International Journal of Science and Research (IJSR)
ISSN (Online): 2319-7064
Index Copernicus Value (2013): 6.14 | Impact Factor (2015): 6.391

The Knowledge, Attitude and Practices of Mothers regarding the Breast-Feeding in Sinkat Locality, Red Sea State, Sudan

Tahani Babiker ELyas

Assistant Professor, Faculty of Public Health and Tropical Medicine, Jazan University, Jazan, Saudi Arabia
Assistant Professor, Faculty of Medicine, Red Sea University, Port Sudan, Sudan

Abstract: ***Breast feeding, the most natural way of infant feeding to satisfy nutritional, metabolic and psychological needs of the baby. This cross-sectional study was conducted from 2014 to 2015 to assess the knowledge, attitudes and practices of mother about the breastfeeding. A cluster sampling technique was used for selecting 780 households with at least one child under five. Structured questionnaires were administered to mothers , chi square test and relative risk were used to test the associations using 0.05 significant levels. Statistical association was existed between the educational level of the mother's and the type of food introduced first to the child after birth, and exclusive breastfeeding practices also the study revealed that (61%) of the mother's weaned their children before two years and 63 %) weaned them suddenly. The study recommended to using the Ten Steps to Successful Breast-feeding guide for health education to promote and correcting the beliefs about breastfeeding.***

Keywords: Breastfeeding, Sinkat locality, Red Sea State, Sudan

1. Introduction

Breast - feeding is a biological and cultural system ,especially geared to preserve, maintain and perpetuate the human race (1). Mother should start breast - feeding very early within one to two hours of birth; there will be little amount of milk in the first few days after delivery called Colostrum and contains a high amount of proteins and minerals (2) . It also contains antibodies and special cells that increase the body's immunity to several infectious diseases such as diarrhea (3).Colostrum is replaced by mature breast milk few days after delivery. Mature breast milk provides unique benefit for the infant. Human milk contains appropriate amounts of carbohydrates, proteins, fats and it provides digestive enzymes, minerals, vitamins and hormones that the infant requires (4) .Breast- feeding benefits for the child are: breast- feeding is nutritionally superior to any other alternative for the first six months ; rapidly and easily digested ; it provides direct antimicrobial factors and immunological protection which decrease exposure to pathogens in contaminated food ; promotes good jaws and teeth development ; costs less than commercial infant formulas ; also human milk contain the least allergen infant food ; it automatically enhances the mother child bonding(5). The World Health Organization (WHO) and United Nations International Children's Emergency Fund (UNICEF) unanimously recommend breastfeeding babies aged 0-6 months exclusively with breast milk, starting weaning only after the sixth month and breastfeeding until the baby is 2 years old**(6)**. Breastfeeding reduces the risk of malnutrition and the common infectious diseases in children, which are the leading causes of infant mortality in the developing countries **(7)**. The promotion of breastfeeding is one of the essential interventions for reduction of infant mortality and improving infant development worldwide **(8)**. Thus increasing the prevalence of EBF may be an important step towards reaching the millennium development goal of reducing IMR to 52/1000 by the year 2015**(9)**. The practice of breastfeeding in any society constitutes an integral part of children rearing patterns, which are determined by the ecological factors include the type and organization of social institutions , economy and means of livelihood, population structure and movement, cultural and religious beliefs, customs and lifestyle (10) . Complementary- feeding is the gradual introduction of non milk foods in addition to breast- milk. The period of complementary- feeding is the period during which other foods or liquids are provided along with breast-milk (11).Objectives: To assess the knowledge, attitudes and prevention practices of mothers regarding breast feeding.

2. Methods

This cross- sectional, descriptive community based study was conducted in Sinkat Locality, Red Sea State. The locality is bordered by Egypt in the North, Eretria in the South, the Nubian Desert to the West and Red sea hills to the East. Sinkat Locality lies between the latitudes 18.3^0-19.1^0 degrees North and the longitudes 36-37.2^0 degrees East. .According to the census of 2008, the total population in Sinkat Locality was 172883 persons. Sample size was calculated by using a sample formula N = $\frac{z2\,pq\quad Def}{d2}$. Where Z: The standard normal deviation (1.96) which corresponds to the level of the 95% confidence level. p: The prevalence rate of kAPs in Sinkat locality (47.4%) (0.474) ,q: 1-p (0.526),d: The degree of accuracy desired (0.05) .Def: design defect=2.Mothers child of 6-59 months of age and residing in Sinkat Locality is study unit .By using a stratified sample the population was divided into 2 strata (Urban and Rural). The number of the children 6-59 months in each stratum was found to be as follows 4266 in urban strata and 4262 in rural strata, with a total number of 8528 children and the sample size for each strata was 384. Also, the sub sample of urban and rural strata was drawn proportionally. Data was collected by structured questionnaire design to the mother , which includes social, demographic data, knowledge , attitudes and behavior

practices toward the breastfeeding. Data was analyzed by entering it into the computer using the statistical package for social sciences programs (SPSS), and then results were presented in tables and figures. Chi-square test was used for testing the associations.

