

KNOWLEDGE, ATTITUDE AND PRACTICE REGARDING EXCLUSIVE BREASTFEEDING AMONG MOTHERS ATTENDING TERTIARY CARE HOSPITAL

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ABSTRACT:

OBJECTIVES:

To determine knowledge, attitude, and practice regarding exclusive breastfeeding among mothers attending tertiary care hospitals.

METHODOLOGY:

A descriptive cross-sectional study was conducted at the Department of Pediatrics in Hayatabad Medical Complex, Peshawar. A total of 162 mothers were selected who were practicing breastfeeding of ages between 20 to 35 years, having a full-term baby of age up to 6 months old. The data is collected through a pre-planned questionnaire and then was analyzed using statistics version 24.0. The duration of the study was from 1st June 2020 to 30th October 2020.

RESULTS:

The results showed that no significant association was found between age groups, socio-economic status regarding knowledge, attitude, and practice ($p > 0.05$). However, there was a significant difference between knowledge, attitude, and practice with respect to educational status ($p < 0.05$). 123 (73.21%) mothers had unsatisfactory; whereas 39 (24.07%) mothers had excellent knowledge regarding breastfeeding. 39 (27.07%) of breast-feeding mothers had a positive attitude towards breastfeeding. 123 (73.21%) women showed a negative response regarding the practice of breastfeeding.

CONCLUSION:

Most of the mothers didn't have adequate knowledge of exclusive breastfeeding (EBF) practice. As a result, it is suggested that media can be used as a medium to educate women about the benefits of exclusive breastfeeding (EBF).

KEYWORDS: Exclusive Breastfeeding, Knowledge, Practice, Attitude

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INTRODUCTION:

The best strategy for the physiological and psychological needs of a child is breastfeeding¹. Information, education and communication strategies aimed at changing behavior are the key to successful breastfeeding. In order to be effective in such a promotional campaign, health

care providers attitudes and practices need to be improved². Exclusive breastfeeding stands out as the single most effective child survival interventions³. Universalizing early (within one hour) and exclusive breastfeeding for 6 months is seen as a major public health intervention to decrease child mortality, particularly in the neonatal period^{4,5}. Cantrill et al,⁶ found that Australian midwives' level of basic breastfeeding knowledge was adequate, but there are deficits in key areas. They noted that midwives' variations in knowledge could contribute to conflicting advice experienced by women who breast-feed. Factors that are positively linked to breastfeeding at six months include a strong desire to breast-feed and being breastfed as a child. Factors that are negatively correlated with feeding at six months, on the other hand, include a mother who has no intention of breastfeeding for six months or longer, a baby consuming formula while in hospital, smoking 20 or more cigarettes a day before pregnancy, not attending birth education sessions, and having self-reported anxiety or depression that was an issue in the six months after birth⁷. Interventions aimed at raising breastfeeding should concentrate on women who are most at risk of discontinuing breastfeeding early on. Maternity nurses' lack of expertise, non-supportive habits and attitudes, contradictory recommendations, and minimal prenatal motivation to breastfeed have been cited as barriers to breastfeeding⁸. Some nurses and doctors are less than supportive of breastfeeding and prefer to urge mothers to substitute or give up completely if they encounter breastfeeding difficulties⁹. Humenick et al,¹⁰ noted that, in the literature, insufficient professional support for breastfeeding was found across disciplines. They also stated that the adequacy of the success of health professionals in the promotion of breastfeeding has repeatedly been challenged. Richard et al,¹¹ indicated that in the field of breastfeeding management, physicians have substantial educational needs. Breastfeeding provides infants, mothers, and the community with various health benefits. In the promotion and practice of breastfeeding, the American Academy of Pediatrics calls for enthusiastic encouragement and participation of pediatricians. In one study conducted in Saudi Arabia, the overall awareness of breastfeeding mothers was strong among more than half of them (55.3%) and excellent among 30.7% of them, whereas among 14% of mothers, it was unsatisfactory. Roundabout 62.2% of the participants reported a positive attitude towards

