

KNOWLEDGE, ATTITUDE AND PRACTICE REGARDING COLOSTRUM FEEDING AMONG CHILD BEARING WOMEN

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Abstract: Colostrum is the first milk produced by the mammary glands of mammals in late pregnancy just prior to giving birth and continuing through the early days of breast feeding (Aisha, Batool, & Sultana, 2016). This special milk is yellow to orange in color and thick and sticky. It is very rich in proteins, carbohydrates, vitamin A and sodium chloride, but contains lower amounts of lipids, fat and potassium than normal milk. Colostrum builds important bacteria in the baby's gut. So, colostrum put up natural immunity (baby's first immunization) against many bacteria and viruses (Legesse, Demena, Mesfin, & Haile, 2015). Early or timely initiation of breastfeeding, specifically within 1 h of birth, refers to the best practice recommendation by the World Health Organization (Sharma & Byrne, 2016). The World Health Organization (WHO) and United Nations International Children's Emergency Fund (UNICEF) recommended that after delivery, optimal early breastfeeding practices should be encouraged. Unfortunately, colostrum feeding is not given to newborn for various societal myths and misconception. In a false belief of gutty, was fed as pre-lacteal feed. These manmade problems affect directly and indirectly health of newborn infants and cause malnutrition and high mortality rate in infants (Aisha et al., 2016). The importance of colostrum is known to the limited population. There are still many people who believe that colostrum is a harmful substance which should be discarded. (Joshi et al., 2012).

Objectives:

1. To identify the knowledge towards colostrum feeding among mothers.
2. To determine the attitude and practice towards colostrum feeding among mothers.

METHODOLOGY: Researcher used quantitative descriptive cross-sectional design to conduct this study. Research setting is an overall place where the data was collected. The researcher was conducted this study in natural setting. The duration of study was 2 to 3 month. Gajumatta Community Lahore was researched site. The sample size of this study was 100 child bearing women. All childbearing women between the ages of (15-45) with the age of last child less than 5 years. Non-probability convenient sample technique was used. Previously validated an adoptive questionnaire was used for this study (F. K. BOOR, 2017). The instrument of data collection was an adapted questionnaire by researchers; the questionnaire is already tested for validity and reliability. The collected data was analyzed by interpreting data on SPSS latest 22, 23 version. And presented in graphical form.

Ethical Considerations: A voluntary written informed consent was taken from the participants prior to the data collection and it is assured to every participant the data will be confidential.

Significant of the Study:

The study is significant because, it is anticipated to identify the gaps on colostrum feeding and recommend ways of bridging on the identified gaps to improve neonatal survival. Also, this study will help to know the concept of colostrum among general population. It will also help the community to create awareness about the importance of colostrum feeding and advice mothers to practice it after every delivery.

Results: 81% females have received information about breastfeeding, 45% women got information from their relatives/friends, 25% got from health professionals, 50% received information at delivery time, only 14% received during antenatal. 56% women said that breast milk is beneficial, 39% said that it protects from infection. But 55% said it should be discarded. Only 20% women have knowledge about starting time of breastfeeding. 59% mothers had practiced gutty/honey to their babies before initiating the breast feed 41% mothers had given only breast

milk..53% respondents said that baby should be fed other than breast milk, 47% said that only breast milk is best for baby. 42% agreed to give gutty/honey to baby before breast feed.49% mothers disagreed to give other feed to baby after initiate the breast feeding but 34% are not .Only 44% of the lactating mothers know appropriate time of breast feeding after delivery. (30 minutes), Moreover 60% mothers said that colostrum is not important and only 34% mothers known the importance of colostrum feeding.

Conclusion: Almost 50% women were aware about the importance of colostrum feeding. But this study indicate further need to improve the perception, knowledge and practices of women regarding colostrum feeding. More health education programme should be arrange for mothers on the benefits of colostrum and clostrum feeding to childs. There is a great need to eliminate mythes and misconception regarding colostrum feeding.

Keywords: Colostrum, Prim gravida, morbidity, mortality, gutty, prelacteal, postlacteal .

1. INTRODUCTION

BACKGROUND:

Colostrum is the first milk produced by the mammary glands of mammals in late pregnancy just prior to giving birth and continuing through the early days of breast feeding (Aisha, Batool, & Sultana, 2016). This special milk is yellow to orange in color and thick and sticky. It is very rich in proteins, carbohydrates, vitamin A and sodium chloride, but contains lower amounts of lipids, fat and potassium than normal milk .Colostrum builds important bacteria in the baby's gut. It also functions as 'paint', coating the infant's gastrointestinal tract. So, colostrum put up natural immunity (baby's first immunization) against many bacteria and viruses (Legesse, Demena, Mesfin, & Haile, 2015).

Early or timely initiation of breastfeeding, specifically within 1 h of birth, refers to the best practice recommendation by the World Health Organization (Sharma & Byrne, 2016).The World Health Organization (WHO) and United Nations International Children's Emergency Fund (UNICEF) recommended that after delivery, optimal early breastfeeding practices should be encouraged. These optimal practices include initiating breastfeeding within 30 minutes to an hour of birth, giving colostrum, not giving pre-lacteals or post-lacteals and exclusive breastfeeding (EBF) of infants. This is because these practices have been proven to provide significant benefits for the overall development and survival of children (F. K. BOOR, 2017).

The World Health Organization (WHO) and United Nations Children's Fund (UNICEF) recommend that every infant should be exclusively breastfed for the first six months of life, with breastfeeding continuing for up to two years of age or longer (Al-Binali, 2012).Infants who are not exclusively breastfeeding are more likely to develop gastrointestinal infections, not only in developing but also in industrialized countries. The risk of mortality due to diarrhea and other infections can increase many-fold in infants who are either partially breastfed or not breastfed at all (Tadele et al., 2016).

Initial breastfeeding practices have been shown to affect infant health, development, growth and survival (F. Boor & Ogada). Unfortunately, colostrum feeding is not given to newborn for various societal myths and misconception. In a false belief of gutty honey, sugar water, glucose, and mishri water were fed as pre-lacteal feeds. These manmade problems affect directly and indirectly health of newborn infants and cause malnutrition and high mortality rate in infants (Aisha et al., 2016). The colostrum feeding has significant effects for immediate and future health of newborn infants especially in developing countries such as Ethiopia that have high rates of malnutrition, infectious diseases and mortality for children under the age of 5 years. Exclusive breast-feeding from birth to 6 months of age has prolonged health benefits and emotional bonding for mother and child and is associated with lower infant morbidity and mortality rate, and better growth and development of the baby (Aisha et al., 2016).

For most of the children breastfeeding makes the difference between life and death and it is the infants "PASSPORT TO LIFE". It can be also considered as the first vaccine which needs a "warm chain" made by mother-infant contact. It is secreted in very less amount (30-100 ml), so the mothers need to be explained that this small amount of colostrum is adequate for infant and must not be denied. Colostrum is universally acknowledged as the perfect first food for infants (Shewasinad S, Manjura M, Bolesh A, Sisay D, Negash S, 2017).The importance of colostrum is known to the limited population. There are still many people who believe that colostrum is a harmful substance which should be discarded. It is thought to be an unwanted substance related with ill health. There are certain barriers perverting the feeding of colostrum to the new born babies (Joshi et al., 2012).

OBJECTIVES

1. To identify the knowledge towards colostrum feeding among mothers.
2. To determine the attitude and practice towards colostrum feeding among mothers.

RESEARCH QUESTIONS:

1. What is the importance of colostrum feeding among women?
2. What is the attitude and practices of women regarding colostrum feeding?

PROBLEM STATEMENT:

It estimated that every day, as many as 4,000 infants and young children die worldwide because they do not get colostrum soon after birth or within the first hour after birth. Most infants are given liquids other than mother's milk in the first few days after birth. Mother and children constitute one fourth of the total national population. They are the most vulnerable group to ill shealth.

