

## KNOWLEDGE, ATTITUDE, AND PRACTICES OF EXCLUSIVE BREASTFEEDING: A FACILITY BASED STUDY IN ADDIS ABABA

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### ABSTRACT

**Background:** Exclusive breastfeeding of babies for 6 months, as recommended by the World Health Organization, remains a well-recognized childhood survival strategy of great benefit in reducing infant and under-5 mortality rates. Children in Ethiopia suffer from poor health. The national Under-five Mortality Rate is about 140/1000, with variations among the regions from 114 to 233/1000. About 90% of mortality in under-fives was caused by pneumonia, neonatal causes (prematurity, asphyxia and neonatal sepsis), malaria, diarrhea and measles. Malnutrition is the underlying cause of death in about 57% of these deaths.

**Method:** Facility based cross sectional study was done. Three hundred seventy five mothers' included in the study. A selected mother from private and public facilities with six months live infants interviewed through phone through structured questioner. Mothers delivered in the same month or batch for 6 months after delivery were included for the study. Expression of breast milk awareness, skill, and other determinate factors for EBF was included in the questioner. The data entered and analyzed through SPSS version 20. The data analyzed and their strength of association measured through Chi Square and Pearson correlation for continuous variables.

**Result:** The outcome of the study demonstrated that Timely initiation of breastfeeding has correlation significance with mothers who teach on breast-feeding (Pearson correlation=0.12 at P value=0.05). Most of mother's items had a mean score indicating that most of the mothers had positive attitude on breast feeding. Only 30.5% of mothers had ever exclusively breastfed. No significance association found between mothers with occupational status and Exclusive breast-feeding practice.

**Conclusion:** - The Survey shows low exclusive breast-feeding rate. Almost, mothers included in the study, 40% of them attend deliveries in private hospitals have Caesarean section and these newborns supplemented with formula during the first few days after birth. Knowledge on Expression has positive influence on EBF practice. Health professionals' works in the study area have need-updated knowledge related to Expression of Breast milk.

### Key words:

Exclusive breast feeding, Determinant factor for breast-feeding, Breast feeding Knowledge, Attitude and practice, Expression of breast milk.

### INTRODUCTION

According to the Ethiopian demographic health Survey (EDHS) in 2011, 52 percent of children under six months and 32 percent of children 4-5 months are exclusively breastfed, and 75 percent

of children under-six months are predominantly breastfed. About half of children ages 6-8 months (49 percent) consume solid, semi-solid, or soft foods. The 24-hour recall method was use in this survey. According to this method even, a child who had other foods, but only breastfed within 24 hours of inquiry, considered exclusively breastfed; this definitely overestimates the actual rates (7). The 24-hour recalls method shown to produce overestimations of the prevalence of exclusive breastfeeding. Developed countries like Australia

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use point in time data for measurement of exclusive breastfeeding. The low prevalence of EBF in most developing countries including Ethiopia attributed to various maternal and child factors. These include place of residence, age, mother working outside home, maternal age and educational level, access to mass media cultural and economic status (5).

**Table 1 Child age and delivery history related characteristics (n = 375)**

Characteristics		Number (%)
Child age	at 6month	307 (82.0)
	6-7months	68 (18.0)
Mode of Delivery	SVD	237 (63.2)
	Elective C/S	95 (25.3)
	Emergency C/S	43 (11.5)
Type of Institution	Government Health center	180 (48.0)
	Private hospital	195 (52.0)

The mean age of mothers was 28.7 years at the time of survey. Near to half of the mothers (46.9%) completed secondary school and the rest had diploma and above. One hundred sixty eight (44.8%) worked for government or private institution.

There are a number of interventions in use around breastfeeding, ranging from international conventions to working with individual mothers and families, and which use a wide range of tools (4). Education is therefore a critical component of any strategy to support, promote and protect breastfeeding (4). Exclusive breast-feeding is adequate in quality as well as quantity in terms of energy, protein, nutrients, water etc. for an infant's need under six months of age.

Maternal employment, inadequate support by health professionals in maternity hospitals and clinics, inadequate prenatal and postnatal breastfeeding education, negative attitudes of mothers toward breastfeeding as well as lack of support from expectant fathers are barriers to initiating and sustaining breastfeeding (6). Lack of knowledge was the main barrier of exclusive breastfeeding. Working mothers were more likely not to exclusively breastfeed their babies. Attitude

was a predictor of feeding choice and duration of exclusive and partial breastfeeding, and was not restricted to pregnant women or mothers (8). Knowledge, attitudes and practices associated with infant and young child feeding essential first step for any need-felt for an intervention program designed to bring about positive behavioral change in infant health and feeding option (20).

