

A review on exclusive breastfeeding: mothers' knowledge, attitude and practice

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Abstract: Exclusive breastfeeding (EBF) is the practice of feeding breastmilk to their child with complete nutrition for the first six months of life without even sips of water. EBF is a crucial part of new-borns life and this developed strong emotional attachment between mother and baby.

Objective: The objective of this review is to-summarize the knowledge, attitude and practice of mothers about EBF among mothers in different countries.

Methods and materials: Three database PubMed, Web of Science and Elsevier Science were used to review the literature till the December 25, 2018 last search were done.

Conclusion: The majority of the mothers from different countries were well known about EBF and also had a positive attitude about EBF but about practice, there is slightly low. From government level still needed a program on EBF to promote and encourage mothers as well as parents for a better outcome on EBF.

Keywords: Attitude, Exclusive Breastfeeding, Infants, Knowledge, Mothers, Practice.

1. INTRODUCTION

Exclusive breastfeeding (EBF) is the practice of feeding the infant breast milk only for the first 6 months of life without any other type of food or drink, not even sips of water. Breastfeeding is one of the most effective ways to ensure child health and survival whereas it is essential for infants' health and quality of life, presenting advantages to infants and the others who are involved in the breastfeeding practice.

Where, the World Health Organization (WHO) has recommended mothers worldwide to exclusively breastfeed their baby for the first six months to achieve optimal growth, development and health. Thereafter, they should be given nutritious complementary foods and continue breastfeeding up to the age of two years ^[1].

If every child was breastfed within an hour of birth, given only breast milk for their first six months of life, and continue breastfeeding up to the age of two years, about 800000 child lives would be saved every year in developing world ^[2]. Globally, less than 40% of children aged under 6 months are exclusively breastfed. Sufficient breastfeeding counselling and support are essential for mothers and families to begin and maintain optimal breastfeeding practices. It has been estimated that the deaths of children under 5 years due to respiratory tract infections, diarrheal diseases and neonatal sepsis could be prevented by 90% of EBF ^[3].

EBF is estimated to prevent approximately 10% of child deaths so that it is important to practice EBF until 6 months of age is encouraged and supported by the health sector, families as well as community members in Nepal ^[4]. EBF among children under age 6 months increased from 53% in 2006 to 70% in 2011. In 2016, it was slightly decreased to 66%, the

maternal and neonatal health care strategy^[5] help to reduce the neonatal mortality rate in Nepal, early breastfeeding for babies after their delivery is very important. EBF their babies are cost-effective, safe and feasible strategy which can help to reduce infant mortality as well as help to better growth and development^[6].

DEFINITION OF BREASTFEEDING:

According to WHO guidelines there are three groups of breastfeeding: exclusive, predominant and partial breastfeeding^[7] and this article is focused on the EBF including knowledge, attitude and practice about EBF.

EXCLUSIVE BREASTFEEDING:

Breast milk contains all the nutrients needed for baby on the first 6 months of life and is a non-contaminated nutritional source. It is also important source of energy for the child^[8]. The American Academy of Paediatrics (AAP) Breastfeeding Section, American College of Obstetricians and Gynaecologists, American Academy of Family Physicians (AAFP), Academy of Breastfeeding Medicine, World Health Organization (WHO), United Nations Children's Fund (UNICEF) and many other health organizations recommend exclusive breastfeeding for the first 6 months of life. EBF includes only breast milk with no sips of water, except vitamin/mineral supplements or medication^[9], with continued breastfeeding until at least two years of age^[10]. EBF is not only nutrition for child life it is also associated with preventing life-threatening infections among them, and also benefits for mothers including the reduce the risk of postpartum depression, helps to mothers to returns her uterus in back to her position, breast cancer and ovarian cancer. Thus, practising the EBF is very important for both mother and child health as well as for good growth and development.

