WOLKITE UNIVERSITY

COLLEGE OF MEDICINE AND HEALTH SCIENCE

DEPARETEMENT OF NURESING

-GROWTH MONITORING SURVICE UTILIZATION AND ITS ASSOCIATE FACTORS AMONG MOTHERS WHO HAVE CHILDREN LESS THAN TWO YEARS IN GUBREA TOWN, GURAGE ZONE, SOUTH WEST ETHIOPIA,2023

BY

1 ADAM GEBEYEHU 108/12

2 AHMED BIYA 70/12

3 ABDO JEMAL 86/12

4 AMARE MELAKU 69/12

A REASERCH TO BE SUBMITTED TO:-

WOLKITE UNIVERSITY COLLEGE OF MEDICEN AND HEALTHE SCIENCE DEPARTEMENT OF NURSING IN PARTIAL FULLFILMENT OF BACHELOR OF DEGREE IN NURSING

AUGUST-2023
WOLKITE, ETHIOPIA

WOLKITE UNIVERSITY

COLLEGE OF MEDICIEN AND HEALTH SCIENCE AND DEPARTEMENT OF NURSING

A REASERCH TO BE SUBMITTED TO WOLKITE UNIVERSITY COLLEGE OF MEDICEN AND HEALTHE SCIENCE DEPARTEMENT OF NURSING IN PARTIAL FULLFILMENT OF BACHELOR OF DEGREE IN NURSING

BY

1	ADAM GEBEYEHU	108/12
2	AHMED BIYA	70/12
3	ABDO JEMAL	86/22
4	AMARE MELAKU	69/12

ADEVISOR:-Ms. ESKEDAR DEMISE (BSc N, MSc in MHN) LECTURE

Mr. TOLOSA GEMEDA (BSc N, MSc MHN) LECTURERE

AUGUST-2023

WOLKITE, ETHIOPIA

Acknowledgements

We would like to acknowledge Wolkite University College of medicine and health sciences, department of Nursing for assigning us to perform this research from starting proposal .our heartfelt thanks goes to our Advisors Ms. Eskedar Demise and Mr. Tolossa Gemeda.as well as

The authors would like to express their heartfelt appreciation to data collectors and all mother and care givers of children less than 2 years who were involved as study participant in this study. They are also grateful to all their colleagues and health professionals who supported the study process.

Table of Contents

Acknowledgements iii

Table of Contents iv

Acronyms and Abbreviations vii

LIST OF TABLE viii

LIST OF FIGURE viii

ABSTRACT ix

CHAPTER 1 1

INTRODUCTION 1

1.3. Significance of the study 4

CHEPTER TWO 5

Literature review 5

2.1 Importance of growth monitoring 5

2.2 Factors associated with service utilization of Mothers. 6

2.5 conceptual frame work In dependent variable 9

CHAPTER 3 10

Objectives 10

CHAPTER 4 11

Methods and materials 11

4.1. Study Area 11

4.2 Study period 11

4.3 Study design 11

4.5 Study population 11

4.6 Study unit 11

4.7 Eligibility criteria 11

4.7.1 Inclusion criteria 11

4.7.2 Exclusion criteria: 12

4.8 Sampling and Sampling procedures 12

Sample size Determination 12

4.8.2Sampling Procedure 12

4.9 Data collection tools and procedures 14

4.10 Variables 14

4.10.2Dependent Variable 15

4.11 Data quality manage techniques 15

4.12 Operational Definition and definition of te 16

4.13 Data Analysis 16

4.14 Ethical Consideration 16

4.15 Dissemination plan 17

Chapter 5 18

RESULT 18

Individual and health-related factor for GMSU 21

Prevalence of GM utilization 22

Factors associated with GM service utilization 23

Discussion 25

Limitation 26

Conclusion 26

Recommendation 26

REFERENCES: 28

ANNEX II: Amharic questionnaires 34

Acronyms and Abbreviations

CBGP- Community Based growth Promotion

CI - Confidence interval

ETB - Ethiopian Birr

FGD- Focus group discussions

GM- Growth monitoring

GMP- Growth monitoring Practice

GMSU-Growth Monitoring Service Utilization

HEWs - Health Extension workers

IDD- Iodine Deficiency Disorders

NGO- Non-governmental Organization

VCHW- Voluntary community Workers

WHO- World health Organization

LIST OF TABLE

Table 1 socio-demographic characteristics of the study participants for study of GM service utilization and associated factors among mothers of less than 2 years children

in Gubre town 17
Table 2 Indevidual and health related growth monitoring service utilization 0
Table 3 Associated factor growth monitoring service utilization 22
Table 4 English Questionnaire for interview developed by researcher ,for mother who have child under two years and live Gubre Town, SNNPR, Ethiopia, 2015E.C. 30
Table 5 Amharic questionnaires developed by researcher for gubre town for mother who have child under two yeas 35

LIST OF FIGURE

Figure 1 conceptual fram work developed by researchers from literature review for mothers who have child less than two years and live in gubre town gurage zone Ethiopia 2023 9

Figure 2 sampling procedure 13
Figure 3 prrevalence of GM service utilization 21

ABSTRACT

Introduction: Growth monitoring(GM) is a process of regular weighing (and measuring height in some cases) and comparing the results with a standard is used in numerous community-based program settings to assess the growth status of children and often also to determine whether to deliver additional interventions .

Objective: the aim of this study is to assess growth monitoring service utilization and its associated factors among mothers of children less than two years in gubre town in 2023

Methods: A community-based cross-sectional study was conducted on 352 study participants from 17 may to 20 June 2023. The study participants in the study were selected using simple random sampling technique. The collected data were entered in to EpiData3.1and Exported to SPSS version 25. Bivariate and multi-variable logistic regression analysis was used to identify factors associated with growth monitoring service utilization. Statistically significance was declared at p value < 0.05% and 95% confidence interval.

Results:-In this study, the overall growth monitoring service utilization was(42.3%).mother who receiving education and counseling(AOR: 2.8,95% CI 2.16,4.672), available transport service (AOR, .130,95% CI.028, .596) and

educational status Elementary and high school, were significantly associated with growth monitoring service utilization.

Conclusion and Recommendation:-Growth monitoring services utilization was 42.3%. Maternal getting counseling and education regularly GM service utilization available transport were the independent factors for GM service utilization.

KEY WORD: Growth monitoring service, associated factors, mothers and children less than two years in in gubre town.

CHAPTER 1

INTRODUCTION

Growth monitoring(GM) is a process of regular weighing (and measuring height in some cases) and comparing the results with a standard is used in numerous community-based program settings to assess the growth status of children and often also to determine whether to deliver additional interventions[1],[2]. The major Advantage of Growth monitoring is, its use as a diagnostic tool for identifying a child with a nutritional or health problem, thus enabling action to be taken before the child's nutritional status is seriously hazard[3].

Severe acute malnutrition affects almost 20 million preschool-age children, in general from African and South-East Asia Region. According to a current data, Of the 7.6 million deaths yearly amongst child who are under 5 years of age, about 35% are due to nutrition-related elements and 4.4% of the deaths have been shown to be specially attributable to extreme losing[4].

Another term, Growth Monitoring (GM) is a preventive recreation comprised of Growth monitoring linked commonly with counseling that will increase awareness about toddler growth; improves caring practices and will increase demand for different services[1]. GM is the central starting factor for GMP; the monitoring ought to show up frequently and be targeted on increase reputation (the velocity of growth), no longer on anthropometric status. GM links the records gathered over time from GM with an action as monitoring toddler increase on my own will no longer result in modifications in spread[1].

