



COLLEGE OF HEALTH SCIENCE
DEPARTMENT OF PUBLIC HEALTH

BREAST FEEDING TECHNIQUES AND ASSOCIATED FACTORS AMONG
PRIMIPAROUS MOTHERS IN SOUTH ACHEFER WOREDA, WEST GOJJAM
ZONE, AMHARA REGION, ETHIOPIA, 2021.

PRINCIPAL INVESTIGATOR: WETET TSEHAY (BSC)

THESIS SUBMITTED TO DEBRE BERHAN UNIVERSITY, COLLEGE OF
HEALTH SCIENCE, DEPARTMENT OF PUBLIC HEALTH, FOR PARTIAL
FULFILLMENT FOR THE REQUIREMENT FOR MASTER OF PUBLIC HEALTH
IN /REPRODUCTIVE HEALTH.

JUNE, 2021

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PRINCIPAL INVESTIGATOR: WETET TSEHAY (BSC)

EMAIL: tsehaywetet@gmail.com

ADVISORS: Mr. WONDWOSEN ASEGEDEW (ASST. PROFESSOR, BSc, MPH)

Email: wondeasgw@gmail.com

Mrs. HILINA KETEMA (BSc, MSc IN PEDIATRICS AND CHILD
HEALTH)

Email: hilinaketema13@gmail.com

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APPROVAL SHEET

I, declare that I have submitted my thesis work on: Breast feeding techniques and associated factors among prim-para mothers in South Achefer woreda West Gojam, Amhara, Ethiopia, 2021.

Principal Investigator: Name of student	Signature	Date
Wetet Tsehay		30/6/2021

This thesis work has been accepted with my approval as an advisors.

Approved by:

Major Advisor	RANK	Signature
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Date

Mr. Wondwosen Asegidew	Assist, Professor	(BSc, Mph).
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30/6/2021

Co-Advisor	RANK	Signature
------------	------	-----------

Date

Mrs. Hilina Ketema	(BSc, MSc)	_____
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30/6/2021

EXAMINER:	RANK	SIGNATURE
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DATE

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30/6/2021

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ABBREVIATION AND ACRONYMY

ARI:	Acute Respiratory Infection
AOR:	Adjusted Odd Ratio
ANC:	Antenatal Care
BFHI:	Baby Friendly Hospital Initiation
BFT:	Breast Feeding Technique
CI:	Confidence Interval
C/S:	Cesarean Section
COR:	Crude Odd Ratio
DC:	Data Collector
EPI:	Expanded Program Immunization
EBF:	Exclusive Breast Feeding
FP:	Family Planning
GA:	Gestational Age
IBF:	Ineffective Breastfeeding Techniques
OR:	Odds Ratio
PNC:	Postnatal Care
PI:	Principal Investigator
SD:	Standard Deviation
SPSS:	Statistical Package for Social Science
SVD:	Spontaneous Vaginal Delivery
UNICEF:	United Nations Children Funds
WHO:	World Health Organization

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ABSTRACT

Background: Breast-feeding techniques is a skill, which every mother and children acquires through time. Ineffective breastfeeding technique is one of the factors contributing to Primipara mothers practicing non-exclusive breastfeeding. In Ethiopia, as in other nations, improper breastfeeding technique is the leading cause of nipple pain. Since Child and maternal risks are being minimized by using breast-feeding techniques.

Objective the study: To assess breast feeding techniques and associated factors among prim parous mothers in South Achefer woreda, East Gojam zone, Amhara Region, Ethiopia, 2021.

Method: A Community based cross-sectional study was conducted from march 2021 to April 2021. The study includes 417 prim parous mothers who have less than 6 months of children found in South Achefer woreda were selected from study population by using cluster-sampling technique. interview and observational checklist was used for data collection. The data was entered by using Epi data version 4.2 statically software and analyzing SPSS version 23 statically package. Descriptive statics and bivariate and multivariate logistic regression analysis was used. adjusted odds ratio was used to interpret the strength of association at 95%CL, p value of <0.05.

Result: The proportion of effective breast-feeding technique practice was 42.93% at 95% CI (38.1-47.7). Having antenatal counseling apply effective breastfeeding technique (AOR 2.003; 95% CI (1.020 - 3.932)), initiating immediately breastfeed (AOR 3.85; 95% CI (1.400-10.587)) were apply effective breastfeeding techniques, postnatal counseling was applying effective breastfeeding techniques (AOR 2.139; 95% CI (1.116 - 4.097)),. likewise no breast problem (AOR 2.897; 95% CI (1.166 - 7.196)), and previous information on breast feeding technique (AOR 3.564; 95% CI (1.816 - 6.994)) were apply effective breastfeeding techniques.

Conclusion and Recommendation: The overall proportion of effective breast-feeding technique practice was low. Separately, proportion of good positioning, attachment and sucking observed below the average level. Health care professionals should give adequate health education and counseling on breast feeding technique practice during antenatal and postnatal follow up time. Special support mechanism on breast feeding practice should be available for prim-parous mothers.

Key words: Breastfeeding techniques, prim parous, South Achefer, West Gojam.

1. INTRODUCTION

1.1. Background

Breastfeeding is the act of conveyance human milk from the mother to the infant directly or indirectly at the breast (1). Breast-feeding technique is a skill that each one mothers and babies develop over time with practice. The three breast feeding techniques of positioning, attachment and suckling are crucial for maintaining breast-feeding practice and preventing breast feeding issues. It's a serious factor in the success of early breastfeeding and long-term exclusive breastfeeding (2).

Breast-feeding techniques in India are unevenly distributed from person to person, region to region, and rural to urban areas (3). Breast-feeding is a widely recognized method in Ethiopia (4). Despite the fact that Ethiopia has a low rate of breast-feeding techniques (36.5 percent) (5). The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) are concentrating on maternity practices in order to improve breast-feeding technique (6). Proper breastfeed positioning among Primipara (58.3%) and proper attachment were found to be essential in India (54.2 percent) (7).

Primipara mothers have a lower level of expertise when it comes to breast-feeding (8). In Ethiopia, proper breastfeeding position (28.7%) and attachment (28.5%) are both poor (9). Children who have not been properly breastfed for six months are 15 times more likely to die from pneumonia and diarrhea than children who have been properly breastfed (10). Application of effective breastfeeding techniques and Appropriate care are the key importance for early childhood and during infancy to optimum development, health, and survival (11). The Baby Friendly Hospital Initiative (BFHI) was developed to develop and promote good breast feeding strategies in Primipara mothers(12).

The common attributed cause of nipple pain may have varied from improper breastfeeding technique, incorrect infant positioning or improper attachment that lead to in effective milk transfer which in turn results in unrelieved suction applied to the nipple surface, and this may elicit subsequent pain (13). Breastfeeding techniques are vital in avoiding traction on the mother's nipple, assisting in the protection of the nipple, promoting infant reflex activity, reducing non-infectious disease in the neonate, enabling the baby to obtain sufficient milk supply, and reducing low milk adequacy (14).

1.2. Statement of the problem

Globally, inappropriate breast-feeding techniques among prim para mothers are common (15). This deficit indicates a lack of breast milk consumption, which will result in low weight gain and stunting, and the baby will become malnourished. Improper breastfeeding techniques contribute to the practice of exclusive breastfeeding and exacerbate the problem. Inappropriate breast-feeding practice account for 60% of child deaths worldwide and two-thirds of deaths from infectious diseases are caused by inadequate breastfeeding (16).

In Nepal, inadequate feeding practices have a detrimental effect on neonatal growth and development, resulting in the death of thousands of newborns in each year. (17)(18). Children with mothers who did not use proper breast-feeding techniques suffered from diarrhea in 56.8% of cases and acute respiratory infection in 62.7 percent of cases (ARI) (2). In order to optimize optimal breastfeeding practice, the baby's body must be correctly attached and positioned; otherwise, the infant's ability to feed efficiently would be compromised, and breast engorgement would occur (19). Inappropriate breast feeding techniques have been linked to nipple cracking in mothers, according to a study (9).

According to the World Health Organization (WHO), almost six million babies died in Africa due to preventable disease in 2016 (20). When compared to multipara mothers, prim parous mothers are a vulnerable group for inadequate breastfeeding practice and breastfeeding cessation, accounting for nearly half of the instances (21). To reduce the gap Primipara mothers seek information and advice in order to practice proper breastfeeding techniques. (7).

Many studies have been conducted in Ethiopia on breastfeeding practices and EBF in multiparous and prim parous mothers, but only a few studies have been conducted on breast-feeding techniques and factors among prim parous mothers, even though breast-feeding techniques are a serious issue. A study conducted in Ethiopia's eastern region found that effective breastfeeding techniques was limited (43.4%) (22). Successful breastfeeding techniques are important for both infant and maternal health, but they are often ignored, leaving postpartum mothers and children at risk of morbidity and mortality. Child and maternal risks are being minimized by using breast-feeding techniques (23). Therefore, this

study aimed to assess breast feeding techniques and associated factor among prim parous mothers in South Achefer woreda, West go jam, Amhara, Ethiopia, 2021.

1.3. Significance of the study

Proper breast-feeding techniques are significantly important for the health of the mother and growth and development of the child specially breast-fed prim para mother in the less 6 months of children as well as give as information for different stakeholders. Hence, there is a need to carry out the research with breast feeding techniques and associated factors among prim para mothers in South Achefer woreda, West Go jam, Amhara, Ethiopia, 2021.

Health extension workers who work at the community level, midwives, nurses and other health profession who works in maternity care center antenatal care, delivery, postnatal, expanded program immunization (EPI), family planning(F/p)) unit and in the community setting will utilize this result of the research as reference in their counseling, health education session to minimize ineffective breastfeeding techniques and improve proper breast feeding practice in prim para who have less than 6 months of children.

The finding of this study will be providing for the district health officer, regional health bureau and non-governmental health organization as relevant information for the future planning and intervention of appropriate strategy to promote and maintain to effective breast-feeding techniques and in prim para mothers in the first 6 month of infant life.

This finding of the study will also help in the higher educational institution to influence to revise their curriculum in order to give emphasis on effective breast-feeding stimulation in prim para mothers in the first 6 month of infant life.

Lastly, the study can be used as reference for health professions especially maternity, neonatology, pediatrics and others who are interested to carrying out further study with regards.

2. LITERATURE REVIEW

2.1. Breast feeding techniques

Breast-feeding techniques is a skill to support the mother and the neonate for the effective breast-feeding techniques. It includes; positioning, attachment, sucking with criteria 4,4,3 respectively, study done in Western Denmark showed that 123 (44%) mothers were effective breastfeeding techniques and 108 (39%) ineffective breastfeeding techniques (24). A study done in north Karnataka tertiary hospital (44) 59% a prim parous mothers were in effective breast feeding and (31)41% was observed in the participant effective breast feeding techniques (25). In Delhi research showed that breast feeding techniques among prim parous mothers were inadequate only 7.5% were appropriate breastfeeding techniques and also reported that health care providers support for the prim parous mother breast feeding techniques are vital for the neonate to give adequate nutrition (9) (26).

