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Original Article

KNOWLEDGE, ATTITUDES AND SELF-EFFICACY REGARDING EXCLUSIVE BREASTFEEDING AMONG ANTENATAL MOTHERS ATTENDING THE ANTENATAL CLINIC AT BASE HOSPITAL KAHAWATTA, SRI LANKA

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Abstract

Background: Exclusive breastfeeding (EBF) is defined as feeding an infant only breast milk, with no additional foods or liquids, for the first six months of life. Ensuring adequate knowledge and fostering positive attitudes toward EBF among antenatal mothers is essential for its successful implementation. **Objective:** To assess the knowledge, attitudes and self-efficacy regarding exclusive breastfeeding among antenatal mothers attending the antenatal clinic at Base Hospital Kahawatta, Sri Lanka.

Methodology: A descriptive cross-sectional study was conducted among 277 pregnant mothers at the Base Hospital Kahawatta, Sri Lanka, who were selected by a convenience sampling method. Data were collected through a pre-tested interviewer-administered questionnaire, which included socio-demographics, adapted tools for knowledge assessment on breastfeeding, the Iowa Infant Feeding Attitude Scale (IIFAS) and Breastfeeding Self-Efficacy Scale-short form (BSES-SF). Microsoft Excel 2011 and IBM SPSS (v. 26) were used for the data analysis. The study was conducted with ethical approval from the Ethics Review Committee-KIU, Sri Lanka (KIU_ERC_N_116).

Results: A total of 277 pregnant mothers with a mean age of 31 ± 5 years participated in the study. The majority of them were Sinhala (84%, $n=232$), Buddhist (83%, $n=229$), and from nuclear families (57%, $n=157$). Overall, 85% ($n=234$) demonstrated high knowledge on EBF, although misconceptions remained regarding cessation timing (29%, $n=79$), 72% ($n=198$) correctly identified the duration of EBF, while 98% ($n=272$) knew that complementary foods should be introduced after six months. Regarding attitudes, the majority (60%, $n=167$) reported neutral or moderate attitudes, while 40% ($n=110$) had strongly positive attitudes. The majority had moderate self-efficacy on breastfeeding (62%, $n=172$).

Conclusion: The study indicates that pregnant mothers possessed high knowledge, predominantly neutral or moderate attitudes, and moderate self-efficacy toward EBF; however, misconceptions about feeding adequacy and cessation timing persisted, and self-efficacy remained moderate. Strengthening antenatal education and providing postpartum support are recommended to enhance the mothers' confidence and sustain EBF practices.

Keywords: Antenatal mothers, Exclusive breastfeeding, Sri Lanka

Introduction

Exclusive breastfeeding (EBF) is defined as providing an infant with only breast milk, either directly from the breast or expressed, for the first six months of life, with no additional food or fluids, including water. The only exceptions include oral rehydration solutions, vitamins, minerals, or prescribed medications when medically indicated (WHO, 2021). EBF during the first six months is crucial for optimal infant growth, immune system development, and long-term health benefits, reducing the risk of infections, malnutrition, and chronic diseases later in life (WHO, 2021; Victora et al., 2016).

Breastfeeding is widely recognized as the optimal source of nutrition for infants, providing essential nutrients, immune protection, and long-term health benefits for both the child and the mother (WHO, 2021). The World Health Organization (WHO) and United Nations Children's Fund (UNICEF) recommend EBF for the first six months of life, followed by continued breastfeeding with complementary feeding up to two years or beyond (Victora et al., 2016). Despite these recommendations, breastfeeding practices vary globally and are influenced by maternal attitudes, cultural beliefs, healthcare support, and socio-economic status (Rollins et al., 2016).

Globally, only 48% of infants under six months are exclusively breastfed, far below the 2030 target of 70% (WHO & UNICEF, 2022). Suboptimal breastfeeding may prevent approximately 823,000 child deaths annually, accounting for 8% of under-five mortality worldwide (Victora et al., 2016). Evidence suggests that achieving universal optimal breastfeeding could prevent up to 13% of under-five deaths and reduce the risk of diarrhoeal disease by 43% (Victora et al., 2016). Strengthening breastfeeding promotion and support is therefore critical to reducing child morbidity and mortality globally.