SIGNIFICANT OF STUDY:

The study is significant because, it is anticipated to identify the gaps on colostrum feeding and recommend ways of bridging on the identified gaps to improve neonatal survival. Also, this study will help to know the concept of colostrum among general population. It also decreases poor interaction of health personnel with the pregnant women for promoting and supporting colostrum's is still unsatisfactory as only few percentages of women received antenatal advice regarding colostrum feeding. Huge gaps may exist in colostrum feeding behaviors, mostly due to lack of awareness. So, it helps the community to create awareness about the importance of colostrum feeding and advice mothers to practice it in every delivery.

ETHICAL CONSIDERATION

Before the research work ethical approval was obtain from the Institute of the Review Board, FMH Lahore, and A voluntary written informed consent was taken from the participants in the language that the participant could understand and comprehend prior to the data collection and it is assured to every participant the data will be confidential.

3. METHODOLOGY**RESEARCH DESIGN:**

Researcher used quantitative descriptive cross-sectional design to conduct this study.

RESEARCH SETTING:

Research setting is an overall place where the data was collected. The researcher was conduct this study in natural setting.

DURATION OF STUDY:

Duration of study is known as the total time period in which study has conducted. The duration of study was 2 to 3 months.

RESEARCH SITE:

Gajumatta Community Lahore was researched site.

SAMPLE SIZE:

The sample size of this study was 100 child bearing women.

TARGET POPULATION:

All childbearing women between the ages of (15-45) with the age of last child less than 5 years in Gajjumatta, Lahore

SAMPLING TECHNIQUE:

Non-probability convenient sample technique was used. Convenient sampling is a non-probability sampling technique where subjects are selected because of their convenient accessibility and proximity to researcher.

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INCLUSION CRITERIA:

Mothers who already delivered their baby and those with a child who is below 5 years old and willing to participate was included in this study.

EXCLUSION CRITERIA:

Primigravida, women unwilling to participate, having a child with any kind of malformations and are above 5 years old was excluded.

DATA COLLECTION TECHNIQUE/TOOL:

Previously validated an adoptive questionnaire was used for this study (F. K. BOOR, 2017).

INSTRUMENTATION:

The instrument of data collection was an adapted questionnaire by researchers; the questionnaire is already tested for validity and reliability.

DATA ANALYSIS METHOD:

The collected data was analyzed by interpreting data on SPSS latest 22, 23version. And presented in graphical form.

4. RESULTS

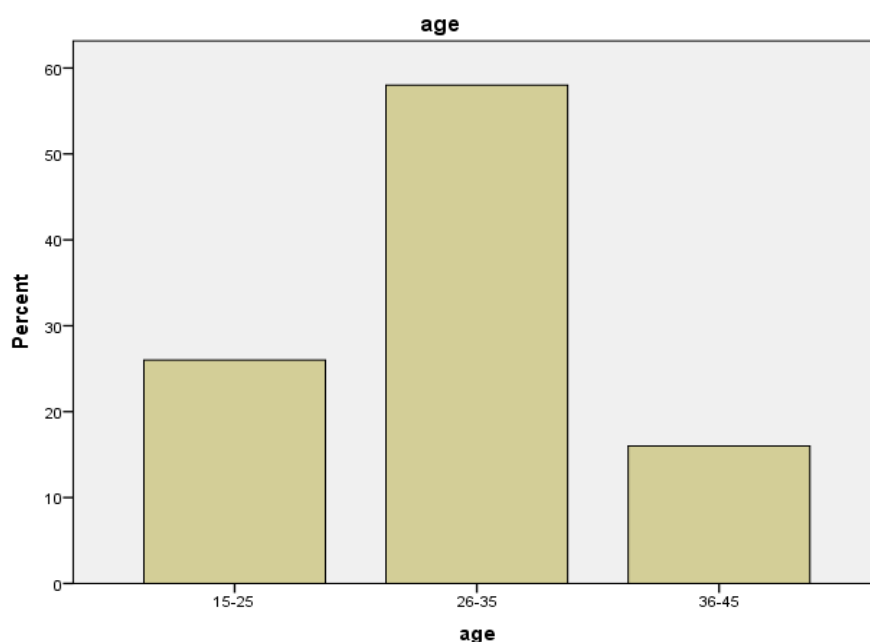
A-Demographical data:

The age of mothers between 15-25 was 26, 26-35 years was 58, and 36-45 years was 16.

Age

Age of respondents	Frequency	Percent
15-25 years	26	26.0
26-35 years	58	58.0
36-45 years	16	16.0
Total years	100	100.0

Table 4.1

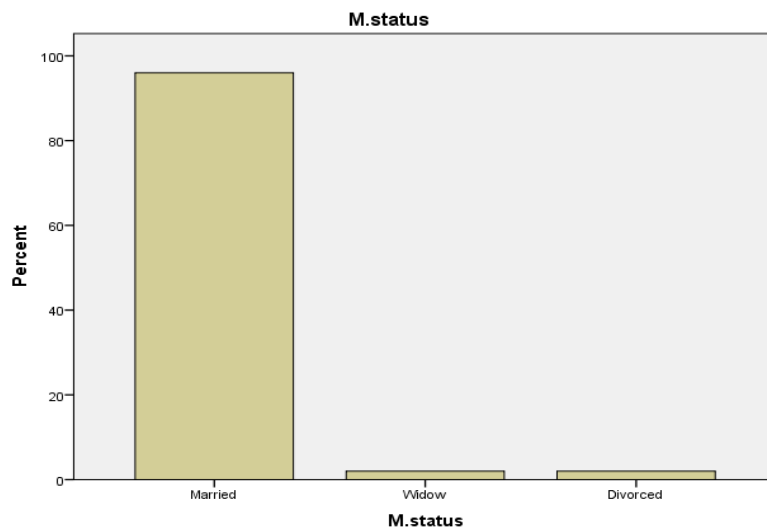


Marital status

M.status

Marital status	Frequency	Percent
Married	96	96.0
Widow	2	2.0
Divorced	2	2.0
Total	100	100.0

Table 4.2

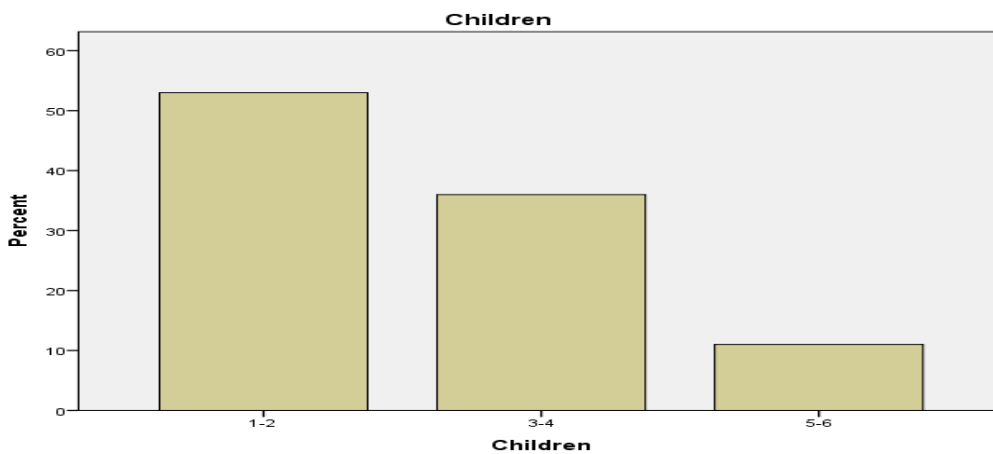


How many children do you have?

