

Exclusive Breastfeeding Knowledge And Attitudes Among Mothers In Mother-To-Mother Support Groups In Kitui County, Kenya

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ABSTRACT

Introduction: Exclusive breastfeeding for the first six months of a child life is considered a major public health achievement in the growth and development of a child. However, in Kenya there is paucity of data on exclusive breastfeeding knowledge and attitudes among mothers in mother to mother support groups. This study aimed to establish maternal exclusive breastfeeding knowledge and attitudes among mothers with infants less than 6 months who were members of mother to mother support groups (MtMSGs) in Kitui County

Methods: A cross-sectional study was conducted among 183 mothers with infants less than 6 months of age in MtMSGs in Kitui County. A semi-structured researcher administered questionnaire was used to collect the data. Exclusive breastfeeding (EBF) knowledge was determined based on EBF knowledge scores while the participants attitudes towards EBF were established using a five point Likert scale. Data was analyzed using descriptive statistics. Statistical Package for Social Sciences (S.P.S.S) version 22 was used in the analysis

Results: The results of this study revealed that the participants had high maternal knowledge (77.6%) and positive attitude (98.4%) towards exclusive breastfeeding (EBF).

Conclusion: The mothers in the mother to mother support groups were knowledgeable and had positive attitude towards EBF. There is need to promote programmes promoting exclusive breastfeeding such as Mother to Mother Support Group (MtMSGs) in the community in order to boost the appropriate EBF knowledge and attitudes globally for a healthy world.

Key words: Exclusive breastfeeding, mother to mother support group, exclusive breastfeeding knowledge, exclusive breastfeeding attitudes.

INTRODUCTION

Background to the Study

Good nutrition is important in ensuring adequate growth, health, and development of children to realize their full potential. ^[1] Breast milk provides infants with the ideal nourishment required for growth and development. In the first six months of a child life, breast milk contains all the nutrients that a child requires in appropriate quantities. ^[2] *The World Health Organization (WHO)* and the United Nations Children's Fund (UNICEF) recommends

that infants should be exclusively breastfed for the first six months, followed by breastfeeding along with appropriate complementary foods for up to two years of age or beyond. ^[1,3,4] Exclusive breastfeeding (EBF) has been defined by WHO as the situation where the infant receive only breast milk during the first six months of his/her life. ^[1] Exclusive breastfeeding has effectively been shown to reduce the likelihood of child morbidity and mortality. ^[5,6] Evidently, it is considered as the best

and most cost effective intervention to reduce infant morbidity and mortality. [7]

The maternal knowledge on the benefits of breastfeeding is crucial for successful breastfeeding as the mother's knowledge influences choice of infant feeding. [8] In a study done in Indonesia, breastfeeding knowledge is mother's practical understanding about EBF. [9] According to the study, there are several elements concerning breastfeeding knowledge, such as knowledge about breastfeeding benefits to the baby and to the mother, knowledge about benefits of colostrum, knowledge about appropriate feeding, duration of feeding, complementary feeding time and knowledge about problems with breastfeeding.

A study in Kenya reported that maternal knowledge about breastfeeding, culture of infant young child feeding as well as work and other family responsibilities affected rates of exclusive breastfeeding but no association was found to exist between maternal knowledge and duration of exclusive breastfeeding. [10] In Kibera slum, Nairobi, breastfeeding knowledge among breastfeeding mothers was found to be inadequate. About two-thirds (65.3%) of the mothers knew babies should be breastfed for a period of 2 years or more; 88.3% knew that babies should be breastfed on demand. In contrast, only 22.2% of the mothers stated babies should be exclusively breastfed for 6 months, whereas about a third (32.2%) stated that EBF should be done for a period of 1 to 3 months. [10]

Mothers' attitude towards breastfeeding is an important factor in the preference of infant feeding choices. [8] However, the health professionals have been shown to have insufficient skills to provide breastfeeding support to nursing mothers to change their attitudes. [11] Optimal infant feeding practices such as exclusive breastfeeding for the first six months are promoted by many governments, Non-Governmental Organizations (NGOs) and international organizations such as WHO and UNICEF. Mother to Mother Support

