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Keywords: Exclusive breastfeeding, Infants' health, Initiation time, Mothers, Prelacteal feeds, Knowledge, Attitude and practice

Introduction

Breast feeding is an integral part of the reproductive process with important implications for the health of the mother and baby; it is a unique way of providing ideal food for the healthy growth and development of infants. Exclusive breastfeeding (EBF) means infant is given its entire nutrient from human breast milk and receives no even water, other liquids, tea, herbal preparations or any complementary foods during the rst six months of life with the exception of vitamins, mineral supplements or medicines [1-3]. erea er, infants should receive nutritionally adequate and safe complementary foods while continued breast feeding up to two years of age and beyond. Exclusive breast feeding for the rst six months of life followed by optimal complementary feeding are critical public health measures for reducing and preventing morbidity and mortality in young children since breastfeeding supports infants' immune systems and helps protect them from chronic conditions later in life such as obesity, diarrhoea, respiratory infection, diabetes and heart diseases [4-6].

Mothers' employment, length of maternity leave, inadequate knowledge on breast feeding, negative attitude towards EBF, late initiation of breast feeding, prelacteal feeding, absence of ANC follow up, lack of social support and absence of self con dence in breast feeding are factors related with exclusive breastfeeding [11,7]. Di erent researches have shown that mothers with poor knowledge of EBF exhibit negative attitude about EBF and these accounts for the low rate of the practice [7,13,11]. e key to successful breastfeeding is information, education and communication systems aimed at behaviour change. Health information and education greatly in uenced mothers' knowledge, attitude and practice towards EBF [11]. Even though mothers can get information from di erent sources, the role of the health care professionals are signi cant in providing women with the information they need to make them accept and practice EBF [9-13].

In Ethiopia under ve mortality has dropped half from 166 deaths as of 1000 live births in 2000 to 88 deaths per 1000 live births in 2011. Likewise, the percentage of malnutrition in under ve children has also dropped signi cantly in the previous ten years. For example, the rate of stunting dropped from 58% in 2000 to 44% in 2011 and the Page 2 of 7

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Variables	E	BF	OR(95% C.I)	
	Yes	No	COR, (95% C.I)	AOR, (95% C.I)
	1		11	

Table 3:

attendance [AOR: 5.74, 95% CI: (1.88,9.12)], attitude of mothers [AOR: 4.41, 95% CI: (2.98,9.43)], initiation time of BF [AOR: 0.39, 95% CI: (0.12,0.84)], and Prelacteal feeds [AOR: 3.50, 95% CI: (1.43,9.76)], were statistically signi cant variables in the multivariable logistic regression analyses (Table 4).

Discussion

In this study only 88 (14.9%) of mothers have practiced exclusive breastfeeding. is study was comparable with the study done in Hong Kong, 13.4%, In the United States, 13.3%, in Mosul City, 15.0%, and the Nigeria Demographic and Health Survey (NDHS) in 2013 reported an exclusive breastfeeding rate of 17.0% [9-19]. is nding was higher than the study conducted in di erent areas. For example, lower percent of exclusive breastfeeding practice were reported from mothers attending primary health care center in Saudi Arabia (7.3%), and much smaller proportions were listed from other regions of Saudi Arabia: in Riyadh only (0.8%) of children were exclusively breastfeed for the rst four to six months, and the amount increases to (1.7%) among babies at the age of six months in Jeddah [13,20]. In rural area of Uttaranchal only

(5.1%) of children were exclusively breastfed for the rst six months, and in Orissa (8.6%) of respondents continued exclusive breast feeding up to six months of life [5]. In the city of Feira de Santana, Brazil only (6.5%) of exclusive breastfeeding prevalence was stated [21]. In Dhaka reported (5.0%) of exclusive breastfeeding rate at six months of age while in the rst month of life much higher mothers practiced it (53.0%) [10]. Another nding showed a prevalence of (3.3%) at six months of age among the rst-time Chinese mothers whereas the proportion increased to (34.2%) at four months of age [7]. Much higher prevalence were reported from di erent regions, in Kumasi Metropolis, Ghana (48.0%), in Calabar municipal, in Nigeria urban mothers (24%), in Egypt (68.0%), in Malaysia (44.1%), and around

y percent was reported in Kwango district, Democratic Republic of the Congo [4-24]. ese di erences could be due to the variation in beliefs, traditions, and awareness towards child feeding among regions regarding EBF practice, the level of development in relation to education, health information dissemination and communication.

According to word health organization recommendation breastfeeding should be initiated within one hour of delivery [11-25]. However, in this study only 194 (32.8%) of mothers' commenced breastfeeding within an hour, and prelacteal feeds were practiced by 314 (53.1%) of participants. Di erent studies showed that late initiation of breastfeeding and giving prelacteal feed may be due to mother's illiteracy, home delivery, wrong beliefs, lack of knowledge towards infant feeding, less milk secretion, fractured or inverted nipples, fear of previous nipple pain, mother too tired to feed; and baby was sleeping or sick [5-8]. e most important reasons mentioned in the present study were family beliefs and traditions 197 (62.7%), some perceived that breast unable to secret milk on time 119 (30.0%), nipples pain 108 (27.2%), believed that clostridium isn't good for infants 91 (22.9%),