Awereness, Attitude And Practices On Stunting Prevention Measures Among Fathers Working At Muhimbili National Hospital, Dar Es Salaam - Tanzania

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AWERENESS, ATTITUDE AND PRACTICES ON STUNTING PREVENTION MEASURES AMONG FATHERS WORKING AT MUHIMBILI NATIONAL HOSPITAL, DAR ES SALAAM .TANZANIA

By

Anna Aloyce Kilufi

A Dissertation Submitted in Partial Fulfillment of the Requirements for Degree of Master of Public Health of

Muhimbili University of Health and Allied Sciences
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CERTIFICATION

The undersigned certifies that has read and hereby recommend for acceptance by Muhimbili University of Health and Allied Sciences a dissertation titled: **‘‘Awareness, Altitude and Practices on stunting prevention measures among fathers working at Muhimbili National Hospital, Dares salaam, Tanzania’’,** in (partial) fulfillments of the requirements for the degree of Master of Public Health of Muhimbili University of Health and Allied Sciences

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Dr. Jane Mlimbila

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Date

DECLARATION AND COPYRIGHT

I, **Anna Aloyce Kilufi**, declare that this **dissertation** is my own original work and it has not been presented to any other University for similar or any other degree award.

Signature…….. **Date**……

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DEDICATION

This work is dedicated to my beloved parents Mr. and Mrs. Aloyce Kilufi for bringing me to the world and taking care of me, my husband Isaya Charles Mponeja for encouragement and great support, without forgetting my late brother Umwanavasove Leonard Mwakilufi for making me to be what I am.

ABSTRACT

Back ground

The role of fathers on preventing stunting among children under-five years of age has not been adequately emphasized. In Tanzania, few studies has been carried out to identify knowledge, attitude and practices on stunting among fathers in feeding practices like exclusive breast feeding and complementary feeding.

Objective: The aim of this study was to assess awareness, attitude and practices on stunting prevention among fathers working at Muhimbili National Hospital, Dar es Salaam.

Methodology: A cross-sectional study was conducted at MNH, Dar es Salaam during the month of July 2017. A total of 345 fathers were randomly included in this studyy using simple random sampling technique. Data were collected using pre designed questionnaire with closed and open ended questions. Raw data were entered and cleaned into Statistical Package for Social Scientist (SPSS) software. Analysis of awareness, attitudess and practices was performed using descriptive statistics of frequency and percentages destribution. The awareness, attitude and practices on stunting was measured by finding the mean of awareness, attitude and practices.

Results: Atotal of 345 respondent were included in the study. The result showed that, 83.8% of respondents had awareness on stunting prevention. 60.8% had positive attitude toward stunting prevention and 95.6% of the respondents practised on the stunting prevention.

Conclusion and recomendation

Awareness, attitude and practice of fathers on stunting prevention was high in the study area. Therefore, awareness and attitude have great impact on the increased the adoption of good practices on stunting prevention among fathers. Therfore stunting prevention program involving fathers should be incooperated for better improvement of RCH programs.

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LIST OF ABBREVIATIONS

EBF	Exclusive breast feeding
EBM	Exclusive breast milk
KAP	Knowledge, Attitude and Practices
MCH	Maternal and Child Health
MGDs	Millennium Development Goals
MNH	Muhimbili National Hospital
MUHAS	Muhimbili University of Health and Allied Sciences
RCH	Reproductive and Child Health
TDHS	Tanzania Demographic and Health Survey
UNAIDS	Joint United Nations Program on HIV and AIDS
UNICEF	United Nation Children's Fund
WHO	World Health Organization

DEFINITION OF TERMS

Breastfeeding: Refers to infant consumption of breast milk either directly from the breast or expressed.

Complimentary feeding: Act of giving an child any food in addition to breast milk. WHO and UNICEF recommend complementary feeding to start when the infant is at 6 months old.

Father involvement: Means positive wide range and active participation of fathers in their children's life (Marsiglio et al., 2000,).

Exclusive breastfeeding: Means that the infant receives only breast milk, no other liquids or solid are given, not even water, with exception of oral rehydration solution or drops/syrups of vitamins, minerals or medicines prescribed by physician. WHO and UNICEF recommends that exclusive breastfeeding should begin within 1 hour of child's birth and throughout for period of six months.

Replacement feeding: Feeding the infant with other food (without breast milk) that provides all nutrients the infants need until the age at which they can be fully fed with family foods.

Awareness: Refers to ability to directly know and perceive, to feel, or to be cognizant of events. More broadly, it is the state of being conscious of something.

Attitude: A settled way of thinking or feeling about someone or something, typically one that is reflected a person's behavior.

Practice: Perform an activity or exercise a skill repeatedly or regularly in order to improve or maintain one's proficiency.

CHAPTER ONE

1.0 INTRODUCTION

1.1 Background

Stunting prevention aim is to promote optimal growth, development and survival among under five children. Prevention of stunting is a responsibility of many actors including medical and allied sciences practitioners such as nurses and doctors; child care givers, mothers and fathers as well as family members among others. All these are stakeholders who have a stake of enhancing optimal growth, development and ultimate survival of infants and young children from the moment the child is born, during breastfeeding and during complementary feeding [1].

Prevention of stunting requires also enhanced accessibility of adequate clean and safe water, environmental sanitation, and hygiene facilities in both health centers and in homes.

High level of awareness on hygienic practices such as hand washing, disease prevention and maternal nutrition are crucial as they contribute to better nutrition outcomes among infants and children. Stunting means below normal height for age. It’s the failure to reach genetic potential for height, and signifies a long term or chronic nutritional deprivation often accompanied by frequent illnesses among the affected children's. Thus children's who have been chronically deprived of sufficient macronutrient particularly carbohydrate and protein can become stunted [1].

