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THE DOCTORS OF PUBLIC HOSPITALS, PERCPTIONS, PRACTICES AND INFORMATIONS OF BREAST FEEDING

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Abstract:

Objective: *The research was aimed at the determination of awareness, practice and knowledge about breast feeding in those doctors who are married and used to work at Nishtar Hospital, Multan.*

Study Design: *The research study is by design descriptive and Cross-sectional descriptive.*

Study Setting: *Nishtar Hospital's married doctors were selected for the research study.*

Duration: *Research Study commenced from April, 2015 and completed on July, 2015.*

Sample Size: *Sample of the research consisted on 100 from 476 female doctors of Nishtar Hospital, Multan.*

Data Analysis: *Manual data entry was carried out. Percentages and frequencies were also calculated. Graphs and tables were used for the representation of data.*

Results: *Age of the doctors reflected that majority of the doctors were (44%) were in the age limit of 29 – 38 years. Seventeen grades doctors were sixty-two percent of the total.*

Importance of breast feeding was very clear to all the doctors and they also knew that it is a healthy activity. Doctors were well aware about the healthy activity of breast feeding their proportion was 84 percent. This act of breast feeding can be extended to two years was known 80 percent of the doctors and continuation in the case of maternal and infant disease was known to 44 and 98 percent of the doctors. Almost 82, 3 and 95 percent of the doctors respectively breastfed children, immediately and regularly breastfed and gave colostrum to children. Doctor who were not feeding their children were ten percent of the total as they were prescribed by the milk formula preference and prescription.

Conclusion: *All the married female doctors were well aware of breast feeding advantages and importance. Maximum doctors were feeding their children. The advantages and reasons behind feeding their own breast feeding included being healthy, in-expensive, safe, economical, fortification against breast cancer and good immunity. Doctors who were not feeding their children with their own breast had few reasons like jobs, pain, preference of milk formula and medical condition.*

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INTRODUCTION:

Reviews of studies from developing countries show that infants who are not breastfed are 6-10 times more likely to die in the first months of life than infants who are breastfed [1]. Breastmilk provides optimum nutrition and confers other essential properties associated with immunity, maturation and intelligence. The wide spectrum of immunological protection provided ranges variable from anti-infective properties, anti-allergic to protection against various infections Breastmilk also provides the vital components for maturation of GIT and aids in absorption certain proteins that make up the fraction of the milk are known to induce sleep, furthermore hormones such as prolactin and oxytocin are known to be calming agents [2, 3]. There is also an element of assistance to the society through decreased health care cost as the incidence of ill health in nursed newborns is reduced [4, 5].

It has been demonstrated that adults who were breastfed as infants have better blood pressure and cholesterol profiles, in addition to low-weights and incidence of Type II diabetes.7 Factors that are positively associated with breastfeeding at 6 months include a very strong desire to breastfeed, her child how had breastfed oneself as baby. On the other hand, factors that are negatively associated with feeding at 6 months include a women having no intention to breastfeed, like not attending childbirth education, maternal obesity and having self-reported anxiety or depression [6, 7]. Nursing of infants provides an extensive array of positive outcomes for the mother such as contraceptive properties which provide a natural spacing between successive births, it acts as a natural family planning tool and there has been affirmative association with decreased incidence of breast cancer. Furthermore, it aids women in attaining their pre-pregnancy weight. Also oxytocin, a critical hormone released during nursing causes the involution of the uterus. Despite the many benefits of breastfeeding, many women do not choose to practice breastfeeding due to lack of knowledge, inability to do so, mother's employment, unfriendly hospital practices, advertisement of breast milk substitutes, mothers ill health, ignorance or personal choice [8].

Breastfeeding is associated with reduced risk of otitis media, gastroenteritis, respiratory illness, SIDS, necrotizing enterocollitis and hypertension Variables that many influence breastfeeding include race, maternal age, maternal employment, level of education of parents. Socioeconomic status, insufficient milk supply, smoking, parity, method of delivery, maternal interest and other related factors [9]. According to a previous research conducted in 2012, the discontinuation of breastfeeding before 2 years of age contributes to the malnutrition and increased susceptibility to infection [10]. The objective of this study was to evaluate the knowledge and practice of breastfeeding and to access factors associated breastfeeding and how to develop new strategies to promote BF among the doctors of reproductive age of Nishtar Hospital, Multan.

Literature Review:

A community based cross sectional study was conducted on 307 rural mothers in Egypt. The report said the majority of the mother had good knowledge about the advantages of breastfeeding for child. Most of the mother (94.8%) agreed that breastfeeding protects child from infection, (96.1%) agreed that it was healthy for infants, (76.5%) agreed that breast milk lead to loss of figure and (83.4%) agreed that breast feeding should be avoided during mother's illness. About (84%) initiated breast feeding immediately after delivery and (42.7%) offered pre-lacteal feeds to baby before lactation [11]. About 30 quarter (74.2 %) of mother fed colostrum.6. A cross sectional study was carried out in health workers in Nigeria in 2012. Findings indicated that human milk was acceptable to 97.2% of participating health workers. All participants approved of BF and giving colostrum to newborns. However, 83% identified < 7 months as the recommended length of BF duration 83% specified > 6 months and 83.3% indicated 4-6 months, only 36.1% knew that breastfeeding should last for a period of 2 years and beyond. 33% of the respondents could not name more than two components of breast milk and 75.1% failed to identify more than 3 advantages of breast feeding [12].

Total of 384 women participated 119 (31%) participants started breast feeding their children with in 1 hour of delivery, while BF for 6 months was reported only by 32 participants (8.3%). Insufficient breast milk and work related problems were the main reasons for stopping breast feeding before 2 years. A cross-sectional study was adopted in nurses who having child aged 6-12 months in Abha city 2014. A total of 120 women participated overall; mother's breast feeding knowledge was good among more than half of them (55.3%) and excellent among 30.7% of them while it was unsatisfactory among 14%. Breastfeeding in the first six months was practiced by 24.7% of the participated mothers. Of them only 7.3% practiced BF. Work related problems (46.2%), insufficient breast milk (34.2%), maternal health problems (14.9%) and neo-natal health problems (9.7%) were commonly reported barriers against

BF.9

A cross-sectional study was conducted in Ajman UAE. The study included 332 mothers having child less than 5 years of age. Only 46% of the participants exclusively breast fed their babies in the first 6 months. Higher proportion of women who had received ante-natal education during their pregnancies, exclusively breast fed their babies, but the association was no statistically significant. Higher frequency of BF was observed within low parity. Higher frequency of breast feeding was noticed among women who had not experienced any difficulty in breast feeding ($P > 0.05$) and who had not sought medical advice on problems during breast feeding ($P < 0.05$). Family and friends were identified to be the main source of information with regard to breast feeding (74.7%).10

