

Knowledge, Attitude, and Practice of Mothers Regarding Breast Feeding and Factors Affecting It at A Tertiary Care Hospital

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ABSTRACT

Background: Breastfeeding is assumed to be the primary consideration in both death and life for the vast majority of children living in low-income nations; however, the breastfeeding pattern and exclusive breastfeeding are deemed to be more important, regardless of the fact that most mothers tend to ignore these elements. In terms of their children's general nutritional health, mothers' attitudes regarding breastfeeding are the major determinant. **Objective:** To determine the knowledge, attitude, and practice (KAP) of mothers regarding breastfeeding and factors responsible for it at a tertiary care hospital (SKBZ/AK CMH Hospital Muzaffarabad, Azad Kashmir). **Study Design:** This descriptive cross-sectional study. **Settings:** Department of Pediatrics, SKBZ/AK, CMH Hospital, Muzaffarabad Pakistan. **Duration:** The duration of the study was six months, from October 2019 to March 2020. **Methods:** All the mothers, ages 18 to 40, visiting the pediatric out patient department (OPD) with their babies aged less than 2 years were included. After taking demographic information, mothers were face to face interviewed regarding their feeding pattern, knowledge regarding breast feeding, their attitude, and breast-feeding practice. A self-made, simple questions-based questioner was used to collect the information. A questionnaire-based study protocol was used to collect all of the data. SPSS version 26 was used for data analysis. **Results:** A total of 89 mothers were interviewed regarding their knowledge, attitude, and practice of breast feeding. Mean maternal age was 28.84 ± 3.75 years and mean neonatal age was 6.76 ± 5.10 months. Out of all 37.1% mother were found with exclusive breast feeding, 24.7% neonates were on bottle feeding, while 38.2% were both breast and bottle feeding. Out of all 80.9% mother well aware regarding advantage and disadvantages of exclusive breastfeeding, 65.2% of the mothers had positive attitude, while most of the women 62.9% had unsatisfactory breast-feeding practice. Mothers' knowledge, attitude, and breastfeeding practice according to residence, parity, education, antenatal history and emotional support found statistically insignificant ($p > 0.05$). **Conclusion:** Mothers seemed to have an average level of breastfeeding awareness and a positive attitude, while most of the women had unsatisfactory breastfeeding practices. Emotional support, maternal perceptions, outdoor working status, mother becoming pregnant again, mother being sick, and breast infection were the factors affecting breast-feeding continuation.

Keywords: Breastfeeding, Mothers, Knowledge, Attitude, Practice.

INTRODUCTION

Breastfeeding is considered to be the healthiest and most natural method of nourishing an infant's diet and serves as the fundamental practice of life.¹ It is a premium public health method that reduces the risk of

the morbidities and mortality among newborn and children.¹ Newborns who are breastfed have a high probability of surviving during initial 6 months of life that is six times greater than babies who are not breastfed.¹ Breast milk protects against a wide range of

infectious conditions, including acute respiratory infections and diarrhea, two of the most common causes of death in infants.^{2,3} WHO advises continuing breastfeeding until the child is 2 years old or older and according to estimates, optimum breastfeeding of infants over two years old could prevent the deaths of more than 800,000 children under five from severe respiratory and gastrointestinal disorders each year.⁴ Despite significant advancements in some regions, the rate of exclusive breastfeeding remains excessively minimal in several underdeveloped countries.^{4,5} Several fundamental risk factors for newborn death and morbidity include activities that are common in the postpartum period, inadequate breastfeeding, using inadequate childcare techniques, mother ignorance of feeding habits, religious and cultural beliefs, and insufficient health awareness.⁶