3. Results

Table 1: Socio-demographic characteristic of mother in sinkat locality

Educational level		
Illiterate	421	55
High school or less	301	39
University education or higher	46	6
Age		
Less 30	568	74
Above 30	200	26
House hold income		
Less 1000SD	548	71
Above 1000SD	220	29
Total	**768**	**100**

The result indicates that 55% were illiterate, 74% them their age less 30 year and 71% of them their income les 1000 SD .

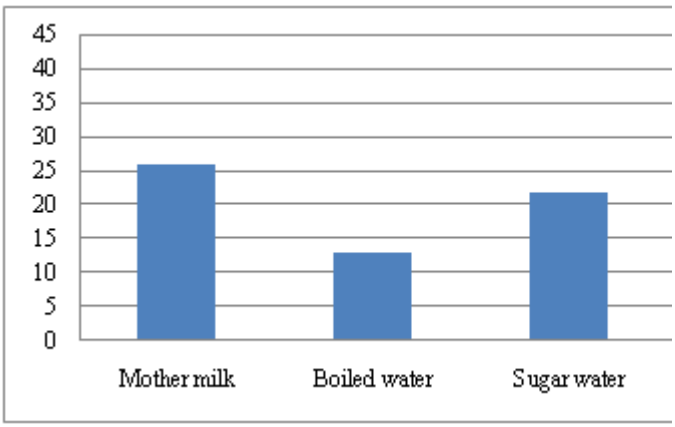

Figure 1: The type of food introduced first to the child after birth

The result shows that 26% of mother breast the child soon after birth, 13% introduced boiled water, 23% sugar water while most of them introduced butter at birth.

Table 2: The association between the educational level of the mothers and Some variables

Type of food	373.072	0.000
The time of breast feeding	158.160	0.000
Exclusive breast feeding	39.764	0.000

The table indicates that there was association between the educational level of the mothers and the type of food introduced first to the child after birth, the time of breastfeeding and exclusive breastfeeding.

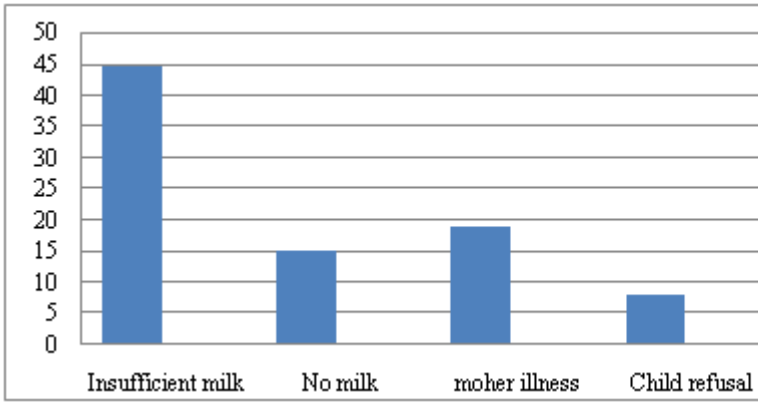

Figure 2: The Reasons that prevent the mothers from practicing breast feeding soon after the birth

Explains the reasons that prevent the mothers from practicing breast feeding soon after the birth., (45%) insufficient milk, (15.3%) no milk, (18.9%) mother illness, (8.2%) child refusal , (3.5%) due to child isolation and (4.1%) mention another reason such as habits.

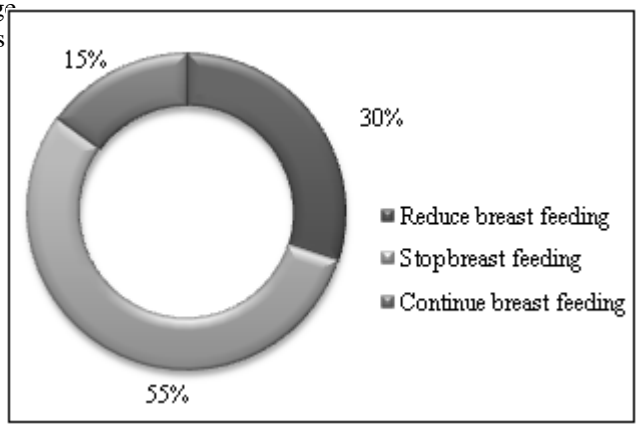

Figure 3: The mother practices regarding breast feeding during the diarrhoea

The result indicate that 30% reduced breast when the child with diarrhoea episodes, 55% completely stopped breast feeding and 15% of mothers continued breast feeding as usual.

Table 3: The attitude of mother regarding weaning

Before 2 Yrs	221	61
After 2 yrs	147	39
	368	100
Reason for early weaning		
insufficient milk	92	42
mother illness	31	14
new pregnancy	56	25
child illness	12	6
Other	30	13
	221	100
way of weaning		
Regular	136	37
Sudden	232	63
Total	368	100

The result indicate that 61% of the mothers weaned their children before two years, 42% of the mothers weaned their children due to insufficient milk, 14.3% due to mother

illness, 25.6% due to the set of new pregnancy and 6% due to child illness and 13% mention other reasons such as mother die also the result shows that 37% of the mothers weaned their children regularly, while63% weaned them suddenly.

