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# Primigravida Mothers' Knowledge, Attitude and Practice towards Exclusive Breast Feeding

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***Abstract:*** **Breastfeeding is considered a natural process for infant feeding involving two main methods; which exclusive and partial with the latter being trendiest. Nevertheless, exclusivity is considered the absolute and suitable scheme with finest domino effect. However, is lead to a good mental, emotional and physical collaboration between the mother and her newborn for desired outcome The study aimed to t determine primigravida mother's knowledge, attitude and practice towards exclusive breast feeding who attended antenatal outpatient clinic at Assuit maternal health University Hospital-Egypt. Design: A quantitative and descriptive design was carried out in the study. Sample: - included 216 primigravida mothers were recruited into this study. Tools: A structured interview questionnaire was utilized for collecting the data. Results: A total of 216 of primigravida mothers were included in the study with a response rate of 100%. The majority of them were in the age groups of 23–27 (57.0%). Concerning the knowledge score, (60.0%) of primigravida mothers were grouped to having good knowledge and regarding attitudinal score, (22%) of the studied primigravida mothers were categorized to having negative attitude towards exclusive breast feeding (EBF) and the remaining (78%) were categorized as having positive attitude. Conclusion: knowledge with recommended duration of mothers showed that they had poor knowledge as regard initiation of breastfeeding and administration of colostrum. Also, there was a positive attitude about exclusive breastfeeding among mothers, frequency of feeding and social aspects of breastfeeding. Recommendations: The study is cleared necessitates revamping the importance of ante-natal mother education about breastfeeding practices and follow-up of mothers towards initiation of breastfeeding early in the first half an hour of postnatal period.**

***Keywords:*** **knowledge, attitude, practice, primigravida mothers, exclusive breast feeding.**

## 1. INTRODUCTION

A newborn baby has need only to three demands. They are warmth in the arms of his mother, food from the breasts, and security in the knowledge of her presence; breastfeeding satisfies all three. Breastfeeding has been emphasized as a social responsibility starting from every mother. Breastfeeding is considered very important for both infants and mothers. There is may heightened proof that exclusive breastfeeding reduces risk of gastrointestinal infections in children and severity of infectious diseases for them **(Eidelman, et al., 2012).**

Practicing exclusive breastfeeding is not only beneficial for infants only but nursing mothers too. In a result conducted by Saxton and colleagues in 2015 proved that the risk of postpartum hemorrhage can be lowered through the practice of breastfeeding. Continual breastfeeding can postpones the menstrual cycle of a lactating mother hence reducing the risk of pregnancy. It protects mother from the risk of type 2 diabetes, breast, uterine and ovarian cancers. Breastfeeding helps control post-natal depression in mothers **(Hackman et al. 2016).**

Breast milk is a natural food and nourishment for newborns; it forms the main source of nutrients, energy and vitality for an infant. It is considered as the most convenient and safest means of feeding an infant because it is ready made, at the right temperature and usually available when needed **(Afiyanti, 2014).** Breast milk is contained antibodies that needed for

protection of the newborn; and it considered a perfect food for babies. The quantity, quality and production of breast milk varies to meet the nutritional and fluid needs of an infant; it is evident with mother's poor feeding habits, high intake of caffeine and other products can decrease the production and quality of breast milk **(Minas et al. 2017).**

Colostrum is produced during the latter part of pregnancy through to delivery; is highly recommended by WHO to be given to the babies within the initial hours following delivery. Colostrum is very definite in volume, appearance and composition; it contains an elevated level of immunologic components like secretory immunoglobulin A (IgA), lactoferrin, leukocytes and epidermal growth factor for development after the first days of postpartum **(WHO, 2016).** Breastfeeding is a natural process of infant feeding which involving two main methods; exclusive and partial with the latter being trendiest. Nevertheless, exclusivity of breast feeding is considered the absolute and suitable scheme with finest domino effect. However, a good mental, emotional and physical collaboration between the mother and her newborn for desired outcome **(Uusitalo et al., 2012).**

Exclusive breastfeeding is the act of feeding of the infant only breast milk, with no supplemental liquids or solids except for liquid medicine or vitamin /mineral supplements. In the first 6 months of life, breast milk alone is the ideal nourishment for infants, and providing all necessary nutrients, which including vitamins and minerals. However, presence of minerals fulfills micronutrient needs and maternal antibodies improves the immune system inhibiting infantile infections like gastrointestinal, respiratory and skin infections and increases physical and neurological growth of the baby **(Butte, et al., 2014).** This process of breast milk (colostrum) transformation continues into transition milk, which lasts for eight to twenty days until it transforms into mature milk **(Mannel et al. 2014).**

**WHO (2016)** is recommend that babies should be given only breast milk for the first six months in their lives, after which breastfeeding should be continued in addition to appropriate complementary food until the baby is 24 months old. Although breastfeeding for six months is a desirable goal, breastfeeding in general is considered a very important exercise.

Global health departments advocate the practice of exclusively breastfeeding at the initial stages of an infant's life since that helps stimulate and enhance the development of the mouth and jaws cells in babies and ensures the growth of major organs in newborns. It aids in brain development and enhances the intellectual capacity of the child. This feeding practice also helps build the immune system and protects the baby against diseases **(Victora et al. 2016).** Promotion of exclusive breastfeeding is occurred by increasing awareness about breastfeeding that can cause 13% reduction in the infant mortality rate. The knowledge and practice of exclusive breastfeeding has been prejudiced by demographic, social, cultural, biophysical, and psychosocial factors **(Kramer, et al. 2014).**

**WHO (2016)** recommends exclusive breastfeeding for 6 months and continued breastfeeding for at least 12 months; thereafter, it can be continued for as long as the mother and the baby desire and recommends continued breastfeeding up to 2 years of age or beyond and it has been estimated that optimal breastfeeding of children younger than 2 years, could annually save the lives of over 800,000 children under 5 years of age. A deficiency of primigravida mothers, knowledge may lead or contributed to inadequate breast feeding.