Stunting is one of the main public health problems worldwide. 162 million children under five years of age are stunted worldwide [2]. Stunting is a well-established risk marker of poor child development [3]. For the children to grow following linear growth and preventing stunting especially to under two years, significant child feeding education at individual and community level need to be in place. Moreover, other factors associated to stunted growth and development include poor maternal health, sub-optimal child feeding practices, recurring infections in children and short birth spacing[4,5].

Similar to other African country, the prevalence of stunting in Tanzania (34%) is very high, meaning that the problem is of public health significance[6]. The period of the first 1 000 days, beginning from fetus to when the child is 24 months of age is a critical for child growth and development. Evidence from 54 low and middle-income countries indicates that, growth faltering begins during pregnancy and continues to about 24 months of age [7, 8].

That's why most interventions for prevention of stunting among underfive children, have targeted on maternal nutrition and health and appropriate infant and young child feeding [9].

Fathers and male guardians have a big role to play on supporting mothers in child care. Therefore, the understanding of awareness, attitudes and practices of fathers in this matter will assist the public health planner to think and help to redesign intervention to combat or reduce this threatening public health problem.

1.2 Problem Statement

Stunting is a significant public health problem in Tanzania and other African countries, contributing fifty four percent of under-five mortalities [10, 11].

Studies and inteventions that have been introduced in Tanzania to prevent and control stunting focused on breastfeeding promotion, particularly exclusive breast feeding [12], adequate complementary feeding and good sanitation [13,14].

The studies have identified that, the higher prevalence of stunting in Tanzania is contributed by inadequate awareness and practices of the mothers on feeding of infants and childrens as well as inadequate awareness obout proper diet.

However, though fathers have the role to play, there is no literature on awereness, attitude and practices about stunting among fathers. On the other hand, it is recognized that fathers are very important group in the society as they play a big part to making sure that their children are well taken care and get basic needs. It is from this background that the study to assess ‘awareness, attitude and practice on stunting prevention measures among fathers was undertaken.

1.3 Rationale of the Study

Despite of Global response intervention on combating factors that contributing to stunting; the problems still a major burden to the most developing countries including Tanzania.

Thirty four percent of under five children are stunted in Tanzania that is why more interventions are required so as to tackle the problem. However, awareness about the problem is very important.

In stunting prevention awareness plays a great role to help parents to deal and solve issues related to their children. Through so by being aware on awareness of stunting prevention approaches, morbidity and mortality rate can be reduced

Fathers attitude include their feelings or beliefs towards own adoption of proper child care practices to his own Children play a key role in their uptake of under-five stunting prevention practice to their children.

1.4 Research Question

1.4.1 Broad research question

What are the awareness, attitude and practice on stunting prevention among fathers at Muhimbili National Hospital- Dar es Salaam?

1.4.1 Specific research questions were

1. What is the awareness on stunting prevention among fathers at Muhimbili National Hospital- Dar es Salaam?
2. What is the attitude on stunting prevention among fathers at Muhimbili National Hospital- Dar es Salaam?
3. What practices are adopted by fathers on stunting prevention in their children?

1.5 Objectives of the Study

1.5.1 Broad Objective

To assess awareness, attitude and practices on stunting prevention among fathers working at MNH, Dar es Salaam.

1.5.2 Specific Objectives

Specific objectives of this study were:

1. To assess the awareness on stunting prevention among fathers at Muhimbili National Hospital- Dar es Salaam.
2. To assess the attitude on stunting prevention among fathers at Muhimbili National Hospital- Dar es Salaam.
3. To assess the practices on stunting among fathers at Muhimbili National Hospital- Dar es Salaam.

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Overview

Stunting is a critical public health concern which is highly associated with impaired cognition and educational performance among Sub Saharan children. Globally, failure in linear growth among children is the most prevalent form of under nutrition [15]. Recent global trend showed a small decline in stunting from 165million in 2010 to 159 million in 2014. Despite that, there is still large number of children's experiencing stunting. Under nutrition accounts for about 45% of all under-fives deaths, with approximately 100 million of stunted children occurring in Asia and rest in Sub-Saharan Africa [15].

In Sub Saharan Africa, stunting prevalence has remained unchanged and the percentage of children who are stunted (below -2 SD) ranges from 18.8% to 46% [16].

Tanzania like in other African countries stunting is also a major problem and of public health importance. The prevalence of stunting in Tanzania is at 34% [17], with variation among different regions. Some Regions have higher stunting compared to the rest [18]. Stunted children are known to enroll late in school, perhaps because they are not grown enough to enroll and may also be the cause of drop out [19, 20].

However, the latest reports show that, the stunting contribute to 14.5% of annual deaths and 12.6% of disability in under-five children. In order to develop effective program for fathers, it's important to understand how they perceive and respond to the risk of stunted growth, that is why their awareness, attitude and practices are in connection with the risk of stunting to under five children[21, 22].

2.2 Awareness among fathers toward stunting prevention

Understanding of something is very important; stunting prevention awareness plays a great role to help parents to respond to issues related to their children.

Many interventions which have been conducted to reduce stunting recently target on mothers or female caretakers, evidence by a study from South India and Erbil City has shown high knowledge on nutritional status ranging from 59%-80% among mothers while fathers contribute to food in families are not considered. Furthermore there are few studies that have considered less the awareness of fathers on stunting prevention though they do not tell the extent of what could be their awareness [23, 24].

While most of mothers are aware about recommended breast feeding practices, fathers are not even expressed to show their participation. The study done by Al Azzawiet al. in Arbet City shows that 50% of mothers know about breast feeding through health care workers training and other initiative programs. Either their knowledge is also contributed by maternal relatives mothers and friends but not by fathers. [25].

Failure to incorporate fathers's in prevention of stunting, will continues to pose and create a great challenge on the fight against stunting. It is not only the scarcity of food but also the unawareness of the parents about health diet promotes better growth of the children.

