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Knowledge and Practice of Breast Feeding among Mothers of Childeren Less Than Two Years Old in Dila Town, Gedeo Zone, South Ethiopia 2020

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Abstract

Background: Breastfeeding is a woman practice that usually feeds an infant with milk produced from the mammary glands of the nipple. Who described breastfeeding as an unparalleled way of infant survival, healthy growth, and development? We also recommend that you start breastfeeding within 1 hour of giving birth to your first milk. It promotes breastfeeding of the first milk and is not recommended for breastfeeding before the child. First, milk is 3 times richer in vitamin A and 10 times richer in mature beta-carotene.

Objective: To assess the knowledge and practice of breastfeeding mothers of children under the age of 2 in Dilla Town, South Ethiopia, in 2020.

Method: Cross-sectional community-based studies were used. The survey was conducted in the town of Dilla community and a sample size of 362 was used to collect the data. We performed this study using a simple random systematic random sampling technique and collected data from respondents using a structured, pretested questionnaire and an interview-guided method of data collection by the principal investigator. .. The data was entered and analyzed by manual aggregation method and frequency distribution tables, and some variables were described using static graphs.

Results and discussion: A total of 362 women participated in the study in Dilla Town, and the effective rate was 100%. The average age of the study subjects was +27 years old, and about 136 (37.56%) were religious Protestants. Approximately 240 (56.3%) women had at least two children. This study shows that the largest proportion of research subjects have primary education level (28.17%), and their understanding of BF also depends on their education level. As the knowledge

of breastfeeding improves, so does the level of education. Therefore, this research is consistent with the research conducted in developing countries.

Conclusion: Mothers with an elementary level of education have lower breastfeeding practices than those with a higher education. A woman whose husband's educated also influences the practice of breastfeeding. The higher the educational level of the husband, the more he practiced breastfeeding. Previous breastfeeding experience is helpful to facilitate the practice of breastfeeding.

Keywords: Knowledge; Practice; Breast Feeding; Ethiopia

List of abbreviation: AIDS: Acquired Immunodeficiency Syndrome; ANC: Antenatal care; EBF: Exclusive Breast Feeding; EDHS: Ethiopia Demographic and Health Survey; NGO: Non-Governmental Organizations; PNC: Post Natal Care; SNNP: Southern Nations and Nationalities, and Peoples; WHO: World Health Organization; UNICEF: United Nations Children's Fund

Introduction

Breastfeeding is the practice of feeding a woman's breast milk or milk generated by her nipples to her infant or young kids. Breast milk is superior to any other form of nutrition for an infant. It is a natural food that cannot be purchased with money and is specifically tailored to the child's needs. It is immediately available, nutritionally balanced, fresh, the temperature is always precise and consistent, it is cost-effective, and it contains antibodies (enhanced infection resistance) [1,2]. Breastfeeding has been shown to be beneficial to babies and infants [10]. Breastfeeding offers high-quality nutrition to newborns, which can boost their immunity and lessen their need for future medical treatment. In 1990, WHO/UNICEF urged for policies to promote a nursing culture and encourage mothers to breastfeed exclusively for the first six months after their children turn two years old [11,13]. However, according to a recent World Health Organization estimate, only 35% of newborns worldwide are nursed exclusively from birth through the fifth month [12]. According to WHO Global Data on Infant Breastfeeding in Nigeria, 22.3 percent of children under the age of six months were breastfed in 2003. According to the Nigerian Demographics and Health Survey (NDHS), 17 percent of children were breastfed for less than 4 months and 13% for less than 6 months in 2008. In southwestern Nigeria in 2003, the monthly media-exclusive nursing time was seven months. It was six months in 2008, but at the same time, the percentage of women in the region who started nursing early climbed from 12.7 percent in 2003 to 35.5 percent in 2008 [14]. All of these Figures are below the World Health Organization's recommended limit of 90% [7]. Breastfeeding is an unrivaled technique to offer ideal food for the survival, healthy growth, and development of newborns and young children, according to the World Health Organization. Child mortality remains a major global public health issue [1]. Poverty in Ethiopia has been caused by a variety of circumstances since the practice of nursing began. Lack of knowledge and lack of knowledge about nursing are two of them. Therefore, this study mainly aims to evaluate the knowledge and practice of breastfeeding mothers of children under two years old in Dilla Township, southern Ethiopia.

