

JIMMA UNIVERSITY  
INSTITUTE OF HEALTH SCIENCES  
FACULTY OF PUBLIC HEALTH  
DEPARTMENT OF NUTRITION AND DIETETICS

EXCLUSIVE BREASTFEEDING CESSATION AND ASSOCIATED FACTORS  
AMONG EMPLOYED AND UNEMPLOYED MOTHERS HAVING CHILDREN  
AGED 6 TO 23 MONTHS IN MIZAN AMAN TOWN, BENCH SHEKO ZONE  
SOUTH WEST ETHIOPIA:

A COMMUNITY BASED STUDY

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## ABSTRACT

**Background:** - Employed women tend to exclusively breastfeed less than non-employed women. Early returning to work has been major reason why employed women stop exclusive breastfeeding. Exclusive breastfeeding cessation leads to high mortality-related diarrheal disease in sub-Saharan countries, and Cessation of EBF increases the risk of pneumonia morbidity and related death, excessive diarrhea, and low growth rate compared to exclusively breastfed infants.

**Objective:** - To assess the prevalence of Exclusive breastfeeding cessation and associated factors among employed and unemployed mothers in Mizan Aman Town, Bench Sheko Zone Southwest Ethiopia.

**Methods and Materials:** -A community based comparative cross-sectional study was conducted from April 2 to May 30; 2021 using total sample of 453 randomly selected permanently employed and unemployed mothers having children aged 6 to 23 months in Mizan Aman Town, Bench Sheko Zone South west Ethiopia were included in this study . The data was collected from randomly selected three Kebeles using interviewer administered questionnaire. Descriptive and inferential statistics were used to present the data. Both bivariate and multivariate logistic regression analyses were used to identify factors associated with exclusive breastfeeding practice. Data were checked for completeness, entered and analyzed by SPSS version 20. Binary logistic regression was done to identify factors associated with exclusive breastfeeding cessation. The strength of association was measured using odds ratio with 95% confidence intervals.

**Result:** The prevalence of exclusive breastfeeding cessation was 71.3% (AOR 18.08, 95% CI 9.13-35.8) of these 43% and 28.3% among employed and unemployed mothers respectively. The duration of work per day employed mother who work Over-time 46 (22.7%) Full time 140 (69.0%) Part-time 7 (3.4%). 162 (79.8%) 22.7% were over time workers, frequent period of return to work from maternity leave 122 (60.1%), was between the third and fourth months after birth. Breastfeeding in the workplace was 39 (19.2%) and no breastfeeding at the work place is 154 (75.9%), 54 (26.6%) having lactation break and 139 (68.5%) who had no reasonable lactation break during working time.

**Conclusion:** a significant difference among employed and unemployed. Therefore, most important to support breastfeeding in the workplace would be lawful requirements. Prevalence of exclusive breastfeeding cessation was much higher than the international and national expectation. The concerned governmental bodies should consider improving the legislation of the 4 months postpartum maternity leave to reduce employed mother's exclusive breastfeeding cessation.

**Key word-** exclusive breastfeeding cessation, employment, unemployment, discontinuation

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## **LIST OF ACRONOMYS and ABBRIVIATIONS**

AOR	Adjusted odd ratio
COR	Crude odd ratio
IRERC	Institutional research ethics review committee
ARI	Acute respiratory infection
EDHS	Ethiopia demographic health survey
PPS	Population proportion to the size
HEP	Health extension program
ENI	Essential nutrition
PNC	Post natal care
ANC	Antenatal care
EBF	Exclusive breastfeeding
WHO	World health organization
IYF	Infant and young child feeding
AIDS	Acquired Immune Deficiency Syndrome
HIV	Human Immunodeficiency Virus
MOH	Ministry of Health
SPSS	Statistical Packages for Social Sciences
UNICEF	United Nations international child's emergency fund S
WHO	World Health Organization

## Chapter one

### Introduction

#### 1.1 Background

Appropriate infant and young child feeding (IYCF) practices include exclusive breastfeeding in the first 6 months of life, continued breastfeeding through age 2 yrs, the introduction of solid and semisolid foods at age 6 months, and gradual increases in the amount of food given and frequency of feeding as the child grows older(1).

The practice in Ethiopia is significantly lower than the global recommendation. Gondar Comprehensive and Specialized Hospital is a teaching hospital that provides multiple health care services for a load of referral clients and directly comes there. However, there is limited data regarding the burden of cessation of EBF and associated factors. (2).

EBF has also great benefits for maternal health outcomes like reducing the risk of breast and ovarian cancer, postpartum depression, and have a long duration of amenorrhea or as a natural family planning method. Generally, increasing the practice of EBF is a fundamental driver to achieve sustainable development goals by 2030. In this study, EBF was defined as a mother who only fed her child breast milk (direct or expressed) without additional food or water, excluding drops or syrups containing vitamins, mineral supplements, or medicines, for the first 6 months of the infant's life.(4)

#### 1.2. Statement of the problem

The government of Ethiopia has recognized the problem of low exclusive breastfeeding practice in the country and has declared the annual “exclusive breastfeeding day” at the national level, which is on 1st February. (3) Contrariwise, as the government is promoting women's employment, with affirmative action's too, the practice of exclusive breastfeeding became lower. By investigating the level of exclusive breastfeeding cessation and its associated factors in comparison with women's employment status (3).

Globally, only 37% of children younger than 6 months are exclusively breastfed and increase with an annual rate of 2.4%. United Nations International Children's Emergency Fund (UNICEF) and World Health Organization (WHO) are the two leading global breastfeeding initiatives to raise the rate of EBF in the first 6 months at least 50% by 2025(5).

WHO estimates that about 35% of the children worldwide are exclusively breastfed and Sub-Saharan Africa has an exclusive breastfeeding rate of 33% whilst 41% of the infants are breastfed exclusively in Zimbabwe. These rates are low compared to the recommended amount of 90%(6). Employed mothers have a lower opportunity to stay at home, compromising exclusive breastfeeding. Mothers also may have to leave their babies to search for a job. It was found that only 43% of employed mothers breastfed their child for six months, whereas the unemployed figure is 56%, which is 13% more than the employed figure. The workload that employed mothers have affects the prevalence of EBF(7).

Despite the demonstrated benefits of breast milk, the prevalence of breastfeeding, in particular, exclusive breastfeeding (EBF), in many developing countries including Ethiopia is lower than the international recommendation of EBF for the first six months of life(8). Unemployed mothers who had no ANC follow-up as per the recommended frequency were 43.7% less likely to breastfeed exclusively than those who had ANC follow-up, Those unemployed mothers who delivered vaginally were more likely to breastfeed exclusively than those who were delivered by cesarean section(3).

According to a study conducted in the Afar Region the magnitude of exclusive feeding practice and its associated factors among 0-6 months old infants ,the prevalence of exclusive breastfeeding was found to be 78.3%, a study finding in Afar was lower than the study was done in Ambo town and Iran which was 82.2% and 82% respectively(9).

The study conducted in Ethiopia on the prevalence of exclusive breastfeeding practice was low both among employed and unemployed mothers. This study has indicated a significant difference among employed and unemployed mothers about exclusive breastfeeding. Employed mothers are less likely to exclusively breastfeed than unemployed mothers(10). Mothers who delivered at health institutions were more likely to practice exclusive breastfeeding compared to mothers who delivered at home. Exclusive breastfeeding in this study is significantly associated with breastfeeding counseling after delivery (11)

The family structure had an association with exclusive breastfeeding. A mother living in a nuclear family was less likely to practice exclusive breastfeeding. The finding is in parallel with the study done in rural Indian mothers in which mothers from nuclear families had a high risk of cessation of exclusive breastfeeding than mothers from joint families. When mothers get support from members of the family they could have better time and energy to practice exclusive breastfeeding. On the other hand, Nyanga

revealed that family support is a key factor in the success of exclusive breastfeeding with a special focus on partner involvement(12).

Breastfeeding is widely recognized as the optimal and natural method of feeding infants. However, some obstacles can limit exclusive breastfeeding practices during the first 6 months of an infant's life. This study aimed to determine the prevalence of exclusive breastfeeding cessation and its associated factors among employed mothers and unemployed mothers in Mizan Aman Town.

### **1.3. Significance of the Study**

Failure of Exclusive breastfeeding is frequently attributable to increase infant morbidity and mortality the rationale of conducting this study is to determine the Prevalence of Exclusive breastfeeding cessation and associated factors among respondents in Mizan Aman Town.

The magnitude and determinant factors for the practice of EBF cessation were not known in the study area even if breast feeding practice is a vital component of primary health care unit. Hence, there is a need to carry out a research to come up with the magnitude and determinants of exclusive breastfeeding cessation in the study area. Health extension workers who are working at community level, Nurses and midwives who work in maternity centers and in the community setting as well all other concerned bodies will utilize the result of this research as a reference in their counseling/health education session to minimize the sub-optimal breast feeding practice and strengthen exclusive breast feeding practices for the first six months of life.

The finding of this study will also provide the district health office, regional health bureau, policy makers and NGOs (non-governmental organizations) with relevant information for future planning and interventions of appropriate strategies to promote and maintain exclusive breastfeeding practices for the first six months of infant life. Thus, the study can be used as a reference for nurse educators, health care professionals especially pediatrics nurses and for others who are interested in carrying out further studies with this regard.

## Chapter two

### Literature review

By the 2001 World Health Assembly Resolution 54.2, the National Breastfeeding Policy was developed in 1993 and further revised in 2005. It suggested EBF to newborns until at least 6 months old and continued up to 2 years of age and beyond with judicious, sufficient, and safe complementary food.

According to a study conducted in Turkey Planned pregnancy and vaginal delivery were found as the most important factors in early initiation, whereas ante partum BF education was the most important factor for EBF duration in logistic analysis. Education level of mother and father, frequency of BF, number of BFs at night, nipple problems, bottle/pacifier use, and social support were found as other factors that had statistically significant effects on the duration times of EBF(13)

A community-based cross-sectional study was conducted in INDIA a total of 137 working mothers participated in the study. The mean age of these mothers was 28 years. The prevalence of EBF among these mothers was very low. It was practiced by only 24 (17.5%) out of 137 working mothers by WHO guidelines. Around 51% of them attributed the early return to work as a major barrier to EBF. Almost 94% of them said that colostrum was good for the baby. The maternal, reproductive, and child health characteristics revealed that mothers who visited the antenatal clinics more than 3 times during present pregnancy were able to practice exclusive breastfeeding (17.8%) than those who had lesser than 3 visits. Working mothers who got breaks in between work were able to practice exclusive breastfeeding (53.3%) than those who did not get breaks to be statistically significant. All the mothers in this study had institutional delivery and 71.5% of them delivered in a private hospital.(14).

According to a study conducted in South Africa, The adjusted OR comparing EBF prevalence in 2011–12 and 2012–13 with 2010 were 2.08 and 5.51, respectively. Mothers with generally higher socioeconomic status, HIV-positive, unplanned pregnancy, primipara, post cesarean delivery, resided in certain provinces, and women who did not receive breastfeeding counseling had significantly lower odds of EBF. With what seemed to be an intransigently low EBF rate since 1998, South Africa saw an increase in early EBF for infants aged 4–8 weeks from 2010 to 2013, coinciding with a major national breastfeeding policy change. These increases were seen across all provinces and subgroups, suggesting a population-wide effect, rather than an increase in certain subgroups or locations. While these increases

in EBF were significant, the 59.1% prevalence is still below desired levels of early EBF. Further improvements in EBF programs are needed(15).

In a study conducted in Malawi of 7282 women, 95.4% initiated breastfeeding within 1 hour after birth; thereafter 71.3% of women practiced exclusive breastfeeding, 6.1% were predominantly breastfed and 1.9% chose bottle feeding. Health care practices emphasizing frequent antenatal care visits that provide breastfeeding education and breastfeeding support in hospital care after childbirth are important for sustaining breastfeeding(16).