Children

No of children	Frequency	Percent
1-2	53	53.0
3-4	36	36.0
5-6	11	11.0
Total	100	100.0

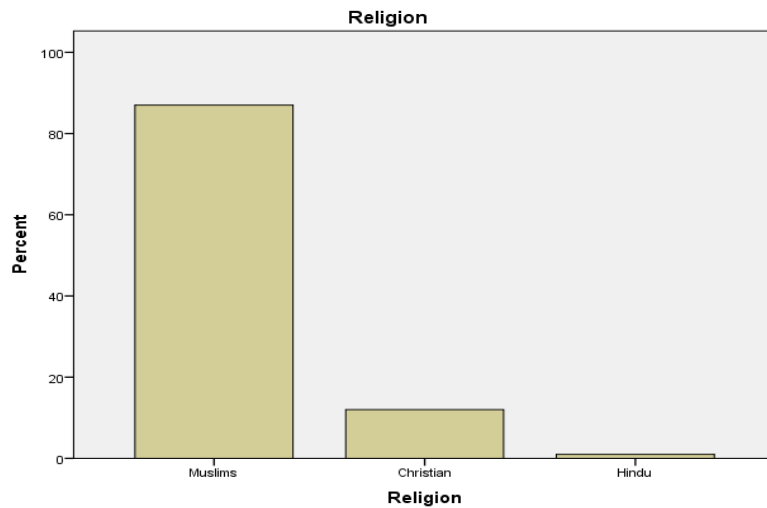
Table 4.3



Religion: Most of respondents were Muslims.

Religion	Frequency	Percent
Muslims	87	87.0
Christian	12	12.0
Hindu	1	1.0
Total	100	100.0

Table 4.4

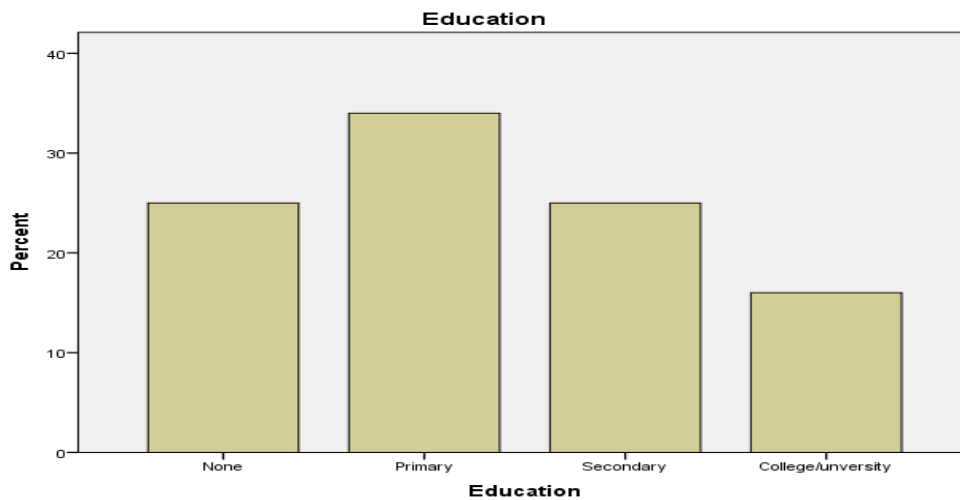


25% was illiterate, 34% have primary education, 25% got secondary education and only 16% attend college or university.

Education

Education	Frequency	Percent
None	25	25.0
Primary	34	34.0
Secondary	25	25.0
College/university	16	16.0
Total	100	100.0

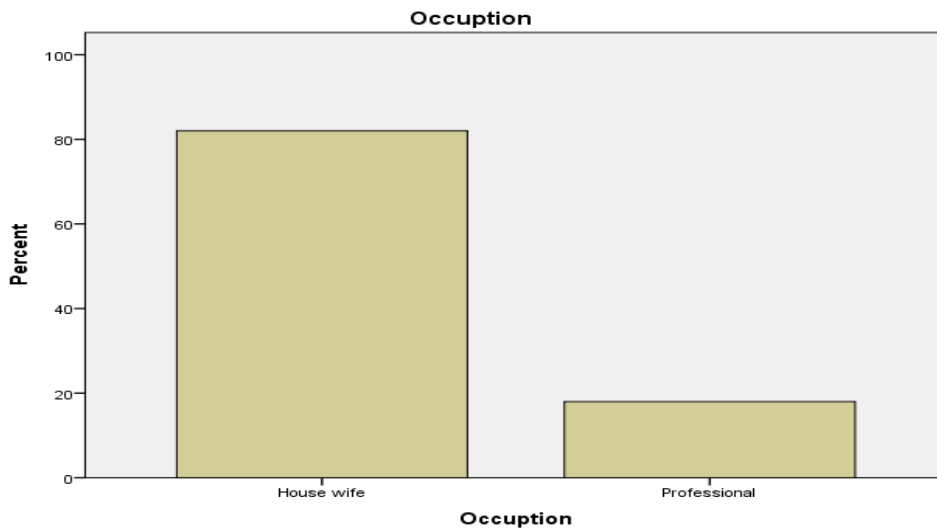
Table 4.5



Occupation

Occupation	Frequency	Percent
House wife	82	82.0
Professional	18	18.0
Total	100	100.0

Table 4.6

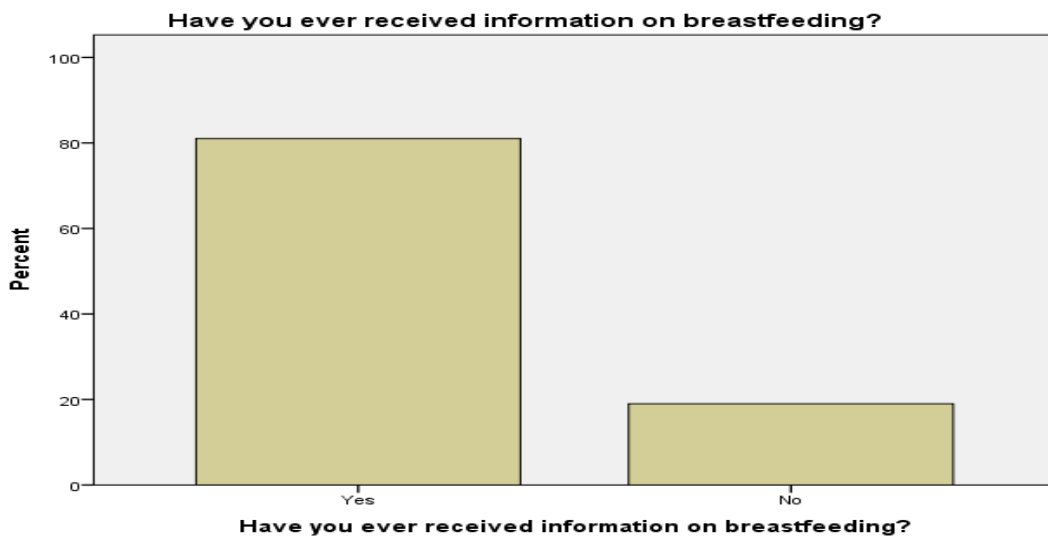


SECTION B: KNOWLEDGE:

81% females received information about breastfeeding, 19% said that they never received any information.

