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Exclusive Breastfeeding: Mothers' awareness and healthcare providers' practices during antenatal visits in Mvomero, Tanzania.

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ABSTRACT

Chronic child malnutrition is high in developing countries such as Tanzania where approximately 42% of children below five years are stunted as a result of chronic malnutrition. Exclusive breastfeeding (EBF) may give the best start as an effective strategy to protect infants from malnutrition which causes 60% of infant deaths worldwide. Therefore, intentions to breastfeed, feeding practices decided and antenatal visits give a prime opportunity to provide counselling to ensure optimal practices.

The aim of this study was to assess the awareness of exclusive breastfeeding among first time pregnant women attending antenatal clinics and breastfeeding counselling practices of healthcare providers in comparison with the WHO recommendations.

A cross sectional study of eighty first time pregnant women attending antenatal clinics at Mzumbe Health Centre which is located in a town near main roads and Tangeni dispensary which is located in a remote area far from the main roads, and six out of eight nurses providing antenatal care in these facilities was carried out. Questionnaires were used to evaluate women's breastfeeding knowledge and future intentions to breastfeed and nurses' breastfeeding knowledge and counselling practices.

About 94% of women intended to breastfeed, among these, only 23.8% intended to do so exclusively for six months. Women's knowledge in EBF was generally limited; about 94% of women had never received breastfeeding counselling at the antenatal clinic, 61% received BF information from their mothers, grandmothers and mothers-in-law, 37.5% said glucose water should be given immediately after delivery. Common reasons for introducing solids were; baby will be old enough (55%), baby will be hungry (32.5%), advised by the nurse (7.5%). There were no differences in breastfeeding knowledge between the two facilities, that is being located near the main roads did not change or influence women's knowledge in breastfeeding.

Nurses had satisfactory knowledge of how to solve breastfeeding problems and breastfeeding in special situations. Much of this knowledge appeared to be based on personal and clinical experience as only nurse had received training in breastfeeding. However, nurses' knowledge on WHO breastfeeding recommendations was limited. Only

three nurses said they train mothers about exclusive breastfeeding and it is only these three who knew the recommended age for introduction of solid foods. Three nurses said they would recommend exclusive breastfeeding until four months and only two nurses were able to identify the correct picture of latching on and attachment of the baby to the breast. Generally pregnant women and the nurses had limited knowledge in EBF matters.

Although the antenatal visits provide an excellent opportunity to ensure that pregnant women are aware of optimal breastfeeding practices, the nurses who provide care during these visits had limited knowledge on the recommendations. Findings highlight a need to focus on information and education to women and nurses.

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CONTRIBUTION OF AUTHORS

This study was conducted by Hadijah Mbwana, supervised by Dr. Cath Conlon and Dr. Pamela von Hurst. The contribution of each member of the research team is described below:

Hadijah Mbwana determined the study concept, did literature review, ethics application and approval in Tanzania, designed questionnaires, recruitment of subjects, collection of data, preparation of databases, designed and conducted the research, statistical analysis, interpretation of results and preparation of thesis manuscript.

Dr. Cath Conlon and Dr. Pamela von Hurst supervised the design and conduct of the research, reviewed ethics application, were consultants for development of the questionnaires, gave analytical support and overseeing the preparation and editing of the thesis manuscript.

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LIST OF ABBREVIATIONS

AFASS	Acceptable, Feasible, Affordable, Sustainable and Safe
ARI	Acute Respiratory Infection
ARV	Antiretroviral
BFHI	Baby Friendly Hospital Initiative
BKCPQN	Breastfeeding Knowledge and Counselling Practices Questionnaire for Nurses
BKQPW	Breastfeeding Knowledge Questionnaire for Pregnant Women
BMI	Body Mass Index
GIT	Gastro Intestinal Tract
HDL	High Density Lipoprotein
HT LV	Human T-cell Leukaemia Virus
IQ	Intelligence Quotient
LBW	Low Birth Weight
LDL	Low Density Lipoprotein
MCH	Maternal and Child Health
MTCT	Mother To Child Transmission
NBS	National Bureau of Statistics
PMTCT	Prevention of Mother to Child Transmission
RCHS	Reproductive and Child Health Survey programme
SIDS	Sudden Infant Death Syndrome
SPSS	Statistical Package for Social Sciences
TACAIDS	Tanzania Commission for AIDS
TDHS	Tanzania Demographic and Health Survey
TMOH	Tanzania Ministry of Health
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNICEF	United Nations Children’s Fund
WHO	World Health Organization

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DEFINITION OF TERMS

Breastfeeding counselling: A two-way communication between educators and recipients aimed at changing behaviour from inappropriate to appropriate breastfeeding practices (WHO/UNICEF, 1993).

Exclusive breastfeeding: The infant receives only breast milk (including expressed breast milk), but no other liquids or solids with the exception of drops or syrups consisting of vitamins, mineral supplements or medicines (WHO, 2004b).

Mixed feeding: Breastfeeding a child while giving non-human milk or other foods and liquids (WHO, 2004b).

Not breastfed: Not fed on breast milk (WHO, 2004b).

Colostrum: Thick yellowish secretion from the breast within the first few days after delivery (WHO, 1999).

Pre-lacteal food: Giving the infant feeds or fluids before initiating breastfeeding after birth (WHO, 1999).

Initiation of breastfeeding: Whether the mother either puts the baby to the breast or the baby is given any of the mother's breast milk within the first 48 hours of birth (Department of Health, 2005).

Duration of breastfeeding: The length of time that infants who were initially breastfed continue to receive breast milk, even if also receiving other foods (WHO, 1999).