

Knowledge, Attitude, and Practice of Breastfeeding Mother at a National Hospital in Phnom Penh, Cambodia

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Abstract— This research aimed to study the knowledge, attitude, and intention to practice regarding breastfeeding by using modified questionnaires together with literature reviews and following the principle of steps for doing validity and reliability of research tools. The sample answered questionnaires by themselves. There were 119 postpartum mothers, dividing into 59 primiparous and 60 multiparous mothers. They were recruited by convenient sampling technique according to the study inclusion criteria. These mothers were the clients, who had been successful delivered in 24 to 72 hours at a national hospital in Phnom Penh, Cambodia. Sample size was obtained according to the G-power program version 3.1, with a statistical discriminate power of 0.95. The findings revealed that most of the samples were 25-31 years old (38,7%), finished primary school (88.2%), living in urban areas (82.4%), and having full-time employment (61.3%). Most of the sample was lack of the information about benefits of breastmilk to infant and mother health. The statistical analysis, based on Mann-Whitney-Wilcoxon test, comparison of breastfeeding knowledge between primiparous and multiparous mothers showed that they reached significant statistics different at 95% confidence (p -value=0.025). There were not statistically significant different between primiparous mothers and multiparous mothers for the scores of the attitude and intention to practice of breastfeeding. Mothers should be educated about information regarding benefits of breastfeeding to infant and mother health. Benefits of breastfeeding information should be provided to adolescents before having a cohabit and bringing to gain attitude and intention to practice of breastfeeding. The information about techniques of quality breastmilk pumping and stock for mother who work outside their homes were necessary.

Keywords— Breastfeeding, KAP, Multipara, Primipara, Urban Area.

I. INTRODUCTION

Breastfeeding (BF) is the best way of giving the children to get nutrient-rich, good health at the beginning of infant lives that applies to future life well-being [1]. The infant breastfeeding after delivery first to six months is exclusive breastfeeding which has a positive impact on the quality of life of both infant and mother via economically and a part of social development. It could be saved children from some infectious diseases, for examples diarrhea, respiratory tract infection, necrotizing enterocolitis, urinary tract infection, and late-onset sepsis in preterm infants. It was the way of saving morbidity because breast milk contained immunity, nutrients, and gave energy for child growth and development from the first life until six months of infant age [2]. Moreover, there were other

reasons for promoting a mother's health and reducing mortality by preventing postpartum haemorrhage, increasing rapid uterine involution, and decreasing non-communicable diseases such as breast cancers and ovarian cancers, maternal obesity, diabetes, hypertension, and coronary heart disease [3]. Data showed that there was 20,000 maternal died of breast cancer per year [4]. Among the top of the female death report, that breast cancer was the most common cause of maternal death, which stayed in rank 8 [5]. Breastfeeding may one of the ways of saving the healthcare system of \$312 million in the US, \$48 million in the UK, \$30.3 million in urban China, and \$6 millions of payment for childhood illness in Brazil 2012 [4, 5]. The plan to increase breastfeeding prevalence of WHO and UNICEF in the first 6 months was up to at least 50% globally by 2025 via the result of the breastfeeding rate showed in 194 nations, has EBF in only 40% of infants younger than six months. The plan of WHO and UNICEF showed that the exclusive breastfeeding rates and duration under the target prevalence and Cambodia had the breastfeeding rates under the target of global breastfeeding concerned [6, 7]. Cambodia was one of the developing countries which was adopted this concept to the national policy guidelines for promoting and supporting breastfeeding practice [8]. Cambodia's breastfeeding prevalence seemed to increase by 11% to 75% from 2000 to 2010 and then dropped down to 65% in 2014 as a report to the Ministry of Health of Cambodia [9]. A similar study reported in the same year of HKI in 2014 on exclusive breastfeeding rates in an area of poor urban at Phnom Penh city showed that it had only 39% which remains under the target [10]. As the logistic analysis, the breastfeeding mother knowledge was toward breastfeeding's practice. The influencing factors were the maternal background as the primiparous or multiparous mother, maternal age, maternal education, maternal occupation, maternity leave, mode of giving birth, place of giving birth, supporting by health care system, and social support. The attitude of a breastfeeding mother was the way of breastfeeding mother thinking or feeling about breastfeeding that was effective with the decision- making of breastfeeding practices. Moreover, the culture, religion, motivation, and confidence were influenced by the mother's attitude toward breastfeeding practice. The breastfeeding practice of mothers was very important to study, and it included the factors

influencing breastfeeding practices such as maternal background and support.

