

WOLKITE UNIVERSITY



COLLEGE OF MEDICINE AND HEALTH SCIENCES

DEPARTMENT OF MIDWIFERY

ASSESSMENT OF TIMELY INITIATION OF BREASTFEEDING AND ASSOCIATED FACTORS AMONG MOTHERS WHO HAVE INFANTS LESS THAN SIX MONTHS OF AGE IN GUNCHIRE TOWN, SNNPR, ETHIOPIA 2019

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The Research Result Submitted To College of Medicine and Health Sciences Department of Midwifery In Partial Fulfillment of The Requirements For Bachelor Degree In Midwifery.

WOLKITE, ETHIOPIA

JUNE 2019

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ACRONYMS AND ABBREVIATION

ANC	Antenatal care
AOR	Adjusted Odds Ratio
BFHI	Baby Friendly Health Initiative
COR	Crude Odds Ratio
EDHS	Ethiopian Demographics and Health Surveys
PSG	Paris Saint German
SNNPR	South Nations and Nationalities People Region
SPSS	Statistical Package For Social Sciences
TIBF	Timely Initiation of Breastfeeding
UNICEF	United Nation Children’s Fund
WBTI	World Breastfeeding Trends Initiative
WHO	World Health Organizations

ABSTRACT

Introduction: Timely initiation of breastfeeding is defined as the initiation of breastfeeding within one hour after childbirth. Despite breastfeeding has benefit both mothers and infants, globally breastfeeding within one hour of life in the world was less than half. In least developed countries (53%) Eastern and southern Africa (60%), Ethiopia (73%) of infant breastfed within one hour. The aim of this study was to assess timely initiation of breastfeeding and associated factors among mothers who have infant less than six months of age in Gunchire Town, SNNPR Ethiopia.

Methods: The study was conducted from May 6 to 20, 2019 by using face to face interview of structured questionnaire. Community based cross-sectional study was employed on 333 women. The study participants were selected by Simple random sampling techniques. The data was coded, entered, edited, cleaned and analyzed by SPSS with windows version 21.0. Binary and multivariable logistic regression statistical model was used to see the association between dependent and independent variables. Adjusted odds ratio with 95% CI will be computed to see the strength of association.

Results: In this study the magnitude of timely initiation of breastfeeding was 80.5%. Presence of ANC follow up on current baby (AOR 6.76, 95% CI 2.12, 21.68), baby placed on abdomen of mothers immediately after birth (AOR 3.93, 95% CI 1.49, 10.36), vaginal delivery (AOR 4.46, 95% CI 1.15, 18.82), institutional delivery and good knowledge of breastfeeding (AOR 4.23, 95% CI 1.24, 14.46) were significantly associated with timely initiation of breastfeeding.

Conclusion: More than third quarter of the respondent mothers timely initiated breastfeeding. Presence of ANC follow up on current baby, baby placed on abdomen of mothers immediately after birth, vaginal delivery, institutional delivery and knowledge of mothers about breastfeeding were significantly associated with timely initiation of breastfeeding.

Recommendation: We would like to recommend Enamore woreda health office to provide information to give further education about breastfeeding. To Gunchire primary Hospital staffs work at MCH clinic recommend them to provide appropriate services and stimulate the mothers to initiate breastfeeding, skin to skin contact enhancing within first hour of birth. Further study on timely initiation of breastfeeding at institution level is suggested.

Key word: Timely, Breastfeeding

CHAPTER ONE: INTRODUCTION

1.1. Background

Timely initiation of breastfeeding is defined as the initiation of breastfeeding within one hour after childbirth. Timely initiation of breastfeeding is that newborn babies be placed in skin-to-skin contact with their mothers immediately following birth for at least one hour and mothers helped to initiate breastfeeding within half-hour following birth. It is one the ten steps to successful breastfeeding on which the Baby Friendly Hospital Initiative was based and launched in 1992 (1,2).

The world health organization (WHO) and united Nation Children's Fund (UNICEF) recommend the initiation of breastfeeding within the first hour after birth and termed as timely or early initiation of breastfeeding (3). It is about the length of time after birth when the mother attempt to initiate breastfeeding regardless of the breast milk arrival. A mother putting her infant directly to her breast and trying to get the infant's mouth to handle the nipple is an attempt to initiate breastfeeding. Similarly, having the infant placed on mother's chest with skin-to-skin contact could also be regarded as attempting to initiate breastfeeding; because infants would naturally make movement towards the breast and are likely to initiate breastfeeding (4).

Breastfeeding is recommended as proper infant and young child feeding practice that should be initiated within the first hour after birth. The WHO and UNICEF also recommend initiation of breastfeeding within the first hour after birth and exclusive breastfeeding for the first six months followed by continued breastfeeding to age two years or beyond along with appropriate complementary feeding (5)

The WHO and UNICEF recommended that breastfeeding to be initiated within one hour of birth because early initiation breastfeeding stimulates breast milk production, increases uterine activity and may thus reduce the risk of heavy bleeding and infection (6). It also fosters mother child bonding and increases the duration of breastfeeding (2). Early breastfeeding and skin-to-skin contact helps better temperature control of the newborn baby, enhances bonding between the mother and the baby, and also increases the chances of establishing exclusive breastfeeding early and its success (7).

During the first days of life, breastfeeding helps to prevent low blood sugar (hypoglycemia) and low temperature (hypothermia), which are important contributors to newborn illness and deaths. Most newborns are ready to find the nipple and latch on to the breast within the first hour of birth, if provided with immediate skin-to-skin contact. Colostrum provides the baby with the high level of antibodies, immune cells, vitamin A and other protective factors (6).

Early initiation of exclusive breastfeeding serves as the starting point for continuum of care for mother and newborn that can have long lasting effects on health and development. Substantial benefit in reducing neonatal mortality and morbidity can be achieved with effective promotion of timely initiation of breastfeeding and exclusive breastfeeding during the first month of life (5). The later initiation of breastfeeding, the greater risk of neonatal death (9).

Therefore to promote child and mother's health, early or timely initiation of breastfeeding is essential. This is particularly relevant in Africa where neonatal and infant mortality are high (10).

1.2. Statement of Problem

Despite breastfeeding extraordinary benefits both the mother and the child only 43% of the world's newborns put on the breast within one hour of birth globally, the result is even lower in developing countries. Early initiation of breast feeding across the regions were in least developed countries(53%), Eastern and Southern Africa(60%), Latin America and Caribbean(49%), South Asia(42%), east Asia and pacific(41%) and West and Central Africa(35%)(11).

In Ethiopian, Ministry of Health has recognized the undeniable role of early breastfeeding initiation in reducing child mortality, targeted an increase in the proportion of newborn put to breast within the first hour of life to 92% by 2015 as one strategy to improve child health (12). But 52 percent of infants started breastfeeding within one hour of life. Initiation of breastfeeding within one hour was lowest in the Amhara and Somali regions (38 percent and 40 percent, respectively) and highest in the South Nation Nationality of People (SNNP) and Dire Dawa regions (67% and 66 %, respectively) (13).

According to EDHS 2016, Seventy-three percent of children began breastfeeding within 1 hour of birth, and 92% within 1 day of birth, which are 22 and 12 percentage points higher than in 2011, respectively. The practice of pre-lacteal feeding, likewise, decreased from 29% in 2005 to 27% in 2011, and dropped further to 8% in 2016 (14).