This study assessed KAP and determinant factors of exclusive breast-feeding on point in time data collection from mothers attended their last delivery in health facility.

## Methods

### Study Design

The study conducted in Addis Ababa the capital of Ethiopia. The city divided into 10 sub cities. The 10 sub cities have 41 hospitals and 128 health centers. Public and the rest run by private investors and non-profit organizations. Three private and public facilities selected for the study, which are from private Girum, bethel and Betsegah hospital. From Public facilities, Beleteshachew, kirkose, Meshulekia health centers. The private facilities selected from the rest one was due to their pioneer for delivery service and for public facilities selected from 10 sub cities by lottery method. Ledeta and kirkose sub city identified after that health centers selected depended on availability of mothers Phone number on medical record.

### Sampling procedure

Private hospitals selected than private clinics because of most of delivery service given in private hospitals than private clinics. On parallel public health centers, run delivery service for every mother on their catchment area and the public hospitals accomplished delivery service for mothers who have indication for referral from health centers. So for every mother entry point are health centers for delivery service. Mothers With same batch for delivery date of the last baby captured from delivery register and from Individual medical record, we take their phone number. During our data collection For February 21 /2007 E.C we take mother delivered six month back that was 17/12/2006E.C with this method we get the mothers included for the study. All mother from private hospital have phone number but not public. For that reason, public facilities include for the study one hundred eighty mother but the private clinics one hundred ninety five. The mothers interviewed through structured via phone in average 10- 15 minutes questioner. The study used convenience non-probability sampling technique. The data collectors trained for 2 days. To be confidential data collectors was health

**Table. 2 Socio demographic characteristics of respondent**

Demographic Characteristics	Number	Percent (%)
<b>Maternal Age (N= 375 )</b>		
<= 24	38	10.1
25-29	185	49.3
30-34	121	32.3
>= 35	31	8.3
Mean age	28.7	
<b>Maternal Education (N= 375)</b>		
illiterate	18	4.8
Primary and secondary	176	46.9
Diploma	122	32.5
Degree and above	59	15.7
<b>Paternal Education (N= 354 )</b>		
illiterate	6	1.6
Primary and secondary	93	24.8
Diploma	118	31.5
Degree and above	137	36.5
<b>Maternal Occupation (N= 373 )</b>		
Employed	168	44.8
Private business	97	25.9
House wife	108	28.8
<b>Family Income (N= 281 )</b>		
<4500	150	53.4
4500-10000	87	31
>10000	44	15.7
Mean	5705	

professionals (nurse or midwife) who work in the study facility delivery room. Data collection was preceded with a pilot survey.

#### Data collection and analysis

The questionnaires have six parts of questions. These are Demographic data gravidity and parity history, exclusive breastfeeding queries, knowledge on breastfeeding, breast-feeding attitude and practice of expressing breast milk. Mothers with their infants were the same batch of 6 months gone through for data collection. A

sample size of 384 is calculated using single population proportion. EDHS 2011 the proportion of exclusive breast-feeding is 52%, with a precision level 5% and 95% confidence interval (20).

The Knowledge of mother's toward breast-feeding questionnaire items testing included recommended breastfeeding initiation and duration, Complete information for breast feeding benefit (child and maternal), and history of health education about breast-feeding.

The three-point type Iowa Infant Feeding Attitude Scale (IIFAS) was used for rating the mother's

attitudes. The Iowa Infant Feeding attitude Scale is one of the measurements that has sufficient evidence of its reliability and validity in investigating the association between attitude and breastfeeding (3). Three levels scale for mothers attitudes as for agree, neutral, disagree levels respectively. Questions that evaluated mothers' attitude included Formula feeding is more convenient than breastfeeding, Breastfeeding increases mother infant bonding, breast-feeding is mandatory, and Breastfed babies are healthier than formula fed babies. Data entry and analysis was done using SPSS statistical package version 20. The Chi Square Test will use to check for strength of association between variables at the 95% confidence level.

**Ethical Consideration**

Ethical clearance for the study was obtained from Addis Ababa university school of public health Ethical Committee Participants received verbal information by phone about the purpose and advantageous of the study. There were no predicted physical, social or legal risks associated with participation. Interviews were conducted after the respondents gave verbal consent.

