

Knowledge, Attitude and Practice of Breastfeeding in Mothers who have Children from Birth to 2 years Old in Asella Town, Ethiopia, 2015

Debela Tolessa Yadate^{1,*}, Kelil Haji Bedane², Gizaw Eshetu Abaye³

ABSTRACT

Background and Aim: Breastfeeding provides the ideal food for healthy growth and development of infants; it is also an integral part of the reproductive process. However, breastfeeding rate is low in developing countries including Ethiopia. **Methods:** A cross-sectional study was conducted from March 20, to June 30, 2015 to assess knowledge, attitude and practice towards breastfeeding mothers who feed their child from birth to 2 years old. **Results:** Of 384 total mothers, about 74.9% and 68.6% mothers had sufficient knowledge and good attitude towards breastfeeding pattern respectively. Only one hundred ninety three (50.3%) of the mothers had good practice of breastfeeding. The proportion of the mothers initiating breastfeeding within one hour of delivery and exclusive breastfeeding was 66.2% and 82.3%, respectively. Being employed AOR (Adjusted odds ratio)=2.58[95% confidence interval (CI): 1.29-5.16], having ANC (Antenatal care) follow up AOR=3.33(95%CI:1.65-6.74), institutional delivery AOR=1.22(0.29-0.5.17) and being employed AOR=3.0(95%CI:1.73-5.20), having ANC follow up AOR=2.93(95%CI:1.41-6.07) and institutional delivery AOR=0.66(95%CI:0.16-2.61) were significantly associated with sufficient knowledge and good attitude, respectively. Moreover, ANC follow up AOR=3.12(95%CI: 1.47-6.66) and being counseled during ANC follow up AOR=2.60(95%CI: 1.52-4.45) had shown statistically significant association with practice of breastfeeding. **Conclusion:** This study revealed that the prevalence of ever breastfeeding and giving the first milk for their newborns was almost universal; however, still mothers had gaps about timely initiation of breastfeeding and exclusive breastfeeding. Being employed, having ANC follow up and institutional delivery could have an influence on knowledge and attitude of the mothers towards breastfeeding. **Key words:** Knowledge, Attitude, Practice, Breastfeeding, Antenatal care.

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History

- Submission Date: 15-06-2019;
- Review completed: 22-09-2019;
- Accepted Date: 13-10-2019.

DOI : 10.5530/ijcep.2019.6.4.34

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INTRODUCTION

Breastfeeding is the process of feeding the infant with mother's milk that is needed for the survival and healthy growth of the infants into an adult.^[1] Breastfeeding is the best food for infants and is an effective method of reducing the risk of common childhood morbidity and mortality.^[2,3] World Health Organization [WHO] recommends that, breastfeeding should start immediately within one hour following delivery for the infants to get colostrum and should still continue until the child is two years of age. The infant should thereafter be exclusively breastfed for up to six months of life, day and night on child's demand. In Ethiopia, early initiation of breastfeeding (within 1 hr of delivery) and Exclusive Breastfeeding (EBF) up to 6 months is 51% and 52 % respectively.^[3-6] On average, infants younger than six months who are not breastfed are 3-4 times more likely to die than those who received any human milk.^[7] In Ethiopia, under-five mortality rate has declined by two thirds from the 1990 figure of 204/1,000 live births to 68/1,000 live births in 2012, thus meeting the target for Millennium Development Goal 4 (MDG 4) on child

survival three years ahead of time.^[8] Infants who have been breastfed optimally have reduced risk of common childhood illnesses.^[8,9] It is estimated that sub-optimal breastfeeding, especially non-exclusive breastfeeding in the first 6 months of life, results in 1.4 million deaths and 10% of the disease burden in children younger than 5 years of age.^[5,10] Moreover, inappropriate practice of timely initiation of breastfeeding and exclusive breastfeeding negatively effects on child survival, growth and development.^[1,5,11] Infants less than two months old who are not breastfed are six times more likely to die from diarrhea and acute respiratory infections than their counterparts.^[5,6] The prevalence of exclusive breastfeeding is low globally (39%) and it is estimated to be 36% in low income countries. Despite reports of increased EBF in most areas (22% to 30% in sub-Saharan Africa and 30% to 45% in Latin America and the Caribbean, excluding Brazil and Mexico) the prevalence is still low compared to the WHO recommendation. In Tanzania, mortality rates of infant (51%) and children younger than five years (81%) per 1000 live