breastfeeding, while more than one third of them reported a negative attitude (37.8%). About 24.7% of the participating mothers practiced breastfeeding in the first 6 months. Only 7.3% of them practiced exclusive breastfeeding¹². Three hundred and fourteen breastfeeding mothers were registered with an index of children less than 2 years of age. While 93.6% of participants in the study had learned of exclusive breastfeeding (EBF), only 34.7% had knowledge of the accepted length. Approximately 89.5% had a positive outlook, but only 59.3% claimed that only exclusive breastfeeding was appropriate for children up to six months of age and 26.4% of children were breastfed exclusively for six months¹³. A total of 384 female participants who were breastfeeding their babies were included in the study, with a response rate of 100%. The majority (66.9%) was between the ages of 20 and 30, with a mean age of 27.65 and 325 Orthodox Christians (84.6%). About 370 people of Amhara ethnicity made up the majority (96.4%). Based on the information scoring, 268 (69.8%) of the participants in the study were classified as having good awareness, 92 (24%) as having a negative attitude toward exclusive breastfeeding (EBF), and the remaining 292 (76%) were classified as having a positive attitude¹⁴. Another study revealed that a majority (88.5%) of the mothers were breast feeders. Only 27% of mothers, however, were exclusive breast feeders and only 36.9% initiated breastfeeding within an hour. While mothers have good breastfeeding knowledge (12.05 ± 1.74 , $M \pm SD$), the Iowa Infant Feeding Scale (IIFAS) average score (58.77 ± 4.74 , $M \pm SD$) indicates a neutral attitude towards breastfeeding. Mothers who were breastfeeding (58.83 ± 4.74) had more positive attitudes than non-breastfeeding (45.21 ± 5.22) mothers¹⁵.

METHODOLOGY:

This descriptive cross-sectional study was carried out on 162 mothers who were practicing breastfeeding, keeping 95% confidence interval, 5% significance level and 4% error of margin, using the WHO sample size calculator. Sampling technique was consecutive non-probability. The study was conducted at the Pediatric Department, Hayatabad Medical Complex, Peshawar. Mothers having age between 20 to 35 years, and having single, full term and appropriate gestational weight babies (having weight >2500 and <4000 grams) up to the age of 6 months were included in the research. Our exclusion criteria were that

neonates who were admitted to hospital or ICU for any clinical illness were excluded. Mothers with multiple pregnancies (twins, triplets) were also excluded. Mothers who were not bottle feeding and only fed breast milk to their babies were included in the study. The study was conducted after hospital research and ethical board approval. Mothers who have a child up to 6 months of age attending this hospital were enrolled via OPD in the study and came to the hospital mostly concerned about feeding issues about their child. Questions regarding the appropriate amount of feed, benefits of breastfeeding, exclusively breastfeeding and breastfeeding up to 2 years of age were asked to consider the negative and positive attitudes of mothers. The purpose and benefits of the study were explained to the patients, and they were assured that the study was carried out solely for the purpose of publishing and researching data and maintaining their confidentiality, obtaining informed consent from all patients.

RESULTS:

As per age distribution, 65 (40.15%) patients were recorded in the 20-30 years age group, 97 (59.87%) patients were recorded in the 31-35 years age group.

Table 1: Knowledge (n=162)

Knowledge	Frequencies	Percentages
Unsatisfactory	123	73.21%
Excellent	39	24.07%
Total	162	100%

Table 2: Attitude (n=162)

Attitude	Frequencies	Percentages
Positive	39	24.07%
Negative	123	73.21%
Total	162	100%

Table 3: Practice (n=162)

Practice	Frequencies	Percentages
Positive	39	24.07%
Negative	123	73.21%
Total	162	100%

Table 4: Stratification of Knowledge, Attitude and Practice with Respect to Age (n=162)

