

Maternal Knowledge, Attitude and Practice of Breastfeeding

A Study among Breastfeeding Mothers in Shashemene Town

BY
KEBEDE TIRFESSA

ADVISOR
TEKA ZEWDIE, PH.D



**A Thesis Submitted to the Department of Psychology in
Partial Fulfillment of the Requirements for the Degree of
Masters of Arts in Developmental Psychology**

Addis Ababa University
School of Graduate Studies
Dept. of Psychology
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Abstract

This study is dealt with maternal knowledge, attitude, and practices of breastfeeding. Three groups of mothers representing the Guraghe, Oromo and Wolayta cultural backgrounds in Shashemene town were involved. Various item-types that were believed to generate the required data were constructed and administered. The analyses employed descriptive/qualitative, proportional, comparative and few correlational procedures.

The findings reveal that the mother groups are generally aware of the need to breastfeed infants with respect to the medical, physical, and cognitive aspects of development. But, maternal knowledge concerning the role of breastfeeding for psychosocial development was very low. The results of attitude measures revealed the possession of differing perceptions towards the specific sub-categories, though the general perception appears positive.

As to the practical aspects of breastfeeding, both similarities and differences to varying degrees were observed among the participants. Colostrums treatment, breastfeeding initiation time, and occasions showed significant variation among the groups while variables such as exclusive breastfeeding duration and intentions of breastfeeding did not reveal significant difference.

Analysis of the relationship between informants' sociodemographic variables like education, income, & parity and breastfeeding revealed that the relationship is not statistically significant.

Low knowledge level in the psychosocial domains of breastfeeding, the tendency of some respondents to hold negative attitude concerning the physical and cultural belief components, and some of the undesirable practices like delayed initiation, feeding response based on mother's leisure time, and discard of colostrums reported by a number of subjects are among the notable results that imply for early culture-sensitive maternal education, especially for expectant urban mothers.

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PART ONE: INTRODUCTION

1.1 Background

Naturally, human beings are endowed with an organ and tendency to nourish and develop their newborn via one invaluable and distinct psychological and biocultural phenomenon named breastfeeding. Since at least as long as the Roman Empire, there had been serious debates between childcare experts— philosophers, physicians, Psychologists on one hand and mothers on the other. The experts exhort the mothers to breast feed their children and mothers quietly refuse, using instead wet nurses and bottles.

Besides, modern philosophers and writers of the 19th and 20th centuries like Plutarch, Louffenburg, Comenuis and McCleary (cited in Fischer & Lazerson, 1984) have also urged mothers to breastfeed their newborn, stressing that refusal to breastfeed means promoting mortality and suffering.

Many researchers (Harfouche, 1990; Arnup, 1994; cited in Tesfaye, 2005) contend that breastfeeding is the natural way of feeding human infant and is a crucial determinant for growth, development, and survival of the infant. Generally, breastfeeding seems to be a global phenomenon having many advantages, particularly to the newborn. According to Rinda (2006), breastfeeding saves six million infant lives each year by preventing diarrhea and acute respiratory infections. Besides, research conducted in many developing countries reveal that infant and early childhood mortality is found to be lower among breastfed infants than bottle-fed ones (Gary, Palloni, et al.; Mujumder, Marrow et al., cited in Yeshewamebrat, 1995).

Apart from nutritional value, breastfeeding provides psychological values such as warmth, affection, security and self-reliance for the child.

Similar to many other developing countries, breastfeeding is widely practiced in Ethiopia. The 1990 National Family & Fertility Survey shows that 97% of women breastfeed their last child, the average duration being 25.1 months. Despite its high prevalence in Ethiopia, the average duration of breastfeeding appears to be declining as a result of various psychosocial and demographic factors. However, its decline leads to the loss of all the abovementioned benefits, and tends to call for early intervention. However, it is only after 1950s that the importance of breastfeeding for children's psychological health became vividly favored when Freud's ideas about the importance of early experiences began to

have strong influence (Fischer & Lazerson, 1984). Therefore, the practice of breastfeeding for infant's social, emotional, and personality development via the bondage formed with the mother has earned increased attention.

Even more recently, the issue of breastfeeding seems to call the attention of policy makers. A meeting of WHO/UNICEF (1990) resulted in a global initiative, the Innocenti Declaration, on the protection, promotion and support of breastfeeding states as follows:

"For optimal breastfeeding all women should be enabled to practice exclusive breastfeeding, and all infants should be fed exclusively on breast-milk from birth to four to six months of age. Thereafter, children should continue to breastfed, while receiving appropriate and adequate complementary foods, for up two years of age or beyond."

Similarly, the new Ethiopian population policy (TEG, 1993) considered promoting breastfeeding practice as one of the strategies to attain the objectives of reducing the existing high child fertility and mortality in Ethiopia.

As breastfeeding is a unique practice with multiple benefits—nutritive, protective, contraceptive, affective, cognitive and behavioral, that takes place during the critical (sensitive) period of human development, its preservation or promotion appears indispensable. And that is why it is cited in slogan "Breast is the best for the baby" and as the ideal method suited for the psychological and physiological needs of children.

Nonetheless, the current rate, practice, knowledge, attitude and prevalence of this crucial method of feeding and developing a newborn do not seem to prevail equally among all the diverse communities of the world. Most of the determinants of breastfeeding are psychosocial and cultural rather than biological in nature, as some developmental theories indicate.

1.1.1 The Developmental Niche Model and Breastfeeding

Scholars in the field of cross-cultural human development have forwarded some valuable points pertaining to and influencing child development in general and breastfeeding in particular. Among such type of models that best explain the topic dealt with (breastfeeding) is the developmental niche concept.

Proposed by Super and Harkness (1987), this notion put forth the mutual influential characteristics of the physical and social environments with the biological predispositions of an individual itself in precise and concrete terms.

This approach treats child development to be the result of the integrated interplay between three components of the developmental niche: (1) The physical and social setting or contexts of everyday life (e.g. ones family), (2) The culturally determined customs of childcare and child-rearing, and (3) The psychology of the caretakers or characteristics of a child's parents such as belief systems and developmental expectations. According to this model, for normal childrearing practices to occur the three sub-systems should operate in harmony; otherwise disequilibrium and change among the sub-systems will result in affecting child-rearing practices. Besides, this homeostatic irregularity may not work well in conditions of rapid social change. Let's have a glimpse at the way each of the sub-systems influence the issue dealt with.

The physical and social setting of the child: Within this micro-environment, change in the physical circumstances of caretakers (for example, rural-urban migration) may result in change in the customs of child care that served formerly as appropriate becomes inappropriate. Moreover, availability of various breastmilk substitutes in urban centers also affects feeding pattern. Similarly, among communities where the long-established social values are under change, any modification of the context tends to produce a gradual change in childrearing practices.

The psychology (belief and attitudes) of the caretakers: It is less debating that parents of various cultural groups hold different attitudes and cultural beliefs/ideas or "parental ethnotheories" in Super and Harkness terms, that contribute to the organization of children's early experience, the instantiation of customary caretaking behaviors, and guiding moment-to-moment interaction. Obviously, our belief system affects, at least implicitly, our actual practice. For instance, a change in expectations and beliefs as a result of the influence of media, technical expert, etc., this may lead to changes in childcare customs (e.g. bottlefeeding) that are not consistent with the existing, or slowly changing physical and social setting. In short, by experiencing certain physical and social changes, parental beliefs and actions are also likely to change, affecting infant caring & feeding.

The culturally determined customs of childcare and child-rearing

It seems legitimate that if there are changes in the physical or social setting of the child, and in attitude and beliefs of caretakers, there would be changes in their customs of care or daily routines that have long been practiced, in which case the

customary practice is given up. The caretaker engages in questioning the type of feeding pattern that is most desirable, or searching common-sense solutions to the feeding problem encountered. Thus, parental childrearing and feeding methods begin to take another form— forms that might not be adaptive to the child and positive in its outcome.

In short, the above sub-systems are found to have intricate relationship and affect childrearing practices. It is also important to note that mediating factors like child's characteristics take its part.

Being a more relevant approach, the Developmental Niche model is found to best explain the issue of breastfeeding wherein most of the actively influencing factors are in consideration. Further explanations of this model as related to breastfeeding are made under the sub-topic of problem statement.

1.1.2 Significances of Exclusive Breastfeeding

In the outset, it is pointed out that the process of breastfeeding involves multidimensional benefits. Literature shows that it is beneficial not only for the newborn but also valuable for the mother, though the former is among the concern of this study. Some of the importances of breastfeeding are as follows.

Physiological Significance

It is clear that breastmilk is a very conducive food type for infants in the early postpartum period. As it is in liquid and purified form, it is easily digestible and is convenient for the infant. According to Harfouche and Arnup (cited in Tesfaye 2005), breastfeeding represents the strongest possible foundations for nutrition and care of the infants. Therefore, exclusive breastfeeding satisfies the nutritional needs of infants.

Immunological Value

The protective value of breast milk is also well documented and researched particularly in the recent decades. Breast milk is indicated to protect the newborn from possible allergic reaction that may continue for years, increases immunity, and thus lowers susceptibility for infections and for the development of diseases such as diarrhea, respiratory disease, meningitis, and in later life heart disease and adult obesity (AAP, Cited in Fischer & Lazerson, 1984).

Even more, recent studies in Bangladesh found that in children 18-36 months of age who were not breastfed had a threefold risk of death (Briend, et al., Cited in Greiner, 1996). Shahidullah (also in Grainer, 1996) found an increased

risk of death associated with not breastfeeding. In addition, they found a protective effect of unsupplemented breastfeeding. Research (AAP, cited in SAE, 1998) also disclosed that breastfeeding minimizes the chance of encountering Sudden Infant Death Syndrome (SIDS).

The Social Significance of Breastfeeding

Apart from the above benefits, breastfeeding is reported to have social values. To this end, Kaye et al., (Cited in Fischer & Lazerson, 1984) pointed out that the breastfeeding process that involves mother's jiggling lay the foundations for turn-taking behavior in later infancy and childhood. Such dyadic interactions initiated during gestation are maintained through breastfeeding. That is, it is important for the development of social interaction that begins during breastfeeding. More importantly, it is during breastfeeding that the newborn begins to learn speech that is, babbling, and thus develops his /her language acquisition.

The Psychological Significance of Breastfeeding

Mothers often report that breastfeeding is an enjoyable and emotionally beneficial experience they share with their infants. However, little research has investigated the role of feeding method in the development of the maternal bond and the mother-infant relationships. And researchers have become increasingly interested in the physiological and immunological aspects of breast milk while largely ignoring the psychological aspects of breastfeeding (Clark, et al., 2003). Although nursing mothers report that feedings furnish not only nutritional but also social and psychological nourishment for them and their infants (Newton; Newton & Newton; Wiesenfeld ,et al.; Cited in Clark, et al.,2003) the possible link of breastfeeding to the development of maternal bonding and the mother-infant relationship has received little research (Clark, et al., 2003).

Following Kennel and Klaus (Cited in Clark, et al., 2003), the term bond refers to the emotional connection of the mother to her infant. And the function of bonding behavior is to maintain proximity of the mother to her infant (Maestriperi, Cited in Clark, et al., 2003). Originally, bonding theorists argued that, for an optimal bond to develop, physical contact between the mother and her infant must occur early in the postpartum period (Klaus, et al; Cited in Clark, et al., 2003). This implies the need for breastfeeding as to ensure the development of mother-infant relationship.

The few behavioral studies conducted on breastfeeding mothers provide suggestive results. One study showed that mothers who breastfeed tend to be more responsive to their infants (Wiesenfeld, et al.; Cited in Clark, et al., 2003). Breastfeeding mothers also tend to touch their infants more during feedings and playtime (Bernal and Richards; Kuzela, Stiffer & Worobey; Cited in Clark, et al., 2003). On the other hand, it is more interesting that breastfeeding makes mothers to be free from retrospective guilt of not breastfeeding their child (Robertson, 2003).

In sum, although little is investigated about the psychological significance of breastfeeding for both parties, the above findings reflect that during breastfeeding infants experience belongingness, intimacy attachment, security, etc. Moreover, infants are exposed to some behavioral management skills like gratification delay, weaning, and so on. By implication, it is mainly through breastfeeding that mother-infant relationship is initiated or enhanced whereby breastfeeding acts as a mediator.

Significance for Cognitive and Motor Development

Regarding the effect of infant feeding on its cognitive and motor development milestone achievements, several researchers (Dewey, et al., Taylor, Wang, et al., Florey, et al.; cited in Tesfaye, 2005) argued that breastfeeding has strong contribution to cognitive and motor development of infants. Thus, they contend, due to the socioemotional benefit associated with the process of breastfeeding, breastfed infants are always superior in cognitive and motor milestone abilities compared to their bottlefed counterparts, though other scholars (e.g. Papalia, cited in Tesfaye, 2005) indicated that there would not be significant difference.

Contraceptive Function of Breastfeeding

In addition to the significances described above, breastfeeding is reported to have birth spacing effect. This notion holds true particularly for couples not effectively using modern birth control methods and/or among cultural communities where modern contraceptive use is unfamiliar. Although there are some inconsistencies of research findings, especially the exclusive breastfeeding type is considered to function as a reliable contraceptive measure where a cutoff point is 12 months, as a study in Bangladesh reveals (Briend, et al., Cited in Greiner, 1996). More over, Huffman et al. (Cited in Grainer, 1996) found 20 months of median duration of postpartum amenorrhea. It is also reported that breastfeeding reduces the chance of acquiring breast cancer by the mother (AAP, cited in SAE, 1998).

In sum, without undermining its contraceptive duration, breastfeeding is important in countries like Ethiopia where the many of its citizens earn low income, both fertility and annual population growth rates are high and consequently affect resource allocation and in turn optimal development.

1.1.3 Determinants of Breastfeeding

1.1.3.1 Psychosocial Determinants of Breastfeeding

Maternal Awareness/Knowledge

Several studies show that a significant number of mothers do not seem to be aware of the values of breastfeeding and the coexisting benefits. For example, in a study conducted by Rinda (2005), in and around Manglore city, India, only 15% of participant mothers revealed good knowledge regarding breastfeeding. Despite being aware of it, in many countries, including Ethiopia there is a strong tendency to replace breastfeeding by other supplements, particularly by bottle-feeding. Especially, in developing areas bottlefeeding has high social status value (Howrigan, 1988). A study on Yucatec Mayans (Howrigan, 1988) suggested that the availability of bottlefeeding reduced worrying about prolonging the supply of breastmilk. This is true of urban mothers where they consider bottle-feeding as a "fact of modern life" (Abdulaziz, 1988; Yeshewamebrat, 1995) or as a "symbol of modernity" (Howrigan, 1988). Howrigan commented further that exposure to media and purveying models, has resulted in misconceptions of children of middle-class as bigger, healthier, and more successful in school than one's (lower-class) child.

Maternal Attitudes

Studies indicate that mother's attitudes and experience are culturally conditioned and indeed, influence infant feeding decisions and feeding duration (Esterik, Online Doc.). That is, mothers breastfeed longer if they desire to breastfeed, if they intend to do it for a longer period of time, if they feel comfortable feeding in public, and also if they are not anxious about the process (Allen LH, Pelto GH. PIP, 1985).

Besides, maternal anxiety that breast-milk alone might not provide sufficient nourishment is also found to force mothers engage in non-exclusive breastfeeding, as study in rural Jamaica reveals (Chatman, et al, online Doc.).

Likewise, perceived milk insufficiency among disadvantaged mothers is reported to be the primary reason for early termination of breastfeeding (Evers et

al, in Williams, Online Doc.). Similarly, internal personal factors such as mother's self-efficacy and outcome expectations with regard to breastfeeding were cited to be crucial for successful breastfeeding (MacLean, Hill & Aldag, cited in Williams, Online Doc.).

In short, maternal perceptions and attitudes are among the major determinants of breastfeeding duration & other related activities.

