

Research Article

Assessment of knowledge, attitude and practice of breast feeding among postnatal mothers at Mandya Institute of Medical Sciences, Mandya, India

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ABSTRACT

Background: Breast feeding is the best way of infant feeding. Physiologically, immunologically, psychologically best method and it is most vital for reducing infant mortality. Early human milk promotes gut maturation and immune activation. Therefore the objective of the study was to assess the knowledge, attitude and practice of breast feeding among postnatal mothers at Mandya Institute of Medical Sciences (MIMS), Mandya.

Methods: The data of the cross-sectional study includes demographic profile, knowledge among mothers regarding breast feeding and their attitude and practice towards breast feeding.

Results: Out of 138 postnatal mothers, 84 were primiparous (60.9%) and 54 (30.1%) were multiparous. And 56 (40.6%) had vaginal delivery and 82 (59.4%) had caesarian delivery. It was found that 124 (89.8%) has not received antenatal counselling regarding breast feeding. It shows that 15.84% received prelactal feeds. Out of 82 cesarean deliveries, 35 (42.58 %) feed baby within 2 hours and in case of vaginal deliver only 23 (41.07%) breast fed within half an hour Reason for delayed feeding was found to be separation of baby in case of vaginal delivery 28.5% and fatigue in case of cesarean section (40.24%).

Conclusions: In our study, it was found that, majority of them have not received antenatal counselling regarding breast feeding. Even though they have knowledge about breast feeding within appropriate time of delivery, still they are not practicing the same. It shows that, there is a gap between knowledge and practice. Intervention measures are needed to increase the attitude and practice of breast feeding.

Keywords: Breast feeding, Knowledge, Attitude, Practice and infant mortality

INTRODUCTION

Breastfeeding is an important public health issue with common social and economic implications. Infants who do not receive breast milk are likely to develop poor outcome than breastfed infants. The World Health Organization and United Nations Children's Fund recommends that infant should be exclusively fed up to first 6 months life and continuing to breast feed for up to 2 years of life to achieve optimal growth, development and health.¹

One million lives can be saved by breast feeding within the first hour of life. Breast feeding has a major role in reducing neonatal mortality rate under Millennium Development Goals. 31% of all neonatal deaths worldwide can be prevented by breast feeding within the first one hour of life.²

In South Asia, only 24% - 26% of babies born in India, Pakistan and Bangladesh are breastfed within 1 hour while the corresponding rate for Sri Lanka is 75% and National Family Health Survey (NFHS-3) data show

proper initiation & continuation of breast feeding in children under 6 months is only 46.4%.^{3,4}

Breastfeeding offers many potential health and emotional bonding for mother and baby. It is the most complete form of nutrition available to infants. Studies have showed that breast fed babies are more intelligent, improves their academic performance and they become smarter than formula fed babies.⁵

Exclusive breast-feeding provides low cost, complete nutrition for the infant, protects him/ her against infections including infant diarrhea, and prolongs lactation amenorrhea, thereby increasing birth spacing. In India alone early initiation of breast feeding can save 250,000 lives.⁶

Despite many awareness programs given to the nursing mothers, we still observe many ill breast feeding practices and hence there is an increased need to identify the factors obstructing the exclusive breastfeeding. With this in mind, the present study was undertaken with the objective to assess the knowledge, attitude and practice of breast feeding among postnatal mothers at MIMS, Mandya.

METHODS

This cross sectional study was carried out on primi and multipara mothers admitted in postnatal ward of Mandya Institute of Medical Sciences, Mandya for a period of 2 months, after obtaining approval from the Institutional Scientific Committee and the Institutional Ethics Committee of MIMS, Mandya. Written informed consent was taken from the study subjects, after explaining the plan and intention of the study. Pretested questioners were asked to postnatal mothers after delivery of a live birth baby. A face to face interview was conducted in the post-natal ward. After the data collection procedure, mothers were being instructed about the proper breast feeding techniques and the benefits of feeding. 138 postnatal mothers were included in the study and those who were not willing to be part of the study, mothers who deliver preterm baby and critically ill mothers were excluded from the study.

The data was analysed using descriptive statistics of SPSS analysis version 15 software. The results were analysed using the Chi- square test and t test.

RESULTS

In the present study, a total of 138 postnatal mothers were participated in the study. Out of these, 79.71% were in the age group 18-26 years. 60.9% and 30.1% were primiparous multiparous respectively (Table 1).

Table 1: Socio-Demographic characteristics of studied population.

