

Knowledge, Attitude and Practice towards Exclusive Breast Feeding among Inhabitants of Ginjo Guduru Kebele, Jimma Town, Oromia Region, Ethiopia

Habtamu Gebresenbet

Department of Biology (Human Anatomy), College of Natural and Computational Science, Bonga University, Bonga, Ethiopia

***Corresponding Author:** *Habtamu Gebresenbet*, Department of Biology (Human Anatomy), College of Natural and Computational Science, Bonga University, Bonga, Ethiopia P.O. Box 334.

Abstract

Appropriate feeding practices are fundamental importance for the survival, growth, development and health of infant and young children. However; exclusive breast feeding remains a challenge because of many factors. It was suggested that mother's knowledge, attitude and practice determines the effectiveness of exclusive breast feeding. This research is a cross sectional study aimed to assesses mother's knowledge, attitude and practice towards optimal breast feeding among Ginjo Guduru kebele. The survey was conducted from June 29 - July 30, 2017 from total of 315 mothers who had children under one (1) year age, 190 mothers were selected using simple random sampling. Structured pre-tested questionnaires as well as in depth interview was used to collect the data on the socio economic, demographic characteristics, knowledge attitude and practice towards exclusive breast feeding. Among mothers under studied about 73.94% had good knowledge of effective breast feeding, 63.99% of mothers had positive attitude on effective breast feeding and 69.69% had good practice of effective breast feeding. About 24.06% of mothers had poor knowledge of effective breast feeding, about 36.11% of mothers had poor level of attitude on effective breast feeding and about 31.31% of mothers had poor practice of effective breast feeding. Health service delivery staffs Policy makers, administrators and Non-governmental organization should collaborate to draw strategies to enhance the awareness of mothers about effective breast feeding.

Keywords: *Mother, breast feeding, attitude, knowledge*

1. INTRODUCTION

The practice of lactation on the earth dates back to more than 100 million years ago and continued to the time of Homo sapiens which existed for about 40,000 years ago. Also wet nursing to lactate the child of the kings was appeared at about 200 years B.C as human being is the only in whom the natural and the most practical method of breast feeding is practiced (1). The effective breast feeding is considered as the crucial part in strategy to improve the child health. This is because malnutrition contributes to 54% of underlying cause of less than 5 years old children mortality (4, 5, and 6). Thus, breast feeding has been found as vital nourishment in strategies to improve child health. But the practice of breast feeding nowadays is getting down. This is because the use of artificial substitutes of breast milk or bottle-feeding has become wide spread to the world recently (2).

Breast feeding is nearly universal practice in Ethiopia. Studies show that about 96% of children born breast fed at some time and the proportion of children ever breastfed ranges from 93% in Addis Ababa (20) to 99% in Harari (25) irrespective of other back ground. Type of assistant during delivery and place of delivery have found to influence early breast feeding practices. Early initiation of breast feeding is more common among children whose mothers where assisted at delivery by a trained traditional birth attendant and among children delivered at home (3). Also it was found that the socio demographic features of population such as being dwellers of city or rural area and educational status of mothers are other variables found to affect the effective breast feeding practice. It was found that rural or illiterate mothers begin breast feeding within few hours from delivery compared to literate mothers (5).

1.1. Statement of the Problem

Studies show that about 10 million children under age of five years die per a year and majorities from developing countries. In sub Saharan Africa, where almost half of all deaths in children aged less than five occurs, the decrease in mortality rates currently is sluggish and in some countries the mortality rates has even increased. As this was devastating problem, the issue has got attention so that Millennium developmental goal number four is to reduce child mortality by 2/3 in 2015 (5). The causes for the change in child survival are many and include rising poverty, fragile health systems, HIV/AIDS, and malnutrition. Malnutrition is estimated to be the underlying causes of 54% of under age of 5 years children mortality (4, 5, 6)

Appropriate feeding practice is one of the fundamental importances for the survival, growth, development, health, and nutrition of infants and young children. It is argued that promotion of EBF is the most effective child health intervention currently feasible for implementation at population level in low income countries. It is also found that EBF could lower infant mortality by 13% (7). Although the role of EBF in reducing infant mortality is invaluable most women don't practice EBF for recommended 6 months (8, 9, and 10). In Ethiopia, despite of the universal practice, breast feeding is not effective.

In Ethiopia, the increased use of formula feeding by mothers, particularly in urban and semi urban areas is because of its flexibility and ease to use, freeing them to work. Others are convinced by the aggressive marketing campaign of commercial formula companies and by the appeal or modernity that bottle feeding has come too represented. Most poor mothers have no safe water to mix with formula and have problems to properly maintain bottle sterility, and often dilute the formula to make it last longer. These actions increase the likelihood of bacterial contamination and reduce nutritional benefits of the products. (11, 12, 13)

The aim of this study is to collect baseline information about current knowledge, attitude and practice related to feeding of infants with a special focus on effective breast feeding. This study is intended to assist in designing intervention strategies to improve the practices that will be included in the result.

1.2. Objectives of the Study

1.2.1. General Objective

To assess the knowledge, attitude, practice of exclusive breast feeding among inhabitants of Ginjo Guduru Kebele.