A cross–sectional study was conducted on 200 physicians of Zia Uddin University belonging to the specialties of Pediatrics, Gynecology /Obstetrics, General Medicine and Family Medicine. The participants filled a structured questionnaire after informed consent. The results showed that a total of 200 physicians participated in the study.97% of the respondents Practiced exclusive breast feeding for the first six months of life. Formula feeding was also considered equally acceptable by 66.5%. Pre-lacteal feeds were forbidden by 74% and 82% of the participants had not attended any continuing medical education (CME) program on breast feeding in the last 03 years.11

A report published in 2012 on a study conducted using non-probability purposive sampling, resident doctors and nurses of the Obstetrics and Pediatrics departments fulfilling in Jinnah Hospital Lahore. The reports showed that in a total of 133 respondents, 78 (59%) doctors and nurses were interviewed from the Obstetrics department and 55 (41%) doctors and nurses were interviewed from the Pediatrics departments. Regarding practices related to breast feeding, 58(74%) and 48 (89%) out of 133 respondents. This concluded that there is poor knowledge and practices regarding breast feeding among the health care workers of the tertiary level hospital as they had not received any proper in service training while working their respective departments.12

Methodology:
Cross sectional descriptive study. The Study was conducted on Married doctors working in Nishtar Hospital, Multan.

Data Analysis:
Data was entered and analyzed manually. Frequencies and percentages were calculated. The data was presented in the form of tables and graphs.

Table No.1
Income of Respondents:

