

Assessment of Knowledge, Attitude and Practice on Breast Feeding Women in Reproductive Age Group at House Hold Level in Gununo Town Wolaita Zone Southern Ethiopia

Hanna Feleke DawitUtalo Akiber Mengistu Yoseph Halala Zeleke afato

Abstract

Background: - optimal infant and young child feeding is among the vital child survival strategies, however, the KAP of care givers is known to have gap. **Objectives:** To assess KAP on breastfeeding women in reproductive age group in Gunnuno town at household level. **Methodology :** - Community based Cross sectional study was conducted from Meskerm 29- Tikimt 8, 2007 EC in Gununo town, Damot Sore Woreda Wolaita zone; SNNPR Ethiopia. **Result:** -Among the interviewed mothers, 50.2% of women have good knowledge about breastfeeding. 53 % of respondents have good practice of breastfeeding and 58% women have positive attitude towards breast feeding. **Conclusion:** - According this study 49.2% of women have satisfactory knowledge, 58.2% of women have positive attitude towards breastfeeding and 53% of them have good practice. **Recommendation:** - we recommend Gunnuno woreda health office, Gunnuno health center and HEW to give continuous health information on optimal breastfeeding practice in different ways.

Keywords: Knowledge, Attitude, practice and Breast feeding women

Background

Breast-feeding is an unequalled way of providing ideal food for the healthy growth and development of infants. Optimal feeding of infants and young children means exclusive breast feeding from birth to about six months, followed by introduction of complementary foods drawn from the local diet at about six months. Breastfeeding should be sustained well into or beyond the second year of life, with increasing amounts of complementary foods. It is the practice of a woman feeding an infant & young child with milk produced from her mammary glands usually directly from nipples (1).

Human milk feeding decreases the incidence or severity of diarrhea, respiratory illnesses, otitismedia, bacteremia, bacterial meningitis, and necrotizing enter-colitis. Human milk may reduce the incidence of food allergies and eczema. It also contains protective bacterial and viral antibodies (secretory IgA) and non specific immune factors, including macrophages and nucleotides, which also help limit infection (2).

The American Academy of Pediatrics (AAP) and World Health Organization (WHO) strongly advocate breast-feeding as the preferred feeding for all infants. The success of breast-feeding initiation and continuation depends on multiple factors, such as education about breast-feeding, hospital breast-feeding practices and policies, routine and timely follow-up care, and family and societal support (2).

Early initiation of breastfeeding is important for both the mother and the child. Early suckling stimulates the release of prolactin, which helps in the production of milk, and oxytocin, which is responsible for the ejection of milk and stimulates the contraction of the uterus after childbirth. The first liquid to come from the breast, known as colostrum, is produced in the first few days after delivery and provides natural immunity to the infant. It is recommended that children should feed colostrum immediately after birth and continue to be exclusively breastfed even if the regular breast milk has not yet let down(3).

UNICEF and WHO recommend that children be exclusively breastfed during the first 6 months of life and that children be given solid or semi-solid complementary food in addition to continued breastfeeding from age 6 months until 24 months or more. Exclusive breastfeeding is recommended because breast milk is uncontaminated and contains all the nutrients necessary in the first few months of life. In addition, the mother's antibodies in breast milk provide the infant with immunity to disease (3).

Statement of the Problem

Death rates in third world countries are lower among breastfeed babies and breastfed babies have fewer infections than formula fed babies. Every day, between 3000 and 4000 infants die in the developing world from diarrhea and acute respiratory infections because they are given inadequate amounts of breast milk. Infants who are not breastfed have a six fold greater risk of dying from infectious diseases (4, 5, 6).

More than 10 million children die each year in the world. 41% of those deaths occur in sub-Saharan Africa and 34% in south Asia. In Madagascar, one in 10 children dies in the first year of life. A major contributor to the death is poor breast feeding practice (7).

In Ethiopia, 51%, 47% and 11% of under-five children are stunted, underweight, and wasted respectively. Malnutrition is the major cause of child mortality and is responsible for 58% of under-five mortality. The peak age for malnutrition is 12 to 24 months. 27 % of under 5 children suffer from Sub clinical

vitamin A deficiency and 17 % child hood deaths are attributed to vitamin A deficiency. The cause of mal nutrition is multifactorial(1).