According to A cross-sectional study conducted in Malaysia, the prevalence of unsuccessful exclusive breastfeeding among the study participants was 58.3. The prevalence of unsuccessful exclusive breastfeeding among the study participants was high. Maternal characteristics such as preference towards formula milk, mode of delivery, and adequacy of breast milk must be assessed to prevent unsuccessful exclusive breastfeeding among healthcare providers(4).

According to A cross-sectional study conducted in Ghana, there was a near-universal awareness of exclusive breastfeeding among respondents (99 %). Even though most mothers initiated breastfeeding within an hour of delivery (91 %), the EBF rate at six months was low (10.3 %). The study identified three elements as determinants of EBF; those who did not receive infant feeding recommendations from health workers were less likely to practice exclusive breastfeeding, mothers who had a shorter duration of maternity leave were less likely to practice exclusive breastfeeding, and those who had a normal delivery were almost 10 times as likely to practice exclusive breastfeeding. Given the high breastfeeding initiation, but low EBF continuation rate among professional working mothers, improved policies around maternity leave and breastfeeding-friendly work environments are needed(14).

According to A cross-sectional study conducted in Ethiopia Discontinuing EBF at 0–3 months): 1.95 and 4–6 months increased diarrhea occurrence compared to children who continued EBF up to 6 months. Children who had terminated EBF at 4–6 months had increased odds of fever and acute respiratory illnesses. Cessation of EBF earlier than 4 months or between 4–6 months was associated with increased odds of having at least one child hood morbidity. Termination of EBF at 0–3 months and 4–6 months was associated with increased occurrence of wasting and underweight respectively. Exclusive breastfeeding can avert 42% of diarrhea, 27% of ARI, 21% of fever, 26% of wasting, and 23% of underweight burden among children fewer than six months of age. Termination of EBF before six months was associated with increased occurrence of diarrhea, fever, and ARIs. It was also linked

with increased occurrence of childhood wasting and underweight. The finding emphasized EBF for the first six months to reduce childhood morbidity and adverse nutritional outcomes(17).

In a community-based cross-sectional study conducted in Afar Region, The prevalence of exclusive breastfeeding in the last 24 hours preceding the survey was 78.3%.Being delivered in health facilities; feeding colostrum and received counseling on breastfeeding during ante natal care visits were significantly associated with exclusive breastfeeding. So, Counseling on exclusive breastfeeding during antenatal care service, encourage colostrum feeding, and promoting institutional delivery are mandatory(9).

According to the study conducted in Gozamin district, North West Ethiopia the prevalence of exclusive breastfeeding among mothers was 74.1% for Government employee mothers, the odds of exclusive breastfeeding were reduced by half compared to housewives. Mothers who gave birth at health institutions were more likely to practice exclusive breastfeeding. Even though the estimated prevalence is relatively high, more effort to meet WHO recommendations are still necessary. Therefore, according to this study health institutions, community health extension workers encourage health facility delivery and increase breastfeeding counseling after delivery, and employers need to give longer maternity leave to improve exclusive breastfeeding practice(11).

According to the study conducted in Gondar Town, A total of 649 (333 unemployed and 316 employed) mothers were interviewed. The mean duration of mothers to exclusively breastfeed was 4.77 months. Exclusive breastfeeding was higher among unemployed 48.0% than employed (20.9%). Parity of three children and above and having social support were positively associated with exclusive breastfeeding while poor knowledge, wealth index of the medium level were negatively associated among employed mothers. In the case of unemployed mothers, vaginal delivery and having social support were positively associated with exclusive breastfeeding while poor knowledge and not having antenatal care were negatively associated. However, unemployed mothers breastfeed more than employed mothers. Providing special support for employed mothers and revising either the legislation of the two-month postpartum maternity leave or applying different alternatives is recommended(3).

The study done in Gondar Town revealed that the prevalence of exclusive breastfeeding practice was 20.9% among employed mothers and 48.0% among unemployed mothers. According to this study, mothers who had poor knowledge about the recommended duration of EBF were 70.4% less likely to breastfeed exclusively than those who had good knowledge,(3)

The study was done in Gozamin district, northwest Ethiopia has attempted to assess the magnitude of exclusive breastfeeding practice and associated factors during the first six months of infant life among mother-infant pairs. The prevalence of EBF was 74.1%(11).Regarding factors that could affect EBF, occupation of the mother, place of delivery, and breastfeeding counseling after delivery were statistically significantly associated with EBF practice. Accordingly, the government-employed mothers were less likely to practice EBF compared to housewives (11).

According to the study conducted in Debremarkos, the prevalence of exclusive breastfeeding during the seven days before the survey was 60.8%. Those mothers who were unemployed received breastfeeding counseling during antenatal care (ANC), received infant feeding counseling during postnatal care (PNC) 5.03and had adequate knowledge about breastfeeding were more likely to practice EBF than their counterparts. Although the prevalence of exclusive breastfeeding was lower in the study area than international recommendations, rates were higher than those found in other studies. Recommendations for improving exclusive breastfeeding include better support for working mothers through extending maternal leave and establishing work-site day care centers for infants, expanding the urban health extension program so that more pregnant women and mothers can be taught about appropriate infant and young child feeding practices and how to express their milk, thereby increasing their breastfeeding knowledge(18).

According to the study conducted in Bahirdar city, North West Ethiopia the Prevalence of exclusive breastfeeding practice 24 hours before the survey was 57.3 %. Mothers not being married were supported by their husbands, with no breast complications, which had four or more antenatal care follow up were more likely to practice exclusive breastfeeding. On the other hand, mothers who were living in nuclear families were less likely to practice exclusive breastfeeding. The prevalence of exclusive breastfeeding practice in this study was lower than the national recommended level, maternal age, the number of antenatal care visits; husband support, breast complication, and type of family were predictors of exclusive breastfeeding. (12).

Across sectional study conducted in Harare Town, a total of 577 study participants have participated in the study which gives 97.8% response. The exclusive breastfeeding practice among the mothers was 45.8%. Women in the age group of 26–40 were 2 times more likely to breastfeed than women in the age group of 18–25. Women who have information about exclusive breastfeeding were two times more likely to breastfeed than those who have no information. Those women who initiated breastfeeding early

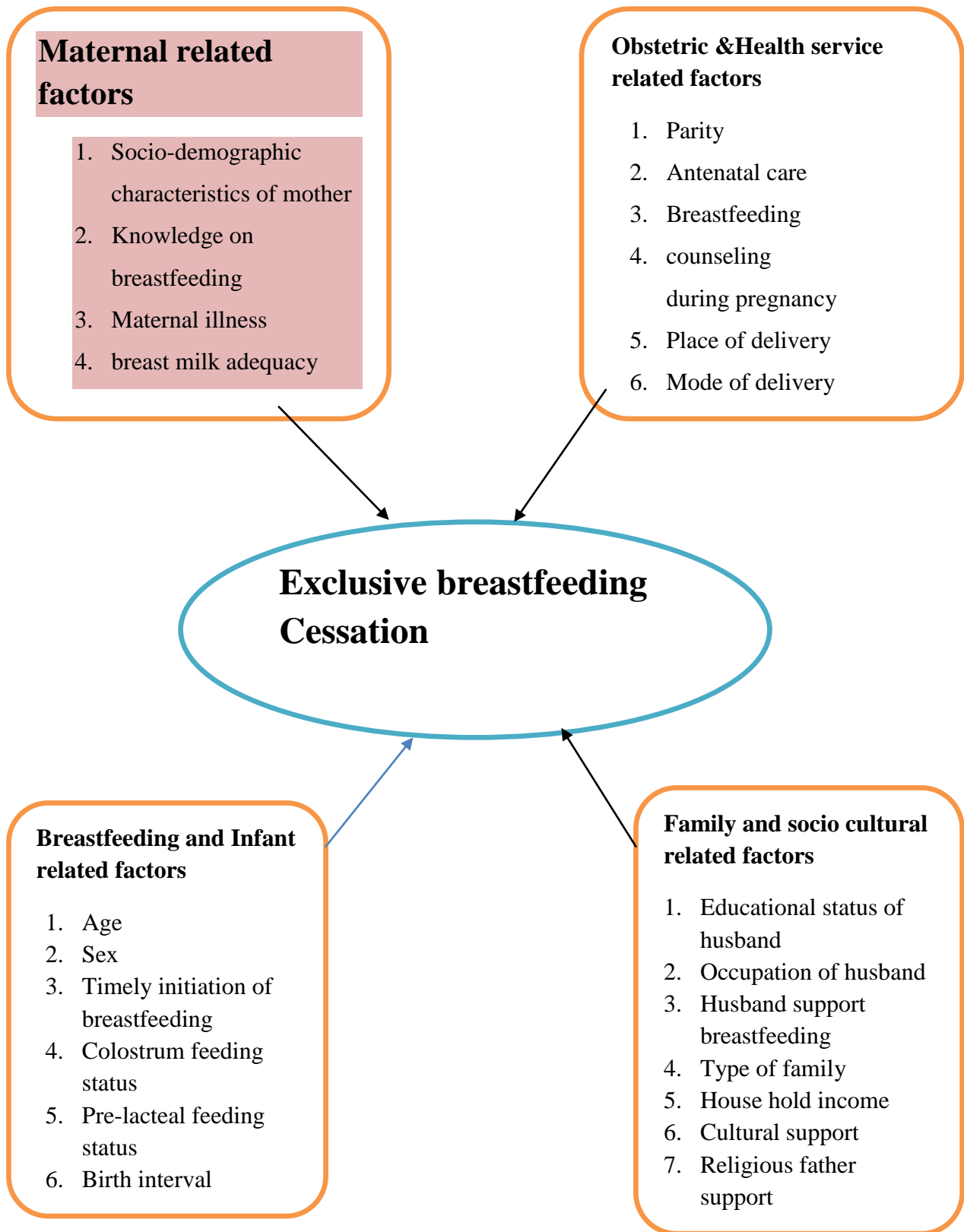


were 12 times more likely to breastfeed than those women who did not initiate early. The overall exclusive breastfeeding practice among the women was found to be less. Age, information on breastfeeding, and early initiation of breastfeeding were found as important predictors of exclusive breastfeeding (19).

Across sectional study conducted in Ambo Woreda, the mean duration of exclusive breastfeeding among women in the study subjects was 5.87 months with a standard error of 0.025. The prevalence of exclusive breastfeeding is 305(82.2%). Three hundred thirty-seven (90.8%) of mothers were Knowledgeable. The actual practice of exclusive breastfeeding was 305(82.2%). Among the total variables which were included in the analysis, only three variables show a positive association with mothers' EBF status. These are knowledge of EBF, ANC follows up and women occupation. Housewife women were two times more likely to exclusively breastfeed their child compared to those employed(20).

According to a cross-sectional study conducted in Dire Dawa, the magnitude of EBF practice was 81.1%. In the multivariate logistic analysis, the odds of EBF practice were significantly higher among unemployed mothers, antenatal care (ANC)users, as well as young mothers within the age, ranges of 15-25 and 26-35 1.12-4.18) years. Unemployment status, ANC visit, maternal age were the factors associated with EBF. Therefore, because of this study, I recommend employed mothers compared unemployed mothers, employed mothers should be provided with a special room in their workplace to breastfeed their children, daycare facilities, and/or six-month maternity leave. Also, healthcare workers should give attention to the encouragement of mothers to receive ANC(21).

A community-based cross-sectional study conducted in Hawassa shows exclusive breastfeeding prevalence was 60.9%. Mothers with infants aged 0–1.9 months and 2–3.9 months practiced EBF more likely than mothers with infants aged 4–6 months. Married mothers practiced EBF more likely than singles. Housewives practiced EBF more likely than employed mothers. Mothers who had a vaginal birth were more likely to practice EBF than mothers who gave birth via Cesarean section. Mothers who gave birth at a healthcare facility were more likely to practice EBF than mothers who gave birth at home. This study showed a low prevalence of exclusive breastfeeding. Younger infants, babies born to married women who are housewives, having a vaginal birth in a health facility, and whose mother's breasts were healthy, were predictors for EBF. (22).



