CasE STUDY

Mother’s Knowledge and Attitude about Breast Feeding Influence Her Empowerment to Decision for a Successfully Breast Feeding

Homa Mosaffa Khomami

Msc Health Education, Faculty Member of Nursing-Midwifery &Paramedical College of East Guilan, Guilan University of Medical Science, Guilan, Iran.

Abstract

Background: The World Health Organization (WHO) and the American Academy of Pediatrics (AAP) recommend breastfeeding as the appropriate method of infant feeding. Empowering women to breastfeed gives women the ability to act and the right to do so. Empowerment of women, similar to freedom of choice breastfeeding, could be the one of goals of a positive quality of life. The present paper has been carried out to investigate knowledge and attitude of mothers refer to Lahijan Urban Health center during one year after delivery about breast feeding benefits. Materials and methods: This research was a descriptive cross-sectional study which had been done with quantitative and qualitative method in between 2013-2014. Data collection method was direct interview and questionnaire. 120 mothers were selected by Stratified Random sampling method. For data collection and data analysis use descriptive and analytical statistics. Then frequency tables achievement and for data analysis use correlation, analysis variance, X² and T-test. Results: According to present study, most of the samples were in the range of 21-30 years old (57.5%) and most of them received information about breastfeeding(87.5%), resource of information was a collection of different resource(62.7%), Actually, half of samples had low knowledge(50.8%) and middle attitude (57.5%)about breastfeeding benefits. Pearson correlation showed a direct and positive relationship between knowledge and attitude of case studied (p< 0.0001, R= 0.35). Analysis variant Test showed a significant difference between mothers graduate and their knowledge (p< 0.0001). Discussion: study results showed the most of mothers had low and middle knowledge about breastfeeding benefit and then they need to education.

Keywords: Breast Feeding, Empowerment, Knowledge, Attitude.

Introduction

Empowerment refers to increasing the spiritual, political, social, educational, gender or economic strength of individuals and communities. Empowerment of women, also called gender empowerment, has become a significant topic of discussion in regards to development and economics. Entire nations, businesses, communities, and groups can benefit from the implementation of programs and policies that adopt the notion of women empowerment.

Empowerment is one of the main procedural concerns when addressing human rights and development. The Human Development and Capabilities Approach, the Millennium Development Goals, and other credible approaches/goals point to empowerment and participation as a necessary step if a country is to overcome the obstacles associated with poverty and development [1].

Several innovative and well-regarded community development models hold that community empowerment, especially empowerment of women, is the key to successful programs for social change that affect the quality of life and health of poor powerless families and communities [2]. Women want to do the best for their babies and most will choose to breastfeed and can do so, if they have adequate support, correct information, and are free from various
obstacles. Empowering women to breastfeed gives women the ability to act and the right to do so. A conducive breastfeeding environment is one that ensures that women have the right to correct information to make informed choices, the right to legal protection and social support for breastfeeding in public and at work, and the right to skilled counseling and sympathetic support [3].

Breastfeeding is known to be the best way to feed infants by providing the psychological and health benefits to both the mother and child.

It is therefore considered physiologically, biochemically, immunologically and psychologically suited for this.

However, there has been a general decline in the practice of breastfeeding both in terms of prevalence and duration in the past few decades. Extensive research in various countries provides evidence that breastfeeding has clear health benefits for infants while reducing their risk for a large number of diseases such as gastrointestinal and respiratory infections, diabetes mellitus, lymphoma, and Crohn’s disease [4].

Breastfed babies are less likely to suffer from a range of serious illnesses and conditions such as gastroenteritis, respiratory illness and otitis [5, 6]. World Health Organization recommends that infants are exclusively breastfed for at least 4-6 months and suggested that women who have breastfed for longer periods have a lower risk of developing pre-menopausal breast cancer than women who have breastfeed only for short periods or who have not breastfeed [7].

Socio-cultural factors such as ethnicity and social class are assumed to play a part in women’s decision making about infant feeding. Previous research on the decision to breastfeed had predominantly used surveys to examine the socio-demographic variables and attitudes associated with breastfeeding. A lower attitude score was found to be consistently associated with young mothers, low social class and low educational level.

