

MALE INVOLVEMENT IN CHILD CARE

**MALE INVOLVEMENT IN CHILD CARE AND ASSOCIATED
FACTORS, AMONG FATHERS OF UNDER TWO YEAR
CHILDREN IN ADDIS ABABA, ETHIOPIA**

BY

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MASTER'S IN PEDIATRICS AND CHILD HEALTH NURSING

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MAY, 25 2023

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Full title	Male involvement in child care and associated factors, among fathers of under two children in Addis Ababa city administration, Ethiopia, 2023
Study duration	Feb-Jun, 2023
Study area	Addis Ababa, Ethiopia

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DECLARATION

ADDIS ABABA UNIVERSITY

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I, the undersigned MSc student, declare that I have submitted my original work on the title of Male involvement in child care and associated factors, among fathers of under two year children in Addis Ababa city Administration, Ethiopia.

Submitted by: Mekuannt Melke

Signature _____

Date _____

This proposal work has been submitted for examination with my approval as an advisor.

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Date _____

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Signature _____

Date _____

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STATEMENT OF THE AUTHOR

By signing below, I affirm that this thesis is my original work. I have adhered to ethical principles throughout the research process, including data collection, analysis, and completion. All scholarly content included in the thesis has been properly cited.

By submitting this thesis, I fulfill the requirements for a graduate degree from Addis Ababa University's College of Health Sciences, School of Nursing and Midwifery, Department of Nursing. The thesis is archived in the Addis Ababa University Digital Library, accessible to the local, national, and international scientific community. I solemnly affirm that this work has not been submitted elsewhere for any academic degree, diploma, or certificate.

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ACKNOWLEDGEMENT

First and foremost, I would like to thank Addis Ababa University College of health sciences school of nursing and midwifery; for giving me an opportunity to study a master's program in pediatrics and child health.

My deepest gratitude goes to my advisors Dr. Habtamu Abera (Ass. Professor) and co-advisor Sosina Workineh, for their kind guidance, suggestion and constructive comments from title selection to development of this proposal. My acknowledgment also extends to Addis Ababa city health Bureau for the kindly support and information and staff that helped me by providing necessary reading materials and any of my needs.

Lastly, I would like to give my deepest gratitude and appreciation to my families for their endless support from the beginning to the end.

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ACRONYMS AND ABBREVIATION

ANC	Antenatal Care
EDHS	Ethiopia Demographic Health Survey
ICPD	International Conference on Population and Development
IM	Infant Mortality
MMR	Maternal Mortality ratio
MM	Maternal Mortality
SSA	Sub-Saharan Africa
UNICEF	United Nation International Children and Education Fund
WHO	World Health Organization

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ABSTRACT

Background: Male plays a critical role in providing support in improving child health. There are few studies on male partner's involvement and its measurement in child health care; therefore, this paper explores the level of male partner's involvement in child care and associated factors in the study area.

Objective: The main aim of the study was to assess male partners' involvement in child care and the contributing factors among fathers who have children less than two year of age Addis Ababa, Ethiopia, 2023.

Methods: Community based cross sectional study design was employed from April 5-25/2023. The study subject was selected using multi-stage sampling method. The total sample was determined by using single population proportion method with sample size of 633. Data was collected by Kobo tool and exported SPSS version 26 for analysis. Multivariate logistic regression was used to assess relation between independent variables with outcome variable at significance level of $P < 0.05$ and association of variable will be tested by using 95% confidence interval (C.I) and Crude and adjusted odds ratio.

Result: The response rate was 94.8% while the study found that 42% of participants were in 35-39 age groups. The mean ages of the respondents were 37.44 years (\pm SD 5.43) years. Among the participants 284(47.3%) of respondents involved on infant and young child care and 54.8% and 45.2% of the participants had good and poor knowledge respectively. Half of the respondents, 306 (51.0%) had good attitude toward infant and young child care. Knowledge and attitude of participants were significantly associated with male involvement in infant and young child care [AOR: 3.10, 95% CI ;(2.01-4.79) and (AOR: 15.24, 95% CI;(9.85-23.57)) with p-value<of 0.001 respectively in multivariate logistic regression-model.

Conclusion: In this study, the male involvement toward infant and young child care was need improvement. The variables that affected how much men are involve in infant and young child care can change depending on where people live and how they interact. Men's knowledge, awareness, and attitudes, as well as sociocultural, health system, and policy issues, all play significant roles in their involvement in children's health.

Key words: Male involvement, child care, knowledge, attitude, Addis Ababa, Ethiopia.

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1. INTRODUCTION

1.1. Background

Male partner's involvement is men's time spent by direct contact with children such as during play or an outing, the presence and availability for interaction with the child, accountability in decision making, and shared responsibility in parenthood as well as children's education. It also encompasses active involvement in decision making related to child health activities. Male involvement as partners in childcare is critical because of the positive aspects on the child's development and reduction of childhood illnesses. Sociocultural factors have a negative influence on men's participation on child care activities. In addition, some laws were prohibitive to male involvement. Most maternal and child health programs aim to address women's and children's health needs by involving men and educating pregnant women and mothers in appropriate care-seeking and care-giving practices for themselves and their children(1, 2).

Male's minimal participation in direct childcare in many societies is linked to cultural beliefs that men's high level of participation in childcare is not a gender appropriate behavior for them. As a consequence, most men find it rather inappropriate becoming deeply involved in provision of care for their children. Under the concept of safe motherhood, some men are not in tune with what their roles are, especially in ensuring that the wife practices exclusive breastfeeding, which will benefit the baby and also protect her against unplanned pregnancy. Apart from this, many men have not understood Planned Parenthood program more than the fact that it educates them to reduce their family. Past efforts on gender role in nutrition and childcare had focused mainly on women as the primary caregivers, although recognition of men's role in family health and nutrition is increasing. It should be realized that men determine the state of household nutrition security because in most instances they serve as breadwinners, decide the family size, contribute mainly to the accessibility of healthcare facilities and also responsible for the type of housing and neighborhood the family resides(3).

Men may yield power in health-care decisions that affect their female partners' access to health-care services, but they are also individuals whose health has a significant impact on their partners' and their children's health The deep-rooted social structures of developing societies

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have formed an inequity over the power of making decision on various aspects of reproductive health(4, 5, 6).

Evidence on the role of male involvement in children's development from low-resource settings is very limited and historically has only relied on maternal reports of male's direct involvement activities such as reading to the child. However, males can also potentially influence their children's development via greater positive involvement with the mother, such as by offering interpersonal support or sharing decision-making duties. Such positive intra household interactions can benefit maternal mental health and wellbeing, and ultimately children's development(7). Despite growing awareness and political will in some settings, actual progress toward increasing men's involvement in maternal and child health in developing countries has been slow. The role of the expectant father has only recently been addressed in developed countries. For improved child health outcomes, WHO recommends men's support and active participation(8).

Males are important in child health care, not only as women's partners, but also as individuals with significant reproductive impact on women's and children's health(9, 10). Total or relative absence of the male's during childhood has been associated with development disorders such as emotional problems, lower levels of cognitive development, drug abuse, behavioral disorders, and teenage pregnancy(11).According to studies, male's spend less time with their children and have a relationship with them through activities and games, whereas mothers spend more time with them. Despite women's professional activities, there is agreement on the primacy of maternal responsibility in child care(12).

Male partner's involvement influences access to and utilization of child health, thereby affecting mothers' and children's health. Male partner's involvement appears to improve men's perceptions and attitudes toward child health care and other reproductive health services, couple decision-making, and household work(13). These positive outcomes consequently improve child health. For example, men's changed perceptions and behaviors positively influence the uptake of increase male partner's involvement on child care and activities, prevention mother to child transmission (PMTCT) services, immunization services, contraceptives, thus reduction of health risks and improvements in children survival(14).

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The evidence above illustrates the potential benefit of male partner's involvement in maternal and child health programs. Attempts to examine male partner's involvement in maternal and child health services in Ethiopia have been very limited, relying largely on socio-demographic and maternal characteristics from surveys on women and, less so, from men who attended ANC services with their partners, and this can affect the involvement of male's on childcare activities (15).

