AWARENESS, EXPERIENCE AND VIEW OF WOMEN TOWARD CHILDBIRTH POSITIONS AMONG WOMEN ON ANTENATAL CARE FOLLOW UP AT JIMMA MEDICAL CENTER, OROMIA REGION, SOUTH WEST ETHIOPIA

BY

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ABSTRACT

Background: *In Ethiopia, women have been giving birth at health facilities without considering their preference of birth positions. Accordingly, they routinely positioned at lithotomy position as standard medical practices during normal vertex vaginal childbirths, which results in negative maternal and neonatal outcomes. Thus, this study aimed to understand women's perception of birth positions.*

Objectives: *To assess awareness, experience, and view of women toward child birthing positions among women on antenatal care follow up at Jimma Medical Center, Jimma town, Ethiopia 2020.*

Methods and Materials: *Facility-based a cross-sectional study was conducted from March 20 to April 20, 2020. For the quantitative study, 287 women were selected by a systematic random sampling technique. The data were entered into Epidata version of 3.1 and exported to Statistical Package for Social Sciences (SPSS) of version 21 for descriptive analysis. For the qualitative study, women from postnatal and maternity care providers were selected purposively. The audio was transcribed, translated, coded, and categorized to respective identified themes. Then, thematized by Archive for Technology, Lifeworld and Everyday Language.text interpretation (ATLAS.ti version 8) software for thematic analysis in triangulation with the quantitative findings.*

Results: *A total of 287 women have participated in this study. From the participants, 146(51.8%) of them knew only (lithotomy) whereas 135(48.2%) knew other alternative birth positions. Almost a total of 222(99.5%) of women gave birth at a lithotomy position during their last delivery at the health facility. However, the women gave birth at home used alternative birth positions like 36(63.2%) sitting, 10(17.5%) lithotomy, and 9(15.8%) used a supine position. The women and health care providers were responded on factors affecting the use of alternative birth positions in the health facility. These were due to women's lack of awareness about birth positions, women's passivity to respect their decision-making on their position of preference, and health care professionals' knowledge and skill gaps on alternative childbirth positions.*

Conclusion and recommendations: *The women of more than half had poor awareness of childbirth positions. They were coerced and adopted birth positions directed by health care providers. Therefore, health care providers' practice should be intensified through the provision and implementation of evidence-based alternative birth positions.*

Keywords*: Antenatal care, Awareness, Birthing position, Experience, View, Woman*.

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TABLE OF CONTENTS

CONTENTS **PAGES**

LIST OF TABLES

LIST OF FIGURES

LIST OF ABBREVIATIONS

ANC	Antenatal Care
APGAR	Appearance, Pulse, Grimace, Activity and Respiratory
ATLAS.ti	Archive for Technology, Life-world, and Everyday Language. text interpretation
BSc	Bachelor of Science
COREQ	Consolidated criteria for Reporting Qualitative research
CRC	Compassionate, Respectful and Caring
EMDHS	Ethiopia Mini-report Demographic Health Survey
ETB	Ethiopian Birr
GA	Gestational Age
G/P	Gravity and/or Parity
HCP	Health Care Provider
ID No	Identity number
IRB	Institutional Review Board
JMC	Jimma Medical Center
OB/GYN	Obstetrics and Gynecology
Km	Kilometer
Mdw	Midwifery
MSc	Master of Science
PI	Principal Investigator
Prof	Professor
SDG	Sustainable Development Goal
SPSS	Statistical Package for Social Sciences
TBA	Traditional Birth Attendants
WHO	World Health Organization

CHAPTER ONE: INTRODUCTION

1.1 Background

The maternal birthing position is the arrangement of the parturient body parts with the horizontal plane to give a child during the second stage of labor or the physical postures the pregnant mother may assume during the process of childbirth(1,2). It can be categorized as horizontal (an angle of less than 45° between the horizontal plane and the line linking the midpoints of the 3rd and 4th lumbar vertebrae) and vertical (the angle of greater than 45°). The vertical position includes squatting, sitting, kneeling forward, and standing whereas the semi-recumbent, dorsal decubitus/supine, and left lateral positions are the category of the horizontal positions(1)**.** The position nowadays most widely had been used in maternity units is based on the work of the 17th –century France obstetrician named François Mauriceauan(3). The positions adopted naturally by women in England during birth were described and observed that a primitive woman(not influenced by western civilizations), would try to avoid the supine position and assume different upright positions such as standing, sitting, kneeling, and squatting(4).

In Africa, before colonization, it is evident that women were giving birth at various alternative birth positions including sitting, squatting, kneeling using hands and knees, and the left lateral birth positions. These positions were common birth practices that usually occurred in a home setting (5). The world health organization endorsed the use of alternative birth positions which are associated with favorable maternal and childbirth outcomes but, the recent report revealed that lack of respect for women's preferred birth positions(6,7). Seemingly in Ethiopia, the guidelines for maternity care in collaborating with the national guideline of maternal and child health endorsed the use of alternative birth positions during delivery(8). It articulated that women should be positioned at a birthing position of their choice and preference. However, women are still giving birth at the lithotomy birth position irrespective of considering their preference of positions and evidence-based medical precaution. Therefore, the focus of this study was to understand women's perceptions of different birth positions.

1.2 Statement of the Problem

Since 1668 and the introduction of obstetric instruments, a half-supine position with the woman's legs on the support has been used(9)**.** This position is not for the sake of woman comfort and preference rather than to allows a view of the perineum during delivery, facilitates maneuvers, and as the standard medical practices by birth attendants(9,10). The alternative birth positions including upright, kneeling, squatting, and lateral positions, improve maternal and newborn outcomes(11). Despite the clear evidence, women routinely positioned in a supine position during normal vertex vaginal childbirths which is popular in developed countries(11).

A national survey of America reported that more than two-thirds (68%) of women undergoing vaginal delivery given lying at supine position(12). Similarly, in many Asian countries usually women assume the supine position to give birth(13). A study done in France showed that 87.6% of midwives reported that they prefer dorsal positions, which include lithotomy positions, and their regular use of stirrups was also reported by 66%(14). A descriptive survey conducted in Malawi has shown that the majority of 91.4% of them gave birth at the supine positions(5).

The most prevalent birthing position across the world is the supine positions that result in negative effects on laboring mothers(15). For example, women gave birth at supine positions were compared to women upright supported positions, it showed that the duration of the second stage of labor in supines was 65 minutes whereas the upright position was 56minutes. Similarly, the rates of using instrumental forceps and vacuum delivery were high 42% when compared to an 8% upright positions(16). The lithotomy birthing position had also a significant association with 16% induction of labor, 27% used of epidural anesthesia, and 42% performed an episiotomy, which may extend to third and fourth-degree tears(17). Additionally, the lithotomy position dropped blood pressure from normal baseline by 17% for hypotension which results in poor blood supply to the uterus and leads to fetal distress, and when women of upright positions blood pressure remained 100% normal(18).

The lithotomy position also adverse mode of delivery, as an observational cohort study revealed that women positioned at supine gave birth vaginally by 47.8%, while those assigned at uprights position gave vaginal birth by 87.1%. Surprisingly, in this study episiotomy was performed in 100% of women who gave birth at supine positions while 32.2% in uprights positions(19). A study was done in the Sandman Provincial Teaching Hospital stated that a patient who gave birth at the lithotomy position exposed by 7.3% for episiotomy extension, when compared to a squatting position in which there was no episiotomy extension. Again in the same study, the clinical increment of forceps delivery was 24% at a lithotomy position while at squatting 11% used forceps delivery which indicated the intervention of natural physiology posed the mothers for different complications(20).

A study done in the Sydney birth center from January 1996 to April 2008 showed that there was no difference in the five-minute APGAR less than or equal to seven between water birth and any other birth positions except for semi-recumbent position. But another study revealed that irregular fetal heart rate patterns were observed among 7% of women at the supported sitting group whereas compared to women of 13% at the supine-lithotomy group(21,22).

Despite providing alternative positions and respecting women's preferences during the second stage of labor, maternity health providers request a woman to open the legs one to a side and the other leg to the other side at lying supinely on the stretcher that further hurts their self-control and dignity(23). In other parts of the world, the women delivered at home with the help of traditional birth attendants, used upright birthing positions as their choice and preference(24). Since health care providers were underestimating mothers' preference of positions in angles of their cultural norms and traditions they prefer to give birth at home that poses the life of both mothers and newborns on risk in multidimensional(25).

The women's awareness of the alternative birthing positions is important to promote the empowerment of women across their choices and childbirth(26). However, the women's testimony showed that knowledge about the positions to have childbirth is unlikely and as soon as a woman starts feeling of pushing down pain, the health providers request to open their legs to easily view the perineum by lying at supine on the stretcher(23). The majority of women delivering in hospitals

were not aware of their rights to be informed about the choice of birth position rather they often accept what is offered to them by health care providers(27).

In Ethiopia, an average of greater than 50% of women gave birth at home without skilled birth attendants(28). A lot of strategies (provision of a lifesaving emergency obstetric and newborn care, health extension workers program, pregnant women forum, and Compassionate, Respectful and Caring) had been taken to reduce maternal home delivery(8,29,30). However, nowadays-maternal home delivery is high in Ethiopia(28). In the health facilities, women had been positioned routinely at lithotomy for childbirth despite assisting them in a comfortable position of their choices, as upright as possible even until avoiding the supine position(31).

Therefore, as far as my knowledge is concerned, disrespecting of the maternal perceptions on childbirth positions at the health facility had its effects in reducing institutional delivery. Additionally, there was no visible study done regarding birthing positions. Therefore, this study has played its contribution to recognizing women's awareness, experiences, and view/unique perspective toward birthing positions. Furthermore, this study also revealed why maternity care providers did not give the opportunity of alternative birthing positions at the health facility.

1.3 Significance of the study

The enabling women to adopt different child birthing positions of their preference can contribute to a positive experience of maternity care. It also contributes to women's sense of accomplishment, self-esteem, feeling of competence, and wellbeing. Accordingly, maternity health care providers play a pivotal role in maintaining women's autonomy of childbirth positions in labor and delivery for safe practices to promote the normal physiological process of birth.

Therefore, as far as my knowledge is concerned, there was no study done on women's awareness, experience, and views of child birthing positions in our country. So this study aimed to understand women's perception toward child birthing positions, to put under consideration of once woman choice of birthing positions at the health facility, to facilitate the protocol of intrapartum care and set up at health facility on alternative birthing positions and to initiate alternative birth positions practices in the academic curriculum. At the end, it can be a baseline for further researches in Ethiopia.

CHAPTER TWO: LITERATURE REVIEW

2.1 Awareness of women toward childbirth positions

A cross-sectional a descriptive study among 392 pregnant women attending booking antenatal clinics in Nigeria from June to August 2011 found that less than 30.9% knew more than one position to assume for childbirth. On the other hand, 69.1% of them knew only one position for childbirth and the most known position was the 99.2% supine position(patient lying on her back), while the least known position was kneeling on hands, and knees 4.6%(32). A study conducted in the Dutch primary care at midwifery practices between 2005 to 2007 among 1154 women on factor influencing the fulfillment of women preferences for birthing positions indicated that nearly all women knew at least one another position and of women who attended antenatal care follow up 80% of them were informed about birthing positions(33).

A cross-sectional comparative study done among 315 women in Ile-Ife and Katsina in Nigeria on women knowledge of birthing positions of postnatal clinic showed that 82% knew supine, 37% knew lithotomy, 8.2% knew lateral, 10.2% knew sitting, 22% knew squatting, 23.3% knew kneeling and 2% knew standing positions. A cross-sectional study done in the Kenya referral hospital on an investigation into the perception and preference of birthing positions among 101 selected women showed that the majority of women 42% just knew about different birth positions. Through the previous birth experience, 38% of women were informed about birth positions by maternity health care providers in labor wards, and 20% informed from friend/relative, media, and traditional birth attendant(4). According to this study, 57.87% of women knew that they had a right to use their preferred birthing positions(4).

2.2 Experience of women toward childbirth positions

A mixed study was conducted in Tanzania on mobility and maternal position during childbirth among 1151 for structured interviews of postnatal women. It showed that the study participants of 98% was used a supine position at four public hospitals whereas, 0.2% used sitting and 0.1% used squatting positions. Additionally, it suggested that the majority of women's preference of position for delivery was supine position by more than 86.7% whereas, 1.6% preferred sitting and 0.1% preferred squatting position(27). A study was done in Australia from June 1, 1999, to March 31, 2002, at a large public tertiary referral teaching hospital in Queensland on the association between

maternal birthing positions and perianal trauma of 3756 births. It revealed that most of the women 65.9% gave birth to the supine positions. Accordingly, 14.6% gave birth at the lateral position, 1.4% at kneeling, 9.9% at kneeling, 1.3% at squatting, 0.8% at sitting, and 4.1% used standing position(34).

A cross-sectional study was conducted in the Kenya referral hospital on women's preference and perceptions toward birthing positions among 101 selected postnatal women. It showed that, from 27% women of home delivery 76% used a lithotomy birthing position, 12% used a kneeling position, 8% used squatting and 3.7% used a sitting position. From the total study participants', the majority 76.8% of women preferred supine position whereas, the others preferred 10.5% side lying, 8.6% preferred kneeling, 2% preferred squatting, and 2.5% did not know their choice. The reasons given by the women for their birth positions preference were 41.7% for the seeks of comfort during birth, 18.6% for an easier birth, 13.04% for baby is born sooner, 8.7% safe for the child, and 7.82% didn't know the reason of their preference (4).

A mixed cross-sectional study was done in Nigeria between April 24, 2014, to January 8, 2015, at tertiary obstetric units on mothers' and midwives' perception of birthing positions and perianal trauma among 101 mothers and 101 midwives. It stated that the majority of mothers 85% gave birth to the lithotomy position. In a similar study, 13% of women used other non-supine positions, and these positions were the suggestion of midwives up to 85% for childbirth. Therefore, the health care providers suggested that they(women) would be willing of 96% to adopt different birthing positions if given an opportunity(35). Another finding of a cross-sectional community-based was conducted in the Nigeria Plateau State among 253 women who gave birth by traditional birth practices and reasons for preference of home delivery. It revealed that the women preferred to give birth at home by 74.2%, Because they didn't like the lithotomy birthing position in the hospital, and when asked for their positions preference, 41.1% preferred squatting, 42.7% preferred a supine while, 12.3% preferred sitting down position(36).

