

Assessment of Knowledge, Attitude and Practice of Mothers towards Exclusive Breast Feed among Pregnant Women Who Are Attending ANC in Tiro Afeta District Dimtu Health Center

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Abstract: Breast milk is the most perfect form of nutrition for an infant. Review of evidence has shown that, on a population basis, exclusive breastfeeding for 6 months is the optimal way of feeding infants. Human milk contains several factors such as immunoglobulin, T lymphocytes, enzymes such as lysozymes and phagocytes among others which are not present in breast milk substitute. Exclusive breastfeeding reduces infant mortality due to common childhood illnesses such as diarrhea or pneumonia and helps for a quicker recovery during illness. However in Ethiopia suboptimal breastfeeding practices are the major contributor to an estimated 70,000 infant deaths per year, 24% of the total infant death annually and which can be significantly prevented by nutrition interventions such as exclusive breastfeeding. This study assesses knowledge, attitude and practice towards among mother attending ANC in Dimtu health center in 2010 E.C. The study was conducted in Dimtu health center from September 2017 to November 2017 on all mother of infant attend ANC in the year 2010 E.C. Institution based cross sectional study was conducted in 204 sample clients selected by systematic random sampling technique. Dependent variables (KAP towards pregnant women who were attending ANC in Dimtu Health center in the year 2010 E.C.) and the independent socio-demographic variable (age, ethnicity, religion and residence) and socioeconomic status (Socio-demographic variable) was reviewed. The collected data was cleaned coded analyzed using descriptive statistics SPSS version 17 statistical package. This study included 204 pregnant women and the following conclusion can be drawn. Out of those, 85.5% of them have positive attitude. And 80.4% of them have adequate knowledge. Good practice accounts for 81.8.

Key words: Exclusive Breast Feeding • Infant • Mortality • Nutrition

INTRODUCTION

Breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants; it is also an integral part of the reproductive process with important implications for the health of mothers. Review of evidence has shown that, on a population basis, exclusive breastfeeding for 6 months is the optimal way of feeding infants. Thereafter infants should receive complementary foods with continued breastfeeding up to 2 years of age or beyond [1]. Breast milk promotes sensory and cognitive development and protects the infant against infectious and chronic diseases [2]. Exclusive breastfeeding reduces infant mortality due to common childhood illnesses such as

diarrhea or pneumonia and helps for a quicker recovery during illness. These effects can be measured in resource-poor and affluent societies [3].

According to the rest of a study conducted at the Cambridge maternity Hospital, the rate of EBF declined from 53% to 30% and the rate of exclusive formula feeding rise from 32% to 61% between the ages of 3-12 weeks [4]. Although breast feeding rates are very high in developing countries including sub Saharan Africa, exclusive breast feeding is not widely practiced [5]. A breast feeding and weaning practice was studied in two rural communities of Brazil, in Piracicaba, Sao Paulo state and the average duration of EBF was found to be 3 and 30 days respectively. Insufficient milk was the main reason given for the discontinuation of breast feeding [6]. In two

studies done among resettlement communities in south Delhi and urban Muslims, Indian mothers began giving the infants other liquids from the age of less than 3 months and at mean age of 1.4 months [7].

According to a study conducted in 1996 rural Yoruba of Nigeria, Prelacies feedings of water herbal infusions and ritual fluids are the norm and breast milk is supplemented, from birth, with water and teas. Exclusive breastfeeding is considered dangerous to the infant: the baby has an obligatory requirement for supplementary water to quench its thirst and promote its normal development and for herbal teas which serve as food and medicine. Colostrums is discarded because it is dirty, "like pus" and therefore potentially harmful to the infant, although 24% of the survey sample would give it to their babies [8]. Expressed breast milk is suspect as it can get contaminated, poisoned or bewitched Complementary foods are introduced as early as two months because of perceived lactation insufficiency [9]. The result of a study carried out in Gambia in 1994 indicated that delayed intention of breast feeding, prelacies feeding and failure to practice EBF were wide spread. Qualitative date further indicated that current beliefs and practice were strongly influenced by traditional beliefs and practices. The result showed and expected support for bottle feeding from both male and female elders who considered it as part of modernization process. The rate of EBF in the inner city of Johannesburg was as low as 25.5% at the age of 0.3 month. By the end of the first week 35.85% of infants were formula fed.