So, significant effort is required to accelerate the progress to work on timely initiation of breastfeeding. In addition, the national study indicated that there is existence of problems in inappropriate practice of timely initiation of breastfeeding (TIBF). Despite timely initiation of breastfeeding is crucial for the continuation of exclusive breastfeeding, much of the focus is given for breastfeeding advocacy and research has been done on exclusive breastfeeding.

This again shows the problem of early initiation of breast feeding in Ethiopia needs further focus and intervention both in urban and rural sides of the country. In order to reduce child morbidity and mortality, infant breastfeeding has been identified as one of the major intervention areas both globally and nationally.

1.3. Significance of Study

There is no data indicating the magnitude and factors associated with timely initiation of breast feeding in our study area, conducting this study is very important as it enables to determine magnitude and factors associated with timely initiation.

Moreover, the finding of this study will also help as a baseline data for those who are interested in carrying out further research in this regard. The beneficiaries of this study can be community, health officials and other organizations who are work in the area. The officials will take action; this contributes to improve infants' wellbeing and reduces infants' and mothers' morbidity and mortality.

CHAPTER TWO: LITERATURE REVIEW

2.1. Magnitude of Initiation of Breastfeeding

According to UNICEF Global Nutrition Database, 2012 shows that globally Fewer than half (42 percent) of newborns are put to the breast within the first hour of birth, though early initiation of breastfeeding is higher in least-developed countries (52 per cent in 2011). Breastfeeding is initiated within one hour of birth for fewer newborns in South Asia than in any other region (39 per cent in 2011)(15).

According to World Breastfeeding Trends Initiative (WBTI), *The State of Breastfeeding in 33 Countries by 2010* finds that; there was No data on rate for initiation of breastfeeding within an hour of birth was available for four countries (Vietnam, Taiwan, Korea and Costa Rica); the average rate for the remaining 29 countries is 51.3 percent. The rates for individual countries show wide variation, ranging from mere 3.7 per cent in Indonesia to 81 per cent in Bhutan (16).

A community based cross-sectional study done from Brazilian gained that 47.1% of the mothers initiated breastfeeding within the first hour after birth. A study done at India shows that initiating breastfeeding within the first hour after birth considering only 31.1% of the 35,795 (17).

A systematic review done shows that the prevalence of initiation of breast feeding within first hour of life ranged from 11.4%, in a province of Saudi Arabia, to 83.3% in Sri Lanka (18).

A community based cross sectional study conducted in Goba Woreda, Ethiopia finds that the prevalence of timely initiation of breastfeeding was 52.4%(19). Similar study done in Urban Dwellers in Western Ethiopia found that timely initiation of breastfeeding was 88.5% and study done in Benishangul Gumuz regional State, North West of Ethiopia the prevalence of early initiation of breast feeding was 53.8% (20,21).

A community-based cross-sectional study was carried out in Arba Minch Zuria was 42.8% started breastfeeding one hour after childbirth(22). Also the study done in Dale Woreda, South of Ethiopia the prevalence of early initiation of breastfeeding was 83.7%(23). In other community based cross sectional study conducted in Axum Town finds that the overall proportion of timely initiation of breastfeeding was 41.6%(24).

2.2. Factors Associated With Timely Initiation of Breastfeeding

A Systematic review shows that Cesarean was the risk factor most consistently associated to non-breastfeeding in the first hour of life. Characteristics such as low family income, mother's age below 25 years, mother's low schooling level, absence of antenatal clinic visits, home birth, lack of prenatal guidance in regard to breastfeeding and prematurity were identified as risk factors in at least two studies (25).

A research done at Baby Friendly Health Initiative(BFHI) shows that prenatal and postnatal factors associated with breastfeeding within the first two hours were determined to be maternal anemia, maternal illness during pregnancy, cesarean section delivery, and premature birth (26).

A study done at Alhassa Saudi Arabia shows that Educated, employed, and high-income mothers were less likely to initiate and maintain breastfeeding despite their relatively higher level of knowledge. Increased maternal age, multiparty (three or more children), and vaginal delivery were significant positive predictors for early breastfeeding initiation(18).

A research done at Nigeria significantly higher proportions of mothers with at least secondary education, clinic-based antenatal care and delivery in health facilities initiated breastfeeding within one hour of birth. Delivery of children outside health facilities strongly contributed to delayed initiation of breastfeeding (27).

A study conducted at PSG Institute of Medical Science and Research, Coimbatore was observed that the caesarean delivery, preterm delivery, sick condition of the baby, earlier breast surgery, lack of counseling after delivery and lack of skin to skin contact at birth were negatively associated with timely initiation of breastfeeding within one hour(28).

A study done at Goba woreda showed that attendance of formal education, being urban resident, institutional delivery and postnatal counseling on breast feeding were significantly associated with timely initiation of breastfeeding, being in the urban area and getting postnatal counseling were independent predictors of timely initiation of breastfeeding (19).

A study done urban dweller in western Ethiopia shows that Advice during ANC visit, child attachment to breast and knowing importance of colostrum were important predictors for timely initiation of breastfeeding (20).

According to study done in India, major barriers to initiation of breast feeding identified included: lack of awareness regarding proper technique of breastfeeding and benefits of colostrums; breast abnormality like inverted/retracted nipples; obstetric/neonatal complications requiring specialized care; and cultural practices like giving pre- lacteals and gender discrimination(29).

A community based cross sectional study done at Raya kobo District northeast Ethiopia, mothers who had formal education were two times (Adjusted Odds Ratio [AOR]: 1.8; 95% CI (1.10, 2.95)) more likely to initiate breastfeeding early compared to those who had no formal education. Compared to mothers whose husbands lack formal education, mothers with husbands having formal education were (AOR: 1.9; 95% CI (1.04, 3.51)) more likely to introduce breastfeeding early. Compared to mothers who fed pre-lacteal, those who did not practice pre-lacteal feeding were 2.4 times (AOR: 2.4; 95% CI (1.61, 3.53)) more likely to initiate breastfeeding early. Mothers who fed their children with colostrum (AOR: 2.1; 95% CI (1.23, 3.53)) were more likely to initiate breastfeeding early compared to those who discarded colostrum(8).

As study done at south Gondar Ethiopia, initiation of breastfeeding within one hour was higher for urban mothers (AOR 2.1; 95% CI 1.4, 3.3), multiparous mothers (AOR 2.8; 95% CI 2.0, 3.8), mothers who had antenatal care (AOR 3.2; 95% CI 2.0, 5.2), mothers delivered in health institution (AOR 3.1; 95% CI 2.2, 4.6) and mothers delivered vaginally (AOR 4.1; 95% CI 1.7, 9.8) than their respective counterparts(30).

A study done at Dembecha district North west Ethiopia timely initiation of breastfeeding was significantly associated with the presence of four and above antenatal appointments during the last pregnancy (Adjusted Odds Ratio [AOR] 3.1; 95 % Confidence Interval [CI] 1.2, 8.0), access to mass media such as radio or television (AOR 1.54; 95 % CI 1.10, 2.20), and mothers who were attended by traditional birth attendant during their last birth (AOR 0.23; 95 % CI 0.07, 0.75) (31).

