

Descriptive Cross-Sectional: Knowledge and Practices on Exclusive Breastfeeding and Complementary Feeding among Postnatal Mothers at Brikama District Hospital

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ABSTRACT

The scientific benefits associated with breastfeeding a baby come in numbers and most of these benefits are couple with the societal or cultural norms that are relative to each community. It is crystal clear that adequate breastfeeding a child provide essential nutrients that ensure the proper growth of a child. The benefits range from health, cultural and economics and this is globally accepted. Although breast milk is known as source of nutrient to the infant and health beneficial to the mother, the ways and misconception by some mothers and communities impede the supply of these natural benefits. This study aimed at tapping information on knowledge and practices of exclusive breastfeeding & complementary feeding.

A descriptive Cross-Sectional study design was used in this research. Both qualitative and quantitative data were collected prospectively. The study includes 60% males and 40% and a total sample size of 30 infants was used in the study.

The results showed that 13.33% of the infants were aged between 1-4weeks, 20% were aged between 1-3months, 16.67% were aged between 4-6months, 23.33% were aged between 7-9months, 10% were aged between 10-12months, and 16.67% of infants were more than 12months of age.

The study shows that majority (90%) of mothers were able to give the advantages of exclusive breastfeeding.

Keywords: Exclusive breastfeeding, adequate nutrition, complementary feeding

INTRODUCTION

Adequate nutrition during infancy and early childhood is essential to ensure the growth, health and development of children to their full potential (Dongre2015). It has been recognised worldwide that breastfeeding is beneficial for both the mother and child, as breast milk is considered the best source of nutrition for an infant (Ku and Chow2010). Economic and social benefits are also provided to the family, the health care system and the employer.

The World Health Organization (WHO) recommends that infants be exclusively breastfed for the first six months, followed by breastfeeding along with complementary foods for up to two years of age or beyond 3. Exclusive breastfeeding can be defined as a practice whereby the infants receive only breast milk without mixing it with water, other liquids, tea, herbal preparations or food in the first six months of life, with the exception of vitamins, mineral supplements or medicines. Breastfeeding an infant exclusively for the first

6 months of life carries numerous benefits such as lowered risk of gastrointestinal infection, pneumonia, otitis media and urinary tract infection in the infant while mothers return to her pre-pregnancy weight very rapidly and have a reduced risk of developing Type 2 diabetes (Nkala and Msuya2011). On the other hand, when breast milk or infant formula no longer supplies infants with required energy and nutrients to sustain normal growth and optimal health and development, solid foods should be introduced (More et al. 2010).

This process is known as complementary feeding. According to the WHO recommendations, the appropriate age at which solids should be introduced is around 6 months owing to the immaturity of the gastrointestinal tract and the renal system as well as on the neuro-physiological status of the infant (Brown and Lee 2010).

PROBLEM STATEMENT

Infant death in most cases is largely associated with inappropriate feeding practices

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(Nascimento et al, 2010). It is estimated that over 7 million children under the age of five died each year in sub-Saharan Africa and South Asia and that a major contributor to most of the infant death is poor feeding practices (Edmond, 2006). It is known that the rate of breastfeeding differs by demographic and socioeconomic factors and these may impact differently on initiation and duration. Studies have indicated that characteristics such as increasing maternal, age, education, income and being a smoker are associated with higher rates of breastfeeding (Kogan, 2008).

Optimal infant and young children feeding practices include initiation of breastfeeding within one hour of birth, exclusive feeding for the first six months of life and addition of appropriate and adequate family food for complementary feeding after six months together with continued breast feeding for two years or beyond World Breast Feeding Trend Initiative (2010).

WHO and UNICEF (2007) launched a Baby-Friendly Hospital Initiative (BFHI) in 1992, to strengthen maternity practices to support breast feeding. The BFHI contribute to improving the establishment of exclusive breastfeeding worldwide coupled with support throughout the health system can help mothers sustain exclusive breast feeding.

