Libyan Journal of Medical Research (LJMR) eISSN:2413-6096

Breastfeeding Knowledge Amongst Healthcare Professionals at AlJalaa Maternity Hospital Tripoli-Libya

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Abstract:

Breastfeeding support from healthcare professionals influences a mother's decision to initiate and maintain exclusive breastfeeding. Objectives: To assess the level of knowledge on exclusive breastfeeding (EBF) among healthcare professionals in Aljalaa maternity hospital in Tripoli –Libya. Materials and methods: Across-sectional study was performed between March to April 2021. Study subjects included health professionals working in the Aljalaa maternity hospital. A questionnaire was used to collect data. SPSS 22 package program was used for statistical analysis. Results: A total of 118 health care professionals participated in this study. The majority of the participants52.5% was nurses and midwives, 86.4% were females, with mean age 37.43±9.37 and 82.2% were resident with more than ten years of experience. Health care professionals had adequate knowledge about BF initiation, duration and complementary feed. However, 78.8%% of the providers didn't know about the frequency of breastfeeding (BF). The majority of the participants knew about breast milk sustainabilitybut,81.4% didn't know about cracked nipple management. Health care professionals have good information about BF contraindications, the majority75.4% of the provider's answered diarrhea is an indication to stop breastfeeding, and 65.3% answered small breasts affect breastfeeding. The mean score of the professional's healthcare knowledge was 54.36 ±13. Conclusion: The level of breastfeeding knowledge of health care professionals was fair with deficits in the important key areas. Immediate training and continuing medical education for health workers will help improve mother and newborn health.

Keywords: breast milk, breastfeeding, health care professional knowledge

Citation: Fituri N, Dafer N., Breastfeeding Knowledge Amongst Healthcare Professionals at AlJalaa Maternity Hospital Tripoli-Libya, 2021; 15(2): 7-13 https://doi.org/10.54361/ljmr.v15i2.05

Received: 08/10/2021 **accepted**: 23/10/2021; **published**: 31/12/2021

INTRODUCTION

The World Health Organization (WHO), American academy of paediatrics (AAP), and United Nations International Children's Emergency Fund (UNICEF) recommend that all infants should receive human milk exclusively in the first six months of life and continue breastfeeding beyond the second year of life.1,2 In addition, breastfeeding should begin within an hour of birth and offered to the infant "on demand", Formula feeding and pacifiers use should be avoided 3 Breast

milk is the best source of nutrition and protection for the baby up to the sixth month of life, with no other type of food or liquid necessary [4].

Its nutritional virtues are due to potent immune factors and a unique composition that evolves in tandem with the infant's growth and developmental needs. Breast milk promotes sensory and cognitive development and protects the infant against infectious and chronic diseases. Exclusive breastfeeding reduces infant mortality due to common childhood illnesses such as diarrhea or pneumonia and provides numerous short- and long-term health benefits for both the baby and its mother.[5] Breastfeeding reduces cardiovascular disease, breast and ovarian cancer, type 2 diabetes, and postpartum depression in mothers.[6] Furthermore, breastfeeding is economically beneficial for families, employers, and our healthcare system as a whole.[7]

The term weaning refers to the long transition process in which the child changes from the total dependence on breast milk to the complete interruption of feeding with milk.[8],[9] Therefore, weaning begins with food introduction other than breast milk and ends when the baby is fed with milk for the last time. Complementary feeding is the period in between, where babies receive food and milk [10].

Global efforts towards breastfeeding protection, promotion, and support started by the "Innocenti Declaration" in 1990 that provides, "all governments should create an environment enabling women to practice exclusive breastfeeding for the first 6 months of life".[11] Therefore, WHO and UNICEF advice for implementing the "Ten Steps to Successful Breastfeeding" in all institutions providing maternity and newborn services worldwide. Physicians and nurses are considered important health care members as they are one of the largest healthcare providers who are involved in different levels of health care and represent the frontline for health care services [12] and play an essential role in breastfeeding encouragement, so all health care staff in contact with mothers and infants must receive training in breastfeeding policy implementation. These programs strengthen the knowledge and skills of all medical and para-medical staff, which aimed to support breastfeeding in ten steps, ensuring that the professionals involved have sufficient knowledge, competence, and skills for supporting this practice [13].

