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Research Article

The Contributions of Leadership Practices in Infant Health Improvement in Amhara Regional State of Ethiopia

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ABSTRACT

Infant should have adequate protections like shelter, nutrition, clean water, basic school education, preventive and therapeutic health services. Minimizing death rate and raising their health is one amongst the thought indicators in human development index of countries. Ethiopia particularly Amhara region has one amongst the highest infant death rate. Government of Ethiopia is addressing infant health as policy priority. The experience of these last ten years ensures that child death was improved. The study thought-about effective leadership given by the government of Ethiopia in health sector has contribution on the success and thus the enhancements in child health. The purpose of this study is assessing the contribution of leadership practices on increasing infant health in Amhara regional state of Ethiopia. To appreciate this objective, the study analyzed the contribution of leadership by specializing in leadership practices and performances infant health programs among the region as indicated by common infant health improvement indicators. Each quantitative and qualitative information was used victimization descriptive analysis vogue. A whole of 111 purposively sampled respondents has participated in filling survey type. Specifically, 61 respondents were sampled health sector leaders with 50 from their immediate reporters. The responses from this cluster of respondents were analyzed quantitatively. Interviews and focus cluster discussions supplemented the quantitative info sets. The descriptive result disclosed that effective leadership had contribution on the event of child health within the region. Leaders had basic leadership information and talent that they gained from experience and these have contributed to positive outcomes in enjoying child health programs. The effective leadership practices have contributed to the implementation of health extension programs and to capacitate community by adjunct oversight mechanism. The numerous indicators of effective leadership practices embrace leader's personal quality, team leadership and effective leadership processes, in operation health sector structure, access of health organizations up to health post, raised health seeking behavior of the community and development partner's support. The foremost enquiry of this analysis was testing the association of effective leadership practices with the event of child health. With answers to this enquiry and knowledge results of this, study recommends that maintaining the positive improvement of child health within the region depends on leadership development program to form positive leadership practices that settle for the dynamics among the health sector.

Key words: Leadership, Infant health, Primary health care, Ethiopia

INTRODUCTION

Healthy infant is extremely necessary for his or her family and conjointly the country at huge as a results of the country's future depends upon the achievements of the infant. A healthy infant desires a healthy family and setting free from abusive practices of every kind and fry must have adequate shelter, nutrition, clean water, basic school education, preventive and therapeutic health services [1]. This reduces child mortality and significantly can enhance the period of time, thus human capital that's vital indicator of overall development of countries [2]. Every year, eleven million infant die before reaching their fifth birthday and most of them die throughout their initial year of life. Most of these deaths (98% in 2002) unit in developing countries. Quite 0.5 they died because of acute metastasis infections, measles, malaria, and HIV/AIDS. To boot, disease underlies fifty four of all child deaths. Projections supported the 1996 analysis of the planet burden of unwellness indicate that these conditions will still be major contributors to child deaths in 2020 unless important efforts unit created to control them [3].

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Reports and tutorial findings show that the Millennium Development Goals continues to be gettable. The essential question of late may be thanks to process the pace of change; register faster progress. The experience of the last decade has shown proof of what works. It's provided tools for achieving the MDGs by 2015. The Millennium Development Goals summit in Sept, 2013 are attending to be an opportunity for world leaders to translate the experiences, proof and tools into a concrete agenda for action [4].

Infant mortality is high in Ethiopia; thus reducing child-mortality by fraction between 1990 and 2015 is per the MDGs as key objective of Ethiopia; among the Ethiopian context, the year 2000 was taken as a base year (Team, 2004). Over the past decade, the govt. of African nation has provided dynamic leadership in addressing the health desires of its population. The take into consideration health sector has exaggerated over the past five years associated has developed a formidable national health organize [5].

Since 1997/98, the GOE has enforced a series of consecutive Health Sector Development Programs; African nation developed Health Sector Policy in 1993. The current Health Sector Development organize (IV, 2010/11 – 2014/15) started in July 2010. The goal of this organize is rising the health standing of the Ethiopian people, through provision of adequate and optimum quality of encouraging, preventive, basic curative and rehabilitative health services to any or all segments of the population. After the two health sector development programs, African nation has created necessary progress in addressing major health challenges and rising health service delivery. It's collectively incontestable leadership and a strong commitment to creating positive improved health outcomes.