JUSTIFICATION OF THE STUDY

The study would contribute in enriching the current health education programs on Maternal and Child Health in the Gambia. In addition, the findings of the study would help shape and inform policies on breastfeeding and assist mothers and the society to understand and support the practices of breastfeeding. This will help in the attainment of the Millennium Development Goals (MDGs) 4 and 5 which stipulates; a reduction of two thirds the mortality rate among children under five and a reduction of three quarters the maternal mortality ratio respectively. Benefits of breastfeeding which includes the prevention of postpartum haemorrhage as well as reduced risk of breast cancer will contribute to the attainment of MDG 5. In addition, the study will serve as a stimulating factor for further research in the area of breastfeeding.

This study would generate information on knowledge and practices of exclusive breastfeeding & complementary feeding. The findings could be useful to the Ministry of

Health & Social Welfare (MOHSW) and other organizations working in child survival programs to design interventions to improve the practice of exclusive breastfeeding & complementary feeding in the area and the entire country.

Research Question

- What is the level of knowledge regarding exclusive breastfeeding and complementary feeding among postnatal mothers at Brikama District Hospital?
- What is the level of practices concerning exclusive breastfeeding and complementary feeding among postnatal mothers at Brikama District Hospital?

STUDY OBJECTIVES

- To determine the level of knowledge regarding breastfeeding and complementary feeding among postnatal mothers at Brikama District Hospital.
- To assess practices concerning breastfeeding and complementary feeding among postnatal mothers at Brikama District Hospital.

LITERATURE REVIEW

Status Of Exclusive Breastfeeding & Complementary Feeding In The Gambia

In The Gambia, it is estimated that 36% of children aged less than four months are exclusively breastfed and 36% between ages 6-9 months receive breast milk and solid or semi-solid foods Sonko, (2002). The way the mother feed their children in provinces (rural areas) of The Gambia are closely associated with their traditional beliefs and practices Semega-Janneh, (2001). Breastfeeding in The Gambia as in many African countries is part of the culture with mothers often breastfeed for long duration. Generally, Gambian mothers breastfeed their infants for 18 to 24 months, but the initiation of breastfeeding is usually delayed until 24 hour and beyond after delivery, while prelacteal feeds are more common. The adoption of Baby-Friendly Hospital Initiative (BFHI) strategy contributed to the increase in national average of exclusive breastfeeding from 0 in 1989 to 17.4%; in 1998 to 36%; and in 2006 to 41% NaNA, (2002); MICS, (2006).

In a country where many people exercise cultural practices, such as giving infants water to keep them hydrated, the national prevalence of exclusive breastfeeding for the first six

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months remains low, at 33.5%. Through several interventions to be implemented at national level, the National Nutrition Agency (NaNA) and the Ministry of Health (MoHSW), with UNICEF support, had embark on increasing awareness in vulnerable areas, specifically on the country's Upper River Region (URR) where only 34.1% of the children are breastfed Sonko, (2002).

Knowledge On Exclusive Breastfeeding & Complementary Feeding

A study conducted in Nigeria to determine the nutritional knowledge of mothers towards breastfeeding, 84.5% agreed that breast milk alone is enough for infant aged 0-6 months, 9% agreed that breast milk alone would not be enough for a baby of aged 0-3 months, 34% agreed on aged 4-6 months and 27.5% for 7-12 months; while 29.5% were not sure of a particular age when breast milk alone would no longer be enough for the baby (Ijaroutimi, 2010). Similarly, a community based study done by (Kishore, et al. 2009) on breastfeeding knowledge amongst mothers in rural population of North India. Out of 77 mothers, 30% and 10% exclusively breastfed their infants till 4 and 6 months of age, respectively. Satisfactory knowledge on exclusive breastfeeding was found in 39% of respondents. In contrast with the above two studies, a study done by Fjeld, et al. 2008 to assess the breastfeeding status of women attending postnatal clinic in Uganda. The findings of the study show that women have limited knowledge on breastfeeding. He concluded that there was no relationship between the socio-demographic variables and the knowledge of mothers regarding breast feeding.

