Journal of Biology, Agriculture and Healthcare
ISSN 2224-3208 (Paper) ISSN 2225-093X (Online)
Vol.7, No.1, 2017

Assessment of Knowledge, Attitude and Practice on Exclusive Breastfeeding of Child Bearing Mothers in Boditi town, Southern Ethiopia: A Cross-sectional Study

Aklilu Dolla Wana
College of Health Science and Medicine, School of Public Health, Wolaita Sodo University,
Wolaita Sodo, Ethiopia P.O.Box 138

Abstract
Background: Breastfeeding is accepted as the natural infant feeding, with provision of benefits both for the mothers and infants. World Health Organization (WHO) recommends timely initiation of breastfeeding after birth and only feeding breast milk to infants during the first 6 months of life. It was estimated that exclusive breastfeeding can reduce infant deaths by 13%. The practice of exclusive breastfeeding is suboptimal in many parts of Ethiopia to a varied extent. Factors associated with exclusive breastfeeding practice and the proportion of its practice was not well documented in Boditi town. Therefore, this study was aimed to assess the knowledge, attitude and practice on exclusive breastfeeding of childbearing mothers in Boditi town, Southern Ethiopia.**Methods**: The community based descriptive cross-sectional study and systematic random sampling technique was used to assess knowledge, attitude and practice on exclusive breast feeding among mothers of childbearing age. A total of 351 respondents were taken and data was collected by face-to-face interview with structured questionnaire.**Results:** The study result showed that 331(94.3%) respondents knew what EBF mean while 298(85%) don't think BF limit activity and 197(56.1%) had fed EBF for the first 6 month. **Conclusions:** This study has revealed that the majority of mothers in childbearing age of study area had high level of favorable knowledge, attitude and practice towards exclusive breastfeeding. This study documented a discrepancy between mother's knowledge, attitude and practice of EBF. It is therefore recommended that efforts should be made by all concerned bodies to support and promote EBF in addition further large scale research needs to be conducted to identify determinant factors contributing to the discrepancy of practicing EBF in the study area.
Keywords: Exclusive Breastfeeding, Practice, Attitude, Knowledge, Assessment, Southern Ethiopia

Introduction

Breast feeding (BF) is known to be the best way to feed infants by providing the psychological and health benefit to both the mothers and the child. It is therefore considered physiologically, biochemically, immunologically and psychologically suited for this; however, there has been a general decline in the practice of BF both in terms of prevalence and duration in the past few decades (1).

Globally infant and young child deaths occur mainly due to inappropriate infant feeding practices and infectious diseases. Directly or indirectly, malnutrition has been responsible for 60% of 10.9 million under five deaths. More than two third of these deaths were often associated with inappropriate feeding practices during the first year of life. In order to reduce infant and young child mortality, exclusive breastfeeding has been recognized as one of the major interventions worldwide (2–5).

The World Health Organization (WHO) recommends Exclusive Breast Feeding (EBF) in the 1st 6 months, beginning from the 1st hour of life, to meet the infant nutritional requirement and achieve optimal growth, development and health. The mothers are advised to continue Breast feeding up to 2 years of age or more and begin nutritionally adequate, safe and appropriately fed complementary foods at the age of six months in order to meet the involving needs of the growing infants(7). Globally, there is a declining trend of breast feeding. The reason for declining breast feeding include lack of confidence that the child is getting enough, increased urban women work load demand that makes them to be separated from their babies for longer hours, decline in social support, discomfort on breast feeding in public, and intense promotion of commercial milk formula (8).

Death rate in the 3rd world countries are lower among breast feeding babies and breast feeding babies are having less infection than formal feed babies, and every day between 3000 and 4000 infants die from diarrhea and Acute Respiratory Tract Infection (ARTI) because inadequate breast milk given to them (6). The rates of breast feeding are different across demographic group within the United States and recommended for infants of mother with Human Immune deficiency Virus/ Acquired Immune Deficiency Syndrome (HIV/AIDS). Even if the benefit of EBF is very wide, its prevalence and duration decrease in many countries including Ethiopia. The national prevalence of EBF is 49% (9).