According to UN agency Bulletin (2009), the advance of child health is extremely necessary in meeting MDGs and this desires the commitment of the government. In keeping with the UN agency report on African nation, child health has improved among the country. Under-five child mortality has declined from 2 hundred per cardinal live births in 1990 to 123 in 2005. Also, as of June, 2007, child protection coverage had reached eighty one, contagion protection coverage seventy one, and full protection had exceeded eightieth. Given these efforts, government's commitment and support from partners, achieving the MDGs target is possible.

The country's preventable communicable diseases and process disorders unit related to low socio-economic standing, poor environmental conditions and low coverage of health services. African nation still faces a high rate of morbidity and mortality and relatively poor health standing [6].

Amhara Region is one amongst the regions of Ethiopia; the region has high death rate. Thus on curtail this, and cascading from the national policies and strategies, the regional government has enacted a regional child Health Policy and Strategy [7]. The implementation of these policy and strategy has high commitment of the govt. and Partners. The region is to boot implementing Health Extension Program and raised community involvement and possession among the planning and implementation processes [8]. It's instituted a Regional Partners Forum, Regional infant Survival and fruitful Health Task Force. As a result of these and completely different efforts, in step with EDHS 2005-2011 report, child health has improved. The outcomes of this was evident in terms of reduction in under- five death rate to sixty eight per one,000 live births and conjointly the mortality to thirty one per one,000 live births by 2015 [7]. The study sets out its downside and objectives from this background. And from this background analysis, the analysis downside statement was discerned.

Objective of the Study

The main objective of this study is to assess the contribution eminent of leadership practices in up infant health in Amhara regional state of Ethiopia.

The specific objectives of the study intends to:

1. Investigate the contribution of eminent leadership practices among the development of infant health in Ethiopian region.
2. To explore factors of eminent leadership observe have positive outcomes in terms of improvement in infant health Ethiopian region.
3. To look at various entry choices for maintaining the enhancements infant health in Ethiopian region.

Scope of the Study

The study was being delimited geographically, in Amhara region health offices. Methodologically the target groups of the population were taken from health office respective leaders.

Research Methodology

The study investigates the contribution of leadership practices in improving infant health in Amhara Regional State of Ethiopia. It focuses on the key infant connected programs of the region and conjointly the result indicators of performance [9]. The study involved relevant respondents from such programs within the region and conjointly the leaders from government and development partners that were implementing the programs [10].

Amhara Region has an estimated total population of 22,191,890 consisting of 9,110,481 male and 9,057,501 female. 87.4% of the population is estimated to be rural inhabitants, while 12.6% are urban dwellers (CSA 2017) and estimated area of 154,708.96 square kilometers, this region has an estimated density of 117.4 people per square kilometer.

Research Design

The study used an explanatory and descriptive research design because both explanatory and descriptive research designs are utilized to obtain information regarding the present status of the phenomena to clarify what exists with respect to variables or circumstances in a situation. Explanatory research design aimed at linking ideas in order to realize the associations of variables in terms of cause and result relationship [11,12]. The Explanatory research approach chooses to examine the causal relationship (association) between the dependent variable (profitability) and independent variable (marketing mix strategies). And also descriptive analysis used for the demographic factors and general information of respondents such as gender and age.

Sources of Data

The study employed both primary and secondary sources of data

METHODS OF DATA COLLECTION

The study used both close & open ended questionnaires, interviews and other written documents in order to achieve the objective of the study.

Sampling Technique

111 samples were selected purposively from Amahra region health sector leaders.

Methods Data Analysis

The researcher has employed both qualitative and quantitative data analysis techniques due to the nature of the data to be collected from different sources [13].

The researcher used descriptive statistics such as frequency distribution, mean, standard deviation and other related technique and multiple regression analysis was employed to show the influence of independent variable on dependent variable.

The general form of the model for the multiple linear regressions could specify as:

$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + + e$

The left-hand variable, Y, represents the dependent variable in the model, which is the improved infant health. X contains the set of explanatory variables in the estimation model, β0 is the constant, $\beta_{i\,(1\text{-}2)}$ represents the coefficients of the independent variables and e is the error term. Therefore, the model for the multiple linear regressions, built in line with the hypotheses of the study is given as follows:

IIH = β0 + β1 (IL) + β2 (PRC) + β3 (GL) + e~~~~~~~~~~~~~~~~~~~~ (1)

Where: IIH = Improved Infant Health, IL= Individual leadership and GL= Group leadership

DATA ANALYSIS AND INTERPRETATION

Demographic Characteristics of Respondents

Based on the Figure (1) below; female leaders account for limited portion of the total health sector leaders. Out of the 111 leaders, 100 (90%) of them are male while female health sector leaders account for the remaining 11 (10%).

