



COLLEGE OF MEDICINE AND HEALTH SCIENCE DEPARTMENT OF NURSING

**KNOWLEDGE, ATTITUDE AND PRACTICE ON EXCLUSIVE BREAST FEEDING AMONG
LACTATING MOTHERS IN WORABE TOWN, SILTE ZONE, SNNPR, ETHIOPIA, 2021.**

**A RESEARCH PAPER SUBMITTED TO WOLKITE UNIVERSITY COLLEGE OF MEDICINE
AND HEALTH SCIENCE, DEPARTMENT OF NURSING IN PARTIAL FULFILMENT OF THE
REQUIREMENTS FOR THE BACHELOR OF SCIENCE DEGREE IN NURSING.**

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WOLKITE, ETHIOPIA

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Acronyms and Abbreviation

ANC: Ante natal care

EBF: Exclusive breast feeding.

EDHS: Ethiopian demographic and health survey.

HIV: Human immune virus.

KAP: knowledge, Attitude and practice.

SAM: Severe acute malnutrition

SNNP: South nation nationality and people.

SSA: Sub-Saharan Africa.

WCSH: Worabe Comprehensive specialized hospital

WHO: World health organization

WKU: Wolkite University

ETB: Ethiopian birr

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Abstract

Background: Exclusive breast feeding is the best nutrition for the children during the first six month of life. Breast milk is not only an ideal nutrition for the infant, but also can protect against some diseases. Breast feeding contributes to reduced infant morbidity and mortality due to diarrhea, respiratory or ear infections and other infectious diseases even though it remains a challenging due to lack of knowledge of mothers. Ethiopian Health Sector Transformation Plan had planned to increase the proportion of exclusive breast feeding to 70% by the end of 2020 and WHO recommendation is 90%, but only 59%mothers breast feed exclusively according to EDHS 2019.Eventhough information regarding KAP on exclusive breast feeding is very crucial, there is very little article done on this topic in our country. So our research was try to add information about exclusive breast feeding.

Objectives: The aim of the study was to assess Knowledge, Attitude and Practice towards exclusive breast feeding among mothers of 6-12 months of children in Worabe town, Ethiopia from june to july,2021.

Methods: Community based cross-sectional study was conducted among 409 lactating mothers who have children aged from 6-12month in Worabe town, Silte zone, SNNPR June to July, 2021 using interviewer administered structured questionnaire, systematically selected study participants were interviewed and data was inserted to SPSS version 25.0.

Result: from those mothers participated in this study, 55.3% were knowledgeable about exclusive breast feeding and their source of information were health workers 282 (74.2%), schools 35 (9.2%) and TV 20 (5.3%).

More than half of respondents, 52.4% have favorable attitude towards exclusive breast feeding. Regarding practice of mothers on the first milk (colostrum's), 285 (75%) said colostrum's should not be discarded,95 (25%) said the first milk should be discarded i.e. not important to child health.

From all study participants, 60.3% practiced exclusive breast feeding. Almost all mothers 373(98.2%) breast feed their children and from those 269 (70.8%) mothers started breast feeding within an hour after delivery.

Conclusion: This study identified that EBF prevalence was 60.3% and there are low knowledge and attitude toward EBF when compared with WHO recommendation i.e. 90%. In our study, recommended duration of EBF and timely initiation of complementary feeding still not enough, it is low. Regarding to attitude of our study participants, attitude towards colostrum is not favorable. Regarding to the practice of EBF in our study, even if, it is higher than EDHS prevalence of EBF and study in other area, it is not enough and should be practiced more. The finding of this study highly inform policy makers and health care providers to direct their efforts to provide evidence based information and recommendations on the benefit of breast feeding to promote EBF.

1. INTRODUCTION

1.1. Background.

Exclusive breast feeding (EBF) is defined as an infant's consumption of human milk with no supplementation of, even water with exception of drops or syrups consisting of vitamins, mineral supplements and medications until six months [1]. Exclusive breastfeeding is feeding of an infant only breast milk for 6 months of life [2]. EBF for six months is important for both infant and maternal health [3]. Infants who are not exclusively breast feed are more likely to develop gastro intestinal infections, not only in developing but also in industrialized countries [3]. Exclusive breast feeding is best nutrition for infants during the first six month of life. However, EBF remains a challenge [1]. Infant and young child feeding practice directly affects the nutritional status of children under two years of age and ultimately, impact child survival [2]. Breast feeding has always been the ideal feeding practice for infants [4].

On the basis of evidence from a systematic review of the optimal duration of exclusive breast feeding recommends exclusive breast feeding for the first six months of life of an infant. This recommendation is based on evidence of the importance of good nutrition in the early months of life and of the crucial role that appropriate feeding practices play in achieving optimal health outcomes [5]. It is also a way to provide a live substance with unparalleled immunological properties that protect against a host of illnesses and diseases thereby decreasing infant morbidity and mortality [6]. It also has important implication of maternal reproductive health benefit [7].

In addition to specific health advantage for infants and mothers, breastfeeding also benefit the society by reducing health care cost, parental employee absenteeism and associated loss of family income [8]. After birth the health of the baby depends upon the nurturing practice adopted by the family [9]. As global goal for optimal maternal child health and nutrition, all women should be enabled to practice EBF, and infants should be feed EBF, from birth to 6 month of age [10]. Furthermore, breastfeeding is safe and contains anti bodies that help to protect infants and boost immunity. Consequently, breastfeeding contributes to reduce infant's mortality and morbidity due to diarrhea, respiratory or ear infections and other infectious disease [9]. Therefore, the WHO recommends that for the first six months of life, infants should be exclusively breastfeed to achieve optimal growth, development and health. Thereafter, infants should receive nutritionally adequate and safe complementary food [11].

1.2 Statement of the problem

Globally infant's in under 6 month of age, only 36% are exclusively breastfed. It rarely exceeds 30% in most regions of the developing world given their greater risk of infection and its consequences [12]. The rate of exclusive breast feeding is low in Africa, especially in west and central Africa which is only 20% [9]. In Ethiopia breast feeding is universal but, only 59% of mothers who have under 6 month infants exclusively breastfeed, but this figure was declined 85% among 12-17 months aged infants to 76% Among children age 18-23 months according to EDHS, 2019 [13].

The duration of breast feeding in Ethiopia is long, but EBF during the first six months after is not widely practiced [14]. Currently, mothers exclusively breast feed approximately half of children less than six months (52%). Among subgroups, the percentage of young children who are exclusively breast fed decreases sharply from 70% of infant aged 0-1 month to 55% of those aged 2-3 months, and further to 32% among infants 4-5 months in Ethiopia [13]. In addition to breast milk, 19% of infants less than six months are given plain water only, while 14% receive other nonhuman milk and 4% are given milk liquids and juices [15]. The prevalence of malnutrition is significantly high among children under two years of age which is mainly due to problem in exclusively breastfeeding up to 6 months [16]. Several factors have been found to be associated with EBF, such as social class, level of education, age of mother, lack of parental support, employment status, parity, place of delivery and smoking during pregnancy [17].

