

COLLEGE OF HEALTH SCIENCES AND MEDICINE

DEPARTMENET OF PUBLIC HEALTH

ASSESSMENT OF OPTIMAL CHILD FEEDING PRACTICES AMONG INDEX MOTHER OF UNDER TWO CHILDREN, IN WORABE COMPREHENSIVE SPECIALISED HOSPITAL, SOUTH ETHIOPIA.

A RESEARCH PAPER SUBMITTED TO,DEPARTMENT OF PUBLIC HEALTH, COLLEEGE OF HEALTH SCIENCE AND MEDICINE,WOLKITE UNIVERSITY ; IN PARTIAL FULFILMENT FOR REQUIREMENTS OF THE DEGREE OF PUBLIC HEALTH(BSc-PH).

Investigators

1 Nebiyat Haliso

2. Mohammed Ahmed

3. Abera Alemu

Advisors

1. Mr. Abdurezak Kemal (BSc, MPH, Lecturer)

2. Mr. Jemal Bedewi (BSc, MPH, Lecturer)

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ABBREVIATIONS

Abbreviations	Definition
CBE	Community Based Education
CBTP	Community Based Training Program
CHNRI	Child Health and Nutrition Research Initiatives
CSA	Central Statistical Agency
DTTP	Developmental Team Training Program
EDHS	Ethiopian Demographic Health Survey
FMOH	Federal Ministry Of Health
KAP	Knowlegde,Attitude and Practice
MOH	Ministry Of Health
PAHO	Pan American Health Organization
PHC	Primary Health Care
SPSS	Scientific Package for Social Science
UN	United Nation
UNICEF	United Nations International Children's Emergency Fund
USAID	United States Of American International Development
WCSH	Worabe Comprehensives specialize Hospital
WHO	World Health Organization

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Abstract

Background: - An appropriate child feeding practices from early infancy and Childhood is Crucial for growth and health of Childhood. Gradually early nutritional deficits are linked to impairments in intellectual performance, work capacity, reproductive outcomes, and overall health during adolescence and adulthood.Breastfeeding can avert the major causes of neonatal death such as sepsis, acute respiratory tract infections, meningitis, and diarrhea. Breast feeding is declining in almost all parts of the world despite its nutritional and immunologic benefits.For this reason, it is important to develop practical measures to improve infant and young Child feeding practice.

Objectives: - to assess child feeding practices of index mother of under two children.

Method: - an institution based cross-sectional study was conducted from July 20-october 22, 2021 in WCSH, which is located 170km far from south of Addis Ababa. The study populations was all index mother who have under two years children available at WCSH, pediatric ward during study period. The study was conducted on about 180 index mothers with child less than two years old who was obtained by systemic random sampling technique and a sample group was obtained by interval way. Data was collected by using semi structured questionnaire including both open ended and close ended questions.

Results: - Regard to initiation of breast feeding about 120 (66.7%) initiated breast feeding within one hour of giving birth. Concerning to pre-lacteal feeding, about 14 (7.8%) of mothers gave pre-lacteal feeds to new born, water and butter being the most common pre-lacteal feeds accounting 4.4% and the majority 9(5%) gave by thinking that it is important for health of child. About 63.8% of mothers exclusively breast fed their babies for first 6 months and about 62.7 %(113) has an intention to continue breast feeding for two or more years.

Conclusions and recommendations: -Generally, initiation of breast feeding within one hour of giving birth is nearly universal in study population, it is preceded with pre-lacteal feeds like butter, water, in small amount of mothers or respondents. Almost all study population has practice of feeding colostrum for their new born. The majority of study population has an intention of breast feeding for two or more years, the prevalence of exclusive breast feeding and timely introduction of complementary feeding is low.

Chapter one: Introduction

1.1 Background of the study

Breast feeding is one of most contributors to neonatal and child health growth and development. The benefits are greatly enhanced if breast feeding starts within one hour after delivery. The child should get access to Breast milk for 24 hours to feed on demand on early life. Programmed scheduled breast feeding may greatly expose child to hypothermia, neonatal hypoglycemia infections and Jaundice (1).

Throughout the world, poor women and children are most vulnerable and the least survived. In less developed areas of world, disease and deaths take the highest toll among mothers and children who make up two thirds of population. In Africa infant mortality rate is about six to twenty times greater than industrialized regions of Europe and North America, the death rate among preschool children is also up to ten times as high. Furthermore, in under developed countries, half of total mortality may occur in children under five years of age. Most of the time these are due to conditions related with prematurity, disease and malnutrition as result of poor feeding practices of infants and children in developing countries (1).

In Ethiopia, the immediate cause of deaths, in young children are primarily infectious diseases like sepsis and malnutrition. The most important and deadly- example of interaction of malnutrition and disease in Ethiopia is diarrheal disease killing more than a quarter of a million of children annually. This is compounded by practice of many mothers ceasing Breast feeding early before age of four months and dietary in adequacy (sub optimal-feeding practices in a mutually reinforcing manner (2).

Appropriate child feeding practice is very crucial for health promotion and development of child from early life to adult hood. Breast feeding is an unequaled way of providing an ideal food for health growth and development of infants and has a unique biological and emotional influence on health of both mother and child. The anti-infective properties of breast milk help to protect infants against diseases and there is an important relation between breast feeding and child spacing (3).

Several studies indicate that infants not breast fed have an increased incidence of diarrheal disease, respiratory and skin diseases compared to those breasts fed in life time. In Lima Peru, for example incidence rates of diarrheas disease in those for women breast feeding had been discontinued were 15-48% higher than those breast- fed infants (4).

Bottle fed babies are also much more likely to develop fatal necrotizing enterocolitis, and to be proven to whole ranges of allergies in later life, and may even be less intelligent than breast fed counter parts, and more likely to develop early age onset of diabetes (5).

The prevalence and duration of breast feeding have declined in many parts of world despite its many benefits for children and mothers for variety social- economic and cultural reasons. New technologies and adoption of new life styles are becoming to put impacts on breast feeding in many different ways separating the mother from infant at birth, giving infant glucose water by bottle and teat before lactation has been initiated, routinely encouraging the use of breast milk substitutes (6).

It is interesting that although most Egyptians, Babylonians and Hebrews traditionally breast feed their children for about 3years, the wealthier Greeks and Romans hired slaves as wet nurses to take over this duty which is not important (6)

The practice of breast feeding babies is nearly universal in rural Ethiopia, and is frequently extended for period of two years and above. Breast feeding is a tradition firmly rooted among peasants and the urban poor, and the prohibitive cost of substitutes discourages bottle feeding among these groups. There is some evidence however that fewer mothers among urban elite breast feed than do their counter parts in rural areas, and the duration of breast feeding among the urban well to do is generally of shorter duration (7).

When the child reaches the ages 4-6 months, the other foods showed be introduced gradually to supplement but not to replace breast milk in order to meet the chides growing requirements for energy and nutrients (7).

It is one of concern area to which all responsible body need to contribute one's own effort for the promotion of appropriate child feeding practices from time of early exclusive breast feeding to weaning periods in order to attain stated mission of primary health care (PHC).

1.2 Statement of Problem

Breast feeding is declining in almost all parts of the world despite its nutritional and immunologic benefits. Death rates in third world countries are lower among breast fed babies and breast feed babies have fewer infections than formula feed babies. Every day between 3000 to 4000 infants die in developing countries from diarrhea and acute respiratory tract infections because they are given inadequate amount of breast milk. Infants who are not breast fed have 6 folder greater risk of dying from infectious diseases (8).