Social Support

As it is the product of learning, breastfeeding is highly influenced by social and cultural factors. To this end, studies document that in societies where community support and advice are common, longer duration of breastfeeding is observed (Allen LH, 1985). Social (or peer) support as a determinant of successful breastfeeding, particularly for mothers from disadvantaged backgrounds is also indicated in Sacks et al, Rousseau et al., Freed et al. (cited in Williams, Online Doc.). However, with the increase of urbanization process that do not accommodate the needs of the feeding mother and the infant, and the breakdown of the joint family system, there will be absence of significant others or older women in the family who can advise the young mother. And this often increases the mother's vulnerability and insecurity in breastfeeding the child (Gurmeet, 1998).

The above evidences may be explained by the fact that as breastfeeding mothers are encouraged by local communities, especially by husband and experienced mothers, both psychologically and materially, they become interested and confident in resuming breastfeeding. Moreover, such type of social support is believed to reinforce breastfeeding mothers to develop positive attitude towards it.

Maternal Education

Studies conducted in many countries disclosed that the higher the educational level of the mother, the shorter is the breastfeeding duration and the reverse holds true (Maclean, cited in Williams, Online Doc.). Similarly, the scanty and not as such comprehensive studies in Ethiopia (Abdulaziz, 1988; Tigist et al, 1993; Yeshewamebrat, 1995; Eyob, 1993) indicated that the educational level of both the mother and her husband has a negative correlation with length of breastfeeding.

However, analysis of data from 28 countries in Africa, Asia & Latin America by Smith and Ferry (cited in Yeshewamebrat, 1995) documented a non-significant

relationship between education of women and breastfeeding duration. And this is found to be consistent with a study conducted in China (Tu, 1990).

Maternal Working Status

It is vivid that proper nurturance of infants demand time, and thus profoundly affect the method of feeding newborns. For instance, Eshetu (1994), Ferry (1981) showed that non-working women breastfeed for longer duration than those who work at home or away from home. Likewise, an inconvenience at workplace like absence of maternity break is found to affect effective breastfeeding (Gurmeet, 1998).

Urban Residence of Mothers

Urban residence is one of the most important variables that determine the duration of breastfeeding. Several studies have shown that urban women breastfeed for shorter duration than their rural counterparts (Preze, Napaporn, cited in Yeshewamebrat, 1995). CSA'S (1993) report also shows that in Addis Ababa, the proportion of women breastfeeding their last child until the child was 12-13 months, was 55.8% but for other urban centers it was 74.0%. Besides, as a result of the stress developed in breastfeeding woman from pressures of urban life, it interferes with breastfeeding (Gurmeet, 1998).

1.1.3.2 Demographic Variables

Sex of the Child

In traditional societies where agriculture is the dominant economic activity, strong preference is made for male children (Yeshewamebrat, 1995). Hence, mothers lean towards longer breastfeeding duration on the part of the male. For example, Akin et al, (1986) reported a real difference in breastfeeding duration by sex of child, boys being breastfed longer than girls. The same might be true in the male preference dominated culture of Ethiopia.

Age of Women

Studies have pointed out that there is a positive relationship between duration of breastfeeding and age of women. Eshetu (1994) shows that women in the age group 35-49 breastfeed for about 7 months longer than women in the age group 15-24. Abdulahi (cited in Yeshewamebrat, 1995) also discovered shorter duration of breastfeeding for younger women in Mettu, Alemeya & Addis Ababa. Here, it might be the case that older women are more traditional in orientation or are resistant to changes and thus are likely to breastfeed for longer duration.

Parity

As written documents reveal, the higher the number of children a woman has, the more likely she is to discontinue breastfeeding. This may be due to the fact that breastfeeding is a form of child care that requires mother's attention and time, and thus, interferes with the child care needs of young children. For instance, Tigist et al (1993) found a negative relationship between parity and duration of breastfeeding in Addis Ababa.

1.1.4 Specific Practices Associated With Breastfeeding

In addition to the above determinants, there are some specific practices pertaining to breastfeeding, viz.; the suckling or discard of colostrums, the initiation and duration of breastfeeding. And below is the highlight of the existing notions.

Colostrum Feeding

The highly protein containing element that is expelled from the breast of a woman who gave new birth, called colostrums, is perceived differently among different cultural groups, although most findings are in favor of its merits. For example, a study in Bangladesh (Begum et al., cited in Greiner, 1996) shows that out of a national sample of 381 women, 71 % of mothers reported that they have been expelling and throwing away their colostrums. However, as the result of efforts made over many years to convince mothers to give colostrums, colostrum has now become a norm (Greiner, 1996).

Breastfeeding Initiation and Prelacteal Feeds

Similar to colostrums practices, breastfeeding initiation entertains several practices and time table across various cultures. Again, several studies conducted in Bangladesh reveal that breastfeeding initiation is uneven ranging from half hour after birth to beyond three days (Huffman, et al., cited in Greiner, 1996) in which case delayed breastfeeding initiation that endanger the health of the newborn are experienced. Such kind of practice is in contrast to the 'immediately after birth' comment of physicians.

More surprisingly, mothers in many countries are found to provide their newborn various prelacteal feeds that harm the health of the newborn. Honey, sugar water, mustard seed oil and diluted cow milk are among the common neonatal foods in Bangladesh. Also, Ethiopian mothers appear to share this practice whereby in some localities they provide their newborn unrefined fresh

butter believing that it is good for infants, though the practice is frequently cited as harmful traditional practice (Radda Barnen, 1996).

Breastfeeding Duration

As stated in the preceding sections, due to various maternal, psychosocial and cultural factors, the length of the period of breastfeeding is seldom uniform among mothers of the diverse cultural groups. For instance, Hawaiians were said to breastfeed for five years and Eskimos for about seven years (Greiner, 1998). In their review of the anthropological literature of the time, Ploss and Bartlet (cited in Greiner, 1998) estimated the average duration of 3-4 years among "primitive" peoples. Similarly, Ford (cited in Greiner, 1998) wrote that breastfeeding continued for three years or longer in 15 of 45 "primitive cultures" for which he could find clear data, for two years in 16 of them, for 18 months in 13 of them, and for 6 months in one culture. Here it is important to indicate that the authors of the articles didn't clearly put who the primitive people are and where they lived.

Likewise, in Ethiopia, although the prevalence rate of breastfeeding is reported to be high (99.2%), a study conducted in Addis disclosed that due to various factors mentioned earlier, the average duration of breastfeeding is declining to 16.5 months (Yeshewamebrat, 1995).

Despite the encouraging cultural norms and the international declarations that recommend a six-month exclusive breastfeeding and until or beyond 24 months non-exclusive (mixed) feeding, existing literature shows that exclusive breastfeeding is diminishing elsewhere and in fact predisposing the newborn to infections.

Suckling Frequency

As it could be noted from literature, there is no universally prescribed suckling frequency for infants. However, suckling frequency is observed to vary depending upon the age of the breastfeeding child, younger neonates being frequently breastfed than the older ones. For instance, studies in Bangladesh show that at the earlier stages, 4-9 months, infants received the breast more than once per hour, up to age 15 months the breast was still given 0.8 times per hour. From 16 to 24 months there was a continued gradual decline to 0.4 times per hour (Guldan et al., cited in Greiner, 1996). And Greiner (1998) on his side suggest that there might not be prescribed fixed hour for suckling, rather one has to supply breast on the child's demand.

▶ Mother-Infant Interaction and/or Attachment

Naturally, one expects certain interaction pattern between mothers and infants, though it may vary in its forms and magnitude and result in differing behavioral development of children.

An interesting study conducted by Richman and others (cited in Gardiner, et al., 1996) observed mother-child interactions in five cultures (three industrial and two agrarian) and reported a number of prominent differences. For example, Gusii mothers of Kenya engage in holding and soothing and other physical contacts more than do middle-class mothers in Boston, but at the same time, look at and talk to them less often. The writers justified such type of maternal behavior to be the result of culture-specific beliefs, values, and demographic factors such as high infant mortality rates.

Similarly, in the agrarian community of Yucatec Mayans (Howrigan, 1988) among the three categories of caretakers, mothers' care was characterized by high rates of holding, soothing, rocking and physical caretaking which are believed to promote the child's security/safety, attachment, and maternal attention.

The above findings entail that there are variations concerning mother-child interactions during early periods of development depending on the cultural settings. Thus, it seems valid that breastfeeding or its absence clearly predicts the occurrence of these specific maternal behaviors that are important for the normal development of children.

1.1.5 Opportunities Favorable to Breastfeeding

This section highlights the existing opportunities that are potentially adequate to protect and promote breastfeeding.

Culture

In many cultural groups of the world, exclusive breastfeeding has been the dominant and perhaps the single infant feeding method. And in a number of cultural groups still it remained as the norm. However, with the advent of industrialization and urbanization, which are usually followed by psychosocial changes, the traditional breastfeeding practices become on the verge of extinction. Consequently, it calls for protection of such cultural norm that has long been practiced by human beings.

International Declarations/Conventions

There are many international instruments such as declarations, conventions, and recommendations that could address a woman's right to breastfeed. These instruments have legal or morally binding obligations once they are ratified by a government. The following three are the most important of such instruments.

1. The WHO/UNICEF International Code of Marketing of Breast milk Substitutes and

subsequent relevant Resolution (ICMBSR)

2. The Convention of the Right of the Child (CRC)

3. The International Labor Organization (ILO) Maternity Protection Convention No.

103

THE WHO/UNICEF INTERNATIONAL CODE OF MARKETING OF BREAST MILK SUBSTITUTES AND SUBSEQUENT RELEVANT RESOLUTION (ICMBSR)

In 1981, the WHA in Geneva passed a Resolution to adopt the UNICEF/WHO ICMBS, which was to be enacted by all governments "as a minimum requirement ...in its entirety" (WHO, 1981). The aim of the Code is to ensure that all babies have the best possible start in life — in view of the vulnerability of infants in the early months of life and the risks involved in inappropriate feeding practices, including the unnecessary and improper use of breast milk substitutes. And the Code is not just for baby milk companies, it is directed at health professionals (midwives), policy makers, citizens, groups and individuals.

The Code allows baby milk companies to produce information that is factual and scientific and forbids them seeking direct contact with pregnant women and mothers. Thus, the code protects a woman's right to make a decision about how to feed her baby.

Similarly, the Code also stresses health worker's responsibilities in encouraging and protecting breastfeeding by giving appropriate information, particularly in the early days of postnatal period.

THE CONVENTION OF THE RIGHT OF THE CHILD (CRC)

Adopted in November 1989 by the United Nations General Assembly, the CRC marked the UN's moves beyond the basic struggle for child survival to a right-based approach. The CRC had been ratified by 191 countries including Ethiopia (1992) by the end of 1997, and is reported to be the most universally embraced human rights instruments in history (UNICEF, 1997).

Article 24 of the CRC states that it is the right of children to 'enjoy the highest attainable standard of health'. Governments who ratified the Convention have a legal obligation to fulfill their commitments regarding CRC. For example, they should take measures to reduce child morbidity by ensuring that all sectors of society, particularly parents, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding,...(UN, 1989).

In short, Governments who ratified the Convention should do their best in the provision of safe and adequate nutrition for infants, in the protection and promotion of breastfeeding, and in ensuring the proper use of breast milk substitutes, as these are necessary, on the basis of adequate information and through appropriate marketing and distribution (CRC Committee & UNICEF, 1997).

THE INTERNATIONAL LABOR ORGANIZATION (ILO) MATERNITY PROTECTION
CONVENTION NO.103

By revising the 1952 Maternity Protection Convention No.103, in June 2000, the ILO adopted a new Convention that supersedes Convention 103 and which has provisions for 14 weeks statutory maternity leave. It is an increase from 12 weeks, and provisions necessitating adequate nursing breaks that will allow women to continue breastfeeding after mother's return to work ([http:// www.ilo.org](http://www.ilo.org)).

However, some studies reveal that many employed women around the world are still only entitled to a short period of paid maternity leave. Combined with unfavorable conditions at workplace, this makes breastfeeding difficult (Martyn, 2000). It is vivid that for effective breastfeeding during the recommended 6 month period of exclusive breastfeeding, and continue breastfeeding, express milk or get nursing breaks, they all call for creating conducive environment for mothers even after 6 months.

Nonetheless, the issue of paid maternity leave might not be a serious concern in Ethiopia as many mothers, are unemployed and housewives. On the contrary, a significant number of mothers are found employed in some small, private business and non-business enterprises where the four-month maternity leave is not as such implemented fully and this profoundly affects optimal breastfeeding.

1.2 Statement of the Problem

It is stated earlier that breastfeeding, especially the exclusive type, had been (and is still) perceived variously not only by the breastfeeding mothers but also by other segments of the society across every spectrum. Thus, because of the fact that mothers at each locality are subject to different environmental influences, breastfeeding mothers do not react to the issue in exactly the same predictable fashion. That is, the varying physical, social and cultural environments exert their own negative or positive influences on the process of breastfeeding. Because of such influences, breastfeeding and the coexisting observations and processes like maternal knowledge, attitude and practice which can themselves be expressed by prevalence, rate, initiation, duration, termination, etc., are also likely to be influenced and vary across socioeconomic and demographic disparities. Therefore, changes in the physical and sociocultural environments can result in changes in infant feeding practices of the mothers such as breastfeeding.

The available meager studies and the general observation in developing countries and in Ethiopian urban centers as well indicate that the trend of exclusive breastfeeding is shrinking. And this is believed to be the result of urbanization and rapid social changes that are usually accompanied by psychosocial and economic changes that in turn interfere with the traditional and more positive parental childrearing beliefs and practices, including infant feeding methods.

In sum, Shashemene is among such urban centers that are experiencing drastic socioeconomic changes where many of the earlier desirable social values seem to become intermingled with modern ones. Consequently, this appears to have resulted in the change of the customary childrearing practices such as infant feeding styles whose demerits weigh their merit. Hence, the town is identified to be the study site of the present study.

1.3 Objective of the Study

The general objective of this study is to find out determinants in the trend of breastfeeding among urban mothers.

1.3.1 Specific Objectives of the Study

The specific objectives of the present study are:

- To find out the prevalence of breastfeeding,
- To investigate variations and similarities among cultural groups and,
- To indicate implications of the finding for the promotion and intervention of breastfeeding.

1.3 The Research Questions

Below are the research questions that the present study attempts to answer.

1. Are there differences of breastfeeding practices among the participants who are mainly categorized by age and ethnicity?
2. What is the knowledge level of mothers regarding breastfeeding?
3. What is the attitude of the mothers towards breastfeeding?
4. Is there a change concerning the culturally valued norms of breastfeeding?
5. What is the relationship between breastfeeding and some significant maternal sociodemographic variables like parity, income and educational level?

1.5 Justification of the Study

The present study was undertaken for the following reasons.

- (a) It may fill the gap of absence of study in the area of breastfeeding in Ethiopian context.
- (b) The study focuses on various cultural groups in relation to breastfeeding in the study site.

1.6 Operational Definition of key Terms

Following are the working definitions of the vital variables in this study.

Maternal attitude: It is the likes and dislikes of breastfeeding mothers concerning breastfeeding and is measured by Likert Scale.

Bottle (formula) Feeding: Is feeding infants non-natural or fabricated diet as a supplement or replacement to breast-milk.

Breastfeeding Duration: It is the total time length for which a child is breastfed with or without supplements, measured by months (years).

Exclusive Breastfeeding: It refers to feeding infants only with breast-milk, measured by the form of feeding.

Exclusive Breastfeeding: It refers to feeding infants only with breast-milk, measured by the form of feeding.

Knowledge: Here, it refers to the extent to which the study population responds correctly to items asking for their know-how or skills in feeding their newborn.

Mixed Feeding: It refers to non-exclusive infant feeding method where both breastmilk and supplementary diets are provided for a child.

Older Mothers: Here it refers to mothers whose age in years is 25 and above.

Practice: It is any behavior or action that breastfeeding mothers reveal in relation to breastfeeding, measured by the type and rate of a specific maternal behavior revealed.

