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DEPARTMENT OF NURSING

EARLY NEW BORN BATH PRACTICE AND ASSOCIATED FACTORS AMONG MOTHERS WHO GAVE BIRTH IN THE LAST FOUR MONTHS IN GUBRE TOWN HEALTH INSTITUTIONS SNNP,ETHIOPIA, JUNE 2022.

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EARLY NEW BORN CHILD BATH PRACTICE AND ASSOCIATED FACTORS IN GUBRE TOWN SNNP,ETHIOPIA,2022 G.C

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Table of Contents

Acknowledgement iii

List of tables vi

List of figures vii

Acronym and abbreviations viii

Abstract ix

1. Introduction 1

1.1 Back ground 1

1.2. Statement of problem 2

1.3. Significance of the study 3

2. Literature review 4

2.1 The prevalence of early Bath practice 4

2.2. Socio demographic factors 4

2.3, obstetric characteristics 4

2.4 Health facility characteristic's 5

2.5. Mothers e, practice and believe to the early new born bath 5

2.6 Mothers knowledge on neonatal danger sign 5

2.7. *Mothers knowledge on neonatal hypothermia* 5

2.8. Conceptual frame work 6

3. Objectives 7

3.1. General objective 7

3.2. Specific objectives 7

4: Methodology 7

4.1 Study area and period 8

4.2. Study Design 8

4.3 Source and study Population 8

4.4. Inclusion and exclusion criteria 8

4.4.1.Inclusive criteria 8

4.4.2 Exclusive criteria 8

4.5. Sample size calculation 8

4.6. Sampling Technique and procedure 9

4.7 Data collection tools and procedure 9

4.8 Study variables 9
4.8.1 Dependent variable 9
4.8.2 in dependent variables 2
(time for new born bath, reason for new born bath, reason for deleting new born bath, type of water used for bath, method used for bathing, implemented safety principle's when bathing the new born) 2
4.9. Data Quality control 2
4.10. Processing and analysis 10
4.11 Operational definition 10
4.12. Ethical consideration 11
4.13 Dissemination study 11
5. RESULTS 12
5.1. Mothers socio demographic Factors 12
5.2. The time when the new born initiate the first bath 14
5.3. Obstetric and Pregnancy Related Factors of the Women 15
5.4. Health Facility-Related Characteristics 17
5.5 The mothers belief and practice regarding to new born bath 18
5.6. The mother's knowledge about Newborn Danger Signs and hypothermia 19
5.7 Factors Associated with Early Newborn 22
6. Discussion 24
7. Strength and Limitation of the study 25
8. Conclusion and Recommendation 26
Reference 28
Annex 1 Informed consent 30
Annix 1 በመረጃ የተደገፈ ስምምነት 36

List of tables

Table 5.1 socio demographic characteristics of mothers at gubre town 13
Table5. 2 obstetrics and pregnancy related characters tics of mothers at gubre town..... 16
Table 5.3 the mother's knowledge to neonatal hypothermia 20

Table 5.4. Factors Associated with Early Newborn Bathing..... 223

List of figures

Figure 1.1 Conceptual frame work constructed from different literature 6
figure 5.1 Prevalence of early new born bath practice in gubre town 14
figure 5.2. Mothers who get health awareness by different health workers 17
Figure 5.3 The mothers reason for the early new born bath practice 18
Figure 5.4 The mothers knowledge towards to hypothermia and neonatal danger sign..... 19
Figure 5.5 Mother's/care giver's knowledge to the neonatal danger sign 20

Acronym and abbreviations

CHWS ----------Community health workers

EPI ----------Expanded program of immunization

HBNC----------Home based new born care

KMC----------Kangaroo mother care

MCHC ----------Maternal and child health care

NDSs ----------Neonatal danger signs

NICU----------Neonatal intensive care unit

PNC ----------post natal care

SDS---------- Sustainable developmental goa

STS----------Skin to skin

WHO----------World Health Organization

Abstract

Back ground :Deciding on when to start early new born bath is an important variable for the security of the new born. Early first bath will affect the newborns temperature at most, blood sugar levels, bonding with his/her mother, comfort, respiratory distress, abnormal clotting, jaundice, pulmonary hemorrhage and increased risk of developing infections. Thus, deciding to initiate early first Bath practice for new born affects several aspects of newborn care and is still a major concern. However, in Ethiopia, there is no sufficient evidence regarding newborn Bath practice.

Objective To assess the early newborn bath practice and its associated factors among mothers who gave birth in the last four months in Gubre town SNNP, Ethiopia, 2014

Method and Materials: institutional based cross sectional study was conducted from May 03 to June 02/ 2022 G.C. We calculated our sample size using single proportion formula and our sampling technique was systemic random sampling method from the women's medical registration number. the data was collected through face to face interview using structured questionnaires adapted from different literature at the immunization center of Gubre town from wku specialized referral hospital and Gubre town health center. Then the raw data was entered in to software called Epi-Data version 3.1 and exported to SPSS version 20 for analysis Our study was done by recruiting 371 participants.

Result The study included a total of 360 participants with a 97% response rate. 129(35.8% CI: 95%:30.8-40.8%)of mothers practice early new born bathing. Mother's with parity of one (AOR: 4.10(95% CI:(1.96-8.57),good knowledge to hypothermia (AOR:0.26(95% CI :0.13-0.51),good knowledge to neonatal danger sign AOR:(0.71(0.36-1.42),and mothers who get health awareness by the nurse and midwifery AOR :0.42(0.19-0.92) were the significantly associated factors to early new born bath practice.

Conclusion: The practice of early new born bathing is still high according to this study. Therefore it needs adequate intervention to fill the gap between what is expected and what is now. our goal is to stop early new born bathing as much as possible to prevent neonatal hypothermia and its complications. So to maintain this goal it is better to on the risk factors for its occurrence,. By increasing the level of knowledge about hypothermia and neonatal danger signs, and also encouraging the nurses or midwifery mainly and other health care professionals to focus on these problem .the concerned body should focus or give attention regarding to early new born bathing to the mothers with parity of one **.**

Key words *-early new born bath practice, neonatal hypothermia, essential new born* care, Ethiop

1. Introduction

1.1 Back ground

Early new born Bathing is a process of washing or cleaning all or part of the new born body by water or some other liquids for cleansing, refreshment, and other's else before 24hr after delivery (1)**.**The reasons for this practice are varied but include the perceived need to cleanse the newborn of" dirty skin" contaminated by vernix caseosa and vaginal secretions**,** to provide aesthetic appearance for the new born, to strengthen the neonate's skin, to prevent skin infection, to facilitate the drying of the umbilical cord, to prevent the body from having an unpleasant odor In the future and avoiding the colonization of microorganism and maternal blood.**(2)**. But giving early Bath practice immediately after birth is an extremely stressful to those new born child's. Which triggers some **physiological** responses like severe hypothermia and life threatening hypothermia associated responses such as, low blood sugar levels, respiratory distress, abnormal clotting, jaundice, pulmonary hemorrhage, increased risk of developing infections (1), and pulmonary hypertension ,hypoxia, dyspnea, cyanosis, de saturation, and tachycardia ,Besides to this it leads to a behavioral (comfort) distress such as crying/fussing, eyes open, yawning, tongue extension, pain and stress level(3) additionally providing new born bath with in 24hr , has a significant effect on the baby and the woman by disturbing breastfeeding, facilitating skin to skin contact with the woman, and by avoiding vernix intact used to prevent hypothermia(1)

Providing early new born bathing immediately after birth is still practiced in Ethiopia. For their different personal reasons. Mainly cultural reasons are predominant. for example the mother believe as The Vernix was described as dirty in all sites and was linked to poor maternal behavior such as eating certain foods (all sites), not drinking enough water or not taking certain herbs (all sites), and sex late in pregnancy and vernix is also considered as a result of drinking milk which was kept in dirty container or if she eats fatty meat … this white thing would stick on the baby's skin … when women observe this thing on the new-born skin … all this believes ashamed when the visitors come to see after delivery . due these reason they want to wash immediately after birth and others.(11)

A study from Lebanon states that significant amount of newborns who takes bath with in two hr after birth have a disturbance on skin to skin practice (STS) with their mothers after birth and also those new burns who take bath before 24 hrs develop hypothermia and they cry vigorously than those they take bath after 24 hr this change in the two groups came from due to the effect of vernix caseosa and STS disturbance. (9)

Although the first newborn bath within 24 hr contributes to hypothermia, and other complications there is no similar research have been done in our study area.

1.2. Statement of problem

According to The World Health Organization (WHO) new born should start the first bath after 24 of delivery until their vital signs become stable. This will leave residual vernix case- osa intact allowing it to cover entire body of skin. Which has a suspected roll for surface defense and may have an active biologic role against microbial invasion (infection prevention) at birth and to prevent them from severe hypothermia and its complication of hypothermia. If there is a cultural reason Bath practice should be delayed at least 6 hrs after birth to ensure the bonding of the mother with the new born and to adapt the extra uterine life..(10)

A case control study conducted in Uganda referral hospital shows bathing the new born in the first hr after delivery resulted in a significantly increased prevalence of hypothermia despite the use of warmed water and the application of STS method.(4) Hypothermia secondary to early new born Bath practice has mortality rate of 15.4% in low resource settings(5). Another case control study conducted in 2022 show that neonates who have practice early new born bath more likely to develop atopic dermatitis than those of non-bathed group.(6) Study in India also supports the concept of delayed Bath practice is an important activity to prevent infection. There are also 50.3% prevalent of neonatal hypothermia on admission of NICU in south west for this early new born Bath practice is a highly associated factor for this complication**.** (7)science new barns have difficulty in thermoregulation early new born bath practice leads to increase the need for oxygen and hypoglycemia(8)[i] .

For this problem the government tries to Ensure healthy women and their newborns stay at a:health facility at least 24 hours birth. or delay facility discharge for at least 24 hour. Visiting women and babies for those who gave birth at home within the first 24 hrs by midwifes and other skilled providers or well-trained health care providers and supervised community health workers(CHWS)(12)

There is another package called Home-Based Newborn Care (HBNC) packages successfully address the leading causes of newborn deaths ,decreasing newborn death rates by up to 70 %. Village health workers deliver HBNC (maternal and child health care provided by health extension workers at home level) to vulnerable families at the community level, effectively reaching (13)

The government tries to offer education for the women and the nurses about the advantage of delaying the time of first new born bath .due to the government involvement there is a change in mean new born bath from 6.88 hrs to 13.71 hrs after birth. (11)

1.3. Significance of the study .

Early new born Bath practice prone to Hypothermia and other complications finally results in a profound increment of morbidity and mortality of the new born .this contradicts the SDG THREE which states by the end of 2030 Targeting to reduce under five mortality to at least as low as 25 per 1,000 live birth in every country. so our study supports in achieving this plan. But we are initiated to conduct a research on this title because there is no similar study conducted in this study area..