The single most cost effective intervention to reduce child mortality both in developed and developing countries is promotion of appropriate breast feeding practice. Despite this recommendations Worldwide only 39% of infants 6 months of age are exclusively breast feed. In 2008 More than Million children under the age of

five die each year 41% of this deaths occur in sub-Saharan Africa and another 34% in south Asia and the Major contributors to their death is poor breast feeding practice (11, 12).

Even though feeding a baby with mother's milk is a well-accepted and praised behavior in the Ethiopia culture, they do not follow the recommendation of the '' National strategy for infant and young child feeding: the guidelines established by WHO and adopted by the Ethiopian Federal Ministry Of Health (FMOH) for optimal breast feeding. Many new born are neither breast fed during their first hours of life with colostrums nor EBF during their 1'st 6 months instead they are given liquids and complementary food at an early age (13).

There are several reasons for poor breastfeeding practice in Ethiopia, including traditional and cultural benefits, low educational level, heavy work load of mothers, poor health status of the mothers, and type of assistance at delivery, duration of stay at home, ethnicity delivery (14, 15).

Cognizant to its impacts on health ; breastfeeding and good nutrition for children are recognized as essential for achieving the Millennium Development Goals (MDG $_{s)}$, particularly –the goals relating to the child survival, such as reducing child mortality by 2/3 between 1990 and 2015 and eradicating extreme poverty and hunger (16,17).

Country to WHO`S recommendation only one in three in Ethiopia children age 4—5 months is exclusively breastfeed. Complementary foods are not introduced in a timely fashion for many children. At 6—8 monthly of age; 14% of children continue to be exclusively breastfeed. These practices may expose them to infection diseases and there for have a negative impact on their growth and development (13).

Despite few local studies conducted in different part of the country, no sufficient study tried to identify the knowledge, attitude and practice on exclusive breastfeeding in the study area. Hence, this study is helpful to determine and show the level of knowledge, attitude and practice (KAP) of exclusive breast feeding among the study population in the study area. The finding of this study can provide policy makers and Non-Governmental Organization (NGO's) with the relevant information for further planning and interventions of appropriate strategies to promote and maintain breastfeeding practices.

It may also serves as a background and as references for future studies to be done on this issue in the area. The result of the study will hope to reveal the true picture of the problem which enables to undertake preventive activity against them and to decrease the mortality and morbidity of the breast feeding.

Methods

Study area

This study was conducted in Boditi town Wolaita Zone, is located at 134km from regional capital city Hawassa and 274km south from Addis Ababa, Ethiopia. Wolaita zone is one of the zones in southern Ethiopia, which have 12 woreda, 3 town administrations, 299 kebeles and 46 sub cities. Boditi is one of those towns in Wolaita zone Southern Nations, Nationalities, and peoples regions. Boditti town has an estimated total population of 35116 of whom 16452 are men and 17055are women. Has two sub cities five kebele administrative such as Gido, Chawkere, Hagaza, Korke and Doge. The town has one health center and five health posts, seven private clinics and six drug venders in the above kebeles (10).

Study design

A community based cross sectional study was carried out from September to October in 2015 to assess the knowledge, attitude and practice towards exclusive breast feeding among child bearing age mothers of Boditi town communities, in southern Ethiopia.

Source and study population

All house hold in Boditti town were the source population and mothers in child bearing age group (15-49) in selected house hold included in the study were study populations.

Inclusion criteria and exclusion criteria

Mothers in child bearing age group during the study period were included and mothers who are not willing to participate, mothers who are seriously ill and mothers greater or less than the child bearing age group were not included in study.

Sample size and sampling procedure

The sample size for this particular study was calculated using formula single standard proportion considering the following assumptions. A 95% confidence interval, margin of error (0.05),Consider P 49% because from the research conducted in Jimma town showed that 49% of the participant knew EBF used as contraceptive, substituted in the single standard proportion formula.(47). Two kebeles were randomly selected from out of five kebeles and systematic random sampling (SRS) technique is used to select the samples. Initially all households were labeled and used the sampling interval of 7 which is calculated as the ratio of total household at two

kebeles to sampled house hold (2590/351=7). The first house hold was selected by using lottery method which the 6th household. When there is no mother within reproductive age group in the selected house hold, the next house was selected and continued with the previous interval.

