

**ASSESSMENT OF KNOWLEDGE, ATTITUDE & PRACTICE AMONG  
MOTHERS ABOUT VCT AND FEEDING OF INFANTS BORN TO HIV  
POSITIVE WOMEN IN JIMMA TOWN, ETHIOPIA**

**By Chernet Hailu**

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Assessment of Knowledge, Attitude, & Practice among Mothers about VCT and Feeding of  
Infants Born to HIV Positive Women in Jimma Town, Ethiopia

By

Chernet Hailu

Department of Community Health

Faculty of Medicine, Addis Ababa University

Approved by Examining board

Prof. Yemane Berhane

Chairman, Dep. Graduate Committee

Dr. Fikru Tesfaye

Advisor

Dr. Senait

Examiner

## DECLARATION

**The thesis, my original work, has not been presented for a degree in any other university and that all sources of materials used for the thesis has been duly acknowledged.**

**Name:** Chernet Hailu (BSc.)

**Signature:** \_\_\_\_\_

**Place:** Addis Ababa

**Date of submission:** \_\_\_\_\_

**This thesis is submitted with my approval as University advisor.**

**Name:** Fikru Tesfaye (MD, MPH)

**Signature:** \_\_\_\_\_

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## LIST OF ACRONYMS

VCT            Voluntary Counseling and Testing

HIV            Human Immunodeficiency Virus

AIDS           Acquired Immunodeficiency Syndrome

MTCT          Maternal to Child Transmission

PMTCT        Prevention of Maternal To Child Transmission

UNAIDS       Joint United Nations Program on HIV

UNDP           United Nations Development Program

UNFPA         United Nations Population Fund

UNICEF        United Nations Children's Fund

WHO            World Health Organization

MOH            Ministry of Health

ANC            Antenatal Care

AFASS         Acceptable, Feasible, Affordable, Sustainable and Safe

ART            Antiretroviral Therapy

MCH            Maternal and Child Health

EPI            Expanded Program on Immunization

BCC Behavioral Change Communication

IMCI Integrated Management of Childhood Illness

TB Tuberculosis

## **ABSTRACT**

**Background:** In Ethiopia, 96 000 children under fifteen live with HIV, which is related to the prevalence rate of HIV/AIDS and mother to child transmission (MTCT) of the virus. Without intervention, the risk of MTCT of HIV is 15-30% in non breastfeeding populations; breastfeeding by an infected mother increases the risk by 5-20% to a total of 20-45%. Studies have also shown the variation in MTCT rates by duration of breastfeeding, exclusivity of breastfeeding, and the danger of mixed feeding.

**Objectives:** This study was aimed at describing the levels and identifying determinants of knowledge, attitude, and practice (KAP) of mothers about VCT and feeding of infants born to HIV positive women.

**Methods:** A cross-sectional descriptive study was conducted using quantitative method on 876 mothers (231 pregnant and 645 lactating) residing in Jimma town in December 2004 to January 2005, and in-depth interviews on 12 health workers working in VCT/PMTCT service providing health institutions of the town.

**Results:** Among the mothers (n=876), 38.8% had sufficient knowledge about MTCT (during pregnancy, labor, breastfeeding), 41.8% had sufficient knowledge about PMTCT, 30.5% had sufficient knowledge about infant feeding options recommended to HIV positive women, 62.4% had favorable attitude towards VCT, 4.7% had favorable attitude towards the feeding options, 84.5% visited health institutions for antenatal care and 35.7% used VCT service during their last pregnancy. The lactating mothers (n=643) practiced mixed feeding 81%, exclusive breastfeeding 13.4% and exclusive replacement feeding 0.4%, and most (90.9%) of the pregnant mothers intended to mixed feed their infants of age 0-6 months. Based on logistic regression analysis, knowledge of the mothers about the infant feeding options was significantly associated with their address, age, husbands being important persons for mothers

to decide on how to feed their infants, and counseling mothers on infant feeding during ANC. Mothers' attitude towards the feeding options significantly associated with their address. Infant feeding practices of lactating mothers was also having a statistically significant association with their ANC use, place of delivery, and address. Most of the health workers (in-depth interview participants) provided directive advice about the infant feeding options, and most didn't include the options heat treated expressed breast milk and HIV negative wet nurse. The participants mentioned mainly failure to afford formula milk, fear of stigma/discrimination, and partners not involved in HIV test as reasons for non adherence of HIV positive mothers to exclusive replacement feeding; while the mothers' sickness to exclusive breast feeding. In turn, the mothers shifted to mixed feeding.

**Conclusion:** Mixed feeding increases the risk of non HIV diseases like diarrhea and malnutrition for infants of age 0-6 months, and for most of mothers didn't know their HIV status potentially increases risk of MTCT of HIV. Therefore, strengthening counseling mothers on safe infant feeding practices, and introducing an appropriately designed BCC program to the community on safe infant feeding practices and importance of partners' involvement in HIV testing and other recommendations are forwarded.

**Key words:** - Infant feeding, VCT, PMTCT, MTCT.

## 1. INTRODUCTION AND STATEMENT OF THE PROBLEM

According to the fifth report of AIDS in Ethiopia, based on the year 2003 sentinel surveillance findings and estimates of the HIV/AIDS status in the country, the number of people living with HIV/AIDS is about 1.5 million (3.8% male and 5% female; 12.6% urban and 2.6% rural) out of which about 96 000 are children under 15 years. The HIV-infection of children is related to the prevalence rate of HIV/AIDS and mother to child transmission of the virus (1,2,3).

Mother to child transmission (MTCT) of the virus can occur in the uterus during pregnancy, in the birth canal during delivery, and after birth through breastfeeding. Breastfeeding confers enormous benefits, such as preventing malnutrition and illness, saving lives and money. Nevertheless, it is also one of the ways in which an HIV positive mother could transmit the virus to her infant (2, 3). Without intervention, the risk of mother-to-child transmission (MTCT) of HIV is 15-30% in non breast feeding populations; breastfeeding by an infected mother increases the risk by 5-20% to a total of 20-45% (4).

Studies have also shown that MTCT of HIV varies with the duration of breast-feeding and pattern of infant feeding. The MTCT rates by duration of breast feeding vary between, 25-35% if breast feeding through 6 months and 30-45% if there is breast feeding through 18-24 months (4). The rate of transmission by pattern of infant feeding was found to be low in exclusively breast-fed (19.4%) than mixed fed infants (26.1%) for 3 months(5).

Ever since the HIV was first identified in breast milk and the postpartum transmission of the virus to breastfed babies was reported, policy makers have responded to the HIV epidemic and, in particular, the child HIV problem caused by MTCT, by issuing recommendations and policy guidelines. For example, in 1997 UNAIDS Policy Guidelines recommended that, in all populations, irrespective of HIV infection rates, breast feeding should continue to be protected, promoted, and supported, and that HIV positive women should be counseled as to the risks and benefits of breast feeding and formula feeding relating to MTCT (6). Moreover, in 2000 UNFPA/UNICEF/WHO/UNAIDS recommendation included avoidance of all breast-feeding by HIV infected mothers when replacement feeding is acceptable, feasible, affordable, sustainable and safe (AFASS) (7). The Ministry of Health (MOH) of Ethiopia has been adopting these recommendations and promoting their implementation in the health institutions throughout the country (3,8).

The feeding options recommended for infants of HIV positive women are: exclusive breast-feeding and avoiding mixed feeding, expressing and heating breast milk or exclusive breast-feeding by wet-nurse who is HIV negative, or exclusive replacement feeding (avoidance of all breast-feeding) (3, 6,7,8). It is believed that the recommendations have also been communicated to people and health workers in various ways, such as mass media, mother-to-mother, newsletters and journals, trainings, and VCT/PMTCT services provided by NGOs and government health institutions.

To date, however, no community based studies have been conducted to assess the level of knowledge, attitude and practice of the target population of PMTCT programs (pregnant or lactating mothers), and the counseling/ care providers about feeding of infants born to HIV

positive women in Ethiopia. Thus, this study will contribute to fill the information gap, and in the design of strategies to prevent mother to child transmission of HIV and to promote appropriate infant feeding practice in the study setting and the country at large.

## 2. LITERATURE REVIEW

Mother to infant HIV transmission, also called perinatal transmission, is the transmission of HIV from an HIV positive woman to her baby during pregnancy, in the birth process or by breastfeeding. Studies in South Africa (Lancet 1999) and in Kenya (JAMA 2000) have shown the variation in MTCT rates by duration of breast-feeding, exclusivity of breast-feeding and/or replacement feeding, and the great danger of mixed feeding (2, 3, 4, 5, 9).

Studies have also influenced the policy and guidelines of international agencies and countries, including Ethiopia. The currently working recommendation of UNAIDS, UNICEF and WHO highly support the informed choice of the infant feeding options including even avoidance of all breast-feeding by HIV infected mothers. In fact, each woman's and community's situation is different and decisions must be made on an individual and/ or community basis (3, 7, 8, 10, 11).

For appropriate decision about infant feeding options, mothers' knowledge of their HIV status (Utilization of VCT/ PMTCT service), the risks and benefits of the feeding options are mandatory. In three districts of Chiang Rai Province of Thailand, a study done to assess knowledge and attitudes of mothers towards infant feeding showed that vast majority of women (72%) with HIV infection were intending to 'formula feed' their infants. In contrast the vast majority of antenatal women of unknown HIV status planned to breastfeed (83%). In this study, all women, regardless of HIV status, consider breast-feeding to be more advantageous than formula feeding. However, once women with HIV infection are informed of the risk of HIV transmission through breast-feeding, they are able to make their own

decision to follow the recommendation to formula feed (12). In the contrary, a study done in Pune, India, revealed that equal number of HIV positive women intended to breastfeed (44%) and give diluted animal milk (44%) (13).

Regarding to the infant feeding practices of mothers, a cross sectional survey conducted in Khayelitsha, Cape Town, found that almost all (95%) of women attending PMTCT program 'formula-fed' their infants and did not breast-feed at all. Majority (70%) of their infants never had diarrhea, indicating that formula feeding is safe and feasible in an urban environment where sufficient potable water is available (14).

However, a considerable number of studies are showing miss-match between the recommendations made, and the infant feeding practices of the mother who have utilized VCT/ PMTCT services in the poor resource settings of the world. In Nairobi, Kenya, a study comparing feeding patterns of infants born to HIV infected women at 1 and 6 weeks showed that mixed feeding was common and significantly increased by 6 weeks (31%) as compared to the 1<sup>st</sup> postpartum week (15). Additionally, a study done in Lusaka, Zambia, on mothers of known HIV status who had all received pre-and post - test HIV counseling found that all mothers breast-fed but only 35% of infants below 4 months were exclusively breastfed. HIV infected mothers introduced fluid and weaned their infants significantly early than HIV uninfected mothers. The study conducted in Pune, India, also showed that HIV positive mothers in the postpartum mixed fed their infants frequently which put the infants at greater risk of both non HIV- related morbidity and HIV transmission as early introduction of foods other than breast milk may increase MTCT (16, 17).

Even though, to date, no published data showed mothers' KAP on infant feeding practices in the context of MTCT and PMTCT/VCT programs in Ethiopia. The Demographic Health Survey of Ethiopia 2000 showed that 38 percent of Ethiopian Children 4 - 5 months of age are exclusively breastfed. But, the figure is low in urban settings of the country (18). In Addis Ababa, a cross sectional study showed a 32 % exclusive breast feeding rate in those less than 4 months of age, 57.4 % complementary feeding rate in 6-9 months of age, and 2.8% mothers who did not initiate breast feeding at all. In this study, most of the mothers who had antenatal, childcare and postnatal visit to health facilities did not get advice on child feeding (19).

According to the conceptual framework of M. Roger E. (1997) and Piotrow et al (1997) (20, 21); knowledge, attitude & practice of mothers towards infant feeding patterns are interrelated to each other. The study done in Nairobi, Kenya found that most of the mothers (86%) who planned to breast-feed were more likely to feed their infants as planned (55%). A cross-sectional study done on pregnant women in Kilimanjaro region also showed that most of the women (85%) who had previously breastfed had initiated breastfeeding within a few hours post-partum, and those having knowledge of exclusive breast feeding were the least likely to end exclusive breast feeding early. In this study, knowledge of HIV transmission through breast-feeding was not associated with breast-feeding practices, but it requires further study. (22).

Studies have also shown some socio economic, and VCT /PMTCT service related factors, which affect the knowledge, attitude and practice of mothers about feeding patterns of infants born to HIV positive women. The Kilimanjaro's region study showed that married women were the least likely to end exclusive breast-feeding early (22). The Kenya's study also

showed that HIV positive women opted to breastfeed due to financial constraints, partner influence, and fear of losing confidentiality (15).

In the Pune, India's, study, the hospital counselors had an important role in assisting HIV positive women in their intended feeding choice as well as actual practice. The time immediately after delivery was noted as critical for re-counseling about infant feeding and further support of the woman's decision, thus lowering mixed feeding (17). In the contrary, a qualitative study in Moshi, northern Tanzania, found that informed choice of infant feeding method by HIV - infected women, as recommended by UNAIDS / WHO/ UNICEF guidelines, was seriously compromised by the actual advice given, directive counseling, lack of time to cope with a positive HIV test result and lack of follow - up support, regardless of socio - economic status (23).

This study differs from previous studies done in Ethiopia, in that, it directly assessed the level and determinants of mothers' knowledge about and attitude towards infant feeding options recommended to HIV positive women, PMTCT/ VCT; and their infant feeding practice and usage of PMTCT/VCT services.

### **3. OBJECTIVES OF THE STUDY**

#### **2.1. GENERAL OBJECTIVE:-**

To assess the knowledge, attitude and practice (KAP) of pregnant women and lactating mothers of Jimma town about VCT and feeding of infants.

#### **2.2. SPECIFIC OBJECTIVES:**

1. To determine the level of knowledge, attitude and practice of mothers about VCT and feeding of infants born to HIV positive women in the study setting.
2. To identify determinants of KAP of mothers about infant feeding.
3. Describe the health workers' perspective on the provision of maternal health services with special focus on VCT and counseling of mothers on infant feeding options.

## **4. METHODS**

### **4.1. STUDY AREA:**

The study was conducted in Jimma town the capital city of Jimma Zone, 335 Km south west of Addis Ababa. The town has an area of 14950 square Km, which comprises 3 Highers (Keftegnas), and 21 Kebeles. The Kebeles are the smallest administrative units of the town whereas Highers are the middle, above the Kebeles but lower than the Town Administration Counsel (Annex 10). According to the 1994 population and housing census of Ethiopia, the projected total population of the town in 2004 was 120,000. Different ethnic groups are living together in the town and the population uses variety of languages of which Amharic, Oromiffa and Kulogna are spoken by 51%, 29% and 6.5% of the people respectively (24).

There are three governmental health institutions (1 Hospital, 1 Health center and 1Clinic) and other NGO and private health institutions in the town. During the study period, voluntary counseling and testing (VCT) and PMTCT services were provided by the Jimma University Specialized Hospital while VCT was provided by Jimma Health Center, Jimma Model Reproductive Health Clinic, and Jimma Medan Act VCT center.

**4.2. STUDY DESIGN:** A cross sectional descriptive study was conducted using both quantitative and qualitative methods in Jimma town, Ethiopia, December 2004 - January 2005.

**4.3. STUDY POPULATION:** The study population were pregnant mothers (in the 3<sup>rd</sup> trimester) and mothers of under one year old children sampled (selected) from the population residing in Jimma town during the study period, and purposive sample of health workers (key

informants) who were directly involved in the provision of PMTCT/VCT service in the health institutions of Jimma town.

#### 4.4. SAMPLE SIZE DETERMINATION:

The sample size of the mothers was determined by EpiCalc 6 statistical software using the following assumptions to estimate sample size of single population proportion.

**Assumptions: Size of the target population (N) = 3120** (2.6% of the town's population which is the estimated proportion of pregnant in the 3<sup>rd</sup> trimester, 0.6%, and lactating mothers, 2%) (25).

**Desired precision (d) = 5%**

**Expected prevalence (p)** i.e. proportion for knowledge of urban females (age 15-49 years) of MTCT through breastfeeding (18) = 53%

**Design effect (D) = 2** (because of two stage sampling technique)

**Confidence level = 95%**, which means  $\alpha$  set at 0.05 and  $Z_{\alpha/2} = 1.96$  (value of Z at  $\alpha$  0.05 or critical value for normal distribution at 95% C.I.).

Hence, the calculated sample size was 683. Adding a 10 % non-response rate gave the required minimum sample size (n) of 751. The sample size was split in to two (for pregnant and lactating mothers) proportionate to their size.

The minimum sample size determined by the statistical software is equivalent to computing it using the formula to estimate sample size of single population proportion from infinite population ( $n_0$ ) :

$$n_0 = (Z_{\alpha/2})^2 \frac{P(1-P)}{d^2}$$

**And**, using the correction formula to estimate final sample size ( $n_f$ ) from a finite target population (N) :

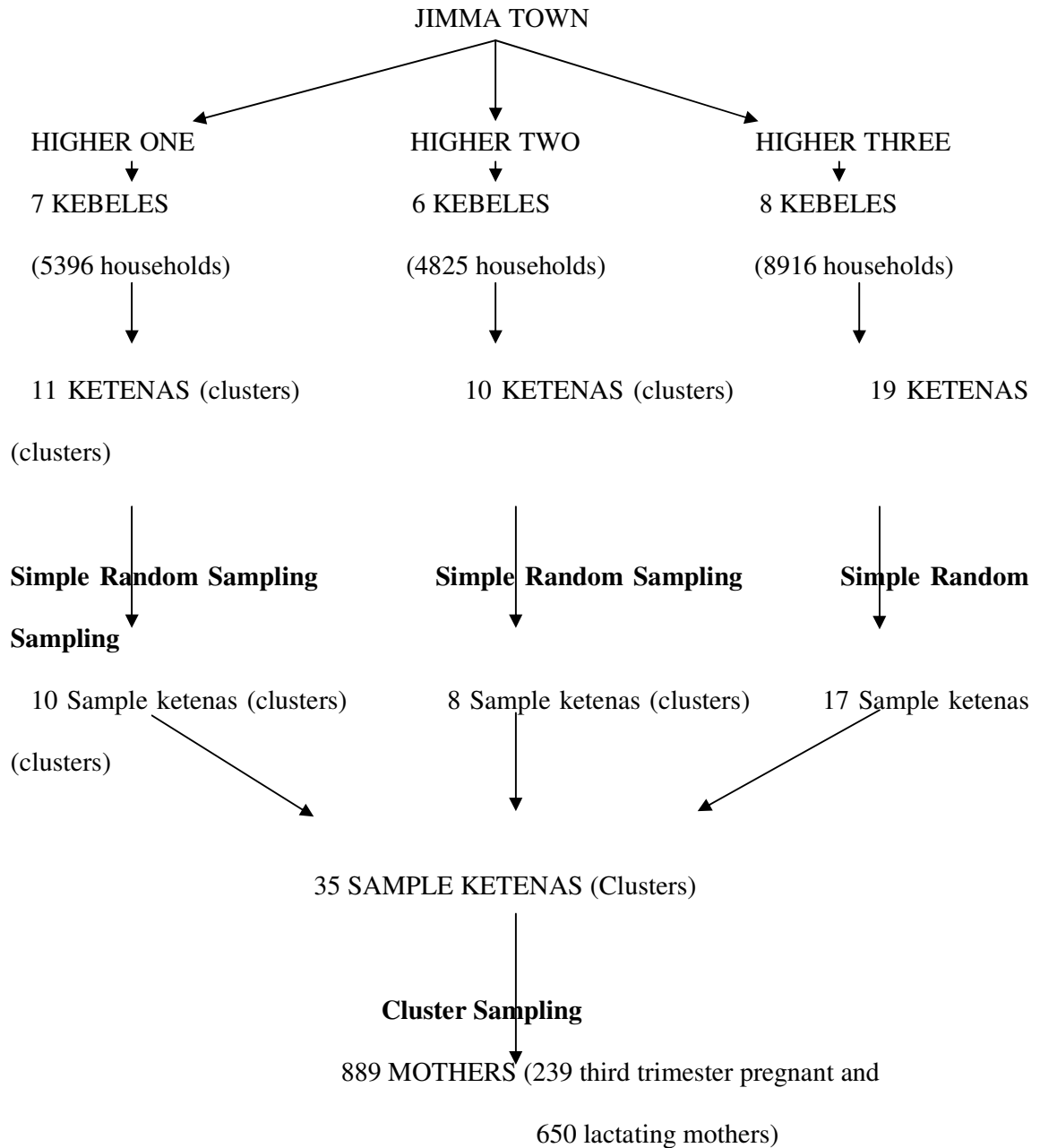
$$n_f = \frac{n_o}{1 + \frac{n_o}{N}}$$

**Then**,  $n = (n_f \times D) + [(n_f \times D) 10/100]$

#### **4.5. SAMPLING PROCEDURES**

**Sampling Procedures of the Quantitative Study:** A two stage sampling technique was used in sampling the study participants. For the purpose of this study the 21 kebeles of the three highers of the town, using the streets in the town, were divided to 40 ketenas. The ketenas were considered as clusters of the households of the kebeles. Then, 35 ketenas were selected using simple random sampling (lottery) method. And then, all eligible mothers within the households of the selected ketenas (clusters) were included in the study using cluster-sampling technique. Using this technique, a total of 889 eligible mothers for the study were obtained from the households included in the survey.

**Fig. Schematic Presentation of the Sampling Procedure**



**Note:** The estimated number of households included in a ketena ranges from 490 to 687.

**Sampling Unit:** - The sampling units were households.

**Study Units:** - Pregnant (beyond 6 months of gestation) and lactating (with in one year

post-partum) mothers were the study units.

**Inclusion Criteria:** - Pregnant women (beyond 6 months of gestation) as confirmed by the history of last menstrual period of the respondents; and all mothers who gave birth in the past 12 months of the study period regardless of its outcome (live birth, still birth, infant or neonatal death), as reported by the respondents, were included in the study from the households of the selected clusters.

**Exclusion Criteria:** - Women who did not satisfy the inclusion criteria and didn't able to give an informed consent were excluded from the study.

#### **Sampling Procedures of the Qualitative Study:**

In-depth interviews were conducted. A total of 12 participants were selected using purposive sampling technique till reached to a point of redundancy of information. The selection was done by consulting administrators of the health institutions, in order to identify health workers (the key informants) who were directly involved to the PMTCT/VCT service provision.

## **4.6 DATA COLLECTION PROCEDURES**

### **4.6.1 INSTRUMENT AND PERSONNEL:**

**For the Quantitative Study:** Two different pre-tested structured questionnaires (for pregnant and lactating mothers) were used to collect data. The questionnaires contain variables related to socio-demographic, knowledge, attitude, and practice of mothers on VCT/PMTCT and infant feeding (Annex 3, 4 and 5). The questionnaires were prepared in English and translated to Amharic language. The questionnaires were administered by 10 female 12 grade completed Oromiffa and Amharic language speaking experienced research assistants using face to face

interviewing technique. The data collectors and 3 supervisors (nurses) were trained for 4 days by the principal investigator on how to interview mothers and how to fill the questionnaires based on a prepared instruction/ guidelines. During the training, the importance of obtaining the respondents verbal consent and respecting their right to respond or not to respond to any part of the questions was emphasized, in addition to ensuring privacy and confidentiality.

**For the Qualitative Study:** A semi-structured interview guide containing questions to explore infant feeding counseling and PMTCT service provision designed in English and translated into Amharic was used by the principal investigator to conduct the key informant (in-depth) interviews (Annex 3 and 6). The interviewer took note through writing, and recorded using tape record.

- **The questionnaires for both study methods** were made by selecting and adapting relevant and standard questions from HIV/PMTCT Program Evaluation tools(questionnaires) of UNAIDS, Ministry of Health of Thailand; and from thesis research papers submitted to Department of Community Health, Addis Ababa University (26, 27, 28,29, 30).

#### **4.6.2 DATA QUALITY CONTROL:**

In addition to the training given to the data collectors, the questionnaires were pre-tested 4 days before the actual data collection days on 15 third trimester pregnant (beyond 6 month of gestation) and 44 lactating mothers from two ketenas of the kebeles of Jimma town, which were not selected for the study. As a result of the pretest necessary corrections were made to some of the questions of the questionnaires. Moreover, during data collection supervisors checked in the field how the data collectors were doing their task. The principal investigator was also closely supervising the field activity on daily basis. At the end of each data

collection day the principal investigator was also checking the completeness of filled questionnaires and whether recorded information makes sense to ensure the quality of data collected. Besides this, the principal investigator carefully entered and thoroughly cleaned the data before the commencement of the analysis.

#### **4.7 OPERATIONAL DEFINITIONS**

**Lactating mother:** a woman who gave birth in the past 12 months of the study period regardless of its outcome (live birth, still birth, infant or neonatal death).

**Lactating mother Practiced Exclusive Breastfeeding:** If the mother has given or fed her infant only the milk of her breast or a wet nurse, or expressed breast milk and no other liquids, or solids with the exception of vitamins, mineral supplements, or medicines.(8, 28)

**Lactating mother Practiced Mixed feeding:** If the mother has given or fed her infant some breast milk and artificial feeds, either milk or cereal, or other food or liquids. (8, 28)

**Lactating mother Practiced Exclusive Replacement feeding:** If the mother has given or fed her infant only breast milk substitute, not breast-fed at all (8, 28).

**Intention to Exclusive Breastfeed:** When the respondent woman reported that her prenatal intention is (was) to feed her infant only the milk of her breast or a wet nurse, or expressed breast milk and no other liquids, or solids with the exception of vitamins, mineral supplements, or medicines in the first six months of infancy. (8, 28)

**Intention for Mixed Feeding:** When the respondent woman reported that her prenatal intention is (was) to feed her infant some breast milk and artificial feeds, either milk or cereal, or other food or liquids in the first six months of infancy. (8, 28)

**Intention to Exclusive Replacement Feeding:** When the respondent woman reported that her prenatal intention is (was) to feed her infant only breast milk substitutes (not breast-milk at all), in the first six months of infancy. (8, 28)

**Used VCT:** If a respondent woman reported that she was counseled and offered voluntary HIV testing and received the test result during her most recent pregnancy or before her most recent birth. (31)

**Knowledgeable about MTCT during pregnancy, delivery, and breastfeeding:** A respondent who reported that HIV can be transmitted from mother to child during pregnancy, delivery, and through breast feeding. (18, 31)

**Sufficient Knowledge about PMTCT:**

When the respondent woman identified correctly at least five correct or true statements out of six statements prepared about PMTCT of HIV. (31)

**Good Attitude towards VCT:** When the respondent woman reported accepting attitude to all of three prepared statements of favorable attitude towards VCT. (31)

**Good Attitude towards Infant feeding options recommended to HIV positive women:**

When the respondent woman reported accepting attitude to all of three prepared statements of favorable attitude towards the infant feeding options (exclusive replacement and exclusive breast feeding) recommended to HIV positive women. (8, 28)

**Sufficient Knowledge about infant feeding options recommended to HIV positive women:** When the respondent woman identified correctly at least seven true or false statements out of eight statements prepared about infant feeding options recommended to HIV positive women. (8, 28)

#### **4.8 DATA ANALYSIS PROCEDURES**

EPI -Statistical software version 6.4, and SPSS were used for data entry and analysis. After cleaning the data, frequencies and percentages were calculated to all variables which were related to the objectives of the study. Odds ratio with 95 % confidence interval was computed assess the presence and degree of association between dependent and independent variables (Annex 1, 3). P. value less than 0.05 was considered significant. Moreover, multiple logistic regression analysis was employed to control the possible confounding effect and assess the separate effects of the variables.

#### **5. ETHICAL CONSIDERATIONS AND COMMUNICATION OF RESULTS**

The study was not having any experiment on human subjects. However, this study obtained ethical clearance from Department of Community Health, Faculty of Medicine, Addis Ababa University, Ethical committee. Permission was obtained from Oromia regional health bureau, Jimma town Health bureau, the town administrative counsel, from respective health institutions, and informed consent was obtained from individual respondent. All the interviews with subjects were made with strict privacy after getting informed consent from the respondents and assuring the confidential nature of the responses. The right of the respondents to refuse answer for few or all of the questions was respected.

During the interview mothers who did not undergo VCT identified by data collectors, and the necessary advice and referral to VCT/PMTCT service providing health institutions was made

to them by the supervisors. The researcher also communicated the issue to the health institutions to make sure that the mothers have got pre- test counseling, which could help them utilize the services, VCT and counseling on infant feeding.

**Communication of results:** The result of the study was submitted to community Health Department, Faculty of Medicine, Addis Ababa University. Also, it will be disseminated to the Ministry of Health, WHO, and the respective health institutions & other concerned and interested organizations.

## **6. RESULTS**

## 6.1 RESULTS OF THE QUANTITATIVE STUDY

Of 889 mothers who were eligible for the study 13 (1.5%) refused to participate. Of the remaining 876 mothers, 231 were pregnant (gestation age beyond 6 month as reported by the respondents) and 645 lactating mothers (mothers with in 12 months postpartum).

### Socio-demographic Characteristics

The mean age of the mothers was 24 years (SD=5.0) and ranges from 15 to 42 years. Regarding the marital status, 760 (86.8%) were married, 82 (9.4%) were single, 31 (3.5 %) were divorced (separated) and 3 (0.3%) were widowed. Most 723 (82.5%) of the mothers gave birth to 1-4 live children in their life time, while 97(11.1%) were nullipara and 56 (6.4%) grand-multipara mothers (Table 1).

Similar proportion of mothers 381 (43.5%) and 372 (42.5%) respectively, were followers of the Orthodox Christian and Islam. Nearly half of the study subjects were Oromo 421 (48%), followed by Amhara 162 (18.5%) by ethnicity (Table 1).