This study provides valuable information for policy makers health managers and health professionals to design strategy to intervene early new born death from this preventable existence of hypothermia. It may be helpful as a base line data for other researchers when conducting on similar problems. In addition the outcome of this research may be used in education and advancing scientific knowledge .from this finding the community also advantageous through refrain from practicing this bad practice after this research result is disseminated to the community.

2. Literature review

2.1 The prevalence of early Bath practice

A study conducted in Lebanon ,in Asia show that the prevalence early new born Bath practice was 33.3% of newborns who had skin-to-skin contact with their mothers had their bath with in 24 hrs.(9) . another analytical a descriptive cross-sectional study conducted in Nepal revealed that [5.7%] of mothers have early new born Bath practice within 24 hrs.(14)

Multicounty, facility-based, observational study conducted in nine countries Nigeria, show that there is 22.8% of mothers practice immediate new born Bath practice before one day of delivery

Studies conducted in Ethiopia also showed that significant number of mothers practice early bathing. An institutional based cross sectional study conducted in Harare in 2017, (35.4%) ((1)), in jimma 2021 (32.5%)(7), in bahir dar city ,north west Ethiopia [36.2](15) ,in dessei referral hospital[24%](16), in Bangladesh [13%] (17) and community based cross sectional study in awabel district in Amara region, in mandura district north west Ethiopia, and in damot pulsa woreda in south Ethiopia show that [65%] (18) , [62.2%] (19) [35.7%] (20) percent of women s practice early new born Bath practice respectively.

2.2. Socio demographic factors

From the socio demographic factors the educational level of primary school completed were variables inclined to practice early new born bathing than those at high school level and higher degree.Similarly un educated husbands were also another factor for the for early new born bathing which was COR= 1.45, 95% (0.79, 2.6)] were more likely to bathe their newborns within 24hrs than those educated to college and above (1)

2.3, obstetric characteristics

Facility based cross sectional study conducted in jimma town public Hospitals, Oromia Region, Southwest Ethiopia, 2021 revealed that among mothers who have early new born practice vaginal mode of delivery , primi para mothers were the significant factors for early new born bath practice. .(7)

2.4 Health facility characteristic's

This facility based cross sectional study conducted in jimma also explains its finding based on health facility variables as the following: Among mothers who have early new born practice,(Early Bathing N=126) The possible suspected factors for these were provided with kangaroo mother care at birth for their neonates. Mothers had a history of NICU admission with their neonates in recent birth ,mothers were had postnatal care follow-ups during the last births. had ANC follow-ups during recent pregnancy, and breast feeding initiation. (7)

2.5. Mothers e, practice and believe to the early new born bath

A community-based cross-sectional study is conducted in 296 mothers from Gulomekada District show that 37(12.5%) 0f them states that new born should take the first bath immediately after birth and 229(77.4%) of them say that the time for the first bath should be after 24 hr of delivery , 21(7.1%) explain as first new born bath should after 24 hr but the rest did not a knowledge about when to start new born first bath(13) An other study in jimma explains about the *Overall Knowledge of Mothers and Technique of Newborn Bathing as:*The majority 366 (94.3%) mothers used warm water for the first bath of their baby and 269 (69.30%) mothers used Immersion (tub) bathing techniques. *(7)*

2.6 Mothers knowledge on neonatal danger sign

institutional- based cross- sectional study in Southern Ethiopia on determinants of maternal knowledge of neonatal danger signs among postpartum mothers , 2020 (n=608) show that the level of maternal knowledge of NDSs was 48.2%. Neonatal fever was frequently mentioned by 387 (64%) of postpartum mothers, birth asphyxia 234 (38.5 %), umbilical infection 160(26.3%),severe chest in drawing 121 (19.9%),hypothermia 86 (14.1%), eye discharge 79(13%) , Newborn un able to breastfeed 298(48.2%) Jaundice 480 (80.6%). and convulsion was the least danger sign mentioned by 69 (11.3%) of mothers. (21).

2.7. Mothers knowledge on neonatal hypothermia

A cross sectional study conducted in Rwanda on Mother's knowledge of hypothermia in neonates (n-161) shows that 43(26.7%) mothers have an ability to recognize body temperatures. This study assesses their knowledge on hypothermia by weather the mother can clearly explain the cause sign **$** symptom ,complication and prevention .this study shows the mothers response on the cause of hypothermia was as following :Washing the baby immediately after birth 63(39.1%) , Covering the baby with a cold towel 151(93.8%),Lying the baby in a cold area 142(88.2%), Lying the baby alone 62(38.5%)).response of mothers on the sign and symptom:

Cyanosis and cold extremities 141(87.6%), Poor feeding 54(33.5%),) Lethargy 54(33.5%).the mothers knowledge on the complication of hypothermia was, Dyspnea 60(37.3%) ,Hypoglycemia 0(0.0%) ,Decrease in weight 0(0.0%,) Death 125(77.6%),.on this study the mother also explain the prevention mechanism as follows: No bathing immediately after birth 64(39.8%),Dry baby after bathing and wrap in warm clothe 140(87.0%) , Skin-to-skin contact 9 (5.6%), Early initiation of breastfeeding within the first 4 hours 19(11.8%) .(22)

2.8. Conceptual frame work

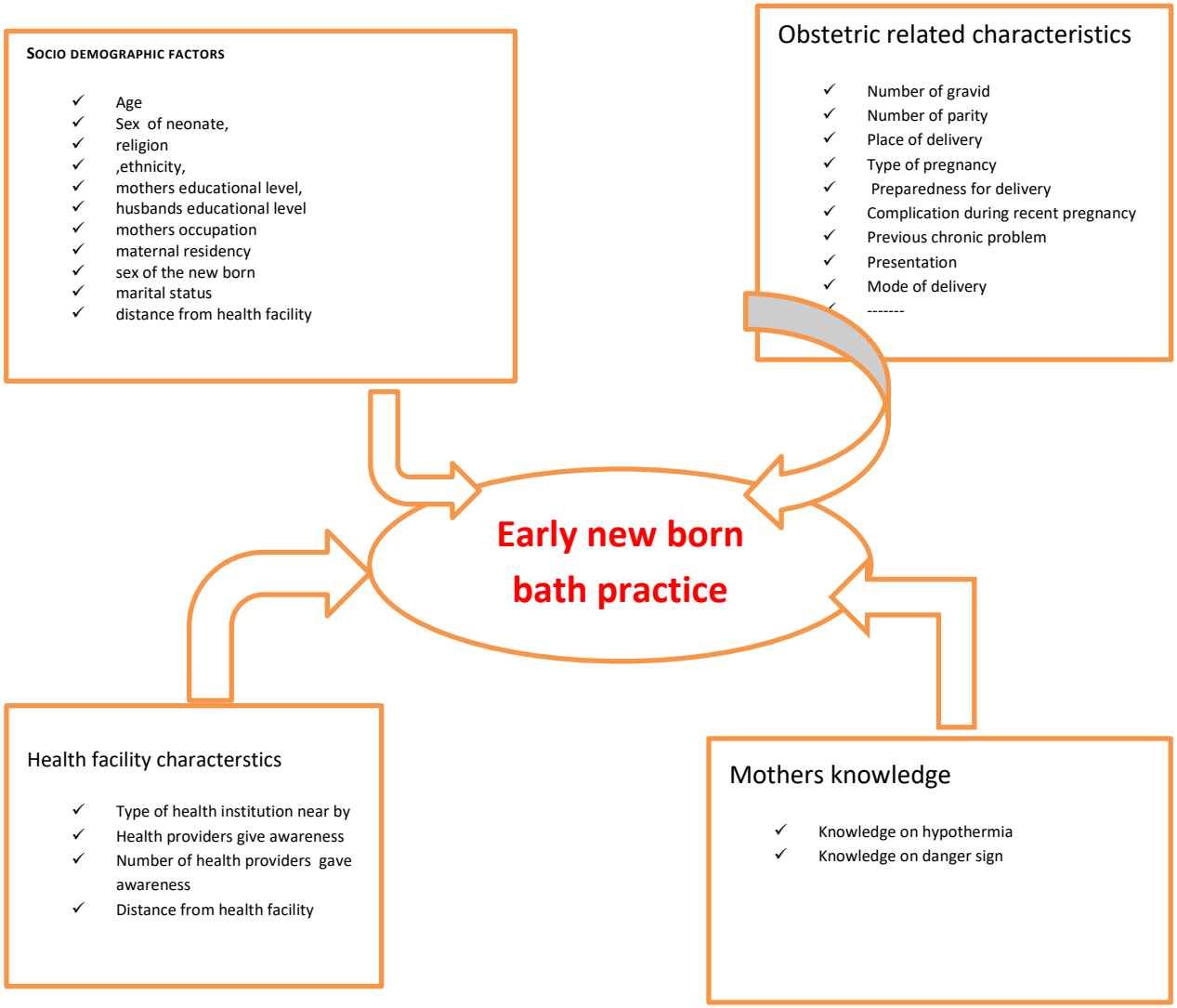

Figure 1.1 conceptual frame work constructed from different literature [7, 13, 21 22,]

3. Objectives

3.1. General objective

- T0 assess the prevalence of early Bath practice practice and its associated factors among mothers who gave birth in the last four months in gubre town SNNP ,Ethiopia ,2022 G,C

3.2. Specific objectives

- TO determine the prevalence of early new born bathing among mothers who gave birth in the last four months in gubre town SNNP ,Ethiopia ,2022 G,C

- To identify the associated factors for early new born Bath practice among mothers who gave birth in the last four months in gubre town SNNP ,Ethiopia ,2022 G,C

4: Methodology

4.1 Study area and period

The study was conducted in Gubre town,which is a sub city of Gurage zone, Southern nations, nationalities and peoples Regional State, Ethiopia from May 03 to June 02 2022. The town is located 92km from Butajira,9.4km from wolkite town and 139km from Addis Ababa.The town located on southwest of Addis Ababa and north of At tat. ,.The health system of this town is represented by one specialized referral hospital, and one health centers. In addition to this, there are five medium clinics owned by private sectors.

4.2. Study Design

Institutional based cross-sectional study design was employed

4.3 Source and study Population

All mothers who have under four months infant those who came for immunization in Gubre town hospitals and health center were our **source of population**. from these mothers who have under four month child and they came to immunization center at wolkite specialized hospital and health center during our study period are considered as **study population**.