Lack of accurate knowledge and inadequate support by healthcare professionals are among risk factors affecting breastfeeding failure [14]

This study aimed to assess the level of knowledge on exclusive breastfeeding (EBF) among healthcare professionals in Aljalaa maternity hospital in Tripoli – Libya.

METHODS AND MATERIALS

A cross-sectional study was conducted for healthcare professionals at Aljalaa maternity hospital. It is a governmental specialized tertiary academic hospital that provides maternity and level III NICU services in Tripoli. The study was carried

out by a questionnaire interview for healthcare professionals, who are in early contact with mothers after delivery. This questionnaire was formed in two languages Arabic and English. The English language questionnaire was well understood by participants, all of whom were physicians and few non- Libyan healthcare professionals. The questionnaire is composed of two sections: The first section has five variable focuses on bio-data of respondents including, age, gender, speciality, professional experience and, scientific degree. In the second section the questionnaire focuses on four main basic knowledge categories in the participant breastfeeding knowledge. 1-Breastfeeding initiation, duration, and complementary feeding knowledge, 2- healthcare professional's advice that may affect the BF, 3- healthcare professional's knowledge about BF contraindication, and 4- knowledge about breast milk sustainability. Each of these items had MCQ questions with one correct answer and a "don't know" option for assessing the knowledge in this field, with a total of 26 questions. And to increase the participant response, the questionnaire was anonymous. The participants were required to complete the questionnaire in the presence of one of the researchers where verbal consent obtained. The correct answers were scored with a total score of 100 points. A knowledge score of at least 85% was considered good, 50-84% fair and less than 50% was considered poor. Collected data coded and IBM SPSS Statistics software version 22 was used for analysis mean, frequency, percentage, and chi-square used to find the significance of the differences between categorical variables. A p-value of less than 0.05 considered significant.

RESULT:

The main interest in the current study was the influence of the healthcare professional's knowledge in breastfeeding on mother breastfeeding practice and continuation. Total 118 healthcare professionals participate in this study (51physicians, 62 nurse and midwives and 5 clinical pharmacists), the characteristics of the participant are presented in table 1. The study revealed that the majority were female 102(86.4%), residents 97(82.2%), and with up to ten years of experience (48.3%). The mean age 37.43 ±9.37.

Table 1 Characteristics of the healthcare professionals participating in the study

Variable		Frequency (118)	Percentage %
Age	20-30	30	25.4%
	31-40	40	33.9%
	41-50	29	24.6%
	>50	8	6.8%
	Refused	11	9.3%
Gender	Female	102	86.4%
	Male	16	13.6%
Speciality	Paediatricians	33	28%
	Obstetricians	18	15.3%
	NICU nurses	31	26.3%
	Midwives	31	26.3%
	Other specialities	5	4.2%
Professional experience	<1years	8	6.8%
	2-10 years	57	48.3%
	11-20years	28	23.7%%
	>20 years	18	15.3%
	Refused	7	5.9%
Scientific degree	No scientific degree	97	82.2%
	Specialist	19	16.1%
	Consultant	2	1.7%

Most participants responded correctly on the BF initiation after vaginal delivery 102(86.4%), although an incorrect answer on BF initiation after a caesarean section was found in 54 (45.8%). The correct answer for BF frequency was answered by 24(20.3%), where most of the respondents answered a scheduled feeding rather than feeding the baby on demand. A significant In response to the questions about breast milk sustainability, 92(78%) had a correct rate of healthcare professional 101(85.6%) would advise the mother to continue BF up to two years of age or beyond. Regarding the weaning concept, 75(63.6%) of the respondents answered correctly, 5% did not know the answer, and 37(31.4%) chose the wrong answer, whom knowledge about weaning was to stop BF.

answer about the diet that increases milk supply.105(89%) knew that if babies were

separated from mothers, breast milk expression should be carried. Breast milk freezing and the maximum period that breast milk can be deeply frozen questions was answered correctly by 81.4% and 46.6%, respectively. Possibility of re-lactation after two weeks' question was answered correctly by 61(51.7%). One of the early complications in breastfeeding mothers is having cracked nipples, and proper management will ensure continuing BF. The cracked nipple management question was answered correctly by only 12(10.2%) of the respondents.

