International Journal of Social Science Research and Review

http://ijmmu.com
editor@ijmmu.com
Volume 4, Issue 1
March, 2021
Pages:51-64

Knowledge and Practice of Breast and Complementary Infant Feeding Among Mothers in Shinasha Culture: The Case of Bullen Woreda, Metekel Zone, Ethiopia

Assefa Hirpa Anbesho; Getachew Roba Agegnew

Department of Early Childhood Care and Education; College of Education and Behavioral Studies Jigjiga University, Ethiopia

Department of Psychology, College of Social science and Humanities, Bonga University, Ethiopia

https://doi.org/ 10.47814/ijssrr.v4i1.75

Abstract

The objective of this study was to investigate knowledge and practice of breast and complementary infant feedings among mothers of Shinasha culture in Bullen Woreda. The study was undertaken in four kebeles and 80 participants were selected by using convenient sampling. Questionnaire, interview and focus group discussion were used to collect data. The data were analyzed using SPSS version 26 to compute descriptive statistics, Pearson correlation and one-way ANOVA. The result of analysis reveals that mothers were not given any information about infant feeding before birth of the infant and after birth of the infant mothers got information about breast and complementary infant feeding elder mothers. There is no significant difference among mothers on their knowledge and practice of breast and complementary infant feeding on the three categories of age. Mothers lacked sufficient knowledge about importance of breast feeding for breastfeeding mothers and biased in duration of breastfeeding between both sexes of their infants. The knowledge of complementary infant feeding mothers reported that male infants should start complementary foods earlier than female infants. It is concluded that there is no statistically significant difference among mothers by their knowledge level practices on breast and complementary infant feeding on their age groups. Finally, it was recommended that all concerned bodies of the community, health extension workers etc. should take their parts in educating and creating awareness for mothers about breast and complementary infant feeding.

Keyword: *Breastfeeding; Complementary Feeding; Knowledge Mothers; Practices*

1. Introduction

Most women are eventually able to breastfeed. Nevertheless, it is not an instinctive act. (Vinther &Helsing,1997). Breast feeding is an art that has to be learned. A few women breastfeed easily from the first day and never have a problem, but many meet challenges somewhere along the road. When that happens, most women need encouragement and skilled support to continue to breastfeed effectively (Vinther et, al.1997).

Although, breastfeeding is uniquely mothers 'activity, and all literature and practice concerned with infant feeding are by definition about mothers, it has held little interest for feminists. This lack of apparent concern with breastfeeding is in marked contrast with extensive feminist attention to other areas of women 's health and reproduction. Indeed, one might have expected that Oakley 's path breaking study of child birth. (Oakley, 1980 cited in Carter, 1995) would have triggered interest in the close related areas of lactation. With very few exception (e.g., Maher,1992; Oakley,1993; Dtbal,1992 in Carter,1995) feminist energy in relation to the politics of breast-feeding has provided little challenges to the main stream pre-occupation.

In addition, modern philosophers and writers of the 19th and 20th centuries like Pautarch, Laufenberg, Comenius & McCleary (cited in Fischer&Lazerson,1984) have also urged mothers to breastfeed their new born by stressing that refusal to breast feeding means promoting mortality and suffering. Several researchers like (Harfauche, 1990; Arnup, 1994;(as cited in Tesfaye, 2005) affirm that breast feeding is the normal way of feeding the human infant and fundamental determinant of growth, development and survival of the infant. Generally breastfeeding seems to be worldwide phenomena of having countless advantages particularly to new born. According to Rinda (2005) breastfeeding saves six million infants living each year by preventing diarrhea and acute respiratory infections. Research conducted in developing countries reveal that infant and early childhood mortality is found to be lower among breastfed infants than complementary (bottle) fed ones (Gray, Palloni, et al; Mujumder, Marrow et al; cited in Yeshwamebrat, 1995).

In addition to nutritional values, breast feeding provides psychological values as much as warmth, affection, sense of security, self-reliance and the overall emotional needs of the child.

