

DETERMINATION OF KNOWLEDGE OF NURSING MOTHERS REGARDING EXCLUSIVE BREASTFEEDING

Sania Saher¹, Nazia Nayazi^{2*}, Dr. Muhammad Asif Khan¹, Usama Mubarik³, Mashhood Hamid^{4*}

¹University Institute of Diet & Nutritional sciences, the University of Lahore

²Institute of Agricultural Extension, Education and Rural Development, University of Agriculture Faisalabad, Pakistan

³Faculty of Allied Health Sciences, Superior University, Lahore, Pakistan

⁴Registrar, Family Physician, King Saud University Medical City, Riyadh, Saudi Arabia

*Corresponding Email: author: nazianayazi@gmail.com; mashod@live.com

Abstract: The adherence to the practice of exclusive breastfeeding (EBF) is impacted by various factors including maternal knowledge and attitudes, as well as cultural and socio-demographic elements. This research aimed to evaluate the knowledge, attitudes, and practices regarding EBF among mothers with infants between 0 and 6 months of age. Additionally, the study explored the factors related to the practice of EBF. Different hospitals with Gynae ward were selected for the study from different areas of Gojra on basis of convenience. 4 hospitals were selected to carry out the study. 200 mothers with infant ages 0–6 months who presented to selected hospitals were selected as sample for current study. For current study data were collected using a pre-tested questionnaire. Current study concluded that only 36% mothers were familiar with term of exclusive breastfeeding and the recommending time of exclusive breastfeeding. Source of information for majority of mothers was family. Mothers are needed to provide education about exclusive breastfeeding and should be encouraged to breastfed for 6 months exclusive. Meanwhile, healthcare practitioners should also provide appropriate training regarding exclusive breastfeeding, so that they can provide education to mothers.

[Sania Saher, Nazia Nayazi, Dr. Muhammad Asif Khan, Usama Mubarik, Mashhood Hamid. **DETERMINATION OF KNOWLEDGE OF NURSING MOTHERS REGARDING EXCLUSIVE BREASTFEEDING**. *Life Sci J* 2023;20(2):1-7]. ISSN 1097-8135 (print); ISSN 2372-613X (online). <http://www.lifesciencesite.com>. 01.doi:10.7537/marslsj200223.01.

Key words: Exclusive breastfeeding (EBF), Knowledge, Attitude, Practice

INTRODUCTION

A major contributory factor that leads to over half of under-five deaths as well as more than two-third death during first year of life is under-nutrition (Leshi et al., 2016). A significant root of malnutrition in children is inappropriate feeding practices. Promoting breastfeeding has gained limelight since last few years in public health sector and is also emphasized by WHO and the UNICEF for the betterment and well-being of infants (Sankar et al., 2015).

Breastfeeding is a human action that is equally useful for infant as well as mother's well-being and is cheap too (Vijayalakshmi et al., 2015). Breastfeeding is recommended as a proposed feeding tool for infants by American Academy of Pediatrics (AAP) as it is nutritionally supreme and has beneficial health effects (Eidelman and Schanler, 2012). Appropriate nourishment is necessary in first 1000 days of child's life as this is the time of fast growth and development. Breast milk is not only a source of proper nourishment for child but it also

leads to the development of emotional bond between mother and child. Initiation of breastfeeding is decreasing worldwide. Regardless of having knowledge of breastfeeding many mothers don't breastfed or initiate it late (Maharaj and Bandyopadhyay, 2013). Breast feeding (BF) is characterized as the way of nourishing a baby with milk coming right from the mother's breast. As per WHO, BF is defined as 'an unparalleled method of giving ideal food for the sound development and well-being of babies'. (Gilmour and Shibuya, 2013) The World Health Organization (WHO) classifies exclusive breastfeeding (EBF) as offering infant just mother's milk for the initial half year of life semi-solid food should only be introduced to babies after 6months of age along with breastfeeding for 2 years of age. Encouraging EBF for the first half year of life is the best precautionary step for saving infant's lives in countries where under-five mortality rate is high. Encouraging EBF is a vital source of the millennium development goal for decreasing child death rate (Bhutta and Labbok, 2011).