**Figure 1:** *Conceptual framework for Determinants of Exclusive breast feeding cessation among employed and unemployed Mother in Mizan Aman Town, Bench Sheko Zone Ethiopia 2021 (adopted from EDHS 2011)*

## **Chapter three**

### **Objectives**

#### 3.1. General Objective

To assess the prevalence of exclusive breastfeeding (EBF) cessation and associated factors among employed and unemployed mothers having children aged 6 to 23 months in Mizan Aman Town, Bench Sheko Zone Southwest Ethiopia.

#### 3.2. Specific objectives

1. To assess the prevalence of exclusive breastfeeding (EBF) cessation among employed and unemployed mothers.
2. To assess factors associated with exclusive breastfeeding cessation among employed and unemployed mothers.

## **Chapter Four**

### **Methods and materials**

#### **4.1. Study area and period**

Mizan Aman Town, Bench-Sheko Zone, SNNPR, and South West Ethiopia, town is located 561 km northeast of Addis Ababa and 833 km from Hawassa. The town is divided into 5 kebele that have a total area of 142.71 km with an average elevation of 2840m above sea level. According to the information obtained from the district health office in 2018/19, a total estimated population of 54,951, of which, 28,025 are females. Out of all females, 11,161 were women of reproductive age (15-49 years). The town is known for its diverse ethnicity. Among those Bench, Kaffa and Amhara respectively account majority numbers. The town has many governmental and private organizations/service providers to the community such as bank, telephone, post office, one University teaching hospital, one health center, one health science college, one university and there are some different levels of private clinic and pharmacy, also the town has KG, elementary, high school, senior secondary and preparatory schools as well as one college of agriculture. According to the 2020 Mizan Aman Town Labor and Social Affairs Office report, the estimated number of reproductive-age women who are working in government and private sectors was around 7924. The number of mothers that had a child between 6 months and 2 years of age was 1018 from the rapid survey conducted. The study was conducted from April 2 to April 30, 2021.

**4.2 Study design** :-A comparative cross-sectional study design was conducted

#### **4.3 Population**

##### **4.3.1 Source Population**

The source population was all employed mothers having children aged 6 to 23 months working in both governmental and nongovernmental organizations and unemployed mothers in Mizan Aman Town.

##### **4.3.2 Study population**

The study population was randomly selected employed mothers who were working in the organizations and unemployed mothers in Mizan Aman town and having children aged 6 to 23 months during the study period.

## 4.4 Eligibility criteria

### 4.4.1 Inclusion criteria

All mothers having children aged 6 to 23 months and living in the town administration during the study period were included in the study.

### 4.4.2 Exclusion criteria

Employed and unemployed mothers having children aged 6 to 23 months who were critically ill and unable to be interviewed were excluded from the study. Mothers with hearing or speaking difficulty (deaf or dumb), and mothers who had infant with congenital anomalies or those who were unable to breastfeed due to illness were excluded from the study.

## 4.5 Sample size determination and sampling technique

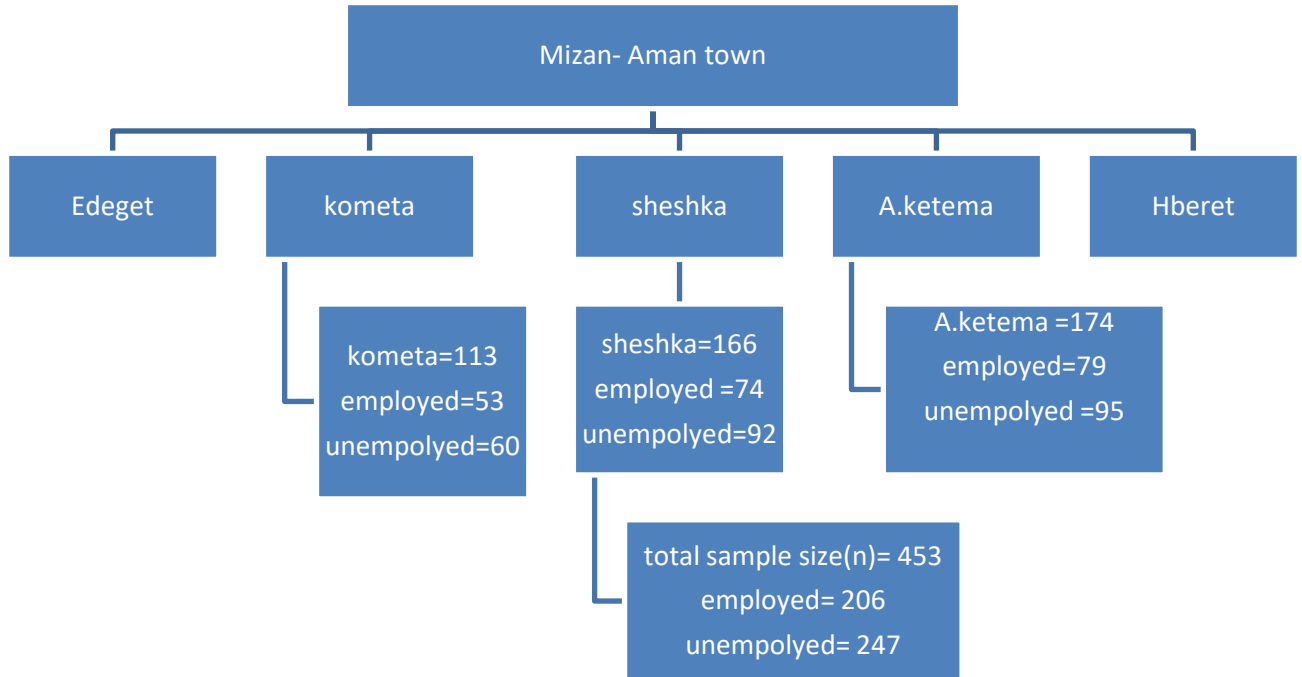
### 4.5.1 Sample size determination

The sample size was determined using Epi info statistical software version 7 by using the ‘two population’ proportion formula. In a similar study conducted by Somalia(23) prevalence of exclusive breastfeeding differences among employed and unemployed mothers were found to be 24.8% and 82.9%, respectively. A confidence level of 95%, a power of 90%, a design effect of 2% and a 10% non-response rate, the final sample size  $n = 412 + 41 = 453$ . Finally, 206 employed and 247 unemployed eligible mothers were taken.

### 4.5.2 Sampling technique and sampling procedure

A multistage sampling technique was used to reach study participants. The town has five kebele from this three kebele were selected randomly which was Shesheka, Addis Ketema and Kometa. Shesheka has 2388 households, Addis Ketema has 2489 households and Kometa kebele has 1615 households. by proportionally allocating the samples, to each kebele, For Shesheka= $453/6492*2388=166$ , For AddisKetema = $453/6492*2489=174$ , For Kometa, Ketema= $453/6492*1615=113$ Households from each kebele was selected by systematic sampling was calculated as  $6492/453 = 14$  the first house was selected randomly and every 14th HH was selected for the study and one participant from each HH was taken for interview by lottery method. The total number of illegible mothers was estimated, household code numbers were given separately for employed and unemployed mothers. Following coding each household, the total sample size of the study was proportionally assigned to the three selected kebele.

Using the code numbers as a sampling frame study participants were selected randomly with the lottery method. Households were visited during working days to interview unemployed mothers whereas employed mothers were interviewed during the weekends.



**Figure 2:-**schematic presentation of the sampling procedure for determinants of Exclusive breastfeeding cessation among employed and unemployed Mothers in Mizan Aman Town, Bench Sheko Zone Ethiopia 2021.

#### 4.6 Study variables

##### 4.6.1. Dependent variables

✓**exclusively breastfeeding cessation**

##### 4.6.2 Independent Variables

✓Socio-demographic Variables: - Age, sex, marital status, ethnicity, religion, educational status, sex of the child.

✓Economic Variables: - Employment status, average monthly income.

✓Obstetric & Health service-related: -Parity, antenatal care,

**Breast feeding counseling during pregnancy,**  **Place of delivery,**  **Mode of delivery,**  **Postnatal care**

**Infant related:** -  Age,  Sex,  Birth order,  Birth interval,  Timely initiation of breastfeeding  
 Colostrum feeding status,  Pre-lacteal feeding status,  Infant health.

**Family and socio-cultural related factors:** -  Husband occupation,  Husband educational status  
 Husband support,  Income, Type of family,  Cultural support,  Organizational support,  Religious father support.

#### *4.7. Operational definitions*

**Exclusive breast feeding cessation:** - A mother stopping/interrupting exclusive breastfeeding her child before 6 months since delivery according to WHO recommendation for EBF (feeding only breast milk, and no other liquids or solids except oral rehydration solution, supplements, or medicines to the child age less than 6 months since birth). It is a binary variable. If a mother stopped breastfeeding her child before 6 months since delivery '1 for Yes' and '0 for No'(24).

**Timely initiation of breastfeeding:** If an infant within one hour (including one hour) of birth is put on mother's breast to feed(25).

**Pre-lacteal feeding:** If an infant within the first three days of life feed something other than breast milk.

**Adequate knowledge about breastfeeding:** If a mother answered half and above correctly from questions that were asked to measure breastfeeding knowledge(25).

**Husband support:** if a mother was supported by husband either by advice or economy to exclusively breastfeed an infant.

**Religious father support:** if a mother were advised or encouraged by her respective religious father to breastfeed her infant at least once since birth of an infant(25).

**Organizational support:** if employed mother got either extra maternity leave in addition to the two month postpartum leave or got permission by the organization as needed to breastfeed an infant(25).

**Cultural support:** if mother responds as she were supported by neighbors and community to breastfeed her infant either by advice that breastfeeding is important to maintain babies health, baby positioning and management of breastfeeding problems or supported by decreasing mothers the workload at home.

**Maternal illness:** if mother got difficulty breastfeeding an infant due to illness like active tuberculosis, HIV/AIDS, malignancy and breast related illness sore nipples, crackles,

engorgement and abscess of breast(25).

**Infant illness:** if an infant is unable to feed breast milk or get difficulty to suck breast due to different illness like acute illnesses, oral thrush and cleft lip/palate(25).

#### 4.8 Data collection instruments and procedure

##### 4.8.1 Data collection Instrument

A questionnaire was adapted from different literature and used to explore the objectives of the study. The questionnaire was prepared in English and was translated into Amharic and then translated back into the English language using different interpreters to judge its consistency. In addition; some questions were developed by reviewing related literature. The questionnaire contents were BF knowledge-related factors, socio-demographic/economic characteristics, breastfeeding information, obstetric and health services factors. Data were collected by face-to-face interviews using the questionnaire translated Diploma nurses were the data collectors after they took training on data collection instruments.

##### 4.8.2 Data collection procedures

Data were collected by senior diploma nurses. Training was provided to five data collectors and one BSc nurse supervisor regarding data collection procedures for two days. Exclusive breastfeeding cessation was measured by asking eligible participants, “For how many months did they feed their child with breast milk only. After getting consent from each employed mother, interviews were conducted with trained data collectors at the household level.

#### 4.9. Data processing and analysis

Data was coded and entered using Epi-data version 3.1 and analyzed using SPSS Version 21. Descriptive and summary statistic was carried out to describe study participants according to different characteristics, and proportions were computed to find out the prevalence of exclusive breastfeeding (EBF) cessation. Binary logistic regression was fitted to identify factors associated with exclusive breastfeeding cessation. Variables with a p-value of less than 0.2 in the bivariate analyses were entered, multivariate logistic regression model. Three models were fitted; first for the whole sample (employed and unemployed mothers combined), second for employed mothers only, and third for unemployed mothers. Adjusted odds ratios (AOR) with 95% confidence interval (CI) were used to measure the strength and significance of the association. The p values of less than 0.05 was considered as



a statistically significant association. Model fitness was tested by using the Hosmer-Lemeshow goodness-of-fit and Omnibus tests of model coefficients test with entering procedure. By using the Variance Inflation Factor (VIF) test, the Tolerance test, and values of the standard error; the explanatory variables were tested for Multicollinearity before entering them into the multivariable model.