The commonest causes of malnutrition are suboptimal infant and young child feeding practices such as suboptimal breast feeding practical, poor quality complementary foods, detrimental feeding practices, and contamination of food and feeding utensils. According to 2011 DHs survey, only 52% of babies are exclusively breast feed from 0-6 months(4).

The Child deaths in low income countries comprise 98% of the world's, of which 60% are preventable. Main causes of morbidity are acute respiratory infections, diarrheal diseases, malaria and neonatal problems like tetanus. Ethiopia is similar to many other low income countries. The rate of breast-feeding is high especially in rural areas but in 60% of cases colostrum is avoided while 70% neonates get breast-feeding within 24 hours(8).

Objective

The study was conducted to assess KAP on breastfeeding women in reproductive age group in Gunnuno town at household level.

Research questions

- ✓ Do women in reproductive age group feed the child in optimal BF pattern?
- ✓ Do women in reproductive age group have positive attitude towards EBF?
- ✓ Do women in reproductive age group know that BF prevents the child from disease?

Methodology

Study area

Gunnuno town is the capital town of Damot Sore Woreda Wolaita zone, southern Ethiopia. The town is 362km far from Adiss Ababa which is capital of Ethiopia and 17km far from the capital of Wolaita Zone, Sodo town. The altitude of the town is 1750-2200 and the average temperature is 21.6°C. according to Damot Sore Woreda statistics bureau. The total population of Gunnuno town in 2015 was 8911. Among these, 4706(52.8%) are males and 4205(47.2%) are female. The town has 3 kebeles namely, Gunnuno 01, 02&03. The town also has 1 health center, 3 health posts, & 4 private clinics. It also has one primary & two secondary schools. Moreover, the town has 1 private kinder garden school. There are also 14 hotels & 30 cafeterias, 1 commercial bank & electricity supply for 24hours(20).

Study design and period

Community based Cross sectional study was conducted from September 29- October 18, 2015.

Source population

All women of child bearing age in total household of Gunnuno town.

Study population

Women of child bearing age in sampled kebeles who are included in the sample.

Exclusion criteria

- ✓ Women who are ill, Women with disability and Women who do not have child

Inclusion criteria

All reproductive age grouped women who have child in selected kebeles

Sample size

The sample size was calculated by using single population proportion formula

$$n = \frac{Z^2 P(1 - P)}{d^2} \text{ Where } Z = 95\% \text{ (confidence interval)}$$

p = Prevalence of breast feeding 52% according to EDHS 2011

d = 5% marginal error.

$$n = \frac{1.96^2 \times 0.52(1 - 0.52)}{0.05^2} = 384$$

Since our total population is less than 10,000 we used correction formula

$$n \div (1 + (n \div N))$$

$$384 \div (1 + (384 \div 1115)) = 286 \text{ By adding non response rate 5\%}$$

$$(286 \times 5) \div 100 = 14$$

Our final sample size was 286+14=300

Sampling technique

Systemic random sampling technique was used. About 300 women of child bearing age was selected randomly from total household using sampling interval of every 4 households. By using sampling interval formula $K = N/n$

$$K = 1115/300 \approx 4$$

Random starting point was selected using lottery method then every 4 household after random starting point.

Data collecting procedure

Data was collected by investigators using structured questioners which is prepared in English then translated to Amharic.

Data analysis

The data was analyzed by using SPSS version 16 and the result was directed by numbers, figures, percentage and tables .

Quality assurance

To assure the quality of the data, the following steps were taken.

Training was given to the data collectors and questionnaire was pretested. In addition to these evening cross checking was held to identify the key findings challenges, and other issues raised by the data collectors.

Ethical Consideration

First approval from Wolaita Soddo University College of health science and medicine was secured. Then Support letter from the department and local head of the study population was also secured. Study subjects were filling an anonymous interviewed questioner the field questioner was not exposed to any other person other than the principal investigators. All the study units have the right to stop at any time or to continue.

Plan for the dissemination of the result

The final result was disseminated by presentation and copies of the results was offered to wolaita Sodo university school of public health, Damot sore woreda health office, and 03 kebele health extension workers.

