

Knowledge, Attitude and Practice on Exclusive Breastfeeding among Mothers of a Private Hospital at Sarawak, Malaysia

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ABSTRACT

Exclusive breastfeeding (EBF) is recommended by the World Health Organization (WHO) starting within one hour of birth until a baby is six months old to achieve optimal growth, development and health. Breastfeeding can be continued up to 2 years of age, complemented with nutritious complementary foods and water. The rate remains low in many countries, including Malaysia. It is important to understand barriers of exclusive breast feeding to tackle these issues and improve maternal and child health. This cross-sectional study was conducted in 2021, including all mothers with children aged 1 to 36 months attending the paediatric clinic in KPJ Kuching Specialist Hospital, Sarawak. In this study, data were collected using an electronic questionnaire via Google form and compiled with Statistical Package Social Sciences (SPSS) software version 23. A total of 351 questionnaires were completed. Overall findings on the knowledge of exclusive breastfeeding among mothers showed 92.3% agreed breastfeeding helps reduce the incidence of child abuse and neglect, and 94.3% showed exclusive breastfeeding must be practised until the infant is six months old. There was a significant relationship between maternal age and knowledge (p -value 0.013), employment status and the relationship between knowledge (p -value 0.001), monthly household and attitude (0.021). Attentive education for primigravida and widespread local community education and support may help improve breastfeeding continuation rates. The provision of workplace facilities by providing workplace day care may assist in overcoming the barriers to preventing exclusive breastfeeding continuation once back at work.

Keywords

Breast milk, Breastfeeding, Infant feeding, Breast fed, Exclusive breast-feeding.

Introduction

World Health Organization [1] recommends exclusive breastfeeding from one hour of birth until a baby is six months old. Exclusive breastfeeding (EBF) is the exclusive breast milk intake by an infant from the mother or expressed milk with no other liquid or solid except for drops or syrups consisting of vitamins,

minerals supplements or medicine and nothing else for the first six months. Breastfeeding can be continued up to 2 years of age, complemented with nutritious complementary foods and water. Practicing exclusive breastfeeding is beneficial not only for infants only but for nursing mothers too. A study conducted by Saxton and colleagues in 2015 showed that the risk of postpartum hemorrhage could be lowered through breastfeeding. Continual breastfeeding can postpone the menstrual cycle of a lactating mother hence reducing the risk of pregnancy. It protects the mother from the risk of type 2 diabetes and breast, uterine and ovarian cancers.

Breastfeeding helps control post-natal depression in mothers [2]. As recommended by Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding in August 1990 as a worldwide goal to optimize mother and child health [3]. Breast milk is the complete nutritional source for infants because it contains the essential fats, carbohydrates, proteins and immunological factors needed to thrive and resist infection in the first year of life. The importance of breastfeeding to both mother and baby is breast milk is the best source of nutrition for most infants; breast milk meets the infant's nutritional needs and helps protect the infant and mother against certain illnesses and diseases. The longer mother's breastfeed, the greater the benefits to the baby and the longer protection last. In addition, breastfeeding is a child's right. The United Nations Convention on Rights of the Child states that governments have the responsibility 'to ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents [4]. Various strategies has been recommended to promote exclusive breastfeeding practices, such as the Baby-Friendly Hospital Initiative, twenty-hour training of healthcare staff, 90-day maternity leave in the governmental sector and implementation of the Code of Ethics for Marketing of Infant Foods and Related Products. There were wide variations in breastfeeding and other infant feeding practices between countries and among subgroups of populations. For mothers to be able to breastfeed exclusively for the recommended six months, it is important to understand the factors that influence exclusive breastfeeding.

Methodology

Design and Sampling

This cross-sectional study was conducted in 2021 at one of the private hospitals in Kuching, Sarawak. The study population (N=3900) included all mothers with children aged 1-36 months attending the attended the pediatric clinic. The sampling method used in this study was random sampling. Based on Krejcie and Morgan table, [5] the population in this study is 3990 mothers (N=3990), so the sample for this study was 351 mothers.