2.3 Father's Attitudes on the Prevention of Stunting

According to attitude theory, attitude on stunting prevention can be determined by individual predisposed state, mind, or belief attributing to practices preventing under five stunting. Fathers attitude include their feelings or beliefs and self-efficacy towards own adoption of proper child care practices to his own children. Their attitudes towards stunting prevention appear to play a key role in their uptake of under-five stunting prevention practice to their children's [26].

Good reason to why fathers attitude on stunting prevention should be taken into consideration are recently internationally gained attention. The attention is due to its negative effect to a large number of under five children. Several short and long term health consequences are

resulting from under-five's stunting [27]. Literature has demonstrated the outcome of stunting including poor cognitive and education performance, low adult wages and increased risk to non-communicable diseases in adulthood [28].

Studies to determine the awareness, attitude and practice among mothers in feeding infants in rural Papua New Guinea, findings show 87.9%, of mothers with good attitude towards breastfeeding [29]. Moreover, their breastfeeding is associated with the culture, responsibility for a baby, and the easiest of breastfeeding which does not require the need for food preparation for a baby. In connection to this some participants have the belief that breast feeding prevents pregnancy [30].

Despite that, mothers portray most of their husbands (99%) that are happy and supportive towards breastfeeding, but 27% of mothers shortened the period of breastfeeding influenced by their husbands [31]. A qualitative study showed that, fathers have negative attitude towards stunting prevention [32]. Another study done in Papua New Guinea revealed that, fathers demand their wives to shorten the period of breast feeding, because their custom does not allow them to have sex with a breastfeeding woman[33]

2.4 Fathers' practice on stunting prevention

International and national support efforts, the need to strengthen the understanding and the practice in relation to stunting prevention among fathers is very crucial [33, 34]. Most of the global actions that focus on prevention ensure that, pregnant and lactating mother are well nourished and facilitate good exclusive breast feeding during the first six month of life [35,36].

A global evidence-based public health resolution recommends exclusive breastfeeding for the first six months of life and continued breastfeeding up to two years of age and beyond [37].

In low-resource countries the prevalence of exclusive breastfeeding at six months is generally low and varies from 9% to 39% [38].

The participation of fathers in the prevention of stunting is important. It has shown a positive impact when both parents cooperate to maintain the status of the child [39, 40]. Some studies had shown that, the provision of accurate and suitable care to under five is greatly associated with low rate of stunting [41].

Also, well informed fathers are more likely to engage positively in the decision making for well being of the under five children. Moreover, women with supportive partners will be more motivated psychologically as a result exclusive breast feeding will be practiced accurately and successful [42].

However, other studies revealed that equipping family members with knowledge or awareness such as recognition of life-threatening danger signs, birth preparedness arrangements, promote health-seeking behavior, and acquire skills to help the woman provide about better nutritional core to under-fives[43].In addition to that many societies and cultures assume that pregnancy is solely a women's issue [44]. This belief contributes to father not being invited to learn about and engage in matters related to women's and children's health. Furthermore due to gender structures, fathers are mostly considered to be the decision-makers in many patriarchal families [45].

CHAPTER THREE

3.0 METHODOLOGY

3.1. Study design

This study was descriptive cross-sectional. This study design was chosen because of being able to determine the awareness, attitude and practices of fathers on stunting prevention.

This study employed the quantitative collection technique to explore awareness, attitude and practices on stunting prevention among fathers working at Muhimbili National Hospital.

3.2 Study area

This study was conducted at Muhimbili National Hospital in Dar es salaam City.

Muhimbili National Hospital is a National Referral Hospital with 1,500 bed facility, attending 1,000 to 1,200 outpatients per week, admitting 1,000 to 1,200 inpatients per week. It has 2700 employees of which 300 are doctors and specialists, 900 registered & enrolled nurses and the rest are supporting operations employees. MNH is organized into eight directorates which are Clinical Services, Nursing Services & Quality, Surgical services Clinical Support Services, Human Resources, Finance and Planning, Technical Services, and Information & Communications Technology.

it has 25 departments and 106 units. Apart from providing health care service for patients from all around Tanzania, the hospital is also a Practical Teaching Hospital for intern medical students from different medical University in Tanzania.

3.3 Study population

The study population was fathers working at Muhimbili National Hospital at Dar es Salaam. However the target population was fathers who voluntarily filled the consent form and found in the study area during study period.

3.4 Sampling and sample size

3.4.1 Sample size

The Sample size was determined using previous prevalence of stunting for under-five (34%), Standard normal deviate of 1.96 for 95% confidence interval and 5% margin of error.

The formula for sample size calculation was derived from (Cochran, 1977) formula

Therefore, minimum sample size was calculated as follows;

For a large population:

$$n = \frac{z^2 p\,(100-p)}{\varepsilon^2}$$

Where

z= standard normal deviate=1.96 for 95% confidence level

p = expected proportion with characteristic of interest

ε = margin of error (precision)

Therefore minimum sample size will be

Given that

z=1.96

p=34%

ε=5%

Therefore $n = \frac{1.96^2\ 34\ (100-34)}{5^2} \approx 345$

Therefore, minimum sample size required for this study were ≈ 345

3.4.2. Sampling procedure

Number of fathers from each department were identified and formed a sampling frame.

The number contributed was proportioanal to the number of workers in the department. From the sampling frame each was given a number. A sampling units was sampled from each department using simple random technique. Pieces of paper equal to the number of fathers in the department were prepared. Each was labeled Yes /No. Those labeled yes were equal to the required number in the department.Then members were asked to pick the piece of paper. Those who picked yes were included in the study.

