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DEPARTMENT OF NURSING AND MIDWIFER

PREVALENCE OF TIMELY INITIATION OF BREASTFEEDING AND ASSOCIATED FACTORS IN FIRST TIME MOTHERS IN BAHIRDAR,AMHARA REGIONAL STATE , NORTH WEST,ETHIOPIA, 2016.

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

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Abbreviations and Acronyms

AAU	Addis Ababa University
ANC	Antenatal Care
AOR	Adjusted Odd Ratio
COR-	Crude Odd Ratio
CSA	Central Statistical Agency
Cs	Caesarean Section
EDHS	Ethiopian Demographic and Health Survey
MCH	Maternal and child Health
NGOs-	Nongovernmental organizations
PAS	Proportional Allocation to Size
PI	Principal Investigator
SPSS	statistical package for social science
SRS	Systematic Random sampling
TIBF	Timely Initiation of Breastfeeding
UNICEF-	Timely Initiation of Breastfeeding

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Abstract

Introduction: Breastfeeding is recommended as proper infant and young child feeding practice that should be initiated within the first hour after birth. Early initiation of breastfeeding protects newborns from early neonatal mortality. Timely initiation of breastfeeding also known as early initiation of breastfeeding means babies are put on breast within one hour following delivery and ensuring that the infant receives the colostrums or –first milk". It is one important intervention preventing childhood morbidities and mortalities. Globally, not more than 35% of infants are initiated with breastfeeding. In developing countries 39% of infants are initiated with breastfeeding early. In Ethiopia only 52% of the mothers practiced early initiation of breastfeeding. Prevalence of TIBF in Amhara Regional State in which Bahir Dar is the capital city is the lowest (38%) one compared to other regions of Ethiopia.

Objective: The objective of this study to assess timely initiation of breastfeeding practices and associated factors among first time mothers who have infants less than six months of age in Bahir Dar city, Amhara Regional State, North West Ethiopia.

Method: Community based quantitative cross-sectional study was conducted from March20, 2016 to April, 2016. Systematic random sampling technique was applied. A total of 400 mothers who have infant less than six month old were included in this study. The data was collected from all 9 sub cities using interviewer administered questionnaire. Descriptive and inferential statistics were used to present the data.
Both bivariate and multivariate logistic regression analyses were carried out to identify factors associated with timely initiation of breastfeeding practice.

Result: prevalence of timely initiation of breast feeding was 65%. On multivariate logistic regression, gender of infant being male, got breastfeeding counseling during ANC, place of delivery, mode delivery and supported by religious father of mothers were found to be associated with TIBF. Male babies were 2 times benefited than female babies **[AOR 2.148(1.232, 3.745)]** and mothers who got breastfeeding counseling during were also 2 times more initiate breastfeeding **[AOR 2.163(1.187, 3.942)]** than those who didn't get. On the other hand mothers who gave birth at health

institution were 8.6 times more to practice timely initiation of breastfeeding **[AOR 8.639(2.089, 5.720**)] than those of gave birth at home. Similarly mothers who were delivered by vaginal delivery were 4 times more practice timely initiation of breastfeeding [**AOR 4.094(1.414, 8.728]** than those who were delivered by C/s. Finally mothers who got religious father support were almost 2 times more practice timely initiation of breastfeeding**[AOR 1.962(1.113, 3.458)]** than those who were not supported.

Conclusion and recommendations: prevalence of timely initiation of breastfeeding in the study area was 65%. Gender of infant, breastfeeding counseling during ANC, Birth place, mode of delivery and religious father support were independent predictors of timely initiation of breastfeeding practice. Strengthening timely initiation of breastfeeding and provision of antenatal care service to mothers specially those delivered by C/S is recommended. In addition, educating mothers both at community and institutional levels as well as strengthening health professionals' knowledge and skills on breastfeeding counseling through training could be the most important actions to be undertaken by concerned stakeholders.

Keywords: Timely initiation Breastfeeding, First time mother.

Chapter 1: Introduction

1.1 Background Information

Globally, there is a declining in the trend of breast feeding and initiation of breastfeeding can be difficult in a busy maternity center. Consequently, these conditions affect negatively on child survival, growth and development [1, 2].

Early initiation of breastfeeding is a recommended practice by the World Health Organization (WHO), though in Ethiopia only 52% of the mothers practiced early initiation of breastfeeding [3].

The World Health Organization (WHO) and United Nations Children's Fund (UNICEF) recommend that breast-feeding be initiated within 1h of birth because early initiation stimulates breast milk production, increases uterine activity and may thus reduce the risk of heavy bleeding and infection. It also fosters mother – child bonding and increases the duration of breastfeeding and reduces child morbidity and mortality in the first two years of life [4, 5].

Breastfeeding is universal in Ethiopia but there are regional differences in timely initiation of breast feeding. Cultural factors can affect timely initiation of breastfeeding either by enhancing or inhibiting the optimal practices. The government of Ethiopia developed National Infant and Young Child Feeding Guideline in 2004 and behavior change communications on breastfeeding have been going on since then. However, there is a little information on the practice of timely initiation of breast feeding and factors that predict these practices after the implementation of the national guideline [6].

Breast milk is the preferred food for all infants including premature and sick babies. It is superior to any product given to the baby and it is cost effective, fresh, and easily available. It provides nutritional, immunological, developmental and psychological advantages to the child besides health advantages to the mother and economic benefits to the family and the community [7].

Research provides strong evidence that breastfeeding decreases the incidence and/or severity of a wide variety of infectious diseases in infants including bacterial meningitis, bacteremia, gastrointestinal illnesses, respiratory tract infection, necrotizing enterocolitis, otitis media, urinary tract infection, and late-onset sepsis in preterm infants[8]. Some studies have also shown that breastfeeding is protective against several childhood chronic diseases such as asthma, allergies, overweight and obesity, and diabetes [9].

Breastfeeding confers extensive and well-established benefits and is recognized as an extremely effective preventative health measure for both mothers and babies [10]. Except in very few specific medical situations, breastfeeding should be universally encouraged for all mothers and infants. To improve worldwide breastfeeding initiation and duration rates, the WHO and UNICEF launched the Baby-Friendly Initiative (BFI) in 1991. The goal was to protect, promote and support breastfeeding by adherence to the WHO's —Ten Steps to Successful Breastfeeding" [11].

1.2 statement of the problem

Globally, 10.9 million deaths occur annually among children under five. Sixty percent (60%) of these deaths are due to direct or indirect impact of malnutrition secondary to late initiation of breastfeeding, absence of exclusive breastfeeding, suboptimal infant feeding and no more than 35% newborns are initiated with breastfeeding and fed exclusively [12].

In 2009, 195 million under five children in developing countries were estimated to be stunted. On the other hand, 129 million children are underweight and an estimated 26 million were severely wasted [13].

Suboptimal infant feeding is responsible for 45% of neonatal infectious deaths, 30% of diarrhoeal deaths and 18% of acute respiratory deaths in children under five years worldwide [14].

Starting breastfeeding in the first day after birth can reduce the risk of new-born death by up to 45% and children who are exclusively breastfed are 14 times more likely to survive the first six months of life than non-breastfed children [15].

Late initiation and non-exclusive breast feeding is known to compromise nutritional status of infants and children. It results in an estimated 40% of under-five stunting in western and central Africa (WCA) and more than 60% in some other countries [16].

Early initiation of breastfeeding has a great impact on the reduction of neonatal mortality and morbidity (13). A study conducted in rural Ghana showed that early initiation within the first hours of birth could prevent 22% of neonatal deaths, and initiation within the first day, 16% of deaths, while a study in Nepal found that approximately 19.1% and 7.7% of all neo-natal deaths could be avoided with universal initiation of breastfeeding within the first hour and first day of life respectively[17].

Children in Liberia are found to suffer from poor health with infant mortality rate of 110/1000 live births due to common childhood illness such as pneumonia ,diarrhea and most importantly malnutrition which can be prevented by early initiation of breastfeeding and exclusive breastfeeding[18].

In general, children in Ethiopia suffer from poor health. About 472,000 children die each year before their fifth birth day making Ethiopia sixth among the countries of the world in terms of the absolute number of child deaths. The age distribution of under-5 deaths was 29% in the first 30 days of life, 29% from the first month to the 11^{th} month of life, and 42% from the first year to the fourth year. Neonatal mortality is very high in Ethiopia making Ethiopia 5^{th} in the world in neonatal mortality and children in Ethiopia are still dying in large numbers from preventable and treatable conditions later in childhood [19].

In Ethiopia almost half of the newborns of both primipara and multipara mothers are not breastfed within one hour from birth and the same proportion is not exclusively breastfed until 6 months of age. Early initiation of breastfeeding rate varies depending on birth places, mothers‘ educational status and wealth quintile. Breastfeeding within

1hr is more common in urban than in rural (57% and 51% respectively). Although the prevalence of TIBF is not known for Bahir Dar city the prevalence in Amhara Regional State is lowest compared to other regional States which is 38% [32]. So this study is aimed to scale up TIBF and optimal breastfeeding and fill the gap in the Regional state, specifically in Bahir Dar city.

Therefore the purpose of the study is to assess timely initiation of breast feeding practices and associated factors among first time mothers of children less than 6 months old in Bahir Dar City, North West Ethiopia.

1.3. Significance of the study

Despite studies were conducted in different parts of the country to assess the magnitude and determinants of timely initiation of breastfeeding, they were not done on first time mothers specifically. They also didn‘t consider factors related to educational status of husband, occupation of husband, family influence, socio-cultural and religious factors.

The magnitude and determinant factors for the practice of TIBF were not well known in the study area even if breast feeding practice is a vital component of primary health care unit. Hence, there is a need to carry out a research to come up with the magnitude and determinants of timely initiation of breastfeeding practice in the study area.

Health extension workers who are working at community level, Nurses and midwifes who work in maternity centers (antenatal care unit, post natal care unit and delivery room) and in the community setting as well all other concerned bodies will utilize the result of this research as a baseline in their counseling/health education session to minimize the sub-optimal breastfeeding practice and strengthen timely initiation of breast feeding practices.

The finding of this study will also provide the city administration, regional health bureau, policy makers and NGOs (nongovernmental organizations) with relevant information for future planning and interventions of appropriate strategies to promote and maintain timely initiation breastfeeding practices for within the first hour of

delivery. The findings from this study will also contribute to understand about TIBF and related factors associated with early initiation of breastfeeding in the study area.

Thus, the study can be used as a reference for nurse educators, health care professionals especially pediatrics nurses and for others who are interested in carrying out further studies with this regard.

1.4 Research questions

In regard to the problem that needs to be researched on these are two research questions that need to be answered at the end of this research

1. What is the proportion of mothers who have infants less than six months old initiate breast feeding within the first hour of delivery?
2. What are the factors that are associated with timely initiation of breastfeeding practice?

Chapter 2: Literature Review

2.1Timely Initiation of Breastfeeding

Timely initiation of breastfeeding also known as early initiation of breastfeeding means babies are put on breast within one hour following delivery and ensuring that the infant receives the colostrums or –first milk", which is rich in protective factors [1, 2].

Early initiation of breastfeeding within one hour of birth protects the newborn from infection and reduces newborn mortality. The risk of mortality due to diarrhea and other infections can increase in infants who are either partially breastfed or not breastfed at all [12].

Breastfeeding is found to be essential for child survival. A study in rural Ghana showed that early initiation of breastfeeding, i.e. within the first hour of birth could prevent 22% of neonatal deaths while a study in Nepal showed that approximately 19% and 7.7% of all neonatal deaths could be avoided with universal initiation of breastfeeding within first hour and first day of life respectively[15,22]. A study in India also showed that neonatal and post –neonatal deaths were around 5-6 times lower in infants fed colostrums than among those not fed colostrums which is the first milk and contains important protective factors [23].