Not only children are beneficial from breast feeding, but also mothers can gain much benefit from early initiation and continuous breast feeding. Immediate breast feeding after delivery reduces the risk of post postpartum hemorrhage and helps uterus to contract. Continues breast feeding reduces the risk of breast and ovarian cancer in later life. It contributes largely to child spacing and fertility through lactational amenorrhea that help to reduce population over growth and enhance economy of country (9).

The morbidity and mortality rates of infants due to inappropriate feeding practice of neonates and infants is high in third world countries especially in sub-Saharan Africa and South Asia. Worldwide more than ten million children die each year. 41% of these deaths occur in sub-Saharan Africa and 34% in south Asia. In Madagascar one in ten children dies in first year of life – a major contributor to their deaths is poor feeding practices (10).

Breast feeding is universal in Africa, but there are ethnic specific practices which tend to deprive infants of this nourishment. Among certain groups for example, the new born infant is denied the rich colostrum for first few days because of believe that yellowish milk is not only dirty but also causes babies head to be big or ugly. This practice deprives the child of immunity against disease and infections that can lead to death (11).

Breast feeding in Ethiopia is universal with prevalence of 96%. However, only 69% of new born are breast fed within 1st hour of Birth and many don't understand importance of being breast fed within 1st hour in order to receive colostrum. Only 49% of infants less than 6months

oldexclusively breast fed often being introduced to complimentary food and bottle feeding before 6 months of age and timely initiation of complimentary food is 54% (12)

Early supplementation exposes infants to pathogens and increases the risk of infection supplementary feed is often nutritionally inferior in harsh socioeconomic environment (3).

In Ethiopia, the introduction of liquids such as water, juice, butter and other formula takes place earlier than recommended age of about 4-6 months. About 9% receive plain water, 6% consume water based liquids and 20% consume cow milk (13).In Tigray region high proportion of mothers (80% initiate feeding newborns with per-lacteal feeds including butter or water (13).

According to focused group discussion study undertaken in Addis Ababa, large shift has been observed from breast feeding to bottle feeding which is very common in urban area of developing countries. Non optimal breast feeding patterns are contributing to the diarrheal disease and malnutrition problem in such area. Among all working mothers, supplementation starts at two months which corresponds to the time when women go back to work after maternity leaves. Most low income, mothers used diluted artificial milk for supplementation of cow's milk was also used by considerable number of low income mothers early before its time (14).

According to the study conducted in Jimma Zone, in 2012, 95.2% offered colostrum to their babies and about 17% offered per-lacteal feeds before breast milk. 60.1% of mothers exclusively breast fed their babies for 6 months and about 45.5% started supplementary feeding by age of 6 months. 92.3% had intention to continue to breast feeding for two year and more. Water cow milk, much, abish are commonly introduced supplemental foods (15).There are socio-economic and religious factors which contribute for sub-optimal feeding practices of infants and young children which lead to malnutrition and its consequences. It is therefore conducting this study helps to asses many religious and cultural practices which contributes sub optimal feeding practice of infants of under two children there by reducing malnutrition and its consequences

Therefore, it is important to conduct this study realizing feeding practices of mothers who have under two years old that range from the early initiation of breast feeding to appropriate

Supplementary feeding practice. Child feeding practice during this age is believed to lay corner stone to lead healthy life and growth in later life of adulthood.

1.3 Significance of study

Even though different studies were conducted at different areas by different times, most of them concentrated on pathological conditions in children that may result from sub optimal feeding of children less than two years of age. Every day many infants and young children are admitted to pediatric ward of Worabe Comprehensive Specialized Hospital with malnutrition and with secondary complications..

The results of this study was believed to be baseline for researches that was conducted in area and possible interventions was carried out accordingly that could improve child feeding practices by mothers. It can also be to encourage the community about appropriate breast feeding and weaning practices of mothers coming to WCSH of pediatric ward.

Chapter- two: Literature Reviews

There are different factors that could affect feeding practices of children by mothers. Socio-economic and demographic characteristics are found to be associated with weaning practices of children by mothers. There is high incidence of early weaning among illiterate mothers than literate and those with low socio- economic status. Black American mothers are found to be low in breast feeding and giving their children other foods in substitute of breast milk. Early interruption of breast feeding was found to be high among educated employed mothers and merchants by occupations. House wife mothers by occupation and rural mothers want to breast feed from the early of delivery even-though they tend to introduce their children to new supplementary food before the recommended time (1)

Although incidence of breast feeding has more than doubled in United States in recent years, this increase is less evident among blacks and in lower, socio- economic groups. To understand better this lower incidence, cognitive and personality correlate of breast feeding were examined in two independent lower class samples of 137 black intercity mothers and 50 predominantly white mothers. Ego-development, depression and verbal competence were assessed during the1stpostpartum year. Only 21.9% of black samples choose to breast feed in contrast with 58 % of white sample (2)

Similarly although the number of new born breast fed more than doubled in United States, between 1965 and 1982, when it peaked at 62%, this increase was substantially greater among whites [65%] than blacks [33%]. It was higher among older mothers with some come college education [73%] than those completing high school [32%] and less prevalent among lower income women [28%]. Even among low income women, the incidence of breast feeding was lower among ethnic minority group than among whites (3)

Although little is known about feeding and nutrition of young children in Morocco, it appears that many women make qualitative mistakes in infant feeding. Some infant foods are introduced at an inappropriate age for children, as prevalence of breast feeding decreases.

A study conducted to analyze and evaluate the quality and practice of feeding children aged 0-24 months in year 2000 at Nour and Mosque heath center, Rabat, Morocco showed that 30% and 20% of children 0-6 and 6-12months old respectively were exclusively breast fed, with breast

feeding abruptly terminated for 18.5% of children and progressively for 81.5%. 86.5% of mothers began providing their infants with supplemental foods at age 4-6 months although 7.6% began under age 4 months (4).

According to the study conducted in India for assessing the nutritional status of infants in 2010, proportion of infants with early initiation of breast feeding was 13.6% while proportion of infant who were exclusively breast fed for 6 months were 57.1%.Timely initiation of complimentary feeding accounts 55.7%.The proportion of infants who were given only plain water, along with breast feeding decreased with age up to 6 months, the overall prevalence was14.3% at age of 0-5 months. No infants aged less than two months used bottle feeding while the use of pre-lacteal feeding is about 57.2% (5)

In study conducted in Bangladesh,2014 about 92% of mothers gave colostrum to their infants ,only 8% of them gave pre-lacteal foods [3.2% honey,1.3% mustard oil, 2,8% sugar glucose or jiggery water} and 1% of them gave either plain water or other milk before giving breast milk. The proportion of exclusively breast feed decreased from 78.3% at 01 month of age to 10.7% at 6 month of age. The median duration of exclusively breast feeding was 121day while the median duration of breast feeding was 365 days in first year of life. About 3.7% of infants were given plain water even at 01month of age increase to 76% and 97.2% at 6month and 9month of age respectively. Only 2.2% of infants were given semi-solid foods at 01 month of age (6).