**Table 3 Breastfeeding knowledge assessment questions response**

Breast feeding knowledge assessment queries	Correct Responses	Number (%)
Mothers who teach on breast feeding from health professionals	Yes	224(59.7)
	no	110(32.7)
The right time to initiate breast feeding	yes	223(67.26)
	no	268(78.5)
The optimal duration of breastfeeding an infant	yes	73(21.4)
	All	77(20.5)
Complete information on breast feeding benefit		

**RESULTS**

**Characteristics of respondents**

The total number of respondent mothers was 375 (Table 1 & 2). This gives a response rate of 89.3%. Most of them 307 (82.0%) had a child of age 6

months. Two hundred thirty seven (63.2%) of the babies were born via Spontaneous Vaginal Delivery (SVD) while 95 (25.3%) were delivered by elective caesarean section (C/S). About equal number of the deliveries were made at public and private health facilities.

**Knowledge of exclusive breastfeeding**

Knowledge of mothers on breastfeeding assessed by different parameters mentioned on Table 3. Two hundred twenty six (67.3%) of the respondents knew about timely initiation of breastfeeding. Timely initiation of breastfeeding is significantly associated with getting education on breastfeeding. (Pearson chi square=10 and P value=0.01). Mothers with complete information on breast-feeding benefits (such as time initiation, course and advantageous breast-feeding) were 77 (20.5%). Pearson's chi square analysis revealed a positive and significant association between educational levels of the mother (P< 0.01) and breastfeeding knowledge.

**Attitudes of exclusive breastfeeding**

Most of the mother have positive attitude on breastfeeding and not accept formula feeding. Early initiation also good and most mothers think breast-feeding mandatory (Table 4).

**Practices of breastfeeding**

The rate of initiation of breastfeeding after birth was 87.2%. Out of the 375 mothers surveyed, 260 (70%) reported that they feed their baby other than breast milk and 48 (12.8%) reported that they never began breastfeeding. Only one hundred fourteen (30.5%) of mothers had ever exclusively breastfed.

**Knowledge on expression of breast Milk**

From 375 mothers two hundred eighty-eight (72%) of them do not have knowledge on expression of breast milk. Correlation illustrate mothers with expression knowledge has more number on exclusive breast-feeding practice (Pearson X<sup>2</sup>=0.3 at PV=0.028) so mothers who express milk has optimistic relation between exclusive breast feeding practice. Finding shows only eighty-five (22.8%) of mothers have knowledge on Expression and hear about it 43(54%) from relatives 19 (5%) of it only know from health professionals. Most mothers sixty-four (80%) use hand pump next manual expression method. Statistical significance shows Pearson Chi Square 11.9 at P Value < 0.01 between Institution type and expressing breast milk.

**Association of Knowledge and practice of breast-feeding with socio-demographic characteristics**

Knowledge of benefit of breast milk and maternal education, has statically significant relation (Table 5) (Pearson chi Square =9.8 at P value=0.02) Therefore, knowledge of the benefits of EBF increased with an increase of education level from illiterate to higher educational level. Feeding babies other than breast milk is different depending on the place of delivery. Women giving birth in public facilities are more likely to feed their babies breast milk compared to those who delivered in public facilities ( $X^2=10.2$ , P-Value <0.01). Pearson Chi Square shows association between type of family, educational level of mother, type of delivery, occupational status of the mother and practice at P-Value <0.01, nevertheless no any association educational level of father and EBF.

**DISCUSSION**

The superiority of breast milk (BM) over any other milk nourishment of the human newborn and infant can hardly be challenged, and over the years. Regrettably, despite the enormous benefits of breast milk, the decline of EBF persists in many developing countries (12). Efforts made to

changed to EBF in developed countries. Paradoxically enough, this unfavorable trend is noticeable in poor countries where the supply of artificial milk is scarce (19). In this study, conducted in Addis Ababa facilities from mothers who attended their recent baby delivery in the institution, a high percentage of mothers (87.2%) had initiated breastfeeding on time. Although a high proportion of mothers initiated breastfeeding, the exclusive breastfeeding rate and the duration of breastfeeding were far below WHO and national recommendations. The large differences in the results may be due to the use of different methodology for data collection. One of the reasons of low exclusive breastfeeding in Addis Ababa may be the comprehensive emergency care intervention widely accomplished. Our study found 36.8% deliveries attended by caesarian section so mothers had difficulties to breast feed due to wound site pain (18). Maternal education level,maternal age, and family income were positively correlated with Exclusive breast-feeding practice. Paternal educational and exclusive breastfeeding did not show any significant association these contrary result obtained from the Ethiopian demographic health survey, which indicated a declining trend of exclusive breastfeeding practice with the higher maternal education status(23). Mothers from lower socioeconomic status breastfed longer because they could not afford formula milk especially mother deliver by caesarian section due to wound site pain most babies start feeding from formula milk. To reduce this detracting influence on EBF practice, measures should take to reduce deliveries by non-vaginal routes and adopt protocols that minimize Caesarean pain and other co-morbidities when inevitably indicated. This way, the temptation to use prelacteal feeds and subsequent non-EBF practice will be pointed (18).