2.3. Conceptual Frame Work

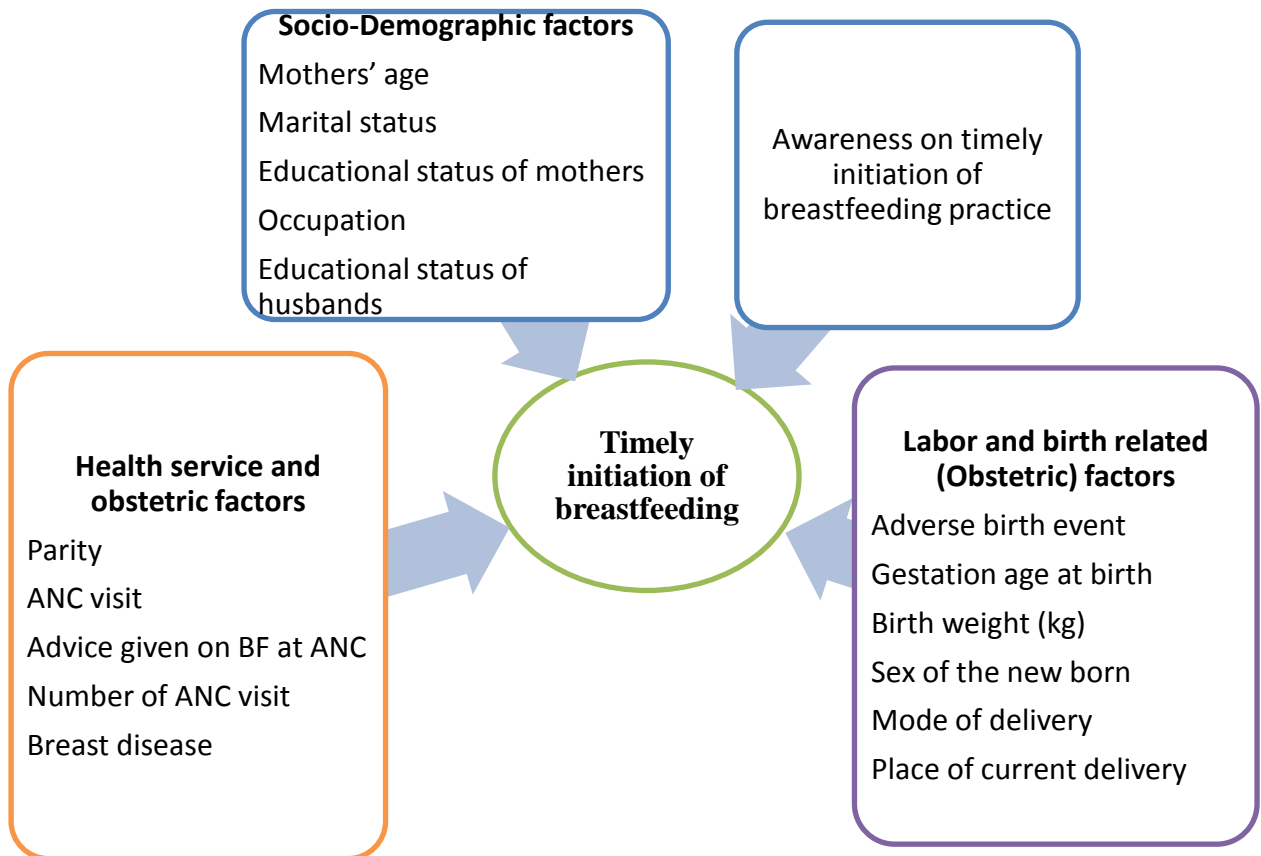


Figure 1: Timely initiation of breastfeeding and associated factors Adapted from literature review

CHAPTER THREE: OBJECTIVES

3.1. General Objective

To assess timely initiation of breast feeding and associated factors among mothers who have infant less than six months of age in Gunchire town SNNPR Ethiopia 2019.

3.2. Specific Objectives

- ❖ To determine the magnitude of timely initiation of breastfeeding
- ❖ To identify the associated factors with timely initiation of breast feeding

CHAPTER FOUR: METHODS

4.1. Study Area and Period

Gunchire town is a one of the urban kebeles found in the Enamore woreda. It is around 199 km from the capital city of Ethiopia Addis Ababa toward south-western and 301 km from Hawassa capital of the SNNP region and 42 km from Wolkite, the town of Guraghe zone. Gunchire town has 1 Primary hospital which was established in 2008E.C. and 2 health posts with 8 health workers (4 in each Health Extension). The study was conducted in Gunchire town, capital of Enamore woreda, Gurage zone, SNNPR, Ethiopia. According to Gunchire town municipality data, Gunchire town has total populations of 6502 peoples of these 49% are males and 51% females. Study was conducted from May 6 to 20, 2019 (32).

4.2. Study Design

Community based cross sectional study design was employed from May 6 to 20, 2019.

4.3. Population

4.3.1. Source Population

All women who have an infant less than six months of age in Gunchire town

4.3.2. Study Population:

Mothers who have an infant less than six months of age from both 01 & 02 kebeles

4.3.3. Study Unit

Mother who has a child age less than 6 months

4.4. Eligibility Criteria

4.4.1. Inclusion Criteria

Mothers who have an infant less than six months of age and living in the study area for more than six months were included.

4.4.2. Exclusion Criteria

Those who have not biological care giver or mothers who are unable to communicate due to serious illness at the time of data collection were excluded.

4.5. Sample Size Determination and Procedure

4.5.1. Sample Size Determination

In this study, sample size was determined by using single population proportion formula. Based on the following assumption:-

- a) The level of confidence of the study 95%
- b) Margin of error is 5%
- c) The proportion (P) was 0.73 which estimates the proportion of timely initiation of breast feeding in Ethiopia according to EDHS 2016(14). Accordingly, by using the following single population formula of the sample size:-

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

$$n = \frac{(1.96)^2 \times 0.73 (1-0.73)}{(0.05)^2} = 302.8$$

By considering for non-respondent 10% the total sample size is $302.8 + 30.2 = \underline{\underline{333}}$.

4.5.2. Sampling Technique

Simple random sampling technique was used to select the study participants from Gunchire town 01 & 02 kebeles.