4.4. Inclusion and exclusion criteria

4.4.1.Inclusive criteria

All under four months children those comes for immunization

4.4.2 Exclusive criteria

Children whose mothers are mentally and seriously ill, and unable to hearing and speaking during data collection. And those who didn't remember the time when their child initiate the first bath

4.5. Sample size calculation

our sample size will be determine by using a single population proportion formula as follows: by considering the following assumption's; confidence interval is 95%, margin of error(o.05),10% non-response rate and the proportion of early new born Bath practice from the recent study was (32.5%) from jimma town, oromia region ,Ethiopia.(7)

$$n = (Z\alpha/_2)^2 \frac{p(1-p)}{d^2}$$

where n= sample size required (desired)

$Z\alpha/_2$ = the confidence level usually set 1.96 at 95

P= the proportion of early new born Bath practice

d= margin of error

n =(1.96)^^2(0.325(1-0.325)/0.05)2

= 3.8416(0.325(0.675)/0.0025

= 337.10004 we will add 10% non-response rate

= 337.10004 + 33.7
=371

4.6. Sampling Technique and procedure

First we have taken the number of mothers who have less than four month infant and they came at immunization center to vaccinate their child, prior to one month of data collection from the charts. we have got a total of 608 clients 196 from the health center and 414 from the wolkite specialized hospital includes all mothers those who came for immunization purpose below four month infant then we have taken our sample by systemic sampling method. Proportionally we have taken 251 from the hospital 120 from the health center by K =2. But if we continue selecting our sample by k=2 we can't get enough number of sample that we want to study on them. So we used "K"="2" and "1" alternatively to get adequate sample size.

4.7 Data collection tools and procedure

Data was collected using structured interview administered questionnaires which have five sub parts those are socio demographic characteristics, mothers knowledge ,health facility characteristics and obstetrics characteristics, and mothers new born bathing practice from mothers of under four months children. These questionnaires was developed by reviewing different literature's[(1),(7).(19).(21)(22)] .First English version of questionnaire's was prepared. Then translated to Amharic and back to English. We have taken the data from those mothers before their infant gets vaccine. The data collector was group four researchers from our class and health workers at immunization center. We were data collector for group four researchers and principal investigator for this research .

4.8 Study variables

4.8.1 Dependent variable

Early new born Bath practice **Ye** **N**

4.8.2 in dependent variables

Socio demographic factors

Socio demographic data includes (age, religion ,ethnicity, mothers educational level, husbands educational level mothers occupation ,maternal residency , sex of the new born ,marital status ,and distance from the health facility),

Mother's knowledge

These are variables to assess the mother's Knowledge on hypothermia and Knowledge neonatal danger signs . those variables which uses as a knowledge assessment includes the cause(washing the baby immediately after birth , Covering the baby with a cold towel, Lying the baby in a cold area cause, lying the baby alone,),sign symptom(Cyanosis of cold extremities of your baby', poor feeding, lethargy),complication(dyspnea, Decrease in weight, hypoglycemia ,death),prevention (Dry baby after bathing and wrap in warm clothe, that Early initiation of breastfeeding within the first 1 hours, Skin-to-skin contact)

Obstetric and pregnancy related characteristics

(Number of gravid, number of parity, Place of delivery, Type of pregnancy, recent ANC follow up during pregnancy preparedness for delivery, complication during recent pregnancy, previous chronic medical problem, presentation , mode of delivery, recent PNC, weight of the new born at birth and currently. Exclusive breast feeding practice, NICU admission history of the new born, Number of visiting, Kangaroo mother care practice).

Health facility characteristics

(Type of health facility nearby, health providers gave awareness about health, number of health providers gave awareness about health, distance from health facility)

New born bath practice

(time for new born bath, reason for new born bath, reason for deleting new born bath, type of water used for bath, method used for bathing, implemented safety principle's when bathing the new born)

4.9. Data Quality control

To keep the quality of our data we provided training for all data collectors and trained on how to interview and record the data. The Validity of the tool was checked by our advisors In order to assess the reliability and clarity of the questionnaire .Data collection tool was pre-tested two weeks prior to the actual data collection on 5% of the calculated sample size of mothers/care givers from wolkite town, those who were not included in the actual study from other health facility. Based on the pretest result and reaction to respondents adjustment was made on the research tools. The three principal investigators were checking daily the completeness of the filled tool.

4.10. Processing and analysis

After the data will be reviewed and checked for completeness and relevance it was entered in Epi data version 3.1 and analyzed by using analyzed using SPSS version 20 statistical software package.. Simple frequencies were done to see the overall distribution of the study participants with the different study variables. Frequency tables, pie chart bar graph were used to present data frequencies and percentage. Descriptive statistics were used to summarize the socio-demographic characteristics obstetrics and pregnancy related characteristics of the study participants. To identify factors associated with early new born bathing, binary logistic and Multi-variable regression analysis were carried, first bivariate logistic regression was performed to each independent variable with the outcome. Strength of association was measured using odds ratio, and 95% confidence intervals. for those who have p value 0.<25in the binary regression they are elective for multinomial regression. Statistical significance was declared at P value < 0.05 in multi nominal regression.

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4.11 Operational definition

Bathing:-washing of baby's body usually by water or immersion the body in the water. (1)
Early newborn bathing:-is washing of the newborn body before 24 hours after delivery(1)
Late bath- the delay of first Bath practice at least for six hours. But in normal circumstance after 24 hr of birth. (1)

Good knowledge of mothers about NDSs :according to WHO there are nine variables to assess the knowledge of mothers to neonatal danger sign. These variables are presented to the respondent as "yes" OR "no" , all questions have equal weight . we transform and compute the sum of knowledge about neonatal hypothermia in the SPSS. From these nine one can score nine at maximum, and zero at a minimum. Those mothers who can explain correctly more than or equals to three questions .is considered as good knowledge to **neonatal danger sign (21).**

Poor knowledge about neonatal danger sign is that –mothers who can't explain more than two variables correctly .

Good knowledge to the hypothermia ; to assess the level of knowledge to hypothermia there are fifteen variables regarding on cause sign symptom, complication, and knowledge to hypothermia. we transform and compute the sum of knowledge about neonatal hypothermia in the SPSS. to say mothers have good knowledge, they must answer greater than eleven questions out of fifteen or 75% .

Poor knowledge to hypothermia – mothers can score below eleven out of fifteen.(22)

4.12. Ethical consideration

First permission letter was obtained from wolkite university college of medicine and health science department of nursing after approval of the proposal and a supporting letter from gubre town health center head and wolkite specialized hospital head after getting permission, we clarified the objective of the study to each study participants adequately. Then Informed oral consent from each individual (study subject) will be obtained. Furthermore, no personal identifiers used in the questionnaire. The collected data will never be accessed by a third person except for the principal investigators; and were kept with a firm confidentiality in a much secured place . Respondents were also told the right not to respond to the questions if they don't want to respond or to terminate the interview at any time

4.13 Dissemination study

The final report will be presented and discussed at wolkite university, College of health science and department of nursing as partial fulfillment of the Bachelor of Science degree of nursing. Copies of this study will be sent to wolkite university specialized referral hospital and and gubre town health center. it also being disseminated through publication on local or international journals and presentation on scientific conferences.

5. RESULTS

5.1. Mothers socio demographic Factors

From total of 371 sample population only 360 respondents were participated in the interview , the response rate was 97.%.acording to this study more than half (238(66.4%)) of the respondents were in the age group of (21-34)and around(224(63.3%)) the participants were Gurage, Amara 64(17.8%),Oromo 56(15%) in ethnicity. Almost half 174(48.3%) were muslimin religion. this study also shows that approximately half171(47.5%) of the mothers have male child and 52% female child. Regarding the marital status of the mothers/care givers Most of 334(92.8%) were married, majority (307(85.3%)) took formal education, of these (12(30.6%))attended primary school,68.9(18.9%) secondary school and 46(12.8%) have certificate and above. Regarding to the educational status of the mothers husband 25.3% have certificate and above, 21.4% complete secondary school 23.3% complete primary education, 21.9% can read and write and 8.1 % of them were completely not educated. Approximately the majority 284(78.9%) of mothers were urban resident. Our study also indicates that 39.7% of mothers were merchant, 116(32.2%) were house wife , 54(15%) were Government employed and the rest have another specified occupation.

Table 5.1 socio demographic characteristics of mothers who gave birth in the last four months in gubre town 2022 G.c

Variable	Categories	Frequency N=360	Percentage %
Maternal age in years	15-20	39	10.8
	21-34	238	66.1
	> 34	83	23.1
Ethnicity	Garage	228	63.3
	Oromo	64	17.8
	Amara	56	15.6
	Other*	12	3.3
Religion	Muslim	174	48.3
	Orthodox	128	36.6)
	Protestant	56	15.6
	Other	2	0.6
Marital status)	Married	334	92.8
	Single	13	3.6
	Divorced)	7	1.9
	Widowed	6	1.7
Maternal educational status	Illiterate	53	14.7
	Read and write	83	23
	Primary school	110	30.6
	Secondary school	68	18.9
	Certificate and above	46	12.8
Maternal residency	Urban	284	78.9
	Rural	76	21.1
Maternal occupation	Merchant	143	39.7
	house wife	116	32.2
	Government employment	54	15
	Other**	47	13

*-(Tigrea,Kembata Hadya ---) ** (Farmer ,Tea worker ….

5.2. The time when the new born initiate the first bath

In our study with the response rate 97% around 129 (35.8%) with **(95% CI :30.8-40.8)** of mothers practice early new born bath practice (with in 24 hr of delivery) while the rest 231(64.2%) mothers bathed their new born babies after 24 hours of delivery (late baby bathing after 24 hr).

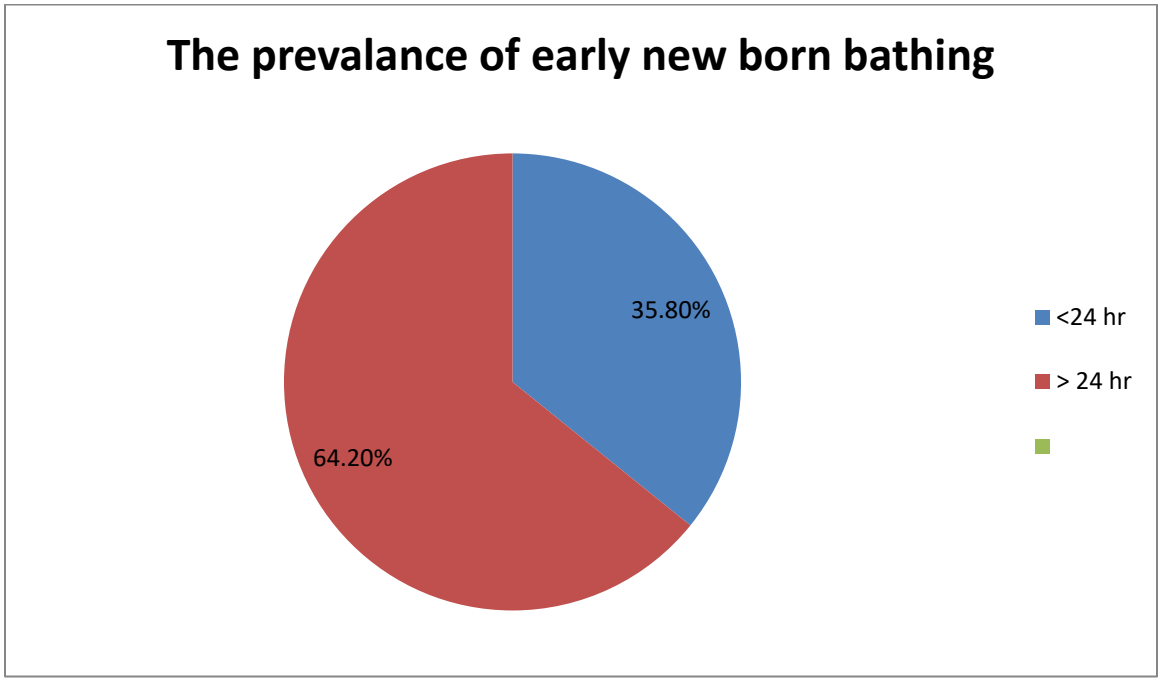

figure 5.1.prevalence of early new born bath practice among mothers who gave birth in the last four months in gubre town 2022 G.C