A study done in Libya showed that (22,2%) of Poor position and (33.3%) of poor attachment (27). A study in Egypt reported that 68.2% of proper positioning and 64.8% of proper attachment should help for prevention of breast and nipple complication (28). A study done in Areka town Southern Ethiopian showed that poorer positioning and attachment were more apparent among prim parous mothers 47.1%, 31.1% respectively than multipara mothers (28.7%). poorer positioning, 28.7% poorer attachment (29). A study done in South Ari district, Ethiopian reported that 63.2% of prevalence of ineffective breastfeeding (5). Study conducted in Harar city, Eastern Ethiopia reported that good positioning 63.2% and good sucking 69.2% in PNC and in EPI unit (22). Study done in Gondar town, Northwest Ethiopia reported that 48% of effective breast feeding techniques (30).

2.2. Factors associated with breast feeding techniques

2.2.1. Sociodemographic related factor

A study done in East Delhi were the sociodemographic characters of the mother's affects breast-feeding practice. The study revealed that 42% of colostrum were discarded by mother due to cultural challenge and mothers level of education, up to high school were poor attachment and positioning technique (48.95%) than mothers educational level above high school (17.55%) (9). Another study done in India only (42.8%) were good attachment and positioning. It also reported mother's age less than 20yrs were good positioning (68.7%) and poor attachment (31.3%) than mothers age greater than 20yrs (47.1%), (52.9%) respectively.

Concerning level of education uneducated mothers were poor attachment (11.5%) than grade 4 or less (51.5%) but uneducated mothers were good positioning (88.5%) than grade 4 or less (58.8%). those factors were significantly associated with mother's breastfeeding techniques however residence did not have any significant correlation with breast feeding techniques (31). In Harar city, Eastern Ethiopia study showed that level of education significant association with BFT (AOR 2.3). Mothers had previous information were also predictors for breast feeding techniques (AOR 3.3) (22). From Aerka town. South Ethiopian study showed that level of education and residence were not association with attachment and positioning, the age of the mothers less than 20yrs were poorer attachment and positioning (29).

A study done in Southern Ethiopia revealed that parent's education level secondary and above were 4.9 times involved for breast feeding practice than below grade eight educational level (AOR 4.96) and highly significant with breast feeding practice. Higher household income mothers were more initiating breast feed practice than low household income (OR 1.28) (32). A study done in Indonesia reported that husband and family support might affect breast-feeding techniques. Nearly 76.6% get support but only 40% exclusive breast feed as result mothers support system were not relation with breast feeding practice (33)..

2.2.2. Obstetric and health service utilization related factor

In India study reported that mode of delivery, Place of delivery, birth weight were significantly associated with proper breast feeding techniques (34). In Eastern Ethiopia study revealed that having postnatal visiting and immediate breast-feeding counseling after birth indicates significantly associated with practice of breast-feeding techniques (AOR 5.9) and (AOR 1.7) respectively (22).

A study done in Southern Ethiopia indicates that place of delivery was associated with attachment during breastfeed(29). Mothers who delivered at home IBT was 4.5 times (AOR=4..5) higher as compared to mothers who delivered in the hospital (5). A study done in Western Denmark reported that those mothers had postpartum early and late breast feeding problems significantly associated with ineffective breast feeding techniques (24). WHO reports that only 45% of newborn exclusively breast feed in the first hour of birth (35). A study done in Southern Ethiopia revealed that parents visiting health facility with their wife were 5.5 times involved breast feeding practice than parents who had no health facility visiting with their

wives (AOR 5.47) (5). A study done in Northwest Ethiopia revealed that having antenatal follow up counseling and immediate postnatal counseling indicates significantly associated with practice of breast-feeding techniques (AOR 0.55) and (AOR 0.45) respectively (30).

2.2.3. Maternal and children health related factors

Breast feeding techniques can affect by maternal health condition, infant health condition and breast problems. Breast-feeding function of newborn determine by smooth breast anatomy and coordination of the mother. Newborn head and body alignment affects respiratory system and effective breast feeding of the new born (6). A study done in Libya showed that Breast problems were more associated with poor position (57.1%) and attachment (71.4%) (36) . Mothers had no any of breast-feeding problem like; nipple cracked, breast engorgement, inverted and breast mastitis during breast feed significantly associated with of practice breast feeding techniques (AOR 4.1) (22). A study done in Nigeria revealed that nearly sixty three percent them had inattention to exclusive breast feeding before six month of newborn this intention directly or indirectly the major problem for ineffective breast feeding technique practices (37).

A Study done in Southern Ethiopia designated that maternal condition and infant condition were contributing for poor attachment during breast-feeding. Regarding to baby birth weight, (64.3%) among low birth weight reported that poor attachment during breast-feeding than normal birth weight (28.4%). Concerning to gestational age. Gestational age had poor attachment during breast-feeding. preterm infants (50%) had poor attachment during breast feeding than full term infant(29.4%) (29). Sucking and milk transfer observed by change of baby is sucking degree. If the newborn sucks breast with in wrong manner, then, its cases for mother's breast pain especially for prim-mothers. This later cause breast pain and infection. As a result, the whole breast-feeding technique affected (38). Breastfeeding techniques were also affected by a mother's condition, breast problem and neonatal conditions (39).

Effective breast-feeding techniques are essential for establishing and maintaining for infant breastfeeding, namely positioning, attachment, and sucking. Baby attachment with breast is important factor the feed the neonate as required. It is the attachment of baby's mouth with mothers' breast to feed. The mouth must be wide open. The baby lower lip should turn out ward. Babes chin must also touch the breast and more areola must visible above the lip (6).

Inappropriate sucking techniques and poor milk production are cause for breast problem like breast engorgement, painful breast, nipple infection, mastitis, and breast abscess Specialty it occurs at early postnatal period. This make the mother discomfort for breast feed and practice of breast feeding highly affected at early postnatal time if not treated it leads to early weaning or improper feeding of the in infant (40). Postpartum period, prim mother would face negative body changes result postpartum stress and discard colostrum. This causes breast infection and it affects breastfeeding practice and also infective breast-feeding technique affects breast health condition (41). Neonate having illnesses or congenital anomaly like acute illnesses, oral thrush and cleft lip/palate leads to ineffective breast-feeding practice and this affects both neonates and mother's health condition (42).

2.3. Conceptual framework

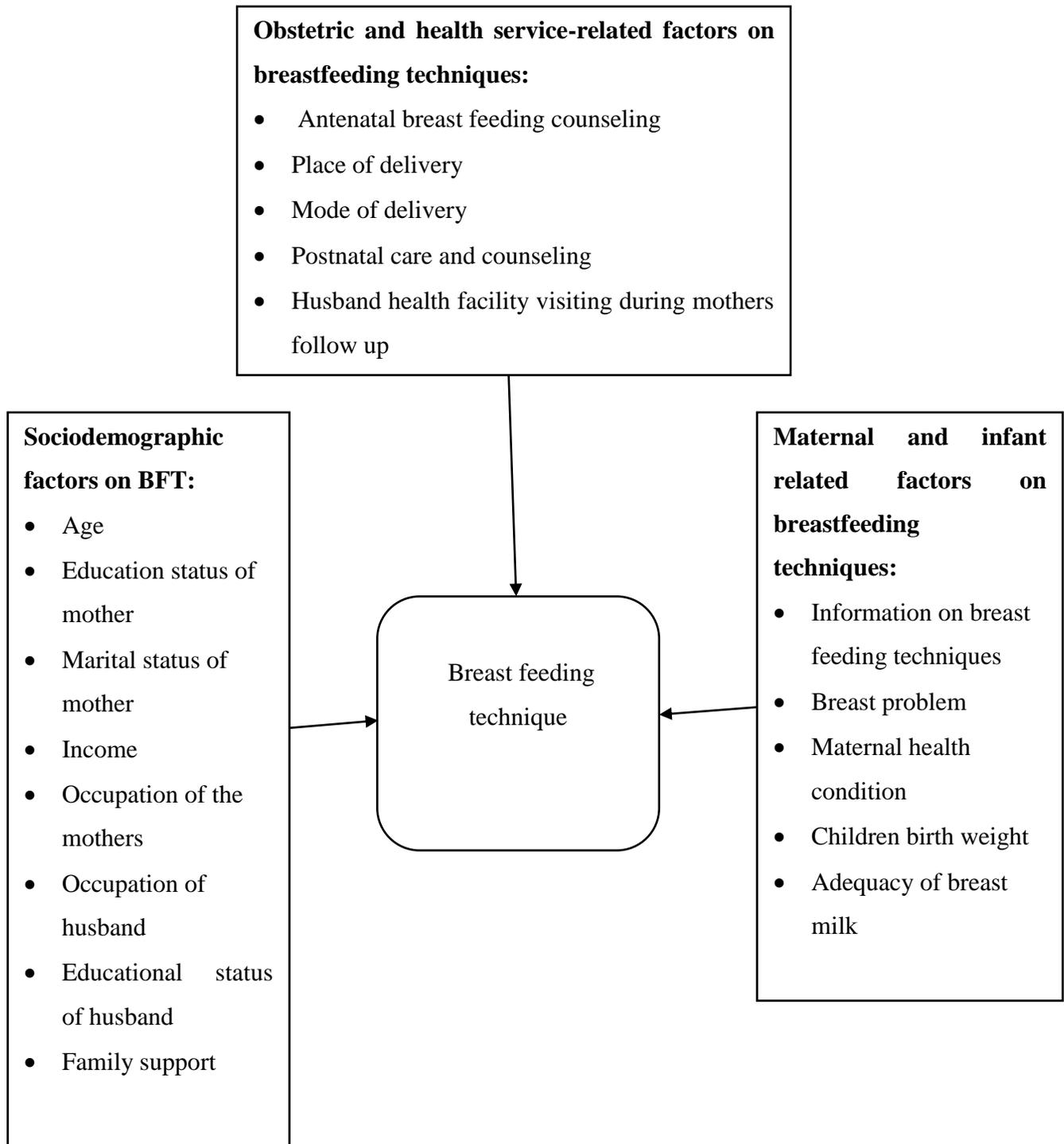


Figure 1: Conceptual framework of breastfeeding techniques and associated factors among Primipara mothers.

Source: Adapt from different peer reviewed literature (43)(16)(22)(25).

3. OBJECTIVES

3.1. General objective

- ✓ To assess breast feeding techniques and associated factors among prim parous mothers in South Achefer woreda, West Gojam zone, Amhara Region, Ethiopia, 2021.

3.2. Specific objectives

- ✓ To assess the magnitude of breast feeding techniques among prim parous mothers in South Achefer woreda, West Gojam zone, Amhara Region, Ethiopia, 2021.
- ✓ To identify factors associated with breast feeding techniques among prim parous mothers in South Achefer Woreda, West Gojam. Amhara, Ethiopia 2021.

4. METHODS AND MATERIALS

4.1. Study area and study period

South Achefer woreda is one of the thirteen woreda found in West Gojam Administrative Zone, is located 60 km south-west of Bahir Dar town, the capital city of Amhara Region. It borders North Achefer to the north, Awl zone to the south and west and Micah woreda to the east. It is sub-divided into 23 Kebeles. The total population of the woreda is about 139,276. Out of the total, the female population is 71,572 or 51.4%, and the male population is 67,704 or 48.6%.

