
Addis Ababa University

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Abbreviation/Acronym

A.A - Addis Ababa

AAU- Addis Ababa University

ANC - Antenatal Care

BF- Breast feeding

BFHI- Baby Friendly Hospital Initiative

CV- Curriculum vitae

EBF- Exclusive Breast Feeding

EDHS - Ethiopian Demographic and Health Survey

FMOH- Federal Ministry of Health

HEWs- Health Extension Workers

HF- Health Facility

IYCF- Infant and Young Child feeding

NEBF- Non-Exclusive Breastfeeding

PNC- Postnatal Care

RCTs - Randomized Control Trials

SNNPR- South Nations Nationalities and Peoples Region

SPSS- Statistical Software Package for Social Sciences

UNICEF- United Nations Children Emergency Fund

VIF - Variance Inflation Factor

WHO- World Health Organization

Abstract

Introduction: Promotion of exclusive breastfeeding for the first 6 months of life is the most effective preventive strategy for saving the lives in low-income settings, and significantly contributes to the reduction of child mortality. Baby friendly hospital initiative is based on ten steps to successful breastfeeding; however which one of them are being implemented and associated with exclusive breastfeeding is not clear.

Objective: To assess rate of exclusive breastfeeding; Examine whether the health facilities implementing 8 out of ten steps and Identify health facility support factors associated with exclusive breastfeeding.

Method and Materials: Community based cross-sectional study was conducted among 458 randomly selected mother-infant pairs and 45 health care providers in town administrations of Wolaita Zone; Southern Ethiopia from January to February 2016. Data were collected from mothers and health care providers using pretested and structured questionnaires. Bivariate and multivariate logistic regressions were performed to identify the presence and strength of association. Odds ratio with 95% confidence interval was estimated to check for statistical significance.

Result: The rate of exclusive breastfeeding was (93.2%) and 22.2% of health care providers received training. Facilities demonstrated higher compliance to Step 6, 7 and 9. In multivariate logistic regression; antenatal care visit at government health facility 4.54 (95% CI: 1.77, 11.65), receiving breastfeeding counselling during antenatal care visit 3.05 (95% CI: 1.12, 8.29) and having information on breastfeeding support 3.20 (95% CI: 1.23, 8.33) were statistically significantly association with exclusive breastfeeding.

Conclusion: Exclusive breastfeeding rate is high. However, relatively small proportions of managers/staffs trained adequately. Facilities are not complied with majority of baby friendly practices. Attending government health facility for antenatal care visit, receiving breastfeeding counselling during antenatal care visit and having information on breastfeeding support are associated with exclusive breastfeeding practice. These suggest training of managers/staffs, providing support by trained health care providers during antenatal care visit and information on breastfeeding support.

Key Words: *Exclusive breast feeding, Baby Friendly Hospital Initiative (BFHI), health care providers, infant, Wolaita, Ethiopia*

1. Introduction

1.1 Background

Exclusive breastfeeding for infants aged less than 6 months is one of the recommended optimal infant and young child feeding practices. Exclusive breastfeeding (EBF) means the infant has received only breast milk from the mother or wet nurse, or expressed breast milk, and no other food or drinks, not even water with the exception of oral drops and syrups (vitamins, minerals or medicines) and Oral Rehydration Salt(1). World Health Organizations (WHO) and United Nations Children's Fund (UNICEF) recommend that all mothers should breastfeed their children exclusively for the first 6 months and thereafter they should continue to breastfeed for as long as the mother and child wish, and both appropriate and sufficient complementary food should be added after six months of life(2).

Some of the short term benefits of breastfeeding are: prevention of diarrheal diseases and respiratory infections (3). In the long term subjects who were breastfed tend to have lower mean blood pressure and total cholesterol, higher performance in intelligence tests; and it is less likely they develop overweight/obesity and type-2 diabetes (4).

A review of interventions in 42 developing countries estimated that EBF for six months and continued breastfeeding (BF) for the first year of life could prevent 13% of the over 10 million deaths per annum of children less than five years old. EBF is regarded as the single most important preventative intervention in the effort to reduce child mortality (5-6)**.**

The basic premise of the Baby-friendly Hospital Initiative (BFHI), which requires all maternity facilities to implement the ten steps to successful breastfeeding, is proven valid and that EBF will be most effectively increased and sustained when all the 10 steps are pursued together. However, implementation of even some of the steps results in significantly improved EBF outcomes (7). This evidence may encourage consideration of step-wise accreditation, so that all facilities in Ethiopia, even those that do not wish to address all ten steps, may be stimulated to act. Despite knowing this; since November 2012; the designation of hospitals/health centers as baby friendly was not reported in Ethiopia (8).

Nonetheless; Ethiopian national nutrition program gives great emphasis to optimal BF practices for infants in the first 6 month of life through promoting, supporting and protecting at facility and community level. It outlined establishing Baby friendly health facilities initiative and enforcing code of marketing breast milk substitutes as important measures for BF success (9).

Even though BF is considered as natural act, it is also learned behaviour. One of important source of support for the mother to breastfeed is providing accurate information and support from the health care system. They should also have access to skilled practical support from trained health care providers, and Lay/peer counselors. This will help to build mothers' confidence, improve feeding practice and prevent or resolve BF problems as clearly indicated in the national infant and young child feeding (IYCF) strategy of Ethiopia (10).

1.2 Statement of the problem

Despite its demonstrated benefits, global rate of EBF for infants aged 1-5 months is only 30% (5). In sub-Saharan Africa in general (11-14) and Ethiopia in particular the prevalence of EBF is low, for instance, nearly half (52%) of the children in Ethiopia are exclusively breastfed, with a mean duration of 4.2 months and a median duration of 2.3 months. Only 52% of infants initiated BF within one hour of birth and 27% are given prelacteal feeds within the first three days of life (15)**.**

The reasons for low prevalence of EBF are lack of support for BF by health care providers and community health workers, unsupportive hospital practices that delay early initiation of BF, emotional stress in mothers and their perception of having insufficient breast, and pressure from close relatives to introduce supplements, and maternal employment milk (16). For reasons like these, effective programs of education, counseling and support are considered necessary to not only promote BF but also to prolong the duration of EBF to up to six months of age.

Early additional food and fluid supplementation is associated with short duration of BF and increase in infant morbidity and mortality. The effects of non-human milk supplementation on infants are: immune reactions like eczema and skin conditions, digestive related condition, hypothermia/hyperthermia and hypoglycemia/hyperglycemia, diarrhea, respiratory symptoms and otitis media. Moreover; supplementation has effect on maternal self-efficacy and mothers feel less confident in their ability to breastfeed. This in turn lead to formula supplementation and feeling of failure (17).

Extra professional support is effective strategy in prolonging any BF (18). Combined prenatal and postnatal counseling is of significant benefit for EBF at 6 months of age(19). However, inadequate training and education, relying on personal BF experience, time constraints due to heavy patient loads and shortened hospital stays; and choose of least resistance path by health care providers are barriers to BF success(20).

Factors that affect EBF have been examined extensively in different parts of Ethiopia (21-31). However; which one of 8 out of ten steps are being implemented and associated with exclusive breastfeeding is not clear. Hence this study designed to assess rate of exclusive breastfeeding; examine whether the health facilities implementing 8 out of ten steps and identify health facility support factors associated with exclusive breastfeeding in the study area.

2. Literature Review

2.1 The Baby- Friendly Hospital Initiatives

In 1991, following the recommendations of several publications and strategic meetings focused on the issue of successful breastfeeding initiation, UNICEF and WHO launched the BFHI. ‘‘Baby-Friendly’’ is a designation a maternity site can receive by demonstrating to external assessors compliance with the ten steps to successful BF. The ten steps (listed below) are a series of best practice standards describing a pattern of care where commonly found practices harmful to BF are replaced with evidence based practices proven to increase BF outcome (2).

The ten steps to support successful BF serve as the basis for the BFHI. The steps are:

1. *Have a written BF policy that is routinely communicated to all health care staff*
2. *Train all health care staff in the skills necessary to implement this policy*
3. *Inform all pregnant women about the benefits and management of BF*
4. *Help mothers initiate BF soon after birth*
5. *Show mothers how to breastfeed and how to maintain lactation if they are separated from their infants*
6. *Give newborn infants no food or drink other than breast milk unless medically indicated*
7. *Practice rooming-in and allow mothers and infants to stay together 24 hours a day*
8. *Encourage BF on demand*
9. *Give no artificial teats or pacifiers (also called dummies or soothers) to BF infants*
10. *Foster the establishment of BF support groups and refer others to them on discharge from the hospital or clinic*

NB: *The facility must pass each step at a >80% level. Included in step 6 is the requirement that a Baby-Friendly hospital or birth centre must pay the fair market price for all formula and infant feeding supplies that it uses and cannot accept free or heavily discounted formula and supplies.*

2.2 Socio-demographic and maternal factors

The major socio-demographic factors that affect EBF practices include:- education, age of the mother, marital status, maternal and paternal occupation, place of residence, income and age of the index infant (22-30, 32-33).

The research findings regarding educational status and BF were contrary. A community based cross-sectional study of 806 mothers of children less than two years, Kebede et al indicated that the prevalence of EBF practice is only 34.1% and those who did not attend formal school are more likely to practice EBF, than mothers who attend education (25). With regard to timely initiation of BF; delayed initiation of BF was positively associated with lack of maternal education (30, 33). In contrary to this; it has been reported that mothers who completed primary school were less likely practicing NEBF (Non exclusive breastfeeding) compared to mothers with no formal education(26).

Mother's age was considered as one of the important determinant of EBF(23, 27). In cross-sectional community based study of 634 mothers of infants aged under 12 month, the authors found that odds of mothers aged 25 to 35 years to practice EBF is up to 8.9 times more than mothers aged less than 25 years (27).

A cross-sectional community based study of 860 mother/caregiver-child pairs by Egata et al was carried out in East Ethiopia. They reported that the prevalence of NEBF in infants aged under six months, was 28.3%. They also found that NEBF is more likely to be practiced by mothers who were not married at the moment. The odds of NEBF are 2.6 times higher among children of currently unmarried mothers compared with their counterparts (22).

Mothers who are engaged in different jobs, those who earn more than 1000 birr (US$113), and who reside in urban areas are more likely practicing NEBF (24, 26-28). On the other hand those mothers who reside in urban areas are more likely initiate BF timely (32). Age of index infant is another significant factor for success of breastfeeding (23, 29-30). An institution based cross-sectional quantitative study supplemented with qualitative question was conducted in Jimma town by Seifu et al. It has been reported that the prevalence of EBF is 67.2%, 24.3% and 8.4% at the age of = 2, 3-4 and > 4 months respectively with a mean duration of 3.2 months. They found that infants at 2 month are 2 times more likely to be exclusively breastfed as compared to infants above 4 months (29).

A number of obstetric and some other factors associated with success of BF were indicated by different authors at different time and place. For instance: - parity, birth order, and mode of delivery (22, 24, 28-29, 34). A study from Jimma town by Seifu et al. indicated that being lower (≤1) parity are positively associated with EBF practice (29). Similarly, it has been reported that birth order of the index infant (28) and vaginal delivery (24)are significant predictors of cessation of EBF.

2.3 Health facility support factors and baby friendly practices

In systematic literature review (SLR) of randomized control trials (RCTs) and quasi experimental studies Haroon et al included 110 studies to compare BF education or support to routine care. They indicated that BF education and/or support are considered as one of significant interventions that increased EBF rate and decreased no BF rate at different time interval (at birth, less than one month, and 1-5 month). It was also indicated that the impact is higher in case of combined group and individual counselling and facility and community level interventions than each alone. Also the impact is greater in developing country setting (35). Similarly a SLR of 53 studies which focuses on developing countries was conducted by Imdad et al. They concluded that BF promotion interventions extensively increase EBF rates at 4-6 weeks and at 6 months postpartum, with a higher effect in developing countries (19).

The support can be offered by professionals or lay/peer supporters, or both. The way that support is given also matters a lot. Support that is only offered reactively is unlikely to be successful; rather it should be proactive and tailored to the context (36). This support can be offered during pre and post natal period. Combined prenatal and postnatal counseling is of significant benefit for EBF at 6 months of age (19).

It was indicated extensively that mothers who have antenatal and postnatal care visit and counselling, place of delivery, health professional support during delivery and who attended primary health education are significant factors for timely initiation and EBF (21, 23-25, 28-29, 32-34, 37).

A study of 361 mothers with their index child less than 24 months was conducted in Mekelle town by Berhe et al. They found that mothers who delivered at home are 3.7 times more likely to initiate BF within one hour as compared to their counterpart. Another important characteristics of the mother, such as history of ANC visit, mode of

delivery and birth attendant are factors associated with timely initiation of BF practices (21). Also getting postnatal counseling is independent predictor of timely initiation of BF (32). However in this study whether postnatal counselling provides information on BF practice was not mentioned. A study in Arba Minch Zuria; it has been reported that attending a primary health education and health personnel support for women at delivery time are inversely associated with delayed initiation of BF practices (33).

A quasi experimental design by Belay et al. was undertaken in health institutions of Hawassa city among pregnant women to assess the effect of prenatal BF education on early BF initiation and EBF rate. The authors indicated that even though the difference is not significant the proportion of mothers who practiced timely BF initiation is greater in the intervention than the control group. They also found that home delivery and caesarian section (C/S) delivery are negative predictors of timely BF initiation. With regard to EBF at 3 month, it has been reported that the proportion of women who practiced EBF is significantly higher in the intervention group than the control group. Spontaneous vaginal delivery (SVD) and prenatal BF education are positive predictors of EBF at three month (37). However, it lacks some details of the intervention given; for instance the way how counselling was delivered, whether they used pictures or not and not described existing standard care.

Mothers who attended PNC are more likely to practice EBF than those who did not attend. However, only around half of the PNC followers are informed about importance of BF (25). Postnatal counseling on EBF and mode of delivery are significant predictors of cessation of EBF (28). Furthermore it was indicated that mothers who reported having antenatal and postnatal counseling are more likely to exclusively breastfeed than those who did not have counseling (24). Other authors also indicated similar findings (23, 29).

A study from Raya Kobo district, North-eastern Ethiopia showed that those mothers who delivered the index child at home are 2.6 times more likely to discard colostrums as compared with mothers who gave birth at health institution (34). The odds of mothers who didn’t receive infant feeding counselling is 0.42 times less likely to practice EBF than those who received counselling services (27).

2.4 Significance of the study

Studies which show health facility support factors that contributing for exclusive breastfeeding in infant under 6 months are critical for appropriate planning and intervention to address the problem of interest. In Ethiopia in general and the study area in particular, the effect of health facility support on exclusive breastfeeding in infant less than six month is unclear and not well investigated in the country yet.

In a country where child mortality and morbidity due to malnutrition, diarrhea, and other gastrointestinal and respiratory infections are very high, exclusive breast feeding is the best child survival option. So, this study aims to assess health facility support factors contributing for exclusive breastfeeding in infants under 6 month of age, town administrations of Wolaita Zone.

The study findings will help different stakeholders to recognize and promote effective health facility practices for EBF and to discourage malpractice that contribute for suboptimal breastfeeding.

It may also serve as source of information for district health office to develop action plan and it benefit different stakeholders like, public health practitioners, program planners, and decision makers for further utilization. Interested researchers in the area can use the information generated from the study as a baseline.

3. Objectives

3.1 General Objective:

- To assess rate of exclusive breastfeeding; examine whether the health facilities implementing 8 out of ten steps and identify health facility support factors associated with exclusive breastfeeding in town administrations of Wolaita zone; Southern Ethiopia, 2016

3.2 Specific objectives:

- To assess the rate of exclusive breastfeeding practice among mother-infant pairs in town administrations of Wolaita Zone.
- To examine whether the health facilities implementing 8 out of ten steps
- To identify health facility support factors associated with exclusive breastfeeding.