In Ethiopia breast feeding is widely practiced. The 1990 National Family and Fertility Survey (NFFS) show that 97 percent of women breastfed their last child, the average duration being two years and one month. In spite of its high prevalence in Ethiopia the average duration of breastfeeding appears to be declining as a result of various psychological and demographic factors (Fischer &Lazerson, 1984) (. However, its decline leads to the loss of all the above-mentioned benefits and call for early intervention. On the other hand, it is only after 1950s that the importance of breastfeeding for children 's psychological health become brightly favored when Freud 's thought about the significance of early experiences began to have strong pressure (Fischer et, al.1984). Therefore, the practice of breastfeeding for infants 'social, emotional and personality development by establishing emotional attachment with mothers has earned an increased attention.

The issue of breast feeding seems to call the attention of policy makers of America. A meeting of WHO/UNICEF (1990) resulted in global initiative, Innocent Declaration on the protection, promotion and support of breastfeeding stated as follows, **"**For optimal breastfeeding all women should be enabled to practice exclusive breastfeeding and all infant should be fed exclusively on breast milk from birth to four to six months of age. Subsequently children should continue to breast feed, while receiving appropriate and adequate complementary foods up to two years of age or beyond**".**

Likewise, the new Ethiopian policy considered promoting breastfeeding practices as one of the strategies to attain the objectives of reducing existing high child fertility and mortality rates in Ethiopia. As breastfeeding is a unique practice with multiple benefits, nutritive, protective, contraceptive, affective, cognitive and behavioral that takes place during critical (sensitive) periods of human development, its preservation or promotion appears obligatory. And that is why it is cited in slogan ―Breast milk is the best for the baby‖ and a supreme method suited for the psychological and physiological needs of the children.

2. Statement of the Problem

Globally, breastfeeding practices have been decreasing over the years. Wet nursing, an ancient social custom, was widely accepted for many years (Fildes 1995). In Western Europe, from the early second millennium wealthy families employed wet nurses to feed their children. As an alternative to breastfeeding or as a complement, different types of artificial feeding (see fig 2 on the appendix) have probably always been used - cow's milk, goat's milk or milk from other animals, and/or cereal. This decline started in the industrialized countries and then spread to other less developed countries, especially in large cities and urban settlements (Jellife & Jellife and Palmer cited in Aarts 2001).

The failing to receive human milk has undoubtedly been associated with problems and has been found in many instances to be fatal, or detrimental to the health of the newborn infant, as mammalian milk is species-specific and there are distinct differences between the milk of different mammals Lawrence and Lithell (cited in Aarts 2001). In the eighteenth and nineteenth centuries high infant mortality rates in certain areas in the world could be related to low breastfeeding rates, due to the extremely high work load of the women.

Several research evidences such as, Harfauche, 1990; Arnup, 1994 ;(as cited in Tesfaye 2005), have carried out the possible contribution of infant feeding methods to their health and developmental patterns. It is stated that breastfeeding, especially the exclusive type, had been and still perceived differently, not only by the breastfeeding mothers but also by other segments of the society across every spectrum. That is, the varying physical, social and cultural environments exert their own negative or positive influence on the process of breastfeeding. Because of such influences, breastfeeding and simultaneous observations and processes like maternal knowledge, attitude and practice which can themselves be articulated by prevalence, rate, initiation, duration, termination, care for breast shape and size in order to have the breast which is small, round, firm to indicate that they are young yet (Spitzack cited in Jones, 2004) are also likely to be influenced and vary across socio-economic and demographic disparities. Therefore, changes in the physical and socio-cultural environment can result in changes in infant feeding practices of mothers like breast and complementary infant feeding.

Since the study area is one part of Ethiopia, the declining duration of exclusive breastfeeding and early introduction of complementary foods is becoming common practices. It is the writer ‘s observation that mothers in the study area seem to lack knowledge about especially the necessity of breast milk to their infants because they are not giving good attention to their infants.