Socio- demographic variables: Are significant variables such as maternal age, income, parity, educational level, employment, etc, measured by the appropriate tool they suit for.

Younger Mothers: In this study it designates mothers whose age is below 24 years old.

1.7 Delimitation of the Study

Because of financial and other resource constraints, this study is limited only to 105 breastfeeding sample mothers having a child of 0 to 3 years old and belonging to the Oromo, Wolayta and Guraghe cultural groups in Shashemene town.

PART TWO: METHODOLOGY

This section deals with presenting the highlights of the general description of the study area, instruments for data collection, the research participants, sample size, selection technique, data collection procedure, and analysis method.

2.1 The Study Area (Site)

2.1.1 Brief Geographical Location and Climate of Shashemene

Geographically, Shashemene is a town 250 kilometers away from Addis, South-East of Oromia National Regional State. The town is found between 7°8' North latitude and 38°53' East longitude with an altitude of about 1960 meters. The average annual temperature is about 18°C and the average rainfall is about 1000mm. It is situated on the frontiers of East Shewa, Arsi, Bale and the Southern Nations, Nationalities, and Peoples State, acting as a junction point for the nearby zones and regions (Benti, 1987). Consequently, the town appears to be the recipient or accommodator of several cultural groups. Studies (Vallini, 2005; Mesfin, 2001)

and the general observation shows that owing to its commercial strategic position, the town is expanding rapidly, implying that it can in turn result in rapid social changes that affect childrearing practices, including infant feeding method.

2.1.2 Population

According to the 1994 Population and Housing Census, Shashemene was a town with 59,219 people, of which women make up 51%. However, current estimates of the town's officials show that it is about 100,000. Shashemene, being situated at the crossroads of many zones, is a transit town through which approximately 18,000 people pass every day (Vallini, 2005). These indicate the high influx of immigrants as well as population movements into the town.

2.1.3 Ethnic Composition

Regarding its ethnic composition, the town appears to be distinct where more than 14 ethnic groups with diverse backgrounds reside in. The Amharas account for 30% of the total population. Next, the Oromos account for 21%. They are followed by the Guraghe (19 %) and, Walaytas (16 %). The remaining proportion is completed by smaller ethnic groups which include Kambata (5 %), Tigre (5 %) and Hadiya (2 %). The town also hosts a small number of Rastafarians of Central American origin and special caste groups (potters and some blacksmiths) who are located in the peripheries of the town (Vallini, 2005). The distribution of these ethnic groups appears to vary from *kebele* to *kebele*. The central kebeles of 07, 08 and 09 are predominately populated by the Guraghes who dominate business and trade activities and also by the Walaytas while the Oromos and the Amharas tend to dominate areas where government offices and other occupations are prevalent (kebeles 01, 02, 03, 04, and 10) [Hussein, 1992].

2.1.4 Population Characteristics

In light of the issue under discussion (breastfeeding), the characteristics of the study population in the study area would be explained based on the Developmental Niche Model as follows:

Taking the physical and social setting of the mothers as a factor, many of the dwellers of Shashemene are immigrants with diverse cultural backgrounds who are usually from the adjacent regions and zones. And it is likely that they are liable to new social system that has its own parental goals and consequently they may lose

their earlier values such as desirable infant feeding customs. Moreover, as urban areas are places where one receives divergent and mixed messages, it puts the semi-literate or illiterate mothers (which may be true of those immigrant and mothers at lower social status in Shashemene) at disadvantages. At the same time, the presence of more than fourteen cultural groups in the town by itself may contribute to the receiving of mixed, distorted, or diffused information regarding child feeding method.

In addition, Shashemene as an urban center is the place where both good and bad models do exist, in which case the later contributes to the change of the previously established behavior and practices. Also, Shashemene is a big town of commercial center where everything to be bought, including breastmilk substitutes is readily available. Thus, mothers living in the town have easy access to these substitutes and make use of them, leaving aside breastfeeding.

On the other hand, Shashemene is the town where two social classes— the middle and the extremely poor of urban slum reside in. This particularly affects the newcomers and the poor in imitating how the well-to-do/middle class mothers feed their infant and thus begin practicing new mode of feeding, perhaps bottlefeeding. Similarly, there are many poor and daily laborers who work for the whole day being away from their newborn and let their child be fed on supplements by somebody else. And this by itself interferes with the process of optimal breastfeeding. To this end, according to an anthropological study (Mesfin, 2001), among many of the town's dwellers who are at the lower social status are the immigrants and usually marginalized artisans like weavers, smiths, and potters.

On the other hand, as a result of physical and social changes (described above), it is highly probable that attitudinal and change of belief would occur on an individual or a group. For example, as many of the mothers in Shashemene are poor, immigrants and few of them are marginalized ones, who make life engaging in petty trades, , as house servant, daily laborer, pottery, and other low income generating activities, they are more susceptible to attitudinal change if persuaded either by a folk pediatric at health center or a woman at middle-class and may adopt new infant feeding method.

In a similar manner, due to changes in physical and social settings and the resulting attitudinal change, it seems safe to assert that change in practices or customs of infant feeding would occur. This holds true especially for immigrant and poor mothers characterized by the above qualities and live in Shashemene where rapid socioeconomic changes are under way. As a result, it is likely that

many of these and other immigrants are exposed to new living styles and new childrearing or feeding practices.

2.1.5 Infrastructure Availability

Similar to many other towns of Ethiopia, Shashemene is with scanty infrastructure in which case basic social and health services are observed to be highly insufficient. The town witnesses poor social services that has caused many social problems like the dwelling of children on the street, delinquency, and so on. As a result, the town is said to experience high concentration of street children and street mothers (OLSAB& UNICEF,1998). In such situations it is less likely that maternal education prevails, desirable cultural norms/values that maintained prolonged exclusive breastfeeding are intact, and the various needs of breastfeeding mothers and their children are adequately met either by individual parent or concerned institutions. These all influence the mechanisms through which mothers feed their newborn, the quality of parent-child relationships, and in general parenting qualities and family structures which can result in determining children's later development.

2.2 THE RESEARCH DESIGN

2.2.1 The Nature of the Instruments for Data Collection

Instruments used to generate data were principally of two types:

- 1) Questionnaire and,
- 2) Focus Group Discussion (FGD).

1. A questionnaire with 69 items and having 5 parts where both close and open-ended structured and semi-structured item types are included was constructed. The items were designed to gather data on respondent's socio-demographic data, sources of information, awareness, and practices about breastfeeding. This type of instrument was used because it makes the task easier in collecting information from a wide range of sample population in a short time. Besides, Rosenberg's 4-point attitude scale comprising 30 items was used as to measure maternal attitudes about breastfeeding.

2. In addition, FGD guiding keys and format encompassing discussion issues was employed in order to gather data from the elderly and experienced mothers as to see the customs and trends of breastfeeding.

2.2.2 Item Quality

All the 74 items used to gather the data were those which are constructed by the researcher after consulting various journals, previous thesis papers, and commented on by the advisor. The researcher couldn't obtain even Western-oriented standardized item scales nor does the local ones that pertain to the topic though he has tried his best to search and purchase the scales, if any, including via electronic modes. However, journal articles from Bangladesh and India were found helpful in constructing the items.

In order to fill the gap, the locally constructed try out questionnaire was initially administered to 15 participants at the study site. As a result, items and alternatives that didn't call the respondent's attention, lean towards ambiguity or prone to double-barrelness were automatically dropped. Hence the number of the items in parts 1, 2, 3 and 4 minimized from 44 to 39.

2.3 The Research Participants

The present study included three of the more than fourteen cultural groups currently dwelling in Shashemene. The participants' age ranges from 17 to 43 years old. Basically, the study was of cross-sectional type where mothers of any age, economic background, religion, but who are from the Guraghe, Oromo, and Wolayta cultural groups and having children below three years of age were the target of the study. The rationale behind this was that these mothers are believed currently to breastfeed their infant/child or, practice something pertaining (or equivalent) to breastfeeding from birth till the third year. Hence, they become the focus population of the study. In addition, consideration of the various socio-demographic variables within the cohort is believed to strengthen the validity the data is expected to yield.

2.4 Sample Size

This study included one hundred five (105) mothers having a child below three years of age and representing the Guraghe, Oromo, and Wolayta ethnic groups, each 35, residing and predominating in the various kebeles of the town.

2.5 Sampling Method

In order to gather data, out of the ten kebeles of the town, three kebeles where the three selected ethnic groups predominate were targeted. From kebeles 01 and 02, 35 Oromo mothers having a child below three years of age were included on purposive sampling method. kebele 09 served to sample 35 Guraghe mothers using the same technique. In a similar manner, 35 Wolayta mothers were

totally sampled from the "Kuyisa Sefer" of kebele 09. Generally, the sampling method used here was a nonprobability sampling in which case respondents meeting the required ethnicity and having a child of birth to three years of age were selected on purposive basis.

The above sampling method was used because, the studied cultural groups are found to predominate in the indicated kebeles plus there are no readily available, recently organized and recorded data that show children born and their own kebele and house number and could have made the use of other methods possible.

2.6 Data Collection Procedures

A. Procedures for Interview Questionnaire

In the course of collecting data, the following specific procedures were followed.

Primarily, in collaboration with kebeles 01, 02, and 09 administrators, three female data collectors who have completed their secondary education, reside for a fairly long period in the respective kebele, and can properly fill the questionnaire were recruited. All of the data collectors have experience in collecting data for both government and non-government agencies in the town. In addition, the recruited data collectors were those who can properly understand the language of their respective interviewee within the three cultural groups.

Secondly, the recruited research assistants were rendered one-day training on the essence, purpose, method and significance of data collection thereby introduced to the questionnaire by the main researcher. Besides, the trainees were informed about how to establish rapport with their interviewee, which is believed to generate a relatively genuine response, as breastfeeding is a very personal and emotionally-charged topic.

Thirdly, data collectors were assigned to three cultural groups and kebeles based on their language ability whereby close supervision by the main researcher was made. Moreover, data collectors were told to handle or, if not, report problematic encounters to the supervisor. Lastly, the collected questionnaire was checked for completeness and accuracy.

B. Procedures for Focus Group Discussion (FGD)

Regarding the procedures for FGD, below are among the most important ones.

- In selecting the participants of FGD, the three data collectors were asked to screen and prepare nine, each three, elderly mothers who had not

participated in the earlier interview and representing the three cultural groups under study.

- In collaboration with data collectors, the researcher searched for place for the FGD and decided to be held at the Municipality's Resort Centre, located in the center of the town.
- Thereafter, the main researcher has established a rapport with the discussion participants by introducing himself and a sound recorder and by clarifying the purpose of the study.
- Next, the researcher elaborated all the guiding principles for the participants as to generate genuine responses. Then, volunteerism was ensured.
- Lastly, the readily available discussion issues were forwarded to the participants by the researcher turn by turn in a smooth transition fashion.

2.7 Method of Data Analysis

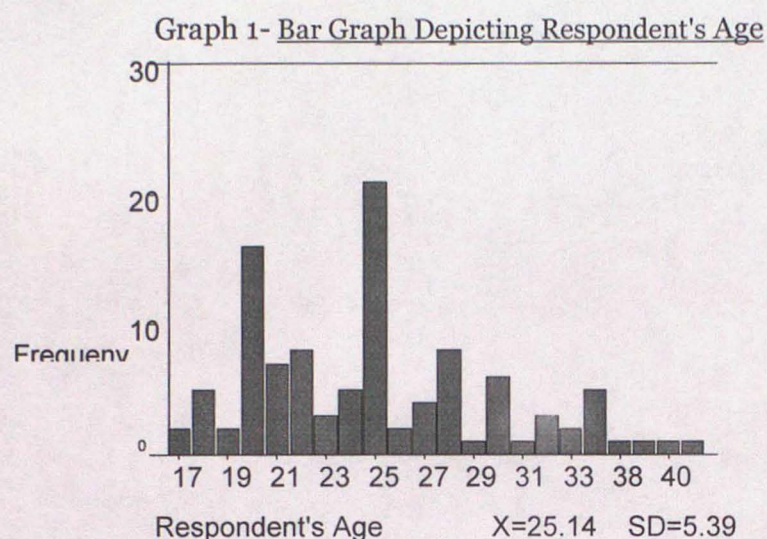
Data gathered using various instruments was analyzed employing the following tools.

- (a) Percentages, Frequencies and Mean: In this case, variables that better suit for such analysis forms were treated.
- (b) Chi-Square (χ^2) Test: Here, items that are constructed in the form of nominal-categorical variable were analyzed using χ^2 test. It was employed in order to see the proportion of observations of categories and also to see the relationship between variables.
- (c) T-test: It was used in order to compare the mean differences of two groups (older and younger) of participants.
- (d) ANOVA: The rationale behind using One-Way ANOVA is that it better demonstrates variations, if any, among the three independent variables/cultural groups across a variable.
- (e) Pearson's Correlation: In order to see the relationship between some symmetrical-numeric socio-demographic variables, correlation analysis was made.
- (f) Qualitative Analysis: Data that was obtained through Focus Group Discussions (FGD) with elderly mothers were approached qualitatively.

PART THREE

ANALYSIS of Data

A questionnaire containing both close and open-ended structured and semi-structured item types was employed as to collect data pertaining to breastfeeding from 105 research participants. Accordingly, the findings of the study are presented as follows.



The above bar graph shows that the most frequently occurring age category is 25. Also, it is the modal age common to 21 respondents. Computation of the age of the respondents shows that it ranges from 17 to 43 with the mean age of 25.14 and standard deviation of 5.393. In terms of developmental period category, their age ranges from late adolescence to middle adulthood age. Computation result also shows that about two-thirds (65.7 %) of the respondents are below age 26, indicating that they are young mothers.

Table 1- Ethnicity and Educational Level of the Respondents

<u>Cultural Group</u>		<u>Educational Level</u>					Total
		Not read & write	read & write	6-8	9-12	>12	
Oromo	N	4	3	5	9	14	35
	%	3.8	2.9	4.8	8.6	13.3	33.3
Wolayta	N	28	1	5	-	1	35
	%	26.7	1.0	4.8	-	1.0	33.3
Guraghe	N	12	-	11	4	8	35
	%	11.4	-	10.5	3.8	7.6	33.3
Total	N	44	4	21	13	23	105
	%	41.9	3.8	20.0	12.4	21.9	100.0

One can note from the above table that a significant number (41.9%) of the respondents can not read and write while only 21.9% reported to have attained education beyond grade 12. With respect to education-ethnicity distribution, the Wolaytas are found to be more illiterate while the Oromos seem to be more educated than any of the group.

Table 2- Occupation of the Respondents

Occupation Type	Cultural Group			Total N %
	Oromo N %	Wolayta N %	Guraghe N %	
House Wife	26 (24.8)	16 (15.2)	21 (20.0)	63 (60.0)
Petty Trade	6 (5.7)	7 (6.7)	8 (7.6)	21 (20.0)
Daily Laborer	1 (1.0)	10 (9.5)	5 (4.8)	16 (15.2)
Govt. Employee	2 (1.9)	2 (1.9)	-	4 (3.8)
Domestic Worker	-	-	1 (1.0)	1 (1.0)
Total	35 (33.3)	35 (33.3)	35 (33.3)	105 (100.0)

It can be observed from the above table that 60.0 % of the respondents are found to be house wives with less variation among the cultural groups. Those who engage in petty trade constitute the next higher proportion (20.0 %); followed by daily laborers (15.2 %) and government employee (3.8 %). The remaining occupational category is filled by house maid (1.0 %).

Table 3- Years of Residence by Ethnicity

Cultural Group		Most Years Lived in		Total
		Urban	Rural	
Oromo	N	27	8	35
	% within Group	77.3	22.9	100
	% of Total	25.8	7.6	33.3
Wolayta	N	18	17	35
	% within Group	51.5	48.6	100
	% of Total	17.2	16.2	33.3
Guraghe	N	22	13	35
	% within Group	62.8	37.1	100
	% of Total	20.9	12.4	33.3
Total	N	67	38	105
	% of Total	63.8	36.2	100

As the above crosstabulation shows, the greater proportion (63.8%) of the respondents passed many of their years living in towns and even more than half (54.3%) of the total respondents are found to have been residing in urban areas. Hence, their life style is supposed to reflect the living condition of urban areas rather than that of the rural. And

it is obvious that these living styles are manifested on child-rearing practices of which infant feeding method is one. On the other hand, the remaining 36.2% of the subjects reported to have been living most years in rural.

