Breastfeeding Attitudes and Knowledge among Sixth Year Medical Students in Jordan

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Abstract

Background: Previous reports have demonstrated that counseling about breastfeeding can improve the rate and initiation duration of breastfeeding. However, those medical students are ill-prepared for this role. It is unclear whether medical students would provide the knowledge and skills necessary for effective breastfeeding promotion or not in Jordan. The aim of this study was to identify breastfeeding attitudes and knowledge among 6th year medical students in their final year at The Jordan University of Science and Technology (JUST).

Methods: A 28-item self-administered questionnaire; containing three sections: knowledge (13 items) attitude (7 items) and demographic (3 items), were distributed randomly to medical students. The random sample consisted of 234 medical students who were in their final year. The questionnaire assessed both breastfeeding attitudes and knowledge.

Results: The results were explained taking into consideration gender and being a parent. Mean attitude's score for participants without children was 46.7 as compared to 44.0 for those with children. The results showed similar negative attitude toward breastfeeding among both male and female participants regardless of having children or not (p=0.35). This means that there were no significant difference in attitudes toward breastfeeding among male and female students whether they are having children or not. On the other hand, the mean knowledge score was 22.9 for male participants while it was 21.55 for female participants, indicating some degree of breastfeeding knowledge among participants (p=0.035). However, having personal experience with breastfeeding (self or partner) did not increased breastfeeding attitudes and knowledge (p=0.35 vs. p=0.93, respectively).

Conclusions: Medical students have significant educational needs in the area of breastfeeding management and breastfeeding education. Further targeted training is needed to improve both breastfeeding attitudes and knowledge.

Keywords: Breastfeeding, Attitudes, Knowledge, Jordan.

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Introduction

It has been recommended that prolonged breastfeeding is the optimal infant nutrition[1]. Data from developing countries show that early initiation of breastfeeding is decreasing rather than increasing for newborn infants[1]. In Jordan, findings did show that 8% of women do not initiate early breastfeeding, 27.3% of women only continue breastfeeding of their babies beyond six months of age, and only 10% of the population breastfeed their babies during the first 2 years of infants' life[2]. The median age for weaning infants from breastfeeding in Jordan was around 12.4 months[2].

Skilled and knowledgeable health support system is essential to help mothers initiate early breastfeeding and to manage any breastfeeding problems. Health professionals need adequate knowledge about the risks of early weaning from breast milk so as to effectively promote breastfeeding. Although health professionals could acknowledge the importance of breastfeeding and support breastfeeding promotion activities among mothers, however, many health care providers believe that their training in breast feeding management has been inadequate, and they lack confidence in their breastfeeding management abilities[3]. For many health professionals, it has been indicated that breastfeeding training was inadequate and personal experience or passive learning was the main source of knowledge on breastfeeding[4]. In addition, some hospital infant feeding practices may delay early breastfeeding promotion[5]. All these factors contribute to less than optimal rates of initial and continuing exclusive breastfeeding during first six months of an infant.

There is very limited formal data regarding Medical Students' breastfeeding attitudes and knowledge in Jordan. Research has shown the important role of health professional, including students, in mothers' breastfeeding decisions[6]. However, significant breastfeeding knowledge deficits have been found among health professionals' students working with mothers and babies, specifically regarding known health disadvantages faced by formula fed infants[7]. For example, in one study of 262 Nebraska physicians (specializing in obstetrics, gynecology, paediatrics and family practice) reported that 18% did agree with introducing of cereal from three weeks, and a significant minority (12%) disagree that breastfeeding protected against the risk of diarrhea[8].

A survey of 50 paediatricians in USA found 26% disagree that breastfeeding was the best nourishment for newborn infants[9]. In the same study 23% of participants did not agree that breastfeeding decreased the risk of gastroenteritis, and 17% did not agree it decreased otitis media risk. Another study showed that around third of obstetrics/gynaecology specialists stating that formula fed infants were as healthy in the long run as breastfed infants[10]. Another study showed 12-19% of paediatricians disagreeing that the benefits of breastfeeding exceeded any difficulties or inconvenience to mothers[11].

