

ADAMA GENERAL HOSPITAL AND MEDICAL COLLEGE



ASSESSMENT OF KNOWLEDGE, ATTITUDE AND PRACTICES OF MOTHER (15-49 AGE) TOWARDS EXCLUSIVE BREAST FEEDING WHO ATTENDING MCH OF ADAMA HEALTH CENTER ,ADAMA TOWN ,EAST SHOA ZONE ,OROMIA ETHIOPIA IN MAY 2018 G.C.

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A RESEARCH PROPOSAL SUBMITTED TO DEPARTMENT OF CLINICAL NURSING, ADAMA GENERAL HOSPITAL AND MEDICAL COLLEGE IN PARTIAL FULFILLMENT FOR THE REQUIREMENT OF BSC CLINICAL NURSING.

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ADAMA, ETHIOPIA

RESEARCH PROJECT PROPOSAL SUBMISSION FORM

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DURATION OF PROJECT	(MAY-JULY, 2018G.C)
STUDY AREA	ADAMA TOWN
TOTAL COST OF THE PROJECT	5645 ETHIOPIAN BIRR
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SUMMARY

Background;-Exclusive breastfeeding is an important public health strategy for improving child and maternal health conditions. However, the practice of exclusive breastfeeding is very town.

Objectives;- To assess knowledge, attitude and practices of mother (15-49 age) towards exclusive breast feeding who attending MCH of Adama Health Center ,Adama Town ,East Shoa Zone ,Oromia Ethiopia in May 2018 G.C.

Methods;-A descriptive cross-sectional study will be conduct among mothers of (15-49) in Adama health center Adama town, oromia, Ethiopia, in July 2018 using a structured interviewer questionnaire. Systematic random sampling will be used to select the study participants until cumulative sample size of 139 mothers attending MCH service will be selected in the adama health center. Then data will be analyzing using SPSS version 16.0 and multiple variable regressions will done to identify of KAP on Exclusive breast feeding. the result will be display by figure, table and diagram.

Work plan and budget; - The study will be conducted from May 2018 to July 2018 and the total budget of the research is estimated to be **5645 ETB**.

Results: Data will be compiled and entered into a computer to be analyzed by SPSS version 16.0, then, it will be presented by tables, figures and/or charts.

ACKNOWLEDGEMENT

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ABBREVATIONS AND ACRONYMS

ANC- Anti Natal Care

DHS- Demographic & Health statistics

EBF- Exclusive Breast Feeding

KAP- Knowledge, Attitude, & Practice

WHO- World health Organization

MCH-Maternal and child health

SDG- Sustainable Development Goal

AAP-American academy of pediatrics

UNICEF - United Nations Children's Fund

CDC-center for disease control and prevention

USA-United states of America

HIV-Human immune deficiency viruses

AGHMC-Adama General Hospital Medical College

PIs -Principal investigators

PNC-Post natal care

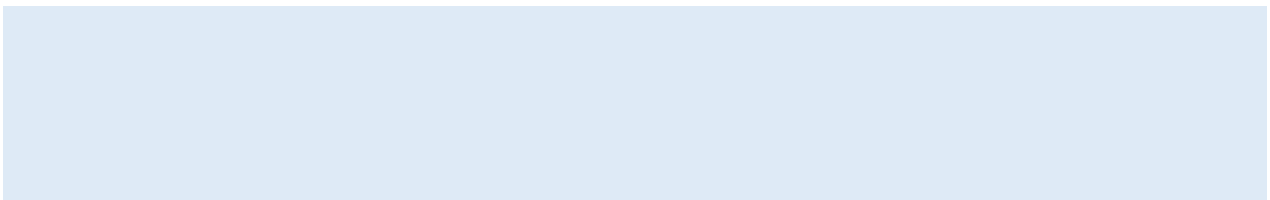
IMNCI -Integrated management of neonatal childhood illness

ANC-Antenatal care

F/P-Family planning

IYCY-Infant and young child feeding

ETB-Ethiopian birr



CHAPTER ONE

INTRODUCTION

1.1. BACKGROUND

Breastfeeding is the process of milk transference from mother to baby that is needed for the survival and health [1, 2]. Breastfeeding Creates an inimitable psycho social bond between the mothers enhances modest cognitive development and it is the underpinning of the infant's wellbeing in the first year of life even into the second year of life with appropriate complementary foods from 6 months [3,4]. It is associated with a reduced risk of otitis media, gastroenteritis, respiratory illness, sudden infant death syndrome, necrotizing enter colitis, obesity, and hypertension [4].

Breastfeeding is an important public health strategy for reducing infant and child morbidity and mortality as well as reducing maternal morbidity and mortality. The World Health Organization (WHO) and United Nations Children's Fund (UNICEF) recommend that all mothers should breastfeed their children exclusively for the first 6 months and thereafter they should continue to breastfeed for as long as the mother and child wish, and both appropriate and sufficient weaning food should be added after six months of life [4,5].

Exclusive breastfeeding (EBF) has been defined as the situation where the infant has received only breast milk from his/ her mother or a wet nurse, or expressed breast milk and no other liquids, or solids, with the exception of drops or syrups consisting of vitamins, minerals supplements, or medicines for the first six months (6). It contains bacterial and viral antibodies, including relatively high concentrations of secretory immunoglobulin (IgA) that prevents microorganisms from adhering to the intestinal mucosa. It also contains substances that inhibit growth of many common viruses' such as rotavirus, nor virus and adenovirus. Antibodies in human milk are thought to provide local gastrointestinal immunity against organisms entering the body via this route (7).

Nutrition experts advocate that EBF plays a great role in protecting infants against common infections and reducing the frequency and severity of infectious episodes and minimizing infant mortality by 13 %(8), Additionally, breastfeeding has economic benefits by reducing cost of purchasing infant formula and expenses related to medication resulted from purchased artificial food which is particularly unaffordable in developing countries.

EBF is the single most effective intervention to safe 13-15 %of children's death. The practice also prevents mothers from breast and ovarian cancers and initiation of breastfeeding controls mother's bleeding after delivery.

Generally, breast feeding has benefits for infant, mothers and the economy.

(8)

Breastfeed infants exclusively for the first six months and continue to breastfeed for two years. Under two years of age has the potential to prevent 1.4 million deaths in children under five in the developing world annually.(9)However, more than 85 % of mothers worldwide did not follow WHO recommendation and only 35 % of infants Younger than four months was exclusively breastfed (10).

Evidence shows that the majority of mothers started to EBF their infants at birth and the rate declined greatly about two or more months (11). Almost half of the 10 million deaths of children younger than 5 years old every year are direct or indirect consequences of malnutrition. Many of those deaths are associated with inappropriate breastfeeding practices (12).

A cross-sectional study conducted in 2010 from Southern Brazil (13) showed a 72.5 % overall breastfeeding rate, and 43.7 and 53.9 % EBF among infants younger than six and four months of age, respectively. Based on another study from Al-Hassa, Saudi Arabia (14), only 24.4 % infants were exclusively breastfed at the age of six months. In India, the 462 mothers in this study did EBF their infants at birth, and the rate was 97.0 % at 3 months and 62.0 % up to six months of age (15).