1.2.2. Specific Objectives

- ❖ To determine the mothers' knowledge towards effective breast feeding.
- ❖ To identify influencing factors of the mother on breast feed of their child.
- ❖ To identify mothers' attitude towards effective breast feeding.

2. MATERIALS AND METHODS

2.1. Description of Study Area

The study was conducted in Ginjo Guduru kebele, Jimma town. It is located 2km from Jimma University, 335 km away from Addis Ababa, the capital city of Ethiopia. It is bordered by Mandara Kochi to North, Bacho Bore to South, Awetu mandara to west & Ginjo to East. The climate of the kebele is Weyina Dega. The kebele's total populations are 8062 of which 4164 are males and 3898 are females. Under one year children are 315. It has 2533 total households.

2.2. Study Design

A cross sectional community based survey was conducted to assess mothers KAP towards exclusive breast feeding among inhabitants of Ginjo Guduru kebele, June 29- August 1, 2017.

2.3. Population

Study population was all of mothers who have children less than one year in Ginjo Guduru kebele. 190 mothers who have children less than one year were representative samples.

2.4. Sample Size and Sampling Technique

The sample size was estimated using sample size determination formula for a single population proportion. Since there were no previous studies which estimate the prevalence of non-effective breast feeding in the area, prevalence level that estimate maximum sample size/50%/ marginal error(d) 0.05, non-response rates 10%, 95% confidence certainty and alpha 0.05 was considered, based on these assumptions, a total sample size of 190 was calculated using formula indicated below.

$$N_i = \frac{Z^2 p (1-P)}{D^2} = \frac{(1.96)^2 0.5(0.5)}{(0.05)^2} = \frac{3.8416 \times 0.25}{0.0025} = 384$$

Since the total population is less than 10,000 the final sample size will be calculated by applying the population correction formula.

$$N_f = \frac{n_i}{1 + \frac{n_i}{N}}$$

Nf = Sample size required
ni = initial sample size
N = No of mothers who have < 1years Children

$$N_f = \frac{384}{1 + \frac{384}{315}} = \frac{384}{\frac{315+384}{315}} = \frac{384}{\frac{699}{315}} = \frac{384 \times 315}{699} = 173$$

$$173 \times 10\% = 17.3 \text{ (non- response rate of 10\%)}$$

$$\text{Total sample size} = 173 + 17.3 = 190$$

2.5. Study Variables

2.5.1. Dependent Variables

Knowledge about EBF
Attitude in relation to EBF
Practice towards EBF

2.5.2. Independent Variables

Age
Sex
Language
Religion
Monthly income
Occupation
Ethnicity
Marital Status
Educational status

2.6. Questionnaires for Data Collection

The structured questionnaires were edited by researchers from their past experiences and revised again by professional expertise (26). With certain modification in procedures made used in questionnaires development in data Collection by (26) selected questions were used to develop a scaled scoring system to categorize the level of **knowledge, attitude and practices** of mothers toward Effective breast feeding aspects as **good** or **poor** and the summation of mothers with correct (good) and with wrong (poor) answer for each of the knowledge, attitudinal and practice assessment questions among the study population was analyzed.

2.7. Operational Definitions

- i. **Knowledge:** The information of understanding level attained through education or experience.
- ii. **Good knowledge:** score \geq 60% on the overall knowledge questions.
- iii. **Poor level of knowledge:** score < 60% on the overall knowledge questions.
- iv. **Attitude** - the way that you think and feel about something, the way that you behave towards something that shows how you think and feel.
- v. **Good (Positive)** attitude towards attitude questions of EBF scores >60%
- vi. **Poor level of attitude** towards attitude questions of EBF scores < 60%
- vii. **Practice:** the overt behavior, habit or custom of women.
- viii. **Good practice** score > 60%
- ix. **Poor practice** score < 60%

2.8. Key Terms

Complementary feeding: Provision of other foods or Liquids along with breast milk

Colostrum's: Special milk that secreted in the first 2-3 days after delivery

Early weaning: Supplementation of food in addition to breast feeding started before the age of 4 months.

Exclusive breast feeding: means optimal breastfeeding from birth to the first 6 months

Extended Family: Families with additional members other than the mothers father, and children

Meconium: the first stools of a new born baby which are sticky and dark green.

Nuclear Family: Families made up of only parents and children.

Post-Partum: is the period of 6-12 weeks after delivery.

2.8.1. Data Collection Procedure and Instrument

Data was collected by trained 6th year medical student through interviewing each participant from the households to be selected using structured questionnaire.

2.8.2. Data Processing and Analysis

The collected data was checked for completeness of information and consistency. The data was complied, analyzed and presented using tables and percentage. A scientific calculator was used for mathematical operation of numerical variables. Computer was used for writing and editing. Chi-Square test was used to determine the level of significance and association between dependent and independent variables.

The results were compared with regional, national and WHO results.

