

CADU

CHILALO AGRICULTURAL DEVELOPMENT UNIT

CA-38

KAP STUDY OF MOTHERS IN GOLJA
(KETAR GENET)

by

Gunnar Arhammar

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MARKET PLACES WITHIN
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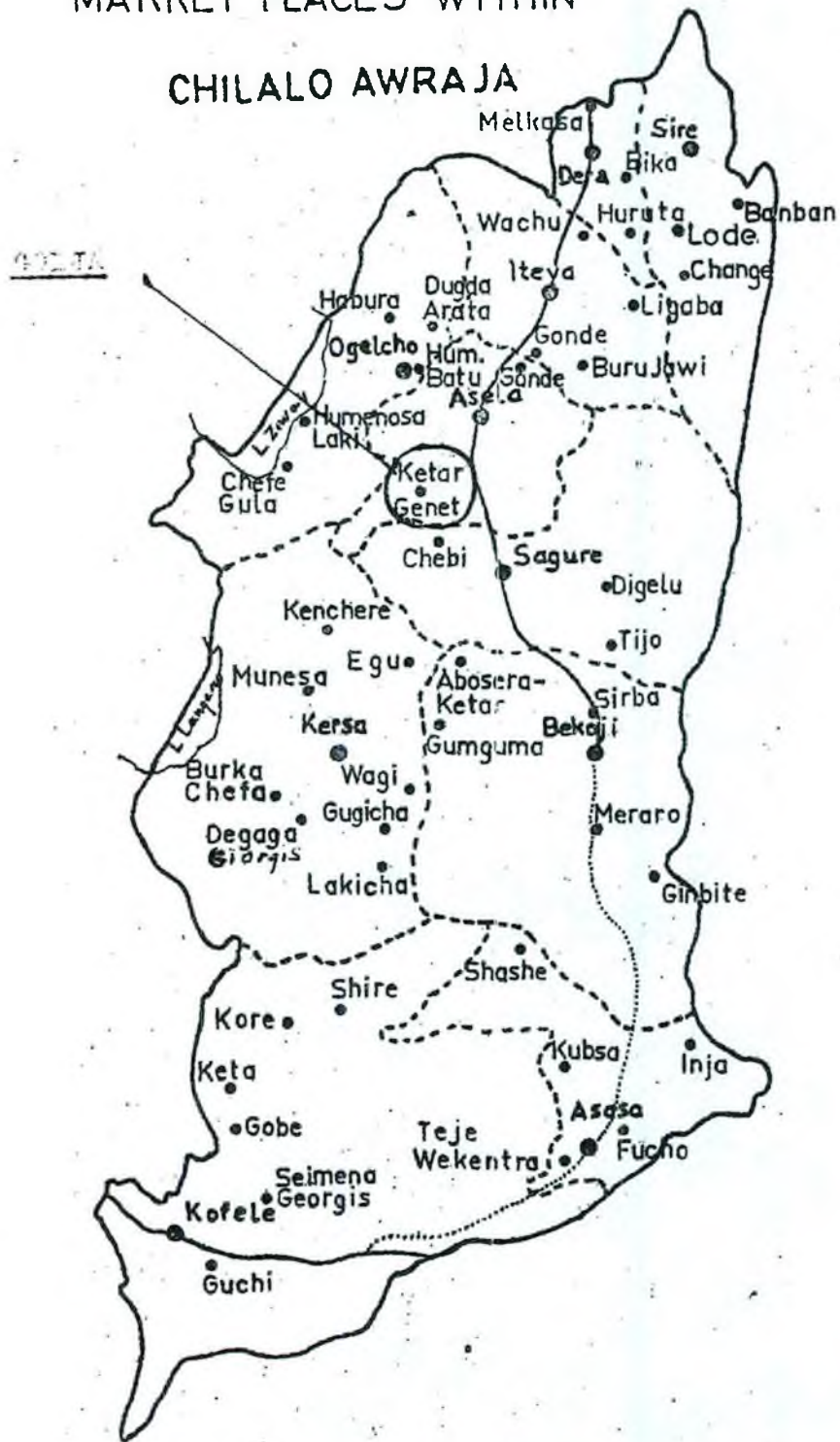
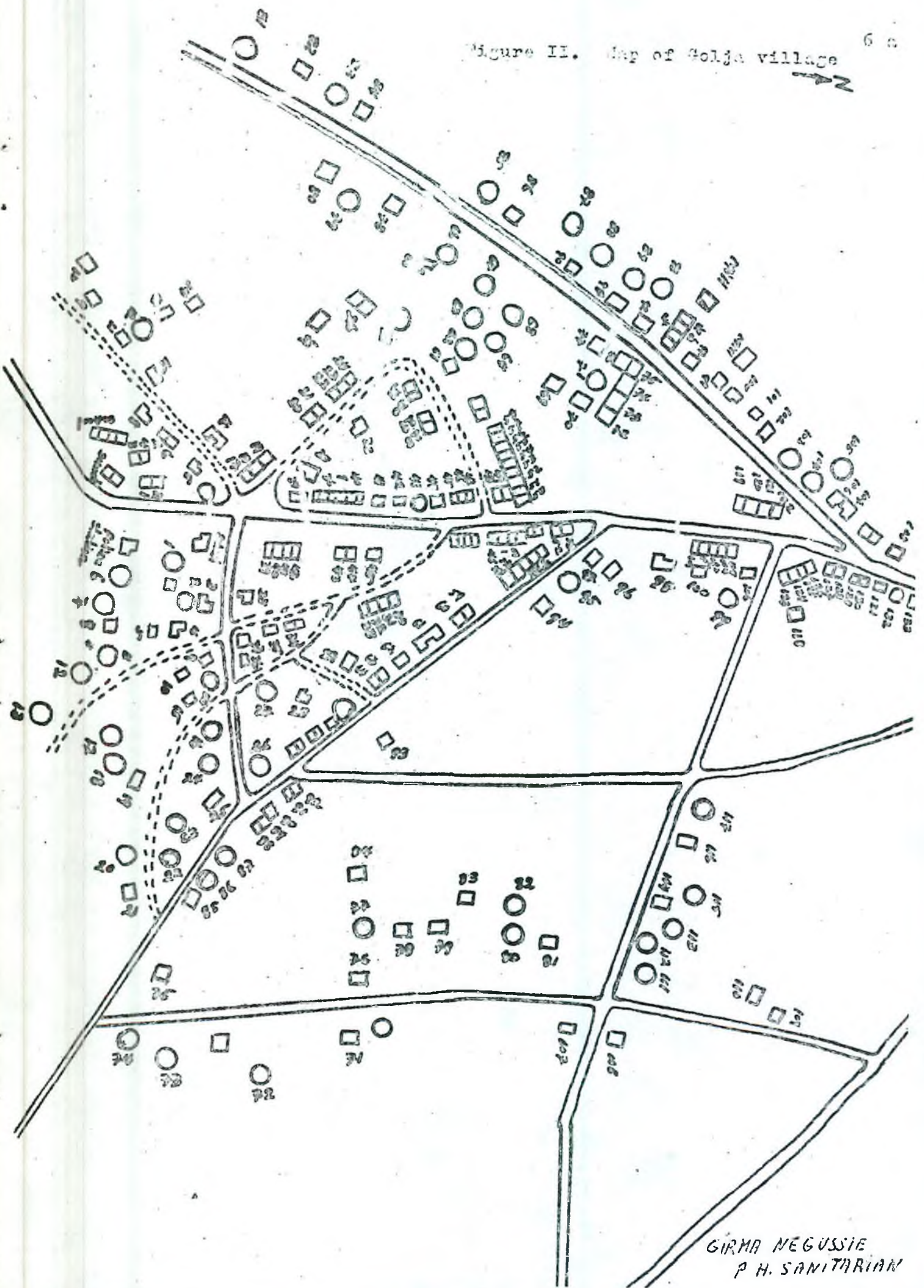
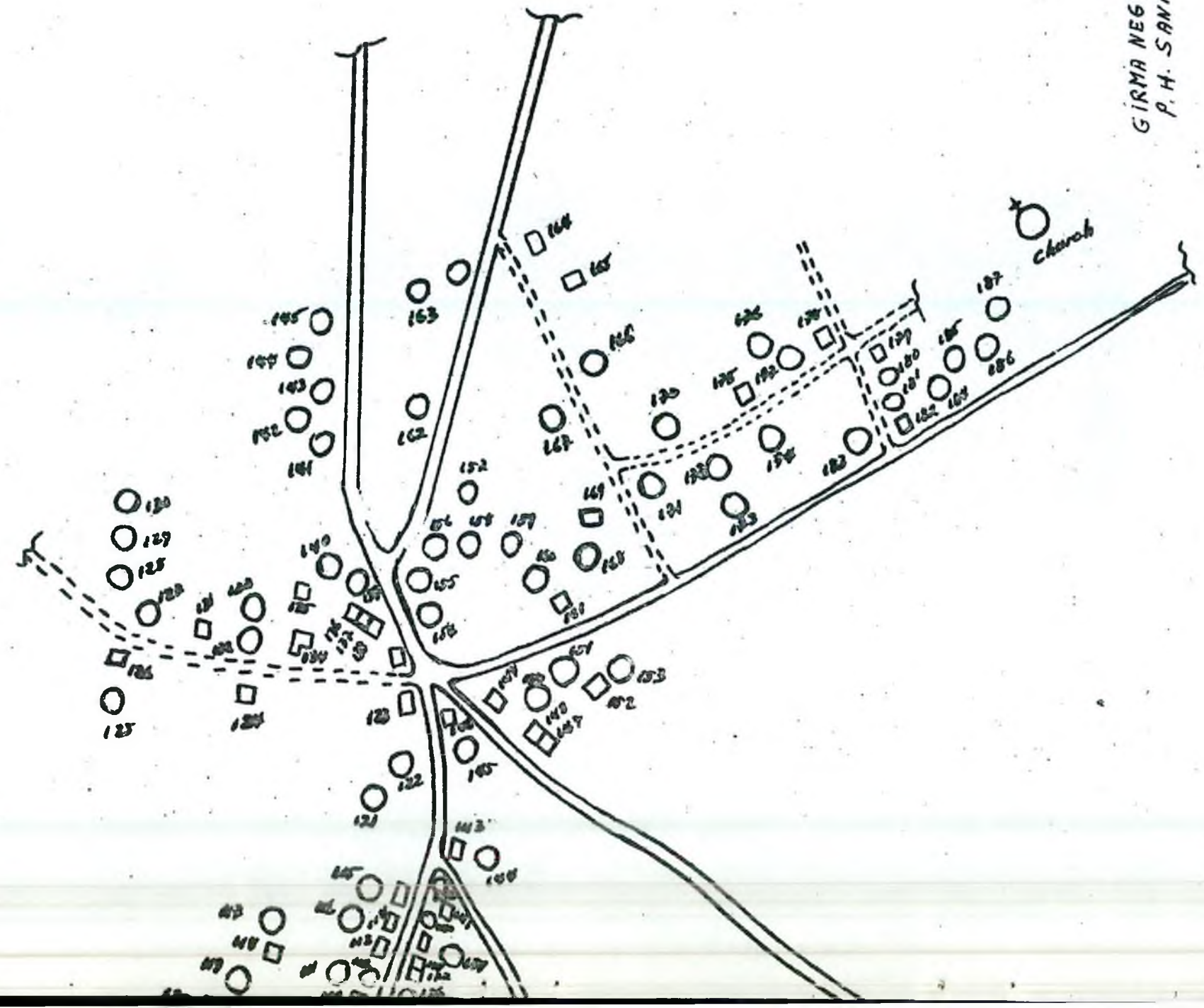