Results of the study

Socio demographic status

A total of 300 women of reproductive age (15-49) were interviewed & the response rate was 100%. The median age of women is 25 years. Majority of the respondents are protestant. In the study area 85.5% of the study participants are married.

Table 1:-Socio demographic status of women of reproductive age (15-49) in Gunnuno town, Wolaita zone 2015.

Variable	Frequency	Percent	
Age of women	15-19	35	11.7
	20-2	69	23.0
	25-29	100	33.3
	30-34	53	17.7
	35-39	29	9.7
	40-44	12	4.0
	45-49	2	0.7
Educational status	Illiterate	96	32.0
	Can read and write	20	6.7
	1-4	24	8.0
	5-8	65	21.7
	9-12	67	22.3
	>12	27	9.0
Marital status	Single	31	10.3
	Married	255	85.5
	Divorced	4	1.3
	Widowed	10	3.3
Religion	Orthodox	131	43.7
	Muslim	9	3.0
	Protestant	149	49.7
	Catholic	10	3.3
	Apostlican	1	0.3
Ethnicity	Wolaita	275	91.7
	Gamo	14	4.7
	Gofa	10	3.3
	Silte	1	0.3
Monthly income	< 500	79	26.3
	501-1000	149	49.7
	1001-1500	52	17.3
	1501-2000	18	6.0
	>2000	2	0.7
Occupation	Government employee	33	11.0
	Private employee	4	1.3
	Merchant	4	42.7
	House wife	128	36.0
	Student	25	8.3
	Pottery	2	0.7

Knowledge of women about breastfeeding

As it is mentioned in the table2, 195(65%) of respondents answered that breast feeding help the child to have proper growth, 100(36.6%) of them respond that breast feeding prevent the child from disease, 54 (18%) of them knows that it provide perfect nutrition to the child and 30(10%) of the women says that breastfeeding increase bond between mother and child.

Out of 300 women, 22(7.3%) respond that breast feeding prevent the mother from disease, 76 (25.3%) of the women knows that breastfeeding prevent pregnancy, 33(11%) of respondents answered that breastfeeding a child increase bond between mother and child, 169(56.3%) of women respond that breast feeding harm the mother.

114(38.0%) of women know that breastfeeding prevent pregnancy. Among them, 61(53.5%) of them know that women menses should not returned, 45(39.4%) of them respond that women should fully breastfeed, and 27(23.4 %) of respondent say that infant should be less than 6 month, for breastfeeding to prevent pregnancy for lactating women.

From interviewed women 220(73.3%) of them report that breast milk is naturally enough and 79(25.0%) believe that breast milk is not naturally enough ,however 1(0.3%) women didn't know whether breast milk is enough nutritionally for the 1st 6 month or not.

Among interviewed women 172(57.3%) understand breast milk is important for prevention of infection, and 127(42.3%) doesn't know that breast milk protect the infant from disease.

Out of 300 women 44(14.7%) of them knows that giving colostrum to the baby prevent disease, 101(33.6%) of them responds that colostrum give energy to the baby and 43(14.3) women knows that colostrum provide complete and perfect nutrition to the infant, however 111(37.4%) of respondent answered that it has no value rather it harms the child.

Concerning the time of starting complementary feeding out of interviewed women, 6(2.0%) of them respond that it should be soon after birth, 18(6%) answered that it should be initiated within 1-3month of age, 58(19.3%) report that it is between 4-6 month of life and 217(72.3%) of them answered that complementary feeding should be initiated after 6 month of life.

Table 2:- Knowledge of women in reproductive age 15-49 about breast feeding in Gunnuno town wolaita zone, 2015