3.1 Analysis About Maternal Knowledge

Table 4- Knowledge of Prelacteal Feed across Cultural Groups

Category of Prelacteal Feed	Cultural Groups			Row Tot. N (%)
	Wolayta N (%)	Guraghe N (%)	Oromo N (%)	
Hot Water	33 (31.4)	26 (24.7)	12 (11.4)	71 (67.6)
Breastmilk	2 (1.9)	9 (8.5)	22 (20.9)	33 (31.4)
Honey	-	-	1 (0.9)	1 (0.9)
Column Tot.	35 (33.3)	35 (33.3)	35 (33.3)	105 (99.9)

Note: Figures in the table are out of the total sample population

The research participants were asked to indicate the kind of prelacteal feed a newborn is provided with soon after birth. Here, hot water was found to be the commonest prelacteal feed to be rendered for neonates indicated by 67.6% of the participants; followed by breastmilk (31.4%) and honey (0.9%). Even though water is more commonly reported by these cultural groups, the identification of the medically favored prelacteal feed— breastmilk is found significant among the Oromos (20) while hot water is identified to be a sound prelacteal feed by most (33) Wolaytans.

Table 5- Knowledge of Proper Duration of Exclusive Breastfeeding

Duration in Months	Cultural Groups		
	Wolayta N (%)	Guraghe N (%)	Oromo N (%)
4	12 (34.3)	3 (8.6)	15 (42.9)
6	11(31.4)	30 (85.7)	18 (51.4)
7	2 (5.7)	2 (5.7)	-
*DK	10 (28.6)	-	2 (5.7)
Total	35 (100)	35 (100)	35 (100)

*Do Not Know

% are within the cultural group

To find out maternal knowledge of proper duration of exclusive breastfeeding, the participants were enquired to specify the exact month they know to be desirable. As a result, four months of exclusive breastfeeding duration was identified to be adequate by 42.9% of the Oromos, 34.3% of the Wolaytans, and 8.6% of the Guraghes. On the other hand, the usually prescribed six months duration was reported by most (85.7%) of the Guraghes, followed by the Oromos (51.4%) and the Wolaytans (31.4%). Seven months

12
35

exclusive breastfeeding duration was indicated to be ideal by equal number (5.7%) of respondents from Wolayta and the Guraghe. The rest 28.6% of the Wolaytans and 5.7% of the Oromos replied that they do not know the proper time length for exclusive breastfeeding.

Table 6- Knowledge on the Relative Importance of Breast and Bottlefeeding

Which Feeding Type is More Important?	Cultural Groups			Total N (%)
	Wolayta N (%)	Guraghe N(%)	Oromo N(%)	
Breastfeeding	35 (33.3)	35 (33.3)	35 (33.3)	105 (99.9)
Bottlefeeding	0	0	0	0

The above table shows that all, without exception, the cultural groups reported that breastfeeding is superior to bottlefeeding whereby none of them identified bottlefeeding to be as important as breastfeeding. This indicates that participants of the three cultural groups perceive breastfeeding to be more valuable and in terms of their awareness they did not reveal persuasion and preference towards bottlefeeding, though they (the respondents) might act or practice differently.

Table 7- Awareness on the Significance of Breastfeeding for Infants

Value of Breastfeeding	Cultural Groups			Total N (%)
	Wolayta N (%)	Guraghe N(%)	Oromo N (%)	
Protective/Health	34 (32.4)	35 (33.3)	34 (32.4)	103 (98.1)
Nutritive/Strength	34 (32.4)	28 (26.7)	26 (24.7)	88 (83.8)
Cognitive/Intellectual	10 (9.5)	19 (18.1)	13 (12.4)	42 (40)
Affective/Psychosocial	0	0	0	0

As can be seen hereabove, the greater proportion (98.1%) of participants within each ethnic group mentioned breastfeeding to have protective significance. Besides, 83.8% of the total subjects indicated the nutritive value of breastfeeding. Concerning its importance for intellectual development, less than half (40%) of the participants were able to identify it. However, none of the respondents noted the psychosocial aspects of breastfeeding.

3.2 Analysis of Maternal Attitudes about Breastfeeding

In the course of investigating the attitude of the respondents towards breastfeeding, 30 close-ended items were employed. And all the items were followed by four alternatives:

Strongly Agree, Agree, Disagree, and Strongly Disagree. The items were constructed in such a way that they can elicit either positive, negative, or combined reactions from the participants. The alternatives were labeled as:

Strongly Agree = SA, Agree = A, Disagree = D, Strongly Disagree = SD,
 SA + A = Sum of Strongly Agree and Agree, and SD + D = Sum of Disagree and Strongly Disagree.

In mean computation, the following weights were assigned to the observations of the alternatives:

Strongly Agree = 4

Agree = 3

Disagree = 2

Strongly Disagree = 1

Thus, regardless of the direction of the statements, higher mean values indicate general agreement with the items while lower mean values represent general disagreement with the propositions. Numerically, parallel to the frequency and percentage values, the observed mean values were analyzed and interpreted as follows:

$2 < x < 0$: interpreted as general disagreement and,

$4 \leq x \geq 2$: interpreted as general agreement about the items.

The responses were classified into six categories; namely, in relation to maternal interest, physique, biological structure and cultural values, mother-child interactions, social reactions, and the general perception of breastfeeding.

3.2.1 Specific Categories of Attitude

A. As Related to Interest

Excerpt from Annex 1

S. No.	Statement	SA N	A N	D N	SD N	SA + A N %	D + SD N %	Mean *
1.	I breastfeed my child on my own will.	98	5	2	0	103 98.1	2 1.9	3.9
2.	I breastfeed just only to avoid pregnancy.	3	4	20	78	7 6.7	98 93.3	1.3
3.	I breastfeed to escape social embarrassment.	6	0	21	78	6 7.7	99 94.3	1.4

* weighted mean

The respondents were asked whether they are interested in breastfeeding or not. Here, 98.1% of the respondents showed their interest to breastfeed on their own will, meaning, without the lobby of others, while only 1.9% of the respondents reported not to breastfeed on their own initiative. Relating breastfeeding to pregnancy, only 6.7% of the

participants indicated they engage in breastfeeding simply to avoid pregnancy whereas the remaining vast majority (93.3%) replied they practice breastfeeding not to avoid pregnancy. Regarding breastfeeding and escape of social embarrassment, 94.3% of the respondents expressed that they breastfeed not to escape social embarrassment and only 7.7% of the respondents related breastfeeding to fear of others. Generally speaking, the participants appear to have engaged in breastfeeding not simply because of the persuasions from other persons but on their own initiative.

B. In Relation to Physique

Excerpt from Annex 1

S. No.	Statement	SA N	A N	D N	SD N	SA + A N %		D + SD N %		Mean*
14.	I dislike breastfeeding for it makes me appear thin.	18	47	20	20	65	61.9	40	38.09	2.6
15.	Breastfeeding distorts the shape of my breast.	4	9	20	72	13	12.4	92	87.6	1.4

As to see maternal attitude about breastfeeding in line with her physical appearance, the above items were posed. In this case, 61.9% of the respondents confirmed that breastfeeding makes the mother appear thin while 38.1% of the participants replied breastfeeding does not make appear thin. Concerning its effect on the shape of their breast, the majority (87.6%) of the respondents revealed their disagreement with the statement and 12.4% of the participants replied in favor of the item. Other things being constant, those mothers who revealed agreement with the above two statements are more likely to witness early termination of breastfeeding, though attitude doesn't necessarily predict practice.

C. As Related to Biological Structure and Cultural Values

Excerpt from Annex 1

S. No.	Statement	SA N	A N	D N	SD N	SA + A N %		D + SD N %		Mean*
6.	Since it is a natural process, breastfeeding shouldn't be left.	71	20	10	4	91	86.7	14	13.3	3.5
9.	Creator created breast on me to breastfeed my child via it.	63	23	17	2	86	81.9	19	18.1	1.6
20.	As it is our culture, breastfeeding shouldn't be neglected.	59	19	8	19	78	74.3	27	25.7	3.1
21.	Nowadays, breastfeeding is becoming old-fashioned.	5	8	13	79	13	12.4	92	87.6	1.4

The participants were enquired further to point out their view of breastfeeding by associating with their biological structure and cultural values. Accordingly, a large proportion (86.7%) of the respondents expressed their agreement with the item that states as part of a natural process, breastfeeding practice should proceed; and few (13.3%) participants appear to hold negative attitude towards the natural breastfeeding practice.

Likewise, the participants reacted to the item that asks for nature's biological arrangement to breastfeed in the following manner: About 81.9% of the participants showed positive attitude and the remaining 18.1% of the participants didn't show the tendency of accepting their biological organ, breast, meant for breastfeeding.

Concerning cultural values and breastfeeding, about 74.3% of the respondents believe that breastfeeding is their cultural practice and it shouldn't be left aside, but the rest 25.7% respondents didn't ascribe breastfeeding to cultural values. On the other hand, as to have the respondents' attitude about the current status of breastfeeding, 12.4% of them are of the opinion that breastfeeding is becoming out of time; and many (87.6%) of the respondents argued against the notion that it is becoming old-fashioned.

Moreover, a slight mean difference between items dealing with natural and cultural system shows that the participants tend to have more desirable attitude towards the biological arrangement than the cultural meaning/value of breastfeeding.

D. Mother-Child Interaction and Attitude of Breastfeeding

Excerpt from Annex 1

S. No.	Statement	SA N	A N	D N	SD N	SA + A N %		D + SD N %		Mean*
23.	I express my love for my child through breastfeeding.	89	12	3	1	101	96.2	4	3.8	3.8
25.	Breastfeeding keeps me with my child in close proximity.	86	17	1	1	103	98.1	2	1.9	3.7

The respondents were also asked to posit their attitude when mother-child relationship is in consideration. In this case, 96.2% of the participants indicated breastfeeding is one way of expressing maternal affection to newborns while a negligible ratio (3.8%) of the respondents seem to disagree with the statement. In a similar notion, responding to the item that asks for proximity, almost all (98.1%) the participants stated that they like breastfeeding as it keeps them in close interaction with their child. This implies that the mother groups highly believe that breastfeeding is important to maintain mother-child bonds.

E. In Relation to Social Reactions

Excerpt from Annex 1

S. No.	Statement	SA N	A N	D N	SD N	SA + A N %		D + SD N %		Mean*
17.	Because others reveal concern for me, I like breastfeeding.	0	1	25	79	1	1	104	99	1.2
18.	I dislike breastfeeding simply for the associated nicknames.	3	3	23	76	6	5.7	99	94.3	1.3
19.	Encouragements of my family made me love breastfeeding.	19	18	25	43	37	35.2	68	64.8	2.1

The above statements were designed to evoke reactions from the participants by relating breastfeeding to social reactions/perceptions. With respect to concern shown by others, except a single respondent, 99% of the respondents indicated that they engage in breastfeeding independent of the behavioral reaction shown them by others. Similarly, in response to the item asking for breastfeeding and the attached labelings, 94.3% of the respondents disclosed that they didn't develop hatred towards breastfeeding because of some undesirable namings whereas as few as 5.7% respondents appear to lean towards disliking the process for the nicknames.

In a similar manner, although 64.8% the participants reported that encouragements on behalf of family members didn't influence them to love breastfeeding, a good number (35.2%) of respondents found family members' encouragements to be useful in appreciating breastfeeding. Generally, these findings reveal that societal factors are not in due position to negatively affect maternal attitude towards breastfeeding.

F. When the General Perception of Breastfeeding Considered

Excerpt from Annex 1

S. No.	Statement	SA N	A N	D N	SD N	SA + A N %		D + SD N %		Mean*
28.	Breastfeeding is a difficult way of feeding infants.	5	3	24	73	8	7.6	97	92.4	1.4
29.	Breastfeeding is a painful practice for mothers.	8	50	30	17	58	55.3	47	44.7	2.4
30.	Generally, breastfeeding is an enjoyable practice.	78	15	8	4	93	88.6	12	11.4	3.5

The general perception of the participants about breastfeeding seems positive. Hence, the great majority (92.38%) of the participants replied against the item which states that breastfeeding is a difficult way of feeding infants. Regarding the effect of breastfeeding on breastfeeding mothers, more than half (55.3%) of the participants confirmed it is a hurting or painful one; when the rest 44.7% reacted against the notion.

In addition, a significant proportion (88.6%) of the participants disclosed that breastfeeding practice is pleasant whereas the process of breastfeeding is perceived negatively as an unpleasant only by 11.4% of the participants.

3.3 Analysis About Maternal Practices of Breastfeeding

Table 8- Cultural Group- Colostrums Treatment Crosstabulation

Cultural Group	Colostrums		Total
	Discarded	Fed Child	
Oromo N	16	19	35
Expected N	27	8	35
% within Group	45.7	54.3	100
Wolayta N	32	3	35
Expected N	27	8	35
% within Group	91.4	8.6	100
Guraghe N	33	2	35
Expected N	27	8	35
% within Group	94.3	5.7	100
Total N	81	24	105
Expected N	77.1	24	105
% of Total	77.1	22.9	100

$$\chi^2 = 29.491, df = 2, \text{Asymp. Sig. (2-sided)} = .000$$

In order to see whether colostrums feeding depends upon cultural backgrounds, a yes/no alternatives were provided and the variables were coded as 1 = Yes and 2 = No. Accordingly, the result of the Chi-Square test revealed a significant difference among them (2, $\chi^2 = 29.491$, $P < .05$). The variation seems to be accounted by the good proportion (54.3%) of Oromo mothers who have used to colostrums. The Guraghes take the lead (94.3%) in discarding colostrums, and the Wolaytas follow (91.4%). Generally, significant number (77.1%) of the respondents is found to have discarded this useful and fatty-acid containing infant's diet.

Table 9- Ethnicity-Breastfeeding Initiation Crosstabulation

Cultural Group	Breastfeeding Initiation Time					Total
	Less Than an Hour	After 1 hour	After 12 Hours	After 24 Hours	After 3 Days	
Oromo	18	9	4	-	4	35
Wolayta	8	2	5	17	3	35
Guraghe	8	26	1	-	-	35
Total	34	37	10	17	7	105

The above cultural group-breastfeeding initiation cross tabulation reveals that there is much variation regarding the initiation of suckling infants. About 18 Oromo respondents replied to have begun breastfeeding their infant within one hour of the delivery event and it is a short breastfeeding initiation experienced by many respondents. The next relatively short breastfeeding initiation, that is, after half a day is practiced by a significant proportion (26) of Guraghe mothers. However, around 17 Wolaytan mothers are found to manifest a delayed breastfeeding initiation in which case three days after birth holds true. On the whole, the most immediate initiation of infant suckling among the participants is less than an hour reported by 7 of them. And many participants share the breastfeeding initiation time of the after half a day.

Table 10- One-Way ANOVA for the Variables Cultural Groups and Intentions of Breastfeeding

Source of Variation	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	1.457	2	.728	2.022	0.139
Within Groups	29.545	82	.360		
Total	31.002	84			

Excluded cases are 21

The above ANOVA table shows that there is no significant variation among the mother groups concerning the futurity of the duration of breastfeeding. That is cultural background did not reveal a difference in maternal plan of the time length of breastfeeding. Thus, F value reads (2, 0.728 =2.022, $P>0.05$). Furthermore, analysis of the overall Mean (2.171) and SD (0.6075) of the intention of breastfeeding among the cultural groups shows that no much deviation does exist (see Annex 2).

