

Knowledge, Attitude and Practice towards Exclusive Breastfeeding among Lactating Mothers, Mizan Aman Town, Southwestern Ethiopia: Descriptive Cross Sectional Study

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Abstract

Background: Breast milk not only is an ideal nutrition for the infant, but also can protect against some diseases. Exclusive breastfeeding (EBF) is the best nutrition for the children during the first 6 months of life. However EBF remains a challenge. The aim of the study was to assess Knowledge, Attitude and Practice towards exclusive breastfeeding among Lactating mothers in Mizan Aman town, South West Ethiopia.

Methods: A Community based cross-sectional study was conducted among 350 mothers in Mizan Aman town, South West Ethiopia, in April 2015 using a structured interviewer administered questionnaire using 'recall since birth' method. Systematic random sampling was used to select the study participants and descriptive statistics was carried out using SPSS for windows version 20.0.

Results: Three hundred and fourteen mothers with their index child less than 2 years were enrolled. Even though 93.6% of study participants had ever heard about EBF only about 34.7% were knowledgeable with recommended duration. About 89.5% of have positive attitude but only 59.3% believe that only EBF is enough for child up to 6 months and EBF on child less than six months was about 26.4%.

Conclusion: In this study even though majority of mothers were knowledgeable about EBF and have positive attitude towards EBF, knowledge with recommended duration of EBF, attitude of mothers towards sufficiency of EBF and EBF for 6 months was found to be low. This study concluded poor knowledge and practice to EBF for the first six months postpartum. So that improving access to information on recommended infant feeding and fulfilling the minimum enabling conditions the WHO advocated such as paid maternity leave, part-time work arrangements, facilities for expressing and storing breast milk and breastfeeding breaks for women in paid employment is recommended.

Keywords: Exclusive breastfeeding; Knowledge; Attitude; Practice; Ethiopia

Abbreviations

EBF: Exclusive breastfeeding; EDHS: Ethiopian Demographic and Health Survey; HHs: Households; HIV: Human Immunodeficiency Virus; IYCF: Infant and young child feeding; KAP: Knowledge; Attitude and Practice; SNNPR: Southern Nations Nationalities and Peoples Region; WHO: World Health Organization; \$: United States Dollar.

Introduction

Exclusive breastfeeding is defined as "an infant's consumption of human milk with no supplementation of any type (no water, no juice, no nonhuman milk, and no foods) except for vitamins, minerals, and medications until six months [1]. Exclusive breastfeeding for 6 months confers many benefits to the infant and the mother. It has protective effect against gastro intestinal infections, which is observed not only in developing but also in industrialized countries. The risk of mortality

due to diarrhea and other infections can increase many-fold in infants who are either partially breastfed or not breastfed at all [1].

Studies revealed that, during the first two months of life, infants who are not breastfed are nearly 6 times more likely to die from infectious diseases than infants who are breastfed; between 2 and 3 months, non-breastfed infants are 4 times more likely to die compared to breastfed infants [2,3].

Infant and young child feeding practices directly affect the nutritional status of children under two years of age and, ultimately, impact child survival. Worldwide, more than 9 million children under five years of age die each year [4]. One in every 17 Ethiopian children die before the first birthday and one in every 11 children dies before the fifth birthday [5].

Over 2/3 of these deaths are often associated with inappropriate feeding practices and occurs first year of life. Optimal breastfeeding (Early and exclusive breastfeeding) has potential to prevent over 800,000 deaths (13% of all deaths) in children under five in the developing world. Whereas, Complementary feeding interventions alone were estimated to prevent almost one fifth of under five children [4,5].

In a review of literatures in a study done in Abha female educational district, Saudi Arabia from 384 respondents EBF for 6 months was reported only by 32 (8.3%) participants [6]. In a study done in Kinshasa, Congo during the maternity stay, 369 (87.5%) children were exclusively breastfed. At six months, only 12 (2.8%) infants were exclusively breastfed [7]. In a study done in Nigeria, majority (88.0%) of the respondents reported to have heard about EBF and hospital was the source of information and more than 50% of the women had positive attitude towards breastfeeding [8].