The 2011 Ethiopian Demographic and Health Survey (EDHS (16) showed a rate of EBF of 52.0 % during the first six months after birth.

1.2. STATEMENT OF THE PROBLEM

Globally, 60% of infant and young child deaths occur due to inappropriate infant feeding practices and infectious disease from which two third of these deaths are attributable to sub optimal breast feeding practices. Inappropriate infant feeding practice could have negative effect on child growth and development, especially in developing countries, where accessibility of basic health services is not sufficient (17)

In Ethiopia 57% of all under-five deaths is highly associated with abrupt cessation of breastfeeding and infectious, but it is closely linked to gap of knowledge how to feed appropriately and food insecurity. A recent report showed that 27% of mothers early provide water, butter and various types of food to feed their children, thereby reducing the percentage of exclusively breastfeed and increasing the percentage of receiving complementary food at very young age. Generally, infant and young child feeding is a complex issue that has implications not only for an infant's nutritional and health status, but also affects infant's psychological development and the development of proper eating habits (17)

The 2016 EDHS collected data on infant and young child feeding (IYCF) practices for all children born in the 2 years preceding the survey. In Ethiopia, 58% of infants fewer than 6 months are exclusively breastfed. Contrary to recommendation by WHO that children under age 6 months should be exclusively breastfed, 17% of infants 0-5 months consume plain water, 5% each, consume no milk liquids or other milk, and 11% consume

complementary foods in addition to breast milk. 5% of infants under age 6 months are not breastfed at all. The percentage exclusively breastfed decreases sharply with age from 74 % of infants age 0-1 month to 64% of those age 2-3 months and, further, to 36% of infants age 4-5 months. 9% of infants fewer than 6 months use a bottle with a nipple, a practice that is discouraged because of the risk of illness to the child. It is recommended that a child continues to breastfeed until age 2. However, in Ethiopia, the percentage of children who are currently breastfeeding decreases from 91% among children age 12-17 months to 76 % among children age 18-23 months. (19)

Breastfeeding is sufficient and beneficial for infant nutrition in the first 6 months of life. Breastfeeding immediately after birth also helps the uterus contract, hence reducing the mother's postpartum blood loss. Supplementing breast milk before the child is age 6 months is discouraged because it may inhibit breastfeeding and expose the infant to illness. (19)

The study conducted January 2014 in Beddele town south west Ethiopia concluded that the majority of mothers has known the importance of EBF and have good attitude so that strongly agree that the EBF is advantageous for infant aged less than six months(20). This study concluded that most of mothers were had good knowledge and attitude on the importance of EBF. However, poor practice to exclusive breastfeeding for the first six months postpartum among urban mothers.

Exclusive breastfeeding promotions improve infant survival; more attention in health planning should be given to its promotion. Thus, health care providers and decision makers should be comprehensively addressed on adverse work related issues to improve exclusively breast feeding practices in the study community.(20)

The our study conducted in Mecha district North West Ethiopia Show That Prevalence of EBF found in that study was lower than the WHO recommended level. It is also lower than the national figure reported by Ethiopian DHS .(21) Among different socio-demographic, health service ,maternal, and infant related factors studied, only antenatal care (three and more visits), PNC infant feeding counseling, immediate breast feeding initiation after delivery and adequate knowledge on BF were the significant associated factors with higher chance of EBF practice whereas urban residence found to be associated with less exclusive breast feeding practice. (21)

The research was try to put his own solution as follows;-training health worker to update their knowledge and skill regarding exclusive breast feeding, Needs to expand and strengthen maternal health services specifically antenatal and postnatal care services in line with the existing health service expansion, Needs to deploy intensified promotional efforts on BF generally, EBF particularly by identifying urban areas as priority, Strengthening and promote maternal health services specifically

ANC and PNC services to address all eligible, Making BF counseling an important part of all maternal and child health services such as ANC,PNC,FP, vaccination and IMNCI to give health education and counseling for mothers that can improve their BF knowledge in turn to improve their EBF practice, Give intensive health education by targeting pregnant mothers on immediate BF initiation and counsel all mothers on infant feeding during PNC service which can substantially improve EBF practice.(21)

EBF protects infants against many common childhood diseases, and infants who are not exclusively breastfed are 15 times more likely to die from pneumonia and 11 times more likely to die of diarrhea, two of the most important contributors to child mortality. If every new mother breastfed, it is estimated that 1.3 million lives could be saved and 21.9 million daily could be prevented. Although breastfeeding is the world's most effective solution to reducing child deaths, global breastfeeding rates have stagnated at below 40 per cent for two decades.(22) (internet)

So, this study will intended to assess the KAP of EBF practice among mothers those attend MCH at Adama health center, in the investigation period of exclusive breastfeeding and KAP of the women of the study area.

1.3. SIGNIFICANCE OF THE STUDY

We hope that at the end of the study, the result will

- Increase the knowledge of women on exclusive breastfeeding
- Development of positive attitude among women toward exclusive breastfeeding.
- Support optimal mechanisms for improving fathers' and other familial attitudes Regarding exclusive breastfeeding as well as
- Reduce public misperceptions on women's choices to exclusively breastfeed
- Provides more scientific evidence to health care givers in advocating the practice of exclusive breastfeeding .
- Support effective strategies for improving public awareness regarding the benefits of exclusive breastfeeding.
- Increase the level of knowledge on the part of nurses on how to solve breastfeeding problems and breastfeeding in special situation and Offer some specific measures.

- Support government on how to enhance and sustain exclusive breastfeeding practice so as to promote child health and reduce child morbidity and mortality as well.
- Promote further studies on exclusive breastfeeding and Provide clinical data on exclusive breastfeeding and enrich the existing body of know

CHAPTER TWO

2.1. LITERATURE REVIEW

Study done in California, it was determined that the longer the mother practices early skin to skin contact in the first three hours, the more likely she will exclusively breastfeed(23). Similarly, in Sweden, it was found that kangaroo mother care was associated with the sustainability of breastfeeding. In that study, they also advocated for non-separation between mother and infant (24).Rooming in is another good practice. In a randomized controlled trials done in Malaysia investigating the effect of separate mother infant care versus rooming in, it was found that exclusive breastfeeding before discharge from hospital was significantly lower in the separate care group compared to the rooming in4group(25).

In a study done in Emirates, it was found that 87.2% of mothers practiced rooming in and it was found to be significantly associated with

breastfeeding (26).Of equal importance is the support from peers and relatives. In a randomized control study done in Belgaum, India on the effect of peer counselors on exclusive breastfeeding practices, it was found that the prevalence of exclusive breastfeeding at six months was 66.67% in the intervention group and 36.6% in control group. Also more number of mothers in the intervention group administered colostrum and initiated early breastfeeding (27).Similarly, in a study done in Malaysia on factors associated with exclusive breastfeeding; it was found that mothers with supportive husband were more likely to exclusively breastfeed compared to the ones with non-supportive husbands (28).