In South Achefer health facilities are found currently; 8 health centers, 24 health posts, 13 private clinics and one primary hospital are found under Amhara health bureau and they give service for the community. At the end of mid-February 2021, primiparous mothers who have less than 6 months there were 1351 at South Achefer (source; South Achefer health office).

The study was conducted from March 2021 to April 2021.

4.2. Study design

Community based cross-sectional study was used.

4.3. Source of population

The source populations were all primiparous mothers who have less than six months of children breastfeeding mothers in South Achefer woreda.

4.4. Study population

The study populations were primiparous mothers who have less than six months of children breast-feeding in the selected kebeles from South Achefer woreda.

4.5. Study unit

The study unit was selected individuals from study population.

4.6. Inclusion and Exclusion criteria

4.6.1. Inclusion criteria.

- ✓ Primiparous mothers who give birth with term GA, 37 completed weeks.
- ✓ Primiparous mothers who have less than 6 months of birth
- ✓ Primiparous mothers start breast-feeding their babies.

4.6.2. Exclusion criteria

- ✓ Mothers and infants are severely ill at the time of data collection.
- ✓ Mothers have cracked nipple and contraindicated by medical case to feed their baby.

4.7. Sample size determination

The sample size was determined by using the single population proportion formula.

$$n = \frac{(z_{\alpha/2})^2 p(1-p)}{d^2} = n = \frac{(1.96)^2 0.434(1-0.434)}{(0.05)^2} = 377.4$$

P= 43.4%. Previous studies conducted in Harar city. Eastern Ethiopia (22).

$(Z_{\alpha/2})^2$ = level of confidence at 95% of certainty (1.96)

d=5%- 0.05 marginal error and q=1-p =0.566

By considering 10% non-response rate = 37.7 +377= 414.7=415

For independent variables (associated factors) by taking significant associated variables, the sample size was calculated by using Epi info 7 STATCALC software cross sectional unmatched cohort study calculation option as follow.

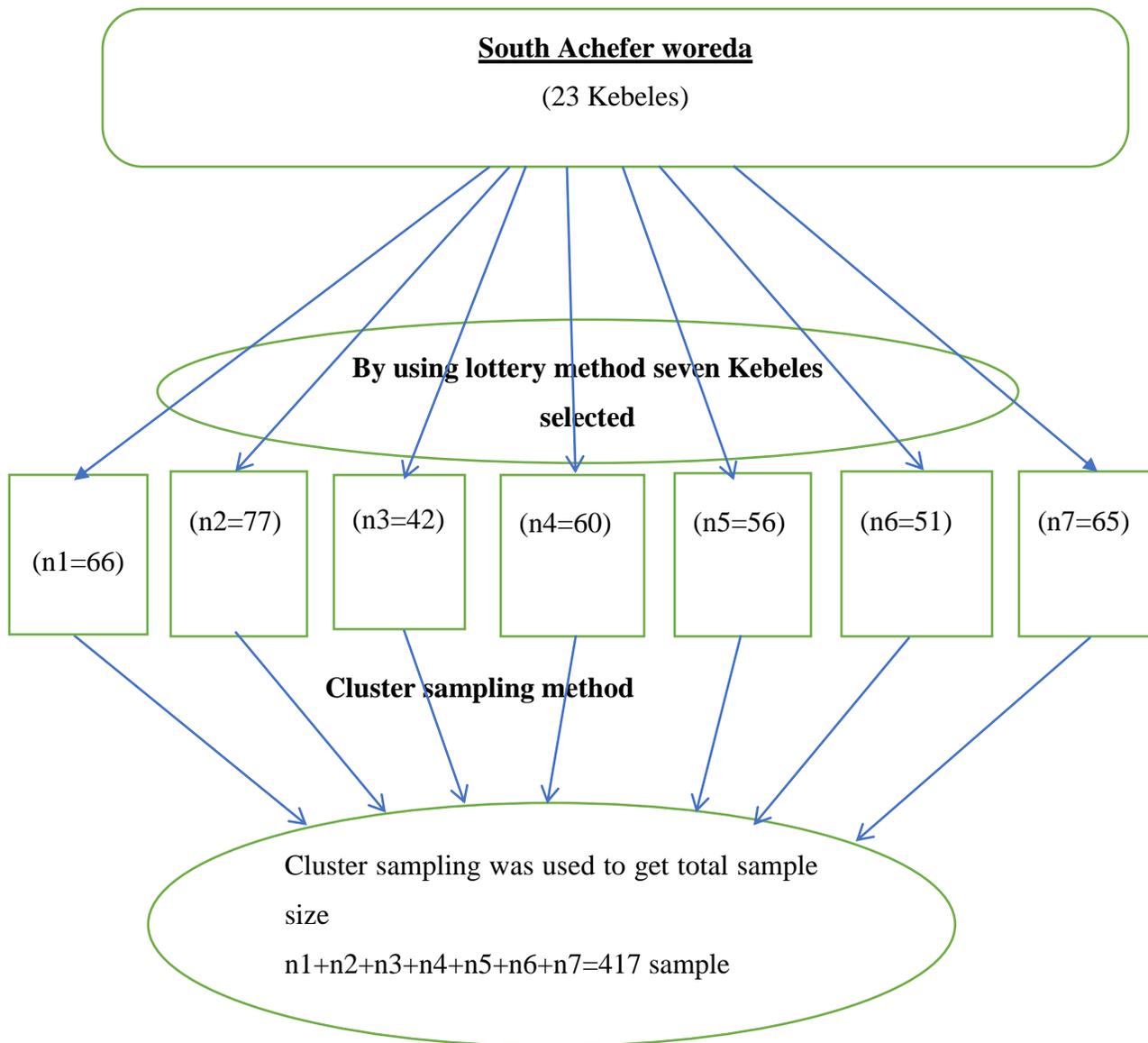
Table 1: Sample size calculation based on variables for the study on breast feeding techniques and associated factors among prim para mothers (22) (24).

Variables	CI	Power	Ratio (unexposed; exposed)	Prevalence of Proper breastfeeding techniques % of exposed	Prevalence of proper breastfeeding techniques% of unexposed	OR	Sample size
Education	95%	80%	1	60	88.5	0.1942	86
Postnatal counselling	95%	80%	1	59	35.1	2.66	152
Information	95%	80%	1	55.5	29.9	2.9	130
Breast problem	95%	80%	1	14.3	46.2	0.1941	76

Key; Education illiterate is unexposed and degree and above is exposed. Postnatal counseling, information and breast problems (yes, is exposed and no, is unexposed).

4.8. Sampling procedure

South Achefer woreda is clustered by 23 administrative kebeles from those kebeles seven kebeles were selected by simple random sampling method. From the selected kebeles by clusters sampling technique prim parous mother who have less than six months of children were employed by using frame. Then all eligible prim para mother who have children less than 6 month of age were include in the study. In South Achefer woreda, prim para mothers who have less than 6 months of children at mid-February month currently documented number is 1351 and from the selected Kebeles were 417. (Azena Keble 66, Lalibela Keble 77, Debersteion Keble 42, Ashuda 60, Keletafa 56, Nifasa 51, Abichkilie 65. 415 sample were collected from each 7 Kebeles from sampling framework.



Key: n1=Azena Kebele, n2=Lalibela Kebele, n3=Debersteion Kebele
n4=Ashuda Kebele, n5=Keletafa Kebele, n6= Nifasa, n7=Abichkilie

Figure 2: Schematic presentation of sampling procedure of breast feeding techniques and associated factors among prim parous mothers who have less than six months in South Achefer woreda, West Go jam zone, Amhara Region, Ethiopia, 2021

4.9. Data collection tool

The questioners adapted from world health organization guideline and previous study with modification (13)(43)(8)(25) by consider the main objective of the study. A structured via face-to-face interview questionnaire and observation checklist was used to collect the data. The tool consists four parts; - the first part about Sociodemographic characteristics of the respondent, the second and third contain obstetric/ health, service utilization questions and maternal and infant related factors respectively.

The four-part observational checklist was used to assess mother and baby's position, infant's mouth attachment, and suckling. According to WHO criteria and pervious study, it consists four parts (i.e. baby body should be straight and slightly extended, baby body close and turned toward the mother, the whole body supported, and baby facing toward the mother's breast) was used to assess the baby's position in relation to the mother's body. Similarly, attachment of the baby to the breast was assessed by four parts: more areola is visible above the baby's upper lip, the baby's mouth is wide open, the baby's lower lip is turned outward and the baby's chin is touching or almost touching the breast. Likewise, suckling was assessed by three parts: slow sucks, deep suckling and sometimes pausing for breast feeding techniques (43).

4.10. Data collection procedure

For interview questioners and observational checklist, one-diploma midwifery, Four BSc midwifery and two-health extension workers for data collectors and two-degree midwifery supervisors were recruited. Two-day training was given for data collectors and supervisors about the aim of study, relevance, the right of participant, informed consent and techniques of interview questioner by principal investigator. Supervisors were assigned to supervise along with principal investigator and facilitate and check the data collection processes. First data collectors observe positions of the mother and baby, infant's mouth attachment to breast and suckling was observed while a mother feeds her children by using observational checklist and fill form. Finally, the participant was interview for part two interviewing questionnaire.

4.11. Variables of the study

Dependent variable

- ✓ Breast feeding techniques.

Independent variables

- **Sociodemographic related factors**

Age, income, marital status, educational status of the mother, educational status of partner, occupation, family support.

➤ **Maternal and infant related factors**

Information about breastfeeding techniques, maternal health conditions, breast problem, adequacy of breast milk, children birth weight.

➤ **Obstetric and health service-related factors;** Antenatal breastfeeding counseling, place of delivery, mode of delivery, postnatal care and counseling, husband health facility visiting with mothers and care.

4.12. Operational definition

Breast problem: Breast problems such as Engorgement = painful and swollen breast and when the milk doesn't well, Crackle= break in the skin, Inverted nipple = a nipple which goes inward instead of sticking out, Sore nipples = pain in the nipple and areola when the baby feeds (1)(43).

Prim para: Mothers have given birth once and have less than 6 months of child.

Criteria or grading and scoring system: For infant's body position, mouth attachment and effective suckling during prim para mother breastfeeding for infants (43).

Correct baby position relation to the mother: Baby body should be straight and slightly extended, baby body close to the mother's body, whole body supported and baby facing toward the mother's breast.

Criteria for grading and scoring baby position in relation to mother:	Grade	Score
• None of or only one out of four criteria have been fulfilled.	0-1	Poor
• Any two of the four criteria have been fulfilled		2
Average		
• All the four/three criteria for infant positioning is fulfilled by mother		3-4
Good		

Correctness of baby mouth attachment to the breast: - More areola is visible above the baby's top lip, the baby's mouth is wide open, the baby's lower lip is turned outwards and the baby's chin is touching or almost touching the breast.

Criteria for grading and scoring of correct attachment:	Grade	Score
• None of or only two out of four criteria have been fulfilled.	0-1	Poor
• Any two of the four criteria have been fulfilled.		2
Average		

- All of the four/three criteria have been fulfilled. 3-4
Good

Correctness of effective baby suckling: Slow sucks, deep suckling and sometimes pausing

Criteria for grading and scoring of effective suckling:	Grade	Score
<ul style="list-style-type: none"> • None of or only one of the three criteria have been achieved. Poor		0-1
<ul style="list-style-type: none"> • Any two or the three criteria have been achieved Good		2-3

Proper positioning: Physical alignment or the way a mother holds her baby and fulfil at least two position criteria out of four criteria with grade, 2.