Breast feeding is widely practice throughout the developing world and is actually improving in spite of demographic trends such as urbanization which exert a down ward pressure. Nonetheless, there is a need to increase the duration of EBF, because this breast feeding behavior is most associated with infant health and survival [10].

EBF on the other hand, is relatively short with a median duration of 3 months. This is contrary to the WHO's recommendation of EBF that is for up to the first 6 month of exclusively breast fed. The use of bottle with a nipple is common (13 percent of children under 4 months) and bottle feeding starts as early as 0-1 month [11].

Another study that was done in a semi-urban sub district of Adigrat has shown early commencement of weaning at the mean age of 3 month. This study revealed that working mothers had higher chance of early weaning compared to housewives. Better income mothers also had higher chance of early weaning compared to low income

mothers. The pattern of feeding of infant was assessed in Addis Ababa (AA) and the result showed that EBF rate in those infant less than six month of age was 32%. Sixty one percent of new born were give non-nutritive fluids in the first 3 days of life [12]. The most commonly mentioned problem associated with breast feeding was "insufficient breast milk". Qualitative data also revealed that there was delay in rooming-in of babies delivered at health facilities, working mothers were allowed to have 45 days paid maternity leave and was found out that women from low socioeconomic status had negative attitude, while those from middle and high SES and grandmothers had positive attitude towards breast feeding regardless of their ethnicity. Another study that was done in referral hospital AA found out that 83% of the infants less than six months of age were either fully or partially weaned [13].

According to a study conducted in Department of Pediatrics at a tertiary care hospital in South India during April-July 2009 92% of the mothers knew the recommendation of initiating breastfeeding within one hour only 36% had actually done it. Only 56% of the mothers knew that Colostrums needs to be given. Only 38% of the mothers knew that exclusive breastfeeding should be given for 6 months. About 38% of the mothers said that they would not breastfeed their child if the child has diarrhea [14]. Breastfeeding report of a community assessment by the Linkage's project (ESHE) in Amhara, Oromia and SNNP region revealed that 60.0%, 77.0% and 50.0% of new born babies were put to breast within one hour of birth and the exclusive breastfeeding rates (24 hour recall) was 81.0%, 62.0% and 64.0% on the 24 hour recall from mothers with infants <6 months [15].

Knowledge, on a scale of 100, "breastfeeding for three months is considered long enough" scored 37, indicating disagreement with this item. Whereas most women agreed with the statement that breastfeeding is a good contraceptive method (score = 68) and that breastfeeding decreased diarrhea (score = 84). Mothers were not satisfied with the length of the maternity leave and the workplace facilities for breastfeeding. Jordanian women's positive attitude was reflected in their thinking that breastfeeding was easier than feeding infant formula and it was less expensive than feeding infant formula [16].

Study on 412 mothers also showed that about 67.2% mothers had satisfactory knowledge on benefit of breastfeeding, out of these about 28.2% mothers found to have a good breastfeeding practice. The study was conducted in Dimtu health center from September 2017 to November 2017 on pregnant mother of attend ANC in the

year 2010 E.C. regarding practices of breast feeding there is no enough knowledge and up-to-date information through the assessment of knowledge, attitude and practice. Therefore, the aim of this study is to provide baseline information for further study.