In our country ,Growth monitoring and promoting(GMP) is being carried out as an integral section of Ethiopian essential health care package with the intention

of assessing the increase of teenagers and to efficaciously screen these with a plausible to be malnourished or have ordinary Growth patterns which should help in initiating early interventions

1.2. Statement of the problem

Malnutrition in children is a serious public health issue that harms health and hinders development[1]. Malnutrition is a factor in more than half of all deaths in children under two years because it puts children at risk for developing and dying from infections .There were 144 million stunted, 47 million wasted, 14.3 million severely wasted, and38.3 million obese children under the age of Two years old in the world in 2019[2],[3]. In sub-Saharan Africa, there were 57.5 million stunted, 11.8 million wasted, 3 million severely wasted, and 5.2 million obese children under the age of five years old in 2019[1]. South Africa experiences a triple burden of malnutrition under nutrition, over nutrition, and micronutrient deficiencies[5]. Stunted growth is the most prevalent form of malnutrition, and 80% of the world stunted children reside in South Africa[6]. In South Africa, 27% of children under the age of two were stunted, 44% were vitamin deficient, 13% were overweight, and6% was underweight in 2016. Malnutrition incidents vary by socioeconomic categories and geographic areas in south Africa[5]. Growth monitoring and promotion (GMP) is one of the methods that have been used in developing and developed nations to lessen childhood malnutrition[1].

For Growth Monitoring things to do to be effective, a range of prerequisites are required. The prerequisites that want suitable growth monitoring and increase promotion include: nicely organized, functioning health system; integration of growth monitoring with preventive/ curative health services and intersecting oral linkages; integration of vitamin training into all pediatric services; service delivered locally, at handy times; and in general appropriate understanding, contribution and participation of families and communities at large[3].

Growth monitoring is widely wide-spread and movements that, it requires strict

adherence and families need to convey their children every month until at least two years of age[7]. And for the GM applications to be fine mother should have adequate knowledge, fine attitude and true practice. However, this maternal attributes are being stated in many studies as one of the impending elements for the effectiveness of increase monitoring. Mothers who neglect to bring their adolescents for growth monitoring were the main reasons for the poor implementation of increase monitoring in extraordinary areas. One of the motives which convinced mothers that GM has no benefit, is because they don't see any interventions being carried out in the course of the visits without for weighing the baby and stated mother and father don't consider that weighing a toddler should bring any trade to their growth[8].

Currently questions have been raised about whether or now not increase monitoring is not being carried out as it was meant to be. The most dominating aspect being indicated in the back of this negative implementation used to be bad adherence of mothers to the increase monitoring applications and this ought to be pretty determined with the aid of their appreciation and understanding toward increase monitoring. An anecdotal remark of the research group contributors in exceptional fitness establishments in our country also indicates that, even although GM is and has been regarded as a sole stopping and screening mechanism with the aid of the Federal Ministry of Health of Ethiopia (FMOHE), its implementation in realistic stage is disappointing. Several elements can be viewed as contributing to this bad practice, which includes terrible perception and motivation of health care workers, bad maternal compliance and lack of available resource. In this study, our foremost problem is the maternal compliance with the growth monitoring programs[2].

Currently, Ethiopian government has been implementing community-based nutrition (CBN) program, as a key component of the national nutrition program. It facilitates to increase the GM utilization for all children under 2 years of age

together with counseling for caregivers.10There is paucy of research conducted on the prevalence and factors influencing GM service utilizationin Ethiopia[2]. The aim of this study was to assess GM service utilization and its associated factors among mothers of children less than 2 years in Gubre town gubrage zone Ethiopia

1.3. Significance of the study

Parents, especially mothers, have an irreplaceable role in ensuring continued follow up and strict adherence to the growth monitoring schedule.

Studying these parameters will help to identify the associated factors behind GM which can lead to better utilization of it. Children will better have their growth monitored regularly and help them to be benefited from the intended advantages of GM.

Parents and also the community at large will be benefited from the resulting reduction and prevention of malnutrition and its broad, everlasting effect.

In addition, understanding the reputation of the mothers will point out some hints for improving increase monitoring and will grant some directions for coverage makers about how to consist of fitness training activities in growth monitoring programs. And this will help in advertising enough increase of child and stop childhood malnutrition, which will in turn end result in decreased underneath 5 mortality and increase faltering

CHEPTER TWO

Literature review

2.1 Importance of growth monitoring

Some of the most important purposes of growth measurement are motivating regular contact with mothers, informing them of their child growth, and acting as an entry point for counseling and negotiation on behavior change to promote growth and contribute to the prevention of chronic malnutrition. Therefore, growth measurement tools should be designed and used with these purposes in mind, the program focus more on interpreting the measurement of a child growth and focus more on delivering quality services and effective counseling and negotiation for behavioral change. In addition to that it is also abundant international evidence that reducing malnutrition confers significant social and economic benefits in terms of better health outcomes, improved cognitive development, and higher earnings in adulthood and a growing number of studies show that community based nutrition programs can make important contributions to reducing malnutrition [9]

There is evidence from different countries of Africa stated that children whose growth is monitored and whose mothers receive nutrition and health education

and have access to basic child health services have a better nutritional status and/or survival than children who do no There is tentative evidence from a large-scale program in Brazil that participation in growth monitoring confers a significant benefit on nutritional status independent of immunization and socioeconomic status. There is evidence from India and Bangladesh that growth monitoring has little or no effect on nutritional status in large-scale programs with weak nutrition counseling. There is evidence from Tamil Nadu in a randomized trial that when mothers are visited fortnightly at home and have unhurried counseling, no additional benefit accrues from the visual depiction of growth on a chart. There is some evidence that growth monitoring can improve utilization of health services [10]

Monitoring growth of children also relates closely to the rights of the child. The United Nation Convention of the Rights of the Child states that children should not be allowed to become malnourished. The World Summit for Children (1990) called on countries to institutionalize child growth monitoring and promotion programs as one of the actions to prevent malnutrition. The rationale for this derives from the fact that growth is a good proxy for child well-being, and the child who has healthy growth will not be malnourished. The child right is closely linked to that of the parents, who have a right to know if their child is growing well and be able to correct any deprivation causing poor growth. It is imperative for governments and technicians to develop approaches and technologies that permit families and communities to effectively promote the healthy growth of children [11]

Nutrition education is a key component of GMP because improvements in child nutrition so often depend on changing feeding and care giving practices in the home. Individual nutrition counseling is the cornerstone of effective and efficient GMP. The approach of regularly weighing and assessing the growth of a child provides the opportunity for individualized nutrition education or counseling with

targeted messages related to how well the child is growing, how healthy he or she is, what and how often the child eats, and the care giver resources and motivation. GM is the focal point for stimulation discussion on growth, health, and feeding for that child. Growth information also helps to target special assistance and gives an indication of the impact of new behaviors [12]

2.2 Factors associated with service utilization of Mothers.

On the review document of around 20 studies conducted worldwide provided clear evidence that literate women are much better at comprehending the test cards ($P < 0.001$ in all four sites).In addition to literacy levels, six interventional studies were also reviewed. These studies took data on mothers' understanding before and after an Educational intervention. Five of the six studies found significant improvements in comprehension with an educational intervention. The one study that failed to show an improvement, a trial in Papua New Guinea, had such high rates of initial comprehension in both the intervention and control groups prior to the intervention (above 80%) that there was little opportunity to show an influence[7].

