

FACILITATORS AND BARRIERS OF TIMELY INITIATION OF BREAST
FEEDING AMONG MOTHERS IN SOUTH GONDAR ZONE, AMHARA
REGIONAL STATE, ETHIOPIA

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Abstract

Introduction: Worldwide more than 7.6 million children under the age of five die each year. Of the 26 countries worldwide with under-five mortality rates above 100 deaths per 1,000 live births in 2010, 24 are in Africa. Among others, inappropriate breastfeeding practices contribute significantly to child mortality

Objective: To assess barriers and facilitators for timely initiation of breastfeeding among mothers in south Gondar, Amhara regional state, Ethiopia

Methods and Materials: A community based cross sectional study was employed. A multistage stratified sampling technique was used to select the sample of 845 mothers, 823 were interviewed making a response rate of 97.4 %. Quantitative data were collected by face to face interview using a semi structured questionnaire and the qualitative part was conducted by using focus group discussion. Quantitative data were entered, cleaned and analysed using SPSS (version 16 for windows). The qualitative data were transcribed into English language and analysed manually. The transcribed data were read carefully, color coded, categorized into themes and presented in the narratives triangulated with quantitative part.

Result: The prevalence of timely initiation of breastfeeding in south Gondar was 48.7% (54.7% in urban and 25.1% in rural areas). The qualitative study revealed that timely initiation of breastfeeding was facilitated by health care provider's information and family supports. Early child bathing, prelacteal foods, bad perception toward colostrum, breast milk insufficient and maternal and child illness were barriers for timely initiation of breastfeeding. The Odds of initiation of breastfeeding within one hour increased for urban mothers (AOR=2.1, 95%CI=1.4-3.3), on multiparous mothers (AOR=2.8, 95 CI%=2.0-3.8), on mothers who had ANC follow up (AOR=3.2, 95% CI%=2.0-5.2) , on mothers delivered in health institution (AOR=3.1, 95% CI=3.1(2.2-4.6) and on mothers delivered vaginally (AOR=4.1,95%CI=1.7-9.8) than with their respective counterparts.

Conclusion and recommendation: This study depicts the rate of timely initiation of breastfeeding was low in the south Gondar zone. Timely initiation of breastfeeding was facilitated by health care provider's information and family supports. In contrast, early child bathing, prelacteal foods or fluids, bad perception toward colostrums, breast milk insufficient and maternal and newborn baby illness were barriers for timely initiation of breastfeeding. Factors which were found to be independent predictors of timely initiation of breastfeeding include residence, parity, ANC follows up, place of delivery and mode of delivery. The results suggested south Gondar zone health office has to provide breastfeeding information for rural and primiparous mothers in which timely initiation of breastfeeding is poorly practiced.

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Acronyms

AIDS	Acquired Immunodeficiency Syndrome
AOR	Adjusted Odds Ratio
BFHI	Baby Friendly Hospital Initiative
CI	Confidence Interval
COR	Crude Odds Ratio
CSA	Central Statistics Agency
EDHS	Ethiopia Demographic Health Survey
ENA	Essential Nutrition for Action
FGD	Focus Group Discussion
FMOH	Federal Ministry of Health
HIV	Human Immune Deficiency Virus
NGO	Non Governmental Organization
M&E	Monitoring and Evaluation
SPSS	Statistical Package for Social Science
UNICEF	United Nation Children's Fund
WHO	World Health Organization

CHAPTER ONE: INTRODUCTION

1.1 Background

Breastfeeding is so much more than food alone for a baby. Mother's breast milk contains many hundreds of health-enhancing molecules, enzymes, proteins and hormones that will contribute to a baby's development and child survival. Breastfeeding protects babies from diarrhoea and acute respiratory infections, stimulates their immune systems and improves response to vaccinations. [1].

The World Health Organization (WHO) and UNICEF recommend initiation of breastfeeding within the first hour after birth and exclusive breastfeeding for the first 6 months followed by continued breastfeeding to age 2 years or beyond along with appropriate complementary feeding. Initiating breastfeeding within one hour of birth was one the ten steps to successful breastfeeding on which the baby friendly hospital initiative was based and launched in 1992 [1, 3].

Timely initiation of breastfeeding is defined as putting the newborn to the breast within one hour of birth. Early initiation of breastfeeding is important for both the mother and the child. Early suckling stimulates the release of prolactin, which helps in the production of milk, and oxytocin, which is responsible for the ejection of milk and stimulates the contraction of the uterus after childbirth [4, 5].

WHO and other organizations recommends delaying for at least the first hour routine newborn care procedures that separate mother and baby such as bathing and weighing .This will allow mothers and newborn uninterrupted skin-to-skin contact until the first breastfeed. The act of feeding involves close physical contact and eye contact (termed mutual gazing), which is suggested to increase the quality of the mother child relationship. Despite these recommendations, only 39 percent of newborns in the developing world are put to the breast within one hour of birth, and only 37 percent of infants less than six months of age are exclusively breastfed [6, 7, 8].

1.2 Statement of the problem

Worldwide more than 7.6 million children under the age of five die each year. Of the 26 countries worldwide with under-five mortality rates above 100 deaths per 1,000 live births in 2010, 24 are in Africa. Among others, inappropriate breastfeeding practices contribute significantly to child mortality [8,9].

The burden of newborn death falls disproportionately on the world's poorest communities within the poorest countries or regions: almost 99 percent of neonatal deaths take place in low - and middle-income countries, with two-thirds occurring in just 10 countries. A strong focus on sub-Saharan Africa and South Asia is crucial for accelerating progress. These two regions represent three-fourths of all neonatal deaths: 33 percent in sub-Saharan Africa and 41 percent in South Asia [10].

Recent evidence indicates that early initiation of breastfeeding and exclusive breastfeeding are both linked with substantially lower neonatal mortality. Initiation of breastfeeding after the first 24 hours was associated with a 2.4-fold increased risk of mortality in Ghana and a 1.4-fold increased risk in Nepal when compared to initiation before 24 hours [11, 12].

Breastfeeding is virtually universal in Ethiopia. Only one percent of the women do not breastfeed their babies. About half of all infants under six months of age are exclusively breastfed in line with recommendations of the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF), 15 percent of infants are fed on a combination of breast milk and water, 17 of infants percent are fed on breast milk and other kinds of milk, and 14 percent of infants are fed on solid foods in addition to breast milk [13].

There are several reasons for poor breastfeeding practices in Ethiopia, including traditional and cultural beliefs, low education levels, heavy workload of mothers, poor sanitary conditions, type of assistance at delivery, duration of stay at home, ethnicity, poor maternal knowledge, age, parity, antenatal care service utilization and place of delivery [14].

Ethiopian adolescents' attitudes towards early child feeding behaviours deviated substantially from the current international recommendation. As, a third of adolescent girls agreed that water should be given to infants immediately following birth, one in five respondents agreed

that infants should receive butter immediately following birth, and almost 80% of girls agreed that infants should be breastfed within one hour of birth [15].

In Ethiopia Initiation of breastfeeding in the first hour and in the first 24 hours after birth varies by background characteristics. Breastfeeding within one hour after birth was more common in urban areas (57 percent) than in rural areas (51 percent). There was also considerable variation by region. Initiation of breastfeeding within one hour was lowest in the Amhara and Somali regions (38 percent and 40 percent, respectively), and highest in the SNNP and Dire Dawa regions (67 percent and 66 percent, respectively) [4].

As part of the implementation of the World Health Organization (WHO) /UNICEF Global Strategy for Infant and Young Child Feeding, the FMOH prepared a national strategy for infant and young child feeding in April 2004. The strategy highlights the infant and young child feeding situation in Ethiopia and provides technical guidance on infant and young child feeding based on three of the ENA (promotion of exclusive breastfeeding, optimal complementary feeding, and feeding of the sick child), infant and young child feeding within the context of HIV/AIDS, child feeding during emergencies, M&E of infant and young child feeding, and the role of partners [16].

Therefore, this study was used to identify facilitators and barriers on timely initiation of breastfeeding among mothers in South Gondar zone.

CHAPTER TWO: LITERATURE REVIEW

This literature review is organized into four parts; the magnitude of timely initiation of breastfeeding practice, colostrums feeding practices and prelacteal feeding practices, facilitators and barriers for initiation of breastfeeding.

2.1 Magnitude of timely initiation of breastfeeding

Cross-sectional study extracted from the results of a contemporary cohort of live births conducted in all 10 public and private maternity hospitals in the city of Feira de Santana, Bahia, Brazil showed that 47.1% of the mothers initiated breastfeeding within the first hour after birth. On the other hand, study conduct on breastfeeding initiation and determinants of exclusive breastfeeding a questionnaire survey in an urban population of western Nepal revealed that breastfeeding was initiated within the first hour by 280 (72.7%) mothers and within 24 h by 325 (84.4%) mothers [17,18].

The rate of timely initiation of breastfeeding was 47% in Paraguay 2008, 49% in united republic of in Tanzania 2010, in Algeria 2006 (50%), in Djibouti 2010 (67%), in Madagascar 2008-2009 (72%) and Cape Verde 2009 (73%) (19). The study conducted in Bangladesh on identifying the program-relevant issues of breastfeeding in infancy shows that the biggest gaps in recommended breastfeeding practices were in putting baby to the breast within the first hour of birth (76% gap) [20].

Longitudinal study conducted in two Nairobi slums on patterns and determinants of breastfeeding and complementary feeding practices showed that there was universal breastfeeding with almost all children (99%) having ever been breastfed. However, more than a third (37%) was not breastfed in the first hour following delivery [21]. Cross sectional study in Ethiopia among mothers in Goba woreda and Arjo woreda indicated that the prevalence of timely initiation of breastfeeding were 52.4 % and 62.6% respectively [22, 23]. Child survival project report of care Ethiopia, south Gondar zone Farta woreda revealed that 76.7 % and 80.7 % of the mothers initiated breastfeeding within the first hour and within 6 hours of birth, respectively [24].

2.2 Colostrums feeding practices

Colostrum is the optimum source of nutrition for the newborn as it is antibody rich, has high bioavailability, increases gut peristalsis and aids the passage of meconium. Colostrum also aids in the activation of early protective immunological responses in the infant's gut and therefore should be the first food given to infants. However, some infants are at risk of receiving infant formula before colostrum in the first few days after birth due to a number of medical conditions and barriers to early breastfeeding [25]. The conversion of colostrum to mature milk in breastfeeding women typically takes place during the second or third day postpartum, although there is variation among individuals, which is thought to arise as a result of individual differences in the timing of initiation and the intensity of breastfeeding [26].

A study conducted in Nepal shows that colostrum or breast milk was given as the first meal to 332 (86.2%) babies, while the remaining 54 (14%) babies were given a fluid other than breast milk as their first feed. The feeds other than breast milk given were formula feeds (Lactogen) (24 (6.2%)), glucose water (23 (5.9%)) and cow's milk (11 (2.8%)) [18]. A study conducted in the Hindu community showed that it was a common practice in various parts of India to discard the first yellowish-coloured milk "colostrum." It has been seen that this practice varies according to birth order, being the highest in the third birth order and higher for a male child than for a female child [27].

