

Research Article

Infant and Young Child Feeding Practice and Associated Factors Among Mothers of Children Aged 6-23 Months Attending at Kombolcha Hospital, Northeast Ethiopia

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Abstract

Background: Appropriate infant and young child feeding (IYCF) is critical for child growth and development during the first two years of life. Inappropriate feeding practices contribute significantly to under-two mortality globally and in Ethiopia, yet current compliance data remain limited. This study aimed to assess IYCF practices and associated factors among mothers of children aged 6-23 months attending Kombolcha Hospital in. **Methods:** A facility-based cross-sectional study was conducted from December 1-30, 2024, among 388 randomly selected mother-child pairs. Data on socio-demographic, health service, and behavioral factors were collected using a pretested interviewer-administered questionnaire. Data were analyzed using Epi-Data 4.6 and SPSS 26. Multivariable logistic regression identified factors associated with IYCF practices at p-value < 0.05. **Results:** Overall, 69.3% (95% CI: 64.6%-73.0%) of mothers practiced appropriate IYCF. Early initiation of breastfeeding occurred in 72.4% of infants, and 70.4% started complementary feeding at six months. Minimum meal frequency was met by 81.0%, but only 21.9% met minimum dietary diversity. Primary maternal education (AOR = 8.47, 95% CI: 3.64-19.69), non-governmental or merchant husband occupation [AOR = 13.89, 95% CI: 4.00-142.78 and (AOR = 16.47, 95% CI: 1.87-145.51), good knowledge (AOR = 0.41, 95% CI: 0.20-0.84), and favorable attitude (AOR = 0.46, 95% CI: 0.23-0.94) significantly predicted appropriate IYCF practices. **Conclusion:** Overall IYCF practice in the study area was relatively high compared to previous studies, though dietary diversity remains low. Maternal education, paternal occupation, maternal knowledge, and attitude were key predictors. Targeted maternal education on balanced complementary feeding is essential.

Keywords

Infant, Young Child, Feeding Practice, IYCF, Ethiopia

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1. Introduction

Proper infant and young child feeding (IYCF) practice during the first two years of life is a cornerstone of child growth, development, and overall well-being, representing a critical window for preventing under nutrition and its long-lasting, often irreversible consequences, including growth failure, impaired learning, and reduced adult productivity [1-5]. The WHO /UNICEF global strategy for IYCF emphasizes protecting, promoting, and supporting optimal feeding, since growth faltering typically begins between 3 and 18 months of age, making this period a critical opportunity for preventing stunting and acute under nutrition through timely intervention [6-8].

Globally, inappropriate feeding practices contribute to approximately 40% of deaths among children under two years, with suboptimal breastfeeding alone accounting for about two-thirds of malnutrition-associated mortality in the first year of life [9, 10]. Poor breastfeeding practices are a major contributor to the 10.9 million annual under-five deaths in sub-Saharan Africa and South Asia, and partially breastfed infants aged 0-6 months face 8.6 times greater risk of diarrhea-related death than exclusively breastfed infants [9, 11, 12]. Optimal breastfeeding alone could prevent approximately 12-13% of under-five mortality globally, with studies from Ethiopia, Ghana, Bolivia, and Madagascar showing it prevents 20-22% of neonatal deaths; proper complementary feeding adds a further 6% reduction [13-15]. Suboptimal IYCF practices increase child morbidity and mortality risk up to five-fold and are estimated to account for 25-50% of infant mortality in developing countries, contributing to 2.7 million child deaths, 156 million cases of stunting, and 50 million cases of wasting annually [14]. In Ethiopia, neonatal mortality accounts for 43% of all under-five deaths [16], and poor feeding practices remain a major threat to sustainable socioeconomic development and poverty reduction [17].