Data collection

The data was collected using interview administered questionnaire with close ended types of question by face to face interviewing with the study subject. The questionnaire was first prepared in English and then was translated to Amharic language, when the respondent could not communicate in Amharic we were use translator to the respondent language and then retranslated back in to English to check for consistency. Before data and from the questionnaire was read to the study subjects by data collector.

Data collectors and supervisors were trained on data collection tool and its procedures for 3 days. Data were collected by five Bachelor of Science (BSc) degree graduates, experienced in enumeration activities and fluent in the local language. Data quality was assured through pretesting and cross-checking the questionnaires daily by supervisors for completeness and consistency. Problems identified during data collection were discussed overnight with data collectors and supervisors.

Data analysis

After data collection process completed, each questionnaire was checked for completeness and accuracy. All complete data was converted to tally table. Data was analyzed using dummy table and scientific calculator and then summarized by descriptive statistics and presented with frequency tables, and graphs. Associations and relationships were computed between dependent variables and independent variables using chi-square and odd ratio. Finally relevant discussion, conclusion, and recommendation were made based on result obtained from the study.

Results

Socio demographic characteristics

A total of 351 mothers were interviewed .Majority of participants 121 (34.5%) their age were between 24-29 year, when we see marital status 324 (92.3%) of population were married and there is no any separated and single mothers in our study. Among the total respondents, the predominant religion was protestant 213(60.7%) and wolaita ethnic group compromised 294(83.8%) of the respondents, about 186(53%) of study population their occupational status was house wife, 56(16%) government employee, 66(19%) merchant, 27(7.7%) daily laborer and other accounts 16(4.6%). Among the respondents, 131(37.3%) had educational level between grade 1-8, 64(18.2%) of them had above 12 and collage, 34(9.7%) of participant were illiterate. Among the respondent concerning paternal educational status 109(31%) were educated college and above, 104(29.6%) primary education, 87 (24.8%) secondary education, 35(9.9%) can read and write and 16(4.6%) illiterate. Economically 139(39.6%) of them have monthly income of more than 1000 ETB, the rest 112(31.9%) and 86(24.5%) have had a monthly income of 501-1000 and <501 ETB, respectively. About 194 (55.3%), 209 (59.5%) and 176 (50.5%) use radio, TV and both respectively, as source of information.

Table 1:- Socio-demographic characteristics of the mothers *(n=351).*

No	Variables		n= 351	Percent
1	**Age**			
	15-23 Years		80	22.8
	24-29 Years		121	34.5
	30-35 Years		95	27
	36-49 Years		55	15.7
2	**Ethnicity**			
	Wolaita		294	83.8
	Silte		17	4.8
	Amhara		13	3.7
	Others		23	7.4
3	**Religion**			
	Protestant		213	60.7
	Orthodox		106	30.2
	Muslim		21	6
	Catholic		11	3.1
	Others		0	0
4	**Marital status**			
	Married		324	92.3
	Single		0	0
	Divorce		11	3.1
	Widowed		16	4.6
	Separated		0	0
5	**Educational status**			9.7
	Illiterate		34	
	informed education		49	14
	grade 1-8		131	37.3
	grade 9-12		73	20.8
	>12&collage(university)		64	18.2
6	**Monthly income**			
	<or=500		86	24.5
	500-1000		112	31.9
	1001-1500		40	11.4
	1501-2000		42	11.9
	>or=2000		57	16.2
	I don't know		14	4
6	Radio	**Yes**	194	55.3
		No	157	44.8
		No	142	40.5
	Both		176	50.5
	Do you read magazine	**Yes**	11	3.1
		No	340	96.9

Among the total respondents 174(49.6%) have greater than three children and among age of last child 240 (68.4%) were between 1-5yr and 216(61.5) were female.

Table2:- Socio-demographic characteristics of the children's (n=351).