2.8.3. Quality Control Measure

The questionnaire was checked for its clarity, completeness, reliability, consistency, sensitivity, time and patterns of response were used. Training was given for data collectors on the instrument and data collection procedure. Were there be any difficulties during data collection, things were explained, discussed and

briefed to respondents by their mother languages. Daily monitoring of the process & feedback on each day performance at the end of working hours was done. Then correction was made accordingly.

3. RESULT

According to table.1: all the Socio-demographic feature of 190 mothers as sample population from the study area has revealed that: the minimum age and the maximum ages of population 18 and 42 are years respectively and 35.79% of respondents age ranges 25-29 years while 64.21% are distributed into different age groups. The data about child age group have shown that about 50.53% of mothers have children under age of six months and 5.26% have children above 12 months. 44.21% of children are in the age range of 6-12 months. About 80% of women are married and 20% are divorced and widowed. About 48.95% of respondents are Muslims, 26.84% were orthodox and the remaining 20% are protestant. Majority of the respondents (41.1%) are Oromo by ethnicity followed by 26.8% were Amhara by ethnicity. About 56.84% completed above grade ten schools. About 3.16% are illiterate and 24.21% have completed their secondary school. The rest are in primary school and preschool level. Regarding occupational status of mothers about 38.95% of them are sales and services followed by clerical and manual labors which accounts for about 24.21% and 16.84% respectively. Most of women's (30.2%) monthly income is between 601- 1000 birr and only few (6.9%) of women earn 1000 birr and above. About 56.84% of mothers have at most two children and about 37.94% have 3-4 children in home. The remaining 0.12% of women has greater than 7 children number per home.

Table1. Socio-demographic characteristics of mothers of child bearing age among in Ginjo Guduru kebele, Jimma town, August, 1 2017

Characteristics	Frequency	Percent
Age of mother in years		
18- 24	26	13.66%
25- 29	68	35.79%
30- 35	34	17.88%
36-40	32	16.82%
40- 45	30	15.85%
Total	190	100%
Age of child in months		
<6	96	50.53%
6- 12	84	44.21%
12- 17	10	5.26%
18- 24	0	0
Total	190	100%

Knowledge, Attitude and Practice towards Exclusive Breast Feeding among Inhabitants of Ginjo Guduru Kebele, Jimma Town, Oromia Region, Ethiopia

Type of family		
Nuclear	77	38.42%
Extended	113	61.58%
Total	190	100%
Marital status		
Single	0	0
Married	152	80%
Divorced	25	13.16%
Widowed	13	6.84%
Total	190	100%
Religion		
Orthodox	51	26.84%
Muslim	93	48.95%
Protestant	38	20%
Others	8	4.21%
Total	190	100%
Ethnicity		
Oromo	78	41.1%
Amara	51	26.83%
Yem	30	15.78%
Kafa	24	12.62%
Others	7	3.67%
Total	190	100%
Educational status		
Illiterate	6	3.16%
Preschool	3	1.58%
Grade1- 8	27	14.21%
Gras 9- 10	46	24.21%
Above grade 10	108	56.84%
Total	190	100%
Professionals	11	5.79%
Clerical	46	24.21%
Sales and services	74	38.95%
Labors	32	16.84%
Agriculture	18	9.47%
Others	9	4.74%
Total	190	100%
Monthly income		
<200ETB	46	24.4%
200- 400 ETB	48	24.6%
401- 600 ETB	26	13.9%
601- 1000 ETB	58	30.2%
>1000 ETB	12	6.9%
Total	190	100%
Number of children		
1- 2	108	56.84%
3- 4	72	37.94%
5- 6	8	4.2%
>7	2	0.12%
Total	190	100%

As depicted in **Table 2.** below, among women of child bearing ages, about 92.63% had practiced breast feeding. The remaining women's have no a practice. About 74.74% of mothers had health education while the remaining mothers have no health education yet. The mass media have played a greatest role in awareness creation that account for 49.47% whereas books and

information from health institution accounts for about 12.63% and 11.58% respectively. Majority of mothers evaluated their general health status as good and very good accounting for 44.21% and 33.16% respectively. About 3.16% of mothers evaluated themselves as very bad.

Table2. Exclusive breast feeding practice of child bearing aged mothers and influencing Factors in Ginjo Guduru, Jimma town, August 2017

Characteristics	Frequency	Percent
Have you ever practiced breast feeding		
Yes	176	92.63%
No	14	7.37%
Total	190	100%
Have you ever get any health education		
Yes	142	74.74%
No	48	25.26%
Total	190	100%
If yes can you mention the source of information		
Health institution	22	11.58%
Mass media	94	49.47%
Books	24	12.63%
Others	2	1.05%
Total	142	74.74%
How do you evaluate your general health status		
Very good	63	33.16%
Good	84	44.21%
Bad	37	19.47%
Very bad	6	3.16%
Total	190	100%

As presented in **Table 3**, the knowledge assessment shows that: about 92.63% of them knew the importance of breast feeding and of these 81.05% of mothers knew that breast milk alone is important for the new born. The importance of water and butter are suggested by 10.53% and 6.32% of mothers respectively. Concerning the duration of exclusive breast feeding about 82.1% know that child should be breast fed from 4-6 months while 10% know the duration to be 4 months and the remaining prefer more than 6 months. About 92.63% of the mothers had knowledge on breast feeding as it did not cause harm to the child. The remaining said it harm the child. Concerning the

knowledge of bottle feeding 46.84% of the mothers said it did not cause harm to the child, 53.16% knew bottle feeding cause harm to the child. Concerning to the time to start complementary feeding about 81.05% did not start before four months. About 18.95% started before four months. The reason they started before four months as they said was their breast feeding was not sufficient alone in about 8.95%, the others said breast feeding was not sufficient in about 4.74%. 3.68% of mothers said due to child refusal. Regarding to the duration of exclusive breast feeding 55.26% of the mothers exclusively breast feed for six months. About 15.79% exclusively breast feed for four months.