Hence, the current study was carried out to determine primigravida mothers's knowledge, attitude and practice towards exclusive breast feeding.

**Significance of the study**

Promotion of exclusive breastfeeding when accompanied with by increasing awareness about breastfeeding can cause 13% reduction in the infant mortality rate. The knowledge and practice about exclusive breastfeeding has been prejudiced by demographic, social, cultural, biophysical, and psychosocial factors. Breastfeeding has various advantages such as cost-effectiveness, availability of breast milk, provision of calories, proteins, and bioactive factors such as IgA, lactoferrin, K-casein, cytokines, growth factors, glutathione and peroxides, which have anti-infective, antioxidant, and growth-promoting properties **(Grantly, 2019)**.

**Conceptual framework:**

The conceptual framework of this study was based on the knowledge, attitude and practice (KAP) model and literature review related, exclusive breast feeding **(Launiala, (2009).**

The KAP model was used in the 1950s in the field of family planning and population studies (Launiala, (2009). The KAP is an illustrative study performed on a specific population to determine the knowledge (K), attitudes (A) and practices (P) of a people on a particular subject **(Goutille, (2009).** According to the KAP Model, knowledge, attitude, and practice in this study are the main concepts representing the primigravida mothers, exclusive breast feeding' caring role to their babies; the three concepts are integrated as the following **(Chien-Yun,. Wan-Fei, Yu-Hsi, & Chia-Hung, (2011).**

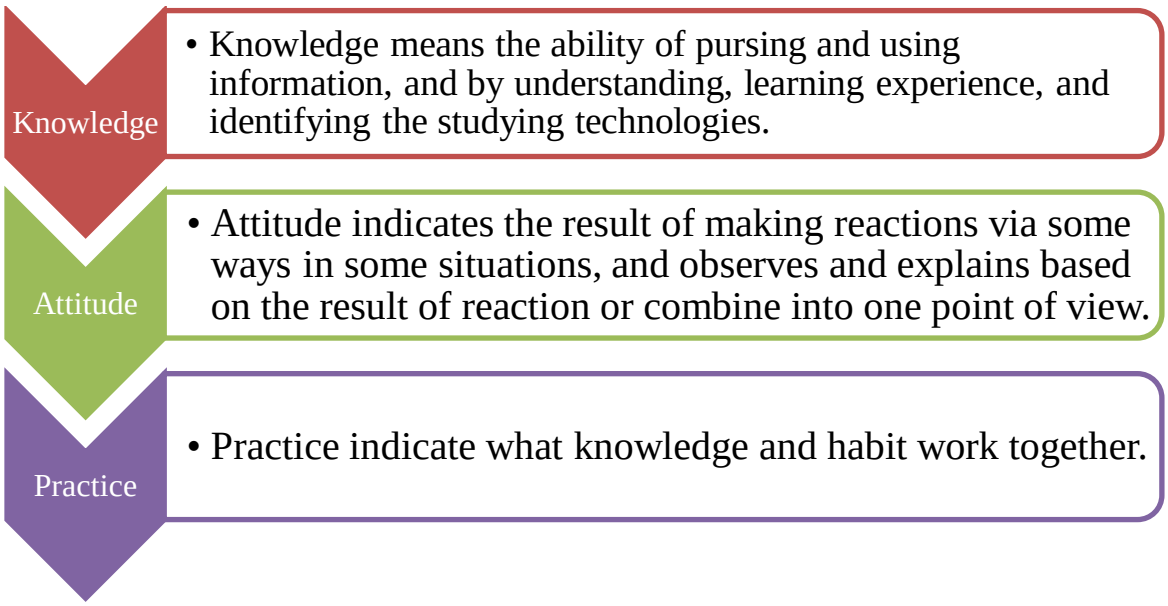


**Figure 1: The influence diagram of knowledge, attitude, and practice**

Adopted from:- Chien-Yun, D., Wan-Fei, C., Yu-Hsi, Y., & Chia-Hung, Y. (2011). A Study on Modification of Knowledge, Attitude and Practice on Vocational High School Electronics Courses Integrated with Nanotechnology Concept. *International Journal of Thermal and Environmental Engineering*, *4*(1), 73–79. doi:10.5383/ijtee.04.01.011

**Aim of the study**

The aim of this study is to determine primigravida mother's knowledge, attitude and practice towards exclusive breast feeding.

**Research question:**

1. Are the primigravida mothers having enough knowledge, positive attitude and good practice towards exclusive breast feeding?

## 2. SUBJECTS AND METHODS

**Research design:-**

A quantitative, descriptive research design was used in this study.

**Setting**

This study was conducted at antenatal outpatient clinic at Assuit maternal health University Hospital in Egypt.

**Subjects:**

Included a convenience sample of 216 primigravida mothers were who recruited into this study. They were recruited within a period of 6 months (from June to November 2019). The inclusion criteria were mothers did not have any disease and mothers who are available at the time of the study at selected hospital and who are willing to participate in the study and both educated and non-educated mothers.

