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# EXCLUSIVE BREASTFEEDING IN KINSHASA: KNOWLEDGE OF 103 PREGNANT WOMEN RECEIVED AT THE PRENATAL CONSULTATION OF THE NGONDO MARIA HOSPITAL CENTER

**Atuba Mamenepi Pascal [1], Mangbala Ekibe Didier [2], Mokili Sambwa Yves [3], Andjelani Ngongo Angel [4], Kiala Dimbu Honorine [5], Kadiata Bukasa Augustin [6*], Baitobongwa Félicien [7], Vincente Esamboy Pandjo [8], Tshimungu Kandolo Félicien [9]**

[1, 2, 3, 4, 5, 6, 7, 9] Section of Nursing Sciences, Higher Institute of Medical Techniques of Kinshasa, Democratic Republic of Congo;
[8,] Section of Midwives, Higher Institute of Medical Techniques of Kinshasa, Democratic Republic of Congo.
**Corresponding author: Kadiata Bukasa Augustin**

Email: augustinkadiata@gmail.com : Tel +243852000789



ABSTRACT

*The aim of this study was to assess the level of knowledge of pregnant women on exclusive breastfeeding at CH Ngondo Maria.*

*This is a quantitative cross-sectional study with a descriptive aim carried out with 103 pregnant women received in CPN from CH Ngondo Maria in June 2019. The data was collected using a questionnaire and analyzed on SPSS 21.*

*The results show that 77.3% had knowledge about the practice of exclusive breastfeeding; 71.8% had already expected to talk about it and only 32.5% knew the advantages of exclusive breastfeeding. Overall, the level of knowledge of pregnant women on exclusive breastfeeding was 60.5% at the CH Ngondo Maria.*

*In 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.*

***Keywords: Exclusive breastfeeding; knowledge ; prenatal consultation***

## I. INTRODUCTION

The best diet for a child from birth to six months is exclusive breast milk (1,2) . This means that the child must feed exclusively on breast milk with no other foods, water or other additional liquids except for medicines and vitamins on medical indications (3)

Studies show that exclusive breastfeeding can improve a baby's cognitive development. Breast milk contains antibodies that help protect the baby against illnesses such as tummy bugs, colds, urinary tract infections, and stomach infections. hear. It can even help protect the baby against serious illnesses; such as diabetes and childhood leukemia (4) or even tooth decay (5) .

In view of all these benefits, all children should be subjected to this diet. This is not obvious given globalization where mothers are more involved in their work to the detriment of the little ones while they must give priority to practice (6,7) . Because, research shows that breastfeeding allows prevent breast cancer deaths and protect women against ovarian cancer. It likewise facilitates planned birth being one of natural contraceptive method (8) .

In addition, several studies put forward an estimate, adopted by the WHO, of around 800,000 annual deaths of young children that could be avoided if exclusive breastfeeding (AME) were generalized in the world (9) .

Non-compliance with this diet is linked to several factors such as the use of the bottle, the work of the mother as well as the lack of advice on the AME during the ANC, the lack of postnatal advice (10,11) in addition to the lack knowledge which could be due to a low level of schooling and information (12) .

Despite some encouraging progress in the rate of exclusive breastfeeding in the DRC (48% in 2013 against 24% in 2007), very few women continue to breastfeed until six months and do not do so correctly (13) . The Demographic Health Survey (EDS) also indicates that women do not have sufficient knowledge about exclusive breastfeeding.

In order to contribute to the promotion of exclusive breastfeeding in Kinshasa, this study was initiated to assess the level of knowledge of pregnant women on exclusive breastfeeding at the Center Hospitalier (CH) Ngondo Maria.

## II. MATERIAL AND METHOD

**Specification** : it is a transversal and descriptive quantitative study. It aims to determine the level of pregnant women's knowledge of exclusive breastfeeding.

**Population:** the target population consists of all pregnant women who attended CH Ndondo Maria during the study period.

**Sampling:** we carried out a non-probability sampling of the accidental type. This made it possible to reach 103 pregnant women after strict application of the following inclusion criteria: being a pregnant woman admitted to the CPN department of CH Ngondo Maria during the study period; agree to answer the questions and be present during the survey. Non-lucid and sick pregnant women were excluded given their state of health.

**Method** : this is a prospective survey carried out at the Center Hospitalier Ngondo Maria, one of the health institutions of the Provincial Health Division of Kinshasa

**Technique:** we used the face-to-face structured interview technique. This choice is motivated by the goal pursued in the research, but also the intellectual level of the target population.

**Data collection instrument** : the questionnaire used was designed on the basis of existing literature and was pre-tested before its final use in order to assess the understanding of it by the participants in the study. It essentially contains 2 parts: the characteristics of the respondents, then their knowledge of the generalities, the advantages and then the practice of AME. It was designed in French and has been the subject of a reverse translation in Lingala.