5.3. Obstetric and Pregnancy Related Factors of the Women

our study result about the obstetric factors showed that most of the participants were singleton pregnancy 333(92.5%).two hundred eighty seven(79.9%) multi gravidity and 118(32.7%) were parity of two and more.Majority of mothers were delivered their child vaginally, at health intuition and had cephalic presentation about 307(85.3%),313(86.9%),318(88.3%) respectively. Approximately three fourth of mothers 261(73.5%)mothers had ANC follow up ,about 260(72.2%) respondent's had birth preparedness from these about 91% prepare cloth for their new born. This study also indicates that about 115(31.9%) mothers were provided with kangaroo mother care at birth for their neonates. Only 58(16.1%) mothers had a history of NICU admission with their neonates in recent birth and 231(64.7%)mothers were had postnatal care follow-ups during the last births. About 261(72.5%) mothers had ANC follow-ups during recent pregnancy, out of which 99(27.5 %)) had above four ANC visits. The more than three fourth of mothers 278(77.2%) were initiated breastfeeding within one hour after birth and about 378 (97.4%) were in exclusively breastfeeding

Table 5. 2 obstetrics and pregnancy related characters tics of mothers who gave birth in the last four months in gubre town 2022 G.C

variables	Categories	frequency	Percentage
parity	1	118	(32.7%)
	>2	242	(67.3%)
place of delivery	Health institution	313	(86.9%)
	Home	47	(13.1%)
Presentation	Cephalic	318	(88.3%)
	Non cephalic	42	(11.7%)
mode of delivery	Vaginal	307	(85.6%)
	CS	53	(14.4%)
ANC visit during last pregnancy period	Yes	261	(72.5%)
	No	99	(27.5 %)
Number of visit with(N=261)	one	8	(2.2%)
	Two	59	(16.4%)
	Three	65	(18.1%)
	Four and above	129	(35.8%)
Preparedness for delivery	Yes	260	(72.2%)
	No	100	(27.8%)
Recent (PNC follow up)	Yes	231	(64.7%)
	No	129	(35.8%)
Previous chronic medical problems	Yes	79	(21.9%)
	No	281	(78.1%)
KMC	Yes	115	(31.9%)
	No	245	(68.1%)
NICU admission	Yes	58	(16.1%)
	No	302	(83.9%)

5.4. Health Facility-Related Characteristics

This study showed that about 125(34.7%) of the mothers live near to the hospital. The remaining 197(54.7%) ,38(10.5%) mothers live near to health center and health post respectively, our study also indicates that 236(86.6% mothers get health awareness by both nurses and midwife, 170(47.2%) by health officer, 201(56.8%) by health extension workers.

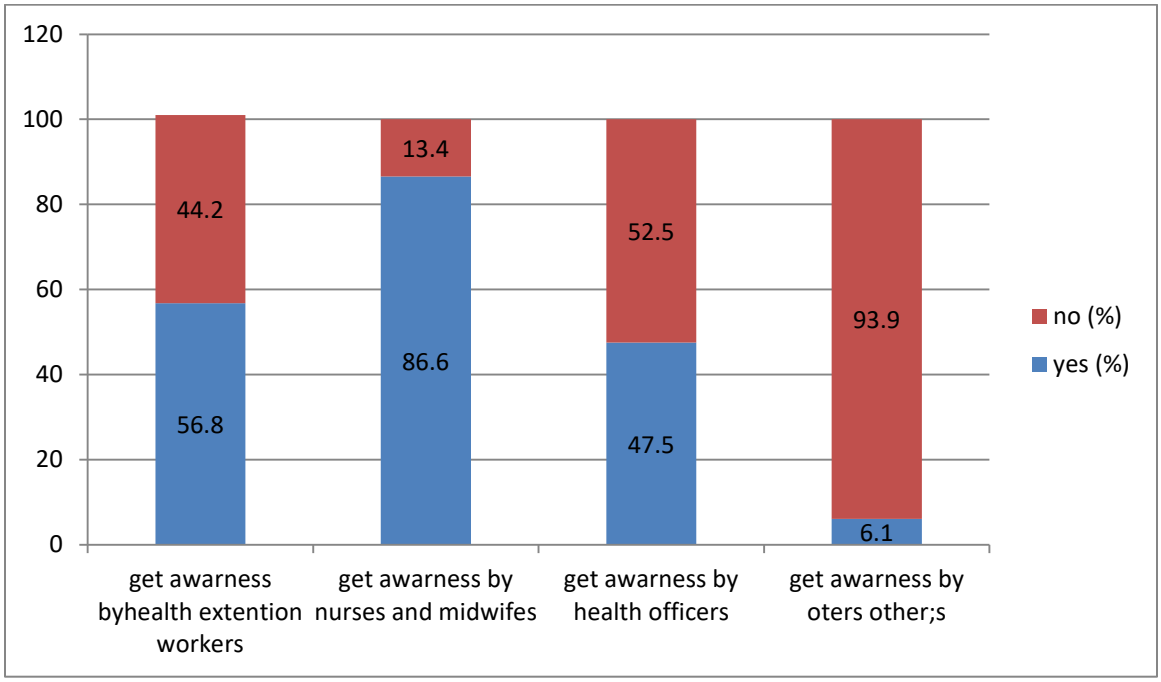

figure 5.2. Mothers who get health awareness by different health workers among those mother's who gave birth in the last four months in gubre town 2022 G.C

5.5 The mothers belief and practice regarding to new born bath

According to our research finding among mothers who practiced early new born bath, about 273 (76%) of mothers practice early new born bath to remove different secretions or blood or dirty from the body. 50 (38.8%) of mother also respond as the child will have bad smell for the future life if it is not wash immediately after birth.

Regarding to the practice on new born bath about 262(72.8%) use warm water, the rest use cold water and tepid water.Around 266(73.9%) mother use immersion technique of bathing and the remaining (81(22.1%)mothers use sponge bath and swaddle. From this study almost 231(64.2%) of mothers didn't practice early new born bathing .their reason behind that practice was due to the accessibility of advice from the health professionals and to keep body warm as said by 66.7%,and 33.3% participants respectively.

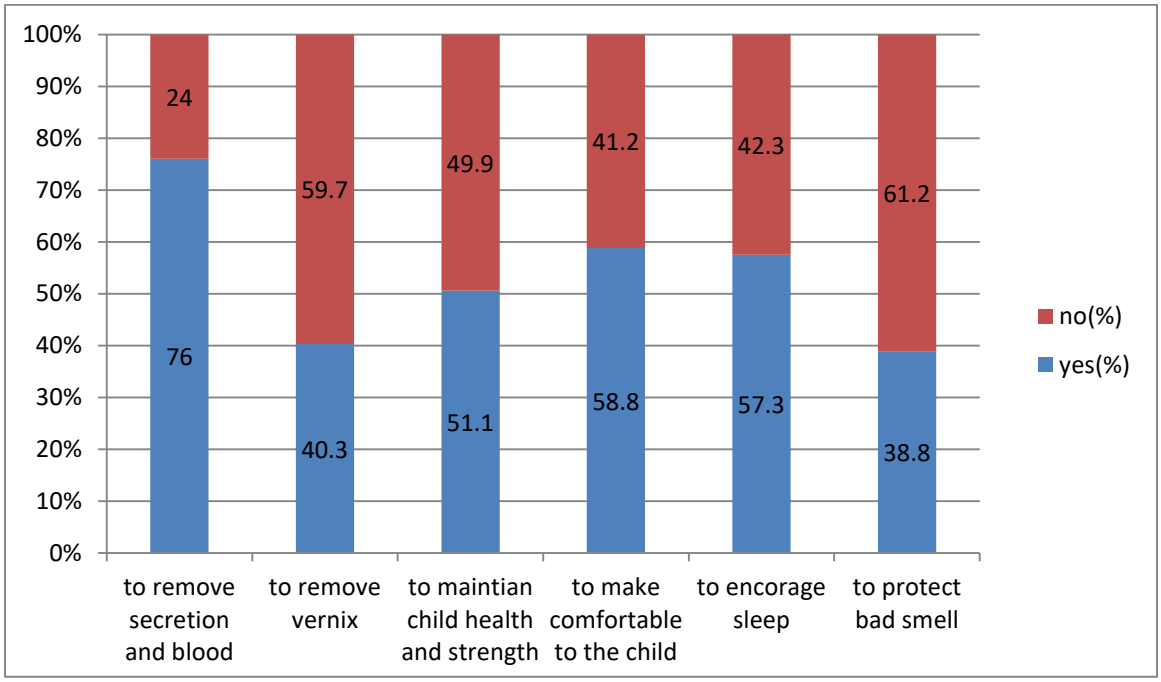

Figure 5.3. The mother's reason for the early new born bath practice among those mother's who gave birth in the last four months in gubre town 2022 G.C

5.6. The mother's knowledge about Newborn Danger Signs and hypothermia

Our study showed that the level of maternal knowledge about NDSs was 43.1% .Neonatal convulsion was frequently mentioned by 296 (82%) of postpartum mothers and jaundice was the least danger sign mentioned by 117 (32.5%) of mothers **(figure 5.5)**

