NURSES' KNOWLEDGE AND ATTITUDES IN PROMOTING EXCLUSIVE BREASTFEEDING

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ABSTRACT

Breast milk is the most essential nutrition for newborn in meeting their rapid physical growth and mental development. Other than that it advantage the mothers in preventing postpartum hemorrhage, act as natural contraception and reduce risk for breast cancer. For these reason, breastfeeding is highly recommended to all mothers. However, the survey done in 1996 shown that in Malaysia, only 29% mother breastfeed their child while 86.1% choose to bottle feed. Few researches have been carried out to determine the causes of the low prevalence. Most of it was assessing the factors influencing mothers not to breastfeed. Even though mothers is the one who decide whether to breastfeed or not, their decision still be influenced by health care professional. Thus, this study was done to assess the nurses’ knowledge and attitudes in promoting exclusive breastfeeding. This quantitative, descriptive-exploratory study was done in three major Maternal and Child Health Clinic namely MCH Jawa, MCH Sekama and MCH Tanah Puteh. A sample of 42 registered nurses was recruited from these three MCH based on purposive sampling. Data were collected using a self-administered questionnaire. The overall finding indicated nurses have high knowledge and held positive attitudes in promoting exclusive breastfeeding especially nurses graduated from Sarawak Junior Chamber Program and were married. In the section assessing nurses’ attitudes, most nurses score high point in these three aspects: perception of exclusive breastfeeding, nurses’ role in promoting exclusive breastfeeding and nurses’ involvement in problem solving. Based on the findings, the results have significant implicate to further improve their knowledge and attitude through education, practice and research.
ACKNOWLEDGEMENT

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CHAPTER ONE

INTRODUCTION

Nutrition plays an important role in meeting the body’s requirement for physical and mental growth of an individual throughout the lifespan. World Health Organization (WHO) advocates that breastfeeding as the best method of feeding young infants during its early growth and development for a variety of reason. An adequate supply of milk is known to satisfy all the nutritional needs of an infant at least for its first six months of life.

It provides protection against infection and develops immunity. It also contains antigenic-inhibiting properties, which plays a role in decreasing allergies in alimentary tract. Studies have shown that breastfeeding can reduce infant mortality and morbidity rate (Fatimah, Ho, Tahir, Mohd. Yusof, Siti, Latipah & Maimunah, 1997) and prevents the development of sudden infant death syndrome (Howard & Lawrence, 1998).

In addition to this, breastfeeding also benefits the mothers. Breastfeeding after delivery and bonding reduces the risk of postpartum hemorrhage and prevents early pregnancy (UNICEF & WHO, 1993). Similarly, it has also proven to be advantage one by cutting down the need for formula milk and health expenses (Seltzer & Pearse, 2000).

Yet, despite its many advantages, nowadays the rate of exclusive breastfeeding getting smaller compared to the past. Looking into India, one of the developing countries, the exclusive
breastfeeding rate has declined from 41% in 1969 to 33% in 1979 (Reddy, 1995). Malaysia itself, facing the same problem where only 29% women choose to breastfeed their infant exclusively (Fatimah et al., 1997). Although changes in policies and practices aimed at improving breastfeeding have been done in many hospital settings, the rates of exclusive breastfeeding have remained poor as time passes by. Some of the problems identified by exclusive breastfeeding mothers include working issues, difficulty with breastfeeding and social peer pressure (Worthington-Robert & William, 1997). Because of this, many women look to health care professionals for advice. As a result it is crucial for them to be knowledgeable.

During the prenatal and postpartum periods, health care professionals play an important role in promoting exclusive breastfeeding by encouraging and preparing women to breastfeed and by offering them long-term support. However, studies have shown that health care professionals represent one of the major barriers to successful breastfeeding because of their attitude and/or lack of knowledge to recognize problems and offer interventions that support breastfeeding.

