COLLEGE OF MEDICINE AND HEALTH SCIENCES

DEPARTMENT OF PUBLIC HEALTH

INFANT BREAST FEEDING PRACTICE AMONG MOTHERS ATTENDING AREKIT HEALTH CENTER,GURAGE ZONE ,SOUTHERN ETHIOPIA ,2023:A CROSS SECTIONAL STUDY

BY

MULUSEW ALEHEGN

MUSTEFA ADEM

NURADIN ABDURAHMAN

A RESEARCH REPORT TO BE SUBMITTED TO DEPARTMENT OF PUBLIC HEALTH, COLLEGE OF MEDICINE AND HEALTH SCIENCE, WOLKITE UNIVERSITY IN PARTIAL FULFILIMENT OF THE REQUIREMENTS FOR THE DEGREE OF BACHELOR OF SCIENCE IN PUBLIC HEALTH

AREKIT, ETHIOPIA AUGUST, 2023 G.C

INFANT BREAST FEEDING PRACTICE AMONG MOTHERS ATTENDING AREKIT HEALTH CENTER,GURAGE ZONE SOUTHERN ETHIOPIA , 2023:A CROSS SECTIONAL STUDY

A RESEARCH PROPOSAL TO BE SUBMITTED TO DEPARTMENT OF PUBLIC HEALTH, COLLEGE OF MEDICINE AND HEALTH SCIENCE, WOLKITE UNIVERSITY, IN PARTIAL FULFILIMENT OF THE REQUIREMENTS FOR THE DEGREE OF BACHELOR OF SCIENCE IN PUBLIC HEALTH

BY

MLUSEW ALEHEGN

MUSTEFA ADEM

NURADIN ABDURAHMAN

ADIVISOR'S

Mr. GIRMA ALEMAYEHU (Asst.Professor)

Mr. ANTENEH KASSA(Bsc,MPH,Lecturer)

ACKNOWLEDGEMENT

We would like to acknowledge Wolkite University College of Medicine and Health science Department of Public Health, for giving this opportunity to go through and develop this research. we would also like to forward our deepest gratitude and thanks to our advisor Mr. Girma Alemayehu (Ass't.Professor**)** and Mr.Anteneh Kassa **(**Bsc,MPH,Lecturer**)**for constructive advice, support, valuable comments and suggestions during the development of our research, we extend special thanks for the study participant and people who help us we by material, share their idea and valuable comments.

Abstract

Background: Breast feeding has a unique biological and emotional influence on the health of both mother and infant. However, infant feeding practices among mothers in the setting is known to be varied because of different reason. Therefore, the aim of this study was determine the infant breast feeding practices among mother attending Arekit Health Center, gurage zone , SNNP,Ethiopia.

Objective: To assess infant breast feeding practices of mothers attending Arekit Health Center, Gurage zone, SNNPR Ethiopia,2023

Result ; The prevalence of effective breast feeding is 83.2% among mother visiting Arekit health center.87.85% of mothers who have under 6 months infants exclusively feed their infants and about 66.7% of the mothers started complementary feeding after 6months.

Materials and Methods: A cross-sectional study conducted at Arekit health center ,Gurage Zone, SNNP Ethiopia from August-1 up to August 16,2023 G.C . 285 number of mother having children less than one year of age visited to Arekit health center were selected by systematic sampling technique After the data was checked for completeness it was coded and entered into EPI info version 7.1.2.0 and exported to Statistical Package for Social sciences (SPSS) Version 21.0 Software for Analysis. Descriptive statistics was used like prevalence mean and standard deviation was computed. Finally, the analyzed data was organized and presented using tables, graphs, charts and narrative as per necessary.

Conclusion & Recommendation:

The over all proportion of breast feeding is good in this area, but the effective breast feeding practice is low .Hence, there is a need for strengthening the promotion of effective breast feeding practice by health workers during postnatal care and using mass media giving emphasis for complementary feeding practice especially for mothers with lower educational status

Key words: Infant, breast feeding, health center, mother

Acronyms

ANC	Ante Natal Care
BF	Breast-Feeding
EBF	Exclusive Breast-Feeding
EDHS	Ethiopian Demographic Health survey
ENA	Essential Nutrition Action
GO	Governmental Organization
HEW	Health Extension Worker
IYCF	Infant and Young Child Feeding
NGO	Non Governmental Organization
ORS	Oral re-hydration Salt
PBF	Predominant Breast-Feeding
PNC	Post Natal Care
TIBF	Timely Initiation of Breast-Feeding
UNICEF	United Nations Children's
WHO	World Health Organization
IQ	Intelligence quotient
SNNPR	South nation nationality and peoples region
SDG	Sustainable Development goal

TABLE OF CONTENTS

Contents

List of Table

List of figures

1.1 BACKGROUND

The experience of breastfeeding is special for so many reasons the joyful bonding with baby, the cost savings, and the health benefits for both mother and baby (1). It can make the difference between healthy growth and malnutrition, between life and death, when it comes to nutrition the best food for babies is breast milk (2). Exclusive breast feeding preceded by timely initiation and appropriate complementary feeding practices are universally accepted as essential elements for satisfactory growth and development of infants and for prevention of child hood illness (3). Breast feeding has a unique biological and emotional influence on the health of both mother and infant. It must however be noted that breastfeeding even though good becomes insufficient for an infant feeding after 6month then adequate supplementary feeding has to be introduced in addition (4). Weaning is the period during which an infant's diet is expanded and its dependence on milk as the sole source of nutrition is ended (5).

WHO recommends that children should be exclusively breastfed during the first 6 months of life followed by complementary food and breastfeeding as long as the mother and child are wanted? However, most infants around the world fail to achieve the WHO recommendations. Locally available and affordable foods that enrich the baby's diet with additional calories and micronutrients should be offered – soft or mashed – in small quantities, several times a day. These complementary foods should gradually increase in amount and frequency as the baby grows (6).

Breast feeding has paramount importance for infants, mother and community. Infants who have been breast fed optimally have reduced risk of common child hood illnesses (4), for example ; Breastfed babies have a lower risk of asthma, obesity, type 1 diabetes, and sudden infant death syndrome (SIDS). Breastfed babies are also less likely to have ear infections and stomach bugs. Breast milk shares antibodies from the mother with her baby (50). Breast milk is the most complete form of nutrients as a result, breastfed infants grow exactly the way they

should, they tend to gain less unnecessary weight and to be leaner and higher on IQ tests (7). The many benefits of breastfeeding include its nutritional, fertility suppressing and economic advantage as well as the psychological and health benefits to both the mother and child. For the mothers, helps the uterus to get back to its original size and lessens any bleeding a woman may have after giving birth. It saves time and money, delays the return of normal ovulation and menstrual cycle (7).

Complementary feeding is another very important component of infant feeding after 6 months, mother's milk is not sufficient for the growing child and complementary feeding should be started, timely and in adequate amounts. Frequency and amount of top feeds given during the weaning period to children are important variables in the pathogenesis of malnutrition (6).

