

KNOWLEDGE, ATTITUDES AND PRACTICES OF EXCLUSIVE BREAST-FEEDING OF INFANTS AGED 0-6 MONTHS BY URBAN REFUGEE WOMEN IN KIGALI

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ABSTRACT

This study aims at determining the knowledge, attitudes and practices of urban refugee women regarding the exclusive breastfeeding (EBF) in order to promote its practice among this group of population and increase the number of women who adhere to it for achieving a better development of their children. The specific objectives of the study are to determine the urban refugee women's knowledge regarding EBF, to identify their source of information about EBF, to assess their attitudes towards EBF and to determine EBF practice rate among these women. This is a descriptive cross-sectional study. It involves 90 urban refugee women who had children aged six months to two years during the period of the study. The study was conducted between January 2011 and mid-February of the same year.

The main results are the following: 74.4% of the mothers have correct knowledge about the EBF, and the health facilities are reported to at 90 % their main source of the information 71.1% of the mothers have positive attitude towards EBF, but 34.4 % practised EBF up to 6 months. There is no significant correlation between the dependant and the independent variables ($p > 0.05$).

The factors leading the mothers in the study to such low practice of EBF, which are not captured by this study, might be anchored in their cultural or traditional practices. For almost all of the mothers come from the same country: the Democratic Republic of the Congo; mainly from the East of the country.

Therefore, as a recommendation, a qualitative research should diligently be conducted in order to dig up the reasons for these women's failure in practising EBF to six months. In addition, the women's sensitisation for EBF practice should continue and be enhanced.

Keywords: knowledge - attitudes - practice - exclusive breastfeeding (EBF)

RESUME

La présente étude vise à déterminer la connaissance, les attitudes et la pratique des femmes réfugiées en milieu urbain, en matière de l'allaitement maternel exclusif afin de promouvoir la pratique de cette méthode d'allaitement au sein de ce groupe de population et d'accroître le nombre de femmes qui y adhèrent pour un développement meilleur de leurs enfants. Ainsi, l'étude a pour objectifs spécifiques de déterminer le niveau de connaissance, d'identifier la principale source d'information, d'évaluer les attitudes, et de déterminer le niveau de pratique de femmes réfugiées en milieu urbain concernant l'allaitement maternel exclusif jusqu'à six mois à dater de la naissance du nourrisson.

C'est une étude transversale à visée descriptive. Elle a été conduite auprès de 90 femmes réfugiées vivant à Kigali qui avaient des enfants âgés de six mois à deux ans pendant la période de l'étude, c'est-à-dire entre janvier 2011 et mi-février de la même année.

Les principaux résultats de l'étude sont: 74.4 % de femmes réfugiées en milieu urbain ont une bonne connaissance concernant l'allaitement maternel exclusif, et les formations sanitaires constituent à 90% la principale source d'information. 71.1% de ces mères ont une attitude positive vis-à-vis de l'allaitement maternel exclusif, mais seules 34.4% d'entre elles ont exclusivement allaité leurs nourrissons jusqu'à six mois. En outre, aucune corrélation significative n'a été établie entre les variables dépendantes et les variables indépendantes ($p > 0.05$).

Les facteurs contribuant à un tel faible taux d'allaitement maternel exclusif parmi les mères réfugiées en milieu urbain n'ont pas été identifiés par la présente étude, ils peuvent être cachés dans leurs pratiques culturelles ou traditionnelles, car presque la totalité de ces mères proviennent d'un seul pays: la République Démocratique du Congo; principalement de l'Est de ce pays.

Ainsi, nous recommandons qu'une étude qualitative soit diligemment conduite auprès de cette population pour déceler les vraies causes de leur échec dans l'allaitement maternel exclusif jusqu'à six mois. En outre, nous recommandons que la sensibilisation de femmes réfugiées en milieu urbain pour l'allaitement maternel exclusif continue et soit renforcée.