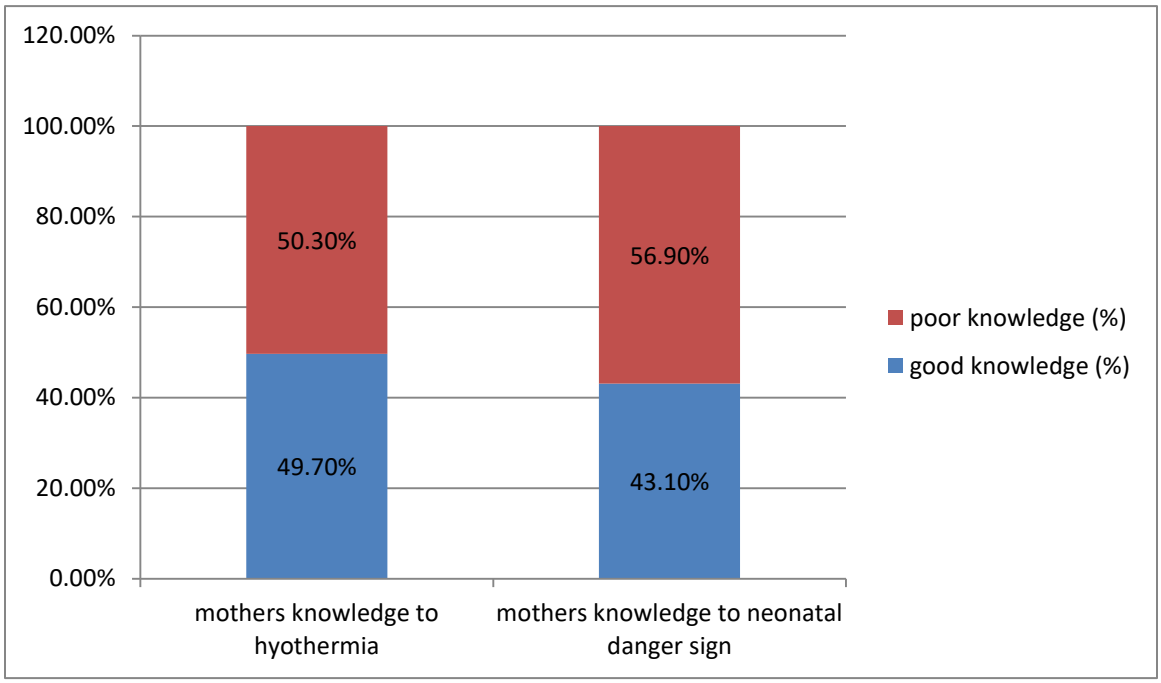

Figure 5.4 the mothers knowledge towards to hypothermia and neonatal danger sign among those mother's who gave birth in the last four months in gubre town 2022 G.C

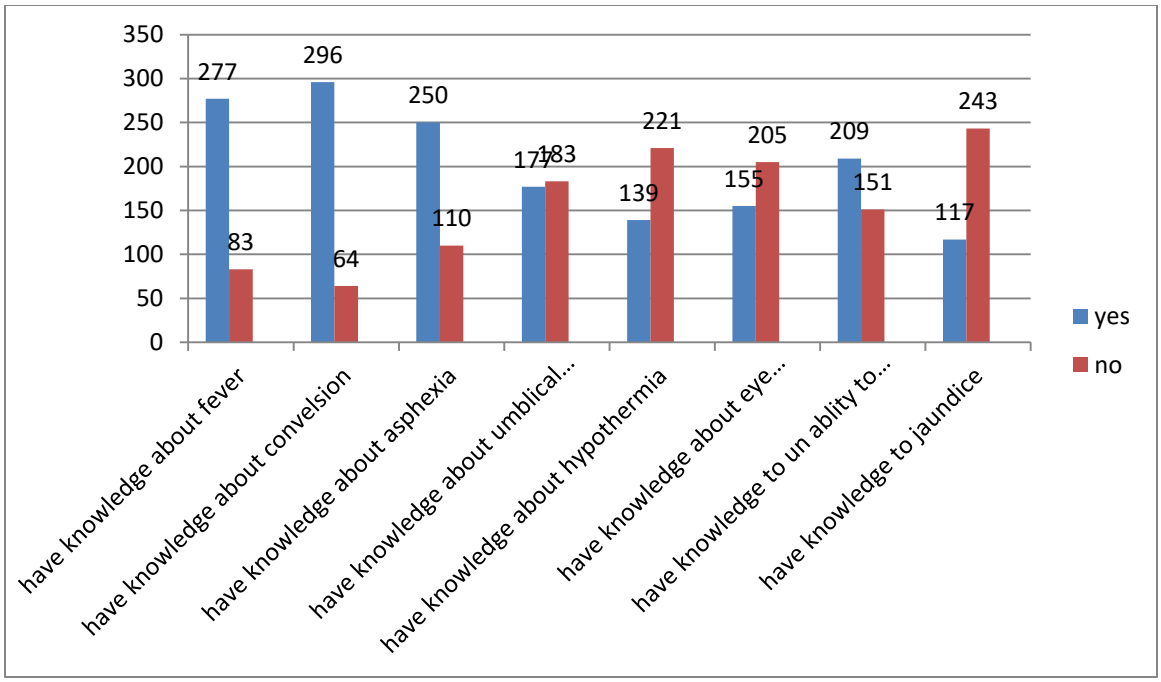

Figure 5.5 mother's/care giver's knowledge to the neonatal danger sign among those mother's who gave birth in the last four months in gubre town 2022 G.C

Our study on knowledge to neonatal danger sign and hypothermia indicates that more than half (227(63%)) had knowledge about fever, about 296(82.2%)participants have knowledge on convulsion**(figu.5.5)**

In this study the mother's knowledge to neonatal hypothermia were as follows, Around 49.9% respondents Have good knowledge to hypothermia. But the rest 50.1% have poor knowledge. Regarding to the cause for hypothermia, most mothers (89.2%) responded correctly about lying the baby in cold area could cause hypothermia. Majority of (86.9%) mothers responded correctly about covering the neonate with a cold towel; more than three fourth of the respondents (77.8%) responded correctly as laying the baby alone could causes hypothermia for the new born ; whereas almost near to half (167(46.4) did't explain correctly about washing the baby immediately after birth could cause hypothermia. According to this study result the mother's below or nearly (70%) mother's did't answered correctly about the sign symptom and the complication for hypothermia; On prevention of hypothermia most mother respond correctly about drying, covering with warm cloth and skin to skin contact will prevent hypothermia (84,2%) and (83.3%) respectively (Table,5.3)

Around 142(39.4%) were explained as they know all the cause of hypotermia,137(38.1%) know three causes .however half (178(49.4%) reported that they didn't any one of

symptom,71(19.7%) know one symptom,69(19.2%) know two symptom ,42(11.7%)explained as they know all the sign neonatal danger sign symptoms**.**

Table 5.3 the mother's knowledge to neonatal hypothermia among those mother's who gave birth in the last four months in gubre town 2022 G.C

variables	yes N=360(%)	No N=360 (%)
Causes in newborn		
Washing the baby immediately after birth	193(53.6)	167(46.4)
Covering the baby with a cold towel	313(86.9)	47(13.1)
Lying the baby in a cold area	321(89.2)	39(10.8)
Lying the baby alone	280(77.8)	80(22.2)
Signs and symptoms		
Cyanosis and cold extremities	96(26.7)	264(73.3)
Poor feeding	121(33.6)	39(10.8_)
Lethargy	118(32.1)	242(67.2)
Complications		
Dyspnea	134(37.2)	226(62.8)
Hypoglycemia	78(21.7)	282(78.3)
Decrease in weight	97((26.6)	263(73.1)
Death	60(16.7)	300(83.3)
Prevention		
No bathing immediately after birth	231(64.2)	129(35.8)
Dry baby after bathing and wrap in warm clothe	303(84.2)	57(15.8)
Skin-to-skin contact	300(83.3)	60(16.7)
Early initiation of breastfeeding within the first one hour	158(43.9)	202(56.1)

5.7 Factors Associated with Early Newborn Bathing

In this study one parity, Mother who get awareness by the nurse and midwife , and poor knowledge about hypothermia, were factors which are significant for the practice of early new born bathing with p-value less than 0.05.Mothers who had one parity were 4.10 times higher odds more likely to practice early new born bathing **(AOR: 4.10 (95%CI 2.04--5.12)**.Mothers who had adequate knowledge to hypothermia were had **(AOR: 3.9(95% CI :2.0-7.6)** to practice early new born bathing than those of had good knowledge. Mothers who didn't got health awareness by the nurse or midwife had more likely to practice early new born bathing **with (AOR: 19 (95% CI:(9.3-39)**odds than those of counterpart Table5.3 below.

Table 5.4. Factors Associated with Early Newborn Bathing among those mother's who gave birth in the last four months in gubre town 2022 G.C

Variables	Category	Early bathing		COR (95% CI)	AOR (95% CI)	p-value
		Yes (%)	No (%)			
Maternal age in years	15-20	20(5.56)	19(5.3)	2.1(0.95-4.5)	0.46(0.12-1.85)	0.275
	21-34	81(22.5)	157(43.6)	1.1(0.56-1.72)	0.53(0.23-1.23)	0.155
	> 34	28(7.78)	55(15.2)	1	1	0.341
Marital status	Married	113(31.4)	221(61.4)	0.1(0.120.89)	1.0(0.9-11.60)	0.24
	Single	6(1.7)	7(1.9)	.17(.15-1.92)	0.20(0.12-3.44)	o.999
	Divorced	5(1.4)	2(0.6)	0.50(0.03-7.45)	13(0.49-344)	0.267
	Widowd	5(1.4)	1(0.2)	1		0.125
parity	1	64(17.8)	54(0.15)	3.23(2.04-5.12	4.10(1.96-8.57)	.000
	>or=2	65(18.05)	177(49.1)	l	l	
Mode of delivery	vaginal	106(29.4)	201(55.83)	0.69(0.38-1.24)	.75(0.32-1.77)	0.515
	operation	23(6.34)	30(8.33)	I	I	
Prepared ness for delivery	yes	80(22.2)	180(50)	0.46(0.29-0.79)	1.3(0.60-2.68)	0.503
	No	49(13.6)	51(14.2)	1	1	
Type of water used for bathing	warm water	82(22.7)	180(50)	0.4(0.23-0.70)	0.05(.03-0.11)	.030
	cold water	34(9.4)	30(8.33)	I	I	
Mother who get awareness by the nurse and midwife	Yes	37(10.2)	199(55.2)	I	I	0.00
	No	90(0.25)	34(9.4)	15.13(8.86-25.8)	19.(9.3-39)	
knowledge about Newborn Danger Signs	good knowledge	31(8.6)	124(34.44)	0.27(0.17-0.44)	0.71(0.36-1.42)	0.337
	poor knowledge	98(27.2)	107(29.7)	I	I	
knowledge about hypothermia	Good knowledge	36(0.1)	144(0.4)	I	I	00
	Poor knowledge	94(26.1)	87(24.1)	4.45(2.77-7.1)	3.9(2.0-7.6)	

6. Discussion

The aim of our study was to assess early new born bath practices and associated factors in gubrye town. From this we found that about (35.8%) women were practicing early newborn bathing. This is almost in line with study conducted in Harare and in Bahir Dar city, north west Ethiopia which was (35.4%) ((1)), and [36.2%](15) respectively. our result is higher than the study conducted in dessei referral hospital which was 24% [16]. The possible reason for this increment will be the difference in study period and sudy population. Since a study population for the study conducted in dessei referral hospital were all post natal mothers who came for post natal service and the study population was all the selected post natal mothers who come for post natal service within the study period of 42 days whereas in our study our source of population was among post natal mothers we use only those who come for only immunization and mothers who have above 42 days but under four month infant .which may over estimate our finding. Because by chance among post natal mothers, those mothers who come for immunization will practice new born bathing than the remains and those mother who have above 42 days infant who are included in our sample are at risk for recall bias. Additionally sample size will be the possible variation which was N= 423. In contrast to the above this result is significantly low than the research findings from the research done in awabel district, east Go jam which was 65%(18).this significant variation will be due to,variation in study population. The study population for that research was all women's within reproductive age group(15-49) who practice home delivery. Mostly mothers who deliver at home is more likely to practice early new born bathing ((1)), .

