

ADDIS ABABA UNIVERSITY
COLLEGE OF HEALTH SCIENCES
SCHOOL OF NURSING AND MIDWIFERY
POST GRADUATE PROGRAM

**BREAST FEEDING TECHNIQUES AND ASSOCIATED
FACTORS AMONG PRIMI-PARA MOTHERS IN PUBLIC
HEALTH CENTERS, ADDIS ABABA, ETHIOPIA, 2020.**

BY: GELILA MEKURIY (BSC)

**A THESIS SUBMITTED TO ADDIS ABABA UNIVERSITY,
COLLEGE OF HEALTH SCIENCES, SCHOOL OF NURSING
AND MIDWIFERY, DEPARTMENT OF NURSING, IN
PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR
MASTER DEGREE IN NEONATAL NURSING.**

JUNE, 2020

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APPROVAL BY THE BOARD OF EXAMINATION

This thesis by **Gelila Mekuriya** is accepted in its present form by the board of examiners as satisfying thesis requirement for the degree of masters in Neonatal nursing.

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LIST OF ACRONYMS AND ABBREVIATIONS

AAP: America Academy of Pediatrics
ANC: Antenatal care
AOR: Adjusted odds ratio
BCC: Breastfeeding Committee for Canada
BFIH: Baby Friendly Hospital Initiative
BFT: Breast-feeding technique
COR: Crude odd ratio
EBF: Exclusive Breast Feeding
EDHS: Ethiopian Demographic Health Survey
EPI: Expanded program of immunization
FMOH: Federal ministry of health
IMNCI: Integrated management of neonatal and childhood illness
IYCF: Infant young child feeding
NGO: Nongovernmental organization
NMR: Neonatal Mortality Rate
PNC: Postnatal care
SIDS: Sudden Infant Death Syndrome
SPSS: Statistical Package for Social Science
SSA: Sub-Saharan Africa
UNICEF: United Nations Children's Fund
WHO: World health organization

Table of Content	Page Number
APPROVAL BY THE BOARD OF EXAMINATION	i
STATEMENT OF DECLARATION	ii
ACKNOWLEDGMENT	iii
LIST OF ACRONYMS AND ABBREVIATIONS	iv
LIST OF TABLES	vii
LIST OF FIGURES	viii
ABSTRACT	ix
CHAPTER ONE: INTRODUCTION	1
1.1. Back ground	1
1.2. Statement of the Problem	2
CHAPTER TWO: LITERATURE REVIEW	4
2.1. Breast feeding techniques	4
2.2. Factors associated with breast feeding technique	4
2.2.1. Socio-demographic related factors	4
2.2.2. Obstetric and Health service utilization related factors	5
2.2.3. Maternal and infant health related factors	5
2.3. Justification of the study	7
2.4. Significance of the study	7
CHAPTER THREE: OBJECTIVE	9
3.1. General objective	9
3.2. Specific objective	9
CHAPTER FOUR: METHODS AND MATERIALS	10
4.1. Study area and period	10
The study was conducted from March7- April 30, 2020.	10
4.2. Study design	10
4.3. Source of Population	10
4.4. Study population	10
4.5. Inclusion and Exclusion Criteria	10
4.5.1. Inclusion criteria	10
4.5.2. Exclusion Criteria	11
4.6. Sample size determination	11
4.7. Sampling Procedure	11

4.8. Variables of the study	13
4.9. Operational Definition	14
4.10. Data collection tool	15
4.12. Data quality control	16
4.13. Data Analysis method	16
4.14. Ethical considerations	17
4.15. Dissemination of results	17
CHAPTER FIVE: RESULT	18
5.1. Socio-demographic characteristics of the participants	18
5.2. Obstetric and health service utilization of participants	19
5.3. Effective breast feeding technique	20
5.4. Factors affecting breastfeeding technique	23
CHAPTER SIX: DISCUSSION	25
CHAPTER SEVEN: STRENGTH AND LIMITATION OF THE STUDY	26
7.1. Strength of the study	26
7.2. Limitation of the study	26
CHAPTER EIGHT: CONCLUSIONS AND RECOMMENDATIONS	27
8.1. Conclusion	27
8.2. Recommendation	27
9. REFERENCES	28
10. ANNEXES	32
Annex A: Participant Information Sheet	32
Annex B: Informed consent form	33
Annex C: English Version questionnaire and observation checklist	34
Annex D: Amharic version information sheet	38
Annex E: Amharic version Informed consent and tool	39

LIST OF TABLES

Table 1: Proportional allocation of participants from ten health centers in Addis Ababa Town Sub-cities, 2020.....	12
Table 2: Grading system for infant’s body position, mouth attachment and effective suckling during breastfeeding for study conducted in ten health center of Addis Ababa Ethiopia, 2020(24).	14
Table 3: Socio-demographic characteristics of the participants in selected ten health centers of Addis Ababa, Ethiopia, March 7 to April 30, 2020 (n = 253).....	18
Table 4: Obstetric and health service utilization of participants in selected ten health centers of Addis Ababa, Ethiopia, March 7 to April 30, 2020 (n = 253).....	19
Table 5: Bivariate and multivariable analysis of factors associated with effective BFT among breastfeeding mothers in selected ten health centers Addis Ababa, Ethiopia, 2020 (n = 253).	24

LIST OF FIGURES

Figure 1: Conceptual framework for the assessment of breast-feeding techniques among Primi-Para Mothers at selected health center of Addis Ababa, Ethiopia.	8
Figure 2: Proportion of breast feeding technique among breast feeding mother in ten health centers of Addis Ababa, Ethiopia, 2020.....	20
Figure 3: Proportion of positioning during breast-feeding among breast feeding mother in selected ten health centers of Addis Ababa, Ethiopia, 2020.	21
Figure 4: Proportion of sucking during breast-feeding among breast feeding mother in selected ten health centers of Addis Ababa, Ethiopia, 2020.	22
Figure 5: Proportion of attachment during breast-feeding among breast feeding mother in selected ten health centers of Addis Ababa, Ethiopia, 2020.	22

ABSTRACT

Breast-feeding technique is a skill which every mother and baby acquire through practice with time. Mother's own milk is adapted to each infant's need over the unnecessary deaths related to artificial bottle-feeding. Inappropriate breast-feeding techniques are common problem of primi-para mothers in the world. A study from eastern Ethiopia indicates that most of primi-para mothers practice ineffective breast feeding technique. Generally, effective breast feeding practice has numerous importances for baby's growth and development, and maternal health. However, breast feeding technique lacks concern and because of this, postpartum mothers and children exposed for morbidity and mortality. Therefore, this study aimed to assess breast-feeding technique and associated factor among primi-para breast feeding mother in selected health centers in Addis Ababa, Ethiopia, 2020.

Institutional based cross-sectional study design was used from March 7- April 30, 2020. Each study participant was selected using the systematic sampling technique in which every two clients were interviewed in each health center. The data was collected by using interviewer questioner and observational checklist. The data was entered using Epi-data version 4.2 and analyzed using statistical package for social science (SPSS) version 25. Binary logistic regression was used to identify independent factors.

The proportion of effective breast feeding technique was 40.3 %. Having postnatal care within seven day of birth, breast problem, skin-to-skin contact after birth, and time of first feeding initiation were significantly associated factors with practice of effective breast-feeding technique.

The proportion of effective breast feeding technique was low but separate proportion of positioning, attachment and sucking were above average level. Early postnatal care, special support, and counseling strategy should be developed for breast feeding mother, especially for prime-mothers to get better effective breast feeding technique. Hence, they had limitation to apply effective breast feeding technique.

Key words: Breast-feeding techniques, primi-para mothers, health center, Addis Ababa, Ethiopia

CHAPTER ONE

INTRODUCTION

1.1. Back ground

Breastfeeding is a maternal gift for every child (1). Breast feeding technique is a skill which every mother and baby acquire through practice with time. The three breast feeding technique; positioning, attachment and sucking are important things to insure effective breast feeding practice. It is also positive experience for the mother to enhance bonding with baby (2). Practice of breast feeding differ from individual to individual, country to country and there are different culture and attitude towards breast feeding. Breast-feeding is better other than formula, mothers did not breast feed her baby feels discomfort (3).

Government of Australia introduced laws law to about breast-feeding that discrimination on breast-feeding should stop to enhance breast-feeding practice (4). World health organization (WHO) and United Nations Children's Fund (UNICEF) work focusing on maternity practices to enhance breast-feeding (5). World health organization and UNICEF recommended initiation of breast-feeding within one hours of birth and exclusive breast-feeding for six month of newborn (6). From WHO 2018 report, only 43% of newborns initiate breastfeeding within one hour of birth. Seventy percent of women continue to breast feed for one year, 80% at one year, and 60% at two years, and 41% of infants less than six months of age are exclusively breastfed (7).

