Knowledge, Practice and Attitude of Women Regarding Breastfeeding in Thi-Qar Governorate-Iraq

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Abstract- Breastfeeding (BF) is the natural way for infants' nutrition, it provides the ideal nutrients they need for healthy development and growth. The purpose of this study was to evaluate mothers' knowledge and practice of BF and its determinants and to determine the association between knowledge and certain characteristics. 200 moms who were patients at the Bint Al-Huda teaching hospital between November 1, 2021, and February 1, 2021, were chosen at random with their consent for this cross-sectional study, and their answers to a standardized questionnaire were analyzed. Of the 200 women, 26% were between the ages of 20 and 25, with a mean and SD of 29.24±7.829 and 24.5% having completed elementary school. Prior to our study, nearly (67%) mothers had received education on BF. A mother who practices breast cancer has a low risk of developing the disease (62.5%). Proper positioning is also important for achieving effective breast cancer (68.5%). Breastfeeding should begin within 30 minutes of delivery (62%), and once the baby begins taking complementary foods (54.5%), mothers can combine breastfeed and formula feeding. We found that most mothers had engaged in exclusive BF and knew only a moderate amount about its benefits. Better educational initiatives are required to raise public awareness of its long-term benefits for the nation's health status.

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Keywords: Knowledge; Practice; Attitude; Women; Breastfeeding; Iraq

Introduction

When a baby is exclusively breastfed, no other liquids or solids are given to them, with the exception of liquid medication or vitamin/mineral supplements (1). Breastfeeding is essential for the optimal growth and wellness of a child, and it should commence within the 1st h of birth. This should continue exclusively for 6 months and actively for at least 1 year (2). Breast milk alone provides all the essential nutrients, including vitamins and minerals, for infants during the first six months of life (3). It has been predicted that adequate breastfeeding of children younger than 2 years might yearly save the lives of more than 800,000 children under the age of 5: the World Health Organization (WHO) advocates continuing nursing until 2 years of age or beyond (4). In different nations, women's nursing knowledge, attitudes, and behaviors vary. A recent study in the United Arab Emirates (U.A.E.) with 593 Emirati women revealed that newborn and young child feeding methods were not ideal (5). Another prospective study was carried out in Sharjah, United Arab Emirates (6). In Saudi Arabia, a recent cross-sectional study on teachers in the Abha female educational district revealed that 384 women, out of whom 31% began breastfeeding their children within an hour of delivery, only 8.3% reported exclusive breastfeeding for a period of six months (7). In Nigeria, although the mean duration of breastfeeding is on the increase, the rate of EBF and initiation of breastfeeding is low according to a recent systematic review (8). Studies in urban and rural communities in the southeast revealed that only 35.9% and 10.0% of women practiced EBF, respectively (9-10). Another study in Ibadan, Southwest Nigeria, revealed that after

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12 months of follow-up, none of the babies of urban elite women were being breastfed compared to 100% and 80.8% of babies in the rural poor and urban poor groups, respectively (11). Some studies have reported ignorance, undesirable sociocultural beliefs and misconceptions prevailing in the community as a negative influence on breastfeeding behavior of mothers (12-13).

Materials and Methods

This cross-sectional study was conducted to assess practice and knowledge about Breastfeeding among women. The sample was composed of 300 women aged above18 years. Data collection was conducted by self-administered questionnaire in a period from November 1 to February 1, 2021. The study was carried out at the Bint Al-Huda Teaching Hospital in the Iraqi city of AL-Nasiriyah, Dhi Qar. A non-probability (purposive) sample. The inclusion and exclusion criteria for the study samples were distributed as follows:

Inclusion criteria

(Adult women over 18 years old, women are in a stable condition with no psychological problems or women who do not have any health disease related to the breast, women who agree to voluntary to participate, married women, Pregnant or delivered women, women who agree to share with study.

