



Original Research Article

Knowledge and Practice on Exclusive Breastfeeding among Mothers of Under Two Year Children

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ABSTRACT

Background: Exclusive breastfeeding is defined as a practice where by the infants receive only breast milk and not even water, other liquids, tea, herbal preparation, or food during the first six months of life, with the exception of vitamins, minerals supplements, or medicines. Exclusive breastfeeding is the best nutrition which fulfills the physical needs of the child and also is the psychotic complementary for the mother and child.

Methodology: A cross sectional descriptive research design was carried out using direct interview schedule. The non-probability purposive sampling technique was used to select the sample of the study. Respondents were 245 mothers who were attending Maternal and Child Health Clinic, Pediatric OPD and Pediatric Ward of Western Regional Hospital Pokhara Nepal. Structured interview schedule was used to collect the data.

Results: Most of the respondents 91 (37.1%) belonged to age group 22-25 years and the mean age was 25.93 ± 4.139 . Overall 191 (78.0%) of respondents had good level of knowledge where in contrast only 54 (22.0%) of respondents had average knowledge regarding exclusive breastfeeding. Most of the respondents 186 (75.9%) had good practice where in contrast only 59 (24.1%) of respondents had average practice. There was significant association of level of knowledge with selected demographic variables; educational status ($\chi^2=14.885$) and family income per month ($\chi^2=5.264$). In addition, there was significant association of level of practice with selected demographic variables; educational status ($\chi^2=33.089$) and source of information ($\chi^2=7.329$).

Conclusion: The present study concludes that knowledge and practice on exclusive breastfeeding was quite good among mothers; still so many other aspects have to be addressed.

Key words: Knowledge, Practice, Exclusive breastfeeding, Mothers.

INTRODUCTION

Breastfeeding is the feeding of an infant or young child with breast milk directly from human breast rather than from a baby bottle or other container. Breastfeeding is important for child growth and development, also for reducing fertility.

Breast milk contains all type of nutrients required for child in right proportion with quality as well as good composition. ^[1]

WHO recommends that infants start receiving complementary foods at 6 months of age in addition to breast milk, initially 2-3 times a day between 6-8 months, increasing

to 3-4 times daily between 9-11 months and 12-24 months with additional nutritious snacks offered 1-2 times per day, as desired. [2]

Neonatal mortality in Nepal is 33 per 1,000 live births, eight times that of developed regions (4 deaths per 1,000 live births). Exclusive breastfeeding for the first six months can have a significant impact on reducing child mortality and morbidity rates. [3] Infants when exclusively breast fed for the optimal duration of six months are considerably protected against the major childhood diseases conditions viz. diarrhea, gastrointestinal tract infection, allergic diseases, diabetes mellitus, obesity, childhood leukemia and lymphoma, inflammatory and bowel diseases. A study in Nepal found that approximately 19.1% and 7.7% of all neonatal deaths could be avoided with universal initiation of breastfeeding within the first hour and first day of life respectively. [4]

Exclusive breastfeeding helps to strengthen the relationship between a mother and her baby. It helps mothers to be prevented from breast and ovarian cancer, postpartum hemorrhage, reduces anemia and also suppresses ovulation so it can delay pregnancy. Similarly, it helps child to get all required nutrition, supports for physical growth and development, promotes immunity system, prevents from diseases and allergies and provides adequate water for hydration. [5]

This study aims to assess the level of knowledge and practice on exclusive breastfeeding among mothers of under two years of children and to find-out the association of level of knowledge and practice regarding exclusive breastfeeding with their selected demographic variables.

MATERIALS AND METHODS

The descriptive research design was employed to assess the knowledge and

practice on exclusive breastfeeding among mothers of under two years of children. This study was conducted in selected Pediatric OPD, Maternal and Child Health Immunization Clinic and Pediatric ward of Western Regional Hospital, Pokhara Nepal. The study population comprises of lactating mothers having children under two years of age. The study was carried out during November- December 2014. Non-Probability Purposive sampling technique was used to select the sample of the study. The sample size of the study was 245 postnatal mothers.

The instrument was modified after reviewing literature, pretesting of the instruments and consulting with supervisor. Reliability of the questionnaire was done and it came reliable. The research was based on primary data which was collected using Structured Interview Schedule by researcher herself. Level of knowledge was classified as Poor (0-9), Average (10-18) and Good (19-27) and level of practice was classified as Poor (0-7), Average (8-14) and Good (15-21) based on the score get by the responses to knowledge and practice questionnaire. The study was conducted after receiving permission from, School of health and Allied Sciences, Pokhara University and Western Regional Hospital, Pokhara. Informed written consent was obtained from the participants and the confidentiality of the received information was maintained. The collected data was tabulated and analyzed using SPSS.