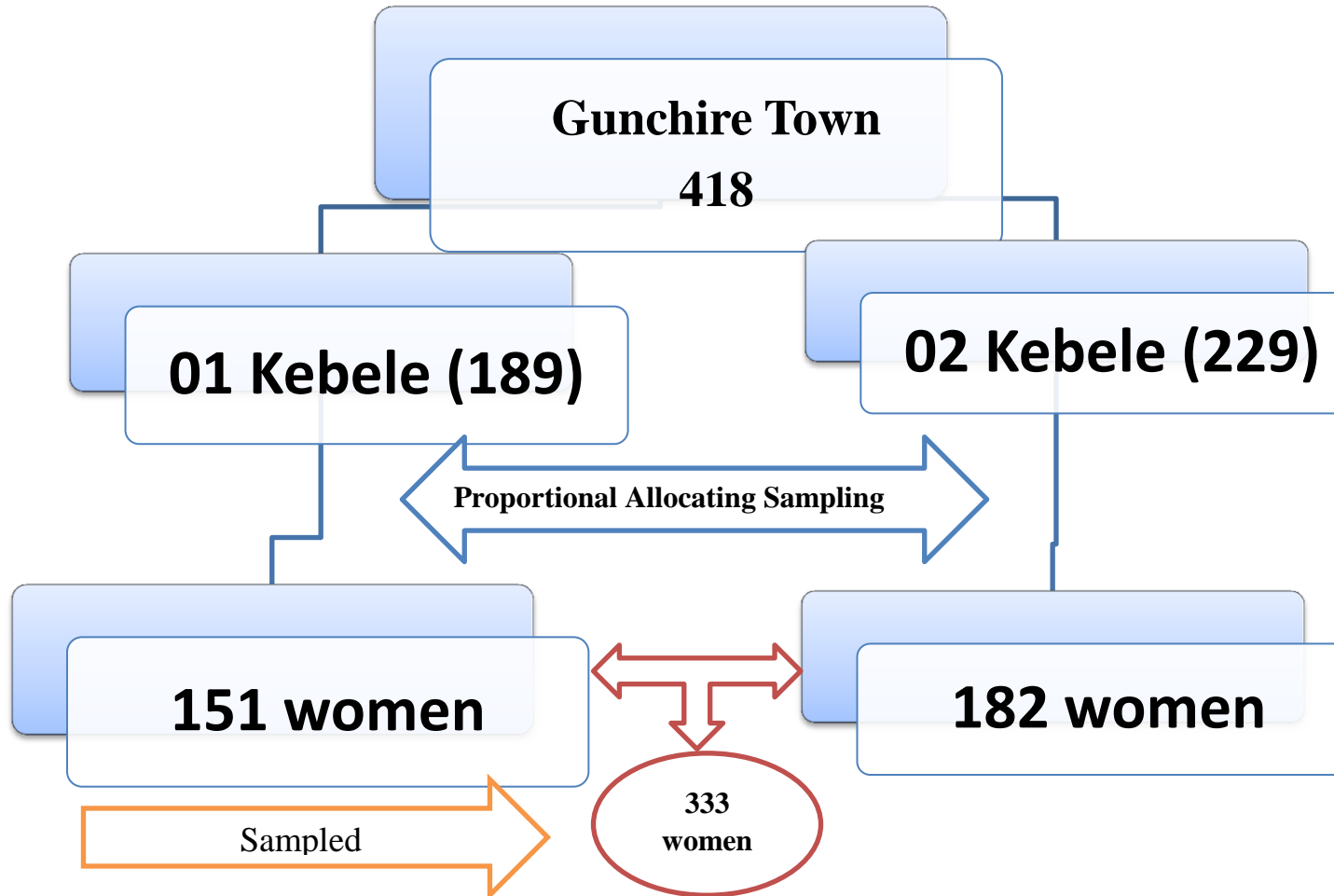


Figure 2: Schematic representation of sampling procedure in Gunchire Town, Enamore Woreda SNNPR Ethiopia 2019.

4.6. Study Variables

4.6.1. Dependent Variable

Timely initiation of breastfeeding

4.6.2. Independent Variables

- ❖ Socio-Demographic factors
 - Mothers' age
 - Marital status
 - Educational status of mothers
 - Occupation
 - Educational status of husbands
- ❖ Health service and obstetric factors
 - Parity
 - ANC visit
 - Advice given on BF at ANC
 - Number of ANC visit
 - Breast disease
- ❖ Labor and birth related (Obstetric) factors
 - Adverse birth event
 - Gestation age at birth
 - Birth weight (kg)
 - Sex of the new born
 - Mode of delivery
 - Place of current delivery
 - Awareness on timely initiation of breastfeeding practice

4.7. Operational Definition

Timely initiation of breastfeeding: an infant's first intake of breast milk (or colostrum) within one hour (1).

Good knowledge about timely initiation of breastfeeding: If the mother can answers above the mean value asked to measure timely initiation of breastfeeding awareness.

Poor knowledge about timely initiation of breastfeeding: If the mother answers less than or equal to the mean value asked to measure timely initiation of breastfeeding.

4.8. Data Collection Methods and Procedures

Data was collected using structure questionnaire with open and closed end questions. The questionnaire was adapted from other similar studies and prepared in English. It was translated in to Amharic. Finally, it was translated back to English to check for consistency. The questionnaire contained questions that address socio-demographic characteristics of respondents, health services and history of pregnancies, labour and birth related factors and awareness of mothers measuring questions related to timely initiation of breastfeeding.

4.9. Data Quality Assurance and Control

Discussion was made among our group members on general procedure of data collection before data collection process started. Completeness of questionnaires was checked before winding up our visit to each study participant, early corrections and cleaning of the data was done.

4.10. Data Analysis

After checking its completeness and appropriateness, the collected data was entered to SPSS version 21 for analysis. Statistical analyses including descriptive statistics, binary and multivariate logistic regression analysis was conducted to determine the relationship between the dependent and independent variables. First binary logistic regression was used to identify variables and after these variables having p-value less than 0.25 was fitted to multivariate logistic regression model to determine the relationship between the dependent and independent variables. Adjusted odds ratio with 95% CI was computed to see the strength of association. The analyzed data presented using texts, tables, charts and graphs. The main finding of our study interpreted in the form of appropriate figure, tables, percentage, proportions, frequency and the result of the study compared and discussed with other already existing data such as literature reviews. Finally the result of our study was concluded, recommended and disseminated.

4.11. Ethical Considerations

Ethical approval of research was obtained from the research ethical review committee of Wolkite University, college of medicine and health sciences. After an appropriate permission obtained, official letter was given to concerned stakeholders. Purpose and procedure of the study was explained and informed consent was obtained from the study participants. Any information obtained from participants during the study kept confidential. Finally, data was collected by respecting the right of others, culture, norms, and other ethical issues.

CHAPTER FIVE: RESULTS

5.1. Socio-Demographic Characteristics

A total of 333 mothers of children less than 6 months were interviewed which makes 100% respondent rate in Enamore woreda, Gunchire town, Gurage Zone. The most common ethnic group in the study area was Gurage which account 244(73.3%). 141(42.3%) of respondent mothers were governmental employee (Table 1).

Table 1: Socio-demographic characteristics of the study participants in Gunchire Town, Gurage zone, SNNPR, Ethiopia 2019. (n=333)

Variables	Category	Frequency	Percentage (%)
Age of mothers	15-19 years	22	6.6%
	20-24 years	97	29.1%
	25-29 years	92	27.6%
	30-34 years	63	18.9%
	≥35 years	59	17.7%
Marital status	Married	318	95.5%
	Divorced& Widowed	15	4.5%
Ethnicity	Gurage	244	73.3%
	Oromo	49	14.7%
	Amhara	28	8.4%
	Other ^{*a}	12	3.6%
Religion	Muslim	128	38.4%
	Orthodox	108	32.4%
	Protestant	80	24%
	catholic	12	3.6%
	Others	5	1.5%
Occupation	House wife	66	19.8%
	Private work	109	32.7%
	Government employed	141	42.3%
	NGO employed	10	3.0%
	Other ^{*b}	7	2.1%