4. Method and Materials

4.1 Study area and period

The study was conducted at the town administrations of Wolaita zone. The capital, Sodo town, is about 360 km south of Addis Ababa. It is one of 14 Zones of SNNPR (South Nation; Nationalities People's Representative) in Ethiopia. Wolaita Zone has a total area of 4,511.7 square kilometers. Based on the projection of the 2007 Population and Housing Census, the population of Wolaita Zone is about 1,888,390 in 2014, out of which 50.73% is female and 49.27% male. It has three town administrations namely Sodo, Areka and Bodit. There are 3 hospitals (one governmental teaching and referral hospital, one non-governmental general hospital and one private general hospital) and 5 governmental health centers in those towns (38-39). The study was conducted from January - February 2016.

4.2 Study design

A community based cross-sectional study design was employed.

4.3 Source population

- All mothers of infants who delivered singleton term baby at the study health facilities in the past 6 months.
- Managers/staff that provide BF-related care in maternal and child health unit and who had worked in the unit for at least 6 months in town administrations of Wolaita Zone, Southern Ethiopia from January - February 2016.

4.4 Study population

Selected mothers of infants who delivered singleton term babies at the selected health facilities in the past 6 months including managers/staffs such as public health officers, nurses, midwifes, and other personnel likely to provide BF-related care in maternal and child health unit and who had worked in the unit for at least 6 months.

4.5 Sample size

The minimum required sample size for this study was estimated by using two approaches based on the objectives of the study.

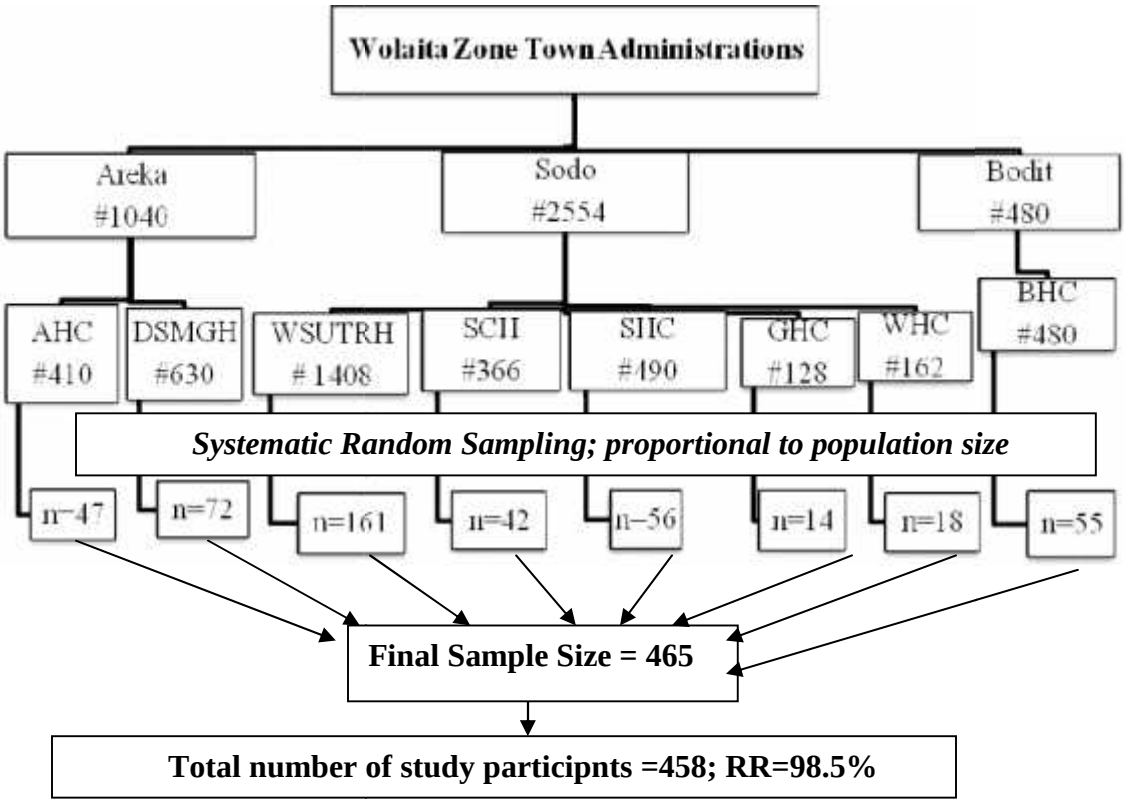
- To estimate the prevalence of EBF a single population proportion formula was used. The assumptions were: expected prevalence of EBF 60.1% (29) assuming similarity

of Jimma town , 95% level of confidence , 5% margin of error (desired precision between sample and population parameter), and a 10% contingency for the non response. Accordingly, a sample size of 405 mother–infant pair was calculated.

- To identify health facility support factors contributing for EBF, the sample size was estimated using Epi Info Version 3.5.1 with the following assumptions: a 95% level of confidence, 80% power of the study, 1:1 control to case ratio to detect the odds ratio of 1.99 among the cases which was estimated from the other study(24), giving antenatal counselling on BF (main exposures which give the largest sample size) 16.87% (24) among controls, and a 10% contingency for the non-response. Thus, the minimum sample size required for the study was 465 (232 mothers of exclusively breastfed infants and 233 mothers of non-exclusively breastfed infants) and 405; in this study the sample of 465 was considered to increase the power of the study.
- Concerning manager/staff; the recommended sample size to control data collection costs was 1 manager and at least 4 staff for each health center and hospital with fewer than 1000 births annually and 1 manager and at least 9 staff for hospitals with 1000 or more births annually (40).

4.6 Sampling procedures

A systematic random sampling technique was used to identify the study participants from each health facilities. Initially sampling frame was developed from the facility registration log books of delivered mothers for each facility (Three Hospitals and Five health centers). The sampling interval was 8 (K=8) and the first mother-infant pair was selected between one and 8 randomly by lottery method. Study participants were recruited based on proportional to the size of deliveries which took place in the facilities. Since the number of mothers who delivered at health center and hospital differ as well as those in sodo town differs from Areka and Bodit towns. The subjects were tracked from delivery registration log books and selected mothers were recruited through going to their residence by their address by the help of local guiders and health extension workers. The manger/staffs were randomly selected from a list of those present during the visit from each facility.



Abbreviations: - WSUTRH*=Wolaita sodo university teaching and referral hospital;* ***SCH****=Sodo Christian Hospital;* ***SHC****=Sodo Health Center;* ***GHC****=Ganame Health Center;* ***WHC****=Wadu Health Center;* ***BHC****=Bodit Health Center;* ***AHC****=Areka Health Center;* ***DSMGH****=Dubo St. Marry General Hospital;* ***RR****=Response Rate*

Figure 1 Schematic presentation of sampling procedure

4.7 Data collection procedures

The influence of health facility support on EBF was determined by maternal assessment of information and support provided by sources both in the hospital and after discharge.

The data were collected from mothers by trained female data collectors using pre tested questionnaire which was adapted from Hospital self appraisal and monitoring tool developed by WHO, UNICEF and Wellstart international; and Ethiopian Demographic and Health Survey (EDHS). It assessed socio-demographic characteristics and health facility support factors as self reported by selected mothers.

Interviews with the manager/staffs were also conducted. Managers/Staffs were responded in terms of their own as well as their team's usual practices, whereas maternal answers related directly to the care they received.

Seven female enumerators who were diploma Nurses/Midwives with previous data collection experience were recruited and collected the data. The researcher deployed another three health professionals as research assistant for field supervision in three study areas (Sodo, Areka and Bodit) to ensure data quality. This was done through supervising enumerators while the data were being collected.

The data were obtained by face to face interview technique using interviewer administered questionnaire in respondent's house and corresponding facilities in case of manager/staff interview.

4.8 Variables

The dependant variable: Exclusive breastfeeding in infants aged under 6 months.

The independent variables:

Socio demographic characteristics: Maternal age, educational status, income, maternal and paternal occupation)**.**

Obstetrics and other factors: parity, birth interval, place and mode of delivery, ANC and PNC counselling on breastfeeding.

Health facility support factors (8 indicators out of 10 baby friendly hospital practices: Help mothers initiate BF within one hour of birth; Show mothers how to breastfeed and maintain lactation, give newborn infants no food or drink other than breast milk, unless medically indicated; practice rooming-in baby with mother; encourage BF on-demand and foster the establishment of BF support groups and refer mothers to them on discharge from the hospital or clinic).

4.9 Operational definitions of variables

Operational definitions

- **Urban residents:** Those mother-infant pairs who reside in urban area rather than catchment population of health facility.
- **Providing information on breastfeeding support:** referring mothers to existing breastfeeding support groups rather than establishing new breastfeeding support group.

Definition of terms

- **On-demand breastfeeding:** mothers recognize when their babies are hungry and feed their babies as often and for as long as the babies want or something similar.
- **Rooming-in:** mother and baby stay in the same room 24 hours a day, starting within one hour of birth and not separated more than one hour at any time.
- **Skin to skin contact:** Placing babies in skin-to-skin contact with their mothers immediately or within five minutes after birth and that this contact continued without separation for an hour or more, unless there were medically justifiable reasons.
- **Supplements:** Food or drink other than breast milk given to newborns without any medical reasons.

4.10 Data quality control

The questionnaire was prepared initially in English and translated to Amharic by fluent speakers of both languages, and it was translated back to English to check its consistency. The questionnaire was pretested and based on the result of the pretest amendments were made accordingly. Two days training was given by the principal investigator on the data collection tool, objectives of the study, confidentiality of the information, respondent's right, informed consent, and data collection procedures.

The principal investigator and supervisors supervised the data collection regularly and checked for any inconsistency or data incompleteness. The complete data verified for field level quality were further entered, cleaned and edited by researcher using Epidata software version 3.1 which was later exported for further analysis to Stata software package of version 11.0. Exploration of the data and verifying 10% of the digital data against original data to reduce error during data entry was done.

4.11 Data Analysis procedures

The data was analyzed using Stata for windows version 11.0 statistical software. In the univariate analysis "24 hour recall" was used to calculate the prevalence of exclusive breastfeeding. Mean, median and standard deviation was calculated for continuous variables and percentages for categorical variables to describe the study population in relation to relevant variables.

Bivariate analysis was conducted on independent variables, and the Crude Odds Ratio (COR) with 95% confidence intervals was estimated to assess the association between each independent variable and the outcome variable, and a p-value was determined. Variables with p-value $\leq$ 0.2 in the bivariate analysis were considered in the multivariate analysis, along with variables that were well known predictors of EBF, such as maternal age, and infants' age, regardless of the cut-off point for p-value.

The independent variables were tested for multicollinearity before entering them into the multivariate model, using the Variance Inflation Factor (VIF) test, the Tolerance test, and values of the standard error. The fitness of the model was checked using Hosmer-Lemeshow goodness-of-fit and Omnibus tests of model coefficients tests with enter procedure. The normal distribution of the data were checked whether the assumption was correct using some statistical tests and a *P* value of < 0.05 was considered statistically significant. This tests were; Kolmogorov-Smirnov and Shapiro-Wilk tests and through visual assessment, using the normal curve with a histogram.

Finally multivariate analysis was performed to control for potential confounding variables. Adjusted Odds Ratio (AOR) with 95% confidence intervals was estimated to assess the strength of the association, and a p-value < 0.05 was used to declare the statistical significance. Variables with p-value < 0.05 in the multivariate logistic regression analysis were considered as significant and independent predictors of EBF.

4.12 Ethical Consideration

Ethical clearance was obtained from Research Ethics Committee of the School of Public Health, College of Health Sciences; Addis Ababa University (AAU). Moreover, concerned administrative organs at various levels were contacted and official permission was obtained. The mothers of the infants enrolled in the study were informed about the nature of the study, its objectives, expected outcomes, and benefits and the risks associated with it. Informed verbal consent was obtained from the mothers before commencing the interview. Privacy and confidentiality was maintained throughout the study since individual private records including the names of respondents were coded and accessed only by the researcher.

4.13 Dissemination of results

The findings of this study are expected to be presented and submitted to AAU, College of Health sciences, School of Public Health. It will also be disseminated to different organizations and stakeholders that will have a contribution to practice of EBF. It will be presented in various workshops and conferences. At last this study finding will be published in national and international journals.

5. Result

5.1 Socio- economic and demographic characteristics

From the total of 465 eligible mother-infant pairs; 458 mother-infant pairs were included in the study, three were not available in three consecutive visits to their home, two of them denied participating in the study, and two of them had incomplete data; making a response rate 98.5% .

The mean (±SD) age of the mothers was 29.7(±5.53) years. The majority of mothers 279(60.9%) were in age group of 25-34 years. Four hundred fifty two (98.7%) were currently married. The highest distribution of educational status of mothers was primary school 140(30.6%) and husbands were of college and above 214 (47%). Regarding occupational status, more than half of mothers 269 (58.7%) and husbands 232 (51.3%) were housewives and Government / Non Government Organization employees respectively. The median age of infant was three months and more than half 242 (52.8%) were females. A higher percentage of respondents' 30.3% average house hold monthly income was >4500 ETB (Table 1).

Table 1 Socio- economic and demographic characteristics of mother-infant pairs (N=458) in Wolaita Zone Town Administrations, Southern Ethiopia, 2016.

Variables	Frequency (N)	Percent (%)
Maternal age (year)		
15-24	76	16.6
25-34	279	60.9
35-49	103	22.5
Mean age(±SD)	29.7 (±5.53)	
Mother's religion		
Protestant	281	61.4
Orthodox	144	31.4
Catholic	17	3.7
Muslim	16	3.5

Table 1 Socio- economic and demographic characteristics of mother-infant pairs (N=458) in Wolaita Zone Town Administrations, Southern Ethiopia, 2016 (Continued).

Mothers' ethnicity		
Wolaita	388	84.7
Amhara	22	4.8
Gurage	20	4.4
Hadiya	13	2.8
Others[£]	15	3.3
Marital Status		
Currently married	452	98.7
Currently unmarried	6	1.3
Mother's educational status		
Illiterate	32	6.7
Can read and write	31	6.8
Primary school	140	30.6
Secondary & preparatory school	134	29.3
College and above	121	26.4
Mothers' occupation		
Housewife	269	58.7
Merchant	53	11.6
Government /NGO employee	97	21.2
Daily Labourer	23	5.0
Student	16	3.5
Husband's educational status		
Illiterate	10	2.2
Can read and write	21	4.6
Primary school	111	24.4
Secondary & preparatory school	99	21.8
College and above	214	47

[£]*other = Silte, Tigray, Gofa*

Table 1 Socio- economic and demographic characteristics of mother-infant pairs (N=458) in Wolaita Zone Town Administrations, Southern Ethiopia, 2016 (continued).

Husband's occupational status		
Government /NGO employee	232	51.3
Merchant	124	27.4
Daily labourer	59	13.1
Others*	37	8.2
Family size		
≤4	162	35.4
>4	296	64.6
Number of under 5 children		
1	268	58.5
2-3	190	41.5
Age of infant in month		
0-1	59	12.9
2-3	172	37.5
4-5	227	49.6
Sex of infant		
Male	216	47.2
Female	242	52.8
Average households monthly income in ETB		
500-1500	82	18
1501-2500	104	22.8
2501-3500	69	15.1
3501-4500	63	13.8
>4500	138	30.3

**others = driver, students, self employed*

5.2 Health care service related characteristics

The majority 446(97.4%) of mothers had received ANC during their last pregnancy. Three hundred and sixty four (81.6%) attended government health facility and 260 (58.3%) of mothers were delivered by Nurses/Midwifes. Three hundred and twenty four (76.2%) of mothers were visited for greater than three times. One hundred and eighty six (40.6%) delivered their recent child at government health centers. The majority 408(89.1%) of mothers type of delivery was normal/spontaneous vaginal delivery (SVD). Most mothers were discharged from health facility within one day 387(84.5%) and 262(57.2%) received breastfeeding counselling during PNC/Home visit (Table 2).