Figure II. Map of Golja village



GIRMA NEGUSSIE
P. H. SANITARIAN

FIGURE II. Map of GOLDEN Village



GIRMA NEGUSSIE
P. H. SANITARIAN

1

A REPORT OF KNOWLEDGE, ATTITUDE AND PRACTICE IN THE FIELD OF
HEALTH AMONGST 50 WOMEN WITH ONE CHILD OR MORE UNDER THE AGE
OF FIVE IN GOLJA VILLAGE, APRIL 1969

CHAPTER ONE

The purpose of the survey

In the end of 1968 and in the beginning of 1969 the Golja village was visited by a Sagure Clinic Team on several occasions. Observations made suggested that this village would become a suitable place for a Mobile Health Team service on a weekly basis. In March 1969, a census was carried out in the village (1). Following the census the planned comprehensive study of the village was initiated. For the assessment of the level of health the following surveys were considered essential: Sanitary Survey (2) Food Survey, (3) Health Survey (4) and Survey of knowledge, Attitude and Practice, a so called KAP-study.

Data, collected at the census, were being used for drawing suitable samples for the other surveys. The major aim of this particular KAP-study was to collect a base-line of data of knowledge, attitude and practice in the field of health, among Golja village women with at least one child under five years of age. These base-line data would later on be used for grading the impact of health education towards this category of women. Another purpose of the survey was to test the latest questionnaire form, issued by the Ministry of Public Health in an Amharic version.

CHAPTER TWO

General information about Golja village

Golja is a 1000 inhabitant village, situated about 30 km north-east of Sagure, just overlooking the lowland, stretching down to Lake Zwai (See fig. 1 and 2).

There is a two hour's fairly direct leading horse ride track between Asella and Golja, crossing over the Katar River, the largest stream in Chilalo Awraja. For cars there is a four-wheel-around-the-year-road, branching off the main Asella-Bekoji road immediately south of Sagure. After a five km. drive one is crossing over the Katar River. On the other side, the road turns "back" north-east, almost paralleling the Sagure-Asella road. After a little more than 20 km., and a 40 minutes tough driving, one arrives in Golja the main village on the road down to the lake Zwai. In the village there are two market days, the biggest one being on Fridays and the other one being on Tuesdays. Some 2,000 - 3,000 people are coming into the village on each market day. The village is Amhara dominated and, subsequently, also Coptic by religion. The main occupation is farming and trading. There is a six graded governmental school with a little more than 300 students. Otherwise the literacy rate is very low, but encouragingly higher among the population 10-19 years of age. There is of course no electricity in the village and water is drawn from Katar River, some $1\frac{1}{2}$ km. outside of the village proper. It has been the general impression of the visiting Health Team that the standard of living is lower than that of Sagure and so is also the status of health.

CHAPTER THREE

Methodology

The questionnaire form used during the Golja village KAP-study has been issued by the Ministry of Public Health, originally in an Amharic version, but with an English translation (See Appendix 1 & 2). The questionnaire is the brain child of CADU, and was later re-designed by a team from ESPC, The Ministry of Public Health and the Central Statistical Office. The major difference from the first CADU version is that the new questionnaire has been printed in Amharigna. Another important difference is that the form allows for putting the data into a punch card system. A third major alteration is that some questions have been given twice, as a reliability check-up. Minor differences are found under each of the 13 headings. No particular instructions have been issued along with this questionnaire. Alternatives already printed on the questionnaire form have, in this particular interview survey, been forwarded to the interviewed women. Thereby, of course, entering the risk of receiving "guided" answers.

From the preceding census, it was known that there were altogether 119 women in Golja with at least one child under the age of five years. These number was then defined as the universe from which the appropriate sample should be drawn. We intended to have a sample size, big enough to establish a 95% confidence interval with a +5% error margin, under the general assumption, that the uniformity of answers were closing up to 100%.

This would, in our case, imply, that the answers, received on each question, should hold to reflect the true situation of all the 119 women in 95 out of 100 instances, or, only five times out of 100, the result obtained, would, by chance, not be given to represent the true conditions of the total 119 women. It was considered fair, allowing for an error margin of +5%. If, for instance, there would be a 95% conformity of answers to a particular question, the true percentage for the women concerned, would lie between 90 and 100 percent in 95 out of 100 instances, being outside this range, by chance, only 5 times out of 100. If, on the other hand, there were only a 40% conformity of answers, given on a certain question, we had to allow for a much higher error margin, namely +11%, if we still wanted to keep within the 95% confidence interval, i.e. expecting to get the true answer 95 times out of 100. Thus, for a 40% conformity, it would, in reality, mean a range of 29-51%. The size variation of the error margin for a 95% confidence interval is given below in table I. The minimum sample size to meet with our above specified statistical request was then calculated to be 47 out of the total of 119 women with at least one child under the age of five years. Tabel II presents the formula used. To reach the same degree of validity of the anseres as in the Sagure women study the sample size would have had to be 73 instead of 50. As things turned out, the 50 women sample size was quite an achievement in view of an increasing resistance among the villagers to co-operate in this particular study of mothers. (See below for details) The interviews were exclusively done by the Public Health Community Nurse, Wo. Aselefech Tadesse, who did nearly all the 100 interviews down in Sagure(5.6). Wo. Aselefech did use a list of random sampled women, having a reserve list to be used when all the mothers of the first list have been gone through. Following the collection of data, the Public Health Calculator, Ato Tadesse Yadetta, put the results in tables with

the assistance of Ato Tekle Tsion Gebre Medhin from the Planning and Evaluation Section. After completing the tabulation of the results a review session was held before the CADU Physician wrote up this report from the available files. In the Sagure KAP study all given answers were graded by a team of ten pediatricians, i.e. five Ethiopians and five Foreigners, and the Sagure women, as a group, were then given an average score on each question and also an average score for each section of questions, (5) This parameter was never used in the Golja survey. Quite a number of Golja answers were never encountered in the Sagure survey and would have to be re-graded by the same physicians. It is also anticipated that the later evaluation of the impact of health education after, say, a five year period of time, would give yet other answers. These answers would, naturally, never be graded under exactly the same condition as prevailed five years earlier, and certainly not be graded by the same ten physicians.

Table I Variations of the error margin values for a 95 percent confidence interval as related to differently sized proportions of a sample, yielding same answers (or findings):

Percentage of the sample giving same answer (or findings)	Error margin in percentage units for a 95 percent confidence interval
5 or (95)	± 5
10 or (90)	± 7
15 or (85)	± 8
20 or (80)	± 9
25 or (75)	± 10
30 or (70)	± 11
35-50 or (65-50)	± 11

Table II The formula of "sample size" in sampling for proportions.

$$n = \frac{t^2 PQ}{d^2} \div \left(1 + \frac{1}{N} \left(\frac{t^2 PQ}{d^2} - 1 \right) \right)$$

Where n= Sample size
 p= the percentage of the sample having a certain characteristics
 q= 1-p
 d= the maximally accepted difference, or error margin, between p as estimated from the sample and the "true" p (the percentage of the population universe)
 t= the abscissa of the normal curve that cuts off an area at its tails, corresponding to the confidence level chosen (in this case 5% since a 95% confidence interval was desired) See special tables for "t" values.
 N= The number of individuals in the population universe

In the Golja KAP-study:

t= 2 (See special "f" - value table_s)
d= 0.05 (\pm 5%)
p= 0.95 (=95%)
N= 119 eligible women

For details on statistical methods used, See CADU publication No. 29(5).

CHAPTER FOUR

RESULTS

a. General

Already in December 1968 a vaccination campaign was launched in the Golja village. In March 1969 the census was carried out and, before the Golja comprehensive survey took off, the villagers were informed about CADU's intentions by Ato Girma Negussie, the Public Health Sanitarian, and Ato Belaineh Gebre Michael, the special trouble shooter from the Extension and Education Dept. Some of the influential elders of the village were invited for a tour of the various CADU activities. Probably as the result of these efforts, the survey programme was more successfully carried out than in Sagure, except for the controversially itemized KAP-study. People interviewed became reluctant to offer any answers. It has been difficult to pin point the time of change in attitudes among the villagers, but, before the CADU PH section embarked on its survey programme, there was a widely spread suspicion among the villagers, that the project was coming down to take their land. This suspicion was partly shattered by the successful approach of the elders of the village, but returned slowly for unknown reasons. Due to these conditions the community nurse could not get the desired number of 75 interviews and had to stop for 50 and, yet, as so many women refused to participate, a second random sampling had to be done to provide the community nurse with other suitable households. By doing so, a bias in the selection of women was entered into the survey, thereby decreasing the general validity of the data, as representing the true picture of all the 119 eligible women. There were no special questions that could be said to particularly annoy the women, but generally, the lack of true confidence between the interviewed women and the community nurse did probably decrease the reliability of any one of the questions. (It must be emphasized that the Community Nurse is known to have a very good approach in her work with the community. What happened in Golja was completely outside her control and instead she should be credited by, in spite of all, carrying out 50 interviews).

The interviewer made a few mistake on children's diet. Instead of asking for the last weaned child, as written under the heading, the interviewer conveyed the impression to the women, that she meant the last and youngest child in the family.

b. Comments on results

For those interested in details all answers are tabulated at the end of this report. Below follows only comments on the most relevant or intriguing answers.

