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Original Research Article

Knowledge, Attitude and Practices of Mothers Regarding Infant and Child Breastfeeding in the Community

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Abstract

The objective of this study was to assess the knowledge, attitude and practices of mothers regarding infant and child breastfeeding in the community. The design of this study was quantitative descriptive cross sectional to assess knowledge, attitudes and practices of mothers regarding infant and child breastfeeding. The study was held in the Lahore community for 6 months. In this analysis, a quantitative descriptive cross sectional design was used. The sample size of mothers is 150. The purpose of this study is to examine the awareness, attitude and experience of mothers about infants and child breastfeeding. SPSS version 21 analyzed the results, mean and standard deviation was used to assess mothers' awareness, attitudes and practices on breastfeeding. The overall mean breastfeeding experience of the mothers was 7.03 and SD is 2.572, and the attitude of the mean was 16.97 and SD is 6.066. The mean of the practice is 12.16 and SD 3.551. This study showed that mother's behaviors were positive about breastfeeding with a certain percentage of mothers having a positive attitude and inadequate awareness of proper breastfeeding for infants and children. Other studies have shown that awareness of mothers is positive relative to behaviors and practices.

Keywords: Breastfeeding, Knowledge, Attitude, Practices

INTRODUCTION

In the first phase of a child's development, it is very important that all aspects of the child develops physically, psychologically and socially, giving all areas of the body an adequate supply of energy and nutrients. Nutritionally appropriate, healthy, maturity nutritional feeding is very essential for the best growth, maturity and well-being of the child within the first 2 years of life. To encourage optimum infant health and childhood development, the first 2 years of life is an important span. The energy and nutrient content of breast milk only is not enough to meet the nutritional needs of a developing baby after the age of 6 months. Appropriate feeding practices are intensely away from the guideline, despite a range of measures to look up baby and young child feeding practice and relate to diet status. Therefore there is a highly adequate and balanced nutrient supply to prevent malnutrition (Godhia, 2016).

Colostrums are significant for promoting healthiness, development and improvement of newborn and fighting the infections. The first milk secreted at the time of child birth is different from the milk secreted later because it contains more lactalbumin and lacto protein, and also being rich in antibodies that present inactive 1 resistance to the infant, also called first draw milk. Colostrums are identified to contain resistant cells as lymphocytes. It helps to decrease one of the foremost causes of death in

our countryside like diarrhea and acute respiratory infection (Park, 2016).

Limited breastfeeding for the first six months of life is suggested by the World Health Organization and the United Nations International Children's Emergency Fund. Limited feeding from birth to six months has many long-standing physiological and emotional effects on mother and child and it reduces infant and child morbidity and mortality. In the early hours of breast-feeding, timely initiation of breastfeeding is not only the simplest but also the most cost-effective and most promising intervention to improve the health of the infant. According to the World Health Organization (WHO), it is recommended that breastfeeding should be started early and if possible within one hour of birth (Edmond, 2017).

Exclusive breastfeeding (EBF) is defined only as feeding a baby with breast milk without any extra liquids or solids other than liquid and vitamin/mineral supplements. Babies must be completely breastfed for the initial six months of life to ensure appropriate growth, health and development. Children can subsequently obtain nutritionally adequate and nutritious supplemental foods while still breastfeeding for up to two years or longer. Exclusive breastfeeding offers all the nutrients and water a baby requires developing and growing in the first 6 months. The WHO therefore recommends that mothers start breastfeeding early, breastfeeding exclusively, breastfeeding on request and not using bottles, teats or pacifiers to enable mothers to develop and maintain exclusive breastfeeding for the first 6 months.(Chezem, 2017).

Promoting breast feeding practices is the only most effective intervention in developed and developing countries to minimize infant mortality. Despite this worldwide recommendation, only 39 percent of infants aged 6 months are exclusively breastfed. In 2018, more than a million children under the age of five die per year, 41 per cent of this death occurs in sub-Saharan Africa and another 34 per cent in South Asia, and the major contributing factor to their death is inappropriate breastfeeding practice (Bayissa, 2017).

Therefore, it is important to initiate complementary feeding, a method of starting additional foods and liquids along with breast milk. Mothers and families need support to initiate and maintain proper feeding practices for infants and young children. Appropriate eating patterns are extremely away from the special award, despite a number of measures to look up the pattern of baby and young child feeding and linked to diet status. A sufficient and healthy nutrient supply is therefore extremely critical for preventing malnutrition (Bayissa, 2017).