Variables	Response	Frequency	
		Frequency	Percentage
Advantage of breast feeding to the child(n=300)	Help them to grow	195	65.0
	Prevent disease	100	36.6
	Provide perfect nutrition	54	18.0
	Bond mother and child	30	10.0
Advantage of breast feeding to the mother	Prevent disease	22	73.3
	Prevent pregnancy	81	27.0
prevent pregnancy(n=300)	It is harm to the mother	169	56.3
	Bond mother and child	33	11.0
	Yes	114	38.0
	No	167	55.7
Criteria to use breastfeeding as contraceptive(n=114)	I don't know	19	6.3
	Women's menses has not returned	61	53.5
	Women should fully breast feed	45	39.4
	Infant should be < 6month	27	23.6
Advantage of feeding colostrum to the baby(n=300)	I Don't know	4	3.5
	Prevent disease	44	14.7
	Give energy	101	33.6
	Provide compete and perfect nutrition	43	14.3
Age of the child to start additional food(n=300)	Has no value	112	37.4
	Soon after birth	6	2.0
	1-3 months	18	6
	4-6 months	58	19.3
Breast milk can be food for infants (n=300)	>6 months	217	72.4
	I don't know	1	0.3
	Yes	220	73.4
	No	80	26.6
Breast milk protect child from disease (n=300)	I don't know	0	0
	Yes	172	57.4
	No	127	42.3
	I don't know	1	0.3

Table3:-Show the result of mothers who correctly respond considering our operational definition regard to knowledge.

Subjects	No.	%
Mothers who answered EBF to be up to 6 months	217	72.4
Mothers who claimed timely initiation of BF to be zero hours	129	48.7
Mothers who answered timely initiation of CF to be after 6 months	173	74.6

Of interviewed women, 72.4 % correctly answered questions inquiring knowledge such as duration of EBF, 48.7% knew timely initiation of BF and 74.6% rightly answered question regarding timely of initiation of CF. This shows that 64.67% of women have good knowledge about breastfeeding.

Attitude of women

Out of 300 mothers who responded to attitude questions whether the size of breast affects milk production, 164(54.7%) disagreed and 127(41.3%) agreed but 12(4%) were indifferent.

On question whether breast feeding limits activities or not, 125(41.7%) responded it did but the rest 170(56.7%) it did not and 1.6% said I don't know.

When we look mothers attitude towards feeding their child in public places, 190(63.3%) of them disagree whereas 104(34.7%) of them agree and 2% said I don't know.

Among 300 respondents 257(85.7 %) responded that breast feeding babies are healthier than formula feeding babies and 36(12.0%) of them answered the reciprocal.

239(79.7%) of respondents belief that breastfeeding alone is enough for babies less than 6 month and 60(20%) of them belief that it is not enough.

Table 4: Attitude of women towards breastfeeding in reproductive age 15-49 about breastfeeding in Gunnuno town wolaita zone, 2015

Variables		Frequency	Percent
Women should breastfeed her child in public	Yes	104	34.7
	No	190	63.3
	I don't know	6	2.0
Breast feeding baby is healthier than formula feeding baby	Yes	257	85.7
	No	36	12.0
	I don't know	7	2.3
Small breast can't produce milk	Yes	124	41.3
	No	164	54.7
	I don't know	12	4.0
Breast milk alone is enough for infants	Yes	239	79.7
	No	60	20.0
	I don't know	1	0.3
Breast feeding has impact on daily activities	Yes	125	41.7
	No	170	56.7
	I don't know	5	1.6

Table:-5 Show the result of mothers who correctly respond considering our operational definition regard attitude.

Parameters *	Frequency	%
Above mean	156	52
Below mean	144	48
Total	300	100

Out of total 5 questions asked relating to attitude only 48% women correctly answered above the mean value of the questions related to attitude.

Practice of mothers

The study reveals that 221(73.7%) of them have family size less than 5 and 79(26.3%) have family size greater than 5. Out of the total, 54% of the children are male and 46% of them are females. The age distribution of children is listed in the table below.

Table: - 6 Characteristics of child in Gunnuno town wolaita zone, 2015

Variable		Frequency	Percentage
Do you have child	Yes	300	100
	No	0	0
Number of children	< 5	221	73.7
	>5	79	26.3
Age of the last child	0-5 month	44	14.7
	6-11 month	46	15.3
	12-23 month	63	21
	≥ 24 month	147	49
Sex of last child	Male	162	54.0
	Female	138	46.0

Characteristics of women who have child in Gunnuno town wolaita zone, 2015

202(67.3%) of women had ANC follow up for their last pregnancy and 98(32.7%) didn't have ANC follow up. In regard to place of delivery, 180(60.1%) of delivery takes place at home, 120(39.9%) of deliveries takes place in health institution. From those deliveries which has been taken place at home, 19(6.3%) of them were assisted by TTBA, 73(24.3%) by UTTBA and the rest 30.7% by relatives and neighbors.