Breast feeding in Ethiopia is universal with prevalence of 96%. However 69% of new born are breast fed within first hour of birth and many do not understand importance of being breast feed within 1st hour, in order to receive colostrum. Only 49% of infants less than 6 months old exclusively breast fed, often being introduced to complimentary food and being bottled before 6 months of age. Timely initiation of complimentary feeding was 54% (7).

Many nutritional surveys have shown that malnutrition is a serious issue. Improper infant feeding practice is one precondition which predispose for malnutrition in early child hood. The most preliminary results of Ethiopia EDHS2011, shows that nutritional status of stunting, underweight and wasting among children less than 5 years old stand 44.4%, 28.7% and 9.7% respectively and have declined only slightly in past 5 years. Exclusive breast feeding rates among children less than 5 months are almost stagnant, having increased only 3% from 49% to 52% from EDHS 2005 to EDHS 2011 (8).

In study conducted at Harar to assess nutritional status of infants and young children in 2012, 63.6% mothers initiate breast feeding within 1 hour of giving birth while the rest 36.4% initiate breast feeding after 01 hour of giving birth. The percentage of children who are exclusively breast fed were 51.8% and the proportion of mothers who started timely complimentary feeding at 6 month of age were 54.4% (9).

A cross sectional study taken for assessing predictors of nutritional status of children visiting health facilities in Jimma Zone by 2012, shows that 95.2% offered colostrum to their babies while 17% offered pre-lacteal feeding. The proportion of infant who were exclusively breast fed were 60.1% while timely initiation of complimentary feeding by 6 months of age was 45.5%. Regarding pattern of breast feeding, about 92.3% had intention to continue breast feeding for duration of two or more years while 87.5% offered breast milk on demand of their babies. Regarding the method of feeding used, 39.9% used cup and spoon while rest 60.1% used bottle, hand and other feeding methods. Concerning frequency of supplementary feeding the majority 55% offered 3-4x while remaining 45.01% offered less than 3 times or more than 4 times per day (10).

Conceptual framework on child feeding practice

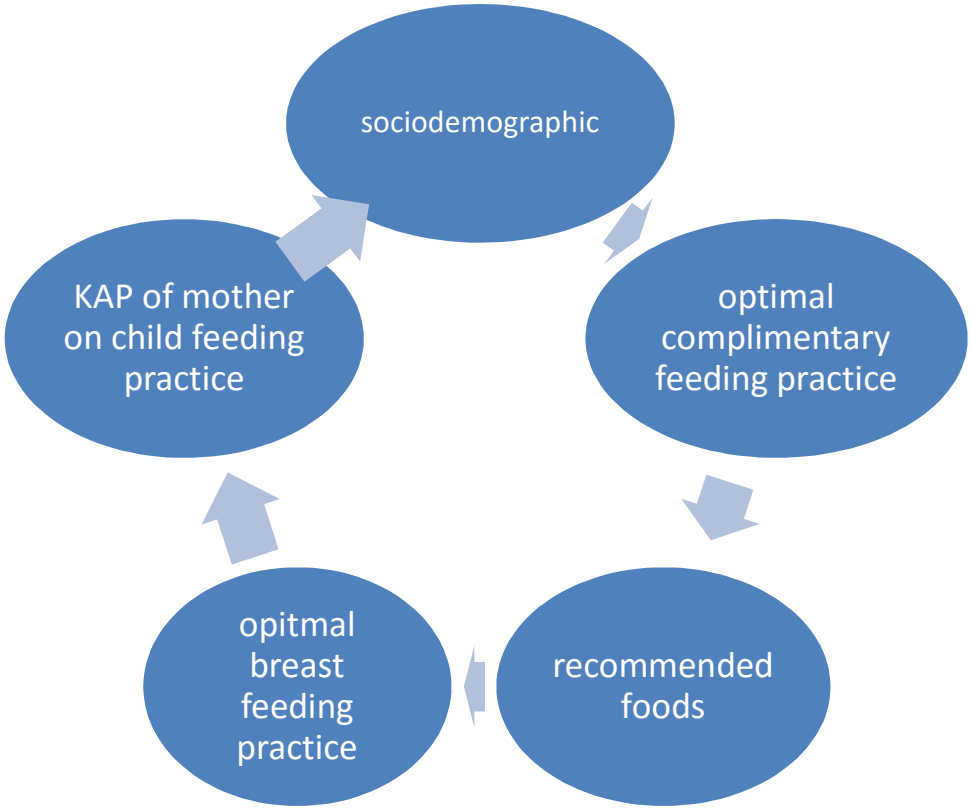


Figure 1: conceptual framework on child feeding practice

Chapter three: Objectives

3.1 General Objective

- To assess optimal child feeding practices of index mothers with child of less than two year age in WCSH.

3.2 Specific Objectives

- To assess the socio-demographic cultural and religious practices of infants less than two years of age
- To assess the magnitude of optimal child feeding practices of index mothers with child of less than two years of age

Chapter: Four Methods and Materials

4. 1 Study area and period

The study was conducted in Worabe Comprehensive Specialized Hospital (WCSH) at pediatrics ward from, October17-October 20, 2021. WCSH is one of the senior hospital in Ethiopia .It is located in worabe town which is 170 KM far from south of Addis Ababa, the weather condition of is woinadega. The hospital provides OPD services in four major wards that is Internal Medicine, Pediatrics, Surgery, Gynecology and Obstetrics, and also serve minor wards for Eye clinic, Dental clinic and Psychiatry room. The staff members who give the overall health care services are; 60 General practitioners (GPs), 25 Specialists(specifically 4surgeon,4internist,3Obstetrician and Gynecologists,2Pediatrician,2Adult emergency specialists,4Orthopedist,2Ophthalmologist,1Neurosurgeon,1Dermatologist,2Psychiatriest),11Anesthesias, 121Nurses, 2healthofficers (Hos), 17LabTechnician, 22Midwifery Nurse, 14Pharmacist, 4Radiology Technician, , 2Environmental Health & 142 Other

The common diseases at WCSH are Malaria, pneumonia, Hypertension, Retroviral infection, Stroke, cardiac cause like (congestive heart failure, congenital heart disease), malnutrition, Pulmonary tuberculosis, meningitis and neonatal sepsis found in major wards and Like other wards, the patients flow is very high in pediatrics ward and the physicians are always there to give the services.

4.2. Study design

Institution based cross-sectional study design was conducted.

4.3 Source population

The source population was all index mothers of under two years of old children attending WCSH that is[both in patients ward and outpatients].

4.4. Study population

All index mother of under two years age children available at pediatric ward (inpatients) during study period

4.5 Eligibility Criteria

4.5.1 Inclusion criteria

Breastfeeding mothers who lived (resident) in that catchment area for at least 6 months.

4.5.2 Exclusion criteria

- Breastfeeding mother or those who lived in that area for less than 6 months .
- Residents who have mental problems
- Breastfeeding mothers who are unable to speak
- Breastfeeding mothers who are acutely sick looking patients

4.6 Sample size and sampling techniques

4.6.1 Sample Size.

The sample size was calculated by using single population proportion formula by considering 95% confidence level, 5% margin of error, 80.1% prevalence of breastfeeding(Previous study in Jimma).

$$n = \frac{(z_{\alpha/2})^2 p(1-p)}{d^2} = \frac{(1.96)^2 0.80(1-0.80)}{(0.05)^2} = 245$$

Where, n = initial sample size

P =Proportion of success

q = proportion of failure

d = margin of error5%= 0.05

$Z_{\alpha/2}$ = standard value95% CI=1.96

Since the total respondents are less than 10,000, which is 500(The number of respondents from WCSH based on the proportion of patients who visited the outpatient and inpatient during one month prior to the start of the study, for one week), sample size was adjusted by using the

formula

$$n = \frac{n_0}{1 + \frac{n_0}{N}}$$

Where n_0= calculated sample

N=the total respondents

Given

$n_0 = 245$

N = 500

Find

Adjustedsamplesize

Solutions

$$n = \frac{245}{1 + \frac{245}{500}}$$

n=164 respondents

10% of respondents was added to total sample size to compensate if any non-response rate

164 * 0.1 + 164 =180 respondents were engaged on semi structured interview.