During the study period, most of the mothers were housewives, 706 (80.6%), or jobless (students), 69 (7.9%), by occupation. The median household monthly income was 125 ETB, and ranges from nil to 3000 ETB (Table 1).

Fifty two percent of the study subjects (n=876) completed grade 7 and above, while another 25.6% completed grades 1 to 6. The remaining, 22.5% were unable to read or write (Table 1).

Regarding drinking water source, the majority 820 (93.6%) of the households included in the study got drinking water from a pipe water supply (Table 1).

**Table.1:** Socio-demographic characteristics of mothers. Jimma Town, Ethiopia, December 2004 – January 2005.

VARIABLES	MOTHERS		
	Pregnant (n=231)	Lactating (n=645)	Total (n=876)
	No. (%)	No. (%)	No. (%)
Mean age ( ± SD)	24 years( ± 5.01)		
Age Group(years)			
≤ 20	64 (27.7)	184 (28.5)	248 (28.3)
21-25	91(39.4)	240 (37.2)	331 (37.8)
26-30	53 (22.9)	156 (24.2)	209 (23.9)
≥31	23 (10.0)	65 (10.1)	88 (10.0)
Address			
higher 1	70 (30.3)	184 (28.5)	254 (29.0)
higher 2	44 (19.0)	140(21.7)	184 (21.0)
higher 3	117 (50.6)	321 (49.8)	438 (50.0)
Martial Status			
Single	19 (8.2)	63 (9.8)	82 (9.4)
Married	204 (88.3)	556 (86.2)	760 (86.8)
Divorced/separated	7 (3.0)	24 (3.7)	31 (3.5)
Widowed	1 (0.4)	2 (0.3)	3 (0.3)
Parity			
0	93 (40.3)	4 (0.6)	97 (11.1)
1 - 4	130 (56.3)	593 (91.9)	723 (82.5)
≥ 5	8 (3.5)	48 (7.4)	56 (6.4)
Religion			
Orthodox	101 (43.7)	280 (43.4)	381 (43.5)
Protestant	30 (13.0)	87 (13.5)	117 (13.4)
Muslim	98 (42.4)	274 (42.5)	372 (42.5)
Others	2 (0.9)	4 (0.6)	6 (0.7)
Ethnicity			
Oromo	115 (49.8)	306 (47.4)	421 (48.1)
Amhara	41(17.7)	121 (18.8)	162 (18.5)
Dawro	22 (9.5)	60 (9.3)	82 (9.4)
Guragie	17 (7.4)	55 (8.5)	72(8.2)
Janjero	15 (6.5)	38 (5.9)	53 (6.1)
Keficho	12 (5.2)	42 (6.5)	54 (6.2)
Others	9 (3.9)	23 (3.6)	32 (3.7)
Educational status			
Unable to read and write	56 (24.2)	114 (17.7)	170 (19.4)
Able to Read and write	8 (3.5)	19 (2.9)	27 (3.1)
Grades 1 - 6	54 (23.4)	170 (26.4)	224 (25.6)
Grades 7 and above	113 (48.9)	342 (53.0)	455 (51.9)

**Table 1:** Continued

	MOTHERS	TOTAL
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VARIABLES	Pregnant	Lactating	(n=876) No. (%)
	(n=231) No. (%)	(n=645) No. (%)	
Occupation			
Jobless/student	16 (6.9)	53 (8.2)	69 (7.9)
Housewife	193 (83.5)	513 (79.5)	706 (80.6)
Gov't/private org. employee	11 (4.8)	41 (6.4)	52 (5.9)
Merchant	2 (0.9)	13 (2.0)	15 (1.7)
House maid	4 (1.7)	14 (2.2)	18 (2.1)
Daily laborer	5 (2.2)	7 (1.1)	12 (1.4)
Others	-	4 (0.6)	4 (0.5)
Household monthly Income			
≤ 100 ETB	63 (27.3)	159 (18.2)	222 (25.3)
101 - 300 ETB	61 (26.4)	159 (24.7)	220 (25.1)
301 - 500 ETB	25 (10.8)	69 (10.7)	94 (10.7)
Above 500 ETB	30 (13.0)	113 (17.5)	143 (16.3)
Didn't want to mention it	52 (22.5)	145 (22.5)	197 (22.5)
Household's drinking water source:			
Pipe water	218 (94.4)	602 (93.3)	820 (93.6)
Unprotected well and spring (some times pipe) water	13 (5.6)	43 (6.7)	56 (6.4)

**Mother's Utilization of Maternal Health and VCT Services and Important Persons on Infant Feeding Decisions:**

Among the study subjects (n=876), 84.5% visited health institutions for antenatal care and 35.7% used VCT service during their current pregnancy or last pregnancy (lactating mothers). 254(81.2%) of the VCT users underwent test for HIV in government hospital (Table 2).

**Table.2:** Distribution of mothers (n = 876) by utilization of maternal health and VCT services. Jimma town, Ethiopia, December 2004 – January 2005

VARIABLES	MOTHERS		TOTAL
	Pregnant No. (%)	Lactating No. (%)	No. (%)
Antenatal care use during the recent pregnancy:			
Yes	182 (78.8)	558 (86.5)	740 (84.5)
No	49 (21.2)	87 (13.5)	136 (15.5)
Institutions used for ANC:			
Government Hospital	64 (35.2)	230 (41.2)	294 (39.7)
Government health center	88 (48.4)	279 (50.0)	367 (49.6)
Others	30 (16.5)	49 (8.8)	79 (10.7)
Counseled about infant feeding during ANC visits:			
Yes	48 (26.4)	198 (35.5)	246 (33.2)
No	134 (73.6)	360 (64.5)	494 (66.8)
Place of the recent delivery:			
Government Hospital	NA	327 (50.7)	327 (50.7)
Own home	NA	203 (31.5)	203 (31.5)
Government health center	NA	103 (16.0)	103 (16.0)
Government/private clinic	NA	12 (1.9)	12 (1.9)
The most important person in making decision on how to feed their infant:			
The mother herself	87 (37.7)	227 (35.2)	314 (35.8)
Husband/partner	123 (53.2)	366 (56.7)	489 (55.8)
The mother's father	21 (9.1)	52 (8.1)	73 (8.3)
VCT use			
Used	81 (35.1)	232 (36.0)	313 (35.7)
Not used	150 (64.9)	413 (64.0)	563 (64.3)
Place of HIV test (n=313)			
Government Hospital	64 (79.0)	190 (81.9)	254 (81.2)
Others	17 (21.0)	42 (18.1)	59 (18.8)

The distribution of mothers by place of delivery (Table 2) shows that half (50.7%) of the lactating mothers (n=645) delivered their infants in government hospital, while 31.5%, and 16% of them delivered at their own home and government health center respectively.

Regarding the important person in making decision on how to feed infants; 314 (35.8%) mothers themselves, husbands (partners) 489 (55.8%) and the grandfather of the infants 73 (8.3%) were reported to be important in deciding on how to feed their infants (Table 2).

**Table 3:** Distribution of mothers by their source of information about MTCT and infant feeding. Jimma Town, Ethiopia, December 2004 – January 2005.

VARIABLES	MOTHERS		TOTAL
	Pregnant	Lactating	
	No. (%)	No. (%)	No. (%)
<b>Source of Information about mother to child transmission of HIV</b>			
Health workers(health facilities ) ( n=846)	133 (60.2)	410 (65.9)	543 (64.4)
Mass media ( n=846)	159 (71.9)	455 (73.2)	614 (72.8)
Friends (relatives) ( n=846)	104 (47.1)	266 (42.8)	370 (43.9)
Others ( n=846)	9 (4.1)	18 (2.9)	27 (3.2)
No response/Didn't know the source(n=33)	10 (100.0)	23 (100.0)	33 (100.0)
<b>Source of Information about infant feeding:</b>			
Health workers(health facilities ) (n=861)	106 (47.3)	397 (62.3)	503 (58.4)
Mass media (n=861)	124 (55.4)	330 (51.8)	454 (52.7)
Friends (relatives) (n=861)	161 (71.9)	431 (67.7)	592 (68.8)
Others (n=861)	16 (7.1)	25 (3.9)	41 (4.8)
No response/ Didn't know the source(n=15)	7 (100.0)	8 (100.0)	15 (100.0)

**Source of Information of Mothers about MTCT of HIV and Infant Feeding:**

Among the 876 mothers, 33 mothers did not know or were not responding about their source of information of MTCT of HIV. For the remaining (846) mothers, the sources of information about MTCT of HIV were found to be mass media 614(72.8%), health workers or health facilities 543 (64.4%), and friends or relatives 370 (43.9%) (Table 3).

Similarly, among the 876 mothers 15 mothers did not know or were not responding about their sources of information of infant feeding. For the remaining (861) mothers, friends or

relatives 68.8%, health workers or health facilities 58.4%, and mass media 52.7% were mentioned as their sources of information about infant feeding (Table 3).

### **Knowledge and Attitude of Mothers towards VCT and Infant Feeding Options Recommended to HIV Positive Women:**

Mothers' knowledge about MTCT, PMTCT, and infant feeding options recommended to HIV positive women was assessed by asking questions about ways of transmission of HIV from infected women to her baby, the importance of VCT for pregnant women, ways of prevention of HIV transmission from infected women to uninfected persons and the child of infected women, and about the feeding options recommended to HIV positive women (Annex 4, 5) (6, 7, 8). In the same way, questions were asked to assess the presence of favorable (good) or unfavorable (bad) attitude among mothers towards VCT and the infant feeding options (Annex 4, 5). Then, the mothers were categorized as having "good" or "bad" attitude, "sufficient" or "insufficient" knowledge about the issues under consideration based on their response to the questions and the definitions of the terms described under the heading 'operational definitions' in the thesis.

**Table 4:** Distribution of mothers by their knowledge about and attitude towards P/MTCT or VCT, and infant feeding options recommended to HIV positive women. Jimma Town, Ethiopia, January 2005

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**MOTHERS**

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<b>VARIABLES</b>	<b>Pregnant</b> (n=231) No. (%)	<b>Lactating</b> (n=645) No. (%)	<b>TOTAL</b> (n=876) No. (%)
Knowledge about MTCT during pregnancy, labor, and breastfeeding			
Sufficient	91(39.4)	249(38.6)	340(38.8)
Not sufficient	140(60.6)	396(61.4)	536(61.2)
Knowledge about PMTCT			
Sufficient	102(44.2)	264(40.9)	366(41.8)
Not sufficient	129(55.8)	381(59.1)	510(58.2)
Attitude to VCT			
Good	143(61.9)	404 (62.6)	547 (62.4)
Bad	88 (38.1)	241 (37.4)	329 (37.6)
Knowledge about the infant feeding options			
Sufficient	63 (27.3)	204 (31.6)	267 (30.5)
Not sufficient	162 (72.7)	441 (68.4)	609 (69.5)
Attitude to wards the feeding options			
Good	12 (5.2)	29 (4.5)	41 (4.7)
Bad	219 (94.8)	616 (95.5)	835 (95.3)

Based on this assessment, 38.8%, 41.8%, & 30.5% of the mothers were having sufficient knowledge about MTCT, PMTCT, and infant feeding options recommended to HIV positive women respectively. Moreover, 62.4% of the mothers were having favorable (good) attitude to wards VCT. In the contrary, only 4.7 % of the mothers were having favorable (good) attitude to wards the feeding options (Table 4).

Regarding the relationship of the mother's knowledge about and attitude towards the infant feeding options with the independent variables; mothers who were living in higher three of the town were significantly more knowledgeable about the infant feeding options than mothers residing in higher one with OR of 1.47 and 95% CI (1.03, 2.11). However, the study shows a statistically significant negative relationship between the addresses (higher two and

three) of the mothers and attitude of the mothers, in that the mothers residing in higher two [with OR (95% CI) = 0.36 (0.15, 0.90)] and higher three [with OR (95% CI) = 0.29 (0.14, 0.60)] were found to have less favorable attitude towards the infant feeding options than the mothers residing in higher one (Table 5).

The knowledge of the mothers about the feeding options was also associated significantly with age. Mothers aged 26-30 years were significantly more knowledgeable than young (< 20 years old) mothers with OR of 1.50 and 95% CI (1.003, 2.23) (Table 5).

In this study mothers marital status, parity, religion, ethnicity, educational status, occupation, and household monthly income were not having a statistically significant association with knowledge and attitude of mothers towards the infant feeding options.

**Table 5:** Socio-demographic determinants of knowledge and attitude of mothers towards infant feeding options. Jimma Town, Ethiopia. Dec. 2004 - Jan. 2005.

Variables	Popl n. Total	Knowledge about infant feeding options recommended to HIV positive women		Attitude towards infant feeding options recommended to HIV positive women	
		No. (%)	Sufficient Adjusted OR** (95% C.I.)	No. (%)	Good Adjusted OR** (95% C.I.)

Age (years)					
≤ 20	248	74 (8.4)	1.00	14 (1.6)	1.00
21-25	331	93 (10.6)	0.93 (0.65, 1.36)	20 (2.3)	1.13 (0.55, 2.32)
26-30	209	79 (9.0)	1.50 (1.003, 2.23)*	6 (0.7)	0.52 (0.19, 1.40)
≥31	88	21 (2.4)	0.74 (0.42, 1.31)	1 (0.1)	0.17 (0.02, 1.35)
Address					
- higher 1	254	63 (7.2)	1.00	21 (2.4)	1.00
- higher 2	184	59 (6.7)	1.38 (0.89, 2.13)	7 (0.8)	0.36 (0.15, 0.90)*
- higher 3	438	145 (16.6)	1.47 (1.03, 2.11)*	13 (1.5)	0.29 (0.14, 0.60)*
Ethnicity					
- Oromo	421	128 (14.6)	1.00	21 (2.4)	1.00
- Amhara	162	47 (5.4)	0.98 (0.64, 1.50)	6 (0.7)	0.64 (0.24, 1.71)
- Dawirro/Guragie	154	55 (6.3)	1.29 (0.87, 1.92)	7 (0.8)	0.97 (0.40, 2.37)
- Others	139	37 (4.2)	0.81 (0.52, 1.25)	7 (0.8)	0.97 (0.39, 2.38)
Educational status					
- Unable to Read & write	170	52 (5.9)	1.00	9 (1.0)	1.00
- Able to Read & write	27	13 (1.5)	2.02 (0.87, 4.66)	1 (0.1)	0.72 (0.08, 6.07)
- Grades 1 - 6	224	70 (8.0)	1.02 (0.66, 1.58)	10 (1.1)	0.79 (0.31, 2.04)
- Grades 7 and above	455	132 (15.1)	0.95 (0.63, 1.42)	21 (2.4)	0.72 (0.31, 1.70)

\* Significant at p. value < 0.05

\*\* Adjusted for selected socio-demographic variables

The knowledge of mothers, about infant feeding options helpful to prevent MTCT of HIV, was having a statistically significant association with counseling mothers about infant feeding during ANC. The knowledge was significantly low in mothers who were not counseled about infant feeding during antenatal care visits [with OR of 0.55 and 95% CI (0.38, 0.80)] than the mothers who were counseled about it. It was also significantly low in those mothers whose most important person in making decision on how to feed their infants were husbands/partners than the mothers themselves with OR of 0.43 and 95% CI between 0.29 and 0.63. But, both explanatory variables were not found to have statistically significant association with attitude of the mothers to wards the feeding options. Similarly, place of recent delivery and VCT use also did not show a statistically significant relationship with mothers' knowledge about and attitude towards the feeding options (Table 6).

**Table 6:** Knowledge and attitude of mothers towards infant feeding options recommended to HIV positive women versus utilization of maternal health and VCT services. Jimma Town, Ethiopia, Dec. 2004 - Jan. 2005.

Variables	Popl n. Total	Knowledge about infant feeding options recommended to HIV positive women		Attitude towards infant feeding options recommended to HIV positive women	
		No. (%)	Sufficient Adjusted OR** (95% C.I.)	No. (%)	Good Adjusted OR** (95% C.I.)
<b>Being counseled about infant feeding during ANC visits:</b>					
Yes	246	100 (13.5)	1.00	15 (2.0)	1.00
No	494	132 (17.8)	0.55 (0.38, 0.80)*	17 (2.3)	0.56 (0.24, 1.29)
<b>Place of the recent delivery:</b>					
Gov't Hospital	327	107 (16.6)	1.00	13 (2.0)	1.00
Gov't health center	103	36 (5.6)	1.10 (0.66, 1.84)	8 (1.2)	1.82 (0.67, 4.96)
Gov't/private clinic	12	3 (0.5)	1.07 (0.27, 4.21)	-	0.01 (0.00, 2.2E+13)
Own home	203	58 (9.0)	0.73 (0.46, 1.17)	8 (1.2)	0.81 (0.27, 2.42)
<b>Most important person in making decision on how to feed their infant:</b>					
The mother herself	314	126 (14.4)	1.00	20 (2.3)	1.00
Husband/partner	489	122 (13.9)	0.43 (0.29, 0.63)*	17 (1.9)	0.53 (0.22, 1.26)
The mother's father	73	19 (2.2)	0.59 (0.29, 1.23)	4 (0.5)	0.85 (0.18, 4.03)
<b>VCT use</b>					
Used	313	108 (12.3)	1.00	15 (1.7)	1.00
Not used	563	159 (18.2)	0.79 (0.54, 1.17)	26 (3.0)	1.19 (0.49, 2.90)

\* Significant at p. value < 0.05

\*\* Adjusted for the selected utilization of maternal health and VCT service variables

### **Infant Feeding Practices of Lactating Mothers, and Intention of Pregnant Women:**

Among the 645 mothers with in 12 months postpartum 2 were having still birth, which reduced the respondent for the assessment of actual infant feeding practices and the

corresponding cross tabulations to 643. The 643 lactating mothers were asked about what they have been feeding their infants since birth. And, it was found that mixed feeding was practiced by the majority, 521(81%), of the lactating mothers, exclusive breast feeding only by 118(18.4%) and exclusive replacement feeding by 4(0.6%) of the mothers from birth up to the 6<sup>th</sup> months of age of their infants (table 7).

Largest proportion (90.9%) of the pregnant mothers participating in this study (n=231) were also intending to mixed-feed to their infants in the first 6 months of infancy. (Table 7)

**Table 7:** Infant feeding practice of lactating mothers (n = 643), and intention to infant feeding among pregnant women (n=231) from birth up to the 6<sup>th</sup> month after delivery. Jimma Town, Ethiopia, January 2004.

	<b>Frequency</b>	<b>Percent</b>
<b>Infant feeding practice of lactating mothers</b>		
Exclusive breast feeding	118	18.4
Exclusive replacement feeding	4	0.6
Mixed feeding	521	81.0
<b>Prenatal intention to infant feeding among pregnant mothers</b>		
Exclusive breast feeding	19	8.2
Exclusive replacement feeding	2	0.9
Mixed feeding	210	90.9

Among the variables of infant feeding practice of the lactating mothers, exclusive breast feeding practiced by very few mothers. As a result, the numbers/proportions related to it were found to be too little for any cross tabulation or statistical test, hence excluded from such further statistical analysis.

Regarding the relationship of the remaining infant feeding practices of lactating mothers with the independent variables; lactating mothers residing in higher three of the town were found to practice exclusive breast feeding significantly more than those residing in higher one with OR of 1.85 and 95% CI between 1.02 and 3.35 (Table 8). Lactating mothers who didn't visit health institutions for antenatal care during their last pregnancy practiced exclusive breast feeding significantly less than lactating mothers who attended it at least once with OR of 0.53 and 95% CI between 0.29 and 0.96. The lactating mothers who reported that the place of delivery of their last infants was at Government Health Center were found to practice mixed feeding more than those delivered at government hospital with OR of 2.10 and 95% CI between 1.05 and 4.21(Table 9). In the contrary, lactating mothers whose fathers (grandfathers of the infants) were most important person in making decision on how to feed the infants, with OR of 0.44 and 95% CI (0.21, 0.90), had significantly practiced mixed feeding less than those mothers who were making decision about feeding of their infants by themselves (Table 9).

In this study, statistically significant association was not revealed between infant feeding practices of the lactating mothers, and the other socio-demographic variables and VCT use (Table 8, 9).

**Table 8:** Socio-demographic determinants of infant feeding practices of lactating mothers (to infants under 6 months of age) (n=643). Jimma town, Ethiopia. Dec. 2004 -Jan. 2005.

Variables	Popl. Total	Exclusive breast feeding		Mixed feeding	
		No. (%)	Adjusted OR** (95% C.I.)	No. (%)	Adjusted OR** (95% C.I.)
Age(years)					

≤ 20	183	41 (6.4)	1.00	142(22.1)	1.00
21-25	240	46 (7.2)	0.93 (0.52, 1.66)	192 (29.9)	1.00 (0.57, 1.77)
26-30	155	22 (3.4)	0.73 (0.35, 1.50)	132 (20.5)	1.36 (0.67, 2.78)
≥31	65	9 (1.4)	0.55 (0.20, 1.56)	55 (8.6)	1.61 (0.59, 4.41)
<b>Address</b>					
- higher 1	184	25(3.9)	1.00	157(24.4)	1.00
- higher 2	140	18 (2.8)	1.01 (0.46, 2.22)	122 (19.0)	1.07 (0.49, 2.32)
- higher 3	319	75(11.7)	1.85 (1.02, 3.35)*	242 (37.6)	0.57 (0.32, 1.01)
<b>Marital Status</b>					
Single	63	6 (0.9)	1.00	56 (8.7)	1.00
Married	554	108(16.8)	2.07 (0.71, 6.02)	443 (68.9)	0.56 (0.21, 1.52)
Divorced/ separated	24	4 (0.6)	1.45 (0.29, 7.38)	20 (3.1)	0.86 (0.18, 4.16)
Widowed	2	-	0.00 (0.00, 5.4E+33)	-	398.9 (0.00,5.3E+38)
<b>Parity</b>					
0	3	-	1.00	3 (0.5)	1.00
1 - 4	592	109(17.0)	1413.8(0.00,4.1E+31)	480 (74.7)	0.00, (0.00, 5.8E+25)
≥ 5	48	9 (1.4)	1705.5 (0.00, 5.0E+31)	38 (5.9)	0.00, (0.00, 4.3E+25)
<b>Religion</b>					
Orthodox	280	55 (8.6)	1.00	224 (34.8)	1.00
Protestant	86	13 (2.0)	0.52 (0.24, 1.16)	71 (11.0)	1.50 (0.71, 3.16)
Muslim	273	49 (7.6)	0.64 (0.33, 1.21)	223 (34.7)	1.40 (0.74, 2.62)
Others	4	1 (0.2)	1.01 (0.10, 10.55)	3 (0.5)	0.93 (0.09, 9.66)
<b>Ethnicity</b>					
Oromo	305	62 (9.6)	1.00	242 (37.6)	1.00
Amhara	121	23 (3.6)	0.94 (0.44, 1.99)	96 (14.9)	0.95 (0.46, 2.00)
Dawro/Gur-agie	114	16 (2.5)	0.72 (0.34, 1.52)	98 (15.2)	1.40 (0.67, 2.92)
Others	103	17 (2.6)	0.45 (0.19, 1.07)	85 (13.2)	1.91 (0.82, 4.45)
<b>Educational status</b>					
Unable to Read and write	113	24 (3.7)	1.00	89 (13.8)	1.00
Able to Read and write	19	-	0.00 (0.00, 8.2E+08)	19 (3.0)	1081.0 (0.00, 1.1E+15)
Grades 1 - 6	169	43 (6.7)	1.32 (0.66, 2.65)	126 (19.6)	0.77 (0.39, 1.54)
Grades 7 and above	342	51 (7.9)	0.61 (0.29, 1.28)	287 (44.6)	1.54 (0.74, 3.22)
<b>Household monthly Inc.</b>					
≤ 100 ETB	158	35 (7.0)	1.00	123 (24.7)	1.00
101-300 ETB	159	28 (5.6)	0.61 (0.33, 1.13)	130 (26.1)	1.53 (0.83, 2.81)
301- 500ETB	68	11 (2.2)	0.75 (0.32, 1.73)	55 (11.0)	1.13 (0.50, 2.53)
> 500 ETB	113	20 (4.0)	0.92 (0.42, 1.99)	92 (18.5)	1.11 (0.52, 2.39)
<b>Occupation</b>					
Jobless/student	53	7 (1.1)	1.00	45 (7.0)	1.00
Housewife	511	100(15.6)	1.89 (0.58, 6.14)	409 (63.6)	0.66 (0.22, 1.94)
Gov't./private org. emplo.	41	5 (0.8)	1.43 (0.30, 6.88)	35 (5.4)	0.74 (0.18, 3.16)
Others	38	6 (0.9)	2.93 (0.64, 13.32)	32 (5.0)	0.43 (0.10, 1.81)

\* Significant at p. value < 0.05 , \*\* Adjusted for selected socio-demographic variables.

**Table 9:** Infant feeding practices of lactating mothers (to infants under 6 months of age) (n=643) versus utilization of maternal health and VCT services. Jimma town, Ethiopia. Dec. 2004 - Jan. 2005.

VARIABLES	Exclusive breast feeding		Mixed feeding	
	Popl.			

	<b>total</b>	<b>No. (%)</b>	<b>Adjusted OR** (95% C.I.)</b>	<b>No. (%)</b>	<b>Adjusted OR** (95% C.I.)</b>
<b>Antenatal care use</b>					
Yes	556	96 (14.9)	1.00	456(70.9)	1.00
No	87	22 (3.4)	0.53 (0.29, 0.96)*	65(10.1)	0.57 (0.32, 1.04)
<b>Place of the recent delivery</b>					
Gov't Hospital	327	67 (10.4)	1.00	258(40.1)	1.00
Gov't health center	103	11 (1.7)	1.98 (0.99, 3.96)	92 (14.3)	2.10 (1.05, 4.21)*
Gov't/private clinic	12	1 (0.2)	3.10 (0.38, 24.97)	10 (1.6)	1.51 (0.31, 7.30)
Own home	201	39 (6.1)	1.11 (0.68, 1.81)	161(25.0)	1.11 (0.68, 1.80)
<b>Most important in deciding how to feed infant</b>					
Mother herself	226	33 (5.1)	1.00	192(29.9)	1.00
Husband/partner	365	72 (11.2)	0.66 (0.42, 1.05)	292(45.4)	0.69 (0.44, 1.08)
Mother's father	52	13 (2.0)	0.51 (0.24, 1.07)	37(5.8)	0.44 (0.21, 0.90)*
<b>VCT use</b>					
Used	232	51 (7.9)	1.00	180(28.0)	1.00
Not used	411	67 (10.4)	1.53 (0.98, 2.40)	341(53.0)	1.44 (0.93, 2.25)

\* Significant at p. value < 0.05

\*\* Adjusted for the variables; important person in deciding how to feed infants, utilization of maternal health and VCT services.

**6.2: RESULTS OF INDEPTH INTERVIEW OF HEALTH WORKERS WORKING IN  
PMTCT/VCT SERVICE PROVIDING UNITS OF HEALTH INSTITUTIONS OF  
THE STUDY AREA**

**Participants Background, and Training Status and Experience in Counseling HIV**

**Positive Women about Infant Feeding:**

A total of 12 health workers (counselors) participated in the in-depth interviews. Two of them were doctors involved in the coordination of PMTCT program run in the Jimma University Specialized Hospital. Both were also involved in the service provision & teaching activities; in the obstetrics & gynecology department (1), and pediatrics and child health department (1)

The other participants of this study were 10 nurses; 4 working in ANC, labor ward, postnatal ward VCT rooms of Jimma University Specialized Hospital and 3 working in the Antenatal & VCT room of Jimma Health Center, Additionally, 2 from Jimma model reproductive Health Clinic VCT Unit, and 1 from Jimma Medan Act VCT Center.

Among the participants 2 of the Jimma Health Center and 2 of the Jimma Model Reproductive Health Clinic were not trained on infant feeding counseling in the context of HIV; however, all of the participants in one or another way encountered counseling of HIV positive women for they were responsible in providing PMTCT/VCT services in the specified rooms /departments of these health institutions.

Most of the trained participants declared that the training adequately prepared them for the job. But some were feeling in the contrary. The weaknesses of the training mentioned by them were: short time allocated to the topic of infant feeding, during their training 'AFASS' was not well covered, only theoretical teaching method was used (with no demonstration & practical attachment).

Regarding the time at which they discuss infant feeding with mothers, most of them were doing it during pretest (mostly group counseling) and post test counseling (individual), and the rest were doing it in the waiting rooms of mothers(waiting for antenatal, MCH or EPI services), labor and postnatal wards after delivery, before discharge from labor ward. The responses of the two doctors and the nurses in the labor ward of the Jimma Hospital agreed that the pretest and post test counseling given in VCT and antenatal care units of the hospital further reinforced by the follow-up arrangement made in the pediatric and child health units for encouraging counseling of HIV positive mothers and medical assessment of their babies delivered in the labor ward of the hospital.

#### **Health Workers' Sources of Information, and Knowledge about MTCT and Infant Feeding Options Recommended to HIV Positive Mothers:**

Majority of the health workers mentioned trainings, Television and radio, internet, booklets of MOH /UNICEF, magazines, and information shared from trained persons as their source of information about recent issues of MTCT and infant feeding. Only few of the participants mentioned the absence of sources of recent information about MTCT and infant feeding to them.

Almost all of the participants stated that the main ways of MTCT of HIV (trans-placental, during delivery, and through breast feeding). The means of prevention of MTCT of HIV stated by most of them were ART (Nevirapine) prophylaxis administration for the mothers before delivery, appropriate feeding of the infants, safe delivery care, and providing ART (Nevirapine) to the infants after delivery.

Regarding the infant feeding options recommended to infants of HIV positive women, exclusive replacement feeding starting from birth mentioned by all, and exclusive breast feeding for the 1<sup>st</sup> 6 months then exclusive replacement feeding and avoiding mixed feeding mentioned by most of the participants. The possibility of using heat treated expressed breast milk and HIV negative wet nurse to feed infants of HIV positive women were not mentioned by most of the participants.

