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KNOWLEDGE, ATTITUDE AND PRACTICE OF EXCLUSIVE BREAST FEEDING, AMONG LACTATING MOTHERS HAVING INFANTS AGED 0-6 MONTHS IN THE SELECTED HEALTH CENTERS OF ASMARA, ERITREA IN 2017

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ABSTRACT

Background: For almost all infants, breastfeeding remains the simplest, healthiest and least expensive feeding method that fulfills the infants' needs. Despite strong evidence in support of Exclusive Breast Feeding (EBF) for the first six months of life; its prevalence has remained low worldwide[1]. The aim of the study was to assess the Knowledge, Attitude and Practice of Exclusive Breast Feeding among lactating mothers in the selected health centers in Asmara, Eritrea. **Methods**: A cross-sectional descriptive study design was used to assess Knowledge, Attitude and Practice of Exclusive Breast Feeding among lactating mothers in the selected health centers in Asmara, Eritrea.139 lactating mothers were selected and information regarding their Knowledge, Attitude and Practice of Exclusive Breast Feeding obtained using a written data collection instrument containing closed ended questions were used to collect data. **Results**: The results of this study showed that 95.7% knew the correct duration of Exclusive Breast Feeding, give breast feeding on demand (63%, n=87), the overall result of Knowledge and Attitude was 79%, whereas 73.2% had Exclusively Breast Fed. Marital status (p=0.003) had significant association with Knowledge, child age (p=0.008), and mode of delivery (p=0.01) had significant association with Attitude. **Conclusion**: The prevalence of EBF found in this study was far below the WHO recommended prevalence of 90% demonstrating a wide gap between the desired and the actual practice of Exclusive Breast Feeding. This study adds additional evidence that Attitude of EBF, child's age, religion and maternal age are important determinants of the practice of EBF. Beyond dissemination of health messages, health care professionals should pay more counseling attention to less educated husbands.

KEYWORDS

Lactating mothers, Exclusive Breast Feeding, Knowledge, Attitude, Practice and Infants.

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INTRODUCTION

Exclusive Breast Feeding provides nutritional, immunologic, developmental and psychological advantages with regard to general health, growth and development of an infant and has dramatically reduced infant deaths in developing countries by reducing diarrhea and infectious diseases as well reduce HIV transmission from mother to child compared to mix feeding[2].

Exclusive Breast Feeding, which giving breast milk only and no other liquids, except drops or syrups

with vitamins, mineral supplements or medicines, is superior to non-exclusive breastfeeding with a protective effect against both morbidity and mortality[3,4]. Exclusive Breast Feeding provides low cost, complete nutrition for the infant, protects him/ her against infections including infant diarrhea, and prolongs lactation amenorrhea, thereby increasing birth spacing[5,6].

Breastfeeding is an important public health strategy for improving infant and child morbidity and mortality, improving maternal morbidity, and helping to control health care costs. Breastfeeding is associated with a reduced risk of otitis media, gastroenteritis, respiratory illness, sudden infant death syndrome, necrotizing enter colitis, obesity, and hypertension[7]. Nutrition deficiencies and infectious diseases are the leading causes of child mortality in developing countries. Breastfed infants have a reduced risk of malnutrition and common childhood infectious diseases. Maternal health benefits from breastfeeding have also been documented. To maximize the health effect of breastfeeding, optimum breastfeeding is recommended. The World Health Organization (WHO) and United Nations Children's Fund (UNICEF) recommend that every infant should be Exclusively Breast Fed for the first six months of life, with breast feeding continuing for up to two years of age or longer[8-10].

For the first six months of life, infants should be exclusively breast fed to achieve optimal growth, development and health. Thereafter, infants should receive nutritionally adequate and safe complementary foods, while continuing to breast feed for up to two years or more. The single most effective Intervention to reduce child mortality in developed and developing countries is promotion of breast feeding practices. Despite this recommendation of worldwide only 39% of infants 6 months of age are exclusive breast feed. In 2008 more than million children under the age of five die each year, 41% of this death occur in sub-Saharan Africa and another 34% in south Asia and the major contributors to their death is poor breast feeding practice[11,12].

Globally, 60% of infant and young child deaths occur due to in appropriate infant feeding practices and infectious disease from which two third of these deaths are attributable to sub optimal breast feeding practices. Inappropriate infant feeding practice could have negative effect on child growth and development, especially in developing countries, where accessibility of basic health serves is not sufficient[13].