No	Variables	n= 351	Percent
1	No of children One	63	18
	Two	46	13.1
	Three	68	19.4
	>Three	174	49.6
2	Age of last child <=6month	17	4.9
	6-11month	33	9.4
	1-5yr	240	68.4
	>5yr	61	17.4
3	Sex of last child **Female**	216	61.5
	Male	135	38.5

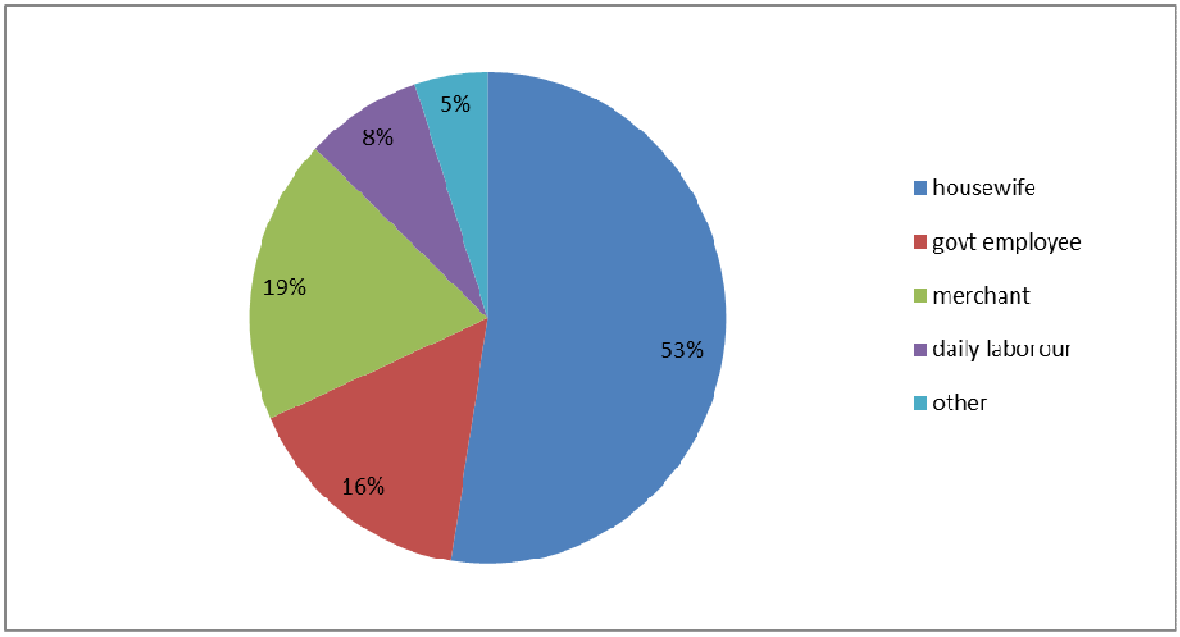

Figure 1:- Occupational status of mothers in childbearing age.