**Tools and techniques of data collection:-**

It was developed by the researcher after reviewing related literatures. There was one tool used in the present study as the following:

**Tool (1):-** A structured interview questionnaire was used to collect data from the mothers; it was composed of four parts:

**Part (1):** it includes socio- demographic characteristics of mothers; it was contain 6 items related to age, educational level, residence and occupation.

**Part (2):** to assess knowledge about exclusive breast feeding (EBF), 24 knowledge questions were used (knowledge about exclusive breast feeding, the right time to give breast milk to a child after birth, what you do with the first milk or colostrum, right time to start complementary foods in addition to breast, foods and/or fluids recommended to give to a child under 6 months, if prelacteal feeding needed for an infant before starting breast milk, breast milk alone without water and other liquids being enough or an infant during the first 6 months of life, and exclusive breastfeeding for the first 6 months being used to prevent diarrheal and respiratory diseases for the infant …….etc).

**Part (3):** to assess attitude about exclusive breast feeding (EBF), 14 attitude questions were used as, adequate nutrition of mother is necessary for breastfeeding, family members support me towards breastfeeding, using pacifiers / artificial nipples is not healthy, breastfeeding can be done by a working woman, expressed breast milk is an alternative for a working woman, breastfeeding is better than animal milk or artificial feeding, breastfeeding can be done in public places…….etc).

**Part (4):** to assess practice about exclusive breast feeding (EBF), 5 practices questions were used as, will you breastfeed your child, when will you start breastfeeding after delivering your child, how frequently will you breastfed your child, will you give your baby anything before initiating breastfeeding, what will you give to your baby before breast milk after delivery and what will you give to your child starting from birth to 6 month.

An average of responses on knowledge variables was done by computing variables and mothers who scored less than the average is labeled to have poor knowledge and those scored equal to or above the average score were considered as having good knowledge and all the attitude variables were computed and averaged. Those scored below the average were considered with negative attitude and those scored equal to or above the average were considered with positive attitude.

**Tool validity:**

The content of the data collection tools was submitted to a panel of five experts in the Obstetric and Gynecology nursing and community health nursing with more than ten years of experience in the field. Modifications of the tools was done according to the panel judgment on clarity of sentences, appropriateness of the content, sequence of items, and accuracy of scoring and recording of the items.

**Tool Reliability**

The tools reliability was estimated through using the Pearson correlation coefficient test to compare between variables. The Pearson correlation coefficient for the variables ranged between ($P. < 0.5$) and ($P. < 0.001$), which indicated a highly significant positive correlation between variables of the subjects. The findings from the validity and reliability suggested that, the tools of the study could be used as valid and reliable data collection tools for the current study.

**Data collection Procedure:**

**Permission: -** An official permit was taken from antenatal outpatient clinic at Assuit maternal health University Hospital in Egypt administrators. A clear explanation was given about the nature, importance and expected outcomes of the study to administrators.

**Ethical consideration: -** All mothers were informed about the aim of the study, its benefits, and data collection tools in order to obtain their acceptance and cooperation. The researcher informed them that the participation in the study is voluntary; they have the right to withdraw from the study at any time, without giving any reason and that their responses would be held confidentially.

**Review of current and past** local and international literature related to the research task was made so as to be oriented with relevant research articles and magazines. It was done at the Obstetrics and Gynecology ward at antenatal outpatient clinic at Assuit maternal health University Hospital in Egypt. Hence this review was helpful in developing the data collection tools used.

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**Pilot study:** It was carried out on 10 % of the mothers, for the purpose of modification and clarification and estimation of the time needed for data collection. The designed tool was tested on women. To fill in the sheets unclear items were clarified, unnecessary items were omitted and new items were added. Those who shared in the pilot study will be excluded from the study sample.

**Study period:** Data was collected from June to November 2019 after obtaining the permission from the authorities.

**Field work:**

- The researcher first introduced herself to the mothers and then explained the aim of the study at the beginning of the interview, so the mothers were reassured that all gathered information will be confidential.
- The title and objectives of the study were illustrated as well as the main data items to be covered and the study was carried out after gaining the necessary permission from the administrator of selected setting.
- The purpose and nature of study was explained to the mothers. Tools were utilized to collect the desired data. Confidentiality of obtained information was assured.
- The average time spent for each mother for completion of each interview was around 25-30 minutes.
- Researchers faced the mothers and asked them the questions in Arabic and recorded their answers in the structured questionnaire sheet.
- Data were collected through face-to-face interviews with the women on a randomly chosen working weekday during the study period.
- The interviews were performed in the waiting rooms of the outpatient clinic using a questionnaire.

**Statistical analysis:**

Data entry was done using Microsoft excel 2010 and analyzed using SPSS version 20.0. The descriptive parameters are represented as frequencies and percentages.

## 3. RESULTS

A total of 216 primigravida mothers were inter-viewed successfully in this study which makes the response rate 100%. **Table (1)** illustrated socio-demographic characteristics of the studied primigravida mothers. It was observed that mothers ' age ranged from 18 - 35 years, and that primigravida mothers were mostly (57.0%) between 23 < 27 years. Concerning educational level, it was noted that high percentage of primigravida mothers (31.0%) was in secondary education. Regarding gestational weeks most of them (86%) was between 34-38 weeks.

**Figure (2)** showed the percentage distribution of studied primigravida mothers according to their residence, it was cleared that, approximately two thirds of them were from urban and (35.0%) from rural.

Concerning the percentage distribution of studied primigravida mothers according to their occupation, **figure (3)** pointed out that majority of primigravida mothers (85.0%) were housewives.

