



WOLKITE UNIVERSITY
COLLEGE OF MEDICINE AND HEALTH SCIENCE
DEPARTMENT OF NURSING

**ASSESSMENT OF KNOWLEDGE, ATTITUDE AND PRACTICE AMONG
LACTATING HIV POSITIVE WOMENS ABOUT FEEDING OF INFANT
IN WOLISO WOREDA, WOLISO, SOUTH WEST SHOA, OROMIA
REGION, ETHIOPIA:2023.**

**A RESEARCH PAPER SUBMITTED TO BE WOLKITE UNIVERSITY, COLLEGE OF
MEDICINE AND HEALTH SCIENCE, DEPARTMENT OF NURSING IN PARTIAL
FULFILLMENT OF THE REQUIRMENTS FOR THE DEGREE OF BACHELOR OF
SCIENCE IN NURSING**

**August,
Wolkite, Ethiopia**

**ASSESSMENT OF KNOWLEDGE, ATTITUDE AND PRACTICE AMONG
LACTATING HIV POSITIVE WOMENS ABOUT FEEDING OF INFANT IN WOLISO
WOREDA, WOLISO, SOUTH WEST SHOA, OROMIA REGION, ETHIOPIA;2023.**

GROUP MEMBERS:

NAME	ID/N^o
BERUKTAWIT DUGASA.....	63/12
MELAL GIRMA.....	128/12

ADVISORS: SR. AGERIE A. (M.Sc. Nursing)

: Mr. FISHA A. (M.Sc. Assistant Professor of Pediatrics and Child Health Nursing)

Acknowledgement

First and foremost, we express our gratitude to our God for granting us strength throughout the entire process of our work. We would like to extend our heartfelt appreciation to Wolkite University, college of Medicine and health science, department of nursing for providing us with the opportunity to conduct this research. We extend our sincere thanks to our advisors sister Agerie A. and Mr. Fisha A. for their unwavering support on preparing this thesis. We would also like to acknowledge the invaluable contributions for our diligent data collectors and supervisors, respondents to their involvement and willingness to participate in this research.

Table of Contents

Acknowledgement	ii
List of tables	v
List of figures	v
Acronyms and Abbreviations	vi
Abstract	vii
1. INTRODUCTION	9
1.1 Background of the study	9
1.2. Statement of the problem	11
1.3 Significance of the study	12
2. LITERATURE REVIEW	14
2.1. Knowledge of HIV positive lactating women on infants feeding.....	14
2.2. Attitude of HIV positive lactating women on infants feeding	14
2.3. Practice of HIV positive lactating women on infants feeding	15
3. OBJECTIVES OF THE STUDY	16
3.1. General objective	16
3.2. Specific objectives	16
4. METHODS AND MATERIALS	17
4.1. Study area and period.....	17
4.2. Study design.....	17
4.3. Source population	17
4.4. Study population	17
4.5. Inclusion criteria	17
4.6. Exclusion criteria	17
4.7. Sample size determination and sampling technique	18
4.7.1. Sample Size determination.....	18
4.7.2. Sampling Techniques	19
4.8. Study variables.....	21
4.9. Operational definitions.....	21
4.10. Data collection tool and procedures.....	21
4.11. Data quality assurance	22
4.12. Data processing and Analysis	22
4.13. Ethical consideration.....	23

4.14. Dissemination plan.....	23
5. RESULT	24
6. DISCUSSION	31
8. CONCLUSION AND RECOMMENDATION	34
8.1 CONCLUSION.....	34
8.2.RECOMMENDATION	35
9. REFERENCES.....	36
10. ANNEX	38
10.2 INFORMED CONSENT:	38
10.2. QUESTIONARIES	39

List of tables

Table 1. Socio demographic character of HIV lactating mothers in Woliso Woreda, South west Shoa, Oromia region, Ethiopia, 2023. n=293).....	24
Table 2: knowledge about infant feeding among lactating HIV positive mothers at health facilities in Woliso Woreda, Oromia, South West Ethiopia, 2023.	26
Table 3: Attitude towards infant feeding among lactating HIV positive mothers at health facilities in Woliso Woreda, Oromia, South West Ethiopia, 2023.	28
Table 4:- Practice of infant breast feeding among lactating HIV positive mothers at health facilities in Woliso Woreda, Oromia, South West Ethiopia, 2015 E.C.	30
Table 5 questionnaires regarding socio demographic characteristics of HIV positive mothers attending ART	39
Table 6 questionnaires regarding knowledge of HIV positive mother about infant feeding	40
Table 7questionaries regarding attitude of HIV positive mothers about infant feeding	41
Table 8questionaries regarding practice of HIV positive mothers about infant feeding.....	42

List of figures

Figure 1:Flow chart showing sampling procedure.....	20
Figure 2: knowledge about infant feeding among lactating HIV positive mothers at health facilities in Woliso Woreda, Oromia, South West Ethiopia, 2023.	26
Figure 3: Attitude towards infant feeding among lactating HIV positive mothers at health facilities in Woliso Woreda, Oromia, South West Ethiopia, 2023.	27
Figure 4:Practice of infant feeding among lactating HIV positive mothers at health facilities in Woliso Woreda, Oromia, South West Ethiopia, 2023.....	30

Acronyms and Abbreviations

AFASS	Acceptable, Feasible, Affordable, Sustainable and Safe
ANC	Antenatal Care
ART	Antiretroviral Therapy
CI	Confidence Interval
EBF	Exclusive breastfeeding.
ERF	Exclusive replacement feeding.
HIV/AIDS	Human Immunodeficiency Virus Acquired Immunodeficiency Syndrome
IMCI	Integrated Management of Childhood Illness
<u>KAP</u>	<u>Knowledge, Attitude and Practice.</u>
MCH	Maternal and Child Health
MOH	Ministry of Health
MTCT	Maternal to Child Transmission
PMTCT	Prevention of Maternal to Child Transmission
TB	Tuberculosis
UNAIDS	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

Abstract

Background: The world health organization advises on feeding practices on infants born to HIV infected mothers, aiming to ensure the safety of both the infant and the mother. These recommendations focus on preventing the transmission of HIV from mother to child while also meeting the child's nutritional needs. The approach involves giving priority to preventing HIV transmission through breastfeeding.

Objective: This study aimed at assessing the knowledge, attitude, and practice (KAP) of mothers about feeding of infants born to HIV positive women.

Methods: A hospital based cross sectional study design was conducted to assess the KAP of mothers about feeding of infants born to HIV positive lactating women among 319 women in Woliso woreda hospitals and health centers. Simple random sampling technique was used. Data was collected by face-to-face interview. The collected data were cleared checked, entered into, preprocessing and analyzed using text and results were summarize using texts and table by using IBM SPSS software.

Result: A total of 293 participants were interviewed with a 100% response rate. The mean age of participants was 29.24 (SD±10.06) years. The overall level of participant good knowledge and favorable attitude was 42.3% and 63.8%, respectively. Only 46.8% of mothers were practicing infant feeding according to WHO recommendation.

Conclusion and recommendation: The findings indicate that while there is a considerable proportion of mothers with good knowledge, there are still gaps in understanding regarding their infant feeding practices and the risk of HIV transmission through breastfeeding. Interventions should concentrate on closing the disparity between possessing sufficient knowledge, holding favorable attitudes, and actually implementing the recommended practices by the responsible bodies like Woliso woreda health office, Local health authorities and healthcare facilities and hospital and health care workers.

Key words: - Infant feeding, prevention mother to child transmission, mother to child transmission, Woliso.

1. INTRODUCTION

1.1 Background of the study

HIV/AIDS can be transmitted from mother to child during pregnancy, childbirth or breastfeeding. During this stage in mother's life, the virus is able to cross the placenta and enter the unborn fetus, or pass through infected breast milk. This can occur either directly or via contact with bodily fluids such as blood or amniotic fluid. In order to reduce the risk of transmitting HIV/AIDS between mothers and children, drug treatments are available that reduce the amount of viral load present in pregnant women, while breastfeeding is generally not recommended if a mother is HIV positive(1).

For newborns born to women who are infected with the HIV virus, the global health organization(WHO) suggests feeding procedures that are secured for both the, other and the child. This entails preventing the virus from spreading from mother to infant(PMTCT) while also attending to the infant's nutritional needs. This necessitates giving HIV transmission prevention through breastfeeding precedence over non HIV morbidity and death, particularly from malnutrition and severe infections like diarrhea, among infants who are not breastfeed(2).

