeding behavior for their children. One third of babies do not receive breast feeding within an hour of birth and only one in three of children age 4-5 months are exclusively breastfed (4). Therefore, this study tries to determine the patterns of feeding practices and how household food insecurity and the feeding practice of infant and young children relate with each other in predominantly food insecure communities. The finding of this study will help planners, as well as policy makers to design appropriate implementation and intervention strategy.

2. STATEMENT OF THE PROBLEM

Malnutrition has been responsible, directly or indirectly for 60% of the 10.9 million deaths annually among children less than five years of age worldwide. Over two thirds of these deaths are often associated with inappropriate feeding practice occurring in the 1st year of life. Poor feeding practices are major threats to the social and economic development. These have become serious obstacles to attaining and maintaining the health of children (5). According to Ethiopian demographic and health survey 2005, these facts are also true for the Ethiopian situation. Annually 50,000 infants die of poor feeding practices.(4) Populations in the Southern Nations Nationalities and People Region are exposed to chronic food insecurity and poor feeding practices. The populations of Hawassa Zuria Woreda are no exception to this reality. Therefore, this study assessed the problem of infant and young child feeding practice.

3. LITERATURE REVIEW

Malnutrition in young children is frequently not a problem of food availability and access to food. It is often due to the lack of optimal breast-feeding during the first two years of life particularly the lack of exclusive beast feeding during the first six months that causes childhood illnesses such as diarrhea, respiratory tract infection and inadequate caring practice(6). In Ethiopia According to EDHS 2005, 47% of children under the age of five are stunted, 11% wasted and 38% underweight, 61% vitamin A deficient (VAD) and 39.9% suffer from Iodine deficiency disorder (IDD.) There are also serious problems in the timing of complementary food initiation. The majority of infants are introduced to complimentary food too early or too late. Only one in two children is consuming solid or semisolid food at the age of 6-23 months. Most of the inappropriate BF and CF practices are due to lack of knowledge rather than financial problems (4). When considering SNNPR, the percentage of ever breastfed is 96.4%, those who start within one hour of birth are 71.4%, and those who receive Prelacteal feeding 15.4% while 39.3% get access to the colostrums. Because of population pressure and subsequent environmental degradation and recurrent drought, political instability, life style, disease burden, face lack of information on optimal feeding practice (16).

Food Security Situation

According to Disaster Prevention and Preparedness Commission (DPPC) report, the estimated beneficiaries that require emergency food assistance for the second half of 2008 in Ethiopia are 4.8 million. This estimate was reached by assuming the situation will improve if the Belg season performance is good. The situation though was not as expected and hence deteriorated in a number of areas. Due to this, very high incidences of child malnutrition have been observed in some parts of SNNPR, Oromia, and Somali regions. To avert the current drought induced food shortage problem, relief interventions have been taking place. 26,900 metric tone of food including cereals, pulses, blended food and vegetable oil, have been distributed to affected areas. Of this, more than 50 percent have been distributed to SNNPR for management of acute malnutrition and reducing of child mortality. The targeted supplementary food programme is providing fortified blended food and oil to moderately malnourished children and malnourished pregnant and lactating women. This was done by world food program(7).

Infants and young child feeding practice

Proper infant and young child feeding (IYCF) is of fundamental importance for human survival, growth, development, health and nutrition. Worldwide, there are 149 million malnourished children under five years of age, of whom 2/3 are in South East Asia. Evidence shows that inappropriate, inadequate and unsafe feeding of IYCF is still very prevalent. One third of the global burden of malnutrition is due to inappropriate feeding practice in combination with other causes and food shortage. Unfortunately, adequate knowledge and practice of IYCF is globally rare. Some of the cause of poor feeding practices include over worked women and their poor status in society, lack of political will, ignorance, inappropriate marketing practices, disasters and displacement(8).

Although BF is practiced universally in West Africa and practiced extended beyond 24 months, the rate of EBF up to six months of age is only 7% that is the lowest observed in sub-Saharan Africa. In Ivory Cost, introduction of CF occurs either too early or too late, 19% of children age 12-13 months were not still receiving CF (9).

Malnutrition among children under three years of age is virtually irreversible. Food interventions at school age are unlikely to address infant and young child malnutrition. The solution is to know child malnutrition is intimately related to inappropriate IYCF practices which occur entirely during these ages(10). Appropriate feeding practices are essential for the optimal nutritional status, growth, development and survival of infants and young children. These include exclusive breastfeeding for the first six months of life, followed by sustained breastfeeding for two years and beyond with the introduction of nutritionally adequate and safe complementary foods at six months. There is considerable evidence that exclusive breastfeeding confers many benefits over mixed feeding(11).

A Study conducted in rural Bangladesh shows that approximately 92% mothers give colostrums to their babies and only 8% of them give some food or drink. Before giving breast milk, 92%, of them continued up to 12 months and the median age of introduction of CF was 4 months. The proportion of infants who were given semi solid foods was increased as the age increased to 30% at 5 months and 49.6% and 66.4% at 6 & 9 months respectively. This

study showed no difference between HHFI and HHFS infant feeding practice for EBF. More infants were given semi solid foods when they were 4-6 months old and more were observed particularly among the food secure H.H and this shows that house hold food security seems to play role in better IYCF practice especially in semi solid foods concerned(12).

Breast milk has all of the nutrients and antibodies that an infant needs to thrive and grow during the first six months of life. In addition to this it is safe, hygienic and readily available at no cost. So mothers should breastfeed exclusively during this time (21).Even though breast milk has great advantage, exclusive breastfeeding (EBF) rate is declining in many countries, especially countries with low income (23).

The study conducted in Somalia country, which is a recurrently food insecure area, found that there is lack of knowledge for proper CF practice. Across livelihood groups, cow/goat‘s milk, tea and porridge are the commonly introduced complimentary foods at an early age. The poorer H.H report limited access to milk, which is replaced with tea or porridge after 3 months. Lack of dietary diversity is typical to agro pastoral community children, who are mainly fed cereals based diet and also avoiding animal protein based foods which are believed to aggravate illness(13).

Studies have shown that inadequate support for infant and young child feeding is the main contributing factor to inappropriate feeding practices globally. There is a need for health care personnel to receive up-to-date evidence based knowledge and skills on appropriate infant and young child practices to provide quality counseling and adequate support to mothers and caregivers (14-16).

Millennium Development Goals

In September 2000, 189 countries set Eight Millennium Development Goals that were meant to be achieved by 2015. Among these, two of them are related with mortality rate. Goal 4 is aimed at the reduction of child mortality. This includes the reduction of the under-five mortality rate and the infant mortality rate by two-third between 1990 and 2015. Goal 1, which is the eradication of extreme poverty and hunger has as an indication of prevalence indicating the proportion of children under five years of age who are underweight (17).So in order to reduce child mortality and improve the health of the child ,proper feeding practices have decisive role.

Conceptual Framework adapted from UNICEF, Strategy for Improved Nutrition of Children and Women in Developing Countries, 1990.

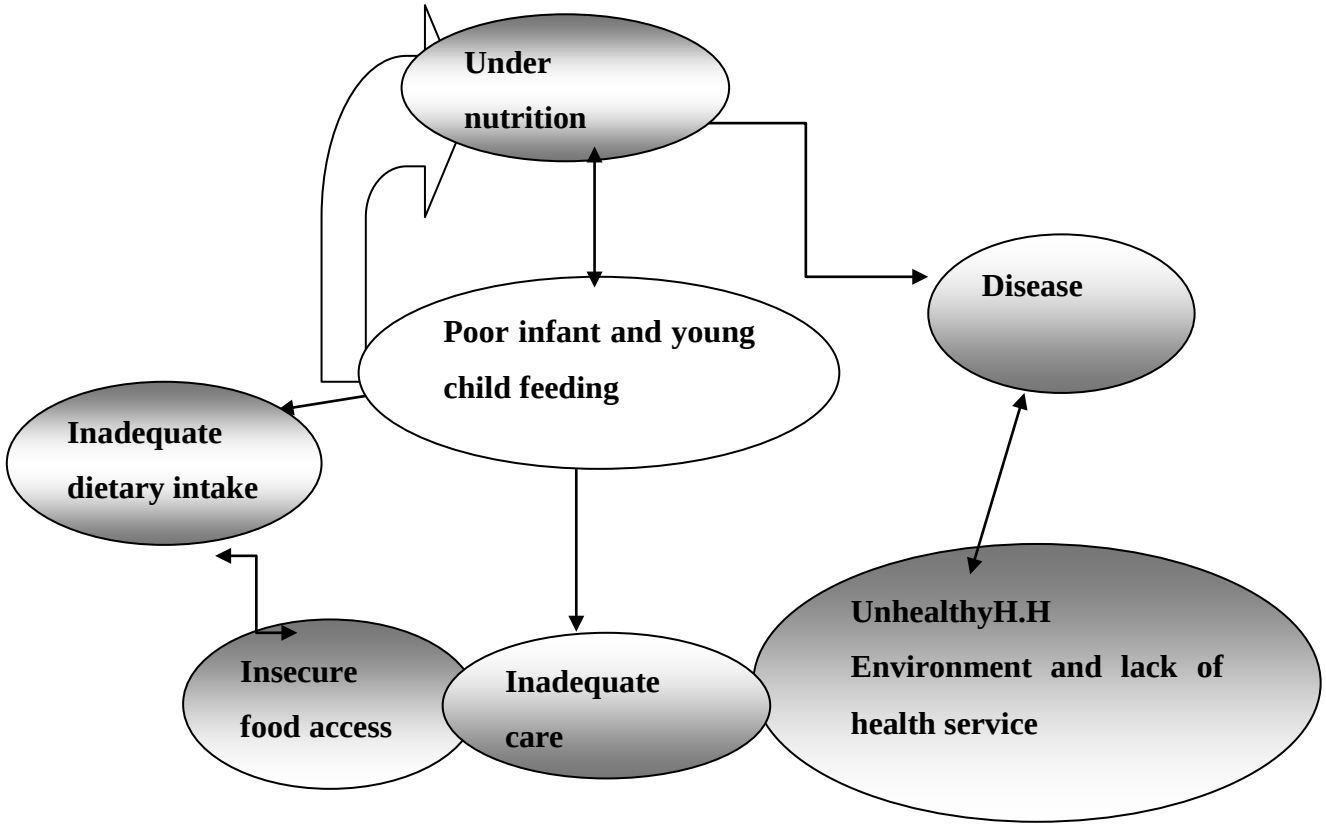


Figure 1: Conceptual framework of interaction between food insecurity and malnutrition

4. OBJECTIVES

4.1.General Objective:

To assess and describe feeding practice of infant and young children in predominantly food in secure communities of Hawassa Zuria Woreda in Sidama Zone, SNNPR, Ethiopia, 2010.

4.2 Specific Objectives

4.2.1 To describe the infant and young children feeding practices in food insecure communities.

4.2.2 To determine the factors related to poor infant and young children feeding practices.

5. MATERIALS AND METHDOS

5.1. Study Design

A cross-sectional community-based study was conducted among children less than two years of age living in predominantly food insecure area.

5.2. Study Area

SNNPR is one of the regional states of the Federal Democratic Republic of Ethiopia. It is located in the South and South Western part of the country. The region has 134 Woredas in 13 zones and 8 special woredas, with the total population of 15,745,000 in midyear 2009. Of these, Female population accounts 7,914,000 and male 7,831,000. (18, 19). More than 50% of the woreda of the region is affected by drought and malaria epidemics and has fallen under a serious need of food and medical support. Children and mothers are highly affected by the ongoing malnutrition and malaria epidemic. Such meteorological drought resulting from lack of rainfall for a long period has peculiar characteristics; it has been described as a "green drought and green famine" where there is nothing to eat and no food stock in the backyard greenery and abundant growth in the fields is evident across the area. Absolute dependency on rainfall, increased deforestation, poor natural resource management, lack of knowledge on water resources, conservation strategies etc have exacerbated the effect of drought in the region.

Among the zones in the region, Sidama zone is the specific area where the assessment was conducted in Hawassa Zuria Woreda. The Woreda has a population of 152,418, with two agro climatic zones. “Kola” (low land < 1500 m altitude above sea level) accounts for 75% and “Weinadega” (mid-land 1500- 2500 m altitude above sea level) constitutes 25%. The Woreda Town, Dore Bafano, is 23 km southwest of Hawassa city. There are 3 health centers, 22 health posts, 2 drugstore and 2 rural drug vendors with potential health service coverage of 49.3 %. (18,19).

5.3 Source and study population

The target populations for the study are all mothers of children aged less than two years residing in Hawassa zuria woreda. The proportion of children less than two years constitutes

6.5 % of the total population(19). Therefore, the required sample size was calculated for each kebeles according to the size of the population (Proportionate sample size allocation).