Group (MtMSG) is such strategy being prompted widely. Promotion of optimal Infant and Young Child Feeding practices (IYCF) could be done either through social/lay or professional support. However, professional support may only reach out to a limited population attending the health care as compared to social/lay support which could reach out to the whole community. [12]

MtMSG is a type of social support with the aim of providing peer support. Notably, peer support and counselling are recognized by WHO and UNICEF as crucial components of programs and policies to support breastfeeding. [13-15] As a matter of facts, the Baby Friendly Hospital Initiative (BFHI) 10th step recommends establishment of breast feeding support groups with help of a professional to promote optimal breast feeding practices in the community. [12]

Despite a number of strategies being put in place to promote optimal breastfeeding Dearden et al. [16] has observed that the effectiveness of these strategies is not yet well determined. Furthermore, the review of literature lacked information on the EBF knowledge, attitudes and practice for community based groups promoting EBF. This study sought out to determine exclusive breastfeeding knowledge and attitudes among mothers in mother-to-mother support groups in Kitui County, Kenya.

Objectives of study

1. To assess the level of knowledge on exclusive breastfeeding among mothers in MtMSGs in Kitui West Sub-County, Kitui County
2. To assess the attitude towards exclusive breastfeeding among mothers in MtMSGs in Kitui County.
3. To establish the relationships among EBF knowledge and attitude among mothers in MtMSGs in Kitui West Sub-County, Kitui County.

MATERIALS AND METHODS

Research design

The study was a cross-sectional analytical study conducted among lactating mothers in Kitui County Kenya.

Study area

The study was carried out in Kitui West Sub-County.

Study Population

The study population comprised of all lactating mothers who had children 0-6 months and who were members of mother to mother support group in Kitui County Kenya.

Data Collection Tools

A researcher-administered questionnaire was used to collect information from the mothers on maternal EBF knowledge and attitude. Focus group discussion guides were used to get more information concerning EBF knowledge and attitudes.

Data Analysis

The analysis of quantitative data was conducted using the Statistical Package for Social Sciences (SPSS) Version 22. Chi-square test was used to establish significant associations between EBF knowledge and attitude.

Overall knowledge level was the total of correct responses. In this study 11 questions were used to assess the level of EBF knowledge. Based on the questions, 3 terciles were developed namely; low knowledge (score of <4), moderate knowledge (score of 4-6) and high knowledge (≥ 7).^[17] Participant's attitude scores were computed based on the different aspects of breastfeeding. All the mothers who got the positive attitude in each statement were given a score of 1 and a 0 for those who scored negative attitude. The sum score for each individual was thereafter computed to establish the individual attitude score. Composite score equal to or above average test score was rated positive attitudes while that below average test score was rated as negative attitude.^[18&19] Statistical significance was set at $p < 0.05$. Data from FGDs were transcribed, responses arranged in general categories identified in the discussion guide. Common themes were identified, inferences made from each theme and conclusion drawn.

Definition of terms

Attitude -an individual's thinking or feeling towards exclusive breastfeeding as well as preconceived ideas that an individual has towards it, this can either be positive or negative attitude.

EBF- Exclusive Breastfeeding- Giving an infant nothing else apart from breast milk

Knowledge -An individual's familiarity of information or awareness and understanding of exclusive breastfeeding.

Mother-to-mother support groups (MtMSG)- are groups of women, of any age, who come together to learn about and discuss issues of infant and young child nutrition (IYCN).

Ethical approval

Clearance to conduct the study was sought from Kenyatta university graduate school while ethical clearance was obtained from the Kenyatta University Ethics Review Committee (KUERC). A research permit was sought from the National Commission for Science, Technology and Innovation (NASCOTI). Participants were comprehensively explained to the study objectives and significance of the findings. Voluntary informed written or thumb print consent was sought from participants. Confidentiality of all collected information was observed throughout the study by ensuring only the researcher; researcher-assistants and data analyst accessed the information collected. The names of the respondents were not included in the questionnaires.

