

KNOWLEDGE ATTITUDE AND PRACTICE REGARDING BREAST FEEDING PRACTICES AMONG MOTHERS VISITING DISTRICT PESHAWAR PAKISTAN

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ABSTRACTS

Introduction: Breastfeeding is the only source of nutrition and energy and is beneficial for the normal growth and development. Neonatal and infant mortality and morbidity is reduced by breastfeeding. This study was conducted to assess the knowledge, attitude and practice of mothers regarding breastfeeding practices.

Methods: A cross sectional based study was conducted among mothers visiting Children Infectious Disease Hospital, Peshawar city Peshawar. A total sample of n=109 mothers of child bearing ages were included from October 2018 to February 2019. A structured questionnaire was used to collect information. Microsoft office and SPSS Version 18.0 was used for data analysis; and results were presented in form of tables.

Results: In our study; 62.38% had age \leq 25 years; 48.62% monthly income was less than Rs. 20000; 58.72% were house wives; 68.81% belong to rural community; and 55.09% had more than two live children. Moreover, 96% responded that breast feeding in advantageous; 57.80% start breast feeding within 6 hours of delivery; 44.04% gave breast milk as the 1st food to newborn; 53% gave exclusive breast feeding; 40.37% continue breast feeding for 2 years; and 41.28% replied that breast milk transmits any diseases to infants.

Conclusion: It was concluded that more than half mothers were literate; and thus had adequate knowledge and good attitude regarding breast-feeding practices; but good breast feeding practicing were lacking. Furthermore, several significant determinants affecting the breast feeding practices needs identified and thus awareness and health education were needed to improve the knowledge and to bring a behavioral change regarding breast feeding practices.

Key words: Knowledge, Practice, Rural, House Wife, Literacy, Exclusive Breast Feeding.

INTRODUCTION

Breastfeeding being economical and capable of preventing diseases and allergies is the best nutrition. Breastfeeding is best for gaining weight and reducing chances of infections¹. The World Health Organization (WHO) and UNICEF unanimously recommend feeding babies aged 0-6 months exclusively with breast milk, starting weaning only after the sixth month and breastfeeding until the baby is two years old. This fact is widely acknowledged in Pakistan but unfortunately only 16% practice breastfeeding^{2,3}. Breast feeding is as old as human life. Mother is gifted with breast milk at the time of childbirth of the baby so that baby can get nutrition¹. Breast feeding is healthy as well as economical⁴.

Neonatal and infant morbidity as well as mortality are reduced by giving breast milk only for initial six months. It also reduces episodes of diarrhea and infections of respiratory tract. Breast feeding has innumerable advantages, some are known and others are to be discovered yet. It provides all the nutrients, vitamins and minerals for first six months. Artificial feeding leads to recurrent diarrhea as it is usually contaminated in developing countries⁵.

Breast feeding has an inverse association with infant morbidity and mortality while significantly decreasing the risk of a large number of acute and chronic diseases. The human milk is baby's first immunization. Exclusively breastfed neonates also had a significantly lower risk of sepsis, diarrhea and respiratory infections compared with those partially breastfed⁶. There is moderate evidence of a negative association between maternal employment and EBF practices⁷.

The WHO stated that after children should continue to be breastfed while receiving appropriate and adequate complementary food for up to two years of age⁸. Early initiation of breastfeeding within first hour of birth, exclusive breastfeeding for the first six months followed by continued breastfeeding for up to two years and beyond with appropriate complementary foods after completion of 6 months is the most appropriate feeding strategy⁹⁻¹¹.

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Breast feeding promotion is one of the most effective interventions to promote child health and is comparable to immunization¹². The benefits of breastfeeding are so great and the act itself is so natural and well accepted that one might expect all mothers to breastfeed their babies¹³. The custom of providing pre-lacteal feeds is a long-held tradition. Due to the potentially deleterious effect of pre-lacteal feeding on breastfeeding, every effort should be made to reduce pre-lacteal feeding¹⁴.