5.4. Sample size determination and Sampling procedure

Cluster sampling technique was used to get the required study subjects from the record of kebeles. Among the 19 Woreda in Sidama Zone, Hawassa Zuria is one of the food insecure areas. Therefore, Hawassa zuria woreda was selected purposively for the study. The total population of the Woreda is 152,418 as it was projected from 2007 housing and population census. Out of the total population, 9907 were estimated to be children less than two years of age. For the purpose of this study, six kebeles were selected by simple random sampling. Based on the target group of each selected kebeles, the required sample size was allocated proportionally to size and the required number of eligible children was selected from six kebeles by simple random sampling techniques. It was carried out by identifying the center of the village and stirring arrow to go to the direction and the first house hold. The same procedure was repeated until the required sample size was obtained from each selected kebeles. Since kebeles were considered as clusters, a design effect of two was used. The formula for calculating sample size was $n = Z(\alpha/2)2 \frac{p(1-p)}{d^2}$

Assumptions

Based on the District data, prevalence of optimum complementary feeding practices was assumed 54% (19) and the other assumptions were as follows:

C.I=95% α=0.05

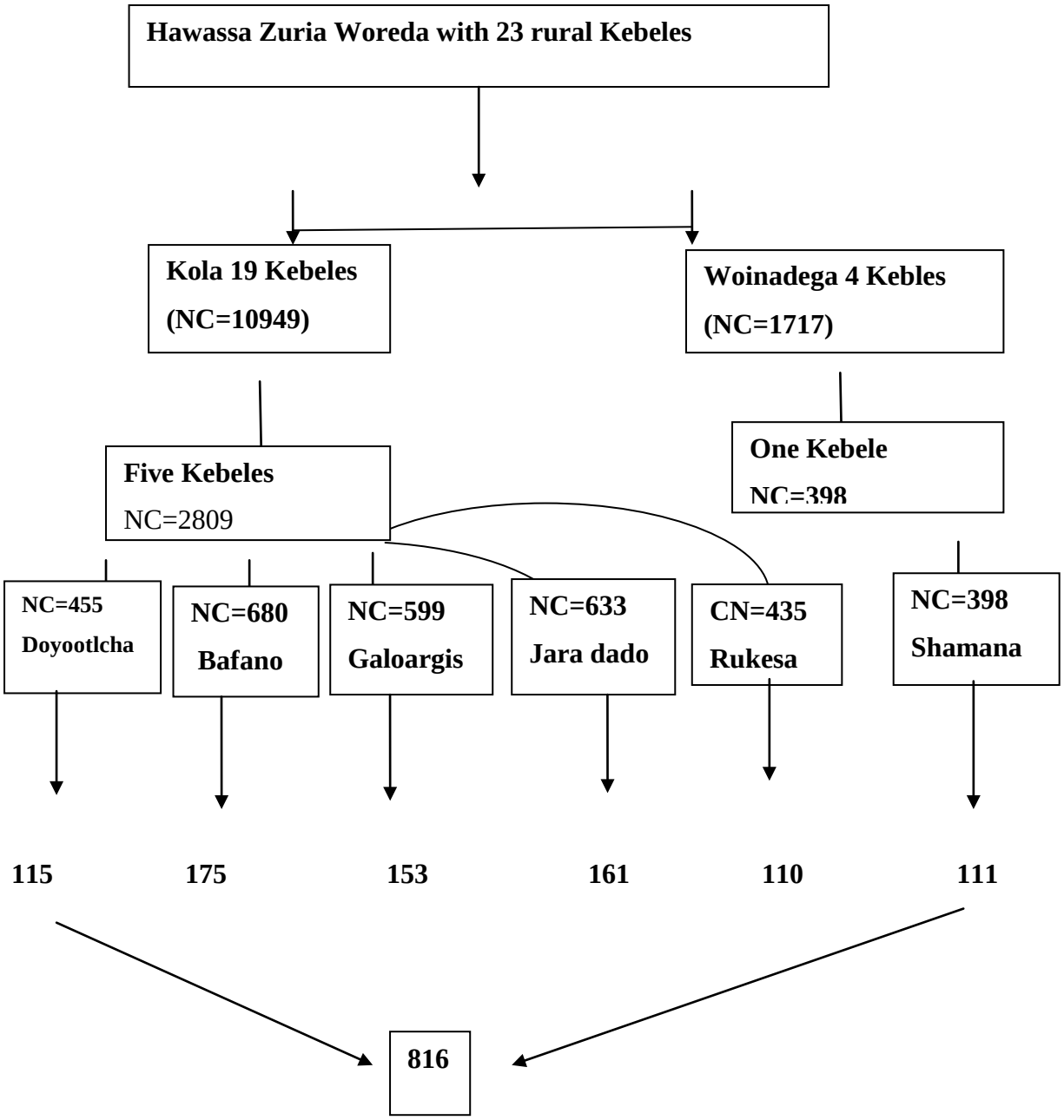
Precision (d) =0.025 then, the sample size (n) = 742

Estimated non response rate (10%) = 74

Total Sample size =816

Design effect =2

The required sample sizes for each kebeles were distributed according to the density of households and/or placement of houses to each direction. Great consideration was taken in order to avoid selecting samples from one direction or place that affect representatives. The boundaries of each kebeles were also considered carefully. So overlapped with adjacent kebeles were avoided.



Cluster sampling techniques

Figure 2: Schematic presentation of sampling procedure

5.5 Inclusion and Exclusion Criteria

5.5.1 Inclusion criteria

Mothers of children aged less than two years and who would volunteer to participate in the study.

5.5.2 Exclusion Criteria

Children who were two and more years of age and women who were not able to give informed consent were not part of the study.

5.6 Data collection techniques

Standard structured questionnaire was adopted from WHO, 2007 and developed in such a way that all the variables to be assessed were included. The Questionnaire was developed in English first and then translated into Amharic. The questionnaires were pre-tested before the actual data collection was done. Appropriate adjustment of the questionnaire was made before the actual data collection started. Meanwhile, close follow-up was done whether the trained interviewers were appropriately filling the questionnaires during the house-to-house survey. Finally, eligible target groups were selected from each selected house units according to the set criteria. 816 eligible children aged less than two years and who have mothers at the time of survey from each household were selected. In case, eligible children were not found, a replacement technique was used to replace from the consecutive households in the same direction.

5.6.1 Measurements and Tools for Data Collection

Structured questionnaire was translated into the Amharic language and used to collect the needed information.

5.6.2 Data Quality

Eight nurses and two supervisors (health officers), eight guides (CHAs) and principal investigator were involved in the data collection process. Training for three days was given to the data collectors and supervisors on how to interview mothers and fill the designed questionnaire. Households from adjacent areas were included in the pre-test, which were later

excluded from the sample. Age of the child could be under or over estimated, because mothers/caretakers were the only source of information about the age of the child. However, to reduce recall bias, prominent local events or/and, vaccination card was used. Data collectors were assigned in different direction in the villages and households mothers were surveyed thoroughly. All forms were reviewed every night by the supervisors and investigator and errors were returned to the data collectors to revisit the households. If not, the households were made to report to the supervisors so as to remove the case from the sample.

5.7 Data Processing and Analysis

The raw data were entered, cleaned and analyzed using EPI INFO version 6.0 and SPSS version 13.0 statistical soft wares. Frequencies and percentages were calculated from all variables. Descriptive statistics, the chi-square test, and crude and adjusted odds ratio were used to measure the association between variables. Logistic regression analysis was applied to assess relative effect of independent variables on dependent variable. OR values and CI of 95 % was used to determine the strength of significance of associations.

5.8 Study Variables

5.8.1. Independent Variables: such as socio demographic, economic, maternal factors, behavioral, socio cultural, child health and dietary intake, household food security

5.8.2 Dependent variable: Early initiation of breastfeeding, Exclusive breastfeeding, Optimum infant and young child feeding.

6. STANDARD DEFINITIONS

- Early/Timely initiation of breastfeeding: Proportion of children born in the last 23 months who were put to the breast within one hour of birth

  Children 0-23.9 months of age who were put to the breast within one hour of birth

  Children 0-23.9 months of age
- Exclusive breastfeeding under 6 months: Proportion of infants 0–6 months of age who are fed exclusively with breast milk.

  Infants 0-5.9 months of age who received only breast milk during the previous day

Infants 0-5.9 months of age

- Continued breastfeeding at 2years: Proportion of children 20-23.9 months of age who are fed breast milk

  Children 20-23.9 months of age who received breast milk during the previous day

  Children 20-23.9 months of age

  .Introduction of solid, semi-solid or soft foods: Proportion of infants 6–23 months of age who receive solid, semi-solid or soft foods.

  Infant's 6-8.9 mo of age who received solid, semi-solid or soft foods during the previous day

  Infants 6-8.9 months of age

- Minimum dietary diversity: Proportion of children 6–23 months of age who receive foods from 3 or more food groups

  Children 6-23.9 mo of age who received foods from ≥ 3food groups during the previous day

  Children 6-23.9 months of age

  Note: The 7 foods groups used for this indicator are:

- grains, roots and tubers
- legumes and nuts
- diary products (milk, yogurt, cheese)
- flesh foods (meat, fish, poultry and liver/organ meats)
- eggs
- vitamin-A rich fruits and vegetables
- other fruits and vegetables

- Minimum meal frequency: Proportion of breastfed children 6-8 months of ages who receive solid food at least 2 times and 9-23 months of age breast fed children who receive at least three times.

  The indicator will be calculated from the following two fractions:

  Breastfed children 6-23.9 mo of age who received solid, semi-solid or soft foods the minimum number of times or more during the previous day .

  Breastfed children 6-23.9 months of age

  And

  Non-breastfed children 6-23.9 mo of age who received solid, semi-solid or soft foods or milk feeds the minimum number of times or more during the previous day

  Non-breastfed children 6-23.9 months of age

Note: **Minimum is defined as:**

2 times for breastfed infants 6-8.9 months

3 times for breastfed children 9 -23.9 months

4 times for non-breastfed children 6-23.9 months

- Optimum infant and young child feeding: the proportion of children 6-23months of ages who had got introduced complementary feeding at six months and received the minimum dietary diversity and solid or semi solid meal at minimum numbers of frequency.
- Food security is defined as a state in which "all people at all times have both physical and economic access to sufficient food to meet their dietary needs for a productive and healthy life"

7. ETHICAL CONSIDERATIONS

Ethical clearance was obtained from the Research Ethics Committee at the School of Public Health and the Institutional Review Board of the College of Health science, Addis Ababa University. Written support was obtained from Sidama Zonal Health Department (ZHD). At the study area locality the necessary agreement was made concerning the issue and individual letters was taken for the respective kebeles in order to get co-operation and participation to conduct the study on eligible subjects. Every procedure and the need to conduct the study were clearly explained to families/care takers, verbal consent was obtained from each individual. Privacy and confidentiality were maintained throughout the procedure.

7.1 Communication of the result

The result of this study will be submitted to School of Public Health, Faculty of Medicine, and Addis Ababa University. It will also be disseminated to the SNNPR Health Bureau, Zonal Health Department, Woreda Health Office, DPPC and other concerned and interested governmental and non governmental organizations. Maximum efforts will be put to publish the research on journals in order to expose the results to external readers.

8. RESULTS

8.1 Socio-demographic and economic characteristics

A total of 816 mothers or care givers of children 6-23 months of age from food insecure communities of Hawassa zuria woreda were approached and all mothers consented to participate in this study making the response rate at 100%. Age of the mothers include 15-49 years. The mean and median ages of the mothers were 29.68 and 29 ±6.3 SD respectively. Three hundred eighty one mothers (46.7%) had less than or equal to four children and 379 (46.4%) five to eight children. The mean numbers of children were 4.93.

The mean and median ages of marriage were 17.4 and 18±1.2 SD respectively. 776 (95.1%) were sidama and 689 (84.4%) were protestant in religion. The majority 518 (63.5%) have 5-10 household size, the mean house hold size being 6.94. Close to two-third 514 (63%) were illiterate and 204 (25%) were able to read and write. Three hundred sixty four (44.6%) husband of the study participants were illiterate and only 289 (35.4%) could read and write. In 796 (97.5%) of the study participants head of the households were husbands. The marital status of the mothers showed that 782 (95.8%) were married and live together. The majority 729 (89.3%) were housewife. The age of the children were 6-11 months 334 (40.9%) and 12-17 months 341(41.8%), respectively. The sex distribution of the children shows that 469 (57.5%) are males and 347(42.5%) are females. The age difference between the last two children was less than 24 months for about 315 (38.6%) and 24-48 months for about 465(57%).

Of the study participants 801(98.2%) had their own farm land. Income earned for the households mainly contributed by 737 (90.3%) the husband and only 21(2.6%) of the income contributed by the wife. The staple food of the study participants was maize 567(69.5%), and inset 223 (27.3%). Nearly 94% of the households had thatched types of house with single room and 605 (74.1%) of the house hold had no radio.