The decision to breast-feed is usually made before conception and delivery [8]. The benefits of breastfeeding have been well recognized and education about and promotion of breastfeeding have become a public health focus worldwide. Breastfeeding practices and attitudes are influenced by demographic, biophysical, social, cultural and psychological factors [9]. Breastfeeding has been accepted as the most vital intervention for reducing infant mortality and ensuring optimal growth and development of children. More than 15% of 24 lakh child deaths could be averted in India by optimal breastfeeding practices. Poor breastfeeding practices are widespread.

It is estimated that sub-optimal breastfeeding, especially non-exclusive breastfeeding in the first 6 months of life, results in 1.4 million deaths and 10% of the disease burden in children younger than 5 years of age. The key to successful breastfeeding is Information, Education and Communication (IEC) strategies aimed at behavior change. Very few women in India have access to counseling services on infant and young child feeding [10]. It has been observed that breast feeding duration varies from one country or geographic region to another. Study in Eldoret District Hospital, Kenya by Esmai et al found only 32% who breast fed their children up to 2 years, 33% up to 12 months and 13% stopping at 6 month. In Bangkok and Bogota, the median duration for lactation was less than 7 months. Nairobi exhibited a longer duration of 16 months and in Semarang, median duration was 20 months.

In Latin America and the Caribbean, only 35% to 60% of their children continue being breast fed up to an age of 6 month. Although, breastfeeding practices has declined worldwide, exclusive breast feeding does not even seem to be the norm in any part of the world either [11]. Breastfeeding is nearly universal in India and continues for most children beyond infancy. For many infants, however, supplemental food is introduced at an early age. Up to six months of age, exclusive breastfeeding is most common in medium-mortality states followed by states where infant mortality is high. In all three groups...
of states, infants who live in rural areas, whose mothers are illiterate, and whose families have low economic status are more likely than other infants to be exclusively breastfed [12]. Then we see that our society still has a long way to go in terms of supporting moms who want to continue breastfeeding, and we need to remember that most breastfeeding challenges have breastfeeding solutions. In the past, during the middle of this century, when a mom encountered problems, she was usually advised by well-meaning caregivers and friends to switch to formula without even trying to figure out how to make the breastfeeding work.

Many people these days are breastfeeding their newborns. But did you know that even though more women are starting off breastfeeding, by a few months, a lot of them have switched to formula and bottle-feeding? Furthermore, in so-called educational material directed to the public, women were encouraged by these companies to regard infant feeding as a personal choice that should be made in private with her doctor. This discouraged women from getting breastfeeding support and information from other experienced breastfeeding mothers, and encouraged them to assign complete control to their doctors for many of their decisions.

Women need to be supported to find ways to remain with their babies as much as they would like to be. We have come a long way in terms of defining women's liberation: we no longer need to think of staying home and spending time with our children as old-fashioned, anti-feminist and outdated. Child-rearing and full-time mothering is legitimate occupations that women should always be proud of [13].

The goal of all health promotion program after delivery is increase the number of mothers that start and do breast feeding and also increase the period of breast feeding (Central organization for family and school health 2005). To improve rates of full breastfeeding, specific information about the beliefs and practices that influence this outcome is needed. education had a positive effect on breastfeeding in all communities and developed and under development countries, because education is the base of knowledge and attitude of every mother and influence mother decision for selection breast feeding and establish mother's empowerment for this selection and a exclusively breast feeding [14]. But increase the breastfeeding prevalence in community without social support and mother's empowerment to decision isn't possible and mother's decision and empowerment to selection breast feeding affected some factors such as culture, graduate, information and knowledge and attitude and other socioeconomic factors.

Francis Bacon said Knowledge itself is power. Knowledge is the awareness of a fact or a situation. It is a rich and a unique possession that cannot be stolen or plundered. Knowledge doesn't decrease when it is given. In fact, knowledge is power. Our knowledge is the amassed thought and experience of countless human beings. Those who have wide-range of knowledge and experience in addition positive attitude can capture power and influence. Knowledge gave woman the feeling of strength and power. Knowledge develops human faculties. It leads to the excellence of the mind.