In Sri Lanka, national breastfeeding policies align with global recommendations, and supportive

health initiatives have contributed to relatively high EBF rates. The 2016 Demographic and Health Survey reported that approximately 82% of infants under six months were exclusively breastfed; however, this proportion declined to 64% among those aged four to five months, reflecting a progressive decrease in EBF practices with increasing infant age (Department of Census and Statistics & Ministry of Health, 2017).

While Sri Lanka is recognized internationally for its strong breastfeeding support systems, addressing barriers such as maternal employment and caesarean deliveries remains essential to achieving optimal and sustained EBF. However, challenges such as misconceptions about breastfeeding, social influences, and conflicting advice from family or healthcare providers may impact maternal decision-making and adherence to recommended practices (Senarath et al., 2012). The antenatal period serves as a crucial window of opportunity for educating mothers about breastfeeding, reinforcing positive attitudes, and addressing potential barriers. During the pregnancy mothers are in the regular contacts with the health care providers and the system through scheduled antenatal clinic visits, providing structured opportunities for health education that may not be as consistency available in postnatal period. Therefore understanding the level of knowledge, attitudes and self-efficacy toward breastfeeding among expectant mothers is essential for developing targeted interventions that enhance breastfeeding practices and improve infant health outcomes.

This study aimed to assess the knowledge, attitudes, and self-efficacy regarding EBF among pregnant mothers attending the antenatal clinic at Kahawatta, Sri Lanka. By identifying gaps in knowledge, attitude-related factors, and self-efficacy among pregnant mothers, the findings of this research can contribute to improving breastfeeding education programs and healthcare strategies, ultimately supporting optimal infant nutrition and maternal well-being by improving EBF practices.

Methodology

A descriptive cross-sectional study was conducted with the ethical approval of the Ethics Review Committee (KIU_ERC_N_116) of KIU and with the permission of the hospital director and the consultants of Base Hospital Kahawatta, Sri Lanka. Data collection was conducted from May 2024 to June 2024. Two hundred and seventy-seven pregnant mothers from the antenatal clinic, were selected through a convenience sampling method. Pregnant mothers aged 18 and above were included irrespective of the trimesters and parity. Pregnant mothers who were in pain and ill were excluded from the study.

Sample size was calculated at a 95% confidence level ($Z = 1.96$) (Daniel & Cross, 2018), with a margin of error of $\pm 5\%$ (0.05) and an estimated prevalence of 76.4% for positive attitudes toward EBF (Khadka, Ghimire, & Shrestha, 2019), resulting in a sample size of 277 participants. Participants were approached by trained investigators using an online pretested interviewer-administered questionnaire. The questionnaire was pretested among 10 pregnant mothers with similar characteristics to the target population to assess the clarity, comprehensibility, wording, flow, and time required for administering the questionnaire. Pregnant mothers who participated in the pretest were excluded from the final sample. Feedback from the pretest informed refinements to ambiguous or confusing items and optimized response options, enhancing clarity of the questionnaire. Data was collected by trained investigators who first approached potential participants, assessed eligibility, comprehensively explained the study, and obtained written informed consent before recruiting participants. Privacy and confidentiality were strictly maintained throughout the process.

The questionnaire consisted of three sections. Section 1 evaluated the socio-demographic characteristics of the participants. Section 2 assessed the knowledge regarding EBF using adapted tools derived from previous studies by

Sakarkar et al. (2018) and Ogbo et al. (2019). The adapted knowledge tool comprised of fifteen items covering initiation, duration, benefits, and practical aspects of EBF. Content validity was assessed by two subject matter experts prior to data collection. The internal consistency of the tool in this study was Cronbach's $\alpha = 0.69$. The knowledge scores were categorized according to Bloom's cut-off values as high (80–100%), moderate (60–79%), and low (<60%) (Bloom, 1956).