**Variables of the study:** this descriptive study has for variable studied, the ***level of knowledge on the AME.*** It is obtained from a series of items representing the indicators of this knowledge. Thanks to some preliminary calculations, the score obtained out of 100 is considered as the level of knowledge. The overall score is obtained by considering the three levels explored (namely: general notions; advantages as well as knowledge on the practice of AME).

**Data analysis** : data were entered in Microsoft Office Excel 2013 and then exported to SPSS version 21 software for statistical analysis. The frequencies were used to describe the different characteristics and to determine the level of women's knowledge of exclusive breastfeeding.

**Ethical consideration** : the study was authorized by the authorities of the health facility concerned. In addition, a free and verbally informed consent was the starting point of the investigation. Confidentiality and anonymity were essential. There was no manipulation on humans or animals.

## III. RESULTS

### 1. Profile of respondents

**Table I: Distribution of respondents according to socio- demographic characteristics**

| Sociodemographic characteristics | Number (n=103) | % |
|---|---|---|
| **Age range (in years)** | | |
| 16 – 20 | 28 | 27.2 |
| 21 – 25 | 31 | 30.1 |
| 26 – 30 | 20 | 19.4 |
| 31 – 35 | 15 | 14.6 |
| 36 – 40 | 7 | 6.8 |
| 41 – 42 | 2 | 1.94 |
| Mean ± SD | 25.5±6.4 | |
| **Marital status** | | |
| Married | 71 | 68.9 |
| Single | 31 | 30.1 |
| Divorced | 1 | 0.97 |
| Widow | 0 | 0 |
| **Ethnic group** | | |
| mongala | 15 | 14.5 |
| mukongo | 56 | 54.4 |
| Moluba | 22 | 21.4 |
| Swahili | 10 | 9.7 |
| **Gesture** | | |
| primigest | 49 | 47.6 |
| Multigesture | 54 | 52.4 |



We observe that:

- The respondents were aged from 16 to 42 years with an average of 25.5 ± 6.4 years and a predominance in the 21 and 25 years bracket;
- The majority, 68.9%, were married women;
- 54.4% were of Kongo ethnicity;
- 52.4% already had a previous pregnancy.

**Table II: Distribution of respondents according to socio- economic characteristics**

| Socioeconomic characteristics | Number (n=103) | % |
|---|---|---|
| **Mother's occupation** | | |
| Household | 67 | 65.1 |
| worker | 26 | 25.2 |
| student | 10 | 9.7 |
| **Occupation of spouse** | | |
| Unemployed person | 22 | 21.4 |
| Worker | 70 | 68.0 |
| Student/pupil | 11 | 10.6 |
| **Level of well-being (income)** | | |
| Low | 35 | 34 |
| Average | 68 | 66 |
| Pupil | 0 | 0 |

Note from this table that:

More than half of respondents or 65.1% were housewives;
68% of their spouses were workers;
And 66% had an average level of well-being.



**Table III: Distribution of respondents according to socio-cultural characteristics**

| Sociocultural characteristics | Number (n=103) | % |
|---|---|---|
| **Religion** | | |
| Christianity | 100 | 97.1 |
| Islam | 2 | 1.93 |
| Any | 1 | 0.97 |
| **level of instruction** | | |
| Uneducated | 11 | 10.7 |
| Primary | 10 | 9.71 |
| Secondary | 73 | 70.9 |
| Higher and university | 9 | 8.74 |

It emerges that:

- Almost all of the respondents, ie 97.1%, were Christians (Catholic, Protestant, and the so-called Revival Church);
- 70.9% had secondary education.

**Table IV: Distribution of respondents in relation to information on exclusive breastfeeding**

| AME Information | Number (n=103) | % |
|---|---|---|
| **Information received** | | |
| Yes | 80 | 77.7 |
| No | 23 | 22.3 |
| **Information channel** | **(n=80)** | |
| Health professional | 58 | 72.5 |
| School/reading | 7 | 8.75 |
| Media | 12 | 15 |
| Church | 2 | 2.5 |
| Others | 1 | 1.25 |

The results show that 4 out of 5 respondents had received information on exclusive breastfeeding and that the main channel for this information was the health professional.

**2. Pregnant women's knowledge of exclusive breastfeeding**

**Table V: Distribution of respondents according to general knowledge about exclusive breastfeeding**

| General knowledge | Number (n=103) | % |
|---|---|---|
| Have an idea about the AME | 70 | 68.0 |
| Knowledge of the exact meaning of AME | 64 | 62.1 |
| Know the mandatory nature of the AME | 88 | 85.4 |
| **Overall score** | | **71.8** |

From this table, the following observations emerge:

- 85.4% of respondents know that the child must be put to the breast from birth;
- 68% have an idea of exclusive breastfeeding;
- 62.1% know the exact meaning of exclusive breastfeeding.

Overall, this level of general knowledge is estimated at 71.8%.

