

Knowledge of Breastfeeding among Mothers Presenting in a Tertiary Care Hospital: A Cross-Sectional Study

Shizra Shahnawaz^{1*}, Haleema Yasmin², Shahzaib Siddiqui³, Omema Akhtar², Fatima Zafar⁴, Sarwat Khalid⁴

¹Jinnah Postgraduate Medical Centre, Pakistan

²Department of Obstetrics and Gynaecology, Jinnah Postgraduate Medical Centre, Pakistan

³Department of Medicine, Jinnah Postgraduate Medical Centre, Pakistan

⁴Department of Gynaecology and Obstetrics, Abbasi Shaheed Hospital, Pakistan

ABSTRACT

Objective: Breastfeeding is the best defensive measure that has probable impact on new-born mortality. Breast-milk has dietary, immunological, behavioural and economic advantages. It also offers pleasing bonding between mother and baby. Moreover, early human milk encourages maturation of gut and activation of immune system in new-borns. Therefore, the purpose of this study was to assess the knowledge, practices and significance of breastfeeding among mothers.

Methodology: This cross-sectional study was conducted in the Department of Obstetrics and Gynaecology, Jinnah Postgraduate Medical Centre (JPMC), Karachi, Pakistan. The duration of the study was from 24th April 2019 to 23rd October 2019. A total of 384 breastfeeding mothers having age from 18 to 41 delivered alive babies at gestational age of 37 weeks to 41 weeks were included in the study. The demographic details of both the mother and baby were assessed with the help of a specially designed questionnaire.

Results: The results showed that mean age of breastfeeding mothers was reported 26.0 ± 5.54 years, mean gestational age was 37.98 ± 2.42 weeks, mean weight of baby was 2.94 ± 0.44 kg, and mean of knowledge score was reported 9.94 ± 1.84 . Regarding knowledge and practices towards breastfeeding, mostly mothers from middle and lower socioeconomic classes agreed that breastfeeding is the best food for the child wherein significant difference found between them ($p=0.047$). It has been observed that mostly uniparous and multiparous mothers believed that exclusive breastfeeding can be practiced during first 6 months and should be continued up to 2 years therefore significant difference was found between them ($p<0.001$).

Conclusion: This study concluded that 206(53.6%) mothers had fair knowledge, and 158(41.1%) mothers had good knowledge of breastfeeding. Furthermore, those mothers who belonged to middle socioeconomic status showed more awareness regarding breastfeeding than the lower socioeconomic status.

Key words: Exclusive breastfeeding, Knowledge, Socioeconomic status, Uniparous, Multiparous

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Corresponding author: Shizra Shahnawaz
e-mail ✉: shizrashahnawaz@yahoo.com
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INTRODUCTION

The world's highest new-born mortality at 42/1,000 live births has been observed in Pakistan as suggested by UNICEF [1]. The only way for the survival of neonates is breastfeeding (BF) which should be started especially within an hour of birth and continued till 6 months [2]. It is seen that about 60% of mothers do not start breastfeeding within an hour of birth to their new-borns [2]. The breastfeeding is important not only for new-born babies but also for maternal health, whereas it become

economically viable to families and societies [3]. The significance of breastfeeding, in the countries having low and middle income societies is well accepted as compared with high income countries. In the countries, where people receiving low and middle earnings, only 37% of children at 6 months of age are completely breast-fed [3]. However, the rate of exclusive breastfeeding (EBF) differs from 9% to 41% [4]. Breastfeeding not only generates unique psycho-social bonding between the mother and the baby but also stimulate growth for both [5]. EBF means only breast milk be given to the infants and no additional nutrition or drink even water is allowed up to 6 months of age, but drops and syrups like vitamins, minerals and medicines can be given [6]. For the ideal health of a child and to maintain their nutritional diet, all the mothers need

to practice EBF and all new-borns must be fed breast milk exclusively up to 6 months of age [7].

It has been experienced that due to proper breastfeeding, the risk of malnutrition and common contagious diseases reduce in children; otherwise it may lead to the main causes of infant death [8]. The infectious diseases that are responsible for such an increasing rate of mortality in infants are diarrhoea and pneumonia. Breast milk is considered to have antibodies and a large amount of non-specific defensive components that enhances its antimicrobial effect [9].