In order to achieve the SDG reduction of child mortality infant feeding has been identified as one of the major intervention areas both globally and nationally BY 2030 (51). Mothers of today have to decide either to breastfeed or bottle-feed their young infants; mean while until recent times there was not thought to be a safe, effective alternative to human milk for providing an infant nutrition. Early mixed feeding is harmful in many ways, as food and water is well recognized vehicle of diarrheal infection if not well processed. Early mixed feeding also known to be cause of anemia in the first year of life where it is an important cause of death in children in developing country (7). Thus, this study was aimed at assessing infant feeding practice of mothers attending arekit Health Center for any reason

1.1 STATEMENT OF THE PROBLEMS

The oldest of all human rights, acknowledged by all communities and cultures, is the child's right to be nourished, cared for, and loved by the mother. In many regions of the world, the frequency and length of breastfeeding have decreased for a number of social, economic, and cultural reasons. The value associated to this traditional ritual has been considerably diminished in many nations as a result of modernization, adoption of new lifestyles, a loss of family support, and advertising (8)

Globally, about 800,000 neonatal deaths are attributed to late initiation of breastfeeding and lack of exclusive breastfeeding [25]. Initiation of breastfeeding immediately after birth can reduce the risk of neonatal mortality in the first week of life by 22% globally [26]. Furthermore, exclusive breastfeeding of infants is strongly associated with a lower risk of post neonatal death [27, 28]. By the year 2030, the Sustainable Development Goals (SDG) target reducing neonatal deaths to 12 per 1000 live births, and under-five deaths to less than 25 per 1000 live births through eliminating preventable child deaths [29]. Sub-Saharan African (SSA) countries have the highest neonatal mortality rate, about 28 deaths per 100 live births annually. Ethiopia is one of the SSA countries with a high rate of neonatal and infant mortality. The latest Ethiopian Demographic and Health Survey [30] reported that 92% of children born 5 years preceding the survey, initiated breastfeeding within the first hour after birth, and 58% were exclusively breastfed the day before an interview. Under-five mortality has been declining in Ethiopia, where the majority of deaths occur in the neonatal and infant period caused by lack of important nutrients and by infections [30]. Initiating breastfeeding in the first 1 h after birth can decrease the risk of newborn infant mortality by about 45% and exclusively breastfed children were 14 times more likely to survive the first 6 months of life than non-breastfed children [31]. Under nutrition is the main causes of child mortality, and estimated about (40 .4%)of under-five stunting were subjected to late initiation and non-exclusive breastfeeding [32]. The World Health Organization (WHO) recommends early newborn breastfeeding initiation within 1 h of birth, exclusive breastfeeding for 6 months, and continued breastfeeding for 2 years or more in conjunction with complementary foods [34–37] Despite early initiation of breastfeeding, the majority of children do not breastfeed exclusive-

ly in the countries of Africa [33].. Worldwide, 10% of the disease burden in under-five children were due to the non-exclusive breastfeeding. According to The Lancet, estimate suboptimal breastfeeding is a consequence of 1.4 million child deaths and 77% of child deaths are accounted for by non-exclusive breastfeeding in the first 6 months of birth [42]. The highest risk of inappropriate feeding during the first 6 months of life occurs in developing countries where 96% of all infant mortality is due to suboptimal breastfeeding [43]. Nutritional deficits among infants are immediate consequences of delayed breastfeeding and non-exclusive breastfeeding that leads to morbidity and mortality among children [44]. Breastfeeding prevalence is high in Ethiopia. However, the practice of exclusive breastfeeding among 0–6 months age children differs by regions. According to Ethiopian Demographic and Health Survey (DHS) 2016 nearly all children, i.e., 97% are breastfed at some points while only 58% of infants below the age of 6 months are exclusively breastfed. Among Ethiopian regions, the level of early initiation of breastfeeding and the median duration of exclusive breastfeeding are minimal in Affar region, 43% and 2.7 months, respectively, and median duration of predominant breastfeeding among children born 5 years preceding the survey were minimal for Somali region (3.8 months). In addition to breast milk, only 7% of children 6–23 months old receive the least acceptable dietary standards while only 14% of children had a sufficiently diverse diet [30]. In Ethiopia, the Ministry of Health (MoH) established the National Nutrition Program II (NNP II) and the National Guideline on Adolescent, Maternal, Infant, and the Young Child Nutrition initative 2016 targeted promoting optimal feeding and care practices, encouraging mothers to exclusively breastfeed their child for the first 6 months without any additional fluids or foods and continuing breastfeeding up to a child is 2 years old. based on 2016 Ethiopia Demographic and Health Survey data. It may help to evaluate the Sustainable Development Goals (SDGs), aimed at reducing under-five death rates of 25 deaths per 1000 live births through increasing optimal feeding patterns among infants, and to avoid preventable childhood deaths by 2030 [48].

1.2 SIGNIFICANCE OF THE STUDY

The study will outline the mothers' feeding habits for their infants as well as the factors that influence those habits. The results of this study can give government organizations and nongovernmental organizations (NGOs) pertinent data for future planning and interventions of suitable methods to support and sustain the proper feeding habits of mothers in the Arekit Town region..

In order to support and promote timely initiation and good feeding practices within the study population with the ultimate goal of lowering infant mortality, program implementers may also use the study's findings as a guide.

Above importantly, since no research has been done in the study region in a field of interest similar to this one, the results of this study will serve as a baseline for those who are interested in conducting additional research..

1.1 LITERATURE REVIEW

According to study conducted in China Limpopo district about 43.2% of the infants who were on solid foods had been introduced to such foods at the age of three months, 18.9% at four months and above and 15.2% at two months and below. About 45% of the mothers said that they had introduced solid foods because they had been so advised by relatives or friends, 35% because their babies had been hungry and 3.5% because their babies had not been sleeping. The report from Limpopo showed that more than half (59.4%) of the infants were given meals three times a day and 37.8% twice a day. The infants getting two or three meals a day were distributed in all the age groups. Those who were given meals once or five times a day were in the age group of three to six months, while those who were given meals four times a day were in the age group of nine to twelve months. The number of meals given seemed to be influenced by age (13).

Study result on Infant feeding practices of mothers in Nepal urban area showed about 99.4% of mothers practiced breast feeding, 91.2% practiced exclusive breastfeeding till 3 months, 43.5% initiated breastfeeding within one hour of birth, 26.9% breastfed on demand, and 17% breastfed at regular intervals irrespective of the child's demands and 55.7% used both the methods .The frequency of breastfeeding during the day time varied from 3 to 12(14).

Another study on infant feeding practices among rural mothers in India by Ravinder K. Gupta, Ritu Gupta showed that 89% of mothers feed pre-lacteal fluids such as honey, glucose water and plain water, 8.5% of infant offered breastfeeding within three hours of birth, Breast feeding within first 24, 48 and 72 hours was initiated by 37.5%, 27.5% and 16.5% of mothers respectively. 8.5% infants did not receive breastfeeds at all, 17% of mothers introduced

supplementary feeding before 4 weeks and the reason given was inadequate milk, relative's advice, health worker's advice, subsequent maternal pregnancy, illness, joining work and infant illness. Majority of mothers in India introduce feeding by bottle (64%), formula milk (25.5%) and

animal milk (53%) (15). nationally representative data on infant and young child feeding practices in Ethiopia were collected as part of the Ethiopia Demographic and Health Survey (EDHS) 2000. Data were collected from a total of 4,624 households with children under three years of age, 85% of which were in rural areas. Approximately 50% of women reported initiating breastfeeding within one hour of delivery and a similar number of women reported giving colostrum to their infants. Forty-seven percent were exclusively breastfeeding infants under six months and more than 80% continued feeding into the child's second and third year. Analysis of the survey also showed delayed introduction of complementary foods and more than 50% of infants aged six to nine months had not received any solid or semi solid foods during the week preceding the survey. Furthermore, the frequency of feeding was low with only 20% of children being fed the recommended number of times on the previous day. Results from earlier surveys also portrayed high malnutrition levels for children under five (16).