Exclusive breastfeeding (EBF) is the recommended option for HIV negative or unknown status women for the first six months of age and complementary feeding after six month of age is best feeding option. However, for known positive HIV/AIDS mothers breastfeeding of the infants is not recommended because breast milk can transmit the HIV virus to the infants. So, avoiding breastfeeding is recommended if replacement feeding is acceptable, feasible, affordable, sustainable and safe or AFASS is met. Nevertheless, in a condition when AFASS criteria cannot be met the mothers were recommended exclusive breastfeeding up to six months without any mixed feeding. In order to prevent the transmission of HIV through breastfeeding using heat treated expressed breast milk or wet nursing of newborn by HIV negative mother can be better option(3).

Mothers living with HIV/AIDS should be informed that they can receive safe, nutritionally adequate, and age-appropriate nutritious foods. Although it is not recommended for mothers living with HIV to breastfeed due to the risk of HIV transmission through breastfeeding,

nutritionists and other health professionals can provide advice on the optimal combination of infant formula and other food sources in order to meet the nutritional needs of infant. Other supportive measures such as cup feeding, transitional foods and timely introduction of complementary foods may also be ideal for mothers living with HIV(4).

In sub-Saharan Africa mixed feeding is the predominant form of infant feeding due to cultural and economic condition. Therefore, this practice increases the transmission of HIV from mother to infants in this area. In Ethiopia, 58% infants beneath six months of age are exclusively breastfeeding regardless of maternal HIV status. According to WHO the prevalence of mother to child transmission of HIV in exclusive breastfeeding of HIV positive women is estimated to be around 19%, although this rate can vary significantly depending on geographic area. According to 2015 study of six demographic health surveys in Ethiopia, the prevalence of mother to child transmission (MTCT) of HIV among exclusive breastfeeding HIV positive women was 10.5%. The rate of transmission by pattern of infant feeding was found to be low in exclusively breast feeding (19.4%) than mixed fed infants (26.1%) for 3 month(5). The purpose of study was to assess the existing infant feeding knowledge, attitude and practices (KAP) among HIV positive mothers attending antiretroviral therapy (ART) in Woliso woreda hospitals and health centers.

1.2. Statement of the problem

Globally, over 90% of HIV infections among children are due to mother-to-child transmission and breastfeeding accounts for 5–20% of the burden(6). According to a 2017WHO report, Ethiopia is estimated to have approximately 250,000 people living with HIV/AIDS, including 130,000 children under the age of 15. Women and young people are the most affected by HIV/AIDS in Ethiopia- an estimated 79% of those living with HIV/AIDS in Ethiopia are between the age of 15-49 and 67% of all adults living with HIV/AIDS in Ethiopia are women(7). Breastfeeding has been acknowledged as beneficial by the World Health Organization (WHO) and United Nations Children's Emergency Fund (UNICEF). Worldwide, an estimated 2.1 million children under the age of 15 are thought to have HIV/AIDS, also known as acquired immune deficiency syndrome. 90% of these children reside in sub-Saharan Africa, including 64,813 in Ethiopia. Without treatment, between 30 and 45 percent of babies born to HIV-positive mothers in impoverished nation's contract the disease during pregnancy, childbirth and breastfeeding(3).

Around 300,000 new HIV infections occur each year around the world, but if women don't breastfeed, 1.5 million children each year would die. Sub-Saharan Africa accounts for the great majority of these infections and fatalities. Breastfeeding has more advantages for health and survival than HIV transmission dangers. However, HIV positive moms in impoverished nations face an impossibility of a choice due to the debate regarding the risk of HIV transmission through breast milk and the life-saving advantages of breastfeeding. When replacement feeding is acceptable, feasible, affordable, sustainable, and safe (AFASS), WHO advises HIV-positive mothers to quit breastfeeding altogether. Otherwise, EBF is advised throughout breastfeeding(3).

Inappropriate feeding practices such mixed feeding are widely used in addition to the low amount of EBF. As many as 35.6% of mothers who are HIV-positive engage in it.Ethiopia's several regions mixed feeding has been shown to be triggered by a number of factors, including cultural pattern or influence of the social norm, general or specific knowledge about benefits and risks of infant feeding practice (IFP) in the case of HIV, which is strongly related to counseling given during antenatal care (ANC) and postnatal care (PNC) visits. Mixed feeding is said to result in a significantly higher risk of acquiring infection than exclusive breastfeeding(8)

The knowledge and attitude of HIV positive lactating women on infants feeding can affect their practices. As study indicates that the KAP of HIV positive lactating mothers on infants feeding is poor due to the cultural norm and economic condition of the country. As a result of this many women infected with HIV have poor practices towards exclusive breastfeeding of the infant so that this can increase the transmission of HIV from MTCT in postnatal duration. Poor KAP HIV positive lactating women on infant feeding have many consequences in childhood problem, increase the morbidity and mortality of children and series health obstacle to social and economic development. Adequate feeding of infants who are born to HIV positive mothers is very crucial that every mother as well as the community should know in depth and practice it in real(2).

The feeding options recommended for infants of HIV positive women are: exclusive breastfeeding and avoiding mixed feeding, expressing and heating breast milk or exclusive breastfeeding by wet nurse who is HIV negative, or exclusive replacement feeding (avoidance of all breastfeeding(9).

No recent studies have been done in Woliso town where reside numbers of HIV positive lactating mothers are to find out their knowledge, attitude and practice towards breastfeeding their babies. Therefore, this study was contributed to fill the information gap, promote appropriate infant feeding practice in the study setting and the country at large and were explore the knowledge, attitude and practice of HIV-positive lactating mothers towards breastfeeding their babies attending Woliso hospitals and health centers.

1.3 Significance of the study

Studying the knowledge, attitude, and practice of HIV-positive lactating women regarding infant feeding is significant because it informs the design of effective programs, provides feedback on public health efforts, guides future educational initiatives, helps stakeholders understand the level of knowledge and practices among mothers, supports their involvement and intervention, and establishes baseline information for more elaborate studies The significance of studying the knowledge, attitude, and practice (KAP) of HIV-positive lactating women regarding infant feeding lies in its ability to provide crucial insights into preventing mother-to-child transmission of HIV during breastfeeding. By understanding the knowledge and practices of lactating HIV/AIDS mothers regarding infant feeding, effective programs and interventions can be

designed to improve their health practices, thereby reducing the risk of HIV transmission to their infants. Furthermore, studying the KAP of these mothers can offer valuable feedback on existing public health efforts and guide the development of future educational programs aimed at promoting safe infant feeding with greater efficiency. This knowledge is essential for concerned bodies, including governmental and non-governmental organizations, to comprehend the level of knowledge, attitude, and practice among mothers regarding the feeding of infants born to HIV-positive mothers. It enables stakeholders to become actively involved and implement interventions to address the problem effectively.

2. LITERATURE REVIEW

2.1. Knowledge of HIV positive lactating women on infants feeding

As the cross-sectional study conducted in south Africa among 815 HIV positive mothers indicates 78% of respondents agreed that breastfeeding can transmit HIV [6]. A cross-sectional studies conducted in Gaborone, Botswana among 96 women revealed Just about portion of members had information about prevention of mother to children transmission service related to breast feeding, and very low (19.8%) choose to only breastfeed their children(10).

As the observational cross-sectional study done HIV-positive mother in Maseru, Lesotho(11). Ninety-one HIV positive mothers who took part in the survey were mostly 96% aware of the PMTCT program and associated breastfeeding services. Only 8% of participants elected to give their infants formula: the majority 89% preferred to breastfeeding(11).

A cross-sectional study done in Johannes Burg, South Africa 95% showed a favorable correlation between reported exclusive breastfeeding and postpartum women's general awareness of safe infant feeding methods(12).

A cross-sectional descriptive study done in Vanguard community health center, Western cape indicates The majority 88.9% had a general HIV awareness score of 80% or higher. Despite the fact that, the majority 78% of parents were formula feeding due to their HIV status(13).

As a cross-sectional study done in Adama hospital, Oromia regional state indicates a total of 327 individuals who were HIV positive mothers and had children under the age of one year took part in the study. From these individuals 59.3% have adequate information and 91.1% knew about at any rate one choice of newborn child taking care of HIV positive mother(14).

2.2. Attitude of HIV positive lactating women on infants feeding

A cross-sectional study conducted in Gondar town health institution indicates that 75.87% of mothers had favorable attitude towards select breastfeeding [5].A study done in southern Ethiopia indicates that 56.7% of mothers had favorable attitude towards safe breastfeedingand 43.3% HIV positive mothers surveyed had a negative attitude towards EBF practice [3].