**Participants' Practice on Counseling HIV Positive Mothers about the Infant Feeding Options, and Factors Affecting Mothers' Choice and Compliance to the Infant Feeding Options:**

Most of the participants had offered a directional feeding advice; advised either exclusive replacement feeding using formula milk or cow's milk, or exclusive breast-feeding alone. Breastfeeding preferring counselors' reason was that, the mothers can not afford other options (purchasing formula milk, fuel and material, cow's milk etc). On the other hand, formula milk preferring counselors' reasons were for they thought that it is best feeding option for infants of HIV positive women and it is available in the town. Cow's milk preferring counselors' reason was that, cow's milk is cheaper than formula milk in the town.

Besides this, most of the participants response agree that they didn't include in their advice heat-treated expressed breast milk and using HIV negative wet nurse, because they thought that these are difficult to practice and specially, the wet nursing is not acceptable by the community in addition to its difficulty of knowing HIV status of wet nurse in the community.

According to most of the counselors (health workers), the commonly selected feeding options by HIV positive women of Jimma town was exclusive replacement feeding (using either formula or cows milk). The mothers who were well informed about the risk & benefits of the feeding options did not want to allow for a minimal risk of transmission of HIV to their child. However, mothers' adherence to the infant feeding options was affected by many things.

Primarily, exclusive replacement feeding using commercial formula was affected by their inability or failure to afford the cost of the commercial formula (mentioned by most participants). And, it is also affected by the social pressure (fear of stigma and discrimination); because the community believes that a mother should breastfeed her baby. Other wise, according to the health workers, the community would suspect that she is HIV positive, or they would discourage her by considering her as a mother who is not loving her child and labeling her as a cruel mother (mentioned by half of participants). Moreover, it was seen to be interrupted for the reason that partners were not involved in the HIV test (mentioned by some of participants). Mothers alone were coming to antenatal room, counseled and got tested, and decided on feeding options but unable to inform their partners about the test if they were found to be HIV positive.

“For example, in this ward (labor and post natal ward of the hospital) a mother was tested for HIV without the knowledge of her husband, but since she is afraid of her husband, she continued breast feeding in front of him.”

*A participant of the in depth interview*

Secondly, exclusive breast feeding was observed to be affected by sickness of the mothers (mentioned by most of the participants). When the mothers develop AIDS, no one cares after them and their children. Even it was observed that no one tried to bring them the minimal support started to them by NGOs. So, the HIV positive mothers who encountered this and the above mentioned conditions shifted to mixed feed their infants.

### **Follow up Care and Support to HIV Positive Mothers to Help them Adhere on Safe Feeding Options to Prevent MTCT OF HIV:**

Regarding follow up mechanism to support HIV positive women to adhere in their infant feeding choice: the babies of HIV positive mothers delivered in the labor ward of Jimma University Specialized Hospital were followed by pediatricians regularly at the health institution. It allows the health workers to reinforce the counseling of feeding options and ensure adherence of mothers on using the started feeding option.

However, the hospital, the Jimma Health Center, the Jimma Model Reproductive Health Clinic and the Medan Act VCT Center were not supporting (providing) mothers with infant food (formula milk). Except the above-mentioned follow-up health assessment & encouraging counseling provided for those delivered in the hospital, all didn't have follow up care &

support mechanism to reinforce the counseling and ensure adherence of mothers on their intended infant feeding options.

For support and care, all Health Institutions including the Hospital were referring the poor HIV positive mothers to NGOs found in the town; Mekdim, OSSA, Medan Act, Orthodox Church, Mission, and FAYAA. But based on the feedbacks that the health workers obtained from the mothers, the NGOs were engaged on provision of general support to peoples living with HIV /AIDS in form of money, medical care, ART & home based care. According to most of the health workers, the mothers complained that even though they were referred to the NGOs they were not getting adequate support to sustain exclusive replacement feeding of their infants.

Thus, the health workers (counselors) were emphasizing the importance of availing care and support for HIV positive women and their infants in the health institutions where VCT/ PMTCT services are provided.

*“The mother is neglected in the PMTCT program which leads to mother less child. Even for the child emphasis is given only to prophylaxis ART not on care and support, for example, no free and adequate drug for them to treat opportunistic infections and for long term ART therapy. Unless this is done, the work is not adequate in PMTCT of HIV”*

*A participant of the in depth interview*

**Summary of Challenges in counseling HIV Positive mothers about the infant feeding options/PMTCT of HIV and Possible solutions suggested by the participants:**

**i. Challenges:**

1. High work load due to additional responsibilities they had in the institutions/units:

It affected the quality of counseling (short time spent during counseling) and some times they

are not able to do it.

2. Inadequate number of trained human power on PMTCT /VCT.

3. Trained human powers were not assigned in relevant units /places in the hospital.

4. Delay in laboratory result since lab technicians were not assigned only for HIV testing in the

health institutions. It leads to prolonged waiting time of mothers, and mothers once they left

home, most didn't come back for post test counseling (to collect their

HIV test result) thus it results missed opportunity.

5. Fear of stigma/discrimination in the community

6. Partners were not involved with HIV testing

7. Absence of care and support: Replacement feeding supply for the infants, and free drugs for ART and treatment of opportunistic infections of the poor HIV positive mothers

**ii. Suggested Solutions:**

1. Support for poor HIV positive mothers who decided to use replacement feeding (free or subsidized price)
2. In health facilities increase number of trained counselors (in number and quality): train all health workers so that PMTCT can be fully integrated to all parts or activities of the health institutions.
3. " PMTCT PLUS care should be present " (i.e. care and support for HIV positive mothers and the children with free drugs for opportunistic infections and free long term ART service)
4. Increase community awareness to avoid discrimination, to increase partners' involvement to HIV testing to allow mothers free choice and use of infant feeding options
5. By few of the participants, promoting use of heat treated expressed milk, making regular referral to NGOs, training the untrained VCT counselors on infant feeding counseling in the context of HIV, and refreshment course for the previously trained ones were suggested.

## **7. DISCUSSION**

This study revealed that a small proportion of mothers in the study area had sufficient knowledge about MTCT (38.8%), PMTCT of HIV (41.8%), and infant feeding options recommended to HIV positive women (30.5%). However, the knowledge of mothers about MTCT of HIV during pregnancy, delivery, and breastfeeding is more than the 6% reported in the 2000 Demographic Health Survey of Ethiopia (18). It could be due to the situation that the current study was conducted two years after initiation of PMTCT program in the town by the Jimma University Specialized Hospital.

The current study identified that mothers' knowledge about the infant feeding options of PMTCT is significantly related to their address. Mothers living in 'higher-three' of the town were significantly more knowledgeable about the feeding options than the mothers residing in

higher one. This could be due to the close proximity of 'higher-three' to the Jimma University Specialized Hospital.

Mothers in the age group of 26 to 30 years were also significantly more knowledgeable about the infant feeding options valuable in PMTCT of HIV, than the younger (< 20 years old) mothers included in this study. Likewise, in an institutional based cross-sectional study done in Addis Ababa in 2004, post-natal mothers of age 21- 25 years and above 30 years and mothers completed above secondary grade were more knowledgeable about MTCT of HIV during pregnancy, delivery and breastfeeding than the younger and less educated mothers (32). The fifth report of AIDS in Ethiopia also revealed that the highest HIV prevalence still occurs in the age group

15 – 24 years, among females than males and in urban than rural areas (1). Thus, the findings of these studies indicate the importance of empowering mothers using education and the need of targeting the young mothers for interventions promoting appropriate or safe infant feeding practices and prevention of MTCT of HIV.

In this study, 84.5% of mothers visited health institutions for antenatal care and 35.7% used VCT service during their last pregnancy. A relatively high (33.2%) number of mothers were counseled (got advice) on infant feeding as compared to the study done in Addis Ababa in 1992 (18%)(19). A statistically significant relationship was found between counseling mothers on infant feeding during their antenatal follow-ups and the knowledge of mothers towards the infant feeding options. That is, mothers who were not counseled about infant feeding during antenatal care visits were having a statistically significant low knowledge about infant feeding options useful to prevent MTCT of HIV. Though, it was not done in the

context of HIV (it didn't assess mothers' knowledge about the recommended feeding options for HIV positive women) another study done in Jimma two years back (29) also showed a significant relationship of mothers knowledge about breast feeding with relation of mothers to head of households, attending of antenatal clinics and attending of health educations in this study area.

The study from India also supports the important role of hospital counselors in assisting HIV positive women in their intended feeding choice as well as actual practice. And it also documented that the time immediately after delivery is critical for re-counseling about infant feeding and further support of the woman's decision, thus lowering mixed feeding (17). Therefore, strengthening the counseling being provided during antenatal clinic visits of mothers in the health institutions of the current study area and the started follow up health assessment of their babies and reinforcing counseling of the HIV positive mothers delivered in the maternity ward as part of the PMTCT program of the Jimma University specialized Hospital will be helpful in the PMTCT of HIV in the area.

Majority (62.4%) of the mothers participated in this study were having favorable (good) attitude towards VCT. However, most (95.3%) of the mothers were found to have unfavorable attitude to wards the infant feeding options recommended to HIV positive mothers. This may be related to low awareness of the community about the importance of the feeding options recommended to HIV positive women in the prevention of MTCT of HIV, which is supported by the observed insufficient knowledge of most of the mothers included in this study about MTCT and PMTCT of HIV in general and the feeding options in particular.

Conversely, a statistically significant negative relationship between the address (higher two and three) and attitude of the mothers towards the infant feeding options was found in this study. This may indicate that having proximity to health institutional based PMTCT service and the significantly better knowledge is necessary but cannot guarantee change in attitude. And it may also suggest the need for further study on the issue.

As it was learnt from the in-depth interviews, the post test counseling given to HIV positive mothers in most of the VCT/PMTCT providing centers/health institutions was directive which may be related to the work load, and shortage of time of the health workers. And, most of the health workers (counselors) were preoccupied by their experience of the affordability and acceptability issues of the feeding options in the locality.

But it was also noted in a similar qualitative study done in Moshi, northern Tanzania, that informed choice of infant feeding method by HIV - infected women, as recommended by UNAIDS / WHO/ UNICEF guidelines, was compromised by the actual advice given, directive counseling, lack of time to cope with a positive HIV test result and lack of follow - up support, regardless of socio - economic status (23).

In this study the knowledge of mothers significantly decrease in those mothers whose most important person in making decision on how to feed their infants were husbands (partners) than the mothers themselves. The results of the in-depth interviews of the health workers also

indicated that, even though, the few HIV positive mothers of having no economic constraint got counseled and decided to use exclusive replacement feeding, they could not able to practice it because of fear of their husbands. Hence, PMTCT program should target both husbands as well as mothers for better success in the fight against MTCT of HIV using appropriate infant feeding practices.

Regarding prevalence of infant feeding practices; in the current study, the lactating mothers practicing mixed feeding were 81%, exclusive breastfeeding 18.4%, and exclusive replacement feeding 0.6%, for the infants of 0 to 6<sup>th</sup> month of age. The rate for exclusive breast feeding (18.4%) is greater than the rate (6.91%) found in the other study done in Jimma two years back on a lower sample size (n=333) of mothers of children aged less than two years (29). Even though, this finding seems encouraging, still it is much lower than the rate of exclusive breast feeding documented in the 2000 Demographic Health Survey of Ethiopia (38%) and the Addis Ababa's Study (32%); and, the rate for mixed finding is consistently high in the study area (18,19).

In the current study, lactating mothers who didn't visit health institutions for antenatal care during their last pregnancy practiced exclusive breast feeding significantly less than lactating mothers who attended it at least once. The mothers delivered their last infants at government health center were practicing mixed feeding significantly more than the mothers who delivered at government hospital. And, the mothers residing in higher three practiced exclusive breast feeding more than mothers of higher one. The associations of address, antenatal care use and place of delivery to the infant feeding practices as well as the relation

of exclusive breast feeding practice to attending post natal care found in the other study done at the same study area (29) reinforces the importance of expanding and integrating well the interventions promoting exclusive breast feeding and PMTCT of HIV with the MCH services of all health institutions of the town.

Besides this, lactating mothers whose father (grandfather of the infants) were most important person in making decision on how to feed their infants significantly practiced mixed feeding less than those mothers who were making decision about feeding to their infants by themselves. It could be due to the insufficient knowledge of mothers about PMTCT and the paramount importance of exclusive breast feeding regardless of their HIV status. In line to this idea, the study done in Nairobi, Kenya, showed that mothers who were having knowledge of exclusive breast feeding were the least likely to end exclusive breast feeding early (22), otherwise, the mothers may tend to mixed feed their infants. But, half of mothers, in the current study, were living in a household of having almost none or very low monthly income (below 125 ETB) and the grand fathers might have forced the mothers (members of their households) to feed their infants only breast milk mainly for economical reason. On the other hand, since it is commonly known that mothers decide motherhood experiences by learning from grand mothers rather than grandfathers of their infants, this particular finding seems not plausible and inconsistent with other studies.

In addition to the aforementioned ones, there are other factors interplaying and influencing safe infant feeding practices of mothers. The results obtained from the in depth interview of the health workers (counselors) working in the PMTCT/VCT delivering units of the health

institutions of the study area also supports this phenomena. Based on their experience, they witnessed that most HIV positive mothers of the Study area failed to comply with the feeding option they intended or started to use after they had been counseled about the infant feeding options recommended to HIV positive women. As a result, they commonly shift from either exclusive breast feeding or exclusive replacement feeding to mixed feeding. This might have contributed to the observed raise in proportion of mothers practicing mixed feeding in the area. The main reasons identified by the health workers (counselors) were failure of mothers to afford the cost of commercial formula, social pressure (fear of stigma and discrimination) and partners were not involved in the HIV test as reasons for non-compliance to exclusive replacement feeding, while, sickness of the mothers as reason for non adherence to exclusive breast feeding. The Kenya's study also showed that HIV positive women opted to breastfeed due to financial constraints, partner influence, and fear of losing confidentiality (15).

The failure of HIV positive mothers to adhere to safe infant feeding practices and the high prevalence of mixed feeding practice of the mothers of the study area are very clear signs of the potential high transmission of HIV to children of the study area. In addition to increased risk of MTCT, regardless of the HIV status of the mothers, the infants are at risk of death from non HIV diseases. Literatures also agree with the fact that mixed feeding increases not only MTCT of HIV but also the risk of non HIV diseases like diarrhea and malnutrition in the 1<sup>st</sup> 6 months of age of infancy (5, 8, 33). Thus, the aforementioned situations may indicate the need of integrated and comprehensive efforts to reduce urgently the risk of MTCT in the study area and other similar parts of the country.

In line to this, currently, evidences from developed countries are showing that the risk of MTCT can be reduced to below 2% by combination of antiretroviral prophylaxis given to women during pregnancy and labour and to the infant in the first weeks of life, elective caesarean delivery and completely avoiding breastfeeding (34, 35). However, caesarean sections have increased the risk of morbidity and possible mortality for the mother, particularly in low resource settings because of anesthesia risks, blood loss, pain, and increased recovery time. Besides this, abstinence of breastfeeding is often not acceptable, feasible or safe in resource poor countries (35, 36).

Moreover, according to WHO, interventions focusing on the PMTCT of HIV need to be complemented by interventions that address primary prevention of HIV infection, especially among women of childbearing age and their partners, prevention of unintended pregnancies among HIV-infected women, and the provision of care, treatment and support for HIV-infected women, their children and families (35, 37).

## **8. STRENGTH AND LIMITATIONS OF THE STUDY**

The study is new in its kind that no other similar community based study has been done in the country yet. Thus, it will be a valuable base line data for planning and implementation of interventions/programs promoting safe infant feeding practices, PMTCT of HIV, and studies related to infant feeding in the context of HIV in our country.

In addition to this, at the design stage and before the implementation of the study well defined inclusion and exclusion criteria were made, data collectors were trained, questionnaires were

tested and necessary corrections made, and most of the questions of the quantitative study were closed ended. The field activities of the data collectors and the supervisors were closely observed, the data was entered, and cleaned thoroughly by the principal investigator. These were the strengths of the study which are believed to minimize highly the possibility of systematic bias. Besides this, major portion (87.5% of the clusters or ketenas) of the town, were included in the survey with random selection, and large sample size of mothers were involved in the quantitative study. Therefore, it can be generalized to the general population (lactating and pregnant mothers) of similar areas of the country. In addition to this, all health institutions providing PMTCT/VCT in the town and majority of the health workers providing the aforementioned services in the relevant units/rooms of the health institutions were included in the qualitative study.

However, since the study involved questions of personal sensitive issues related to PMTCT/VCT, it might have introduced some social desirability bias. And, the lack of similar studies hindered further comparison of the results with other areas.

## **9. CONCLUSIONS**

- In this study, most of the mothers were housewives. The household monthly income of half of the mothers was very low (below 125 Ethiopian Birr), and majority of the households got their drinking water from pipe.

- Most of the mothers of the study area used antenatal care, but only small proportion of the mothers used VCT during their last pregnancy.

- The major source of information of the mothers about MTCT of HIV and infant feeding were  
friends (relatives), health workers (health facilities) and mass media.
- More than half of the mothers had insufficient knowledge about MTCT of HIV during pregnancy, labor and breast feeding, and its prevention. More than half of the mothers had favorable attitude towards VCT. In the contrary, most of the mothers had insufficient knowledge about and unfavorable attitude to wards the infant feeding options recommended to HIV positive women.
- The infant feeding practice of majority of the lactating mothers and intention of most of the pregnant mothers were found to be mixed feeding.
- Address (proximity to the main site of PMTCT service), age of the mothers, counseling mothers on infant feeding during ANC, and husbands (partners) being important person for mothers to decide on how to feed their infants found to be determinants of knowledge of the mothers about infant feeding options recommended to HIV positive women.
- Mothers' attitude towards the feeding options was found to be associated only to address of the  
mothers but it may require further study.
- Attending ANC, delivering at government hospital and proximity to the main PMTCT service providing institution by address were found to be determinants of exclusive breast feeding and mixed feeding practice of the lactating mothers of the study area.

- Most of the PMTCT/VCT service providers offered directive advice in their counseling for HIV positive women. And most didn't include the options heat treated expressed breast milk and HIV negative wet nurse for they thought that these are not feasible and not acceptable by the community.
  
- Based on the in-depth interviews, mainly failure of the mothers to afford formula milk , fear of stigma/discrimination, and partners not involved in HIV test were found as reasons for non adherence of HIV positive mothers to exclusive replacement feeding; while mothers' sickness to exclusive breast feeding. In turn, the mothers shifted to mixed feeding.
  
- Except the follow-up child health assessment and encouraging counseling given to HIV positive mothers delivered their babies at Jimma University Specialized Hospital, all of the VCT (PMTCT) services providing health institutions of the town were deficient in providing follow-up care & support to HIV positive mothers to help them adhere to their choice of safe infant feeding options.

## **10. RECOMMENDATIONS**

By taking in to account the results of this study the following recommendations are forwarded:

1. Strengthen and integrate counseling of mothers on appropriate infant feeding practices with health services by providing training on infant feeding counseling including the feeding options recommended to HIV positive women to all health workers working in VCT, antenatal care, maternity, postnatal/family planning, well and sick child care/IMCI, and TB follow-up rooms/units of the health institutions in order to reduce the highly prevalent and risk full infant feeding practice(mixed feeding) and mount the exclusive breast feeding practice of the study area. Integrating the infant feeding counseling to the mentioned areas may help to avoid missed opportunities.
2. Introducing an appropriately designed BCC program to the community on appropriate (safe) infant feeding practices, importance of partners involvement in HIV testing and empowering women in order to promote exclusive breast feeding as well as for better success in PMTCT of HIV, by targeting all women in the reproductive age group and males (husbands).
3. Scaling up of Antiretroviral (ARV) treatment for mothers' own health, and prophylaxis for mothers and infants in order to reduce markedly the risk of MTCT of HIV.

4. Design and provide 'PMTCT plus' care ( follow up care and support on infant feeding and full medical care, including long-term ART, (free or with subsidized price) in the health institutions to HIV positive mothers in order to avoid non adherence to the feeding options and for better success of PMTCT of HIV.

5. Periodic reassessment of the KAP of mothers about safe infant feeding practices and PMTCT/VCT in the study area and other parts of the country.

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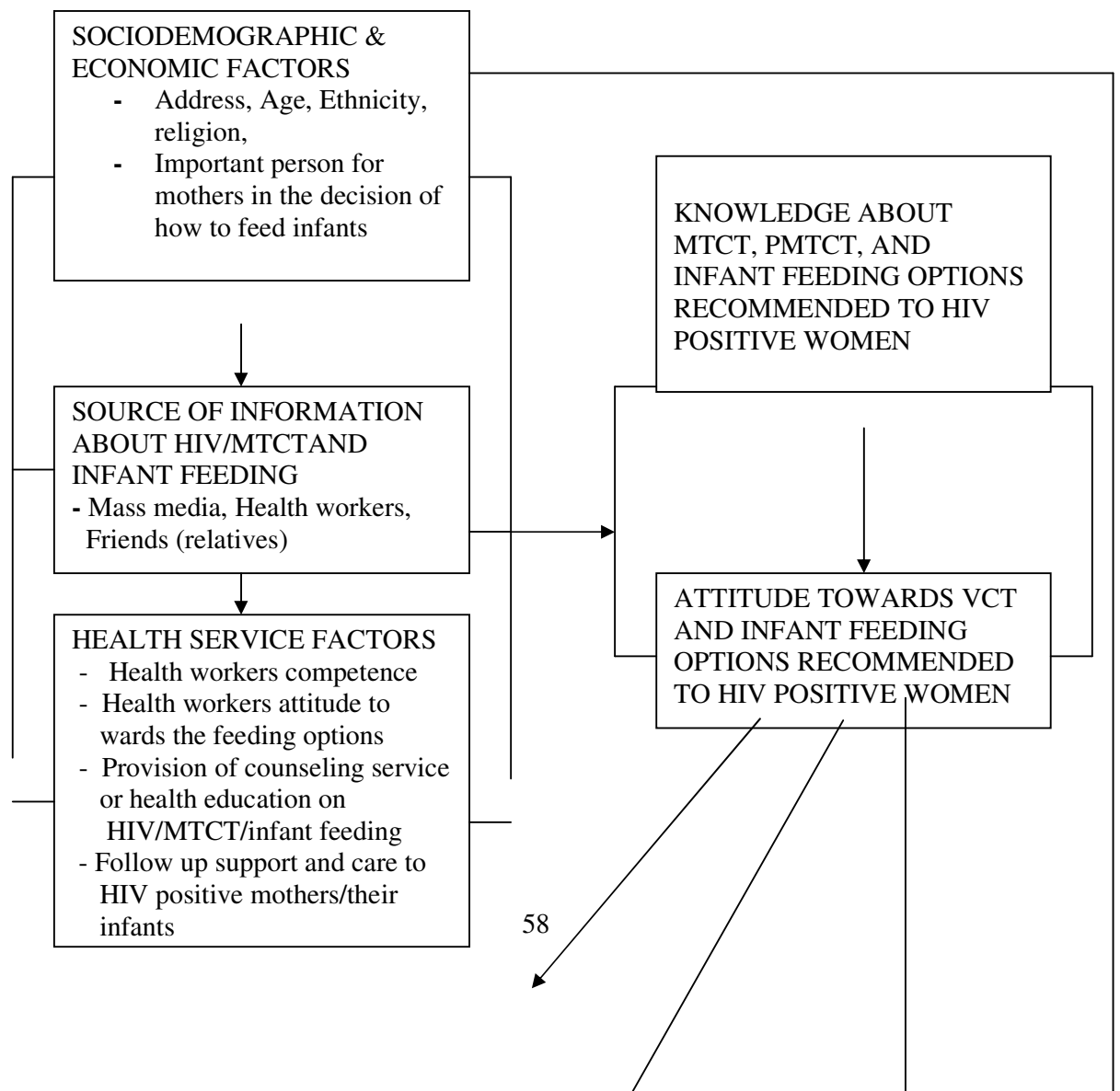
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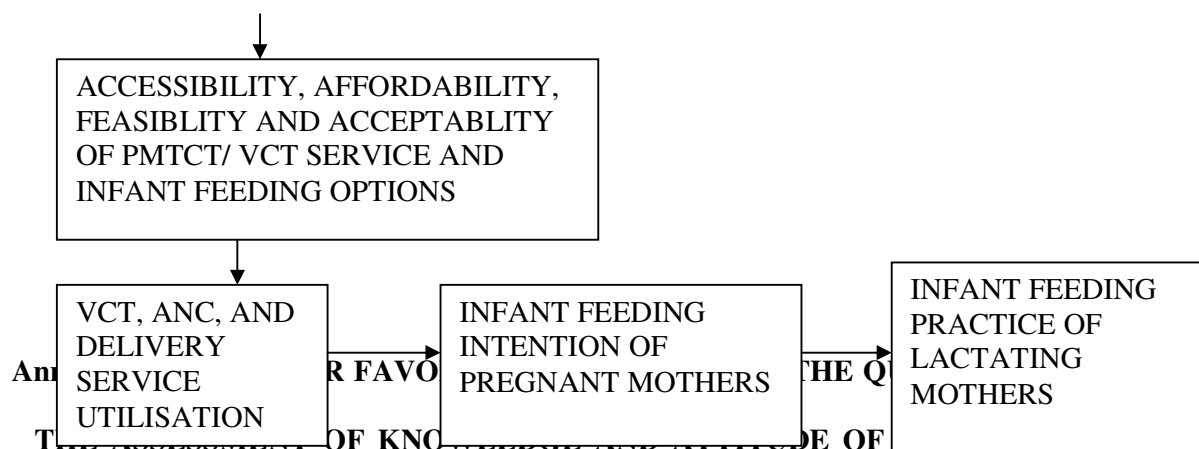
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## 12. ANNEXES

### Annex 1: CONCEPTUAL FRAMEWORK OF FACTORS RELATED TO MOTHERS' KNOWLEDGE, ATTITUDE AND PRACTICE OF VCT AND FEEDING OF INFANTS (Infant Feeding Options Recommended to HIV Positive Women)





**INFANT FEEDING OPTIONS RECOMMENDED TO HIV POSITIVE WOMEN**

**a- Correct responses for the Questions Used in the Assessment of Mothers' Knowledge about Infant Feeding Options Recommended to HIV Positive Women:**

No. in the Questionnaire	QUESTIONS	CORRECT RESPONSE
309	<b>(Knowledge on infant feeding options):</b> I am going to read out some statements about infant feeding. For each statement, please tell me whether you think it is true or not.	
	1. Feeding only breast milk is adequate to babies in the 1 <sup>st</sup> 6months for all women.	True
	2. Breast milk prevents childhood illnesses.	True
	3. HIV infection can be transmitted form HIV infected mother to her baby through breast feeding.	True
	4. Feeding only formula or other food to babies is expensive than breast milk.	True
	5. Feeding only formula or other food to baby prevents transmission of HIV from an infected woman to her baby.	True

	6. Feeding infants breast milk and formula or other fluids is good for all babies in the 1 <sup>st</sup> 6 months.	Not True
	7. Giving both breast milk of the mother and complimentary food (other foods) starting the 6 <sup>th</sup> month is important for the healthy growth of all babies of HIV negative mothers.	True
	8. Giving both breast milk of the mother and complimentary food (other foods) starting the 6 <sup>th</sup> month will increase transmission of HIV from infected mother to her baby.	True

**b. Correct responses for the Questions Used in the Assessment of Knowledge about MTCT, and PMTCT**

<b>No. in the Questionnaire</b>	<b>QUESTIONS</b>	<b>CORRECT RESPONSE</b>
306	I am going to read out some statements about HIV/AIDS. For each statement, please tell me whether you think it is true or not	
***	1. Condom use during sex with an HIV infected partner can prevent HIV transmission.	True
**	2. Women with HIV infection can infect their babies with HIV during pregnancy.	True
**	3. Women with HIV infection can infect their babies with HIV during labor.	True
**	4. Women with HIV infection can not infect their babies with HIV through breastfeeding.	Not True
***	5. There are medicines which HIV infected mothers can take during pregnancy to prevent transmission of HIV infection to their babies.	True
307	I am going to read out some statements about the importance of undergoing a voluntary HIV test for pregnant woman. Please tell me whether you think it is “Correct” or “Incorrect”	

***	1. To find out her HIV status?	Correct
***	2. To receive medicines to prevent her baby from being HIV positive.	Correct
***	3.To decide on what to feed her baby to prevent the baby from being HIV positive.	Correct
***	4. To discontinue pregnancy when she is HIV positive.	Correct

\*\* Used to assess Knowledge about MTCT

\*\*\* Used to assess Knowledge about PMTCT

**b. Responses of Accepting or Favorable Attitude for the Questions Used in the Assessment of Attitude towards infant Feeding Options Recommended to HIV Positive Women:**

No. in the Questionnaire	QUESTIONS	Response of Favorable Attitude
305	(Attitude to the feeding options): If your sister or relative has told you that she became HIV positive:	
	1. Would you encourage her only to breast feed her baby?	Yes
	2. Would you encourage her not to breast feed at all?	Yes
	3. Would you try to support her to feed only formula or cow's milk to her baby?	Yes

**b- Responses of Accepting or Favorable Attitude for the Questions Used in the Assessment of Attitude towards VCT**

No. in the Questionnaire	QUESTIONS	RESPONSE
242  303	I don't want to know the result, but have you ever had an HIV test?  OR 1. If you never had an HIV test, do you have any intention (plan) to be tested?	Yes
	2. If your sister, relative or friend was pregnant, would you advice her that it is good to be tested for HIV?	Yes
	3. Would you recommend HIV testing to any one else?	Yes

**Annex 3: STUDY VARIABLES:**

- **Dependent variables:**
  - Knowledge about infant feeding options recommended to HIV positive women
  - Attitude towards infant feeding options recommended to HIV positive women
  - Infant feeding practice of lactating mothers
  
- **Independent variables:**

**Socio-demographic variables:**

  - Age
  - Address
  - Marital status
  - Parity
  - Ethnicity

- Religion
- Level of Education
- Income
- Occupation
- Drinking water source
- Important person for mothers in deciding how to feed infant

**Knowledge and attitude variables:**

- Source of information about infant feeding and MTCT.
- Knowledge of PMT
- Attitude to wards VCT

**Intention to infant feeding practices** during the current or last pregnancy

**Utilization of maternal health/VCT services:**

- Antenatal care use
- Being counseled on infant feeding during antenatal follow-ups
- VCT use

**For the qualitative study: issues to be explored were**

Health Worker's:

- Source of information on recent issues of MTCT and infant feeding.
- Knowledge about MTCT
- Knowledge about the feeding options to infants born to HIV positive women.
- Attitude (preference) of the health workers to the feeding options for infants born to HIV positive women
- Presence of experience in counseling HIV positive pregnant/lactating women
- Feeding options commonly selected by HIV positive mothers
- Reasons (factors) they thought which affects the choice and adherence of mothers to the feeding options
- Challenges faced in counseling mothers about feeding options

**Annex 4: QUESTIONNAIRE FOR LACTATING MOTHERS**  
**(With in 12 months after delivery)**

**SECTION 0: QUESTIONNAIRE IDENTIFICATION DATA**

001 QUESTIONNAIRE IDENTIFICATION NUMBER \_\_\_\_\_

002 REGION: **Oromiya**

003 CITY: **Jimma**

004 HIGHER \_\_\_\_\_ KEBELE \_\_\_\_\_

005 KETENA NUMBER \_\_\_\_\_

006 LINE NUMBER \_\_\_\_\_

007 HOUSEHOLD NUMBER \_\_\_\_\_

**INTRODUCTION:**

My name is ----- . I am working as data collector in a survey conducted by the Community Health Department, Medical faculty, of Addis Ababa University. We are interviewing women here about VCT and infant feeding related knowledge, attitude, and practice in order to generate information necessary for the planning of appropriate strategies (interventions) to prevent mother to child transmission of HIV and promote

appropriate infant feeding practice in the town and the country. To attain this purpose, your honest and genuine participation by responding to the question prepared is very important & highly appreciated.