Outcomes		Age Groups		P-Value
		20-30 Years	31-35 Years	
Knowledge	Unsatisfactory	52 (31.13%)	71 (43.82%)	0.320
	Excellent	13 (8.02%)	26 (16.04%)	
Attitude	Positive	13 (8.02%)	26 (16.04%)	0.320
	Negative	52 (31.13%)	71 (43.82%)	
Practice	Positive	13 (8.02%)	26 (16.04%)	0.320
	Negative	52 (31.13%)	71 (43.82%)	

DISCUSSION:

Breastfeeding is the best technique for a child's physiological and psychological needs¹. Cantrill et al,⁶ found that Australian midwives' level of basic breastfeeding information was satisfactory, but there are deficits in key areas. They noted that midwives' differences in expertise could lead to contradictory advice experienced by women who breast-feed. Breastfeeding at six months is strongly linked to having a strong desire to breastfeed, and having been breastfed as a child. Factors that are negatively correlated with feeding at six months, on the other hand, include a mother who has no intention of breastfeeding for six months or longer, a baby consuming formula while in hospital, smoking 20 or more cigarettes a day before pregnancy, not attending birth education sessions, and having self-reported anxiety or depression that was an issue in the six months after birth⁷. Maternity nurses' lack of knowledge, non-supportive behaviors and attitudes, inconsistent advice and minimal prenatal support for breastfeeding have been cited as barriers to breastfeeding⁸. Some nurses and doctors are less than supportive of breastfeeding and tend to encourage mothers to supplement or give up formula if they experience breastfeeding difficulties⁹. Humenick et al,¹⁰ noted that, in the literature, insufficient professional support for breastfeeding was identified across disciplines. Richard et al,¹¹ reported that in the area of breastfeeding management, physicians have significant educational needs. In one study conducted in Saudi Arabia, the overall awareness of breastfeeding mothers was strong among more than half of them (55.3%) and excellent among 30.7% of them, whereas among 14% of mothers, it was unsatisfactory. About 62.2% of the participants reported a positive attitude towards breastfeeding, while more than one third of them

reported a negative attitude (37.8%). Approximately 24.7% of the participating mothers practiced breastfeeding in the first 6 months. Just 7.3% of them practiced exclusive breastfeeding^{12,13}. Maternal age has been described as one of the factors most strongly influencing the initiation, length and degree of infant feeding, in addition to educational achievement^{14,15}. In our research, 123 (73.21%) mothers had unsatisfactory knowledge based on frequencies and percentages of knowledge, while only 39 (24.07%) mothers had excellent knowledge. As per attitude, only 39 (27.07%) breast-feeding mothers have a positive attitude toward breast-feeding, while 123 (73.21%) patients have a negative attitude toward breast-feeding. In our study (Table 3), just 39 (27.07%) breastfeeding mothers have a positive attitude towards breastfeeding, as per breastfeeding practice, while 123 (73.21%) patients have a negative attitude towards breastfeeding. In this study (Table 4), it was noted that 24.07 were mothers who practiced exclusive breastfeeding, which is far below the 90% WHO recommendation¹⁶. In a recent study also found a slightly lower 42.0% EBF rate among lactating mothers¹⁷. These demonstrate a wide gap in the study area between the desired and the actual practice of EBF. Low EBF practices in this area could be due to low EBF knowledge, as the study found that most mothers did not receive information from their health care providers about EBF¹⁸. Therefore, most mothers were unaware of the need to start breastfeeding early on. There was some form of academic education for the lactating mothers, but this did not translate into their EBF practice, as is seen in the demographic features. The low EBF may be due to a lack of time to breastfeed the babies, social acceptance and recognition of breast baby feeds or insufficient knowledge of EBF.

CONCLUSION:

Most of the mothers didn't have adequate knowledge of exclusive breastfeeding (EBF) practice. As a result, it is suggested that media can be used as a medium to educate women about the benefits of exclusive breastfeeding (EBF).

CONFLICT OF INTEREST: None

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