



BREAST FEEDING KNOWLOGE AND PRACTICE AMONG IRAQI WOMEN

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ABSTRACT

Background: Breast feeding is ideal way of providing optimal food for the healthy growth and development of infants, as well as it is an integral part of the reproductive process with an important implications for mother's health. On population basis exclusive breast feeding for 6 months is the optimum way of infants feeding, there after infants should receive complementary foods with continued breast feeding up to 2 years of age or. **Material and Methods:** A prospective study included 300 women attended the consultant department of the AL-Alweya Maternity Teaching Hospital in Baghdad from the First of January to 30th of June 2019. The participant at age group range between 15-45 years old. **Results:** There was a significant association between the knowledge of starting complementary food with social level, no significant differences ($P > 0.05$) among the social class in regard the information and practice of the breast feeding initiation time, a significant differences in the knowledge of the different social class, and no significant differences in the practice. **Conclusion:** Mother knowledge about the breast feeding was inadequate. The breast feeding knowledge and practice of the mother are far from the satisfactory level of mother's education, especially exclusive breastfeeding.

KEYWORDS: Breast feeding, Exclusive Breast feeding, Knowledge, and practice.

INTRODUCTION

Breast milk is one of the healthiest methods of infant's feeding and has various benefits for mother and children and it is the natural first food for babies, it provides all the energy and nutrients that the infants need for the first months of life.^[1] It contains nutrients which provide the best nutritional combination for the child at least up to 6 months. Breast milk also has a special importance due to its contents of known materials especially essential fatty acids for brain growth and nerves development.^{[2] [3] [4]} World Health Organization (WHO) considered that breastfeeding as important source of nutrition for infants in the first 6 months of life, and emphasized on mothers to practice breastfeeding as an only source of feeding. Between 6 months and 2 years of child age, suggested that mothers can use supplemental food to feed their children along with breastfeeding.^[5] Beneficial effects of breastfeeding are determined by many factors. These factors are: initiation, duration, and the age at which the child is weaned^[6], it has a long term benefits for baby lasting to adulthood, any amount of breast milk has a protective effect, the longer the breast feeding the longer the protection last. The American Academy of Pediatrician (AAP) support the evidence that the breast feeding protect against a variety of diseases, diarrhea, respiratory tract infection, otitis media, urinary tract infection, late onset sepsis in preterm infants, type I and

type II diabetes mellitus, lymphoma, childhood over weight and obesity. In addition there are maternal health benefits from breast feeding, decrease post-partum bleeding, and more rapid uterine involution, decrease menstrual blood lose and child spacing, decrease of breast and ovarian cancer. Breast milk has no risk of contamination, it always at right temperature and ready to use.^[3] Exclusive Breast Feeding, it is the giving of breast milk only and nothing else, no other milk, foods, or liquid, not even sips of water except for medications.^[7] There are evidences that starting breast feeding within first hours of birth is good for both mother and the infant. A successful first breast feeding has a number of positive effect, it builds mother's confidence in her ability to breast feed, infant start to receive immunological benefits of colostrum, the infants digestion and bowel functions are stimulated, correct sucking of the breast at this stage may avert later sucking difficulties, and bonding and attachment between mother and infant are enhanced.^[8] Complementary feedings is the process of starting when the breast milk alone no longer sufficient to meet the nutritional requirement of infants therefore other foods and liquid are needed along with breast milk. The transition from exclusive breast feeding to family food as complementary feeding covers a period from 6-24 months even though the breast feeding may continue to

years beyond. Appropriate complementary feeding is timely meaning, that food introduced when need for energy and nutrients exceeded what can be provided by exclusive breast feeding.^[9]

2-METHADODOLOGY

A prospective study is carried out on 300 women attended the consultant department of the AL-Alweya Maternity Teaching Hospital in Baghdad between First of January to 30 of June 2019. All mothers were Iraqi Nationality. The questionnaire format consisted of two parts: **Part 1:** Knowledge part, including, age, educational level, socioeconomic level, and Mother's knowledge about breastfeeding and **Part 2:** Practice part, including the how the mother deal with her baby in regard of breast feeding.

Statistical Analysis

The Statistical Package SPSS (Statistical Package for Social Science) version (20) for data processing and statistical analysis. Data analyzed through the application of two statistical approaches.

RESULTS

Table No.1 shows the age groups and social levels, 156 (52%) were between 20 to 30 years, 55 (18.3%) were between 31-35 years, 42 (14%) were between 36-40 years, 35 (11.7%) were above 40 years and 12 (4%) were less than 20 years. The table also shows the social level, from the total number (300), 182 (60.7%) were moderate, 81(27%) were poor, 37 (12%) were good.

Table No. 1: Age groups and social level.