Proper attachment: The way baby takes the breast into his mouth and whether the infant has enough areola and breast tissue in the mouth and fulfill at least three out of four attachment criteria with grade, 3.

Proper suckling: The action by which a baby removes milk from the breast and fulfill at least two out of three suckling criteria with grade 2.

Breastfeeding techniques: Over all practice of breast-feeding techniques; positioning, attachment and sucking (5).

Effective breastfeeding techniques (BFT): The combination or the sum of at least two out of four criteria from positioning with grade 2, three out of four criteria from attachment with grade 3, and two out of three criteria from sucking with grade 2 are fulfilled while mothers breastfeed their infants (43) (22).

Ineffective breastfeeding techniques technique (BFT); Those not fulfill in effective breast feeding techniques, criteria.in all techniques, none of or only two out four criteria of baby positioning, none of or only one out four criteria of baby attachment and none of or only one out of three sucking criteria have been achieved.

4.13. Data quality control management

First, the English version of the questionnaire was prepared and then translated to Amharic again translated back to English to increase the consistency. The structural interview questioner and validity checklist were adapted from world health organization guideline and similar published previous study (43). Before data collection, Pretest was done in 5% of participants in twenty-one

participants from (Dukile Keble) which are not among selected kebeles. Based on pretest, correction was made accordingly.

Training was organized for the data collectors and supervisors and great emphasis was given for identification of effective or ineffective breastfeeding techniques and on the procedure of data collection and purpose of the study. On the time of data collection, the tool was checked for completeness, accuracy, consistency by Cronbach alpha test and its result was 0.74 and validity of the tool was checked by expert and timely correction was done by principal investigator.

4.14. Data processing and analysis

The collected data was checked for completeness, consistencies and it was coded. The data was entered to Epi data version 4.2 and exported as SPSS version 23 for analysis. To explain the study population in relation to relevant variables, descriptive statics such as frequency and percentage was calculated. First, the total score of positioning, attachment, and suckling was calculated using the grading criteria and the proportion of positioning, attachment and suckling was calculated.

The three variables: - positioning, attachment, and suckling was used to make a single outcome variable of BFT. Then the outcome classified in to effective BFT and ineffective BFT and coded 0 =effective breast feeding techniques and 1= ineffective breastfeeding techniques. To call effective BFT the total score of the three composite variables should be greater than or equal to seven (7) and the BFT is ineffective if the score is less than seven. Multi-collinearity, was checked using the variance inflation factor and variables with variance inflation factor greater than ten were removed. Model fitness was tested by using the Hosmer-Lemeshow`s good of fit test. To see the relative effect of independent variables on dependent variable, bivariate and multivariate logistic regression analysis were carried out. Variables with a significant level of 0.25 in bivariable regression were included to multivariate analysis. The adjusted odds ratio was used to interpret the strength of association at 95% CL, p value of <0.05. Finally, the result was presented by figures, tables, text, and frequency.

4.15. Ethical consideration

Ethical issue was considered in all stages of the research process. The research process was keep all ethical issue. Due to this, ethical clearance and approval got from the Research Ethical Committee of department of public health, college of health science. Debre Berhan University. The, letters of permission were obtained from Debre Berhan public health research and

supportive letter was obtained from South Achefer health Office. After explaining the objective of the study in detail. Informed verbal consent was taken from all study participants. Before observation and conducting the interview, confidentiality, anonymity, voluntary participation, and freedom to withdraw from the study was assured. Coding system was used to maintain confidentiality and anonymity.

4.16. Dissemination of the result

The study finding will be disseminated for relevant organization and stakeholders. The study finding will be submitted and presented to department of public health, Debre Berhan University, Debre Berhan health research directorate, the report paper result also submitted to Amhara regional health bureau, Northwest health department, South Achefer woreda health office and interested organization and non-organization. Effort will be made to present the result in locally or in workshops, conference and meeting. Finally, the possible effort will be used to publish the paper in local and international journals.

5. RESULT

5.1. Socio-demographic characteristics among prim parous mothers in South Achefer woreda, West Gojam, Amhara, Ethiopia,2021 (n = 417)

A total of 417 prim para mother-infant pairs making a response rate of 100%. The mean age of participants was 23.21 with (SD± 2.855). From study participants,348(83.5%) were age below 25. Mean age of baby was 10.27 week, with minimum of 1 week and maximum of 24 weeks. More than half 224 (53.7%) of the newborn were female in sex. Among participants,397(95.2%) and 17(4.1%) were orthodox and Muslim religious followers, respectively. Majority of participants 366(87.8%) were married. Regarding to educational level, two hundred forty-one (57.8%) were no attended formal education and only 30(7.2%) were attended diploma and above. Nearly half 234 (56.1%) of partner were no attend formal educated. Concerning to occupation, most of mothers were housewife, which accounts 341(81.8%) and about 281(67.4%) of partners were farmers. Most of participants had 3-4 family number 376(90.2%). About 213(51.1%) and 39 (9.4%) of participants reported <1500 and >3500birr monthly income, respectively (Table 2).

Table 2: Socio-demographic characteristics among prim parous mothers in south Achefer, east Gojam, Amhara, 2021 (n = 417).

Characteristics	Frequency	Percent (%)
Age of mother		
≤25	348	83.5
26-35	69	16.5
Religion		
Orthodox	397	95.2
Muslim	17	4.1
Others	3	0.7
Marital status		
Married	366	87.8
Divorced	20	4.8
Others	31	7.4
Educational status of mother		
No formal education	241	57.8
Primary school	102	24.5
Secondary school	44	10.6
Diploma and above	30	7.2
Occupation of mother		
Housewife	341	81.8
Government employee	28	6.7
Private employee	14	3.4
Others	34	8.2
Paternal education		
No formal education	234	56.1
Primary school	128	30.7
Secondary School	29	7.0

Paternal occupation	Diploma and above	26	6.2
	Farmer	281	67.4
	Governmental employed	21	5.0
	private organization employed	13	3.1
	Others	102	24.5
Family Number	1-2	21	5.0
	3-4	376	90.2
	>=5	20	4.8
Sex of baby	Male	193	46.3
	Female	224	53.7
Age of baby	1 week	22	5.3
	2-3 week	67	16.1
	4-6 week	80	19.2
	>6 week	248	59.5
Monthly income	<1500	213	51.07
	1551- 3500	165	39.6
	>3500	39	9.4

Others: Single, windowed, cohabited. Others: Merchant, daily labor.

5.2. Obstetric and health service utilization among prim parous mothers in South Achefer woreda, West Gojam, Amhara, Ethiopia,2021 (n = 417)

Majority of participants had ANC follow up 372(89.2%). About 100(26.88%) of mother's report one antenatal visit and only 65(17.4%) of had complete four antenatal visits. One hundred forty-two (38.17%) of mother's reported as they received counseling about breast feeding practice during antenatal service. More than half of participants gave birth at health center 264(63.3%) and 65(15.6%) of participants delivered at home. Most of mothers deliver in SVD 364(87.3%). Regarding to postnatal follow up, about 176(42.2%) of mothers had postnatal follow up. Among them, 153(63.5%), and 88(36.5%) were report one and two and above postnatal visits. Breast feeding initiation within one hour and after one hour of birth accounts 360 (86.3%) and 57(13.7%), respectively. Concerning to exclusive breast feeding, 47(11.3%) of mother do not apply exclusive breast feeding (Table 3).

Table 3: Obstetric and health service utilization among prim parous mothers in South Achefer, West Gojam, Amhara, 2021 (n = 417).

Characteristics	Frequency	Percent (%)
ANC follow up		
Yes	372	89.2
No	45	10.8
No of ANC visit		
Once	100	26.88
two times	114	30.64
Three times	93	25
Four times and above	65	17.4
ANC counseling about BFT		
Yes	142	38.17
No	230	61.8
Place of birth		
Hospital	67	16.1
Health center	264	63.3
Private clinic	21	5.0
Home	65	15.6
Mode of delivery		
SVD	364	87.3
C/S	29	7.0
Assisted delivery	24	5.8
PNC follow up		
Yes	241	57.8
No	176	42.2
PNC visit		
Once	153	63.5
Two and above	88	36.5
PNC counseling		
Yes	140	58.09
No	101	41.9
First breastfeed initiation		

	Immediately/ within one hour.	360	86.3
	After one hour	57	13.7
EBF			
	Yes	370	88.7
	No	47	11.3

5.3. Other maternal and infant related factors among prim parous mothers in South Achefer woreda, West Gojam, Amhara, Ethiopia,2021 (n = 417)

Regarding to breast problem, 79 (18.9%) of participants had encountered breast problem. Nipple crack, Breast engorgement, inverted nipple and sore nipple accounts 16(20.2%), 36 (45.56%), 12(15.18%), 15(18.98%), respectively. Concerning infant birth weight, seventy (16.8%) and three hundred twenty-one (77.0%) of newborn were <2.5kg and 2.5-3.9 kg respectively. Nearly one hundred twenty-nine (30.9%) of mothers reported as they had family support towards there breast feeding practice. Among respondents, more than half of two hundred sixty-four (63.3%) of had no previous information about breast feeding techniques (table 4).

Table 4: Other maternal and infant related factors on breast feeding technique practice among prim parous mothers in South Achefer, West Gojam, Amhara, 2021 (n = 417).

Characteristics	Frequency	Percent (%)
Breast problem		
Yes	79	18.9
No	338	81.1
Birth weight		
<2.5kg	70	16.8
2.5 – 3.9 kg	321	77.0
>4.kg and above	26	6.2
Family support on BFT		
Yes	129	30.9
No	288	69.1
Previous information about BFT		
Yes	153	36.7
No	264	63.3

5.4. Breast feeding technique practice among prim parous mothers in South Achefer woreda, West Gojam, Amhara, Ethiopia,2021 (n = 417)

The proportion of effective breast-feeding technique practice was (179) 42.93% CI (38.1-47.7). Regarding to positioning, 90(21.6%), 189(45.3%), 138(33.1%) of respondents had poor, average, and good score of positioning, respectively. Good, average and poor attachment observed in 120(28.8%) ,187(44.8%) and 110(26.4%) of participants, respectively. About sucking score, more than half 233(55.9%) of participant had poor sucking score (Figure 3, 4, 5,6).