According to Canadian pediatric society breastfeeding has been found to decrease multiple infectious diseases during infancy period including bacterial meningitis, bacteremia, diarrheal diseases, respiratory tract infections, otitis media and urinary tract infections .A Meta-analysis of 33 studies examining in developed nations showed that formula fed infants experiences three times more severe respiratory illness compared with infants who had been exclusively breastfed for four months and breastfeeding has been also linked to a decrease in sudden infant death syndrome (SIDS)[24].

Timely initiation of breastfeeding stimulates the mother‘s production of breast milk and helps the infant to take colostrums during the first few days following birth;

interrelated with early maternal-infant contact and has a positive effect on duration of breastfeeding[25].

Ethiopia remains among seven high mortality countries (Bangladesh, Ethiopia , Liberia ,Malawi, Nepal, United Republic of Tanzania and Timor-Leste) which have already achieved the fourth millennium development goal with 67% reduction in under-five mortality between 1990 and 2012 although the proportion of neo-natal deaths still remains high[26].

2.2 Prevalence of Breastfeeding Initiation

Despite appropriate infant and neonatal feeding is the most cost effective intervention to reduce childhood morbidity and mortality, the global rate of early initiation of breastfeeding remains below 40% and it differs across the different regions of the world i.e.59% in East& South Africa, 48% in Latin America, 47% in Middle-East& North Africa, 46% in East Asia& Pacific region, 36% in West and Central Africa, 27% in South Asia, 47% generally in Africa, 31% generally in Asia and 39% in developing countries [5].

A cross-sectional descriptive study to estimate prevalence of early initiation and exclusive breastfeeding in th Rural Health Training Centre of a Medical College in Tamilnadu, Southern India showed that the prevalence of breastfeeding initiation was 97.5%[27].

A prospective observational study done in Ireland to investigate Factors Associated with Duration of Breastfeeding showed that the 50.7% of mothers initiated breastfeeding during postpartum period [28].

A cross-sectional study to investigate determinants of early initiation of breastfeeding among mothers in Raya Kobo District, Northeast Ethiopia showed that the prevalence of early initiation of breastfeeding was 71.7% [29].

A cross-sectional study conducted in Taif, Saudi Arabia to investigate initiation of breastfeeding, prevalence of exclusive breastfeeding and their predictors showed that Timely initiation breastfeeding rate was 22% [30].

Another cross-sectional study conducted in Axum town, Northern part of Ethiopia to investigate Factors associated with timely initiation and exclusive breast feeding among mothers of Axum town showed that the overall proportion of timely initiation was found to be 41.6%[1]. A similar study conducted in Goba Woreda, South East Ethiopia showed that the prevalence of timely initiation of breast feeding was 52.4 % [31].

A study conducted based on the 2011 Ethiopia Demographic and Health Survey to determine Socio-medical determinants of timely breastfeeding initiation among mothers in Ethiopia within one hour of birth showed that the overall prevalence of timely breastfeeding initiation w as 52 % (95 % CI: 51.09, 52.91) and the prevalence was higher in urban setting (64%) than in rural setting (52.3) while the lowest prevalence was (41.7 %) in Somali regional state [32].

A study conducted in Bolivia and Madagascar to investigate Early Initiation and Exclusive Breastfeeding in Large-scale Community-based Programmes showed that statistically significant increases ($p<0.001$) in timely initiation of breastfeeding in both the countries. In Bolivia, timely initiation of breastfeeding went from 56% in 2000 to 69% in 2001 and reached to 74% by the end of 2003. In Madagascar, the initiation rate went from 34% at baseline in 2000to 69% in 2001, 76% in 2002, and rose to 78% in 2004[8].

A community based, cross-sectional study conducted in in rural part of West Ethiopia to investigate predictors of early breastfeeding initiation among mothers of children less than 24 months of age showed that breastfeeding was initiated by 83.1% of mothers within the first hour of childbirth [33].

A community-based, cross-sectional study conducted in Lagos, Nigeria to determine the breastfeeding practices (prevalence, initiation and exclusivity) of mothers of young children showed that 59.2% of them initiated breastfeeding within 1hour of delivery [34].

2.3 Factors Associated With Timely Initiation of Breastfeeding

2.3.1 Maternal Related Factors

Maternal education was found to be associated timely initiation of breastfeeding in a longitudinal cohort study in Great Baltimore Medical center, USA i.e. mothers with less education than a college degree had twice the odds of not initiating breast feeding compared to mothers who had a college degree [39].

A cross-sectional secondary data from the 2011EDHS also showed that mothers who had secondary education or higher had 60% higher odds of timely breastfeeding initiation (AOR 1 .6; 9 5 % CI: 1 .02, 2.44) than never educated mothers[32].

In another cross sectional study conducted in Raya kobo district, Ethiopia, mothers who have formal education are nearly two times (AOR: 1.8; 95% CI (1.10, 2.95)) more likely to initiate breastfeeding early compared to mothers without formal education[29].

Age of the mother was found to be associated with timely initiation breastfeeding practice in different studies conducted throughout the world. A study conducted in Germany showed that there was a positive correlation between age and decision to breastfeed. Older mothers (i.e. >25 years old) were more likely to breastfeed. The relationship between age and breastfeeding was found was statistically significant with (p value of <0.0001) [4]. Similar studies in Canada [28], India [35], and UK [9] showed that age of the mother is associated with timely initiation of breastfeeding. Another study in UK on the contribution of parental and community ethnicity to breastfeeding practices: evidence from the Millennium Cohort Study showed that maternal age at first motherhood was positively associated with breastfeeding [adjusted rate ratio (95% CI): 1.06 (1.04–1.08) per 5 year increase] [36].but the study conducted in Goba woreda, south east Ethiopia showed that age was not statistically significant for timely initiation of breastfeeding [31].

Maternal residence was found to be associated with timely initiation of breastfeeding. The National Health and Morbidity conducted in Malaysia rural mothers had better breastfeeding experience than urban mothers [37]. But another study in Cambodia

showed that the gap between urban and rural was no longer statistically significant [30].

Evidence from the 2011 nationwide Demographic and Health Survey in Ethiopia showed that rural mothers had 3 9 % lower odds of timely breastfeeding initiation (AOR 0 .61; 95 % C I: 0.50,0.76) compared to urban mothers[32].

In another cross sectional study conducted in Goba woreda, south east Ethiopia being urban resident is significantly associated with timely initiation of breastfeeding [31]. But in the study conducted in Raya kobo district, South Eastern Ethiopia maternal residence was not significantly associated with timely initiation of breast feeding [29].

Studies showed that paternal support is closely associated with timely initiation of breast feeding. A study conducted in Monroe County, India showed that fathers support is significantly associated with breastfeeding initiation [27]. A crossectional study in Zimbabwe showed Socio-cultural and religious factors influence mothers to give extra feedings to the babies under the age of six months which poses a great challenge to their health[38]. And also maternal ethnicity affected the practice of TIBF according to a cross sectional studies done in, Nepal [26], United States [27, 39].

Marital status was found to be closely associated TBFI in the study conducted in United States, university of Maryland Hospital; there was a statistically significant positive association between being married and breastfeeding with($p<0.001$)[4].

Studies in multiple countries have confirmed the relationship between postnatal depressions and early discontinuation of breastfeeding. An Australian longitudinal study (n=1,745) found that postnatal depression was significantly negatively associated with TIBF. The same association was seen in studies in the UK, Canada and the US [14].

A cross sectional study conducted in Ireland showed that maternal knowledge and perception was found to be associated with timely initiation of breastfeeding; the maternal negative perception that breast-feeding is an embarrassing way to feed an infant was demonstrated as a major barrier to timely initiation of breastfeeding

[19].Another randomized control trial in Southeastern Netherlands showed that attitudinal beliefs were significantly associated with the intended duration to breastfeed ($p = 0.01$) and the intention was the strongest predictor for the actual initiation of breastfeeding [40].

2.3.2 Obstetric and Health service Related Factors

Supportive hospital practice was found to be associated timely initiation of breastfeeding with (AOR = 4.03; 95% CI, 1.81–8.94) in a retrospective study conducted in US hospitals from 2011-2012[11].A community based cross-sectional conducted in Logos, Nigeria showed that Formal antenatal care (ANC) (OR 3.27, 95%CI 2.03-5.29) and institutional delivery (OR 3.63, 95%CI 2.38-5.53) significantly increased early initiation of breastfeeding [35].Another study conducted in united kingdom showed that Mothers delivering in accredited maternity units were more likely to start breastfeeding than those delivering in units with neither award [adjusted rate ratio: 1.10, 95% confidence interval (CI) 1.05–1.15]; vaginal delivery, a companion at delivery and maternal post-partum hospital stay<24 h were also associated with breastfeeding initiation[43].The cross sectional study conducted in Cambodia shows that 26.1% of women delivering in a private clinic provided their child with breast-milk substitute which is five times more than women delivering in the public sector (5.1%), and the greatest increase in bottle use happened among the urban poor (5.8% to 21.7%)[44].

Evidence from the 2011 nationwide Demographic and Health Survey in Ethiopia showed that Mothers who had caesarian deliveries h ad 61 % lower odds of timely breastfeeding initiation (AOR 0 .39; 95 % C I: 0.22, 0 .71) compared to vaginal deliveries [33].

In another cross sectional study conducted in Goba woreda, south east Ethiopia [32] Axum town, Northern Ethiopia(1)showed that institutional delivery and post natal counseling on breast feeding were significantly associated with timely initiation of breastfeeding ($P < 0.05$).

2.3.3 Infant related

Gender of the infant has been found associated with timely initiation of breastfeeding in different studies. Evidence from the 2011 nationwide Demographic and Health Survey in Ethiopia showed that female infants had a 20 % higher chance of timely breastfeeding initiation (AOR 1 .2; 9 5 %CI: 1.05, 1.30) compared to male infants [33].Another cross sectional study conducted in Axum Town showed that Mothers with female child had a positive association with timely initiation of breastfeeding with AOR of 2.09 (95% CI: 1.37, 3.17) [1].

2.3.4 Family and socio cultural related factors

Family and antenatal peer support was found closely associated with TIBF. A secondary data analysis of a randomized controlled trial conducted among women attending the antenatal clinic of the University College Hospital, Ibadan, Nigeria in 2007[6] showed that the median time to breastfeeding initiation was significantly shorter in those with companions compared to non companions ($p < 0.01$).

Maternal religious was found closely associated with timely initiation of breastfeeding. A longitudinal cohort study in 75 randomly selected hospitals in 20 US cities [45] showed that mothers who frequently attend religious services are more likely to initiate breastfeeding than are mothers who never attend services. But cross sectional studies in Axum town, northern Ethiopia [1], Goba Woreda, South East Ethiopia [32] showed that maternal religion was not association with timely initiation of breastfeeding.

Evidence from the 2011 nationwide Demographic and Health Survey in Ethiopia showed that Working mothers were 23 % less likely to timely initiate breastfeeding [33].