Section 3 evaluated attitudes toward EBF using the Iowa Infant Feeding Attitude Scale (IIFAS), an internationally validated instrument. The IIFAS consists of 17 items, each rated on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Negatively worded items were reverse-scored. The total IIFAS score ranges from 17 to 85, where scores of 70–85 indicate a strongly positive attitude, 49–69 indicate a neutral or moderate attitude, and 17–48 indicate a negative attitude toward breastfeeding. The internal consistency of the original scale has been reported as Cronbach's $\alpha = 0.68$ (De la Mora et al., 1999).

The Breastfeeding Self-Efficacy Scale – Short Form (BSES-SF) developed by Dennis (2003) was used to measure maternal breastfeeding self-efficacy. The BSES-SF comprises 14 items rated on a 5-point Likert scale ranging from 1 (not at all confident) to 5 (always confident). Total scores are obtained by summing the item scores, yielding a range of 14 to 70. Scores of 56–70 indicate high self-efficacy, 42–55 indicate moderate self-efficacy, and 14–41 indicate low self-efficacy. The BSES-SF demonstrates a high level of internal consistency, with a Cronbach's $\alpha = 0.94$ (Dennis, 2003). Both the IIFAS and BSES-SF, tools were translated into Tamil and Sinhala languages by professional translators and subsequently back-translated to English to ensure linguistic and conceptual accuracy.

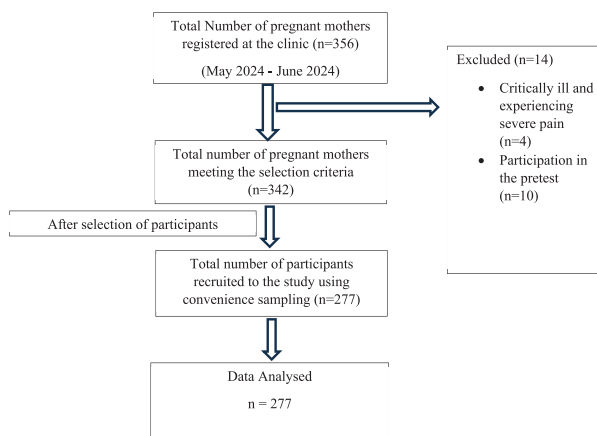
Data analysis was performed using IBM SPSS (v.26), with descriptive statistics (mean, standard deviation, frequencies, and percentages). Due

to the descriptive nature of the study design, inferential analyses were not conducted; however, future studies should examine associations between knowledge, attitudes, self-efficacy, and socio-demographic variables.

Results

Recruitment of participants

Three hundred and fifty-six pregnant mothers were registered at the antenatal clinic of Base Hospital Kahawatta, of these, 342 met the inclusion criteria after initial screening. Fourteen were subsequently excluded, four who were critically ill or in severe pain, and ten who had participated in the pretest, resulting in a final sample of 277 participants who consented and completed the questionnaire during the data collection period (May 2024 – June 2024). Figure 1 depicts the participant recruitment procedure.



3.2. Demographic details of study participants

The mean age of the participants at the time of study was 31 ± 5 years. The majority (50%) reported being belonged to the 18–24 age range at the time of marriage. Most participants (82%) followed Buddhism, and 57% came from nuclear families. Most participants (57%) were multigravidas. The majority (97%) took iron and folic acid supplements, and 18% had shared concerns about breastfeeding with healthcare workers. Additionally, 87% had attended at

least one session on breastfeeding education. Table 1 shows the demographic details of the participants.

Table 1

Demographic Characteristics of the Participants (n = 277)

Variable	Category	Percentage (%)	Frequency (n)
Race	Sinhala	84%	232
	Tamil	16%	45
Religion	Buddhism	83%	229
	Hinduism	14%	40
	Muslim	1%	4
	Christianity	1%	4
	No schooling	3%	8
Educational Level	Up to Grade 5	6%	16
	Up to Grade 10	24%	65
	Passed Ordinary Level (O/L)	37%	102
	Passed Advanced Level (A/L)	23%	64
	Degree Holder	8%	22
Occupation	Employed	37%	103
	Unemployed	63%	174
Type of Family	Joint	43%	120
	Nuclear	57%	157
Gravida	Primigravida	43%	120
	Multigravida	57%	157
Number of Antenatal clinic Visits	No visits	11%	30
	Less than 2 visits	33%	91
	Two or more visits	56%	156
Source of knowledge on EBF	Antenatal clinic (ANC)	49%	136
	Health professionals	37%	101
	Mothers	8%	21
	Family members	4%	12
	Friends	3%	7

