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Knowledge of Breastfeeding Related Problems and its Management at Home Among Pregnant Wome in Peri Urban Area of Aligarh

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ABSTRACT

Knowledge of Breastfeeding related Problems and its management at home among pregnant women in Peri urban Area of Aligarh The present community based study was conducted in the field practice area of the Department of Community Medicine, JNMC, Aligarh, Uttar Pradesh. The aim was to assess the knowledge of pregnant women regarding breastfeeding problem and its management at home. Two hundreds pregnant women were selected purposively. Data analysed with Epi Info version 3.5.1. Percentages, and Chi Square Test used. Majority of mothers (61%) had correct knowledge that mild illness was not contraindication of breastfeeding. Correct knowledge regarding continuation of breastfeeding in AIDS and TB was low. Few mothers had correct knowledge of breastfeeding related problems (incorrect attachment, frequent washing of breast) as a cause of cracked nipples. Majority of mothers (72.5%) had correct knowledge that continuing breastfeeding relieved breast engorgement. Breast engorgement was relieved by local warm water packs applied on breast of lactating mothers i.e. (58.5%).

KEYWORDS: Mild illness, AIDS, TB, cracked nipples

Introduction:

Breastfeeding, given its benefits to mother and infant, is considered to be the best form of nutrition for infants. However, maternal and infant diseases may hinder breastfeeding. Under these circumstances, the health professional should be skilled, have technical knowledge and adopt a favorable attitude so as to properly assess the viability of breastfeeding. When the nursing mother presents with the symptoms of a disease, she has already exposed her infant to the pathogen and the usual recommendation is that breastfeeding should be maintained (American Academy of Pediatrics [AAP] 1998). If the mother discontinues breastfeeding after symptom onset, infant protection against diseases is decreased, and the chances of the infant falling ill are increased, since he/she is not provided with specific antibodies and other protective factors from human milk.

Alioum A et al. (2001) found that while breastfeeding carries significant health benefits to infants and young children, HIV can be transmitted during breastfeeding from an HIV-infected mother to her infant. Reducing this transmission while ensuring improved HIV-free survival is one of the most pressing public health dilemmas confronting researchers, health-care professionals, health policy-makers and HIV-infected women in many areas of the world, especially in developing countries.

Breastfeeding recommendations for mothers with tuberculosis depend on the time at which diagnosis was made. According to the World Health Organization World Health (1998), it is not necessary to separate the mother from the infant and, under no circumstance, should breastfeeding be discontinued.

Reddy & Sunita 1995 revealed that common problems faced by the mothers in the initial months were breast engorgement, sore nipples, leaking and sometimes cracked nipples. These are temporary problems experienced by almost all mothers and can be overcome with time and with a little care. So the present study was carried out to assess the knowledge and practices of pregnant women regarding breastfeeding related problems and its management at home.

Materials & Methods: The present community based study was conducted in the field practice area of the Urban Health Training Centre, Department of Community Medicine, Jawaharlal Nehru Medical College, Aligarh Muslim University, Aligarh, Uttar Pradesh. The subjects included in the study were residents of four registered areas of the urban health training center. Urban Health Training Centre caters a total population of 11199 at the start of the study. There were four slums i.e. Firdaus Nagar, Nagla Qila, Patwari ka Nagla, and Shahanshabad under UHTC. Out of these 4 areas, 2 areas (Firdaus Nagar, Nagla Qila) were chosen for group A and other 2 areas (Patwari ka Nagla, Shahanshabad) served as group B. Approval for study was passed from the institutional board of study meeting. Purposive sampling i.e. nonrandom sampling to include subjects that serve the specific purpose was used. The study period was one year.

Exclusion criteria were high-risk pregnant women, pregnant women who opted to deliver outside Aligarh. Ethical considerations were local cultural values and ideas, were respected. Confidentiality was assured. All pregnant women were approached individually and an informed consent was taken before collecting data. Proper management or referral was given to women who were found to have any health problem.

A house to house visit was made to get the information about pregnant women till 200 pregnant women were enrolled in the study. The data were collected by using pre-designed and pre-tested semi structured questionnaire. It included information regarding identification, socioeconomic status, and breastfeeding related problem practices. Socioeconomic status was assessed using Modified Kuppuswami Scale (Meher et al. 2005). Data entry and analysis were carried out using software Epi Info version 3.5.1. P-value was calculated using chi-square test and difference was accepted significant at more than 95% (p-value <0.05).