Exclusion criteria

(Uncooperative women who refused to participate in the study, women with psychological problems. Women have health conditions related to breast cancer breast and women underwent breast surgery, unmarried women, outpatient). For the purpose of this study, a questionnaire was constructed by researchers to Breastfeeding practice and knowledge among. The questionnaire was constructed through a comprehensive review of previous literature and relevant studies in the field of breast-feeding research. A pilot study was carried out on fifteen women prior to the commencement of data collecting. The ladies took part in the study for the following reasons: Assess the questionnaire's dependability, calculate how long you think the data collecting will take. Determine whether the observation and questionnaire are clear and have adequate content. Determine the potential obstacles that may arise when gathering data. Estimating and evaluated the reliability of the questionnaire was through computing coefficient alpha (cronbach,s alpha) method, it measured (0.72) which considered positive and significant. The normal range of values is between (.00 and 1.00) for perfect positive relationship (Polit, Hungler, 1999) this result reflect that the internal consistency of study scale is within this range. Finding out of the pilot study revealed that the questionnaire of the study was reliable and valid measure. Method of collected data was through face-to-face interview. It started from the. a period from November 1to February 1 Each interview too approximately (5-10) minutes to complete questionnaire form. The interviewing is carried out with each study sample who participated in the study. The researchers explained the purpose of the study for every woman before interviewing; verbal consent was obtained from each study sample prior to data collection. The data analyzed through the application of statistical procedures and using the package of SPSS version (21).

Results

Table 1 indicates that the majority of the study sample (27%) belongs to the age range of 20–25 years, with a mean age and standard deviation of 29.24±7.829. Additionally, 24.5 percent of the sample completed primary school.

As show in table 2 (39.5) become pregnant within one year. (67%) Received health education on BF benefits. (63.5%) normal vaginal delivery. (60%) ≤6 months age of the last child. (41%) Received health education from from Physicians.

The result of table 3 show (64.5%) from have knowledge about the item which related to item (BF causes good development of baby's teeth and gum). (62.5%) about benefit of breast feeding which related to (A mother who engaged in BF has a minimal chance of developing breast cancer. (58.5) have knowledge about colostrum which related to item (Colostrum cannot protect babies from jaundice). (58.5%) have knowledge about effective of feeding which related to (have knowledge about (Correct positioning helps to achieve effective BF). (58.5%) which related to duration of breast feeding (BF should be given on demand). (54.5%) to complementary food (Once a baby begins to take complementary foods, mothers may combine breastfeeding with formula). (64.5%) to (It's advised to give the baby water after each BF).

As show in table 5 statistically there is no association between knowledge and socio-demographic data.

As show in table 6 statistically there is no association between knowledge and obstetrical data.

Table 1. Distribution of study sample according to socio-demographic data

NO.	Variables		*P*	*P*
1.	**Age/years**	>20	25	12.5
		20-25	54	27
		26-30	46	23
		31-35	32	6
		36-40	19	9.5
		>40	24	12
		Mean and SD.= 29.24±7.829		
2.	**Educational level**	Illiterate	13	6.5
		Write an write	34	17
		Primary school	49	24.5
		Secondary school	41	20
		High school	31	15
		Bachelor and above	32	16

F=Frequency %=Percentage ST=Standard deviation

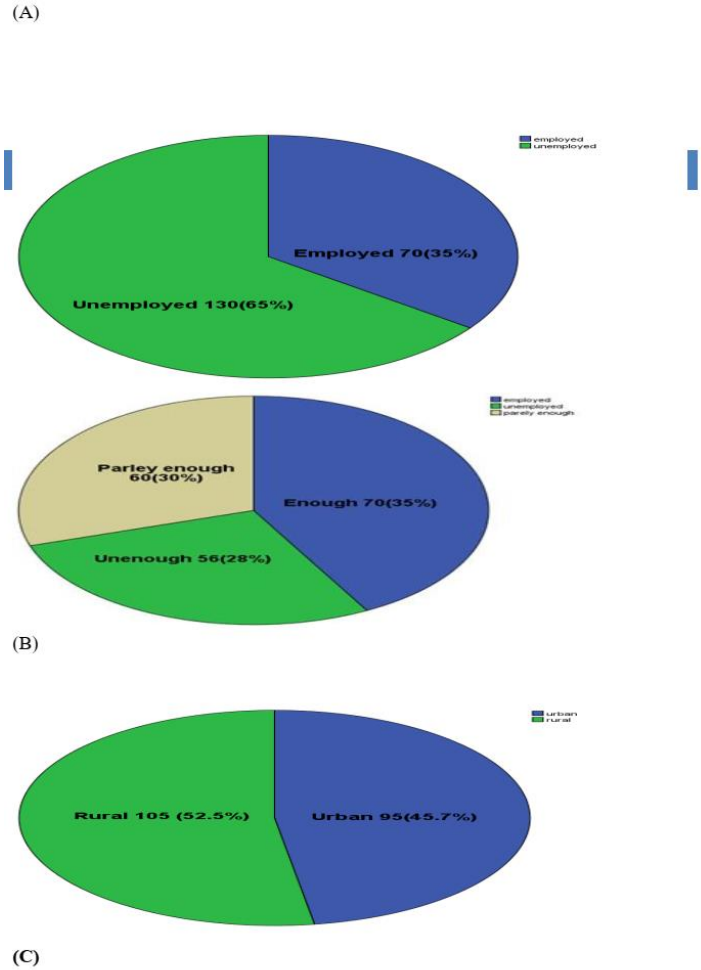

Figure A,B,C. Represent distribution of sample according to Occupation, Monthly Income, Residence