A cross-sectional survey done by (Kaushal, 2005) to evaluate the knowledge of mothers and grandmothers with regards to breast feeding. Majority of them believe in early feeding within two hours of delivery, colostrum was considered beneficial, felt that a baby who was playful and not crying excessively are usually healthy. The study also suggested that knowledge regarding desirable breast feeding practices was adequately and quite a few inappropriate beliefs were widely prevalent. A similar study was conducted by (Ijarotimi, 2010), who aimed to examine the knowledge of mothers regarding breastfeeding. The findings showed that 99% of the mothers believed that breastfeeding should be initiated immediately after birth while 1%

believed at some hours after birth. A hospital based study conducted by (Chaudhary, et al. 2011) to determine the knowledge and practice of mothers regarding breast feeding, 92.6% of mothers reported that breastfeeding is important to both the mother and her baby and only 7.4% don't know the importance of breast feeding.

Across sectional study conducted by (Swetha R. et al. 2014) to determine the knowledge and practices in coastal region of South India, the author concluded that (79.1%) of mothers responded that complementary feeding should be initiated at aged six months and (21.9%) believed that complementary feeding should not begin at six months. Another study conducted to assess breast feeding knowledge and beliefs among adults in Eastern Tobago revealed that in addition to having an adequate knowledge about the benefits of Early Breast Feeding (EBF), employment was one of the primary factors affecting breastfeeding (Shirima, 2001). In contrast with the aforesaid study, a study conducted with 222 Honduran mothers to assess their attitude and barriers to breast feeding showed that mothers perceived breast feeding to be time consuming. They also thought that breast milk was insufficient for infant. The study concluded that socio-demographic variables such as employment does not influence breastfeeding among the study mothers or respondents (Cohen, et al., 2009)

There is evidence showing that maternal characteristics such as education influence breast feeding. In Tanzania, according to (Al-Sahab, et al., 2010) duration of exclusive breastfeeding is mainly associated with information and knowledge about breast feeding. Maternal level of education has also been reported to be positively associated with initiation, exclusiveness and duration of breastfeeding (Al-Sahab, et al., 2010).

Practices On Exclusive Breastfeeding & Complementary Feeding Among Postnatal Mothers

Breast feeding practices in the community are strongly influenced by what people know, think and believe about these issues. They are also strongly affected by circumstances, economic factors, and other factors beyond an individual's intention and ideas (Pal & Roy, 2009). In India, there is a belief that mother's milk is not ready until 2-3 days postpartum. This delays initiation of breast feeding while colostrum is generally

discarded (Bandyopadhyay, 2009). Other hindrances to exclusive breast feeding include the perception of insufficient breast milk, fear of dying or becoming too sick to breastfeed (Fjeld, 2008). From most of the studies, cultural practices do not agree with exclusive breast feeding for six months. There is a need to identify the cultural factors that may negatively affect exclusive breastfeeding in different communities so that they can be addressed during promotion of appropriate breast feeding practice.

A cross sectional retrospective study was conducted by Osrin, (2009) in Nepal to determine home based breast feeding practices, the findings of the study showed that health promotion intervention most likely to improve best breast feeding practices in this setting include increasing attendance at delivery by skilled service provider and improving information for families about breast feeding. Comparably, a study done by Mirandi, (2007) analysed the impact of a mass media breast feeding campaign in Jordan within the context of other activities occurring during and after the child's birth. The findings indicated that communication campaign can bring about change in breast feeding initiation behaviour, but that providing mothers with information should be but one part of an integrated program to ensure that hospital and midwife policies are practices support timely initiation.

A study conducted by Thulier (2009) identified the variables associated with breastfeeding duration. Demographic factors that influence breast feeding duration are age, race, marital status, education, and socioeconomic factors. Biological variables consisted of insufficient milk supply, infant health problems, maternal obesity, maternal smoking and method of delivery. Maternal intention, interest and confidence in breast feeding were psychological variables.

The author concluded that human lactation is a complex phenomenon. Similarly, a cross sectional survey conducted at rural Uttar Pradesh on new-born care to describe breastfeeding and to identify antenatal and delivery care factors that are associated with these practices.

Findings of the study showed that the association between new-born care practices, social and biological variables can be promoted through improved coverage with existing

services but the study didn't highlight on the demographic variables (Baqui et al 2007).

