

CAREGIVERS' KNOWLEDGE AND ATTITUDE ON BREASTFEEDING PRACTICES AND ITS INFLUENCE ON PRIMIPAROUS MOTHERS

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ABSTRACT

The role of primary caregiver is crucial in the mother's continuity of care and in improving the health of families by supporting breastfeeding. A comprehensive understanding of the relationship between caregiver knowledge of breastfeeding and its influence on the mother has not been established. Findings from this study hope to provide improvisation of existing breastfeeding programs to include advocacy, counselling and training of caregivers. This study was a cross-sectional, correlation study of the level of knowledge of caregivers about breastfeeding and its influence on primiparous mothers. The participants were recruited from a tertiary hospital located in Kathmandu and a one-one face-to-face interview using a self-constructed structured questionnaire was conducted in the postnatal and private ward where the patients were admitted. A total of 238 caregivers of primiparous mothers participated in this study. The collected qualitative data were then analyzed with descriptive statistics. Most of the primary caregivers who were interviewed were mothers of the patient (30.2%), followed by other relatives (22.3%), spouse (21.4%), mother-in-law (20.2%) and siblings (5.9%). Among the 238 participants, it was found that the level of caregiver's knowledge of breastfeeding was low in 74 (31%), moderate in 128 (54%) and good in 36 (15%). Overall, the study showed a fairly inadequate knowledge towards various correct breastfeeding practices. There is a huge gap in knowledge and an urgent need to include primary caregivers of pregnant women in counselling and training of breastfeeding practices in order to improve infant health.

KEYWORDS

Breastfeeding, caregivers, knowledge, Nepal

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INTRODUCTION

Breastfeeding practices have been deeply tied to family and community culture. Likewise, the decision and success of breastfeeding highly depends on the support of the immediate family.¹ Families spend only a couple of initial days in the hospital and return to their respective communities. Once mothers and babies return home, rates of breastfeeding exclusivity and duration often decrease. The role of primary caregiver is crucial in the mother's continuity of care and in improving the health of families by supporting breastfeeding.²

Not only is breastfeeding affordable but is readily available and has numerous advantages over other sources of milk products. Breast milk contains the right amount of nutrients required for the healthy development of babies and also provides antibodies that help protect infants from common childhood illnesses such as diarrhoea and pneumonia³, the two primary causes of child mortality worldwide. In addition, breastfeeding is associated with reduced incidence of chronic diseases later in life in both children and mothers.³ The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) recommend that breastfeeding should be initiated in the first hour of birth and exclusive breastfeeding should be practiced for the first six months without the use of any other food or liquids.⁴

Despite the proven benefits of exclusive breastfeeding infants, the percentage of mothers who do so in Nepal is only two-third (66.1%).⁵ The prevalence of exclusive breastfeeding in early infancy in Nepal may be in the decline, as indicated by a reduction from about 70 to 66% between consecutive Demographic Health Surveys (DHS) from 2011 to 2016.⁵ Research has shown that early initiation of breastfeeding is among the worst in most countries in the South Asian region.⁶ Nepal stands 57 out of 97 among countries with poor initiation of breastfeeding in the ranking done by World Breastfeeding Trends Initiative (WBTi) 2018,⁷ which tracks indicators of policy and programs that support women to be successful in breastfeeding. It has been found that the some of the main barriers to breastfeeding in South-Asia are less support from family and workplace, cultural beliefs and maternal education.⁸

In the recent years, there has been growing evidence on the influence of breastfeeding initiation on exclusive breastfeeding.^{9,10} However, a comprehensive understanding of the relationship between caregiver knowledge of breastfeeding and its influence on the

mother has not been established. Findings from this study hopes to provide improvisation of existing breastfeeding programs to include advocacy, counselling and training of caregivers, especially to primiparous mothers.

MATERIALS AND METHODS

This study was a cross-sectional, correlation study of the level of knowledge of caregivers about breastfeeding and its influence on primiparous mothers. The participants were recruited from a tertiary hospital located in Kathmandu, Nepal. The inclusion criteria for participation were caregivers of primiparous mothers who had delivered their babies in the hospital. A one-one face-to-face interview using a self-constructed structured questionnaire was conducted in the postnatal and private ward where the patient was admitted. Participants were briefed about the purpose of the study and participation was voluntary. All participants were assured that their data would be kept confidential and that they could withdraw at any time. The study was conducted between August to November 2019 and a total of 238 caregivers of primiparous mothers participated in this study.

The outline of the interviews focused on questions to help identify the factors that influence breastfeeding based on the knowledge of the primary caregiver. These questions focused on their perceived attitude towards appropriate time to first breastfeed, importance of colostrum, knowledge on demand feeding and frequency of feeding. The collected qualitative data were then analyzed with descriptive statistics.

RESULTS

The majority of respondents of the 238 caregivers interviewed were females (183; 76.9%). The participants ranged in age from 22 to 67 years, with approximately half of them aged 31-40 years. More than half (64.0%) lived in joint families. The characteristics of participants are presented in Table 1. Most of the primary caregivers who were interviewed were mothers of the patient (30.2%), followed by other relatives (22.3%), spouse (21.4%), mother-in-law (20.2%) and siblings (5.9%). A total of 176 (74.0%) were educated up to college level, 44 (18.0%) up to secondary level education, and 18 (8.0%) up to primary level education. In our study, 128 (54.0%) participants had previous experience of caring for a breastfeeding mother and 110 (46.0%) did not.