Under-nutrition occurring in these early stages not only results in injuries to physical condition and brain development, but also impacts the maturity, educability and development of children. It also leads to a higher risk of lifelong non- contagious diseases in later life. The most important predisposing factors of undernourishment among children under the age of five are family food insecurity, insufficient physical condition and hygiene facilities, incomplete knowledge of mothers regarding appropriate feeding practices, such as selective breastfeeding, supplementary feeding.

Purpose of the study/Objective

The purpose of this study is to assess knowledge, attitude and practice of mothers regarding infant and child breastfeeding in the community.

Research Questions

What is the knowledge attitude and practices of mothers regarding infant and child breastfeeding in the community?

Significance of the study

The study aims to provide a wide range of information on infant and child breastfeeding among mothers. Proper methods of breastfeeding will ensure positive effects in children's growth and development. This study will provide appropriate knowledge and practices of breast-feeding as an essential role in order to maintain the health status of infants and children.

LITERATURE REVIEW

According to study conducted by (Engebretsen) in Africa in 2016, the awareness of mothers about the value of colostrums for infants was recorded about 48.6 % to 90% The incidence of supplementary feeding from 6-8 months along with children globally was 60% and 71% of children in Latin America and in the Caribbean.

Another study conducted by Alex (2017) at the University of Cambridge in the United Kingdom found that in 3-4 months of age, 55 % of mothers had added other foods beside breast milk. On the other hand, between the 5th and 6th months of the life of their children, 37.7 % of mothers introduced food.

Agedew (2015) shows that in Nepal, 77.7% of mothers know that 6 months of age is the right age to start complementary feeding. Regardless of whether the mothers are aware of the correct age for starting complementary feeds, only 50% of the mothers are on supplementary feeding starting at six months of age. In this report, 40.3% of mothers started supplementary feeds earlier than optional period and 9.7% later than six months of age.

Another study conducted by Sahisnuta Basinet (2017) in Eastern Ethiopia showed that the appropriate start of

complementary mother feeding was poor. About half of them initiate timely complementary feeding. The most important reason known to mothers for the early hours of beginning of supplementary feeding was inadequate information. Most mothers start with complementary moderately feeding fluids prepared from milk products, such as mashed potatoes and broth.

Motee (2016) indicates that variables such as maternal age, a housewife's household wealth, other children, and mothers' low financial status are more likely to affect exclusive breastfeeding. Another predictor of non-exclusive breastfeeding was poor maternal understanding of infants and young children's feeding.

Another study conducted by Dandekar (2017), 66.3 percent of mothers in Ethiopia know they should be breastfeeding for two or more years (UNICEF, 2015). While this study in other regions of Ethiopia has recognized the success of mothers and such studies are insufficient in the group and no such research has been conducted in this particular area. As a result, this research was considered to convert the KAP of mothers into appropriate feeding practices for infants and young children (Dandekar, 2017).

Mansoor Ali (2017) conducted another study in Pakistan. The breastfeeding habits of mothers decline with the rise in the age of the infant. The initiation rate of breastfeeding has been found to be 44 to 70 %, which decreases to 13% by 6 months of age. Pakistan has the lowest breastfeeding rate among South Asian nations. The sensitive duration is known as the first 2 hours after birth. It is the perfect time for the initiation of breastfeeding, but only 29% of children receive mother's milk during this period. In South Asian countries, the exclusive breastfeeding rate is 44 %, but according to the Pakistan Demography and Health Survey, the rate along with mothers of children fewer than six months of age is 37 % and the median period among Pakistani women is about one month.

Karachi is a Pakistani metropolitan city where both sexes are treated almost equally. But 63 % of women refuse to exclusively breastfeed their children while obtaining encouragement from their partner to pursue their professional career. The present study was designed to inspect the challenges faced by working women and to describe the gaps between working and non-working women's awareness and behaviors about breastfeeding and weaning practices.

RESEARCH METHODOLOGY

Study Design

A descriptive cross sectional study is designed to figure out assessing the knowledge attitude and practices of mothers regarding infant and child breastfeeding

Sample Size

The population of this study was selecting the mothers of the community. The target population consists of 150 participants, all mothers.

Study Setting

This study was conducted in the Lahore community.

Study Population

The mothers were selected for the study population.