2.3 Conceptual framework

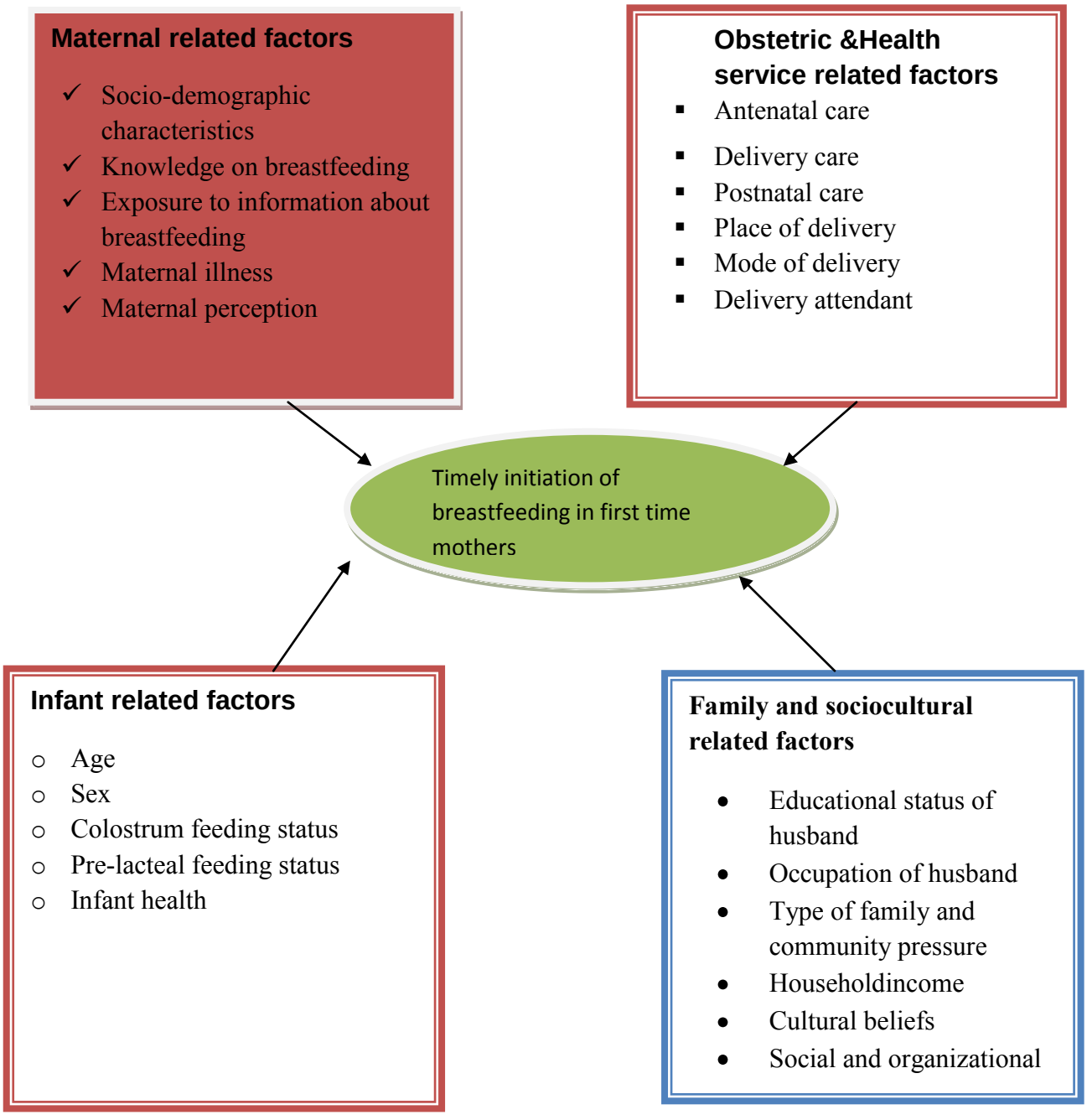

Figure1. Conceptual framework (adapted and modified from Florence Jairus Saka, Dar es Salaam November 2012.

Chapter 3: Objectives

3.1 General Objective

To assess timely initiation of breastfeeding and associated factors among first time mothers who have infants less than six months in Bahir Dar City, North west Ethiopia.

3.2 Specific Objectives

1. To determine the prevalence of timely initiation of breast feeding in first time others.
2. To identify factors associated with timely initiation of breastfeeding in first time mothers.

Chapter 4: Methods and Materials

4.1 Study design and period

Community based cross-sectional study was conducted from March 2016 to April, 2016.

4.2 Study area

The study was conducted in Bahir Dar city which is located in Amhara National Regional State, Ethiopia. Is situated on the southern shore of Lake Tana, the source of the Blue Nile (or *Abay*), in what was previously the Gojjam province. The city is located approximately 578 km north-northwest of Addis Ababa, having a latitude and longitude of 11°36′N 37°23′ECoordinates: 11°36′N 37°23′E and an elevation of about 1,800 meters (5,906 feet) above sea level. Based on the 2007 Census conducted by the Central Statistical Agency of Ethiopia (CSA), Bahir Dar Special Zone has a total population of 221,991, of whom 108,456 are men and 113,535 women in which around 75,690 are reproductive age group. At the town of Bahir Dar there are 155,428 inhabitants; the rest of urban population is living at Meshenti, Tis Abay and Zege towns which are part of Bahir Dar Special Zone. The city is now organized in nine sub cities (44, 45).

4.3. Population

All first time mothers living in Bahir Dar city.

4.3.1 Source population

All first time mothers who have infant less than 6 months old in the town

4.3.2 Study population

All randomly selected first time mothers who have children less than six months old in the town.

4.4 Eligibility criteria

4.4.1 Inclusion criteria

- First time mothers who have an infant less than 6 months old and available at the time of data collection.
- Who lived in the area at least for six months
- Primiparas/first time mothers

4.4.2 Exclusion criteria

- Mothers who are seriously ill or unable to give the required information during data collection period were excluded from the study.
- Mothers with infant who has cleft palate/lip.
- Multiparas/mothers who gave two births or more.
- Sero reactive mothers.

4.5 Sample Size and Sampling Procedure

4.5.1 Sample Size Determination

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

P=50%; there is no known prevalence done in Ethiopia for fist time mothers.

Level of confidence = 95%

Level of significance = 5%

Margin of error (d) =5%

$$n = \frac{z^2_{\alpha/2} \times p(1-P)}{d^2}$$ where;

n- The minimum sample size required

P- Estimated proportion of infants less 6 months old who are timely initiated.

d- Margin of error

$Z^{\alpha}/_{2}$- Standard normal value at (1- α) 100% confidence level

$$n = \frac{(1.96)^2 \times 0.5 (1-0.5)}{(0.05)^2} = 384$$

After considering 10% non- response rate, the final sample size= 423

4.5.2 Sampling Procedure

All nine sub cities of the city were included in the study in order to get adequate sample size. The registration of first time mothers who have a child less than 6 months gained from local health extension workers was used to get the list of children in each sub city. Then, sample from each sub city was determined using proportional allocation to size (PAS). Finally, study subjects were selected using systematic random sampling method. When the eligible mother absent from the house at the time of data collection, revisit was done again and if they were absent at second visit they were considered as non-respondent.

4.5.3 Proportional allocation

In Bahir Dar city, there are nine sub cities in which the total number of infants less than six months of first time mothers was 2500.Out of those infants 207 were in Tana sub city, 242 in Belay Zeleke sub city, 284 in Hidar11 sub-city, 344 in Fasilo sub city, 331 in Ginbot20 sub city, 260 in Gish bay sub city, 461 in shumabo sub city, 201 in shim bit sub city and 170 in sefeneselam sub city. Based on proportional allocation to size this 423 study subjects were distributed to each sub city using the following formula.

$$ns = \frac{n \times Ns}{N}$$

Where;

ns =required sample size from each sub city

n=the total sample size=423

NS=total number of children of first time mothers less than six month in each sub city

N=total number of children less than six months in the town in first time mothers

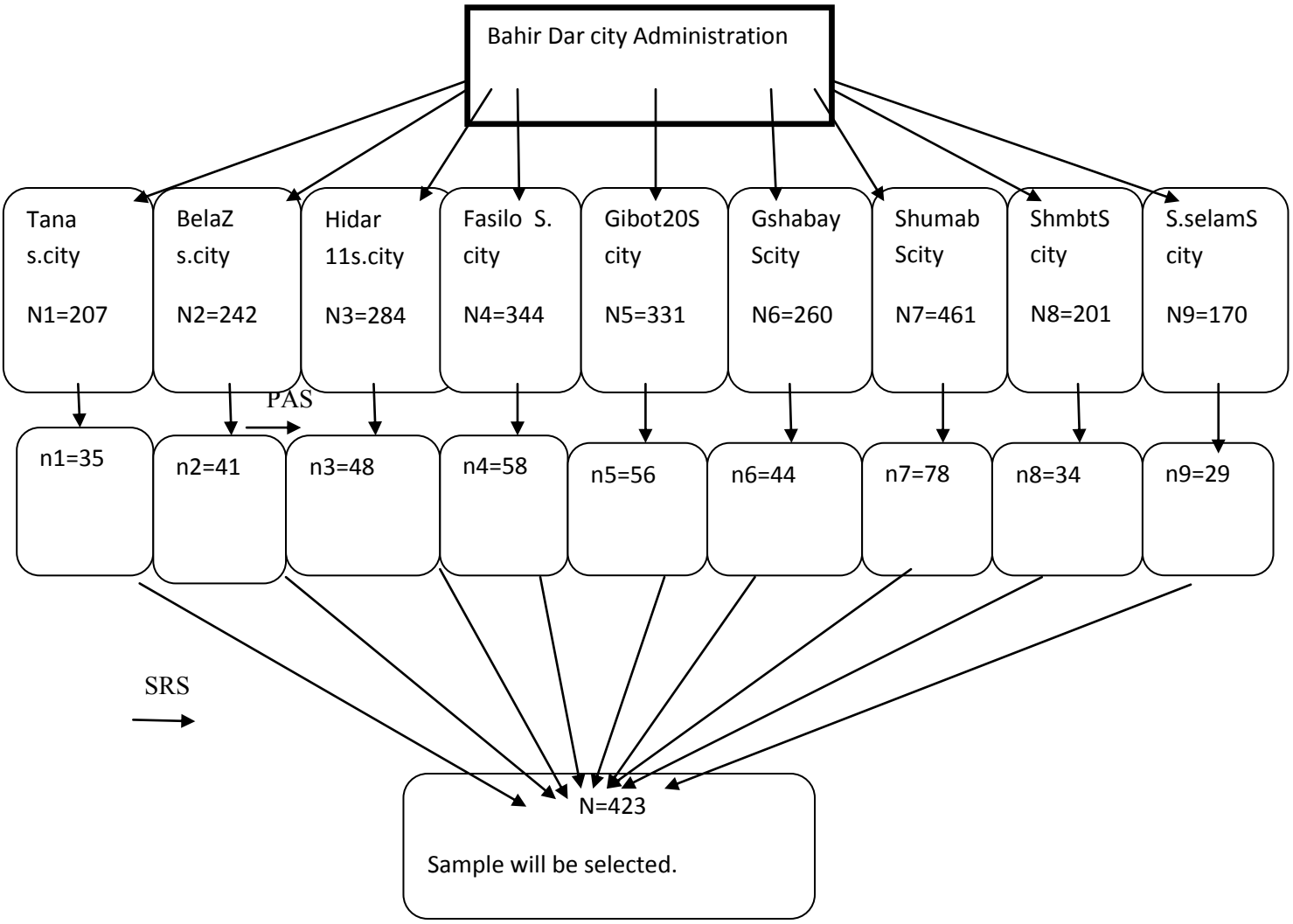

Figure 2.Schematic Presentation of Sampling Procedure

4.6 Data Collection Procedure

4.6.1 Instrument and measurement

A structured interviewer administered questionnaire was used to collect data from participants or mothers of a child. It was constructed by adopting and modifying from previous researches done on similar topics [1 &2]. The validity and reliability of the instrument was checked by pilot test on 5% of the calculated sample size of mothers those who are not the actual study participant and adjustment was made based on the results of the pilot test.