Characteristics	Group	Number	Percentage (%)
Age	18-26	110	79.71
	27-36	28	20.29
Education	Illiterate	6	
	Secondary school	63	4.34
	High School	48	34.78
	Graduate & above	21	15.21
Parity	Primiparous	84	60.9
	Multiparous	54	30.1
Type of Delivery	Vaginal	56	40.6
	Cesarean	82	59.4
Baby Gender	Male	77	55.8
	Female	61	44.2

Out of 138 postnatal mothers, 124 (89.9%) have not received counselling about breast feeding during antenatal visit and only 10.1% have received the antenatal counselling (Table 2).

Table 2: Distribution of antenatal counselling about breast feeding.

Antenatal counselling about BF	Number	Percentage (%)
Received	14	10.1
Not Received	124	89.9
Total	138	100

In the present study, 41.07% initiated breast feeding within half an hour among vaginal delivery and 57.31% caesarean delivery mothers gave breast feeding within 2 hrs of delivery. 72.5% postnatal mothers do not know about colostrum. 69.5% were like to give exclusive breast feeding (Table 3).

In vaginal delivery, 35.7% fed within appropriate time. 28.5% and 26.7% had not fed the baby within half an hour of vaginal delivery due to fatigue and separation of baby respectively whereas in case of cesarean delivery 40.24% fed within 2 hrs of cesarean delivery. 40.24% and 12.19% had not fed the baby within 2 hours of cesarean delivery due to fatigue and separation of baby respectively (Table 4).

In the present study, majority of them had knowledge about the benefit of breast feeding (Table 5).

Table 3: Knowledge, attitude and practice of breast feeding among postnatal mothers.

Question	Response	Number	Percentage (%)
Best food for a newborn	Mothers milk	127	92.0
	Top milk	11	8.0
Initiated breastfeeding post-delivery (Vaginal delivery)	<30 min	23	41.07
	>30 min	33	58.93
Initiated breastfeeding post-delivery (cesarean section)	<2 hr	35	42.68
	>2 hr	47	57.31
Prelacteal should be given	Yes	6	4.3
	No	132	95.7
Should colostrum to be given?	Yes	132	95.7
	No	6	4.3
Is colostrum good for health	Yes	38	27.5
	Don't know	100	72.5
Till how many months you would like to breast feed exclusively?	<2 months	1	0.8
	2-4 months	41	29.7
	Upto 6 months	96	69.5
When to start complementary feeding	At 3 months	3	2.2
	4 months	9	6.5
	5 months	39	28.2
	6 months	87	63.04

Table 4: Comparison of delayed feeding among vaginal and cesarean delivery.

Reasons for delayed feeding	Vaginal Delivery Number (%) <30 min	Cesarean Delivery Number (%) <2 hrs
Feeding within appropriate time	20 (35.7)	33 (40.24)
Fatigue	15 (26.7)	33 (40.24)
Separation of Baby	16 (28.5)	10 (2.19)
Others	5 (8.9)	6 (7.31)
Total	56 (100)	82 (100)

DISCUSSION

Breastfeeding is an important public health strategy for improving infant and child morbidity and mortality and it is the normal way of providing nutrients and energy to infants for proper growth and development.⁷

Exclusive breastfeeding is defined as feeding the infant only breast milk, with no supplemental liquids or solids except for liquid medicine and vitamin/mineral supplements upto 6 months after birth.⁸

Factors that might influence breastfeeding include race, maternal age, maternal employment, level of education of parents, socio-economic status, insufficient milk supply, infant health problems, maternal obesity, smoking, parity, method of delivery, maternal interest and other related factors.⁹

Table 5: Knowledge about benefits of breast milk among postnatal mothers.

Question	Response	Number	Percentage (%)
Breast feed is easy and economical	Yes	131	94.9
	Don't know	7	5.1
Breast feed increases maternal and child bonding	Yes	131	94.9
	Don't know	7	5.1
Breast milk is a well-balanced nourishing food?	Yes	120	87.0
	No	1	0.7
	Don't know	17	12.3
Breast milk is good for infant's resistance toward diseases	Yes	122	88.4
	No	3	2.2
	Don't know	13	9.4
Breast milk is good to avoid infant's allergy	Yes	103	74.6
	No	13	9.44
	Don't know	22	15.9
Breast milk is only sufficient for the growth for first 6 months of life	Yes	128	92.8
	No	3	2.2
	Don't know	7	5.1
Breast feeding is easier than formula feeding	Yes	133	96.4
	No	3	2.2
	Don't know	2	1.4

