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Research Article

Knowledge, attitude and practices of breast feeding among post natal mothers

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ABSTRACT

Background: Breast feeding is an unequalled way of providing ideal food for the healthy growth and development of infants. The major causes for the mortality and morbidity among infants are malnutrition, diarrhoea, infections, lack of awareness and misconception among mothers regarding breast feeding. This study was conducted to assess the knowledge, attitude and practice of mothers regarding breast feeding.
Methods: The study population consisted of mothers in postnatal ward and mothers having a child of less than two years in immunization clinic. The sample size was 600 and technique adopted was Non probability purposive sampling technique. Ethical clearance was obtained and permission from respective authorities was also taken. The instrument used is a predesigned and pretested semi structured questionnaire.
Results: Majority of mothers had inadequate knowledge and attitude towards breast feeding. . Age, education, occupation, economic status, religion and type of family were found to be significant associates of their knowledge & attitude.
Conclusions: Among many mothers, correct Breast feeding practices were not practiced.

Keywords: Knowledge, Attitude, Practice, Breast feeding, Postnatal mothers

INTRODUCTION

Practice of breast feeding on this earth dates back to more than million years. The value for breast milk is clearly shown in the oldest book "Charaka Samhita". Breast feeding is natural physiological and ideal way of feeding the infants. It provides a unique biological & emotional basis for the health development of the children. It offers infants & young children complete nutrition, early protection against illness and promote growth & development of the baby. Early initiation of breast feeding lowers the mother's risk of postpartum hemorrhage and anaemia. Boosts mother's immune system and reduces the incidence of diabetes and cancers.[1,2] Non-breast fed baby is 15 times more likely to get diarrhoea & 3 times more likely to get respiratory infection.[1] Study shows a practice of exclusive breast feeding has dramatically reduced infant mortality in developing countries due to reduction in diarrhoea & infectious diseases.[3]

Breast feeding is the first fundamental right of the child. Exclusive breastfeeding for the first four to six months of life and timely introduction of weaning foods are important for laying down proper foundations of growth in later childhood.[4] This is due to the fact that by five to six months of age babies need additional food besides breast milk, which supplies energy, protein and other nutrients. Since this forms one of the most sensitive periods, the combined effects of inadequate and

hygienically prepared supplemented food that is prone to infections may ultimately lead to increased risk of growth retardation.[5] The World Health Organization (WHO) and UNICEF recommend that infants should be given only breast milk for about first six months of their life. It is recommended that breastfeeding should be continued along with complementary foods through the second year of life or long. It is further recommended that a feeding bottle with a nipple should not be used at any age, for reasons related mainly to sanitation and the prevention of infections.

This century has witnessed a decline in the normal and natural practice of breastfeeding. This trend started in the west and has spread even to the poor communities of Asia, Africa, and South America.[6] Breast-feeding has decline worldwide in recent years as a result of urbanization, socio-economic reasons, changes in living patterns, advertisements, marketing of infant milk formulae and maternal employment outside the home.[6,7] Studies in India have also shown a decline in breast-feeding trends especially in urban areas.[5]

Increasing urbanization is a ground reality in both developed and developing world for almost last two decades. The urban areas have rapid growth in slum population too. There are reports of increased risk of improper child feeding practices in urban slums as the families there live without traditional support of joint family system.[8]

The change in infant feeding practices began in industrialized countries, and soon followed by educated female of underdeveloped counties by curtailing the duration of breast feeding.[9] Since there is inadequate information regarding breast feeding practices in Bellary, present study was undertaken to understand the prevailing breast feeding practices in the city.

METHODS

The study was conducted in postnatal ward and immunization clinic of Vijayanagara Institute of Medical sciences (VIMS). VIMS are a tertiary care hospital in Bellary. Bellary is a district in northern part of Karnataka state and is around 340 kms away from Bengaluru, capital city of Karnataka. The study population consisted of mothers in postnatal ward and mothers having a child of less than two years in immunization clinic.

Exclusion criteria

1. Those not willing to participate in the study.
2. Mentally ill mothers-mentally retarded mothers, mothers with puerperal psychosis.