The source of income for the respondents was 746 (91.4%) from farming. Of the farmers 643(78.8%), produce cash crops like groins 330 (40.4%), inset 228 (27.9%), and chilies 132 (16.2%). In the last 12 months preceding the survey, 253 (31%) of the household had received food support from governmental and non governmental organization.

Out of the total households thirty six (4.4%) of the households were displaced from their usual place, and out of these 23(63.8%) were displaced because of famine.

Average monthly income that the households in which the study participants are living revealed that 135(16.5%) of the study participants had monthly income below 150 birr, 339(41.5%) had monthly income 151-300 birr, 76(9.3%) had >450 birr.

Table: 1 Socio demographic characteristics of study participant Hawassa zuria woreda SNNPR, Ethiopia 2010.

Variables	N (%)
Age of the mother	
15-19	30(3.7)
20-24	141(17.3)
25-29	249(30.5)
30-34	202(24.8)
35-39	116(14.2)
>=40	78(9.6)
Sex of the child	
Male	469(57.5)
Female	347(42.5)
Age of the child	
6-11	334(40.9)
12-23	341(41.8)
18-23	141(17.3)
Religion	
Protestant	689(84.4)
Muslim	91(11.4)
Orthodox	34(4.2)
Others	2(.2)
Marital status	
Married and live together	782(95.8)
widowed & divorced	34(4.2)
Educational status of mothers	
Illiterate	514(62.9)
Read and write	204(25)
Grade 5 & above	98(12.1)
Occupation of the mother	
Housewife	729(89.3)
Daily labor	73(8.9)
Farmer & Merchant	50(5.8)

Table: 2 Economic characteristics of the study participant Hawassa zuria woreda SNNPR, Ethiopia 2010

Variables	Frequency
Owner ship of farm land	
Yes	801(98.2)
No	15(1.8)
Income of the family contributed by	
Husband	737(90.3)
Wife	21(2.6)
Both	58(7.1)
Source of income for family	
Farming	746(91.4)
Merchant	60(7.4)
Others	10(1.2)
Income	
<150 birr	135(16.5)
150-301	339(41.5)
301-450	266(32.6)
>450	76(9.3)
Types of house	
Thatched	773(94.7)
Corrugated iron sheet	43(5.3)
Types of production	
Coffee	48(5.9)
Inset	228(27.9)
Groins	330(40.4)
Fruits	70(8.6)
Chilies	132(16.2)
Staple food	
Inset	223(27.3)
Maize	567(69.5)
Both	26(3.2)

Among 816 mothers, 533(65.3%) of mothers followed ANC and 517(63.4%) delivery were attended by neighbors and 724(88.7%) delivered at home. 771(94.5%) children received vaccination. Only 45(5.5%) were not vaccinated. Among 771 with ever received vaccination Five hundred three (65.4%) had vaccination card. From these, 335(66.3%) of the child received BCG, Penta 3 & polio3, measles type of vaccine. The rest 5.5% of the children were not vaccinated, the major reason for those not vaccinated was 28(63.6%) lack knowledge of availability of the service.

Two weeks preceding the survey, sickness were reported by 295(36.2%), diarrhea 176 (59.66%) and fever 139(47%). Out of 295 children who were sick 283(83.2%) visited health facility for their illness. The main source of water was 533(65.3%) from well water and 259(31.7%) from common distribution pipe water. Among 816 household 588(72.1%) have traditional pit latrine but 491(60.2%) mothers dispose the child excreta in open field. 577(70.7%) mothers wash their hands before feeding their children. 716(87.7%) of the households dispose solid and liquid wastes in open field and 784(96.4%) of household live with domestic animals.

Table: 3 Child health and Environmental characteristics of the studied household in Hawassa zuria woreda SNNPR, Ethiopia 2010

Variables	N (%)
Antenatal Follow up	
Yes	533(65.3)
No	283(34.7)
Place of delivery	
Home	724(88.7)
Health facility	98(12)
Delivery attended by	
Neighbors	517(63.4)
TBA	201(24.6)
Health profession	98(12)
Vaccination	
Yes	771(94.5)
No	45(5.5)
Types of vaccination received	
BCG only	45(5.5)
BCG&penta[1],polio[1]	79(9.7)
BCG&penta[2],polio[2]	89(10.9)
BCG,penta[3],polio[3] Measles	335(41.1)
Reasons for not vaccinated	
Lack of knowledge	28(65.1)
Fear of side effects	7(16.2)
Service inconvenience	5(11.6)
Lack of time by mothers	3(6.9)
Illness in the last two weeks	
No	521(63.3)
Yes	295(36.2)
Types of illness reported	
Diarrhea	176(21.6)
Fever	139(17)
Cough	44(5.4)
Others	6(.7)
Measures taken for the illness	
Taken to health facility	238(83.2)
Home made remedy	43(15)
Traditional treatment	5(1.8)

8.2.2 Child feeding practices

All of the respondent mothers practiced breastfeeding 100%, however 547(67%) initiated breast feeding within 1hr and the rest 269(33%) initiated within 2-4hrs. (Table 2)

There was no difference seen in sex of the child in initiation of the breast feeding, 67.2% males and 66.9% of female's children initiated breastfeeding within 1 hrs. 814(99.8%) of the mothers gave breast milk of the first three days. However, the mothers reported use of prelacteal 593(72.7%). The common fluids were plain water 538(65.9%), Hemessa 329(40.3%), sugar with water 301(36.9%) & milk 200(24.5%). From the total of 816 mothers, 790 (96.8%) of them were breast feeding at the time of data collection irrespective of their age. This means infants with the age of 6-11months 330(98.8%) 12-17 months 334 (97.9%) and 18-23 months 126 (89.3%). Exclusive breast feeding rate was only 101(12.4%) (That is prelacteal not confirmed plus introduction of complementary feeding at six months). 436(53.4%) of children aged 6-23 months received vitamin A supplementation and 433(53.1%) received within the last six months preceding survey. The mean duration of any breast feeding for those who are not still feeding are 13 months, failure to breastfeed continuation was attributed to illness of the mothers and child refusal to suck. Only 49(6%) of the child were found bottle feeding in the 24 hrs prior to data collection.

Six hundred forty five (79%) of the mothers introduced complementary feeding with in six months of age and 167(20.5%) of the mothers introduced with in 6-12 months. Majority of children start meal with porridges 436(53.4%), cow milk (51.7%) 149(18.3%) with adult meal and 139 (17%) with avocado, egg & potato.

Among 816 study participants, 561(68.8%) of the children aged 6-23months who had dairy, 327(40.1%),who ate white potatoes and any other foods made from roots ,190 (23.3%) of children aged 6-23 months who ate food made from inset, 17 (2.1%) of children aged 6-23 months who eat egg, only 20(2.5%) iron rich foods. Totally 567(69.5%) of children aged 6-23months who ate any animal source food in 24 hrs preceding survey.

Out of the total study participants, 274 (33.6%) of children aged 6-23months who ate vitamin A rich yellow/orange vegetables & fruits, 149 (18.3%) of children aged 6-23 months who ate dark green vegetables, 412 (50.5%) of children who ate any vitamin A rich plant food in 24 hrs preceding survey.

Out of the total numbers of breastfed children, 83 (63.4%) aged 6-8 months complemented twice or fewer times ,and 48 (36.6%) of breastfed children aged 6-8 months complemented three or more times 24hrs preceding the survey, And also 310 (45.3%) of breastfed children aged 9-23 months complemented twice or less times, 375 (54.7%) of breastfed children aged 9-23 months complemented three or more times. 470 (57.6%) of breastfed children aged 6-23 months who ate solid or semi-solid foods at least the minimum recommended number of times in 24hrs preceding survey.

Taking dietary diversity 605 (74.2%) ate two or less types of food groups. 211(25.8%) were ate three or more types of food groups. Infant 6-8 months of age who ate two or less type 110(84%) and 6-8 months breastfed child ate three types 21(16%). Children 9-23 month of age who ate two or less types of food groups 495 (72.3%) and children who ate three or more types of food groups190 (27.3%). The most frequently consumed foods 24 hrs preceding the survey were grains, roots, and tubers 555(68%),milk and diary product 561(68.8%) ,vitamin A rich fruit and vegetables 412(50.5%), foods made from inset 190(23.3%) , egg 17(2.1%),and any other fruit or vegetables 9 (1.1%)

Table: 4 Food groups consumed in the 24 hours preceding the survey in the households of infant and young children in Hawassa zuria woreda SNNPR, Ethiopia, 2010

Food groups consumed	Frequency	percentage
Cereals	332	40.7
Oil/fats	8	1
Pulses/legumes	23	2.8
Vegetables& Fruits	165	20.3
Meat & Eggs	24	3
Milk/milk product	561	68.8
Inset	190	23.3
Roots /tubers	327	40.1

*Multiple food groups possible

Table: 5 Frequency distribution of feeding practices for infant and young child of the study participant in Hawassa zuria woreda SNNPR, Ethiopia 2010

Variables	N (%)
Exclusive breastfeeding	101(12.4)
Time of initiation of breast feeding	
< 1 hour	547(67)
1-4 hours	269(33)
Currently breast feeding	790(96.8)
Continued breastfeeding for 6-11months of age child	330(96.8)
Continued breastfeeding for 12-17 months age child	334(97.9)
Continued breast feeding for 18-23months age child	126(89.3)
Ever received Prelacteal feeding	593(72.7)
Time of Introduction to complementary feeding	
Immediately after birth	4(0.5)
1-6months	645(79)
6-12 months	167(20.5
Frequency of Meal	
6-8 months complemented twice or less times	83(63.3)
6-8 months complemented three or four times and above	48(36.7)
9-23 months complemented twice or less times	310(45.3)
9-23 months complemented three and above	375(54.7)
Dietary diversity in the last 24 hrs	
6-8months complemented two or less types	110(84)
6-8months complemented three types	21(16)
9-23months complemented two or less type	495(72.3)
9-23months complemented three types	190(27.7)
Bottle feeding	
Yes	49(6)
No	767(94)

Dk(do not know)

8.2.3 Household food security status

The study also described food security situation of the households. The response showed that 16 (2%) were food secured ,188(23%) food insecure with out hunger ,the majority 526(64.5%) food insecure with moderate hunger and 86 (10.5%) food insecure with severe hunger. The participants were asked about their self-description of the food consumed in the past twelve months. Of the total interviewed, 181(22.2%) described the food consumed in their household in the l2 months preceding the survey were enough but not always the kinds of food we want and 462(56.6%) described the food consumed in their household in the last twelve months preceding the survey were some times not enough to eat and 144 (17.6%) often not enough to eat.

Socio demographic factors association on infant and young child feeding practices.

Factors associated with exclusive breastfeeding are showed in table 6.As revealed on the bivarate models, exclusive breast feeding was associated significantly with maternal education level (COR .332,95%CI.163-.674) ,jobs of the mothers (COR 4.738,95% CI 2.347-9.565),ANC follow up (COR,2.356,95% CI 1.411-3.933) delivery attended by health professionals (COR,2.765 ,95% CI1.582-4.832) and household food insecurity with moderate hunger status (COR.414,95% CI.229-.750). There was no significant association shown in factors like maternal age, number of children, age at marriage, religion, house hold size, ethnicity, marital status, sex & age of the child, education status of the husband and monthly income. In multivariate analysis only three factors were retained as determinant factors for EBF. These were maternal education, ANC, Delivery attended by. As the Table (9) show those who were read and write more likely decline to breastfeed their children exclusively than those who were attend primary education (AOR.342 CI 95%.164-.714).Mothers who were attended ANC two times more likely to breastfeed their children exclusively than those who were not (AOR2.042 CI 95%.1.186-3.318).And also Delivery attended by health professionals two times more likely to breastfeed their children exclusively than those who were supported heir delivery by neighbors (AOR2.297 CI 95%1.282-4.115).

Table 7, shows factors associated with early initiation of breast feeding was age of the mother (COR .293, 95% CI.171-.504), age at Marriage COR.53495% CI .396-.719), education levels of the mother (COR 8.020 95% CI 3.2-20.098) & husband (,COR 5.926 95% CI 1.74-20.182), age gap between the last two children (COR 1.573,95% CI 1.161-

2.132), antenatal care (COR 1.813 ,95% CI 1.314-2.502) and monthly income of the household(COR .393 ,95% CI .236-.653). And no association was found in factors like numbers of children household size, ethnicity, age and sex of the child, job of the mothers, place of the delivery, and food security status of the household. In multivariate analysis three determinant factors were identified. These were maternal age, maternal education & ANC. Table 9 shows ,<35 years of age group of the mother two times more likely to initiate breastfeeding earlier than those old age group (≥35 years) (AOR 1.55 CI 95% 1.048-2. 306). Mothers who were illiterate and followed ANC more likely to decline to initiate breastfeeding within 1hrs of birth as compared to those who attend primary education and those who did no ANC (AOR.110 CI 95%.044-.279 & AOR .481 CI 95%.339-.683) respectively.