^{*a} =Wolaita, Hadya and Siltie

^{*b} =Student, farmer

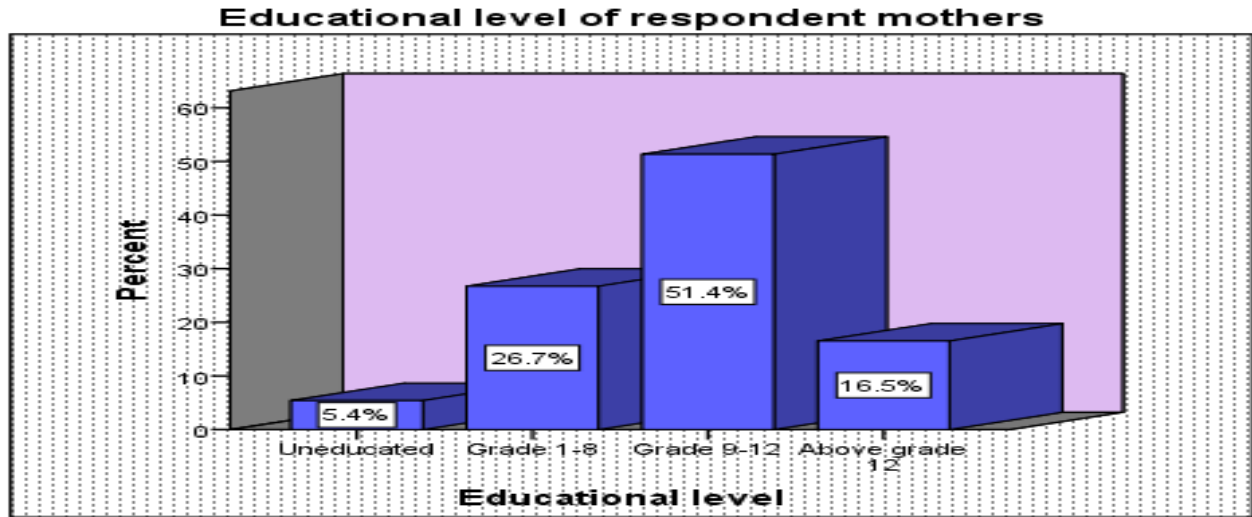


Figure 3: Educational status of respondent mothers in Enamore woreda, Gunchire Town, Guraghe Zone, SNNPR, Ethiopia 2019 (n=333)

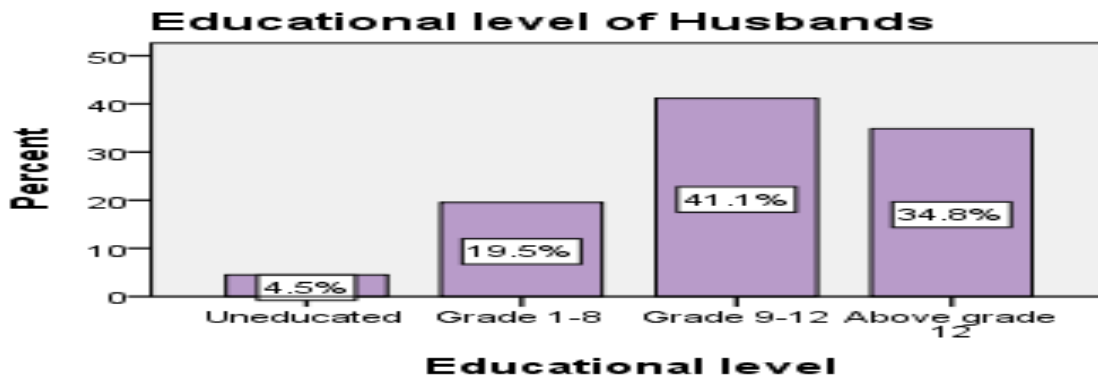


Figure 4: Educational level of husbands in Gunchire Town SNNPR, Ethiopia 2019

5.2. Magnitude of Timely Initiation of Breastfeeding

Among respondent mothers 268(80.5%) were breastfed within one hour of child age, whereas the left 65(19.5%) of the respondent mothers were not initiate breastfeeding within one hour of child birth.

Table 2: Magnitude of Timely initiation of breastfeeding in Enamore woreda Gunchire Town, Guraghe zone, SNNPR, Ethiopia 2019

Breastfed within one hour of birth?	Yes	268	80.5%
	No	65	19.5%

5.3. Factors associated with timely initiation of breastfeeding

Variables like marital status, occupation of mothers, educational level of husbands, ANC visits during the last pregnancy, advice about timely initiation of breastfeeding at ANC, breast problem, baby placed on the abdomen of mother, condition of baby at birth, mode of delivery, place of the current baby, information of mothers about timely initiation of breastfeeding (TIBF), knowledge of mothers about TIBF.

Presence of ANC follow up on current baby were 6.76 times more likely to initiate breastfeeding (AOR 6.76; 95% CI 2.12, 21.68) than mothers who had no ANC follow up on current baby. Baby placed on abdomen of mothers immediately after birth (AOR 3.93; 95% CI 1.49, 10.36) were 3.43 times more likely to initiate breastfeeding than that of baby don't placed immediately after birth. The baby who delivered vaginally (AOR 4.4; 95% CI 1.15, 18.82) were 4.4 times more likely to initiate breastfeeding within first hour of birth than who delivered by cesarean section. Mothers who delivered their last baby at health institution AOR 6.75; 95% CI (1.126, 40.41) 6.75 times more likely to initiate breastfeeding than that of delivered at home. Mothers who had good knowledge about breastfeeding (AOR 4.23; 95% CI 1.24, 14.46) were 4.23 times more likely to initiate breastfeeding than mothers had poor knowledge within first one hour of child birth (Table 5).

Table 3: Factors associated with Timely Initiation of Breastfeeding in Enamore woreda, Gunchire Town, SNNPR, Ethiopia 2019 (n=333)

Variable	Category	Timely Initiation of Breastfeeding		95% CI		p-value
		Yes	No	COR	AOR	
Marital status	Married	259	59	5.85[1.276, 26.853]	4.96[0.361, 68.092]	0.231
	Divorced	6	2	1.46[0.288, 7.432]	0.89[0.077, 10.272]	0.925
	Widowed	3	4	1	1	
Occupation of Mothers	House wife	48	18	1	1	
	Private work	79	30	1.01[0.510, 2.010]	0.77[0.283, 2.109]	0.615
	Government employed	127	14	0.29[0.136, 0.637]	0.22[0.071, 0.678]	0.886
	NGO employed	8	2	0.67[0.129, 3.442]	0.25[0.024, 2.628]	0.250
	Other	6	1	0.44[0.050, 3.952]	0.07[0.005, 1.109]	0.059
Educational level of Husbands	Uneducated	9	6	0.49[0.151, 1.589]	0.54[0.093, 3.097]	0.486
	Grade 1-8	49	16	0.21[0.067, 0.672]	0.25[0.045, 1.437]	0.121
	Grade 9-12	120	17	0.43[0.141, 1.330]	0.36[0.046, 2.889]	0.338
	Above 12	90	26	1	1	
ANC visit on current baby	Yes	262	55	7.94[2.770, 22.757]	6.76[2.12, 21.68]	0.001
	No	6	10	1	1	
Advice on TIBF at ANC	Yes	151	21	2.21[1.213, 4.000]	1.83[0.527, 6.316]	0.342
	No	111	34	1	1	
Breast disease	Yes	14	9	0.34[0.141, 0.832]	0.67[0.144, 3.086]	0.605
	No	254	56	1	1	
Baby placed on mother's abdomen immediately after birth	Yes	200	28	3.89[2.2114, 6.823]	3.93[1.487, 10.361]	0.006
	No	68	37	1	1	
Condition of baby at birth	Good	254	53	4.11[1.799, 9.382]	1.89[0.546, 6.556]	0.315
	Not good	14	12	1	1	
Mode of delivery	Vaginal delivery	255	49	6.41[2.898, 14.157]	4.65[1.147, 18.818]	0.031
	C/S	13	16	1	1	
Place of current delivery	Health Institution	261	55	6.78[2.472, 18.589]	6.75[1.126, 40.41]	0.037
	Home Delivery	7	10	1	1	
Did you heard about TIBF yet?	Yes	217	47	1.63[0.874, 3.038]	0.55[0.159, 1.890]	0.341
	No	51	18	1	1	
Awareness of mothers about breastfeeding	Good awareness	262	56	7.02[2.401, 20.512]	4.23[1.237, 14.460]	0.021
	Poor awareness	6	9	1	1	

5.4. Health Service and Obstetrics History

Among respondent mothers, 228(68.5%) of them were multipara and 105(31.5%) were primiparous. Majority 317(95.2%) of respondent mothers had ANC follow up on the current (last) baby, about 199(61.8%) visited ANC four and more times and the others 123(38.2%) visited ANC three and less times. Out of respondent mothers had ANC follow up 175(54.3%) got advice about breastfeeding at ANC (Table 3).