Sampling

Simple Random sampling was used in this study

Research Instrument

A well written structured and adopted questionnaire from the study was used for collection of data from the participant. After taking informed consent, data were collected from community mothers

Data Gathering Procedure

A formal written letter of permission to conduct the research was required. Also ethical approval was obtained from authors to used this questionnaire and the questionnaire was distributed to the community mothers

Sample Size

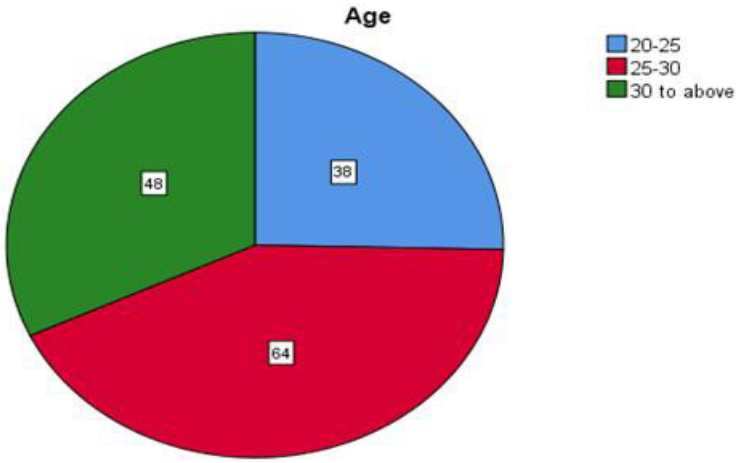
Slovin‘s sampling will be used to find the sample size of the study population.
If the total population is 240
N=population n= sample size E= margin of error
$n=N/1+ (N) (E)^2$
$n=240/1+ (240) (0.05)^2$
n=240/1+ (240) (0.0025)
n=240/1+0.6
n=240/1.6
n=150

Inclusion Criteria

This includes all mothers who were willing to participate in our research study and who gave informed consent.

Table 1. Demographic data

Age of the Participants					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	20-25	38	25.3	25.3	25.3
	25-30	64	42.7	42.7	68.0
	30 to above	48	32.0	32.0	
	Total	150	100.0	100.0	100.0



Exclusion Criteria

These are mothers who were not willing to participate in our research study. This segment also excludes those who will be absent at the time of the data collection process.

Data Collection Techniques

Various families of the community were assessed for the purpose of identifying problems. Assessment includes questionnaire, observations, focus groups, interviews.

Ethical Consideration

In this research, ethical consideration was preferred. For this purpose, the permission was obtained from the ethical committee of the health care institution before data collection. It is a written approval from the head of the department of Lahore school of nursing in the form of consent. Furthermore, informed written and verbal consent was taken before data collection from participants. Mothers were given with the right of autonomy and the nature and purpose of the study was informed prior to the implementation of any action. The risk related to this study has been discussed earlier. Participants had the right to leave the study participation at any time. In this case, other participants were added for the accomplishment of data information. Participants were informed about the aims of the study and secrecy of the collected data was assured. A written consent was taken from respondents who were prepared to participate in this study. All respondents were informed that their participation is highly appreciated and they can participate voluntarily. Participants were assured the confidence that all the collected information and records will remain confidential.

RESULT AND DATA ANALYSIS

Results and data analysis were taken up through systematic and logical techniques (SPSS) after the accomplishment of the data collection process. Table 1

The table shows that 25.3% (n=38) participants belong to the age group of 20-25 years, 42.7% (n=64) participants belong to the age group of 25-30 years, 32% (n=48) of participants more than 30 and above ages. Table 2

The table shows that 8.7 %(n=13) mothers of primary educational level, 51.3% (n=77) of mothers of Middle educational level and 40%(n=60) mothers of Metric educational level of (Table 3-5)

Data was collected from a total of 150 mothers in the community and the result of the mean ages of the

Table 2. Educational Level of Mothers

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Primary	13	8.7	8.7	8.7
	Middle	77	51.3	51.3	60.0
	Metric	60	40.0	40.0	100.0
	Total	150	100.0	100.0	