In Ethiopia 57% of all under-five deaths is highly associated with abrupt cessation of breastfeeding and infectious diseases, but it is closely linked to gap of knowledge how to feed appropriately and food insecurity. A recent report showed that 27% of mothers early provide water, butter and various types of food to feed their children, thereby reducing the percentage of Exclusively Breast Feed and increasing the percentage of receiving complementary food at very young age. Generally, infant and young child feeding is a complex issue that has implications not only for an infant's nutritional and health status, but also affects infant's psychological development and the development of proper eating habits[13-15]

Therefore, the objectives of this study were to assess the Knowledge, Attitude and Practice of EBF among lactating mothers having infants aged 0-6 months in selected health centers in Asmara city in 2018.

METHODS

A cross-sectional descriptive study was conducted in Asmara city of Eritrea. It was carried out in two health centers (one from northern part and one from southern part of Asmara) among lactating mothers having infants 0-6 month age from March to June 2018.

Sample size estimation

The sample size was determined using single population proportional formula

$n=Nz^2*p\ (1-p)/d^2\ (N-1)+z^2*p\ (1-p)$

The total sample size was calculated using the following assumptions; precision level (p) of lactating mothers practiced EBF was estimated to be 69% as there was previous research regarding practice of EBF studied by EPHS in 2010, confidence interval 95% (z=1.96), absolute precision (d) 7%, non-response rate of 10%. The final sample

size was adjusted using the total lactating mothers getting EPI and growth monitoring program in the two health centers the whole year.

Sampling design

This study employed multi stage sampling design. The selection of one health center from northern part of Asmara and one from southern part was based on the assumption that data related to each health center reflects the situation of the community they serve. First, all health centers in Asmara city (6 in number) were grouped in to two practical strata (northern and southern part of Asmara). Each strata had 3 health centers. Then random sampling was used to select one health center from each strata. The total sample size was allocated to the selected health centers based on probability proportional to the number of lactating mothers having infants 0-6 month age. Finally, convenience sampling method was employed to select study participants.

Data collection procedure

Data collection was done by two research team members who were trained to collect data using interview. The research tool was adopted from other researches with modification according to the features of our paper and translated in to the local language (Tigrigna).The researchers referred plenty of reviews and related studies to develop comprehensive tools. Content validity of tool was obtained by different experts in nursing, medical field and statician. Reliability of tool is checked by stata method version 14.0 using split half method; the reliability R value was 0.68. As per all these, the researchers developed the tools.

Data was collected using a comprehensive, pre-tested and structured interview questionnaire which sought such information as maternal age, infant age, parity, educational status, marital status, religious status, occupation, initiation of breastfeeding, pre-lacteal feeding and Knowledge, Attitude and Practice of Exclusive Breast Feeding. Written consent was obtained from head of the health centers to conduct the study. Respondents were asked for verbal consent before the interview.

The collected data was compiled in Microsoft Excel. Then the analysis did by the help of SPSS version 20 software by the help of statician. Descriptive statistics used to analyze and present descriptive data. Chi-square test used to determine association between Knowledge, Attitude and Practice of Exclusive Breast Feeding as well as between Socio-demographic characteristics and Knowledge, Attitude and Practice of Exclusive Breast Feeding.

Study setting

The research was conducted in selected health centers of Asmara (Edget and Felege Hiwet) which are found in North east and south west of Asmara respectively. These health centers offered maternal and child health services such as antenatal, postnatal, growth monitoring, family planning, immunization and health promotion as well as general preventive and curative services. This study was carried out in EPI and growth monitoring unit. Edget health center gives EPI and growth monitoring service for about 914 infants and Felege Hiwet serves for about 326 infants per year.

Pilot study

The study was piloted by taking 10% (n=15) of the sample size in lactating mothers coming for immunization and growth monitoring in Godaif community Hospital. Based on the pilot study the questionnaire was rearranged to suit the objectives of the study.

Ethical clearance

For ensuring the privacy of respondents and preventing violation of human rights, the proposal was approved by Ministry of Health Scientific and Research Ethical Committee. After securing permission from MOH data was collected. Informed consent was obtained from each respondent after a full and thorough explanation of the aim and potential benefits of participating in the study is given. Anonymity and confidentiality was ensured in that the respondents names did not appear on the questionnaire, and information did not shared with people known to participants.