According to a study in Jimma zone Arjo Woreda 272 (72.5%) gave colostrum to their infants, and 43.3% of mothers provided butter and 53.2% gave rue ("Tena-Adam") to infants to protect them against stomachache and common cold, respectively [23]. Another study conducted in the rural Northern part of Ethiopia colostrum (Inger) and breast milk (yetut wotet) was seen as different substances. Colostrum was said to cause abdominal problems, but discarding a portion was sufficient to mitigate this effect. A majority (fifteen of nineteen, 79 %) reported discarding colostrum and breastfeeding within 24 h of birth [28]. In south Gondar zone Farta woreda colostrums feeding of the newborn babies were 92% [24].

2.3 Prelacteal feeding practices

Prelacteal feeding is widely practiced in Nigeria. More than half, (56 percent) of last-born children received a prelacteal feed. [29]. In Ethiopia proportion of women who gave prelacteal feeding within the first three days of life and used bottlefeeding were 13% and 28.5%

[30]. According to a study conducted in Northern part of Ethiopia twelve (63 %) of women's reported ritual prelacteal feeding [28]. Another study conducted in Mekele town indicated that the common pre-lacteal food was butter reported by 12 (32.4%) of breastfeeding mothers followed by sugar solution and cow milk 10 (27% each). Tradition/culture was the most frequently mentioned reason 13 (35.1%) for the introduction of food for infants during the first three days after delivery followed by breast milk insufficiency 10 (27%) [14].

2.4 Facilitators and barriers of timely initiation of breastfeeding

According to qualitative study conducted in Bangladesh these were barriers for timely initiation of breastfeeding ; put baby to breast but there was no milk , milk came in late, placenta delivered late , mother and child have to be bathed first/relatives take time, mother not well conscious/doctor took time to examine the mother, delay in bringing baby to be fed/caesarean, twin births, grandmother's decision about what to give when/ , no milk, baby was ill/weak, unable to suck, no one helped, midwife discouraged breastfeeding for first 3 days. Moreover, these were facilitators of timely initiation of breastfeeding; knew that it is important to breast- feed as soon as possible, told by health Center staff/doctor about giving breast milk immediately, mother was well after delivery so could start breastfeeding, doctor said to immediately put the baby to breast, normal delivery, had caesarean but nurses brought the baby to feed immediately [31].

Exploratory study conducted in Karachi Pakistan on the experiences of six women for reasons in initiating and maintaining breastfeeding indicated that social cultural environment such as family support, husband support, and privacy at the workplace were deemed as supporting factors for initiation and maintenance of breast feeding. Moreover, mother's own knowledge regarding the importance of breastfeeding played a significant role [32].

According to study carried out in Ghana facilitating factors for early initiation included delivery in a health facility, where the staff encouraged early breastfeeding, and the belief in some ethnic groups that putting the baby to the breast encourages the milk. On the other hand, the perception of a lack of breast milk, performing post birth activities such as bathing, perception that the mother and the baby need rest after birth and the baby not crying for milk were barriers for early initiation of breastfeeding [33].

On study conducted in Nairobi factors associated with suboptimal infant breastfeeding and feeding practices include child's sex; perceived size at birth; mother's marital status, ethnicity; education level; family planning (pregnancy desirability); health seeking behaviour (place of delivery) and; neighbourhood (slum of residence) [34].

2.4.1 Socio demographic factors

2.4.1.1 Residence

A study conducted by Al-Hassa province, Saudi Arabia showed that rural mothers 4.2 times more likely initiated breastfeeding within one hour than urban mothers (AOR=4.2 CI 95%= 2.6–6.8) [35]. In Ethiopia Goba district ,urban dwellers were 3 times more likely to practice timely initiation of breastfeeding when compared to their rural counterparts[22].

2.4.1.2 Maternal education

According to Nigerian demographic health survey report of 2008, children born to mothers with at least primary education are more likely to be breastfed within one hour of birth than those born to mothers with no education[29]. According to study in Goba district Ethiopia timely initiation of breastfeeding among mothers who had formal education were 1.4 times more likely to initiate breastfeeding within the first hour after delivery as compared to those mothers who had no formal education[22].

2.4.2 Health service related factors

2.4.2.1 Antenatal follow up

In Nigeria ,mothers that received antenatal care have relative reduced risks (odds) of about 8% of delaying breastfeeding initiation than mothers without antenatal care (OR = 0.916, $P = 0.013$) [36].

2.4.2.2 Place of delivery and delivery assistant

In Nigeria ,the proportion of children breastfed within one hour of birth is higher for children born at a health facility (45 percent) than for those born at home (35 percent) [29]. In addition, mothers that delivered their babies in homes have an increased relative risk of about 12% of delaying early initiation of breastfeeding than mothers that delivered in the hospitals (or clinics) (OR = 1.117, $P = 0.002$) [37] .In Ethiopia Goba district, mothers who delivered in health institutions were twice as likely initiate breastfeeding as compared to those delivered at their home [22].

2.4.2.3 Post natal counselling

According to study conducted in Ethiopia Goba district, mothers who were counselled/advised on breast feeding on postnatal were about 52% more likely to initiate breastfeeding within the first hour of delivery [22].

2.4.3 Obstaterics factors

2.4.3.1 Parity

A study conducted on baby friendly hospital Ankara, Turkey, breastfeeding initiation was delayed in primiparous mothers than in mothers with parities ≥ 2 (67.2% vs. 77.4%, respectively, $p=0.006$) [36]. According to study conducted in Nagpur, women with parity more than 2, initiation of breastfeeding was observed to be much earlier as compared to women with parity of either 1 or 2 ($X^2=13.05$, $p<0.01$) [38].

2.4.3.2 Time of birth

Worldwide assessment in Massachusetts indicated that among 67 884 births that met inclusion for the analysis breastfeeding initiation was 76.8% among term infants (<37–42 weeks), 70.1% among infants who were born at 32 to 36 weeks, and 62.9% among infants who were born at 24 to 31 weeks [39]. On study conducted in Brazil early initiation of breastfeeding was associated with birth at full term pregnancy (adjusted Prevalence Ratio 1.43; 95% confidence interval 1.10 to 2.00) [17]. Moreover, if the child was premature, the mother initiated breastfeeding within an hour of delivery as compared to the mothers having a normal child ($X^2=17.03$, $p<0.001$) [37].

2.4.3.3 Mode of delivery

According to systematic review included 53 studies (554,568 subjects, 33 countries); 25 authors contributed additional data (245,455 subjects), and 48 studies (553,306 subjects, 31 countries) were included in the meta-analysis. Rates of early breastfeeding (any initiation or at hospital discharge) were lower after caesarean delivery compared with after vaginal delivery (pooled OR: 0.57; 95% CI: 0.50, 0.64; $P < 0.00001$) [40]. A study conducted in Taiwan showed that among the women with caesarean delivery, 7.6 percent initiated breastfeeding within 30 minutes of birth, a percentage approximately 60 percent lower than that for the unassisted and assisted vaginal delivery groups (19%) [41]. Another population-based retrospective cohort study of Ohio births (2006–2007) with a previous caesarean delivery indicated that women delivered by successful vaginal birth after caesarean section were 47% more likely to initiate breastfeeding than women delivered by scheduled repeat

caesarean (adjusted relative risk 1.47; 95% confidence interval 1.35, 1.60). Women who ultimately delivered by caesarean section with an unsuccessful trial of labour were also more likely to breastfeed than women with a scheduled repeat caesarean section (61% vs. 58.7%, respectively) (adjusted relative risk 1.17; 95% confidence interval 1.04, 1.33) [42]. Similarly in Nigeria mothers that were delivered of their babies through caesarean section have about 58% increased risk of delaying the early introduction of the first breast milk to their babies as compared to mothers who had vaginal (normal) delivered (OR = 1.581, $P < 0.001$) [38].

2.4.4 Post partum activities

A study conducted in Nagpur revealed a significant positive association between the practice of giving colostrum to the child and timing of early initiation of breastfeeding ($X^2 = 13.21$, $p < 0.01$) [37].

A study in India showed significant positive association between failure to timely initiate and pre-lacteal feed ($p = 0.00$) [43]. A study conducted by Al-Hassa province, Saudi Arabia showed that mothers didn't give prelacteal foods or fluids 13.7 times more likely initiated breastfeeding timely than mothers introduced prelacteal foods or fluids (AOR=13.7 CI 95% =4.9–38.6) [35].

2.5 Significance of the study

The government of Ethiopia developed national infant and young child feeding guideline in 2004 and has tried behaviour change communications on breast feeding in which timely initiation is the main pillar. Despite the inclusion of initiation breastfeeding within an hour of birth in Infant and young child feeding guidelines in 2004 recommendations, much of the focus of breastfeeding advocacy and research has been on exclusive breastfeeding which might lead to inadequate coverage of timely initiation of breastfeeding. Therefore, this study tried to identify the barriers and facilitators for timely initiation of breastfeeding practice in South Gondar zone. The finding of this study can provide relevant information for future planning and interventions of appropriate strategies to promote the timely initiation of breastfeeding practices. The finding of the study can be also provided up to date information for health care professionals, mainly for midwives, nurses and health extension workers.