Certain beliefs and practices in some African communities affect the success of exclusive breastfeeding, for example, in Chad the percentage of mothers who exclusively breastfeed their babies starting from the first hour is only 2-4% because the baby is usually taken away from the mother in the first few days and given hot drinks believing that this will warm up the intestines (29). Study done in Ghana, breast milk during pregnancy was believed to be warm and could cause diarrhea to the baby. There was also the existence of papilla ago or the use of herbal concoction to bath the baby with. This herbal substance was also being given to the baby to drink. In that work it was demonstrated that infant feeding and for that matter exclusive breastfeeding was heavily influenced by families of the breastfeeding women (30).

In Kenya, a study done by Daniel Ganu showed that 42% of mothers exclusively breastfed, 64% initiated breastfeeding within two hours of delivery, 66% strongly agreed that colostrum should be discarded and 28% agreed that breast milk alone is inadequate for their babies up to 6 months of age (31).

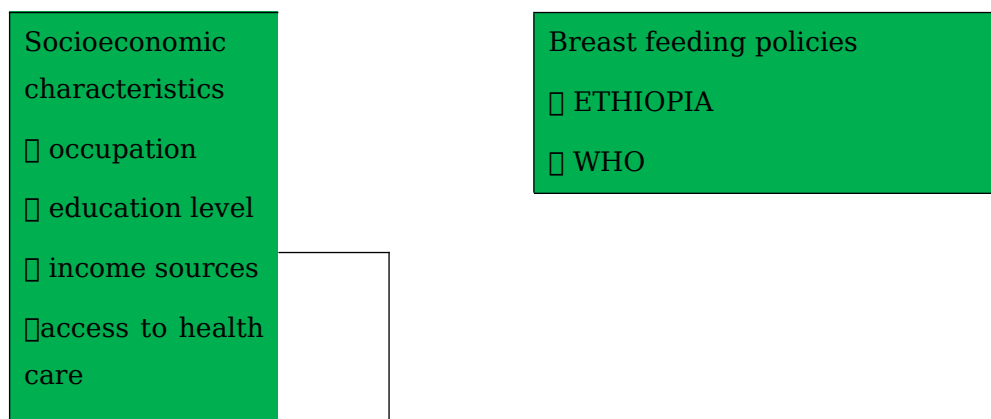
In a survey done in Somalia, it was found that knowledge; attitude and practices (KAP) on breastfeeding are mainly controlled by culture through maternal grandmothers and other elderly women in the community and are generally unsatisfactory. Most children are put on breast 2-3 days after delivery and the colostrum is not fed to the children by the majority as it is considered heavy, thick, coarse, dirty and toxic to the children's health. Pregnancy also was found to contraindicate breastfeeding, as the milk is thought to be red and poisonous to the breastfeeding infant. It was also thought to affect the unborn infant by making it weak. Breastfeeding is, however acceptable to all mothers and almost all children breastfeed on demand. Lack of knowledge, inappropriate beliefs, and very close birth spacing are the major obstacles to successful breastfeeding (32).

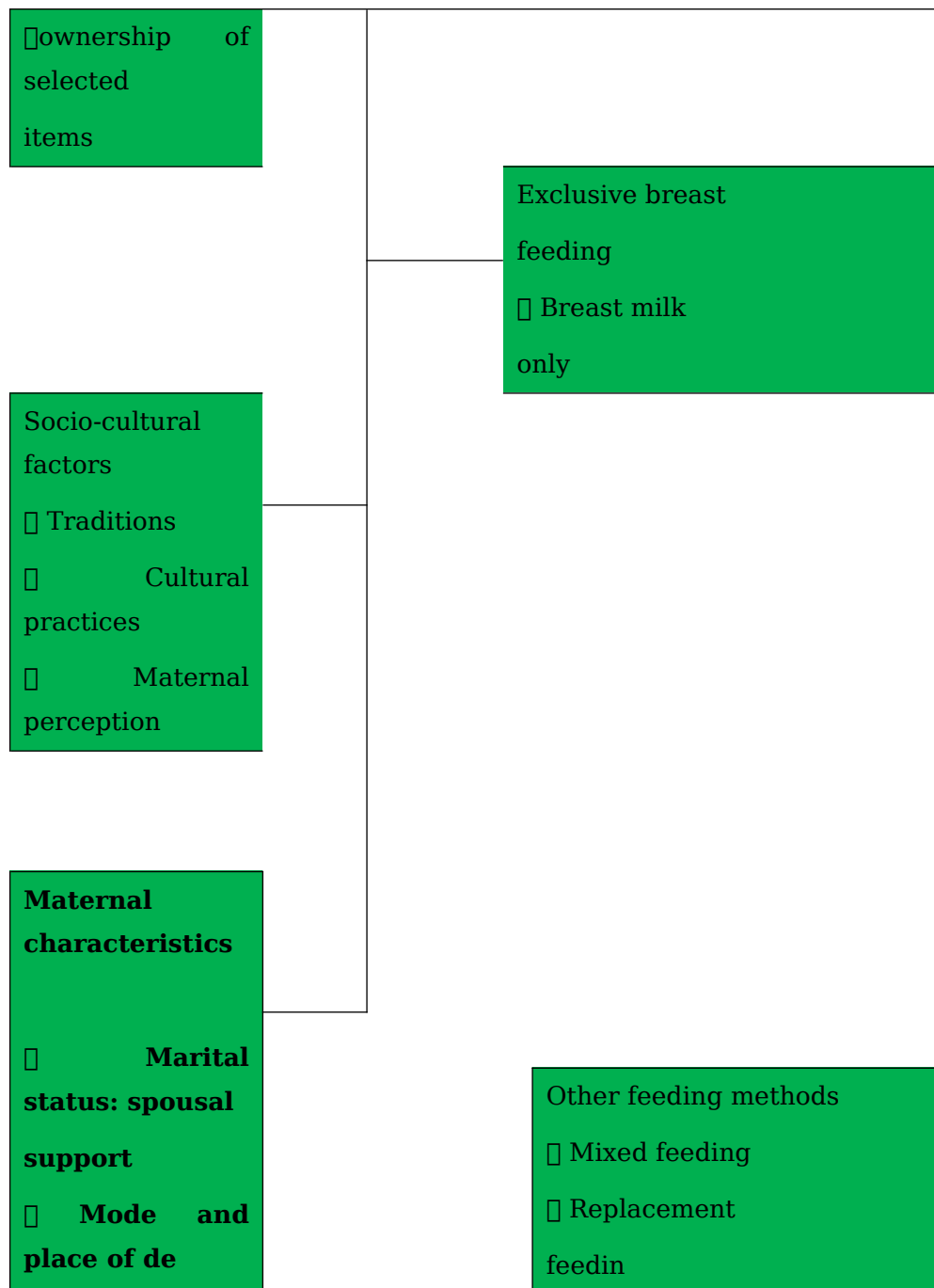
Socio demographic factors were found to be associated with the success of exclusive breastfeeding in various studies. Study done in Ethiopia, it was found that unemployment and age of an infant less than two months were independently associated with EBF, and the median duration of EBF was 3 months, so working mothers were found to be more likely not to exclusively breastfeed their babies compared to unemployed ones (33).