On the other hand, delaying a baby's introduction to the breast shortly after birth is also a major concern because breastmilk is crucial for the infant's development and immunity. As a result of all these negative behaviors, breastfeeding is suppressed by inactivating prolactin, which lowers the amount of breast milk production.^{6,7} Due to urbanization, socioeconomic factors, modifications in society's standards, advertising, the commercialization of infant milk formulas, and females' employment from outside residence, breastfeeding practices have decreased globally in recent years.⁸ The lack of awareness and unfavorable attitude of mothers regarding breastfeeding could affect practices and create challenges to improvement. In order to prevent viruses from entering a child's system, breastfeeding mothers must possess a positive attitude, sufficient information, and optimal breastfeeding practices.⁹ There have been a number of studies carried out at national and international levels; however, there appeared to be a significant gap and controversy in the observations, particularly at the local level. As recently in a national study observed that, the vast majority of the mothers lacked the necessary understanding of the exclusive breastfeeding practice.¹¹ On the other hand in another recent local study concluded that the most of the women were aware regarding breastfeeding. However, it was obvious that they were not putting their knowledge into practice in the way that they breastfed their babies.¹² After taking above recent controversies and recommendations for further studies, this study has been done to evaluate the mother's knowledge, attitude, and practice (KAP) regarding breastfeeding and factors responsible for it at a tertiary care hospital SKBZ/ Ak CMH Hospital Muzaffarabad Azad Kashmir.

METHODS

This descriptive cross-sectional study was done at the pediatric department at SKBZ/AK, CMH Hospital Muzaffarabad, after taking ethical approval from the

ethical review committee. The duration of the study was six months, from October 2019 to March 2020. All the mothers, age 18 to 40 years, visiting the pediatric outpatient department (OPD) with their babies aged less than 2 years were included. All the mothers with history of psychological problems and those who did not want to take part in the study were excluded. A written and verbal informed consent was obtained from all the mothers after explaining the study's purpose. Mothers were counselled that all of their information would be kept confidential. After taking demographic information, mothers were face to face interviewed regarding their feeding pattern, knowledge regarding breast feeding, their attitude, and breast-feeding practice. A simple, self-made, question-based questionnaire was used to collect the information in terms of excellent, satisfactory, and poor knowledge, attitude, and practice. Questioners were filled out by the researcher herself by asking verbal questions. All the information was gathered using questioned based proforma. The researcher filled the interviewer's proformas by personally conducting the verbal interview questions. SPSS version 26 was used for data analysis. Categorical variables were presented in frequency and percentage, while numerical variables were presented in mean and standard deviation. Post-stratification, the hi-square test was applied, and a p -value ≤ 0.05 was considered significant.

RESULTS

A total of 89 mothers were interviewed regarding their knowledge, attitude, and practice of breast feeding. The average maternal age was 28.84 ± 3.75 years, and the average neonatal age was 6.76 ± 5.10 months. Most of the cases 58.4% were urban resident and 41.6% were rural resident. 61.8% of the participants were living with joint families, and 38.2% were living separately. In total, 37.1% of the mothers were exclusively breast-feeding, 24.7% were bottle-feeding, and 38.2% were both breast- and bottle-feeding. Standard dilution history was in 67.4% of the cases. Additional water history was in 29.2% of the cases. Most of the mothers had matric and graduation level education 38.2% and 33.7% respectively, 20.2% women were postgraduate, while 7.9% were uneducated. The majority of women (53.9%) were multiparous. Furthermore, gestational status, history of antenatal care, first feeding history, and breast-feeding counselling are shown in the table. 1

Emotional support, maternal perceptions, outdoor working status, mother becoming pregnant again, mother being sick, and breast infection were the factors affecting breast feeding continuation, as shown in the table. 2

Out of all 80.9% mother well aware regarding advantage and disadvantages of exclusive breastfeeding, 65.2% of the mothers had positive attitude, while most of the

women 62.9% had unsatisfactory breast-feeding practice.
Table 3

Mothers' knowledge, attitude, and breastfeeding practice according to residence, parity, education, antenatal history and emotional support found statistically insignificant ($p \Rightarrow 0.05$) as shown in table 3-5.

Table 1: Demographic characteristics of the patients (n=89)