2.3 Unique perspective/view of women toward childbirth positions

A qualitative study done from April to December 2002 in the Netherland on the view of women toward different birthing positions among 20 women from postnatal on the second stage of labour revealed the barriers of not using alternative birth positions. In this study, the women explicitly mentioned the advice given by the midwife was by far the most important factors that influenced their choice of birthing positions(37).

According to an exploratory study conducted at the public hospital in the Tshwane district, Pretoria on factors hindering the utilization of alternative birth positions during labor and delivery, the midwives' convenience and comfort is an issue to use lithotomy. Because when assisting a delivery in that position it provides a good view of the perineum, ease of labor monitoring and minimizing the midwives' physical strain during the birth, and other factors include; lack of necessary skills & training, lack of equipment, communication difficulties between maternity health care providers and women for alternative positions(38).

A study was done in the Niger Delta region of Nigeria during November 2014, on women and midwife perception toward birthing positions revealed that, even though the right to the preference of birthing positions pretend to women, the majority of midwives used supine positions when assisting childbirth. Because they perceived that this position is the one they were taught and most of the pictures that are found in midwifery and obstetric books. As a result, most of the maternity care providers had never used positions such as squatting, standing, kneeling & sitting despite they aware of other birthing positions(35).

A mixed study was conducted in the Obafemi Awolowo University teaching hospital and federal medical Centre, katsina in 2016 in Nigeria on women knowledge, attitude, and experience regarding birthing positions between antenatal clinic visits. The key informants (health care professionals) in this study revealed that most health care providers felt incapable of conducting delivery in anything other than the dorsal, lithotomy/semi-recumbent positions. The major reason for this was the fact that these supine positions were the only positions on which they were trained in midwifery school to conduct delivery, and they impressed that the supine positions were safer, more convenient for the accoucheur, increased access, and better control over the delivery process(39).

A qualitative study was done from April to December 2002, in the Netherland on the view of women toward different birthing positions among 20 women from postnatal. The women thought on birthing positions that, they felt more intense labor pain in upright positions compared to a supine position, and two women felt the opposite. Similarly, in this study two women felt more intense labour pain at supine positions compared to a lateral position(37). Additionally, the women in this study related difficulties of daily activities, tiredness, and emotional wellbeing with the birthing positions they adopted during the second stage of labour in the health facility(37). Moreover, the women in this study thought that midwives should provide information on birthing positions, and creating space for birthing stool. Nevertheless, during antenatal classes, many more birthing positions were discussed by the midwives, and the women greatly appreciated, the practical information, in particular, was valued and need to be improved(37).

Another a cross-sectional descriptive qualitative study among 16 postnatal women and 7 health professionals at the Mugana Designated District Hospital, Missenyi District in the Kagera Tanzania was conducted. It revealed that the nurse-midwives thought that there would be no point in letting women choose their preferred positions because if the opportunity of alternative positions provided, the mothers end up with the problem(40). Similarly, in this study, some mothers thought that the alternative birthing positions were not good, but some women had had the opportunity to use alternative birth positions, had a very positive view towards it. For instance, a postnatal mother of 29 years old with three children said that she gave birth at a lateral position quickly without any complications(40).

A mixed study conducted in Obafemi Awolowo University teaching hospital and federal medical Centre, katsina in 2016 in Nigeria on women's attitudes regarding birthing positions(39). Accordingly, women in this study viewed supine positions positively whereas; other positions including the upright positions were mostly unfavorable. However, those women who had exposure to the upright birth positions such as kneeling or squatting in their previous deliveries had a positive reaction to the positions and as it is safe for them(39). Similarly, all interviewed health care providers expressed interest in receiving further training in the use of alternative birth positions for the future of their clients(39).

A qualitative study was done in January 2011 in five Woredas in the south Wollo Ethiopia among 46 women who had childbirth recently on a normal delivery that takes place at home. It showed that the traditional birth attendants had seen as a positive providing view because they enable the laboring mothers to move freely around the house, and all given birth at kneeling position and this position is regarded as the normal and dignified to give birth(41).

Another study was done between March to April 2014, in Amhara, southern nation, nationalities, & people of the regional state in Ethiopia involving 4 midwives and 42 women on disrespect & abuse during pregnancy, labour, & childbirth. It revealed that when laboring mothers felt pushing down pain and fetal head visible, the mothers jumped out of the delivery couch to the floor to give birth at sitting position, and refused to give birth on the delivery coach(42). Additionally, another finding from September to October 2013, in three regions (Afar, Somali, and Benishangul-Gumuz) in Ethiopia stated that, the position of delivery (requested to lie on her back) is usually concerns of the health care provider. This contradicts with the culture of the mothers and exposes their privacy so that they hate this position prefer for a home birth (43).

Generally, in above the literature reviews, I tried to show what had been done before on study title under separated categories of awareness of women to different birth positions and their previous experience of birth positions. Additionally, views/perspectives of a woman toward birth positions were paraphrased with core frame of the barriers that affect using alternative birth positions, the effect of positions on labour, mother, and newborn, and finally, the requirement of preparedness from both mothers, and health care providers to facilitate the evidence-based birth positions were described from relevant and available articles.

2.4 Theoretical Framework

This study is supported by Virginia Henderson's need theory. It illustrated that nursing as primarily assisting the individual (sick or well) in the performance of those activities contributing to health, or its recovery (or to peaceful death), that he would perform unaided if he had the necessary strength, will, or knowledge(44). The theory focuses on the significance of ensuring the patient autonomy to speed their recovery in the health facility, how nurses can aid the patient in attaining basic human needs. The society, culture, health provider, and health facility have to aid the client to achieve the theory's fourteen functions(44).

The need to move and maintain the desired position is directly applicable in changing of positions by a woman in labour and birth. In the ability to choose, the majority of women will react to pain through movement; these movements drastically reduce pain and aid the baby to be able to access the best passageway through the pelvis(11). The women need to have different positions during labour, and delivery like sitting, squatting, walking, standing, and lying down of reducing the labour duration; this also relieves discomfort because of reducing the need for painkillers and operative procedures to aid childbirth. Especially if seen from the angle of gravity it assists in the descent of the baby mainly when the mother assumes upright positions for childbirth(45).

The theory highlights the fourteen components of the basic needs of clients/patients. These components show a holistic approach to nursing that covers the physiological, psychological, spiritual, and social that can incongruent with child birthing positions(44). The first nine components are physiological needs and a few of them includes: breathing safely in a suit, to drink and eat satisfactorily, to get rid of body excrement, to aid in mobility and retain desirable positions, to ensure normal body temperature, to be safe from any dangers in the environment and free communication to others. The tenth and fourteenth are psychological ability to worship regardless of one's faith and along with health and use of accessible health facilities. The eleventh component is spiritual and moral which is work in such a way that there is a sense of accomplishment. Lastly, the twelfth and thirteenth components are sociological specifically addressing occupational and recreation(44).

CHAPTER THREE: OBJECTIVES

3.1 General Objective

⇒ To assess women's awareness, experience, and view toward childbirth positions among women on antenatal care follow up at Jimma Medical Center 2020.

3.2 Specific Objectives

⇒ To determine the level of awareness of women toward childbirth positions among women on antenatal care follow up at Jimma Medical Center 2020.

⇒ To describe the experience of women toward childbirth positions among women on antenatal care follow up at Jimma Medical Center 2020.

⇒ To explore the view of women toward childbirth positions among women on antenatal care follow up at Jimma Medical Center 2020.

CHAPTER FOUR: METHODS AND MATERIALS

4.1 Study Area and Period

The study was conducted from March 20, to April 20, 2020 in Jimma medical center (JMC). JMC is found in Jimma town that is 352 km from Addis Ababa capital city of Ethiopia. As the population projection of 2014/15 indicated that the total population of Jimma zone is 3,090,112, out of this according to world population prospects of 2019 revision the total population lives in Jimma town is 128,306. According to Jimma Zone Health Bureau report, the zone has 8 district hospitals, one referral and teaching hospital, and 121 health centers while in Jimma town two hospitals and four health centers with 30 Private medium clinics, 21 Private pharmaceutics, 30 Private Drug stores, 7 Private primary clinics and 3 Diagnostic laboratories present(46).

JMC is the only referral hospital for southwest Ethiopia. It provides different services such as medical, surgical, emergency, gynecological and obstetric, physiotherapy, Ophthalmology, and recently commenced a reproductive health center to 15 million people. It has 1600 staff members, 32 intensive care units, 800beds, providing services for approximately 15,000 inpatients, 16,000 outpatient attendants 11,000 emergency cases, more than 4500 deliveries, 9400 women follow for antenatal care in a year while, an average of 814 women monthly come to the hospital from the catchment population, as Jimma medical statistics report in 2018/19 indicated(47).

4.2 Study Design

A cross-sectional institution based study design was employed with convergent parallel mixed research method. For qualitative study, descriptive phenomenological approach was employed to explore the view/perspective of the women about childbirth positions at Jimma Medical Center.

4.3 Population

4.3.1 Source population

For the quantitative study, all women on antenatal care follow up at Jimma Medical Center

For the qualitative study, all women on postnatal unit at Jimma Medical center

4.3.2 Study Population

For the quantitative study, all selected women on antenatal care follow up at Jimma Medical Center during the data collection period.

For the qualitative study, all selected women on postnatal unit at Jimma Medical center during data collection period

4.3.3 Study Unit

Woman/mother and health care professionals

4.4 Eligibility criteria

4.4.1 Inclusion criteria

For the quantitative study, a woman on antenatal care follows up who had a vaginal birth of a live baby regardless of the place of delivery and gestational age.

For the qualitative study, a woman on postnatal unit with vaginal birth of alive baby. The maternity health care providers who are in charge of the maternity unit with at least six months' work of experience in the hospital were eligible for this study.

4.4.2 Exclusion criteria

A woman of primigravida, who had an instrumental delivery, or suffered serious medical conditions and required obstetrician-led care was excluded. Additionally, a woman with severely ill and unable to gives responses during data collection were excluded.

4.5 Sample Size Determination and sampling techniques

4.5.1 Sample Size determination

For the quantitative study, the sample size was determined by using a single population proportion formula.

$$n = \frac{(Z\alpha/2)^2 p\,(1-p)}{d^2}$$

Where: **n** = number of required sample size

P = 50% of the proportion of a single population because as far as my knowledge is concerned, there was no previous study done on a similar topic in Ethiopia.

q = 1-p

W = Marginal error which is 0.05

Z $\frac{\delta}{2}$ = standard score of 95% Confidence interval (1.96)

$\mathbf{N_1}$= 384, since the total population size was N=814 ($\leq$ 10,000) the finite correction formula was used. After correction formula ($\mathbf{N_f}$ =384/1+384/814) =260 and 10% non-response rate the final sample size was $\mathbf{N_f}$**= 287**.

For the qualitative study, the adequacy of the sample size was attained when sufficient data had been collected so that saturation occurs and variation is both accounted for and understood. According to Polkinghorne (1989) for phenomenological studies, saturation means that no new or relevant data seem to emerge regarding a category, the category development is dense and the relationships between the categories are well established(48). Among the 17 recruited participants, 15 of them were sampled when saturation was achieved. The saturation of data was identified because both the data collection and analysis were done simultaneously. After each data collection, there was transcription, read, and re-read to extract significant statement. Therefore, this process enabled to get data saturation easily.

4.5.2 Sampling Techniques

For the quantitative study, study populations were calculated from twelve months report of pregnant women attending antenatal care service at Jimma Medical center of 2018/19. Then, the average of a month was taken, which was 814. The total sample size was (N=287) and the K^{th} value was determined by dividing the study population 814 to the final sample size 287 which resulted (814/287) = 2.8 approximately k value was three (3). The study participants were selected by systematic random sampling technique from women on antenatal care follow up on exit interview if they were eligible by using the "k" value interval (k=3). The first pregnant woman was selected based on the lottery method.

For the qualitative study, the purposive sampling technique was employed.

4.6 Data collection instruments and procedures

4.6.1 Data collection instruments

The questionnaires consist of close-ended and interview guides which were adapted and customized from validated tools(4,32,35,37).

For the quantitative study, assessment tools consist four parts. The first two of them were 1) Socio-demographic characteristic (age, marital status, residence, educational level, religious, occupation, number of children) and 2) Woman obstetric history (Number of children, frequency of ANC visit,

gestational age.) The second two categories were 3) Awareness of women toward birthing positions (supine, lithotomy, lateral, standing, sitting, squatting & kneeling), and 4) experiences of previous birthing positions (ANC visit, counseling on positions, place of delivery, a position at-home birth, birthing position at the health facility, by whom the birthing position is chosen, position preference, reasons of preference.

For the qualitative study, the open-ended questions were preferred because it will supply a frame of reference for the participants' answers. Based on the research question probes and follow up questions were used to gain an in-depth understanding on the topic of the study. Streubert Speziale and Carpenter stated that a descriptive method in data collection of a qualitative research is central to open-ended unstructured interview investigations(49).

Accordingly, the interview guides were used to explore views of a woman toward childbirth positions that were categorized under the certain schematized areas. Including 1) Factors affecting the use of alternative birthing positions, 2) the influence of birthing positions on labor, health of mothers, and newborns, 3) preparation regard to different positions.

4.6.2 Data collection procedures

For the quantitative study, the data was collected by three BSc Nurse under daily supervision by one BSc Nurse using a face-to-face interview method. All the data collectors and a supervisor were fluent in speaking, writing, and reading Afan Oromo and Amharic languages. A woman was selected on exit after receiving antenatal care. A woman who did not fulfill inclusion criteria was jumped, and the next immediate visitor was selected.