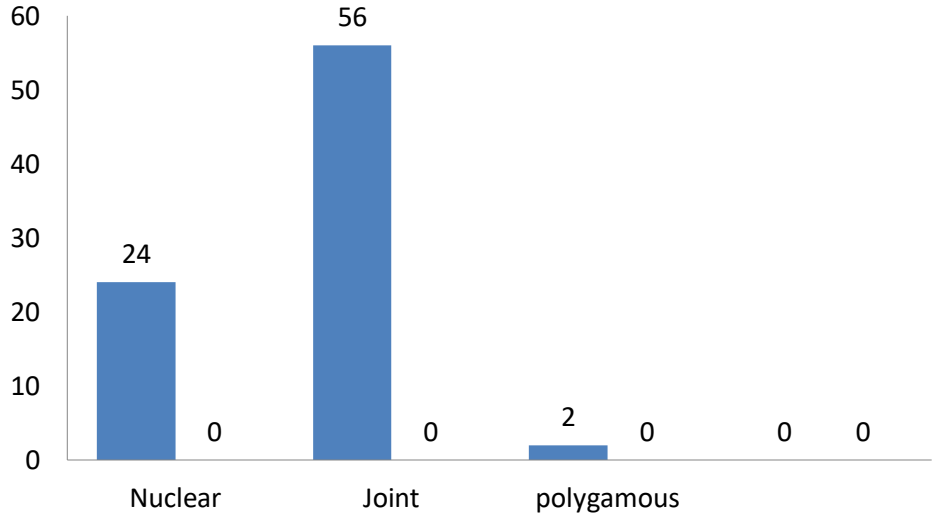

Fig.No.1: Type of Family of respondents

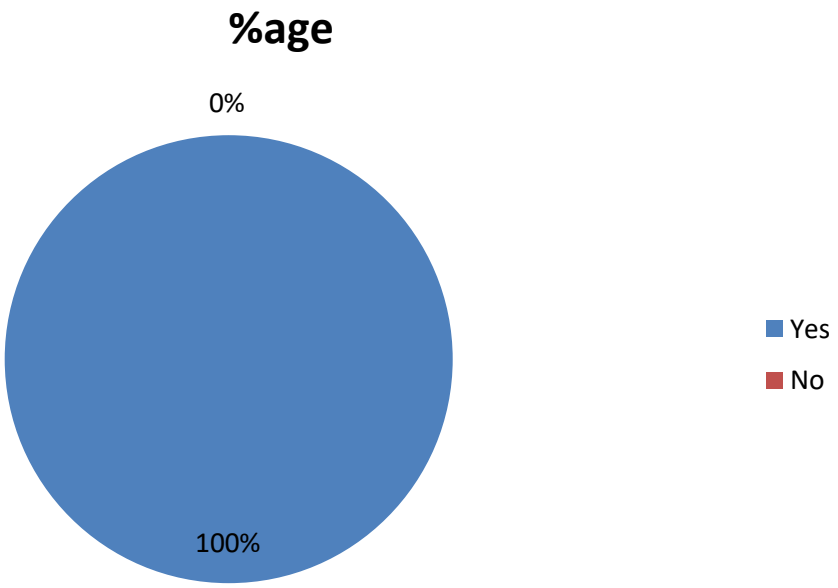

Fig No.2: Knowledge about importance of breast feeding

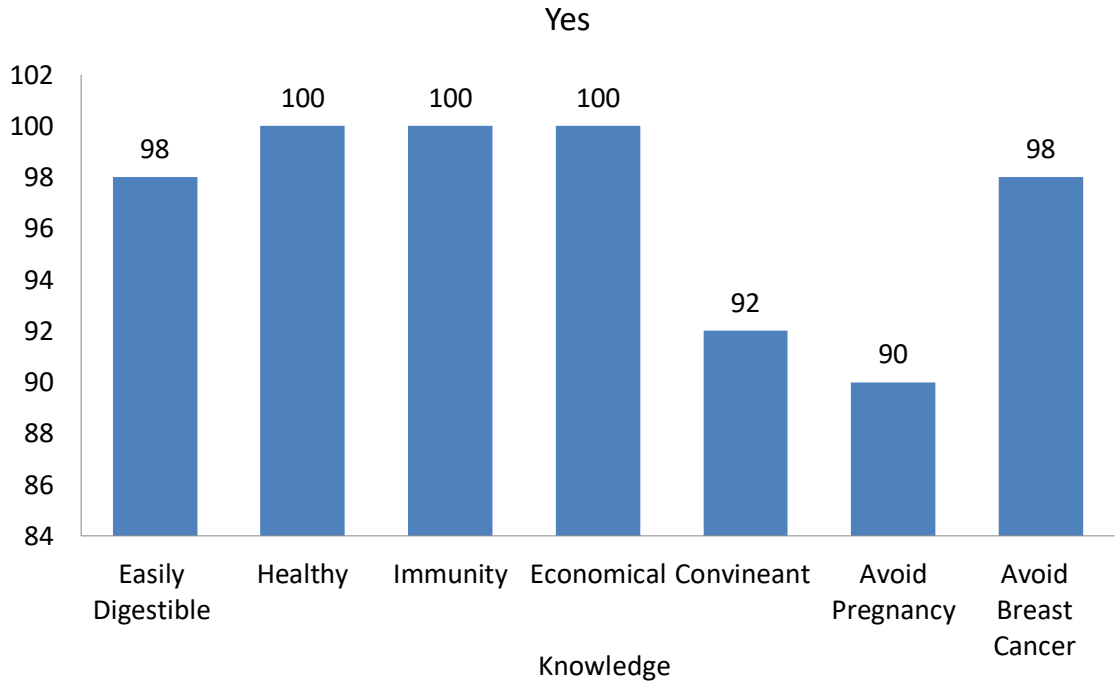

Fig No.3: Knowledge about advantages of breast feeding among respondents

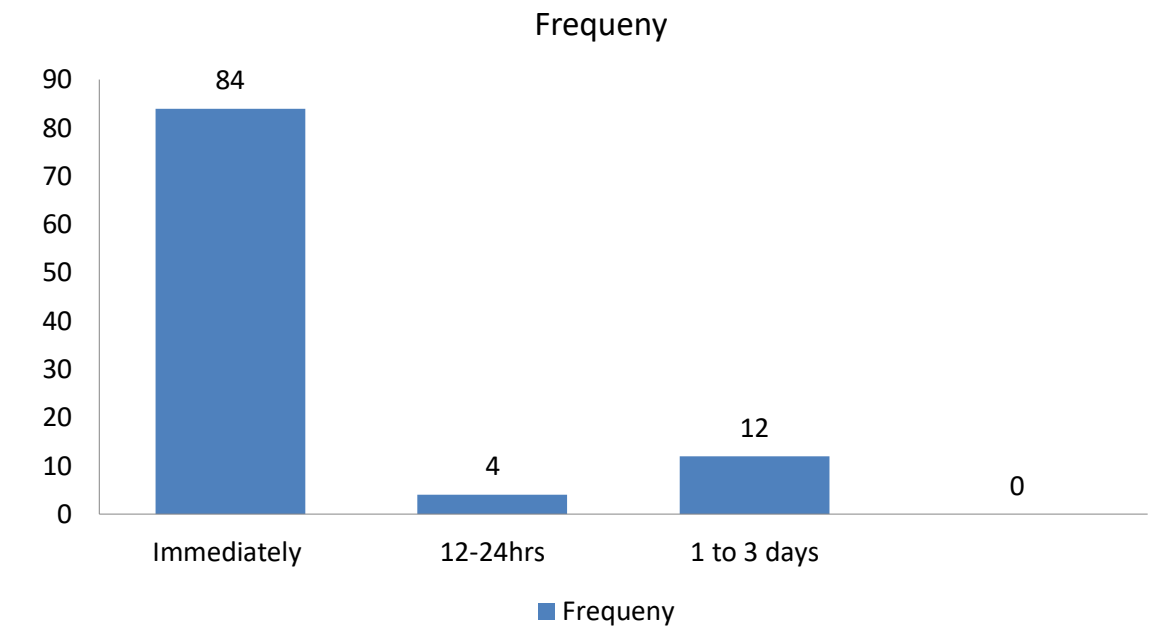

Fig No.4: Knowledge about time of initiation of breast feeding