4. Discussion

The majority of the mothers introduced items of food (butter) to their children rather than the mother milk soon after the birth. These food items are considerable complementary foods given at unsuitable times ; and the study showed a strong association between the educational level of the mothers and the type of food introduced first to the child after the birth with P value = 0.000 (chi square = 373.072).The(12)stated that "introducing food before the age of four months increases the incidence of diarrhoea and mortality" . Also, breast feeding should be started immediately after the delivery, as mentioned (2) . "Thus, there is a significant relationship between the educational level of the mother and the time of starting breast feeding with P value = 0.000 (chi square = 158.160). This indicated a poor knowledge because the initial sucking by the child stimulates milk production.(11) Stated that (traditional food habits and customs may hinder the nutrition). Although (13) mentioned that " Breast milk alone is the best possible food and drink for babies in the first six months of life", the study revealed that there was a relationship between the mother educational level and the exclusive breastfeeding P value = 0.000 (chi square = 39.764) . The serious problem was that considerable percentage of mothers of children with diarrhoea either stopped breast feeding (55%) or decreased it (30%). They believed that breast feeding during the diarrhoea increases it. This contradicted what (14) stated "promotion of breast – feeding should be continued as long as possible". (15%) of the mothers continued to breast – feed during the diarrhea episodes; these practices prevent dehydration and improve the child health. It is mentioned in Koran "albagara verse 233" "mothers should breast feed their infant for two complete years in order to complete the term" but most of the mothers, 61% weaned children before they complete two years of age. Although (15) said that the gradual weaning is the most appropriate for both the child and mother, most of the mothers 63.% weaned their children suddenly. By this way of weaning the child nutritional needs will not be met. The reasons for the above practices were due to insufficient milk, mother illness , new pregnancy or child illness. This agrees with(16) which mentioned that "a situation analysis of children and women ,which was conducted in Sudan (1999) revealed that " the mothers were stopping breast feeding because they got pregnant" .

5. Conclusion

The majority of mother introduced items of food (butter) to their children rather than the mother milk soon after the birth.
Mothers of child with diarrhea either stopped breast feeding 55 % or decreased it 30%.
More than half of the mothers 61% weaned children before they complete two years of age and 63. % weaned their children suddenly.

6. Recommendation

Using the Ten Steps to Successful Breast-feeding guide for health education to promote and correcting the beliefs about breastfeeding.

7. Acknowledgements

I would like to acknowledge all the mothers who participated in the study. The author thanks the Nutrition department of Sinkact locality, Red sea ministry of health for assistance and their active collaboration during the research period.

References

[1] WHO/ EMRO, Breast feeding patterns, 2nd Geneva : WHO, 1993.P. 4 – 240 .
[2] Garrows S.T. James. T. p, Human and deities. 9th ed. Tokyo : Churchill living, stone (1993) .
[3] Christian, J.L. and Greeger, J.L. Nutrition for living. 2nd. The Benjamin Cummings publishing company INC, 1988, 240 .
[4] WHO, Breast feeding. The technical bases and recommendation for action. Geneva: WHO, 1993 ,P 93-112.
[5] Schaefer, L,A and Garcia, R,R. Breast Feeding. An old practice or new techniques, Hygien, 1991, P. 5 – 10 .
[6] NICEF (online) (cited 2009 August). Available from URL:http//www/Unicef. org/infobycountry/Pakistan-Pakistan-background.html.
[7] Heinig MI. Host defense benefits of breastfeeding for the infant. Effects of breastfeeding duration and exclusivity. Pediatr Clin North Am 2001;48:105-23.
[8] Li Y, Kong L, Hotta M, Wongkhomthong SA, Ushijima H. Breastfeeding in Bangkok, Thailand: current status, maternal knowledge, attitude and social support. Pediatric Int 1999,41(6),648-54.
[9] Sumera A, Syed FA, Ayesha MI. Perception and practices of breastfeeding of infants 0-6 months in an urban and semi-urban community in Pakistan; a cross-sectional study.J Pak Med Assoc , 2001, 61 (1).
[10] WHO/ EMRO. The state of child health in the eastern Mediterranean region. 2nd ed. Geneva : WHO, 1995 P. 1-172.
[11] WHO. Counseling on breastfeeding: assessing knowledge and skill. Bulletin of the WHO, Geneva : WHO ,1999, 77(6), P. 492 – 497
[12] UNICEF. Programme activities for improving weaning, 1987,2nd ed, New York: Unicef .
[13] UNICEF, Nutrition surveillance, in : The state of the world's children publishered for UNICEF. Oxford University press. New York, U.S.A,1990,31-39 .
[14] Nasser Gammal. Manual of Paediatrics ,Khartoum, Sudan,2000,107 – 145.
[15] Mohorcher Nancy and stock Julie . Breast feeding answer book, U.S.A ,1994.
[16] FMOH. National Nutritional Department Report, Khartoum, Sudan, 2000.