Table3. Knowledge of mothers of child bearing age among Ginjo Guduru kebele, Jimma town, August 1, 2017

Characteristics	Frequency	Percent
Do you know the importance of breast feeding?		
Yes	176	92.63%
No	14	7.37%
Total	190	100%
Which one of the following do you think is important for the new born?		
Breast milk only	154	81.05%
Butter	12	6.32%
Water	20	10.53%
Other	4	2.1%
Total	190	100%
For how long should an infant EBF only?		
<4 month	19	10%
4- 6 month	156	82.1%
>6 months	15	7.9%
Total	190	100%
Do you think breast feeding harm the child?		
Yes	14	7.37%

Knowledge, Attitude and Practice towards Exclusive Breast Feeding among Inhabitants of Ginjo Guduru Kebele, Jimma Town, Oromia Region, Ethiopia

No	176	92.63%
Total	190	100%
Do you think bottle feeding is dangerous for the child?		
Yes	89	46.84%
No	101	53.16%
Total	190	100%
Did you start complementary feeding before 4 months?		
Yes	36	18.95%
No	154	81.05%
Total	190	100
If yes what is possible reason?		
My breast milk is not sufficient	9	4.74%
I do not think breast milk alone is sufficient	17	8.95%
Child refusal	7	3.68%
Other	3	1.58%
Total	36	18.95%
For how long should a baby breast feed exclusively?		
One month	10	5.26%
Two month	18	9.47%
Three month	23	12.11%
Four month	30	15.79%
Six months	105	55.26%
Others	4	2.11%
Total	190	100%
What do you prefer to feed your baby for the first 4 months?		
Breast milk alone	106	55.79%
Breast milk with formula	14	7.37%
Breast milk with cow milk	62	32.63%
Others	8	4.21%
Total	190	100%
Do you feel that EBF for 6 months infant has advantageous?		
Agree	111	58.42%
Neutral	51	26.84%
Disagree	28	14.74%
Total	190	100%
Do you believe that the first milk (colostrums) should be discarded?		
Agree	18	9.47%
Neutral	48	25.27%
Disagree	124	65.26%
Total	190	100%

Concerning the attitude of mothers towards KAP of exclusively breast feeding in (Table 4) as usual, 190 of child bearing age women interviewed. Among these 55.79% preferred to feed their babies in the first four months with breast milk alone. About 32.63% prefer to feed with breast milk and cow milk together. The remaining 7.37% preferred to feed with breast milk and formula milk. 58.42% of mothers agreed as exclusively breast feeding for the first six months was advantageous for the baby's. The others had ideas of neutral and disagree which accounts for 26.84% and 14.74% respectively. Concerning colostrums about 65.26% said colostrum should not discard and 9.47% agreed on the ideas, while the remaining ones were neutral. About 55.26% of mothers said that exclusively breast feeding is sufficient

for the baby in the first four months. Other said it was not sufficient as cow milk and formula milk which accounts for about 16.84%. About 93.16% of the mothers said their babies' breast fed as frequent as they need and the remaining said no.

Regarding attitude of bottle feeding about 64.74% of mothers said it was useful if breastfed was impossible, 22.11% of mother said it was useful we there breast fed or not and the remain told it was not important. Regarding opinion of mothers on breast feeding as mothers of today about 54.21% of mothers said it was natural and appropriate, about 23.68% said it was outmoded and about 13.16% told it disfigures the women's shape. About 6.84% said it looks him/her old.

Table4. Attitudes of mothers of child bearing age in Ginjo Guduru kebele, Jimma town, July 2017

Characteristics	Frequency	Percent
What is your opinion about EBF in the first 4- months?		
It is useful sufficient for the baby	105	55.26%
It is useful but not sufficient alone	30	15.79%
It is useful but not as much as formula or cow milk	32	16.84%
It is not advantage at all	17	8.95%
I don't care whether I breast feed or not	6	3.16%
Total	190	100%
Do you believe that your baby breastfed as frequent as he/she needs?		
Yes	177	93.16%
No	13	6.84%
Total	190	100%
What is your suggestion about bottle feeding?		
Useful whether breastfeed or not	42	22.11%
Useful when breast feeding is impossible	123	64.74%
Dangerous should not used at all	17	8.94%
Others	8	4.21%
Total	190	100%
What is your opinion on breast feeding as mothers today?		
It is outmoded	45	23.68%
It disfigures women's shape	25	13.16%
It makes her look old	13	6.84%
It is natural and appropriate today	103	54.21%
Others	4	2.11%
Total	190	100%