Table 2 Health facility support characteristics related to breastfeeding (n=458) in town administrations of Wolaita Zone, Southern Ethiopia, 2016.

Variables	Frequency (N)	Percent (%)
Attended ANC		
Yes	446	97.4
No	12	2.6
Place of ANC		
Government HFs	364	81.6
NGO/Private hospitals	82	18.4
ANC provider		
Doctor	93	20.85
Nurse/Midwife	260	58.30
Both Doctor & Nurse/Midwife	93	20.85
Number of ANC visits		
≤3 visits	122	27.4
>3 visits	324	72.6
Recent child place of delivery		
Health Center	186	40.6
Government Hospital	158	34.5
NGO/ Private hospital	114	24.9
Delivery type		
Caesarean section	50	10.9
Vaginal delivery	408	89.1
Health facility stay in days		
≤ 1	387	84.5
>1	71	15.5
EBF counselling during PNC/Home visit		
Yes	196	42.8
No	262	57.2

NGO=Non-governmental organization

5.3 Obstetric and breastfeeding practices related characteristics

All of the mothers fed their infant's breast milk. The rate of EBF was 427 (93.2%); (95% CI: 0.909-0.955) in infants aged under six months. Three hundred and twenty six (70.1%) of mothers had experiences of EBF and most (92.1%) of the mothers planned to exclusively breastfeed. Three hundred and twenty seven (74.1%) of the mothers were BF more than 10 times per day. Majority 453 (98.9%) of the mothers had fed colostrums. The majority 147 (32.1 %) of mothers had parity of two and over one third (37.3%) of mothers birth interval was 2-3 years (Table 3).

Table 3 Distribution of mothers (N=458) by their breastfeeding experience and obstetric history, town administrations of Wolaita Zone, Southern Ethiopia; 2016

Variables	Frequency (N)	Percent (%)
EBF practice		
Yes	427	93.2
No	31	6.8
Friends /families BF experience		
Fed formula milk	34	8.1
Breastfeeding	298	70.8
Fed formula and breast milk	89	21.1
Previous BF experience		
None	101	22.1
Success(EBF)	323	70.5
Failure	34	7.4
Planned for breastfeeding		
Exclusively Breastfeed	421	92.1
Predominantly breastfeed	25	5.5
Didn't plan	11	2.4
Frequency of BF per/24hours		
≤ 10	131	28.6
> 10	327	71.4
Colostrum feeding		
Given	453	98.9
Discarded	5	1.1
Maternal parity		
1	101	22.0
2	147	32.1
3	114	24.9
4 and above	96	21.0
Birth interval in years		
2-3	133	37.3
4-5	109	30.5
6+	115	32.2

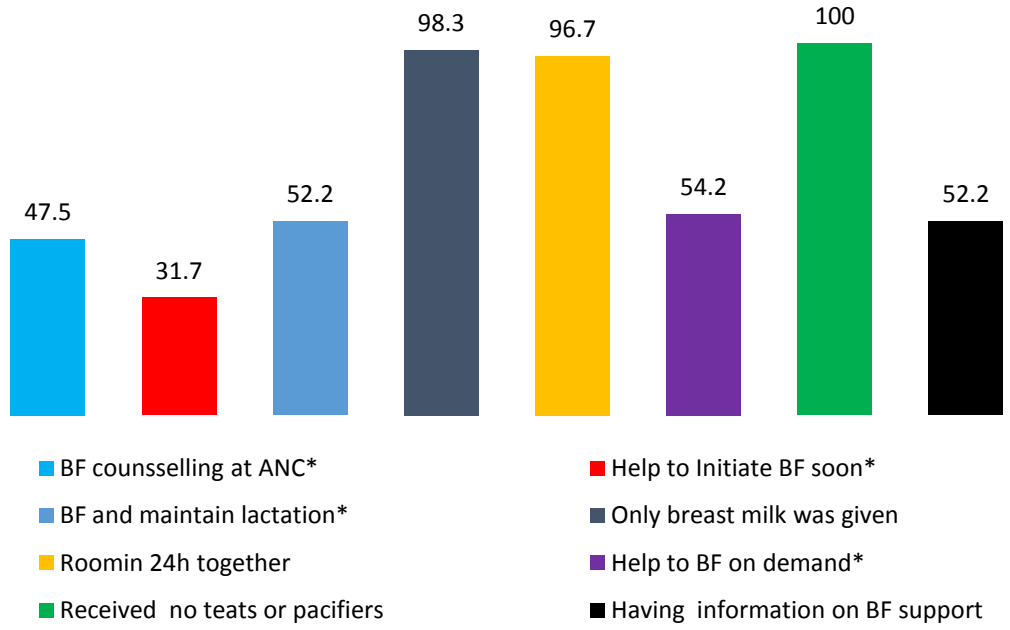

47.5
31.7
52.2
98.3
96.7
54.2
100
52.2
BF counsselling at ANC*
Help to Initiate BF soon*
BF and maintain lactation*
Only breast milk was given
Roomin 24h together
Help to BF on demand*
Received no teats or pacifiers
Having information on BF support

Table 4 Characteristics of Managers/staffs from hospitals/Health Centers in town administrations of Wolaita Zone, Southern Ethiopia, 2016.

Manager/Staff from Hospitals/Health Centers	**n=45**
Manager/staff age in years [Median(IQR)]	28(26-30)
The highest level of education attained diploma (%)	86.7
The highest level of education attained degree (%)	13.3
Manager/staff years of service in maternal & child health unit [median (IQR)]	6(5-8)
Received in-service training in Breastfeeding & Lactation Management (%)	22.2
Received in-service training related to breastfeeding (%)	51.1
Number of support provided in average per month [Median (IQR)]	30(20-60)
Teach and show positioning and attachment (%)	91.1
Correctly demonstrated positioning and attachment [n=41 (%)]	65.9
Teach and show mothers how to express their breast milk by hand (%)	66.7
Correctly demonstrated how to express breast milk by hand [n=30 (%)]	93.3
Correctly answered the effect of formula/other supplements before the breast milk comes in have on breastfeeding success (%)	24.4
Correctly answered the cause of painful nipple (%)	26.7
Correctly answered the main causes of insufficient breast milk (%)	46.7

5.6 Factors associated with exclusive breastfeeding

The independent variables were evaluated for multicollinearity based on the results of VIF and tolerance tests and values of standard errors. Maternal education tended to correlate with maternal occupation, husbands' education and house hold average monthly income during the test for multicollinearity and excluded from the multivariate logistic regression model. At the same time parity that correlates to family size and maternal age was also excluded. However, after removing these variables from the model, the result of the VIF ranged from 1.09 to 1.25; with mean value of 1.16; while the values of the tolerance test fell to less than one, which was within the normal limit, showing the absence of multicollinearity.

Moreover, the values for the standard errors were small and less than or equal to two for all variables in the model, indicating the stability of the model. Hosmer-Lemeshow goodness-of-fit test (p = 0.93) was used to assess the fitness of the model and it indicated that the model fits the data well.

The odds of EBF in infants aged under six months were nearly 3 times higher among infants of young maternal age (15-34 years), unemployed mothers, family size of ≤4 and mothers who received breastfeeding counselling during ANC visit. Similarly, the odds of EBF were nearly 4 times higher among infants of household who earn average monthly income of ≤ 3000 ETB and mothers who got help to breastfeeding support compared with their counterparts. The odds of EBF were 2.2 times higher among infants of mothers whose husband attended below college compared with infants of mothers whose husbands were attended above college. Moreover the odds of EBF were 6.04 times higher among infants of mothers who Attended ANC at government health facility compared with their counterparts (Table 5).

However, in the multivariate logistic regression model, after adjusting for all possible confounders, family size ≤ 4 [AOR (95% CI) = 2.75(1.05, 7.22)], household average monthly income ≤ 3000 ETB [AOR (95% CI) =3.56 (1.20, 10.54)], attended ANC at government health facility [AOR (95% CI) = 4.54(1.77, 11.65)], received breastfeeding counselling during ANC visit [AOR (95% CI) = 3.05 (1.12, 8.29)] and having information on breastfeeding support [AOR (95% CI) = 3.20 (1.23, 8.33)] remained significant as independent predictors of exclusive breastfeeding in infants aged under six months (p < 0.05) (Table 5).

Table 5 Predictors of exclusive breastfeeding practice among mother-infant pairs in town administrations of Wolaita Zone, Southern Ethiopia, 2016

Characteristics	EBF Status		COR(95%CI)	AOR(95%CI)
	Yes (n, %)	No (n, %)		
Mother's Age (years)				
15-34	337(94.9)	18(5.1)	2.7(1.3, 5.7)*	2.11(0.83, 5.38)
35-49	90(87.4)	13(12.6)	1	1
Mother's Occupation				
Unemployed	259(96.3)	10(3.7)	3.2(1.5, 7.0)**	2.44(0.99, 5.95)
Employed	168(88.9)	21(11.1)	1	1
Husband's Education				
High school and below	230(95.4)	11(4.6)	2.2(1.01, 4.61)*	1.45(0.59, 3.57)
Higher education	194(90.6)	20(9.4)	1	1
Family size				
≤4	157(96.9)	5(3.1)	3.02(1.14, 8.03)*	2.75(1.05, 7.22)*
>4	270(91.2)	26(8.8)	1	1
Average households monthly income				
≤3000 ETB	223(97.0)	7(3.0)	3.78(1.60, 8.97)**	3.56(1.20,10.54)*
>3000 ETB	202(89.4)	24(10.6)	1	1
Place of ANC				
Government HF	351(96.4)	13(3.6)	6.04(2.75, 13.28)**	4.54(1.77,11.65)**
NGO/Private hospitals	67(81.7)	15(18.3)	1	1
Mode of delivery				
Vaginal delivery	383(93.9)	25(6.1)	2.09(0.81, 5.37)	-
Caesarean Section	44(88.0)	6(12.0)	1	
Received breastfeeding counselling during ANC				
Yes	203 (96.7)	7(3.3)	2.83(1.18, 6.81)*	3.05(1.12, 8.29)*
No	215 (91.1)	21(8.9)	1	1
Offered help to initiate breastfeeding soon				
Yes	140(96.5)	5(3.5)	2.54(0.95, 6.75)	1.82(0.65, 5.08)
No	287(91.7)	26(8.3)	1	1
Having information on breastfeeding support				
Yes	232(97.1)	7(2.9)	4.08(1.72, 9.67)**	3.20(1.23, 8.33)*
No	195(89.0)	24(11.0)	1	1

ETB=Ethiopian Birr; COR=crude odds ratio; AOR=Adjusted odds ratio; HFs=Health Facility; NGO=Non-governmental organization; Significant at **** p-value <0.05; **p-value<0.01;***

6. Discussion

In this article we provide some of the first published statistics of health facility support factors contributing for EBF in southern Ethiopia.

In this study, the rate of EBF in infants aged under six months was found to be 93.2%. We also examined whether facilities implementing 8 out of ten steps and identified health facility support factors associated with exclusive breastfeeding. Consequently, Facilities demonstrated higher compliance to step 6, 7 and 9. Regarding associated factors; family size ≤ 4, household average monthly income of ≤ 3000 ETB, attended ANC at government health facility, breastfeeding counselling during ANC visit and having information on breastfeeding support were identified as independent predictors of EBF.

Exclusive breastfeeding was practiced by 93.2% of the mothers of infants aged under six months in this study. This finding was higher than the findings of other previous studies conducted in developing countries in which the prevalence of EBF ranged from 24.1% to 82.3% (41-43) as well as in Ethiopia where it ranged from 29.3% to 81.1% (15, 21-25, 27, 29, 44-46). This discrepancy could be due to the variation in the method used (24 hour recall) and characteristics of the participants (only institution delivered mothers were included) and that could inflates the finding (27, 46)). As reported by Asfawu et al. the prevalence of EBF practice goes up to 85% among institution delivered mothers (27). Though there is no regional data on EBF in EDHS, breastfeeding within one hour after birth is highest in SNNPR which account 67% (15). Another possible explanation could be the retrospective nature of this study. Furthermore mothers may tend to provide answers that reflect the desired duration rather than what are practiced.

The multivariate logistic regression analysis revealed that family size was a predictor of EBF practice. The odds of EBF in infants aged under six months were 2.75 times higher among infants from small size family (≤4) compared with their counter parts. This finding was in line with those studies conducted in Dilla Zuria district (Ethiopia) (47) and Nigeria (48). The possible explanation could be that mothers can better deal with the demands of EBF when they have small number of babies who are well spaced out and it also reduces maternal exhaustion.

The average house hold monthly income was associated with EBF practice in infants aged under six months. This study revealed that infants from low (≤ 3000 ETB) average house hold monthly income had 3.56 fold the odds of being EBF. This finding is in line with the research finding that higher maternal income is negatively associated with exclusive breastfeeding (24). A possible explanation for this finding could be that mothers from lower average monthly income house hold are more likely to stay at home during the day time and that may hinder the practice of exclusive breastfeeding. An additional justification could be that those mothers may not afford infant formula (the so-called breast milk substitutes) and cow milk.

Exclusive breastfeeding practice was most significantly associated with place of antenatal care (ANC) visit, but not with ANC follow-up and number of ANC visits. Mother's who attend ANC visits at government health facility had 4.54 times the odds of EBF practice compared to those who attend at Non-governmental (NGO) or private hospitals. None of the other previous studies identified association with this factor(24). However, it is evident from the provider side survey that those health professionals who work in government health facility had taken training on breastfeeding and lactation management and related trainings. Another possible explanation is that recently though the government trying to address the private and NGO sectors through developing strategic framework for public private partnership in health (49); the government working hard on government health facilities regarding breastfeeding in the study area.

This article also provides information on certain "Baby-Friendly" health facility practices that influence breastfeeding outcome and it provides additional support for its importance. We measured 8 of the 10 steps (those most likely to be able to be reported on by the mother). "Baby-Friendly" health facility practices that are consistently associated with exclusive breastfeeding practices included breastfeeding counselling during ANC follow up (step 3) and providing information on breastfeeding support (Step 10) even after controlling for potential confounding variables.

Mothers who had received breastfeeding counseling during ANC visit (step 3) were nearly 3 fold the odds of EBF practice compared to their counter parts. This is in line with a study from Addis Ababa where the odds of EBF was higher among infants of mothers who received breastfeeding counselling during ANC follow up compared to those who doesn't received breastfeeding counselling during ANC Follow up(24). Similarly in another quasi excremental study from Hawassa reported that prenatal breastfeeding education was very effective in increasing EBF percentage among women's in intervention group(37). This shows that antenatal period is an appropriate time to provide breastfeeding counselling.

Another important "Baby-Friendly" practice observed in present study was providing information on breastfeeding support. The odds of EBF were 3.2 times higher among infants of mothers who received information on breastfeeding support compared to their counterparts. None of previous studies in Ethiopia indicated this variable. However, this finding is consistent with the result of the Cochrane review on Support for breastfeeding mothers. In this review all forms of support reduced the risk of stopping EBF(36). Moreover, mother who got education plus professional support and lay support, as well as facility plus community support achieved the practice of EBF(19). This might be due to the fact that mother usually face difficulties of maintaining EBF after being discharged from the health facility. And having been informed of breastfeeding support makes it possible for mother to continually receive this support. This suggests that providing information on breastfeeding support is important factor that contributes for success of EBF practice.

