

WWW.JOCMR.COM

Assessment on Knowledge of Adult Women with Regards to Benefits of Breastfeeding at Prince Bader Housing

Fahad Aljarboa^{1*}, Saleh Almanea², Mohammed Alkhalil¹, Abdullah F Aljarboa³, Tala S Almanea³, Bader Aldebasi¹

 ¹King Abdullah ternational Medical Research Center, Ministry Of National Guard, King Saud Bin-Abdulaziz University for Health Science, Ministry Of National Guard - Health Affairs, Riyadh, Saudi Arabia,
 ² Prince Mohammed Bin Abdulaziz Hospital, Riyadh, Saudi Arabia,
 ³ Al-Imam Muhammad Ibn Saud Islamic University, College Of Medicine, Riyadh, Saudi Arabia.

ABSTRACT

Objective was assess the knowledge of the adult women with regards to the benefits of breastfeeding at Prince Bader Housing. This study was a cross-sectional survey targeting mothers visiting primary health care clinics. Nearly 200 single-page questionnaires with 20 questions were distributed to visiting mothers at the well-baby clinics. Sampling was convenient and randomness was assumed by visit sequence, on a "first-come-first-serve" basis, and those who agreed to participate. Mothers visiting the O.B clinic or visiting the Pediatrician and Well-Baby Clinic within the PHC centers for immunization of their children (under 2 years of age) SPSS was used for data analysis. The total subjects in this study were 188, the average age of the participants was 32.6 years with a standard deviation of 32, the youngest age of the participant was 22 years and oldest age was 46 years and the average family size was 1.5 (roughly 2 children). A substantial majority of mothers agreed that breast milk is better than any formula milk. More than three-fourths of the mothers responded that Exclusive breastfeeding should be given. The majority of mothers can identify the colostrum in breast milk, majority of mothers believed that breastfeeding will protect their baby from specific diseases. In this study, more than two-thirds of the mothers answered questions in a manner that indicates they are well educated about the benefit of breastfeeding. This points towards the implementation of a good educational program for mothers by healthcare providers.

Corresponding Author e-mail: Jarboaf@Ngha.Med.Sa

How to cite this article: Aljarboa F, Almanea S, Alkhalil M, Aljarboa AF, Almanea TS, Aldebasi B. Assessment on Knowledge of Adult Women with Regards to Benefits of Breastfeeding at Prince Bader Housing. Journal of Complementary Medicine Research, Vol. 14, No. 1, 2023 (pp. 42-46).

INTRODUCTION

Breastfeeding is one of the most natural and beneficial acts a mother can do for her child. Dramatic health benefits have been proven to pass from mother to child through breast milk. From antibodies that protect an infant at birth...to the exclusive nutrients in mother's milk which have been shown to prevent several childhood diseases...the benefits are incalculable. There is no other single action by which a mother can so impact the present and future health of her baby.¹

The experience of breastfeeding is special for so many reasons, including the joyful bonding with your baby, the perfect nutrition only you can provide, the cost savings, and the health benefits for both mother and baby. In fact, breast milk has disease-fighting antibodies that can help protect infants from several types of illnesses. Breastfeeding protects the baby from risks of having gastroenteritis and, lower respiratory infection,⁴ urinary infections, ear infections,¹⁻³ atopic dermatitis (a type of skin rash),⁵ asthma, necrotizing enterocolitis^{6,7} obesity, type 1 and type 2 diabetes,^{8,20,26} childhood leukemia²⁸ and lower risk of SIDS (sudden infant death syndrome.⁹⁻¹⁴ Breast milk helps in the development of eye and speech. It is also essential for brain development and makes the baby more intelligent. Benefits of breastfeeding to mothers include decreased risk of breast¹⁵⁻¹⁷ and ovarian cancer,^{18,19} speeding the return of uterine tone,^{21,22} and temporarily suppressing ovulation which aid in spacing.^{21,23} Potentially there is still other benefits which involve pediatric weight by avoiding overweight^{24,25} and psychological problems.²⁷

Breastfeeding should be initiated within the first hour after birth, and it includes the feeding of colostrum which is recommended by WHO as the perfect food for the newborn.² Exclusive breastfeeding

KEYWORDS: Breastfeeding, Colostrum, Knowledge, Saudi Arabia. ARTICLE HISTORY: Received : Nov 10, 2022 Accepted : Dec 15, 2022 Published: Jan 20, 2023 DOI: 10.5455/jcmr.2023.14.01.08 is recommended for the first six months of life for healthy term infants,² which according to WHO refers to the practice of feeding only breast milk or expressed breast milk without any additional food or drink including water. In the western world, there have been increased trends in breastfeeding in recent years. On the other hand, there has been a decline in breastfeeding in developing countries.¹

Surprisingly, a large percentage of women in Saudi Arabia do not breastfeed infants-especially in view of the fact that Islam is very clear in encouraging breastfeeding until a child is two years of age. So, what exactly happened in Saudi Arabia to cause this surprising phenomenon? The answer is really not simply could be due to capitalism, propaganda, and greed defeating mother nature.