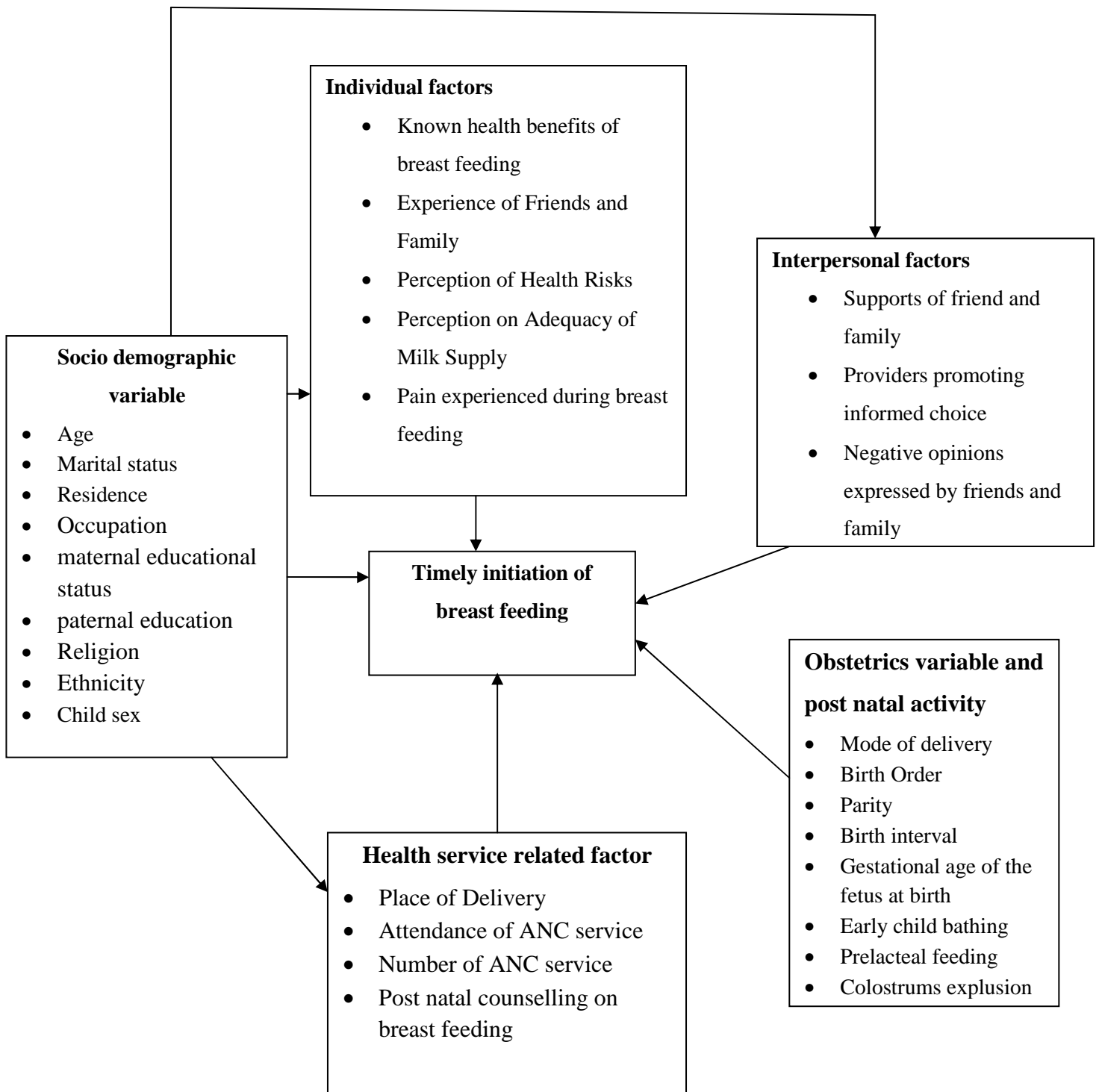


Fig I Conceptual framework of timely initiation of breastfeeding

CHAPTER THREE: OBJECTIVES

3.1 General objective

- ✓ To assess facilitators and barriers on timely initiation of breastfeeding among mothers of children aged less than 12 months in South Gondar Zone , Amhara regional state, Ethiopia

3.2 Specific objectives

- ✓ To determine the status of timely initiation of breastfeeding
- ✓ To identify facilitators of timely initiation of breastfeeding
- ✓ To identify barriers of timely initiation of breastfeeding

CHAPTER FOUR: METHODS AND MATERIALS

4.1 Study period and Area

The study was conducted from March 8-23, 2013. The south Gondar zone is found in Amhara regional state. It consists of 12 Woreda (district). Based on the 2007 Census conducted by the Central Statistical Agency of Ethiopia (CSA), this zone had a total population of 2,051,738, of whom 1,041,061 were men and 1,010,677 women. A total of 468,238 households were counted in this zone, which results in an average of 4.38 persons to a household. The capital city of the zone is Debretabor. Debretabor is 664 km far from Addis Ababa.

4.2 Study design

A cross sectional community based study design which has quantitative and qualitative data collection methods was employed.

4.3 Source population

All mothers of children aged less than 12 months in a South Gondar zone

4.4 Study population

Sampled mothers of children aged less than 12 months living in four selected districts

4.5 Eligibility criteria

Inclusion criteria

- Mothers of children aged less than 12 months resided in the study area for at least 6 months.

Exclusion criteria

- Mothers of children aged less than 12 months who were unconscious, critically ill and unable to respond were not included in the study.

4.6 Sample size determination

For a quantitative part of data collection ,sample size was determined using single population proportion formula with the following assumption.

Level of confidence 95%

Type I error (α) = 0.05

5% margin of error

Design effect = 2 (Multi stage sampling)

Based on the assumption the prevalence of timely initiation of breast feeding is 50%.

$$n = \frac{(Z_{\alpha/2})^2 \times P(1 - P)}{d^2}$$

$$n = \frac{(1.96)^2 \times 0.5(1 - 0.5)}{(0.05)^2}$$

$$n = 384$$

Additional 10 % included for non response rate

The total sample size is 845.

4.7 Sampling procedure

For the quantitative part of the study a multistage stratified sampling technique used to select the study participants. There are 12 districts in South Gondar zone. Among these districts Farta district, Estie district, Dera district, Fogera district was selected by using a simple random sampling technique (lottery method). All urban kebeles and one rural kebele in each district were included. The rural areas were selected by using the lottery method. Furthermore, other necessary random sampling schemes used depending on the specific condition of the given area to arrive on the actual respondents. In rural areas sampling frame was prepared together with health extension workers by reviewing family folders and immunization documents. In selected rural areas for a total of 718 mothers with children less than 12 months twenty five percent of them selected using computer generated random number which were 179 mothers with children aged less than 12 months. In urban areas, the sampling technique followed to select the study subjects was different from that of the rural areas. In urban areas, there were no birth registration document and health extension professionals had no requested data about mothers who had children less than 12 months. Hence, the number of mothers who had children less than 12 months was estimated by reviewing immunization documents in each health centre and hospital. It is estimated that around 3235 mothers with children less than 12 months resided in selected urban areas. From the total sample size 179 mothers selected from rural areas by using simple random sampling technique. The remaining 666 mothers were selected from urban mothers with children less than 12 months by using systematic random sampling technique. Based on the assumption that mothers who had children less than 12 months were randomly distributed, systematic random sampling technique was applied. Hence, after selecting random starting point participants were selected by data collectors in every five households. Moreover, for households with no eligible study subjects the immediate next household was sought. Qualitative part of the study was conducted after the end of the quantitative part. Purposive sampling technique was applied to select study participants for FGD. Mothers who gave birth in the study area are not willing to leave their home until 10 days after birth due to local culture. Therefore, Participants invited for FGD were mothers with children age less than 12 months and passed 10 days after they gave birth. The FGD was conducted in Amharic.

4.8 Data collection

For quantitative data collection sixteen students completed grader 10 and four supervisors who had past experience in survey data collection were selected. All data collectors and four

supervisors were given training for two days on the way to conduct the interview on mothers with infant. The data were collected using semi structured questionnaire going house to house. Three FGD were used to obtain qualitative data. Twenty eight mothers were participating in three FGD. Each FGD took 50 minute upto one hour .Focus group discussions were moderated by the principal investigator. Note was taken and the discussion recorded by using audio recorder.

4.9 Data collection instrument

To undertake Quantitative part of the study a questionnaire which was mainly designed to assess infant and young child feeding practices prepared by linkage project for developing countries & Ethiopian demographic health survey were mainly used [44,45]. The questionnaire was initially prepared in English and translated to Amharic. Back translation to English was done to check for conceptual equivalence. Qualitative part of the study carried out through FGD and open discussion guide was developed to elicit information on breast feeding.

4.10 Study Variables

Dependent variable

Initiation of breastfeeding before one hour after birth

Independent variable

Socio-demographic variables: Age, marital status, residence, occupation, maternal educational status, ethnicity, religion, husband educational status, information access, sex of the child

Health service related factors: Attendance of antenatal care services, number of antenatal visits, provision of advice on breastfeeding by healthcare staff during ANC, post natal counselling on breast feeding, place of delivery

Obstetrics variables and postnatal activity: Mode of delivery, birth order, parity and birth interval, Early childbathing

Individual factors: Known health benefits of breastfeeding, experience of friends and family, perception of health risks, perception on the adequacy of milk supply and pain experienced during breastfeeding

Interpersonal factors: Supports of friend and family, providers promoting informed choice, negative opinions expressed by friends and family

4.11 Data quality control mechanism

Data quality assured through training of data collators, questionnaire pretesting and continuous supervision at the time of data collection. The questionnaire was pre tested among 40 eligible women lived out of the selected kebeles. Supervisors together with principal investigator discussed about findings of pre test and the questionnaire was modified before the actual data collection. The questionnaire was checked in each day on the actual data collection time for completeness and consistency by supervisors and principal investigator. The code was given in the completed questionnaire. The data on coded questioners` were entered into the computer by the principal investigator.

4.12 Data processing and analysis

Data was first checked manually for completeness. Then after, data entry, cleaning and analyses was performed using SPSS statistical packages (version 16 for Windows). With regard of the quantitative data different variables described using frequencies. During the bivariate analysis age of the mother, residence, maternal education, information access, parity, ANC follow up, place of delivery, mode of delivery had a p value <0.25 Therefore, those were identified as candidate variables for multivariate analysis. Multivariate analysis was done to adjust (control) possible confounding variables. Furthermore, the multivariable logistic regression model with timely initiation of breastfeeding as dependent variable constructed to identify independent predictors for timely initiation of breastfeeding. All tests were two-sided and P value < 0.05 considered statistically significant. The result is presented in text, tables, chart and graphs. The qualitative data transcribed in into the English language. The transcribed data were read carefully, color coded, categorized into themes and presented in the narratives triangulated with quantitative part.

4.13 Ethical considerations

The ethical approval and clearance for the study before data collection was obtained from Jimma University College of public health and medicine research ethical clearance board. An official letter from South Gondar zone health office and each study districts health bureau were obtained. Informed consent was obtained from the respondent after explaining the purpose of the study.

4.14 Dissemination of the finding

The findings of this study presented in post graduate student defence program and submitted to Jimma University. It will be disseminated to the Amhara Regional Health Bureau and

South Gondar zone Health office and other concerned bodies. The findings will also be disseminated for different organizations that will have contribution to improve the timely initiation of breast feeding. Publication in international journal will be attempted.

4.15 Operational definitions and concepts

- **Timely initiation of breastfeeding:** Putting the newborn to the breast within one hour of birth.
- **Employed mothers:** Mothers who were employed in governmental, non governmental and private organization.
- **Formal education:** A person who attended primary or more education.
- **Non formal education:** A person might able to write or read but did not attend primary or more education.
- **Barriers:** Factors which hindering timely initiation of breastfeeding.
- **Facilitators:** Factors promoting the timely initiation of breastfeeding.
- **Ever breastfeeding:** Mothers who breastfeed their index baby.
- **Prelacteal feeding:** Feeding of an infant with something other than breast milk after birth.
- **Information access:** Mothers who had radio or television, or reading printed materials.
- **Early child bathing:** Bathing the new born within one hour of birth.

CHAPTER FIVE: RESULTS

5.1 Quantitative results

From a total of 845 sampled mothers, 823 were interviewed making a response rate of 97.4 %.

5.1.1 Socio demographic characteristics

The age of the respondents ranged from 15-49 with a mean (\pm SD) 27.0(\pm 5.7) years. Of the total 823 respondents 656 (79.7%) resided are urban dwellers. The marital status distribution revealed that majority 765 (93%) mothers were married. Christian 690 (83.8 %) and the Amhara ethnic group 819 (99.5%) were found to be predominant among others. Regarding to educational status, 334(40.6%) mothers had no formal education, 35% (288) attended primary education and 24.4 % (201) respondents attended secondary and more. Five hundred twelve (62.2%) respondents were housewives. Four hundred forty three (53.8 %) index children of mothers were male. The majority of the respondents 572 (69.5) had information access.