**CONFIDENTIALITY AND CONSENT**

We would like you to answer some personal questions that some people may find it difficult to answer. Your answers are completely confidential. Your name will not be written on this form. The nurses, doctors, and other people will not be told what you said in connection to your name. You do not have to answer any question if you don't want to and you can stop the interview at any time. However your honest answer to these questions will help us to better understand the experience of mothers related to VCT and infant feeding practices. We would greatly appreciate your help in responding to this study. The interview will take about 20 - 30 minutes. Would you be willing to participate?

If yes, proceed

If no, thank and stop here.

\_\_\_\_\_

(Signature of interviewer certifying that respondent  
has given informed consent verbally)

**INTERVIEWER VISIT**

	Visit 1	Visit 2	Visit 3
Date			
Interviewer			
Result			

- ❖ **Result Codes:** Completed 1
- Not at home 2
- Refused 3
- Partially completed 4
- Other (specify)\_\_\_\_\_ 5

**CHECKED BY SUPERVISOR** – Name \_\_\_\_\_ Signature \_\_\_\_\_  
Date \_\_\_\_\_

**008. INTERVIEWER’S: CODE** \_\_\_\_\_ **NAME** \_\_\_\_\_

**009. SUPERVISOR’S: CODE** \_\_\_\_\_ **NAME** \_\_\_\_\_

**010. DATE OF INTERVIEW:** \_\_\_\_ \ \_\_\_\_ \ \_\_\_\_  
**day month year**

**Time of start of the interview:** \_\_\_\_\_ : \_\_\_\_\_  
**Hour Minute**

**SECTION I: SOCIO-DEMOGRAPHIC AND ECONOMIC INFORMATION**

No.	Questions	Coding categories	Skip to
101	How old are you? <b>(Probe for best estimate)</b>	_____ Years	
102	What is the highest education level you completed?	Unable to read & write 1 Able to read & write 2 Grade completed _____	
103	What is your current marital status?	Single 1 Married 2 Divorced 3 Widowed 4 Separated 5	
104	What is your religion?	Orthodox 1 Protestant 2 Catholic 3 Muslim 4 Other (describe) _____ 5	
105	What ethnic or linguistic group do you belong to?	Oromo 1 Amhara 2 Gurrage 3 Dawro 4 Janjero(Yem) 5 Kefficho 6 Others (describe) _____ 7	
106	What is your current occupation?	Unemployed 1 Student 2 Housewife 3 House servant 4 Daily laborer 5	

		Merchant 6 Government Employee 7 Private employee 8 Other (specify) _____ 9	
107	What is your total monthly family income (approximately)?	_____ Eth. Birr No income 1 Don't know 88 No response 99	
108	How many live births have you had in your life?	_____ Live births No one 0	<b>110</b>
109	How many children do you have now ?	No of children _____	
110	What is the total number of the members of the household?	No of member of house hold _____	
111	Are you the head of the house hold?	Yes 1 No 2	<b>113</b>
112	What is your relation to the head of the household?	Wife (one only) 1 Wife (one among several) 2 daughter 3 house (maid ) servant 4 other (specify) _____ 5	
113	What is the main source of drinking water for the members of your household?	Pipe / tap 1 Open well / spring 2 Covered well /spring 3 River / pond 4 Rain water 5 Other(specify) _____ 6	

## SECTION II: PRACTICE / INTENTION TO VCT AND INFANT FEEDING

No.	Questions	Coding categories	Skip to
-----	-----------	-------------------	---------

201	During your last pregnancy, did you attend antenatal care in any health institution?	Yes 1 No 2 Don't know 88	207 207
202	If you went for antenatal checkup for the last pregnancy at what gestation age?	Gestation age in month : _____ Don't know 88	
203	If you went for antenatal checkups for your last pregnancy to which health institution did you go?	Governmental Hospital 1 Governmental Health Center 2 Governmental Clinic 3 Private Clinic 4 Other (specify)_____ 5	
204	How many times have you attended the antenatal care in that specific health facility?	No of antenatal visits (follow-ups) _____ Don't know 88	
205	During antenatal care visits, were you counseled about infant feeding?	Yes 1 No 2	207
206	What information (advice) on infant feeding was given to you during the antenatal visits? <b>(Read Choices Circle 1 if she was informed 2 if she was not informed )</b>	Yes No 1. About Breast feeding only 1 2 2.About bottle feeding 1 2 3.About supplementary feeding 1 2 4. About replacement feeding 1 2 5.Other (specify)_____ 1 2	
207	Where was the place of your last child's delivery?	Governmental Hospital 1 Governmental Health Center 2 Governmental Clinic 3 Private Clinic 4 Own home 5 Other (specify)_____ 6	
208	Who assisted you during your last child's delivery?	Health professional 1 Trained traditional birth attendant 2 Untrained traditional birth attendant 3 Relative (friends, neighbor) 4 Other (specify)_____ 5	

209	What was the out come of your recent delivery?	Live Birth At _____ month of pregnancy 1 Still Birth At _____ month of pregnancy 2	1 2	<b>229</b>
210	Is the child alive now?		Yes 1 No 2	<b>212</b>
211	What is the age of the child in month?	Child's Age (in months)_____ (____days)		<b>213</b>
212	What was the age of the child at death?	Child's age at death (in months)_____ (____days)		
213	What did you give (feed) your baby with in the first three days after delivery, before your white milk began flowing regularly? <b>(PROBE any more?</b> <b>More than one answer is possible</b> <b>Circle 1 if mentioned</b> <b>2 if not mentioned)</b>		Yes No 1.The fluid that came from the breasts 1 2 2.Butter 1 2 3. Water & Sugar 1 2 4. Nothing fed 1 2 5. Other (specify) _____ 1 2	
214	Since birth, what did the child receive?  <b>(• Read choices</b> <b>• Circle 1 if the child received it</b> <b>2 if not received it)</b>		Yes No DK 1. Water/tea 1 2 88 2. Water and sugar/salt 1 2 88 3. Breast milk 1 2 88 4. Powdered milk 1 2 88 5. Cow's milk 1 2 88 6. Porridge 1 2 88 7. Cereal based fluid 1 2 88 8. Adult food 1 2 88 9. Other(specify) _____ 1 2 88	
215	For the above foods , the foods you gave to your child, at what age were the different foods given (started)?		DK 1. Water/tea at ____ day/s____month/s 88 2. Water and sugar/salt tea at ____day/s ____ month/s 88 3. Breast milk at ____day/s ____ month/s 88 4. Powdered milk at____day/s ____ month/s 88 5. Cow's milk at____day/s ____ month/s 88 6. Porridge at____day/s ____ month/s 88 7. Cereal based fluid at ____day/s____ month/s 88	

		8. Adult food at ___day/s ___ month/s 88 9. Other (specify at ___day/s ___ month/s 88	
216	Up to what age did you feed (give) your child the above foods?  <b>(If less than one month record days, other wise months )</b>	DK 1. Water/tea up to ___ day/s ___ month/s 88 2. Water and sugar/salt up to ___ day/s ___ month/s 88 3. Breast milk up to ___ day/s ___ month/s 88 4. Powdered milk up to ___ day/s ___ month/s 88 5. Cow's milk up to ___ day/s ___ month/s 88 6. Porridge up to ___ day/s ___ month/s 88 7. Cereal based fluid up to ___ day/s ___ month/s 88 8. Adult food up to ___ day/s ___ month/s 88 9. Other(specify) _____ up to ___ day/s ___ month/s 88	
217	If the child was ever breast fed, how soon after birth did you first put the child to the breast?  <b>(If less than one hour circle "0" if 1 hour up to 24 hours record hours, otherwise days)</b>	Hours _____ Days _____  Immediately 0 Don't Know 88 Not applicable 66	
	<b>If the child is not alive but ever breastfed while he was alive skip to 223 See the response to 210 and 214</b>		<b>223</b>
218	If the child hasn't fed any thing except breast milk till now, when do you intend (plan) to start additional diet?  <b>See the response to 214</b>	When the child completes age (in month) _____	
219	Are you still breastfeeding the child?	Yes 1 No 2	<b>223</b>
220	How many times did you breast-feed last night between sunset and sunrise? <b>(If answer is not numeric, probe for</b>	Number of night time breast feedings _____	

	<b>approximate number )</b>	Don't know 88																						
221	How many times did you breast-feed yesterday during the day light hours? <b>(If answer is not numeric, probe for approximate number )</b>	Number of day light breast feedings_____																						
		Don't know 88																						
222	When do you usually breast-feed the child? <b>(Read choice Circle 1 if applied 2 if not applied )</b>	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>1. When the child wants</td> <td>1</td> <td>2</td> </tr> <tr> <td>2. When the child cries</td> <td>1</td> <td>2</td> </tr> <tr> <td>3. On schedule</td> <td>1</td> <td>2</td> </tr> <tr> <td>4. On convenience</td> <td>1</td> <td>2</td> </tr> <tr> <td>5. When breast engorged</td> <td>1</td> <td>2</td> </tr> <tr> <td>6. Other (specify)_____</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	1. When the child wants	1	2	2. When the child cries	1	2	3. On schedule	1	2	4. On convenience	1	2	5. When breast engorged	1	2	6. Other (specify)_____	1	2	
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6. Other (specify)_____	1	2																						
223	Have you experienced any breast feeding problems while you were breast feeding the last child?	<table border="0"> <tbody> <tr> <td>Yes</td> <td>1</td> <td></td> </tr> <tr> <td>No</td> <td>2</td> <td><b>225</b></td> </tr> <tr> <td>Not applicable</td> <td>66</td> <td><b>225</b></td> </tr> </tbody> </table>	Yes	1		No	2	<b>225</b>	Not applicable	66	<b>225</b>													
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224	What was the breast feeding problem? <b>(PROBE any more? More than one answer is possible Circle 1 if mentioned 2 if not mentioned)</b>	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>1. Not enough milk</td> <td>1</td> <td>2</td> </tr> <tr> <td>2. Nipple / breast problem</td> <td>1</td> <td>2</td> </tr> <tr> <td>3. Sourness of the baby's mouth</td> <td>1</td> <td>2</td> </tr> <tr> <td>4. Other (specify)_____</td> <td>1</td> <td></td> </tr> </tbody> </table>		Yes	No	1. Not enough milk	1	2	2. Nipple / breast problem	1	2	3. Sourness of the baby's mouth	1	2	4. Other (specify)_____	1								
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225	<b>(This question is only for mothers whose child is not on breast-feeding, or ceased breast-feeding) See the response to 219</b> When did you totally stop breastfeeding the last child?	<table border="0"> <tbody> <tr> <td>When child's completed age (in month)_____</td> <td></td> </tr> <tr> <td>At the time of his death</td> <td>77 <b>229</b></td> </tr> </tbody> </table>	When child's completed age (in month)_____		At the time of his death	77 <b>229</b>																		
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226	<p><b>(This question is only for mothers whose child is not on breast-feeding, never breast-fed or ceased breast feeding)</b></p> <p><b>See the response to 214 and 219</b></p> <p>Why did you stop breast-feeding (never breastfed) the last child?</p> <p><b>(PROBE any more?)</b></p> <p><b>More than one answer is possible</b></p> <p><b>Circle 1 if mentioned</b></p> <p><b>2 if not mentioned)</b></p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>1. Not enough milk</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>2. Nipple / breast problem</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>3. Sourness of the baby's mouth</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>4. Mother ill / weak</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>5. Child ill / weak</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>6. Mother working</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>7. Child refused</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>8. Weaning age</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>9. Become pregnant</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>10. Started using contraception</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>11. Other (specify) _____</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>66. Not applicable</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	1. Not enough milk	1	2	2. Nipple / breast problem	1	2	3. Sourness of the baby's mouth	1	2	4. Mother ill / weak	1	2	5. Child ill / weak	1	2	6. Mother working	1	2	7. Child refused	1	2	8. Weaning age	1	2	9. Become pregnant	1	2	10. Started using contraception	1	2	11. Other (specify) _____	1	2	66. Not applicable	1	2	
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227	<p><b>(This question is only for a child older than 6 months of age, never breast fed at all or ceased breast feeding)</b></p> <p><b>See the response to 214</b></p> <p>How many times was the child fed mashed or pureed food or solid or semi-solid food yesterday during or at night?</p>	<p>Number of time _____</p> <table border="0"> <tr> <td>Don't know</td> <td style="text-align: center;">88</td> </tr> <tr> <td>Not applicable</td> <td style="text-align: center;">66</td> </tr> </table>	Don't know	88	Not applicable	66	<b>229</b>																																			
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228	<p>If you offered the child mashed or fluid food, what did you use to give the fluid foods with?</p>	<table border="0"> <tr> <td>Bottle nipple</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Spoon (cup)</td> <td style="text-align: center;">2</td> </tr> <tr> <td>By hand</td> <td style="text-align: center;">3</td> </tr> <tr> <td>Other (specify) _____</td> <td style="text-align: center;">4</td> </tr> </table>	Bottle nipple	1	Spoon (cup)	2	By hand	3	Other (specify) _____	4																																
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233	Were you able to execute your intention as you intended (planned) to feed your child?	Yes 1 No 2 Not applicable 66	237  237
234	If 'No' Why not? (Mention only one main reason)	.....	
235	Do you have any suggestion to any program (organization) how it could have supported you dealing with the challenges you faced in executing your infant feeding plan or choice? (Mention only one main important suggestion)	.....	
236	What support from health workers would assist you to better feed your infant? (Mention only one main important suggestion)	.....	
237	(This question is only for mothers intended to breastfeed their baby) <b>See the response to 230</b>  If it was your intention to breast feed your baby, how soon after birth was your intention (plan) to put the child to the breast for the first time? (If less than one hour circle " 0 " if 1 hour up to 24 hours record hours, otherwise days)	Hours _____ Days _____ Immediately 0 Don't Know 88 Not applicable 66	
238	Who is the most important when making a decision on how you should feed your infant?	My father 1 My Husband/ Partner 2 My mother 3 My sister 4 My aunt 5 My self 6 Health Worker 7	

		Other (Specify) -----8	
239	Have you heard of voluntary HIV counseling and testing?	Yes 1 No 2	<b>301</b>
240	If yes, where did you get this information?  <b>(PROBE any more? More than one answer is possible Circle 1 if mentioned 2 if not mentioned)</b>	Yes No 1. Health worker/Facility 1 2 2. Mass media(radio, TV) 1 2 3. Friends (relatives) 1 2 4. Neighbors 1 2 5. Others( Specify) _____1 2	
241	Have you discussed about HIV testing with your partner/boy friend/husband?	Yes 1 No 2 No response 99	
242	I don't want to know the result, but have you ever had an HIV test?	Yes 1 No 2 No response 99	<b>250</b> <b>250</b>
243 a	If you ever had an HIV test, please do not tell me the result, but did you collect the result of your test?	Yes 1 No 2 No response 99	
243 b	When did you have your most recent HIV Test? <b>(Read choices Circle that applied)</b>	During the last pregnancy 1 Before the last pregnancy 2 Other(specify)_____ 3 No response 99	
244	Where did you undergo your recent HIV test?	Government Hospital 1 Government Health center 2 Private clinic 3 Government VCT center 4 Private VCT center 5 NGO VCT center 6 Others (specify)_____ 7 No response 99	

245	How much did you pay for your most recent HIV test?	Ethiopian Birr None 1 Don't know 88	
246	Did you receive any pretest counseling before you undertook your HIV test?	Yes 1 No 2 Don't know 88	
247	Did you receive any post- test counseling when you got your HIV test result?	Yes 1 No 2 Don't know 88	
248	Were you satisfied with the pre- test counseling you received?	Yes 1 No 2 Could have been better 3 No response 99	
249	Were you satisfied with the post test counseling you received?	Yes 1 No 2 Could have been better 3 No response 99	
250	By whom do you prefer to get VCT?	Physician (Doctor) 1 Nurse 2 Trained counselor 3 Religious leader 4 No need of counselor 5 Other(specify)_____ 6	
251	Which way do you prefer to obtain the HIV test result?	face to face 1 Telephone 2 Secretive letter 3 Relative 4 Partner 5 Others (specify)_____ 6 Don't known 88 No response 99	
252	If you test positive for HIV, would you tell any of the following individuals about your HIV test result?		

<b>(Read out options Circle all that apply)</b>		Yes	No	Not applicable	No response
1)	Your husband (spouse)	1	2	3	99
2)	Your children	1	2	3	99
3)	Your brother/s	1	2	3	99
4)	Your sister/s	1	2	3	99
5)	Your other relative/s	1	2	3	99
6)	Your friend/s	1	2	3	99
7)	Your landlord	1	2	3	99
8)	Your neighbor/s	1	2	3	99
9)	Your religious leader/s	1	2	3	99
10)	Your community leader/s	1	2	3	99
11)	Your employer/s	1	2	3	99
12)	Other (specify)_____	1	2	3	99

**SECTION III: KNOWLEDGE AND ATTITUDE TOWARDS VCT (PMTCT) AND**

**INFANT FEEDING OPTIONS**

No.	Questions	Coding categories	Skip to
301	Have you heard of a disease called HIV/AIDS?	Yes 1 No 2	<b>303</b>
302	From where did you hear about HIV/AIDS?  <b>(PROBE any more? More than one answer is possible Circle 1 if mentioned 2 if not mentioned)</b>	Yes No 1. Health worker/Facility 1 2 2. Mass media(radio, TV) 1 2 3. Friends (relatives) 1 2 4. Neighbors 1 2 5. Others( Specify) _____1 2	
303	<b>(Attitude to VCT):</b> 1. If you never had an HIV test, do you have any intention (plan) to be tested? <b>See the response to 242</b>	Yes 1 No 2 No response 99 Not applicable 66	
	2. If your sister, relative or friend was pregnant, would you advice her that it is good to be tested for	Yes 1 No 2	

	HIV?	No response	99	
	3. Would you recommend HIV testing to any one else?	Yes	1	
		No	2	
		No response	99	
304	If you don't have any intention (plan) to be tested, Why not?  <b>See the response to 303 NO.1</b>	I don't know where to get	1	
		I don't believe it will help	2	
		I trust my self and my partner	3	
		Afraid to ask my partner	4	
		Other _____	5	
		Don't know about it	88	
		Not applicable	66	
		No response	99	
305	<b>(Attitude to the feeding options):</b> If your sister or relative has told you that she became HIV positive:			
		Yes	No	No response
	1. Would you encourage her only to breast feed her baby?	1	2	99
	2. Would you encourage her not to breast feed at all?	1	2	99
	3. Would you try to support her to feed only formula or cow's milk to her baby?	1	2	99
	4. If you don't want to support her to feed her baby only formula or cow's milk, why not? <b>(PROBE any more?</b> <b>More than one answer is possible</b> <b>Circle 1 if mentioned</b> <b>2 if not mentioned)</b>		Yes	No
		1.Not breastfeeding at all is culturally unacceptable	1	2
		2.Expensive to purchase it for long time	1	2
		3.Getting fuel or cooking material is difficult	1	2
		4.Frequent feeding with cup is difficult	1	2
		5.Not breastfeeding leads to be suspected for HIV, stigma and discrimination	1	2

		6.Other (specify)_____ 1 2 99.No response 1 2	
	<b>(Knowledge on MTCT, AND PMTCT):</b>		
306	I am going to read out some statements about HIV/AIDS. For each statement, please tell me whether you think it is true or not		
	1. Condom use during sex with an HIV infected partner can prevent HIV transmission.	True 1 Not true 2 Don't know 88	
	2. Women with HIV infection can infect their babies with HIV during pregnancy.	True 1 Not true 2 Don't know 88	
	3. Women with HIV infection can infect their babies with HIV during labor.	True 1 Not true 2 Don't know 88	
	4. Women with HIV infection can not infect their babies with HIV through breastfeeding.	True 1 Not true 2 Don't know 88	
	5. There are medicines which HIV infected mothers can take during pregnancy to prevent transmission of HIV infection to their babies.	True 1 Not true 2 Don't know 88	
307	I am going to read out some statements about the importance of undergoing a voluntary HIV test for pregnant woman. Please tell me whether you think it is "Correct" or "Incorrect"		
	1. To find out her HIV status?	Correct 1 Incorrect 2 Don't know 88	

	2. To receive medicines to prevent her baby from being HIV positive.	Correct 1 Incorrect 2 Don't know 88	
	3. To decide on what to feed her baby to prevent the baby from being HIV positive.	Correct 1 Incorrect 2 Don't know 88	
	4. To discontinue pregnancy when she is HIV positive.	Correct 1 Incorrect 2 Don't know 88	
308	From where did you get information about MTCT of HIV?  <b>(• PROBE Any more?</b> <b>• More than one answer is possible</b> <b>• Circle 1 if mentioned,</b> <b>2 if not mentioned)</b>	Yes No 1. During HIV testing 1 2 2. During follow up antenatal visits 1 2 3. Post partum check 1 2 4. During child care visits 1 2 5. From mass media (radio, TV) 1 2 6. From friends (relatives) 1 2 7. Other specify _____ 1 2 88. Don't know 1 2 99. No response 1 2	
309	<b>(Knowledge on infant feeding options):</b> I am going to read out some statements about infant feeding. For each statement, please tell me whether you think it is true or not.		
	1. Feeding only breast milk is adequate to babies in the 1 <sup>st</sup> 6months for all women.	True 1 Not True 2 Don't know 88	
	. Breast milk prevents childhood illnesses.	True 1 Not True 2 Don't know 88	

	3. HIV infection can be transmitted from HIV infected mother to her baby through breast feeding.		True 1 Not True 2 Don't know 88	
	4. Feeding only formula or other food to babies is expensive than breast milk.		True 1 Not True 2 Don't know 88	
	5. Feeding only formula or other food to baby prevents transmission of HIV from an infected woman to her baby.		True 1 Not True 2 Don't know 88	
	6. Feeding infants breast milk and formula or other fluids is good for all babies in the 1 <sup>st</sup> 6 months.		True 1 Not True 2 Don't know 88	
	7. Giving both breast milk of the mother and complimentary food (other foods) starting the 6 <sup>th</sup> month is important for the healthy growth of all babies of HIV negative mothers.		True 1 Not True 2 Don't know 88	
	8. Giving both breast milk of the mother and complimentary food (other foods) starting the 6 <sup>th</sup> month will increase transmission of HIV from infected mother to her baby.		True 1 Not True 2 Don't know 88	
310	Where did you get the information about infant feedings?  <b>(• PROBE Any more?</b> <b>• More than one answer is possible</b> <b>• Circle 1 if mentioned,</b> <b>2 if not mentioned)</b>		Yes No 1. During HIV testing 1 2 2. During follow up antenatal visits 1 2 3. Post partum check 1 2 4. During well baby clinic visits 1 2 5. From mass media (radio,TV) 1 2 6. From friends (relatives) 1 2 7. Other specify _____ 1 2 88. Don't know 1 2 99. No response 1 2	

This is the end of the questionnaire. Thank you very much for taking time to answer these



greatly appreciate your help in responding to this study. The interview will take about 20 - 30 minutes. Would you be willing to participate?

If yes, proceed

If no, thank and stop here.