Cite this article: Yadate DT, Bedane KH, Abaye GE. Knowledge, Attitude and Practice of Breastfeeding in mothers who have children from birth to 2 years old in Asella Town, Ethiopia Int J Clin Exp Physiol. 2019;6(4):128-33.

births while the prevalence of EBF among infants below 6 months is low (41%).^[12,13] In Ethiopia, one in every 11 and 17 children dies before the first birthday and the fifth birthday, respectively from diarrheal diseases, respiratory problems and malnutrition.^[6,14]

MATERIALS AND METHODS

Study Design and Subjects

An institutional based cross sectional study was conducted among systematically selected mothers who have children up to two years of age from March 20, to June 30, 2015 at one governmental hospital and two health centers in Oromia region, Arsi Zone, Asella Town, Ethiopia. A sample size of 384 breastfeeding mothers was calculated using a single population proportion formula with a 5% margin of error, 95% CI and 50% estimated prevalence of breastfeeding in the oromia region. Systematic sampling technique was used to select and approach the study subjects. The questionnaire was developed by reviewing relevant literatures on the subject to ensure reliability.

Statistical Analysis of Data

Epi info version 7 used to enter data and then, exported to SPSS version 21 for analyses. A descriptive analysis was used to determine the socio demographic, knowledge, attitude and practice of breastfeeding questions. A bivariate and multivariate logistic regression analysis was done to evaluate the association between the characteristics. In this study, Exclusive breastfeeding was defined as not giving any liquid, semisolid or solid food apart from breast milk with the exception of drops or syrups consisting of vitamins, mineral supplements or medicines. Respondents were said to have sufficient knowledge if they answered at least 70% of the questions related with breastfeeding knowledge and good practice if they answered at least 70% of the questions related with breastfeeding practice and good attitude if they answered at least 70% of the questions related with breastfeeding attitude.

RESULTS

Of the intended 384 participant mothers who had children aged 0-2 years were interviewed, complete response was obtained from 384 (100%) respondent. The majority of the mothers, 146 (38 %) were in the age group of 25-29 years with the mean (\pm SD) age of 27 years (\pm 5.482) the range being from 16 to 44 years. The majority of the participants were orthodox Christian 203 (52.3%) and Muslim 132 (34.4%) in religion. Similarly majority of the respondents 243 (63.3%) were from Oromo ethnic group followed by Amhara 111 (28.9%) (Table 1).

Health Service Related

Majority, 344 (89.6 %) of the mothers had ANC follow up, out of this; 196 (51%) had attended four and above ANC visits and 136 (35.4%) had attended only one to three ANC visits. Two third (75.4 %) of mothers were counseled by health care providers about breastfeeding during ANC follow up. Majority, 358 (93.2%) of the respondents delivered their infants at health facility and 26 (6.8%) delivered at their home. About 110(28.7%) mothers reported by themselves that they faced breast problem, out of which 56(14.6%) had no enough milk, 43(11.2%) had soreness of nipple (Table 2).

Knowledge of Respondent Mothers about Breastfeeding

About 206 (66.2%) of mothers knew that breastfeeding should be initiated within the first hour of delivery though others delayed due to lack of time and some traditional beliefs. A large proportion of mothers

Table 1: Socio demographic characteristics of respondents among mother infant pairs in Asella town, Ethiopia, 2015.