Variables		Descriptive statistics	
Maternal age (mean ± SD)		28.84 ± 3.75 years	
Neonatal age		6.76 ± 5.10 months	
Neonatal gender	Males	47	52.8
	Females	42	47.2
	Total	89	100.0
Residence	Urban	52	58.4
	Rural	37	41.6
Family status	Joint family	55	61.8
	Separate residence	34	38.2
Feeding pattern	Exclusive breastfeeding	33	37.1
	Bottle feeding	22	24.7
	Combined	34	38.2
Top feeding source	Formula feed	66	74.2
	Cow milk	17	19.1
	Buffalo milk	4	4.5
Standard dilution	Yes	60	67.4
	No	29	32.6
	Additional water	Yes	26
Mother education	No	63	70.8
	Uneducated	7	7.9
	Matric	34	38.2
Parity	Graduate	30	33.7
	Postgraduate	18	20.2
	Primipara	41	46.1
Gestational status	Multipara	48	53.9
	Term	76	85.4
History of antenatal care	Preterm	13	14.6
	Yes	77	86.5
Type of first feed	No	12	13.5
	Colostrum	49	55.1
	Formula milk	38	42.7
Breast feeding counselor	Other	2	2.2
	No any	8	9.0
	Doctor	50	56.2
	Nurse	10	11.2
	LHV	3	3.4
	Midwife	3	3.4
Care givers	15	16.9	

Table 2: Factors affecting breast feeding continuation (n=89)

Variables		Descriptive statistics	
Emotional support	Yes	60	67.4
	No	29	32.6
Maternal perception	Yes	58	65.2
	No	31	34.8
Mother working status	House wife	60	67.4
	Outdoor working women	29	32.6
Mother become pregnant again	Yes	8	09.0
	No	81	91.0
Mothe being sick	Yes	14	15.7
	No	75	84.3
Breast infection	Yes	9	10.1
	No	80	89.9
Mother think	Yes	22	24.7
	No	53	59.6
	No idea	14	15.7

Table 3: Mother's KAP regarding breast feeding (n=89)

Variables		Descriptive statistics	
Mother well aware regarding advantage and disadvantages of exclusive breastfeeding	Yes	72	80.9
	No	17	19.1
Mother attitude	Positive	58	65.2
	Negative	31	34.8
Feeding practice	Satisfactory	33	37.1
	Un-satisfactory	56	62.9

Table 4: Mother' knowledge according to residence, parity, education, antenatal history and emotional support (n=89)

Variables		Mother knowledge regarding breastfeeding		Total	P-value
		Yes	No		
Resident	Urban	44	8	52	0.290
	Rural	28	9	37	
Parity	Primiparous	36	5	41	0.126
	Multiparous	36	12	48	
Maternal education	Uneducated	5	2	7	0.401
	Matric	27	7	34	
	Graduate	23	7	30	
Antenatal history	Postgraduate	17	1	18	0.542
	Yes	48	10	58	
Emotional support	No	24	7	31	0.046
	Yes	52	8	60	
	No	20	9	29	

Table 5: Mother' attitude according to residence, parity, education, antenatal history and emotional support n=89

Variables		Mother attitude		Total	p-value
		Positive	Negative		
Resident	Urban	34	18	52	0.960
	Rural	24	13	37	
Parity	Primiparous	31	10	41	0.056
	Multiparous	27	21	48	
Maternal education	Uneducated	3	4	7	0.559
	Matric	23	11	34	
	Graduate	19	11	30	
	Postgraduate	13	5	18	
Antenatal history	Yes	35	23	58	0.191
	No	23	8	31	
Emotional support	Yes	41	19	60	0.367
	No	17	12	29	

Table 6: Mother' breastfeeding practice according to residence, parity, education, antenatal history and emotional support n=89

Variables		Mothers' breastfeeding practice		Total	p-value
		Satisfactory	Un-satisfactory		
Resident	Urban	16	36	52	0.114
	Rural	17	20	37	
Parity	Primiparous	14	27	41	0.597
	Multiparous	19	29	48	
Maternal education	Uneducated	4	3	7	0.081
	Matric	17	17	34	
	Graduate	8	22	30	
	Postgraduate	4	14	18	
Antenatal history	Yes	21	37	58	0.816
	No	12	19	31	
Emotional support	Yes	21	39	60	0.559
	No	12	17	29	

DISCUSSION

There is considerable recognition throughout the world regarding the value of breastfeeding for both mothers and newborn.¹³ Breast feeding alone provides all the essential nutrients, especially vitamins and minerals, for newborns during the initial six months of the life.¹³ However the maternal knowledge and positive attitude are very important. Current study has been conducted to evaluate the knowledge, attitude, and practice (KAP) of mothers regarding breastfeeding and factors responsible and a total of 89 mothers were interweaved regarding their knowledge, attitude and practice of breast feeding, their mean age was 28.84 ± 3.75 years. In the comparison of this study Mohsin SS *et al*¹⁴ reported that the mothers' average age was 25.47 ± 5 years. In another study by Alia RA *et al*¹⁵ reported that the majority of the women 75% were found with age group of 20-30 years. In this study most of the mothers had matric and graduation level education 38.2% and 33.7% respectively, 20.2% women

were postgraduate, while 7.9% were uneducated. Although in our study the educational status of the mothers was some better than the studies by Mohsin SS *et al*¹⁴, Alia RA *et al*¹⁵ and Hina A *et al*.¹⁶

