

Assessment Myths and Facts of Mothers about Breast Feeding in Egypt: An Assessment Study

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Abstract

Background: Mothers are the primary caregivers for their infants who are breastfeeding, so that it is important to empower mothers by facts about breastfeeding through increasing knowledge, practice and attitudes will correct any myths. **Aim:** This study aimed to assess myths and facts of mothers about breast feeding. **Design:** A descriptive design was utilized in carrying out this study. **Subject:** A purposive sample composed of 300 mothers who have children under two years and breastfeeding naturally. **Setting:** At the Breast Feeding Clinic in the Gynaecological and Obstetric Hospital affiliated to Ain Shams University Hospitals, Out Patient Clinic affiliated to Al Mansoura University Hospitals and Sayed Galal Hospital affiliated to Alazher University Hospitals. **Tools:** Three tools were used to collect data: Interviewing Questionnaire to assess myths and facts in knowledge of mothers about breastfeeding. In addition, Observational Checklist to assess the mothers' reported practices related to breastfeeding and, Attitude rating scale to assess attitudes of the mothers toward myths and facts about breastfeeding. **Results:** more than half of mothers had an average total knowledge and less than two thirds had satisfactory reported practice while most of them had a positive attitude toward breast feeding. **Conclusion:** The study can be concluded that more than half of mothers had an average total knowledge and less than two thirds had satisfactory reported practice while most of them had a positive attitude toward breast feeding. There are positive correlations between mother's total knowledge, their total reported practice and their total attitude toward breast feeding. **Recommendations:** Continues educational programs and guidelines should be designed and implemented for mothers to provide antenatal education to practice successful breast feeding.

Keywords: Mothers, myths, facts, knowledge, reported practice, attitudes and breast feeding

Introduction:

Breastfeeding is the most important nutritional source for the survival of children, providing protection from numerous infectious diseases, particularly breast milk protests against hospitalization for diarrhea, lower respiratory tract infection (Ballard & Morrow, 2013).

Breastfeeding is not only beneficial for the infant but brings health benefits for the mother. For infants, breastfeeding reduce risk of acute illness such as: Ear infections, gastrointestinal morbidity in addition to reducing risk for chronic diseases including some food allergies, atopic dermatitis, asthma in young children, obesity, type 1 diabetes and type 2 diabetes. Sudden Infant Death Syndrome (SIDS) and necrotizing enter colitis (Huang, 2016).

Health benefits for mothers that breastfeeding at birth speeds up delivery of the placenta and stimulates the production of milk and reducing risk of mother's postpartum haemorrhage (Sobhy, 2012)

Common myths among mothers about breast feeding include: Mother with small breast does not have enough milk for baby, nipples of the mother should be washed every feeding, breast feeding hurts normally, breast feed baby needs to be given water occasionally, mother should stop breast feeding if the mother has infection or taken any medications, baby cries all the time it means that the breast milk not enough, baby should feeding on both sides for 20 minute at time, mothers should eat bland food during pregnancy months (Chitnis, 2018).

Common facts among mothers about breast feeding include: First milk is one of the best things given to a new born, if the mother

has infection it would not pass but antibody will pass and protect baby from infection, breast milk is rich with water and does not have any effect on the new pregnancy, moreover, hormonal changes during pregnancy alter the look and feel of the breast, mothers also have facts that washing the nipple makes the area dry by removing all the naturally protective oils, they have background that sugar or honey may cause infection to new born, there is a limited number of medications that are contraindicated during breast feeding and milk production in the lactating mother depends on the demand of the milk from the baby, rather than the size of the breast (Guarav, 2014).

Nurses play a vital role in preparing, educating, encouraging, and supporting women to breastfeed; they are the corner stone in facilitating initiation and continuation of breastfeeding. Nurses place a high value on health promotion and teaching regarding breast feeding. The ability to promote and support breastfeeding may be one of the most beneficial activities that can be performed by mothers because breast milk is widely acknowledged as the best nutrition for the human infant (Melisa, 2015)

Significance of the Study:

In Egypt, early initiation of breast feeding is 56% of mothers within one hours of birth, while 29% of the mother had exclusive breast feeding for 4-5 months, 60% of mother had complementary feeding for 6-9 months (United Nations Population Fund (UNFPA), 2013).