Authors of the study in Saudi Arabia (1995), which showed good practice of mothers, indicated that the high rate of native mothers' unemployment and the simplification of getting permission for those who are employed to attend their Childs GM session in the Saudi Arabian community would possibly have contributed to this higher result[13].

A study, which took a sample of 218 mothers in Botswana, indicated the same associations. On this study Middle and highly-educated mothers have been located to be greater susceptible to bring the increase chart with them than low-educated mothers. The perception of getting benefit from the growth monitoring was significantly associated with increase in the education of mothers[4].

Mothers participating on a study about to assess the effectiveness of South

African community based growth monitoring and promoting program, stated that they have been unhappy to deliver their infant to the community increase monitoring center ('Isizinda) because they perceived the hospital team of workers as hostile and unhelpful[14].

The find out about conducted in the Lusaka district of west African use Ghana have found several associations between deferent factors and KAP of mothers. This study revealed significant associations between understanding in GMP and occupation (p=.013) and educational status (p=.026). Multiple logistic regression evaluation indicated that caregivers with no training were 0.61 times less probable to be related with good knowledge in GMP than educated caregivers,(OR 0.61(0.38-0.99) 95% CI). Also caregivers with informal occupation have been 0.15 times less probably to be related with correct know-how in GMP than these with formal occupation (OR 0.15 (0.02 - 1.16) 95% CI). The end result also confirmed a tremendous associations between caregivers mind-set towards GMP and type of caregiver (p=.021), marital reputation (p=.009) and occupation (p=.014). Multiple logistic regression analyses verify that non-biological mothers have been 0.74 times less probable to be related with properly attitude in the direction of GMP than those who are organic mothers;(OR 0.26 (0.08-0.88) 95% CI). Also unmarried caregivers have been 0.64 times less possibly (OR 0.36 (0.17-0.80) 95%CI), and casual occupation have been 3.8 instances more in all likelihood to be associated with good attitude towards GMP than those with formal occupation (OR 3.76 (1.22-11.56)95% CI). Associations between the Background Characteristics and Caregivers Practices on GMP had been also indicated in this study. The results revealed sigficant associations between practices in GMP and type of caregivers (The relationship between the care giver and the child) (p=.019) and tribe of caregivers' (p=.019). However, multiple logistic regression analysis did now not confirm any associations[15].

The Ethiopian study, conducted by Selamawit M. B. and her associates (2014)

also revealed associations between KAP and different factors. Among the individuals of the FGDs arranged for this study, there were also mothers who usually missed their GMP appointments due to the fact they gave priority to household activities and social events. These mothers expected the health workers to remind them of the appointment each month. This prioritizing different things to do over growth monitoring was proven to have an effect on practice of mothers. Non-literacy was found to be associated with understanding the information written on growth chart[16].

2.5 conceptual frame work In dependent variable

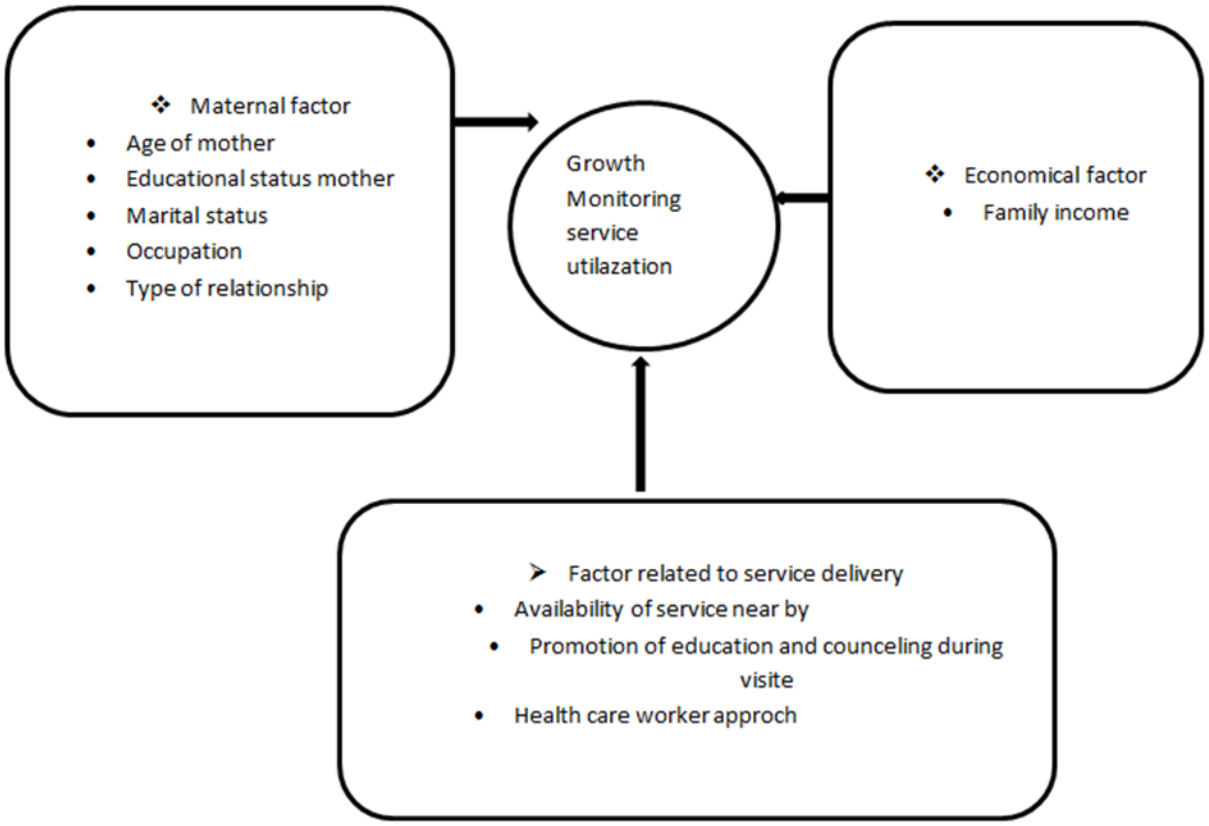


Figure 2 conceptual frame work developed by reading literature review for mothers

on GM monitoring service utilization in gubre town ,SNNPR, Ethiopia 2013

CHAPTER 3

Objectives

3.1. General objectives

- To Assess the growth monitoring service utilization and its associated factors among mothers of child less than two years in gubre town gurage zone South west Ethiopia,

3.2 Specific objectives

- To identify the growth monitoring and service utilization of mothers who have child age less than two years in Gubre town Gurage zone south west Ethiopia 2023
- To examine elements of factors associated to service utilization of mothers toward growth monitoring in Gubre town gurage zone south west Ethiopia 2023

CHAPTER 4

Methods and materials

4.1. Study Area

The study was conduct in ,gubre town it is the sub city of wolkite city southern region south west Ethiopia Gurage Zone in this town there is one referral Hospital ,and one health center and which is found around 165km far from Addis Ababa(the capital city of Ethiopia) and Gubre town have four kebele total population No 28647 and No of child under 2 years old 5642 ,deferent ethnics group and culture.

4.2 Study period

This study about used to be carried out from 17 may –20 June, 2023

4.3 Study design

Community based cross sectional study was conducted

4.4 Source population

All mothers or Guardian of child living in gubre town

4.5 Study population

Simple Randomly selected mothers or Guardian of Children much less than two years of age from each Kebele.