The results regarding knowledge of studied primigravida mothers towards exclusive breast feeding are described in **Table 2**. In total, more than two thirds (72.0%) of the primigravida mothers had heard about exclusive breastfeeding. based on knowledge score, (60.0%) of the studied primigravida mothers were grouped as having good knowledge and (40. %) of the studied primigravida mothers were categorized as having poor knowledge. Their major source of information was health personnel (76.0%). (15%) have knowledge about right time to give breast milk to a child after birth. (45.0%) of studied primigravida mothers have poor knowledge to give the first milk (colostrum) to the newborn, while (54.7%) have knowledge about it. The majority of them (65.1%) knew that breast milk alone is enough for infants less than 6 months but (25.8%) answered that breast milk alone is not enough for the infant less than 6 months. (60.9%) of the studied primigravida mothers knew that EBF prevents diarrheal and respiratory diseases. Regarding the positions in which the baby can be fed. 60% of the studied primigravida mothers reported that the baby can be fed in sitting position.

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As seen also in the table 76% of the studied primigravida mothers did not have any knowledge about the duration of breastfeeding hence did not respond. And 63.0% of them did not know the interval between the two breast feeds, only 9.0% of the studied primigravida mothers were aware of the color of stool of exclusively breast fed baby.

53% of the studied primigravida mothers felt that the baby should be exclusively breast fed for 6 months and 22 % of the studied primigravida mothers felt that they should continue breast feeding for 1 ½ - 2 years. 58% of them don't know the events that take place when the baby is satisfied after breast feeding. 86% of the studied primigravida mothers had no knowledge about the breast problems that could happen to them during breastfeeding.

Nearly all (93.0%) of the participants knew that breast milk contains antibodies that are transferred to the baby and 86.0% knew that breast milk reduces the risk of certain infectious diseases. In addition, 58.0% of studied primigravida mothers correctly answered that breastfeeding reduces the risk of some non-communicable diseases (asthma, obesity and diabetes), while only 45.0% and 31% correctly indicated that it reduces the risk of breast cancer and of some non-communicable diseases (diabetes, obesity and osteoporosis) respectively for mothers.

As shown in **table (3)** about attitude of studied primigravida mothers towards exclusive breast feeding. This table illustrated that, the breastfeeding attitude was healthy among the studied primigravida mothers as noted the awareness of nutritive value of breast milk by majority (84%) of studied primigravida mothers. The usage of pacifiers/artificial feeders was known as harmful and not health by 64% of mothers. Among the working studied primigravida mothers (30%), 36.7% were positive towards expressed breast milk feeding and had a good knowledge regarding the procedure. From this study based on the attitudinal score, (22%) of the studied primigravida mothers were categorized as having negative attitude towards EBF and (78%) of them were categorized as having positive attitude towards EBF.

It mentioned also from the table that, more studied primigravida mothers (89.5 %) they preferred to feed their children only breast milk than the number who were aware of the recommendation to exclusively breastfed for six months (34.7 %). those studied primigravida mothers preferred to feed their children only breast milk, 73.0 % EBF is better than artificial feeds. (59.3 %) of primigravida mothers agreed that only EBF is enough up to 6 months of age. Also a high proportion, 60.2 % of them believed colostrum should not be discarded. The majority of studied primigravida mothers, 59.6 % did not feel comfortable when they gave extra foods other than the breast, and about half the mothers (58.0 %) agreed that exclusively breastfed children are healthier than non-exclusively breastfed children.

Regarding exclusive breastfeeding practices among studied primigravida mothers in this study, **table (4)** showed that all mothers reported will be breastfeeding their child. The majority of studied primigravida mothers (59.9 %) had the desire to initiate breastfeeding immediately after giving birth. Two thirds of mothers (66.6 %) will feed on demand and the majority will not give any prelacteal feeds to their newborn baby (77.4 %).

**Table (1): Distribution of studied primigravida mothers according to their socio -demographic characteristics**

| Socio - demographic characteristics | No. (216) | % |
|---|---|---|
| **1-Mothers ' age in years** | | |
| **Range** | 18 - 35 years | |
| - 18 < 22 | 28 | 13.0 |
| - 23 < 27 | 123 | 57.0 |
| - 28 < 32 | 50 | 23.0 |
| - 33 < 37 | 15 | 7.0 |
| **2- Mothers ' education** | | |
| - Illiterate | 10 | 5.0 |
| -Read and write | 54 | 25.0 |
| -Primary education | 42 | 19.0 |
| -Secondary education | 67 | 31.0 |
| -University education | 43 | 20.0 |
| **3- Gestational weeks** | | |
| - 29-33 | 30 | 14.0 |
| - 34-38 | 186 | 86.0 |

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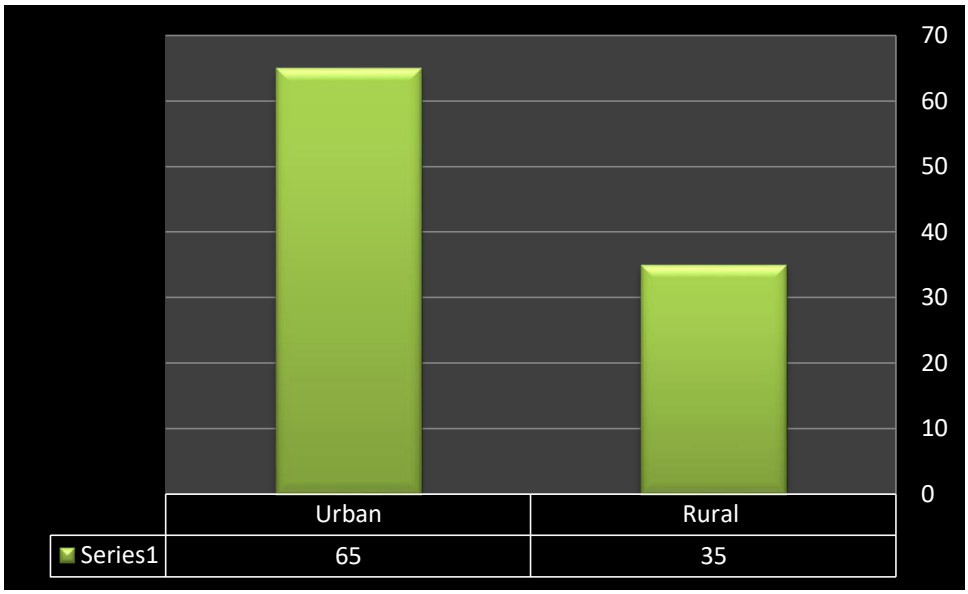