Table 2. Distribution of sample according to obstetrical characters

NO.	Item	F	*P*
1.	**Interval of conception**		
	One year	79	39.5
	Two year	77	38.5
	More than two year	44	22
2	Received health education on BF benefits		
	Yes	134	67
	No	66	33
3	Method of delivery		
	-Normal vaginal delivery	127	63.5
	-cesarean section	73	36.5
4.	Age of the last child		
	- ≤6 months	120	60
	->6 months	80	40
5.	Received health education from		
	- Physicians	82	41
	- Nurses	45	22.5
	-Other	73	36.5

Figure 1. Represent distribution of sample according to interval of conception

Table 3. Knowledge of women about breastfeeding

NO.	Knowledge of women about breastfeeding	Yes		No	
		F	*P*	F	*P*
1.	Benefits to babies				
1.1	Babies' risk of infection is decreased with BF.	126	63	74	37
1.2	BF increases the baby's intelligence	123	61.5	77	38.5
1.3	Baby who received BF is less prone to get diarrhea	122	61	68	39
1.4	When it comes to allergy protection, breast milk outperforms formula milk for babies. breasts	113	56.5	87	43.5
1.5	When it comes to allergy protection, breast milk outperforms formula milk for babies. breasts	114	57	86	43
1.6	BF causes good development of baby's teeth and gum	129	64.5	71	35.5
2.	Benefits to mothers				
2.1	The benefits of exclusive BF include birth spacing	115	57.5	84	42.
2.2	BF facilitates the stimulation of uterine contractions.	114	57	86	43
2.3	Mothers who engaged in BF may reach prepregnancy weight more quickly.	113	56.5	87	43.5
2.4	Breast engorgement may be avoided with frequent BF.	120	60	80	40
2.5	A mother who engaged in BF has a minimal chance of developing breast cancer A mother who engaged in BF has a minimal chance of developing breast cancer A mother who engaged in BF has a minimal chance of developing breast cancer.	125	62.5	75	37.5
2.6	BF could prevent osteoporosis	105	52.8	94	47
3.	Colostrum				
3.1	The mother's first milk, known as colostrum, is thick, sticky, and yellowish.	116	58	84	42
3.2	Colostrum should be thrown out because it is difficult to digest.	110	55	90	45
3.3	Colostrum makes newborns constipated.	104	52	96	48
3.4	Colostrum is unable to prevent jaundice in infants.	117	58.5	83	41.5
4.	Effective feeding				
4.1	If babies are fed well, they will acquire weight.	112	56	88	44
4.2	It is possible to get effective BF with proper placement.	117	58.5	83	41.5
4.3	When babies get enough BlF, they sleep soundly.	106	53	94	47

Cont. table 3

5.	Duration of feeding				
5.1	After birth, BF needs to start within 30 minutes.	122	62	78	39
5.2	BF need to be provided upon request.	117	58.5	83	41.5
5.3	Every feeding, the baby should be permitted to nurse for at least 10 to 20 minutes.	118	59	82	41
5.4	Even when the baby has received supplemental food, breastfeed for a maximum of two years.	108	54	92	46
6.	complementary food				
6.1	It is recommended to initiate complementary feeding at six months of age.	104	52	96	48
6.2	BF causes good development of baby's teeth and gum.	109	54.5	91	45.5
7.	Problems				
7.1	Breast size affects the amount of milk produced.	104	52	96	48
7.2	Inverted nipples prevent mothers from nursing their children.	95	47.5	104	52
7.3	If mother has a cracked nipple, BF needs to be stopped.	101	50.5	99	49.5
7.4	If the baby is jaundiced, BF needs to be stopped.	108	54	92	46
7.5	If the mother experiences breast engorgement, BF must be stopped.	104	52	96	48
7.6	Breast engorgement may be reduced with cold packs	103	51.5	97	48.5
8.	Practical aspects				
8.1	feeding moms separately BF needs to be done every day till the baby is six months old.	108	54	9	46
8.2	The effects of massage on breast engorgement	100	50	100	50
8.3	Packs of cabbage leaves might help lessen breast engorgement.	101	50.5	99	49.5
8.4	When babies are fed enough, they will urinate more frequently.	100	50	100	50
8.7	Belching after feeding shows that the baby is full	124	62	76	38
8.8	It's advised to give the baby water after each BF	129	64.5	71	35.5
8.9	Babies who are breastfed often experience oral thrush.	92	45.5	109	45.5