3.5 Data Collection method and Tool

A quantitative method was used for data collection from the participants. Closed ended questionnaires were administered by the research assistants and the principle investigator to the respondents at all MNH Departments. Information collected was social-demographic factors, awareness, attitudes, practices from the selected male fathers. Behaviours which depict involvement of fathers in stunting prevention were: Information shairing,assisting in child feeding, advice wife on the important of exclussive breast feeding, complementary feeding and proper good sanitation. Variables considered to influence involvement of fathers in prevention of stunting were socio-demographic characteristics, awareness, attitues and practices on stunting among fathers working at MNH, Dar es Salaam. Data collection was done using pre designed questionnaire with closed ended questions. This questionnaire were extracted from the Tanzania Demographic and Health Survey's men and women's questionnaire. This tool has been used for national surveys in Tanzania.

3.6 Data management and analysis

Raw data was entered and cleaned into Statistical Package for Social Scientist (SPSS) softwareversion. Analysis of awareness, attitudess and practices was performed using descriptive statistics of frequency and percentages destribution. The awareness, attitude and practices on stunting was measured by finding the mean of awareness, attitude and practices.

3.7. Pretesting of the questionnaire

The questionnaire was pretested at MNH for five study participants. The pretested participants were not included in the data collection. Pre testing was done to observe if the questionnaire is understood by the respondents or not. Pretesting helped doing necessary amendments and refining of the data collection tool. Pretesting of was done using Swahili version questionnaire. The research assistants under supervision of the principal investigator conducted the pretesting exercise to be more familiarized with the process, methodology and techniques for improving quality of the data.

3.8. Validity and Reliability

The quality of data was ensured during collection, coding, entry and analysis. During the data collection time, adequate supervision was provided to research assistants. To ensure validity of the study, the English version of the questionnaire was translated into local language (Swahili) for better understanding by both data collectors and respondents. Pretesting of the questionnaire was done to 30 fathers sample before actual data collection. Content and construct validity used to determine the relevance and representativeness of the tool. The questions that were not clear/irrelevant were modified or omitted to ensure validity and reliability of the study.

3.8. Ethical considerations

This study was approved by Senate research and publication committee of Muhimbili University of Health and Allied Sciences prior to commencement of the data collection. Permission to carry out the study was obtained from Executive Director of Muhimbili National Hospital. Anonymity was highly maintained by using participant’s unique identity (ID). No harm was expected from this study as there had no invasive procedure involved

CHAPTER FOUR

4.0 RESULTS

This chapter presents results which are organized according to the study objectives; the chapter has four sections namely social demographic characteristics, awareness, attitude and practice that that influence stunting prevention to under five children.

Table 1. Social demographic Characteristics of the respondents at MNH (N=345)

Characteristics	Number (%)
Age	
18 – 27	66(19.1)
28 – 37	113(32.8)
38 – 47	76(22)
48 – 57	73(21.2)
58+	17(4.9)
Education Level	
No education	**7(2)**
Primary	84(24.3)
Secondary	105(30.4)
College	149(43.2)
Marital status	
Married	261(75.7)
Single/Divorced	77(22.3)
Widow	7(2)
Occupation status	
Cashier	25(7.2)
Environmentalist	63(18.3)
ICT	25(7.2)
Cleaner	51(14.8)
Driver	33(9.6)
Nurse	89(25.80
Doctor	28(8.2)
Others	31(9)
Religion	
Christian	228(66.1)
Muslim	117(33.9)

The table 1 shows that the majority of the respondents (32.8%) were aged between 28 to 37 and 4.9% aged 58 years and above. The results of education indicate that, majority of the respondents (43.2%) had completed University education compared to2.0% who had no formal education. In addition, results shows that, majority of respondents (75.5%) were married, and many were nurses (25.8%)

Table 2: Awareness of the respondents on stunting prevention methods at MNH (N=345)

(N=345)

Variable	**Aware Number (%)**	**Not aware Number (%)**
Initiation of breast feeding within 1 hour at birth is very necessary for child nutrition	303(87.8)	42(12.2)
Exclusive breast feeding for six month has an impact on disease prevention	276(80)	69(20)
Introduction of complementary feeding from six month of age is recommended for better child health?	298(86.4)	47(13.6)
Have you ever heard stunting?	335(97.1)	10(2.9)
Is Stunting the nutrition disease?	285(82.6)	60(17.3)
Does Stunting cause physical and cognitive impairment?	314(91)	31(9)
Have you ever thought that there is stunting?	294(85.2)	51(14.8)

Result in table 2 shows that, awareness on the stunting prevention. The majority of the respondents (97.1%) had ever heard about stunting, 20% they are not aware that exclusive breast feeding for six month has an impact on disease prevention. The overall percentage of father's awareness on stunting in this study was 83.8% and 2.9% they have ever heard about stunting.

Table 3: Attitude of the Respondents towards stunting prevention at MNH (N=345)

Variable	Response	
	Agree Number (%)	Disagree Number (%)
Stunting prevention education to the father is very necessary	192(55.7)	153(44.3)
Male parent can play a big role on stunting preventions	212(61.4)	133(38.6)
Stunting prevention education may help fathers to understand more about the impact of stunting	213(61.7)	132(38.3)
It is appropriate to involve fathers in routine RCH care	202(58.6)	143(41.4)
Education about stunting will help to prevent children from getting stunting	231(67.6)	114(33)
Stunting prevention need concrete strategies on its prevention	208(60.3)	137(39.7)

The result in table 3 shows father attitues toward stunting prevention to underfive children. Where by 44,3% do not agree that education to the fathers is important in stunting prevention. How ever 41.4% disagree that it is appropriate to involve fathers in routine RCH care.