RESULTS

Socio-demographic characteristics of respondents: Out of 245 postnatal mothers interviewed, with regards to age shows that most of the respondents were 91 (37.1%) were in between the age group of 22-25 years, The minimum age of respondents was 19 years and maximum age was 33 years. The mean age of respondents

was 25.93. Majority of respondents 202 (82.4%) were Hindu. With regards to type of family 123 (50.2%) of respondents belonged to nuclear family, 98 (40.0%) were having secondary level education. Regarding occupation, most of the respondents 183 (74.7%) were housewives. With regards to income of family (Rs/month), 116(47.3%) ranged between 7,000-21,000, 139 (56.7%)

were having one child, 229 (93.5%) of respondents had delivered in health institution, 109 (44.5%) belonged to less than 6 months, 60(24.5%) were in age group of 6-12 months, 41 (16.7%) were in age group of 13-18 months and 35 (14.3%) were in age group of 19-24 months. Most of the respondents 144 (58.8%) were male and 101 (41.2%) were female. [Table 1]

Table 1: Socio-demographic characteristics of respondents n=245

S.No.	Variables	Frequency (f)	Percentage (%)
1.	Age of mother		
	18-21	34	13.9
	22-25	91	37.1
	26-29	64	26.1
	≥30	56	22.9
2.	Religion		
	Hindu	202	82.4
	Buddhist	35	14.3
	Christian	4	1.6
	Muslim	4	1.6
3.	Type of family		
	Nuclear family	123	50.2
	Joint family	122	49.8
4.	Educational status of mother		
	Illiterate	8	3.3
	Informally literate	8	3.3
	Primary level	27	11.0
	Secondary level	98	40.0
	Higher secondary level Bachelor and above	53	21.6
		51	20.8
5.	Occupation of mother		
	Housewife	183	74.7
	Agriculture	36	14.7
	Business	20	8.2
	Service	6	2.4
6.	Income of family(Rs/month)		
	7,000-14000	116	47.3
	14,000-21000	48	19.6
	21,000-28000	39	15.9
	28000 and above	42	17.1
7.	Number of children		
	One	139	56.7
	Two	74	30.2
	Three	28	10.6
	Four and above	6	2.4
8.	Place of delivery		
	Home	16	6.5
	Health Institution	229	93.5
9.	Present age of baby(months)		
	Less than 6	109	44.5
	6-12	60	24.5
	13-18	41	16.7
	19-24	35	14.3
10.	Sex of current baby		
	Male	144	58.8
	Female	101	41.2
11.	Sources of information		
	Health workers	141	57.6
	Mass media	7	2.9
	Friends and family	91	37.1
	Self study	6	2.4

Level of knowledge and practice of mothers

The study shows that most of the respondents 191(78.0%) had good level of knowledge where in contrast only 54 (22.0%) of respondents had average knowledge. The total score for level of knowledge was 27. Minimum score was 14 and maximum score was 26.[Table 2]

Table 2: Distribution of subject according to the level of knowledge n=245

Level of Knowledge	Frequency (f)	Percentage (%)
Poor	00	00.0
Average	54	22.0
Good	191	78.0

Regarding the level of practice the study shows that most of the respondents 186 (75.9%) had good practice where in contrast only 59 (24.1%) of respondents had average practice. The total score for level of practice was 21. Minimum score was 11 and maximum score was 20.[Table 3]

Table 3: Distribution of subject according to level of practice n=245

Level of practice	Frequency (f)	Percentage (%)
Poor	00	00.0
Average	59	24.1
Good	186	75.9

Table 4: Association of level of knowledge with selected demographic variables. n=245

S.No.	Variables	Total score		χ^2 value	P value
		≤ median ≤21	>median >21		
1.	Age of mother in years ≤25	31	94	1.131	P>0.05NS
	>25	23	97		
2.	Educational status of mother Primary level and below	19	24	14.885	P<0.05S**
	Above primary level	35	167		
3.	Occupation of mother Housewife	43	140	0.893	P>0.05NS
	Working mother	11	51		
4.	Family income per month <14000	33	83	5.264	P<0.05S*
	≥14000	21	108		
5.	Sources of information Health workers	29	113	0.921	P>0.05NS
	Others	20	70		

NS=Non significant, S*=significant, $\chi^2=3.84$ at 1 df

Table 5: Association of level of practice with selected demographic variables. n=245