Table 4. Association between knowledge and socio-demographic data

Variables	Knowledge	
	X^2	Sig.
Age	763.565[a]	.608
Educational level	141.496[a]	.149
Residence	21.264[a]	.678
Monthly income	60.266[a]	.152
Occupation	42.131[a]	.778

Table 5. Association between knowledge and obstetrical data

Variable	Knowledge	
	X^2	Sig.
Pregnancy period	56.163[a]	.255
Received health education on BF benefits	20.917[a]	.697
Birth type	25.007[a]	.462
Age of the last child	33.524[a]	.118

Discussion

In our study, 62% of the mothers complied with the WHO recommendations of starting breastfeeding within 1 hour of delivery (14-15). This figure was higher than that reported in a Saudi Arabian study (31%) (16). This difference in breastfeeding practice could reflect efforts by hospitals in Abu Dhabi to achieve baby-friendly practices and establish the ten-step initiative for successful breastfeeding as per WHO (17-18). The current study found that the biggest percentage (61.1%) of study sample are at age (20-25) years with mean and ST: 29.24±7.829, as shows in table 1. This finding disagrees with study conducted by Al-Mutairi *et al.*, who found the age of the respondents ranged between 26-35 years (n=252) (19). Table 1 demonstrates that the sample's (24.5) graduate from primary school. The study's findings contradict those of a study by Khassawneh *et al.*, which found that 18 (7.1) Elementary school (11 (4.4) Intermediate school 11 (4.4) Secondary school 69 (27.4) College or university 143 (56.7) (20). Regarding occupation most (65%) of the study sample were unemployment while (35%) from them were employed .The finding of the study is disagreed with study conducted by Al-Amin *et al*., who stated 73 (29.0 Unemployed 179 (71.0). Table 1 shows that the highest present enough (35%) parley enough

(30%) and unenough (28%). The finding of the study is disagreed with study conducted by Al Ketbi *et al*., who stated Monthly family income enough (11.1) not enough (42) (21). Table 1 shows that the highest percent rural 105(52.5%) and urban 95(45.7%). The researcher believes that the percentage of women in rural areas is higher than that of urban women in terms of knowledge about the benefits of breastfeeding and breast milk and this finding disagree with study conducted by Balogun *et al*., who state urban mothers were more knowledgeable about breastfeeding than their rural (22).

As show in table 2 (39.5) become pregnant within one year. (67%) received health education on BF benefits. (63.5%) normal vaginal delivery. (60%) ≤6 months age of the last child. (41%) received health education from Physicians. The study's findings are consistent with a study by Al-Mutairi *et al.*, which reported that health education was obtained on birth weight benefits (188 (74.6) and the mode of delivery (184 (73.0) of the last child. Age of the last child ≤6 months 102 (40.5) and Received health education from Physicians 96 (38.1). The result of table 3 show (64.5%) from have knowledge about the item which related to item (BF causes good development of baby's teeth and gum). (62.5%) about benefit of breast feeding which related to (A mother who engaged in BF has a minimal chance of developing breast cancer) (58.5) have knowledge about colostrum which related to item (Colostrum cannot protect babies from jaundice). (58.5%) have knowledge about effective of feeding which related to (have knowledge about (Correct positioning helps to achieve effective BF). (58.5%) which related to duration of breast feeding (BF should be given on demand). (54.5%) to complementary food (BF causes good development of baby's teeth and gum). (64.5%) to (It's advised to give the baby water after each BF). This data disagrees with study conducted by Al-Mutairi y *et al*., who found that BF promotes healthy tooth and gum development in infants 200 (81%) but concurred with the same study that mothers who practiced BF had a lower risk of breast cancer 173 (68.7). Furthermore, dispute the notion that colostrum cannot shield infants from jaundice 95 (37.7). Appropriate placement contributes to efficient BF 214 (84.9), which is connected to breastfeeding duration 173 (68.7). Once a baby begins receiving supplemental food, mothers can combine breastfeeding with formula feeding 27 (10.7). Statistics demonstrate that there is no correlation between knowledge and sociodemographic information table 4. The study's conclusion differs from that of a study carried out by Al-Mutairi y *et al*., The US study that identified the highest level of awareness (75.9%) also found that the study promoted BF and garnered public and societal acceptance. Statistics demonstrate that there is no correlation between knowledge and obstetrical data Table 5. The study's conclusion differs from that of Al-Mutairi y *et al*.'s investigation (16).

