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Original Research Paper

Awareness of Female Students In Medical Field About Breastfeeding And its Benefits

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ABSTRACT:
Breastfeeding is a fundamental human behavior that plays a crucial role in promoting well-being of both newborns and mothers. The recognition of advantages associated with breastfeeding has the potential to serve as a motivating factor for women in their decision to breastfeed. The objective was to measure level of knowledge and awareness among female medical students on significance, benefits, and unique circumstances associated with breastfeeding. Descriptive cross-sectional research was undertaken to examine a cohort of 100 female students, ranging in age from 18 to 24 years, at AL-Kindy College of Medicine in Baghdad, Iraq. The data were gathered using an online survey and analyzed with SPSS 24. Results showed that 97% of the students knew that breastfeeding is important and advantageous. However, 48% of students thought that both natural and artificial breastfeeding are the best for baby. 53% of students thought that child should continue breastfeeding up to 2 years. 69% of students thought that mothers who had an infectious disease should stop breastfeeding, and 54% agreed to stop breastfeeding if the baby had a respiratory or diarrheal infection. Most of the students did not know how to deal with breastfeeding if mother's nipple was cracked. Finally, about 52% of the students did not know if breastfeeding should start immediately or not after cesarean section. In conclusion, female participants in this research demonstrated an understanding of significance and benefits of breastfeeding. However, it was observed that they had some gaps in their foundational knowledge on breastfeeding and its associated challenges.

Keywords: Breastfeeding, Medical Students, Special Situation

INTRODUCTION:

The World Health Organization (WHO) and the American Academy of Pediatrics (AAP) advocate for breastfeeding as the optimal approach to newborn nutrition. Extensive evidence exists about the benefits of breastfeeding [1]. Numerous studies conducted in diverse nations have yielded compelling data supporting the notion that breastfeeding confers significant health advantages onto newborns, hence mitigating their susceptibility to a wide array of ailments including gastrointestinal and respiratory infections, diabetes mellitus [1] [2] Breastfeeding has been shown to have a positive correlation with the improvement of cognitive development and educational aptitude in toddlers and preschool-aged children [3]. Based on the already available data, the World Health Organization (WHO) has made a recommendation in favor of exclusive breastfeeding for a duration of 6 months. The recommended approach to nursing encompasses three key components: timely beginning within the first hour after birth, exclusive breastfeeding from birth until the infant reaches six months of age, and continued breastfeeding for a duration of at least two years or more [4]. Exclusive breastfeeding, as defined by the World Health Organization (WHO), refers to the practice of providing a newborn with breast milk exclusively, without the introduction of any other sources of nourishment such as solid food, liquids, or water. Human breast milk is a comprehensive source of energy, nutrients, and hydration that fulfills the requirements for optimum growth and development of infants throughout the first six months of life. The provision of natural passive immunization significantly mitigates the likelihood of respiratory infections and diarrheal illness in infants [5, 6]. Moreover, there exists empirical data supporting the notion that breastfeeding confers health advantages onto moms as well. Mothers have immediate advantages such as accelerated postpartum weight reduction and a postponed return of ovulation, leading to enhanced spacing between children [7]. Moreover, it has been shown that breastfeeding has a preventive effect against the development of ovarian cancer and pre-menopausal breast cancer. Breastfeeding has been shown to be correlated with a decrease in the occurrence of hip fractures in post-menopausal individuals.[8] Despite the well-documented

advantages associated with breastfeeding, the rates of breastfeeding initiation and continuation in several nations remain below the globally recommended standard of exclusive nursing for the first six months of an infant's life.[9]