A large nationwide study back in 1995 that included 3115 residents and 1920 physicians in paediatrics, obstetrics/gynaecology and family medicine showed that 29-53% of practicing physicians did not agree that breastfeeding reduced otitis media and 18-30% that it reduced gastroenteritis. The proportions among resident physicians were 40-64% and 31-36%

respectively[12]. Another study of pediatric staff in an academic training program found only a 60% median knowledge score on a true/false breastfeeding knowledge questionnaire[13]. The comparable data for obstetricians, paediatricians and family medicine physicians from the nationwide study was 53 and 24, 29 and 18, and 35 and 30% respectively.

If health professionals are to increase their knowledge of breastfeeding within their usual and preferred processes of ongoing learning, the structure of clinical training for medical students should be adequate and reflecting students' need. There has been little emphasis on medical students' attitudes and knowledge toward breastfeeding in Jordan. Health professional including student in previously described studies reported that they have had limited opportunities for training or ongoing education about breastfeeding and lack confidence in their ability to promote and support it[9,15-17]. At Jordan University of Science and Technology (JUST), medical students are spending a total of eighteen weeks in paediatrics during their fourth and sixth year including a rotation in the normal nursery. In spite of this intensive course in paediatrics' settings, their knowledge and attitude toward breastfeeding could be deficient and there could be a need to change current curriculum to improve their training through spending more time with breastfeeding consultant, lectures and workshops. The aim of this study is to identify breastfeeding attitudes and knowledge among 6th year medical students in their final year at Jordan University of Science and Technology (JUST).

METHODS

Study population

This study was conducted between June 2010 and May 2011. A sample of 234 Jordanian medical students, who were in their final year, was randomly selected according to their university ID numbers from a list of lectures provided by the paediatrics' department. Participants were approached at random at the end of the lecture and were asked to complete a questionnaire. 138 (59%) of the participants were male and 96 (41%) were female. Participants were asked to complete self-administered choice formatted questionnaire during in-person data collection times. The average time that has been taken to fill out all parts of questions was 25 minutes. The students were asked to read information sheet and then to sign the consent form before start filling questionnaire. Then students have been asked to fill questionnaire. One resident and one consultant were present to answer questions. The questionnaire was in English language as all courses are conducted in English. **The questionnaire was based on a validated tool used by Scottl with midwives in Scotland.**

Ethical considerations

The study received JUST Human Research Ethics Committee approval. Participants received written information about the purpose of the study and our intention to publish survey results. There were no anticipated physical, social or legal risks associated with participation. Informed consent was implied if participants completed and returned the questionnaire.

Data Analysis

Data were analyzed using the Statistical Package for Social Sciences (SPSS) windows version 15. Descriptive statistics were used to characterize the demographic data, knowledge and attitude scores. Mann-Whitney Test was

performed to compare the summary measure of knowledge and attitudes according to participants' gender and whether they had children. Statistically significant was set at p equal to or < 0.05 level. Dataare presented as proportion of respondents or mean ± SD.

Data Collection

A self-administered questionnaire that reflects on participants' knowledge, and related breastfeeding attitudes was used to collect data. The questionnaire was based on a validated tool used by Scott et al with midwives in Scotland[14]. The used questionnaire has been demonstrated to be both reliable and valid[4, 14]. The questionnaire included 20 questions: 13 attitude and seven knowledge questions on breastfeeding (see appendix 1). The 13 attitude and seven knowledge questions on breastfeeding were each scored from one (low) to five (high), with a high score reflecting positive breastfeeding attitude and a high level of knowledge. These two groups were then summed to give total attitude and total knowledge scores. Spearman's correlations were calculated between the attitude and knowledge scores. Differences between genders, professions and participants with and without children were examined using Mann-Whitney and Kruskal-Wallis tests.