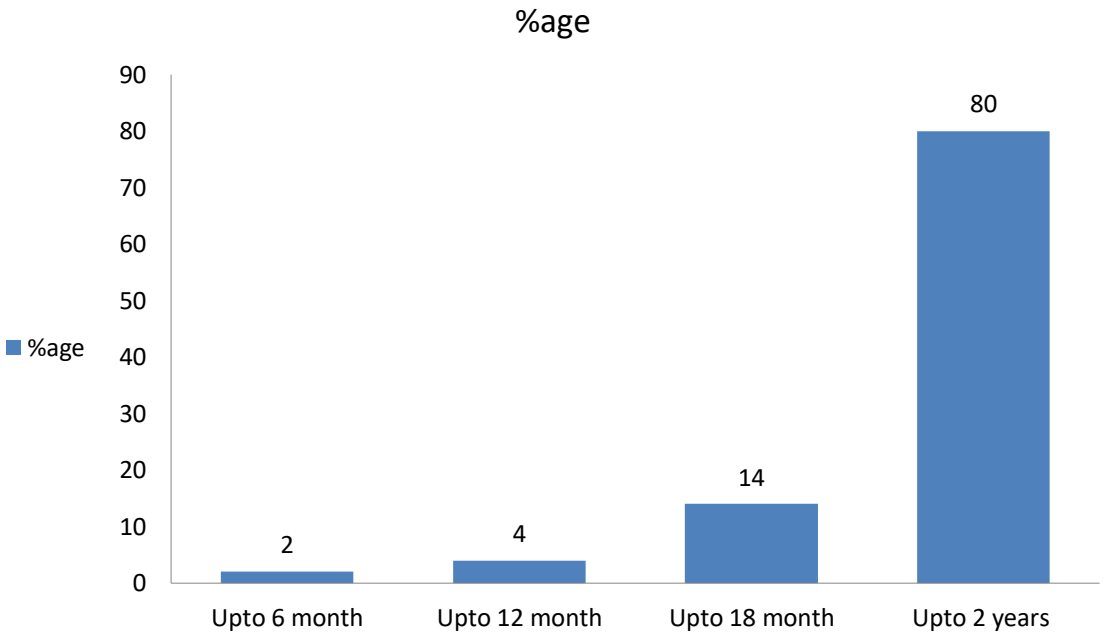

Fig No.5: Knowledge about age of continuum of breast feeding

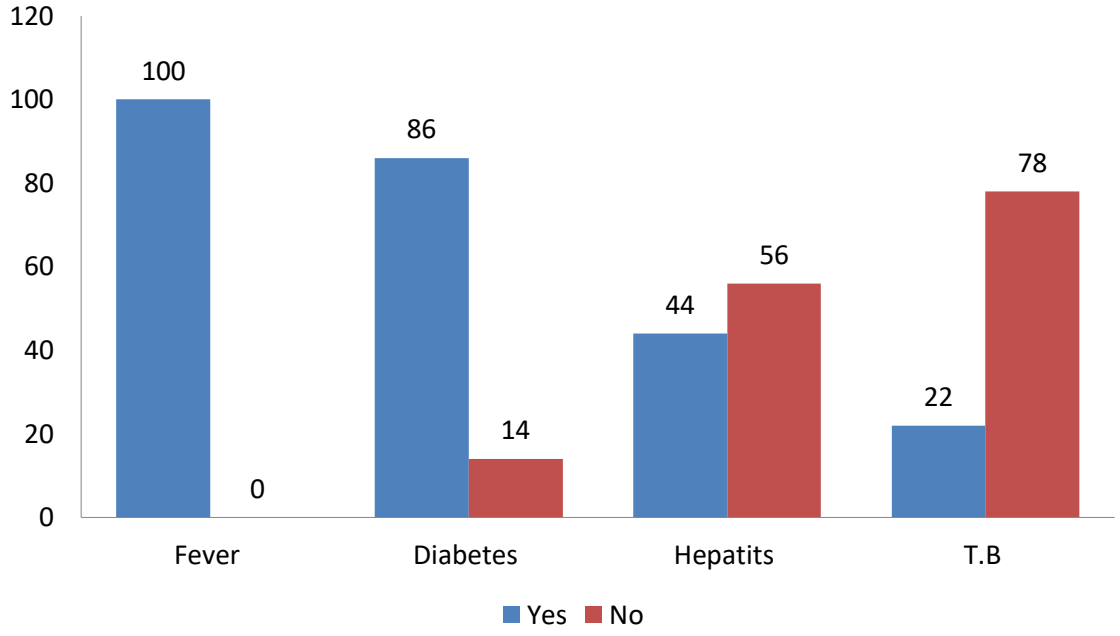

Fig.No.6: Responses of Respondents about the continuation of breast feeding in Maternal diseases

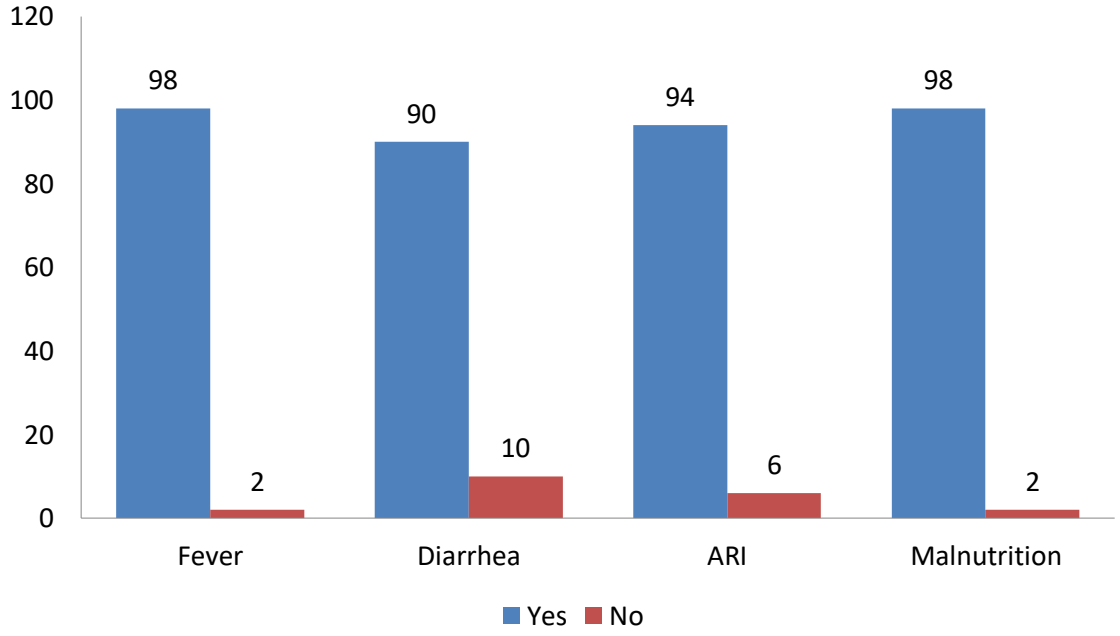

Fig.No.7: Responses of Respondents about the continuation of breast feeding in infant diseases

