

Knowledge and practices about exclusive breast feeding among mothers of Rahim

Yar Khan

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Abstract

Background: Exclusive breastfeeding (EBF) practices have long been demonstrated to have significant implications for maternal and child health.

Objective: To assess the knowledge and practices of exclusive breast feeding among mothers in Rahim Yar Khan.

Methodology: Study design: Cross-Sectional study. Duration and Setting: From March to May 2018, in Sheikh Zayed Medical Hospital Rahimyar Khan. A sample of 105 women who attended the Outdoor and Indoor of Gynaecology and Pediatric department and EPI Center were enrolled by the convenient sampling technique. A pre-designed questionnaire was used having different variables like age, monthly income, education, occupation of mothers, residential area, knowledge about EBF, and breastfeeding practices during the last child. Data were statistically analyzed by SPSS version 20.

Results: Mean age of mothers was 28± years, and 42.9% of mothers were illiterate, 77.1% were housewives, whereas, 52.3% of mothers belonged to urban areas. In this study, 90.5% of mothers had information about exclusive breastfeeding, and 55.6% of mothers acknowledged that breastfeeding should start immediately after delivery but regarding practice, only 21.9% of the mothers had started immediately after delivery. In this study, 48.6% of mothers knew that exclusive breast feeding is required for 6 months.

Conclusion: Knowledge about exclusive breast feeding among mothers was satisfactory, however, practices regarding exclusive breastfeeding low in most among mothers. There is a need for health education program to start in Rahimyar Khan.

Keywords: Knowledge, Practice, Exclusive Breast Feeding.

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Introduction

Exclusive breast feeding (EBF) is defined as the consumption of human milk by an infant having no supplementation of anything like water, juice, nonhuman milk, or any foods, however vitamins, minerals are allowed along with medications.¹ Breast milk has antibodies to protect and prevent the child from childhood diseases, which includes diarrheal diseases and pneumonia, it also promotes sensory and all cognitive development, and additionally lowers the risk of developing obesity, and risk of type-2 diabetes mellitus and also improves the performance on the intelligence tests.² More than 75% of deaths occurring globally during the very first year of the life of children are commonly associated with the use of inappropriate feeding practices, specifically due to the poor exclusive breastfeeding practices.³ EBF also reduces infant mortality rates in most of the cases by up to 13% in low income developing countries.⁴ There is evidence from research that sudden infant death syndrome is less common in

breastfed babies. The evidence shows that children who are put on exclusive breastfeeding for the initial six months of life have less chances to die of infections related to the gastrointestinal tract than those infants who are switched from the exclusive breast feeding to partial breastfeeding at the age before six months.⁵ Infant Mortality Rate is reported to be high in Pakistan, which is accounting to 77 per 1000 live births, and diarrhea being the most leading cause in such cases, however other factors do play their role.⁶ Infants not breastfed are at a higher risk of developing all of the acute and chronic diseases, also including lower respiratory infection like pneumonia, the infection to ear, nose, and throat, septicemia or bacteremia, meningitis, and urinary tract infection.^{7,8}

Additionally infants who are not on the exclusive breastfeeding face a higher risk of hospitalization from the diseases, severe respiratory illness as compared to the child who is put on exclusive breast feeding in early age before four months.⁹ It has been noted that during first the two months of the life, the

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child who are not on breast feeding are almost six times more chances to die from the infectious diseases than those children who are not on breast feeding, at an early age, non-breast feeding children more likely to die as compared to non breastfed child.¹⁰

Working on Sustainable Development Goals, exclusive breast feeding is the major determinant of newborn's health as it reduces infant morbidity and mortality. Kids on exclusive breast feeding have very low incidence of diarrhea and diarrhea is the number one major cause of infant mortality rate and under-five mortality rate so if we do exclusive breast feeding in a good way; we can reduce these indicators of mother and child health care, and ultimately will affect the progress and prosperity of the nation in developing countries like Pakistan.