Institutional based cross-sectional study done in southern Ethiopia indicates 17.7% and 82.3% had unfavorable attitude and favorable attitude towards infant feeding respectively(8).A cross-sectional study conducted in Namibia indicates 68.35 had favorable attitude towards EB(2)

2.3. Practice of HIV positive lactating women on infants feeding

A study conducted in Southeast Nigeria indicates 91.7% of the participants practiced according to WHO recommendation(15). As the study conducted in Uganda done on mothers of HIV positive women who practiced good infant feeding practice were 27%.(16). As the study conducted in Shashemene indicates 89.1% of the respondents has good practice on infant feeding according to WHO recommendation while the rest 10.9% practiced poor infant feeding practice(17). A cross-sectional study conducted in Oromia region indicates 85.5% of the mothers practiced good infant feeding practice while the remaining 14.5% of the mothers practiced poor infant feeding practice according to WHO(18). A cross-sectional study conducted in Gondar health institution indicates only 23.7% of the respondents practice good infant feeding practice according to WHO.(19)

3. OBJECTIVES OF THE STUDY

3.1. General objective

To assess the knowledge, attitude and practice of infant feeding among lactating HIV positive mothers at health facilities in Woliso Woreda, Oromia, south west Ethiopia, 2023.

3.2. Specific objectives

To determine the knowledge about infant feeding among lactating HIV positive mothers at health facilities in Woliso Woreda, Oromia, South West Ethiopia, 2023.

To determine attitude towards infant feeding among lactating HIV positive mothers at health facilities in Woliso Woreda, Oromia, South West Ethiopia, 2023.

To determine practice of infant feeding among lactating HIV positive mothers at health facilities in Woliso Woreda, Oromia, South West Ethiopia, 2023.

4. METHODS AND MATERIALS

4.1. Study area and period

A study on assessment of the knowledge, attitude and practices towards lactating HIV positive women about infant feeding options was conducted in Woliso woreda hospitals and health centers, Oromia region, Ethiopia and the study were conducted from April to July 2023. Specifically, the study was conducted at Woliso woreda. It is located 114Km away from Addis Ababa. Woliso woreda has two hospitals and ten health centers. HIV positive lactating mothers are 1000 in Woliso woreda and nowadays the total number of healthcare providers in Woliso woreda is 1500 which composed of nurses, laboratory technicians, pharmacy technicians, sanitarians, health officers, physicians, biomedical, psychiatry, emergency surgeon.

4.2. Study design

A cross sectional descriptive study was conducted.

4.3. Source population

HIV positive breast feeding/lactating mother in Woliso woreda hospitals and health centers.

4.4. Study population

Selected HIV positive lactating mothers.

4.5. Inclusion criteria

HIV positive breast-feeding women who gave birth in the past two years were included from the data we got in ART or MTCT.

4.6. Exclusion criteria

- ❖ Women who were seriously ill.
- ❖ If the baby was seriously ill.
- ❖ Mothers who had difficulty of communication.

4.7. Sample size determination and sampling technique

4.7.1. Sample Size determination

The sample size was determined using the formula for single population proportion by considering 38.8%(19) proportion of practice about mothers with HIV AIDS with 95% level of confidence, 5% margin of error and 10% non-response rate.

$$n = Z^2 P (1-p)/w^2$$

Where:

n = Sample size

P = Proportion of practice of infant feeding 38.8%

w= margin of error

Z= confidence interval.

$$n = (1.96)^2 0.388(1 - 0.388)/0.05^2$$

$$n= 363.43 \sim n=363$$

Finite population correction formula was used since the study population were be less than 10,000. The total number of women with HIV and lactating is about 300 according to record of registration book at Woliso woreda hospitals and health centers.

nf=no. where N- total source population which is found to be 1000.

Where; nf-final(corrected) sample size

no = initial sample size

$$nf=no/1+(no/N)$$

$$nf=363/1+(363/1000)$$

$$nf=266$$

when non-response rate 10% is considered

$$266 \times 0.1 = 26.6$$

$$nf=266+26.6$$

$$nf=292.6 \sim 293$$

$$nf=293$$

Therefore, data were collected from total sample of 293 of lactating women with HIV.

4.7.2. Sampling Techniques

In Woliso Woreda there are two hospitals and ten health centers. One hospital and six health centers were included in the study. In order to select study participants from the study population we employed the following sampling methods and procedures.

Step 1: Using lactating HIV positive mothers in each of the health facility, the estimated sample size (n), proportionally allocated by using population proportion sampling (PPS) technique (n_i).

Step 2: Sampling frame was prepared after taking list of eligible mothers from ART or PMTCT clinic of respective health facilities.

Step 3: Final respondents were selected by a simple random sampling method using lottery method.

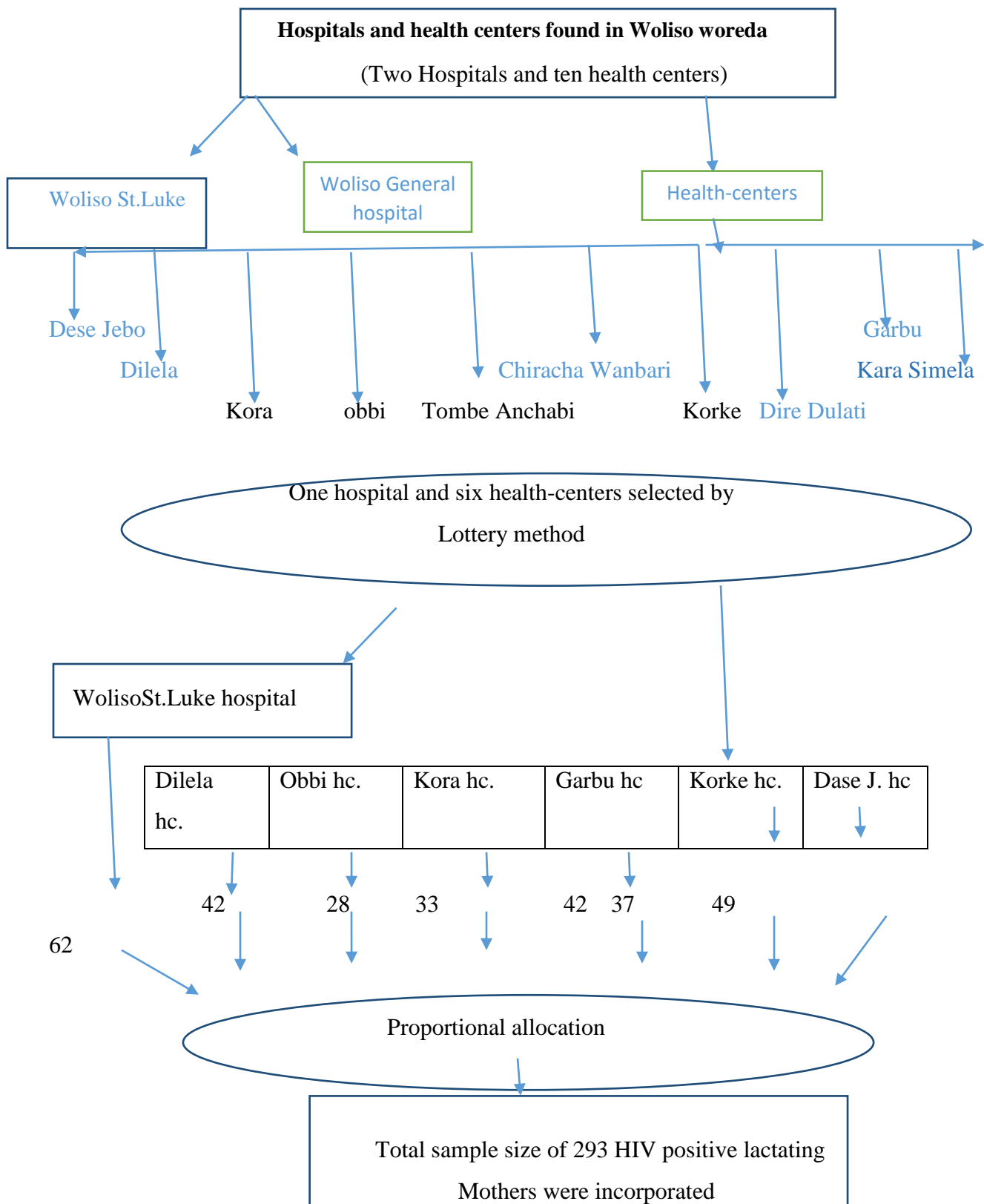


Figure 1: Flow chart showing sampling procedure

4.8. Study 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 HIV positive lactating mothers

4.9. Operational definitions

Poor knowledge: If the respondent scores below the mean for knowledge question(19)

Good knowledge: If the respondent scores the mean or above for knowledge question(19)

Favorable attitude: If the respondent scores the mean or above for attitude question(19)

Unfavorable attitude: If the respondent scores below the mean for attitude question(19).