Concerning practice of KAP on exclusive breast feeding of mothers of childbearing age in the kebeles (**Table 5**), among 190 about 85.26% started to breast feed within one hour of delivery, where as 10.53% started after one hour. About 47.9% of the woman breast fed their child 8-10 times per a day. Whereas 33.16% breastfed for greater than 10 times per a day. The remaining one breast fed their child less than 8 times per a day. About 92.11% exclusively breastfed their babies. Among these 84.21% exclusively breastfed their babies for the first six months and about 5.79% of the mothers breast fed for greater than six months. Regarding colostrum about 76.84% of mothers gave colostrum to their baby, the remaining didn't do that. The reason they didn't give is, because it seems like dirty and pus in about

13.68% of mothers, the elder child got sick and no opinion which accounts for about 7.37% and 1.05% respectively. The practice of giving first nutrient for the infant was in about 56.84% breast milk, 21.58% water, 11.05% sugar and 6.84% butter. Regarding the time of cessation of breast feeding about 54.74% of the mothers said from 19- 24 months. About 24.74% of mothers said from 13- 18 months. The remaining said 7- 12 months and up to 6 months which accounts for 12.63% and 5.79% respectively. The reason they stopped breast feeding was in about 51.59% due to it was the time to stop breast feeding, in about 17.37% their baby didn't eating well, 11.05% was due to decrease in flow of their milk. The others told because of they were sick and took drugs in about 7.9%, in about 5.79% due to they got pregnant.

Table5. Practice of exclusive breast feeding mothers of child bearing age in Ginjo Guduru kebele , Jimma town, August 1, 2017

Variables	Frequency	Percent
When did you start breast feeding after delivery		
Within one hour	162	85.26%
After one hour	20	10.53%
Others	8	4.21%
Total	190	100%
Daily frequency of braest feeding?		
<8 times	36	18.95%
8- 10 times	91	47.9%
>10 times	63	33.16%

Knowledge, Attitude and Practice towards Exclusive Breast Feeding among Inhabitants of Ginjo Guduru Kebele, Jimma Town, Oromia Region, Ethiopia

Total	190	100%
Do you breast feed your baby exclusively?		
Yes	175	92.11%
No	15	7.89%
Total	190	100%
If yes how long?		
within the first 6 months	160	84.21%
>6 months	11	5.79%
Others	4	2.11%
Total	175	92.11%
Did you give colostrums to your baby		
Yes	146	76.84%
No	44	23.16%
Total	190	100%
If your answer to question above is no what is your reason?		
I have no white milk	0	
First milk is dirty, like pus	26	13.68%
Every baby says it should not be given	0	
Baby didn't like it	0	
My elder children become sick	14	7.37%
I don't know, have no opinion	2	1.05%
Total	44	23.16%
What was the first nutrient given for the infant?		
Sugar	21	11.05%
Butter	13	6.84%
Water	41	21.58%
Breast milk	108	56.84%
Other	7	3.69%
Total	190	100%

As to the practice of breast feeding among mothers in the study area (**Table. 6**), majority of mother's (54.74%) cessation time for breast

feeding practice was 19-24 month for 51.59% of the cases, the time thought to be adequate was the reason for cessation of the practice.

Table6. The practice of breast feeding in women of child bearing age in Ginjo Guduru kebele, Jimma town, August 2017

Characteristics	Frequency	Percent
What is the cessation time of breast feeding?		
0- 6 months	11	5.79%
7- 12 months	24	12.63%
13- 18 months	47	24.74%
19- 24 months	104	54.74%
Others	4	2.1%
Total	190	100%
What is the reason for cessation of breast feeding of your child?		
I get pregnant	11	5.79%
I become sick and took a medicine	15	7.9%
It was adequate time to stop	98	51.59%
My baby had not eating meals	33	17.37%
My milk is not good for my baby	10	5.26%
The flow of my milk is starved	21	11.05%
Other	2	1.05%
Total	190	100%

Table 7. Shows that: type of family child bearing age of mothers, educational status and occupation has significant association with knowledge of exclusive breast feeding having P-value < 0.05. In addition to these, child age,

ethnicity, religion, monthly income, no of children and marital status have no association with the knowledge toward EBF with P-value > 0.05

Knowledge, Attitude and Practice towards Exclusive Breast Feeding among Inhabitants of Ginjo Guduru Kebele, Jimma Town, Oromia Region, Ethiopia

Table 7. Association between socio-demographic factors and knowledge of mothers towards EBF in Ginjo Guduru kebeles, Jimma town, August 1, 2017