While there is an extensive literature in the knowledge and attitude of breastfeeding, majority of the study focuses on the women and medical doctors. There is minimal research on the knowledge and attitude of nurses on breastfeeding. Nurses, being the largest group in health care system, have an important role to play in promotion and support of breastfeeding. Therefore, this study is carried out to examine nurses' knowledge and attitudes in promoting exclusive breastfeeding.
CHAPTER TWO

LITERATURE REVIEW

2.1 Exclusive breastfeeding: the issues and consensus

United Nations Children’s Fund (UNICEF) and World Health Organization (WHO), 1993, have defined exclusive breastfeeding as:

“no drinks or foods other than breast milk are given to a baby; no pacifier or dummies or artificial teats are given to baby; most exclusively breastfed newborn babies breastfeed at least eight to twelve times in 24 hours, including night feed”

(p. 4)

The most ideal duration for exclusive breastfeeding is for first six months of life.

Adequate supply of breast milk provides optimum physical and mental growth. It also helps in preventing allergy to non-specific specific allergies and develops immunity. Breastfeeding after delivery, facilitate uterus contraction and prevent postpartum hemorrhage. Other than that research has shown breastfeeding able to reduce risk of breast and ovarian cancer. The skin to skin contact between mother and infant strengthen their bonding.
Although breastfeeding has been a universal practice in the past, the situation is changing following modernization. According to Chye & Lim (1998), of 234 mothers, only 31 (13%) breastfeeding exclusively. Meanwhile, 133 (57%) mothers choose to go for infant formula feeding.

Few common reasons voiced out by women for the early termination of lactation were insufficient breast milk, cracked nipple, peer influence, returning to work and inadequate knowledge of breastfeeding. However, decision to breastfeed not only depends on mothers, it may be influenced by health care professionals. Bowes & Domokos (1998), mentioned, health care professionals could prevent, stop or promote and support breast-feeding. Hence, nurses as the largest group in health care team, plays important role in negotiating with mothers in making decision to breastfeed or bottle feed.

2.2 Nurses' knowledge and promotion of exclusive breastfeeding

Neifert and Seacat (1986) in their research of the management on successful breastfeeding stated that reasons for low prevalence of exclusive breastfeeding among women may be due to the failure of health care professions to promote the benefits of exclusive breastfeeding. Although nurses' are supportive in breastfeeding, the knowledge they have limits their involvement in the promotion activities.
Crowther (1995) defines knowledge as the facts, information, understanding and skills that a person has acquired through experience or education. The level of knowledge the nurses have will indicate how much she can promote breastfeeding to the mothers (Wright, 2001). Therefore, having the knowledge regarding breastfeeding techniques and management of breastfeeding problem are important assets to ensure mothers continue breastfeed (Hellings & Howe, 2004).

Hellings and Howe (2000) in their study on nurses’ breastfeeding knowledge found that among 405 respondents, 61.4% voiced they were not fully-equipped by their undergraduate program in managing breastfeeding problems. Similarly, nurses may depend on their personal experience to educate the mothers on exclusive breastfeeding. However, their personal experience may limit the strategies to solve problems they (the nurses) never experience before. According to Bowe and Domokos (1998) some women felt that some of the health visitors' knowledge of breastfeeding was old-fashioned or limited. So, there is a strong need for them to update their knowledge.

2.3 Nurses attitudes and promotion of exclusive breastfeeding

In promoting exclusive breastfeeding, a consistent approach by all staff in the prenatal period may change mothers’ perception towards breastfeeding and start to initiate breastfeeding straight after birth (Seltzer & Pearse, 2000). According to Durand, Labarere, Brunet and Pons (2003), mothers would increase their duration of breastfeeding if nurses put positive attitudes in
supporting breastfeeding. In fact, the mothers not only continue to fully breastfeed but may continue to do the same for the next pregnancy.

Oxford Advance Dictionary defined attitude as a way of thinking about something; or behaving towards something (Crowther, 1995). It will decide the next action a person will take. Nurses' attitudes in promoting breastfeeding indeed influence a mother's decision for breastfeeding.

According to Hellings and Howe (2000), the number of nurses who support breastfeeding and frequently counsel their patients regarding breastfeeding problems has decline from 95.9% to 26.3% in 2004. The deterioration of the percentage reflects the changes in attitude among nurses.

