

Assessment of Knowledge, Attitude and Practice of Breast Feeding Among Mothers

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Abstract—Breastfeeding is essential for the health and development of infants, yet gaps in knowledge, attitudes, and practices (KAP) among mothers persist despite global efforts to promote it. This cross-sectional study aimed to assess the KAP of breastfeeding among mothers and examine the association between these factors and demographic variables. A total of 120 breastfeeding mothers from UHC were selected using a non-probability convenience sampling method, and the data were analyzed using SPSS version 2.0. The results indicated that 36.7% of the mothers had inadequate knowledge, 35.0% had a poor attitude, and 49.2% engaged in poor breastfeeding practices. Correlation analysis showed weak and statistically insignificant relationships between knowledge, attitude, and practice ($p > 0.05$), while association analysis revealed a statistically significant link between mothers' occupations and their level of knowledge ($p = 0.035$) and between the number of pregnancies and breastfeeding practices. These findings underscore the need for health education programs and community support systems to improve attitudes and promote breastfeeding as a widely accepted practice.

Index Terms—Breastfeeding, Knowledge, Attitude, Practices, Mothers

I. INTRODUCTION

Breastfeeding is a cornerstone of child health, providing optimal nutrition and numerous immunological benefits. The World Health Organization (WHO) recommends exclusive breastfeeding for the first six months of life, followed

by continued breastfeeding with complementary foods up to two years or beyond. A recent trial has shown that early initiation of breastfeeding could reduce neonatal mortality by 22%. The beneficial effects of breastfeeding depend on correct breastfeeding practices. However, in India, the initiation of breastfeeding after birth is often delayed, and in many cases, valuable colostrum is discarded before the baby is put to the breast. It is recommended that babies should be exclusively breastfed for the first six months. Despite these recommendations, breastfeeding practices remain suboptimal in many regions. Factors such as education, cultural beliefs, socio-economic status, and healthcare support influence mothers' breastfeeding behaviors. This study investigates the knowledge, attitude, and practices (KAP) of breastfeeding among mothers to identify gaps and improve intervention strategies.

II. PROBLEM STATEMENT

A study to assess the knowledge, attitude and practice of breast feeding among mothers at selected setting, Chennai.

A. OBJECTIVES

1. To assess the knowledge, attitude and practice of breast feeding among mothers.
2. To find the association between level of knowledge, attitude and practice of breast feeding among mothers with demographic variables.

B. Hypothesis

H₀₁: There is no significant association between knowledge, attitude and practice of breast feeding among mothers with demographic variables.

H₀₂: There is significant association between knowledge, attitude and practice of breast feeding among mothers with demographic variables.

III. METHODS AND METHODOLOGY

A. Study design

The study aimed to assess the knowledge, attitude, and practice of breastfeeding among mothers. It employed an evaluative approach using a quantitative non-experimental descriptive research design.

B. Study population

This cross-sectional study involved breastfeeding mothers who were contacted by the researcher, and information about the study was provided to them. A total of 120 breastfeeding mothers from UCHC were selected as participants using a non-probability convenience sampling method to ensure representativeness.

C. Data collection tools structured questionnaire

Data collection was conducted using a structured questionnaire consisting of four sections. The first section gathered socio-demographic details of the mothers. The second section assessed their knowledge of breastfeeding through 15 multiple-choice questions, with each correct answer earning one mark, and knowledge levels categorized as inadequate (0–50%), moderately adequate (51–75%), or adequate (76–100%). The third section measured attitudes towards breastfeeding with 10 attitude-related questions based on a Likert scale (3 = Disagree, 2 = Neutral, 1 = Agree), with scores ranging from 5 to 10, categorized as poor attitude (<22), fair attitude (23–35), or good attitude (>35). The fourth section focused on breastfeeding practices, with 10 'Yes' or 'No' questions, where correct answers scored 1 point and incorrect answers scored 0; practices were categorized as poor practice (0–2), fair practice (3–6), or good practice (7–10). Data collection was carried out through an interview method.