Statement of the Problem

All around the world, babies and young children are fed in inefficient ways. Only 39% of all babies globally are exclusively breastfed. Exclusive breastfeeding is rarely more than 30% in most third world nations. Every year, about 10 million children under the age of five die around the world. Sub-Saharan Africa accounted for 41% of deaths in Africa, whereas South Asia accounted for 34%. Insufficient breastfeeding practices and a high disease incidence rate are two primary causes of death [2]. In Ethiopia, as in other developing countries, diarrhea is the leading cause of morbidity and mortality in young children, especially in urban areas, which lead to a lack of breastfeeding practices. Malnutrition is responsible for around 58.0 percent of child deaths, making it the leading cause of death in children. Around 70.0% of infants are sub-optimally breastfed, which is another major provider of infant mortality rates. At this time, 24.0% of infant death is due to poor breastfeeding practices [2].

Factors affecting breastfeeding practice

Only 37% of these infants under the age of 6 months are breastfed exclusively, and only 37% of these infants take additional foods and fluids at an early age. [1]. Although breastfeeding is widely practiced in most developing countries, cessation and early introduction of complementary foods for breastfeeding has been observed in a significant number of cases. The types of complementary foods consumed and the length of time spent breast-

feeding are similar to those seen in industrialized countries since the mid-nineteenth century. Many of the related factors (urbanization, female labor participation, increased availability of processed milk, and business promotion) are similar [2]. Socio-demographics, biological support, and psychosocial issues are all factors that affect the onset and duration of breastfeeding. The literature shows that increasing the rate of onset and duration of breastfeeding not only provides advantages for mothers and babies, but also has environmental and economic benefits for the healthcare system and individual families [5]. A review of studies in developing countries shows that babies who are not breastfed are 6 to 10 times more likely to die in the first month of life than breastfed babies. Diarrhea and pneumonia are more common and more severe in artificially fed children and are responsible for many of these deaths. It is estimated that suboptimal breastfeeding, especially nonexclusive breastfeeding during the first 6 months of life, will cause 1.4 million deaths and the burden of disease for children less than 5 years old accounts for 10% [1]. Overall, breastfeeding interventions can prevent 13% of deaths under the age of 5 in developing regions of the world and are the most important preventive approach to saving the lives of millions of children. It is ranked. Of these, 23% of deaths are preventable as a result of continued breastfeeding in the age group of 6 to 24 months and older. On the other hand, proper complementary eating habits will reduce the mortality rate of children under the age of 5 by an additional 6% [1]. Breastfeeding babies are a widely accepted and admired behavior in Ethiopian culture, but it does not necessarily follow the recommendations of the National Strategy for Infant Breastfeeding, a guideline established and adopted by the World Health Organization. It does not mean. According to the Federal Ministry of Health of Ethiopia for optimal breastfeeding, many newborns are neither breastfed with colostrum in the first few hours of life, nor are they breastfed exclusively for the first six months. Instead, they were given liquids and complementary foods at a very young age (1). There are many reasons for improper breastfeeding in Ethiopia, including traditional and cultural beliefs, low level of education, mothers' heavy work, poor sanitation, type of midwifery, time spent at home, ethnicity, mother's poor knowledge, age, parity, prenatal health service utilization and delivery location [3]. Therefore, this study is expected to address these factors by evaluating mothers' knowledge of their children's breastfeeding practices. Therefore, this study mainly focuses on assessing the knowledge and practice of breastfeeding mothers of children under two years of age in Dilla Township, Gedeo Region, southern Ethiopia, which will have important input in the development of appropriate strategies to improve mothers' breastfeeding in Dilla Township and the entire region. Awareness to promote breastfeeding practices.

