

Factors associated with exclusive breast feeding among mothers of infants less than 6 months of age in Dubti District, Afar Region, Ethiopia.

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Abstract

Background: Breast milk is the safest and most natural food for an infant. When the baby is fed breast milk only, it is called exclusive breastfeeding. The global rates of exclusive breastfeeding rates have remained stagnant. In Ethiopia, even though breastfeeding is universal but only 58% do appropriate exclusive breast feeding.

Objective: This study was aimed to assess magnitude of exclusive breastfeeding and associated factors among 0-6 months old infant in Dubti district, Afar region, Ethiopia, 2018.

Methodology: Community based cross-sectional study was conducted from April 1-30/2018 among 400 study participants. Data was collected using interviewer administered pre tested structured questioner. Data was cleaned and entered using EPI-Data version-3.02 and exported to SPSS version-20 for analysis. Binary logistic regression analysis was used to measure the strength of association between explanatory variables and outcome variable. Variables with $p < 0.25$ on invariable binary logistic regression was further analyzed on multivariable logistic regression and statistical significance was declared at p -value $< 5\%$ with 95%CI.

Result: The prevalence of exclusive breastfeeding in the last 24 hours preceding the survey was 78.3%. Being delivered in health facilities (Adjusted Odds Ratio (AOR)=3.98, 95% CI (1.74, 9.1), feeding colostrum (AOR=7.82, 95% CI (2.43, 25.2) and received counseling on breast feeding during ante natal care visit (AOR=19.9, 95% CI (8.4, 47.32) were significantly associated with exclusive breast feeding.

Conclusion: Prevalence of exclusive breast feeding practice was above the national target set to achieve in 2018 (which is 78.3% vs. 72% respectively). Being delivered in health facilities, feeding colostrum and received counseling on breast feeding during ante natal care visit were significantly associated with exclusive breast feeding. So, Counseling on exclusive breast-feeding during antenatal care service, encourage colostrum feeding and promoting institutional delivery is mandatory.

Keywords: Exclusive breast feeding, Dubti district, Afar, Samara University, Infants, Ethiopia.

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Introduction

Breast milk is the safest and most natural food for an infant. It provides an infant's complete nutritional needs up to four to six months of age. When the baby is fed on breast milk only, it is called exclusive breastfeeding. Exclusive Breastfeeding (EBF) provides the best nutrition and growth for infants, and continued growth with the introduction of solid foods at six months [1]. The global public health recommendation is that infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and Exclusively breastfed means giving only breast milk to the infants, without mixing it with water, other liquids, tea, herbal preparations or food in the first six months of life, with the exception of vitamins, minerals or medicines. The World Health Organization (WHO) recommends the practice of exclusive breastfeeding of infants for the first six months of life after birth [2]. EBF is the best recommended infant feeding method

for the first six months of life and has a protective effect against child morbidity and mortality [3].

Exclusive breastfeeding during the first 6 months of life is of fundamental importance because it supports optimal growth and development during infancy and reduces the risk of obliterating diseases and problems. Moreover, in developed countries, exclusive breastfeeding has decreased the incidence and/or severity of diarrhea, lower respiratory infection and urinary tract infection [2,4]. Exclusive Breastfeeding for the first six months of an infant's life is a cost effective intervention in saving children's lives and it is recommended by the WHO [4]. Breastfeeding is regarded as the most cost-effective public health measure that significantly impacts infant morbidity and mortality in developing countries [5].

Exclusive breastfeeding for the first 6 months of life improves the growth, health and survival status of newborns [6] and is one of the most natural and best forms of preventive medicine [7]. High level of awareness of exclusive breastfeeding alone,

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does not necessarily translate to the practice of exclusive breastfeeding, as there appears to be an interplay of multiple factors which also includes non-modifiable factors such as the socio demographic factors.

The low prevalence of exclusive breast feeding in most developing countries is attributed to various maternal and child factors. Identifying factors associated with low exclusive breastfeeding practices in different contexts is important to take appropriate measures to avoid or reduce determinant factors and assumed to facilitate better advocacy and wider coverage in the Country [8].