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

| Knowledge about the benefits | Number (n=103) | % |
|---|---|---|
| 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 |
| **Overall score** | | **32.5** |

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**

| **Knowledge on the practice of AME** | **Number (n=103)** | **%** |
|---|---|---|
| Only introduce other foods from the 6th 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 |
| **Overall score** | | **77.3** |

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 6th 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.

## REFERENCES

1. Breastfeeding, the best mode of feeding for infants, reminds the WHO [Internet]. UN Info. 2013 [cited 2019 May 15]. Available at: https://news.un.org/en/story/2013/07/271472-breastfeeding-best-feeding-mode-for-infants-recalls

2. Breastfeeding [Internet]. [cited 2019 May 15]. Available at: https://naitreetgrandir.com/fr/etape/0_12_mois/alimentation/fiche.aspx?doc=naitre-grandir-lactating-maternal-advantage

3. New directions for promoting breastfeeding in health care settings around the world [Internet]. [cited 2019 May 15]. Available at: https://www.who.int/fr/news/item/11-04-2018-who-and-unicef-issue-new-guidance-to-promote-breastfeeding-in-health-facilities-globally

4. Gauthier D, Sainte-Justine Hospital, Committee for the Promotion of Breastfeeding, Breastfeeding. Montreal: Editions de l'Hôpital Sainte-Justine; 2002.

5. Branger B, Camelot F, Droz D, Houbiers B, Marchalot A, Bruel H, et al. Breastfeeding and early childhood caries. Review of the literature, recommendations, and prevention. Arch Pediatr Organ Off Soc Francaise Pediatr. 2019 Nov;26(8):497 - 503.

6. ILO: Making it possible for mothers to breastfeed their children at work [Internet]. 2012 [cited 2022 Jan 15]. Available at: http://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_186625/lang--fr/index.htm

7. Maternity at work: A review of national legislation. Findings from the ILO Conditions of Work and Employment Laws Database. Second edition [Internet]. 2010 [cited 2020 Jan 15]. Available at: http://www.ilo.org/global/publications/ilo-bookstore/order-online/books/WCMS_142158/lang--en/index.htm

8. Hassoun D. Natural contraceptive methods and barrier methods. RPC contraception CNGOF. Gynecology Obstetrics Fertil Senology. 2018 Dec;46(12):873 - 82.

9. Soulé M, Thoueille E. Breastfeeding: a dynamic to understand. Ramonville Saint-Agne: Eres; 2003.

10. Traoré M, Traore I, Thiero O, Sidibé A, Maiga H, A. Maiga O, et al. Factors associated with the cessation of exclusive breastfeeding in rural and urban areas in Mali. Public health. 2019;31(3):451.

11. Yeneabat T, Belachew T, Haile M. Determinants of cessation of exclusive breastfeeding in Ankesha Guagusa Woreda, Awi Zone, Northwest Ethiopia: a cross-sectional study. BMC Pregnancy Childbirth. 2014 Dec;14(1):262.

12. Ben Slama F, Ayari I, Ouzini F, Belhadj O, Achour N. [Exclusive breastfeeding and mixed feeding: knowledge, attitudes and practices of primiparous mothers]. East Mediterr Health J Rev Sante Mediterr Orient Al-Majallah Al-Sihhiyah Li-Sharq Al-Mutawassit. 2010 Jun;16(6):630 - 5.

13. Second demographic and health survey (EDS-RDC II 2013-2014) - Democratic Republic of the Congo [Internet]. ReliefWeb. [cited 2022 Jan 15]. Available at: https://reliefweb.int/report/democratic-republic-congo/deuxi-me-enqu-te-d-mographique-et-de-sant-eds-rdc-ii-2013-2014

14. Slama B, Ayari I, Ouzini O, Belhadj O, Achour N. Exclusive breastfeeding and mixed breastfeeding: knowledge, attitudes and practices of first-time mothers. World Health Organ - Reg Off East Mediterranean [Internet]. 2010 [cited 2022 Jan 16];16(6). Available at: http://www.emro.who.int/emhj-volume-16-2010/volume-16-issue-6/article-08.html

15. Ngarambe A. Assessment of the level of knowledge of pregnant women on breastfeeding, case of the health center of Gitwe [Internet]. Memory Online. 2006 [cited 2022 Jan 16]. Available at: https://www.memoireonline.com/12/08/1781/Appreciation-level-knowledge-women-pregnant-lactating-maternal-gitwe.html

16. Gatoya C. Study on the practice of exclusive breastfeeding at the KIGEME district hospital about 204 cases. 2003.

17. Canada, Public Health Agency. 10 good reasons to breastfeed your baby [Internet]. 2002 [cited 2022 Jan 16]. Available at: https://www.canada.ca/en/public-health/services/health-promotion/childhood-adolescence/stages-childhood/early-childhood-birth-two-years/breastfeeding-nutrition-infant/10 -good-reasons-to-breastfeed-your-baby.html