The healthcare profession's correct answers to BF contraindication questions were as follows; mothers with positive hepatitis B-virus and hepatitis C-virus were answered correctly by 80(67.8%) and 52(44.1%), respectively. Question about BF in mothers with positive HIV serology was answered correctly by 96(81.4%). 66(55.9%) answered correct answer regarding BF in covid -19 positive mothers.

The health professional's advice can affect the BF journey. Breast and nipple size in lactating mothers are irrelevant to how much milk they can produce. 90(76.3%) had the correct answer to does large breasts affect BF? Only 33(28%) correctly answered that small breasts do not affect BF, but 44(37.3%) answered correctly that nipple size affecting BF. The calories in breast milk are similar to those in a formula. Asking the healthcare professions if formulas have more calories, the answer was correct by 57(48.3%). 63(53.4%) correctly knew that LBW infants should have breast milk exclusively. Only 9(7.6%) knew that if the baby had diarrhea, he should continue on breast milk, while 49(41.5%) did not know the correct answer. Pacifier use and traditional herbal drinks are not recommended, as they will affect breast milk supply. 40(33.9%) knew this bad effect of pacifiers, 47(39.8% answered incorrectly, and the rest did not know the answer. Giving babies herbal drinks question was answered correctly by 40(33.9%). Their knowledge about BF being as contraception was assessed by a question that was answered correctly by 75(63.6%). The fact that breastfeeding while pregnant is safe is not known well by many healthcare professionals, as 42(35.6%) had correct answers regarding BF and new pregnancy, and 63(53.4%) answered incorrectly. The mean score of the professional's healthcare knowledge was 54.36±13.

Table 2 Rate of correct and incorrect responses of participants to the breastfeeding knowledge

Variable	Correct	Incorrect	Don't Know
1)BF initiation, duration and complementary feeding			
BF initiation in VD	102(86.4%)	12(10.2%)	4(3.4%)
BF initiation in C/S	58(49.2%)	54(45.8%)	6(5%)
BF frequency	24(20.3%)	93(78.9%)	1(0.8%)
BF duration	95(80.5%)	23(19.5%)	6(5%)
Weaning concept	75(63.6%)	37(31.4%)	4(3,4%)
Weaning timing	88(74.6%)	26(22%)	4(3.4%)
2) Breast milk sustainability	**Correct**	**Incorrect**	**Don't Know**
Food that increases breast milk supply	92(78%)	16(13.6%)	10(8.4%)
During newborn admission	105(89%)	5(4.3%)	8(6.8%)
Expressed milk freezing	96(81.4%)	12(10.2%)	10(8.4%)
Max. period for breast milk deep freezing	55(46.6%)	44(37.3%)	19(16.1%)
Re-lactation after 2 weeks	61(51.7%)	38(32.2%)	19(16.1%)
Cracked nipple management	12(10.2%)	96(81.4%)	10(8.4%)
3) Knowledge about BF contraindication	**Correct**	**Incorrect**	**Don't Know**
Mother with hepatitis B virus	80(67.8%)	28(23.7%)	10(8.4%)
Mother with hepatitis C virus	52(44.1%)	50(42.4%)	16(13.5%)
Mother with HIV virus	96(81.4%)	13(11%)	9(7.6%)
Asymptomatic positive Covid19 mother	66(55.9%)	17(14.4%)	25(29.7%)
4)Health workers advice that may affect the BF	**Correct**	**Incorrect**	**Don't Know**
Large breast can affect BF	90(76.3%)	14(11.9%)	14(11.8%)
Small breast can affect BF	33(28%)	77(65.3%)	8(7.7%)
Nipple size can affect BF	44(37.3%)	64(54.2%)	10(8.4%)
Formula has more calories than breast milk	57(48.3%)	49(41.5%)	12(10.2%)
LBW is an indication for formula feeding	63(53.4%)	6(5.1%)	49(41.5%)
Diarrhoea is an indication for BF stop	9(7.6%)	89(75.4%)	20(16.9%)
Pacifier use can affect breast milk supply	40(33.9%)	47(39.8%)	31(26.2%)
Feeding herbs can affect breast milk supply	40(33.9%)	63(53.4%)	15(112.7%)