Numerous barriers to breastfeeding are lack of knowledge, social norms, poor family and social support, embarrassment, lactation problems, employment and child care and barriers related to health services.¹⁰

In our study, we found that 69.5% were like to give exclusive feeding till 6 months of age. This is in concurrence with the previous study done by Mehdi & Mahanta in their study on breastfeeding and weaning practices reported 100% breast feeding rate was maintained throughout 0 to 12 months. Exclusive breast feeding rate was 69.35% up to 6 months of age.¹¹

In another study conducted by Girish S, et al, on primipara mother's knowledge, attitude and practice of breastfeeding. It was found that the 92% of mothers had inadequate knowledge regarding time of initiation of breastfeeding and 38% of mothers had inadequate knowledge about duration of exclusive breastfeeding.¹²

In our study we found that 72.5% did not know about colostrum. This is in concurrence with the previous study done by Ben Slama, et al reported that 43% of mothers did not know about colostrum.¹³ This may attributed to low knowledge about colostrum.

A study was conducted by Sushma Sriram, et al on knowledge, attitude and practices of mothers regarding infant feeding in 2013. They found that there was no association between knowledge and practice.¹⁴ In our study also it was found that there was no association between knowledge, attitude and practice regarding breast feeding.

Another study conducted by Vieira TO et al on determinants of breastfeeding initiation within the first hour of life in a Brazilian population: cross-sectional study, it showed that 47.1% of the mothers initiated breastfeeding within the first hour after birth. Early initiation of breastfeeding was found among mothers who received prenatal guidance regarding the advantages of breastfeeding as compared to those who had not received the guidance.¹⁵ In our study it was found that, most mothers were knowledgeable about the initiation of breast feeding but there was a gap between their attitude and practice.

SB Shetty, et al conducted an observational study in suburban, coastal town of South India depicted that 58.7% knew that breastfeeding should be initiated within 1 hour of child birth but only 48% of the mothers who had delivered initiated breastfeeding within 1 hour.¹⁶ This is in concurrence with our study. Our study showed that, 41.07% vaginal delivery and 42.68% cesarean delivery mothers initiated breast feeding at appropriate time.

According to an article by Shwetal B, et al, on knowledge, attitude and practice of postnatal mothers for early initiation of breast feeding in the obstetric wards of a tertiary care hospital of Vadodara city, it was found that

most common causes of delay in initiating breastfeeding were caesarian section and fatigue (29.7% and 21.1% respectively). The cause for the delay was due to lack of adequate information, maternal education level and socioeconomic factors.¹⁷ In our study common causes of delay in initiating breastfeeding in caesarian section was found to be fatigue (40.24%) and in vaginal delivery-separation of baby (28.5%).

In our study, we found that the 4.3% babies were feed with prelacteal feeds. This is in contrast to Udgiri R, et al, on breast feeding practices among postnatal mothers- a hospital based study was, it showed that 21 (12.9%) of the babies were feed with prelacteal feeds like honey and sugar water. It was found that there was a significant association between prelacteal feeds with education and socio-economic status.¹⁸

The main limitation of the present study is- small sample size. Further studies are needed with large population and comparisons between government and private hospital. Recommendation: Television and other media should be used for promotion of breast feeding.

CONCLUSION

In the present study it was found that 132 (95.7%) infant did not received prelactal feeding, only 15.84% received prelactal feeds. Out of 82 cesarean deliveries, 35 (42.58%) fed baby within 2 hours and in case of vaginal deliver only 23 (41.07%) breast fed within half an hour this shows delayed practice of breast feeding in Mandya Institute of Medical Sciences, Mandya. Intervention measures are needed to increase the prevalence of breast feeding.

After a live birth, the health of the baby depends upon the nurturing practice adopted by the family. The ideal food for the young infant is human milk which has the specific characteristics that match the growing infants' nutritional requirements. In order to improve the rates of early prenatal education and guidance regarding the advantages of breastfeeding are necessary. This study can be used as basis for further and broader study.

The main factors observed in this study, interfering with exclusive breastfeeding were fatigue in case of cesarean delivery, neonatal hospitalization and apprehension that the breast milk was not adequate for the baby. The attitude of the study population towards exclusive breastfeeding was however found to be positive in general. It was found that majority of them has not received antenatal counselling about breast feeding.

Hence, antenatal counselling is needed to increase the practice of exclusive breast feeding. Measures should be started during the antenatal period, with the development of educational actions that place value on and clarify the advantages of breast feeding and proper techniques thereby arousing willingness and good intentions among

mothers. Thus, there is an unmet need of proper counselling of the patients and attendants.

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