Table 11- Ethnicity by Breastfeeding Occasion/ Schedule

Cultural Group	Feeding Responsiveness			Total
	On Free Time	When Child Cried	On Demand	
Oromo N	8	11	16	35
Expected N	8.3	12.3	14.3	35
% of Total	7.6	10.5	15.2	33.3
Wolayta N	11	7	17	35
Expected N	8.3	12.3	14.3	35
% of Total	10.5	6.7	16.2	33.3
Guraghe N	6	19	10	35
Expected N	8.3	12.3	14.3	35
% of Total	5.7	18.1	9.5	33.3
Total N	25	37	43	105
Expected N	25	37	43	105
% of Total	23.8	35.2	41.0	100.0

$$\chi^2 = 9.574; df = 4, \text{Asymp. Sig. (2-sided)} = 0.048, p < 0.05$$

As the above table depicts, breastfeeding schedules were analyzed against ethnicity. The result of Chi-Square shows that breastfeeding occasions do not equally prevail among the cultural groups ($\chi^2 = 9.574; df = 4, p < 0.05$). As related to specific cultural groups, maternal suckling responsiveness on infant's demand is the highest among Wolaytans (16.2%), followed by the Oromos (15.2%) and the Guraghes (9.5%). On the other hand, breastfeeding occasion of when the child cries is more common among the Guraghes (18.1%) than the other two groups. Like wise, breastfeeding event called "when mother gets free time" was observed to be higher among the Wolaytans than the remaining groups.

Generally, perceiving the group in its totality, many (41.0%) of the respondents reported to breastfed their infant when they thought the infant is in need of it while 35.2% of the subjects breastfed their infant in response to the sound of crying, and the rest 23.8% of the participants indicated to engage in breastfeeding on getting free time.

Table 12- T- test for the Statistical Significances of the Differences Between the Means of Younger and Older Mothers for Exclusive Breastfeeding Duration.

Class of item	Statistical symbol	Young mothers	Old mothers	Sig.(2-tailed)
Exclusive Breastfeeding Duration	N X SD	41 6.71 2.562	51 6.16 2.239	0.275

NB: Number of Valid Cases is 92

The test of significance for the differences between the means of younger and older mothers on exclusive breastfeeding duration by the use of the t-test statistic revealed that the difference between the means on exclusive breastfeeding duration is not

statistically significant ($p > 0.05$); both when the variances are assumed equal and unequal. This implies that the time length of exclusive breastfeeding is more or less similar for both mother groups.

3.4 Relationship Between Maternal Socio-Demographic Variables and Breastfeeding

Table 13- Pearson's Correlation for the Variables Education, Income & Parity and Breastfeeding.

Variables	Exclusive Breastfeeding Duration*
	Pearson's r
Education	-0.093
Income	0.103
Parity	-0.078

* *N is valid for infants beyond 6 months of age*

Computational analysis of the Pearson's r for three variables named education, income & parity and breastfeeding was not found significant. More specifically, the relationship between maternal educational level and the period of exclusive breastfeeding duration was negative and not significant ($N = 92$, $r = -0.093$). And, the relationship between couple's income and exclusive breastfeeding duration was found to be positive but not significant ($N = 92$, $r = 0.103$). In addition, the number of children born and the time of exclusive breastfeeding didn't show any significant relationship with one another ($N = 92$, $r = -0.078$).

3.5 Analysis of Data Gathered Through Focus Group Discussion

In this sub-section, data gathered during focus group discussion session with 9 elderly mothers who are believed to represent the three cultural groups is qualitatively analyzed in detail. Unlike the preceding analysis methods, this part is not treated in terms of the discrete cultural groups, but rather, it is mainly presented by condensing the responses of the participants together.

Ques. 1. In comparison with your earlier times, what are your general observations concerning breastfeeding in this town? Discuss

In response to the above question, the mother groups replied that definitely there are changes regarding the various processes of breastfeeding. They described the issue in terms of the duration and rate of breastfeeding, and the use of supplementary foods, especially bottlefeeding. The focus group described the duration of the current breastfeeding situation among urban mothers that unlike their past times when they

had breastfed their children, at least for three years and at most four years, now it has shrunk down to two years and even less. Besides, these days many urban mothers roam here and there and thus are not observed being properly and earnestly sit down and breastfeed their child. In addition, the participants stated that because younger mothers are easily exposed to the use of bottles, in cases of some temporal inconveniency to breastfeed, they are advised or else they themselves resort soon to the use of bottles instead of resuming breastfeeding. Even in a number of instances, 'the child hated the breast' is the pretext to cease breastfeeding, they replied. Above all, they disclosed that breastfeeding mothers of these days had developed the "I feel burning syndrome"— the notion that present day mothers are hardly tolerant to minor discomforts while breastfeeding.

In short, the discussion result dealt with supplements the findings in the practice sub-section that state the average intention of breastfeeding duration for the study participants is only about two years, revealing that the duration is diminishing. Even so, the duration may not last long till 2 years because of the rapid psychosocial changes the urban center and urban mothers are facing.

Ques.2. What are the reasons for the changes, if any, in breastfeeding compared to earlier times?

The group members gave various justifications concerning the above item. However, the most major influencing factor raised here was that concern for one's own physique, fitness or wellbeing of oneself by the breastfeeding mother. The respondents explained the concept as follows: Breastfeeding is analogous to donating one's own blood; hence it harms the respective breastfeeding mother if she has not compensated it by consuming balanced diet foods. They disclosed that many mothers in their town are not getting quality foods, particularly milk products owing to the economic constraint prevailing in the town. For this reason, they asserted, mothers of this generation prefer not to breastfeed longer. Moreover, as opposed to the rural areas, urban mothers do not march to their usual workplace carrying their child as it is inconvenient. This forces them to let their child at home and be bottlefed by someone else.

In short, manifestation of high concern in prioritizing one's own physiological wellbeing and fulfillment that are in turn determined mainly by low income coupled with the work nature of breastfeeding urban mothers and absence of keen interest to breastfed are among the major reasons reported to hinder normal breastfeeding practice these days.

Ques. 3. How long should a newborn be breastfed in your specific sub-culture? Why?

How?

To the above question, as per their specific sub-culture, the mothers indicated that a child should be breastfed exclusively for six months and with supplements for at least three years. They supported their response by reasoning out that a child who has not be breastfed for three years will not have strength. To this end, a respondent of Wolaytan origin stressed that a child who is not breastfed for three years will not be capeable of standing up if s/he falls down. Another participant substantiated the issue by raising a case that a sick child has recovered from its illness and stood up when treated with breastfeeding over a week.

Ques.4. How do you perceive a mother who has totally refused to breastfeed her newborn?

The participants of the discussion session indicted that nature built in every female a breast, which is principally instrumental in providing breastmilk for newborns. Therefore, all healthy mothers should practice breastfeeding. Unfortunately, if a mother does not totally breastfeed her child, she would unquestionably become the agony of several abusive or derogatory words like she is a mule, or she is a horse, or even be labeled as *aremenie*— meaning cruel. It is more interesting that a participant crystallized the concept by providing a case that has happened in her neighbor by one of her kinsmen : “A female child of about seven years heard unfortunately that her mother had not breastfed her; consequently, in many instances the child tells this to others saying ‘My mum had not breastfed me’.” Here one can imagine the impact of such feeding irresponsiveness on the development and quality of the later mother-child emotional attachment. Such type of social pressure on the breastfeeding mothers is believed to enhance breastfeeding.

Ques.5. Would you like to change the customarily existing breastfeeding norm or maintain it? To maintain, what do you think should be done?

As the last discussion issue, the participants were probed to evaluate the legendary breastfeeding practice against its rival— bottlefeeding. The discussion participants emphasized that breastfeeding should be maintained principally for the following reasons: Breastmilk is of high quality as it is pure whereas bottlefeeding is prone to contaminations and result in diseases like diarrhea that affect the health of children.

Besides, they also revealed the superiority of breastmilk connoting that bottlemilk is not as satisfactory diet to infants as breastmilk.

In order to maintain this valuable cultural practice, the respondents indicated alternatives such as advising younger mothers to breastfeed by telling them the pros and cons of both bottle- and breastfeeding; lobbying their relatives and neighbors especially their husbands to fulfill her nutritional needs and also to urge their wives to breastfed their own child. In addition, the group members underscored that breastfeeding mothers should be told in advance to breastfeed until the child is capeable of walking independently. By so doing, mothers associate breastfeeding duration with children's developmental milestone so that confusions of 'what, how and up to when to breastfeed' may be minimized.

PART FOUR

DISCUSSION

In order to provide answers to the research questions raised earlier, in this section, thorough discussion of data presented in the analysis part would be made in line with previous findings and possible plausible explanations.

4.1 Discussion About knowledge

Regarding maternal knowledge of the various aspects of breastfeeding, the results can be discussed as follows. In relation to prelacteal feed, some variations in the level of awareness are observed among the groups. Eventhough hot water is commonly practiced among the three groups, the usually prescribed diet of neonates— breastmilk is perceived to be good among more than half of the Oromos. The rest two-thirds of the total respondents do not know the use of breastmilk as the desirable early feed; and they may even resort to the use of harmful prelacteal feeds in their next birth. The variation may be due to the fact that they are with varying backgrounds. To this end, Coleman (1999) states that the ethnic background or cultural environment of mothers appear to be a factor in the decision to breastfeed.

As to the proper duration of exclusive breastfeeding, responses that range from four to seven months and even up to not knowing the legitimate duration were provided. Knowledge of shorter exclusive breastfeeding duration was reported mainly by Oromo mothers while relatively longer exclusive breastfeeding duration was seen among the responses of few Wolayta and Guraghe mothers. However, more than half of the participants seem to fit their knowledge with the recommended six-month duration. Here, adherence to six-month duration indicates that in any case, this recommended period is becoming a norm. The variation between the cultural groups may be due to the fact that the majority (75%) of the Oromos reported to have lived most of their lives in urban areas (Cf. Table 3) and might adopted the urban-oriented shorter breastfeeding duration.

With respect to knowledge on the relative importance of breast and bottlefeeding, the participants unanimously stated that breastfeeding is the best. Though their total confirmation to breastfeeding is imperative, it might not guarantee that all of them ensure its implementation. As studies indicate, despite awareness of breastfeeding, in

many countries there is a strong tendency to replace breastfeeding by other supplements, especially by bottlefeeding (Howrigan, 1998). As child psychologists like Santrock (1999) indicated, there is a consensus among experts that breastfeeding is the preferred practice, especially in developing countries where inadequate nutrition and poverty are common. Thus, this implies and necessitates the need to encourage breastfeeding practice among poor countries such as Ethiopia.

Concerning the usefulness of breastfeeding for infants, the majority of the participants are in a position to cite its merits in relation to the nutritive and protective aspects, but its cognitive value was indicated only by forty percent of the subjects. Nonetheless, no single respondent is ready to describe the psychosocial value domains of breastfeeding. By implication, not knowing many of the significances of breastfeeding for the various aspects of development leads to giving less emphasis to the unknown aspect (here psychosocial aspect). As Coleman (1999) describes, lack of appropriate information regarding infant feeding methods, even among American societies, is frequently cited to negatively affect breastfeeding. Thus, sensitizing both expectant and breastfeeding mothers to have a balanced knowledge of breastfeeding practice is vital for the child's normal developmental aspects.

4.2 Discussions Concerning Attitude

Analysis of maternal attitude about breastfeeding across varying variables yielded diverse results. Concerning breastfeeding and interest to breastfeed, the majority of the respondents seem to be in general consensus that they practice breastfeeding irrespective of external lobbying and relating it with other purposes. Such type of self-initiated desire to breastfeed is important for longer breastfeeding duration. Research finding (Allen, 1985) also supports that having the desire to breastfeed play its own role for long breastfeeding duration.

Regarding breastfeeding and physique, about two-thirds of the respondents are of the opinion that breastfeeding makes appear thin and in its negative sense, this has an implication for early termination of breastfeeding. Nevertheless, in cultures where thin body image is considered as desirable, this may be interpreted positively.

However, attitude about breastfeeding was not found to be affected by the shape of maternal breast. This may be interpreted by the fact that the cultural value of Ethiopia does not place much emphasis on the shape of the breast. But, in Western culture women are socialized to perceive that their personal value is reflected in their outward appearance (Spitzack, cited in Jones, 2004) so that they are socialized that

their breasts are not entirely their own, but exist for the evaluation and pleasure of others (Jones, 2004). Therefore, as a result of cultural or socialization influence, women tend to be more concerned with their breast shape and size in order to have the ideal breast_ small, round, and firm which denote youth, fertility and sexual pleasure, but which overshadow any maternal meaning (Yalom, cited in Jones, 2004), that is, breastfeeding.

When maternal biological structure is in focus, most of the participants were positive towards the naturally prearranged organ— breast, to be used as a means of feeding infants. This concept was also highly stressed by FGD participants. The reaction to the item that raises reliance on breastfeeding as a function of super natural power's predetermined aim was also favored by a significant number of subjects. Obviously, female breasts physiologically are mammary glands designed to convey nourishment to newborn babies (Jones, 2004). However, because of the cultural variation one observes, perceptual differences about breast do exist. Unlike in the West, where a great deal of erotic and sexual appeal centers on the female breast and women in particular tend to view their breast through the reflection of its desirability to men (Spitzack, cited in Jones, 2004), Ethiopians do not put much emphasis on perceiving female breast on other dimensions than nourishment purpose.

Considering cultural input's role, except a quarter of them, about three-fourths of the respondents valued the cultural meaning of breastfeeding and hence were positive about it. This implies that the cultural practice of breastfeeding is still appreciated by urban mothers. Regarding the general direction of breastfeeding, the majority (87.6%) of the respondents were against the stated statements and instead replied that breastfeeding practice is still active. And this is as oppose to the perceptions of FGD participants. Response variation between FGD participants and main participants was observed because the earlier perceived decline in breastfeeding practices in light of their past times longer breastfeeding duration while the latter viewed the trend of breastfeeding in the eye of the present experience or situation where rapid psychosocial changes are taking place.

In the mother-child attachment role of breastfeeding, almost all of the participants manifested high favorableness on its usefulness for the development of healthy two-way interaction. As Mohrbacher (cited in Coleman, 1999) indicated, because mothers derive a sense of love and satisfaction from breastfeeding, it helps them form a special bond with their child and thereby like breastfeeding.

Responses to items that pose social reactions showed that societal factors were not found being the major determinants of breastfeeding in inculcating negative attitude on a great number of respondents. This may be because, in Ethiopian cultural context, breast and breastfeeding is seldom associated with sexuality, it does not give room for the influence of social embarrassments. On contrary, in Western societies (e.g. USA), the social and sexual significance of the female breast rivals, if not exceeds, its biological significance (Latteier, cited in Forbes, et. al, 2003). Similarly, Fildes (cited in Forbes, et. al, 2003) illustrated that the Western "sexualization" of the female breast is far more influential than nutritional concerns. Thus, such cultural values that are associated with sexuality have shaped Western perceptions of breast and breastfeeding and led to the preference of avoiding or limiting breastfeeding by mothers (Forbes, et. al, 2003).

Statements that were intended to trigger reactions on the overall perception of breastfeeding reflect the view that most of the participants are delightful about breastfeeding practice. However, concerning its painfulness, a bit more than half participants reported that it is painful for mothers. In a study conducted in India, Bangalore town, Rinda (2005) also discovered that all subjects had positive attitudes towards the item that states, "Breastfeeding is convenient."

In sum, maternal responses towards items measuring their attitude about breastfeeding were negative to a number of items and positive to other items. Since attitudinal position is a multifaceted phenomenon determined by knowledge level, cultural backgrounds, practical experiences, etc., variations occurred may be legitimate. Besides, some of the results of attitude measures supplement and also contradict with FGD outcomes. This inconsistency may be due to the presence of perceptual differences between main participants and elderly mothers (FGD participants) or simply cohort effect.