Socio-demographic factors		Knowledge		Total	X ² p value
		Good knowledge	Poor knowledge		
Age of the mother in years	18- 24	22	4	26	X ² =26.8 P value = 0.000
	25- 29	59	9	68	
	30- 35	27	7	34	
	36- 40	24	8	32	
	40- 45	12	18	30	
	Total	144	46	190	
Age of the child in months	<6	66	30	96	X ² =11.9 P value =0.113
	6- 12	73	11	84	
	12- 17	5	5	10	
	Total	144	46	190	
Type of family	Nuclear	47	30	77	X ² =15.4 P value=0.000
	Extended	97	16	113	
	Total	144	46	190	
Marital status	Single	0	0	0	X ² =110 P value = 0.567
	Married	140	12	152	
	Divorced	3	22	25	
	Widow	1	12	13	
	Total	144	46	190	
Religion	Orthodox	42	9	51	X ² =119 P value =0.097
	Muslim	74	19	93	
	Protestant	27	11	38	
	Others	1	7	8	
	Total	144	46	190	
Ethnicity	Oromo	67	11	78	X ² =110 P value = 0.09
	Amhara	35	12	51	
	Yem	20	10	30	
	Kefa	16	8	24	
	Others	2	5	7	
	Total	144	46	190	
Educational status	Illiterate	1	5	6	X ² =19.2 P value =0.001
	Preschool	1	2	3	
	Grade1- 8	17	10	27	
	Grade 9- 10	37	9	46	
	Above grade 10	88	20	108	
	Total	144	46	190	
Occupation	Professionals	7	4	11	X ² =22.4 P value =0.000
	Clerical	29	17	46	
	Sales and services	68	6	74	
	Manual labors	25	7	32	
	Agriculture	9	9	18	
	Other	6	3	9	
	Total	144	46	190	
Monthly in come	<200	27	19	46	X ² =11.6 P value = 0.132
	200- 400	39	9	48	
	401- 600	19	7	26	
	601- 1000	50	8	58	
	>1000	9	3	12	
	Total	144	46	190	
Number of children	1- 2	87	21	108	X ² =18.9 P value = 0.089
	3- 4	55	17	72	
	5- 6	2	6	8	
	>7	0	2	2	
	Total	144	46	190	

Knowledge, Attitude and Practice towards Exclusive Breast Feeding among Inhabitants of Ginjo Guduru Kebele, Jimma Town, Oromia Region, Ethiopia

As presented on **table. 8**, except the occupation of mothers which significantly affects the attitude of mothers toward EBF, no other socio-

demographic features have association with the attitude toward EBF.

Table8. Association between socio-demographic factors and Attitude of mothers towards EBF in Ginjo Guduru kebeles, Jimma town, August 1, 2017

Socio-demographic factors		level of attitude		Total	X ² p value
		Positive	Poor		
Age of the mother in years	18- 24	16	10	26	X ² =2.06 P value = 0.725
	25- 29	44	24	68	
	30- 35	23	11	34	
	36- 40	22	10	32	
	40- 45	16	14	30	
	Total	121	69	190	
Age of the child in months	<6	64	32	96	X ² =1.29 P value =0.524
	6- 12	52	32	84	
	12- 17	5	5	10	
	Total	121	69	190	
Type of family	Nuclear	40	37	77	X ² =7.71 P value = 0.005
	Extended	81	32	113	
	Total	121	69	190	
Marital status	Single	0	0	0	X ² =0.245 P value =0.885
	Married	96	56	152	
	Divorced	17	8	25	
	Widow	8	5	13	
	Total	121	69	190	
Religion	Orthodox	39	12	51	X ² =1.48 P value =0.686
	Muslim	53	40	93	
	Protestant	23	15	38	
	Others	6	2	8	
	Total	121	69	190	
Ethnicity	Oromo	46	32	78	X ² =110 P value = 0.456
	Amhara	35	16	51	
	Yem	19	11	30	
	Kefa	16	8	24	
	Others	5	2	7	
	Total	121	69	190	
Educational status	Illiterate	2	4	6	X ² =4.46 P value = 0.347
	Preschool	1	2	3	
	Grade 1-8	19	8	27	
	Grade9- 10	28	18	46	
	Above grade 10	71	37	108	
	Total	121	69	190	
Occupations	Professionals	8	4	11	X ² =21.8 P value = 0.001
	Clerical	34	13	46	
	Sales and sevices	56	18	74	
	Manual labours	12	22	32	
	Agriculture	8	10	18	
	Others	7	2	9	
	Total	121	69	190	
Monthly income	<200	26	20	46	X ² =3.25 P value =0.517
	200- 400	29	19	48	
	401- 600	16	10	26	
	601- 1000	42	16	58	
	>1000	8	4	12	
	Total	121	69	190	
Number of children	1- 2	79	29	108	X ² =14.9 P value = 0.122
	3- 4	40	32	72	
	5- 7	2	6	8	

Knowledge, Attitude and Practice towards Exclusive Breast Feeding among Inhabitants of Ginjo Guduru Kebele, Jimma Town, Oromia Region, Ethiopia

	>7	0	2	2	
	Total	121	69	190	

The age and educational status of mothers in the study area have significant effect on practice of EBF. Other socio-demographic features have no association with EBF practice as presented by table.9.

