

AWARENESS OF MOTHERS REGARDING DURATION AND BENEFITS OF BREASTFEEDING

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ABSTRACT

Background: A mother's knowledge with the right attitude and practice is the key to successful breastfeeding. Female awareness in breastfeeding contributes towards reduction of child mortality. This study was conducted to assess with effects of literacy on the knowledge, duration and benefits of breastfeeding

Material & Methods: This descriptive study was conducted in Paediatrics and Gynaecology wards of three tertiary care hospitals of Peshawar from January to March- 2016, on 100 married women with socio demographic research variables. Self administered questionnaire used with a scale of 100, responses of the mothers were recorded with score of 50 as optimal, more than 50% as good knowledge and less than 50 as poor knowledge. Data analyzed by computing chi square test in software Statistical stata – Version SPSS 12.1 with significance level set at 0.05.

Results: Among study participants 25(25%) were educated, 25(25%) partially educated and 50(50%) were uneducated. Exclusive breastfeeding duration known to only 40(40%), however 54(54%) knew the duration of breastfeeding. Ninety (90%) women knew breastfeeding reduces child's infection and 80(80%) knew the contraceptive benefit of breastfeeding. Knowledge of prevention of breast cancer, post partum bleeding and osteoporosis were found to be deficient. Breastfeeding knowledge in medication and Hepatitis- B was 58(58%) and 59(59%) respectively, however deficient knowledge was demonstrated in tuberculosis and HIV/AIDS. The effects of literacy upon knowledge, duration and benefits of breast feeding were non- significant among the study population.

Conclusion: Mothers demonstrated good knowledge (more than 50%) on benefits of breastfeeding, optimal (50%) knowledge in duration of breastfeeding but deficient (less than 50%) knowledge regarding colostrum and post partum bleeding benefits of breastfeeding.

KEY WORDS: Knowledge; Breast Feeding; Colostrum; Exclusive Breastfeeding.

This article may be cited as: Rehman R, Malik FR, Sabiha ZUA, Rehman Z. Awareness of mothers regarding duration and benefits of breastfeeding. Gomal J Med Sci 2017;15:78-82.

INTRODUCTION

Feeding practices ultimately affect child survival along with the nutritional status in under two years age children, while inappropriate feeding practices can cause two thirds of deaths in first year of life. More than nine million children die annually world-wide each year.¹ Optimal breastfeeding for under two years of age has significant impact on child health and life, and can prevent over 800,000 deaths (13

per cent of all deaths) in the developing world.^{1,2} A child who is breastfed exclusively is 14 times less likely to die during first six months as compared to a non-breastfed child, breastfeeding also drastically reduces deaths from acute respiratory infections and diarrhea.^{2,3}

Colostrum high in carbohydrates, protein, antibodies, and low fat is crucial for an infant. Newborns with small digestive systems are unable to digest it. Mild laxative effect, encourages baby's first stool passage, which is called meconium. It clears extra bilirubin, a waste product of dead red blood cells that is produced in large quantities at birth due to blood volume reduction, with jaundice prevention. Large amount of "secretory immunoglobulin" (IgA) helps to protect the mucous membranes of throat, lungs, and intestines. Leukocytes are in large numbers; protecting the infant from harmful viruses and bacteria. Ingesting colostrum establishes beneficial bacteria in the digestive tract. An Indian research

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Date Submitted: 23-07-2016

Date Revised: 14-03-2017

Date Accepted: 18-04-2017

showed neonatal and post neonatal deaths 5-6 times lower in colostrums fed infants than those not even fed colostrum.⁴