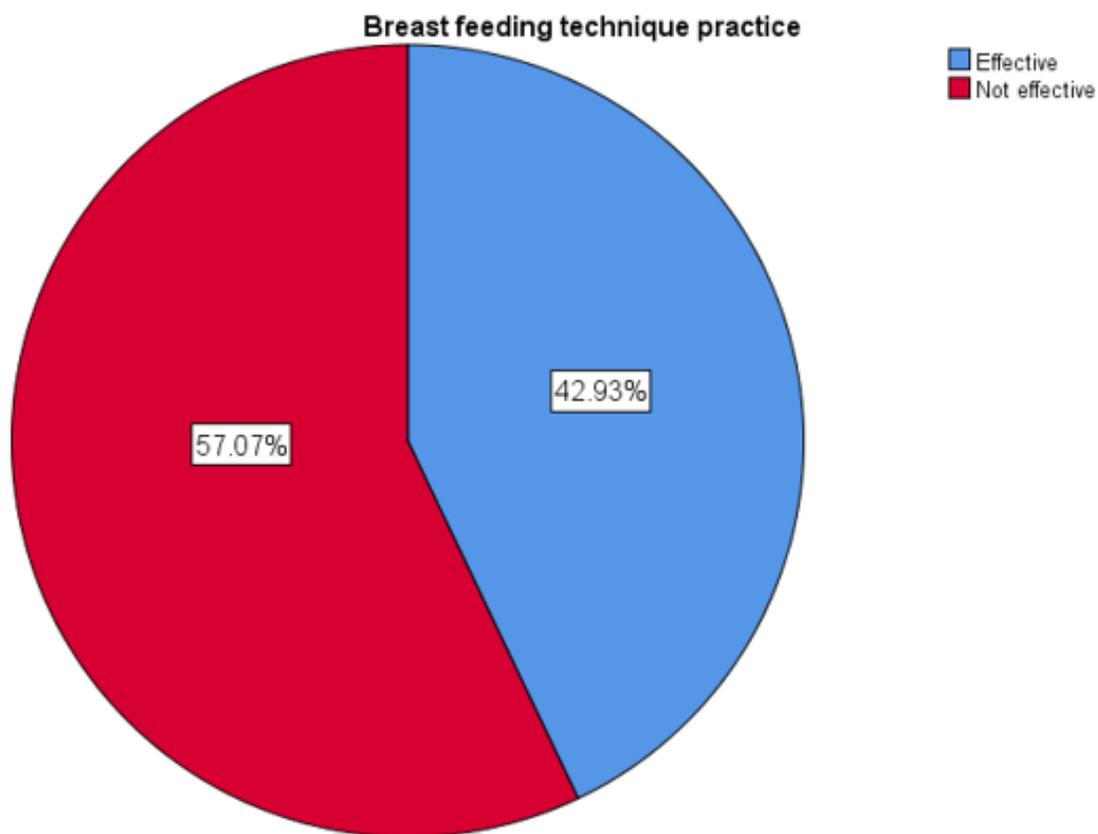


Figure 3: Proportion of breast-feeding technique practices among prim parous mothers in South Achefer woreda, West Gojam, Amhara, Ethiopia, 2021.

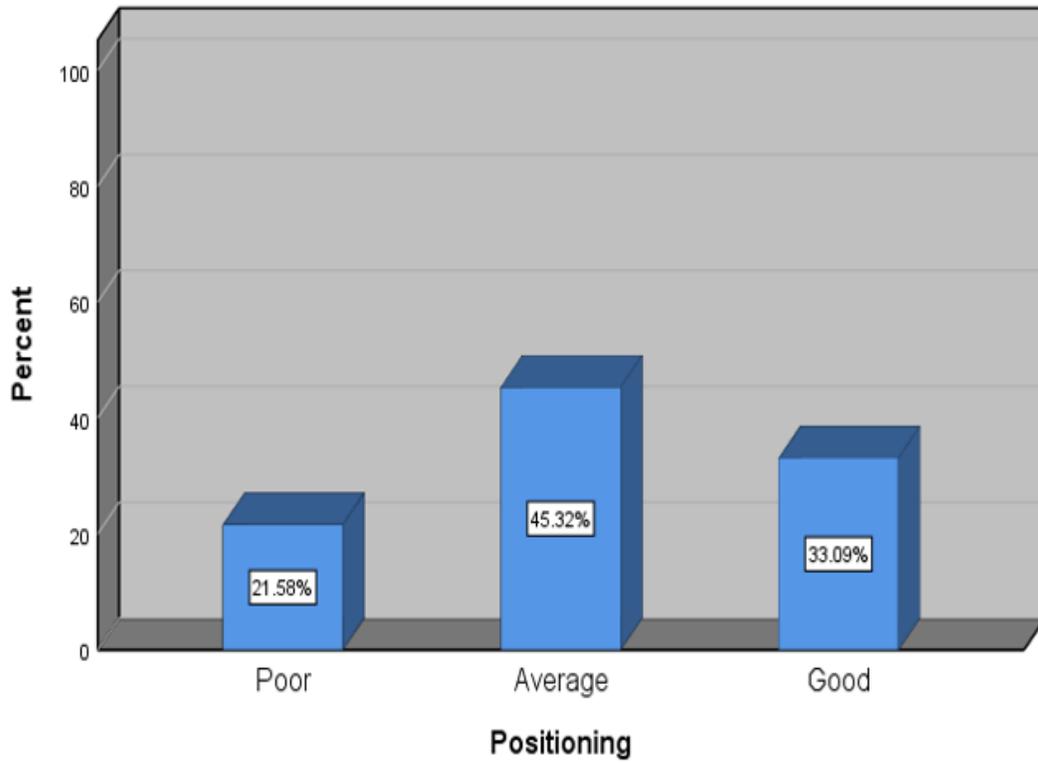


Figure 4. Proportion of positioning during breast-feeding technique among prim parous mothers in South Achefer woreda, West Gojam, Amhara, Ethiopia, 2021

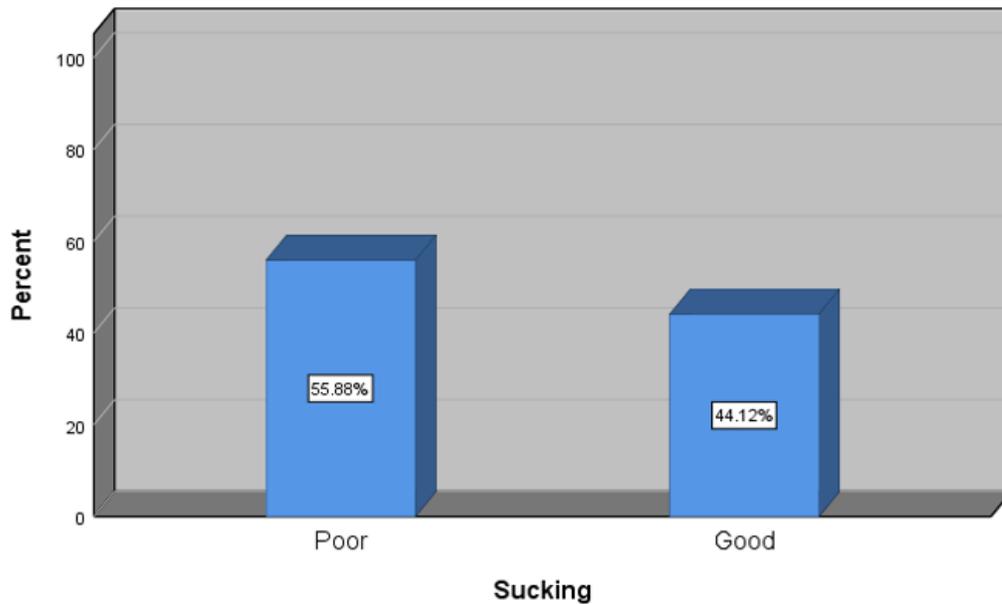


Figure 5. Proportion of effective sucking during breast-feeding technique among prim parous mothers in South Achefer woreda, West Gojam, Amhara, Ethiopia, 2021

Attachment during breast-feeding was scored by using the four attachment criteria. Good attachment, average attachment and poor attachment observed in 120(28.8%), 187(44.8%) and 110(26.4%) of participants respectively.

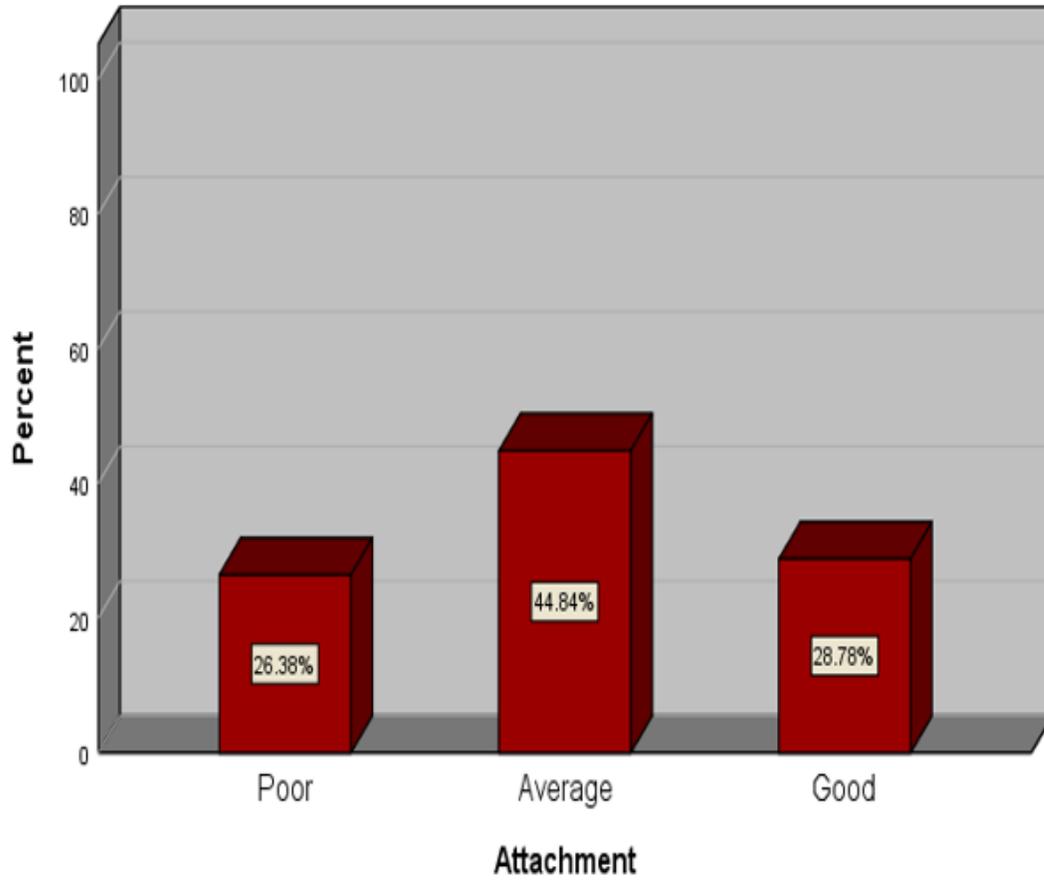


Figure 6. Proportion of attachment during breast-feeding among prim parous mothers in South Achefer woreda, West Gojam, Amhara, Ethiopia, 2021

5.5. Factors affecting breastfeeding technique among prim parous mothers in South Achefer woreda, West Gojam, Amhara, Ethiopia,2021 (n = 417)

Binary logistic regression was done to identify factors associated with breast-feeding technique practice. In bivariate logistic regression analysis family support on BF, antenatal counseling about BFT, mode of delivery, birth place, breast feed initiation, breast problem, postnatal counseling about BFT, and having previous information on breast feeding technique were all associated predictor with respect to effective breast-feeding technique at p-value of 0.25. All variables that have an association with the outcome variables in binary logistic regression analyses with p-value of 0.25 were included in the multivariate logistic regression analysis model. In multivariable logistic regression analysis; having antenatal counseling about BF, breast problem, postnatal counseling about BFT, time of breast feeding initiation and previous information on breast feeding technique were significantly associated factors at p-value of <0.05.