Sample size was based on the number of mothers in postnatal ward and mothers having a child of less than two years attending the immunization clinic during the study period. So the total sample size was 600. VIMS, a tertiary care hospital conduct a good number of deliveries and have a well-established post natal ward and runs immunization clinic two days in a week. During immunization day, mothers were selected purposively by a criterion of having a child of less than two years.

The questionnaire was presented in the Department for critical review, following which necessary changes were made in the questionnaire.

After obtaining informed written consent, required information was collected by interviewing mothers in post natal ward and immunization clinic. The tool consisted of baseline socio demographic characters and questions to assess knowledge, attitude and practices towards breast feeding. If any mother found to have lack of knowledge/negative attitude/abnormal practice of breast feeding, they were given health education regarding breast feeding.

Knowledge and attitude was assessed using score system. Scoring of the responses to questions was done i.e., a score of 1 for the correct response, 0.5 for a partially correct and 0 for a wrong response. The total score was calculated for each mother.

Data entry and analysis

Using Micro soft excel and Statistical package for social sciences.

Ethical consideration

The protocol designed for the present study was submitted to the Ethical committee, VIMS, Bellary. Ethical clearance certificate was issued by the institution. Informed written consent was taken from study subjects.

RESULTS

This table reveals that majority of mothers were in the age group of 21-25 years (51.3%). It is also found that 16.3% and 9.4% of mothers were in age group of 15-20 years and 31-35 years respectively.

Table 1: Distribution of study subjects based on age group.

Age group	Frequency	Percentage
15 – 20 years	98	16.3%
21 – 25 years	308	51.3%
26 – 30 years	138	23.0%
31 – 35 years	56	09.4%
Total	600	100%

Other than initiation of breast feeding (90%), benefits of breast feeding (100%) and smoking while lactating (100%), majority of mothers had inadequate knowledge and attitude towards breast feeding.

Knowledge and attitude of mothers was assessed based on above questions and these questions were given scores i.e. for correct response score 1 and for incorrect score 0 so maximum score can be obtained was score 25. Age, education, occupation, economic status, religion and type of family were found to be significant associates of their knowledge & attitude (based on mean score).

Table 2: Knowledge and attitude of mothers on breastfeeding.

No.	Factor	Percentage of correct responses
1	Time of initiation of breastfeeding a) After normal delivery b) After caesarean section	 90% 70%
2	Colostrum feeding	56%
3	Prelacteal feeds	74%
4	Water during first 6 months	85%
5	Adequacy of breastfeeding	91%
6	Knowledge about demand feeds	45%
7	Duration of exclusive breastfeeding	35%
8	Knowledge on expressed breast milk	52%
9	Technique of expressing breast milk	34%
11	Knows benefits of breastfeeding a) To baby b) To mother	 100% 50%
12	Smoking while lactating	100%
13	OCPs while lactating	60%
14	Breastfeeding and obesity	96%
15	Knows contraceptive advantages of breastfeeding	33%
16	Ideal position for breastfeeding	98%
17	Informs doctors about lactation status before obtaining prescription for drugs	71%
18	Continuation of breastfeeding when a) mother is sick b) mother is menstruating c) baby has fever/cold d) baby has diarrhea e) baby has vomiting	 50% 90% 80% 62% 46%

DISCUSSION

In the present study majority of mothers were in the age group of 21-25 years (51.3%). It is also found that 16.3% and 9.4% of mothers were in age group of 15-20 years and 31-35 years respectively Similarly in Madhu K et al, study 60% of mothers were between 21 and 25 years.[10] Where as in study done by Col PMP Singh et al, 46.28% of mothers belonged to age group of 25 to 29 years.[11] In the present study 42.4% of children received pre lacteal feeds and 57.6% did not receive. Similarly in P. Chhabra et al, 76.0% of mothers gave pre-lacteal feeds and in Sharadha Jain et al, study done among health professionals 34% of doctors, 61.5% of nurses gave pre-lacteals as first feed.[12,13]

