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KNOWLEDGE, ATTITUDE AND PRACTICE OF EXCLUSIVE BREASTFEEDING AMONG PRIMIPARA AT BABY FRIENDLY HOSPITAL (BFHI)

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Abstract

The reduction in exclusive breastfeeding rates around the world is a cause of great concern. Implementing a baby-friendly hospital initiative programme, on the other hand, could support in the promotion and maintenance of breastfeeding. This study aimed to determine the level of knowledge, attitude, and practice of exclusive breastfeeding among primipara mothers who delivered their child at a baby friendly hospital (BFHI). A cross-sectional research design was conducted involving 74 participants at BFHI in Pahang between January to February 2021. A set of self-administered questionnaire consists of sociodemographic background, knowledge, attitude and expressed breast milk within 24 hours of delivery were distributed to participants. Most of the participants are knowledgeable about exclusive breastfeeding and had a positive attitude toward breastfeeding practice. The participants were encouraged to initiate early breastfeeding to their newborn as soon as possible after birth and continue exclusively upon discharge. With a p-value of 0.028 (p<0.05) and a r value of 0.256, there is a significant link between knowledge and exclusive breastfeeding. There is also a link between exclusive breastfeeding attitude and exclusive breastfeeding behavior among participants, with a p-value of 0.036 (p<0.05). In conclusion, this study indicated the impact of breastfeeding education provided to pregnant women during antenatal on increasing the rate of exclusive breastfeeding practice in Malaysia.

Keywords: Knowledge, Attitude, Practice, Exclusive Breastfeeding (EBF) Practice, Primipara Mothers, Baby-Friendly Hospital Initiative (BFHI)

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INTRODUCTION

Exclusive breastfeeding is interpreted as “no other food or drink, not even water, except breast milk (including milk expressed or from a wet nurse) for 6 months of life but allows the infant to receive oral replacement solution (ORS), drops and syrups (vitamin, minerals and medicines)” (WHO, 2015). The National Breastfeeding Policy had recommended all mothers to exclusively breastfeed their infants for the first six months of life and continued until two years old with complementary food starting from six months (Ministry of Health, 2020).

Breastfeeding has numerous health benefits for both infants and mothers. Breastmilk is the golden nutrition for infant. To achieve optimum growth, development, and wellbeing, infants should be exclusively breastfed for the first six months of life because breastmilk contains all nutrients that infants need in the first month of life (WHO, 2019). A study found, non-breastfeed children have six times lower survival rates in the early months than breastfeed children and the risk of infants’ death between 0-5 months of age due to pneumonia and diarrhoea is two times higher in infants without exclusive breastfeeding (UNICEF, 2015). Non-breastfeed children also has high risk in the cases of obesity, diabetes, cardiovascular disease, and autoimmune disorders later in life (Alharthi et al, 2019).

Breastfeeding also contributes to mother health status. Mothers who breastfeed their child immediately after delivery will have low risk in getting postpartum haemorrhage. The short-term benefit of exclusive breastfeeding is acting as natural family planning and the long-term benefits are lower the risk in getting type 2 diabetes and breast, uterine, and ovarian cancer (UNICEF, 2015).

In Malaysia, National Plan of Action for Nutrition aims to achieve at least 70% of infants that exclusively breastfeed until six months in 2025 (MOH, 2016). In line with global nutrition targets 2025, WHO targets in increasing rate of exclusive breastfeeding in the first six months up to at least 50% (WHO, 2015). One of the strategies in achieving these targets is through the establishment of Baby-Friendly Hospital Initiative (BFHI) where all 130 government hospitals, three military hospitals, three university hospitals and 19 private hospitals in Malaysia had been accredited ad BFHI (MOH, 2020).

