EXCLUSIVE BREASTFEEDING KNOWLEDGE AMONG PRIMIPAROUS MOTHERS

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ABSTRACT

OBJECTIVES

The study's objective was to assess the knowledge of primiparous mothers for exclusive breastfeeding to babies for the first six months on their first postnatal follow-up.

METHODOLOGY

A cross-sectional descriptive was conducted at Pediatrics Department, KRL Hospital Islamabad, for six months over 100 women from October 2022 to March 2023. A self-administered questionnaire was used to obtain information from the study participants. Females with primi gravida were selected, and interviews were conducted on a specific breastfeeding awareness questionnaire. The participant with correct and incorrect responses scored 1 and 0, respectively. Participants with scores of 0-4 were regarded as having poor knowledge, 4-7 as average and 7-10 as good knowledge regarding breastfeeding. The latest SPSS version analyzed Data.

RESULTS

Results show that the mean age was 24 years SD ± 1.2. Forty-one per cent of mothers were illiterate, 42% had Primary education, 15% had secondary school education, and only 2 % were university educated. Fifty-nine per cent of mothers were housewives, 29% were students, and 12% were working women. Moreover, 21% of mothers had poor knowledge of breastfeeding, 12% had average knowledge of breastfeeding, and 67% had good knowledge of breastfeeding.

CONCLUSION

Our study concludes that the knowledge of the primiparous mothers about breastfeeding was adequate.

KEYWORDS: *Knowledge, Exclusive Breastfeeding, Babies, Primiparous Mothers*

INTRODUCTION

Breast milk is considered a balanced diet in the early six months of the lives of newborns and infants, which provides essential nutrients to the growing infants responsible for the baby's health. It gives the required nutrients to the infants, which is desirable for healthy growth and proper development.[1] Infant mortality rate can be declined only by concentrating on breastfeeding and promoting good nutritional status in the mothers in developing countries; Breast milk contains all the dietary supplements and antibodies which promote not only healthy nutritional status but also provides the first immunization wall in the babies and enhances protection against respiratory infections, diarrheal diseases and other common childhood infections.[2] WHO recommends breastfeeding within the first hour of life and strongly emphasizes exclusive breastfeeding until six months and continued breastfeeding until 24 months of age, along with desirable complementary feeding. Globally four million infant deaths occur annually, three-quarters of which die during the first week of life. Pakistan is included in the list of top ten countries with high infant mortality almost equal to two-thirds of world's neonatal deaths, with a reported neonatal mortality risk of 55 in rural and 48 in urban areas per 1000 live births.[3] Pakistan Demographic and health survey (PDHS, 2013) accounts for only 27.2% of newborns in the initial hour of live birth and 37.7% of infants are breastfed under six months of age exclusively by mothers, an alarmingly low rate. It has been established that early breastfeeding initiation within an hour of life can make an important difference in the child's survival.[4] Despite various documented breastfeeding benefits and risks involving artificial feeding, breastfeeding has become a lost art and deviant culture. Good neonatal nourishment and well-planned childcare practices depend on maternal educational status and social awareness. It is one of the strongest determinants of breastfeeding practice.[5] One study showed a significant association between knowledge of breastfeeding and initiation of breastfeeding practices. (P-value <0.05). a study showed good breastfeeding knowledge among 55.3% of mothers in a study conducted in Saudi Arabia, with a higher risk of non-breastfeeding among mothers who didn't have adequate

knowledge. Early cessation, improper breastfeeding and non-compliance are due to the lack of proper breastfeeding knowledge and scientific adaptation of the practices, which result in early exhaustion, discouragement and cessation of breastfeeding.[6] Many studies recommend programs which support breastfeeding, particularly at a primary care level, focusing more on mothers of young ages, those less educated and those from lower socioeconomic families.[7] Admitting the facts that immediately after childbirth in the postnatal period, families and mothers require more sensitization regarding the adaptation of breastfeeding, especially in primiparous mother's effective experience in a first child, will help the mothers to establish effective breastfeeding art and facts which will help in the subsequent pregnancies and promote breastfeeding rates in the population. This study may help in understanding the basic knowledge of the mothers regarding breastfeeding, especially in primiparous and will help to recommend strategies in helping them to improve and strengthen efforts for enhancing breastfeeding practices among society.[8]