The main reason stated for failure to introduce babies to breast milk immediately after birth are health-related including the mother having insufficient milk. This has been documented in various other studies (Thulier, et al. 2009) in urban slum of Mumbai. A similar study was conducted by (Ochola, 2008) in Kenya. The findings of the study showed that women perception on breast milk insufficiency is the main reason for discontinuing exclusive breastfeeding. However, the present study cannot highlight whether the respondents will perceive in a similar or the same manner or not regarding practices of breast feeding.

A study done by (Leon-cava, et al. 2002) believe that initiation of breastfeeding immediately after delivery stimulates the release of oxytocin, a hormone that helps to contract the uterus, expel the placenta and reduce postpartum bleeding while in the longer term, mothers who breastfed tend to be at a lower risk of premenopausal breast and ovarian cancer. In support of the aforementioned study, a study conducted by (Esterik 2007), showed that women, who practice exclusive breast feeding, have 98% protection against pregnancy during the first six months after giving birth.

This is true of women who meet the criteria for lactation amenorrhea method of baby fully or nearly breastfeeding, absence of menses and baby less than six months old (Linkages, 2001).

Effective communication for behavioural change should therefore be the prime objective for ensuring optimal breastfeeding practices and the widely prevalent practice of extended breast feeding in The Gambia must be selected (Michael, 2011)

METHODOLOGY

Background to Study Area

Brikama District Hospital is located in Kombo central District, West Coast Region (WCR) of The Gambia in West Africa. It is the regional capital of Western Region, the base for headquarters of Brikama Area Council (BAC), and it is the most populated Local Government area in the country.

The main urban settlement is approximately 35km (22miles) south west of the capital city, Banjul and has a population of 699,704 people (GBoS, 2013 census). Brikama District Hospital provides basic health care needs for the people living in Brikama and its Surrounding villages

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The Study Population

The study population was breastfeeding mothers attending clinic at Brikama District Hospital.

Research Design

Descriptive Cross-Sectional study design was used in this research. Both qualitative and quantitative data were collected prospectively.

Study Variables

Dependent Variables

Knowledge and Practices on Exclusive Breast Feeding and Complementary Feeding.

Independent Variables

Number of live birth, Marital Status, Occupation, and Education level of respondents.

Inclusion and Exclusion Criteria

Inclusion Criteria

Mothers with children not more than twenty-four months of age and present on the day of data collection were included in the study.

Exclusion Criteria

Mothers without Infant Welfare Card were excluded from the study.

Sampling Size and Selection Procedures

Sample Size Determination

Data was collected on 30 postnatal mothers attending clinic at Brikama District Hospital.

Selection Procedures

Convenient sampling method was used to select our respondents. The mothers present on the day of data collection were conveniently sample

Table 1. Distribution of Respondents According to Infant Characteristics

Question	Frequency	Percentage (%)
Infant Gender		
Male	18	60
Female	12	40
Infants Age in Weeks/Months		
1-4weeks	4	13.33
1-3months	6	20.00
4-6months	5	16.67
7-9months	7	23.33
10-12months	3	10
>12months	5	16.67
Total	30	100

After the data collection, it was seen that the number of male gender exceeds the number of female gender as 60% males and 40% females respectively. A total sample size of 30 infants

based on their willingness to participate in the study.

Data Collection Instruments & Method

The only data collection tool used in this study is questionnaire. Both open ended and close ended questions were prospectively used.

Validity and Reliability Of The Tool

There was no pretesting in this study. However the sample size (30) is enough for generalizability of the data.

Data Analysis Method

Microsoft Excel software package was used in processing and analysing the collected data.

Ethical Consideration

Participants were informed of the benefits of the study; and participation was completely voluntary. Confidentiality was ensured from the beginning to the end of the research project. There were codes attached to every questionnaire. Hence there was no name or any form of personal identification attached to the questionnaires.

Limitation of the Study

The scale of the sample size used was thirty. Therefore, the findings of the research cannot be used to represent the whole catchment area of Brikama.

RESULTS

The data was tabulated, organized, and interpreted using a Microsoft Excel statistical package. The data was analysed, interpreted and discussed in the light of the objectives of the study.

was used in the study. From the above table, the analysis showed that 13.33% of the infants were aged between 1-4weeks, 20% were aged between 1-3months, 16.67% were aged between

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4-6months, 23.33% were aged between 7-9months, 10% were aged between 10-12months, and 16.67% of infants were more than 12months of age.