Characteristics (n=384)	No (%)
Mothers age	
15-19	17(4.4%)
20-24	100(26%)
25-29	146(38%)
30-34	64(16.7%)
35-49	57(14.8%)
Educational status	
Illiterate	50(13%)
Read and Write	60(15.6%)
Elementary Completed	92(24%)
High school completed	101(26.3)
Higher education completed	81(21.1%)
Marital status	
Single	22(5.7%)
Married	346(90.1)
Divorced	12(3.1%)
Widowed	4(1%)
Religion	
Orthodox Christian	203(52%)
Muslim	132(34.4)
Protestant	47(12.2%)
Catholic	2(0.5%)
Ethnicity	
Oromo	243(63.3)
Amhara	111(28.9)
Tigre	1(0.3%)
Gurage	19(4.9%)
Silte	7(1.8%)
Other	3(0.8%)
Occupational status	
Farmer	40(10.4%)
Student	17(4.4%)
House wife	185(48.2%)
House servant	10(2.6%)
Daily laborer	10(2.6%)
Merchant	29(7.6%)
Government employee	71(18.5%)
Private employee	22(5.7%)
Monthly income	
<500 ETB	56(14.6%)
500-1000 ETB	93(24.2%)
1001-1500 ETB	43(11.2%)
1501-2000 ETB	56(14.6%)
>2000	83(21.6%)

Table 2: Distribution of obstetrics health Service related variables of mothers in Asella town, Ethiopia, 2015.

Characteristics (n=384)	No (%)
No of live birth	
1	136(35.4%)
2-4	188(49%)
≥ 5	56(14.6%)
Parity	
1	178(46.4%)
2-4	160(41.7%)
≥ 5	46(12%)
Family size	
≤ 5	288(75%)
>5	96(25%)
ANC visit history	
Yes	344(89.6%)
No	40(10.4%)
Number of ANC visits	
4 and above	196(51%)
2-3	124(32.3%)
Once	12(3.1%)
Counseling	
Yes	257(75.4%)
No	84(24.6%)
Place of delivery	
Home	26(6.8%)
Health institution	358(93.2%)
Delivery assistant	
Health Professional	358(93.2%)
Traditional birth attendant	19(4.9%)
Relatives	7(1.9%)
Breast problems	
Not enough milk	56(14.6%)
Nipple/Breast problem	43(11.2%)
Soreness of nipple	11(2.9%)

361(94%) considered provision of colostrum as vaccines given to infants to prevent diseases.

However, a small number of mothers discarded colostrum since they had no basic information about dietary importance of colostrum. Most of mothers 354(92.2%) knew that breastfeeding had benefit to both infants and mothers. Three-hundred sixteen mothers (82.3%) knew that children should be exclusively breastfed in the first 6 months of life.

Some mothers 67(17.4%) provided water and butter to cleanse the stomach of an infant. Three hundred seven (79%) of mothers give human milk on demand. However, the frequencies of breastfeeding were only about 28.7%. The majority, 296(77.1%) of the mothers knew that giving both human milk and complimentary food starting at 6th month is important for the healthy growth of all infants of HIV negative mothers (Table 3). The composite measure of knowledge indicates that 287(74.9%) mothers had sufficient knowledge towards breastfeeding pattern; whereas the remaining 96 (25.1%) had poor (insufficient) knowledge.

Table 3: Knowledge of respondent mothers about breastfeeding, Asella town, Ethiopia, 2015.

Characteristics	No (%)
Knowledge on Timely initiation of breastfeeding	206(66.2%)
Knowledge on Colostrum feeding	361(94%)
Knowledge on Adequacy of breastfeeding	345(89.8%)
Knowledge on Exclusive breastfeeding	316(82.3%)
Knowledge on duration of exclusive breastfeeding	296(77.1%)
Knowledge on benefit of breastfeeding	
To infants	354(92.2%)
To mother	354(92.2%)
Knowledge on Feeding only formula or other food to infants is expensive than human milk	294(76.6%)
Knowledge about demand feeding	307(79%)
Water during the first six months	67(17.4%)
Knowledge about complimentary feeding	296(77.1%)
Knowledge about breastfeeding frequency	110(28.7%)
Knowledge about breastfeeding if mothers would be HIV positive	239(62.2%)

Attitude and Practice of Respondent Mothers about Breastfeeding

The majority, 232(60.4%) of the mothers were agreed that timely initiation of human milk makes the infant to get liquid only, breastfeeding is enough for the infants up to 6 months 345(89.8%) and the duration of breastfeeding should be at least for 2 years 372(97%) (Table 4). The composite measure of attitude indicates that 263(68.6%) mothers had a good attitude towards content of human milk, benefit of human milk, timely initiation, duration of breastfeeding as well as exclusive breast feeding, whereas the remaining 89(23%) had a negative attitude.