Good practice: If the respondent complies with WHO recommendation of feeding of infants born to HIV positive mother(19).

WHO recommendations are:

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(7).

Lactating mother Practiced Exclusive Replacement feeding: If the mother has given or fed her infant only breast milk substitute, not breast-fed at all(7).

Poor practice: If the respondent practices neither EBF nor ERF according to WHO recommendation (19).

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 liquid(7).

4.10. Data collection tool and procedures

The questionnaires contain variables related to mothers' socio demographic information, knowledge level, attitude, and practice in terms of feeding their infant. The questionnaires are adopted from the research conducted on Knowledge, attitudes and practices of HIV-positive mothers regarding the benefits of exclusive breastfeeding at a regional hospital in the north east of Namibia(1). The questionnaires were prepared in English, and then translated to Afan Oromo and Amharic language. After that it were translated back to English for accuracy of translation.

Training was given for data collectors and supervisors regarding each description of the tool and the way they collect data. For the sake of appropriate data collection, three fourth year nursing students were proposed for data collection and two nurse for supervision. Data were collected through face to face interview of the mothers using structured questionnaires.

4.11. Data quality assurance

To maintain data quality, an appropriate and pretested tool was used. One week before undertaking the actual data collection the instrument was tested by taking 5% other than the study area. Training was given for the data collectors for two days before the data collection on the objective of the study and how to collect data for this study purpose using the data collection tool. Each component of the tool was discussed clearly for data collectors. Up on this, the data collection process was monitored closely by the supervisor throughout the data collection period. Finally, data was cleaned, coded, and entered in to a computer. During data entry, consistency checks were made and entry errors were manually checked by going back to the questionnaires.

4.12. Data processing and Analysis

The questionnaires were entered by using Epidata version 3.1 and exported SPSS version 25 for analysis. The questionnaires were checked for missed values. Appropriate coding and editing analysis were performed using IBM SPSS software application. Frequency distributions were used to organize the data and present the responses obtained. Measures of central tendency (mean, median, and mode) and dispersion (standard deviation) were analyzed and utilized to describe the data. The results were summarized by using frequency distributions tables and figures or a graph which were used to describe the variables of the study.

4.13. Ethical consideration

Before conducting this study, permission was taken from Wolkite University, college of medicine and health science department of Nursing and then officials in different level of study area were be communicated through letters from our department. The letter of permission was presented to Woliso woreda hospitals and health centers. Informed consent was obtained from the respondents before collection of data after we explain the purpose of the study. Confidentiality of information was assured and privacy was maintained throughout the data collection.

4.14. Dissemination plan

The finding of this study will be presented to Wolkite University, college of medicine and health science, department of Nursing and other else that are responsible for taking an action depending on our result and efforts were made to publish.

5. RESULT

5.1. Sociodemographic Characteristics.

A total of 293 mothers with infants were participated in this study, with a 100% response rate.

Regarding religion 117(39.9%) were Protestant followed by 94(32.1%) of Orthodox. The majority of the respondents 176 (60.1%) were married. Half of 147 (50.2%) were Oromo by ethnicity followed by 80(27.3%) of Amhara and 180(61.4%) of the participants were urban residents.

During the study period, 37.9% of the mothers were housewives, 30.4% were merchants while 22.2% were government employees. The median household monthly income was 2546 ETB, and ranges from 500 to 6000 ETB (Table 1). About one fifth of the respondent, 19.8% of the study subjects (n=293) completed grade 8, 91 (31.1%) were completed grade 9 upto 12 while 46 (15.7%) completed college and above the remaining, 16.7% were unable to read or write (Table 1).

Table 1. Socio demographic character of HIV lactating mothers in Woliso Woreda, South west Shoa, Oromia region, Ethiopia, 2023. n=293).

Variables	Categories	Frequency	Percent
Age of the respondent	<25	71	24.2
	25-35	123	42.0
	>35	99	33.8
Religion of the respondent	Orthodox	94	32.1
	Protestant	117	39.9
	Muslim	73	24.9
	Others	9	3.1
Marital status of the respondent	Single	3	1.0
	Married	176	60.1
	Widowed	81	27.6
	Divorced	33	11.3
Ethnicity of the respondent	Amhara	80	27.3
	Oromo	147	50.2
	Tigre	35	11.9
	Guraghe	29	9.9
	Others	2	.7
Educational status of the	Able to Read and write	49	16.7

respondent	Unable to read and write	49	16.7
	from grade 1-8	58	19.8
	from grade 9-12	91	31.1
	college and above	46	15.7
Residence of the respondent	Urban	180	61.4
	Rural	113	38.6
Occupation of the respondent	Government	65	22.2
	Housewife	111	37.9
	Merchant	89	30.4
	Student	8	2.7
	daily laborer	13	4.4
	non-employed	7	2.4
How much is your monthly family income in Ethiopian birr?	<1000	42	14.3
	1000-2000	53	18.1
	2001-3000	94	32.1
	>3000	104	35.5
Number of children	<3	156	53.2
	>/=3	137	46.8

5.2. Knowledge of lactating HIV positive mothers about Infant Feeding.

In this study, the overall participants who had good knowledge were 124 (42.3%) with 95% CI (36.64, 47.96) while 169(57.7%) has poor knowledge (Figure 1).

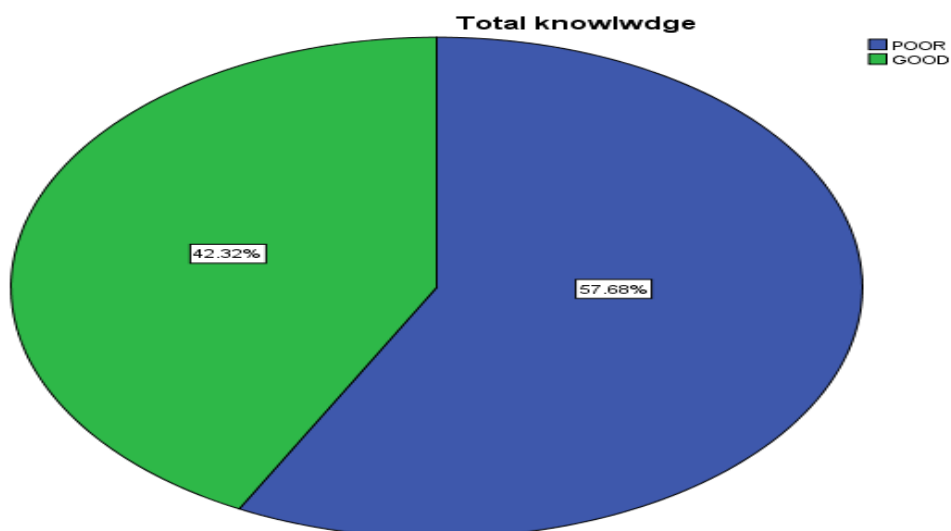


Figure 2: knowledge about infant feeding among lactating HIV positive mothers at health facilities in Woliso Woreda, Oromia, South West Ethiopia, 2023.

More than two-thirds (69.6%), just half (52.6%), and 49.5%% of participants knew about mother to child transmission of HIV during breastfeeding, labor, and pregnancy, respectively

Table 2: knowledge about infant feeding among lactating HIV positive mothers at health facilities in Woliso Woreda, Oromia, South West Ethiopia, 2023.

Variable	Categories	Frequency	Percent
HIV transmitted through pregnancy, labor and breastfeeding	Yes	204	69.6
	No	88	30.0
	Do not know	1	.3
Does HIV mother transmit the virus to her baby during labor?	Yes	154	52.6
	No	123	42.0
	Do not know	16	5.5
Does HIV mother transmit the virus to her baby during pregnancy?	Yes	86	29.4
	No	174	59.4
	Do not know	33	11.3
Does breastmilk prevent childhood illnesses?	Yes	113	38.6
	No	128	43.7
	Do not know	52	17.7
Feeding only breastmilk in the first six months helps boost the child immunity?	Yes	97	33.1
	No	107	36.5
	Do not know	89	30.4
Is it important to initiate breastfeeding with one hour after birth?	Yes	116	39.6
	No	95	32.4
	Do not know	82	28.0
Ccan EBF reduce the risk of diarrhea?	Yes	68	23.2
	No	147	50.2
	Do not know	78	26.6
Growth pattern of exclusively breastfeed infants differ from non-exclusive breastfeed?	Yes	98	33.4
	No	136	46.4
	Do not know	59	20.1
How long should exclusive breastfeeding to be continued?	<6 month	65	22.2
	6 month	142	48.5
	>6 month	86	29.4

5.3. Attitude of Participants towards Infant Feeding

Participants who had favorable attitude towards recommended infant feeding were found to be 187(63.8%) with 95% CI (58.3, 69.3) (Figure 2).