For an infant, breast milk is the best source of nutrients. Some components may differ depending on the mother's nourishment, and weaning. Weaning is advised in the second part of infancy, but it is considered as reference for the measurement of all other feeding techniques. Maternal milk provides immunological protection and stimulates organ development in addition to providing nutritional support to the infant (Taylor, 2019). Exclusive breastfeeding supplies important and priceless nutrients to infants and acts as keystone in child's life and well-being. It acts as first vaccination for baby as it protects the young ones from respiratory infections, diarrheal disease, and other hazardous disorders. Later in life EBF also has a shielding effect against obesity and certain non-communicable ailments (Horta and Victora, 2013).

In Pakistan, approximately 48% children of age below 6 months and that of 54% below 3 months of age are fed on breast milk exclusively. However the rate of breastfeeding decreases with the increase of child's age. Rate of exclusively breastfed children of age 4- 5 months is 35% whereas this rate is 56% for children age 0-1 month and that of 52% for age 2- 3 months. The rate of early initiation of breast milk is only 20%. Balochistan has highest rate of early initiation of breast milk i.e 60% (PDHS, 2017-18). According to WHO, only 38% infants of age 0 to 6 months are exclusively breastfed (WHO, 2014). The rates of breastfeeding have remained constant since 1990 and only 36% children of age below 6 months were breastfed exclusively in 2012 as documented by UNICEF (UNICEF, 2012).

Many factors contribute to the behavior, experience, and attitude of mothers regarding breastfeeding. Although breastfeeding is mainly mother's role and responsibility but the support and help of spouse is a major contributory factor that affects mother's behavior regarding breastfeeding (Thulier and Mercer, 2009). Medical, cultural, psychological, physical discomfort and inconvenience are some other factor that contribute mother's attitude. Without support and assistance majority of mothers switched to bottle feeding and quit breastfeeding. Some other reasons due to which mothers discontinue breastfeeding are lack of milk, wrong interpretation of infant's weeping, work load, breast issues and introduction of complementary foods before time (Neifert and Bunik, 2013).

The researcher aimed to determine the knowledge of nursing mothers regarding exclusive breastfeeding. After of determination of knowledge mothers can be educated and encouraged to initiate early breastfeeding and breastfed infants for 6 months exclusively.

METHODOLOGY

A cross-sectional study was carried out in Gojra city. Gojra city is a tehsil of Toba Tek Singh district in Punjab province of Pakistan. As per 2017 census, its population was 174,860 and listed as 51st largest city of Pakistan. Different hospitals with Gynae ward were selected for the study from different areas of Gojra on basis of convenience. 4 hospitals were selected to carry out the study. 200 mothers with infant ages 0–6 months who presented to selected hospitals were selected as sample for current study. For current study data were collected using a pre-tested questionnaire. Subjects were taken written consent with attached consent form before collecting data. SPSS version 25.0 was used to tabulate and analyze data. Required tables were produced by development of detailed syntaxes. Data analysis was done by using descriptive analysis, chi-square test, cross tabulation. The quantitative variables like age, income, etc. was assessed by using mean standard deviation and standard errors. The qualitative variables were reported using percentages and frequencies.

RESULTS AND DISCUSSION

Results of the study showed that mean of mother's age was 29.07 ± 3.624 and mean of baby's age was 3.84 ± 1.627 . Moreover the mean of family size was 5.50 ± 2.466 and that of number of children was 2.17 ± 1.223 as shown in Table 1. Moreover results of study revealed that mother's age is significantly associated ($p < 0.05$) with her knowledge about exclusive breastfeeding and family size has positive and significant association ($p < 0.05$) with mother's knowledge about EBF as shown in Table 2. The analysis of results showed that majority of respondents belonged from joint family i.e 69%. 78% mother's were from rural areas and 61% mother were from middle class families. Majority of mothers and fathers were educated i.e 70% and 73% respectively as shown in Fig. 1. A previous study carried out by Jasny *et al.* (2019) showed similar results i.e 30.1% mothers were uneducated.

Further analysis of study showed family type and demographic location has strong significant but negative association with mother's knowledge about EBR. However socioeconomic status, mother's education and father's education has positive and significant association ($p < 0.05$) with mother's knowledge about EBF as shown in Table 3. Studies conducted by Eidelman and Schanler, (2012) and Javed *et al.* (2019) showed similar results to current study that mother's education and socioeconomic status were positively associated with EBF. A past study conducted by Werdani *et al.* (2021) showed

different results from this study that father's education has no association with EBF.