1. Personnel and Household data

42 of the 50 interviewed were women were married and almost half of them were married for the second or third time. There was an 8% literacy rate among the women. All of them were Orthodox Christians and pre-dominantly Amharas by ethnic group, followed by Gallas and Guragies. By far most of the husbands of the interviewed women were farmers.

2. Fertility and Child data

There were a total of 131 children below the age of 15 years, staying with the women. Altogether, the 50 interviewed women had 202 children and 219 pregnancies. 53, or around 26% of the total children, had died already during the first six months of life. Calculated on the basis of number of infants, dead per thousand live births, the infant mortality rate came to a high 200 per thousand live births. (It is appreciated that the small denominator makes the calculation less accurate)

3. Medical treatment

80% of the women said that they would go to a clinic if their child was sick. This is an encouragingly high figure. Another 22 did reply that the treatment depended upon the type of disease. Eleven women preferred injections (it would have been of some interest to put a second question of "why"?)

4. Causes of diseases and means of preventing them

23 women considered uncleanliness and poverty the cause of scabies, a quite correct association, while two of the women considered urine being the cause (could it be based on the observation of early infancy "diaper" dermatitis?). For T.B. 38 of the 50 interviewed women could not give any answer. Six women replied that cool weather was the cause of T.B. Tape worm is a fairly well known disease, and the women were quite aware of the connection between tape worm and the eating of raw meat, but volunteered often the combination of raw meat and egg, and raw meat and milk as the cause. Twenty women did not know about the cause of round worm and another 24 thought the Evil's eye being the cause. It is very common that the Evil's is blamed for diseases that can otherwise not be explained. Sometimes eggs are to be blamed, apparently because people have observed, that chickens are running around everywhere, picking up the food and, thereby, getting infected with the worms.

Diarrhoea in early childhood is a very common disease in Arussi. As many as 18 women believed that the teeth cause diarrhoea. Usually the corner teeth, shining through the thin mucosa layer of the gum, appearing like white worms, are blamed, and consequently, are being extracted by the "Wogesha" (traditional healer). The opinion that teething as such, causes diarrhoea in children is a world wide spread opinion, even found in Sweden for instance. There is certainly

a correlation between the period of teething and an increased incidence of diarrhoea. The reason for this is that the child, getting an itching pain sensation, is putting his dirty fingers into the mouth to rub the gum and, thereby naturally, introducing germs. The ideas of prevention of these diseases follow quite logical upon the various concepts of causes, as can be viewed from table 4b.

5. Personal hygiene

All the women wash their hands several times a day, which is quite natural, dealing as they are with preparing food and eating their enjera and watt with the right hand. A once a week whole body bathing seems to be the most common habit among the women as well as among the children. Another daily procedure is the washing of the feet and genitalia. The use of soap is also fairly common as well as the washing of the cloth. As a whole, the answers would give the impression of a quite good sanitary standard. The opposite is the truth and the high prevalence of skin infections and eye infections are due to lack of proper hygiene.

6. Diet during pregnancy

96% of the women observed the religious fasting rules but, on the other hand, they are quite aware of that food items like meat, and even eggs, are good during pregnancy. Why 18 women considered eggs not being good, is not known. Having in mind that there are more than 150 fasting days each year, it is quite obvious, that women are deprived of high quality food during a large part of any pregnancy period. A change of attitudes among the priests should certainly benefit the people and create better off-springs and, at the same time, preserve the health of the women.

7. Children's diet

Unfortunately, several of the questions have not been properly answered or entered into the questionnaire form. By that, we have missed the opportunity of getting important informations about child feeding. This however, will be better viewed in the report of the food survey, carried out in Golja, and to be published within short. It is of some interest to notice that, during the long fasting period, quite a number of children under the ages of 7 years do not get any of the high quality protein food like milk, eggs, butter and meat. This is quite in opposition to what the church is stating, but, obviously, the family does not, for practical reason, make any exception for the children. They simply have to follow the fasting habits of the adults. Also here the church should feel the responsibility of guiding the family for the ultimate welfare of the young generation.

8. Food hygiene

All women did get drinking water from Katar River and nobody did anything about it before drinking. It is therefore not surprising that intestinal tract infections are so common amongst the population and, particularly, amongst the young children. The question 8b is quite a complicated set up of questions and answers and could, with advantage, be cut down to only dealing with the daily procedure of

how to clean baby's cup or bottle. By so doing, it was found that, water only, was used by 21 of the 33 women using either a bottle or a cup. There was no one that boiled the utensils. 30 of the 50 women did use a cup and only 2 were using bottles. This is quite different from what is offered as replus under the reliability check-up at the end of this report.(13k) (The explanation is that the interviewee interpreted the question as meaning how the children are taking water and not, as was meant, how food generally is taken).

9. Delivery

32 of the women did cover the end of the navel after delivery. It is also a common practice to tie the umbilical chord. If not done it is believed, that the blood is sipping out and causing cramp for the baby. Five of the 32 women, covering the umbilicus, were using butter, and 26 did use a piece of cloth. Butter is of great ceremonial importance. 38 of the women did put butter in the child's mouth and that was done for a variety of reasons, as can be viewed in table 9b. Giving butter to a new born child could cause severe intestinal upset, resulting in diarrhoea and abdominal distention and cramps. The butter in itself is not always very clean and could, in addition, cause severe intestinal infection.

10. General practice

In table 10a habits of cutting the uvula, extracting teeth and performing female circumcision have been tabulated. The questionnaire did not contain a column, asking for the exact age, when any of these operations were performed. This would have been an advantage and could have rendered a better and more exact information. It seems, however, as if all three customs are common practice in Golja. The reasons, why these operations have been done, vary. On the other hand, the reasons are rather generally presented and the opinion, known from other parts of the country, that the uvula will get swollen and run the risk of bursting and thereby suffocating the child, has not been given in this particular survey. But, the reason that it has been cut because it hangs down may have the same meaning. It seems as if the parents are the ones deciding about the operations and that the performance of them is a monopolized field of the "Wogasha". The female circumcision is being done by tradition. Usually the labia minora are being cut and thereby the female vaginal pleasure of an intercourse could still be increased by the chance of also achieving a clitoral climax. The last question on this special part, if the sun is good or bad, did reveal that 24 of the women consider it good and 18 bad. The questionnaire did not contain any column for giving reason why the sun is good or bad.

11. Vaccinations

It is a known fact from the Public Health Section's vast vaccination campaigns that smallpox is well recognized as a disease and that also the vaccination against smallpox is commonly known. This situation is reflected in the replies to the various questions under vaccination. There is an old tradition in Ethiopia inoculating people from the pustules of a smallpox afflicted person, in the same manner as is

being done in the western sense of immunization. The disadvantage is that the strength of the vaccine sometimes is quite high and, occasionally, a severe sequelae of this traditional way of vaccination can be seen in hospitals.

12. Miscellaneous

It is quite encouraging to notice that the women consider it wise to go to a hospital when they are sick or when any of their children are sick. They are also turning for advice to someone within their own family and they are very little bound to superstition, like praying to God, or consulting any witch doctor. Question 12G, asking the women if they want to have more children, resulted in 36 women stating "yes". Of course, it would have been of interest to know what ages these women had. The reason why they said "yes" was, that the children are "the gift from God". Most of the women consider the best number of children being three boys and three girls, but there were quite a broad variety of opinions, not less than 6 of the women wanting 5 boys and 5 girls. Fourteen of the women preferred to leave the question of the number of children in God's hand. The ideal number of years between two children apparently was 3 to 4 years, but seven women wanted 1 to 2 years between the offsprings. The women did not know of any way of getting children only when they really wanted them. 32 of the 50 women referred to God's will but 10 of them thought that they could go to a hospital.

13. Reliability check-up

96% of the women saw a positive correlation between the regular washing of hands and body and a good health. Some more reasons for putting butter in the mouth of a new born baby was offered under questions 3d and e. There is also a firm belief that, unless the uvula is being out, the children would run the risk of dying if they are to become sick. It is quite an astonishing fact, that the baby is taken out in the sunshine uncovered at a very early age, as viewed in table 13h. This is quite different from what has been considered common practice in other parts of the country. In table 13i opinions are given of what is best, breast milk, cow's milk or powder milk, for a child under the age of one year. Cow's milk is on top followed by breast milk and powder milk. The reasons given are the same for all three, namely that it is "good for the child" and that "he will be growing better." For cow's milk, one of the reason is, that it is very clean, maybe meaning that breast milk is unclean. Question 13k did show that 34 of the women did use bottle when giving powder milk or cow's milk to the child. (See also comments on 8c). On the question "what is the advantage of having many children?" 62% of the women did state, that it was good for supporting the parents, and another 16% considered it necessary for maintaining the family line. Three women did not consider it of any value at all. The last question "What is the disadvantage of having many children?" showed that 76%, or 38 women, did find it a problem to provide the children with the basic needs of life. Another 8 women had the opinion that too many children cause physical weakness of the mother.

CHAPTER FIVE

Conclusion

It was only partly a success to collect base-line data for a latter evaluation of the impact of health education towards mothers in the Golja village. This was due to an increasing suspicion amongst the villagers as to the intention of the CADU project and, therefore, several of the random sampled households could not be visited for an interview, but had to be replaced from the reserve list and, later on, from another set up of random sampled households. For this reason the sample size, as such, stopped at 50 instead of the desired 75 households and, besides that, a certain selectiveness entered into the sampling, thereby decreasing the value of the sample from a statistical point of view. Considering the quite intensive preparation of the village before the CADU comprehensive health survey took off, it is not difficult to anticipate what would have happened in any other community, where this type of questionnaire had been introduced without preparing the ground, by offering a vaccination campaign, introducing the elders to the project activities, and by undertaking a health survey, combined with a treatment programme of the most needy and sick children and, finally, by opening up a regular Mobile Health Clinic. Another question that is raised is, if this type of rather bulky questionnaire is the right tool of assessing the level of knowledge, attitude and practice in the field of health for the later monitoring of a health education programme. It seems, as if such a questionnaire has to be much shorter. It may also be so, that the gathering of mothers in the regular MCH Clinics would yield enough of information as to the general knowledge of the various aspects of health, but then, on the other hand, one may have lost a base-line for the later evaluation of the impact of health education. It would anyhow be necessary to sit down and re-design the questionnaire, excluding quite a lot of the questions and, instead, adding some more details on key questions. Many of the questions about fertility data could preferably be obtained from any proper census. Data about child feeding are as well better obtained from particular food surveys. Too many questions tend to make the interview superficial and tend not to reach deep sited obstacles to an educational programme. For example, the custom of performing the uvula cut, teeth extraction and female circumcision is not known in details. The preference of getting injections instead of tablets is neither well illustrated through this questionnaire, neither is the real meaning of the Evil's eye, or the power of a "Wogesha", or even a so called "Kalicha" (Witch doctor). The wish for compliance with the interviewer may also have lead to mis-interpretations. It is, for instance, indeed astonishing to notice, that so many women claim that they would go to a hospital when their child is sick. This stands in contrast to the usual picture of an extremely dehydrated or severely marasnic child, coming to the clinic late, after many days of sickness. Finally it is apparent, that the Amharic version, according to the interviewer, is not so well phrased. Any of the expressions used in the medical profession are Latin /English by origin and any good translation into the Amharic language is not possible. There should also be detailed instructions given to the interviewer as to how to put the questions and as to what should be forwarded, as alternative, to the interviewed person and what should only be considered as pre-printed alternatives for the interviewer for an easy tick off.