Age Groups						
	<20	20-30	31-35	36-40	>40	Total
Frequency	12	156	55	42	35	300
%	4 %	52%	18.3%	14%	11.7%	100%
Social Level						
	Poor	moderate	Good	Total		
Frequency	81	182	37	300		
%	27%	60.7%	12.3%	100%		

2- Breast Feeding initiation time: **Table No. 2.** Shows the information of the lactating mother about initiation time of breast feeding and their practice, where 91.3% know when to start breast feeding after delivery but 80% did practice. **Table No 2**, also shows there were no significant differences ($P > 0.05$) among the social class in regard to the information of the breast feeding

initiation time, percentages were (90.1%), (91.8%), and (91.9%) for the poor, moderate and good social class respectively, as well as for the practicing of the breast feeding initiation time and the social level there were no significant differences ($P > .05$), among poor (85.2%), moderate (76.9%), and good class (83.8%).

Table No. 2: Breast feeding Initiation time.

Breast Feeding Initiation Time				
Knowledge				
	First hour of delivery	within 24 hour	I don't know	Total
Frequency	274	20	6	300
%	91.3%	6.7%	2%	100%
Initiation of breast Feeding with Social Level				
Poor	73 (90.1%)*	6(7.4%)	2(2.5%)	81
Moderate	167(91.8%)*	12(6.6%)	3(1.6%)	182
Good	34(91.9%)*	2(5.4%)	1(2.7%)	37
Practice				
	Yes	No	Total	
Frequency	240	60	300	
%	80%	20%	100%	
Initiation of breast Feeding with Social Level				
Poor	69(85.2%)**	12(14.8%)	81	
moderate	140(76.9%)**	42(23.1%)	182	
Good	31(83.8%)**	6(16.2%)	37	

* no sig difference $P > 0.05$

** no sig difference $P > 0.05$

3- Exclusive Breast Feeding: **Table No. 4.** Shows the information of the lactating mother about exclusive breast feeding and their practice, where 40% of them

what is an exclusive breast feeding, while 55.7% of them they did practice. **Table No.3**, also shows there were a significant differences ($P < .05$) among the social classes

in the knowledge of exclusive breast feeding, where the highest percentage of information of exclusive breast feeding was the moderate social class (66.7%) while the poor (25.1%) and good social (18.3%) class had nearly the same percentage, While for the practicing of an

exclusive breast feeding **Table No. 3**, also shows no significant differences ($P > .05$) among the social class in practicing the exclusive breast feeding the highest percentage of moderate social class(60.5%) while the poor (25.1%) and good social (14.4%) class.

Table No. 3: Exclusive Breast Feeding.

Exclusive Breast feeding				
Knowledge				
	Frequency		%	
Yes	120		40%	
No	180		60 %	
Total	300		100 %	
Relation between Exclusive Breast feeding with Social Level				
	Poor	Moderate	good	Total
Yes	18 (15%)	80(66.7%)*	22(18.3%)	120
No	63(35%)	102 (56.7%)	15(8.3%)	180
Practice				
	Frequency		%	
Yes	167		55.7%**	
No	133		44.3 %**	
Total	300		100 %	
Relation between Exclusive Breast feeding with Social Level				
	Poor	Moderate	Good	Total
Yes	42(25.1%)	101(60.5%)	24(14.4%)	167
No	39(29.3%)	81(60.9%)	13(9.8%)	133

* sig difference $P < 0.05$

** no significant differences ($P > .05$)

4-Starting of complementary food, table No. 4 shows that, 186 (62%) they start it at 6 months, 90 (30%) before 6 months, 21 (7%) after 6 months, and only 3 (1%) they do not know when start complementary food. **Table No.4** shows, there is a significant association between

the knowledge of starting complementary food with social level, where good social class start the complementary food at 6 months (78.4%), followed by the moderate class (67.1%), and poor (43.2%) $P < 0.01$.

Table No. 4: Complementary Food.

Complementary Food					
Knowledge	6 months	Before 6 months	After 6months	I don't know	Total
Frequency	186	90	21	3	300
%	62%	30%	7%	1%	100%
Complementary Feeding with Social Level					
Poor	35 (43.2%)	38(46.9%)	7(8.6%)	1(1.3%)	81
Moderate	122(67.1%)	48(26.4%)	10(5.4%)	2(1.1%)	182
Good	29(78.4%)*	4(10.8%)	4(10.8%)	0(0%)	37

* Sig. difference $P < 0.01$

5- Sources of informations

Table No. 5. shows the sources of information, the most common source of information is the family members

(35.7%) follows by the family with health center (37.3%).