Table 1: Socio demographic characteristics of mothers with children less than 12 months in South Gondar Zone, central part of Northern Ethiopia, May 2013

Variables	Frequency	Percent
Age of mothers(year)		
<=20 years	109	13.2
21-34 years	619	75.2
>=35 years	95	11.5
Residence		
Urban	656	79.7
Rural	167	20.3
Marital status		
Union	765	93.0
Not in union †	58	7.0
Religion		
Christian	690	83.8
Muslim	133	16.2
Ethnicity		
Amhara	819	99.5
Tigray	4	0.5
Maternal Education		
No formal education	334	40.6
Primary education	288	35.0
Secondary education or more	201	24.4
Occupation of the mother		
Employed*	77	9.4
Un employed**	746	90.6
Child's sex		
Male	443	53.8
Female	380	46.2
Information access		
Yes	572	69.5
No	251	30.5

Government organization employees, Private organization employees*; House waives, Daily labours, Farmers, merchants, business owner, students**; Single, Divorced, Widow, Cohabited, Separated†

5.1.2 Health service related , obstetrics characteristics and postnatal activity

The study revealed that 702 (85.3%) mothers had ANC follow up during their last pregnancy. From all mothers were attending ANC follow up, 451 (64.2%) mothers were receiving any information related to breast feeding by health care providers.

Regarding to place of delivery response of the mothers indicated that from the total sampled mothers 564 (68.5%) gave birth in a health institution. From mothers gave birth in health institution 362 (64.2%) occurred in health centre and rest 202 (35.8%) were in hospital. Additionally, among mothers gave birth in health institution 419 (74.3%) had post natal counselling on breast feeding. Concerning to home delivery assistance from 259 mothers delivered at home, 140 (54.1%) were assisted by traditional birth attendants and 108 (41.7) were assisted by their relatives.

Among 564 mothers who gave birth in health institution 315 (55.9%) bathed their baby after 24 hours and 189 (33.5%) within 2 up to 24 hours. This study showed that from 259 (32.0%) mothers gave birth at home; 157 (60.6%) of them bathed their child within one hour after birth. Three hundred ninety six (48.1%) of the respondent were para I (primiparous mothers) and 189 (23.0%) of them were para II. Regarding to the time of birth 755 (91.7%) of births were term and 53 (6.4%) were post-term. Concerning the mode of delivery from all respondents 795 (96.6%) had a vaginal delivery and 27 (3%) had a caesarean section.

Table 2: Health service utilization related characteristics of mothers with children less than 12 months in South Gondar Zone, central part of Northern Ethiopia, May 2013

Variables	Frequency	Percent
ANC follow up		
Yes	702	85.3
No	121	14.7
Receiving information about breastfeeding at the time of ANC visit		
Yes	451	64.2
No	251	35.8
Place of delivery		
Health institution*	564	68.5
Home	259	31.5
Postnatal counselling on breastfeeding in institutional delivery		
Yes	419	74.3
No	145	25.7

Health center ,Hospital*

Table 3: Obstetrics characteristics and post natal activity of mothers with children less than 12 months in South Gondar Zone, central part of Northern Ethiopia, May 2013

Variables	Frequency	Percent
Time of birth		
Term	755	91.7
Post term	53	6.4
Pre term	15	1.8
Parity		
Primiparous	396	48.1
Multiparous	427	51.9
Birth interval (month)		
<= 12 months	10	2.3
13-24 months	44	10.3
25-36 months	66	15.5
37-48 months	92	21.5
>= 49 months	215	50.4
Mode of delivery		
Vaginal	796	96.7
Caesarean section	27	3
Delivery assistance on home delivery		
Traditional birth attendant	140	54.1
Health extension workers	4	1.5
Health professionals	7	2.7
Relatives	108	41.7
Child bathing		
Within one hour	217	26.4
2 up to 24 hours	250	30.4
More than 24 hours	356	43.3

5.1.3 Breastfeeding related characteristics

Mothers were asked about the time she decided to breast feed their index child. The response revealed that 505 (61.4%) decided to breastfeed their infants before they became pregnant, 183 (22.2%) decided after delivery and the rest 135 (16.4%) decided during the pregnancy. All mother's breastfed their index child. In addition, current breastfeeding practices of the mothers were assessed. Out of all, 808 (98.2%) mothers were breastfeeding their children at the time of interview. **(Table 4)**

Two hundred ninety (35.2%) mothers squeezed and threw the first milk (colostrum) before they gave their breast milk for their index child. The most common reason for colostrum expulsion was it is dirty 122 (42.1%) followed by it creates abdominal pain 80 (27.6%) and open the closed nipple 45 (15.5%). **(Table 4)**

One hundred seventy four (21.1%) mothers introduced prelacteal foods or fluids to their children. The most common pre lacteal food was butter which is reported by 129 (74.1 %) of breastfeeding mothers followed by sugar solution 18 (10.3) and cow milk 15 (8.6%). **(Fig 2)** Tradition/culture has been the most frequently mentioned reason 63 (36.6%) for the introduction of food for infants during the first three days after delivery followed by breast milk insufficiency 42 (24.4%). **(Fig 3)**

Table 4: Breastfeeding related characteristics of mothers with children less than 12 months in South Gondar Zone, central part of Northern Ethiopia, May 2013

Variables	Frequency	Percent
Infant feeding decision made on breastfeeding		
Before pregnancy	505	61.4
During pregnancy	135	16.4
After delivery	183	22.2
Ever breastfeeding		
Yes	823	100
No	0	0
Current breastfeeding		
Yes	808	98.2
No	15	1.8
Prelacteal feeding		
Yes	174	21.1
No	649	78.9
Colostrum expulsion		
Yes	290	35.2
No	533	64.8
Reason for colostrum expulsion		
It is dirty	122	42.1
It creates abdominal pain	80	27.6
To open the closed nipple	45	15.5
It is dirty and creates abdominal pain	37	12.8
Others**	6	2

It is dirty and to open the closed nipple; It creates abdominal pain and to open the closed nipple; It is dirty, create abdominal pain and to open the closed nipple**

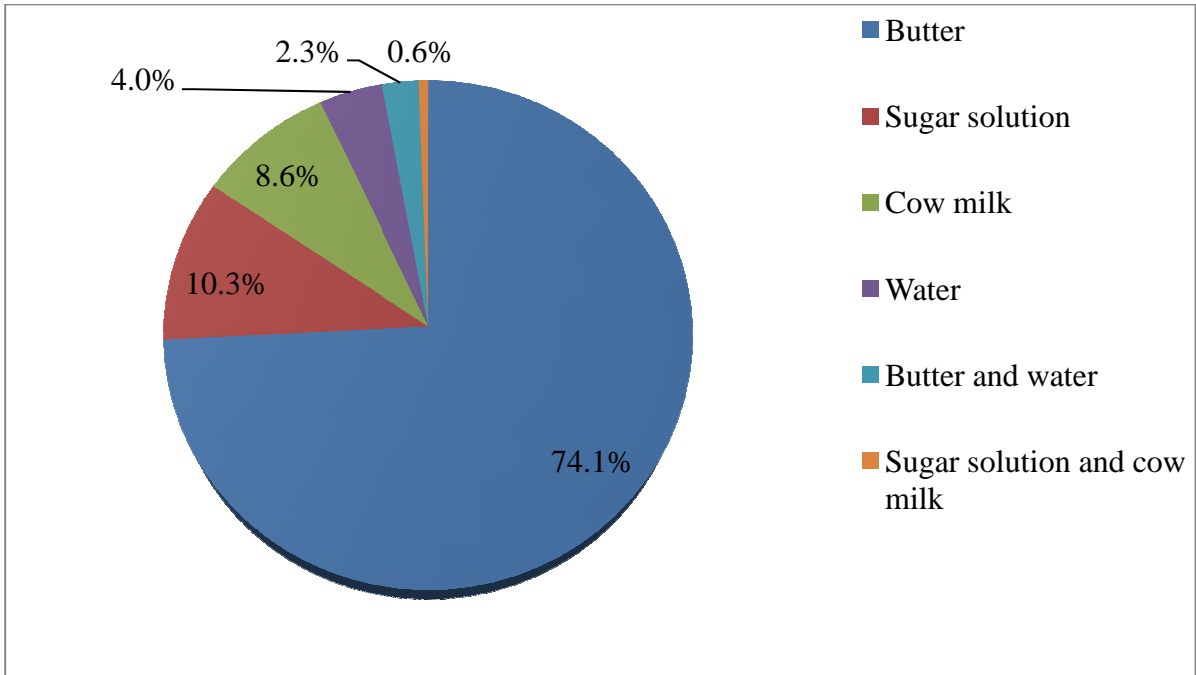


Fig II Prelacteal foods or fluids mothers gave to the child in South Gondar Zone, Amhara regional state, Ethiopia

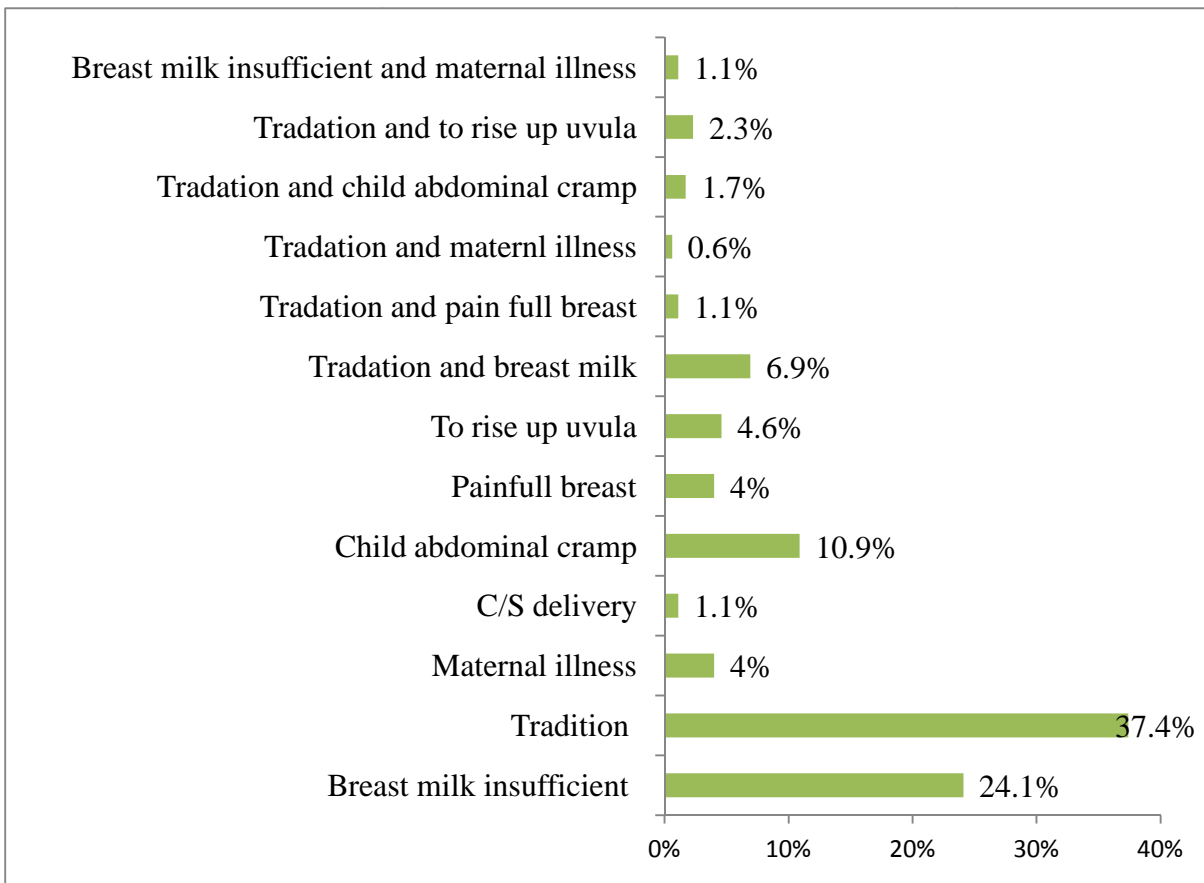


Fig III Suggested reasons for prelacteal feeding practices among mothers in South Gondar Zone, Central part of Northern Ethiopia, May 2013

