

# Knowledge and Practice about Breast Feeding Among Doctors of Qamc and B.V.H Bahawalpur

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## Abstract:

*The history of breast feeding must have begun when the very first man and women had their very first baby. By the 1800 scientists and doctors began to investigate what was needed in food mixes for babies to thrive. In 1867, the first commercially available baby food was created by Justis Von Leibig. The formulas worked so well, that women began to use them instead of breast feeding. By 1950, more than half of babies in the USA were fed from baby formula.<sup>3,5</sup> By the 1970's the pendulum began to swing back. Women felt need to move back to the basics to amore earthy way of rising their children. Years of research showed that breast milk is best. It contains many unique elements that are not found in any baby formulas. As well, women were better educated and informed.<sup>6,7</sup> Choice based on what was best and was not trendy. This study presents a review of knowledge and practice of breast feeding among doctors of QAMC and B.V.H Bahawalpur*

## Objective

The objective of the study was to determine the knowledge and practice of breast feeding among married doctors working in QAMC and B.V.H Bahawalpur.

## Materials and Methods

**Study Design.** Cross sectional descriptive study.

**Study Setting.** The Study was conducted on Married doctors working in QAMC and B.V.H Bahawalpur under the supervision of Department of Community Medicine.

**Duration.** Study was conducted from 20<sup>th</sup> February, 2017 to 20<sup>th</sup> April, 2017.

**Sample Size.** 100 female doctors were selected from 476 female doctors working in QAMC and B.V.H Bahawalpur.

**Ethical Issues.** Informed consent was taken from all participants.

**Sampling Technique.** It was non probability convenient sampling method.

**Inclusion Criteria.** All the female married doctors of reproductive age group (15-49 years) having children willing to participate were included.

**Exclusion Criteria.** Not willing to be included in the study.

**Data Collection.** Data was collected through preformed pretested questionnaire that

Comprises of two parts. Part-I includes demographic variables as name, age, residence, post, socio-economic status, husband's education and occupation and part-II consists of study variables knowledge and practice of breast feeding.

**Data Analysis.** Data was entered and analyzed manually. Frequencies and percentages were calculated. The data was presented in the form of tables and graphs.

## Results

In our study a sample of 100 female doctors from QAMC & BVH as taken with a mean age 34.5 years. The age distribution showed that maximum respondent 44% belong to 29-38 years age group. Result showed that 62% were of 17 grade. 100% doctor knew that breast feeding was healthy & important. Regarding knowledge 84% had knowledge of importance of breast feeding. 80% knew that it could be continued upto 2 year and 44% thought that it should be continued in maternal diseases and 98% thought that it should be continued in infant diseases. Regarding practices 82% breastfed their child and among them 3% fed immediately and 95% gave colostrum to their child. Among the respondent 10% don't fed their child due to physician prescription & because of preference of formula milk.

## Conclusion

All of the female married doctors had knowledge about importance of breast feeding. Most of them breast fed their last child. The reasons for breast feeding were breast milk advantages as healthy, safe, in expensive, good immunity, economical and protection against breast cancer. Mothers who did not practice had problems like pain, jobs, medical condition & formula milk preference.

## Introduction

Breastfeeding is a normal and natural way of feeding the infants. It provides the primary source of nutrition for infants before they are able to eat and digest food. It has been estimated that the lives of one million infants a year can be saved in developing world by promoting breastfeeding. It contains antibodies that help to protect the baby against many common childhood diseases e.g. diarrhea and pneumonia. It is clean, always at the right temperature, inexpensive and nearly every mother has more than enough of this high quality food for her baby. The key

to successful breastfeeding is education, information and communication strategies aimed at behavior changes.<sup>1</sup>

The WHO recommends that for the first 6 months of life, infants should be exclusively breastfed to achieve optimal growth, development & health. Thereafter, infants should receive nutritionally adequate and safe complementary foods, while continuing to breastfeed for upto 2 years or more.<sup>2</sup>