The 1992 National Rural Nutrition Survey revealed that the prevalence of stunting was as high as 64 % (a four percentage point increase from its 1983 level). The rate was among the highest if not the highest for the continent. The survey further depicted that malnutrition was equally highly prevalent or even worse in the food surplus regions (in Gojam and Gamo Goffa regions for example) than the food deficit regions of the time. A wide range of harmful infant feeding practices were also documented by the same survey. While it encouragingly documented that exclusive breastfeeding by mothers in rural areas were as high as 70 %, the variation among the regions was staggering. Initiation of breastfeeding was fairly late in almost all regions (only 30 % initiated within one hour) and quite late in regions such as North and South Wello, Eastern Gojam and North Shoa. Over 48% of children were given butter immediately after birth (16) Similar situation of the problem in Oromia Region were seen about 25% of infants from 0-11months of age are moderately to severely underweight and increases to 39% for children from 12-23months of age 45% of children less than 6month are exclusively breast fed and 58% of infants from 6-9months are fed semi solid foods (22).

Infant feeding practices vary immensely in complex ways in response to individual, community and societal factors. Proper feeding practices during infancy are essential for attaining and maintaining proper nutrition, health and development of infants and children. Results of studies on infant and child feeding have indicated that inappropriate feeding practices can have profound

consequences for the growth, development and survival of infants and children, particularly in developing countries (12).

2 OBJECTIVES

1.1 GENERAL OBJECTIVE

- To assess infant breast feeding practices of mothers attending Arekit Health Center, Gurage zone, SNNPR Ethiopia,2023

1.1 Specific objective

- To determine the infant breast-feeding practices of mothers at Arekit Health Center, gurage zone, SNNPR Ethiopia.
- To assess exclusive breast feeding practice of mothers at Arekit Health Center, Gurage zone, SNNPR Ethiopia.

3 MATERIALS AND METHODS

1.1 STUDY AREA

The study was conducted in Arekit health center Gumar woreda, Gumer is bordered on the south east by the Silt'e Zone, on the south west by Geta ,on the north west by Cheha , and on the north by Ezha Arekit is a sub-city found in Gurage zone & Gurage zone is a zone in the Southern Nations Nationalities, people's Region of Ethiopia. Gurage is border on the south East by Hadiya & Yem special woreda, on the west, north and East by the Oromia region and on the south East by Silte. Arekit is located 181.2km south of Addis Abeba, capital city of Ethiopia. Arekit town has as a total 44564 population from which males account 21836 and female 22728. among these populations, 4161 of them live in the urban and 40403 in the rural areas. The reproductive age group poulations (from 15-49) are 10383, and pregnant women are 1542, under five children are 6958, under one year children are 1105 and mothers having infant are 1105.

.

1.1 STUDY DESIGN AND PERIOD

An institutional based cross-sectional study was conducted starting from August 1,up to August 16

1.1 POPULATION

3..1 Source population

All breast feeding mothers visiting Arekit Health Center during study period

3..2 Study population

All mothers with child less than one year visiting Arekit Health Center during study period

1.1 ELIGIBILITY CRITERIA

3..1 Inclusion criteria

- Mothers having children less than one year who visited Arekit Health center for any service

3..2 Exclusion criteria

- Mothers who visit emergency department with critically ill children
- Mothers who are critically ill or those with mental problem

1.1 STUDY VARIABLES

- **Dependent variables:** infant feeding practice
- **Independent variables:** Age, Marital status, Residence, Occupation, Educational status, Ethnicity, Religion, Average monthly income, mode of delivery, Birth interval, parity, maternal admission, infant's admission, maternal breast illness (breast engorgement, nipple cracks, and mastitis, and infantile illness. Early infant-to-breast contact, attendance of antenatal care services, number of antenatal visits were taken and provision of advice on breastfeeding by healthcare staff.

1.1 Sample size determination and sampling procedure

3..1 Sample size determination

Sample size for this particular study was calculated using formula for a single population proportion considering the following assumptions.

Assumptions: A 95% confidence level, margin of error (0.05), maternal infant feeding practices

We took (p=0.52) which is the proportion of exclusive breast feeding from previous study ,from Ethiopia demographic and health survey 2016(49) will be substituted in the following single population proportion $n= \frac{(Z_{\alpha/2})^2 p\,(1-p)}{d^2}$

$$n=\frac{1.96^2*0.52(1-0.52)}{0.05^2}=\frac{3.842*0.52(0.48)}{0.0025}=\frac{0.96}{0.0025}=383.54\sim384$$

Where: n = required sample sizes

$Z_{\alpha/2}$ = critical value for normal distribution at 95% confidence level which equals to 1.96 (z value at α =0.05)

P = proportion of infant feeding practices

d = an absolute precision (margin of error 5%).

The formula yields n = (sample size).

N = population (under 1 year)

Since the source population is less than 10,000 we use finite population correction formula

Using correction formula

n= no / (1+ (no/N))

Where,

n= minimum required sample size=384

no= minimum sample if population size was more 10,000

N= total number of infant under one year in 2015 at Arekit heath center catchment area (1105)

n= 383.54 / (1+ (383.54/1105)) = 285.07 ≈ **285subjects**

1.1 SAMPLING PROCEDURE

- Respondents were identified using systematic sampling technique from mothers having children with less than one year and visited for any service to Arekit health center in Guraghe zone Averagely 600 breast feeding mother attend the health center within a month . Finally, mother was identified until the required sample size fulfilled and The first unit to be selected is taken at random from among the first k units. a systematic sample is to be selected from 600 of breast feeding mother attending Arekit health center. The

sample size is decided to be 285. The sampling fraction is: 600 /285= 2.1 Hence, the sample interval is 2 .

1.1 DATA COLLECTION INSTRUMENT AND PROCEDURES

The questionnaire was developed after extensive review of literatures and using similar study tools. We were advised for collecting data by respecting advisors .We were explained each question to the respondents to help them understand the questions. It has three parts socio demographic, Information on Obstetric and health related practices and the status of infant feeding practice of mothers. The data was collected using interviewer administered semi structured questionnaire which was prepared first in English, translated into Amharic, and also translated to guragegna by health worker for mother who did not understand Amharic language then back into English by fluent speakers of both languages to check its consistency. The data was collected through face to face interview using semi structured questionnaires. we were trained about the data collection to ensure the completeness, consistency of information during the data collection period.

.

1.1 DATA PROCESSING AND ANALYSIS

After checking the completeness and coding of questionnaires, the data will be cleaned edited and analyzed using Statistical Package for social science (SPSS) version 21.0 software . Descriptive statistics will be used like prevalence mean and standard deviation will be computed. Finally, the analyzed data will be organized and presented using tables, graphs, charts and narrative as per necessary

1.1 DATA QUALITY CONTROL

The quality of the data was assured by using validated questionnaire, translation and retranslation of the questionnaire. The questionnaire was translated from English to local language (Amharic

and guragegna) by a translator and back to English by second other translator to compare the consistency.