Our study shows mothers who are in parity of one are more likely to practice early new born bath than those of multi Para mothers The possible explanation for variations of the findings might be as the number of parity increase, the chance of exposure to the health care providers will be the increase. This increment in exposure to the health care providers will help them to access awareness or knowledge to the neonatal danger sign. If the mothers have adequate knowledge to neonatal danger sign they will not intended to practice early new born bath .This explanation was supported by our research below. The finding was in agreement with studies done in Harar region eastern Ethoiopia

And also those mothers with more than one parity will learn from their experience as compared to primi para mothers . (1)

in this study Mother who get health awareness by the nurse and midwife were less likely to practice early new born bathing than those who are advised by other health care worker like health officer ,doctor, health extension worker and not completely get health awareness by anyone else. the reason for this might be, mostly essential new born care is the main role or the main concern for the nurse and midwifery personnel's and Avoiding early new born bathing is one component of essential new born care (11) .Given that when the nurses and midwifery give health awareness for the the mother they include the bathing time within their advice but doctors and health officers focus on the the treatment of the disease and the disease causing agent .

our study also revealed that poor knowledge to hypothermia were more likely to practice early new born bathing than their counter part. This finding is similarly with the study done in jimma,south west Ethiopia and in Harare region ,east Ethiopia .this might be if the mother did't know early new born bath will lead to hypothermia and hypothermia associated complication like hypoglycemia ,jaundice, skin dermatitis, skin infection pulmonary hemorrhage, and the like they practice this un healthy practice.

7. Strength and Limitation of the study

- Since our study is conducted on among mothers who gave birth in the last four months It decreases recall bias as compared to the previous study conducted in jimma town ,Oromo region , Ethiopia. Which was conducted in the last six month.
- . Recall bias might affect the quality of data.
- . The study design is also another drawback. It is better to be conducted in the community based to cover those mothers who will not come at immunization center.
- Since most of our respondents were in wolkite university specialized hospital .some respondents refuse us to get the information's. Most of the students did their research on there, one respondent might asked more than three times by the different researchers then some of them were tired and disinterested ,due to this the aquracy of the information could be decreased

- This study was conducted in one hospital and in one health center ; hence the results cannot be generalized to the national level even may not be a representative to the regional level.

8. Conclusion and Recommendation

9 .1 conclusions

This study was conducted to assess the prevalence of early new born bathing and its associated factor. We have gotten that about **129 (35.8%)** with (**95% CI :30.8-40.8)** of mother s practice early new born bathing .In spite of there is improvement from the previous study conducted in Madura district north west Ethiopia which was 62.2% to 35.8% still it is too large relative to its effect on the health of the new born. Therefore, it needs quite intervention. For this practice lack of knowledge to the hypothermia and neonatal danger sign, being primi Para, lack of access health awareness by the concerned body mainly the nurse and midwifes, were the fundamental factor.

9.2. Recommendations:

Based on the study findings, the following recommendations were forwarded for the community, health professionals and managers, future research

To the study community : The community should follow and try to implement the health education given from health professional and follow different media to avoid early new born bathing.

To woreda and higher authority manager or leaders: Facilitates health education program with health professionals and supply important Material like posters and leaflets which contains the basic evidence for post ponding early new born bathing and the complication after practicing early new born bathing, help the health professionals in transferring the important information through different mass media like TV ,Radio ,and other .

To health professionals :Strength health education and awareness creation for the mothers/care givers on Regarding to the complication of early new born bathing . Therefore the nurses and midwife even other health professional should provide health education regarding to the time

when the mother should start the first bath. To do this the health workers should pay attention to the prime gravida mothers during the time of ANC follow up, immediately after delivery since they are a risky group . Local health extension worker should undergo continues home visiting to encourage mothers on practice of early new born bathing. Nurses and midwifery health worker should be motivated or encouraged to advise the mothers. even if the primi parus groups are most exposed to early new born bath practice there are also mothers with multi pares and grand parus who practice early new born bathing for these mothers programed education at the immunization center by the EPI workers is a better site to prevent the future practice of early new born practice.

To Future research :Finally, Future research also needs to explore the effects of additional variables that were not measured in the current study, which can also directly or indirectly influence mothers/care givers practice towards early new born bathing. Even In our country there is no a representative research which shows the prevalence of early new born bathing at the national level so the researchers should give attention for this problem.

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Annex 1 Informed consent

Good morning (afternoon), my name is_____ and nurse graduating student at WKU . I/we are conducting a research on title "early newborn Bath practice and associated factors among mothers who have less than four month child, SNNPR, ETHIOPIA, 2022"and would appreciate your Participation. Now I/we would like to ask you about yourself and about your practice on your child of early new born bathing. I/we want to assure you that whatever information you provide us will be kept strictly confidential (secret) and we will never reveal your name or answers. I/We will not keep a record of your name and address. Participation in this research is voluntary. There are no right or wrong answers. You can skip any questions that you do not want to answer or stop the interview at any time. However, we hope that you will participate in this survey because your views are important. If you have any question about the study you may ask investigator through Tel:+251961387975

Do you agree to be interviewed? 1. Yes 2. No .

If yes, thank the mother for her cooperation and proceed.

Data collectors name _____-sign: _____

Questionnaire identification number_____

Annex-I Questionnaire (English Version)

Part I. Maternal and neonatal socio-demographic characteristics

s/no	Question	Response	skip
Q101	Date of immunization	_____(Day/Month/Year	
Q102	Age of the neonate at immunization	_____minute/hrs./days	
Q103	Sex of neonate	1. Female 2. Male	
Q104	Maternal age	_____years	
Q105	Ethnicity	1. Gurage 2. Oromo 3. Amahara 4. Tigrea 5. others (specify)	
Q106	Religion	1. Orthodox 2. Muslim 3. Protestant 4. Othres (Specify)	
Q107	Marital status	1. Maried 2. Divorced/separated 3. Single	

		4. Widowed	
Q108	Maternal residency	1.Urban 2.Rural	
Q109	Educational Status	1. unable to read and write 2. read and write 3. Primary education (1-8) 4. Secondary education (9-12) 5. Certificate and above	
Q110	Maternal Occupational status	1. Governmental Employee 2. Merchant 3. housewife 4. other (specify)	
Q111	Husband's educational status	1.unable to read and write 2.read and write 3.Primary education (1-8) 4.Secondary education (9-12) 5.Certificate and above	
Q112	How much Time it takes from ur home to this health facility	_____	
Part II: Maternal and Obstetric related factors			
Q201	Number of gravidity	_____	
Q202	Number of parity	_____	
Q203	place of delivery	1. Health institution 2. Home	
Q204	Pregnancy type	• Single 2.Multiple	
Q205	Presentation at delivery	1. Cephalic 2. Non cephalic	
Q206	mode of delivery	1.Vaginal 2.Cesarean S	
Q207	Mother had antenatal care visit during pregnancy	❖ Yes 2. No	If no skip to Q. 209
Q208	If yes to 207 , write the number of visits	……..	
Q209	Preparedness for delivery	1.yes 2.NO	If no skip to Q211
Q210	If yes, 209, What types of materials were prepared?	1. Food 2. Cloth 3. Finance 4. Transport 5. Delivery place plan	
Q211	Mother had Recent postnatal care (PNC follow up)	1. Yes 2. No	If no skip to Q214.
Q212	If yes,to Q211 write the number of visits	……..	
Q213	if yes to no 211. what did the health care	1. Counseled about baby	

	providers told to you?	hygiene 2. Counseled about baby immunization 3. Neonatal danger sign 4. Beast feeding 5. I don't remember	
Q214	Was mother has been developed complications during pregnancy	1. No 2. Yes	If no skip to Q216
Q215	If yes to no, 214, which type complication, were developed.	1.Pregnancy induced hypertension 2.Placental abruption 3.Placenta Previa 4.Other(specify)	
Q216	Has she been diagnosed with chronic medical problems previously	1. No 2. Yes	If no skip to no, 218
Q217	If yes to no, 208 what was the diagnosis	1. HIV 2. DM 3. Other specify_____	
Q218	weight at birth	_____grams	
Q219	current weight of the new born	_____grams	
Q220	Had received Kangaroo mother care	1.yes 2 no	
Q221	Early breastfeeding initiation(<1hr)	1. Yes 2. No	
Q222	current neonatal feeding status	1. Exclusive breast feeding 2. Formula feeding /supplementary 3. Cow milk feeding only 4. Mixed feeding 5. Other (specify)	
Q223	Neonatal history of NICU admission	2. Yes 3. No	if no skip to Q225
Q224	if yes to No.223 why? More than one answer is possible.	1. Preterm Birth 2. Low Birth Weight 3. Sepsis 4. Asphyxia 5. RDS 6. Jaundice 7. Hypoglycemia 8. Hypothermia 9. Other (Specify) 10. I Don't Remember	
Part III :Health Care related factors			
Q301	Type of health facility	1. Hospital	

	near by	2. health center 3. Health Post	
Q302	Health provider give awareness	1. Health extension workers 2. Midwifery/Nurse 3. Public health officer 4. Others specify	
Q303	No of health provider give awareness	_____	
Q304	Distance from health facility	_____km	
Part IV:Newborn bathing practices			
Q401	How long after birth, was the baby bathed for the first time?	1. Less than 1 hour 2. 1-6 hours 3. More than 6 hours 4. 6-24 hours 5. More than 24 hours 6. don't know **7.** don't remember	
Q402	Reason for Early bathing(more than one answer is possible)	1. To remove different secretions or blood or dirty from body 2. To remove visible vernix 3. To improve health and strength of newborn 4. To make baby refreshed and comfortable 5. Encouraging sleep and improving health 6. To prevent different smells 7. Others(specify)	
Q403	Reason for delayed newborn bathing	1. To keep baby warm 2. Health professional advised me to do so 3. Other(specify)	
Q404	**Type of water used for** newborn bathing	1. Warm water 2. Cold water 3. others(specify)	