1.2. Statement of the Problem

The problem to be addressed in the study on male involvement in childcare is the persistent gender imbalance in caregiving responsibilities, with women being predominantly responsible for the care and upbringing of children. Despite increasing participation of women in the workforce, traditional gender norms and stereotypes continue to hinder men's participation in childcare, resulting in a lack of shared responsibility and burden on women.

This unequal distribution of childcare responsibilities has negative implications for both men and women, including decreased work opportunities and earning potential for women, as well as negative effects on the well-being and development of children. Therefore, it is important to investigate factors that facilitate or hinder men's involvement in childcare, and to identify effective strategies for promoting greater male engagement in caregiving.

In many cultures, it is unheard of for men to accompany women to infant and early child care, making the presence of male companions at these facilities even more unusual. But, particularly in Africa, males are socially and economically powerful and exercise great influence over their relationships. They determine the frequency and terms of sexual activity, the number of children, and if their partner will make advantage of the available healthcare services. Men's involvement may have a further favorable impact on children's illnesses and prompt treatment seeking. According to many research, males are crucial decision-makers when it comes to choosing a child care facility.

Unmarried mothers' newborn death rate in 2008 was 8.87, which was 75% higher than married mothers' infant mortality rate (5.06). Compared to children born to married parents, children of cohabiting parents had worse overall health. Fathers' interactions with mothers can have an indirect effect on their children's health. For instance, the mother is far more likely to start

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nursing when the father participates in breastfeeding instruction with her than when the spouse of the mother does not (16, 17, 18). This explores the potential health benefits for women, newborns and families associated with involving men more in infant and young child care.

In Ethiopia, there have been few researches on male partner's involvement in newborn and early child care, especially child feeding. In order to establish a baseline for creating an intervention in this research region, the aim of this study is to evaluate male partner's involvement in promoting infant and young child care in Addis Ababa city.

The findings could inform and prompt policymakers and health professionals to prioritize and involving male partner's, as well as developing effective policies and programs to overcome challenges and capitalize on male partner's interest.

Male partner's involvement reduces negative maternal health behaviors, risk of preterm birth, low birth weight, fetal growth restriction and infant mortality. There is epidemiological and physiological evidence that male involvement reduces maternal stress (by emotional, logistical and financial support) , increases uptake of prenatal care, leads to cessation of risk behaviors (such as smoking) and ensures men's involvement in their future parental roles from an early stage(19)

1.3. Significance of the Study

The study on male involvement in childcare is significant for several reasons;

The purpose of this study on male involvement in childcare is to understand and examine the extent to which fathers or male partners participate in caregiving activities for their children, and the factors that influence their level of involvement. The study may also aim to identify any barriers to male involvement in childcare and explore ways to overcome them, as well as the potential benefits of increased male involvement for both fathers and their children under the age of two in Addis Ababa, Ethiopia. The study will provide basic data on the issue, which will aid local and national policymakers in implementing and scaling up interventions to reduce infant and child morbidity and mortality in Ethiopian districts similar to this one.

1. Promoting gender equality: In many societies, the responsibility of caring for children is often seen as primarily the responsibility of women. By studying and promoting male

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involvement in childcare, we can work towards promoting gender equality and reducing gender stereotypes.

2. **Child development:** Children benefit from having positive male role models in their lives, and the involvement of fathers or male caregivers in childcare has been linked to better social, emotional, and cognitive outcomes for children.
3. **Positive impact on families:** When men are involved in childcare, it can lead to more positive family dynamics, including better communication and greater satisfaction with family life.
4. **Economic benefits:** When men are actively involved in childcare, it can lead to greater participation of women in the workforce, which can boost the economy. Overall, the study on male involvement in childcare is essential for promoting gender equality, improving child development outcomes, creating more positive family dynamics, and generating economic benefits.

In Ethiopia, particularly in the research region of Addis Ababa city, the role of male partners in improving newborn and early child care and its related variables has not been adequately investigated. The moment is right to look into this important concern in the area.

The results of the study might also aid in the development of programs or treatments that address men's conflicted views regarding baby and early child services. The results of this study will thus serve as a starting point for subsequent research. The investigation of factors influencing male participation in newborn and young child care services makes the study significant.

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2. LITERATURE REVIEW

Male partner's involvement in maternal and child health is a practice where in fathers and male community members actively participate in caring for women and supporting their family to access better health services. There is positive association between male involvement and better maternal and child health outcomes. However, the practice is not always carried out properly, particularly in low- and middle-income nations where women may lack economic means and decision-making authority(20).

There is a strong argument in favor of educating men about immunizations as well. During focus groups and key informant interviews on child immunization in Kampala, Uganda, researchers learned that support from male partners was a significant element affecting women's decision to immunize children or not(21). According to a 2013 Botswana study, fathers should be involved in childrearing since it promotes the child's growth and lowers the incidence of pediatric ailments(22).

Despite the fact that men had more influence than women when it came to immunization decisions, participants reported that men rarely visited immunization clinics because of time and employment demands and a sense of being "out of place," missing out on opportunities to hear health promotion messages. However, many men have not been exposed to nursing messaging and lack the knowledge necessary to favorably influence decisions about child feeding(23). The term "man engagement" refers widely to male involvement in child-related activities, such as accompanying a partner for prenatal, postnatal, and antenatal care, washing and assisting a child with schoolwork, going to the child welfare center with a child, and staying with a hospitalized child(22).The next section of the literature review will be discussed under the following subheadings.

2.1. Factors Affecting Male Involvement in Infant and Young Child Care

2.1.1 Socio Demographic Factors

The presence of male partner's during the early child period is closely related to marital status. Evidence suggests that in patriarchal societies such as Ghana, access to and survival of child healthcare services require the active involvement of male partner's. However, interventions to

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promote male's involvement in maternal and child health care are less likely to succeed if the views and concerns of women are not considered. This study provides an understanding of women's perspective on men's involvement childbirth in the Northern Region of Ghana. Age, education level, employment status, physical distance from their child, mental health condition, and social support are a few characteristics that affect how involved male partner's with their children(24, 25).

Male partners of Latino and African American descent play and provide more care for their children. According to research done in Pakistan in 2017, a father's attitude toward child care was found to be substantially correlated with both a higher level of education and income. While it was discovered that a father's positive attitude toward childbirth was substantially correlated with greater education and younger age (18-29 years)(26, 27).

Fathers who are employed may spend less time with their children, according to a 2016 study on fathers' involvement in child care undertaken in Australia, Denmark, the United Kingdom, and the United States(28). Black women with involved fathers had a two-fold increase in infant mortality compared to non-Hispanic white women, while black women with uninvolved fathers had a seven-fold increase in infant mortality. They estimated that a lack of paternal involvement in infant mortality increases the black-white gap fourfold, and that increased paternal involvement could result in a 65 to 75% reduction in excess mortality(29).

Thus, as many of these socio- demographic factors have been associated with fathering controlled for minority status and SES (a composite variable including income, mother and father education, and mother and father employment status), and mother and father working hours in its examination of the socio emotional processes that may differentially determine father care giving and play trajectories.

2.1.2. Child Characteristics

Individual differences in response and regulation are referred to as temperament. Various fathering research have shown that father engagement and father-child relationships are more influenced by a child's personality than mother involvement(30, 31).

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A 2016 study on the factors influencing father engagement with young children: Evidence from the early childhood longitudinal study-birth cohort shows that rose more quickly when they more strongly associated with their position as a parent. In addition, fathers gave more attention to girls than to boys at a faster pace.(32). Previous research has found that fathers engage more with children who are temperamentally easy(33).

According to the body of studies relating baby temperament to father participation, father engagement is higher with easy babies and lower with challenging babies. Children's features including gender and age have been proven to be substantially connected with father participation. All boys and girls with superior socializing skills have fathers who are more involved with them(34).

In addition, we observed mothers, fathers, and their infants in a laboratory conflict paradigm and discovered that infants had heightened negative responses to parental conflict, such as sadness, frustration, and deregulation. A father's involvement with infants may be moderated by the infant's reaction to conflict. As a result, in addition to looking at the direct effects of temperament and marital conflict, the current study looked at the interaction between infant temperament and marital conflict within the family system in relation to father involvement(35).