4.6 Study unit

A mother or Guardian of a child much less than two years of age and living in gubre town

4.7 Eligibility criteria

4.7.1 Inclusion criteria

Those mothers or guardian residing in the study area and having child age less than two years

4.7.2 Exclusion criteria:

Those mothers or guardian who have children less than two years those who are seriously ill and not directly give care due to seriously ill.

4.8 Sampling and Sampling procedures

Sample size Determination

Total sample size would been determined using single population proportion formula with 95% confidence interval (CI) and marginal error (d) of 5%.

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

Where n= the desired sample size

Z= standard normal score (95%)

d= margin of error (5%)

P= will be 0.32%, from the mothers having good knowledge taken from the study conducted in muhir Aklil gurage zone SNNP Ethiopia[12]

n= $z_{\frac{\alpha}{2}} = 1.96$, $(z_{\frac{\alpha}{2}})^2 = 3.84$ =320

n= 320

When we add 10% non-response rate the total sample size became 351.985 ≈ 352.

The final sample size then became 352.

4.8.2Sampling Procedure

Proportional sample size allocation will be used to distribute the total sample dimension into the four kebele Then simple random sampling technique was once used to choose individual households to attain study subject: exceptionally the mother/ guardian of a child much less than two years of age.

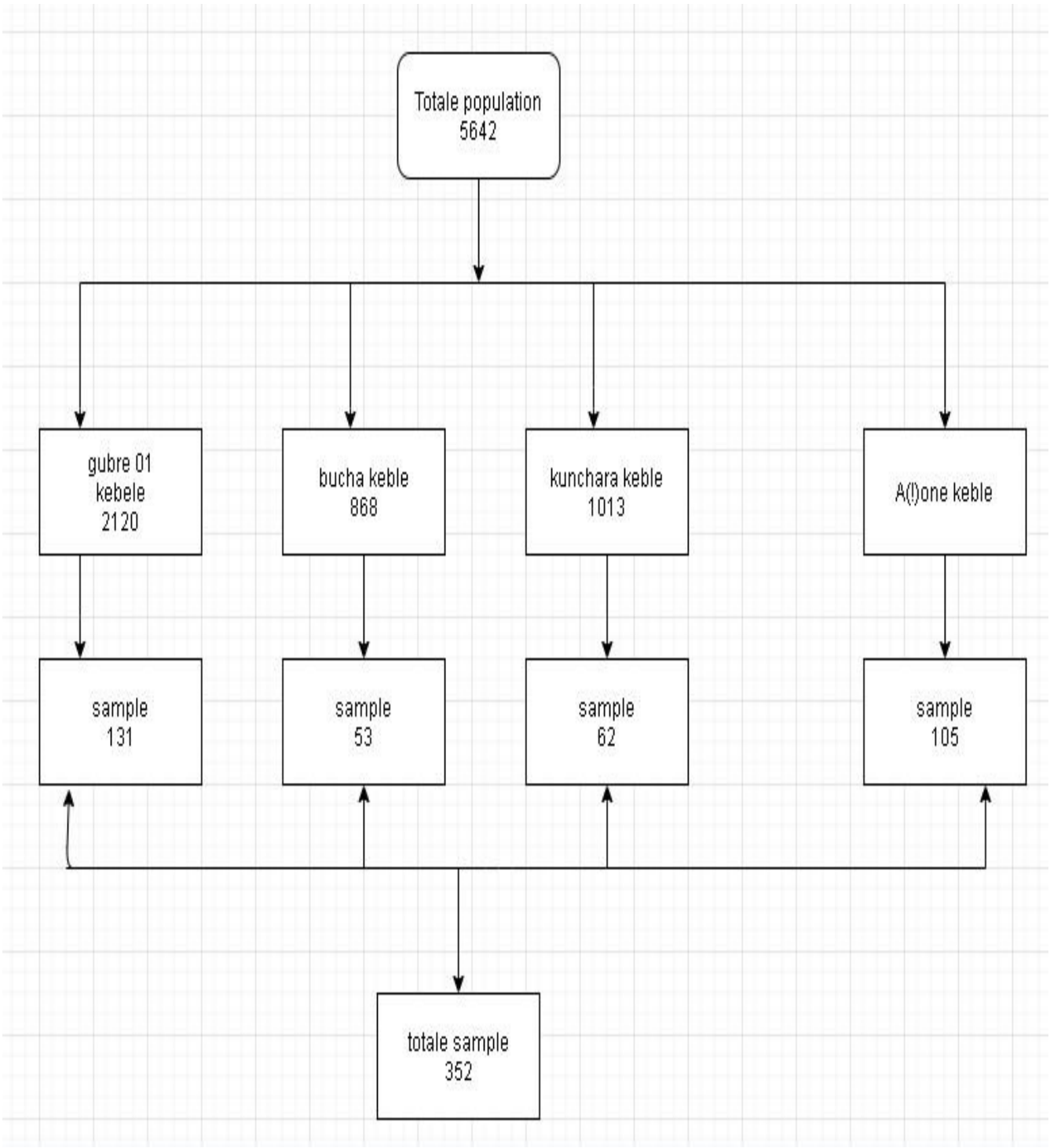


Figure 3 sampling procedure

4.9 Data collection tools and procedures

Structured questioner was organized in Amharic, English and guragegna would been once used for face to face interviews and finaly we had used Amharic questioniar. . Group participants carried out the interviews using pen, pencils and papers. Before data collection, a short dialogue wasl maked inside group members to have a common understanding. We gone the list of mothers with Children less than 2

Years of age and their residence numbers from the health extension workers of each Keble and used it as a sample frame. Then we were record the residence numbers and select the HHs the usage of simple random sampling with lottery method of health extension workers from each Keble used to be assign and link records collectors with HDA leaders in every Ketenas.

4.10 Variables

Independent Variables

- ❖ Maternal factors
  - ➢ Age of mothers
  - ➢ Educational status of mothers
  - ➢ Marital status
  - ➢ Occupation
- ❖ Family and economic factors
  - ➢ Family Income

- Number of children
- Age of the last child
- occupation of the partner
- Factors related to service delivery
  - Availability of service nearby
- The Amount of money spent on each visit
- Time to reach GM center
- Distance of the GM center from home
- Service delivery time during each visit
- Provision of Education and counseling during visits
- Health care workers approach

4.10.2Dependent Variable

Service utilization of mothers on Growth monitoring

4.11 Data quality manage techniques

The questionnaire used to be taken from similar studies (18) and modified to adapt to the study about context. Before the data collection, the data collectors (group members) made sure that they have a common understanding of the questionnaire and the questionnaire will t translated to Amharic through group member and translation consistency will be once checked by using group members. After data collection, inner consistency will be checked by cross checking data with in group member on every days of data collection. If acceptable respondents have been now not reachable on the first visit, 1 extra

visit will be regarded earlier than taking as a non-response.

4.12 Operational Definition and definition of term

Growth Monitoring: process of following and assessing the growth rate of a child in evaluation based on national growth and developmental new guide line chart (1)

Growth monitoring service utilization (yes): Attending your child growth monitoring per month according to the child age.

GM service utilization (No): unable to attend GMP your child growth monitoring per month according to the child a

Distance of health institution:-distance of health institution from mothers home (in hour) 30 minute taken.