This study finding differed from Kumar et al, study done in New Delhi, where 90.9% mothers gave some pre lacteal feeds, Kulkarni et Al, study in urban Navi Mumbai where, 36.1% of mothers gave pre-lacteals.[14,15] In Kumar et al, study done in urban slum of Chandigarh out of 270 mothers, 40% gave pre-lacteal feeds.[16] Dakshayani et al, in Mysore, study done among Hakkipikkis tribal population, 40% of them gave pre lacteals.[17] In a study done by Surva Pathi et al, in rural area of Orissa, 56.4% of babies had received pre-lacteal feeds.[18] Less number of infants received pre-lacteals in Chandrasekhar et al, study (15.2%) done in Nepal.[19] This difference can be attributed to social customs prevailing in the areas. Type of prelacteal feed given varied from place to place. Sugar water (34.1%) was the most common pre lacteal feed followed by honey (31.2%), animal milk (23.6%), tinned milk (6.9%) and castor (4.2%) given to children. Similarly in a study done by Adhisivam et al, 23% had given sugar water as pre lacteal feed to their babies.[20] Dakshayani et al reported sugar water was most commonly given pre lacteal feed.[17]

Table 3: Comparison of breast feeding score.

Variables	Mean score	P value*
Age group 15-20 years 21-25 years 26-30 years 31-35 years	 13.65 14.28 15.87 18.30	0.001
Education Illiterate Primary Secondary PUC Degree and above	 16.20 17.12 17.87 18.23 19.01	0.01
Occupation Unemployed Unskilled Semiskilled Skilled Professional	 12.23 13.76 14.45 14.23 16.76	0.08
Economic status APL BPL	17.83 13.23	0.03
Religion Hindu Muslims Others	 18.76 13.67 12.89	0.003
Type of family Nuclear Joint Three generation	 12.98 17.89 18.43	0.001

In a study done by Sharma et al, 76% of nurses and 68% of doctors had given boiled water as first feed.[21] In Sudarshan Kumari et al, honey was the commonly given pre-lacteal feed in 26.78%.[22] In Chhabra et al, preparation of jaggery called 'gur ghutti' was the most popular pre-lacteal feed.[12] In Kumar et al, 64.4% gave cow's milk and honey was given in 13.9% of infants.[16]

Table 4: Distribution of mothers according to pre lacteal feeds given.

Pre lacteal	Frequency	Percentage
Given	346	57.6%
Not given	254	42.4%
Total	600	100%

In a study done by Deeksha Sharam et al, in rural Rajasthan, jaggery water was the commonly given prelaceteal feed in 65% and tea was given in 30% of cases.[6] In a study done by Sanjiv Kumar et al, in resettlement colony of New Delhi 49.4% gae jaggery preparation, 16.8% gave herbal decoctions called Ghutti, 7.7% gave honey, 7.1% gave sugar/batasha water, 5.5 received goat/cow's milk, 4.4% had given other preparations.[14] Only 9.1% had given breast milk as first feed. In study done by Malini et al, first feeding 'Janam Ghunti' was given to neonates with the belief that it helps to prevent stomach disorder, dehydration and acts as a tonic.[23]

Table 5: Distribution of mothers according to type of pre lacteal feeds given.

Pre lacteal	Frequency	Percentage
Sugar water	118	34.1%
Honey	108	31.2%
Animal milk	82	23.6%
Tinned milk	24	06.9%
Castor	14	04.2%
Total	346	100%

Among 600 children, 42.4% of children received pre lacteal feeds and 57.6% did not receive.

Sugar water (34.1%) was the most common pre lacteal feed followed by honey (31.2%), animal milk (23.6%), tinned milk (6.9%) and castor (4.2%) given to children.

CONCLUSION

Maternal child health-related KAP is somewhat insufficient and urgent intervention is required to implement local educational programs for women of child-bearing age. Education must include topics such as immunizations, sanitation, and treatment of diarrhea, acute respiratory infections and worms. Most importantly, infant and child nutrition programs should be given due impetus.

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