In Ethiopia 57% of all under-five deaths is highly associated with abrupt cessation of breastfeeding and infectious diseases, but it is closely linked to gap of knowledge how to feed appropriately and food insecurity. A recent report showed that 27% of mothers early provide water, butter and various types of food to feed their children, thereby reducing the percentage of exclusively breastfeed and increasing the percentage of receiving complementary food at very young age. Generally, infant and young child feeding is a complex issue that has implications not only for an infant's nutritional and health status, but also affects infant's psychological development and the development of proper eating habits (17) In a survey of new born health care knowledge among Goro town, Bale zone; the proportion of mother who responded knowledge of EBF correctly was 44.82% & duration of EBF better (76.52%) (34). There are increasing evidence that some exclusively breast feeding infants gain weight more slowly than bottle feeding infants, especially after the first 6 month, but that their growth is adequate. However failure to thrive from insufficient milk supply has been documented in breast feeding infants (35). In Adama town most of mothers are merchants and public employments so with such mode of life the exclusive breast feeding is expected not practiced well compared to unemployed mothers who live in Adama and out of Adama town, this may related with lack of knowledge and less attention to their children's concerning exclusive breast feeding in relative to their job.

2.2. Conceptual Frame work

The study will be guided by the following conceptual framework





CHAPTER THREE

OBJECTIVES

3.1 GENERAL OBJECTIVE

To assess knowledge, attitude and practices of mother (15-49 age) towards exclusive breast feeding who attending MCH of Adama Health Center ,Adama town ,East Shoa Zone ,Oromia Ethiopia in May 2018 G.C

3.2SPECIFIC OBJECTIVES

The specific objectives of the study

- To identify knowledge of mothers towards EBF
- To identify attitude of mothers towards EBF
- To assess practice of mothers towards EBF

CHAPTER-FOUR

METHODS AND MATERIALS

4.2. STUDY AREA

This study will be conducted in Adama town 12 kebeles at Adama Health Center, which is located in East Shoa Zone Oromia at 99 Km from Addis Ababa at central of Ethiopia. Adama is capital town of East Shoa Zone which has its own administration and has -----kebeles, the total population in 2017/18 is estimated to be -----. The estimated number of infants aged <6 months are ---. The health facility distribution -----public hospital, -----private hospital, ---- public health centers, -----private health center, ---- public health posts, ----higher private clinic -----medium private clinic, ----small private clinics, and ----- public pharmacy and ---private pharmacy based on reports of town health bureau department.

4.3. STUDY DESIGN AND PERIOD

A Descriptive Cross-sectional study design will be conducted from May 2018 to July 2018 G.C.

4.4. SOURCE POPULATION

All mothers aged between 15-49 years (child bearing age), live in Adama Town which attend MCH at Adama Health Center, Adama Town Oromia Ethiopia from May 2018 to July 2018 G.C.

4.5. STUDY POPULATION

4.5.1 INCLUSION CRITERIA

- greater than 15 years and less than 50 years old age
 - those can give verbal consent and
 - free of mental and psychological problem
-

4.5.2 EXCLUSION CRITERIA

- Mothers in the age range less than 15year and greater than 50 years and
 - Those with a problem of hearing, seeing and communication
 - The mother who has no willingness
-

4.6. SAMPLE SIZE CALCULATION

To determine the sample size for the cross- sectional survey design, it will assumed that the precision to an acceptable approximation of the population will be taken to be 95% taking a different of no more than 5% from the actual figure in the source population. During our study we intended to use a rate of 91%(38) will be preferred to obtain possible sample size using the single population formula to compute for non-response rate, 5% of the total sample size (N= 13) will be added for each site and then the total sample size will be 139 The sample size will be calculated using the following formula:-

$$N = Z^2 \frac{P(1-p)}{d^2} = \frac{(1.96)^2 0.91(1-0.91)}{0.05^2} = 126$$

$$D^2 = 0.0025$$

The non-response rate is of 5% which is equal to 13 then the total sample size will be $126 + 13 = 139$

Where Z = variety corresponding to desired reliability Level (1.96)

P = prevalence rate

D = maximum tolerable limit taken to be (5%)

4.7. SAMPLING TECHNIQUE

Systematic sampling technique will be used. Child bearing age Mothers attending MCH service at Adama health center in Adama town 2018 will be preceded systematically until cumulative sample size of 139 Mothers will be got. Mothers come for MCH services are going to be selected for interview according to their willing, health status and age (child bearing age). The interview will be conducted for those mothers selected in Adama town at Adama Health Center and the total number of sample will be 139 Adama health center is selected lottery method from all governmental health institutions in Adama.

4.8. DATA COLLECTION TOOL

The data collection tools are standardized questioners in English which is derived from research done on EBF as base line data **(39)**. These consist questionnaires assessing respondent's knowledge of EBF, respondent's attitude towards EBF and respondent's practice of EBF.

4.9. DATA COLLECTION PROCEDURE

The data collectors will be 7 group member students. Every procedure will be practiced or tested before data collection, the purpose of these procedures is helps to know the mothers KAP on EBF methods and give proper solution for the future, the consent thus study including, mothers accepting the interview but not including those refuse the interview.

4.10. VARIABLE

4.10.1 DEPENDENT VARIABLES

Dependent variables are Knowledge, Attitude and Practice of respondents

4.10.2 INDEPENDENT VARIABLE

Socio-demographic variables such as age, religion, education, ethnicity, family economic status, marital status and culture

4.11 PRETESTING

The questionnaire will be pre - tested on 5% of similar population of the study unit and similar environment and necessary modification will be done on data collection technique or questionnaires.

4.12. DATA QUALITY CONTROL

To control data quality by making pretest before the data collection to see if the questionnaires are simple and understandable, checking the completeness and consistency of responses right after data collection.

4.13. DATA PROCESSING AND ANALYSIS

The questioners will be checked for completeness and consistency by the principal investigators during data collection. The data entry and analysis will be conducted using computer for data analysis. The data will be entered and analyzed by using software SPSS v.20. Standard tally sheet will be used. The data will be presented in graph and table with the frequency and percentage of the variables attribute.

4.14. ETHICAL CONSIDERATION

Written permission from the collage ethical review board, then going to the health center with the letter we get from the department and get permission from the health center and then progress to get consent from the actual respondents). Ethically, informed consent of the respondent will be obtained first. The right of the respondents to refuse and to answer for few or all questions will be respected; the interview will be conducted in a way that it would not violet their privacy and confidentiality of information. Thus, names and address of the interviews will not being recorded in the questionnaire.

4.15. DISSEMINATION OF THE RESULT

The result of this study will be submitted to AGHMC, Nursing department, Adamatown health office and Adama Health center.

4.16. OPERATIONAL DEFINITIONS

Breast-feeding: The child has received breast milk at least for six month.

