ADDIS ABABA UNIVERSITY

COLLEGE OF HEALTH SCIENCES

SCHOOL OF ALLIED HEALTH SCIENCES

DEPARTMENT OF NURSING AND MIDWIFERY

ASSESSMENT OF PRE-LACTEAL FEEDING PRACTICE AND ITS ASSOCIATED FACTORS AMONG MOTHERS HAVING CHILDREN LESS THAN 24 MONTHS OF AGE IN FITCHE TOWN, NORTH SHOWA, ETHIOPIA

BY DEJENE HAILU (BSc)

A THESIS SUBMITTED TO SCHOOL OF GRADUATE STUDIES OF ADDIS ABABA UNIVERSITY, COLLEGE OF HEALTH SCIENCE SCHOOL OF ALLIED HEALTH SCIENCES IN PARTIAL FULFILMENT OF THE REQUIREMENT OF THE DEGREE OF MASTERS OF SCIENCE IN CHILD HEALTH NURSING IN THE DEPARTEMENT OF NURSING AND MIDWIFERY

MAY, 2016

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Acronyms

ANC……..Antenatal care

BFHI……..Baby Friendly Hospital Initiative

BME……..Black and Minority Ethnic

CS…….. Caesarean section

EDHS…….. Ethiopian demographic health survey

EBF……..Exclusive breastfeeding

HEW ……..Health extension worker

ICT…….. Information and Communication Technology

IYCF ……..Infant and Young Child Feeding

PAS…….. Proportional allocation to sample size

PLF……..Pre-lacteal feeding

PI……..Principal Investigator

SS ……..Systematic sampling

TBA……..traditional birth attendants

UNICEF…….. United nation international children's emergency fund
WHO……..World health organization

Abstract

Background: - A pre-lacteal feed is any food except mother's milk provided to a newborn before initiating breastfeeding. The early introduction of complementary feeds before the age of six months can lead to displacement of breast milk and increased risk of infections such as diarrhea, which further contributes to weight loss and malnutrition.

Objective:-The aim of this study was to assess pre-lacteal feeding practice and its associated factors among mothers having children less than 24 months of age in Fitche town, North Shewa, Ethiopia, 2016.

Methods: - A community based cross-sectional study was conducted at Fitche town from February 1 to March 1, 2016. 327 mothers having children less than 24 months of age were selected by systematic sampling technique. Interviewer administered structured questionnaires was used to collect data. The data was entered using EPI data version 3.1and exported to SPSS version 22 statistical packages for analysis. Descriptive statistics, binary and multivariable logistic regression analysis was used to identify the factors associated with pre-lacteal feeding practices. The variables which had significant association were identified on the bases of P value <0.05 and 95%CI.

Results: The prevalence of pre-lacteal feeding practice was 24.4%. The common type of pre-lacteal feeding was plain water; 39(12.2) followed by butter; 25(7.8%). Mothers who didn't get breast feeding counseling were seven times more likely practice pre-lacteal feeding when compared to their counter parts (AOR: 7.07 (95% CI: 1.67, 29.88)). Mothers who didn't have knowledge on risk associated with pre-lacteal feeding were 8.56 times more likely practice pre-lacteal feeding as compared to their counterparts(AOR: 8.56 95% CI: 2.65, 27.64)).

Conclusion and Recommendation: Prelacteal feeding was commonly practiced in Fitche town. Lack of breast feeding counseling and knowledge of mothers about risk associated with pre-lacteal feeding were identified as potential predictors of pre-lacteal feeding practice. Promoting behavioral change communication activities on the risk associated with prelactal feeding and to provide appropriate counseling on breast feeding practice to the mothers with practical demonstration of how to position the infant during breast feeding.

Key Words: - Pre-lacteal feeding, Exclusive breast feeding, Mothers.

CHAPTER ONE

1. Introduction

1.1. Background

A pre-lacteal feeding (PLF) is any food except mother's milk provided to a newborn before initiating breastfeeding. Pre-lacteal feeding is a major barrier to exclusive breastfeeding (EBF) (1). Exclusive breastfeeding is the cornerstone of adequate early infant nutrition. Despite the acknowledged gains of Baby Friendly Hospital Initiative (BFHI) and other interventional measures in ensuring optimal infant nutrition, it is still a common practice for newborn babies to be given substances other than breast milk within the first day of life (2).

Exclusive breastfeeding is recommended as the optimum method of feeding for the first 6 months of life. In many countries across the world, the practice of giving new born babies other substances (pre lacteal feeding) even before lactation has been initiated is a common cultural practice. Pre lacteal feeds are very common and are an important factor in delaying the initiation of breast feeding. These delay the milk letdown reflex and could contribute to lactation failure(3). Despite the demonstrated benefits of breast milk, the prevalence of breastfeeding, in-particular exclusive breastfeeding (EBF), in many developing countries including Ethiopia is lower than the international recommendation of EBF for the first six months of life(4).

Child is the chief victim of interplay of nutrition, socioeconomic and health factors that cause malnutrition. The rise of malnutrition in children during the first two years of life is indicative of poor infant feeding practices. Adequate nutrition is essential for children's health and development. Growth during the first year of life is greater than at any other time after birth. Breast milk provides immunologic protection against death from infectious diseases, such as diarrhea, respiratory infections, otitis media, pneumonia and meningitis. Good nutrition during this period of rapid growth is vital to ensure that the infant develops both physically and mentally to the fullest potential. Poor feeding practices are a major threat to social and economic development. Nutritional counseling is required to improve the infant feeding practices(5).

World Breastfeeding Week commemoration is the global campaign which has the greatest outreach that raise public awareness about breastfeeding and reap support for it. This annual event usually carries different themes which advocate issues that create enabling environment on breastfeeding (6). Breastfeeding is one of the most important determinants of child survival, birth spacing, and the prevention of childhood infections. The beneficial effects of breastfeeding depend on its initiation, duration, and the age at which the breastfed child is weaned. Breastfeeding practices vary among different regions and communities(7).

1.2. Statement of the problem

Pre-lacteal feeding is a common practice which is prevalent in almost all the communities throughout the World invariably of any caste, creed and nation. Mostly, it is established as a tradition in different communities and treated as a part of culture. Study done in Indians reveals it is also a need of the infants that emerged due to certain specific mental, physical and medical conditions of mothers during post natal period (8). Malnutrition is an underlying factor in more than 50% of the major cause of infant mortality-Pneumonia, diarrheal disease and measles which account for 70% of infant mortality (9).

Globally, it is estimated that every day, as many as 4,000 infants and young children die worldwide because they don't breast feeding. Non exclusive breastfeeding can also increase the risk of dying due to diarrhea and pneumonia among 0–5 month old infants by more than two folds. Pre-lacteal feeding was associated with having repeated infections, grows less and is almost six times more likely to die by aged 2 to 28 days than children who receive early breast milk(10). Inappropriate feeding practices are estimated that, directly or indirectly it is the cause for at least 35% of deaths in children less than five years of age. Over two-thirds of these deaths occur during the first year of life. Under nutrition is also a major cause of disability preventing children who survive from reaching their full development potential(11).

Another Demographic and health survey in Nepal also revealed 26.5% were provided with PLF (1).

Pre-lacteal feeding is common practice in Indian: 14.85%, 88%, 48% and 42.7%, 50.6% in Tamilandu, pure block of Jammu and Kashmir, Pondicherry, Maharashtra and Lucknow city UP, respectively (3,12–15). Study done in Egypt at Mansoura also illustrates about 58% of newborns initiated pre-lacteal feeds. The commonest PLF was sugar/glucose water (39.6%), infant formula (28.6%), and herbs/decoction (21.7%).The most frequent reasons for giving PLF are tradition (61.0%) and mother's/mother in law's advice (58.3%)(16)

Malnutrition is a major public health problem in the developing countries. It contributes to child morbidity and mortality, poor intellectual and physical development of children, and lowered resistance to diseases(17). In developing countries alone, early initiation of breastfeeding could save as many as 1.45 million lives each year by reducing deaths mainly due to diarrheal disorders and lower respiratory tract infections in children(18). A cross sectional descriptive study done on Slum Children revealed most of the mothers (84%) fed their child with PLF (19).

It is to be realized that a million children die worldwide each year because they are not breast fed. Several millions who survive suffer from acute or chronic illness related to harmful effects of artificial feeding. (20). Study in Nigeria revealed that more than one third 38.8% of mothers practiced pre-lacteal feeding on their infants (21) Institutional based cross-sectional study was conducted in Harari regional state showed that (45.4%) of mothers gave pre-lacteal liquids for their infants(22).

In Ethiopia, like in other developing nations, diarrhea is a major contributor of morbidity and mortality in young infant and children, especially in urban areas, due to inappropriate breastfeeding patterns(23).Pre-lacteal feeding is a common practices in Ethiopia:12.8%,17%,19%,34%,38.8%,48.3% in Enderta woreda in tigray, Jimma zone, Lalibela town administration, Arba Minch Zuria woreda, Raya Kobo, and West Gojam zone respectively(17,24–28). Study in West Gojam Zone showed that children deprived of colostrum (52.0%) were stunted than children who received it. Similarly, a significantly higher proportion of children who received pre-lacteal feeding (48.3%) were stunted as compared to children who were not given fed pre-lacteal feeding by their mothers or care takers(28).

A wide range of harmful new born feeding practices are documented even after the implementation of infant and young child feeding guide line(10). Although pre-lacteal feeding is widely practiced in Ethiopia, the factors were not well studied in Ethiopia particularly in Fitche town.

Therefore, the purpose of this study is to assess the magnitude of pre-lacteal feeding and associated factors among mothers having children less than twenty four months of age in Fitche town, North show Ethiopia.

1.3. Significance of the study

The problem of PLF has been the matter of concern for Ministry of health for years. Although prelacteal feeding is widely practiced in Ethiopia, the factors were not well studied in Ethiopia particularly in Fitche town, Therefore, this study attempted to fill this information gap and come up with recommendation on possible intervention for PLF and association factors in Fitche town, north shewa Ethiopia.

This study may help Community health workers (health extension workers) and health care service provider (Nurses and midwifes), who work at under five and Maternal and Child Health Clinic (MCH) as a baseline in their counseling/health education session to minimize pre-lacteal feeding practice and strengthen good breast feeding practice. It helps Health manager by providing relevant information for future planning and interventions of appropriate strategies to reduce pre-lacteal feeding. It also helps to Non-Governmental Organizations (NGOs) and policy makers to give information that will help to formulate appropriate implementation tool. It may serve as baseline data for those who are interested in carrying out further research with this regard.

CHAPTER TWO

2. Literature Review

2.1. Pre-lacteal feeding practice

Study done in slum children showed that among all the mothers 120 (96%) respondents fed their child colostrums. Out of 120 respondents 54 (45.0%) respondents initiated breastfeeding within one hour of birth. One hundred five (84%) respondents gave pre-lacteal feeding. only 20 (16%) respondents practiced exclusive breastfeeding for six months. It was revealed that 80 (64%) mothers fed their child complementary feeding at the age 6-7 months, while 31(29.5%) mothers fed their children honey and sugar water separately (19).

According to Study done in Timor-Leste, Asia, a total of 4821 mother-infant pairs were included in the analysis. The prevalence of pre-lacteal feeding was 12.3%. The most popular pre-lacteal food was plain water (50.7%), followed by glucose/sugar water (32.5%) and milk other than breast milk (22.7%). Older mothers (35–49 years), mothers with upper socioeconomic status, those who perceived their newborns as small size, and those residing in urban areas were approximately 1.5 times more likely to give PLF, whereas women who followed religions other than Roman Catholic had twice the risk (adjusted odds ratio 1.98; 95% CI 1.16–3.41)(29).

A cross-sectional study in Urban slums of Luck now city, UP showed that Half (50.6%) PLF was given to newborn. Out of those who had given pre-lacteal feed, 55.1 percent had given mugli ghutti/gripe water and 49.4 percent had given boiled water as pre-lacteal feed(15). Study in a Tertiary Care Hospital, Bellary, Karnataka revealed 42.4% of children received pre lacteal feeds(30). In rural area of Uttarakhand 61.8% of newborns received pre-lacteal feed (31).

One study done in rural areas of Maharashtra, India, showed (42.7%) practiced PLF. From the PLF, Cow milk (45.3%) was the most common pre-lacteal feed administered followed by honey (40%). Honey with the castor oil administered by 6 (9.31%) respondent while castor oil, honey and cow's milk together given by 2 (3.12%) respondent. Only one (1.56%) respondent administered Jaggery water(14). According to study in rural women of Bijapur 91.25 % gave pre-lacteal feed. Commonest pre-lacteal feed given was sugar water (46.81%) followed by sugar water plus honey (28.63%), Castor oil (8.63), Cow/ Buffalo Milk (8.18) and honey (7.72%)(32).

In the rural community of the Pondicherry the prevalence of rate of pre lacteal feeding was observed to be 48% and the exclusive breast feeding of 71% and mean duration of continued breast feeding was 15 months. The differences between feeding practices among male and female children were negligible in this community(13).

Study in Nepal Demographic health survey revealed the Prevalence of introduction of pre-lacteal feeds of 3948 children, 841 [21.3% unweighted proportion; and 26.5% weighted proportion] were provided with pre-lacteal feeds(1). According to study done in Vietnam Pre-lacteal feeding was very common, practiced by nearly three out of four respondents (73.3%) Infant formula was the most commonly fed pre-lacteal (53.5%), followed by plain water (44.1%). Other pre-lacteal feeds included honey, glucose water, and other liquids (33).

A questionnaire based study done in Tamilandu India showed 350 mothers took part in the study. The minimum age of the mother was 19 years and the maximum age was 30 years, with a mean age of 24 years and 3 months. Of those 350 mothers, 52 (14.85%) had given pre lacteal feeds to their child. There were 25(48.07%) male and 27 (51.92%) female children out of those 52 who were administered pre lacteal feeds. Similarly, when the birth order of the child was taken into account, 32 (14.47%) of the first born, and 20 (15.50%) of the children born later were given pre lacteal feeds. In this study, regarding the variety of food stuffs that were given as pre lacteal feeds to the children; the most common one was sugar water (45.1%), followed by honey (25.5%) and diluted cow's milk (21.6%)(3).

Study done in a teaching Hospital of Western Nigeria showed that 60 (96.8%) respondents (29 doctors and 31 nurses) routinely prescribed pre-lacteal feeds for healthy babies whose mothers were considered to have delay in lactation. The pre-lacteal feeds prescribed by 29 doctors were infant formula 15(51.7%), glucose drinks 11(37.9%) and plain water 3 (10.3%) respectively. Also infant formula16 (51.6%), glucose drinks 13(41.9%) and plain water 2(6.5%) were prescribed by the 31 nurses respectively. Twenty-one (35.0%) of the total 60 subjects giving pre-lacteal feeds usually advised giving pre-lacteal feeds within the first 2 hours of delivery.

Infant formula was the most common pre-lacteal feed administered to newborn babies by the pediatric nurses and doctors. Eleven (73.3%) of the 15 pediatric doctors and 10(58.8%) of the 17 nurses gave this feed. On the other hand glucose water was the most common feed given by the obstetric doctors and nurses-9(60.0%) of the 15 doctors and 8(47.1%) of 17 nurses(34).