RESULTS

A total of 96 (69.6%) of the respondents were between the ages of 20-29years while 42(30.4%) were between the age of 31-42 with a mean age of 27.8 and S.D 8.8. A total of 130 (94.2%) of the respondents were married and only 8 (5.8%) were

single. Most of the respondents educational level was secondary 81(58.7%), and 10(7.2%) elementary, 39(28.3%) junior, and 8 (5.8%) were tertiary. On their ethnicity, majority of the participants were Tigrigna accounting for 129(92.8%) followed by Tigre 8(5.8%) and Saho 2(1.4%). Christians accounted for 68.8% whereas Muslims 31.2%.

All of the participants heard about EBF and their main source of information were health institution (68%). Concerning initiation, the majority replied that breast milk should be started with in thirty minutes after birth (91.3%). The majority of mothers replied frequent sucking and food is helpful for milk production (99.3%), although six mothers (0.7%) had no idea about the relationship between sucking and milk production.

The overall result Knowledge of mothers on EBF was 79%. Regarding the duration of EBF, 95.7% mentioned up to six months. The majority of mothers said baby fed adequate breast milk if the child is slept after taking breast feeding (81.1%, n=112).The majority of mothers knew that EBF for six months protects their child from malnutrition and diarrhea (71.7%, n=99). Few of the respondents (16.7%, n=26) replied EBF has disadvantage on lack of adequate minerals and could not satisfy the child, and 67.4% of the respondents replied breast feeding should give at regular interval while the rest (32.6%, n=41) replied should give on child demand.

The overall result attitude of mothers on EBF was 79%. The majority of mothers preferred to start breast feeding immediately after delivery (99.3%) and said that EBF is better than artificial feeds (77%). Also a high proportion, 89.1% of mothers believed colostrum should not be discarded. The majority of mothers, 81.9% did not comfortable when they gave extra foods other than the breast, and 90.6% agreed that Exclusively Breast Fed children are healthier than non-exclusively breastfed children. Only 13.7% of the mothers' responded feel ashamed to breastfed their children outside home and 5% of the respondents believe that breast feeding is harmful for themselves.

All mothers reported breast feeding their child. The majority of participants (91.3%, n=126) had initiated breastfeeding within 30 minutes. Two thirds of mothers (63.0%, n=87) were breastfeeding on demand and the majority had not given any pre-lacteal feeds to their newborn baby (87%, n=121), one fourth of mothers (25.4%, n=35) giving sample amount of water and 11.6% (n=16) of the mothers had started weaning during the period of study.

Out of the 138 mothers, only 101(73.2%) practiced Exclusive Breast Feeding. The mothers and child age, education and occupation of the respondents were found not to have influenced the practice of EBF but religion influences EBF. (Table No.5)

The above table shows that there is significant association between the religion of the respondents and their practice on EBF. The Christians about 78.9% were Exclusively Breast Fed while 21.1% had difficulties on EBF. And the Muslims about 60.5% were Exclusively Breast Fed while 39.5% had difficulties on EBF.

DISCUSSION

In a recent evaluation of the Sustainable Development Goals (SDGs), Exclusive Breast Feeding (EBF) for six months was considered as one of the most effective interventions to achieve MDG-4 15[1].

In this study, the majority of respondents had good knowledge about EBF (79%, n=109) but it is still lower than the study in Ambo Ethiopia (90.8%)[16]. Whereas 95.7% of mothers mentioned the recommended duration of EBF, which was higher than a study in DebreBirhan Ethiopia 83.4 % with similar socio-cultural background as the study area[17]. The findings of this study showed a higher number of mothers with high attitude towards EBF (79%, n=109) than in Southern Ethiopia, 56.7 % of mothers only had high attitude towards EBF[18] and in

Nigeria, 50% of women had high attitude towards EBF[19]. In this study EBF was reported by 73.2 % of mothers, which is higher than the study done by the Eritrean population and Health Survey in 2010 which is 69 % of children less than six months were Exclusively Breast Fed. The Eritrean Population and Health Survey (EPHS) 2010 revealed that among children less than months old, 86% was Exclusively Breast Fed. By the second to third month, the figure drops to 75%. By the fourth to fifth month, 50%

were Exclusively Breast Fed. Overall (0-5 month) 69% were Exclusively Breast Fed[20]. While in this study, infants less than two months old, 72.5% were Exclusively Breast Fed. By the second to third month, the figure raised to 86.7%. By the third to fourth month, 64.7% were Exclusively Breast Fed. By the fourth to fifth month, 61.5% were Exclusively Breast Fed. By the fifth to sixth month, 76.2% were Exclusively Breast Fed. This difference might be attributable to differences in sample: in the national study most of the surveyed areas were rural and urban while this study included participants coming to the health centers located in Asmara, capital city of Eritrea.

