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STUDY OF COMMUNITY AWARENESS REGARDING BREASTFEEDING AND ITS PRACTICES

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KEYWORDS :

INTRODUCTION

WHO refers Maternal health as the health of women during pregnancy, childbirtha the postnatal period. It's a important aspect that mother's have a positive in all the stages of maternity. It is meant to focus on physical, mental ,and social well being of pregnant female for a healthy mother and a healthy baby [1].Hence it becomes very important for a country to promote maternal health for its development through various services and practices

Breastfeeding saves lives" and "Breast is best!" are well-known slogans for physicians and women.Breast milk is recommended as the infant's sole source of nutrition for the first 6 months of life. It is recommended that complementary foods be added to the infant's diet at 6 months of age and that breastfeeding continue up to two years of age and beyond[2].WHO recommends initiation of breastfeed within one hour of delivery.

Breast milk has evolved to provide the best nutrition, immune protection, and regulation of growth, development, and metabolism for the human infant[3]. Breast milk is critical in compensating for developmental delays in immune function in the neonate, and responsible for reducing permeability of the intestine to prepare it for extrauterine life.

In an analysis of data from the 2005 National Immunization Survey, researchers calculated that if 90% of infants were exclusively breastfed for 6 months, 911 deaths would be prevented. Breastfeeding may confer both immediate and long-term benefits to mothers, especially if recommendations for exclusivity and duration are met. Such benefits may strengthen motivation or commitment to breastfeeding.

METHODS

- Permission from the institutional ethics committee and university clearance was obtained.
- Meeting and rapport building with the study participants made.
- Married women 15-49 years of age were recognised and randomly selected from different areas Indore.
- The patients were provided with the study information sheet and consent form and were explained about the relevant details about the study in a language best understood by them.
- Informed written consent was obtained after explaining about the purpose, nature and process of the study and then data collection was started.
- Preformed Questionnaire containing demographic information and relevant questions was used for data collection
- The data collected was entered into MS Excel and then analysed using Statistical Package for Social Sciences (SPSS, version 2.0) software. Percentages and data to be entered and $p<0.05$ to be considered significant.

RESULT AND OBSERVATION

Table 1- Distribution Of Socio-demographic Factors Among Study Participants

Socio-Demographic Factors		Count	Column N %
Age Group	18 - 25 years	354	70.8%
	26- 30 years	86	17.2%
	31 - 35 years	37	7.4%
	> 35 years	23	4.6%
Education	Illiterate	108	21.6%
	Primary School	171	34.2%
	Middle School	133	26.6%
	High School and Above	88	17.6%
Occupation	Housewife	290	58.0%
	Labour/ Agriculture	157	31.4%
	Service	31	6.2%
	Business	22	4.4%
Type of family	Nuclear	230	46.0%
	Joint	270	54.0%
Residence	Urban	193	38.6%
	Rural	307	61.4%
Income	< 5000	67	13.4%
	5,000 -10,000	264	52.8%
	> 10,000	169	33.8%

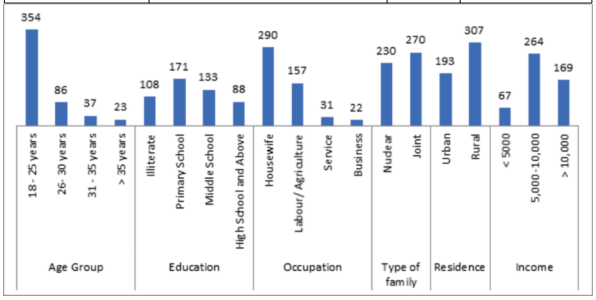

Fig 1- Distribution Of Socio-demographic Factors Among Study Participants

Table 2- Details Regarding Breastfeeding And Immunization

Details regarding Breastfeeding and Immunization		Count	Column N %
First breastfeeding, within first 1 hour	Yes	165	33.0%
	No	335	67.0%
First breastfeeding after how much time of delivery	Before one hour	165	33.0%
	After one hour	213	42.6%
	After one day	77	15.4%
	Not done	45	9.0%
Aware of benefits of breastfeeding	Yes	243	48.6%
	No	257	51.4%
Information regarding Exclusive breastfeeding	Yes	241	48.2%
	No	259	51.8%

Exclusive breastfeeding practiced for	< 6months	241	48.2%
	6 months	164	32.8%
	> 6 months	95	19.0%
	No	73	14.6%

Awareness regarding breastfeeding was reported to be low. Only 33% women knew and practiced correct time of breastfeeding initiation post-delivery. Majority of mothers didn't know the benefits of breastfeeding (51.4%) and also had no information about exclusive breastfeeding (51.8%).