Almighty Allah has told in Holy Quran clearly mentions the time period of breastfeeding as two years with emphasis laid down as mother bears pain during the time when child is in the womb. Moreover parents will be rewarded by Almighty Allah in Sura E Baqqarah.⁵ The World Health Organization recommends 2 year breastfeeding; first 6 months exclusive breastfeeding; more than 8 times breastfeeding of the baby per day in the first 3 months of an infant's life to achieve optimal growth, development and health. UNICEF along with WHO recommends all infants to be exclusively breastfed for 4 months and if possible 6 months, with continued breastfeed up to two years of age or beyond with the addition of complementary foods from about 6 months of age. There is a risk of morbidity and mortality among infants who are not breastfed.^{2,6} Infants must receive nutritionally adequate and safe complementary foods, to meet their daily requirements, with breast-feed continuation for up to two years or beyond.^{2,6} A Japan research concluded that breastfeeding lowers the risk of breast cancer.⁷ Initiation of breast-feeding immediately after delivery helps to contract the uterus, placenta expulsion, and reduces the bleeding. Exclusive breastfeeding delays fertility return by delaying ovulation, thus reducing exposure to the maternal health risks. Additional benefits of breast feeding include obesity, diabetes and heart diseases prevention.^{2,8,9} Breast-feeding significantly decrease postmenopausal osteoporosis¹⁰. Breast milk improves Intelligence Quotient and brain size as well.¹¹

Breast-feeding should be continued even mother and child being sick¹². International studies show declining trend of breast feeding as a result of urbanization and maternal employment outside the home.¹³⁻¹⁵ Breastfeeding from an HBV infected mother poses an additional risk of HBV infection to her infant, even without immunization but it is without sound evidence. Clinicians do not encourage breastfeeding in all carriers of HBV as this virus is seen in breast milk. A retrospective study on 6398 pregnant females concluded that breastfeeding is not a risk factor for mother to child transmission of HBV after implementation of the required prevention and prophylaxis. More over breastfeeding does not hinder with the immune response. So, medical professionals must encourage all the HBV infected females to continue with feeding with immune prophylaxis for this infection.¹⁶

Breastfeeding knowledge dissemination to the population will create a strong impact on child's nutritional status, as well as in future, since best advocates are the mothers to pass on correct attitudes to their daughter's i. e mothers of tomorrow

for themselves and for future pregnancy outcomes.

Breastfeeding knowledge, attitude and practice among mothers of district Peshawar were assessed with literacy effects on knowledge, attitude and practices along with comparison of factors that enhance breastfeeding knowledge, attitude and practices and suggest minimizing obstacles to satisfactory breastfeeding.

MATERIAL AND METHODS

This hospital based descriptive study was conducted at Peshawar in gynecology and pediatric wards of Khyber teaching hospital, Hayatabad Medical Complex, Kuwait teaching hospital, and Mercy teaching hospital from January to March 2016. This study was done among 100 mothers admitted in gynecology and obstetrics wards.

Approval for the study was obtained from the concerned and ethical considerations were duly taken care of. The hospitals were visited on pre informed dates. The participants were selected by non probability sampling technique. The purpose and objectives of the study were explained to the participants in their local language which they can easily understand. Females of socio demographic variables were included through written informed consent whereas the ones who were not interested remained excluded from the study. A pre tested semi structured questionnaire was used to assess the knowledge, attitudes and practices regarding breast feeding and its benefits among the admitted mothers.

The respondent responses were analyzed on a scale of 100. The score 50 was taken as optimal, with above 50 as good knowledge and below 50 as poor knowledge. The data was analyzed through statistical package Stata- version- 12.1, by computing chi square test and $p < 0.05$ was considered as statistically significant.

RESULTS

Women enrolled ($n=100$) in the study, showed demographic profile as 25% ($n= 25$) educated, 25% religiously educated and 50% ($n= 50$) un- educated. Only 11 (11%) were working women. Among the study population 10% ($n= 10$) were not breastfeeding. Reasons for discontinuation included child refusal, medical conditions, dry milk and not enough time.