The way respondents know about breast-feeding from health professionals on recommendation of the optimal duration of breastfeeding varies. This indicates focus given on breastfeeding counseling by health professionals so that the mothers can get adequate information and the lack of uniform recommendations from health professionals. Knowledge of the mothers about exclusive breastfeeding practices is not associated with their practice, which is contrary to the finding in the study done in Tanzania, Kilimanjaro region, where women not having knowledge on exclusive breastfeeding are more likely to terminate exclusive breastfeeding early (20). Knowledge of EBF concept was very high but its practice was distinctly lagging. It was evident from current study that awareness and knowledge do not

**Table. 4 Mother’s IIFAS items distribution on Attitude**

	Agree	Neutral	Disagree
<b>breast feeding is mandatory</b>	70.4	0	29.6
<b>Formula feeding is more convenient than breastfeeding</b>	45.87	1.87	52.27
<b>Breastfeeding increases mother infant bonding</b>	48.46	17.62	33.92
<b>Breastfed babies are healthier than formula fed babies</b>	87.7	0.8	11.76

promote BM use in the past few years, have been encouraging and noteworthy to see mothers

equate to practice. Inferentially, our mothers, probably, have not come to accept or understand the critical vital benefit of EBF or that the challenges to its practice are consider insurmountable for now. To overcome this, emphasis should be shift from mere dissemination of information on EBF to empirically helping mothers resolve potential challenges highlighted in this study. The unacceptably low rates of EBF seen in this study make it imperative that attitude-leveraging measures established that Implement to optimize the benefits from proper breast-feeding practices.

This study shows positive attitudes are positively associated with increased duration of exclusive breastfeeding. In addition, other study also shows that breastfeeding education can positively affect attitudes, and intentions to breastfeed (4). Expression allows a mother some independence from directly feeding her infant and may allow her to return to work or undertake some social activities while continuing to breastfeed. This study showed that expressing breast milk is not common. Only 22.8% of mothers have knowledge and heard about expression of BM 54% from relatives 19% of it only know from health professionals. Health professionals are responsible the teaching of hand expression and knowledgeable of the breast pump technologies available (26). In the study, 80% of mothers use breast pump, which may not show their type and all mothers' expression not more than six months.

for education programs need both to be skilled in Hand expressing contributes to less awkwardness or embarrassment for the mother, who is more likely to be comfortable hand expressing than using a pump when others are present (28). The correlation shows significant association between a mother with expression knowledge and exclusive breast-feeding practice and type of institution of delivery.

**CONCLUSION**

This point in time method of exclusive breast-feeding study shows type of family, educational level of mother and father, type of delivery has relation with Exclusive breast-feeding. In addition, findings show mothers who attend their deliveries and have information on breast-feeding have low exclusive breast-feeding rate. In Ethiopia, compared with last version of Ethiopian demographic health survey (2011) result, almost 5yrs ago, decline in EBF practice. These could be EDHS uses 24-hour recall data collection for mothers with under two years children. Almost, mothers included in the study, 40% of them attend deliveries in private hospitals have Caesarean section and these newborns supplemented with formula during the first few days after birth. Moreover, we found that our private hospitals did not adhere to WHO statement “Ten steps to successful breastfeeding”, which might have unfavorable influence on Exclusive breast-feeding. Knowledge on Expression has positive influence on EBF practice but More of Mothers not hear about it from health professionals so need to give updated information about means of expression of breast milk.

**Table. 5 Analysis result of association between KAP and socio demographic factor**

Socio demographic Characteristics	Association with Knowledge	
	Pearson Chi square	Pearson Chi square
Maternal Age	0.03	-0.2**
Maternal Education	9.8**	14**
Paternal Education	9.5	10.4**
Mode of Delivery	14.5	87**
Type of institution	4.2	11.9**
Family Income	236.1	-0.4**

\*\* Significant at 95% confidence interval

**LIST OF ACRONYMS**

- EBF Exclusive Breast Feeding
- EBM Expressed Breast Milk
- BF Breast Feeding
- KAP Knowledge, Attitude and Practice
- MDG Millennium Development Goal
- HSDP Health Sector Development Plan
- EDHS Ethiopian Demographic Health Survey
- WHO World Health Organization
- SPSS Statistical Package for the Social Sciences
- IIFAS Iowa Infant Feeding Attitude Scale
- BCC Behavioral change communication
- KAP Knowledge, Attitude and practice

**Competing interests**

The authors declare that there is no competing of interests.

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We need to publish this thesis to disseminate the results to the public and to provide awareness about the Knowledge, attitude, and practices of exclusive breastfeeding.

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