Mothers are the primary caregivers for their infants who are breastfeeding, so that it is important for the study to exploring myths and facts of these mothers by assessing their knowledge, practices and attitude.

Empowering mothers by facts about breastfeeding through increasing knowledge, practice and attitudes will correct any myths.

Aim of the work

This study aims to assess myths and facts of mothers about breast feeding through:

1. Assessing mother's knowledge about breast feeding.

2. Assessing mother's reported practices regarding breast feeding.
3. Assessing mother's attitudes related to breast feeding.

Research Questions:

1. What are myths and facts in knowledge of mothers about breast feeding?
2. What are myths and facts during reported mother's practices regarding breast feeding?
3. What are myths and facts in attitudes of mothers related to breast feeding?

Subjects and Methods

The subject and methods of the current study discussed under the following four designs:

1. Technical Design
2. Operational Design
3. Administrative Design
4. Statistical Design

I. Technical Design

A descriptive design was used to conduct this study.

Setting

This study was conducted at the Breast Feeding Clinic in the Gynaecological and Obstetric Hospital affiliated to Ain Shams University Hospitals, Out Patient Clinic affiliated to Al Mansoura University Hospitals and Sayed Galal Hospital affiliated to Alazher University Hospitals.

Sampling:

A purposive sample composed of 300 mothers with their children under two years and breastfeeding naturally who attained to the previously mentioned settings. The number of mothers were 200 mothers from breast feeding clinic affiliated to Ain Shams University Hospitals, 52 mothers from outpatient clinic affiliated to Al Mansoura University Hospitals and 48 mothers from Sayed Galal Hospitals. The sample size was calculated according to sample size formula and under the following criteria.

The inclusion criteria:

1. Mothers who have children under two years.
2. Mothers have breast feeding naturally.

Exclusion criteria:

Mothers who having:

1. Infectious disease.
2. Auto Immune Deficiency Syndrome (AIDS).

Infants who having:

1. Cleft lip.
2. Cleft palate.
3. Lactose intolerance

Data Collection Tools

Data collected by using three tools:

1. **Interview questionnaire sheet:** this tool was designed by the researcher after reviewing recent and relevant literature and reviewed by the supervisors and written in a simple Arabic language. It consisted of two parts:

- **Part one:** Characteristics data of mothers including: Age, level of education, marital status, occupation, family type, housing condition, number of children and income for persons.

- **Part two:** It was concerned with myths and facts in knowledge of mothers about breastfeeding such as: knowledge about colostrum & Benefits of breast feeding (7 items), mothers' knowledge about barriers that delay initiation of breast feeding (3 items), mothers' knowledge about benefits of breast feeding.

(1 items), mothers' knowledge about Myths and Facts of mothers about breast feeding (9 items) and mothers' knowledge about evacuation and preservation of breast milk (6 items).

❖ Scoring system:

Regarding the knowledge of the mothers, mother's responses were checked with a key model answer. Answer's questions correct were scored by "one score". If the answer is incorrect or irrelevant, answers was scored "zero". Accordingly total scores were categorized into three levels:

-75% and more considered good knowledge.

-From 50% to less 75% considered average knowledge.

-Less than 50% considered poor knowledge.

Observational Checklist: It was adapted from **Meek and Hatcher, (2017)**, to assess mother's reported practices about breastfeeding which included: mothers' reported practices regarding technique of breast feeding (13 steps) mothers' adherence to fluid & diet chart (2 steps) and mothers' reported practices regarding method of preservation of breast milk for subsequent use (3 steps).

❖ Scoring system:

The reported practices of the mothers were assessed by using the observation checklists by giving "one score" for the correct step and "zero" for the incorrect step. Accordingly, mothers' reported practices were categorized into two levels as the following:

- Less than 50% considered unsatisfactory.
- 50% and more considered satisfactory.

Attitude rating scale: It was designed by the researcher and reviewed by supervisors and used to assess attitudes of the mothers towards myths and facts about breastfeeding. The subjects were asked to respond to 18 sentences of the mothers' attitude rating scale.