Previous research on breastfeeding has shown a decline in both the frequency and length of breastfeeding with time, in contrast to the more positive rates seen in the 1950s. [10,11]. According to a recent communication by UNICEF, numerous countries persist in undervaluing the advantages of breastfeeding, despite the existence of evidence supporting its positive impact on both short-term and long-term outcomes. These benefits include its protective role against childhood infections, its potential to enhance intelligence, and its association with a reduced prevalence of diabetes and overweight conditions.[12]. The worldwide prioritization and advocacy for breastfeeding promotion and support is a crucial intervention for infant survival, as emphasized by the World Health Organization, which recommends exclusive nursing for a duration of six months. Nevertheless, it is important to acknowledge that in practice, some moms encounter challenges that prevent them from adhering to the recommended practice of exclusive breastfeeding. Several factors contribute to the early discontinuation of breastfeeding, including maternal lack of confidence in their ability to breastfeed, difficulties with infant latching or suckling, breast pain or soreness, perceptions of insufficient milk supply, and a lack of personalized encouragement from healthcare providers during the early post-discharge period. Certain challenges may be mitigated by the provision of prenatal education to women, which include informing them about the advantages of breastfeeding and ensuring they are psychologically prepared for the practice of exclusive breastfeeding. [13]. The importance of effective breastfeeding cannot be overstated in its role in addressing newborn malnutrition and contributing to the achievement of the fourth and fifth millennium development objectives, which focus on lowering child mortality and enhancing maternal health respectively (14). According to the existing facts, the accomplishments of both objectives remain significantly distant from the intended level of advancement [15]. The onset and duration of breastfeeding are impacted by a variety of interconnected variables, including health, emotional, cultural, political, and economic influences [16].

Education, work status, site of delivery, familial influence, and cultural norms are among the variables that impact choices related to the commencement and duration of breastfeeding in low-income countries [14].

According to a report by the World Health Organization (WHO) in 2015, it was predicted that a total of 5.9 million children under the age of five in Africa lost their lives due to illnesses that might have been prevented [17]. In impoverished nations, it has been shown that a significant proportion of mortality among infants under 12 months of age, namely 96%, may be attributed to suboptimal breastfeeding practices [18]. Pneumonia and diarrhea, which are among the primary factors contributing to mortality in infants and children, have been associated with more than 30% of fatalities in children under the age of five [19, 20].

India, Nigeria, the Democratic Republic of Congo, and Ethiopia accounted for almost 50% of child fatalities resulting from pneumonia and diarrhea on a global scale [19]. Research studies have shown that infants who are not exclusively breastfed for a duration of 6 months have a much higher risk of mortality due to pneumonia and diarrhea, with a 15-fold increase compared to infants who are exclusively breastfed [17, 21]. The implementation of optimal breastfeeding practices has been identified as a highly cost-effective technique for promoting child survival [22]. It has been estimated that in poor countries, the adoption of such practices might potentially lead to a 13% reduction in under-five death rates [21].

In summary, nursing is considered one of the most efficacious methods for safeguarding the well-being of both mothers and children, while also fostering robust growth and optimum development throughout the early stages of life. The central focus of a nation's endeavors to promote child survival and foster the development of robust, intelligent, and industrious communities should revolve on the empowerment and facilitation of mothers in their pursuit of breastfeeding.

OBJECTIVES:

1. To measure the awareness of female medical students about breastfeeding importance and advantages
2. to evaluate female medical students' understanding of breastfeeding practices, including typical length and exceptional circumstances.

METHODOLOGY:

Study design and participants:

This is a cross-sectional study conducted among female students in Al-Kindy college of medicine in Iraq _ Baghdad, to assess their knowledge and awareness about breastfeeding and its benefits.

Using an Online self-administered survey pre-piloting and pre-validated. This study did an online survey by using Google forms during the period December 2021 to January 2022. participants who didn't complete the online survey were excluded. We used online sample size calculator software to calculate the sample size, a convenient sample consisted of 100 female students aged between 18-24 years from different stages in college. The study questionnaire was developed and

structured into three sections. The first section consists of social characteristics including stage and residency. The second section consist of four questions about the importance and advantages of breastfeeding and one question about the duration of breast feeding. while the third part consist of five questions to assess students knowledge about breastfeeding in special situations (Breast feeding in pregnant women, with infectious diseases, if the baby develops diarrhea, if there is a crack in the mother nipple and after caesarian section).

Statistical Analysis:
The collected responses from the Google form were downloaded as Excel sheet then transferred to the IBM SPSS 24 for analysis then it was presented in form of tables of numbers with percentages.

Ethics and consent:
This study was approved by the Ethics Review Board of family and community department at Al – Kindy College of medicine.