According to the study done in the rural communities of Arba Minch Zuria the prevalence of pre-lacteal feeding was 8.9%(26). There was also another study done in Raya kobo north eastern Ethiopia that showed out of 623 mothers who had ever breastfed their index child, 242 (38.8%; 95% CI: 35.0%, 43.0%) reported giving pre-lacteal feeds to their children. The most common pre-lacteal foods were sugar solution (38%) and raw butter (32%)(27).

As institutional based cross-sectional study was conducted in Harari region, eastern Ethiopia revealed that out of the total 612 respondents, 278 (45.4%) of mothers gave pre-lacteal liquids for their infants. The common pre-lacteal food includes sugar or glucose water 121 (43.5%) followed by milk other than breast milk 70 (25.1%) (22). study done in Tigray Enderta woreda that showed 68(12.8%) of the mothers gave pre-lacteal feed(24).

Study done in Lalibela town administration showed the prevalence of pre-lacteal feeding practice was 19%(25). Similar study done in Jimma zone south west Ethiopia that showed the prevalence of pre-lacteal feeding practice was 17% (17). In East Gojam zone sixty two mothers (11.2%) were given additional feeding other than breast feeding with in the first three days and the item of additional feeding were (8.1%) butter and (3.7%) water(35).

2.2. Factors associated with pre-lacteal feeding practice

2.2.1. Maternal & child Socio-demographics related factors

Study in Nepal showed that when compared to the mothers with no education, mothers with primary (OR 0.45; 95%CI 0.34, 0.60) and secondary education (OR 0.53; 95% CI (0.39, 0.73) were less likely to provide pre-lacteal feeds. The mothers from the middle wealth quintile (OR 1.45; 95% CI 1.05, 1.99), mothers who were not working (OR 1.49; 95% CI 1.06, 2.08), and the mothers from the Plain/Terai region (OR 2.28; 95% CI 1.46, 3.57) were more likely to provide their children with pre-lacteal feeds than their counterparts (1).

In Indian regarding educational level, 22.7% of women with no education initiated breastfeeding within one hour, 29.1% within 24 hours and 48.1% after 24 hours. Of women with primary education 33.2% initiated breast-feeding within one hour, 33.5% within 24 hours and 33.3% after 24 hours. Of women with secondary education 37.9% started breastfeeding within one hour, 35.9% within 24 hours and 26.2% after 24 hours. Of all women with higher education 37.1% of them stated initiation of breastfeeding within one hour, 37.2% within 24 hours and 25.7% after 24 hours(36).Study done in Kakinada in rural and urban population showed that there is no much difference in the practice of giving pre-lacteal feeds. 32% of rural population and 31.66% of urban population had given pre-lacteal feeds(37).

A cross-sectional study done in Bhavnagar, Gujarat revealed educated mothers were more aware regarding breast feeding initiation as 49.1% literate mothers had started breastfeeding within one hour as compare with illiterate mother (14.8%). The difference was statistically significant according to education of mother and initiation of breast feeding.there is statistically significant association between Birth order of the child and time of initiation of breast feeding Showed 12.5% of the first-born child, 69.2% of the second born child, 28.6% of the third born child and 28.6% of the fourth and more than forth born child (38).

Study done in Aligarh showed that majority of the mother (57.8%) believes that baby should be given PLF. But awareness regarding not to give pre-lacteal feed (30.36%) was more prevalent in educated class. Most of the mother (51.27%) believe that colostrums (1st feed) was not good for baby and should be discarded but (21.8%) of the mother believe that it should be given and the

view was more prevalent in most educated mothers. The most common feed was herbal decoction (ghutti) 30% followed by honey water (25%), honey, water, glucose water, rose water etc. There were various explanations but most common explanation was inadequate milk for substitution of milk (40%)(39).

One study done in Liaquat University Hospital on the knowledge of breast feeding practices that showed (66-80%) mothers were well informed regarding age for exclusive breastfeeding, need for on-demand breastfeeding, and that breast feeding should be continued up to 2 years. (40) Another study done in India showed that giving PLF is almost universal with 88% of mothers feeding their children. Income seemed to have significant effect on the preference of pre lacteal feeds with low income groups showing lower preference for giving pre lacteal feeds(12).

One study done in Indian showed that 18 and 70 percent of mothers in the age group of less than 20 and more than 30 years administered pre lacteal feeds. The full term babies were fed with pre lacteal foods in 62.4% and 53% among illiterate mothers. The prevalence of pre lacteal feeding was varying from 38.6% and 51.1% among different occupation of the mother. The differences in the prevalence rate were associated with sex of the child and gestational age at birth and is statistically significant (13).In Gujarat India Illiterate mother (85.2%) practices more pre-lacteal feeding than literate mother (50.9%) (38).
In study done in Indian only 61 (10.2%) mothers were involved in giving pre lacteal feed. As far as education status concern 16.1% uneducated mothers and 48.5% mothers who never been educated by medical personals about breastfeed gave pre-lacteal feed to babies(41). In Nepal the mothers whose child was the second or third child or fourth or more birth order were less likely to provide pre-lacteal(1).

Study in Benin City, Nigeria showed that the age group with the highest proportion of respondents that practiced pre-lacteal feeding was 16-20 years (40%) and > 36 years (6.5%). The younger the respondents were, the higher the tendency to practice pre-lacteal feeding. Pre-lacteal feeding was commoner among the Ibos (14.5%) and Esan people (13.1%) however there was no significant association between tribe/ethnicity and practice of pre-lacteal feeding(2).

In Mansoura, Egypt the pre-lacteal feeding is significantly more reported in urban than rural areas (OR = 3.5), with highly educated mothers (OR = 2.0 for secondary education and OR = 1.9 for higher education), in low, middle and high social classes (OR = 1.7, 2.2 and 4.6; respectively) and on obese/overweight Mothers (OR = 2.0). Predictors of PLF are urban residence (AOR = 3.8); maternal education (AOR = 0.6 and 1.5 for secondary and higher education, resp.); low, middle, and high social class (AOR = 5.7, 24.3, and 33.8, resp.) (16). A cross-sectional surveys done in Eastern Uganda on infant feeding among HIV-positive mothers showed that married or cohabiting 61(67%),widowed 71(63),separated or divorced 16 (57%) and single 2 (50) gave pre-lacteal feeding to their newborns(42).

In Ethiopia at Lalibela town administration the most prevalent traditional feeding practices that children had undergone were giving leftover food to child 296 (36%), bottle feeding practiced 237 (28%), giving pre-lacteal feeding 158 (19%) and depleting colostrum 155 (18%) and male children were slightly affected to the most common type of traditional feeding practices of the area than female children. Not giving the first milk (colostrum) and giving pre-lacteal fed to a newborn baby as the first feed were higher among female children than male(11).

An institutional based cross-sectional study conducted on 612 respondents at Harari Regional state showed 328 (53.6%) mothers were from rural areas and 453 (74.0%) were from Oromo ethnic group. Majorities (98.5%) of the mothers were married and 376 (61.4%) were housewives, 482 (78.8%) were Muslims and 103 (16.8%) were Orthodox Christians. Out of this 278 (45.4%) of mothers gave pre-lacteal liquids for their infants. In this study based on monthly income 501 - 999 (23.4%),those mothers who had family size ≤3 (21.6%) and ≥4 (78.4%) and also number of children ≤3 (57.6%) and ≥4 (42.4%), Birth order 1 was (27.3%), birth order 2 - 3 (34.9%) , birth order 4 - 6 (29.9%) and above 7+ (7.9%) were gave pre-lacteal feeding (22).

According to EDHS 2011 the initiation of breastfeeding within one hour was lowest in the Amhara and Somali regions (38 percent and 40 percent, respectively), and highest in the SNNP and Dire Dawa regions (67 percent and 66 percent, respectively). The likelihood that a child is breastfed in the first hour after birth increases with the mother's educational status and wealth quintile. Overall, nearly three children in every ten (27 percent) are given pre-lacteal feeds within

the first three days of life. Pre-lacteal feeding is also varies by region, most commonly practiced in Somali (73 percent). In contrast, 10 percent of children residing in SNNP receive PLF(43).

A community based cross-sectional study done among Mothers of Child Less than Two Years in Bishoftu Town, Ethiopia that showed those with the income of less than 100 ETB had three times good practice of optimal breastfeeding as compared to mothers who earn >500 ETB.This could be those with low income might not afford to feed their children other than breast milk, and also could be due to lack of job opportunities, thus might spend more time with their children at home creating a better chance of breastfeeding. Working mothers were found to have less practice of optimal breastfeeding than mothers who stayed at home(23).

There was also study done in Arba Minch Zuria that revealed women who had no education were four times more likely to delay the initiation of breastfeeding compared to those who had received formal education. Similarly, women who had not been informed of the advantages of breastfeeding were 2.5 times more likely to delay the initiation of breastfeeding than those who did have this information (44).

2.2.2. Maternal knowledge on the risk associated with pre-lacteal feeding related factors

In Vietnam more than three-quarters of mothers knew that breastfeeding should begin within one hour of birth and that babies should be fed colostrums. However, only 7.9% of mothers knew that newborns only need 5–7 ml of milk per feed on the first day of life. Higher breastfeeding knowledge scores correspond to lower odds of feeding pre-lacteals in general and feeding of plain water and infant formula specifically (33).

Bhavnagar city, Gujarat, India 42.3% of infants received pre- lacteal feed because of the wrong belief that the pre-lacteal remove the meconium from the gut(38). Study in Maharashtra India revealed that Insufficient milk was the reason reported by the 20 (31.25%) mothers followed by elder's advice 19 (29.68%) and family custom 16 (25%). Thirteen mother (20.3%) gave reason of good for health (Child will talk early and Tongue will become thin) while 6 (9.37%) opine that that it will remove meconium from the gut of the child(14). In Mansoura, Egypt the most frequent reasons for giving PLF are tradition (61.0%),

mother's/mother in law's advice (58.3%), keeping mouth and throat moist (55.9%), lack of/delay in milk production (47.9%), and advice of health care provider (42.0%)(16).

In Ethiopia study done in Arba Minch zuria indicates among pre-lacteal feeds, 14 (41.18%) of mothers provided water as they believed that it used to remove waste from the infant's stomach. One-hundred eighty-three mothers (47.78%) reported they didn't have information about the importance of colostrums. Some women (8.4%) gave cow's milk instead of initiating breastfeeding since they considered colostrums as out of date milk(26).

One study done in Raya Kobo Ethiopia showed that three hundred and ninety (62.6%) of respondents who had ever breastfed did not know of the risks associated with pre-lacteal feeding. Of the respondents who had practiced pre-lacteal feeding, 73%mothers did not report any purported advantages of pre-lacteal feeding for infants. The other reasons were: to keep baby's mouth moist (17.8%), to keep baby's body warm (3.7%), mother was sick (3.7%), delayed lactation (3.3%), insufficient breast milk (2.0%) and 1.2% were due to inability of the baby to suck breast milk (27).

2.2.3. Maternal Health care service utilization factor

According to the study done in Maharashtra at India counseling by the health staff during antenatal visits also has effect on newborn feeding. PLF practices found to be more among the respondents who did not receive the antenatal counseling about the breast feeding as compare to those who received. It revealed that 47(23.6%) out of 78 practiced the PLF who did not received the counseling by the health staff as compared to the 17 (60.3%) out of 72 who received the counseling. The association found to be statistically significant (14).

Study done on the National Rural Health Mission of Janani Suraksh Yojana (JSY) showed that Higher proportion of non-JSY (72.36%) viz. JSY (54.16%) mothers had institutional delivery. Majority of non-JSY (47.27%) mothers were self-motivator whereas family member motivated majority (41.02%) of JSY women for the same; 92.59% home deliveries were attended by traditional birth attendants (TBA); only 33.10% received at least-one post natal visit within seven days at their respective homes. PLF was administered to 60% of infants while 95% received colostrum; however only 32.43% were initiated on breast-milk within first hour (45).

Study done in Nepal showed the wealth quintile, age of mother at pregnancy, maternal education, mother's occupation, the number of ANC visits, sex of child, birth order, birth interval, size of child at birth, ecological region and development region were significant. (1). In Cambodia Women delivering in private facilities were two times more likely to give a PLF compared to women Delivering in public facilities (34.1% ,15.2% respectively(46).

In Indian more women who delivered their child in a public hospital initiated breastfeeding within one hour (41%) than women delivering in private hospital (32.5%) and home delivery (26.2%). Fewer women who delivered their child in a public hospital initiated breast-feeding after 24 hours (19.7%) than delivery in a private hospital (31.5%) and home delivery (45%) (36).

In Anand, Gujarat out of the 75 mothers interviewed 4(5%) did not have any antenatal checkups (ANC) and 73 (97.3%) had institutional deliveries. Of the 71 mothers who had ANC only 28(39.4%) were counseled about breastfeeding. Prevalence of pre-lacteal feeding, exclusive breast feeding (EBF) and bottle feeding was 17(22.7%), 37(46.7%) and 10(13.3%) respectively. Maternal education beyond 7th grade and antenatal counseling about breastfeeding were associated with increased EBF and decreased pre-lacteal feeds(47).

Another study done in this area showed that all home delivered infants received pre-lacteal feeding and 50% of infants who were delivered in hospital received pre-lacteal feed(38).
In Kampala International University Teaching Hospital Maternal And Child Health Clinic giving pre-lacteal feeds was also common amongst mothers who attended ANC and those who delivered by caesarean section in the health facility(48). In Nairobi Kenya the main reasons for pre-lacteal given were that the mother had little or no breast milk (42%) or that the child had an upset stomach (32%)(49).

Study in Harari regional state showed that ANC follow up, place of delivery, breast feeding initiation time and influence to give pre-lacteal feeding were found to be associated with of PLF. The odds of PLF were 2.62 times higher for mothers who didn't attend ANC follow up compared to their counterpart. The odds of pre-lacteal feeding were 3.42 times higher for infants

delivered at home compared to infants delivered at the public health facility (22). Another study in Raya Kobo revealed that mothers who delivered the index child at home were 2.6 times more likely to practice colostrum avoidance compared with mothers who gave birth at health institutions(50).

2.2.4. Maternal health related factor

A systemic review study revealed prevalence of breastfeeding within the first hour of life ranged from 11.4%, in a province of Saudi Arabia, to 83.3% in Sri Lanka. Cesarean delivery was the most consistent risk factor for non-breastfeeding within the first hour of life. “Low family income”, “maternal age less than 25 years”, “low maternal education”, “no prenatal visit”, “home delivery”, “no prenatal guidance on breastfeeding” and “preterm birth” was reported as risk factors(51).

Study in Vietnam revealed that the most common mode of delivery was vaginal delivery with episiotomy (41.3%), followed by vaginal delivery without episiotomy (37.4%). One fifth of the mothers were delivered by C-section (CS). Mode of delivery was strongly associated with pre-lacteal feeding behaviors Compared with respondents who delivered vaginally without an episiotomy. Mothers who delivered by C-section had more than five times the odds of feeding infant formula to their newborns, and those who delivered vaginally with episiotomy had nearly twice the odds of giving formula(33).