There were also five multiple choice questions on breastfeeding management covering the treatment of mastitis, breast milk insufficiency, attachment at the breast, sore nipples and nipple thrush. The questions used Likert scale responses from strongly agree to strongly disagree. There were also two short sections at the end of the questionnaire with demographic questions including gender and whether they had children or not.

Results

Characteristics of the Respondents

Overall, 300 questionnaires were distributed, of which 234 were completed and returned. Table 1 shows socio demographic features of the study group. Most of the participants (138 (59%) were male, and 96 (41%) were female, of whom 10 (4%) already have children. Both male and female students strongly agreed that health professionals should actively encourage all mothers in their practices to initiate early breastfeeding (Mean= 4.2-5.0). Only less than 1.8 of medical students disagree that they should actively encourage mothers to initiate breastfeeding. Medical students' responses toward breastfeeding attitude and knowledge questions according to gender were not different (See Table 2 & 4).

Personal Experiences of having children

Of all respondents, only 10 (4%) had children whereas the remainder 224 (97.7%) did not. Of those 96 (40.2%) were female whereas 138 (57.7%) were male. Participants with personal experience (having children) differed from those with no personal experience in the reasons given for actively involvement of health professionals to encourage all mothers to try breastfeeding. Participants with no children were more likely not to agree on active involvement of health profession 3.9 (1.8) agreed and 4.74 (0.75) disagreed with significant difference in their response (p=0.002). They also more likely not to agree that breastfeeding for infants would have more benefits than formula feeding as only 3.8 (1.4) vs. 4.53 (0.9) agreed on that (p=0.01) (See Table 2 & 6).

Table 1. Socio-demographic characteristics of participants (*N*= 234)

Variable	n (%)
Gender	
Male	138 (59)
Female	96 (41)
Do have children	
Having children	10 (4)
Not having children	224 (96)

The degree of approval	Mean
strongly disagree	< 1.8
Disagree	1.8 - < 2.6
in moderate	2.6 - < 3.4
Agree	3.4 - < 4.2
strongly agree	4.2 – 5

For both male and female participants who are having children, when they compared to each other, a significant difference was found especially with the last four questions in relation to knowledge regarding breastfeeding (See Table 3). The responses were not similar for female respondents with children as compared to male with children (See Table 3). Female participants did agree that health professionals have an influence on a woman's decision to initiate breastfeeding (2.96 (1.3) vs. 2.2 (1.1), p=0.01 respectively). Female participants did not recommend breastfeeding if the mother had breast or nipple problems while male did recommend that (3.41 (1.3) vs. 3.3 (1.5), p=0.02 respectively). Female participants with children agreed that breastfed baby is likely to have fewer infections than a formula fed baby as compared to male with children (3.39 (1.3) vs. Male 3.7 (1.8), p=0.02 respectively).

Table 2. Participants mean responses about breastfeeding attitude in relation to gender and having children

Questions	Male (mean±SD)	Female (mean±SD)	p-value	Participants had children (mean±SD)	Participants had children (mean±SD)	p-value
1. Health professionals should actively encourage all mothers in their practices to try breastfeeding	4.79±0.67	4.57±1.0	**0.049**	3.90±1.8	4.74±0.75	**0.002**
2. Formula feeding is good way of letting fathers care for the baby	2.72±1.5	2.80±1.41	0.686	2.70±1.3	2.76±1.5	0.903
3. Breast milk is the ideal food for babies	4.33±1.2	4.19±1.4	0.426	3.80±1.3	4.29±1.3	0.247
4. A mother who occasionally drinks alcohol should not breastfeed her baby	3.28±1.5	3.20±1.4	0.668	3.80±1.0	3.23±1.5	0.228
5. Mothers intending to breastfeed should expect sore nipples as a normal part of breastfeeding	3.38±3.8	2.70±1.3	0.099	2.70±1.4	3.12±3.1	0.670
6. Health professionals have little influence on a woman's decision to continue breastfeeding	2.53±1.2	2.54±1.2	0.958	2.50±1.3	2.53±1.3	0.925