To address this, WHO and UNICEF recommend early initiation of breastfeeding within one hour of birth, exclusive breastfeeding for six months, timely and adequate complementary feeding meeting minimum dietary diversity, meal frequency, and acceptable diet standards, with continued breastfeeding up to two years and beyond [18, 19]. Ethiopia adopted its IYCF guideline in 2004 and has implemented supportive programs, including community-based Integrated Management of Neonatal and Childhood Illness (IMNCI) and the Baby-Friendly Hospital Initiative; however, optimal IYCF practice remains low and continues to be a major cause of under nutrition [20]. According to the 2016 Ethiopian Demographic and Health Survey, only 58% of infants lower than six months are exclusively breastfed, and 9% are bottle-fed despite WHO discouragement due to associated illness risk [8, 9, 11, 19, 20].

Despite these gaps, few Ethiopian studies have examined mothers' compliance with IYCF recommendations, and none has addressed the current situation in Kombolcha Hospital

specifically. Periodic assessment of IYCF practice is essential to track progress, identify persisting inadequacies, and guide timely interventions toward reducing child mortality [1]. This study was therefore designed to assess mothers' compliance with national IYCF recommendations in this setting, filling an important evidence gap to inform targeted intervention.

2. Method and Materials

2.1. Study Area, Design, and Population

A facility-based cross-sectional study was conducted from December 1 to 30, 2024, at Kombolcha Hospital, located in Kombolcha Town, Amhara Regional State, approximately 375 km north of Addis Ababa, Ethiopia. Serving an estimated total population of 231,087 across five sub-cities, the hospital provides outpatient care to approximately 12,000 mothers or caregivers of infants and young children aged 6-23 months annually. The source population comprised all mother-child pairs (children aged 6-23 months) attending the Under-Five Outpatient Department during the study period, while the study population consisted of randomly selected eligible mother-child pairs residing in Kombolcha Town and surrounding areas who provided informed consent; mothers whose children were critically ill requiring immediate emergency intervention or who refused participation were excluded.

2.2. Operational Definitions

Appropriate complimentary feeding practice: Defined by WHO as five core recommended practices for timely initiation [introduce complementary feed 6-8 months], minimum meal frequency, minimum meal diversity (fed four or more foods within 24 h) minimum acceptable diet and consumption of iron-rich foods. Complementary feeding practice was considered appropriate if all the five indicators mentioned above were summed score is equal to 4 or above. Otherwise, practice that was inappropriate (suboptimal), If summed score of the indicators is less than 4 [8].

Appropriate [Optimal] breast feeding practice: Defined as three core WHO recommended practices for exclusive breast feeding in children age less than 6 months, early initiation of breast feeding and continued breastfeeding at 1 year. Breast feeding practice was considered appropriate if all the three indicators mentioned above were fulfilled or summed score is equal to 3. Otherwise, it was considered as inappropriate breast-feeding practice [8].

Minimum dietary diversity: Proportion of children 6 - 23 months of age who consume 4 or more food groups from 7 food groups with 24 hours dietary recall [21].

Minimum meal frequency: Proportion of children age 6 - 23

months who receive solid, semi- solid, or soft foods the minimum number (3 times for breastfed children and 4 times for non- breastfed kids with 24 hours nutritive recall). (fed minimum of three meals/day and four times/day for children aged 6-8 months and 9 months and above respectively) [3].

Minimum acceptable diet: a composite indicator of minimum dietary diversity and minimum meal frequency. When a currently breastfed and non-breast-fed child meets both the minimum diversity and the minimum meal frequency [16].

Maternal knowledge on IYCF practice was measured by using twelve questions. Those respondents who score ≥ 10 was taken to good knowledge' and those who scored < 10 taken as 'poor knowledge [3].

Attitude towards IYCF practices was measured using 5 points Likert scale. There was a total of 8 questions assessing attitude of mothers. The order of scoring for positive statements will be (strongly agree = 5, agree = 4, undecided = 3, disagree = 2, strongly disagree = 1) and vice versa for negative statement. The total score was obtained and computed for means as to categorize it in to favorable for those scored mean and above and unfavorable attitudes for who will score below mean.' the variables of interest involved IYCF practices status [3].