For the qualitative study, the data collection process was done using an in-depth interview guide with open-ended questions by principal investigator. The investigator was engaged with participants posing questions in a neutral manner, listening attentively to participants' responses and asking follow up and probes questions based on participants' response. The interview was conducted a face to face and was involved one interview with one participant at a time(50).

For each participant, the interviews were conducted at the range of 15 to 30 minutes. The interviews were conducted by researcher in translating to local language, Afan Oromo and Amharic, using the English version open-ended interview guide. The permission was obtained from participants for audio recording of interview guide. All interviews were digitally recorded and transcribed verbatim by the investigator. In addition, short field notes were used for non-verbal

(facial, head nodding, etc.) expressions as a means of data collection through active interaction with researcher-participants. The investigator held a debriefing session each day during the entire fieldwork and the newly emerging probes were included in the emerged themes and guide for the next data collection(50,51).

4.7 Study Variables

Socio-demographic variables: Age, residence, ethnicity, religious, educational level, occupation

Woman obstetric history: Number of children, frequency of ANC visit, gestational age

Woman awareness of positions: Lithotomy, supine, side lying, squatting, sitting, kneeling and standing

Experience of the woman on previous birth position: Antenatal visit, the counsel of birthing positions during ANC, Place of last delivery, the position of last birth, by whom the position is chosen, Position of preference, reasons for preference

Interview guide on view/perspective of women on birth positions: Includes: Factors affecting the use of alternative birthing positions, the influence of birthing positions on the labor, effects of birthing positions on the delivery, the influence of positions on the health of mothers and newborns, preparation regarding different birth positions

4.8 Operational Definitions

Awareness: is the woman knowing or being conscious of birthing positions(32,52).

Good awareness: A woman answered yes to an average of six or more than birthing positions(39).

Fair awareness: A woman answered yes to 3-5 birthing positions(39).

Poor awareness: A woman answered yes to less than 3 birthing positions(39).

Experience: Is the observation or feelings woman undergo on birth positions in her history of alive childbirth(35,52).

View/perspective: is the way a woman perceive the effects of birth positions on labour, mother and newborn(52,53).

Birth position: is the position of the woman resume at time of birth (regardless of position during first stage of labor)(2).

4.9 Data processing, analysis, and Interpretation

4.9.1 For Quantitative study

First, the data were checked for completeness, and then each complete questionnaire was given a code. The data was entered into Epidata version 3.1 and exported to statistical package for social science (SPSS) version 21 for analysis. The descriptive analysis including frequency, proportions, measures of central tendency, and dispersion was done appropriately. Finally, the results were summarized and presented by tables, charts & graphs. At the end, the results were triangulated with qualitative findings, and discussed with previous done similar article.

4.9.2 For Qualitative study

The recorded data were transcribed and reviewed with audiotapes, as well as notes were taken on fieldwork. The verbatim data was translated from Afan Oromo to English and checked to maintain consistency.

The data was imported from the word document into ATLAS.ti Development GmbH software for analysis. The investigator used thematic data analysis approach that looks across all the data to identify the common issues that recur and identify the main themes that summarize all the views collected. It is based on prior categories and the categories that become clear to the investigator as the analysis proceeds. Accordingly, the data analysis passed through the following different steps.

The first step was organizing the data in which the investigator familiarized with data by reading the transcripts through literal reading (concerns structure of the documents), and interpretive readings (in which the investigator synthesized and inferred the documents by own words and meanings). The second step was generating the subcategories, categories, and themes by noting the patterns in the data. Then, the coding of data was followed to apply the categories to the documents as well as to enable examples of the data to be used in the write up of the qualitative analysis. The fourth-step data analysis passed through was in which the investigator tested the emergent of the data and applied established theory. The final steps were in which the investigator searched for alternative explanations of the data and writing the reports. Lastly, the narrative texts followed by participants' quotations were applied around the themes. In addition, it is discussed within triangulation of quantitative findings(54).

4.10 Data Quality Management

4.10.1 For Quantitative Study

The questionnaires were prepared in the English language, translated to local languages Afan Oromo and Amharic, and again translated back to English to check for consistency. The data collectors and a supervisor were trained by the principal investigator on the objective of the study, confidentiality of information, participant's right, informed consent, and techniques of the interview. One week before the actual data collection, the validity of the content of instruments was checked, pretested on 5%(29) sampled women at Agaro General Hospital. Based on the pretest results necessary amendment was made to the questionnaire. Then, after the modification of the questions on women's awareness and experience of birthing positions, the reliability of the questions was tested; Cronbach's alpha test was 0.70. At the end of each data collection day, the supervisor and investigator were checked out the completeness of filled questionnaires. Any error, ambiguity, incompleteness, and other encountered problems were addressed the following day before starting the next day's activities. Any missing values were checked before data analysis.

4.10.2 For Qualitative Study

The interview guides were used based on information gained from the literature review and included open-ended questions and probes. It was prepared in English language and translated to the local languages Afan Oromo, Amharic, and back-translated to English to maintain consistency. The interview guides were pretested on two women on postnatal unit to ensure their relevance and appropriateness. The entire interview was recorded, transcribed, and translated to the English language. The consolidated criteria for reporting qualitative research (COREQ) checklist that include three domains: research reflexivity, study design, and data analysis and finding were used to guide the reporting of this study(55).

The various steps had been taken to ensure the trustworthiness of the data. To ensure the credibility of the data, the members of the study checked the interview responses to ensure truth-value from the participants' point of view. All participants were seen equally by using a similar guide and approaches. Additionally, peer researchers were also engaged to reduce biases. The advisors had examined the documents and interview notes, as well as products (findings & interpretations), attested that these were supported by raw data to ensure the dependability of the data. Similarly, the transferability of the data was trusted through selecting the study participants purposively from adequate and different types of respondents, to assess the consistency and divergent responses that

usually reflect individual differences including women on the postnatal unit and maternity health care provider. In addition, the respondents were assured that the interviews were conducted purely for research purposes. The other is the conformability of the data, in preference to objectivity. Therefore, the oral recorded and the transcribed texts were compared to ensure their consistency that the way and their interpretation were actual, similar and not fabricated. In addition; the researcher bracketed consciously previous concepts and understandings in order to understand, in terms of the perspectives of the participants interviewed regarding the topic of interest in this study.

4.11 Ethical Consideration

The ethical clearance was obtained from Jimma University, Institute of Health, Institutional Review Board (IRB), and a written permission letter from the School of Nursing and Midwifery was granted. The purpose and process of the study were explained to all participants. They had informed that their participation was voluntary and withdraw at any time for any reason without any penalty. The verbal consent was obtained by asking a woman if she would participate in the study after explaining the purpose and reassuring her confidentiality. The interviews took place within the hospital premises, in a quiet room that provided privacy from other personnel. Lastly, the participants were informed that the in depth-interviews would be recorded and agreed that their anonymous quotes could be used.

4.12 Dissemination Plan

The result of this study is little use if not communicated to others. Therefore, this will be presented to Jimma University, School of Nursing and Midwifery, a copy of the final report will be handed to the postgraduate studies office. Besides, the study will be presented to the concerned body in the study area and published on local as well as peer-reviewed journals. Finally, it will be disseminated to policymaker and non-governmental organizations.

CHAPTER FIVE: RESULTS

A total of 287 pregnant women on antenatal care follow up were participated in this study giving a 98.0% response rate. Additionally, ten women and five health care providers were participated for in-depth interview. The results were presented under subheading as follows.

5.1 Socio-Demographic Characteristics

5.1.1 For Quantitative study

The participants of 113(40.2%) belonged to the age group of 23 to 27 years with a mean age of 26.66 ± 4.35 years. A majority of women 275(97.9%) were married. Regarding ethnicity group more than half 159(56.6%) of women were Oromo. The religion followed among respondents 133(47.3%) were Muslim.

The most of respondents 180(64.1%) were urban residents. Regarding the educational status of respondents, 89(31.7%) were illiterate. Half of women 144(51.2%) occupational status were housewives. The women of 36(26.9%) had monthly income between 500 to 1087ETB (***Table 1***).

Table 1: The distribution of study participants by their socio-demographic characteristics at Jimma Medical center 2020

VARIABLES	CATEGORIES	FREQUENCY(N=281)	PERCENT (100%)
Age	18-22	55	19.6
	23-27	113	40.2
	28-32	87	31.0
	33-37	22	7.8
	38-42	4	1.4
Marital status	Married	275	97.9
	Others*	6	2.1
Ethnicity	Oromo	159	56.6
	Ahmara	54	19.2
	Tigre	11	3.9
	Wolayta	14	5.0

	Dawuro	15	5.3
	Gurage	16	5.7
	Others**	12	4.3
Religion	Muslim	133	47.3
	Orthodox	88	31.3
	Protestant	53	18.9
	Catholic	7	2.5
Residence	Urban	180	64.1
	Rural	101	35.9
Educational status	Illiterate	89	31.7
	Grade 1-8	72	25.6
	Grade 1-9	56	19.9
	Grade 10^{+3} or more	64	22.8
Occupation	Daily laborer	35	12.5
	House wife	144	51.2
	Merchant	41	14.6
	Gov't Employee	56	19.9
	Others***	5	1.8
Monthly income(ETB)	500-1087	36	26.9
	1088-2087	31	23.1
	2088-3087	24	17.9
	3088-4087	21	15.7
	4088-5087	18	13.4
	5088-6087	4	3

Others* (single, widowed and divorced), ** (Yem, Kefa, Silt and Hadiyya), * (Farmers and Beauty salon)**

5.1.2 For qualitative study

Ten women had interviewed and their ages were between 22 to 32 years. Six women were literate where the remaining four were illiterate. The women were mostly Muslim and orthodox followers

Table 2: The distribution of study participants' socio-demographic characteristic for in-depth interview at Jimma Medical Center 2020

Participant Code	Age	Educational status	Gravid and parity	Religion	Consent
01	29	Illiterate	3 & 2	Orthodox	Verbal
02	27	Literate	3 & 1	Muslim	Verbal
03	30	Literate	3 & 3	Orthodox	Verbal
04	24	Literate	2 & 1	Protestant	Verbal
05	32	Illiterate	5 & 4	Orthodox	Verbal
06	23	Illiterate	2 & 2	Muslim	Verbal
07	26	Literate	2 & 1	Muslim	Verbal
08	23	Literate	2 & 2	Orthodox	Verbal
09	30	Illiterate	4 & 2	Muslim	Verbal
010	22	Literate	2 & 1	Protestant	Verbal

From health care providers five professionals were interviewed from labour, delivery, and prenatal ward with three BSc midwifery, one Diploma midwifery, and one OB/GYN specialist. They were three male and two female with age between 27 to 34 years. Their work experience was a range of 2 to 6 years.

Table 3: The distribution of health care providers' socio-demographic characteristics for in-depth interview at Jimma Medical Center 2020

Participant Code	Age	Sex	Educational status	Experience	Consent
1	28	Male	BSc Midwifery	3 years	Verbal
2	34	Male	OB/GYN specialty	2 years	Verbal
3	29	Male	BSc Midwifery	3 years	Verbal
4	28	Female	Diploma Midwifery	6 years	Verbal
5	27	Female	BSc Midwifery	3 years	Verbal

5.2 Obstetric Characteristics

From the respondents' majority of them, 249(88.6%) had four or fewer children with a mean of 2.43 ±1.78 children. Similarly, the majority of women 255(90.7%) had four or fewer times antenatal visits with a mean of 2.67±1.5 frequency. Again women visited antenatal care follow up were between gestational age of 13-24weeks 78(28.3%) and 25 to 32 weeks 80(29%) ***(Table 2)***.

Table 4: The frequency distribution of study participants' by their obstetric history at Jimma Medical Center 2020

VARIABLES	CATEGORIES	FREQUENCY(N=281)	PERCENT (100%)
Number of children	1-4	249	88.6
	≥5	32	11.4
Number of ANC visit	≤ 4X	255	90.7
	>4X	26	9.3
Gestational age(weeks)	≤12	21	7.6
	13-24	78	28.3
	25-32	80	29.0
	33-36	61	22.1
	37-42	36	13.0

5.3 Awareness of women toward child birthing positions

Women of more than half 146(51.8%) knew only the lithotomy position whereas the remaining 135(48.2%) knew one another birthing positions (***figure 1***).

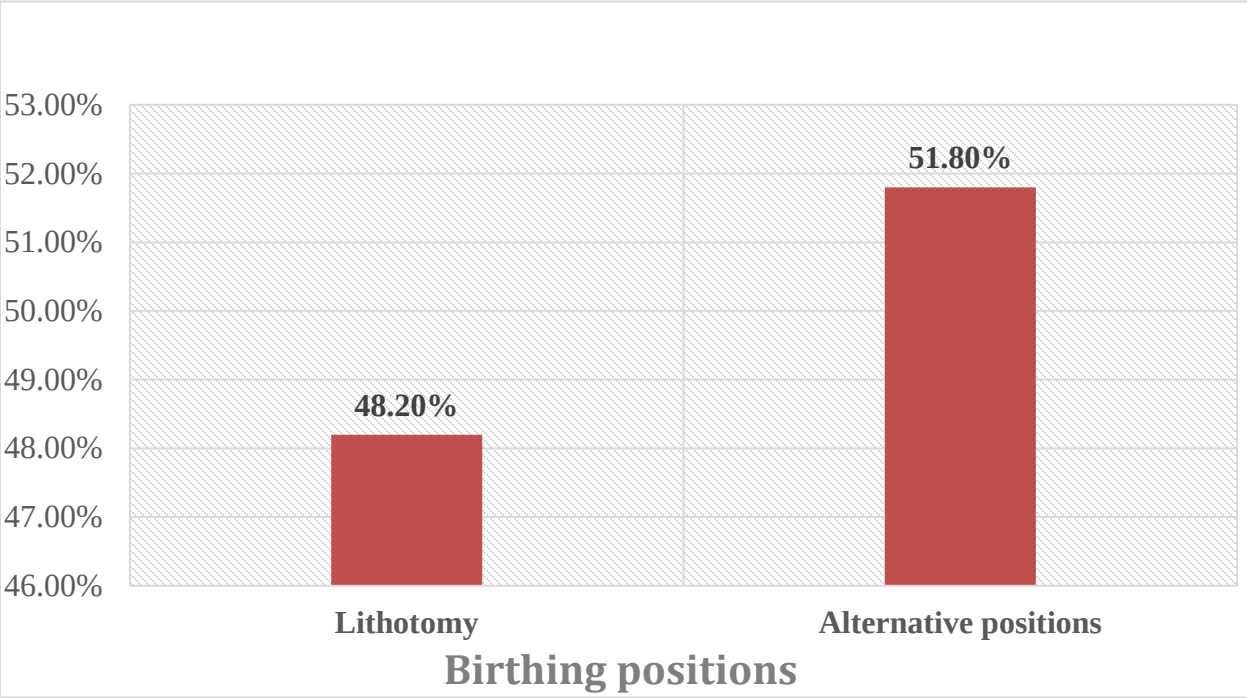

Figure 1: The distribution of study participants who knew the different type of birthing positions at Jimma Medical Center 2020

The most known alternative position was sitting 105(77.8%), which was followed by supine position 93(69.0%) while standing position 8(6%) was the least known position ***(Table 3)***.

