

KNOWLEDGE AND PERCEPTIONS OF EXPECTING AND LACTATING WOMEN ABOUT EXCLUSIVE BREASTFEEDING ATTENDING AYUB TEACHING HOSPITAL, ABBOTTABAD

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ABSTRACT

Objective: To assess the level of knowledge and to explore out the perceptions of expecting and lactating women about Exclusive breastfeeding attending Ayub Teaching Hospital, Abbottabad.

Study Design: A Mixed Method Study.

Place and Duration of Study: Ayub Teaching Hospital, Abbottabad, from Jul 2018 to Dec 2018.

Material and Methods: The study was carried out by using non-probability convenience sampling on 354 women who visited Gynaecology and Obstetrics department of Ayub Teaching Hospital, Abbottabad. Quantitative data was collected by using a semi structured questionnaire developed with the help of literature review whereas the qualitative data was collected by using a qualitative interview guide. Frequencies and percentages were computed and chi-square was used to find associations between socio-demographic status of women and their knowledge and perceptions about exclusive breastfeeding. In-depth interviews were conducted to explore the perceptions of women about exclusive breastfeeding. Age, Education, Area of residence, Family income and Parity are Independent variables while Knowledge and Perceptions about exclusive breastfeeding are the dependent variables.

Results: The ages of respondent women ranged from <20 years to 50 years with the majority belonging to the 31-40 years age group (46%, n=165). Most (63%, n=225) of the children's age was 0 - 6 months, Majority (41%, n=145) of the women's qualification was matriculation. Majority (68%, n=244) of the women were multiparous and more than a half were unemployed (62%, n=222). Also the major portion of sample belonged to the rural areas. The sample predominantly belonged to middle and low-income group with a moderate level of education. Only 35% (n=124) of the women had good knowledge about the feed of a newborn up to 6 months of age. More than half (56%, n=200) of the women think that Ghutti is the best way to start feeding a newborn. About 48% (n=171) of the respondent women were able to define exclusive breastfeeding correctly.

Conclusion: There is need for large scale health enlightenment of members of the public on EBF and its benefits to the infant, mother and society at large. The content of antenatal health talks with respect to EBF and its understanding by women requires evaluation. There is also the need for periodic refresher training of community health workers on the practice of EBF and strategies introduced for regular monitoring and evaluation of the practice. Behavior change communication (BCC) and counseling should be provided to pregnant women during antenatal visits.

Keywords: Colostrum, Demographic factors, Exclusive breast feeding, Prolactin feeding, Working mother, Workplace.

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INTRODUCTION

According to World Health Organization (WHO), 'exclusive breastfeeding (EBF)' means that "infant only receives breast milk without any

additional food or drink, not even water (other than medications and vitamins)". Breastfeeding is an optimal infant feeding behavior that offers considerable benefit to both mother and infant. For this reason it has been endorsed by various health organizations¹. Breast milk is the most ideal and valuable food for the growing infant

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since it suffices most of the nutritional requirements if given adequately and in appropriate manner². Human milk is the most appropriate of all available types of milk that is uniquely adapted for infant nutrition as its components consistently adapt to the child's need and environmental challenges³. Breast milk contains virtually all the nutrients, antibodies and antioxidants an infant needs to thrive for the first six months of life. Exclusive Breast Feeding (EBF) is being advocated world over as the optimal mode of feeding for young infants in the first six months of life, followed by breast milk and complementary feeds thereafter till two years of age or beyond⁴.

EBF leads to a reduction in infant morbidity and mortality from systemic infections, diarrheal diseases and allergies and has been described as the single most important intervention for preventing child deaths⁵. A global increase of 8% in EBF is estimated to have reduced infant mortality by 1 million. EBF also confers cognitive benefits and improves intelligence, reduces childhood obesity, stimulates the immune system and enhances response to vaccination⁶. During the previous couple of decades, a growing attention in the preferment of exclusive breastfeeding as the finest nurturing technique for neonates has been noted. It has been possible due to inspiration by rising scientific proof on the vital role of exclusive breastfeeding in decreasing newborn illness and death. Lack of exclusive breast feeding is associated with under nourishment of children which is responsible for more than half of all child deaths⁷.