2.3. Sample Size Determination and Sampling

Sample size was determined by using the double population proportion formula by considering the Proportion of appropriate IYCF practices is 40% among under five children in Ethiopian study [22]. It was calculated considering 5% margin of error at 95% confidence level with anticipated a 5% non-response rate. The final sample size after considering non-response rate (5%) was 388. Consecutive sampling was used to select mother with a child aged between 6-23 months seeking health care services at Kombolcha hospital.

2.4. Data Collection Procedures and Quality Assurance

Infant and young child feeding (IYCF) practices were evaluated using WHO-recommended indicators comprising appropriate breastfeeding (early initiation, exclusive breastfeeding for six months, and continued breastfeeding at one year) and appropriate complementary feeding (timely initiation at 6-8 months, minimum meal frequency, minimum dietary diversity of food groups, minimum acceptable diet, and consumption of iron-rich foods) assessed via a 24-hour recall method. Data were collected through interviews in Amharic Language using a pretested, structured questionnaire covering socio-demographic, health service utilization, behavioral, and IYCF-related variables. The instrument was translated into

Amharic and back-translated into English to ensure consistency, pretested at Borumeda general hospital, and administered by five trained professional nurses. To maintain data quality and reliability, the principal investigator checked all completed questionnaires daily for completeness and clarity, resolved errors before sub-sequence data collection, and conducted random spot-checks.

2.5. Data Processing and Analysis

The data was entered in to Epidata manager version 4.6 and, data cleaning [coding, checking for missing values, and outliers] was made after exported to SPSS version 25. Descriptive statistics like frequency, proportions, mean and standard deviation were computed when necessary. The percentage of infants meeting the recommended IYCF practices is reported as percentage. Multicollinearity was checked using VIF (all found below 10) and model fitness were checked using Hosmer and Lomeshow test (0.81). In addition, bivariable and multivariable logistic regression was carried out to see associations. Bivariable analysis was computed to determine whether there is association between each independent variable and the dependent variable. The p value ≤ 0.2 was taken as a cut-off point to select eligible variables for the multivariable logistic regression analysis and p-values < 0.05 was considered statistically significant in the final model.

Ethical Clearance

Ethical Clearance was taken from the ethical review board of Zemen Postgraduate College with Ref. No ZPGC/0728/16. Permission was gained from Kombolcha General Hospital after explaining the purpose of the study. Verbal Consent was taken from respondents before data collection and the data collected from participants was kept confidential. The research was conducted in accordance with the declaration of Helsinki.

3. Results

3.1. Socio-Demographic Characteristics of Mothers of Children Aged 6-23 Months

A total of 388 mothers with children age between 6 to 23 months participated in the study with a response rate of 100%. The mean age of the mothers was 29 ($\pm$ SD = 6.8) years and one third of mother aged 25-29 years. With regard to their occupation, 315 (81.2%) of participants were housewives /farmers, and 208 (53.6%) had below three family members. About one third of the respondents (34.8%) couldn't read or write (Table 1).

Table 1. Socio-demographic characteristics of mothers of children aged 6-23 months attending Kombolcha Hospital, Northeast Ethiopia, 2023 (n= 388).

Variables	Categories	Frequency	
		Number	percentage
Age of mother	<=19	31	8.0
	20-24	80	20.6
	25-29	119	30.7
	30-34	86	22.2
	>=35	72	18.6
Marital status	Married	352	90.7
	Divorced	22	5.7
	Single and separated	14	3.6
Religion	Orthodox	206	53.1
	Muslim	177	45.6
	Protestant and catholic	5	1.3
Educational status of mothers	Unable to read and write	135	34.8
	able to read and write	26	6.7
	Primary school completed	88	22.7
	secondary school completed	100	25.8
	College and above	39	10.1
Occupation of mothers	Housewife	315	81.2
	government employee	35	9.0
	Merchant	31	8.0
	Non-governmental employee	7	1.8
	Unable to read and write	124	32.0
Educational status of father	able to read and write	14	3.6
	Primary school completed	82	21.1
	secondary school completed	96	24.7
	College and above	72	18.6
	Farmer	258	66.5
Occupation of mothers	Merchant	56	14.4
	Government employee	52	13.4
	Non-governmental employee	22	5.7
	<=1000	187	48.2
Average monthly income	1001-2000	76	19.6
	2001-3000	40	10.3
	>=3001	85	21.9
Family size	1-2	208	53.6
	3-4	119	30.7