In pastoralist areas such as Afar, one in five children suffers from acute malnutrition. The high rate of malnutrition contributes to the country's elevated under-five mortality rate of 88 deaths per 1000 live births, with malnourishment accounting for over half of all under-five deaths. The Afar region accounts top among all regions of Ethiopia regarding having the highest number of stunted and wasted children [8].

It is important to understand and take into cognizance the socio demographic characteristics that influence the likelihood of nursing mothers practicing exclusive breastfeeding. This will enable the design and adequate delivery of appropriate and effective strategies that actively support the establishment and sustenance of exclusive breastfeeding practice [9]. Therefore this study aimed to assess the prevalence of Exclusive breastfeeding and its associated factors in Dubti District, Afar region, Ethiopia.

Methods

Study area and period

Dubti district is located 595 km North East of Addis Ababa capital city of Ethiopia. It is in zone one of Afar region and 7 km from South east of the Samara city which is the capital city of Afar region and has an area of 65670 km². It is 378 m above the sea level. According to the woreda health office administrative report the population is involved in pastoralist and agro pastoralist particularly keeping livestock as major economic activity, based on traditional pastoralist systems. The woreda has 14 kebelles (1 urban and 13 rural) and the total households in the district were 13071, the health service coverage is 79%. There is 1 referral hospital, 3 Functional health centers, 11 functional and 8 none functional health posts. The study was conducted from April 1-30/218.

Study design: Community based cross-sectional study design was conducted.

Population

Source population: The source populations were all mothers of infants aged 0-6 months in Dubti district.

Study population: Study populations were all mothers of infants aged 0-6 months in the randomly selected kebelles of Dubti district.

Eligibility criteria

Inclusion criteria: All mothers having children aged 0-6 months of age in the selected kebelles were part of this study.

Exclusion criteria: Mothers who were seriously ill and mothers who were unable to communicate were excluded from this study.

Sample size determination

$$N = (z\alpha/2)^2 \cdot P(1-P) / (d^2)$$

Considering the following assumption:

Prevalence of exclusive breast feeding 58% [EDHS 2016]

$Z_{\alpha/2}$ = critical value at 95% Confidence level of certainty (1.96).

d = marginal error 5%

$$n = (1.96)^2 \times (0.58 \times 0.42) / (0.05)^2 = 374 + 37 (10\% \text{ non-response rate}) = 411$$

Sampling procedure

From the total 14 kebelles in Dubti District, 7 kebelles were selected using simple random sampling technique. After the total household number of the Woreda and kebelles were obtained, the needed sample from each selected kebelles was determined using population proportion to size. Finally systematic random sampling technique was used to get the sample from each selected kebelles.

Measurements

Exclusive breastfeeding was measured by asking mothers with infants aged between 0 and 6 months to provide information about the history of infant feeding for the last 24 hours. The prevalence of exclusive breastfeeding was calculated as the ratio of infants below 6 months who fed only on breast milk in the 24 hrs preceding the survey to the total number of children in the same age group (<6 months of age) [10].

Operational Definition

Exclusive breastfeeding

The prevalence of exclusive breastfeeding was calculated as the ratio of infants below 6 months who fed only on breast milk in the 24 hrs preceding the survey to the total number of children in the same age group (<6 months of age).

Data collection instrument and process

Pretested structured questionnaire was used to collect the data. The data was collected by diploma nurses who are proficient in writing and speaking both Amharic and the local language Afargna with close supervision by supervisor and the researcher.

Data quality control

The questioner was prepared in English and translated in to Amharic and local language Afargna. Data collectors and facilitators were trained for two days on the objective of study, content of questionnaire, how to help study participants and how to take consent from respondents in order to ensure quality of data; the developed questionnaires was pretested on 5% of sample size and based on feedback from pre-test, necessary modification was made.