Table 4: Respondents practices on their involvement in stunting prevention (N=345)

Variable	Response	
	Always **Number (%)**	**Not at all** **Number (%)**
How frequently do you assist your wife during her pregnancy in getting well nutritional diet?	326(94.5)	19(5.5)
How often do you advice your wife to exclusive breast feeding the child up to six mouth?	328(95.1)	17(4.9)
To what extent do you share the information on stunting prevention to your community?	329(95.4)	16(4.6)
How do you advice your wife to have rest during pregnant?	327(94.8)	18(5.2)
How do you assist your wife on complement exclusive breast feeding	296(85.8)	49(14.2)
How do you tell your wife the important of complementary feeding after six month?	190(55.1)	155(44.9)

Table 4 below shows practices adopted by fathers in prevention of stunting in their children. The results presented shows that, (44.9%) of the respondents were not always tell their wives the important of complementary feeding after six month.

CHAPTER FIVE

5.0 DISCUSSION

This study showed that, 83.8% of the respondents had awareness on stunting prevention This finding is similar the Catholic Relief services study among male involvement which shows that knowledge of basic principle of nutrition among male respondent was high, although their in-depth understanding was found to be lower (30)**.** Also the study showed that, majority of the respondents (97.1%), had ever heard about stunting. On the other hand (87.8%) of the respondents were aware that breastfeeding should begin within one hour of child's birth.
The results also showed that, majority of the respondents (80.0%) were aware that, exclusive breast feeding for six month has an impact on disease prevention. Majority of the respondents (86.4%) were aware that, introduction of complementary feeding from six month of age is recommended for better child health. On the other hand, (82.6%) of the respondents were aware that, Stunting is the nutrition disease.

The overall percentage of father's awareness on stunting in this study was 83.8%. The reason for higher overall percentage of father's awareness on stunting in this study is due to the following reasons. The first reason is that, Muhimbili National Hospital is among the source of information for stunting, therefore it is more likely majority of them here and get information on stunting faster than others. The second reason for this is that, they are health care workers and probably know the importance of breast feeding within one hour of child's birth. The third reason is that, majority of them have completed Collage education and above, therefore this increases awareness on the stunting compared to non-educated ones.

According to attitude theory, attitude on stunting prevention can be determined by individual predisposed state, mind, or belief attributing to practices preventing under five stunting. Fathers attitude include their feelings or beliefs and self-efficacy towards own adoption of proper child care practices to his own children.

Therefore shows that, 60.8% of the respondents hard positive attitude on stunting prevention The finding differs from a study done in Papua New Guinea which revealed that, most fathers had negative attitude towards stunting prevention such as pressing their wives to shorten breastfeeding their babies (12),

Further more 95.6% of the respondents adopted practices on stunting prevention among fathers working at Mihimbili National Hospital. These findings are similar to the study done by Ditekemana., *et al* on male involvement in promotion of maternal and child health (25) in Sub Saharan Africa. Moreover, another study done in Nepal on male participation in family shows a positive impact when both parents cooperate to maintain the status of the child (26).

Feeding and telling their wives on the important of complementary feeding after six month.
Overall percent of father's practices on their involvement in stunting prevention was 95.6%.
The higher percent of father's practices on their involvement in stunting prevention is due to the increased awareness and attitude towards stunting and stunting prevention among fathers working at Muhimbili National Hospital. Although study shows that most of the respondents are aware on the practices of stunting prevention but the problem is still there. This indicates that health system challenges and health care worker uncommitment on the stunting problem. Not only men commitment is emphasized in RCH but the society in general should be looked for. This evidenced by study done in Zambia which indicate that male involvement affect men according to individual barrier that include fathers participations and attitudes towards their involvement in RCH.

The study findings indicate that the main factors affecting father's involvement in exclusive breastfeeding are shaped by the gender roles ascribed to men and women in society. It also indicates that fathers are interested in getting involved but lack exclusive breastfeeding knowledge. Additionally, the findings have shown that mothers can exclusively breast feed with physical and financial support from fathers support in form of providing food that enhances milk production and helping out with house chores, while in Zambia the reasons why men do not participate in exclusive breastfeeding or in women tagged issues is not only due to

health system challenges but has everything to do with society and what role they give men and women (46). Factors that impede father involvement affect men according to the individual, societal and programme levels. Individual barriers include fathers' perceptions and attitudes towards their involvement in exclusive breastfeeding. A lack of knowledge and motivation may also cause fathers not to get involved (47).

Limitation of the Study

It has been noted that the estimated sample size was 422 fathers that could facilitate the availability of reliable data of the study. However, it was observed some obstacles in the whole process of data collection which hampered the reaching of the target at a hundred percent.

1. Some of the respondents were somehow reluctant of disclosing their history of family caring so making the availability of reliable data to be difficulty.
2. It was identified that some respondents did not return back the questionnaires supplied to them by the research which was 39 respondents as makes the 9.2% of all the entire number of respondents.
3. The respondent had medical background therefore the findings of knowledge, attitude and practice toward stunting prevention could be interfered with one's profession.

CHAPTER SIX

6.0 CONCLUSION AND RECOMMENDATIONS

6.1Conclusion

This study has provided information on the perspectives of fathers 'on the question of father's awareness attitude and practice in stunting prevention. The present formative evaluation was developed to fill gaps in understanding of how fathers' perceive the current situation of father awareness in stunting prevention.

The study was also able to capture that fathers attitudes and practice if well oriented to them will be a key for stunting alleviation. To address this problem and associated mortality and morbidly of stunting in Tanzania communities, a mult-sectoral approach is highly needed. This should include in the change of policy for creating supportive environment for furthers to attend RCH to be provided with education. This is because even though this study had been done in population of medical ground but 51% of low level of education had low awareness and most of our community has this situation.

6.2 Recommendations

Due to the findings obtained in this work the study came with several recommendations which are very significant in relation to the application and for ensuring the stunting prevention is going to be maintained. The study has the following recommendations to be considered:

1. The participation of fathers in the prevention of stunting is important. It has shown a positive impact when both parents cooperate to maintain the status of the child.
2. The recruitment of employees at the MNH should maintain the principle as observed to have most of those who have the high level of education. Establishment of parent class during RCH visit will help the fathers' to be more aware of the principle of nutrition to under five so as to prevent stunting in the community. This will help them to build up their sensitization and participatory in the whole issue of stunting prevention.