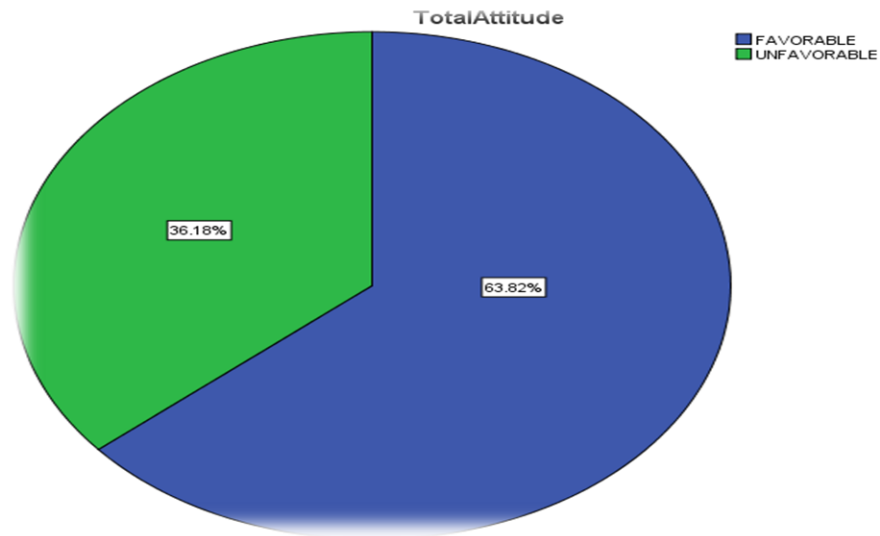


Figure 3: Attitude towards infant feeding among lactating HIV positive mothers at health facilities in Woliso Woreda, Oromia, South West Ethiopia, 2023.

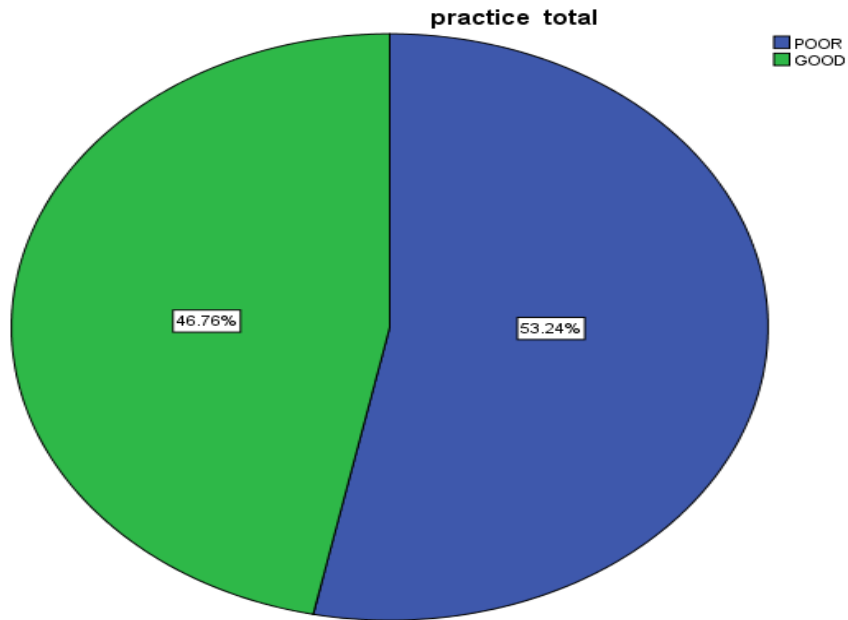
The (38.9%) of participants agreed that exclusive breastfeeding for 6 months is nutritionally complete feeding for the infant, while the majority 61.1% disagree

Table 3: Attitude towards infant feeding among lactating HIV positive mothers at health facilities in Woliso Woreda, Oromia, South West Ethiopia, 2023.

Variable	Categories	Frequency	Percent
EBF for 6 months is the best choice for infant	Agree	180	61.4
	Disagree	113	38.6
EBF is not good since it transmits HIV	Agree	128	43.7
	Disagree	165	56.3
EBF for six months is nutritionally complete	Agree	114	38.9
	Disagree	179	61.1
Breastfeed should be continued up to two years	Agree	156	53.2
	Disagree	137	46.8
I do not accept exclusive breastfeeding for fear of stigma due to HIV	Agree	110	37.5
	Disagree	183	62.5
Should breastfeeding be stopped when a child has diarrheal episode?	Agree	94	32.1
	Disagree	199	67.9
Formula feeding is better than breastfeeding?	Agree	126	43.0
	Disagree	167	57.0
Mixed feeding has a risk of HIV infection to infant	Agree	97	33.1
	Disagree	196	66.9
Do you believe that breastfeeding causes changes in bodyshape for the mother?	Agree	150	51.2
	Disagree	143	48.8
Does breastfeeding increase mother to child bonding?	Agree	218	74.4
	Disagree	75	25.6
Bottlefeeding is a good infant feeding option	Agree	194	66.2
	Disagree	99	33.8
Complementary food after six month is the best choice	Agree	157	53.6
	Disagree	136	46.4

5.4. Feeding Practice of Participants

In this study all (100%) of participants were practicing breastfeeding. Of those breastfeeding



mothers, 46.8% with 95% CI (41.09, 52.51) have good breast-feeding practice (Figure 3).

Figure 4: Practice of infant feeding among lactating HIV positive mothers at health facilities in Woliso Woreda, Oromia, South West Ethiopia, 2023.

Among the respondent 31.4%, 42.7% breastfed their newborn immediately after delivery, within one hour after delivery, respectively and 50.2% had experienced breastfeeding problem, this study found that 40.6% of mothers practiced infant feeding according to WHO recommendation. 59.4% of participants feed their child less than eight times per day (Table 7).

Table 4:- Practice of infant breast feeding among lactating HIV positive mothers at health facilities in Woliso Woreda, Oromia, South West Ethiopia, 2015 E.C.

Variable	Categories	Frequency	Percent
Do you breastfeed your child?	Yes	293	100
	No	0	0
Initiation of breastfeed	immediately after delivery	92	31.4
	within one hour after delivery	125	42.7
	after one hour of delivery	76	25.9
Have you experience any breastfeeding problem?	Yes	147	50.2
	No	146	49.8
What was the breastfeeding problem?	not enough milk	49	16.7
	nipple crack	48	16.4
	baby mouth ulcer	55	18.8
	Missing	141	48.1
What did you ffeed your baby within the first three days?	only breastfeed	154	52.6
	water and sugar	122	41.6
	Butter	17	5.8
Duration of breastfeeding?	birth to six month	127	43.3
	12 month	127	43.3
	18-24 month	39	13.3

Frequency of breastfeeding	less than eight times	174	59.4
	greater or equal to eight times	119	40.6
Duration of EBF	1-2 month	64	21.8
	3-5 month	88	30.0
	6 month	141	48.1

6. DISCUSSION

This study revealed the knowledge, attitude, and practice of HIV positive lactating mothers on infant feeding options to children born from HIV infected mothers.

In this study, the overall good knowledge of participants was 42.3% with 95% CI (36.64, 47.96) while the study conducted in Gondar town health institution, south Ethiopia 2017 indicates 68.9%. This indicates that there is a notable difference in the knowledge levels among the participants in the two studies. The studies might have been conducted in different settings or contexts, which could impact knowledge levels. Factors such as access to information, availability of resources, or variations in healthcare systems and practices could contribute to differences in knowledge levels among participant(5). In this study, 29.4% of the mothers answered “yes” to the question “Does HIV positive mothers transmit the virus to the baby during breastfeeding?(20). This suggests that a significant proportion of mothers may not be fully informed about the risk of HIV transmission through breastfeeding. “This study also revealed that mothers who mentioned MTCT to be through pregnancy, labor, and breastfeeding were 69.6%. this indicates that a majority of mothers recognized the potential ruts of HIV transmission from mother to child.

Although there was a very high proportion of mothers who were aware of the possibility of an infected mother transmitting the infection to her child, only 68 (23.2%) said exclusive breastfeeding can reduce risk of diarrhea. This suggests that a large proportion of mothers were

unaware of the benefit of exclusive breastfeeding in preventing diarrhea in infants. This indicates the potential for introduction of feeding other than breast milk among mothers who do not agree on this statement(50.2%).