In rural areas of Bangladesh reason not giving colostrums were unknown about colostrums benefits (65.22%), children were sick 21.74% and mothers were sick (6.52 %). In this study 24.08% of mothers had give pre-lacteal feeding and breast problem during feeding such as cracked nipple 25.72%, 11.43% inverted nipple, breast abscess 5.72%, and breast lump 22.88% were also another reasons to avoid colostrum feeding(52). In India Maharashtra Fifty two (40.3%) out of 129 and 12(57.1%) out of 21 practicing PLF those who delivered by vaginal and caesarean section respectively(14). Study done in Eastern Uganda showed that the PLF was given to 150 (64%) infants of the HIV-positive mothers and 414 (57%) infants of general-population mothers(42).

Study done in the three African country Multi-Para mother gave PLF than primipara in Burkina Faso 145(23.4%), Uganda 154 (26.9%) and South Africa 154 (33.5%) (19). A cross-sectional study done among lactating mothers in Benin City, Nigeria showed that PLF was given due to no milk secretion 24(51.1%)(53). In Egypt mothers gave PLF due to Lack of/delay in milk production 179(47.9%), Maternal exhaustion/illness 112(29.9%) and Breast problems (e.g., mastitis, engorgement, and soreness) 102(27.3%) (16). In Nigeria twelve (23.1%) of the 52 respondents who had their babies through caesarian section practiced pre-lacteal feeding while only 35(10.3%) who had spontaneous vertex delivery did so. A significant association existed between route of delivery of index child and practice of pre-lacteal feeding. Mothers who had surgical deliveries were more likely to practice pre-lacteal feeding(2).

In Nairobi Kenya more than a third (37%) was not breastfed in the first hour following delivery. The main reasons given for not initiating breastfeeding immediately were: little or no breast milk (35%); baby being asleep/tired (23%); baby being sick (13%); and mother being sick (9%)(49). According to study done in socio-medical determinants of timely breastfeeding initiation in Ethiopia mothers who had caesarian deliveries had 61 % lower odds of timely breastfeeding initiation compared to vaginal deliveries(54). Study done in Bahir Dar city showed that mode of delivery and knowledge on correct initiation time, were found to be the predictors of early initiation of breastfeeding. Those mothers who delivered their last child vaginally were 7.4 times more likely to initiate breastfeeding early than those who delivered by Caesarean section (55).

2.2.5. Breast feeding initiation related factors

Study done in England revealed that maternal age was strongly associated with area-based breastfeeding, with a 4-6% increase in odds of breastfeeding associated with a unit increase in the percentage of older mothers. Outside London, the proportion of the local population from a Black and Minority Ethnic (BME) background, compared with those from a White British background, was associated with higher breastfeeding (1–3% increase in odds per unit increase in the proportion from a BME background). Area-based deprivation was associated with reduced odds of breastfeeding (21–32% reduced odds comparing most deprived quintile to least deprived quintile)(56).

There is also one study that showed immigrant mothers in the US typically have limited exposure to health education messages such as the “breast is best” campaigns that may be found in their native countries because promotional messages in the US are not in their own language and not specifically designed to relate to them(57).

Study done in Indian demonstrated that 22.8% of the poorest women initiated breastfeeding within one hour and 29% initiated within 24 hours and 48.2% initiated after 24 hours. The richest women however initiated breastfeeding within one hour more often (34.2%) and 37.5% after 24 hours and 28.3% after 24 hours. Poorest women were less likely to initiate early breastfeeding compared to richest women (36). In rural Ghana observational study done on 10,942 infants, among whom there were 140 neonatal deaths from day 2–28. Overall 93 (66.4%) deaths were due to infectious and 47 (33.5%) to noninfectious. The risk of death as a result of infection increased with increasing delay in initiation of breastfeeding from 1 h to day 7; overall late initiation (after day 1) was associated with a 2.6-fold risk. Partial breastfeeding was associated with a 5.7-fold risk of death as a result of infectious disease (58).

Study done in rural part of West Ethiopia showed that being a housewife was found to be 2.5 times more likely to initiate breastfeeding within one hour of delivery compared to their counterparts. Mothers who fed colostrums after birth were 2.2 times more likely to initiate breastfeeding within one hour of birth. Mothers who did not receive health information on breastfeeding after delivery from health personnel were 56 % times less likely to initiate early breastfeeding. Likewise women who gave PLF were 70 % times less likely to initiate early breastfeeding within one hour of childbirth(18).

Study done in Eastern Ethiopia Harari regional state showed that nearly half of the mother (46%) didn’t initiate breastfeeding immediately after delivery. About 26% of mothers with infants didn’t receive ANC service at least once and 47% of them gave birth for their current child at home. Forty six percent of them were influenced to give pre-lacteal feeding to their new born(22). According to Evidence from the 2011 nationwide Demographic and Health Survey the overall prevalence of timely breastfeeding initiation was 52 %. The prevalence was higher in

urban settings than in rural areas. The highest prevalence was found in Addis Ababa 71.5 % while the lowest prevalence was 41.7 % in Somali regional state(54).

2.2.6. Colostrums Avoidance related factors

Study done in Advanced Pediatric Centre of PGIMER, Chandigarh found that sixty-six percent of the respondents had not given colostrums to the infant. It was believed that colostrums which is thick, causes obstructions in the intestines (54.5%) of the infant and therefore, difficult to digest (24.3%) because of its high consistency. Majority of them also considered colostrums as 'dirty, yellow, smelly, stagnant milk' which should not be given to the infant because of its impurity (12.1%) as it is produced during the antenatal period and others like medical reasons 9.1%(59).

Study done on cultural influence on infant feeding showed that many immigrant women from low-income countries make significant socio cultural and economic transitions when they move to the US. Many leave a traditional setting with parenting and family support and become isolated in the US. The influences of acculturation work to reduce traditional infant feeding beliefs within the first generation of residence. Many women also are in new situations involving work and school that separate them from their infants(57).

In Bangladesh on asking respondents who did not give colostrums answered that 13.04% were sick, child was sick 21.74% and 65.22% were unaware of the benefits of colostrums(52). In Ahmadabad city 34.67% mothers have given PLF, tea and jaggery was most common. Most common reason of stopping breast feeding was inadequate milk secretion (54.67%).18% think that feeding should be stopped during illness(5). Study done in Tamilandu showed that 48% of mothers opined that administration of PLF is a socio cultural practice that has been followed in the family for generations. Some of the other reasons that the mothers stated were, ‘throat gets dry (30.76%) and inadequate milk (21.15%)’. When the mothers were asked about the individuals, who actually initiated the pre lacteal feed, 59.6% of them replied that it was their mother who initiated the pre lacteal feed, followed by 25.0% who attributed the pre lacteal feed to their mothers in law(3).

In rural northern Ethiopia 60% of PLF was given and the reason was the traditional belief that it will clean the Stomach(60). A community based cross-sectional study done in Raya Kobo revealed that colostrums was discarded by 13.5% of mothers of children aged <24 months. Among those who discarded colostrums, 25.9% of mothers reasoned out that they believe colostrum is not good. Above 23.5% of the mothers discarded colostrums because it is tradition. About 58% of mothers were not aware about advantages of colostrum. Mothers reported that the most influential individuals for colostrums avoidance were grandmothers (44%), untrained traditional birth attendants (44%) and husbands (12%).

In general different studies done worldwide on pre-lacteal feeding practice and factors affecting pre-lacteal feeding with different recommendation, but still there was a gap that shows practice of pre-lacteal feeding.In this study associated factors such as maternal demographic factors, Health care service utilization (ANC utilization, place of delivery and mode of delivery), Maternal health related factors, Maternal knowledge on the risk associated with pre-lacteal feeding, Colostrums avoidance and Breast feeding initiation will be used to see the association with pre-lacteal feeding.

Conceptual frame work

Maternal and infant Socio demographic character is the distal variables which are affecting the proximal variables and dependent variable. The proximal variables like maternal health care utilization, maternal health related factors, Colostrum avoidance, breast feeding initiation, maternal knowledge on demerits of PLF affected each other and the outcome variable which is pre-lacteal feeding.

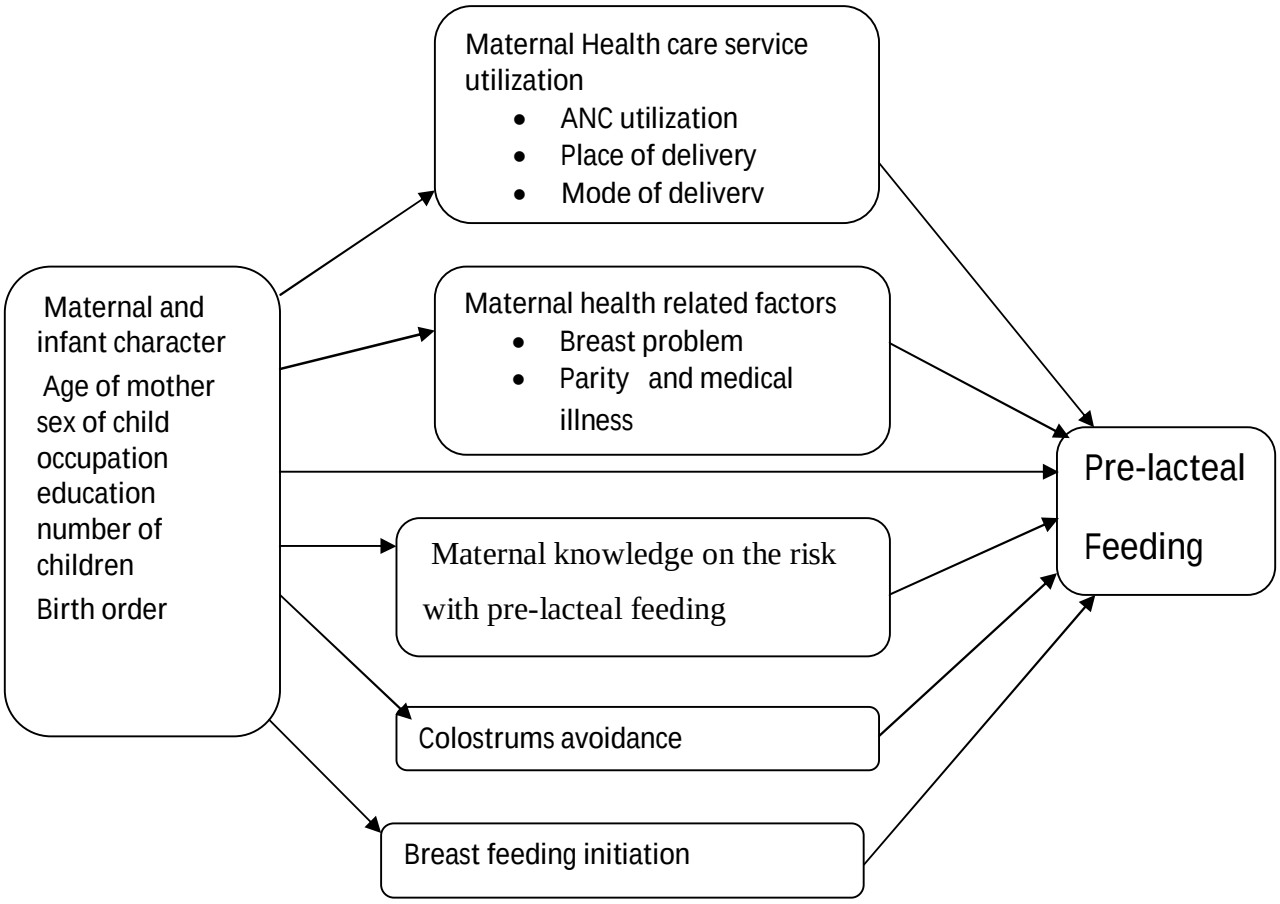


Figure1: conceptual frame work on assessment of pre-lacteal feeding and its associated factors among mothers having children less than twenty four months of age, developed from literature review(1,14,22,27,33).

CHAPTER THREE

3. Objective

3.1. General Objective

To assess the pre-lacteal feeding practice and its associated factors among mothers having children less than 24 months of age in Fitche town, North Showa, Ethiopia, 2016

3.2. Specific Objectives

The specific objectives of the study are:-

- To determine pre-lacteal feeding practices among mothers having children less than 24 months of age in Fitche town, North Showa, Ethiopia, 2016

- To identify factors associated with pre-lacteal feeding practices among mothers having children less than 24 months of age in Fitche town, North Showa, Ethiopia, 2016

CHAPTER FOUR

4. METHODS AND MATERIAL

4.1. Study Area

This study was conducted in Fitche Town the zonal capital city of North Shewa Zone of Oromia National Regional State. It is found at a distance of 115 kms from Addis Ababa on the way to Gojam. The town is surrounded by peasant associations of Addisge in the north, Torban Ashe in the west, Dire Doyyo and Torban Ashe in the South ,Koticha Gobola(Sefane) and Wertu Silase in the East. It has four kebeles. Based on central statistical agency in 2010 the town has the total population of 39,910 where 18,774 are male and 21,136 are female. Out of all female population**,** 8832 of them are women in the reproductive age group (15-49yr). Out of the total population 6,558 are under five children and 2,276 are children less than two years of age. Each kebele has three urban HEWs. The town has one hospital, two health centers, 6 private health institution and 6 drug stores.

4.2. Study Period

The study was conducted from February1 to March 1, 2016

4.3. Study Design

A Community based cross-sectional quantitative study was employed.

4.4. Source population

Mothers having children less than twenty four months of age who are living in Fitche town were the source population.

4.5. Study population

Mothers having children less than twenty four months of age who are living in the selected kebeles of Fitche town were considered as study population.

4.6. Eligibility criteria

4.6.1. Inclusion criteria

Mothers having children less than twenty four months of age who were permanent residents of the area (who stayed more than six months) of the Fitche town were included in the study.

4.6.2. Exclusion criteria

Mothers who were seriously ill, mental problem (unable to communicate).