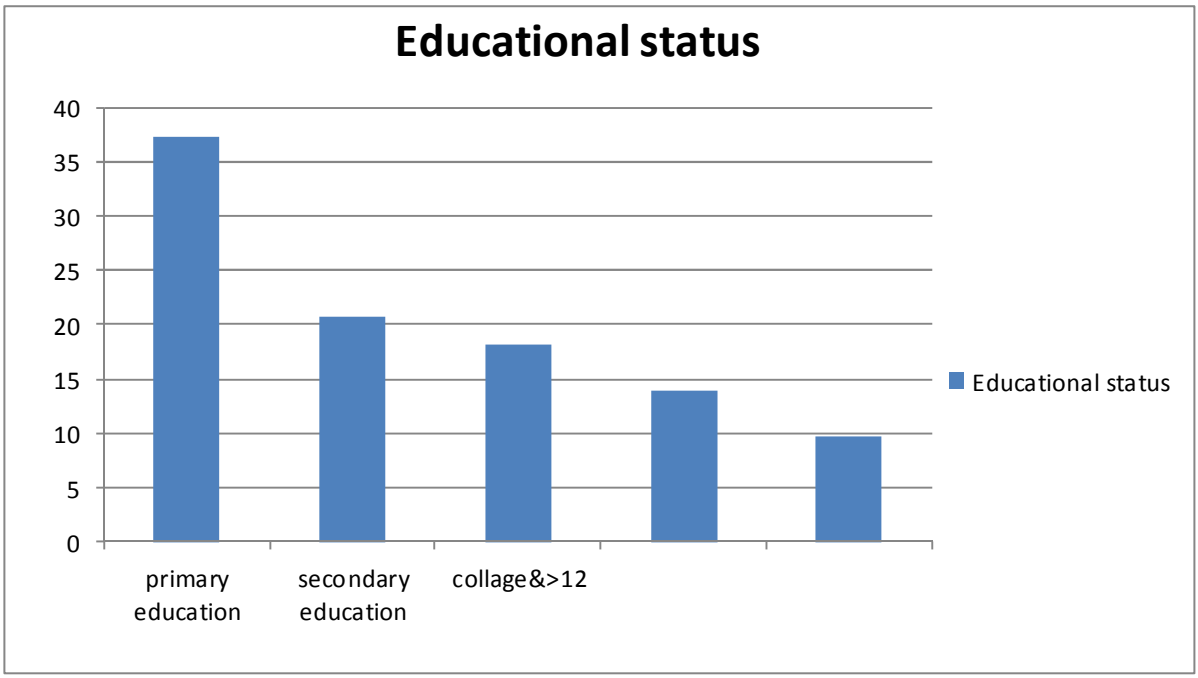

Figure 2:-Educational status of mother in childbearing age.

Maternal health related factors

Majority of participants had ANC visit during their last pregnancy which is 272(77.5%) out of these 138(50.7%) had 3-4* visit and 6(2.2%) were doesn't remember. During their visit all got education on EBF should be practiced for the first 6month and on no need of prelacteal feeding.

Table3:- Maternal health related factors (n=351).

no	Variables	n= 351	Percent
1	Did you visit health facility for ANC during pregnancy for this child **Yes**	272	77.5
	No	79	22.5
2	If yes how many times	n= 272	
	1-2	81	30
	3-4	138	50.7
	>5	47	17.3
	Don't know	6	2.2
3	What are the information that you get during your visit(more than one answer possible) continue BF during maternal illness	196	72
	BF should be initiated within 1hr of delivery	272	100
	prelacted feed should not be given EBF should be practiced for the	272	100
	first 6month breast feeding should continue until 24month	272	100
	EBF should be practiced for the first 6month	272	100

According the data collected 266(75.8%) deliver at health center, 47(13.4%) at home, 38(10.8%) at hospital among those 11(3.6%) deliver through caesarian section. 302(86%) were helped by health professional, 32(9.1%) by TBA. Among the respondent 302(99.4%) get post natal advice on EBF.

Table4:- Maternal health related factors (n=351).

no	Variables	n= 351	Percent
1	Place of delivery		
	1.home	47	13.4
	2.hospital	38	10.8
	3.health center	266	75.8
2	If the place of delivery is hospital or health center then delivery is through		
	vaginal delivery	293	96.4
	caesarian section	11	3.6
3	Who helped you during delivery		
	TBA	32	9.1
	HEW	0	0
	health professional	302	86
	Relatives	15	4.3
4	Did you receive advice or information on EBF at post natal care		
	Yes	302	99.4
	No	20	0.6

Mother's knowledge towards EBF

All the respondents 351(100%) knew about what EBF mean from those respondent 295(89.1%) knew the duration of EBF is the first 6month and 23(6.9%) less than 6month. Among the respondents concerning the importance of EBF 351(100%) knew that breast milk is important and all knew BF can prevent the baby from infection and strengthen the baby, about 193(55%) of them had knowledge about contraceptive benefit of exclusive breast feeding.

Table5:- Mother's knowledge towards EBF (n=351).

No	Variables	n= 351	Percent
1	Do you know EBF		
	Yes	331	94.3
	No	20	5.7
2	What is the duration of EBF		
	<3 month	9	2.7
	4-5month	14	4.2
	first 6 month	295	89.1
	>6month	13	4
3	Is EBF important		
	Yes	351	100
	No	0	0
4	If yes why?		
	prevent the baby from disease	351	100
	strengthen the baby	351	100

Among the respondent 146(41.6%) knew that HIV infected mother can give EBF, 108 (30.8%) cant because of 108(100%) fear of transmission and 97(27.7%) don't know whether HIV infected mother can give EBF or not.

Table6:- Mother's knowledge towards EBF (n=351).

