A Survey on Knowledge, Attitude, and Practice of Female Teachers about Breastfeeding in Albaha Region KSA

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ABSTRACT

Background: Breastfeeding is one of the essential public health strategies for improving infant and child morbidity and mortality, as well as it had beneficial effects on maternal health. This study aimed at assessing the knowledge, attitude, and practice of female teacher in Albaha city towards breastfeeding.

Methodology: cross-sectional prospective study targeting the female married teachers at Albaha city, who had a child whose age at least two years or more at the time of the study, to assess their KAP of breastfeeding in her last-born child.

Results: The rate of exclusive breastfeeding during the first 6 months was 22.2%. Although 81% received educational sessions about breastfeeding. Only 31% know the suitable time for starting breastfeeding the child after birth. Two third of the participants used to conduct hand hygiene before they breastfed their infants.

Conclusion: As our study showed that there is a low rate of exclusive breastfeeding, wrong practice with the introduction of supplementary diet, with a high prevalence of unreasonable formula feeding, this necessitates the great need to promote health education to mothers and fathers about the importance of breastfeeding.

Keywords: Breastfeeding, Knowledge, Practice, Attitude, Teachers.

INTRODUCTION

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. It has been estimated that the promotion of breastfeeding can save the lives of 1 million infants annually in developing countries. Breastfeeding malpractice is responsible for 45% of neonatal infectious deaths, 30% of diarrheal deaths and 18% of ARI deaths in children under five years. The United Nations Millennium Development Goal (MDG) 4 target to reduce infant mortality from about 100 deaths per 1000 live births to 35 deaths per 1000 live births by the year 2015. Studies have shown an inverse relationship between exclusive breastfeeding and infant mortality rates in developing countries. Research has shown that breastfed infants have a lower incidence of acute gastroenteritis, urinary tract infections, otitis media, lower respiratory tract infections, meningitis, and bacteremia as well as a
decreased incidence and severity of necrotizing enterocolitis in preterm infants. [4]

Long-term health benefits for breastfed infants include a lower incidence of type I diabetes mellitus and other autoimmune diseases. The incidence of childhood lymphomas is decreased. Recent research indicates that breastfed infants have a lower rate of endogenous cholesterol production as a result of the higher cholesterol levels found in breast milk. [5]

It is an important preventive factor in pediatric allergic diseases, and obesity. It is also beneficial to the mothers' health by spacing births, protection against ovarian and breast cancers, and enhancing early postpartum uterine resolution. [3]

Breastfeeding practices include the timing and initiation of breastfeeding, exclusive breastfeeding, giving of prelacteal feeds, breastfeeding on demand, giving of supplementary feeds, and whether or not a feeding bottle is used. [4] Exclusive Breast Feeding (EBF) is defined as infant feeding with human milk without the addition of any other liquids or solids. [6] The World Health Organization (2008) recommends exclusive breastfeeding, whenever the infant demands it, for the first six months of life and the continuation of breastfeeding as a complement for solid food until the child is two years old or more. [7]

Despite WHO's recommendations on breastfeeding, the global picture falls short of these standards, as only 35% of infants worldwide are exclusively breastfed. [4]

Researchers found that the reasons for breastfeeding failure were maternal work, social pressure, and breastfeeding problems; mastitis and sore nipple. However, lack of knowledge in health professionals dealing with nursed mothers could be another major cause. [3]

In Albaha Province, no studies were conducted concerning breastfeeding in general. So, we are aiming in this research to study the breastfeeding knowledge, attitude, and practices among teachers in Albaha Province.

**Study Objectives:**

**General objectives**
To study the knowledge, attitude & practice of female teachers in Albaha Province about breastfeeding.

**Specific objectives**
1. To estimate the breastfeeding rates among female teachers in Albaha Province.
2. To study the knowledge of female teachers in Albaha Province about the physical, psychological & financial benefits of breastfeeding for both mother and baby.
3. To study the knowledge of female teachers in Albaha Province about the concept, and the optimal duration of exclusive breastfeeding.
4. To study the current practices adopted by female teachers concerning techniques of breastfeeding, duration of breastfeeding.
5. To study the common causes of reluctance to breastfeed.

**MATERIALS AND METHODS**

This prospective, cross-sectional, community-based study was carried out to assess knowledge, attitude, and practice of Saudi female teachers at Albaha province who had at least one child whose age two years or more at the time of the study.

Data were collected using a pre-structured, self-administered questionnaire covering all the specific objectives mentioned above. The questionnaire was designed on Google drive in the Arabic language. The ethical considerations had been secured (the study was approved by the research ethical committee of Faculty of Medicine, Albaha University, a consent was taken from the regional education authority) and by the help of the school’s administration the questionnaire was submitted electronically to the target population, after completing it was retranslated back to English.