Table 5: The frequency distribution of study participants that knew alternative birthing positions at Jimma Medical Center 2020

Alternative positions	Responses	Frequency(N=135)	Percent (100%)	Confidence Interval (95%)
Supine	Yes	93	69.0	[0.62-0.76]
	No	42	31.0	
Lateral	Yes	20	15.0	[0.10-0.20]
	No	115	85.0	
Squatting	Yes	53	39.5	[0.32-0.47]
	No	82	60.5	
Sitting	Yes	105	77.8	[0.71-0.84]
	No	30	22.2	
Standing	Yes	8	6.0	[0.03-0.10]
	No	127	94.0	
Kneeling	Yes	57	42.5	[0.35-0.50]
	No	78	57.5	

♣One respondent may had more than one response

The women's major source of information about alternative birth positions were from their 107(79%) friends/relatives and 49(36%) traditional birth attendants while 4(3.5%) maternity health care providers and 7(5%) media were the least ***(Table 4*)**.

Table 6: The frequency distribution of study participants by their source of information about alternative birthing positions at Jimma Medical Center 2020

Source of information	Frequency(N=135)	Percent	Confidence interval (95%)
Friends/relatives	107	79.2	[0.75-0.82]
Self-knowledge	28	21.1	[0.18-0.24]
Traditional birth attendants	49	36.3	[0.33-0.39]
Media	7	5.0	[0.04-.057]
Health professionals	4	3.5	[0.025-0.038]

♣One respondent may had more than one response

Additionally, the majority of women 233(82.92%) knew that they had the right to have childbirth in the position of their own choice, whereas 48(17.08%) did not know ***(figure 2)***.

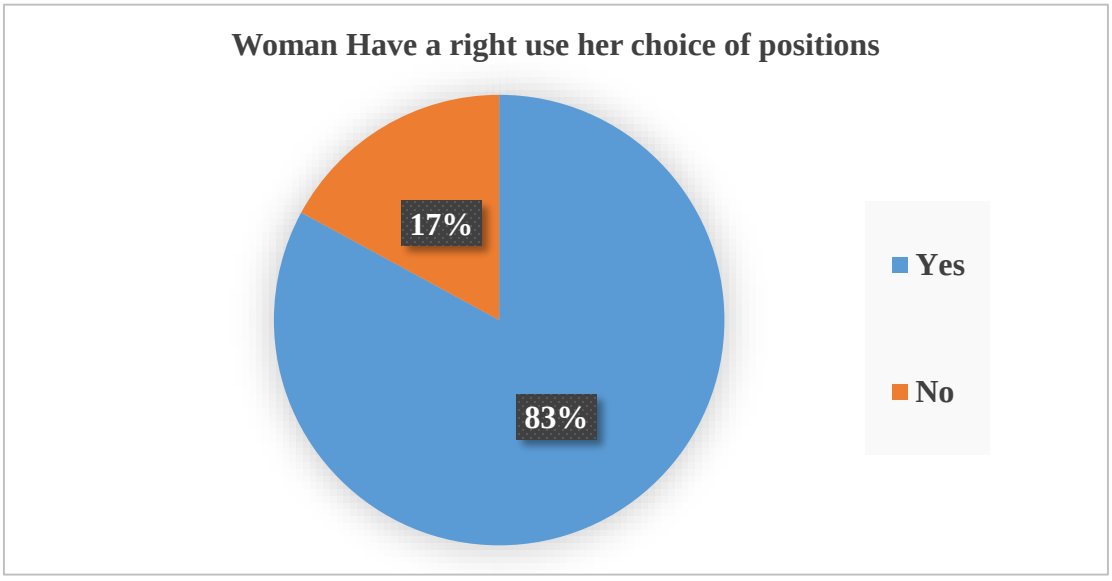

Figure 2: The distribution of participants who knew that they have a right to choose their birth positions at Jimma Medical Center 2020

Generally, women of 183(64%) had poor awareness, while 91(32.46%) had fair awareness and the remaining 10(3.54%) had good awareness about alternative child birthing positions ***(figure 3)***.

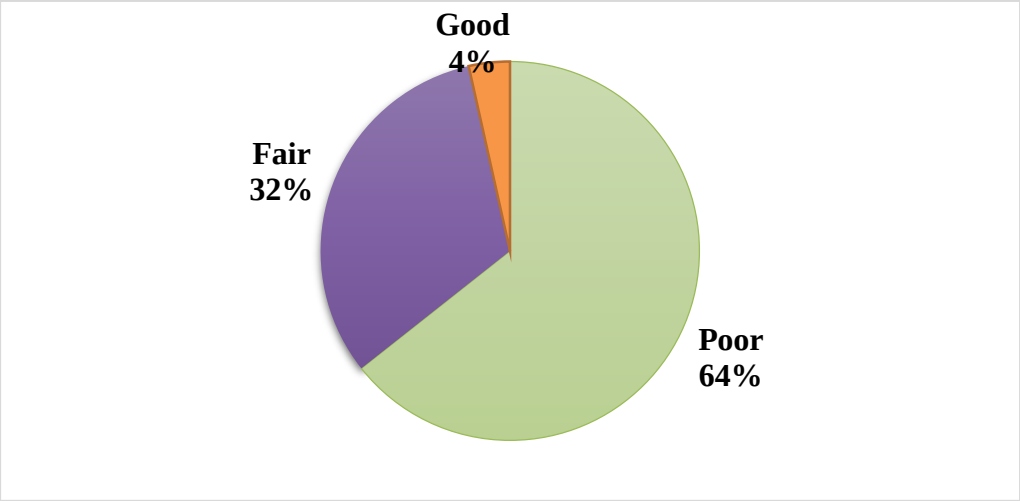

Figure 3: The distribution of study participants by their level of awareness about different childbirth positions at Jimma Medical Center 2020

5.4 Women Experience of Child birthing Positions

The majority of women 243(86.5%) were visited health institution for antenatal care follow up during their last delivery. From women who visited antenatal care 242(99.6%) of them didn't have information on the alternative birth positions. Regarding their history of last the place of the delivery majority of them, 222(79.0%) gave birth at a health facility. The positions women resumed at the health facility during their second stage of labour was completely from the request of health care providers 100% (***Table 5***).

Table 7: The frequency distribution of study participants' experience of birthing positions in their last delivery at Jimma Medical Center 2020

VARIABLES	CATEGORIES	FREQUENCY(N=281)	PERCENT (100%)
ANC visit	YES	243	86.5
	NO	38	13.5
Counselling for birth positions	YES	1	0.4
	NO	242	99.6
Place of last delivery	Health facility	222	79.0
	At Home	57	20.28
	On transportation	2	0.72

Subsequently, Almost a total of women 221(99.5%) gave birth at a lithotomy position while the remaining 0.5% used a supine position during their childbirth at the health facility. However, at-home delivery women mostly used 36(63.2%) sitting positions, 9(15.8%) supine, while 1.8% squatting and kneeling were least used ***(figures 4)***.

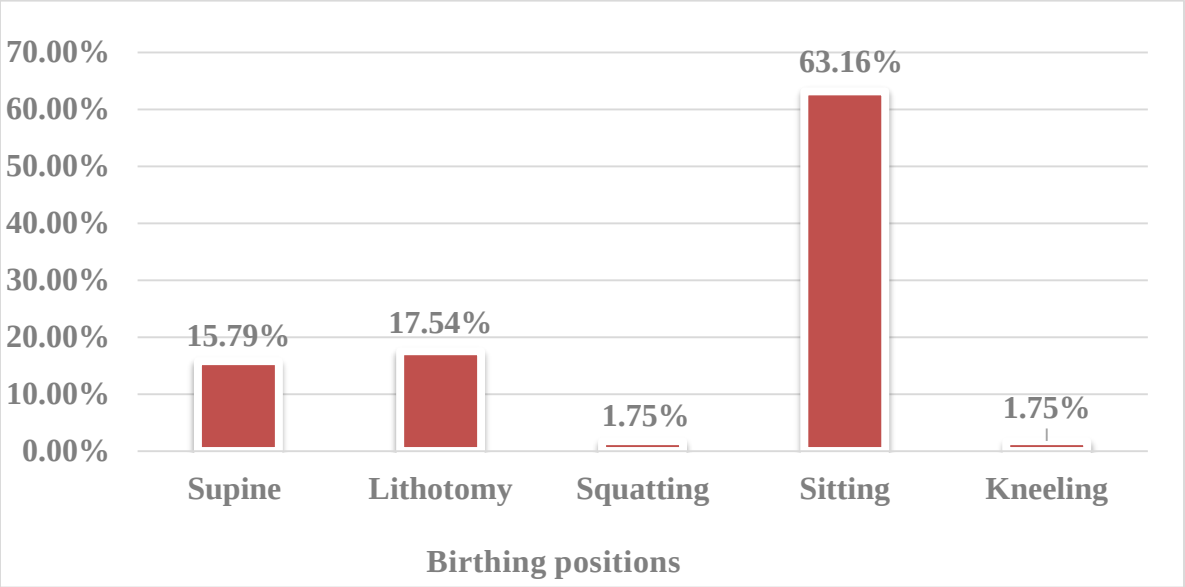

Figure 4: The distribution of study participants by their childbirth positions at home during their last normal delivery

Lastly, women of 163(58.01%) had preferred a lithotomy position followed by 71(25.27%) sitting position, and 1(0.712%) left lateral was least preferred ***(Figure 5).***

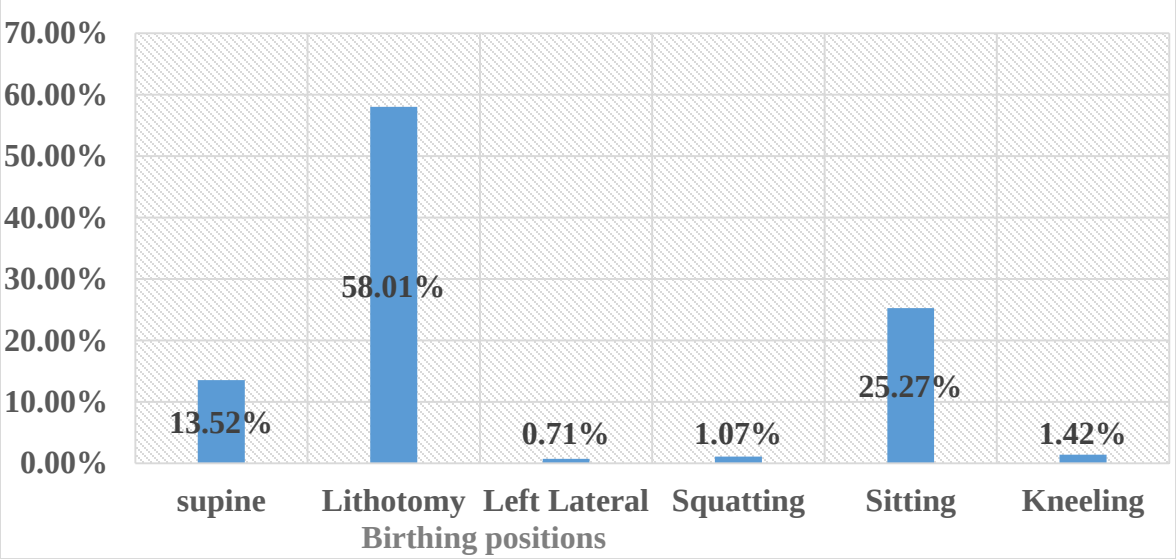

Figure 5: The distribution of study participants by types of birthing positions they had prefer at Jimma Medical Center 2020

The women preferred supine position were majorly due to 21(55.56%) comfortable while 7(18.33) women didn't know why they preferred. Again, women preferred sitting for 30(41.67%) easiness, and 16(22.22%) believe baby born sooner ***(Table 6)***.

Table 8: The frequency distribution of study participants by their reasons of preference for different childbirth positions at Jimma Medical Center 2020

Types of positions	Reasons of preference	Frequency(N=281)	Percent (100%)
Supine	Comfortable	21	55.56
	Easy	4	11.11
	Baby born sooner	2	5.0
	Baby Safety	4	10.0
	Don't know	7	18.33
Lithotomy	Comfortable	49	30.0
	Easy	49	30.1
	Baby born sooner	16	10.0
	Baby safety	16	10.4
	Don't know	32	20.5
	Others*	8	2.8
Squatting	Baby born sooner	2	65.0
	Easy	1	35.0
Sitting	Easy	30	41.67
	Baby born sooner	16	22.22
	Baby safety	9	11.11
	Don't know	14	19.44
Kneeling	Baby born sooner	4	100

♣One respondent may had more than one response

Others* (It is health care providers' recommendation, natural and health care providers' decision).

5.5 Women View toward Child Birthing Positions

As shown in the thematic index below, three major themes including factors affecting the use of alternative birth positions, the effect of birth positions on labour, mother & newborn as well as required preparedness to use of positions at the health facility were identified. Respective to identified themes there were related subthemes, categories, and codes with a direct quotation from both participants of women and health care providers.