RESULTS

Maternal knowledge level on exclusive breastfeeding

Overall, the mothers were knowledgeable on breastfeeding with a mean knowledge score of 9.12 ± 1.257 SD out of the possible maximum of 11. The score ranged from 4 points to 11 points (Table 1). In regard to the established terciles, 77.6% were in the high knowledge tercile. Only 1.1% of the total participants were in the low knowledge tercile (Table 1).

Table 1: Maternal knowledge terciles on exclusive breastfeeding

Variable (N=183)	Number of mothers (f)	Percentage (%)
Terciles		
Low knowledge tercile (score <4)	2	1.1
Moderate knowledge tercile (score 4-6)	39	21.3
High knowledge tercile(score ≥7)	142	77.6
Mean ± SD: 9.12 ± 1.257		

In relation to knowledge aspects asked majority of participants were fairly knowledgeable, almost all (96.7%) knew that infants should be given breast milk immediately after delivery (Table 2). Similarly, slightly more than half (51.9%) of

the mothers stated that infants should be put to breast immediately after safe delivery. Majority (95.6%) of the mothers also knew that infants should always be breast fed on demand. Eleven percent (10.9%) of the study participants did not know that infants should be exclusively breast fed for the first six months of their live. However, 98.9% of the study participants knew that the best time to introduce complementary feeding was after six months of child's age. About one third (56.7%) did not know what they can do to increase their breast milk production (Table 2).

Table 2 Maternal knowledge on exclusive breastfeeding

Knowledge aspect	N=183	
Mothers who knew ...	n	%
Breast milk should be given to the baby immediately after a safe delivery	177	96.7
A baby should be put on the breast within 1 hour after a safe delivery	163	89.1
A baby should be breast fed on demand	175	95.6
A baby should suckle for as long as they want	154	84.2
A baby should be exclusively breast fed for 6 months	163	89.1
After 6 completed months should a baby be introduced to other foods	181	98.9
Frequent breast feeding helps to increase the production of breast milk	90	70.8
Reasons for baby not obtaining adequate breast milk* (Mothers who knew at least 3 scored 1point)		
Putting the baby to the breast infrequently	68	74.6
Baby suckling for only short periods	17	12.3
Improper position of baby to the breast	16	10.2
Worries/discomfort of the mother	27	32.9
Don't know	69	68.0
Importance of breast feeding* (Mothers who knew at least 3 scored 1 point)		
Its nutritious	162	94.6
It prevents pregnancy in early lactation	9	13.5
It protects child against infection	25	28.4
Makes child grow well	5	16.6
A baby Should not be fed on any other food or drink after initiation of breast milk	168	91.8
Expressed breast milk should be fed to the baby when the mother is away	157	85.8

*Multiple responses

Maternal attitude towards exclusive breastfeeding

The attitude mean score among the participants was 9.53±1.058 out of 10 (Table 3) denoting a considerable positive attitude towards breastfeeding. Additionally, those who scored equal to or more than half of the total attitude score were regarded to have a positive attitude towards EBF while those who scored less than half were considered to have a negative attitude towards EBF.

Table 3 Maternal attitude category on exclusive breastfeeding

Variable (N=183)	Number of mothers (f)	Percentage (%)
Category		
Positive	180	98.4
Negative	3	1.6
Mean ± SD: 9.53 ± 1.058		

Slightly more than half (52.5%) of the participants strongly believed that exclusive breast feeding is beneficial to the baby (Table 4). The results further showed that the largest proportion (92.9%) of the study participants agreed that breastfed babies are healthier than formula fed babies. **Relationship between maternal EBF knowledge score and attitude score**

Pearson moment correlation was performed to establish whether there was any significant association between maternal EBF knowledge score and their respective attitude score. A positive correlation was found between maternal knowledge and their respective attitude scores (r= 0.146; p = 0.049) as shown in

Table 5. This denoted that as EBF attitude of the mother towards EBF also knowledge score increased the positive improved.