Effective as contraception	75(63.6%)	36(30.8%)	7(5.9%)
Breastfeeding and new pregnancy	42(35.6%)	63(53.4%)	13(11.0%)

Comparing BF knowledge of the doctors and the nurses, the rate of difference between the two groups in the knowledge regarding initiation of BF after C/S, feeding on demand, no pacifier use, time to start weaning, and if the formula has more calories was not statistically significant. Continuing BF 2 years and beyond was answered correctly by 90.2% of the doctors and 74.2% of the nurses, which was statistically significant (p=0.025)

Table 3 comparison of the incorrect answers between pediatricians and obstetricians

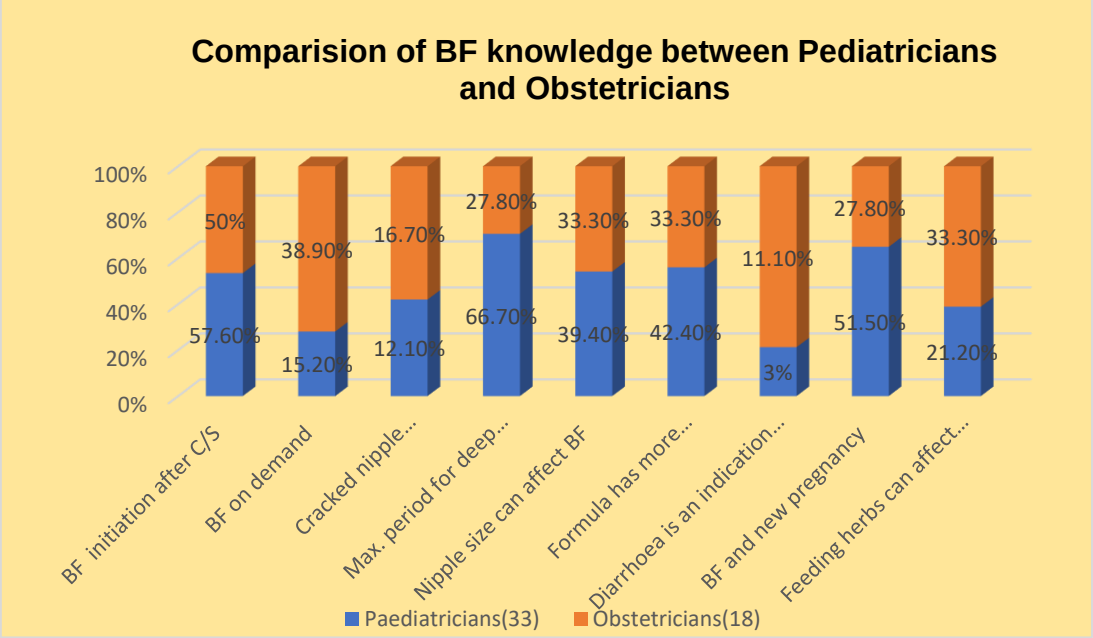

Table 4 comparison of the incorrect answers between NICU nurses and Midwives

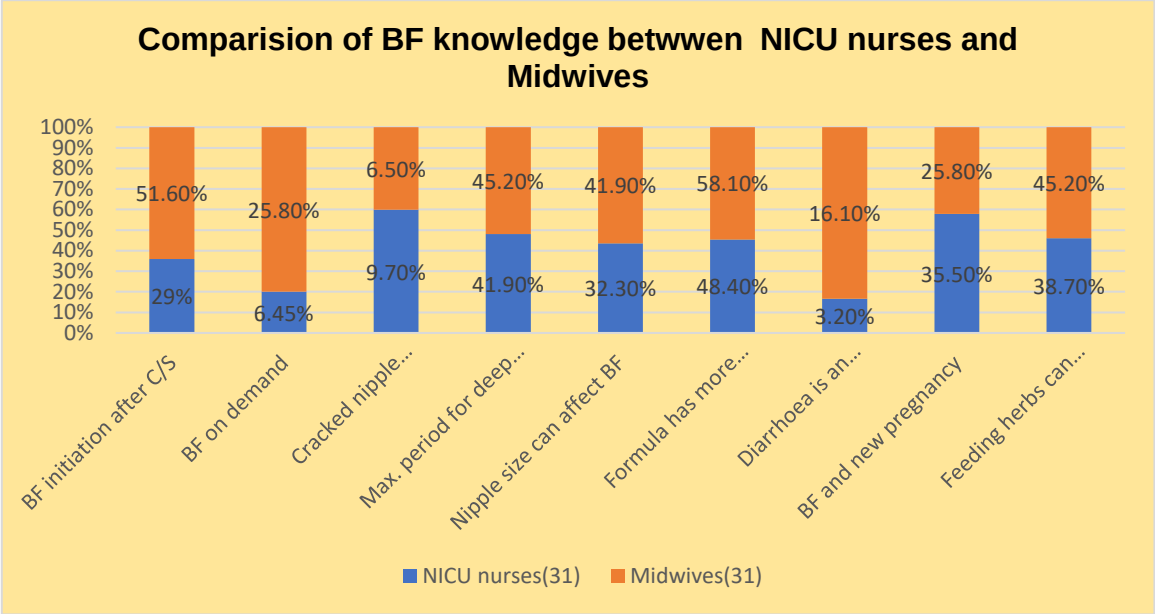

Table 5 comparison of the correct answers between doctors and nurses

Variable	Doctors 51	Nurses 62	P value
Breastfeeding initiation after C/S	28(54%)	25(40%)	0.252
BF on demand	12(23.5%)	10(16.1%)	0.422
No pacifiers	12(23.5%)	27(43.5%)	0.064
Continue BF 2 yrs or beyond	46(90.2%)	46(74.2%)	0.025
Time to start weaning	36(70.6%)	49(79%)	0.544
Formula has more calories	20(39.2%)	33(53.2%)	0.176

DISCUSSION

Healthcare professionals Knowledge plays a vital role in BF support. The mean percentage score on BF knowledge in our study was fair (54.36±13). This result was far from the Ikobah et al. study (85.1 ±9.0) [15]. Surprising that as high as 86.4%, of the HCP knew the recommended time to start BF after vaginal delivery; this is higher than in the S. N. Okolo et al [16], which reported a lower knowledge rate of 20.8%. Furthermore, 49.2% knew about BF initiation after C/S which is lower than E. J. Al- Zwaini et al [7].