7. A breastfed baby is likely to have fewer infections than a formula fed baby	4.57±0.8	4.47±0.9	0.371	4.10±1.2	4.55±0.9	0.110
8. Formula fed babies are more likely to be overfed than breastfed babies	4.06±1.2	4.05±1.2	0.971	4.10±1.5	4.05±1.2	0.905
9. Breastfeeding is beneficial to a mother's health	4.22±1.1	4.25±1.1	0.860	3.40±1.3	4.27±1.1	**0.012**
10. Breast milk alone can satisfy most babies for approximately the first six months	4.29±1.0	4.19±1.1	0.480	3.70±1.2	4.30±1.1	0.104
11. Formula milk is more easily digested than breast milk	1.88±1.3	1.82±1.2	0.709	2.20±1.4	1.84±1.3	0.383
12. Breastfeeding provides health benefits for infants that cannot be provided by formula	4.52±0.8	4.46±1.0	0.604	3.80±1.4	4.53±0.9	**0.014**
13. Fathers feel left out if a mother breastfeeds	2.88±1.6	2.29±1.5	**0.044**	3.30±1.7	2.61±1.6	0.176

Table 3. Mean responses of participants' knowledge toward breastfeeding in relation to Gender and having children

Questions	Male (mean±SD)	Femal (mean±SD)	p-value	Male had children (mean±SD)	Female had children (mean±SD)	p-value
1. A woman who is fully breastfeeding is less likely to become pregnant three months after delivery than a woman who is formula feeding	4.56±1.1	4.46±1.1	0.931	3.90±1.8	4.48±1.1	0.571
2. Supplemental feeding is detrimental to the establishment of a good milk supply	3.52±1.3	3.24±1.4	0.207	3.50±1.7	3.40±1.4	0.706
3. It is usually advisable for babies to receive a formula feed before the first breastfeed	1.56±1.1	1.25±0.7	0.514	1.70±1.3	1.42±1.0	0.145
4. Frequent breastfeeding in the early newborn period can help reduce jaundice	3.32±1.4	3.35±1.3	0.378	3.20±1.18	3.34±1.39	**0.001**
5. Growth patterns of breastfed infants differ from those of formula fed infants	3.52±1.3	3.24±1.4	0.125	3.30±1.5	3.41±1.3	**0.024**
6. If a breastfed infant has not regained his birth weight by two weeks of age, the mother should be encouraged to begin supplementing with formula	3.04±1.3	2.76±1.3	0.701	2.20±1.1	2.96±1.3	**0.010**
7. A mother of an infant who feels she has insufficient milk should "top up" with a bottle after each feed	3.52±1.3	3.24±1.4	0.274	3.70±1.8	3.39±1.3	**0.029**

Table 4. Comparison between male and female, and those with and without children for attitude and knowledge scores

Variable		breastfeeding attitude		breastfeeding knowledge	
	n	mean	rang	mean	Rang
Gender					
Male	138	47.50	30-85	22.95	9-35
Female	96	46.36	27-59	21.55	9-29
Mann-whitney test		P=0.06			P=0.035
Having children					
Without children	224	46.78	30-85	22.41	11-35
With children	10	44.00	27-65	21.50	9-35
Mann-whitney test			P=0.355		P=0.933

Management of Breastfeeding

In the management options of breastfeeding problems 46%of participants recommended to continue feeding on both breasts while having mastitis whereas 53%.6 recommended stopping breastfeeding. In relation to seeking appropriate advice for breast milk insufficiency, more than half or participants (57%) correctly recommend increasing frequency of breastfeeding on demand and seeking expert help if needed, whereas 42% made no such recommendation. Participants varied in their initial recommendations regarding correct symptoms to indicate a poorly attached baby as 79.5% agreed that very frequent feeding mother has sore nipples and or repeated engorgement/mastitis, and 20.5% did not agreed on that.