Initiation of breastfeeding were 28 (28%) as within 15-20 minutes, while 25% started within 1 hour, 43 (43%) within one day, other 4 (4%) after 2 days (due to their cultural norms). Everyone agreed that breastfeeding increases mother child bond and knew the use of alternate breast in breast-feeding. Benefits of colostrum were known to 29 (29%) women. Only 40 (40%) women knew pacifier can be source of infection, while 60 (60%) of the women did not

know. Cow's milk and formula milk causes allergy and obesity was known to 48 (48%) while 52 (52%) did not know. Ninety (90%) women were aware of breast-feeding in reducing childhood infections and knew breastfeeding should be continued during childhood illnesses.

Knowledge regarding duration of breast feeding was relatively good among the study participants as compared to exclusive breast feeding. Two year breast feeding duration period was known by 54 (54%), 10 (10%) said 2.5 years, 20 (20%) replied one year and 16 (16%) thought this time to be as one and a half year. Exclusive breast feeding knowledge duration was said as 6 months by 40 (40%), one year by 38 (38%), 3 months by 19 (19%) and 9 months by only 3 women (3%).

Among mothers 32 (32%) had an inter-pregnancy interval of approximately 1 year, which was the reason for short duration of breast feeding. Use of pacifier reduces the duration of breastfeeding was known by 40 (40%) women and 60 (60%) were ignorant

Maternal medications whether transferred to the infant via breast feeding was known by 58% (58), 36% (36) did not believe it while 6% (6) had no idea. Table- 1 represents the p- values of effects of literacy in relation to knowledge, duration and benefits of breastfeeding, thereby depicting no significance in any component.

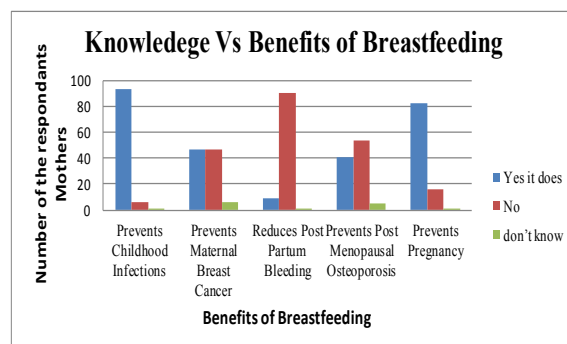


Figure- 1: Knowledge of mothers regarding the benefits of breast-feeding

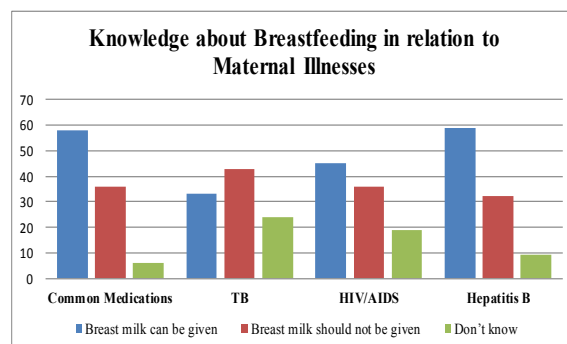


Figure- 2: Knowledge & Practice of Breastfeeding in Medical Maternal Illnesses

Table 1: Effect of Literacy on knowledge, duration and benefits of breastfeeding

| Effects of Literacy | Knowledge | Chi Square Test |
|----------------------------|--|-----------------|
| | | P- Value |
| Initiation | Breastfeeding | 8.66 |
| | Colostrum | 3.35 |
| Duration | Breastfeeding | 0.07 |
| | Exclusive Breastfeeding | 10.18 |
| | Cessation of Breastfeeding | 0.76 |
| Benefits | Breastfeeding as contraceptive method | 1.21 |
| | Prevention of Maternal Breast Cancer | 14.43 |
| | Prevention of Post Partum Bleeding | 3.98 |
| | Prevention of Childhood Infections | 7.81 |
| | Prevention of Post Menopausal Osteoporosis | 2.21 |
| Medication & Breastfeeding | Common Illnesses | 2.91 |
| | Tuberculosis | 15.29 |
| | HIV | 22.29 |
| | Hepatitis | 5.14 |
| Pacifier | Use in children | 1.37 |
| Artificial Milk | Allergy | 1.95 |

Note; Effects of literacy on knowledge, duration and benefits came out to be non- significant as evident by P- values.