Study Tools

In this study, eelectronic questionnaires were prepared via Google Forms in English. It is then distributed through a mobile messaging app called WhatsApp for data collection. The questionnaire was adapted from Ayed [6]. The questionnaire comprises four sections. Section A included socio-demographic characteristics from the respondents: maternal age, child age, parity, type of delivery, educational background, working status, employment, monthly household income, number of children and nationality. Section B was on the knowledge and practical aspects regarding breastfeeding with categorical responses of yes, no or do not know. It included 38 aspects covering benefits to babies, mothers, colostrum, effective feeding, duration of feeding, complementary feeding, and problems encountered with breastfeeding and the practical aspect. Section C was on the attitude of mothers towards breastfeeding. Respondent's rate how strongly they agree or

disagree with nine items using a 5-point scale. Section D barriers to exclusive breastfeeding with seven statements to answer had yes or No. The scale Cronbach's Alpha value was 0.718. Thus, this result suggests good internal consistency. Permission, explanation and informed consent were stated in the google form. The data were analyzed by using SPSS software. The analysis included descriptive statistics such as frequencies, percentages, means and standard deviations.

Ethical Considerations

Ethical clearance is sought from the University affiliation's Research Management Committee (RMC). The proposal for this study was reviewed and approved by RMC. The purpose of the study, informed consent, and the respondent criteria regarding privacy and confidentiality are attached and briefly explained in the google form.

Results

In this study, the maternal age showed 86 respondents (24.5%) were aged between 18 to 25 years and 110 respondents (31.3%) who were between 26 to 30 years, 87 respondents (24.8%) between 31 to 35 years old, and 68 respondents (19.4%) were above 36 years. Majority of the children were between 7 to 12 months. Regarding the parity reported that 169 respondents (48.1%) were primiparous and 51.9% were multiparous. Most respondents had a diploma or higher qualification (76.9%). Majority of the respondents were working mothers (71.2%) and had a monthly income between RM 4000 to RM 8000 (54.7%). Majority of the respondents had (42.5%) two children. The nationality showed the majority of the respondents were Malaysian (96%). The details results are shown in Table 1.

Table 1: Demographic Respondent.

Demographic	Frequency	Percentage
Maternal Age		
18-25 years	86	24.5
26-30 years	110	31.3
31-35 years	87	24.8
>36 years	68	19.4
Child Age		
1-6 months	42	12.0
7-12 months	83	23.6
13-24 months	79	22.5
25-36 months	79	22.5
>36 months	68	19.4
Parity		
Primiparous	169	48.1
Multiparous	182	51.9
Type of Delivery		
Normal	271	77.2
Caesarean	80	22.8
Educational background		
Less than Diploma	81	23.1
Diploma or higher	270	76.9
Working Status		
Not Working	101	28.8
Working	250	71.2

Employment Status		
Government Sector	149	42.5
Private Sector	144	41.0
House wife	58	16.5
Monthly Housing		
<RM4,000	81	23.1
RM4,000-RM8,000	192	54.7
>RM8,000	78	22.2
Number of Children		
1 child	140	39.9
2 children	149	42.5
>3 children	62	17.7
Nationality		
Malaysian	337	96.0
Non-Malaysian	14	4.0

Table 2 represents the level of knowledge about the benefit to babies and mothers. These findings reported that the majority of the respondents chose yes about “breastfeeding causes good development of baby’s teeth and gum” (93.2%), followed by “breastfeeding helps to reduce the incidence of child abuse and neglect” (92.3%) and “breastfeeding increases the baby’s intelligence” (87.5%).

Table 2: Benefits of breast-feeding.

	Statement	Yes	No	Don't Know
For the babies	Breastfeeding reduces the risk of respiratory infection among babies.	234 (66.7%)	26 (7.4%)	91 (25.9%)
	Breastfeeding increases the baby's intelligence.	307 (87.5%)	13 (3.7%)	31 (8.8%)
	Breastfeeding helps to reduce the incidence of child abuse and neglect.	324 (92.3%)	9 (2.6%)	18 (5.1%)
	A baby who received breastfeeding is less prone to get diarrhea.	263 (74.9%)	14 (4%)	74 (21.1%)
	Breast milk provides babies with more protection from allergy compared to formula milk.	305 (86.9%)	6 (1.7%)	40 (11.4%)
	Breastfeeding causes good development of baby's teeth and gum.	327 (93.2%)	13 (3.7%)	11 (3.1%)
For the mothers	Exclusive breastfeeding is beneficial in spacing birth.	270 (76.9%)	7 (2%)	74 (21.1%)
	Breastfeeding helps to stimulate uterine contraction.	297 (84.6%)	7 (2%)	47 (13.4%)
	Mothers who practiced breastfeeding may achieve pre-pregnancy weight faster.	307 (87.5%)	9 (2.6%)	35 (10%)
	Frequent breastfeeding may prevent breast engorgement.	327 (93.2%)	12 (3.4%)	12 (3.4%)
	A mother who practices breastfeeding has a low risk of getting breast cancer.	296 (84.3%)	9 (2.6%)	46 (13.1%)
	Breastfeeding may protect against osteoporosis.	238 (67.8%)	20 (5.7%)	93 (26.5%)

Regarding benefits to the mother the findings reported that the majority of the respondents chose yes about “Frequent breastfeeding

may prevent breast engorgement” (93.2%), followed by “Mothers who practice breastfeeding may achieve pre-pregnancy weight faster” (87.5%) and “Breastfeeding helps to stimulate uterine contraction” (84.6%).