Table 8 showed that factors significantly associated with optimal complementary feeding practice were age of the mother (COR .346, 95% CI .189-.635), religion (COR 7.667, 95% CI 2.498-23.527) education of the mothers (COR 2.459, 95% CI 1.414-4.279), and monthly income (COR .442, 95% CI .246-.794). No association was depicted in factors like household size, education of the husband, ethnicity, sex of the child, food security status of the household. But in multivariate analysis only education of the mothers and monthly income was found determinant factor for optimal complementary feeding. As Table 9 shows those who were Illiterate three times more likely to practice optimal complementary feeding than those who attended primary education (AOR3.034 CI 95%1.280-7.192) and those who has monthly income >450 birr more likely to practice optimal complementary feeding than those who has < 150 birr monthly income.

Table: 6 Factors influencing exclusive breastfeeding in Hawassa zuria woreda, SNNPR, Ethiopia, 2010.

Variables	EBF	Yes	No	COR (CI 95%)
Sex of the child				
Male		57	412	.986(.734-1.325)
Female		44	303	1.00
ANC care				
Yes		81	452	1.813(1.314-2.502)*
No		20	263	1.000
Educational status of mothers				
Illiterate		65	449	.565(.324-.984)
Read and write		16	192	.332(.163-.674)**
Grade 5-8 & above		20	78	1.000
Delivery attended by				
TBA		30	171	2.388(1.701-3.353)**
Health profession		22	76	1.833(1.170-2.873)**
Neighbors		49	418	1.000
Food security status				
Food secure		6	10	2.065(.702-6.075)
Food insecure without hunger		25	163	1.114(.660-1.879)
Food insecure with moderate hunger		52	474	.641(.339-1.029)
Food insecure with sever hunger		18	86	1.00

Table 7: Factors influencing time of initiation of breastfeeding in Hawassa zuria woreda, SNNP

Variables	Early initiation of BF		COR (CI 95%)
	Yes	N0	
Age of the mother			
15-19	19	11	.642(.270-1.524)
20-24	73	68	1.032(.593-1.796)
25-29	197	52	.293 (.171-.502)**
30-34	130	72	.614(.361-1.042)
35-39	87	29	.369(.200-.681) **
>/=40	41	37	1.00
ANC care			
Yes	334	199	.552(.400-.761)**
No	37	39	1.000
Monthly Income			
<150	95	40	.444(.248-.794)**
150-300	247	92	.393(.236-653)**
301-450	166	100	.635(.38-1.061)
>450	39	37	1.00
Educational status of mothers			
Illiterate	359	155	.125(050-.313 **
Read and write	95	109	.047(.018-.120)**
Grade 5-8 & above	93	5	1.00

**p<005

Table 8: Factors influencing optimal complementary feeding practice of breastfeeding children in Hawassa zuria Woreda, SNNPR, Ethiopia, 2010.

	optimal complementary feeding		COR (CI 95%)
	Yes	No	
Age of the mother			
15-19	12	18	.633(.269-1.489)
20-24	52	89	.555(.317-.972)
25-29	78	171	.433(.258-.728)***
30-34	70	132	.504(.296-.856)
35-39	31	85	.346(.189-.635) ***
>/=40	40	38	1.00
Religion			
Orthodox	4	30	1.00
Protestant	231	458	3.783(1.317-10.866)
Muslim	46	45	7.667(2.498-3.427)**
Monthly Income			
<150 birr	37	98	.442(.246-.797)
150-301 birr	107	232	.54(.326-.896)
301-450 birr	104	162	.75(.45-1.257)
>450 birr	35	42	1.00
Educational status of the mother			
Illiterate	175	339	2.459 (1.414-4.279) **
Read and write	91	113	3..837(2.124-6.930)**
Grade5-8& above	17	81	1.000
Food security status			
Food secure	9	7	2.400(.813-7.086)
Food insecure without hunger	69	119	1.082 (.635-1.845)
Food insecure with moderate hunger	175	355	.931(.576-1.503)
Food insecure with sever hunger	30	56	1.000

(**P<005, ***p<001)

Table: 9 Multiple Logistic Regression models showing the determinants of Exclusive BF, Early initiation of BF and Optimal complementary feeding.

Variables		Frequency	AOR (CI95%)
Determinant Factors For EBF			
Maternal education	Illiterate	514	.798(.428-1.485)
	Read and write	204	.342(.164-.714)*
	Grade 5-8	98	1.0
ANC	Yes	533	2.042(1.186-3.318)*
	No	283	1.0
Delivery attended	Health professionals	98	2.297(1.282-4.115)*
	Neighbors	467	1.0
Determinant Factors For Early Initiation of BF			
Age of the mother	<35	622	1.55(1.048-2.306)*
	≥35	194	1.0
Education of the mother	Illiterate	514	.110(.044-.279)*
	Read and write	204	.048 (.019-.125)*
	Grade 5-8	98	1.0
ANC	Yes	533	.481(.339-.683)*
	No	283	1.0
Determinant factors for optimal complementary feeding			
Education of the mother	Illiterate	514	3.034(1.280-7.192)?*
	Read and write	204	3.313(1.334-8.220)*
	Grade 5-8	98	1.0
Monthly income	<150	135	.427(.207-.880)*
	150-300	339	.493(.273-.889)*
	301-450	266	.611(.339-1.102)
	>450	76	1.0

(*p<.005)

9. DISCUSSIONS

The present study investigated infant and young child feeding practices in predominantly food insecure population. The findings indicated a universal practice of breastfeeding, low prevalence of exclusive breastfeeding, and inappropriate complementary feeding practices in Hawassa zuria woreda. A methodological problem inherent in such kind of studies is the possibility of recall for questions regarding time of initiation of breastfeeding, prelacteal feeding, and complementary feeding. The rest were based on 24 hr recall, which is demonstrated to be valid and acceptable by studies in infant and young child nutrition (20).

According to WHO recommendation, the result in this study shows very low prevalence of exclusive breastfeeding which was 12.4%, which was also lower than previous studies done in Ethiopia 49% (21, 22, and 23). The possible reason may be in calculation we did not confirmed Prelacteal and introduction of complementary feeding within six months. EBF is associated significantly with factors like maternal educational status, antenatal care, delivery attended by. The result of the study indicates decrease in the prevalence of EBF markedly. This is similar with the other studies done in developing countries like Africa and Asia (, 9, 24, 27)

Breast feeding in Ethiopia is almost universal. This study also showed these facts. WHO recommend that mothers initiate breastfeeding (BF) within one hour of birth, it has dual advantage for the mothers and infant, it stimulates breast milk (BM) production and releases a hormone that helps the uterus to contract and reduces postpartum blood loss of the mothers and reduce maternal death due to puerperal sepsis and anemia (16). In addition, infants receive important nutrient and protection against infection during the first three days of life. The level of initiation of breastfeeding within one hour of birth in our study (67%) is similar with Southern Nation Nationalities People (SNNP) and Ethiopian national average of 61.5% and 69% respectively (16). Almost 100% of the mothers initiate breastfeeding within four hours of births. Factors like age of the mother, maternal education & ANC had significant association with early initiation of breastfeeding.ANC follow-up and maternal education were found to be inversely associated with early initiation. But in our opinion these may be due to those mothers who followed the antenatal care may gave birth in health facility and during health institute delivery different nursing procedure take time and the initiation may be delayed. Further study may be needed to investigate the reasons.

The reported use of prelacteal feeding was high up 72.2% as compared to other studies done in Ethiopia (22, 24). Similar to other developing countries, the practice of Prelacteal feeding is very common (26, 27). In this study, mothers giving liquids like cow milk, plain water, water with sugar and even fluids made from different roots and leaves locally called" Hemessa". Almost all mothers provide these fluids because they believe that when the child had diseases that make him/her weak throughout life, the fluids will help the child get relief from the diseases and become strong. Although these practices are long standing tradition, they are dangerous for the infant. Because they reduce breast milk intake & also increase the risk morbidity and mortality for the infants (25). It needs very strong and continues education to take measures.

Infant and young child feeding (IYCF) is a continuum of critical nutrition & health practices that begin during pregnancy and continue at least for the first two years of life. The rapid increase in malnutrition occurs between 6-24 months of age. These are the time when children grow most rapidly. Optimal breast feeding practice had no alternative way to prevent malnutrition & its consequence (8, 9, 11, and 21).

Proper feeding practices during infancy are essential for attaining and maintaining proper nutrition, health, and development of infants and children (8, 29-33). Results of studies on infant and child feeding have indicated that inappropriate feeding practices can have profound consequences for the growth, development, and survival of infants and children, particularly in developing countries (8, 29-40).

From six month onwards children need complementary foods in addition to breast milk. Introduction of appropriate complementary food is needed at six months to ensure children's growth and thrive (8, 11, 21).The optimal IYCF and care support directly seven of the eight millennium goals. Right at six months, breast milk alone is no longer sufficient to meet his /her nutritional requirements & complementary feeding should start. However, children receive too early or late, many children suffer from under nutrition and growth faltering during this period (9, 28).

In this study optimal complementary feeding practice for breast fed children shows 17.2% which means proportion of infants and children who had the minimum dietary diversity 24 hr preceding the survey. That is at least three types of food groups and minimum frequency of meals for children 6-8 months of age twice or more and children 9-23 months of age three times or more in addition to breast milk. The result of this study is low prevalence of optimal complementary feeding practice as compared to previous studies done in Ethiopia (23 percent)and WHO recommendation (16, 27, 28, 30, and 42).Only Maternal education was found to be statistically significant determinant factor for optimal complementary feeding practice in multivariate analysis.

The frequency distribution of food groups shows very low prevalence of dietary diversity. This result might be because of the fact that more than 90 percent of the household were food insecure. This may expose them for monotonous diets. This is one of the domains of food insecurity having limited access for choices in the types of food that the households eat or littlie diversity in the different types of foods consumed. Even though children less than two years have no language to speak their choices, greater than 80 percent of children of the infant and young child in Hawassa zuria woreda did not get varied types of dietary groups, especially egg, meat ,fish , fruit and vegetables ,which is highly important for growth and development of children. In Ethiopia due to different reasons anemia, is very common which is 54% in the country and 46% in SNNPR. Among several reasons which exposes for anemia, inadequate intake or lack of dietary intake of iron rich diets is one of the reasons. In addition to breast milk, vitamin A & iron are found in milk, liver, egg, fish, mango, papaya carrot and dark leaf green vegetables. The study shows very low consumption of these groups of food. Even though it is not included in this study, mothers commonly know the importance of giving such kinds of foods, but, they thought that these practices are considered among the wealthy families .Mothers therefore need education to improve child health and income of the household. Interestingly, the result of continuous breast feeding practice is high among the study sample and this should be maintained by encouraging the mothers.

The study also shows very low or nearly no prevalence of iron rich diets with in 24 hrs preceding the survey. This also affects the health, growth and developments of the children.

10. Strengths and Limitations of the study

Strengths

To minimize language barrier sidamigna speaker health personnel were used in data collection.

The use of pre testing and well-structured standardized questionnaire

Limitations

Respondents might have not told us real information about their socio economic status, and food security status because of the need to get support. This could have brought some differences in association of variables.

Study design (cross-sectional) which measures the exposure and outcome at the same time, cannot measure the cause and effect relationship.

→ In order to obtain more information about the effect food insecurity on feeding practice of from the study subjects, it was good if qualitative data collection approach were considered beside the quantitative methods of collection.

→ The limitation of this study is lack of information on exclusive breast feeding since birth.

11. CONCLUSION

Based on the findings of this study, household food insecurity is a serious problem and has negative impact on optimal IYCF practice. The prevalence of exclusive breastfeeding prevalence is very low and prelacteal feeding practice is higher than any of the previous studies done. The prevalence of household food insecurity is very high which needs emergency intervention.

In general, infant and young child feeding practices observed in this study fall short of the WHO recommendations. Mother's education, follow up of ANC, income and household food security status have the major role to have appropriate feeding practice of infant and young children. Even though almost hundred percent of the mothers initiate breast feeding within four hours of birth, early initiation of breast feeding with in one hours of birth benefit the newborn in order to prevent hypoglycemia and hypothermia and also prevent post partum hemorrhage.

Timely introduction of complementary feeding is another challenge as many mothers start either too early or too late introduction of complementary feeding. The habits of giving varied food and frequent meal are below the recommended.

12. RECOMMENDATIONS

Based on the findings of the study, the following recommendations are forwarded

- Policy makers should give more emphasis to the community based interventions giving priority to households with severe hunger as short term solution.
- Integration of IYCF program with the basic maternal & child health services is essential.
- Promotion of EBF through empowerment of mothers
- Government and non governmental organizations' attention should focus on socio-economic empowerment, especially education of the mother's child, discouraging use of prelacteals, promoting use of varied food groups to improve the content of complementary food, the timeliness of complementary feeding and maximize meal frequency so as to optimize the benefits of breastfeeding and complementary feeding.