In relation to available options to mange sore nipples that include: checking for nipple thrush, apply breast milk, seek expert help with attachment, and apply lanolin to cracked nipples more than three fourths of participants (61.5%) correctly agreed upon suggested resolution, whereas 38.5% did not agreed on that. Only one fourth (37%) of all respondents were aware about correct symptoms of nipple thrush (ex. pink, sensitive, tender, cracked nipples, shooting and burning pain in the breast) (See Table 5).

Discussion

Many challenges are described to prevent mothers of successful breastfeeding. For example, being employed is one challenge that makes mothers less likely to breastfeed. Another reason is the culture attitudes toward a bottle feeding practice. On the other hand, there are other factors that could encourage early breastfeeding. A positive attitude toward early breastfeeding is an important contributing factor that could encourage mothers to initiate early and exclusive breastfeeding. Health professional role, including medical students, to support and encourage early breastfeeding behavior is crucial.

In this random sample of 6th year medical students in their final year we showed that they are ill-prepared to counsel mothers on breast-feeding. Medical students' responses in the current study emphasised their need to have more opportunities for training or ongoing

education about breastfeeding as there was a lack of confidence in their ability to promote and support breastfeeding. This finding is similar to other studies findings[8,15-17]. Deliberate efforts must be made to incorporate clinically based breast-feeding training into their study curricula and conducting education workshops to better prepare physicians for their role in breast-feeding promotion.

Table 5. Scores for management of breastfeeding problems

Breastfeeding problems	Correct N (%)	Uncorrected N (%)
Appropriate advice for mastitis (Continue to feed on both breasts)	111 (46.4)	128 (53.6)
Appropriate advice for breast milk insufficiency (Increase breastfeeding frequency and seek expert help)	138 (57.7)	101 (42.3)
Correct symptoms to indicate a poorly attached baby (very frequent feeding, mother has sore nipples/repeated engorgement/mastitis)	190 (79.5)	49 (20.5)
Resolution of sore nipples (check for nipple thrush, apply breast milk, seek expert help with attachment, apply lanolin to cracked nipples)	147 (61.5)	92 (38.5)
Correct symptoms of nipple thrush. (pink, sensitive, tender, cracked nipples; shooting, burning pains in the breast)	89 (37.2)	150 (62.8)

Most of participants had with positive attitudes toward the statement "formula milk is more easily digested by newborn infants than breast milk". By that they are considering that formula milks the ideal food for babies" and "breast milk is less easily digested than formula."The findings also showed that most participants (62.8%) were unfamiliar with symptoms of nipple thrush and mastitis. Only 53% of participants chose appropriate management for both mastitis and nipple thrush**.**

In previous studies some factors are suggested to be contributing to the lack of appropriate knowledge and attitudes toward imitating breastfeeding behave ours. Residents reported that their breastfeeding instruction consisted mainly of didactic lecture, not patient experience[3, 18]. Only 55% of senior residents recalled even one instance of precepting related to breastfeeding and less than 20% had demonstrated breastfeeding techniques at least five times during residency. Regarding preparation for breastfeeding counseling, more than50% of all practicing physicians rated their residency training as inadequate. Overall, physicians involvement in breastfeeding promotion was endorsed by 90% of respondents, yet only half rated themselves as effective in counseling breastfeeding mothers. The greatest predictor of physician

self-confidence was suggested to be related to previous personal or spousal breastfeeding experience.

CONCLUSION

Many challenges are described to prevent mothers from successful breastfeeding. Increase awareness among mothers is important and health professional are the most reliable source that could help mothers to initiate and adhere to early breastfeeding. Nevertheless, negative attitudes of health professional and misinformation in relation to breastfeeding practice is a leading barrier to ineffective breastfeeding. At JUST, medical students spend a total of eighteen weeks in paediatrics during their fourth and sixth year including a rotation in the normal nursery. In spite of this intensive course in paediatrics, the findings of current study showed that medical students' knowledge and attitude toward breastfeeding is deficient and a lot of effort should be done to change current curriculum. Such change is crucial to lead a real change in health students' attitudes and knowledge toward breastfeeding and to improve their training through spending more time with breastfeeding consultant, lectures and workshops. It is also very important to update university curriculum to include breastfeeding education to improve knowledge among medical students to support education of breastfeeding among mothers. A limitation of the study involves potential bias with the participant selection as the sample was small and participants were selected only from one clinical setting.