Looking at the age distribution of our respondents (Figure 2), the largest number of leaders, 40 (36%), fall under the age group of 35 to 40 years old. Only 8 (7%) of the respondents are below 34 years old. As clearly depicted in Figure 3 and 4 (5%) of the leaders are above 45 years old [14].

From the study findings (Table 1) shows that there is a positive correlation between infant health improvement and individual leadership as shown by the correlation factor 0.512 at 0.000 level of confidence.

The study also found (Table 2) a positive correlation between group leadership and infant health improvement as shown by the correlation coefficient 0.610 at 0.000 level of confidence found to be statistically significant

Regression Analysis

In the summary of a multiple regression model, the first thing to look at is the "R" which shows the direction and strength of the relationship between the dependent and the independent variables. The closer the value gets to 1, the stronger the relationship. In this case as shown in the model in Table 3, R= 0.794. This means there was an overall strong and positive relationship between the variables.

The independent and dependent variables were tested to determine for effects using regression and accounted for 68.1 %. The two independent variables (individual leadership & group leadership) were studied to explain 68.1 % of the improvement of infant health (IIH) as represented by the R square. This means that other factors not studied in this research contribute 31.9% to the improvement of infant health.

CONCLUSION

Based on the finding the following conclusions were made:

The leadership roles for managing facilities and its effect on the overall performance of infant health are often ignored. This study has demonstrated that weak and lake of committed leadership does not promote effective mobilization of infant health. It is predictable that the recent lack of active contribution of leader are a nationwide phenomenon, the problem is more rampant when it comes to Amhara region.

Clear differences in successful leadership emerged low infant health and the observed differences that affect the functioning of health services were use of data, supportive supervision, teamwork, in-

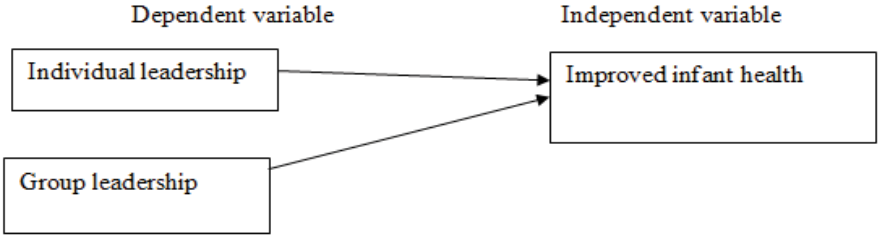

Figure 1: Conceptual framework.

Source: Developed by the researchers, 2021

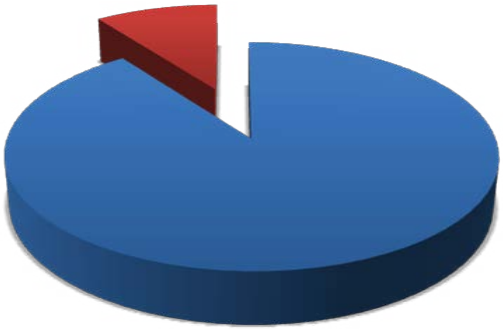

Figure 2: Gender Distribution.

Source: Survey, 2021

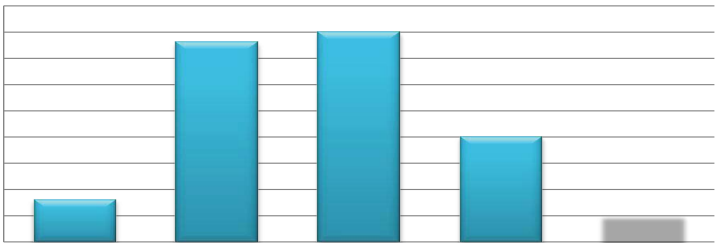

Figure 3: Age Distribution of respondents.