Exclusive breastfeeding is defined as infant feeding with human milk without the addition of any other liquids or solids. Nonetheless, the promotion and acceptance of practices, such as exclusive breastfeeding are especially important in developing countries with high levels of poverty, and that are characterized by high burden of disease and low access to clean water and adequate sanitation.<sup>3</sup>

Reviews of studies from developing countries show that infants who are not breastfed are 6-10 times more likely to die in the first months of life than infants who are breastfed.<sup>4</sup>

Breastmilk provides optimum nutrition and confers other essential properties associated with immunity, maturation and intelligence. The wide spectrum of immunological protection provided ranges variable from anti-infective properties, anti-allergic to protection against various infections Breastmilk also provides the vital components for maturation of GIT and aids in absorption certain proteins that make up the fraction of the milk are known to induce sleep, furthermore hormones such as prolactin and oxytocin are known to be calming agents. There is also an element of assistance to the society through decreased health care cost as the incidence of ill health in nursed newborns is reduced.<sup>10</sup>

It has been demonstrated that adults who were breastfed as infants have better blood pressure and cholesterol profiles, in addition to low-weights and incidence of Type II diabetes.<sup>7</sup>

Factors that are positively associated with breastfeeding at 6 months include a very strong desire to breastfeed, her child how had breastfed onself as baby. On the other hand, factors that are negatively associated with feeding at 6 months include a women having no intention to breastfeed, like not attending childbirth education, maternal obesity and having self-reported anxiety or depression.<sup>1,4,6,7,9</sup>

Nursing of infants provides an extensive array of positive outcomes for the mother such as contraceptive properties which provide a natural spacing between successive births, it acts as a natural family planning tool and there has been affirmative association with decreased incidence of breast cancer. Furthermore, it aids women in

attaining their pre-pregnancy weight. Also oxytocin, a critical hormone released during nursing causes the involution of the uterus. Despite the many benefits of breastfeeding, many women do not choose to practice breastfeeding due to lack of knowledge, inability to do so, mother's employment, unfriendly hospital practices, advertisement of breast milk substitutes, mothers ill health, ignorance or personal choice.<sup>7,10,20</sup>

Breastfeeding is associated with reduced risk of otitis media, gastroenteritis, respiratory illness, SIDS, necrotizing enterocolitis and hypertension Variables that many influence breastfeeding include race, maternal age, maternal employment, level of education of parents. Socioeconomic status, insufficient milk supply, smoking, parity, method of delivery, maternal interest and other related factors.<sup>8,17,18</sup>

According to a previous research conducted in 2012, the discontinuation of breastfeeding before 2 years of age contributes to the malnutrition and increased susceptibility to infection.<sup>11,16</sup>

The objective of this study was to evaluate the knowledge and practice of breastfeeding and to access factors associated breastfeeding and how to develop new strategies to promote BF among the doctors of reproductive age of BVH and QAMC.

## Literature Review

A self-administered questionnaire was used to interview 150 female health care workers at Abha Maternity and Aseer Hospital Saudi Arabia during January through March 2010. It was seen that Saudi national were 83 (55%) of the total numbers, Out of them 47 (31%) started breastfeeding with in ½ hour of delivery, 24 (15.9%) breast feed up to 6 months. Work related problems were the main reasons for stopping breastfeeding in 69 of them (45.7%). This study highlighted lack of fulfilling the WHO then step initiative for proper breastfeeding among female health care workers in tertiary care hospitals of Abha City Saudi Arabic.<sup>1</sup>

A descriptive cross sectional study was carried out between January and March 2015 in Kumasi Ghana to elicit information from 240 nurses. The research showed that the top 3 breastfeeding challenges of nurses were the belief that breast milk alone was not sufficient in meeting their babies nutritional needs, working hours, Short maternity level period and Socio-cultural pressures to introduce water and artificial feeds. It concluded that mothers were confronted with numerous EBF (exclusive breastfeeding) challenges both at the individual and social levels.<sup>2</sup>