In a study conducted in revealed that the success of breastfeeding promotion is influenced by maternal factors. The exclusive breastfeeding rate was 33.3% at aged 0–3 months, 22.2% at aged 4–6 months and 19.4% at aged 7–24 months. Significantly higher proportions of mothers with at least secondary education, antenatal care and delivery in health facilities initiated breastfeeding within 1 hour of birth, avoided pre-lacteal feeding and practiced exclusive breastfeeding for the first 6 months of life¹⁵. Breastfeeding is essential for developing countries where malnutrition is prevalent and hygienic conditions are poor. Breastfeeding was the only source of feeding of newborn, but during industrialization, urbanization and modernization, this practice has gradually declined¹⁶.

Pakistan being a developing country and thus has compromised social and economic conditions. Moreover, high illiteracy, social and behavioral customs and beliefs; the faulty practices are more and thus this cross sectional study was conducted to assess the

knowledge, attitude and practice of mothers; and to identify the significant factors affecting breastfeeding practices among the mothers visiting Children Infectious Diseases Hospital Peshawar Pakistan.

METHODS

A cross sectional based study was conducted among the rural and urban mothers visiting Children Infectious Disease Hospital District Peshawar. After taking proper consent from the mothers, a total sample of n=109 mothers of child bearing ages were included in this study from October 2018 to February 2019. Mothers were divided into rural and urban set up on the basis of their permanent address. The inclusion criterion was that married women of reproductive age group were included with at least one child and the exclusion criterion was: infertile, migrant, and had any co-morbidity. Strict inclusion and exclusion criterion was used to collect representative sample from both of the rural and urban set up. A structured questionnaire was used to collect information regarding the important demographic characteristics of the study population. Microsoft office and SPSS version 18.0 was used for data analysis and presentation. Finally the results were presented in form of tables.

RESULTS

The demographic characteristics of the mothers (n=109) regarding breast feeding practices was shown in Table No 1.

Table No 1. Showing the Demographic Characteristics Regarding Breast Feeding Practices among Mothers (n=109) District Peshawar Pakistan

| Demographics | Variables | f | % |
|--------------------|----------------|----|-------|
| Age Groups | 15 - 20 years | 37 | 33.94 |
| | 20 - 25 years | 31 | 28.44 |
| | 25 - 30 years | 25 | 22.94 |
| | 30 & above | 16 | 14.68 |
| Monthly Income | < 20000 | 53 | 48.62 |
| | 20000 – 40000 | 39 | 35.78 |
| | 40000 & Above | 17 | 15.60 |
| Occupations | Housewife | 64 | 58.72 |
| | Job | 25 | 22.94 |
| | Other | 20 | 18.35 |
| Educational Status | Literate | 61 | 55.96 |
| | Illiterate | 48 | 44.04 |
| Social Setup | Rural | 75 | 68.81 |
| | Urban | 34 | 31.19 |
| No of Children | one and two | 49 | 44.95 |
| | three and four | 35 | 32.11 |
| | > four | 25 | 22.94 |

Table No 2. Showing the Knowledge Attitude & Practice Regarding Breast Feeding Practices among Mothers (n=109) District Peshawar Pakistan