References:

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3. Food Survey of pre-school children
in Golja village, April 1969
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4. Health Survey of pre-school children
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5. HEALTH EDUCATION (BASE-LINE STUDY) , May 1969
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6. REPORT ON KNOWLEDGE, ATTITUDE AND PRACTICE
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CADU Public Health Stencil, January 1969
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Tables of STUDY OF MOTHERS, April 1969

1. PERSONAL AND HOUSEHOLD DATA

a/ Age distribution of interviewed women

Age	No. of Women
15 - 19	3
20 - 24	11
25 - 29	14
30 - 34	8
35 - 39	8
40 - 44	4
over 45	0
N.S.	2
Total	50

b/ Marital status of interviewed women

Married			Single	N.S.	Total
1st time	2nd time	3rd time	(and/or divorced & widowed)		
22	18	2	6	2	50

c/ Literacy of interviewed women

Yes	No.	Total
4	46	50

d/ Religion of interviewed women

Orthodox Christian: 50

e/ Ethnic group of interviewed women

Anhara	Galla	Guragie	Other	Total
32	10	6	2	50

f/ Occupation of husband of 42 married interviewed women

Farmer	Tailor	Trader	Teacher	Police	Priest	Barowner	No Job	Total
25	3	3	3	3	1	1	3	42

2. FERTILITY AND CHILD DATA

a/ ^{x/} Number of children below 15 years, staying with the 50 interviewed women

Size of batch of children per woman	No of women for each particular batch of children	Total children as per each size of batch and no of women for that particular batch
1	13	13
2	12	24
3	16	48
4	5	20
5	1	5
6	-	-
7	3	21
Total	50	131

x/ 3 of these children are foster children

2b/ Age distribution by number and percentage of 131 children, staying with the 50 interviewed women

Age	No of children	% of total no of children
<u>Months</u>		
0 - 11	17	13.0
12 - 23	11	8.4
<u>Years</u>		
2 - 4	40	30.5
5 - 9	39	29.8
10 - 14	24	18.3
Total	131	100.0

2 o/ Age of death for 53 deceased children of 50 women with a total of 202 own children

Age in months	No. of children dead	% of total dead children
0 - 5	32	60.4
6 - 8	8	15.1
9 - 11	0	-
12 - 17	5	9.4
18 - 23	2	3.8
24 - 35	4	7.5
Over 36	2	3.8
Total	53	100.0

In addition:-

17 fetal deaths (abortion & still birth)
i.e. = 7.8 % of total pregnancies (219)

3. MEDICAL TREATMENT

a/ "To whom do you go when your child is sick"

Answer	No of women
"Wogesha"	1
"Clinic"	40
"Other"	7
"Never been sick"	1
"I don't know"	1

b/ "What kind of treatment do you prefer when your child is ill?"

Answer	No of women
"Injections"	11
"Tablets"	1
"Depends on the disease"	22
"Don't know/indifferent"	16
Total	50

4. CAUSES OF DISEASES AND MEANS OF PREVENTING THEM

"I am going to mention some diseases to you. What do you think causes them and what could you do to prevent these diseases?"

a/ Causes of particular diseases

	"Uncleanliness"	"Poverty"	"Impure blood"	"Fever"	"Evil's Eye"	"Low temp."	Person to person
Scabies	11	12	1	1	3	-	-
Tuberculosis	-	1	-	-	-	6	1
Tape worm	-	-	-	-	1	-	-
Round worm	-	-	-	-	24	-	-
Diarrhoea in children	2	-	-	1	-	-	-
<u>T o t a l</u>	<u>13</u>	<u>13</u>	<u>1</u>	<u>2</u>	<u>28</u>	<u>6</u>	<u>1</u>

	"Coughing"	"Sunshine"	"Raw meat"	"Eggs"	"Milk"	Raw meat + egg"	Raw meat +milk"	"Not taking regular Kosso"	"Stomach disorder"	"Salt sugar"
Scabies	-	-	-	-	-	-	-	-	-	-
Tuberculosis	1	1	-	-	-	-	-	-	-	-
Tape worm	-	-	5	1	2	9	8	2	3	-
Round worm	-	-	-	-	-	-	-	-	1	2
Diarrhoea in children	-	-	-	-	-	-	-	-	13	-
<u>T o t a l</u>	<u>1</u>	<u>1</u>	<u>5</u>	<u>1</u>	<u>2</u>	<u>9</u>	<u>8</u>	<u>2</u>	<u>17</u>	<u>2</u>

	"Dirty food"	"Kosso"	"Teeth"	"Skin infect"	"Poor diet"	"umbilicus"	"Breast milk & butter"	"Falling down"	"Observing tape worm in somebody's feces"
Scabies	-	-	-	-	-	-	-	-	-
Tuberculosis	-	-	-	-	-	-	-	-	-
Tape worm	-	-	-	-	-	-	-	-	1
Round worm	1	1	-	-	-	-	-	-	-
Diarrhoea in children	-	-	18	2	2	1	1	1	-
T o t a l	1	1	18	2	22	1	1	1	1

	"Urine"	"No cause"	"God"	"Don't know"	"No information"	T o t a l
Scabies	2	1	1	13	5	50
Tuberculosis	1	1	-	16	22	50
Tapeworm	-	-	-	13	5	50
Roundworm	-	-	1	17	3	50
Diarrhoea in children	-	-	-	7	2	50
T o t a l	3	2	2	66	37	250

b/ Prevention of particular diseases

	"Cleanliness"	"Clinic"	"Injection"	"Begging Evil's eye"	"Ointment"	"Local medicine"	"Keeping warm"	"Cooked meat"	"Kosso"	"Using charms"
Scabies	15	7	1	1	1	1	-	-	-	-
Tuberculosis	1	3	1	-	-	-	1	-	-	-
Tapeworm	-	-	-	-	-	-	-	10	29	-
Roundworm	1	2	0	-	-	3	-	-	-	15
Diarrhoea in children	2	-	-	-	-	-	-	-	-	-
T o t a l	19	12	2	1	1	4	1	10	29	15

	"God"	"Avoiding salt/sugar"	"Wogesha"	"Proper growth of teeth"	"Secretion oak tree"	"HardTeff Kitta"	"Breast milk"	"Don't know"	"No inf."	T o t a l
Scabies	-	-	-	-	-	-	-	2	22	50
Tuberculosis	-	-	-	-	-	-	-	5	39	50
Tapeworm	-	-	-	-	-	-	-	3	8	50
Roundworm	3	1	-	-	-	-	-	4	21	50
Diarrhoea in children	1	3	14	9	1	1	1	7	17	50
T o t a l	4	4	14	9	1	1	1	21	101	250

5. PERSONAL HYGIENE

a/ "How often do you and your youngest child wash the hands and the whole body?"

Question / answer	"Several times a day"		"Once a day"		"Once a week"		"Once a month"		"Less often"		Total	
	woman	child	woman	child	woman	child	woman	child	woman	child	woman	child
Hands	50	21	-	15	-	14	-	-	-	-	50	50
Whole body	-	5	-	18	25	26	21	-	4	1	50	50

b/ "How often do you use soap for washing the children and yourself?"

Question / answer	"Always"	"Sometimes"	"Never"	Total
Children	38	11	1	50
Yourself	38	10	2	50

c/ "How often do you wash the clothes of your child and yourself?"

Question / answer	"Once a day"	"many times a week"	"Once a week"	"Once or twice a month"	"Less often"	Total
Your child	-	5	30	12	3	50
Yourself	-	2	32	13	3	50

6. DIET DURING PREGNANCY

a/ "Do you normally observe religious fasting days?"

Answer	No. of women
"Yes"	48
"No"	1
No statement	1
<u>Total</u>	<u>50</u>

b/ "Have you ever been pregnant during the long fasting period?"

Answer	No. of women
"Yes"	44
"No"	2
No statement	3
" I don't know"	1
<u>Total</u>	<u>50</u>

c/ "If yes. What food did you eat when pregnant during the long fasting period?"

Answer	No. of women
"Fasting food only"	44
"Mostly fasting food"	-
"Non-fasting food"	-
<u>Total</u>	<u>44</u>

d/ "Do you think the following foods are good or bad during pregnancy?"

Food item	No. of women			T o t a l
	"Good"	"Bad"	"Neither good or bad"	
Meat	42	8	-	50
Eggs	32	18	-	50
Cow milk	38	12	-	50
Vegetables	48	2	-	50

e/ "When pregnant during non-fasting periods do you eat the following?"

f/ "What food do you think most other pregnant women take during the long fasting period?"

Remarks: Not complete and therefore not computed.

7. CHILDREN'S DIET

a/ "How long did you continue to breast feed your last^x weaned child?"

Length of time	No of women
3 months	1
6 months	1
2 years	4
2.5 years	1
3 years	5
No information	4
<u>Total</u>	<u>16</u>

x/ The interviewer made the mistake of asking for the situation of youngest child and not the last weaned child.

b/ "From what age did you give that child anything else than breast milk?"

Age	No of women
Less than 1 months	5
1 - 5 months	11
6 - 11 months	11
12 - 17 months	3
18 - 23 months	7
24 - 35 months	-
Over 36 months	2
"Not yet taking additional food"	11
<u>Total</u>	<u>50</u>

^x"That child" means the youngest and latest child and not, as intended., the last weaned child (the interviewer's mistake, see comments on 7a).

c/ "What did you give that child and from what age?"
(Not completely answered and therefore not computed)

d/ "When do you think it is good to start giving the following food items to your child?"