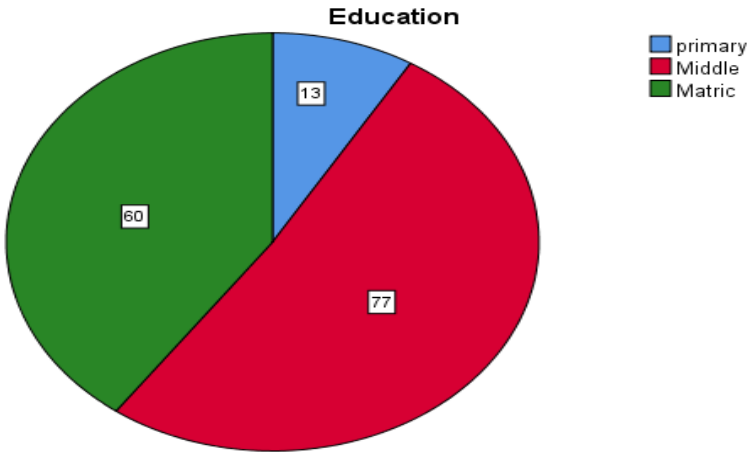


Table 3. Section II Knowledge of the mothers about breastfeeding

S.No	Knowledge of the mothers	Mean± SD
1	The importance of colostrums?	1.39±0.489
2	The time of initiation of breastfeeding after delivery	1.19±0.391
3	Duration for exclusively breastfeeding?	1.07±0.262
4	Time to start complementary feeding?	1.15±0.355
5	Total recommended duration of breastfeeding	1.08±0.72
6	The need for giving snacks to be given to children?	1.15±0.355
	Total Mean and SD	7.03±2.572

Table 4. Section III Attitude of mothers about Breastfeeding

Sr.No	Attitudes of mothers	Mean±SD
1	Breastfeeding should start immediately after delivery (within 1 hour)	1.63±0.586
2	Babies should not be given anything except breast milk up to 6 months	1.48±0.59
3	A child can be given butter, sugar, water & others from birth to 6 months?	1.40±0.543
4	Complementary feeding should be started after six months?	1.01±0.115
5	Breastfeeding should continue up to 2 years of age or more	1.03±0.162
6	A child should be breastfed 8 times/24 hours	1.41±0.533
7	Food the child eats at one time (plates) should include: Starchy, protein, vegetables, fruits, sugar, salt, and fat	1.15±0.483
8	Snacks should be given to the children between meals	1.46±0.598
9	A child should eat fruits & vegetables more than 3 times a weak	1.46±0.598
10	Serving balanced foods prevents malnutrition	1.22±0.490
11	Serving only starchy foods prevents malnutrition	1.39±0.530
12	Serving indigenous fruits/vegetables can keep children healthy	1.13±0.389
13	Malnutrition can be caused by disease like diarrhea and malaria	1.20±0.449
	Total mean and SD	16.97±6.066

Table 5. Section IV Practices of mothers about breastfeeding

Sr.No	Practices of mothers	Mean± SD
1	Time usually started breastfeeding after birth	1.73±0.444
2	Frequency of breastfeeding in 24 hours during the first month	1.75±0.436
3	Started any additional food other than breast milk in the 1st 6 months	1.26±0.440
4	Duration of breastfeeding	1.64±0.482
5	Reason for stopping breast milk before 24 months	1.18±0.385
6	Time usually started complementary feeding?	1.66±0.475
7	Number of time a child should ate in a day?	1.24±0.429
8	Snacks given to the child	1.70±0.460
	Total Mean and SD	12.16±3.551

mothers was (2.07±0.757) about 25-30 years. The majority n=77(51%) of the mothers were educated half way, n=131(87%) and the mean was (2.31±0.625) housewives, respectively. The major source of drinking water (80%) was protected. n=111(74%) of the mothers started extra supplementary food things earlier than the age of six months. The most important cause was insufficient breast milk. Moreover n=148(98%) participant studied have supplementary feeding earlier than or later than six months of age, the majority n=92(61%) know the benefits of the first breast milk (colostrums) after delivery, n=122 (81%) of the participants knew the initiation of breastfeeding. Similarly, n=139(92%) know the time for exclusive breastfeeding, the majority of mothers n=1389(92%) know the period of breastfeeding, Only n=128(92%) know the right time to start supplementary feeding and only carbohydrate/starchy foods are eaten. n=128(85%) participants were offering their children snacks.

In addition, most mother n=111(74 %) attitude towards providing the baby with extra supplementary food products later than birth to six months, of which n=136(90 %) of the mothers reported giving butter, honey and water to their newborn. On the other hand n=123(89%) of the study participants thought undernourishment can be caused by diseases. Moreover, n=138(92%) of the participants had an optimistic outlook regarding exclusive breastfeeding for the initial six months of life, supplementary feeding later than six months, as long as a reasonable diet to avoid starvation, and maintenance of breastfeeding up to two years or more.