Table 9: The construction of codes, categories, subthemes, and themes from the thematic analysis of women view on childbirth positions at Jimma Medical Center in 2020

Codes	Sub-Categories	Categories	Themes
⊕ I don't know disadvantages of lithotomy position ⊕ I have never seen and heard of alternative positions ⊕ I don't have a hint on the pros and cons of alternative positions ⊕ I rely on doctors decision	⊕ Mothers lack awareness ⊕ Women rely on HCP decision	1.1 Factors from women who visit Maternity ward	1.Factors affecting the use of alternative birthing positions
⊕ HCPs rejected our choice ⊕ I didn't have counselling on birthing positions ⊕ Women autonomy of birth positions	⊕ HCP abuse women choice of positions ⊕ No Health information at ANC on positions	1.2 Factors from Health care providers at Maternity ward	
⊕ No chair or bed for sitting position ⊕ I didn't practiced of alternative birthing positions ⊕ Not enough space in ward	⊕ Lack of necessary skills and training ⊕ Lack of equipment and facilities	1.3 Factors from Teaching institutions	
⊕ Lithotomy delays labour ⊕ Lithotomy loss effort of pushing down ⊕ Lithotomy is comfortable to control labour process ⊕ Lithotomy fasten labour	⊕ Effect of lithotomy on labour ⊕ Effect of alternative positions on labour	2.1 Effect birth positions on labour	2.Effects of birth positions on labour and delivery

⊕ Sitting shorten duration of labour ⊕ Alternative are not safe for labour			
⊕ Lithotomy is painful, difficult of breathing and depressive for mother ⊕ Lithotomy hurt woman privacy and psychology ⊕ Squatting relief from difficultness of breathing ⊕ Alternative(sitting) lessen back pain ⊕ Sitting position is worse for women	⊕ Effect of lithotomy on women ⊕ Effect of alternative positions on women	2.2 Effect of birth positions on women	
⊕ Alternative positions decrease fetal distress ⊕ Standing injury baby ⊕ Alternate positions safe for baby ⊕ Lithotomy pose newborn for distress	⊕ Effects of lithotomy on neonate ⊕ Effects of alternative positions neonate	2.3 Effects of birth positions on newborn	
⊕ Health information on positions ⊕ Maintaining women autonomy on birth positions choice ⊕ HCPs should be trained and practiced on positions ⊕ Hospital should avail all necessary equipment and materials for positions	⊕ From health care providers ⊕ from health institution	3.1 As teaching institution and health facility	3.Required preparedness to be improved for future(HCPs and Health facility)

5.5.1 Factors affecting the use of alternative birthing positions

Women in this study lack awareness about alternative positions, their advantages, and disadvantages during the second stage of labour to give birth. For example, there is a point forwarded by one woman that she gave birth in this hospital at a lithotomy position because she saw women giving birth at this position here in the hospital and never seen & heard of alternative positions before admitted to the delivery room.

"…*I haven't ever seen and heard of alternative birthing positions to give childbirth what I saw is giving birth lying at supine by opening the legs apart on stirrups...***"**(From Participant G1P1)

"** As my concern, I don't know about alternative birthing positions rather than lithotomy...**"(From Participant G3P1)

"**Now I have known nothing about other alternative birthing positions advantages and disadvantages ....**"(From Participant G2P2)

Interestingly, the respondents from maternity health care providers confirm that women's lack of awareness about alternative positions leads them to stay passive to their preference and choice of birthing positions.

"...Most of the time we guide them in common positions (lithotomy). Because, women lack awareness about alternative positions, shy and simple to accept our request whether they liked or not..." (From Participant OB/GYN Specialist)

Another factor women forwarded were health care providers' ignorance of their feeling or needs toward resuming the positions of their preference. This happened to a few of them when they tried to use alternative birth positions during pushing down the baby. Especially they had stressed the negative response from maternity health care providers to birthing positions that were the mistreatment and disrespectful when they were on the delivery coach.

"**...***I tried to attain at another position(sitting) but the health care providers rejected me to resume back to supine positions(Lithotomy). ...but the health care providers pushed me to the position they preferred."* (From Participant G3P3)

*"...During my previous delivery I used to give birth at other positions but the HCP didn't give the chance to use..."(*From Participant G2P2)

"**…***For example, I had tried to use a squatting position by getting off the delivery coach but the doctor neglected me to go back bed (Coach). And the health care providers advise me only to give in lithotomy position*" (From Participant G3P2)

Maternity health care providers added another barrier to why they positioned women in a lithotomy position. They had thought alternative birthing positions not comfortable for both mothers and babies. Since lithotomy is common, they had practiced and they had never seen women giving birth at different positions in the health facility.

"*As my thought positions out of lithotomy are not comfortable for health care providers and women*…"(From Participant of BSc Midwifery)

"...*I had learned at school about alternative birth positions, but I had never seen on the ground(health facility) when women gave birth by their choice of positons and similarly, I as HCP didn't provide information..."(*From Participant of BSc Midwifery)

*" In this hospital, women give birth at lithotomy position as a common. This is not mean women don't need/prefer other positions. Standing from this here in our hospital nobody trained in alternative positions, it is not from women's need rather from health care providers' concern. So we conduct at lithotomy position routinely."(*From participant OB/GYN Resident)

Lack of preparedness of hospital set up including chair or bed and enough space were other factors forwarded from health professionals for not giving birth at different positions. As it was responded from them women need homelike care which means free of any coercion and ensures their privacy toward birth positions.

"*...Here in our hospital, the problem of why we don't facilitate delivery at alternative positions was no prepared set up (delivery bed). The preparedness for even lithotomy is not home-like care(free of any dangers and privacy)."(*From participant BSc Midwifery)

*"...there is nothing prepared for such positions and... because without preparedness set up the risk outweigh the benefit."(*From participant OB/GYN Resident).

"*As to my suggestion, the preparedness of delivery coach in this hospital lacks the issue of privacy. It is good if the service of labour and delivery in this hospital should be home-like care and if so women will give birth to whatever positions they want*." (From Participant of BSc Midwifery)

5.5.2 Effects of birth positions on labour, mother and newborn

Women complain about the positioning(lithotomy) at the hospital for childbirth which causes delaying labour and losing the effort to push when she felt pushing down. Similarly, health care professions said that the lithotomy position has a risk of prolonging labour and weakening the pushing effort of mothers.

"*The major problem of giving birth at lying to supine positions are...labour also delays, loss the effort to push the baby..."* (From Participant G2P1)

*"...But, when they give birth at lithotomy position complication...the weakness of push down effort..."(*From participant BSc Midwifery)

*"Lithotomy position prolongs the duration of labour, it also painful..."(*From participant OB/GYN specialist)

Seven women felt severe back pain when they gave birth in a lithotomy position. There were also other problems in which women don't want to give birth at supine positions including due to difficulty of breathing, and expose women genitalia a naked to everybody white dressed personnel.

"…*when I was pushing the baby lying at lithotomy position there was a difficult backache, my breathing was in trouble and it was my pleasure if someone supports me by rising entire my back to sitting position."(*From participant G2P2)

"*Oho...it is my glad if you didn't ask me what happened to me. It was very painful, depressive and I thought that would never come again but it's forgettable. Ah…it was very difficult and painful..."(*From Participant G3P2)

"*hum...very difficult**,** there was no way in which I became confidential about my privacy when I was in the situation of pushing the baby by opening my legs, a lot of health care providers saw me*

a naked. Additional to I was in terrible pain, I more felt discomfort at the situation happened being naked."(From participant G3P3)

Similarly, maternity care providers shared the problems women encountered that it(lithotomy) position threatens them(women) causing lower limb numbness, severe back pain and fatigue(loss effort to push) when they lied on the delivery coach.

*"...it also painful worse than giving birth at sitting position."(*From Participant OB/GYN specialist)

"*But, when they gave birth at lithotomy position complications...numbness of their entire legs will happen. Again most of the time women complaint difficultness of getting on the coach..."(*From Participant BSc Midwifery)

As the majority of women didn't satisfied with the lithotomy birthing position, but there were also women and health professions wanted lithotomy position for different reasons including it comforts the baby and health professionals and to control the labour, and fasten the delivery.

"*...so giving birth at lithotomy position is beautiful even though it has a bit of stress. It is comfortable for health care providers, it also fastens the labour while others don't take comfort...*"(From Participant G3P1)

"*I gave birth at supines(lithotomy) positions. It is better than other positions, safe for me as well as for a baby...*"(From participant G2P1)

*"...the advantages of lithotomy position is obvious it is comfortable for both mothers and health professions and especially to control labour process..."(*From Participant BSc Midwifery)

From women respondents, though more than half of them didn't know the presence of alternative birth positions, surprisingly some women prefer other positions to give birth due to multiple reasons including easy to give birth, lessen backache and to fasten labour

*"...It was better to give birth at sitting position since it relieves me from bach pain and child deliver soon but the health care providers pushed me to resume..." (*From Participant G3P3)

"...It is no so bad to give birth at alternative positions the point is to give birth in a way comfortable and easy for the mother..." (From Participants G2P1)

Maternity health professionals also suggested that the advantages of alternative birthing positions outweigh the lithotomy position in terms of fastening the second stages of labour and minimize the rate of episiotomy.

"***...****giving birth at sitting position that fastens duration of labour, as well as relieve back pain****…***"(From respondent OB/GYN specialist)

"*In my suggestion, childbirth at the sitting position might shorten labour in terms of gravity and reduce genital trauma... So it is better if sitting position put to practice."(*From Participant BSc Midwifery)

Nevertheless, there were health care professionals that claim alternative birth positions that compromise the newborn breathing system that leads to fetal distress. Three women also reflected that different birthing positions cause negative outcomes on a newborn than a common childbirth position(lithotomy) at the hospital including injury the baby and changing fetal presentation.

"*…if a woman give birth at sitting position it will compromise breathing system ends up with newborn bradycardia*."(From Participant BSc Midwifery)

"...For example, most of the time there was a situation in which women challenge HCP to get off the bed(Coach) to give birth at squatting position that is difficult to control the further complication(Extension, genital laceration)" (From Participant OB/GYN Specialist)

"...But, others like sitting position which looks worse at changing fetal presentation and compromise fetal breathing system."(From participant G2P1)

5.5.3 The preparation with regard to birthing positions

Women of more than eight responded stressing on in order to have a clear understanding of alternative birth positions. Especially, a woman comes to visit health institution should have informed either during antenatal care or during labour and delivery of birth positions.

*"...So, HCPs should have informed us on alternative birthing positions which one has a benefit than others because we (women) may have a different need on the positions to give birth so that it should be according to our choice in addition to that health care provider recommends."(*From Participant G3P3*)*

"*...so that it is good if we have a more understanding of present options of the position that could be safe for mother and newborn."(*From Participant G3P1)

Similarly, health care providers supported the thought arisen from women that they should have more understanding of birth positions including its advantage and disadvantages on mother, labour, and newborn.

*"Ohoo...from the beginning, the information about birth preparedness could be addressed to the clients in addition to alternative birth positions."(*From BSc Midwifery)

"...If possible women should have all necessary information of birthing positions consequences..." (From participant OB/GYN Specialist)

The preparation of health facility set up for women giving birth at alternative positions was also another point forwarded from women and maternity health care providers that it could be homelike care & ensure the privacy and autonomy of clients/patients.

"There is no problem so far but if health facility and health care providers prepared on other positions because a woman needs home-like care." (From participant G2P1)

*"As to me, it is better if the delivery bed could be enough support for a woman back to assume a sitting position."(*From Participant G2P2)

*"As to my suggestion, the preparedness of delivery coach in this hospital lacks the issue of privacy. It is good if the service of labour and delivery in this hospital should be home-like care and if so women will give birth at whatever positions they want."(*From Participant BSc Midwifery)

As there were women that need health facility should be prepared enough for alternative birthing positions, nevertheless there were also women who need everything should be continued as it is.

"As to me this position is safe, let it continues as it is..."(From participant G4P3)

*"What I'm going to leave a message is, it is enough to give birth at home since the government make everything available/suitable and let it continue as alike..."(*From Participant G3P3*)*

Lastly, health care professionals need to scale up their knowledge and skills through training on how to conduct childbirth at alternative birthing positions.

"...training for health care providers on how to give birth on alternatives birth position should be my suggestion."(From Participant BSc Midwifery)

"I had learned different child birthing positions but since then I had never seen women delivering at alternative positions. Why it doesn't on practice is also a question for me. So it is good if health care provider take a training..." (From Participant BSc Midwifery)

CHAPTER SIX: DISCUSSION

In this study, 48% of women knew only one child birthing position (lithotomy position) whereas the remaining 51.8% knew one another birth positions. This is similar to a study done in Kenya in which women of 42% knew only one birthing position(4)but lower than women in Malawi which indicated that the majority of 99.2% knew of at least one or more positions used during delivery(5). This variation may be due to nearly a total of women in this study who visited antenatal care were not counseled about the presence of alternative birth positions at antenatal care follow up and delivery. Another variation might be due to high level of illiterate women in this study 31.7% compared to Malawi women 9.9%. Additionally, health professionals might be thought that birth positions are not included in health information and the absence of posters or pamphlets on birthing positions at the antenatal clinic and delivery ward might be another factor.

> **"…***I haven't ever seen and heard of alternative birthing positions to give childbirth what I saw is giving birth lying at supine by opening the legs apart on stirrups...***"**(From Participant G1P1)

In this study, the most known positions next to 100% lithotomy were 77.8% sitting, supine 69.0%, while 1.75% squatting and 1.75% kneeling was the least known positions. This is similar to a study done in Malawi in which women commonly knew the supine positions whereas, 1.1% squatting and 1.1% kneeling was least known(5). It is also consistent with a cross-sectional study conducted in Nigeria where 99.2% of women knew the supines, and only 4.6% knew about kneeling as childbirth positions(32).