Table 7: Characteristics of women who have child in Gunnuno town wolaita zone, 2014

No	Variables		Frequency	Percentage
1	ANC follow up for the last pregnancy	Yes	202	67.3
		No	98	32.7
2	Place of birth of last delivery	Home	180	60
		Hospital	20	6.7
		Health center	95	31.7
		Private clinic	5	1.6
3	Assistance of last delivery	Health professional	115	38.3
		TTBA	19	6.3
		UTTBA	73	24.3
		Relatives	93	31.1
4	Post natal follow up	Yes	115	38.3
		No	185	61.7

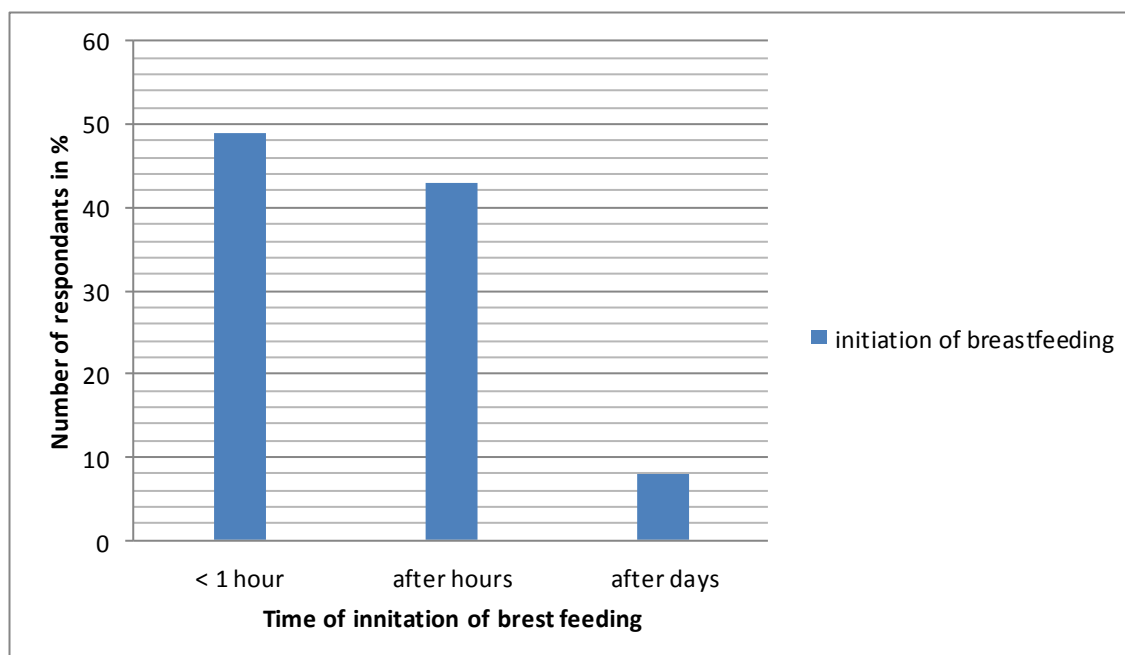


Fig 1:- Showing the initiation of breastfeeding in Gunnuno town, wolaita zone 2015

As the bar chart shows, 147(49%) of women put their child on breast in 0 hours after delivery, 129(43.0%) put their child on breast after hours after delivery and the remaining 24 (8%) put their baby on breast after days.