4.3 Discussions of practice

Apart from assessing the awareness and attitudes about breastfeeding, practical experiences pertaining to breastfeeding were dealt with, too. Studies show that colostrums treatment is highly subjective and culture-bound. Begum et al. (cited in Greiner, 1996), in their study among Bengal mothers discovered that about seventy-one percent of them have been throwing away colostrums. As Greiner (1998) indicated, the presence of colostrums taboo at different places has led to be treated differently. Similarly, in the present study, more than three-fourths of the participants are found to discard colostrums. Also, colostrums are found to be treated in various ways among the

cultural groups studied because of the belief held about colostrums. However, colostrums discard especially among low-income mothers whereby other supplementary feeds are likely inadequate would mean loss of the essential amino-acids and also proteins that convey immunity to some infections.

The time of breastfeeding initiation is found to be fairly consistent with previous study. For example, Huffman et al. (cited in Greiner, 1996) found an initiation rate ranging from birth hour to three days. In this study, in fact, only 34 subjects reported to have experienced the recommended, that is, within the first hour of after delivery time (AAP, in SAE, 1998) breastfeeding initiation. The remaining 71 respondents are of a beyond one hour initiation time and can be considered as a delayed type because the previously dependent and now the "independent" newborn should have begun suckling soon after birth. Group-wise analysis reveals that about half the Oromos demonstrate immediate breastfeeding initiation perhaps because they reported to attend higher grade levels than the other two ethnic groups and thus may have better chance of attending prenatal education or gave birth at health centers.

The decline in the current breastfeeding duration seems to complement with previous research (Yeshewamebrat, 1995) and the present FGD result. The claimed intentions of the presently breastfeeding mothers is to breastfeed, on average, for about 25 months which shows it is diminishing compared to the earlier up-to-four years breastfeeding duration. The result also implies the fact that as all the informants are currently living in the same physical and social setting, they revealed similar plan in breastfeeding, regardless of their cultural background (Super & Harkness, 1987), and as per the settings' "requirements." Here, one can also note that the assertion may even fall under reservation since claims may not be translated into actions, and the duration may decline further.

As to the issue of maternal responsiveness to infant's feeding events, the observed response variations among the groups can be discussed in light of the daily subsistence activities of the breastfeeding mothers. Breastfeeding on getting free time was more common among the Wolaytas whom more than half of them make life either as daily laborer or petty trader_ work types that do not provide fair leisure time for breastfeeding. Provision of breast in response to the crying signal of the child is higher among the Guraghes while breastfeeding focusing on the child's demand is pronounced among both the Wolaytas and the Oromos. Considering the total respondents, 41% of them are found to engage in the breastfeeding occasion named on the child's demand

and this might complement with the recommended (Greiner, 1998) child-initiated suckling. Although the "when to breastfeed" notion had been a controversial issue (Santrock,1999) and scholars like J.Watson (Cited in Santrock,1999) recommended scheduled feeding is preferred for it increases the child's orderliness, demand feeding_ in which the timing and amount of feeding are determined by the infant_ has become more popular (Santrock,1999). The American Association of Pediatrics (Cited in SAE, 1998) also recommends breastfeeding on demand in response to signs of hunger in stead of using crying as an indicator to nurse.

On the other hand, though breastfeeding event on getting free time that was reported by 23.8% of the subjects might be legitimate for working mothers, it appears disadvantageous for the child since the child is in lack of not only on time and adequate breastfeeding but also become devoid of proper early stimulation, language acquisition, social skills, maternal love and affection, and so on.

Age-wise comparison of exclusive breastfeeding duration did not yield any significant difference among younger and older mothers. This uniformity may be because of the fact that advice either from elders or experts to exclusively breastfeed for the first six months is generally pervasive in many cultural groups; and since the duration is short, mothers can develop the endurance to breastfeed.

4.4 Discussions of sociodemographic variables

An attempt to relate breastfeeding with maternal sociodemographic variables, maternal education and period of exclusive breastfeeding, shows the relationship is not significant. This finding appears to be consistent with a study conducted by Smith and Ferry (Cited in Yeshewamebrat, 1995) and by Tu (1990). However, this finding is inconsistent with some previous findings (Abdulaziz, 1988; Eyob, 1993; Tigist, et al., 1993; Yeshewamebrat, 1995). For the present study, may be due to the fact that only about twenty percent of the respondents attended beyond secondary education, they failed to reveal short exclusive breastfeeding duration and contribute for a difference.

Similarly, analysis of the relationship between couple's income and length of exclusive breastfeeding duration was not found significant. This may be explained in terms of the view that most mother groups seem to accept the six months duration as a standard and they did so. Also, as most of the study participants are on the same socioeconomic status, that is, they are low-income mother groups, variation in exclusive breastfeeding duration was not observed. Thus, the relationship was not significant.

On the other hand, the relationship between parity and length of exclusive breastfeeding duration was not significant. This implies that exclusive breastfeeding duration is independent of the number of children a mother gave birth to. In addition, practicing exclusive breastfeeding as per the existing norm of six months rather than having experience in breastfeeding many children seems to determine the duration. Therefore, this finding does not support previous finding (Tigist, et al., 1993).

4.5 Discussions of FGD Result

Both response similarities and variations were observed among main participants and FGD participants. The responses of FGD participants seem to reflect their experiences of the past few decades wherein breastfeeding practice was highly valued. Absence of adopting alternative infant feeding methods like bottlefeeding and the persisting social pressures on reluctant mothers seem to have maintained breastfeeding. However, these days the prioritization of the "self", that is, pronouncing the effect of breastfeeding on the breastfeeding mother is found to influence breastfeeding process. And it calls for advising younger mothers to follow the earlier infant feeding practices.

On the other hand, similar level of awareness in the superiority of breastfeeding may contribute to the enhancement of the practice, though not always valid. The strong adherence of the FGD participants to breastfeeding indicates that earlier infant feeding customs and beliefs can now days be an exemplary. It also implies involving elderly mothers in the promotion of breastfeeding.

PART FIVE

Summary, Conclusion and Recommendation

5.1 Summary

As stated so far, breastfeeding is one of the vital process through which mammals nurture their newborn. However, because of the existence of variations among various cultural groups in varying settings, one observes different infant feeding and/or breastfeeding practices. Some of the important factors that have contributed for this nonuniformity in breastfeeding practices are the rapid social changes among urban centers and the subsequent psychosocial changes, including maternal knowledge, attitude, and practices of breastfeeding. Maternal sociodemographic factors like age, education and parity are also among the influential variables to be noted.

Concerning maternal knowledge level, the participants can be said to be aware of the superiority of breastfeeding, the widely recommended duration of breastfeeding, and some significances of breastfeeding. However, knowledge level revealed in relation to psychosocial significances is almost non-existent.

Maternal attitudes as related to the various sub-categories of breastfeeding were diverse, as the participants are with diverse experiences. Generally, the subjects appear to have more desirable attitude on self-initiated breastfeeding, enhancement of mother-child bond via breastfeeding, and the enjoying nature of breastfeeding. However, the attitude of the respondents was not found to be negatively influenced by the perception of others.

In the practical areas of breastfeeding, differences were observed among the groups in dealing with the issues of colostrums, breastfeeding initiation, and pattern of responsiveness to infant feeding. Nonetheless, significant variations were not registered concerning intention of breastfeeding duration.

On the other hand, the relationship between exclusive breastfeeding duration and sociodemographic variables such as maternal education, couple's income and parity was not found statistically significant.

5.2 Concluding Remarks

Based on the findings, the following conclusions were arrived at.

- There is high prevalence rate of exclusive breastfeeding, especially in the first 6 months.
- The psychosocial aspects of breastfeeding are least understood than any other aspects.
- Breastfeeding duration is not age-dependent.
- The overall breastfeeding duration seems declining.
- Maternal breastfeeding practices are characterized by both uniformity and predominance.
- Breastfeeding among urban mothers may not necessarily be related to variables like maternal education, parity, or income.

5.3 Recommendation

For this study, below are some suggestive remarks.

- Young and expectant mothers should be advised how, when and up-to-when to breastfeed either by professionals or elder mothers.
- Culture-oriented familial support for breastfeeding mothers should be strengthened.
- Close follow-up for, at least, mothers on the verge of early termination of breastfeeding should be undertaken.

Annex 1**Frequency, Percentage and Weighted Mean of Items Measuring Maternal Attitude Towards Breastfeeding**

S. No.	Statement	SA N	A N	D N	SD N	SA + A N %		D + SD N %		Mean *
1.	I breastfeed my child on my own interest.	98	5	2	0	103	98.1	2	1.9	3.9
2.	I breastfeed just only to avoid pregnancy.	3	4	20	78	7	6.7	98	93.3	1.3
3.	I breastfeed to escape social embarrassment.	6	0	21	78	6	7.7	99	94.3	1.4
4.	My intention while conception influenced me to breastfeed.	43	21	15	26	64	60.9	41	39.4	2.7
5.	I breastfeed only because I have nothing to feed.	3	17	12	73	20	19.0	85	81.0	1.5
6.	Since it is a natural process, breastfeeding shouldn't be left.	71	20	10	4	91	86.7	14	13.3	3.5
7.	Although I don't have sufficient milk, I don't refrain from breastfeeding.	78	16	4	7	94	89.5	11	10.5	3.5
8.	I'm not inefficient to breastfeed and develop my child.	86	11	3	5	97	92.4	8	7.6	3.6
9.	Creator created breast on me to feed my child.	63	23	17	2	86	81.9	19	18.1	1.6
10.	I hate breastfeeding for it is time-taking.	33	31	10	31	64	60.9	41	39.1	2.6
11.	I prefer breastfeeding to the mistrusting feeding of the caretaker.	68	21	9	7	89	84.8	16	15.2	3.4
12.	Breastfeeding beyond 6 months is improper.	2	8	29	66	10	9.5	95	90.5	1.4
13.	This time I feel guilty for not breastfeeding some of my children.	8	12	16	69	20	19.1	85	80.9	1.6
14.	I dislike breastfeeding for it makes appear thin.	18	47	20	20	65	61.9	40	38.1	2.6
15.	Breastfeeding distorts the shape of my breast.	4	9	20	72	13	12.3	92	87.6	1.4
16.	I dislike breastfeeding for it brings bad odor on me.	2	1	19	83	3	2.8	102	97.2	1.2
17.	Because others reveal concern for me, I like breastfeeding.	0	1	25	79	1	0.9	104	99.0	1.2
18.	I dislike breastfeeding simply for the associated nicknames.	3	3	23	76	6	5.7	99	94.3	1.3
19.	Encouragements of family member made me love breastfeeding.	19	18	25	43	37	35.2	68	64.8	2.1
20.	As it is our culture, breastfeeding shouldn't be neglected.	59	19	8	19	78	74.3	27	25.7	3.1
21.	Nowadays, breastfeeding is becoming old-fashioned.	5	8	13	79	13	12.4	92	87.6	1.4
22.	I don't cease breastfeeding by considering rumors.	72	22	3	8	94	89.5	11	10.5	3.5
23.	I express my love for my child through breastfeeding.	89	12	3	1	101	96.2	4	3.8	3.8
24.	I like breastfeeding since my child doesn't get naughty the date s/he breastfed.	53	43	8	1	96	91.4	9	8.6	3.4
25.	Breastfeeding keeps me with my child in close proximity.	86	17	1	1	103	98.1	2	1.9	3.7
26.	Breastfeeding makes the child healthy and strong.	93	12	0	0	105	100	0	0	3.8
27.	Since breastfeeding and bottlefeeding are equally important, I don't suffer myself by breastfeeding.	5	7	23	70	12	11.4	93	88.6	1.4
28.	Breastfeeding is a difficult way of feeding infants.	5	3	24	73	8	7.6	97	92.4	1.4
29.	Breastfeeding is a painful practice for mothers.	8	50	30	17	58	55.2	47	44.8	2.4
30.	Generally, breastfeeding is an enjoyable practice.	78	15	8	4	93	88.6	12	11.4	3.5

Key: SA = Strongly Agree, A = Agree, D = Disagree, SD = Strongly Disagree,
SA + A = Positive Attitude and, D + SD = Negative Attitude * Weighted Mean

Annex 2**Descriptive Statistics for the Variables Breastfeeding Intention across Ethnicity**

Cultural Group	N	Mean	Std.Dev.	Std.Error	95% Conf.Int. for Mean		Minimum	Maximum
Oromo	24	1.965	.6647	.1357	1.684	2.245	.3	3.0
Wolayta	35	2.271	.5050	.0854	2.098	2.445	2.0	4.0
Guraghe	26	2.227	.6546	.1284	1.963	2.491	1.0	4.0
Total	85	2.171	.6075	.0659	2.040	2.302	.3	4.0

References

- Abdulaziz, A . (1988) .Socio-Cultural Factors Related to Breastfeeding in Jimma Town.
AAU, SGS, Dept. of Public Health
- Akin et al. (1986). Breastfeeding Patterns and Determinants in the near East: An
Analysis of Four Countries, Popn. Studies 40(2), 247-262
- Allen LH, Pelto GH.PIP (1985). Research on Determinants of Breastfeeding Duration:
Suggestions For Biocultural Studies: Med. Anthropol.
- Benti Getahun (1987). Shashemene: General Setting of the Region and the Foundation of
the Town. MA Thesis, History Dept., AAU.
- Chatman (Online Document) Influence of Knowledge and Attitude on Exclusive
Breastfeeding Practice Among Jamaican Mothers.
- Clark, R., Else, N.M., and Hyde .J.S. (2003). Breastfeeding, Bonding, and the Mother-
Infant Relationship. Vol.49, No.4, Online Doc. available at [http://www.Questia
Online Lib.htm](http://www.QuestiaOnlineLib.htm).
- Coleman,A.S.(1999). Factors Influencing African-American Mothers To Breastfeed
Their Infants : African-American Breastfeeding. Online Doc. available at
<http://www.findarticles.com/>
- CSA (1993) The 1984 Population and Housing Census of Ethiopia: Analytical Report at
National Level, AA
- Eshetu, G. (1994) . Female Labor Force Status and Fertility in Akaki : A Sub-Urban
Industrial Town in Ethiopia ,Unpublished MSC Thesis ,AAU.
- Esterick (Online Doc.). The Cultural Context of Breastfeeding and Breastfeeding Policy.
- Eyob (1993). National Breastfeeding Survey in Ethiopia: Knowledge, Attitude, and
Practice among Mothers and Health Professionals, Unpublished, MoH
- Ferry, B. (1981). Breastfeeding: WFS Comparative Study No.13.
- Fisher & Lazerson (1984) . Human Development: From Conception Through
Adolescence. W.H. Freeman And Company, NY.
- Forbes, B.G., et.al, (2003). Perceptions of the woman who breastfeeds: The Role of
Erotophobia, Sexism, and Attitudinal Variables. Online Document Available at
<http://www.findarticles.com/>
- Gardiner, H.W., Mutter, J.D. & Kosmitzki, C. (1998). Lives Across Cultures: Cross-
Cultural Human Development. Allyn and Bacon, USA.
- Greiner, T. (1998). History of Breastfeeding. Online Document Available at
<http://www.geocities.com/>

- Greiner, T. (1996). One of the Most Intact Breastfeeding Cultures in the World: Bangladesh. Online Doc. available at <http://www.geocities.com>.
- Gurmeet, H. (1998). Campaign for Promotion of Breastfeeding: Evolution, Experience and Future Directions. The Indian Journal of Social Work, 59 (2).
- Howrigan, G. A. (1998). Fertility, Infant Feeding and Change in Yucatan. In Parental Behavior in Diverse Societies, San Francisco, Jossey Bass, Summer 1998
- Hussein Adem (1992). The Proximate Determinants of Fertility in Shashemene. MA Thesis, Geography Dept., AAU.
- Jones, Diana (2004). The Cultural Views of the Female Breast. Online Doc. available at <http://www.tribalfusion.com>.
- Mesfin Getahun (2001). Shashemene: In living on the Edge: Marginalized Minorities of Craft workers and Hunters in Southern Ethiopia. In Denna Freeman & Alula Pankhrust, AAU, Dept. of Sociology.
- OLSAB & UNICEF, 1998. Protection, Rehabilitation, and Prevention for Street Children and Street Mothers. Proceedings of a Workshop. December 3-5, 1998, Shashemene.
- Radda Barnen (1996). Children Abuse and Neglect in Ethiopia: A Paper Presented for CRDA Child Working Group, A.A
- Robertson, A. (2003). Breastfeeding Confusion: The Practicing Midwife. Online Doc. available at <http://www.acerographics.com>.
- Rinda, J. (2005). Knowledge, Attitude, and Practice of Employed Mothers About Breastfeeding: Nursing Journal of India.
- Santrock, J.W. (1998). Child Development. The McGraw-Hill Companies, Inc. USA
- Santrock, J.W. (1999). Life-Span Development (7th ed.) The McGraw-Hill College, USA
- SAE (1998). Society for the advancement of Education: Multiple Advantages of Breastfeeding. Online Document Available at <http://www.findarticles.com/>
- Super, M. and Harkness, S. (1987). The Sub-Systems of the Developmental Niche. Online Doc. available at <http://www.reduce.cl/raes.nsf/>
- Tesfaye, G. (2005). Cognitive and motor Achievements of Breastfed and Bottled Infants. Experience at Gasera Woreda, Unpublished MA Thesis, AAU.
- Tigst, et al, (1993). Situational Analysis to Study Breastfeeding Patterns and Maternal Behavioral Factors Associated With Early Cessation and Supplementation of Breastfeeding in Ethiopia, Unpublished, A Report to WHO, AA.