Have you ever received information on breastfeeding?	Frequency	Percent
Yes	81	81.0
No	19	19.0
Total	100	100.0

Table 4.7



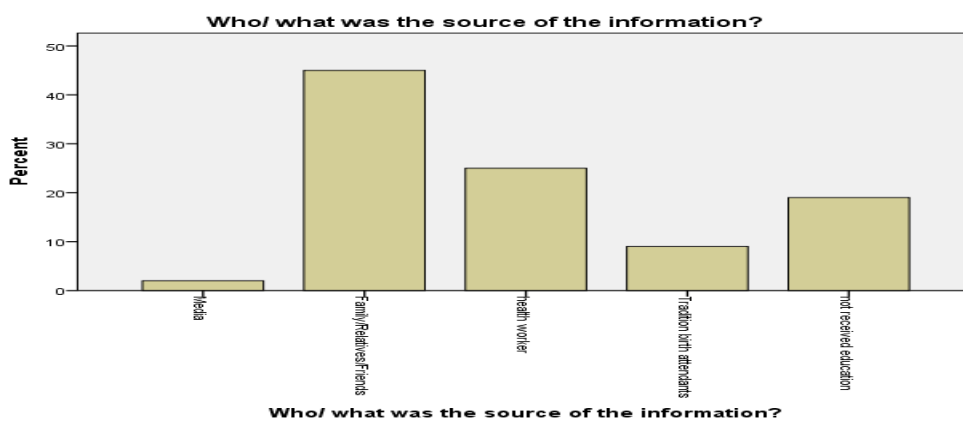
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45% women got information from their relatives/friends, 19% got no information, and 25% got information from health professionals.

Who/ what was the source of the information?	Frequency	Percent
Media	2	2.0
Family/Relatives/Friends	45	45.0
health worker	25	25.0
Tradition birth attendants	9	9.0
not received education	19	19.0
Total	100	100.0

Table 4.8

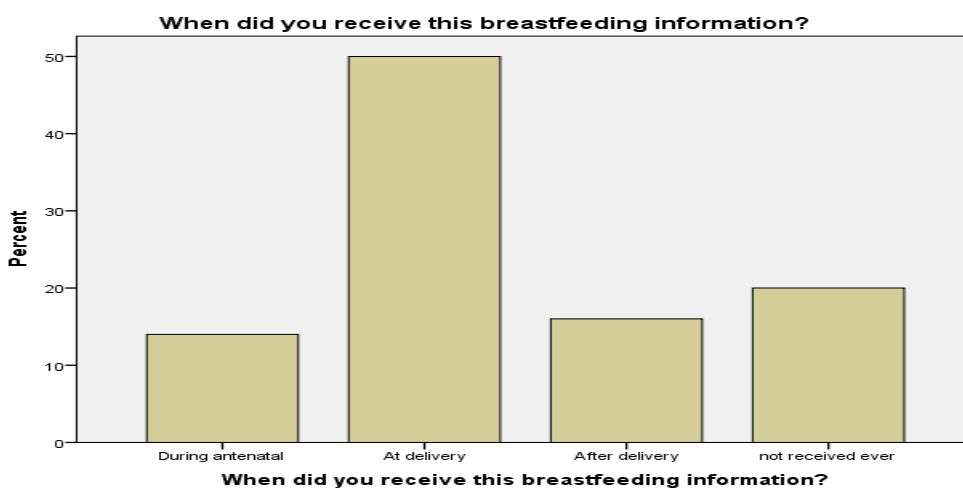


50% received information at delivery, only 14% received during antenatal and 20% received no any information

When did you receive this breastfeeding information?

When did you receive this breastfeeding information?	Frequency	Percent
During antenatal	14	14.0
At delivery	50	50.0
After delivery	16	16.0
not received ever	20	20.0
Total	100	100.0

Table 4.9



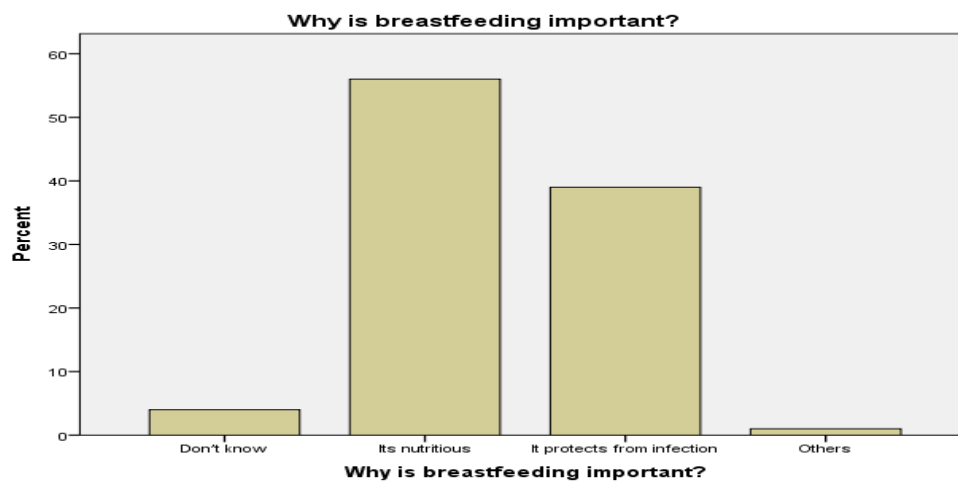
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56% women said that breast milk is nutritious, 39% said that it protect from infection.

Why is breastfeeding important?	Frequency	Percent
Don't know	4	4.0
Its nutritious	56	56.0
It protects from infection	39	39.0
Others	1	1.0
Total	100	100.0

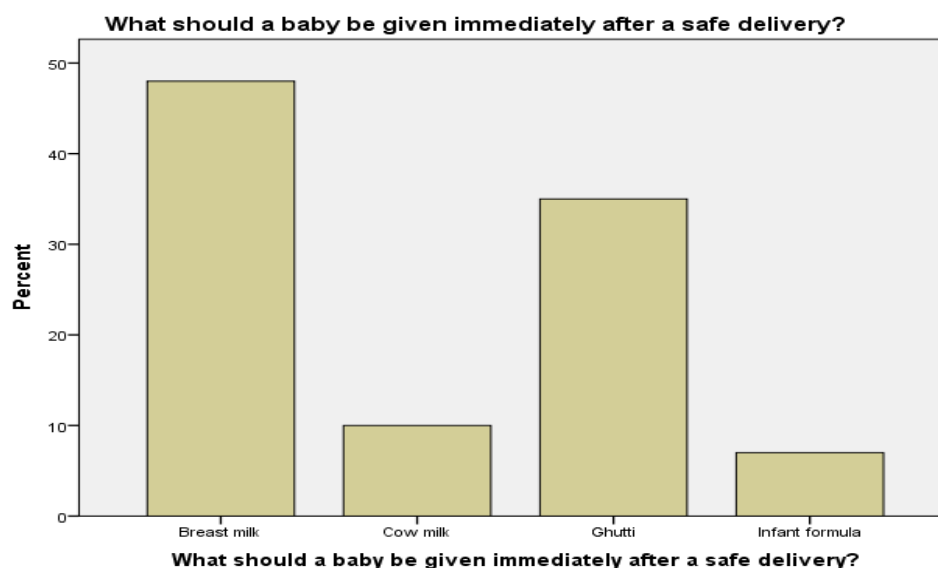
Table 4.10



What should a baby be given immediately after a safe delivery?