MATERIALS AND METHODS

Description of the Study Area: The study was conducted in Dimtu town Health center from September 2017 to November 2017. Dimtu is found in the eastern central part of Jimma Zone, at 64 Km from Jimma city in Oromia Regional state at 316 km south west of Addis Ababa at longitude of 35°52'-37°37'E and latitude of 7°36'-8°56'N. It has an area of 1001.9 km² and four urban centres, i.e., Akko, Raga-Siba, Gebbera and Dimtutown (district's capital) and 25 Keble's. It has common boundaries with Botor Toley, Sekoru, LimuKossa, Kersa, Omo Nada districts and Southern Ethiopian people's Regional State. Altitudinal, the district lies between 1640 and 2800 metres above sea level. The district is classified into woinadega (85%) and dega (15%) agro climatic zones. The average minimum and maximum annual temperatures were 7°C and 30 °C, respectively. Tiro Afeta had about 160644 populations (projected from the 2010 Population and Housing Census result). Young, economically working (household) and old age populations accounted for 46.6%, 50.4% (50,753) and 3.0% respectively. Average family sizes for rural and urban areas were 4.6 and 3.9 persons respectively. The district's crude population density is estimated at 100 persons per km². Dimtu has an estimated total population of 33215 according to 2010 EC census. Different ethnic groups are living together in the Dimtu and the population uses variety of languages of which, Afaan Oromo and Amharic are widely spoken.

The service given in Dimtu health center includes outpatient, delivery, family planning, Mother and child health (MCH) service that includes Antenatal Care (ANC). It also has NRU (Nutrition Rehabilitation unite) for those of under nourished children. The health centre runs by Woreda health office. It serves for Dimtu town and all neighbouring communities as well as from any part of the Keble.

Study Design: Cross sectional quantitative study design was used to assess the knowledge, attitudes and practices (KAP) on exclusive breast feeding (EBF) on among pregnant women those was attending antenatal care (ANC) in Dimtu health center.

Study Population: All pregnant women who are attending ANC at Dimtu health center during study period. The reason why to use pregnant women who are attending ANC was they were easily accessible in this Health center this was due to the following time of their ANC and the women who was included in the sample was who have had previously gave birth.

Sample Size Determination: The sample size was determined by using the formula given by (17), with 95% confidence level, 5% desired absolute precision. Accordingly the number of samples this particular study was calculated as follows: the previous study by Efremsaid 2017 was a show as 86% knowledge of breast feeding in the study area and missing or incomplete record 10%. The reason why the knowledge only taken as assumption is from the three of the assessment knowledge is the first because without having knowledge talking about attitude and practice is not necessary and also I have assessed so many literature and they were use the only knowledge as assumption.

$$n = \frac{(1.96)^2 p (1-p)}{d^2} = \frac{(1.69)^2 * 0.86(1-0.86)}{(0.05)^2} = 185 = 185 + (10% * 185) = 203.5 \sim 204$$

where n= required sample size P= expected proportion d= desired absolute precision

Therefore, the number of sample to be examined in this study will be 204.

Sampling Method: Non probability convenience sampling technique was used to interview pregnant mothers who attending ANC at Dimtu health center. However, due to uncertainty to obtain such number stated within the time period of data collection convenience sampling technique were used to interview all pregnant mothers and who visit at Dimtu health center, within the period of data collection.

Data Collection methods: The data was collected by using structured interview questionnaire. The questionnaire was having four parts on mothers' socio-demographic characteristics, knowledge, attitude and practice towards of EBF. Items testing knowledge included recommended breastfeeding duration, its benefit in decreasing the risk of acquiring diarrhea and its role in contraception. Questions that evaluated mothers' attitude included mother's comfort with breast feeding, cost, effect on care of other family members and effect on marital relationship, duration of

maternity leave and facilitation of breastfeeding at work places. The questionnaires translate in to oromiffa and for those who were couldn't hear oromiffa asking them by translating into Amharic direct by data collector then back into English by data collector persons to ensure consistency.

Data Storage and Analysis: Data collected from questionnaire survey were stored in Microsoft Excel spread sheet. Descriptive statistics was used for calculating percentage, frequency distributions. Chi-square models were applied to assess the potential association between status OF KAP and other independent factors and with P-value <0.05 was taken as there was significant relation between the dependent and independent variable. All Statistical analysis was carried out using SPSS version 17.