It enables one to give sound judgment. Education and knowledge are desirable for democracy. Restraint, tolerance, understanding and capacity to manage affairs come with knowledge. If knowledge is imparted to our rural children, youth, women and men, they would emerge as the major social power. Knowledge must be acquired and shared as a collective effort.

Lack of knowledge leads to poverty and absence of economic prosperity. Knowledge should be utilized for the upliftment of the poor masses. It should be used for peace, prosperity and growth [15]. Also more studied show that some important factors, influence mother empowerment to her decision and successfully breastfeeding are knowledge and attitude about breast feeding. For this reason researcher decision that do a study with this goal: To assignment the knowledge and attitude of
mothers refer to Lahijan Urban Health center during one year after delivery about breast feeding benefits.

**Materials and Methods**

A cross-sectional study was conducted between July 2013 and February 2014 among women residing in the north of Iran, Guilan state and Lahijan city. The objective of this study was to evaluate the knowledge and attitude of mothers refer to Lahijan Urban Health center during one year after delivery about breast feeding benefits. The population study were all women that live in Lahijan city and had at least one child in the age of one year old or less.

For the sample size used Systematic randomized sampling technique and after doing a pilot study with 25 mother and find the $S$ in pilot study and put in sample size formula, our sample size assigned 120 case. Then this number divided between 5 Health Center in Lahijan in same proportion. Included criteria were all mothers that had a child between 1 month till 1 years old.

Data was collected by trained investigators using a standard questionnaire that was read out to the mothers. Informed consent was obtained from all mothers. A total of 120 mothers were interviewed. The structured questionnaire that was used. It covered demographic variables that included mother's age, mother's education, father's education, mother's employment status, total family income, family's size, mode of delivery, and source of information.

Breastfeeding was divided into three types: full breastfeeding which included exclusive and almost exclusive breastfeeding for duration of 6 months, mixed breastfeeding when infants received both artificial formula and breastfeeding, and exclusive bottle feeding when infants received only artificial formula any time of life. All mothers were asked questions regarding their main reasons for either breastfeeding or bottle feeding.

Then a group of questions related the knowledge of mother about advantage of breastfeeding, Questions with five-point Likert rating scale, from strongly disagree to strongly agree were used to assess women's attitude to breastfeeding. The original Likert rating scale was converted to 100% scale by multiplying the corresponding coefficients (i.e. 1, 2, 3, 4, and 5) by 20. A higher score indicated a higher participant's agreement with the item tested. Items testing knowledge included recommended breastfeeding duration, its benefit in decreasing the risk of acquiring diarrhea and its role in contraception.

Questions that evaluated mothers' attitude included mother's comfort with breastfeeding, cost, effect on care of other family members and effect on marital relationship. Items that tested community's attitude toward breastfeeding included feeling shy of breastfeeding in public places, role of community nurses and medical staff in encouraging breastfeeding. The part of knowledge assessment, the score less than 50% of total score showed low knowledge, between 50-75% middle and up to 75% showed high knowledge. The questionnaire was reviewed for content validity and cultural appropriateness by 10 professor of Guilan medical sciences university.

And for reliability used of pilot study. A face-to-face interview was done with mothers during their waiting session at the clinic. Data analyses were conducted with SPSS (version 15). Frequencies and descriptive summary statistics were performed to describe the sample. Analysis variant, Cross-tabulations and Pearson's Chi-square tests was performed to assess the association of socio-demographic variables with knowledge and attitudes towards breastfeeding.

**Results**

A total of 120 postnatal mothers were included in the study. Distribution of demographic information show Their most age ranges was from 21 to 30 years old (57.5%), less than 20 year=17.5% & up to 30= 25%. The majority were under Diploma (48.3%) and with Diploma (40.0%). Most of mothers that were graduate studied in non medical fields (72.2%). Majority percent of
husbands were under diploma (45%) & diploma (32.5%). The more were Housewives (90.8%), and with 1-2 children (84.2%), mostly breastfeeding method for children was mother milk only (86.7%), most of them received information about breastfeeding (87.5%), resource of information was a complex of different resource (62.7%) like medias, journal and books, health worker, university subject and family member. In the part of knowledge and attitude assess actually, half of samples had low knowledge.