BREASTFEEDING QUESTIONNAIRE 1

For each statement below, please indicate how much you agree or disagree by circling the number that most closely corresponds to your opinion.

Section 1.

	Strongly Agree				**Strongly Disagree**
1. Health professionals should actively encourage all mothers in their practices to try breastfeeding	1	2	3	4	5
2. Formula feeding is good way of letting fathers care for the baby	1	2	3	4	5
3. Breast milk is the ideal food for babies	1	2	3	4	5
4. A mother who occasionally drinks alcohol should not breastfeed her baby	1	2	3	4	5
5. Mothers intending to breastfeed should expect sore nipples as a normal part of breastfeeding	1	2	3	4	5

6. Health professionals have little influence on a woman's decision to continue breastfeeding	1	2	3	4	5
7. A breastfed baby is likely to have fewer infections than a formula fed baby	1	2	3	4	5
8. Formula fed babies are more likely to be overfed than breastfed babies	1	2	3	4	5
9. Breastfeeding is beneficial to a mother's health	1	2	3	4	5
10. Breast milk alone can satisfy most babies for approximately the first six months	1	2	3	4	5
11. Formula milk is more easily digested than breast milk	1	2	3	4	5
12. Breastfeeding provides health benefits for infants that cannot be provided by formula	1	2	3	4	5
13. Fathers feel left out if a mother breastfeeds	1	2	3	4	5

Section 2

	Strongly Agree				**Strongly Disagree**
8. A woman who is fully breastfeeding is less likely to become pregnant three months after delivery than a woman who is formula feeding	1	2	3	4	5
9. Supplemental feeding is detrimental to the establishment of a good milk supply	1	2	3	4	5
10. It is usually advisable for babies to receive a formula feed before the first breastfeed	1	2	3	4	5
11. Frequent breastfeeding in the early newborn period can help reduce jaundice	1	2	3	4	5
12. Growth patterns of breastfed infants differ from those of formula fed infants	1	2	3	4	5
13. If a breastfed infant has not regained his birth weight by two weeks of age, the mother should be encouraged to begin supplementing with formula	1	2	3	4	5
14. A mother of an infant who feels she has insufficient milk should "top up" with a bottle after each feed	1	2	3	4	5

15. If a woman develops mastitis, what do you usually advise her to do about breastfeeding?
(*Circle **ANY** that apply*)

Continue to feed on both sides 1
Stop feeding on the affected side..... 2
Stop feeding altogether..... 3
Prescribe antibiotics……..4
Unsure / Don't know 5

16. If a mother complains of breast milk insufficiency which of the following options will help to resolve the problem: (*Circle **ANY** that apply*)

Increase frequency of breast milk feedings 1
Top up each breastfeed with a bottle of formula 2
Seek expert assistance with positioning and attachment 3
Advise mother to drink more fluids..... 4
Unsure / Don't know 5

17. Which of the following symptoms could indicate POOR attachment at the breast: (*Circle **ANY** that apply*)

Baby feeds very frequently and is unsettled..... 1
Mother has sore and cracked nipples..... 2
Mother reports repeated engorgement..... 3
Mother has mastitis 4
Unsure / Don't know 5

18. If a mother complains of sore nipples which of the following options will help to resolve the problem: *(Circle **ANY** that apply)*

Stop feeding on the affected side 1
Check for symptoms of nipple thrush ……..…….. 2
Advise mother to apply breast milk to nipples ……..…….. 3
Seek expert assistance with positioning and attachment ……..…… 4
Advise mother to apply lanolin to nipples …… 5
Unsure / Don't know ……..…….. 6

12. The symptoms of nipple thrush can include: *(Circle **ANY** that apply)*

Nipples are pink, sensitive and tender ……..…….. 1
Nipples are cracked ……..…..……..2
Shooting, burning pains in the breast …….. 3
Breast is lumpy and red ……..…….. 4
White patches on nipple or breast… ……. ……... 5
Unsure / Don't know…….……..6

Section 3.