RESULTS AND DISCUSSION

Out of 204 pregnant mothers, Oromo accounts 172 (84.3%), Amhara 25 (12.3%), yem2 (0.8%) and others were 5 (2.1%). Regarding to religion, from the total of 204 pregnant mothers, about 174 (85.3%) were Muslims, 20 (9.8%) were orthodox, 9 (4.4%) were protestant and the left 1 (0.5%) were other religion followers. From the total of 204 mothers who were breast feeding, about 195 (95.6%) were married while 9(4.4) divorced. Concerning to educational status out of 204 mothers 116(56.9%) are unable to read and write, 51 (25%) grade 1-6, 32 (16.9%) learned up to grade 7-12 10 (4.9%) and above grade 12,5 (2.5%).

Among 204 mothers about 6 (2.9%) were governmental employee, 34 (16.7%) were farmer, 154 (75.5%) were house wife, 10 (4.9%) were merchant. Regarding to income statues, from the total of 204 mothers, about 15 (7.4%) got >659 birr, 116 (56.9%) got < 328 birr and about 73 (35.8%) got 329-400 birr per month per house hold.

Knowledge of the Respondents: From a total of 204 pregnant mothers, 7 (8.3%) of them breast feed their baby because of traditionally learned, 103 (50.5%) because of not the child to be hunger, 51 (25%) because of it protects the baby from disease and 43(16.2%) for growth of the baby.

Out of 204 mothers, about 164(80.4%) believed that breast milk is only enough for the first 6 month of life, while 30(14.7%) responded that breast milk only is not sufficient and about 10 (4.9%) of them didn't knew wither or not breast milk only is enough for infants for the first 6

Table 1: The socio-demographic characteristics of Dimtu health center pregnant mothers who follow ANC.

Socio-demographic Variables		Frequency	Percentage
Marital status	Married	195	95.6%
	Divorced/Separated	9	4.4%
	<i>Total</i>	<i>204</i>	<i>100%</i>
Occupation	Housewife	154	75.5%
	Farmer	34	16.7%
	Governmental employee	6	2.9%
	Merchant	10	4.9%
	<i>Total</i>	<i>204</i>	<i>100%</i>
Monthly income	<328 birr	116	56.9%
	329-400 birr	73	35.8 %
	>659 birr	15	7.4%
	<i>Total</i>	<i>204</i>	<i>100%</i>
Religion	Muslim	174	85.3%
	Orthodox	20	9.8%
	Protestant	9	4.4%
	Others	1	0.5%
	<i>Total</i>	<i>204</i>	<i>100%</i>
Ethnicity	Oromo	172	84.3%
	Amhara	25	12.3%
	Yem	2	1.0%
	Others	5	2.4%
	<i>Total</i>	<i>204</i>	<i>100%</i>
Educational status of the mother	Unable to write & read/illiterate	116	56.9%
	Grade 1-6	51	25 %
	Grade 7-12	32	16.9%
	>Grade 12	5	2.1%
	<i>Total</i>	<i>204</i>	<i>100%</i>

Table 2: Distribution of reason why mothers feed breast their baby

Responses	Frequency	Percentage
Because of traditionally learned	7	8.3%
The child not to be hungry	103	50.5%
It protects the baby from disease	51	25%
for growth of the baby	43	16.2%
<i>Total</i>	<i>204</i>	<i>100%</i>

month of life. Among 204 mothers 182 (89.2%) responded that it is necessary to breast feed until 24 month of age and most of them described it helps for growth and development of the child while 22 (10.8%) of them claimed that it is not necessary to breastfeed until 24 month of life. Out of 204 mothers 6 (7.4%) knew the content of breast milk while 198 (92.6%) didn't knew.

Among the mother who knew the content of breast milk they responded that breast milk contains protein, water and vitamins. Among pregnant mothers who knew the advantage of breast feeding 5 (2.5%) of them described that breast milk is always clean, 6 (20%) of them claimed it's always available 8 (3.9%) of them responded that it doesn't cost anything and the majority 130 (63.7%) responded by saying all of the mentioned above.