Table2. Distribution of Respondents According to their Maternal Demographic Characteristic.

Question	Frequency	Percentage (%)
Mothers Age		
Below 20years	6	20
21-25years	12	40
26-30years	7	23.33
>30years	5	16.67
Marital Status		
Married	28	93.33
Divorced	0	0
Single	1	3.33
Widow	1	3.33
Separated	0	0
Educational Level		
Non formal	15	50
Primary	9	30
Junior Secondary	2	6.67
Senior secondary	2	6.67
Tertiary level of education	2	6.67
Occupation		
Civil Servant	3	10
House wife	25	83.33
Formal regular job	1	3.33
Self employed	1	3.33
Parity		
Inexperienced	5	17%
experienced	25	83%

A total sample of 30 breastfeeding mothers were included in the study and it was seen from this table above that majority (40%) of the breastfeeding mothers were aged between 21-25 years whilst the least (16.67%) were aged above 30 years.

From the findings of the study, majority (93.33%) of the breast feeding mothers were married, 3.33% were singled, another 3.33% were widowed, and none of them was either divorced or separated respectively.

The tableaboveindicated that majority (50%) of the breastfeeding mothers had undergone a non-

formal level of education, followed by primary level (30%) and the remaining are equaled as (6.67%) for junior secondary, senior secondary and tertiary levels of education respectively. And 83% of the respondents gave birth for at least the second time as compared to 17% of respondent breast feeding for the first time.

According to the findings, majority (83.33%) of the breast feeding mothers were house wives, followed by civil servants (10%) and (3.33%) for both formal regular job and self-employment respectively.

Table3. Use of Colostrum and Sufficiency of Breastmilk n=30

Question	Frequency	Percentage (%)
The first yellowish liquid/colostrum should be fed to the baby?		
Yes	25	83.3
No	5	16.7
Can breast milk alone sustain a baby for up to 6months?		
Yes	25	83.3
No	5	16.7

From the table above 83.3% of the mothers responded that colostrum should be fed to the baby whilst 16.7% of the women responded that the colostrum should not be fed to the baby.

Again, another 83.3% of mothers believed that breast milk alone can sustain the babyfor up to 6months whilst only 16.7% of mothers believed that breast milk alone cannot sustain the babyfor up to 6months.

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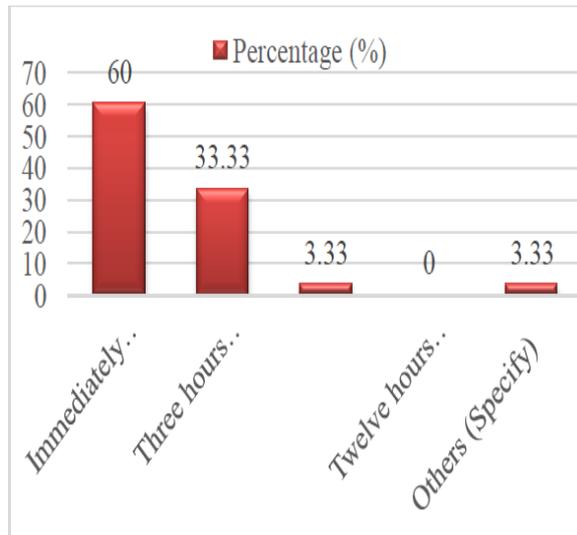
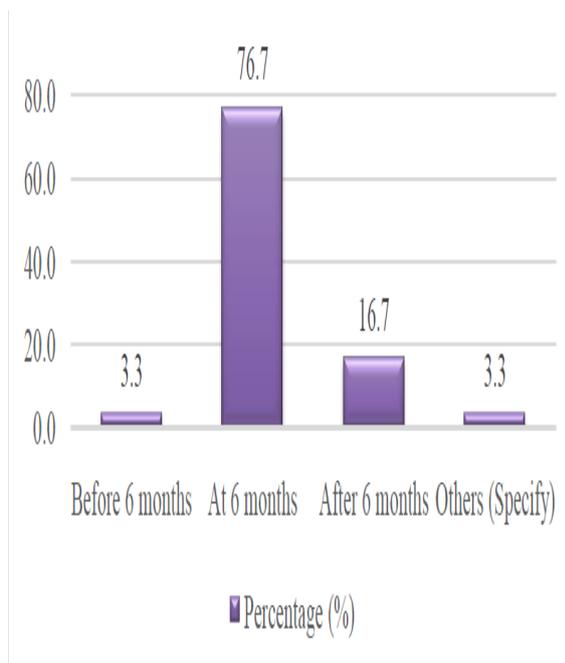
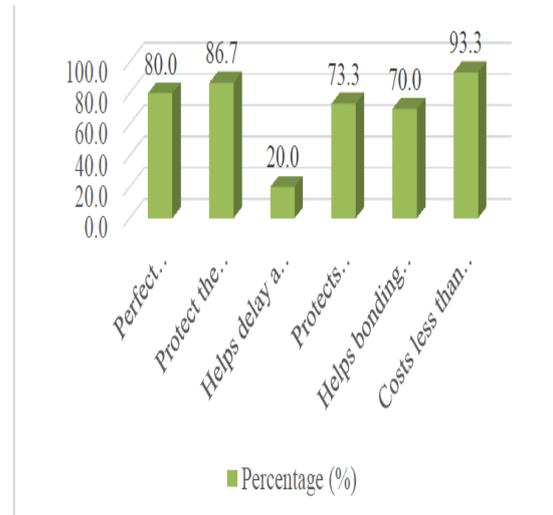