#### 4.10. Data quality management

Data were collected by using a pre-tested questionnaire. The data collectors were trained for two days with the structured questionnaire until they become well conversant with the instrument about the objectives of the study and techniques of collection, how to interview, fill the questionnaire and handle questions asked by clients at interviewing, the importance of privacy, discipline, and approach to the interviewees and confidentiality of the respondents. Every day, all of the collected data were reviewed and checked for completeness and relevance by the supervisors and principal investigators and continuous supervision were arranged to control the data collection procedure. The questionnaires were pre-tested on 5% of the sample outside of the study area (kete town). Data was intensively cleaned before any analysis.

#### 4.11. Ethical considerations

This research thesis was submitted to Jimma University Institute of Health Sciences Institutional Research Ethics Review Committee (IRERC) for ethical clearance and approval for the study. Permission was obtained from the JU. To get informed consent from each study participant, the data collectors approached the mothers of the children. When participation is approved, a signed written agreement was secured. The objectives of the study were explained to the study participants. The respondents were told that they have the right to participate or not to participate in the study. Their non-involvement would not affect the services they received. Interviews with participants were conducted in the most private places available. To assure confidentiality, the respondent's name was not written on the questionnaire.

#### 4.12: Dissemination of the study findings

The findings of this study will be circulated to the Mizan Aman Town Health Bureau, Mizan Aman Zone Administration, and Jimma University, and to other stakeholders that have a concern about Exclusive breastfeeding cessation and associated factors.

## Chapter Five

### RESULTS

#### 5.1.Socio-demographic characteristics

Of the total 453 mothers, 449 of them mothers having children aged 6 to 23 months participated in the study with a response rate of 99.1%. Regarding employment status, 203(45.2%) were employed and 246(54.8%) were unemployed. Concerning the educational status, 192(94.6%) of employed and 90(37.0%) of unemployed mothers were secondary and above respectively. Regarding marital status, the majority of the mothers, 200 (98.5%) of employed, and 214 (87.0%) unemployed were married. Regarding age mothers, the highest age group were from 24-29yrs 248(55.2%) of this employed 103(22.9%) and unemployed 145(32.3%). The majority, 89.5%, of the participants attended secondary education and above household income of the respondents was 128(28.5%) respondents earn less than or equal to 2000 birr per month (Table 1).

**Table 1: Sociodemographic, economic characteristics of employed and unemployed mothers in Mizan Aman town, Southwest Ethiopia, July 2021**

		employment status		Total
		Employed n=203 Number (%)	Unemployed n=246 Number (%)	
Age of respondent (year)	18-23	37(8.2%)	31(6.9%)	68(15.1%)
	24-29	103(22.9%)	145(32.3%)	248(55.2%)
	≥30	63(14.0%)	70(15.6%)	133(29.6%)
Ethnicity of respondent	bench	76(16.9%)	93(20.7%)	169(37.6%)
	Kaffa	71(15.8%)	78(17.4%)	149(33.2%)
	Oromo	33(7.3%)	36(8.0%)	69(15.4%)
	Amhara	9(2.0%)	25(5.6%)	34(7.6%)
	Others	14(3.1%)	14(3.1%)	28(6.2%)
marital status	married	200(44.5%)	214(47.7%)	414(92.2%)
	divorced	2(0.4%)	26(5.8%)	28(6.2%)
	separated	1(0.2%)	6(1.3%)	7(1.6%)
religion of	Orthodox	39(8.7%)	85(18.9%)	124(27.6%)

respondent	Muslim	30(6.7%)	27(6.0%)	57(12.7%)
	Protestant	132(29.4%)	129(28.7%)	261(58.1%)
	Catholic	2(0.4%)	3(0.7%)	5(1.1%)
	other	0(0.0%)	2(0.4%)	2(0.4%)
	can't read and write	1(0.2%)	21(4.7%)	22(4.9%)
educational level	Primary school	10(2.2%)	134(29.8%)	144(32.1%)
	Grade 9-12	156(34.7%)	90(20.0%)	246(54.8%)
	Certificate/Diploma	31(6.9%)	1(0.2%)	32(7.1%)
	Degree and above	5(1.1%)	0(0.0%)	5(1.1%)
sex of child	Male	91(20.3%)	141(31.4%)	232(51.7%)
	Female	112(24.9%)	105(23.4%)	217(48.3%)
monthly income(ETB )	< 1000	2(0.4%)	2(0.4%)	4(0.9%)
	1000-2000	64(14.3%)	60(13.4%)	124(27.6%)
	>2001	137(30.5%)	184(41.0%)	321(71.5%)
	can't read and write	1(0.2%)	5(1.1%)	6(1.3%)
husband level of education	Grade 9-12	33(7.3%)	119(26.5%)	152(33.9%)
	certificate/Diploma	146(32.5%)	114(25.4%)	260(57.9%)
	Degree and above	23(5.1%)	8(1.8%)	31(6.9%)
	Governmental	71(15.8%)	25(5.6%)	96(21.4%)
husband occupation	non-governmental	6(1.3%)	63(14.0%)	69(15.4%)
	Merchant	126(28.1%)	146(32.5%)	272(60.6%)
	Daily laborer	0(0.0%)	10(2.2%)	10(2.2%)
	other	0(0.0%)	2(0.4%)	2(0.4%)
time of exclusive breastfeeding	≤1month	100(22.3%)	101(22.5%)	201(44.8%)
	2-3 month	70(15.6%)	90(20.0%)	160(35.6%)
	4-6 month	33(7.3%)	55(12.2%)	88(19.6%)
social support	Yes	114(25.4%)	83(18.5%)	197(43.9%)
	No	89(19.8%)	163(36.3%)	252(56.1%)

## **5.2. Health service related factors of employed and unemployed mothers**

Majority, 196(96.6 %) of employed and 236 (95.9. %) of unemployed mothers visited the health facility during their pregnancy. 186(91.6%) of employed and 181(73.6%) of unemployed mothers counseling about EBF during ANC visit respectively. Regarding to Mode of delivery 202 (99.5%) of employed and 236(95.9%) of unemployed mothers were delivered with SVD respectively. From total study participants, Above forty percent of employed and forty eight percent of unemployed mothers delivered at health facility. From total study participants, 183(90.1%) of employed and 220 (89.4%) of unemployed mothers breast feed their children within one hour. Majority, 172(84.7%) of employed and more than half 219(89%) of unemployed mothers for the first 6 month given nothing other than breast milk. Majority, 178(87.7%) of employed and 230(93.5%) of unemployed mothers were supported by their husbands about Exclusive Breast Feeding.

Table 2: Health service-related factors of employed and unemployed mothers in Mizan Aman town, Southwest Ethiopia, July 2021

		employment status		Total
		Employed n=203 (%)	Unemployed n=246 (%)	
ANC follow up	Yes	196(43.7%)	236(52.6%)	432(96.2%)
	No	7(1.6%)	10(2.2%)	17(3.8%)
counseling during ANC about BF	Yes	186(41.4%)	181(40.3%)	367(81.7%)
	No	17(3.8%)	65(14.5%)	82(18.3%)
place of birth	Health facility	189(42.1%)	216(48.1%)	405(90.2%)
	Home	14(3.1%)	30(6.7%)	44(9.8%)
delivery assistant	Health professional	189(42.1%)	216(48.1%)	405(90.2%)
	Non health professional	14(3.1%)	30(6.7%)	44(9.8%)
mode of delivery	SVD	202(45.0%)	236(52.6%)	438(97.6%)
	Cesarean Section	1(0.2%)	10(2.2%)	11(2.4%)
postnatal counseling service	Yes	140(31.2%)	120(26.7%)	260(57.9%)
	No	63(14.0%)	126(28.1%)	189(42.1%)
birth interval	Primi-parous	14(3.1%)	107(23.8%)	121(26.9%)
	1-3 years	99(22.0%)	84(18.7%)	183(40.8%)
	≥3 years	90(20.0%)	55(12.2%)	145(32.3%)
time of initiation of BF	<1hr	183(40.8%)	220(49.0%)	403(89.8%)
	≥1hr	20(4.5%)	26(5.8%)	46(10.2%)
frequency of exclusive breast feeding/24hr	<8times	65(14.5%)	19(4.2%)	84(18.7%)
	≥8times	138(30.7%)	227(50.6%)	365(81.3%)
what was given in the 6 month	Nothing other than BM	172(38.3%)	219(48.8%)	391(87.1%)
	Water	30(6.7%)	25(5.6%)	55(12.2%)
	Butter	1(0.2%)	2(0.4%)	3(0.7%)
husband support during EBF	Yes	178(39.6%)	230(51.2%)	408(90.9%)
	No	25(5.6%)	16(3.6%)	41(9.1%)

### 5.3. Work-related factors and EBF discontinuation among employed mothers

Concerning work status of the respondent mothers working for governmental organization 159(78.3%) and 34(16.7%) of the respondent works in the private sector. Most of the respondents having no flexible work time 162 (79.8%) and 31(15.3) those had flexible working time, The duration of work per day employed mother who work Over-time time 46 (22.7) Full time 140 (69.0) Part-time 7 (3.4). 162(79.8%) 22.7% were over time workers, frequent period of return to work from maternity leave 122(60.1%), was between the third and fourth months after birth. Breastfeeding in the workplace was 39 (19.2%) and no breastfeeding at the work place is 154 (75.9%), 54(26.6%) having lactation break and 139(68.5%) who had no reasonable lactation break during working time.

**Table 3:** Work-related factors and EBF discontinuation among employed mothers in Mizan Aman town, Bench Sheko Zone Southwest Ethiopia Jun-28 to July 25, 2021

Variable	Category	EBF discontinuation	
		Yes: N (%)	No: N (%)
work status of the respondent	Governmental	159 (78.3)	8 (3.9)
	Private	34 (16.7)	2 (1.0)
	Yes	31(15.3)	1 (0.5)
Flexible work time	No	162 (79.8)	9 (4.4)
	Yes	77 (37.9)	8 (3.9)
Child daycare	No	116 (57.1)	2 (1.0)
	≤ 5 years	98 (48.3)	8 (3.9)
Work experience	> 5 years	95 (46.8)	2 (1.0)
	Over-time	46 (22.7)	6 (3.0)
Duration of work per day	Full time	140 (69.0)	4 (2.0)
	Part-time	7 (3.4)	0 (0)
	≤ 2 months	65 (32.0)	2(1.0)
Period of return to work	3–4 months	122(60.1)	6(3.0)
	> 4 months	6 (3.0)	2 (1.0)
BF at workplace	Yes	39 (19.2)	5 (2.5)
	No	154 (75.9)	5 (2.5)
Time to reach from workplace to child	< 10 min	42(22.7)	6(3.0)
	10–20 min	127 (62.6)	4 (2.0)
	20–30 min	24 (11.8)	0 (0)
	Yes	130(64.0)	5 (2.5)
Work overloaded	No	63(31.0)	5 (2.5)
Shift work	Yes	9 (4.4)	0(0)
	No	184 (90.6)	10 (4.9)

Lactation break	Yes	54 (26.6)	3 (1.5)
	No	139 (68.5)	7 (3.4)

#### 5.4. Exclusive breastfeeding and knowledge of mothers regarding exclusive breastfeeding

From questions that were asked to measure breastfeeding knowledge; if a mother responds half and above correctly from all questions, she was considered as having adequate knowledge on breastfeeding. On the other hand, mothers who answered less than half correctly were considered as having inadequate knowledge of breastfeeding.