Exclusive breast-feeding: Breast feeding while giving no other foods or drinks even water with the exception of drops or syrups of medicine at least for six month.

Infant feeding practice: Infant breast feeding that is usually or regularly done often as a habit, tradition or custom.

ACCORDING TO BLOOMS ORIGINAL CUT- OFF POINT CATEGORIZED AS BELOW (39)

Good knowledge: - if the mother responds to 80% of knowledge assessing questions correctly

Poor knowledge: - if the mother responds to <80% of knowledge assessing questions correctly

Good attitude: - if the mother responds to 70% of attitude assessing questions correctly

Poor attitude: - if the mother responds to <70% of attitude assessing questions correctly

Good Practice: - if the mother responds to 60% of practice assessing questions correctly

Poor practice: - if the mother responds to <60% of practice assessing questions correctly.

CHAPTER FIVE- WORK PLAN

TABLE1.THE GANTT CHART SHOWS THE WORK PLANS OF THE STUDY ON ASSESSMENT OF KNOWLEDGE, ATTITUDE, AND PRACTICE TO WORDS EXCLUSIVE BREASTFEEDING AMONG CHILD BEARING AGE MOTHERS ATTENDING MCH SERVICE AT ADAMA HEALTH CENTER IN ADAMA TOWN, 2018.

S.n o	Activity	Resp onsi ble body	May				June				July			
			1w	2w	3w	4w	1w	2w	3w	4w	1w	2w	3w	4wk
1	Topic selection	<i>PIs</i>												
2	Reviewing different secondary data's	<i>PIs</i>												
3	Proposal development	<i>PIs</i>												
4	Questionnaire preparation	<i>PIs</i>												
5	pre-testing distribution	<i>PIs</i>												
6	Proposal defense	<i>PIs</i>												
7	Data collection	<i>PIs</i>												

8	Data analysis & interpretation	PIs												
9	Conclusion and Recommendation	PIs												
10	Final research Defense	PIs												

Table 2: Budget proposed for personal allocation for the study in Adama Town from May to July 2018

Personnel qualification	No	Working days	Per day	Total
Secretary	1	5	150	750
Data collector	7	15	175	2625
Total				3375

TABLE 3: ALLOCATED BUDGET FOR STUDY FROM MAY TO JULY 2018

N o	Items	Unit	Quantity	Unit Price in Birr	Total
1	Ruler	Each	2	10	20
2	Pen	Each	7	6.00	42
3	Pencil	Each	7	3.00	21

4	Sharpener	Each	7	5.00	35
5	Paper	Desta	4	150	600
6	Flash Dick	Each	1	160	160
7	Photocopy	Each	139*6	1.00	834
8	Printing	Page	55*6	1.00	330
9	Binding	Page	6	20	120
10	Total				2162
11	Conti ngency (5%)				108
12	Grand Total				5645

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TABLE:-4 DUMMY TABLE

TABLE 4.1: DUMMY TABLE SHOWING SCIO-DEMOGRAPHIC STATUS

S.no	Variables	Frequen cy	Percenta ge
01	Age		
	15-23		
	24-32		

	33-41		
	42-49		
02	Religion		
	Muslim		
	Orthodox		
	Protestant		
	Other (specify		
03	Ethnicity		
	Oromo		
	Amhara		
	Tigre		
	Gurage		
	Other(specify)		
04	Educational level		
	Illiterate		
	Basic education		
	Grade 1-8		
	Grade9-10		
	Grade11-12		
	Graduate		
	Other (specify)		

05	Marital status		
	Single		
	Married		
	Divorced		
	Widowed		
06	Occupational status		
	Public Employer		
	Private employer		
	House wife		
	Student		
	Other (specify)		
07	Number of children		

TABLE 4.2: DUMMY TABLE SHOWING RESPONDENTS KNOWLEDGE

08	Do you have any information about EBF?		
	Yes		
	No		
09	If 'yes' from what source do you get the information?		
	Radio		
	Television		
	Friends		

	Health institution		
	Parents		
	Others (specify)		
10	Is EBF important		
	Yes		
	No		
	I don't know		
11	If ' yes' why?		
	Prevent diarrhea		
	Prevent RTI		
	Strength baby		
	Delay pregnancy		
	Other (specify)		
12	Is breast milk nutritionally enough in the 1st 6 months for the baby?		
	Yes		
	No		
	I don't know		
13	Is breast milk important while the by is sick?		
	Yes		
	No		
	I don't' know		
14	If 'yes' which one do you know about it's importance?		
	Prevent young child from infection		

	Provide ideal source of nutrients		
	Lower the risk of child hood death		
	Provide natural immunity Others (specify)		
15	Can HIV infected mothers protect her baby by EBF?		
	Yes		
	No		
	I don't know		
16	If 'No 'why?		
	The baby is already infected in uterus		
	The breast milk is full of virus		
	Others (specify		
17	Can EBF Increase Mother baby bonding?		
	Yes		
	No		
	I don't know		
18	Do you agree that breast milk is Cheap and available?		
	Agree		
	Strongly agree		
	Dis agree		
	Strongly dis agree		
19	Breast feeding Maintains mothers body weight		
	Agree		

	Strongly agree		
	Dis agree		
	Strongly dis agree		
20	Breast feeding Prevents maternal breast cancer		
	Agree		
	Strongly agree		
	Dis agree		
	Strongly dis agree		
21	What is the definition of EBF?		
	To give only breast milk and medicines if indicated		
	To give breast milk and water		
	To give breast milk and cow milk		
22	What is the recommended duration of EBF?		
	three month		
	Two months		
	six months		
	Nine months		
23	If you go to work, would you express your breast milk and leave for your child ?		
	Yes		
	No		
24	How would babies be feed?		
	Cup and spoon		

	Bottle		
25	What dangers of bottle feeding do you know?		
	Can cause diarrhea		
	It is safe for feeding baby		

TABLE 4.3: DUMMY TABLE SHOWING RESPONDENTS ATTITUDE

26	Is there any relation b/n the size of breast and milk production?		
	Yes		
	No		
	I don't know		
27	Do you think that breast feeding has effect on posture?		
	Yes		
	No		
	I don't know		
28	Do you think breast feeding has impact on limitation of activities?		
	Yes		
	No		
	I don't know		
29	Do you think EBF can prevent		

	pregnancy?		
	Yes		
	No		
	I don't know		
30	Do you think that breast feeding has a relation with pain and cancer?		
	Yes		
	No		
	I don't know		
31	Do you think EBF has an impact on child development?		
	Yes		
	No		
	I don't know		
32	Do you think EBF provide balanced diet for the child?		
	Yes		
	No		
	I don't know		
33	Do you think the first breast milk is important for the baby?		
	Yes		
	No		
	I don't know		
34	Do you think HIV infected mothers can breast fed exclusively?34		
	Yes		