Figure 4.1 Percentage of responses showing the initiation of breastfeeding

From the chart above, it can be seen that 60% of mothers responded that breastfeeding should be initiated immediately after birth whilst none of the mothers responded that breastfeeding should be initiated twelve hours after birth.



Percentage of responses showing the introduction of semi-solids foods to a baby. From the column chart above, the results shows that majority (76.7%) of mothers reported that semi-solid or semi foods should be introduced to a baby at the age of six months, 16.7% of mothers reported that semi-solid or semi foods should be introduce to a babies after six months of age whilst only 3.3% of mothers reported that semi-solid or semi foods should be introduce to a baby before six months of age and another 3.3% of mothers reported other responses.



Percentage of responses showing the advantages of exclusive breastfeeding. According to the findings, majority (93.3%) of mothers reported that exclusive breast feeding costs less than artificial feeding while the least (20.0%) of mothers reported that breast feeding helps delay a new pregnancy.

DISCUSSION

According to the results of the study, 60% of mothers responded that breastfeeding should be initiated immediately after birth whilst none of the mothers responded that breastfeeding should be initiated twelve hours after birth. Again, 33.33% of the mothers responded that breastfeeding should be initiated three hours after birth whilst 3.33% of mothers responded that breastfeeding should be initiated six hours after birth respectively. Another 3.33% of the mothers reported other reasons about the initiation of breastfeeding. This results is similar to the study conducted by Chaudhary, et al. to determine the knowledge and practice of mothers regarding breast feeding, were 57.5% of mothers reported that they breastfed their babies immediately after birth while 30% and 12.5% of mothers reported that they breastfed their babies three hours after birth and a day after birth respectively.

In addition, 83.3% of the women respond that colostrum should be fed to the baby whilst 16.7% of the women respond that the colostrum should not be fed to the baby. The finding of the present study is similar to a cross-sectional survey done by (Kaushal, 2005) to evaluate the knowledge of the mothers and grandmothers with regards to breast feeding.

Furthermore, another 83.3% of the mothers believed that breast milk alone can sustain the

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baby for six months whilst only 16.7% of mothers believed that breast milk alone cannot sustain the baby. This results is similar to the study conducted by Ijaroutimi in Nigeria to determine the nutritional knowledge of mothers towards breastfeeding, were 84.5% of mothers agreed that breast milk alone is enough for infant aged 0-6 months, 9% agreed that breast milk alone would not be enough for a baby of aged 0-3 months, 34% agreed on aged 4-6 months and 27.5% for 7-12 months; whilst 29.5% were not sure of a particular age when breast milk alone would no longer be enough for the baby.