5- Sources of informations

Source Of Information	Frequency	Percent
Family members	107	35.7
Health Center	48	16.0
Social media	6	2.0
All	13	4.3
Family members + Health Center	112	37.3
Family members+ Social media	10	3.3
Health Center +Social media	4	1.3
Total	300	100.0

DISCUSSION

Table No. 1 shows the age groups, the majority of study samples within age group of 20-30 years old (52%) and this is the age is suitable for marriage and get pregnant. This result is supported (UNFPA, 2008)^[10], (Ayed, 2014).^[11], Concerning the social level, the majority of study sample from moderate socio-economic status 182 (60.7%), This result is supported by Shommo & Al-Shubrumi, 2014)^[12] & (Abdul Ameer, 2008)^[8] stated that the most of study sample are with moderate socio-economic status.

In regarding Breast feeding Initiation time table No. 2 shows that 91.3% of the mothers have the knowledge of starting the breast feeding at first hour of delivery, this ratio shows increasing in mother's knowledge of the importance of early starting breast feeding in first hour after delivery, where the rate of early initiation of breastfeeding passed from 25.1% in 2006^[13], to 43% in 2011, 2012 42.8%^[14], in addition, according to a research carried out in Erbil city in 2010, only 17.5% of mothers knew that breastfeeding should be initiated during first hour after delivery.^[15] Although 91.3% know the importance of early initiation of breastfeeding, but 80% of them had practiced early initiation of breastfeeding, our results is nearly similar to results of a study carried out in Iraq at 2008 were 73.1% of the women started breast feeding immediately after birth while it was higher than results carried at Sanaa city^[16], where 36.4% of women initiated breast feeding within hour, also it higher than results in another study, where 19% of the mothers had initiated breast feeding within first hour of life in study done among mothers in rural population of North India^[17] our results showed there was no sig differences among social class with knowledge and practice of the initiation of the breast feeding.

In regard of exclusive breast feeding knowledge, table No. 3. shows, 40% of the lactating mothers know what is an exclusive breast feeding, 60% did not, this percent against a study conducted in 2010 in Erbil shows that 58.9% of mothers know that children under the age of 6 months need exclusive breastfeeding^[15], our results lower than the results of study done in AL Riyadh City 2016 which shown that 62.9% of the mother had exclusive breast feeding.^[18] Our results also was lower than the results of study carried out on Gozamin district, northwest Ethiopia shows the prevalence of exclusive breastfeeding among mothers was 74.1%^[19], while it is higher than the results of a study conducted in Dabat district, northwest Ethiopia, whose prevalence of exclusive breast feeding was 30.7%^[20] and also our results, are near a results of a study done in Sanaa city^[16], where 36.6% of the participant know what is an exclusive breast feeding. Even though 40% of study participants know what is an exclusive breast feeding, but 55.7% of tem they did it. **Table No. 3,** also shows that moderate social class is the most social class had high ratio of knowledge about the exclusive breast feeding 66.7%, this against 93.6% participants in a study

had heard about exclusive breast feeding^[21], also our results is lower than the results of a study carried out at Enugu South East Nigeria where 86.1% of the mother were aware of, exclusive breast feeding while 58.7% of the mothers had in adequate knowledge^[22], while it higher than to the results of an Iraqi research in 2008, where 37.3% of the participant know what is an exclusive breast feeding and 41% 8 did it.^[8]

In regarding complementary food adding table No. 4, shows, most of the mothers (62%) know when starting complementary food, at 6 months of age this ratio is lower than a ratio (73.1%) in a study carried by bdul Ameer AJ et. al., (2008)^[8], our results are higher in In a study in Medical College in West Bengal - India, 47% of mothers know when start complementary food and 59% starting it^[23], our results are lower than the results of a study carried out at in Iraq at 2008 where the percentage was 79.2%.^[8] There were a significant differences among the social class, the higher percentage of this knowledge was among the good social class (78.4%), followed by moderate class (67.1%), and the lowest was the poor class (43.2%).

Regarding source of information, table No. 5 shows higher percentage of the lactating mother tier source of information from their family members (35.7%) and from family members with health center (37.3%), while in a study conducted in United State Of America, were most frequent sources of prenatal infant feeding information by health care providers (82%), and Approximately three-quarters of subjects had discussed infant feeding with family^[24] while our results health centers provide (16%) source of information.

CONCLUSION

Most of the participant had some level of education background, but majority did not have adequate knowledge about exclusive breastfeeding, although they did better in practice in their different social class. The Knowloge and practice is fair regarding the initiation time of breast feeding in all social levels.

Recommendation

1. The study revealed the need for more education breast feeding Knowloge and practice especially in low social level to improve both mother and child health.
2. The need for education training for health workers who are in contact with mothers during pregnancy, delivery and post-partum period.
3. Our study revealed that, the family members are the main source of information for the mothers, which may necessitate the need for including media in the education program regarding breast feeding Knowloge and practice.

Aim of the study: To assess the breast feeding knowledge and practice among Iraqi women residing in Baghdad.

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