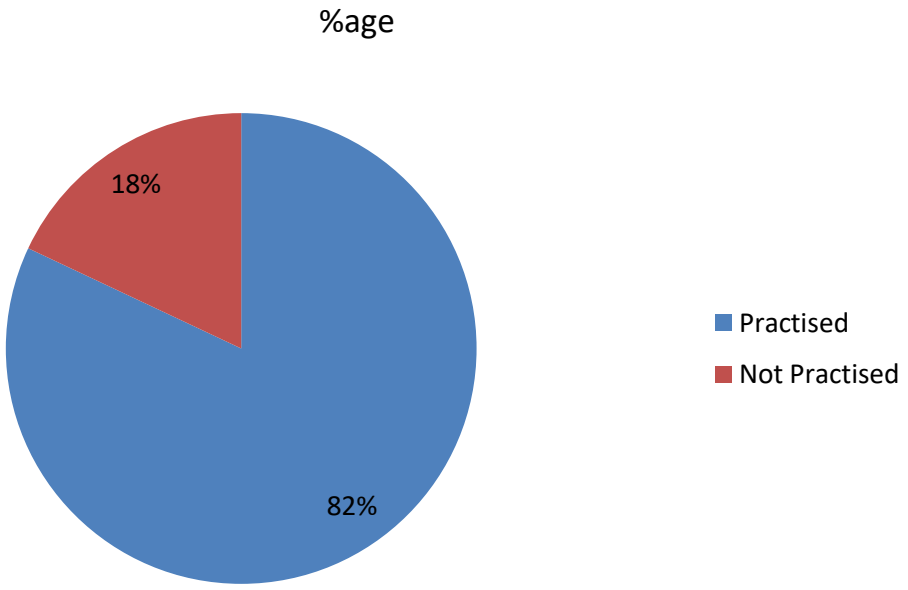

Fig No.8: Practice of breast feeding by respondents

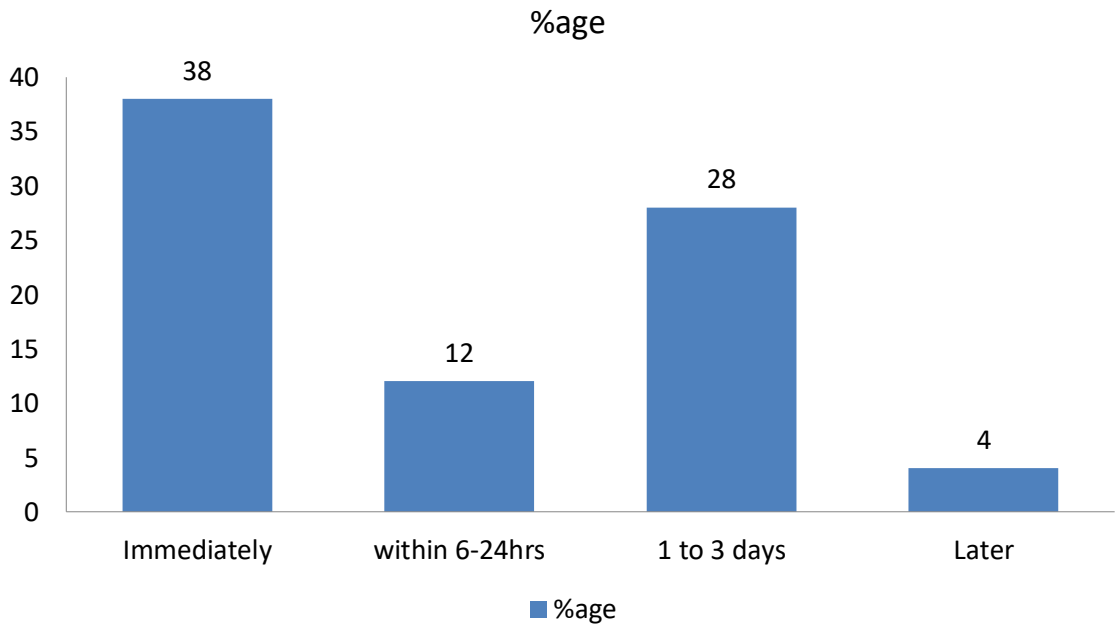

Fig No.9: Time of initiation of breast feeding by respondents

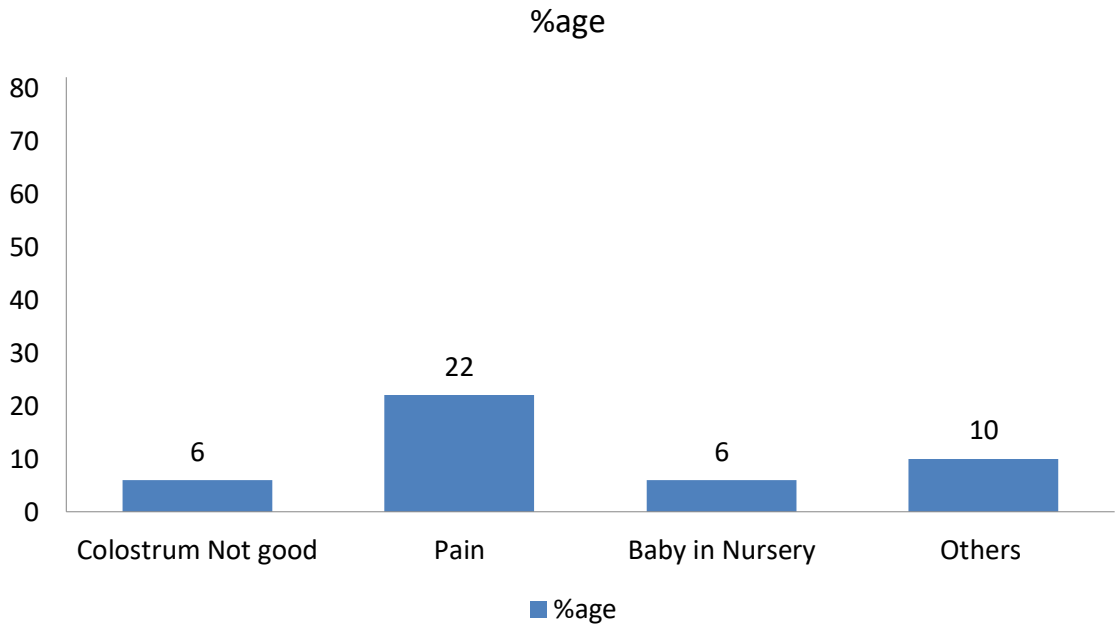

Fig No.10: Reason for late breast feeding among respondent

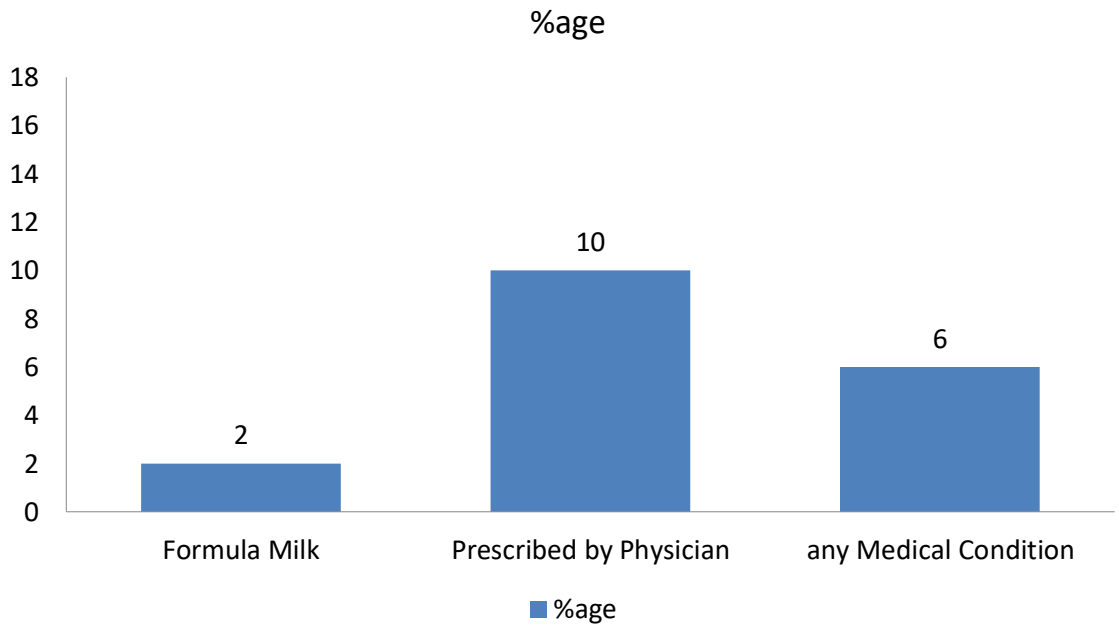

Fig No.11: Reasons for non-feeding among respondent

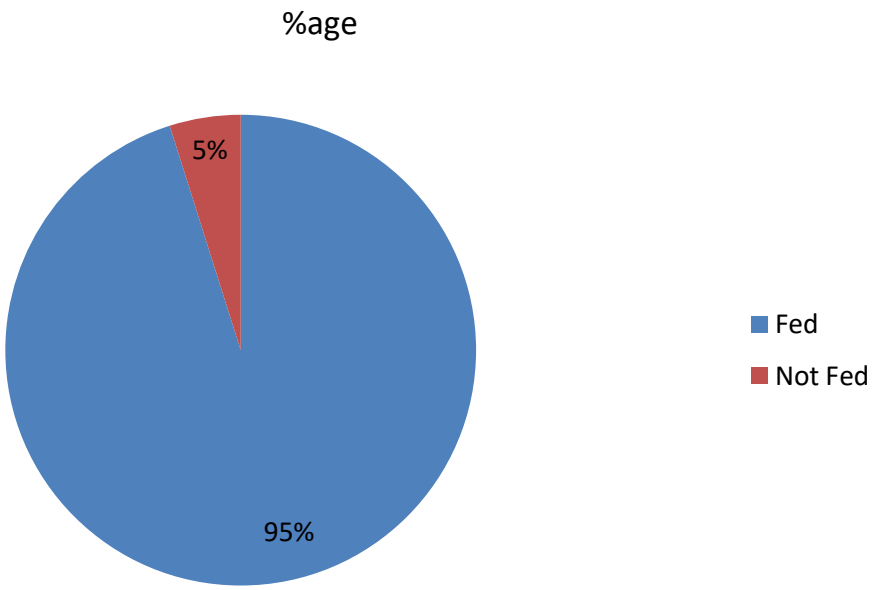

Fig No.12: %age of women who gave colostrum

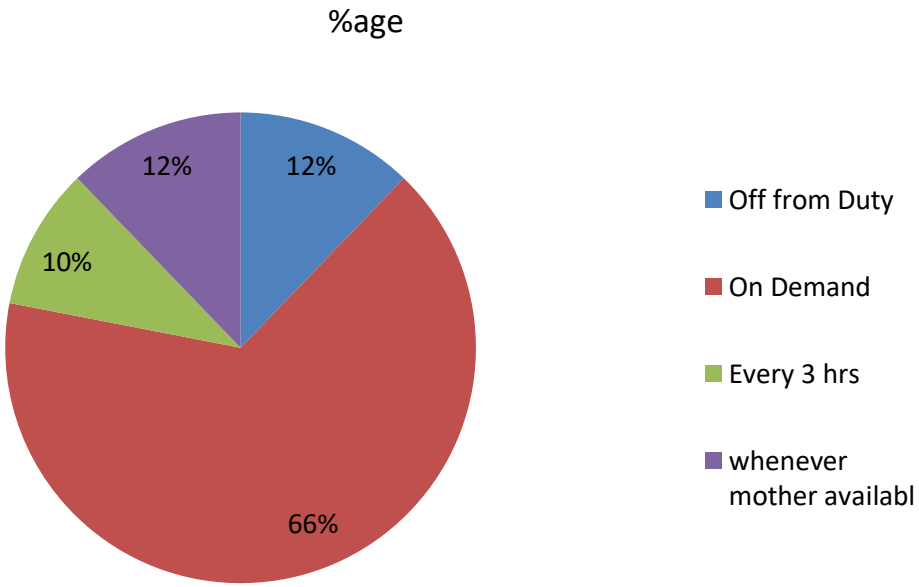

Fig No.13: Schedule of breast feeding to their child among respondents

Table No.2
Breastfeeding Practices & Age of Respondents:

Age in years	Yes		No		Total
	Frequency	%age	Frequency	%age	
18-28	14	87%	2	12.5%	16
29-38	40	90%	4	10%	44
39-48	16	73%	6	27%	22
Above 49	12	66%	6	33%	18

Table No.3
Breastfeeding Practices & Post of Respondents:

Post	Yes		No		Total
	Frequency	%age	Frequency	%age	
Scale 17	52	84%	10	16%	62
Scale 18 & Above	30	79%	8	21%	38

Table No.4
Breastfeeding Practices & Income of Respondents:

Income in Rs.	Yes		No		Total
	Frequency	%age	Frequency	%age	
50,000-1,00,000	50	86%	8	14%	58
1,00,000 – 1,50,000	24	80%	6	20%	30
>150,000	8	67%	4	33%	12

Table No.5
Breastfeeding Practices & Occupation of Husbands:

Occupation	Yes		No		Total
	Frequency	%age	Frequency	%age	
Doctors	60	79%	16	21%	76
Engineers	8	80%	2	20%	10
Others	12	86%	2	14%	14

Table No.6
Breastfeeding Practices & No. of Living Children of Respondents:

No. of Children	Yes		No		Total
	Frequency	%age	Frequency	%age	
Up to 3	68	85%	12	15%	80
More then 3	14	70%	6	30%	20

Table No.7
Breastfeeding Practices & Type of Family:

Type of Family	Yes		No		Total
	Frequency	%age	Frequency	%age	
Nuclear	24	67%	12	33%	36
Joint	56	90%	6	10%	62