This study used the KAP model as a conceptual framework as well as the knowledge, attitude, and practices of breastfeeding mothers toward breastfeeding practice [11]. The knowledge was associated with breastfeeding benefit information because the breastfeeding mother's attitude was related to the way of mother thinks such as motivation, confidence, cultural, religious factors. In addition, the mother practices were also linked with maternal background and support [10, 11, 12].

II. METHODS

This study examined the knowledge, attitude, and practices of breastfeeding by using the KAP model, among 119 postpartum (59 primiparous and 60 multiparous) mothers who got successful delivery within 24 to 72 hours in the Khmer-Soviet Friendship National Hospital in Phnom Penh, Cambodia. The data collection started after got approval from the proposal from the KKU ethics committee from February 2021 to April 2021. It was conducting the research purposive sampling technique with the postpartum mothers after delivery who were eligible and presenting with inclusion criteria for the study.

A. Sample Size Calculation

This study used the G-Power Program version 3.1 was employed to calculate the numbers of sample size estimate assuming 0.15 effect size, a type 1 error alpha of 0.05 [14], with a statistical power of 0.95 [14], and a sample size of 119 participants.

B. Inclusion Criteria

In this study samples were selected from the Khmer-Soviet Friendship National Hospital in Phnom Penh, Cambodia. The sample determined by the following as the inclusion criteria. Postpartum mothers who were: 1) aged 18 years and above, 2) giving birth and staying at postpartum care in Khmer-Soviet Friendship hospital, 3) in 24 to 72 hours after delivery, 4) able to communicate and understand the Khmer language, 5) having pain score less than 3 points, and 6) willing to participate in the study

C. Exclusion criteria

The following conditions of mothers were exclusion criteria; the mother who, 1) delivered twin babies, 2) got medical problem during pregnancy such as diabetes mellitus, or hypertensive disorder, 3) faced obstetric problem such as preterm birth (less than 37 weeks of gestation), unnormal baby, or postpartum haemorrhage (more than 500ml).

D. Instrument

Collection of the data consisted of fourth sections: A: The first section has 13 items which collected the demographic data of the samples that were personal background including maternal age, level of education, occupation, marital status, mode, and type of delivery. B: The second section has 15 items to measure the knowledge questionnaire of the

participants about breastfeeding modify from previous study [15] which were two possible responses for each item (true, or false). The correct answer got 1 score and incorrect got 0 score. Divided the answer scores into three groups. C: The third section regarding attitude items, there were 10 questions and modified from the Iowa Infant Feeding Attitude Scale (IIFAS-SF) in, which had been adopted to study by other studied [16, 17]. It was multiple choices with 1 to 5 scoring for strongly disagree to strongly agree [18].

E. Data analysis

These study data were recorded and analyzed by using SPSS version 22, demographic data were analyzed by descriptive statistics such as percentages and frequencies. The knowledge, attitude, and practice of breastfeeding among postpartum mothers were analyzed by descriptive statistics. The comparison of knowledge, attitude, and practice between primiparous and multiparous mothers tested with independent Mann Whitney test analysis and Chi-Square Test. In all analyzes, a p-value of <0.05 was considered as statistically significant.

F. Ethical Consideration

The study received approval from the Ethical Committee in Human Research at Khon Kaen University [KKUEC] for protecting the right of the participants. Subsequently, the researcher obtains approval from the National Ethics Committee for Health Research [NECHR], ministry of health in Cambodia.