Since the study area is one part of Ethiopia, the duration of exclusive breastfeeding and early introduction of complementary foods is becoming common practices. Mothers in the study area seems lacking knowledge about especially the necessity of breast milk to their infants because they are not giving good attention to their infants. And this study tries to assess knowledge of these mothers about the importance of breast feeding to their infants and timely initiation of complementary foods. If this down sides continues the number of infant’s death will increase because of lack of immunological value of breast milk to infants particularly at the infant stage of development. However, no studies were documented about breast and complementary infant feeding patterns in the study area.

Hence, to make some contribution to Bullen *Woreda* and its surrounding *Kebeles* an attempt has been made to investigate the knowledge, attitude and practice of mothers on breast and complementary infant feeding among mothers in Shinasha culture.

Therefore, conducting a study on the Knowledge and Practice of Breast and Complementary Infant Feeding Among Mothers in Shinasha Community: The Case of Bullen Woreda, Metekel Zone, Ethiopia may help us to further understand the issue.

Hence, this study, attempted to answer the following research questions:

- Ψ Is there a difference in breast and complementary infant feeding knowledge attitude and practices, as a function of age?

- Ψ What is the knowledge and practice of mothers on breast and complementary infant feeding?

3. Research Methods

Cross-sectional survey design was used. Hence, the study employed a mixed research approach. And hence, the target population of the study were mothers who are breastfeeding their infants and whose age limitation is in between 18-45. The study was carried out at Metekel Zone Bullen Woreda. Four kebeles were purposefully selected due to their relative crowd population of breast-feeding mothers. Among the total mothers 80 mothers were selected by using convenience sampling. The sampling technique that has been used is non- probability sampling in which case respondents meeting the required ethnic group and having the infant from birth up two years of age has been selected by using convenience sampling.

There are 19 Kebeles in Bullen Woreda. In order to gather data from four kebeles of the woreda, which are *(Bullen 01, Emanj Azem and Mora* have been selected purposely because of their relative breast-feeding population.

According to Woreda Health Office, it is very difficult to have the exact number of mothers who have infants below two years of birth and breast feeding currently. But the information from kebeles health extension workers indicates that there are around 272 mothers feeding infants currently. Among these Bullen 01 has around 68 mothers and among these 20 mothers were selected. In Emanj there are 57 and among these 17 mothers, in Benosh 62 among these 18 mothers and finally Azem there were 85 mothers among these 25 mothers were selected by using convenience sampling. So totally the samples of 80 mothers of having a child below two years who are living in four *kebeles* of the *Woreda* were selected.

4. Result

Table 1. Background Information of the Respondents

Age of Mothers	Frequency	Percent
18-24	24	30.0
25-45	42	52.5
46-60	14	17.5
Total	80	100
Religion		
Orthodox	61	76.2
Protestant	19	23.8
Total	80	100
Residential Areas		
Big Town	9	11.3
Small town	21	26.3
Rural	50	62.5
Total	80	100
House wife	57	71.3
Petty trade	12	15.0
Gov. Employee	11	13.7
Total	80	100
Monthly Income		
<200 Birr	29	36.3
200-500	32	40.0
500+	19	23.8
Total	80	100
Educational Level of Mothers		
Couldn't read and write	36	45.0
Elementary	22	27.5
Secondary	11	13.8
Certificate/Diploma	7	8.8
Degree and above	4	5.0
Total	80	100.0

As revealed from Table 2 above, the most frequently occurring age category is the age between 25-34 years. It is modal age common to the 42 (52.5%) of respondents. Computation of the age of the mothers indicates that they are around middle adulthood in terms of developmental category. Similar computation also shows that 24 (30 %) of the respondents are mothers with age range of between 18-24 years which indicates that they are in the adolescent stage. Lastly, the 14 (17.5%) of the respondents are found in the age range of between 35-45.

The religion affiliation of most respondents was Orthodox Christian followed by Protestant believers. On average, 76.2%were Orthodox Christians while others 23.8%were Protestants.