4.6.2 Sampling Techniques

Systemic random sampling method was used to recruit the study participants. It was made based on a probabilistic sampling method and the sample groups were easily undertaken by an interval way from index mother of under two children available at pediatric ward during study period.

First, the entire respondents in that ward was arranged by number 1-N, then the desired sample size(n) was decided and the sampling interval**(K)** was calculated as

$$\mathbf{K = N \div n}$$

N = total number of respondents

n = sample size

$$\mathbf{K = N \div n}$$

K=500/180 K=3

Then the first sample was selected from (1-3) by lottery method and continued to take the sample by regular interval of 3

4.7 Variables

Dependent Variable (outcome variable)

- Optimal Breast Feeding Practices

Independent Variables (Predictor variables)

- Sociodemographic Characteristics
- Child Feeding Practices
- Optimal complementary feeding
- Indicators Optimal feeding practice
- Recommended foods

4.8 Operational definition

- Exclusive breast feeding - feeding of child only breast milk without addition of other feeds
- Optimal breast feeding -initiating breast feeding within one hour of birth, exclusive breast feeding for 6 months, frequent and on demand breast feeding, offering second breast feeding after empting first breast, continuing breast feeding for two and more years, with good breast feeding skills.
- Optimal complementary feeding -introduction of complementary feeding at 6 month of age, increasing food quantity and frequency, gradually increasing food consistency and variety as child grows, diversifying diets, practicing and encouraging active feeding with good handling and proper hygiene of food.
- Continuous breast feeding - breast feeding greater than 6months of age
- Supplementary food –diet which is given to child in addition to breast milk
- Index child -The last child whose age rage is between 0- 24 month

4.9 Data collection tool and procedure

Data was collected by using semi-structured questionnaire by including open and close ended questions to collect all needed information's as much as possible.

Data was collected by three fourth year Public Health students of Wolkite University. Data collectors was used semi-structured questionnaire that is prepared by English language then translated into Amharic languages by those proficient in both languages and that can be easily understand for the mother to get the required data.

4.10 Data quality and control

Before data collection started, the students was trained by advisors for one day on how to fill each questions in settled questionnaire, the objective of the study, and how to address the children . During data collection the advisors was conduct close supervision for data collection process and also checking was done for number of questionnaires filled, for its completeness, consistency and accuracy to clear for any mistakes if present by students of study

Before conducting the actual data collection a Pre-test was conducted for 10 mothers , who had under two years of age at worabe comprehensive specialized hospital was interviewed in order to check reactions of respondent to reach procedures ,the time allocation for one interview, to avoid ambiguity questions, to avoid repetition ideas, and also willingness of the respondents to answer the questions .

4.11 Data processing and analysis

After data collection was completed, it was checked again for internal consistency and coded into different categories. The data was cleaned, edited and compiled and variables was calculated and analyzed using SPSS software.Descriptive statistics was stated using frequency and proportion.

4.12 Ethical considerations

Formal written letter was obtained from Wolkite University Ethical Review Board Committee (WUERBC). By explaining the aim of the study, relevant permission was obtained from WCSH and other stakeholders .Verbal consent was obtained from study participants. Beliefs, cultures and norms of participants was considered and respected at any stages of data collection process and also they have the right to withdraw from the session at any time.

4.13 Dissemination plan

The finding was presented for final defense in the Wolkite University, College of Health Science and Medicine, Department of Public Health. Recommendations based on findings were forwarded to Worabe Comprehensive Specialized Hospital as well as feedback will be given to the mother.

5. Results

5.1 Socio-demographic characteristics

Totally 180 mother with an index child less than two years of age were involved in the study. Among the studied mothers, the majority (37.8%) were found in the age range of 31-40. The mean age of mother is 36 years. The dominant religion of study community was found to be Muslim 135(75.0%) followed by orthodox 20(11.1%). silte is predominant ethnicity of study population which accounts 129(71.6%) followed by guraghe which is 32(17.8%).

The analysis of educational level of mothers showed that 56(31.1%) were unable to read and write, and about 65(36.1%) of mothers can educated up to elementary school,50(27.7%) educated up to secondary school and 9(5%) mother is educated diploma and above. With regard to the marital status majority 150(83.3%) Were married while the rest 6.7%, 6.7%, 2.2% and 1.1 % are single, divorced, widowed and separated.Concerning to the occupational status, about 89(49.4%) were house wives.

The age and the sex distribution of under two children shows that, the majority of children 63(35.0%) found within age range of 13-24 months and the sex ratio of male of female is 95(52.8%): 85(47.2%)

Table 10: Distribution of socio-demographic characteristics of index mothers of under two year children in WCSH, pediatric ward october,2021

characteristics		frequency	percentage
Age of women	18-25	52	28.9
	26-30	56	31.1
	31-40	69	38.3
	41-50	3	1.7
	total	180	100
Religion	Muslim	135	75.0
	Orthodox	20	11.1
	Protestant	22	12.2
	Catholic	3	1.7

	Total	180	100
Ethnicity	Silte	129	71.6
	Guraghe	32	17.8
	Hadiya	12	6.6
	Other[1]	7	3.8
	Total	180	100
Marital status	Single	12	6.7
	Married	150	83.3
	Divorced	12	6.7
	Widowed	4	2.2
	Separated	2	1.1
	Total	180	100
Literacy status	Unable to read and write	56	31.1
	Educated Up to elementary school	65	36.1
	Educated up to secondary school	50	27.7
	Diploma and above	9	5
	total	180	100
Occupation of women	House wife	89	49.4
	Farmer	17	9.4
	Merchant	46	25.6
	Employee	28	15.6

[1]Amhara,oromo,wolayta

	Total	180	100.0
Age of the Childs	0-6m	56	31.1
	7-12m	61	33.9
	13-24m	63	35.0
	total	180	100
sex of the Childs	Male	95	52.8
	Female	85	47.2
	Total	180	100