The result was an unprecedented decline in the percentage of nursing mothers and a frightening increase in the number of infant deaths and children's health problems in the ensuing decades.³¹

Every hour every day, the new mother of different places, different religions, and different races face the same decision: how to feed their newborns. A fundamental aspect of the protection and promotion of health is to ensure individuals are able to make informed decisions in supportive environments. We, health care providers have an ethical responsibility to ensure that mothers are fully aware of the health consequences of their infant feeding decisions. Breast milk is the best source of infant nutrition. When a mother chooses to breastfeed, we also have a responsibility to protect and support her decision by providing an environment that enables her to be successful.

So, this study is to assess the knowledge of women regarding the benefits of breastfeeding in Prince Bader Housing Center (KKMAH).

METHODOLOGY

This study was a cross-sectional survey targeting the mother visiting primary health care clinic. Nearly 200 single-page questionnaires with 20 questions were distributed among clinics over 3 months periods. Sampling was convenient and randomness was assumed by visit sequence, on a "first-come-first-serve" basis, and those who agreed to participate. Mothers visiting the O.B clinic or visiting the Pediatrician and Well-Baby Clinic within the PHC centers for immunization of their children (under 2 years of age) may have disproportionately been selected by this sampling method.

Study variable in the questionnaire to assess mothers' knowledge if they are aware that with breast milk their babies will have natural immunity against any diseases like gastro enterocolitis, eczema, otitis media, asthma, obesity, respiratory disease, and leukemia that their babies will be more intelligent and have higher IQ and will have a special bonding, a close mother to child relationship with a positive emotional attachment also to assess if mothers are aware that breastfeeding helps them too by decreasing their chances to have uterine, ovarian or breast cancer, to reduce their chances of having rheumatoid arthritis or osteoporosis, to reduce their postpartum depression after birth. To assess if they know that breastfeeding play a big role in helping their family, community, and government as a whole in addition to that to knowing if mothers have learned more information regarding breastfeeding from the teachings of the breastfeeding committee of the center, OB doctors using checklist during prenatal visits, a pediatrician at vaccination visit and health educator where in the mothers are required to see after their pre-natal and WBC visits. In addition to this, leaflets and brochures were given during the breastfeeding day celebration.

The data were entered and analyzed using SPSS, with univariate analysis on each question and use of chi-square, exploring mother' practices breast feeding with reasons to use it.

SUBJECTS AND METHODS

A questionnaire-based survey was conducted at the Prince Bader Primary Health Care Center, Riyadh in April-June. This study was assigned to students by the research department of king Abdulaziz medical city and was approved by it. The ethical approval was also obtained from the center/hospitals included in the study.

A questionnaire was developed by the investigators after literature search. The questionnaire included certain terms which are defined as:

- 1. **Exclusive breastfeeding:** It means giving baby no other food or drink, including no water in addition to breastfeeding
- 2. **Colostrum:** It is the breastmilk that women produce in the first few days after delivery. It is thick and yellowish or clear in color.
- 3. Weaning: Giving a baby other food in addition to breastfeeding when it is appropriate usually from 6 months

The respondents were mothers selected on certain criteria. Mothers included were those who recently delivered normal healthy single or multiple babies, breastfed their babies within past 3 years. Mothers of recently delivered dead babies, those who breastfed more than 3 years back and with no or less than 3 antenatal visits to health facility were excluded from sample.

The questionnaire included the demographic profile of participants including age, gender, education, occupational status and questions according to the literature review.