The study conducted in Ambo 82.2% of mothers Exclusively Breast Fed their children for 6 months which is higher than this study[16]. A study in Saudi Arabia EBF was reported only by 8.3 %[21] and a study in Kinshasa, Congo found only 2.8%. These results were much lower than this study[22].

The prevalence of EBF found in this study is far below the WHO recommended prevalence of 90 % demonstrating a wide gap between the desired and the actual practice of Exclusive Breast Feeding[23]. The low prevalence of Exclusive Breast Feeding could be attributed to misconceptions regarding the inadequacy of breast milk to meet the nutritional needs of the child, misunderstanding certain signs of the child to mean she/he is showing signs of wanting food to eat and misunderstanding healthcare professional's advice. Similar misconceptions have been reported previously in rural Ghana and in other West African countries[24-26].

This study revealed that 91.3% (n=126) of the mothers initiated breastfeeding within 30 minutes. This is higher than 26% and 31% obtained in the studies from Kano and Sokoto respectively[27, 28]. The study from Western Nepal, India, obtained 72.2% of breastfeeding initiation[29]. Findings from recent studies have stressed the risk of delayed onset of breastfeeding on neonatal mortality in sub-Saharan Africa and revealed that neonatal mortality could be significantly decreased by 16% if the mothers started breastfeeding at day one and 22% when breastfeeding was commenced within the first hour[30]. While awaiting the establishment of the "clean milk", the mothers gave pre-lacteal in form of boiled water, honey and animal milk. This is in consonance with findings from similar studies[25,28,30]. The introduction and use of pre-lacteal feeds have found a common place among African mothers[31,32].

Maternal education is related to knowledge of good child care practice and to household wealth. Female education has severally been described as one of the strongest determinants of the practice of EBF[33]. In our study, education of the respondents had no influence on the practice of EBF as there was no statistically significant difference between those with formal education with regards to the practice of EBF (p=0.451).

Limitations

The study was limited in the capital city, Asmara. There was no ethnic diversity because the study covered only three ethnic groups (Tigrigna, Tigre, and, Saho) of the nine ethnic groups of the State. This study was not supplemented with any qualitative data.

Table No.1: Socio-demographic characteristics of study participants Asmara, Eritrea, March-June 2018 (n = 139)

S.No	Child age in months	Number	Percent
1	2 months	40	29.0%
2	3 months	30	21.7%
3	4 months	34	24.6%
4	5 months	13	9.4%
5	6 months	21	15.2%
6	Maternal age		
7	20 -24	28	20.3%
8	25 – 29	68	49.3%
9	30 – 34	30	21.7%
10	35 – 42	12	8.7%
11	Marital status		
12	Single	8	5.8%
13	Married	130	94.2%
14	Divorced	0	0.0%
15	Widowed	0	0.0%
Parity			
1 or 2		84	60.9%
3 or 4		30	21.7%
5 – 7		24	17.4%
Mode of delivery			
Normal		121	87.7%
CS		16	11.6%
Operative vaginal delivery		1	0.7%
Mothers education			
No education		0	0.0%
Elementary		10	7.2%
Junior		39	28.3%
Secondary		81	58.7%
Tertiary		8	5.8%
Husband education*			
No education		4	2.9%
Elementary		8	5.8%
Junior		12	8.8%
Secondary		93	67.9%
Tertiary		20	14.6%
Mother Health worker			
Yes		0	0.0%
No		138	100.0%

Anybody in the family is a health worker		
Yes	19	13.8%
No	119	86.2%
Type of family		
Nuclear	100	72.5%
Joint	38	27.5%
Residence		
Inside Asmara	118	85.5%
Outside Asmara	20	14.5%
Ethnicity		
Saho	2	1.4%
Tigre	8	5.8%
Tigrigna	128	92.8%
Religion		
Christian	95	68.8%
Muslim	43	31.2%