Most mothers (90.6%) fed colostrum/first milk to the newborn of this (42.1%) and (48.5%) employed and unemployed mothers respectively. A majority (87.1%) of mothers nothing had given other than BM in the first 6 months of infant's life. Only (58.6%) of mothers know as breast milk alone without water and other liquids is enough for an infant during the first 6 months of life, From this (25.6%) and (33.0%) employed and unemployed respectively .

Knowledge on breastfeeding of mothers who have an infant less than six months old 67.2% those having adequate knowledge and the percentage distribution of inadequate knowledge were 32.8%.

Table 4: Exclusive breastfeeding and Knowledge of mothers regarding E. breastfeeding of employed and unemployed mothers in Mizan Aman town, Bench Sheko Zone, Southwest Ethiopia, July 2021

		employment status		
		Employed n=203 Number (%)	Unemployed (n=246) Number (%)	Total
colostrum feed	Yes	189(42.1%)	218(48.6%)	407(90.6%)
	No	14(3.1%)	28(6.2%)	42(9.4%)
husband support during EBF	Yes	178(39.6%)	230(51.2%)	408(90.9%)
	No	25(5.6%)	16(3.6%)	41(9.1%)
religious father support during EBF	Yes	141(31.4%)	103(22.9%)	244(54.3%)
	No	62(13.8%)	143(31.8%)	205(45.7%)
What was given in the first 6 months time to give	Nothing other than BM	172(38.3%)	219(48.8%)	391(87.1%)
	Water	30(6.7%)	25(5.6%)	55(12.2%)
	Butter	14(3.1%)	30(6.7%)	3(0.7%)
	On demand	174(38.8%)	220(49%)	394(87.8%)

breastfeeding	When the baby cry	18(4.0%)	14(3.1%)	32(7.1%)
	On schedule	11(2.4%)	12(2.7%)	23(5.1%)
frequency of breastfeeding/24hrs	≥times	138(30.7%)	227(50.6%)	365(81.3%)
	<8times	65(14.5%)	19(4.2%)	84(18.7%)
Is breastfeeding important for infant health	Yes	198(44.1%)	246(54.8%)	444(98.9%)
	No	5(1.1%)	0(0.0%)	5(1.1%)
Is breastfeeding important for maternal health	Yes	141(31.5%)	71(15.8%)	212(47.3%)
	No	62(13.8%)	174(38.8%)	236(52.7%)
immediate breast feeding	Yes	192(%)	228(%)	420(93.5%)
	No	11(2.4%)	18(4.0%)	29(6.5%)
colostrum to infant	Yes	177(39.4%)	219(48.8%)	396(88.2%)
	No	26(5.8%)	27(6.0%)	53(11.8%)
is prelacteal feeding is recommended	Yes	36(8.0%)	10(2.2%)	46(10.2%)
	No	167(37.2%)	236(52.6%)	403(89.8%)
adding water and other liquid to breast milk	Yes	115(25.6%)	148(33.0%)	263(58.6%)
	No	88(19.6%)	98(21.8%)	186(41.4%)
recommended is BF prevent diarrheal disease	Yes	99(22.0%)	119(26.5%)	218(48.6%)
	No	104(23.2%)	127(28.3%)	231(51.4%)
is breast gain wt	Yes	79(17.6%)	140(31.2%)	219(48.8%)
	No	124(27.6%)	106(23.6%)	230(51.2%)
is EBF act as family planning	Yes	137(30.5%)	169(37.6%)	306(68.2%)
	No	66(14.7%)	77(17.1%)	143(31.8%)
is breast milk contain enough water	Yes	43(9.6%)	84(18.8%)	127(28.5%)
	No	160(35.9%)	159(35.7%)	319(71.5%)



## 5.5. Prevalence of Exclusive Breastfeeding cessation

The prevalence of exclusive breastfeeding cessation was 71.3% (AOR 18.08, 95% CI 9.13-35.8) of these 43% and 28.3% among employed and unemployed mothers respectively.

## 5.6. Factors Associated with Cessation of Exclusive Breastfeeding

Reason of exclusive breastfeeding cessation, marital status, and social support were significantly along with the employment status of mothers. The fitted three different models to assess exclusive breastfeeding practice.

The first model was fitted for both employed and unemployed to assess the overall factors of exclusive breastfeeding cessation. Marital status, social support, counseling during ANC, Birth interval Knowledge about EBF, Religious father support, reason of cessation, and employment status were significantly associated with exclusive breastfeeding cessation regardless of employment status. Mothers who had divorced (AOR 10.6, 95% CI 1.7-95.5), social support (AOR 2.25, 95% CI 1.46-3.48), who had poor knowledge (AOR 2.87, 95% CI 1.85-4.45), religious father support (AOR 2.43, 95% CI 1.6-3.7), who had counseling during ANC about EBF (AOR 2.16, 95% CI 1.32-3.55) and being primus (AOR 6.35, 95% CI 2.97-13.6) and having the reason of return back to work (AOR 12.3, 95% CI 4.39-34.6) were more likely to cease exclusive breastfeeding than their counterparts. Mothers who were employed were 18.1 times more likely cease exclusive breastfeeding than unemployed mothers (AOR 18.1, 95% CI 9.1-35.8) (Table 5).

The second model was fitted only for employed mothers. According to the model period of return to work, EBF at work place and intention to return to work showed a significant association (Table 6). Employed mothers who had a frequent periods of return to work from maternity leave (AOR 10.83, 95% CI 1.286-91.25), was between the third and fourth months after birth, and those who have the intention to return to work 3.86 times to discontinue EBF than the rest one (AOR 3.86, 95% CI 1.05-14.21). The third model was fitted for unemployed mothers. As a result, unemployed mother who had been separated, sex of child being a female, social support, birth interval and reason of EBF discontinuation have a significant association with exclusive breast feeding cessation among unemployed mothers. Separated mothers 26 times more than married one to cease EBF, (AOR 26, 95% CI 3.8-178.4). unemployed mothers who had a child male were more likely exclusively breastfeed (AOR 1.4, 95% CI 1.24- 3.68), and also mothers who had no social support were 1.55 times

more likely cessed breastfeed exclusively than those who have social support (AOR 0.55, 95% CI 1.33-3.93 6.72) (Table 7).

**Table 4:** Independent predictors of exclusive breastfeeding cessation for both employed and unemployed mothers (Full model) in Mizan Aman town, Bench Sheko Zone, Southwest Ethiopia, August 2021

Variable	EBF discontinuation		COR (95% CI)	AOR (95%CI)
	Yes	No		
<b>Marital status</b>	449			
Married	300	114	1	1
Divorced	17	11	5.095(1.010-3.856)	10.6(1.17-95.5)
separated	3	4	3.49(0.09-2.6)	2.1(0.39-11.04)
<b>Employment status</b>				
	193	10	1	1
Employed	127	119	0.48(1.03-5.11)	18.1(9.1-35.8)
Un employed				
<b>Social support</b>				
Yes	158	39	1	1
no	162	90	0.44(2.29-6.69)	2.25(1.46-3.48)
<b>Counseling during ANC</b>				
Yes	273	94	1	1
no	47	35	0.46(2.28-5.76)	2.16(1.32-3.55)
<b>Place of birth</b>				
Health facility	293	112	3.61(3.32-6.16)	1.65(1.86-3.14)
home	27	17	1	1
<b>Sex of child</b>				
Male	159	73	2.32(2.87-7.99)	1.76(3.5-7.14)

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female	161	56	1		1
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**Reason of  
cessation**

Going back to work	172	5	8.081(5.029-9.23)		6.3(4.39-34.6)
I had breast illness	23	9	1.09(0.43-2.8)		0.9(0.36-2.33)
Decreased secretion	27	8	0.8(0.32-2.13)		1.2(0.46-3.12)
Mother illness	53	19	1		1

**Is EBF  
important for  
maternal  
health**

Yes	174	38	3.35(3.26-6.54)		2.87(1.85-4.45)
No	145	91	1		1

**Birth interval**

Primi-parous	111	9	5.16(2.07-5.34)		3.35(2.97-13.6)
1-3 years	112	71	1.24(0.79-1.96)		0.8(0.6-1.27)
>3 years	96	49	1		1

**Husband  
support**

yes	291	117	3.97(4.48-7.97)		1.03(0.51-2.1)
no	29	12	1		1

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<b>Religious father support</b>				
Yes	193	50	1	1
No	126	79	4.41(0.27-0.63)	2.43(1.6-3.7)

**Table 5:** Multivariable analysis of exclusive breastfeeding cessation among employed mothers in Mizan Aman town, Bench Sheko Zone, Southwest Ethiopia, August 2021

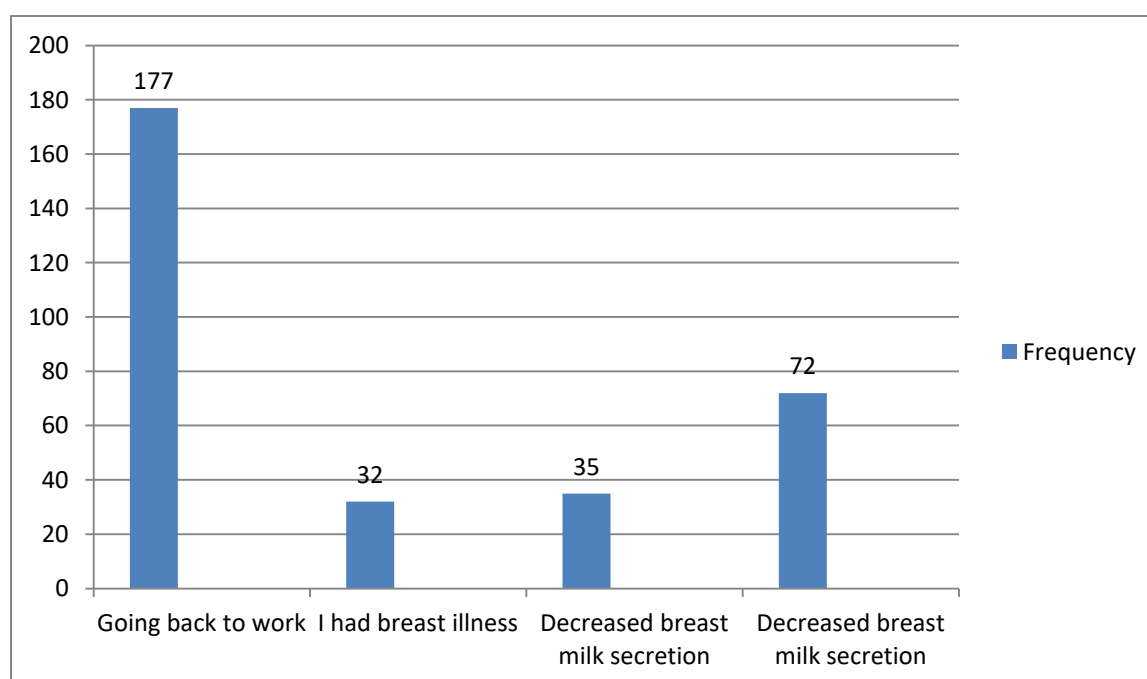
<b>Variable</b>	<b>EBF discontinuation</b>		<b>COR (95% CI)</b>	<b>AOR (95%CI)</b>
	Yes	No		
<b>Marital status</b>				
Married	76	1	5.16(3.019-4.38)	3.16(3.72-5.43)
Divorced	43	3	0.87(0.2-3.6)	1.16(0.28-4.89)
separated	74	6	1	1
<b>Period return to work</b>				
≤2month	65	2	10.092(4.01-9.78)	8.83(1.286-9.25)
3-4month	122	6	0.15(0.024-0.89)	6.78(1.123-40.9)
>4month	6	2	1	1
<b>Time of work place to a child</b>				
<10min	42	4	2.4(3.24-8.0)	1.72(1.12-4.22)
10-20min	122	4	0.48(0.08-2.7)	2.1(0.37-12.0)
20-30min	29	2	1	1
<b>Working hour per day</b>				
Over-time	56	2	3.5(1.09-3.6)	1.7(4.27-10.7)
Full-time	88	5	0.9(0.21-4.1)	1.08(0.25-4.70)
Part-time	49	3	1	1
<b>Breast feeding at work place</b>				
Yes	39	5	0.95(1.1-14.32)	1.25(8.07-17.92)
no	154	5	1	1

<b>Birth interval</b>				
Primiparous	118	6	4.45(2.1-6.88)	2.27(3.53-9.7)
1-3years	49	1	0.14(0.018-1.78)	5.6(0.56-57.11)
>3years	26	3	1	1
<b>Intention to return to work</b>				
No	54	6	1	1
Yes	139	4	6.26(4.07-9.95)	3.86(1.05-14.21)
<b>Reason for cessation</b>				
Going back to work	149	6	8.16(6.016-11.68)	6.2(17.6-64.34)
I had breast illness	23	1	0.7(0.058-8.0)	5.75(0.29-111.9)
DecreasedBMsecretion	9	2	0.89(0.61-12.9)	1.13(0.08-16.31)
Mother illness	4	1	1	1

**Table 6:-**Multivariable analysis of exclusive breastfeeding cessation among unemployed mothers in Mizan Aman town, Bench Sheko Zone, Southwest Ethiopia, August 2021.