Results: Most of pregnant women (83%) were in the age group of 15-30 years and rest 17% in the age group of 31-45 years. Mostly pregnant women (90%) were Muslim and rest of them belonged to Hindu community. 75% of pregnant women were illiterate. Education of husbands of pregnant women was also low i.e. 54% illiterate. Majority of the families (64.5 %) were nuclear. 99% pregnant women were housewives. 48.5% pregnant women were belonged to upper lower class according to Modified Kuppuswami Scale of socio-economic status (Table1).

Table1: Demographic profile of pregnant women

Variables	Group A N=100	Group B N=100	χ2, p-value-
Age			1.3, >0.05
15-30	86	80	
31-45	14	20	
Religion			13.08, <0.05
Hindu	02	17	
Muslim	98	83	

Education of pregnant women			
Illiterate	78	72	0.97, >0.05
Up to high school	16	20	
Above high school	06	08	
Education of husband			
Illiterate	59	49	3.70, >0.05
Up to high school	37	41	
Above high school	04	10	
Occupation of husband			
Unemployed	58	55	0.59, >0.05
Semiskilled	25	24	
Skilled	09	12	
Clerical/shop	08	09	
Type of family			
Nuclear	67	62	0.54, >0.05
Joint	33	38	
Social class			
Upper	00	02	5.79, >0.05
Upper middle	14	16	
Lower middle	30	35	
Upper lower	51	46	
Lower	05	01	

It was revealed that majority of mothers (61%) had correct knowledge that mild illness was not contraindication of breastfeeding. Correct knowledge regarding continuation of breastfeeding in AIDS and TB was low in both groups. There were few mothers in both the groups who had correct knowledge of breastfeeding related problems (incorrect attachment, frequent washing of breast) as a cause of cracked nipples (Table2).

Majority of mothers (72.5%) had correct knowledge that continuing breastfeeding relieved breast engorgement. Breast engorgement was relieved by local warm water packs applied on breast of lactating mothers i.e. (58.5%). 39% mothers had correct knowledge that breast engorgement was relieved by express breast milk. No significant differences (p-value>0.05) were found between two groups regarding correct knowledge about management of breastfeeding related problems at home in study group (Table 3).

Table 2: Correct knowledge regarding breastfeeding related problem

Variables		Group A N=100	Group B N=100	χ2, p-value
Continue breastfeeding in AIDS	Yes	07	09	0.27, >0.05
	No	93	91	
Continue breastfeeding in TB	Yes	10	11	0.05, >0.05
	No	90	89	
Continue breastfeeding in Mild illness	Yes	63	59	0.34, >0.05
	No	37	41	
Cracked nipple occurs due to				
Incorrect attachment	Yes	06	07	0.08, >0.05
	No	94	93	
Frequent washing of breast	Yes	05	06	0.10, >0.05
	No	95	94	

Table 3: Correct knowledge about management of breastfeeding related problems at home in study groups

Variables		Group A N=100	Group B N=100	χ2, p-value
Breast engorgement				
Continue breast milk	Yes	77	82	0.77, >0.05
	No	23	18	
Express breast milk	Yes	37	41	0.34, >0.05
	No	63	59	
Local warm water packs	Yes	62	55	1.01, >0.05
	No	38	45	

Discussion:

Even though an ill child is frequently less hungry, continued feeding will protect him or her from severe weight loss and malnutrition and help the child to recover from the illness. Continued breastfeeding will shorten the duration of diarrhea and help to prevent dehydration and growth faltering. Effective breastfeeding is a function of the proper positioning of mother and baby and attachment of child to the mother's breast (Dongre et al 2010). Sai et al. 2009, found that there was "good attachment" in 42% mother-infant pairs and infants were held in "correct position" by 60% mothers. Mannan et al. 2008, conducted a study in Bangladesh reported that correct breastfeeding position (74%) and good attachment (72.3%) as assessed by CHWs at late visits (67 days after delivery) were practiced by mothers. Neifert (2004), Inch (2006), and Blair et al. 2003 reported that an effective sucking technique is considered important to establish breastfeeding, to ensure milk transfer, and to prevent breastfeeding problems. In a study from Shivgarh, Uttar Pradesh by Kumar et al. 2008 reported improvements in breastfeeding in intervention arms.

Conclusion:

Breastfeeding is not so natural as it is thought to be. It has to be practised, learned, and it needs a lot of determination, patience and effort on the part of the mother. A strong determination to breastfeed and the patience to get up and feed at frequent intervals help the mother to become a successful breast feeder. Positive thinking by the mother who feels confident of producing enough milk for the baby can extend the period of breastfeeding.

There is an urgent need to educate mothers and train health care providers including ANM, ASHA and CMC workers etc. on breastfeeding related problems and its management at home. Mothers should receive information regarding proper infant feeding practices during the antenatal period, the immediate postnatal period.

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