Ethiopian context

The duration of breastfeeding in Ethiopia is long but EBF during the first six months after birth is not widely practiced. Currently, mothers exclusively breastfeed approximately half of children less than six months (52%). Among sub-groups the percentage of young children who are exclusively breastfed decreases sharply from 70% of infants age 0-1 month to 55 percent of those age 2-3 months and, further, to 32 percent among infants 4-5 months. In addition to breast milk, 19 percent of infants less than six months are given plain water only, while 14 percent receive milk in addition to breast milk, and 4 percent are given non-milk liquids and juice [5].

A study in Addis Ababa, Ethiopia found the prevalence of EBF less than six months was 29.3% [9]. A study in Arbaminch, Ethiopia showed that 55.6% were exclusively breastfed their children for 6 months. Three-hundred forty one (89%) mothers gave colostrum though a small number of mothers considered colostrum as an expired breast milk and discarded it [10]. A study in Bedele, Ethiopia found that majority of mothers, 91.8% knew the importance of EBF and 87.3% mothers were had good attitude and strongly agree that the exclusive breastfeeding is advantageous for infants aged less than six months. Only 43.6% of mothers practiced exclusive breastfeeding for the first six months after delivery [11]. A study in Southern Ethiopia found that 56.7% of mothers living with HIV(Human Immunodeficiency Virus) had favorable attitude towards EBF and nearly half (48.2%) of mothers exclusively breastfeed their infants [12]. A study in Harar, Ethiopia found EBF was 51.8% [13]. A study in Gondar showed EBF rate among respondents was found to be 35.9%.Among the respondents, nearly half (49.4%) of respondents exclusively breastfed for only 3 months or less [14]. In a study done in Debre Birhan Ethiopia 68.6% of mothers practiced EBF to six months, 83.4% of mothers were knowledgeable with the recommended duration of EBF and about 97.5% of mothers had a positive attitude towards EBF practice [15]. In a study done in Ambo Ethiopia, the prevalence of EBF was 82.2% and 90.8% of mothers were knowledgeable [16].

The aim of the study was to assess Knowledge, Attitude and Practice (KAP) towards EBF among Lactating mothers in Mizan Aman Town, South West Ethiopia.

Methods

Community based cross-sectional descriptive study using 'recall since birth' method was conducted in April 2015, to assess Knowledge, Attitude and Practice towards exclusive breastfeeding among Lactating mothers in Mizan AmanTown ,South West Ethiopia. Mizan Aman town is located in Southern Nations Nationalities and Peoples Regional (SNNPR) State, 565 kilometers from Addis Ababa, the capital city of Ethiopia at a latitude and longitude of 7 0 N 35 0 E and an elevation of 1451 meters. Administratively, the town is structured into 5 kebeles

(smallest administrative units) and 2 sub cities. The population of Mizan Aman town was estimated to be 47,776 in 2015.The number of children under 2 years of age is estimated to be 2475(about 5.18% of the total population) [17].

The estimates of the number of families with children less than 2 years per each kebeles was performed by conducting census prior to the survey and numbering of the households(HHs) in each village was conducted, from the respective strata proportional samples were taken and HHs were taken as a final sampling units. After selecting a random starting point, by using systematic random sampling technique HHs from this starting point and one eligible from the HHs was interviewed. The study population included all lactating mothers who had infant less than 24 months during the study period after explaining the purpose of the study, informed consent was obtained from each respondent.

The sample size was calculated using a single population proportion formula

$$n = \frac{[Z (1-\alpha/2)]^2 X pX(1-p)]}{d^2}$$
 with the following assumptions: 52% prevalence of EBF at national level [5], 95% confidence level, 5% degree of desired precision, finite population correction factor formula ($n = \frac{no}{1+no/N}$) since the total number of lactating mothers in the city (N) Was 2475 and 5% for non-response rate. A total of 350 mothers were selected by systematic random sampling from households who had a child of less than two years old.

A structured interviewer administered questionnaire adopted from the EDHS (Ethiopian Demographic and Health Survey) and other literatures was used to collect data. Three graduating class Bsc nursing students have collected the data. The interviews were conducted in the compound of the mothers home. The collected data were checked for completeness, coded and entered in to a computer. Statistical analysis was carried out using SPSS for windows version 20.0. The data was summarized by descriptive statistics using the frequency, percentage and tables for categorical variables.