This policy includes the following points:

- 1. Formation of relevant to mother
- Education of all expectant mothers for benefits of breastfeeding and dangers of bottle feeding and their dietary needs
- 3. Exclusive breastfeeding up to 6 months.
- Weaning at 6 months with continued breast feeding up to 2 years
- 5. No use of feeding bottles and pacifiers
- 6. No promotional material about formula, feeding bottles and pacifiers in the facility nor shall they be given to the mother
- 7. Mothers should be educated for:
 - A. Initiation of breastfeeding within after delivery because colostrum protects baby from infection
 - B. Frequent breastfeeding increases breastmilk production

- C. Exclusive breastfeeding for first 6 months as it is the best food for babies and prevents infection
- D. Bottle feeding can cause serious illness and death
- E. Weaning should be started at 6 months
- F. Pregnant and lactating mothers should eat more food and drink more liquids

Sampling was based on convenient method. The investigators interviewed the participants and filled out the questionnaire after taking written informed consent. Participants\' confidentiality was maintained; names were not asked, and data was only available for research and publication purposes. SPSS was used for data analysis.

Continues variable were analyzed by mean and standard deviation and other variables by frequencies. A p-value of <0.05 was accepted as statistically significant.

RESULT

The total subjects in this study was 188, the average age of the participants were 32.6 years with standard deviation as 32, the youngest age of the participant was 22 years and oldest age was 46 years. The average family size was 1.5 (roughly 2

Table 1: Distribution based on mothers knowledge

At age 0 to 6 month what mother will give	Yes	%						
Purely breast milk	10	05.32						
Breast milk + water	73	38.83						
Breast milk + water + fluids (soup, honey, tea, juice)	105	55.85						

children. The table shown presents the descriptive statistics for all survey questionnaires. The continuous variables were shown as mean and standard deviation, and categorical variables as count and percentage.

The majority of the mothers can identify the colostrum in breast milk and shall be given to the baby was positively supported by approximately 90% (p-value=0.69) (Table.3) of all mothers' respondents which was a bit higher than another study however, this was not statistically significant (p-value=0.085) and more than two third were able to describe the color of colostrum's as yellowish in color (Table.3). While only a few no answer or describe the consistency of colostrum just like breast milk and more than half believed that its more concentrated than breast milk and one third they said its less concentrated than breast milk. More than $3/4^{ths}$ of all participants believed that breast milk protects the child against infections.

Majority of the mothers thought that Breastfeeding protects them from having different types of cancer like ovarian and breast and breastfeeding, will work like a natural sufficient spacing in childbirth. On the other hand, the majority answered breasts will be deformed or will be sagged due to breastfeeding. (Table.5)

Table 2: Distribution based on mothers' knowledge on months for exclusive breastfeeding

	5	
Exclusive breastfeeding should be for your baby	Yes	%
3 months	29	15.53
6 months	52	27.66
9 months	107	56.91

	Yes	%	No	%	No answer	%
Identify the colostrum's in your breast milk	170	90.43	16	8.51	2	1.06
Describe the color of colostrum's	Yes				%	
White	8				4.26	
Grayish	4				2.13	
Yellowish	159				84.57	
No answer	17				9.04	
Describe the consistency of colostrum's						
Like breast milk	3				1.6	
More concentrated than breast milk	101				53.72	
Less concentrated than breast milk	67				35.64	
No answer	17				9.04	

Table 3: Distribution based on mothers knowledge of Colostrum

Table 4: Knowledge on advantages of Breastfeeding to the newborn

Breastfeeding for your child will be protected from the following diseases?	Yes	%	No	%	No answer	%
Otitis Media	162	86.17	13	6.91	13	6.91
Asthma	144	76.6	24	12.77	20	10.64
Atopic dermatitis/ Eczema	139	73.94	24	12.77	25	13.3
ower Respiratory Disease	161	85.64	17	9.04	10	5.32
Gastro-Enterocolitis	179	95.21	9	4.79	0	0
Diabetes Type I & Type II	143	76.06	19	10.11	26	13.83
Dbesity	163	86.7	15	7.98	10	5.32
Leukemia	148	78.72	17	9.04	23	12.23