Data collectors and supervisors were trained for one days (including practical sessions) on the study instrument and data collection procedure. The principal investigators checked the collected data for completeness and then corrective measures could be taken accordingly.

1.1 TERM DEFINITION

Breast feeding ; is the process by which human breast milk is fed to a child.

Good breast feeding practice ;if all 3 parameters i.e. attachment ,positioning,sucking are appropriate

good attachment; More areola is visible above the baby's top lip. The baby's mouth is wide open , The baby's lower lip is turned outwards ,The baby's chin is touching or almost touching the breast **Correct**

baby position: Baby body should be straight and slightly extended ,Baby body close to the mother's body , Whole body supported ,Baby facing toward the mother's breast

Correctness of effective suckling: Slow sucks , Deep suckling , Sometimes pausing

Exclusive breast feeding; is infants consumption of women milk with no supplementation of any type (no water, no juice ,no non human milk and no foods) except for vitamins ,minerals and medications.

Complementary feeding; feeding breast milk along with infant formula, baby foods and even water depending on child's age.

Antenatal care utilization: having at least one visit of health institution for checkup purpose during the pregnancy of the index child

1.1 ETHICAL CONSIDERATION

The ethical approval was given by Ethical Review Committee Wolkite University College of medicine and Health science Ethical review Board and Letter of permission is deemed necessary from Arekit health center. In addition all of the study participants were informed about the purpose of the study and finally their oral consent was obtained before interview and ensured during each activity of data collection. The respondents are must be notified that they have the right to refuse or terminate at any point of the interview. The information provided by each respondent was kept confidential.

1.1 PLAN FOR DISSEMINATION

The result of this study is expected to be presented to wolkite University. It was communicated to guraghe zone Gumer Woreda health office, arekit Health Center and other concerned bodies through report. Further efforts will be made to publish the findings on national and international peer reviewed journal.

4 RESULT

1.1 SOCIO-DEMOGRAPHIC CHARACTERISTICS OF THE PARTICIPANTS

Two-hundred eighty five mothers having children less than 12 months of age were drawn and all of them consented to participate and included in this study resulting a response rate of (100%). The mean ages of respondents were 28.9 (±SD 6.79) years with age range from 18 to 42 years. Out of the total respondents most of our respondents ,139(48.8%) were with age range of 20-29,. More than half of the respondents 173(60.7%) were Muslim religion followers followed by Orthodox 86 (30.2%). Most of our respondents 271(95.1) were Guraghe in ethnicity. Around one third 96(33.7%) of respondents were above elementary ,86 (30.2%) were able to read and write. more than two third of our respondents 250 (87.7%) were married. 226(79.3%) were house wife followed by government employee 42 (14.7.6%).276(96.8%) of respondents monthly income is >1000.143(50.2%) of respondents live in urban area. 154(54%) of infants were females whereas 131(46%) were male infants, 181(63.5%) of infants were <6 months whereas 104(36.5%) infants were >6 months (Table 1).

Table 1:- Socio-demographic characteristics of mothers of less than one year child visiting Arekit Health Center, gurage Zone, SNNPR Ethiopia, 2023.

	Category	**Number**	**Percent**
Age of mothers (years)	<20	5	1.8
	20-29	139	48.8
	30-39	116	40.7
	40+	25	8.8
Religion	Muslim	173	60.7
	Orthodox	86	30.2
	Protestant	26	9.1
Ethnicity	Guraghe	271	95.1
	Oromo	9	3.2
	Amhara	5	1.8
Educational status of mothers	Illiterate	33	11.6
	Able to read and write	86	30.2
	Primary (1-8)	70	24.6
	Above elementary	96	33.7
Marital status	Married	250	87.7
	Single	15	5.3
	Divorced	12	4.2
	Widowed	8	2.8
Occupational status of mothers	House wife	226	79.3
	Farmer	0	0.00
	Business woman	0	0.00
	Student	17	6
	Employed	42	14.7
Average monthly income (Ethiopian birr	<500	0	0.00
	500-1000	9	3.2
	>1000	276	96.8

Residence	Urban	143	50.2
	Rural	142	49.8
Age of infants	<6months	181	63.5
	≥6 months	104	36.5
Sex of infant	Male	131	46
	Female	154	54

1.1 OBSTETRIC AND HEALTH SERVICE RELATED FACTORS

Majority of participants 244(85.6%) had ANC follow up. 231(81.1%) of the participants had visit of greater than 4.and 249(87.4%) had given information /advice on breast feeding during ANC follow up. 243(85.3%) of participants gave birth at health center and 42(14.7%) of participants delivered at home. 260(91.2%) of the participants delivered normally and 17(6%) of participants surgically. 239(83.9) of the participants received advice on BF at PNC(figure1,2).

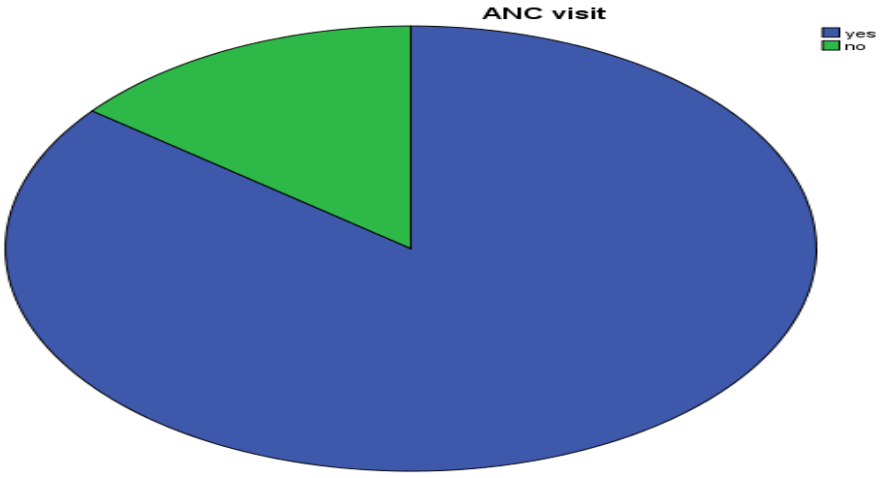

Figure 1 ANC follow up at Arekit Health Center, Gurage zone, SNNPR Ethiopia, 2023

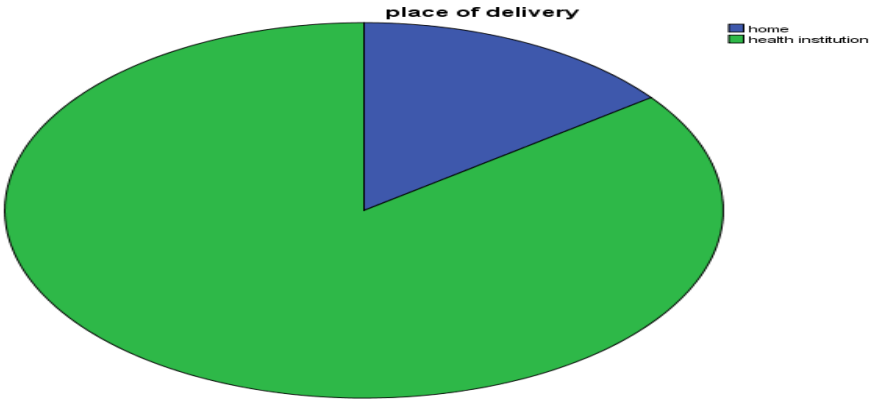

Figure 2 Place of delivery at Arekit Health Center, Gurage zone, SNNPR Ethiopia, 2023

1.1 INFANT FEEDING PRACTICE

more than half of infants194(68.1%) currently feeding exclusively breast feeding.most of our respondents 275(96.5%) of them started feeding their infant immediately..267(93.7%) of our respondents fed colostrum while 18(6.3%) of them were not. more than half 189(66.3%) of our respondents have not started additional feeding from those who started additional feeding 64(22.5%) started complementary feeding within 6-8 months. 189(66.3%) of our respondents have not started feeding using instruments yet while 70(24.6%) use bottle feeding. (figure 3,4).