Analysis of results of current study showed that 36% mothers were familiar with term exclusive breastfeeding and 64% were unaware of this term as shown in Table 4.2.1a. During survey when mothers were asked about recommended time for exclusive breastfeeding 36% respond correct to this question *i.e* 6 months, 29% said that time of EBF is 8 months, 20% thought this time is 1 year and that of 15% said it is 2 years as mentioned in Fig. 4.2.1a. Out of this 36% respondents 38.9% respondents got knowledge

about exclusive breastfeeding from family as shown in Fig 4.2.1b. A study conducted by Roy *et al.* (2019) also showed same result *i.e* 36% mothers were aware that newborns should be fed on breast milk for 6 months exclusively. Jasny *et al.* (2019) showed that 52.8% mothers got information about exclusive breastfeeding from family and friends and those of 14% from health practitioners. Another study showed results that contradict with current study but the percentage is quite close *i.e* only 29% mothers knew that only breast milk should be given to the babies during the period of exclusive breastfeeding.

Table 1: Mean of mother's age, baby's age, family size and total number of children of mother

	Mean \pm SD	Maximum	Minimum
Mother's age	29.07 \pm 3.624	35	22
Family size	5.50 \pm 2.466	15	3
Baby's age	3.84 \pm 1.627	6	1
Number of children	2.17 \pm 1.223	6	1

Table 2: Association between mother's knowledge and mother's age and family size

	Mother's knowledge about exclusive breastfeeding		Chi-square test	Pearson correlation test
	Yes	No		
Mother's Age (Years)	22	1	164.084 (p < 0.05)	0.046
	23	0		
	24	0		
	25	24		
	26	0		
	27	0		
	28	0		
	29	0		
	30	38		
	31	0		
	32	0		
	33	0		
	34	0		
	35	9		
	Family Size	3		
4		0		
5		31		
6		0		
7		0		
8		0		
9		0		
10		0		
12		0		
14		1		
15		0		