The first page of the questionnaire included the consent form the participant to be involved in this study. Also, a participant consent for the futuristic usage of the information in other research studies or distributed to another instigator was taken. As this study was conducted by an online survey using Google forms, the E – mail of the participant was not required to complete the survey, so the confidentiality of the data was preserved. There was no obligation to the participants to complete the survey, so the voluntariness and participants autonomy was preserved

RESULTS:

Our results show that most participants are from the third with 47 participants. stage as shown in table 1

Table 1: stage frequency & percentage

	Frequency	Percent
First	14	14.0
Second	23	23.0
Third	47	47.0
Forth	6	6.0
Fifth	5	5.0
Sixth	5	5.0
Total	100	100.0

Majority of the female students 97% were aware that breastfeeding is important and advantageous.

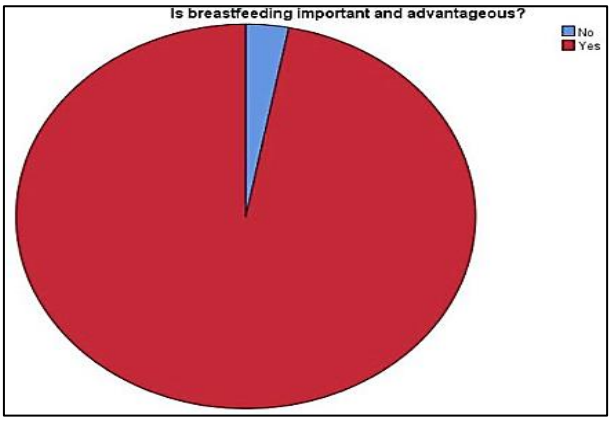

Figure 1: The percentage of students who answered the question regarding importance of breastfeeding. It shows that 3% of participants answered it is not important while 97% answered it is important.

As we can see from figure 1 that 97 participant (97%) were agreed that breastfeeding is important & advantageous, while 3 participants were disagreed.

Table 2: Frequency & percentage of students choice of the best for baby

	Frequency	Percentage
Natural breastfeeding	43	43%
Artificial formula feeding	9	9%
Both	48	48%

Breastfeeding has been shown to reduce the incidence of breast cancer also provide other benefits to the mothers as shown in figure 2.

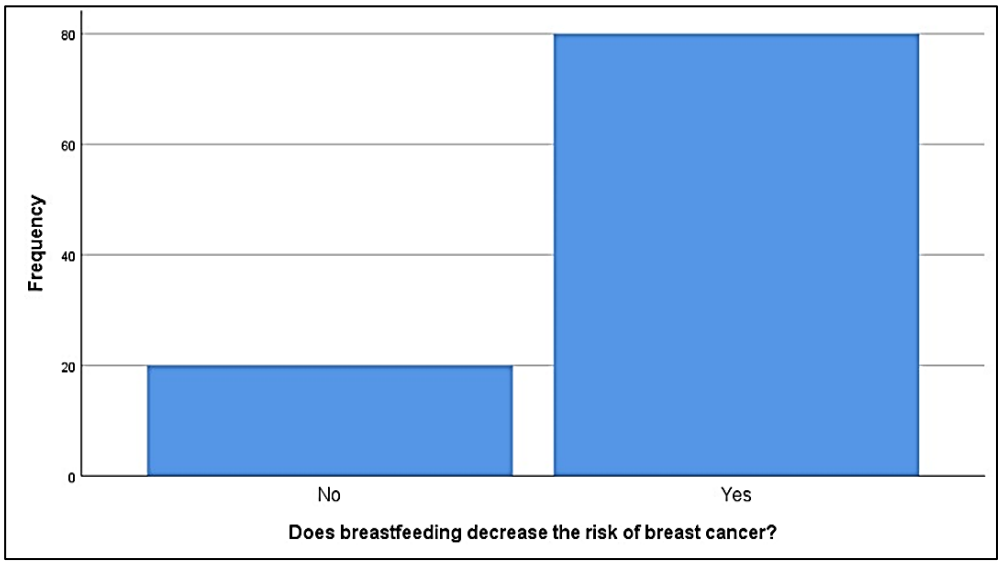

Figure 2: shows the frequency of students who said that breastfeeding could decrease risk of breast cancer. 20 % answered No and 80% answered Yes.