Table9. Association between socio-demographic factors and practice of mothers towards EBF in Ginjo Guduru kebeles, Jimma town, August 1, 2017

Socio-demographic factors		Practice		Total	X ² p value
		Good	Poor		
Age of the mother in years	18- 24	16	10	26	X ² =12.0 P value =0.017
	25- 30	53	15	68	
	30- 35	27	7	34	
	36- 40	22	10	32	
	40- 45	14	16	30	
	Total	132	58	190	
Age of the child in months	<6	73	23	96	X ² =3.99 P value =0.136
	6- 12	53	31	84	
	12- 17	6	4	10	
	Total	132	58	190	
Type of family	Nuclear	52	25	77	X ² =0.230 P value = 0.631
	Extended	80	33	113	
	Total	132	58	190	
Marital status	Single	0	0	0	X ² =0.918 P value =0.632
	Married	108	44	152	
	Divorced	16	9	25	
	Widow	8	5	13	
	Total	132	58	190	
Religion	Orthodox	39	12	51	X ² =3.21 P value =0.361
	Muslim	59	34	93	
	Protestant	28	10	38	
	Others	6	2	8	
	Total	132	58	190	
Ethnicity	Oromo	58	20	78	X ² =2.73 P value =0.604
	Amhara	31	20	51	
	Yem	21	9	30	
	Kefa	17	7	24	
	Others	5	2	7	
	Total	132	58	190	
Education	Illiterate	1	5	6	X ² =12.8 P value = 0.012
	Preschool	1	2	3	
	Grade 1- 8	16	11	27	
	Grade 9- 10	36	10	46	
	Above grade 10	77	31	108	
	Total	132	58	190	
Occupation	Professionals	7	4	11	X ² =3.72 P value = 0.591
	Clerical	35	11	46	
	Sales and services	54	20	74	
	Manual labors	19	13	32	
	Agriculture	11	7	18	
	Others	6	3	9	
	Total	132	58	190	
Monthly income	<200	29	17	46	X ² =3.64 P value =0.457
	200- 400	31	17	48	
	401- 600	21	5	26	
	601- 1000	43	15	58	
	>1000	8	4	12	
	Total	132	58	190	
Number of children	1- 2	76	32	108	

	3- 4	52	20	72	$\chi^2 = 6.28$ P value = 0.099
	5- 6	4	4	8	
	>7	0	2	2	
	Total	132	58	190	

4. DISCUSSION

This study showed that the prevalence of exclusive breast feeding for infant age less than six months is 92.11%. This result is quite higher than the finding from Mekele in 2011. (20), which was 60.8%. Also this result is inflated compared to national prevalence which is 49%. (15). The reason such gap might be related to the majority of mother's in the study area were educated and using mass media that help them to practice exclusive breast feeding. In addition the reason for this might be the current policy implementation on the use of health extension worker to promote breast feeding.

Concerning knowledge of EBF, This study also showed that majority of mothers had EBF knowledge, attitude and practice which is similar when compared with study in Kirkos sub city, 2011. (18).

The timely initiation of breast feeding found in this study was 85.26%. This finding was high when compared to the study conducted in Asella town, 2009, 74.6%. (19) and this difference might be because of high proportion of mother's awareness increment through mass media, health worker and books which could help them to initiate breast feed early. In this study mothers were asked about the frequency of breast feeding. The result showed that the appropriate frequency of breast feeding rate was 47.9%. This is very much lower than 85.3% result in in Mekele town 2011 (20). This difference could be explained that in the current study, the majority of respondents work outside home by occupation, so they might have low chance of staying with their babies.

Regarding the time of cessation of breast feeding about 54.74% of the mothers said between 19- 24 months and most of them addressed the reason was they assume this time as adequate for weaning.

In Ethiopia, cross sectional survey (16). shows majority of mothers stop breast feeding when they became sick or pregnant or their child became sick. More than half of the women decide to discontinue breast feeding when become pregnant again (14). The reason majority of mothers stop adequacy of time secondary to information they got from health institution, mass media and books might.

Like in many other developing countries, the practice of mother giving water to their children in addition to the breast milk was common. It is evident that early introduction of liquids and solid is unnecessary, reduces the duration and frequency of breastfeeding, and increases risk of infant morbidity and mortality. (23, 24), and therefore such unhealthy behavior need to be corrected.

Knowledge is associated positively with age of the mothers, types of family, educational status and occupation of the mothers. Attitude of the mothers is related with type of family and occupation. Practice is also related with age of the mother and education. Regarding attitude, the research done in Santiago, California (14) is similar.

5. CONCLUSION

Though the knowledge and attitude of mothers toward EBF was encouraging, timely the gaps mainly appropriate rate and timely initiation in breast feeding practices were laid down according to this study. Also it was noticed from the study that occupation significantly associated with the attitude toward EBF and the literacy, occupational status level of mothers along type of family have association with knowledge. Beside age of mothers and their educational status have direct relation with Practice of EBF.

RECOMMENDATION

Health service delivery staffs, Policy makers, administrators and Non-governmental organization should collaborate to draw strategies to enhance the practice and timely initiation of mothers to breast feeding so that EBF achieved. Mothers who deliver in the health institute should have prior knowledge about EBF so that they initiated to breast feed their child including the time of initiation immediately after birth. The harmful effect of failure in exclusive breast feeding and similar large scale study should be conducted in regional and country level so that best strategies to achieve EBF practical in Ethiopia.