** . Correlation is significant at the 0.01 level.

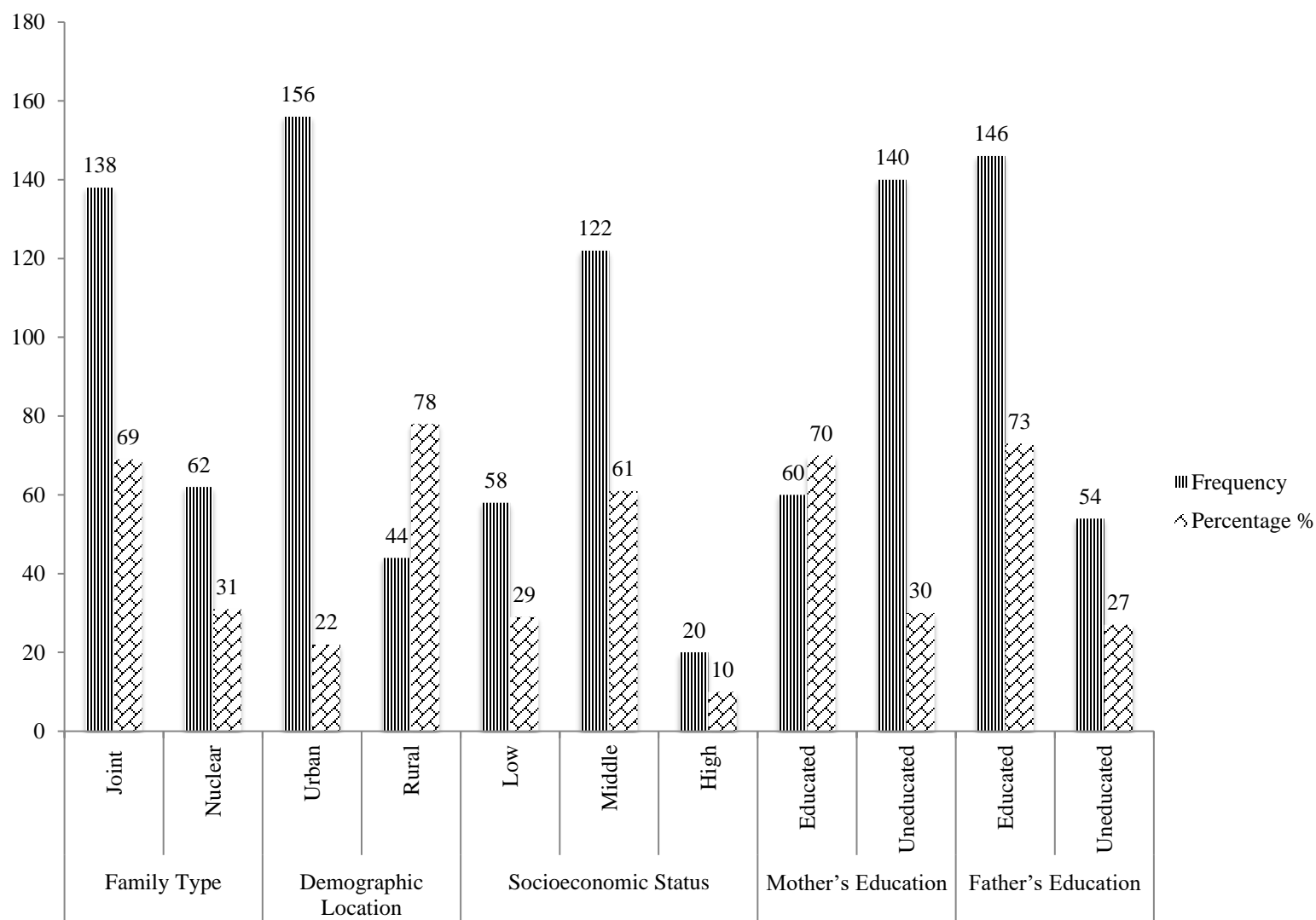


Fig. 1: Frequency distribution socioeconomic status, family type, geographical location, mother's education and father's education

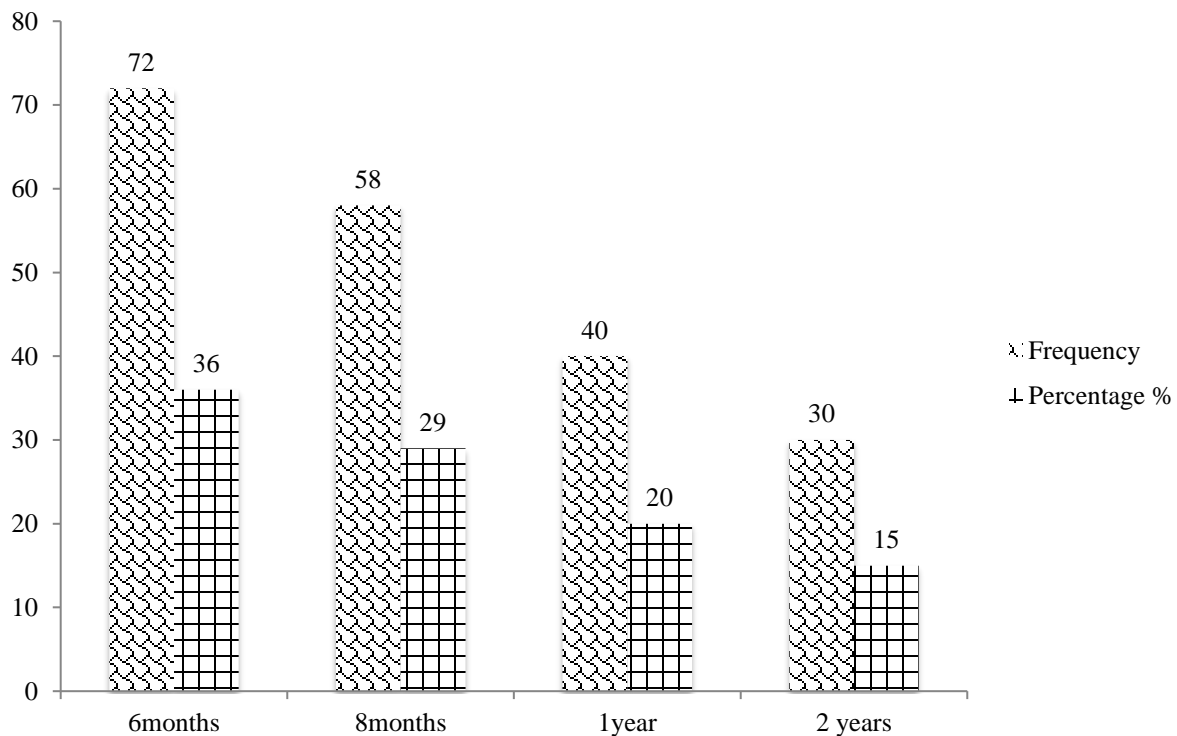
Table 3: Relationship between mother's knowledge about exclusive breastfeeding and family type, demographic location, socioeconomic status, mother's and father's education