Table 4: Health services and Obstetrics history of respondent mothers in Enamore woreda, Gunchire Town, SNNPR, Ethiopia 2019 (n=333)

Variable	Category	Frequency	Percentage (%)
Parity	Multipara	228	68.5%
	Primiparous	105	31.5%
ANC visit on current baby	Yes	317	95.2%
	No	16	4.8%
Number of ANC Visit	≥ 4 ANC visits	197	62.1%
	≤ 3 ANC visits	120	37.9%
Advice on breast feeding at ANC	Yes	172	54.3%
	No	145	45.7%
Breast disease	Yes	23	6.9%
	No	310	93.1%

5.5. Labor and birth history

Immediately after birth 228(68.5%) of current babies were placed on the mothers abdomen, but the left 105(31.5%) were not placed on their mother's abdomen. 312(93.7%) of the current labour were spontaneously onset and only about 15(4.5%) of respondent mothers face some problems during labour. Majority 307(92.2%) of baby's condition were good at birth. Of the last delivered babies, 300(90.1%) were delivered at term, 23(6.9%) were post term and 10(3%) were preterm and 170(51.1%) of them were female and 163(48.9%) were males. Of current (last) delivered babies, 304(91.3%) were delivered vaginally and 29(8.7%) were delivered by cesarean

section. Almost all 321(96.4%) of the last delivery were at health institution and the left 12(3.6%) were delivered at home (Table 4).

Table 5: Show labour and birth history of respondent mothers in Enamore woreda, Gunchire Town, SNNPR, Ethiopia 2019

Variable	Category	Frequency	Percentage (%)
Baby was placed on chest immediately after birth	Yes	228	68.5%
	No	105	31.5%
Onset of labour	Spontaneous	312	93.7%
	Induced	21	6.3%
Were there problem during labour?	Yes	15	4.5%
	No	318	95.5%
Condition of baby at birth	Good	307	92.2%
	Not good	26	7.8%
Gestational age at birth	Preterm	10	3%
	Term	300	90.1%
	Post term	23	6.9%
Sex of baby	Male	163	48.9%
	Female	170	51.1%
Mode of delivery	Vaginal delivery	304	91.3%
	Cesarean delivery	29	8.7%
Place of current delivery	Health Institution	316	94.9%
	Home	17	5.1%

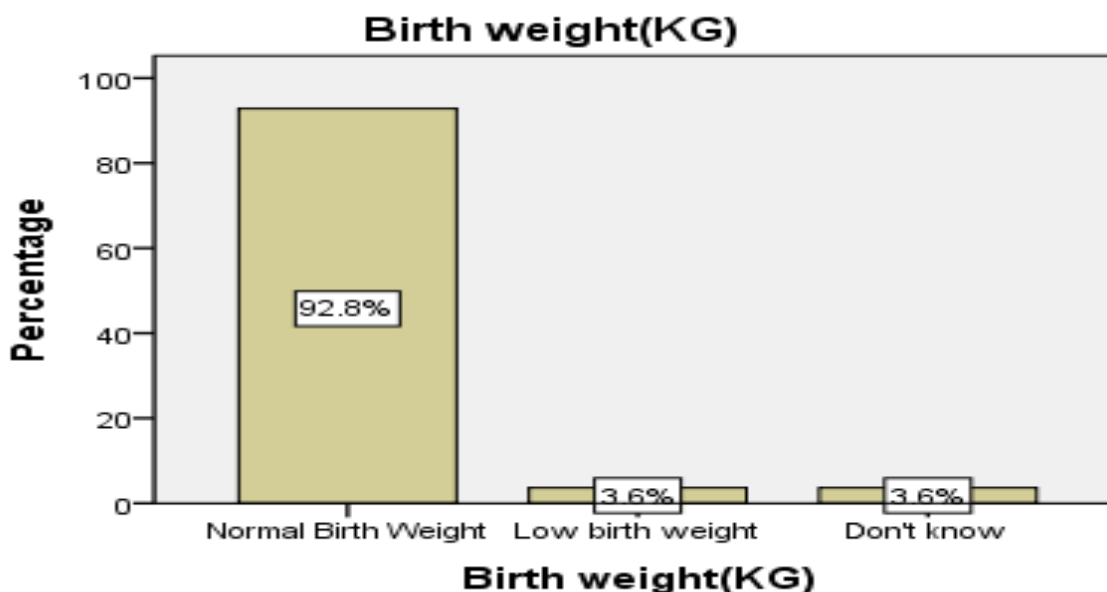


Figure 5: Birth weight of current baby among all respondent mothers in Enamore woreda, Gunchire Town, SNNPR, Ethiopia 2019 (n=333)

5.6. Knowledge about timely initiation of breastfeeding

Out of respondent mothers, about 264(79.3%) have heard about timely initiation of breastfeeding, but 69(20.7%) had no information about timely initiation of breastfeeding yet. About 318(95.5%) of the respondent mothers had good awareness about timely initiation of breastfeeding who answered greater than mean (i.e. >4/8), and only 15(4.5%) poor awareness about timely initiation of breastfeeding who answered four and less ($\leq 4/8$) (Table 5).

Table 6: Awareness towards initiation of breastfeeding within one hour of life among respondent mothers in Enamore woreda, Gunchire Town, SNNPR, Ethiopia 2019

Variable	Category	Frequency	Percentage (%)
Did you heard about TIBF yet?	Yes	264	79.3%
	No	69	20.7%
Colostrum can cause illness to child	Yes	16	4.8%
	No	317	95.2%
Colostrum is important to child.	Yes	309	92.8%
	No	24	7.2%

Initiation of breast milk makes the infant to get liquid only	Yes	91	27.3%
	No	242	72.7%
Skin to skin contact is important for timely initiation of breastfeeding.	Yes	246	73.9%
	No	87	26.1%
Only breastfeeding is enough for the baby immediately to birth.	Yes	321	96.4%
	No	12	3.6%
Breast milk contains all nutrients necessary for the infant.	Yes	325	97.6%
	No	8	2.4%
Colostrum provide the infant with the immunity to disease	Yes	322	96.7%
	No	11	3.3%
Squeeze out and throw away colostrum has disadvantage for the infant.	Yes	318	95.5%
	No	15	4.5%
Awareness of mothers	Good awareness(>4/8)	318	95.5%
	Poor awareness(\leq 4/8)	15	4.5%

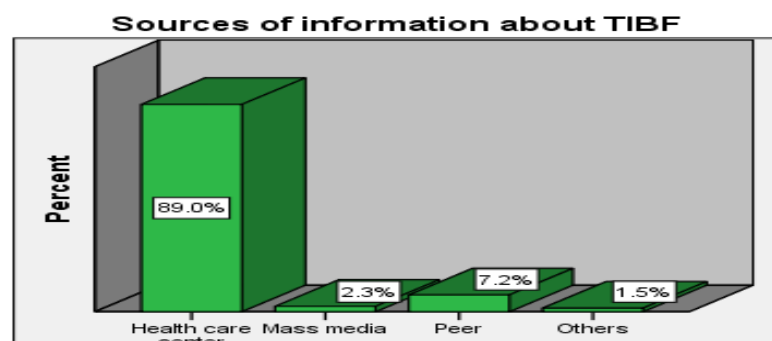


Figure 6: Sources of information about timely initiation of breastfeeding among respondent mothers who have had information in Enamore woreda, Gunchire Town, SNNPR, Ethiopia 2019 (n=264)

Among respondent mothers had information, 235(89%) have heard information about timely initiation of breastfeeding from Health care center/ providers, 19(7.2%) from peer and 3.8% from other sources of information such as mass media and family (Figure 8).