3. Since it was noted that the practice was somehow fathers were not fully involved though the findings showed the involvement practice were at normal. Therefore, there is the concerted need for policy makers and NGOs and the government in general to ensure of having the special program of awakening this group of fathers due to the importance they have in building the health of the children.

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APPENDICES

Appendix I: Questionnaire

QUESTIONNAIRE

Serial No. | | | |

QUESTIONNAIRE PREPAIRED FOR ASSESSING THE LEVEL OF KNOWLEDGE, ATTITUDE AND PRACTICEAMONG MALE PARENTS ON STUNTING PREVENTION AT MUHIMBILI NATIONAL HOSPITAL IN ILALA MUNICIPAL DAR ES SALAAM

Please put the appropriate number of response in a given box

s/n	Questions	Response	No.

SECTION A SOCIAL DEMOGRAPHIC INFORMATION

Put a tick (√) for each of the response of your choice

1	(a) Age	1.	……..
2	Highest level of education	1. Primary	( )
		2. Secondary	( )
		3. University	( )
		4. None of the above	
3.	Marital status	1. Married	( )
		2. Single	( )
		3. Cohabiting	( )
		4. Divorced/Separated	( )
		5. Widow	( )
4	Occupation	1. Employee	( )
		2. Self-employment	( )

5	Residence		( )
6	Religious	1. Christian	( )
		2. Muslim	( )
		3. Others	( )
7	How many children do you have	Numbers	( )
SECTION B **KNOWLEDGE QUESTIONS** For each of the following write the number of the correct response of your choice			
8	8. Initiation of breast feeding within 1 hour at birth is very necessary for child nutrition?	1. True 2. False 3. Don't know	( )
9	9. Exclusive breast feeding for six month has an impact on disease prevention?	1. True 2. False 3. Don't know	( )
10	10. Introduction of complementary feeding from six month of age is recommended for better child health?	1. True 2. False 3. Don't know	( )
11	11Have you ever heard stunting? If YES answers the QN 6 continue with 7,and if NO go to QN 9….	1. Yes **2.** No	( ) ( )
12	12 Where did you get the information?	1. Health provider 2. Families/ friends 3. Media	( )
13	13 Is Stunting the nutrition disease?	1. Yes	( )
		2. No	( )

14	14. Does Stunting cause physical and cognitive impairment?	1. Yes 2. No	( ) ( )
15	15. Have you ever thought that there is stunting?	1. Yes	( )
		2. No	( )
16	What would do you do to prevent? You may tick (√) more than one	1. Exclusive breast feeding up to six month	( )
		2. Proper feeding practice	( )
		3. Good sanitation	( )
		4. All of the above	( )
		5. None of the above.	( )

SECTION C: QUESTION ON ATTITUDE ABOUT STUNTING PREVENTION			
17	Q.17 Stunting prevention education to the male parents is very necessary	1. Strongly agreed	( )
		2. Agreed	( )
		3. Disagreed	( )
		4. Strongly disagreed agreed	( )
18	Q.18. Male parent can play a big role on stunting prevention	1. Strongly agreed	( )
		2. Agreed	( )
		3. Disagreed	( )

		4. Strongly disagreed agreed	( )
19	Q.19. Stunting prevention education may help male parents to understand more about the impact of stunting	1. Strongly agreed	( )
		2. Agreed	( )
		3. Disagreed	( )
		4. Strongly disagreed agreed	( )
20	Q.20. It is appropriate to involve male parents in routine RCH care	1. Strongly agreed	( )
		2. Agreed	( )
		3. Disagreed	( )
		4. Strongly disagreed agreed	( )
21	Q.21 Education about stunting will help to prevent children from getting stunting	1. Strongly agreed	( )
		2. Agreed	( )
		3. Disagreed	( )
		4. Strongly disagreed agreed	( )
22	Q22 Stunting prevention need concrete strategies on its prevention	1. Strongly agreed	( )

		3. Agreed	( )
		4. Disagreed	( )
		5. Strongly disagreed agreed	( )
23	Q23 Stunting prevention in the community need maltsartorial approach	1. Strongly agreed	( )
		2. Agreed	( )
		3. Disagreed	( )
		4. Strongly disagreed agreed	( )
SECTION D: QUESTION PRACTICES ON STUNTING PREVENTION PRACTICE			
24	.Q24How frequently do you assist your wife during her pregnancy in getting well nutritional diet?	1. Always	( )
		2. Sometimes	( )
		3. Not at all	( )
25	Q25How often do you advice your wife to exclusive breast feeding the child up to six mouth?	1. Always	( )
		2. Sometimes	( )
		3. Not at all	( )

26	Q26 To what extent do you share the information on stunting prevention to your community?	1. Always	( )
		2. Sometimes	( )
		3. Not at all	( )
27	Q27How do you advice your wife to have rest during pregnant?	1. Always	( )
		2. Sometimes	( )
		3. Not at all	( )
28	Q28How do you assist your wife on complement exclusive breast feeding?	1. Always	( )
		2. Sometimes	( )
		3. Not at all	( )
29	Q29.How do you tell your wife the important of complementary feeding after six month?	1. Always	( )
		2. Sometimes	( )
		3. Not at all	( )
30	Do you advice your wife to rest during pregnancy	1. Always 2. Some times 3. Not at all.	
31	Early initiation of breastfeeding, Exclusive breastfeeding, Complementary feeding and Proper sanitation can prevent stunting?	1. Yes 2. No	( ) ( )

APPENDICES

Appendix II: Dodoso

Serial No. | | | |

CHUO KIKUU CHA SAYANSI NA TIBA MUHIMBILI,

DAR ES SALAAM

TAFSIRI YA KISWAHILI KWA AJILI YA UTAFITI JUU YA UZUIAJI WA UDUMAVU KWA WATOTO WALIO CHINI YA MIAKA MITANO UNAO FANYIKA HAPA HOSPITALI YA TAIFA MUHIMBILI

Namba	SWALI	Majibu	Namba ya jibu.