Table 3 represents the level of knowledge about colostrum. The findings reported that most respondents chose yes about “Colostrum is the mother’s early milk, which is thick, sticky and yellowish in color” (95.7%). Next, respondents chose no about “Colostrum is difficult to digest and needs to be discarded” (86.9%) followed by “Colostrum causes constipation among babies” (77.5%) and “Colostrum is not able to protect babies from jaundice” (72.6%).

Table 3: Knowledge Regarding Colostrum.

Statement	Yes	No	Don't Know
1. Colostrum is the mother's early milk, which is thick, sticky and yellowish.	336 (95.7%)	13 (3.7%)	2 (0.6%)
2. Colostrum is difficult to digest and needs to be discarded.	34 (9.7%)	305 (86.9%)	12 (3.4%)
3. Colostrum causes constipation among babies.	29 (8.3%)	272 (77.5%)	50 (14.2%)
4. Colostrum is not able to protect babies from jaundice.	59 (16.8%)	255 (72.6%)	37 (10.5%)

Table 4 represents the level of knowledge feeding techniques. These findings reported that the majority of the respondents chose yes to “Correct positioning helps to achieve effective breastfeeding” (95.7%), followed by “Babies sleep well after they receive adequate breastfeeding” and “Babies will gain weight if they receive effective feeding” (94.9%).

Table 4: Knowledge regarding Feeding techniques.

Statement	Yes	No	Don't Know
Effective feeding			
1. Babies will gain weight if they receive effective feeding.	333 (94.9%)	18 (5.1%)	0 (0%)
2. Correct positioning helps to achieve effective breastfeeding.	336 (95.7%)	12 (3.4%)	3 (0.9%)
3. Babies sleep well after they receive adequate breastfeeding.	335 (95.4%)	16 (4.6%)	0 (0%)
Duration of breast feeding			
4. Breastfeeding should be initiated within 30 minutes after delivery.	327 (93.2%)	20 (5.7%)	4 (1.1%)
5. Breastfeeding should be given on demand.	335 (95.4%)	15 (4.3%)	1 (0.3%)
6. Baby should be allowed to breastfeed for at least 10-20 minutes for each feeding.	326 (92.9%)	21 (6%)	4 (1.1%)
7. Breastfeeding should be continued for up to 2 years even though the baby has received complementary food.	323 (92%)	19 (5.4%)	9 (2.6%)
Complimentary feeding			
8. Complementary feeding should be introduced at 6 months of age.	338 (96.3%)	1293.4%)	1 (0.3%)
9. Mothers may mix breastfeeding and formula feeding once baby starts taking complementary food.	313 (89.2%)	3399.4%)	5 (1.4%)

Regarding the level of knowledge about the duration of feeding the findings reported that the majority of the respondents chose yes about “Breastfeeding should give on demand” (95.4%), followed by “breastfeeding should be initiated within 30 minutes after delivery” (93.2%) and “Baby should be allowed to breastfeed for at least 10-20 minutes for each feeding” (92.9%). According to the findings, the respondents showed various reactions towards the feeding duration. Regarding the level of knowledge about complementary feeding the findings reported that the majority of the respondents chose yes about “Complementary feeding should be introduced at six months of age” (96.3%) and “Mothers may mix breastfeeding and formula feeding once baby starts taking complementary food” (89.2%).

Table 5 represents the level of knowledge about problem breastfeeding. These findings reported that most respondents chose yes about “Breast engorgement may be reduced with cold packs” (88.6%). Then the respondents also chose no about “Breastfeeding must be discontinued if the baby has jaundice” (81.5%), followed by “Breast milk production is influenced by breast size” (80.3%).

Table 5: Problem with Breastfeeding.