**Figure (2): Percentage distribution of studied primigravida mothers according to their residence**

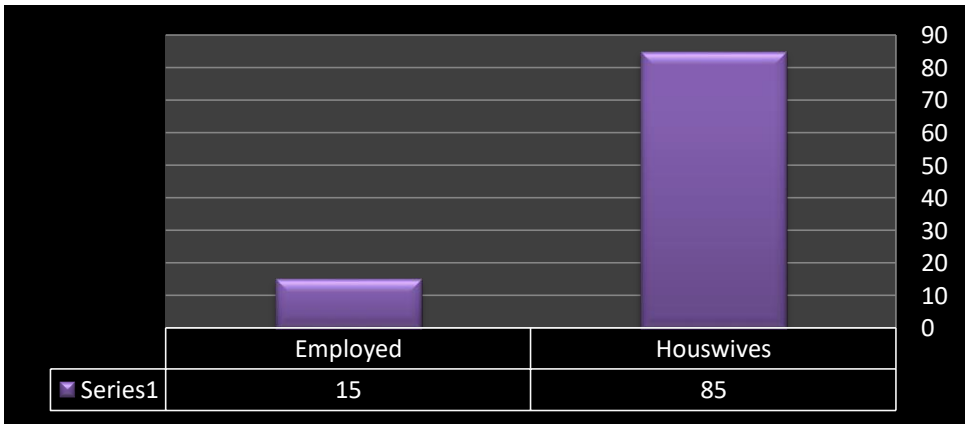


**Figure (3): Percentage distribution of studied primigravida mothers according to their occupation**

**Table 2: Distribution of studied primigravida mothers regarding knowledge about exclusive breast feeding**

| Variables | Frequency | % |
|---|---|---|
| **1-Do you know about exclusive breast feeding?** | | |
| • Yes | 156 | 72.0 |
| • No | 60 | 28.0 |
| **2-Source of information** | | |
| - Friends | 22 | 10.0 |
| - Mass media | 30 | 14.0 |
| - Health personnel | 164 | 76.0 |
| **3-Right time to give BM to a child after birth** | | |
| - After giving some butter | 17 | 8.0 |
| - Within an hour | 32 | 15.0 |
| - After one hour | 152 | 70.0 |
| - After 24 hours | 15 | 7.0 |
| **4-What do you do with the first milk or colostrum?** | | |
| - Discard | 97 | 45.0 |
| - Feed immediately | 119 | 55.0 |
| **5-Right time to start complementary foods** | | |
| • 3months | 6 | 2.6 |
| • 4 months | 19 | 8.8 |

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| Variables | Frequency | % |
|---|---|---|
| • 5months | 13 | 6 |
| • 6 months | 175 | 81 |
| • 7monthsorabove | 3 | 1.6 |
| **-6-Foods or fluids recommended to under 6 months' child** | | |
| • Only breast milk | 133 | 61.5 |
| • Breast milk and/or water or sugar | 63 | 29.4 |
| • Infant formula | 4 | 1.8 |
| • Others | 16 | 7.3 |
| **7-Is prelacteal feeding needed?** | | |
| • Yes | 42 | 19.5 |
| • No | 164 | 76.1 |
| • I do not know | 10 | 4.4 |
| **8-BM alone is enough for infant < 6 months of life** | | |
| • Yes | 141 | 65.1 |
| • No | 56 | 25.8 |
| • I do not know | 19 | 9.1 |
| **9-EBF prevents diarrheal and respiratory diseases** | | |
| • Yes | 131 | 60.9 |
| • No | 35 | 16.2 |
| • I do not know | 50 | 22.9 |
| **10-Does frequent sucking help for milk production?** | | |
| - Yes | 113 | 52.2 |
| - No | 60 | 27.7 |
| - No idea | 43 | 20.1 |
| **For how long is EBF needed?** | | |
| - <6 month | 113 | 52.2 |
| - About 6 months | 75 | 34.7 |
| - Beyond 6 months | 28 | 13.1 |
| **11-How will you know when there is adequate breast milk?** | | |
| - If the baby is satisfied | 114 | 53.0 |
| - If the baby slept after feeding | 102 | 47.0 |
| **12-The best position for the mother while feeding** | | |
| • Standing position | 0 | 0.0 |
| • Sitting position | 130 | 60 |
| • Side lying | 13 | 6.0 |
| • Prone position | 9 | 4.0 |
| • Any position which is comfortable | 64 | 30.0 |
| **13-Duration of breast feeding** | | |
| • 5 minutes | 17 | 8.0 |
| • 9 minutes | 21 | 10.0 |
| • ½ hour | 9 | 4.0 |
| • 1 hour | 4 | 2.0 |
| • No response | 165 | 76.0 |
| **14-Interval between two breast feeds** | | |
| • 1 hour | 45 | 21.0 |
| • 3hour | 28 | 13.0 |
| • 7hour | 2 | 1.0 |
| • 9hour | 4 | 2.0 |
| • No response | 137 | 63.0 |
| **15-Knowledge about the appropriate color of the stool of exclusive breastfe baby** | | |
| • Green color | 2 | 1.0 |
| • Straw colored | 7 | 3.0 |
| • Golden yellow coloured | 19 | 9.0 |
| • Brown coloured | 38 | 18.0 |
| • No response | 150 | 69.0 |
| **16-The duration of exclusive breastfeeding** | | |
| • First 6 months | 114 | 53.0 |
| • First 2-3 months | 7 | 3.0 |