Breast-feeding is the ultimate nutrition and gift that only a mother can give to her infant. Mother's own milk is adapted to each infant's need over the unnecessary deaths related to artificial bottle-feeding (8). An infant not exclusively breastfed for 6 months is 15 times more likely to die from pneumonia and diarrhea than exclusively breastfed children (9). In Kenya breast-feed babies increased to 61% in 2014 from 13% in 2003 (10). In Ethiopian; first milk (colostrum) was discarded but now that practice shows decrement. Ethiopian demographic health survey (EDHS) 2019 shows that exclusively breast-feeding practices increased to 59% (11).

1.2. Statement of the Problem

Inappropriate breast-feeding techniques are common problem of primi-para mothers in the world. This gap of breast feeding practice affects the nutritional status of the newborn. Wrong practice of breast feeding technique like incorrect positioning, positioning and sucking cause nipple crack in the mother in addition to poor growth and development of the child. Globally, above half million children and hundred thousands of women die each year as a result of poor breast feeding practice that could be prohibited by applying appropriate breast-feeding techniques (12).

In 2015, world health organization (WHO) reported that nearly six million under five children were died from Africa by avoidable diseases (13). Worldwide seven thousand newborn die daily. Most of death occurs in the first week of birth and the other in the next six days (14.15).

Primi-para mothers are new for breast feeding experience, as a result they exposed for several psychosocial problems like anxiety, depression, loss of confidence to breast-feeding the newborn (16). Early breast feeding initiation, within one hour of birth is recommended to enhance maternal and newborn health. Those newborns had breast feeding initiation after two to twenty three hour were 33% higher risk of dying compared to those baby initiated breast feeding within one hour. Newborn initiated fires breast feeding after one day were two time more likely to for dying compare to those babes had first breast feeding initiation within one hour (17).

Worldwide, inappropriate breast-feeding techniques significantly affect the health of mothers and the newborn. An estimated 20,000 maternal deaths from breast cancer could be prevented each year by improving rates of breastfeeding and 820 000 child lives can be saved a year. Appropriate and longer breast feeding practice had numerous importances such as reduction of overweight, type 2, diabetes, ear infections, asthma, lower respiratory infections, diarrhea and vomiting, eczema, childhood leukemia, and sudden infant death syndrome (SIDS) (18).

In Nepal, incorrect breast feeding practice significantly affects the newborn growth and development and it is a cause of death for thousands of newborn every year (19). About thirty-nine percent of global newborn death reported from South Asia and sub-Saharan Africa. In sub-Saharan Africa, the neonatal mortality rate (NMR) is 31 per 1000 live births whereas the global NMR is 20 per 1000 live births (20, 21, 22). In Nigeria, a community-based study conducted in rural & urban primi-para mothers and more than half of primi-parous mothers had inadequate knowledge about exclusive breast-feeding (EBF) and only nearly 63 % had inattention to exclusively breastfeed for four to six months (23).

In Ethiopia many studies done about breast feeding knowledge, practice, and attitude. However, limited study done about breast-feeding techniques and it shows less concern is given about breast feeding techniques. A study from eastern Ethiopia indicates that most of primi-para mothers practice ineffective breast feeding technique (24).

Generally, effective breast feeding practice has numerous importances for baby's growth and development, and maternal health. However, breast feeding technique lacks concern and because of this, postpartum mothers and children exposed for morbidity and mortality. Therefore, this study aimed to assess breast-feeding technique and associated factor among primi-para breast feeding mother in selected health centers in Addis Ababa, Ethiopia, 2020.

CHAPTER TWO

LITERATURE REVIEW

2.1. Breast feeding techniques

Breast feeding technique is method to support the mother and neonate for effective breast feeding technique. It includes positioning, attachment and sucking with 4, 4 and 3 criteria respectively. A study done in demark presented that, 123 (44%) effective breastfeeding technique and 108 (39%) ineffective breastfeeding technique were observed from participant breast feeding mothers (25). A research in Delhi showed that good practice of breast feeding technique among primi-para mothers was below fifty percent and five percent of them indicate poor practice. The study report that, breast-feeding support is important for primi-para mother to give adequate nutrition for the newborn (26).

An interventional study done in India on breast feeding mother reported 67% correct positioning and 53% correct attachment (27). A cross-sectional study done in Areka Town, Southern Ethiopia showed 25.8% good and 36% average positioning (28). A community-based study done in East Delhi showed low breast-feeding the unique, 7.5% of breast feeding mother had good attachment and positioning (29). A cross-sectional study done in eastern Ethiopia, only 42.2% from EPI unit and 44.5% from postnatal unit were performing effective breast feeding technique. Good positioning and good suckling were (65.3%) and (69.2%) respectively (24).

2.2. Factors associated with breast feeding technique

2.2.1. Socio-demographic related factors

A study done in Delhi identify where the personal characteristics of mothers affect the breast feeding practice or not. The study revealed that socio-demographic characteristics of breast feeding mother like age, educational status, occupation, and monthly income did not show association with breast feeding technique (26). The other study done in India, a mother's age, education level, and number of birth were associated factors with breast feeding technique (27). A cross-sectional in Harar, Ethiopia educational level showed significant association with breast feeding technique (AOR 2.3; 95% CI 1.1, 3.9).

A mother had previous information about BFT and had previous breastfeeding experience were also predictors of BFT (AOR 1.8; 95% CI 1.1, 3) and (AOR 3.3; 95%CI 1.1, 10.7) respectively (24). From a cross-sectional study done in Southern Ethiopia, number of birth and residency did not show association with breast feeding technique. Age and education level of participants were not associated with position and attachment, Age less than 20 years showed low percentage of attachment and positioning during breast-feeding (28).

2.2.2. Obstetric and Health service utilization related factors

Breast-feeding techniques was not affected by residence, mode of delivery and birth weight of infant (27). Having postnatal care and immediate counseling about BFT after birth indicated significant association with Practice of Breast-feeding technique (AOR 5.9; 95% CI 2.1, 15.9) and (AOR 1.7; 95% CI 1.1, 2.8) (24). Study done in Southern Ethiopia reports that association with Place of delivery associated with the attachment during breastfeeding (28). Observational study done from Denmark reported that, those post-partum mothers had early breastfeeding problems significantly associate with infective breast-feeding the unique (25). World health organization reports only 43% of newborns initiate breastfeeding within one hour of birth (7).

A study done in Nigeria reports, that most of prim-para mothers lack knowledge to wards breast feeding technique. It accounts nearly fifty-nine percent. Nearly sixty three percent of them had inattention to exclusively breastfeed before six month of newborn. This intention directly and indirectly affects mother's breast-feeding technique practice (23).

2.2.3. Maternal and infant health related factors

Effective breast feeding technique can affect by breast condition, maternal condition, and infant health status. Breast feeding function of new born determined by smooth body anatomical and physiological coordination. Newborn head and body arrangement affect the reparatory system and breast feeding effectiveness of the baby (30). Mother had no of breast problems during breast-feeding had significant association with practice of breast feeding technique (AOR 4.0; 95% CI 1.4, 10.9) (24).

Institutional based cross-sectional study done in Southern Ethiopia indicated that Attachment during breast-feeding significantly affected by maternal and neonatal conditions. Regarding to baby birth Weight, 64.3% of low birth weight infant showed poorer attachment during breast-feeding. Regarding to gestational age, infants' gestational age has significant association with attachment during breast-feeding. Pre-term infants had poor attachment (28).

Effective breast-feeding technique disturbed by mother-baby interaction, namely positioning, Latch, and sucking. Baby attachment with breast is important factor the feed the newborn as required. It is the attachment of baby's mouth with mothers breast to feed. The moth 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 (31).

Sucking and milk transfer observed by change of baby's sucking degree. The newborn sucks constantly with fixed frequency per time. If the newborn sucks breast with in wrong manner, then, it cases for breast pain especially for primi-mothers. This later cause breast pain and infection. As a result, the whole breast-feeding technique affected (32). Breast-feeding techniques were also affected by a mother's condition, breast problem and neonatal conditions (33, 34).

Inappropriate sucking and milk full breast cause painful breast. 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 even if the baby needs more feeding to adapt the new infectious environment (35). Postpartum mother having mastitis affects breast-feeding practice and infective breast-feeding technique affects breast health condition (36-40). Neonate born with congenital anomaly like cleft lip leads to ineffective breast feeding practice and this affects both neonates and mothers health condition (41.42.43).