METHODOLOGY

It was a cross-sectional descriptive study conducted at Pediatrics Department, KRL Hospital Islamabad, for Six months on 100 mothers between October 2022 and March 2023. The study population was selected by non-probability and convenience sampling on 1st 100 primiparous mothers. Data was collected after permission from the hospital's ethical committee. It was through a self-administered questionnaire. Only primiparous mothers were selected for this study, excluding multiparous women. The investigator herself filled out all the questionnaires and was responsible for maintaining and documenting the records. Research questions related to the mothers knowledge regarding its importance during 1st six months of the infant's life. These questions were related to the extent of breast milk initiation, breast milk's role against disease protection and boosting of immunity of the infants. Data analysis was done using SPSS version 24. Descriptive statistics were used for various variables to see the frequency of responses against questions about the importance of breast milk initiation, continuity and its role in primiparous mothers. The level of mothers knowledge regarding breast milk was ranked into poor, good, and very good based on mothers responses about the importance of breast milk initiation, the role of breast milk against diseases and boosting the infant's immunity against the infection.

RESULTS

Table 1: Knowledge of the Mothers Regarding Breastfeeding Based on Various Demographic Factors

		Age (Years)				
		<25	25-30	31-35	36-40	>40
Breast Feeding Knowledg	Yes	14	12	17	23	02
	No	16	08	08	0	0
		Education				
		illiterate	Primary	Secondary	Higher	
Breast Feeding Knowledg	Yes	20	25	15	02	
	No	21	17	0	0	
		Profession				
		Housewife	Student	Working Women		
Breast Feeding Knowledg	Yes	41	15	10		
	No	18	14	02		
		Residency				
		Urban	Rural			
Breast Feeding Knowledg	Yes	27	35			
	No	17	21			
		Family Status				
		Nuclear	Jointed			
Breast Feeding Knowledg	Yes	26	50			
	No	11	13			

Table 2: Response at Breast Milk is the "Best Milk"

A. Response to Breast milk is the "Best Milk" (Age)							
		Age					Total
		<25 years	25-30 years	31-35 years	36-40 Years	>40 Years	
Best Milk	Yes	30	18	19	23	2	92
	No	0	02	03	0	0	05
	Don't Know	0	0	03	00	0	03
B. Response to Breast milk is the "Best Milk" (Education)							
		Education					Total
		Illiterate	Primary	Secondary	Higher		
Best Milk	Yes	32	37	15	02		86
	No	02	05	0	0		07
	Don't know	07	0	0	0		25
C. Response to Breast milk is the "Best Milk" (Profession)							
		Profession					Total
		Housewife	Student	Working Women			
Best Milk	Yes	47	26	10			83
	No	02	01	0			03
	Don't know	10	02	02			14
D. Response at Breast milk is the "Best Milk" (Residency)							
		Residency					Total
		Urban	Rural				
Best Milk	Yes	25	43				68
	No	05	02				07
	Don't know	14	11				25
E. Response to Breast milk is the "Best Milk" (Family Status)							
		Family Status					Total
		Nuclear	Joined				
Best Milk	Yes	30	57				87
	No	01	06				07
	Don't know	06	00				06

Table 3: Percentage of Mothers Having the Level of Knowledge Regarding Breastfeeding