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14. Annex I

Addis Ababa University

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Questionnaire for the assessment of infant and young child feeding practice in predominantly food insecure area Hawassa Zuria Woreda of Sidama Zone, SNNPR.

Identification

Name of woreda _____Name of kebele_____

Hello. My name is _____ I am here to collect data for the study being conducted by W/ro Achamyelesh G/Tsadik of Medical Faculty of Addis Ababa University, School of Public Health. I would like to inform you that you and I would have a short discussion. We are conducting a Woreda level survey that asks women about the feeding practice of their children and other health related issues. We would very much appreciate your participation in this survey. The understanding of the effect of food insecurity on infant and young children feeding practices in an area will enable the implementation of an effective nutritional strategy. It is also useful for policy makers to design specific and appropriate interventions to solve the problems and to improve the health of the children. Mothers and care givers who have children with age under two years can participate in this study. Since the participants for this study are selected via simple random sampling method, participation solely rests on chance. You are selected as a participant for this study.

All the information, which is necessary for this study, will be taken from you through the questionnaire, which will not inflict any harm on you. As the information will only be taken with your permission, participation is voluntary. You have the full right to withdraw from the study at any stage of the interview and the right to refuse to replay to any questions that you do not want to respond to. On the other hand, you will not get any incentive for agreeing to participate in the study. Your name or any other identifying information will not be recorded on the questionnaire, all information taken from you will be kept strictly confidential, and it will only be used for the purpose of this study. If you willingly accept to respond, the interview will last a maximum of 45 minutes.

Addis Ababa University

Faculty of Medicine

School of Public Health

Consent form for the assessment of infant and young child feeding practice in predominantly food insecure area Hawassa Zuria Woreda of Sidama Zone, SNNPR.

After having viewed the research proposal, I agree to give all the information at my disposal. For any complaint or unclarity, you can contact the principal investigator by using the following address:

Addis Ababa University faculty of medicine school of public health

Achamyelesh G/tsadik

Tel. Mobile: 0911303128

Email : achamgt@yahoo.com,agtsadik@gmail.com

Interviewer name_____ Signature_____

Date of interview _____Time started_____ Time completed_____

Result of interview: 1. Completed 2. Respondent not available

3. Refused 4. Partially completed.

Checked by supervisor: Name_____ Signature_____ date_____

Appendix I

Questionnaire for the assessment of infant and young child feeding practice in predominantly food insecure area of Hawassa zuria woreda Sidama Zone, SNNPRS

Q 001. Questionnaire identification number_____

Q 002.Area/Pesante association_____

Q 003. Respondent available on — First visit ☐ second ☐

Q004. Results 1.Filled out 2.Not available 3. unwillingness

4. Other specific.

Q 005 Interviewer's name and signature _____

Q006.Supervisors name and signature_____

Part I Socio demographic questioners

No	Questions	Responses
001	How old are you (mother)?	Age in complete year
002	How many children do you have?	In number
003	How many of them are less than 2 years?	In number
004	How old were you when you got married?	In complete years
005	What is your religion?	1.Muslim 2. Christian 3 .If Other specify
006	How many people currently live in your house?	number
007	What is your education level (mother)?	1. Illiterate 2.Able read and writes 3. If grade specify
008	What is your husband's education level?	1.Illiterate 2. Able to read and write 3. Specify your grade if____
009	What is your ethnicity?	1.Sidama 2. Oromo 3.Amhara 4. others
010	Who is the head of your family?	1. Husband 2. Wife 3. Other

011	What is your marital status?	1. Married in union. 2.Married not in union 3.Widowed 4.Divorced 5. Other
012	What is your job?	1.Housewife 2.Daily laborer 3. Farmer 4. Others
013	What is the age of the child?	----------Month
014	What is the sex of the child?	1. Male 2. Female
015	How many year differences are there between the last two of your children?	1.Less than 24 months 2. With in 24-48 months 3. Greater than 48 months 4.If other specify ___
016	Have you ever attended ANC during your pregnancy of this child?	Yes 2 No
017	Where did you give birth to the child?	1. Home 2. Health facility 3.Do not remembered 4. Other
018	Who attended your delivery?	1. TBA 2. Health personnel

		3. Other
019	Did the child ever receive vaccines?	1 Yes 2. No -* skip to question 022
020	If yes, do you have vaccination card?	1. Yes 2. No - skip to question 022
021	If yes, for question 020check the type of vaccine the child received.	1. BCG only 2. BCG, $Penta_1$ and $Polio_1$ 3. BCG, $Penta_2$ and $polio_2$ 4. BCG, $Penta_3$, $Polio_3$ 5. BCG, $Penta_3$, $polio_3$, Measles
022	Why did not the child receive the vaccine?	1. Time shortage of the mother 2. Lack of knowledge 3. Inaccessible of service 4. Unavailability of service 5. Fear of side effect 6. If Other specify
023	Was the child has been sick in the last two weeks?	1. Yes 2. No - skip to Question 026
024	If yes, what is his/her illness?	1. Fever 2. Diarrhea 3. Cough 4. Other
025	What did you do for the illness?	1. Home treatment 2.Visited health facility 3.Consulted traditional healers 4. Other specify

026	What is the main source of water for your household?	1. Protected well 2. Unprotected well 3.River water 4. Rain water (dam 5.Pipe (Tap) 6.If other specify _____
027	Does the household have latrine?	1. Yes 2. No -* skip to question 029
028	If yes, what type?	1. Traditional pit latrine 2.Ventilated improved pit latrine VIP) 3. Other specify
029	Where do you dispose the child's excreta?	1. No facility/open field 2. If other specify
030	Do you wash your hands whenever you feed your child?	1. Yes 2. No
031	Where do you dispose household/domestic wastes (both solid and liquid wastes)?	1. Open field 2. Dumping 3. Burning 4. Other
032	Are you keeping domestic animals with you in the same house?	1. Yes 2. No
033	Does your house have good ventilation (by considering the window)?	1. Yes 2. No

part II Breastfeeding and Infant /young child feeding questions

034	Did you ever breastfeed (Name)?	1.Yes 2.NO
035	How long after birth did you first give your breast to the	1.Hours _____

	child (Name)? If less than one hour, record munities if less than 24 hrs, record hours, other wise record days.	2.Days _____
036	2qDuring the first three days after delivery, did you give the liquid that came from your breast?	1.Yes____ 2.No ____ 8.Dk _____
037	In the first three days after delivery, did you give (name) any thing to drink other than your breast milk?	1.Yes____ 2.No ____ 8.Dk _____
038	What was (Name) given to drink? "Any thing else " Do not read the list Record all mentioned by circling letter for each one mentioned.	A. Milk (other than breast milk) B. Plain water C. Sugar or Glucose water. D.Sugar, salt & water solution E. Fruit juice F Infant formula G Honey H Tea I Other specify
039	Are you still breastfeeding (Name)?	1.Yes 2. NO
040	For how many months did you breastfeed (name)? If less than one month, record days.	Months_____
041	(If the answer of Q34 is No as k the following) Why do not you breast-feed the child?	1. Due to illness 2. Child refuses to suck 3. If other_____
042	Did (Name) drink anything from bottle with nipple yesterday or last night?	1.Yes____ 2.No ____ 8.Dk _____
043	At what age did you start to give food in addition to your breast milk?	1. Immediately after birth 2.Within 1 to 6months 3.Within 6 to12 months 4. Twelve month later

044	What is the first food you used to feed the child?	1. Milk 2. Adult food 3. Porridges 4. Other specify			
045	Now I would like to ask you about drinks or foods (Name) had yesterday during the day or at night. Read the list of liquids (A to E starting from breast milk. A. Breast milk B. plain water? C .Commercially produced infant formula? D. Any fortified commercially available infant and young child food (e.g. cerifam)? E. Any other porridge or gruel?		Yes	No	Dk
		A	1	2	8
		B	1	2	8
		C	1	2	8
		D	1	2	8
		E	1	2	8
046	Now I would like to ask you about other drinks or foods that (Name) may have had yesterday during the day or at night. I am interested in whether your child had the item even if it was combined with other foods. did (Name) drink /eat			No	Dk
		Yes			
		A	1	2	8
		B	1	2	8
A	Milk such as powdered or fresh animal milk?	C	1	2	8
B	Tea or coffee?	E	1	2	8
C	Any other liquids?	F	1	2	8
D	Bread, rice, or other foods made from grains?				
E	Pumpkin, carrots, sweet potatoes that are yellow or	G	1	2	8
F	orange inside?	H	1	2	8
G	White potatoes, any other foods made from roots?	I	1	2	8
H	Any dark green leafy vegetables?	J	1	2	8
I	Ripe mangoes, Papayas or (Insert any other locally	K	1	2	8
J	available vitamin A Rich fruits)?	L	1	2	8
K	Any other fruits or vegetables?	M	1	2	8
L	Liver, Kidney, heart or other organ meats?	N	1	2	8
M	Any meat, such as beef, goat, chicken or duck?	O	1	2	8

N	Eggs?	P	1	2	8
O	Fresh or dried fish?	Q	1	2	8
P	Any foods made from beans, peas, lentils or nuts?	R	1	2	8
Q	Cheese, yogurt or other milk products?	S	1	2	8
R	Any oil, fats, butter or foods made with any of these?	T	1	2	8
S	Any other sugary foods such as sweets candies or biscuits?				
T	Food made from inset				
047	How many times did (Name) eat solid, semisolid or soft foods other than liquids yesterday during the day or at night? If the care giver or the mother answer seven or more times record 7. Include mashed or pureed foods that are given. Solid foods e.g family foods, bananas, mangoes, potatoes Bread should also be included. Small snacks and small feeds such as one or two bites of food should not be counted. Use probing questions to help the respondent remember all the times the child ate yesterday.	Number of Times ---------- Don't know----------			
048	Has (Name) ever received a vitamin A dose? (like this /any of these show common types of capsules	1.Yes____ 2.No _____ 8.Dk _____			
049	Did (Name) receive a vita min A dose within the last six months.	1.Yes____ 2.No _____ 8.Dk _____			

Part III Household food security / Hunger survey questions

050	Which of these statements best describes the food eaten in your household in the last 12 months?	1.Enough of the kinds of food we want to eat (skip 050a and 050b)_____ 2.Enough but not always the kinds of food we want [skip 050a; ask 050b] 3. Some times not Enough to eat [ask 050a;skip 050b]___ 4.Often not enough [ask .050a skip 050b]---------- 8.Dk or refused (skip 050a and 050b)_____
050a	If option 3 or 4 selected asks; Here are some reasons why people don't always have enough to eat .For each one ,please tell me if that is reason why you don't always have enough to eat [Read list .mark All that apply .]	
	Not enough money for food	1.Yes____ 2.No _____ 8.Dk _____
	Not enough time for shopping or cooking	1.Yes____ 2.No _____ 8.Dk _____
	Too hard to get a store	1.Yes____ 2.No _____ 8.Dk _____
	On a diet	1.Yes____ 2.No _____ 8.Dk _____
	No working stove available	1.Yes____ 2.No _____ 8.Dk _____

	Note able to cook or eat because of health problems	1.Yes____ 2.No _____ 8.Dk _____
050b	[If option 2 selected, ask] here are some reasons why people don't always have the quality or variety of food they want. for each one ,please tell me if that is a reason why you don't always have the kinds of food you want to eat.[Read list ,mark all that apply .]	
	Not enough money for food	1.Yes____ 2.No _____ 8.Dk _____
	Kinds of food (I/we) want not available	1.Yes____ 2.No _____ 8.Dk _____
	Not enough time for shopping or cooking	1.Yes____ 2.No _____ 8.Dk _____
	Too hard to get a store	1.Yes____ 2.No _____ 8.Dk _____
	On a special diet	1.Yes____ 2.No _____ 8.Dk _____
Now I am going to read you several statements that people have made about their food situation. For these statements , please tell me whether the statement was often true, sometimes true ,or never true for (you /your household) in the last 12 months, that is since the last month (specify the name of current month).		
051	'(I /WE) were worried whether (my /our) food would run out before (I/We) got money to buy more?	1.Often true 2.sometimes 3.Never true 4.DK or refused
052	"The food that (I/We) bought just didn't last, and (I/We) didn't have money to get more ?	1.Often true 2.sometimes