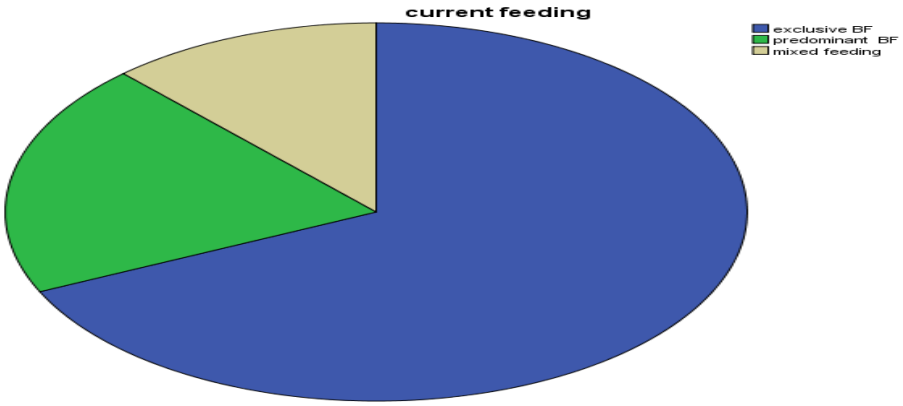

Figure 3; current infant feeding practice of mothers visiting at Arekit Health Center, gurage zone, SNNPR Ethiopia, 2023.

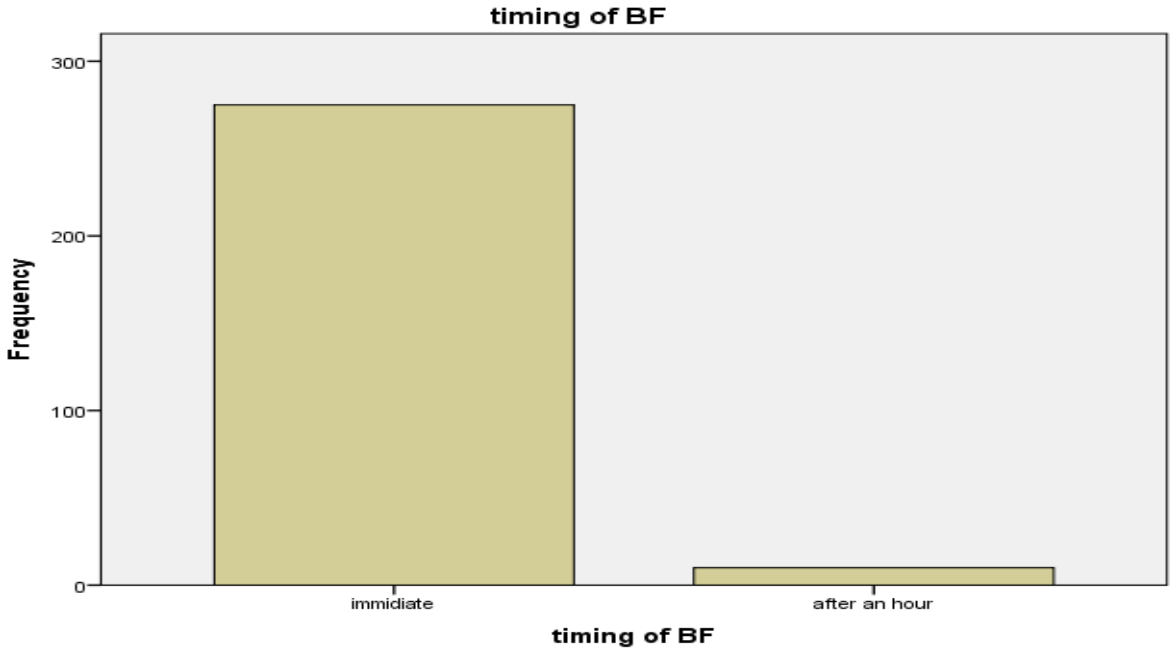

Figure 4:Timing initiation of breast feeding practice at Arekit health Gumer woreda Ethiopia,2023

Table 2 ***infant feeding practice Arekit health center,Ethiopia,2015***

	Category	number	percent
Colostrum feeding	Feed	267	93.7
	Not feed	18	6.3
Timing of Compli-mentary feeding	Not started	189	66.3
	<6 months	22	7.72
	6-8 months	64	22.5
	>8 months	10	3.5
Feeding instrument	Not started	189	66.3
	Bottle feeding	70	24.6
	Spoon feeding	26	9.1
Type of milk	Not started	189	66.3
	Formula feeding	5	5.21
	Undiluted animal milk	49	51.04
	Diluted animal milk	42	43.75
Weaning feeding	Hom made	83	86.45
	Commercial	13	13.55

5 DISCUSSION

In this community based cross-sectional study 96.3% of mothers initiated breastfeeding within the first hour after delivery. This finding is higher than previous study findings in Ethiopia [52], Tanzania [53] and different parts of India [54, 55]. The discrepancy might be due to the time between studies and in Ethiopia, the number of mothers who give birth at a health institution is dramatically increasing due to persistent promotion of the free delivery service provision in the country, which creates a good opportunity for health professionals to promote the initiation of breastfeeding within an hour after birth.

About 87.85% of mothers who have children aged less than six months exclusively breastfed their infants. This practice is higher than previous study findings in Ethiopia [26–28], Tanzania [55, 29], Zambia [61] and India [54]. The difference might be due to socioeconomic and cultural difference between the study subjects. The majority of the participants in this study were housewives and delivery at health centre where counselling about breast feeding practices is given which could increase the likely hood of breastfeeding their child. Of those mothers who started complementary feeding about 72.9% of them use a bottle to feed their child which is not a WHO recommendation. A similar finding is reported from a previous study finding in Ethiopia [56] and studies in India [63, 64]. This might be because the majority of mothers had not given health education and a lack of access and exposure to mass media .

The prevalence of effective practice breastfeeding is 83.2%. This finding is higher than the study finding in Pakistan [62] and might be due to a difference in study setting and time gap between studies.

From mothers having >6 months infants 74(77.1%) mothers gave complementary food or drinks other than breast milk to their infants. This finding is lower than the previous study findings in Ethiopia [53],. The difference might be due to the governmental and nongovernmental organizations who are currently promoting the benefit of complementary feeding through professionals and mass media.