Variables	Categories	Frequency	
		Number	percentage
	1. >=5	2. 61	3. 15.7

3.2. Maternal, Child, and Household Characteristics of Children Aged 6-23 Months

This study revealed that 291 (75%) of mothers were multipara, 321 (82.7%) mothers had ANC follow-up in their last

pregnancy and 232 [59.8%] mothers had above three ANC follow-up in their last pregnancy. children aged below 12 months were 163 (42%). More than half (55.7%) of children were females, highest proportion (42%) of children aged below 12 months and the rest age categories accounts 29% equally (Table 2).

Table 2. Maternal, child, and household characteristics of mothers of children aged 6-23 months attending Kombolcha Hospital, 2024 (n= 388).

Variables	Categories	Frequency	
		Number	percentage
Parity	Primipara	97	25.0
	Multipara	291	75.0
ANC follow up	Yes	321	82.7
	No	67	17.3
Place of delivery	Home	126	32.5
	Public Hospital	123	31.7
	Health center	137	35.3
	Private clinic/Hospital	2	.5
Current pregnancy status	YES	237	61.1
	NO	151	38.9
Mothers knowledge on IYCF	Poor	118	30.4
	Good	270	69.6
Mothers attitude towards IYCF	Unfavorable	150	38.7
	Favorable	238	61.3
Number of ANC follow-up	1	53	13.7
	2-3	103	26.5
	=>4	232	59.8
Sex of child	Male	172	44.3
	Female	216	55.7
Age of child [in months]	<12	163	42.0
	12-17	113	29.1
	4. >17	5. 112	6. 28.9

3.3. IYCF Practice of Mothers of Children Aged 6-23 Months

This study showed that 280 (72.4%) of mothers initiated early breast feeding, 273 (70.4%) initiated complementary

food timely while 292 (75.3%) of them used bottle feeding and only 85 (78.1%) of mothers maintained Minimum dietary diversity in their child feeding practice. Generally the proportion of mothers who had appropriate IYCF was 69.3% (CI 95%, 64.4-73.5) (Table 3).

Table 3. IYCF practice of mothers of children aged 6-23 months attending Kombolcha Hospital, 2023 (n= 388).

Activities	Response	Frequency	
		Number	percentage
Early initiation of breastfeeding	Yes	280	72.4
	No	108	27.6
Exclusive breastfeeding	Yes	250	64.6
	No	138	35.4
No bottle-feeding	Yes	96	24.7
	No	292	75.3
Timely initiation of complementary food	Yes	273	70.4
	No	115	29.6
Minimum dietary diversity	Yes	85	21.9
	No	303	78.1
Minimum meal frequency	Yes	314	81
	No	74	19
Continued breastfeeding	Yes	298	78.2
	No	83	21.8
IYCF practice	Inappropriate	119	30.7
	7. Appropriate	8. 269	9. 69.3

3.4. Factors Associated with IYCF Practice of Mothers

Bivariable analysis was computed for all variables, p-value <0.25 I bivariable logistic regression analysis was used as cut-off point for multivariable logistic regression analysis. Five variables, namely marital status, religion, age of mother, age of child, PNC were failed to pass for multivariable analysis while other 11 variables were candidates for multivariable analysis since they have p-value <0.25 in bivariable logistic regression analysis.