Malnutrition has been responsible, directly or indirectly, for 60% of the 10.9 million deaths annually among under five children. Over two-thirds of these deaths, which are often associated with inappropriate feeding practices, occur during the first year of life [18]. The risk of mortality due to diarrhea and other infections can increase in many fold in infants who are either partially breastfeed or not breast feed at all [19]. During the first two months of life, in infant who are not breast feed are nearly six times more likely to die from infectious disease than infants who are breast feed; between two and three months, non-breast feeding infants are four times more likely to die compared to breast feed infants [20]. Lack of EBF will contribute to more than the half of all childhood death throughout the developing world. The associated effect of poverty, inadequate breastfeeding practice often leads to illness, delayed development and death particularly from birth to 2 years of life [21].

“Despite the benefits of exclusive breastfeeding, the prevalence and the duration globally is far from the recommended universal coverage [22]. Ethiopian Health Sector Transformation Plan had planned to increase the proportion of exclusive breast feeding to 70% by the end of 2020 and WHO recommendation is 90%, but only 59% mothers breast feed exclusively according to EDHS 2019 [23].

Even though information regarding KAP on exclusive breast feeding is very crucial, there is very little article done on this topic in our study area. So our research will try to add information about exclusive breast feeding to solve information gap.

1.3 Significance of the study

This study was focused on the knowledge, attitude and practice of infant feeding which could in turn reveal important causes of suboptimal breast and exclusively breast feeding. EBF is cost effective solution to control neonatal death due to diarrhea and other infection. However currently KAP on EBF is low in Ethiopia, so that our research is aimed to provide additional information regarding KAP of exclusive breast feeding. The result of this study will contribute toward the understanding of the extent of exclusive breast feeding. So that it will help to maximize health professionals' effort to improve the KAP on EBF. And also the results of this study will use as base line for those who are interested to do the research on this topic in the future.

2. LITERATURE REVIEW

2.1. Prevalence of Exclusive Breastfeeding among Mothers.

Worldwide, it is estimated that only 34.8% of infants are exclusively breastfed for the first 6 months of life, the majority receiving some other food or fluid in the early months [23]. Trend data analysis on prevalence of exclusive breast feeding among infants less than 6 months of age in Asia and Africa has estimated as 41% and 35% in 2012[24]. A hospital based study from Northern area of Pakistan showed as the prevalence of EBF was 64.8%. It additionally suggested as male infants and not term infants are more likely to be exclusively breast feed than their counter parts [25].

A research conducted in India among mothers who had 6-12 months of age babies reported that the Prevalence of exclusive breastfeeding was 61.5% [26]. A study among infants under six months of age in peninsular Malaysia estimated the prevalence of exclusive breastfeeding as 43.1%. In addition, exclusive breastfeeding was positively associated with rural residence, non-working mothers, multifarious mothers, term infant mothers, mothers with husbands who support breastfeeding [27].

A study conducted in Ghana reveals that there was a near universal awareness of exclusive breast feeding among respondents (99%). Almost all mothers (94%) were aware that infants are healthier on only breast milk for the first six months than they do on other milks. Even though most mothers initiated breast feeding within an hour of delivery (91%), the EBF rate at six months was low (10.3%) [20]. Another research conducted in Ghana among 0-6 month infants showed that only 51.6% of infants got EBF which suggested institutional delivery as one of the factor to practice EBF of the mother [30].

A study conducted in Nigeria, Concerning the breast feeding practice of the mothers, more than half, 94 (53%) initiated breast feeding immediately (less than thirty minutes) after delivery, while 85 (47%) did so long after 30 minutes. Reasons adduced among 85 mothers include colostrum being dirty and thought to be harmful to the child, lack of breast milk and mother or child illness [21].

A study done in Egypt among mothers who had babies 6-24 months old reported as 95.8% breast feeding their babies, whereas only 9.7% were exclusively breastfed their infants for 6 months. Ante natal care visit, early breast feeding initiation after delivery, male infant, and absence of breastfeeding difficulties were the significant predictors associated with higher chance of exclusive breastfeeding [29].

Another study in Nigeria on under six month infants found average exclusive breast feeding rate of 16.4%. The study also revealed that the likelihood of exclusively breast feeding was associated with household income, infant age and ANC visit of mother. This study showed as female infants were more likely to be exclusively breast fed than male infants [6].

In Ethiopia, study conducted in mizan aman town, regarding the duration of EBF, only about 1/3 of mothers interviewed (34.7%) mentioned up to six months. About half of mothers said there is adequate breast milk if the child is satisfied (53.8%). ¼ of mothers knew that EBF for six months protects their child from diarrhea (27.3%); 32% of mothers respond that EBF can be used as a contraceptive while 16.7% didn't think that it could be used as a contraceptive. Regarding the attitude of mothers towards EBF, 89.5% said they preferred to feed their children only breast milk than the number who were aware of the recommendation to exclusively breast feed for six months (34.7%). Among those mothers who said they preferred to feed their children only breast milk, 73.0% said EBF is better than artificial feeding. Most mothers (59.3%) agreed that only EBF is enough up to six months of age [28].

In Ethiopia breast feeding is common practice, but a large proportion of mothers do not practice optimal breast feeding. Ethiopian demographic health survey (EDHS) 2016 estimated 52% of fewer than 6 month aged infants are exclusive breast feed. Moreover, it is estimated at 4- 5 months of age only 32% of infants were exclusively breast fed. This national survey estimated median duration of any breast feeding and exclusive breast feeding 25 months and 4.2 months respectively. The finding also showed as the duration of any breast feeding and exclusive breast feeding were 32.7 months and 4.6 months respectively in Amhara region [18].

2.2. Knowledge of mothers on Exclusive Breastfeeding.

Study conducted in Nigeria, sixty percent of the mothers were aware of exclusive breast feeding, but only thirty percent of them had adequate knowledge of exclusive breast feeding having scored 50% or more in the assessment of knowledge of EBF [21]. Another study in conducted Gondar, northern Ethiopia all mothers knew the importance EBF and 91.7% were reported breast milk alone is important for new born infants. 90.97% of mothers reported frequent breast feeding needed for less than six months of infants and 45.1% were reported between 6-8 times breast feed per day. From study participants, 87.3% of mothers had knowledge about EBF and 12.7% of mothers hadn't the knowledge about EBF. From study participants 61.8% of mothers had knowledge about the danger of bottle feeding [29].

Another study conducted in Bedelle, south western Ethiopia, regarding women's knowledge, all mothers 220(100%) knew the importance of EBF and 202(91.81%) were reported breast alone is important for new born infant .90.9% mothers reported frequent breast feeding needed for less than 6 months of infants 45.5% ,2.73% were due to work related problems. Of study subjects, only 63.8% mothers had knowledge about danger of bottle feeding and said that it is not safe for the child .it can cause child hood infections like diarrhea. Vomiting respiratory infections and other infectious diseases [30].

From study conducted in Woraabe Town, Silte Zone, South Ethiopia, one hundred seventy-two (53.58%) had good knowledge about EBF while 149 (46.42%) had poor knowledge [32].