Regarding the residential areas, (62.5%) of the respondents were living in rural areas while others (26.3%) were living in a small town. And a very insignificant number of the respondents were living in a big town (11.3%).

Occupation wise, most of the respondents (71.3%) appears to be housewives followed by petty trading (15%) and government employees (13.7%).

Concerning monthly income, (40%) of the respondents earns the monthly income of birr between 200-500. Whereas (36%) of respondents earns birr less than 200 per month and (23%) of the respondents earns birr 500 and above.

With regard to educational status, 45% of the respondents did not read and write and while only 5% of the respondents have attained education above degree. 27.5% of the respondents attended elementary education, 13.8% secondary education and 8.8% certificate/diploma.

Table 2. Knowledge of Desirability of Colostrum's for Infants

Desirability of Colostrum's	Frequency	Percent
Desirable	43	53.8
Undesirable	16	20.0
Don't know	21	26.2
Total	80	100.0
Knowledge of Breast-Feeding Advantage for Breastfeeding Mothers		
Has merit to mothers	20	25.0
Has no merit to mothers	55	69.0
Don't know	5	6.0
Total	80	100
Knowledge of Duration of Exclusive Breast Feeding Based on Sex		
Males	58	72.5
Females	22	27.5
Total	80	100

With regard to the mother's awareness 53.8% have awareness/knowledge about the necessity of colostrum's feeding to their infants. While, 20% of mothers replied ―not desirable‖ about the importance of colostrum's feeding to their infants. 26.2% replied that they are not sure about the desirability of colostrum's feeding to their infants.

As shown on the above table almost all respondents (69%) replied that breast feeding does not have any advantage for breast feeding mothers. On the other hand, 25% of the respondents answered that breast feeding is useful to breast feeding mothers. The remaining respondents (6%) replied that they are not sure about the importance of breast feeding to breastfeeding mothers.

This indicates that awareness creation program has to be prepared by health extension workers to mothers about breast feeding importance's to breast feeding mothers.

As indicated from the table, 72.5% of the participants replied that among both sexes of their children males should breastfed for longer period of time. In contrast to this, 27.5% of respondents replied that females should breastfed for longer period of time. This has important implication that mothers should be

made aware by health extension workers about both sexes of their children should be treated equally in breastfeeding duration.

Table 3. One-Way ANOVA for Knowledge of Breastfeeding as a Function of Age Categories of Mothers

D.V	Demog. C	Descriptive Statistics			DF			
Variables measuring knowledge	Age. C	N	Mean	SD	DF B/n. G	DF W/n. G	F	Sig.
	18-24	24	1.80	.83				
	25-45	42	1.82	.69	2	77	.932	.398
	46-60	14	1.9	.67				
	Total	80	5.52	2.19				

p>0.05 (2-tailed)
NB: Demog C=Demographic characteristics
Age C= Age characteristics

The above ANOVA table shows that there is no statistically significant difference in the knowledge of breastfeeding as a function of age of mothers [(2, 77) = .932, p> .05]. That is knowledge of breastfeeding did not reveal differences in the age of mothers.

Table 4. Pre-Lactal Feeding Practices of Mothers

Item	Frequency	Percent
Feeding practices before lactation		
Fresh better	39	48.8
Honey	1	1.3
Cow's milk	21	26.3
Other	19	23.8
Total	80	100
Colostrum's Feeding Practices		
Discarded away	32	40
Fed the new born	48	60
Total	80	100

The research participants were asked to indicate the kind of pre lactal food a new born was provided soon after birth. Accordingly, the practice indicated in table 10 reveals that most of the respondents (48.8%) answer during time of birth they gave their new born infant with fresh butter before breast milk. And the least number of respondents (1.3%) gave their infants honey. Some (26.3%) gave cow 's milk to the infants just at the time of birth.

This idea was also strengthened by the interview made with kebele health extension workers and said that it is not possible to say that there are totally no harmful traditional practices (HTPs) in the kebeles like giving fresh butter, removing tonsils etc., but it is significantly declining.