	No		
	I don't know		

TABLE 4.4: DUMMY TABLE SHOWING RESPONDENTS PRACTICE

35	What is used to be given for new born baby at the 1st time?		
	Water		
	Breast milk		
	Butter		
	Other (specify)		
36	When do you start breast feed after birth?		
	.< 30 minutes		
	30-60 minutes		
	>60 minutes		
37	Do you give colostrum for the infant?		
	Yes		
	No		
38	If' No' why?		
	Hard to digest & not pure		
	It cause abdominal pain, diarrhea, irritate		

	the mouth		
	Produce initial black stool		
	Colostrum is concentration of the mother illness		
39	How often do you feed your child in a day?		
	< 8 times		
	8-12 times		
	> 12 times		
40	How can you give the breast for your child?		
	On demand		
	Schedule		
	Other (specify)		
41	If you are away from your child for the reason of work how can you feed your child?		
	Expressed milk given with cup		
	Bottle feed		
	Feed care giver breast milk		
	Other (specify)		
42	Where was you delivered your last child?		
	Hospital		
	Health center		
	Home		

	Other (specify)		
43	Did you have ANC follow up during pregnancy?		
	Yes		
	No		
44	If ' No' why?		
	No health facility around		
	I don't think it has advantage		
	Due to cultural reason		
	BIC I am busy		
	Other (specify)		
45	Did you initiate breastfeeding in the 1st hour of delivery?		
	Yes		
	No		
46	If No give reasons		
	Colostrum is not good		
	No milk		
	Mother was sick		
	Baby was sick		
	Baby was taken away from me		
47	Did you have skin to skin contact with your baby after birth?		
	Yes		
	No		
	Specify if answer is yes _____		

48	Do you stop breastfeeding during the breast problem?		
	Yes		
	No		
49	Did you exclusively breastfeed for six months?		
	Yes		
	No		
50	If No give reasons		
	I don't have enough milk		
	I resumed work		
	Water should be given as weather is hot		
	Our tradition says so		
	Other (<i>Specify</i>) _____		
51	Did you continue to breastfeed even when the baby was sick ?		
	Yes		
	No		
	If No give reason(s) -----		
52	Do you express your milk for the baby to take when you are away?		
	Yes		
	No		
53	At what age did you start complementary food?		
	<2 month		
	2-4 months		

	4-6 months'		
	>6 months		
54	If you are not breastfeeding now, why did you stop breastfeeding?		
	Child refused by himself		
	I got pregnant		
	Child is not feeding well		
	Others		
55	Do you have support from your family members in regards to breastfeeding?		
	55 Yes		
	No		
	If yes, who gives you support?		
56	If you are employed, did you get the maternity leave ?		
	Yes		
	No		
	How long was it ?-----		
57	Do you think the maternity leave is enough ? 57		
	Yes		
	No		
58	Does your employer support you in breastfeeding by giving you time to go to your baby?		
	Yes		
	No		

ANNEX-I QUESTIONER

Section -1 Socio-demographic characteristics

SN O		Question	Alternative/Variables	Skip
01		Age of mother	1. 15-23 2. 24-32 3. 33-41 4. >42	
02		Religion	1. Orthodox 2. Muslim 3. Protestant 4. Other (specify)	
03		Ethnicity	1. Oromo 2. Amhara 3. Tigre 4. Other(specify)	

04		Educational level	1. Illiterate 2. Basic education 3. Grade 1-8 4. Grade9-10 5. Grade 11-12 6. Graduate 7. Other (specify)	
05		Marital status	1. Single 2. Married 3. Divorced 4. Widowed	
06		Occupational status	1. Employed 2. Private 3. House wife 4. Student 5. Others(specify)	
07		Number of children		

Section -2 Assessing Respondents' Knowledge Regarding EBF

	Questions	Alternatives	Skip
08	Do you have any information about EBF?	1. Yes 2. No	
09	If 'yes' from what source do you get the information?	1. Radio 2. Television 3. Friends 4. Health institution 5. Parents Others (specify)	

10	Is EBF important	1. Yes 2. No 3. I don't know	
11	If 'yes' why?	1. Prevent diarrhea 2. Prevent RTI 3. Strength baby 4. Delay pregnancy 5. Other (specify)	
2	Is breast milk nutritionally enough for the 1 st 6months to the baby?	1. Yes 2. No 3. I don't know	
13	Is breast milk important while the baby is sick?	1. Yes 2. No 3. I don't know	
14	If 'yes' which one do you know about it's importance?	1. Prevent young child from infection 2. Provide ideal source of nutrients 3. Lower the risk of child hood death 4. Provide natural immunity 5. Others (specify)	
15	Can HIV infected mothers protect her baby by EBF	1. Yes 2. No 3. I don't know	
16	If 'No' why?	1. The baby is already infected in uterus 2. The breast milk is full of virus 3. Others (specify)	
17	Can EBF Increase Mother baby bonding?	1. Yes 2. No 3. I don't know	
18	Do you agree that breast milk is Cheap and available?	1. Agree 2. Strongly agree 3. Dis agree 4. Strongly dis agree	
19	Breast feeding Prevents maternal breast cancer?	1. Agree 2. Strongly agree	

		3.Dis agree 4.Strongly dis agree	
20	What is the definition of EBF?	1.To give only breast milk and medicines if indicated 2.To give breast milk and water 3. To give breast milk and cow milk	
21	What is the recommended duration of EBF?	1.three month 2.Two months 3.six months 4.Nine months	
22	If you go to work, would you express your breast milk and leave for your child ?	1. Yes 2. No	
23	How would babies be feed?	1.Cup and spoon 2.Bottle	
24	What dangers of bottle feeding do you know?	1. Can cause diarrhea 2. It is safe for feeding baby	

Section -3 Assessing respondents' Attitude regarding EBF

S/N	Questions	Alternatives	Skip
25	Is there any relation b/n the size of breast and milk production?	1. Yes 2. No 3. I don't know	
26	Do you think that breast feeding has effect on posture?	1. Yes 2. No 3. I don't know	
27	Do you think breast feeding has impact on limitation of activities?	1. Yes 2. No	

		3. I don't know	
28	Do you think EBF can prevent pregnancy?	1. Yes 2. No 3. I don't know	
29	Do you think that breast feeding has a relation with pain and cancer?	1. Yes 2. No 3. I don't know	
30	Do you think EBF has an impact on child development?	1. Yes 2. No 3. I don't know Ye	
31	Do you think EBF provide balanced diet for the child?	1. Yes 2. No 3. I don't know	
32	Do you think the first breast milk is important for the baby?	1. Yes 2. No 3. I don't know	
33	Do you think HIV infected mothers can breast fed exclusively?	1. Yes 2. No 3. I don't know	