\_\_\_\_\_

(Signature of interviewer certifying that

respondent has given informed consent verbally)

**INTERVIEWER VISIT**

	Visit 1	Visit 2	Visit 3
Date			
Interviewer			
Result			

- ❖ **Result Codes:** Completed 1  
 Not at home 2  
 Refused 3  
 Partially completed 4  
 Other (specify)\_\_\_\_\_ 5

**CHECKED BY SUPERVISOR** – Name \_\_\_\_\_ Signature \_\_\_\_\_  
 Date \_\_\_\_\_

**008. INTERVIEWER'S: CODE** \_\_\_\_\_ **NAME** \_\_\_\_\_

**009. SUPERVISOR'S: CODE** \_\_\_\_\_ **NAME** \_\_\_\_\_

**010. DATE OF INTERVIEW:** \_\_\_\_ \ \_\_\_\_ \ \_\_\_\_  
 day month year

**Time of start of the interview:** \_\_\_\_\_ : \_\_\_\_\_  
 Hour Minute

**SECTION I: SOCIO-DEMOGRAPHIC AND ECONOMIC INFORMATION**

No.	Questions	Coding categories	Skip to
101	How old are you? (Probe for best estimate)	_____ Years	
102	What is the highest education level you	Unable to read & write	1

	completed?	Able to read & write Grade completed _____	2
103	What is your current marital status?	Single Married Divorced Widowed Separated	1 2 3 4 5
104	What is your religion?	Orthodox Protestant Catholic Muslim Other (describe) _____	1 2 3 4 5
105	What ethnic or linguistic group do you belong to?	Oromo Amhara Gurrage Dawro Janjero(Yem) Kefficho Others (describe) _____	1 2 3 4 5 6 7
106	What is your current occupation?	Unemployed Student Housewife House servant Daily laborer Merchant Government Employee Private employee Other (specify) _____	1 2 3 4 5 6 7 8 9
107	What is your total monthly family income (approximately)?	_____ Eth. Birr No income Don't know No response	1 88 99

108	How many live births have you had in your life?	_____ Live births No one 0	<b>110</b>
109	How many children do you have now ?	No of children _____	
110	What is the total number of the members of the household?	No of member of house hold _____	
111	Are you the head of the house hold?	Yes 1 No 2	<b>113</b>
112	What is your relation to the head of the household?	Wife (one only) 1 Wife (one among several) 2 daughter 3 house (maid ) servant 4 other (specify)_____ 5	
113	What is the main source of drinking water for the members of your household?	Pipe / tap 1 Open well / spring 2 Covered well /spring 3 River / pond 4 Rain water 5 Other(specify)_____ 6	

## SECTION II: PRACTICE / INTENTION TO VCT AND INFANT FEEDING

No.	Questions	Coding categories	Skip to
201	During this pregnancy, did you attend antenatal care in any health institution?	Yes 1 No 2 Don't know 88	<b>229</b> <b>229</b>
202	If you went for antenatal checkup for this pregnancy, at what gestation age?	Gestation age in month : _____ Don't know 88	
203	If you went for antenatal checkups for this pregnancy to which health institution did you go?	Governmental Hospital 1 Governmental Health Center 2 Governmental Clinic 3 Private Clinic 4 Other (specify)_____ 5	

204	How many times have you attended the antenatal care in that specific health facility?	No of antenatal visits (follow-ups)_____		
		Don't know	88	
205	During antenatal care visits, were you counseled about infant feeding?		Yes 1 No 2	<b>229</b>
206	What information (advice) on infant feeding was given to you during the antenatal visits? <b>(Read Choices Circle 1 if she was informed 2 if she was not informed )</b>		Yes No 1. About Breast feeding only 1 2 2.About bottle feeding 1 2 3.About supplementary feeding 1 2 4.About replacement feeding 1 2 5.Other (specify)_____ 1 2	
229	What have you intended to give (feed) your baby with in the first three days after delivery, before your white milk begins flowing regularly? <b>(• PROBE Any more? • More than one answer is possible • Circle 1 if mentioned, 2 if not mentioned)</b>		Yes No 1.The fluid that came from the breasts 1 2 2.Butter 1 2 3. Water & Sugar 1 2 4. Nothing fed 1 2 5. Other (specify) _____ 1 2	
230	What have you intended to feed (give) your child from birth up to 12 months after delivery? <b>(• Read choices • Circle 1 if it was planned 2 if it was not planned)</b>		Yes No DK 1. Water/tea 1 2 88 2. Water and sugar/salt 1 2 88 3. Breast milk 1 2 88 4. Powdered milk 1 2 88 5. Cow's milk 1 2 88 6. Porridge 1 2 88 7. Cereal based fluid 1 2 88 8. Adult food 1 2 88 9. Other _____ 1 2 88	
231	For the above foods, the foods you have intended to feed your child, at what age will the intended foods be given (started)?			DK 1. Water/tea at ___ day/s ___ month/s 88 2. Water and sugar/salt tea at ___ day/s ___ month/s 88 3. Breast milk at ___ day/s ___ month/s 88

		4. Powdered milk at ___ day/s ___ month/s 88 5. Cow's milk at ___ day/s ___ month/s 88 6. Porridge at ___ day/s ___ month/s 88 7. Cereal based fluid at ___ day/s ___ month/s 88 8. Adult food at ___ day/s ___ month/s 88 9. Other (specify at ___ day/s ___ month/s 88	
232	Up to what age have you intended to feed (give) your child the above foods (the intended foods)?  <b>(If less than one month record days, other wise months )</b>	DK 1. Water/tea up to ___ day/s ___ month/s 88 2. Water and sugar/salt up to ___ day/s ___ month/s 88 3. Breast milk up to ___ day/s ___ month/s 88 4. Powdered milk up to ___ day/s ___ month/s 88 5. Cow's milk up to ___ day/s ___ month/s 88 6. Porridge up to ___ day/s ___ month/s 88 7. Cereal based fluid up to ___ day/s ___ month/s 88 8. Adult food up to ___ day/s ___ month/s 88 9. Other(specify) _____ up to ___ day/s ___ month/s 88	
237	<b>(This question is only for mothers intended to breastfeed their baby)</b> <b>See the response to 230</b>  If you have intended to breast feed your baby, how soon after birth do you intend to put the child to the breast for the first time?  <b>(If less than one hour circle " 0 " if 1 hour up to 24 hours record hours, otherwise days)</b>	Hours _____ Days _____  Immediately 0 Don't Know 88 Not applicable 66	
238	Who is the most important when making a decision on how you should feed your infant?	My father 1 My Husband/ Partner 2 My mother 3 My sister 4 My aunt 5	

		My self 6 Health Worker 7 Other (Specify) -----8	
239	Have you heard of voluntary HIV counseling and testing?	Yes 1 No 2	<b>301</b>
240	If yes, where did you get this information? <b>(PROBE any more?</b> <b>More than one answer is possible</b> <b>Circle 1 if mentioned</b> <b>2 if not mentioned)</b>	Yes No 1. Health worker/Facility 1 2 2. Mass media(radio, TV) 1 2 3. Friends (relatives) 1 2 4. Neighbors 1 2 5. Others( Specify) _____1 2	
241	Have you discussed about HIV testing with your partner/boy friend/husband?	Yes 1 No 2 No response 99	
242	I don't want to know the result, but have you ever had an HIV test?	Yes 1 No 2 No response 99	<b>250</b> <b>250</b>
243 a	If you ever had an HIV test, please do not tell me the result, but did you collect the result of your test?	Yes 1 No 2 No response 99	
243 b	When did you have your most recent HIV Test? <b>(Read choices</b> <b>Circle that applied)</b>	During this pregnancy 1 During previous pregnancy 2 Other(specify)_____ 3 No response 99	
244	Where did you undergo your recent HIV test?	Government Hospital 1 Government Health center 2 Private clinic 3 Government VCT center 4 Private VCT center 5 NGO VCT center 6 Others (specify)_____ 7 No response 99	
245	How much did you pay for your most recent HIV test?	_____Ethiopian Birr None 1 Don't know 88	
246	Did you receive any pretest counseling	Yes 1	

	before you undertook your HIV test?		No	2	
			Don't know	88	
247	Did you receive any post- test counseling when you got your HIV test result?		Yes	1	
			No	2	
			Don't know	88	
248	Were you satisfied with the pre- test counseling you received?		Yes	1	
			No	2	
			Could have been better	3	
			No response	99	
249	Were you satisfied with the post test counseling you received?		Yes	1	
			No	2	
			Could have been better	3	
			No response	99	
250	By whom do you prefer to get VCT?		Physician (Doctor)	1	
			Nurse	2	
			Trained counselor	3	
			Religious leader	4	
			No need of counselor	5	
			Other(specify)_____	6	
251	Which way do you prefer to obtain the HIV test result?		face to face	1	
			Telephone	2	
			Secretive letter	3	
			Relative	4	
			Partner	5	
			Others (specify)_____	6	
			Don't known	88	
			No response	99	
252	If you test positive for HIV, would you tell any of the following individuals about your HIV test result? <b>(Read out options Circle all that apply)</b>				
	1) Your husband (spouse)	Yes	No	Not applicable	No response
	2) Your children	1	2	3	99
	3) Your brother/s	1	2	3	99
	4) Your sister/s	1	2	3	99

5)	Your other relative/s	1	2	3	99
6)	Your friend/s	1	2	3	99
7)	Your landlord	1	2	3	99
8)	Your neighbor/s	1	2	3	99
9)	Your religious leader/s	1	2	3	99
10)	Your community leader/s	1	2	3	99
11)	Your employer/s	1	2	3	99
12)	Other (specify)_____	1	2	3	99

### SECTION III: KNOWLEDGE AND ATTITUDE TOWARDS VCT (PMTCT) AND

#### INFANT FEEDING OPTIONS

No.	Questions	Coding categories	Skip to
301	Have you heard of a disease called HIV/AIDS?	Yes 1 No 2	<b>303</b>
302	From where did you hear about HIV/AIDS?  <b>(PROBE any more?)</b> <b>More than one answer is possible</b> <b>Circle 1 if mentioned</b> <b>2 if not mentioned)</b>	Yes No 1. Health worker/Facility 1 2 2. Mass media(radio, TV) 1 2 3. Friends (relatives) 1 2 4. Neighbors 1 2 5. Others( Specify) _____1 2	
303	<b>(Attitude to VCT):</b> 1. If you never had an HIV test, do you have any intention (plan) to be tested? <b>See the response to 242</b>	Yes 1 No 2 No response 99 Not applicable 66	
	2. If your sister, relative or friend was pregnant, would you advice her that it is good to be tested for HIV?	Yes 1 No 2 No response 99	
	3. Would you recommend HIV testing to any one else?	Yes 1	

		No 2 No response 99	
304	If you don't have any intention (plan) to be tested, Why not?  <b>See the response to 303 NO.1</b>	I don't know where to get 1 I don't believe it will help 2 I trust my self and my partner 3 Afraid to ask my partner 4 Other_____ 5 Don't know about it 88 Not applicable 66 No response 99	
305	<b>(Attitude to the feeding options):</b> If your sister or relative has told you that she became HIV positive:		
	1. Would you encourage her only to breast feed her baby?	Yes No No response 1 2 99	
	2. Would you encourage her not to breast feed at all?	1 2 99	
	3. Would you try to support her to feed only formula or cow's milk to her baby?	1 2 99	
	4. If you don't want to support her to feed her baby only formula or cow's milk, why not? <b>(PROBE any more? More than one answer is possible Circle 1 if mentioned 2 if not mentioned)</b>	Yes No 1. Not breastfeeding at all is culturally unacceptable 1 2 2. Expensive to purchase it for long time 1 2 3. Getting fuel or cooking material is difficult 1 2 4. Frequent feeding with cup is difficult 1 2 5. Not breastfeeding leads to be suspected for HIV, stigma and discrimination 1 2 6. Other (specify)_____ 1 2	

		99.No response	1	2	
306	<b>(Knowledge on MTCT, AND PMTCT):</b> I am going to read out some statements about HIV/AIDS. For each statement, please tell me whether you think it is true or not				
	1. Condom use during sex with an HIV infected partner can prevent HIV transmission.		True	1	
			Not true	2	
			Don't know	88	
	2. Women with HIV infection can infect their babies with HIV during pregnancy.		True	1	
			Not true	2	
			Don't know	88	
	3. Women with HIV infection can infect their babies with HIV during labor.		True	1	
			Not true	2	
			Don't know	88	
	4. Women with HIV infection can not infect their babies with HIV through breastfeeding.		True	1	
			Not true	2	
			Don't know	88	
	5. There are medicines which HIV infected mothers can take during pregnancy to prevent transmission of HIV infection to their babies.		True	1	
			Not true	2	
			Don't know	88	
307	I am going to read out some statements about the importance of undergoing a voluntary HIV test for pregnant woman. Please tell me whether you think it is "Correct" or "Incorrect"				
	1. To find out her HIV status?		Correct	1	
			Incorrect	2	
			Don't know	88	
	2. To receive medicines to prevent her baby from		Correct	1	

	being HIV positive.	Incorrect 2 Don't know 88																															
	3. To decide on what to feed her baby to prevent the baby from being HIV positive.	Correct 1 Incorrect 2 Don't know 88																															
	4. To discontinue pregnancy when she is HIV positive.	Correct 1 Incorrect 2 Don't know 88																															
308	From where did you get information about MTCT of HIV?  <b>(• PROBE Any more?</b> <b>• More than one answer is possible</b> <b>• Circle 1 if mentioned,</b> <b>2 if not mentioned)</b>	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>1. During HIV testing</td> <td>1</td> <td>2</td> </tr> <tr> <td>2. During follow up antenatal Visits</td> <td>1</td> <td>2</td> </tr> <tr> <td>3. Post partum check</td> <td>1</td> <td>2</td> </tr> <tr> <td>4. During child care visits</td> <td>1</td> <td>2</td> </tr> <tr> <td>5. From mass media (radio, TV)</td> <td>1</td> <td>2</td> </tr> <tr> <td>6. From friends (relatives)</td> <td>1</td> <td>2</td> </tr> <tr> <td>7. Other specify _____</td> <td>1</td> <td>2</td> </tr> <tr> <td>88. Don't know</td> <td>1</td> <td>2</td> </tr> <tr> <td>99. No response</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	1. During HIV testing	1	2	2. During follow up antenatal Visits	1	2	3. Post partum check	1	2	4. During child care visits	1	2	5. From mass media (radio, TV)	1	2	6. From friends (relatives)	1	2	7. Other specify _____	1	2	88. Don't know	1	2	99. No response	1	2	
	Yes	No																															
1. During HIV testing	1	2																															
2. During follow up antenatal Visits	1	2																															
3. Post partum check	1	2																															
4. During child care visits	1	2																															
5. From mass media (radio, TV)	1	2																															
6. From friends (relatives)	1	2																															
7. Other specify _____	1	2																															
88. Don't know	1	2																															
99. No response	1	2																															
309	<b>(Knowledge on infant feeding options):</b> I am going to read out some statements about infant feeding. For each statement, please tell me whether you think it is true or not.																																
	1. Feeding only breast milk is adequate to babies in the 1 <sup>st</sup> 6months for all women.	True 1 Not True 2 Don't know 88																															
	2. Breast milk prevents childhood illnesses.	True 1 Not True 2 Don't know 88																															
	3. HIV infection can be transmitted from HIV infected mother to her baby through breast feeding.	True 1 Not True 2 Don't know 88																															
	4. Feeding only formula or other food to babies is	True 1																															

	expensive than breast milk.	Not True 2 Don't know 88	
	5. Feeding only formula or other food to baby prevents transmission of HIV from an infected woman to her baby.	True 1 Not True 2 Don't know 88	
	6. Feeding infants breast milk and formula or other fluids is good for all babies in the 1 <sup>st</sup> 6 months.	True 1 Not True 2 Don't know 88	
	7. Giving both breast milk of the mother and complimentary food (other foods) starting the 6 <sup>th</sup> month is important for the healthy growth of all babies of HIV negative mothers.	True 1 Not True 2 Don't know 88	
	8. Giving both breast milk of the mother and complimentary food (other foods) starting the 6 <sup>th</sup> month will increase transmission of HIV from infected mother to her baby.	True 1 Not True 2 Don't know 88	
310	Where did you get the information about infant feedings?  <b>(• PROBE Any more?</b> <b>• More than one answer is possible</b> <b>• Circle 1 if mentioned,</b> <b>2 if not mentioned)</b>	Yes No 1. During HIV testing 1 2 2. During follow up antenatal visits 1 2 3. Post partum check 1 2 4. During well baby clinic visits 1 2 5. From mass media (radio,TV) 1 2 6. From friends (relatives) 1 2 7. Other specify _____ 1 2 88. Don't know 1 2 99. No response 1 2	

This is the end of the questionnaire. Thank you very much for taking time to answer these questions. We appreciate your help.

**Time of end of the interview:** \_\_\_\_\_ : \_\_\_\_\_  
**Hour Minute**

**Interviewer signature** \_\_\_\_\_

**Date** \_\_\_\_\_

## **Annex 6: INDEPTH INTERVIEW GUIDE**

**RESPONDENT:** HEALTH WORKERS WORKING IN THE VCT/PMTCT UNITS OF HEALTH INSTITUTIONS IN JIMMA TOWN, ETHIOPIA, NOV 2004.

**INTRODUCTION:** Good morning! I am Chernet Hailu, I came from Addis Ababa University. I am here today to interview health workers about PMTCT and infant feeding counseling service delivered in the health institutions of Jimma town. All comments, both positive and negative, are welcome. I would like to have many points of view. With your permission, I will use a tape recorder to ensure accuracy of the data collection. I would like to confirm that all your comments are confidential and will be used for research purpose only. Are you willing to participate in the interview? Thank you for your willingness.

### **SECTION I. IDENTIFICATION DATA**

Name of health Institution: \_\_\_\_\_

Date of interview: \_\_\_\_\_

Position of respondent: \_\_\_\_\_

### **SECTION II: INTERVIEW GUIDING QUESTIONS**

**Q1** What is your Profession?

- Professional Nurse
- Midwife
- Health officer
- Physician
- Other (please specify) \_\_\_\_\_

**Q2.** Where do you currently work?

- ANC
- Labor room
- Post partum ward
- VCT unit
- Well baby clinic



- Post-test     Yes     NO  
-At delivery     Yes     NO  
-Other \_\_\_\_\_

**Q10.** What are your sources of information on recent issues of HIV /AIDS particularly MTCT?

**Q11.** What are your sources of information on recent issues of infant feeding?

**Q12.** What do you think about the time (way) of transmission of HIV from infected mothers to her baby?

**Q13.** Would you mention the preventive measures of MTCT of HIV?

**Q14.** Would you describe the feeding options recommended to infants born to HIV positive woman?

**Q15.** During counseling, which of the feeding options you have included in your advice to an HIV positive mothers (pregnant or post natal)?

**Q16.** Why? (For all the feeding options included)

**Q17.** Is there any feeding option you think that you have not included in your advice of HIV positive mothers (Pregnant or post natal)?

**Q18.** Why? (For all the feeding options not included)

**Q19.** From your observation during counseling what are the feeding options commonly selected by HIV positive mothers of Jimma town?

**Q20.** What do you think about the factors, which have influenced their choice of the feeding options?

**Q21.** Out of the recommended feeding options do you have any special preference in your counseling for HIV positive women of Jimma town?

**Q22.** Why do you preferred it?

**Q23.** What do you think about the factors that affects adherence of mothers to the feeding options they planed or decided to use in Jimma town?

**Q24.** Do you have any follow-up mechanism to support HIV positive women to adhere in their feeding choice?

**Q25.** What challenges (constraints) have you faced in counseling mothers on feeding options?

- Related to -Work load
  - Number of trained staff
  - Turn over of staff
  - Resource in providing VCT/PMTCT service
  - Training

- Other

Q26. Do you have any suggestions on how the counseling on feeding options could be improved? If yes

describe them?

Q27. Is there any community support group (organization) for women who do not breast feed?

If yes mention them?

Q28. What do you think the reaction of the community to mothers who do not breast feed?

**Annex 7: በጅማ ከተማ ውስጥ ለሚኖሩ ከወሊድ በኋላ አንድ ዓመት ባልሞላው ጊዜ ውስጥ ላሉ እናቶች የልጅ አመጋገብና በፈቃደኝነት ላይ የተመሠረተ የኤች.አይ.ቪ. ምርመራን በተመለከተ የተዘጋጀ መጠይቅ**

**ክፍል 0: የመጠይቁ መለያ መረጃ**

- 001 የመጠይቁ መለያ ቁጥር .....
- 002 ክልል አሮሚያ
- 003 ከተማ ጅማ
- 004 ክፍተኛ ..... ቀበሌ .....
- 005 የቀጠና ቁጥር .....
- 006 የመስመር ቁጥር .....
- 007 የቤት ቁጥር .....

**መግቢያ፤**

ሰሜ..... ይባላል። በአዲስ አበባ ዩኒቨርሲቲ ህክምና ፋካሊቲ በሚገኘው

የህብረተሰብ ጤና ክፍል እየተካሄደ ላለው ጥናታዊ ዳሰሳ መረጃ ሰብሳቢ ነኝ። እናቶችን በፈቃደኝነት ላይ የተመሠረተ የኤች አይ.ቪ.ምርመራና የህፃን አመጋገብን እውቀት ፣ አመለካከትና ተግባርን በተመለከተ ቃለ መጠይቅ እያደረግን ሲሆን ፣ ዓላማውም ትክክለኛ የሆነ የህፃን አመጋገብን ለማጠናከርና ኤች.አይ.ቪን ከእናት ወደ ልጅ እንዳይተላለፍ ለመከላከል የሚያስችሉ ስልቶችን /አሠራሮችን/ ለመቀየስ የሚጠቅም መረጃ ለማግኘት ነው። ይህንን አላማ ለማሳካት ለተዘጋጁት ጥያቄዎች የሚሠጡን እውነተኛና በጣም ጠቃሚ ስለሆኑት መልስዎት በቅድሚያ ልናመሰግንዎት እንወዳለን።

**ሚስጥርን የመጠበቅና የፈቃደኝነት መግለጫ፡**

በቅድሚያ አንዳንድ ሰዎች ለመመለስ ሊያስቸግራቸው የሚችሉ በጣም የግል የሆኑ ጥያቄዎችን መጠይቁ ማካተቱንና የምንጠይቅዎ መሆኑን እንገልጻለን ። ሆኖም የሚሠጡን ማናቸውም ዓይነት መልሶችም በሚስጥር እንደሚያዙና ስምዎን ወይም የእርስዎን ማንነት የሚገልጽ ማናቸውም ዓይነት ነገር እንደማይፀፍ በጣም እንዲረዱልን እንፈልጋለን። ስለዚህ ስምዎ ከሰጡን መልሶች ጋር ፈጽሞ እንደማይያያዝና ለሐኪሞች ለነርሶችም ሆነ ለማንም ሰው ስምዎ ፈጽሞ ሊገለጽም ሆነ ሊታወቅ አይችልም። በመጠይቁ ወቅት መመለስ የማይፈልጉትን ማንኛውንም ዓይነት ጥያቄ መተው ወይም በማንኛውም ስዓት ማቋረጥ ይችላሉ። ነገር ግን ለጥያቄዎቹ የሚሠጡን የእርስዎ መልሶች እናቶች በዚህ ወቅት ያላቸውን የህፃን አመጋገብና በፈቃደኝነት ላይ የተመሠረተ የኤች.አይ.ቪ. ምርመራን በተመለከተ ያላቸውን አመለካከትና ልምዶች ይበልጥ መረዳት እንድንችል ይጠቅመናል። ስለሆነም በቅድሚያ ለሚያደርጉልን ትብብር ምስጋናችን ከልብ የመነጨ ነው። መጠይቁ ከ20 እስከ 30 ደቂቃ ሊወስድ ይችላል። በዚህ ጥናት ላይ መሳተፍ ይችላሉን?

⇒ መልሱ አዎ ከሆነ ወደ ሚቀጥለው አለፍ/ፈ

⇒ አልችልም ከሆነ አመስግኑ/ሽ መጠይቁን አቋርጧ/ጥ፡፡

.....  
 የተጠያቂዎን እናት ፍቃደኝነት  
 ለማረጋገጥ/ጠ የመረጃ ሰብሳቢዎ/ው ፊርማ

**የመረጃ ሰብሳቢዎ/ው ጉብኝት**

	ጉብኝት 1	ጉብኝት 2	ጉብኝት 3
ቀን			
መረጃ ሰብሳቢ			
ውጤት			

- ውጤት፡- የተጠናቀቀ 1  
 ተጠያቂው አልተገኘም 2  
 የተቃወመ 3  
 በከፊል ተመልሷል 4  
 ሌላ /ይገለጽ/ ..... 5

**ያረጋገጠው ተቆጣጣሪ፡-** ስም ..... ፊርማ ..... ቀን .....

008 የመረጃ ሰብሳቢው መለያ ቁጥር .....ስም .....

009 የተቆጣጣሪው መለያ ቁጥር .....ስም .....

010 መጠይቁ የተካሄደበት ...../...../.....

ቀን ወር ዓ/ም

መጠይቁ የተጀመረበት ሰዓት.....፡.....

ሰዓት ደቂቃ

**ክፍል 1 የግለሰቧ ማህበራዊና ኢኮኖሚያዊ ሁኔታ**

ተ.ቁ	ጥያቄዎች	መልስና ኮድ	አለፍ ወደ
101	እድሜዎ ስንት ነው? /በጣም የተሻለ ግምት ላይ ለመድረስ ጥረት ይደረግ፡፡ /	.....ዓመት	
102	ያጠናቀቁት ክፍተኛ የትምህርት ደረጃ ስንት ነው?	ማንበብና መጻፍ የማትችል 1 ማንበብና መጻፍ የምትችል 2 ያጠናቀቁት የትምህርት ደረጃ .....	
103	በአሁኑ ሰዓት የትዳር ሁኔታዎ እንዴት ነው?	ያላገባች 1 ያገባች 2	

		አግብታ የፈታች 3 በሞት የተለየ 4 የተለያዩ 5	
104	ሐይማኖትዎ ምንድን ነው?	አርቶዶክስ 1 ፕሮቴስታንት 2 ካቶሊክ 3 ሙስሊም 4 ሌላ /ይገለጹ/.....	
105	የየትኛው ብሔረሰብ አባል ናዎት ?	አሮሞ 1 አማራ 2 ጉራጌ 3 ዳውሮ 4 ጃንጃሮ /የም/ 5 ከፍቾ 6 ሌላ /ይገለጹ/ .....7	
106	በአሁኑ ጊዜ ሥራዎ ምንድን ነው?	ስራ አጥ 1 ተማሪ 2 የቤት እመቤት 3 የቤት ሠራተኛ 4 የቀን ተቀጣሪ 5 ነጋዴ 6 የመንግስት ሠራተኛ 7 የግል ድርጅት ሠራተኛ 8 ሌላ /ይገለጹ/..... 9	
107	አጠቃላይ የቤተሰብዎ የወር ገቢ ስንት ነው? /በግምት/	.....ኢት.ብር ምንም ገቢ የለንም 1 አላውቅም 88 መልስ የለም 99	
108	በህይወት ዘመንዎ ስንት ልጆች በህይወት ወልደዋል?	በሂወት የተወለዱ ህፃናት ብዛት /በቁጥር/..... ምንም አልወለድኩም 0	110
109	በአሁኑ ጊዜ ምን ያህል ልጆች በህይወት አለዎት?	አሁን በህይወት ያሉ ልጆች ብዛት /በቁጥር/.....	
110	የቤተሰቡ አባላት ብዛት ምን ያህል ነው?	የቤተሰብ አባላት ብዛት /በቁጥር/.....	
111	እርስዎ የቤተሰቡ ኃላፊ ነዎትን?	አዎ 1	113

		አይደለም 2	
112	ከቤተሰቡ ኃላፊ ጋር ያለዎት ግንኙነት ምንድነው?	ማስት /አንድ ብቻ/ 1 ማስት /አንድ ከብዙዎች መካከል/ 2 የቤት ልጅ 3 የቤት ሠራተኛ 4 ሌላ /ይገለጹ/..... 5	
113	የቤተሰቡ አባላት የሚጠቀሙበት ዋነኛው የመጠጥ ውሃ አይነት /ምንጭ/ ምንድነው?	የቧንቧ ውሃ 1 ክዳን የሌለው ጉድጓድ /ምንጭ/ ውሃ 2 የወንዝ /የኩሬ/ ውሃ 4 የዝናብ ውሃ 5 ሌላ /ይገለጹ/..... 6	

**ክፍል 2 :- በፈቃደኝነት ላይ የተመሠረተ የኤች. አይ. ቪ. ምርመራ ተጠቃሚነትና የህፃን አመጋገብ ልምድ መረጃ**

ተ.ቁ	ጥያቄዎች	መልስና ኮድ	አለፍ ወደ
201	በመጨረሻው የእርግዝና ጊዜዎ በጤና ድርጅቶች ውስጥ የነፍሰጡር ምርመራ ክትትል አድርገው ነበርን?	አዎ 1 አላደረሁም 2 ስለምርመራው አላውቅም 88	207 207
202	የመጨረሻውን ልጅ አርግዘው እያሉ የነፍሰጡር ምርመራ ተከታትለው ከነበር በስንተኛው የእርግዝና ወር ላይ ሄዱ ?	የእርግዝና ወር ..... እሳሰታውስም 88	
203	የመጨረሻውን ልጅ አርግዘው እያሉ ለነፍሰ ጡር ምርመራ ሄደው ከነበር በየትኛው የጤና ድርጅት ክትትል አደረጉ?	በመንግስት ሆስፒታል 1 በመንግስት ጤና ጣቢያ 2 በመንግስት ክሊኒክ 3 በግል ክሊኒክ 4 ሌላ /ይገለጹ/ .....5	
204	የነፍሰ ጡር ምርመራ ባደረጉበት የጤና ድርጅት ውስጥ ስንት ጊዜያት ክትትል አድርገው ነበር?	የተከታተሉበት ጊዜያት ብዛት /በቁጥር/..... እሳሰታውስም 88	
205	በነፍሰ ጡር ምርመራ ክትትል ወቅት ስለህፃን አመጋገብ ምክር ተሰጥቶታል ነበርን?	አዎ 1 አልተሰጠኝም 2	207
206	ልጅ አመጋገብን በተመለከተ በየትኛው	አዎ አልተሰጠኝም	

	/በምን/ ርዕስ ላይ የጤና ትምህርት /ምክር/ ተሰጥቶት ነበር?  /ምርጫዎቹ ይነበቡላቸው:: በተመከሩት ትክክል 1 ባለተመከሩት ትክክል 2 ክብ ይደረግ::/	1.ስለ ጡት ማጥባት ብቻ 1 2 2.ስለ ጡጦ 1 2 3.ጡትን እያጠቡ በተጨማሪ ሌላ ስለመመገብ 1 2 4.ጡትን ሳይሰጡ ሌላ ስለመመገብ 1 2 5.ሌላ /ይገለጹ/..... 1 2	
207	የመጨረሻ ልጅዎን የወለዱት የት ነበር?	በመንግስት ሆስፒታል 1 በመንግስት ጤና ጣቢያ 2 በመንግስት ክሊኒክ 3 የግል ክሊኒክ 4 በቤቱ ውስጥ 5 ሌላ /ይገለጹ/ ..... 6	
208	የመጨረሻው ልጅዎን ያዋለደት ማን ነበር ?	የጤና ባለሙያ 1 የሰለጠነ የልምድ አዋላጅ 2 ያልሰለጠነ የልምድ አዋላጅ 3 ቤተ ዘመድ /ንደኛ ፣ ጎረቤት/ 4 ሌላ /ይገለጹ/ ..... 5	
209	የመጨረሻ የምጥ /የወሊድ/ ጊዜዎ ውጤት ምን ነበር?	በ.....ወሩ በሂወት የተወለደ ህፃን 1 በ .....ወሩ ሞቶ የተወለደ ህፃን 2	229
210	የመጨረሻው ልጅዎ አሁን በህይወት አለን?	አለ 1 የለም 2	212
211	የመጨረሻው ልጅዎ አሁን ዕድሜው ስንት ነው?	የልጁ ዕድሜ /በወር/ ..... /.....ቀን /	213
212	የመጨረሻው ልጅዎ በሞተበት ቀን ዕድሜው ስንት ነበር?	በሞተበት ቀን የልጁ እድሜ /በወር/..... /.....ቀን/	
213	ህፃኑ እንደተወለደ በሦስት ቀናት ውስጥ ማለትም የጡት ወተትዎ /ነጨ/ በደንብ ከመውጣቱ በፊት ለልጅዎ ምን ሰጡት /መገቡት/? /ደጋግሞ ከዚህ ሌላስ? በማለት ይጠየቅ:: በገለፁት ትክክል 1 ባልገለፁት ትክክል 2 ክብ ይደረግ/	አዎ አይደለም 1.ከጡቴ የሚወጣውን ፈሳሽ 1 2 2. ቅቤ 1 2 3. ውሃ በስኳር 1 2 4. ምንም አልሰጠሁትም 1 2 5. ሌላ /ይገለጹ/ .....1 2	
214	ከተወለደ ጀምሮ ለልጅዎ ምን ሰጡት?	አዎ አልሰጠሁ አላውቅም 1. ውሃ ወይም ሻይ 1 2 88 2. ውሃና ስኳር /ጨው/ 1 2 88	