Table 10 above also indicates that most mothers (60%) feed their new born infants with colostrum's. The remaining (40%) answered that they discarded/ never fed their infants colostrum's which is the first milk of mother.

Table 5. Sources on Information about Complementary Infant Feeding

Sources on information by	Frequency	Percent (%)
Husband	2	2.5
Elder mothers	25	31.5
Radio/Television	1	1.3
Cultural experience	6	7.5
Health extension workers	32	40
Nobody	14	17.5
Total	80	100

As indicated from the sources of information about complementary infant feeding, the mothers were asked about the sources of information on how, when and why to give complementary foods to their infants. Accordingly, the majority of the respondents (40%) answered that they were informed by the health extension workers. And then followed by elder mothers (31.3%) and some mothers were informed by nobody (17.5%).

Table 6. Knowledge on the Initiation of Complementary Foods to Infants

Awareness on the Initiation of Complementary Infant Feeding	Frequency	Percentage
Within a month	1	1.3
Within three months	1	1.3
Within six months	14	14
After six months	64	64
Total	80	100
Merits of Complementary Infant Feeding to Mothers		
Has merits to mothers	69	86.2
Has no merits to mothers	11	13.8
Total	80	100
Early Initiation of Complementary Foods Based on Sex of the Infants		
Males	34	42.5
Females	22	27.5
Other	24	30
Total	80	100

The above indicates that, most respondents (80%) started giving complementary foods to their infants after six months of age. On the other hand, others (1.3%) of the participants replied that the infants were given complementary foods within a month and within three months of age. This implies that there are mothers who lacked awareness on the times of initiation of complementary foods to their infants so that, health extension workers need to work hard to create awareness among mothers about the appropriate time of introduction of complementary foods to infants.

As it can be observed also from the above table mothers were asked whether giving complementary foods to their infants has advantage for them or not, almost all mothers (86.2%) said that it is advantageous

for them by that if the infant has got sufficient complementary food it may not show upsetting behavior up on them.

As one can also understand from the above table 6 mothers were also asked about their awareness on the early initiation of complementary foods among both sexes, the majority replied that males should start complementary foods earlier for the reason of making male infant rapidly grow.

Table 7. Practices on the Occasions of Complementary Infant Feeding

Occasions of practicing	Frequency	Percent
Once a day	3	3.8
Two -three times a day	45	56.2
Three-four times a day	25	31.2
Four -five times a day	3	3.8
Five to six times a day	4	5
Total	80	100

The above table revealed that majority of the respondents '(56.2%) answered that they provide their infants with complementary foods two to three times a day. Next to this 31.2 % of the respondents said that they gave their infants with complementary foods three to four times a day. Lastly 3.8% of the respondents replied that they gave their infants with complementary foods once and five to six times a day.

5. Discussion

Regarding the sources of information about breast feeding the result is discussed as follows. Almost half of respondents (51.2%) were not given any information about breast feeding before birth. The sources on information about how, why and when to breastfeed reveals that most mothers (40%) got information from elder mothers. Also, it has been stated that, information about breastfeeding is not always readily available to mothers nor easily understood by them because of their level of education so information from elder mothers is preferred by mothers. This is probably because as to (Moore et.al., 2007) many mothers rely on books, leaflets, and other written materials as only source of information on breastfeeding but using these sources to gain knowledge about breastfeeding can be ineffective, especially for low-income women. In relation to the sources of information about complementary infant feeding, the mothers were asked on how, when and why to give complementary foods to their infants. Accordingly, the majority of the respondents (40%) answered that they were informed by the health extension workers.