2.3. Attitude towards EBF.

From study conducted in Gondar, Northern Ethiopia, on EBF shows that the community's Attitude towards EBF, majority of mothers, 88.95% had good attitude and strongly agree that the EBF is advantageous for infants aged less than 6 months. In contrary, 11.05% were disagree and had negative attitude on EBF. Furthermore 29.83% agree that colostrum should be discarded, 65.74% agree that colostrum should not be discarded and the rest 4.97% were neutral. A large majority of mothers 88.95% were suggested that EBF is useful and sufficient for infants aged less than 6 months and 11.05% were forwarded their opinion that EBF is useful but not sufficient for infants aged less than 6 months.91.9% mothers believed that the infants should be breast fed as frequently as he/she needs. 37.3% mothers were considered bottle feeding is dangerous and should not be used at all [29].

Study conducted in Bedelle, south western Ethiopia, shows that the attitude towards EBF breast feeding, majority of mothers 87.3% had good attitude and strongly agree that the EBF is advantageous for infants aged less than 6 months. In contrary 12.7% were disagree and had negative attitude on EBF. Furthermore 35.5% agree that colostrum should be discarded, 63.6% agree that colostrum should not be discarded and the rest 0.9% were neutral. A large majority of mothers 87.3% were suggested that EBF is useful and sufficient for infants aged less than 6 months. 91.9% mothers believed that the infants should be breast fed as frequently as he/she needs. 37.3% of mothers were considered bottle feeding is dangerous and should not be used at all. Majority of mothers in this study were familiar with concept of breast feeding 97.3% had perception that breast feeding is natural and appropriate today 1.82%. Believed that it makes them old and 0.91% were suggested breast feeding is out model [30].

2.4. Practice on Exclusive Breastfeeding among Mothers.

A cross-sectional facility based study was conducted to assess knowledge, attitude and practice on breastfeeding in Klang, Malaysia between June and October 2006. The study involved 220 women with infants aged six months and the study showed that EBF prevalence was reported by 32.8%, mixed feeding was reported by 14.5% and infant formula feeding was reported by 52.7% of the respondents. The study revealed that less educated women were more likely to breastfeed than women with higher education levels. Women with high house hold income and women with male infants showed positive association with not exclusively breastfeeding the baby. This study identified that inadequate facility for breastfeeding at work place significantly reduce the duration of breastfeeding among working mothers. Researcher concludes that having baby friendly hospital and work places would probably increase the rate of six months EBF [23].

Further analysis of the 2005 demographic and health survey was undertaken to identify determinants of exclusive breastfeeding practice in Ethiopia. And the proportion of women who practiced EBF was found to be 49.0%. Exclusive breastfeeding was associated significantly with maternal educational level, current marital status, child age, and economical status. No association was observed regarding maternal age, place of residence, current employment of women, and access to mass media, attending antenatal care, and sex of the child. Women who are not currently married were two times more likely to breastfeed their child exclusively than those married. Infants less than two months of age were five times more likely to be on EBF than infant aged four to six months. Likewise, women in the wealth index ranking middle and above were two times more likely to EBF than the reference category [31].

From study conducted in Woraabe Town, Silte Zone, South Ethiopia, one hundred and thirty-five (42.1%) mothers practiced optimal breast feeding [32].

3. OBJECTIVE OF THE STUDY

3.1. General objectives

To assess knowledge, Attitude and Practice of exclusive breast feeding mothers who have children age 6-12 month in Worabe town, Silte zone, SNNPR, Ethiopia, 2021 G.C

3.2. Specific objective

- To assess knowledge of exclusive breast feeding among mothers of 6-12 month aged children in Worabe town, Silte Zone, SNNPR, Ethiopia,2021 G.C
- To assess the attitude of exclusive breast feeding among mothers of 6-12month aged children in Worabe town, Silte Zone, SNNPR, Ethiopia,2021 G.C
- To assess the practice of exclusive breast feeding among mothers of 6-12 month aged children in Worabe town, Silte Zone,SNNPR,Ethiopia,2021 G.C

4. METHODS AND MATERIALS

4.1 Study Area and Study period

The study was conducted in silte zone at Worabe Town which is situated 172 km south west direction from Addis Ababa city and 107km from Hawassa capital city of SNNPR. The Town has three kebeles. There is one Comprehensive Specialized Hospital, two health center, seven medium clinics, three pharmacies and one Dental clinic. There are six health extension workers, two at each Keeble's, to provide health education on health and health issues at community level. According to Worabe town municipality office, Worabe town has a total population of 44500 of this 22000 are male and 22500 females. From the total females found in this town around 1477 are lactating women whose child aged from 6-12 months according to data we obtained from Worabe health office.

4.2 Study Design

A community based cross-sectional study was conducted.

4.3. Populations

4.3.1. Source population

The source population was all breast feeding women who have child age from 6-12 month found in Worabe town.

4.3.2. Study population

The study population was all selected breast feeding women who have child age from 6-12 month found in Worabe town.

4.4. Inclusion and Exclusion criteria

4.4.1. Inclusion criteria

All breast feeding mothers having child from 6-12 month who are residents of Worabe town.

4.4.2. Exclusion criteria

- ✓ Mothers who are seriously ill and unable to communicate from any cause was excluded from the study
- ✓ Those who are not interested to respond.

4.5. Study unit

The study unit was mothers of children aged 6-12 month from which the data was collected.

4.6. Sample Size and Sampling Technical.

The sample size was calculated using a sample size determination formula for a single population proportion

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

with the following assumptions: 59% prevalence of exclusive breast feeding at national level [3], confidence level of 95%, 5% degree of desired precision and 10% for non-response rate. From this we calculated a total sample size (n) as 372 house hold which lactating mothers of 6-12 month children live in, when we add 10% of non-response rate it became 409.

We used systematic sampling method by using sample interval “k”

$$K = N/n$$

Where: n=Sample size of house holds

$$N = \text{Total number of households} \quad K = 1400/409 = 3$$

4.6.1 Sampling Procedures.

There are three Kebeles at the town. Before data collection, the number of households with Lactating mother of child 6-12month age at each Kebele was identified. This was done from family folder of health extension workers (HEW). Then a sampling frame was prepared for each Kebele. The study sample that has been determined in the sample size determination was distributed in the three Kebeles according to proportion number of the eligible participants. The study subjects selected by using systematic sampling technique from the sampling frame. For those who have more than one eligible respondents in the same house, lottery method was applied to choose one amongst.

4.7. Operational Definitions

Exclusive breast feeding- Giving only breast milk for the infant for the first six months.

Good Knowledge-those who scored above the median on knowledge items

Positive Attitude- those who scored above the median on attitude items

Practice-is based on mother’s practice of EBF and time of starting breastfeeding after delivery & duration of breastfeeding.