Section -4 Assessing respondents' Practice regarding EBF

S/N	Question	Alternative	Skip
34	What is used to be given for new born baby at the 1 st time?	1. Water 2. Breast milk 3. Butter 4. Other (specify)	
35	When do you start breast feed after birth?	1.< 30 minutes 2. 30-60 >> 3. 60 >>	
36	Do you give colostrum for the	1. Yes	

	infant?	2. No	
37	If 'No' why?	1. Hard to digest & not pure 2. It cause abdominal pain, diarrhea, irritate the mouth 3. Produce initial black stool 4. Colostrum is concentration of the mother illness	
38	How often do you feed your child in a day?	1. < 8 times 2. 8-12 times 3. > 12 times	
39	How can you give the breast for your child?	1. On demand 2. Schedule 3. Other (specify)	
40	If you are away from your child for the reason of work how can you feed your child?	1. Expressed milk given with cup 2. Bottle feed 3. Feed care giver breast milk 4. Other (specify)	
41	Where was you delivered your last child?	1. Hospital 2. Health center 3. Home 4. Other (specify)	
42	Did you have ANC follow up during pregnancy?	1. Yes 2. No	

43	If ' No' why?	1. No health facility around 2. . I don't think it has advantage 3. Due to cultural reason 4. BIC I am busy 5. Other (specify)	
44	Did you initiate breastfeeding in the 1st hour of delivery?	1. Yes 2. No	
45	If No give reasons	1. Colostrum is not good 2. No milk 3. Mother was sick 4. Baby was sick 5. Baby was taken away from me	
46	Did you have skin to skin contact with your baby after birth?	1. Yes 2. No 3. Specify if answer is yes _	
47	Are you stop breastfeeding during the breast problem?	1. Yes 2. No	
48	Did you exclusively breastfeed for six months?	1. Yes 2. .No	
49	If No give reasons	1. I don` t have enough milk 2. I resumed work 3. Water should be given as weather is hot	

		4. Our tradition says so 5. Other (<i>Specify</i>) _____	
50	Did you continue to breastfeed even when the baby was sick ?	1.Yes 2.No If No give reasons-----	
51	Do you express your milk for the baby to take when you are away?	1. Yes 2. No	
52	At what age did you start complementary food?	1. '2 month 2. 2-4 months 3. 4-6 months' 4. '6 months	
53	If you are not breastfeeding now, why did you stop breastfeeding?	1. Child refused by himself 2. I got pregnant 3. Child is not feeding well 4. Others	
54	Do you have support from your family members in regards to breastfeeding?	1. Yes 2. No 3. If yes, who gives you support?	
55	If you are employed, did you get the maternity leave ?	1. Yes 2. No 3. How long was it ?-----	
56	Do you think the maternity leave is enough?	1. Yes 2. No	

57	Does your employer support you in breastfeeding by giving you time to go to your baby?	1. Yes 2. No	

ANNEX- II INFORMATION SHEET

ADAMA GENERAL HOSPITAL AND MEDICAL COLLEGE,NURSING DEPARTMENT

My name is _____.I came fromAdama General Hospital and Medical College, Nursing Department. I 'am a graduating nurse student conducting a research on Assessment of

knowledge, Attitude and Practice On Exclusive breast feeding child bearing age mothers attending MCH service at Adama health center in Adama town . The aim of this study is to assess KAP of mothers toward EBF. All of the information you give us will be kept private. We will not put your name anywhere on this questionnaire. It will take you 10-20 minutes to complete the whole questionnaire. We thank you in advance for taking your time to respond to our questions!

Are you willing to participate? Yes _____ No _____

HOSPITAALA WALIIGALA FI KOOLLEEJJII MEEDICAALA ADAAMATTI MUUMMEE NURSING IRRAA

Maqaan kiyya -----yoo ta’u kan dhufe hospitaala waliigala fi koolleejjii meedicaala adaamatti muummee nursing irraayi,.ani barataa bara kana koolleejjii kana irraa ogummaa nursing eebbifamu waan taheef qorannoo koo beekkumsa ,ilaalchaa fi shaakkalii harma haadha qofa hoosisuu irratti qaban ilaalchisuun dubartoota tajaajila fayyaa maatii argachuuf buufata fayyaa adaamatti kutaa tajaajila fayyaa haadholii fi daa’immanatti argaman irratti qorannoo taasisuuf dhufe.kaayyoon qorannoo kanaas beekumsa,ilaalchaa fi shaakala harma haadha qofa hoosisuu ilaalchisee dubartoonni qaban qorachuu dha.yeroo odeeffannoo kana nuuf kennitan iccitiin odeeffannoo keessanii eeggamaa tahuu isaa isin hubachiisaa ,yeroo odeeffannoo kana nuuf kennitan maqaa keessan barreessuun barbaachisaa akka hin taane isin hubachiisa ,gaaffilee kana nuuf deebisuuf daqiiqaa 10-20 caala yeroo kessan akka hin fudhanne isiniif ibsina . odeeffannoo nuuf kennitaniif galatooma .

Odeeffannoo kana nuuf keennuuf hayyamamoodha?

Eeyyeen -----lakki -----

GAAFIILEEN HAALA ARMAAN GADIITIN GARA AFAAN OROMOO
JIIJIIRAME

KUTAA 1;-

01.Umriin kee meeqa?

A) 15-23 B) 24-32 C) 33-41 D).>42

02. Amantiin kee maali?

A) Ortoodoksii B) Islaama C) protestant D) kan biraa (Ibsi)

03.Sabummaan kee maali?

A) Oromoo B) Amaara C) Tigree D) Kan biraa(ibsi)

04.Sadarkaan barnoota keetii maali?

A) Hin baranne B) Barnoota bu’uura C) kutaa 1-8 D)kutaa 9-10 E) kutaa 11-12
F)Eebbifamee jira G)Kan biraa (ibsi)

05.Haala fuudhaa fi heerumaa

A)Hin heerumne B) Heerumee jira C)Ni hike D)Narraa du’e

06.Ijoollee meeqa qabda?-----

07.Haala hojii

A)Hojii mootumaa mindeeffame B)Hojii dhuunfaa hojjadha
C)Haadha manaa tahee tumataa’a D)barattuudha E) kan biraa (ibsi)

KUTAA 2;-

08. Waa’ee harma qofa hoosisuu odeeffannoo qabdaa? A)Eeyyeen B) Lakki

09. “Eeyyeen” yoo jette odeeffannoo sana eessaa argatte?

A) Raadiyoo B)Televisiini C) Hirriyyoota koo irra D) Dhaabbilee fayyaa irra
E)Maatii koo irraa F) Iddoo biraati (ibsi)

10.Harma qofa hoosisuun faayidaa qaba jettee yaada? A)Eeyyen B)Lakki

C)An hin beeku

11.Eeyyeen yoo jette maal fayyada?

A)Garaa kaasa ittisa B)Dhukkuboota hargansuu ittisa
C)Jabeenya daa’imaatiif D)Ulfa ittisuuf E)Kan biraa (ibsi)

12.Aannan harmaa hanga baatii jahaati daa’immanif nyaata gahaa dha jettee yaada?

A) Eeyyeen B) Lakki C) An hin beeku

13. Yeroo daa’imman dhukkubsatan harmi haadha faayidaa qabaaf jettee yaada?

A)Eeyyeen B) Lakki C) An hin beeku

14.Eeyyeen yoo jette faayidaa isaa kam beekta?