With reference to knowledge of breast-feeding different aspects of breast-feeding results can be discussed as follows. On the awareness of the advantage of colostrum's feeding to their infants most mothers (53.8%) have good knowledge about it. But, in contrast to a study conducted by Harris, (1993) in many cultures' mothers due to lack of awareness about the importance of colostrum's were not interested to feed it for their infants. Because of its color and thickness many mothers considers it as dirty until it is replaced by milk from 3 to 4 days after child birth. Mothers were also asked about the importance of breastfeeding-to-breastfeeding mothers. The majority of the mothers (69%) reported that breastfeeding is not advantageous for them. On the contrary, the study conducted by (Wiesenfeld, cited in Clark, 2003) showed that mothers who breast feed tend to be more responsive to their infants also, breast feeding in terms of its health advantage, several studies have found the risk of breast cancer, ovarian cancer, osteoporosis to be higher for women who have never breastfed than mothers who breastfed (Bernier, 2000).

In relation to the duration of breastfeeding on the basis of sex about 72.5% of mothers replied that males should breast fed for longer period of time than females because males are expected to be, grow in fast pace, to be strong enough to help fathers at farm lands, to help them in domestic labors, to have prestige and respect in the society. This finding was also supported by research conducted by (Huggerty, 1999) in Near East/North Africa and Asia reveals that males tend to be breastfed for longer duration than females. Similarly, a study by Akin, (1986) in India reported that real discrepancies in breast feeding duration by sex of child, males are being breastfed longer than females.

Generally, knowledge of mothers about breastfeeding on the basis of age shows that there is no significance difference on awareness/knowledge level of mothers 'age. The awareness about the initiation of complementary infant feeding is concerned; most respondents indicated that they started giving complementary foods to their infants after six months of age.

This finding was also supported by WHO global infant feeding recommendations WHO, 2002 (Cited in Kanoa, J.B. 2011), complementary feeding (solid food) should be started after six months. On the other hand, other small number of the participants replied that the infants were given complementary foods within a month and three months of age.

Various research evidences of the past such as (Al-sahirafi, M. (2002) cited in. Kanoa, J. B. (2011) revealed that both too early initiation and too late initiation are disadvantageous. Accordingly, early introduction of complementary feeding is associated with more wheezy and respiratory illness, undesirably increase renal solute load, increase the risk of infection, compromise the maintenance of lactation amenorrhea, and possibly expose the infant to dietary antigen. And giving complementary feeding too late may impair growth because the nutrients density of liquid diet is low and if they are not introduced before 10 months of age, it may increase the risk of feeding difficulties which may have an impact on dietary habits later in life. So, that is it finally stated that there may be a critical window for introducing complementary foods to infants. (Illigworth, 1964).

About (86.2%) of mothers reported that they gave complementary food to their infants earlier because of its advantage for them. Concerning the knowledge of early introduction of complementary foods to the infants on the basis of sex most mothers 'said that males should start complementary foods earlier than females. This is similar with the research conducted by (Huggerty, et, al.1999), sex differences in the introduction of complementary foods were more pronounced, in the Near East/North Africa, boys were given complementary foods almost a month earlier than girls (6.9 vs. 7.7 months).

Finally, there is no significance difference between knowledge of complementary infant feeding and age of mothers. The research participants were asked to indicate the kind of prelactal food a new born was provided soon after birth. Accordingly, most respondents practice indicates that at time of birth they gave their new born infant with fresh butter before breast milk. As to Rada (1996), this is the common practice that Ethiopian mothers appears to share providing their new born unrefined fresh butter believing that it is good for infants though the practice is frequently cited as harmful traditional practices (HTPs).

In relation to the practice of colostrum's feeding most mothers (60%) fed their new born infants. Similarly, as the research finding by (Greiner, 1996), indicates that mothers gave colostrum's to their infants nowadays because of the result of attempts made for several years to encourage its feeding as a norm.

Most mothers 'practiced exclusive breast feeding before six months of age. So the majority of the respondents (86.3%) fed and is feeding only breast milk for their infants. The innocent Declaration on the protection, promotion and support of breastfeeding stated in WHO/UNICEF (1990), also indicates that: For optimal breastfeeding, women should practice exclusive breastfeeding and all infant should be fed exclusively on breast milk from birth to four to six months of age.