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| Variables | Frequency | % |
|---|---|---|
| • First 8 months | 9 | 4.0 |
| • Up to 1 year | 38 | 18.0 |
| • No response | 48 | 22.0 |
| **17-Total duration of breastfeeding** | | |
| • Up to 1 year | 34 | 16.0 |
| • 1-1½ years | 17 | 8.0 |
| • 1½ - 2 years | 48 | 22.0 |
| • >2 years | 30 | 14.0 |
| • Continued as per need | 4 | 2.0 |
| • No response | 83 | 38.0 |
| **18-Events that take place when the baby is satisfied** | | |
| Baby will leave the nipple | 17 | 8.0 |
| • Baby will calm down and sleep | 65 | 30.0 |
| • Baby will pass motion or urine while feeding | 15 | 7.0 |
| • All of these | 4 | 2.0 |
| • Don't know | 115 | 53.0 |
| **19-Breast problems occurring during breastfeeding** | | |
| • Cracked nipples | 0 | 0.0 |
| • Breast engorgement | 7 | 3.0 |
| • Inverted nipples | 2 | 1.0 |
| • Breast abscess | 8 | 4.0 |
| • All of these | 13 | 6.0 |
| • Don't know | 186 | 86.0 |

| Variables | Correct Response | | Incorrect Response | | Don't Know | |
|---|---|---|---|---|---|---|
| | No | % | No | % | No | % |
| 19-Breast milk contains antibodies that are transferred to the baby | 201 | 93.0 | 2 | 1.0 | 13 | 6.0 |
| 20-Breast milk may protect the baby against infectious diseases | 186 | 86.0 | 9 | 4.0 | 21 | 10.0 |
| 21-Breastfeeding protects the baby against some chronic conditions (asthma, obesity, diabetes) | 125 | 58.0 | 32 | 15.0 | 59 | 27.0 |
| 22-Breastfeeding protects the women by the breast cancer | 97 | 45.0 | 43 | 20.0 | 76 | 35.0 |
| 23-Breastfeeding protects the women by the onset of certain chronic diseases (diabetes, obesity, osteoporosis) | 67 | 31.0 | 56 | 26.0 | 93 | 43.0 |
| 24-Breastfeeding should be avoided in case of cold or flu mother | 155 | 72.0 | 21 | 10.0 | 39 | 18.0 |

| Knowledge score | No | Percentage |
|---|---|---|
| • Good | 87 | 60.0 |
| | 129 | 40.**0** |

**Table 3: Distribution of studied primigravida mothers regarding attitude towards exclusive breast feeding (n=216)**

| Variables | Frequency | % |
|---|---|---|
| 1-Adequate nutrition of mother is necessary for breastfeeding | 181 | 84 |
| 2-My family members support me towards breastfeeding | 158 | 73.3 |
| 3-Using pacifiers / artificial nipples is not healthy | 138 | 64 |
| 4-Breastfeeding can be done by a working woman | 65 | 30 |
| 5-Expressed breast milk is an alternative for a working woman | 56 | 26 |
| 6-Breastfeeding is better than animal milk or artificial feeding | 186 | 86 |
| 7-Breastfeeding can be done in public places | 79 | 36.7 |

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| Variables | Frequency | % |
|---|---|---|
| **8-What do you prefer to feed your baby for the first 6 months?** | | |
| • Breast milk only | 193 | 89.5 |
| • Breast and other food items | 23 | 10.5 |
| **9-Do you think that EBF is better than artificial feeding?** | | |
| • Yes | 158 | 73.0 |
| • No | 51 | 23.8 |
| • Don't know | 7 | 3.2 |
| **10-Do you believe that the first milk [colostrum] should be discarded?** | | |
| • Yes | | |
| • No | 86<br>130 | 39.8<br>60.2 |
| **11-Do you agree that only EBF is enough for child up to 6 months?** | | |
| • Agree | 129 | 59.3 |
| • Disagree | 87 | 40.7 |
| **12-How will you feel when you give extra food other than breast to your child?** | | |
| • Didn't feel comfort | | |
| • Comfortable with it | 128<br>88 | 59.6<br>40.6 |
| **13-Why you are not comfortable with extra feeding other than breast?** | | |
| • Not sufficient to meet child's demand | | |
| • It's not necessary for child | 95 | 43.9 |
| • Complain feeling of pain | 87<br>34 | 40.1<br>16.0 |
| **14-Do you agree that child less than 6 month who is exclusively breastfed is healthier than child who takes additional food?** | | |
| • Yes | 125 | 58.0 |
| • No | 54 | 25.1 |
| • I do not know | 37 | 16.9 |
| **Attitudinal score** | | |
| • Positive | 168 | 78.0 |
| • Negative | 48 | 22.0 |