Mots-clés: connaissance - attitudes - pratique - allaitement maternel exclusif

INTRODUCTION

Breastfeeding and exclusive breastfeeding in particular, is one of the major strategies which help improve infants' nutritional status and survival, for at least half of the almost 10 million deaths of children younger than 5 years old every year are a direct or indirect consequence of malnutrition [1]. This is the reason why WHO and UNICEF have formulated global recommendations for optimal infant feeding: exclusive breastfeeding for six months (180 days) and breastfeeding up to two years of age or beyond [2]. Unfortunately, only 35% of infants younger than 6 months, approximately one-third of the newborns,

are exclusively breastfed worldwide [1].

In developed countries, around 2005, less than 25% were exclusively breastfed up to six months from their birth [2]. In Norway, Sweden and the United States of America, for example, the rate of EBF ranged from 7% to 13.8% only [3, 4].

Conversely, in developing countries breastfeeding is a very common practice, but there exist serious obstacles to practicing it until six months from the infant's birth [5, 6]. Consequently, its prevalence in many of those countries is very low [6]. As an illustration, two separate studies showed that the prevalence of EBF to six months in Brazil and Bangladesh were respectively 4% and 16% [7, 8]. In Rwanda, the EBF prevalence for the first six months after birth was 38% in 2009 [9]. If the EBF prevalence is

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such low among Rwandan women, one wonders what happens among the refugee women who might have limited access to some information due to language barrier, for not all of them are good at Kinyarwanda.

The specific objectives of the study are: to determine the urban refugee women's knowledge regarding EBF, to identify their source of information about EBF, to assess their attitudes towards EBF and to determine EBF practice rate among these women.

METHODS

This is a descriptive cross-sectional study. It was conducted on the urban refugee women who had six months to two years old children during the period of the study (January to mid-February 2011). The concerned women were interviewed at Africa Humanitarian Action (AHA) at Kimihurura, where they receive primary medical care and attend several programmes.

In order to attain the specific objectives, the mothers involved in the study were asked some questions as explained below.

To determine the participants' knowledge regarding EBF, they were requested to tell whether they had heard of it, to say how long an infant should be exclusively breastfed and to state at least one of the benefits that EBF offers. Therefore, a mother was considered to have appropriate knowledge about EBF when she reported that she was informed about it, stated that the ideal duration of EBF was six months and gave at least one of the EBF benefits in infant (viz. protection from various infections, good growth, immune system development, brain and intelligence development, birth spacing, among others).

To know the source of information of these women about EBF, they were asked to tell how they were informed about this feeding method.

In order to determine the participants' attitudes towards EBF, they were asked whether they were favourable to EBF, if they could encourage other women to adhere to the practice and whether they could practice it next time they had a child. A woman's attitude was judged positive towards EBF when she answered that she was favourable to it, admitted to encourage other women to adhere to it and agreed that she would practice it when she next got a child.

To identify the practice of EBF, the mothers in the study were asked when they initiated the breastfeeding and how many months they exclusively breastfed their infants before introducing any sorts of drink, such as water, and any kinds of food in the child diet. A woman was said to have a good practice of EBF when she reported that she initiated breastfeeding during the 1st hour of her child's life and did not feed the child with any other drink or food until he/she was six months old.

Due to a small number of participants, an exhaustive sampling technique was applied to determine the sample size. Thus, 90 women were thoroughly interviewed using a questionnaire.

Chi square test, with significant level fixed at 5%, was used to determine whether there was association between dependent and independent variables.

RESULTS

Knowledge of the urban refugee women regarding EBF
As table 1 display, 74.4 % of the interviewed women have correct knowledge about EBF.

Table 1: Knowledge of urban refugee women regarding EBF

Variable	N	%
Knowledge of the urban women regarding EBF		
Women with knowledge about EBF	67	74.4
Women without knowledge about EBF	23	25.6
Total	90	100.0

Source of information about EBF for urban refugee women
According to 90.3% of the respondents, the main source of information about EBF is health facilities. Table 2 contains the details.