Regarding attitude on infant feeding, 167(63.8%) with 95% CI (58.3%, 69.3) of them had favorable attitude towards safe infant feeding. This is in line with 68.35%, 56.75% result from a similar study conducted in Namibia and southern Ethiopia, respectively.

Majority (61.4%) of the respondents choose only breastfeeding for their infant. This is higher than the study done in Gaborone, Botswana which is 19.8%.The socio-demographics factors, cultural factors, and other variables may influence attitudes towards infant feeding. These regional variations may be influenced by factors such as cultural practices, education levels, socioeconomic status, access to healthcare services, and awareness campaigns on infant nutrition and feeding practices may cause the differences.(21, 22, 23)

The overall safe feeding practice consistent with WHO recommendation is 46.8% with 95% CI (41.09, 52.51). As compared to the study done in Gondar town health institution, 2017 it has big difference which is 23.7%. the reason for this might be the studies were conducted at different time points, and there may have changes in feeding practices over time. Socio-economic, cultural or public health interventions implemented between the two studies could have influenced caregivers' behaviors and increased awareness of safe feeding practices, leading to higher rates in our study (19).

Among all practices of the current study, 46.8% had good infant practice. which is higher than study conducted in Uganda which was 27%. This discrepancy found in case of the socio-demographic differences between the two study settings. Factors such as cultural practices, socio-economic conditions and access to health care services may vary across different regions or health institutions(16).

The overall good practice of the study conducted in Shashemene, Oromia region and South-eastern Nigeria was 89.1%, 85.5% and 91.7% respectively. This is higher than and the significant difference between the three studies results could be due to several factors. Including the different locations, sample sizes, populations and access to health care and education. This factors can vary across different regions and communities, leading to variations in the adoption of recommended infant feeding practices among HIV positive mothers.(15, 17, 18)

7. STRENGTH AND LIMITATIONS OF THE STUDY

The strength of this study lies in its utilization of primary data and achieving a hundred percent response, demonstrating a comprehensive and in-depth research approach. Furthermore, the study implementation of rigorous measures such as conducting face to face interviews and employing data reprocessing techniques, enhances the credibility, accuracy and reliability of the data collected.

However, the study relies on self-reported data, which may be subject to recall bias or social desirability bias. Participants may provide responses they believe are expected rather than reflecting their actual knowledge, attitudes, and practices.

8. CONCLUSION AND RECOMMENDATION

8.1 CONCLUSION

The objective of this descriptive study was to assess the knowledge, attitude, and practice of HIV-positive lactating mothers in Woliso woreda regarding infant feeding. The study included 293 participants from Woliso woreda hospitals and health centers.

Regarding knowledge, the study revealed gaps in understanding among HIV-positive lactating women regarding infant feeding. It identified a need for further education and awareness programs to provide accurate and comprehensive information about safe infant feeding practices, including the risks of HIV transmission through breastfeeding.

The study found that the attitude towards infant feeding among HIV-positive lactating women was generally positive. However, it also highlighted the influence of misconceptions and cultural beliefs on decision-making processes. Addressing these factors and promoting evidence-based practices that prioritize the health and well-being of both the mother and the child is crucial.

In terms of practices, the study revealed a need for improvement in adherence to recommended feeding practices, particularly in avoiding mixed feeding and practicing exclusive breastfeeding when replacement feeding is not feasible or safe. The findings suggest the importance of implementing targeted interventions to enhance knowledge and correct misconceptions among HIV-positive lactating women. Involvement of healthcare providers, community health workers, and support groups is recommended to ensure consistent and accurate information reaches the target population. Additionally, efforts should be made to address socio-cultural factors and provide accessible and affordable alternatives to breastfeeding when necessary.

Overall, this study contributes valuable insights to the existing knowledge on infant feeding practices among HIV-positive lactating women in the study area. The findings can inform policy development, program planning, and the implementation of interventions aimed at reducing mother-to-child transmission of HIV while promoting optimal infant feeding practices.

8.2.RECOMMENDATION

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

1.Woliso woreda health office: Establish a system for continuous monitoring and evaluation of infant feeding practices among HIV positive women. Regularly assess knowledge, attitudes and practices to identify gaps and measure the effectiveness of interventions.

2. Local Health Authorities and Healthcare Facilities: Local health authorities and healthcare facilities have a direct impact on the care provided to HIV-positive lactating mothers. They had better ensure that appropriate counseling and support services are available to these mothers, and that healthcare providers receive adequate training on infant feeding counseling.

3.Hospital and health center Workers:

- **Consistent Counseling:** hospital and health-center workers should consistently provide accurate and up-to-date counseling on infant feeding to HIV-positive lactating mothers. Emphasize the benefits of exclusive breastfeeding, the risks of mixed feeding, and the availability of safe alternative feeding options. Address any misconceptions or concerns and offer ongoing support and guidance.
- **Collaboration with Community:** Collaborate with community organizations, support groups, and peer networks to provide additional support and resources to HIV-positive lactating mothers. Foster partnerships to ensure a seamless transition of care from the hospital to the community, where continued counseling and support can be provided.
- **Monitoring and Evaluation:** Regular assessments will help identify areas for improvement and provide opportunities for further training and professional development.
- **Enhances knowledge, promote positive attitudes and strength safe-infant feeding practices:** Since, the overall good knowledge and good practice is 42.3% and 46.8%, It is crucial to focus on educational intervention and prioritize intervention aimed at improving adherence to recommended practices. Although the overall favorable attitude was 63.8%, there is still room for improvement. Conduct awareness campaigns, workshops and support groups to address misconceptions and stigma surrounding HIV and infant-feeding.

9. REFERENCES

1. knowledge,attitude,and practice of HIV positive mothers regarding the benefit of exclusive breast feeding at regional hospital in northwest of Numbia 2021.
2. Modjo KEsl. attitude and practice towards exclusive breastfeeding and its associated factors among HIV positive mothers in southern Ethiopia. . , 2015.
3. Mulnye D. Infant feeding practice and associated factors of HIV positive mothers attending prevention ofmothe to child transmission and antiretroviral therapy clinics in Gondar town health institutions, Northwest Ethiopia. 2012.
4. Ekubagiorgis DT. Assessment of Knowledge,Attitude and practise of HIV posiive mothers on anti retroviral treatment towards infant feeding 2017;2019.
5. Ledzami RSl. Infant feeding practices and associated factors of HIV positive mothers at Gest si bande,south Africa 2010.
6. Lewam Mebrate SM, Yadesa Tegene. Exclusive bresat feeding practice and its associated factors amog HIV positve mothers in governmental health facilites , Southern Ethiopia 2020.
7. Hailu C. Assessment of knowledge, attitude and practice among mothers about VCT and feeding of infant born to HIV positive women. . 2005.
8. Kliarie JN RB, Mbori Ngacha D Nduati RW and John stewart GC. Infant feeding practice of women in prenatal prevention study in Nairobi Kenya 2004.
9. Belay T. national strategy for infant and young child feeding: federal ministry of health; 2004.
10. Ndubuka Jsl. Knowledge, attitude and practice regarding infant feeding among HIV infected pregnant women in Gaborone, Botswana;a cross-sectional survey. . 2013.
11. Auwitix Stephen O. olorufeni LD. Knowledge, attitude and practiceof infant feeding in the first six months among HIV positive mothers at rhe queen mamohato memorial hospital maseru lesetho
12. Coceka N. mayani CLT, James A. Infant feeding knowledge, perception and practice among women with and without HIV in Johannisburg, south Africa a survey in health facility.
13. Petrie KEMsl. knowledge, attitude and practice of women regarding the prevention of mother to child transmission(PMTCT) programme at the Vanguard community health center, western Cape- a pilot study. . . 2017.
14. Assessment of Infant feeding practice among HIV positive mothers and HIV status of their infants in Adama hospital ,Oromia regional state Ethiopia ., 2016.
15. L OL, A.K. Onyebuchi. the challenegs of adherence to infant feeding choices in preventio of mother to child transmission HIV infection in South-eastern Nigeria. patient preference and adherence. 2014;8.
16. E. Dunkley SA, B. Burns. infant feeding experiences among Ugandan mothers living with HIV in the context of involving guideline to prevent postnatal transmission. public health. 2018;18.
17. Ansha MG. infant feeding practice and associated factors among HIV positive mothers at health institution of Shahsemen town, South Ethiopia. Pubmed.
18. Daba Ejera DM. Inappropriate infant feeding practcies of HIV positive mothers attending PMTCT service in Oromia region state, Ethiopia. a cross-sectional study. international breastfeeding journal. 2018.
19. Ekubagiorgis DT. Assessment of knowledge, attitude and practice of HIV positive mothers on anti-etroviral treatment towards infant feeding in Gondar town health institution. Hindawi international journal of peadiatrica. 2017;2019.
20. Ekubagiorgis DT. Assessment of knowledge, attitude and practice of HIV positive mothers on anti-retroviral treatment towards infant feeding. Hindawi international peadiatrica. 2017;2019.