This is actually indirect approach to fasten the economy of the country and will also affect the overall economic development of the country and will also help the country to have a good ranking in sustainable development goals that we are following now a days to fulfill the international commitment as well as more financial resources will be available for the other projects of the country that we waste on diarrhea which can be easily tackled by exclusive breast feeding. One of the many benefits of breast feeding includes that Breastfed children do perform better in intelligence tests, and are not likely to be overweight, and have less chances of diabetes. Whereas, omen who do breastfeeding also have a significantly reduced risk of cancers like that of breast and ovary.^{5,6} Breastfeeding to newborn becomes one of the important most effective methods to ensure that it improves child health and survival. Although almost 2 out of 3 newborn are not usually exclusively breastfed for standard 6 months, this has not improved in nearly two decades. So from this, you can appreciate the importance of Exclusive breast feeding.

The main purpose of this research was to build up learning and practices of exclusive breast feeding patterns among mothers. As there was little information or research accessible with respect to exclusive breast feeding in our area, so the objective of our study was to assess the knowledge and practices about exclusive breast feeding among mothers in Rahimyar Khan.

Methodology

This was a cross-sectional study carried out in the Outdoor and Indoor of the department of Gynaecology and Obstetrics and Pediatrics department, and data were also collected from the EPI Center of Sheikh Zayed Hospital Rahim yar khan. Study Subjects: We selected the mothers who have at least one child and child age was less than two years at the time of data collection. Sample Size: A total of 105 mothers were included in this study. Sampling Technique: Convenient sampling. Duration of Study: The data was collected from March to May 2018. Inclusion Criteria: Only those mothers who have at least one child of age < 2 years, and additionally, only mothers who gave the informed verbal consent for the data collection and use of data for research. Exclusion Criteria: The mothers who were pregnant for the very first time were excluded from the study. The data was collected from mothers in Outdoor and Indoor of Gynaecology, Pediatrics department and EPI Center of Sheikh Zayed Hospital Rahim yar khan using a pre-designed and pre-tested questionnaire. The questionnaire included variables like age, monthly income, education, occupation of mothers, residential area, knowledge about EBF, source of information, knowledge about the initiation of breastfeeding after delivery, initiation of breastfeeding after delivery, knowledge about duration, EBF role in the prevention of diarrhea, the role of EBF as a contraceptive, and practices of exclusive breast feeding. All the data were collected after ensuring informed and verbal consent from the mothers. Ethical approval was sought from the Institutional Review Board. Data were entered in and analyzed with the help of SPSS version 20. We calculated frequencies and percentages for qualitative variables, and for the numerical variables, we used means and standard deviation, in data presentation like for the age of study subjects and their monthly income.

Results

This study showed that the mean age of mothers was 28 ± 5.8 years, mean monthly income of the family was $\text{Rs.}14847 \pm 7709$, 45 (42.9%) were illiterate, and 81 (77.1 %) were housewives, whereas, 48 (45.7%) were from rural areas. The knowledge about exclusive breast feeding was 95 (90.5%) among mothers. The source of information about EBF for 51 (48.6%) women was family and friends. Table-I

shows the knowledge of mothers regarding exclusive breast feeding, its duration, and time.

Table I: Knowledge about Exclusive Breast Feeding among Mothers (n=105)

Variable	Frequency	Percentage
Information about Exclusive Breast Feeding		
Yes	95	90.5
No	10	9.5
Total	105	100
Knowledge about Initiation Exclusive Breast Feeding		
Immediately	58	55.2
2 to 24 hours.	29	27.6
After 24 hours.	18	17.1
Total	105	100
Knowledge about duration of Exclusive Breast Feeding		
Less than 3 months	12	11.4
up to 6 months	51	48.6
up to 9 months	32	30.5
No Idea	10	10.5
Total	105	100
Knowledge about preventive role of exclusive breast feeding in diarrhea		
Yes	75	71.4
No	20	19.0
No idea	10	9.5
Total	105	100
Knowledge about role of exclusive breast feeding in contraception		
Yes	66	62.9%
No	29	27.6%
No Idea	10	9.5%
Total	105	100.0%

Table-II: Knowledge vs Practices of Mothers regarding Exclusive Breast Feeding. (n=105)