Table 3: Advantage of Breast Feeding Their Baby

Responses	Frequency	Percentage
it's always clean	5	2.5%
it's doesn't cost anything	8	3.9%
no need of preparation	20	9.8%
it's always available	6	20.1%
All	130	63.7%
Total	189	100%

Table 4: Distribution of Selected socio-demographic variables versus practice of on infant feeding among mothers follow ANC in Dimtu health center

Selected socio-demographic variables		Practice					
		Good		Poor		Total	
		Freq.	%	Freq	%	Freq	%
Occupation	Housewife	135	81.81	4	18.18	139	39.28
	Governmental	6	84.0	4	16.0	10	44.64
	Farmer	30	77.77	2	22.22	32	16.07
	Merchant	4	81	2	20	6	15
	Total	204	82.14	10	17.8	204	100.0
Educational status of mother	Illiterate/unable to read & write	116	75.0%	1	25.0	4	7.14
	Grade 1-6	51	70	3	30.0	10	17.85
	Grade 7-12	32	87.8	4	12.25	16.5	29.42
	Grade >12	5	77.77	2	22.22	9	16.06
	Total	204	82.14	10	17.85	204	100.0
Age of the mother (in years)	15-19	27	80.0	1	20	5	8.92
	20-24	110	80.95	4	19.04	21	37.5
	25-29	50	83.33	3	16.67	18	32.14
	>30	11	83.33	2	16.67	12	21.42
	Total	204	82.14	10	17.85	204	100.0

Out of 204 mothers 175(73.5%) of them heard about exclusive breast feeding and among them 108(61.7%) of them answered that they heard about exclusive breast feeding from health professionals, 45(25.7%) from friends and 16(9.1%) of them from mass media.

Attitude and Practice of the Respondents: Among the mothers who participated, 175 (85.8%) of the respondents had positive attitude and 29(14.2) of them had negative attitude. depends on the questionnaires they was answered scale.

Out of the mothers, 154(75.5%) of them are housewives and all of them (100%) have positive attitude. Of the 2 (4.9%) marching women 4 (16%) of them have negative attitude. Those mothers who learned from grade 7-12are 32 and 31 (96%) of them have positive attitude. On the contrary those who learned from Grade 1-6 were 51, out of which 1 (12.5%) has negative attitude

Among the mothers, who participated in the sample 167 (81.8%) of them had good practice and 37 (18.1%) of the mother had poor practice since the sample was used pregnant women who was previously gave birth. Out of

the questionnaire that assess the practice, when do you stop feeding one breast and move to the other, 175 (85.8) of them answered after exhausting one breast. And 21 (10.3%) of them answered, as per my convenience. The answer to the question how many times do you breast feed over 24 hours, were 153 (75%) of them answered at least 10 times per day. And 51 (25%) of them answered 4-5 times per day.

The above chart shows the practice of infant feeding in relation to monthly income, 73(35.8%) of them have a monthly income 329-400 birr per month. And among them 70 (84.21%) of the mothers have good practice. Out of 204pregnant mother 183(89.7%) of them started breast feeding their baby immediately after birth while 7(3.5%) of them started 1 hour after birth.

Most of pregnant mothers183 (89%) started feeding colostrum before their milk began flowing regularly while 21(10.3%) of them didn't started. 132 (64.7%) of mothers exclusively breast feed their baby while 72 (35.3%) added other food during the first 6 month. Out of 204 pregnant mothers 189 (92%) breast fed their baby up to 2 years while 15 (8%)of them breast fed their baby longer than 2 years.

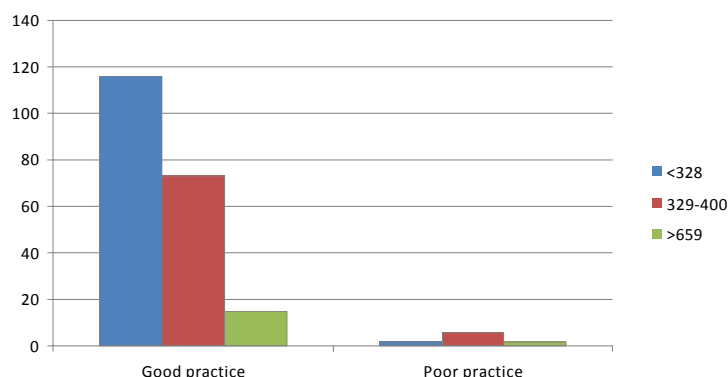


Fig. 1: A bar chart showing the distribution of monthly income and practice of feeding on mother who were attend ANC in Dimtu health center