Mothers who had antenatal counseling about breast feeding practice were 2 times more likely to apply effective breast-feeding technique than those mothers hadn't have antenatal counseling (AOR 2.00; 95% CI (1.02 - 3.93)). Mothers that have previous information on breast feeding technique were 3.5 times more likely to practice effective breast-feeding technique than those haven't (AOR 3.56; 95% CI (1.82- 6.99)). Mothers who had breast feed immediately an hour were 3.6 times more likely to practice effective breast feeding techniques than who had no start immediately within an hour (AOR 3.85; 95% CI (1.40-10.59)). Regarding to postnatal counseling, a mother had postnatal counseling about breast feeding technique were 2.1 times more likely to apply effective breast-feeding technique than those hadn't postnatal counseling (AOR 2.14; 95% CI (1.12 - 4.10)). Finally, respondents without breast problem were 2.9 times more likely to practice effective breast-feeding technique than those had breast problem (AOR 2.9; 95% CI (1.17 - 7.20)) (Table 5).

Table 5. Bivariate and multivariable analysis of factors associated with effective BFT among prim parous mothers in South Achefer woreda, West Gojam, Amhara, Ethiopia,2021 (n = 417)

Breast feeding techniques				
Variable	BFT effective	BFT not effective	COR (95% CI)	AOR (95% CI)
Family support				
Yes	42	87	1.88 (1.22 - 2.90)	1.41 (0.71 - 2.82)
No	137	151		1
ANC counseling BFT				
Yes	47	95	2.19 (1.43 - 3.37)	2.00 (1.02- 3.93)*
No	123	107	1	1
Delivery mode				
SVD	148	216	1.73 (0.75 - 3.96)	1.21 (0.36 - 4.03)
C/S	18	11	0.72 (0.24 - 2.17)	0.86 (0.17 - 4.35)
Assisted delivery	13	11	1	1
Delivery Place				
Hospital	34	33	0.83 (0.42 - 1.65)	0.79 (0.26 - 2.48)
Health center	113	151	1.15(0.66 - 1.98)	1.22 (0.49- 3.06)
Private clinic	2	19	8.14(1.75 - 37.85)	5.81(0.60- 56.15)
Home	30	35	1	1
Breastfeeding initiation				
Within one hour	146	214	2.02 (1.14-3.55)	3.59(1.40-10.59)*
After one hour	33	24	1	1
PNC counseling				
Yes	35	105	2.83 (1.65 - 4.87)	2.14(1.15- 4.09)*
No	49	52	1	1
Breast problem				
Yes	23			56
	1			1
No	156	182	1.94 (1.14 - 3.31)	2.90(1.17- 7.19)*
Previous information on BFT				
Yes	40	113	3.14 (2.04- 4.85)	3.56(1.82- 6.99)*
No	139	125	1	1

* Significantly associated variables its p value; - 0.044 ,0.009, 0.022 ,0.022, 0.000 respectively.

C/S- cesarean section, BFT- Breast feeding technique

6. DISCUSSION

Accordingly, over all proportion of effective breastfeeding technique practice was 42.93% CI (38.1-47.7) just less than half. This shows that more than half of mother's practice ineffective breast-feeding technique. This finding is in line with a study done in Western Demark, Belgaum in North Karnataka and Harar, Ethiopia (22) (24) (25). In other way, the proportion of BFT practice is higher than a study done in East Delhi, South Ari district, Southern Ethiopia (9) (5). This discrepancy might be due to socio-cultural and study time difference. In this study considerably below the study finding in Gondar town, Ethiopia (30). The variation could be because of the quality of health services, counseling difference during pregnancy and postnatal period about breastfeeding techniques.

Separately, proportion of good positioning, attachment and sucking observed below the average level. Poor positioning and attachment score in this study is similar with a study done in Libya, which showed (22.2%) and (33.3%) respectively (27). Good positioning, good attachment and good sucking observed from this study is lower than with a study conducted in Harar city, Eastern Ethiopia (22). This discrepancy might be due to sociodemographic and study area difference. This study is community based but in Harar is institutional based. During this study, having postnatal counseling about breast feeding was independent predictor of practice of effective breast-feeding technique. Mothers who had antenatal counseling about breast feeding was nearly 2 times more likely effective in breast feeding technique than those mothers hadn't. This finding is supported with a study done in Harar, Ethiopia (22).

Post-partum Primipara mothers those had no breast problem like engorgement, sore, cracked and inverted nipple were 2.9 times likely to practice effective breast-feeding technique than those had breast problem. In this study revealed that the majority of breast problems were breast engorgement 36 (45.56%) similar to study in Egypt (28). Obviously, breast problem in breast-feeding make discomfort both in mother and in newborn, which later affect practice of breast-feeding, which suggests the prevention of breast problems is crucial for effective position, attachment and sucking of the child on breastfeeding practice. This finding evidenced with studies conducted in Western Denmark, Libya and Harar, Ethiopia (22) (24) (36).

Postpartum prim para mother who had initiating breast feeding immediately with in an hour was 3.6 times practice effective breast feeding techniques than who hadn't initiating breast feed immediately. Immediately breast feeding practice is very important for providing effective breastfeeding technique practice and for exclusive breast feeding (35). Mothers those had antenatal counseling about breast feeding was 2 times more likely effective in breast feeding technique than those mothers hadn't. The counseling in antenatal follow-up influences the mother behavior towards breast feeding. The one purpose of antenatal follow-up isn't only to provide education related to pregnancy but it is vital for preparedness regarding to breast feeding practice for their child. Moreover, prim-mothers those have previous information about breast feeding technique practice were 3.5 times more likely to practice effective breast-feeding technique than those haven't. Information from different source may enhance their confidence in handling their child and skill to apply proper breast-feeding technique(39).

7. STRENGTH AND LIMITATION OF THE STUDY

7.1. Strength of the study

- ❖ Together with interview questioner, the data collection method was observational, which enhance the data quality.
- ❖ The study was community based therefore it addresses the rural community.

7.2. Limitation of the study

- ❖ Direct observation was challenging, mother-baby interaction by the movement of observation affected by different situations.
- ❖ Lack of repeated observation of breastfeeding techniques may compromise the ascertainment of the breastfeeding technique status of the mothers.

8. CONCLUSIONS AND RECOMMENDATIONS

8.1. Conclusion

The overall proportion of effective breast-feeding technique practice was less than half. Separately, proportion of good positioning, attachment and sucking observed below the average level. Having antenatal counseling about BF, breast problem, imitating immediately breast feed, postnatal counseling about BF, and previous information about breast feeding technique were significantly associated predictor of breast-feeding technique practice.

8.2. Recommendation/ the way forward

Poor practice of breast-feeding technique affects both the health of the mother and the baby. Moreover, breast milk is vital for growth and development of the newborn. Malnutrition in newborn can cause from temporary to permanent, mild to severe health problem. So, based on the findings of this study, the following recommendation have been forwarded.

To regional health office, health institutes and health care providers

Special support and counseling strategy should be developed for prim-mothers. Hence, they had limitation apply effective breast-feeding technique. Breast-feeding has numerous importance for mother's health other than baby's nutritional source.

Antenatal health education and postnatal counseling about BFT should be encouraged in health institutions to enhance breast-feeding practice. Special support mechanism should be available for breast-feeding mother those have breast problem and breast-feeding education should be available for prim-parous mothers. Health care professionals should give adequate health education on breast feeding technique for prim-para mothers. Because they are new for mothering responsibility.

To other researchers

Further researches are recommended variables not addressed in this study and do repeated observation in the checklist.

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Appendix

Annex I. Informational Sheet

Title of the Research

Breast feeding techniques and associated factor among prim para mother in South Achefer woreda. West go jam, Amhara, Ethiopia, Community based cross-sectional study, 2021.

Name of the organization: Debre Berahn University, college of health science, department of public health.

Name of sponsor: Eaka kotebe general hospital.

Objective of the study: To assess breast feeding techniques and associated factors among prim para mothers in South Achefer woreda West go jam Amhara, Ethiopia, Community based, 2021

Significance of the study: The study will assess breast feeding techniques and identify its factors among prim para mothers and this will guide stakeholders to provide effective breast-feeding techniques and for local health excitation workers.

Participant to be included: prim para mothers who have less than six months' breast-feed children in selected kebeles.

Procedure: In order to achieve the above objective all necessary information for the study was taken at each selected kebeles from the participant from March 30/3/2021 to April 9/5/2021. Interview guide and observational checklist were used to collect the data from March 30/3/2021to April 9/5/2021.

Risks and Benefits of the study

Risks or Discomfort: The study was conducted by using taking necessary information by

using observation so, it will discomfort to the participant. The name and other identifying information was not being recorded and information taken from the participant was kept strictly in confidentiality manner. The information was only used for the study purpose and has no harm or discomfort on the participant. The interview guide also has no any trauma and you were not force to respond to the information you do not know.

Benefits: The research has no direct benefit or a payment for those participants in the interview and observational checklist in this research. However, the study the study has indirect benefit for the participant and since, the study was identifying factors for breast feeding techniques in prim para mother who have less than 6 months of breast feed children and the recommendation based on the finding will help stakeholders to work on the effective breastfeeding techniques.

Confidentiality: All information collected for the research purpose was be kept confidential and cannot be accessible to any third party. Name of the participant was not register on the checklist to assure confidentiality of participants. In the case you want to know more information about the research and its undertakings, you can contact by the following address listed below.

PI: Wetet Tsehay (BSc) Mobile; +251918574288 E-Mail; tsehaywetet@gmail.com.

Advisors:

1. Main Advisor: Wondwosen Asegidew Assistant professor (BSc, Mph).

Address; Debre Berhan, Ethiopia

Email; wondeasgw@gmail.com

Tel; +251913046448

2. Co-Advisor: Hilina Ketema (BSc, MSc in pediatric and Nursing Health)

Address; Debre Berhan, Ethiopia

Email; hilinaketema13@gmail.com

Tel; +251915763933

Permission; Lastly but not least, you are kindly requested to permit and forward your

permission to concerned body in your organization so that the researchers can get cooperation from the data clerks and other responsible bodies in the bodies in place.

Annex II. Informed consent form

Debre Berhan University
College of health sciences
Department of public health

I here with declare that:

The objective of this study will be explained to me and are clear.

The contents of the consent will be verified to me to the participant in this study.

I will be understood that participation in this study will be voluntary and that I may withdraw at any time without forward reasons. I will be agreed to the participant in this study to be interview provide my privacy is guaranteed. When signing this consent form to the participant in this study. I will promise to the answer honesty to all reasonable question and not provide any false information or in any other way purposely mislead the research.

Signature of the participant..... Date...

Signature of the investigator..... Date.....

Annex III. English version questioner and observational chart review checklist:

English version questioner and observational chart review checklist were assess breast feeding techniques and associated factors among prim Para mothers who have children age less than six months in selected 7 kebeles, South Achefer woreda, West go jam, Amhara, Ethiopia, 2021 (22)(9)(25)(29).

Code number.....