2.1.3. Father Characters

According to a qualitative study on male involvement in reproductive, maternal, and child health conducted in the Pacific region in 2016, sociocultural norms, the difficulty of reaching couples before their first pregnancy, the physical design of clinics, health workers' workloads, and attitudes were among the perceived barriers to greater father involvement(9).

Fathers' Involvement in Child Health Care: Associations with Prenatal Involvement, Parents' Beliefs, and Maternal Gatekeeping, a study conducted in the United States in 2013, reveals that nontraditional gender role attitudes are individual traits that were positively correlated with maternal support of father involvement.(36).

Males were more likely to be involved when the kid was three if they shared childcare equally when the child was nine months old, even when other characteristics such as the father's

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occupational class, the presence of other children, and fathers' gender role beliefs were included(37).

The absence of fathers in many households, the opportunity costs associated with fathers accompanying their children to health facilities, the lengthy wait times at facilities, the providers' negative attitudes toward fathers, and patriarchal gender norms were the main barriers to father involvement in early child health services, according to a qualitative study conducted in Mozambique in 2021(38).

Males involvement in child care was the subject of a qualitative research in Madagascar in 2021, and the results revealed that fathers' hectic schedules and separation from their children due to employment were the biggest obstacles(39).

Father traits include things like age, education, work level, self-assurance, role preparation, and ideas about the paternal role. Each of these variables may have an impact on paternal engagement. It was shown that engagement and education were associated. Higher levels of participation were shown to be associated, particularly with high school graduation(40, 41).

Different studies show that fathers with higher levels of education were found to be more likely to provide financial support. Older fathers were found to be more involved in their children's lives, possibly due to greater emotional maturity and thus a better ability to accept their roles as fathers. Fathers who had gender-equitable attitudes toward parental involvement, as well as those who had a positive self-concept and self-esteem, were more likely to be involved with their children (42, 43, 44, 45, 46).

A modified "Role of the Father" questionnaire was used in one study to determine maternal beliefs about father involvement. The measure-based maternal beliefs about accepting or rejecting father involvement were dubbed "maternal gatekeeping." The findings revealed that the mother's beliefs about the paternal role moderated paternal perceptions of a father's own parenting ability and availability, as well as actual involvement(47).

2.1.4. Families Characteristics

A study conducted in United States from 2006-2010 on fathers' involvement with their children show that fathers living with their children participated in their children's lives to a greater

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degree than fathers who live apart from their children. Differences in fathers' involvement with their children were also found by the father's age, marital or cohabiting status, education(48).

Another variable within family characteristics is the number of children in the home, and it was discovered that there appeared to be a statistically significant correlation between the number of siblings in the home and father involvement with infants. The greater the number of siblings, the less involved the father was with the infant(49, 50).

Maternal beliefs about the father's role are one of the variables described in the model's family characteristics and are an important variable in father involvement. Paternal involvement with children can be increased or decreased by mothers (47, 49, 51).

A Systematic review study conducted in 2012 Sub-Sahara on determinants of male involvement in maternal and child health services show that Socio-demographic factors such as level of education, income status; health services related factors such as opening hours of services, behavior of health providers and the lack of space to accommodate male partners; and Sociologic factors such as beliefs, attitudes and communication between men and women(52).

The quality of mothers' and fathers' relationships, both inside and outside of marriage, is a key determinant of father involvement. Mothers have also been identified as exhibiting certain gatekeeping behaviors that limit or shape fathers' interactions with their children, thereby heavily influencing levels of father involvement(53).

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2.2 Conceptual Framework

Conceptual framework: Male partner's involvement in child care and associated factors, among males of under two children in Addis Ababa city, Ethiopia, 2023.

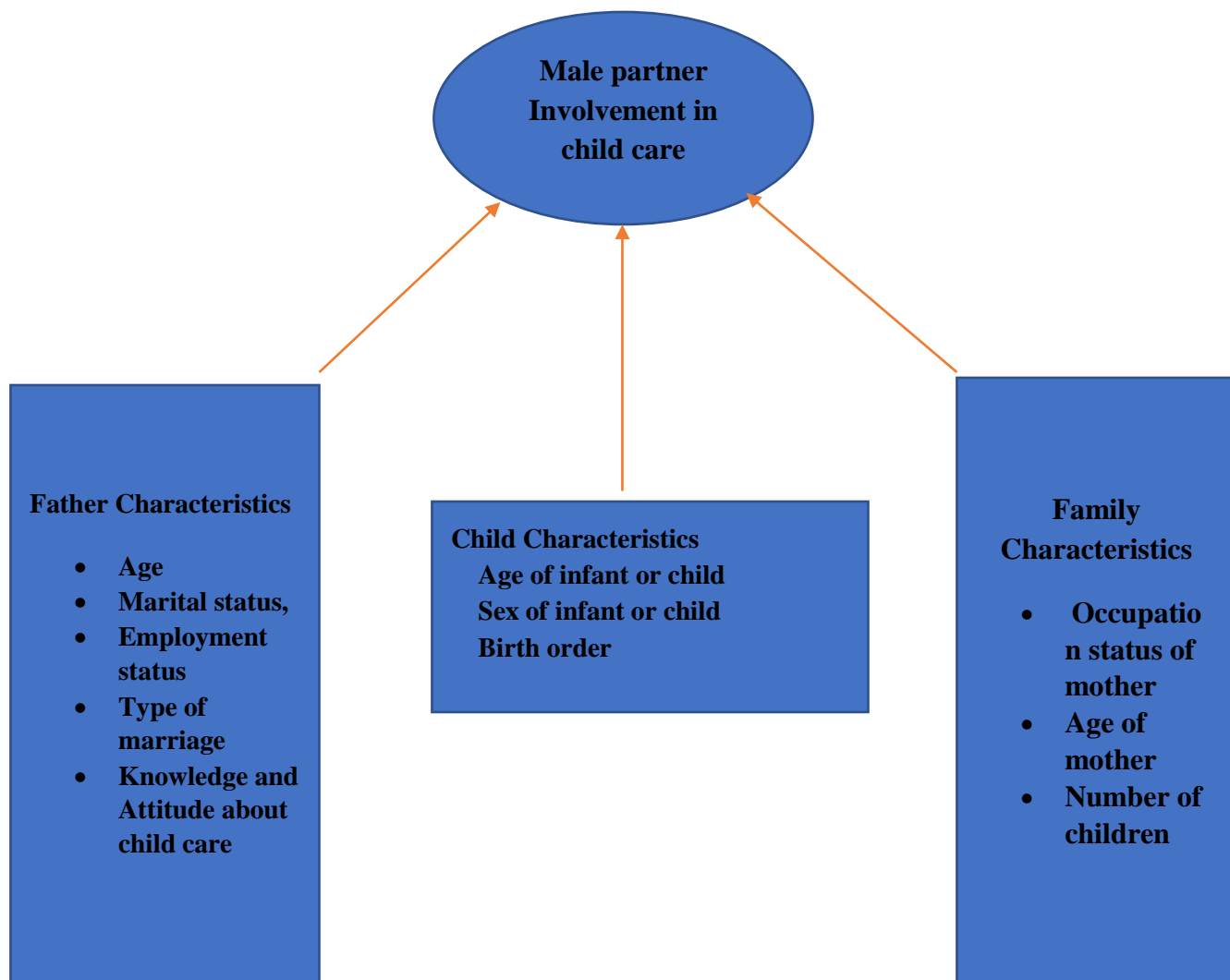


Figure 1: Male involvement in child care and associated factors, among fathers of under two year children in Addis Ababa city, Ethiopia, 2023, by reviewing the literature (27, 31, 36, 50).

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3. OBJECTIVES

3.1. General Objective

- The main aim of the study was to assess male partner's involvement in child care and the associated factors among in Addis Ababa city administration, Ethiopia, 2022/23.