What should a baby be given immediately after a safe delivery?	Frequency	Percent
Breast milk	48	48.0
Cow milk	10	10.0
Gutti	35	35.0
Infant formula	7	7.0
Total	100	100.0

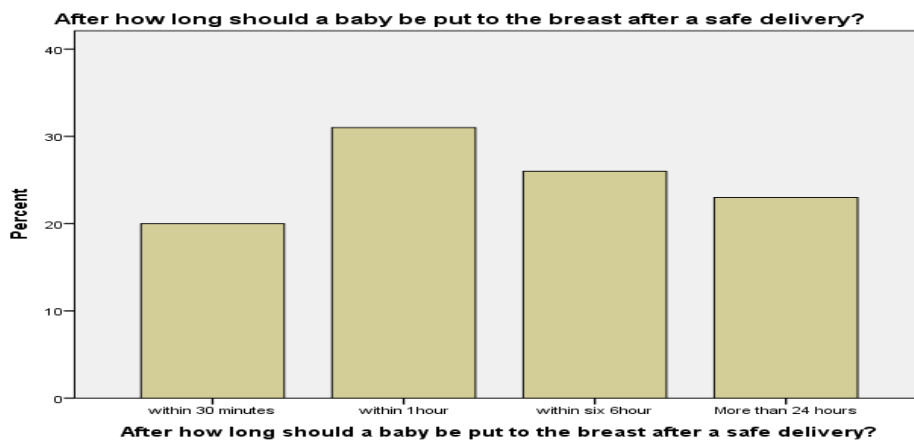
Table 4.11



Only 20% women have knowledge about starting time of breastfeeding,

After how long should a baby be put to the breast after a safe delivery?	Frequency	Percent
within 30 minutes	20	20.0
within 1hour	31	31.0
within six 6hour	26	26.0
More than 24 hours	23	23.0
Total	100	100.0

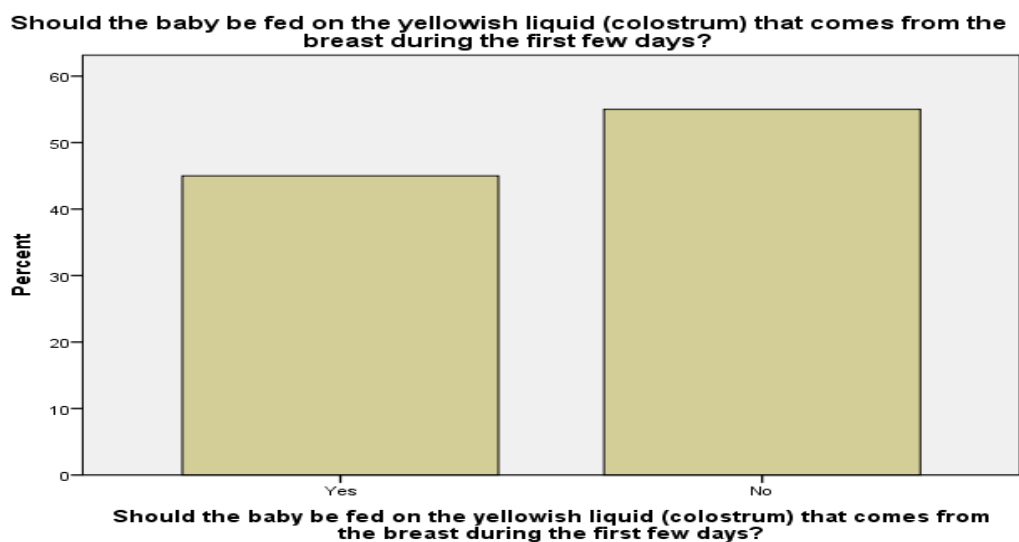
Table 4.12



45% women said that colostrum fed the baby and 55% said it should be discarded.

Should the baby be fed on the yellowish liquid (colostrum) that comes from the breast during the first few days?	Frequency	Percent
Yes	45	45.0
No	55	55.0
Total	100	100.0

Table 4.13



53% respondents said that baby should be fed other than breast milk, 47% said that only breast milk is best for baby.

Should the baby be fed on any other food or drink after initiation of breast milk?	Frequency	Percent
Yes	53	53.0
No	47	47.0
Total	100	100.0

Table 4.14

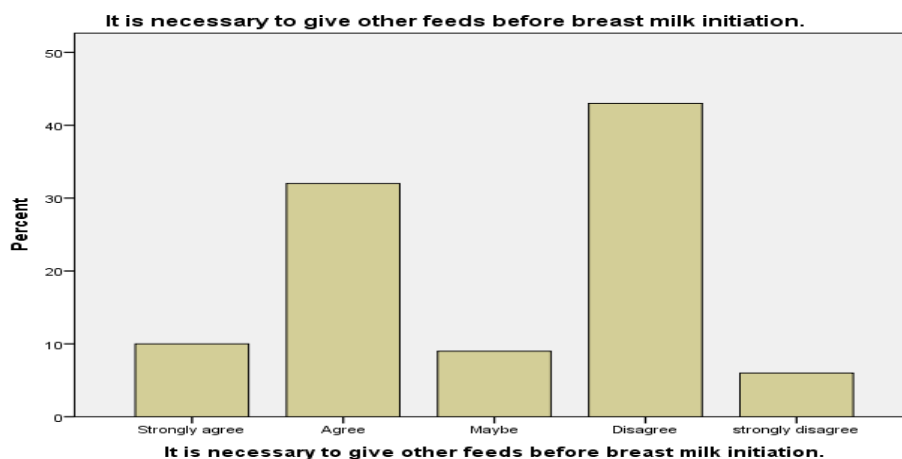


43% respondents disagreed to give neonate other than breast milk, 42% agreed to give gutti/honey to baby before breast feed.

It is necessary to give other feeds before breast milk initiation.

It is necessary to give other feeds before breast milk initiation.	Frequency	Percent
Strongly agree	10	10.0
Agree	32	32.0
Maybe	9	9.0
Disagree	43	43.0
strongly disagree	6	6.0
Total	100	100.0

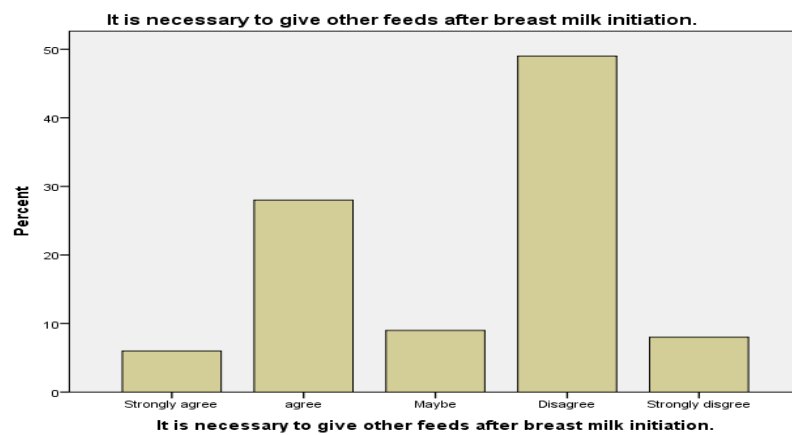
Table 4.15



49% mothers disagreed to give other feed to baby after initiate the breast feeding and 34% mothers was agreed to give other feeds.

It is necessary to give other feeds after breast milk initiation.	Frequency	Percent
Strongly agree	6	6.0
Agree	28	28.0
Maybe	9	9.0
Disagree	49	49.0
Strongly disagree	8	8.0
Total	100	100.0

Table 4.16



44% mother only know appropriate time of breast feeding after delivery and 48% didn't have knowledge about the timing of immediate feeding.