Table No.2: Knowledge of Exclusive Breast Feeding (n = 139)

S.No	Variable	Frequency (%)
1	They heard about EBF	139 (100%)
2	Source of information about EBF	
3	Health institution	94 (68.1)
4	Friends	30 (21.7)
5	Mass media	15 (10.2)
6	EBF is needed for 6 month.	(95.8)
7	Baby fed adequate breast milk if slept or if regurgitate	112 (81.2)
8	Know EBF serve as contraception.	99 (71.7)
9	EBF serve as contraception for 6 months	37 (37.4)
10	Advantage of EBF is to prevent child from malnutrition, diarrhea	99 (71.7)
11	EBF has no disadvantage	115 (83.3)
12	Breast feeding should give at regular hours	98 (67.4)

Table No.3: Mothers' Attitude towards Exclusive Breast Feeding (n = 139)

	Strongly agree	Agree	Disagree	Strongly disagree
I feel that breast feeding should be started immediately after delivery.	48.6%	50.7%	0.7%	0.0%
I prefer to start weaning at 3 months.	1.4%	5.1%	60.1%	33.3%
I feel that artificial feeding is better than EBF.	4.3%	8.7%	58.7%	28.3
I believe that the first milk [colostrum] is not good for child health?	8.0%	2.9%	54.3%	34.8%
I feel Comfortable when I give extra food other than breast milk to my child.	3.6%	14.5%	58.7%	23.2%
I believe that child less than 6 month who is exclusively breastfed is healthier than child who takes artificial food.	31.9%	58.7%	7.2%	2.2%
I feel that EBF can serve as contraception.	14.6%	46.0%	35.8%	3.6%
I prefer to start contraception at 6 weeks.	12.5%	30.5%	46.1%	10.9%
I am feeling ashamed to feed my baby outside my home.	6.5%	7.2%	48.6%	37.7%
I believe that breast feeding is harmful to me.	3.6%	1.4%	53.6%	41.3%

Table No.4: Mothers Practice toward Exclusive Breast Feeding (n=139)

		Number	Percent
Have you breastfed your child	Yes	139	100.0%
	No	0	0%
Start breast feeding immediately after the birth of the child or after allowing from health staffs due to your CS	Yes	126	91.3%
	No	13	8.7%
-Gave anything to your baby before initiating	Yes	18	13.0%
	No	121	87%
Giving weaning currently	Yes	16	11.6%
	No	123	88.4%
Expressing Breast milk currently	Yes	7	5.1%
	No	132	94.9%
Giving sample amount of water	Yes	35	25.4%
	No	104	74.6%
Giving breast feeding whenever child demands	Yes	87	63.0%
	No	52	37%
Clean breast before and after giving breast feeding	Yes	110	79.7%
	No	29	20.3%
Taken any contraceptive after delivery	Yes	21	15.2%
	No	118	84.8%

Table No.5: Significant association between religion and practice of mothers on EBF (n=139)

		Exclusive breastfeeding		Total
		No	Yes	
Religion	Christian	21.1%	78.9%	100.0%
	Muslim	39.5%	60.5%	100.0%
Total		26.8%	73.2%	100.0%

P-value = 0.023

CONCLUSION

Even though breastfeeding has found universal acceptability in the study area as evidenced by the fact that all the children were breastfed, the practice of EBF was suboptimal. Mother's misconceptions and misunderstandings of EBF messages may play an important role in determining the practice of EBF. Maternal Knowledge, maternal level of education and age of the child may also be important in promoting the practice of EBF. Healthcare professionals should go beyond the mere dissemination of information to encouraging and helping mothers to overcome barriers of practicing EBF.

ABBREVIATIONS

ACHS: Asmara College of Health Sciences; EBF: Exclusive Breast Feeding; EPHS: Eritrean population and health survey; EPI: Expanded program on immunization; MOH: Ministry of Health; SD: Standard Deviation; SDG: Sustainable Development of Goals.

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CONFLICT OF INTEREST

None declared

AUTHORS' CONTRIBUTIONS

All authors participated in all phases of the study including topic selection, design, data collection,

data analysis and interpretation. Samuel and Frezgi contribute to write this manuscript.

AVAILABILITY OF DATA AND MATERIALS

The complete data set supporting the conclusions of this article is available from the corresponding author and can be accessed up on reasonable request.

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