3.2. Specific Objectives

- To assess the level of male involvement in childcare
- To determine the variables that influence male involvement in child care

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4. METHOD AND MATERIALS

4.1. Study Area and Period

The study was conducted in, Addis Ababa city administration, the capital of Ethiopia, located in East Africa. The city is divided into 11 sub cities and 116 woredas which is the lowest administrative units. According to data from the Ethiopian central statistical agency in 2019, the population size of Addis Ababa was estimated to be 3,546,000 (54). This study was carried out using community based cross sectional study from february20/2023to Jun, 2023.

The study was conducted on the selected sub-cities of Lideta, Arada, Yeka, and Bole, and from each sub-city, one woreda was selected. The population sizes of each woreda were 28420, 20545, 30301, and 23492, respectively. The data obtained from woreda health center.

4.2. Study Design

Community based cross sectional study designs was employed.

4.3. Population

4.3.1. Source Population

All male partners who have children less than two years in, Addis Ababa city, during study period

4.3.2. Study Population

Randomly selected male partners having children less than two year of age and fulfill the inclusion criteria during the data collection period.

4.4. Inclusion and Exclusion Criteria

4.4.1. Inclusion Criteria

- Male partners who were 18 years old and above and
- Male partners with at least one child of less than two year.

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4.4.2. Exclusion Criteria

- Participants who did not live in the research region on a permanent basis were excluded.
- Participants who have language barriers and are unable to translate, including difficulties in communication,
- Participants were absent during two consecutive visits.

4.5. Sample Size Determination and Sampling Technique

4.5.1. Sample size Determination

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

$$n = \frac{\left(\frac{Z\alpha}{2}\right)^2 * p(1 - p)}{d^2}$$

$$n = ((1.96)^2 * 0.5 * (0.5)) / (0.05)^2 = 3.8416 * 0.5 * 0.5 / 0.0025$$

n= 384

By considering non-response rate of 10 % the final sample was 422. Where, due to design effect sample size become 633(422*1.5).

Where, n is sample size Z is standard normal distribution corresponding to significance level at $\alpha = 0.05$, d is margin of error assumed to be 5%, P = 50 % (There is no study in Ethiopia, specifically related to this topic).

4.5.2. Sampling Technique

The study was conducted using a multistage random sampling technique. In the first stage, a simple random sampling technique was used to select four sub cities from the entire eleven sub-cities. Next, one woreda was selected by using the lottery method from each of those selected sub-cities, and households in each selected woreda with male partners who were 18 years old and above and had at least one child younger than two years were listed through conducting a census.

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Then the number of households was selected from each woreda based on the proportion of households having children less than two years old.

Finally, the required number of households from each woreda was selected using a simple random sampling technique, and respondents or male partners were accessed for data collection (Figure 2).

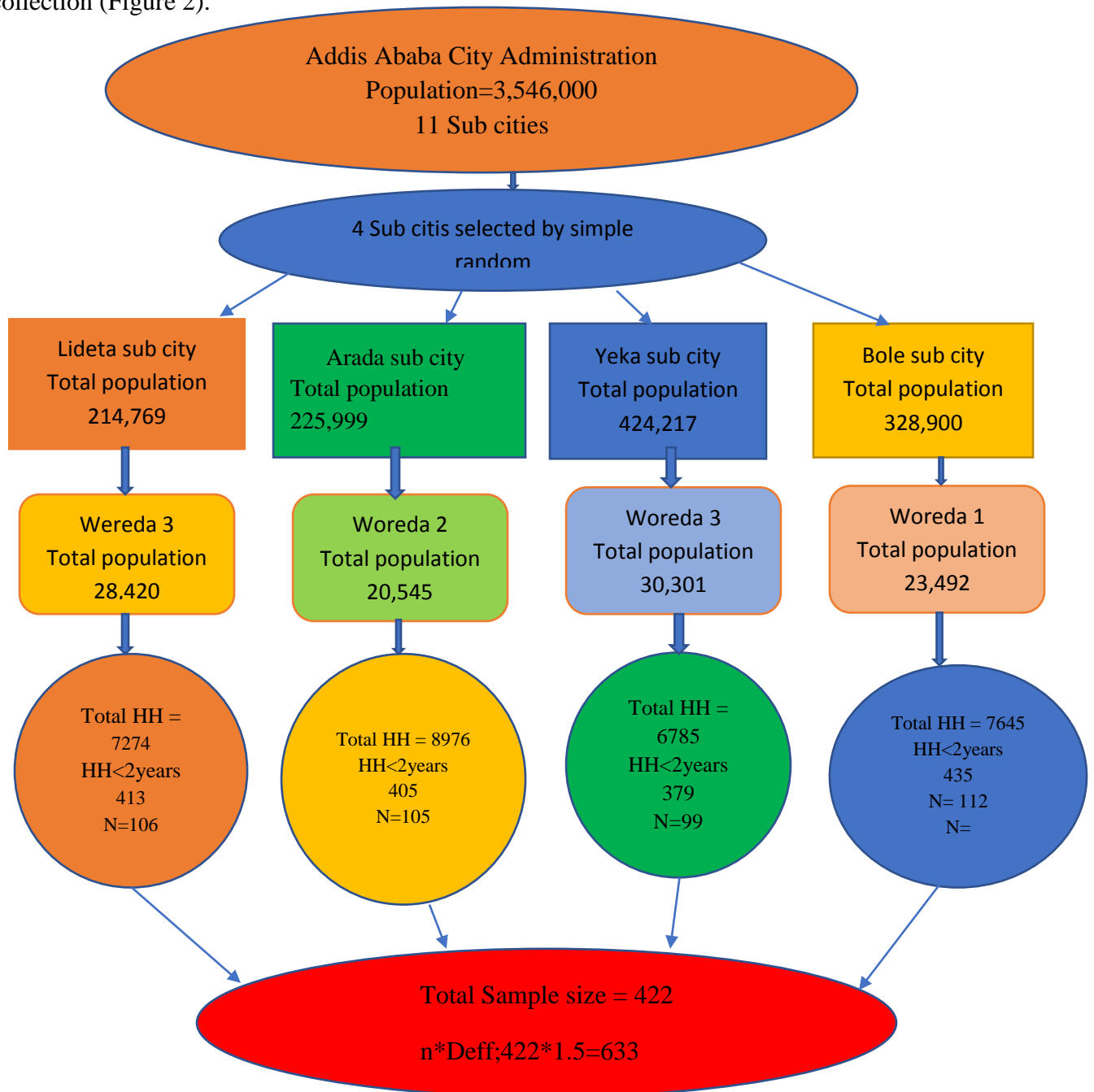


Figure 2: Schematic presentation of multi-stage sampling male involvement in child care and associated factors, among fathers of under two children in Addis Ababa, Ethiopia, 2023.

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4.6. Data Collection Tool and Methods

The questionnaire was developed by reviewing different literature (22, 27, 31, 36, 55) and consisted of three sections. Section one: socio-demographic variables, which include age, marital status, employment status, type of marriage, and knowledge. Section two included male partner's involvement in child care, yes or no question. Section three consisted knowledge and attitude of male partners' involvement in child care with, yes or no responses, and Likert scale, respectively.

Data was collected by a health extension worker. Nurses who have experience supervising were recruited for supervision activities. Training was prepared by the principal investigator. Then, data collectors and supervisors were trained before data collection about the objectives of the study and on how to collect the data.

4.7. Data Quality Assurance

The data collection tool was pretested in a separate woreda that is not adjacent to but similar to the research subjects for relevance and clarity two week before the actual data collection. Prior to the actual data collection period, 5% of respondents were selected in order to address and correct research tool problems. Maintaining the confidentiality of the participants throughout the whole process of data collection was discussed and ascertained during the training. The researcher checks the completeness and consistency of the questionnaires filled out by the data collector to ensure the quality of the data.

4.8. Data Processing and Analysis

The data was collected by the Kobo tool and exported to SPSS (Version 26) for analysis. Categorical variables were presented by frequency and percentage, and continuous variables were presented by mean and standard deviation. A bivariable analysis was conducted primarily to check whether each variable was associated with the dependent variable, male involvement. The multivariable contained variables with P-values less than 0.25. Multiple logistic regression for controlling the possible effect of co-founders and finally variables that have a significant association with male involvement in young childcare was identified on the basis of the adjusted odd ratio (AOR) with 95% CI and a p-value < 0.05.