80.5% and 74.6% of the HCP knew BF duration and weaning, this finding was lower than Ikobah et al [15] result. Only 20.3% knew that BF should be on demand. A similar knowledge gap was identified by Al-Madani et al.1889% of HCP chose correctly to use EBM if the baby was separated from the mother. Freezing th expressed human milk (-4C to -20C) is safe for at least three months. 81.4% of the HCP agreed on freezing the EBM, but only 46.6%. Knew that mother's breast size does not affect her ability to breastfeeds. Small breasts and large breasts produce the same quantity and quality of milk.

Our result showed that 76.3% thought that large breast size affects BF success and 28% believe that small breast size will also do, this finding is higher than the result reported by E. Al-Zwaini et al.[17] "Many women who relactate can produce enough milk to breastfeed an infant exclusively, per WHO recommendations." In our study, 51.7% of the HCP agreed that relactation is possible, which was lower than HCP knowledge in the E. Al-Zwaini et al17Study82%. Nipple trauma that occurs frequently in the early days of BF, often causes interruption of exclusive breastfeeding, and is a vital cause of BF cessation. In New York City, 35% of the women stopped breastfeeding within a week after birth due to nipple trauma, and 30 % between 1 and 4 weeks postpartum[19]. 81.4% of the HCP did not know cracked nipple management. This lack of knowledge influences BF success negatively.