Best practices of breastfeeding by mothers increase the children's growth, health, and survival [10]. The advantages of breast milk contain improvement of mental growth, boost immune system, and proves to be a useful in reducing the risk of some atopic and auto-immune diseases, leukaemia, and obesity in children [11].

In the year 2016, a Lancet series group on breastfeeding evaluated that around 823,000 expiries of children under five years of age could be saved by means of best breastfeeding practices [3]. However, as per Global Breastfeeding Scorecard assessment of 194 countries, the present rate of EBF is still disappointing i.e., only 40% of infants are being breastfed under the age of six months [12].

In view of the benefits of breastfeeding, it is imperative to specify those elements that may affect breastfeeding practices and support to organize effective intervention programs [13]. An emerging core of literature reveals that, maternal socioeconomic aspects are associated with breastfeeding practices in both middle and low income nations [14-16]. It has been reported that the education of mothers regarding best breastfeeding practices, are very important as it is seen that the mothers having less education about breastfeeding do not aware of its significance and discontinue EBF [14,16-18].

Several more studies reported that mothers related to lower socioeconomic status (SES) avoid to breastfeed their babies [19,20]. Though, few researches on breastfeeding used more than one feature of socioeconomic status so as to observe more thoroughly and closely the elements involved in breastfeeding [21]. One study on women in a Boston group practice revealed that the education of mother and family earnings were both important in breastfeeding, but getting education is more essential than income [22].

Numerous researches revealed a negative relationship among the household earnings and the training of EBF [15,17,18], whereas advertisements and articles promoting breastfeeding are positively correlated with increasing breastfeeding rates [23].

Therefore, the purpose of this paper was to measure breastfeeding practices and to identify causes, demographic elements, socioeconomic status, and reasons affecting breastfeeding practices.

METHODOLOGY

This cross-sectional study was conducted in the Department of Obstetrics and Gynaecology, Jinnah Postgraduate Medical Centre (JPMC), Karachi, Pakistan, by using non-probability consecutive sampling technique. The duration of the study was from 24th April 2019 to 23rd October 2019.

A total of 384 breastfeeding mothers having age from 18 to 41 delivered alive babies at gestational age of 37 weeks to 41 weeks either vaginally or cesarean section, were included for the study. Mothers having babies with main abnormalities, which were inspected by medical histories, ultrasound and lab investigation reports and through the clinical examination, such as Genetic defects, Down's syndrome, Cleft lip/palate, Stomach and intestinal defects and preterm babies, were excluded from the study.

After receiving consent, a detailed history of mothers was documented. The demographic details of both mother and baby including name, age, gender, weight and mother's knowledge was assessed with the help of a specially designed questionnaire. The knowledge of mothers was confidential based on their replies, with a correct response score of 1 was given and an incorrect answer a score of 0 was given. The score of knowledge in mothers classified as poor knowledge 0-6 score, fair knowledge 7-10 and good knowledge 11-15 score. Score of 11 or above was considered as adequate knowledge.

The collected data was analyzed on SPSS version 20.0. Mean and standard deviation was calculated for continuous variables such as maternal age, gestational age, weight of baby, whereas frequencies and percentages were generated for categorical variables such as maternal employment, religion, parity of mother, marital status, maternal educational status, socioeconomic status, monthly income, booking status, current breastfeeding practices, and residence. Chi-square test was applied to assess the association, and p-value ≤ 0.05 was considered as level of significant.

RESULTS

A total of 384 breastfeeding mothers were participated in this study. Their mean age was reported 26.0 ± 5.54 years, mean gestational age was 37.98 ± 2.42 weeks, mean weight of baby was 2.94 ± 0.44 kg, and mean of knowledge score was reported 9.94 ± 1.84 . In distribution of maternal employment, 6(1.6%) were employed while 378(98.4%) were unemployed. Residence status showed that 366(95.3%) belonged to urban areas while 18(4.7%) were from rural areas. Most breastfeeding mothers were Muslims 379(98.7%) whereas their marital status showed that 382(99.5%) were married, while 2(0.5%) were Divorced. Socioeconomic status showed that 194(50.5%) were from middle class, 190(49.5%) were from lower class. Most mothers 307(79.9%) preferred EBF while 73(19.0%) preferred formula feeding. Level of knowledge showed that 20(5.2%) had poor knowledge,

206(53.6%) had fair knowledge while 158(41.1%) had good knowledge, as shown in Table 1.