Breastfeeding Knowledge	F	%age
Poor	21	21%
Average	12	12%
Good	67	57%

DISCUSSION

Breast milk provides various benefits to the health of the baby. It offers ideal food for the baby for healthy growth and development. By promoting breastfeeding practices lives of millions of infants can be saved in developing countries, as it contains all the nutritional supplements and antibodies that serve as a child's first immunization and provide protection from respiratory infections and diarrheal diseases and other common childhood infections.[9] Our study shows that the mean age was 24 years SD ± 1.20. Forty-one per cent of mothers were illiterate, 42 % had secondary education, 15% had higher secondary education and only 2 % had university and above education. Fifty-eight per cent of mothers were housewives, 29 % were students and only 12 % were working women. Moreover, 27% of mothers had poor knowledge about breastfeeding, 43% had average knowledge, and 30% had good knowledge. Similar results were obtained in another study conducted by Nisman et al., in which a total of 451 people participated in this study.[10] Of those who had children, 3.4% (n= 16) had not breastfed their babies, and 7.6% (n= 36) had breastfed their babies until their second year of age. It was found that 28.4% of the participants had poor, 43.1% had average, and 28.5% had good knowledge about breastfeeding and breast milk. Similar results were observed in another study conducted by Salama et al. in which the age ranged from 16 to 42 years, with mean age and standard deviation of 26 years and ±4.37, respectively. In another study, all the participants were Christians, 201 (100.0%); predominantly of Ibo ethnic group, 199 (99.0%) and married 197 (98.0%); rural area residents were 53 (26.4%) of all the participants while 148 (73.6%) were living in the urban communities. Most of the participants in the research had completed secondary education, 190 (94.5%), while most 165 (82.6%) were gainfully employed outside their homes. Most of the participants, 173 (86.1%), were aware of EBF; 134 (66.7%) had witnessed other mothers breastfeed exclusively; 128 (63.7%) could correctly state the meaning of exclusive breastfeeding when it commenced and its duration. The most known benefit of EBF identified by the participants was protection against infection and childhood malnutrition 134 (66.7%).[11,18] Other benefits included the following: breast milk contains the right amount of nutrients and water 98 (48.8%) and protection of baby against diarrhea 88 (43.8%). Generally, the majority of the participants, 134 (66.7%), had poor knowledge of EBF, while only 67 (33.3%) had good knowledge of EBF. Similar results were observed in another study in which 384 participants were included in the study with a response rate of 100%. The majority were in the age groups of 20-30 (66.9%) and the mean age was 27.65; 325 (84.6%) were Orthodox Christianity followers. Majority were of Amhara ethnicity 370 (96.4%). Based on knowledge score, 268 (69.8%) were grouped as having good knowledge and regarding attitudinal score, 92 (24%) of the study participants were categorized as having a negative attitude towards exclusive breastfeeding (EBF) and the remaining 292 (76%) were classified as having a positive attitude.[12] A study concluded that factors that were significantly involved in determining the adaptation and continuation of breastfeeding were maternal age, regular antenatal checkup, attendance at a prenatal class for breastfeeding, intended weeks duration of breastfeeding, breastfeeding score achievements in hospital and length of exclusive breastfeeding.[1] Another descriptive study concluded that primiparous mothers have inadequate knowledge of EBF in more than half of mothers (58.7%) with primiparous status and only 62 % were intentionally ready for exclusive breastfeeding for 4-6 months. A study found many factors to support the mothers decision to adopt artificial feeding rather than exclusive breastfeeding, including the age of the mother's child birth order, being a primipara single marital status, preterm infant and complicated labor. A study regarding breastfeeding status found that 98 % of mothers started breastfeeding immediately and after four months 277 (59%) continued exclusive breastfeeding, while 99 (51%) mothers stopped breastfeeding.[4] Linear regression analysis in a study conducted by Ku et al. observed that subjects who lived in joint families carry higher household income, and hence in these individuals, higher gravida would be directly related to a higher breastfeeding score Self-Efficacy Scale.[14] It was found that the decision for breastfeeding was being made later in the pregnancy as mothers were expected to stay at home and avoid all work at homes and social activities during the first-month post gestation; a woman who has been delivered should avoid all work and stay at home for one month at least and being taken care by others.[13,15] Findings observed by other researchers suggest that the intervention is very much important by society, doctor and families as the majority of mothers reported that the effective intervention turned to be a beneficial.[9,16,17,18]

LIMITATIONS

This study is only limited to primiparous mothers attending the Pediatric department at KRL Hospital

Islamabad to make checkups of their infants regarding nutritional assessment and feeding advice.

CONCLUSIONS

Our study concluded that knowledge regarding breastfeeding among primiparous mothers was adequate. The majority of the primiparous were well aware of the importance of breastfeeding. Most of the primiparous did know the importance and role of proper breastfeeding concerning the development of immunity in infants.