First, the English version of the questionnaire was prepared. Then it was translated to Amharic version (local language) and translated back to English. The questionnaire consists of five parts. The first part contains about socio-demographic characteristics of the respondent. The second and third contains maternity and maternal/infant health service utilization questions and breastfeeding questions respectively. The forth part of the questionnaire is about sources of information and timely initiation of breastfeeding knowledge and the last section is regarding barriers to timely initiation of breast feeding.

4.6.2 Data collectors

Six diploma newly graduated nurses were recruited as data collectors and two other BSC nurses were recruited as supervisors. Data collectors had take their responsible to interview the mother of a child, recorded the result in a consistent manner and submitted the result to the investigator as scheduled

4.7 Data quality assurance

All data collectors and supervisors were oriented and trained on how to interview and record the data and were assigned out of their respective sub city to minimize information bias. In order to assess the validity and reliability of the instrument, it was pre-tested on 5% of the calculated sample size of mothers those who are not the actual study participant and adjustment was made based on the results of the pre-test. If the mother was not available during data collection period, repeated trials was attempted to get her. During the data collection time close supervision and monitoring was carried

out by supervisors and the investigator to insure the quality of the data. Finally the collected data was checked by the supervisor and investigator for its completeness.

4.8 Variables of the study

4.8.1 Independent variables

Maternal related

- Age
- Ethnicity
- Religion
- Marital status
- Educational status
- Occupation
- Mothers knowledge on breastfeeding
- Exposure to information about breastfeeding
- Maternal illness.

Obstetric & Health service related

- Antenatal care
- Delivery care
- Place of delivery
- Mode of delivery

Infant related

- Age
- Sex
- Colostrum feeding status
- Pre-lacteal feeding status
- Infant health.

Family and socio -cultural related factors

- Husband occupation
- Husband educational status
- Income
- Type of family
- Community pressure including religious leaders
- Cultural beliefs and practices
- Social and organizational support

4.8.2 Dependent variable

- Timely initiation of breastfeeding

4.9 Operational definitions:

Timely initiation of breastfeeding: If an infant within one hour of birth is put on the mother's breast to feed.

Pre-lacteal feeding: If an infant during the first three days of life took something other than breast milk.

Adequate knowledge about breast feeding: If a mother correctly answers three or more amongst the five questions she was considered as knowledgeable.

First time mother: A mother who gives a birth for the first time**.**

4.10 Data Processing and Analysis

The collected data was checked manually for completeness and consistencies, and then coded and entered in EPI Info version 7 and transferred to SPSS version 20 for analysis. Descriptive statistics was used to summarize the socio-demographic characteristics' of the study participants and the prevalence of timely initiation of breastfeeding. To identify factors associated with exclusive breastfeeding practice, binary logistic regression analysis was carried at two levels, first bivariate logistic regression was performed to each independent variable with the outcome variable and those variables with a p value < 0.2 were included in the final model (multivariate analysis). Strength of association was measured using odds ratio, and 95% confidence intervals. Statistical significance was declared at P value <0.05.

4.11 Ethical considerations

Ethical clearance was obtained from AAU, department of nursing and midwifery research committee and college of health science institutional review board. The ethical clearance was submitted to Bahir Dar City Administration Mayor‘s and Bahir Dar City Administration Health Department to get permission for conducting the study. Each study participant was adequately informed about the objective of the study and anticipated benefit and risk of the study by their data collector. Verbal consent was obtained from study participants for protecting autonomy and ensuring confidentiality. Respondents were told the right not to respond to the questions if they don‘t want to respond or to terminate the interview at any time. Conceptual framework was adapted and modified from Florence Jairus Saka, Dare Salaam and was used from open access.

4.12 Dissemination and Utilization of results

Result of the study will be submitted and presented to department of Nursing and Midwifery, School of Allied Health Sciences, College of Health Sciences, Addis Ababa University. The study result will also be submitted to Bahir Dar City Administration Health Department and Amhara Region State Health Bureau. Effort will be made to present the result in locally or internationally held seminars, workshops, conferences and meetings. For the publication purpose, the abstract of this thesis will be submitted to national or international peer reviewed publishers.

5: RESULTS

5.1. Socio demographic characteristics

Out of 423 mothers, 400 agreed to participate in this study, which made a response rate 95.0%. The mean age of mothers was 26 years (standard deviation, SD±4.08). Around half (48%) of mothers were aged between 25-29 years. More than two third (69%) of mothers were Orthodox Christian followers. Regarding to educational status, 132(33%) mothers were not educated at all. Majority (73.8%) of participants were unemployed. From all, 239(59.8%) mothers live in extended family. the average household income of the respondents was 3762 Ethiopian birr per month with standard deviation (SD±2136.48) (**Table 1).**

Table1. Socio-demographic Characteristics of mothers with their infants aged less than six months old, in Bahirdar City, Amhara Regional, North west State Ethiopia, 2016.

Variable	Category (n400)	Frequency	Percent
Religion	orthodox	279	69.0%
	Muslim	95	23.7%
	Others *1	29	7.20%
Ethnicity	Amhara	349	87.3%
	Oromo	33	8.3%
	Others * 2	18	4.5%
Level of education of mother	no formal education	132	33.0%
	primary education	69	17.3%
	Secondary school	73	18.3%
	College and above	126	31.5
Occupational status of mother	employed	295	73.8%
	Unemployed	105	26.2%
Current marital status	Married	346	86.5%
	Unmarried/separated *3	54	13.5%
Husband educational	no formal education	71	17.8%
	primary education	56	14.0%
	Secondary school	65	16.3%
	College and above	207	51.8%
Husband occupation	employed	213	53.4%
	Unemployed	186	46.6%
Household income	≤500	3	0.8%
	501-1499	32	8.0%
	≥15003	65	91.2%

Others*1 Protestant, Catholic,Jhova, Other *2 agew,Tgirie, Gurage, other *3 single, widowed, separated .

5.2. Infant and maternal health service utilization characteristics

210(52.5%) infants were aged between 0-2.9 months old and the mean age of infants was 2.63 months (SD±1.41) and. Majority (90.8%) of mothers received antenatal care (ANC) during their period of pregnancy and out of them only 277 (76.3%) were counseled about breast feeding. Regarding to place of delivery, majority (93.8%) of mothers delivered in health institution. Majority 329(82.2%) of mothers were attended by normal/vaginal delivery (**Table2)**.

Table2. Maternity and maternal/infant health service utilization characteristics of study Participants in Bahir Dar City,Amhara Regional State, North west Ethiopia, 2016.

Variable	Response(n400)	Frequency	Percent
Sex of children	Male	214	53.5%
	Female	186	46.5%
Age of children	0-2.9 month	210	52.5%
	3-3.9 month	99	24.8%
	4-4.9 month	39	9.8%
	5-5.9 month	52	13%
ANC follow up	Yes	363	90.8%
	No	37	9.2%
Place of ANC	Hospital	67	18.5%
	Health center	222	61.2%
	Private clinic	74	20.4%
Number of ANC follows up	≤3 times	133	36.6%
	≥4 times	230	63.4%
Breastfeeding counseling during ANC	Yes	277	76.3%
	No	86	23.7%
Place of birth	Health Institution	375	93.8%
	Home	25	6.2%
Mode of delivery	Vaginal/Normal	329	82.2%
	Caeserian section	71	17.8%

5.3 Breast feeding and related practices

Almost all (97%) of all mothers ever breastfed their infant. Majority (91.2%) of mothers fed First milk/colostrums to their infant. Majority (93.8%) did not give prelactal foods other than breast milk soon after delivery. Prevalence of timely initiation of breast feeding practice within one hour of delivery was 65%.Among mothers who did not initiate breast feeding within one hour of delivery, major reasons were; tradition/culture(48.0%), perception of it is not good for the infant(28.6%) (**Table 3**).

Table 3: Breast feeding practice of mothers who have infants less than six months at Amhara Regional State, Bahir Dar City, North West, Ethiopia, 2016.

Variable	response (n=400)	frequency	percent
Ever breastfeeding of infant	Yes	387	96.8%
	No	13	3.2%
Timely initiation of breastfeeding			
	< 1hour	260	65.0%
	>1hour	140	35.0%
Reasons not timely initiate	C/s delivery	207	51.8%
	Child illness	75	18.8%
	Maternal illness	24	6.0%
	Delayed milk secretion	94	23.5%
First milk/colostrums feeding	Yes	365	91.2%
	No	35	8.8%
Reason not feeding first milk (n=350)	Infant can‘t take as food	50	14.3%
	It is not good for infant	100	28.6%
	Yellow and creamy appearance	30	8.6%
	Tradition/culture	170	48.0%
Other feeding before breast feeding	nothing other than breast milk	375	93.8%
	Water	6	1.5%
	Butter	12	3.0%
	Others	7	1.8%

5.4. Support systems of mothers to initiate breastfeeding timely

Majority **(**89.5%) of mothers were supported by their husband to initiate breast feeding timely. Only (13.0%) have got support from cultural system of their community. Among employed mothers, (45.5 %) were encouraged by their organization to initiate breast feeding (**Table4**).

Table 4. **Support systems of mothers for timely initiation of breastfeeding among those who have infants less than six months in Bahi Dar City, North West Ethiopia, 2016.**

Variables	Responses	Frequency	Percent
Husband support (n=399)	Yes	357	89.5%
	No	42	10.5%
Religious father support(n=400)	Yes	165	41.3%
	No	235	58.7 %
Cultural support (n=400)	Yes	52	13.0%
	No	348	87.0%
Organizational support (n=397)	Yes	171	45.5 %
	No	226	56.5%

5.5. Barriers to timely initiating of breastfeeding

Majority **(**87.8%) of mothers did not face any of breast problems. Among those faced breast problem, mastitis (57.1%) is the most common problem faced mothers. Regarding to management of the problem, about two third (57.8%) of mothers prefer others than going to health facility like expressing breast milk, rubbing by local herbs. Lack of information (59.8%) is the most common barrier for timely initiation of breast feeding as mentioned by participant mothers (**Table**5).

Table 5: Barriers to timely initiating of breastfeeding among mother who have infants less than six months in Bahir Dar, North West Ethiopia, 2016.

Variables	Responses	Frequency	Percent
Any breast problem	Yes	49	12.2%
	No	351	87.8%
Type problem	Abscess	12	32.9 %
	Mastitis	28	41.4%
	Sore/cracked nipples	9	25.7%
Management of problem	Went to health facility	169	42.2%
	Others1*	231	57.8%
Reason for delayed initiation breastfeeding	lack of information	237	59.8%
	work demand	59	14.9%
	Insufficient breast milk	84	21.2%
	Traditions and cultural beliefs	16	4.0%

1* express breast milk, rub local herbs on it

5.6. Information and knowledge of breast feeding of mothers

Regarding to information about timely initiation of breastfeeding 345(86.25) mothers were informed about timely initiation of breastfeeding from different sources.