Mothers who had primary school completed were 8.4 times more likely to have appropriate infant and young child feeding practices (IYCF practices) when compared to mothers who can't read and write (AOR = 8.47, 95% CI: (3.639-19.694), p-value=0.011). again Mothers who had completed secondary

school and college were 3.49 and 3 times more likely to have appropriate infant and young child feeding practices (IYCF practices) respectively when compared to mothers who can't read and write (AOR = 3.49, 95% CI: (1.586-7.66), p-value=0.02) and (AOR = 3.08, 95% CI: (1.215-7.803), p-value=0.018). The odds of having IYCF practices among mothers who had non-governmental employee husband and merchant husbands were sixteen times [AOR = 16.47, 95% CI: (1.866-145.506, p-value=0.012) and thirteen times (AOR = 13.886, 95% CI: (3.996-142.782, p-value=0.001) respectively when compared to those mothers who had farmer husbands.

Mothers who had average monthly income of 3000-6000 Ethiopian BIRR were 4.4 times more likely to have appropriate infant and young child feeding practices when compared to mothers who had average monthly income of less than 3000 Ethiopian BIRR (AOR = 4.42, 95% CI: (1.453-13.472), p-value=0.009). The odds of having appropriate IYCF practice

among mothers who had husbands completed primary school (AOR = 5.74, 95% CI: (1.590-20.708), p-value=0.008), secondary school (AOR = 5.96, 95% CI: (1.671-21.290), p-value=0.006) and college [AOR = 7.00, 95% CI: (1.516-32.338), p-value=0.013] were 5.7, 5.9 and 7 times higher respectively when compared to those who can't read and write.

Mothers who had poor knowledge of IYCF were 59% times less likely to exercise appropriate feeding practices to that of

their counterparts (AOR = 0.41, 95% CI: (0.196-0.840), p-value = 0.015). Finally, having unfavorable attitude was found to have significant association with appropriate IYCF practices as those who had unfavorable attitude were 56% less likely to have appropriate IYCF practices when compared to those who had favorable attitude (AOR = 0.461, 95% CI: (0.226-4.938), p-value = 0.033).

Table 4. Binary logistic regression analysis of factors determining IYCF practice among mothers of children aged 6-23 month attending Komolcha hospital 2023 (n = 388).

Variables	Category	IYCF practice		95% C. I.		
		Inappropriate	Appropriate	COR	AOR	p-value
Mothers education	unable to read and write	76	59	1	1	
	able to read and write	3	23	9.88 (2.829-34.479)	4.06 (1.044-15.808)	0.043
	primary school completed	10	76	10.047 (4.662-20.557)	8.47 (3.639-19.694)	0.001
	secondary school completed	20	72	4.846 (2.543-8.457)	3.49 (1.586-7.66)	0.002
	college and above	10	39	4.294 (2.318-10.888)	3.08 (1.215-7.803)	0.018
Fathers occupation	Farmer	100	158	1	1	
	Merchant	6	50	5.274 (2.181-12.755)	13.886 (3.996-142.782)	0.001
	Government employee	11	41	2.359 (1.159-4.803)	1.206 (.526-2.763)	0.427
	Non-governmental employees	2	20	6.329 (1.448-27.664)	16.479 (1.866-145.506)	0.012
Average monthly income	<3000	62	125	1	1	
	3000-6000	24	52	1.07 (.564- 1.776)	4.424 (1.453-13.472)	0.009
	6001-9000	10	30	1.48 (0.663-3.136)	2.819 (0.835-9.516)	0.095
	>9000	23	62	1.34 (0.710-2.213)	3.058 (0.893-10.465)	0.075
Fathers education	unable to read and write	76	48	1	1	
	able to read and write	2	12	9.50 (2.037-44.311)	2.480 (0.345-17.819)	0.367
	primary school completed	11	69	10.22 (4.778-20.646)	5.739 (1.590-20.708)	0.008
	secondary school completed	13	66	8.55 (4.008-16.121)	5.965 (1.671-21.290)	0.006
	college and above	17	74	6.02 (3.637-	7.003 (1.516-	0.013