Exclusive breastfeeding may serve as a natural form of contraception. In Figure 3, it is evident that a majority of students, namely 56%, possess knowledge about the correlation between breastfeeding and a decrease in the likelihood of future pregnancy. Conversely, 44% of students lack awareness of this particular benefit.

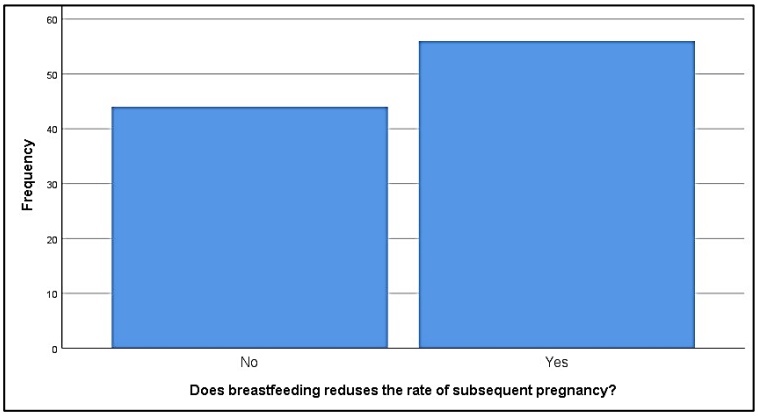

Figure 3: shows the frequency of students who said that breastfeeding could decrease risk of subsequent pregnancy, 44% answered No and 56% answered Yes

In relation to the understanding of the optimal length of breastfeeding, findings indicate that 26% of students hold the belief that infants should be breastfed for a period of up to 6 months. It is plausible that these students may be associating this duration with the practice of exclusive breastfeeding. According to a survey, 53% of students hold the belief that it is appropriate for infants to be breastfed until they reach the age of two. According to the data shown in Table 3, it is seen that 21% of students hold the belief that infants should be breastfed for a duration of up to one year.

Table 3: shows the frequency & percentage of students idea about how long the baby should breastfeed

	Frequency	Percentage
Up to 1 year	**21**	**21%**
Up to 2 years	**53**	**53%**
Up to 6 months	**26**	**26%**

Table 4 shows that 48 participant (48%) chose that both formulation is the best for baby while 43 participant (43%) chose natural breastfeeding and 9 participant (9%) chose artificial breastfeeding

Table 4 : Frequency & percentage of students choice of the best for baby

	Frequency	**percentage**
Natural breastfeeding	43	43%
Artificial formula feeding	9	9%
Both	48	48%

From table 5 we can see the commonest method is both of the methods (48 participants chose that). With p-value of 0.05 indicating a significant correlation between the feeding method & the living city.

Table 5: participants idea about the feeding method in different living cities in Iraq

		Where do you live?			
		Baghdad	Another govern-orate	Total	P-value
What do you think is best for the baby?	Natural breastfeeding	36	7	43	0.05
	Artificial formula	3	6	9	
	Both	35	13	48	
Total		74	26		

As we can see from table 6: the most frequent answer about how long the baby should breastfeed was up to 2 years.

Table 6: shows the frequency & percentage of students idea about how long the baby should breastfeed

	Frequency	**Percentage**
Up to 1 year	21	21%
Up to 2 years	53	53%
Up to 6 months	26	26%

In the event that the mother is afflicted with an infectious condition, it is important to note that as long as the skin of the breast remains unaffected, there is no discernible danger of transfer via breast milk. There have been no documented cases of infants contracting toxin-mediated diseases via the transmission of toxins through breast milk. When inquiring about the continuation of breastfeeding during maternal infectious disorders, it was found that just 11% of individuals were aware that an infected woman should continue nursing. Additionally, 69% of respondents believed that breastfeeding should be continued based on infectious disease guidelines, while 20% held the belief that breastfeeding should not be continued and cease the practice of nursing as shown in figure 4.