4.13 Data Analysis

The data was once collected; questionnaires had been reviewed and organized via investigators. The data were entered after defining variables and analyzed using SPSS v.25.0 statistical software. Binary Logistic regression used to be performed. COR (crude odds ratio) alongside with 95% self-assurance interval will once used to decide the existence of an affiliation between unbiased and established variables. To decide the energy of associations, Binary multi variable logistic regression used to be performed and statistical importance with an Adjusted odds ratio was used to determine the power of associations. Statistical value used to be declared with p-value less than 0.05 for multivariable and 0.25 for bivariate logistic regressions. Finally, the result is presented using tables, texts and other pictorial representation.

4.14 Ethical Consideration

Before the data collection, proposal approval was gone from wolkite University, College of Medicine and Health Sciences, Department of Nursing. The

respondent’s privateness and confidentiality of the information was assured throughout the study procedure and they had all the right not to involve in the study or not to answer any of the question research member essured that any data was collected after taking full concent of participant.

4.15 Dissemination plan

After completion of this research, the results was submitted to Wolkite University, college of medicine and health science, department of nursing. A replica of the lookup report would been submitted to Gurage zone Health Bureau and Gubre Town Health Unit as it would been possibly supportive in decision making towards enhancing growth monitoring service utilization programs.

Chapter 5

RESULT

Participant Socio demographic characteristics of the study

A total of 352 study participants participated in this study giving the response rate of 100%. Majority (287 (81.5%) of the respondents were married. More than half 183(52%) of the children were males. 199 (56.5%) of the children were the age of 12month-2years (see Table 1)

Table 1 socio-demographic characteristics of the study participants for study of GM service utilization and associated factors among mothers of less than 2 years children in Gubre town , Gurage zone, Southern Ethiopia, 2023.(n = 352)

Variable	Category	Frequency	Percent (%)
Age of mother of the Child	18-35 age	151	42.9%
	36-46 age	201	57.1%
Ethnicity	Garage	251	71.3%
	Amara	37	10.5%
	Oromo	19	5.4%
	Wolayita	16	4.5%

	Hadiya	18	5.1%
	Kembata	7	2.0%
Religion	Orthodox	148	42.%
	Muslim	91	25.9%
	Catholic	44	12.5%
	Protestant	68	19.3%
	Other	1	.3%
Mother educational states	Elementary	89	25.3%
	High school	138	39.2%
	Diploma	47	13.4%
	Degree	21	6.0%
	Masters	4	1.1%
	Unlearned	53	15.1%
Marital status of mothers	Single	12	3.4%
	Married	287	81.5%
	Divorce	29	8.2%
	Widows	24	6.8%
Age of last child	1-12month	153	43.5%
	12mon-2years	199	56.5%
Sex of the last child	Male	183	52%
	Female	169	48%
Estimated family monthly income	<1500Ebirr	17	4.8%
	1500-4000ebirr	76	21.6%
	4000-6000ebirr	96	27.3%

	6000-8000ebirr	96	27.3%
	>8000ebirr	67	19.%
Occupation of mother	Government	64	18.2%
	Self employee	161	45.7%
	Farmer	7	2%
	Informal occupation	22	6.3%
	Other	1	3%
	No occupation	96	27.3%
Distance of health center from house by walking	5min-15min	100	28.4%
	16min-3omin	222	63.1%
	30min-1hr	25	7.1%
	>1hr	5	1.4%
Satisfaction of mother by service Utilization	Very satisfied	109	31.0%
	Satisfied	161	45.7%
	no satisfied	82	23.3%
How many growth monitoring visit have Your child had?	1-3	95	27.1%
	4-10	62	17.6
	All visit according to child age	106	30.1%
	I don't remember	88	25%

Mothers have growth monitoring chart in their house	Yes	41	11.6%
	No	311	88.4%

Individual and health-related factor for GMSU

(45.7%) of participants had good satisfied on GM service utilization. 240(68.2%) of mothers had get counseling and education from health profession GMP service utilization. One-hundred ninety three (54.8%) of the participants regularly participate can get support from her husband for her child growth monitoring activities (see table 2)

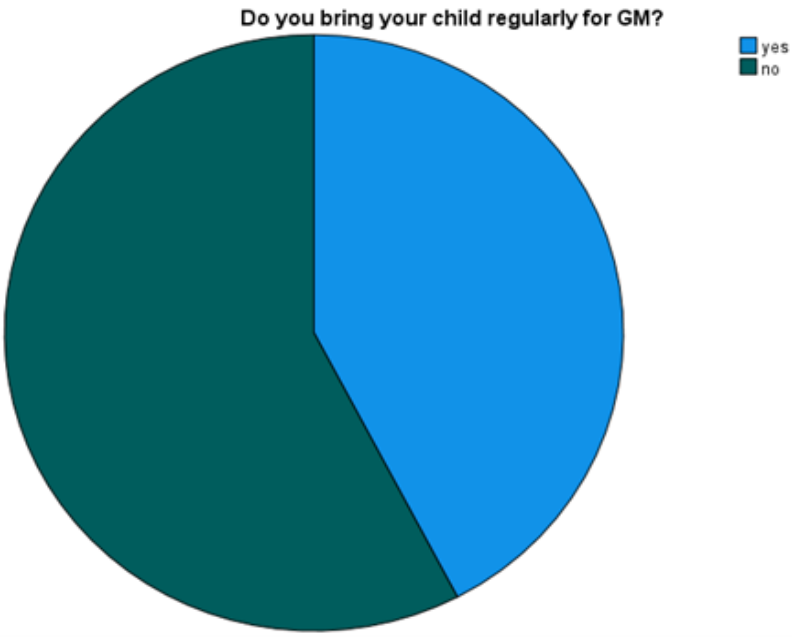
Table 2:-Socio-demographic characteristics of the study participants for study of GM service utilization and associated factors among mothers of less than 2 years children in gubre town, Gurage zone, Southern Ethiopia, 2023.(n = 352).

Variable	Category	Frequency	Percent
Available transport service from house	Yes	333	94.6%
	No	19	5.4%
Mothers get support from her husband emotional and economical	Yes	198	54.8%
	No	159	45.2%

Mothers follows the instruction and recommendation given by profession During visit	Yes	171	48.6%
	No	181	51.4%
Infant complete their immunization	Yes	169	48%
	No	183	62%

Prevalence of GM utilization

The prevalence of GMP service utilization was 42.3% (95% CI: 28.3, 37.6) (see Figure 2).



Yes =149

No =203

Figure 4:- prevalence of GM service utilization among mothers of less than 2 years child in gubre town, Gurage zone ,southern Ethiopia,(n=352)

Factors associated with GM service utilization

In bi-nary regression age of the mothers of child and mothers who get counseling

and education from health care ,educational status of mother and available transport service were associated with GM service utilization and In multi-variable logistic regression analysis variables, such as; mothers who get counseling on GM service utilization were significantly associated with GM service utilization .educational status of mother and available transport service , getting counsel and education were statistically associated with GM service utilization. Mothers who get counsel and education about GMP were 2.14 times more likely to have GMP utilization (AOR: 2.86, 95% CI: 2.16 –4.67) from those don tot get counsel and education about GM service utilization.

Table: 3 :-Bi-variable and multi-variable logistic regression analysis of factors associated with GM service utilization among mothers of less than 2 years children in goober town, Gurage zone, Southern Ethiopia, 2023, (n = 352).