	<p><b>/ምርጫዎቹ ይነበቡላቸው።</b></p> <p><b>በተሰጠው ትክክል 1</b></p> <p><b>ላልተሰጠው 2</b></p> <p><b>ክብ ይደረግ/</b></p>	<p>3. የጡት ወተት 1 2 88</p> <p>4. የዱቄት ወተት 1 2 88</p> <p>5. የላም ወተት 1 2 88</p> <p>6. ገንፎ 1 2 88</p> <p>7. የእህል ሙቅ 1 2 88</p> <p>8. የአዋቂ ምግብ 1 2 88</p> <p>9. ሌላ /ይገለጽ/_____ 1 2 88</p>	
215	<p>ህፃኑ እሳይ ከተዘረዘሩት ውስጥ ከአንድ አይነት በላይ ተሰጥቶት /ተመግቦ/ ከነበረ እያንዳንዳቸውን ከስንት ወሩ/ቀን) ዕድሜው ጀምሮ ሰጡት?</p> <p><b>/ከአንድ ወር በታች ከሆነ ቀናትን ከወር በላይ ከሆነ ወራትን ይመዝገቡ/</b></p>	<p style="text-align: right;"><b>አላውቅ</b></p> <p>1. ውሃ ወይም ሻይ ከ ___ ቀን ከ ___ ወሩ 88</p> <p>2. ውሃና ስኳር /ጨው/ ከ ___ ቀን ከ ___ ወሩ 88</p> <p>3. የጡት ወተት ከ ___ ቀን ከ ___ ወሩ 88</p> <p>4. የዱቄት ወተት ከ ___ ቀን ከ ___ ወሩ 88</p> <p>5. የላም ወተት ከ ___ ቀን ከ ___ ወሩ 88</p> <p>6. ገንፎ ከ ___ ቀን ከ ___ ወሩ 88</p> <p>7. የእህል ሙቅ ከ ___ ቀን ከ ___ ወሩ 88</p> <p>8. የአዋቂ ምግብ ከ ___ ቀን ከ ___ ወሩ 88</p> <p>9. ሌላ /ይገለጽ/_____ ከ ___ ቀን ከ ___ ወሩ 88</p>	
216	<p>በአጠቃላይ ከላይ የገለጹአቸውን ምግቦች እያንዳንዳቸውን ለህፃኑ እስከ ስንት ወሩ/ቀን/ ዕድሜው ድረስ ሰጡት /መገቡት/?</p> <p><b>/ከአንድ ወር በታች ከሆነ ቀናትን ከወር በላይ ከሆነ ወራትን ይመዝገቡ/</b></p>	<p style="text-align: right;"><b>አላውቅ</b></p> <p>1. ውሃ /ሻይ/ እስከ ___ ቀን እስከ ___ ወሩ 88</p> <p>2. ውሃ በስኳር /ጨው/ እስከ ___ ቀን እስከ ___ ወሩ 88</p> <p>3. የጡት ወተት እስከ ___ ቀን እስከ ___ ወሩ 88</p> <p>4. የዱቄት ወተት እስከ ___ ቀን እስከ ___ ወሩ 88</p> <p>5. የላም ወተት እስከ ___ ቀን እስከ ___ ወሩ 88</p> <p>6. ገንፎ እስከ ___ ቀን እስከ ___ ወሩ 88</p> <p>7. የእህል ሙቅ እስከ ___ ቀን እስከ ___ ወሩ 88</p> <p>8. የአዋቂ ምግብ እስከ ___ ቀን እስከ ___ ወሩ 88</p> <p>9. ሌላ /ይገለጽ/_____ እስከ ___ ቀን እስከ ___ ወሩ 88</p>	
217	<p>ልጅዎ ጡት ጠብቶ የሚያውቅ ከነበረ እንደተወለደ በስንት ጊዜው ጡት ማጥባት ጀመሩለት?</p>	<p>ሰዓታት _____</p> <p>ቀናት _____</p> <p style="text-align: right;">ወዲያውኑ 0</p>	

	<p>ከአንድ ሰዓት በታች ከሆነ 0 ክብ ይደረግ፣ ከ1 እስከ 24 ሰዓት ከሆነ ሰዓቱን ይመዝግቡ ከ24 ሰዓት በላይ ከሆነ ቀናቶችን ይመዝግቡ/</p>	<p>አላስታውስም 88 አይመለከታትም 66</p>	
	<p>ልጅ አሁን በህይወት የሌለ ከሆነ ግን በህይወት እያለ ጡት ጠብቶ የሚያውቅ ከነበረ ወደ ጥያቄ 223 አለፍ/ፊ ለ 210 እና 214 የተመለሰውን በማየት</p>		223
218	<p>(ለልጅዎ ከጡት ወተት ሌላ ላልመገበች እናት ) ለ 214 የተመለሰውን በማየት</p> <p>ልጅዎ ከእናት ጡት ወተት ሌላ ምንም ነገር ተመግቦ /ወስዶ/ የማያውቅ ከሆነ ተጨማሪ ምግብ መቼ ሊጀምሩለት /ሊሠጡት/ አሰቡ /አቀዱ/?</p>	<p>የልጅ ዕድሜ _____ ወር ሲሞላው</p> <p>አይመለከታትም 66</p>	
219	<p>የመጨረሻ ልጅዎን አሁንም ጡት እያጠቡት ነውን?</p>	<p>አዎ 1 አይደለም 2 /ማጥባት አቁሜአለሁ/</p>	223
220	<p>በትናንትናው ዕለት ፀሐይ ጠልቃ እስክትወጣ ድረስ ህፃኑን ስንት ጊዜ አጥብተውታል?</p>	<p>በሌሊት ህፃኑ የጠባበት ጊዜ ብዛት _____ አላውቅም 88</p>	
221	<p>በትናንትናው ዕለት ፀሐይ ወጥታ እስክትጠልቅ ድረስ ህፃኑን ስንት ጊዜ አጥብተውታል? /በቁጥር መልስ ካልተሰጠ ትክክለኛውን ቁጥር እንዲገምቱ ይደረግ። /</p>	<p>በቀን ህፃኑ የጠባበት ጊዜ ብዛት _____ አላውቅም 88</p>	
222	<p>ህፃኑን ጡት የሚያጠቡት በእንዴት አይነት ሁኔታ ነው? /ምርጫዎቹ ይነበብላቸው። በሚያጠቡበት ሁኔታ ትክክል 1 በማያጠቡበት ሁኔታ ትክክል 2 ክብ ይደረግ።/</p>	<p>አዎ አይደለም</p> <p>ለመጥባት ሲፈልግ 1 2 ሲያለቅስ 1 2 በፕሮግራም 1 2 እንዳመቸኝ 1 2 ጡቴ ሲሞላ 1 2</p>	

		ሌላ /ይገለጽ/ _____ 1	2	
223	የመጨረሻ ልጅዎን በአጠባብቅው ወቅት የጡት ማጥባት ችግሮች አጋጥሞዎት ያውቃልን?	አዎ አያውቅም አይመለከታትም	1 2 66	225 225
224	ያጋጠመዎት የጡት ማጥባት ችግር ምን ነበር? /ደጋግሞ ከዚህ ሌላስ? በማለት ይጠየቅ:: በገለፁት ትክክል 1 ባልገለፁት ትክክል 2 <b>ክብ ይደረግ/</b>	አዎ አይደለም 1. የጡት ወተት እጥረት 2. የጡት /የጡት ጫፍ/ ችግር 3. የልጁ አፍ መቁስል /ችግር/ 4. ሌላ /ይገለጽ/ _____	1 1 1 1	2 2 2 2
225	/ይህ ጥያቄ አሁን ልጄ ጡት በመጠባት ላይ ላልሆነ ወይም ጡት መጥባት ላቆመ ልጅ እናት ብቻ ነው/ <b>ለ 219 የተመለሰውን በማየት</b>  የመጨረሻ ልጅዎን ጡት ማጥባት ሙሉ በሙሉ ያቆሙበት መቼ ነው?	የልጁ ዕድሜ _____ ወር በሞላው ጊዜ  እስከሞተበት ቀን ድረስ አጥብቼዋለሁ  አይመለከታትም	77 66	229
226	/ይህ ጥያቄ አሁን ልጄ ጡት በመጥባት ላይ ላልሆነ ከነጭራሹ ጡት ላልጠባ ወይም ጡት መጥባት ላቆመ ልጅ እናት ብቻ ነው/ <b>ለ 214 እና 219 የተመለሰውን በማየት</b>  ለመጨረሻ ልጅዎ ጡት ማጥባት	አዎ አይደለም 1. የጡት ወተት እጥረት 2. የጡት /የጡት ጫፍ/ ችግር 3. የልጁ አፍ /መቁስል/ ችግር 4. የእናት ህመም 5. በህፃኑ ህመም 6. በእናት ሥራ 7. ህፃኑ እምቢ በማለቱ	1 1 1 1 1 1 1	2 2 2 2 2 2 2

	<p>ያቋረጡት ወይም ፈጸሞ ጡት ያላጠቡት ለምንድን ነው?</p> <p><b>/ደጋግሞ ከዚህ ሌላስ? በማለት ይጠየቅ::</b>  <b>በገለፁት-ትክክል 1</b>  <b>ባልገለፁት ትክክል 2</b>  <b><u>ክብ ይደረግ/</u></b></p>	<p>8. ተጨማሪ ምግብ  የሚወስድበት ጊዜ ስለደረሰ 1 2</p> <p>9. በእርግዝና ምክንያት 1 2</p> <p>10. የወሊድ መከላከያ ስለጀመርኩ 1 2</p> <p>11. ሌላ /ይገለጽ/ _____ 1 2</p> <p>66. አይመለከታትም 1 2</p>	
227	<p><b>/ይህ ጥያቄ የሚመለከተው ከጡት ወተት ሌላ ወይም ከጡት ወተት በተጨማሪ ሌላ ምግብ ለተጀመረለት (በመመገብ) ላይ ላለ ልጅ እናት ብቻ ነው::/</b></p> <p><b>ለ 214 የተመለሰውን በማየት</b></p> <p>በትላንትናው ዕለት /ቀንም ሆነ ሌሊት/ የመጨረሻውን ልጅዎን ስንት ጊዜ የተፈጨ /የደቀቀ/ ወይም ደረቅ ወይም ግማሽ ደረቅ ምግብ ተመግቧል?</p>	<p>የተመገበበት ብዛት _____</p> <p>አላስታውስም 88</p> <p>አይመለከታትም 66</p>	229
228	<p>ልጅዎን የመገቡት ፈሳሽ ወይም የተፈጨ ምግብ ከሆነ ለመመገቢያ የተጠቀሙበት ምንድነው?</p>	<p>ጡጦ 1</p> <p>ማንኪያ /ስኒ/ 2</p> <p>በእጅ 3</p> <p>ሌላ /ይገለጽ/ _____ 4</p>	
229	<p>የመውለጃ ጊዜዎ ከመድረሱ በፊት ልጅዎን በወለዱ በሦስት ቀናት ውስጥ ማለትም የጡት ወተትዎ /ነጨ/ በደንብ ከመውጣቱ በፊት ለልጅዎ ምን ሊሠጡት /ሊመግቡት/ አስበው /አቅደው/ ነበር?</p> <p><b>/ደጋግሞ ከዚህ ሌላስ? በማለት ይጠየቅ::</b>  <b>በገለፁት-ትክክል 1</b>  <b>ባልገለፁት ትክክል 2</b></p>	<p>አዎ አይደለም</p> <p>1. ከጡቴ የሚወጣውን ፈሳሽ 1 2</p> <p>2. ቅቤ 1 2</p> <p>3. ውሃ በሰኪር 1 2</p> <p>4. ምንም ላለመስጠት 1 2</p> <p>5. ሌላ /ይገለጽ/ .....1 2</p>	

	<b>ክብ ይደረግ/</b>		
230	<p>የምጥ ወይም የወሊድ ጊዜዎ ከመድረሱ በፊት ልጅዎን ከወለዱ በኋላ ከመጀመሪያው ቀን እስከ 12 ወር እድሜው ድረስ ምን ሊመግቡት አስበው /አቅደው/ ነበር ?</p> <p><b>/ምርጫዎቹ ይነበቡላቸው ::</b>  <b>ሊመግቡት ታቅዶ ከነበረ 1</b>  <b>ካልታቀደ /ካልታሰበ/ 2</b></p> <p><b>ክብ ይደረግ/</b></p>	<p style="text-align: right;"><b>አጋ አላቀድ አላውቅ</b></p> <ol style="list-style-type: none"> <li>1. ውሃ ወይም ሻይ 1 2 88</li> <li>2. ውሃና ስኳር /ጨው/ 1 2 88</li> <li>3. የጡት ወተት 1 2 88</li> <li>4. የዱቄት ወተት 1 2 88</li> <li>5. የላም ወተት 1 2 88</li> <li>6. ገንፎ 1 2 88</li> <li>7. የእህል ሙቅ 1 2 88</li> <li>8. የአዋቂ ምግብ 1 2 88</li> <li>9. ሌላ /ይገለጽ/ _____ 1 2 88</li> </ol>	
231	<p>ህፃኑን እላይ ከተዘረዘሩት ውስጥ ከአንድ አይነት በላይ ሊመግቡት አስበው /አቅደው/ ከነበረ ሊመግቡት ያሰቡትን እያንዳንዳቸውን ከስንት ወሩ/ቀን/ ዕድሜው ጀምሮ ሊሰጡት /ሊጀምሩለት/ አቅደው ነበር?</p> <p><b>/ከአንድ ወር በታች ከሆነ ቀናትን</b>  <b>ከወር በላይ ከሆነ ወራትን ይመዝግቡ/</b></p>	<p style="text-align: right;"><b>አላውቅ</b></p> <ol style="list-style-type: none"> <li>1. ውሃ ወይም ሻይ ከ ___ ቀን ከ ___ ወሩ 88</li> <li>2. ውሃና ስኳር /ጨው/ ከ ___ ቀን ከ ___ ወሩ 88</li> <li>3. የጡት ወተት ከ ___ ቀን ከ ___ ወሩ 88</li> <li>4. የዱቄት ወተት ከ ___ ቀን ከ ___ ወሩ 88</li> <li>5. የላም ወተት ከ ___ ቀን ከ ___ ወሩ 88</li> <li>6. ገንፎ ከ ___ ቀን ከ ___ ወሩ 88</li> <li>7. የእህል ሙቅ ከ ___ ቀን ከ ___ ወሩ 88</li> <li>8. የአዋቂ ምግብ ከ ___ ቀን ከ ___ ወሩ 88</li> <li>9. ሌላ /ይገለጽ/ _____  ከ ___ ቀን ከ ___ ወሩ 88</li> </ol>	
232	<p>በአጠቃላይ ከላይ የገለጹአቸውን /ሊመግቡት ያሰቡትን/ ምግቦች እያንዳንዳቸውን ለህፃኑ እስከ ስንት ወሩ/ቀን/ ዕድሜው ድረስ ሊሰጡት /ሊመግቡት/ አስበው ወይም አቅደው ነበር?</p> <p><b>/ ከአንድ ወር በታች ከሆነ ቀናትን ከወር በላይ ከሆነ ወራትን ይመዝግቡ/</b></p>	<p style="text-align: right;"><b>አላውቅ</b></p> <ol style="list-style-type: none"> <li>1. ውሃ /ሻይ/ እስከ ___ ቀን እስከ ___ ወሩ 88</li> <li>2. ውሃ በስኳር /ጨው/ እስከ ___ ቀን እስከ ___ ወሩ 88</li> <li>3. የጡት ወተት እስከ ___ ቀን እስከ ___ ወሩ 88</li> <li>4. የዱቄት ወተት እስከ ___ ቀን እስከ ___ ወሩ 88</li> <li>5. የላም ወተት እስከ ___ ቀን እስከ ___ ወሩ 88</li> <li>6. ገንፎ እስከ ___ ቀን እስከ ___ ወሩ 88</li> <li>7. የእህል ሙቅ እስከ ___ ቀን እስከ ___ ወሩ 88</li> <li>8. የአዋቂ ምግብ እስከ ___ ቀን እስከ ___ ወሩ 88</li> </ol>	

		9. ሌላ /ይገለጹ _____ እስከ ___ ቀን እስከ ___ ወሩ 88	
233	ልጅዎን ለመመገብ ያሰቡትን እንዳሰቡት /እንዳቀዱት/ መመገብ ችለዋልን?	አዎ 1 አልቻልኩም 2 አይመለከታትም 66	237  237
234	እንዳሰቡት /እንዳቀዱት/ ለመመገብ ካልቻሉ ለምን አልቻሉም? /አንድ ዋና ነው የሚሉትን ምክንያት ይግለጹ/	.....	
235	ልጅዎን እንዳሰቡት /እንዳቀዱት/ ለመመገብ እንዳይችሉ ያደረገዎትን ችግሮች በተሻለ መልኩ ለመፍታት እንድችሉ ሊደግፈኝ ይችላል ነበር ለሚሉት ማንኛውም ፕሮግራም /ድርጅት/ ሊሰጡት የሚፈልጉት አስተያየት /የመፍትሔ ሐሳቦች/ አለዎትን?/ከአለዎት አንድ በጣም አስፈላጊ ነው የሚሉትን ይግለጹ/	.....	
236	ልጅዎን በተሻለ ሁኔታ ለመመገብ እንዲችሉ ከጤና ባለሙያዎች ምን ዓይነት ድጋፍ ቢደረግልዎ ሊረዳዎት ይችላል? /ዋና ነው የሚሉትን አንድ ሃሳብ ይገለጹ/	.....	
237	<b>/ይህ ጥያቄ ልጄን ጡት ለማጥባት አቅዳ ለነበረች እናት ብቻ ነው።/</b> <b>ለ 230 የተመለሰውን በማየት</b>  ልጅዎን ለማጥባት አስበው /አቅደው/ ከነበረ እንደተወለደ በስንት ጊዜው ጡትዎን ሊሰጡት አስበው /አቅደው/ ነበር?  /ከአንድ ሰዓት በታች ከሆነ 0 ክብ ይደረግ ፣ ከ1 እስከ 24 ሰዓት ከሆነ ሰዓቱን ይመዝግቡ ከ24 ሰዓት በላይ ከሆነ ቀናቶችን ይመዝግቡ/	ሰአታት _____ ቀናት _____  ወዲያውኑ 0 አላስታውሰም 88 አይመለከታትም 66	

238	ልጅዎን እንዴት መመገብ እንዳለብዎትዎላኑ ሲያደርጉ በጣም የሚጠቅምዎት /ውሳኔ ለማድረግ ዋና ሚና ያለው/ ማን ነው? <b>/ምርጫዎቹ ይነበቡላቸው:: የመለሱት ክብ ይደረግ/</b>	አባቴ ባለቤቴ /ጓደኛዬ/ እናቴ እህቴ እክስቴ እራሴ ጤና ሙያተኛ ሌላ /ይገለጹ/ _____	1 2 3 4 5 6 7 8		
239	በፈቃደኝነት ላይ የተመሠረተ የኤች አይቪ ምክርና ምርመራን በተመለከተ ሰምተው ያውቃሉ?	አዎ ሰምቼ አላውቅም	1 2	301	
240	ሰምተው የሚያውቁ ከሆነ ከየት ስሙ?  <b>/ደጋግሞ ከዚህ ሌላስ? በማለት ይጠየቅ:: በገለፁት ትክክል 1 ባልገለፁት ትክክል 2 ክብ ይደረግ/</b>	አዎ አይደለም 1. ከጤና ባለሙያ /ድርጅት/ 2. ከብዙሐን መገናኛ /ከሪድዮ ፣ ቴሌ ቪዥን/ 3. ከጓደኛ /ከዘመድ / 4. ከጉረቤቶች 5. ሌላ /ይገለጹ/ _____	1 1 1 1 1	2 2 2 2 2	
241	ስለኤች አይቪ የደም ምርመራ ከባለቤትዎ ወይም ከጓደኛዎ ጋር ተመካክረው ያውቃሉ?	አዎ ተመክክሮ አላውቅም መልስ የለም	1 2 99		
242	የምርመራውን ውጤት ማወቅ አልፍልግም :: ግን ለ ኤች አይቪ የደም ምርመራ አስደርገው ያውቃሉ?	አዎ ተመርምሮ አላውቅም መልስ የለም	1 2 99	250 250	
243a	ለ ኤች አይቪ የደም ምርመራ አስደርገው የሚያውቁ ከሆነ/ እባክዎ የምርመራውን ውጤት ፈጽሞ አይንገሩኝ:: ግን የደም ምርመራውን ውጤት ለራስዎ አውቀዋል?	አዎ አላውቅም መልስ የለም	1 2 99		
243b	በቅርቡ ያሰሩት የኤች አይቪ ምርመራ መቺ ነበር? <b>/ምርጫዎቹ ይነበቡላቸው:: የመለሱት ክብ ይደረግ/</b>	በመጨረሻዎ የእርግዝና ጊዜ ከመጨረሻዎ የእርግዝና ጊዜ በፊት ሌላ /ይገለጹ/ _____ መልስ የለም	1 2 3 99		
244	በቅርቡ ያሰሩት የኤች አይቪ ምርመራ	የመንግስት ሆስፒታል	1		

	የት ተደረገ?	የመንግስት ጤና ጣቢያ 2 የግል ክሊኒክ 3 የመንግስት የኤች አይቪ ምክርና ምርመራ ተቋም 4 የግል የኤች አይቪ ምክርና ምርመራ ተቋም 5 የመንግስት ያልሆነ /NGO/ ተቋም 6 ሌላ /ይገለጽ/ _____ 7 መልስ የለም 99	
245	በቅርብ ላሰሩት የኤች አይቪ ምክርና ምርመራ ምን ያህል ከፈሉ?	_____ ኢት. ብር ምንም አልከፈልኩም 1 አላውቅም 88	
246	ለኤች አይቪ ምርመራ ደም ከመስጠት በፊት ቅድመ ምርመራ ምክር ተሰጥቶታል ነበር?	አዎ 1 አልተሰጠኝም 2 አላውቅም 88	
247	የኤች አይቪ ምርመራውን ውጤት ሲቀበሉ /ሲነገርዎት/ ከምርመራ በኋላ /የድህረ ምርመራ/ ምክር ተሰጥቶታል ነበር?	አዎ 1 አልተሰጠኝም 2 አላውቅም 88	
248	ከምርመራው በፊት በተሰጠዎት የኤች አይቪ ምርመራ የምክር አገልግሎት ረክተዋል?	አዎ 1 አልረካሁም 2 ሊሻሻል ይችላል ነበር 3 መልስ የለም 99	
249	ከምርመራው በኋላ በተሰጠዎት የኤች አይቪ ምርመራ የምክር አገልግሎት ረክተዋል?	አዎ 1 አልረካሁም 2 ሊሻሻል ይችላል ነበር 3 መልስ የለም 99	
250	ለኤች አይቪ የምክርና ምርመራ አገልግሎቱን የትኛው ባለሙያ ቢሰጥዎ ይመርጣሉ?  /ምርጫዎቹ ይነበቡላቸው:: የመለሱት ክብ ይደረግ/	ሐኪም /ዶክተር/ 1 ነረስ 2 የሰለጠነ ምክር ሰጪ 3 የሐይማኖት መሪ 4 ምክር ሰጪ አያስፈልግም 5 ሌላ /ይገለጽ/ _____ 6	
251	የኤች አይቪ ምርመራ ውጤትዎን ለመስማት በየትኛው መንገድ ቢሆን ይመርጣሉ?	ፊት ለፊት በመስማት 1 በስልክ 2 በሚስጥራዊ ደብዳቤ 3	

		በዘመድ በኩል	4	
	<b>/ምርጫዎቹ ይነበቡላቸው። የመለሱት ክብ ይደረግ/</b>	በትዳር ንደኛ በኩል	5	
		ሌላ /ይገለጽ/ _____	6	
		አላውቅም	88	
		መልስ የለም	99	
252	በደምዎ ውስጥ ኢች አይቪ ቢገኝ ከሚከተሉት ለየትኞቹ <u>ውጤቷን</u> ይነግራሉ? <b>/ ምርጫዎቹ ይነበቡላቸው። የመለሱት ሁሉ ክብ ይደረግ/</b>			
		<b>አዎ አይ</b>	<b>አይመለከትም</b>	<b>መ.የለም</b>
	1. የትዳር ንደኛ (የፍቅር ንደኛ)	1 2 3		99
	2. ለልጅ	1 2 3		99
	3. ለወንድም	1 2 3		99
	4. ለእህት	1 2 3		99
	5. ለሌላ ዘመድ	1 2 3		99
	6. ለንግድ	1 2 3		99
	7. ለቤት አከራይ	1 2 3		99
	8. <u>ለጉረቤት</u>	1 2 3		99
	9. ለሃይማኖት መሪ	1 2 3		99
	10. ለአካባቢ /ስፈር/ ሀላፊዎች	1 2 3		99
	11. ለሥራ ቀጣሪ	1 2 3		99
	12. ሌላ /ይገለጽ/ _____	1 2 3		99

**ክፍል 3 :- የህፃን አመጋገብና በፈቃደኝነት ላይ የተመሠረተ የኢች አይቪ ምርመራና ምክር አገልግሎት እውቀትና አመለካከት መረጃ**

ተ.ቁ	ጥያቄዎች	መልስና ኮድ	እለፍ ወደ
301	ኤች አይቪ /ኤድስ ስለተባለ በሽታ ሰምተው የውቃሉ?	አዎ ሰምቼ አላውቅም	1 2 303
302	ስለ ኢች አይቪ / ኤድስ ከየት ሰሙ?  /ደጋግሞ ከዚህ ሌላስ? በማለት ይጠየቅ። <b>በገለፁት ትክክል 1</b> <b>ባልገለፁት ትክክል 2</b> <b>ክብ ይደረግ/</b>	አዎ ይደለም  1. <u>ከጤና ባለሙያ /ድርጅት/</u> 2. ከብዙሐን መገናኛ /ከሪድዮ ፣ ቴሌ ቪዥን/ 3. ከንግድ /ከዘመድ / 4. <u>ከጉረቤቶች</u>	1 2 2 2 2

		5. ሌላ /ይገለጹ/ _____ 1 2	
303	<p><b>/በፈቃደኝነት ላይ የተመሠረተ የኤች. አይ.ቪ. ምርመራ የምክር አገልግሎት አመለካከት/-</b></p> <p>1. የኤች አይቪ ምርመራ አድርገው የማያውቁ ከሆነ ለመመርመር አስባለሁን /አቅደሁን/?</p> <p><b>ለ 242 የተመለሰውን በማየት</b></p>	<p>አዎ 1</p> <p>አላቀደኩም 2</p> <p>መልስ የለም 99</p> <p>አይመለከታትም 66</p>	
	2. እህትሽ፣ ዘመድሽ ወይም ጓደኛሽ ብታረግዝ የኤች አይቪ ደም ምርመራ ማድረግ ጥሩ እንደሆነ ይመክሩአታልን?	<p>እመክራታለሁ 1</p> <p>አልመክራትም 2</p> <p>መልስ የለም 99</p>	
	3. ሌሎች ወይም ማንኛውም ሰው የኤች አይቪ ደም ምርመራ ማሰራት እንዳለበት ይደግፋሉን?	<p>እደግፋለሁ 1</p> <p>አልደግፍም 2</p> <p>መልስ የለም 99</p>	
304	<p>የኤች አይቪ ምርመራ ለማስደረግ ካላሰቡ / ካላቀዱ/ ለምን አላሰቡም / አላቀዱም /?</p> <p><b>ለ 303 ቀጥር 1 የተመለሰውን በማየት</b></p>	<p>የት እንደሚደረግ ስለማላውቅ 1</p> <p>ጥቅም ስለሌለው 2</p> <p>በራሴና በጓደኛዬ ሥለምተማመን 3</p> <p>ጓደኛዬን ለመጠየቅ ስለፈራሁ 4</p> <p>ሌላ /ይገለጹ/_____ 5</p> <p>ስለምርመራው ስለማላውቅ 88</p> <p>አይመለከታትም 66</p> <p>መልስ የለም 99</p>	
305	<p><b>/ስለህፃን የምግብ ዓይነቶች ያለ አመለካከት/ እህትዎ ወይም ዘመድዎ ኤች አይ.ቪ. በደሚ እንደተገኘ ብትገልጹልዎ /በያውቁ/:</b></p>		

	1. ለልጁ ጠቷን ብቻ እንድታጠባ ያበረታቷታልን?	አዎ 1 አላበረታታም 2 መልስ የለም 99	
	2. ለልጁ ጠቷን ፈጽሞ እንዳታጠባ ያበረታቷታልን?	አዎ 1 አላበረታታም 2 መልስ የለም 99	
	3. ለልጁ የዱቄት ወይም የላም ወተት ብቻ እንድትመግብ ይረዷታልን ?	አዎ 1 አልረዷትም 2 መልስ የለም 99	306
	4. ልጄን የዱቄት ወተት ወይም የላም ወተት ብቻ እንድትመግብ የማይረዷት ከሆነ ለምን አይረዱአትም?  /ደጋግሞ ከዚህ ሌላስ? በማለት ይጠየቅ:: በገለፁት ትክክል 1 ባልገለፁት ትክክል 2 ክብ ይደረግ/	አዎ ይደረግም 1.ጠት ሙሉ በሙሉ አለማጥባት በባሕላችን ተቀባይነት ስለሌለው 1 2 2. ለረጅም ጊዜ ለመግዛት ውድ ስለሆነ 1 2 3. ለማብሰያ ነጻጅና እቃዎችን ማግኘት ሥለሚያስቸግር 1 2 4. በስኒ አሁንም አሁንም መመገብ ስለሚያስቸግር 1 2 5. አለማጥባት በኤች .አይ.ቪ እንደተያዘች መጠርጠርንና መገለልን ስለሚያስከትል 1 2 6. ሌላ /ይገለጽ/ _____ 1 2 99. መልስ የለም 1 2	
306	/የኤች.አይ.ቪን ከእናት ወደ ልጅ የመተላለፍን		

