

Predictors of Timely Initiation of Breast-Feeding among Rural Women using Case Study Design in Dawuro Zone, Southern Ethiopia in 2018

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INTRODUCTION: Globally prevalence of early initiation (within the first hour initiation) of breast-feeding was below 40%, and in Africa it was 47%. The prevalence of timely initiation of breast-feeding in some developing countries other than Ethiopia was documented as in Ghana (41%), Sudan (54.2%), Zambia; (70%), Jordan (49.5%), North Jordan (86.6%), Nepal (72.2%), Bolivia; (74%). In Ethiopia, two third of babies do not receive breast-feeding within the first one hour after delivery and breast-feeding within the first one hour of life was a potential mechanism for health promotion. From a public health perspective, it was important that newborns be breastfed at birth and it was internationally recommended that timely initiation and promotion of exclusive breast-feeding as the optimal method of infant feeding for the first six months of life. Timely initiation of breast-feeding is the easiest, cost effective and lifesaving interventions for the health of the new-born. About Twenty two percent of neonatal deaths could be prevented, if all infants are put to the breast within the first hour of birth. Breast-feeding was very common in Ethiopia, about 98% of children ever breastfed and Ethiopian government had developed infant and young child feeding guidelines giving appropriate emphasis to key messages on timely initiation of breast feeding in. Study done in rural Ethiopia in 2010 the prevalence of timely initiation of breast-feeding was about 52%. Nearly half of new born children in Ethiopia exposed for easily preventable neonatal death and morbidity even if breast feeding was universal due to low prevalence of timely initiation of breast feeding. Exclusive breast-feeding preceded by timely initiation and appropriate complementary feeding practices were universally accepted as essential elements for the satisfactory growth and development of infants and for prevention of childhood illness.

Statement of the problem In Africa, reducing child mortality was a burning issue that had been discussed at the MDGs during the MDG Summit in September 2010, world leaders presented an ambitious action plan, a roadmap outlining what is necessary to achieve the goals by the agreed deadline of 2015. Thus, one of the strategies adopted to reduce the number of child deaths, there was the timely initiation of breastfeeding and the monitoring of prenatal care in health facilities. Early breastfeeding improves the growth and development of immunity, then prevents the newborn from contracting a communicable disease. Investing in the newborn is like investing in the generation, but there are so many factors that affect neonatal health. The Dawuro area has multi-diverse cultures from this, in the rural settlement of the Dawuro area, the woman has a cultural and social influence on the breastfeeding of the child. The importance of this study is that it identified the potential predictor of rapid initiation of

breastfeeding and assessed the prevalence of initiation of breastfeeding during the first hour of life. In addition, important information has been provided to the program planner and the decision maker to focus on the key area of intervention that helps achieve the millennium development goal. Promoting early initiation of breastfeeding within one hour of birth and exclusive breastfeeding for up to 6 months from early childhood were seen as crucial elements of infant survival strategies. Could prevent up to 13% of deaths in children under 5 years of age [9]. The discovery was easier to implement in an area where resources are scarce, such as the Dawuro area, located in the southwestern part of Ethiopia (Figure 1).

Objective of the Study

General objective of the study: It was assessed predictors of timely initiation of breast feeding in Dawuro Zone among rural women.

Specific objective of the study: It was identified socio demographic effects on timely initiation of breast feeding in Dawuro Zone among rural women. It was identified maternal and neonatal factors which affected timely initiation of breast feeding in Dawuro Zone among rural women. It was assessed factor affecting exclusive breast feeding in Dawuro Zone among rural women. It was assessed timely initiation of supplementary feeding in Dawuro Zone among rural women.

MATERIALS AND METHODS

Study area The study was conducted in a selected wereda in the Dawuro area. The Dawuro area was one of the seventy areas of southern Ethiopia, located in southwestern Ethiopia 515 km from Addis Ababa which was the capital of Ethiopia, 275 km from Hawassa which was the regional city of SNNPR but now the Dawuro people's council. decided to be the regional state of Dawuro in 2019 and asked the federal government to announce its state. The Dawuro area had ten Wereda and a municipal administration. Based on the 2007 Central Statistical Agency report, the total population projected by area in 2018/19 was 950,218. Of these women, 49% (465,606) and men, 51% (484,611). About 91% of the population are rural and 9% of the population are urban 85% of their source of income is agriculture and the remaining 15% are commerce and others. The Zone has three agroecologies. The potential health coverage in the Dawuro area is 92%. In the Zone, there is a general hospital, a primary hospital, 23 health centers and 177 health posts. All rural weredas found in the area were included in the study to represent the rural population. For logistical and cost reasons, two wereda, namely Mareka and Gena-Bosa, were randomly selected by a lottery method. Using simple random sampling, twenty farmers'

associations (ten from Mareka and ten from Gena-Bosa) were selected [10]. Mareka Wereda was one of the Wereda in the area of Dawuro in which the zonal city was established namely Tarcha and the city Wereda was 17 km from the zonal city namely Waka. The Wereda was administratively divided into 37 kebeles.