CONFLICT OF INTEREST: None

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REFERENCES

1. Bai DL, Fong DY, Tarrant M. Previous breastfeeding experience and duration of any and exclusive breastfeeding among multiparous mothers. Birth. 2015 Mar;42(1):70-7.
2. Ihudiebube-Splendor CN, Okafor CB, Anarado AN, Jisieike-Onuigbo NN, Chinweuba AU, Nwaneri AC, Arinze JC, Chikeme PC. Exclusive breastfeeding knowledge, intention to practice and predictors among primiparous women in Enugu South-East, Nigeria. Journal of pregnancy. 2019 Jan 3;2019.
3. Kandeel WA, Rabah TM, Zeid DA, El-Din EMS, Metwally AM, Shaalan A, et al. Determinants of exclusive breastfeeding in a sample of Egyptian infants. Open access Macedonian journal of medical sciences. 2018;6(10):1818.
4. Kronborg H, Vaeth M. The influence of psychosocial factors on the duration of breastfeeding. Scandinavian journal of public health. 2004;32(3):210-6.
5. Mohamed MJ, Ochola S, Owino VO. Comparison of knowledge, attitudes and practices on exclusive breastfeeding between primiparous and multiparous mothers attending Wajir District hospital, Wajir County, Kenya: a cross-sectional analytical study. International breastfeeding journal. 2018;13(1):1-10.
6. Ahmed MD. Assessment of factors influencing the practice of exclusive breastfeeding among mothers with less than 2 years Children in Hodan district, Mogadishu, Somalia. 2013.
7. Okoroiwu GI, Ubosi NI, Aliyu SM, Eya CP. Knowledge, attitude and practice of exclusive breastfeeding amongst mothers of infants in Gwagwalada area council, FCT, Abuja, Nigeria. Journal of Applied Sciences and Environmental Management. 2021 Mar 31;25(1):127-32.
8. Ayalew T. Exclusive breastfeeding practice and associated factors among first-time mothers in Bahir Dar city, North West Ethiopia: A community based cross sectional study. Heliyon. 2020 Sep 1;6(9):e04732.
9. Wong MS, Chien WT. A Pilot Randomized Controlled Trial of an Online Educational Program for Primiparous Women to Improve Breastfeeding. Journal of Human Lactation. 2023 Feb;39(1):107-18.
10. Nisman WA, Aryas D, Ratnasari E, Widya M, Yonanta N, Rahmasari S, et al. Infant Feeding Practices and Analysis Of Factors Affecting Exclusive Breastfeeding. Jurnal Keperawatan Soedirman. 2021;16(3).
11. Slama FB, Ayari I, Ouzini F, Belhadj O, Achour N. Exclusive breastfeeding and mixed feeding: knowledge, attitudes and practices of primiparous mothers/Allaitement maternel exclusif et allaitement mixte: connaissances, attitudes et pratiques des meres primipares. Eastern Mediterranean Health Journal. 2010;16(6):630-6.
12. Minas AG, Ganga-Limando M. Social-cognitive predictors of exclusive breastfeeding among primiparous mothers in Addis Ababa, Ethiopia. PLoS One. 2016;11(10):e0164128.
13. Li J, Zhao C, Wang Y, Wang YP, Chen CY, Huang Y, Gao YQ, Fang J, Zhou H. Factors associated with exclusive breastfeeding practice among mothers in nine community health centres in Nanning city, China: a cross-sectional study. International Breastfeeding Journal. 2021 Dec;16(1):1-4.
14. Victora CG, Bahl R, Barros AJ, França GV, Horton S, Krasevec J, Murch S, Sankar MJ, Walker N, Rollins NC. Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. The lancet. 2016 Jan 30;387(10017):475-90.
15. Kavle JA, LaCroix E, Dau H, Engmann C. Addressing barriers to exclusive breast-feeding in low-and middle-income countries: a systematic review and programmatic implications. Public health nutrition. 2017 Dec;20(17):3120-34.
16. Ihudiebube-Splendor CN, Okafor CB, Anarado AN, Jisieike-Onuigbo NN, Chinweuba AU, Nwaneri AC, Arinze JC, Chikeme PC. Exclusive breastfeeding knowledge, intention to practice and predictors among primiparous women in Enugu South-East, Nigeria. Journal of pregnancy. 2019 Jan 3;2019.
17. Sharma J, Pandey S, Negandhi P. Determinants of suboptimal breastfeeding in Haryana-An analysis of national family health survey-4 data. Indian J Public Health.[Internet]. 2020 Jul 1;64:285-94.
18. Ayalew T. Exclusive breastfeeding practice and associated factors among first-time mothers in Bahir Dar city, North West Ethiopia: A community based cross sectional study. Heliyon. 2020 Sep 1;6(9):e04732.

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