Unlike other studies; in present study, maternal and infant characteristics: level of education, occupation, marital status, age of mother, parity, and age of infant; Mode of delivery, ANC visit, PNC and counselling on BF during PNC did not show significant association with exclusive breastfeeding in infants aged under six months. However; we excluded maternal education and parity due to their collinearity to other variables in the model despite being significantly associated. Moreover; unemployed mothers had higher odds of practice of EBF compared to employed mothers, but this was marginally statistically significant.

In previous studies; mothers who completed primary school (26), currently married mothers (22), being unemployed and age of infant less than 2 months (44-45) and young maternal age (47), ANC utilization and lower parity and birth order (29, 47), postnatal counselling on BF (45),vaginal delivery (24). This might be due to the fact that the study participants in this study were from urban setting and only health institution delivered mothers. Another possible explanation could be that the previous study didn't consider some of "Baby-Friendly" practices which are come out as significant predictor of EBF in the present study.

6.1 Strength and Limitation of the study

The strength of this study is triangulation of information sources through asking both mother-infant pairs and health care providers.

The limitations of this study are: The findings of this study cannot be generalized to rural population hence the data were only from urban population. It could be of concern to undertake similar study in a rural population. The lack of published literature in Ethiopia related to "Baby-Friendly" practices limits the comparison (discussion) of the results. The recall bias was a concern since experiences with the "Baby-Friendly" practices were based on mothers self-report, Nonetheless, the high reported rates of experiencing 24-h rooming-in and only feeding breast milk (No supplement given) during health facility stay are consistent with our observation. Another concern is that women who EBF their babies and/or had difficulties during health facility stay may have been more likely to recall receiving "Baby- Friendly" practices than women who did not. Further cohort study (prospective design) is needed to address this concern. Due to inherent nature of the chosen design it was also difficult to establish a cause-effect relationship.

7 Conclusions and Recommendation

7.1 Conclusions

This study reveals that the rate of exclusive breastfeeding (EBF) in infants aged under 6 months is high. However, relatively small proportion of health care providers are adequately trained on breastfeeding and lactation management and experienced in providing breastfeeding support. This is much lower than the World Health Organization recommendation (at least 80%). Facilities demonstrated higher compliance to give newborn infants no foods and drinks (step 6), rooming-in (step7) and give no artificial teats or pacifiers (step 9).

The practice of EBF is common among mothers from lower family size (≤4), lower average house hold monthly income (≤ 3000 ETB), antenatal care (ANC) visit at government health facility, breastfeeding counseling during ANC visit, and having information on breastfeeding support.

7.2 Recommendation

Program

- Strengthen efforts to enable family to maintain appropriate birth space between consecutive births and limit family size through strengthen family planning program
- Strengthened efforts from government, non-government organizations (NGOs) and private sectors are needed to equip managers/staffs through in-service training on breastfeeding and lactation management in private and NGO health facilities.

Health care providers

- Health care providers should give emphasis to recommended baby friendly practices (step 3, 4, 5, 8, and10).
- Health workers should ensure maintaining promotion of EBF through counselling during ANC visit
- Health care providers should provide information on breastfeeding support for mothers during discharge or leaving health facility after delivery.
- Health care workers should give much emphasis to mothers from higher average house hold monthly income and we recommend further investigation of barriers for EBF.

Further research

- To fully recommend the implementation of “Baby-Friendly” practices further prospective studies that investigate the full component of BFHI was needed.
- Mother’s perception of their experience in health facility may be somewhat different from health facilities’ perceptions of the practices they support. Therefore, researchers who undertake studies in the future may want to obtain information from both mothers and health facility staff to obtain full sense of what may be happening in health facility setting.

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9. Annexes

9.1 Annex I: Conceptual Framework

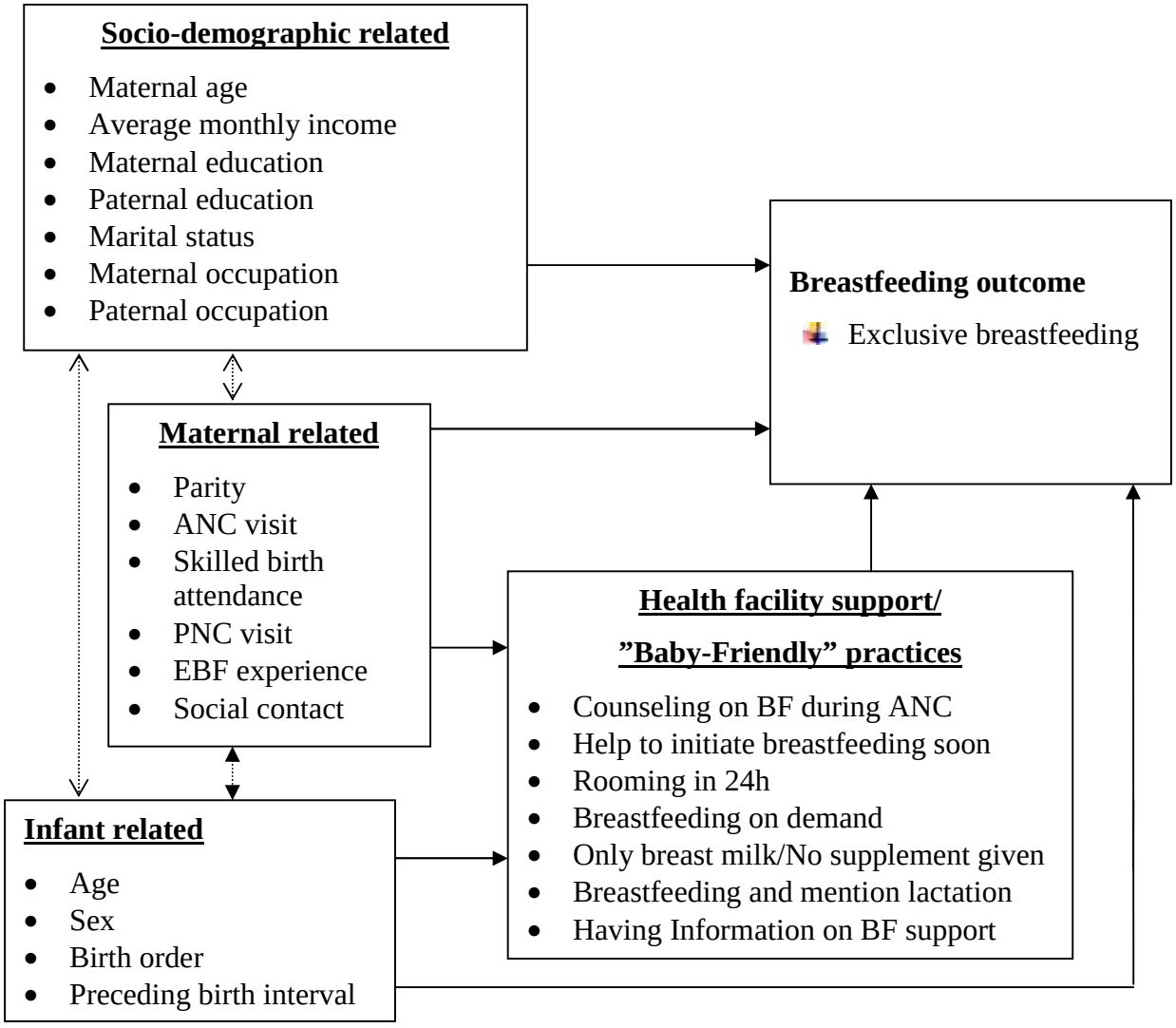

Figure 3 Conceptual frameworks for exclusive breastfeeding practice and associated health facility support factors, developed from reviewing different literatures.

9.2 Annex II: Information Sheet and Consent Form

1. Information Sheet

How are you? My name is----------. I represent a study team by a post graduate student from School of public health in Addis Ababa University who intends to do a research in SNNPR, administrative towns Wolaita Zone, supervised by SPH/AAU instructors.

We are studying ***Health facility support factors contributing for exclusive breastfeeding by asking mothers who delivered at health facility in the last six month. You are randomly chosen*** to be interviewed by the research team.

The information obtained from you and other respondents is important**.** We would appreciate it if you could answer all questions. Participating in this study ***doesn't' harm*** you at all. The information you give here by no means will be transferred to any third party. All the information obtained from you will be ***kept confidential***. The interview shall be conducted in ***private condition***.

You have the right to refuse participation at any time or not to respond to questions that you are not willing to answer and withdraw from participation at any time. Your participation is ***completely voluntary*** but your experiences could be very helpful. It will also ***not affect*** the services you might need at the health facility for now and in the future.

If you agree to be interviewed, we will go ***20-30 minutes*** for us to complete the questionnaire.

If you have ***any questions*** about the study you can ask. In case if you have any question ***you can contact*** the principal investigator Mr. Fekadu Elias using his mobile phone +251-913-72-91-01. Thank you. Next I will read a consent, which assures your interest to participate.

2. Consent Form

The researcher explained the aim of the study with clear language that I can decide once I understand the objective of the study. I decided:

1. Agree to participate [ ] _____signature/thumb print , continue
2. Not agree to participate (stop here); thank you very much!

If the study subject agrees to participate in the study, start the interview.

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

Data collectors name _____ Signature _____Date __/__/____

NB: No need of enforcing the respondent to be included in the study

Supervisor name_____ signature _____ Date___/___/____

አዲስ አበባ ዩኒቨርሲቲ፤ጤና ሳይንስ ኮሌጅ፤የህብረተሰብ ጤና አጠባበቅ ት/ቤት የጤና ተቋም እገዛ ለጡት ማጥባት ስኬት ያለዉ ሚና፤በወላይታ ዞን ከተማ አስተዳደሮች፤2016

የመረጃ መስጫ እና ስምምነት ቅጽ

1. የመረጃ መስጫ ቅጽ

ጤና ይስጥልን፤ስሜ---------- ይባላል፡፡ እኔ በአዲስ አበባ ዩኒቨርሲቲ የህብረተሰብ ጤና አጠባበቅ ትምህርት ቤት የማስተርስ ዲግሪ የሚያጠና ተማሪ ከአዲስ አበባ ዩኒቨርሲቲ ህብረተሰብ ጤና አጠባበቅ ትምህርት ቤት መምህራን በመታገዝ በደቡብ ክልል ፣ ወላይታ ዞን ከተማ አስተዳደሮች፤ የጤና ተቋም እገዛ ለጡት ማጥባት ስኬት ያለዉ አሰተዋጾ ለማጥናት በተዋቀረው ቡድን ውስጥ አባል ነኝ፡፡

ጥናታችንም ባለፉት ስድስት ወራት ዉስጥ በጤና ተቋም የወለዱ እናቶችን የተቋሙ እገዛ ለጡት ማጥባት ስኬት ያለዉን አስተዋጾ በመጠየቅ የሚከናወን ነዉ፡፡ እርስዎም በጥናት ቡድን አማካኝነት በዕጣ ለዚህ መጠይቅ ተመርጠዋል::

እርስዎ የሚሰጡን መረጃ ከሌሎች መረጃ ምንጮች ጋር ተዳምሮ፤ ጠቀመታዉ የጎላ ነዉ፡፡ ለጥናቱ መሳካት እርስዎ የሚሰጡን ትክክለኛና ቀና መልስ ወሳኝ ሚና አለዉ፡፡ በጥናቱ በመሳተፍ ምንም ጉዳት አይደርስቦትም፡፡

በዚህ ቃለ መጠይቅ የሚሰበሰበው መረጃ ለማንም ሦስተኛ ወገን አልፎ የሚሰጥ አይሆንም፡፡ እርስዎ የሚሰጡን ሚላሽ ሁሉ በሚስጥር ይያዛል፡፡ መጠይቁም የግል ምኞትን በጠበቀ መልኩ ይካሄዳል፡፡

በዚህ ቃለ መጠይቅ የመሳተፍም ሆነ ያለመሳተፍ ሙሉ መብት አለዎት፤ በማንኛውም ጊዜ ቃለ መጠይቁን ማቋረጥ ከፈለጉ ይችላሉ፡፡ የሚያገኙትንም የጤና አገልግሎት አሁንም ቢሆን ወደፊት አያስተጓጉልም፡፡ ነገር ግን ሁሉንም ጥያቄዎች እንድመልሱልን እናበረታታለን፡፡

በጥያቄዉ ለመሳተፍ ፈቃደኛ ከሆኑ በ20-30 ደቂቃ ዉስጥ እናጠናቅቃለን፡፡

ግልፅ ያልሆነ ነገር ካለ ልጠይቁን ይችላሉ፡፡ ማንኛዉም ጥያቄ ካለዎት የጥናቱ መሪ የሆኑትን አቶ ፍቃዱ ኤልያስ በስልክ ቁጥር +251913729101 ማግኘት ይችላሉ፡፡ አመሰግናለሁ!

በመቀጠል የስምምነት ቅጽ አነባለሁ፡ ይህም በጥናቱ ለመሳተፍ ያለዎትን ፍላጎት ያረጋግጣል፡፡

2. የስምምነት ቅጽ

ተመራማሪው የጥናቱን ዓላማ በሚገባ ግልጽ በሆነ ቋንቋ አስረድተውኛል፡፡በዚህም መሠረት የጥናቱን ዓላማ ስለተረዳሁ ለመሳተፍ ዉሳኔዬን በሚከተለዉ መንገድ አረጋግጣለሁ፡፡

1. አዎን እሳተፋለሁ፡፡ [ ] _____ ፊርማ/የጣት አሻራ፣ ይቀጥሉ
2. አልስማማም/ አልሳተፍም ፡፡ [ ] (አመስግነዉ በዚህ ያብቁ)

ተጠያቂዉ ለመሳተፍ ፈቃደኛ ከሆኑ መጠይቁን ጀምር

የመረጃ ሰብሳቢ ፊርማ ተጠያቂዉ በቃል ስምምነት መስጠቱን ያረጋግጣል፡፡

<u>አስታዉሰ፡</u> ተጠያቂዉ በግድ በጥናቱ እንድሳተፍ አያስገድዱ፡፡

የመረጃ ሰብሳቢ ስም ---------- ፊርማ _____ቀን ----------/------/-----

ሱፌርቫይዘር ስም ---------- ፊርማ----------ቀን----------/------/--------

9.3 Annex III: English and Amharic Version Quetionniare

Addis Ababa University; College of Health Science; School of Public Health

Health Facility Support Factors Contributing for Exclusive Breastfeeding;

Town Administrations of Wolaita Zone; 2016

English Version Questionnaire for Mother's

Interview information

House hold identification Number |__|__|__|

City _____ Sub-city_____ Kebele_____ Ketena/Village _____

Date of interview |__|__| Day |__|__| Month |__|__||__|__| Year

Time started |__|__| Hour |__|__| Minutes

Time ended |__|__| Hour |__|__| Minutes

Result * |__| *Result codes:

Interviewer name _____ 1= Completed

Supervisor name _____ 2= partly completed

Checked by _____ 3= Refused

Entered by _____ 4= other (specify) ____

1. Socio-economic and demographic characteristics: *Now* I would like to ask you a few questions about your conditions.

S.No	***Questions and Filters***	***Coding and Category***	***Skip to***
101	In what month and year were you born? ***(Interviewer: Please ask mothers's age)***	Month . . . . . |__|__| Don't know Month . . . . . 98 Year . . . . . |__|__|__|__| Don't know year 9998	
102	How old were you at your last birthday? ***(Interviewer: Compare and correct 101 and/or 102 if inconsistent).***	|__|__| (Age in completed years)	
103	What is your religion?	Protestant ----------1 Orthodox Christian----------2 Catholic----------3 Muslim----------4 Other(specify) ----------99	
104	To which ethnic group do you belong?	Wolaita ----------1 Gurage ----------2 Hadiya ----------3 Amhara ----------4 Oromo ----------5 Other (specify)----------99	