Methods and Materials

Study Design, area and period

From February 9, 2020 to March 2020, a community-based descriptive cross-sectional study was conducted in the town of Dilla in the Gedeo district of SNNPRE. Dila is a cash crop area in southern Ethiopia. Gedeo Zone is the administrative center of the Southern Countries, Nationalities, and Ethnic Regions (SNNPR). It is located on the main road from Addis Ababa to Nairobi. The latitude and longitude of the town is 6°24′30″N 38° 18′30″E coordinates: 6°24′30″N 38°18′30″E, 1570 meters above sea level [9]. According to SNNPR's Bureau of Finance and Economic Development, as of 2003, Dilla's public facilities include digital telephone access, postal service, 24-hour electricity service, numerous banks, and referral hospitals. According to data from the Central Bureau of Statistics in 2005, the total population of Dilla is estimated to be 61,114, including 31,329 males and 29,785 females [9].

Sampling techniques and procedures

The study subjects were selected using the multistage sampling technique; the town has three subcities with three kebeles each. Among these three sub-cities, one sub city (Hara Wolabo) was selected randomly. Then one kebele (Buno) was selected from the selected subcity randomly. 362 households were selected from kebele using a systematic random sampling technique by dividing the total number of houses (H) = 2886 by the required number of houses (h=362). The number "k" is obtained by dividing H/h = k =2886/362=8th. The samples were selected in every 8th interval of the households. The starting household was selected by using a simple random sampling method. Finally, from each housing unit, one mother was selected for the interview. In the absence of an eligible respondent in the given household, no substitution was made. Three repeated attempts were made before the labeling individuals were unavailable for the study. Structured questionnaire was used to collect the data. The questionnaire is adapted from a study done in Addis Ababa [2]. It is prepared originally in English and then will be translated to Amharic language. And it will be administered and supervised by the principal investigator. Finally, eligible target groups were selected from each selected house unit. From each household, one eligible child aged less than 2 years and who had a biological mother at the time of the survey was selected. The youngest child was selected from mothers who had two children less than two years. If an eligible child were not found, consecutive households were selected until an eligible child was found.

Data quality assurance

Well-designed data acquisition tools are available to ensure the quality of your data. Training was conducted for data collectors, and on each data collection day, a few percent of the collected data was investigated by the principal investigator and the transferred issues were resolved immediately. Prior to actual data collection, to confirm the validity and reliability of the data, at 5% of the total sample size (362) of 18 mothers with children less than 2 years of age in Kebere outside the selected area. I tested the questionnaire. The questionnaire will be pretested and then modified and modified as needed.

Operational definition

Exclusive breastfeeding: it is defined by the World Health Organization (WHO): as the infant only receives breast milk without any additional food or drink, not even water, is breastfeeding on demand – that is as often as the child wants, day and night, with no use of bottles.

Optimal breast feeding: Related to adherence to standard recommendations such as initiation of breastfeeding within one hour, exclusive breastfeeding for 6 months, and introduction of safe , nutritious, age-appropriate complementary food around 6 months, on-demand breast feeding and giving colostrum.

Good optimal breastfeeding practices: When the study subjects have practiced exclusive breastfeeding, they started complementary food at six months postdelivery and currently breastfeeding their children for greater than six months.

Table 1: Socio demographic characteristics of women attending an expanded program of immunization PI service in Dilla University referral hospital, 2020

Variables	Frequencies	Percent (%)
Age		
<18 years	20	5.5
18-25 years	115	31.8
26-30 years	167	46.1
31-35 years	49	13.2
>35 years	11	9.6
Marital status		
Single	6	1.65
Married (union)	328	90.6
Married (separately)	5	1.38
Divorced	16	4.41
Widowd	4	1.1
Other	3	0.82
Educational status		
Illiterate	52	14.3
Read and write only	73	20.16
Primary level	102	28.17
Secondary level	94	25.96
College and above	40	11.32
Religion		
Orthodox	136	37.56
Muslim	65	17.95
Protestant	133	36.74
Catholic	25	6.9
Other	3	0.8
Ethnicity		
Gedeo	137	37.8
Oromo	53	14.6
Amhara	56	15.4

Bottle feeding: Liquid or semisolid infant/child food was given by feeding bottle teat.

Data analysis method

The data was checked for completeness, inconsistency, and then it was analyzed manually. Table charts, frequency distribution, mean, median, and percentage were used to show the results of the study.