❖ Scoring system:

It was assessed by using Likert- scale (3 continuum) and giving" two score" for agree," one score" for uncertain and "zero" for disagree. This scale was developed by **Dennis, (2015)**. The total scores of mothers' attitude was classified into two levels as the following:

- Less than 50% considered negative attitude.
- 50% and more considered positive attitude.

II. Operational Design:

Preparatory Phase:

During this phase, the tools of the study prepared through reviewing the available local, regional and international related literature to be oriented with the various aspects of the research problem. This developed to serve the study tools for data collection. During this phase, the researcher also visited the selected places to get acquainted with the

personnel and the study settings. Development of the tools was under supervisors' guidance and experts' opinions were considered.

Validity and reliability:

The Content validity was ascertained by a group of three experts in field of Pediatric Nursing to test its content validity and applicability. Testing the reliability through Cronbach's Alpha reliability analysis.

Reliability of tools:

Reliability of the study tools tested and ascertained by statistical analysis to examine its reliability.

Pilot Study:

A pilot study was carried out on 10% (10 mothers) at the previously mentioned settings. The pilot has also served to estimate the time needed for each subject to fill in the questionnaire. The pilot participants were not included in the main study sample where some modifications were done in the form of rephrasing, organization, omission and addition of some questions in the study tool.

Fieldwork:

The actual field work of this study was carried out over 6 months period started from the beginning of September 2019 till the end of February 2020, The researcher was visited the study settings 3 days / weekly (Sundays, Thursdays and Wednesday) by rotation from 9 a.m. to 2 p.m. using the previously mentioned study tools and the researcher first met with the mothers and explained the aim of the study after introducing herself in order to obtain their permission, then individual interviewing was done after obtaining mothers consent to participate. The questionnaire filled in by the researcher taken about 10-15minutes, the reported practice filled in by the researcher taken about 10-15 minutes and the attitude filled in by the researcher taken about 10-15 minutes to become the total time that tool is filled taken about 30-45 minutes.

Administrative Design

Approval obtained through an issues letter from the Dean of Faculty of Nursing, Ain Shams University to the Director of this settings: At the Breast Feeding Clinic in the Gynecological and Obstetric Hospital affiliated to Ain Shams University Hospitals, Out Patient Clinic affiliated to Al Mansoura University Hospitals and Sayed Galal Hospital affiliated to Alazher University Hospitals.

Ethical Considerations

The research approval obtained from the faculty ethical committee before starting the study. Verbal approval obtained from the mothers before conduction of the study; a clear and simple explanation given according to their level of understanding, physical and mental readiness. They secured that all the gathered data was confidential and used for research purpose only. The mothers informed that they are allowed to choose to participate or not in the study and they have the right to withdraw from the study at any time.

Statistical Design

The data obtained were synthesized, analyzed, and presented in the form of tables and figures using the Statistical Package for Social Sciences (SPSS) version 20. Qualitative variables was presented in the form of frequencies and percentages, quantitative variables was presented in the form mean and SD. Test of significance were used to find out associations between study variables. Chi-square (χ^2) test was used to compare proportions between two qualitative parameters. Spearman's correlation coefficient (r) was used to assess the correlation between two variables. The confidence interval was set to 95% and the margin of error accepted was set to 5%. So, the p-value was considered significant as the following:

- P value <0.05 was considered significant.
- P value <0.001 was considered as highly significant.
- P value >0.05 was considered insignificant.

Results:

Table (1): illustrates that more than half (59%) of studied mothers were in the age group of 20 to 30 years with mean age 26.33 ± 4.221 and more than one third (34.7%) of them had university education. . Also, this table shows that more than three quarters (79.3%) of studied mothers were house wife.

Table (2): shows that less than half (47.3%) of studied families were nuclear families and more than two thirds (67% & 71.7%) of them have less than three children and sufficient income respectively.

Figure (1): indicates that, more than half (54%) of the studied mothers had average knowledge about myths and facts of breast feeding, while 26.7% and 19.3% of them had poor and good knowledge respectively.