4.7. Sample Size Determination

The sample size was determined based on the formula used to estimate a single population proportion and using 17.0% prevalence of PLF in Jimma zone, southwest Ethiopia(17)and a 5% margin of error with 95% confidence level.

$$n = \frac{(z/2\ a)^2\ p\ (1-p)}{d^2} = \frac{(1.96)^2 0.17(1-0.17)}{(0.05)^2} = 217$$

Where, Z= Standard normal variable at 95% confidence level (1.96),

p= estimated proportion of pre-lacteal feeding (17%)

d= margin of error (5%)

Since, the population was less than 10,000 correction formula is used

$$n\ final = \frac{n \times N}{n + N} = \frac{217 \times 2276}{217 + 2276} = \frac{493892}{2493} = 198$$

Where, **N=**the target population =2276

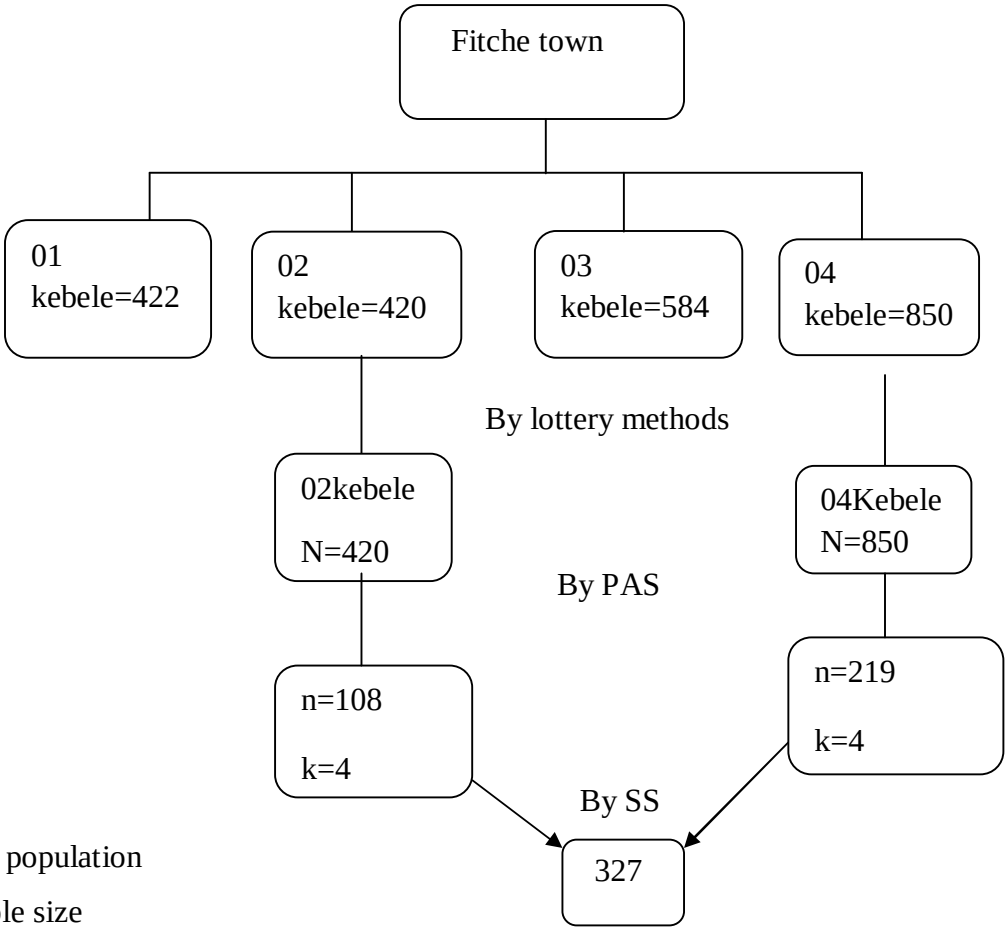
n**=**the sample size =217

The required sample size is 198 and with adjustment for non-response rate (10%) (198+19.8=218) and the design effect of 1.5 (218x1.5=327).

The final required sample size is 327 mothers having children less than twenty four months.

4.8. Sampling procedure/Technique

Multi-stage sampling technique was used to select the study participant. From the total of 4 Kebeles of Fitche town, 2 Kebeles were randomly selected by lottery method. In order to obtain the sample size from each 2 kebeles proportional allocation to sample size was done. Participating households from the selected Keble's was identified using systematic sampling technique from the urban HEWs registry book as sampling frame. Finally every K^{th} mother from each house hold of two Kebeles was identified until the required sample size fulfilled and the starting household was selected using a lottery method.



Key: N=target population

n=sample size

K= interval

Figure 2: Schematic presentation of sampling procedure for the assessment of pre-lacteal feeding practice and its associated factors among mothers having children less than twenty four months of age in Fitche town, North shewa, Ethiopia, 2016.

4.9. Study variables

4.9.1. Dependent Variable

- Pre-lacteal feeding

4.9.2. Independent Variables

- Child and maternal demographic variable (number of children, family size, birth order, maternal age, educational status, occupation, religion)
- Health care service utilization (ANC utilization, place of delivery and mode of delivery)
- Maternal health related factors (parity, medical illness and breast problem)
- Maternal knowledge on the risk associated with pre-lacteal feeding
- Colostrums avoidance
- Breast feeding initiation

4.10. Operational definition

Pre-lacteal feeding; defined as giving fluid or semisolid food before breast feeding to an infant during the first three days after birth(13)

Breast problems; defined as whether a mother had experienced one or more of the following: she has insufficient breast milk; and/or pain, engorgement, or cracked nipples(27)

Antenatal care utilization: having at least one visit of health institution for checkup purpose during the pregnancy of the index child(27)

Untrained traditional birth attendant: traditional birth attendant who can provide the delivery services without knowing the basic mother-child cares (did not take any training program)(27)

4.11. Data collection tool

The data collection tool was adapted from Ethiopian Demographic and Health Survey (43) and the national nutrition survey(61). The adapted questionnaire was modified and contextualized to fit the local situation and the research objective. The questionnaire was prepared first in English, translated into Afan Oromo and Amharic then back into English by fluent speakers of both languages to check its consistency.

It has three parts:-

- The first part contains socio demographical characteristics of mothers and infant
- The second part contains infant feeding practice to assess pre-lacteal feeding practice
- The third part contains factors influencing pre-lacteal feeding to asses associated factors of pre-lacteal feeding.

4.12. Data collection procedure

The data was collected through face to face interview using structured questionnaires. Training was given for data collectors for one day to ensure the completeness and consistency of information during data collection. Three data collectors and one supervisor were recruited to participate in the study. The selection criteria for data collectors were those individual who were third year teacher training students of level (10^{+3}). The supervisor was BSc degree in nursing.

4.13. Data quality assurance

The pre-test was conducted on 5% of the sample size among mothers having children less than twenty four months of age on kebele 1 to establish accuracy of questions, clarity and to determine the length of interviews. During pre-testing an effort was made to check for consistency in the interpretation of questions and to identify ambiguous items. After review of the instruments all suggested revision was made before being administered in the actual study. The investigators and supervisors was made a thorough check before receiving the filled questionnaire from each data collector and in the mean time they were randomly select the questionnaire to crosscheck its completeness and errors on spot. There was meeting at the end of data collection time for discussion. Data was checked in the field to ensure that all the information was properly collected.

4.14. Data processing and analysis

Data cleaning was performed to check for accuracy, consistencies, and values. Data entery was done using EPI data version 3.1 and it was exported to statistical package for social science (SPSS) and analysis was done by using SPSS version 22. Descriptive statistics (frequency and percentage) were used to describe socio-demographic characteristics of the study population and the magnitude of pre-lacteal feeding practices. Both bivarate and multi-varate logistic regression was done to assess statistical associtation between dependent and independent variables. P-values (< 0.05) were used to identify significant association and AOR, with 95% CI to measure the strength of the associations.

4.15. Ethical Consideration

Ethical clearance was obtained from Addis Ababa University, College of health science department of nursing and midwifery institutional ethical review Board to Fitche town health Bureau. Permission letters was obtained from Fitche town health bureau. In addition, informed written consent was obtained from study participant to confirm their willingness for participation after explaining the objective of the study. The respondent was notified that they have the right to refuse or terminate at any point of the interview. Anonymous data was taken and information provided by each respondent was kept confidential.

4.16. Dissemination of the Result

Result of this study would be presented to colleges of health sciences department of nursing and midwifery, Addis Ababa University. It would be disseminated to FMOH, Policy makers, Fitche town health Institutions and zone health office and to other concerned bodies. Furthermore, the paper would be presented on workshops, seminars, and on other professional gatherings. The paper would be published in scientific journals.

CHAPTER FIVE

5. Results

5.1. Socio demographic characteristics

About 327 mothers having children less than 24 months of age were drawn and 320 consented to participate and included in this study resulting a response rate of (97.9%).

Out of the total respondents 100 (31.3%) were 25-29 years with the mean age of 29.31 years (±5.8) and ranged from 16 to 44 years. Majority of the mothers; 241(75.3%) were married with; 156(48.8%) family size; 79 (24.7%) were unable to read and write; 220 (68.8%) orthodox Christians; 221(69.1) Oromo; 73 (22.8%) were civil servant followed by house wife 60 (18.8%). One hundred forty four (45.0%) of them had monthly income of 500-1000 (local currency). The mean age of infants was 12 months with (SD ±6.9) months.

Table1: Socio-demographic characteristics among mothers having children less than 24 months of age in Fitche town, North Shewa Ethiopia, 2016 (N=320)

Demographic variables	Frequency (N=320)	Percentage (%)
Age of mothers		
<19	11	3.4
20-24	57	17.8
25-29	100	31.3
30-34	81	25.3
35-39	58	18.1
>39	13	4.1
Family size		
<=3	125	39.0
4-6	156	48.8
>6	39	12.2
Marital status		
Single	22	6.9
Married	241	75.3
Divorced	34	10.6
Widowed	23	7.2
Level of education		
Unable to Read and write	79	24.7
Able to read and write	48	15.0
Primary education(1-8)	66	20.6
Secondary education (9-12)	50	15.6
College and above	77	24.1
Maternal Religion		
Orthodox	220	68.8
Protestant	69	21.5
Muslim	31	9.7

Maternal Ethnicity		
Oromo	221	69.0
Amhara	69	21.6
Gurage	23	7.2
Tigre	7	2.2
Maternal Occupation		
Student	11	3.4
Private employee	40	12.5
Civil servant	73	22.8
Daily Laborer	47	14.7
Trader	66	20.6
Farmer	23	7.2
House wife	60	18.8
Mothers level of income		
<500	49	15.3
500-1000	144	45.0
1001-1500	30	9.4
>=1500	97	30.3
Age of the child (months)		
<6	82	25.6
6-11	65	20.3
12-17	76	23.8
18-23	97	30.3
Sex of the child		
Male	198	61.9
Female	122	38.1
Birth order of the child		
First	107	33.4
2-3	128	40.0
4-6	78	24.4
7+	7	2.2

Birth Spacing of the child		
<24 months	106	33.1
>=24 months	107	33.4
Number of children in the family		
<=3	236	73.8
>=4	84	26.2

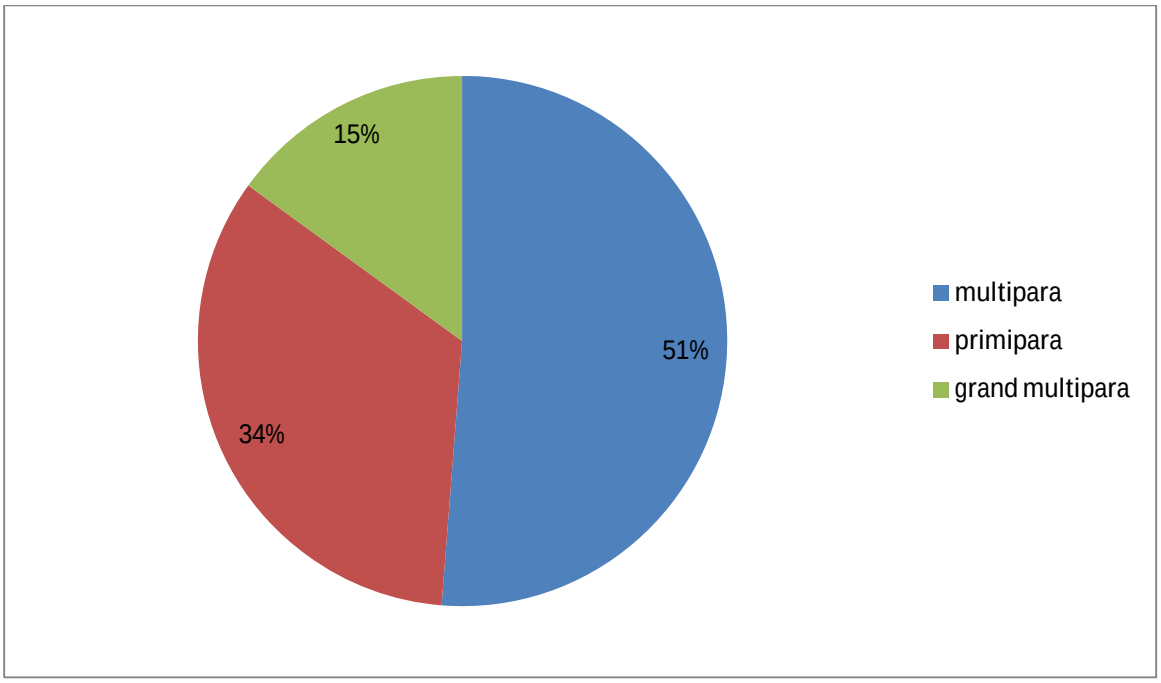


Figure 3: parity status among mothers having children less than 24 months of age, in Fitche town, North shewa Ethiopia, 2016(N=248).

Out of the total respondents one 108 (33.8%), 164(51.2%) and 48 (15.0%) were primipara, Multipara and grand multipara mothers, respectively.

5.2. Maternal health care service utilization

Regarding maternal health care service utilization; of the total respondents; 267(83.4%) mothers were attending ANC and out of this; 130(40.6%) utilized ANC two to three times and followed by; 124 (38.8%) utilized greater than or equal to four. 250 (78.1%) had got breast feeding Counseling at ANC Clinic in which 169 (52.8%) counseled on the benefits of breast feeding and 125 (39.1%) on exclusive breast feeding. Of the total respondents 235 (73.4%) delivered their child at Government health facility, 266(83.1%) delivered through normal spontaneous and their delivery was assisted by health professional which accounts 250 (78.1%) (Table 2)

Table 2: Health care service utilization among mothers having children less than 24 months of age in Fitche town, North shewa,Ethiopia, 2016 (N=320).

Variables	Frequency (N=320	Percentage (%)
Attending antenatal care (N=320)		
Yes	267	83.4
N0	53	16.6
Utilization of Antenatal care (N=267)		
1 times	13	4.0
2-3 times	130	40.6
>=4 times	124	38.8
Get breast feeding Counseling (N=320)		
Yes	250	78.1
No	70	21.9
Place of Delivery (N=320)		
Governmental facility	235	73.4
Private clinic	15	4.7
At Home	48	15.0
TBAs place	22	6.9
Mode of Delivery (N=320)		
C/S delivery	48	14.4
Spontaneous delivery	266	83.1
Instrumental delivery	8	2.5
Delivery attendants		
Health professionals	250	78.1
Traditional birth attendants	70	21.9

5.3. Feeding practice in the study population

Out of 320 who had ever breastfed their index child;78 (24.4%) were reported giving pre-lacteal feeds to their infants within the first three days before giving breast milk. The most common types of pre-lacteal feeding were plain water; 39 (12.2%) followed by butter; 25 (7.8%).

Table 3: Pre-lacteal feeding practices among mothers having children less than 24 months of age in Fitche town, North shewa Ethiopia, 2016 (N=320).