CHAPTER SIX: DISCUSSION

In this study 80.5% of respondent mothers reported that they were initiated breastfeeding within one hour of child birth. The finding of study was comparable with study done at Sri Lanka (83.3%), urban dwellers in Western Ethiopia (88.5%) and Dale woreda south of Ethiopia (83.7%) (**18, 20, 23**). Slightly higher than prevalence of timely initiation of breastfeeding in Ethiopia (73%) EDHS 2016 (**14**). Far, higher than the study done at India (31.1%), study done at Goba woreda (52.4%), study done at Benishangul Gumuz (53.8%), study done at Arba minch zuria (42.8%), study done at Dale woreda south Ethiopia (41.6%) (**17, 19, 21, 22, 24**). This could be because most mothers had ANC visit, high proportion of health institutional delivery,

Mothers who had antenatal care visits during their last pregnancy were about 6.76 times more likely to initiate breastfeeding within one hour after childbirth than mothers who had no antenatal care visit during their last pregnancy. This could be because mothers who had antenatal care visits during their pregnancy could access counseling sessions on the importance of timely initiation of breastfeeding, and thereby be more likely to practice it. This finding is supported by a study done in western Ethiopia, study done in Nigeria, study done in south Gondar Ethiopia and Dembecha district which showed that counseling on breastfeeding during antenatal visit increases the rate of timely initiation of breastfeeding (**20, 27, 30, 31**).

Babies those placed on mother's abdomen immediately after birth were 3.93 times more likely to initiate breastfeeding within first hour of birth than baby don't placed on the mother's abdomen. This might be most newborns are ready to find the nipple and latch on to the breast within the first hour of birth, if provided with immediate skin-to-skin contact and naturally the newborns tends toward the breast. This finding is supported by study done at urban dwellers of western Ethiopia showed that placing the baby on mothers abdomen immediately after birth increase practicing of timely initiation of breastfeeding (**20**).

Mothers who gave last birth vaginally were 4.46 times more likely to initiate breastfeeding within the first hour of birth than those deliver by cesarean section. This could be due to delay recovery from anesthesia and discomfort to initiate breastfeeding. This finding is supported by study done in Alhassa Saudi Arabia and study done at south Gondar Ethiopia showed that

vaginal delivery were more likely to initiate breastfeeding than those delivered by cesarean delivery **(18, 30)**.

The mothers who gave birth at health institution were 6.75 more likely to initiate breastfeeding within the first hour of birth than those delivered at home. This is because of the midwives/Obstetrician stimulated to initiate breastfeeding and tell the mothers about the importance of timely initiation of breastfeeding. This finding is supported by study done in Goba woreda, study done in Nigeria and study done in south Gondar Ethiopia showed that delivery at health institution increases the rate of timely initiation of breastfeeding **(19, 27, 30)**.

The mothers who had good awareness about breastfeeding were 4.23 times more likely to initiate breastfeeding than those who had poor awareness about timely initiation of breastfeeding. This is because the mother becomes and prepares herself for timely breastfeeding. This finding is supported by study in urban dwellers Western Ethiopia showed that good awareness increases the rate of timely initiation of breastfeeding **(20)**.

CHAPTER SEVEN: CONCLUSION AND RECOMMENDATIONS

7.1. Conclusion

More than third quarter of the respondent mothers timely initiated breastfeeding. Presence of ANC follow up on current baby, baby placed on abdomen of mothers immediately after birth, vaginal delivery, institutional delivery and knowledge of breastfeeding were significantly associated with timely initiation of breastfeeding.

7.2. Recommendation

We would like to recommend Enamore woreda health office to provide information to give further education about breastfeeding. To Gunchire primary Hospital staffs work at MCH clinic recommend them to provide appropriate services and stimulate the mothers to initiate breastfeeding, skin to skin contact enhancing within first hour of birth. Further study on timely initiation of breastfeeding at institution level is suggested.

Limitations

The limited nature of the cross-sectional study design in determining cause-effect relationship, and recall bias may be introduced since this study also included mothers who experienced childbirth up to 6 months of the data collection period.

REFERENCES

1. WHO. *Global Strategy for Infant and Young Child Feeding*. 2010;
2. Gupta A. *Initiating breastfeeding within one hour of birth* : 2013;1:1–6.
3. UNICEF WHO. *UNICEF and the Global Strategy on Infant and Young Child Feeding (GSIYCF) Understanding the Past – Planning the Future*. 2014;1–72.
4. Alliance W. *World Breastfeeding Trends Initiative (WBT i) countries*. 2014;
5. Report M. *IMPLEMENTING THE GLOBAL STRATEGY FOR INFANT AND YOUNG CHILD FEEDING*. 2014;(February):3–5.
6. WHO. *Early Initiation of Breastfeeding: the Key to Survival and Beyond*. 2014;
7. Iqbal M, Jamal M, Khan N. *Effect of Mother-Infant Early Skin-to-Skin Contact on Breastfeeding Status : A Randomized Controlled Trial*. 2012;21(10):601–5.
8. Misgan Legesse L. *Determinants of Early Initiation of Breastfeeding Among Mothers : The Case of Raya Kobo District , Northeast Ethiopia : A Cross-Sectional Study*. 2015;4(3):289–94.
9. Oot L, Sethuraman K, Ross J, Sommerfelt AE. *Food and Nutrition Technical Assistance III Project The Effect of Late Breastfeeding Initiation on Neonatal Mortality : A Model in PROFILES for Country-Level Advocacy*. 2018;(June).
10. Smith, Emily R. Lisa Hurt, Ranadip Chowdhury, Bireswar Sinha, Wafaie Fawzi KME. *Delayed breastfeeding initiation and infant survival : A systematic review and meta-analysis*. 2017;1–16.
11. WHO. *COMPREHENSIVE IMPLEMENTATION PLAN ON MATERNAL, INFANT AND YOUNG CHILD NUTRITION*. 2014.
12. FMOH. *Health Sector Development Pprogram IV*. p. 2014.
13. FMOH. *Health sector development program IV Woreda based annual core plan 2010*.
14. *Ethiopian Demographic Health Survey*. 2016.
15. Ncfcdpah P. *Breastfeeding Report Card*. 2014;
16. *The State of Breastfeeding in 33 Countries The State of Breastfeeding in 33 Countries*. 2010.
17. Sandor M, Dalal K. *Influencing factors on time of breastfeeding initiation among a national representative sample of women in India*. 2013;5.