6 STRENGTH AND LIMITATION OF THE STUDY

1.1 STRENGTH OF THE STUDY

1. The study include all the Illegible respondents in selected health center and recall bias was minimized since the questionnaire emphasizes only on mother with child.

1.1 LIMITATION OF THE STUDY

1. since the study is cross-sectional it does not show cause and effect between dependent and independent variable.

2. the information was self reported and no behavior of the mother was observed.

7 CONCLUSION AND RECOMMENDATION

8 CONCLISION

The over all proportion of breast feeding is good in this area,but the effective breast feeding practice is low .Hence, there is a need for strengthening the promotion of effective breast feeding practice by health workers during postnatal care and using mass media giving emphasis for complementary feeding practice especially for mothers with lower educational status

1.1 RECOMMENDATION

Based on the result of the study the following recommendation were followed.

The policy makers, Ministry of health, SNNPR health bureau, Gurage Zonal health bureau should create awareness specially about advantage of infant breast feeding among mothers and health workers to resolve problem of child that results from unhaving effective breast feeding practice by giving continuous health education program..

Health science colleges should give education on practice of effective breast feeding problem for the mother

Health professionals should provide appropriate information about the importance of effective breast feeding practice for mothers since they had a direct relationship with mothers in different

circumstances e.g.during antenatal care, delivery, immunization and integrated management of newborn and childhood illness service.

Finally researchers should do further study to identify knowledge, attitude and practice of mothers with qualitative data about effective breast feeding of child at large scale

REFERENCES

1. Baker, R. Breast feeding and the use of human milk. November 2010; v 126: 1040-50.
2. Bhavana Singh, knowledge attitude and practice of breast feeding. A case study European journal of scientific research 2010; 40(3); 404-22.
3. Haideretal. Reasons for failer of breast feeding counseling mothers perspective in Bangladesh; bulletin of WHOM, 1997; 75(3): 191-96.
4. TewodrosAlemayehu, JemalHaidar, DerejeHabte, Determinant of Exclusive breast feeding practice in Ethiopia, Ethiop.J.Health Dev. 2009,23(1):12-18,Addis Abeba.
5. Anderson KK. Infant feeding choices among first time mothers. International Journal of Epidemiology 1997; 11(3):199–224
6. WHO, Complementary feeding of young children in developing countries: A review of current scientific knowledge. WHO/NUT/98.1Vol 8 (234).
7. Setegn T, Gerbaba M and Belachew T. Determinants of timely initiation of Breast feeding among mothers in GobaWoreda, South East Ethiopia. BMC public health 2011, 11: 217.
8.
9. Batal M, Boulghourjian C. Abdallah A. Afifi R. Breast feeding and practices of infants in developing countries: national survey in Lebanon. Public health nutrition 2005, 9: 313-19.
10. ACC/SCN (2000) Fourth Report on the World Nutrition Situation. Geneva: ACC/SCN in collaboration with IFPRI
11. Handrashekhar T.S., et al. breast feeding initiation and determinants of exclusive breast feeding. A questionnaire survey in an urban population of western Nepal. Public health nutrition 2007; 10(2):192-97.
12. Matusiak, M. M. (2005). A Cultural Perspective of the Feeding Habits. The Internet Journal of Nutrition and Wellness. (2)1
13. Kumar D, Goel NK, Mittal PC, Misra P. Influence of infant-feeding practices on nutritional status of under-five children. Indian J Pediatric 2006; 73:417–21.
14. Mushaph L. Mahenyane G. Khora L. Amey A. Infant-feeding practices of mothers and the nutritional status of infants in the Vhembe District of Limpopo Province: S Afr J ClinNutr 2008;21(2):36-41
15. Subba SH, et. Al. Infant feeding practices of mothers in an urban area in Nepal Kathmandu University Medical Journal (20 07), Vol. 5, No. 1, Issue 17, 42-47

16. RavinderK, RituG. Infant Feeding Practices among Rural Mothers.JK science. Vol. 3 No.1. January-March 2000
17. CSA, Ethiopian demographic and health survey 2005.
18. Andea F,NidaH and Jira C: INFANT BOTTLE-FEEDING PRACTICE, AGAROTOWN, SOUTHWEST ETHIOPIA: Ethiop J Health Sci. Vol. 13, No. 1 January 2003
19. Haynes S.G. National breast feeding awareness campaign results: babies were born to be breastfed. 2013.
20. UNICEF Humanitarian Action Report 2009
21. AnkesteBirhanuSahlu, Breast Feeding Practice of Female Nurses and Health Assistant in Jimma Hospital, Nov 1996.
22. Infant and Young child feeding practices, CARE USA, January 2010.
23. Essential services for health in Ethiopia and Oromia Regional health Bureau, Household survey, Addis Abeba, January 2004.
24. http:en.wikipedia.org/wiki/ Breastfeeding.(Accessed 2013)
25. WHO. 10 facts on breastfeeding. Geneva: World Health Organization; 2012. www.who.int/features/factfiles/breastfeeding/en/
26. Edmond KM, Kirkwood BR, Amenga-Etego S, Owusu-Agyei S, Hurt LS. Effect of early infant feeding practices on infection specific neonatal mortality: an investigation of the causal links with observational data from rural Ghana. Am J Clin Nutr. 2007;86(4):1126–31.
27. WHO/UNICEF: Global strategy on infant and young child feeding. 2002. www.who.int/nutrition/publications/infantfeeding/9241562218/en/index.htm
28. WHO/UNICEF: Global strategy for infant and young child feeding. 2003. http://www.breastfeedingcanada.ca/documents.
29. UN. Transforming our world: the 2030 agenda for sustainable development. New York: UN; 2015.
30. Central Statistics Agency (CSA) [Ethiopia] and ICF International. Ethiopia demographic and health survey 2016. Addis Ababa and Rockville: Central Statistical Agency (CSA) and ICF International; 2016.

31. Mullany LC, Katz J, Li YM, Khatry SK, LeClerq SC, Darmstadt GL, et al. Breastfeeding patterns, time to initiation, and mortality risk among newborns in southern Nepal. J Nutr. 2008;138(3):599–603.

32. Scientific reports 2017

33. Notzon F. Trends in infant feeding in developing countries. Pediatrics. 1984; 74(4):648–66.

34. WHO/UNICEF. Baby-friendly hospital initiative: revised, updated and expanded for integrated care. Geneva: Word Health Organization; 2009. https://www.who.int/nutrition/publications/infantfeeding/bfhi_ trainingcourse/en/

35. WHO. Nutrition; promoting proper feeding for infants and young children. Geneva: Word Health Organization; 2017.

36. WHO. Guideline: protecting, promoting and supporting breastfeeding in facilities providing maternal and newborn services. Geneva: Word Health Organization; 2017.

37. WHO, UNICEF. Global strategy for infant and young child feeding. Geneva: Word Health Organization; 2003.

38. Edmond KM, Zandoh C, Quigley MA, Amenga-Etego S, Owusu-Agyei S, Kirkwood BR. Delayed breast-feeding initiation increases risk of neonatal mortality. Pediatrics. 2006;117(3):380–6.

39. Berkat S, Sutan R. The effect of early initiation of breastfeeding on neonatal mortality among low birth weight in Aceh Province, Indonesia: an unmatched case control study. Adv Epidemiol. 2014;2014(ID 358692):1–7.