Sehem A TAARIFA BINAFSI

Put a tick (√) for each of the response of your choice

1	(a) Umr iwako	Miaka	……..
2	Kiwango cha juu cha elimu yako	1. Msingi	( )
		2. Secondari	( )
		3. Chuo kikuu	( )
		4. Sijasoma	( )
3.	Hali ya ndoa	1. Nimeoa	( )
		2. Sijaoa	( )
		3. Ninaishi na mke	( )
		4. Nimemwacha	( )
		5. Mgane	( )

4	Kazi unayofanya/ Kazi yako ni ipi	1. Keshia	( )
		2. Mazingira	( )
		3. Technohama	( )
		4. Mfanyausafi	( )
		5. Dreva	( )
5	Unakoishi		( )
6	Dini yako	1. Mkristo	( )
		2. Muislam	( )
		3. Nyingine taja	( )
7	Idadi ya watoto ulionao	Namba	( )
	Sehemu B Maswali ya ufahamu wa kila swali andika namba ya jibu lako		
8	Uanzishaji wa kunyonya kwa mtoto ndani ya saa moja baada yaku zaliwa ni muhimu kwa viini lishe kwamototo?	1. Kweli 2. Sikweli 3. Sijui	( )
9		1. Kweli 2. Sikweli 3. Sijui	( )
10	Ulikizaji wa vyakula mbadala toka miezi sita na kuendelea inashauliwa kwa afya bora ya mtoto.	1. Kweli 2. Sikweli 3. Sijui	( )
11	Umeshawahi kusikia habari za udumavu? Kama ndio endelea swali la 12… na kama sio nenda swali la. 15….	1. Yes **2.** No	( ) ( )
12	Umepata wapi habari za udumavu.	1. Wafanya kazi wa afya 2. Familia/ rafiki 3. Vyombo vya habari	( )

13	Udumavu ni ugonjwa wa lishe bora?	1. Ndio	( )
		2. Hapana	( )
14	Udumavu unasababisha kutokuwa kimwili na kiakili?	1. Ndio	( )
		2. Hapana	( )
15	Ulisha wahi kufikiri kwamba kuna udumavu	1. Ndio	( )
		2. Hapana	( )
16	Utafanyaje kuzuia udumavu kwa watoto chini ya miaka mitano? Unaewza kutiki zaidi ya jibumoja **(√)**	1. Kumnyonyesha motto maziwaya mama mpaka miezi sita	( )
		2. Tabia nzuri ya ulishaji wa mtoto	( )
		3. Mazingira bora nasalama	( )
		4. Yote hapo juu	( )
		5. Hakunajibu	

Sehemu C: MASWALI YA MTAZAMO UZUIAJI WA UDUMAVU.			
17	Elimu ya kuzuia udumavu kwa wababa ni muhimu.	1. Nakubalikabisa	( )
		2. Nakubali	( )
		3. Nakataa	( )
		4. Nakataakabisa	( )
18	Wababa wanaweza kuwajibika kwa kiwango cha hali juu ili kuzuia udumavu.	1. Nakubalikabisa	( )
		2. Nakubali	( )

		3. Nakataa	( )
		4. Nakataakabisa	( )
19	Elimu ya kuzuia udumavu kwa wazazi wa kiume, inaweza kusaidia kukuza uelewa wa athali za udumavu.	1. Nakubali kabisa	( )
		2. Nakubali	( )
		3. Nakataa	( )
		4. Nakataakabisa	( )
20	Ni sahihi kuwashirikisha wababa kwenye cliniki za kawaida za mama na watoto?	1. Nakubalikabisa	( )
		2. Nakubali	( )
		3. Nakataa	( )
		4. Nakataakabisa	( )
21	Elimu kuhusu udumavui naweza kusaidia watoto kutokupata udumavu.	1. Nakubali kabisa	( )
		2. Nakubali	( )
		3. Nakataa	( )
		4. Nakataa kabisa	( )
22	Uzuiaji wa udumavu unahitaji mikakati ya hali ya juu	1. Nakubali kabisa	( )
		2. Nakubali	( )
		3. Nakataa	( )

		4. Nakataakabisa	( )
23	Uzuiaji wa utapiamlo unahitaji taasisi mbalimbali	1. Nakubalikabisa	( )
		2. Nakubali	( )
		3. Nakataa	( )
		4. Nakataakabisa	( )
Sehemu D: MASWALI YANAYOHUSU VITENDO VYA UZUIAJI WA UDUMAVU			
24	Ni mara ngapi unamsaidia mkeo wakati wa ujauzito kupatalishe bora?	1. Wakatiwote	( )
		2. Mara chache	( )
		3. Simsaidiikabisa.	( )
25	Ni mara ngapi unamshauri mkeo kunyonyesha maziwa pekee mpaka miezi sita?	1. Wakatiwote	( )
		2. Mara chache	( )
		3. Simsaidiikabisa.	( )
26	Kwa kiasi gani unaelimisha jamii yako kuhusu uzuiaji wa udumavu kwa watoto chini ya miaka mitano	1. Wakatiwote	( )
		2. Mara chache	( )
		3. Simsaidiikabisa.	( )
			( )

27	Ni namna gani unamshauri mkeo kupumzika wakati wa ujauzito?	1. Wakatiwote	( )
		2. Mara chache	( )
		3. Simsaidiikabisa.	( )
28	Namna gani unamsaidia mke wako wakati wa kulikiza chakula baada y miezi sita?	1. Wakati wote	( )
		2. Mara chache	( )
		3. Simsaidii 4. kabisa.	( )
29	Jinsi gani unamweleza mke wako umuhimu wa kulikiza baada ya miezisita?	1. Wakati wote	( )
		2. Mara chache	( )
		Simsaidii kabisa.	( )

Appendix III: Informed Consent (English Version)

Consent to participate in a research study

Greetings!