105	Marital status	Currently married ----------1 Widowed----------2 Divorced----------3 Single ----------4 Others (specify)----------99	
106	Mother's educational status	Illiterate/unable to read and write--------1 Can read and write----------2 Primary school(1-8)----------3 Secondary & preparatory school---------4 College and above ----------5	
107	What is your occupation?	Farmer and house wife----------1 House wife----------2 Private business/merchant----------3 Gov't/non-government employee-------4 Daily Laborer----------5 Maid servant----------6 Unemployed ----------7 Other(specify)----------99	
108	Father's (husband's) educational status	Illiterate/unable to read and write-------1 Can read and write----------2 Primary school(1-8)----------3 Secondary & preparatory school---------4 College and above ----------5	
109	Father's (husband's) occupational status	Farmer----------1 Gov't/non-government employee--------2 Private buisness/merchant----------3 Daily laborer----------4 Student----------5 Unemployed ----------6 Other (specify)----------99	
110	What is the total number of HH members? ***(all individuals living in that particular house hold)***	In Number |__|__|	
111	How many under five children are there?	In Number |__|__|	
112	What is your House Hold total monthly expedicture?	_____in Ethiopian birr	
113	What is your HHs **<u>monthly</u>** income ***(Income generated by whole house holds members)***	_____in Ethiopian birr	

	2. ***Information related to experiences during pregnancy and index child:*** *Next I would like to ask you few questions concerning your experiences during pregnancy and index child condition.*		
201	Did you make any antenataal visit to health facility for care before you gave birth?	*Yes* ----------*1* *No* ----------*0→*	*→206*
202	Where did you received antenatal care while you were pregnant? Any where else? ***(Interviewer: Probe to identify type(s) of source(s) a nd record all mentioned. If unable to determine if public or private sector, Write the name of the Pla ce.)*** _____	Gov't hospital----------11 Gov't Health center ----------12 Gov't Health post ----------13 Other public(specify)----------14 NGO hospital----------21 Private hospital----------31 Private clinic ----------32 Other (specify)----------99	
203	Whom did you see? Anyone else? ***(Interviewer: Probe to identify each type of person and record all mentioned)***	*Doctor* ----------*1* *Nurse/ Midwife* ----------*2* *HEW* ----------*3* *Other (specify)*----------*99*	
204	How many antenatal visit(s) did you make to health facility for care before you gave birth?	Number of Times---------- |__|__| Don't Know ----------88	
205	During these visits did the staff give you any information on the following topics:	Yes / No / Don't Know	
	a. The importance of spending time skin-to-skin with your baby immediately after birth	1 / 2 / 3	
	b. The importance of having your baby with you in your room or bed 24 hours a day	1 / 2 / 3	
	c. The risks of giving water, formula or other supplements to your baby in the first six months if you are breastfeeding	1 / 2 / 3	
206	Sex of the infant	Male----------1 Female ----------0	

207	Age of the infant ***(interviewer: Chek from FHC or Vaccination Card or delivery regestration log book; If less than one month, Record in weeks; otherwise record in completed months)***	In Weeks |__|__| In months |___|	
208	*Have you had any live birth before the birth of (NAME OF LAST BIRTH)?*	Yes----------1 No*/First birth* ----------0→	212→
209	Birth order of the infant	|___| *Number*	
210	Preceding birth interval ***(Interviewer: If less than one year, Record in months; otherwise record in completed years)***	Months |__|__| Year/s |__|__| Don't know ----------88	
211	How were you fed when you had a newborn baby? ***(Interviewer: ask about previous breastfeeding experience)***	Only breastfed----------1 Breast milk and other fluids (milk, juice, water; etc)----------2 Formula fed only----------3 I didn't have baby before----------4 Don't know----------88 Other (specify)----------99	
212	Before your baby was born, how did you plan to feed her/him?	Breast milk only----------1 Formula only----------2 Breast milk and bottle(formula, milk, water, juice, sugar water etc)--------3 I hadn't decided----------4	
213	How have your friends and family fed their children when they had babies?	Most of them give formula milk-----1 Most of them breastfeed----------2 About half of them formula feed and half breastfeed----------3 Don't know ----------88 Other (specify)----------99	
	3. Birth, Maternity Period and Breastfeeding Status: Next I would like to ask you about birthing, health facility supports during maternity period and the index infants' breastfeeding status.		
301	In which health facility did you give birth to (NAME)?	Gov't Health Center ----------11 Gov't Hospital ----------12 NGO Hospital----------21 Private Hospital----------31 Other (Specify)----------99	

302	What type of delivery did you have?	Normal (vaginal) ----------1 Caesarean, that is, they cut your belly open to take the baby out; without general anesthesia----------2 Caesarean, that is, they cut your belly open to take the baby out; with general anesthesia ----------3 Other: (describe): _____ _____99	
303	How long after birth did you first hold your baby?	Immediately----------1→ Within five minutes----------2→ Within half an hour----------3 Within an hour----------4 As soon as I was able to respond (after C-section with general anaesthesia)----5 Can't remember----------88 Other: (how long after birth?)-------99	→305 →305
304	If it took more than five minutes after birth for you to hold your baby, what was the reason? (There was not any delay)	My baby needed help/observation------1 I had been given anaesthesia and wasn't yet awake ----------2 I didn't want to hold my baby or didn't have the energy----------3 I wasn't given my baby this soon but do not know why----------4 Other(specify)_____99	
305	How did you hold your baby, this first time?	Skin-to-skin contact----------1 Wrapped without much skin contact---0	
306	For about how long did you hold your baby this first time?	Less than 30 minutes----------1 30 minutes to less than an hour---------2 An hour or more----------3 Longer: ___ hours----------4 Can't remember----------88	
307	During this first time your baby was with you did anyone on the staff encourage you to look for signs your baby was ready to feed?	Yes ----------1 No----------0	
308	Did the staff offer you any help with breastfeeding since that first time?	Yes ----------1 No ----------*0*→	→310

309	*[if yes:]* How long after birth was this help offered?	Within 6 hours of delivery ----------1 More than 6 hours after delivery ------2	
310	Did the staff give you any help with positioning and attaching your baby for breastfeeding before discharge?	Yes----------1 No----------0 The staff offered, but I didn't need it---2	
311	a. Did the staff show you or give you information on how you could express your milk by hand? b. Have you tried expressing your milk yourself? c. If yes, were you able to express your milk?	Yes----------1 No ----------0 Yes----------1 No ----------0→ Yes----------1 No ----------0 Partly----------2	→312
312	Where was your baby while you were in the maternity services after giving birth?	My baby was always with me both day and night----------1 There were times my baby was not with me----------0→	→314
313	If your baby was away at all, please describe where, why and for how long: ***[Note: If your baby was cared for away during all or part of the night, please mention that in your description above]***	_____ _____ _____ _____ _____ _____	
314	What advice have you been given about ***how often*** to feed your baby?	No advice given----------1 Every time my baby seems hungry (as often as he/she wants)----------2 Every hour----------3 Every 1-2 hours----------4 Every 2-3 hours----------5 Other (specify): _____ 99	
315	What advice have you been given about ***how long*** your baby should suckle?	No advice given----------1 For a limited time; (for how long)-----2 For as long as my baby wants to-------3 Other (please tell us): _____99	

316	How long after the birth of your baby did you stay in hospital? ***(Interviewer: If less than one day, record in hours; otherwise record in days).***	Hours |__|__| Day/s |__|__|	
317	On the day that you left hospital, what most accurately describes how you were feeding your baby?	Only breastfed----------1 Formula milk----------2 Combination of breast and bottle (formula; water, juice, sugar solution)--3 Expressing breast milk ----------4 Baby was not feeding when I went home----------5 Other specify----------99 Can't remember ----------88	
318	Has your baby been given anything other than breast milk since s/he was born?	Yes----------1 No ----------0± Don't know----------88±	±322 ±322
319	If yes, what was given? *[tick all that apply]*	Infant formula----------1 Water ----------2 Sugar water----------3 Don't know----------88 Other fluids (specify):_____99	
320	If yes, why was your baby given the supplement(s)? *[tick all that apply]*	I requested it----------1 My doctor or other staff recommended the supplements, but didn't say why----------2 My doctor or other staff recommended the supplements (why) because_____3 No supplements were given----------4 Don't know ----------88 Other (please tell us why):----------99	
321	If supplement(s) were given, were they fed by:	Bottle with teat or nipple----------1 Cup?----------2 Spoon?----------3 Don't know----------88 Other(specify):_____99	
322	Following your (name) delivery have you attended postnatal care in any health facility/home visit by HEWs?	Yes ---------- 1 No ---------- 0±	±324

323	How old was your baby when the HEW/CHA first came to visit? Please give your answer in days	Days_____ None ---------- 1	
324	Have you been given any suggestions by the staff about how or where to get help, if you have problems with feeding your baby after you return home?	Yes----------1 No----------0±	±328
325	*[If "Yes":]* What suggestions have you been given? ***[tick all that apply]***	Get help from the hospital----------1 Get help from a health professional-----2 Get help from a mother support group or a peer/lay counselor----------3 Get help from another community service ----------4 Get help from HEWs ----------5 Other (specify): _____99	
326	How easy was it for you to find breastfeeding support services?	I did not seek any support services-----1± Very easy----------2 Easy----------3 Fairly easy----------4 Difficult----------5 Very difficult----------6 I was unable to access support services--7	±328
327	If you accessed any breastfeeding support services, please tell us about how helpful these services were.	I did not access any support services-----1 Excellent----------2 Very good----------3 Satisfactory----------4 Poor----------5 Very poor----------6	
328	Did you ever breast feed (name)?	Yes ---------- 1 No ----------0→	→331
329	If yes, did you breast feed the first breast milk (colostrums)?	Yes ---------- 1→ No ----------0	→332

330	***Ask "Why" if not fed colostrum.***	Why_____ _____	
331	If not, Why not fed breast milk? ***(Ask this question for only infants not ever breastfeed).***	_____ _____ _____	
332	Are you still breast- feeding (name)?	Yes ---------- 1→ No ---------- 0	→335
333	If no, when did you stop breast feeding (name)?	|__|__| month	
334	Why did you stop breast-feeding (name)?	Not enough milk----------1 Mother ill/weak----------2 Child ill/weak----------3 Nipple/Breast problem----------4 Mother working----------5 Child refused----------6 Weaning age/age to stop----------7 Become pregnant----------8 Started using contraception----------9 Other (specify) ----------99	
335	Did (name) started solid/semi-solid or soft food?	Yes ----------1 No ---------- 0→	→401
336	If yes, at what age did (name) started?	Month |___| / Weeks |__|__|	
337	Why you started at that age?	Why_____ _____ _____	

4. **24-hour recall** of what the recent child ate over 24 hours: Next I would like to ask you few questions about what the recent child ate over 24 hours/yesterday during the day and at night.

401	Was (name) breastfed yesterday during the day and at night?	Yes ----------1± No ----------0	±403
402	Ask "Why" if the (name) not breast feed yesterday during the day and at night.	Why_____ _____	
403	If yes, how many times did the (name)		

	fed breast yesterday during the day and at night?	Number of times |__|__|	
404	Was (name) had got solid, semi-solid or soft food yesterday during the day and at night? (***probe by asking:*** ***Plain water, milk, Infant formula, Juice, thin porridge, any other liquids?)*** ***Interviewer: (The exceptions for the list of solid, semi-solid and liquids are: syrups and drops of medicines and vitamins, breastmilk from other mother and expressed breastmilk from own mother)***	Yes ----------1 No ---------- 0±	±407
405	If yes, what was the reason?	Why_____ _____ _____	
406	If yes, what type of food /liquids did the (name) fed yesterday during the day and at night?	----------	
407	Did the (name) drink anything from a bottle yesterday during the day and at night?	Yes ----------1 No ----------0±	±End
408	*Ask "Why" if the (name) fed anything from bottle* yesterday during the day and at night.	Why_____ _____	

Thank you for your cooperation.

We wish you best of luck to you and your child!

አዲስ አበባ ዩኒቨርሲቲ፤ጤና ሳይንስ ኮሌጅ፤የህብረተሰብ ጤና አጠባበቅ ት/ቤት

የጤና ተቋም እገዛ ለጡት ማጥባት ስኬት ያለዉ ሚና፤በወላይታ ዞን ከተማ አስተዳደሮች፤2016

የአማርኛ መጠይቅ ለእናቶች

<u>የመጠይቂ መረጃ</u>

የአባወራ/እማወራ መለያ (ኮድ) |__|__|__|

ከተማ ስም _____ ክ/ከተማ _____ ቀበሌ _____ ቀጠና/መንደር _____

መጠይቁ የተደረገበት ቀን |__|__|ቀን |__|__|ወር |__|__||__|__|ዓ.ም

መጠይቁ የተደረገበት ሰዓት |__|__| ሰዓት |__|__| ደቂቃ

የተጠናቀቀበት ሰዓት |__|__| ሰዓት |__|__| ደቂቃ

ዉጤት* |__| *ዉጤት ኮዶች:

የጠያቂዉ ስም _____ 1=የተጠናቀቀ

የተቆጣጣሪዉ _____ 2= በከፊል የተጠናቀቀ

የመረመረዉ _____ 3=ለመጠየቅ ያለተስማሙ

ያስገባዉ _____ 4=ሌላ(ይገለፅ) _____

ክፍል 1. የማህበራዊና ዲሞግራፊያዊ ሁኔታዎች ፡ አሁን ስለእርስዎ ሁኔታ ጥቅት ጥያቄዎችን እጠይቆታለሁኝ፡፡

<u>ተ.ቁ</u>	መጠይቅና መለያዎች	የመልስ ኮድ	ይለፍ
101	እርስዎ በምን ወር እና ዓመት ተወልደዋል? *<u>(ለጠያቂ፡-የእናት ዕድሜ ይጠይቁ)</u>*	ወር ----------|__|__| ወሩን አላዉቀዉም---------- *88* *ዓመት* ---------- |__|__|__|__| *ዓመቱን አላዉቀዉም----------9988*	
102	ዕድሜዎ ስንት ነዉ? *<u>(ለጠያቂ፡-የ101 እና 102 የማይመሳሰሉ ከሆነ ሁለቱንም ወይም አንዳቸዉን ያሰተካክሉ)</u>*	|__|__| (በሙሉ ዓመት ይገለፅ)	
103	ሐይማኖትዎ ምንድ ነዉ?	ፕሮቴስታንት----------1 ኦርቶዶክስ ክርስቲያን----------2 ካቶሊክ----------3 እስልምና----------4 ሌላ ካሌ (ይገለፅ)_____99	
104	ከየትኛዉ ብሔረሰብ ነዎት?	ወላይታ----------1 ጉራጌ----------2 ሀዲያ----------3 አማራ----------4 ኦሮሞ----------5 ሌላ ካሌ (ይገለፅ)_____99	