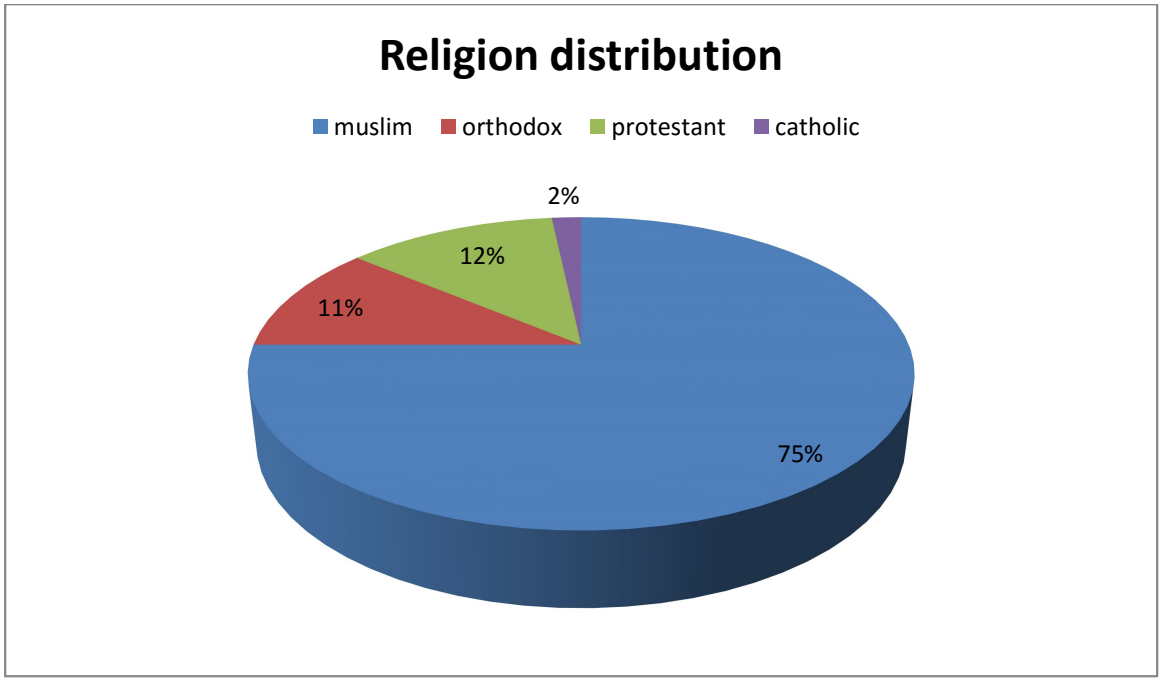


Figure 2:Religion distribution of respondents

5.2 KAP (knowledge, attitude and practice of mother) on child feeding practice

Regard to initiation of breast feeding about 120 (66.7%) initiated breast feeding within one hour of giving birth.

Concerning to pre-lacteal feeding, about 14 (7.8%) of mothers gave pre-lacteal feeds to new born, water and butter being the most common pre-lacteal feeds accounting 4.4% and the majority 9(5%) gave by thinking that it is important for health of child.

Table 11: Time of initiation of breast feeding in WCSH pediatric ward October 2021

characteristics		frequency	Percentage
Time of initiation of breast feeding	Within one hour	120	66.7
	1-6hr	59	32.8
	>6hr	1	0.6
	Total	180	100

Table 12: Proportion types and reasons for pre-lacteal feeding in WCSH, pediatrics ward, October, 2021

characteristics		frequency	Percentage
Pre-lacteal feeding	Yes	16	8.9
	NO	164	91.1
	Total	180	100
Types of pre-lacteal feeds	Water	4	2.2
	Butter	1	0.6
	Water and butter	8	4.4
	Other[2]	1	0.6
	Total	14	7.8
Reasons for	For health of	9	5

[2] Milk and milk products, honey,

giving pre-lacteal feeds	child		
	First breast milk is not good	3	1.7
	Others	2	1.1
	Total	14	7.8

Table 13: Percentage of colostrum feeding among index mother of under two children in WCSH pediatrics ward, October, 2021

characteristics		frequency	Percentage
Feeding colostrum	Yes	162	90
	No	18	10
	Total	180	100

5.3 Optimal breast feeding practice

About 63.8% of mothers exclusively breast fed their babies for first 6 months and about 62.7%(113) has an intention to continue breast feeding for two or more years. As it was clearly shown on table, with regard to pattern of breast feeding, as of on demand, programmed or both, 80.5% (145) mother's breast fed on demand.

The reason for mothers stopping breast feeding for those who stopped breast feeding before age of two years was another pregnancy which is 10% followed by lack of adequate breast milk which each account about 5%.

Table 14: Breast feeding practices of index mother of under two children in WCSH, pediatrics ward, October 2021

characteristics		frequency	Percentage
Duration exclusive breast feeding	<3 months	1	0.6
	3-4 Months	9	5.0
	5-6 Months	115	63.8
	For>6 months	55	30.6
	Total	180	100.0
Patten of breast feeding	On demand	145	80.5
	On programmed	7	3.9
	Both	28	15.6
	Total	180	100
Intention of Continuing breast feeding	Up to 1 year	1	0.6
	1-2 year	66	36.7
	2 year and more	113	62.7
	Total	180	100

Table 15:the index child where mothers stopped breast feeding and reasons for stopping breast feeding in WCSH, pediatrics ward October, 2021`

characteristics		frequency	Percentage
Are you stopped breast	Yes	36	20
	No	144	80

feeding now	Total	180	100
Reasons for stopping	Another pregnancy	18	10
	Child being enough to feed family diet	6	3.3
	Lack of adequate breast milk	9	5.0
	Child refusal	1	0.6
	Maternal illness	1	0.6
	Total	35	19.5

5.4 Optimal complementary feeding practices.

From Out of a total of mother included in the study regarding complementary feeding 1.1% started before age of 04 month, 46.1% started with age ranged of 4-6 month while initiation after 6 month was 52.8%.

Information gathered from study shows, in relation to weaning foods that Atmit (Muk) is commonly used which accounted for 37.8% and followed by milk and milk products which accounts 28.3%.

With regard to mode feeding and how weaning is done, bottle feeding is predominant mode of feeding accounting (59.4%) followed by cup and spoon (30.6%). From the total of mothers who stopped breast feeding, the majority (86.1%) stopped gradually.

Table 16: Age at which 1st food introduced of under two children in WCSH, pediatrics ward, October 2021

characteristics		frequency	Percentage
Age at which 1st food introduced	<4month	2	1.1
	6month	95	52.8
		83	46.1

	6-12 month		
	Total	180	100

Table 17: Frequency of giving 1st additional food and Types foods 1stintroduced, how was weaning done, and mode of feeding to index child in WCSH, pediatrics ward, October 202

characteristics		frequency	Percentage
Frequency weaning of foods	<3times/ day	9	5
	3-4 times/ day	104	57.8
	>4 times/day	67	37.2
	Total	180	100
First additional food introduced	Milk and milk products	51	28.3
	Porridge	35	19.4
	Atmit(muk)	68	37.8
	eggs	4	2.2
	Fruits and vegetables	2	1.1
	Cereals	20	11.1
	Total	180	100
How weaning done	Gradually	155	86.1
	Abruptly	25	13.9
	Total	180	100
Mode of feeding	Bottle	107	59.4
	Cup and Spoon	55	30.6
	Hand	18	10
	Total	180	100