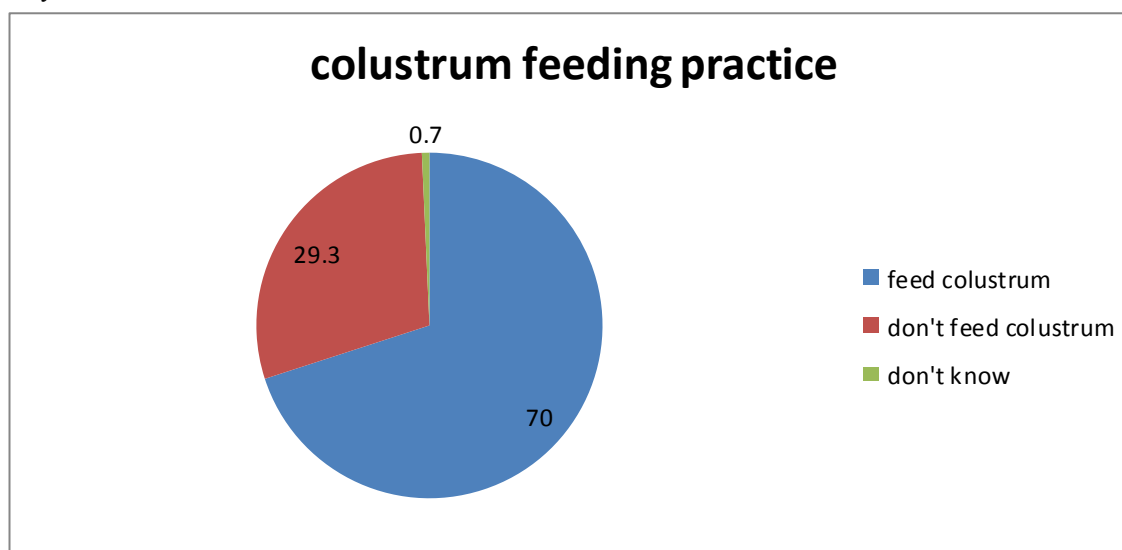


Fig2:- Colostrum feeding practice of women reproductive age in Gunnuno town wolaita zone 2015.

Out of the interviewed women only 211 (70.1 %) give colostrum for their infant but the rest didn't give. The reason for those women who didn't give colostrum were colostrum is hard to digest and toxic were 23(25.8%) and 59(66.3%) for more information see the table below.

Table 8:-Reason of women for not feeding colostrum and type of food they feed their child in Gunnuno town wolaita zone, 2015

Variables		frequency	Percent
Reasons for not feeding colostrum(n=89)	It is toxic	59	71.9
	It is thick	23	31.4
	It is not useful	2	2.2
Type of food that the child feed (n=89)	Plain water	65	74.7
	Sugar solution	8	9.2
	Cow milk	9	10.3
	Butter	5	5.7

Among the interviewed women 182(60.7%) breast feed their child on demand, 4(2.6%) breast feed by schedule and the rest 2(1.3%) women breast feed their child when their breast engorges.

178(59.3%) women doesn't give their baby other than breast milk in the 1st 6month of life. but 122(40.7%) give their baby other additional food like sugar water, powder milk, cow milk and cereal based fluid.

Table 9: Breast feeding practice of women in Gunnuno town wolaita zone, 2015

No	Variable		frequency	Percent
1	Do you breast feed your child currently	Yes	185	61.7
		No	115	38.3
2	Time to breast feed (n=185)	When child likes to have	92	49.7
		When child cries	90	48.6
		On schedule	5	2.7
		When breast engorged	2	1.1
3	Type of food that the child feed	Nothing	178	59.7
		Water or tea	41	13.8
		Cow's milk	16	5.4
		Powdered milk	1	0.3
		Cereal based fluid	62	20.8
4	Plan to start complimentary (n=37)	< 6 months	4	10.8
		= 6 months	25	67.5
		>6 months	8	21.7
5	total breast time for child	< 24 months	143	47.7
		≥ 24 months	156	52.3