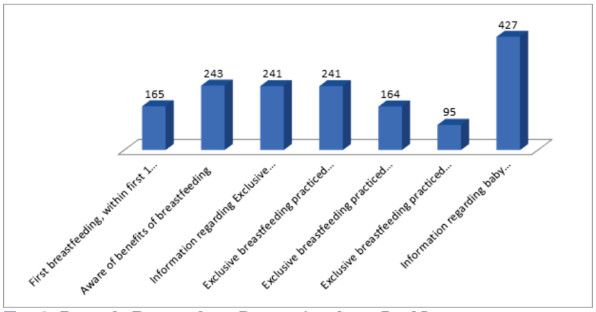

Fig 2- Details Regarding Breastfeeding And Immunization

Table 3- Distribution And Association Of Breast Feeding Practices With Socio-demographic Variables

Education

Breast feeding practices		Education								P Value
		Illiterate		Primary School		Middle School		High School and Above		
		N	N %	N	N %	N	N %	N	N %	
BF within first 1 hour	Yes	14	8.48%	72	43.64%	28	16.97%	51	30.91%	0.0*
	No	94	28.06%	99	29.55%	105	31.34%	37	11.04%	
Aware of benefits of BF	Yes	29	11.93%	85	34.98%	68	27.98%	61	25.10%	0.0*
	No	79	30.74%	86	33.46%	65	25.29%	27	10.51%	
Information regarding EBF	Yes	50	20.75%	80	33.20%	72	29.88%	39	16.18%	0.44
	No	58	22.39%	91	35.14%	61	23.55%	49	18.92%	
EBF practiced	< 6 m	85	20.99%	140	34.57%	108	26.67%	72	17.78%	0.92
	> 6 m	23	24.20%	31	32.63%	25	26.32%	16	16.84%	

Occupation

Breast feeding practices		Occupation								P value
		Housewife		Labour/ Agri-culturez		Service		Business		
		N	N %	N	N %	N	N %	N	N %	
BF within first 1 hour	Yes	94	56.97%	48	29.09%	14	8.48%	9	5.45 %	0.36
	No	196	58.51%	109	32.54%	17	5.07%	13	3.88 %	
Aware of benefits of BF	Yes	146	60.08%	63	25.93%	18	7.41%	16	6.58 %	0.01
	No	144	56.03%	94	36.58%	13	5.06%	6	2.33 %	
Information regarding EBF	Yes	154	63.90%	62	25.73%	14	5.81%	11	4.56 %	0.05
	No	136	52.51%	95	36.68%	17	6.56%	11	4.25 %	
EBF practiced	< 6 m	244	60.25%	123	30.37%	22	5.43%	16	3.95 %	0.13
	> 6 m	46	48.42%	34	35.79%	9	9.47%	6	6.32 %	

Residence

Breast feeding practices		Residence				P Value
		Urban		Rural		
		N	N %	N	N %	
BF within first 1 hour	Yes	93	56.36%	72	43.64%	0
	No	137	40.90%	198	59.10%	
Aware of benefits of BF	Yes	123	50.61%	120	49.37%	0.04
	No	107	41.63%	150	58.37%	
Information regarding EBF	Yes	92	38.17%	149	61.83%	0
	No	138	53.28%	121	46.72%	
EBF practiced	< 6 m	188	46.34%	217	53.49%	0.69
	> 6 m	42	44.21%	53	55.80%	

Type Of Family

Breast feeding practices		Type of family				P Value
		Nuclear		Joint		
		N	N %	N	N %	
BF within first 1 hour	Yes	38	23.03%	127	76.97%	0
	No	155	46.27%	180	53.73%	
Aware of benefits of BF	Yes	89	36.57%	154	63.28%	0.37
	No	104	40.47%	153	59.53%	
Information regarding EBF	Yes	97	40.17%	144	59.64%	0.46
	No	96	37.07%	163	62.93%	
EBF practiced	<6 m	156	38.43%	249	61.34%	0.93
	>6 m	37	38.95%	58	61.05%	

DISCUSSION

In the current study, awareness regarding breastfeeding was reported to be low. Only 33% women knew and practiced correct time of breastfeeding initiation post-delivery.Mohapatra et al [3] in their study reported only 13.2% participants had adequate awareness about breastfeeding and for approx. 31.2% women their source of information was counseling during ANC visits.Another study conducted by Dhandapany et al [3] reported that an even lesser percentage 21% women received information regarding breastfeeding in their antenatal visits to the clinics which reflects the deficiency at facility level.