Polygamous	2	100%	0	0%	2

RESULTS:

In terms of monthly income fifty-eight percent doctors were getting 50,000 to 100,000 thirty percent were paid from 1.1 lac to 1.5 lac and other eight percent were being paid even above two lacs per month as reflected in Table-II. Number of doctors were living as joint family (62%) whereas 36 and 2 percent were living in nuclear and polygamous system of family as reflected in Figure-I. Knowledge and awareness about breast feeding was known to hundred percent of the female doctors as reflected in Figure-II. Research study also reflected that every female doctor was aware of healthy features and immunity of the breast milk. Ninety percent of the doctors thought breast milk digestible and other ninety percent of the doctors thought it as convenient in feeding. Avoidance of pregnancy was reported by ninety percent and breast cancer avoidance was reported by ninety-eight percent of the female doctors as reflected in Figure-III. Immediate start of feeding through breast was recommended by eighty-four percent of the doctors, four percent of the doctors reported a time of twelve to twenty-four hours and twelve percent of the doctors proposed that feeding should be started from first to third day as presented in Figure-IV. Eighty percent of the doctors recommended that breast feeding should be continued for continuous two years and fourteen percent were in the favor of twelve to eighteen months as reflected in Figure-V. In the presence of maternal diseases this practice can be continued but in the case of its practice was favored by forty-four percent and in the case of T.B almost eighty-six percent of the doctors were convinced about its practice and same is the case with diabetes as reflected in Figure-VI.