Table 5

Questions	Yes	%	No	%	No answer	%
Breast milk is very beneficial in development of your child's intelligence?	179	95.21	8	4.26	1	0.53
Breast milk is the best source of immunity for your child?	180	95.74	5	2.66	3	1.6
Development of your child's facial structure and speech will be better?	157	83.51	26	13.83	5	2.66
For few days after delivery, no matter how scanty your breast milk is, still enough for your newborn's need?	171	90.96	11	5.85	6	3.19
Breast milk is easier for your baby's stomach to digest than the formulas?	179	95.21	6	3.19	3	1.6
Breastfeeding best for your child's intelligent quotient than bottle one	167	88.83	21	11.17	0	0
Breastfeeding protect yourself from having different types of cancer (uterine, ovarian and breast)?	181	96.28	3	1.6	4	2.13
Breastfeeding will have a sufficient spacing in child birth?	151	80.32	35	18.62	2	1.06
Breastfeeding helps your body to return in pre-pregnant state and helps in losing weight?	168	89.36	19	10.11	1	0.53
Breast will be deformed or make it sag? if breastfeed	161	85.64	25	13.3	2	1.06
The temperature of the environment can affect the that temperature of your breast milk and make your baby sick once ingested?	18	9.57	163	86.7	7	3.72
Over fatigue can affect the production of breast milk?	135	71.81	47	25	6	3.19
Emotional bond between you and your baby is developed and give your child a sense of security?	184	97.87	4	2.13	0	0
In public places like malls or park do you breast feed	93	49.47	95	50.53	0	0
Financial savings is great?	185	98.4	3	1.61	0	0
If breast feeding, you're not only helping your baby, your family but the whole community as well since you're helping to save mother nature (earth) by not using formula in cans, plastics, paper containers that contributes to pollutions?	188	100				

DISCUSSION

Saudi Arabia is one of the countries which face a high Neonatal Mortality Rate which can be decreased by several measures including encouraging breastfeeding which provides significant health benefits for infants and mothers. In order to identify the knowledge about the benefit of breastfeeding among mothers, we designed this study.

A minority of mothers (5.32%) refused to give any other feed to the newborn baby other than milk (Table.1) whereas a study done in Nepal had the opposite results.²⁹Two studies in Lahore showed that many mothers still give prelacteal feed to their newborns.^{29, 30 The} mothers in favor of giving feed to the newborn babies, preferred soup, tea, juice, and honey. This was supported by the research conducted in Lahore.¹¹

The global recommendation for exclusive breastfeeding is the first six months of a child\'s life. Thereafter, continued breastfeeding with the addition of nutritionally adequate complementary foods is recommended until at least a child\'s second birthday.³ In our study, only one-third of mothers stated 6 months as the age of initiating complementary foods which is also the recommended age (Table.2). A similar study conducted in Karachi showed that in 25% of cases weaning was started at 6 months while earlier weaning was experienced in 9% of the population.³⁰ In another study conducted in Lahore, recommended age (6 months) was noticed in 42 (84%) of 50 breastfed infants.²⁹ A similar study at Lahore showed the mean age for initiating supplemental feeding with semi-solid food as 4.4 ± 0.99 months

The majority of the mothers believed that breast milk is very beneficial in the development of their child's intelligence, the best source of immunity for their child and breast milk is easier for the baby's stomach to digest than the formulas, in addition to that child's intelligent quotient will be better and even financial savings is great for a family (Table.5).

The temperature of the environment can affect the temperature of breast milk and make their baby sick once ingested answered 86 % of the mothers and 71 % said over fatigue can affect the production of breast milk. Unfortunately, more than 50 % avoid breastfeeding in public places like malls or parks and believe it is not suitable.

100% answered that with breastfeeding, they're not only helping their baby, their family but the whole community, as well as helping to save mother nature (earth) by not using the formula in cans, plastics, and paper containers that contribute to pollution (Table 5).

CONCLUSION

In this study, nearly two-thirds of the mothers were aware of the benefits of breastfeeding, but most of them were not in exclusive breastfeeding as recommended by WHO which indicates more education is needed. This study showed that the overall correct response rate about knowledge of breastfeeding was good among mothers, but public space needs to be more suitable for mothers who want to breastfeed if they are outside of their homes. This points toward the need for more appropriate implementation of the policy for mothers' education by healthcare providers and the community.

REFERENCES

- 1. A Professional Breastfeeding Consultation Services, Crossville, Alabama, Copyright 2010, "Mothering From the Heart."
- 2. Women's Health, The federal Government Source for Women's Health Information, Breastfeeding. "Why Breastfeeding is Important?"