MOTHERS KNOWLEDGE AND ATTITUDE TOWARDS EXCLUSIVE BREASTFEEDING:

Knowledge about breastfeeding is the most important factor that plays a vital role in developing positive attitude towards EBF. Mogre V et al. showed that 94% of mothers had a good knowledge of EBF and the source of information was the hospital. Generally, most of the mother have a positive attitude towards EBF. Hence, the mothers' knowledge and attitudes towards EBF were favourable^[11]. Mothers had highest level of knowledge on breastfeeding as well as most of the mother had more knowledgeable about decrease risk of breast and ovarian cancer while they were less knowledgeable about the decrease risk of diabetes type II during the time of EBF^[12].

The study revealed that majority 88.5% of mothers were breastfeeders and only 27% of mothers were EBF, where 36.9% were initiated breastfeeding within an hour after birth, 85.2% felt that exclusive breast milk to be given during first 6 months, only 68% stated that breastfeeding should be continued up to 2 years. Overall, mothers had good knowledge of breastfeeding, where the average score of IIFAS shows the neutral attitude towards breastfeeding. Breastfeeding mother had more positive attitude rather than non-breastfeed mothers. The study concludes that mothers had excellent knowledge and neutral attitudes towards breastfeeding. Where results also show that the level of exclusive breastfeeding was low among Indian mothers^[13].

Karkee, R., Lee, A.H., et al. showed that most of the mothers received information on breastfeeding (74%) and the healthcare staff or family members also encouraged to breastfeeding (81%). Although almost all mothers (98%) breastfeed their baby up to 6 months of age. EBF should be encouraged for at least six months, along with support, encouragement and the provision of comprehensive information on breastfeeding to minimize possible problems during breastfeeding, which would reduce the risk of early interruption of EBF, especially for urban mothers^[14].

Al Ketbi, M. I., et al. shows that 51.2% of mothers had good knowledge, 43.3% of mothers had fair knowledge, about breastfeeding and overall, most of them 94.5% of mothers were familiar with the word breastfeeding. In this study further, factor affecting mother's knowledge were also assessed such as mothers with higher education, mothers those who were employed, those mothers who were staying with their husband and relatives had higher knowledge about breastfeeding. About attitude only 20.9% of mother had a good attitude in breastfeeding, 52.9% mothers had fair attitude regarding breastfeeding. Age factor, employed mothers in private organizations and monthly income were the factors affecting to developed good breastfeeding attitude^[15].

Early initiation of complementary feeding reduces breast milk output because the production and release of breast milk are enhanced by the frequency and intensity of suckling. Further evaluation of children between aged 4 to 6 months showed that 55 % of the children within this age group were still exclusively breastfeeding at the time of the study. The

study had shown that the levels of knowledge, mothers' beliefs play an important role in mothers' decisions to practice exclusive breastfeeding. It has been shown that the mother's beliefs about the impact of EBF on the mother's health, physical appearance and ability to participate in other activities have the strongest relationship with premature cessation of EBF^[16]. However, good knowledge about EBF and positive attitude about EBF is needed to develop correct practice.

MOTHERS PRACTICE TOWARDS EXCLUSIVE BREASTFEEDING:

Mothers practice is directly influenced by their breastfeeding knowledge, socio-demographic factors such as family background, number of children, the age of mother, educational level of the mother, economical status. Breastfeeding practices had shown to have a dramatic effect on the incidence of diarrheal disease in poor populations^[17]. Studies across a number of developing nations had shown that those who receive EBF during their first 6 months of life are better protected against infection with diarrheal diseases. Study from Brazil found that non-breastfed infants were 14 times more likely to die from diarrhoea than exclusively breastfed infants^[18].