2.3. Justification of the study

In Ethiopia, few studies done about breast feeding technique and revealed that a high gap in breast feeding technique, that is about < 50%. Studies are limited in primi-para mothers, even if breast-feeding techniques among primi-para mother is serious issue. Correct breast-feeding techniques; proper position and attachment are very important to get all benefits of breast-feeding. The correct breast-feeding techniques have also given utmost importance to integrated management of neonatal and childhood illness (IMNCI). So, this study aimed to assess breast feeding technique and associated factor among primi-para breast feeding mother in selected ten health centers in Addis Ababa, Ethiopia, 2020.

2.4. Significance of the study

The study will have contribution to enhance breast-feeding practice. Hence, it is crucial for neonate growth and development, and maternal health.

- ❖ The result of this study will support health workers to give evidence based and effective health education about breast feeding technique for breast-feeding primi-para mothers.
- ❖ The findings of this study may benefit the policy makers to develop appropriate policies/guidelines, plans and intervention programs concerning breast feeding technique.
- ❖ The finding of this study will also help to influence the higher educational institutions to revise their curriculum in order to give emphasis on effective breast feeding simulation.
- ❖ Lastly, the findings of this study could serve as a reference for other researchers.

2.5. Conceptual framework

It shows the effect of independent variables (maternal related factors, obstetric and health related factors, Breastfeeding and neonate and related factors and Family and socio-cultural related factors poor breastfeeding practice) on dependent variable (Breastfeeding techniques). This conceptual framework shown below is adapted and modified from different similar researches (24, 28, 39, 44).

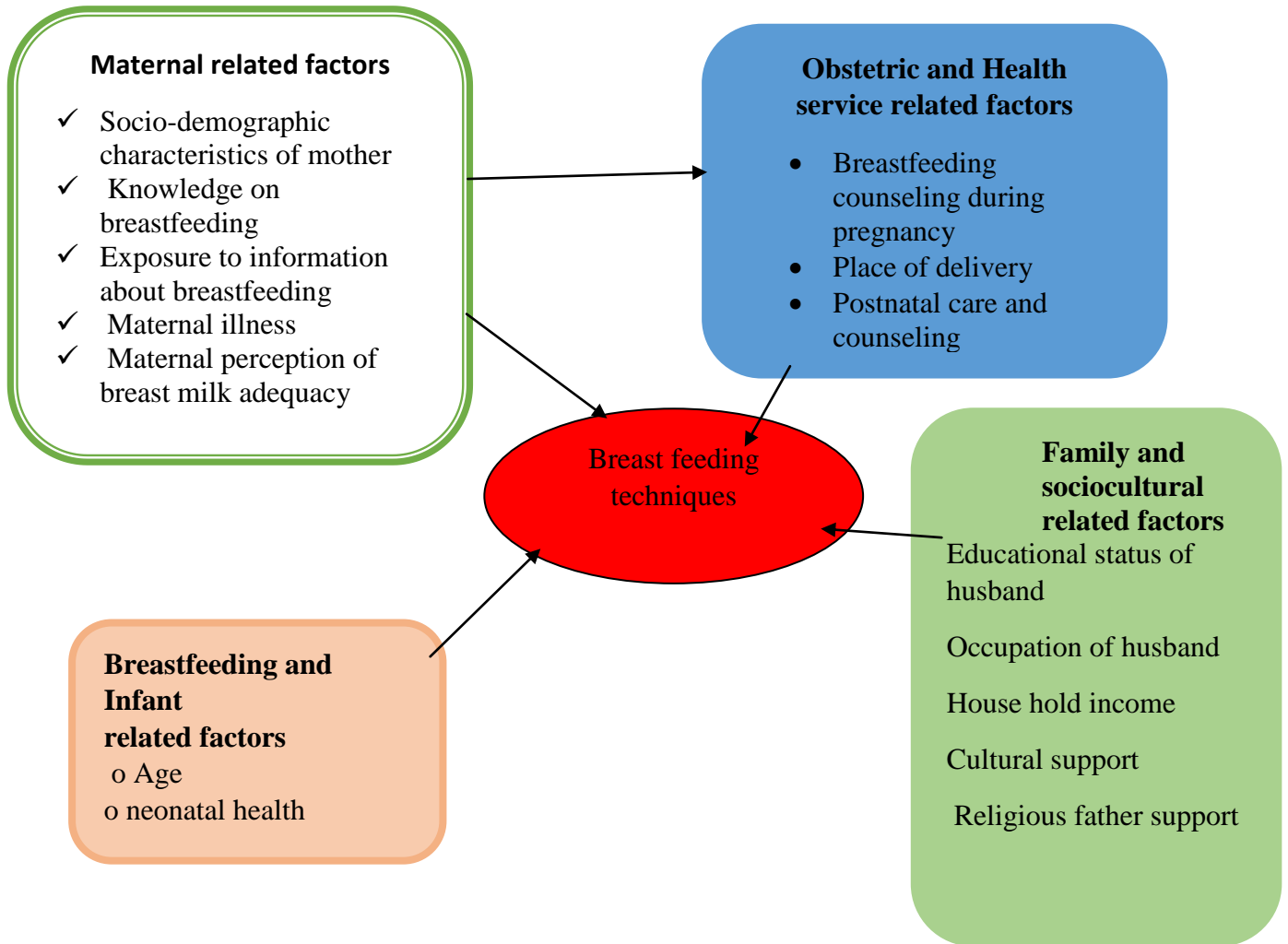


Figure 1: Conceptual framework for the assessment of breast-feeding techniques among Primi-Para Mothers at selected health center of Addis Ababa, Ethiopia.

CHAPTER THREE

OBJECTIVE

3.1. General objective

- ❖ To assess breast feeding techniques and factors associated among primi-para mothers in selected health centers of Addis Ababa, Ethiopia 2020.

3.2. Specific objective

- ❖ To assess breast feeding techniques in primi-para mothers at selected health center of Addis Ababa, Ethiopia, 2020.
- ❖ To determine factors association with breastfeeding techniques among primi para mothers at selected health center of Addis Ababa, Ethiopia, 2020.

CHAPTER FOUR

METHODS AND MATERIALS

4.1. Study area and period

The study conducted at ten Health Centers from ten-Sub cities which are found in Addis Ababa town. Addis Ababa is the capital city of Ethiopia and Seat of African Union and the United Nations World Economic Commission for Africa. It covers an area of 527 square kilometers with an estimated density of 5,535.8 people per square kilometer and has 10 sub cities. According to the census of 2007 (EFY) figures from the Central Statistical Agency (CSA) of Ethiopia, Addis Ababa has an estimated total population of 2,917,295 consisting of 1,389,817 males and 1,527,478 females. Hundred percent of the populations are urban dwellers (CSA 2007).

The study was conducted from March7- April 30, 2020.

4.2. Study design

Institutional based cross-sectional study was conducted among primi-para breast feeding mothers who came to EPI and post-natal unit of selected health center.

4.3. Source of Population

The source populations were all primi-para breast-feeding mother in Addis Ababa health center.

4.4. Study population

The study populations were primi-para breast-feeding mothers in selected health center of Addis Ababa.

4.5. Inclusion and Exclusion Criteria

4.5.1. Inclusion criteria

- Primi-para mothers less than 6 weeks of birth.
- Primi-para mothers who gave birth with term GA, 37 completed weeks.
- Primi-para had started breast feeding their babies.

4.5.2. Exclusion Criteria

- Primi-para mother with health problem.
- Primi-para mother gave twins birth.
- Primi-para mother not breast-feeding for neonate.

4.6. Sample size determination

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

$$n = (Z_{\alpha/2})^2 P (1-P) / d^2; \quad n = (1.96)^2 (0.422) * (0.578) / (0.05)^2, \text{ sample size} = 375$$

P= 42.2%, previous studies conducted in Harar city, Eastern Ethiopia (24).

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

d= 5%=0.05 marginal error

The total number of primi-para mother in selected Addis Ababa health center was 595. Since this figure is below 10,000, the sample size adjusted by using the following adjustment formula. $n = n / (1 + n/N)$

Where, n=sample size for population of size above 10,000

N=number of primi-para mothers among selected Addis Ababa health centers

Therefore $n = 375 / (1 + 375/595) = \underline{\underline{230}}$

So, by considering non-response rate of 10%, the total sample size was n= 253

4.7. Sampling Procedure

Addis Ababa has ten sub cities with 8-10 health centers in each sub city. From each ten-sub-city's ten health centers were selected by simple random sampling method (lottery methods). Then all primi-para mothers who had a newborn of less than 6 weeks of age were included in the study. Samples from each health centers were determined using proportional allocation to sample size.

Monthly postnatal care coverage was estimated in selected health center. Based on this daily primi-mother postnatal care coverage was also estimated for to apply systematic sampling technique. Each study participant selected using the systematic sampling

technique in which every two clients were interviewed in each health center ($k=2$) intervals. The first participant was selected randomly by default during starting the data collection time (Table 1).

Table 1: Proportional allocation of participants from ten health centers in Addis Ababa Town Sub-cities, 2020.