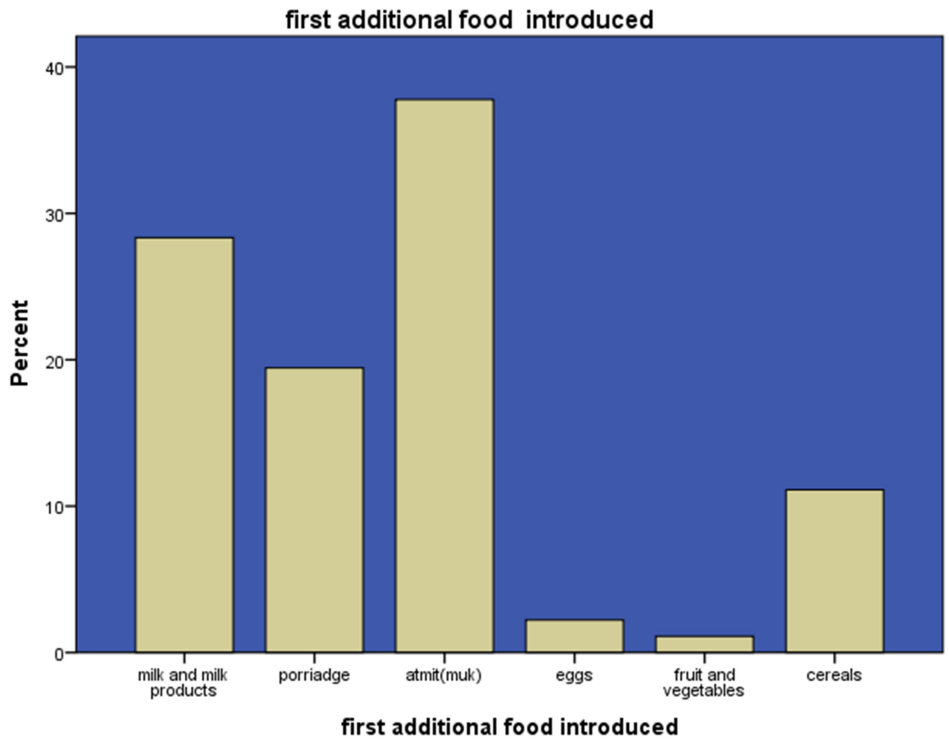


Figure3: first additional food introduced

5.5 Recommended foods

From total respondents those who are asked about recommended food for infants, around 46.7% of respondents said yes there is recommended foods for their infants like milks, eggs ,fruits and vegetables and among those who asked about any forbidden(taboos) foods for infants ,the study results shows around 24.4% of respondents said yes there is forbidden foods like sugar containing foods.

Table 18: Relative proportion of recommended and prohibited foods for index child, in WCSH pediatrics ward, October 2021

characteristics		frequency	Percentage
Recommended foods	Yes	84	46.7
	No	96	53.3
Prohibited foods	Yes	44	24.4
	No	136	75.6

6 .Discussion

In this study the initiation of breast feeding within one hour of giving birth is nearly universal for study population that preceding survey mothers having blind breast fed their child at some time. This is relatively higher than national figure which accounts 52%(21).

About 4.4% of mothers give butter and water for their new born immediately after birth while the rest of mothers gave butter alone ,water alone and others for their newborn before giving breast milk. The total number of mothers who gave prelacteal feeds were 7.8%. This is smaller than the study conducted in jimma where proportion of mother who gave prelacteal feeds are 17 %(15)

Among the respondents around 63.8% feeds exclusive breast feeding for 5-6 month and 52.8% timely initiation of complementary feeding at 6 month this is higher than the result that was conducted in jimma where the exclusive breast feeding for 5-6 months is 60.1% and timely introduction of complimentary feeds at 6 months is 49.5%.(15)

Around 20% mothers in the study stopped breast feeding and, the major reason being another pregnancy, lack of adequate breast milk and child being enough to feed family diet

With regard to intention of breast feeding, 62.7% of mothers has an intention to continues breast feeding for two or more years. This is lower than national figure where 82% of mothers has an intention to continues breast fed for two or more years. With regard to pattern of breast feeding , as of on demand, programmed or both, the majority of study population breast fed 80.5% on demand while the rest gave the breast on programmed or both. This is almost similar with study conducted in jimma where on demand breast feeding is 80.2%.(15)

With regard to supplementary feeding, 1.1% started before 04 months , 46.1% within 4-6months , and 52.8% at more than 06 month. This is higher than the study conducted in jimma where 49.5% of mothers started supplementary feeding at 06 months. Atmit (MUK) is commonly introduced 1stsupplementary food (37.8%) followed by milk and milk products which accounts 28.3%. Majority give supplementary feeds3-4x/day (57.8%). The result nearly higher than the study conducted in jimma where majority 55% gave supplementary feeds for 3-4xday. (15)

Concerning to the mode of feeding, using bottle is commonly used mode of feeding accounting 59.4% followed by cup and spoon (30.6%). A study conducted in jimma shows that using cup and spoon is 39.9%. While the rest 60.1% used other methods. The majority of mothers (86.1%) stopped breast feeding gradually. (21)

With regard to food taboos, majority of study population 136(75.6%) do not have prohibited foods for an index child while more than half do have recommended foods for an index child.(15)

7. Conclusions and Recommendation

7.1 conclusions

Generally, from our assessment we have found out that, most of the respondents are mothers and Muslim religion follower and were silte in ethnicity. Most of the respondents in the ward are also housewives and attained formal education.

Although initiation of breast feeding within one hour of giving birth is nearly universal in study population, it is preceded with pre-lacteal feeds like butter, water in small amount of respondents.

Almost all study population has practice of feeding colostrum for their new born. The majority of study population has an intention of breast feeding for two or more years, the prevalence of exclusive breast feeding and timely introduction of complementary feeding is still low

More than half of study population breast fed their babies on demand, they also introduce supplementary feeds at recommended age.

Atimt (MUK) is commonly introduced supplementary food for child and using bottle is predominant mode of feeding for studied population and still prevalent in study population.

Problem encountered during study periods

- Unwillingness of some respondent to give response for the given questioner.
- Shortage of time
- Boredom
- Language barrier

Strength of the study

- The study involves collection of primary & secondary data.
- The study measures prevalence and burden of child feeding.
- It provides information concerning the situations at a given time.

Limitations of the study

- Recall bias during data collection like exact age of child, exact age where they start first additional food for child.
- The data may be less representative of all study community in Silte Zone and its surrounding area as study groups are only index mothers of under two children available at pediatrics ward during study period.

7.2 Recommendation

Based on the study finding the following recommendations are suggested:

To Health professionals:

All health professionals are recommended to address health education and demonstration about infant feeding to all mothers who brought their children to the health institution and outreach services. This could be performed by integrating with EPI and maternal care services based on the following principles.

i. To educate mothers when additional foods should be started and how frequent to feed their children.
ii. To educate importance of immediate start of breast feeding.
iii. To educate mothers importance of exclusive breast feeding and when to start complementary feeding.

To Health institutions;

Health institutions are recommended to play significant role to enhance the knowledge of mothers about infant feeding. This could be performed by insisting the health professionals should be give health education regularly at antenatal care, post natal and child clinics.

To Worabe comprehensive specialized hospital

Its better:

- To make further investigation on optimal child breast feeding practice.
- To work in collaboration with the nearby health centers to improve child feeding practice in community.