TU (1990). Breastfeeding Patterns and Correlates in Shaanxi, China, in Asia-Pacific Popn.,5(1),57-70.

Vallini, V. (2005). Study on the Marginalization Degree of People With Disabilities in Shashemene and Kuyera Towns, Ethiopia. Unpublished Master CIRPS.

WHO/UNICEF (1990). Meeting on Breastfeeding in the 1990s. A Global Initiative: Innocenti Declaration on The Protection, Promotion, and Support of Breastfeeding, Florence, Italy, 1 August 1990. NY: UNICEF

✓ Williams, P.L. (Online Doc.). Literature Reviews on Breastfeeding .

✓ Yeshewamebrat, E. (1995). Breastfeeding: Determinants and Birth Interval Effects in AA, A Case Study of Zone One. AA, AAU., MSC Thesis, Demog.

በአዲስ አበባ ዩኒቨርሲቲ ድህረ-ምረቃ ትምህርት ቤት

የሳይኮሎጂ ትምህርት ክፍል

ይህ መጠይቅ በሻሸመኔ ከተማ የሚገኙና ዕድሜያቸው ከሦስት ዓመት በታች የሆነ ልጅ ወልደዉ ያላቸዉ እናቶች ላይ በማተኮር ጡት የማጥባት ሁኔታን በተመለከተ መረጃ ለመሰብሰብ የተዘጋጀ ነዉ። ለጥያቄዎቹ መልስ ለመስጠት ፍቃደኛ በመሆንዎ በቅድሚያ አመሰግናለሁ።

የመረጃ ሰብሳቢዉ ስም-----ፊርማ ----- ቀን-----

ክፍል አንድ:-የመልስ ሰጪዉ አጠቃላይ መረጃ

1. ዕድሜ ----- ክ/ከተማ ----- ቀበሌ----- የቤት ቁ. -----
2. ሃይማኖት: 1. ኦርቶዶክስ ☐ 2. እስላም ☐ 3. ፕሮቴስታንት ☐ 4. ካቶሊክ ☐
5. ሌላ መልስ ካለ ይጠቀስ-----
3. ብሔረሰብ: 1. ኦሮሞ ☐ 3. ወላይታ ☐ 4. ጉራጌ ☐
4. በእስካሁኑ ዕድሜዎ በብዛት የኖሩት የት ነዉ?
1. ትልቅ ከተማ ዉስጥ ☐ 2. በትንሽ ከተማ ☐ 3. ገጠር ☐
5. በሻሸመኔ ከተማ ስንት ዓመት ኖሩ? -----
6. የሥራ ሁኔታ: 1. የቤት እመቤት ☐ 2. አነስተኛ ንግድ ☐ 3. የቀን ሠራተኛ ☐
4. የመንግስት ሠራተኛ ☐ 5. የግል ተቀጣሪ ☐ 6. ሌላ ካለ-----
7. አማካይ ወርሃዊ ገቢዎ (የባለቤትዎን ጨምሮ) በግምት ስንት ይሆናል?
1. ከሁለት መቶ ብር በታች ☐ 3. ከብር 200-500 ☐ 4. ከ500 ብር በላይ ☐
8. የትምህርት ደረጃ: 1. ማንበብና መጻፍ የማይችሉ ☐ 2. ማንበብና መጻፍ የሚችሉ ☐
3. ከ1-6ኛ ☐ 4. ከ6-8ኛ ☐ 5. ከ9-12ኛ ☐ 6. ከ12ኛ ክፍል በላይ ☐ 7. ሌላ-----
9. እስካሁን ስንት ልጆችን ወልደዋል? ----- ወንድ----- ሴት-----
10. የአሁኑ (የትንሹ) ልጅዎ ዕድሜ ይገለጽ። -----ዓመት -----ወር
11. የትዳር ሁኔታ: 1. ባለትዳር ☐ 2. የተፋቱ ☐ 3. ያላገባች ☐ 4. ሌላ ካለ-----
12. የባለቤት የትምህርት ደረጃ: 1. ማንበብና መጻፍ የማይችሉ ☐ 2. ማንበብና መጻፍ የሚችሉ ☐
3. ከ1-6ኛ ☐ 4. ከ6-8ኛ ☐ 5. ከ9-12ኛ ☐ 6. ከ12ኛ ክፍል በላይ ☐ 7. ሌላ-----

ክፍል ሁለት : ስለ ጡት ማጥባት የመረጃ ምንጭን በተመለከተ

13. ልጅ ከመወለድዎ በፊት ስለ ጡት ማጥባት የሰሙት ነገር አለ? 1. አለ ☐ 2. የለም ☐
14. ልጆችዎን እንዴት ለምንና መቼ ጡት ማጥባት እንዳለብዎት ብዙዉን ጊዜ የሚመክሮት ማን ነዉ?
1. ባለቤቴ ☐ 2. ታላቅ እናቶች ☐ 3. ሬድዮ/ቴሌቪዥን ☐ 4. እንድሁ በዘልማድ ☐
5. የጤና ባለሙያ ☐ 6. ማንም አይነግረኝም ☐ 7. ሌላ መልስ-----
15. የአሁኑ ልጅዎን የወለዱት የት ነዉ? 1. ሆስፒታል/ጤና ጣቢያ ☐ 2. እቤት ☐
3. ሌላ መልስ ካለዎት-----
16. ከመወለድዎ በፊት ለመታየት (check up) ወደ ጤና ጣቢያ ሲመላለሱ ወይም የወለዱ ዕለት ስለ ጡት ማጥባት በጤና ባለሙያ የተነገሮት ነገር አለ? 1. አለ ☐ 2. የለም ☐
- 16.1 የጥያቄ ተቁ 16 መልስዎ አለ ከሆነ ምን ተነገሮት?-----
17. ጡት ማጥባትን በተመለከተ ከጤና ባለሙያ ምክርና በዕድሜ ከገፉት ታላላቅ እናቶች ምክር ዬትኛ ዉ ይበልጣል? 1. የጤና ባለሙያ ☐ 2. በዕድሜ የገፉት ታላላቅ እናቶች ☐ ምክር
- 17.1 ለጥያቄ ተቁ 17 መልስዎ አጭር ምክንያት ይስጡ -----

ክፍል ሶስት፡ የእናቶች ስለ ጡት ማጥባት ግንዛቤን በተመለከተ

18. ልጆች ልክ እንደተወለዱ ምን መመገብ አለባቸው?-----

19. ልጆች ተወልደው ከምን ያህል ጊዜ በኋላ መመገብ መጀመር ይገባቸዋል?

-----ቀን -----ሰዓት-----ደቂቃ

20. እንገርን አራስ ልጅ መመገብ ጥሩ ነው? 1. አዎ ☐ 2. አይደለም ☐ 3. አላውቅም ☐

20.1 ለመልስዎ አጭር ምክንያት ይስጡ-----

21. ልጆች የጡት ወተትን ያለ ተጨማሪ ምግብ መመገብ ያለባቸው ተወልደው ዕድሜያቸው

ስንት እስኪሞላ ነው? -----ዓመት-----ወር አላውቅም-----

22. በመጀመሪያዎቹ 6 ወራት ከጡት ወተትና በጡጦ ከመመገብ የትኛው ለልጆች ይበልጥ ጠቃሚ

ይመስልዎታል? 1. የጡት ወተት ☐ 2. በጡጦ መመገብ ☐

23. ለመልስዎ አጭር ምክንያት ይስጡ-----

24. ከ6 ወር በላይ ጡት ከጠቡትና ካልጠቡት ልጆች መካከል የትኞቹ ብዙውን ጊዜ ይታመሙ?

1. ጡት የጠቡ ☐ 2. ጡት ያልጠቡት ☐ 3. ሌላ መልስ ካለዎት-----

25. ልጆችን ጡት ማጥባት ለምን ለምን ይጠቅማል?

1.----- 2.-----

3.----- 4.-----

26. ጡት ማጥባት ለአጥቢዋ እናት ጥቅም አለው? 1. አለው ☐ 2. የለውም ☐ 3. አላውቅም ☐

26.1 መልስዎ አለው ከሆነ፡ ጥቅሙ ይገለጽ፡-----

27. ከልጆች መካከል የትኞቹ ለረጅም ጊዜ ጡት መጥባት አለባቸው ብለው ያምናሉ?

1. ወንዶች ☐ 2. ሴቶች ☐ 3. ሌላ መልስ-----

27.1. ለመልስዎ አጭር ምክንያት ይስጡ-----

ክፍል አራት፡ የእናቶች ስለ ጡት ማጥባት ተግባርን በተመለከተ

28. ልጅዎ የተወለደ ዕለት ጡት ከማጥባትዎ በፊት ምን መገባት?

1. ለጋ ቅቤ ☐ 2. የማር ወለላ ☐ 3. የላም ወተት ☐

4. የተበጠበጠ የወተት ዱቄት ☐ 5. ዉሃ ☐ 6. ሌላ መልስ ካለዎት-----

29. ልክ ልጅዎን እንደወለዱ ከጡትዎ የሚወጣውን እንገር ምን አደረጉት?

1. መሬት ላይ አፈረጥኩት ☐ 2. ልጄን መገብኩት ☐ 3. ሌላ መልስ ካለዎት-----

30. ልጅዎ ተወልዶ 6 ወር እስኪሞላው በብዛት ምን መገባት ? 1. የጡት ወተት ብቻ ☐

2. በጡጦ ብቻ ☐ 3. ሁለቱንም ☐ 3. ጡትና ሌሎች ተጨማሪ ምግቦች ☐ 3. ሌላ-----

30.1. ለመልስዎ አጭር ምክንያት ይስጡ-----

31. የአሁኑ ልጅዎን ጡት ማጥባት የጀመሩት መቼ ነው? 1. ተወልዶ ከ 1 ሠዓት በኋላ ☐

2. ተወልዶ ከግማሽ ቀን በኋላ ☐ 3. ተወልዶ ከአንድ ቀን በኋላ ☐ 4. ተወልዶ ሦስት

ቀን በኋላ ☐ 5. ተወልዶ ከሳምንት በኋላ ☐ 6. ሌላ መልስ ካለዎት-----

32. ብዙውን ጊዜ ልጅዎን ጡት የሚያጠቡት መቼ መቼ ነው? 1. ትርፍ ጊዜ ሲኖረኝ ☐

2. ልጄ ባለቀሰ ቁጥር ☐ 3. ጡት የራበዉ/የፈለገ ሲመስለኝ ☐ 4. ሌላ ሰው አስታውሶኝ ☐

5. ሌላ ሥራ እየሠራሁ ☐ 6. ሌላ መልስ ካለዎት-----

33. የአሁኑ ልጅዎን የጡት ወተትን ብቻ (ያለተጨማሪ ምግብ) ለምን ያህል ጊዜ መገባት?

-----ዓመት -----ወር -----ቀን

34. በአሁኑ ጊዜ ጡት እያጠቡ ነዉ? 1. አዎ ☐ 2. አይደለም ☐ (ወደ ጥያቄ 39 ይለፉ)

35. እያጠቡ ከሆነ ለምን ያህል ጊዜ ለማጥባት አቅደዋል ? ----- ዓመት ----- ወር

36. ጡት ማጥባት የሚያቆሙት ወይም ያቆሙት መቼ ነዉ?

1. በባህላችን መሠረት ልጁ ሁለት ዓመት ሲሞላዉ ☐

2. ልጁ ማጥባት ሲጠላ ☐

3. እንደገና ሳረግዝ ☐

4. ወተት ከጡቴ ስቀንስ ☐

5. ሌላ መልስ ካለዎት-----

37. ልጅዎን ለምን ጡት ማጥባት አቆሙ ?

1. ጡቴ በቂ ወተት አጣ ☐ 2. ልጄ ራሱ ጠላዉ ☐ 3. እኔን ስላመመኝ ☐ 4. ሰዎች ይበቃል

ተይዉ አሉኝ ☐ 5. ስድስት ወር በቂ ነዉ ብዬ ☐ 6. በስራ ምክንያት ስላልተመቸኝ ☐

7. ሌላ ልጅ ስላረገዝኩኝ ☐

8. ሌላ መልስ ካለዎት-----

38. ልጅዎን መሉ በመሉ ጡት ማስጣል (ማስተዉ) ከፈለጉ ምን የተለየ ነገር አደረጉ/ያደርጋሉ?