- 3. Heather Welford, Baby Center, Baby, "Breastfeeding, Benefit Experts, "What are the benefits of Breastfeeding", "How Breastfeeding Benefits You and Your Baby."
- 4. The baby Friendly Initiative, "Health Benefits of Breastfeeding."
- Lerman, Y. et al. "Epidemiology of acute diarrheal diseases in children in a high standard of living settlement in Israel". Pediatr Infect Dis J 1994; 13(2);116-22.
- 6. Papst, H.F., Spady, D.W. "Effect of Breast Feeding on Antibody Response to Conjugate Vaccine". Lancet, 1990.
- 7. Chang, S.J. "Antimicrobial Proteins of Maternal and Cord Sera and Human Milk in Relation to Maternal Nutritional Status". A. M. J. CLIN NUTR, 1990.
- Lucas, A., Cole, T.J., "Breast Milk and Neonatal Necrotizing Enteral Colitis". Lancet 1990; 336:1519-23.
- Alho, O., "Risk Factors for Recurrent Acute Otitis Media and Respiratory Infection in Infancy". Int J Ped Otorhinolaryngology 1990; 19:151-61.
- Teele, D.W., Apidemilogy of Otitis Media During the First Seven Years of Life in Greater Boston: A prospective, Cohort Study". J of INFEC DIS.1989.
- 11. de Duran, C.M. "Cytologic Diagnosis of Milk Micro Aspiration". IMM ALLERGY PRACTICE 1991; xiii (10);402-5.
- 12. Palti, H., "Episodes of Illness in Breast Fed & Bottle Fed infants in Jerusalem". ISR J MED SCI, 1984.
- 13. Wright, A.L., "Breastfeeding and lower respiratory Tract Illnesses in the First Year of Life." British Medical Journal, 1989.
- Hoffman, H.J., "Risk Factors for SIDS: Results of the National Institute of Child Health and Human Development SIDS Cooperative Epidemiologic Study". Ann NY ACAD Sci, 1988.
- Heacock, H.J., "Influence of Breast vs. Formula Milk in Physiologic Gastroesophageal Reflux in Health Newborn Infants". J. Pediatr Gastroenterol Nutr, 1992 January; 14(1): 41-6.
- Chandra R.K., "Influence of Maternal Diet During Lactation and the Use of Formula Feed and Development of Atopic Eczema in the High Risk Infants". Br Med J. 1989.
- 17. Lucas, A., "Breast Milk and Subsequent Intelligence Quotient in Children Born Preterm". Lancet 1992;339:261-62.

- 18. Morley, R., "Mothers Choice to provide Breast Milk and Developmental Outcome." Arch Dis Child, 1988.
- 19. Diabetes Care 1994;17:1381-1389, 1488-1490.
- Elias, M.F. "Nursing Practices and Lactation Amenorrhoea." Journal of Biosco Sci, 1968.
- 21. McTieman, A., Evidence of Protective Effect of Lactation on Risk of Breast Cancer in Young Women." American Journal of Epidemiology, 1986.
- Newcomb,P. etal. "Lactation and reduced risk of premenopausal breast cancer." N Engl J Med 1994; 330(2):81-87.
- Brock, K.E., "Sexual, Reproductive, and Contraceptive Risk Factors for Carcinoma-in-Situ of the Uterine Cervix in Sidney. "Medical Journal of Australia, 1989.
- 24. Schneider, A.P. "Risk Factor for Ovarian Cancer. "New England Journal of Medicine, 1987.
- 25. Blaauw, R. et al. "Risk factors for development of osteoporosis in a South African population." SAMJ 1994; 84:328-32.
- Kramer, F., "Breastfeeding reduces maternal lower body fat." J Am Diet Assoc 1993;93(4):429-33.
- 27. Virden, S.F., "The Relationship Between Infant Feeding Method and Maternal Role Adjustment." Journal of Nurse Midwives, 1988.
- 28. Thapa, S., "Breastfeeding, birth spacing and their effects on child survival." Nature 1988;335:679-82.
- 29. M Sai Sunil Kishore, Dr Praveen Kumar, Arun k. Aggarwal, Oxford Journals, Journal of Tropical Pediatrics, Breastfeeding knowledge ansd practices Among Mothers in a Rural Ppopulation of North India.. http://tropej,oxfordjournals.org/content/55/3/183.abstract
- 30. Raheela Hanif, Erum Khalil, Anum Sheikh, Amrita Harji, Sadaf Haris, Muhammad Waqas Rasheed, Sadaf Ahmed, Erum Shaheen, Ana Younus, Madiha Mansoor, Fawad Hameed, Muzakkir Touseef, Talha Yaseen JPMA, Journal of Pakistan Medical Association, Knowledge About Breastfeedingnowledge (Final Year Medical Student, Dow Medical College, Karachi, Pakistan.) http://www.jpma.org.pk/full_article_text.php?article_id=2351
- 31. Susie's Big Adventure.blogspot.com/2010/18/breastfeeding- in Saudi-Arabia-fading.html/ August 10, 2010 http://susiesbigad-venture.blogspot.com/search?q=breastfeeding+a+fading+art