Data analysis procedures

Data was cleaned and entered in to EPI data Vi 3.02 for cleaning and exported to SPSS versions 20.0 for analysis. Binary logistic regression analysis was made to see the significant relation independent variables with the outcome variable. Finally, independent variables with P-value<0.25 was entered to multi variable logistic regressions to control the effect of confounding and to see the independent predictor of outcome variable. The significance of the observed associations was declared at 95% CI.

Results

Socio demographic characteristics of the study subjects

A total of 400 study participants were included in the study with response rate of 97.3%.

Table 1: Socio demographic characteristics among mothers who gave birth in the last 6 months in Dubti districts, Afar region, north Ethiopia, August, 2018, (400).

Variables	N	%
Age of infant in months		
1-3	114	28.5
4-6	286	71.5
Sex		
Male	204	51
Female	196	49
Age of mother		
15-20	53	13
21-34	298	74.5
>34	49	12.5
Residence		
Urban	181	45.3
Rural	219	54.7
Ethnicity		
Afar	347	86.7
Amhara	53	13.3
Religion		
Muslim	343	85.7
Orthodox	57	14.3
Marital status of mothers		
Married	351	87.8
divorced	30	7.5
widowed	9	4.7
Number of children in HHs		
1	55	13.7
2-4	245	61.3
	100	25

>4		
Maternal education		
No formal education	297	74.3
Primary	81	20.3
Secondary	22	5.4
Income in Ethiopian birr		
≤ 500	15	3.8
501-1000	73	18.2
>1000	312	78

Health and infant feeding related factors

Three hundred thirteen (78.3%) of the study subjects were exclusively breast feed. Three hundred two (75.5 %) of the study participant were delivered at facility level and 255 (63.8%) of them initiate breast feeding immediately and 369 (92.2%) of the study subject feed colostrum. Three hundred ninety four (98.5%) of infants were current breast feed and (Table 2).

Table 2: Infant feeding practice among mothers who gave birth in the last 6 months in Dubti districts, Afar region, north Ethiopia, August, 2018, (400).

Variables	N	%
Place of delivery		
Health facilities	302	75.5
Home	98	24.5
Mode of delivery		
Normal operation	385	96.2
	15	3.8
Child ever breast feed		
Yes	400	100
Time of initiating breast feeding		
Within one hour	255	63.8
>1-24 hr	120	40
>24 hr	25	6.2
Colostrum feeding		
Yes	369	92.2
No	31	7.8
Gave breast milk within the 1st three days		
Yes	371	92.8
no	29	7.2
Prelacteal feeding		
Yes	126	31.5
No	274	68.8
Bottle feeding		
Yes	71	17.8
No	329	82.2
Current breast feeding		
Yes	396	98.5
No	6	1.5
exclusive breast feed (0-5 months)		
Yes	313	21.7
No	87	78.3
Complementary Feeding		
2-3 months	29	14.4
4-6 months	202	85.6
Plan to breast fed		
<23 months	125	32.2
≥ 23 months	261	67.6

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Number of pregnancy		
1	46	11.4
2-5	287	71.8
>5	67	16.8
Birth interval		
<24 months	110	27.5
≥ 24 months	290	72.5
Child sick in the last 2 weeks		
Yes	204	51
no	196	49
Diarrhea		
Yes	96	45.3
No	116	54.7
Cough		
Yes	64	30.2
No	148	69.8
fever		
Yes	90	39.2
No	136	60.2
Other		
Yes	31	13.7
No	195	86.23

Health service related factors

More than three fourth (75.5%) of women had ANC follow up and 245 (81.1%) of them had got counseling on exclusive breast feeding. With regard to the PNC service, 330 (82.5) of the study participant had got PNC services. Three hundred thirty six (84%) of women were had knowledge of breast feeding to mother (Table 3).

Table 3: Health service utilization and perception among mothers who gave birth in the last 6 months in Dubti districts, Afar region, north Ethiopia, August, 2018, (400).