4.8. Study Variables

Dependent Variable

- Knowledge of exclusive breast feeding
- Attitude of exclusive breast feeding
- Practice of exclusive breast feeding among lactating mothers

Independent Variable

- Age of the mother
- Religion
- Educational status
- Marital status
- Sex of the child
- Occupation
- Income
- Housing condition
- Infant age

4.9. Data Collection Methods and procedure

Data was collected by quantitative data collection methods and we use a structured questionnaire to collect data. A structured interviewer administered English version questionnaire adopted from Ethiopian demographic and health survey (EDHS) and we modified according to the local context to collect the data concerning socio demographic characteristics, knowledge, attitude, and practice of study participants. Data collectors was approached by introducing him/herself and has request first for respondent consent orally and written consent forms was read to each respondents to obtain their agreement before starting interview, then after informed consent obtained interviewing the selected respondents and three grade twelve complete students were collect the data by translating the questionnaire in to Amharic before starting data collection, since majority of the respondents can speak Amharic language. The interview was face to face & conducted in the compound of the mother's home.

4.10 Data collection and Quality management

Twelve grade completed students (who are able to speak and write English and Amharic at the same time) was used as data collectors. They were trained for one day (including practical work) by the principal investigator on the study instrument, consent form, how to interview and data collection procedure.

Before the actual data collection, the questionnaire was pre-tested on a similar kebele which was not be included in the study. The purpose of the pre-testing is to ensure that whether respondents are able to understand the questions or not and to check the wordings, logical sequence and skip patterns of the questions in a rational way to the respondents. An amendment on the questionnaire was made accordingly after the pre-test. Then a supervisor was recruited in each Kebele. They were check the day today activity of data collectors regarding the completion of questionnaires, clarity and proper identification of the respondents. After that the principal investigators and supervisors was randomly check the work each day. Incomplete and unclear questionnaires was given back to the interviewer so that the next day to get it completed.

4.11. Data processing and Analysis

The collected data was checked for completeness by three pre graduating students and the data was entered to software by creating templates and statically analysis was carried out by using SPSS version 25.0. The data was summarized by descriptive statistics using frequency, percentage, tables and figures (graph) for categorical variables.

4.12. Ethical Consideration

Prior to commencement of the study, an official letter and ethical approval was obtained from WKU department of Nursing and the letter was given to Worabe town health office and the permission was taken from Keble. Verbal consent was obtained from the respondent after detailed explanation about benefit of the study.

4.13. Dissemination of the study

The final result of this research was disseminated to WKU College of medicine and health sciences, department of nursing, Worabe town health office and institution of study area.

5. RESULTS

Based on the total sample size of 409 mothers, in this study 380 eligible mother identified through the data collection were interviewed. The response rate was 92.9% and 0.8% were non respondents. Of these, 88 (23.2%) were interviewed at 01 kebele, 117 (30.8%) were interviewed at 02 kebele, and 175 (46%) were at 03 kebele.

5.1. Socio-demographic characteristics of study participants in study area

The age range of mothers considered in our study was 15-49 years, which is a child bearing age range. Out of the total 20(5.2%) were mothers aged 15-19, 73(19.2%) were mothers age 20-24, 120(31.6%) were mothers age 25-29, and 85(22.4%) were mothers age 30-34, 67(17.6%) were mothers age 35-39 and 15(3.9%) were mothers aged 40-44 years.

Among all mothers who have children from six months up to two years. Majority of study participants 317(83.4%) were married, 27 (7.1%) were divorced and 36 (9.5%) were widowed. From participants 81(21.1%) were followers of orthodox religion, 254(66.8%) were followers of Muslim religion, 43(11.3%) were followers of protestant religion and the rest 2(0.5%) were catholic.

Regarding educational status of the mothers, 149 (39.2%) were illiterate, 15 (3.9%) were read and write only, 47(12.4%) were elementary (1-8 grade), 63(16.6%) secondary (9-10 grade), 46(12.1%) preparatory (11-12 grade), 34(8.9%) college level, 4(1.1%) university level and 22 (5.8%) were graduated. From all mothers, 11(2.9%) were students, 112 (29.5%) were house wives, 5(1.3%), house maid, 122 (32.1%) were merchant, 85 (22.4%) were government employee, 31 (8.2%) were private organization employee and 4 (1.1%) were nongovernment organization employee.

Most of their infants were males 223 (58.7%) and 157 (41.3%) were females and among those, 195 (51.3%) of infants were with age of 6 months up to 12 months, 129 (33.9%) were with age 13 up to 18 months and the rest 56(14.7%) were with age 19- 24 months.

Table 1: Socio-demographic characteristics of study subjects, in Worabe Town

Variable		Frequency	Percent
Age of mother	15-19	20	5.3
	20-24	73	19.2
	25-29	120	31.6
	30-34	85	22.4
	>=35	82	21.6
Marital status	Married	317	83.4
	Divorced	27	7.1
	Widow	36	9.5
Religion	Orthodox	81	21.3
	Muslim	254	66.8
	Protestant	43	11.3
	Catholic	2	.5
Educational level	Illiterate	149	39.2
	read and write only	15	3.9
	elementary(1-8 grade)	47	12.4
	secondary(9-10 grade)	63	16.6
	preparatory(11-12 grade)	46	12.1

	college level	34	8.9
	university level	4	1.1
	Graduate	11	2.9
Current occupation	house wife	112	29.5
	house maid	5	1.3
	daily laborer	10	2.6
	Merchant	122	32.1
	Government organization employee	85	22.4
	private organization employee	31	8.2
	nongovernment organization employee	4	1.1
	Student	11	2.9

5.2 Reproductive health history

The reproductive health history of the study subjects presented below. A 223 (58.7%) of the study participants had male child and 157(41.3%) female child. Majority of the mothers 324 (85.5%) had Antenatal care (ANC) follow-up for the last pregnancy and 56 (14.7%) had not ANC follow up. Of those that had ANC follow-up for their last pregnancy, 235 (61.8%) reported that they have been counseled about EBF and 91 (23.9%) reported that have not counseled about EBF. Government hospital birth was reported by 109 (28.7%) mothers, 236(62.1%) Governmental health center, 1 (0.3%) private health center and 34(8.9%) home birth was reported. 289 (76.1%) mothers were counseled about EBF during delivery. Post-natal care (PNC) follow up for the last child birth was reported by 189 (49.7%) mothers and 191 (50.3%) had not PNC follow up. Of those with a PNC visit, 175 (46.1%) were counseled about EBF. A visit to the vaccination room or under-5 year's children outpatient department (U5OPD) was practiced by 176 (45.8%) mothers and among these, 169 (44.5%) mothers stated that they have been counseled about EBF.

Table 2: Reproductive health history of the study subjects, in Worabe Town.