Variables	Frequency	Percentage (%)
PLF practice for the index child (N=320)		
Yes	78	24.4
No	242	75.6
Types of PLF		
Plain water	39	12.2
Sugar /Glucose water	14	4.4
Cow milk	17	5.3
Water and '*tenadam* '(rue)	10	3.1
butter	25	7.8
Formula milk	9	2.8
Total	**78**	**24.4**

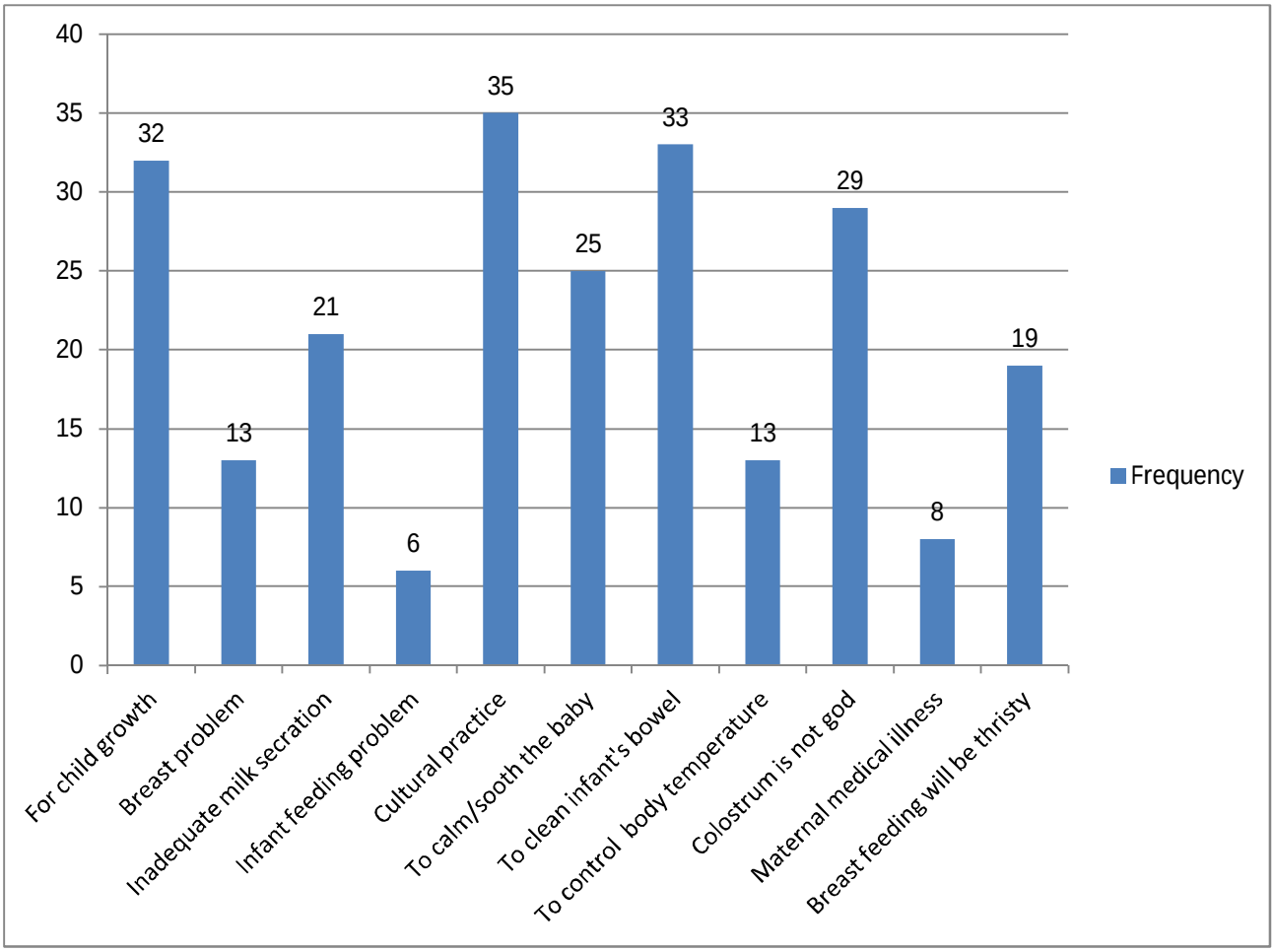


Figure 4: The reason for pre-lacteal feeding practice among mothers having children less than 24 months of age in Fitche town, North shewa Ethiopia, 2016.

The major Reason for PLF were; cultural practice; 35(10.9%), to clean infant's bowel/throat/mouth; 33(10.3 %), for child growth; 32(10%). Regarding the advice/ influence to provide the PLF were; mothers own decision; 24(7.5%), Grand parents; 17(5.3%) followed by advice from traditional birth attendants; 15(4.7%).Regarding colostrum avoidance; of the total respondents; 248(77.5%) were feed colostrum for their infants within the first five days after delivery and 72(22.5%) was avoided colostrum.

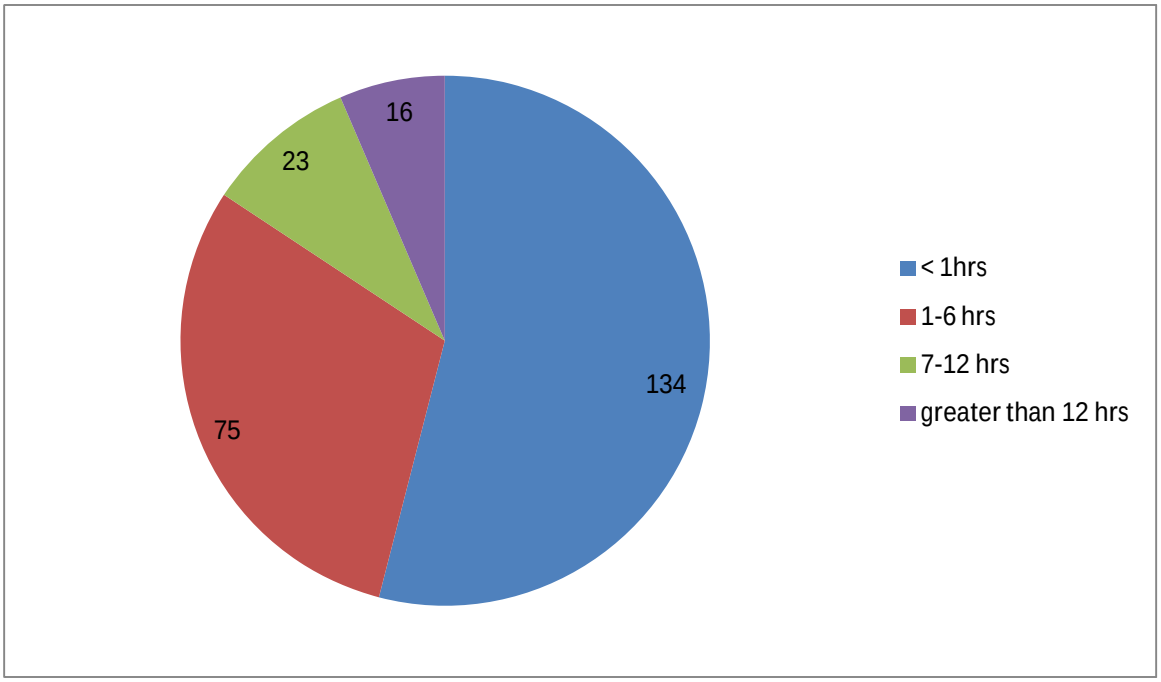


Figure 5: Breast feeding initation among mothers having children less than 24 months of age in Fitche town, North shewa Ethiopia, 2016(N=320).

Out of the respondents who feed colostrum; 134(41.9%) mothers was initiated breast feeding within one hour followed by; 75 (23.4 %) who were initiated breast feeding within one to six hours.

In this study of all respondents 202 (63.1%) mothers did not report any purported advantages of pre-lacteal feeding for infants and; 118(36.9%) mothers know the advantages of pre-lacteal feeding. One hundred ninty (59.4%) mothers had knowledge on the risk with pre-lacteal feeding while; 130 (40.6%) mothers didn't have knowledge on risk with pre-lacteal feeding. The problems with pre-lacteal feeding were include diarrhea; 116(36.3%), infection; 110 (34.4%), poor growth; 127(39.7%) and vomiting; 100(31.3%).

Table 4:Knoweldge of mothers having children less than 24 months of age on pre-lacteal feeding in Fitche town,North Shewa Ethiopia, 2016 (N=320).

Variables	Frequency	Percentage (%)
Purported PLF advantage (N=320)		
Yes	118	36.9
No	202	63.1
Knowledge on risk with PLF (N=320)		
yes	190	59.4
No	130	40.6
Information on problems of PLF		
Diarrhea	116	36.3
Poor growth	127	39.7
Infection	110	34.4
Vomiting	100	31.3

5.4. Factors associated with pre-lacteal feeding practice

The binary logistic regression analysis showed that level of education, breast feeding counseling, delivery attendant; mothers who know the purported pre-lacteal feeding advantage and know the disadvantage of pre-lacteal feeding were statistically associated with pre-lacteal feeding.

Mothers whose educational level were primary and secondary were 2.32 (95% CI: 1.01, 5.32), 5.80 (95% CI: 2.35, 14.29) times more likely to give pre-lacteal feeding as compared to those mother who were college and above level of education respectively.

Mothers who didn't get breast feeding counseling were 8.14(95% CI: 4.51, 14.68) times more likely give pre-lacteal feeding as compared to those mothers who got breast feeding counseling. Mothers whose delivery was assisted by traditional birth attendants were 4.42 (95% CI: 2.50,7.82) times more likely practice to give pre-lacteal feeding as compared to delivery assisted by health professional. Mothers who know the purported pre-lacteal feeding advantage were 2.70 (95% CI: 1.60, 4.56) times more likely practice pre-lacteal feeding as compared to those mothers who didn't know the advantages of PLF. Mothers who didn't have knowledge on risks associated with pre-lacteal feeding were 5.93(95%CI: 3.41, 10.32) times more likely give pre-lacteal feeding as compared to those mothers who had knowledge on the risks associated with pre-lacteal feeding.

In multivariable logistic regression analysis mothers who didn't have breast feeding counseling and Mothers who didn't have knowledge on the risks associated with pre-lacteal feeding were statistically significant positive predictors of pre-lacteal feeding practice. Mothers who didn't get breast feeding counseling were 7.07 (95%CI:1.67,29.88) times more likely give pre-lacteal feeding than those who did got breast feeding counseling. Mothers who didn't have knowledge on the risks associated with pre-lacteal feeding were 8.56 (95%CI: 2.65,27.64) times more likely give pre-lacteal feeding practice as compared to those mothers who had knowledge on the risks of pre-lacteal feeding (table 5).

Table 5: Factors associated with pre-lacteal feeding practices among mothers having children less than 24 months of age in Fitche town, North Shewa, Ethiopia, 2016.

Variables	Pre-lacteal feeding		Crude OR	Adjusted OR
	Yes (%)	No (%)	(CI: 95%)	(CI: 95%)
Level of education				
Illiterate	29 (36.7)	50 (63.3)	1.28 (0.60,2.74)	0.39 (0.07,2.17)
Able to read and write	15 (31.3)	33 (68.8)	1.67(0.82,3.42)	0.27 (0.47,1.60)
Primary education	17 (25.8)	49 (74.2)	**2.32 (1.01,5.32)***	0.31 (0.06,1.50)
Secondary education	10 (20.0)	40 (80.0)	**5.80 (2.35,14.29)***	0.35 (0.05,2.35)
College and above	7 (9.1)	70 (90.9)	1	1
Place of delivery				
Health facility	43 (55.1)	207 (85.5)	1	1
Home	35 (44.9)	35 (14.5)	**4.81 (2.72,8.53)***	0.62 (0.01,83.07)
Breast feeding counseling				
Yes	37 (47.4)	213 (88.0)	1	1
No	41 (52.6	29 (12.0)	**8.14 (4.51,14.68)***	**7.07 (1.67,29.88)***
Delivery attendant				
Health professionals	44 (56.4)	206 (85.1)	1	1
TBAs	34 (43.6)	36 (14.9)	4.42 (2.50,7.82)	5.07 (0.04,72.84)
Purported PLF advantages				
Yes	52 (66.7)	61 (25.2)	**2.70 (1.60,4.56)***	0.75 (0.25,2.27)
No	26 (33.3)	181 (74.8)	1	1
Knowledge on risk with PLF				
Yes	32 (41.0)	158 (65.3)	1	1
No	46 (59.0)	84 (34.7)	**5.93 (3.41,10.32)***	**8.56 (2.65,27.64)***

6. Discussion

This study assessed and showed that the prevalence of pre-lacteal feeding was 24.4%. This makes breastfeeding practices sub-optimal in Fitche town due to the wide spread introduction of pre-lacteal feeds. This finding is lower when compared with Ethiopian Demographic and Health Survey that reported 27% and consistent with different region (21.9%), (25.2%), (23.4%) and (25.6%) in Oromia region, Addis Ababa city, Benshangul Gumuze region and Tigray region, respectively(43). Higher rate of prelactal feeding practice were (38.8%) ,(45.4%), (48.3%) in Raya Kobo district ,Harari regional state and West Gojam zone , respectively (22,27,28). This may be due to cultural difference in the community included in the study and study setting in which it includes both urban and rural community. A relatively similar prevalence of prelacteal feeding (26.5%) was reported from Demographic and health survey in Nepal(1).

The highest prevalences of prelacteal feeding were reported from pura block of Jammu and Kashmir (88%), Uttarakhand (61.8%), Bijapur (91.25%) and Vietnam (73.3%) (12,31–33). This might be due to study setting, religious and cultural practice in the above areas. Lack of breast feeding counseling and knowledge on risk of pre-lacteal feeding practice were positive predictors of pre-lacteal feeding practice.

This study showed that mothers who didn't get breast feeding counseling were seven times more likely practice pre-lacteal feeding when compared to those mothers who got breast feeding counseling (AOR:7.07;95% CI:1.67,29.88). This is consistent with study done in Vietnam on challenges and associated factors of pre-lacteal feeding practices reported that less than half received breastfeeding counseling or advice from a health care provider during pregnancy and during the three days following delivery (33).Study done in Maharashtra India is also consistent with this study as reported PLF practices found to be more among the respondents who did not receive counseling about the breast feeding as compare to those who received(14).

The possible barrier to this service might be inadequate training, poor counseling skills, low confidence, limited understanding of breast feeding among health workers.

This study showed that mothers who didn't have knowledge on risk associated with pre-lacteal feeding were 8.56 times more likely practice pre-lacteal feeding as compared to those mothers who knows the risks associated with pre-lacteal feeding (AOR:8.56;95% CI:2.65,27.64). This is consistent with study done in Raya Kobo district; North Eastern Ethiopia and in Vietnam that reports odds of feeding Pre-lacteal declined with increased breastfeeding knowledge(27,33).In Gujarata India, Infant received pre- lacteal feed because of the wrong belief that the pre-lacteal remove the meconium from the gut(38).The reason for the mother to provide the pre-lacteal feeding practice were cultural practices, recevieng advice from family members especially grandmothers, the maternal belief that pre-lacteal feeding was used to clean mouth, throat and bowel and also keeps it as moisture.