Table (1): Distribution of the studied mothers according to their characteristics (no=300).

Items	No	%
Mothers' age in years		
< 20	40	13,3
20 < 30	177	59
30 years or more	83	27,7
Mean \pm SD	26.33 \pm 4.221	
Mothers' Education		
Illiterate	36	12
Read and write	44	14,7
Basic education	33	11
Secondary education	73	24,3
University education	104	34,7
Master degree or higher	10	3,3
Occupation		
Housewife	238	79.3
Employee	62	20.7

Table (2): Distribution of the studied mothers according to their families' characteristics (n=300).

Items	No	%
Types of Families		
Extended family	122	40.7
Nuclear family	142	47.3
One host family	36	12
Number of children		
<3	201	67
3-5	77	25.7
>5	22	7.3
Income		
Sufficient	215	71.7
Insufficient	85	28.3

Figure (2): illustrates that less than two thirds (61.0%) of the studied mothers had satisfactory reported practices related to breast feeding, whenever 39.0% had unsatisfactory reported practices.

Figure (3): illustrates that most (83.3%) of the studied mothers had positive attitude toward myths and facts about breast feeding, while the rest (15.7%) of them had negative attitude.

Table (3): indicates that there is statistically significant difference between mothers' total knowledge and their total reported practices related to myths and facts about breast feeding ($p < 0.05$).

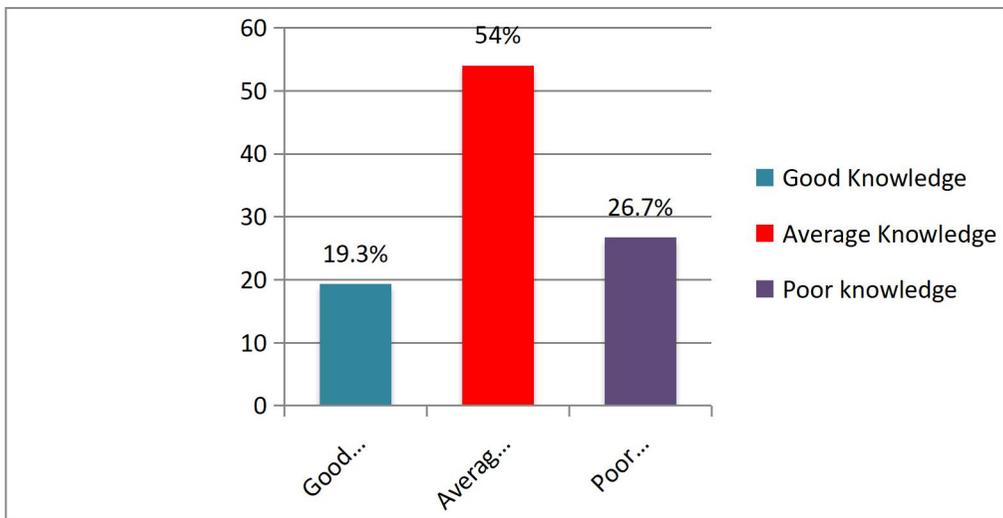


Figure (1): Distribution of the studied mothers according to their total knowledge regarding myths and facts about breast feeding.