No	Variable	n= 351	Percent
1	Can HIV infected mother EBF her baby		
	Yes	146	41.6
	No	108	30.8
	Don't know	97	27.7
2	If no why?	n= 108	
	fear of transmission	108	100
	the breast milk is full of virus	84	77.8

Mother's attitude towards EBF

According to the data collected 159(45.3%) think that there is relationship between the size of breast and milk production,65(18.5%) don't know and 216(61.5%)think that BF has effect on posture,54(15.5%) don't know. Among the respondent 193(55%) believes EBF prevent pregnancy. Most of the respondent 298(85%) think that BF doesn't limit activity and 53(15%) believe BF limit activity. Concerning the relation between BF with pain and cancer 38(10.8%) think they have relation and 202(57.6%) don't think. For further information see the table below. According to this study, 264(75.2%) of participant believes EBF provide a balanced diet for the child, but 87(24.8%) don't believe. all think EBF has effect on their child development and 318(90.6%) think that colostrum is important for their infant and 33(9.4%) don't.

Table7:- Mother's to attitude wards EBF (n=351).

No	Variables	n= 351	Percent
1	Is there any relation b|n the size of breast and milk production		
	Yes	159	45.3
	No	127	36.2
	Don't know	65	18.5
2	Do you think the breast feeding has effect on posture		
	Yes	216	61.5
	No	81	23
	Don't know	54	15.5
3	Do you think EBF prevent pregnancy		
	Yes	193	55
	No	132	37.6
	Don't know	26	7.4
4	Do you think breast feeding limits activity		
	Yes	53	15
	No	298	85
	Don't know	0	0
5	Do you think BF has relation with pain and cancer		
	Yes	38	10.8
	No	202	57.6
	Don't know	111	31.6

Practices of mothers towards EBF

According to the respondent 197(56.1%) had fed breast milk exclusively for the first 6month and 154(43.9%) hadn't. from those who hadn't fed EBF 82(53.2%) because of they think EBF is not sufficient and 74(49.6%) think bottle feeding is enough. Among the respondent 286(81.5%) had started BF after birth within1hr. most of

the respondent 302(86%) provide BF for their child greater than 12times per day and all provide BF while the child was crying .For detail information see the table below.

Table8:- Mother's practice towards EBF (n=351).

No	Variables	N=351	Percent
1	Have you ever exclusively breast fed the infant?		
	Yes	197	56.1
	No	154	43.9
	don't know	0	0
2	If no why?	N=154	
	insufficient breast milk	82	53.2
	breast feeding is painful	0	0
	am HIV positive	1	0.6
	the baby was unable to feed	16	10.4
	bottle feeding is enough	74	48
	Other	27	17.5
3	When do you start BF after birth?		
	Within 1hr	216	61.5
	1-24hr	131	37.4
	1-3day	4	1.1
	after 3day	0	0
4	How frequent do you BF the child?		
	<8*	0	0
	8-12*	49	14
	>12*	302	86
	When the baby cries	351	100

Among the respondent 72(20.5%) gave prelactaile food or fluid for their infant from those 18(25%) gave butter and 44(61.1%) gave water. There reason for giving prelacteal feeding 37(51.4%) due to maternal illness and 19(26.4%) were due to water quench thirst and increase weight of the baby. Among the respondent all provide breast milk for their baby when the baby cry and 254(72.4%) were provide during unspecified time. for more information see the table below.

Table9:- Mother's practice towards EBF (n=351).

No	Variables	n=351	Percent
1	Do you give the child prelactaile food or fluid		
	Yes	72	20.5
	No	279	79.5
	Don't know	0	0
2	If yes what do you give	n=72	
	Butter	18	25
	Water	44	61.1
	cow milk	10	13.9
	Muke	0	0
	Other	0	0
3	What was your reason for giving prelacteal feeding?		
	maternal illness	31	51.4
	CS delivery	0	0
	painful breast	16	22.2
	Other	19	26.4
4	When do you provide for your baby?		
	when the baby cries	351	100
	when the baby touches the breast	8	2.3
	when am free to feed	99	56.7
	Other	254	72.4

Discussion

According to WHO, exclusive breastfeeding is defined as the practice of feeding only breast milk (including expressed breast milk) and no other liquids or solids with the exception of drops or syrups consisting of vitamins, mineral supplements or medicine (49), according to EDHS2011, those who receive only breast milk and no other food or liquid, even water are considered as EB (50). This study examined mother's knowledge, attitude and practice towards EBF at Boditti town, Ethiopia.