A cross sectional descriptive study was carried out among randomly selected doctors at pediatric out patients department Bangalore India 2014. Their findings revealed that a majority (88.5%) of them were breast feeding their children however 27% of the mother had breast fed exclusive breast feeders and only 36.9% initiated breast feeding with in 1 hour, while mother had good knowledge on breast feeding.<sup>3</sup>

The descriptive study was carried out in the doctors and nurses at a tertiary care hospital in South India. The data was collected from 100 doctors and nurses. The study showed that the knowledge of respondents was inadequate in areas of time of initiation of breast feeding (92%) clostrum feeding (56%), duration of BF (38%), knowledge on expressed breast milk (51%) and continuation of breastfeeding while baby was sick. They highlighted better scores correlated significantly with high maternal age, better maternal education and higher socio-economic status.<sup>4</sup>

A structured questionnaire was administered to 200 health care workers in the month of in South west Nigeria which was published in 2012. The result showed that only a small proportion (19%) of the health care workers practiced BF. The survey showed the major constructs to EBF were the perception that babies continued to be hungry after breastfeeding (29%), maternal health problems (26%), fear of babies becoming addicted to breast milk (26%), pressure from mother-in-law (25%), pain the breast (25%) and need to return to work (24%).<sup>5</sup>

A community based cross sectional study was conducted on 307 rural mothers in Egypt. The report said the majority of the mother had good knowledge about the advantages of breastfeeding for child. Most of the mother (94.8%) agreed that breastfeeding protects child from infection, (96.1%) agreed that it was healthy for infants, (76.5%) agreed that breast milk lead to loss of figure and (83.4%) agreed that breast feeding should be avoided during mother's illness. About (84%) initiated breast feeding immediately after delivery and (42.7%) offered pre-lactal feeds to baby before lactation. About 30 quarter (74.2 %) of mother fed colostrum.<sup>6</sup>

A cross sectional study was carried out in health workers in Nigeria in 2012. Findings indicated that human

A cross-sectional study was conducted on 200 physicians of Ziauddin University belonging to the specialties of Pediatrics, Gynecology /Obstetrics, General Medicine and Family Medicine. The participants filled a structured questionnaire after informed consent. The results showed that a total of 200 physicians participated in the study.97% of the respondents Practiced exclusive breast feeding for the first six months of life. Formula feeding was also considered equally acceptable by 66.5%. Prelactal feeds were

milk was acceptable to 97.2% of participating health workers. All participants approved of BF and giving colostrum to newborns. However, 83% identified < 7 months as the recommended length of BF duration 83% specified > 6 months and 83.3% indicated 4-6 months, only 36.1% knew that breastfeeding should last for a period of 2 years and beyond. 33% of the respondents could not name more than two components of breast milk and 75.1% failed to identify more than 3 advantages of breast feeding.<sup>7</sup>

A cross-sectional study using self-administered questionnaire was conducted among in Abha female educational district during the month of April – June 2011. Total of 384 women participated 119 (31%) participants started breast feeding their children with in 1 hour of delivery, while BF for 6 months was reported only by 32 participants (8.3%). Insufficient breast milk and work related problems were the main reasons for stopping breast feeding before 2 years.<sup>8</sup>

A cross-sectional study was adopted in nurses who having child aged 6-12 months in Abha city 2014. A total of 120 women participated overall; mother's breast feeding knowledge was good among more than half of them (55.3%) and excellent among 30.7% of them while it was unsatisfactory among 14%. Breastfeeding in the first six months was practiced by 24.7% of the participated mothers. Of them only 7.3% practiced BF. Work related problems (46.2%), insufficient breast milk (34.2%), maternal health problems (14.9%) and neo-natal health problems (9.7%) were commonly reported barriers against BF.<sup>9</sup>