Table 4 Maternal attitude towards exclusive breastfeeding

Frequency N=183 Statement	Strongly Agree	Agree (A)	Neither A/D	Disagree (D)	Strongly Disagree
Believe that EBF is beneficial to the baby	96 (52.5%)	87 (47.5%)	0	0	0
A baby can survive without water but only breast milk	84 (45.9%)	93 (50.8%)	4 (2.2%)	2 (1.1%)	0
Breastfed babies are healthier than formula fed babies	88 (48.1%)	82 (44.8%)	13 (7.1%)	0	0
Believe that breast milk is more easily digested than formula milk	84 (45.9%)	82 (44.8%)	17 (9.3%)	0	0
Believe that EBF is beneficial and important to both mother and child	86 (47.0%)	97 (53.0%)	0	0	0
Believe that infant should be breastfed as long as he or she suckles	71 (38.8%)	110 (60.1%)	2 (1.1%)	0	0
Formula feeding is the better choice if a mother plans	6 (3.3%)	0	13 (7.1%)	74 (40.4%)	90 (49.2%)
It is necessary to give other feeds after breast milk	6 (3.3%)	0	0	93 (50.8%)	84 (45.9%)
Other feeds should be given to the baby when she or he cries	6 (3.3%)	0	7 (3.8%)	84 (45.9%)	86 (47.0%)
Believe that breast milk is not adequate for babies 2 months or older	6 (3.3%)	2 (1.1%)	2 (1.1%)	85 (46.4%)	88 (48.1%)

Table 5 Correlations between maternal EBF knowledge score and attitude score

		Knowledge Score	Attitude Score
Knowledge Score	Pearson Correlation	1	.146*
	Significance (2-tailed)		.049
	N	183	183
Attitude Score	Pearson Correlation	.146*	1
	Significance (2-tailed)	.049	
	N	183	183

*. Correlation is significant at the 0.05 level (2-tailed).

DISCUSSION

Majority of the study participants were noted to be knowledgeable about EBF. This is in agreement with other studies conducted in Kenya and in other countries. A study conducted in Wajir County reported that both multiparous and primiparous mothers had a generally high knowledge on various aspects of breastfeeding. [20] Other studies conducted in Ethiopia [21-23] and Nigeria [24] have documented similar findings of notably high breastfeeding knowledge. The high knowledge reported in this study could be due to the fact that the standard Kenya ministry of health services provides mothers with education on Infant and Young Child Feeding (IYCF) both at health facility and community levels. [25] Most mothers therefore, were likely to get information on exclusive breastfeeding since most of them delivered in a health facility. Furthermore, social support of MtMSG could have provided a platform for

sharing information on breastfeeding through both peer and health care provider support.

The finding of this study also revealed that majority of the mothers had positive attitude (98.4%) towards EBF. The attitude score of this study was higher than those of other studies conducted in Rwanda [26] and Ethiopia [27] which reported positive attitude at 71.1% and 73.9% respectively. The difference could be due difference in study settings and the contribution of MtMSG in helping the mothers have positive attitude towards EBF. Further, the Kenyan government increased interventions in improving IYCF and especially EBF could also have led to the high positive attitude among the mothers towards EBF.

The study noted that the MtMSG provided a good environment where most mothers obtained their information on EBF from both the peers and the health workers. The support group would enable them to

share EBF knowledge, influence each other attitude towards EBF and appropriately receive adequate government interventions in promotion of IYCF.

CONCLUSION

Exclusive breastfeeding for six months has many benefits for both the infant and the mother. In this study, maternal knowledge and attitude towards EBF among the mothers in MtMSG was notably high. Majority of the participants were in the high knowledge terciles, interestingly, majority had substantial knowledge in regard to the various breastfeeding aspects assessed in this study. The largest proportion of this study participants had positive attitude towards EBF. The findings showed that both maternal knowledge and attitude scores were positively correlated. The finding shows the importance of enhancing maternal EBF knowledge so as to enhance positively the attitudes of mothers towards EBF. In addition health care providers facilitating the MtMSG should regularly educate and monitor the mother's breastfeeding.

Abbreviations

EBF: exclusive breastfeeding

IYCF: Infant and Young Child Feeding

MtMSG: Mother-to-mother support groups

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