40. UNICEF: Level & trends in child mortality, 2012.

41. Debes AK, Kohli A, Walker N, Edmond K, Mullany LC. Time to initiation of breastfeeding and neonatal mortality and morbidity: a systematic review. BMC Public Health. 2013;13(Suppl 3):S19.

42. Black RE, Allen LH, Bhutta ZA, Caulfield LE, de Onis M, Ezzati M, et al. Maternal and child undernutrition: global and regional exposures and health consequences. Lancet. 2008;371(9608):243–60.

43. Sefene A, Birihanu D, Awoke W, Taye T. Determinants of exclusive breastfeeding practice among mothers of children age less than 6 month in Bahir Dar city administration, Northwest Ethiopia; a community based cross-sectional survey. Sci J Clin Med. 2013;2(6):153–9.

44. Al-Jawaldeh A, Azza AF. Malnutrition, mortality and breastfeeding practices in the eastern Mediterranean region: a review of the current status. J Pediatr Care. 2018;4(1):2.

45. WHO: Infant and young child feeding, 2009,

46. UNICEF: Programming guide: infant and young child feeding, 2011.

47. WHO/UNICEF: Acceptable medical reasons for use of breastmilk substitutes, 2009

48. UNICEF. Progress for every child in the SDG era. New York; 2018. https://www.unicef.org/media/56516/file

49. from the Ethiopia Demographic and Health Survey 2016

50. https://www.google.com/url?sa=i&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=0CBsQw7AJahcKEwjwwem50OWAAxUAAAAAHQAAAAAQAw&url=https%3A%2F%2Fwww.cdc.gov%2Fnccdphp%2Fdnpao%2Ffeatures%2Fbreastfeeding-benefits%2Findex.html&psig=AOvVaw20g1WgZstD666C7oWNkvrg&ust=1692428184470708&opi=89978449

51. Sustainable development goal | united nation in Ethiopia ,2019

52. Demilew et al. International Breastfeeding Journal (2017) 12:26 DOI 10.1186/s13006-017-0117-x

53. Yonas F, Asnakew M, Wondafrash M, Abdulahi M. Infant and young child feeding practice status and associated factors among mothers of under 24- month-old children in Shashemene Woreda, Oromia Region. Ethiopia Open Access Library Journal. 2015;2:e1635.

54. Victor R, Baines SK, Agho KE, Dibley MJ. Determinants of breastfeeding indicators among children less than 24 months of age in Tanzania: a secondary analysis of the 2010 Tanzania Demographic and Health Survey. BMJ Open. 2013;3:e001529.

55. Sinhababu A, Mukhopadhyay DK, Panja TK, Saren AB, Mandal NK, Biswas AB. Infant- and young child-feeding practices in Bankura District, West Bengal, India. J Health Popul Nutr. 2010;28(3):294–9.

56. Ashwinee AR, Deepak BP, Vaishali DP. A Study of breast feeding and complementary feeding practices with emphasis on misconceptions amongst the women with under two year children in rural area. Int J Med Res Health Sci. 2014;3(4):851–5.

57. Alemayehu T, Haidar J, Habte D. Determinants of exclusive breastfeeding practices in Ethiopia. Ethiop J Health Dev. 2009;23(1):12–8.

58. 2 Setegn T, Belachew T, Gerbaba M, Deribe K, Deribew A, Biadgilign S. Factors associated with exclusive breastfeeding practices among mothers in Goba district, south east Ethiopia: a cross-sectional study. Int Breastfeed J. 2012;7:17.

59. Sefene A, Birhanu D, Awoke W, Taye T. Determinants of exclusive breastfeeding practice among mothers of children age less than 6 monthin Bahir Dar city administration, Northwest Ethiopia; a community based cross-sectional survey. Sci J Clin Med. 2013;2(6):153–9.

60. Maonga AR, Mahande MJ, Damian DJ, Msuya SE. Factors affecting exclusive breastfeeding among women in Muheza District Tanga Northeastern Tanzania: A mixed method community based study. Matern Child Health J. 2016;20:77–87.

61. Katepa-Bwalya M, Mukonka V, Kankasa C, Masaninga F, Babaniyi O. Siziya aS: Infants and young children feeding practices and nutritional status in two districts of Zambia. Int Breastfeed J. 2015;10:5.

62. Hanif HM. Trends in breastfeeding and complementary feeding practices in Pakistan, 1990-2007. Int Breastfeed J. 2011;6:15.

63. Rao S, Swathi PM, Unnikrishnan B, Hegde A. Study of complementary feeding practices among mothers of children aged six months to two years – A study from coastal south India. Australasian Med J. 2011;4(5):252–7.

64. Khan AM, Kayina P, Agrawal P, Gupta A, Kannan AT. A study on infant and young child feeding practices among mothers attending an urban health center in East Delhi. Indian J Public Health. 2012;56(4):301–4

1.1 PART I: QUESTIONNAIRE (ENGLISH VERSION)

WOLKITE UNIVERSITY

Well come! My Name is ------//----------//----------: I would like to ask you few questions on your infant feeding practices. The information will provide valuable importance on infant feeding practice at health center. You have a right to not respond for any questions you are not comfortable. Can I proceed?

Part One

Socio demographic information

1. Age: ------
2. Religion: 1. Muslim, 2. Orthodox, 3. protestant. 4.other
3. Ethnicity: 1. Gurage, 2.Oromo,3 Amahra, 4, others (specify) ----------
4. Educational status: (tick one with√)

A. illiterate □ B. able to read and write □

C. Grade 1-8th □ D. above grade 8th □

5. Marital status:

A. married □ B. Single □ C. divorced □ D. Widow □

6. Occupation of Mothers

A. House wife □ B. Government employee □

C. student □ D. Farmer □

E. Other (specify) ----------

7. Average monthly income of family

A. < 500 □ B. 501-1000 □ C.>1000 □

8. Residence

A .Urban □ B, Rural □

9**. Sex of infant**

A. Male □ B. Female □

10. **Age of Infant**

A. < 6 month □ B. >6 month □

PART II

Information on Obstetric and health related practices

2.1. **PARITY:**

category (in order of birth)	Breast feeding initiation time according to birth older (1 = within one hour, 2 = after one hour, 3 = not initiated)
1	
2	
3	
4	
5	
6	

2.2. **BIRTH INTERVAL (tick one with√)**

A: ONE YEAR □ B: 2-4 YEARS □ C, MORE THAN 5 YEARS □ D, HAS ONLY ONE CHILD

2.3. **ANC VIST (tick one with**√)