<b>Variable</b>	<b>EBF discontinuation</b>		<b>COR (95% CI)</b>	<b>AOR (95%CI)</b>
	<b>Yes</b>	<b>No</b>		
<b>Marital status</b>				
Married	57	113	1	1
Divorced	65	2	2.5(2.64-9.59)	1.4(1.1-5.56)
separated	5	4	0.04(0.006-0.26)	26(3.8-178.4)
<b>Sex of child</b>				
Male	61	83	1	1
female	66	36	2.49(1.48-4.21)	1.4(0.24-0.68)
<b>Counseling during ANC about EBF</b>				
Yes	77	86	3.69(1.99-3.89)	2.59(2.35-7.01)
no	50	33	1	1

<b>Birth interval</b>				
Primiparous	99	8	1	1
1-3 years	17	67	7.2(4.008-9.054)	4.5(18.62-31.6)
>3 years	11	44	0.98(0.42-2.30)	1.01(0.43-2.37)
<b>Social support</b>				
Yes	41	55	1.8(1.07-3.03)	1.55(3.33-7.93)
no	86	64		



**Figure 3:** Reasons why mothers started any kind of fluid or/and solid diet for their infant before 6 months of age among employed and un employed mothers in Mizan Aman Town, Bench Sheko Zone Southwest Ethiopia, 2021.

## Chapter Six

### Discussion

#### 6.1. Cessation of Exclusive Breastfeeding

The key findings like employment status, counseling during ANC visit, being primi para initiate breastfeeding early (within 1 hour), period of return to work from maternity leave, had poor knowledge of the benefits and compositions of breast milk were found to have a statistically significant association with the cessation of EBF.

This study aimed to determine the prevalence of exclusive breastfeeding cessation and associated factors among employed and unemployed mothers. The study revealed that the prevalence of exclusive breastfeeding cessation was 71.3% of this 43% and 28.3% among employed and unemployed mothers respectively. This finding was more likely the study conducted in Dukem [24] and higher among employed and lower among unemployed mothers compared to the study conducted in Ethiopia [11]. The possible difference might be different study populations. The possible reason for the difference could be existence of policy to EBF at work place in these countries. Employed mothers were 18 times more likely to discontinue exclusively breastfeeding than unemployed mothers. This finding is in agreement with the study conducted in Gondar; which speaks out that unemployed women were 20.9 times as likely to exclusively breastfeed as were employed women who worked outside the home [3]. Variables like being primi-para, had counseling during ANC follow-up, initiate breastfeeding early (within 1 hour), and had poor knowledge of the benefits and compositions of breast milk were variables associated with cessation of EBF with a  $P$ -value  $<0.2$ . Being primi-para had poor knowledge on benefits and compositions of breast milk initiate breastfeeding early (within 1 hour) were found to have a statistically significant association with the cessation of EBF. The most frequent period of return to work from maternity leave 60.1%, was between the third and fourth months after birth. This finding is consistent with the study done in Dukem 51% [24]. This result is expected because maternity leave agreed in Ethiopia is only 4 months. Women who had no prolonged maternity leave may return to work immediately. Indeed, mothers may decide to stop breastfeeding early since they cannot continue to breastfeed once they returned to work. There was a great reduction of EBF cessation among mothers who returned to work after the 2 months after birth 60.1% when compared to 33.5% of those who return before 2 month age of the child. Mothers who returned to work within 2 months of child's age were about 5.7 times more likely to

discontinue EBF their children than mothers who return to work after 2 months. This was Due to variations in maternal time, the majority of employed mothers started feeding their children with liquids and foods supplementations earlier before the age of weaning when compared to their unemployed counterparts, hence early termination of breastfeeding was observed more in employed mothers than in unemployed mothers. Thus, employed mothers were obliged to leave their children with somebody else who care for their children. Extensive body research suggests that if adequate alternative childcare is available, there are negative impacts on a mother's employment statuses on the child.

Therefore, due to all these facts, children of employed mothers were at the disadvantage about childcare and feeding practices. Thus, these improper feeding practices increase the chance of child's malnutrition compared to children of unemployed mothers that benefited from mothers who stay at home. Unemployment of the mothers is a predictor of exclusive breastfeeding. This finding is similar to the study conducted in, Malawi [16]. The possible reason might be less maternity leave (three months in our context), which makes employed mothers have less opportunity to stay at home, compromising exclusive breastfeeding, and facilities for breastfeeding at workplaces are not available in our case. This situation would discourage employed mothers from exclusively breast feed as compared to unemployed mothers. Initiation of breastfeeding within one hour of delivery and counseling about EBF during ANC visits were associated with exclusive breastfeeding among employed and unemployed mothers. This finding is in line with the study conducted in Gondar [18].

### **Limitation of the study**

- Only the study assesses quantitative aspect not qualitative aspects; i.e. doesn't include attitude and beliefs of the community related to EBF.
- □ It may overestimate the prevalence of EBF since the prevalence was determined using one day infant diet recall method.



## Chapter Seven

### Conclusion and Recommendation

#### 7.1. Conclusion

The prevalence of exclusive breastfeeding cessation was low both among employed and unemployed mothers. This study has indicated a significant difference among employed and unemployed mothers concerning exclusive breastfeeding. Employed mothers are less likely to exclusively breastfeed than unemployed mothers. Social support on exclusive breastfeeding, knowledge of the recommended duration of exclusive breastfeeding, timely initiation of breastfeeding counseling during ANC about EBF and being primi-para. Independent predictors of exclusive breastfeeding cessation of both employed and unemployed mothers, period return to work, breast feeding at work place and intention to return to work have an association with EBF cessation for employed mothers. Finally variables like marital status (being separated), sex of infant, and birth interval social support showed significance with exclusive breast feeding of unemployed mothers. For an employed mother who is at work for more than 6 h per day, variables like, being primi-para, had no counseling during ANC follow up, did not initiate breastfeeding early (within 1 hour), and had poor knowledge of benefits and compositions of breast milk were variables associated with cessation of EBF being primi-para, had poor knowledge on benefits and compositions of breast milk, did not initiate breastfeeding early (within 1 hour) were found to have a statistically significant association with the cessation of EBF The most frequent period of return to work from maternity leave, was between the third and fourth months after birth. This finding is consistent with the study done in Dukem 51% [24]. Therefore, a supportive and comfortable place should be facilitated for lactating employed mothers. There should be nationally endorsed policies to support breastfeeding mothers in all workplaces.

#### 7.2. Recommendations

This result is expected because maternity leave granted in Ethiopia is only 4 months. Women who had no prolonged maternity leave may return to work immediately. Certainly, mothers may decide to stop breastfeeding early since they cannot continue to breastfeed once they returned to work. , workplaces should arrange settings for women to continue to breastfeed upon return to work. This is important to meet national recommendations for the health of mother and child. Most important to support breastfeeding in the workplace would be lawful requirements. . Planners should consider the significantly associated factors among employed and unemployed mothers while designing an

intervention for exclusive breastfeeding. The workplace should be available .The government should consider revising the legislation of the four-month maternity leave.

### **To zone health office**

-Training of health professionals regarding infant feeding practices & counseling should be strengthened

- should work to strengthen maternal and child health services.
- Employed and high socio-economic class mothers should be given emphasis and every arrangement should be made to increase their exclusive breastfeeding practice.

### **To health care professionals**

- Health extension workers who are working, participating and educating the community should change the false perception of mothers, family and community as a whole on breast feeding and related traditional practices like milking and throwing colostrum, giving prelact al feeding to the newborn and early introduction of complementary feeding.
- □HEWs should give community based breastfeeding education and counseling to pregnant women and husbands should be involved and taught as how to support and encourage breastfeeding mother.
- □Health workers should provide continuous breastfeeding education and counseling to mothers whenever they attend clinics for follow up with emphasis on exclusive breastfeeding.

### **To researchers**

- □Further research is needed to identify related factors of EBF especially qualitative aspects, i.e. attitude and beliefs of the community related to EBF.

### **To the policy makers**

- To extend maternity leave at list for six month.

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## Annexes:

### 1: Questionnaire English version

#### Consent Form:

JIMMA UNIVERSITY

INSTITUTE OF HEALTH SCIENCE

FACULTY OF PUBLIC HEALTH

Date of data collection \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Interviewer: Introduce him/her-self to the client and explain the following:

Hello, my name is \_\_\_\_\_ and I am collecting data for study conducted in this Community by MSc in NUTRITION AND DIETETICS year Two students of Jimma University Post graduate about **Prevalence of Exclusive breast feeding cessation and associated factors among employed mothers in Mizan Aman Town, Bench Sheko Zone**. I would like to ask some questions about you and your baby, if you are interested to participate in the study. The interview will take about 30 minutes. Your participation in the study is completely voluntary, and your health care benefits will not change as a result of your participation or refusal to participate in the study. The answers you provided are confidential and your name will not be written on the questionnaire. Do you agree to participate in the study? 1. Yes 2. No

Verbal consent obtained from primary Mother: - 1 Yes 2 No

Thank you for your cooperation!