Heath centers	Average monthly case flow	Proportion of study participants
Addis ketema H.C	55	$253 \times 55 / 595 = 23$
Akakki, gelan H.C	63	$253 \times 63 / 595 = 27$
Arada, janmeda H.C	59	$253 \times 59 / 595 = 25$
Bole, goro H.C	52	$253 \times 52 / 595 = 22$
Gulele, addisu gebya H.C	70	$253 \times 70 / 595 = 29$
Kirkose, mesuwalkia H.C	68	$253 \times 68 / 595 = 29$
Kolfie, alme bank H.C	46	$253 \times 46 / 595 = 20$
Ledeta, werda 02 H.C	51	$253 \times 51 / 595 = 22$
Nefase selke lafto, 02 H.C	68	$253 \times 68 / 595 = 29$
Yeka, kotebe H.C	63	$253 \times 63 / 595 = 27$
Total	595	253

4.8. Variables of the study

Dependent variable:

Breast feeding techniques

Independent variables:

Maternal related:

- Age
- Ethnicity
- Religion
- Marital status
- Educational status
- Occupation
- Mothers knowledge on breastfeeding
- Exposure to information about breastfeeding
- Maternal illness

Obstetric & Health service related:

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

Neonatalrelated:

- Age, Neonate health condition.

Family and sociocultural related factors:

- Husband occupation
- Husband educational status
- Husband support
- Income
- Cultural support
- Organizational support
- Religious father support

4.9. Operational Definition

Table 2: Grading system for infant’s body position, mouth attachment and effective suckling during breastfeeding for study conducted in ten health center of Addis Ababa Ethiopia, 2020(24).

Correct baby position:		
<ul style="list-style-type: none"> • Baby body should be straight and slightly extended. • Baby body close to the mother’s body • Whole body supported. • Baby facing toward the mother’s breast. 		
Criteria for grading 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 attachment:		
<ul style="list-style-type: none"> • 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. • The baby’s chin is touching or almost touching the breast. 		
Criteria for grading of correct attachment:	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
• Any three or all the four criteria have been fulfilled.	3-4	Good
Correctness of effective suckling:		
<ul style="list-style-type: none"> • Slow sucks • Deep suckling • Sometimes pausing 		
Criteria for grading of effective suckling:	Grade	Score
• None of or only one of the three criteria have been achieved.	0-1	Poor
• Any two or the three criteria have been achieved	2-3	Good

Primi-para- a mother give birth for the first time

Term birth – a neonate born after 37 completed weeks of gestational age

Religious father support- if mothers were advice or encouraged by her respective religious father to breastfeed, she does more practice to get the right way.

Breast feeding technique- over all practice of breast feeding technique in all three techniques; positioning, attachment and sucking

Effective breastfeeding technique (BFT): The combination of at least two criteria from positioning, three criteria from attachment, and two criteria from suckling are fulfilled while mothers breastfeed their infants (24).

Ineffective Effective breastfeeding technique (BFT): those not fulfill above criteria

4.10. Data collection tool

The questioners were adapted from other study with modification (24, 28, 27). A structured interview questionnaire and observational checklist was used to collect the data. The English version of the questionnaire was prepared. Then it was translated to Amharic version (local language) and back to English. The questionnaire consists of four parts. The first part was about social-demographic characteristics of the respondent. The second and third contain maternity and maternal/infant health service utilization questions and maternal and infant health related factors respectively. The forth part are observational checklist for breast feeding techniques. Data collectors were six BSc and four diplomas nurses. One-day simulation training was organized for data collectors and supervisors about observation of breast feeding technique. Two supervisors were assigned to supervise and facilitate the data collection processes. First data collectors observe for breast feeding technique while a mother feeds her infant by using observation checklist. Finally, the participant interviewed for part two interviewing questionnaire.

4.11. Pre-test of the study

Pilot study was done in 5% of participants in two-health center, which is not among selected health centers. Based on the pre-test finding, all necessary correction was made on data collection tool, analysis method and over all formats. Variables related to breast condition were excluded from the checklist; it was difficult to observe it.

4.12. Data quality control

The observational checklist and interview questioner was adapted from world health organization guideline and similar published studies. Pre-test was done and correction was made accordingly. Training was organized for data collectors and supervisor on the procedure of data collection and purpose of the study. On the time of data collection, the data was checked daily for completeness, accuracy and consistency by principal investigator and timely correction was done.

4.13. Data Analysis method

The collected data was checked for completeness and consistencies, and then it was coded. The data entered using Epi-data version 4.2 and exported to SPSS version 25 for analysis. To explain the study population in relation to relevant variables, descriptive statistics such as frequencies and percentages were calculated. First, the total score of positioning, attachment, and suckling was calculated using the grading criteria and the proportion of positioning, attachment and suckling were calculated. The three variables i.e. positioning, attachment, and suckling were used to make a single outcome variable of BFT. Then the outcome classified in to effective BFT and ineffective BFT based on the operational definition. To see the relative effect of independent variable on the dependent variable, bivariate and multivariate logistic regression analysis was 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% CI, p-value of <0.05. Finally, the result was presented in the form of figures, tables, graphs, and charts.

4.14. Ethical considerations

Ethical issue was considered in all stages of the research process. Ethical clearance and approval was obtained from the Research Ethical Committee of department of Nursing and midwifery, college of health science, Addis-Ababa University. Then, letter of permission was obtained from Addis Ababa public health research and emergency management directorate. After explaining the objectives of the study in detail, informed written 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.

4.15. Dissemination of results

The result of the study will be submitted and presented to department of Nursing and Midwifery, Addis Ababa University, Addis Ababa public health research and emergency management directorate. The study result will be submitted to Addis Ababa sub city, Woredas health centers and stakeholder. 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.

CHAPTER FIVE

RESULT

5.1. Socio-demographic characteristics of the participants

The mean age of participants was 24.85years with (SD± 3.639). Age of newborn at time of observation range from 2 to 44 days. Among participants: 156(61.7%) and 61(24.1%) wear orthodox and Muslim religious followers, respectively. Majority of participants 200(79.1%) were married. Regarding to educational level, 19(7.5%) were illiterate. Most of participants were housewife and private employee, which accounts 81 (32.0%), and 84(33.2%) respectively (Table 3).

Table 3: Socio-demographic characteristics of the participants in selected ten health centers of Addis Ababa, Ethiopia, March 7 to April 30, 2020 (n = 253).

Characteristics	Frequency	Percent (%)
Age of neonate		
1-14	166	65.6
15-28	49	19.4
29-45	38	15.0
Maternal age		
<25	151	59.7
26-35	102	40.3
Religion		
Orthodox	156	61.7
Muslim	61	24.1
Catholic	5	2.0
Protestant	30	11.9
Others (specify)	1	0.4
Marital status		
Single	46	18.2
Married	200	79.1
Widowed	3	1.2
Divorced	4	1.6
Educational status		
Can't read and write	19	7.5
Primary school (1-8)	63	24.9
Grade 9 -12	75	29.6
Certificate/Diploma	65	25.7
Degree and above	31	12.3
Occupation		
Housewife	81	32.0

Government employed	49	19.4
Private employed	84	33.2
Merchant	16	6.3
Daily laborer	23	9.0
Monthly income		
500-3000	113	44.7
>3000-8000	126	49.8
>8000-12000	11	4.3
>12000-15000	3	1.2

5.2. Obstetric and health service utilization of participants

Majority of participants had ANC follow up 221(87.4%). More than half of participants gave birth at health center 159(62.8) and 14(5.5%) of participants delivered at home. Nearly half 138(54.5%) of postpartum mothers had no PNC within seven day. Breast feeding initiation within one hour and after 3 day of birth accounts 106(41.9%) and 21(8.3%) respectively. More than half 156(61.7%) of participants done skin-to-skin contact with their newborn immediately after birth. Nearly half of participants encountered breast problem 142(56.1%). Among respondents, nearly half 137(54.2%) of had previous information about breast feeding techniques (Table 4).

Table 4: Obstetric and health service utilization of participants in selected ten health centers of Addis Ababa, Ethiopia, March 7 to April 30, 2020 (n = 253).