The study revealed that enough family support for breastfeeding and a high paternal education level were significantly associated with the practice of EBF among working mothers. Among the infants with a high level of parental education, 28.4% were exclusively breastfed. On other hand, children with low parental education who received EBF were 12.9%. The percentage of mothers who practice EBF was only 22.2% and 51.9% of mothers reported receiving family support for breastfeeding. The study concluded that family support and a high paternal education level are important in facilitating working mothers to practice EBF. Interventions that promote EBF should focus on involving their husband as well as other family members in breastfeeding-related health care programs^[19]. One more study reported that the EBF rate decreased rapidly from 90.9% at birth to 29.7% at 22 weeks and the urban mothers have shorter EBF duration than the rural mothers. The breastfeeding problem and caesarean delivery were also significantly associated with EBF. Despite the almost universal practice of breastfeeding, the reported rates of exclusive breastfeeding have decreased substantially over time^[14]. In Abu Dhabi, 27.8 % mothers had good practice in breastfeeding and 38.2% of mothers had fair practice about their child feeding practice and 84.4% of mothers had breastfeed their child for certain duration. 39.4% of mothers had good experienced about EBF and currently during this study only 28.7% of mothers were breastfeeding their child, 16.9% of mothers were practicing EBF to their last child. There were some factors that affect EBF practice such as vagina delivery, past experience, knowledge level of mothers and family members^[15].

About 6 months is the median duration of EBF. About 21.9% of women introduced complementary food before six months of child age. Women with education status of diploma and above perceived inadequate breast milk and caesarean section delivery were more likely to stop EBF before six months of child age; while women who had infant feeding counselling during postnatal care were less likely to stop EBF before the child was six months of age. Where, maternal education of diploma and above, perceived inadequacy of breast milk, cesarean section delivery, postnatal counselling on child feeding these are factors significantly associated with the duration of EBF^[20]. Such as unemployed mothers, mother with aged 0-1 month, low-income mothers, the mothers who received counselling about EBF during pregnancy used to fed colostrum, didn't give prelacteal feed and those who were supported by their husband were more likely to practice EBF than others opposite mothers^[21].

2. CONCLUSION

The complete nutrition for infant is human milk, compare to others milk mother milk will be the perfect food for baby for the first 6 months of the life. So, WHO emphasis on EBF for 6 months then after continue with complementary food up to the age of 2 years and beyond. EBF essential for child growth and proper development as well as to develop emotional bonding between mother and her child. Studies from various countries and in different population shows different rates of EBF knowledge, where in developed countries the knowledge rate is higher, which is highly significant to develop the positive attitude and increase the EBF practice among mothers but the factor affecting to practice were the same as generally in developing country. In developing countries EBF practice is increasing, but about working mother many of the studies result that family support and parental education level is most important to practice EBF. Overall in the world, the knowledge about EBF is improving. Attitude and practice rate is low compare to knowledge level of mothers towards EBF. There is also important to develop positive attitude towards EBF for the better practice. EBF is the best practice to prevent the child from infectious disease and helps to reduce morbidity but there is a lack of practice on EBF till the child age 6 months. EBF practice is also benefits for mothers' health.

International Journal of Novel Research in Healthcare and Nursing

Vol. 6, Issue 1, pp: (59-63), Month: January - April 2019, Available at: www.noveltyjournals.com

This review concluded that the most of EBF practice is significantly influence by socio-demographic factor of mothers, knowledge level of mothers and as well as the support of husband. To upgrade mother's knowledge, develop positive attitude and encourage mothers for EBF practice first of all barriers must be minimize, and then for all working mothers there must be given leave for 6 months for EBF practice from the national level and others organizations too, and the government must emphasis an awareness program for mothers as well as for family members on EBF. Further research is needed to recognize the high rates of knowledge, attitude and practices model regarding EBF of mothers.

ACKNOWLEDGMENTS

The authors thank Rukmani Shahi (ruku.smile@gmail.com) for the English language polishing.