Age	Food items							
	Eggs	Meat	Fruits	Cooked cabbage	uncooked cabbage	Injera	Kitta	Dabo
0 - 5 months	-	-	-	-	-	-	-	-
6 - 8 months	4	2	5	3	-	2	2	2
9 - 11 months	-	-	-	-	-	22	3	3
12 - 17 months	5	7	6	6	-	11	11	11
18 - 23 months	-	-	1	-	-	1	1	1
2 - 3 years	19	21	18	33	1	33	31	31
Over 3 years	11	17	3	4	-	1	1	1
"Any age"	-	-	1	-	-	-	-	-
"Should not be provided"	9	1	9	1	48	-	-	-
"I don't know"	2	2	7	1	1	1	1	1
Total	50	50	50	50	50	50	50	50

e/ "Do you give your children under 7 years of age the following food?"
(1. During non fasting days)

Food item	"Never"	"Sometimes"	Once a week or less"	Often	More than once a week	Total
Milk	38	10		2		50
Eggs	31	17		2		50
Butter	2	45		3		50
Meat	8	41		1		50

(2 during the long fasting period)

Food item	"Never"	"Sometimes"	Once a week or less)"	Often	More than once a week	Total
Milk	43	4		3		50
Eggs	45	3		2		50
Butter	43	4		3		50
Meat	48	1		1		50

8. FOOD HYGIENE

a/ "Where do you get your drinking water?"

<u>Answer</u>	<u>No. of women</u>
"River"	50
"Lake or pond"	-
"Spring"	-
"Well"	-
"Tap"	-
<hr/>	
Total	50
<hr/>	

b/ "Do you drink the water as it is when you take it from the source?"

<u>Answer</u>	<u>No. of women</u>
"Yes"	50
"No"	-
<hr/>	
Total	50
<hr/>	

c/ "Do you use a bottle or cup to feed the baby?"

<u>Answer</u>	<u>No. of women</u>
"Bottle"	2
"Cup"	30
"Neither" ^x	18
<hr/>	
Total	50
<hr/>	

d/ "If "yes", how often do you clean it and by what?"

	<u>The daily procedure</u>
	<u>No. of women</u>
"By hand or cloth only "	3
"Boiling"	0
"Water and soap"	5
"Water"	21
"Not at all"	6
<hr/>	
Total using bottle or cup	33
<hr/>	

^x/ By hand and breast milk only

9. DELIVERY

a/ "Did you, or somebody else, cover the end of the child's navel with something at your last delivery?"

<u>Answer</u>	<u>No. of women</u>
"Yes"	32
"No"	18

b/ "If yes", with what?"

<u>Method</u>	<u>No. of women</u>
"Piece of cloth"	26
"Butter"	5
"Other"	1
Total	32

<u>c/ Answer</u>	<u>No. of women</u>
"Yes"	38
"No"	12
Total	50

d/ "If, "yes", Why?"

<u>Reason</u>	<u>No. of women</u>
"Custom"	3
"Until breast milk comes"	12
"To clean the throat"	5
"To push the palate"	5
"To clean the intestine"	2
"To avoid constipation"	7
"No statement"	4
Total	38

10. GENERAL PRACTICE

a/ "How many of your children below 15 years of age have had uvula cut, teeth extraction and female circumcission?"

Number of families, grouped according to percentage of children in the family having undergone each particular operation)

Kind of operation	Percentage					Total
	0	1-25	26-50	51-75	76-100	
"Uvula cut"	31	5	7	-	7	50
"Teeth extraction"	28	10	4	2	6	50
"Female circumcission"	16	-	6	-	23	45

b/ "Why was the operation made, who decided about it, who performed it?"

1. Uvula cut

<u>"Why"</u>	<u>No. of women</u>
"Because it hangs down"	11
"Because of sickness"	6
"Because of high fever"	1
"After vaccination"	1
<hr/>	
<u>Who decided</u>	
"Parents"	18
"Neighbour"	1
<hr/>	
<u>Total</u>	<u>19</u>
<hr/>	
<u>Who performed it</u>	
"Wegesha"	19
<hr/>	
<u>Total</u>	<u>19</u>

c/ 2. Teeth extraction

<u>"Why"</u>	<u>No. of women</u>
"Because of Diarrhoea"	12
"Because of sickness"	5
"Because of germs"	3
<hr/>	
<u>Total</u>	<u>20</u>

<u>"Who decided"</u>	<u>No. of women</u>
"Parents"	16
"Wegesha & father"	4
Total	20
<u>"Who performed it"</u>	
"Wegesha"	20
Total	20
d/ 3. <u>Male circumcission</u>	
<u>"Why "</u>	<u>No. of women</u>
"Tradition"	31
Total	31
<u>"Who performed it"</u>	
"Wegesha"	31
Total	31
4. <u>Female circumcission</u>	
<u>"Why"</u>	
"Tradition"	31
"Locking nice "	2
Total	33
<u>"Who decided"</u>	
"Parents"	33
Total	33
<u>"Who performed it "</u>	
"Wegesha"	33
Total	33

e/ "is the sun good or bad for your children?"

<u>Answer</u>	<u>No. of women</u>
"Good"	24
"Bad"	18
"Neither good or bad"	-
"Don't know"	4
"No statement"	4
Total	50

11. VACCINATIONS

a/ "Do you know of any diseases from which your child can be protected by vaccination?"

<u>Answer</u>	<u>No. of women</u>
"Yes"	45
"No"	5
Total	50

b/ "If"yes" which diseases?"

<u>Disease</u>	<u>No. of women</u>
"Small pox"	29
"Ferenji small pox" ^x	5
"Small pox & TB"	3
"Fever & TB"	1
"For good health"	2
Total	45

c/ "Have you had any vaccinations before?"

<u>Answer</u>	<u>No. of women</u>
Yes	45
No	5
Total	50

d/ "If"yes", for which diseases?"

<u>Kind</u>	<u>No. of women</u>
"Ferenji small pox" ^x	8
"Abasha small pox"	37
Total	45

^x Refers to type of vaccin used:
Ferenji is foreign made, Abasha is traditional way of immunizing by
by inoculation of fluid from affected patient's pustules.

12. MISCELLANEOUS

a/ "What do you do when you, yourself, are sick?"

Answer	No. of woemn
"Injection"	21
"Tablets"	1
"To hospital"	6
"I have never been sick"	6
"Pray to God"	5
"I don't know"	8
"Go to sleep"	2
No statement	1
<hr/>	
T o t a l	50

b/ "To whom do you go, if necessary, for advice when you are sick?"

Answer	No. of women
"Husband & mother"	6
"Husband & children"	1
"Husband"	1
"Mother"	3
"Grand father"	1
"God"	3
"Friends"	7
"No body"	5
<hr/>	
T o t a l	50

c/ "What do you do when your children are sick?"

Answer	No. of woemn
"Take to hospital"	40
"Pray to God"	4
"Wegesha"	1
"To church"	1
"I don't know"	1
"Never been sick"	3
<hr/>	
T o t a l	50

d/ "To whom do you go, if necessary for advice when your children are sick?"

Answer	No. of women
"Husband"	30
"Myself"	8
"Friends"	6
"Mother"	3
"God"	1
No statement	2
<hr/>	
T o t a l	50
<hr/>	

e/ "Whom do you usually ask for advice on infant care?"

Answer	No. of women
"My self"	19
"Husband"	10
"Mother"	10
"Friends"	8
"Hospital"	2
No statement	1
<hr/>	
T o t a l	50
<hr/>	

f/ "Whom do you usually ask for advice on bringing up and educating children?"

Answer	No. of women
"Husband"	32
"Myself"	12
"Myself & mother"	3
"God"	1
"Father"	1
No statement	1
<hr/>	
T o t a l	50
<hr/>	

g/ "Do you want to have more children of your own?"

Answer	No. of women
"Yes"	36
"No"	13
"I don't know"	1
<hr/>	
T o t a l	50
<hr/>	

h/ "If "Yes", Why?"

Answer	No. of women
"Gift from God"	31
No statement	5
<hr/>	
T o t a l	36
<hr/>	

i/ "What is the best number of children for you?"

No. of children	No. of women wanting specific number of children, by sex	
	Boys	Girls
0	2	1
1	1	3
2	7	9
3	10	13
4	9	5
5	6	5
6	1	-
"God's will"	14	
<hr/>		

j/ "How long time would you like to have between children?"

Less than 1 year	No. of women
1 - 2 years	7
3 - 4 years	33
4 years or more	3
No statement	5
"Good's will"	2
<hr/>	
T o t a l	50
<hr/>	

k/ "How do you try to arrange not to get children more often than you want?"

Answer	No. of women
"God's will	32
"Go to hospital"	10
"It will stop after a certain period"	1
"To live without husband"	1
I will decide afterwards (wants more right now)	1
No statement	5
<hr/>	
T o t a l	50
<hr/>	

13. RELIABILITY CHECK UP

a/ "Why do some people prefer injections to tablets?"

Answer	No. of women
"To cure disease"	16
"For health"	3
"It is better"	4
"For fever"	2
"Diarrhoea only"	1
"For head ache"	1
"I don't know"	19
No statement	4
T o t a l	50

b/ "Some people think they will be healthy if they wash their hands and body regularly, do you see any connection between cleanliness and health?"

Answer	No. of women
"Yes"	48
"No"	2
T o t a l	50

c/ "If "Yes", what connection?"

Answer	No. of women
"Health & cleanliness goes together"	32
"When you are clean you feel happy"	1
"The washing itself"	2
"When you are clean, no disease"	2
"God created man clean"	1
Other	10
T o t a l	48

d/ "Why do many mothers put butter in the baby's mouth at birth?"

Answer	No. of women
"To clean & smooth the intestine"	20
"Good food"	19
"Custom"	4
Other	5
No statement	2
<hr/>	
T o t a l	50
<hr/>	

e/ "If "other", what?"

Answer	No. of women
"Takes out the disease from the body"	1
"To make the child fat"	2
"Not to dry the palate"	2
"Take out the dirt from the body"	1
"From grand mother"	1
"Good for the body"	2
<hr/>	
T o t a l	9
<hr/>	

f/ "Is it possible that some children would die if their uvula were not removed?"