Variables	Categories	GMP utilization		95% CI		P value
		Yes	No	COR	AOR	
Available transport survive	Yes	147	186	6.718(1.582,29.5)	.130(.028,.596)*	0.009
	No	2	17	-	-	-
Mother who get counseling	Yes	30	82	3.27(2.157,4.97)	2.8(2.16-4.67)*	.001
	No	119	121	-	-	
Educational status of the	Unlearned	18	7			

mother	Elementary		60	78	.270(.112-.652)	.319(.139 -.731)*	.004
	High school		30	59	.135(.141-.449)	.197(.067 -.585)*	.001
	Diploma		15	38	.736(.341-1.589)	.76(.37-1.630)	.435
	Degree		26	21	.541(.265-1.102)	.513(.258-1.019)	.091
Age of the mothers of child	18-35 Age	Yes	62	87	.790(.491-1.273)	1.45(.934-2.241)	.333
		No	35	168			
	36-46 Age	Yes	86	63	-	-	-
		No	59	144			

GM:-growth monitoring; **CI**: confidence interval; **COR**: crude odd ratio; **AOR:** adjusted odd ratio; *variable which have **p**: value <0.05

Discussion

This study had assessed the prevalence of GM service utilization and its associated factors among mothers of children less than 2 years in Gubre town, Gurage zone, southern Ethiopia 2023. In this study, the overall GM service utilization was (42.3%). It is consistent with study conducted in Gondar Ethiopia which is 38.9%.and muhir aklile woreda in Gurge zone Ethiopia 32.9% [12].

This finding is lower than study conducted in Uganda (59%)[17]. The possible difference might be due to differences in economic and health delivery system. Those countries which are better in economic had better access in providing health professional, infrastructure, and transportation for their communities. This made mothers to utilize GM service.

This study showed that receiving counseling significantly affect GM service utilization. It is consistent with study conducted in Ethiopia.[18] The justification might be because of those who received counseling service had awareness on those who did not participate regularly. Mothers who have counseled on GM service utilization were 2.14 times more likely to have GM utilization (AOR: 2.8, 95% CI: 2.16-2.46) than those mothers who get counseling service utilization.(see Table 4)

This study showed that mothers who get counseling and education from health provider and supports from her husband for her infant follow up of growth monitoring service utilization. It is consistent with study conducted in India [11].The justification might be because of mothers who had power on financial control had the ability of deciding performing what is important for their child and for themselves

In this study indicates the mothers who have educate in deferent educational level among respondents are those who had learned high diploma and degree 47 and 21, (13%,6%) respectively and those are get GM service utilization than from those other respondent

This study showed mother who have available transport service was significantly associated with GM service utilization. It is consistent with study conducted in Ethiopia [10] The justification might indicate available transport had participating effect in to get , practice, and knowledge on GM utilization.

Limitation

this affected the study. and The cross-sectional study design has weakness in the establishing temporal relationship. It was better if supported by qualitative method. Barriers for non-utilization of GM could be better assessed using if it is supported by qualitative study.

Conclusion

GM services utilization was 42.3%. Maternal getting counseling regularly and education about GM service utilization ,available transport and age of mother of the child were the independent factors for GM service utilization. The health extension workers should strengthen maternal empowerment and community conversation through increasing maternal awareness.

Recommendation

Based on the findings of this study, problems have been identified with the mothers on GM service utilization. Suring the time of commencement of this study the researcher group was able to understand that the growth monitoring service utilization separate child are service is not Adequately being implemented.

- The following recommendation are forwarded for the concerned bodies based on finding of the studies

For growth monitoring service program manager of city health beruea

- Monitoring implementation of growth monitoring and service utilization should be needed throughout each keeled that expected to implement growth monitoring service utilization program.
- Improve the quality of growth monitoring and service utilization implementation to decrease the gap on the health extension workers weight measurement procedure and counseling skill.
- Motivating and monitoring health extension work to give growth monitoring service utilization session regularly

  .
- Advocacy regarding growth monitoring and promotion should be done to change the outlook of mothers towards growth monitoring.

For researchers:

- Further studies should be done on factors that are associated with mother's attitudes towards growth monitoring and promotion.
- Study that could assess father's contribution towards growth monitoring

and service utilization.

REFERENCES:

[1] Q. Liu, Q. Long, P. Garner, Q. Liu, Q. Long, and P. Garner, “middle income countries (Protocol),” 2012, doi: 10.1002/14651858.CD010102.www.cochranelibrary.com.

[2] N. Mangasaryan, M. Arabi, and W. Schultink, “Revisiting the concept of growth monitoring and its possible role in community-based nutrition programs,” *Food Nutr. Bull.*, vol. 32, no. 1, pp. 42–53, 2011, doi: 10.1177/156482651103200105.

[3] S. R. Warson, “Child growth and development,” *J. Pediatr.*, vol. 37, no. 2, p. 285, 1950, doi: 10.1016/s0022-3476(50)80037-9.

[4] B. Daniel *et al.*, “Knowledge and Attitude on Growth Monitoring and its Associated Factors among Mothers/Guardians of Children Less than Two Years in Areka Town, Southern Ethiopia, 2017,” *J. Nutr. Disord. Ther.*, vol. 07, no. 03, 2017, doi: 10.4172/2161-0509.1000216.

[5] A. T. Manual, “Link between Nutrition Nutrition and”.

[6] FMOH, “E T H I O P I a – F E D E R a L M I N I S T R Y O F H E a L T H,” *Protoc. Manag. Sev. Acute Malnutrition Ethiop.*, pp. 1–122, 2007.

[7] D. Roberfroid, G. H. Pelto, and P. Kolsteren, “Plot and see! Maternal comprehension of growth charts worldwide,” *Trop. Med. Int. Heal.*, vol. 12, no. 9, pp. 1074–1086, 2007, doi: 10.1111/j.1365-3156.2007.01890.x.

[8] D. Roberfroid, P. Lefèvre, T. Hoerée, and P. Kolsteren, “Perceptions of growth monitoring and promotion among an international panel of district medical officers,” *J. Heal. Popul. Nutr.*, vol. 23, no. 3, pp. 207–214, 2005.

[9] O. C. Kobusingye, D. Guwatudde, G. Owor, and R. R. Lett, “Citywide trauma experience in Kampala, Uganda: A call for intervention,” *Inj. Prev.*, vol. 8, no. 2, pp. 133–136, 2002, doi: 10.1136/ip.8.2.133.

[10] B. Maire, “Do growth monitoring and promotion programs answer the performance criteria of a screening program ? A critical analysis based on a systematic review,” vol. 10, no. 11, pp. 1121–1133, 2005, doi: 10.1111/j.1365-3156.2005.01498.x.

[11] A. Ashworth, R. Shrimpton, and K. Jamil, “Review Article Growth monitoring and promotion : review of evidence of impact,” pp. 86–117, 2008.

[12] G. Endale, T. Melis, and A. Dendir, “Growth monitoring service utilization and its associated factors among mothers of children less than 2 years in Muhir Aklil district ,” 2022, doi: 10.1177/20503121221133936.

[13] Beniam Daniel. et al, “Journal of Nutritional Disorders & Therapy Knowledge and Attitude on Growth Monitoring and its Associated Factors among Mothers / Guardians of Children Less than Two Years in Areka,” *J. Nutr. Disord. Ther.*, vol. 7, no. 3, 2017, doi: 10.4172/2161-.

[14] M. Faber, M. A. S. Phungula, J. D. Kvalsvig, and A. J. S. Benadé, “Acceptability of community-based growth monitoring in a rural village in South Africa,” *Food Nutr. Bull.*, vol. 24, no. 4, pp. 350–359, 2003, doi: 10.1177/156482650302400405.

[15] B. Shams, P. Golshiri, A. R. Zamani, and S. Pourabdian, “Mothers’ participation in improving growth and nutrittion of the children: A model for community participation,” *Iran. J. Public Health*, vol. 37, no. 2, pp. 24–31, 2008.