1. ጡት መጥፎ ነዉ ብዬ አጥላባበታለሁ ☐

2. መራራ ነገር የጡቴን ጫፍ እቀባለሁ ☐

3. እመታዋለሁ/እቆጠዋለሁ ☐

4. ልጄ እስክረሳ ድረስ ዘመዶቹ ዘንድ

አስቀምጠዋለሁ ☐ 5. ላልተወሰነ ጊዜ ራሴ እሰወራለሁ ☐

6. ሌላ መልስ ካለዎት-----

39. በአጠቃላይ ስለ ጡት ማጥባት ያሉት አስተያየት ምንድን ነዉ?-----

ክፍል አምስት፡ እናቶች ለጡት ማጥባት ያላቸውን አመለካከት በተመለከተ

ከዚህ በታች የተዘረዘሩትን ሀሳቦች በማንበብ በሠንጠረዥ ራስጌ ከተሠጡት አማራጮች በጣም

እስማማለሁ፡እስማማለሁ፡አልስማማም ወይም በጣም አልስማማም በማለት ከጥያቄው ፊት ለፊት የ"✓"

ምልክት በማድረግ ይመልሱ።

ተ. ቁ	ዐረፍተ ነገር	በጣም እስማማለሁ	እስማማለሁ	አልስማማም	በጣም አልስማማም
1.	እኔ ልጄን ጡት የማጠባወቅ በራሴ ፍላጎት ነው።				
2.	በድጋሚ እንዳላረግዝ ብዬ ነው እንጂ ጡት የማጥባት ፍላጎት የለኝም።				
3.	ይሉኝታን ፈርቼ ነው እንጂ ጡት ባላጠባ ደስ ይለኛል።				
4.	ልክ እንደጸነስኩኝ ጡት የማጥባት ቁርጠኝነት ስለነበረኝ ልጄን አጠባው።				
5.	ልጄን ሌላ የሚመግበው ነገር አጥቼ እንጂ ጡት ማጥባት አልፈልገም።				
6.	ጡት ማጥባት የተፈጥሮ ጉዳይ ስለሆነ መተው የለበትም።				
7.	በቂ የጡት ወተት ባይኖረኝም ልጄን ጡት ከማጥባት አልባዝንም።				
8.	ልጄን ጡት አጥብቼ ለማሳደግ አላንስም።				
9.	ጡት ማጥባት ጊዜን ስለሚሻማ አልወደድም።				
10.	በልጄ ሞግዚት አመጋገብ ስለማልተማመን ጡት ማጥባትን እመርጣለሁ።				
11.	ፈጣሪ ጡት የፈጠረብኝ እንዳጠባበቅ ስለሆነ አልተወድድም።				
12.	ከስድስት ወር በላይ ጡት ማጥባት ተገቢ አይደለም።				
13.	ሁሉንም ወይም የተወሰኑ ልጆቼን ጡት አለማጥባቴ ዛሬ ዛሬ ይቆጩኛል።				
14.	ጡት ማጥባት ከሲታ (አመዳም) ያደርጋል።				
15.	ጡት ማጥባት የጡቴን ቅርጽ ስለሚያበላሽ አልወደድም።				
16.	ጡት ማጥባት መጥፎ ጠረንን ስለሚያመጣ አላጠባም።				
17.	እኔ ታጠባለች ብሎ ሰው ስለሚያዝንልኝ አጠባለሁ።				
18.	አጥቢ ወይም የልጅ እናት ስለሚያስብል ጡት ማጥባት አልወድም።				
19.	ጡት ሳጠባ ቤተሰቦቼ ስለሚያበረታቱኝ ማጥባት እወዳለሁኝ።				
20.	ጡት ማጥባት ባህላችን ስለሆነ መተው የለበትም።				
21.	ጡት ማጥባት አሁን አሁን እየቀረ የመጣ ነገር ነው።				
22.	ሰው የፈለገውን ይበል እኔ ግን ጡት ማጥባት አላቆምም።				
23.	ጡት ማጥባት ልጄን እንድወድ ያደርጋል።				
24.	ልጄ ጡት የጠባ እለት ስለማያስቸግረኝ ጡት ማጥባት ጥሩ ነው።				
25.	ጡት ማጥባት ከልጄ ጋር ስለሚያቀራርበኝ ደስ ይለኛል።				
26.	ጡት ማጥባት ሕጻኑን ጤናማና ጠንካራ ያደርጋል።				
27.	ልጅ ጡትም ጠባ ጡጦ ፡ ጥቅማቸው እኩል ስለሆነ ጡት በማጥባት ራሴን እልጎዳም።				
28.	ጡት ማጥባት አስቸጋሪ የአመጋገብ ዘዴ ነው።				
29.	ጡት ማጥባት እናቶችን የሚጎዳ ተግባር ነው።				
30.	በአጠቃላይ ጡት ማጥባት ደስ የሚያሰኝ ሂደት ነው።				

ክፍል ስድስት: የጡት ማጥባት አካሄድን (trend) በተመለከተ ዕድሜያቸው ከ45 በላይ ከሆኑት

እናቶች ጋር ለሚደረግ ወይይት የተዘጋጀ የመወያያ መመሪያ

የአወያይ ስም-----

የድምጽ ቀራጺ ስም-----

ቀን-----

ወይይቱ የወሰደው ጊዜ-----

እኛ እዚህ ያለነው ለሁለተኛ ዲግሪ ማሟያ የሚረዳ መረጃ ከእናንተ በመስብሰብ ጠቃሚ የሆነ ጥናታዊ ጽሁፍ ለዩኒቨርሲቲ ለማቅረብ ነው። ወይይቱም የሚያተኩረው የጡት ማጥባት አካሄድ ላይ ነው። የሚከተሉት ነጥቦች በወይይት ህደታችን ወቅት ይተገበራሉ።

(Focus Group Discussion Guiding Principles)

1. ወይይቱ ለአንድ ሰዓት የሚቆይ ነው
2. የተወያየባቸው ነገሮች በሙሉ በሚስጥርነት ይቆያሉ
3. ስማችሁ የትም ቦታ አይነገርም
4. ተሳትፏችሁ በፍቃደኝነት ስለሆነ በፈለጋችሁ ጊዜ መወጣት ትችላላችሁ
5. ድምጽ መቅረጫው ለአሁኑ መረጃ መስብሰቢያ ብቻ ሲሆን በኋላ ይደመሰሳል ድምጽዎ እንድቀረጽ ፍቃደኛ ኖት?-----

የተሳታፊዎች ጠባይ (Group Characteristics)

ተ.ቁ.	መለያ ቁጥር	የወይይት ተሳታፊዎች አጠቃላይ መረጃ		
		ሻሽመኔ የኖሩት ዓመታት	ገጠር የኖሩት ዓመታት	የልጆች ብዛት
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

ዋና ዋና የመወያያ ነጥቦች (Key Discussion Issues)

1. ከእናንተ ጊዜ/ዘመን ጋር ሲታጸጽሩ በአሁኑ ጊዜ ስለ ጡት ማጥባት ሁኔታ በዚህ በከተማችሁ ውስጥ የሚታዩት ነገር አለ? ካለ በስፋት ይዘርዘር?
2. ጡት ማጥባትን በተመለከተ ከድሮ ጊዜ በተለየ ለወጣች ካሉ ምክንያቶቹ ምን ምን ናቸው?
3. አንድ ሕፃን ተወልዶ ስድስት ወር እስኪሞላው የአመጋገብ ሁኔታው ምን መሆን አለበት?
4. አንዲት እናት ልጅ ወልዳ ልጇን ከነጭራሹ ጡት ባታጠባ በባህላችሁ እንዴት ትመለከቷታላችሁ?
5. ነባሩን (ባህላዊ) ጡት የማጥባት ዘዴን ለማቆየት/ለመመለስ ምን ቢደረግ ይሻላል?

ADDIS ABABA UNIVERSITY
SCHOOL OF GRADUATE STUDIES
DEPARTMENT OF PSYCHOLOGY

This is a questionnaire designed to collect data from mothers who have a child below three years of age and are expected to breastfeed their newborn in Shashemene town. The study focuses on the situation of breastfeeding among three cultural groups. I would like to thank in advance for your voluntary participation.

PART ONE: General Profile of the Respondent

1. Age _____ Sub-city _____ Kebele _____ H. No. _____
2. Religion: 1. Orthodox ☐ 2. Muslim ☐ 3. Protestant ☐ 4. Catholic ☐
5. Others, specify _____
3. Ethnicity: 1. Oromo ☐ 3. Wolayta ☐ 4. Guraghe ☐
4. Where did you live in most of your life? 1. Big town ☐ 2. Small town ☐ 3. Rural ☐
5. How long you lived in Shashemene town? _____
6. Occupation: 1. House wife ☐ 2. Petty trade ☐ 3. Daily Laborer ☐
4. Government employee ☐ 5. Private firm employee ☐ 6. Others, specify _____
7. Estimated average monthly income (adding that of husband): 1. Below Birr 200 ☐
2. Birr 200-500 ☐ 3. Above Birr 500 ☐ 4. Others, specify _____
8. Educational Level: 1. Couldn't read and write ☐ 2. Could read and write ☐
3. Grade 1-6 ☐ 4. Grade 7-8 ☐ 5. Grade 9-12 ☐ 6. Beyond Grade 12 ☐
9. Number of children you gave birth to: _____
10. Age of the current infant: _____ year _____ month(s)
11. Marital Status: 1. Married ☐ 2. Divorced ☐ 3. Unmarried ☐ 4. Widowed ☐
12. Husband Educational Level: 1. Couldn't read and write ☐ 2. Could read and write ☐
3. Grade 1-6 ☐ 4. Grade 7-8 ☐ 5. Grade 9-12 ☐ 6. Beyond Grade 12 ☐

PART TWO: About Sources of Information on Breastfeeding

13. Have you ever heard of Breastfeeding prior to giving birth? 1. Yes ☐ 2. No ☐
14. Who advise or informs you how, when and why to Breastfeed? 1. Husband ☐
2. Elder mothers ☐ 3. Radio/Television ☐ 4. Cultural experience ☐
5. Health Professionals ☐ 6. Nobody ☐ 7. Others, specify _____
15. Where did you give birth to your present child? 1. Hospital/Health center ☐
2. Own residence ☐ 3. Others, specify _____
16. Is there something that you are told by health professionals while visiting for check up?

1. Yes ☐ 2. No ☐

16.1. If your answer is yes, please specify. _____

17. Is it Health Professionals advice or that of elder mothers that is superior?

1. Elder mothers' ☐ 2. Health Professionals' ☐

17.1. Justify your answer of Q. No.17. _____

PART THREE: Concerning Knowledge of Breastfeeding

18. What should infants be fed just after birth? _____

19. After how long should newborns begin feeding? _____ days _____ hours _____ minutes

20. Does the feeding of colostrums desirable for infants? 1. Yes 2. No 3. Don't know

21. Up to when children should enjoy exclusive breastfeeding?

_____ year (s) _____ months I do not know _____

22. Which food type is more preferable for children below six months of age?

1. Breastmilk ☐ 2. Bottlefeeding ☐

23. Reason out your answer of Q. No. 22 _____

24. Which one of your children often experience illness? 1. Those who breastfed ☐

2. Those who bottlefed ☐ 3. Others, specify _____

25. Mention the importance of breastfeeding for infants.

1. _____ 2. _____
3. _____ 4. _____

26. Is breastfeeding useful for the breastfeeding mother?

1. Yes ☐ 2. No ☐ 3. Do not know ☐

26.1. Justify your answer of Q. No. _____

27. Which of your children you believe ought to be breastfed longer?

1. Males ☐ 2. Females ☐ 3. Others, specify _____

27.1. Give Reason for your answer of Q. No. 28. _____

PART FOUR: This Part Deals With Issues of Breastfeeding Practice

28. What did you feed your child the day s/he was born? 1. Fresh butter ☐ 2. Honey ☐

3. Cow milk ☐ 4. Diluted milk flour ☐ 5. Water ☐ 6. Others, specify _____

39. How you dealt with the colostrums soon after birth?

1. Discarded away ☐ 2. Fed my newborn ☐ 3. Others, specify _____

30. What did you feed your newborn till s/he is six months?

1. Exclusively Breastmilk ☐ 2. Exclusively Bottlefeeding ☐ 3. Both ☐

4. Breast and other foods ☐ 5. Others, specify _____

30.1. Justify your answer of Q. No.31. _____

31. When did you start suckling your infant? 1. One hour after birth ☐
2. half a day after birth ☐ 3. One day after birth ☐ 4. Three days after birth
5. A week after birth ☐ 6. Others, specify _____

32. On what occasions do you breastfeed your infant? 1. During my leisure times ☐
2. When infant cries ☐ 3. If I thought the infant is hungry ☐ 4. When somebody reminds
me ☐ 5. While performing other tasks ☐ 6. Others, specify _____

33. How long did you exclusively breastfeed your younger infant?

_____ Year (s) _____ month(s) _____ day(s)

34. Are you currently breastfeeding? 1. Yes ☐ (Go to Q. 36) 2. No ☐ (Go to Q. 38)

35. For how long do you intended to breastfeed? _____ Year (s) _____ month(s) _____ day(s)

36. When will you cease suckling? 1. Two years as per our culture ☐
2. When the child hates ☐ 3. When I became pregnant ☐
4. On the diminishing of breastmilk ☐ 5. Others, specify _____

37. Why did you stop breastfeeding? 1. Insufficiency of breastmilk ☐ 2. The child hated ☐
3. For my illness ☐ 4. On others' advice ☐ 5. I felt six months enough ☐
6. Inconvenience with work ☐ 7. For pregnancy ☐ 8. Others, if any _____

38. What is the specific practice you engage in during the time of weaning?

1. Talking against breastfeeding ☐ 2. Touch the nipples with bitter leafs ☐
3. Punish child ☐ 4. Let child with kinsmen ☐ 5. Mother hides herself temporarily ☐
6. Others, if any _____

39. What is your comment concerning breastfeeding in general?

PART FIVE: Items Measuring Maternal Attitudes Towards Breastfeeding

Read the following statements and write your choice from the given four alternatives-

"**Strongly Agree**", "**Agree**", "**Disagree**", and "**Strongly Disagree**" by putting a tick mark "✓" on the space provided corresponding to each statement.

S.No.	Statement	SA	A	DA	SD
1.	I breastfeed my child on my own interest.				
2.	I breastfeed just only to avoid pregnancy.				
3.	I breastfeed to escape social embarrassment.				
4.	My intention while conception influenced me to breastfeed.				
5.	I breastfeed only because I have nothing to feed.				
6.	Since it is a natural process, breastfeeding shouldn't be left.				
7.	Although I don't have sufficient milk, I don't refrain from breastfeeding.				
8.	I'm not inefficient to breastfeed and develop my child.				
9.	Creator created breast on me to feed my child.				
10.	I hate breastfeeding for it is time-taking.				
11.	I prefer breastfeeding to the mistrusting feeding of the caretaker.				
12.	Breastfeeding beyond 6 months is improper.				
13.	This time I feel guilty for not breastfeeding some of my children.				
14.	I dislike breastfeeding for it makes appear thin.				
15.	Breastfeeding distorts the shape of my breast.				
16.	I dislike breastfeeding for it brings bad odor on me.				
17.	Because others reveal concern for me, I like breastfeeding.				
18.	I dislike breastfeeding simply for the associated nicknames.				
19.	Encouragements of family member made me love breastfeeding.				
20.	As it is our culture, breastfeeding shouldn't be neglected.				
21.	Nowadays, breastfeeding is becoming old-fashioned.				
22.	I don't cease breastfeeding by considering rumors.				
23.	I express my love for my child through breastfeeding.				
24.	I like breastfeeding since my child doesn't get naughty the date s/he breastfed.				
25.	Breastfeeding keeps me with my child in close proximity.				
26.	Breastfeeding makes the child healthy and strong.				
27.	Since breastfeeding and bottlefeeding are equally important, I don't suffer myself by breastfeeding.				
28.	Breastfeeding is a difficult way of feeding infants.				
29.	Breastfeeding is a painful practice for mothers.				
30.	Generally, breastfeeding is an enjoyable practice.				

KEY: - **SA** stands for *Strongly Agree*

A stands for *Agree*

D stands for *Disagree*

SD stands for *Strongly Disagree*

PART SIX: Focus Group Discussion Guiding Format

This Section deals with the investigation of the trend of breastfeeding. Accordingly, it was designed to gather data from elderly mothers beyond 45 years of age and belonging to the targeted three cultural groups.

Name of Moderator _____

Name of Recorder _____

Date _____

Time _____

Rapport Establishment: We are here as to learn some important experiences from you and write a thesis and present them to the university in partial fulfillment of Master's Degree. The discussion concentrates on the trend of breastfeeding. The following guiding principles govern our discussion.

Focus Group Discussion Guiding Principles:

1. The discussion lasts for one hour;
2. Issues raised here will be kept secret;
3. Your name will remain anonymous;
4. Voluntary withdrawal is allowed and,
5. Your audio of tape recording will be deleted after usage.

Group Characteristics

Ser. No.	Code No.	Cultural Group	Personal Data of the FGD Participants		
			Years Lived in Shashemene	Years Lived in Rurals	No. of Children
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

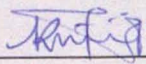
Key Discussion Issues

1. In comparison with your earlier times, what are your general observations concerning breastfeeding in this town? Discuss
2. What are the reasons for the changes, if any, in breastfeeding as oppose to earlier times?
3. How long should a newborn be breastfed in your specific sub-culture? Why? How?
4. How do you perceive a mother who has totally refused to breastfeed her newborn?
5. Would you like to change the customarily existing breastfeeding norm or maintain it? To maintain, what do you think should be done?

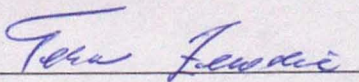
DECLARATION

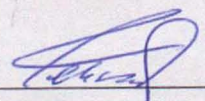
I, the undersigned, declare that this thesis is my original work and all sources of materials used for the thesis are duly acknowledged.

Name KEBEDE TIRFESSA

Signature 

Date JULY 20, 2006

Confirmed By (Advisor) 

Signature 

Date July 20, 2006