Answer	No. of women
"Yes"	31
"No"	6
"I don't know"	13
<hr/>	
T o t a l	50
<hr/>	

g/ "Have you yet taken your youngest child out into the sunshine uncovered?"

Answer	No. of women
"Yes"	20
"No"	29
No statement	1
<hr/>	
T o t a l	50
<hr/>	

h/ "If "Yes" how old has he/she been when you first took him/her out uncovered?"

Answer	No. of women
Less than 1 week	3
1 - 2 weeks	2
3 - 4 weeks	5
1 - 2 months	4
at 3 months	1
at 4 months	2
at 7 months	1
<hr/>	
T o t a l	20
<hr/>	

i/ "What do you think is best for children under 1 year of age?"

Alternative	No. of women
"Breast milk"	19
"Cow's milk"	26
"Powder milk"	5
<hr/>	
T o t a l	50
<hr/>	

j/ "Why do you think it is best?"

l/ Reasons given for breast milk

	No. of women
"It makes the child grow"	8
"It is a child's food"	2
"The baby can satisfy himself"	5
"It is given to them by God"	1
No statement	3
<hr/>	
T o t a l	19
<hr/>	

13 cont.

j/

2/ Reasons given for cow's milk

	No. of women
"It fattens the baby"	2
"It makes them healthy and to grow well"	12
"It satisfies the child"	7
"It Contains butter"	1
"It is very clean"	1
No statement	3
T o t a l	26

j/

3/ Reasons given for powder milk

	No	No. of women
1) "it is good for child" II		2
2) "It makes the child grow"		1
No statement		2
T o t a l		5

k/

"If you give cow's milk or powder milk to your youngest child, how do you give it?"

Answer	No. of women
"By bottle (plastic)"	34
"Cap and spoon"	1
"By hand"	1
No statement	14
T o t a l	50

13 (cont.)

J/
L/ "What is the advantage of having many children?"

Answer	No. of women
"To support parents"	31
"To maintain the family line"	8
"It is of no value"	3
"To fulfill God's will of multiplication"	1
"To give the parents pleasure"	1
"I don't know"	6
<hr/>	
T o t a l	50
<hr/>	

M/ "What is the disadvantage of having many children?"

Answer	No. of women
"The problem of providing them with the necessities of life"	38
"It causes physical weakness to the mother"	8
"No disadvantage"	2
"Decreases the amount of blood in the body"	1
"I don't know"	1
<hr/>	
T o t a l	50
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ወርቅ/ታሰብ ወይም ዳገገኝ		x	በሰነድ የሚገኝ ቦሬት
አገጃጅ			
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ወርቅ/ጣይ አገገጥሞ/					

3. ስኬት

ልጅዎ ቢታመ ለስኬት ማን ዘገዳ ይሄላሉ?

አያት	1	ወገሽ	2	ከሌላው ወይም ጠና ጠቢያ	3	ሌላ ማን?/	<input type="checkbox"/>
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ልጅዎ ቢታመ የሚመርጡት የስኬት ማዕከል የይዘት ወገድነት ነው?

ወርሬ	1	የሚገኝ ቢን ወይም ቨርፕ	2	መከር	3	አገገ ስሙ ላይ ይዘት ሆኖ ተ	4	አንድ አገገ አለ ውጭ	5	ሌላ ማን?/	<input type="checkbox"/>
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ወርሬዎ የሚገኝ ቢንና ቨርፕ ከሆነ ማሳሰቢያ?

4. የሰነድ ማረጋገጫና የመከላከያ ዘዴዎች

የአገገዎ ሰነድዎችን ስም አሁን ልገጠቅላልዎት ነው የሰነድ ማረጋገጫ ዘዴ ማን አገገህን ይገንገሉ::

ሰነድ	ማረጋገጫ	የመከላከያ ዘዴ
አክብ		
የሰነድ ነቀጠ		
የሰነድ ገጽ		
ወሰን		
የሰነድ ተቀማጭ		

5. የአካል ገለጫ

የመረጃ ልጅዎ አጭ ገባውን የሚያጠቃሉት ሰነድ ነው?

አጭ	በተገኘው ገዛ	1	በተገኘው ገዛ	2	በሰነድ ገዛ	3	በሰነድ አጭ	4	ከዚያም ያገባ	5
ገባ		1	ዘ	2	ገዛ	3	ገዛ	4		5

አርሰኛው አጭዎን ገባዎን የሚያጠቃሉት ሰነድ ነው?

አጭ	በተገኘው ገዛ	1	በተገኘው ገዛ	2	በሰነድ ገዛ	3	በሰነድ አጭ	4	ከዚያም ያገባ	5
ገባ		1	ዘ	2	ገዛ	3	ገዛ	4		5

ባሙ

ልጅዎን ቢያጠቃሉ ባሙ ይጠቀሙ?	ሁለገዛ	1	አገገዎ ገዛ	2	ባሙ	3
ገባዎን ቢያጠቃሉ ባሙ ይጠቀሙ?		1		2		3

አርሰኛው ልጅዎን በሙሉ የይዘት ባሙ ይጠቀሙ?

የርሰኛው የልጅዎን ልብስ የሚያጠቃው ወጪ ወጪ ነው?

የርሰኛው ልብስ	በተገኘው ገዛ	1	በሰነድ ገዛ	2	በሰነድ አጭ	3	አጭ ገዛ ወይም ሁለት ገዛ በወር	4	ከዚያም ያገባ	5
ልጅዎን		1	ገዛ	2	ገዛ	3		4		5

በጸዎ ጊዜ ይለግሉ?	አይደለም	1	የሰዎች	2	ለሰዎች /
በሁሉም ጸዎ ጊዜ ነቀብ ጦር ሆነው ያውቃሉ?	አይደለም	1	የሰዎች	2	
በሁሉም ጸዎ ጊዜ አርገዞ አንድ ነበረ መገን ዓይነት መገን ይመገቡ ነበር?					
የጸዎ መገን ብቻ	1	አገልግሎት የሰጠ መገን	2	አገልግሎት ጊዜ	3
		ሆኖ በሌላ መገን ጋር			ለሰዎች /

በዚህ በታች የተዘረዘሩት የመገን ዓይነቶች በአርገዞና ጊዜ ጥሩ ይመስላል? አርገዞና ከነዚህ ይመገቡ

የመገን ዓይነት	ጥሩ ወይስ ወጥኖ?				ጸዎ በሌላ ጊዜ አርገዞና ጊዜ ከነዚህ መገን ይመገቡ?									
	ጥሩ	1	ወጥኖ	2	ጥሩ ወጥኖ ምን ያልሆነ	3	አላውቅም	4	ዘመናዊ	1	አገልግሎት	2	በጽሑፍ	3
በጋ	ጥሩ	1	ወጥኖ	2	ጥሩ ወጥኖ ምን ያልሆነ	3	አላውቅም	4	ዘመናዊ	1	አገልግሎት	2	በጽሑፍ	3
አገልግሎት	"	1	"	2	"	"	"	4	"	1	"	2	"	3
የሰዎች ወተት	"	1	"	2	"	"	"	4	"	1	"	2	"	3
አገልግሎት	"	1	"	2	"	"	"	4	"	1	"	2	"	3

አገልግሎቶች ሌሎች ያረገዙ በታች በሁሉም ጸዎ ጊዜ መገን ዓይነት ይመገቡ

1		2	
3		4	
5		6	
7		8	
9		10	
11		12	
13		14	

7. የሕጻናት መገን

- ▶ በመጨረሻ ሙት ያሰጡት ልጅዎ መገን ያህል ጊዜ ጠባ? _____ ወራት
- ▶ ጠጡት ወተት ሌላ መገን መስጠት የጀመሩት በሰዎች ዕድሜው ነው? _____ ወራት
- ▶ ሌላ የሰዎች መገን መገደብ? የተጠመደ በሰዎች ዕድሜው ነው? _____

ሀ / የሙት ወተት መስጠት በሃይሽ ከሚቆይ በፊት				የሙት ወተት መስጠት በሃይሽ ከቆየ በኋላ			
#	የመገን ዓይነት	ቦታ	ወራት	#	የመገን ዓይነት	ቦታ	ወራት
1				1			
2				2			
3				3			
4				4			
5				5			
6				6			
7				7			
8				8			
9				9			
10				10			

ከሚቆይበት የመገን ዓይነቶች ለልጅዎ በሰዎች ዕድሜው ጀምሮ በሰጠው ጥሩ ይመስላል?

አገልግሎት	ዕድሜ		ወራት
ሥጋ	"		"
ፍራፍራ	"		"
የተተሰ ጉመጉ	"		"
ያልተተሰ ጉመጉ	"		"
አገልግሎት	"		"
የባ	"		"
የጠ	"		"

ገጽ ፩ ጊዜ ከበባት ዓመት ዕድሜ በታች ዓህት ልጆችን ተጎሳ ከተዘረዘረት የምገባ ዓይነቶች ይጠቅሙኝ?

ወተት	በፍጹም	0	አገገገግ / ጠቅላይ ገዳማ	1	ዘመናዊ ጠቅላይ ገዳማ	
አገገገግ	"	0	" " "	1	" "	
ቅጠ	"	0	" " "	1	" "	
ሥጋ	"	0	" " "	1	" "	

ገጽ ፪ ለም ጊዜ ከበባት ዓመት ዕድሜ በታች ዓህት ልጆችን ተጎሳ ከተዘረዘረት የምገባ ዓይነቶች ይጠቅሙኝ?

ወተት	በፍጹም	0	አልፎ አልፎ ጠፍቶ ጊዜ ያሳገገ	1	አገገገግ አገገገግ ጊዜ	2
አገገገግ	"	0	" " " " "	1	" " " "	2
ቅጠ	"	0	" " " " "	1	" " " "	2
ሥጋ	"	0	" " " " "	1	" " " "	2

፩. የምገባ ገዳማዎ ይዘቱ

በተገቢው የሚጠቀሙትን ወጋ ከዓት ይጠቅሙ?	ከወገን	1	ከሰጠኛ	2	ከሥጋ	3	ከጉዳይ	4	ከሰጠኛ	5
ወጋውን የሚጠቀሙት አገገገግ አገገገግ ተገቢ ነው?							አገገገግ	1	የሌለም	2
ከሰጠኛ ወጋውን ሥጋ ያደርገዎታል?										

አገገገግ የሚጠቀሙት በጠቅላላ ነው ወይስ በከፊት?