A cross-sectional study was conducted in Ajman UAE. The study included 332 mothers having child less than 5 years of age. Only 46% of the participants exclusively breast fed their babies in the first 6 months. Higher proportion of women who had received ante-natal education during their pregnancies, exclusively breast fed their babies, but the association was no statistically significant. Higher frequency of BF was observed within low parity. Higher frequency of breast feeding was noticed among women who had not experienced any difficulty in breast feeding ( $P > 0.05$ ) and who had not sought medical advice on problems during breast feeding ( $P < 0.05$ ). Family and friends were identified to be the main source of information with regard to breast feeding (74.7%).<sup>10</sup>

forbidden by 74% and 82% of the participants had not attended any continuing medical education (CME) program on breast feeding in the last 03 years.<sup>11</sup>

A report published in 2012 on a study conducted using non-probability purposive sampling, resident doctors and nurses of the Obstetrics and Pediatrics departments fulfilling in Jinnah Hospital Lahore. The reports showed that in a total of 133 respondents, 78 (59%) doctors and nurses

were interviewed from the Obstetrics department and 55 (41%) doctors and nurses were interviewed from the Pediatrics departments. Regarding practices related to breast feeding, 58(74%) and 48 (89%) out of 133 respondents. This concluded that there is poor knowledge and practices regarding breast feeding among the health care workers of the tertiary level hospital as they had not received any proper in service training while working their respective departments.<sup>12</sup>

### Objective of study

The objective of the study was to:determine the knowledge and practice of breast feeding among married doctors working in QAMC and B.V.H Bahawalpur.

### Operationalization

**Breast Feeding.** **Breastfeeding**, also known as nursing, is the feeding of babies and young children with milk from a woman's breast.<sup>2</sup>

**Colostrum.** A yellowish liquid, especially rich in immune factors, secreted by the mammary gland of female mammals a few days before and after the birth of their young.<sup>5</sup>

### Research Methodology

**Study Design.** Cross sectional descriptive study.

**Table 1.Age distribution among respondents**

Age in years	Frequency	Percentage
18-28	16	16%
29-38	44	44%
39-48	22	22%
49-58	18	18%
Total	100	100%

**Table 2.Post of Respondent**

Scale	Post	Frequency	%age
17	Demonstrator, PGR ,MO	62	62%
18 and above	S. Demonstrator, AP, SR, Professor	38	38%
Total		100	100%

**Table 3.Age of Husbands of respondents**

**Study Setting.** The Study was conducted on Married doctors working in QAMC and B.V.H Bahawalpur under the supervision of Department of Community Medicine.

**Duration.** Study was conducted from 20<sup>th</sup> February, 2017 to 20<sup>th</sup> April, 2017.

**Sample Size.** 100 female doctors were selected from 476 females doctors working in QAMC and B.V.H, Bahawalpur.

**Ethical Issues.** Informed consent was taken from all participants.

**Sampling Technique.** It was non probability convenient sampling method.

**Inclusion Criteria.** All the female doctors of reproductive age group (15-49 years) having children willing to participate were included.

**Exclusion Criteria.** Not willing to be included in the study.

**Data Collection.** Data was collected through preformed pretested questionnaire that Comprises of two parts. Part-I includes demographic variables as name, age, residence post socio-economic status husband education and occupation and part-II consists of study variables knowledge and practice of breast feeding.

### Data Analysis

Data was entered and analyzed manually. Frequencies and percentages were calculated. The data was presented in the form of tables and graphs.

Age in Years	Frequency	%age
18-28	2	2%
29-38	46	46%
39-48	30	30%
49-58	18	18%
>58	4	4%
Total	100	100%

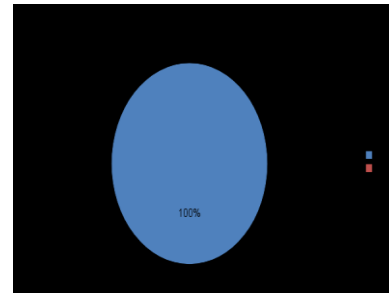
**Table 4.Education of Husbands of respondents**