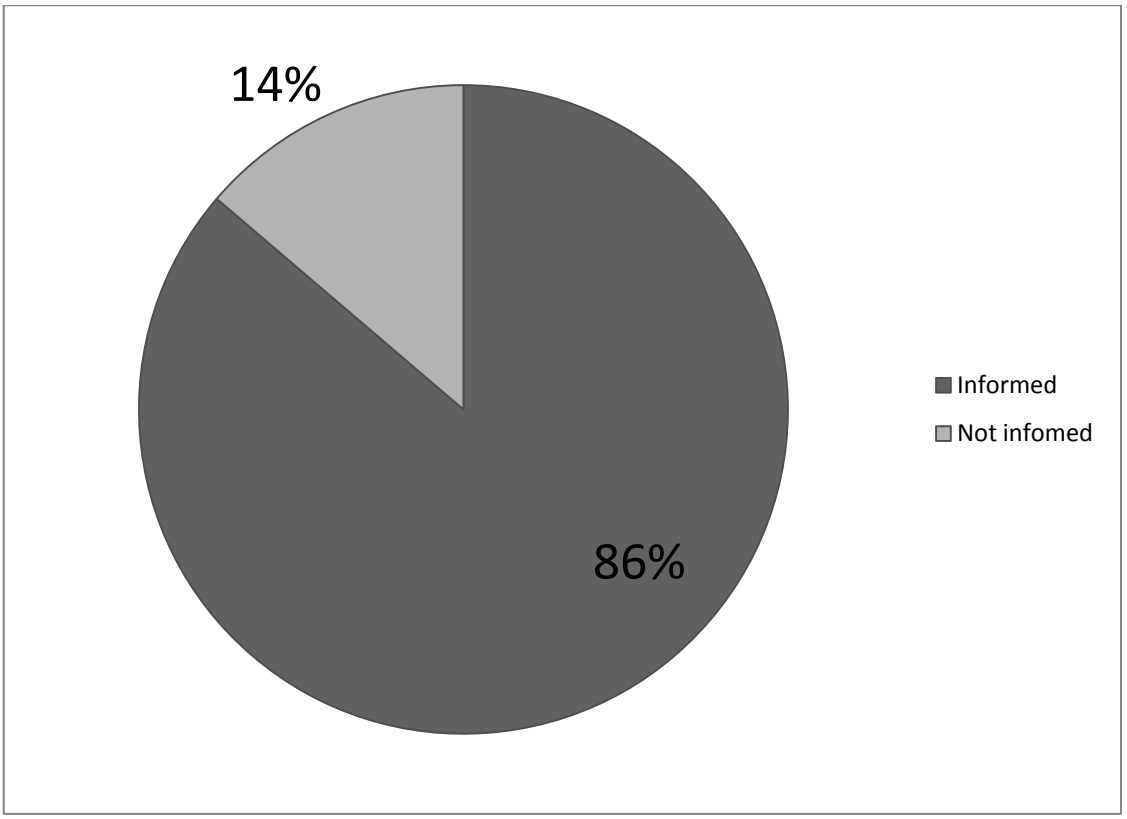

Figure 3: percent distribution of mothers _informational status about TIBF in those who has infants less than six months old in Bahir Dar City, North West Ethiopia, 2016.

Sources of information about breastfeeding of mothers

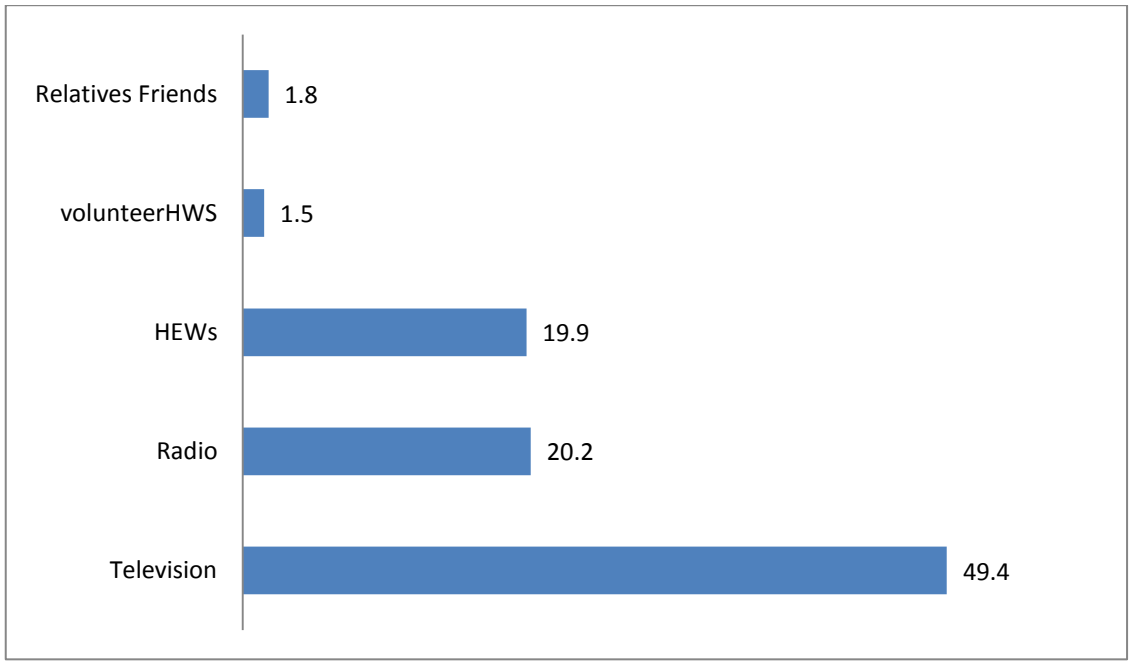

Figure 4: Sources of information of mothers about TIBF who has infants less than six months old in Bahir Dar City, North West Ethiopia, 2016.

5.6. Knowledge of mothers regarding to breastfeeding

Majority (78.8%) of mothers had adequate knowledge about breastfeeding.

From questions which were asked to measure breastfeeding knowledge; if a mother responded three and above correctly from all asked questions, she was considered as having adequate knowledge on breast feeding .On the other hand, a mother who answered less than three questions correctly was considered as having inadequate knowledge on breast feeding.

The following chart shows mothers' knowledge on breastfeeding

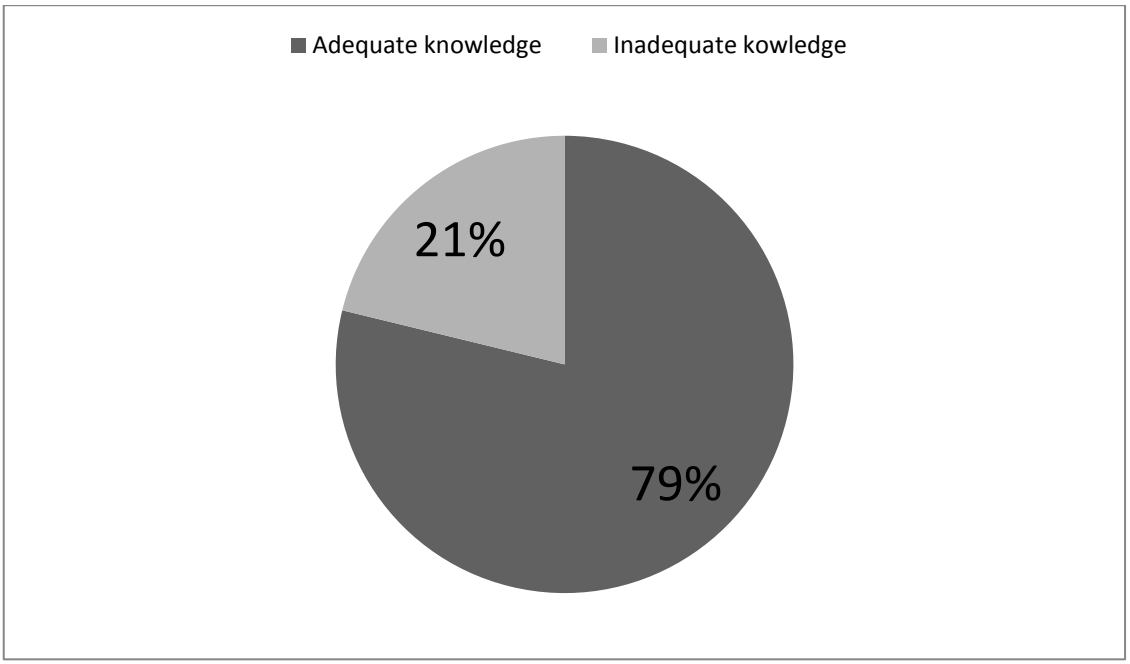

Figure.5 percent distribution of level of knowledge mothers on breastfeeding in those who has infants less than six months old in Bahir Dar City, North West Ethiopia, 2016.

5.8. Factors associated with timely initiation of breast feeding

After adjusting confounding factors, in multivariate logistic regression analysis; gender of infant, breastfeeding counseling during ANC, birth place, mode of delivery and religious father support remained significant in the final model. On the other hand; ANC follow up, marital status, husband support and lost their significance.

Gender of infant was associated with timely initiation of breastfeeding. Mothers who had a male baby were 2 times more likely to initiate breastfeeding than mothers who had a female baby [AOR=2.148(1.232, 3.745)].

Regarding to breastfeeding counseling during ANC mothers who are counseled were 2 times more likely to initiate breast feeding timey than mothers who are not counseled[AOR=2.163(1.187, 3.942)] .

Birth place was significantly associated with timely initiation of breast feeding. Mothers who were delivered in health institutions were 8 times more likely to practice timely initiation than mothers who were delivered at home [AOR=8.139(2.089, 5.720)].

Mode of delivery was also significantly associated with timely initiation of breast feeding. Mothers who were delivered by vaginal/normal delivery were 4 timely more likely to initiate breastfeeding timely (i.e. within one hour)[AOR= 4.094(1.414**,** 8.728)].

Religious support was also associated with timely initiation of breast feeding. Mothers who were supported were 2 times more likely to initiate breast feeding timely than mothers who were not supported by religious fathers [AOR=962(1.113, 3.458)]. (**Table6**)

Table6: Factors associated with timely initiation of breast feeding among mothers of children age less than 6 months using bivariate and multivariate logistic regression analysis model, Bahi Dar City, Ethiopia, 2016.

Variable		TIBF Practice		COR (95%CL)	**AOR (95%CL)**
		Yes (N & %)	No N& %)		
Sex of infant	Male	180(69.2)	71(50.7)	2.187(1.432,3.339)	**2.148(1.232,3.745)***
	Female	80(30)	69(49.3)	1	**1**
Breastfeeding Counseling during ANC	Yes	200(81.3)	77(65.8)	2.259(1.372,3.719)	**2.163(1.187,3.942)***
	No	46(18.7)	40(34.2)	1	**1**
Birth place	Institution	252(96.9)	123(87.9)	4.354(1.828,10.36)	**8.639(2.089,5.720)***
	Home	8(3.1)	17(12.1)	1	**1**
Mode of delivery	Vaginal	246(94.6)	83(59.3)	0.083(.044, .156)	**4.094(1.414,8.728)***
	C/S	14(5.4)	57(40.7)	1	**1**
Religious Father Support	Yes	122(46.9)	43(30.7)	0.501(.325,0 .774)	**1.962(1.113,3.458)***
	No	138(53.1)	97(69.3)	1	**1**

*=p-value less than 0.05(significant)

6. DISCUSSION

Globally, there is a declining in the trend of breast feeding and initiation of breastfeeding can be difficult in a busy maternity center. Consequently, these conditions affect negatively on child survival, growth and development [1, 2].

Early initiation of breastfeeding is a recommended practice by the World Health Organization (WHO), though in Ethiopia only 52% of the mothers practiced early initiation of breastfeeding [3].

Research provides strong evidence that breastfeeding decreases the incidence and/or severity of a wide variety of infectious diseases in infants including bacterial meningitis, bacteremia, gastrointestinal illnesses, respiratory tract infection, necrotizing enterocolitis, otitis media, urinary tract infection, and late-onset sepsis in preterm infants[8].