It is indicated that, majority of the respondents (62.5%) replied that they practiced early initiation of breast feeding just one hour after birth. Similarly, the earlier study conducted by Righard and Alade, (as cited in Hggerty, 1999) revealed that early initiation of breastfeeding within the first hour of life is important because it fosters mother-infant bonding and takes advantage of the newborn's intense sucking reflex and alertness immediately postpartum, which permits the newborn to benefit from the nutritional, antibacterial, and antiviral properties of colostrum's. On the others hand, few respondents said that they practice breast feeding after three days of birth. And a research by Perez- Escamilla, (as cited in Hggerty, 1999 states that delayed initiation of breastfeeding may result in the newborn being provided with other sources of nourishment that can introduce infection and delay lacto- genesis (milk arrival). Such kind of practice is in opposite to the immediately after birth 'comment of physicians.

Finally, there is no significance difference among mothers age on practices of breastfeeding. In relation to the practices of initiation of providing infants with complementary foods, almost all participants (92.5%) were initiated to give complementary foods to their infants after six months of birth. About (32.5%) of mothers gave cow 's milk as the first complementary food to their infants. But, according to Okolo, 1999) in other parts of the world gruel is given regularly as the first complementary foods to infants.

Regarding the occasion or frequency of providing infants with complementary foods, majority (56.2) of the respondents practiced it two –three times a day. In contrast to this few research studies revealed that feeding infants two-three times is not sufficient. It must be practiced five to six times a day in addition to breast feeding otherwise malnutrition will be caused in infants (Singh, 2004).

Singh also said that as the infant start taking complementary foods well, the infant should be given breast milk first and then complementary foods. This will ensure adequate lactation.

And also, the practice of mothers on complementary infant feeding there is no significant difference between age mothers and practice of complementary infant feeding.

Conclusion

Based on the findings the following conclusions were drawn. Information about breast feeding was not given to mothers before birth. Elder mothers were found to be good sources of information on how, when and why to breastfed infants after birth. There is no statistically significant difference on awareness/knowledge level, attitude, and practices of breastfeeding as a function of age of mothers.

There is no statistically significant difference on knowledge, attitude and practice on complementary infant feeding as a function of age of mothers.

Mothers showed good deal of knowledge on breast feeding except on few areas likes:

- Ψ The lack of awareness about importance breastfeeding for breastfeeding mothers.
- Ψ Lack of awareness on equality of sex on duration of breast feeding among their children.

Mothers had positive attitude about breast feeding in such areas as:

- Ψ Self-initiated interest of breast feeding,
- Ψ Enhancement of mother- child interaction through breast feeding
- Ψ Enjoyable nature of breast feeding.
- Ψ Breast feeding does not make their appearance thin

- Ψ Breastfeeding should not be neglected as it is their cultural practices etc.
- ❖ Mothers had good practices of breastfeeding but on some areas like:
- Ψ Giving fresh butter just after birth before breast milk
- Ψ Giving breast to infants when he/she cries
- ❖ Mothers showed good level of knowledge about complementary infant feeding except in few areas like:
- Ψ Male infants should start complementary foods earlier than females due to the reason that males should grow very fast and enhance strength.
- Ψ Early introduction of complementary foods to their infants because of its advantages for mothers.

❖ Mothers had good practices of breastfeeding but on some areas like:

- Ψ Giving fresh butter just after birth before breast milk
- Ψ Giving breast to infants when he/she cries
- Ψ Mothers showed good level of knowledge about complementary infant feeding except in few areas like:
- Ψ Male infants should start complementary foods earlier than females due to the reason that males should grow very fast and enhance strength.