A, YES□ B. NO □

2.4. **Total ANC visit (tick one with√)**

A. One □ B. 2-3 □ C, 4 or more□ D, not visited

2.5**. Mother given Information/advice on BF at ANC visit (tick one with√)**

A, Yes □ B, No □

2.6. **Place of delivery (tick one with√)**

A, Home □ B. Health institution □ C, Other

2.7**. Mode of delivery (tick one with√)**

A, Normal □ B, Instrumental □ C, Surgical □ D. Other □

2.8. **Mother received information/ advice on BF at PNC**

A, yes □B, No □

PART III

The status of infant feeding practice of mothers

3.1. **Current type feeding if any infant or the last child during infancy**

A. Exclusive B/F □ **B.** Predominant B/F □ **C.** Mixed feeding □

D. Formula Feeding□

3.2. **Timing of breast feeding**

A. Immediately □ **B.** After an hour □ **C.** After a day □

3.3**. Colostrums' feeding**

A. Yes □ B. No □

3.4 Duration of BF

A.≥ 2 years B. 12-24 months C. 6-12 months D. <6 months

3.5 Age of introduction of complementary food

A. <5 month B. 6-8 month C. >8 month D. has not started

3.6 types of feeds

A. bottle B.spoon C has not started

3.7 Types of milk

A. formula milk B. diluted animal milk C. undiluted animal milk D. has not started

3.8 Types of weaning feed

A. homemade (mashed,potatoes/bananas,others) B. commercial C has not started

3.9 Infant feeding practice

A. good B. not good

እንዴት አደርሽ/ሩ?ስሜ _____,,_____ ,, እባላለሁ።የወልቂጤ ዩኒቨርሲቲ የአራተኛ ዓመት የህ/ሰብ ጤና ተማሪዎች ነን።በአሁኑ ሰዓት በአረቅጥ ጤና ጣቢያ ዙሪያ ከአንድ ዓመት በታች ህፃናት ባላቸው እናቶች ላይ ጡት የማጥባት ስልት ላይ ጥናት በመስራት ላይ ነን።

ስለዚህ የተወሰኑ ጥያቄዎችን ልጠይቅዎት እወዳለሁ።የእርስዎ በእውነት ላይ የተመሰረተ

መልስ ለዚህ ጥናት መሳካት አስተዋፅኦ ያደርጋል፡፡እርስዎ የሚሰጡት መረጃ ከአጥኚውና

ቃለመጠይቅ አድራጊው በስተቀር በማንኛውም መልኩ ሌላ 3ኛ ወገን ተላልፎ አይሰጥም፡፡

በሙሉ ፈቃደኝነት እንዲሳተፉ እየጠየቅሁ ያለመሳተፍ ወይም በማንኛውም ጊዜ ራስዎን

ከጥናቱ የማግለል ሙሉ መብት አለዎት፡፡

1.እድሜዎ ስንት ነው?በቁጥር ይፃፉ

2.የየትኛው እምነት ተከታይ ኖት?

1.አርቶዶክስ ተዋህዶ

2.ሙስሊም

3.ፕሮቴስታንት

4.ሌላ ከሆነ(ይጠቀሱ)

3.የትኛው ብሔረሰብ አባል ኖት?

1.ጉራጌ

2.አሮሞ

3.አማራ

4.ሌላ ከሆነ(ይጥቀሱ)

5.የትምህርት ደረጃ

1.ያልተማረች 2.ማንበብ እና መጻፍ

3.ከ1-8ኛ ክፍል 4.ከ8ኛ ክፍል በላይ

6.የጋብቻ ሁኔታ

1.ባለትዳር 2.ያላገባች

3.የተፋታች 4.ባሏ የሞተባት

7.የስራ ሁኔታ

1.የቤት እመቤት 2.የመንግስት ሰራተኛ

3.ተማሪ 4.ገበሬ 5.ሌላ ካለ(ይጥቀሱ)

8.ወርሃዊ ገቢዎ ምን ያህል ነው?

1.ከ500 በታች 2.ከ500-1000

3.ከ1000 በላይ

9.የት ነው የሚኖሩት

1.ከተማ 2.ገጠር

10.የልጅዎ ፆታ

1.ወንድ 2.ሴት

11.የልጅዎ እድሜ ስንት ነዉ?

1.ከ6 ወር በታች 2.ከ6 ወር በላይ

ክፍል ሁለት፡-የእናቶች እና ህፃናት ጤና በተመለከተ የተዘጋጁ ጥያቄዎች

2.1.ስንት ልጆች ወልደዋል?

1.አንድ 2.ከ2-4 3.ከ4 በላይ

2.2.ልጅ ሲወለዱ በስንት አመት ርቀት ነው የሚወልዱት?

1.አንድ ዓመት 2.ከ2-4 ዓመት

3.ከ5 ዓመት በላይ 4.አንድ ልጅ ብቻ ነው ያለዎት

2.3ይህን/ችን ህፃን ነፍሰጡር በነበሩ ጊዜ በጤና ተቋም የቅድመ ወሊድ ክትትል አድርገው ነበር?

1.አዎ 2.የለም

2.4 ምን ያህል ጊዜ ነው የቅድመ ወሊድ ክትትል ያደረጉት?

1.አንድ ጊዜ 2.ከ2-3ጊዜ 3.4 እና ከዚያ በላይ

2.5 በቅድመ ወሊድ ክትትል ወቅት ስለ ጡት ማጥባት የምክር አገልግሎት ተሰጠው ነበር?

1.አዎ 2.የለም

2.5 ይህን/ችን ህፃን ሲወልዱ የት ነበር የወለዱት?

1.ቤት ውስጥ 2.ጤና ተቋም 3.ሌላ ካለ (ይጥቀሱ)

2.6 ህፃኑ/ኗ እንዴት ነበር የተወለደው/ችው?

1.በብልት በኩል 2.በብልት እገዛ ተደርጐ

3.በቀዶ ህክምና 4.ሌላ ካለ(ይጥቀሱ)

2.7.በድህረ ወሊድ ክትትል ወቅት ስለ ህፃኑ /ኗ የአጠባብ ሁኔታ ምክር ተሰጥዎ ነበር?

1.አዎ 2.የለም

ክፍል ሦስት፡-ጡት ማጥባትን በተመለከተ የተዘጋጁ ጥያቄዎች

3.1.እንደ ወለዱ ጡት ማጥባት የጀመሩት በስንት ጊዜ ውስጥ ነበር?

1.ወዲያውኑ/አንድ ሰዓት ባልሞላ ጊዜ ውስጥ 2.ከአንድ ሰዓት በኋላ

3.ከአንድ ቀን በኋላ

3.2.የመጀመሪያውን ቢጫ ወተት(እንገር) ህፃናት መመገብ አለባቸው ?

1.አዎ 2.የለም

3.3.አሁን ላይ ልጅዎ እየተመገበ ያለው ምንድን ነው?

1.ጡት ብቻ 2.

3.ጡት እና ተጨማሪ ምግብ 4.

3.4.ጡት ለምን ያህል ጊዜ ጊዜ ነው የሚያጠቡት?

1.ሁለት አመት እና ከዚያ በላይ 2.ከ12-24 ወር

3.ከ6-12 ወር 4.ከ6 ወር በታች

3.5.ለልጅዎ ተጨማሪ ምግብ መቼ ጀመሩለት/ላት?

1.ከ6 ወር በታች 2.ከ6-8ወር

3.ከ8 ወር በላይ 4.አልጀመሩም

3.6.ተጨማሪ ምግብ ለመስጠት ምን ይጠቀማሉ?

1.ጡጦ 2.ማንኪያ

3.አልጀመሩም

3.7.ተጨማሪ ወተት ምንድን ነው የሚጠቀሙ?

1. 2.በውሃ የተቀላቀለበት የላም ወተት

3.ውሃ ያልተቀላቀለበት የላም ወተት 4.አልጀመሩም

3.8.

1.ቤት የተዘጋጀ 2.የተገዛ

3.አልጀመሩም

3.9.የህፃናት የአመጋገብ ሁኔታ ምን ይመስላል?

1.ጥሩ ነው 2.ጥሩ አይደለም