Table 1 (50.8%) and negative attitude Table 2 (57.5%) about breastfeeding benefits. And only 8.3% of mothers had high knowledge.

In knowledge assessment questions, the lowest score was about “the presence of immunity factors in mother milk “(5.8%) and highest score was about “good digesting of mother milk” (89.2%). In the part of attitude the lowest positive attitude was about “breastfeeding change mother’s breast to a bad form “(19.2%) and most positive attitude was about breastfeeding is a really an enjoyable moment” (95.8%). Cross tab Test (Tab 3) showed a significant difference between mother’s knowledge and attitude and mothers age as with growing of age during of breastfeeding, successfully and mothers enjoyable was more (p<0.001).

Pearson correlation showed a direct and positive relationship between knowledge and attitude of case studied (p< 0.0001 & R= 0.35) as when knowledge growing also attitude would grew. Analysis variant Test showed a significant difference between mothers knowledge and attitude and their job( F= 4.43 p<0.001).

Discussion

Adequate nutrition during infancy is essential to ensure the growth, health, and development of children to their full potential. Breastfeeding confers short-term and long-term benefits on both child and mother including helping to protect children against a variety of acute and chronic disorders.

Preparation of mothers before they give birth is fundamental to the success of exclusive breastfeeding. In this study mostly feeding method for children was breastfeeding (86.7%), and also in study did in north of Jordan with Khassawneh and et. al. breastfeeding rate
was 88.6% education had a positive effect on breastfeeding in Western communities and developed countries and also in our study it was a significant relationship between mother’s graduate and growing education and decision for breastfeeding, period of it and successfully breastfeeding [14]. Like this result we see also in others study [16,17].

This study showed the most of mothers had low knowledge about breastfeeding benefit (50.8%) and then they need to education and also this result is near to study done by Ekambaram, et al [18] in India that the knowledge of most mothers about breastfeeding was low (52%) and also in study done with jazayery et al [16] in south of Tehran, Iran we had like this result and majority of mothers before education program had low knowledge about breastfeeding. According to our study, higher breastfeeding scores correlated with higher maternal age, and like this result we find in the study that did in India about mother’s knowledge, attitude and practice.

This study showed that between mother’s knowledge and their attitude is a direct and positive relationship and like this result we see in study done in Esfahan (Iran) with shahne et al [19], this study showed Better breast-feeding scores also correlated with maternal occupation with professionals having a better knowledge than un-skilled workers/housewives and like this result we had in Indian study. Breastfeeding is of extreme importance for safeguarding health and welfare of the growing infant and this practice must be preserved, protected and promoted by all means. The quality of knowledge and support has a crucial role in the success of breastfeeding promotion [18].

Results showed majority of units had different information sources and also low knowledge that can think have two item: 1- community knowledge about breastfeeding is down and 2- mostly of people have different source for information so education must be appropriate for goal group and must be adequate and from different channels then is effectiveness and because of most of mothers were under diploma and house wife then Radio and TV are best source for them. In other hand because most of mothers had under one years old baby and enough time then via health center and health worker they can educate. Then Support and counseling should be available routinely during ante-natal care, to prepare mothers; at the time of birth to help them initiate breastfeeding; and in the postnatal period to ensure that breastfeeding is fully established. The primary aims of this method are to educate women and mothers (WAM) about their rights, privileges, opportunities and services available to them; and to develop the leadership and organizational skills needed to function effectively in the existing socio-political system [18].

This study reveals that the knowledge and attitude of postnatal mothers towards breastfeeding is far from satisfactory. There is still a need for programs, which support and encourage breastfeeding particularly at a primary care level, focusing more on younger, less well-educated women and those from lower socioeconomic class. Breastfeeding should be linked to public health education for the whole community. In an American survey Women and mothers are the primary caregivers in almost all cultures; they have demonstrated bold leadership under extreme adversity. Consequently, when empowered and involved, they can effective partners in health promotion program. Empowerment of women, similar to freedom of choice breastfeeding and empowerment to choice better could be the one of goals of a positive quality of life [14].

Acknowledgements

Thanks to Lahijan Health Center’s officer who help me for data collection.

References