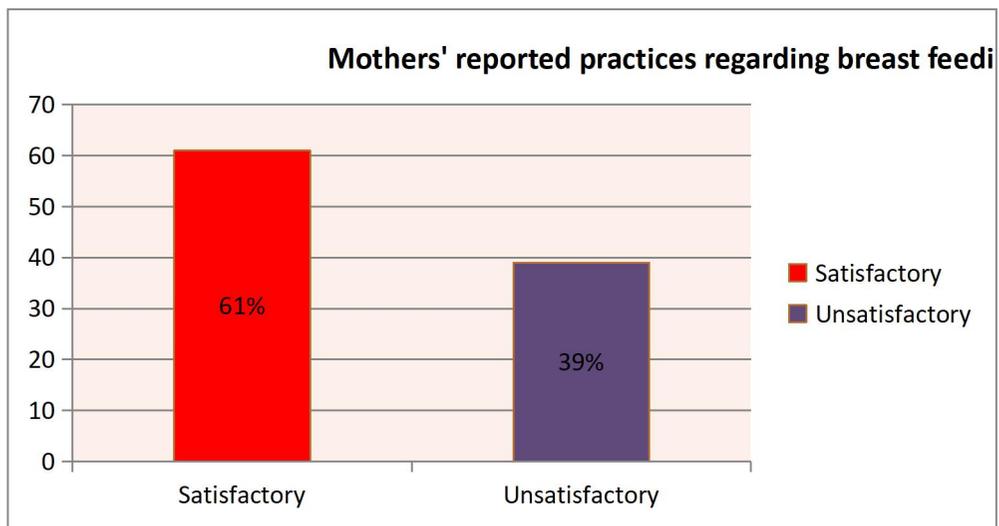


Figure (2): Percentage distribution of the studied mothers according to their total reported practices regarding breast feeding. N (300).

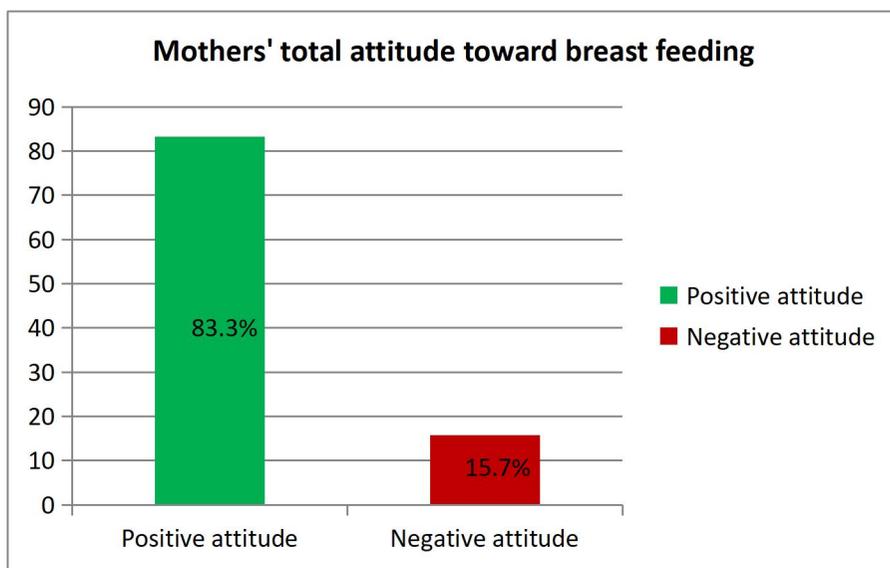


Figure (3): Percentage distribution of the studied mothers according to their total attitude toward myths and facts about breast feeding. N (300).

Table (3): Relation between total knowledge and total reported practices of mothers regarding myths and facts about breast feeding (n=300).

Total Knowledge	Total reported practice				χ^2	P-value
	Satisfactory		Unsatisfactory			
	No	%	No	%		
Good	29	15.8	29	24.8	7.604	<0.05*
Average	96	52.5	66	56.4		
Poor	22	18.8	58	31.7		

*Statistical significant difference

Discussion:

Breastfeeding provides a wide array of physical and psychological short-term and long-term health benefits for mothers, infants and young children. There is strong evidence that infants receiving only breast milk with no other liquids or solids known as exclusive breastfeeding have many health benefits to mothers, babies, the environment, and society. Poor practices and attitudes toward exclusive breastfeeding have been reported to be among the major reasons for poor health outcomes among children (**Tamizharasi & Nagalakshmi, 2020**).

This study aimed to assess myths and facts of mother about breast feeding

Regarding mothers' characteristics, the results of the present study illustrated that more

than half of mothers were in the age group 20 > 30 years old with mean age 26.33 ± 4.221 years and more than one third of them had university education. These findings were in an agreement with that of **Akinyinka et al. (2016)**, who studied the breastfeeding knowledge and practices among mothers of children under 2 years of age living in a military barrack in southwest Nigeria and reported that, the mean age of the mothers was 30.1 ± 5.0 years, although more than half of mothers were aged 20-34 years and about one third of the mothers had university education.