21. Daniel Opotamutae G, Mudusalam Hangula Joel. Knowledge, attitude and practice of HIV positive mothers regarding the benefit of exclusive breastfeeding at regional hospital in northwest of Namibia. African health science. 2021.
22. Daniel Baza AA, Mesfin Markos. Infant feeding practice among HIV positive mothers enrolled in selective public health instiyution of Wolaita, Ethiopia, A facility based multi-center cross-sectional study. PAMS org health. 2022;7(22).
23. Lewam Mabrate SM, Yadesa Tegeni. Exclusive breastfeeding practice and its associated factor among HIV positive mothers in government health facilities. Hindawi journal of nutrition and metabolism 2020.

10. ANNEX

QUESTIONNAIRE FOR LACTATING MOTHERS (WITH IN 2 YEARS AFTER DELIVERY)

SECTION 0: QUESTIONNAIRE IDENTIFICATION DATA

**001 QUESTIONNAIRE IDENTIFICATION NUMBER_____002 REGION:
OROMIA**

003 CITY Woliso

004 Ward _____

10.2 INFORMED CONSENT:

My name is -----, I am working as data collector in a survey conducted by Wolkite university, college of medicine and health science, department of Nursing. We are interviewing women here infant feeding related knowledge, attitude, and practice in order to produce data vital for our research and preparation of suitable procedures (interventions/medications) to forestall mother to child transmission of HIV. To achieve this purpose, your honest and genuine participation by answering the inquiry arranged is vital & highly appreciated.

CONFIDENTIALITY AND CONSENT

We would like you to address a few individual questions that certain individuals may find it difficult to answer. Your responses are completely confidential. Your name will not be composed in this structure. The nurses, doctors, and other people will not be told what you said in association with your name. You need to address no inquiry in the event that you would rather not and you can stop the interview whenever. However, your legitimate responses to these inquiries will assist us to better understand the experience of mothers related to infant feeding practices. We would significantly see the value in your assistance in responding to this study. The interview will take about 10 - 20 minutes. Would you be willing to participate? If yes, continue. If no, thank and stop here. _____ (Signature of interviewer certifying that respondent has given informed consent verbally)

10.2. QUESTIONNAIRES

INDEPTH INTERVIEW GUIDE INTRODUCTION:

Good morning! We are Beruktawit Dugasa and Melal Girma, we came from Wolkite University. We are here today to interview lactating mothers about infant feeding practice in Woliso health institutions and hospital. All remarks, both positive and negative, are welcome. we would like to have many points of view. we 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 SECTION I:

Table 5 questionnaires regarding socio demographic characteristics of HIV positive mothers attending ART

Variables	Categories	Frequency
Age of the respondent	<25	
	25-35	
	>35	
Religion of the respondent	Orthodox	
	Protestant	
	Muslim	
	Others	
Marital status of the respondent	Single	
	Married	
	Widowed	
	Divorced	

Ethnicity of the respondent	Amhara	
	Oromo	
	Tigre	
	Guraghe	
	Others	
Educational status of the respondent	Able to Read and write	
	Unable to read and write	
	from grade 1-8	
	from grade 9-12	
	college and above	
Residence of the respondent	Urban	
	Rural	
Occupation of the respondent	Government	
	Housewife	
	Merchant	
	Student	
	daily laborer	
	non-employed	
Monthly family income in Ethiopian birr	<1000	
	1000-2000	
	2001-3000	
	>3000	
Number of children	<3	
	>/=3	

Table 6 questionnaires regarding knowledge of HIV positive mother about infant feeding

Variable	Categories	Frequency
HIV transmitted through pregnancy, labor and breastfeeding	Yes	
	No	
	Do not know	
Does HIV mother transmit the virus to her baby during labor?	Yes	
	No	
	Do not know	
Does HIV mother transmit the virus to her baby during pregnancy?	Yes	
	No	
	Do not know	
Does breastmilk prevent childhood illnesses?	Yes	
	No	
	Do not know	

Feeding only breastmilk in the first six months helps boost the child immunity?	Yes	
	No	
	Do not know	
Is it important to initiate breastfeeding with one hour after birth?	Yes	
	No	
	Do not know	
Can EBF reduce the risk of diarrhea?	Yes	
	No	
	Do not know	
Growth pattern of exclusively breastfeed infants differ from non-exclusive breastfeed?	Yes	
	No	
	Do not know	
How long should exclusive breastfeeding to be continued?	<6 month	
	6 month	
	>6 month	

Table 7 questionnaires regarding attitude of HIV positive mothers about infant feeding

Variable	Categories	Response
EBF for 6 months is the best choice for infant	Agree	
	Disagree	
EBF is not good since it transmits HIV	Agree	
	Disagree	
EBF for six months is nutritionally complete	Agree	
	Disagree	
Breastfeed should be continued up to two years	Agree	
	Disagree	
I do not accept exclusive breastfeeding for fear of stigma due to HIV	Agree	
	Disagree	
Should breastfeeding be stopped when a child has diarrheal episode?	Agree	
	Disagree	
Formula feeding is better than breastfeeding?	Agree	
	Disagree	

Mixed feeding has a risk of HIV infection to infant	Agree	
	Disagree	
Do you believe that breastfeeding causes changes in bodyshape for the mother?	Agree	
	Disagree	
Does breastfeeding increase mother to child bonding?	Agree	
	Disagree	
Bottlefeeding is a good infant feeding option	Agree	
	Disagree	
Complementary food after six month is the best choice	Agree	
	Disagree	

Table 8 questionnaires regarding practice of HIV positive mothers about infant feeding

Variable	Categories	Response
Do you breastfeed your child?	Yes	
	No	
Initiation of breastfeed	immediately after delivery	
	within one hour after delivery	
	after one hour of delivery	
Have you experience any breastfeeding problem?	Yes	
	No	
What was the breastfeeding problem?	not enough milk	
	nipple crack	
	baby mouth ulcer	
	Missing	
What did you ffeed your baby within the first three days?	only breastfeed	
	water and sugar	
	Butter	
Duration of breastfeeding?	birth to six month	
	12 month	
	18-24 month	
Frequency of breastfeeding	less than eight times	
	greater or equal to eight times	

Duration of EBF	1-2 month	
	3-5 month	
	6 month	

GAAFFIILEE HAADHA HOOMSAA (DA'UMSA BOODA JI'A 12 KEESSATTI).

KUTAA 0: DATAA ADDA BAAFACHUU GAAFFII

001 LAKKOOFSA ADDUNYAA GAAFFIILEE _____ 002 NAANNOO: OROMIYAA

003 MAGAALAA WALISOO

004 Kutaa _____ .

SEENSA:

Maqaan koo ----- . Qorannoo Yuunivarsiitii Wolkite, kolleejjii qorichaafi saayinsii fayyaa, kutaa Narsiitiin gaggeeffame irratti akka walitti qabaa odeeffannoo ta'ee hojjechaa jira. Dubartoota asitti gaaffii fi deebii taasisaa jirra, beekumsa, ilaalcha, fi shaakala nyaata daa'immanii wajjin walqabatu, odeeffannoo barbaachisaa ta'e maddisiisuudhaaf karoora tooftaalee (giddu-galeessa) sirrii ta'an kan HIV haadha irraa gara daa'imaatti akka hin dabarre fi gocha nyaata daa'immanii sirrii ta'e magaalattii fi biyyattii keessatti dagaagsuuf. Kaayyoo kana galmaan ga'uuf gaaffii qophaa'eef deebii kennuudhaan hirmaannaan keessan amanamaa fi dhugaa ta'e baay'ee barbaachisaa & dinqisiifannaa guddaa qaba.