The other possible explanation may be lack of Antenatal care services, not supporting about breast feeding at health facility (lack of breast feeding counseling) may affect the maternal knowledge and attitude towards early initation of breast feeding and exclusive breast feeding.

In this study mothers educational status was not significantly associated with pre-lacteal feeding. This finding is at variance with the previous study conducted in maharshtra in which the effect of maternal literacy was found to be significantly associated with the practice of pre-lacteal feeding(14). This could be due to the difference in cultural practice, the study setting in which the previous study was conducted in rural community. However, the current study is consistent with study in Benin City,Nigeria (2). This study is also consistent with study done at Raya kobo Districts and mothers attending Immunization clinic at Harari Regional state, Eastern Ethiopia (22,27). The possible justification is that even though mothers are aware of prelacteal feeding, they might be influenced by the local community members to use prelacteal feeding. So that having better educational status or not might not affect prelacteal feeding practices. This implies that, although all women do need formal education, nutrition education is a short-term intervention that will have a considerable impact on the community.

In the present study place of delivery was not associated with pre-lacteal feeding. The report is contrary to the study done in Raya Kobo, Harari Regional state, Ananda Gujarata and India were significantly associated with pre-lacteal feeding practice(22,27,36,38). The difference might occurs due to the study setting, lack of antenatal follow up and the advice of traditional birth attendant not to give birth at the health facilty be the possible reason.

Mode of delivery and delivery attendant were not significantly associated with pre-lacteal feeding practice. The report is contrary to the study done in raya kobo which showed that delivery conducted by traditional birth attendant was higther rate of pre-lacteal feeding than their counter parts(22).The possible explanation might be the tradional birth attendant may influence the mothers and the family to give pre-lacteal feeding. Since the delivery was not take place in sterile environment the mothers and the infant may get sick and they are obligated to start pre-lacteal feeding for the infant because the infant can not suck well when the newborn baby sick.

7. Strength and Limitations of the study

Strength of the study

It was employed community based study and used adequate sample size.

Limitation of the study

That information obtained from mothers having children less than 24 months of age is subject to recall bias.

The study also shares the limitation of the cross-sectional study design.

8. Conclusion

Pre-lacteal feeding is commonly practiced among mothers having children less than 24 months of age in Fitche town. This makes breastfeeding practices sub-optimal in the town. The most common type of pre-lacteal feeding was plain water followed by butter.The major reason for providing pre-lacteal feeding were cultural practice,to clean infant's bowel/throat/mouth and for child growth. Lack of breast feeding counseling and knowledge of mothers about the risk associated with prelacteal feeding were identified as potentail predictors of pre-lacteal feeding practice.

9. Recommendation

Based on the findings of the study, the following recommendations are made:

For FMOH and Regional Health Bureau

- Effective Breast feeding strategies should be implemented by the FMOH and Regional health bureau to apply a behavior change strategy at all levels: household, community, health facility, district and national focusing on reduction of pre-lacteal feeding is recommended.

For Fitche town Health Office

- Need to work on promoting behavioral change communication activities on the risk associated with prelactal feeding and Interventions should be considered to include grandparent, local cultural practice and traditional birth attendants.
- Health care workers undergo training and subsequent retraining programs in lactation management with emphasis on the dangers of giving PLF.

For Health personnel

- Need to provide appropriate counseling on breast feeding practice to the mothers with practical demonstration of how to position the infant during breast feeding.
- Need to provide health education on breast feeding during ANC follow up, postnatal delivery, immunization and family planning.

For HEWs

- Need to increase awareness about early initation of Breast feeding and its importance for optimal growth of children in the community.
- Need to give health education on EBF for the mother in the community.

For researchers

- Need to conduct further studies with different design to explore the underlying predictors of pre-lacteal feeding.

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Annexes

Annex-I Information sheet and written consent form

Title: Assessment of pre-lacteal feeding practice and its associated factors among mothers having children less than 24 months of age in Fitche town, north showa, Ethiopia

Name of Principal Investigator: Dejene Hailu

Name of the Organization: Addis Ababa University

Name of the sponsor: Addis Ababa University

Information sheet and consent form prepared for mothers having children less than twenty four months of age prior to the study to participate in this research project.

Introduction:- this information sheet and consent form is prepared with the aim of assessing magnitude of pre-lacteal feeding practice and its associated factors among mothers having children less than 24 months of age in Fitche town, north showa, Ethiopia, 2016. The research group includes the principal investigator, three data collectors and one supervisor.

Purpose of the study: - the aim this study is to assess magnitude of pre-lacteal feeding practice and its associated factors among mothers having children less than 24 months of age

Procedure: - the study involves mothers having children less than 24 months of age in Fitche town .You are selected to be one of the study participants if you are willing to participate. We are so happy finally you are kindly requested to give your genuine response in the questionnaires.

Benefits, risk and/or discomfort: - by participating in this research project you may feel some discomfort in wasting your time (a maximum of 30 minutes). However, your participation is definitely important to assess magnitude of pre-lacteal feeding practice and its associated factors among mothers having children less than 24 months of age, in Fitche town, north showa, Ethiopia, 2016. There is no risk or direct benefit in participation in this research project.

Incentives/payments for participating: - you will not provide any incentives or payment to take part in this project.

Confidentiality: - we will keep the confidentiality by using codes instead of any personal identifiers and is meant only for the purpose of the study.

Right to refusal or withdraw: - you will not be forced to participate; you have the full right to refuse and have the right to discontinue the process at any point in this research.

Person to contact: - this research project is reviewed and approved by the ethical committee of the Addis Ababa University. If you have any question you can contact any of the following individuals and you may ask at any time you want.

Name: Dejene Hailu

Tele: + 251-913112205

E-mail: dejenehailu77@yahoo.com

If you have read the document and you have been given the chance to ask any questions now or at a later time or if the document has been read and explained to you agree to be in this study, may I continue?

☐ Yes ☐ No

Annex- II English Questionnaires

Our study focus to assess magnitude of pre-lacteal feeding practice and its associated factors among mothers having children less than 24 months of age in Fitche town, north showa, Ethiopia Hello, my name is _____I am working in a research team of Addis Ababa University College of Health sciences. This questionnaire is prepared to conduct a study the magnitude of pre-lacteal feeding practice and its associated factors among mothers having children less than 24 months of age population to complete the questionnaire designed by the researcher because you fulfill requirement for sampling. The finding of this study will help in determine the prevalence and identifying the associated factors of pre-lacteal feeding and improve optimal breast feeding practice in the future. Thus this interview is prepared for this purpose to get appropriate data on the study we are conducting. The data that I will obtain using this interview was used only for research purpose and your response was kept confidential. For this purpose our name will not be written here and there was no way of linking our individual responses to the final result of the study findings. The study has no risk to you and your child except sparing a maximum of 30 minutes of your time and if you face any problem in relation to the research you can contact responsible person based on the address below. You have the right not to respond at all or to withdraw in the meantime, but your participation is highly valuable for the success of our research objectives. Therefore, I politely request our cooperation to participate in this interview.

Do you agree to participate in this study? Yes, _____ continue No_____

Thank you!!!

Signature of Data collector ----------Name----------Date----------

Signature of supervisor ---------- Name ----------Date----------

Participant signature ----------

Part 1: **Demographic Data of Mother and child**

S. no	Question	answer	code	Skip
101	How old are you?	----------		
102	Family size	----------		
103	What is your current marital status?	1.Single 2.Married 3.Divorced 4.Widowed		
104	What is your level of education?	1. Unable to read and write 2. Able to read and write 3. Primary education 4. Secondary education 5. College and above		
105	What is your religion?	1. Orthodox 2. Protestant 3. Muslim 4. Other (specify)-----		
106	Which ethnic group do you belong to?	1. Oromo 2. Amhara 3. Gurage 4. Tigre 5. Others (specify)----		
107	What is your current occupation?	1. Private employee 2. Civil servant 3. Daily laborer 4. Trader 5. Farmer 6. House wife 7. Other (Specify))--------		
108	What is the approximate household income from all the sources per month?	---------- in Eth birr		
109	How old is your (the index) child?	----------		
110	Gender of your (the index) child?	1. Male 2. Female		

111	Birth order of the index child	----------		
112	Birth spacing with the previous child	----------		
113	Number of children	----------		

Part 2: Infant feeding practices

S no	question	Answer	code	Skip
201	Did you give anything to drink and/or eat before breast milk within 3 days for your child, after delivery?	1.Yes 2.No		If ,no skip to ques 19
202	If question 16 is yes, what did you give? (Multiple responses is possible)	1. Plain water 2. sugar /Glucose water 3. cow milk 4. Water and tenadam 5. butter 6. Formula milk 7. Other (specify)-----		
203	Why did you give anything to drink and/or eat before breast milk after delivery? (Multiple responses Is possible)	1. Breastfed for newborns will be thirsty 2. for child growth 3. breast problem 4. Inadequate milk secretion 5. Infant feeding problem 6. Maternal medical illness 7. cultural practice 8. colostrum is not good for infant 9. To calm/soothe the baby 10. To clean infant's bowel/throat/mouth 11. To control infants body temperature 12. Other (specify)…….		

204	Who advised you to provide your child with such type of food/ fluid?	1. My own decision 2. Grandparents 3. Traditional birth attendant 4. Husband 5. Friends 6. Health personnel 7. Others specify----------		
205	Did you feed colostrum (the first yellow milk) for this index during the first five days after birth?	1.yes 2.no		If no jump to quest no 207
206	If yes, When did you initiate breast feeding (name of the index child) after birth?	----------		
207	If question 205 is no, why you avoid colostrum for your child? (Multiple responses is possible)	1. Maternal medical illness 2. for the child growth 3. My breast has no milk 4. Cause Abdominal discomfort and diarrhea 5. Other (specify)-------		

Part 3: Factors influencing pre-lacteal feeding practices

S no	questions	answers	code	Skip
301	Did you attend the ANC clinic during your last pregnancy?	1. Yes 2. No		If no jump to quest no 303
302	If Yes, how many times did you attend ANC clinic during the last pregnancy?	----------		
303	Did you get breastfeeding counseling for the index child?	1. Yes 2. No		If no jump to quest no 305

304	If yes, what were you told about breast feeding?	1. Benefits of breastfeeding 2. Positioning of the baby 3. Exclusive breastfeeding 4.Management of breast problem 5. Expression of breast milk		
305	How many times do you give live birth?	----------		
306	Where did you give birth?	1. Gov't Health facility 2. Private clinics 3. At home 4. TBA's place 5. Other (specify) ----------		
307	What was the mode of delivery?	1. CS delivery 2. Normal spontaneous delivery 3. Instrumental delivery 4. Other specify----------		
308	Who delivered you?	1. Health professionals 2. Traditional birth attendant 3. Others specify----------		
309	Do you know purported pre-lacteal feeding advantage?	1. YES 2. No		If no jump to quest no 311
310	If yes, could you mention?	1. For child health 2. For child growth 3. Breastfed for newborns will be thirsty 4. To calm/soothe the baby 5.To clean infants bowel/throat/mouth 6.If another (specify)--------		
311	Do you know the risks associated with PLF?	1.Yes 2.No		
312	If yes, could you mention? (Multiple responses is possible)	1. Diarrhea 2. Poor growth 3. Infection 4. Vomiting		

Annex- III Information sheet and written consent form in local language (Afan Oromo)

Guchaa oddeeffannoo

Mataa duree qo'annichaa: Mootumaa naannoo oromiyaa godina shewa Kaaba magaala Fiichee keessatii haadhollee ijoollee umuriin isaanii waggaa lamaa gadii ta'aniif haggamtuu nyaatta/dhuggaatii akkumaa dhalataniin akka kennaanii fi sababaa isaan walqabatan addaa baasuu dha.

Maqaa Nama qorannichaa gaggeessu: Dajanee Haayiluu

Maqaa Dhaabbatichaa: Addis Ababa University

Dhaabbata Isponser godhee: Addis Ababa University

Qo'annoo fi qorrannoo kana raawwachun duraa guchaa oddeeffannoo fi walii galtee haadholee ijoollee waggaa lama gadii qabaniif kan qophaa'ee

Seensaa:-Guchnii odeeffannoo kun isiin akka qoranno fi qo'anno kana irrati himaatan kan ibsuu dha. Qo'annoo kana irrati hirmaachun duraa guchaa kana sirriti dubbisuun yoo gaaffii qabatan gaaffachuu nii dandeessu.qo'annoo kana irratii hirmachuu ergaa jalqabdanii boodas yoo gaaffii qabatan gaaffachuu nii dandeeessu.

Kaayyoo qorannoo fi qo'annoo kanaa: - kaayyoon qorannoo fi qo'annoo kana haadhollee ijoollee umuriin isaanii waggaa lamaa gadii ta'aniif haggamtuu nyaatta/dhuggaatii akkumaa dhalataniin akka kennaanii fi sababaa isaan walqabatan addaa baasuu dha.

Addeemsa hojii: - qorannoon kun haadholee ijoollee umriin isaanii waggaa lama gadii tahee qaban of keessatii qabata. Qorannoo kana keessatii hirmachuu keessaniif gammachuu nuti dhagahaamee isiniif ibsaa yoo qorannoo kana irrati hirmaachuuf heeyyama keessan yoo tahee wantoota gaaffatamtan mara ammanamumaa dhaan akka deebistan kabajaan isiin gaaffanna.

Fayidaa,midhaa fi/haalli mijaachu dhiisu:- qorannoo kana irrati hirmachuu dhan daqiiqa 30 kan hin calle yeroon keessan fudhatamu dhan isiini mijaachu dhiisu danda'u irran kan hafee,issinis tahee mucaa keessan irraa rakkoon gahuu tokkolle kan hin jirree tahuu fi hirmachuu keessaniin fayyidan isiin kallatti dhan as irraa argattan akka hin jirre isiinif ibsaa.

Kaffaltii hirmaanna ilaalchisee: - Qo'annoo kana irratti hirmachuu keessaniif kafaltiin godhamuu tokkolle hin jiruu.

Iccitii Eegguu: - qorannoo kana irrati deebin isiin gaaffii kanaaf laatan iccitin isaa kan eeggamee, maqaan keessanii fi kan mucaa keessanii akka hin ibsamnee fi sababuma kanaaf jecha deebin keessan warraqaa gaaffii irratti coodii dhan adda bahaa. Bu'aan qo'annoo kana isiin waliinis tahee mucaa keessan waliin Kan wal hin qabannee tahu isaa beeku qabduu.

Namoota qunnamu qaban: - this research project is reviewed and approved by the ethical committee of the Addis Ababa University. Yoo gaaffii qabaatan yeroo kamiyyuu nama maqaan armaan gadii jiruu gaafachuu ni

Maqaa: Dajanee Haayiluu

Tele: + 251-913112205

Emalii: dejenehailu77@yahoo.com

Guchaa kana ergaa dubbistaniirtuu tahee fi yoo ammas yookiin yeroo biraas yoo tahee gaaffii gaaffatamuuf yoo carraan isiinif kennamee yookiin immoo ergaa gaaffiin kun isiinif dubbisamee ibsamee booda qo'annoo kan irrati hirmaachuuf fedhii qabduu moo hin qabdan?