Variable		Frequency	Percent
Child sex	Male	223	58.7
	Female	157	41.3
ANC follow up visits while you were pregnant for the child	Yes	324	85.3
	No	56	14.7
Number of ANC follow up	3	89	23.4
	2	38	10.0
	4	197	51.8
Place of birth	Home	34	8.9
	government health center	236	62.1
	government hospital	109	28.7
	private health facility	1	0.3
Advice on EBF during ANC	Yes	235	61.8
	No	91	23.9
Advice on EBF during delivery	Yes	289	76.1
	No	91	23.9
PNC follow up	Yes	189	49.7
	No	191	50.3
Number of PNC follow up	2	19	5.0
	3	122	32.1
	>3	48	12.6
Advice on EBF during PNC	Yes	175	46.1
	No	14	3.7
U5OPD Visit	Yes	174	45.8
	No	206	54.2
Advice on EBF during U5OPD visit	Yes	169	44.5
	No	8	2.1

5.3 Knowledge of Exclusive Breastfeeding

The specific variables result on knowledge of exclusive breastfeeding is presented below in Table 3. Out of those who practiced EBF, 335 (88.2%) were heard about EBF and 45 (11.8%) didn't know about EBF. Out of those who know about EBF, 282 (74.2%), 35(9.2%) and 20 (5.3%) were got information from health worker, school and TV respectively. 373 (98.2%) of the respondent were knew the importance breast feeding for the baby. 316 (83.2%) of the respondents were report that breast feeding protect baby from illness. Also less than half of mothers have described the advantages of breastfeeding for the mother: prevents pregnancy only 154 (40.5%). However, 226 (59.5%) mothers have stated that breastfeeding cannot prevent pregnancy. Out of the respondents, 95 (25%) were reported that discard the colostrum and 285 (75%) were feed immediately.

Initiation of breast feeding within one hour of birth was stated by 269 (70.8%) mothers. And the frequency of breastfeeding was stated to be 6-8 times 228 (60%), 8-12 times 100 (26.3%) and <6 times 52 (13.7%) of mothers per day. 285 (75%) of the mothers had reported that they breastfed their child during sickness. Duration of exclusive breastfeeding was correctly conveyed to be 6 months by 262 (68.9%) and no additional foods or drinks should be fed to the child from birth up to 6 months in addition to breastfeeding was testified by 292 (76.8%) mothers. The left 88 (23.2%) were reported that feed additional food before six months; like plain water, water sugar and cow milk.

Table 3: Knowledge of exclusive breast feeding of the study subjects, in Worabe Town.

Variable		Frequency	Percent
did you know about EBF	Yes	335	88.2
	No	45	11.8
where did you get the information	health worker	282	74.2
	Schools	35	9.2
	TV	20	5.3
do you know the importance of breast feeding	Yes	373	98.2
	No	7	1.8
do you know EBF protect baby from illness	Yes	316	83.2
	No	64	16.8
do you know EBF protect the mother from pregnancy	Yes	154	40.5
	No	226	59.5
what do you do with the first milk or colostrum	Discard	95	25.0
	feed immediately	285	75.0
how soon after child birth should breast feeding be started	within one hour of delivery	269	70.8
	within 6 hour of delivery	105	27.6
	after 6 hour but, within 24 hour of delivery	6	1.6
for how many frequencies an infant take breast milk per day	for less than 6 times	52	13.7
	6-8	228	60.0
	8-12	100	26.3
should child be feed when she/he is sick	Yes	285	75.0
	No	95	25.0
how long should child be	1	2	.5

only breast feed(in months)	2	10	2.6
	3	28	7.4
	4	49	12.9
	5	2	.5
	6	262	68.9
	7	24	6.3
	8	3	.8
what additional foods or drinks should a child be fed from birth up to six months in addition to breast milk	Nothing	292	76.8
	plain water	65	17.1
	water-sugar/salt solution	8	2.1
	cow's milk	15	3.9
when should a child be supplemented with additional complementary foods in months	1	2	.5
	2	10	2.6
	3	28	7.4
	4	46	12.1
	5	8	2.1
	6	261	68.7
	7	23	6.1
	8	2	.5
how long in total should a child be breast feed in months	>=24	250	65.8
	<24	130	34.2
Knowledge category	Good knowledge	210	55.3
	Poor knowledge	170	44.7

5.4 Attitude towards Exclusive Breastfeeding

The specific variable results on attitude towards exclusive breastfeeding are presented below in Table 4. More than half of mothers who had 6-24 months old children in Worabe town, 199(52.4%) have favorable attitude towards exclusive breast feeding. EBF being good for the baby because breast milk is the best food for the child was majorly agreed by 361 mothers (95%). EBF not being good because of its cosmetic affection the mother's shape was not agreed by 205 mothers (53.9%). Maternity leave of three months being enough for successful EBF was not agreed by 153 mothers (40.3%). The household economic capacity determining the mother's EBF practice was agreed by 337 mothers (88.7%). EBF having advantage for the mother because it prevents pregnancy was agreed by 208 mothers (54.7%). EBF helping the child to grow well was agreed by 376 mothers (98.9%).

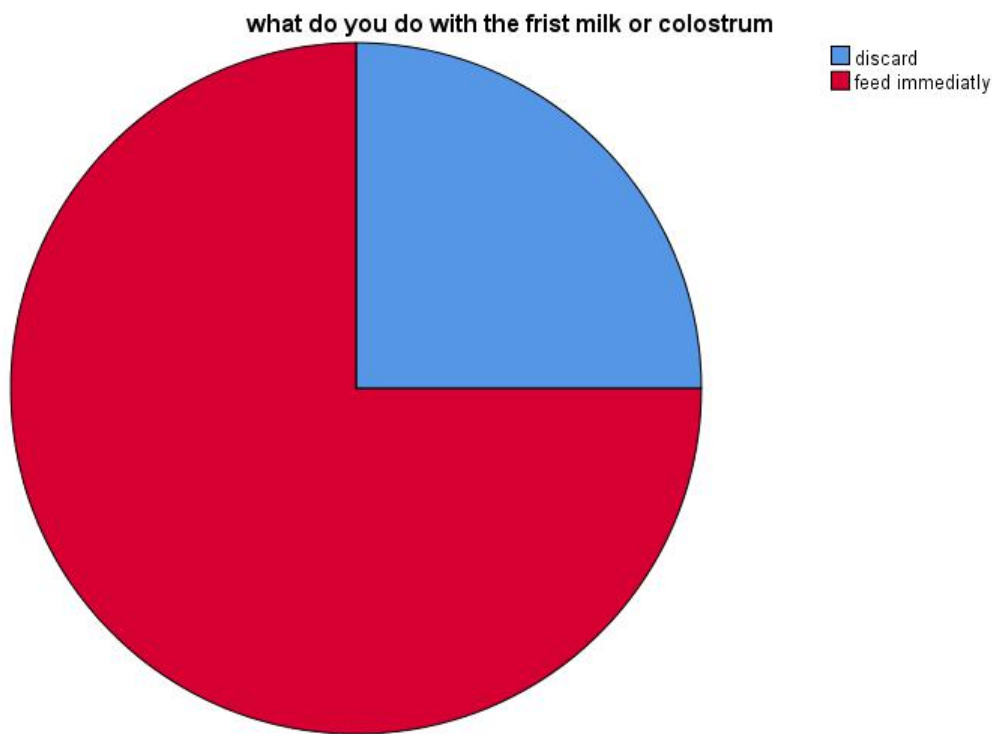


Figure 1: attitude of participants towards colostrum in Worabe town, SNNPR, Ethiopia

Table 4: Attitude towards exclusive breastfeeding of the study subjects, in Woeabe Town.