Characteristics	Frequency	Percent (%)
ANC follow up		
Yes	221	87.4
No	32	12.6
Place of birth		
Hospital	48	19.0
Health center	159	62.8
Private clinic	32	12.6
Home	14	5.5
Mode of delivery		
SVD	189	74.7
C/S	64	25.3
PNC within 7 days of birth		
Yes	115	45.5
No	138	54.5
First breastfeed initiation		
Immediately/ within 1 hr	106	41.9
1 hour up to 1 day	74	29.2

After 1 day up to 3 day	52	20.6
After 3 day	21	8.3
Skin to skin contact after Delivery		
Yes	156	61.7
No	97	38.3
Breast problem		
Yes	142	56.1
No	111	43.9
Previous information on BFT		
Yes	137	54.2
No	116	45.8

C/S- cesarean section

5.3. Effective breast feeding technique

The proportion of effective breast feeding technique was 40.3 % (102). Regarding to positioning, 159(62.8%) and 26(10.3%) had score of good positioning and poor positioning, respectively. Good attachment and Poor attachment observed in 151(59.7%) and 40(15.8%) of participants respectively. About sucking score, more than half 152 (60.1%) of participant had good sucking score (Figure 2, 3, 4, 5).

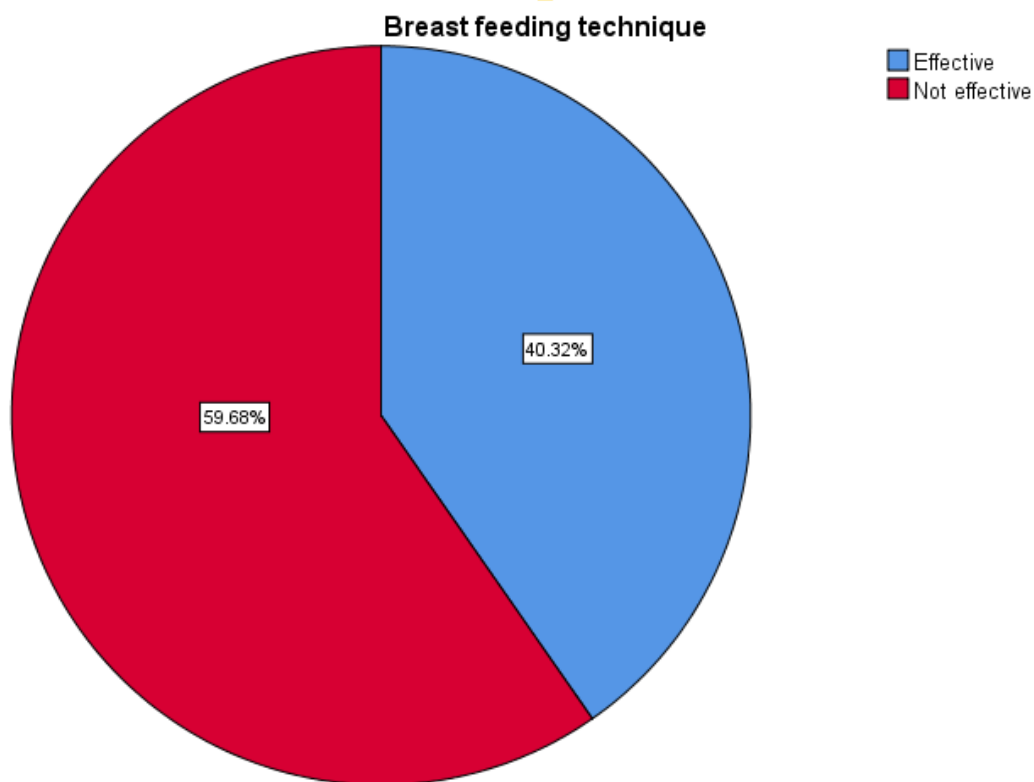


Figure 2: Proportion of breast feeding technique among breast feeding mother in ten health centers of Addis Ababa, Ethiopia, 2020.

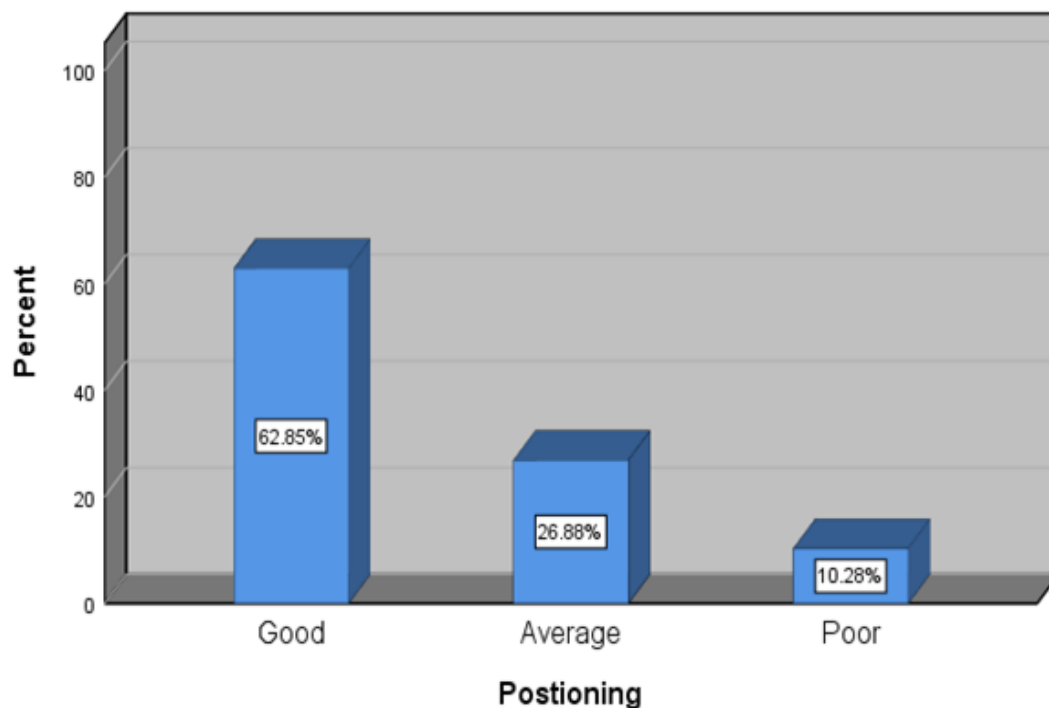


Figure 3: Proportion of positioning during breast-feeding among breast feeding mother in selected ten health centers of Addis Ababa, Ethiopia, 2020.

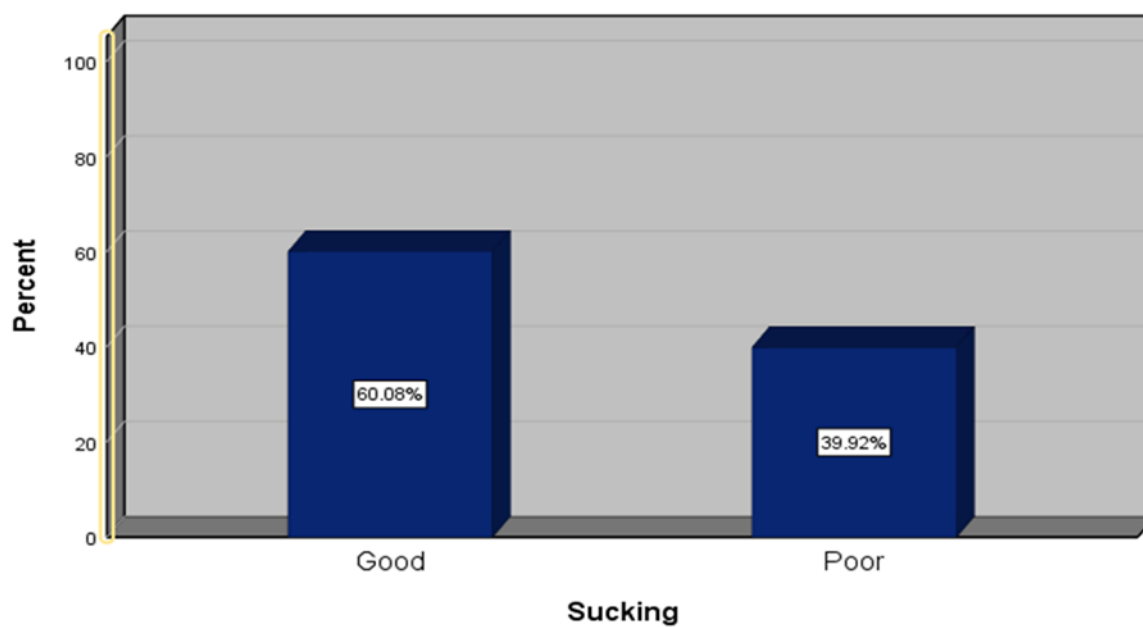


Figure 4: Proportion of sucking during breast-feeding among breast feeding mother in selected ten health centers of Addis Ababa, Ethiopia, 2020.

Attachment during breast-feeding was scored by using the four attachment criteria. Good attachment, average attachment and poor attachment observed in 151(59.7%), 62(24.5%) and 40(15.8%) of participants respectively.