D. Data analysis

The collected data were analyzed using descriptive and inferential statistical methods via SPSS software. Descriptive statistics (percentages and correlation) were used to summarize knowledge, attitude, and

practice levels, while inferential statistics (Chi-square) were applied to identify associations between knowledge, attitude, practice, and demographic factors.

IV. RESULTS & DISCUSSION

A. Demographic variables

The majority of mothers (38.3%) were in the 25–29 age group, with 35.8% holding an undergraduate (UG) degree, which was the most common education level. A large proportion of mothers were housewives (83.3%), and all were married (100%). Most mothers (75.8%) had one child, and the majority resided in urban areas (93.3%). Hinduism was the predominant religion (69.2%) among mothers. Family structures were nearly evenly divided, with 51.7% living in joint families. Regarding obstetric history, 64.2% of mothers had experienced two pregnancies, and 74.2% had one live birth. Normal deliveries were reported by 61.7%, and 84.2% of pregnancies were carried to full term. A significant proportion of mothers (51.7%) breastfed their infants fewer than 12 times per day. Furthermore, 88.3% of mothers received information on the importance of breastfeeding during antenatal visits, and 86.7% were provided guidance on proper breastfeeding practices for their most recent child.

Knowledge of Breastfeeding

N = 120

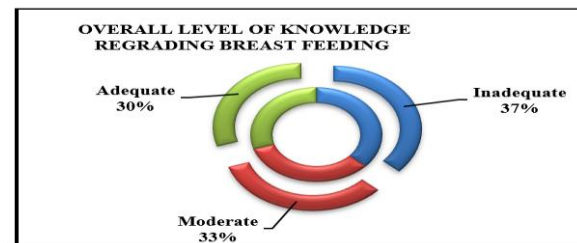


Fig 1- knowledge on breast feeding

Fig. 1 illustrates that 36.7% of mothers demonstrated inadequate knowledge, 33.3% exhibited moderate knowledge, and 30.0% had adequate knowledge regarding breastfeeding.

The study by Dukuzumuremyi et al. (2020) found that most mothers in East Africa had heard of exclusive breastfeeding (EBF), and many were aware of its importance. However, there were gaps in their knowledge about key aspects, such as the correct duration of EBF. While 49.2% of mothers knew that EBF should be practiced for the first six months, many had misconceptions, like the importance of

breastfeeding immediately after birth and the role of colostrum.

In conclusion, both studies highlight the need for better education to address misconceptions and improve mothers' understanding of exclusive breastfeeding.

B. Attitude of Breastfeeding

Table 1: Overall Level of attitude of Breastfeeding

N = 120

Level of Attitude		Percentage(%)
Poor	42	35.0
Fair	43	35.8
Good	35	29.2

The findings from Table 1, which show that 35.0% of mothers had a poor attitude toward breastfeeding, 35.8% had a fair attitude, and 29.2% had a good attitude, reflect a mixed perspective on breastfeeding attitudes. This is like the study by Krishnendu M and Devaki G. (2017), which showed that while a large percentage of mothers in Thrissur district practiced breastfeeding well, there were still gaps in attitudes toward breastfeeding, with some mothers giving pre-lacteal feeds instead of breast milk as the first feed.

Despite awareness of exclusive breastfeeding, many mothers in both studies did not fully practice it. This gap between knowledge and practice suggests that improving attitudes toward breastfeeding is crucial. Positive attitudes can encourage better practices, so interventions focused on enhancing attitudes and providing breastfeeding support are essential for improving breastfeeding outcomes.