Low prevalence of exclusive breast feeding could be due to traditions, aggressive advertisement from formula, the negative role of mothers in law, lack of attention from higher responsible authorities and the trend of only curative approach of health services delivery rather than the primary health care approach. As a result in Pakistan its prevalence is the lowest in the world and especially in the region. However some factors are contributing to promote exclusive breastfeeding as induction of Lady Health

Workers (LHWs) of National program and midwife of Maternal & Neonatal Child Health (MNCH) both working for mother and child health in community, developing trend of higher education in females and nuclear families along with some NGOs working for health⁸.

MATERIAL AND METHODS

It was a mix method study (Quantitative and Qualitative) carried out using non-probability convenience sampling on pregnant and lactating women who visited Gynaecology and Obstetrics department of Ayub Teaching Hospital, Abbottabad. The sample size was 354, calculated by sample size calculating equation. Quantitative data was collected by using a structured questionnaire developed with the help of literature review whereas the qualitative data was collected by using a semi structured qualitative interview guide which was made with the help of literature review and consisted of open ended questions and probes, a type of semi structured interview guide. Frequencies and percentages were computed and Chi-square was used to find associations between demographic variables and the knowledge and perceptions about exclusive breastfeeding. In-depth interviews were conducted to explore the perceptions of women about exclusive breastfeeding. Thematic analysis was used to analyze the qualitative data. Age, Education, Area of residence, Family income and Parity are Independent variables while Knowledge and Perceptions about exclusive breastfeeding are the dependent variables.

RESULTS

The ages of respondent women ranged from <20 years to 50 years with the majority belonging to the 31-40 years age group (46%, n=165). Most (63%, n=225) of the children's age was 0-6 months. About 41% (145) of the women had matriculation level of education. Majority (68%, n=244) of the women were multiparous and more than a half were unemployed (62%, n=222). Also the major portion of sample belonged to the rural areas. The sample predominantly belonged to

middle and low-income group with a moderate level of education.

Only 35% (n=124) the women had good knowledge about the feed of a newborn up to 6 months of age and less than half (48%, n=171) of

months, whereas 19.5% (69) of them reported 9 months to be the sufficient time duration for exclusive breastfeeding.

More than half (56%, n=200) of the women think that Ghutti is the best way to start feeding a

Table-I: Socio demographic profile of the sample (n=354).

Characteristics	Frequency (n)	Percentage (%)
Mother's Age		
< 20 Years	83	23.4
21 - 30	86	24.3
31 - 40	165	46.6
41 - 50	20	5.6
Child's Age		
0 - 6 Months	225	63.6
7 Months - 1 year	129	36.4
Education		
Illiterate	79	22.3
Secondary/8th Class	53	15.0
Metric	145	41.0
Graduation/Higher Education	77	21.8
Employment		
Employed	132	37.3
Unemployed	222	62.7
Parity		
Primi gravida	110	31.1
Multi gravida	244	68.9
Total Household Income (PkRs)		
13000-20000	35	9.9
21000-30000	229	64.7
>30000	90	25.4

Table-II: Best way to start feeding a Newborn (n=354).

Ghutti	Frequency (n)	Percentage (%)
	200	56.5
Water	01	0.3
Breast Milk	151	42.7
Honey	02	0.6
Total	354	100

the respondent women were able to define exclusive breastfeeding correctly.

According to the results of this study, the main source of information on exclusive breastfeeding for the respondent women was relatives/neighbors (39.3%, n=139). Other sources of information included the Antenatal health talks at hospital (38.4%, n=136), TV/ radio (9.6%, n) and formal lectures (12.7%, n=45).

About 46.6% (165) of the women said that 6 months is the sufficient time duration for exclusive breastfeeding, 20.6% (73) reported 4

newborn whereas only 42% (151) of them reported breast milk as the best way to start feeding a newborn.

Chi-square (χ^2) was performed between demographic variables and knowledge about exclusive breastfeeding. As a result of the cross-tabs obtained, all the *p*-values came out to be 0.000, i.e. less than 0.005, which shows that there is a statistically significant difference between the demographic variables and the knowledge of women about exclusive breastfeeding. Mothers' age, education, employment and residence area

were significantly associated with EBF knowledge in bi-variate analysis (p -value=0.001). Employed mothers (37.3%) exclusively breastfed more compared to others, p -value=0.001, while older women belonging to the age group 31-40 years (46.6%) had higher knowledge about EBF compared to those having <20 years of age (23.4%), p -value=0.003.