ICCITII FI HEEYYAMA

Gaaffiiwwan dhuunfaa namoonni tokko tokko deebisuun itti ulfaachuu danda'an tokko tokko akka deebifan barbaanna. Deebiin keessan guutummaatti iccitiidha. Unka kana irratti maqaan keessan hin barreeffamu. Narsooni, hakiimoonni fi namoonni biroo maqaa kee wajjin walqabatee waan ati dubbatte hin himamu. Yoo hin barbaanne gaaffii kamiyyuu deebisuun si hin barbaachisu yeroo barbaaddetti interview dhaabuu dandeessa. Haa ta'u malee, deebii amanamaa gaaffilee kanaaf kennitan muuxannoo haadholii VCT fi gochaalee nyaata daa'immanii wajjin walqabatan caalaatti hubachuuf nu gargaara. Qorannoo kanaaf deebii kennuudhaaf gargaarsa nuuf gootan baay'ee dinqisiifanna. Af-gaaffiin gara daqiiqaa 20 - 30 fudhata. Hirmaachuuf fedhii ni qabaattaa? Yoo eeyyee ta'e itti fufi Yoo lakki ta'e galatoomi asitti dhaabi. _____ (Mallattoo gaafataa deebii kennaan hayyama beekumsa qabu afaaniin kennuu isaa mirkaneessu).

QAJEELFAMA GAAFFII SEENSA:

Ganama gaarii! Nuti Beruktawit Dugasaa fi Melal Girmaa , Yuunivarsiitii Walqixxee irraa dhufne. Haadholii harma hoosisan waa'ee tajaajila gorsaa nyaata daa'immanii dhaabbilee fayyaa hospitaala Woliso Qul. Luqaas keessatti kennamu irratti gaaffii fi deebii gochuuf har'a as jirra. Yaadni gaarii fi hamaa hundi ni simatama. ilaalcha hedduu qabaachuu barbaanna. Hayyama keessaniin, sirrii ta'uu odeeffannoo walitti qabuu mirkaneessuuf teeppii waraabduu fayyadamna. yaadni keessan hundi iccitii kan ta'ee fi qorannoo qofaaf kan oolu ta'uu isaa mirkaneessuu barbaanna. Gaaffii fi deebii kana irratti hirmaachuuf fedhii qabduu? Fedhii keessaniif galatoomaa.

KUTAA I. DATA ADDA BAAFACHUU

Maqaa Dhaabbata fayyaa: _____.

Guyyaa gaaffii fi deebii: _____

Ejjennoo deebii kennituu: _____

KUTAA II: GAAFFII QAJEELCHA AFAAN OROMOO

KUTAA I: ODEEFFANNOO HAWAASAA DIMOGRAAFII FI DIINAGDEE

Lakk.	Gaaffii	Deebii	Irra darbi
1.	Umurii		
	< 25 ta'a		
	25-35 irratti		
	> 35 ta'e		
2.	Amantaa		
	Ortodoksii		
	Pirootestaantii		
	Muslima		
	Kan biro		
3.	Haala gaa'elaa		
	Qeenxee		
	Kan heerumte		
	Dubartii abbaan manaa irraa du'e		
	Kan wal-hiikte		

4.	Saba		
	Amaaraa		
	Oromoo		
	Tigree		
	Kan biro		
5.	Haala barnootaa		
	Dubbisuu fi barreessuu kan hin dandeenye		
	Dubbisuu fi barreessuu kan dandeessu		
	Kutaa 1-8		
	Kutaa 9 -12		
	Kolleejjii fi sanaa ol		
6.	Mana jireenyaa Magaalaa Baadiyyaa		
	Magalaa		
	Baadiyyaa		
7.	Hojii Mootummaa		
	Qacaramaa		
	Haadha manaa		
	Daldalaa		
	Barataa		
	Hojjetaa guyyaa guyyaa		
	Hojii kan hin qabne		
8.	Galii maatii ji'aa (Birrii Itoophiyaa) .		
	< 1000 ta'a		
	1000-2000 gidduutti kan argamudha		
	2001-3000tti		
	>3000 ta'a		
9	Lakkoofsi ijoollee		
	< 3		
	>3		

KUTAA II: GAAFFII QAJEELCHA AFAAN OROMOO

Beekumsa filannoo nyaachisuuf qaban

Lakk.	Gaaffii	Deebii	Irra darbi
1.	HIVn karaa ulfaa, da'umsaa fi harma hoosisuun daddarba		
	Eeyyee		
	Lakki		
2.	Haati HIV yeroo dahumsaa daa'ima isheetti vaayirasicha ni dabarsiti		
	Eeyyee		
	Lakki		

	Hin beeku		
3.	Haati HIV yeroo ulfaa daa'ima isheetti vaayirasicha ni dabarsiti		
	Eeyyee		
	Lakki		
	Hin beeku		
4.	Aannan harmaa dhukkuba daa'immanii ni ittisa		
	Eeyyee		
	Lakki		
	Hin beeku		
5.	Ji'oota ja'a jalqabaa keessatti aannan harmaa qofa nyaachisuun dandeettii dhukkuba ofirraa ittisuu daa'ima guddisuuf gargaara		
	Eeyyee		
	Lakki		
	Hin beeku		
6.	Da'umsa booda sa'aatii tokko keessatti harma hoosisuu jalqabuun barbaachisaadhaa?		
	Eeyyee		
	Lakki		
	Hin beeku		
7.	Harma qofa hoosisuun carraa ggaraa kaasaa hir'isuu danda'aa?		
	Eeyyee		
	Lakki		
	Hin beeku		
8.	Akkaataan guddinaa daa'imman/daa'imman harma qofa hoosisan harma qofa hin hoosisne irraa adda?		
	Eeyyee		
	Lakki		
	Hin beeku		
9.	Harma qofa hoosisuun hanga yoomiitti itti fufuu qaba?		
	< ji'a 6		
	Ji'a 6		
	> Ji'a 6		

Ilaalcha filannoo nyaachisuuf qaban

Lakk.	Gaaffii	Irra deddeebii	Parsantii
1.	harma hoosisuu qofa ji'a 6f daa'imaaf filannoo gaarii dha		
	Eyyee		
	Lakkii		
2.	harma hoosisuu qofa HIV waan daddarbuuf gaarii miti		

	Eyyee		
	Lakkii		
3.	Harma qofa ji'a ja'aaf hoosisuun soorataan guutuudha		
	Eyyee		
	Lakkii		
4	Harma hoosisuun hanga waggaa 2tti itti fufuu qaba?		
	Eyyee		
	Lakkii		
5.	Sababa HIVn maqaa balleessii sodaadheef harma qofa hoosisuu hin filadhu.		
	Eyyee		
	Lakkii		
6.	Yeroo daa'imni yeroo gara kaasaa qabaatu harma hoosisuun dhaabachuu qabaa?		
	Eyyee		
	Lakkii		
7.	Foormulaa hoosisuun harma hoosisuu caalaa gaariidha?		
	Eyyee		
	Lakkii		
8.	Foormulaa hoosisuun harma hoosisuu caalaa gaarii?		
	Eyyee		
	Lakkii		
9.	Nyaata walmakaa daa'imaaf kennuun carraa HIVn qabamuu dabaluu danda'a.		
	Eyyee		
	Lakkii		
10.	Harma hoosisuun haadhaf jijjiirama bifa qaamaa fida jettanii amantaa?		
	Eyyee		
	Lakkii		
11.	Qaruuraa(xuuxxoo) nyaachisuun filannoo nyaata daa'immanii gaarii dha		
	Eyyee		
	Lakkii		
12.	Nyaanni dabalataa ji'a 6 booda hunda caalaa gaarii dha		
	Eyyee		
	Lakkii		

Shaakallii filannoo nyaataaf qaban

Lakk.	Gaaffii	Irra deddeebii	parsantii
1.	Mucaa keessan harma hoosistuu		
	Eyyee		

	Lakki		
2.	Yeroo harmaa hoosisuu itti jalqabde		
	Atattamaan da'umsa booda		
	Da'umsa booda Sa'aatii tokko keessatti		
	Da'umsaa booda sa'aatii tokko booda		
3.	Rakkoon harma hoosisuu si mudatee jiraa?		
	Eeyyee		
	Lakki		
4.	Rakkoon harma hoosisuu maal ture		
	Aannan gahaa miti		
	Fixeen harmaa madaa'uu		
	Madaa afaan daa'ima		
5.	Guyyaa sadan jalqabaa keessatti daa'ima kee maal nyaachifte?		
	Harma hoosisuu qofa		
	Bishaanii fi sukkaara		
	Dhadhaa		
6.	Yeroo harma hoosisuu		
	Dhaloota hanga ji'a 6		
	ji'a 6 Ji'a 12		
	Ji'oota 18-24		
7.	Guyyaa keessatti al-meeqa harma hoosista?		
	< yeroo 8		
	≥ yeroo 8 ta'a		
8.	Yeroo Harma Qofa Hoosisuu		
	Ji'a 1-2		
	Ji'a 3-5		
	Ji'a 6		