Moreover, the present study reveals that majority (76.7%) of mothers responded that semi-solid/semi foods should be introduced to a baby at the age of six months whilst only 3.3% of the mothers gave other reasons for the introduction of semi-solid foods to a baby. Again, 16.7% and 3.35% of the mothers responded that semi-solids foods should be introduced to a baby after six months and before six months respectively. The present study is similar to the study conducted by Swetha R. et al were 79.1% of mothers responded that complementary feeding should be initiated at aged six months and 21.9% believed that complementary feeding should not begin at six months.

Finally, the study shows that majority (90%) of mothers were able to give the advantages of exclusive breastfeeding. Similarly, a hospital based study conducted by Chaudhary, et al. to determine the knowledge and practice of mothers regarding breast feeding, were 92.6% of mothers reported that breastfeeding is important to both the mother and her baby and only 7.4% don't have or don't know the importance of breast feeding. This study is comparable to the findings of Amosu et al. (2011) in Nigeria where 96.5% of mothers' were aware to the benefits of breastfeeding

After the data collection, it was seen that the number of male gender exceeds the number of female gender as 60% males and 40% females respectively. This is in comparable to a study conducted by Chaudhary, et al. (2011) were 56.5% whilst 43.5% were female babies.

The analysis showed that 13.33% of the infants were aged between 1-4 weeks, 20% were aged between 1-3 months, 16.67% were aged between 4-6 months, 23.33% were aged between 7-9 months, 10% were aged between 10-12 months,

and 16.67% were exceeds 12 months. This is similar to a university study conducted by Raesetja (2014) to determine the knowledge and practices of mothers regarding exclusive breastfeeding in the Mahwelereng Local Area of the Waterberg District, Limpopo Province were 15.7% of the babies were aged 0-1 month, 23.7% were aged 2-3 months, 24.8% were aged 4-6 months, 20.2% were aged 7-9 months and 15.6% were aged 10-12 months.

20% of the breastfeeding mothers were aged below 20 years, 40% were aged between 21-25 years, 23.33% were aged between 26-30 years and 16.67% were aged above 30 years. This is comparable to a cross sectional study conducted by Swetha et al. to determine breastfeeding practices in coastal region of South India were 18.43% of mothers were aged 15- 20 years, 45.12% were aged 21-25 years, 22.70% were aged 26-30 years and 13.75% were aged above 30 years respectively. In addition, Majority (93.33%) of the breast feeding mothers were married, 3.33% were single, another 3.33% were widow, and none of them (0%) were either divorced or separated. The findings of this study is similar to the study conducted by Ijarotimi (2010), were 93% of the mothers in a sample of 100 respondents were married, 5% were separated and 2% were singled.

According to the findings of the current study, majority of the breast feeding mothers (50%) had undergone a non-formal level of education, followed by primary level (30%) and the remaining are equaled as 6.67% for junior secondary, senior secondary, and tertiary levels of education respectively. The present study has a lower rate compared to the one done by (Raesetja 2014) were 35.63% of the mothers had undergone primary level of education, 25.40% has undergone junior secondary level, where as 28.25% and 10.73% of mothers had undergone senior and tertiary levels of educations respectively.

CONCLUSION

Generally, the mothers have knowledge on breastfeeding. More than three quarter of mothers (83.3%) said that colostrum should be fed to the baby while (72%) of the mothers said that breast milk alone can sustain the baby up to six months of age. Again, more than half of the sample size (60%) of the mothers said that breastfeeding should be initiated immediately after birth and 76.7% of mothers said that semi-solids or semi foods should be introduced to the baby at the age of six months.

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The majority of mothers (40%) were in the age group of 21- 25 years while the lowest respondents (16.67%) were in the age group of above 30years respectively. But it was perceived that those mothers below the age of 20 years (20%) lacked knowledge on breastfeeding. However, it is only (20%) and (33.3%) of the mothers knew that breastfeeding could protect a mother from getting pregnant.