REFERENCES

- [1] Aldine De Gruyter: Breast Feeding by Cultural perspective: new York,1995
- [2] WHO/UNICEF: Infant and young child feeding: Geneva, 1981

- [3] EDHS, 2005:145
- [4] Black Re, Moris and Bryce: Where and why are 10 million children dying every year?
- [5] United Nations Statistic Division: Progress Towards the Millenium Development goals: 1990- 2005 E <http://UN.org/UNSD/mi/Goals> 2005
- [6] Central board of health Zambia: Central board Annula Health: Statistical bulletin,2003
- [7] Jones G, Steketee Rw, Black Re, Bhutta ZA. Morris's How much child death can we prevent this year? 362:65-71
- [8] Custodies A, Goga AE Rollins N, Coordia HM: Free Formula milk for infants of HIV-infected Women: Blessing or Curse? Health policy palm 2002, 17: 154-60
- [9] Coovadia HM, Rollins Nc, Bhand Rm, little k, Custodious a, Bennish ML. Newll MI: Mothers – To Child Transmission of HIV, infection during EBF in the first 6 months of life: an international cohort study lancet 2007, 369: 1107-16
- [10] Black RE, Allen LH, Bhatta ZA, Caulfield LE, Deonis M, Ezzati M, Mothers C, Rilene J: Maternal and Child Under Nutrition: Global and Regional Exposure and health Consequences Lancet 2008, 371:243-60
- [11] Bhandari N, Bahl R, Muzumdar S, Martnes J, Balck RE, Bhan MK: Effect of Community Based Promotion of EBF on Diarrhea illness and growth Cluster randomised controlled trial lancet 2003, 361:14118-23
- [12] Adam BA, Perez-Escamill R, Latrey A: Lactation Counselling Increases EBF in; Ghana –J nutr 200 135: 1691-5
- [13] Morrow AL, guerello ML, Shults J, Calva, lutter C, Bravo J, Ruiz-palacios G, Marrow RC, and butter Foss FD: Efficiency of home based peer counsellors on exclusive breast feeding practice in Dhaka Bangladesh: a randomised co.
- [14] Norma Jean EICHE: Assessment of Attitudes tow ords breest feeding among WIC participants, Nov.-2000
- [15] Division of child health and development evidence for the ten steps to successful breast feeding Geneva: WHO 1998
- [16] Woldegabriel A. Mothers knowledge and beliefs on Breast feeding in Ethiopia med J 2002; 40;365-97 /midline/
- [17] Abate G. Child Feeding practices and predictors of nutritional status of children in slum area AA Ethiopia EJHD, 2002
- [18] Solomons (2011) Assessment of knowledge attitude and practice of exclusive breast feeling in Krikos sub city Addis Ababa, Ethiopia. Journal of health science, Vol 3(2): PP (7-11).
- [19] Jemal H (2009). Knowledge, attitude and practice towards exclusive breast feeding in Asella town, Ethiopia. Journal of health science Vol 4(3): pp. (6-13).
- [20] Hailemar -am B (2011). Determents of breast feeding practice among mothers of children aged less than 24 months in Mekele town, Ethiopia. Journal of health science Vol 3(2): PP (48-56)
- [21] Bloss E, Wainaina F, Bailey RC. Prevalence and Predictors of Underweight, Stunting, and Wasting among Children Aged 5 and Under in Western Kenya. Journal of Tropical Pediatrics. 2004;50(5):260-70.
- [22] Brunken GS, Silva SM, França GVA, Escuder MM, Venâncio SI. Risk factors for early interruption of exclusive breastfeeding and late introduction of complementary foods among infants in midwestern Brazil. Jornal de Pediatria. 2006;82(6):445-51.
- [23] Shirima R, Greiner T, Kylberg E, Gebre-Medhin M. Exclusive breast-feeding is rarely practised in rural and urban Morogoro, Tanzania. Public Health Nutrition. 2000;4(2):147-54.
- [24] Carvalhaes MAdBL, Parada CMGdL, Costa MPd. Factors associated with exclusive breastfeeding in children under four months old in Botucatu-SP, Brazile. Rev Latino-am 2007;15(1):62-9.
- [25] Teshale Mulatu Dibisa Yitagesu Sintayehu. Exclusive Breast Feeding and Its Associated Factors Among Mothers of < 12 Months Old Child in Harar Town, Eastern Ethiopia: A Cross-Sectional Study.
- [26] Poreddi Vijayalakshmi, (1) Susheela T, (2) Mythili D (3). Knowledge, attitudes, and breast feeding practices of postnatal mothers: A cross sectional survey.

Citation: *Habtamu Gebresenbet. Knowledge, Attitude and Practice towards Exclusive Breast Feeding among Inhabitants of Ginjo Guduru Kebele, Jimma Town, Oromia Region, Ethiopia. ARC Journal of Nutrition and Growth. 2020; 6(2):28-41. DOI: <https://doi.org/10.20431/2455-2550.0602005>.*

Copyright: © 2020 Authors. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.