Mother’s Knowledge On Importance Of Exclusive Breastfeeding

Many studies conformed that the reasons for the low exclusive breastfeeding rates to the baby aged 0-6 months worldwide are many and vary from country to country. Common reasons include Poor understanding of the role of breastfeeding in advancing human and health rights complacency, which may be one of the biggest threats to optimal infant feeding, Widespread promotion of breast-milk substitutes, local beliefs and customs like infants need water in addition to breast milk, The issue of breastfeeding and HIV transmission, Lack of support for breastfeeding at home(commercial and family pressures), in the community, in health care facilities and in workplaces (e.g., policies for maternity leave and worksite facilities for breastfeeding) as linked to the perception that behavior change is difficult or even impossible, Lack of commitment and resources for behavior change programmes needed to support optimum breastfeeding like inadequate health worker training on optimal practices and counseling skills. (UNICEF, 2010)

Provision of supportive health services with infant and young child feeding counseling during all contacts with caregivers and young children, such as during antenatal and postnatal care, well-child and sick child visits, and immunization improve an adherence and long duration of exclusive breastfeeding up to six months (WHO, 2018). The study carried out in Muheza District Tanga Northeastern Tanzania showed that Women with knowledge on breastfeeding duration and with knowledge on advantages of EBF had higher EBF prevalence compared to others, that are were two times more likely to EBF compared to others (Aubrey R. Maonga, Michael J. Mahande, Damian J. Damian, 2015), these result was also similar with the study which was done in Moshi Urban, Tanzania which observed that Intention to breastfeed the child exclusively were significantly associated with appropriate breastfeeding knowledge, as Pregnant women who had received counselling on optimal breastfeeding during antenatal care attendance was four times likely to have knowledge of optimal breastfeeding practices compared to others. Also this study was explored further and identify that Other factors like education and partner’s education were not associated with knowledge on infant feeding (Hashim et al., 2017) which is not corresponding with study done in Nigeria which indicated that Maternal educational level was significantly associated with practice of breastfeeding as it was observed that nursing mothers with a tertiary level of education were significantly more likely to practice exclusive breast feeding than those without an education. (Chineke et al., 2017)

Sometimes the challenge to EBF is due to Poor understanding of local practices by simply giving women accurate information about how to position the baby and how to breastfeed effectively. For example, Ghana identified a problem in “breastfeeding on the run”—a common situation in which mothers gave a little bit of milk from both breasts, so children were not suckling enough to get the rich hind milk. Because of this practice, mothers thought their babies were hungry (they were) and were tempted to give other foods. The standard message to give the breast at least 10 times a day was thus inappropriate for Ghana, because mothers were already giving the breast as often as 20 times a day. What they needed were messages about how to breastfeed, not how often. This example shows the importance of understanding local practices and local contexts (UNICEF, 2010). Furthermore, study in Zanzibar reveals that having adequate breastfeeding knowledge alone cannot guarantee EBF practice. Thus, despite

the majority of mothers (83.5%) scored higher in the knowledge assessment; there was low EBF practice in this study(Ahmed Gharib Khamis, Ali Mohammed Omar, 2017).