Practice of Breastfeeding

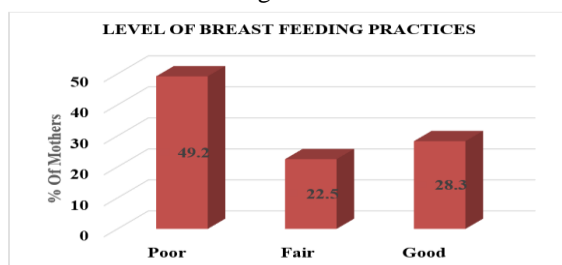


Fig 2: Level of Breast-Feeding Practices

The results in Fig. 2, showing that 49.2% of mothers reported poor breastfeeding practices, 22.5% reported fair practices, and 28.3% reported good practices, reflect similar findings from Sabo et al. (2023), where only 26.8% of mothers practiced exclusive breastfeeding (EBF). Despite factors like education, awareness, and positive attitudes being linked to better practices, the overall rate of EBF was still low. This suggests that while knowledge and support are important, more practical help and education are needed to improve breastfeeding practices among mothers.

C. Relationship between Knowledge, Attitude, and Practice of Breastfeeding

Table 2: Correlation between Knowledge, Attitude, and Practice of Breastfeeding

N = 120

Variables	Karl Pearson's Correlation coefficient
Knowledge Vs Attitude on Breast feeding	r= 0.061 p= 0.510
Knowledge Vs Practice on Breast feeding	r = -0.007 P=0.943
Attitude Vs Practice on Breast feeding	r = 0.059 P=0.521

*p < 0.05, ** p < 0.01, *** p < 0.001 S – Significant

NS – Non-significant

The weak correlations in Table 3 (knowledge-attitude: r = 0.061, knowledge-practice: r = -0.007, attitude-practice: r = 0.059) contrast with the stronger correlations found in the study by Jalil et al. (2024), where knowledge-attitude (r = 0.591) and attitude-practice (r = 0.525) were positively linked. The weak correlations in Table 3 suggest that mothers' knowledge doesn't always lead to positive attitudes or practices. In comparison, the Jalil et al. study shows that a positive attitude is associated with better breastfeeding practices. These differences highlight that improving knowledge alone isn't enough; support and education are needed to improve both attitudes and practices.

Association of knowledge, Attitude and Practice with Demographic Variables

Table 3: Association between occupation and knowledge levels

Occupation	Inadequate	Moderate	Adequate	Chi-Square
Housewife	38	38	24	$\chi^2 = 13.553$ p = 0.03* S
Self-employed	1	1	5	
Government	3	1	3	
Private	2	0	4	

Table 4: Association between gravida and practice Levels

Gravida	Poor	Fair	Good	Chi-Square
1	27	8	4	$\chi^2 = 11.810$ $p = 0.01^{**}$ S
2	30	18	29	
3	2	1	1	

*p <0.05, ** p <0.01, *** p <0.001 S – Significant NS – Non-significant

The findings from Tab 3 and Tab 4 show that occupation is linked to breastfeeding knowledge, and the number of pregnancies (gravida) is linked to breastfeeding practice. However, other demographic factors did not show a significant association with knowledge, attitude, or practice of breastfeeding. These results are similar to the study by Temoirokomalani et al. (2021), which found that factors like the number of children, ethnicity, and income influenced breastfeeding knowledge and practice. Both studies suggest that targeted education and awareness programs are needed to improve breastfeeding knowledge, attitudes, and practices, especially for mothers with different occupations or family situations.

V. CONCLUSION

This study highlights significant gaps in breastfeeding knowledge, attitude, and practice among mothers, despite their awareness of its importance. The findings suggest that while most mothers have some knowledge of breastfeeding, a considerable proportion exhibit poor attitudes and practices. Factors such as education, occupation, and number of pregnancies were found to influence breastfeeding knowledge and practice. The study emphasizes the need for targeted interventions to address misconceptions, improve attitudes, and enhance breastfeeding practices through comprehensive education, community support, and healthcare guidance. Improving breastfeeding outcomes requires a multifaceted approach, focusing not only on raising awareness but also on providing practical support and resources to mothers.

VI. CONFLICTS OF INTEREST

The author(s) declare(s) that there is no conflict of interest regarding the publication of this paper.

VII. HUMAN RIGHTS AND ETHICAL CONSIDERATION

The study was approved by the ethical committee constituted by the hospital. Permission was obtained from concerned hospital authority, Chennai. Informed consent was obtained from the samples for their willingness to participate in the study.

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