Q405	**Bathing techniques**	1. Immersion(tub) bathing 2. Swaddled (tub) bathing 3. Sponge bathing (wiper)	
Q406	Implemented safety principles when bathing newborns	1. Wearing gloves until after the newborn's first bath 2. Ensure bath equipment is not a source of cross contamination. 3. Implement environmental controls to create a neutral thermal environment 4. Environmental controls to minimize heat loss	
Part V: :Questionnaire to asses mothers knowledge about neonatal hypothermia			
Q501	Do you think that Washing the baby immediately after birth causes hypothermia?	**1. Yes 2. No**	
Q502	Do you think that Covering the baby with a cold towel causes hypothermia??	**1. Yes 2. No**	
Q503	Do you think that Lying the baby in a cold area causes hypothermia?	1. Yes 2. No	
Q504	Do you think that Lying the baby alone causes hypothermia?	1. Yes 2. No	
Q505	Do you think that Cyanosis of cold extremities of ur baby's will be sign and symptom of hypothermia?	1. Yes 2. No	
Q506	Do you think that Poor feeding will be sign and symptom of hypothermia?	1. Yes 2. No	
Q507	Do you think that Lethargy will be sign and symptom of hypothermia?	1. Yes 2. No	
Q508	Do you think that Dyspnea will be complications of hypothermia?	1. Yes 2. No	
Q509	Do you think that Hypoglycemia will be complications of hypothermia?	1. Yes 2. No	
Q510	Do you think that Decrease in weight will be complications of hypothermia?	1. Yes 2. No	
Q511	Do you think that Death will be complications of hypothermia?	1. Yes 2. No	
Q512	Do you think that No bathing immediately after birth prevents hypothermia?	1. Yes 2. No	
Q513	Do you think that Dry baby after bathing and wrap in warm clothe prevents hypothermia?	1. Yes 2. No	
Q514	Do you think that Skin-to-skin contact prevents hypothermia?	1. Yes 2. No	
Q515	Do you think that Early initiation of	1. Yes 2. No	

	breastfeeding within the first 1 hours prevents hypothermia?		
Part VI: Questionnaire to asses mothers knowledge about neonatal danger signs			
Q601	Do you think that Fever is neonatal danger sign?	1. Yes 2. No	
Q602	Do you think that Convulsions is neonatal danger sign?	**1. Yes 2. No**	
Q603	Do you think that Birth asphyxia is neonatal danger sign?	1. Yes 2. No	
Q604	Do you think that umbilical infection is neonatal danger sign?	1. Yes 2. No	
Q605	Do you think that severe chest in Drawing is neonatal danger sign?	1. Yes 2. No	
Q606	Do you think that Hypothermia is neonatal danger sign?	1. Yes 2. No	
Q607	Do you think that eye discharge is neonatal danger sign?	1. Yes 2. No	
Q608	Do you think that unable to breastfeed is neonatal danger sing?	1. Yes 2. No	
Q609	Do you think that Jaundice (yellowish discoloration of skin) is neonatal danger sign?	1. Yes 2. No	

Thank you !!!!!

Annix 1 በመረጃ የተደገፈ ስምምነት

እንደምን አደሩ/ (ዋሉ

ስሜ _____ እባላለሁ እና በ ነርስ ሙያ በWKU ተመራቂ ተማሪ ነኝ/ነን። እኔ/እኛ በ ጉበሬ ከተማ ደቡብ ክልል 2014 ዓ.ም ከሦስት ወር በታች ልጅ ባላቸው እናቶች ላይ "እናቶች በ ሃያ ዐራት ስዓት ዉስጥ የልጆቻቸውን ገላ የማጠብ ልምድ ና ተያያዥ ምክንያቶች በሚል ርዕስ ላይ ጥናት እያደረግን ነው ።ስለዚህ እርስዎ የጥናቱ ባለቤት ሆነዋል።አሁን እኔ/እኛ ስለራስዎ አንዳንድ መረጃዎችንና እና በልጅዎ ላይ ስለሚያደርጉት የገላ ማጠብ ልምድ ልንጠይቅዎ እንፈልጋለን። እኔ/እኛ ልንነግርዎ የምንፈልገው ማንኛውም አይነት መረጃ በሚስጥር (ሚስጥራዊ) እንደሚጠበቅ እና ስምዎን ወይም መልሶችዎን በጭራሽ አንገልጽም። እኔ/እኛ የእርስዎን ስም እና አድራሻ መዝግበን አንይዝም። በዚህ ጥናት ውስጥ መሳተፍ በፈቃደኝነት ነው. ትክክለኛ ወይም የተሳሳቱ መልሶች የሉም። መመለስ የማይፈልጓቸውን ማንኛውንም ጥያቄዎች መዝለል ወይም በማንኛውም ጊዜ ቃለ መጠይቁን ማቆም ይችላሉ። ይሁን እንጂ በዚህ የዳሰሳ ጥናት ላይ እንደሚሳተፉ ተስፋ እናደርጋለን ምክንያቱም የእርስዎ አመለካከት ጠቃሚ ነው። ስለ ጥናቱ ምንም አይነት ጥያቄ ካሎት መርማሪውን በስልክ፡+251961387975 መጠየቅ ይችላሉ።

ቃለ መጠይቅ ለማድረግ ተስማምዋል? 1.አዎ 2. አይ.

አዎ ከሆነ እናትየዋን ለትብብብሯ አመሰግናለሁ እና ይቀጥሉ።

የመረጃ ሰብሳቢዎች ስም _____- ምልክት፡ _____

መጠይቅ መለያ ቁጥር _____

Annix-1 መጠይቅ (የእንግሊዘኛ ቅጂ)

ክፍል I. የእናቶች ማህበራዊ እና ኢ-ኮኖሚያዊ ባህርያት

s/አይ	ጥያቄ	ምላሽ	ዝለል
Q101	የክትባት ቀን	_____ (ቀን/ወር/ዓመት)	
Q102	በክትባት ጊዜ የህፃኑ ዕድሜ	_____**ቀን**	
ጥ 103	የህፃኑ ፆታ	1. ወንድ 2. ሴት	
Q104	የእናት አድም	_____ዓመት	
Q105	ብሄር	3. ጉራጌ 2 .አሮሞ 3. አማራ **4. ሌሎች (ይጥቀሱ)**	
ጥ 106	ሃይማኖት	• ኦርቶዶክስ 2. ሙስሊም 3 .ፕሮቴስታንት **4.ሌሎች (ይግለጹ)**	
Q107	የጋብቻ ሁኔታ	1. ያገባ 2. የተፋታ/የተለያየ 3. ነጠላ 4. ባል የሞተባት	
ጥ 108	የእናቶች መኖሪያ	1.ከተማ 2.ገጠር	
Q109	የትምህርት ሁኔታ	A. ማንበብ እና መጻፍ የማይችል	

		B. ማንበብ እና መፃፍ C. የመጀመሪያ ደረጃ ትምህርት (1-8) D. የሁለተኛ ደረጃ ትምህርት (9-12) E. የምስክር ወረቀት እና ከዚያ በላይ	
Q110	የእናቶች የሥራ ሁኔታ	• የመንግስት ሰራተኛ • ነጋዴ • የቤት እመቤት • **ሌላ (ይግለጹ)**	
ጥ 111	የባል የትምህርት ደረጃ	1. ማንበብ እና መጻፍ አለመቻል 2. ማንበብ እና መጻፍ 3. የመጀመሪያ ደረጃ ትምህርት (1-8) 4.የሁለተኛ ደረጃ ትምህርት (9-12) 5.የምስክር ወረቀት እና ከዚያ በላይ	
ጥ 112	ከቤታችሁ እስከ ጤና ተቋሙ ምን ያህል ጊዜ ይወስዳል በእግር ጉዞ ?	_____ **ሰዓት**	
ክፍል II፡ ከእናቶች እና ከእርግዝና ዙሪያ ጋር የተያያዙ ምክንያቶች			
ጥ201	የእረግዝና መጠን ብዛት	_____	
Q202	ከ 28 ሳምንት በላይ የሆነ የእርግዝና ጊዜ ብዛት	_____	
Q203	የተወለዱበት ቦታ	1. የጤና ተቋም 2. ቤት	
Q204	የእርግዝና ዓይነት	1. ነጠላ 2. መንታ 3. **ሌላ**-----	
Q205	ህፃኑ ሲወለድ ቀድሞ በማህፀን የመጣው የህፃኑ አካል ክፍል	1. ጭንቅላት 2. ከ ጭንቅላት ውጭ	
Q206	የተወለደበት ዘዴ	1.በማህፀን 2 በ ኦፐሬሽን	
Q207	እናት በእርግዝና ወቅት የቅድመ ወሊድ ክትትል መነብኘት ነበራት?	3. አዎ 2 .አይ	Q.209 ካ
Q208	ለ ጥ.ቁ 207 አዎ ከሆነ, የጉብኝቶችን ቁጥር ይጻፉ	…….	
Q209	ለመዉለድ ዝግጁ ነበሩ?	1.አዎ 2.አይ	ካልሆነ ወደ Q211 ዝለል
ቅ	አዎ ከሆነ 209፣ ምን ዓይነት ቁሳቁሶች አዘጋጅተው ነበር ?	1. ምግብ 2. ጨርቅ 3. ፋይናንስ 4. መጓጓዣ 5. የማስረከቢያ ቦታ እቅድ	
Q211	እናት በቅርብ ጊዜ የድህረ ወሊድ እንክብካቤ ነበራ ?	1. አዎ 2 .አይ	ካልሆነ ወደ Q214 ዝለል።
Q212	አዎ ከሆነ ፣ለ Q211 የጉብኝቶችን ቁጥር ይፃፉ	…….	
Q213	አዎ ከሆነ ለ Q 211. በአቅራቢያ ያሉ የጤና ባለሙያዎች ምን መከሩሽ ?(ከአንድ በላይ መልስ ምረጥ ይቻላል)	1. ስለ ሕፃን ንፅህና ምክር 2. ስለ ሕፃን ክትባት ምክር 3. ስለ ህፃኑ የየአደጋ ምልክት 4. ሰለ ጡት አ መመገብ **5. አላስታውስም።**	