In the current study, majority of mothers didn't know the benefits of breastfeeding (51.4%) and also had no information about exclusive breastfeeding (51.8%).About 85.4% mothers were aware and informed about immunization of the delivered baby.

Awareness in breast feeding practices have shown statistically significant association with level of education ($p<0.05$), type of occupation ($p=0.01$), area of residence ($p<0.05$) and type of family ($p<0.05$). Participants with higher education (middle school and beyond), homemakers, urban residents and those living with joint family were significantly well aware about breastfeeding practices and benefits than their other counterparts. Considering that women learn most from their mothers and mother in laws, participants residing in joint families have better awareness which is reflected in the study done by Mohapatra et al [3] where majority of women reported the their source of information was their mother. Proportion of awareness about breastfeeding also showed higher percentage in those who had less number of ANC checkups. This hints on the missed opportunity and gaps in program implementation at the health-care facility level. A women during her ANC check-ups should get counselling on breastfeeding practices.

SUMMARY

Mean age of study participants was 23.9 ± 4.9 years. Majority of participants were literate (78.4%), homemakers (58%), living in joint family (54%), residing in rural areas (61.4%) and with monthly income ranging between Rs. 5000 to 10000. Majority of women in the study were primigravida (52.4%). About 88% births were institutional delivery and 30% were cesarean section.

Awareness regarding breastfeeding benefits and practices

was reported to be low among the study participants. It has been noted that mothers with primary education tend to take better care of their children and are more likely to seek medical care, such as immunization, than those who lack schooling.

Education is directly or indirectly related to earning capacity of the individual, decision making etc.Education improve maternal health by bolstering women's autonomy in the home. In India, men have traditionally been the economic providers for their families and the ones to determine how household resources are spent. However, if education increases women's employment or earnings, then women's greater ability to provide for their families may grant them more decision-making power within the home, including decisions about whether resources are spent on their own healthcare.

CONCLUSION

In this cross sectional study, awareness regarding Breastfeeding was found to be low overall and lower in concurrence with low education, income, rural residence. But comparatively higher in join families than nuclear one.

Specific intervention programs need to be planned to improve their health practices and thereby improving the health status of the mother and child. Following points can be considered:

1. IEC activities should be planned on panchayat levels in rural areas and at palika-level in urban area to educate and spread awareness as well as remove taboos related to breastfeed.
2. Specific awareness program should be planned regarding national health programs and schemes run by GoI.
3. Awareness drive for ANC care practices, benefits and immunization of mother and child.
4. Proper plan or educational activities should be done to educate girls, eligible couples and new mothers for family planning methods and knowledge about nutritional practices.
5. ASHA/ AWW/ANMs should be incentivised more , properly instructed and trained to provide proper antenatal counselling including- counselling on breastfeeding practices and benefits, nutrition intake, exercise, meditation and yoga, government schemes for girl child, PCPNDT act and punishments on violation of the act, etc.

REFERENCES

1. WHO/Health-topics/Maternal health (https://www.who.int/ health-topics/maternal-health#tab=tab_1)
2. Eidelman AI, Schanler RJ, Johnston M, et al. Breastfeeding and the use of human milk. Pediatrics. 2012;129(3):e827–e41. [PubMed] [Google Scholar]
3. Goldman AS. Evolution of immune functions of the mammary gland and protection of the infant. Breastfeeding Medicine. 2012;7(3):132–42. [PubMed] [Google Scholar] [Ref list]
4. Goldman AS. Modulation of the gastrointestinal tract of infants by human milk. Interfaces and interactions. An evolutionary perspective. The Journal of Nutrition. 2000;130(Suppl 2):426s–31s. [PubMed] [Google Scholar] [Ref list]
5. Bartick M, Reinhold A. The burden of suboptimal breastfeeding in the United States: a pediatric cost analysis. Pediatrics. 2010;125(5):e1048–e56. [PubMed] [Google Scholar] [Ref list]