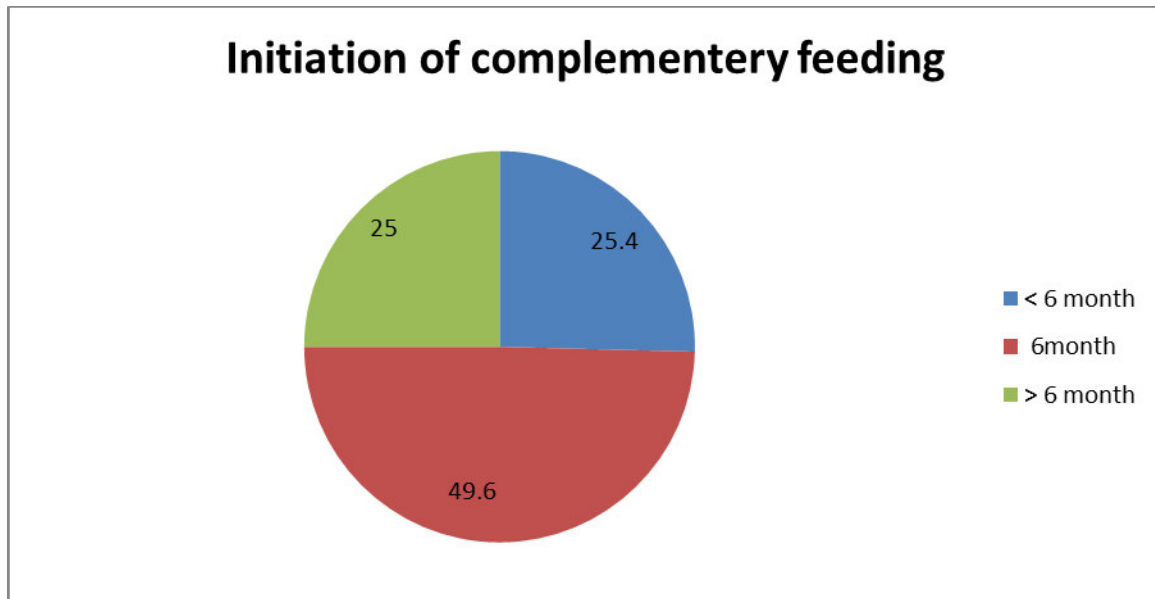


Figure 3:- Time of initiation of complementary feeding in Gunnuno town, Wolaita zone 2015

From women who have children 61(26.1%) start complementary feeding before 6 month of age, 116(49.6%) of them start at age of 6 month and the rest 57(24.3%) start after age of 6 month. Among those respondents who currently breastfeed, 111(70.3%) of them feed their child for less than 8 times during day time as the bar chart shows below.

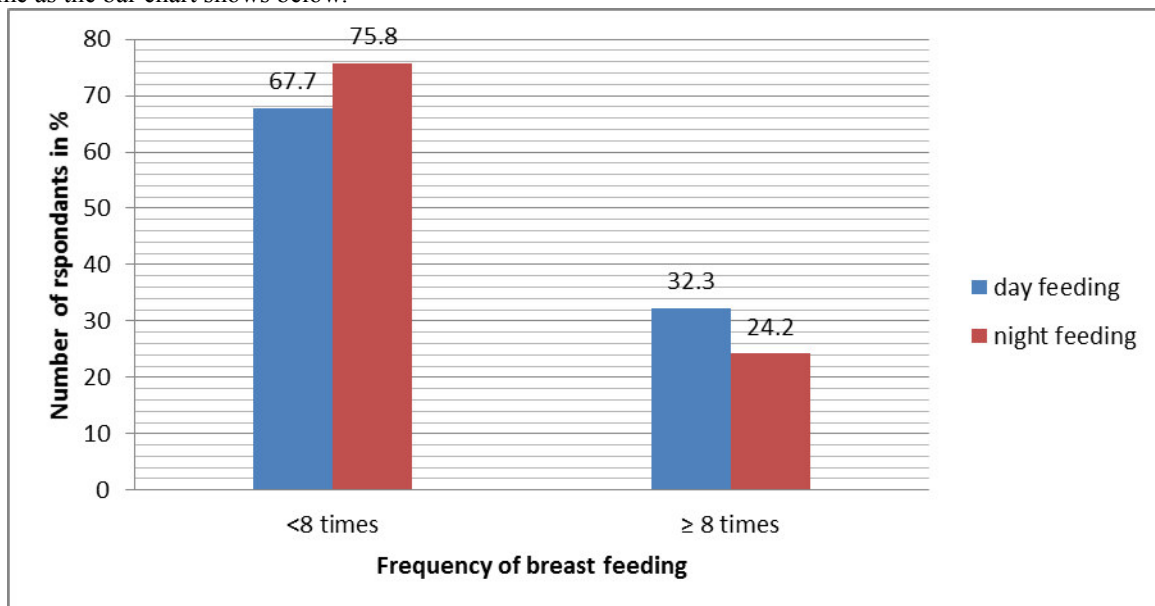


Fig.4: Showing frequency of BF in a day in Gunnuno, Wolaita, Ethiopia, 2015.