Hellings and Howe (2000) assess the attitudes in three major aspects: perception of breastfeeding, nurses' role in promoting breastfeeding and nurses' involvement in problem solving. It was found that most nurses believed that breast milk is the best nutrient for infant and 98.2% (n=398) agree it is feasible for working mothers to breastfeed. Similarly, it reported that it was the nurses play an important role in promoting and supporting breastfeeding.

On the other hand, Spear (2004) asserted that nurses were not supportive of breastfeeding and encourage mother to supplement with formulas.
2.4 Problem statement

In this study, exclusive breastfeeding denotes only breast milk given to infant for the first six months of life. Meanwhile, knowledge was looking into information, understanding and skills a nurse has in promoting exclusive breastfeeding. Another important term in this study was the nurses' attitudes where it looked into their way of thinking or behaving towards exclusive breastfeeding.

This research was set to answer these questions:

1. What are the nurses' levels of knowledge regarding exclusive breastfeeding?
2. What are their attitudes regarding exclusive breastfeeding?
CHAPTER THREE

METHODOLOGY

3.1 Research design

A quantitative, descriptive design is used for this study. The design is suitable as the study aims to assess the level of knowledge and attitudes. Furthermore, the study is exploring and describes the phenomenon in this research area.

3.2 Settings

The study is conducted in three major Maternal and Child Health Clinic (MCH) in Kuching area, which were Jawa Clinic, Sekama Clinic and Tanah Puteh Clinic. These clinics are situated in different locations within the city area and each clinic is designated with its own coverage to provide health care. In other words, nurses in these MCH have frequent contact with mothers thereby have higher opportunities to promote exclusive breastfeeding to them.

MCH Sekama is situated at the junction of Jalan Sekama and Jalan Chawan. It has 16 registered nurses and handles approximately 200 patients per day. Meanwhile, MCH Jawa is situated at Jalan Masjid Kuching, nearby Wisma Hopoh. This MCH clinic also has 16 staffs and receives around 250 patients each day. As for MCH Tanah Puteh, it has smaller coverage area, which is
visited by 160 patients per day, with 10 registered nurses. Please refer Appendix E for the map of location for each MCH.

The samples were registered nurses which included midwives, public health nurse, staff nurse and community nurse who worked in the three MCH clinics. Students and registered nurses who are still undergoing post-basic were excluded in this study as they are not permanent staff in respective MCH.

Purposive sampling method was used in this study. Purposive sampling was deemed suitable for this study as the subjects were available in the right place and right time, and thus was convenient for the researcher’s purpose (Dempsey & Dempsey, 2000).

3.3 Instrument/Apparatus

Data was collected using self-administered questionnaire. The questionnaire was formulated and modified based on research done by Hellings and Howe (2000).

The variables that of interest in this study were the nurses’ level of knowledge and attitudes in promoting exclusive breastfeeding. The questionnaire was divided into three sections:

- Section A: which consisted of 8 questions asked about the demographic characteristics of the samples which include as age, race, marital status and working experience.
- Section B: which consisted of 16 questions was aimed to obtain information on level of knowledge on breastfeeding. The questions were in the form of Likert Scale. In order to evaluate their level of knowledge, the sum for this section was further categorized into three groups which were 16-30 points: “poor knowledge”, 31-49 points: “adequate knowledge” and 50-62 points: “high knowledge”.

- Section C: which consisted of 13 questions to assess nurses’ attitudes in promoting exclusive breastfeeding. This section assess the nurses in three different aspect which were nurses’ perception of exclusive breastfeeding, nurses’ role in promoting exclusive breastfeeding and nurses in problem solving. The questions were in the form of Likert Scale. The total points were group into 13-40 points: “negative attitude” and 41-61 points: “positive attitude”.

A copy of the questionnaire can be found in Appendix D.

3.4 Ethical consideration

Before the samples were given questionnaire, they have been briefed on their right to refuse participating in this study, and that their participation is voluntary. Apart from that, they were informed that the data collected from them were confidential, and will be kept in a safe place, where access can only be obtained by researcher herself. The result of the study will be presented in groups.
3.5 Data collection

Ethical approval were obtained from the Ethics Committee of Research and Postgraduate Committee of Faculty Medicine and Health Sciences, University Malaysia Sarawak (UNIMAS) and Sarawak Health State Department (please refer Appendix A and Appendix B for copies of the ethical approval letters from the respective committee).