DISCUSSION

All over the world studies have shown breast feeding as a universal practice among the mothers. The sole source of nutrition for infants up to six months of age is no doubt being exclusively breastfed, and mothers have no other option except this natural way. A study of Jordan reported 88.6% initiation rate of breastfeeding, with 58% fully and 30% as mixed breast feeding practices. Here in this study women of higher education and higher income were less likely to breast feed their kids. This study also highlighted the factors responsible for not fully breast feeding because of their status as working mothers and deliveries by caesarean sections among the females.¹⁷ UNICEF data (16%) and findings from this study could be different due to the study population, as it was a regional study (semi-urban) among the women residing in Jordan while UNICEFs finding are from a national survey, where the rural population is of approximately 70%.¹⁸ (58%) of this study population knew that breastfeeding should be initiated as soon as possible, preferably within one hour. In Tanzania, breastfeeding was initiated within 1 hour of birth by 52.8% mothers. 92 women said mothers should continue breastfeeding even if the child is sick, but in the same study in Tanzania 80 women shared the same opinion.¹⁹

A study showed delayed initiation of breast-feeding until the second day of life among 40% of the mothers.²⁰ Another study revealed 65% of the city mothers and 45% of village mothers who had not initiated breast-feeding even 48 hours after the delivery.²¹ Indian study shows variations in initiation rates from 16 to 54.5%.²² On the contrary our study participants delayed breast feeding for two days by 4 females, rest started it early.

In this study 47% of women and 68.2% women were aware of breast feeding's protective role in breast cancer, 41 women knew breast-feeding role in strengthening the bones of mother and 14 knew breastfeeding's protective role against osteoporosis. On the contrary in a Malaysian study almost all mothers think that breastfeeding has only benefits for the baby. The results showed that 68 % of mothers breastfed their infants, while 32 % did not. 82 % were aware of breastfeeding important for the mother's health and 86.4% of mothers were aware breastfeeding important to their infant's health meanwhile the rest still do not know and do not sure whether breastfeeding give benefits to the child.²³ Our study findings yielded that 83 women knew breastfeeding as one of the ways of contraception, while in a Nigerian study 48% of mothers believed it to be true. 50 mothers thought that colostrum is not useful, and in same study, 52% of women believed the same,²⁴ An Indian study showed that 54.8% females did not know the correct positioning of feeding the child but maximum knew that breastfeeding is an effective way

of reducing child's mortality.²⁵ Contrary to findings of present study the position of feeding that was lacking but study population was well versed with benefits. 86.6% females in an Indian study said that colostrums should be given to the baby, 75% females considered colostrums important for the baby in initial days²⁵ whereas in our study results only 29% mothers knew the benefits of colostrums and its importance despite of the fact that female practices are good in our part.

CONCLUSION

Mothers demonstrated good knowledge (more than 50%) on benefits of breastfeeding, optimal (50%) knowledge in duration of breastfeeding but deficient (less than 50%) knowledge regarding colostrum and post partum bleeding benefits of breastfeeding. The observation at the end was that even a small number of women would initiate breastfeeding within one hour after delivery, though the majority intended to breastfeed for up to 1 to 2 years thereby longer duration of breastfeeding.

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CONFLICT OF INTEREST
Authors declare no conflict of interest.
GRANT SUPPORT AND FINANCIAL DISCLOSURE
None declared.

AUTHORS' CONTRIBUTION

| | |
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| Conception and Design: | RR |
| Data collection, analysis & interpretation: | ZUAA, ZR |
| Manuscript writing: | FRM |