Among the respondents 126(67.7%) of them breastfeed their child less than 8 time during day time whereas 60(32.3%) of them breastfeed their child greater than 8 times. During night time 141(75.8%) of respondents breast feed their child less than 8 times and 45(24.2%) of women breastfeed their child greater than 8 times.

From those who doesn't breastfeed currently 13(11.4%) of them stop feeding their child before 24 month of child and 100(88.6%) of women stop feeding after 24 month of child age. 70.2% of them let their child to stop breastfeeding gradually. For more information see the table listed below.

Table 10:-Age of child and reason of women during cessation of breastfeeding in Gunnuno 1town, wolaita zone, 2014

No	Variable		Frequency	Percentage
1	Reason for cessation of breast feeding (n=115)	Start family planning	42	36.8
		Mother was sick	12	10.4
		Child was sick	2	1.7
		Breast disease	2	1.7
		Child grows	41	35.6
		Child refuse	9	7.8
		I became pregnant	5	4.3
2	Age of child during cessation of breastfeeding(n=115)	≥24 month	102	88.6
		<24 month	13	11.4
3	Way of cessation of breast feeding(n=115)	Gradually	80	69.6
		At once	35	30.4

➤ Considering our operational definition regarding practice it is as follows:-

Table:-11 Show the result of mothers who correctly respond considering our operational definition regard to practice.

s.no	Parameters *	Frequency	%
1	Above mean	141	53
2	Below mean	159	47
	Total	300	100

*=according to our operational definition

From a total of 11 questions asked in regard to practice only 53% of the questions were correctly answered by our respondent.

Discussion

Having conducted community based cross sectional study we tried to discussion the prevalence of Knowledge, Attitude and Practice of breastfeeding women aged 15-49 years in Gunnuno town.

Out of the interviewed women, 147(49.0%) put their child on breast in 0 hours after delivery, 129(43.0%) put their child on breast in hours after delivery. The study conducted in Harer shows that 63.65% of the mother initiated breastfeeding for their children within one hour of birth while 36.4% started breast feeding after one hour of delivery this difference might be do you too high prevalence of home delivery in the area (12).

The study reveal that 89(29.3%) of respondents give their baby additional food like 8(9.2%) sugar water, 5(5.7%) fresh butter, 9(10.3%) milk and the rest65 (74.7%) give plain water and in research done in India states that the prevalence of pre-lactal feeding is 27% when we compare this result with this study it is more or less comparable (10).

According to the study 13(11.4%) of women breast feeding their child less than 24 month and 100(88.6%) of women stop feeding after 24 month of child age, similar research done in Switzerland state that 68% of women breastfeed their child less than 24 month ,this discrepancy might be due to urbanization difference in two areas(5).

This study found that 239(79.7%) of respondents belief that breastfeeding alone is enough for babies less than 6 month and 60(20%) of them belief that it is not enough and study conducted in Somali show that mother introduce water and food early because they belief that breast milk alone is not enough to satisfy child for the first six month (18). Women in our study area have more positive attitude towards exclusive breast feeding the reason behind this might be do you to HID by HEW about it.

Study done in this area states that 29.3% of respondents didn't give colostrum to their baby their reason were because colostrum is hard to digest is toxic and it is not useful their percentage is 59(66.3%), 23(25.8%), &2(2.2%) respectively and Study conducted in Somali revealed that, most children didn't feed colostrum because it was considered to be heavy, thick, dirty, toxic and harmful to the child which is comparable with our result (18).

According to this study, 111(37.4%) of respondent knows that giving colostrum to the baby has no value rather it harms the child. The study conducted in India Punjabi states that 35.6% of women are unaware of importance of colostrums. These two results are almost similar (10).

This study reveals that 79(25.0%) women knows that breast milk is not naturally enough for the child and study done in Somali states that giving only breast milk would hurt both the mother and child (18)

Conclusion and recommendation

Conclusion

According to this study 49.2% of women have satisfactory knowledge, 58.2% of women have positive attitude towards breastfeeding and 58.5% of them have good practice.

Recommendation

We would like to recommend Damota woreda health office, health center and health extension worker of all urban kebeles to disseminate health information about advantage of breast feeding with respect to enhancing knowledge, attitude and practice of breast feeding among reproductive age group.

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