As far as the qualitative portion is concerned,

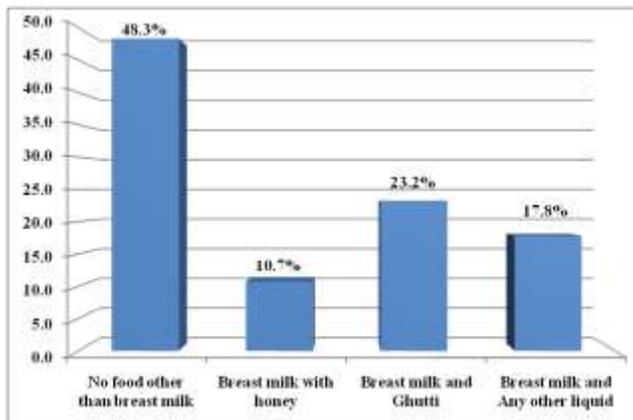


Figure-1: Meaning of exclusive breastfeeding.

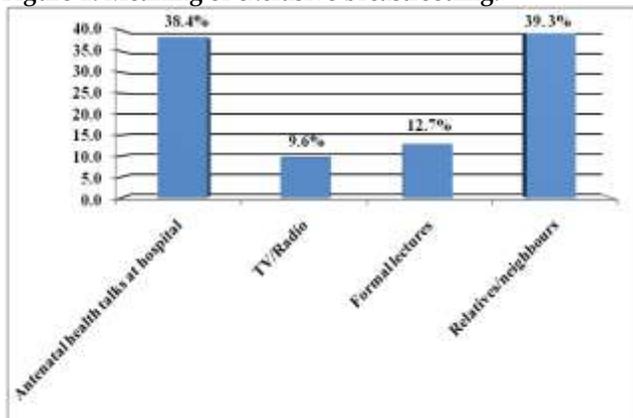


Figure-2: Source of information about Exclusive breastfeeding.

the findings of this study also revealed a number of practices with both cultural and religious significance that are associated with breastfeeding and /or infants' welfare. It was a common cultural belief that the initial breast milk is dirty and not nutritious and therefore has to be supplemented with prelacteal feeds like honey and Ghutti. A 28 years old lady who had a 7 months old infant said:

"Colostrum has a yellowish color and it is an expired substance; it can cause colic to the newborn baby."

Giving pre-lacteal feed to the new-born was a common practice in the study area with majority of the women giving their child pre-lacteal feed. Ghutti was given to almost every child at birth. Sometimes, water mixed with sugar was given. The reason stated behind this practice was the cleansing of the child's stomach as well as traditional practice to be followed. A mother stated:

"Giving the child pre-lacteal feed/ Ghutti is a custom here..."

"...We give the child sugar water; we give this when the child's stomach is bad."

Some of the women discarded colostrum as they perceived that it causes diseases in the children. Instead of colostrum, they provided Ghutti, honey, mixture of sugar and water to the infants. They considered colostrum as expired breast milk and substance which can endanger child health. A 28 years old lady who had a 7 months old infant said:

"Colostrum has a yellowish color and it is an expired substance; it can cause colic to the newborn baby."

"The child's stomach gets upset; therefore, the first milk is discarded."

Breast milk, however, was not fed at all by majority of the mothers owing mainly due to their perceptions such as adverse health conditions such as weakness, feeling of dizziness, sinking of heart, and depletion of body fluid, which left the mother with no choice but to start her child on bottle-feed.

The commonest reason of failure of exclusive breastfeeding was insufficient milk production, maternal employment, illness of the baby and illness of the mother. Some other factors were also found preventing the mothers from exclusively breast feeding. First factor was seen in working mother, who started bottle feeding before they return to work after maternity leave.

Second factor, parental pressure was observed in housewives who were being forced by their elders.

Among working (employed) mothers, the results of in-depth interviews showed that no availability of nursery for childcare at the workplace is an important issue; some were of the view that inadequate maternity leave is the reason for not supporting their breastfeeding practices. Majority of the mothers thought that separate rooms or privacy at workplace is essential for breastfeeding continuation which is not available in our areas. Another important barrier as highlighted in the study was the lack of practical support (demonstrations) to initiate breastfeeding.

