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Impact of health education on knowledge of, attitude to and practice of breastfeeding among women attending primary health care centres in Almadinah Almunawwarah, Kingdom of Saudi Arabia: Controlled pre–post study

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الملخص

أهداف البحث: استطلاع المعرفة، والسلوك والممارسة للرضاعة الطبيعية بين السيدات المترددات على مراكز الرعاية الصحية الأولية قبل وبعد التثقيف الصحي.

طرق البحث: اختيار وتقسيم عشوائي لعينة متجانسة مكونة من 360 سيدة حامل تتردد على مراكز الرعاية الصحية الأولية بالمدينة المنورة لتلقي أو عدم تلقي دورات للتثقيف الصحي. تم تعبئة استبانة للمجموعتين قبل الولادة بداية وتعبئتها ثانية بعد التثقيف الصحي فقط لمجموعة التدخل. وقد قامت المجموعتين بتعبئة استبانة مابعد الولادة. تم اختبار الفروق ذات الدلالات الإحصائية بين المجموعتين ومجموعة التدخل قبل وبعد دورات التثقيف الصحي. استخدم التحليل متعدد المتغيرات للكشف عن التغيير.

النتائج: لم تختلف مفاهيم المعرفة والسلوك قبل التدخل بين المجموعتين. وكانت هناك فروق ذات دلالة إحصائية في مجموعة التدخل قبل وبعد التثقيف الصحي وبين المجموعتين في جميع المفاهيم. وجد أن نسبة الأرجحية لطريقة الولادة 5,2، والمستوى التعليمي 6,10، والعمر 6,5، وعدد مرات الانجاب 5,2، وحالة العمل 3,3، والتحفيز من الأمهات والأقارب والعاملين في المجال الصحي 1,4، 1,2، 7,3 (على التوالي) من العوامل الدالة على تغيير المعرفة، والسلوك والممارسة للرضاعة الطبيعية.

الاستنتاجات: حسن التثقيف الصحي المعرفة، والسلوك والممارسة للرضاعة الطبيعية؛ غير أن النسبة المئوية للسيدات اللآتي بدأن الرضاعة الطبيعية مبكراً، وأعطين اللبأ، ومارسن الرضاعة وقت الاحتياج واللآتي يعتزمن الاستمرار في الرضاعة الطبيعية ما زال بحاجة إلى تحسين. إن العاملين في القطاع الصحي لهم دور فعال في نشر المعرفة وتحفيز السيدات للرضاعة الطبيعية.

الكلمات المفتاحية: السلوك; الرضاعة الطبيعية; التثقيف الصحي; المعرفة; الممارسة

Abstract

Objectives: To explore the knowledge of, attitude to and practice of breastfeeding among women attending primary health care centres before and after health education.

Methods: A cohort of 360 gravid women attending primary health care centres in Almadinah Almunawwarah were selected randomly and allocated randomly to receive health education sessions or not. An antenatal questionnaire was filled in initially by both groups and filled in again after health education only by the intervention group. Postnatal questionnaires were filled in by both groups. Significant differences between the two groups

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and in the intervention group before and after health education sessions were tested. Multivariate analysis was used to detect predictors of change.

Results: Parameters of knowledge and attitude before the intervention did not differ between the two groups. Significant differences were found within the intervention group before and after health education and between the two groups in all parameters. Mode of delivery (odds ratio [OR], 2.5), educational level (OR, 1.6), age (OR, 5.6), parity (OR, 2.5), work status (OR, 3.3) and motivation from mothers, other relatives and health care workers (OR, 3.7, 2.1, 4.1, respectively) were significant predictors of change in knowledge of, attitude to and practice of breastfeeding.

Conclusion: Health education improved knowledge, attitude and practice; however, the percentage of women who initiated early breastfeeding, gave colostrum, practised feeding on demand and intended to continue breastfeeding should still be improved. Health care workers play an important role in disseminating knowledge and motivating women to breastfeed.

Keywords: Attitude; Breastfeeding; Health education; Knowledge; Practice

Introduction

The Convention on the Rights of the Child states that access to adequate nutrition, including family support for optimal feeding practices, is the right of every child.[1] Exclusive breastfeeding for 6 months has clearly been shown to improve infant health and development and lower morbidity from gastrointestinal and allergic diseases.[2] Studies in developing countries showed that infants who were not breastfed were 6–10 times more likely to die in the first months of life than those who were breastfed.[3,4] Thus, WHO[5] and UNICEF[6] recommend that infants should be exclusively breastfed for the first 6 months of life, with continued breastfeeding up to 24 months or longer.

Breastfeeding also has long-term effects, including better school achievement and performance in intelligence tests, reduced mean blood pressure, lower total cholesterol and lower prevalence of overweight and obesity. The evidence for these long-term effects could be used to promote breastfeeding throughout the world.[6]

Breastfeeding also has both short- and long-term benefits for the nursing mother. Early initiation of breastfeeding reduces the risk for postpartum haemorrhage.[7] It lowers the incidence of cancers of the breast and ovaries, has a contraceptive effect and accelerates the recovery of pre-pregnancy weight.[8]

Despite these demonstrated benefits of breastfeeding, the prevalence and duration in many countries are still lower than the international recommendations.[9–13] In all Arab countries, there is a downwards trend in breastfeeding.[11] In 2006, the rate of breastfeeding in Kingdom of Saudi Arabia was 31%, with a downwards trend.[12] The reasons for the decline in both the prevalence and duration of breastfeeding are social, economic and cultural,[14] including the rapid economic changes in the Arab Gulf countries. Several countries in the region (Bahrain, Kuwait, Qatar, Oman and the UAE) show patterns similar to those in European industrialized countries, where the rate of exclusive breastfeeding during the first 6 months is below 35%.[11]

To encourage early initiation of breastfeeding and to prevent and overcome difficulties, mothers need appropriate management and skilled help. Knowledge, support and counselling should be available routinely during antenatal care to prepare mothers, at the time of birth to help them initiate breastfeeding and in the postnatal period to make sure that breastfeeding is completely and properly established.[15] Most new mothers do not have direct, personal knowledge of breastfeeding, and many find it hard to rely on family members for consistent, accurate information and guidance about infant feeding. Further, although many women have a general understanding of the benefits of breastfeeding, they lack information on how breastfeeding is actually done. The aim of this study was to determine whether a planned health education programme would increase the percentage of women who exclusively breastfed and increase the duration of breastfeeding. We therefore determined the knowledge of, attitude to and practice of breastfeeding among women attending primary health care centres before and after a health education programme.

Materials and Methods

Study setting and population

A controlled pre and post study was carried out during July–December 2012 with multistage sampling. Stage one consisted of random selection of six of 34 primary health care centres in Almadinah Almunawwarah after a review of official records. The investigator then trained the personnel responsible for health education in each centre to ensure that they could perform all the steps in selection of cases, giving out questionnaires and health education. Stage two consisted of recruiting a convenience, non-probability sample of 444 women (74 per centre) of normal gravid, currently married Saudi women at 28–30 weeks of gestation (primigravida or multigravida) who had no medical or obstetric risk and had not received health education sessions previously. Consent to participate was given by 360 women (60 in each centre), all of whom completed the study, with no drop-outs, giving a response rate of 81.1% (360/444). The women were then assigned to two equal groups by odd or even file number. Double blinding of both health care workers and the women was assured. Then, the group that would receive the intervention was selected randomly, while the other received routine health education during their antenatal visits.