Table 2: Source of information about EBF

Variable	N	%
Source of information		
Health facility	65	90.3
Media	2	2.8
Husband	1	1.4
Friend	1	1.4
Other sources	3	4.2
Total	72	100.0

Urban refugee women's attitudes towards EBF

As displayed by table 3, a larger proportion (71.1%) of the interviewed mothers have positive attitude towards EBF.

Table 3: Overall attitudes of the participants towards EBF

Variable	N	%
Attitudes of urban refugee women towards EBF		
Positive attitudes	64	71.1
Negative attitudes	26	28.9
Total	90	100.0

EBF practice among the mothers in the study

According to table 4, 34.4 % of the women involved in this study practiced EBF to 6 months.

Table 4:: EBF practice among mothers

Variable: EBF duration	N	%
6 months	31	34.4
Less than 6 months	59	65.6
Total	90	100.0

Chi square test has shown no significant correlation between the dependent variables, that is, knowledge-attitudes and practice of urban refugee women regarding EBF, and the independent variables: age-education level-profession – marital status of both mothers and their partners, ($p > 0.05$). Therefore no further analyses were needed.

Lack of influence of independent variables on dependent variables may lead to inference that these mothers' failure to practise EBF up to 6 months would be due to phenomena anchored in their cultural or traditional practices.

DISCUSSION

The current study has revealed that the majority (74.4%) of the urban refugee women involved in the study have correct knowledge about EBF, knowledge that they mainly acquired from health facilities. This level of EBF knowledge, in comparison with same knowledge rates in different communities in the world may be considered satisfactory. As an illustration, one of the poorest levels of knowledge regarding EBF (3.2%) was revealed by a study conducted on Pakistani women [10]. A study conducted in Mbarara Hospital, in the Republic of Uganda in 2003, showed that EBF knowledge level among the women was 73.8%, which is rather closer to findings in the current study [11].

As for the attitudes, the majority (71.1%) of the urban refugee women have a positive attitude towards EBF to 6 months.

Effective implementation of EBF to 6 months is the ultimate goal of disseminating appropriate knowledge and promoting positive attitude regarding EBF. But, although the participants in this study have enough knowledge about and good attitudes towards EBF, their practice of it is very low: only 34.4% of them practised EBF to 6 months. A similar situation was portrayed by a study conducted in the University of Nigeria Teaching Hospital, where more than 90% of participants had an adequate knowledge of EBF, but only 21.2% practised it as required [12]. Another study on the Palestinian refugee

women living in Jordan, a group with a status similar to the one of our study population, showed a lower EBF rate, only 24.6% of these women practised EBF up to 6 months [13]. The EBF prevalence in the current study is unacceptable since nearly 66% of urban refugee children were not exclusively breastfed up to 6 months. This might lead to an increase of their exposure to risks related to disorders and illnesses such as lower and upper respiratory tract infections (including acute otitis media), atopic dermatitis and asthma in young children, overweight and obesity in older children and adults, high blood pressure, diarrhoea and so on, in childhood and even through adult life [14]. In addition, the EBF practice rate displayed by this study may apparently be considered as a relapse referring the rate in Rwanda (38%), the country in which these women live, and the rate in the Democratic Republic of the Congo (36.1%), the country from which the great majority (90%) of the participants come [15].

CONCLUSION

Basing on the findings of our study, the majority of the urban refugee women have adequate knowledge and positive attitude towards EBF, and their main source of information remains the health facilities. This is justifiable by the fact that all the pregnant women among the urban refugees have easy access to health services, thanks to the health care support that Africa Humanitarian Action (AHA) offers to refugees in Rwanda. However, the EBF practice among the urban refugee women is appalling. As a result, their children might develop any sort of complications due to lack of proper breastfeeding, hence, this is a serious public health problem.

Therefore we recommend that AHA and United Nations High Commission for Refugees (UNHCR) should, on the one hand, organise a sensitisation campaign in order to increase the EBF practice among the urban refugee women, emphasizing the importance and the duration of the EBF practice for 6 months. On the other hand, they should conduct or help to conduct a qualitative research in order to dig up reasons of such poor practice of EBF to 6 months among the urban refugee women.

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