As regard the mothers' occupation, the result of the present study revealed that, more than three quarters of them were housewife. This finding was in accordance with **Prajapati et al. (2016)**, who studied positioning, attachment and suckling during breastfeeding among 0-6 months aged infants in rural area and found that, the

majority of mothers are housewives. It could be due to the culture of the studied mothers' community which prefer to stay the mothers at home to care for their children.

Concerning mothers' family data, the findings of the current study revealed that about less than half of mothers had nuclear family. This finding was disagreement by **Farag et al. (2020)**, who studied knowledge regarding breastfeeding and factors associated with its practice among postnatal mothers in central India and reported that half of the mothers were from nuclear family. It could be due to their traditions to live in nuclear family.

As regard the income of the family, this study showed that, about more than two thirds of them had sufficient income. This finding was parallel to **Krishnendu and Deva, (2017)**, who studied knowledge, attitude and practice among lactating mothers in India and found that, more than half of mothers had enough income. This means that income has important role during breastfeeding to enhance nutrition of mothers.

Regarding total knowledge of the mothers about myths and facts of breast feeding, the results of the present study clarified that, more than half of mothers had an average knowledge about breast feeding. This finding was in harmony with the report of **Al Ketbi et al. (2018)**, who studied knowledge, attitudes, and practices of breastfeeding among women visiting primary healthcare clinics on the island of Abu Dhabi, United Arab Emirates and found that nearly half of the mothers had fair knowledge about breast feeding.

Regarding total reported practice of the mothers related of breast feeding the results of the present study illustrated that less than two thirds of mothers had a satisfactory reported practice related to breast feeding. This result was in harmony with that of **Dukuzumuremyi et al. (2020)**, who studied knowledge, attitude and practice of exclusive breastfeeding among mothers in East Africa and mentioned that three fifth of mothers had practiced exclusive breastfeeding. Meanwhile, this result was disagreement with that of **Jagadale et al. (2015)**, who studied knowledge, attitude and knowledge of practice among Prime Para

mothers in Krishna hospital and found that more than half of mothers were not use knowledge of reported practice for giving breastfeeding care to new baby.

Regarding the total attitude of the mothers toward breast feeding, the results of the present study revealed that, most of mothers had a positive attitude toward breast feeding. This finding was in agreement with **Mohammed and Soliman, (2018)**, who studied mothers' attitudes toward breastfeeding and their association with infants' characteristics and revealed that most of mothers have positive attitudes toward breastfeeding. It could be due to that believes and values about the importance of breast feeding for physical and satisfaction for both mothers and baby.

Regarding relation between total knowledge and total reported practice of mothers the results of the current study indicated that, there was statistically significant relation between mothers' total knowledge and their total reported practice related to breast feeding. In addition, the result of the current study illustrated that, there was highly statistically significant relation between mothers' total knowledge and their total attitude toward breast feeding. These findings were supported by **Al Ketbi et al. (2018)**, who point out that, mothers' breastfeeding attitude was statistically significantly affected by their breastfeeding knowledge. In addition, mothers' breastfeeding practice was also statistically significantly affected by their breastfeeding knowledge. From the researcher point of view, adequate knowledge and information about breast feeding result in improving mothers' practice and attitude and correction of false myths and believes regarding breast feeding.

Conclusion:

Based on the results of the present study, it can be concluded that, regarding mothers' knowledge about breast feeding, more than half of mothers have an average total knowledge, moreover concerning mothers practice toward breast feeding, it was found that less than two thirds of mothers had a satisfactory reported practice, whenever nearly two fifth of them had un satisfactory practice concerning breast

feeding technique whenever, the study concluded that most of mothers had a positive attitude toward breast feeding. Finally there are significant relation between mothers' total knowledge, their total reported practice and their total attitude toward breast feeding.

Recommendations:

Based upon the results of the current study the following recommendations suggested:

- Developing a simplified and comprehensive booklet including guidelines about successful breast feeding practice.
- Conduct future researches to assess the awareness of mothers and most importantly to investigate the effect of feeding practices of infants and mother health.

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