Variable		Frequency	Parcent
breast feeding is good for my baby b/c breast milk is the best food	Agree	361	95.0
	not agree	19	5.0
BF affects maternal wellbeing	Disagree	205	53.9
	Neutral	22	5.8
	Agree	153	40.3
maternity leave of three months is enough to successful breastfeeding	Agree	189	49.7
	Neutral	38	10.0
	not agree	153	40.3
the house hold economic capacity determines the mother breastfeeding practice	Agree	337	88.7
	not agree	43	11.3
breast feeding has an advantage to the mother because it prevents pregnancy	Agree	208	54.7
	not agree	172	45.3
breast feeding the baby helps the child to grow well	Agree	376	98.9
	not agree	4	1.1
Attitude category	Positive attitude	199	52.4
	Negative attitude	181	47.6

5.5 Current practice of exclusive breastfeeding

The detailed current practices of exclusive breastfeeding are presented below in Table 5. Almost all mothers, 371 (97.6%), had ever breastfed their child. Of these, 283 (74.5%) of mothers started breastfeeding within one hour of child birth. 307 (80.8%) of mothers gave the colostrum to their newborn. Providing additional foods or drinks after feeding the colostrum was reported by 70 (18.4%) mothers. These additional foods include plain water 2 (0.5%), water-sugar/salt solution 6 (1.6%), formula milk 4 (1.1%), cow's milk 12 (3.2%) and butter 48 (12.6%). Among those who did not practice EBF by 24hour recall, the additional foods given in the past 24 hours include plain water 24 (6.3%), cow's milk 169 (44.5%), formula milk 72 (18.9%), water sugar 13 (3.4%) and butter 35 (9.2%). Out of the respondent, 75 (19.7%) stop breast feed their child. Among those stopped breast feeding, 2.4%, 2.9%, 0.5%, 9.2%, 0.5%, 2.4%, 0.5% were stopped breast feeding at 12, 16, 17, 18, 24, 6 and 7 months respectively. Out of those stopped breast feeding, 12(3.7%), 23(6.1%) and 40 (10.5%) were stopped for the reason of no breast milk, mother started work and the child started other milk product respectively.

Table 5: Current practice of exclusive breastfeeding of the study subjects, in Worabe Town.

Variable		Frequency	Percent
have you ever breast feed your child	Yes	373	98.2
	No	7	1.8
how soon after birth did you start breast feeding your child	within one hour of delivery	283	74.5
	within 6 hour of delivery	89	23.4
	after 6 hour but, within 24 hour of delivery	2	.5
did you feed your child the colostrum	Yes	307	80.8
	No	67	17.6
did you give your child other additional foods or drinks after the first milk	Yes	70	18.4
	No	304	80.0
what other additional foods or drinks did you give your child after the first milk	plain water	2	.5
	water sugar/salt solution	6	1.6
	cow's milk	12	3.2
	formula milk	4	1.1
	Butter	48	12.6
how frequent did you breast feed your child yesterday during the day	4	43	11.3
	5	71	18.7
	6	32	8.4
	7	11	2.9
	8	8	2.1
	I don't know	206	54.2
	9	3	.8

how frequent did you breast feed your child yesterday during the night	2	119	31.3
	3	39	10.3
	4	5	1.3
	don't know	211	55.5
did you satisfy your child by breast feeding	Yes	299	78.7
	No	75	19.7
did you usually interrupt your child from breast feeding	Yes	154	40.5
	No	220	57.9
did you ever feed your child any other additional foods or drinks in addition to breast milk	Yes	340	89.5
	No	34	8.9
if yes, when you feed your child any other additional foods or drinks in addition to breast milk in month	1	2	.5
	2	10	2.6
	3	30	7.9
	4	41	10.8
	5	16	4.2
	6	218	57.4
	7	37	9.7
what other additional foods or drinks did you feed your child in addition to breast milk	plain water	16	4.2
	water sugar/salt solution	44	11.6
	cow's milk	212	55.8
	formula milk	62	16.3
	Butter	18	4.7
did you ever stop breastfeeding your child	Yes	75	19.7
	No	299	78.7
if yes, when you stop breast feeding your child(in months)	12	9	2.4
	16	11	2.9
	17	2	.5
	18	35	9.2
	24	2	.5
	6	9	2.4
	7	2	.5
what was the reason that you stopped breast feeding your child	no breast milk	12	3.2
	the mother started work	23	6.1
	started other milk products	40	10.5
	no breast milk	12	3.2

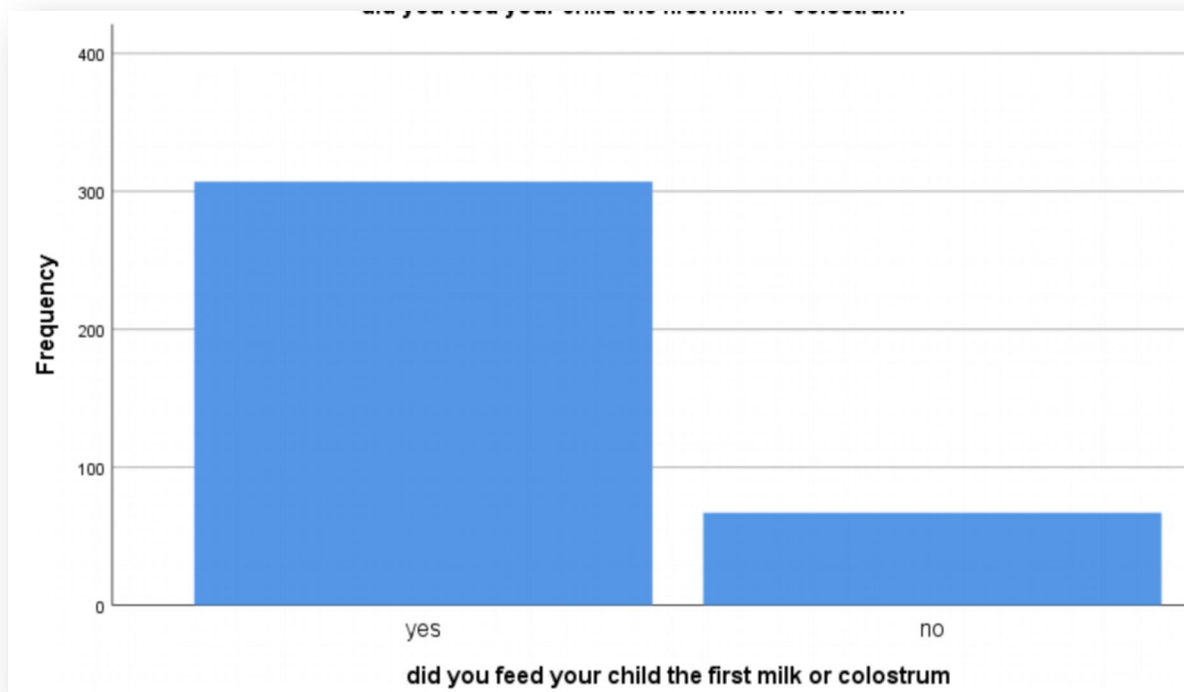


Figure 2: practice of the participant on colostrum feeding.

6. DISCUSSIONS

This study revealed that KAP of exclusive breast feeding among mothers who had children from six months to two years old of age. In this study we found that more than half of study participants were knowledgeable about EBF (55.3%), 52.4% of mothers had favorable attitude towards EBF and 68.7% of mothers practiced exclusive breast feeding.