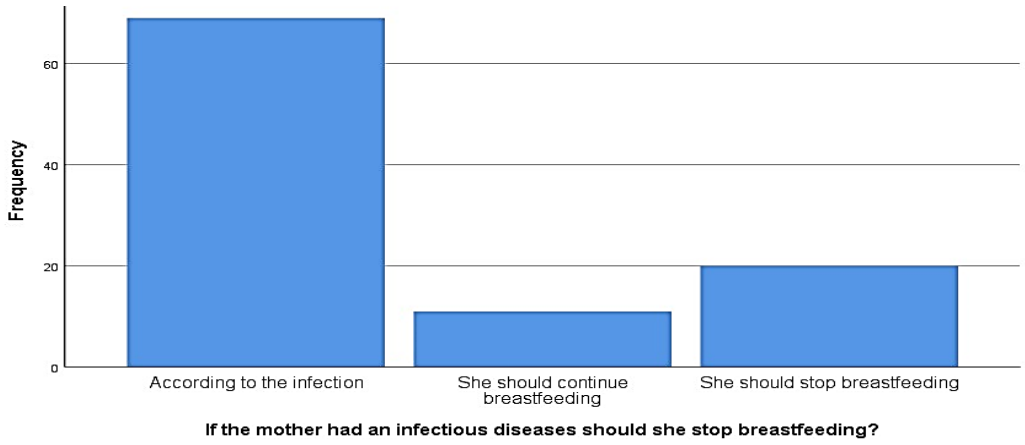

Figure 4: shows how students answered the question about if the mother has infectious disease, should she stop breastfeeding.

As we can see from table 7 that most of the participants agreed to stop breastfeeding if mothers nipple has a crack (24%) while 28% didn't and 48% answered they don't know.

Table 7: shows students thoughts about how to deal with breastfeeding if there was a crack in mother's nipple.

	Frequency	Percentage
Breastfeeding should be stopped	24	24%
Breastfeeding shouldn't be stopped	28	28%
Don't know	48	48%

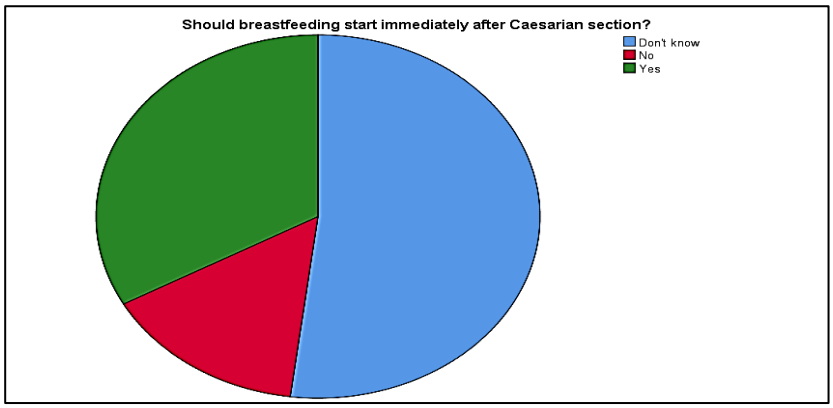

Figure 5: shows the frequency of students' answers about whether the breastfeeding should start immediately or not after cesarean section. 52% don't know, 33% answered yes and 15% answered no.

There is no statistically significant relationship between where a woman lives and her opinion on how long she should continue breastfeeding during pregnancy (Table 8), with 50% of Baghdad respondents believing this to be true and 13% of respondents from other governorates agreeing.

Table 8: shows how students answered the question about if the mother can continue breast feeding or he should stop if she becomes pregnant.

		Where do you live?			
		Baghdad	Another governorate	Total	P-value
Should pregnant woman continue breastfeeding?	She can lactate for a few months	50	13	63	0.113
	She should stop immediately	24	13	37	
	Both	35	13	48	
Total		74	26	100	

DISCUSSION:

Regarding the benefits of breastfeeding, a significant majority of female students, namely 97%, demonstrated awareness of the importance and advantages associated with this practice. Furthermore, a significant proportion of medical students at Ziauddin University in Karachi [23] and Mansoura University in Egypt [24] demonstrated knowledge on the benefits of breastfeeding. In a separate study conducted in Nigeria [25], it was shown that although 93% of the participants acknowledged the significance of breast milk, 51.6% of them exhibited a negative opinion towards nursing, associating it with breast sagging.