የሚጠቀሙትን ወጋዎች አገገገግ ያደርገዎታል?							ጠቅላላ	1	አገገገግ	2
በረሀ ወጋ ወገን ወተት	በፍጹም	1	አገገገግ ጊዜ	2	በዓተኑ	3	ከምገባ በኋላ	4		
በወጋው በጠቅላላ	"	1	"	2	"	3				
በወጋው በገጽ	"	1	"	2	"	3				
በከፊት ወይም በጠቅላላ በገጽ	"	1	"	2	"	3				
በሌላ ሆኖ?										

፪. በውስጥ ጊዜ

በውስጥ በወላጅ ጊዜ አርሰኛ ወይም ሌላ ሰው የአገገገግ ጠቅላላ በአገገገግ ነገር ሸፍኑ?	አገገገግ	1	የሌለም	2		
ወጋውን አገገገግ ከሆነች ለምን?	በጠቅላላ	1	በቅጠ	2	በሌላ ሆኖ?	
በውስጥ በወላጅ ጊዜ አርሰኛ ወይም ሌላ ሰው በሌላ ሆኖ ወጋውን ይደርገዎታል?	አገገገግ	1	የሌለም	2		
ወጋውን አገገገግ ከሆነች ለምን?						

፫. ስለ ጠፍቶ አጠባበቅ የሚደረግ ልዩዎች

፩. አገገገግ ወይም የተገረዙትን ለምን?	ለምን?		
... አገገገግ ወይም የተገረዙትን	ይደረግ በሆኑ የወሰነው ማነው?		
	ያደረገው ሰው ማነው?		
፪. ገጽ ጊዜ የወጣት ሆኖ	ለምን?		
	ይደረግ በሆኑ የወሰነው ማነው?		
	ያደረገው ሰው ማነው?		
፫. የተገረዙትን ለምን?	ለምን?		
	ይደረግ በሆኑ የወሰነው ማነው?		
	ያደረገው ሰው ማነው?		

የወጋው ወገን ለገገገግ ተገቢ ነው ወይስ ሌላ?	ተገቢ	1	ሌላ	2	አገገገግ	3	አገገገግ	4
-------------------------------	-----	---	----	---	-------	---	-------	---

የሕግ ስር ለመጠቀም በጥንቃቄ የሚከተሉትን ጥያቄዎች ያውቃሉ?	አዎ	1	የሎ	2
መሥሪያ ቤቅ ስህተት ሆኖ የሚገኝበትን ጥያቄ ያውቃሉ?				
አደራሰብ በህግ ተቋም ለሚከተሉት ያውቃሉ?	አዎ	1	የሎ	2
መሥሪያ ቤቅ ስህተት ለሚከተሉት ያውቃሉ?				
ሀ /				
ለ /				
ሰ /				
ወ /				

12. ልዩ ልዩ ተጠቃሪ ጥያቄዎች

አደራሰብ በታላቁ ሆስፒታል?							
በታላቁ ጊዜ ምክር ከሰፈረገ የሆነ ደመዳዳሪ							
ሌሎችም በታላቁ ሆስፒታል?							
ሌሎችም በታላቁ ምክር ከሰፈረገ የሆነ ደመዳዳሪ							
አጠቃላይ ጊዜ በሌሎች አደጋዎች የሆነ ደመዳዳሪ							
አጠቃላይ ጊዜ በሌሎች አጠቃላይ ሆስፒታል ምክር ከሰፈረገ የሆነ ደመዳዳሪ							
ባህን ወይን ሌሎች መሰረት ይፈረጋል?	አዎ	1	የሎ	2	3	አላውቅም	4
በጠቅላላው ስንት ልጅ መሰረት ጥሩ ይመስለዎታል?							
ስንት ወይን ልጆች?							
ስንት ሌሎች ልጆች?							
በሌሎች መሰረት ሆስፒታል የሚሰጡ ልዩ ልዩ አገልግሎት ይፈረጋል?							
የሌሎች ጥያቄዎች የሚጠበቁት ጊዜ ከሚፈለገው በላይ ከሆነ ከሌሎች ሆስፒታል ያደርጋሉ?							

13. ለፍጥነት ለሚገባ ጥያቄዎች

አገልግሎት በፍጥነት ለሚገባው ሆስፒታል የሚመዘገቡ ልዩ ልዩ ጥያቄዎች?							
አገልግሎት በፍጥነት ለሚገባው ሆስፒታል የሚመዘገቡ ልዩ ልዩ ጥያቄዎች የሆኑትን ደመዳዳሪዎች ከሆስፒታሉ ያውጥታሉ?	አዎ	1	የሎ	2			
መሥሪያ ቤቅ ስህተት ሆኖ የሚገኝበትን ጥያቄ ያውቃሉ?							
በዚህ ስር ለሚከተሉት ጥያቄዎች ለማሳደግ ያውቃሉ?							
አገልግሎት ለሚገባው ሆስፒታል የሚመዘገቡ ልዩ ልዩ ጥያቄዎች	1	ለሌሎች ጥሩ ይገባል	2	ለሌሎች	3	ለሌሎች	4
ለሌሎች ጥያቄዎች ሆስፒታል/							
አገልግሎት ለሚገባው ሆስፒታል የሚመዘገቡ ልዩ ልዩ ጥያቄዎች	አዎ	1	የሎ	2	አላውቅም	3	
የሚፈለገው ልዩ ልዩ ጥያቄዎች መሰረት ሆስፒታል ያውቃሉ?	አዎ		የሎ				2
መሥሪያ ቤቅ ስህተት ሆኖ የሚገኝበትን ጥያቄ ያውቃሉ? /የት/ ወይን /የት/ ስንት ነበር?..... ወር							
በሌሎች ሆስፒታል የሚገኙ ልዩ ልዩ ጥያቄዎች ጥሩ ይመስላቸዋል የሆኑትን ወይን	1	የሎ ወይን	2	የሎ ወይን	3	የሎ ወይን	3
ጥሩ የሆኑትን ሆስፒታል ለማሳደግ ያውቃሉ?							
የሆስፒታል ወይን ወይን የሆኑትን ሆስፒታል ከሆስፒታል ያውጥታሉ?							
አጠቃላይ	1	በጣም	2	በከፊት	3	በአጭር	4
በሌሎች ሆስፒታል ሆስፒታል ያውጥታሉ?							
የሆስፒታል ልዩ ልዩ ጥያቄዎች ሆስፒታል ያውጥታሉ?							
የሆስፒታል ልዩ ልዩ ጥያቄዎች ሆስፒታል ያውጥታሉ?							

MINISTRY OF PUBLIC HEALTH
STUDY OF MOTHERS

ENGLISH TRANSLATION

NAME OF INTERVIEWER _____

LOCALITY _____

DATE OF INTERVIEW (C.C.)
 DAY MONTH YEAR

1 PERSONAL AND HOUSEHOLD DATA

NAME	SEX	AGE		MARRITAL STATUS	RELATION TO OTHER	LITERATE?	RELIGION
		YEARS	MONTHS				
RESPONDENT:							
HEAD OF HOUSEHOLD:							

CONTINUED:-	ETHNIC GROUP	OCCUPATION (TYPE OF WORK)
RESPONDENT		
HEAD OF HOUSEHOLD		

NUMBER OF PERSONS IN HOUSEHOLD	TOTAL NY	ADULTS		CHILDREN		WHAT IS THE MONTHLY RENT PAID FOR THE HOUSE, IF ANY?	DOLLARS	WHAT IS THE MONTHLY GROSS INCOME OF THE HOUSEHOLD?	DOLLARS	RESPONDENT DOES NOT KNOW		
		MALE	FEMALE	MALE	FEMALE					RENT	INCOME	

2 FERTILITY AND CHILD DATA

▶ TOTAL NUMBER OF CHILDREN THAT YOU HAVE BORN (INCLUDE STILL-BIRTH), START WITH YOUNGEST

	NAME OF CHILD	SEX	AGE NOW IF LIVING		IF DEAD AGE AT DEATH		IS HE/SHE LIVING WITH YOU NOW?	REMARKS (HEALTH, REASON FOR DEATH ETC.)		
			YEARS	MONTHS	YEARS	MONTHS				
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										

▶ ARE YOU NOW TAKING CARE FOR ANY CHILDREN OTHER THAN YOUR OWN?

	NAME OF CHILD	SEX	AGE NOW		REMARKS (NUOISE CHILD, HEALTH ETC.)
			YEARS	MONTHS	
1					
2					
3					
4					
5					

NUMBER	MISCARRIAGES & OR ABORTIONS	Y	YEARS AGO
FIRST			
SECOND			
THIRD			
FOURTH			
TOTAL NUMBER, INCLUDING ABOVE & ANY OTHERS			

NUMBER OF:-	LIVE BIRTHS	STILL BIRTHS	TOTAL BIRTHS	NOW LIVING	DEAD
SUMMARY OF CHILDREN BORN					
NUMBER OF:-	OWN CHILDREN	OTHER CHILDREN	TOTAL CHILDREN		
SUMMARY OF CHILDREN LIVING NOW (LOOKING AFTER)					
TOTAL NUMBER OF:-			TOTAL		
ABORTIONS AND OR MISCARRIAGES (as adjacent)					

3) MEDICAL TREATMENT

TO WHAT DO YOU GO WHEN YOUR CHILD IS SICK?

GRANDMOTHER 1 WOODSMA 2 CLINIC OR HEALTH 3 OTHER SPECIFY -----

WHICH KIND OF TREATMENT DO YOU PREFER WHEN YOUR CHILD IS ILL?

INJECTIONS 1 TALKING TO NURSES 2 ADVICE 3 DEPENDS ON THE ILLNESS 4 INDIFFERENT DONT KNOW 5 OTHER WHAT? -----

IF INJECTIONS OR TALKING TO NURSES: WHY?

4) CAUSES OF DISEASES AND MEANS OF PREVENTING THEM

I AM GOING TO MENTION SOME DISEASES TO YOU, WHAT DO YOU THINK CAUSES THEM AND WHAT COULD YOU DO TO PREVENT THEM?

DISEASES	CAUSES	MEANS OF PREVENTION
"SCABIES"		
"TUBERCULOSIS"		
"TAPE WORM"		
"ROUND WORM"		
"DIARRHOEA IN CHILDREN"		

5) PERSONAL HYGIENE

HOW OFTEN DOES YOUR YOUNGEST CHILD WASH?

HANDS	SEVERAL TIMES A DAY	1	ONCE A DAY	2	SEVERAL TIMES A WEEK	3	ONCE A WEEK	4	LESS OFTEN	5
WHOLE BODY										

HOW OFTEN DO YOU WASH YOUR HANDS?