**STATISTICAL ANALYSIS:** Data was analyzed using SPSS, version 24.
RESULTS
Concerning the knowledge of the participant regarding breastfeeding we obtain the following:
- Only 31% knew the suitable time for initiation of breastfeeding after birth
- 94% believed that there is a difference between the colostrum and the mature breast milk while 6% reported that there was no difference (Table 1).
- Approximately 50% believed that it is important to give their infant water in the first 6 months of life (Table 1).
- 51% thought that the suitable time for the introduction of supplementary diets is 4 months while 37% assumed that it is 6 months, and 11% reported it as 8 months. (Figure 1)

- On responding to question about the benefits of breastfeeding the vast majority of the participant knew the benefits for both infant and lactating mothers although some of them reported that they don’t know (Table 1).
- More than three-quarters of the participant reported that they receive health education about breastfeeding (Table 1).
- On checking their knowledge with regard to the suitable number of feeds per 24 hours of infants less than 2 months 32% reported as 10-12 meals, 30% on demand, 29% 6-10 feeds (Figure 3).

<table>
<thead>
<tr>
<th>QNo.</th>
<th>Item</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Knowledge:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>Is there any difference between the initial milk (colostrum), and subsequent milk?</td>
<td>94.1%</td>
</tr>
<tr>
<td>2.</td>
<td>Is it necessary to give water to the infant in the first 6 months of life?</td>
<td>47.5%</td>
</tr>
<tr>
<td>3.</td>
<td>Any maternal benefits for breastfeeding.</td>
<td>96.6%</td>
</tr>
<tr>
<td>4.</td>
<td>Has breastfeeding any role for family planning and spacing</td>
<td>82.3%</td>
</tr>
<tr>
<td>5.</td>
<td>Has breastfeeding any role in increasing infant immunity</td>
<td>98.3%</td>
</tr>
<tr>
<td>6.</td>
<td>Has breastfeeding any role in protection against allergic diseases?</td>
<td>81.5%</td>
</tr>
<tr>
<td>7.</td>
<td>Role of breastfeeding in decreasing rates of Iron Def. Anemia</td>
<td>77.8%</td>
</tr>
<tr>
<td>8.</td>
<td>Role of breastfeeding in prevention against childhood rickets</td>
<td>87.6%</td>
</tr>
<tr>
<td>9.</td>
<td>Psychological bond between mother and infant</td>
<td>98%</td>
</tr>
<tr>
<td>10.</td>
<td>Improving mental, intellectual, and neural development of The children</td>
<td>90.4%</td>
</tr>
<tr>
<td>11.</td>
<td>Any contraindications for breastfeeding</td>
<td>61.2%</td>
</tr>
<tr>
<td>12.</td>
<td>Did you receive any health education about breastfeeding?</td>
<td>81.5%</td>
</tr>
</tbody>
</table>

On reviewing the practices of the participant on breastfeeding their infant we obtain the following:
- 22% Exclusively breastfed their infant and did not give even water during the first 6 months
- while the others (78%) used to introduce other complementaries (Milk formula, water, feeds, others), and the reasons for this were: mother employment, inadequate breastfeeding, maternal health problem (figure 2).
- 64% stated that they used to give their infants the ready to use feeds in the first week of age, versus 36% who didn’t use this practice.
- 66% reported that they wash their hands before breastfeeding their infants while the remaining others didn’t do this.
- 84% thought that the best position during breastfeeding is sitting position while 13% lying position and 3% don’t know exactly.
- Regarding the proper practice during single breastfeeding session 77% believed that the right fact is to breastfeed the infant from both breasts while the remaining 17% from one breast and 6% didn’t know (figure 4).
- 27% used the pacifier for their infants While 73% of the participant didn’t do so because they thought it may be a source of infection (86%), or the infant might misses, or delay the time of the next feed because he is busy with it (14%).
Suitable time to introduce supplementary diet?

![Figure 1](image1.png)

DISCUSSION

The knowledge of female Teachers about breastfeeding theoretical points (its benefit to both infant and mother) was above average while their practice of breastfeeding (especially exclusive breastfeeding, and age of introduction of supplementary diets) was lagging behind their knowledge this might be due influence by the dominant practice of formula feeding in the community or might be related to working hours.

![Figure 2](image2.png)

![Figure 3](image3.png)

The rate of exclusive breastfeeding in Albaha was low (22%) compared to the international rate which is 37%, this might be attributed to maternal employment, inadequate breast milk, and community cultural believes. This is more or less comparable to other Saudi study carried out in Abha city in which the rate of exclusive breast feeding was found to be 32%[1].

There is a very high tendency to use milk formula (85% of the 78% who use to give their infants complementary materials in the first 6 months of life).

CONCLUSION

As our study shows that there is poor knowledge among the participant concerning time for initiation of breastfeeding, suitable time for introduction of supplementary diet, duration of breastfeeding, as well as it revealed low rate of exclusive breast-feeding, some wrong practice in technique of breastfeeding, hygienic measures before the feeds with high prevalence of unreasonable formula feeding, this necessitate the great need to promote health education to the parents about the importance of breastfeeding, using the social media, T.V, educational syllabus, workshops in schools, and antenatal care clinics.
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