Data collection was done on 21st till 23rd March 2005 at MCH Sekama, 26th March till 29th March 2005 at MCH Tanah Puteh and 31st March till 2nd April 2005 at MCH Jawa. Prior to data collection, permission was obtained from the sisters in charge of the respective clinics and the purpose of the study was explained. All registered nurses in the MCH were briefed prior to data collection. The questionnaires were then distributed to the subjects in an envelope and they were given one day to answer the questions. If agreed, consent will be obtained from the prospective subject (please refer Appendix C).

3.6 Data Analysis

All collected data were coded and analyzed using Statistical Package for Social Science Program (SPSS 11.0). Descriptive statistic including mean, percentages and frequencies were used to analyze the demographic characteristic of the samples namely age, marital status, professional qualification, educational background and working experience. It is also used to find out the distribution of answers for each question.
Chi-square test ($\chi^2$) for independence or relatedness was used to analyze the categorical variables such as relation between demographic data with level of knowledge and attitudes. Only test with $p$-value < 0.05 were considered significant in this research. In order to test the relationship between level of knowledge and attitudes, Spearman Correlation test was used.
CHAPTER 4

FINDINGS

4.1 Characteristics of sample

The demographic characteristics of respondents in this study are displayed in Table 1. This study involved 42 nurses from three major MCHs in Kuching: (i) MCH Jawa, (ii) MCH Tanah Puteh, and (iii) MCH Sekama. The nurses’ age ranged from 23 to 56 years old with a mean age of 41.67 years ($SD \pm 8.58$). They were from various ethnic groups: being Iban (n=11, 26.2%), Malay (n=9, 21.4%), Chinese (n=9, 21.4%), Bidayuh (n=9, 21.4%), Melanau (n=3, 7.1%) and Kayan (n=1, 2.5%). Almost all of them (n=38, 90.5%) were married and 4 (9.5%) were single. In terms of professional qualifications, 31, (73.8%), were community nurses 6 (14.3%) were public health nurses, 3 (7.1%) were midwives and 2 (4.8%) were staff nurses. Their working experience ranged from 1-34 years with a mean of 19.50 years ($SD \pm 9.13$). Overall, 27 (64.3%) were Sarawak Junior Certificate (SJC) holder, 8 (19.0%) were diploma holder, 5 (11.9%) had both SJC and post basic; and 2 (4.8%) had diploma and post basic.
Table 1: Demographic characteristics of respondents (N=42).

<table>
<thead>
<tr>
<th>Variable</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
</tr>
<tr>
<td>Range</td>
<td>23 – 56</td>
</tr>
<tr>
<td>Mean ± SD</td>
<td>41.67 ± 8.58</td>
</tr>
<tr>
<td><strong>Year in service</strong></td>
<td></td>
</tr>
<tr>
<td>Range</td>
<td>1 – 34</td>
</tr>
<tr>
<td>Mean ± SD</td>
<td>19.50 ± 9.13</td>
</tr>
<tr>
<td><strong>Marital status</strong></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>38 (90.5%)</td>
</tr>
<tr>
<td>Single</td>
<td>4 (9.5%)</td>
</tr>
<tr>
<td><strong>Professional qualification</strong></td>
<td></td>
</tr>
<tr>
<td>Community Nurse</td>
<td>31 (73.8%)</td>
</tr>
<tr>
<td>Public Health Nurse</td>
<td>6 (14.3%)</td>
</tr>
<tr>
<td>Midwives</td>
<td>3 (7.1%)</td>
</tr>
<tr>
<td>Staff Nurse</td>
<td>2 (4.8%)</td>
</tr>
</tbody>
</table>

4.2 Sample Variables

With regards to level of knowledge on exclusive breastfeeding, the nurses in this sample had “adequate” to “high” knowledge. Their scores ranged from 39 to 53 ($\mu$=47.07 with SD± 3.79). Specifically, 29 (69.0%) nurses have “adequate knowledge” while the remaining 13 (31.0%) have “high knowledge” about exclusive breastfeeding.