5.1.4 Initiation of breastfeeding

The distribution of timely initiation of breastfeeding with residence assessed. Proportion of mothers who initiated breastfeeding within one hour differ by residence which was 359(54.7%) within urban and 42(25.1%) within rural.

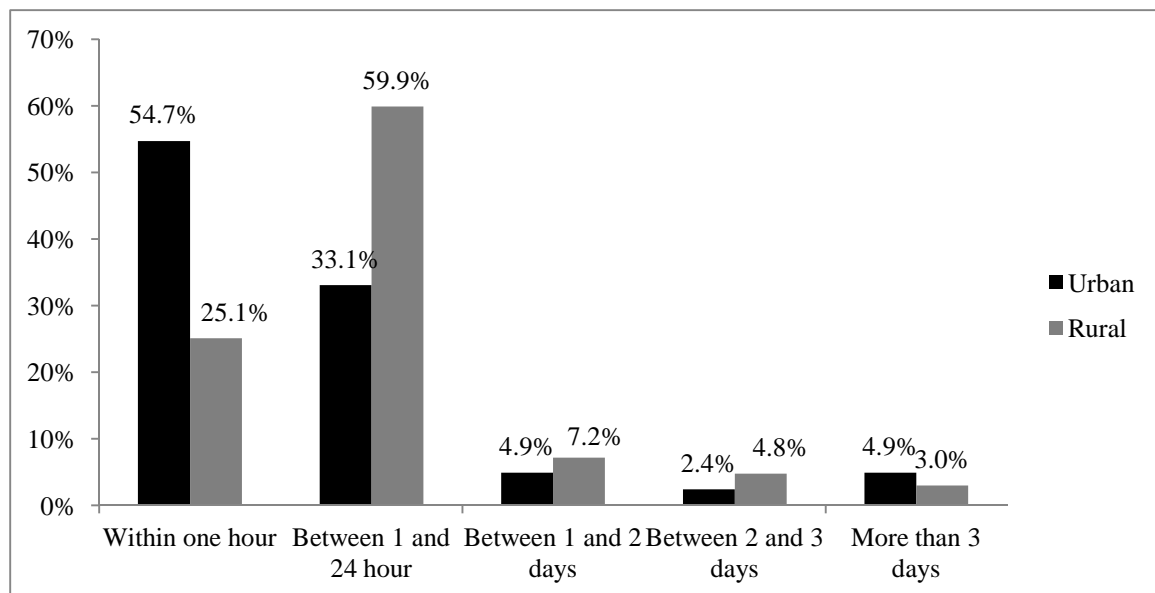


Fig IV Distribution of breastfeeding initiation by place of residence among mothers in south Gondar zone, central part of northern Ethiopia, May 2013

5.1.4 Factor influencing timely initiation of breastfeeding

Crude analysis of socio demographic ,health service and obstetrics related variables through bivariate logistic regression showed age of the mother, residence, information access, parity, ANC follow up, place of delivery were significantly associated with timely initiation of breastfeeding with P value(<0.05).

Table 5: Bivariate logistic regression showing the association between Socio demographic characteristics with initiation of breastfeeding among mothers in South Gondar zone, Central part of Northern Ethiopia, May 2013

Socio demographic variable	Initiation of breastfeeding		P value	COR(95% CI)
	<=1hour	>1 hour		
Age of the mother(Year)				
<=20 years	37(33.9%)	72(66.1%)		1.0
20-34 years	320(51.7%)	299(48.3%)	0.001	2.1(1.4-3.2)
>=35 years	44(46.3%)	51(53.7%)	0.073	1.7(1.0-3.0)
Residence				
Urban	359(54.7%)	297(45.3%)	0.000	3.6(2.5-5.3)
Rural	42(25.1%)	125(74.9%)		1.0
Marital status				
Married	373(48.8%)	392(51.2%)	0.944	1.0(0.6-1.7)
Others	28(48.3%)	30(51.2%)		1.0
Maternal education				
Formal education	252(51.5%)	237(48.5%)	0.051	1.3(1.0-1.8)
No formal education	149(44.65)	185(55.4%)		1.0
Religion				
Christian	341(49.4%)	349(50.6%)	0.363	1.189(0.8-1.7)
Muslim	60(45.1%)	73(54.9%)		1.0
Ethnicity				
Amhara	399(48.7%)	2(50.0%)	0.959	0.95(0.1-6.8)
Tigray	2(50.0%)	2(50.0%)		1.0
Occupation of the mother				
Employed†	41(53.2%)	36(46.8%)	0.405	1.2(0.8-1.9)
Not employed	360(48.3%)	386(51.7%)		1.0
Information access				
Yes	312(54.6%)	259(45.4%)	0.000	2.2(1.6-3.0)
No	89(35.3%)	163(64.7%)		1.0
Child's sex				
Male	214(48.3%)	229(51.7%)	0.796	0.96(0.7-1.3)
Female	187(49.2%)	193(50.8%)		1.0

Government organization employee, private organization employee †student, daily labourer, housewife, farmer, business owner merchant *

Table 6: Bivariate logistic regression showing the association between health service related and obstetrics characteristics with initiation of breastfeeding among mothers in South Gondar Zone, Central part of Northern Ethiopia, May 2013

Variables	Initiation of breastfeeding		P value	COR(95% CI)
	≤1hour	>1 hour		
Parity				
Multiparous	238(55.7%)	189(44.3%)	0.000	1.8(1.4-2.4)
Primiparous	163(41.2%)	233(58.8%)		1
ANC follow up				
Yes	370(52.7%)	332(47.3%)	0.000	3.2(2.1-5.0)
No	31(25.6%)	90(74.4%)		1
Time of birth				
Term	369(48.9%)	386(51.1%)	0.774	1.1(0.7-1.8)
Others*	32(47.1%)	36(52.9%)		1
Place of delivery				
Health Institution	329(58.3%)	235(41.7%)	0.000	3.6(2.6-5.0)
Home	72(27.8%)	187(72.2%)		1
Mode of delivery				
Vaginal	393(49.4%)	403(50.6%)	0.049	2.3(1.0-5.4)
Caesarean section	8(29.6%)	19(70.4%)		1
Child bathing				
Within one hour	99(45.6%)	118(54.4%)	0.287	0.9(0.6-1.2)
More than one hour	302(49.8%)	304(50.2%)		1

COR=Crude odds ratio; CI=Confidence interval; preterm, post term*

A multivariate analysis was performed to identify independent predictors on timely initiation of breastfeeding. After controlling for confounders residence, parity, ANC visit, place of delivery and mode of delivery were identified as independent predictor for timely initiation of breastfeeding among mothers in South Gondar Zone.

The odds initiation of breastfeeding within one hour increased for urban mothers (AOR=2.1, 95%CI=1.4-3.3), for multiparous mothers (AOR=2.8, 95 CI%=2.0-3.8), for mothers who had ANC follow up (AOR=3.2, 95% CI%=2.0-5.2) and on mothers delivered in health institution (AOR=3.1, 95% CI=3.1(2.2-4.6) and on mothers delivered vaginally (AOR=4.1,95%CI=1.7-9.8) with their respective counterparts.

Table 7: Multivariate logistic regression showing factors independently associated with initiation of breastfeeding among mothers in the south Gondar zone, central part of Northern Ethiopia, May 2013

Variables	Initiation of breastfeeding		COR(95%CI)	AOR(95%CI)
	<=1hour	>1 hour		
Residence				
Urban	359(54.7%)	297(45.3%)	3.6(2.5-5.3)	2.1(1.4-3.3)
Rural	42(25.1%)	125(74.9%)	1	1
Parity				
Multiparous	238(55.7%)	189(44.3%)	1.8(1.4-2.4)	2.8(2.0-3.8)
Primiparous	163(41.2%)	233(58.8%)	1	1
ANC follow up				
Yes	370(52.7%)	332(47.3%)	3.2(2.1-5.0)	3.2(2.0-5.2)
No	31(25.6%)	90(74.4%)	1	1
Place of delivery				
Health Institution	329(58.3%)	235(41.7%)	3.6(2.6-5.0)	3.1(2.2-4.6)
Home	72(27.8%)	187(72.2%)	1	1
Mode of delivery				
Vaginal	393(49.4%)	403(50.6%)	2.3(1.0-5.4)	4.1(1.7-9.8)
Caesarean section	8(29.6%)	19(70.4%)	1	1

COR=Crude odds ratio; AOR=Adjusted odds ratio; CI=Confidence Interval

5.2 Qualitative results

A total of 28 individuals participated in three focus group discussions. Mothers gave birth recently were the participants. The result of facilitators and barriers for timely initiation of breastfeeding has been reported separately.

5.2.1 Barriers of timely initiation of breastfeeding

Child bathing

The majority of participant agreed that the newborn baby has to bath immediately after delivery. The most frequently raised reason for their early child bathing practice was to cleanse the baby and to strengthen the baby heart.

"... The reason why we bathed immediately after delivery is to strengthen the infant and to return the child heart which is tired during labour..." (37 years old women)

Perception towards colostrum

The majority of participants Indicated that colostrum is not good for the health of the baby and they tried to expel and threw colostrum until mature milk outflow. Moreover, some of the FGD participants said that they expelled colostrum to widen the opening of the nipple.

"...I expelled and threw the first milk because it is deleterious for the child .Since it stays for nine months in breast...." (20 year's rural mother)

"...If I don't expel the first milk how he can ...? Just to open the nipple I expelled the first milk..." (17 years old rural woman)

Breast milk insufficient

Some mothers said that there was no breast milk immediately after birth. Therefore, they wait one or two days. Even if they tried to breastfeed their child since there is no sufficient breast milk the child unable to feed.