Table 1: Characteristics of participants (n= 238)

Variables		Total (%)
Gender	Male	55 (23.1%)
	Female	183 (76.9%)
Age	21-30	93 (39.1%)
	31-40	108 (45.4%)
	41-50	16 (6.7%)
	51-60	19 (8.0%)
	61-70	2 (0.8%)
Relationship to the patient	Spouse	51 (21.4%)
	Mother	72 (30.2%)
	Mother-in-law	48 (20.2%)
	Sibling	14 (5.9%)
Education	Other relatives	53 (22.3%)
	College Level Education	176 (44.0%)
	Secondary Level Education	44 (18.0%)
	Primary Level Education	18 (8.0%)
Previous experience of caring for a breastfeeding mother	Yes	128 (54.0%)
	No	110 (46.0%)

Table 2: Caregiver attitude towards breastfeeding practices

Knowledge Component	n	%
Believes breastfeeding should be started as early as possible	202	84.9
Believes colostrum is beneficial	184	77.3
Believes babies should not be given pre-lacteal feeds	81	34.0
Believes in rooming in	216	90.8
Believes in demand feeding	127	53.4
Knows the correct frequency of feeding	104	43.7
Believes feeding bottles are harmful	86	36.1
Does not believe in the use of pacifier	193	81.1
Knows the correct technique of burping	90	37.8
Knows the right age of starting semi-solids	76	31.9

Among the 238 participants, it was found that the level of caregiver's knowledge of breastfeeding was low in 74 (31.0%), moderate in 128 (54.0%) and good in 36 (15.0%). Table 2 shows a fairly inadequate knowledge towards various correct breastfeeding practices. Most of the respondents had the right knowledge on the importance of starting breastfeeding early and of rooming in the mother and baby together (90.8%). Majority also did not believe in the use of pacifiers (81.1%), however they seemed

to be unaware of how harmful the use of feeding bottles were. It was also disheartening to find that approximately two-thirds of the participants (66.0%) were unaware of the consequences of pre-lacteal feeds. However, 184 (77.3%) knew that the first breast milk, colostrum, contains antibodies and is beneficial for the baby. A small proportion of respondents (n = 90, 37.8%) had knowledge about the correct technique of burping and knew the right age of starting semi-solids (n = 76, 31.9%).

DISCUSSION

The acquisition of knowledge of breastfeeding by primiparous mothers is commonly viewed as a key strategy to improve maternal and infant health. As part of breastfeeding promotion, hospitals are expected to promote exclusive breastfeeding. However, much of the information and reinforcement comes from primary caregivers, both in the hospital and at home. There is a lack of studies in Nepal that have assessed how the caregiver knowledge and perceived attitudes influence the decision to start and continue breastfeeding in mothers. First time mothers are more vulnerable to this form of influence in our society.

Early initiation of breastfeeding is among the worst in countries like Pakistan (29%), Indonesia (29%), India (41%), Nepal (45%) and Bangladesh (47%) when compared to Thailand (50%), Myanmar (76%) and Sri Lanka (80%) in the South Asian region.^{11,12} Furthermore, one of the main barriers to breastfeeding in South-Asia is found to be less support from family and cultural beliefs.¹³ Counselling and support by immediate family members can increase the likelihood of successful breastfeeding, which may be attributable to the psychological factors of mothers. For example, babies who received timely breastfeeding initiation were also determined to have received family support, and have mothers who were adequately knowledgeable and had received counselling about breastfeeding.¹⁴ In addition, studies have found that maternal perceptions of their health care providers' infant-feeding recommendations interact with the opinions of family members to affect breastfeeding initiation.¹⁵

Out of the total respondents only 34% believed pre-lacteal feeds were harmful and only 36.1% were aware of that feeding bottles hamper establishment of breastfeeding. With this lack of knowledge of primary caregivers, the primiparous mothers are at risk of following these incorrect advices and are at risk of failure of breastfeeding. These mothers often rely on the advice given by their immediate family and tend to follow them, in spite of intervention by health professionals.

Overall, caregivers' knowledge of breastfeeding was not adequate in the study sample. Hence, involving a woman's family in prenatal education can improve breastfeeding initiation, duration, and exclusivity. Health care providers should consider how the attitudes of the infants' father or grandmother toward breastfeeding may influence women's breastfeeding intentions and success.¹⁶ Therefore, shared decision making regarding infant feeding should be integrated within family dynamics, with clear messaging, support, and information from providers.¹⁶

In conclusion, this study helps to identify the population group which influence breastfeeding practices and also help detect the knowledge level among them. There is a huge gap in knowledge and an urgent need to include primary caregivers of pregnant women in counselling and training of breastfeeding practices in order to improve infant health. Future studies should assess the role of family members in influencing breastfeeding outcomes and ensure a planned intervention.

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