Approximately half n=91(60%) of the participants begin breastfeeding instantly after delivery and breastfeeding increases 8 times per day, and only n=148(98%) of the members begin supplementary feeding at proper time at six months. In this result, the majority n=94(62%) of the mothers gave extra food things to their infant, on top of breast milk in the initial six months of life. In addition, n= 123(82%) of the mothers avoided lactation earlier than 24 months of age due to conception. Approximately, all children eat n=100(66%) three or more times a day.

DISCUSSION

This research shows that more than 61.3% of mothers have learned how good the colostrums are for newborn babies, as the results of other studies suggest. Most people however had incorrect perceptions that only newborns would gain from feeding colostrums and would not be recognized by mothers. Other studies have also shown a similar pattern. Research findings in some African states, especially South Africa, have shown that 91% of mothers feed much and improve than our outcomes which can be the variations in the learning stage of mothers (Patel, 2015). Nearly (81.3%) of mothers knew the right time to start in the early hours of breast milk .Other research indicates that about (94%) of mother's breastfeed early within one hour after birth in East Africa (Dukuzumuremyi, 2019).

The majority (92.7%) of the study residents recognized the value of completely lactating for the initial six months of life. This is comparable to the other studies conducted in increasing countries such as Iran (2019), where the outcome of exclusively breastfeeding is 70% of infants fewer than six months of age (Behzadifar, 2019. World health organization and UNICEF suggests exclusive breastfeeding under the age of six months for this period. This study will help and create positive awareness in mothers about exclusively breastfeeding for this period.

This study showed that (92%) of mothers start lactating after a particular time (in one hour of delivery) with relation to newborn and infant feeding practice. This is comparable to further study conducted in India (2017), 81% of mothers have awareness and experience of breastfeeding within one hour of delivery (Erbaydar,2019)

The correct time for supplementary feeding is six months. (98.7 percent) of the participants in our study understood and this could delay the accomplishment of development goals by 2030. That is lower than the results of other studies in China as well as Singapore and some African countries, varying from 17% to 96% of mothers from the first six months of proper nutrition (Nicklaus, 2016).

The majority (62.7 %) begin extra supplementary food (liquid, diary and honey) for the very initial six months of life, with the major cause for insufficient breast milk (65%). This finding is contradictory to the study report conducted in Nigeria that 71% of respondents show an optimistic approach towards providing extra supplementary food things such as butter, honey and liquid to the infant. This may be the fact that the mothers assume that for the first few days, the baby would not get enough milk from the breast and this community's cultural problem that says water, sugar and butter should be given to the newborn because the breast has not yet provided milk (Tan, 2016).

This report shows, (97.3%) of mothers understood that breastfeeding had to continue until they were 24 months of age or older. This advanced study was conducted in Malaysia, where 98% of mothers knew that breastfeeding would continue for up to two years. In this culture, this may be the cultural distinction in which breastfeeding is culturally appropriate for two or three years. Only (74%) of the study mothers began extra supplementary food products at six months of age, while world health organization/UNICEF suggested that complementary foods be continued until 24 months of age or more at six months of age through constant breastfeeding (WHO, 2014).

In this study (82%) of mothers' body systems retain their immune system and other items and that is the primary cause of malnutrition that reduces the consumption of food in babies and child food is the key component of health. This was higher compared to other studies such as the US, UK, and Canada, which showed 80% positive response to malnutrition and that various diseases such as diarrhea and malaria were also caused by accepted malnutrition (Chudasama,2019).

This differential may be communication/behavioral improvement in lifestyle, community, schooling, and knowledge training (IEC/BCC) in the case of infant and child feeding. With the growing awareness of mothers, there is a positive attitude towards optimum dietary practices and an increase in optimal feeding practices of more than 5 children. While the higher information level is correlated with deprived child feeding, this is related to other studies and those societies with desired future indexes that are negatively inclined towards optimum feeding (negative association) (Bayissa, 2015).

Limitation

The study was conducted during a short period of time. Data was collected from community knowledge, attitude and practice among mothers regarding infant and child breastfeeding

CONCLUSION

This research found that a large proportion of children were sub-optimally fed. A significant proportion of mothers had a pessimistic attitude and bad practice towards proper feeding of infants and young children, despite the strong awareness of the participants regarding infant and young child feeding. Action modifies communication interventions using suitable methods for them. To close the gap between awareness and implementation in the urban community, religious leaders, teachers, students, youth groups, women's organizations, frontline health players, developmental powers must be used, based on tradition, values and behaviors related to feeding infants and young children.

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