		3.Never true 4.DK or refused
053	"(I/We) couldn't afford to eat balanced meals?	1.Often true 2.sometimes 3.Never true 4.DK or refused
054	" (I/We) relied on only a few kinds of low cost food to feed (my /our)child /the children because(I was / we were) running out of money to buy food ?	1.Often true 2.sometimes 3.Never true 4.DK or refused
055	"(I /We) couldn't feed (my /our) child / the children a balanced meal, Because (I/We) couldn't afford ?	1.Often true 2.sometimes 3.Never true 4.DK or refused
056	"(my /our child was /the children were) not eating enough because (I /we) just couldn't afford enough food?	1.Often true 2.sometimes 3.Never true 4.DK or refused
057	In the last 12 months, since the last (mention the name of current) month, did (you/ any other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?	1.Yes 2.No(skip Q57a) 8.DK(skip Q 57a)
057a	(If Yes above ,ask) How often did this happen –almost every month, some months but not every month, or in only in one or two months?	1.Almost every month— 2.Some months but not every month 3.Only 1 or 2 months 4.DK or Refused
058	In the last 12 months did you ever eat less than you felt you should because there wasn't enough	1.Yes____ 2.No _____ 8.Dk_____

	money to buy food?	
059	In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?	1.Yes____ 2.No _____ 8.Dk_____
060	In the last 12 months did you lose weight because you did not have enough money for food?	1.Yes____ 2.No _____ 8.Dk_____
061	In the last 12 months ,did (name of current month), did (you/any other adults in your household) ever not eat for a whole day because there wasn't enough money for food?	1.Yes(go to 061a)____ 2.No (skip to 062)____ 3.Dk (skip to 062)__
061a	(If the answer of the above question yes asks) how often did this happen ---almost every month some months but not every month, or in only 1 or 2 months?	1.Almost every month— 2.Some months but not every month--- 3.Only 1 or 2 months 4.DK or Refused
062	In the last 12 months since the last month (current month) of last year did you ever cut the size of your Childs or any of the children's meals because there wasn't enough money for food?	1.Yes____ 2.No _____ 8.Dk _____
063	In the last 12 months did (child's Name / any of the children) ever skip meals because there was not enough money for food?	1Yes(go to 063a)___ 2. No (skip to 064)___ 8 Dk (skip to 064)____
063a	(If the answer of the above question yes asks) how often did this happen?	1.Almost every month— 2.Some months but not every month----

		3.Only 1 or 2 months 4.DK or Refused
064	In the last 12 months, (was your child/were the children) ever hungry but you just couldn't afford more food?	1.Yes____ 2.No ____ 8.Dk _____
064	In the last 12 months, did (your child /any of the children) ever not eat for a whole day because there wasn't enough money for food?	1.Yes____ 2.No ____ 8.Dk _____

Part IV Economic indicators

066	Which one of the following do you have? And how much?	1. Cattle 2. Goat 3. Sheep *4.* Donkey_ 5. Camel 6. Other
067	Does the household have its own farmland?	1. Yes 2. No
068	Who earns the income of your household?	1. Husband 2. Wife
069	What is the staple food of the household?	Specify_____
070	What is the house type?	1. Thatched /Tukul 4. Other 2 Corrugated iron sheet 3. Mobile house
071	How many rooms does the house have?	----------number
072	Does the family have radio?	1. Yes--------- 2. No-------
073	What is the source of income of the family?	Specify_____
074	Does the house hold produce cash crops?	1. Yes

		2. No -.skip to question
075	If, yes what type?	1. Coffee 2. Fruits 3. Other specify
076	Have you moved from your usual residence in the last one-year?	1. Yes 2. No
077	If Yes, what was the reason?	1.Famine 2.Clashes between tribes 3.If Other specify_____
078	Have you got (ever received) support from any organization during your displacement (if your displacement is only disaster)	1 Yes 2. No

አዲስ አበባ ዩኒቨርሲቲ የህክምና ፋከልቲ

የህብረተሰብ ጤና ትምህርት ክፍል

የምግብ ዋስትና ባልተረጋገጠበት በሲዳማ ዞን በሀዋሳ ዙሪያ ወረዳ አካባቢ የሚኖሩ የህፃናትና የልጆች የአመጋገብ ስርዓት ሁኔታ ለማወቅ የተዘጋጀ መጠይቅ

መግቢያ

ጤና ይስጥልኝ ።----------እባላለሁ። እዚህ አብራሽ ያለሁበት ምክኒያት በአዲስ አበባ ዩኒቨርሲቲ በህክምና ፋኩሊቲ በህብረተሰብ ጤና ት/ክፍል ወ/ሮ አቻምየለሽ ገ/ጻዲቅ ለሚያደርጉት ጥናት አስፈላጊውን መረጃ ለመሰብሰብ ነው። አሁን ከእርሶ ጋር ትንሽ ስለጥናቱ ለመግለጽና ለመወወያያት ፈልጋለሁ ይኸውም ጥናቱ በወረዳ ደረጃ የሚሰራ ሲሆን ወላጆች /አሳዳጊዎች ለልጆቻቸው የሚያደርጉትን የአመጋገብ ሁኔታ እና ሌሎች ጤና ነክ የሆኑትን ጉዳዮች በሙሉ ያካትታል። በዚህ ጥናት በመሳተፍዎ ከወዲሁ እናመሰግናለን።

የዚህ ጥናት አላማና ጥቅሙ የምግብ ዋስትና ባልተረጋገጠበት ሁኔታታ የህጻናትንና የልጆችን የአመጋገብ ሁኔታን በመረዳትና ያሉትን ችግሮች ለይቶ በማውጣት ለችግሩ መፍቱ የሚሆኑ ስልቶችን ለመቀየስና ተገቢውን የአሰራር ዘዴ በመቀየስ የልጆችን ጤና መጠበቅ እንዲያስችል የሚረዳ ነው። በዚህ ጥናት ውስጥ መሳተፍ የሚችሉ ሰዎች ከሁለት አመት በታች ህጻናት ያላቸው እእናቶች /አሳዳጊዎች ናቸው። በዚህ ጥናት እንዲሳተፉ እናቶች የሚመረጡት ሙሉ በሙሉ በጣ ሲሆን እርሶም የተመረጡት በጣ ነው።

ለዚህ ጥናት የሚያስፈልጉት መረጃዎች በሙሉ በመጠይቅ መልክ ተዘጅተዋል። በዚህ ጥናት ላይ በመሳተፍዎ በልጅዎም ሆነ በቤተሰብዎ ላይ ምንም አይነት ጉዳት አይደርስብዎትም፡: በማንኛውም ግዜ መመለስ ለማይፈልጉት ጥያቄ ያለመመለስ መብት አሎዎት ስለአቋረጡ በእርሶ ላይ የሚደርስ ምንም ችግር የለም። ስለተሳተፉ የሚከፈል ገንዘብ የለም። በመጠይቁ ላይ ስሞ ወይም መረጃው የእርሶ እንደሆነ የሚገልጽ ነገር አይጻፍም፡ የሚሰጡንን መረጃ ሁሉ ሚስጥሩ የተጠበቀ ነው። የሚውለውም ለጥናቱ ስራ ብቻ ነው። መጠይቁን ለመሙላት የሚወስደው ጊዜ ቢበዛ 45 ደቂቃ ነው።

አዲስ አበባ ዩኒቨርሲቲ የህክምና ፋከልቲ

የህብረተሰብ ጤና ትምህርት ክፍል

የምግብ ዋስትና ባልተረጋገጠበት በሲዳማ ዞን በሀዋሳ ዙሪያ ወረዳ አካባቢ የሚኖሩ የህፃናትና የልጆች የአመጋገብ ስርዓት ሁኔታ ለማወቅ የተዘጋጀ መጠይቅ

ስምምነት

ከላይ የተገለጸልኝን መረጃ በሚገባ ስለተረዳሁኝ ለጥናቱ የሚያስፈልገውን መረጃ ለመስጠት እና ለመሳተፍ ፈቃደኛ : : ለማንኛውም ተቃውሞ ወይም ግልጽ ላልሆኑ ገዳዮች ከታች የተገለጸውን የዋናውን የጥናቱን ባለቤት አድራሻ መበጠቀም ማግኜ ት ይቻላል።
አዲስ አበባ ዩኒቨርሲቲ የህክምና ፋከልቲ የህብረተሰብ ጤና ክፍል
አቻምየለሽ ገ/ፃዲቅ
ስልክ ቁጥር 0911303128
ኢ..ሜይል achamgt@yahoo.com,agtsadik@gmail.com

የመጠይቁ መለያ ቁጥር/----------/
የቀበሌው ስም /----------/
ተሳታፊው የተገኘው በመጀመሪያ የጉብኝት ወቅት /-------/
በሁለተኛ የጉብኝት ወቅት /-------/

ለመጠይቁ ምላሽ የሰጡ ----------
ያልተገኙ ----------
ምላሽ መስጠት ያልፈለጉ ---------- ሌላ ካለ ያገለጸ ----------
ውጤት
የጠያቂው መለያ ቁጥር /----------/ ስም /----------/ ፊርማ /----------/
የሱፐርቫይዘሩ መለያ ቁጥር /----------/ ስም /----------/ ፊርማ /----------/
መጠይቁ የተሞላበት ቀን /----------/
መጠየቁ የጀመረበት ሰዓት /----------/ ያበቃበት ሠዓት /----------/

የማኅበራዊ ናስነ ህዝብ ሁኔታ መግለጫ

ቁጥር	ጥያቄ	ምላሽ
001	ድሜሽ ስንት ነው(እናት) ?	የተሟላእድሜ በዓ.ም
002	ስንት ህፃናት አለሽ?	በቁጥር
003	ምን ያህሉ ህፃናት እድሜያቸው ከ 5 አመት በታች ናቸው?	በቁጥር
004	ስታገቢ እድሜሽ ስንት ነበር?	በቁጥር ይገለጽ----------
005	ሀይማኖትሽ ምንድ ነው?	1.ኦርቶዶክስ 2. ፕሮቴስታንት 3.ሙስሊም 4.ሌላ
006	በአሁኑ ወቅት ምን ያህል ሰዎች በዚህ ቤት ውስጥ ይኖራሉ?	በቁጥር
007	የትምህርት ደረጃሽ ስንት ነው?	1.ያልተማረ 2.ማንበብና መፃፍ 3.እእየተማረች ካለች የክፍል ደረጃዋ ይገለጽ
008	የባለቤትሽ የት/ም ደረጃ ስንት ነው?	1.ያልተማረ 2.ማንበብና መፃፍ 3.እእየተማረ ካለ የክፍል ደረጃው ይገለጽ
009	ብዜረሰብሽ ምንድነው?	1.ሲዳማ 2.ሲልጢ 3.አማራ 4.ሌላ
010	የቤተሰቡ ሀላፊ ማን ነው?	1.ባል 2.ሚስት 3.ሌላ
011	የእናት የጋብቻ ሁኔታ□	1.አግብታ አብራው የምትኖር 2. አግብታ አብራው የማትኖር

		3.የፈታች 4.ባሏ የሞተባት
012	ስራሞ ምድነው?	2.የቤት እመቤት 2.የቀን ሰራተኛ 3.አርሶአደር 4. ተረኛ 5. ሌላ
013	የህፃኑ ቺድሜ ስንት ነው?	---------- ወር
014	የህፃኑ ጸታታ	1 ወንድ 2. ሴት
015	በመጨረሻዎቹ ሁለት ህፃናት መካከል ምን ያህል የእድሜ ልዩነት አለ?	1.ከ24 ወር በታች 2.ከ24-48 ወር 3.ከ48 ወር በላይ
የህፃኑ የጤና ሁኔታታ ጠቋሚዎች		
016	በዚህ (ስም) ህጻን ቺርግዝናዎ ጊዜ የቅድመ ወሊድ ክትትል አድርገው ነበር?	1.አዎ 2. አይደለም
017	ልጅዎን የትነው የወለዱት?	1.ቤት 2.ጤና ድርጅት 3.አላስታውስም 4. ሌላ
018	ማነው ያዋለዶት?	1የልምድ አዋላጅ 2.የጤና ባለሙያ 3.ሌላ
019	ህፃኑ/ኗ ከዚህ በፊት ክትባት ተከትቧል/ለች ወይ?	1.አዎ 2.አይደለም(ወደ ጥያቅ022 ይሸጋገሩ)
020	መለሶ አዎ ከሆነ የክትባት ካርድ አሎት ወይ?	1.አዎ 2.አይደለም(ወደ ጥያቅ022 ይሸጋገሩ)
021	መልሱ ለጥያቄ ቁጥር 020 አዎ ከሆነ ምን አይነት ክትባት እ እንደ¨ሰደ/ች ያረጋግጡ	1.ቢሲጂ ብቻ 2.ቢሲጂ፣ፔንታ1 ፖሊዮ1 3. ቢሲጂ'ፔንታ2 እና ፖሊዮ2 4..ቢሲጂ፣ፔን 3፣ፖሊዮ3 የኩፍኝ