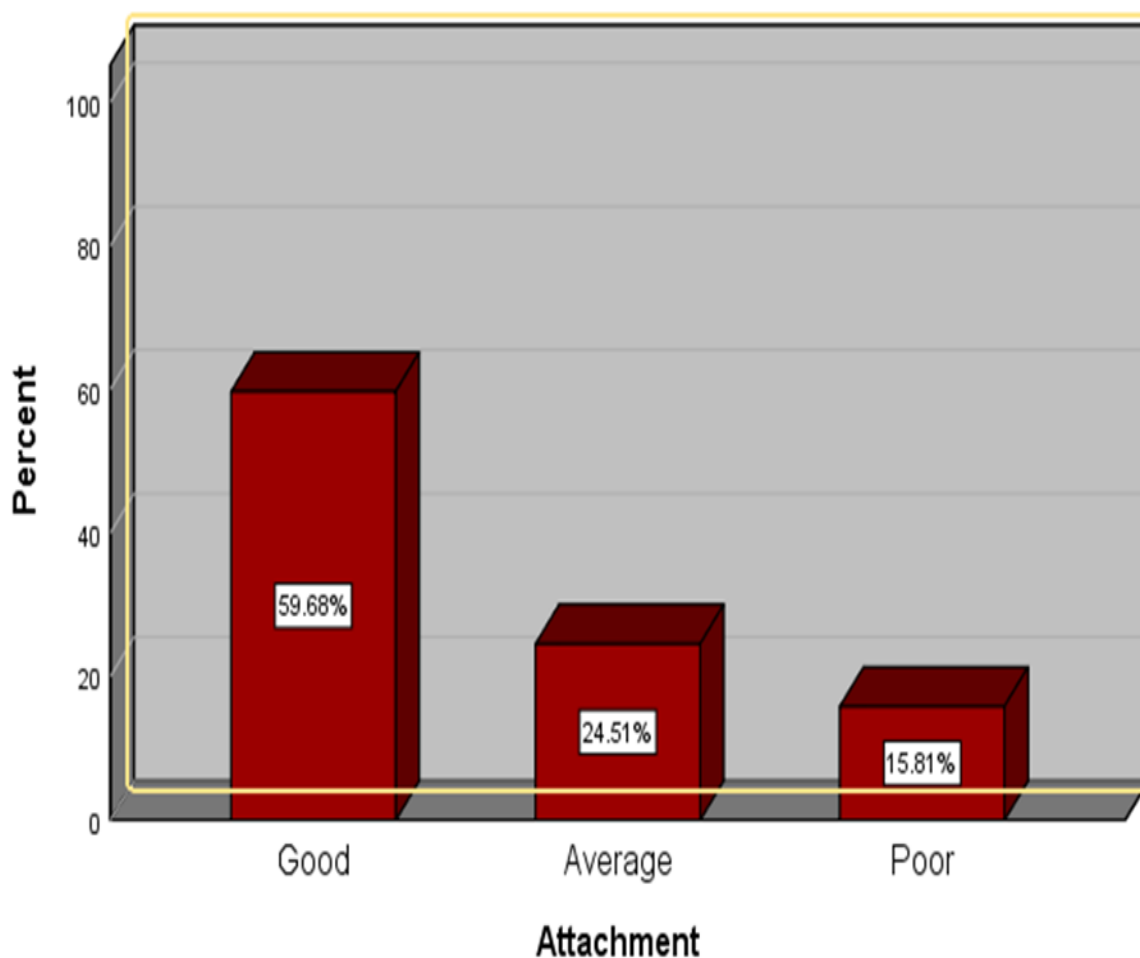


Figure 5: Proportion of attachment during breast-feeding among breast feeding mother in selected ten health centers of Addis Ababa, Ethiopia, 2020.

5.4. Factors affecting breastfeeding technique

Binary logistic regression was done to identify factors associated with breast-feeding technique practice. In bivariate logistic regression analysis ANC follow-up, mode of delivery, PNC within seven day, first feeding initiation, breast problem, skin to skin contact after birth, 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 models.

In multivariable logistic regression analysis; having PNC within seven day, breast problem and skin to skin contact after birth, and first feeding initiation were significantly associated factors at p-value of <0.05.

Mothers those had postnatal care within seven day of birth were 1.7 times more likely to apply effective breast feeding technique than those mothers hadn't PNC within seven day of birth (AOR 1.706; 95% CI (1.954 - 3.051)). Mothers had immediate skin to skin contact after birth were 2 times more likely to practice effective breast-feeding technique than those hadn't (AOR 2.091; 95% CI(1.073 - 4.075)). Regarding to first breast feeding initiation, a mother had breast feeding initiation after 1day to 3day were 1.1 times more likely to apply effective breast feeding technique than those had breast feeding initiation after three day (AOR 1.161; 95% CI(0.046 - 0.560)). Finally, those respondents had no breast problem were 1.9 times more likely to practice effective breast feeding technique than those had breast problem (AOR 1.905; 95% CI (1.044 - 3.476)) (Table 5).

Table 5: Bivariate and multivariable analysis of factors associated with effective BFT among breastfeeding mothers in selected ten health centers Addis Ababa, Ethiopia, 2020 (n = 253).

Variable	COR (95% CI)	AOR (95% CI)	P-value
ANC follow up			
Yes	4.224 (1.569 -11.374)	2.921(0.993 - 8.592)	0.052
No	1	1	
Mode of delivery			
SVD	2.786(1.462 - 5.312)	1.790(0.852 - 3.762)	0.124
C/s/ instrumental	1	1	
Skin to skin contact			
Yes	3.042(1.741 - 5.313)	2.091(1.073 - 4.075)	0.030*
No	1	1	
First feeding initiation			
Within 1hr	1.491(0.583 - 3.813)	0.888(.312 - 2.531)	0.824
After 1hr-1day	0.528(0.197 - 1.414)	0.452(.156 - 1.310)	0.143
After 1day- 3day	0.171(0.053 - 0.551)	1.161(0.046 - 0.560)	0.004*
After 3day	1	1	
PNC within 7day			
Yes	2.328(1.393 - 3.889)	1.706(1.954 - 3.051)	0.007*
No	1	1	
Breast problem			
Yes	1	1	
No	2.400(1.418 -4.062)	1.905(1.044 - 3.476)	0.036*
Previous information on BFT			
Yes	1.571(0.943 - 2.615)	1.168(0.630 - 2.166)	0.622
No	1	1	

* Significantly associated variables
C/S- cesarean section

CHAPTER SIX

DISCUSSION

This study aimed to assess breastfeeding techniques and associated factors among prim-Para mothers. Accordingly, over all proportion of effective breastfeeding technique was 40.3%. This shows that most of mother's practice ineffective breast feeding technique. This finding is in line with a study done in Harar, Ethiopia, which is 43.4 % and Demark, which was 44% (24, 25). Separately, proportion of good positioning, attachment and sucking observed above the average level. Good positioning and good attachment observed from this study is equivalent with a study done in India (27) and Ethiopia (24). However, this finding is higher than a study done in East Delhi (29). This discrepancy might be due to socio-cultural and sample size difference. In other way, this difference might be due to study time difference. The finding of this study is also higher than study done in Areka Town, Southern Ethiopia (28). This difference might be due to sample size and study setting difference between the two studies.

In this study, having postnatal care within seven day of childbirth was independent predictor of practice of effective breast-feeding. Mothers those had postnatal care within seven days was 1.7 times more likely effective in breast feeding technique than those mothers hadn't. Postpartum mother visit PNC may get more counseling towards effective breast feeding technique. This finding is supported with a study done in Harar, Ethiopia (24). Post-partum mothers those had no breast problem were 1.9 times likely to practice effective breast feeding technique than those had breast problem. Obviously breast problem in breast-feeding make discomfort both in mother and in newborn, which later affect practice of breast-feeding. This finding is in line with studies done in Ethiopia and Denmark (24, 25). Having immediate skin-to-skin contact after birth showed significance association with effective breast-feeding technique. Skin-to-skin contact immediately after birth enhances bonding, this decreases maternal postpartum discomfort, and depression. First breast feeding initiation with in 1day to 3day showed significant association with effective breast feeding technique but not early breast-feeding initiation. This might be due to disproportionate of samples. Early breast feeding initiation increase mother-infant bonding that support effective breast-feeding technique practice.

CHAPTER SEVEN

STRENGTH AND LIMITATION OF THE STUDY

7.1. Strength of the study

- ❖ The observation checklist was adapted from WHO guideline and published articles.
- ❖ Together with interview questioner, the data collection method was observational, which enhance the data quality.

7.2. Limitation of the study

- ❖ The limitation of this study was the cross-sectional nature of the study design does not confirm definitive cause and effect relationship between the variables.
- ❖ Important variables related to breast problem and newborn problem like cleft lip/palate were excluded from the study. This was due to lack of data and difficulty nature of observation.