Eeyyeen ☐ Mitti ☐

Annex- IV Afan Oromic Questionnaires (gaaffiilee Afaan Oromootiin)

gaaffiin qorannoo kana kan irrati xiyyeffatu naannoo Oromiyaa godinaa shawa kaabaa magaala Fiichee keessatti haadhollee ijoollee umuriin isaanii waggaa lamaa gadii ta'aniif haggamtuu nyaatta/dhuggaatii akkumaa dhalataniiin akka kennaanii fi sababaa issaan walqabatan addaa baasuuf kan qophaa'ee dha.

Akkam jirtuu, maqaan Koo _____Kan jedhamu Addis Ababaa Yuunivarsutii koolleejjii saayinsii fayyaa keessati miseensa qo'annoo fi qorannooti. Akkan armaan olitti ibsuuf yaaleti gaaffiin qo'annoo kana kan irratii xiyyeeffattuu magaala Fiichee keessatti haadhollee ijoollee umuriin isaanii waggaa lamaa gadii ta'aniif haggamtuu nyaatta/dhuggaatii akkumaa dhalataniiin akka kennaanii fi sababaa issaan walqabatan addaa baasuuf kan qophaa'ee yoo tahuu isiin immoo ulaagalee qo'annoo waan guuttaniif qaama qo'annoo kana yommuu taatan bu'aan qo'annoo kana isiinif tahee haadholee kan birof haala kamiin harmaa hoosisuu akka qaban in gargara. Gaaffiin qo'annoo kanaa yeroo qophaawwuu ragaalee gahaa tahaan argachuuf yoo tahuu, ragaaleen isiin irraa argannuu kunis gochaa qo'annoo fi qorannoo kanaaf kan oluu tahuu isaati. Deebiin isiin irraaa argannuu iccitin isaa kan eeggamee tahuu isaa isiniif ibsaa,sababuma kanaaf jecha maqaan keessanis tahee kan mucaa keessanii gaaffii irratii kan hin barreeffamnefi bu'aan qo'annoo kana inni dhumaaeenyumaa keessanii fi kan mucaa keeessanii waliin kan wal hin qabannee tahuuun isiinif ibsaa.dabalataan gaaffii kun yeroo daqiiqa 30 hin callee isiin jala fudhachuu irraan kan hafee,issiin irraatis tahee mucaa keessan irrati rakkoo tokkollee kan hin fidnee tahuu isaa beeku qabdu.qo'annichaa waliin wal qabaatee dhimoota jiraan ragaalee(address) armaan gadii kanaan nu argachuu kan dandeessan yoo tahuu,qoannicha irrati hirmachus tahee dhiisuf mirgaa guutu qabduu. Hirmannaan keessan galma gahuu kaayyoo qo'annoo kanaatiif bakka guddaa waan qabuuf akka irrati hirmaatan kabaaja guddaa dhan isiin gaaffanna.

Qo'annoo kana irrati hirmaachuuf fedhii qabduu?

Eeyyeen……. Mittii……. Gaallaatoomaa!!!

Maqaa Nama Data funanuu ……. Mallattoo ……..Guyyaa……..

Maqaa To'ataa……Mallattoo ……...Guyyaa……...

Mallaattoo hirmaata----------

Kutaa I: GAAFILLE HAWWASUMA HAADHA FI DA'IAMAA

Lakk.	Gaaffii	Deebii	Codii	Ceesisa
101	Umriin kee waggaa meeqa?	----------		
102	Maatii meeqa qabda?	----------		
103	Haala ga'ilaa?	1. Kan hin heerumnee 2. Kan heerumtee 3. Kan hiiktee 4. Kan abban mana irra du'ee		
104	Sadarkaa barumsaa?	1. Barressu fi dubbisu kan hin dandeenye 2. Barressu fi dubbisu kan danda'u 3. Sadarkaa 1ffa kan xumuree 4. Sadarkaa 2ffaa kan xumuree 5. Koollejii fi sanii ol		
105	Amantiin?	1. Ortodoxii 2. Proteestantii 3. Muslima 4. Kan biraa (ibsii)……..		
106	Sabnii?	1. Oromo 2. Amahara 3. Gurage 4. Tigre 5. Kan biraa (ibsii)……..		
107	Hojjiin kee maal?	1. Barattuu 2. Hojjii dhuunfaa 3. Hojjii mootumma 4. Dafqaan bultuu 5. Daldaltuu 6. Qotee bultuu 7. Haadha mana 8. Kan biraa (ibsii)……..		
108	Galliin ji'aan argattu tilmaaman meeqa ta'aa?	----------		
109	Umuriin mucaa kee isaa dhuma meeqa?	----------		
110	Saali isaa/ishee hoo?	1. Dhiira 2. dhalaa		
111	Mucaa meeqaffa keeti inni dhuma kuni?	----------ffaa		
112	Mucaa kanan dura dhalate irra garagarummaa waggaa meeqatu jiraa?	----------		
113	Ijoollee meeqa qabda?	----------		

Kutaa II: SIRNA NYAATA DA'IMANII

Lakk.	Gaaffii	Deebii	Codii	Ceessisa
201	Mucaa dhaaf dhalatee hanga guyya sadiiti wanta biraa akka dhuguuf /nyaatuf kennite beekta?	1. Eyyen 2. Lakkii		Lakkii yoo lakk. 205
202	Gaaffiin 201 eyyen yoo jette maalfaa kennitef(gaaffii tokko ol filachun ni danda'ama)	1. Bishaan qulqullu 2. Sukkara bishanin bulbulanii 3. Annaan horii 4. Bishaanii fi tenadamii 5. Dhadha 6. Annaan daaku 7. Kan biraa (ibsii)……..		
203	Maaliif mucaan akkuma dhalaten waan dhugu fi /ykn waan nyaatu kennitaf, osoo harmaa hin kenninif? (tokko ol filachuun ni danda'ama)	1. Harma kennun mucaan waan dheebotuuf 2. Guddina mucaatiif 3. Rakkoo harmaa 4. Harmii koo Annaan gahaa wan hin qabneef 5. Mucaan waan dhukkubsateef 6. Haatii waan dhukkubsateef 7. Gochaa Aadaa waan taheef 8. Silgii mucaaf gaarii waan hin taaneef 9. Mucaan akka hin boonyeef 10. Akka afaan, qonqoo fi garaa mucaa qulqulleessuf 11. Mucaaf akka ho'aa kennuf 12. Kan biraa (ibsii)……..		
204	Eenyutu si gorse nyaata /dhangala'aa akkasii akka kennituuf?	1. Murtee kootini 2. Akkawoo koo 3. Deessistu Aadaa 4. Abbaa mana koo 5. Hiriyoota koo 6. Oggeessa fayyaa 7. Kan biraa (ibsii)……..		
205	Annaan silgaa (kan jalqaba) kan haallun isaa keelloo tahee mucaa kee isaa dhumaatiif guyyaa shaniif hoosifterta?	1. Eeyyeen 2. Lakkii		Lakkii yoo tahee Lakk 207

206	Gaaffiin lakk 205 Eeyyen yoo jette dahumsa boode yoom harma hoosiisu jalqabsiifte?	----------		
207	Gaaffiin 205 “Lakkii” yoo tahee Aannan silgaa(isaa kello) maaliif hoosisuu dhiiste(Deebii tokko ol filachuun ni danda’ama)	1. sababa haatii dhukkubsateef 2. Guddinaa mucaaf 3. Harmii koo sababa Aannan hin qabneef 4. Sababa garaa dhukkubsu fi garaa kaasuf 5. Kan biraa (ibsii)……..		

Kutaa III: HARMA HAADHA KENNUUN DURAA WAAN NYAATAMANIIF/ KAN DHUGGAAMAN KENNUF WANTOOTA SABABA TAHAAN**.**

Lakk	Gaaffii	Deebii	Codii	Cessisa
301	Yoommu mucaa kee ulfaa turteeti dhaabbata fayyaa deemtee hordoffii taasiftee jirta?	1. Eeyyeen 2. Lakkii		Lakkii yoo tahee lakk 303
302	Gaaffiin 301 Eeyyeen yoo jette si’aa meeqaf hordoffii taasifte?	----------		
303	Gorsaa harmaa hoosiisu argattee beekta?	1. Eeyyeen 2. Lakkii		Lakkii yoo tahee lakk 305
304	Gaaffiin 303 Eeyyeen yoo jette waa’ee harmaa hoosisu irratti maalfaa si gorsan?(tokko ol filachuun ni danda’ama)	1. Fayyidaa harmaa hoosisuu 2. Akkata itti mucaa baatanii hoosisan 3. Harmaa qofaa hoosisuu 4. Rakkoo harmaa hoosisu dhiisu fi furmaata isaa 5. Waa’ee harmaa haadha eelmanii kennuu 6. Kan biraa (ibsii)……..		
305	Mucaa lubbuun jiruu si’aa meeqa deesse?	…….		

306	Mucaa isaa dhuma eessati deesse?	1. Buufata fayyaa mootummaati 2. Klinikii fayyaa dhuunfati 3. Manati 4. Deessistuu Aadaa biraa deemun 5. Kan biraa (ibsii)……..		
307	Mucaa kee haala kamiin deesse?	1. Baqaqsanii hodhudhan 2. Karaa gadameessan meesha tokko malee 3. Meeshaadhan deesisuu		
308	Eenyuutu si deesise?	1. Oggeessa fayyaa 2. Deessistu aadaa 3. Kan biraa (ibsii)……..		
309	Harma haadha dursaa waan dhugamuu/nyaatamu bu'aa isaa inni guddaan maal akka tahee wanti beektu jiraa?	1. Eeyyeen 2. Lakkii		Lakki i yoo tahee lakk 311
310	Gaaffiin 309, Eeyyeen yoo jette Maalfaa dha? (tokko ol filachuun ni danda'ama)	1. Fayyaa mucaaf 2. Guddina mucaaf 3. Harmaa hoosisuun mucaa waan dheeboossuuf 4. Mucaan akka hin boonyeef 5. Afaan, qonqoofi garaa mucaa akka qulqulleessuf 6. Kan biraa (ibsii)……..		
311	Harma haadha duraa wantootnii nyaataman/dhugaman midhaa maalii akka fidaan beektuu?	1. Eeyyeen 2. Lakkii		
312	Gaaffiin 311, Eeyyeen yoo jettan maalfaa dha? ?(tokko ol filachuun ni danda'ama)	1. Gad teesisu(garaa kaasu) 2. Guddina mucaa dubbatii harkiisuu(qancarsuu) 3. Dhibbee itti fiduu 4. Balaqqamsiisu(ol deebisisuu) 5. Kan biraa (ibsii)……..		

Annex-V Amharic Version Information sheet and written Consent form

የስምንት ማብራሪያ ቅጽ

የምርምር ፕሮጀክት ስም፡- በኦሮሚያ ክልለዊ መንግስት ሰሜን ሸዋ ዞን በፊቼ ከተማ የሚገኙ ከሁለት አመት በታች ልጅ ያላቸው እናቶች ከወለዱ በኋላ ምን ያህሉ ከጡት በፊት የሚበላ ወይም የሚጠጣ ነገር ለህፃኑ እንደሚሰጡና ለዚህ ተያያዥ ምክንያቶች ለማጥናት የተዘጋጀ መጠይቅ ነው፡፡

ዋና ተመራማሪ፡- ደጀኔ ሀይሉ

የድርጅቱ ስም ፡- አዲስ አበባ ዩኒቨርስቲ የህክምናና ጤናሳይንስ ኮሌጅ ፡፡

የስፖንሰር ድርጅት ስም ፡-አዲስ አበባ ዩኒቨርስቲ የህክምናና ጤናሳይንስ ኮሌጅ ፡፡

በጥናት እና ምርምሩ ለሚሳተፉ ዕድሜያቸው ከሁለት አመት በታች ልጅ ያላቸው እናቶች በጥናት እና ምርምሩ ከመካፈላቸው በፊት የተዘጋጀ ማብሪሪያና የስምምነት ቅጽ፡፡

መግቢያ፡- ይህ የስምምነት ቅጽ አሁን እርስዎ እንዲሳተፉበት የምንጠይቅዎትን የጥናት እና ምርምር የሚያብራራ ነው፡፡ በዚሁ ጥናት ለመሳተፍ ከመወሰንዎ በፊት ይህንን ቅጽ በጥንቃቄ በማንበብ ጥያቄዎች ካሉዎት ይጠይቁ፡፡ በዚህ ጥናት መሳተፍ ከጀመሩ በኃላም ቢሆን በማንኛውም ጊዜ ጥያቄዎች ካሉዎት መጠየቅ ይችላሉ፡፡

የጥናት እና ምርምሩ አላማ፡- የዚህ ጥናት እና ምርምር አላማ በፊቼ ከተማ ውስጥ ምን ያህሉ እናቶች ከወለዱ በኋላ ምን ያህሉ ከጡት በፊት የሚበላ ወይም የሚጠጣ ነገር ለህፃኑ እንደሚሰጡና ለዚህ ተያያዥ ምክንያቶችን ለመለየት ነው፡፡

የአሰራር ሂደት፡- ጥናቱ ዕድሜያቸው ከሁለትአመት በታች ልጅ ያላቸው እናቶች ያካትታል፡፡ የጥናቱ ተሳታፊ እንዲሆኑ በመመረጥዎ የተሰማንን ደስታ እየገለጽን በጥናቱ ለመካፈል ፈቃደኛ ከሆኑ የሚጠየቁትን ጥያቄዎች በታማኝነት እንዲመልሱልን በትህትና እንጠይቃለን፡፡

የሚጠበቁ ጥቅሞች አደጋዎት ወይ አለመመቸት፡፡ በዚህ ጥናት በመሳተዎ ከ30 ደቂቃ በማይበልጥ የጊዜ ሽሚያ ምክንያት አነስተኛ የምቾት መጓደል ሊከሰትብዎ ከመቻሉ በስተቀር በርስዎም ሆነ በልጅዎ ላይ ምንም አይነት ጉዳት የማያደርስ መሆኑን እና በተሳትፎዎም ቀጥተኛ የሆነ ጥቅም የሚያገኙ መሆኑን አረጋግጣለሁ፡፡ የእርሶዎ ተሳትፎ በ2007 ዓ.ም በኦሮሚያ ክልላዊ መንግስት በሰሜን ሸዋ ዞን በፊቼ ከተማ ዕድሜያቸው ከሁለትአመት በታች ልጅ ያላቸው እናቶች ከወለዱ በኋላ ምን ያህሉ ከጡት በፊት የሚበላ ወይም የሚጠጣ ነገር ለህፃኑ እንደሚሰጡና ለዚህ ተያያዥ ምክንያቶች ለመለየት ለሚደረገው ጥናት እና ምርምር ግላማ መሳካት ወሳኝ ነው፡፡

የተሳትፎ ክፍያን በተመለከተ፡- በዚህ ጥናት በመከፈልዎት ምንም የሚከፈልዎት ነገር የለም፡፡

ሚስጥር መጠበቅ፡- በዚህ ጥናት ከእርስዎ የሚሰጡት ምላሾች ሚስጥራዊነታቸዉ የተጠበቀ እንደሚሆን እየገለጽኩኝ ለዚህም አላማ ሲባል የእርስዎም ሆነ የልጅዎ ስም በመጠይቂ ላይ የማይጻፍና በተለየ ኮድ የሚቀመጥ ሲሆን የጥናቱ የመጨረሻ ውጤት ከየእርስዎም ሆነ ከልጅዎ የግል ማንነት ጋር የማይገናኝ መሆኑን ከወዲህ አረጋግጣለው፡፡

የሚገናኙት ሰው፡- ይህ ጥናት የጥናቱ ተሳታፊዎች ከጉዳት መጠበቃቸውን በሚያረጋግጠው አዲስ አበባ ዩኒቨርስቲ የስነ-ምግባር ኮሚቴ ታይቶ ድጋፍ አግኝቷል፡፡ ከጥናቱ ጋር በተያያዘ ለሚከሰቱ ማንኛም ዓይነት ጉዳዮች ከዚህ በታች በተቀመጠው አድራሻ ሊያገኙን ይችላሉ፡፡

ደጀኔ ሀይሉ ሞባይል፤ 09 13 112205

ይህንን ቅፅ አንብበው ከሆነ እና አሁንም ሆነ በሌላ ጊዜ ጥያቄ ለመጠየቅ እድል ተሰጥቶዎት ከሆነ ወይም ይህ ቅጽ ተነቦ እና ተብራርቶሎት ከሆነ እርስዎ በጥናቱ ለመሳተፍ ወይም ላለመሳተፍ መስማማት እና አለመስማማትዎን ይግለጹልኝ?