105	ያሁኑ ጋብቻ ሁኔታ	ያገባች/በአሁኑ ጊዜ አግብታ ያለች--------1 ባል የሞተባት ----------2 የተፋታች----------3 ያላገባች ----------4 ሌላ (ይገለፅ)----------99	
106	የእርሰዎ ትምህርት ሁኔታ ***(ለጠያቂ፤ማንበብና መጻሓፍ የምችሉ ስባል መደበኛ ያልሆነ ትምህርት የተማሩትን ለማለት ተፈልጎ ነዉ)***	ያልተማሩ/ማንበብና መጻሓፍ የማይችሉ---1 ማንበብና መጻሓፍ የምችሉ ----------2 የመጀመርያ ደረጃ(1-8)----------3 ሁለተኛ ደረጃና መሰናዶ (9-12)----------4 ኮሌጅ እና ከዛ በላይ----------5	
107	የእርሰዎ ሥራ ሁኔታ ***(ለጠያቂ፤ዋና ሥራተዉን ይክበቡ)***	አርሶ አደር እና የቤት እመቤት----------1 የቤት እመቤት----------2 ነጋዴ----------3 የመንግስት ሰራተኛ/መንግሥታዊ ያልሆነ ድርጅት ሠራተኛ ----------4 ቀን ሠራተኛ----------5 የቤት ሠራተኛ----------6 ሥራ ፈላጊ/ሥራ የሌለዉ----------7 ሌላ ካሌ(ይገለፅ)----------99	
108	የባለቤትዎ ትምህርት ሁኔታ	ያልተማሩ/ማንበብና መጻሓፍ የማይችሉ---1 ማንበብና መጻሓፍ የምችሉ ----------2 የመጀመርያ ደረጃ(1-8)----------3 ሁለተኛ ደረጃና መሰናዶ (9-12) ----------4 ኮሌጅ እና ከዛ በላይ----------5	
109	የባለቤትዎ ሥራ ሁኔታ	ገበሬ----------1 የመንግስት ሰራተኛ/መንግሥታዊ ያልሆነ ድርጅት ሠራተኛ----------2 ነጋዴ ----------3 ቀን ሰራተኛ ----------4 ተማሪ ----------5 ሥራ ፈላጊ/ሥራ የሌለዉ----------6 ሌላ ካሌ(ይገለፅ)----------99	

110	ጠቅላላ የቤተሰብዎ ቁጥር ስንት ነዉ? ***(ለጠያቂ፤ቤት ዉስጥ የምኖሩትን ሁሉን ደምረዉ ጠቅላላ ቁጥራቸዉን ይመዝግቡ)***	በቁጥር |__|__|	
111	ከአምስት ዓመት በታች የሆኑ ህጻናት ብዛት ስንት ነዉ?	በቁጥር |__|__|	
112	ጠቅላላ የቤተሰብዎ ወራዊ ወጭ ስንት ነዉ?	_____	
113	ጠቅላላ የቤተሰብዎ ወራዊ ገቢ ስንት ነዉ? ***(ለጠያቂ፡ ከሁሉም የቤተሰብ አባላት የሚገኘዉን ጠቅላላ የገቢ ምንጭ ጨምሮ። እባክዎን ገቢያቸዉን በዓይነትና በብር ይጠይቁ። ንብረቱ በዓይነት ከሆነ በወቅቱ ገበያ መሠረት ወደ ብር ይቀይሩ።)***	የብሩን መጠን በኢትዮጵያ ብር በቁጥር ይመዝግቡ _____	
ክፍል 2. ከዕርግዝና ጊዜ እና ከህጻኑ ጋር የተያያዙ ሁኔታዎች መረጃ፡ በመቀጠል በዕርግዝና ጊዜ ስለተደረገለዎት ድጋፍ እና ስለህጻኑ ሁኔታ የተወሰኑ ጥያቄዎችን እጠይቆታለሁኝ።			
201	የመጨረሻዎን ልጅ(የህፃኑ ስም) አርግዘዉ እያሉ የነፍሰ ጡር ምርመራ በጤና ድርጅት ተከታትለዋል?	አዎን----------1 የለም----------0→	→206
202	የነፍሰ ጡር ምርመራ በጤና ድርጅት ተከታትለዉ ከሆኑ፤የት ነበር የተከታተሉት? ***(ለጠያቂ፤ የተከታተሉበትን ጤና ድርጅት ለመለየት ይሞክሩ። የተመለሰዉን ሁሉ ይክበቡ።ለመለየት ካቃታቸዉ የቦታዉን ሰም ይመዝግቡ)*** _____	የመንግስት ሆስፒታል----------11 የመንግስት ጤና አጠባ/ጣቢያ----------12 ጤና ኬላ ----------13 ሌላ የመንግስት(ይገለፅ)----------14 መንግስታዊ ያልሆነ ሆስፒታል---------21 የግል ሆስፒታል----------31 የግል ክሊኒክ----------32 ሌላ ካሌ(ይገለፅ)----------99	
203	የነፍሰ ጡር ምርመራ በጤና ድርጅት ተከታትለዉ ከሆኑ በማን ነበር የታዩት? ***(ለጠያቂ፤ የታዩበትን ጤና ባለሙያ ለመለየት ይሞክሩ። የተመለሰዉን ሁሉ ይክበቡ)***	ዶክተር/ሐኪም----------1 ነርስ/አዋላጅ ነርስ----------2 በጤና ኤክስቴንሽን ሰራተኞች----------3 አላዉቅም----------88 ሌላ ካሌ(ይገለፅ)----------99	
204	የነፍሰ ጡር ምርመራ በጤና ድርጅት ተከታትለዉ ከሆኑ ስንት ጊዜ/ያት ክትትል አድርገዋል?	በቁጥር |__|__| አላዉቅም----------88	

205	በእነዝህ ክትትል ጊዜ/ያት የጤና ባለሙያ በምከተሉ ርዕሰ ጉዳዮች ላይ የሰጠዎት መረጃ ካሌ?	አዎን የለም አላዉቅም	
	ሀ. ህፃኑ እንደተወለደ የእርስዎ እና የህፃኑ ሰዉነት ለሰዉነት(ቆዳ ለቆዳ) ተገናኝቶ እንድቆይ በማድረግ ስለምገኘዉ ጥቅም፤	1 0 88	
	ለ. ህፃን እርስዎ ክፍል/አልጋ ከእርስዎ ጋር 24 ሰዓት በቀን ስቆይ ስለምገኘዉ ጥቅም፤	1 0 88	
	ሐ. እርስዎ ጡት የሚያጠቡ ከሆኑ በመጀመሪያዎቹ 6 ወራት ዉስጥ ለህፃኑ ዉሃ፤ፎርሙላ ወይም ሌላ ተጨማር ነገር መስጠት ስለምያስከትለዉ ጉዳት፤	1 0 88	
206	የህጻኑ ፆታ	ወንድ----------1 ሴት ----------0	
207	የህጻንዎ ዕድሜ ስንት ነዉ? ***(ለጠያቂ፤ከወሊድ መዝገብ / ከክትባት ካርድ/ ከቤተሰብ ጤና መመሪያ ካርድ ያረጋግጡ። ከአንድ ወር በታች ከሆነ ዕድሜዉን በሳምንት ይመዝግቡ)***	በሳምንት |__|__| (በሙሉ ወር ይገለፅ) |___|	
208	(የህፃኑ ስም) ከመዉለድዎ በፍት ልጅ (በሕይወት ያለ) ወለደዋል?	አዎን----------1 የለም/(ህፃኑ ስም) የመጀመርያ ነዉ---0→	→212
209	ህጻኑ ለእናቱ ስንተኛ ልጅ ነዉ?	ስንተኛ ልጅ እንደ ሆነ በቁጥር |__|__|	
210	ህጻኑ በስንት ወር/ዓመት ልዩነት ነዉ የተወለደዉ? ***(ለጠያቂ፤ ከ1ዓመት በታች ከሆነ በወር ይመዝግቡ)***	|__|__| ወር |__|__|ዓመት አላስታዉስም ----------88	
211	ከዝህ በፍት ህፃን ካለዎት እንዴት ነበር ያጠቡት/ የመገቡት? ***(ለጠያቂ፡ ሰለጡት አጠባብ የነበራቸዉን ልምድ ይጠይቁ)***	ጡት ብቻ----------1 ጡት እና ሌሎች ፈሳሾች (ወተት፤ወሃ፤ጁስ፤ወዘተ) ----------2 ፎርሙላ ወተት ብቻ----------3 ከዝህ በፍት ህፃን አልነበረኝም----------4 አላዉቅም----------88 ሌላ(ይገለፅ)----------99	
212	ልጅዎትን ከመዉለድዎ በፍት እንዴት ለመመገብ አቅደዋል?	ጡት ብቻ ለማጥባት----------1 ፎርሙላ ብቻ----------2 ጡት እና ጡጦ(ፎርሙላ ወተት፤ ወሃ፤ ጁስ፤የተበጠበጠ ስኳር፤ወዘተ) ለማጥባት----------3 ምንም አልወሰንኩም/አላቀደኩም---------4	

213	ጓደኞዎት እና/ወይም በቴሰብዎት ልጆቻቸዉ ህፃን እያሉ እንዴት ነበር ያጠቡት/የመገቡት?	አብዘኛዎቹ ፎርሙላ ወተት ይመግባሉ-1 አብዘኛዎቹ ጡት ያጠባሉ----------2 ግማሾቹ ፎርሙላ ወተት ይመግባሉ እና ግማሾቹ ጡት ያጠባሉ----------3 አላዉቅም----------88 ሌላ ካሌ (ይገለፅ).....99	
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301	የመጨረሻ ልጅዎን (የህፃኑን ስም) የወለዱት የት ነበር?	ጤና አጠባበቅ ጣቢያ ----------11 መንግሥት ሆስፒታል ----------12 መንግሥታዊ ያልሆነ ሆስፒታል----------21 ግል ሆስፒታል ----------31 ሌላ ካሌ (ይገለፅ)----------99	
302	በምን ዓይነት መንገድ ነዉ ልጅዎን የተገላገሉት (የወለዱት)?	በተለመደ ሁኔታ (በማህፀን በር)----------1 መላዉ ሰዉነተ ሳይደነዝዝ ህፃኑን ለማዉጣት ሆድ ተከፍቶ (በስ/ኤስ (C/S)---2 መላዉ ሰዉነቱ ደንዝዞ ህፃኑን ለማዉጣት ሆድ ተከፍቶ (በስ/ኤስ (C/S))----------3 ሌላ ካሌ (ይገለፅ)----------99	
303	እርሰዎ ከወለዱ በኃላ ምን ያህል ጊዜ ቆይተዉ ነዉ ልጅዎትን የያዙት?	በአፋጣኝ/በቀጥታ----------1→ በአምስት ደቂቃ ዉስጥ----------2→ በግማሽ ሰዓት ዉስጥ----------3 በአንድ ሰዓት ዉስጥ----------4 ራሴን እንዳወኩ (መላዉ ሰዉነቴ ደንዝዞ ስ/ኤስ (C/S) ከተደረገ በኃላ)----------5 አላሰታዉሰዉም----------88 ሌላ (በሳዓት/በደቂቃ ይገለፅ)----------99	→305 →305
304	እርሰዎ ከወለዱ በኃላ ልጅዎትን ለመያዝ ከ5 ደቂቃ በላይ ከፈጀቦት ምክንያቱ ምን ይሁን?	ለልጂ ዕገዛ ስላስፈለገዉ/ መታየት ስላለበት-------1 ማደንዘዣ ስለተሰጠኝ አልነቃዉም ነበር----------2 ለመያዝ አልፈለኩም/ጉልበት አልነበረኝም---------3 በወቅቱ ልጂ አልተሰጠኝም ነበር ሆኖም ግን ለምን እንዳልተሰጠኝ ምክንያቱን አላዉቅም-------4 ሌላ (ይገለፅ)----------99	
305	ለመጀመሪያ ጊዜ ልጅዎትን ስይዙ እንዴት ነበር የያዙት?	ያለምንም ልብስ፤ ሰዉነቱን ከሰዉነቴ ጋር በማገናኘት(ቆዳ ለቆዳ)----------1 ብዙም ከሰዉነተ ጋር ንክክ ሳይኖር ህፃኑን በጨርቅ ጠቅልዬ----------2	
306	መጀመሪያ እንደያዙ ልጅዎትን ለምን ያህል ጊዜ ይዞ ቆዩ?	ከ30 ደቂቃ በታች----------1 ከ30 ደቂቃ እሰከ ከአንድ ሰዓት በታች----------2 አንድ ሰዓት እና ከዛ በላይ----------3 ለረጅም ግዜ (ይገለፅ) ----------ሰዓት----------4 አላሰታዉሰዉም----------88	

307	በዚህ ጊዜ ማለትም መጀመርያ እንደያዙ ህፃኑ ጡት ለመጥባት ዝግጁ ስለመሆኑ ምልክቶችን እንድታዩ ያበረታታ እና ያገዘ የጤና ባለሙያ ነበር?	አዎን ----------1 የለም----------0	
308	***ከመጀመሪያዉ ጀምሮ*** ስለጡት ማጥባት አንዳች እገዘ ያደረገለዎት የጤና ባለሙያ ነበር?	አዎን ----------1 የለም----------0 →	→310
309	አዎን ከሆነ እገዛዉ የተደረገለዎት ከወለዱ በኃላ ምን ያህል ቆይቶ ነዉ?	በወለዱ በ6 ሰዓት ጊዜ ዉስጥ----------1 በወለዱ ከ6 ሰዓት ባለፈ ጊዜ ዉስጥ-------2	
310	ወደ ቤት ከመሄደዎ በፊት ጡት ለማጥባት፤ ስለህፃን አቀማመጥ እና አያያዝ (ከጡት ጋረ) አንዳች ዕገዛ ከጤና ባለሙያ ተደረገለዎት?	አዎን ---------- 1 የለም----------0 የጤና ባለሙያ ዕገዛ ያደርጋል ግን ለእኔ አያስፈልገኝም----------2	
311	ሀ. የጡትዎ ወተት በእጅ እንዴት እንደምታለብ የጤና ባለሙያ *ለሳይትዎታል ወይም መረጃ ሰጥቶዎታል*? ለ. ለማላብ ሞክረዉ ያዉቃሉ? ሐ. አዎን ከሆነ ማላብ ችለዎታል?	አዎን ----------1 የለም---------- 0 አዎን ----------1 የለም----------0 → አዎን ----------1 የለም---------- 0 በከፊል----------2	→312
312	እርስዎ ከወለዱ በኃላ የማዋለጃ አገልግሎት የምሰጥበት ክፍል እያሉ ልጅዎት የት ነበር?	ልጂ ቀንና ማታ ሁል ጊዜ ከእኔ ጋር ነበር----1→ ልጂ ከእኔ ጋር ያልነበረባቸዉ ጊዜ/ያት ነበሩ-----0	→314
313	*ልጅዎት ከእርስዎ ጋር ያልነበረ ከሆነ፤ የት፤ለምን እና ለምን ያህል ጊዜ እንደሆነ ይግለፁ?* ***(ለጠያቂ፦እባክዎን የማታዉን ቁምር ይጠይቁ)***	***የት፤***_____ ***ለምን፤***_____ _____ ***ለምን ያህል ጊዜ፤***_____	
314	ልጅዎትን ስንት ጊዜ ማጥባት እንዳለበዎት የተሰጠዎት ምክር አለ?	ምንም ምክር አልተሰጠኝም----------1 በየተኛዉም ጊዜ ልጂ የተራበ ከመሰለኝ(ልጂ እንደፈለገ/ች)----------2 በየአንድ ሳዓት ልዩነት----------3 በየ 1-2 ሳዓት ልዩነት----------4 በየ 2-3 ሳዓት ልዩነት----------5 ሌላ ካሌ (ይገለፅ)----------99	
315	ልጅዎትን ለምን ያህል ጊዜ እያጠቡ መቆየት እንዳለበዎት የተሰጠዎት ምክር አለ? ***(ለጠያቂ፤ለተወሰነ ጊዜ ከሆነ ጊዜዉን ይመዝግቡ)***	ምንም ምክር አልተሰጠኝም----------1 *ለተወሰነ ጊዜ ከሆነ ለምን ያህል ጊዜ?*----------2 ልጂ የፈለገዉን ያህል----------3 ሌላ ካሌ (ይገለፅ)----------99	
316	በጤና ተቋም ከወለዱ በኃላ ለምን ያህል ጊዜ ቆዩ? ***(ለጠያቂ፤እባክዎን በቀናት ይጻፉ)***	|___| ቀን	