The findings indicate that 9% of female students hold the belief that commercially available artificial formula milk should be given to infants. This suggests a lack of understanding among these individuals, maybe stemming from the misconception that formula milk is readily accessible and should be administered to babies without considering its potential drawbacks.

According to the findings, a significant proportion of female students, namely 43%, hold the belief that commercially available artificial formula milk should not be administered to infants, as they consider mother's milk to be the optimal source of nourishment for newborns. Additionally, a slightly higher percentage of female students, namely 48%, advocate for a combination feeding approach, which involves a mix of nursing and formula feeding, as the most favorable option. In a separate survey conducted among female students in Indore [26], it was found that 17% of participants opted for formula milk instead of nursing. Conversely, 80% of respondents expressed

their belief that breastfeeding is the optimal method for infant feeding. A small proportion of participants, around 3%, could not provide a clear response, perhaps due to confusion or lack of awareness on the topic.

Research has shown that breastfeeding is associated with a decreased occurrence of breast cancer, as well as offering other advantages to mothers, including a less likelihood of developing endometrial and ovarian cancers. [27]

The findings indicate that a majority of female students, namely 80%, have knowledge on the association between breastfeeding and a reduction in the likelihood of developing breast cancer. Comparable findings were seen among medical students from Ethiopia, Pakistan, Angola, and Egypt [28]. Research done in Saudi Arabia, namely in the cities of Makkah and Taif, revealed that a significant proportion of medical students, 63.0% and 80% respectively, recognized that abstaining from breastfeeding might potentially contribute to a higher occurrence of breast cancer (BC). [29]

In a separate study conducted among medical students at a private institution in Syria, it was found that 89 students (29.6%) held the belief that parental breastfeeding might potentially offer a danger factor for breastfeeding. [30]

Exclusive breastfeeding may serve as a natural form of contraception. In general, a majority of students (56%) had knowledge on the correlation between breastfeeding and a decrease in the occurrence of future pregnancies, whereas a minority (44%) lacked awareness of this particular benefit. The outcomes were similar. In a separate survey conducted among medical students at Ziauddin University,

According to a study conducted by [31], it was found that 52% of the students surveyed were aware of the fact that breastfeeding has the potential to decrease the likelihood of future pregnancies. The research conducted on female college students also revealed that 48% have knowledge on the contraceptive properties of breastfeeding.[32]

The findings indicate that 26% of students hold the belief that infants should be exclusively breastfed for a duration of up to six months. According to a survey, 53% of students believe that infants should be breastfed until they reach the age of 2. It is worth noting that these students possess a fundamental understanding of breastfeeding. According to a survey, it was shown that 21% of students hold the belief that infants should be breastfed for a duration of up to one year.

Another study conducted among females in Indore [26] had similar findings. According to the research, 59% of the students believed that infants should be breastfed exclusively for a duration of 6 months. Additionally, 30% of the students expressed the opinion that breastfeeding should continue until the child reaches 2 years of age, while 6% of the students believed that breastfeeding should be maintained for a period of 1 year.

In cases when the mother is afflicted with an infectious condition, it is important to note that transmission via breast milk does not pose a concern as long as the skin of the breast remains unaffected. There have been no documented cases of toxin-mediated diseases in infants resulting from the transmission of toxins via breast milk [33].

When inquiring about the continuation of breastfeeding during maternal infectious illnesses, it was found that only 11% of respondents were knowledgeable of the recommendation for infected mothers to continue nursing. In contrast, 69% of respondents were in accordance with the guidance provided by infectious disease experts, while 20% believed that infected mothers should discontinue breastfeeding.

In a prior study conducted in Egypt [24], the results indicated that the percentage of favorable responses about the infectious illness varied from 18.1% to 31.5%. Similarly, another research conducted at Ziauddin University [23] found that 38% of students were aware of the need of infected mothers continuing breastfeeding.