S.No.	Variables	Total score		χ^2 value	P value
		≤ median ≤16	>median >16		
1.	Age of mother in years ≤25	29	96	0.109	P>0.05NS
	>25	30	90		
2.	Educational status of mother Primary level and below	25	18	33.089	P<0.05S***
	Above primary level	34	168		
3.	Occupation of mother Housewife	46	137	0.440	P>0.05NS
	Working mother	13	49		
4.	Family income per month <14000	32	84	1.480	P>0.05NS
	≥14000	27	102		
5.	Sources of information Health workers	25	116	7.329	P<0.05S*
	Others	34	70		

NS= Non significant, S*=significant, $\chi^2=3.84$ at 1 df

Association of level of knowledge and practice with their selected demographic variables:

The study represents that the level of knowledge of respondents was statistically significant with educational status

($\chi^2=14.885$) and family income per month ($\chi^2=5.264$). [Table 4]

The data illustrates that the level of practice of respondents was statistically significant with educational status ($\chi^2=33.089$), source of information ($\chi^2=7.329$). [Table 5]

DISCUSSION

In this study with regards to age, most of the respondents were 91 (37.1%) were in between the age group of 22-25 years. The Majority of respondents 202(82.4%) were Hindu in terms of religion. With regards to type of family 123(50.2%) of respondents belonged to nuclear and 49.8(49.8%) belonged to joint family. Majority of the respondents 237 (96.7%) were literates. Regarding occupation most of the respondents 183(74.7%) were housewives. With regards to income of family (Rs/month), 116 (47.3%) ranged between 7,000-21,000. Most of the respondents 139 (56.7%) were having one child, 144(58.8%) were male and 101(41.2%) were female.

This was supported by a study which was carried out to assess knowledge and practice among mothers at BPKIHS hospital in Dharan. The finding of the study shows that 132(66%) respondents were in the age group of 15-25 years, 196(98%) were Hindus in terms of religion. Most of the respondents 159(79.6%) were literates and 41(20.5%) were illiterates. Regarding occupation majority of the respondents 188(98%) were housewives, 115(57.5%) was having one child. Most of the children 113(56.5%) were male and 87(43.5%) were female. Most of the respondents 108(52.6%) got information from health workers. [6]

Level of knowledge on exclusive breastfeeding

The present study shows that most of the respondents 191(78.0%) had good knowledge where in contrast only 54 (22.0%) of respondents had average

knowledge. No respondents had poor level of knowledge regarding exclusive breastfeeding. This finding was supported by a study carried out in Kigali to assess knowledge, attitude and practices of exclusive breastfeeding of infants aged 0-6 months by urban refugee women. Respondents were 90 urban refugee women who had children aged six months to two years. This study supports my study where 74.4% of the respondents had good knowledge and 25.6% had poor knowledge. [7]

Level of practice on exclusive breastfeeding

The present study shows that most of the respondents 186(75.9%) had good practice where in contrast only 59(24.1%) of respondents had average practice. No respondents had poor practice regarding exclusive breastfeeding. The study has similarity with a study which was carried out in a rural area of Kashmir, India to assess knowledge, attitude and practice of breastfeeding among mothers. This study shows that most of the respondents 70% had good practice while 30% had poor practice on exclusive breastfeeding. [8]

Association of level of knowledge with selected demographic variables

In present study the level of knowledge of respondents was statistically significant with educational status ($\chi^2=14.885$, $p<0.05$) and family income per month ($\chi^2=5.264$, $p<0.05$). The study was supported by another study carried out in Gunturpally Village of Karimnagar in South India to assess knowledge, attitude and practice of mothers regarding breastfeeding. Findings shows that the level of knowledge of respondents was statistically significant with educational status ($\chi^2=5.131$, $p<0.05$). [9]

Association of level of practice with selected demographic variables

The present study shows that the level of practice of respondents was

statistically significant with educational status ($\chi^2=33.089$, $p<0.05$) and source of information ($\chi^2=7.329$, $p<0.05$). This study was supported by another study conducted in Nnewi South-East Nigeria to assess infant feeding practices and maternal socio-demographic factors that influence practice of exclusive breastfeeding among mothers. Study results shows that the level of practice of respondents was statistically significant with educational status ($\chi^2=14.52$, $p<0.05$) along with occupation of mother ($\chi^2=12.10$, $p<0.05$).^[10]

CONCLUSION

The major conclusion was drawn on the basis of objectives and study findings. Assessment of the level of knowledge of mothers revealed that overall knowledge score is 20.51 (75.94%) and the practice score of mothers is 15.98 (76.07%). The study findings concluded that knowledge regarding the duration of breast feeding and other essential aspects was good. Though many respondents knew advantages of breastfeeding to baby there were indications that certain key messages had not been addressed. The study showed that least knowledge was found in the area of expressing breast milk. There is necessity to promote the knowledge and practice on exclusive breastfeeding among mothers through the provision of health information and supervision from the health personnel.

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