Variables	Frequency (N)	%
ANC	302	75.5
yes	98	24.5

Table 4: Factors associated with EBF practice among mothers who gave birth in the last 6 months in Dubti districts, Afar region, north Ethiopia, August, 2018, (400).

Variables	Exclusive breast feeding		COR 95% CI	AOR 95% CI
	Yes	No		
Age of infant in months				
1-3	95 (30.4)	19 (21.8)	1.56 (0.88, 2.74)	2.38 (0.83, 6.84)
4-6	218 (69.6)	68 (78.2)	1	1
Residence				
Urban	156 (49.8)	25 (28.7)	2.46 (1.47, 4.12)*	2.21 (0.95, 5.2)
Rural	157 (50.2)	62 (71.3)	1	1
Place of delivery				
Health facilities	262 (83.7)	40 (46)	6.04 (3.59, 10.13)*	3.98 (1.74, 9.1)*
home	51 (16.3)	47 (54)	1	1
Colostrum feeding				
Yes	299 (95.5)	70 (80.5)	5.18 (2.44, 11.02)*	7.82 (2.43, 25.2)*
No	14 (4.5)	17 (19.5)	1	1
Bottle feeding				
Yes	42 (13.4)	29 (33.3)	3.23 (1.84, 5.6)*	2.18 (0.91, 5.24)
No	271 (86.6)	58 (66.7)	1	1

no		
Counseling on exclusive breast feeding during ANC		
yes	245	81.1
no	57	18.9
PNC		
Yes	330	82.5
No	70	17.5
Counseling on exclusive breast feeding during PNC		
Yes	287	87
No	43	13
Breast feeding advantage to mother		
Yes	336	84
No	35	16
Family Support during breast feeding		
yes	334	83.5
No	66	16.5
Who support during breast feeding(N334)		
Husband	120	35.9
Mother	145	43.4
Husband mother	69	20.7

Factors associated with exclusive breast feeding

The selected variables were tested their individual contribution for exclusive breast feeding through binary logistic analysis. The variables showed significant associations were urban residence (P=0.001), delivered at health facilities (p=0.001), immediate initiation of breast feeding (p=0.002), bottle feeding (p=0.001), feeding colostrum (p=0.001) and counsel on exclusive breast feeding during ANC visit (p=0.001) were significant association with exclusive breast feeding (Table 4).

After that variables with p-value <0.25 were entered together to determine their effect on the outcome variable (exclusive breast feeding) through backward logistic regression model and being delivered at facilities (AOR=3.98, 95% CI (1.74, 9.1), feeding colostrum (AOR=7.82, 95% CI (2.43, 25.2) and counsel on breast feeding during ANC visit (AOR=19.9, 95% CI (8.4, 47.32) were significance association with exclusive breast feeding at 95% CI (Table 4).

Counseling ANC visit	219 (93.2)	26 (38.8)	21.58 (10.64,43.75)*	19.9 (8.4, 47.32)*
Yes	16 (6.8)	41 (61.2)	1	-
No				

Note: COR=Crude odds ratio, AOR=Adjusted odds ratio, CI=Confidence interval, *significant at $p < 0.05$.

Discussion

This study assessed the magnitude of exclusive feeding practice and its associated factors among 0-6 months old infants Dubti district, Afar Northeast Ethiopia. The prevalence of exclusive breastfeeding was found to be 78.3%.

The Prevalence of EBF in this study was similar to study conducted in Ghana which was 79% [11]. But, higher than study done in Dolo Adoo district of Ethiopia Somali, Debremarkos town and Gozamen rural districts, Nigeria, Sudan, Axum town, Bahirdar and Mecha district and with prevalence of exclusive breast feeding 48%, 61.3%, 64%, 21.2%, 29.4%, 40.9%, 49.1 and 46.5% respectively [12-18]. Similarly the study finding was higher than study done in Tanzania and rural women of east Ethiopia with prevalence of 58% and 71.7% respectively [19,20]. The difference might be due to methodological variations between studies and differences in socio cultural, economic, health and health service utilization characteristics between the study participants.