DISCUSSION

Maternal knowledge and perceptions about exclusive breastfeeding are important factors to promote breastfeeding. So, the present study has tried to evaluate and explore the same.

The results of this study also showed that more than half of the women think that Ghutti is the best way to start feeding a newborn, while only a little number of the women reported Breast milk as the best way to start feeding a newborn. A similar study conducted in Bahawalpur, found the EBF rate to be 30%⁹. While another study conducted in a military hospital in Multan found EBF to be even lower (16%) at 6 months of age¹⁰. This was also because of the belief that the first feed of a newborn should be Ghutti. This is a misconception which was observed as milk production is dependent on the suckling reflex and does not decrease if mothers keep breastfeeding their infants¹¹.

According to the results of our study, less than half of the respondent women said that exclusive breastfeeding means giving the infant no food other than the breast milk. These results are almost similar to the results of Yaqub & Gul, who conducted the research in Gilgit 12. According to them, 45% of the women exactly knew the true meaning of exclusive breastfeeding. The knowledge of mothers regarding

different aspects of breastfeeding was found to be deficient in the rural center as compared to the urban center. A cross sectional study done by Afzal showed that about 75% of the study population was able to define EBF¹³.

Majority of the women in our study obtained their information about EBF from their relatives and neighbors as well as from antenatal health talks. This is similar to findings from other Pakistani studies. However, despite the health talks which are usually delivered by midwives and nutritionists during every antenatal clinic session, their knowledge and practice of EBF was relatively poor. Hence, the content of the health talks and the understanding of the messages by the women require evaluation as previous studies have shown significant gaps in knowledge of EBF among health care workers¹³.

Provision of colostrum to newborn infants was a common practice in rural communities in our study area. Nevertheless, a large number of mothers had no information about the dietary importance of colostrum, though majority of them did not discard it. Some women considered colostrum as dirty milk and gave pre-lacteal feeds instead and discarded the colostrum. This finding is consistent with the study done in the Gambia and India in which some women discarded colostrum due to lack of knowledge about dietary importance of colostrum and traditional beliefs¹⁴. An in-depth interview with some women showed that perception about colostrum was changed and the majority of women were providing first milk to infants after receiving occasional advice about optimal breastfeeding practices by health workers for the pregnant and lactating mothers¹⁵.

It is a common cultural belief that the initial breast milk is dirty and not nutritious and therefore has to be supplemented with pre-lacteal feeds such as honey and Ghutti. Findings were consistent with that of Ali¹⁶. There is great potential for contamination with these practices and therefore are considered unsafe. Compared to international and local studies we found some factors (barriers) preventing mothers from

exclusively breast feeding. First factor was seen in working mother, who started bottle feeding before they return to work after maternity leave. Second factor, parental pressure was observed in housewives who were being forced by their elders. A study by Dun-Dery & Laar have also declared nipple problems and maternal illness as a risk factor preventing mothers from exclusively breastfeeding but only a small number of mothers have given this reason in our study¹⁷.

Despite having a positive attitude about breast feeding, only few of the mothers initiated breastfeeding within 2 hours of birth. Breast-feeding was initiated earlier in home deliveries as compared to institutional ones. Causes for delaying breastfeeding include: Mother-in-law's advice, a perception that there is not enough milk in the first 1-2 days of delivery or "First milk is harmful". Colostrum discarding was more prevalent in home deliveries and advised by the dais. Other studies in Pakistan have reported a higher rate of discarding colostrum among the mothers¹⁸.

CONCLUSION

There is a need to strengthen ongoing programs to promote EBF and the continuation of BF for duration of two years and beyond. Behavior change communication (BCC) and counseling should be provided to pregnant women during antenatal visits. Employers should be encouraged to have day care centers for nursing mothers so that mothers who go back to paid employment do not have to stop breastfeeding. Moreover, sociocultural perceptions had a significant impact on nutritional status of children under the age of 5 years. There is an urgent need to plan community-based nutrition programmes to create awareness about the negative impact of these dietary practices with a view to uprooting these firmly rooted beliefs. Efforts concentrated to increase positive perceptions of pregnant women may influence their health as a result of utilization of available

resources and ultimately improve the state of Maternal and Child Health in Pakistan.

CONFLICT OF INTEREST

This study has no conflict of interest to be declared by any author.

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