Globally, statistics revealed only 44% of infants are breastfeed exclusively in the first six months of life. In East Asia and the Pacific, only 30% of infants were exclusively breastfeed up until six months (UNICEF, 2018). In Malaysia, the rate of infants being exclusively breastfeed for six months decreased from 49.4% in 2015 to 47.1% in 2016 (NHMS, 2016). Although all government hospitals in Malaysia had been recognised as Baby-Friendly Hospital and more public awareness program addressed on benefits of breastfeeding had been organized, especially to the pregnant mothers, the rate of exclusive breastfeeding up until six months in Malaysia still below the rate recommended by WHO and Ministry of Health Malaysia.

There is a need to collect the current and the most recent data regarding exclusive breastfeeding practice in Malaysia. This study will contribute to additional information in providing accurate information regarding breastfeeding to the mothers especially first-time mothers or primipara. Therefore, the aims of this study are to identify the level of knowledge, attitude, and practice of exclusive breastfeeding within 24 hours of delivery among primipara mothers in Pahang and to investigate the association between these three variables and socio-demographic parameters.

MATERIALS AND METHOD

A cross-sectional research design was applied in this study. The participants were among primipara mothers at postnatal ward who had delivered their child at BFHI hospitals in Pahang.

Sampling and population

Quota sampling had been applied while recruiting the study participants. Random selection was not possible due to the nature of the study population in the study setting. It was difficult to get the estimation of exactly population in each hospital. Thus, to represent all accredited BFHI hospitals in Pahang, participants were recruited from each hospital using convenience sampling. The study participants were primipara mothers who delivered a full-term baby and healthy infant at accredited BFHI hospitals and healthy mothers.

Research instruments

A set of self-administered questionnaire comprises of four parts; Part A: Sociodemographic Background; Part B: Knowledge towards EBF; Part C: Attitude towards EBF and Part D: EBF practice within 24 hours of delivery were used. This questionnaire consists of 27 questions and was adopted from previous study (Mohamed et al, 2018) and had been translated to Malay language. Part A consists of six closed-ended questions on age, marital status, race, occupation, educational level, and average monthly household income. Part B consists of 10 items on breastfeeding knowledge regarding various aspects of exclusive breastfeeding. The correct response was scored one (1) and incorrect response scored zero (0). The total possible score is 10. The score categorized into low knowledge (0-3 score); moderate knowledge (4-6 score); high knowledge (7-10 score).

Part C consists of 9 items and was rated using Likert scale. Each correct (positive attitude) response was awarded a score of four (4) whereas an incorrect (negative attitude) response got a score of zero (0).

The questionnaire had been tested with the aimed to test the internal consistency of each domain in the questionnaire. The pilot study identifies value of Cronbach's alpha of each domain within the acceptable range (≥ 0.6). These questionnaire had been translated to Malay language and validated by experts in breastfeeding and languages.

The online self-administered questionnaires were analyzed using Statistical Package Social Science (SPSS) Version 22.

RESULTS

Sociodemographic characteristics

Table 1 presents the detail distribution of sociodemographic data among the respondents. Majority of the participants were aged more than 31 years old (51.4%) and married (97.3%). Malay was the highest respondents (95.9%) compared to Indian and other races. Approximately, 58.7% of the participants had tertiary level of education. Occupational status

showed that majority of the respondents were government employee (62.2%) and approximately 48.6% of the respondents had monthly household income categorized as M40.

Table 1: Sociodemographic data

Variables	Frequency (n)	Percentage (%)
Age (in years)		
<20	1	1.4
21-25	20	27.0
26-30	15	20.3
>31	38	51.4
Marital Status		
Married	72	97.3
Widowed	2	2.7
Race		
Malay	71	95.9
Indian	2	2.7
Others	1	1.4
Educational Level		
Secondary	28	37.3
Tertiary Level	46	62.2
Occupation		
Housewife	15	20.3
Government Employee	46	62.2
Private Employee	10	13.5
Self-Employed	3	4.1
Monthly Household Income		
B40 (<RM3860)	38	51.4
M40 (RM3680 – RM8319)	36	48.6
N=74		

Knowledge towards exclusive breastfeeding

Table 2 showed that there were four questions answered correctly by all 74 participants; breast milk should be the baby's first feed, only breastmilk needed by the baby for the first six months, breastfeeding protects baby from illness and expressed breast milk should be fed to the baby. However, the lowest knowledge among primipara mothers was observed on the aspects of whether pregnant mothers could continue breastfeeding their infants. Overall, as shown in Table 2, the level of knowledge of primiparas on various aspects of breastfeeding was high, with a mean score of 9.49 (0.69).