317	እርስዎ ጤና ተቋም ለቆ በምወጡበት ጊዜ ልጅዎ በጤና ተቋም ስመገብ የቆየበትን አመጋገብ በትክክል የምገልጸዉ የተኛዉ ነዉ?	ጡት ብቻ ይጠባ ነበር----------1 ፎርሙላ ወተት ብቻ----------2 ጡት እና ጡጦ (ፎርሙላ ወተት፤ ወሃ ፤ጁስ፤የተበጠበጠ ስኳር፤ወዘተ)---------3 የታሰቤ ጡት ወተት----------4 ስወጣ አይጠባም/አይመገብም ነበር----------5 ሌላ ካሌ (ይገለፅ)----------99 አላሰታዉስም----------88	
318	*ለልጅዎ ከተወለደ ጀምሮ ጡት ከማጥባት ዉጭ ሌላ ነገር ተሰጥተዋልን?* ***(ለጠያቂ፤በጤና ተቋም ስለነበረዉ ሁኔታ ብቻ ይጠይቁ)***	አዎን ----------1 የለም----------0± አላዉቅም----------88±	±322 ±322
319	*አዎን ከሆነ ምንድነዉ የተሰጠዉ?* ***(ለጠያቂ፤በጤና ተቋም ስለነበረዉ ሁኔታ ብቻ ይጠይቁ)***	የህፃናት ፎርሙላ ወተት----------.----1 ዉሃ----------2 ስኳር በዉሃ----------3 አላዉቅም----------88 ሌሎች ፈሳሾች(ይገለፅ)----------99	
320	*አዎን ከሆነ ለልጅዎ ተጨማሪ ነገር ለምን ተሰጠዉ/ጣት?* ***(ለጠያቂ፤በጤና ተቋም ስለነበረዉ ሁኔታ ብቻ ይጠይቁ፤ ከአንድ በላይ ማክበብ ይችላሉ)***	ራሴ ጠይቂ ነዉ----------1 የጤና ባለሙያ ተጠቀም ብሎኛል ግን ምክንያቱን አልጠየኩም----------2 የጤና ባለሙያ ተጠቀም ብሎኛል ምክንያቱም (እባክዎን ምክንያቱን ይግለፁ)_____ _____3 ምንም ተጨማሪ ነገር አልሰጠዉም---------4 አላዉቅም----------88 ሌላ(ይገለፅ)----------99	
321	ተጨማሪ ምግቦችን የምሰጡ ከሆነ፤ እንዴት ነበር የምመግቡት? ***(ለጠያቂ፤በጤና ተቋም ስለነበረዉ ሁኔታ ብቻ ይጠይቁ)***	በጡጦ----------1 በኩባያ----------2 በማንኪያ----------3 አላዉቅም----------88 ሌላ(ይገለፅ)----------99	
322	ልጅዎን ከወለዱ በኋላ በጤና ተቋም/እቤት በጤና ኤክስቴንሽን ሠራተኛ የድህሬ-ወሊድ ክትትል አግኝተዋል?	አዎን ----------1 የለም ----------0±	±324
323	የጤና ባለሙያ ለመጀመሪያ ጊዜ ልጎበኞት ስመጣ የልጅዎት ዕድሜ ስንት ነዉ? ***(ለጠያቂ፤እባክዎን በቀናት ይግለፁ)***	|__|__| ቀን የጤና ባለሙያ አልጎበኘኝም----------1	
324	እርስዎ ከጤና ተቋም ከመዉጣትዎ በፊት ልጅዎን ለመመገብ/ ለማጥባት ብቸገሩ ዕገዛ እንዴት እና ከየት ማግኘት እንደምትችሉ የጤና ባለሙያ ጠቁመዋል?	አዎን ----------1 የለም----------0±	±328

325	*አዎን ከሆነ የተኛዉን ነዉ የጠቆሙት?*	ከሆስፒታል ----------1 ከጤና ባለሙያ----------2 እናቶች ድጋፍ ቡድን/አቻ ለአቻ አማካሪዎች---3 ከሌላ ህብረተሰብ አገልግሎት----------4 ከጤና ኤክስቴንሽን ሠራተኞች----------5 ሌላ ካሌ (ይገለፅ)----------99	
326	የጡት ማጥባት ድጋፍ አገልግሎት ለማግኘት ምን ያህል ይቀላል? ***(ለጠያቂ፤ምርጫዎችን ቃል በቃል ያንብቡላቸዉ)***	ምንም ድጋፍ አገልግሎት አላሰፈለገኝም------1± በጣም ቀላል ነዉ----------2 ቀላል ነዉ----------3 በመጠኑ ቀላል ነዉ----------4 ከባድ ነዉ----------5 በጣም ከባድ ነዉ---------- 6 የድጋፍ አገልግሎት ማግኘት አልቻልኩም------7	±328
327	የጡት ማጥባት ድጋፍ አገልግሎት አግኝቶ ከሆነ፤ ምን ያህል እንደጠቀመዎት እባክዎን ይንገሩን? ***(ለጠያቂ፤ምርጫዎችን ቃል በቃል ያንብቡላቸዉ)***	የድጋፍ አገልግሎት ማግኘት አልቻልኩም-----1 እጅግ በጣም----------2 በጣም----------3 በቂ----------4 ዝቅ ያለ----------5 በጣም ዝቅ ያለ----------6	
328	ልጅዎትን ጡት አጥብተዉ ያዉቃሉ?	አዎን ----------1 የለም ---------- 0→	→331
329	መልስዎ አዎ ከሆነ ልጅዎን የመጀመሪያ ጡት /እንገር/ አጠጥተዋል (አጥብተዋል)?	አዎን ----------1→ የለም ---------- 0	±332
330	*የመጀመሪያ ጡት /እንገር/ አጥብተዉ ካልሆነ ምክንያቱ ምንድ ነዉ?*	_____ _____	
331	ልጅዎትን ጡት አጥብተዉ የማያዉቁ ከሆነ፤ለምንድ ነዉ ያላጠቡት?	_____ _____	
332	እሰካሁን ልጅዎትን ጡት እያጠቡ ነዉ?	አዎን----------1→ የለም ----------0	→335
333	እያጠቡ ካልሆነ፤ልጅዎትን ጡት ማጥባት ያቆሙት መች ነዉ?	በወር |__|__|	
334	እርሰዎ ለምንድ ነዉ ጡት ማጥባት ያቆሙት?	በቂ ወተት ስለለሌ----------1 እናቱን ስላመማት/ስለደከማት----------2 ህፃኑን ስላመመዉ/ስለደከመዉ ----------3 ከጡት ጫፍ/ጡት ጋር የተገናኘ ችግር------4 እናቱ ሠራተኛ ስለሆነች----------5 ህፃኑ ስለማይፈልግ----------6 ጡት የምያቆምበት ዕድሜ ስለሆነ----------7 ማርገዝ ስለምፈልግ ----------8 የወልድ መከላከያ ስለጀመረኩ----------9 ሌላ (ይገለፅ)----------99	
335	ልጅዎትን ጠንካራ/በከፊል ጠንካራ ወይም ለስለስ ያሉ ምግቦችን አስጀመረዋል?	አዎን ----------1 የለም ----------0→	→401

336	መልሰዎ አዎን ከሆነ፤ በስንት ዕድሜ ነዉ የጀመረዉ?	በወር |___| / በሳምንት |__|__|	
337	ልጅዎትን ጠንካራ/በከፊል ጠንካራ ወይም ለስለስ ያሉ ምግቦችን ያሰጀመሩበት ምክንያት ምንድ ነዉ?	_____ _____	
ክፍል 4. ህጻኑ በ24 ሰዓት ዉስጥ የተመገበዉን /አመጋገብ ሥርዓት በተመለከተ መረጃ፤ በመቀጠል ህፃኑ በ24 ሰዓት ጊዜ ዉስጥ/ትላንትና ቀንና ማታ የተመገበዉን እጠይቆታለሁኝ፡፡			
401	ህጻኑ በ24 ሰዓት ዉስጥ/ትላንትና ቀንና ማታ ጡት ጠብቶ/ተመግቦ ነበር?	አዎን ----------1 ± የለም---------- 0	± 403
402	ጠብቶ/ተመግቦ ካልሆነ ምክንያቱ ምንድ ነዉ?	_____ _____	
403	አዎን ከሆነ በ24 ሰዓት ዉስጥ/ትላንትና ቀንና ማታ ስንት ጊዜ ጠብቷል/ተመግቧል?	|__|__| ጊዜ (በቁጥር)	
404	ህጻኑ በ24 ሰዓት ዉስጥ/ትላንትና ቀንና ማታ ከጡት ወተት (የታለቤ የእናት ጡት ወተት እና የሌላ እናት ጡት ወተት ጨምሮ)፤መድኃንትና ቫይታሚን እና ኦ.አር.ኤስ በስተቀረ ሌላ ምግብ/ ፈሳሽ/ ወሃም ቢሆን/ተሰጥቶት ነበር? ***(ለጠያቂ፡ ለማሰታወሰ ያህል ቀጥሎ ያሉ ነገሮችን አንድ በአንድ ይጠይቁ፡ ወሃ፤ወተት፤የህፃናት ፎርሙላ፤ጁስ፤ቀጠን ያለ ገንፎ፤ ሌላም ነገር ካለ)***	አዎን ----------1 የለም---------- 0±	±407
405	ከጡት ወተት ሌላ ነገር ወስደዉ/ዳ ከሆነ/ች ምክንያቱ ምንድ ነዉ?	_____ _____	
406	ከጡት ወተት ሌላ ነገር ወስደዉ ከሆነ ምንድ ነዉ የወሰደዉ/ችዉ ፈሳሽ?	_____ _____	
407	በ24 ሰዓት ዉስጥ/ትላንትና ቀንና ማታ ህጻኑን በጡጦ ፈሳሽ /ምንም/ ይሁን መግበዎት ነበር?	አዎን ---------- 1 የለም---------- 0±	± *ይጨርሱ*
408	ህጻኑን በጡጦ መግበዉ ከሆነ ምክኒያቱ ምንድ ነዉ?	_____ _____	

<u>ቃለ-መጠየቁን በመስጠት ስለተባበሩኝ እጅግ በጣም አመሰግኖታለሁኝ፤</u>

<u>ለእርስዎ እና ለልጅዎት መልካሙን ሁሉ እመኛለሁ!</u>

2. Interview with manager/staff member

How are you? My name is---------- I represent a study team by a post graduate student in public health in Addis Ababa University who intends to do a research in SNNPR, administrative towns Wolaita Zone, supervised by SPH/AAU instructors.

We are interested in learning more about some aspects of services here, in particular how babies fed and the staffs support its success.

You are randomly chosen to be interviewed by the research team. Participating in this study ***doesn't' harm*** you at all. All the information obtained from you will be ***kept confidential***. The interview shall be conducted in ***private condition***.

You have the right to refuse participation at any time or not to respond to questions that you are not willing to answer and withdraw from participation at any time. Your participation is ***completely voluntary*** but your experiences could be very helpful. This is not a test. Our purpose is to improve/keep a high quality of services in this health facility.

If you agree to be interviewed, we will go **5-*10 minutes*** for us to complete the questionnaire.

If you have ***any questions*** about the study you can ask. In case if you have any question; ***you can contact*** the principal investigator Mr. Fekadu Elias using his mobile phone +251 913-72-91-01.

Thank you. Next I will read a consent, which assures your interest to participate.

Agree to participate [ ] _____signature, continue

Not agree to participate (stop here); thank you very much!

If the study subject agrees to participate in the study, start the interview.

Name of interviewer _____

Name of supervisor_____

Date _____/_____/__

2 የሥራ አሰክያጅ/ተቋሙ ሠራተኞች መጠይቅ

ጤና ይስጥልን፤ ስሜ----------ይባላል፡፡ እኔ በአዲስ አበባ ዩኒቨርስቲ የህብረተሰብ ጤና አጠባበቅ ትምህርት ቤት የማስተርስ ዲግሪ የሚያጠና ተማሪ ከአዱስ አበባ ዩኒቨርስቲ ህብረተሰብ ጤና አጠባበቅ ትምህርት ቤት መምህራን በመታገዝ በደቡብ ክልል ፣ ወላይታ ዞን ከተማ አሰተዳደሮች፤ የጤና ተቐም እገዛ ለጡት ማጥባት ስኬት ያለወ አሰተዋጾ ለማጥናት በተዋቀረው ቡድን ውስጥ አባል ነኝ፡፡

በጥናታችን እዝህ የምሰጡ አገልግሎቶች በተለይም የህፃናት አመጋገብ እና ለዝህ ስኬት የባለሚያዎች እገዛ ምን እንደምመስል ለማየት ነዉ፡፡ እርሶም በጥናት ቡድን አማካኝነት በዕጣ ለዚህ መጠይቅ ተመርጠዋል::

በጥናቱ በመሳተፍ ምንም ጉዳት አይደርስቦትም፡፡ እርስዎ የሚሰጡን ሚላሽ ሁሉ በሚስጥር ይያዛል፡፡ መጠይቁም የግል ምችትን በጠበቀ መልኩ ይካሄዳል፡፡

በዚህ ቃለ መጠይቅ የመሳተፍም ሆነ ያለመሳተፍ ሙለ መብት አለዎት፤ በማናቸውም ጊዜ ቃለመጠይቁን ማቋረጥ ከፈለጉ ይችላሉ፡፡ ነገር ግን ሁሉንም ጥያቄዎች እንድመልሱልን እናበረታታለን፡፡ ይህ ፈተና አይደለም፡፡ የእኛ ዓላማ ጤና ተቐሞች ከፍተኛ ጥራት ያለዉን አገልግሎት ለመሰጠት እንድያሻሽሉ/ባሉበት እንድቀጥሉ ለማሰቻል ነዉ፡፡

በጥያቄዉ ለመሳተፍ ፈቃደኛ ከሆኑ ከ5-10 ደቂቃ ዉስጥ እናጠናቅቃለን፡፡

ግልፅ ያልሆነ ነገር ካለ ልጠይቁን ይችላሉ፡፡ ማንኛዉም ጥያቄ ካሎት የጥናቱ መሪ የሆኑትን አቶ ፍቃዱ ኤልያስ በስሌክ ቁጥር +251-913-72-91-01 ማግኘት ይችላሉ፡፡

አመሰግናለሁ! በመቀጠል የስምምነት ቅጽ አነባለሁ፡ይህም በጥናቱ ለመሳተፍ ያለዎትን ፍላጎት ያረጋግጣል፡፡

1. አዎ እሳተፋለሁ፡፡ [ ] _____ ፊርማ ይቀጥሉ
2. አልስማማም/ አልሳተፍም (አመስግነዉ በዚህ ያብቁ) ፡፡ [ ]

ተጠያቂዉ ለመሳተፍ ፈቃደኛ ከሆኑ መጠይቁን ጀምር

የመረጃ ሰብሳቢ ስም ---------- ፊርማ _____ቀን -----/--/------

ሱፌርቫይዘር ስም ----------ፊርማ----------ቀን-------/-----/----

Addis Ababa University; College of Health Sciences; School of Public Health

Health Facility Support Factors Contributing for Exclusive Breastfeeding in Town Administrations of Wolaiata Zone; Southern Ethiopia; 2016