Breastfeeding was practiced by 361(94%) of all respondents. About 193(50.3%) of the mothers had good practice of breastfeeding. The prevalence of timely initiation and exclusive breastfeeding for 6 months was 206 (66.2%) and 316(82.3%), respectively. Majority (94%) of mothers reported feeding colostrum to their infants. The majority, 296(77.1%) of mothers were stating that they start complementary feeding at six month.

Surprisingly, only 112 (29.2%) and 63 (16.4%) of the mothers breastfed greater than eight times day and night on demand respectively (Table 5).

Factors associated with Knowledge, Attitude and Practice of Breastfeeding

In the bivariate logistic regression model educated ($p=0.007$) and employed mothers ($p=0.001$), mother with ANC follow up ($p<0.001$) and counseled during ANC follow up ($p=0.001$) and mothers who delivered at health institution ($p=0.002$) had shown a statistically significant association with sufficient knowledge about breastfeeding (Table 6).

Employed mothers ($p<0.001$), those with ANC follow up ($p=0.001$), counseled during ANC follow up ($p<0.001$) and institutional delivery

Table 4: Attitude of respondent mothers about breastfeeding, Asella town, Ethiopia, 2015.

Attitude questions	Agree	Disagree	Don't know
Breast milk contains all the nutrient necessary for the infant	345 (89.8%)	30 (7.8%)	9 (2.3%)
Breast milk is free from any contamination?	187 (48.7%)	197(51.3%)	
Breast milk provide the infant with the immunity to disease	354 (92.2%)	30(7.8%)	
Timely initiation of breast milk makes the infant to get liquid only	232 (60.4%)	152(39.6%)	
Only breastfeeding is enough for the infant up to 6 months?	345 (89.8%)	39 (10.2%)	
Duration of breast of breastfeeding should be at least for 2 years.	372 (97 %)	12(3%)	
Breast feed affect the posture or health of the mother	128(33.3)	232(60.4%)	23(6%)

($p=0.001$) had shown a statistically significant association with good attitude about breastfeeding (Table 7).

Mothers with ANC follow up ($p=0.001$) and counseled during ANC follow up ($p<0.001$) and institutional delivery ($p=0.04$) had shown a statistically significant association with good practice about breastfeeding (Table 8).

In multivariate analysis when adjusted for covariates employment, ANC follow up, counseling and place of delivery were statistically significant predictors of knowledge, practice and attitude of breastfeeding. Meanwhile, being employed {AOR=2.58(95%CI: 1.29- 5.16)}, having ANC follow up {AOR=3.33(95% CI: 1.65-6.74)}, institutional delivery {AOR=1.22(0.29-0.5.17)} were significantly associated with sufficient knowledge (Table 6). Being employed {AOR=3.0(95%CI:1.73- 5.20)}, having ANC follow up {AOR=2.93(95%CI:1.41-6.07)} and institutional delivery {AOR=0.66(95%CI:0.16-2.61)} were significantly associated with good attitude (Table 7). Moreover, ANC follow up {AOR=3.12(95% CI: 1.47-6.66)} and counseling during ANC follow up {AOR=2.60(95% CI: 1.52-4.45)} had shown statistically significant association with good practice of breastfeeding (Table 8).

DISCUSSION

The study revealed that all mothers who came to Asella Hospital and health centers breastfed their infants. Thus the prevalence of breastfeeding in Asella town is 100%. This figure is similar to the EDHS 2011 report whereby ever breastfeeding rate of the country was (98%) and (98%) for Oromia region.