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4.9. Variable

4.9.1. Dependent Variables

- Male involvement in infant and young child care

4.9.2. Independent Variables

- Age of Father
- Marital status
- Employment status
- Age of child
- Sex of child
- Birth order
- Knowledge and Attitude about child care

4.10. Operational and Term Definition

Infant and young child: -Children's of less than two years

Male partner: Male who has a spouse, whether with formal marriage or informal union

Male involvement in infant and young child care: -Participation of male in home-based activities regarding infant and young child cares like feeding, diapering, changing clothes, playing, holding, bathing etc.

Knowledge

- ✓ **Good knowledge.** Those participants who score value mean and above(55) (unpublished thesis)
- ✓ **Poor knowledge.** Those participants who score below mean value

Attitude

- ✓ **Good attitude-** Those participants score mean value and above
- ✓ **Poor attitude-** Those participants score below mean

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Extent of father Involvement-

✓ **Good involvement-** Those participants who scored above mean value(56)

Poor involvement- Those participants who scored below mean

Type of marriages

✓ **Monogamous:** Male partners who have currently one wife

✓ **Polygamous:** Male partners who have two and above wives

Woreda: - The lowest level of government administration, following subcity.

Measurement

Parental knowledge of infant and young child care: The mean scores of the participants were derived to measure knowledge in terms of good and poor. In situations of knowledge, the correct response to a question received a "2," while the incorrect answer received a "1." To assess male partners, seven knowledge-related questions were employed, and the mean was used to discriminate between individuals with good and poor knowledge.

Parental attitude towards male involvement in infant and young child care

Paternal attitude is assessed using ten items, each with a one-point Likert scale ranging from strongly disagree (1) to strongly agree (5). To compute each respondent's total score, the points gained from the 10 items were added together. Based on the mean score as a cut-off point, paternal attitude was classified as poor (if they scored below the mean score) or good (if they scored above the mean score).

Involvement score: The involvement score consists of ten questions including diapering, changing clothes, feeding, talking, asking about baby's care and financial support of the infant and data was obtained on these activities. Fathers will be checked each item as either performed or. To classify as involved and not involved the mean value was considered.

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4.11. Ethical Consideration

Ethical approval for this study was obtained from Addis Ababa University College of health Science, school of Nursing and midwifery, institutional review board (IRB). The objectives of the study, the risks and benefits of participate in the study was communicated prior to asking willingness of the study participants to participate in the study. Informed verbal and written consent was obtained from each respondent prior to data collection. After getting informed consent from the respondents, the right of the respondents to refuse answer for few or all of the questions was also be respected.

Participants were informed that their participation was purely voluntary and assured of the confidentiality of all information. Different measure was taken to assure the confidentiality of study subject's response. Names or any identification was not be used. Except the principal investigator and the research team, no other people access to the collected data.

4.12. Dissemination of the Findings

The findings of the study will be communicated to all concerned bodies including AAU, CHS, different levels of health offices and policy makers. It will also be available to the international scientific community through publication on reputable scientific journal.

5. RESULT

5.1 Socio Demographics Characteristics the Study Participants

A total of 600 participants were responded to the questionnaire which gives a response rate of 94.8. The mean age of the respondents was 37.44 years (\pm SD 5.43) years. When considering marital status, the data reveals a majority were married, constituting 82.2% of the sample. From those parents 584(97.3%) was one wife and the remaining was two and above.

Approximately 47.8% of husbands were working in the government sectors. Of the participating males, equal proportions of wives were government employed, and housewife which account, 33%.

The data revealed that, 81.7% of involving participants had two or fewer children, of which female child accounts for 71.7%. The mean ages of the children, were 10.20 month (\pm SD 4.13) years (Tabel1).

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Table 1: Socio-demographic characteristics of male partner's involvement in infant and young child care in Addis Ababa, Ethiopia, 2023.

Variables	Categories	Frequency(n=600)	Percent (%)
Age (37.44(±5.43))	20-24	2	0.3
	25-29	30	5.0
	30-34	145	24.2
	35-39	252	42.0
	40-44	105	17.5
	45-49	56	9.3
	50-55	10	1.7
Marital status	Single	91	15.2
	Married	493	82.2
	Divorce	14	2.3
	Widowed	2	0.3
Number of wives	One	584	97.3
	Two or more	16	2.7
Husband Occupation	Government	287	47.8
	Private	313	52.2
Wife occupation	Government	198	33.0
	Private	204	34.0
	House wife	198	33.0
No children	=<2	490	81.7
	=>3	110	18.3
Sex of children ≤2years	Fem ale	430	71.7
	Male	170	28.3
Age of children ≤2 years(10.20(±4.13))	=<12m	387	64.5
	>12m	213	35.5
Birth order of Children ≤2years	First	173	28.8
	Second –third	329	54.8
	End-last	98	16.3

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5.2 Male Involvement in Infant and Young Child Care

The study showed that, 316 (52.7%) of the participants have good involvement in infant and young child care. Rather, the remaining 284 (47.3%) had poor involvement (figure 3).

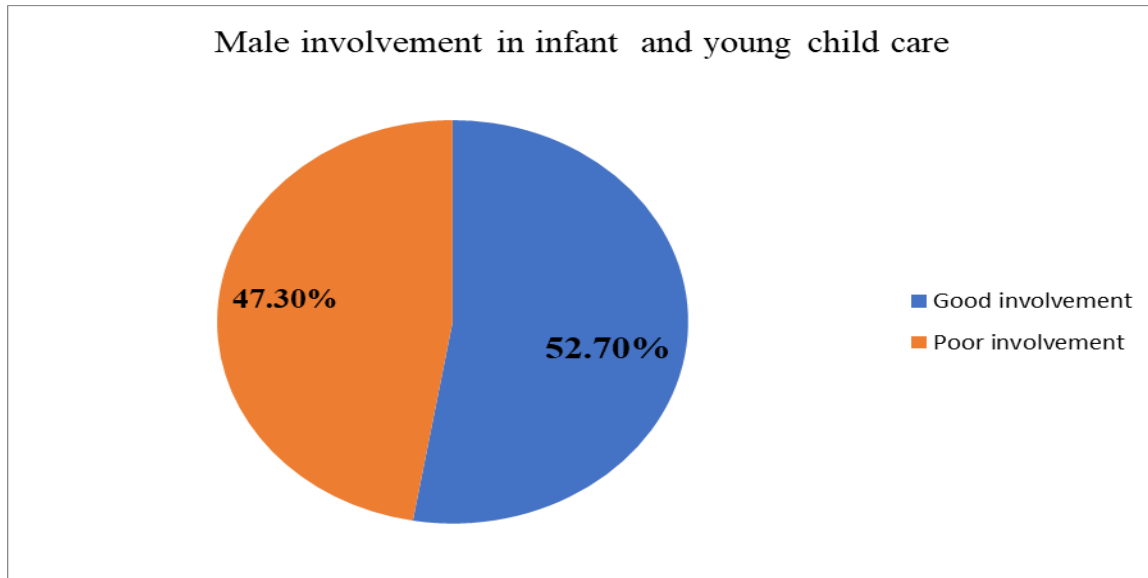


Figure 3: Percentage distribution of overall involvement of male on infant and young child care in Ababa, Ethiopia, 2023.

5.3 Activities that Require Male Involvement in Infant and Child Care

According to the data, both parents exhibited an almost equal level of involvement in diapering and bathing, with 288 (48.0%) indicating that they were involved in these tasks. The study reveals that a slight majority of parents 313 (52.2%) reported involvement in feeding their children. Similarly, 64.3% of parents expressed involvement in changing their child's clothes (figure 4).