		ክትባት
022	ህፃኑ ለምድነው ክትባት ያልተከተበው?	1.እእናትዬዋ የጊዜ እእጥረት ስላለባት 2.የእውቀት ማነስ 3.አገልግሎቱ አመቺ አለመሆን 4.የአገልግሎቱ አለመኖር 5.ክትባቱ የሚያስከትለውንጉዳት በመፍራት
023	ባለፉት ሁለት ሳምንት ህፃኑ ታታሞ ነበር?	1.አዎ 2.አይደለም(ወደ ጥያቄ 026 ይሸጋገሩ)
024	መልሶ አዎ ከሆነ ህመሙ/ሚ ምን ነበር?	1.ትኩሳት 2.ተቅማጥ 3.ሳል 4.ሌላ----------
025	ለህመሙ ምን አደረጉለት?	1.የቤት ውስጥ ህክምና 2.ወደ ጤና ድርጅት መሄድ 3.የባህላዊ ሀኪሞችን ማማከር 4.ሌላ ካለ ይገለጽ -------
026	የቤተሰቡ ዋነኛው የውሃ መገኛ ምንጭ ምንድነው?	1.የተገነባ የውሃ ጉድጓድ 2.ያልተገነባ የውሃ ጉድጓድ 3.የወንዝ ውሃ 4. የዝናብ ውሃ (ኩሬ) 5.የቢንቧ ውሃ 6.ሌላ------
027	መፀዳጃ ቤትአለዎት ወይ?	1.አዎ 2.አይደለም(ወደ ጥያቄ 029የሽጋገሩ)
028	መልሱ አዎ ከሆነ ምን አይነት መጸዳጃ ቤት ነው?	1.ባህላዊ መጸዳጃ ቤት 2.ሽ አልባ መጸዳጃ ቤት 3.ሌላ ካለ ይጠቀስ----------
029	የህጻኑን አይነምድር የትነው የሚጥሉት?	1.ሜዳ ላይ 2. ሌላ ካለ ይጠቀስ
030	ልጅዎን ምግብ ሲያበሉ እእጅዎን ይታጠባሉ?	1.አዎ 2.አይደለም

031	ከመኖሪያ ቤት የሚወጣውን ፈሳሽና ደረቅ ቆሻሻ የትነው የሚያስወግዱት?	1.ሜዳ ላይ 2.በማቃጠል 3.በመቅበር 4. ሌላ ካለ ይጠቀስ--
032	ከቤት እንስሳትን ጋር በአንድ ቤት ውስጥ ነው የሚኖሩት	1.አዎ 2.አይደለም
033	ቤቱ በቂ አየር ይተላፍበታል ወይ?(የመስኮቱን ስፋትና ብዛት ከግምት ውስጥ በማስገባት አይተህ ሙላ)	1.አዎ 2.አይደለም

ጡት ማጥባትና የህጻኑን የአመጋገብ ሁኔታ

034	ልጆን ጡት አጥብተዉታል(የህጻኑ ስም)?	1.አ ዎ-- 2.ለአይደለም 8አላስታውስም/ፍቃደኛ አየደለሁም__
035	መልሱ አዎ ከሆነ ከተወለደ ከምን ያህል ግዜ በኋላ ነዉ መጀመሪያ ጡት ያጠቡት? ከአንድ ሰአት በታች ከሆነ በደቂቃ ይመዝግቡት፣ከ24 ሰአት በታች ከሆነ በሰአት ፣አለበለዚያ በቀን ይመዝግቡት።	ሰአት--------- ቀን ------
036	ከተወለደ እስከ 3 ቀን ድረስ ባለዉ ግዜ ዉስጥ ለልጆዎን የጡት ወተት አጥብተዉታል?	1.አ ዎ-- 2.ለአይደለም 8. አላስታውስም/ፍቃደኛ አየደለሁም__
037	እንደተወለደ እስከ 3 ቀን ድረስ ባለዉ ግዜ ዉስጥ ከጡት ወተት ሌላ የሚጠጣ ነገር \ሰተውታል?	1.አ ዎ-- 2.ለአይደለም 8 አላስታውስም/ፍቃደኛ አየደለሁም__
038	መልሱ አዎ ከሆነ ምን አይነት የሚጠጣ ነገር ነበር የሰጡት(የህጻኑ ስም); ማንኛዉንም ነገር ይጠቀስ።	ሀ. ወተት(ከጡት ሌላ) ለ. ንጹኅ ውሃ ሐ .ስካር ወይም የስካር ውሃ መ .ስካር ፣ ጨው እና ውሃ ያለው የሚጠጣ

	የተዘረዘሩትን አታንብቡ። የሚዘረዘርላችሁን በሙሉ በማክበብ ይመዝገብ ለእያንዳንዱ ፊደል የተገለጸውን ያክብቡ።	ሠ.የፍራፍ ጭማቂ ረ.ለህጻናትየተዘገጀየቆርቆሮ ወተት ሰ.ሻይ /ሌላ ፈሳሽ ሸ .ማር ቀ.ሌላ ካለይገለጽ_____
039	እርሶ እስካሁን ጡት እያጠቡ ነው(የህጻኑ ስም);	1.አ ዎ-- 2.ለአይደለም 8አላስታውስም/ፍቃደኛ አየደለሁም__
040	ለምን ያህል ወራት ነበር ጡት ያጠቡት? ከእንድ ወር በታች ከሆነ በቀናት ይገለጽ።	_____ወር
041	ለምድነው ጡት ያላጠቡት?	1.በህመም ምክንያት 2.ህጻኑ መጥባት ስለማይፈልግ 3.ሌላ----
0042	ከዚህ ቀደም /ትናንትና ቀን ወይም ማታ ህፃኑን በጡጦ አጥብተውት ያውቃሉ?	1.አ ዎ-- 2.ለአይደለም 8አላስታውስም/ፍቃደኛ አየደለሁም__
043	ህጻኑ/ኗ በየትኛው እድሜ ነው ተጨማሪ ምግብ የጀመሩለት/ላት ከጡት ወተት በተጨማሪ?	1.ወዲያው እንደተወለደ 2.ከ1-6 ወር ባለው ግዜ ውስጥ 3. ከ6-12 ወር ባለው ግዜ ውስጥ 4.ሌላ ካለ ይገለጽ
044	በመጀመሪያ ምን አይነት ምግብ ነው ለልጅሽ ያበላሽው?	1.ወተት 2.የአዋቂ ምግብ 3.ገንፎ 4.ሌላ ካለ ይገለጽ

0045	እኔ አሁን ህጻኑ /ና (ስም)በትናትናው ቀን ወይም ማታ (በ24ስአትውስጥ) የወሰደውን የምግብና የመጠጥ አይነት መጠየቅ እፈልጋሁ። የህጻኑ (ስም)የበላው /የጠጣው ከዚH በታች የተዘረዘሩትን መጠጥ" ከ ሀ ጀምራችሁ እያነበባችሁ አክብቡ ሀ.የእናት ጡት ወተት ለ. ንጹህ ውሃ ሐ.ለህጻናትየተዘገጀየቆርቆሮ ወተት(ፎርሙላ) መ. ከገበያ የሚሸጥ ማንኛውም የህጻናት ምግብ ለምሳሌ ሴሪፋም ሠ ማንኛውም ገንፎ ወይም አጥሚት	አዎ አይደለም አላስታውስም ሀ 1 2 8 ለ 1 2 8 ሐ 1 2 8 መ 1 2 8 ሠ 1 2 8
046	እኔ አሁን ህጻኑ /ና (ስም)በትናትናው ቀን ወይም ማታ (በ24 ስአት ውስጥ)የወሰደውን የምግብና የመጠጥ አይነት መጠየቅ እፈልጋሁ።እኔ ለማወቅ የፈለኩት ህጻኑ ከሌላ ነገር ጋርተደባልቆም ቢሆን የተመገበውን ነው። ህጻኑ የተመገበው /የጠጣውን ይንገሩን ሀ.ወተት (የቆርቆሮ ዱቄት ወተት ወይም ትኩስ የእንስሳት ወተት) ለ. ሻይ /ቡና ሐ.ማንኛውም ሌላ መጠጥ መ.ዳቦ፣ሩዝ፣ወይም ሌላ ከ ጥራጥሬ የተሰራ ምግብ ሠ.ዱባ፣ካሮት፣ስኳር ድንች፣ወይም ሌላ ውስጡ ቢጫ ወይም ብርቱካናማ የሆነ ምግቦች ረ.ድንች ወይም ሌላ ማንኛውም ከስራስር	አዎ አይደለም አላስታውስም ሀ 1 2 8 ለ 1 2 8 ሐ 1 2 8 መ 1 2 8 ሠ 1 2 8 ረ 1 2 8 ሰ 1 2 8 . ሸ 1 2 8 ቀ 1 2 8 በ 1 2 8 . ተ 1 2 8 ቸ 1 2 8 ነ. 1 2 8

	የተሰራ ምግብ ሰ.ማንኛውም አረንጓዴ ቅጠል ያላቸው የጓሮ አትክልቶች? ሸ.ጉበት ፣ኩላሊት፣ልብ ወይም የብልት ስጋ ቀ.ማንኛውም አይነት ስጋ የበግ፣የፍየል፣ የጥጃ፣ዶሮ ወይም የዳክዬ በ.እንቁላል ተ.ትኩስ ወይም የደረቀ አሳ ቸ.ማንኛውም ከአተር ፣ባቄላ፣ምስር የተሰራ ምግብ ነ.አይብ፣እርጎ ሌላ የወተት አስተዋጸ ነ.ማንኛውም ከዘይት፣ሱማ ወይም ቅቤ የተሰራ ምግብ ኘ. ማንኛውም ጣፍጭ ምግብ ለምሳሌብስኩት፣ከረሜላ…	ነ 1 2 8 ኘ 1 2 8
047	ማንኛውም ወፈር ወይም ለስላላ ያለ ወይም ለስላሳ ምግብ ከ ፈሳሽ ውጪ ትናንትና ቀንና ማታን ጨምሮ ስንት ግዜ ተመግቧል? ወላጅ /አሳዳጊ ለምሳሌ 7 እና ከዛ በላይ ብለው ቢናገሩ 7ብለው ይመዝግቡ የተፈጨ ወይም የላመ ምግብ ለምሳሌ ገንፎ ፣ወፈር ያለ አጥሚት፣የአዋቂ ምግብ ፣ሙዝ፣ ማንጎ፣ ድንች፣ዳቦ ካለ ይመዝገብ ። ለዚህ ጥያቄ የሚጠጣ ነገር እንዳይመዘገብ ለምሳሌ	ቁጥር_____ አላውቅም_____

	አጥሚት(ቀጭን)፣ሾርባ፣ሻይ ወይም ሌላ ፈሳሽ	
048	ከዚህ ቀደም የቫይታሚን ኤ እንክብል ወስዷል ወይ?የሚታወቅ የቫይታሚን ኤ እንክብል ከሳያቸው።	11.አዎ 2.አይደለም 3.ከሳስታውስም
049	ባለፈ ፅር ውስጥ የቫይታሚን ኤ እንክብል ወስዷል ወይ?	1.አዎ 2.አይደለም 3.ከሳስታውስም

ክፍል 3 የቤት ውስጥ የምግብ ዋስትና ማረ ጋገጫ መጠይቅ

050	ከሚከተሉት አረፍተነገር ውስጥ የትኛው አ.ነገር ባለፈው 12 ወራት ውስጥ የነበረውን የእርሶን /የቤተሰቦን ምግብ አመጋገብ ሁኔታ በጥሩ ሁኔታ ይገልጻል?	1. መመገብ የምንፈልገውን አይነት በቂ ምግብ አለን (ጥ.ቁ50ሀ&50ለ እለፍ) 2.በቂ ነው ግን አንዳንድ ግዜ የምንፈልገውን አይነት አይደለም (ጥ.ቁ50ሀእለፍ እና 50ለ ጠይቅ) 3.አንዳንድ ግዜ በቂ የሚበላ ምግብ የለም (ጥ.ቁ50ሀጠይቅ እና 50ለ እለፍ). 4.ብዙ ግዜ በቂ ምግብ የለም (ጥ.ቁ50ሀጠይቅ እና 50ለ እለፍ). 8.አላውቅም /አልፈልግም
050 ሀ	(አማራጭ 3እና 4ከ ተመረጠ ጠይቅ)ከዚህ በታች ለምን ሰዎች በቂ ምግብ ሊመገቡ አልቻሉም ለሚለው ምክኒያት ዝርዝር ተቀምጧል። እባኮን ከሚከተሉት ምክኒያቶች ውስጥ እርሶን በቂ ምግብ እንዳይኖሮት ያደረገው ምክኒያት የቱ ነው።(የተዘረዘሩትን አንብቡ የተመለሰው ላይ ምልክት ያድርጉ)	