		Mother's knowledge about exclusive breastfeeding		Chi-square test	Pearson correlation test
		Yes	No		
Family Type	Joint	32	106	31.713 (p<0.05)	-0.398**
	Nuclear	40	22		
Demographic Location	Urban	71	85	27.851 (p<0.05)	-0.373**
	Rural	1	43		
Socioeconomic Status	Low	10	48	14.362 (p<0.05)	0.169
	Middle	56	66		
	High	6	14		
Mother's Education	Educated	72	68	48.214 (p<0.05)	0.491**
	Uneducated	0	60		
Father's Education	Educated	72	74	41.610 (p<0.05)	0.456**
	Uneducated	0	54		

** . Correlation is significant at the 0.01 level

Table 4: Frequency distribution of knowledge about exclusive breastfeeding

Knowledge about exclusive breastfeeding	Frequency	Percentage %
Yes	72	36
No	128	64

**Fig. 2: Frequency distribution of knowledge about recommended time for exclusive breastfeeding**

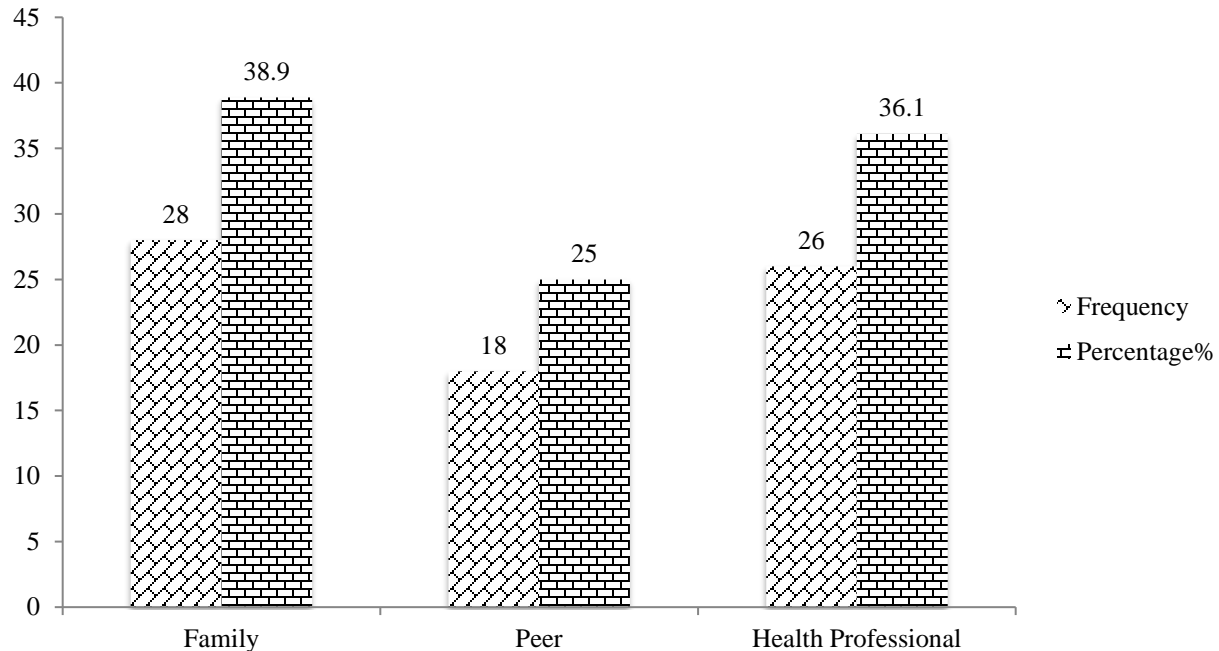


Fig. 3: Frequency distribution of source of information

CONCLUSION

Current study concluded that only 36% mothers were familiar with term of exclusive breastfeeding and the recommending time of exclusive breastfeeding. Source of information for majority of mothers was family. Mothers are needed to provide education about exclusive breastfeeding and should be encouraged to breastfed for 6 months exclusive. Meanwhile, healthcare practitioners should also provide appropriate training regarding exclusive breastfeeding, so that they can provide education to mothers.