During this study period 204 pregnant mothers were participated. The result of this study shows 80.4% of the clients had adequate knowledge. This result as compared to the study done in Ako town, Ethiopia by Efreem said since 2017, 86% of mothers consider breast milk sufficient for the first 6 months, shows that mothers here in this health center have good knowledge.. This could be because the health provision system of the country is similar. In addition, the cultural beliefs about breast feeding maybe similar in these parts of the country. As mentioned above on the result about knowledge all mother know that no food/fluid shouldn't be started before 6 months, 18 (32.1%) of them don't know the reason. This shows that the health education is being given but not thoroughly.

Out of the 204 mothers, 108(61.7%) of them heard about exclusive breastfeeding from health professional while 16 (9.1%) of them heard it from mass media. This proportion was higher in favor of health professional because they were most contact with clients. Knowledge as compared to occupation, 88% of employed mothers had adequate knowledge whereas the housewives had 86% had adequate knowledge. This may be explained by the fact that most employed mothers are educated and would know more and are likely to get information, unlike housewives.

When comparing the attitude of the mother with educational status, among those who learnt above grade 12, 96% of them have positive attitude, so did those who can't read or write. This shows attitude may not be related to educational status because; mothers would most likely have the guidance from the grandmothers and friends. In this study 132 (64.7%) of mothers exclusively breast feed their baby, this is higher figure compared to national figure in which the 2011 Ethiopian DHS shows, 52 percent of children less than six months (aged 0-5 months) are

exclusively breastfed. As compared to the literatures there is a better infant feeding practice, 51 (25%) of the mothers answered that they breast feed at least10 times a day.

Monthly income as compared to practice, among the mothers 73 (35.8%) have monthly income 329-400, 70 (84.4%) of them have good practice. Having a relatively constant income had let the mothers have good practice. But most the mothers believe that feeding a child is demanding financially and they feel the obligation to prepare a completely different food with different ingredients from the family diet.

CONCLUSION AND RECOMMENDATIONS

This study included 204 pregnant mothers and the following conclusion can be drawn. Out of those, 85.5% of them have positive attitude. And 80.4% of them have adequate knowledge. Good practice accounts for 81.8. Out of the mothers who participated, 6 (2.9%) of them were employed in a governmental institutes. And 32 (16.9 %) of the mothers were 7-12 grade. In conclusion, even though the above figures indicate adequate knowledge, positive attitude and good practice, there are crucial questions that were not answered. Some of the figures are significant as mentioned in the result section of this text. The following recommendation are forwarded so as to increase the knowledge of EBF among study group by correcting the apparently hampering factors to a successful breast feeding for each group considered alone and together.

- ▶ Health education about breast feeding in different means of communication is important to remove misconception EBF.
- ▶ Reinforcement of M.C.H. program for a successful breast feeding is quite crucial.

- ▶ Provide information to mother in relation to breast feeding in clear and understandable ways. Practicability of breast feeding should be monitored regularly by all concerned bodies.
- ▶ Orientations are refresher courses on the contemporary patterns of breast feeding may be given to health workers at all levels so that they act and react according to promote breast feeding.
- ▶ Integration of importance of EBF in the society.
- ▶ In order to extend the validity of this study's finding, I recommend that further research should be conducted on a large scale to identify factors that contribute to the existence of the concerned gap between mother's KAP of EBF.

ACKNOWLEDGEMENTS

We great fully acknowledge Tiro Afeta health office, Ayichew kasaye and Jimma University for all the material supports we received. We also thank the respondent mothers of in and around Dimtu town who were willing to be part of the study and provided us complete information.

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