Mothers were asked about their knowledge about breast feeding in terms of duration, source of knowledge, and Importance and practice of breast feeding in their community. Most of the respondent 331(94.3%) know what EBF mean and for how long it should be given. this result was consistent when compared to study conducted in jimma town (87%) of participant had adequate knowledge about EBF(47). In our study all mothers were found to be knowledgeable regarding breastfeeding benefits exclusive breast milk prevent the baby from disease or infection and strengthen the baby, 193(55%) knew about contraceptive benefit of EBF and (76.6%) knew as EBF is nutritionally enough for the first 6month of infant life.

This finding was in agreement with study done in Jimma town showed that49%of the participant knew EBF used as contraceptive, 90% had knowledge as EBF is nutritionally enough for the first 6month.(47).This finding is also consistent with the study in Ghana, showed that breast milk as being nutritious (100%), healthier for children (97%), protecting their children from diseases (80%) (51).

Mothers having such knowledge are encouraging which contributes much to reduce morbidity and mortality among infants and children. According to our study, 89.1% of the respondents replied that the duration of EBFis first 6 months this result is comparable toa study done in Addis Ababa and Jimma which is 79.9%&73% answered for the previous question respectively which is almost similar (47). Our study shows 318 (90.6%) of the participant thought that colostrums is important for their infant. This finding shows increment when compared to study done in jimma town in which 63% of respondent had awareness. Among respondent of our study 56.1% had fed exclusive breast feeding which is consistent with EDHS2011 which showed that 52% of respondent were breast fed exclusively for the first six month .based on our study 61.5% of the respondent had started EBF within 1hr of delivery and 47.4% had started within 1-24hr.when we compare this finding with result of EDHS2011 which is 52% and 80% respectively, our finding shows increment in the number of mothers who provide EBF within 1hr of delivery. The superiority of breast milk over any other milk nourishment of the human newborn and infant can hardly be challenged, and over the years it has become more and more apparent that it is the most ideal, safe and complete food that a mother can provide for her newborn. Regrettably, despite the enormous benefits of breast milk, the decline of EBF persists in many developing countries. Efforts made to promote breast milk use in the past few years, have been encouraging and noteworthy to see mothers swung to EBF in developed countries. Paradoxically enough, this unfavorable trend is noticeable in poor countries where the supply of artificial milk is scarce (53).

However, the wrong perceptions bearded in this study regarding to exclusive breastfeeding promotion were, about 20.5% of the respondent of this study gave prelacteal food or fluid. This is consistent with EDHS2011 finding which is 27%. Among these (61.1%) had given water in inclusive breastfeeding. another (37.6%) didn't know as breast feeding delay conception (contraceptive benefit). Similarly, a study in Vietnam showed that mothers were less aware of the advantages of BF in helping as contraception (54). In addition study in Kumasi, Ghana, identified only 32% agreed breast feeding had contraceptive benefit whereas 38% disregard and 30% had no idea about it (51). Hence, in order to overcome such barriers to B/F, it is not sufficient only to focus education and promotion programs during antenatal period because these misconceptions could be influenced by social and cultural beliefs. Therefore, public education or breastfeeding campaigns should be directed at societal level to modify these misconceived issues appropriately which contributes much to change behaviors.

Finally we have tested the presence of association b/n dependent and independent variable which is educational status of mothers with their knowledge about nutritional sufficiency of EBF for the first 6month, occupational status and educational status with practice of EBF.

Conclusion

In conclusion this study has revealed that the majority of mothers in childbearing age of study area had favorable knowledge, attitude and practice towards exclusive breastfeeding. However, there is still wrong perception by study participant like water be given in inclusive breastfeeding, &breastfeeding cannot delay conception. Some of the respondent lacks confidence on BF is an ideal source of nutrient and there is also discrepancy between knowledge, attitude and practice. Finally, improving health education on the importance of EBF and improving quality of service on creating awareness regarding EBF for Boditti community would greatly benefit in reduction of child mortality and in the prevention of unwanted pregnancy in the society as a whole. To achieve the goals of the MDG-4, there is the need to institute intervention measures aimed at increasing EBF rates in the study community. Appropriate education directed at early initiation of breastfeeding, improved knowledge of EBF and

use of colostrums is required to enhance EBF and duration of breastfeeding.