This study showed that a large proportion of mothers in the study area had sufficient knowledge about breastfeeding (75%) and small proportion (25%) had an insufficient knowledge. This figure is more than the 6% reported in the 2000 Demographic Health Survey of Ethiopia.^[15] Mothers with ANC follow up were about three times more likely to have good knowledge about breastfeeding than those with no ANC follow up. Mothers who had ANC follow up and counseled about breastfeeding were nearly about 3 times more likely to have good attitude and practice towards breastfeeding than others. A relatively high (75.4%) number of mothers were counseled on infant feeding as compared to the study done in Addis Ababa in 1992 (18%).^[16] Mothers were also assessed about their knowledge about breastfeeding in terms of duration of exclusive

Table 5: Practice of breastfeeding pattern in Asella town, Ethiopia, 2015.

Characteristics (n=384)	No (%)
Timely initiation of breastfeeding	
Within 1 hr of delivery	206(66.2%)
After 1 hr of delivery	105(33.8%)
Exclusive breastfeeding	
Yes	316(82.3%)
No	68(17.7%)
Food or fluid given to the child other than human milk in the first 3 days	
Yes	23(6%)
No	361(94%)
Begin complementary feeding	
Less than 6 months	67(17.4%)
At 6 months	296(77.1%)
Greater than 6 months	21(5.5%)
Are you still breastfeeding your child	
Yes	361(94%)
No	23(6%)
When do you usually breastfeed your child	
On demand	307(79%)
When the child cries	49(12.8%)
On schedule	17(4.4%)
others**	11(2.8%)
Breastfeeding frequency during day time	
< 8	250(65.1%)
≥ 8	112(29.2%)
Breastfeeding frequency during night time	
< 8	298(77.6%)
≥ 8	63(16.4%)
Decision maker on how you should feed your infant	
Husband	53(13.8%)
Other family members	33(8.6%)
Health profession	25(6.5%)
Self	267(69.5%)

** On convenience and when breast engorged

breastfeeding and importance of breastfeeding. In this study about 89.8% of mothers responded that exclusive breastfeeding is adequate to infants for approximately six months. However, about 82.3% practiced exclusive breastfeeding which means they had the knowledge but they did not practice. This figure was almost similar with the study done in Goba district (71.3%) and Sir Lanka (75.8%)^[17,18] while higher than the finding in Jimma Arjo woreda, EDHS 2011, whereby the prevalence of exclusive breastfeeding were 52.1%, 50%,^[6,11] respectively. Mothers also assessed on their knowledge about the importance of human milk, most mother said human milk is nutritious (89.8%), healthier for children, protects them from disease (92.2%), promotes bonding between mother and child (92.2%) and 76.6% agreed it is cheaper than buying formula. About 94 % of mothers gave colostrum to their infants. This finding was broadly higher than the finding in Nepal (86%) and a report on Nige-

Table 6: Factors Associated with knowledge of the mothers in Asella town, Ethiopia, 2015.

Characteristics	Knowledge		COR (95% CI)	AOR (95% CI)
	Sufficient	Insufficient		
Educational status				
Literate	211(55%)	63(16.4%)	1.91(1.18-3.09)	1.08(0.59-1.97)*
Illiterate	70(18.2%)	40(10.4%)	1	1
Employment				
Employed	80(20.8%)	13(3.4%)	2.75(1.458-5.20)	2.58(1.29-5.16)*
Unemployed	201(52.4)	90(23.4%)	1	1
ANC				
Yes	264(68.8)	80(20.8%)	4.46(2.27-8.76)	3.33(1.65-6.74)*
No	17(4.4%)	23(6%)	1	1
Gestational age during ANC				
<4 Months	78(20.4%)	38(10%)	2.34(1.39-3.95)	2.32(1.36-3.93)*
>4 Months	183(47.6)	38(10%)	1	1
Place of delivery				
Own home	12(3.1%)	14(3.6%)	0.28(0.12-0.63)	1.22(0.29-5.17)*
Health facility	269(70.1)	89(23.2%)	1	1

*p<0.01

Table 7: Factors Associated with attitude of the mothers in Asella town, Ethiopia, 2015.