Even though more than half of our study participants had knowledge about EBF (55.3%), which was lower than other studies conducted in other similar local districts of Ethiopia, such as in Bedelle, Gondar, mizan aman town and ambo with the following results; 87.3%, 87.3%, 93.6% and 90.8% of lactating mothers had good knowledge about EBF respectively, but higher than study conducted in Nigeria, which revealed 52% of mothers were knowledgeable about EBF [21, 28, 29, 30].

With regard to the recommended duration of EBF, our study revealed that 68.9% of our study participant knows the recommended duration of EBF (which is for six months), which is lower than a study conducted in Gondar, bedelle which revealed that 90.8%,90.9% respectively, [29,30] and higher than a study conducted in mizan aman town which revealed that 34.7% [28].

When we see timely initiation of breast feeding, our study shows that around 74.5% of our study participant knows that breast feeding should be started within an hour after delivery which is higher than a study conducted in mizan aman town, Nigeria, Kano and sokoto which revealed that 62.7%, 53%, 26% and 31% respectively of lactating mother knows that breast after delivery started within an hour, but lower than a study conducted in Ambo which was 77.2% and India which was 80.2% of mothers initiate breast feeding within an hour after delivery[21, 28, 31].

According to our study around 26.3% of mothers know that a child should suck breast milk 8-12 times / 24 hours which is higher than a study conducted in Gondar, Bedelle which was revealed that 23.5%,25.5% respectively. But lower than a study conducted in Ambo, Mizan aman town which was 51.2%,52.2% respectively, of mothers respond that a child should suck 8-12 times per day [28, 29, 30, 31].

In our study with regard to advantage of EBF 40.5% of mothers said EBF is important to prevent pregnancy, which is higher than a study conducted in mizan aman town which revealed around 27.3% of mothers said that EBF is important to prevent pregnancy, but lower than study conducted in Mizan aman, around 45% of mothers said that EBF is important as a contraceptive method for the mothers [28].

This difference in knowledge about exclusive breast feeding might be due to difference in access of health education and contribution of health professionals towards EBF, difference in socio demographic characteristics, cultural habits, study area and study periods.

In this study around 52.4% of our study participants had favorable attitude towards EBF which is lower than a study conducted in mizan aman town which was 89.5% of mothers had favorable attitude towards EBF [28]. And also, 95% of our study participants believe that breast milk is preferable for the for the infant, which is higher than a study conducted in Gondar and bedelle, which shows 76.2%, 73.6% respectively [28, 29, and 30].

In this study 75% of study participants believe that colostrum should not be discarded, which is low higher than a study conducted in Gondar, Bedelle and mizan aman town which was 65.7%,63.6% and 60.2% of mothers believe that colostrum should not be discarded [28,29,30].

The difference in attitude on exclusive breast feeding might be due to the different socio demographic characteristics of the study samples such as difference in ethnic back ground, economic status, types of job and educational status and also study period and study areas.

Regarding to the practice of EBF, in our study around 60.3% of mothers had practiced on EBF which is higher than studies conducted in other areas of Ethiopia such as Gondar, bedelle, mizan aman town, and arbaminch which was 49% 43.6% 26.4%, 55.6% respectively, but lower than a study conducted in ambo which was 82.2% and study done in Nigeria which was 69.5% of mothers practiced EBF [21, 28, 29, 30, 31, 32].

This difference in practice towards exclusive breast feeding might be due to lack of knowledge about optimal breast feeding, difference in socio demographic characteristics, cultural habits, study area and study periods and also this difference might probably due to the chance of afford replacement feeding, so as to avoid breast feeding.

6.1. Limitation of the Study

- The study did not explore other cultural determinants of exclusive breast feeding which might have some influence on EBF.
- There also some language barriers which we faced during the study and shortage of time to perform our study.
- A mother may have difficulty to remember the time of breastfeeding initiation for her baby; as a result of timely initiation of breastfeeding might be subjected to potential recall bias.

7. CONCLUSSION AND RECOMMENDATION

7.1. Conclusion

In summary, this study has identified that exclusive breast feeding prevalence was 60.3% and more than half 55.3% of them were also found to be good knowledge and 52.4% of them were also favorable attitude. And husband/partners and family supporting their breast feeding practices.

In our study, even though more than half of our study participants had knowledge about EBF and favorable attitude towards EBF; knowledge regarding to timely initiation of breast feeding, optimal frequency / 24 hours, recommended duration of EBF and timely initiation of complementary feeding still not enough, it is low. Regarding to attitude of our study participants, attitude towards colostrum is not favorable. Regarding to the practice of EBF in our study, even if, it is higher than EDHS prevalence EBF and study in other area, it is not enough when compared with WHO recommendation EBF and should be practiced more.

7.2. Recommendation

According to our study findings we recommend:

- to modify the behavioral changes towards EBF: the town health extension workers, Worabe Specialized hospital professionals, Worabe health office and town administration should give attention towards promotion of EBF by improving access to information, by giving health education by taking morning sessions in the hospital, formal community meeting, ante- natal and post-natal sessions.

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Informed consent

Dear participants, we are under graduate students from WKU College of medicine and health science, department of Nursing. I would like to ask you few questions about exclusive breastfeeding and associated conditions with it in worabe town, your authentic information that you are going to provide will help for improvement of EBF in Worabe town. Your answer will remain confidential and your name will not be specified. Participation in this study is voluntary and you are not obligated to answer any question that you do not want to answer and it takes 15 minutes, but your input has great value for the success of our objectives.

1. Agree

Thank you for your cooperation.

1. Questionnaire code.....

2. House hold number.....

3. Keble/village.....

4. Enumerator name..... Date.....

Thank you

Name

sign

date

Interviewer

Questionnaire prepared to study the assessment of KAP on exclusive breast feeding for lactating mothers in Worabe town who have child up to two years.

Instructions: - Follow the instructions and guides under the questions to fill the questionnaire.

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		4. Secondary (9-10 grades) 5. Preparatory (11-12 grades) 6. College level 7. University level 8. Graduated	
104	What is your husband's educational level? (Based on last completed grade level)	1. Illiterate 2. Read and write only 3. Elementary (1-8 grades) 4. Secondary (9-10 grades) 5. Preparatory (11-12 grades) 6. College level 7. University level 8. Graduated	
105	What religion do you follow?	1. Orthodox 2. Muslim 3. Protestant 4. Catholic 5. Other, Specify _____	
106	What is your current occupation?	1. Student 2. House wife 3. House maid 4. Daily laborer 5. Merchant 6. Government organization employee 7. Private organization employee 8. Non-governmental organization employee 9. Other, Specify _____	