LITERATURE CITED

- [1]. Bhutta, Z. A. and M. Lobbok. 2011. Scaling up breastfeeding in developing countries. *The Lancet*. 378: 378-380.
- [2]. Eidelman, A. I. and R. J. Schanler. 2012. Breastfeeding and the use of human milk, *J. Pediatr*. 129: 827-841.
- [3]. Gilmour, S. and K. Shibuya. 2013. Simple steps to equity in child survival. *BMC Med*. 11: 1-3.
- [4]. Horta, B. L., C. G. Victora and WHO. 2013. Long-term effects of breastfeeding: a systematic review.
- [5]. Jasny, E., H. Armor and A. Baali. 2019. Mother's knowledge and intentions of breastfeeding in Marrakech, Morocco. *Arch Pediatr*. 26: 285-289.
- [6]. Jasny, E., H. Armor and A. Baali. 2019. Mother's knowledge and intentions of breastfeeding in Marrakech, Morocco. *Arch Pediatr*. 26: 285-289.
- [7]. Javed, R., K. Aftab, U. Saleem, M. Nawaz, S. Asghar, B. Ahmad. 2019. Assessment of Knowledge regarding Breastfeeding among Pregnant women/mothers visiting Tertiary care hospital in Punjab province of Pakistan. *Pakistan Journal of Public Health*. 9(3): 157-160.
- [8]. Leshi, O., F. O. Samuel and M. O. Ajakaye. 2016. Breastfeeding Knowledge, Attitude and Intention among Female Young Adults in Ibadan, Nigeria. *Open J. Nurs*. 6: 11-23.
- [9]. Maharaj, N. and M. Bandyopadhyay. 2013. Breastfeeding practices of ethnic Indian immigrant women in Melbourne, Australia. *Int. Breastfeed. J*. 8: 1-9.
- [10]. Neifert, M. and M. Bunik. 2013. Overcoming Clinical Barriers to Exclusive Breastfeeding. *Pediatr. Clin. North Am*. 60: 115-145.
- [11]. PDHS. 2017-18 Pakistan Demographic and Health Survey. Govt. Of Pakistan.
- [12]. Roy, S., A. K. Simalti and B. T. Nair. 2018. Prevalence of exclusive breastfeeding and knowledge related to breastfeeding among mothers attending immunization center and well-baby clinic. *Acta Medica Int*. 5: 79-83.

- [13]. Sankar, M. J., B. Sinha, R. Chowdhury, N. Bhandari, S. Taneja, J. Martines and R. Bahl. 2015. Optimal breastfeeding practices and infant and child mortality: a systematic review and meta-analysis. *Acta Paediatr.* 104: 3-13.
- [14]. Taylor, S. N. 2019. Solely human milk diets for preterm infants. In *Seminars in perinatology.* 7(43): 151158.
- [15]. Thulier, D. and J. Mercer. 2009. Variables Associated With Breastfeeding Duration. *J. Obstet Gynecol Neonatal Nurs.* 38: 259-268.
- [16]. UNICEF. 2012. The state of the world's children 2012: children in an urban world. Executive Summary. United Nation International Children Education Fund.
- [17]. Vijayalakshmi, P., T. Susheela and D. Mythili. 2015. Knowledge, attitudes and breast feeding practices of postnatal mothers: A cross sectional survey. *Int. J. Health Sci.* 9: 364-374.
- [18]. Werdani, K. E., A. C. Wijayanti, L. E. Sari and A. Y. Puspasari. 2021. The role of husband in supporting exclusive breastfeeding among teenage mothers in Boyolali, Indonesia. *Enfermería Clínica.* 31: S239-S242.
- [19]. WHO. 2014. Global Nutrition Targets 2025: Breastfeeding policy brief. World Health Organization, UNICEF.

1/22/2023