3.3. Knowledge on Breastfeeding

High knowledge was observed in 85% (n=234) of participants, while moderate knowledge was demonstrated by 15% (n=43) of participants. No participants demonstrated low knowledge. While respondents demonstrated adequate knowledge (High and moderate knowledge), some misconceptions were observed in the timing of EBF cessation (29%, n=79). While most participants correctly identified weight gain and increased stool passing as signs of adequate breastfeeding, a notable proportion (34%, n=95) selected sleep after breastfeeding, and 26% (n=72) selected weight loss, both of which are incorrect indicators, suggesting residual misconceptions regarding feeding adequacy assessment. Table 2 shows the responses regarding knowledge on breastfeeding.

Table 2
Responses Regarding Knowledge on Breastfeeding (n = 277)

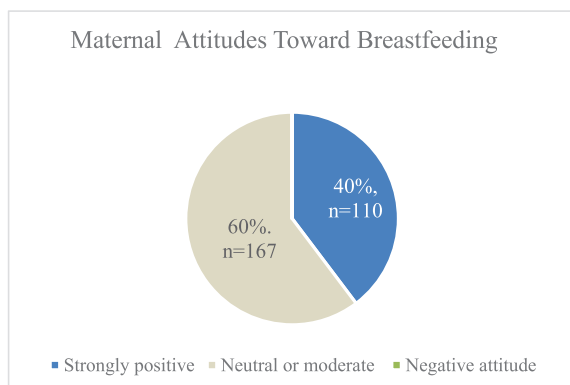
Question	Answer	Percentage (%)	Frequency (n)
Breast milk should be given to the baby immediately after delivery	Yes	99%	274
	No	1%	3
Importance of colostrum	Yes	95%	263
	No	5%	14
Baby should be breastfed on demand	Yes	81%	225
	No	19%	52
How do you know that your child gets enough breastfeeding? (multiple responses were allowed)	By increasing weight	40%	110
	Sleep after breastfeeding	34%	95
	Increased stool passing	78%	216
	Loss of weight	26%	72
When do you stop exclusive breastfeeding your child?	Before 6 months	29%	79
	At 6 months	72%	198
	After 6 months	0%	0
How many times do you breastfeed your child?	Less than 3 times/day	16%	43
	4 to 8 times/day	69%	191
	More than 8 times/day	16%	43
Is it necessary to introduce supplementary food after 6 months?	Yes	98%	272
	No	2%	5

3.4. Maternal Attitudes and Self-Efficacy towards Breastfeeding

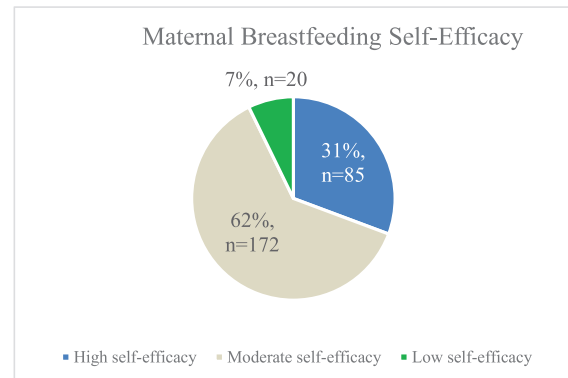
Based on the IIFAS scoring protocol: majority (60%, n=167) reported neutral or moderate attitude with no participants with negative attitude. Figure 2 presents the distribution of maternal attitudes according to the IIFAS total scores. The BSES-SF score among the participants was moderate, reflecting predominantly neutral maternal self-efficacy (62%, n=172). Figure 3 presents the scores of self-efficacy on EBF among the participants.