107	What is your husband's current occupation?	1. Student 2. Daily laborer 3. Merchant 4. Government organization employee 5. Private organization employee 6. Non-governmental organization employee 7. Other, Specify _____	
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108	What is the average monthly income of the household?	1.0-500 birr 2.501-1000 birr 3.1001-1500 birr 4.Above 1501 birr 5. other specified	
III. Reproductive health characteristics			
201	How many children did you give birth to?	[]	
202	How many children do you have now?	[]	
203	What is the birth order of your child?	In number _____	
204	How old is your child? (in months)	[] months	
205	What is the sex of your child?	1. Male 2. Female	
206	Did you have ANC care follow-up visits in any health facility while you were pregnant for the child?	1. Yes 2. No	If No, go to Q209
207	How many ANC follow-up visits did you attend?	[]	
208	Were you counseled/advised about breast feeding in your ANC follow-up visits?	1. Yes 2. No	
209	Where did you give birth to your child?	1. Home 2. Government health center 3. Government hospital 4. Private health facility	
210	Were you counseled/advised about breast feeding during delivery?	1. Yes 2. No	
211	Following your last delivery did you have PNC follow-up visit?	1. Yes 2. No	If No, go to Q214
212	How many PNC follow-up visits did you have?	[]	
213	Were you counseled/advised about breast feeding in your PNC follow-up visits?	1. Yes 2. No	
214	Did you visit the vaccination room/Under 5yrs old children OPD for your child before?	1. Yes 2. No	If No, go to Q301
215	Were you advised about breast feeding in the vaccination	1. Yes 2. No	

	room/Under 5yrs old children OPD?		
IV. Knowledge about exclusive breastfeeding(interviewer please don't read the options on the columns to the right)			
301	Did you know about exclusive breast feeding?	1. Yes 2. No	

302	If yes for Q no 301, where did you get the information?	1. Health workers 2. Schools 3. TV 4. New paper 5. others	
303	Do you know the importance of breast feeding?	1. Yes B. No	
304	Do you know EBF protect baby from illness?	1. Yes 2. No	
305	Do you know EBF protect the mother from pregnancy?	1. Yes 2. No	
306	What do you do with the first milk or colostrum?	1. Discard 2. Feed immediately	
307	How soon after child birth should breastfeeding be started?	1. Within one hour of delivery 2. Within 6 hours of delivery 3. After 6 hours but within 24 hours of delivery 4. After 24 hours but within 48 hours of delivery 5. Other, specify _____	
308	For how many frequencies an infant take breast milk per day?	1. for less than 6 times 2. 6-8 3. 8-12 4. Greater than 12 times	
309	Should a child be breastfeeding when she/he is sick?	1. Yes 2. No	
310	How long should child be only breastfeeding? (in months)	[] months	
311	What other additional foods or drinks should a child be fed from birth up to six months in addition to breast milk?	1. Nothing 2. Plain water 3. Water-sugar/salt solutions 4. Cow's milk 5. Other, specify _____	

312	When should a child be supplemented with additional complementary foods?	[] months	
313	How long in total should a child be breast feed? In months	[] months —	
V. Attitude towards exclusive breast use indicate your feeling towards the feedings(ple indicated below) statements			
401	Breastfeeding is good for my baby because breast milk is the best food for the child.	1. Agree 2. Neutral 3. Don't agree	
402	Breastfeeding is not good because cosmetically affects the mother's shape.	1. Agree 2. Neutral 3. Don't agree	
403	Maternity leave of three months is enough to successful breastfeeding.	1. Agree 2. Neutral 3. Don't agree	
404	The household economic capacity determines the mother breastfeeding practice.	1. Agree 2. Neutral 3. Don't agree	

405	Breast feeding has an advantage to the mother because it prevents pregnancy.	1. Agree 2. Neutral 3. Don't agree	
406	Breast feeding the baby helps the child to grow well.	1. Agree 2. Neutral 3. Don't agree	
VI. Practice of exclusive breastfeeding			
501	Have you ever breastfed your child?	1. Yes 2. No	If No, go to Q519
502	If yes, how soon after birth did you start breastfeeding your child?	1. Within one hour of delivery 2. Within six hours of delivery	

		3. After six hours of delivery but within 24 hours 4 After 24 hours of delivery but within 48 hours 5. Other, specify _____	
503	Did you feed your child the first milk (colostrum)?	1. Yes 2. No	
504	Did you give your child other additional foods or drinks after the first milk?	1. Yes 2. No	If No, go to Q506
505	If yes, what other additional foods or drinks did you give your child after the first milk?	1. Plain water 2. Water sugar/salt solution 3. Cow's milk 4. Formula milk 5. Butter 99. Other, specify _____	
506	Do you only breastfeed your child for the past 24 hours? It should be explained by the local time	1. Yes 2. No	If yes ,go to Q508
507	If no what additional food or drinks did you give your child for the past 24 hours?	1. Plain water 2. Water sugar/salt solution 3. Cow's milk 4. Formula milk 5. Butter 6. other ,specify	
508	How frequent did you breastfeed your child yesterday during the day? (from yesterday's sunrise to yesterday's sunset?)	1. [_____] times 2. Don't know	
509	How frequent did you breastfeed your child yesterday during the night? (from yesterday's sunset to today's sunrise?)	1. [_____] times 2. Don't know	
510	Did you satisfy your child by breastfeeding?	1. Yes 2. No	
511	Did you usually interrupt your child from breastfeeding?	1. Yes 2. No	
512	Did you ever feed your child any other additional foods or drinks in addition to breast milk?	1. Yes 2. No	If no go to Q515

513	If yes when you fed your child any other additional foods or drinks in addition to breast milk	[] months	
514	What other additional foods or drinks did you feed your child in addition to breast milk?	1. Plain water 2. Water sugar/salt solution 3. Cow's milk 4. Formula milk 5. Butter 6. Other, specify _____	
515	How many months did you only breastfeed your child without adding any other foods or drinks starting from birth?	[] months —	
516	Did you ever stop breastfeeding your child?	1. Yes 2. No	If no go to Q518
517	If yes when you stop breastfeeding your child	[] months	
518	What was the reason that you stopped breastfeeding your child?	1. No breast milk 2. Breast sickness 3. The mother was sick 4. The child was sick 5. The mother started work 6. Started other milk products 7. Other, specify _____	
519	What was your reason for never breast feed your child?	1. No breast milk 2. mother sickness 3. child sickness 4. Breast disease 5. other ,specify _____	
520	Dose the father support you to breastfeed your child?	1. yes 2. no	
521	Do other family members support you to breastfeed your child?	1. yes 2. no	

Thank you for your responses and the time you spent.

WOLKITE UNIVERSITY
COLLEGE OF MEDICINE AND HEALTH SCIENCE
DEPARTMENT OF NURSING

As a research advisor, we hereby certify that we have read and evaluated this research prepared under our guidance by Adane Niguse, Bewuket Ayoub and Sinhara Teklu

Title: - KNOWLEDGE, ATTITUDE AND PRACTICE ON EXCLUSIVE BREAST FEEDING AMONG LACTATING MOTHERS IN WORABE TOWN, SILTE ZONE, SNNPR, ETHIOPIA, 2021.

Name of research advisors	Signature	Date
1. _____	_____	_____
2. _____	_____	_____

As an Examiner of the research Defense, we certify that we have read and evaluated the research result prepared by Adane Niguse, Bewuket Ayoub, Sinhara Teklu and examined the candidates. We recommend that the research be accepted as fulfilling the research requirement for the Degree of bachelor in nursing.

Name of research examiners	Signature	Date
1. _____	_____	_____
2. _____	_____	_____