Result

Socio demographic characteristics

A total of 362 women were included in the study with a response rate of 98%. The mean age of the respondents was ±27 years and the majority of them 328 (90.60%) were married. Concerning of educational status, about 102 (28.17%) of the total study participants have a primary level of education below grade 6. This number also represents the largest proportion compared to other levels of education. About 136 (37.56%) of the respondents were protestant in religion followed by orthodox 133 (36.74%). ethically, gedeo ethnic group 137 (37.8%) is the leading number of population followed by Oromo which accounts 56 (15.4%) of the total study participants. Concerning the average monthly income of women attending epi services, around 167 (46.13%) of them have got more than 500 birr per month. This is the highest proportion. As shown in Table 1. Majority of the study subjects 153 (42.3%) were house wives in occupation followed by merchant women (14.9%) who were getting their income from trade and other activities. Women were also asked about the educational status of their husbands; the majority of those women were answered that their husbands were in secondary level 130 (35.9%). See Table 1

Gurage	41	11.3
Wolita	54	14.9
Other	21	5.8
Monthly income		
0-100 ETB	6	1.65
101-200 ETB	36	9.94
201-500 ETB	96	26.5
>500 ETB	167	46.13
Don't know	57	15.7
Occupation		
Governmental employ	39	10.77
Non-governmental employ	31	8.56
Private sector	33	9.11
Merchant	54	14.91
House wife	156	43.1
Daily laborer	32	8.83
Student	8	2.2
Jobless	9	2.48
Husbands educational status		
Illiterate	24	6.6
Read and write	43	11.8
Primary level	72	19.8
Secondary level	130	35.9
College level and above	93	25.6

It shows the analysis of maternity experience of their children in Dilla University Referral Hospital, 2020.

About 240 (56.3%)women had at least two number of children and around 216 (59.6%) mothers had their last child of < 24 months old, which accounts the largest proportion with that of between 13-24 months old (146 (40.3%)). Among women having the last child, about 210 (58.01%) of them had a male infant among those respondents having the last child, about 130 (36.4%) were delivered their last 1–12-month child at Hospital assisted by 111 (30.6%) by health professional, 42 (11.6%) by TBA, 20 (5.5%) by non-trained traditional birth attendant. See Table 2.

Knowledge related analysis about breast feeding

Majority of the study subjects 228 (63.0%) have been ever advised or informed about breast feeding. The largest number of women attending EPI, which accounts 218 (60.22%), was heard with, information from health workers. See Table 3

Table 2: Place of last delivery for the last child

Variables	Frequency	Percent (%)
Age of the younges child in (month)		
1 to 12 months	216	59.6
13 to 24 months	146	40.3
Place of delivery of the last child		
Home	121	33.4
Government Hospital	132	36.4
Government Health center	66	18.2
Private health facility	30	8.28
Other	13	3.59
Sex of last child		
Male	210	58.01
female	152	41.9

Table 3: It Shows Sources of information about BF among mothers attending EPI in Dilla university referral Hospital in South Ethiopia, 2020

Sources of information about BF	Frequency	Percent
Health workers	218	60.22
Husband	36	9.9
Husband's parents	14	3.8
My mother	17	4.7
Grand mother	17	4.7
Friends/ neighbors	49	13.5
Mass media	10	2.7

Practice related analysis

Almost all studied women have ever breast fed their children. Among them, around 320 (92.2%) had fed colostrum's, but 18 (4.97%) of them did not remember either they had fed or not. From those who didn't feed colostrum, the majority (83.3%) have given plain water for their children? Concerning the current breast-feeding status, about 233 (64.4%) of respondents have on breast feeding currently. Among respondents who are breast feeding now, near to 80.2% were fed not more than four times last night between sun set and sun rise. Starting from the date of birth up to the age of 6 months of the youngest child, 292 (80.66%) had fed nothing but 25 (6.9%) had fed cow's milk. Other distributions of those mothers who have fed their children are listed in the following frequency distribution table. Considering exclusive breast feeding, about 329 (90.8%) of the respondents were fed their child up to 6 months or more, but 33 (9.1%) of them were fed breast milk for at most 5 months. According to the mother's opinion, the period of time that the child should breast fed is 6 months to 2 and 1/2 years, which accounts 321 (88.6%) of the total respondents, however, around 3.0% of them were not know how long the child should breastfed. About 296 (81.7%) of the women included in the study were stopped breast feeding their last child between the age of 8 months to 2 years. When the mothers were pregnant or after delivery of the last child, about 228 (63%) of the respondents were informed about breast feeding but the rest were not informed or advised about it. From the total study subjects, around 218 (60.22%) were getting help from health workers and they thought that BF helps for the best growth of the child which accounts 262 (72.3%). In case of the advantage of BF for the mother, most of the respondents were known that to prevent disease and pregnancy. See Figure 2.