Variables	Category	IYCF practice		95% C. I.		p-value
		Inappro- priate	Appro- priate	COR	AOR	
Knowledge of mothers about IYCF	Poor	65	53	0.204 (0.127-0.326)	0.41 (0.196-0.840)	0.015
	Good	54	216	1	1	
Attitude of mothers towards IYCF	Unfavorable	63	87	0.425 (.273-0.661)	0.461 (.226-4.938)	0.033
	favorable	56	182	1	1	.
Place of delivery	Home	57	54	0.273.171-0.436)	.537 (0.258-1.117)	0.096
	Health facility	62	215	1	1	.
	1-2	52	156	1	1	.
Number of child	3-4	45	74	0.55 (.337-0.891)	0.437 (0.173-1.102)	0.079
	10. >=5	11. 22	12. 39	13. 0.59 (.321-1.087)	14. 1.208 (0.475-3.075)	15. 0.692

P-value 0.01-0.05 =*, p-value 0.002-0.009 = **, p-value ≤ 0.001 = ***

4. Discussion

A developing nation such as Ethiopia needs to implement safe, appropriate, and acceptable baby and child feeding practices in order to reduce malnutrition. WHO and UNICEF have therefore recommended fundamental baby feeding practices. Using seven WHO indicators, this study evaluated IYCF practice and determinant factors among mothers of infants and child ages 6 to 23 months. A significant portion of the mothers in the current study engaged in appropriate IYCF practice which was 69.3% (95% CI, 64.4%-73.5%). Additionally, even though the practice of bottle feeding is quite common, the majority of IYCF practice components show that the practice of recommended feeding methods is comparatively better than the national prevalence and other previous studies' reports. The following factors independently predicted appropriate IYCF practice: mother's primary school education, father's primary school education and above, husband's merchant occupation, average monthly income of 3000-6000 ETB, positive attitude, and solid knowledge of child feeding.

The prevalence of appropriate IYCF practice in the current study (69.3%) is consistent with that of a study done in Shashamane, Ethiopia 67.9% [20] and in Debrelibanos district [65.8%], Oromia region, Ethiopia [11] of caregivers engaged in appropriate IYCF practice [20]. The reason behind this similarity may be both of these studies conducted among urban residents. Again both studies conducted among nearly similar sample size; additionally, Ethiopia has seen a significant rise

in the number of mothers seeking care due to the nation's continuous promotion of free maternal services, which presents an opportunity for health providers to encourage IYCF practice. Despite the WHO's recommendation for IYCF practice [7].

On the other hand the result of this study is higher than the study conducted at South India and sub-Saharan African countries which were 61% [4] and 13.02% [9]. The discrepancy might be the settings where the study conducted, as they were conducted among the whole community, but the current study is institution based. The probability to have good IYCF practice among those mothers who have good health care seeking behavior is more likely [2]. Again the current study is higher than the study conducted among displaced mothers of children aged 6-23 months in Amhara region, as the overall level of appropriate complementary feeding practice was 26.8% [19]. The difference may be due to difference in target population as it was among mothers of children 6-23 months of age who are displaced which enable them to follow recommended child feeding habit [19].

Additionally it is also higher than the study conducted in Enemay district, Ethiopia which was 40.5 [6], Kalu District, Northeast Ethiopia 57.7% [8], Haramaya district, Eastern Ethiopia was 53.5% [5]. Secondary data analysis of Ethiopian mini demographic and health survey 2019 was 9.76% [15]. All those studies were conducted at community setup.

In this study, 64.1% of mothers breastfed their children exclusively, this result is similar to that of Mekelle (60.8%) [23] and the country (58%) in the EDHS 2016 [24]. It is, nevertheless, less than the 87.8% seen in another Ethiopian study [11].

The difference in how exclusive breastfeeding was measured in the two studies, the present study asking about exclusive breastfeeding retrospectively and the prior study using a 24-hour recall method could be the cause of the disparity. This study showed that 70.1% of the kids in the study got complementary foods on time. According to reports from developing nations like Bangladesh (71%) [22] and Nepal (70%) [25], this result is consistent. In contrast, lower than studies among other African nations like Tanzania (92.3%) [21], Kenya (81%) [26] and Uganda (75%) [27], but greater than nationwide prevalence according to EDHS, 2016 (60%) [24], other Ethiopian studies ranged from 51-62.8% [28-30], and India (55.1%) [31]. The inconsistent reporting of the introduction of complementary food among studies may result from the application of disparate techniques for measuring the initiation time, such as measuring at the sixth month or using a reference period of six to eight months. As per the WHO's IYCF recommendation, exclusive breastfeeding should be maintained for the first two years in addition to supplementary food.