Similarly, their level of attitudes towards exclusive breastfeeding was positive. In general, the nurses’ level of attitudes scores ranged from 33 to 51 ($\mu$=42.67 with SD±4.35). Specifically, results showed the nurses have positive attitude in all three aspects: nurses’ perception of exclusive breastfeeding, nurses’ role in promoting exclusive breastfeeding and nurses in problem solving.
4.2.1 Nurses’ perception of exclusive breastfeeding

In relation of respondents’ perception towards exclusive breastfeeding, two questions have been asked. Both questions were measured using 5 points Likert Scale. Through the cross-tabulation analysis, this study shows that majority (81.0%) of total respondents held a positive perception towards exclusive breastfeeding. The level of agreements towards each statement was obtained by combining the score of strongly agree and agree. 92.9% of the total respondents remarked exclusive breastfeeding is the best form of nutrition for infants and 50% agreed that exclusive breastfeeding is feasible to working mothers. The results were shown in Table 2.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) The best breast milk</td>
<td>0 (0%)</td>
<td>1 (2.4%)</td>
<td>2 (4.8%)</td>
<td>12 (28.6%)</td>
<td>27 (64.3%)</td>
</tr>
<tr>
<td>2) Feasible to working mother</td>
<td>1 (2.4%)</td>
<td>17 (40.5%)</td>
<td>3 (7.1%)</td>
<td>14 (33.3%)</td>
<td>7 (16.7%)</td>
</tr>
</tbody>
</table>

4.2.2 Nurses role in promoting exclusive breastfeeding

Four questions have been asked on their roles in promoting exclusive breastfeeding. Out of 42 respondents, 95.2% agreed it is their role to promote exclusive breastfeeding to expectant mothers. Another 97.6% agreed to assists post delivery mothers with breastfeeding and follow-up with mothers out of hospital 90.5%. In addition, 76.2% respondents agreed that their nurse counseling
is effective in encouraging more women to breastfeed. The analysis summary is presented in Table 3.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is it nurses' role to...</td>
<td>Strongly disagree</td>
</tr>
<tr>
<td>1) Recommend breastfeeding to expectant mother</td>
<td>1 (2.4%)</td>
</tr>
<tr>
<td>2) Assists breastfeeding in MCH</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>3) Follow up with mothers</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>4) Effectiveness of nurse counseling</td>
<td>0 (0%)</td>
</tr>
</tbody>
</table>

### 4.2.3 Nurses in problem solving

On the other hand, Table 4 reported the analysis for nurses' involvement in problem solving. 95.2% respondents reports they frequently counsel antenatal mothers in MCH. Meanwhile, 92.9% and 71.4% of them frequently assists mothers regarding breastfeeding technique and lactation problem. When being questioned their effectiveness in meeting the needs of breastfeeding mothers, 24 (57.2%) claimed they are effective, 13 (31.0%) claimed they are not effective and 5 (11.9%) do not have comment.
Spearman Correlation test showed there is a weak relationship between level of knowledge and attitude with $r = 0.12$ and $p = 0.23$. In other words, both variables are slightly influencing each other. In order to find out the factors that influences the level of knowledge and attitudes, cross-tabulation test has been done between demographic data with level of knowledge and attitudes.

### 4.3 Nurses’ level of knowledge

In this sample, 38 nurses were married and 4 were single. Among 38 respondents who are married, 28 (66.7%) of them had adequate knowledge while 10 (23.8%) of them had high knowledge. Likewise, among the single nurses 3 (7.1%) single respondents had high knowledge and 1 (2.4%) had adequate knowledge. There is significant knowledge difference between married and unmarried respondents ($p<0.05$) whereby the married nurses have higher knowledge compared to the single counterparts.

The working experience slightly influences the level of knowledge. Senior nurses who have longer working experience were found to have higher knowledge than junior nurses. This result is significant when $p = 0.01$