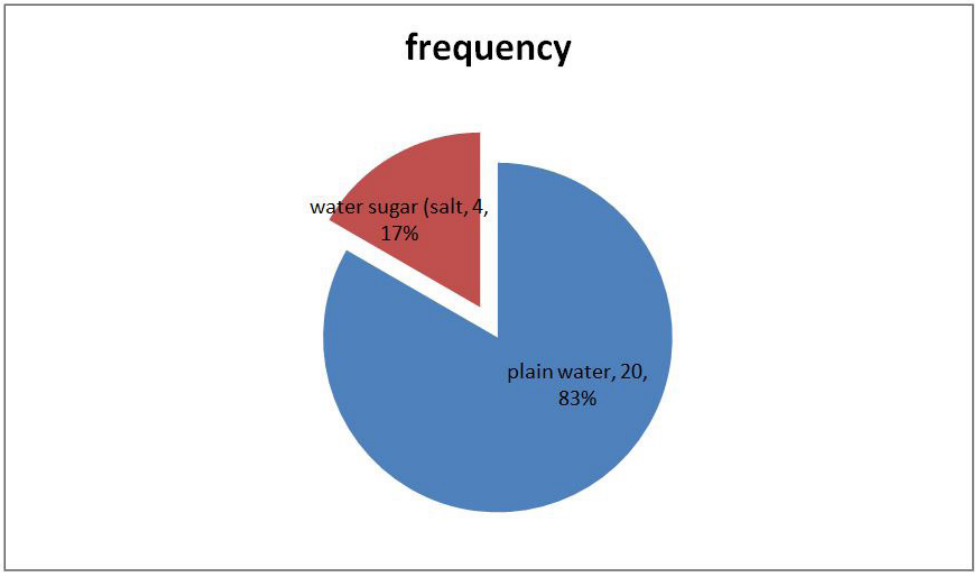

Figure 1: Women who were fed other than BF their last child

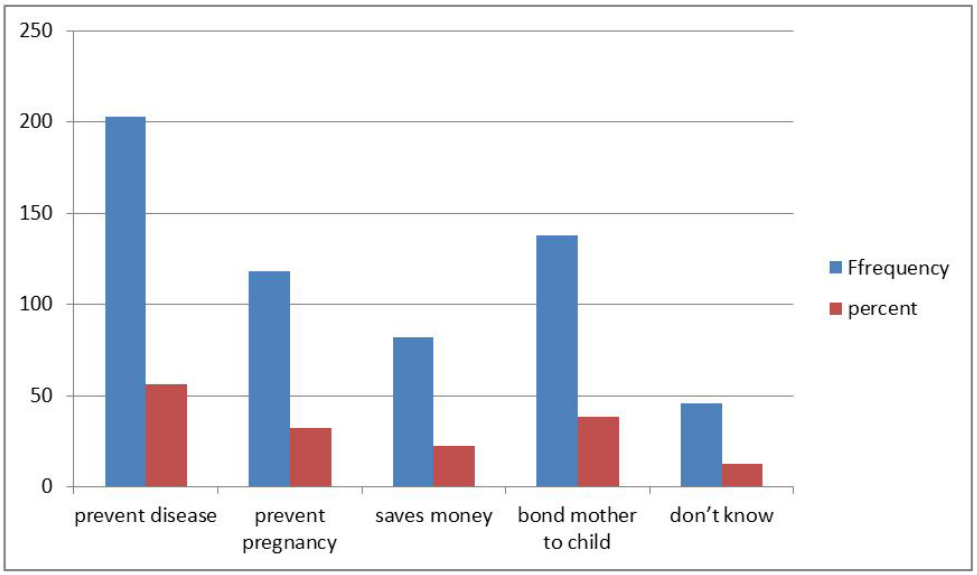

Figure 2: Shows advantage of breast feeding among mothers in Dilla town, southern Ethiopia, Dilla in 2020