Part I: Sociodemographic characteristics of the participants

A	B	C	D
S. No	Question for the respondent	Response and code	Skip
101	How old are you? Years	
102	What is your religion?	1. Orthodox Christian 2. Muslim 3. Catholic 4. Protestant 5. Others (specify)	
103	Can you write and read?	1. Yes 2. No	If no skip to Q 106
104	Do you attend formal education?	1. Yes 2. No	If no skip to Q 106
105	If yes, Q 104 What is your educational status.	1. Primary school (1-8) 2. Grade 9-12 3. Diploma certified 4. Degree and above	

106	What is your marital status?	<ol style="list-style-type: none"> 1. Single 2. Married 3. Widowed 4. Divorced 5. Separated 6. Cohabiting (line together) 	
107	What is your occupation?	<ol style="list-style-type: none"> 1. Housewife 2. Governmental employed 3. Private organization employed 4. Merchant 5. Daily laborer 6. others (specify) 	
108	What is the sex of your newborn?	<ol style="list-style-type: none"> 1. Male 2. Female 	
109	How old is your newborn? Weeks	
110	What is your husband`s level of education?	<ol style="list-style-type: none"> 1. Illiterate 2. Can read and write 3. Primary school (1-8) 4. Grade 9-12 5. Diploma certified 6. Degree and above 	
111	If you are marred /separated what is your husband`s occupation?	<ol style="list-style-type: none"> 1. Farmer 2. Governmental employed 3. private organization employed 4. Merchant 5. Daily laborer 	

		6. Other (specify)	
112	How much is your household average monthBirr	
113	Is your family help to attach your child during breast-feed?	1. Yes 2. No	
114	What is your family member size?in numbers	

Part II: Obstetrics and health service utilization questions

201	Did you get ANC service during your pregnancy?	1. Yes 2. No	If No go to Q 205
202	If yes Q 201, from where did you get the service?	1. Hospital 2. Health center 3. Private clinic	
203	How often did you get ANC service?	1. Once 2. two times 3. Three times 4. Four times and above	
204	Did you receive counseling concerning breast-feeding technique during your ANC visits?	1. Yes 2. No	If no go to Q 205
205	Where did you give birth of your baby?	1. Hospital 2. Health center 3. Private clinic 4. Home	
206	What was your mode of your delivery	1. SVD 2. C/S 3. Assisted delivery	
207	Did you get PNC service after your birth?	1. Yes 2. No	If No go to Q 211
208	How often did you get PNC service?	1. Once 2. two times	

		3. Three times 4. Four times and above	
209	Did you receive counseling regarding neonatal breastfeeding techniques during the PNC service?	1. Yes 2. No	
210	If Q 209 yes, what type of counseling you get?	1. About baby position 2. Regarding to baby attachment to breast feed 3. About baby breast sucking 4. All 5. Others (specify)	
211	When you start breast-feeding after birth?	1. Immediately/ within 1 hour 2. 1 hour up to 1 day 3. After 1 day up to 3 day 4. After 3 day 5. Others (list)	
212	Did you give anything before starting BF for your child?	1. Yes 2. No	
213	If you are married, is your husband visit with you during your maternity follow up including PNC follow up?	1. Yes 2. No	

Part III. Maternal and infant related factors

301	Do you perceive your milk is enough for your children?	1. Yes 2. No	
302	Do you have breast problem?	1. Yes 2. No	

303	If yes, Q 302 What type of problem do you have?	<ol style="list-style-type: none"> 1. Nipple cracked 2. Breast engorgement 3. Inverted nipple 4. Sore nipple 5. Others specify 	
304	Did you have any information about Breastfeeding techniques?	<ol style="list-style-type: none"> 1. Yes 2. No 	
305	How much your children weight during birth?	<ol style="list-style-type: none"> 1. Low birth weight (<2.5kg) 2. Normal weight(>2.5-3.9kg) 3. Macrocosmic weight(>4.kg) 	
306	Did you know about breast feeding techniques?	<ol style="list-style-type: none"> 1. Yes 2. No 	

Part V. Observational checklist

	Positioning		
401	Baby body should be straight and slightly extended	<ol style="list-style-type: none"> 1. Yes 2. No 	
402	Baby body close to the mother`s body	<ol style="list-style-type: none"> 1. Yes 2. No 	
403	Whole body support	<ol style="list-style-type: none"> 1. Yes 2. No 	
404	Baby facing towards the mother`s breast	<ol style="list-style-type: none"> 1. Yes 2. No 	
	Attachment		
405	More areola is visible above the baby`s upper lip.	<ol style="list-style-type: none"> 1. Yes 2. No 	
406	The baby`s mouth is wide open.	<ol style="list-style-type: none"> 1. Yes 2. No 	
407	The baby`s lower lip tuned outwards.	<ol style="list-style-type: none"> 1. Yes 2. No 	

408	The baby`s chine is touching or almost touching the breast	1. Yes 2. No	
	Suckling		
409	Slow sucks	1. Yes 2. No	
410	Deep suckling (swallowing audible)	1. Yes 2. No	
411	Sometimes pausing	1. Yes 2. No	

Annex IV: Amharic version information sheet

አባሪ 1. የተሳታፊዎቹ መረጃ መሰብሰቢያ-በአሜሪካ

እንደምን አደሩ/ዋሉ?

ስሜወተት ጸሀይ እባላለሁ በደብረ ብርሀን ዩኒቨርሲቲ ፣ የጤና ሳይንስ ክፍል የህዝብ ጤና ጥበቃ የእናቶች ወሊድና ህፃናት ጤና አገልግሎት የ 2ኛ ዓመት የሚከተሉት ተማሪ ነኝ፡፡ በአሁኑ ሰዓት በደቡብ አቸፈር ወረዳ ከ 6 ወር በታች ልጆች ካሏቸው ለመጀመሪያ ጊዜ የወለዱ እናት መካከል የጠት ማጥባት ስልት እና ተጓዳኝ ችግሮችን ለማጥናት ለትንሽ ደቂቃ ቃለ መጠይቅ እና ምልከታ አደርጋለሁ፡፡

የጥናቱ ርዕስ፡ - ጠት የማጥባት ስልትና ተጓዳኝ ችግሮች በደቡብ አቸፈር ወረዳ የመጀመሪያ ጊዜ የወለዱ እናት መካከል በምዕራብ ጎጃም፣ አማራ፣ ኢትዮጵያ፣ ማህበረሰብ ተኮር ያደረገ ጥናት፣ 2013ዓ.ም፡፡

የድርጅቱ ስም፣ ደብረ ብርሀን ዩኒቨርሲቲ ፣ የጤና ሳይንስ ክፍል የህዝብ ጤና ጥበቃ፡፡

የስፖንሰር ስም፣ ኢኮኮ ተባብሮ አጠቃላይ ሆስፒታል፡፡

የጥናቱ አላማ፡- ለመጀመሪያ ጊዜ የወለዱ እናቶች መካከል የጠት ማጥባት ስልት እና የሚያጋጥሟቸውን ችግሮችን ማወቅ፡፡

የጥናቱ የጎንጎሮሽ ጉዳት፡ እና ጥቅሞች; የጎንጎሮሽ ጉዳት፡ - በዚህ ጥናት መሳተፍ ምንም አይነት ጉዳት የለም፡፡ ጥቅማጥቅም፡ - በዚህ ጥናት መሳተፍ ምንም አይነት ገንዘብ አያስገኝም፡፡ ስለዚህ የተወሰኑ ጥያቄዎችን ሌጠይቅዎት እወዳለሁ የእርስዎ በእውነት ላይ የተመሰረተ መልስ በዚህ ጥናት መሳካት አስተዋፅኦ ያደርጋል፡፡ እርስዎ የሚጠበቅ መረጃ ከአጥኚው ቃለ መጠይቅ አደራጊው በስተቀር በማንኛውም መልኩ ለሌላ 3ኛ ወገን ተላሌፎ አይሰጥም፡፡ በመላ ሀቃኝነት እንዲሳተፉ እየጠየቅሁ ያለ መሳተፍ ወይም በማንኛውም ጊዜ

ራስዎን ከጥናቱ የማገለል ማለ መብት አሉዎት፡፡ ማንኛውም ጥያቄዎች ካሉዎት ከዚህ በታች በተዘረዘረው አድራሻ ማገኘት ይችላሉ፡፡

ዋ/አ; ወተት ፀ ሐይ (ቢ.ኤስ.ሲ.) ስ.ቁ; +251918574288 ኢ.ሜል; tsehaywetet@gmail.com

አማካሪ

1. ወንድወሰን አሰጊደውረዳት ፕሮጌሰር (ቢ.ኤስ.ሲ. ፣ ኤምፕሎች ፣ የህዝብ ጠፍ ማምሪያ ኃላፊ) ፡፡

አድራሻ; ደብረ ብርሀን ፣ ኢትዮጵያ

ኢ.ሜል; wondeasgw@gmail.com

ስ.ቁ; +251913046448 እ.ኤ.አ.

2. ሂሊና ከተማ (ቢ.ኤስ.ሲ. ፣ ኤም.ኤስ.ሲ. በሕፃናት ሕክምና እና በልጆች ጠፍ ነርሲንግ

አድራሻ; ደብረ ብርሀን ፣ ኢትዮጵያ

ኢ.ሜል; hilinaketema13@gmail.com

ስ.ቁ; +251915763933 እ.ኤ.አ.

Annex V: Amharic version Informed consent and tool

አባሪ 2. የስምምነት መግለጫ ፎርም ፤-በአማርኛ

ደብረ ብርሀን ዩኒቨርሲቲ

የጠፍ ሳይንስ ተቋም

የህዝብ ጠፍ መሪ ዲፓርትመንት

የድህረ ምረቃ ፕሮግራም

እኔ ስሜ..... ከዚህ በታች የተገለጸው፤ የዚህ ጥናት አላማ በደንብ የተብራራሌኝ ሲሆን የጥናቱንም አላማ ተረድቻለሁ። በዚህ ጥናት ላይ ለመተባበር በመላ ሀብጅነት ላይ የተመሰረተ መሆኑን በግልጽ የተረድሁ ሲሆን በማንኛውም ጊዜ ከጥናቱ ራሴን የማገለል መብት እንዲለኝ አወቅክለሁ። ስለሆነ ምንም እንኳን ለመረጃ እስከ ተጠበቀ ድረስ በዚህ ጥናት ለመተባበር ተስማምቻለሁ። በዚህ ጥናት ለመተባበር ስምሜን ጭን ስገሌፅ የምጠየቀው ጥያቄዎች በእወኔት ላይ የተመሰረተ መልስ ለመስጠት የተስማሙ መሆኔን አረጋግጣለሁ።

በዚህ ጥናት ይስማማሉ

አሽ አመሰግናለሁ

አዎ አመሰግናለሁ፤ ቃለ መጠይቅ ያድርጉ

የመረጃ ሰጪው ፊርማ _____ ቀን _____

የአጥኚው ፊርማ _____ ቀን _____

የአሜሪካ ቃለ መጠይቅና ምልከታ

በተመረጡት 7 ቀበሌዎች በደቡብ አቸፈር ወረዳ በምዕራብ ጎጃም ፣ አሜሪ ፣ ኢትዮጵያ ፣ 2013አም የመጀመሪያ እና ቶች ልጃቸው ከ 6 ወር በታች ካሏቸው መካከል የጠቅ አጠባብ ስልት እና ተጓዳኝ ችግሮች ይሆናሉ ፡ ፡