In relation to health complications experienced by infants, it was found that 46% of the surveyed students had knowledge on the appropriate course of action for breastfeeding in the event that the baby gets diarrhea or a respiratory infection. Specifically, these individuals were aware that breastfeeding should be maintained in such circumstances. The findings of this research align with the results of a study done in Saudi Arabia [34] and a separate study conducted on medical students in Pakistan, which revealed that around 50% of the participants were knowledgeable of the need of continuing nursing in children with diarrhea [23]. Further research conducted on nurses in Karachi similarly indicated that fewer than 50% of participants have knowledge on the need of continuing breastfeeding in children experiencing diarrhea [35]. at contrast, a significant proportion of Primary Healthcare Providers (PHCPs) at health facilities in Iraq (98%) would recommend that mothers persist with nursing even in the event of their infants experiencing diarrhea [36].

The findings indicate that 24% of female students hold the belief that breastfeeding should be discontinued in the presence of any nipple cracks. Additionally, 48% of respondents expressed uncertainty, reflecting a lack of information of the potential consequences of cracked nipples, such as increased severity or maternal discomfort. The data indicates that a minority of female students, namely 28%, have the belief that breastfeeding should not be discontinued. This finding suggests that these individuals possess a level of awareness and knowledge about the absence of danger associated with breastfeeding in this particular

circumstance. In a survey conducted among female medical students in Indore [26], the findings indicate that 70% of respondents expressed the opinion that breastfeeding should be discontinued, while 27% of participants believed that breastfeeding should continue. It is worth noting that 3% of female students chose not to provide a response to the issue.

According to the standards for educating community health professionals in nutrition (37), it is not necessary for a nursing woman to discontinue breastfeeding upon becoming pregnant. Although there may be a reduction in milk production, the overall quality of the milk remains satisfactory. Additionally, it is important to note that nursing during the first months of pregnancy does not have any adverse effects on the developing baby inside the uterine environment.

In the present research, a significant proportion of students, namely 63%, demonstrated awareness of the possibility of a pregnant woman doing certain activities. According to the survey results, a significant proportion of respondents (37%) expressed the opinion that the individual in question should discontinue nursing after several months. In a separate research conducted in Iraq, it was found that 64% of Primary Health Care Providers (PHCPs) advocated for the continuation of breastfeeding for many months when the woman gets pregnant (reference 36).

According to a survey conducted in the United Kingdom, a notable proportion of health professionals, namely 23%, expressed agreement with the notion that breastfeeding should be discontinued in the event of pregnancy. Additionally, an additional 22% of respondents indicated uncertainty on this matter [38]. According to a study conducted in Saudi Arabia, it was found that around 32% of healthcare professionals recommended the immediate cessation of nursing once a woman became pregnant [39]. According to a research conducted on college students in Saudi Arabia, it was found that 64% of female college students held the belief that a woman should discontinue nursing promptly upon becoming pregnant [34].

Research has shown that Caesarean delivery has negative implications for exclusive breastfeeding, as well as the administration of anesthetic and pain management, which may hinder milk production and delay the commencement and continuation of nursing [40].

However, it is recommended that breastfeeding initiation occurs as early as possible, ideally within the first few hours after birth [41]. A study conducted among students revealed that around 33% of respondents believed that breastfeeding should commence immediately after a Caesarian section. During a research investigation conducted in Egypt [24] According to the findings, a mere 10.8% of students had the belief that breastfeeding ought to begin promptly after a Caesarian section.

According to a prior study conducted in Pakistan, around 40% of medical students have knowledge on the prompt initiation of breastfeeding after a Caesarean section [23]. Approximately 66% of primary healthcare providers (PHCPs) in Iraq have the accurate knowledge to provide the proper response [36].

CONCLUSIONS:

The female students enrolled at Alkindy Medical College possess an understanding of the significance and benefits of breastfeeding, recognizing it as the optimal feeding method for infants. However, they exhibit a deficiency in fundamental knowledge pertaining to breastfeeding and its associated complications.

Study limitations

This research is a monodisciplinary investigation including only female students inside a solitary medical institution. The findings may not be universally applicable to the whole population of medical students in Iraq.

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