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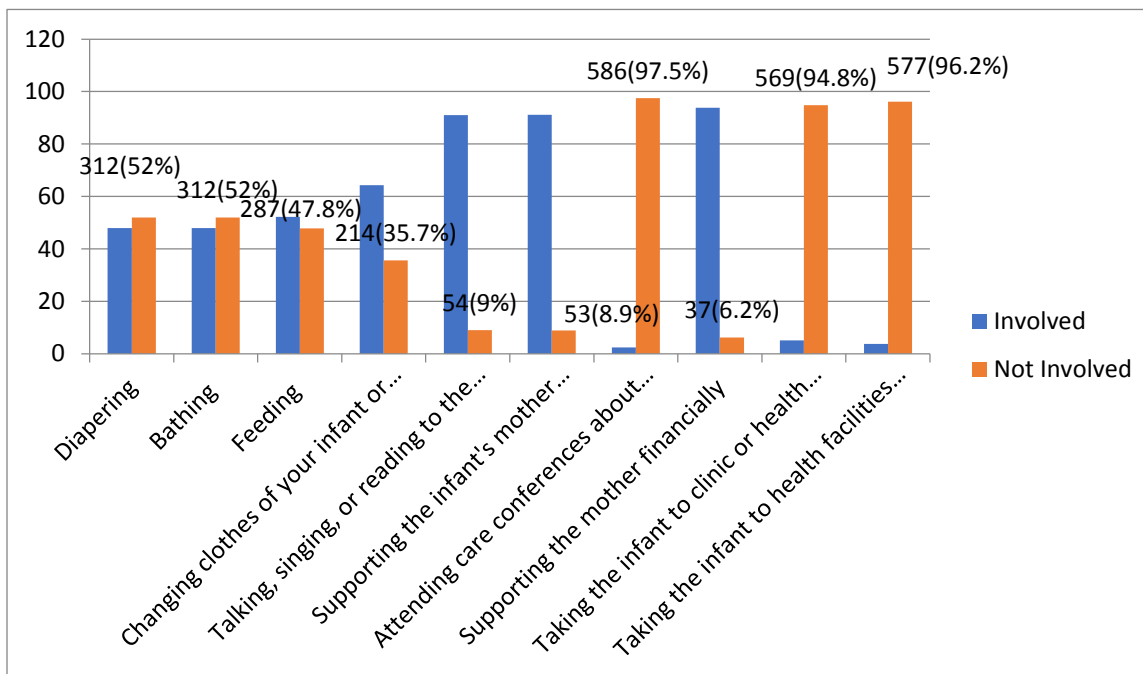


Figure 4: Activities that require male involvement in infant and child care in Addis Ababa, Ethiopia, 2023.

5.4 Knowledge of Male Partners toward Infant and Young Child Care

The study found, 329 (54.8%) of the participants had good knowledge. While the rest of the respondents, 271 (45.2%), had poor knowledge (table2).

Knowledge	Frequency	Percentage
Good knowledge	329	54.8
Poor knowledge	271	45.2

Table 2: Male partners' knowledge on infant and young child care in Addis Ababa, Ethiopia, 2023

5.5 Assess Knowledge on Activities Related to Male Involvement in Child Care

The study shows that majority of respondents, 465(77.5%), reported being aware of childcare practices. Among the options provided, the most prominent sources were radio (47.7%), health

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facilities (16.2%), and television (10.2%). Regarding the completion of immunization, the study found that 57.7% of respondents believed that immunization should be completed four or five times. Furthermore, respondents highlighted different age milestones for completing vaccination. The data revealed that 49.3% of respondents believed that children should complete their vaccination by the age of four and above. Additionally, the study assessed parental involvement in food preparation for their children. It was found that 69.2% of respondents reported not preparing food for their children (Table3).

Assess knowledge on activities related to male involvement in child care.		Frequency	Percentage (%)
Heard about child care	Yes	465	77.5
	No	135	22.5
Know about immunization	Yes	455	75.8
	No	145	24.2
Prepared food for child	Yes	185	30.8
	No	415	69.2
Take the child to health facility during illness	Yes	84	14
	No	516	86
Take the child to health facility for immunization	Yes	22	3.7
	No	578	96.3

Table 3. Assess knowledge on activities related to male involvement in child care in Addis Ababa, Ethiopia, 2023.

5.6 Male Partner's Attitude on Infant and Young Child Care

From the total respondents, 306 (51%) had a good attitude regarding male involvement in infant and young child care. The responses show that around 26.7% of men agreed to take part in bathing their children. However, a higher percentage (40.0%) disagreed with participating in bathing tasks. Approximately 31.3% of men expressed agreement with participating in feeding their children; however, 37.5% disagreed with taking part in feeding duties.

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The data reveal that 36.5% agreed to participate in changing their child's clothes. When it comes to supporting the infant's mother emotionally, a significant majority of men (74.0%) expressed agreement, demonstrating their recognition of the importance of emotional support in child care (table4).

Attitude	Frequency	Percent
Good attitude	306	51.0
Poor attitude	294	49.0

Table 4: Male partners' Attitude on Infant and young child care, in Addis Ababa, Ethiopia, 2023.

5.7 Factors Influencing Male Partner's Involvement in Infant and Young Child Care

Among variables entered into bivariate analysis, sex of the children less than two years of age, knowledge and attitude of the male partners, were candidate for multivariate logistic regression

The sex of the child seems to have statistically significant association with male involvement. The data shows that male involvement is two times higher when the child is male rather than female in the infant and young child care (AOR;1.88 (95% CI: (1.15-3.04), $P < 0.011$).

Male partners who had good knowledge were four times more likely to get involved in infant and young child care as compared to male partners who had poor knowledge in the [AOR: 3.10 (95% CI: 2.01-4.79), $p < 0.001$]. Male partners who had good attitude were 15 times more likely involved in infant and young child care as compared to male partners who had poor attitude in the [AOR 15.24 (95% CI:(9.85-23.57)] p -value of < 0.001 (table5).

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Variables	Categories	Male involvement		COR(95% CI)	AOR(95% CI)	P-value
		Good involvement	Poor involvement			
Husband occupation	Government	173(60.3%)	114(39.7%)	1.8(1.3-2.5)	1.246(0.725-2.14)	0.43
	Private	143(45.7%)	170(54.3%)	1	1	
Wife occupation	Government	120(60.6%)	78(39.4%)	1.36(0.91-2.03)	1.388(0.739-2.61)	0.31
	Private	91(44.6%)	113(55.4%)	0.71(0.48-1.06)	0.798(0.47-1.35)	0.4
	House wife	105(53.0%)	93(47.0%)	1	1	
No of children	≤2	265(54.1%)	225(45.9%)	1.36(0.9-2.06)	1.343(0.62-2.92)	0.5
	≥3	51(46.4%)	59(53.6%)	1	1	
Age of children	≤year	212(54.8%)	175(45.2%)	1.27(0.91-1.78)	1.437(0.92-2.25)	0.11
	> 1 year	104(48.8%)	109(51.2%)	1	1	
Sex of child	Female	201(46.7%)	229(53.3%)	1	1	
	Male	115(67.6%)	55(32.4%)	2.38(1.64-3.46)	1.875(1.155-3.04)	0.011
Birth order	First	105(67.7%)	68(39.7%)	1		
	Second –third	159(48.3%)	170(51.7%)	0.73(0.44-1.21)	0.894(0.54-1.48)	0.66
	End-last	52(53.1%)	46(46.9%)	0.61(0.42-0.88)	1.56(0.65-3.77)	0.3
Knowledge	Good	215(67.6%)	103(32.4%)	3.74(2.67-5.25)	3.102(2.01-4.79)	0.000
	Poor	101(35.8%)	181(64.2%)	1	1	
Attitude	Good	246(83.7%)	48(16.3%)	17.28(11.48-25.99)	15.24(9.85-23.57)	0.000
	Poor	70(22.9%)	236(77.1%)	1	1	

COR= Crude odd ratio AOR= Adjusted odds ratio CI= Confidence Interval

Table 5: Bivariate and Multivariate logistic regression which shows male involvement in infant and young child care, in Addis Ababa, Ethiopia, 2023.

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6. DISCUSSION

This study intended to assess male involvement in infant and young child care and associated factors, among fathers of under two year children in Addis Ababa. Near to half of male showed involvement in infant and young child care. Male involvement plays a crucial role in shaping a child's development and overall well-being. It encompasses various aspects of childcare, including diapering, bathing, feeding, changing clothes, engaging in interactive activities, providing emotional support, attending care conferences, supporting financially, and ensuring necessary healthcare visits. Active involvement in these tasks not only supports children's physical care needs but also fosters bonding, secure attachments, and positive parent-child interactions(57).