እስማማለሁ ☐ አልስማማም ☐

Annex-VI Amharic Questionnaires (የአማርኛ መጠይቅ)

ይህ የጥናት መጠይቅ የሚያተኩረው ኦሮሚያ ክልላዊ መንግስት በሰሜን ሸዋዞን ፊቼ ከተማ ዕድሜያቸው ከሁለትአመት በታች ልጅ ያላቸው እናቶች ከወለዱ በኋላ ምን ያህሉ ከጡት በፊት የሚበላ ወይም የሚጠጣ ነገር ለህፃኑ እንደሚሰጡና ለዚህ ተያያዥ ምክንያቶች ለመለየት የተዘጋጀ ነው፡፡

ጤና ይስጥልኝ ስሜ ..... የተባልኩኝ እኔ አዲስ አበባ ዩኒቨርሲቲ የህክምናና ጤና ሳይንስ ኮሌጅ የጥናት እና ምርምር ባልደረባ ነኝ፡፡ ከላይ እንደጠቀስኩት ይህ ጥናት መጠይቅ የሚያተኩረው በፊቼ ከተማ፤ ከሁለትአመት በታች ልጅ ያላቸው እናቶች ከወለዱ በኋላ ምን ያህሉ ከጡት በፊት የሚበላ ወይም የሚጠጣ ነገር ለህፃኑ እንደሚሰጡና ለዚህ ተያያዥ ምክንያቶች ለመለየት የተዘጋጀ ሲሆን እርስዎ ለጥናቱ የሚያስፈልጉ መስፈርቶችን አሟልተው በመገኘትዎ የጥናቱ አካል አድርገንዎታል ፤ ስለሆነም የጥናቱ ግኝት ምን ያህሉ ከጡት በፊት የሚበላ ወይም የሚጠጣ ነገር ለህፃኑ እንደሚሰጡና ለዚህ ተያያዥ ምክንያቶች ለመለየት እና በቂ የጡት ለወዲፍት ማጥባትን ለማስተካከል፡፡

በመሆኑም ይህ መጠይቅ ሲዘጋደ ተገቢ የሆኑ መረጃዎችን ለማግኘት ሲሆን ከእርስዎ የሚገኘው መረጃም ለጥናት እና ምርምሩ ተግባር ብቻ የሚውል ነው፡፡ ከእርስዎ የሚሰጡት ምላሾች ሚስጥራዊነታቸዉ የተጠበቀ እንደሚሆን እየገለትኩኝ ለዚህም አላማ ሲባል የእርስዎም ሆነ የልጅዎ ስም በመጠይቁ ላይ የማይጻፍ እና የጥናቱ የመጨረሻ ውጤት ከየእርስዎም ሆነ የልጅዎ የግል ማንነት ጋር የማይገናኝ መሆኑን ከወዲሁ አረጋግጣለሁ፡፡

በተጨማሪም ይህ መጠይቅ ከ30 ደቂቃ ያልበለጠ ጊዜ ከመሻማት ያለፈ በእርስዎም ሆነ በልጅዎ ላይ ምንም አይነት ጉዳት የማያደርስ ሲሆን ከጥናቱ ጋር በተያያዘ ለሚከሰቱ ማንኛውም ዓይነት ጉዳዮች ከዚህ በታህት በተቀመጠው አድራሻ ሊያገኙን የሚችሉ መሆኑን እያስገነዘብኩ በጥናት ላይ ያለመሳተፍ እና የማቋረጥ መብትዎ የተጠበቀ ነው፡፡ የእርስዎ መሳተፍ ግን ከምንም በላይ ለጥናቱ ዓላማ መሳካት ወሳኝ በመሆኑ በመጠይቱ እንዲተባበሩኝ ስል በታላቅ አክብሮት እና ትህትና እጠይቃለሁ፡፡

በጥናቱ ለመሳተፍ ፈቃደኛ ነዎት?

አዎ ☐ አይደለም ☐

አመሰግናለሁ!!!

መጠይቁን የሚሰበስበው ሰው ስም _____ ፊርማ _____ ቀን_____

የመጠይቁ ኮድ _____ የተጠያቂ ኮድ _____ የቤት ቁጥር _____

የተጠያቂ ፊርማ_____

ክፍል 1 ፡- እናቶች እና ህፃናት ማህበራዊና አኗኗር ሁኔታዎች መረጃ

ተ.ቁ	ጥያቄዎች	ምላሾች	ኮድ	ዝለል
101	እድሜሽ ስንት ነው?	1. _____ ዓመት 2. አላውቀውም		
102	ቤተሰብ ብዛት?	----------		
103	የጋብቻ ሁኔታ?	1. ያገባች 2. ያላገባች 3. የተፋታች 4. የሞተባት		
104	የት/ት ሁኔታ?	1. ማንበብና መፃፍ የማትችል 2. ማንበብና መፃፍ የምትችል 3. የ1ኛ ደረጃ ት/ት የተማረች 4. የ2ኛ ደረጃ ት/ት የተማረች 5. የከፍተኛ ት/ት የተማረች		
105	ሃይማኖት?	1. ኦርቶዶክስ ተዋህዶ 2. ፕሮቴስታንት 3. ሙስሊም 4. ሌላ (ጥቀሺ)---------		
106	ብሔር?	1. ኦሮሞ 2. አማራ 3. ትግሬ 4. ጉራጌ 5. ሌላ (ጥቀሺ)---------		
107	የስራ ሁኔታ?	1. ተማሪ 2. የግል ተቀጣሪ 3. የመንግስት ተቀጣሪ 4. የቀን ሠራተኛ 5. ነጋዴ 6. ገበሬ 7. የቤት እመቤት 8. ሌላ (ጥቀሺ)------		
108	ወርሃዊ ገቢሽ ምን ያህል ነው?	_____የኢትዮ. ብር		
109	የህፃኑ እድሜ ስንት ነው?	_____ ወር		
110	የህፃኑ ፆታ?	1. ወንድ 2. ሴት		
111	ህፃኑ ስንተኛ ልጅ ነው?	--------ኛ		
112	ከዚህ በፊት ከተወለደው ህፃን ጋር ያለው የእድሜ መራራቅ?	----------		
113	የልጆች ብዛት?	----------		

ክፍል **2፡-** የህፃኑ የአመጋገብ ሁኔታ

ተ.ቁ	ጥያቄዎች	ምላሾች	ኮድ	ዝለል
201	ህፃኑ ወዲያው እንደተወለደ ከጡት ወተት በፊት የሚበላ ወይም የሚጠጣ ነገር ሠጥተሸው ነበር?	1. አዎ 2. አይደለም		201 አይደለም ኬሆኔ ዋደ 205 ዝለል
202	ለጥያቄ ቁጥር 201 መልስሽ አዎ ከሆነ ምን ሠጠሸው	1. ውሃ 2. በውሃ የተበጠበጠ ስኳር 3. የላም ወተት 4. ቅቤ 5. የዱቄት ወተት 6. ሌላ ካለ (ጥቀሽ)--------		
203	ለምን ለህፃኑ ወዲያው እንደተወለደ ከጡት ወተት በፊት የሚበላ ወይም የሚጠጣ ነገር ሠጠሸው? (ከአንድ በላይ ምላሽ ይቻላል)	1. የጡት ወተት መስጠት ህፃኑን ስለሚጠማው 2. ለህፃኑ እድገት 3. ጡት የማጥባት ችግር ስለገጠመኝ 4. ጡቴ በቂ ወተት ስላልነበረው 5. ህፃኑ ስለታመመ 6. እናት ህመም ስለገጠማት 7. በአካቢበው ባህል ስለሆነ 8. እንገሩ ለህፃኑ መጥፎ ስለሆነ 9. ህፃኑ እንዳይጮህ/እንዳያለቅስ 10. የህፃኑን አፍ፣ ጉሮሮና አንጀት እንዲያጠራው 11. ህፃኑን ሙቀት ስለሚሰጠው 12. ሌላ ካለ (ጥቀሽ)----		
204	ለህፃኑ ከጡት በፊት የሚበላ ወይም የሚጠጣ ነገር እንድትሠጪው ማን መከረሽ?	1. የራሴ ውሳኔ ነበር 2. አያቴ 3. የልምድ አዋላጅ 4. ባለቤቴ 5. ጓደኞቼ 6. የጤና ባለሙያዎች 7. ሌላ ካለ (ጥቀሽ)------		
205	ህፃኑ በተወለደ በመጀመሪያዎቹ አምስት ቀናት እንገር (የመጀመሪያው እና ቢጫው የወተት ጡት) አጥበተሸው ነበር?	1. አዎ 2. የለም		205 አይደለም ኬሆኔ ዋደ 207 ዝለል

206	ለጥያቄ ቁጥር 205 መልስሽ አዎ ከሆነ ከወለድሽ በኋላ ህፃኑን የጡት ወተት ማጥባት መች ጀመርሽ?	.....		
207	ለጥያቄ ቁጥር 20 መልስሽ የለም ከሆነ ለምን ለህፃኑ እንገር (የመጀመሪያውና ቢጫው የጡት ወተት) መስጠት ከለከልሽ? (ከአንድ በላይ ምላሽ ይቻላል)	1. የሆድ ህመም እና ተቅማጥ ስለሚያስከትል 2. ለህፃኑ እድገት ስለሚበጅ 3. ጡቴ በቂ ወተት ስላልነበረው 4. ጡት ማጥባቴ የሠውነቴን አቋም ስለሚያበላሽ 5. ሌላ ካለ (ጥቀሽ)---------		

ክፍል **3፡-** ከጡት በፊት የሚበላ ወይም የሚጠጣ ነገርን መስጠት ተፅዕኖ የሚያደርጉ ሁኔታዎች

ተ.ቁ	ጥያቄዎች	ምላሾች	ኮድ	ዝለል
301	በእርግዝናሽ ጊዜ የቅድመ ወሊድ ክትትል በጤና ማዕከል ተከታትለሽ ነበር?	1. አዎ 2. አይደለም		301 አይደለም ኪሆኔ ዋደ 303 ዝለል
302	ለጥያቄ ቁጥር 301 መልስሽ አዎ ከሆነ ምን ያህል ጊዜ የቅድመ ወሊድ ክትትል አደረግሽ?	----------		
303	ስለ ጡት ማጥባት ምክር/ መረጃ አግኝተሽ ያውቃሉ ?	1. አዎ 2. አይደለም		303 አይደለም ኪሆኔ ዋደ 305 ዝለል
304	ለጥያቄ ቁጥር 303 መልስሽ አዎ ከሆነ ስለ ጡት ማጥባት ምን ተነገረሽ?	1. ስለ ጡት ማጥባት ጥቅም 2. የህፃኑ አቀማመጥ በጡት ማጥባት ጊዜ 3. ለ6 ወር የእናት ጡት ብቻ ስለመስጠት 4. ስለ ጡት ማጥባት ችግርና መፍትሄው 5. የጡት ወተት አልቦ ስለመስጠት 6. ሌላ ካለ (ጥቀሺ)-------		
305	በህይወት ያለ ህፃን ምን ያህል ጊዜ ወለድሽ?	----------		
306	ልጅዎን የት ወለዱት?	1. በመንግስት የጤና ማዕከል 2. በግል ክሊኒክ 3. በቤት ውስጥ 4. የልምድ አዋላጆች ያሉበት		

		ቦታ 5. ሌላ ካለ (ጥቀሺ)		
307	ልጅዎን የወለዱት በምን መልኩ ነው?	1. በሆዴ በኩል የቀዶ ጥገና ተደርጎልኝ 2. በማህፀን በኩል ያለምንም መሣሪያ 3. ሌላ ካለ (ጥቀሺ)---------		
308	ልጅዎን ማን አዋለድዎት?	1. የጤና ባለሙያዎች 2. የልምድ አዋላጆች 3. ሌላ ካለ (ጥቀሺ)---------		
309	ከጡት ወተት በፊት የሚበላ ወይም የሚጠጣ ነገር ስላለው ጥቅም የሚያውቁት ፍሬ ነገር አለ?	1. አዎ 2. አይደለም		309 አይደለም ኪሆኔ ዋደ 311 ዝለል
310	ለጥያቄ ቁጥር 309 መልሱን አዎ ካሉ ሊጠቅሱ ይችላሉ? (ከአንድ በላይ ምላሽ ይቻላል)	1. ለህፃኑ ጤንነት 2. ለህፃኑ እድገት 3. ህፃኑ እንዳይጮህ /እንዳያለቅስ ለማድረግ/ 4. የህፃኑን አፍ፣ ጉሮሮና አንጀት እንዲያጠራው ለማድረግ 5. ሌላ ካለ (ጥቀሺ)-----		
311	ከጡት ወተት በፊት የሚበላ ወይም የሚጠጣ ነገር ሊያስከትለው ስለሚችል ነገር ያውቃሉ?	1. አዎ 2. የለም		
312	ለጥያቄ ቁጥር 311 አዎ ካሉ ሊጠቅሱ ይችላሉ?	1. ተቅማጥ ያስከትላል 2. የህፃናኑን እድገት ያቀጭጫል 3. ኢንፌክሽን ያስከትልላል 4. ትውከት ያስከትላል 5. ሌላ ካለ (ጥቀሺ)-----		

Declaration

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

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This thesis work has been submitted for examination with my approval as university advisor.

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Date: _____