Knowledge about Exclusive Breast Feeding	Practice of Exclusive Breast Feeding to Last Child		Total	P value
	Yes	No		
Yes	48 (50.52%)	47 (49.48%)	95 (100%)	0.5
No	4 (40%)	6 (60%)	10 (100%)	
Total	52 (49.5%)	53 (50.5%)	105 (100%)	

Overall 38 (36.2%) mothers had begun breast feeding their last child following 24 hours and 32 (30.5%) began 2 to 24 hours after delivery while 23 (21.9%) of the mothers had begun immediately. Table-II shows that out of 95 mothers who had

information about exclusive breastfeeding only 48 (50%) practiced during last child bearing, versus 04 (40%) among those mothers who had no knowledge about EBF. (p value=0.5)

Discussion

In the current study, we included 105 mothers to assess knowledge and practices regarding exclusive breast feeding. The mean age of women was 28±5 years. When asked about the socioeconomic status the monthly income of study subjects it PKR 14847±7709. When educational status was assessed, 42.9% of mothers were illiterate, while in a similar study only 2.5% were illiterate.³ As for as the occupation of the mothers is concerned, the majority (77.1%) of the mothers were housewives while a minority (22.9%) of them were employed. This is in contrast to another study where 95% of women were unemployed and only 5% were employed.¹² Their residence-wise data showed that 54.3% and 45.7% were belonged to urban and rural areas respectively. When the mothers were asked about the exclusive breastfeeding, 90.5% said that they had the relevant information. It is comparable to another research in which 93.6% women had heard about breast feeding.¹³ In our study the main source of the information about EBF was friends and family (48.6%) while other sources according to study subjects were doctor (13.3%), media (12.4%), LHW (6.7%), LHV (4.8%), were the sources of information on exclusive breast feeding. When mothers were asked about the knowledge of initiation of breastfeeding after delivery, 55.2% of mothers said that it should be started immediately while 27.6% of mothers were in the favor of 2-24 hours after delivery. Overall 36.2% of mothers had begun breast feeding their last child following 24 hours and 30.5% began 2 to 24 hours after delivery while 21.9% of the mothers had begun immediately. This shows the difference between their knowledge and practice of breast feeding after delivery. The main reason for low percentage of breast feeding immediately after delivery (disparity between knowledge and practice) may be pregnancy-related complications. Overall 48.6% of women said exclusive breast feeding is needed for about 6 months while 30% thought that it should be continued beyond 6 months, and 71.5% of women knew that exclusive breast feeding prevents the baby from diarrhea while 19% didn't think the same. In this study, 62.9% of women responded that exclusive

breast feeding is contraceptive while 27.6% of the study subjects didn't think so. In contrast to another study in which 32% of women thought that it could be used as a contraceptive.¹⁴ In this study, 77.1% of the study subjects had breast fed their last child while 22.9% didn't breastfeed. This is comparable to the other study where Network for Consumer Protection (an Islamabad based NGO) had found that 96% of mothers had breastfeed their last child.¹⁵

When the relationship between educational status and practice of exclusive breastfeeding was carried out, it came to know that out of 52 mothers who were practicing breast feeding, 27 were illiterate. The reason behind this was that these mothers were enforced for breastfeeding by lady health visitors and doctors during antenatal visits. The relationship between knowledge and practice of EBF shows that 95 mothers had information about EBF and only 48 were practicing it (50%). This shows the significant gap between knowledge and practice. Exclusive breast feeding was practiced by only 49.5% of the participants while other 17.1% and 10.5% gave breast milk with formula and cow milk respectively up to 6 months. There shows a difference between breastfeeding and exclusive breast feeding because 77.1% mothers were said that they breastfed their last child but only 49.5% mothers did exclusive breastfeeding. This is contrast to the other study done in Hyderabad 2009 where the ratio of exclusive breast feeding among mothers was quite higher i.e. 68.70%.¹⁶

Conclusion

The majority of mothers had good information about excessive breast feeding but almost only half of the mothers were practicing breastfeeding. There was a significant difference between the knowledge and practice of mothers.

Author Contribution

SMS: Conception of work, design of work and revising. **IA:** Design of work, Acquisition and analysis of data and drafting. **HOF:** Interpretation of data and revising.

All authors critically revised and approve its final version.

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