REFERENCES

- [1] Nascimento, M.B.R., Reis, M.M.A., Franco, S.C. (2010). Exclusive Breastfeeding medicine Journal.
- [2] Edmond KM, Z. C., Quigley MA. (2006). Breastfeeding counselling-a training.pdf.Pediatrics., 2, 6-10.
- [3] Kogan MD, S., GK. (2008). <American Journal of Public Health.pdf>. American Journal of Public Health,
- [4] DongreAR, Deshmukh PR, Rahul AP, Garg BS, (2015) World Health Organization. Breastfeeding counseling and training
- [5] Roy S, Pal B (2009) infant feeding practices
- [6] Roy S., P. B. (2010). <Breast feeding and infant mortality.pdf>. Infant feeding Practices .
- [7] Enssa Sonko., s. j. (2002). <The Government of The Gambia and UNICEF report.pdf>. Multiple Indicator Cluster Survey, 8.
- [8] James DCS, C. D., and Lessen R. (2009). Position of American Dietetic Association., 5, 6-14.
- [9] Polit and Hungler (2005)- Understanding research text book.
- [10] Garson, Fink, and Arlene. releasing the social science research imagination(2012)
- [11] Semega-Janneh., M. N. (2001). <National Nutrition Agency.pdf>. 1, 3-8.
- [12] Multiple cluster Survey (MICS) (2002). The Government of The Gambia and UNICEF report.
- [13] Ijarotimi OS., F., E. (2010). <Nutritional Research and Practice.pdf>. 9, 1-20.
- [14] Fjeld, E., Siziya, S., Bwalya, K.M., and Tylleskar, T. (2008). <A qualitative assessment of 2. Baqui, A., Williams EK, Darmstadt GL, Kumar (2007). <breastfeeding-faqs-hiv.pdf>. Pediatric Journal., 6, 5-18.
- [15] Kaushal D., D. J., Gupta A. (2005). <Assesment of Status of Infant and Young Child Feeding (IYCF).pdf>. 2, 5-20.
- [16] RN Chaudhary, T Shah, S Raja (2011). Knowledge and practice of mothers regarding breast feeding: a hospital based study
- [17] Swetha R., J. Ravikumar, R. A. Nageswara R. A. O (2014). Breastfeeding practices in coastal region of South India:
- [18] Raesetja Annah Frans (2014) - The Knowledge and Practices Of Mothers Regarding EXCLUSIVE BREASTFEEDING In the Mahwelereng Local Area Of The Waterberg District, Limpopo Province
- [19] Shirima, R., Gebre-Medhin, M. and Greiner, T. (2001). <Information and socioeconomic
- [20] Al-Sahab, B., Lanes, A., Feldman. M and Tamim, H. (2010) Prevalence and Predicators of 6-month exclusive breastfeeding among Canadian women
- [21] World Breastfeeding Trend Initiative (2010)
- [22] Pal and Roy (2009)- International Breastfeeding Journal
- [23] Osrin D, T. K., Shrestha, . (November, 2009). <breast size and milk adequacy.pdf 2.pdf>. 1.
- [24] Mirandi A., J., H.s., Rana, M.S., and Ramachandran, U. . (2007). <BREAST VOLUME
- [25] Thulier D, M. J. (2009). <breastfeeding and intelligence.,pdf>. Obstetric gynecological
- [26] Baqui AH, Benett, V. Ruth, and Brown LK. (2007) Myles text book for midwives, 13th edition.
- [27] Ochola, S. A. (2008) A randomized controlled trial. PhD Thesis. Stellenbosch University, Cape Town.
- [28] Leon-cava, john H., and Sara D., Knowledge and Practices of Breastfeeding (2002). International Breastfeeding Journal 6th edition.
- [29] Michael G., R. A., and Paul D. (2011). <Effects of breast feeding and maternal health on infant
- [30] Burns, N. a. G., S.K. (2001). <breastfeeding-faqs-water.pdf>. Conduct critique and utilization. potentials and barriers in the promotion of exclusive breastfeeding in southern Zambia.pdf>. 3, 1-31.
- [31] Gambia Bureau of statistics (GBoS) (2013 ensus)
- [32] Park K. (2011). < Parks Text book of Prevention and Social Medicine.pdf>. 4, 4-5.
- [33] Polit & Beck, mortality.pdf>. International Breast Feeding Journal, 1, 1-9. (2008)

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