- A)Daa'imman dhalattuu dhukkuba irraa ittisa
- B)Dhangaalee nyaata barbaachisoo waan kennuuf
- C)Sababoota du'aatii daa'immanii fidan ni xiqqeessa
- D)Madiinummaa uumamaa ni kenna
- E)Kan biraa (ibsi)

15. Haatii dhukkuba eedisii wajjiin jiraatu takka harma qofa hoosisuun daa'ima ishee dhukkubicha irraa ittisuu ni dandeessii laata?

- A)Eeyyeen
- B) Lakki
- C) An hin beeku

16.Lakki yoo jette maaliif?

- A)Mucaan duraa gadameessa haadhaa keessatti vaayirasichaan waan faalameef
- B)Aannan harmaa vaayirasichaan kan guutame waan taheef
- C)Kan biraa (ibsi)

17. Harma haadhaa qofa hoosisuu hariiroo haadhaa fi daa'ima ni dabala jettee yaada?

- A) Eeyyeen
- B) Lakki
- C)An hin beeku

18.Harma haadhaa salphaati yeroo barbaadametti daa'imman ni argatu jette yaada?

- A) eeyyeen yaada sirri
- B) eeyyeen baay'ee yaada sirrii
- C) lakki yaada sirrii miti
- D) gonkumaa yaada kanaan walii hin galu

19.Harma haadha hoosisuun kaansarii harmaa ni itti jettee yaada?

- A) eeyyeen yaada sirri
- B) .eeyyeen baay'ee yaada sirri
- C) lakki yaada sirrii miti
- D) gonkumaa yaada kanaan walii hin galu

20. Harma qofa hoosisuu jechuun maal jechuudha?

- A) Aannan harmaa fi qoricha qofa daa'imaaf kenuu yoo qorichi barbaachise
- B) Aannan harmaa fi bishaan qofa kennuu
- C) Aannan harmaa fi aannan sa'aa qofa kennuu

21.Harma haadhaa qofa yeroo hagamiif hoosisamuu qaba jettee yaada?

- A) ji'a sadihiif
- B) ji'a lamaaf
- C) ji'a jahaaf
- D) ji'a sagaliif

22.yeroo hojiif deemtu harma aannanii elmitee daa'ima keetiif ni keessa?

- A)Eeyyeen
- B) lakki

23.Daa'ima kee akkamiti soorta ykn hoosista ?

A)kubbaayyaa fi fal'aanan B) harmoon /xuuxoon

24. Rakkoo harmoo ykn xuuxoo hoosisuun qabu ni beektaa?

A)Garaa kaasa itti fiduu danda'a B)Daa'imman hoosisuuf gaariidha

KUTAA 3;-

25. Guddinni harmaa fi aannan harmi bahu hariiroo qabu jettee yaada?

4. Eeyyeen B) Lakki C) An hin beeku

26.Harma hoosisuun boca/dhaabbii dubartootaa irratti rakkoo qaba jettee yaada?

4. Eeyyeen B) Lakki C) An hin beeku

27. Harma hoosisuu hojii koo irraa na daangessuun dhiibbaa qaba jettee yaada?

A)Eeyyeen B) Lakki C) An hin beeku

28.Harma haadha qofa hoosisuun ulfa ni ittisa jettee yaada?

A)Eeyyeen B) Lakki C) An hin beeku

29.Harma haadha qofa hoosisuun guddina daa'immanii irratti dhiibbaa qaba jettee yaaddaa?

A)Eeyyeen B) Lakki C) An hin beeku

30.Harmi haadhaa nyaata madaalama daa'imaaf kennuu ni danda'a jettee yaada?

A)Eeyyeen B) Lakki C) An hin beeku

31.Harmi haadhaa inni jalqabaa ykn silgi daa'imaaf faayidaa qaba jettee yaada?

A)Eeyyeen B) Lakki C) An hin beeku

32. Haati dhukkuba eedisii wajjiin jiraatu takka harma haadhaa qofa hoosisuu ni dandeessi jettee yaada?

A)Eeyyeen B) Lakki C) An hin beeku

KUTAA;-

33.Daa'ima dhalattuu reef dhalateef jalqaba maal kennitaaf?

A)Bishaan B) harma haadha C) dhadhaa D) kan biraa (ibsi)

34.Deessee saa'aa meeqa keessaatti daa'ima kee harma hoosisuu eegalta?

A) daqiiqaa soddomaa gaditi B)daqiiqaa soddomaa hanga saa'aa tokkooti

C)Saa'aa tokkoo booda

35.Guyaatti si'a meeqa daa'ima kee harma hoosifta?

A.)Si'a saddeeti gadi B).Si'a saddeeti hanga kudha lamaa C) Si'a kudha lamaa ol

36. Daa'ima kee ishe/isa xiqqaa/xiqqoo eessatti deesse?

5. Hospitaala B)Buufata fayyaa C) Manatti D) Iddoo biraa (ibsi)

37.Yeroo ulfa turte hordoffii da'uumsa duraa ni taasisaa turtee jirtaa?

A) Eeyyeen B) Lakki

38.Lakki yoo ka jettu tahe maalif?

A)Dhabbileen fayyaa waan naannoo keenya hin jirreef

B)Bu'aa qaba jedhee waan hin yaanneefi C) Aadaan waan hin hayyamneefi

D) Yeroo waan hin qabneefi E) Sababa biraa yoo jiraate ibsi

39. Erga deessee booda daa'ima tee kallattiin garaa kee irra keessee ni hoosiftaa?

A) Eeyyeen B) Lakki

**40.Yeroo harmi kee rakkoo qabu ,daa'ima kee hoosisuu ni dhiistaa? A) Eeyyeen
B)Lakki**

41) Daa'ima hanga baatii jahaatiif/ji'a jahaatif harma qofa ni hoosiftaa?

3. Eeyyeen B)Lakki

42) Lakki yoo jette sababa isaa ibsi

A)Aanan gahaa waan hin qaneef B)Hojiin waan qabamuuf

C)Qilleensa hoo'aa kana keessatti bishaan kennuun waan barbaachisuuf

D)Aadaan keenya waan hin hayyamneef E) Kan biraa (**ibsi**) _____

43.Yoo amma harma hoosisaa hin jirtu tahe harma hoosisuu maaliif dhaabde?

A.Mucaan ofii isaatii didnaan B.Waan ulfaayeeef

C.Mucaan sirritti hin hodhuu waan taheef D.Sababa biraa yoo jiraate ibsi

44.Yeroo hoosiftu maatiin kee waan si deeggaru qabu ,yaadanis tahee dalagaan?

A.Eeyyeen B.Lakki C. Eeyyeen yoo tahe eenyutu si deeggara?

45. Nama mindeeffamee hojjatu yoo taate waraqaa hayyama haadhummaa ni argattaa?

4. Eeyyeen B.Lakki C) Hangamiif ?-----

46. Waraqaan hayyama haadhummaa kennamu kun yeroon isaa gahaa dha jettee yaada? A)Eeyyeen B)Lakki

47. Hojjachiisaan kee akka ati daa'ima kee harma hoosistuuf yeroo siif kenuun si gargaara ture? A. Eeyyeen B.Lakki