Figure 2

Maternal Attitudes Toward Breastfeeding (n = 277)

**Figure 3**

Distribution of Maternal Breastfeeding Self-Efficacy (BSES-SF) Scores (n = 277)



Discussion

This study assessed maternal knowledge, attitudes, and self-efficacy regarding EBF among 277 pregnant mothers attending the antenatal clinic at Base Hospital Kahawatta, Sri Lanka. High maternal knowledge was observed, but attitudes were predominantly neutral, and self-efficacy was mainly moderate. These results highlight the complex interplay between cognitive understanding, affective disposition, and confidence in breastfeeding, suggesting that knowledge alone may not be sufficient to ensure optimal EBF practices.

It should be noted that the absence of inferential analysis in this study limits the ability to establish associations between these three constructs; the relationships discussed here are therefore informed by the broader literature rather than derived from the present dataset.

The Cronbach's alpha value of 0.69, for the knowledge questionnaire, suggests that the tool had acceptable but not high internal consistency. This finding may be attributed to the diversity of the knowledge items included in the questionnaire. Future studies may consider revising or refining individual items and conducting further psychometric testing to enhance the reliability of the instrument.

The majority of participants demonstrated high knowledge regarding EBF, consistent with the relatively high national rates reported in Sri Lanka (Wickramasinghe et al., 2013). The 2016 Demographic and Health Survey indicated that approximately 82% of infants under six months were exclusively breastfed, although this decreased to 64% among 4–5-month-olds (Department of Census and Statistics & Ministry of Health, 2017). The high knowledge levels observed in this study reflect effective national health initiatives, such as antenatal education programs and community-based support, which align with WHO and UNICEF recommendations for EBF (WHO, 2021). Nevertheless, some participants exhibited misconceptions regarding signs of adequate feeding and the timing of EBF cessation. Similar knowledge gaps have been reported in Sri Lankan studies, particularly in rural areas, suggesting that educational interventions should focus not only on the general concept of EBF but also on practical guidance for assessing breastfeeding adequacy and duration (Ratnayake et al., 2018; Agampodi et al., 2021).

Internationally, maternal knowledge has been consistently associated with EBF practices. Studies in India and Nigeria found that mothers with higher knowledge levels were significantly more likely to initiate and sustain EBF (Adejuyigbe et al., 2019), whereas insufficient knowledge was linked to early cessation and mixed feeding practices (Vijayalakshmi, 2015; Soka-Adeaga et al., 2023). These global findings reinforce the importance of targeted educational programs, particularly for addressing misconceptions and promoting evidence-based breastfeeding practices.

Maternal attitudes were predominantly neutral or moderate, a finding that aligns with Sri Lankan studies where suboptimal attitudes contributed to early cessation of EBF (Ratnayake et al., 2018). Cultural norms, family influences, and workplace pressures likely play a role in shaping maternal attitudes, even among mothers with high knowledge levels. Studies in Oman and Mali demonstrate that attitudes are influenced

by societal expectations, perceived support, and community norms, which can either facilitate or hinder EBF practices (Madhavanprabhakaran et al., 2025; Bicchieri et al., 2021). These findings highlight that promoting positive attitudes requires interventions beyond information dissemination, incorporating motivational counseling, social support, and engagement of family members.

Moderate self-efficacy scores reported in this study suggest that mothers may lack confidence in managing breastfeeding challenges, which could impede sustained EBF. It has been consistently reported in the literature that maternal breastfeeding self-efficacy serves as a strong predictor of EBF duration and overall success, although variations have been noted across different contexts. In studies conducted in Iran, moderate levels of self-efficacy were identified, with mean scores around 50.8, which aligns with trends reported in several other populations (Pakseresht et al., 2019). By contrast, findings from a longitudinal study in Greece indicated that higher self-efficacy scores were observed among mothers who exclusively breastfed, suggesting a positive association between maternal confidence and breastfeeding continuation (Zerva et al., 2021).