III. RESULTS

A. General Characteristics of the Participants

There were 119 participants participated the study. The mode of age was 28, with 18 to 45 years old (SD= 6.43). 49.6% of them were the primiparous (PP) mothers (n=59), and 50.4% were the multiparous (MP, n=60). 83.2% of them stayed in urban areas (n=99) and 16.8% were in rural (n=20). The age of samples of primiparous mothers were 18 years old to 24 group about 62.7% (n=37), 25-31 years old group was 30.5% (n=18), 32-38 years old group was 5.1% (n=30). As for the multiparous mother age group, it found as followings, 18-24 for 6.7%; 25-31 for 46.7%; 32-38 for 35%; and more than 38 years old for 11.7%. Most of the sample had finished the primary school or below (lower than grade 9) for 86.4% (n=51) for the primiparous, and 90% (n=54) for the multiparous groups. Most of the samples lived in the urban areas in terms of 79.7% (n=47) for the primiparous, where 20.3% (n=12) for living in the rural part, For the multiparous mother stayed in rural areas for 15% (n=9), and in urban for 85% (n=51). Religion of primiparous mothers were Buddhism for 86.4% (n=58), and Muslim 1.7% (n=1). As for the multiparous was Buddhism 86.7% (n=52), and Muslim for 13.3% (n=8). It can be noticed that Buddhism is the key religious for the samples in this study. It was noticed that the multiparous mothers were more likely interested in giving breastfeeding than the primiparous was. Regarding to experiences of getting involve with breastfeeding, all the multiparous mothers answered of having experiences of giving

breastfeeding for 100%, while the primiparous had not this experience before. Used to get information about breastfeeding practice, in terms of breastfeeding pumping, and breastmilk storage, the primiparous answered “yes” for 26.9% (n=32), and the multiparous did so for 45% (n=27). This can be noticed that the multiparous mothers were more likely faced with the information of breastfeeding than the primiparous mothers were.

B. Overall Knowledge about Breastfeeding of the Sample

All 119 of mothers who participated in this study answered a minimum score at the level of 3.00, and the maximum of 10.00. Results of calculating for the mean scores were 5.6975 with the standard deviation (S.D.) of 1.57068.

TABLE 1. All samples knowledge scores about breastfeeding

The Sample	Min	Max	Mean	Std. Deviation
Knowledge of BF	3.00	10.00	5.6975	1.57068
Valid N (listwise)	119			

a. Breastfeeding Knowledge Based on Maternal Group

Regarding to knowledge of breastfeeding among two groups of mothers, it was found that there were 59 primiparous mother who had the mean knowledge scores of 5.3729 with the standard deviation of 1.33776. In addition, the total 60 of multiparous mother had the mean breastfeeding knowledge scores of with the standard deviation of 6.0167. (See Table 2).

TABLE 2. Breastfeeding Knowledge Based on Maternal Group

Maternal group	N	Mean	SD	Std. Error Mean
PP	59	5.3729	1.33776	.17416
MP	60	6.0167	1.72216	.22233

D. Overall Attitude about Breastfeeding of the Sample

All 119 of mothers who participated in this study had minimum attitude scores to breastfeeding at the level of 18, and the maximum of 38, results of calculating for the mean scores were 31.96 with the standard deviation of 4.985.

TABLE 3. Overall Attitude about Breastfeeding of the Sample

Attitude of BF	Valid N	Min	Max	Mean	SD
	119	18	38	31.96	4.985

a. Breastfeeding Attitude based on Maternal Group

Regarding to attitude toward giving breastfeeding among two mother groups, it was found that there were 59 primiparous mother who had the mean attitude toward giving breastfeeding at 32.88 with the standard deviation of 3.737. In addition, the total 60 of multiparous mother had the mean score of giving breastfeeding were at 31.05 with the standard deviation of 5.855, see Table 4.

TABLE 4. Breastfeeding Attitude based on Maternal groups

Maternal group	N	Mean	Std. Deviation	Std. Error Mean
PP	59	32.88	3.737	.487
MP	60	31.05	5.855	.756

F. Mother Intention of Timing for Giving Breastfeeding after Delivery

Most of the postpartum mothers who had intention to give breastfeeding after giving birth for more than 24 hours were 83.2% (99 mothers). About 15.1% (18 mothers) preferred to give breastfeeding for their baby within 1-24 hours after birth, and the rest 1.7% intended to give breastfeeding one hour after giving birth.

TABLE 5. Mother Intention of Timing for Giving Breastfeeding after Delivery

Timing for Breastfeeding	Fre	%	Cumulative %
> 24 hr.	99	83.2	83.2
1 - 24 hr.	18	15.1	98.3
0 - 1 hr.	2	1.7	100.0
Total	119	100.0	

G. The Persons Who Support the Samples to Give Breastfeeding

The 92.4% (n = 110) of the postpartum mothers perceived that their supporter for breastfeeding were family members. The rest of mother supporters were health care providers for 5%, and their friends for 25%, respectively.

