

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. Breast milk is rich in nutrients and antibodies that protect the infant from infections and diseases. Breastfeeding is also a source of emotional bonding between the mother and the infant. Breast milk is rich 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

the knowledge and practice of breastfeeding mothers of children under two years old in Dilla Township, southern Ethiopia.

Statement of the Problem

The feeding methods of infants and young children all over the world are not optimal. It only accounts for 39% of all exclusively breastfed babies worldwide. In most developing countries, the prevalence of exclusive breastfeeding rarely exceeds 30%. Globally, more than 10 million children under the age of five die every year. In Africa, 41% of deaths occurred in sub-Saharan Africa, and the other 34% occurred in South Asia. A major cause of death is insufficient breastfeeding practices and high disease incidence. In Ethiopia, as in other developing countries, diarrhea is the main cause of morbidity and mortality in young children due to improper breastfeeding practices, especially in urban areas. Approximately 58.0% of child deaths are attributed to malnutrition, which makes malnutrition the single largest cause of child death. Around 70.0% of infants are sub-optimally breastfed, which is another major provider of infant mortality rate. At this time, 24.0% of infant death is due to poor breastfeeding practices [3,4].

Factors Affecting Breastfeeding Practice

Worldwide, only 37% of these infants under the age of 6 months are breastfed alone, with only 37% of these infants consuming other foods and solids early on. Although the initiation of breastfeeding is universal in most developing countries discontinuation and early introduction of complementary foods for breastfeeding have been observed in a significant proportion of cases [5]. The types of complementary foods used and the changes in breastfeeding duration are similar to the changes in industrialized countries observed since the mid-19th century. Many of the related factors are similar (urbanization, female participation in the workforce, increased availability of processed milk, and their promotion by businesses). Factors affecting the onset and duration of breastfeeding include socio-demographics, biological support, and psychosocial issues. 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. 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% [6]. 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%. 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 [7]. 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. 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 less than 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 [8].

Materials and Methods

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. Dilla is a cash crop area in southern

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 [11].

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: relates 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 practice: When the study subjects have practiced exclusive breastfeeding, they started complementary food at six months post-delivery and currently breastfeeding their children for greater than six months.

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

Data Analysis Method

The data was checked for completeness, inconsistency, and then it was analyzed manually. Table's 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%). ethnically, geddo 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 epic services, around 167 (46.13%) of them have got more than 500 birr per month [12]. This is the highest proportion. 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%).

It shows analysis of maternity experience of their children in

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. 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 [14].

Conclusion

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 a child less than two years. Confidentiality was maintained by omitting their name and personal identification.

Consent for publication

“Not applicable”

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.

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Author contributions

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

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