The sampled women had a moderate amount of understanding of BF. More women favored the mixed feeding technique. Natural breastfeeding was less common in Iraq than in other studies, and the perception of inadequate breast milk was the primary cause of BF termination.

References

1. Kramer MS, Kakuma R. The optimal duration of exclusive breastfeeding: a systematic review. Adv Exp Med Biol 2004:554:63-77.
2. Abada TS, Trovato F, Lalu N. Determinants of breastfeeding in the Philippines: a survival analysis. Soc Sci Med 2001;52:71-81.
3. Butte NF, Lopez-Alarcon MG, Garza C. Nutrient adequacy of exclusive breastfeeding for the term infant during the first six months of life. World Health Organization; 2002.
4. WHO. Media Centre Fact Sheet. Infant and young child feeding. World Health Organization; 2016.
5. Radwan H. Patterns and determinants of breastfeeding and complementary feeding practices of Emirati Mothers in the United Arab Emirates. BMC Public Health 2013;13:171.
6. Al Tajir GK, Sulieman H, Badrinath P. Intragroup differences in risk factors for breastfeeding outcomes in a multicultural community. J Hum Lact 2006;22:39-47.
7. Al-Binali AM. Breastfeeding knowledge, attitude and practice among school teachers in Abha female educational district, southwestern Saudi Arabia. Int Breastfeed J 2012;7:10.
8. Adewuyi EO, Adefemi K. Breastfeeding in Nigeria: a systematic review. Int J Community Med Public Health 2017;3:385-96.
9. Ugboaja JO, Berthrand NO, Igwegbe AO, Obi-Nwosu AL. Barriers to postnatal care and exclusive breastfeeding among urbanwomen in southeastern Nigeria. Niger Med J. 2013;54:45-50.
10. Abasiattai AM, Etukumana EA, Nyong E, Eyo UE. Knowledge and practice of exclusive breastfeeding among antenatal attendees in Uyo, Southern Nigeria: Uyo, Güney Nijerya'daki antenatal katılımcıların sadece anne sütü ile besleme ile ilgili bilgi ve uygulamaları. Eur J

Ther 2014;20:130-5.
11. Osinusi K. A study of the pattern of breast feeding in Ibadan, Nigeria. J Trop Med Hyg 1987;90:325-7.
12. Jeeson UC, Richard J. Factors influencing breastfeeding behaviour. Indian Pediatr 1989;26:997-1002.
13. Kumar S, Nath LM, Reddaiah VP. Factors influencing prevalence of breastfeeding in a resettlement colony of New Delhi. Indian J Pediatr 1989;56:385-91.
14. World Health Organization. Fact sheet: Infant and young child feeding; 2021.
15. assarStats: Website for Statistical Computation. The Confidence Interval of a Proportion; 2018. (Accessed 7 Feb, 2018, at http://vassarstats.net/.)
16. Singh B. Knowledge, attitude and practice of breastfeeding – A case study. Eur J Sci Res 2010;40:404-22.
17. World Health Organization. Breastfeeding key to saving children's lives. (Accessed 15 Oct, 2016, at http://www.who.int/mediacentre/news/notes/2010/breastfeeding_20100730/en/.)
18. Naylor AJ. Baby-friendly hospital initiative: protecting, promoting, and supporting breastfeeding in the twenty-first century. Pediatr Clin North Am 2001;48:475-83.
19. Al-Mutairi NF, Al-Omran YA, Parameaswari PJ. Breastfeeding practice and knowledge among women attending primary health-care centers in Riyadh 2016. J Family Med Prim Care 2017;6:392-8.
20. Khassawneh M, Khader Y, Amarin Z, Alkafajei A. Knowledge, attitude and practice of breastfeeding in the north of Jordan: a cross-sectional study. Int Breastfeed J 2006;1:17.
21. Al Ketbi MI, 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. Int Breastfeed J 2018:13:26.
22. Balogun MR, Okpalugo OA, Ogunyemi AO, Sekoni AO. Knowledge, attitude, and practice of breastfeeding: A comparative study of mothers in urban and rural communities of Lagos, Southwest Nigeria. Niger Med J. 2017;58:123-30.