Recommendations

Based on the major finding obtained and conclusions drawn, the following recommendations are forwarded:

- Sufficient information should be given to mothers and the community in general about breast feeding before child birth by the health extension workers.
- Mothers should be given information on how, when and why to breastfed infants after birth not only by elder mothers but also by health professionals, husbands and media.
- Mothers should be educated that both sexes are equal and need equal feeding duration for the healthy development.
- Mothers should be helped to stop giving anything to their infants except breast milk just after birth.
- Mothers should be well oriented by health extension workers about regular schedule of breast feeding for infants.
- Mothers should know that infants of both sexes should be introduced complementary foods as their age allows means that they should be given complementary foods after six months of age.
- Work load of mothers should be minimized at home and offices to breastfeeding mothers so that they have enough time to feed their infants.

Acknowledgment

We would like to thank data collectors for their invaluable effort. Our gratitude also goes to the study participants who were volunteered and took their time to provide us all the relevant information for the study.

Competing Interest

The authors have declared that there are no competing interests.

References

Aarts, C. (2001). Exclusive breastfeeding - Does it make a difference? A longitudinal prospective study of daily feeding practices, health and growth in a sample of Swedish infants.

Akin T. (1986). Breastfeeding Patterns and Determinants in the East: An Analysis of Four Countries, Pop Studies 40(2), 247-262)

Bernier MO, Plu-Bureau G, Bossard N, Ayzac L, Thalabard JC. Breastfeeding and risk of breast cancer: a meta-analysis of published studies. Hum Reprod Update 2000; 6:374– 386. 10. Chung M, Raman G, Trikalinos T, Lau J, Ip S.

Carter, P. (1995). Feminism, Breasts and Breast feeding. Antony Rowe,Ltd, Great Britain.

Clark, R., Else, N. M..Hyde, H.S. (2003).Breastfeeding, Bonding and Mother Infant Relationship.vol.49,No4,Online Doc. available at http//www.Questia Online Lib.htm

Fischer & Lazerson(1984). *Human Development*: From Conception Through Adolescence. W.H. Freshman and Company, NY.

Fildes, V. (1995). The culture and biology of breastfeeding: An historical review of Western Europe. In P. Stuart-Macadam & K. A. Dettwyler (Eds.), *Breastfeeding. Biocultural Perspectives* New York: Aldine de Gruyter.

Griener,T.(1996).*History of Breastfeeding.* Online Document available at http//www.geocities.com.

Haggerty, P.A & Rutstein,S.O.(1999). Breast and Complementary Infant Feeding and the Postpartum Effects of Breastfeeding: Demographic and Health Surveys, Comparative
Studies No 30. Macro International Inc. Calverton, Maryland, USA.

Illingworth RS and Lister J, 1964. The critical or sensitive period, with special reference to certain feeding problems in infants and children. J. Pediatr. 65, 839-48

Jones, Diana (2004). The Cultural View of Female Breast. Online Doc. available at http:// www.tribalfusion.com.

Kanoa,J.B. (2011). *Breast Feeding, Complementatry Feeding and Weaning Practices Among Children up to 2 Years Old in Gaza Strip:* Annals of Alquds Medicine, vol/issue 7:15-26(1432, 2011)

Moore ER, Anderson GC, Bergman N (2007). Early skin-to-skin contact for mothers and their healthy newborn infants. Cochrane Database Syst Rev 2007(3):CD003519.

Rada, Baren (1996). Children abuse and neglect in Ethiopia: A paper presented for CRDA Child Working Group, AA

Singh,A.(2004). Infant and Young Child Feeding: Ministry of human Development, Department of Woman and Child Development, India.

Tesfaye Girma.(2005), Cognitive and Motor Achievements of Breastfed and Bottlefed Infants. Experienced at Gesera Woreda, Unpublished MA Thesis, AAU

Yeshwamebrat Eshetu. (1995). Breastfeeding: Determinants and Birth Interval Effects in AA, A Case Study of Zone One. AA, AAU. Msc Thesis.

Vinther,T & Helsing,E,(1997).Breastfeeding, how to support success: A practical guideline for health workers. World Health Organization Regional Office for Europe, Copenhagen.

WHO/UNICEF (1990). Strengthening action to improve feeding of infants and young children 6- 23 months of age in nutrition and child health programmes, report of Proceedings, Geneva.

Copyrights