Concerning mothers knowledge and practices towards breastfeeding with respect to middle and lower socioeconomic status, mostly mothers of both the classes agreed that breast feeding is the best food for the child and significant difference was found between them ($p=0.047$). Majority of the mothers believed that EBF can be given during first 6 months and significant difference observed between middle and lower classes ($p=0.056$). Additionally, 110(56.7%) mothers of middle class and 79(41.6%) mothers in lower class thought that breastfeeding provides good contraception while significant difference was observed between them ($p=0.003$), as shown in Table 2.

Concerning mothers knowledge and practices towards

breastfeeding with respect to parity, majority of uniparous and multiparous mothers agreed that breast milk is more easily digested than formula milk with a significant difference between them ($p=0.006$). Most of the uniparous and multiparous mothers agreed that breast milk is more convenient for mothers with a significant difference between them ($p=0.049$). 28(18.7%) uniparous and 79(33.8%) multiparous mothers believed that breastfeeding should be started within one hour with a significant difference between them ($p=0.001$). Mostly uniparous and multiparous mothers believed that EBF can be given during first 6 months and should be continued up to 2 years with a significant difference between them ($p<0.001$), as shown in Table 3.

Table 1: Demographic profile of breastfeeding mothers (n=384).

Variable	Mean \pm SD n(%)	
Age (years)	26.0 \pm 5.54	
Weight of Baby (kg)	2.94 \pm 0.44	
Gestational Age of Baby (weeks)	37.98 \pm 2.42	
Adequate Knowledge Score	9.94 \pm 1.84	
Residence	Urban	366(95.3%)
	Rural	18(4.7%)
Employment	Employed	6(1.6%)
	Unemployed	378(98.4%)
Maternal Status	Married	382(99.5%)
	Divorced	2(0.5%)
Religion	Muslim	379(98.7%)
	Hindu	1(0.3%)
	Christian	4(1.0%)
Current Feeding Status	Breast Feeding	307(79.9%)
	Formula Feeding	73(19.0%)
	Both	4(1.0%)
Educational Status	Primary	74(19.3%)
	Middle	54(14.1%)
	Secondary	94(24.5%)
	Bachelors	18(4.7%)
	Nil	144(37.5%)
Socioeconomic Status	Middle class	194(50.5%)
	Lower class	190(49.5%)
Income	15000-35000	197(51.3%)
	<15000	187(48.7%)
Case	Booked case	289(75.3%)
	Non-booked case	95(24.7%)
Parity	Uniparous	150(39.1%)

Level of Knowledge	Multiparous	234(60.9%)
	Poor	20(5.2%)
	Fair	206(53.6%)
	Good	158(41.1%)

Table 2: Association of distribution of knowledge on breastfeeding practices in terms of socioeconomic status.

Variable	Middle Class	Lower Class	p-value
	Mean ± SD n(%)	Mean ± SD n(%)	
Growth pattern of breastfed infants differ from those of formula fed			
Yes	190(97.9%)	188(98.9%)	0.425
No	4(2.1%)	2(1.1%)	
Breast feeding is the best food for the child			
Yes	190(97.9%)	190(100.0%)	0.047
No	4(2.1%)	0(0.0%)	
Pre-lacteal feeds are not good			
Yes	22(11.3%)	22(11.6%)	0.941
No	172(88.7%)	168(88.4%)	
Breast milk is more easily digested than formula milk			
Yes	185(95.4%)	182(95.8%)	0.838
No	9(4.6%)	8(4.2%)	
Breast milk is more convenient for the mother			
Yes	184(94.8%)	180(94.7%)	0.962
No	10(5.2%)	10(5.3%)	
Infants on formula feeding have less attachment with their mothers (baby mother bonding by mother feed)			
Yes	190(97.9%)	184(96.8%)	0.5
No	4(2.1%)	6(3.2%)	
Breastfeeding should be initiated within one hour of life			
Yes	56(28.9%)	51(26.8%)	0.658
No	138(71.1%)	139(73.2%)	
Exclusive breastfeeding can be given during first 6 months			
Yes	120(61.9%)	135(71.1%)	0.056
No	74(38.1%)	55(28.9%)	
Breastfeeding should be continued up to 2 years			
Yes	165(85.1%)	158(83.2%)	0.612
No	29(14.9%)	32(16.8%)	
Is initial breast production of yellow water (colostrum) nutritionally useful for the baby			
Yes	82(42.3%)	67(35.3%)	0.159
No	112(57.7%)	123(64.7%)	
Breastfeeding helps the uterus to return to its pre pregnancy			
Yes	20(10.3%)	17(8.9%)	0.651