In this study most of the cases 58.4% were urban resident and 41.6% were rural resident. Consistently Rudrappa S *et al*⁸ reported that the 74% women were from urban areas and 26% belongs to rural areas, while inconsistently Bala K *et al*¹⁷ reported that most of the women 70.9% were non-Muslims and mostly 62.9% rural areas resident. it has been assumed that the urban resident and well-educated women were more knowledgeable about the concept of breastfeed than rural and uneducated women, although frequently they stopped breastfeeding and started supplemental feeding early.¹⁵

In this study out of all, 37.1% mother were found with exclusive breast feeding, 24.7% neonates were bon bottle feeding, while 38.2% were both breast and bottle feeding. Although Hina A *et al*¹⁶ found lower rate of exclusive breast feeding as 26%. However, Bala K *et al*¹⁷ reported the the 42.7% of women breastfed their children exclusively throughout their first year of life. On the other hand, Paudel DR *et al*¹⁸ also reported that the only 20.90% mothers found with exclusive breast feeding. This difference in the frequency of exclusive breastfeeding may because of difference in the studies sample size and selection criteria.

In this study out of all, 80.9% mother well aware regarding advantage and disadvantages of exclusive breastfeeding, 65.2% of the mothers had positive attitude, while most of the women 62.9% had unsatisfactory breast-feeding practice. In the comparison of this study Bala K *et al*¹⁷ reported that nearly all of the participants seemed aware of the significance of colostrum; unfortunately, 80.3% among them were under the impression that parents should discontinue breastfeeding their child once they began weaning. On the other hand, Alia RA *et al*¹⁵ demonstrated that the 81.1% of women thought that breastfeeding was more feasible than the other forms of feeding options for their children, indicating that the majority of mothers had a positive attitude toward the practice. Although Rudrappa S *et al*⁸ reported that the 70% of participants were knowledgeable about colostrum feeding, however only 35% of respondents were knowledgeable about the duration of exclusive breastfeeding. In the study by Krishnendu M *et al*⁹ also stated that the 70.8% of breastfeeding women having average levels of knowledge, 55.5% had positive attitudes, and 79.2% seemed to have good breastfeeding practices. In this study mother' knowledge, attitude and breastfeeding practice according to residence, parity, education, antenatal history and emotional support found statistically insignificant ($p \Rightarrow >0.05$). However,

Dukuzumuremyi, J.P.C *et al*¹⁹ stated that the in their results, on the other hand, are not particularly impressive, and as a consequence, there is a pressing need to encourage medical professionals to participate in increased breastfeeding teaching efforts. Consistently Mohsin SS *et al*¹⁴ reported that in their study did not show any influence from demographic factors such as socioeconomic status or educational level. The reasons for this might be split into two categories. Any a large segment of the population does not have access to fundamental information about the relationship between food, health, and nutrition, or an insufficient number of mothers were educated and part of the middle class for the findings to be influenced by either of these factors.¹⁴

CONCLUSION

Mothers seemed to have an average level of breastfeeding awareness and a positive attitude, while most of the women had unsatisfactory breast-feeding practices. Unfortunately, it was clear that they were not putting their knowledge into practice in the way that they breastfed their babies. Emotional support, maternal perceptions, outdoor working status, mother become pregnant again, mother being sick, and breast infection were the factors affecting breast feeding continuation. Strategies should be developed, and women during pregnancy and after birth should be counselled and encouraged regarding breast feeding.

LIMITATIONS

There were a number of limitations, the most significant of which was the small sample size and the fact that there was only one central study.

SUGGESTIONS / RECOMMENDATIONS

As a result, the findings cannot be definitively implicated, although it is recommended that more extensive research be conducted.

CONFLICT OF INTEREST / DISCLOSURE

No conflict of interest is involved.

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