[16] E. Nombe, “An investigation into the knowledge mothers have about children’s growth charts.,” *Curationis*, vol. 15, no. 1, pp. 26–28, 1992, doi: 10.4102/curationis.v15i1.348.

[17] L. Desalegne, S. Shiferaw, D. Haile, and T. Submitted, “Assessment of Knowledge and Utilization of Growth Monitoring and Promotion for under two children in Butajira, Ethiopia 2017,” no. June, 2017.

[18] UNICEF, “Executive Board of the United Nations Children ’ s Fund,” *United Nations Child. Fund*, no. 14, pp. 1–97, 2016, [Online]. Available: www.unicef.org/infobycountry/nigeria

ANNEX: QUESTIONNAIRE

This questionnaire is aimed at gathering primary data on growth monitoring service and its associated factors in Gubre town . The information you provide will be treated with confidentiality and will be used for the purpose of accomplishing academic goals. You have the right to not answer or stop at any time during the interview.

Do you agree? YES☐ NO☐

Kebele: _____ House code: _____ Date__/__/___

Table 4 Questionnaire for interview, Gubre Town, SNNPR, Ethiopia, 2015E.C.

No	**Part one: General Information**	Answers	Skip
1.	Age of mother/care giver	_____ (years)	
2.	Ethnicity	_____	
3.	Religion	A. Orthodox ☐ C. Catholi ☐ B. Muslim ☐ D. Protestar ☐	

4.	Educational status of mothers/ caretakers	A. Elementary scho ☐ D. Degre ☐ B. High school ☐ E. Master ☐ C. Diploma ☐ F. ☐	
5.	Marital status	A. Single ☐ C. Divorced ☐ B. Married ☐ D. Widowe ☐	
6.	Number of children	_____.	
7.	Age of the last child	A. 1 - 12 month ☐ C. > 2 yea ☐ B. 1 - 2 years ☐	
8	Sex of the last child	A. Male ☐ B. Female ☐	
9	**Part two: service utilization of Mothers**		
10	Do you bring your child per month for GM?	A. YES ☐ B. NO ☐	
11	If no, what is your reason?	A. I am busy with other thing ☐ B. I don't want to bring my child her ☐ C. I am not seeing any improvem ☐ D. I forgot ☐	
12	How many growth monitoring visits have your child had?	A. 1 – 3 ☐ B. 4 - 10 ☐ C. All visits ☐ D. I don't remembe ☐	
13	Do you have the growth chart with you?	A. YES ☐ B. NO ☐	
14	Do you follow the instructions and recommendations given by	A. YES ☐ B. NO ☐	

	the professionals during the visits?		
15	If no, why don't you follow the instructions and recommendations?	A. They are not clear, difficult to remem B. Health workers don't describe it wel C. I don't have enough income t implement D. Others	If yes to the abov e

Questionnaire continued...

16	Has your child completed his/her immunization?	A. YES ☐ B. NO ☐	
17	If yes to the above question, are you still taking him for growth monitoring?	A. YES ☐ B. NO ☐	If no to abov e
18	If no to question 8, why did you stop growth monitoring follow up?	A. The GM is completed ☐ B. It is not necessary anymo ☐ C. No one told me to continu ☐	If no to #407 or yes to abov e
19	If no to question no 9 are you planning on continuing follow up after completing the immunization?	A. YES ☐ B. NO ☐	
	Part three: socioeconomics factors		
20	What is your occupation?	A. Employee ☐ B. Self employed ☐ C. No occupation ☐ D. Farmer ☐ E. Informal occupatio ☐	

21	What is your partner's occupation?	A. Employee B. Self employed C. No occupation D. Farmer E. Informal occupation	

Questionnaire continued...

22	What is your families estimated amount of monthly income?	……	
23	How far is the growth monitoring center from your home? (In minutes)	A. Less than 5 minute's ☐ B. 5 – 30 minutes ☐ C. 30 minutes – 1 hour ☐ D. Above 1 hour ☐	
25	Is there available transport service from your home to growth monitoring center?	A. YES ☐ B. NO ☐	
25	Are you comfortable with the health workers approach during the visits?	A. YES ☐ B. NO ☐	
26	Do you get adequate counseling and Education from the health professionals?	A. YES ☐ B. NO ☐	

Thank You for your cooperation!!!

ANNEX II: Amharic questionnaires

ወልቂጤ ዩኒቬረሲቲይ

ህክምናና ጤና ሳይንሰ ኮሌጅ

የነርሲንግ ት/ት ክፍል

<u>መግቢያ</u>

1. አብዶ ጀማል
2. አዳም ገበየው
3. አህመድ ቢያ
4. አማረ መላኩ

እኛ የ 4ኛ አመት ተመራቂ የነርሲንግ ተማሪዎች ሰንሆን፤ በአሁኑ ሰአት የመመረቂያ ጥናታችንን እድሜያቸው ከ ሁለት አመት በታች የሆኑ ህጻናት እናቶች የ የሕፃናት እድገት ክትትል አገልግሎት አጠቃቀም እና ተያያዥ ነገሮች ሰለ ህጻናት የእድገት ክትትል በጉብሬ ከተማ 2015 በሚል ርዕሰ በመሰራት ላይ እንገኛለን። እርሰዎም በዚህ ጥናት ላይ ተሳታፊ እንዲሆኑ በእድል ተመርጠዋል። በዚህ ጥናት ላይ በመሳተፍዎ የሚደርሰበዎት ምንም አይነት ጉዳት አይኖርም፣ ይልቁንም በጥናቱ ውጤት መሰረት በሚደረጉ ለውጦች እርሰዎ እና ልጅዎ የሚያገኙት ጥቅም ይኖራል። ከዚህ ቀጥሎ ለሚቀርብልዎ ጥያቄዎች ተገቢውን ምላሽ እንዲሰጡን በትህትና እንጠይቃለን። የሚሰጡን መረጃ ግላዊነቱና ሚሰጥራዊነቱ የተጠበቀ እንደሚሆን እንዲሁም የምንጠቀምበት ለትምህርታዊ አላማ ብቻ እንደሆነ በቅድሚያ ልናረጋግ

ጥልዎ እንወዳለን። ጥያቄዎቹን ያለመመለሰ እንዲሁም ባልተመችዎት ጊዜ የማቋረጥ መብትዎ ሙሉ ለሙሉ የተጠበቀ ነው።

መረጃ ሰብሳቢ፡

ሰም፡- ¬———————————————.

ፊርማ፡———————————————.

ቀን፡ ———————————————.