"...Health extension workers told us to breastfeed the baby immediately after birth. However, the breast milk is not coming when we tried..." (25 years rural mother)

Maternal or newborn baby illness

The majority of participants said that mothers might be sick after delivery; in that case the newborn baby has to stay till she becomes normal.

"...Sometimes the mother might face haemorrhage (traditionally *serkiya*) and she becomes tired. In that situation, the baby has to wait..." (31 years old rural woman)

'... We don't wait one and two days if the child is healthy .We mothers don't deprive our breast. If the child is not well at the time of birth, we might be waiting... (Lecha, 40 years old Muslim women)

Prelacteal feeding (Butter)

Some of the mothers perceived that butter has to be given for the newborn baby before breastfeeding in order to rise up his/her uvula 'In Amharic Ankar Menasha'.

*"...It is the culture of our country. It is a tradition which comes from our mother to give butter for infants which is important to elevate his/her uvula (in Amharic **AnkarMansha**). After that we will give breast... "(30 years rural women).*

5.2.2 Facilitators of timely initiation of breastfeeding

Health care provider information

The majority of the participants said that information which got from health professionals contributed to their early initiation of breastfeeding.

"...After I delivered this child the health professional provided information about breastfeeding and I tried to breastfeed my child..." (40 years old rural women)

Family support

Many mothers indicated that support or advice from their family is important to start breastfeeding immediately after delivery and discourage prelacteal feeding practices.

'Our uncle is educated and he said that only breastfeeding have given until six months after delivery. Therefore, still now I don't give anything other food than breast milk.' (22 years old women)

CHAPTER SIX: DISCUSSION

The rate of timely initiation of breastfeeding in the study area was 48.7% .It was similar to findings in Brazil (47.1%), united republic of Tanzania (49%), and Algeria 50% and in Ethiopia Goba Woreda (52.4%).However it was much lower than findings in, Djibouti (67), Nepal (72.7%), Ethiopia Arjo Woreda 62.6%. The prevalence of timely initiation of breastfeeding in the current study (48.7%) which was better compared with EDHS 2011 report of Amhara region (38%). The prevalence is higher than EDHS report of Amhara region [4, 17, 18, 19, 24]. Accordingly,the possible reason could be in this study most of the interviewed mothers resided in urban and the prevalence of timely initiation of breastfeeding was higher in urban than in rural areas.

In this study 290 (35.2%) respondents squeezed and threw the first milk (colostrum) before starting breastfeed for their index child. It was consistent with study conducted in northern part of Ethiopia colostrum was said to cause abdominal problems, but discarding a portion was sufficient to mitigate this effect .In Nepal colostrum or breast milk was given as the first meal to babies [18, 28]. During focus group discussion most of the participants believed that colostrum was not good for the health of the baby. Hence, they tried to expel and threw colostrum until mature milk outflow. Moreover, some of the participants said that they expelled colostrum to widen the opening of the nipple. Mother's perception for colostrums had also a great influence on timely initiation of breastfeeding.

This study revealed that 174 (21.1%) mothers were introducing prelacteal foods or fluids to their child. The prevalence of the prelacteal feeding practice in the current study is higher than findings in all Ethiopia which indicated that the proportion of women who gave pre-lacteal feeding within the first three days of life was 13% [30]. Another study conducted in the rural northern part of Ethiopia showed that the majority of mothers practiced ritual prelacteal feeding. [28]. In addition, in this study the common pre-lacteal food introduced for the newborn baby was butter in 129 (74.1 %) breastfeeding mothers followed by sugar solution 18 (10.3%) and cow milk in 15 (8.6%). It was consistent with research findings in Mekele town which revealed the common pre-lacteal food introduced for the newborn babies was butter followed by sugar solution and cow milk [14]. Findings of focus group discussions in a current study revealed that the prelacteal feeding practice was one of the barriers for timely initiation of breastfeeding.

*"... It is the culture of our country. It is a tradition which comes from our mother to give butter for infants which is important to elevate his/her uvula (in Amharic **AnkarMansha**). After that we will give breast milk...." (30 years rural woman).*

Timely initiation of breastfeeding is influenced by varying and complex interrelated factors and multivariate logistic analysis showed that the odds of timely initiation of breastfeeding among mothers had ANC follow up 3.2 times increased than mothers who had no ANC follow up (AOR=3.2, 95% CI =2.0-5.2). Correspondingly, mothers that received antenatal care have relative reduced risks (odds) of about 8% of delaying breastfeeding initiation than mothers without antenatal care [35]. The possible reason could be pregnant women who had ANC follow up might be informed about early initiation of breastfeeding by health care providers.

The odds of timely initiation of breastfeeding among mothers 3.1 times increased among mothers gave institutional delivery than home delivered mothers (AOR=3.1, 95% CI= 2.2-4.6). Similar study indicated that mothers that delivered their babies at homes have an increased relative risk of about 12% of delaying early initiation of breastfeeding than mothers that delivered in the hospitals (or clinics) [37]. It can be explained as mothers who gave birth in health institution had health care provider supports which helped to initiate breastfeeding timely. Health care provider information was one of the facilitators for initiation of breastfeeding within one hour. This is evidenced by qualitative findings.

"...After I delivered this child the health professional provided information about breastfeeding and I tried to breastfeed my child..." (40 years old, rural woman)

In the current study the odds of timely initiation 4.1 times increased on mothers delivered vaginally than mothers delivered through caesarean section (AOR=4.1, CI 95% =1.7-9.8). It is similar to a study conducted in Nigeria which says mothers that were delivered of their babies through caesarean section have about 58% increased risk of delaying the early introduction of the first breast milk to their babies as compared to mothers who had vaginal (normal) delivered. In addition, a systematic review of 53 studies revealed that rates of early breastfeeding (any initiation or at hospital discharge) were lower after caesarean delivery compared with after vaginal delivery [37, 40]. Maternal illness has been the most frequently raised reason by FGD participants for delay initiation of breastfeeding. The

majority of the respondents said that mothers might be sick after delivery; in that case the newborn baby had to stay till she becomes normal.

The odds of timely initiation of breastfeeding 2.1 times increased for mothers who resided in urban than in rural area (AOR =2.1, 95% CI=1. 4, 3.3). Similarly study conducted in Ethiopia Goba district showed that urban dwellers were 3 times more likely to practice timely initiation of breastfeeding when compared to their rural counterparts [22]. In contrast, study conducted in Al-Hassa province, Saudi Arabia showed that rural mothers were 4.2 times more likely to initiate breastfeeding within one hour [35]. In the current study the lower rate of timely initiation of breastfeeding in rural areas were more probably due to traditional practiced in the areas; such as early child bathing, colostrum expulsion & prelacteal feeding practice.

The odds of timely initiation of breastfeeding 2.8 times increased among multiparous mothers than primiparous mothers (AOR=2.8, CI 95 % =2.0-3.8). In the same way study conducted in Turkey showed that breastfeeding initiation was later in primiparous mothers than in mothers who are multiparous. Similarly, another study revealed that women with parity more than 2 initiated breastfeeding much earlier as compared to women with parity of either 1 or 2 [36, 38]. It can be explained by multiparous mothers might have information about breastfeeding from health care providers on their previous pregnancy which was important to initiate breastfeeding within one hour.

This study used both quantitative and qualitative methods of data collection which helps us to get better information. However, this study applied cross sectional study design . There could be recalled bias since the women were asked for events within the last one year.

CHAPTER SEVEN: CONCLUSION AND RECOMMENDATION

This study depicts the rate of timely initiation of breastfeeding was low in south Gondar zone. Timely initiation of breastfeeding was facilitated by health care provider's information and family supports. Early child bathing, prelacteal foods, bad perception toward colostrum, breast milk insufficient and maternal and newborn illness were barriers for timely initiation of breastfeeding. Factors which were found to be independent predictors of timely initiation of breastfeeding include residence, parity, ANC follow up, place of delivery and mode of delivery.

Recommendation

Based on the finding of the study the following recommendations are forwarded.

South Gondar zone health office

- The south Gondar health office has to focus advocacy on initiation breastfeeding within one hour.
- The south Gondar health office has to provide breastfeeding information for rural and primiparous mothers in which timely initiation of breastfeeding is poorly practiced.
- The south Gondar health office has to promote antenatal follow up and institutional delivery.

Health care providers

- They have to provide breastfeeding information in ANC follow up and postnatal period.
- They have to create awareness about the importance of the first milk (colostrum).
- They have to discourage prelacteal feeding practices.

For researchers

- Further study is needed to assess the implementation of policies on timely initiation of breastfeeding.

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Annex

A semi structured Questionnaire for interview of mother to assess barriers and facilitators on timely initiation of breast feeding in South Gondar zone.

Verbal consent form

How are you? My name is _____.I am a researcher team of college of public health and medicine, Jimma University. We are carrying out research to asses' facilitators and barriers for timely initiation of breastfeeding practice. Therefore, your cooperation and willingness is important to get findings on the issue. The study is important for government and other stakeholders to improve situations on breast feeding promotion. It is true that your name will not be written in the form and all information that you give strictly confidential. Your participation is voluntary and you have the right not to participate fully or partially. Your decision about not to participate is respected and will not affect the health care you would normally receive. You may stop the interview at any time. Do you have any questions on what we talked so far?

Now, do you agree to participate in the survey?

Yes_____ No _____

If no respect the decision and thank her .If yes continues the interview.

Interviewer name _____ signature _____ Date_____

English version Questionnaire

Households Identification

01 Questionnaire code -----

02 Woreda/ Town Administration-----

03 Kebele-----

04 House numbers-----

Instruction –Circle the responses for questions with alternatives and write for open ended questions on the space provided.