Education	Frequency	%age
Below Graduation	8	8%
Graduation & above	92	92%

Total	100	100%
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**Table 5. Occupation of Husbands of respondents**

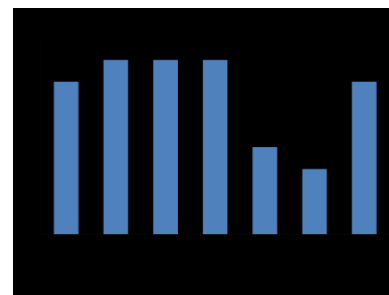
Occupation	Frequency	%age
Doctor	76	76%
Engineer	10	10%
Others	14	14%
Total	100	100%



**Figure 1. Type of Family of respondents**

**Table 6. Number of Living Children of Respondents**

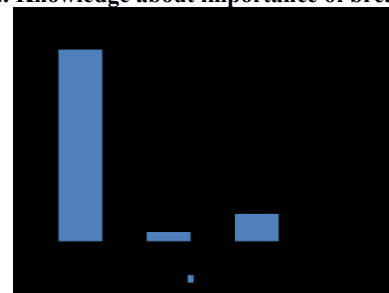
No of Child	Frequency	%age
Upto 3	80	80%
More than 3	20	20%
Total	100	100%



**Figure 2. Knowledge about importance of breast feeding**

**Table 7. Age of Last Child of respondents**

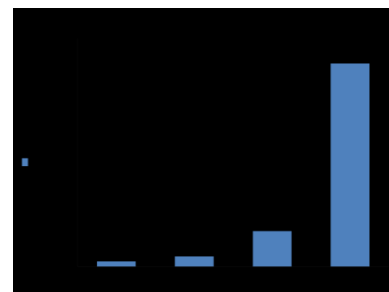
Age in Years	Frequency	%age
Upto5	66	66%
Upto10	16	16%
Upto15	12	12%
Upto20	6	6%
Total	100	100%



**Figure 3. Knowledge about advantages of breast feeding among respondents**

**Table 8. Income of Respondents**

Income in RS	Frequency	%age
50,000- 100,000	58	58%
1,00,000- 1,50,000	30	30%
> 150,000	12	12%
Total	100	100%



**Figure 4. Knowledge about age of continuum of breast feeding**



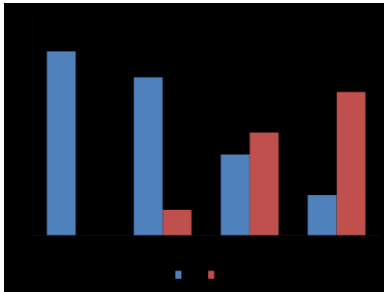


Figure 5. Responses of Respondents about the continuation of breast feeding in Maternal diseases

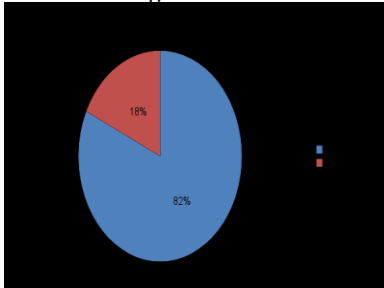


Figure 6. Responses of Respondents about the continuation of breast feeding in infant diseases