Q214	በእርግዝናዎ ወቅት ውስብስብ ችግሮች አጋጥሟታል	1. አይ 2. አዎ	ካልሆነ ወደ Q216 ዝለል
Q215	አዎ ከሆነ ለ ጥ.ቁ 214፣ የትኛው አይነት ውስብስብ፣ ችግር ገጠመዎ ?	1.በእርግዝና ምክንያት የሚከሰት የደም ግፊት 2.የእንግዴ ልጅ ከማህፀን መላቀቅ 3.የእንግዴ ልጅ ከማህፀን በታች በኩል መተከል(placenta previa) ***4. ሌላ (ይግለጹ)***	
Q216	ከዚህ ቀደም ሥር የሰደደ የሕክምና ችግር እንዳለባት ታውቃለች?	1. አይ 2. አዎ	ከሌለ ወደ አይ 218
Q217	አዎ ከሆነ ለ ጥ.ቁ 208 ምርመራው ምን ነበር?	1. ኤችአይቪ 2. ሰኳር 3. ***ሌላ ይግለጹ_____***	
Q218	ሲወለድ ክብደት	____ግራም	
Q219	የህፃኑ የአሁን ክብደት	_____ ግራም	
Q220	**የካንጋሮ** እናት እንክብካቤ አግኝተው ነበር።	1. አዎ 2 አይ	
Q221	ወዲያውኑ ህፃኑ እንደተወለደ **ጡት** ማጥባት ጀምረዋል (<1 ሰአት)	1. **አዎ** 2 ..አይ	
Q222	ወቅታዊ የህፃኑ **አመጋገብ** ሁኔታ	1. ጡት ብቻ 2. ከጡት በተጨማሪ ሌላ የዱቄት ወተት 3. የላም ወተት ብቻ 4. የተደባለቀ አመጋገብ ***5. ሌላ (ይግለጹ)***	
Q223	ልጅዎ ጨቅላ ህፃናት ፅኑ ህሙማን ክፍል ገብቶ ያውቃል?	1. .አዎ 2. አይ	ወደ Q225 ካልተዘለለ
Q224	አዎ ከሆነ ለ ጥ.ቁ 223 ለምን? ከአንድ በላይ መልስ ማግኘት ይቻላል.	• የለ ጊዜው መወለድ • ዝቅተኛ የልደት ክብደት • ደም ቧንቧ በጅርም መመረዝ • ህፃኑ ልክ እንደ ተወለደ በራሱ መተንፈስ አለመጀመር • የአተነፋፈስ ችግር • የአይን፣የቆዳና ሌሎች በጫ መልክ ስለሆነ • በደም ውስጥ ስኳር ስለቀነሰ • የሙቀት መጠን መቀነስ • ***ሌላ (ይግለጹ)***	
ክፍል III፡ ከጤና አጠባበቅ ጋር የተያያዙ ምክንያቶች			
Q301	በአቅራቢያ የሚገኘው የጤና ተቋም አይነት	1. ሆስፒታል 2. ጤና ጣቢያ 3. ጤና ፖስት	
Q302	ስለ ጤና እውቅና የሰጠዎት የጤና ባለ ሙያ (ከአንድ	1. የጤና ኤክስቴንሽን ሰራተኞች	

	በላይ መምረጥ ይቻላል)	2. አዋላጅ / ነርስ 3. የህዝብ ጤና መኮንን 4. ሌሎች ይገልጻሉ።	
Q303	ስለ ጤና እውቅና የሰጠዎት የጤና ባለ ሙያ ብዛት	_____	
Q304	ከጤና ተቋም ርቀት	_____ ኪ.ሜ	
ክፍል IV: አዲስ የተወለዱ የመታጠቢያ ልምዶች			
Q401	ህፃኑ እንደተወለደ በስንት ስዓት ውስጥ ለመጀመሪያ ጊዜ ገላውን መታጠብ ጀመረ ?	1. ከ 24 ስዓት በታች 2. ከ 24 ስዓታት በላይ ***3. አላስታውስም።***	
Q402	እርስዎ ልጅዎን ከ24 ስዓት በታች ማጠብ ከፈለጉ ለመታጠብ ምክንያት(ከአንድ በላይ መልስ መምረጥ ይቻላል)	❖ ከሰውነት ውስጥ የተለያዩ ፈሳሾችን ወይም ደምን ወይም ቆሻሻን ለማስወገድ ❖ ቫርኒክስን ለማስወገድ ❖ የህፃኑን ጤና እና ጥንካሬ ለማሻሻል ❖ ሕፃን ምቹ እና ምቹ እንዲሆን ለማድረግ ❖ እንቅልፍን ማበረታታት እና ጤናን ማሻሻል ❖ ወደ ህይዎቱ መጥፎ ሽታዎችን ለመከላከል ❖ ሌሎች (ይጥቀሱ)	ከ24 በሓላ የሚያጥቡ ወደ ጥ.403 ዝለል
ጥ 403	የልጅዎን ገላ ለማጠብ የዘገዩበት ምክንያት	1. የሕፃኑን ሙቀት ለመጠበቅ 2. የጤና ባለሙያ እንዲህ እንዳደርግ መከረኝ። ***3. ሌላ (ይግለጹ)***	
Q404	አዲስ ለተወለደውን የህፃን ገላ ለማጠብ **ጥቅም ላይ የሚውለው የውሃ ዓይነት**	1. ሙቅ ውሃ 2. ቀዝቃዛ ውሃ 3. ሌሎች (ይጥቀሱ)	
ጥ 405	**የማጠቢያ ዘዴዎች**	• አስማጭ (ቱቦ) መታጠቢያ • የታሸገ (መታጠቢያ ገንዳ) መታጠቢያ • ስፖንጅ መታጠብ (ማጽጃ)	
ጥ 406	አዲስ የተወለደ ሕፃን በሚታጠብበት ጊዜ ደህንነቱን ተግባራዊ የማድረጊያ ዘዴዎች?	1. አዲስ የተወለደው የመጀመሪያ ገላ እስኪታጠብ ድረስ ጓንት ማድረግ 2. የመታጠቢያ መሳሪያዎች የብክለት ምንጭ አለመሆኑን ማረጋገጥ. 3. የሙቀት መጥፋትን ለመቀነስ የአካባቢ መቆጣጠሪያዎች	
ክፍል V:: ስለ ሰዉነት የሙቀት መጠን መቀነስ እናቶች የላቸው እውቀት			
Q501	ህፃኑን ልክ እንደተወለደ ወዲያውኑ ***ማጠብ*** የሙቀት መጠን መሸነስን ያስከትላል ብለው ያስባሉ?	**1. አዎ 2. አይ**	

Q502	ህፃኑን **በቀዝቃዛ ፎጣ መሸፈን** የሙቀት መጠን መቀነስን ያስከትላል ብለው ያስባሉ?	**1. አዎ 2. አይ**	
Q503	ህፃኑን **በቀዝቃዛ ቦታ ማስተኛት** የሙቀት መጠን መቀነስን ያስከትላል ብለው ያስባሉ?	1. አዎ 2. አይ	
Q504	ህፃኑን **ብቻውን መተው** የሙቀት መጠን መቀነስን ያስከትላል ብለው ያስባሉ?	1. አዎ 2. አይ	
Q505	የልጅዎ እጅ ወይም **እግር ቀዝቃዛ እና ሰማያዊ መልክ** ቢሆኑ የሙቀት መጠን መቀነስ ምልክት ይሆናል ብለው ያስባሉ?	1. አዎ 2. አይ	
Q506	**ደካም አመጋገብ** የሙቀት መጠን መቀነስ ምልክት ይሆናል ብለው ያስባሉ?	1. አዎ 2. አይ	
Q507	**ሙሉ የሰውነት ድካም** የሙቀት መጠን መቀነስ ምልክት ይሆናል ብለው ያስባሉ?	1. አዎ 2. አይ	
Q508	***ለመተንፈስ መቸገር*** ለሙቀት መቀነስ ውስብስብ ችግር ይሆናል ብለው ያስባሉ?	1. አዎ 2. አይ	
Q509	በደም ውስጥ ***የሰኳር መጠን መቀነስ*** የሙቀት መጠን መቀነስ ውስብስብ ችግሮች ሊሆኑ ይችላሉ ብለው ያስባሉ?	1. አዎ 2. አይ	
Q510	***የክብደት መቀነስ*** የሙቀት መጠን መቀነስ ውስብስብ ችግሮች ሊሆን ይችላል ብለው ያስባሉ?	1. አዎ 2. አይ	
Q511	***ምት*** የሙቀት መጠን መቀነስ ውስብስብ ችግሮች ይሆናል ብለው ያስባሉ?	1. አዎ 2. አይ	
Q512	ህፃኑ ከተወለደ በኋላ ወዲያውኑ ***አለማጠብ*** የሙቀት መጠን መቀነስን ይከላከላል ብለው ያስባሉ?	1. አዎ 2. አይ	
Q513	ህፃኑ ከታጠበ በኋላ **በስርዓት ማድረቅ** እና በሞቀ ልብስ መጠቅለል የሙቀት መጠን መቀነስን ይከላከላል ብለው ያስባሉ?	1. አዎ 2. አይ	
Q514	***የእናትን ቆዳ ከህፃኑ ቆዳ ማገናኘት*** የሙቀት መጠን መቀነስን ይከላከላል ብለው ያስባሉ?	1. አዎ 2. አይ	
Q515	በመጀመሪያዎቹ ***1 ሰዓታት*** ውስጥ ጡት ማጥባት የሙቀት መጠን መቀነስን ይከላከላል ብለው ያስባሉ?	1. አዎ 2. አይ	
ክፍል VI፡ ስለ ጨቅላ ህፃናት አደጋ ምልክት እናቶች የላቸውን እውቀት ለመገምገም መጠይቅ			
Q601	***ትኩሳት*** አዲስ ለተወለደ ህፃን አደገኛ ምልክት ነው ብለው ያስባሉ?	1. አዎ 2. አይ	
Q602	***መንቀጥቀጥ ና ራሰን መሳት*** አዲስ ለተወለደ ህፃን የአደጋ ምልክት ነው ብለው ያስባሉ?	**1. አዎ 2. አይ**	
Q603	ህፃኑ ልክ እንደ ተወለደ **በራሱ መተንፈስ አለመጀመር** አዲስ ለተወለደ ህፃን አደገኛ ምልክት ነው ብለው ያስባሉ?	1. አዎ 2. አይ	
Q604	***እምብርት በረቂቅ*** ተህዋስያን መበከል አዲስ ለተወለደ ህፃን የአደጋ ምልክት ነው ብለው ያስባሉ?	1. አዎ 2. አይ	
Q605	በሚተነፍሱበት ጊዜ ***በጎን አጥንት መካከል*** የለው መሰርነድ አዲስ ለተወለደ ህፃ የአደጋ ምልክት ነው ብለው ያስባሉ?	1. አዎ 2. አይ	
ጥ 606	***የሙቀት መጠን መቀነስ*** አዲስ ለተወለደ ህፃን አደገኛ ምልክት ነው ብለው ያስባሉ?	1. አዎ 2. አይ	
Q607	***ከአይን ፈሳሽ*** ነገር መውጣት አዲስ ለተወለደ ህፃ ን	1. አዎ 2. አይ	

	አደገኛ ምልክት ነው ብለው ያስባሉ?		
Q608	***ጡት ማጥባት*** አለመቻል አዲስ ለተወለደ ህፃን አደገኛ ምልክት ነው ብለው ያስባሉ?	1. አዎ 2. አይ	
Q609	**(የቆዳ ቢጫ ቀለም መቀየር)** አዲስ ለተወለደ ልጅ አደገኛ ምልክት ነው ብለው ያስባሉ?	1. አዎ 2. አይ	

አመሰግናለሁ

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