የጥያቄዎች የኮድ ቁጥር

ክፍል አንድ፡ - የተሳታፊዎቹ ማህበራዊና ስነ ምግባር ጥያቄዎች

ሀ	ለ	መ	ሰ
ተ.ቁ	ለተሳታፊዎች ጥያቄዎች	አሜሪካውያን	ይለፉ
101	የእርስዎ ዕድሜ ስንት ነው?	----- ዓመት	
102	ሀይማኖትዎ ምን ድን ነው?	1. ኦርቶዶክስ ክርስቲያን 2. መስሊም 3. ካቶሊክ 4. ፕሮቴስታንት 5 ሌላ (ይጠቀሱ).....	
103	መገፍ እና ማንበብ ይችላሉ?	1. አዎ 2. አልችልም	ካልቻሉ ወደ ቁ106
104	መደበኛ ትምህርት ተከታትለዎልዎ?	1. አዎ 2. አልተከታተልሁም	ካልቻሉ ወደ ቁ106
105	የትምህርት ደረጃዎ?	1.አንደኛ ደረጃ (1-8ኛ ክፍል) 2.ከዘጠነኛ እስከ አስራሁለተኛ	

		<p>ክፍል</p> <p>3. ስርተፍኬት/ዲፕሎማ</p> <p>4. ዲግሪና ከዚያ በላይ</p>	
106	የጋብቻ ሁኔታዎ?	<p>1. ያላገባች</p> <p>2. ያገባች</p> <p>3. ባሎ የሞተባት</p> <p>4. የፈታች</p> <p>5. አብረዋልናቸው የሚኖሩ</p>	
107	ሥራዎ ምን ድን ነው?	<p>1. የቤት እመኬት</p> <p>2. የመንግስት ስራተኛ</p> <p>3. የግል ደርጅት ስራተኛ</p> <p>4. ነጋዴ</p> <p>5. የቀን ስራተኛ</p> <p>6. ሌላ (ይጠቀሱ).....</p>	
108	የህፃንዎ/ኩ ያታ ምን ድን ነው?	<p>1. ወንድ</p> <p>2. ሴት</p>	
109	የህፃኑ/ኗ ዕድሜ ስንት ነው?	----- (በሳምንት)	
110	ያገቡ ወይም ተለያይተው የሚኖሩ ከሆነ ፣ የባለቤትዎ የትምህርት ደረጃዎ?	<p>1. ያልተማኑ</p> <p>2. መጻፍ እና ማንበብ የሚችል</p> <p>3. አንደኛ ደረጃ (1-8ኛ ክፍል)</p> <p>4. ከዘጠኝ ኛ-አስራ ሁለተኛ ክፍል</p> <p>5. ስርተፍኬት/ዲፕሎማ</p> <p>6. ዲግሪና ከዚያ በላይ</p>	

111	ያገቡ ወይም ተለያይተው የሚኖሩ ከሆነ ፣ የባለቤትዎ ሥራ ምን ነው?	1. ገበሬ 2. የመንግስት ሰራተኛ 3. የግል ድርጅት ሰራተኛ 4. ነጋዴ 5. የቀን ሰራተኛ 6. ሌላ (ይጠቀሱ)...	
112	የቤታችሁ አማካይ የወር ገቢ ስንት ነው?	-----ብር	
113	ጠቅ በሚታጠብበት ወቅት ቤተሰቦችዎ ልጅዎን አያያዝ ይረዳዎታልን?	1. አዎ 2. አይረዳኝም	
114	የቤተሰብዎ አባል ማከን ምን ያህል ነው? ቁጥር	

ክፍል ሁለት: - የእናቶች ወላጅና ህፃናት ጠፍ አገልግሎቱን በተመለከተ የተዘጋጁ ጥያቄዎች

201	ይህን/ችን ህፃን ነፍሰ ጠፎ እያሉ በጠፍ ተቋም የቅድመ ወላጅ ክትትል አድርገው ነበር?	1. አዎ 2. የለም	ክትትል ካላደረግሽ ወደቁ205
202	የቅድመ ወላጅ ክትትል ጠፍ አገልግሎት አግኝተው ከሆነ ፣ አገልግሎቱን ያገኙት የት ነበር?	1. ሆስፒታል 2. ጠፍ ጣቢያ 3. ክሊኒክ	
203	ምን ያህል ጊዜ የቅድመ ወላጅ ክትትል አድርገው ነበር?	1. አንድ ጊዜ 2. ሁለት ጊዜ 3. ሶስት ጊዜ 4. አራት ጊዜ እና ከዚያ በላይ	
204	በቅድመ መወላጅ ክትትል ወቅትዎ ስለ ጠቅ ማጥባት የምክር አገልግሎት ተሠጥተው ነበር?	1. አዎ 2. የለም	
205	ይህን/ችን ህፃን የት ነበር የወላጅሽ/ሻት?	1. ሆስፒታል 2. ጠፍ ጣቢያ 3. የግል ክሊኒክ 4. ቤትወስጥ	

206	ህፃኑ/ኗ እንዳት ነበር የተወለደሽወ/ሻት?	<ol style="list-style-type: none"> 1. በብልት በኩል 2. በቀድ ጥገና 3. በመሳርያ ታግዝ 	
207	ከወሊድ በኋላ የድህረ ወሊድ ክትትል አድርገዉነበር?	<ol style="list-style-type: none"> 1. አዎ 2. የለም 	የለም ከሆነ ወደ ቁ211
208	ምን ያህል ጊዜ የድህረ ወሊድ ክትትል አድርገዉነበር?	<ol style="list-style-type: none"> 1. አንድ ጊዜ 2. ሁለት ጊዜ 3. ሶስት ጊዜ 4. አራት ጊዜ እና ከዚያ በላይ 	
209	በድኅረ ወሊድ ክትትል ወቅት ስለ ጠጥ አጠባብስልት ምክር ተሰጥቶሽ ነበር ወይ	<ol style="list-style-type: none"> 1. አዎ 2. የለም 	
210	ቁ209 አዎ ከሆነ ምን አይነት የምክር አገልግሎት አግኝተዋል?	<ol style="list-style-type: none"> 1. ስለአተቃቀፍ/አቀማመጥ 2. ስለ ህፃኑ ጠጥ አያያዝ 3. ስለ አጠባብስልት 4. ሁሉም 5. ሌላ (ይግለጹ) 	
211	ከወሊዱ በኋላ ጠጥ ማጥባት የጀመሩት በስንት ጊዜ ወስጥ ነበር?	<ol style="list-style-type: none"> 1. ወዳያው/አንድሥዓት ባልሞላ ጊዜ ወስጥ 2. ከአንድ ሰዓት እስከ አንድ ቀን 3. ከአንድ ቀን በኋላ እስከ ሶስት ቀን 4. ከሶስት ቀን በኋላ 5. ሌላ (ዝርዝር) 	
212	ለልጅዎ ጠጥ ከመጀመርዎ በፊት ከጠጥ ወይም የሆነ ነገር ሰጠዎል?	<ol style="list-style-type: none"> 1. አዎ 2. አልሰጠሁም 	
213	የእናቶች ጤ አገልግሎት ክትትል ወቅት ባለቤቶቻቸው ከእርሶ ጋር ሂዶ ያወቃል	<ol style="list-style-type: none"> 1. ያወቃል 2. አያወቅም 	

ክፍልሶስት: - እርሶዎና ህፃኖን በተመለከተ የተዘጋጁ ጥያቄዎች

301	የእርሶ የጠት ወተት ለህጻኑ/ኛ በቂ ነው ብለዉ ያስባሉ?	1. አዎ 2. አላስብም	
302	በጠት ማጥባት ወቅት ያጋጠማሽ ችግር አለ?	1. አዎ 2. የለም	
303	አዎ ከሆነ ቁ 302 ምን አይነት ችግር?	1. የጠት ጭመላኝ ጠቀ 2. የጠት ማጥባት 3. የጠት ጭመ ወደ ወስጥ መግባት 4. የጠት ጭመ ህመም 5. ሌሎች ካሉ ይጠቀሱ	
304	ስለ ጠት ማጥባት ስልት የሰማሽዉ መረጃ ነበር?	1. አዎ 2. አልነበረም	
305	ህጻኑ/ኛ ሲወለደ/ሲትወለደ ስንት ኪሎ ነበረ/ች?	1. ከ2.5 ኪ.ግ በታች 2. ትክክለኛ (>2.53,9) ኪ.ግ 3. በጣም ትልቅ ከ>4. ኪ.ግ በላይ	
306	የጠት አጠባብ ስልቶች ታወቁያሽ?	1. አዎ 2. አላወቅም	ካላወቁ ወደ ቁ308
307	ስለ ጠት ማጥባት ዘዴ የት አወቁ?	1. ከጠፍ ሰራተኞች 2. ከጠፍ ማክ ቃቂያ ሰራተኞች 3. ከሬዲዮ / ቴሌቪዥን 4. ሁሉም 5. ሌላ (ይግለጹ)	
308	ትክክለኛ ጠት የማጥባት ዘዴ ልጆች ጠፍ ጠቃሚነት ውብለዉ ያስባሉ?	1. አዎ 2. አላስብም	
309	ትክክለኛ ጠት ማጥባት ዘዴ ለእናቶች ጠፍ ጠቃሚ ነው ብለዉ ያስባሉ?	1. አዎ 2. አላስብም	

ክፍል አራት፡ - የህፃኑ ጠት አያያዝ መመዘኛ ጥያቄዎች

	አተቃቀፍ/አቀማመጥ ስልት		
401	የህፃኑ/ኖ ሰውነት ቀጥ ያለ ነ ወይ?	1. አዎ 2. አይደለም	
402	ከእናትየው ሰውነት ጋር ተገናኝቷል/ታለች ወይ?	1. አዎ 2. አይደለም	
403	ሰውነቱን /ቶን መላ በመላ ደግፎ ይዛለች ወይ?	1. አዎ 2. አይደለም	
404	ወደ እናትየው ፉቱን/ቱዎን መላሷል /ልሳለች ወይ?	1. አዎ 2. አይደለም	
	የጠቅ አያያዝ ስልት		
405	የህፃኑ/ኖ የጠቅን ጫ ንርሶ የላይኛው ከንፈሩ ይታያል ወይ?	1. አዎ 2. አይታይም	
406	አፈ /ፎብደንብ ተከፍቷል ወይ?	1. አዎ 2. አልተከፈተም	
407	የህፃኑ/ኖ የታችኛው ከንፈር የጠቅ ጫን ንርሶ ይታያል ወይ?	1. አዎ 2. አይታይም	
408	የህፃኑ/ኖ ፉት ከእናትየው ፉት ለፉት ይተያያል ወይ?	1. አዎ 2. አይታይም	
	የአጠባብ ስልት		
409	ቀስ ብል እየጠባ/ች ነ ውወይ?	1. አዎ 2. አይደለም	
410	አንዳንዲ ያቆማል/ታቆማለች ወይ?	1. አዎ 2. አይቆምም	
411	በሚጠባበት/በምትጠበት ሰዓት ድምጽ ያሰማል ወይ?	1. አዎ 2. አያሰማም	