Abbreviations

ANC: Antenatal care; BF: Breastfeeding; EBF: Exclusive breastfeeding; EDHS: Ethiopia Demographic and Health Survey; MDG: Millennium development goal; WHO: World Health Organization.

References

1. Messele T, Kebede A. Nutrition Baseline Survey Report for the National Nutrition Program of Ethiopia. Ethiopia: Ethiopian Health and Nutrition Research Institute; 2010.
2. Haile D, Belachew T, Berhanu G, Setegn T, Biadgilign S. Stability of infant and child feeding index over time and its association with nutritional status of HIV exposed infants in sidama zone, southern Ethiopia: a longitudinal study. Early Hum Dev. 2014;90(12):815–20.
3. Kuzma J. Knowledge, attitude and practice related to infant feeding among women in rural Papua New Guinea: a descriptive, mixed method study. Int Breastfeed J. 2013;8:16.
4. Pinkney K. The practice and attitudes of gypsy and traveller women towards early infant feeding. Community Pract. 2012;85(7):26–9.
5. Muluye D, Woldeyohannes D, Gizachew M, Tiruneh M. Infant feeding practice and associated factors of HIV positive mothers attending prevention of mother to child transmission and antiretroviral therapy clinics in Gondar town health institutions, northwest Ethiopia. BMC Public Health. 2012; 12:240.
6. Take the baby friendly initiative, UNICEF 1992
7. Grantham – McGregor s, Cheung YB, cueto s, Glewwe P, Richeter L, Strupp B: Developmental potential in the first 5 years for children in developing countries.
8. Amin M ,Mathewos L, Johnson T, kilty L ,riley R:the prevalence of breastfeeding in south Leicester shire; br.j community news;2000.
9. European journey of scientific research KAP feeding ISSN 1450-216X vol. 40 NO.3 (2010)PP> (404-422
10. City(town) boditti;map,population,location-Tip TopGlobe.com available at www.bodittitown.com
11. Journey of American medical association, breastfeeding, 2001 (PP, 285, 413- 420).
12. Victoria Q, agency G. child health and nutrition research initiative (CHNRI), successful scaling UP EBF: lessons from Madagascar.
13. Alive and thrive; nourish, nutrition and grow; impact of early initiation of EBF on new born deaths, technical brief issue 1, january2010.
14. Central static Agency. Demographic and health survey 2005, Ethiopia ORC Marco Calverton, Maryland, USA September 2006.
15. FMOH and UNICEF join forces to promote safe breastfeeding, 6 August 2004.
16. Ministry of finance and economic development population department an annotated bibliography of population and reproductive health researches in Ethiopia, 2002-2007 December.
17. USAID, MCH program description, overall MCH and health sectors situation; Ethiopia, 2008.
18. TesfayeSetegn, MulusewGerbaba and TeferaBelachew: Determinants of timely initiation of breast feeding among mother in Goba woreda south east Ethiopia: page 2 of 7.
19. Moain.E, and Basil.K,Ministry of Health at Gaza, department of health education and promotionDepartment, Al-Azhar University, college of pharmacy; Gaza-Palestine.,Infant Feeding in Gaza Strip.
20. EDHS 2011
21. Bhavana Singh. Knowledge,Attitude and Practice of Breast Feeding. EuroJournalsPublishing, 2010. 40(3): p. 404-422.
22. Sari.L, Tarja.P, Anette.Eand Anna-Maija.p , Breastfeeding attitudes of Finnish parents during pregnancy,*BMC*Pregnancy and Childbirth2010, 10:79 doi:10.1186/1471-2393-10-79
23. Sari.L, Tarja.P, Anette.Eand Anna-Maija.p , Breastfeeding attitudes of Finnish parents during pregnancy,*BMC*Pregnancy and Childbirth2010, 10:79 doi:10.1186/1471-2393-10-79