Sex of infant and young child seems to have a notable influence on male involvement, which is similar to study conducted in Japan Paternal childcare in early childhood and problematic behavior in children 2021 which reveals fathers of boys, however, were involved slightly more frequently than those of girls in several types of caregiving, such as bathing, putting their children to sleep, and taking(58).

In this study male partners who had good knowledge towards childcare is four times in favor of involvement in young child care. The study conducted in the Pacific on male involvement in reproductive, maternal, and child health revealed the health knowledge of men and their greater openness to new information about their role as husband and father during significant life events such as child health(9).

Also male involvement in infant and young child care were significantly associated with Male partners who had good attitude, were 15 times more likely involved in infant and young child care as compared to male partners who had poor attitude. The study conducted in Madagascar on males involvement in childcare activities shows that perceptions of involved males and attitudes towards the wives of involved males Similar to the parental perception of fathers' responsibility and the barriers to involvement, the community considers caregiving the mother's job (39).

7. CONCLUSION

Male partner's involvement towards infant and young child care was need improvement. The variables that can affect male involvement in infant and young child care can change depending on where people live and how they interact. Male's knowledge and attitudes played significant roles in their involvement in infant and young child care. As a result of a thorough understanding of the need for greater male involvement among all the participants, this study recommends creating child health care environments that are more male-friendly and enhancing service delivery that frequently involves males. The existing infant and young child health awareness campaigns focused on women should be reevaluated and changed to include men. Additionally, barriers and difficulties to male involvement in infant and young child care activities need to be addressed for effective implementation.

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8. RECOMMENDATION

For researchers

- The study recommends that future studies may focus on to address the problem associated with male partner involvement in infant and young child care.

For Addis Ababa administration health bureau

- Should give more attention and create awareness through the community on the importance of male involvement in infant and young child care and associated factors.

For FMOH and Policy makers

- ✓ Develop policies promoting male involvement in infant and young child care.
- ✓ Identifying the factors that affect male involvement in infant and young childcare and improving male involvement in child care.

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9. STRENGTH AND LIMITATION OF THE STUDY

9.1 Strength

- This study tries to identify the level of male involvement in childcare and factors associated with outcomes as there was no recent study done on this study area. This quantitative study will lay foundation for many other research ideas and it could be used as base for identifying a problem to doing other researches.

9.2 Limitation

- Recall bias could be present although the study included fathers of children less than two year.
- Did not follow over time.

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APPENDIX

Appendix I: Information Sheet and Consent Form: (English Version)

Information Sheet

Greeting!

Hello!

Dear respondents my name is _____ and I am working as data collector for the study being conducted in this woreda by Mr. Mekuannt Melke, who is studying for his master's degree at Addis Ababa University College of Health Science, School of Nursing and Midwifery. I kindly request you to lend me your attention to explain you about the study and how you have been selected as study participant.

Objectives; The main aim of the study was to assess male partners' involvement in child care and the contributing factors among in Addis Ababa city administration, Ethiopia, 2023.

Participants: Randomly selected males who have child age under 2 years in the selected house hold at Addis Ababa administration.

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

Benefit: No financial benefit will be related with this study. If you can take a few minutes from your busy schedule to complete the accompanying questionnaire, it would be greatly appreciated.

Your voluntary participation in this study will be kept completely secret, and any information you submit will remain anonymous. Your participation in this study is much welcomed and will make a vital contribution to the enhancement of care quality in male involvement in child care. These surveys will be used just for my proposal and will be deleted after tabulated. There will be no attempt to connect you to the answers. You may also option not to participate in this study, or if you get uncomfortable throughout the study, you may leave at any moment.

Contact address: If there is any questions or unclear idea any time about the study or the procedures, do not hesitate to contact and speak to principal investigator with cell phone number: **0938613236** or e-mail address mekumelke13@gmail.com. I have read this form and I comprehend and understand all condition stated above. Are you willing to participate in this study?

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

Consent Form

I have read the information sheet concerning this study (or have understood the verbal explanation) and I understand what will be required of me and what will happen to me if I take part in it. I also understand that any time I may withdraw from this study without giving a reason and without me or my family's routine service utilization being affected for my refusal.

Participant's Signature: _____ Date _____

Interviewer signature certifying that the informed consent has been given verbally.

Interview's name _____

Interview's Signature _____ Date _____

May I continue the interview?

1. Yes _____ Continue the interview
2. No _____ Stop the interview and thank the respondent

Result: (to confirm for completeness)

- A. Questionnaire completed _____
- B. Questionnaire partially completed

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Appendix II: English version questionnaires for interview

Identification information

001. Identification number _____

002. Sub city _____

003. Woreda _____

Section.1. socio-demographic characteristics of male partners

S. NO	Questions	Response	Remark
100	Age of respondents in years	_____	
101	What is your marital status?	1. Single 2. Married 3. Divorced 4. Widowed	
102	How many wives do you have?	1. One 2. Two and above	
103	Age of your wives	_____	
104	What is your occupation?	1. Government employee 2. Private employee 4. Merchant 4. Other	
104	What is your spouse Occupation?	1. Government employee 2. Private employee 3. Merchant 4. Housewife 5. Other	
105	Number of children's do you have	_____	
106	Age of the child in month (child less than 2 yrs)	_____	
107	Sex of the infant and young child less than 2years	1. Male 2. Female	
108	Birth order of infant and young child less than 2years	1. First 2. Second/third 3. End/Last	
109	Number of your family size	_____	

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Section II

Male partners' involvement in young child care

S.NO	Questions	Remark
201	Diapering	1.Yes 2.No
202	Bathing	1.Yes 2.No
203	Feeding	1.Yes 2.No
204	Changing clothes of your infant or child	1.Yes 2.No
205	Talking, singing, or reading to the infant	1.Yes 2.No
206	Supporting the infant's mother emotionally	1.Yes 2.No
207	Attending care conferences about my infant in the last two month's	1.Yes 2.No
208	Supporting the mother financially	1.Yes 2.No
209	Taking the infant to clinic or health facilities during illness (in the last three months)	1.Yes 2.No
210	Taking the infant to health facilities for immunization (in the last two months)	1.Yes 2.No

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Section III

Knowledge of male partner involvement child care

S.NO	Questions	Response	Remark
301	Have you ever heard about a care given to infant and young child?	1.Yes 2.No	
302	If yes to question Number301, from where have you heard?	1.Radio 2.TV 3.HEW 4.Health facility 5.Other	
303	If yes to question number 301 what type of care is given to infant and young child (Select multiple response)	1. Immunization 2. Taking ill child to 3. Health 4. Feeding 5. Bathing 6. Clothing/Diapering 7. Playing with child 9. Supporting mother to breast feed her child	
304	Do you know about infant and young child immunization	1.Yes 2.No	
305	How many times one child can be vaccinated to complete immunization?	1. Once 2. Twice 3. Three times 4. Four to five times	
306	By what age the child should complete vaccination	1. nine month or less than one year's 2.Two Years 3.Three years 4.four and above	
307	At what age infant start food	1.Immediately after birth 2.Two month 3.Four month 4.Six month 5.One year and above	
308	Have you ever prepared food for your child	1.Yes 2.No	
309	If yes to Ques. No 308, what item of food you used (<i>Multiple</i>	1.Only a single food 2.What we eat	

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	<i>selection)</i>	3.Different fruits and vegetables 4.Combination of different foods and fruits 5.Others	
310	In the last three month have you take your child to health facility with your wife?	1. Yes 2. No 3. I don't know	
311	If No to Ques. No 310 why?	1. It is mother busyness 2.I am busy 3.Long hrs. waiting at health facilities 4.Long distance of health facilities 5.Lack of money 6.Other	
312	Do you know the importance of taking the sick child to health facilities with your spouse?	1.To help the mother 2.To know the information given from HF 3.To facilitate service at HF 4.To provide additional money (if needed) 5.Other	

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Section IV: Male partner's attitude of infant and young child care