CHAPTER EIGHT

CONCLUSIONS AND RECOMMENDATIONS

8.1. Conclusion

The overall proportion of effective breast feeding technique was low but separate proportion of positioning, attachment and sucking were above average level. Having postnatal care within seven day of birth, breast problem, skin to skin contact after bith, and time of first feeding initiation were independent predictor of breast feeding technique.

8.2. Recommendation

Based on the findings of this study, the following recommendation have been forwarded.

To federal minister of health/policy makers

Policy makers need to design and implement evidence-based practice of breast-feeding technique. Special support and counseling strategy should be developed for prime-mothers. Hence, they had limitation apply effective breast feeding technique. Breast-feeding has numerous importances for mother's health other than baby's nutritional source.

To health institutes, health care providers

Early postnatal care and 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 avail for primi-parous mothers. Health care professionals should give adequate health education on breast feeding technique for primi-para mothers. Because they are new for mothering responsibility

To other researchers

Further researches are recommended by including neonatal congenital anomalies like cleft lip/palet and maternal breast health conditions.

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10. ANNEXES

Annex A: Participant Information Sheet

Good morning/ afternoon? My name is Gelila Mekuriya Currently I am a graduate student at Addis Ababa University College of Health Sciences school of Nursing midwifery Department of neonatal nursing. Now I am conducting a research of breast-feeding techniques and associated Factors among primi para mothers selected sub city's Addis Ababa.

Title of the research: breast-feeding techniques and associated Factors among primi para mothers selected health facility Addis Ababa Ethiopia 2020.

Objective: To assess breast feeding techniques primi para mothers and associated factors at selected sub city's Addis Ababa, Ethiopia.

Participants: All primi para having neonate less than 6 weeks old in the selected health center.

Potential Risks: There is no foreseen risk by being participating in this study.

Benefits: No financial benefits are related with this study. But by participating in this study,

I would like to ask you few questions. Your honest response to the questions can make the study to achieve its objective. All the information that you give will be kept confidential and private. Only the principal investigator and interviewer will have access to the information. You are kindly requested to respond voluntarily. You can also choose not to participate in this study or if you become uncomfortable during the study, you will be allowed to leave the study at any time. At any time if you have questions, you can contact me by using the following addresses.

Gelila Mekuriya Mobile: 0911145925 , E-mail: ytwabyeliji@gmail.com

Annex B: Informed consent form

**Addis Ababa University
College of Health Sciences
School of Nursing and Midwifery**

I here with declare that:

The objectives of this study are explained to me and are clear.

The contents of the consent are verified to me to participate in the study.

I understand that participation in this study is completely voluntary and that I may withdraw at any time without supplying reasons. I agree to participate in this study to be interviewed, provided my privacy is guaranteed. When signing this consent form to participate in the study, I promise to answer honestly to all reasonable questions and not provide any false information or in any other way purposely mislead the researcher.

Signature of the participant _____ date _____

Signature of the investigator _____ date _____

Annex C: English Version questionnaire and observation checklist

English Version questionnaire and observation checklist to assess breast feeding technique and associated factors among primi-para breast feeding mother in selected ten health centers in Addis Ababa, Ethiopia 2020 (24,27,28).

Code Number.....

Part 1: Socio-demographic characteristics of participants

S.No	Question for the respondent	Response and code	Skip
101	What is the sex of your newborn?	1. Male 2. Female	
102	How old is your newborn?	Weeks	
103	How old are you?	-----Year	
104	What is your religion?	1. Orthodox Christian 2. Muslim 3. Catholic 4. Protestant 5. Others (specify)	
105	What is your ethnicity?	1. Amhra 2. Oromo 3. Tigrie 4. Others (specify)	
106	What is your level of education?	1. Can't read and write 2. Primary school (1-8) 3. Grade 9 -12 4. Certificate/Diploma 5. Degree and above	
107	What is your occupation?	1. Housewife 2. Government employed 3. Private organization employed 4. Merchant 5. Daily laborer 6. other specify	
108	What is your marital status?	1. Single 2. Married	

		3. Widowed 4. Divorced 5. Separated 6. cohabiting(line together)	
109	If you are married/ separated, what is your husband's level of education?	1. Can't read and write 2. Primary school (1-8) 3. Grade 9-12 4. Certificate/Diploma 5. Degree and above	
110	If you are married separated what is your husband's occupation?	1. Government employed 2. Private organization employed 3. Merchant 4. Daily laborer 5. Other (specify	
112	How much is your household average monthly income?	_____ Birr.	

Part II. Maternity and maternal/infant health service utilization questions

201	Did you get ANC service during your pregnancy?	1. Yes 2. No	If No go to Q. 208
202	If you get ANC service, 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 breastfeeding during your	1. Yes 2. No	

	ANC visits?		
205	Where did you give birth of this neonate?	1. Hospital 2. Health center 3. Private clinic 4. Home	
206	What was your mode of delivery?	1. Normal/vaginal 2. C/S	
207	Did you get PNC after your birth within 7 days?	1. Yes 2. No	If No go to Q. 301
208	Did you receive counseling regarding neonat feeding during the PNC service?	1. Yes 2. No	

Part III. Breastfeeding practice and techniques related questions

301	How soon after birth did you put your infant for the first time to breastfeed?	1. Immediately/ within 1 hour 2. 1 hour up to 1 day 3. After 1 day up to 3 day 4. After 3 day	
302	Breastfeeding is important for neonatal health?	1. Yes 2. No	
303	Breastfeeding is important for maternal health?	1. Yes 2. No	
304	Did you experience any Breastfeeding problems?	1. Yes 2. No	
305	Skin to skin contact done after delivery?	1. Yes 2. No	
306	Is there any difficulty when first attachment feeding?	1. Yes 2. No	
307	Did you receive about breast feeding	1. Yes	

	techniques?	2.No	
308	Do you know about breast feeding techniques?	1.Yes 2.No	

Part IV. Observational checklist

Positioning			
401	Baby body should be straight and slightly extended.	1.Yes 2. No	
402	Baby body close to the mother's body	1.Yes 2. No	
403	Whole body supported.	1.Yes 2. No	
404	Baby facing toward the mother's breast.	1.Yes 2. No	
Attachment			
405	More areola is visible above the baby's top lip.	1.Yes 2. No	
406	The baby's mouth is wide open.	1.Yes 2. No	
407	The baby's lower lip is turned outwards.	1.Yes 2. No	
408	The baby's chin 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 D: Amharic version information sheet

የተሳታፊዎች መረጃ መስጫ ቅጽ-በአማርኛ

እንደምን አደሩ/ዋሉ?

ገሊላ መከራያ እባላለሁ። በአዲስ አበባ ዩኒቨርሲቲ፣ ጤና ሳይንስ ኮሌጅ ነርሲንግና ሚድዋይናሪ ትምህርት ክፍል የጨቅላ ህፃናት ጤና የ2ኛ ዓመት የማስትሬት ድግሪ ተማሪ ነኝ። በአሁኑ ሰዓት በአዲስ አበባ ዙሪያ ከስድስት ሳምንት በታች ልጅ ባላቸው እናቶች ላይ የጡት ማጥባት ስልትና ተዛማጅ ችግሮችን በማጥናት ላይ ነኝ።

የጥናቱ ርዕስ፡- ጡት የማጥባት ስልትና ተዛማጅ ችግሮች፣ አዲስ አበባ ዙሪያ 2012 ዓ.ም።

የጥናቱ ዓላማ ጡት የማጥባት ስልትና ለመጀመሪያ ጊዜ የሚወልዱ እናቶች የሚያጋጥማቸውን ችግሮች ለማወቅ

ተሳታፊዎች፡- ከ6 ሳምንት በታች ልጆች ያሏቸው እማወራዎች

የጎንዮሽ ጉዳት፡- በዚህ ጥናት መሳተፍ ምንም አይነት ጉዳት የለውም።

ጥቅማጥቅም፡- በዚህ ጥናት መሳተፍ ምንም አይነት ገንዘብ አያስገኝም።

ስለዚህ የተወሰኑ ጥያቄዎችን ልጠይቅዎት እወዳለሁ የእርስዎ በእውነት ላይ የተመሰረተ መልስ ለዚህ ጥናት መሳካት አስተዋፅኦ ያደርጋል። እርስዎ የሚሰጡት መረጃ ከአጥኚውና ቃለመጠይቅ አድራጊው በስተቀር በማንኛውም መልኩ ለሌላ 3ኛ ወገን ተላልፎ አይሰጥም። በሙሉ ፈቃደኝነት እንዲሳተፉ እየጠየቅሁ ያለመሳተፍ ወይም በማንኛውም ጊዜ ራስዎን ከጥናቱ የማግለል ሙሉ መብት አለዎት። ማንኛውም ጥያቄ ካለዎት በሚከተለው አድራሻዬ ማግኘት ይችላሉ።