Table 2: Knowledge towards exclusive breastfeeding

	True		False	
	n	%	n	%
Breast milk should be baby's first feed	74	100.0	0	0.0
Baby should be put to breast within 1 hour of birth	72	97.3	2	2.7
Colostrum should be fed to the baby	73	98.6	1	1.4
Only breastmilk needed by the baby for the first six months	74	100.0	0	0.0
Breastfeeding protects baby from illness	74	100.0	0	0.0
Breastfeeding protects mother from pregnancy	72	97.3	2	2.7
Expressed breast milk should be fed to the baby	74	100.0	0	0.0
Semi-solid food to be introduced at 6 months	66	89.2	8	2.7
A baby should be breastfed on demand	51	68.9	23	31.1
	72	97.3	2	2.7

N=74

Table 3: Level of knowledge towards exclusive breastfeeding

Knowledge Score (out of 10)	Frequency	Percentage (%)	Mean (SD)
Low (≤ 3)	0	0	-
Moderate (4-6)	0	0	-
High (≥ 7)	74	100	9.49 (0.69)

Attitude towards exclusive breastfeeding

Majority of primipara mothers believed that EBF is beneficial to child, that baby only need breastmilk for the first six months and breastmilk is digested easily than formula milk. In contrast, negative maternal attitudes were observed, there was a slightly high percentage of the primipara mothers believed that age of mothers influence the ability in practicing EBF (Table 4).

Further analysis, the attitude of primipara mothers towards exclusive breastfeeding had been categorized into three, negative attitude, neutral and positive attitude. Table 5 showed high percentage (85.1%) of primipara mothers had positive attitude with mean score 30.29 (4.05).

Table 4: Attitude towards exclusive breastfeeding

	Disagree		Neutral		Agree	
	n	%	n	%	n	%
Believe that EBF is beneficial to the child	0	0.0	1	1.4	73	98.6
The age of the mother influences her ability to EBF	30	40.5	19	25.7	25	33.8
Only breastmilk needed by the baby for the first six months	2	2.7	2	2.7	70	94.6
Formula milk is suitable for newborn baby	63	85.1	8	10.8	3	4.1

Breast milk is inadequate for babies 2 months or older	61	82.4	3	4.1	10	13.5
Formula feeding is better choice for working mothers	51	68.9	18	24.3	5	6.8
Breastfed babies are healthier than formula fed babies	4	5.4	10	13.5	60	81.1
Breast milk is more easily digested than formula	1	1.4	3	4.1	70	94.6
Number of children will influence mothers to practice EBF	31	41.9	16	21.6	27	36.5
N=74						

Table 5: Level of attitude towards exclusive breastfeeding

Attitude Score (out of 36)	Frequency	Percentage (%)	Mean (SD)
Negative (≤ 11)	1	1.4	8.00
Neutral (12-23)	10	13.5	18.00 (2.83)
Positive (≥ 24)	63	85.1	30.29 (4.05)

The association between socio-demographic data with knowledge towards EBF

Two variables of socio-demographic data; marital status and race were not proceeded for the statistical analysis to see the association because majority of the participants were married (72/74) and 71 of the participants were Malay. In table 6 and table 7, there was no significant association between sociodemographic factors with total knowledge score of exclusive breastfeeding practice.