No	174(89.7%)	173(91.1%)	
Beneficial for mothers as it reduces breast tightness			
Yes	166(85.6%)	165(86.8%)	0.717
No	28(14.4%)	25(13.2%)	
Breastfeeding provides good contraception			
Yes	110(56.7%)	79(41.6%)	0.003
No	84(43.3%)	111(58.4%)	
Breastfeeding decreases diarrhea			
Yes	188(96.9%)	184(96.8%)	0.971
No	6(3.1%)	6(3.2%)	
Took counseling from doctor about breastfeeding in antenatal visits			
Yes	79(40.7%)	67(35.3%)	0.271
No	115(59.3%)	123(64.7%)	

Table 3: Association of distribution of knowledge on breastfeeding practices in terms of parity.

Variable	Uniparous	Multiparous	p-value
	n(%)	n(%)	
Growth pattern of breastfed infants differ from those of formula fed			
Yes	146(97.3%)	232(99.1%)	0.162
No	4(2.7%)	2(0.9%)	
Breast feeding is the best food for the child			
Yes	148(98.7%)	232(99.1%)	0.652
No	2(1.3%)	2(0.9%)	
Pre-lacteal feeds are not good			
Yes	11(7.3%)	33(14.1%)	0.042
No	139(92.7%)	201(85.9%)	
Breast milk is more easily digested than formula milk			
Yes	138(92.0%)	229(97.9%)	0.006
No	12(8.0%)	5(2.1%)	
Breast milk is more convenient for the mother			
Yes	138(92.0%)	226(96.6%)	0.049
No	12(8.0%)	8(3.4%)	
Infants on formula feeding have less attachment with their mothers (baby mother bonding by mother feed)			
Yes	145(96.7%)	229(97.9%)	0.473
No	5(3.3%)	5(2.1%)	
Breastfeeding should be initiated within one hour of life			
Yes	28(18.7%)	79(33.8%)	0.001
No	122(81.3%)	155(66.2%)	
Exclusive breastfeeding can be given during first 6 months			
Yes	70(46.7%)	185(79.1%)	<0.001

No	80(53.3%)	49(20.9%)	
Breastfeeding should be continued up to 2 years			
Yes	108(72.0%)	215(91.9%)	<0.001
No	42(28.0%)	19(8.1%)	
Is initial breast production of yellow water (colostrum) nutritionally useful for the baby			
Yes	43(28.7%)	106(45.3%)	0.001
No	107(71.3%)	128(54.7%)	
Breastfeeding helps the uterus to return to its pre pregnancy			
Yes	8(5.3%)	29(12.4%)	0.022
No	142(94.7%)	205(87.6%)	
Beneficial for mothers as it reduces breast tightness			
Yes	123(82.0%)	208(88.9%)	0.056
No	27(18.0%)	26(11.1%)	
Breastfeeding provides good contraception			
Yes	49(32.7%)	140(59.8%)	<0.001
No	101(67.3%)	94(40.2%)	
Breastfeeding decreases diarrhea			
Yes	144(96.0%)	228(97.4%)	0.43
No	6(4.0%)	6(2.6%)	
Took counseling from doctor about breastfeeding in antenatal visits			
Yes	35(23.3%)	111(47.4%)	<0.001
No	115(76.7%)	123(52.6%)	

DISCUSSION

Breastfeeding poses a significant function in neonates' cognitive growth. The present study demonstrated the prevalence of knowledge and practices regarding breastfeeding. In a study among married women in Universities of Lahore, 43% participants thought that breastfeeding was practicing less than one year of age [24]. Whereas another study conducted in Sana, Yemen stated that half of the participants (50%) continued breastfeeding for two years [25]. Our study demonstrated that most women preferred to continue breastfeeding till 2 years of age.