Discussion

Breast milk is an ideal food for the healthy growth and development of infants and protects them from infections and their consequences. Promoting and supporting breastfeeding is a global priority. Extensive scientific literature shows the substantial health, social, and economic benefits associated with proper breastfeeding, including reduced morbidity and mortality in infants as a result of diarrhea and other infectious diseases. Breastfeeding practices are successful, starting within 1 hour of birth, 6 months of exclusive breastfeeding, timely and complementary breastfeeding with the right food, and continuous breastfeeding for more than 2 years or more [2]. This study shows the largest proportion of study subjects had primary level of education (28.17%) and the knowledge of BF also depends on their level of education. The higher education becomes the higher knowledge about breast feeding. Therefore, this study is consistence with the study conducted in developing countries. Research in developing countries has shown that while most health care workers are generally good about breastfeeding, their knowledge of breastfeeding physiology and how to deal with breastfeeding is below standard. In addition, hospital practices of postpartum maternal separation, prelactal bottle feeding ("until breast milk arrives"), and lack of support for mothers with breastfeeding difficulties all play an important role in influencing the mother's attitude, when feeding babies [2]. This study describes many factors associated with breastfeeding practices. These factors include maternal age, mother's education level, family household income, number of children, mother's knowledge about the benefits of breastfeeding, previous breastfeeding experience, attitude towards breastfeeding and the mother's social support network. Similarly, several studies were consistent with this study, which indicated that positive maternal breastfeeding attitudes are strongly correlated with maternal age, level of education, income, and marital status [6]. Research done in East Africa showed that almost 96.2% of mothers had ever heard about EBF, 84.4% were aware of EBF, and 49.2% knew that the duration of EBF was the first six months only the high difference could be the sample size difference [10]. Another research done in Mizan Aman in Western Ethiopia showed that the majority of the respondents had heard about EBF, and only 34.7 % were knowledgeable about the recommended duration. About 89.5 % had a positive attitude, but only 59.3 % believed that only EBF is enough for a child up to six months [11]. A study done in Southwest Nigeria results showed that fair knowledge about breastfeeding among women. Most of the respondents (97.3%) had ever breastfed their babies, 56.5% of them initiated breastfeeding within an hour of delivery, and 24.1% admitted that they gave pre-lacteal feeds which were lower than a study in Mizan Aman in Western Ethiopia and Suva, Fiji [12,13]. Another Research done in Kathmandu, Nepal, regarding knowledge, the majority of them (82 percent) knew about the initiation time of the feed, 64.0 percent of mothers knew that breast milk had positive effects on a child's health while 48.0 percent knew that it also had good effects on the mothers' health which is higher than Mizan Aman Town and Jinka Town, South Ethiopia the difference it could be socio-demography and/or study design [14,15].

Conclusions

Based on the study findings, the following points are concluded,

✓ Mothers who have a primary level of education have low breast feeding practice than that of those having a higher educational level.

✓ Women whose husband's educational level also influences the breast feeding practice. The higher the educational level of the husband, the higher the practice of breast feeding.

✓ Previous experience of breast feeding is good for the practice of breast feeding being facilitated.

Declarations section

Ethics approval and consent to participate

Ethical clearance was obtained from Dilla Town Health office. The necessary explanation about the purpose of the study was given and informed consent was obtained from the recruited women's children less than two years. Confidentiality was maintained by omitting their name and personal identification.

Availability of data and materials

"The data that support the findings of this study has a sort of identifier of individual participants and the researcher reserved to send it"

Competing of interest

All authors declare they have no conflict of interest.

Author contributions

YB has contributed in idea conception, topic selection, and writing of proposals for funding, contributed idea generation in title selection, and AE contributed in organizing literatures important to the study, commenting both the proposal draft and results.

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