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Annex 2. Questionnaires

ANNEX

QUESIONARRIE

WOLKITE UNIVERSITY

COLLEGE OF HEALTH SCIENCE AND MEDICINE

PUBLIC HEALTH DEPARTMENT

Informed consent for respondents toassess child feeding practices of index

Mother under two children in Worabe comprehensive specialized hospital

(WCSH) pediatric ward

Dear respondent

Hello, my name is_____

We are fourth year public health students from Wolkite University and we need to assess on child feeding practices of index mother under two children in WCSH.We would very much appreciate your participation in this assessment. This information will help to identify major problems in child feeding practices and to design effective health service interventions. The interview includes, the sociodemograpic characteristics of index mothers and child ,knowledge, attitude and practice on child feeding practice,optimal child feeding practice , complimentary feeding practice and recommended foods. Usually this interview will takes 15 to 20 minutes. If there are more than one children less than two years, only one is taken by lottery method/simple random sampling Confidentiality will be maintained. Therefore we politely request your cooperation to participate in this interview. You do have the right not to respond at all or to withdraw in the meantime, but your input has great value for the success of our objective

.**INSTRUCTIONS**: please circle one number for each question which best corresponds to your answer and also fill the given blank spaces below

Thank you for your cooperation!!!

Part I: Socio demographic characteristic of mother and child

1.1, I) Name of mother_____ Age _____

Region _____ Zone _____ Town _____ Kebele _____

II) Name of child Under 2 year _____Sex _____ Age _____

1.2. Religion of woman 1/ Muslim 2/ Orthodox 3/ Protestant

4 /Catholic 5/Others (specify) _____

1.3. Ethnicity of woman 1/ Silte 2/ Guraghe 3/ Hadiya 4/ Others (specify) _____

1.4. Marital status of woman 1/ Single 2/ Married 3 / Divorced 4 / Widowed. 5/Separated

1. 5. Literacy status of woman

1/.unable to read and write

2/ Educated up to elementary school

3/ Educated up to Secondary school

4/ Diploma and above

1.6. Occupational status woman 1/ House wife 2 / Farmer 3/ Merchant

4/ Government Employee 5/ Others (specify) _____

1.7. Relation to child

1/ Mother 2/Social Mother 3/Sister 4/ Others (specify) _____

1.8. Average monthly income _____ birr

Part II:KAP (Knowledge, attitude and practice) Of Mothers On Child Feeding Practice

2.1. When do you start breast feeding child after birth?

1/within one hour 2/ 1-6 hour 3/ >6 hour

2.2. Was a child given other feeds immediately after birth? 1/ Yes 2/ No

2.3. If yes to Q no2.2, what 1/ Water 2/ Butter 3/ Water and Butter 4/ Others (specify) _____

2.4. If yes to Q no2.2, for what reasons?

1/ For health of child 2/ First milk is not good 3/ Others (specify) _____

2.5. Did breast feeding include colostrum? 1/ Yes 2/ No

2.6. If no for Q no 5, for what reasons you don't give colostrum?

1/ first breast milk is dirty 2/ It makes baby ugly or makes head larger

3/ Others(specify) _____

Part III: Optimal breast feeding practice

3.1. For how long you exclusively breast feed your child?

1/ <3months 2/ 3-4months 3/ 5-6 months 4 / >6months

3.2. If you are breast feeding, how is child breast feed?

1/ On demand 2/ On programmed 3/ Both

3.3. How many times you breast feed per day?

1/ <6x 2/ 6-8x 3/ 8-12x 4/ >12x

3.4. Have you stopped breast feeding? 1/ Yes 2/ No

3.5. If yes to Q. no 3.4, for what reasons you stop?

1/ Another pregnancy 2/ Child being enough to feed family diet3 / Lack of adequate breast milk 4/ Child refusal 5 / maternal illness 6 / Others (specify)_____

3.6. If no to Q no 3.4 for how long you are intending to breast feed?

1/ Up to year 2/ 1-2 year 3/ 2 year and more

Part IV: Optimal complementary feeding

4.1. At what age you start additional food for your child?

1 / <4 month 2/ at 6 month 3/ 6-12 month 4 / >12 month

4.2. What was first additional food you introduce?

1/ Milk and milk products 2/ Porridge 3/ Atmit (Muk) 4 / Eggs

5/ Fruit and vegetables 6/ Cereals 7/ Others (specify) _____

4.3. How was weaning done? 1/ Abruptly 2/ Gradually

4.4. How do you feed the child? 1/ Bottle 2/ Spoon 3/ Hand 4/ Others (specify)_____

4.5. How frequently you give weaning foods to the child? 1/ <3x 2/ 3-4x 3/ >4x

Part V: Recommended foods

5.1. Are there any food taboos (forbidden) foods for child? 1/ Yes 2/ No

5.2. If yes to Q no 5.1What are these (specify)? _____

5.3.If yes to Q no 5.1, for what reasons? 1/ Cause diarrhea 2/ Inhibits tooth extraction
3/ others (specify) _____

5.4. Are there recommended foods for infant? 1/ Yes 2/ No

5.5. If yes to Q no 5.4, what are those? _____

	Name	Signature	Date
Interviewer:	_____	_____	_____
Supervisor :	_____	_____	_____

Thank you!!

ወልቂጤ ዩኒቨርሲቲ

የሕክምናና ጤና ሳይንስ ኮሌጅ

የህብረተሰብ ጤና ትምህርት ክፍል

መጠይቅ

ጤና ይስጥልኝ !!

ስሜ፡_____

እኛ ወልቂጤ ዩኒቨርሲቲ የ4ተኛ ዓመት የህብረተሰብ ጤና ተማሪዎች ስንሆን በዚህ ሆስፒታል ውስጥ እድምያቸው ከ2 ዓመት በታች የሆኑ ልጆች የአመጋገብ ባህሪያቸውን በውስን እናቶች ላይ ጥናት ለማድረግ የፈለግን ሲሆን ። እርሶ የሚሰጡን መረጃ የልጆች አመጋገብ ላይ ያለውን ችግር እንድናውቅ ይረዳናል በተጨማሪ እነዛን ችግሮችን እንድንቀርፍ ያደርገናል። መጠይቁ በውስጡ የእናትየዋና የልጁ ማህበራዊና ኢኮኖሚያዊ ሁኔታ የያዘ ሲሆን በተጨማሪ ደግሞ የልጁ የአመጋገብ ሁኔታ ላይ ያላት እውቀት፣ ክህሎት እናትግበራ ,ስኬታማ የልጁ አመጋገብ ትግበራ, ስኬታማ የተጨማሪ ምግብ አጀማመርና ለልጆች የሚመከሩ ወይም የሚከለከሉ ምግቦች ይሆናል።አንድ እናት ከ 2ዓመት በታች ሁለት ልጆች ካሉዋት አንድ ልጅ በዘፈቀደ የሚመረጥ ይሆናል።ቃለ መጠይቁ ከ15 እስከ 20 ደቂቃ ሊፈጅ ይችላል። ሚስጥራዊነቱ የተጠበቀ ነው ስለዚህ እርሶ በዚህ ቃለ መጠይቅ ላይ እንድተባበሩን በትህትና እንጠይቃለን። መጠይቁን በፈለጉ ጊዜ የማቋረጥ ሆነ አለመጠየቅ መብትዎ የተጠበቀ ነው።

መመሪያ፡ እባኮት መልሴ ይሄ ነው ብለው የሚያስቡትን ከተሰጡት አማራጮች መካከል አንዱን ይክበቡ

በተጨማሪ ባዶ የሆኑ ቦታዎችን እንደ ጥያቄው መሰረት ይመልሱ።

መጠይቁን በመመለስ ስለተባበሩን እናመሰግናለን!