One of the studies performed by Velusamy et al. reported that the mean age was observed 23.9 ± 3.8 years [26]. One more research was endorsed the above study and showed the identical age group 25.6 ± 3.81 years [27]. The present study was also supported the above mentioned studies and showed that mean age of breastfeeding mother was reported 26.0 ± 5.54 years.

Surprisingly, Colostrum constitutes immunoglobulins protein, fatty acids, lactoferrin, growth, and antimicrobial factors, save the infants from various gastrointestinal disorders, neurological and developmental abnormalities [28]. Similarly, few societies dispose of the first milk because of its appearance and consistency of colostrum. A study conducted in rural area of Sindh, Pakistan described those more than a quarter mothers who were

not aware about the health significance of colostrum and provided prelacteal feeding to new-borns [29]. In another study carried out in Karachi stated that mostly women(92%) were aware of the benefits of colostrum's while 14% discarded colostrum [30]. As far as our study is concerned, mostly breastfeeding mothers discarded colostrum particularly in multiparous owing to unaware its significance.

In a previous study, the frequency of colostrum fed babies was 75% that was more commonly found in multiparous mothers [27]. The practice was more compared to research by Davara et al (68.75%) [31]. Another research by Rahman et al revealed that only 13% disposed of the colostrum [32]. The present study was in accordance with the above cited studies and reported that mostly breastfeeding women discarded colostrum, particularly in multiparous women owing to unaware its significance.

Similarly, one more research showed that 64% mothers practiced EBF till 6 months, 34(34%) was given prelacteal feeds to neonates, and started breastfeeding in 1-2 hrs was experienced by 47% [27]. In a study by Meshram, prelacteal feed was provided in 45%, and started breastfeeding in 1-2 hrs. was experienced by 22% [33]. Our study was also comparable with the above reported studies that mostly women were supported EBF practices during first 6 months whereas beginning of breastfeeding within 1-2 hrs. was practiced by few

mothers. Additionally, most of the breast feeding mothers thought that prelacteal feeds are good for the neonates.

One more study conducted in Faisalabad, revealed that only 42% mothers practiced EBF [11]. Globally, some studies also showed lower incidence of EBF [34-37]. Our study showed inconsistency and revealed that 307(79.9%) preferred EBF over formula feeding 73(19.0%).

Another research by Akinyinka, et al. described the maternal level of knowledge practicing breastfeeding. They reported that 33.6% of participants had poor knowledge, 46.8% fair knowledge, whereas 19.5% had good knowledge concerning breastfeeding [38]. In addition, a study by Alamirew, et al. [39] revealed that 268(69.8%) of the participants were categorized as having good knowledge of EBF and 116 (30.2%) of the participants having poor knowledge. As far as our study is concerned, level of knowledge showed that 20(5.2%) had poor knowledge, 206 (53.6%) had fair knowledge while 158(41.1%) had good knowledge regarding breastfeeding. Therefore, it is recommended that counselling of mothers during antenatal visits in pregnancy encourage the breastfeeding to enhance the immunity of the neonates by preventing the gastrointestinal disorders and neurological diseases.

CONCLUSION

This study concluded that 206(53.6%) mothers had fair knowledge, and 158(41.1%) mothers had good knowledge of breastfeeding. Those mothers who belonged to middle socioeconomic status had more awareness of breastfeeding than the lower socioeconomic status. They had adequate awareness about early start of breastfeeding, significance of colostrum and importance of exclusive breastfeeding. Thus, counselling on breastfeeding should be initiated for all mothers during antenatal visits in pregnancy to provide adequate knowledge and practices.

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