Male? □ or 1. Are you □ Female

2. Do you have any children? □Yes □No

3. If **YES,**

Number ( )

a) How many were breastfed (including mixed feeding)? ☐
b) How many were formula-fed exclusively? ☐

Thank you for taking the time to complete this questionnaire.

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معرفة ورأي طلاب السنة السادسة في كلية الطب في الأردن بالرضاعة الطبيعية

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6- أستاذ مشارك، قسم الأطفال، كلية الطب، جامعة العلوم والتكنولوجيا الأردنية

الملخص

الهدف: لقد أظهرت تقارير سابقة أن المشورة الطبية يمكن أن تحسن من معدلات بدء الرضاعة الطبيعية ومدتها.ومع ذلك فإن طلاب الطب قد يكونوا غير مهيئين بعد لهذا الدور .ومن غير الواضح ما إذا كان من شأن طالب الطب أن يوفر المعرفة والمهارات اللازمة لفاعلية تشجيع الرضاعة الطبيعية، أولاً في الأردن .لذلك كان الهدف من هذه الدراسة هو تحديد مواقف ومعرفه طلاب الطب في السنة الأخيرة في جامعة الأردن للعلوم والتكنولوجيا بالرضاعة الطبيعية.

الطريقة: تم توزيع الاستبيان بشكل عشوائي على طلاب كلية الطب في السنة الأخيرة. تكونت العينة من234 طالب. واحتوى الاستبيان على 28 بندا لتقييم المواقف والمعرفة لدى طلاب الطب اتجاه الرضاعة الطبيعية واحتوى الاستبيان على. ثلاثة أقسام:المعرفة (13)، المواقف اتجاه الرضاعة الطبيعية (7) ومعلومات تخص المشتركين (3).

النتائج: تم توضيح النتائج بربطها بنوع الجنس وكون الطالب لديه طفل أو لا. وكان معدل النتيجة لمواقف المشاركين الذين كانوا بدون 46.7 أطفال بالمقارنة مع 44.0 بالنسبة لأولئك الذين لديهم أطفال. وأظهرت نتائج مماثلة الموقف السلبي اتجاه الرضاعة الطبيعية بين المشاركين من الذكور والإناث على حد سواء بغض النظر عن إنجاب الأطفال أم لا (P =0.35). هذا يعني أنه لم يكن هناك اختلاف كبير في المواقف تجاه الرضاعة الطبيعية بين الطلاب الذكور والإناث سواء كانوا قد أنجبوا أطفالا أم لا.من ناحية أخرى كانت نتيجة معدل المعرفة 22.9 لدى المشاركين الذكور في حين كان 21.55 للمشاركات الإناث، مشيرا إلى معدل متوسط من المعرفة عن أهمية البدء المبكر للرضاعة الطبيعية بين المشاركين (P =0.035) وبالرغم من وجود تجربة شخصية مع الرضاعة الطبيعية ذلك لم يؤدِ إلى تحسين معدل وجهة النظر أو المعرفة بالنسبة للرضاعة الطبيعية بحيث كانت النتيجة (P =0.35) مقابل (P =0.93)، على التوالي.

الاستنتاجات: طلاب الطب لديهم احتياجات تعليمية مهمة في مجال إدارة الرضاعة الطبيعية وتعلمها بالطريقة الصحيحة والرضاعة الطبيعية .هناك حاجة إلى مزيد من التدريب الموجه لتحسين كلا اتجاهات الرضاعة الطبيعية والمعرفة. خاصة أن من المتوقع أن يتم قريبا تخرج طلاب كلية الطب في السنة الأخيرة والبدء في تقديمهم المشورة الصحية للأمهات.

الكلمات الدالة: الرضاعة الطبيعية، رأي، المعرفة، الأردن.