Despite maternal and child benefit of timely initiation of breastfeeding practice is well known it not satisfactory in the study area. Only two hundred sixty (65.0%) of first time mothers had reported that they initiated breast feeding within one hour of delivery which is not more far from the national prevalence from 2011 EDHS report for all mothers that is (52.0). The result is comparable to the study conducted in; Ireland 50.7% [28], Axum town 41.6%[1],Goba Woreda, South East Ethiopia52.4 % [31], Lagos, Nigeria 59.2% [34] ,East and South Africa [5].The result is higher than worldwide prevalence 40% and 36% in West and Central Africa, 27% in South Asia, 31% generally in Asia and 39% in developing countries [5]. It is also higher than other studies done in; Taif, Saudi Arabia 22% [30], Amhara Regional State 38%[19], 41.7 % in Somali regional state [33].On the other hand it is lower than the study done in rural part of West Ethiopia 83.1%[34], Tamilnadu, Southern India 97.5%[28]. The difference might be due to methodological variations between studies, dissimilarities in infant and maternal socio-demographic characteristics like age of the mother and maternal occupation, and other differences like socio-cultural and health service utilization characteristics between respondents of the referenced area and the study place.

The main reasons mentioned by respondents for late initiation of breastfeeding i.e. more than one hour of delivery were C/S section delivery 207 (51.8%0), Child illness 75 (18.8%), Maternal illness 24(6.0%), delayed milk secretion 94(23.5%), tradition/culture 170(48. 0%) and, lack of information 237(59.8%) and insufficient breast milk 84 (21.2%).

Among a number of socio-demographic factors assessed, gender of infant was associated with timely initiation of breastfeeding. Mothers who had a male baby were 2 times more likely to initiate breastfeeding than mothers who had a female baby. This result is dissimilar with the studies done in EDHS2011 [33], Axum Town [1]. The reason behind could be socio-cultural differences between the community, gender preference that most of our community prefers to have male babies than female babies. Especially in the current situation more female babies are born than male babies.

Although majority of mothers had antenatal follow up, some of mothers who attended antenatal follow up were not counseled about breastfeeding. Mothers who were counseled during antenatal period were 2 times more likely to initiate breastfeeding timely than those who were not counseled. This finding is similar with studies conducted in US [11], Logos, Nigeria [35] and united kingdom [43].This could be due to the presence of supporting policy system on maternal and child health, breastfeeding guidelines and training of health workers on breastfeeding practices which can increase their knowledge, attitude and skill of breast feeding counseling.

Place of birth was found more strongly associated with timely initiation of breastfeeding in the study area. Mothers who gave birth in health institutions were about 8 times more likely to initiate breastfeeding timely than mothers who gave birth at home. The finding is similar with the studies done in Logos, Nigeria [35], United Kingdom [43], and Cambodia [44]. This could be due to a companion at delivery, post natal counseling of mothers by health workers soon after delivery about timely initiation of breastfeeding and psychological preparation of mothers to initiate breastfeeding timely.

Mode of delivery was significantly associated with timely initiation of breastfeeding. Mothers who had vaginal deliveries were 4 times more likely to initiate breastfeeding timely than mothers who had caesarian deliveries. This finding is similar to the study in the 2011 nationwide Demographic and Health Survey in Ethiopia [33], Goba woreda, south east Ethiopia [32] and Axum town, Northern Ethiopia [1].This could be due to introduction of pre-lacteal feeding because of poor health status of breastfeeding after caesarian delivery is conducted so that the baby is saved till it starts on breastfeeding.

Among maternal factors religious practice and religious father support had a significant relation with timely initiation of breastfeeding in the study area. Mothers who were supported by religious fathers were 2 times higher to initiate breastfeeding timely than those mothers who were not supported in which the finding is similar with the study conducted in Zimbabwe [38], in 75 randomly selected hospitals in 20 US cities [45], Nepal [27] and India [28].This could be due to religious leaders are working in collaboration with government to achieve millennium development goals and growth and transformation of Ethiopia. The power traditionally held by religious fathers can strongly affect belief and attitude of the community so that it brings a great change in community mobilization.

7. LIMITATION AND STRENGTH OF THE STUDY

7.1. Strength of the study

- Since it was community based study, representativeness is increased.
- The result with this thematic area will give important information about TIBF and related factors in the study area.

7.2. Limitation of the study

- Recall bias might be introduced, as the mothers might not have recalled accurately when they initiated breastfeeding.
- This may under- or overestimate the true prevalence of timely initiation.
- The study assesses only quantitative aspect not qualitative aspects, i.e. it doesn't include attitude and beliefs of the community related to TIBF.
- It is also difficult to establish temporal relationship as the study design was cross-sectional (single point in time snap shot).

8. CONCLUSION AND RECOMMENDATIN

8.1. Conclusion

The prevalence of timely initiation of breastfeeding in this study was 65.0% which was not much far from the national prevalence which was surveyed by EDHS 2011 in both multiparas and primiparas. Among a number of socio-demographic factors, infant gender, counseling about breastfeeding during ANC follow up, birth place, mode of delivery and religious leaders support were among the independent predictors for higher chance of TIBF practice.

8.2. Recommendation

To Federal Ministry of Health

The government should consider revising policies on community mobilization to create more awareness about breast feeding practices.

To Regional Heath Bureau and Bahir Dar City Health Office

- Should work on promoting behavior change communication on exclusive breastfeeding practice and take appropriate actions to avoid other related traditional activities which hider TIBF.
- Training of health professionals regarding to infant feeding practices and breastfeeding counseling should be strengthened.
- Should work hard to strengthen maternal and child health services.
  - Mothers who give birth via C/S should be given emphasis and every activity like;
    - ✓ Educating the mothers both at community and institutional levels
    - ✓ Providing adequate pain relief and early assistance for mothers in order to increase the proportion of women practicing early initiation of breastfeeding.

To the health care professionals

- Health extension workers who are working, participating and educating the community should change the false perception of mothers, family and community as a whole on breastfeeding and related traditional practices like milking and throwing colostrums, giving prelactal feeding to the newborn and early introduction of complementary feeding.
- HEWs should give community based breastfeeding education and counseling to pregnant women and husbands should be involved and thought as how to support and encourage breastfeeding mother.

- Health workers should provide continuous breastfeeding education and counseling to mothers whenever they attend clinics for follow up with emphasis on exclusive breastfeeding.

To the researchers

- Further research is needed to identify related factors of EBF especially qualitative aspects, i.e. attitude and beliefs of the community related to TIBF.

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ANNEXES

I: Participant Information Sheet

Good morning/ afternoon?

My name is----------. Currently I am a graduate student at Addis Ababa University, College of Health Sciences, School of Allied Health Sciences, Department of Nursing and Midwifery. And now I am conducting a research to assess timely initiation of breastfeeding practices and associated factors in first time mothers in Bahir Dar City.

Title of the research: Assessment of Timely Initiation of Breastfeeding and Associated Factors in First Time Mothers in Bahir Dar, Amhara Regional State, North west Ethiopia, 2016.

Objective: To Assess Timely Initiation Of Breastfeeding And Associated Factors Among First Time Mothers Who Have Infants Less Than Six Months In BahirDar City, BahirDar Ethiopia, 2016.

Participants: Randomly selected first time mothers having children less than n 6 months old in the city.

Potential Risks: There is no foreseen risk by being participating in this study.

Benefits: No financial benefits are related with this study. But by participating in this study, you will acquire or increase knowledge related to the practice of timely initiation breastfeeding.

I would like to ask you few questions. Your honest response to the questions can make the study to achieve its objective. All the information that you give will be kept confidential and private. Only the principal investigator and interviewer will have access to the information. You are kindly requested to respond voluntarily. You can also choose not to participate in this study or if you become uncomfortable during the study, you will be allowed to leave the study at any time. At any time if you have questions, you can contact me by using the following addresses.

Tilkisew Ayalew

Mobile: 09 11581001**, E-mail**: jonnyayu@gmail.com

II: Informed consent

Addis Ababa University

College of Health Sciences

School of Allied Health Sciences

Department of Nursing and Midwifery

I herewith declare that:

- ✓ The objectives of this study are explained to me and are clear.
- ✓ The contents of the consent are verified to me to participate in the study.

I understand that participation in this study is completely voluntary and that I may withdraw at any time without supplying reasons. I agree to participate in this study to be interviewed, provided my privacy is guaranteed. When signing this consent form to participate in the study, I promise to answer honestly to all reasonable questions and not provide any false information or in any other way purposely mislead the researcher.

Signature of the participant_____ date _____

Signature of the investigator_____ date _____

III:, English Version Questionnaire

Addis Ababa University
College of Health Sciences
School of Allied Health Science
Department of Nursing and Midwifery

This questionnaire is adapted and modified from different similar researches that were done previously (1, 2, 28). It will used to gather information regarding timely initiation of breast feeding practices and associated factors.

Code Number.....

S.No	Question for the respondent	Response and code	skip
Part I. Socio-demographic and economic characteristics			
101	What is the sex of your infant?	1. Male 2. Female	
102	How old is your infant?	_____Month	
103	How old are you?	_____Years	
104	What is your religion?	1. Orthodox 2. Muslim 3. Protestant 4. Others	
105	What is your ethnicity?	1. Amhara 2. Oromo 3. Tigrie 4. Others	
106	What is your level of education?	1. Can't read and write 2. Able to write and read 3. Primary school(1-8) 4. Grade 9-12 5. Certificate/Diploma 6. Degree and above	
107	What is your occupation?	1. Housewife 2. Governmental employed 3. Private organization employed 4. Merchant 5. Daily laborer 6. Other	

108	What is your marital status?	1. Single 2. Married 3. Divorced 4. Widowed 5. Separated	
109	If you are married, what is your husband‘s level of education?	1. Can‘t read and write 2. Able to read and write 3. Primary school(1-8`) 4. Grade 9-12 5. Certificate /diploma 6. Degree & above	
110	If you are married separated what is your husband‘s occupation?	1. Government employed 2. Private organization employed 3. Merchant 4. Daily laborer 5. Others(specify)_____	
111	Who lives with you in your home in addition to your husband and children?	1. Yourfather/mother/sister/brother/ relative 2. Yourhusband‘s father/mother/brother/sister/relatives 3. others	
112	How much is your household average monthly income?	_____Birr	
113	Do you have a radio and or television in your house?	1. Radio only 2. Television only 3. Both 4. No	

Part II. Maternity and maternal/infant health service utilization questions

201	Did you have twins or another multiple birth?	1.Yes 2.No Number of twins _____	
202	Did you get ANC service during your pregnancy?	1. Yes 2. No	If No go to Q. 206
203	If you get ANC service, from where did you get the service?	1. Hospital 2. Health center 3. Private clinic	
204	How often did you get ANC service?	1. Once 2. Two times 3. Three times 4. Four times and above	
205	Did you receive counseling concerning breastfeeding during your ANC visits?	1. Yes 2. No	
206	Where did you give birth of this infant?	1. Hospital 2. Health center 3. Private clinic 4. Home	
207	What was your mode of delivery?	1. Normal/vaginal 2. C/S	

Part III. Breastfeeding and related questions

301	Have you ever breastfeed your infant?	1. Yes 2. No	
302	How soon after birth did you try to breastfeed your baby for the first time?	1. less than 1 hour after birth 2. 1 – 3 hours after birth 3. 4 –11 hours after birth 4. 12 –23 hours after birth 5. 24 hours or more after birth 6.Don‘t know/Don‘t remember	
303	If delayed more than one hour, what were reasons that made you delay in breastfeeding initiation	Caesarian section 2. Baby was sick 3. Mother was sick 4. Delayed milk secretion 5. Others(mention)	
304	Did you feed the first milk/colostrum to your infant?	1. Yes I feed 2. No I didn‘t feed	
305	If you didn‘t feed the colostrum to your infant, what is the reason?	1. An infant can‘t take it as food 2. It‘s not good for the infant 3. It was yellow in color & creamy in appearance 4. It is the tradition/culture 5. Others (list) _____	
306	What was given for your infant before the breast start to flow normally during the first 3 days after birth?	1. Nothing other than breast milk 2. Water 3. Butter 4. Caw milk 5. Sugar solution 6. Others (list)_____	