**Table 4: Distribution of studied primigravida mothers regarding practices towards exclusive breast feeding (n=216)**

| Variables | Frequency | % |
|---|---|---|
| **1-Will you breastfeed your child?** | | |
| Yes | 216 | 100.0 |
| **2-When will you start breastfeeding after delivering your child?** | | |
| • Immediately | 130 | 59.9 |
| • Between 2 and 24 hours | 76 | 35.7 |
| • After 24 hour | 10 | 4.5 |
| **3-How frequently will you breastfed your child?** | | |
| - On demand | 144 | 66.6 |
| - Regularly | 70 | 32.2 |
| - Randomly | 2 | 1.3 |
| **4-Will you give your baby anything before initiating breastfeeding?** | | |
| • No | 167 | 77.4 |
| • Yes | 49 | 22.6 |
| **5-What will you give to your baby before breast milk after delivery?** | | |
| • Plain water | 103 | 47.9 |
| • Cow milk | 76 | 35.2 |
| • Butter | 37 | 16.9 |

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## 4. DISCUSSION

Human milk is considered the ideal nourishment for infants' survival, growth, and development. As in unhygienic conditions, which, breast milk is carrying a high risk of infection and can be fatal for the infants. Breast milk contains all of the nutrients needed for infant in the first six months of life **(Wanjohi et al., 2016).** Stimulation of babies' immune systems and protection from exclusive breast feeding in the first six months of life prevent them from diarrhea and acute respiratory infections **(Ogada, 2015).** Now exclusive breast feeding for the first six months of life is considered as a global public heath goal that is associated with reduction of infant morbidity and mortality, especially in the developing world **(WHO, 2011).**

The world health organization (WHO) recommends that exclusive breast feeding (EBF) for the first six months of life and it is advised to provide adequate and safe complementary foods with breast feeding for up to two years and beyond **(Imdad et al., 2011).**

Infant feeding is directly affecting the nutritional status of children under two years of age and, it impacts the child survival. Around the world, more than nine million children under five years of age die each year. One in every 17 children die before the first birthday and one in every 11 children dies before their fifth birthday, because every infant born into this world has the right to food and nutrition, to meet their nutritional requirements appropriate for their age that can occur through breast feeding **(central Statistical Agency, 2012)**.

Awareness concerning right breastfeeding practices is something that a woman must possess even before the birth in the antenatal period which is considered the basis of instilling mother craft classes during antenatal period for the pregnant women. it is very important not to miss the right time to early initiation of Breastfeeding within The first half an hour of birth and Feeding colostrum **(victora et al., 2016)**

The current study revealed that more than more than two thirds of the primigravida mothers had heard about exclusive breastfeeding. These results were in accordance with the results conducted by **(Wolde et al., 2014)** about "Knowledge, attitude and practice of exclusive breastfeeding among lactating mothers in Bedelle town, Southwestern Ethiopia "' who found that the majority of mothers knew about of EBF.

This result was also similar with the study conducted by **(Mbada et al., 2013)** who studied "Knowledge, attitude and techniques of breastfeeding among Nigerian mothers from a semi-urban community " and found that majority of mothers were knowledgeable about EBF. And result also was in agreement with the study conducted by **(Begna et al, 2015)** who studied " Knowledge and practice of mothers towards exclusive breastfeeding and its associated factors in Ambo Woreda West Shoa Zone Oromia Region, Ethiopia "and mentioned that most of mothers were knowledgeable about EBF. Hearing of mothers about exclusive breastfeeding and it is important shoud be taken in consideration for the health of the baby and the mother and indicates the value of EBF that healthcare providers who care for mothers should increase their efforts to promote breastfeeding and ensure that there is a need for public policies which that ensure the living and working mothers are compatible with breastfeeding.

The current study reflected that, based on knowledge score, less than two thirds of the studied primigravida mothers were grouped as having good knowledge and more than one third of the studied primigravida mothers were categorized as having poor knowledge. This result was in congruence with **(Ayed, 2014)** in his study about “Knowledge, attitude and practice regarding exclusive breastfeeding among mothers attending primary health care centers in Abha city,” who found the same.

This result was not similar with the study conducted by **(Essien et al., 2009)** who studied " Mothers’ knowledge, attitudes, beliefs and practices concerning exclusive breastfeeding in Calabar, Nigeria,” who found that most of mothers having good knowledge concerning exclusive breastfeeding and **(Wolde et al, 2014)** who studied " Knowledge, attitude and practice amongst lactating mothers in Bedele town, southwestern Ethiopia" who found the same.

The current study revealed that only less than one quarter of mothers has knowledge about right time to give breast milk to a child after birth. Lack of knowledge of mothers about exclusive breastfeeding might be explained by field and home activities and might be due to difference in socio-demographic characteristics, differences in cultural habit and differences in the study residence.

This result also was in agreement with the study conducted by **(Mohammed et al., 2014)** who studied " Knowledge, attitude, and practices of breastfeeding and weaning among mothers of children up to 2 years old in a rural area in El-Minia Governorate, Egypt "and mentioned that less than one third knew right time to give breast milk. Also, **Onah et al., (2014)** and **Laugen et al., (2016)** found the same results.

These results were not in accordance with the results conducted by **(Sandhya et al., 2015)** who found that about two thirds knew right time to give breast milk. Also, **Maiti et al., (2015)** reported that majority of mothers has knowledge about right time to initiate breast milk. These dissimilarities may be related to the differences in health care delivery systems.