HANDS	SEVERAL TIMES A DAY	1	ONCE A DAY	2	SEVERAL TIMES A WEEK	3	ONCE A WEEK	4	LESS OFTEN	5
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HOW OFTEN DO YOU USE SOAP FOR WASHING THE CHILDREN?

" " " " " " " " " " " "	SOME TIMES	1	NEVER	2	ALMOST ALWAYS	3
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WHAT KIND OF SOAP DO YOU HAVE IN THE HOUSE FOR WASHING YOURSELF & THE CHILDREN?

HOW OFTEN DO YOU WASH THE CLOTHES OF --

-- YOUR CHILD?	ONCE A DAY	1	SEVERAL TIMES A WEEK	2	ONCE A WEEK	3	ONCE OR TWICE A MONTH	4	LESS OFTEN	5
-- YOURSELF?										

X1 ← WHOLE BODY SOAP

6) DIET DURING PREGNANCY

DO YOU NORMALLY OBSERVE RELIGIOUS FAST DAYS? YES 1 NO 2 OTHER SPECIFY -----

HAVE YOU EVER BEEN PREGNANT DURING THE LONG FASTING PERIOD? YES 1 NO 2

IF YES WHAT FOOD DID YOU EAT WHEN PREGNANT DURING THE LONG FASTING PERIOD?

"FAST FOOD ONLY" 1 "FAST FOOD LARGELY PLUS A LITTLE OTHER" 2 "NORMAL FOOD AT TIMES IF WERE NOT A FAST PERIOD" 3 OTHER SPECIFY -----

DO YOU THINK THE FOLLOWING FOODS ARE GOOD OR BAD DURING PREGNANCY & DO YOU PERSONALLY EAT THEM?

KIND OF FOOD	GOOD OR BAD?				WHY PREGNANT WOMEN FASTING PERIODS YOU EAT THEM?			
	GOOD	BAD	NEITHER GOOD NOR BAD	DONT KNOW	OFTEN	SOME TIMES	NEVER	
MEAT	1	2	3	4	1	2	3	
EGGS	1	2	3	4	1	2	3	
COWS MILK	1	2	3	4	1	2	3	
VEGETABLES	1	2	3	4	1	2	3	

WHAT FOOD DO YOU THINK MOST OTHER PREGNANTS TAKE DURING THE LONG FASTING PERIOD?

1	2
3	4
5	6
7	8
9	10

Do you eat—Did you continue to distribute your age weights until 10 or more—
 Do you have any other vitamins that could give you vitamins? " " "
 Do you and you give that come in from what age?

Age	Before distribution started	During distribution	After distribution started
1		1	
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	

When do you think it is good to start giving the following food items to your child?

Food Item	At the age of	How
Eggs		
Milk		
Meat		
Fruit or vegetables		
Cheese		
Peanut butter		
Ice cream		
Butter		
Hotels		

Do you give your children under 2 years of age the following foods? (For factory days)

Food Item	Never	Sometimes (once a week)	Often (more than once a week)
Milk	0	1	1
Eggs	0	1	1
Butter	0	1	1
Meat	0	1	1

Do you give your children under 2 years of age the following foods shows the less frequent?

Food Item	Never	Occasionally (once a week)	1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10
Milk	0	1	1
Eggs	0	1	1
Butter	0	1	1
Meat	0	1	1

Score — Non-Factory days
 Factory days
 Sun. child's diet
 Discontinued feeding

8 FOOD HYGIENE

Where do you get your drinking water?

Answer	1	2	3	4	5
Do you drink the water as it is when you take it from the source?					
If 'no', what do you do to it?					

Do you use a bottle or cup to feed the baby?

Answer	1	2	3	4	5
If 'yes' how often do you clean it by?					

Do you use a bottle or cup to feed the baby?

Answer	1	2	3	4	5
Boiling in water?					
With dry soap?					
Water?					
Hand or cloth dry?					
How else?					

C
D

12 MISCELLANEOUS

WHY? DO YOU DO WHEN YOU, YOURSELF, ARE SICK? _____

TO WHOM DO YOU GO IF NECESSARY FOR ADVICE WHEN YOU ARE SICK? _____

WHAT DO YOU DO WHEN YOUR CHILDREN ARE SICK? _____

TO WHOM DO YOU GO IF NECESSARY FOR ADVICE WHEN YOUR CHILDREN ARE SICK? _____

WHOM DO YOU USUALLY ASK FOR ADVICE ON INFANT CARE? _____

WHOM DO YOU USUALLY ASK FOR ADVICE ON BRINGING UP & EDUCATION OF CHILDREN? _____

DO YOU WANT TO HAVE MORE CHILDREN OF YOUR OWN? _____

YES

IF GOD WILLS

NO

DON'T KNOW

WHAT IS THE BEST NUMBER OF CHILDREN FOR YOU? _____

--- HOW MANY SONS? _____

--- HOW MANY DAUGHTERS? _____

HOW LONG TIME WOULD YOU LIKE TO HAVE BETWEEN CHILDREN? _____

HOW DO YOU TRY TO AVOID NOT TO GET CHILDREN MORE OFTEN THAN YOU WANT? _____

9 DELIVERY

DID YOU, OR SOMEbody ELSE, COVER THE END OF THE CHILD'S NAVEL WITH SOMETHING AT YOUR LAST DELIVERY?

IF YES, WITH WHAT?	PLACE OR CLAMP	1 BUTTER	2 OTHER SPECIFY _____	YES	1	NO	2
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DID YOU, OR SOMEbody ELSE, PUT BUTTER IN THE CHILD'S MOUTH AT YOUR LAST DELIVERY?

IF YES, WHY?	YES	1	NO	2
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10 GENERAL PRACTICE

HOW MANY OF YOUR CHILDREN WHO ARE BELOW 15 YEARS OF AGE HAVE HAD...

THEIR OVULA REMOVED?	WHY?	WHY?	WHY?	WHY?
TEETH & TYPED?	WHY?	WHY?	WHY?	WHY?
CIRCUMCISION? (SON)	WHY?	WHY?	WHY?	WHY?
CIRCUMCISION? (DAUGHTER)	WHY?	WHY?	WHY?	WHY?

IS THE SUN GOOD OR BAD FOR YOUR CHILDREN?

GOOD	1	BAD	2	NEITHER DATE AND GAD	3	DON'T KNOW	4
------	---	-----	---	----------------------	---	------------	---

11 VACCINATIONS

DO YOU KNOW ANY DISEASES FROM WHICH YOUR CHILD COULD BE PROTECTED BY VACCINATION?

IF YES, WHICH DISEASES?	YES	1	NO	2
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HAVE YOU HAD ANY VACCINATIONS BEFORE?

IF YES, FOR WHICH DISEASES? a)	YES	1	NO	2
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b)

c) WHEN - YEAR - E.G. J

LIST OF CADU PUBLICATIONS

A. Project Preparation Period

1. Report No. I on the establishment of Regional development project in Ethiopia, October 1966
Part I General Background
Part II Project Outline
Part III Appendices
(A reprint of the Summary is also available)
2. Report No. II on the establishment of a regional development programme in Ethiopia, May 1967. (The building programme appears under separate cover)
3. Trials and demonstration plots at Kulumsa in 1966, July 1966
4. Reconnoitering survey of the water resources in Chilalo Awraja, March 1967.
5. Creation of a forestry administration in Arussi province, March 1967
6. Crop sampling in the Chilalo Awraja 1966, May 1967
7. Results of trials and observation plots at Kulumsa 1966/67
May 1967
8. Sagure, a market village, June 1967
9. Forest nursery and planning techniques, June 1967
10. Trials and demonstration plots at Kulumsa and Swedish Mission Asella in 1967, July 1967
11. Grain Marketing experiments 1967, August 1967

B. Implementation Period

1. Government Agreement on Plan of Operation
2. Some reflections on water erosion in Chilalo awraja, October 1967
3. The Taungya afforestation method, November 1967
4. Grow better Bahr-Zaaf in Ethiopia, January 1968
5. CADU Semi-annual report 1967/68, January 1968

6. Census in Sagure-Yeloma 1967, February 1968
7. The changing rural society in Arussiland: Some findings from a field study 1966-67, March 1968
8. CADU (Pamphlet in English and Amharic)
9. CADU plan of work and budget 1968/69 (with preliminary estimates for 1969/70)
10. Cultivation practices and the weed, pest and disease situation in some parts of the Chilalo awraja, March 1968
11. Introductory agro-botanical investigations in grazed areas in the Chilalo awraja, June 1968
12. Results of trials and observations on fields forage crops at the Kulumsa farm and in Asella 1967/68, June 1968
13. Crop sampling in the Chilalo awraja, Aruss. province 1967, June 1968
14. General agricultural survey, August 1968
15. CADU statistical digest, May 1968
16. Descriptions of agricultural demonstrations 1968
17. Field trials and observations 1968/69
18. Feasibility study on a farm for breeding of grade cattle at Gobe, Arussi province, September 1968
19. Feasibility study on the electrification of Sagure town, September 1968
20. CADU Annual report 1967/68, September 1968
21. Census in Dighelu village, May 1968
22. A case study of peasant farming in Dighelu and Yeloma areas, Chilalo awraja, Ethiopia, January 1969
23. CADU Semi-annual report 1968/69, February 1969
24. Results of demonstrations 1968/69
25. CADU plan of work and budget 1969/70
26. Tentative CADU programme 1970/75, Addis Ababa, March 1969
27. Feasibility study on sunflower protein concentrate and fafa mixing plant, May 1969
28. Results of trials and observations 1968/69
29. CADU Evaluation studies, Health education (Base-line study) May 1969
30. CADU Evaluation studies, Crop sampling 1968, May 1969
31. CADU Evaluation studies, Training of model farmers (Base-line study) May, 1969
32. Progress Report No. 1, Implement Research Section, June, 1969

33. Feasibility study on local roads and market places in Chilalo Awraja, by Lars Leander, August 1969
34. CADU Annual Report 1968/69
35. Census in Sagure - Yeloma, by Gunnar Arhammar, February 1968
36. Census in Golja (Ketar Genet), by Gunnar Arhammar, March, 1969
37. Sanitary survey in Golja (Ketar Genet), by Gunnar Arhammar, April, 1969
38. Kap Study of Mothers in Golja (Katar Genet), by Gunnar Arhammar, April, 1969.