In the presence of any disease such as malnutrition and fever ninety-eight percent doctors were in the favor of continuing the breast feeding, ninety percent of the participants were of the view that even in diarrhea this practice can be continued and ninety-four percent of the ladies were of the view that even in respiratory system diseases children can be breast fed as reflected in Figure-VII. About the concern of breast feeding in doctors eighteen percent did not feed their children due to multiple reasons rest of the doctor fed their children as reflected in Figure-VIII. Variety of initiation time has been observed as immediate feeding was started by thirty-eight percent of the ladies, four percent of the doctors reported a time of twelve to twenty-four hours and twelve percent of the doctors proposed that feeding should be started from first to third day other four percent told even later as reflected in Figure-IX. Immediate feeding was not started by forty-four percent of the ladies and reasons were pain, babies' admissions in nursery and perspective of colostrum's respectively

in 22%, 6% and 6% of the participants as reflected in Figure-X. Ten percent of the doctors were not feeding their children because of the prescription of their physicians and two percent were preferring formula milk over breast feeding (Figure-XI). Among female doctors 95 percent were feeding colostrum's whereas five percent were not doing the same thing (Figure-XII). On demand of child 66 percent started their children feeding from breast 12 percent when off duty, 12 percent on the weaning of their children and every three-hour practice was observed by ten percent doctors (Figure-XII). Association among age and breast feeding was reflected in ninety percent of the doctors having age from 29 to 38 years. The rate of breast feeding was 87, 76 and 66 percent respectively between the age of 18-28 years, 39-48 years and 49-58 years (Table-III). Scale 17 and 18 doctors reflected respectively 84 and 79 percent breast feeding trend to their children (Table-IV). In terms of monthly income fifty-eight percent doctors were getting 50,000 to 100,000 thirty percent were paid from 1.1 lac to 1.5 lac and other eight percent were being paid even above two lacs per month as reflected in Table-V. Husband occupation and practice of breast feeding act wives of doctors, engineers and other shared proportion respectively as 79, 79 and 86 percent (Table-VI). In terms of number of children 85 and 70 percent of the mothers fed their children up to third child and more than three children respectively (Table-VII). Number of doctors were living as joint family (62%) whereas 36 and 2 percent were living in nuclear and polygamous system of family as reflected in Table-VIII.

DISCUSSION:

Breast feeding can be explained feeding infant with a milk produced by human. Its acceptance and promotion is mandatory in under-developed countries because there are issues of diseases, sanitation and poverty. The research was aimed at the determination of awareness, practice and knowledge about breast feeding in those doctors who are married and used to work at Nishtar Hospital, Multan. The research study is by design descriptive and Cross-sectional descriptive. Nishtar Hospital's married doctors were selected for the research study. Research Study commenced from March, 2016 and completed on May, 2017. Sample of the research consisted on 100 from 476 female doctors of Nishtar Hospital, Multan. Age of the doctors reflected that majority of the doctors were (44%) were in the age limit of 29 – 38 years. Seventeen grades doctors were sixty-two percent of the total. Mean age factor was calculated as 34.5 years. Comparison and analysis of our research was compared with the other researches of UAE, Saudi Arabia, Pakistan, India, Ghana, Nigeria, South India, Abha and Egypt. South Indian doctors were 51 percent aware about breast feeding whereas every doctor was aware about it in Pakistan [1].

In this research paper the start of breast feeding was carried out in eighty-two percent of the doctors with immediate, 6 – 24 hours, 1 – 3 days and later respectively in 38%, 12%, 28% and 4% of the doctors. In Saudi Arabia 55 percent doctors were breast feeding their children among this rate doctors started in half-hour and six months respectively in 31% and 15.9%. About the awareness of breast feeding doctors thought that it was easily digestible, healthy, convenient, avoid breast cancer and provides immunity. Job associations were major issues in Saudi Arabia as it was noticed as 45.7 percent and this reason was noticed low in Pakistan [1].

Present research factor was observed high as it was considered a complete diet of children, awareness and family system also contributed in this aspect; whereas, in the studies conducted in Ghana reasons are less breast milk, social pressure and jobs contributed in low practice of breast feeding [2, 6]. Practice of starting breast feeding in the first hour was noticed in this research and in Indian researches as similar has been reported by Zia Uddin Hospital Karachi [1]. In terms of colostrum feeding awareness and colostrum feeding in India respectively 92 and 95 percent of the doctors were reflected in the outcomes of the research [4, 8, 20]. Breast feeding practice was observed by 82 percent of the doctors in our research paper. In Nigeria 19 percent of the doctors were observing this practice. Maternal health issues, jobs, pain and in-laws pressure was observed in 26 percent of the cases [5, 7, 8, 13]. Egyptian doctors were more involved in this practice as their results share 92.5 percent of the ladies were breast feeding. Protection from disease, health, awareness and other reasons were actively contributing behind breast feeding. Initiation of breast feeding was also observed in terms of immediate feeding was observed in eight-four percent of the doctors and after delivery eleven percent of the case. Egypt and ours study as difference between the sue of colostrum respectively as 74.2 and 95 percent [6, 13].

Nigerian outcomes in terms of breast feeding were 97.2 percent and every woman feed colostrum to the new born [7, 15, 16].

Our research reflected twelve-hour gap between first breast feeding by 12 percent of the doctors; whereas, in the research of Abha 31 percent of the doctors did the same. Neglected attitude for breast was because of job and milk related issues [8, 17, 21].

CONCLUSION:

Manual data entry was carried out. Percentages and frequencies were also calculated. Graphs and tables were used for the representation of data. Age of the doctors reflected that majority of the doctors were (44%) were in the age limit of 29 – 38 years. Seventeen grades doctors were sixty-two percent of the total. Importance of breast feeding was very clear to all the doctors and they also knew that it is a healthy activity. Doctors were well aware about the healthy activity of breast feeding their proportion was 84 percent. This act of breast feeding can be extended to two years was known 80 percent of the doctors and continuation in the case of maternal and infant disease was known to 44 and 98 percent of the doctors. Almost 82, 3 and 95 percent of the doctors respectively breastfed children, immediately and regularly breastfed and gave colostrum to children. Doctor who were not feeding their children were ten percent of the total as they were prescribed by the milk formula preference and prescription. All the married female doctors were well aware of breast feeding advantages and importance. Maximum doctors were feeding their children. The advantages and reasons behind feeding their own breast feeding included being healthy, in-expensive, safe, economical, fortification against breast cancer and good immunity. Doctors who were not feeding their children with their own breast had few reasons like jobs, pain, preference of milk formula and medical condition.