Results

Socio demographic characteristics

Three hundred and fourteen mother-child pairs participated in the study with the response rate of 89.71%.Majority 215(68.5%) were between 20-30 years, 253(80.6%) were Married, followers of Orthodox Christianity 169(53.8%), from Bench ethnic group 105(33.4%), House wives 97(30.9%), can read and write 75(23.9%) , 99(31.53%)earning less than 1 United states Dollar(\$)(20 Ethiopian Birr) per day and majority of mothers 183(58.28%) having 3 or more children (Table 1).

Characteristics		Frequency	Percentage
Maternal Age in years	< 20	75	23.9
	21-25	92	29.3
	26-30	123	39.2
	>31	24	7.6
Maternal Marital Status	Married	253	80.6
	Single	24	7.6
	Divorced	22	7

	Widowed	15	4.8
Maternal Religion	Orthodox	169	53.8
	Protestant	74	23.6
	Muslim	53	16.9
	Other Christian*	18	5.7
Maternal Ethnicity	Bench	105	33.4
	Kaffa	90	28.7
	Amhara	69	22
	Other**	50	15.9
Maternal Occupation	Housewife	97	30.9
	Gov't Employee	88	28
	Daily Laborer	74	23.6
	Merchant	48	15.3
	Others***	7	2.2
Maternal Education	Can't read	70	22.3
	Read and write	75	23.9
	8-Jan	72	22.9
	12-Sep	62	19.8
	University/ College	35	11.1
Average monthly Income	<30\$(600 ETB)	99	31.53
	>=30\$	215	68.47
Number of children	<3	131	41.8
	>=3	183	58.2

Table 1: Socio-demographic characteristics of study participants Mizan Aman, Ethiopia, April 2015(n=314). *Catholic, Jovha and Adventist **Silte, Gurage, Tigre, Hadya, Wolayita, Sheka, Yem, Kembata, Dizi, Surma ***Student.

Knowledge of respondents about EBF

Duration and feeding style about EBF among the respondents has assessed based on the World Health Organization (WHO) recommendations. The majority 294(93.6%) of study participants had information about EBF in which their main source of information were health professionals 197(62.7%). Concerning the initiation majority 230(73.2%) replied breast milk should be started immediately after birth. Majority 164(52.2%) of mothers replied frequent sucking help for milk production though significant portion of mothers 63(20.1%) have no idea about the relationship between sucking and milk production.

Regarding the duration of EBF, only about one third of mothers 109(34.7%) mentioned up to 6 month. About half of mothers 169(53.8%) said there is adequate breast milk if the child is satisfied. Out of total mother interviewed 86(27.3%) said that EBF for 6 month prevent their child from diarrhea, 100(32%) of mothers responded EBF can be used as a contraceptive, while 53(16.7%) don't think (Table 2).

Variable		Frequency	Percent
Ever heard about EBF?	Yes	294	93.6
	No	20	6.4
Source of information about EBF?	Health institution	197	62.7
	Friends	29	9.3
	Mass Media	63	20
	Others*	25	8
When should breast feeding after Delivery started?	Immediately	230	73.2
	2-24 Hours	75	23.9
	After 24 Hours	9	2.9
Does frequent sucking help for milk production?	Yes	164	52.2
	No	87	27.7
	No idea	63	20.1
For how long did EBF is needed?	< 6 month	164	52.2
	About 6 month	109	34.7
	Beyond 6 month	41	13.1
How did you know when there is adequate breast milk?	If the baby is satisfied	169	53.8
	If the baby slept after feeding	89	28.4
	Others**	56	17.8
Did EBF for 6 month prevent child from diarrhea?	Yes	86	27.3
	No	193	61.3
	Don't know	35	11.4
Did EBF prevent pregnancy?	Yes	100	32
	No	53	16.7
	Don't know	161	51.3

Table 2: Knowledge of study participants towards exclusive breastfeeding, Mizan Aman, Ethiopia, April 2015 (n=314). *From school, family, neighborhoods. **If the mother eats well, be healthy and takes enough rest it will be enough.