Even though more than half of women in this study did not know alternative positions during birth, most of them 82.92% knew that they had a right to choose their preferred positions. Accordingly, this study revealed that women had information about birthing positions mostly from 79.0% friends/relatives and 38.0% traditional birth attendants while insignificantly informed from 3% maternity health care providers and 5% media. This is inconsistent with the study done in Kenya in which the majority of women get informed from 42.0% self-knowledge, 38.3% health care providers and 16.8% of friends while 2.8% media and 2% TBA were the least source information on birthing positions(4). This difference is due to health care providers only learned the theoretical

part of alternative birthing positions and never practiced it. Moreover, health professionals might think that providing information on types of birth positions not part of their hospital protocols.

> ***"...****I had learned at school about alternative birth positions, but I had never seen on the ground(health facility) when women gave birth by their choice of positons and similarly, I as HCP didn't provide information on alternaative birth****"(*From Participant of BSc Midwifery)

Since France obstetricians work and the introduction of obstetric instruments women had been giving birth commonly at half-supine positions with legs opened on support(9,16). So, in this study majority of women, 99.5% were positioned at lithotomy regardless of considering their preference. This is similar with a study done in Tanzania which showed that 98% of study participants used supine positions in four public hospitals(27) but inconsistent with a study done in Nigeria in which 85% women (56) and in Australia 65.9% given birth at lithotomy position(57). This difference may be most health care professionals in both developed and developing countries are encouraging women to use the supine position during birth(58). Besides, it could be there had no way in which health care providers give the opportunity for women preference, perceived it is a trained and common position.

> *"...Most of the time we guide them in common positions (lithotomy). Because,...they accept our request whether they liked or not..."* (From Participant OB/GYN Specialist)

In this study, even though there was no opportunity to give birth at alternative positions in the health facility, but 20.3% of women gave birth at home, and out of these 63% used a sitting position, 17.5% used lithotomy and 15.8% used supine position during their last childbirth. This is not similar to a study done in Kenya in which out of 27% home delivery mothers 76% used lithotomy position, 12% used kneeling and 8% used squatting positions(4). This variation might be also due to the women in this study didn't largely attribute to the western trend of customs(39). Besides, it could be due to different social, cultural/traditional, and economic backgrounds between the two study areas. This is due to the home environment itself may be more conducive to allowing women to follow their preference.

Interestingly, 42% women of in this study had a willingness to adopt alternative birthing positions if given an opportunity from health care providers. So women in this study had more willingness than women 18.9% in Kenya but lower than women in Nigeria in which the majority of the 96% want to use alternative birthing positions(32,56). This is due to most women believe in health care providers' decisions and choice rather than their suggestion. Additionally, it might be due to women's lack of understanding of available alternative positions.

Accordingly, in this study, 58.01% of women have preferred the lithotomy position, 25.27% preferred sitting, 13.52% preferred supine and 1.4% kneeling positions for different reasons. This is not similar to a study conducted in Tanzania in which 86.7% of women preferred supine and in Nigeria in which 41.1% of them preferred squatting, 42.7% preferred supine and 12.3% preferred sitting positions(27,56). This difference could be due to women's lack of information on the advantages and disadvantages of horizontal and vertical positions, health professionals unlikely to alternative birthing positions.

This study also revealed that the majority of women were preferred the lithotomy position for different reasons like for 30% comfortable, 30% for easiness, 10% for a baby born sooner, 11.11% baby safety, and 20.0% do not know the reason. This study is similar to a study done in Kenya in which the majority of women prefer a lithotomy position for different reasons like 41.7% comfortable, 10.0% baby born sooner, and 8.7% baby safety(4).

The quality of maternal and newborn care guidelines illustrated three practical categories for all childbearing women. From these, one is the midwives provision of health education(information) and the other was the midwives promoting normal processes of labour to prevent complications(59). However, in this study, the majority of women responded that they hadn't discussed childbirth positions with their health care providers, neither during antenatal follow up nor during labor and delivery. This finding is similar to a study done in Tanzania in which it was not common for information about birthing positions to be included in antenatal health education, despite the fact that some postnatal mothers knew about it(40). However, the maternity health care providers at the labour and delivery unit in Michigan mentioned (discussed) about birthing positions once during the second stage of labour. They often discussed on birthing positions when the second stage of labour last longer and offer different alternative positions(60). This difference

could be due to a lack of preparedness at a health care facility and health care providers' skill gaps in alternative birthing positions.

In this study, health care providers' reasoned out for not promoting alternative birthing positions that they had thought of the alternative positions were unsafe for mother, fetus and to manage the process of labour. In addition, they thought that they had a lack of skills to manage women at the alternative birth position because they had never practiced at their teaching institutions/hospitals they are working**.** This is similar to a study done in Tanzania in which midwives didn't promote women's autonomy on birthing positions and lack the skills to allow them to have suitable positions(56). This also concurs to a study done in Tanzania in which nurse-midwives did not assist or advise women to use alternative birthing positions because they themselves did not know these birthing positions(40)

In this study, even if there were women that knew alternative positions and their preference for birthing positions, they give credit for what health professionals suggested to them. Similarly, women in this study reflected that health care providers know for them and trust they do not hurt them (women). This is similar to a study conducted in the Netherlands in which women prefer health professionals' suggestions than their own position of preference(37).

The women are positive for health care professionals who are supportive, friendly, polite, and who stayed close to their needs(61). However, in this study women felt unsatisfactory to health care providers' reactions when they were on the delivery coach/bed and requested to be at positions of their own suit. For instance, one woman said that she requested to get off the delivery coach to have birth at squatting then the health care provider ignored and left her alone. This is similar to a study done in Nigeria in which health professionals manifested disregarded of her opinion and joined forces with her spouse to carry out the positions against her wishes(56).

The world health organization in the 1990s proposed that obstetric practices into different categories based on scientific evidence according to efficiency, effectiveness, and risk(6). So, Health care providers in this study were subjected to category B in which they were condemning women to passivity by denying their autonomy and reinforcing them by using their authority to a common and traditional birthing position (lithotomy).

The lithotomy position is associated with negative maternal and newborn outcomes including maternal hypotension, prolong the duration of labor, reducing fetal oxygenation, inhibiting fetal descent, and birth asphyxia(62). Similar to this, some women and the majority of health care providers in this study revealed that the lithotomy position is painful, depressive, delay the labour, losing the effort of push down and compromise the breathing system. Similarly, a study done in the Netherlands showed that women who gave birth at supine positions felt more intense of labour pain, tiredness, and back pain(37). Again from the previous study in three regional states in Ethiopia showed that giving birth at supine positions was contradicting the cultures and norms in a society in which women's reproductive organs seen naked by every personnel of white dressed in the institution or hospital(43).

Nevertheless, there were some women and health care professionals forwarded that the lithotomy position was safe for both mothers and babies in addition to convenience to control the parturition process. This is similar to a study done in South Africa in which midwives prefer the lithotomy for a good view of the perineum, ease of labor monitoring, and minimize midwives' physical strain during birth(38). Similarly, Nurse-Midwives in Tanzania and Nigeria had thought that supine positions were the safest position for delivery, more convenient for the accoucheur, afforded increased access and better control over the delivery process effectively during the second stage of labour(39,40).

In this study, some women reflected that alternative positions like sitting were safe for a lot of reasons including for ease to give birth, relief them from back pain, and needless effort to push down the baby. This finding concurs with the evidence that supports the use of alternative birthing positions in facilitating labour through normal physiological functioning by utilizing the force of nature and gravity that associated with optimal maternal and fetal outcomes(21). Additionally, it is similar to a study done in the Nijmegen Netherland in which women felt they had control over there pushing, less tired, and relief of back pain during the second stage of labour when they were at the upright positions(53).

In this study, women showed a strong need to have health education on childbirth positions during their labour and delivery admission or during antenatal care follow up to have their preference of positions. This is similar to the study done in Nijmegen in the Netherlands 2002 in which women thought that it was important to have information about birthing positions from midwives during their clinic visit(53).

Lastly, health care professionals in this study need to scale up their knowledge and skills through training on how to manage women with different childbirth positions during their second stage of labour. Similarly, a study done in Nigeria showed that all the interviews (HCPs) expressed interest in receiving further training in the use of alternative birth positions for the future of their clients(39).

6.1 Strength of the Study

To my knowledge, this research was the first study in this country. Additionally, the study incorporated a mixed qualitative and quantitative method approach that complements the weakness of each method.

6.2 Challenge of the Study

It was the period of national and global coronavirus disease 2019(COVID-19) pandemic when the data was collected.

CHAPTER SEVEN: CONCLUSION AND RECOMMENDATIONS

7.1 CONCLUSION

Generally, in this study more than half of women had poor awareness about alternative birthing positions. The lithotomy position was the most and commonly known positions. The major source of information for women about alternative birthing positions were from friends/relatives and traditional birth attendants whereas health care professionals and Medias had an insignificant role. The majority of women were given birth in health institutions at a common and trained position (Lithotomy). The position they resumed for birth at the hospital was the request of health care professionals even if there were mothers prefer it. Surprisingly, there were women given birth at home that used their own choice of birthing positions. Therefore, the majority of women had willing to use different positions if given an opportunity.

The other crucial points were also forwarded from mothers and maternity health care providers on factors affecting the use of alternative birthing positions at health institutions. These were women's lack of awareness about birthing positions, women's passivity to respect their decision-making on their position of preference, and health care professionals didn't practice alternative positions. In this study, some women felt unsatisfactory to the position (lithotomy) they resume at the hospital for a lot of justifications: delays labour pain, weakens the effort to push the baby and compromise their breathing system. Synergistic to this, health care providers also stressed on thought from women that lithotomy positions expose women for negative maternal and newborn outcomes. However, there were health care professionals and mothers that didn't prefer alternative birthing positions for sort of reasons including it hurt the baby and not suitable to control the labour process. Additionally, health care providers in this study were providing of non-consented services, denial of women's right of information, rights of choices and preferences of childbirth positions. This was one the type of disrespectful care and mistreatment women facing today in this particular study, even though there were women need everything to continue as it is.

7.2 RECOMMENDATIONS

Based on the findings the following recommendations are forwarded:

For the Health Care Professionals:

- ⇒ They should provide health education to pregnant women in all about birth positions using different teaching materials (posters or pamphlets).
- ⇒ They should maintain women's autonomy in preference of their positions during childbirth.

For the Nursing and Midwifery teaching institution:

- ⇒ It should revise the curriculums to incorporate alternative birth positions in the course content.
- ⇒ The health care professionals' practice should be intensified through the provision and implementation of evidence-based alternative birth positions.
- ⇒ It should be capacitated students to promote midwifery care that renders women-centered care to ensure woman's choice and the decision of positions during childbirth

For the Health Facilities (hospitals, health centers):

- ⇒ They should provide appropriate training for maternity health care professionals that scale up their knowledge and skills on the use of alternative birth position.
- ⇒ The management of facilities with other stakeholders should form a team to formulate protocol on alternative birth positions based on the evidence in the literature, guidelines, and world health organization's recommendations.

For the Academic and Clinical Researchers:

- ⇒ Since the birth position is a topical issue, further research should be carried out towards determining the best position for delivery.

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ANNEXES

1. ENGLISH VERSION

Annex 1: *English version Questionnaires to assess women awareness, experience and view toward child birthing positions among women on antenatal follow up at Jimma Medical Center 2019/20*

NB: Does the woman have at least one normal vaginal delivery? _____

(If yes proceed to next steps unless jump to next participant!)

1.1 Information Sheet:

Good Morning / Good afternoon, my name is _____ I am working as a data collector in a study conducted by Bikila Jiregna, a postgraduate student at Jimma University Institute of Health Faculty of Health Science School of Nursing and Midwifery. He is researching on women's awareness, experience, and view toward child birthing positions among women on antenatal follow up at Jimma Medical Center 2019/20. He has permission to do this research from Agaro General Hospital and Jimma Medical Center. You were selected randomly to participate in the study from mothers who has antenatal care follow up at this facility. If you are willing to participate, I will ask you questions concerning your awareness, experience and unique perspective to child birthing positions. The interview will last no more than 15-20 minutes and your participation is voluntary. You can stop the participation, ask questions and skip questions at any time you want. Your participation in the study will not have any risk on you, other than your time. There will no financial benefits for you in participating in this research project. However, the information you provide will be very helpful in identifying and reduce problems, morbidity, and mortality of mothers relating to these positions. The information you provided will be kept confidential and your name is not written in the study. The collected data will not be used for other purposes other than the study.

If you want to ask the principal investigator about the research at any time, you can contact him through Email: dandijiregna4@yahoo.com Mobile phone: *09-17-72-41-56*

1.2 Consent Form

I understand that Mr. Bikila Jiregna, a postgraduate student at Jimma University Institute of Health Faculty of Health Science School of Nursing and Midwifery wants to assess women's awareness, experience and view toward child birthing positions among women on antenatal follow up at Jimma Medical Center. I fully understand that they are going to ask me about my awareness, experience and view toward child birthing positions. I want to take part in the study because I have been told that; I can stop participation at any time, skip any question if I do not like to answer. No one will know my answers other than investigators and the information will not be used for other purposes other than study.