307	Role of husband in TIBF	1)TIBF Advice on TIBF 2)Give economic support 3)Has no role 4)Do not know	
308	Religious fathers encourage TIBF	1)Yes 2)N o	

Part IVa. Breastfeeding Information and Knowledge

	Part Iv a. Breastfeeding Information		
401	Have you ever heard about breastfeeding?	1. Yes 2. No	
402	If the answer for question 401 is yes, from where did you get it mainly?	1. Radio 2. Television 3. HEWs 4. Other health workers 5. Volunteer community health workers 6. Relatives/neighbors/friends 7. Other (specify) ————	

Part IV b. Breastfeeding Knowledge questions

403	Breastfeeding is important for child health?	1. Yes 2. No	
404	Breastfeeding is important for maternal health?	1. Yes 2. No	

405	An infant should be put to breast immediately after birth?	1. Yes 2. No	
406	The first milk/colostrum should be given to an infant?	1. Yes 2. No	
407	Pre-lacteal feeding is needed for an infant before starting breast milk?	1. Yes 2. No	

Part V: Barriers To Timely Initiating Of Breastfeeding

501	Did you experience any Breastfeeding problems?	1.Yes 2.No	
502	If yes, What was the problem	1) Abscess 2) Mastitis 3) Sore/cracked nipples 4) Others(mention)	
503	How did you manage the problem?	1) Express breast milk 2) Went to hospital for advice 3) Rub local herbs on it 4) Others (mention)	
504	Is there any organizational/social support for breast feeding	1)yes 2)no	
505	If yes could you mention it	_____	

506	What do you think about the reasons for mothers not initiating breastfeeding immediately after delivery?	1) Lack of information 2) Work demand 3) Insufficient breast milk 4) Traditions and cultural Beliefs 5) Other (mention)	
507	Is there any culture/ tradition prohibits you from timely initiation of breast feeding ?	1)yes 2)no	
508	If yes could you mention it	_____	

V: የተሳታፊዎች መረጃ መስጫ ቅጽ-በአማርኛ

እንደምን አደሩ/ዋሉ?

ትልቅሰዉ አያሌዉ እባላለሁ፡፡ በአዲስ አበባ ዩኒቨርሲቲ፣ ጤና ሳይንስ ኮሌጅ፣ ነርሲንግና ሚድዋይፍሪ ትምህርት ክፍል በህፃናትጤና የ2ኛ ዓመት የማስተሬት ድግሪ ተመራቂ ተማሪ ነኝ፡፡ በአሁኑ ሰዓት በባህርዳር ከተማ አስተዳደር ከስድስት ወር በታች ልጅ ባላቸውእናቶች ላይ ህፃኑ በተወለደ በአንድ ሰአት ዉስጥ ጡት የማጥባት ትግበራና ተዛማጅ ችግሮችን በማጥናት ላይ ነኝ፡፡

የጥናቱ ርዕስ፡ - ህፃናት እንደተወለዱ ጡት የማጥባት ትግበራና ተዛማጅ ችግሮች ፣ በባህርዳር ከተማ አስተዳደር አማራ ብሔራዊ ክልላዊ መንግስት፣ ኢትዮጵያ፣ 2008ዓ.ም፡፡

የጥናቱ ዓላማ፡ - ህፃናት እንደተወለዱ ጡት የማጥባት ተግባራትና እናቶች ህፃናትእንደተወለዱ ጡት እንዳያጠቡ የሚያደርገቸውን ችግሮች ማወቅ፡፡

ተሳታፊዎች፡ -ከ6ወር በታች ልጆች ያሏቸውና በቋሚነት የሚኖሩ እማወራዎች፡፡

የጎንዮሽ ጉዳት፡ -በዚህ ጥናት መሳተፍ ምንምአይነት ጉዳት የለውም፡፡

ጥቅማጥቅም፡ -በዚህ ጥናት መሳተፍ ምንምአይነት ገንዘብ አያስገኝም፡፡ ነገር ግን በዚህ ጥናት መሳተፍ ስለ ጡት ብቻ ማጥባት እውቀት ያገኛሉ ወይምያለዎትን እውቀት ያዳብራሉ፡፡

ስለዚህ የተወሰኑ ጥያቄዎችን ልጠይቅዎት እወዳለሁ፡፡ የእርስዎ በእውነት ላይ የተመሰረተ መልስ ለዚህ ጥናት መሳካት አስተዋፅኦ ያደርጋል፡፡እርስዎ የሚሰጡት መረጃ ከአጥኚውና ቃለመጠይቅ አድራጊው በስተቀር በማንኛውም መልኩ ለሌላ 3ኛ ወገንተላልፎ አይሰጥም፡፡ በሙሉ ፈቃደኝነት እንዲሳተፉ እየጠየቅሁ ያለመሳተፍ ወይም በማንኛውም ጊዜ ራስዎን ከጥናቱ የማግለል ሙሉ መብት አለዎት፡፡ ማንኛውም ጥያቄ ካለዎት በሚከተለውአድራሻዬ ማግኘት ይችላሉ፡፡

ትልቅሰዉአያሌዉ

ስ.ቁ.091158111001

ኢ.ሜይል፡ jonnyayu@gmail.com

VI: የስምምነት መግለጫ ፎርም - በአማርኛ

አዲስ አበባ ዩኒቨርሲቲ

ጤና ሳይንስ ኮሌጅ

ነርሲንግ ዲፓርትመንት

ድህረ ምረቃ ፕሮግራም

እኔ ስሜ ከዚህ በታች የተገለፀው፤ የዚህ ጥናት ዓላማ በደንብ የተብራራልኝ ሲሆን የጥናቱንምዓላማ ተረድቻለሁ፡፡

በዚሁ ጥናት ላይ መሳተፍ በሙሉ ፈቃደኝነት ላይ የተመሰረተ መሆኑን በሚገባ የተረዳሁ ሲሆን በማንኛውም ጊዜ ከጥናቱ ራሴን የማግለል መብት እንዳለኝ አውቄአለሁ፡፡ ስለሆነም የምሰጠው መረጃ እስከተጠበቀ ድረስ በዚህ ጥናት ለመሳተፍ ተስማምቻለሁ፡፡ በዚህ ጥናት ለመሳተፍ ስምምነቴን ስገልፅ ለምጠየቀው ጥያቄ በእውነት ላይ የመሰረተ መልስ ለመስጠት የተስማማሁ መሆኔን አረጋግጣለሁ፡፡

የመረጃ ሰጪው ፊርማ ______________________ ቀን ______________________

የአጥኚው ፊርማ ______________________ ቀን ______________________

VII: መጠይቅ - ስሚኛ ቅጽ

ስዲስ ስበባ ዩንቨርሲቲ የነርሲንግ ስና የሚድዋይፈሪ ዲፓርትመንትይህ መጠይቅ የተዘጋጀው ሙት ብቻ የሚጥቅት ትግበራንና ተዛማጅ ችግርችን በተመለከተ መረጃ ስማሰባሰብ ነው። ።

ክፍል ስንድ ። - ሥነ - ህዝብ ፤ማህበራዊ ስና ሲኮኖሚያዊ ጉዳዮችን በተመለከተ የተዘጋጁ ጥያቄዎች

ተ፣ቁ	ጥያቄዎች	ስማራጭ መልሶች	ደስፋ
101	የህፃኑ ፃታ	1. ወንድ 2. ሴት	
102	የህፃኑ/ኗ ዕድሜ (በ ወር)	----------ወር	
103	የእርስዎ ዕድሜ ስንት ነው?	----------ዓመት	
104	ሀይማኖትዎ ምነድን ነው?	1. ኦርቶዶክስ ክርስቲያን 2. መስሊም 3. ካቶሊክ 4. ፕሮቴስታንት 5. ሌላ (ይጠቀስ) -----	
105	ብሔርዎ ምነድን ነው?	1. ስሚራ 2. ኦሮሞ 3. ትግሬ 4. ሌላ (ይጠቀስ) ------	
106	የትምህርት ደረጃዎ?	1. ማንበብና መፃፍ የማትችል 2. ማንበብና መፃፍ የምትችል 3. ስንደኛ ደረጃ (1 – 8ኛ ክፍል) 4. ከዘጠነኛ እስከ ስድሱስተኛ ክፍል 5. ሰርተፍኬት/ዲፕሎማ	

		6. ዲግሬና ከዚያ በላይ	
107	ሥራው ምን ድን ነ ጢ?	1. የቤት እመቤት 2. የመንግስት ሰራተኛ 3. የግል ድርጅት ሠራተኛ 4. ነጋዴ 5. የቀን ሰራተኛ 6. ሌላ (ይጠቀስ)……..	
108	የጋብቻ ሁኔታው?	1. ያላገባች 2. ያገባች 3. ባሏ የሞተባት 4. የፈታች 5. ተለያይታ የምትኖር	
109	ያገቡ ወይም ተለያይተዉ የሚኖሩ ከሆነ ፣ የባለቤትዎ የትምህርት ደረጃ?	1. ማንበብና መጻፍ የማይችል 2. ማንበብና መጻፍ የሚችል 3. አንደኛ ደረጃ (1-8ኛ ክፍል) 4. ከዘጠነኛ እስከ አስራ ሁለተኛ ክፍል 5. ሰርተፍኬት/ዲፕሎማ 6. ዲግሬና ከዚያ በላይ	
110	ያገቡ ወይም ተለያይተዉ የሚኖሩ ከሆነ ፣ የባለቤትዎ ሥራ ምን ድን ነ ጢ?	1. የመንግስት ሰራተኛ 2. የግል ድርጅት ሠራተኛ 3. ነጋዴ 4. የቀን ሰራተኛ 5. ሌላ (ይጠቀስ)……	
111	ከእርስዎ ጋር ከልጆችዎ አና ባለቤትዎ በተጨማሪ ማን አብሮ ይኖራል?	1. የእርስዎ እናት/አባት/ እህት/ ወንድም/ዘመድ 2. የባለቤትዎ እናት/ አባት/ እህት/ወንድም/ዘመድ 3. ሌላ ማንም ሠዉአብሮ አይኖርም	
112	አማካይ የወር ገቢያችሁ ስንትነ ጢ?	----------ብር	