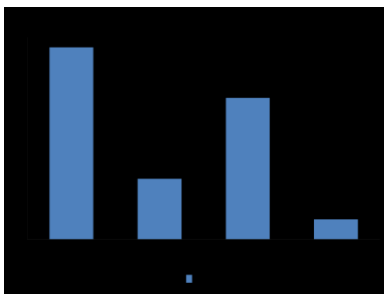


Figure 7. Time of initiation of breast feeding by respondents

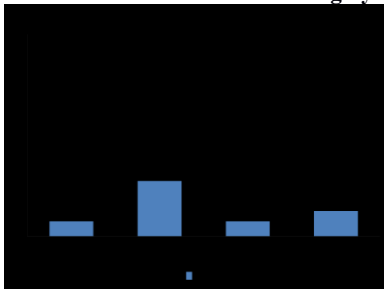


Figure 8. Reason for late breast feeding among respondent

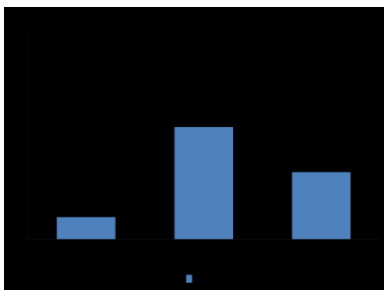


Figure 9. Reasons for non-feeding among respondent

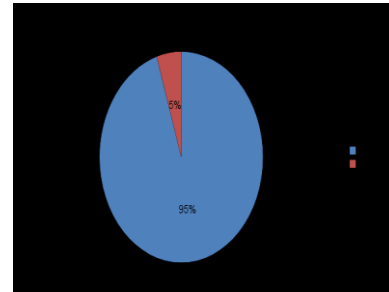


Figure 10. %age of women who gave colostrum

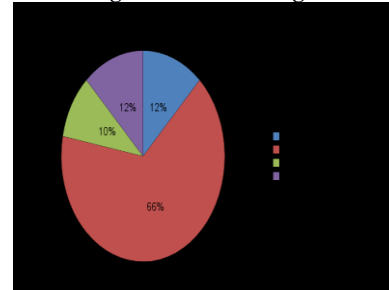


Figure 11. Schedule of breast feeding to their child among respondents

Table 9. Breastfeeding Practices & Age of Respondents

Age in years	Yes		No		Total
	Frequency	%age	Frequency	%age	
18-28	14	87%	2	12.5%	16
29-38	40	90%	4	10%	44
39-48	16	73%	6	27%	22
Above 49	12	66%	6	33%	18

Table 10. Breastfeeding Practices & Post of Respondents

Post	Yes		No		Total
	Frequency	%age	Frequency	%age	
Scale 17	52	84%	10	16%	62
Scale 18 & Above	30	79%	8	21%	38

Table 11. Breastfeeding Practices & Income of Respondents

Income in Rs.	Yes		No		Total
	Frequency	%age	Frequency	%age	
50,000-1,00,000	50	86%	8	14%	58
1,00,000 - 1,50,000	24	80%	6	20%	30

>150,000	8	67%	4	33%	12
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**Table 12. Breastfeeding Practices & Occupation of Husbands**

Occupation	Yes		No		Total
	Frequency	%age	Frequency	%age	
Doctors	60	79%	16	21%	76
Engineers	8	80%	2	20%	10
Others	12	86%	2	14%	14

**Table 13. Breastfeeding Practices & No. of Living Children of Respondents**

No. of Children	Yes		No		Total
	Frequency	%age	Frequency	%age	
Upto 3	68	85%	12	15%	80
More than 3	14	70%	6	30%	20

**Table 14. Breastfeeding Practices & Type of Family**

Type of Family	Yes		No		Total
	Frequency	%age	Frequency	%age	
Nuclear	24	67%	12	33%	36
Joint	56	90%	6	10%	62
Polygamous	2	100%	0	0%	2

**Results**

In this study a sample of 100 female doctors of QAMC & BVH was taken with mean age of 34.5 years. The age distribution showed that maximum respondents 44% belong to 29-38 years age followed by 22% in 39-48 years, 18% in 49-58 years and 16% in 18-28 years.(Table No.1)

As the post of respondent was concerned, our data showed that 62% were of scale 17 and 38% were of 18 & above scale. (Table No.2)

Regarding the age of husband 46% were included in 29-30 years, 30% in 39-48 and only 4% above 58 years. (Table No.3)

The data regarding number of living children of doctors showed that 80% had upto 3 children & only 20% had more than 3 children. (Table No.4)

Majority of husbands of female respondents were doctors i.e 76% and 10% were engineers. (Table No.5)