According to the results of the current study, 78.2% of the moms in the sample kept up their breastfeeding practices. This result is in line with Ethiopia's 76% nationwide prevalence [24]. That is, however, greater than the 43.3% that an Indian studies was reported [31]. This may be because health extension workers in Ethiopia offer a more comprehensive bundle of health education. A good indicator of sufficient food micronutrient density is dietary diversification. A minimum of four food categories out of seven are evaluated for food intake when assessing children between the ages of six and twenty-three months. The lowest food diversity found in this study (21.9%) was higher than the national prevalence of 14% [24] and 10.6% found in a study conducted in the southern Ethiopian region of Gorchie [32]. It did, however, fall short of research findings from Bangladesh (41.5%) and Sri Lanka (71.1%) [25, 33]. This can be because the necessary meal combination isn't readily available. The minimum meal frequency study counts the instances in which kids are fed something other than breast milk. The minimum quantity depends on the child's age and whether or not they are breastfed.

The mother's level of education was linked to proper IYCF procedures. This outcome is in line with earlier research conducted in Ethiopia [34], Pakistan [35], and Nepal [36]. This might be the case because mothers with more education understand nutrition education better than mothers with little or no education. Additionally, compared to their peers, educated moms are more likely to read books, pamphlets, and magazines as well as be exposed to media-sourced nutrition instruction regarding IYCF. As a result, moms with less education ought to receive more assistance in order to continue using good IYCF practices.

Regarding the husband's line of work, being a merchant and working for a non-governmental organization were positively correlated with acceptable IYCF practice. This may be because, in comparison to other occupations, merchants in the

research area earn relatively high incomes, which may enhance their purchasing power and make it simpler for them to obtain a range of meals as they start supplemental food. Possessing adequate knowledge of IYCF practice was linked to appropriate IYCF practice. Results from a different study conducted in rural Ethiopia [37] were comparable. The most plausible explanation is that information is crucial for enabling moms to fend against other influences and interferences, such as conventional wisdom and false beliefs regarding IYCF.

5. Conclusion

In general, the prevalence of appropriate infant and young child feeding practices indicators was found to be higher among the mothers in this study. Bottle feeding in particular is very common among the women who were studied. Mother's educational status, husband's merchant occupation, attitude and knowledge of IYCF were all independent predictors of appropriate IYCF practice.

Abbreviations

AHR	Adjusted Hazard Ratio Antenatal Care
ANC	Amhara Public Health Institution
CFI	Child Feeding Index
CSAE	Central Statistical Agency Of Ethiopia
DDS	Dietary Diversity Score
EDHS	Ethiopian Demographic Health Survey
ETB	Ethiopian Birr
FFQ	Food Frequency
IMNCI	Integrated Management of Neonatal and Childhood Illness
IYCF	Infant and Young Child Feeding
MAD	Minimum Acceptable
MDD	Minimum Dietary Diversity
MMF	Minimum Meal Frequency
SAM	Severe Acute Malnutrition
SD	Standard Deviation
UNICEF	United Nations Children's Fund
WHO	World Health Organization

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Author Contributions

Jemal Mohammed Bahru: Conceptualization, Investigation, Resources, Writing – original draft

Mohammed Mechal Adem: Project administration, Visualization

Abdulmelik Ayalew Assefa: Data curation, Methodology, Writing – review & editing

Jemal Assefa Yesuf: Formal Analysis, Software

Nuru Mohammed Seid: Writing – review & editing

Data Availability Statement

The data is available from the corresponding author upon reasonable request.

Conflicts of Interest

The authors declare no conflicts of interest.

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