No	Questions	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
401	Diapering					
402	Bathing					
403	Feeding					
404	Changing clothes of your infant or child					
405	Talking, singing, or reading to the infant					
406	Supporting the infant's mother emotionally					
407	Attending care conferences about my infant in the last two month's					
408	Supporting the mother financially					
409	Taking the infant to clinic or health facilities during illness (in the last three months)					
410	Taking the infant to health facilities for immunization (in the last two months)					

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Appendix III Amharic version questionnaire			
የዳታ ሰብሳቢ ኮድ			
ተ.ቁ	ጥያቄ	ክፍል/ፊት	ምርመራ
1	ክፍለ ከተማ	1 ልደታ 2 ቦሌ 3 የካ 4 አራዳ	
2	ወረዳ	መለያ ቁጥር	
ክፍል 1. ማህበራዊ-ዲሞክራሲያዊ ባህሪያት			
1	እድሜ በዓመት		
2	የጋብቻ ሁኔታ	1 ያላገባ 2 ያገባ 3 የተፋታ 4 ባለቤቱ በህይወት የለችም	
3	ስንት ሚስት አለህ?	1 አንድ 2 ሁለት እና ከዚያ በላይ	
4	የሚስትህ ዕድሜ?	በዓመት _____	
5	ሥራህ ምንድን ነው?	1 የመንግስት ሰራተኛ 2 የግል ሰራተኛ 3 ነጋዴ 4. ሌላ	
4	የሚስትህ ሥራ ምንድን ነው?	1 የመንግስት ሰራተኛ 2 የግል ሰራተኛ 3 ነጋዴ 4 የቤት እመቤት	
5	ስንት ልጅ አለህ?		
6	የልጅ ዕድሜ በወር (ከሁለት ዓመት በታች የሆነ ልጅ)?		
7	የልጅ ያታ (ከሁለት ዓመት በታች የሆነ ልጅ)?	1 ወንድ 2 ሴት	
8	ስንተኛ ልጅ ነው (ከሁለት ዓመት በታች የሆነ ልጅ)?	አንደኛ ሁለተኛ/ሦስተኛ መጨረሻ	
9	ክፍል 2 የወንድ አጋሮች ስለ ጨቅላ እና ታዳጊ ሕፃን እንክብካቤ ላይ ተሳትፎ ዳይፐር ማድረግ	አዎ አይደለም	
10	ገላ ማጠብ		
11	የልጅዎን ልብስ መቀየር	1 አዎ 2 አይደለም	
12	ከልጅ ጋር ማውራት, መዘመር ወይም ማንበብ	1 አዎ 2 አይደለም	
13	የልጅን እናት በሀሳብ መደገፍ?	1 አዎ 2 አይደለም	
14	ስለ ልጅ (ባለፉት ሁለት ወራት) የእንክብካቤ ኮንፈረንስ ላይ መገኘት?	1 አዎ 2 አይደለም	
15	የሕፃኑን እናት በገንዘብ መደገፍ?	1 አዎ 2 አይደለም	
16	ሕፃኑን በህመም ጊዜ (ባለፉት ሶስት ወራት ውስጥ) ወደ ክሊኒክ ወይም የጤና ተቋም መውሰድ?	1 አዎ 2 አይደለም	
17	ህፃኑን ለክትባት ወደ ጤና ተቋም መውሰድ (ባለፉት ሁለት ወራት ውስጥ)?		

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ክፍል 3 የወንድ አጋሮች ስለ ጨቅላ እና ታዳጊ ሕፃን እንክብካቤ እውቀት.		
301	ለልጅ ስለሚደረግ እንክብካቤ ሰምተህ ታውቃለህ?	1 አዎ 2 አይደለም
302	ከላይ ያለው ጥያቄ አዎ ከሆነ፣ ከየት ሰማህ?	1 ሬዲዮ 2 ቴሌቪዥን 3 ኤክስቴንሽን 4 ሠራተኛ 5 የጤና ተቋማት
303	ከላይ ያለው ጥያቄ አዎ ከሆነ፣ ለጨቅላ እና ለታዳጊ ሕፃን ምን አይነት እንክብካቤ ነው የሚሰጠው(ብዙ ይምረጡ)	1 ክትባት 2 የታመመ ልጅን ወደ ክሊኒክ መውሰድ 3 መመገብ 4 ገላ ማጠብ 5 የልጅዎን ልብስ/ዳይፐር መቀየር 6 ከልጁ ጋር መጫወት 7 እናት ልጇን እንድታጠባ ማበረታታት
302	ስለ ልጅ ክትባት ታውቃለህ?	1 አዎ 2 አይደለም
303	አንድ ልጅ ክትባቱን ለማጠናቀቅ ስንት ጊዜ ሊከተብ ይችላል?	1 አንድ ጊዜ 2 ሁለት ጊዜ 3 ሶስት ጊዜ 4 አራት ወይም አምስት ጊዜ
304	ህፃኑ በየትኛው ዕድሜ ላይ ነው ክትባቱን ማጠናቀቅ ያለበት?	1 ዘጠኝ ወር ወይም 2 ከአንድ አመት በታች 3 ሁለት አመት 4 ሶስት አመት 5 አራት እና ከዚያ በላይ
305	ህፃኑ በየትኛው እድሜ ላይ ምግብ ይጀምራል?	1 ከተወለደ በኋላ ወዲያው 2 ሁለት ወር 3 አራት ወር 4 ስድስት ወር 5 አንድ አመት እና ከዚያ በላይ
306	ለልጅዎ ምግብ አዘጋጅተው ያውቃሉ?	1 አዎ 2 አይደለም
307	አዎ ከሆነ ከላይ ያለው ጥያቄ የትኛውን ምግብ ተጠቅመዋል(ብዙ ምርጫ)?	1 አንድ ዓይነት ምግብ ብቻ 2 እኛ የምንመግበውን 3 የተለያዩ ፍራፍሬዎችና አትክልቶች 4 የተለያዩ ምግቦች እና ፍራፍሬዎች በመቀላቀል 5 ሌሎች
306	ባለፉት ሶስት ወራት ውስጥ ልጅዎን ከባለቤትዎ ጋር ወደ ጤና ተቋም ወስደዋል?	1 አዎ 2 አይደለም 3 አላውቅም
307	ከላይ ያለው ጥያቄ አይደለም ከሆነ, ለምን?	1 የእናት ጉዳይ ነው 2 ጊዜ የለኝም 3 ረጅም ሰዓት በጤና ተቋም መጠበቅ 4 የጤና ተቋም ረጅም ርቀት 5 የገንዘብ እጥረት
308	የታመመውን ልጅ ከባለቤትዎ ጋር ወደ ጤና ተቋማት መውሰድ አስፈላጊ መሆኑን ያውቃሉ?	1 እናቱን ለመርዳት 2 ከጤና ተቋም 3 የተሰጠውን መረጃ ለማወቅ 4 በጤና ተቋም አገልግሎትን ለማመቻቸት 5 ተጨማሪ

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ክፍል 4. የወንድ አጋሮች ለጨቅላ እና ለታዳጊ ሕፃን እንክብካቤ አመለካከት							
		በ.እ	እ	ገ	አ	በአ	
401	ዳይፐርማድረግ						
402	ገላ ማጠብ						
403	መመገብ						
404	የልጅዎን ልብስ መቀየር						
405	ክልጁ ጋር ማውራት-መዘመር ወይም ማንበብ						
406	የልጁን እናት በሀሳብ መደገፍ						
407	ስለ ልጅ እንክብካቤ ኮንፈረንስ ላይ መገኘት (ባለፉት ሁለት ወራት ውስጥ)						
408	የሕፃኑን እናት በገንዘብ መደገፍ						
409	ሕፃኑንበህመምጊዜወደ ክሊኒክ ወይም የጤና ተቋም መውሰድ(ባለፉት ሶስት ወራት ውስጥ)						
410	ህፃኑን ለክትባት ወደ ጤና ተቋም መውሰድ (ባለፉት ሁለት ወራት ውስጥ)						

ቁልፎች በእ= በጣም እስማማለሁ እ=እስማማለሁ ገ =ገለልተኛ አ= አልሰማማም
 በአ=በጣም አልሰማ