My name is Anna Aloyce Kilufi, I am a student at Muhimbili University pursuing a Master of Public Health. Currently I am conducting this research on knowledge, attitude and practice on stunting prevention among male parent and non-clinical workers at Muhimbili National Hospital. This study will help in exploring knowledge, attitude and practice the males parents they have in regard to the prevention of stunting in children.

Purpose of the study

The finding of this study will help to address the working environment for health attendants as close supervision and trainings are needed to minimize occupational exposure to infections and injuries. This will also help the management to know their role in enabling the health attendants to perform their activities.

What participation involves

If you agree to join the study, you will participate by responding to the asked questions. The interview will ask you about your demographic, knowledge, attitude and practices on the prevention of stunting. The interview will be conducted by three research assistants that will help you in case of any clarification is needed.

Confidentiality

All the information on the forms will be entered in the computer with only the identification number; no names will appear on the questionnaire.

Risk/discomfort

Some of the questions may be sensitive and personal so may feel uncomfortable at the same time it will take your time.

Right to withdraw and alternatives

Taking part in this study is completely your choice. You are free to choose either to participate in this study or not. You can decide to stop participating in this study any time you wish even if you have already given your consent. Refusal to participate or withdrawal from the study will not involve penalty or loss of any benefits to which you are otherwise entitled.

Cost/ compensation

This exercise is voluntary; therefore there will be no payment to participants.

Whom to contact

If you ever have questions about this study, your rights as a participant, you should contact the principal investigator Anna AloyceKilufi, Mobile 0767229611 and Dr. Jane Mulimbila, who is the supervisor of this study, phone number 0713210174, Muhimbili University of Health and Allied Sciences, P.O. Box 65004, Dar es Salaam.

If you have ever questions about your rights as a participant you may call **Prof. M Moshi Chairman of the University Research and Publications Committee, P.O. Box 65001, Dar es Salaam. Telephone number 2150302 - 6. The will be glad to answer you**

Do you agree?

Participant agrees_____ Participants does not agree_____

I, _____ have read the content in this form. My questions have been answered. I agree to participate in this study.

Signature of participant_____

Signature of researcher_____

Date of signed consent_____

Appendix IV: Informed Consent (Swahili Version)

FOMU YA RIDHAA
Ridhaa ya kushiriki kwenye utafiti

Habari
Naitwa Anna Aloyce Kilufini mwanafunzi wa chuo cha afya na tiba Muhimbili (MUHAS) ninasomea shahada ya uzamiri ya afya ya umma. Kwa sasa ninafanya utafiti kuhusu udumavu wa watoto chini ya miaka mitano. Utafiti huu utafanyika kwa wazazi wa kiume wanaofanya kazi katika hospitali ya Muhimbili kwa kuangalia maarifa, mtazamo na vitendo katika kuzuia udumavu kwa watoto.

Lengo la utafiti
Matokeo ya utafiti huu yatasaidia kushauri wafanya maamuzi ni jinsi gani washirikishe wanaume kwenye clinic ya mama na motto ili wakapate elimu juu ya kuzuia udumavu kwa watoto wa chini ya miaka mitano.

Utaratibu wa kushiriki
Kama utakubali kushiriki katika utafiti huu, utashiriki kwa kujibu Maswali. Utasailiwa kuhusu taarifa zako binafsi na za kijamii, maarifa, mtazamo na vitendo katika kuzuia udumavu wa mwili kwa watoto. Usaili utafanyika kwa usimamizi wa wataalamu watatu ambao wako tayari kukusaidia pale unapohitaji msaada.

Usiri
Maelezo yote utayotoa na kujaza kwenye karatasi ya Maswali yataingizwa katika kompyuta kwa kutumia namba ya utambulisho, hakuna majina yatakayoingizwa katika fomu ya Maswali.

Athali

Maswali mengine yatayoulizwa yatakuwa nyeti na yatahusu wewe binafsi. Hivyo unaweza kujisikia vibaya na hata kukuchukulia muda wako.

Kujitoa kwenye utafiti/ mbadala

Ushiriki wako ni hiari na unaweza kuchagua kushiriki au kukataa. Unaweza ukasitisha kushiriki katika utafiti huu muda wowote hata kama ulisharidhia mwanzo. Ukikataa kushiriki hakutakuwa na adhabu yoyote ile wala hutapoteza chochote.

Gharama/ malipo

Zoazi hili ni hiari, kwa hiyo hakuna malipo yoyote yatakayotolewa.

Nani wa kuwasiliana naye

Kama unamasawali yoyote kuhusu utafiti huu, kuhusu haki zako, unaweza kuwasiliana na mtafiti mkuu Anna Aloyce Kilufi, simu namba 0767229611na DR. Jane Mulimbila, simu namba 0713210174, wa Chuo Kikuu cha Sayansi za Tiba Muhimbili, S. L. P 65004, Dar es Salaam. Kama una swali lolote kuhusiana na haki zako kama mshiriki, unaweza kuwasilaiana na Prof. M. Moshi ambaye ni Mwenyekiti wa Kamati ya Utafiti na Machapisho, P.O.Box 65001, Dar es Salaam. Simu namba 2150302-6.

Je unakubali?

Mshiriki kakubali_____Mshiriki kakataa_____

Mimi, _____ nimesoma na nimeelewa fomu hii ya ridhaa. Maswali yangu yote yamejibiwa na nakubali kushiriki katika utafiti huu.

Sahihi ya mshiriki_____

Sahihi ya mtafiti_____

Tarehe_____