This result also was not in agreement with the study conducted by **(Mitiku et al., 2007)** who studied " Factors associated with exclusive breastfeeding practices in Debre Berhan District, Central Ethiopia: a cross-sectional community based study "and mentioned that the majority of mothers were knowledgeable about the recommended duration of EBF.

The current study revealed that, the major source of information was health personnel among more than three quarters of mothers; this result was similar with the study conducted by **(Tadele and Habta, 2015)** that studied "Knowledge, Attitude and Practice towards Exclusive Breastfeeding among Lactating Mothers" and found that mothers have their information about EBF from health institutions. This result also was in agreement with the study conducted by **(Bahemuka et al., 2013),** and **(Mbwana et al, 2013)** whom found the same result.

Regarding the positions in which the baby can be fed. 60% of the studied primigravida mothers reported that the baby can be fed in sitting position.

The current study revealed that, more than three quarters of the studied primigravida mothers did not have any knowledge about the duration of breastfeeding hence did not respond. And less than two thirds of them did not know the interval between the two breast feeds. This result was supported by **(Chidozie et al., 2013)** who studied "Knowledge, attitude and techniques of breastfeeding among Nigerian mothers from a semi-urban community" and found that the same.

Less than one percent of the studied primigravida mothers were aware of the color of stool of exclusively breast fed baby, more than one half of them don't know the events that take place when the baby is satisfied after breast feeding and majority of the studied primigravida mothers had no knowledge about the breast problems that could happen to them during breastfeeding. This result also was in agreement with the study conducted by **(Losch et al., 2015)** who studied "Impact of attitudes on maternal decisions regarding infant feeding "and mentioned that, the mothers in his study had little or no knowledge about color of stool of exclusively breastfed baby, events indicating baby's satisfaction, awareness about common breast problems. Hence, this may indicated the importance of research.

The current study revealed that, majority knew that breast milk reduces the risk of certain infectious diseases. In addition, more than one half of them correctly answered that breastfeeding reduces the risk of some non-communicable diseases (asthma, obesity and diabetes) for mothers. This result was supported by **(Tadele et al., 2016)** who studied " Knowledge, attitude and practice towards exclusive breastfeeding among lactating mothers in Mizan Aman town, Southwestern Ethiopia" and found that nearly all of the mothers knew that breast milk is reducing the baby's risk of infectious diseases, and approximately two thirds of them knew that breastfeeding reduces the risk of some non-communicable diseases (asthma, obesity and diabetes.

This result was also supported by **(Mogre et al., 2016)** who studied "Knowledge, attitudes and determinants of exclusive breastfeeding practice among Ghanaian rural lactating mothers" and found the same.

The current study revealed that, based on the attitudinal score, more than three quarters of the studied primigravida mothers were categorized as having positive attitude towards EBF. This finding was similar to a study conducted by **(Eshetu and Wakgari, 2015)** in Bedele, Ethiopia which found that the majority of mothers had a positive attitude. And also in Nigeria conducted in **(Central Statistical Agency, 2012)** and by **(Seifu et al., 2014)** who found the same.

The present study mentioned that more than one half of primigravida mothers agreed that EBF is enough up to 6 months of age. This result was supported by **(Begna et al., 2015)** who studied "Knowledge and practice of mothers towards exclusive breastfeeding and its associated factors in Ambo Woreda" and found that majority of mothers exclusively breastfed their children for 6 months.

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## 5. CONCLUSION

The primigravida mothers had poor knowledge regarding initiation of breastfeeding and administration of colostrum. It is concluded that mothers had a positive attitude toward exclusive breastfeeding, frequency of breastfeeding and social aspects of breastfeeding. The study clearly nessaciates revamping the importance of ante-natal mother education about infant feeding practices and follow-up towards initiation of breastfeeding early in the first half an hour of postnatal period. Counseling about antenatal breastfeeding must be strengthened by a multiindividualized approach, reinforcement focusing on the recommended practices of breastfeeding in order to promote breastfeeding.

Include these domains which as importance of colostrum, nutrition, early initiation of breastfeeding after delivery, exclusive breast feeding, breast feeding positions, importance of burping, events indicating baby's satisfaction and common breast problems. Strategies should be designed to inform all pregnant women about the benefits of breastfeeding and reinforcing recommended breastfeeding practices in a given setting.

## 6. RECOMMENDATIONS

- Encourage exclusive breastfeeding; awareness of breastfeeding benefits, advice from healthcare professionals, and workplace policies.

- Further education regarding positioning, infant feeding behaviors, expressing and storing breast milk. This can be effectively achieved by practical teaching sessions in hospitals and by providing posters in other public areas. It should be a requirement for all workplaces to have a fridge to store EBM and an area in which to express.

- Encourage a Efforts to promote exclusive breastfeeding should, in addition to improving maternal knowledge and attitudes, focus on the identification of factors that influence the practice and how they can be addressed in a participatory manner by all stakeholders in the community.

- It is indicated the need for strengthening the behavior change communication on optimal practices;

- Attention in health planning should be given to EBF promotion by health care providers and decision- makers who should comprehensively address issues to improve EBF practices in the community.

- Improving access to information about EBF on recommended infant feeding during routine maternal and child health services and strengthening the nutrition counseling during antenatal and postnatal sessions.

- Educating mothers about optimal child feeding practices is necessary and should be at different occasion like holy day and other gatherings is better opportunity to enhance mothers

- Promote knowledge of child feeding practices to increase optimal duration for EBF, through advocated for minimum enabling conditions as paid maternity leave, part-time work arrangements, facilities for expressing and storing breast milk and breastfeeding breaks for women in paid employment.

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