However, our study finding was lower than study done in Ambo town and Iran which was 82.2% and 82% respectively possible explanation for this difference might be the difference in study population, socio- cultural status of the study participants in the study area [21,22].

With regard to factor associated with exclusive breast feeding, infants whose mother delivered at health facilities were 3.98 times more likely exclusively breast feed than their counterpart (AOR=3.98, 95% CI (1.74, 9.1)). This finding was consistency with study done in Debretabor town northwest Ethiopia, Pan-Ta-Naw Township Myanmar, Harare, Ghana and west Tanzania [11,23-26]. This could be explained by the fact that mothers who delivered at health facility could have got breastfeeding advice.

Infants who feed colostrum were 7.82 times more likely exclusively breast feed than their counterpart (AOR=7.82, 95% CI (2.43, 25.2)). This finding was consistency with study done in Debretabor Town, [27]. This might be due to the fact that it promotes the early initiation of breastfeeding which also increases child survival. In addition early initiation of breast feeding increases the infants suckling and which in turn increase maternal milk secretion. So, that mother can perceive she has enough milk to feed her infant. However, despite global strategy and national infant and young child feeding guidelines recommend that all newborns should start breastfeeding immediately and the feeding of colostrum be promoted, study done in Gozamen rural district of northwest Ethiopia, Axum and Mekelle town showed infants who feed colostrum were less likely exclusive breast feeding than their counterparts[14,17].

Infants whose mothers counseled on exclusive breast feeding during ANC visit were 19.9 times more likely exclusive breast feed than their counterpart (AOR=19.9, 95% CI=(8.4, 47.32)). This was in line with study done Debremarkos and Gozamen districts, Debretabor town, Bale Goba, Bahirdar, Arbaminch, Mecha districts of Ethiopia and Kilimanjaro region of Tanzania [12,14,18,27-29]. This might be explained by the fact that those mothers who got information/counseling regarding breastfeeding could use the information they got so as to exclusively breast feed their infant. Moreover, mothers who were counseled during pregnancy prepared themselves psychologically as well economically to exclusively breastfeed their infant.

Strength of the study

Primary data Source was used.

Conclusions

Prevalence of exclusive breast feeding practice was above the national target set to achieve in 2018 (which is 78.3% vs. 72% respectively. Feeding colostrum and counseled on breast feeding during ANC visit were significance associations with exclusive breast feeding at 95% CI.

Recommendation

- The regional health bureau and the Dubti district health office should Promote Counseling on exclusive breast-feeding during antenatal care service and at the community level to promote exclusive breast-feeding practice through the health extension workers.
- Strengthen the training for health workers as well as the community to encourage colostrum feeding in order to increase the proportion of women practicing EBF.
- Promoting institutional delivery.

Limitation of the Study

Due to the fact that the study was cross sectional study describing cause and effect relationship of the exposure and outcome variables was difficult.

Acknowledgements

Asiya Nur has conceived of the study, carried out the overall design and execution of the study, performed data collection and statistical analysis. Molla Kahssay, Etsay Woldu and Oumer Seid has critically revised the design of the study, data collection techniques and helped the statistical analysis. Molla Kahssay has drafted the manuscript. All authors read and finally approved this manuscript for submission.

Competing Interests

This is to declare that we all authors have no competing interest in this research title.

Availability of Data and Materials

The datasets supporting the conclusions of the study are included in the article. Any additional data will be available on request. The datasets used and/or analysed during the current study are available from the corresponding author on reasonable request.

Ethics Approval and Consent to Participate

The study was approved by the Institutional Review Board of Collage of Medical and Health Sciences, Samara University. A letter of support was obtained from Dubti district health office. All results of this research were based on the use of primary data and the data collection was performed prospectively. Therefore, informed written consent form from the study participants was obtained and the study was conducted in accordance with the ethical standards of the institutional and national research committee. The study also adhered to the declarations of Helsinki.

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