Are you willing to participate in the study? Yes ____ No ___ (acknowledge and go to the next participants)

Result of the questionnaire to be confirmed by the supervisor

Completely filled_____

Partially filled (missing) _____

Interviewer Name: _____signature _____date _____

Supervisor Name: _____signature _____date_____

1.3 Close Ended Questionnaire for Quantitative Study

I. Socio-demographic and Obstetric characteristics of women on antenatal care follow up at Jimma Medical Center in 2020

S.NO	QUESTIONS	ALTERNATIVES	REMARK
101	How old are you?	_____ in years	
102	Woman educational level (grade)?	1] illiterate 2] 1-8 grade 3] 9-10 4] 10^{+3} or more	
103	Where is your residence?	1] Rural 2] Urban	
104	Woman ethnicity?	1] Oromo 2] Ahmara 3] Tigre 4] Wolayta 5] Dawaro 6] Gurage 7]others(specify)_____	
105	Woman religious?	1] Muslim 2] Orthodox 3] Protestant 4] Catholic 5]Others(specify)_____	
106	What is your marital status?	1] Single 2] Married 3] Widowed 4] Divorced	
107	What is your occupation?	1) Daily laborer 2)House wife 3)Merchant 4)government employee 5) farmer 6) student 7)other (specify)_____	If 2, 5 or 6 go to #109
108	What is your monthly income?(ETB)_____		
	Current Pregnancy History		
109	How many children do you have? ____		
110	How frequent you are visiting ANC for this pregnancy?		
111	What is your current gestational age(weeks)		

II. Awareness of women regarding birth positions among women on antenatal care follow up at JMC 2020

112	Do you know other positions for childbirth in addition to lithotomy position?	1] YES 2] NO	**If 2 go to #114**
112.1	Do you know Supine position (lying back with flat to pelvis canal)?	1] YES 2] NO	
112.2	Do you know left lateral position?	1] YES 2] NO	
112.3	Do you know squatting position?	1] YES 2] NO	
112.4	Do you know sitting position?	1] YES 2] NO	
112.5	Do you know standing position?	1] YES 2] NO	
112.6	Do you know kneeling (all fours forward) position?	1] YES 2] NO	
113	Where did you have information to birthing positions	1) Self-knowledge ---- 2) Maternity care provider---- 3) Friends/relatives---- 4)Traditional birth attendants (TBA)---- 5) Media-----	
114	Do you know that the woman have a right to use their preferred positions?	1] YES 2] NO	

III. ***Experiences of women toward birth positions in their past normal alive baby delivery among women on antenatal care follow up at JMC 2020***

115	Have you ANC follow up during your past normal childbirth?	1] YES 2] NO	**IF 2 GO TO #117**
116	Did you counsel for alternatives birthing positions?	1] YES 2] NO	
117	Where did you give your last normal birth (normal newborn to normal mother without complication)?	1] At health facility 2] At home 3] On transportation	**If the answer is 3 go to #119**
117.1	If the answer #117 is 1 which position you used to give birth?	1] Supine positions 2] Lithotomy/semi-recumbent position 3] Left lateral position 4] Squatting 5] Sitting 6] Standing 7] Kneeling (all fours hands and knees forward)	
117.2	If the answer for #117 is 2 which position of birth you used?	1] Supine positions 2] Lithotomy/semi-recumbent position 3] Left lateral position 4] Squatting 5] Sitting 6] Standing 7]Kneeling (all fours hands and knees forward)	

118	Who chosen the position for your last normal birth at health facility?	1] Yourself (woman) 2] Maternity health provider 3]Friends /relatives	
119	What is your preference of positions to give birth if you get the opportunity to use?	1] Supine positions 2] Lithotomy/semi-recumbent position 3] Left lateral position 4] Squatting 5] Sitting 6] Standing 7] Kneeling (all fours hands and knees forward)	
120	Why you prefer this position?	1] Comfortable 2] Easy 3] Baby born sooner 4] Baby safety 5] don't know 6] others(specify)____	

1.4 Interview Guides for Qualitative Study.

I. The unique perspectives/views of the woman toward child birthing positions

1) What do you think the barriers hinders woman not to use different birthing positions? (Health care providers need, women need, Health facility need and others)

2) What is the effect of positions on labor experience during childbirth? (Labor pain, tiredness, control over pushing in the second stage, and duration of second stage of labor)

3) Do you see that birthing positions have affect health of mother or newborn? (Pelvic pain, incontinence, tiredness or difficulties in daily activities, perennial damage, psychologically trauma, fetal conditions)

4) How do you see the preparation with regard to positions by midwives at health facility birthing positions?

Thank You for your active participation!!!

YUUNIVARSIITII JIMMAATTI INSTITUTII FAYYAA

FAKALTII SAAYINSII FAYYAA DAMEE NURSING FI MIDWIFERY

2. AFAAN OROMO VERSION

Gaaffilee Afaan oromoo dhimma dubartootaa waa'ee beekuu/dhabuu akkaataa ciisanii da'uu, muxannoo isaanii fi ilaalcha isaan qaban irratti qorannoo giddugalessa medikaala jimmaatti adeemsifamu 2019/20.

Yaadachiisa: Dubartiin gaafatamtu kun yoo xiqqaate da'umsa karaa nagaan hiikamte tokko qabachuu qabdi!

2.1 Odeeffannoo

Akkam Oolt/bultee, ani maqaan koo_____ Hojiin koo odeeffannoo qorannoo barataa digirii lamaffaa yuunivarsiitii jimmaa kan ta'e obbo Biqilaa Jireenyaa damee Nursing fi Midwifery sassabuu dha. Innis qorannoo isaa waa'ee beekuu fi beekuu dhabuu akkaataa ciisicha da'umsaa, muxannoo isaanii fi ilaalcha isaan mana yaalaatti ciisaanii da'an irratti dubartoota hordoffii ulfaaf dhufan irratti xiyyeeffata. Qorataan kun eeyyama qorannoo giddugala meedikaala jimmaa irraa fudhateera. Ati immoo namoota qorannoon kun ilaallatuu keessaa carraan si baaseera. Yoo fedha isaa qabaattee gaaffiwwaan dhimma an sii kaase irratti daqiiqaa 15-20 keessatti ni xummurama. Gaaffii fi deebii kana yoo barbaaddee addaan kutuu, diduu fi irra darbuu ni dandeessa. Garuu gaaffii kanan wal qabatee waanti siif kaffalamu yookaan miidhaan sirra ga'us hin jiraatu.Odeffaannoon ati kennitu abbaa qorannoo qofaaf kennama maqaan kee asirratti irratti hin ibsamu kun hundi dhimma qorannoof qofa oola.

Qoorataa kana yoo gaaffii qabattee yookaan qunnamuu barbaadde **email:** dandijiregna4@yahoo.com **Bilbila**: *09-17-72-41-56*

2.2 Unka waliigaltee

Akka amma hubadheetti barataan Biqilaa Jireenyaa yuunibarsiitii jimmaatti barataa digirii lammaffaa damee Nursing fi Midwifery tti qorannoo dhimmaa dubartootni beekuufi beekuu dhabuu, muxannoo akkasumas ilaalcha isaan akkaataa ciisanii da'uu giddugala medikaala jimmaairratti qaban qo'achuu barbaada. kanaaf anis qorannoo kana irratti hirmaachuun fedha garuu akkan yeroo fedhetti addaan kutu fi irra darbuu danda'u hunduu natti himameera. Odeeffannon kun qorataan ala namni biraa beekuu akka hin eeyyamamnee natti himameera.

Waan armaan olii irratti waliigaltee? Tole_____ Lakkii_____(Eeyyamamuu keef galatoomi)

Odeffannoon kun guutuu ta'u isaa superviseraan mirkanaa'uu qaba.

*Guutummaatti xumrameera*_____

*Gariin Xumurameera*_____

*Maqaa nama Gaafatee:*_____ *Guyyaa*_____

*Maqaa Superviseraa:*_____*Guyyaa*_____

2.3 Odeeffannoo Dhimma Hawasummaa Fi Dinagdee Dubartii Hordoffii Ulfaaf Garaa Giddugala Medikaala Jimmaa Dhuftee 2020

T.Lakk	Gaaffilee	Filannoowwan jiran	Yaada
101	Umriin kee meeqaa(waggaan)?	----------	
102	Sadarkaan Barumsa kee Hoo?	1] Hin baranne 2] Kutaa 1-8 3] kutaa 9-10 4] 10^{+3} fi ol	
103	Bakki jireenya kee eessa?	1] Magaalaa 2] Baadiyyaa	
104	Sabni kee maalii?	1] Oromoo 2} Amaaraa 3] Tigiree 4] Walayittaa 5] Dawwaaroo 6] Guraagee 7] kan biraa(adda baasi)__	
105	Amantiin kee maalii?	1] musilimaa 2] ortodoksii 3] pirotestaantii 4] kaatolikii 5] kan biraa(adda baasi)__	
106	Akkaataan gaa'elaa kee maalii?	1] Hin heerumne 2] heerumeera 3] Abbaa mana irra du'e 4] Kan wal hiikte	
107	Hojiin kee maali?	1] dafqaan bultuu 2] Haadha manaa 3] Daldaltuu 4] Hojjettuu mootummaa	Yoo 2, 5 ykn 6 filatte gara lak.109 darbi

		5] qonnaan bultuu 6] Barattuu 7] kan biraa(adda baasi)__	
108	Galiin ati ji'aan argattu hangam?(ETB)_____		
	Odeeffannoo Dhimma Ulfaan	**Walqabate**	
109	Ijoollee meeqa qabdaa?	_____	
110	Ulfa kanaf si'a meeqaffaa dhufaa jirtaa?		
111	Erga ulfooftee hangam geese? (torbaniin)?		

2.4 Waa'ee Beekuufi BeekuuDhabuu Dubartii Akkaataa Ciisicha da'umsaa irratti qorannaa Giddugala Meedikaala Jimmaa 2020tti.

112	Akkaataan ciisanii da'uu kan dugdan xiqqoo oljedhamee fi miila gargar banamee(kan mana yaalatti argituun) ala kan biraa beektaa?	1] Eyyeen 2] Lakkii	**Yoo 2 filattee gara #114 darbi**
112.1	Kan Dugdaan ciisanii miila gargar bananii da'an(siree manaa itti fayyadamnuun wal fakkata) ni beektaa?	1] Eyyeen 2] Lakkii	
112.2	Gara cinaacha bitaatti galagalanii da'uu hoo?	1] Eyyeen 2] Lakkii	
112.3	Kan kottee ofiirra gad taa'anii da'an hoo?	1] Eyyeen 2] Lakkii	
112.4	Taa'umsatti kan da'an hoo ni beektaa?	1] Eyyeen 2] Lakkii	
112.5	Dhaabbiitti akka da'amu beektaa?	1] Eyyeen 2] Lakkii	

112.6	Gara fuula duraatti jilbeeffatanii akka da'amu hoo quba qabdaa?	1] Eyyeen 2] Lakkii	
113	Odeeffannoowwan armaan olii kana eessaa argatte?	1] Ofuma koo_____ 2] ogeessa fayyaa___ 3] Hiriyyoota/firoota_ 4] Deesistuu aadaa___ 5] miidiyaa_____	
114	Dubartiin tokko mirga akka fedha isheetitti ciiftee da'uu akka qabdu ni beektaa?	1] Eyyeen 2] Lakkii	

2.5 Muuxannoo Dubartiin Akkaataa Ciisanii Da'uu Buufata Fayyaa Giddugala Meedikaala Jimmaatti Qabdu 2020tti.

115	Yeroo darbe da'umsa kee karaa nagaan deesse irratti hordoffii ni qabda turtee?	1] Eyyeen 2] Lakkii	**Yoo 2 filatte gara #117 darbi**
116	Yeroo hordoffii sana odeeffannoon dhimmaa akkaataa/gosa ciisanii da'uu walqabatee siif kennamee jiraa?	1] Eyyeen 2] Lakkii	
117	Eessatti deesse?	1] mana kotti 2] dhaabbata fayyaatti 3] Geejjiba irratti	**Yoo 3 filte Gara #119 deemi**
117.1	Deebiin keen #117f 1 yoo ta'e akkaamiin ciistee deesse?	1] Dugdaan miila olkaasee 2] dugdaan osoo miila hin kaasiin 3] cinaachaan gara bitaatti 4] kottee irra ta'ee 5] teessoo irra ta'ee 6] dhaabbiin 7] jilbeeffadhee	

117.2	Deebiin keen #117f 2 yoo ta’e akkaamiin ciistee deesse?	1] Dugdaan miila olkaasee 2] dugdaan osoo miila hin kaasiin 3] cinaachaan gara bitaatti 4] kottee irra ta’ee 5] teessoo irra ta’ee 6] dhaabbiin 7] jilbeeffadhee	
118	Akkaataan ati itti ciiftee mana yaalaatti deesse filannoo eenyuutiin ture?	1] Filannoo koo 2] Filannoo ogeessa fayyaa 3] Filanno Hiriyyoota/firoota	
119	Osoo caarraan filannoo kee siif eegamuu argattee gara kamitti ciiftee deessa gara fuulduratti?	1] Dugdaan miila olkaasee 2] dugdaan osoo miila hin kaasiin 3] cinaachaan gara bitaatti 4] kottee irra ta’ee 5] teessoo irra ta’ee 6] dhaabbiin 7] jilbeeffadhee	
120	Maaliif gara kanatti ciisanii da’uu filatte?	1] natti tola 2] ni salphata 3] daa’imni dafee dhalata 4] nageenya daa’imaaf 5] ani hin beeku 6] kan biraa(adda baasi)____	

2.4 Af-Gaaffii Banaa Ilaalcha Dubartiin akkaataa ciisanii daa'ima itti da'an irraatti qabdu Giddugala Meedikaala Jimmaa 2020tti.

1) Akka ati ilaaltutti dubartootni gosa ciisicha garagara akka hin fayyadamneef maaltuu rakkoo ta'a jettee yaaddaa?(fedhii ogeessa fayyaa, fedhii dubartoota, fedhii buufatichaa fi k.k.f)

2) Akkaataa ittin ciisanii daa'ima da'an rakkoon inni qabu maalii jette yaadda? (dhukkubbii ciniinsuu, dadhabbii, daa'ima dhiibuuf ni mijataa fi turtii ciniinsuu sadarkaa lammaffaa)

3) Akkaataan dubartiin ittin daa'ima deessuu rakkoo inni dubartii da'umsarraa jirtuufi daa'ima garaa jiru irratti rakkoo fidaa?(Dhukkubbii hoffaa, fincaan qabachuu dhabuu, hojii dhaabuu, miidhamuu naannoo buubuu, xinsammuu dubartii miidhuu fi daa'imman irrattis rakkoon tokko mul'achuu)

4) Dhimmaa kanaan walqabatee qophiin gama ogeessaa fayyaa fi dhaabbata fayyaa maal osoo ta'ee jette yaadda gara fuulduratti?

Hirmaannaa Ho'aa taasifteef galatoomi!!!