Attitude of respondents towards EBF

In this study majority 281(89.5%) of mothers prefer to feed their child breast milk only (have positive attitude) which outnumber mothers who mentioned the child should exclusively breast fed for 6 month, of whom 205(73.0%) believed that EBF is better than artificial feeds.

About fifty nine point three percent of mother agreed that only EBF is enough up to 6 month. Among the studied mothers a high proportion 189(60.2%) of mother believed coloustream should not be discarded. A higher proportion 187(59.6%) of studied mothers didn't feel comfort when they give extra foods other than breast and about

half of mother 182(58.0%) agreed with that child on EBF is healthier than who is not (Table 3).

Variables		Frequency	Percent
What do you prefer to feed your baby for the first 6 months?	Breast milk Only	281	89.5
	Breast and other food items	33	10.5
Do you think that EBF is better than artificial feeding (n=281)?	Yes	205	73
	No	67	23.8
	Don't know	9	3.2
Do you believe that the first milk (colostrums) should be discarded?	Yes	125	39.8
	No	189	60.2
Do you Agree that only EBF is enough for child up to 6 months?	Agree	186	59.3
	Disagree	128	40.7
How did you feel when you give extra food your child?	Didn't feel comfort	187	59.6
	Comfortable with it	127	40.6
Why you are not comfortable with extra feeding other than breast (n=187)?	Not sufficient to meet Childs demand	82	43.9
	It's not necessary for the child	75	40.1
	Complain feeling of pain	30	16
Do you Agree that child less than 6 month who is exclusively breast feed is healthier than child who takes additional food?	Yes	182	58
	No	79	25.1
	I don't know	53	16.9

Table 3: Attitude of study participants towards exclusive breastfeeding, Mizan Aman, Ethiopia, April 2015 (n=314).

Exclusive breastfeeding practices among respondents

In this study all mothers breastfed their child. Majority 188(59.9%) of participants had initiated breastfeeding immediately, while 14(4.5%) of mothers initiated breastfeeding one day after delivery. Above half 209(66.6%) of mothers were feeding breast on demand, majority of

them 243(77.4%) hadn't gave pre lacteal food for their new born baby. Plain water was given for about 34(47.8%) of babies before breastfeeding was initiated and EBF was reported only by 83(26.4%) of mothers, while 116(50.2%) gave additional cow milk (Table 4).

Variables		Frequency	Percent
Have you breast feed your last child?	Yes	314	100
When did you start breastfeeding after delivering Your last child?	Immediately	188	59.9
	After 2-24 hour	112	35.7
	After 24 hour	14	4.5
How frequently did you breastfeed your last child?	On demand	209	66.6
	Regularly	101	32.2
	Randomly	4	1.3
Have you given your last baby anything before initiating breastfeeding?	No	243	77.4
	Yes	71	22.6
What was given to your last baby before	Plain water	34	47.9

breast milk after delivery?	Cow milk	25	35.2
	Butter	12	16.9
What was given to your last child starting from birth to 6 month?	Cow and breast milk	116	36.9
	Breast milk only	83	26.4
	Formula	23	7.3
	Other *	92	29.3

Table 4: Exclusive Breastfeeding practices of study participants towards exclusive breast feeding, Mizan Aman, Ethiopia, April 2015 (n=314). *Juice, tea, soup and plain water.

Discussion

This study investigated KAP of EBF among mothers who have children less than two years of age. In this study majority (93.6%) of study participants had ever heard about EBF which was similar with local and other countries studies as a study in Bedele, Ethiopia which found that majority of mothers, 91.8% knew the importance of EBF [11], a study done in Ambo Ethiopia in which 90.8% of mothers were Knowledgeable about EBF [16] and a study done in Nigeria in which majority (88.0%) of the respondents reported to have heard about EBF [8]. Although majority of respondents had good knowledge concerning EBF, only about one third of mothers (34.7%) mentioned the recommended duration of EBF which was lower than a study done in Debre Birhan Ethiopia in which 83.4% of mothers were knowledgeable with the recommended duration of EBF [15].