TABLE 6. The Persons who Support the mother to Give Breastfeeding

Persons	Numbers	Percentage	V Percentage
Family	110	92.4	92.4
Health Care Provider	6	5	5
Friend	3	2.5	2.5
Total	119	100	100

H. Feeling Comfortable about Breastfeeding

The 55.5% (n= 66) felt uncomfortable during giving breastfeeding. Whereas 42% of mother expressed that they felt comfortable during doing so. The rest of 2.5% of mothers replied that they could not identify the answer, see Table 7.

TABLE 7. Feeling Comfortable about Breastfeeding

Mother Feeling	Numbers	Percentage	V Percentage
Not sure	3	2.5	2.5
Uncomfortable	66	55.5	55.5
Comfortable	50	42.0	42.0
Total	119	100.0	100.0

J. The Experiences of Stop Breastfeeding

The 86.6% (n = 103) gave the opinion that formula feeding was preferable than breastfeeding. These brought the reason to stop breastfeeding. Whereas 12.6% (n= 15) gave the reason of stop breastfeeding due to their body problems.

TABLE 8. The Experiences of Stop Breastfeeding

The Reasons	Numbers	Percentage	V Percentage
Child problems	1	0.8	0.8
Formula feeding preferable	103	86.6	86.6
Mother problems	15	12.6	12.6
Total	119	100.0	100.0

K. Resource Available for Successful Breastfeeding Support in Living Areas

The 79% (n= 94) perceived that there was no resource available for successful breastfeeding support. In addition,

17.6% (n= 21) presented their nearby health care center could be helpful for them about breastfeeding. Whereas 3.4% (n= 4) mentioned that neighborhood health volunteers were available to support them.

TABLE 9. Resource Available for Support Successful

Resources	Numbers	Percentage	V Percentage
No having	94	79.0	79.0
Health volunteers	4	3.4	3.4
Health Centers	21	17.6	17.6
Total	119	100.0	100.0

L. Resource Available for Breastfeeding Information

The 52.1% (n= 62) of mothers gave information that they did not know the resource of breastfeeding information. Whereas 26.1% (n= 31) of them replied that they obtained some breastfeeding information from some social media channels such as television. And 17.6% (n= 21) said that they got breastfeeding information from health care (HC) providers. A small number of mothers of 4.2% (n= 5) answered that they learned breastfeeding information from books.

TABLE 10. Resource Available for Breastfeeding Information

Resources	Numbers	Percentage	V Percentage
No resource	62	52.1	52.1
Books	5	4.2	4.2
Social media	31	26.1	26.1
HC	21	17.6	17.6
Total	119	100.0	100.0

M. Comparison of Breastfeeding Knowledge between the Primiparous and Multiparous mothers

Regarding to the statistical assumption test, the breastfeeding knowledge was abnormal distribution, so t-test was not able to apply. Mann-Whitney-Wilcoxon test was employed to calculate the comparison between primiparous and multiparous mother groups. The statistical analysis comparison of breastfeeding knowledge between primiparous and Multiparous mothers showed that they reached significant statistics different at 95% confidence (p-value=0.025), table 11.

N. Mother Planning on Frequency of Breastfeeding

TABLE 11. Comparison of Breastfeeding Knowledge between the Primiparous and Multiparous mothers

Groups	Knowledge		Test		
	Mean Rank	Sum of Ranks	Mann-Whitney U	Z	Sig. 2-tailed
PP-59	53.65	3165.50	1395.500	-2.249	.025
MP-60	66.24	3974.50			
Total-119					

However, there were not statistically significant different between primiparous mothers and multiparous mothers for the scores of the attitude and intention to practice of breastfeeding. Anyway, it was interesting that the results of daily frequency of breastfeeding answering by the two mother groups revealed the statistically significant difference at 95% level of confident (P-value=0.000), see Table 12.