በጅማ ዩኒቨርሲቲ

የጤና ሳይንስ ኢንስቲትዩት

ጤና ፋኩልቲ ነርሲንግ እና ሚድዋይፈሪ ትምህርት ክፍል

3. AMHARIC VERSION

በጅማ የሕክምና ማዕከል የወሊድ ክትትል ላይ ያሉትን ሴቶች መካከል ልጅ የወልድ አቀማመጥ የሴቶች ግንዛቤ, ልምድ እና እይታ 2020.

1.1 የመረጃ ወረቀት

እንደምን አደርሽ/ እንደምን ዋልሽ ስሜ_____ ይባላል:: የምሠራው በጅማ ዩኒቨርሲቲ የጤና ሳይንስ ነርስ ትምህርት እና የሚድዊፍር የድህረ-ምረቃ ተማሪ በሆነው ቢቅላ ጅሬኛ በጂማ ዩኒቨርሲቲ በጅማ የህክምና ማእከል 2020 ላይ በሴቶች የወሊድ አቀማመጥ ላይ ለሴቶች ግንዛቤ ፣ ተሞክሮ እና እይታ ላይ ምርምር እያደረገ ይገኛል ።

ይህንን ምርምር ከጅማ ሜዲካል ማዕከል ፈቃድ አግኝቷል ። በዚህ ተቋም ውስጥ ቅድመ ወሊድ እንክብካቤ ካደረጉ እናቶች በጥናቱ እንዲሳተፉ ተመርጠዋል ። እርስዎ ለመሳተፍ ፈቃደኛ ከሆኑ ፣ ስለ ልጅ መውለድ አቀማመጥ ግንዛቤዎን ፣ ልምዳቸውን እና ልዩ አመለካከታዎን በተመለከተ ጥያቄዎችን እጠይቅዎታለሁ ። ቃለመጠይቁ ከ15-20 ደቂቃዎች ያልበለጠ እና ተሳትፎዎ በፈቃደኝነት የሚደረግ ነው ። ተሳትፎውን ማቆም ፣ ጥያቄዎችን መጠየቅ እና ጥያቄዎችን በማንኛውም ጊዜ መዝለል ይችላሉ ። እርስዎ በጥናቱ ውስጥ ያለዎት ተሳትፎ ጊዜዎን ሳይጨምር በርስዎ ላይ አደጋ የለውም ። በዚህ የምርምር ፕሮጀክት ውስጥ በመሳተፍ ለእርስዎ ምንም የገንዘብ ጥቅም አይኖርም ። ሆኖም የሚያቀርቧቸው መረጃዎች በቦታዎች ላይ ችግርን ለመለየት እና እነዚህን አቋሞች የሚመለከቱ እናቶችን ሞት ለመቀነስ በጣም ይረዳል ። የሰጡት መረጃ በምስጢር ይያዛል እናም ስምዎ በጥናቱ ውስጥ አልተጻፈም ። የተሰበሰበው መረጃ ከጥናቱ ውጭ ለሌላ ዓላማዎች ጥቅም ላይ አይውልም ።

ስለ ምርምርው ዋና መርማሪውን በማንኛውም ጊዜ ለመጠየቅ ከፈለጉ እሱን ማግኘት ይችላሉ

በ-ኢሜል፤ dandijiregna4@yahoo.com ሞባይል ስልክ: - 09-17-72-41-56

1.2 የፈቃድ ቅጽ

በጅማ ዩኒቨርሲቲ የጤና ሳይንስ ኢንስቲትዩት ጤና ፋኩልቲ ነርሲንግ እና ሚድዋይፈሪ ትምህርት ክፍል የድህረ ምረቃ ተማሪ የሆኑት አቶ ቢቅላ ጅሬኛ ፡ በጅማ የሕክምና ማዕከል ወሊድ ክትትል ላይ ያሉትን የሴቶች የልጅ ማዋለጃ አቀማመጥ ግንዛቤ, ልምድ እና አመለካከት ላይ ለመገምገም ይፈልጋሉ.ተረድቻለሁ ። ስለ ሕፃን ልደት አቀማመጥ የእኔ ግንዛቤ ፣ ተሞክሮ እና እይታ ሊጠይቁኝ እንደሚፈልጉ ሙሉ በሙሉ ተረድቼያለሁ። በጥናቱ ውስጥ መሳተፍ እፈልጋለሁ ምክንያቱም ያንን ስለተነገረኝ ። በማንኛውም ጊዜ ተሳትፎ ማቆም እችላለሁ ፣ መልስ መስጠት የማልፈልግ ከሆነ ማንኛውንም ጥያቄ መዝለል እችላለሁ ። መልሶቼን ከመርማሪ በስተቀር ማንም ማንም አያውቅም እናም መረጃው ከጥናቱ ውጭ ለሌላ ዓላማዎች ጥቅም ላይ አይውልም።

በጥናቱ ለመሳተፍ ፈቃደኛ ነዎት? አዎ_____አይ_____(ይዎቁና እና ወደ ቀጣዩ ተሳታፊዎች ይሂዱ)

ጢያቄዉ_____በተቆጣጣሪው_____ሚረጋገጥበት ቀን_____

ውጤት

ሙሉ በሙ ሉተሞላ _____

በከፊል ሞልቷል (ይጎድላል)_____

የቃለ መጠይቅ ስም:_____ፊርማ_____ቀን_____

የተቆጣጣሪ ስም _____ፊርማ _____ቀን_____

1.3 ለልዩ ትምህርት (ለመጥቀስ) የተጠናቀረ ጥያቄ ጠይቅ

በአንሲ(ANC) ላይ የእናቶች ማህበራዊና የስነሕዝብ መገለጫነት በጅማ ሜዲካል ሴንተር እ.ኤ.አ. በ 2019/20 ይከታተላል

ተሪ ፡ቁ	ጥያቄዎች	አማራጮች	ያስታውሱ
101	እድሜዎ ስንት ነው?	_____በዓመት	
102	የትምህርት ደረጃ?	1] ማንበብና መጻፍ የማትችል 2] 1-8 ደረጃ 3] 9-10 ደረጃ 4] 10 + 3 ወይም ከዚያ በላይ	
103	መኖሪያዎ የት ነው?	1] ገጠር 2] ከተማ	
104	ጎሳ ምንድ ነው?	1] ኦሮሞ 2] አማራ 3] ትግሬ 4]ወላይታ 5] ዳዋሮ 6] ጉራጌ 7] ሌላ (ይግለጹ)—————	
105	ሃይማኖትዎ ምንድ ነው?	1] ሙስሊም 2] ኦርቶዶክስ 3] ፕሮቴስታንት 4] ካቶሊክ 5] ሌላ (ይግለጹ) ___	
106	የጋብቻ ሁኔታዎ ምንድ ነው?	1] ነጠላ 2] ያገባ 3] ባለትዳር የሞቴ 4] ትዳሯ የፈታች	
107	ሥራዎ ምንድን ነው?	1) ዕለታዊ ሰራተኛ 2) የቤት እመቤት 3) ነጋዴ 4) የመንግስት ሰራተኛ 5) ገበሬ 6) ተማሪ 7) ሌላ (ይግለጹ) _	መልሱ 2:5 ወይም 6 ከሆኔ ወደ #109 ይሂዱ
108	ወርሃዊ ገቢዎ ስንት ነው?	_____(ETB)	
	የወቅቱ የእርግዝና ታሪክ		

109	ስንት ልጆች አለዎት?	————	
110	ለእዚህ እርግዝና ኤንሲሲን ምን ያህል ጊዜ እየጎበኙ ነው?		
111	የአሁኑ የእርግዝና ወቅትዎ (ሳምንቶች) ምንድ ነው?		

II. በሴቶች የወሊድ ጊዜ ከወሊድ ጋር በተያያዘ የልደት መወለድ አቀማመጥ በተመለከተ የሴቶች ግንዛቤ በ JMC 20219/20

112	ከእርግዝና ሁኔታ በተጨማሪ ልጅ በሚወልዱበት ጊዜ የተለያዩ የመውለድ አቀማመጥ መኖራቸውን ያውቃሉ?	1] አዎ 2] የለም	መልሱ 2 ከሆነ ወደ 114 ቁጥር ይሂዱ
112፡1	የጀርባ አቀማመጥ ያውቃሉ (ከወለል እስከ ጠፍጣፋ ቦይ ጋር ተኛ)?	1] አዎ 2] የለም	
112፡2	የኋለኛው የኋላ አቀማመጥ ያውቃሉ?	1] አዎ 2] የለም	
112፡3	የቁጥጥ አቀማመጥ ያውቃሉ?	1] አዎ 2] የለም	
112፡4	የመቀመጫ አቀማመጥ ያውቃሉ?	1] አዎ 2] የለም	
112፡5	የቆመ አቀማመጥ ያውቃሉ?	1] አዎ 2] የለም	
112፡6	ተንበርከክ (ሁሉም አራት ፊት ወደፊት) አቀማመጥ ያውቃሉ?	1] አዎ 2] የለም	

113	የልጅ መውለድ አቀመምጥ በተመለከተ መረጃ የት ነበርዎት?	1) የራስ እውቀት 2) የእናቶች እንክብካቤ አቅራቢ 3) ጓደኞች / ዘመዶች 4) ባህላዊ የልደት አስተናጋጆች (ቲ.ቢ.) 5) ሚዲያ	
114	ሴትየዋ የምትመርጠውን የልጅ መውለድ አቀመምጥ የመጠቀም መብት እንዳላት ያውቃሉ?	1] አዎ 2] የለም	

III. በቀድሞው መደበኛ የወሊድ አቅርቦት ላይ በሴቶች የመወለድ አቀማመጥ ልምዶች በጂኤምሲ 2020 ክትትል ይደረግባቸዋል ።

115	ያለፈው መደበኛ ልጅ በሚወልዱበት ወቅት ANC ተከታትለው ያውቃሉ?	1] አዎ 2] የለም	**መልሱ 2 ከሆነ ወደ #117 ይሂዱ**
116	አማራጭ የተለያዩ የመውለድ አቀማመጥ ምክር ተመክረዋል?	1] አዎ 2] የለም	
117	የባለፉ የወልድ ቦታዉ የት ነው ?	1] በጤና ተቋም 2] በቤት 3] በትራንስፖርት ላይ	**መልሱ 3 ከሆነ ወደ # 119 ይሂዱ**
117.1	ቁጥር 117 መልሱ 1 ለመውለድ በየትኛው የመውለድ አቀማመጥ ነው?	1] በጃርባ ይደግፉ 2] ላቲቶሚ 3] የግራ የኋለኛው 4] ቁጥጥ5]	

		መቀመጫ 6] የቆመ አቋም 7] ተንበርከክ ወደ ፊት	
117.2	ቁጥር 117 የሚለው መልስ 2 ከሆነ የትኛውን የመውለድ አቀማመጥ ነው?	1] በጃርባ ይደግፉ 2] ላቲቶሚ 3] የግራ የኋለኛው 4] ቁጥጥ5] መቀመጫ 6] የቆመ አቋም 7] ተንበርከክ ወደ ፊት	
180	ለመደበኛ ልደትዎ በጤና ተቋም ውስጥ የመውለድ አቀማመጥ የመረጠው ማን ነው?	1] ራስሽ (ሴት) 2] የእናቶች ጤና አገልግሎት ሰጭ 3] ጓደኞች / ዘመዶች	
119	ለመጠቀም እድሉ ቢያገኙ ለመውለድ የመውለድ አቀማመጥ ምርጫዎ ምንድ ነው?	1] ራስሽ (ሴት) 2] የእናቶች ጤና አገልግሎት ሰጭ 3] ጓደኞች / ዘመዶች 4] ባህላዊ የልደት አስተናጋጆች (ቲ.ሲ.)	
120	ይህንን አቀማመጥ ለምን ይመርጣሉ?	1] ምቹ 2] ቀላል 3] ህጻን ቶሎ የተወለደ 4] ህጻን ደህንነት 5] ሌሎች	

		6] አታውቁም (ይግለጹ) ___	

1.4 የቃለ-ምልልስ ጥያቄ

I. የእናቶች የወሊድ አቅማምጥን በተመለከተ ያላቸው እይታ

1) አንዲት እናት የተለያዩ የወልድ አቀማመጥ እንዳትጠቀም የሚያግዳት ምን ይመስልዎታል?(የጠና ባለሙያ ፊላጉት፡ የጠና ተቋም ፊላጉት፡የሴቶች ፊላጉት፡ ወዘተ)

2) የወሊድ አቀማመጥ በምጥ ላይ ያለው ውጤት ምንድነው? (የምጥ ህመም ፣ ድካም ፣ ወዘተ

3) የወሊድ አቀማመጥ በእናቶች ወይም በህፃናት ጤና ላይ ተጽዕኖ እንደሚያሳድሩ አስተውለዋል? (የዳሌ ህመም ፣ መቆጣጠር አለመቻል ፣ ድካም ወይም በዕለት ተዕለት እንቅስቃሴዎች ውስጥ ችግሮች ፣ የማህፀን በር አካባቢ ጉዳቶች ፣ ሥነ ልቦናዊ ችግር ፣ ከፅንስ ጋር ትያያዥ ሁኔታዎች)

4) በጤና ተቋማት ውስጥ ሚድዋይፎች ከሚሰጡት የወሊድ አቀማመጥ ጋር በተያያዘ ዝግጅቱን እንዴት ያዩታል?

4. DECLARATION

I, the undersigned, declare that this thesis is my original work, has not been presented for a degree in this or any other university and that all sources of materials used for the thesis have been fully acknowledged.

Name: **BIKILA JIRENYA WIRTU**

Signature:_____

Name of the Institution: **JIMMA UNIVERSITY**

Date of submission: ***31-08-2020***

This thesis has been submitted for examination with my approval as University advisor

Name of the first advisor: **Sr.TIGIST DEMEKE (BSc, MSc & ASSISTANT Prof.)**

Signature _____

Name of the second advisor: **Sr.ENATFENTA SEWMEHONE (BSc & MSc)**

Signature _____

Name of internal examiner: **Mr. GUGSA NEMERA (BSc, BSc, ASSISTANT Prof.& PhD FELLOW)**

Signature_____