Table 6: Association between education level and monthly household income with knowledge

	Median (IQR)	Z statistics	p-value
Educational Level			
Secondary	9.00 (1.00)	-1.402	0.161
Tertiary	10.00 (1.00)		
Monthly Household Income			
B40	10.00 (1.00)	-0.235	0.814
M40	10.00 (1.00)		

Mann-Whitney Test

Table 7: Association between age, and monthly household income with knowledge

	Median (IQR)	X ² (df)	p-value
Age			
<20 years	-		
21-25 years	10.00 (1.00)		
26-30 years	10.00 (1.00)	1.10 (3)	0.777
>31 years	10.00 (1.00)		
Occupation			

Housewife	9.00 (1.00)		
Government Employee	10.00 (1.00)	0.6330 (3)	0.097
Private Employee	10.00 (2.00)		
Self-Employed	-		

Kruskal-Wallis Test

The association between socio-demographic data with attitude towards EBF

Two variables of socio-demographic data; marital status and race were omitted for the statistical analysis to see the association. Table 8 showed that there was an association between age with attitude of exclusive breastfeeding practice ($p < 0.05$). Meanwhile, the other socio-demographic variables (educational level, occupation, and monthly household income) showed no association towards attitude of exclusive breastfeeding ($p > 0.05$).

Table 8: Association between sociodemographic data with attitude

	Attitude Level		p-value
	Negative n=11 n (%)	Positive n=63 n (%)	
Age			
<20 years	0 (0.0)	1 (100.0)	
21 – 25 years	2 (10.0)	18 (90.0)	
26 – 30 years	6 (40.0)	9 (60.0)	
>31 years	3 (7.9)	35 (92.1)	0.045 ^{a*}
Educational Level			
Secondary	3 (10.7)	25 (89.3)	0.518 ^{**}
Tertiary	8 (17.4)	38 (82.6)	
Occupation			
Housewife	2 (13.7)	13 (86.7)	
Government Employee	6 (13.0)	40 (87.0)	0.459 ^a
Private Employee	3 (30.0)	7 (70.0)	
Self-Employed	0 (0.0)	3 (100.0)	
Monthly Household Income			
B40	6 (15.8)	32 (84.2)	0.539 ^{**}
M40	5 (13.9)	31 (86.1)	

(*significant at $p < 0.05$)

^a = Likelihood ratio

Chi-Square Test (**Fisher’s Exact Test)

The association between socio-demographic data with exclusive breastfeeding practice within 24 hours of delivery

Two variables of socio-demographic data; marital status and race were excluded for the statistical analysis to see the association. Table 9 tabulated that there was no association between sociodemographic variables with exclusive breastfeeding practice within 24 hours of delivery.

Table 9: Association between sociodemographic data with EBF practice

	EBF Practice		p-value
	YES n=10 n (%)	NO n=64 n (%)	
Age			
<20 years	1 (100.0)	0 (0.0)	0.954 ^a
21 – 25 years	17 (85.0)	3 (15.0)	
26 – 30 years	13 (86.7)	2 (13.3)	
>31 years	33 (86.8)	5 (5.1)	
Educational Level			
Secondary	24 (85.7)	4 (14.3)	1.000**
Tertiary	40 (87.0)	6 (13.0)	
Occupation			
Housewife	13 (86.7)	2 (13.3)	0.394 ^a
Government Employee	41 (89.1)	5 (10.9)	
Private Employee	7 (70.0)	3 (30.0)	
Self-Employed	3 (100.0)	0 (0.0)	
Monthly Household Income			
B40	32 (88.9)	6 (15.8)	0.737
M40	32 (88.9)	4 (11.1)	

^a = Likelihood ratio

Chi-Square Test (**Fisher’s Exact Test)

The association between knowledge with exclusive breastfeeding practice within 24 hours of delivery

Spearman correlation association was performed to test association between knowledge with exclusive breastfeeding practice among primipara mothers. Table 10 showed there was a significant direct weak linear association between knowledge score and exclusive breastfeeding score with p-value 0.028 (p<0.05) and r value of 0.256.