1.የእናትየዋና የልጁ ማህበራዊና ኢኮኖሚያዊ ሁኔታ

1.1የእናትዬዋ ስም_____ እድሜ _____

ክልል _____ ዞን _____ ከተማ _____ ቀበሌ _____

1.2የልጁ ስም _____ ጾታ _____ እድሜ_____

1.3 ሀይማኖት ሀ.ሙስሊም ለ.ኦርቶዶክስ ሐ.ፕሮቴስታንት

መ. ካቶሊክ ሠ. ሌላ ካለ ይጠቀስ_____

1.4 የእናትዬዋ ብሄር

ሀ.ስልጤ ለ.ጉራጌ ሐ.ሀዲያ መ.ሌላ ካለ ይጠቀስ _____

1.5 የትዳር ሁኔታ

ሀ. ያላገባች ለ. ያገባች ሐ. የፈታች

መ. የሞተባት ሠ. ተለይታ የምትኖር

1.6 የት/ትደረጃ

ሀ.ማንበብና መጻፍ የማትችል

ለ.እስከ የመጀመሪያ ደረጃ ት/ት የተማረች

ሐ. እስከ የሁለተኛ ደረጃ ት/ት የተማረች

መ.ዲፕሎማና ከዚያ በላይ

1.7 የሥራ ሁኔታ ሀ.የመንግስት ሰራተኛ ለ. የቤት እመቤት

ሐ. ነጋዴ መ. ተማሪ ሠ. /ሌላ ካለ ይጠቀስ _____

1.8 ከልጁ ጋር ያላት ግኑኝነት

ሀ.እናት ለ.የቅርብ ዘመድ ሐ.እህት መ.ሌላ ካለ ይጠቀስ _____

1.9 የወር ገቢ_____ብር

2.የልጁየአመጋገብ ሁኔታ ላይ ያላት እውቀት፣ክህሎትእናትግበራ

2.1 ልጁ እንደተወለደ በምን ያህል ግዜ ውስጥ ነው ጡት ማጥባት የጀመርሺው?

ሀ.በ1 ሰዐት ውስጥ ለ.ከ1-6 ሰዐት ባለው ሐ.ከ6 ሰዐት ቦኃላ

2.2 ልጁ እንደ ተወለደ ሌላ አይነት ምግብ ተሰቶት ነበር ? ሀ.አዎ ለ. አይደለም

2.3 ለጥያቄ 2.2 መልስዎ አዎ ከሆነ,ምን ነብር ሀ.ውሃ ለ. ቅቤ ሐ.ውሃናቅቤ

መ.ሌላ ካለ ይጠቀስ _____

2.4 ለጥያቄ 2.2 መልስዎ አዎ ከሆነ ምክንያቱ ምንድን ነው?

ሀ. ለልጁ ጤንነት ሲበል ለ. የመጀመሪያ የጡት ወተት ጥሩ ስላልሆነ ሐ.ሌላ ካለ ይጠቀስ _____

2.5. መጥባት ሲጀምር የመጀመሪያ ወተት/እንገር ጠብቶ ነበር? ሀ.አዎ ለ. አይደለም

2.6.ለጥያቄ 2.5 መልስዎ አዎ ካልሆነ ምክንያቱ ምንድን ነው?

ሀ.የመጀመሪያው የጡት ወተት ንጹህ ስላልሆነ

ለ. ልጁ መልክ እንዳይኖረው/ጭንቅላቱን ትልቅ ስለ ሚያደርግ

ሐ.ሌላ ካለ ይጠቀስ _____

3. ስኬታማ የልጁ አመጋገብ ትግበራ

3.1 እስከ ስንት ወር ነው ጡት ብቻ የጠባው?

ሀ.ከ3ወር በታች ለ.ከ 3-4ወር ሐ.ከ 5-6 ወር መ.ከ6ወር በላይ

3.2 አሁን ጡት በማጥባት ላይ ካለሽ,እንድት ነው እምታጠቢው?

ሀ. ልጁ ሲፈልግ ለ. በዕቅድ ሐ. በሁለቱም

3.3በቀን ስንት ግዜ ታጠቢያለሽ?

ሀ. ከ6ጊዜ በታች ለ.ከ6-8 ጊዜ ሐ.ከ8-12 ጊዜ መ.ከ12 ጊዜ በላይ

3.4. አሁን ጡት ማጥባት አቁመሻል? ሀ. አዎ ለ.አይደለም

3.5. ለጥያቄ 3.4 መልስዎ አዎ ከሆነ ምክንያቱ ምንድን ነው?

ሀ. ሌላ እርግዝና ስላለሽ ለ.ልጁ ለተጨማሪ ምግብ ብቁ ስለሆነ

ሐ.ጡቱ በቂ ወተት ስለሌለው መ.ልጁ ፍላጎት ስለሌለው ሠ.እናትዬዋ ስላመማት

ረ. ሌላ ካለ ይጠቀስ _____

3.6 .ለጥያቄ 3.4 መልስዎ አይደለም ከሆነ እስከ ምን ያህል ጊዜ ለማጥባት አቅደሻል?

ሀ. እስከ አንድ አመት ለ. 1-2 አመት ሐ. 2 አመትና ከዚያ በላይ

4.ስኬታማ የተጨማሪ ምግብ አጀማመር

4.1.በስንተኛ ወሩ ተጨማሪ ምግብ አስጀመርሺው?

ሀ . ከ4 ወር በታች ለ. በ6 ወር ሐ.ከ 6-12 ወር መ.ከ12ወር በላይ

4.2. ለመጀመሪያ ጊዜ በምን ተጨማሪ ምግብ አስጀመሪሺው?

ሀ. ወተትና በወተት ውጤቶች ለ .በገንፎ ሐ. በአጥሚት(በሙቅ) መ.በእንቁላል

ሠ.በአተክልትና ፍራፍሬ ረ.በጥራ ጥሬ ሰ.ሌላካለይጠቀስ _____

4.3.ጡት ማጥባት ያስቆምሺው እንዴት ነበር? ሀ. በአንድ ጊዜ ለ.ቀስበቀስ

4.4. ልጅሽን በምን ትመግቢ ነበር? ሀ.በጡጦ ለ. በማንክያ ሐ.በእጅ መ.ሌላ ካለ ይጠቀስ _____

4.5.ጡት ካቆመ በኃላ በቀን ስንት ግዜ ትመግብያለሽ? ሀ.ከ3 ጊዜ በታች ለ.ከ 3-4 ጊዜ ሐ.ከ4 ጊዜ በላይ

5.ለልጆች የሚመከሩ ወይም የሚከለከሉ ምግቦች

5.1በባህላችሁ ልጆች እንዳይመገቡት ሚከለከል ምግብ አለ? ሀ. አዎ ለ.የለም

5.2ለጥያቄ 5.1መልስዎ አዎ ከሆነ፣የሚከለከለው ምን አይነት ምግብ ነው(ይጠቀስ)? _____

5 .3ለጥያቄ 5.1መልስዎ አዎ ከሆነ ምክንያቱ ምንድን ነው?

ሀ.ተቅማጥ ስለ ምያመጣበት ለ. ጥርስ መብቀል ስለሚከለክል ሐ.ሌላ ካለ ይጠቀስ _____

5.4 በባህላችሁ ለልጆች የሚፈቀድ ምግብ አለ ? ሀ. አዎ ለ.የለም

5.5 ለጥያቄ 2.21 መልስዎ አዎ ከሆነ, ምን አይነት ምግብ ነው(ይጠቀስ)? _____

እናመሰግናለን!