Statement	Yes	No	Don't Know
1. Breast milk production is influenced by breast size	62 (17.7%)	282 (80.3%)	7 (2%)
2. Mothers with inverted nipples cannot breastfeed their babies	76 (21.7%)	271 (77.2%)	4 (1.1%)
3. Breastfeeding must be discontinued if mother has cracked nipple	73 (20.8%)	273 (77.8%)	5 (1.4%)
4. Breastfeeding must be discontinued if baby has jaundice	61 (17.4%)	286 (81.5%)	4 (1.1%)
5. Breastfeeding must be discontinued if mother has breast engorgement	73 (20.8%)	273 (77.8%)	5 (1.4%)
6. Breast engorgement may be reduced with cold packs	311 (88.6%)	36 (10.3%)	4 (1.1%)

Table 6 represents the attitude towards exclusive breastfeeding. These findings reported that most respondents disagree that “It is difficult for a breast feeder to take care of her family” (75.5%). Besides that, respondents also agree that “Maternity leave for 2 or 3 months is enough for successful breastfeeding” (71.2%) and “the community prefers breastfeeding over artificial feeding” (70.1%). Respondents also strongly agreed, “Health care workers encourage breastfeeding” (69.5%).

Table 7 represents the level of knowledge about the practical aspect. These findings reported that the majority of the respondents chose yes about “Exclusive breastfeeding must be practiced until the infant is six months old” (94.3%), followed by “Babies who get enough feeding will pass urine more frequently” (92.6%). Then, respondents also chose no about “iving water to baby is encouraged after every breastfeeding” (77.2%) and “Do you practice Exclusive breastfeeding?” (57.8%).

Table 8 shows the barriers against exclusive breastfeeding. The finding showed a majority of respondents have barriers to

“Insufficient breast milk”, with 301 respondents (85.8%), followed by “Work-related problems” with 246 respondents (70.1%) and “Breast engorgement” with 192 respondents (54.7%). Meanwhile, a minority of the respondents have barriers against “Lacked husband support”, with 33 respondents or 9.4%.

Table 9 shows the relationship among selected demographic profiles and knowledge, attitude and practices regarding breast-feeding. The findings shows no significant relationship between knowledge, attitude and practices with socio-demographic factors.

Discussion

Mothers were aware of the benefits of breastfeeding in causing good development of baby’s teeth and gum (93.2%), followed by breastfeeding helping to reduce the incidence of child abuse and neglect (92.3%) and 87.5% increases the baby’s intelligence.

To determine the attitude towards exclusive breastfeeding among mothers in private hospitals, findings showed that most respondents (75.5%) disagree that it is difficult for a breast feeder to take care of her family. Rrespondents (71.2%) also agree that 2 or 3 months of maternity leave is enough for successful breastfeeding. About 70.1% of the community prefers breastfeeding to artificial feeding. Healthcare workers encourage breastfeeding (69.5%). A study from Ayed [6] displayed that a positive attitude towards breastfeeding was reported among 62.2% of the participants, while a negative attitude was reported among more than one third of them (37.8%).

The findings demonstrated that most respondents (94.3%) reported that exclusive breastfeeding must be practiced until the infant is six months old. Babies who get enough feeding will pass urine more frequently (92.6%). In another study, only one-third of the population practised EBF for six months, which was lower than those were who breastfed for less than six months [7]. The percentage of not practicing Exclusive breast feeding (EBF) increased as the child grew older [8].

The finding showed 85.8% of barriers against exclusive breastfeeding due to insufficient breast milk followed by wwork-related problems (70.1%) and breast engorgement (54.7%). Another study found that 51% of employed mothers were not breastfeeding their children after returning to work from maternity leave [9]. Meanwhile, only 9.4% of the respondents lacked husband support.

The finding revealed there is a significant relationship between maternal age and kknowledge, eemployment status and knowledge. Mothers with a higher level of education have a higher level of thinking and consciousness about the benefits of EBF [10]. Maternal education, high knowledge level and child’s age were associated with the practice of EBF [11].

Table 6: Attitude towards Exclusive Breastfeeding.