Socio-demographic characteristics			
NO	Questions	Response	Skip
1	Mother's age (in year)	_____year	
2	Residence	1. Urban 2. Rural	
3	What is your religion?	1. Orthodox 2. Muslim 3. Protestant 4. Catholic 5. Others(specify)_____	
4	Ethnicity	1. Amhara 2. Tigray 3. Oromo 4. Other(specify)_____	
5	Maternal education	1. No education 2. Primary 3. Secondary and higher	
6	Occupation of the mother	1. House wife 2. Government organization employee 3. Business owner 4. Private organization employee 5. Daily labourer 6. Others(specify)	

7	Marital status	<ol style="list-style-type: none"> 1. Married 2. Single 3. Divorced 4. Widow 5. Separated 6. Cohabited 	Skip to question No.10
8	Paternal education	<ol style="list-style-type: none"> 1. No education 2. Primary 3. Secondary and higher 	
9	Paternal occupation	<ol style="list-style-type: none"> 1. Government organization employee 2. Business owner 3. Private organization employee 4. Daily labourer 5. Others(specify) 	
10	Do you have A radio TV	<ol style="list-style-type: none"> 1. Yes 2. No 2. Yes 2. No 	
11	Do you read magazine ,news paper and books	<ol style="list-style-type: none"> 1. Yes 2. No 	
12	Monthly income of the household	_____ birr	
13	Child's sex	<ol style="list-style-type: none"> 1. Male 2. Age 	
14	Childs age(week)	_____	
15	Birth order	___th	
16	Birth interval between the youngest and his immediate elder	_____ month	
Maternal health related characteristics			
17	Did you visit health facility for ANC during your pregnancy for	<ol style="list-style-type: none"> 1. Yes 2.No 	If no skip to 22

	this Child?		
18	If yes when did you receive ANC during your time of pregnancy for this child?	1. First visit 2. Second visit 3. Third visit 4. Fourth visit	
19	Did you get health information on breast feeding at any of your visit?	1. Yes 2. No	
20	What was the information that you acquired during your visit(more than one answer is possible)	1.Continue breast feeding even during maternal or child illness 2. Breast feeding should be initiated within one hour 3. Prelacteal feeds should not be given 4. EBF should be practiced for the first six months 5. Breast feeding should continue until 2 years 6.Other (specify)_____	
21	When did you give birth?	1. At term 2.Preterm 3. Post term	
22	Where did you gave birth to this child/Place of delivery	1. Home 2. Hospital 3. HC 4. Other (specify)_____	
23	If the place of delivery is hospital or health center was(name) delivered by:	1. Vaginal delivery 2. Caesarean section	
24	Did you receive advice/information on BF at PNC	1. Yes 2. No	
25	If home, who helped you during delivery?	1. TBA 2. HEW 3. Health professional 4. Relatives	

		5. Other (specify) _____	
26	Where was the baby placed before the placenta was delivered?	1. On the floor 2. On the cot 3. With the mother 4. With someone else 5. Other (specify) _____	
27	How long after birth was your baby bathed for the first time?	1. Within 1 hour 2. 2-24 hours 3. After 24 hours	
Breast feeding practice of infants			
28	Have you ever breast fed the child?	1. Yes 2. No	If no skip to Q 33
29	If yes when decided how to feed a baby?	1. Before becoming pregnant 2. During pregnancy 1. After baby was born	
30	Who facilitated you to start breast feeding?	2. Mother 3. Husband 4. Neighbours 3. Other(specify)	
31	If yes, reasons for choosing breast feeding	1. Social norms as a mother 2. Helping baby to grow in a normal matter 3. Providing baby with a natural immunity 4. Is a form of child spacing 5. Easy and comfortable 6. Others	
32	If no, reason for not breastfeeding? (More than one answer is possible)	1. Breastfeeding takes too much time. 2. Breastfeeding means you can't go back to work or school. 3. Breastfeeding will make my	

		breasts sag 4. Breastfeeding is painful 5. My breasts are too small to breastfeed 6. With bottle feeding, the mother knows that the baby is getting enough to eat. 7. Other(specify)_____	
33	How long after birth did you first put the child to breast?	1. within 1 Hour 2. 1- 24hr 3. 1-3days 4. after 3days	
34	Did you give the child pre-lactation food/fluid?	1. Yes 2. No	
35	If yes, what did you gave him (her)?	1. Butter 2. Sugar solution 3. Salt solution 4. Cow's milk 5. water 6. Other (specify)_____	
36	What was the reason for introducing Prelacteal feed	1. Breast milk insufficiency 2. culture/tradition 3. maternal illness 4. C/S delivery 5. child abdominal cramp 6. painful breast 7. others(specify)_____	
37	Did you squeeze out and throw the first Milk?	1. Yes 2. No	
38	Why didn't you give it for your child?	1. it is dirty 2. it creates abdominal pain to the baby 3. others(specify)_____	

Focus group discussion guide

Opening Question: (to be answered by all)

I am Liyew mekonnen the principal investigator of the study on facilitators and barriers for timely initiation of breastfeeding among mothers in South Gondar Zone collaborated with Jimma University College of public health and medical science. This focus group discussion is necessary to improve breast feeding practice in Ethiopia. Your confidentiality is very important to us. To help keep your identity confidential, but still be respectful, we would like you to give number. To get us started tell for the group what was the most surprising thing about becoming a mother?

Introductory Questions

The purpose of the group today is to talk about breast feeding practice in this community. Think back to your first pregnancy. What information do you remember getting about the choice to breastfeed? Where did you get that information?

What were your initial thoughts about feeding your baby?

Transition Questions

1. Now that you have had your baby (or babies), what are your thoughts about breastfeeding?
2. How do you think others in your community feel about breastfeeding?
3. What do mothers think are the advantages associated with breastfeeding?
4. What do you think about colostrum?
5. What do mothers think are the disadvantages associated with breastfeeding?
6. We know that other people can influence our behaviours. How do you think other people impacted your decision regarding how you chose to feed your baby, that is, choosing to breastfeed or formula feed?
7. How did people close to you influence your choices related to feeding your baby?
8. What do you wish your spouse, partner, or significant other would have said or done to support your decisions related to feeding your baby?
9. When do you start breast feeding after birth?
 - Why do you start breast feeding within one hour (Immediately after birth) If it was within one hour?
 - Why don't you start breastfeeding within one hour (Immediately after birth) if it was delayed?

This concludes our discussion. We would like to thank you all for participating. Your contribution is extremely helpful

ጅማ ዩኒቨርሲቲ የህብረተሰብ ጤና እና የህክምና ሳይንስ ኮሌጅ

የአማራጭ መጠይቅ

ከ ወሊድ በሆላ በአንድ ሰዓት ውስጥ ጡት ለማጥባት ያሉትን ተግዳሮቶች እና አበረታች ምክንያቶች ለማወቅ በደቡብ ጎንደር ዞን የሚደረግ ጥናት ነው።

የፍቃድኝነት መጠየቂያ

እንደምን ነዎት ? ስሜ _____ ይባላል። ጅማ ዩኒቨርሲቲ የማህበረሰብ እና ህክምና ሳይንስ ኮሌጅ ከ ልዩ ወሊድ ስር ተባብረው በሚሰሩት ጥናት ውስጥ የ የዚህ ምርምር መረጃ ሰብሳቢ ነኝ። ይህ ምርምር ከ ወሊድ በሆላ በአንድ ሰዓት ውስጥ ጡት ለማጥባት ያሉትን አበረታች ምክንያቶች እና ተግዳሮቶች ለማወቅ የሚደረግ ነው። ስለሆነም የእርስዎ መልካም ፍቃድ እና ትብብር ትክክለኛ የሆኑ መረጃዎችን ለማግኘት ወሳኝ ነው። ጥናቱ ስለ ጡት ማጥባት ለሚያስተመሩ ለመንግስት እና ለአንዳንድ ባለ ድርሻ አከላት ጠቃሚ ነው። ስምዎት እዚህ የመጠይቅ ፎርም ላይ አይጻፍም ፤ የሚሰጡን መረጃም ሚስጥራዊ ይሆናል። በዚህ መጠይቅ ላይ ተሳትፎዎ በእርስዎ ፍቃድኝነት ላይ የተመሰረተ ነው። ያለ መሳተፍም ሆነ መካከል ላይ የማቆርጥ መብተው የተጠበቀ ነው።

ሌላ ጥያቄ አለዎት?

ለመሳተፍ ፍቃድኝ ነዎት?

አዎ _____ አይደለም _____

እምቢ ካሉ ወሳኔቸውን አክብረህ አመስግን። እሽ ካሉ አመስግነህ መጠይቁን ቀጥል።

የጠያቂው ስም _____ ፊርማ _____ ቀን _____

01 የመጠይቁ መለያ-----

02 ወረዳ/ ከተማ አስተዳዳሪ-----

03 ቀበሌ-----

04 የቤት ቁጥር-----

አጠቃላይ ሁኔታ			
ተ.ቁ	ጥያቄ	መልስ	ዝለለዉ
1	የእናት ዕድሜ(በ ዓመት)	_____ ዓመት	
2	የት ነዉ የሚኖሩት?	3. ከተማ 4. ገጠር	
3	የየትኛዉ ሀይማኖት ተከታይ ነዎት?	6. ኦርቶዶክስ 7. እስልምና 8. ፕሮቴስታንት 9. ካቶሊክ 10. ሌላ ካለ ይጥቀሱ_____	
4	የየትኛዉ ብሄር አባል ነዎት?	5. አማራ 6. ትግራይ 7. አሮሞ 8. ሌላ ካለ ይጥቀሱ_____	
5	ከፍተኛዉ የትምህርት ደረጃዎት ምንድን ነዉ?	4. ትምህርት ቤት ገብተዉ ያለተማሩ 5. የመጀመሪያ ደረጃ ትምህርት የተማሩ 6. ከሁለተኛ ደረጃ ትምህርት በላይ የተማሩ	
6	ስራዎት ምንድን ነዉ ?	7. የቤት እመቤት 8. የመንግስት ድርጅት ሰራተኛ 9. ነጋዴ 10. የግል ድርጅት ሰራተኛ 11. ገበሬ 12. ሌላ ካለ ይጥቀሱ-----	
7	የጋብቻ ሁኔታ	13. ባለትዳር 14. ፈፅሞ ያላገባች 15. የተፋታች 16. ባል የሞተባት 17. ሌላ ካለ ይጥቀሱ_____	ባለትዳር ካልሆኑ ወደ ጥያቄ ተ.ቁ 10 ይለጉ

8	የባለቤታዎት ከፍተኛ የትምህርት ደረጃ ምንድን ነው?	<ol style="list-style-type: none"> 1. ትምህርት ቤት ገብተዉ ያለተማሩ 2. የመጀመሪያ ደረጃ ትምህርት የተማሩ 3. ከሁለተኛ ደረጃ ትምህርት በላይ የተማሩ 	
9	የባለቤታዎት ስራ ምንድን ነው?	<ol style="list-style-type: none"> 1. የመንግስት ሰራተኛ 2. ነጋዴ 3. የግል ድርጅት ሰራተኛ 4. ገበሬ 5. ሌላ ካለ ይጠቀሱ----- 	
10	ሬድዮ አለዎት?	1. አለኝ 2. የለኝም	
11	ቴሌቪዥን አለዎት?	1. አለኝ 2. የለኝም	
12	መጽሔቶችን፣ ጋዜጦችን እና መጽሃፎችን ያነባሉ?	2. አነባለሁ 2. አላነብም	
13	በአጠቃላይ የቤተሰቡ ገቢ በወር ስንት ይሆናል?	_____ ብር	
14	የህፃኑ(ኗ) ያታ	2. ወንድ 2. ሴት	
15	የህፃኑ(ኗ) እድሜ(በሳምንት)	_____	
16	ህፃኑ(ኗ) ለ እርሰዎ ስንተኛ ልጅዎት ነዉ(ናት)?	___ ተኛ	
17	በህፃኑ(ኗ) እና በታላቁ(ቁ) ያለዉ የዕድሜ ልዩነት ምን ያክል ነዉ?	_____ ወር	
የእናቶችን ጤና ያማከሉ ጥያቄዎች			
18	ባለፈዉ የእርግዝና ወቅት የእናቶች በእርግዝና ጊዜ የጤና ክትትል ነበረዎት ወይ?	2. አዎ 2. የለኝም	የለኝም ካሉ ወደ ጥያቄ 22 ይለፉ
19	አዎ ካሉ መቸ ነበር የእርግዝና ክትትል	1. የመጀመሪያ ክትትል ላይ	