18. *El-Gilany A-H. Factors associated with timely initiation of breastfeeding in Al-Hassa province , Saudi Arabia. 2014;18(3):250–4.*
19. *Setegn T, Gerbaba M, Belachew T. Determinants of timely initiation of breastfeeding among mothers in Goba Woreda , South East Ethiopia : A cross sectional study. BMC Public Health [Internet]. BioMed Central Ltd; 2011;11(1):217. Available from: <http://www.biomedcentral.com/1471-2458/11/217>*
20. *Tsedeke Wolde. Knowledge, Attitude and Practice of Exclusive Breast Feeding Among Lactating Mothers in Bedelle Town, Southwestern Ethiopia: Descriptive Cross Sectional Study. 2014;6(11):91–7.*
21. *Deressa Y, Tadese G, Amentie M. Assessment of Early Initiation of Breastfeeding and Associated Factors Among Mothers in Benishangul Gumuz regional State , North West , Ethiopia : Community Based Cross-Sectional Study . 2016. 2017;7(2):134–42.*
22. *Adugna DT. Women ' s perception and risk factors for delayed initiation of breastfeeding in Arba Minch Zuria ,. 2014;1–8.*
23. *Beyene MG, Geda NR, Habtewold TD, Assen ZM. Early initiation of breastfeeding among mothers of children under the age of 24 months in Southern Ethiopia. Int Breastfeed J [Internet]. International Breastfeeding Journal; 2017; Available from: <http://dx.doi.org/10.1186/s13006-016-0096-3>*
24. *Alemayehu M, Abreha K, Yebyo H, Zemichael K, Gebremichael H. Factors associated with timely initiation and exclusive breast feeding among mothers of Axum town , Northern Ethiopia. 2014;2(5):394–401.*
25. *Barriers to timely initiation of breastfeeding among healthy full-term babies who deliver at the University of Port Harcourt Teaching Hospital. 2006. p. 57–64.*
26. *Clinical Q, Queensland G. Maternity and Neonatal Clinical Guideline Establishing breastfeeding. 2014;*
27. *Egwuda L, Akpan EE, Igbudu TJ. Socio-demographic factors affecting the practice of exclusive breastfeeding in South-South, Nigeria. 2015;2(3):94–101.*
28. *Anil C, Mathew, Philip DM, Benny JK, Dhanya C, Manju TM, Ramesh S, et al. Factors Associated with Timely Initiation of Breast Feeding : a Hospital Based Study. 2018;5(3):318–24.*

29. *Majra JP, Silan VK. Barriers to Early Initiation and Continuation of Breastfeeding in a Tertiary care Institute of Haryana : A Qualitative Study in Nursing Care Providers. 2016;10(9):16–20.*
30. *Mekonen L, Seifu W, Shiferaw Z. Timely initiation of breastfeeding and associated factors among mothers of infants under 12 months in South Gondar zone , Amhara regional state, Ethiopia ; 2013. International Breastfeeding Journal; 2018;1–8.*
31. *Bimerew A, Teshome M, Kassa GM. Prevalence of timely breastfeeding initiation and associated factors in Dembecha district , North West Ethiopia : a cross-sectional study.*
32. *Gunchire Town Enamore woreda population data and town municipality 2011E.C.*

ANNEXES

ANNEX I: CONSENT FORM

Hello!! Good morning/good afternoon? My name is _____ and I am a data collector for the research to be conducted by a team of undergraduate students from Wolkite University. We are conducting a study on timely initiation of breastfeeding and associated factors. Participating in the study may not directly benefit you but your participation has a great role in determining proportion and factor affecting for timely initiation of breastfeeding. The result of the study will help to develop effective strategies to increase timely initiation of breastfeeding that decrease the morbidity and mortality of the infant and the mothers. The interview will take about 15 minutes. During data collection, your name will not be written and all the information that we gathered from you will not be disclosed individually. I would like to assure you that your participation on this research will not affect any of your service and other benefit that you get from any organization. Participating in the study is full of voluntary and you can withdraw in the beginning or middle of the interview.

May I get your permission to continue my interview?

- Yes
- No

Having been well explained and informed of the intentions and benefits of the study, I voluntarily consent to participate in the study.

Respondent's signature _____ Date _____

Interviewer: Name _____ Sign. _____ Date _____

ANNEX II: QUESTIONNAIRE ENGLISH VERSION
ENGLISH VERSION

Date of interview _____

Name of data collector _____ signature _____

Name of supervisor _____ signature _____ Questionnaire code _____

Part 1: Socio demographic characteristics			Remark
S/No.	Question	Answer	
101.	Age of mother(year)	_____	
102.	Marital status	Married-----1 Divorced-----2 Widowed-----3 Single-----4	
103.	Religion	Ethiopian orthodox-----1 Protestant-----2 Muslim-----3 Catholic-----4 Others-----5	
104.	Ethnicity	Guraghe-----1 Oromo-----2 Amhara-----3 Others _____	
105.	Education status of mothers	_____	
106.	Occupation	House wife-----1 Private work-----2 Government employed-----3 Non-government employed-4 Others (specify)-----	
107.	Family Income	_____	

108.	Education level of Husband	_____	
Part 2: Health Service and Obstetrics History			
201.	Parity	Prim parous-----1 Multiparous-----2	
202.	ANC visit on current baby	Yes-----1 No-----2	If no go to No 5
203.	Number of ANC visits	_____	
204.	Advice given on breastfeeding at ANC	Yes-----1 No-----2	
205.	If Number 2 no, reason	_____	
206.	Breast disease at time of delivery	Yes-----1 No-----2	
Part 3. Labor and birth			
301.	Did you breastfed your baby within one hour of birth?	Yes-----1 No-----2	If No, skip to 303
302.	Your baby was placed on your abdomen immediately afterbirth?	Yes-----1 No-----2	
303.	Condition of labor onset	Spontaneous-----1 Induced-----2	
304.	Was there any problem related to labor?	Yes-----1 No-----2	
305.	How was your baby's breathing condition	Good-----1 Not good-----2	
306.	Gestational age at birth	Preterm-----1 Term-----2 Post term-----3	
307.	Birth weight(KG)	_____	
308.	Sex of baby	Male-----1 Female-----2	

309.	Mode of delivery	Vaginal delivery-----1 Cesarean section-----3	
310.	Place of current delivery	Home-----1 Health institution-----2	
Part 4: Knowledge about timely initiation of breastfeeding			
401.	Did you heard about initiation of breastfeeding within one hour of birth, yet?	Yes-----1 No-----2	
402.	If number 1 answer yes, Where did you heard about initiation of breastfeeding within one hour?	Health care center-----1 Mass media-----2 Peer-----3 Others(specify)_____	
403.	Colostrum can cause illness to child.	Yes-----1 No-----2	
404.	Colostrum is important to child.	Yes-----1 No-----2	
405.	Initiation of breast milk makes the infant to get liquid only	Yes-----1 No-----2	
406.	Skin to skin contact is important for timely initiation of breastfeeding.	Yes-----1 No-----2	
407.	Only breastfeeding is enough for the baby immediately to birth.	Yes-----1 No-----2	
408.	Breast milk contains all nutrients necessary for the infant.	Yes-----1 No-----2	
409.	Colostrum provide the infant with the immunity to disease	Yes-----1 No-----2	
410.	Squeeze out and throw away colostrum has disadvantage for the infant.	Yes-----1 No-----2	

THANK YOU!!!