The baby should be put on the breast milk immediately after delivery.	Frequency	Percent
Strongly agree	10	10.0
Agree	34	34.0
Maybe	8	8.0
Disagree	35	35.0
strongly disagree	13	13.0
Total	100	100.0

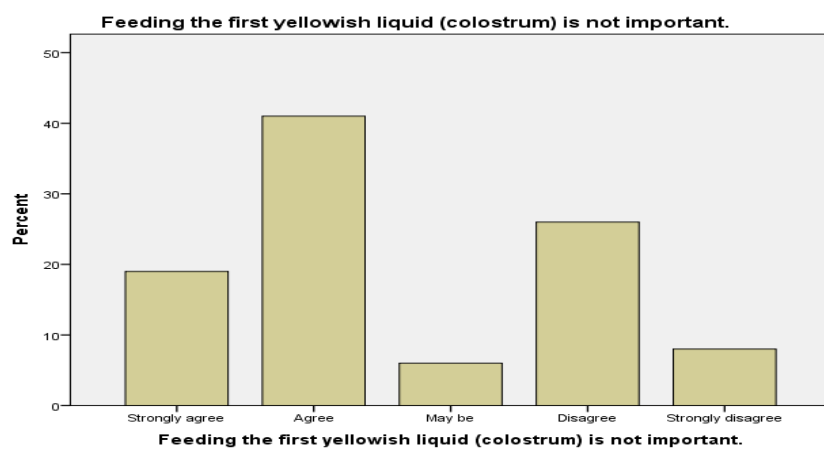
Table 4.16



60% mothers said that colostrum is not important and only 34% mothers known the importance of colostrum feeding.

Feeding the first yellowish liquid (colostrum) is not important.	Frequency	Percent
Strongly agree	19	19.0
Agree	41	41.0
May be	6	6.0
Disagree	26	26.0
Strongly disagree	8	8.0
Total	100	100.0

Table 4.17



55% mothers were agreed to not fed only breast milk to baby and 37% women were agreed to fed only breast to baby after delivery.

The baby should not be fed on the breast milk only after delivery	Frequency	Percent
Strongly agree	16	16.0
Agree	39	39.0
May be	8	8.0
Disagree	36	36.0
Strongly disagree	1	1.0
Total	100	100.0

Table 4.18



58% mothers were agreed that knowledge about early breastfeeding is necessary and 32% said knowledge is not important.

Early breastfeeding knowledge is not necessary at all.	Frequency	Percent
Strongly agree	8	8.0
Agree	26	26.0
May be	8	8.0
Disagree	50	50.0
Strongly disagree	8	8.0
Total	100	100.0

Table 4.19



Only 22% mothers had knowledge about appropriate timing (within 30 minutes), 46% mothers were practiced feeding (within one hour) and 32% mothers practiced in 24hours.

How long after you gave birth was the baby put to the breast?	Frequency	Percent
Before 30 minutes	22	22.0
Within one hour (31-60 minutes)	46	46.0
After one hour(1 hour-24 hours)	32	32.0
Total	100	100.0

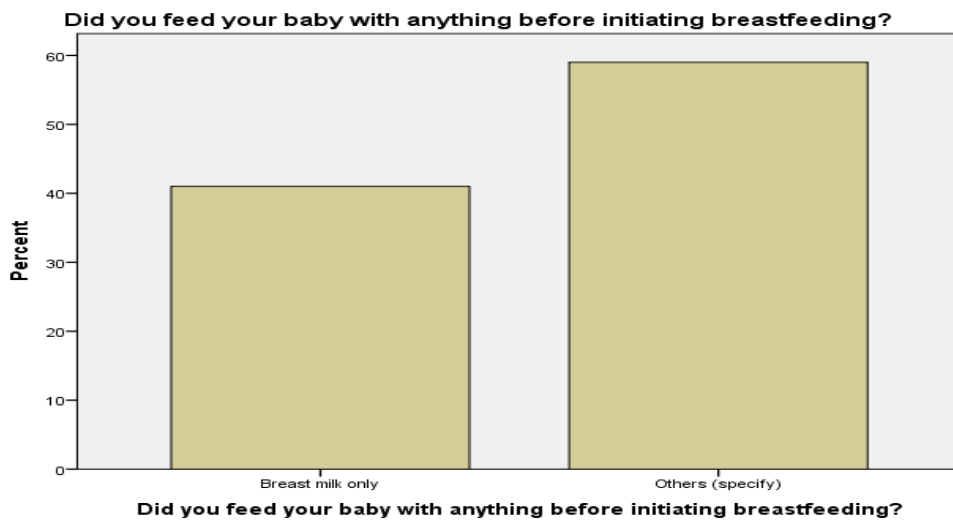
Table 4.20



59% mothers had practiced gutti/honey to their babies before initiating the breast feed
 41% mothers had given only breast milk.

Did you feed your baby with anything before initiating breastfeeding?	Frequency	Percent
Breast milk only	41	41.0
Others (specify)	59	59.0
Total	100	100.0

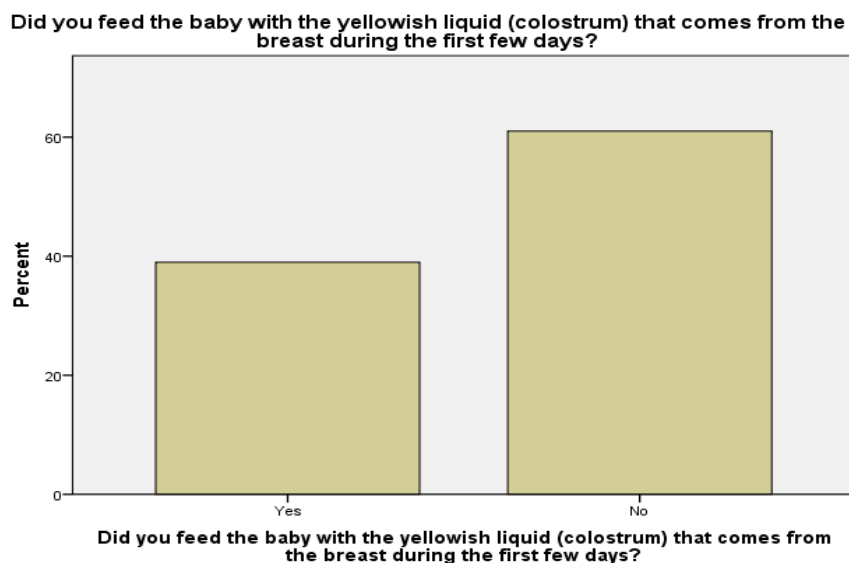
Table 4.21



Only 39% mothers had colostrum fed their babies and 61 mothers had not fed colostrum to their babies.

Did you feed the baby with the yellowish liquid (colostrum) that comes from the breast during the first few days?	Frequency	Percent
Yes	39	39.0
No	61	61.0
Total	100	100.0

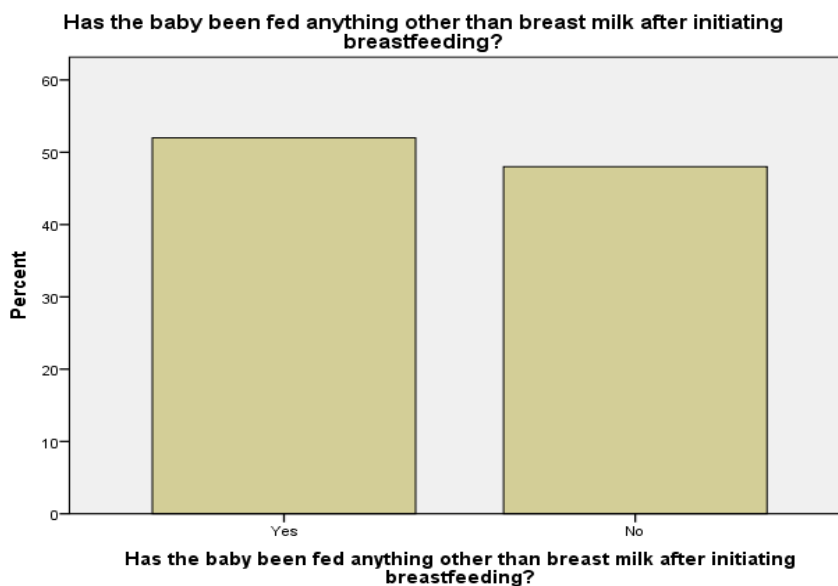
Table 4.22



48 mothers fed their babies only breast milk and 52% mothers practiced other feedings