Statement	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree	Mean	SD
1. Breastfeeding is easier than artificial feeding.	20 (5.7%)	195 (55.6%)	10 (2.8%)	78 (22.2%)	48 (13.7%)	2.8	1.23
2. It is difficult for breast feeder to take care of her family.	60 (17.1%)	265 (75.5%)	12 (3.4%)	0 (0%)	14 (4%)	1.98	0.75
3. Breastfeeding has no effect on marital relationship.	2 (0.6%)	16 (4.6%)	16 (4.6%)	146 (41.6%)	171 (48.7%)	4.33	0.81
4. Breastfeeding reduces family expenses.	6 (1.7%)	110 (31.3%)	12 (93.4%)	119 (33.9%)	104 (29.6%)	3.58	1.25
5. Artificial feeding preserves woman's body and prevents obesity.	119 (33.9%)	118 (33.6%)	38 (10.8%)	55 (15.7%)	21 (6%)	2.26	1.24
6. The community prefers breastfeeding over artificial feeding.	1 (0.3%)	9 (2.6%)	53 (15.1%)	246 (70.1%)	42 (12%)	3.9	0.62
7. Health care workers encourages breastfeeding.	2 (0.6%)	9 (2.6%)	5 (1.4%)	91 (25.9%)	244 (69.5%)	4.6	0.69
8. Maternity leave for 2 or 3 months is enough for successful breastfeeding.	6 (1.7%)	21 (6%)	57 (16.2%)	250 (71.2%)	17 (4.8%)	3.7	0.72
9. Workplaces offer suitable private places for breastfeeding.	5 (1.4%)	137 (39%)	79 (22.5%)	110 (31.3%)	20 (5.7%)	3.0	0.99
Overall						3.35	0.39

Table 7: Practices related to breast-feeding.

Statement	Yes	No	Don't Know
1. Do you practice Exclusive breastfeeding?	147 (41.9%)	203 (57.8%)	1 (0.3%)
2. Exclusive breastfeeding must be practiced until the infant is 6 months old	331 (94.3%)	19 (5.4%)	1 (0.3%)
3. Massage may reduce breast engorgement	322 (91.7%)	22 (6.3%)	7 (2%)
4. Giving water to baby is encouraged after every breastfeeding	74 (21.1%)	271 (77.2%)	6 (1.7%)
5. Belching after feeding shows that the baby is full	322 (91.7%)	22 (6.3%)	7 (2%)
6. Babies who get enough feeding will pass urine more frequently	325 (92.6%)	22 (6.3%)	4 (1.1%)
7. Oral thrush frequently happens to babies who breastfeed	268 (76.4%)	63 (17.9%)	20 (5.7%)

Table 8: Barriers against Exclusive Breastfeeding.

Barriers	Yes	No
Work-related problems	246 (70.1%)	105 (29.9%)
Maternal health problems	62 (17.7%)	289 (82.3%)
Neonatal health problems	34 (9.7%)	317 (90.3%)
Insufficient breast milk	301 (85.8%)	50 (14.2%)
Breast engorgement	192 (54.7%)	159 (45.3%)
Cracked nipple	109 (31.1%)	242 (68.9%)
Lacked husband support	33 (9.4%)	318 (90.6%)

Table 9: Relationship between Knowledge, attitude and practices with socio-demographic factors.

		Maternal age	Parity	Education	Working Status	Employment	Monthly household income	Number of children
Knowledge	Pearson Correlation	-.132*	-.004	.048	-.018	.181**	.020	-.101
	Sig. (2-tailed)	.013	.947	.371	.741	.001	.713	.058
Attitude	Pearson Correlation	-.040	.039	-.096	-.010	.000	-.124*	.060
	Sig. (2-tailed)	.459	.461	.073	.858	.996	.021	.261
Practices	Pearson Correlation	.267**	.081	-.267**	-.160**	.040	-.201**	.129*
	Sig. (2-tailed)	.000	.132	.000	.003	.458	.000	.016

Limitation and Recommendation

The limitation of this study was the respondents' low response rate. Due to the mode of questionnaire delivery, the researcher delivered the e-questionnaires to respondents via Google form to the respondent's WhatsApp application instead of face to face invitation for the study.

Finally, this study was health centre based, among mothers

attending a private pediatric clinic. The study's findings may not represent the KAP situation of exclusive breastfeeding in the entire community.

Conclusion

The findings of this study entail an explanation to understand knowledge, attitudes and practices on exclusive breastfeeding

among mothers of hospital KPJ Kuching. Although breastfeeding rates are slowly increasing, exclusive breastfeeding remains very low, related to many factors that influence exclusive breastfeeding practices. The gaps in mothers' knowledge, attitudes and practices of EBF been identified. There is a need for implementing an educational program through primary health care settings as well as mass media to improve, promote and support exclusive breastfeeding practices, should be done. More support, health promotion, breastfeeding-friendly workplace policies, trained midwives, and health care professionals are needed to improve EBF. Attentive education for primi gravida and widespread local community education and support may help improve breastfeeding continuation rates. The provision of workplace facilities by providing workplace day care may assist in overcoming the barriers to preventing exclusive breastfeeding continuation once back at work.

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