ገሊላ መከራያ
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ኢ.ሜይል: Yetwabyliji@gmail.com

Annex E: Amharic version Informed consent and tool

የስምምነት መግለጫ ፎርም - በአማርኛ

አዲስ አበባ ዩኒቨርሲቲ

ጤና ሳይንስ ኮሌጅ

የጨቅላ ህፃናት ዲፓርትመንት

ድህረ ምረቃ ፕሮግራም

እኔ ስሜ ከዚህ በታች የተገለፀው፤ የዚህ ጥናት ዓላማ በደንብ የተብራራልኝ ሲሆን የጥናቱን ምዕላማ ተረድቻለሁ። በዚህ ጥናት ላይ ለመሳተፍ በሙሉ ፈቃደኝነት ላይ የተመሰረተ መሆኑን በሚገባ የተረዳሁ ሲሆን በማንኛውም ጊዜ ከጥናቱ ራሴን የማግለል መብት እንዳለኝ አውቄአለሁ። ስለሆነም የምሰጠው መረጃ እስከ ተጠበቀ ድረስ በዚህ ጥናት ለመሳተፍ ተስማምቻለሁ። በዚህ ጥናት ለመሳተፍ ስምምነቴን ስገልፅ ለምጠየቀው ጥያቄ በእውነት ላይ የመሰረተ መልስ ለመስጠት የተስማማሁ መሆኔን አረጋግጣለሁ።

የመረጃ ሰጪው ፊርማ _____ ቀን _____

የአጥኚው ፊርማ _____ ቀን _____

ተ.ቁ	ጥያቄዎች	አማራጭ መልሶች	ይለፉ
101	የህፃን ምታ	1. ወንድ 2. ሴት	
102	የህፃኑ/ኗ ዕድሜ (በሳምንት)	----- (በሳምንት)	
103	የእርስዎ ዕድሜ ስንት ነው?	----- ዓመት	
104	ሀይማኖትዎ ምንድን ነው?	1. ኦርቶዶክስ ክርስቲያን 2. ሙስሊም 3. ካቶሊክ 4. ፕሮቴስታንት 5. ሌላ (ይጠቀስ) -----	
105	ብሔርዎ ምንድን ነው?	1. አማራ 2. ኦሮሞ 3. ትግሬ 4. ሌላ (ይጠቀስ) -----	
106	የትምህርት ደረጃዎ?	1. ማንበብና መጻፍ ማትችል 2. ማንበብና መጻፍ የምትችል 3. አንደኛ ደረጃ (1 — 8ኛክፍል) 4. ከዘጠነኛ እስከ አስራ ሁለተኛ ክፍል 5. ሰርተፍኬት/ዲፕሎማ 6. ዲግሪና ከዚያ በላይ	
107	ሥራዎ ምንድን ነው?	1. የቤት እመቤት 2. የመንግስት ሰራተኛ 3. የግል ድርጅት ሠራተኛ 4. ነጋዴ 5. የቀን ሰራተኛ 6. ሌላ (ይጠቀስ).....	
108	የጋብቻ ሁኔታዎ?	1. ያላገባች 2. ያገባች 3. ባሏ የሞተባት 4. የፈታች	
109	ያገቡ ወይም ተለያይተው የሚኖሩ ከሆነ፣ የባለቤትዎ የትምህርት ደረጃ?	1. ማንበብና መጻፍ የማይችል 2. ማንበብና መጻፍ የሚችል 3. አንደኛ ደረጃ (1-8ኛክፍል) 4. ከዘጠነኛ-አስራ ሁለተኛ ክፍል 5. ሰርተፍኬት/ዲፕሎማ 6. ዲግሪና ከዚያ በላይ	
110	ያገቡ ወይም ተለያይተው የሚኖሩ ከሆነ፣ የባለቤትዎ ሥራ ምንድን	1. የመንግስት ሰራተኛ 2. የግል ድርጅት ሠራተኛ	

	ነው?	3. ነጋዴ 4. የቀን ሰራተኛ 5. ሌላ (ይጠቀስ).....	
111	የቤታችሁ አማካይ የወር ገቢ ስንት ነው?	-----ብር	

ክፍል ሁለት፡- የእናቶችና ህፃናት ጤና አገልግሎትን በተመለከተ የተዘጋጁ ጥያቄዎች

201	ይህን/ችን ህፃን ነፍስ ጡር እያሉ በጤና ተቋም የቅድመ ወሊድ ክትትል አድርገው ነበር?	1. አዎ 2. የለም	If no mto 208
202	የቅድመ ወሊድ ክትትል ጤና አገልግሎት አግኝተዋል ከሆነ፣ አገልግሎቱን ያገኙት የት ነበር?	1. ሆስፒታል 2. ጤና ጣቢያ 3. የግል ክሊኒክ	
203	ምን ያህል ጊዜ የቅድመ ወሊድ ክትትል አድርገው ነበር?	1. አንድ ጊዜ 2. ሁለት ጊዜ 3. ሶስት ጊዜ 4. አራት ጊዜ እና ከዚያ በላይ	
204	በቅድመ ወሊድ ክትትል ወቅት ስለ ጡት ማጥባት የምክር አገልግሎት ተሠጥተዋል ነበር?	1. አዎ 2. የለም	
205	ይህን/ችን ህፃን ሲወልዱ የት ነበር የወለዱ?	1. ሆስፒታል 2. ጤና ጣቢያ 3. የግል ክሊኒክ 4. ቤት ውስጥ	
206	ህፃኑ/ኗ እንዴት ነበር የተወለደ ወ/ችዉ	1. በብልት በኩል 2. በቀዶ ጥገና	
207	ከወለዱ በኋላ የድህረ ወሊድ 7 ክትትል አድርገው ነበር?	1. አዎ 2. የለም	If no to 301
208	የድኅረ ወሊድ ክትትል ወቅት ስለ ህፃን የአጠባብ ሁኔታ ምክር ተሰጥቶብኝ ነበር ወይ	1. አዎ 2. የለም	

ክፍል ሶስት፡- ጡት ማጥባትን በተመለከተ የተዘጋጁ ጥያቄዎች

ተ.ቁ	ጥያቄዎች	አማራጭ መልሶች	ይለፉ
301	እንደ ወለዱ ጡት ማጥባት የጀመሩት በስንት ጊዜ ውስጥ ነበር?	1. ወዲያው/አንድ ሰዓት ባልሞላ ጊዜ ውስጥ 2. ከአንድ ሰዓት እስከ አንድ ቀን	

		3. ከአንድ ቀን በኋላ እስከ ሶስት ቀን 4. ከሶስት ቀን በኋላ	
302	በጡት ማጥባት ወቅት ያጋጠመሽ ችግር አለ ?	1. አዎ 2. የለም	
303	ህፃኑ ከተወለደ በኋላ ደረትሽ ላይተ ደርጎ ነበር ?	1. አዎ 2. አልነበረም	
304	ህፃኑ መጀመሪያ ጡትሽን ሲጠባ ተቸግረሽ ነበር ?	1. አዎ 2. አልነበረም	
305	ስለ ጡት አጠባብ ስልት ምክር ተሰጥቶሽ ነበር ?	1. አዎ 2. አልነበረም	
306	የጡት አጠባብ ስልቶች ታውቂያለሽ ?	1. አዎ 2. አላውቅም	

ክፍል አራት: የህፃኑ ጡት አያያዝ መመዘኛ ጥያቄወች		
401	የህፃኑ ሰውነት ቀጥ ያለ ነወይ	1. አዎ 2. አይደለም
402	ከእናትየው ሰውነት ጋር ተገናኝቷል ወይ	1. አዎ 2. አይደለም
403	ሰውነቱን ሙሉ በሙሉ ደግፋ ይዛለች ወይ	1. አዎ 2. አይደለም
404	ወደ እናትየው ፊቱን መልሷል ወይ	1. አዎ 2. አይደለም
405	የጡቱን ጫፍ ጎርሶ የላይኛው ከንፈሩ ይታያል ወይ	1. አዎ 2. አይደለም
406	አፋ በደንብ ተከፍቷል ወይ	1. አዎ 2. አይደለም
407	የህፃኑ የታችኛው ከንፈር የጡት ጫፉን ጎርሶ ይታያል ወይ	1. አዎ 2. አይደለም
408	የልጁ ፊት ከእናትየው ፊት ለፊት ይተያያል ወይ	1. አዎ 2. አይደለም
409	ቀስ ብሎ እየጠባ ነው ወይ	1. አዎ 2. አይደለም
410	አንዳንዴ ያቆማል ወይ	1. አዎ 2. አያሰማም
411	በሚጠባበት ሰዓት ድምጽ ያሰማል ወይ	