Has the baby been fed anything other than breast milk after initiating breastfeeding?	Frequency	Percent
Yes	52	52.0
No	48	48.0
Total	100	100.0

Table 4.23



53% mothers had not bottle feed to their babies and 47% mothers had given bottle feed to their babies

Has your baby been fed with a bottle by you, a staff member, or anybody else?	Frequency	Percent
Yes	47	47.0
No	53	53.0
Total	100	100.0

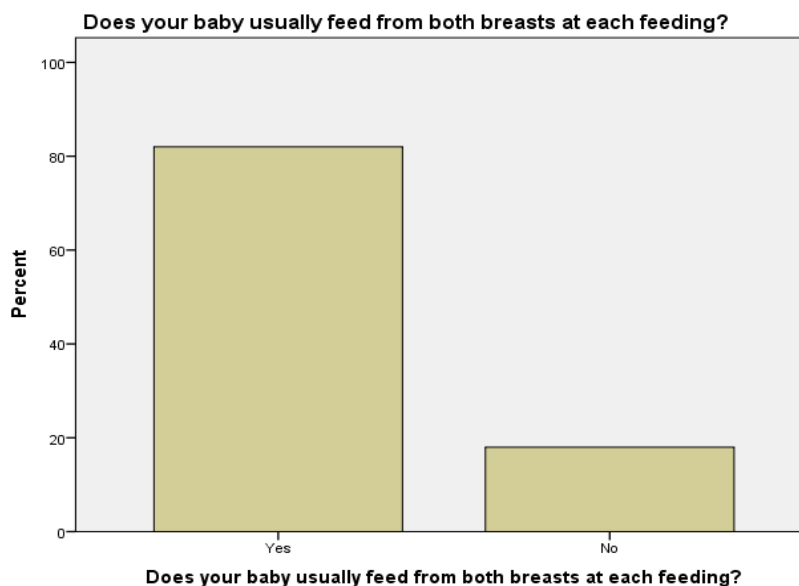
Table 4.24



53% mothers had not skin to skin contact with their babies at delivery and 47% mothers had skin to skin contact.

In the first hour after birth, did you have skin-to-skin contact with your baby after they were born?	Frequency	Percent
Yes	47	47.0
No	53	53.0
Total	100	100.0

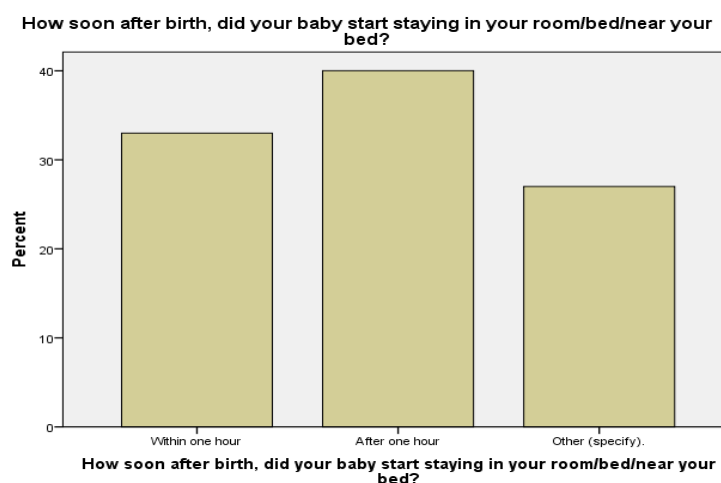
Table 4.25



33% mother had received their baby within one hour, 40% had after one hour and 27% had after 6 hours.

How soon after birth, did your baby start staying in your room/bed/near your bed?	Frequency	Percent
Within one hour	33	33.0
After one hour	40	40.0
Other (after 6 hours).	27	27.0
Total	100	100.0

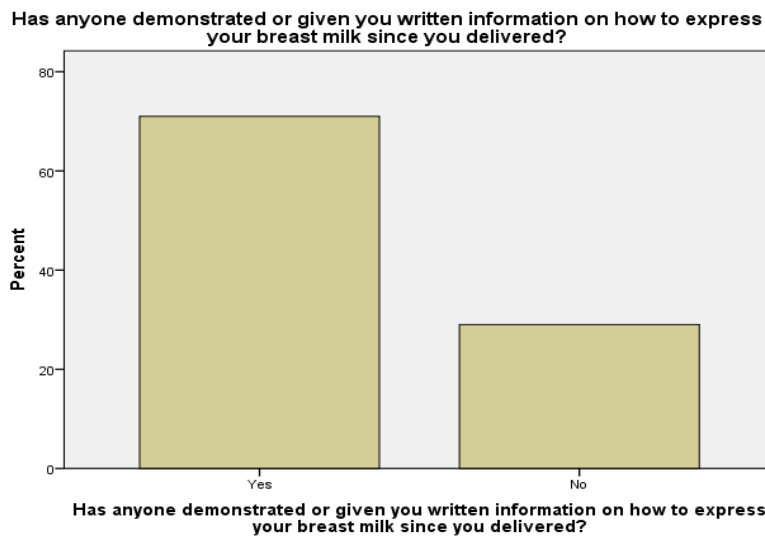
Table 4.26



71% mothers had received information about how to express breast milk and 29% had not received any information.

Has anyone demonstrated or given you written information on how to express your breast milk since you delivered?	Frequency	Percent
Yes	71	71.0
No	29	29.0
Total	100	100.0

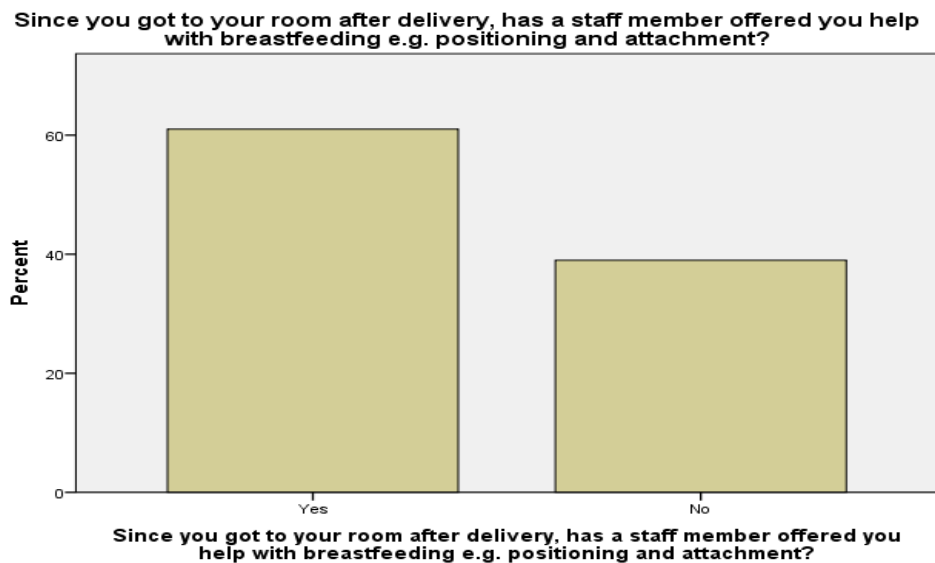
Table 4.27



61% mothers had got helped by health professionals and 39% had not received any information.