Source: Survey, 2021

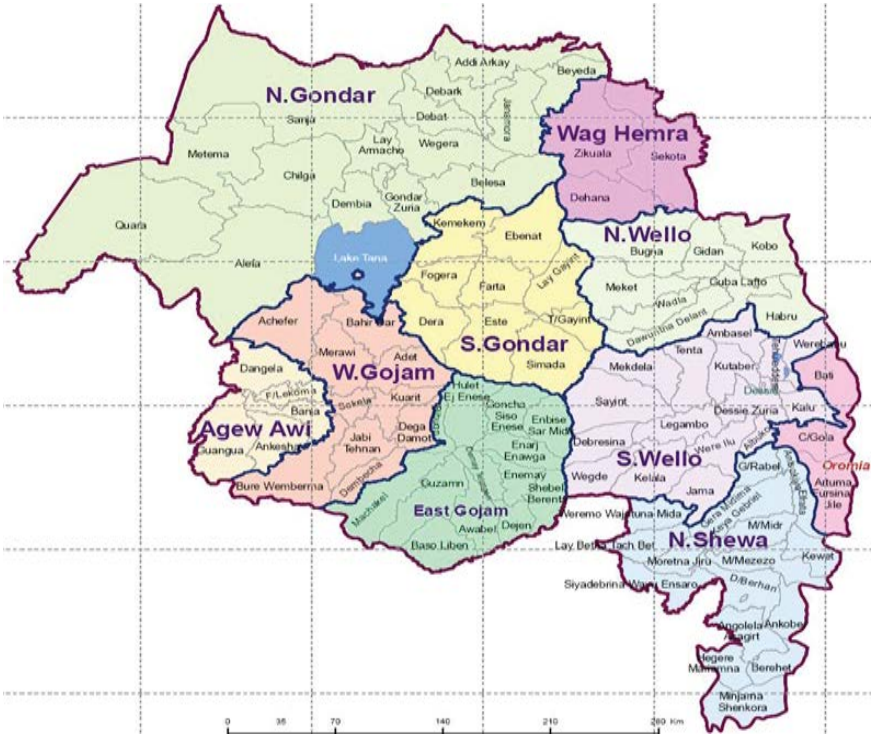

Figure 4: Description of Study area.

Table 1: Correlation analysis between individual leadership and infant health improvement.

		Individual leadership	Infant health improvement
Individual leadership	Pearson Correlation	1	.512**
	Sig. (2-tailed)		.000
	N	111	111
Infant health improvement	Pearson Correlation	.512**	1
	Sig. (2-tailed)	.000	
	N	111	111
**. Correlation is significant at the 0.01 level (2-tailed).			

Source: research data, 2021

Table 2: Correlation analysis between group leadership and infant health improvement.

		Group leadership	Infant health improvement
Group leadership	Pearson Correlation	1	.610**
	Sig. (2-tailed)		.000
	N	111	111
Infant health improvement	Pearson Correlation	.610**	1
	Sig. (2-tailed)	.000	
	N	111	111
**. Correlation is significant at the 0.01 level (2-tailed).			

Source: research data, 2021

Table 3: Model summary for the result.

Model Summary[b]				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.794[a]	.681	.551	.17862
a. Predictors: (Constant),IL & Gl				
b. Dependent Variable: IH				

Source: Research data, 2021

service training, and accountability and feedback systems through regular management meetings. A combination of favorable conditions that provided the opportunity and context within which infant health services could be improved. In the poorly performing hospital, lack of approachable and effective leadership resulted in mistrust, frustration and lack of commitment.

Good performance and better infant health services was driven by a few individuals and might be difficult to sustain if key individuals were to leave, especially in a context of a weak infant health system as in Amahra region.

RECOMMENDATION

Based on the findings made above, the researcher forwards the following recommendations.

- Weak and lake of committed leadership does not promote effective mobilization of infant health. Therefore it is better to create committed and successful leaders through capacity building in order to enhance infant health in Amhara region.
- In order to improve infant health in Amhara region shall needs successful and responsible leaders in health sector
- Even though the leaders played an important role in influencing change, sustainability of performance in health facilities still needs strong and well-developed systems.
- In order to retain key individual leaders it is better to support so as to increase infant health successfully.

Ethical Approval and Consent to Participate

The Ethical clearance letter was obtained from Debre Tabor University Ethical Review Committee. Then, a written official letter was obtained from Amhara Regional State Health Bureau. The objective of the study was explained to each study participant during the data collection period. We followed standard operating procedures (SOP) during data collection and tried to adhere to the declaration of Helsinki. Here, informed and written

Consent was obtained from each participant before the data collection. Participation in the study was entirely voluntary. For all participants, we assured that refusal was possible during any stage of the interview. The confidentiality was guaranteed by removing personal identifiers through using codes. After analyzing the data, we assured that the result of the study will be published in an international scientific journal.

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AUTHOR CONTRIBUTIONS

All authors made a significant contribution to the work reported, through the conception, study design, execution, acquisition of data, analysis and interpretation; took part in drafting, revising or critically reviewing the article; gave final approval of the version to be published; have agreed on the journal to which the article has been submitted; and agree to be accountable for all aspects of the work.

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