113	ሬዲዮ ወይም ቴሌቪዥን አላችሁ?	1. ሬዲዮ ብቻ 2. ቴሌቪዥን ብቻ 3. ሁለቱም አሉን 4. ሁለቱም የሉንም	

ክፍል ሁለት ፡- የእናቶችና ህፃናት ጤና አገልግሎትን በተመለከተ የተዘጋጁ ጥያቄዎች

ተ.ቁ	ጥያቄዎች	አማራጭ መልሶች	ያስፈ
201	መንትያ ልጆች አሉዎት?	1. አዎ 2. የለም ቁጥራቸዉ-----------	

202	ያህን/ችን ህፃን ነፍሰጡር እያሉ በጤና ተቋም የቅድመወሊድ ክትትል አድርገ ነበር?	1. አዎ 2. የለም	መልሱ የለም ከሆነ ወደ ጥያቄ 206 ያስፈ
203	የቅድመ ወሊድ ክትትል ጤና አገልግሎት አግኝተ ከሆነ ፣ አገልግሎቱን ያገኙት የት ነበር?	1. ሆስፒታል 2. ጤና ጣቢያ 3. የግል ክሊኒክ	
204	ምን ያህል ጊዜ የቅድመ ወሊድ ክትትል አድርገ ነበር?	1. አንድ ጊዜ 2. ሁለት ጊዜ 3. ሶስት ጊዜ 4. አራት ጊዜ እና ከዚያ በላይ	
205	በቅድመ ወሊድ ክትትል ወቅትምስ ጡት ማጥባት የምክር አገልግሎት ተሠጥተዉ ነበር?	1. አዎ 2. የለም	
206	ያህን/ችን ህፃን ሲወልዱ የት ነበር የወለዱ?	1. ሆስፒታል 2. ጤና ጣቢያ 3. የግል ክሊኒክ 4. ቤት ዉስጥ	
207	ህፃኑ/ኗ እንዴት ነበር የተወለደዉ/ችዉ	1. በማማጥ 2. በቀዶ ጥገና	

ክፍል ሶስት ፡ -ሙት ማጥባትን በተመለከተ የተዘጋጁ ጥያቄዎች

301	ልጅዎን ሙት ስጥብተጠ ያጠቡት?	1. አዎ 2. አጥብቼ አላጠቡም	
302	እንደመለዱ ሙት ስማጥባት መካሬ ያደጉት በስንት ጊዜ መለጥ ነበር?	1. አንድ ሰዓት ባልሞላ ጊዜ መለጥ 2. 1-3 ሰዓት መለጥ 3. 4-11 ሰዓት መለጥ 4. 12-23 ሰዓት መለጥ 5. በ 24 ሰዓት መለጥ መጀመከዚያ በላይ	

303	እንደተመለደ በአንድ ሰዓታት ውለጥ ያላጠባሽበት ምክንያት ምንድን ነው	1. በቀደ ጥገና ስለመለድኩት 2. ልጁ ስለታመመ 3. ተምመጪስለነበር 4. ሙት መተት ችሎ ስላልመጣልኝ 5. ሌላ ከስ ይጠቀስ	
304	የመጀመሪያጡን የሙት መተት (እንገር) ስህተኑ/ኗ አጥብተሽ ነበር?	1. አዎ አጥብቻለሁ 2. የለም፣ አላጠባሁም	
305	የመጀመሪያጡን የሙት መተት (እንገር) ስህተኑ/ኗ ካላጠቡ ምክንያቱ ምንድን ነው?	1. ህፃን ሲጠባው መጀም ሲመገበው ስለማይችል 2. ስህፃን ጥሩ ስላልሆነ መጀም ስለማፈጸ 3. መልኩ ቢጫ ስለሆነ እና ዝልግልግ ስለሆነ 4. ልማድ/ባህል ስለሆነ 5. ሌላ (ይጠቀስ).....	
306	ህፃኑ/ኗ በተመለደ/ች በሶስት ቀን ጊዜ መለጥ የሙት መተትም በስግባቡ መቼ ስለ እስኪጀምር ምን	1. ከእናት ሙት መተት ውጭ ሌላ ምንም ነገር ስልተሰጠም	

	ሴላ ነገር ተስጥቶት/ቷት ነበር?	2. ሙላ 3. ቅቤ 4. የሳም ጠተት 5. የሚሚስ ኳር 6. ሴላ (ዴጠቀስ).....	
307	ህፃኑ ጠዲያጢ እንዯተጠስዯ ሙት እንዲጠባባስቤትሽ ምን ስስተጥፃ ስዯረገልሽ	1)በምክር ዴዯግፈኛል 2)በገንዘብ ዴረዲኛል 3)ምን ምስ ዴረዲኝም 4)ሴላ ከስ ዴጠቀስ	
308	የዘዴሚት ህፃኑ ጠዲያጢ እንዯተጠስዯ ሙት እንዲጥባ ምክር ስጥተሙሽ ያውቃሉ	1) ስዎ 2)የስም	

ክፍሌ ስዴት ፡ -ሥስ ሙት ሚጥባት ሠዒጃና ሰጢቀትን በተመሰከተ የተዘጋጁ ጥያቄዎች

4.1. <u>ስስ ሙት ሚጥባት ሠዒጃና የሠዒጃ ምን ጭ</u>

401	ሥስ ሙት ሚጥባት ሰምተጢያጢቃሉ?	1. ስዎ 2. የስም	
402	ሠምተጢ የሚያጢቁ ከሆነ ከየት ነጢ የሰሙት?	1. ከሬዱዮ 2. ከቴሌቪዠን 3. ከጤና ኼክስቴንሽን ባሇሙያ 4. ከሌሎች የጤና ባሇሙያዎች 5. ከማህበረሰብ በጎ መሌሰከተኛ	

		6. ከቤተሰብ/ጓደኛ/ጎረቤት ሌላ (ይጠቀስ) --------	
4.2፡ - <u>ሥለ ጡት ማጥባት ዕዉቀት</u> ለሚጠየቁት ጥያቄዎች መስማማትዎን፣ አለመስማማትዎን ወይም ለስጉዳዩ የማያዉቁት መሆኑን ይግለፁ፡ ፡			
403	ጡት ማጥባት ለህፃናት ጤንነት ይጠቅማል?	1. አዎ 2. የለም	
404	ጡት ማጥባት ለእናት ጤንነት ይጠቅማል?	1. አዎ 2. የለም	
305	ህፃን እንደተወለደ ወዲያዉኑ በአንድ ሠዓት ጊዜ ዉስጥ ጡት መጥባት ይኖርበታል?	1. አዎ 2.	
306	የመጀመሪያዉ የጡት ወተት/ እንገር/ ለህፃኑ/ኗ መሰጠት ይኖርበታል?	1. አዎ 2. የለም	
307	ህፃን ከተወለደ በኋላ ጡት መጥባት ከመጀመሩ በፊት ሌላ ምግብ ቢሰጠዉ ጥሩ ይሆናል?	1. አዎ 2. የለም	

ክፍል 5፡ ህፃናት እንደተወለዱ ጡት ለማጥባት መሰናክል የሚሆኑ ችግሮች

501	የጡት ችግር ወይም ህመም ገጥሞሽ ያዉቃል ?	1) አዎ 2)የለም	
502	መልስዎ አዎ ከሆነ፣ ከተጠቀሱት የትኛዉ ሊሆን ይችላል	1) የመቁሰል 2) እብጠት 3) የመሰነጣቅ/መድረቅ 4) ሌላ ካለ ይጠቀስ	
503	ችግር ሲገጥምዎ ምን ያደርጋሉ?	1) ወተቱን አፈስዋለሁ 2) ወደ ጤና ተቋም እሄዳለሁ 3) በባህል መድሃኒት አሸዋለሁ 4) ሌላ ካለ ይጠቀስ	
504	በመስሪያ ቤት/በማህበረሰባችህ	1)አዎ	

	የ ሙት ማጥባ ት ን ደ ደ ግ ፋ ሱ /ያ በ ረ ታ ታ ሱ	2)የ ለ ም	
505	ለ ም ን ሱ ሲ ጠቀ ሱ ል ኝ ደ ች ሳ ሉ ?	_____	

506	እ ና ቶ ች ም ጲ ያ ጢ እ ን ደ ም ለ ዱ ሙ ት እ ን ዳ ያ ጠ ኩ የ ሚ ያ ደ ር ጋ ቸ ዉ ምክ ን ያ ት ች ም ን ድ ን ና ቸ ዉ ደ ሳ ሉ ?	1) መ ረ ጃ ስ ለ ሌ ላ ቸ ው 2) ስ ፌ ስ ለ ማ ዛ ባ ቸ ው 3) የ ሙ ት ወ ተ ቱ በ ቂ ስ ሳ ል ሆ ነ 4) ባ ህ ል ና ተ ለ ም ዶ ስ ለ ሆ ነ 5) ሌ ላ ካ ስ ደ ጠ ቀ ስ	
507	በ ለ ካ ባ ቢ ያ ች ሁ ሙ ት ብ ቻ ለ ለ ከ ለ ድ ለ ት ወ ር እ ን ዳ ታ ጠ ቢ የ ሚ ያ ደ ር ግ ባ ህ ል ወ ይ ም ሃ ተ ለ ም ዶ ለ ለ ?	1)ለ ለ 2)የ ለ ም	
508	ለ ለ ካ ል ሽ ል ት ጠ ቀ ሽ ል ኝ ት ች ያ ለ ሽ	_____	

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DEPARTMENT OF NURSING &MIDWIFERY

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ጤና ሳይንስ ኮሌጅ
አላይድ ጤና ሳይንስ ት/ቤት
የነርስና ሚድዋይፈሪ ት//ክፍል

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ለባህር ዳር ከተማ አስተዳደር ጽ/ቤት
ለባህር ዳር ከተማ አስተዳደር ጤና ጥበቃ ጽ/ቤት
ባህር ዳር

ጉዳዩ:- ትብብር ስለመጠየቅ

የትምህርት ቤታችን የሁለተኛ ዓመት /Maternity and Reproductive Health Nursing/ ድህረ ምረቃ ተማሪ የሆኑት ትልቅሰው አያሌው «Timely intiation of breast feeding in first time mothers» በሚል ርዕስ ላይ ጥናትና ምርምር ማድረግ ስለፈለጉ የተለመደውን ትብብር እንድታደርጉላቸው በትህትና እንጠይቃለን።

ከሰላም ጋር

fir

ዳንኤል መንግስቱ ረ/ፕሮፌሰር
ነርስና አዋላጅ ት/ክፍል ኃላፊ

አዲስ አበባ ዩኒቨርሲቲ
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Centralized School of Nursing
ሕክምና ፋኩልቲ
FACULTY OF MEDICINE

PERMISSION LETTER FROM BAHIR DAR ADMINISTRATION MAYOR'S OFFICE TO COLLECT DATA FROM NINE SUB CITIES

የባህርዳር ከተማ አስተዳደር
ከንቲባ ጽ/ቤት

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ቁጥር ባከአከ/ 6579/08
ቀን 21/07/08

ለዘጠኙ (ለዘጠቱ) ....ክፍለ ከተማ

ባህር ዳር

ጉዳዩ፡- ትብብርን ይመለከታል፤

የአዲስ አበባ ዩኒቨርሲቲ የሁለተኛ አመት /Maternity and Reproductive health nursing/ ድህረ መረቃ ተማሪ የሆኑት ትልቅሰው አያሌው Timely intation of breast feeding in first time mothers በሚል ርዕስ ላይ ጥናትና ምርምር ለማድረግ የፈለጉ መሆኑን በቁጥር 3/2/MSC/91/08 በቀን 21/06/08 ዓ/ም በተፃፈ ደብዳቤ አዲስ አበባ ዩኒቨርሲቲ አሳውቆናል፡፡

ስለሆነም ጥናታዊ ጹሁፋቸውን ለመስራት ወደ ቢሮአችሁ በሚመጡበት ጊዜ አስፈላጊውን ሁሉ ትብብር እንድታደርጉላቸው ይህንን የትብብር ደብዳቤ የሰጠናቸው መሆኑን እንገልፃለን፡፡

"ከሠላምታ ጋር"

ሲፅፉልን የእኛን ደብዳቤ ቁጥርና ቀን ይጥቀሱ!
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VIII: Declaration

I the undersigned declare that this MSC. Thesis is my original work and it has not been presented for a degree in any other university. All source materials used for the thesishave been duly acknowledged.

Name of student: Tilkisew Ayalew

Signature: _____ Date_____

Advisor: Mr.Yohansse Ayalew

Signature_____ Date_____