The data regarding husband’s education showed that majority 92% were in category of above graduation and 8% were below graduation. (Table No.6)

Our study showed us that 66% of doctors age of last child was upto 5 years & 16% 6-10 years. (Table No.7)

Relating the monthly income 58% of doctors had 50,000 – 1 lac, 30% 1.1 – 1.5lac and 8% had more than 2 lac. (Table No.8)

Majority of female doctors lived in joint family upto 62% and only 36% lived in nuclear & only 2% were living in polygamous family. (Fig. No.1)

As knowledge of breast feeding among doctors was concerned all the female doctors (100%) knew about importance of breast feeding. (Fig. No.2)

Our study showed that 100% of doctors thought that breast feeding was healthy, provides immunity, was easily digestible 90% thought it was convenient 90% thought that it avoids pregnancy & 98% though it avoids breast cancer. (Fig. No.3)

The results of the study showed that 84% of respondents thought that breast feeding should be started immediately 4% within 12-24 hours and 12% in 1-3 days. (Fig. No.4)

As knowledge about age of continuum of breast feeding was concerned 80% thought it should be continued upto 2 years and 14% upto 12-18 month. (Fig. No.5)

The responses of respondents about continuation of breast feeding in maternal diseases showed that it could be practiced in fever but in hepatitis only 44% though it could be practiced in T.B and 86% said it could be done in diabetes. (Fig. No.6)

The response of respondents about continuation of breast feeding in infant diseases showed us that 98% said it could be practiced in fever & malnutrition, 90% said it could be practiced in diarrhea and 94% said it could be practiced in respiratory infections. (Fig. No.7)

As far as practice of BF in female doctors was concerned, our study showed us that 82% of them breastfed their baby while 18% did not. (Fig. No.8)

The time of initiation of breastfeeding was variable as 38% fed immediately, 12% in 6-24 hours & 28% in 1-3 days and 4% later. (Fig. No.9)

As 44% did not breastfed their child immediately so the reason for late breast feeding were. 22% mothers were in pain due to C. section and 6% of babies were in nursery & 6% thought colostrums was not good. (Fig. No.10)

The reason for non-feeding showed us that majority (10%) said that it was prescribed by physician & 2% considered formula milk more convenient. (Fig. No.11)

Among the breastfeeding respondents 95% of them fed colostrums to their babies while 5% did not. (Fig. No.12)

Considering the frequency of breastfeeding 66% breastfed their child on demand, 12% off duty & 12% on weaning & 10% every 3hr. (Fig. No.13)

The relationship between practice of BF and age of women showed that 90% of 29-38yr of women breast fed their child were as 87% of 18-28 yr, 76% of 39-48yr, 66% of 49-58yr, breast fed their babies. (Table. No.9)

In relation to post of mother & BF practices 84% of scale 17 & 79% of scale 18 and above breast fed their child. (Table No.10)

In relation to the monthly income and breastfeeding practice 86% of Rs.50,000 income 80% of income between Rs.1,00,000-1,50,000 67% of income Rs.> 1,50,000 breastfed their child. (Table No.11)

In relation to occupation of husband and BF practices. 79% of doctors wives, 79% of engineers wives and 86% of others wives breast fed their child. (Table No.12)

As the no of children were seen, respondents 85% up to 3 children and 70% of more than 3 children breast fed their children. (Table No.13)

The type family & practice of meaning showed that it was 90% women in joint, 67% women in nuclear and 50% women in polygamous families breast fed their last child. (Table No.14)

## Discussion

Breast feeding is defined as infant feeding with human milk. The promotion and acceptance of practices, such as breastfeeding are especially important in developing countries that have issue like poverty, high burden of disease and inadequate sanitation.