Has a staff member offered you help with breastfeeding e.g. positioning and attachment?	Frequency	Percent
Yes	61	61.0
No	39	39.0
Total	100	100.0

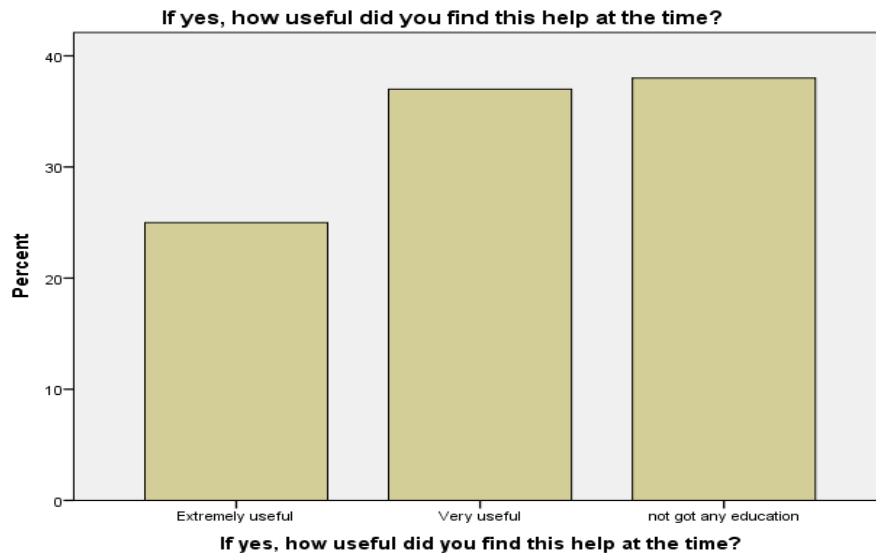
Table 4.28



The mothers who got helped said that the help was useful.

If yes, how useful did you find this help at the time?	Frequency	Percent
Extremely useful	25	25.0
Very useful	37	37.0
not got any education	38	38.0
Total	100	100.0

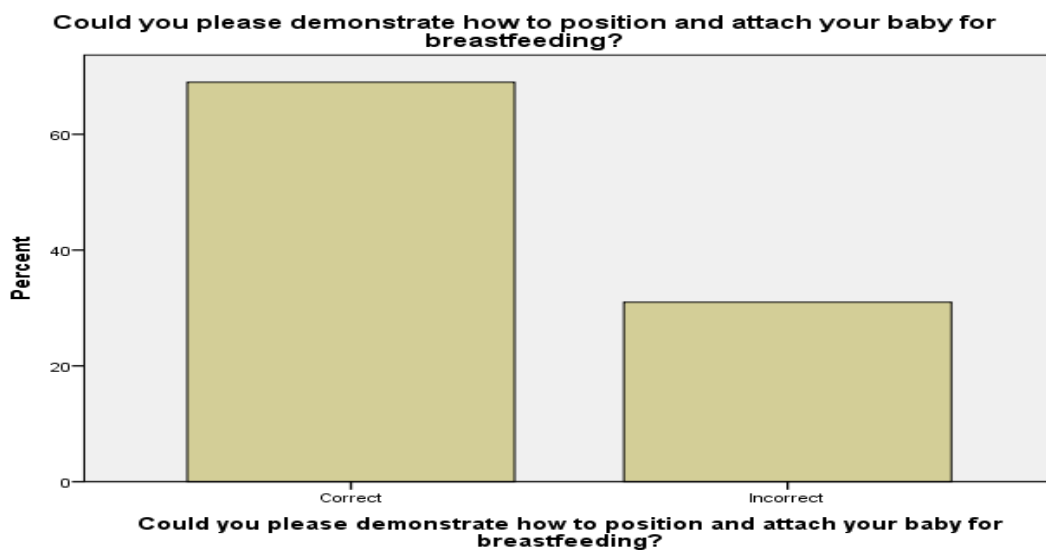
Table 4.29



69% mothers had demonstrated correct position of breast feeding.

Could you please demonstrate how to position and attach your baby for breastfeeding?	Frequency	Percent
Correct	69	69.0
Incorrect	31	31.0
Total	100	100.0

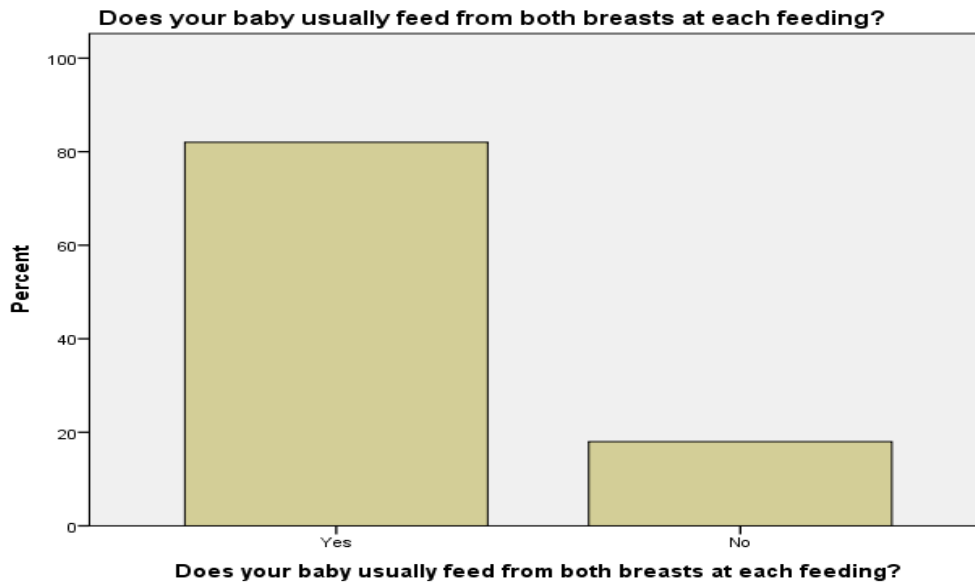
Table 4.30



82% mothers fed their baby from both breasts.

Does your baby usually feed from both breasts at each feeding?	Frequency	Percent
Yes	82	82.0
No	18	18.0
Total	100	100.0

Table 4.31



42% mother said they will feed their babies for 6 months, 32% mothers said that they will feed their babies for less than 23 months

For how long do you intent to breastfeed your baby?	Frequency	Percent
Less than 23 months	32	32.0
More than 23 months	26	26.0
6 months	42	42.0
Total	100	100.0

Table 4.32



5. DISCUSSION

A study was conducted by R.Aisha and her fellows in Pakistan. Regarding the importance of colostrum to child's health, in this study, only 15 women knew that colostrum feeding could help the baby in fighting against infections. These findings highlight the need to give greater attention towards the women's health and well-being of pregnant women. In our study, 39 women perceived that it protects the child from infection. 56 mothers said that it is nutritious, only 1 woman said that it is dirty and should be discarded.

48 mothers said that only mother milk should be given to baby, 51 women practiced to give breast feed within 1 hour. The early breastfeeding practices which include timely initiation, giving colostrum, and practicing rooming-in have positive benefits to the infants. The rate of rooming-in according to the study findings was good as the World Health Organization emphasizes it and that the activities of the first three days after birth have a significant effect on successful breastfeeding. It improves maternal attachment, increases breastfeeding rates significantly, it also reduces incidences of abuse, abandoning of the infant and failure to thrive.

Limitation of study

The study did not observe the early breastfeeding practices but relied on information reported by the mothers.

Outcome and utilization of study

This study will help in spreading knowledge, attitude and practices of colostrum feeding among general population as well as to create awareness regarding its importance.

6. RECOMMENDATIONS

- The healthcare personnel should continue with education even after mothers have been discharged from the hospital.
- Educational sessions should be conducted for general population.
- Media can play a vital role in this regard.
- Counselling services should be arranged for women also at their work place.

7. CONCLUSION

Almost 50% women were aware about the importance of colostrum feeding. But this study indicates further need to improve the perception, knowledge and practices of women regarding colostrum feeding. More health education programmes should be arranged for mothers on the benefits of colostrum and colostrum feeding to children. There is a great need to eliminate myths and misconception regarding colostrum feeding.

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