REFERENCES

- [1] World Health Organization, Exclusive breastfeeding for optimal growth, development and health of infants. World Health Organization. 2017
- [2] Tadele N., Habta F., Akmel, D. and Deges, E. Knowledge, attitude and practice towards exclusive breastfeeding among lactating mothers in Mizan Aman town, Southwestern Ethiopia: descriptive cross-sectional study. *International breastfeeding journal*, 2016.11(1), 3.
- [3] Joshi P. C., Angdembe M. R., Das S. K., Ahmed S., Faruque A. S. G., and Ahmed T. Prevalence of exclusive breastfeeding and associated factors among mothers in rural Bangladesh: a cross-sectional study. *International breastfeeding journal*, 2014.9(1), 7.
- [4] Khanal V., Sauer K., and Zhao Y. Exclusive breastfeeding practices in relation to social and health determinants: a comparison of the 2006 and 2011 Nepal Demographic and Health Surveys. *BMC public health*, 2013.13(1), 958.
- [5] Nepal M. O. H. P. New ERA, ICF International. Nepal Demographic and Health Survey, 2011.
- [6] Biks G. A., Berhane Y., Worku A., and Gete, Y. K. Exclusive breast feeding is the strongest predictor of infant survival in Northwest Ethiopia: a longitudinal study. *Journal of Health, Population and Nutrition*, 2015. 34(1), 9.
- [7] Labbok M. H., Belsey M., and Coffin C. J. A call for consistency in defining breast feeding. *American journal of public health*, 1997. 87(6), 1060-1061.
- [8] Wojcicki J. M., Gugig R., Tran C., Kathiravan S., Holbrook K., & Heyman M. B. Early exclusive breastfeeding and maternal attitudes towards infant feeding in a population of new mothers in San Francisco, California. *Breastfeeding Medicine*, 2010. 5(1), 9-15.
- [9] Karmaus W., Soto-Ramírez N., and Zhang, H. Infant feeding pattern in the first six months of age in USA: a follow-up study. *International Breastfeeding Journal*, 2017. 12(1), 48.
- [10] World Health Organization. October 3, 2017. Retrieved January 5, 2018.
- [11] Mogre V., Dery M., and Gaa P. K. Knowledge, attitudes and determinants of exclusive breastfeeding practice among Ghanaian rural lactating mothers. *International breastfeeding journal*, 2016. 11(1), 12.
- [12] Zielinska, M. A., Sobczak, A., & Hamulka, J. (2017). Breastfeeding knowledge and exclusive breastfeeding of infants in first six months of life. *Roczniki Państwowego Zakładu Higieny*, 68(1).
- [13] Vijayalakshmi P., Susheela T., and Mythili D. Knowledge, attitudes, and breast feeding practices of postnatal mothers: A cross sectional survey. *International journal of health sciences*, 2015. 9(4), 364.
- [14] Karkee R., Lee A. H., Khanal V., and Binns C. W. A community-based prospective cohort study of exclusive breastfeeding in central Nepal. *BMC Public Health*, 2014. 14(1), 927.
- [15] Al Ketbi, M. I., Al Noman, S., Al Ali, A., Darwish, E., Al Fahim, M., & Rajah, J. Knowledge, attitudes, and practices of breastfeeding among women visiting primary healthcare clinics on the island of Abu Dhabi, United Arab Emirates. *International breastfeeding journal*, 2018. 13(1), 26.

- [16] Gewa C. A., and Chepkemboi J. Maternal knowledge, outcome expectancies and normative beliefs as determinants of cessation of exclusive breastfeeding: a cross-sectional study in rural Kenya. *BMC public health*, 2016. 16(1), 243.
- [17] Victora C. G., Bahl R., Barros A. J., França G. V., Horton S., Krasevec, J., and Group, T. L. B. S. Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *The Lancet*, 2016. 387(10017), 475-490.
- [18] Kim S., Park S., Oh J., Kim J., and Ahn S. Interventions promoting exclusive breastfeeding up to six months after birth: A systematic review and meta-analysis of randomized controlled trials. *International journal of nursing studies*, 2018.
- [19] Ratnasari D., Paramashanti B. A., Hadi H., Yugistyowati A., Astiti D., and Nurhayati E. Family support and exclusive breastfeeding among Yogyakarta mothers in employment. *Asia Pacific journal of clinical nutrition*, 2017. 26 (Supplement), S31
- [20] Kasahun A. W., Wako W. G., Gebere M. W., and Neima G. H. Predictors of exclusive breastfeeding duration among 6–12 month aged children in gurage zone, South Ethiopia: a survival analysis. *International breastfeeding journal*, 2016. 12(1), 20.
- [21] Velusamy V., Premkumar P. S., and Kang G. Exclusive breastfeeding practices among mothers in urban slum settlements: pooled analysis from three prospective birth cohort studies in South India. *International breastfeeding journal*, 2017. 12 (1), 35.