Our study done in BVH and QAMC aimed to see knowledge and practice of breastfeeding married doctors of reproductive age. Total 100 doctors were included in the study having mean age of 34.5 years. The result found in the study was compared and contrast with the result of researches and carried out in Pakistan, UAE, Saudia, Ghana, India, South India, Nigeria, Egypt and Abha. The knowledge on breastfeeding was 100% among doctors while in South India, result showed that knowledge on breastfeeding was 51%.<sup>2,3,9</sup>

In our research that was carried out among the doctors the total percentage of breastfeeding were 82%. Among 82%, it was seen that 38% started breastfeeding immediately, 12% within 6-24 hours and 28% with 1-3 days and 4% later. While in case of Saudi Arabia, the report showed that the total breastfeeding were 55%. Among them

31% stated breastfeeding within half an hour of delivery, 15.9% upto 6 months. Practice of breastfeeding study was more 27% than study conducted in Saudi Arabia due to knowledge about breastfeeding that it was healthy, easily digestible, provides immunity, convenient and avoid breast cancer. While in Saudi Arabia the work related problems were the main reason for stopping breastfeeding in 45.7%. Same reason were found in a study conducted in Pakistan where practice was low.<sup>1,4,11,13</sup>

In our study the factors that were responsible for making breastfeeding level high include that breastfeeding was complete diet for Baby, knowledge and Joint Family System while study in Ghana showed that insufficient breast milk, jobs and social pressures were factors responsible for low practice.<sup>2,6</sup>

Our findings showed that 82% of mothers breastfed within 1 hour while the results of doctors study that was conducted in India showed that 36.9% of mothers initiated breastfeeding within 1hour. Same results were found in Zia-uddin Hospital Karachi.<sup>3,7,14</sup>

In our study, the colostrum feeding was 95% while in South India study, the colostrum feeding was 92%. Results showed awareness about the importance of colostrum.<sup>4,8,20</sup>

In our study 82% of the doctors were breast feeders. Where as those in Nigera found to be 19% among health care workers. Maternal health problem constitute 26% of major causes, pressure from mother in law, pain in breast and work related causes.<sup>5,7,8,13</sup>

The results of our research showed that 82% of the doctors were breast feeding while the result of the study conducted in Egypt showed that 92.5% of doctors were Breast Feeders. The good reasons for this result were most of the doctors agreed that breastfeeding protected the child from diseases and breastfeeding is good for infant health 83.4% have knowledge that breastfeeding should be avoided during mother's illness. About 84% initiated breastfeeding immediately after delivery while in our research it is 11%. In our research 95% of mothers fed colostrum while in Egypt, it was 74.2%.<sup>6,13</sup>

Our study showed breastfeeding practice was 82% while in a South Nigeria study the practice was 97.2%. 100% mother feed colostrum to newborn while in our study it was 95%. The reasons for low practice were pain, job and perception that formula milk was healthier.<sup>7,15,16</sup>

In our study, 12% of mother breast feed their child within 1 hour of delivery while in a study conducted in Abha showed that 31% of participants started breastfeeding within 1 hour of delivery. Poor attitude towards breastfeeding was due to insufficient breast milk and work related problem mainly.<sup>8,17,18</sup>

In 2014, a cross sectional study was carried out in Abha city. The report showed that the attitude towards breastfeeding was 62%. While in our study it is 82% work related problems, maternal health problems, insufficient



milk were mainly responsible for decrease attitude towards breastfeeding. This in contrast to our study, all the above factors are less responsible. In 2012, research was conducted in Ajman UAE. The result of our study showed that mothers carried out the habit of breastfeeding upto 2 years while in Ajman study, the result showed that the only 46% of participants breast feed their children for 6 month.

## Conclusion

All of the female married doctors had knowledge about importance of breast feeding. Most of them breast fed their last child. The reasons for breast feeding were breast milk advantages as healthy, safe, in expensive, immunity, economical, protection against breast cancer. Mothers who did not practice had problems like pain, jobs, medical condition & formula milk was better.

## Recommendations

1. Help mothers initiate breast feeding within an hour of birth.
2. Need to train & support all health workers on breast feeding.
3. Knowledge gap on breast feeding among doctors should be focused for protection, promotion & support of breast feeding.

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