In this study even though only 59.3% believe that only EBF is enough up to 6 months, majority (89.5%) of mothers prefer to feed their child breast milk only which was similar with a study in Bedele, Ethiopia which found that majority of mothers (87.3%) had good attitude and strongly agree that the EBF is advantageous for infants aged less than six months [11] and a study done in Debre Birhan Ethiopia in which about 97.5% of mothers had a positive attitude towards EBF practice [15]. While the findings of this study showed higher number of mothers with favorable attitude towards EBF in comparison with a study in Southern Ethiopia which found that 56.7% of mothers had favorable attitude towards EBF [12] and a study done in Nigeria in which more than 50% of the women had positive attitude towards breastfeeding [8]. This difference might be due to difference in socio-demographic characteristics of study population, study period and the study area.

In this study EBF was reported only by 26.4% of mothers which is lower than the national report in which 52% of children less than six months were exclusively breastfeed [5]. A study in Arbaminch, Ethiopia showed that 55.6% were exclusively breastfed their children for 6 months [10], a study in Bedele, Ethiopia in which 43.6% of mothers practiced EBF for the first six months after delivery [11], a study in Southern Ethiopia which found that nearly half (48.2%) of mothers EBF their infants [12], a study in Harar, Ethiopia which found EBF was 51.8% [13], a study in Gondar which showed EBF rate among respondents was found to be 35.9% [14], a study done in Debre Birhan Ethiopia in which 68.6% of mothers practiced EBF to six months [15] and a study done in Ambo Ethiopia which showed prevalence of EBF was 82.2% [16].

The findings of this study was also yields closer result with a study in Addis Ababa, Ethiopia which found 29.3% prevalence of EBF under six

months [9], and it was found to be higher than a study done in Abha female educational district, Saudi Arabia in which EBF for 6 months was reported only by 32 (8.3%) participants [6] and a study done in Kinshasa, Congo that only 12 (2.8%) infants were exclusively breastfed [7].

This difference might be due to lack of knowledge about optimal breastfeeding practices in which optimal BF was reported only about 34.7% , due to field and home activities and due to the resumption of income-generating activities, might be due to difference in socio-demographic characteristics, differences in cultural habit and differences in the study area and period. This difference might also probably due to the chance to afford replacement feeding, so as to avoid breastfeeding. Additionally methodological differences might also contributed as some studies like the DHS [5] calculated exclusive breastfeeding over a 24 h recall period which appears to exaggerate the prevalence of EBF at six months [18] but this study, used recall since birth.

Limitations

This study shares the limitation of a cross-sectional study design. Additionally this study may introduce social desirability and recall bias since infants 2 years were included. This study was also not supplemented with qualitative data.

Conclusions and Recommendations

In this study even though majority of mothers were knowledgeable about EBF and have positive attitude towards EBF, knowledge with recommended duration of EBF, attitude of mothers towards sufficiency of EBF and EBF for 6 months was found to be low. This study concluded poor knowledge and practice to EBF for the first six months postpartum among women in Mizan Aman Town.

Based on the findings of this study, since EBF promotions improve infant survival it is recommended that, the fact that a large proportion of mothers practiced sub-optimal feeding practices after 11 years of development of the national Infant and young child feeding (IYCF) guideline [19] indicates the need for strengthening the behavior change communication on optimal IYCF practices.

Attention in health planning should be given to EBF promotion; health care providers and decision makers should be comprehensively addressed issues to improve EBF practices in the community.

Improving access to information on recommended infant feeding during routine maternal and child health services and strengthening the nutrition counseling during antenatal and postnatal sessions.

Educating mothers about optimal child feeding practices at different occasion like holy day and other gatherings is better opportunity to enhance mothers' knowledge of child feeding practices.

In order to promote optimal duration for EBF, the WHO advocated for minimum enabling conditions such as paid maternity leave, part-time work arrangements, facilities for expressing and storing breast milk and breastfeeding breaks for women in paid employment [20] is recommended.

Ethical Considerations

Ethical clearance was obtained from Mizan Tepi University, College of Health Sciences, Support letter was written by Mizan Tepi University to Mizan Aman City administration and official permission was obtained.

Competing Interests

We declare that we have no financial or non-financial competing interests.