	<p><b>እና የመከላከልን እውቀት በተመለከተ/</b>  ከዚህ በመቀጠል ስለ ኤች. አይ.ቪ. ኤይድስ በሽታ መተላለፊያና መከላከያ መንገድን በተመለከተ አረፍተ ነገሮችን ሳነብልዎ እያንዳንዱ አረፍተ ነገር እውነት ወይም ሐሰት መሆኑን ይንገሩኝ።</p>		
	<p>1. በገብረ ስጋ ግንኙነት ጊዜ ኮንደም መጠቀም በኤች. አይ.ቪ. ከተያዘ ሰው ወደአልተያዘ ኤች አይ. ቪ እንዳይተላለፍ ሊከላከል ይችላል።</p>	<p>እውነት 1  ሐሰት 2  አላውቅም 88</p>	
	<p>2. በኤች አይ.ቪ. የተያዘች ሴት በእርግዝና ጊዜ ኤች.አይ.ቪን ወደ ጽንሱ ልታስተላልፍ ትችላለች።</p>	<p>እውነት 1  ሐሰት 2  አላውቅም 88</p>	
	<p>3. በኤች አይ.ቪ. የተያዘች ሴት በወሊድ ጊዜ ኤች.አይ. ቪን ወደ ህፃኗ ልታስተላልፍ ትችላለች።</p>	<p>እውነት 1  ሐሰት 2  አላውቅም 8</p>	
	<p>4. በኤች አይ.ቪ የተያዘች ሴት ጡቷን ስታጠባ ኤች አይ.ቪ ህፃኑን ሊይዘው አይችልም።</p>	<p>እውነት 1  ሐሰት 2  አላውቅም 88</p>	
	<p>5. በእርግዝና ጊዜ ኤች አይ.ቪ ከእናትየዋ ወደ ጽንሱ እንዳይተላለፍ ለመከላከል የሚችል መድሃኒት የለም።</p>	<p>እውነት 1  ሐሰት 2  አላውቅም 88</p>	
307	<p>ከዚህ በመቀጠል በፈቃደኝነት ላይ የተመሠረተ የኤች አይ.ቪ. ምርመራ ለነፍሰ ጡር ሴት ያለውን ጥቅም በተመለከተ አረፍተ ነገሮች ሳነብልዎ አረፈተ ነገሮቹ ትክክል ከሆኑ «ትክክል» ካልሆኑ «ትክክል አይደለም» በማለት ይመልሱ።</p> <p>1. በኤች አይ.ቪ. መያዝን ወይም አለመያዝን ለማወቅ።</p>	<p>ትክክል ነው 1  ትክክል አይደለም 2  አላውቅም 88</p>	

	2.ህፃኗ በኤች.አይ.ቪ እንዳይያዝ ለመከላከል መድኃኒት ለመውሰድ።	ትክክል ነው 1 ትክክል አይደለም 2 አላውቅም 88	
	3. ህፃኗ በኤች.አይ.ቪ እንዳይያዝ ምን መመገብ እንዳለባት ለመወሰን እንድትችል።	ትክክል ነው 1 ትክክል አይደለም 2 አላውቅም 88	
	4. በኤች.አይ.ቪ ከተያዘች ጽንሱን ማቋረጥ /ማስወጣት/ እንድትችል።	ትክክል ነው 1 ትክክል አይደለም 2 አላውቅም 88	
308	ስለ ኤች.አይ.ቪ ከእናት ወደልጅ መተላለፍ በተመለከተ ከየት ሰሙ?  /ከዚህ ሌላስ? በማለት ደግሞ ይጠየቅ። ከአንድ በላይ መልስ ሊኖር ይችላል። -የሰሙበትን በገለጹት ትክክል 1 ላልተገለጸው 2 ክብ ይደረግ/	አዎ አይደለም 1. በኤች አይቪ ምርመራ ወቅት 1 2 2. በነፍሰጡር ምርመራ ጊዜ 1 2 3. በድህረ ወሊዲ ምርመራ ጊዜ 1 2 4. በህፃን ምርመራ ጊዜ 1 2 5. ከብዙሃን መገናኛ 1 2 6. ከጓደኞች /ዘመድ/ 1 2 7. ሌላ /ይገለጹ/ _____ 1 2 88. አላውቅም 1 2 99. መልስ የለም 1 2	
309	/የህፃን አመጋገብ እውቀትን በተመለከተ/-  ከዚህ በመቀጠል ደግሞ የህፃን አመጋገብን በተመለከተ ስለማንብልዎ አረፍተ ነገሮች ትክክል ነው ብለው ካሰቡ «እውነት» ትክክል ካልሆነ «ሐሰት» በማለት ይመልሱ።		
	1. ማንኛውም እናት ልጇን በመጀመሪያወቹ 6 ወራት ውስጥ ጡቷን ብቻ ብትመግበው በቂ ነው።	እውነት 1 ሐሰት 2 አላውቅም 88	
	2.የእናት ጡት ወተት የህፃናት በሽታዎችን ይከላከላል።	እውነት 1 ሐሰት 2	

		አላውቅም 88	
	3. ኤች.አይ.ቪ ጡት በማጥባት በበሽታው ከተያዘች እናት ወደ ህፃኗ ሊተላለፍ ይላችል።	እውነት 1 ሐሰት 2 አላውቅም 8	
	4. ህፃናትን የዱቄት ወተት ወይም ሌሎች ምግቦች መመገብ ከእናት ጡት ወተት ይልቅ ዋጋቸው ውድ ነው።	እውነት 1 ሐሰት 2 አላውቅም 88	
	5. ህፃንን የዱቄት ወተት ወይም ከእናት ጡት ወተት በቀር ሌሎች ምግቦችን ብቻ መመገብ ኤች. አይ. ቪ በበሽታው ከተያዘች ሴት ወደ ህፃኗ እንዳይተላለፍ ለመከላከል ያስችላል።	እውነት 1 ሐሰት 2 አላውቅም 88	
	6. ለማንኛውም ህፃን ከእናቱ ጡት ወተት በተጨማሪ የዱቄት ወተት ወይም ሌሎች ምግቦችን /ፈሳሾችን/ በመጀመሪያው ስድስት ወራት ውስጥ መመገብ ጥሩ ነው።	እውነት 1 ሐሰት 2 አላውቅም 88	
	7. በኤች .አይ.ቪ ላልተያዘች እናት ህፃን ከ6 ወሩ ጀምሮ ጡት ወተት እና ሌሎች ተጨማሪ ምግቦችን መመገብ ጤናማ እድገት እንዲኖረው ይጠቅማል።	እውነት 1 ሐሰት 2 አላውቅም 88	
	8. በኤች .አይ.ቪ ላተያዘች እናት ህፃን ከ6 ወሩ ጀምሮ የእናቱን ጡት ወተት እና ሌሎች ተጨማሪ ምግቦችን መመገብ ኤች.አይ.ቪን ከእናትየዋ ወደ ህፃኑ የመተላለፍን መጠን ይጨምረዋል።	እውነት 1 ሐሰት 2 አላውቅም 88	
310	<p>ስለህፃን አመጋገብ መስማት /መረዳት/የቻሉ ከየት ነው?</p> <p><b>ከዚህ ሌላስ ? በማለት ደግሞ ይጠየቅ።</b></p> <p><b>-ከአንድ በላይ መልስ ሊኖር ይችላል።</b></p> <p><b>-የሰሙበትን በተገለጸው ትክክል 1 ላልተገለጸው 2 ክብ ይደረግ/</b></p>	<p>አዎ አይደለም</p> <p>1. በኤች አይቪ ምርመራ ወቅት 1 2</p> <p>2. በነፍሰጡር ምርመራ ጊዜ 1 2</p> <p>3. በድህረ ወሊዲ ምርመራ ጊዜ 1 2</p> <p>4. በህፃን ምርመራ ጊዜ 1 2</p> <p>5. ከብዙሃን መገናኛ 1 2</p> <p>6. ከጓደኞች /ዘመድ/ 1 2</p> <p>7. ሌላ /ይገለጽ/ _____ 1 2</p>	

		88. አላውቅም	1	2
		99. መልስ የለም	1	2

ይህ የመጠይቁ ማጠቃለያ ነው። ጊዜዎን መስዋት አድርገው ላደረጉልኝ ትብብር አመሰግናለሁ።

መጠይቁ ያለቀበት ሰዓት.....:.....

ሰዓት      ደቂቃ

የጠያቂ ፊርማ \_\_\_\_\_

ቀን \_\_\_\_\_

**Annex 8 : በጅም ከተማ ውስጥ ለሚኖሩ የነፍሰ ጡር እናቶች የልጅ አመጋገብና በፈቃደኝነት ላይ የተመሰረተ የኤች አይቪ ምርመራ በተመለከተ የተዘጋጀ መጠይቅ**

**ክፍል 0 የመጠይቁ መለያ መረጃ**

- 001 የመጠይቁ መለያ ቁጥር .....
- 002 ክልል አሮሚያ
- 003 ከተማ ጅም
- 004 ከፍተኛ ..... ቀበሌ .....
- 005 የቀጠና ቁጥር .....
- 006 የመስመር ቁጥር .....
- 007 የቤት ቁጥር .....

**መግቢያ፤**

ስሜ..... ይባላል። በአዲስ አበባ ዩኒቨርሲቲ ህክምና ፋካሊቲ በሚገኘው

የህብረተሰብ ጤና ክፍል እየተካሄደ ላለው ጥናታዊ ዳሰሳ መረጃ ሰብሳቢ ነኝ። እናቶችን በፈቃደኝነት ላይ የተመሰረተ የኤች አይቪ ምርመራና የህፃን አመጋገብን እውቀት ፣ አመለካከትና ተግባርን በተመለከተ ቃለ መጠይቅ እያደረግን ሲሆን ፣ ዓላማውም ትክክለኛ የሆነ የህፃን አመጋገብን ለማጠናከርና ኤች.አይቪ.ቪ ከእናት ወደ ልጅ እንዳይተላለፍ ለመከላከል የሚያስችሉ ስልቶችን /አሠራሮችን/ ለመቀየስ የሚጠቅም መረጃ ለማግኘት ነው። ይህንን አላማ ለማሳካት ለተዘጋጁት ጥያቄዎች የሚሠጡን እውነተኛና በጣም ጠቃሚ ስለሆኑት መልስዎት በቅድሚያ ልናመሰግንዎት እንወዳለን።

**ሚስጥርን የመጠበቅና የፈቃደኝነት መግለጫ፡**

በቅድሚያ አንዳንድ ሰዎች ለመመለስ ሊያስቸግራቸው የሚችሉ በጣም የግል የሆኑ ጥያቄዎችን መጠይቁ ማካተቱንና የምንጠይቅዎ መሆኑን እንገልጻለን ። ሆኖም የሚሠጡን ማናቸውም ዓይነት መልሶችም በሚስጥር እንደሚያዙና ስምዎን ወይም የእርስዎን ማንነት የሚገልጹ ማናቸውም ዓይነት ነገር እንደማይፀፍ በጣም እንዲረዱልን እንፈልጋለን። ስለዚህ ስምዎ ከሰጡን መልሶች ጋር ፈጽሞ እንደማይያያዝና ለሐኪሞች ለነርሶችም ሆነ ለማንም ሰው ስምዎ ፈጽሞ ሊገለጽም ሆነ ሊታወቅ አይችልም። በመጠይቁ ወቅት መመለስ የማይፈልጉትን ማንኛውንም ዓይነት ጥያቄ መተው ወይም በማንኛውም ሰዓት ማቋረጥ ይችላሉ። ነገር ግን ለጥያቄዎቹ የሚሠጡን የእርስዎ መልሶች እናቶች በዚህ ወቅት ያላቸውን የህፃን አመጋገብና በፈቃደኝነት ላይ የተመሰረተ የኤች.አይቪ. ምርመራን በተመለከተ ያላቸውን አመለካከትና ልምዶች ይበልጥ መረዳት

እንድንችል ይጠቅመናል። ስለሆነም በቅድሚያ ለሚያደርጉልን ትብብር ምስጋናችን ከልብ የመነጨ ነው። መጠይቁ ከ20 እስከ 30 ደቂቃ ሊወስድ ይችላል። በዚህ ጥናት ላይ መሳተፍ ይችላሉን?

- ⇒ መልሱ አዎ ከሆነ ወደ ሚቀጥለው እለፍ/ፊ
- ⇒ አልችልም ከሆነ አመስግኑ/ሽ መጠይቁን አቋርጧ/ጥ።

.....  
የተጠያቂዎን እናት ፍቃደኝነት  
ለማረጋገጥ/ጡ የመረጃ ሰብሳቢዎ/ው ፊርማ

**የመረጃ ሰብሳቢዎ/ው ጉብኝት**

	ጉብኝት 1	ጉብኝት 2	ጉብኝት 3
ቀን			
መረጃ ሰብሳቢ			
ውጤት			

- ውጤት:- የተጠናቀቀ 1  
 ተጠያቂው አልተገኘም 2  
 የተቃወመ 3  
 በከፊል ተመልሷል 4  
 ሌላ /ይገለጽ/ ..... 5

**ያረጋገጠው ተቆጣጣሪ:-** ስም ..... ፊርማ ..... ቀን .....

008 የመረጃ ሰብሳቢው መለያ ቁጥር .....ስም .....

009 የተቆጣጣሪው መለያ ቁጥር .....ስም .....

010 መጠይቁ የተካሄደበት ...../...../.....

ቀን      ወር      ዓ/ም

መጠይቁ የተጀመረበት ሰዓት.....:.....

ሰዓት      ደቂቃ

**ክፍል 1: የግለሰብ ማህበራዊና ኢኮኖሚያዊ ሁኔታ**

ተ.ቁ	ጥያቄዎች	መልስና ኮድ	እለፍ ወደ
101	እድሜዎ ስንት ነው? /በጣም የተሻለ ግምት ላይ ለመድረስ ጥረት ይደረግ። /	.....ዓመት	
102	ያጠናቀቁት ክፍተኛ የትምህርት ደረጃ ስንት ነው?	ማንበብና መጻፍ የማትችል 1 ማንበብና መጻፍ የምትችል 2	

		ያጠናቀቀችው የትምህርት ደረጃ .....	
103	በአሁኑ ሰዓት የትዳር ሁኔታዎ እንዴት ነው?	<p>ያላገባች 1</p> <p>ያገባች 2</p> <p>አግብታ የፈታች 3</p> <p>በሞት የተለየ 4</p> <p>የተለያዩ 5</p>	
104	ሐይማኖትዎ ምንድን ነው?	<p>ኦርቶዶክስ 1</p> <p>ፕሮቴስታንት 2</p> <p>ካቶሊክ 3</p> <p>ሙስሊም 4</p> <p>ሌላ /ይገለጹ/.....</p>	
105	የየትኛው ብሔረሰብ አባል ናዎት ?	<p>ኦሮሞ 1</p> <p>አማራ 2</p> <p>ጉራጌ 3</p> <p>ዳውሮ 4</p> <p>ጃንጃሮ /የም/ 5</p> <p>ከፍቾ 6</p> <p>ሌላ /ይገለጹ/ .....7</p>	
106	በአሁኑ ጊዜ ሥራዎ ምንድን ነው?	<p>ስራ አጥ 1</p> <p>ተማሪ 2</p> <p>የቤት እመቤት 3</p> <p>የቤት ሠራተኛ 4</p> <p>የቀን ተቀጣሪ 5</p> <p>ነጋዴ 6</p> <p>የመንግስት ሠራተኛ 7</p> <p>የግል ድርጅት ሠራተኛ 8</p> <p>ሌላ /ይገለጹ/..... 9</p>	
107	አጠቃላይ የቤተሰብዎ የወር ገቢ ስንት ነው? /በግምት/	<p>.....ኢት.ብር</p> <p>ምንም ገቢ የለንም 1</p> <p>አላውቅም 88</p> <p>መልስ የለም 99</p>	
108	በህይወት ዘመንዎ ስንት ልጆች በህይወት ወልደዋል?	<p>በሂወት የተወለዱ ህፃናት ብዛት /በቁጥር/.....</p> <p>ምንም አልወለድኩም 0</p>	110
109	በአሁኑ ጊዜ ምን ያህል ልጆች	አሁን በህይወት ያሉ ልጆች ብዛት /በቁጥር/.....	

	በህይወት አለዎት?		
110	የቤተሰቡ አባላት ብዛት ምን ያህል ነው?	የቤተሰብ አባላት ብዛት /በቁጥር/.....	
111	እርስዎ የቤተሰቡ ኃላፊ ነዎትን?	አዎ 1 አይደለሁም 2	113
112	ከቤተሰቡ ኃላፊ ጋር ያለዎት ግንኙነት ምንድነው?	ሚስት /አንድ ብቻ/ 1 ሚስት /አንድ ከብዙዎች መካከል/ 2 የቤት ልጅ 3 የቤት ሠራተኛ 4 ሌላ /ይገለጹ/..... 5	
113	የቤተሰቡ አባላት የሚጠቀሙበት ዋነኛው የመጠጥ ውሃ አይነት /ምንጭ/ ምንድነው?	የባንባ ውሃ 1 ክጻን የሌለው ጉድጓድ /ምንጭ/ ውሃ 2 የወንዝ /የኩሬ/ ውሃ 4 የዝናብ ውሃ 5 ሌላ /ይገለጹ/..... 6	

**ክፍል 2:- በፈቃደኝነት ላይ የተመሠረተ የኢች. አይ. ቪ. ምርመራ ተጠቃሚነትና የህፃን አመጋገብ ልምድ መረጃ**

ተ.ቁ	ጥያቄዎች	መልስና ኮድ	አለፍ ወደ
201	በዚህ የእርግዝና ጊዜዎ በጤና ድርጅቶች ውስጥ የነፍስ ጡር ምርመራ ክትትል አድርገው ነበርን?	አዎ 1 አላደረሱም 2 ስለምርመራው አላውቅም 88	229 229
202	በዚህ የርግዝና ጊዜዎ የነፍስጡር ምርመራ ተከታትለው ከነበር በስንተኛው የእርግዝና ወር ላይ ሄዱ ?	የእርግዝና ወር ..... አላስታውስም 88	
203	በዚህ የርግዝና ጊዜዎ ለነፍስ ጡር ምርመራ ሂደት ከነበር በየትኛው የጤና ድርጅት ክትትል አደረጉ?	በመንግስት ሆስፒታል 1 በመንግስት ጤና ጣቢያ 2 በመንግስት ክሊኒክ 3 በግል ክሊኒክ 4 ሌላ /ይገለጹ/ .....5	
204	በነፍስጡር ምርመራ ባደረጉበት የጤና ድርጅት ውስጥ ስንት ጊዜያት ክትትል አድርገው ነበር?	የተከታተሉበት ጊዜያት ብዛት /በቁጥር/..... አላስታውስም 88	

205	በነፍሰጡር ምርመራ ክትትል ወቅት ስለህፃን አመጋገብ ምክር ተሰጥቶታት ነበርን?	<p style="text-align: right;">አዎ 1 አልተሰጠኝም 2</p>	229
206	<p>ልጅ አመጋገብን በተመለከተ በየትኛው /በምን/ ርዕስ ላይ የጤና ትምህርት /ምክር/ ተሰጥቶት ነበር? /ምርጫዎቹ ይነበቡላቸው:: በተመከሩት ትክክል 1 ባለተመከሩት ትክክል 2 ክብ ይደረግ::/</p>	<p style="text-align: right;">አዎ አልተሰጠኝም</p> <p>1. ስለ ጡት ማጥባት ብቻ 1 2 2. ስለ ጡጦ 1 2 3. ጡትን እያጠቡ በተጨማሪ ሌላ ስለመመገብ 1 2 4. ጡትን ሳይሰጡ ሌላ ስለመመገብ 1 2 5. ሌላ /ይገለጹ/..... 1 2</p>	
229	<p>ልጅዎን ሲወልዱ በወለዱ በመጀሪያው በሦስት ቀናት ውስጥ ማለትም የጡት ወተትም /ነጨ/ በደንብ ከመውጣቱ በፊት ለልጅዎ ምን ሊሠጡት /ሊመግቡት/ አሰቡ /አቀዱ/?  /ደጋግሞ ከዚህ ሌላስ? በማለት ይጠየቅ:: በገለፁት ትክክል 1 ባልገለፁት ትክክል 2  ክብ ይደረግ/</p>	<p style="text-align: right;">አዎ አይደለም</p> <p>1. ከጡቴ የሚወጣውን ፈሳሽ 1 2 2. ቅቤ 1 2 3. ውሃ በሰኳር 1 2 4. ምንም ላለመስጠት 1 2 5. ሌላ /ይገለጹ/ .....1 2</p>	
230	<p>ልጅዎን ሲወልዱ ከወለዱ ከመጀመሪያው ቀን እስከ 12 ወር እድሜው ድረስ ምን ሊመግቡት አሰቡ /አቀዱ/?  /ምርጫዎቹ ይነበቡላቸው :: ሊመግቡት ከአሰቡ /ከአቀዱ/ 1 ካልታቀደ /ካልታሰበ/ 2 ክብ ይደረግ/</p>	<p style="text-align: right;">አዎ አላቀድ አላውቅ</p> <p>1. ውሃ ወይም ሻይ 1 2 88 2. ውሃና ስኳር /ጨው/ 1 2 88 3. የጡት ወተት 1 2 88 4. የዱቄት ወትት 1 2 88 5. የላም ወተት 1 2 88 6. ገንፎ 1 2 88 7. የእህል ሙቅ 1 2 88 8. የአዋቂ ምግብ 1 2 88 9. ሌላ /ይገለጹ/ _____ 1 2 88</p>	

231	<p>ህፃኑን እላይ ከተዘረዘሩት ውስጥ ከአንድ አይነት በላይ ሊመገቡት ከአሰቡ /ከአቀዱ/ ሊመገቡት ያሰቡትን እያንዳንዳቸውን ከስንት ወሩ/ቀን/ ዕድሜው ጀምሮ ሊስጡት/ሊጀምሩለት/ አቀዱ?</p> <p><b>ከአንድ ወር በታች ከሆነ ቀናትን ከወር በላይ ከሆነ ወራትን ይመዝገቡ/</b></p>	<p style="text-align: right;"><b>አላውቅ</b></p> <ol style="list-style-type: none"> <li>1. ውሃ ወይም ሻይ ከ ___ ቀን ከ ___ ወሩ 88</li> <li>2. ውሃና ስኳር /ጨው/ ከ ___ ቀን ከ ___ ወሩ 88</li> <li>3. የጡት ወተት ከ ___ ቀን ከ ___ ወሩ 88</li> <li>4. የዱቄት ወተት ከ ___ ቀን ከ ___ ወሩ 88</li> <li>5. የላም ወተት ከ ___ ቀን ከ ___ ወሩ 88</li> <li>6. ገንፎ ከ ___ ቀን ከ ___ ወሩ 88</li> <li>7. የእህል ሙቅ ከ ___ ቀን ከ ___ ወሩ 88</li> <li>8. የአዋቂ ምግብ ከ ___ ቀን ከ ___ ወሩ 88</li> <li>9. ሌላ /ይገለጽ/ _____ ከ ___ ቀን ከ ___ ወሩ 88</li> </ol>							
232	<p>በአጠቃላይ ከላይ የገለጹአቸውን /ሊመገቡት ያሰቡትን/ ምግቦች እያንዳንዳቸውን ለህፃኑ እስከ ስንት ወሩ/ቀን/ ዕድሜው ድረስ ሊሰጡት /ሊመገቡት/ አቀዱ?</p> <p><b>/ ከአንድ ወር በታች ከሆነ ቀናትን ከወር በላይ ከሆነ ወራትን ይመዝገቡ/</b></p>	<p style="text-align: right;"><b>አላውቅ</b></p> <ol style="list-style-type: none"> <li>1. ውሃ /ሻይ/ እስከ ___ ቀን እስከ ___ ወሩ 88</li> <li>2. ውሃ በስኳር /ጨው/ እስከ ___ ቀን እስከ ___ ወሩ 88</li> <li>3. የጡት ወተት እስከ ___ ቀን እስከ ___ ወሩ 88</li> <li>4. የዱቄት ወተት እስከ ___ ቀን እስከ ___ ወሩ 88</li> <li>5. የላም ወተት እስከ ___ ቀን እስከ ___ ወሩ 88</li> <li>6. ገንፎ እስከ ___ ቀን እስከ ___ ወሩ 88</li> <li>7. የእህል ሙቅ እስከ ___ ቀን እስከ ___ ወሩ 88</li> <li>8. የአዋቂ ምግብ እስከ ___ ቀን እስከ ___ ወሩ 88</li> <li>9. ሌላ /ይገለጽ/ _____ እስከ ___ ቀን እስከ ___ ወሩ 88</li> </ol>							
237	<p><b>/ይህ ጥያቄ ልጄን ጡት ለማጥባት ለአቀደኝ እናት ብቻ ነው::/</b></p> <p><b>ለ 230 የተመለሰውን በማየት</b></p> <p>ልጅዎን ለማጥባት ከአሰቡ /ከአቀዱ/ እንደተወለደ በስንት ጊዜው ጡትዎን ሊሰጡት አሰቡ /አቀዱ/?</p> <p><b>/ከአንድ ሰዓት በታች ከሆነ 0 ክብ ይደረገ ፣ ከ1 እስከ 24 ሰዓት ከሆነ ሰዓቱን ይመዝገቡ ከ24 ሰዓት በላይ ከሆነ ቀናቶችን ይመዝገቡ/</b></p>	<p>ሰአታት _____</p> <p>ቀናት _____</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">ወዲያውኑ</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: right;">አላስታውሰም</td> <td style="text-align: right;">88</td> </tr> <tr> <td style="text-align: right;">አይመለከታትም</td> <td style="text-align: right;">66</td> </tr> </table>	ወዲያውኑ	0	አላስታውሰም	88	አይመለከታትም	66	
ወዲያውኑ	0								
አላስታውሰም	88								
አይመለከታትም	66								

238	<p>ልጅዎን እንዴት መመገብ እንዳለብዎትዎላኑ ሲያደርጉ በጣም የሚጠቅምዎት /ውሳኔ ለማድረግ ዋና ሚና ያለው/ ማን ነው?</p> <p><b>/ምርጫዎቹ ይነበቡላቸው:: የመለሱት ክብ ይደረግ/</b></p>	<p>አባቴ 1</p> <p>ባለቤቴ /ጓደኛዬ/ 2</p> <p>እናቴ 3</p> <p>እህቴ 4</p> <p>አክሱቴ 5</p> <p>እራሴ 6</p> <p>ጤና ሙያተኛ 7</p> <p>ሌላ /ይገለጹ/ _____ 8</p>	
239	<p>በፈቃደኝነት ላይ የተመሠረተ የኤች አይቪ ምክርና ምርመራን በተመለከተ ሰምተው ያውቃሉ?</p>	<p>አዎ 1</p> <p>ሰምቼ አላውቅም 2</p>	301
240	<p>ሰምተው የሚያውቁ ከሆነ ከየት ስሙ?</p> <p><b>/ደጋግሞ ከዚህ ሌላስ? በማለት ይጠየቅ:: በገለፁት ትክክል 1 ባልገለፁት ትክክል 2 ክብ ይደረግ/</b></p>	<p>አዎ አይደለም</p> <p>1. ከጤና ባለሙያ /ድርጅት/ 1 2</p> <p>2. ከብዙሐን መገናኛ /ከሪድዮ ፣ ቴሌ ቪዥን/ 1 2</p> <p>3. ከጓደኛ /ከዘመድ / 1 2</p> <p>4. ከግራፊቶች 1 2</p> <p>5. ሌላ /ይገለጹ/ _____ 1 2</p>	
241	<p>ስለኤች አይቪ የደም ምርመራ ከባለቤትዎ ወይም ከጓደኛዎ ጋር ተመካክረው ያውቃሉ?</p>	<p>አዎ 1</p> <p>ተመካክሮ አላውቅም 2</p> <p>መልስ የለም 99</p>	
242	<p>የምርመራውን ውጤት ማወቅ አልፍልግም :: ግን ለ ኤች አይቪ የደም ምርመራ አስደርገው ያውቃሉ?</p>	<p>አዎ 1</p> <p>ተመርምሮ አላውቅም 2</p> <p>መልስ የለም 99</p>	250 250
243a	<p>ለ ኤች አይቪ የደም ምርመራ አስደርገው የሚያውቁ ከሆነ/ እባክዎ የምርመራውን ውጤት ፈጽሞ አይንገሩኝ:: ግን የደም ምርመራውን ለራስዎ አውቀዋልን?</p>	<p>አዎ 1</p> <p>አላውቅም 2</p> <p>መልስ የለም 99</p>	
243b	<p>በቅርቡ ያሰሩት የኤች አይቪ ምርመራ መቻ ነበር?</p> <p><b>/ምርጫዎቹ ይነበቡ:: መልስ የሆነው ክብ ይደረግ/</b></p>	<p>በዚህ የእርግዝና ጊዜ 1</p> <p>ከዚህ የእርግዝና ጊዜ በፊት 2</p> <p>ሌላ /ይገለጹ/ _____ 3</p> <p>መልስ የለም 99</p>	
244	<p>በቅርቡ ያሰሩት የኤች አይቪ ምርመራ የት ተደረገ?</p>	<p>የመንግስት ሆስፒታል 1</p> <p>የመንግስት ጤና ባቢያ 2</p>	

