













**Table VI: Distribution of respondents according to knowledge of the advantages of exclusive breastfeeding**

<b>Knowledge about the benefits</b>	<b>Number (n=103)</b>	<b>%</b>
Infant protection against disease	55	53.4
Suitable for baby	22	21.4
Strengthens the bond of love and attachment between mother and child	34	33.0
Allows good growth of the child	58	56.3
Reassure the mother	15	14.6
Economic	16	15.5
Reduced fertility rate	21	20.4
Easy to digest	47	45.6
<b>Overall score</b>		<b>32.5</b>

It emerges from this table that:

- ✚ 56.3% mentioned the good growth of the child;
  - ✚ 53.4% spoke about infant protection against illnesses;
  - ✚ 45.6% think it is easy to digest;
  - ✚ 33% mentioned the strengthening of the emotional bond between the mother and her child;
  - ✚ 21.4% think it is suitable for babies;
  - ✚ 20% spoke about reducing the fertility rate;
  - ✚ The economy of financial means and the reassurance of the mother are respectively mentioned at 15.5 and 14.6%.
- Overall, the level of knowledge about the benefits is 32.5%.

**Table VII: Distribution of respondents according to knowledge of the practice of exclusive breastfeeding**

<b>Knowledge on the practice of AME</b>	<b>Number (n=103)</b>	<b>%</b>
Only introduce other foods from the 6 <sup>th</sup> month	61	59.2
Wash hands and nipple before breastfeeding	93	90.3
Sitting position while breastfeeding	99	96.1
Breastfeed the child for at least 15 minutes	62	60.2
Breastfeed the child on demand or at least 8 times in 24 hours	85	82.5
Give the child a good position to facilitate the return	73	70.9
Stop breastfeeding in case of certain illnesses in the mother (AIDS, Mastitis, etc.)	84	81.6
<b>Overall score</b>		<b>77.3</b>

This table indicates that:

- 96.1% of respondents know that women must be seated while breastfeeding;
- 90.3% know that hands should be washed before breastfeeding;
- 82.5% know that the child must be breastfed at least 8 times for 24 hours;
- 81.6% believe that breastfeeding should be stopped in the event of certain serious illnesses in the mother;
- 60.2% of respondents know that the child should be breastfed for at least fifteen minutes;
- 59.2% know that other foods should only be introduced from the 6<sup>th</sup> month after birth.

The level of knowledge of respondents regarding the practice of exclusive breastfeeding is 77.3%.

Considering the results concerning knowledge relating to the generalities, the advantages and then the practice of exclusive breastfeeding (tables V = 71.8%, VI = 32.5% and VII = 77.3%), we obtained a score final 60.5%.



#### IV. DISCUSSION

The aim of the study was to determine the level of knowledge of pregnant women received at the CPN of CH Ngondo Maria on exclusive breastfeeding. Only the determination of this level is dealt with in the work without claiming to identify the explanatory factors. However, the characteristics of these pregnant women have also been described. However, the discussion focused mainly on the phenomenon studied.

##### **Information on exclusive breastfeeding**

The results of this study show that 4 out of 5 respondents, ie 80% of pregnant women, had received information on exclusive breastfeeding and that the main channel for this information was the health professional.

This reality seems to differ from that of Slama et al. (2010), who found that among the women surveyed, only 44% had been informed about the importance of breastfeeding and its benefits, which is very insufficient (14) .

Although 80% of respondents claim to have had information on the AME, the greatest concern remains both in our context at the level of the quality of information transmitted by the professional incriminated for this purpose and especially the circumstances in which could have taken place the maintenance to this matter as the aforementioned author indicates it.

**Regarding knowledge of the benefits and the practice**, the study shows that 77.3% of respondents have knowledge of the practice of exclusive breastfeeding and only 32.5% know the benefits of exclusive breastfeeding.

These results are similar to those found by other authors. Ngarambe (2006) reports that 70% of women knew that the child should be suckled on demand. 21% of pregnant women did not know the benefits of breastfeeding for the benefit of the child, although 79% cited at least one benefit of AM, and also 51% had no knowledge of the benefits of AM for the benefit of the mother (15) .

Those found by Gatoya C. (2003) at Kigeme Hospital with 204 wet nurses showed that 77.5% experienced a benefit from AM, compared to 13.7% who experienced none. Concerning the period of introduction of supplement, the latter was poorly known, because 40% had located it early, ie before 6 months (16) . They also resemble those found by Nlenda et al. (2017) in Cameroon: where only 28.8% of women felt that AM is the best mode of feeding for infants under 6 months.

In general, breastfeeding should be exclusive until the age of 6 months, followed by mixed breastfeeding with complementary foods until the age of 2 years and beyond. The United

Nations organization explains that baby food is very important because it allows him to grow, to be strengthened and to be protected against many dangers (1) .

WHO (2019) supports that breastfeeding is one of the most beneficial factors in ensuring good neonatal, infant and child health as well as child growth and development. In addition, a breastfed child gets less sick compared to one who is fed artificial milk.

In short, it's perfect nutrition, it provides protection, aids cognitive development, it's ready and portable, size doesn't matter, it has benefits for mothers too, builds a relationship special, its benefits continue as the baby grows, it's good for the planet and good for the budget (17) .

Having only a level of knowledge estimated at 60.5% in the present study, pregnant women should rather have sufficient knowledge about AME in order to observe the rules. This would allow them to maximize their chance of good practice for the well-being of the baby.

## CONCLUSION

The knowledge of pregnant women on exclusive breastfeeding remains to be desired. An awareness campaign on the advantages of the AME would allow the latter to raise their level in this matter.

Thus, the National Reproductive Health Program should produce reading leaflets on exclusive breastfeeding in order to allow all pregnant women to become acquainted with this practice and organize conferences-debates through the media on AME.

It is important for health personnel to be able to: mobilize and sensitize pregnant women to follow the ANC, where special emphasis will be placed on the child's diet; reinforce messages related to exclusive breastfeeding during prenatal and postnatal consultations, then inform mothers to continue exclusive breastfeeding up to 6 months after birth.

The pregnant women themselves should, in view of our results, respect the schedule of the visits of the CPN in order to participate in the education sessions to acquire the necessary knowledge in terms of health in general and AME in particular.

It would also be desirable to broaden the scope of the study in order to reach consistent conclusions and conduct a study that can identify the predictors of knowledge about AME and its practice in our context.

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## Declaration of conflict of interest

The authors declare that they have no conflict of interest.

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