Author's Contributions

All the authors' are responsible for the design of the research NT, DA, ED and BH developed the proposal, supervised the data collection and analyzed findings by ensuring the quality of collected data. NT is the corresponding author submitted the paper for publication. All authors reviewed the manuscript and approved the final version.

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References

1. WHO (2010) Indicators for assessing infant and young child feeding practice. USAID part 3 Geneva.
2. WHO (2010) Early Initiation of Breastfeeding: the Key to Survival and Beyond.
3. WHO (2014) Exclusive breastfeeding. Nutrition.
4. CARE (2010) Infant and Young Child Feeding Practices. Collecting and Using Data: A Step-by-Step Guide: Cooperative for Assistance and Relief Everywhere, Inc.
5. Central Statistical Agency [Ethiopia] and ICF International (2012) Ethiopia demographic and health survey, 2011. Addis Ababa, Ethiopia and Calverton, Maryland, USA.
6. Al-Binali AM (2012) Breastfeeding knowledge, attitude and practice among school teachers in Abha female educational district, southwestern Saudi Arabia. *Int Breastfeed J* 7: 10.
7. Pélagie B, Philippe D, Pierre A, Nathalis M, Emile O (2015) Predictors of discontinuing exclusive breastfeeding before six months among mothers in Kinshasa: a prospective study. *Int Breastfeed J* 10: 19.
8. Mbada CE, Olowookere AE, Faronbi JO, Oyinlola-Aromolaran FC, Faremi FA, et al. (2013) Knowledge, attitude and techniques of breastfeeding among Nigerian mothers from a semi-urban community. *BMC Res Notes* 6: 552.
9. Tigest S, Amare W, Yemane B (2015) Factors associated with exclusive breastfeeding practices of urban women in Addis Ababa public health centers, Ethiopia: a cross sectional study. *International Breastfeeding Journal* 10: 22.
10. Dessalegn T, Shikur M (2013) Maternal knowledge of optimal breastfeeding practices and associated factors in rural communities of Arba minch Zuriya. *International Journal of Nutrition and Food Sciences* 3: 122-129.
11. Tsedeke W, Gadisa D, Ababa W, Genet M, Girma N, et al. (2014) Knowledge, Attitude and Practice of Exclusive Breast Feeding Among Lactating Mothers in Bedelle Town, Southwestern Ethiopia: Descriptive Cross Sectional Study. *Researcher* 6: 11.
12. Kassa E, Negash W (2015) Attitude and Practice Towards Exclusive Breast Feeding and Its Associated Factors Among HIV Positive Mothers in Southern Ethiopia. *American Journal of Health Research* 2: 105-115.
13. Abera K (2012) Infant and Young Child Feeding Practices among Mothers Living in Harar, Ethiopia. *Harar Bulletin of Health Sciences* 4: 66-78.
14. Berihun A, Berhanu B (2014) Breastfeeding practice and associated factors among female nurses and midwives at North Gondar Zone, Northwest Ethiopia: a cross sectional institution based study. *International Breastfeeding Journal* 9: 11.
15. Maeza M, Mesele A, Zelalem K (2015) Factors associated with exclusive breastfeeding practices in Debre Berhan District, Central Ethiopia: a cross sectional community based study. *International Breastfeeding Journal* 10: 23.
16. Zenebu B, Belayneh K, Alayou G, Ahimed A, Bereket C, et al. (2015) Knowledge And Practice Of Mothers Towards Exclusive Breastfeeding And Its Associated Factors In Ambo Woreda West Shoa Zone Oromia Region, Ethiopia. *IJRDP* 3: 1590-1597.
17. Bench Maji Zone Health Bureau (2015) Bench Maji Zone 2008 EC/2015 GC corrected Population used as a denominator for planning.
18. Greiner T (2014) Exclusive breastfeeding: measurement and indicators. *Int Breastfeed J* 9: 18.
19. Tesfaye S (2012) Factors associated with exclusive breastfeeding. *International Breast feeding practices among mothers in Goba district, south east Ethiopia: a cross-sectional study. Research* 7: 17.
20. Sguassero Y (2008) Optimal duration of exclusive breastfeeding. RHL commentary, In *The WHO Reproductive Health Library Geneva: World Health Organization.*