Characteristics	Attitude		COR (95%CI)	AOR (95%CI)
	Good	Bad		
Educational Status				
Literate	158(40.2%)	116(30.2%)	0.76(.48-1.18)	0.85(0.52-1.38)
Illiterate	56(14.6%)	54(14.1%)	1	1
Employment				
Employed	70(18.2%)	23(6%)	3.1(1.84-5.25)	3.0(1.73-5.20)*
Unemployed	144(37.5%)	147(38.3%)	1	1
ANC				
Yes	202(53%)	142(37%)	3.3(1.63-6.74)	2.93(1.41-6.07)*
No	12(3%)	28(7%)	1	1
Counseling				
Yes	166(43.2%)	91(23.7%)	2.68(1.62-4.44)	2.66(1.60-4.40)*
No	34(9%)	50(13%)	1	1
Place of delivery				
Own home	6(1.6%)	20(5.2%)	0.22(0.08-0.55)	0.66(.16-2.61)*
Health facility	208(54.2%)	150(39%)	1	1

*p<0.01

Table 8: Factors Associated with practice of the mothers in Asella town, Ethiopia, 2015.

Characteristics	Practice		COR (95%CI)	AOR (95%CI)
	Good	Bad		
Educational Status				
Literate	146(38.2)	128(33.%)	1.53(0.98-2.39)	1.31(0.81-2.12)
Illiterate	47(12%)	63(16.4%)	1	1
Employment				
Employed	52(13.5%)	41(10.7%)	0.74(0.46-1.19)	1.12(0.68-1.85)
Unemployed	141(36.7)	150(39.%)	1	1
ANC				
Yes	183(47.)	161(42%)	3.41(1.62-7.19)	3.12(1.47-6.66)*
No	10(2.6%)	30(7.8%)	1	1
Counseling				
Yes	122(31.)	135(35%)	2.61(1.54-4.43)	2.60(1.52-4.45)*
No	59(15.4%)	25(6.5%)	1	1
Place of delivery				
Own home	8(2%)	18(4.8%)	2.41(1.02-5.68)	2.91(0.65-1.3)
Health facility	185(48.2%)	173(45%)	1	1

*p<0.01

rian women (24%).^[6,19,20] The World Health Organization recommends that breastfeeding be initiated within 1 hr of birth. Early initiation of breastfeeding (within 1hr) provides benefits for both the infants and the mother. Despite these recommendations, only 39% of newborns in the developing world are put to the breast within one hour of birth and only 37% of infants under-six months of age are exclusively breastfed.^[21] The prevalence of timely initiation of breastfeeding was 206(53.6%). This figure is similar to the EDHS 2011 report whereby timely initiation of breastfeeding of the country was 52%.^[6]

CONCLUSION

Even though there is a worldwide decline in breastfeeding, the prevalence of breastfeeding in Asella town, Arsi zone, Oromia Region is quite satisfactory. This study revealed that the prevalence of ever breastfeeding and giving the first milk for their newborns was almost universal; however, still mothers had gaps about timely initiation of breastfeeding and exclusive breastfeeding. Being employed, having ANC follow up and institutional delivery could have an influence on knowledge and attitude of the mothers towards breastfeeding. Besides, ANC follow up and being counseled during ANC follow up could have an influence on practice of the mothers towards breastfeeding.

ACKNOWLEDGEMENT

The authors' gratitude goes to Arsi University, Research and community service core process for financial support. We would like to thank the study subjects for their participation and willingness to be involved in the study.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

ABBREVIATIONS

EBF: Exclusive Breastfeeding; **ANC:** Antenatal Care.

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Cite this article: Yadate DT, Bedane KH, Abaye GE. Knowledge, Attitude and Practice of Breastfeeding in Mothers who have Children from Birth to 2 years Old in Asella Town, Ethiopia, 2015. *Int J Clin Exp Physiol*. 2019;6(4):128-33.