English Questionnaire for Health Care Providers

NO	***Questions and Filters***	***Coding and Category***	***Skip to***
101	Name of health facility	_____	
102	Type of ward	ANC----------1 Labor----------2 PNC----------3 MCH unit in general……4 Other _____99	
103	Age	_____ Years	
104	Sex	Male ----------1 Female ----------0	
105	Level of education:	Diploma ----------1 Undergraduate ----------2 Postgraduate & above ----------3 Other----------99	
106	When did you join the staff of maternity service?	___dd/_mm___/_yyyy__	
107	Hours of work:	Full-time ----------1 Part-time----------0	
108	How long have you been in practice?(in years)	<5----------1 5–9----------2 >10----------3	
109	What is your occupational category?	Medical Doctor----------1 Midwife----------2 Nurse in maternity unit----------3 Nurse in other department------4 Other (specify)----------99	

110	Have you received any training in breastfeeding and lactation management while you have been on the staff of the hospital/Health center?	Yes----------1 No----------0	214
111	Could you tell me the length of training you followed? (If you followed more than one please tell us each)	20hours----------1 45hours----------2 65-80hours----------3 Other(specify)_____9	
112	When did you receive your breastfeeding and lactation management training?	Within the last 2 years----------1 Over 2 years ago----------2	
113	Do you have certificate?	Yes (specify) _____1 No_____0	
114	Did you provide breastfeeding support?	Yes----------1 No----------0	
115	Mark how many support you provide in average?	10/month----------1 30/month ----------2 100/month----------3	
Now, I am going to ask you a few questions about breastfeeding. Don't worry if you don't know the answers to some of them, as it is not the test of your knowledge in particular, and your name will be kept confidential.			
201	Do you teach or show mothers how to position and attach their infants for breastfeeding?	Yes----------1 No----------0	
202	Could you please demonstrate how you teach positioning and attachment?	**Positioning**: Correct----------1 Incorrect----------2 Didn't answer----------3	

		Attachment: Correct ----------1 Incorrect ----------2 Didn't answer ----------3	
203	Do you show or teach mothers how to express their breast milk by hand?	Yes----------1 No----------0	
204	Please describe the technique for expressing breast milk by hand that you teach to mothers'	_____ Acceptable ----------1 Not acceptable----------2 Didn't answer----------3	
205	What effects can giving formula or water before the breast milk comes in have on the success of breastfeeding? (Probe if necessary)	_____ __ _____ Correct ----------1 Incorrect ----------2 Inadequate ----------3 Didn't answer----------4	
206	What is the cause for painful nipple?	_____ _____ Correct ----------1 Incorrect ----------2 Didn't answer----------3	
207	What is the most common cause of insufficient milk?	_____ _____ Correct ----------1 Incorrect ----------2 Didn't answer----------3	

Thank you very much!

አዲስ አበባ ዩኒቨርሲቲ፤ጤና ሳይንስ ኮሌጅ፤የህብረተሰብ ጤና አጠባበቅ ት/ቤት
የጤና ተቋም እገዛ ለጡት ማጥባት ስኬት ያለዉ ሚና፤በወላይታ ዞን ከተማ አስተዳደሮች፤2016
<u>የአማረኛ መጠይቅ ለጤና ባለሙያ</u>

<u>የመጠይቂ መረጃ</u>

የጤና ባለሙያ መለያ (ኮድ) |__|__|

ከተማ ስም _____ ክ/ከተማ _____ የተቋሙ ስም _____

መጠይቁ የተደረገበት ቀን |__|__|ቀን |__|__|ወር |__|__||__|__|ዓ.ም

መጠይቁ የተደረገበት ሰዓት |__|__| ሰዓት |__|__| ደቂቃ

የተጠናቀቀበት ሰዓት |__|__| ሰዓት |__|__| ደቂቃ

ዉጤት * |__| *ዉጤት ኮዶች:

የጠያቂዉ ስም _____ 1=የተጠናቀቀ

የተቆጣጣሪዉ _____ 2= በከፊል የተጠናቀቀ

የመረመረዉ _____ 3=ለመጠየቅ ያለተስማሙ<

ያስገባዉ _____ 4=ሌላ(ይገለፅ) _____

ክፍል 1. የጤና ባለሙያ ሁኔታ እና ስልጠና ስለመዉሰዳቸዉ፤ *ስለእርስዎ ሁኔታ ፤ምሰሩበት ሥራ ሂዴት እና ስልጠና ስለመዉሰደዎ የተወሰኑ ጥያቄዎችን እጠይቆታለሁኝ::*

<u>ተ.ቁ</u>	መጠይቅና መለያዎች	የመልስ ኮድ	ይለፍ
101	እርስዎ የምሰሩበት የሥራ ሂዴት ምን ይባላል? *<u>(ለጠያቂ፤የተመለሰዉን ሁሉ ይክበቡ)</u>*	ቅድመ ወልድ--------1 ማዋለጃ ----------2 ድህረ ወልድ----------3 ሌላ (ይገለፅ)----------99	
103	ዕድሜዎት ስንት ነዉ?	|__|__| (በሙሉ ዓመት ይግለፁ)	
104	የእርስዎ ፆታ ምንድ ነዉ?	ወንድ----------1 ሴት----------0	
105	የእርስዎ ከፍተኛ የትምህርት ደረጃ ይንገሩኝ?	ዲፕሎማ----------1 የመጀመሪያ ድግሪ----------2 ሁለተኛ ድግሪ እና በላይ----------3 ሌላ ካሌ (ይገለፅ)----------99	
106	እርሰዎ ወደ ማዋለጃ አገልግሎት ክፍል *(የተጠቀሰዉን ሥራ ሂዴት)* መች ተቀላቀሉ?	|__|__|ቀን|__|__|ወር|__|__||__|__|ዓ.ም	
107	የእርስዎ የሥራ ሰዓት እንዴት ይገልፃሉ?	ሙሉ ጊዜ--------1 ትርፍ ሰዓት--------0	
108	እርስዎ ለምን ያህል ጊዜ ሥራ ላይ ቆዩ? (በዓመት)	<5 ዓመት----------1 5—9- ዓመት----------2 >10 ዓመት----------3	
109	እርስዎ የሰለጠኑት በምን ሙያ ነዉ?	ህክምና ዶክተር----------1 አዋላጅ ነርስ----------2 በማዋለጃ ክፍል ነርስ ነኝ----------3 በሌላ ክፍል ነርስ ነኝ----------4 ሌላ(ይገለፅ)----------99	
110	እርስዎ ሠራተኛ ሆኖ እያሉ ስለጡት ማጥባት እና ላክተሽን ማናጅሜንት ስልጠና ወሰደዋል?	አዎን----------1 የለም----------0 →	→114

111	እርስዎ የተከታተሉት ስልጠና ለምን ያህል ሰአት እንደሆነ ልነግሩኝ ይችላሉ? *(ከአንድ በላይ ተከታትሎ እንደሆነ የእያንዳንዱን ይንገሩኝ)*	20 ሰዓት----------1 45 ሰዓት----------2 65-80 ሰዓት----------3 ሌላ(ይገለፅ)----------99	
112	ስልጠናዉን መች ነበር የተከታተሉት?	ባለፉት 2 ዓመታት----------1 ከሁለት ዓመት በልይ----------2	
113	ምስክር ወረቀት አለዎትን?	አዎን (ይገለፅ)----------1 የለም----------0	
114	እርስዎ ስለጡት ማጥባት እገዛ ያደረጋሉ?	አዎን----------1 የለም----------0	
115	አዎን ከሆነ በአማካይ ምን ያህል እገዛ ሰተዎል?	10/ወር----------1 30/ወር ---------2 100/ወር----------3 ሌላ ካሌ (ይገለፅ)----------99	
ክፍል 2. የባለሙያ ግንዛበ እና ክሎትን በተመለከተ: *በመቀጠል ስለጡት ማጥባት ግንዛበ እና ክሎትን በተመለከተ የተወሰኑ ጥያቄዎችን እጠይቆታለሁኝ። ለእነኝ ጥያቄዎች መልስ የማይወቁ ከሆነ አይጨነቁ፤ ምክንያቱም ይህ ዕዉቀትዎትን ለመፈተን አይደለም በተጨማሪም ስምዎት በምሰጢር ይቀመጣል።*			
201	እርስዎ እናቶች ልጆቻቸዉን ጡት ለማጥባት ህፃኑን እንዴት በላያቸዉ ማሰቀመጥና ከጡታቸዉ ጋር ማያያዝ እንዳለባቸዉ አሰተምሮ ወይም አሳይቶ ያዉቃሉ?	አዎን----------1 የለም----------0	
202	እርስዎ እናቶች ልጆቻቸዉን ጡት ለማጥባት ህፃኑን እንዴት በላያቸዉ ማሰቀመጥና ከጡታቸዉ ጋር ማያያዝ እንዳለባቸዉ አሰተምሮ ወይም አሳይቶ ከሆኑ እንዴት እንዳሰተማሩ/እንዳሳዩ ልያሳዩኝ ይችላሉ?	**<u>አቀማመጥ</u>**: **<u>አያያዝ</u>**: ትክክለኛ----------1 ትክክለኛ----------1 ትክክለኛ ያልሆነ------2 ትክክለኛ ያልሆነ-----2 አልመለሰም----------3 አልመለሰም----------3	
203	እርስዎ እናቶችን በእጅ ጡት ስለማላብ ዜዴ አሳይቶ ወይም አሰተምሮ ያዉቃሉ?	አዎን----------1 የለም----------0	
204	እባክዎን እርስዎ እናቶችን እንዴት በእጅ ጡት ማላብ እንዳለባቸዉ ስላሰተማራቹት ዜዴ ብያብራሩልኝ?	_____ ተቀባይነት ያለዉ ----------1 ተቀባይነት የለለዉ----------2 አልመለሰም----------3	
205	ጡት ከማጥባት በፊት ፎርሙላ ወይም ወሃ መስጠት በጡት ማጥባት ስኬት ላይ ያለዉ ተጽዕኖ ምንድ ነዉ?	_____ ትክክለኛ----------1 ትክክለኛ ያልሆነ ----------2 በቂ አይደለም----------3 አልመለሰም----------4	
206	ለሚያም ጡት ጫፍ መንሰኤ ምንድ ነዉ?	_____ ትክክለኛ----------1 ትክክለኛ ያልሆነ----------2 አልመለሰም----------3	
207	በቂ ወተት እንዳይኖር ዋነኛ ምክንያት ምንድ ነዉ?	_____ ትክክለኛ----------1 ትክክለኛ ያልሆነ----------2 አልመለሰም----------3	

እጅግ በጣም አመሰግናለሁ!!

3 Review and observation			
NO	***Questions and Filters***	***Coding and Category***	***Skip to***
201	Breastfeeding policy	Yes---------- 1 No ----------0	
202	The policy is displayed in all required areas	Prenatal clinic----------1 Maternity ward----------2 Nursery----------3 Infant special care unit----------4 Other (specify)_____9	
203	There are no posters and other materials displayed that promote breast milk substitute, bottles, pacifiers etc	Yes---------- 1 No ----------0	
204	Prenatal health education:	The hospital provides prenatal care for pregnant mother---------1 The hospital doesn't provides any prenatal care for pregnant mothers--2	
205	There is written description of the content and schedule for individual counselling and/or group education sessions on breastfeeding	Yes---------- 1 No ----------0	
206	The session cover: (tick all that apply)	The benefit of breastfeeding-----1 The importance of breastfeeding soon after delivery----------2 The importance of rooming-in---3 Positioning and attachment------4 The importance of feeding on demand----------5 What a mother can do to ensure that she produces enough milk for the baby----------6 The importance of giving the baby only breast milk----------7	

Thank you very much!

Curriculum vita / CV

Personal information: Fekadu Elias Sadamo

City: Wolaita sodo Postal code: 138 Country: Ethiopia

+251-(0)913729101 E-mail address : eliasfekadu16@gmail.com

Sex: Male Date of birth: 26/08/1990 GC

Place of birth: Areka, Wolaita Zone, Southern Ethiopia Nationality: Ethiopian

Work Experience:

From July, 2013-October, 2014: I was worked at School of Public Health as Instructor, Clinical courses coordinator and Gender Focal Person of the College of Health Science and Medicine.

Wolaita Sodo University; Wolaita Sodo, Southern Ethiopia

E-mail: wsuniv@ethionet.et Web: www.wsu.edu.et

Fax: +251-(0)465515113

From November 2015 - December 2015: I was worked as field supervisor for data collectors at project entitled with "Iron Folic Acid Supplementation for Adolescent Girls: Assessment of Need and Modalities of Implementation in Three Regions of Ethiopia".

Education and Training

From 2009-2013: Bachelor of Science in Public health

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Fax: + 251-(0)465515113

From October 2014-recent: MPH in Public Health Nutrition at School of Public Health, CHS, Addis Ababa University but yet not completed and on Research work.

Personal Skills

languages	**UNDERSTANDING**		**SPEAKING**		**WRITING**
	Listening	Reading	Spoken interaction	Spoken production	
English	Excellent	Excellent	Excellent	Excellent	Excellent
Amharic	Excellent	Excellent	Excellent	Excellent	Excellent
Wolaita	Excellent	Excellent	Excellent	Excellent	Excellent
Dawuro	Very Good	Very Good	Very Good	Very Good	Very Good
Gamo	Very Good	Very Good	Very Good	Very Good	Very Good
Gofa	Very Good	Very Good	Very Good	Very Good	Very Good

Communication skills: I developed good communication skills while I was chatting and talking with friends and colleges.

Organisational /managerial skills: I was the leader of the group (27 students) while i was student during community and clinical health attachments (practice). And had experience during my career time.

Job-related skills: Evaluating and monitoring skills. I was acquired this skill during my study time while assigned as leader of the group and during may career while monitoring and evaluating my students work of community attachment.

Computer skills: Microsoft officer, internet application, SPSS, Epi info, Epi data,

Other skills: Teaching and lecturing skills, mentoring and student advising skills

Additional Information

Honours and Awards

- Very great distinction with **gold medal of outstanding student** of the year 2013 in Bsc degree with CGPA of **3.99 which made the school to win the medal first ever in university history.**
- Excellent thesis result.
- Certificate in bible study fellowship from Wolaita Sodo University.

Interests

- Research activities (maternal and child nutrition)
- preaching kingdom of God/heaven
- sharing new information and resource with others
- creativity/innovation
- helping poor and needy groups
- reading
- field works
- consultancy
- praying

Special Trainings

- Online course in Sexual and Reproductive Health Research: From Research to Practice course-2016; Geneva Foundation for Eduation and Research (Not completed yet)
- Online course in causes and consequences of Obesity; University of Reading
- Trianining on Manuscript writing during graduate program
- Training on Qualitative Research during graduate program
- Training on reproductive health commodity security during graduate program
- TOT on life skill courses for university students during my career time
- TTP (team training program) during under graduate training
- CHP(community health practice) during under graduate training
- CBTP (community based training program)during under graduate training

References

- Tadele Dana (Bsc, MPH) Chief Managing and Administrative Directorate Director, CHSM, Wolaita Sodo University, Ethiopia.

  E-mail: danatadele@gmail.com Cell phone: +251-912463384

- Feleke Haile Michael (Bsc, MPH) lecturer, Wolaita Sodo University, Ethiopia

  E-mail:**felekeh86@gmail.com** Cell phone: +251-912244931

Finally I, the under signed, assure you that the above pieces of information are true and correct to the best of my knowledge.

Fekadu Elias (Bsc, MPH Fellow)

9.4 Assurance of Principal Investigator

The undersigned agrees to accept responsibility for the scientific ethical and technical conduct of the research project and for provision of required progress reports as Per terms and conditions of the Research Publications Office in effect at the time of grant is forwarded as the result of this application.

Name of the student: _____

Date._____ Signature _____

Approval of the Primary Advisor

Name of the primary advisor: _____

Date._____ Signature _____