| Variables | Response | n=109 | |
|---------------------------------|------------------|-------|--------|
| | | f | (%age) |
| Have you breastfeed your baby | Yes | 81 | 74.31 |
| | No | 28 | 25.69 |
| BF is necessary& advantageous | Yes | 105 | 96.33 |
| | No | 4 | 3.67 |
| BF is beneficial for mothers | Yes | 69 | 63.30 |
| | No | 23 | 21.10 |
| | No idea | 17 | 15.60 |
| When was BF started after birth | Soon after birth | 24 | 22.02 |
| | 1 to 6 hours | 39 | 35.78 |
| | 6 to 12 hours | 23 | 21.10 |
| | 12 to 24 hours | 13 | 11.93 |
| | After 1 day | 10 | 9.17 |
| 1st food given to Newborn | Breast milk | 48 | 44.04 |
| | Qahwa | 19 | 17.43 |
| | Honey | 27 | 24.77 |
| | Any other | 15 | 13.76 |
| Duration of Exclusive BF | 1 month | 21 | 19.27 |
| | 4 to 6 months | 58 | 53.21 |
| | 1 year | 22 | 20.18 |
| | 2 years | 8 | 7.34 |
| Total duration of BF | 5 months | 18 | 16.51 |
| | 1 year | 39 | 35.78 |
| | 2 years | 44 | 40.37 |
| | > 2 years | 8 | 7.34 |
| BF transmits any disease | Yes | 45 | 41.28 |
| | No | 64 | 58.72 |
| Type of milk given for feeding | Breast Milk | 62 | 56.88 |
| | Bottle Milk | 28 | 25.69 |
| | Mixed Type | 19 | 17.43 |

The knowledge, attitude and practice regarding breast feeding practices among mothers of (n=109) was shown in Table No 2.

DISCUSSION

According to a study conducted in Sialkot, Pakistan; the breastfeeding practices are improving in the developed countries whereas these are on decline in our country; whereas in our study the prevalence of breastfeeding found was 74.31%¹⁷. Breast feeding within 1st hour is strongly recommended nowadays. In our study, approximately 57.80% of mothers breastfeed their babies within 6 hours of birth. This prevalence was

more as compared to a study conducted by Sushma Sriram et al., in 2013; whereas it's less as compared to a study conducted in India which showed 70.67%¹⁸.

According to the Infant & Young Child Feeding (IYFC); in Pakistan early initiation of breast feeding was 24%; whereas in India and Bangladesh it was 22% and 42% respectively; whereas in our study it was 22.02%. Thus our study prevalence was similar to the national prevalence reported while it's less as compared to which reported in Bangladesh⁹. In our study, 22.02% of mothers started breastmilk or given colostrum soon after birth; and 44.04% considered that breastmilk be the first food given to newborn. A study in Lahore revealed

that 72% of the mothers were aware of importance of colostrum but was practiced very less by the mothers¹⁹.

In our study, approximately 55.96% of mothers gave pre-lacteal feeds and consisted of honey, Qahwa, tea etc; whereas according to Pakistan Demographic Health Survey (PDHS) of 2012-13, 75% of the babies were given pre-lacteal feed²⁰. Moreover, the pre-lacteals were 24.08% in women of Bangladesh²¹, and 29.4% in Mangalore²². Furthermore, our findings were more as compared to a study conducted in Karachi, which reported 35%³.

In our study 17.43% were given mixed type of breastmilk and bottle milk, and 25.69% bottle fed their babies, whereas according to a study conducted by Azeem Z et al., in 2010 reported that 31.3% children were given mixed type; 14.7% were given bottle feed; and according to a study in Lahore, 23.4% practiced bottle feeding²³. In our study, the exclusive breastfeeding was reported by 53.21%; whereas in a study conducted in Karachi the prevalence was 54%. Thus our study findings were in consistent with national studies. Moreover, in our study, 96.33% were aware that breast-milk was advantageous and 63.30% knew that breast milk was beneficial. Thus our study findings showed that majority of the females were aware and showed similar findings as was reported i.e. 92% advantageous by a conducted conducted in Karachi⁹.

CONCLUSION

From the results it was concluded that more than half mothers had adequate knowledge and good attitude regarding breast-feeding practices; but good breast feeding practicing were lacking. In rural communities, knowledge and economic factors were the main determinants while in urban communities domestic and job responsibilities, and westernization factors were affecting breastfeeding practices. Moreover, the current situation of breastfeeding practices in the studied population was unsatisfactory and thus need a wakeup for the higher authorities and relevant stakeholders to implement and monitor proper maternal, infant and child health care services in the local communities. Furthermore, several significant determinants affecting the breast feeding practices needs identified and thus awareness and health education of the local communities were needed to bring a behavioral change regarding breast feeding practices.

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