<b>Part-I A: Socio-demographic&amp; Economic characteristics</b>			
<b>S. No</b>	<b>Questions</b>	<b>Classification</b>	<b>Skip</b>
101	Age(year)	1.18-23 2. 24-29 3. >or= 30	
102	Ethnicity	1.Orromo 2.Amhara 3.kaffa 4.Tigre 5.Gurage 6.Other(specify)	
103	Marital status	1.Single 2Married 3.Divorced 4.Widowed 5.Separated	
104	If you are married/separated, what is your husband's level of education?	1.cant read & write 2.Primary school 3.Grade 9-12 4.Certificat/Diploma 5.Degree and above	
105	If you are married/separated, what is your husband's occupation?	1.Governmental 2.non governmental 3.Merchant 4.Daily laborer 4.other (specify)	
106	Religion	1.Orthodox 2.Muslim 3.Protestant 4.Catholic 5.Other(specify)	
107	Education status	1.cant read & write 2.Primary school 3.Grade 9-12 4.Certificat/Diploma 5.Degree and above	

108	Employment status	1. Employed 2. Unemployed	IF unemployed Go to NO 123
<b>Part-I B: Work Related Factors</b>			
109	Where do you work?	1. Governmental 2. Private	
110	DO you have Flexible work time?	1. Yes 2. No	
111	Child daycare?	1. Yes 2. No	
112	How many Work experience do you have?	1. <= 5 year 2. > 5 year	
113	How many hours working per day?[Duration]	1. Over-time 2. Full-time 3. Part-time	
114	IS there BF at Work Place?	1. Yes 2. No	
115	Period of return to work	1. <= 2 months 2. 2-4 months 3. >= 4 month	
116	Time to reach from workplace to child?	1. < 10 min 2. 10-20 min 3. 20-30 min 4. > 30 min	
117	Do you have Work overloaded?	1. Yes 2. No	
118	Are you Shift worker?	1. Yes 2. No	
119	IS there Lactation break in your organization?	1. Yes 2. No	
120	Did you Discontinued BF now? or Are you still breast feeding?	1. Yes 2. No	



121	Maternal leave	1. <= 2 month 2. > 2 month	
122	Do you have Intention to return to Work?	1. Yes 2. No	
123	Pumping breast milk	1. Yes 2. No	
124	Having Social support	1. Yes 2. No	
125	Monthly income(birr)	1. <1000 2. 1000-2000 3. >2001	
126	Who live with you in your home in addition to your husband and children?	1. Your mother / father / sister /brother/relative 2. Your husband's mother / father / sister /brother/relative	
127	For how long you feed exclusively(in month)	1. <or = 1 2. 2-3 3. 4-6	
128	Your child's sex	1. Male 2. Female	
<b>Part-II: Obstetric &amp; health service related factors</b>			
201	ANC follow up?	1. Yes 2. No	
202	Did you receive counseling Concerning breast feeding during your ANC visit?	1. Yes 2. No	
203	Where did you give birth?	1. Health facility 2. Home	
204	Delivery assistant	1. Health professional 2. Non-health professional	
205	What is the Mode of Delivery?	1. SVD 2. Cesarean Section	

206	Have you got PNC counseling Service?	1. Yes 2. No	
207	Birth Interval	1. Primiparous 2. 1-3 years 3. $\geq 3$ years	
208	At what time start initiate BF?	1. $< 1$ hr 2. $\geq 1$ hr	
209	Have you got BF counseling during pregnancy?	1. Yes 2. No	
210	Do you have Breast feeding experience?	1. Yes 2. No	
211	Maternal HIV status	1. Positive 2. Negative	
212	Frequency of ANC visits	1. $\leq 2$ 2. 3-4 3. Above	
<b>Part-III: Breast Feeding and related question</b>			
301	Did you breast feed your infant?	1. Yes 2. No	
302	IF you <b>Cessated</b> what is the reason?	1. Going back to work 2. I had breast illness 3. Decreased breast milk secretion 4. mother illness 5. Child sick 6. Lack of information about BF 7. Other(specify)	
303	How soon after birth did you put your infant for the first time to breast feed?	1. Immediately/Within 1 hour 2. 1 hour up to 1 day 3. After 1 day up to 3 day 4. After 3 day	
304	Did you feed the first milk /colostrum to your infant?	1. Yes 2. No	
305	Did you have Exclusive breastfeeding practice?	1. Yes 2. No	
306	Breastfeeding frequency per 24 hrs	1. $\geq 8$ hrs 2. $< 8$ hrs	

307	Time to give BF	1. On demand 2. When the baby cry 3. On schedule 4. Other	
308	What was given for your infant before breast start to flow normally during the first 3 days after birth?	1.Nothing other than breast milk 2.Water 3.Butter 4.Caw milk 5.Sugar solution 6. Others (list)-----	
309	Did your Husband Support EBF?	1. Yes 2. No	
310	Do your religious father encourage EBF?	1.Yes 2. No	
<b>Part-IV: Breast Feeding Knowledge question</b>			
401	Breast feeding is important for infant health?	1.Yes 2.No	
402	Breast feeding is important for maternal health?	1. Yes 2. No	
403	An infant should be put to breast immediately after birth?	1. Yes 2. No	
404	The first milk /colostrum should be given to an infant?	1. Yes 2. No	
405	Pre-lacteal feeding is needed for an infant before starting breast milk?	1. Yes 2. No	
406	Breast milk alone without water and other liquids is enough for an infant during the first 6 month of life ?	1.Yes 2. No	

407	Breastfeeding is the most effective way to prevent baby from diarrheal diseases?	1. Yes 2. No	
408	Do you know Breastfeed baby gains weight?	1. Yes 2. No	
409	Do you know EBF helps the mother not to get pregnant early?	3. Yes 4. No	
410	Do you know Breast milk gives enough water to the baby?	1. Yes 2. No	

<b>Part-V: REASON WHY CESSATION OF EXCLUSIVE BREAST FEEDING</b>			
501	Did you experience any breast feeding problem?	1. Yes 2. No	
502	If yes, what was the problem?	1. Abscess 2. Mastitis 3. Sore/cracked nipples 4. Others (mention)	
503	How did you manage the problem?	1. Express breast milk 2. Went to Hospital for advice 3. Rub local herbs on it 4. Others (mention)	
504	Is there any organizational/social support for breast feeding?	1. Yes 2. No	
505	If yes, could you mention it?	-----	
506	Is there any cultural/ traditional prohibits you from exclusive breast feeding up to six month?	1. Yes 2. No	

507	If yes, could you mention it?	-----	
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IV: የተሳታፊዎች መረጃ መስጫ ቅጽ-

በአማርኛ: እንደምን አደሩ/ዋሉ? አቶ ወንድሙ ዘውዴ እባላለሁ። በጂማ ዩኒቨርሲቲ፣ ጤና ሳይንስ ኮሌጅ፣ የህብረተሰብ ጤና ፋኩልቲ የአመ ፬፻፲፱ ስርዓት የትምህርት ክፍል የ2ኛ ዓመት የማስትሬት ድግሪ ተመራ ቁተማ ሪፖርት። በአሁኑ ሰዓት በሚዘን አማካኝ ለማዘረያ ከስድስት ወር በታች ልጅ ባለቸው እና ቶች ላይ የጡት ብቻ ማጥባት ግብራና ተዛማጅ ግሮችን በማጥናት ላይ ነኝ። የጥናቱ ርዕስ:-

የጡት ብቻ የማጥባት ግብራና ተዛማጅ ግሮች፣ በሚዘን አማካኝ ለማ፣ በቤን ማጂ ዘንዲ ትዮድ 2013 ዓ.ም። የጥናቱ ዓላማ:-

የጡት ብቻ የማጥባት ግብራና ተዛማጅ ግሮችን ዳያ ጠቡ የሚያደርገቸውን ግሮች ማወቅ ተሳታፊዎች:- ከ6

ወር በታች ልጆች ያሏቸውና በቋሚነት የሚኖሩ እማወራዎች የጎንዮሽ ጉዳት:-

በዚህ ጥናት መሳተፍ ምንም አይነት ጉዳት የለውም። ጥቅም ጥቅም:-

በዚህ ጥናት መሳተፍ ምንም አይነት ጎንዘብ አያስገኝም። ነገር ግን በዚህ ጥናት መሳተፍ ስለጡት ብቻ ማጥባት እውቀት ያገኛሉ ወይም ያለዎትን እውቀት ያዳብራሉ። ስለዚህ የተወሰኑ ጥያቄዎችን ልጠይቅዎት እወዳለሁ። የእርስዎ በእውነት ላይ የተመሰረተ መልስ በዚህ ጥናት መሳተፍ ስለተወሰነ ወይም ላይ ያደርጋል። እርስዎ የሚሰጡት መረጃ ከአጥኚውና ቃለመጠይቅ አድራጊው በስተቀር በማንኛውም መልኩ ለሌላ 3ኛ ወገን ተላልፎ አይሰጥም። በሙሉ ፈቃደኝ እንዲሳተፉ እየጠየቅሁ ያለመሳተፍ ወይም በማንኛውም ጊዜ ስዎን ከጥናቱ የማግለል ሙሉ መብት አለዎት። ማንኛውም ጥያቄ ካለዎት በሚከተለው አድራሻ ለማግኘት ይችላሉ።

ወንድሙ ዘውዴ

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**V:** የስምምነት መግለጫ ፎርም - በአማርኛ

ጂ. ማዳኒቨር ሲቲ ጤና ሳይንስ ኮሌጅ የአመጋገብ ስርዓት የትምህርት ክፍል ድህረ ምረቃ ፕሮግራም እኔን ለሲቲ ጤና ሳይንስ ኮሌጅ ለመገባት ተገልጻል። የዚህ ጥናት ሳይንስ ስምምነት መግለጫ ፎርም ላይ ስምዎን ማሳሰብ ይገባል።

በዚህ ጥናት ላይ መሳተፍ በሙሉ ፈቃደኝነት ላይ የተመሰረተ መሆኑን በሚገባ የተረዳሁ ሲሆን በማንኛውም ጊዜ ከጥናቱ ስራ ላይ ሳይሆን ሌላ ማንኛውም ሌላ ሰነድ ላይ ስምዎን ማሳሰብ ይገባል። ስለሆነም የምስጢር መረጃ እስከ ተጠበቀ ድረስ በዚህ ጥናት ላይ መሳተፍ ተስማምቻለሁ። በዚህ ጥናት ላይ መሳተፍ ስምዎን ለማስገልጸት ለምሳሌ ጠየቀው ጥያቄ በእውነት ላይ የመሰረተ መሆኑን ለማረጋገጥ ስጡኝ።

የተስማማሁ መሆኔን አረጋግጣለሁ።

የመረጃ ሰጪው ፊርማ \_\_\_\_\_ ቀን \_\_\_\_\_

የአጥኚው ፊርማ \_\_\_\_\_ ቀን \_\_\_\_\_

መጠይቅ- አማርኛቅጽ

ጂማዩንሸርሲቲጤናሳይንስኮሌጅየአመጋገብስርዓትየትምህርትክፍል

ይህመጠይቅየተዘጋጀውጡትብቻየማጥባትትግበራንናተዛማጅችግሮችንበተመለከተመረጃለማሰባሰብነው።

ክፍልአንድ - ሥነ - ህዝብ ማህበራዊ እና ኢኮኖሚያዊ ጉዳዮችን በተመለከተ የተዘጋጀ ጥያቄዎች			
S.	ጥያቄዎች	አማራጫዎች	ይለፉ
101	የእርስዎ ድምጽን ወ (ዓመት)	1. 18-23 2. 24-29 3. >ወይም = 30	
102	ብዙ ምን ዓይነት ወ?	1. ቤት 2. አረፍጫ 3. አማራ 4. ካፋ 5. ሌላ 4. ትግሬ 5. ጉራጌ 6. ሌላ (ይግለጹ)	
103	የጋብቻህ ታዎ?	1. ያላገባች 2. ያገባች 3. ባሏዎ ግጥም 4. የረታች 5. ተለያይታዎ ግጥም	
104	ያገቡ ወይም ላይ ያይደሉ ማረፊያ ከሆነ ፣ የባለቤትነት ትምህርት ደረጃ?	1. ማክብብ ማጥፊያ 2. ማክብብ ማጥፊያ 3. አንደኛ ደረጃ (1-8ኛ ክፍል) 4. ከዘጠኝ ኛ እስከ አስራ ሁለተኛ ክፍል 5. ሰርተፍኬት/ ዲፕሎማ 6. ዲግሪና ከዚያ በላይ	
105	ያገቡ ወይም ላይ ያይደሉ ማረፊያ ከሆነ ፣ የባለቤትነት ሥራ ምን ዓይነት ነው?	1. የሚገኝ ስራ ተኛ 2. የግል ድርጅት ሥራ ተኛ 3. ነጋዴ 4. የቀን ስራ ተኛ 5. ሌላ (ይግለጹ) .....	