Research indicates a strong correlation between maternal self-efficacy and EBF duration. Studies in Bangladesh found that higher self-efficacy was associated with increased initiation and continuation of EBF, while low confidence contributed to early cessation (Thomas et al., 2015; Habib et al., 2021). Similarly, Sri Lankan studies have reported that perceived inadequate breast milk, concerns about infant growth, maternal employment, and limited social support are key barriers to exclusive breastfeeding up to six months (Perera et al., 2012; Ratnayake & Rowel, 2018; Agampodi et al., 2021). These findings underscore the importance of interventions designed to strengthen maternal confidence through practical guidance, peer support, and healthcare provider encouragement. Challenges such as perceptions

of maternal fatigue and discomfort with public breastfeeding were also highlighted in prior research. In Turkey, it was reported that more than half of mothers in the early postpartum period demonstrated low BSES-SF scores due to experiences of fatigue, which adversely affected breastfeeding continuation (Sahin et al., 2018). Overall, the evidence suggests that although maternal self-efficacy tends to be reported at moderate levels across various populations, item-specific barriers such as fatigue, stigma, and public discomfort have persisted, thereby emphasizing the importance of context-specific strategies to strengthen maternal confidence and normalize breastfeeding practices. These findings collectively suggest that antenatal education in this setting has been effective in building foundational knowledge yet falls short in translating that knowledge into confident and positive breastfeeding behaviours. Culturally based interventions that address practical barriers, such as family pressure, return to employment, and uncertainty about breastfeeding adequacy, may be more effective than information-only approaches.

Overall, the study highlights a nuanced relationship between maternal knowledge, attitudes, and self-efficacy regarding EBF. While knowledge levels were generally high, specific misconceptions regarding feeding adequacy and EBF cessation persisted, suggesting that knowledge alone does not guarantee confidence in practice.

This study used validated instruments (IIFAS, BSES-SF) with rigorous translation and back-translation procedures, enhancing reliability and cultural relevance. The pretesting of the questionnaire ensured clarity and appropriateness for the local population. Conducting the study in a primary healthcare setting at Base Hospital Kahawatta, allowed inclusion of mothers from diverse socio-demographic backgrounds, making the findings locally relevant.

This study has several notable limitations. The cross-sectional design precludes causal inference.

Convenience sampling at a single facility over two months limits the representativeness of the findings. Mothers who attended the clinic regularly may have had greater exposure to health education, potentially inflating knowledge and attitude scores. Future studies should employ probability sampling across multiple sites to improve generalisability. Self-reported data could be influenced by social desirability bias. Additionally, the moderate internal consistency of IIFAS (Cronbach's $\alpha = 0.68$) may limit the precision in measuring maternal attitudes. Finally, the findings may not be generalizable to pregnant mothers outside the study hospital.

Despite these limitations, the study does offer valuable insights into antenatal education programs suggesting targeting persistent knowledge gaps, reinforcing positive attitudes, and enhancing maternal self-efficacy. Interventions could include skill-building workshops, motivational counseling, and postnatal follow-up. Engaging partners and family members may further support mothers in practicing EBF. Future research should explore longitudinal outcomes to assess whether maternal knowledge, attitudes, and self-efficacy predict actual EBF duration.

Conclusion

The study highlights high breastfeeding knowledge, predominantly neutral or moderate attitudes, and moderate self-efficacy toward EBF among pregnant mothers attending the antenatal clinic at Kahawatta, but identifies gaps in public breastfeeding perceptions and comprehensive knowledge. To address these gaps, antenatal education programs should be strengthened by incorporating hands-on breastfeeding demonstrations, role-playing scenarios for public breastfeeding, and guidance on recognizing signs of adequate infant feeding. Future research should evaluate the effectiveness of these targeted interventions in improving EBF duration and maternal confidence. Strengthening antenatal

and postnatal education with emphasis on practical skill-building and partner involvement could enhance exclusive breastfeeding rates.

Acknowledgement

The authors would like to express their sincere gratitude to all participants and all individuals who helped with the successful completion of this research.

List of Abbreviations

ANC	Antenatal Clinic
BSES-SF	Breastfeeding Self-Efficacy Scale – Short Form
EBF	Exclusive Breastfeeding
ERC	Ethics Review Committee
IIFAS	Iowa Infant Feeding Attitude Scale
WHO	World Health Organization
UNICEF	United Nations Children’s Fund

Conflicts of Interest

The authors declare that they have no conflicts of interest related to this study.

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