		የግል ክሊኒክ የመንግስት የኤች አይቪ ምክርና ምርመራ ተቋም የግል የኤች አይቪ ምክርና ምርመራ ተቋም የመንግስት ያልሆነ /NGO/ ተቋም ሌላ /ይገለጽ/ _____ መልስ የለም	3 4 5 6 7 99	
245	በቅርብ ላሰሩት የኤች አይቪ ምክርና ምርመራ ምን ያህል ከፊሉ?	_____ ኢት. ብር ምንም አልከፈልኩም አላውቅም	1 88	
246	ለኤች አይቪ ምርመራ ደም ከመስጠት በፊት ቅድመ ምርመራ ምክር ተሰጥቶታል ነበር?	አዎ አልተሰጠኝም አላውቅም	1 2 88	
247	የኤች አይቪ ምርመራውን ውጤት ሲቀበሉ /ሲነገርዎት/ ከምርመራ በኋላ /የድህረ ምርመራ/ ምክር ተሰጥቶታል ነበር? ?	አዎ አልተሰጠኝም አላውቅም	1 2 88	
248	ከምርመራው በፊት በተሰጠዎት የኤች አይቪ ምርመራ የምክር አገልግሎት ረክተዋል?	አዎ አልረካሁም ሊሻሻል ይችላል ነበር መልስ የለም	1 2 3 99	
249	ከምርመራው በኋላ በተሰጠዎት የኤች አይቪ ምርመራ የምክር አገልግሎት ረክተዋል?	አዎ አልረካሁም ሊሻሻል ይችላል ነበር መልስ የለም	1 2 3 99	
250	ለኤች አይቪ የምክርና ምርመራ አገልግሎቱን የትኛው ባለሙያ ቢሰጥዎ ይመርጣሉ?  /ምርጫዎቹ ይነበቡላቸው:: የመለሱት ክብ ይደረግ/	ሐኪም /ዶክተር/ ነረስ የሰለጠነ ምክር ሰጪ የሐይማኖት መሪ ምክር ሰጪ አያስፈልግም ሌላ /ይገለጽ/ _____	1 2 3 4 5 6	
251	የኤች አይቪ ምርመራ ውጤትዎን ለመስማት በየትኛው መንገድ ቢሆን ይመርጣሉ?	ፊት ለፊት በመስማት በስልክ በሚስጥራዊ ደብዳቤ በዘመድ በኩል	1 2 3 4	

	<b>/ምርጫዎቹ ይነበቡላቸው። የመለሱት ክብ ይደረግ/</b>	በትዳር ንደኛ በኩል	5	
		ሌላ /ይገለጽ/ _____	6	
		አላውቅም	88	
		መልስ የለም	99	
252	በደምዎ ውስጥ ኤች አይቪ ቢገኝ ከሚከተሉት ለየትኞቹ ውጤቷን ይነግራሉ? <b>/ ምርጫዎቹ ይነበቡላቸው። የመለሱት ሁሉ ክብ ይደረግ/</b>			
		<b>አዎ አይ አይመለከትም መ.የለም</b>		
	1. የትዳር ንደኛ (የፍቅር ንደኛ)	1 2 3	99	
	2. ለልጅ	1 2 3	99	
	3. ለወንድም	1 2 3	99	
	4. ለእህት	1 2 3	99	
	5. ለሌላ ዘመድ	1 2 3	99	
	6. ለንደኛ	1 2 3	99	
	7. ለቤት አከራይ	1 2 3	99	
	8. ለጉረቤት	1 2 3	99	
	9. ለሃይማኖት መሪ	1 2 3	99	
	10. ለአካባቢ /ሰፈር/ ሀላፊዎች	1 2 3	99	
	11. ለሥራ ቀጣሪ	1 2 3	99	
	12. ሌላ /ይገለጽ/ _____	1 2 3	99	

**ክፍል 3 ፡ የሀፃን አመጋገብና በፈቃደኝነት ላይ የተመሠረተ የኤች አይቪ ምርመራና ምክር አገልግሎት እውቀትና አመለካከት መረጃ**

ተ.ቁ	ጥያቄዎች	መልስና ኮድ	እለፍ ወደ
301	ኤች አይቪ /ኤድስ ስለተባለ በሽታ ሰምተው የውቃሉ?	አዎ ሰምቼ አላውቅም	1 2 303
302	ስለ ኤች አይቪ / ኤይድስ ከየት ሰሙ?  /ደጋግሞ ከዚህ ሌላስ? በማለት ይጠየቅ። በገለፁት ትክክል 1 ባልገለፁት ትክክል 2 ክብ ይደረግ/	አዎ ይደለም 1. ከጤና ባለሙያ /ድርጅት/ 2. ከብዙሐን መገናኛ /ከሪድዮ ፣ ቴሌ ቪዥን/ 3. ከንደኛ /ከዘመድ / 4. ከጉረቤቶቼ 5. ሌላ /ይገለጽ/ _____	1 2 1 2 1 2 1 2 1 2

303	<p><b>/በፈቃደኝነት ላይ የተመሠረተ የኤች. አይ.ቪ. ምርመራ የምክር አገልግሎት አመለካከት/-</b></p> <p>2. የኤች አይቪ ምርመራ አድርገው የማያውቁ ከሆነ ለመመርመር አስባለሁን /አቅደሁን/?</p> <p><b>ለ 242 የተመለሰውን በማየት</b></p>	<p>አዎ 1</p> <p>አላቀደኩም 2</p> <p>መልስ የለም 99</p> <p>አይመለከታትም 66</p>	
	<p>2. እህትሽ፣ ዘመድሽ ወይም ንደኛሽ ብታረግዝ የኤች አይቪ ደም ምርመራ ማድረግ ጥሩ እንደሆነ ይመክሩአታልን?</p>	<p>እመክራታለሁ 1</p> <p>አልመክራትም 2</p> <p>መልስ የለም 99</p>	
	<p>3. ልሎች ወይም ማንኛውም ሰው የኤች አይቪ ደም ምርመራ ማሰራት እንዳለበት ይደግፋሉን?</p>	<p>እደግፋለሁ 1</p> <p>አልደግፍም 2</p> <p>መልስ የለም 99</p>	
304	<p>የኤች አይቪ ምርመራ ለማስደረግ ካላሰቡ / ካላቀዱ/ ለምን አላሰቡም / አላቀዱም /?</p> <p><b>ለ 303 ቀጥር 1 የተመለሰውን በማየት</b></p>	<p>የት እንደሚደረግ ስለማላውቅ 1</p> <p>ጥቅም ሰጠሁልኩ 2</p> <p>በራሴና በንደኛዬ ሥለምተማመን 3</p> <p>ንደኛዬን ለመጠየቅ ስለፈራሁ 4</p> <p>ሌላ /ይገለጹ/_____ 5</p> <p>ስለምርመራው ስለማላውቅ 88</p> <p>አይመለከታትም 66</p> <p>መልስ የለም 99</p>	
305	<p><b>/ስለህግን የምግብ ዓይነቶች ያለ አመለካከት/ እህትዎ ወይም ዘመድዎ ኤች አይቪ በደሚ እንደተገኘ ብትገልጽልዎ /ቢያውቁ/:</b></p> <p>1. ለልጄ ጡቷን ብቻ እንድታጠባ</p>	<p>አዎ 1</p>	

	ያበረታታታልን?	አሳበረታታም መልስ የለም	2 99	
	2. ለልጄ ጠቷን ፈጽሞ እንዳታጠባ ያበረታታታልን?	አዎ አሳበረታታም መልስ የለም	1 2 99	
	3. ለልጄ የዱቄት ወይም የላም ወተት ብቻ እንድትመግብ ይረዷታልን ?	አዎ አልረዳትም መልስ የለም	1 2 99	306
	4. ልጄን የዱቄት ወተት ወይም የላም ወተት ብቻ እንድትመግብ የማይረዷት ከሆነ ለምን አይረዱአትም?  /ደጋግሞ ከዚህ ሌላስ? በማለት ይጠየቅ:: በገለፁት ትክክል 1 ባልገለፁት ትክክል 2 ክብ ይደረግ/	አዎ ይደለም 1.ጠት ሙሉ በሙሉ አለማጥባት በባሕላችን ተቀባይነት ስለሌለው 2. ለረጅም ጊዜ ለመግዛት ውድ ስለሆነ 3. ለማብሰያ ነዳጅና እቃዎችን ማግኘት ሥለሚያስቸግር 4. በስኒ አሁንም አሁንም መመገብ ስለሚያስቸግር 5. አለማጥባት በኤች አይ.ቪ እንደተያዘች መጠርጠርንና መገለልን ስለሚያስከትል 6. ሌላ /ይገለጽ/ _____ 99. መልስ የለም	1 2 1 2 1 2 1 2 1 2	
306	/የኤች.አይ.ቪን ከእናት ወደ ልጅ መተላለፍን እና የመከላከልን እውቀት በተመለከተ/ ከዚህ በመቀጠል ስለ ኤች. አይ.ቪ ኤይድስ በሽታ መተላለፊያና መከላከያ መንገድን በተመለከተ አረፍተ ነገሮችን ሳነብልዎ እያንዳንዱ አረፍተ ነገር እውነት ወይም ሐሰት መሆኑን ይንገሩኝ::			

	1. በገብረ ስጋ ግንኙነት ጊዜ ኮንዶም መጠቀም በኤች. አይ.ቪ. ከተያዘ ሰው ወደአልተያዘ ኤች አይ. ቪ እንዳይተላለፍ ሊከላከል ይችላል።	እውነት ሐሰት አላውቅም	1 2 88
	2. በኤች አይ.ቪ. የተያዘች ሴት በእርግዝና ጊዜ ኤች.አይ.ቪን ወደ ጽንሱ ልታስተላልፍ ትችላለች።	እውነት ሐሰት አላውቅም	1 2 88
	3. በኤች አይ.ቪ. የተያዘች ሴት በወሊድ ጊዜ ኤች.አይ. ቪን ወደ ህፃኗ ልታስተላልፍ ትችላለች።	እውነት ሐሰት አላውቅም	1 2 88
	4. በኤች አይ.ቪ የተያዘች ሴት ጡቷን ስታጠባ ኤች አይ.ቪ ህፃኑን ሊይዘው አይችልም።	እውነት ሐሰት አላውቅም	1 2 88
	5. በእርግዝና ጊዜ ኤች አይ.ቪ ከእናትየዋ ወደ ጽንሱ እንዳይተላለፍ ለመከላከል የሚችል መድሃኒት የለም።	እውነት ሐሰት አላውቅም	1 2 88
307	ከዚህ በመቀጠል በፈቃደኝነት ላይ የተመሠረተ የኤች አይ.ቪ ምርመራ ለነፍሱ ጡር ሴት ያለውን ጥቅም በተመለከተ አረፍተ ነገሮች ሳነበልዎ አረፈተ ነገሮቹ ትክክል ከሆኑ «ትክክል» ካልሆኑ «ትክክል አይደለም» በማለት ይመልሱ።		
	1. በኤች አይ.ቪ መያዝን ወይም አለመያዝን ለማወቅ።	ትክክል ነው ትክክል አይደለም አላውቅም	1 2 8
	2. ህፃኗ በኤች አይ.ቪ እንዳይያዝ ለመከላከል መድሃኒት ለመውሰድ።	ትክክል ነው ትክክል አይደለም አላውቅም	1 2 88
	3. ህፃኗ በኤች አይ.ቪ እንዳይያዝ ምን መመገብ እንዳለባት ለመወሰን እንድትችል።	ትክክል ነው ትክክል አይደለም አላውቅም	1 2 88
	4. በኤች አይ. ቪ ከተያዘች ጽንሱን ማቋረጥ	ትክክል ነው	1

	/ማስወጣት/ እንድትችሉ።	ትክክል አይደለም አላውቅም	2 88
308	ስለ ኤች .አይ.ቪ. ከእናት ወደልጅ መተላለፍ በተመለከተ ከየት ሰሙ?  /ከዚህ ሌላስ? በማለት ደግሞ ይጠየቅ። ከአንድ በላይ መልስ ሊኖር ይችላል። -የሰሙበትን በገለፁት ትክክል 1 ላልተገለፀው 2 ክብ ይደረግ/	አዎ አይደለም  1. በኤች አይቪ ምርመራ ወቅት 2. በነፍስጡር ምርመራ ጊዜ 3. በድህረ ወሊዲ ምርመራ ጊዜ 4. በህፃን ምርመራ ጊዜ 5. ከብዙሃን መገናኛ 6. ከጓደኞች /ዘመድ/ 7. ሌላ /ይገለጽ/ _____ 88. አላውቅም 99. መልስ የለም	2 አዎ አይደለም 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2
309	/የህፃን አመጋገብ እውቀትን በተመለከተ/-  ከዚህ በመቀጠል ደግሞ የህፃን አመጋገብን በተመለከተ ስለማንብልዎ አረፍተ ነገሮች ትክክል ነው ብለው ካሰቡ «እውነት» ትክክል ካልሆነ «ሐሰት» በማለት ይመልሱ።		
	1. ማንኛውም እናት ልጇን በመጀመሪያዎቹ 6 ወራት ውስጥ ጡቷን ብቻ ብትመግበው በቂ ነው።		እውነት 1 ሐሰት 2 አላውቅም 88
	2. የእናት ጡት ወተት የህፃናት በሽታዎችን ይከላከላል።		እውነት 1 ሐሰት 2 አላውቅም 88
	3. ኤች.አይ.ቪ ጡት በማጥባት በበሽታው ከተያዘች እናት ወደ ህፃኗ ሊተላለፍ ይላችል።		እውነት 1 ሐሰት 2 አላውቅም 8
	4. ህፃናትን የዱቄት ወተት ወይም ሌሎች		እውነት 1

	ምግቦች መመገብ ከእናት ጡት ወተት ይልቅ ዋጋቸው ውድ ነው።	ሐሰት 2 አላውቅም 88	
	5. ህፃንን የዱቄት ወተት ወይም ከእናት ጡት ወተት በቀር ሌሎች ምግቦችን ብቻ መመገብ <u>ኤች. አይ. ቪ</u> በበሽታው ከተያዘች ሴት ወደ ህጻኗ እንዳይተላለፍ ለመከላከል ያስችላል።	እውነት 1 ሐሰት 2 አላውቅም 88	
	6. ለማንኛውም ህፃን ከእናቱ ጡት ወተት በተጨማሪ የዱቄት ወተት ወይም ሌሎች ምግቦችን /ፊሳሾችን/ በመጀመሪያው ስድስት ወራት ውስጥ መመገብ ጥሩ ነው።	እውነት 1 ሐሰት 2 አላውቅም 88	
	7. በኤች .አይ.ቪ ላልተያዘች እናት ህፃን ከ6 ወሩ ጀምሮ ጡት ወተት እና ሌሎች ተጨማሪ ምግቦችን መመገብ ጤናማ እድገት እንዲኖረው ይጠቅማል።	እውነት 1 ሐሰት 2 አላውቅም 88	
	8. በኤች .አይ.ቪ. ላተያዘች እናት ህፃን ከ6 ወሩ ጀምሮ የእናቱን ጡት ወተት እና ሌሎች ተጨማሪ ምግቦችን መመገብ <u>ኤች.አይ.ቪን</u> ከእናትየዋ ወደ ህፃኑ የመተላለፍን መጠን ይጨምራል።	እውነት 1 ሐሰት 2 አላውቅም 88	
310	ስለህፃን አመጋገብ መስማት /መረዳት/የቻሉ ከየት ነው?  /ከዚህ ሌላስ ? በማለት ደግሞ ይጠየቅ።  -ከአንድ በላይ መልስ ሊኖር ይችላል። -የሰሙበትን በተገለጸው ትክክል 1 ላልተገለጸው 2 ክብ ይደረግ/	አዎ አይደለም  1. በኤች አይ.ቪ ምርመራ ወቅት 1 2 2. በነፍሰጡር ምርመራ ጊዜ 1 2 3. በድህረ ወሊዲ ምርመራ ጊዜ 1 2 4. በህፃን ምርመራ ጊዜ 1 2 5. ከብዙሃን መገናኛ 1 2 6. ከጓደኞች /ዘመድ/ 1 2 7. ሌላ /ይገለጽ/ _____ 1 2 88. አላውቅም 1 2	

		99. መልስ የለም	1	2	
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ይህ የመጠይቁ ማጠቃለያ ነው። ጊዜዎን መስዋት አድርገው ላደረጉልኝ ትብብር አመሰግናለሁ።

መጠይቁ ያለቀበት ሰዓት.....:.....

ሰዓት      ደቂቃ

የጠያቂ ፊርማ \_\_\_\_\_

ቀን \_\_\_\_\_

**Annex 9: በጅማ ከተማ ውስጥ ባሉ ጤና ድርጅቶች ውስጥ በፈቃደኝነት ላይ የተመሠረተ የኤች አይቪ ምርመራና ምክር ወይም ኤች አይቪ ከእናት ወደ ልጅ መተላለፍን ለመከላከል አገልግሎት በሚሰጡት ክፍሎች ውስጥ ለሚሠሩ ጤና ባለሙያዎች የተዘጋጀ መጠይቅ**

**መግቢያ**

ሥሜ ቸርነት ኃይሉ ይባላል። የመጣሁትም ከአዲስ አበባ ዮንቨርስቲ ነው። እዚህ የተገኘሁበትም የኤች አይቪ ከእናት ወደ ልጅ መተላለፍ ለመከላከል እና የህፃን አመጋገብ ምክር አገልግሎትን በጅማ ከተማ በሚገኙ ጤና ድርጅቶች ውስጥ በመስጠት ላይ ያሉ ጤና ሙያተኞችን ቃለ መጠይቅ ለማድረግ ነው። የጥናቱም አላማ ከላይ የተገለጡትን አገልግሎቶች በአገሪቷ ውስጥ ለማጠናከር የሚያስችሉ አስራሮችን /ስልቶችን/ ለመቀየስ የሚጠቅሙ መረጃዎችን ለማግኘት ነው። ስለዚህ የሚሠጡንን ማንኛውም አይነት

መልሶች እንቀበላለን። ከእርስዎ የምናገኛቸው መልሶች ለጥናቱ አላማ በጣም ስለሚጠቅሙን በትክክል መልስዎን መቀበላችንን ለማረጋገጥ እንዲረዳን ቴፕሬክርደር እጠቀማለሁ። ሆኖም የሚሠጡን መልሶች በሚስጥር የሚያዝና ለጥናቱ አላማ ብቻ የምንጠቀምበት እንደሆነና የተቀረፀው ንግግር ለማንም እንደማይሰጥና ስምዎም በመጠይቁ ስዓት ፈጽሞ እንደማይጠቀስ ልገልጽልዎ እወዳለሁ። በቃለ መጠይቁ ለመሳተፍ ፈቃደኛ ነዎትን? ስለፈቃደኛነትዎ አመሰግናለሁ።

**ክፍል 0:- የመጠይቁ መለያ መረጃ**

የጤና ድርጅቱ ስም \_\_\_\_\_  
 መጠይቁ የተካሄደበት ቀን \_\_\_\_\_  
 የተጠያቂው የሥራ ደረጃ \_\_\_\_\_

**ክፍል 1:- የቃለ መጠይቁ መሪ ጥያቄዎች**

1. ሙያዎት /ሥራዎት/ ምድነው ?

- ነርስ
- አዋላጅ ነርስ
- ጤና መኮንን
- ሐኪም
- ሌላ /ይገለጹ/ \_\_\_\_\_

2. በአሁኑ ወቅት የሚሰሩት የት ክፍል ነው ?

- የነፍስጡር ምርመራ ክፍል
- ማዋለጃ ክፍል
- ከወሊድ በኋላ እናቶች የሚተኙበት ክፍል
- በፈቃደኝነት ላይ የተመሠረተ የኤች አይቪ ምርመራና ምክር መስጫያ ክፍል
- ሌላ /ይገለጹ/ \_\_\_\_\_

3. ለእናቶች ስለ ልጅ አመጋገብ አይነቶች ምክር መሰጠትን በተመለከተ ሥልጠና ወሰደው የውቃሉ?

- አዎ
- አልወሰድኩም( ወደ ጥያቄ 7 እለፍ)

4. ሥልጠና ወሰደው የሚያውቁ ከሆነ መቼ ስጠናውን ወስዱ?

ከስራ በፊት በነበራቸው የሙያ ስልጠና ወቅት

ስራ ከጀመሩ በኋላ በስራ ላይ እያሉ

5. ከስልጠናው በኋላ ለእናቶች የልጅ አመጋገብ አይነቶችን በተመለከተ ምክር ለመስጠት ስልጠናው በበቂ ሁኔታ አዘጋጅቶታልን ?

አዎ ( ወደ ጥያቄ 7 እለፍ)

አላዘጋጀኝም

6. ስጠናው በበቂ ሁኔታ ካላዘጋጀዎት ስልጠናው የነበረበት ድክመቶች/weaknesses/ ምን ነበሩ?

- ሕፃን አመጋገብ ለሚለው ርዕስ የተመደበው ስዓት

አዎ ይገለጽ \_\_\_\_\_

አይደለም ይገለጽ \_\_\_\_\_

- በርዕሱ ስር የተካተቱት ፍሬ ነገሮች /Content/

አዎ ይገለጽ \_\_\_\_\_

አይደለም ይገለጽ \_\_\_\_\_

- ሥልጠናው የተጠቀመበት ማስተማር ዘዴዎች

አዎ ይገለጽ \_\_\_\_\_

አይደለም ይገለጽ \_\_\_\_\_

- ሌላ /ይገለጽ/

7. በስራ ስዓት በቀን ለምን ያህል ሴቶች ቅድመ ኤች አይቪ ምርመራ የምክር አገልግሎት ሰጥተው ያውቃሉ /በግምት/ ?

\_\_\_\_\_ /በቀን (የቡድን የምክር አገልግሎት)?

\_\_\_\_\_ /በቀን (የግል የምክር አገልግሎት)?

8. በስራ ስዓት በቀን ለምን ያህል ኤች አይ ቪ በደማቸው ለተገኘባቸው እናቶች ድህረ ምርመራ የምክር አገልግሎት ሰጥተው ያውቃሉ /በግምት/?

\_\_\_\_\_ / በቀን \_\_\_\_\_ / በሳምንት ወይም \_\_\_\_\_ / በወር

9. ከእናቶች ጋር ልጅ አመጋገብን በተመለከተ የምትወያዩት መቼ ነው?

- በቅድመ ምርመራ አዎ አይደለም

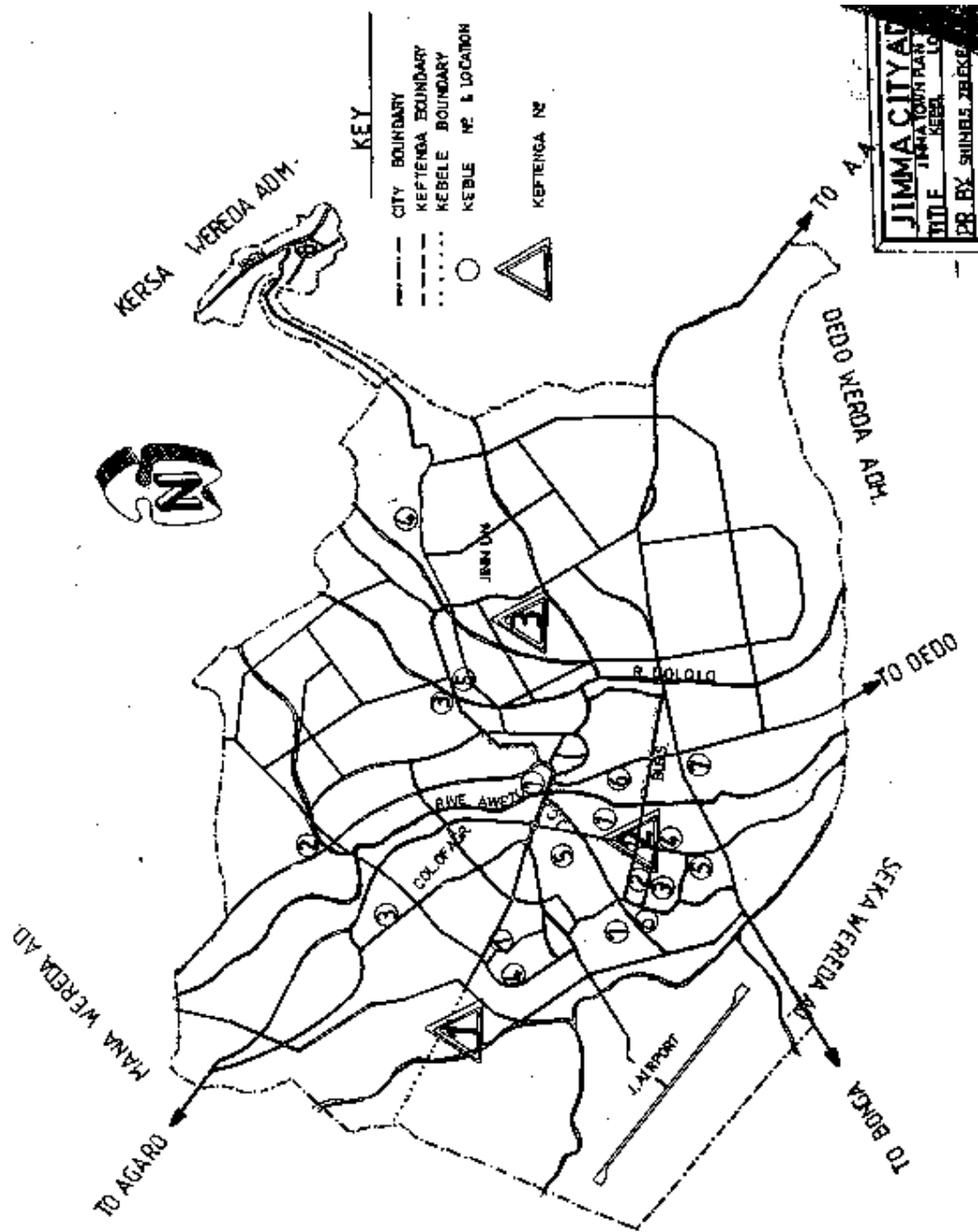
- በድህረ ምርመራ አዎ አይደለም

- ሌላ /ይገለጽ/ \_\_\_\_\_

10. ወቅታዊ የሆኑ ኤች አይቪን በተለይ የኤች አይቪን ከእናት ወደ ልጅ መተላለፍን በተመለከተ መረጃ ከየት ያገኛሉ?
11. ወቅታዊ የሆኑ የልጆች አመጋገብን በተመለከተ መረጃ ከየት ያገኛሉ?
12. ኤች አይቪ ከእናት ወደ ልጅ የሚተላለፍባቸው መንገዶች /ጊዜያት/ ምንድን ናቸው ብለው ያሰባሉ ?
13. ኤች አይቪ ከእናት ወደ ልጅ እንዳይተላለፍ ለመከላከል የሚያስችሉ መንገዶችን ይገለጹ ::
14. ኤች አይቪ በደማቸው የተገኘባቸው እናቶች ልጆቻቸውን መመገብ የሚችሉባቸው የምግብ አይነቶች ይገለጹ::
15. ኤች አይቪ በደማቸው ለተገኘባቸው እናቶች ህፃን አመጋገብን በተመለከተ በሰጡት የምክር አገልግሎት የትኞቹን የምግብ አይነቶች ምክርዎ አካቷል /እናቶቹ ነፍስ ጡር ወይም የወለዱ ሊሆኑ ይችላሉ/ ?
16. ለምን /ለአካተቷቸው የምግብ አይነቶች ሁሉ/?
17. ኤች አይቪ በደማቸው በተገኘባቸው እናቶች ህፃን አመጋገብን በተመለከተ በሰጡት የምክር አገልግሎት በምክርዎ አካተትኳቸውም ብለው የሚያስቡት የምግብ አይነቶች አሉን ?
18. ለምን /ለአካተቷቸው የምግብ አይነቶች ሁሉ/ ?
19. በምክር አገልግሎት ጊዜ ከአዩት በመነሣት በጅም ከተማ የሚገኙ ኤች አይቪ በደማቸው ያለባቸው እናቶች ለህፃናቶቻቸው ለመመገብ ብዙን ጊዜ የሚመርጡት የትኞቹን የምግብ አይነት ነው ?
20. እናቶቹ እነዚህን የምግብ አይነቶች እንዲመርጡ ያደረጉአቸው ምክንያቶች ምንድን ናቸው ብለው ያሰባሉ?
21. በኤች አይቪ ለተያዙ እናቶች ልጆች መሰጠት ከማችሉ የህፃናት የምግብ አይነቶች ውስጥ በጅም ከተማ ላሉት እናቶች በምክርዎ እርስዎ በጣም ለየት አድርገው የሚመርጡት /ለየት ያለ ዝንባሌ ያለዎት/ የህፃን የምግብ አመጋገብ አይነት አለን?
22. ለምን መረጡት / ለዚህ ለየት ያለ ዝንባሌ ኖርዎት /?
23. በጅም ከተማ ውስጥ የሉ እናቶች የመረጡአቸውን /ሊጠቀሙ ያቀዱአቸውን/ የህፃን ምግብ አመጋገብ አይነቶች ከወለዱ በኋላ መጠቀም እንዳይችሉ የሚያደርጉአቸው ምክንያቶች ምንድን ናቸው ብለው ያሰባሉ?
24. ኤች አይቪ የተገኘባቸው እናቶች የመረጡትን የምግብ አይነት ህፃናቶቻቸውን መመገብ እንዲችሉ የምትረዱበትና የምትከታተሉበት መንገድ አለን?

25. እናቶችን ስለህፃን አመጋገብ አይነቶች ስትመክሩ ያጋጠሟችሁ ችግሮች ምንድናቸው ?
- የስራ ብዛት በተመለከተ
  - የሠለጠኑ ሙያተኞች ቁጥር በተመለከተ
  - የሥራ ባልደረቦች መልቀቅ ወይም ዝውውር በተመለከተ
  - ሌላ /ይገለጹ/
26. ለእናቶች የሚሠጥ የህፃን አመጋገብ አይነቶች የምክር አገልግሎት ለማሻሻል የሚያስችሉ ሐሳቦች አለዎትን? ካለዎት ይግለጹአቸው።
27. ጡት የማያጠቡ እናቶችን የሚደግፉ /የሚረዱ/ የህብረተሰብ ቡድኖች /ድርጅቶች/ አሉን? ካሉ ይግለጹአቸው ።
28. ጡት ለማያጠቡ እናቶች ህብረተሰቡ ያለው አመለካከት ምን ይመስለዎታል?

**Annex 10: Map of Jimma Town, Ethiopia. 2004.**



Source: Jimma Town Administration Council (JC), Jimma, Ethiopia.