106	ሃይማኖት	<ol style="list-style-type: none"> <li>1. ኦርቶዶክስ</li> <li>2. ሙስሊም</li> <li>3. ፕሮቴስታንት</li> <li>4. ካቶሊክ</li> <li>5. ሌላ (ይግለጹ)</li> </ol>	
107	የትምህርት ደረጃዎ?	<ol style="list-style-type: none"> <li>1. ማብብጠጫ ፍቶ ማትችል</li> <li>2. ማብብጠጫ ፍቶ ምትችል</li> <li>3. አንደኛ ደረጃ (1 - 8ኛ ክፍል)</li> <li>4. ከዘጠነ ኛኛ ስክላር ስራ ሁለተኛ ክፍል</li> <li>5. ሰርተፍኬት/ ዲፕሎማ</li> <li>6. ዲግሪና ከዚያ በላይ</li> </ol>	
108	ሥራዎ ምን ድንገት ወይ?	<ol style="list-style-type: none"> <li>1. በሥራ ላይ ወላጅ</li> <li>2. ሥራ ላይ</li> </ol>	
109	የቤታችሁ አጠቃላይ ወር ገቢ ስንት ነው?	<ol style="list-style-type: none"> <li>1. &lt;1000</li> <li>2. 1000-2000</li> <li>3. &gt;2001</li> </ol>	
110	ከባለዎ እና ከልጆቻችሁ ተጨማሪ ገቢዎች ስንት ናቸው?	<ol style="list-style-type: none"> <li>1. የእርስዎ እና ገቢዎች/ አባት/ እህት/ ወንድም ዘመድ</li> <li>2. የባለቤት ገቢዎች/ አባት/ እህት/ ወንድም ዘመድ</li> <li>3. ሌላ ማንም ወይ ብርሃን ይኖርም</li> </ol>	
111	የህፃኑ/ ኗሪዎች (በወር)	<ol style="list-style-type: none"> <li>1. &lt;ወይም = 1</li> <li>2. 2-3</li> <li>3. 4-6</li> </ol>	
112	የህፃን ምታ	<ol style="list-style-type: none"> <li>1. ወንድ</li> <li>2. ሴት</li> </ol>	
ክፍል ሁለት: - የእናቶችና ህፃናት ጤና አገልግሎትን በተመለከተ የተዘጋጀ ጥያቄዎች			
201	ይህን/ችን ህፃንን ፍሰጠ፤ እያለጠጠና ተቋም የቅድመ ለደክትትል አድርገው በር?	<ol style="list-style-type: none"> <li>1. አዎ</li> <li>2. የለም</li> </ol>	
202	በቅድመ ለደክትትል ወቅት ስለ ጠቅላላ ገቢዎች የምክር አገልግሎት ተሰጥተው በር?	<ol style="list-style-type: none"> <li>1. አዎ</li> <li>2. የለም</li> </ol>	

203	ምያህረት/ደብዳቤ ቅድመ-መረጃ ለሌሎች ለማስተላለፍ ይጠቀሙ? ነበር?	1. አንድ ጊዜ 2. ሁለት ጊዜ 3. ሶስት ጊዜ 4. አራት ጊዜ እና ከዚያ በላይ	
204	ይህን/ችን ህፃን ለመረጃ ለማግኘት ነበር የወለዱ?	1. የጠፍተዋል 2. ቤት	
205	ህፃኑ/ደኅንነቱን በር የተወለደው/ችው	1. በብልጅ በኩል 2. በቀደምት	
206	ከወለዱ በኋላ በ45 ቀን ጊዜ ውስጥ ይህ ረዕይ ክትትል አድርገው ነበር?	1. አዎ 2. የለም	
207	በዚያ ይህ ረዕይ ክትትል ውስጥ ለህፃኑ/ደኅንነቱ የአጭግ ጥህዳራ ላይ ማሰር አገልግሎት ተሰጥቶ ነበር?	1. አዎ 2. የለም	
208	ሥነ-ምግባር ለማግኘት?	-----	
209	ይህ/ችን ህፃን ለማተኛ ልጅ ነው/ችት?	1. የጠቅላይ ስራ/ናት 2. 2ተኛ ልጅ/ናት 3. 3ተኛ ልጅ/ናት 4. 4ተኛ እና ከዚያ በላይ	የጠቅላይ ስራ/ችው ጥያቄ 211
210	የጠቅላይ ስራ ልጅ ከሆነ/ች ከዚህ በፊት ከነበረው ጊዜ ጋር ምን ምንጭ ላይ ለመረጃ ለማግኘት አላቸው?	ዓመት ወር	
ክፍል ስንት - ጠቅላይ ስራን በተመለከተ ተዘጋጅ ጥያቄዎች			
301	ልጅ ምን ጠቅላይ ስራ ያወቃሉ?	1. አዎ 2. አጥብቆ አላወቁም	
302	ጠቅላይ ስራ ስራ ስራ እስከ አሁን ድረስ እያጠኑ ነው?	1. አዎ 2. የለም አላጠጠም	
303	የለም ልሽ፣ ምን ስራ ይገለፅ	1. ስራ ስራ ስራ 2. ስራ ስራ ስራ 3. የጠቅላይ ስራ ስራ ስራ 4. ሌላ ነገር ይገለፅ	

304	እንደወለደግንታግባት የጀመሩትን ስራዎች ስር ውስጥ በር?	<ol style="list-style-type: none"> <li>1. ወደፊት / አንድሁን ስራዎች ስር ውስጥ</li> <li>2. ከአንድሁን ስራዎች ስር ውስጥ</li> <li>3. ከአንድሁን ስራዎች ስር ውስጥ</li> <li>4. ከሌሎች ስራዎች ስር ውስጥ</li> </ol>	
305	እንደተወለደበአንድ ሰዓታት ውስጥ የሌለውን ስራዎችን የምትደግፍ ድምፅ ይገኛል?	<ol style="list-style-type: none"> <li>1. በቀደምት ስራዎች ውስጥ</li> <li>2. ለጀምሮ ስራዎች</li> <li>3. ተጨማሪ ስራዎች</li> <li>4. ስራዎች/ ወተት ለሌላ ሰዓታት ውስጥ</li> <li>5. ሌላ ስራዎች</li> </ol>	
306	የመጀመሪያ ደረጃ ስራዎች ውስጥ ( እንገር ) ለህፃኑ/ኗ አጠቃላይ ስር?	<ol style="list-style-type: none"> <li>1. አዎ አጠቃላይ</li> <li>2. የለም አጠቃላይ</li> </ol>	
307	የመጀመሪያ ደረጃ ስራዎች ውስጥ ( እንገር ) ለህፃኑ/ኗ ከሌሎች ስራዎች የተለየ ድምፅ ይገኛል?	<ol style="list-style-type: none"> <li>1. ህፃናት ስራዎች ስር ውስጥ</li> <li>2. ለህፃናት ስራዎች ውስጥ</li> <li>3. ስራዎች ስር ውስጥ</li> <li>4. ስራዎች/ ስራዎች ስር ውስጥ</li> <li>5. ሌላ ( ይጠቅስ ) .....</li> </ol>	
308	ህፃኑ/ኗ በተወለደበት ሰዓታት ውስጥ የሌለውን ስራዎችን የምትደግፍ ድምፅ ይገኛል? ለሌሎች ስራዎች/ ሰዓታት ውስጥ?	<ol style="list-style-type: none"> <li>1. ከእናት ስራዎች ውስጥ</li> <li>2. ውስጥ</li> <li>3. ቅሬታ</li> <li>4. የሌሎች</li> <li>5. የመጀመሪያ</li> <li>6. ሌላ ( ይጠቅስ ) .....</li> </ol>	
309	ስራዎች ስር ውስጥ ስራዎችን ስር ውስጥ ስራዎችን ስር ውስጥ?	<ol style="list-style-type: none"> <li>1. ስራዎች ስር ውስጥ</li> <li>2. ለጀምሮ ስራዎች</li> <li>3. ተጨማሪ ስራዎች</li> <li>4. ስራዎች/ ወተት ለሌላ ሰዓታት ውስጥ</li> <li>5. ስራዎች/ ስራዎች ስር ውስጥ</li> <li>6. ሌላ ስራዎች</li> </ol>	
310	ስራዎች ስር ውስጥ ስራዎችን ስር ውስጥ ስራዎችን ስር ውስጥ?	<ol style="list-style-type: none"> <li>1) በስራዎች ስር ውስጥ</li> <li>2) በግንዛቤ ስራዎች ስር ውስጥ</li> <li>3) ስራዎች ስር ውስጥ</li> <li>4) ሌላ ስራዎች</li> </ol>	
	የሀይማኖት አባቶች እስከ ስድስት ወር ስራዎች ስር ውስጥ ስራዎችን ስር ውስጥ?	<ol style="list-style-type: none"> <li>1) አዎ</li> <li>2) የለም</li> </ol>	

**ክፍል አራት: - ሥላሴ ማህበራዊ ትምህርት ስልጠናዎች**

401	ጠቅላይ ስልጠናዎችን ለማድረግ ይጠቅማል?	1. አዎ 2. አላውቅም	
402	ጠቅላይ ስልጠናዎችን ለማድረግ ይጠቅማል?	1. አዎ 2. አላውቅም	
403	ህፃናትን ለማድረግ ለሌሎች ሰጠው ግብዓትን ይደርስዎታል?	1. አዎ 2. አላውቅም	
404	የሥራ ምኞት/ እድገት/ ለህፃን/ ኗሪዎች ይደርስዎታል?	1. አዎ 2. አላውቅም	
405	ህፃናትን ለማድረግ ለሌሎች ሰጠው ግብዓትን ይደርስዎታል?	1. አዎ 2. አላውቅም	
406	ለህፃናት ስልጠናዎችን ለማድረግ ለሌሎች ሰጠው ግብዓትን ይደርስዎታል? 6 ወራት የህልባቅ ወይስ?	1. አዎ 2. አላውቅም	
407	ህፃናትን ለማድረግ ለሌሎች ሰጠው ግብዓትን ይደርስዎታል? እንዲሁም 2 ዓመት ከዚያ በላይ ስህተት ወይስ? የረዘመ ስልጠናዎች ለማድረግ ይደርስዎታል?	1. አዎ 2. አላውቅም	

**ክፍል 5 : ጠቅላይ ስልጠናዎችን ክልሉ ለማድረግ ይጠቅማል?**

501	የጠቅላይ ስልጠናዎችን ለማድረግ ይጠቅማል?	1) አዎ 2) የሌላው	
502	አዎ ከሆነ ማለት፡ ከተጠቀሱት የትኛውን ይመለከታል?	1) የሥራ ምኞት 2) እድገት 3) የሥራ ምኞት/ ሥራ ምኞት 4) ሌላ ካለ ይጠቅሙ	

503	ቸግርሲገ ጥግኸእነ ደትደርጊያለሽ?	1) ወተቱን አፈሰዋለሁ 2) ወደጠፍ ተቋጥኦ ሄዳለሁ 3) በባህል ማድሃኒት አሸዋለሁ 4) ለሌላ ሰው ጠቅሞኝ	
504	በጣሪያ በጅት/ በጭበረሰባቸዎ የጠቅላይነትን ደደግፋሉ/ ያበረታታሉ	1) አዎ 2) የለም	
505	አዎካልሽልትጠቅሽልኝ ትች	----- -----	
506	እናቶችጠቅሱብኛ የሚጠበቅ ጥገና ያት ምን ይጠቅሳል ?	1) ማደግ ስለሌላቸው 2) ስራ ስለሚደረግባቸው 3) የጠቅላይነት ተቀባይነት ላይ 4) ባህልና ተላምዶች ላይ 5) ሌላ ሌላ ደጋጊ	
507	በአካባቢያቸው ጠቅሱብኛ ስለሰጡት ድጋግ እንዴት ታጠባቢ ማድረግ ባህል ወይም ተላምዶች	1) አለ 2) የለም	
508	አለካልሽልትጠቅሽልኝ ትች ያለሽ	----- -----	

## Declaration

I, Wondimu Zewude declared that this thesis was my original work in partial fulfillment for the requirement for the degree of masters in Human Nutrition. All source of material used for this thesis work and all people and institution who gave support during this thesis work were fully acknowledged. The advisors and examiners' comments have been duly taken in to account.

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