<u>መጠይቅ</u>

ይህ መጠይቅ እድሜያቸው ከ ሁለት አመት በታች የሆኑ ህጻናት እናቶችን የሕፃናት እድገት ክትትል አገልግሎት አጠቃቀም እና ተያያዥ ነገሮች ለማጥናት የተዘጋጀ ነው። እርሰዎም በዚህ ጥናት ላይ ተሳታፊ እንዲሆኑ በእድል ተመርጠዋል። ከዚህ ቀጥሎ ለሚቀርብልዎ ጥያቄዎች ተገቢውን ምላሽ እንዲሰጡን በትህትና እንጠይቃለን። የሚሰጡን መረጃ ግላዊነቱና ሚሰጥራዊነቱ የተጠበቀ እንደሚሆን እንዲሁም የምንጠቀምበት

ለትምህርታዊ አላማ ብቻ እንደሆነ በ[illegible]ያ ልናረጋግጥልዎ እንወዳለን። ጥያ[illegible]ን ያለመመለስ እንዲሁም ባልተመችዎት ጊዜ የማቋረጥ መብትዎ ሙሉ ለሙሉ የተጠበቀ ነው። ተሳታፊ ለመሆን ፈቃደኛ ኖት? ከሉኑ:-

ቀበሌ: _____ የቤት ኮድ: _____ ቀን __/__/___ የተጀመረበት ሰአት: _____

Table 5 Amharic questionnaires

ተ.ቁ.	ክፍል 1: ጠቅላላ መረጃ	መልስ	ዝለል
1.	የእናት/ የአሳዳጊ እድሜ	_____ (በአመት)	
2.	ብሄር	_____	
3.	ሀይማኖት	ሀ. ኦርቶዶክ[illegible] ሐ. ካቶ[illegible] ለ. ሙስሊም[illegible] መ. ፕሮቴስታ[illegible] ሠ. ሌላ [illegible]	
4.	የእናት/ የአሳዳጊ የትምህርት ደረጃ	ሀ. ያልተማረች[illegible] ሐ. 2ኛ ደረ[illegible] ለ. 1ኛ ደረጃ[illegible] መ. ከ 2ኛ ደረጃ በላ[illegible] ሠ. ሌ[illegible]	
5.	የጋብቻ ሁኔታ	ሀ. ያላገባች [illegible] ሐ. የተፋታች [illegible] ለ. ያገባች [illegible] መ. የሞተባት [illegible]	
6.	የልጆች ብዛት	_____.	
7.	የመጨረሻው/ዋ ልጅ እድሜ	ሀ. 1 - 12 ወ[illegible] ለ. 1 - 2 አመት[illegible]?	
8.	የመጨረሻው/ዋ ልጅ ፆታ	ሀ. ወንድ[illegible] ለ. ሴ[illegible]	B.

	ክፍል 4. የእናቶች አገልግሎት አጠቃቀም		
9	ልጅዎን ለህፃናት የእድገት ክትትል በመደበኛነት ይወሰዳሉ?	ሀ. አዎ ለ. አልወሰድም	
10	የማይወሰዱ ከሆነ ምክንያትዎ ምንድን ነው?	ሀ. ሌሎች ሰራዎች ስለሚበዙብኝ ለ. ልጄን ወደዚህ ማምጣት ስ[illegible]ፈ[illegible] ሐ. ምንም አይነት ለውጥ ስለማ[illegible] መ. ስለምረሳ	
11	ልጅዎ እስካሁን ለምን ያህል ጊዜ የህፃናት የእድገት ክትትል አገልግሎት አግኝቷል/ አግኝታለች?	ሀ. 1 – 3 ለ. 4 - 10 ሐ. በእድሜው አንፃር ማግኘት ያለበትን/ባትን በ[illegible] መ. አላስታውስም	
12	በህፃናት የእድገት ክትትል ጉብኝትዎ ወቅት በባለሙያ የሚሰጥዎትን ምክር እና መመሪያ በትትክክል ይፈፅማሉ?	ሀ. አዎ ለ. አልፈፅምም	
13	ለላይኛው ጥያቄ መልሰዎ አልፈፅምም ከሆነ፣ ምክንያትዎ ምንድን ነው?	ሀ. ግልፅ እና ለማስታወስ የሚመቹ አይደሉም ለ. ባለሙያዎቹ በትክክል አያብራሯቸውማ[illegible] ሐ. ለመተግበር የሚያስችል በቂ ገቢ የለኝም	ለላይኛው ሀን ከመረጡ
14	ልጅዎ ክትባት ሙሉ ለሙሉ ተከትቦ/ባ ጨርሷል/ለች?	ሀ. አዎ ለ. አልጨረሰ[illegible]	
15	ላለፈው ጥያቄ መልሰዎ አዎ ከሆነ፣ አሁንም ልጅዎን ለእድገት ክትትል ይወሰዱታል/ዷታል?	ሀ. አዎ ለ. አልወሰድ[illegible]	ለላይኛው ለከ መረጡ
16	ላለፈው ጥያቄ መልሰዎ አልወሰድም ከሆነ፣	ሀ. የእድገት ክትትሉ ስላለቀ ለ. ከዚህ በኋላ አስፈላጊ ስላልሆነ	ለ #407

	ምክንያትዎ ምንድን ነው?	ሐ. እንድቀጥል ሰላልተነገረኝ	ለን ወይም ለላይ ኛው ሀን
17	ለጥያቄ ቁጥር 8 መልሰዎ አልጨረሰም/ችም ከሆነ፣ ከጨረሰ በኋል ክትትሉን የመቀጠል ሀሳብ አለዎት?	ሀ. አዎ ለ. የለኝም	
	ክፍል 5፡ ማህበራዊ ኢኾኖሚያዊ ሁኔታ		
18	ሥራዎ ምንድን ነው?	ሀ. ተቀጣሪ ለ. የግል ሥራ ሐ. ሰራ የለኝም መ. ግብርና ሠ. መደበኛ ያልሆነ ሰራ	
19	የትዳር አጋርዎ ሥራ ምንድን ነው?	ሀ. ተቀጣሪ ለ. የግል ሥራ ሐ. ሰራ የለኝም መ. ግብርና ሠ. መደበኛ ያልሆነ ሰ ረ. የትዳር አጋር የለኝም	
20	ለሚኣደርጉት ክትትል የትዳር አጋርወት የሚያደርጉለወት ድጋፍ አለ?	ሀ.አዎ ለ.የለም	
21	ለ 20ኛ ጥያቄ መልሰዎ የለም ከሉነ የትዳር አጋርዎ ምክንያት ምን ሊሉን ይችላል	ሀ.የሰራ ጫና አለባቸዉ ለ.ሰለ ሕፃናት እድገት ክትትል ያላቸዉ ግንዛቤ ዝቅተኛ ነዉ ሐ.ከርሰወጋ በቀላሉ አትግባቡም	
22	የህፃናት የእድገት ክትትል አገልግሎት የሚሰጥበት ተቋም/ ጣቢያ ከመኖሪያ ቤትዎ ምን ያህል ይርቃል?	ሀ. ከ 5 ደቂቃ በታች ለ. ከ 5 – 30 ደቂቃ ሐ. ከ 30 ደቂቃ 1 ሰአት መ. ከ 1 ሰአት በላይ	
23	ከመኖሪያ ቤትዎ ወደ የእድገት ክትትል የሚሰጥበት ጣቢያ በቂ እና	ሀ. አዎ ለ. የለም	

	በቀላሉ የሚገኝ የመጓጓዣ አገልግሎት አለ?		
25	በጉብኝትዎ ወቅት በጤና ባለሞያዎቹ አቀራረብ ደስተኛ ነዎት?	ሀ. አዎ ለ. አይደለሁም ☐	
26	በጉብኝትዎ ወቅት በቂ ትምህርትና ምክር ከባለሞያዎች ያገኛሉ?	ሀ. አዎ ☐ ለ. አላገኝም ☐	
27	ከጤና ባለሙያወች በሚያገኙት የሕፃናት እድገት ክትትል አገልግሎት ምን ያሕል ደስተኛ ነወት	ሀ.በጣም ደስተኛ ለ.ደስተኛ ሐ.ደስተኛ አይደለሑም	
28	ከላይ ተ.ቁ 25 መልሠዎ ምርጫ ' ሐ'ከሉነ ምክንያትወን ይንገሩን?		

Sign