REFERENCES:

1. Sohail, J., & Khaliq, A. (2018). KNOWLEDGE, ATTITUDE AND PRACTICE OF MOTHERS REGARDING COLOSTRUM FEEDING TO NEWBORNS IN RURAL PAKISTAN: A CROSS-SECTIONAL STUDY. *Khyber Medical University Journal*, *9*(4).
2. Jain, S., Thapar, R. K., & Gupta, R. K. (2018). Complete coverage and covering completely: Breast feeding and complementary feeding: Knowledge, attitude, and practices of mothers. *Medical Journal Armed Forces India*, *74*(1), 28-32.
3. Jain, S., Thapar, R. K., & Gupta, R. K. (2018). Complete coverage and covering completely: Breast feeding and complementary feeding: Knowledge, attitude, and practices of mothers. *Medical Journal Armed Forces India*, *74*(1), 28-32.
4. Jolly, K., Ingram, J., Clarke, J., Johnson, D., Trickey, H., Thomson, G., ... & Darwent, K. (2018). Protocol for a feasibility trial for improving breast feeding initiation and continuation: assets-based infant feeding help before and after birth (ABA). *BMJ Open*, *8*(1), e019142.
5. John, E. M., Hines, L. M., Phipps, A. I., Koo, J., Longacre, T. A., Ingles, S. A., ... & Wu, A. H. (2018). Reproductive history, breast-feeding and risk of triple negative breast cancer: The Breast Cancer Etiology in Minorities (BEM) Study. *International journal of cancer*.
6. Dinis, J., Andrade, A., Torres, P., Chauhan, S. P., & Sibai, B. M. (2018). 897: Opioid Use and Breast Feeding in Postpartum Patients: A Prospective Study. *American Journal of Obstetrics and Gynecology*, *218*(1), S533-S534.
7. Albassam, A., & Awad, A. (2018). Community pharmacists' services for women during pregnancy and breast feeding in Kuwait: a cross-sectional study. *BMJ open*, *8*(1), e018980.
8. Kose, E., Aksoy, B., Kuyum, P., Tuncer, N., Arslan, N., & Ozturk, Y. (2018). The effects of breastfeeding in infants with phenylketonuria. *Journal of Pediatric Nursing: Nursing Care of Children and Families*, *38*, 27-32.
9. Villar, M., Santa-Marina, L., Murcia, M., Amiano, P., Gimeno, S., Ballester, F., ... & Ibarluzea, J. (2018). Social Factors Associated with Non-initiation and Cessation of Predominant Breastfeeding in a Mother–Child Cohort in Spain. *Maternal and child health journal*, 1-10.
10. Turok, D. K., Leeman, L., Sanders, J. N., Thaxton, L., Eggebroten, J. L., Yonke, N., ... & Espey, E. (2018). Immediate Postpartum Levonorgestrel Intrauterine Device Insertion and Breast-Feeding Outcomes: A Noninferiority Randomized Controlled Trial. *Obstetrical & Gynecological Survey*, *73*(1), 30-32.
11. Kroon, M. A. G. M., Akkerman-Nijland, A. M., Rottier, B. L., Koppelman, G. H., Akkerman, O. W., & Touw, D. J. (2018). Drugs during pregnancy and breast feeding in women diagnosed with Cystic Fibrosis-An update. *Journal of Cystic Fibrosis*, *17*(1), 17-25.
12. Kroon, M. A. G. M., Akkerman-Nijland, A. M., Rottier, B. L., Koppelman, G. H., Akkerman, O. W., & Touw, D. J. (2018). Drugs during pregnancy and breast feeding in women diagnosed with Cystic Fibrosis-An update. *Journal of Cystic Fibrosis*, *17*(1), 17-25.
13. Achong, N., Duncan, E. L., McIntyre, H. D., & Callaway, L. (2018). The physiological and glycaemic changes in breastfeeding women with type 1 diabetes mellitus. *Diabetes research and clinical practice*, *135*, 93-101.
14. Parsa, P., Boojar, A., Bakht, R., & Roshanaie, G.

(2018). Application of Mobile-Phone Consultation for Follow-Up of Breast Feeding Continuation in Primiparous Women. *Shiraz E-Medical Journal*, *19*(Suppl).

15. Wainaina, C. W., Wanjohi, M., Wekesah, F., Woolhead, G., & Kimani-Murage, E. (2018). Exploring the Experiences of Middle Income Mothers in Practicing Exclusive Breastfeeding in Nairobi, Kenya. *Maternal and child health journal*, 1-9.
16. Vieira Borba, V., Sharif, K., & Shoenfeld, Y. (2018). Breastfeeding and autoimmunity: Programing health from the beginning. *American Journal of Reproductive Immunology*.
17. Kazemi, L., Fan, B., Sommer, M., George, K., Stranix-Chibanda, L., & Shepherd, J. (2018). Tracking of Spine BMD (Bone Mineral Density) in Infants Exposed to TDF (Tenofovir Disproxil Fumarate) Medication in Utero and/or during Breast Feeding. *Journal of Clinical Densitometry*, *21*(1), 31.
18. Wong, P. D., Anderson, L. N., Dai, D. D., Parkin, P. C., Maguire, J. L., Birken, C. S., ... & Weir, S. (2018). The Association of Breastfeeding Duration and Early Childhood Cardiometabolic Risk. *The Journal of pediatrics*, *192*, 80-85.
19. Wong, P. D., Anderson, L. N., Dai, D. D., Parkin, P. C., Maguire, J. L., Birken, C. S., ... & Weir, S. (2018). The Association of Breastfeeding Duration and Early Childhood Cardiometabolic Risk. *The Journal of pediatrics*, *192*, 80-85.
20. Graziose, M. M., Downs, S. M., O'Brien, Q., & Fanzo, J. (2018). Systematic review of the design, implementation and effectiveness of mass media and nutrition education interventions for infant and young child feeding. *Public health nutrition*, *21*(2), 273-287.
21. Nguyen, P. T. K., Tran, H. T., Thai, T. T. T., Foster, K., Roberts, C. L., & Marais, B. J. (2018). Factors associated with breastfeeding intent among mothers of newborn babies in Da Nang, Viet Nam. *International breastfeeding journal*, *13*(1), 2.