	የጀመሩት?	2. ሁለተኛ ክትትል ላይ 3. ሶስተኛ ክትትል ላይ 4. አራተኛ ክትትል ላይ 5. ሌላ ካለ ይጥቀሱ	
20	ክትትል ባደረጉባቸው ጊዜያት ስለ ጡት ማጥባት ያገኙት መረጃ ነበር?	1. አዎ 2. አይደለም	
21	በእርግዝና ክትትላዎት ወቅት ምን አይነት መረጃ ነበር ያገኙት? (ከ አንድ በላይ መለስ መመለስ ይቻላል)	1. እናቶ እና ህፃኑ ህመም ቢኖርባቸውም ጡት ማጥባት እንዳለባት 2. ጡት ማጥባት ከ ወሊድ በሐላ በ አንድ ሰዓት ውስጥ መጀመር እንዳለበት 3. ከጡት ማጥባት በፊት እስከ ሦስት ቀን ሌላ ምግብ ወይም ፈሳሽ ለህጻኑ መስጠት እንደሌለበት 4. ጡት ብቻ እስከ ስድስት ወር ማጥባት እንዳለባት 5. ጡት ማጥባት እስከ ሁለት አመት መቆየት እንዳለበት 6. ሌላ ካለ ይጥቀሱ_____	
22	መቸ ነበር ልጆዎትን የወለዱ ?	2. በወቅቱ 2. ከ ወቅቱ በፊት 3. ወቅቱ አልፎ	
23	ይህን ህፃኑ(ኗ) የወለዱት የት ነው?	1. ቤት 2. ሆስፒታል 3. ጤና ጣቢያ 4. ሌላ ካለ ይጥቀሱ	
24	የወለዱት ጤና ጣቢያ ወይም ሆስፒታል ከሆነ እንዴት ነበር የወለዱት?	1. በማህፀኔ 2. አፕሬሽን	
25	ከ ወለዱ በሆላ ስለ ጡት ማጥባት መረጃ ተሰጥቶዎት ነበር?	1. አዎ 2. የለም	
26	ቤት ከ ወለዱ ማን ነበር ሲወልዱ ያገዘወት?	1. የልምድ አዋላጅ 2. የጤና ኤክስቴንሽ ስራተኞች 3. የጤና ባለሙያዎች 4. ዘመድ አዝማድ 5. ሌላ ካለ ይጥቀሱ_____	
27	የእንግዴ ልጁ ከ መወጣቱ በፊት ልጁ የት ነበር የተቀመጠው?	6. መሬት ላይ 7. አልጋ ላይ	

		8. ከእናቲቱ ጋር 9. ከሌላ ሰው ጋር 10. ሌላ ካለ ይጥቀሱ_____	
28	ከ ወሊድ በሆላ መቸ ነበር ልጅወት የታጠበዉ?	4. በአንድ ሰዓት ዉስጥ 5. 2-24 ሰዓት 6. ከ 24 ሰዓት በሆላ	
ጡት ማጥባትን የተመለከቱ ጥያቄወች			
29	ህፃኑ(ኗ) ጡት ጠብታ(ቶ) ያዉቃል(ታዉቃለች)?	1. አዎ 2. አያዉቅም	አያዉቅም ካሉ ወደ ጥያቄ 33 ይለጉ
30	መቸ ነበር ህፃኑን እንዴት ማጥባት እንዳለብዎት የወሰኑት?	4. ነፍሰ ጡር ከመሆኔ በፊት 5. ነፍሰ ጡር እያለሁ 6. ህፃኑን ከ ወለድኩ በሆላ	
31	ማን ነበር ጡት ማጥባት እንዳብዎት ያበረታታዎት?	5. እናት 6. ባል 7. ጎረቤት 7. ሌላ ካለ ይጥቀሱ_____	
32	አዎ ካሉ , ጡት ማጥባት የመረጡበት ምክንያት ምንድን ነዉ?	7. የእናትነት ማህበራዊ ግዴታ ስለሆነ 8. ህፃኑ ጥሩ በሆነ ሁኔታ እንዲያድግ 9. ለህፃኑ ተፈጥሮዊ የሆነ የበሽታ መከላከያ ስለሚሰጠዉ 10. የቤተሰብ ምጣኔ መንገድ ስለሆነ 11. ቀላል እና ምቹ ስለሆነ 12. ሌላ ካለ ይጥቀሱ_____	
33	አይደለም ካሉ, ጡት ላለማጥባተዎት ምክንያቱ ምንድን ነዉ? (ከአንድ በላይ መልስ መመለስ ይቻላል)	1. ጡት ማጥባት ብዙ ጊዜ ስለሚወስድብኝ 3. ማጥባት ጡቴ እንዲወርድ ስለሚያደርግ 4. ማጥባት ህመም ስላለዉ 5. ጡቴ ትንሽ ስለሆነ 6. በጡጦ ህፃኑ በቂ ምግብ እንደሚያገኝ ስለማዉቅ 7. ሌላ ካለ ይጥቀሱ_____	
34	ከወለዱ በሆላ መቸ ነበር ህፃኑ(ኗ)ን ጡት እንዲጠባ ያደረጉት?	1. በአንድ ሰዓት ዉስጥ 2.1- 24 ሰዓት 3.1-2 ቀን	

		4.2-3 ቀን 5.ከ 3 ቀን በሐላ	
35	ከማጥባታዎት በፊት ህፃኑ ሌላ ምግብ ወይም ፈሳሽ ተሰጥቶት ነበር?	1. አዎ 2. አይደለም	
36	አዎ ካሉ፣ ምንድን ነበር ሰጥተዎት የነበረው?	1. ቅቤ 2. ስኮር ተበጥብጦ 3. ጥሬ ጨዋ ተበጥብጦ 4. የላም ወተት 5. ወሀ 6.ሌላ ካለ ይጥቀሱ_____	
37	ጡት ከ ማጥባታዎት በፊት ሌላ ምግብ ወይም ፈሳሽ የሰጡበት ምክንያት ምንድን ነው?	1. ጡቴ በቂ ወተት ስላልነበረው 2.ባህላችን ስለሚፈቅድ 3. ህመም ወስጥ ስለነበርኩ 4. በአጥፊነት ስለደለድኩ 5. ህፃኑ ሆዱን አሞት ስለነበር 6. ጡቴን አሞኝ ስለነበር 7.ሌላ ካለ ይጥቀሱ_____	
38	እንገሩን(የመጀመሪያዎን የጡት ወተት) አልበዉ ጥለዉት ነበር ?	1. አዎ 2. አይደለም	
39	አዎ ካሉ ለምንድን ነበር ለህፃኑ ያልሰጡጥ?	1. ቆሻሻ ስለሆነ 2.የሆድ ህመም ህፃኑ ላይ ስለሚያመጣበት 3.ሌላ ካለ ይጥቀሱ_____	

የቡድን ወይይት መምሪያ

የመከፈቻ ጥያቄ(በሁሉም የሚመለስ)

ልዩዉ መኮነን እባላለሁ ። ከ ጅም ዩኒቨርሲቲ ጋር በመተባበር ከወሊድ በሆላ በአንድ ሰዓት ውስጥ ጡት ለማጥባት የሚያግዙ አበረታች ነገሮች እና ተግዳሮቶችን ለመለየት የማድረገዉ ጥናት ነዉ። ይህ የቡድን ወይይት የእናተዉን ጡት የማጥባት ተግባር ለማሻሻል ይረዳል። የእናንተ ተባባሪነት እና ቅንነት ለዚህ ጥናት ትልቅ ሚና አለሁ። እናንተ የምሰጡት አጠቃላይ መረጃ ሚስጥራዊ እና የተከበረ ነዉ። ወይይታችን ከመጀመራችን በፊት ለ እያንዳንዳችሁ እናንተን የሚወክል ቁጥር እንሰጣለን።

አናትነት በጣም ደስ የሚል ነገር ነዉ። ብዙ ሀላፊነቶች እናቶች ላይ ነዉ የሚረገጡት እና እናንተ እናት በመሆናችሁ የተሰማችሁን ነገር እስኪ ንገሩን?

የመግቢያ ጥያቄ

ዛሬ የዚህ ቡድን አላማ በዚህ አካባቢ ያለዉን ጡት የማጥባትን ተግባር ለመዳሰስ ነዉ። ለመጀመር ያክል እስኪ አጠቃላይ የሆነ ጥያቄ ስለ ጡት ማጥባት እና ጡጦ ማጥባት ልጠይቃችሁ።

ወደ እርግዝና ወቅታችሁ አስቡ። ምን አይነት መረጃ ነበር ያገኛችሁት ስለ ጡት ማጥባት እና ጡጦ ማጥባት?

- 1. የት ነበር መረጃዉን ያገኛችሁት
- 2. የእናንተስ አስተሳሰብ ምን ነበር ልጃችሁ አመጋገብ ላይ?

የመሸጋገሪያ ጥያቄ

- 3. አሁን ከልጅዎ ጋር ነዎ ስለ ጡት ማጥባት ያለዎት አመለካከት ምንድን ነዉ?
- 4. ስለ እንገር (የመጀመሪያዉ ወተት) ምን ያስባሉ?
- 5. እናቶችስ ጡት ማጥባት የሚያመጠዉ ጉዳት ምንድን ነዉ ይላሉ?
- 6. እንደሚታወቀዉ ሌላ ሰዎች እኛ ባህሪ ላይ ተፅእኖ አላቸዉ። በእርዎ ጡት ወይም ጡጦ የማጥባት ዝንባሌ ላይ የሌሎች ሰዎች ምክር ያሳደረዉን ተፅእኖ እንዴት ይገልፁታል ?

ቁልፍ ጥያቄዎች

- 7. የእርሰዎ የቅርብ ሰዎች ለልጅዎት መሚያደርጉት አመጋገብ ላይ የነበራቸዉ ሚናን እንዴት ይገልፁታል ?
- 8. የእርሰዎ የቅርብ ሰዎች ባለቤተዎ፣ ቤተሰብ እና ዘመዶሽ የልጅሽ አመጋገብ ላይ እንዴት ቢረዱሽ ደስ ይልሽ ነበር?
- 9. ለምንድን ነበር ቶሎ እንደወለዱ(በአንድ ሰዓት ውስጥ ጡት ማጥባት) ያልጀመሩት ?
 - ከጀመሩ የጀመሩበት ምክንያት ምንድን ነዉ?
 - ካልጀመሩ ቶሎ ማጥባት እንዳይጀምሩ ያደረገወት ነገር ምንድን ነዉ?

ወይይታችን ጨርሰናል። ተሳትፎችሁ እና ያደረጋችሁት ወይይት በጣም ይረዳናል። ሁላችሁንም ተሳታፊዎች አናመስግናለን።