Table 10: Association between knowledge with EBF practice within 24 hours of delivery

	Knowledge towards exclusive breastfeeding practice		
	N	r _s	p-value
Exclusive breastfeeding practice	74	0.256	0.028

(*significant at p<0.05)

The association between attitude with exclusive breastfeeding practice within 24 hours of delivery

The association between attitude on exclusive breastfeeding with exclusive breastfeeding practice among primipara mothers were tested using Fisher’s Exact Test. Table 11 demonstrated that there was an association between attitude of exclusive breastfeeding with exclusive breastfeeding practice among primipara mothers with p-value 0.036 (p<0.05).

Table 11: Association between attitude with EBF practice within 24 hours of delivery

	EBF Practice		p-value
	Yes n=64 n (%)	No n=10 n (%)	
Attitude Score (out of 36)			
Negative (≤23)	7 (63.6)	4 (36.4)	
Positive (≥24)	57 (90.5)	6 (9.5)	0.036*

(*significant at p<0.05)

DISCUSSION

This study identified majority of primipara mothers had good level of knowledge about exclusive breastfeeding, and most of them (85 %) had a positive attitude toward exclusive breastfeeding. It is indicated that mothers who received breastfeeding education from healthcare providers during antenatal visits had more knowledge and a more positive attitude towards exclusive breastfeeding (Mohamed et al, 2018; Al Ketbi et al, 2018; Hamze; et al, 2019; Tan et al, 2020). Furthermore, the majority of primipara (86.5%) performed exclusive breastfeeding within 24 hours of delivery. Similar with previous studies, it identifies accredited BFHI health care facilities had a greater percentage of mothers to start exclusive breastfeeding than non-certified healthcare settings (Falon et al, 2019; Obilade, 2015; Robert et al, 2019). The result showed that there was an association between age group and attitude towards exclusive breastfeeding. This suggested that mothers with older age had positive attitude to exclusive breastfeeding. This study confirms previous findings that age was the most dominant factors in mothers’ attitude towards exclusive breastfeeding; mothers who aged more than 30 years old were having positive attitude towards exclusive breastfeeding (Al Ketbi et al, 2018; Jagadle et al, 2015).

This study revealed that knowledge had significant direct linear association with exclusive breastfeeding practice within 24 hours of delivery. It is submitted that mothers with high knowledge of exclusive breastfeeding led to practicing exclusive breastfeeding. This was consistent with previous studies that mothers with high level of breastfeeding knowledge were more likely to exclusively breastfeed their children up to six months (Al Ketbi et al, 2018; Rosuzieta et al, 2018).

The result depicted that there was significant association between attitude of exclusive breastfeeding with exclusive breastfeeding practice within 24 hours of delivery. This findings were in line with other studies that mothers with positive attitude regarding exclusive breastfeeding were more prone to pursue exclusive breastfeeding their children up to six months of age (Mogre et al, 2016; Mohamed et al, 2018; Buss et al, 2019; Muda et al, 2019).

CONCLUSION

In conclusion, this study revealed the effectiveness of government strategies implemented by the government in raising the rate of exclusive breastfeeding in Malaysia, including the implementation of the BFHI policy at all Ministry of Health Malaysia healthcare facilities and antenatal breastfeeding education at primary care clinics. The antenatal classes with breastfeeding education session should be continuously conducted at healthcare settings.

ETHICAL APPROVAL

This study was approved by the ethics committee from the Kulliyyah of Nursing Postgraduate Research Committee (KNPGRC), International Islamic University Malaysia Research Ethics Committee (IREC) and Medical Research Ethics Committee (MREC) (KKM/NIHSEC/ P20-2620 (4)).

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CONFLICT OF INTEREST

The author declared there was no conflict of interest in this study.

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