TABLE 12. Mother Intention Planning of Daily Frequency of Breastfeeding

Times /Day	Daily BF frequency			Statistic test			
	PP	MP	Total	Chi-Square Tests	Value	df	Sig. 2-sided
1-4	23	6	29	Pearson Chi-Square	17.608 ^a	2	.000
5-6	35	45	80	Note: 1 cell (16.7%) have expected count less than 5. The minimum expected count is 4.96.			
>8	1	9	10				
Total	59	60	119				

IV. DISCUSSIONS

This descriptive study was carried out based on the KAP model to study the knowledge attitude and practice on breastfeeding of mothers who have been given birth in 24 hours in Cambodian hospital. Using quantitative method and questionnaire to study knowledge, attitude, and intention to practice of breastfeeding among mothers receipted services in one hospital of Cambodia was carried out. The questionnaires were modified from existing tools with formatted in standardized questionnaires, in terms of professional translation and back translation, content validity, reliability, trying out, and revising the questions. This study chose a KAP model as a backup study because this survey essentially records an “opinion” and was based on the “declarative” (i.e., statements) of mothers related to breastfeeding. In other words, the KAP survey could reveal what was said, and they might be considerable gaps between what was said and what was done. This information would be benefit not only breastfeeding promotion scheme in Cambodia, but also in developing countries around the world. The followings were discussion based on the study findings, and research objectives.

According to the results, the participants obtained the minimum and maximum scores of breastfeeding knowledges between 3.00 to 10.00 scores with the mean scores at 5.6975 (SD= 1.57068). In addition, most of them answered that they would initiate breastfeeding more than 24 hours after delivery. This finding was in line with the previous study that the sample had the mean scores of breastfeeding knowledges at 2,77 (SD= 0.83). and the mothers of this study also chose the answers to start their breastfeeding hours after childbirth. These findings could confirm that mothers who had limited knowledge of breastfeeding tended to begin breastfeeding late after delivery [10,15,19,20].

It could be noticed that most participants of this study came from low-income families. The results of the mother attitude toward breastfeeding revealed that a total of 119 of them obtained the minimum scores at 18 and the maximum scores at 38 with the mean at 31.96, (SD= 4.985). This finding could be interpreted that they were on the point of lower than the neutral level, which the standard tool [21], calculated the average score and as being the neutral level was 58.77 (SD= 4.74). These findings were in line with the other study, which revealed that the positive attitudes toward breastfeeding was significant relationship with family income [22]. Regarding to a positive attitude toward breastfeeding, the systematic review report indicated that they included the opinions of starting

complementary foods after six months and being aware that breastfeeding is beneficial to the child and better than artificial feeding [23].

The results of this study showed that the primiparous (mean scores=5.3729) and multiparous (mean scores=6.0167) mothers had significantly different of breastfeeding knowledge at 95% confidence (p-value=0.025). A similar study, the level of knowledge among multiparous (71%) were found more adequate than primiparous (47%) and significant difference was observed (P=0.001) [10]. However, there was in different direction in some studies such as the study revealed that primiparous mothers showed that a higher knowledge score compared to the multiparous mothers [24]. Other study reported that 61% of subjects had correct knowledge of exclusive breastfeeding but among the total multiparous mothers, only 35% were correctly practicing it which was observed higher rates [24]. Nevertheless, other study reported that the knowledge on breastfeeding among the primiparous and multipara mothers was similar [25]. So, it could be discussed that the factors of knowledge of mothers on breastfeeding had been depended on several conditions besides gestation experiences. This issue should be further study in the future.

Unfortunately, the statistical analyzed comparison between primiparous and multiparous mothers about their attitude toward breastfeeding, as well as intention to practice of breastfeeding issues, revealed no significant difference at 95% confidence (p-value>0.05). These findings were support from other study [10,25].

This study appeared important existing evidence about the KAP of mothers on breastfeeding information and recommended that an effective program to increase breastfeeding in Cambodia was needed. Future research into the effectiveness of the breastfeeding program could consider random assignment to conditions and test the effectiveness of the intervention in the study site to promote breastfeeding.

V. CONCLUSIONS

The evidence of mother knowledge, attitude, and practice was important to encourage the practice of breastfeeding rate and its duration. Healthcare providers should provide more breastfeeding knowledge to encourage and improve mothers to incredulous barriers toward breastfeeding prentice. Based on Cambodia context, the primiparous mothers should be educated about information regarding benefits of breastfeeding to infant and mother health. The information about techniques of quality breastmilk pumping and stock for mother who work outside their homes were necessary. Finally, this study results could be used as a reference or creating an intervention program for the next researcher in the future. In addition, breastfeeding knowledge, attitude, the practice for both prenatal and postnatal interventions to improve breastfeeding practices is strongly recommended.

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