	ሀ.ለምግብ መግዣ የሚውል በቂ ገንዘብ ስለሌለዎት ለ.ለማግዛት /ለማብሰል የሚውል በቂ ግዜ ስለሌሎት ሐ.ማከማቻ ለማግኘት ስለሚያስቸግሮ መ.ምግብ ለመቀነስ ሠ.ማብሰያ ምድጃ ስለሌለ ረ.በጤና ችግር ምክኒያት ማብሰል ስላልቻሉ	አዎ አይደለም አላስታወ ሀ 1 2 8 ለ 1 2 8 ሐ 1 2 8 መ 1 2 8 ሠ 1 2 8 ረ 1 2 8
050 ለ	(አማራጭ 2 ከተመረጠ ጠይቅ)ከዚህ በታች የተዘረዘሩት ምክኒያቶች አንዳንድ ጊዜም ቢሆን ለምን ሰዎች የሚፈልጉትን አይነትና ጥራት ያለው ምግብ አይኖራቸውም ። ሁልግዜም ባይሆን አንዳንድ ግዜ የሚፈልጉትን አይነትና ጥራት ያለው ምግብ ያልተመገቡበት የእርሶ ምክኒያት የቱ ነው። እባኮን ለእያንዳንዱ አማራጮች መልሶን ይንገሩንነው። (የተዘረዘሩትን አንብቡ የተመለሰው ላይ ምልክት ያድርጉ) ሀ.ለምግብ መግዣ የሚውል በቂ ገንዘብ ስለሌለዎት ለ.ለማግዛት /ለማብሰል የሚውል በቂ ግዜ ስለሌሎት ሐ.ማከማቻ (ሱቅ) ለማግኘት ስለሚያስቸግሮ መ.ልዩ የሆነምግብ ያለመመገብ ሁኔታ ሠ.እኔ/እኛ መመገብ የምንፈልገው ምግብ ስለሌለ ረ.በጤና ችግር ምክኒያት ማብሰል ስላልቻሉ	አዎ አይደለም አላስታውስም ሀ 1 2 8 ለ 1 2 8 ሐ 1 2 8 መ 1 2 8 ሠ 1 2 8 ረ 1 2 8
አሁን እኔ ስለሰዎች የምግብ ሁኔታ የሚገልጽ አረፍተነገሮችን አነብሎታለሁ።ለነዚህ አ.ነገሮች እባኮ ሁል ጊዜ እውነት ነው ፣አንዳንድ ግዜ እውነት ነው ወይም ፈጽሞ እውነት አይደለም(ለእርሶ /ለእርሶ ቤተሰብ) ባለፈው12 ወር ውስጥ(አሁን ካለው ወር ጀምሮ ወደኋላ 12 ወር)		
051	ባለፈው 12 ወር ውስጥ እኔ/እኛ ምግብ ለመግዣ የሚውል ገንዘብ ከማግኘታችን	1.ሁል ጊዜ እውነት ነው 2.አንዳንድ ግዜ እውነት ነው

	በፊት ያለን ምግብ ስያደርሰን ሊያልቅ ይችላል ብለው ተጨንቀው ያውቃሉ?ይህ ለእርሶ /ለእርሶ ቤተሰብ በየስንት ግዜ ይከሰታል?	3.ፈጽሞ አልተከሰተም። 4.አላውቅም/አላስታውስም
052	ባለፈው 12 ወር ውስጥ እኔ/እኛ የገዛነው ምግብ አያደርሰንም ተጨማር ለመግዛት የሚውል ገንዘብ የለንም ብለው ተጨንቀው ያውቃሉ?ይህ ለእርሶ /ለእርሶ ቤተሰብ በየስንት ግዜ ይከሰታል?	1.ሁል ጊዜ እውነት ነው 2.አንዳንድ ግዜ እውነት ነው 3.ፈጽሞ አልተከሰተም። 4.አላውቅም/አላስታውስም
053	ባለፈው 12 ወር ውስጥ እኔ/እኛ የተመጣጠነ ምግብ ለመመገብ አቅም የለንም ብለው ተጨንቀው ያውቃሉ?	1 ሁል ጊዜ እውነት ነው 2 አንዳንድ ግዜ እውነት ነው 3 ፈጽሞ አልተከሰተም። 4 አላውቅም/አላስታውስም
054	ባለፈው 12 ወር ውስጥ እኔ/እኛ ዋጋው አነስተኛ በሆነ ጥቂት የምግብ አይነት ላይ ብቻ ተመስርተው ነበር ልጆዎን /ልጆችዎን የሚመግቡት ?ምክኒያቱም ለመግዣ የሚውል ገንዘብ ስለሌለን ብለው ያውቃሉ?	1 ሁል ጊዜ እውነት ነው 2 አንዳንድ ግዜ እውነት ነው 3 ፈጽሞ አልተከሰተም። 4 አላውቅም/አላስታውስም
055	ባለፈው 12 ወር ውስጥ እኔ/እኛ የተመጣጠነ ምግብ ልጃችዎን /ልጆችዎን ለመመገብ አልቻልንም ምክኒያቱም አቅም የለንም ብለው ተጨንቀው ያውቃሉ?	1 ሁል ጊዜ እውነት ነው 2 አንዳንድ ግዜ እውነት ነው 3 ፈጽሞ አልተከሰተም። 4 አላውቅም/አላስታውስም
056	ባለፈው 12 ወር ውስጥ እኔ/እኛ ልጃችንን /ልጆቻችንን በቂ ምግብ አልተመገቡም ምክኒያቱም በቂ ምግብ መግዛት ስለማንችል ብለው ያውቃሉ?	1 ሁል ጊዜ እውነት ነው 2 አንዳንድ ግዜ እውነት ነው 3 ፈጽሞ አልተከሰተም። 4 አላውቅም/አላስታውስም
057	ባለፈው 12 ወር ውስጥ የአሁኑ ወር ጀምሮ(ስም ተጠቅሶ) እርሶ /እርሶ ቤተሰብ ውስጥ ያለ ትልቅ ሰው በቂ ገንዘብ ለምግብ መግዣ የሚውል ስለሌለ ከሚበላው የምግብ መጠን ቀንሶ /ሳይበላ አልፎ ያውቃል?	1.አዎ (ወደ ጥ.ቁ057ሀ ይሂዱ) 2.አይደለም (ወደ ጥ.ቁ057ይሂዱ) 3. አላውቅም/አላስታውስም

057 ሀ	ለላኛው መልስ አዎ ከሆነ ጠይቅ.በየሰንት ጊዜው ነው;?	1.በአብዛኛው በሁሉም ወራት 2.አንዳንድ ወራት ሁሌም ያልሆነ 3.1ወይም 2 ወር ብቻ 4.አላውቅም/አላስታውስም
058	ባለፈው 12 ወር ውስጥ ምግብ ለመግዣ የሚውል በቂገንዘብ ባለመኖሩ ምክኒያት ምግብ ሳይጠግቡ ተመግበው ያውቃሉ;	1.አዎ 2.አይደለም 3.አላስታውስም/አላውቅም
059	ባለፈው 12 ወር ውስጥ ምግብ ለመግዣ የሚውል በቂገንዘብ ባለመኖሩ ምክኒያት እየተራቡ ምግብ ሳይመገቡ ቀርተው ያውቃሉ;	1.አዎ 2.አይደለም 3.አላስታውስም/አላውቅም
060	ባለፈው 12 ወር ውስጥ ምግብ ለመግዣ የሚውል በቂገንዘብ ባለመኖሩ ምክኒያት የሰውነት ክብደት ቀንሰዋል ;	1.አዎ 2.አይደለም 3.አላስታውስም/አላውቅም
061	ባለፈው 12 ወር ውስጥ የአሁኑ ወር ጀምሮ(ስም ተጠቅሶ) እርሶ/የእርሶ ቤተሰብ ውስጥ ያለ ትልቅ ሰው በቂ ገንዘብ ለምግብ መግዣ የሚውል ስለሌለ ቀኑን በሙሉ ሳይመገቡ ውለው ያውቃል?	1.አዎ (ወደ ጥ.ቁ061ሀ ይሂዱ) 2.አይደለም (ወደ ጥ.ቁ062ይሂዱ) 3. አላውቅም/አላስታውስም(ወደ ጥ.ቁ045ይሂዱ)
061	ለላኛው መልስ አዎ ከሆነ ጠይቅ.በየሰንት ጊዜው ነውየሚከሰተው;	1.በአብዛኛው በሁሉም ወራት 2.አንዳንድ ወራት ሁሌም ያልሆነ 3.1ወይም 2 ወር ብቻ 4.አላውቅም/አላስታውስም
062	ባለፈው 12 ወር ውስጥ የአሁኑ ወር ጀምሮ(ስም ተጠቅሶ) በቂ ገንዘብ ለምግብ መግዣ የሚውል ስለሌለ የልጆን/የልጆችንከሚበላው የምግብ መጠን ቀንሰው ያውቃሉ;	1.አዎ 2.አይደለም 3.አላስታውስም/አላውቅም
063	ባለፈው 12 ወር ውስጥ የአሁኑ ወር ጀምሮ(ስም ተጠቅሶ) በቂ ገንዘብ ለምግብ መግዣ የሚውል	1.አዎ (ወደ ጥ.ቁ063ሀ ይሂዱ) 2.አይደለም (ወደ

	ስለሌለ ልጆዎ/ልጆችዎ ምግብ ሳይመገቡ አልፈው ያውቃሉ?	ጥ.ቁ064ይሂዱ) 3.አላውቅም/አላስታውስም(ወደ ጥ.ቁ064ይሂዱ)
063	ለላኛው መልስ አዎ ከሆነ ጠይቅ.በየሰንት ጊዜው ነውየሚከሰተው?	1.በአብዛኛው በሁሉም ወራት 2.አንዳንድ ወራት ሁሌም ያልሆነ 3.1ወይም 2 ወር ብቻ 4.አላውቅም/አላስታውስም
064	ባለፈው 12 ወር ውስጥ የአሁኑ ወር ጀምሮ(ስም ተጠቅሶ) በቂ ገንዘብ ለምግብ መግዣ የሚውል ስለሌለ ልጆዎ/ልጆችዎ ተርበው ያውቃሉ?	11.አዎ 2.አይደለም 3.አላስታውስም/አላውቅም
065	ባለፈው 12 ወር ውስጥ የአሁኑ ወር ጀምሮ(ስም ተጠቅሶ) በቂ ገንዘብ ለምግብ መግዣ የሚውል ስለሌለ ልጆዎ/ልጆችዎ ቀኑን ሙሉ ተርበው ያውቃሉ?	11.አዎ 2.አይደለም 3.አላስታውስም/አላውቅም

	የስነ ምጣኔ ሁኔታ ጠቋሚዎች	
066	ከተጠቀሱት ውስጥ የትኛው ነው ያለዎት? ምን ያህል?	1.ከብት ብዛት--------- 2.ፍዬል ብዛት------- 3.በግ ብዛት-------- 4.አህያ ብዛት--------- 5.ዶሮ ብዛት------ 6. ሌላ ካለ ይጠቀስ
067	ቤተሰቡ የራሱ የሆነ የእርሻ መሬት አለው?	1.አዎ 2.የለውም
068	ለቤተሰቡ ገቢ የሚያስገኘው ማነው?	1.አባወራ 2.እማወራ 3.ሁለቱም
069	ቤተሰቡ አዘውትሮ የሚመገበው	ይገለጽ----------

	የምግብ አይነት ምንድነው?	
070	**የመኖሪያ ቤቱ አይነት ምንድነው?**	**1.ሳር ቤት** **2.ቆርቆሮ ቤት** **3.ተንቀሳቃሽ ቤት**
071	**ቤቱ ስንት ክፍሎች አሉት?**	**---------- በቁጥር**
072	**ቤተሰቡ ራዲዮ አለው?**	**1.አዎ 2.የለውም**
073	**የቤተሰቡ የገቢ ምንጭ ምንድነው?**	**ይገለጽ----------**
074	**ቤተሰቡ ሊሸጡ የሚችሉ ምርቶችን ያመርታል ወይ?**	**1.አዎ** **2.አይደለም**
075	**መልሱ አዎ ከሆነ ምን አይነት ምርት ያመርታሉ?**	**1.ቡና** **2.እንሰት** **3.ጥራጥሮ** **4.ፍራፍሬ** **5.ሌላ ካለ ይገለጽ**
076	**ባለፈው አመት ቤተሰቡ ከአካባቢው ተጎዳኝቶ/ተንቀሳቅሶ ነበር?**	**1.አዎ** **2.አይደለም(ወደ ጥያቄ 066 ይሸጋገሩ)**
077	**መልሱ አዎ ከሆነ ምክንያቱ ምን ነበር?**	**1.ረሀብ** **2.የጎሳ ግጭት** **3.ሌላ ካለ ይገለጽ----------**
078	**ቤተሰቡ በተፈጥሮ ችግር በተፈናቀለበት ወቅት ከመንግስትም ሆነ ከረጂ ድርጅት ያገኘው ርዳታ ነበር?**	**1.አዎ** **2.አይደለም**
ይህ የቃለ መጠይቃችን መጨረሻ ነው:: ላቀረብንሎት ጥያቄ ጊዜዎን ሰውተው ምላሽ ስለሰጡን በጣም እናመሰግኖታለን		
	ቃለ መጠይቁ በተጠናቀቀበት ወቅት የነበረው ሰዓት	**---------:----------**

Declaration

I the undersigned, declare that this thesis is my original work, has never been presented in this or any other University, and that all the resources and materials used for the thesis, have been duly acknowledged.

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Date of submission

This thesis has been submitted for examination with my approval as a University advisor.

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