WHO and CDC recommend that mothers with HBV and HCV breastfeed their infants. Our results show that 67.8% of HCP knew that BF in mothers with HBV is not contraindicated. 44.1% of HCP were aware that BF in mothers with HCV is not contraindicated, and 55.9% knew that asymptotic mother with covid 19 infection can feed her baby. In the United States, the AAP and the CDC recommend that HIV-positive mothers should not breastfeed their infants20. This was agreed by 81.4% of HCP in our study. WHO and UNICEF recommends exclusive breastfeeding for all infants during the first six months of life as a key child survival intervention 21 it is well known that BF protects against diarrheal morbidity and mortality. The majority of HCP had inadequate knowledge regarding BF infants while having diarrhea. Only 7.6% knew that if the baby had diarrhea, BF continue. This high rate of inaccurate information will affect BF success when BF counselling is provided. Better results were revealed in E. AlZwaini et al [17], which reported (98%) of HCP would advise mothers breastfeed if the baby had diarrhea

For BF success, pacifiers and traditional herbal drinks should not be fed to the babies. Based on the assumption that its use impairs the establishment and continuation of EBF, WHO and UNICEF strongly discourages its usage in BFHI. 2233.9% of HCP in the current study knew that pacifiers are bad for babies. 33.9% of HCP also knew that feeding herbs affect breast milk supply .Abd El-Ghany et al [23] study reported 79.9% of HCP do not recommend pacifiers and 97.3% know that BF should be exclusive with no herbs offered.

Breastfeeding mothers who become pregnant often wonder whether they can continue nursing through pregnancy. New pregnancy is an important reason for BF discontinuation. Regarding this fact, 35.6% of the HCP in our study knew that mothers should continue breastfeeding for few months, while 53.4% of the HCP believe mothers should stop BF. In the Beeken et al. study, 23% of the HCP agreed to stop BF with new pregnancy, and a further 22% were not sure24.

Comparing knowledge rate of doctors and nurses in initiating BF within one hour after C/S in Shaw et al [25] study there was no statistical difference between doctors and nurses, while our result revealed a small non-significant statistical difference (54% of doctors and 40% of nurses). Our results also showed that 23.5% of the doctors and 16.1% of the nurses believe that baby's BF should be on-demand. Shaw et al [25] reported 52.9% of the doctors and 72.1% of the nurses are aware that BF should be on-demand. The nurse's knowledge rate was double the rate of doctors regarding pacifier use. (43.5% and 23.5% respectively and p=0.064). In N. Okolo et 16study a higher rate of awareness was also seen with nurses than with doctors (80% & 66.7% respectively). Continuing BF for two years and beyond was agreed by 90.2% of the doctors and 74.2% of the nurses. It shows a statistically significant difference between the two groups (p=0.025). This difference was also reported in Subhash et al. study [25].

CONCLUSION

The level of breastfeeding knowledge of health care professionals at Aljalaa maternity hospital are fair but, there are deficits in some important key areas which need immediate training and continuing medical education for health workers will help improve mother and newborn health

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RECOMMENDATION:

Implementing the "Ten Steps to Successful Breastfeeding" to achieve a Baby-Friendly hospital environment is the key to protecting, promoting, and supporting breastfeeding

List of Abbreviations:

AAP: American academy of pediatrics
BF: Breastfeeding
BFHI: Baby friendly hospital initiative
CDC: Centers for disease control and prevention
C/S: Caesarean section
EBF: Exclusive breastfeeding
HBV: Hepatitis B virus
HCV: Hepatitis C virus
HCP: Health care professional
HIV: Human immune deficiency virus
LBW: Low birth weight
MCQ: Multiple choice questions
VD: Vaginal delivery
NICU: Neonatal intensive care unit
WHO: World Health Organization
UNICEF: United Nations International Children's Emergency Fund

Disclaimer

The article has not been previously presented or published, and is not part of a thesis project.

Conflict of Interest

There are no financial, personal, or professional conflicts of interest to declare.

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