

Knowledge and Attitude of Post Natal Mothers Towards Breast Feeding in A Tertiary Care Hospital, Bellary, Karnataka



Medical Science

KEYWORDS : Breast feeding, Knowledge & Attitude, Post natal mothers

*** Ramesh K.**

Assistant Professor, Department of Community Medicine, VIMS, Bellary, Karnataka, India.
* Corresponding author

K.Pavan Kumar

Post Graduate Student, Department of Community Medicine, VIMS, Bellary, Karnataka, India

ABSTRACT

Background: Breastfeeding is known to be central in an infant's nutrition and growth worldwide. Fewer mothers offer breast milk in this crucial period due to various misconceptions and cultural beliefs. Our objective

was to assess the knowledge, attitude and practice of breast feeding

Methodology: A Descriptive study was conducted in a tertiary teaching hospital, Bellary, Karnataka. A total of 600 postnatal mothers were study subjects. Score system was adopted to assess knowledge and attitude. Data was collected using a semi structured questionnaire by interview technique

Results: Among 600 post natal mothers, 52.7% were in the age group of 21 – 25 years. It was observed that among 600 children of study subjects, 28.7% were in the age group of 7- 12 months. Other than initiation of breast feeding (88%), benefits of breast feeding (100%) and smoking while lactating (100%), majority of mothers had inadequate knowledge and attitude towards breast feeding

Conclusion: The need of the hour is to educate our health care personnel about the importance of providing breastfeeding counseling to mothers whenever they get the opportunity, especially during the antenatal visits

Introduction:

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 anemia. 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 diarrhea & 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 diarrhea & infectious diseases.³

The beneficial effects of breastfeeding depend on breastfeeding initiation, its duration, and age at which the breast-fed child is weaned. Breastfeeding practices vary among different regions and communities. In India, breastfeeding practices are influenced by rural/urban residence, cultural, socio-economic factors, psychological status, religious value and literacy especially low level of mother's education, mother's employment.^{4,5,6,7} In rural areas, feeding was started only after a ritual performed on the third day after childbirth. A common belief was that only after second or third day mother was capable of secreting sufficient quantity of milk to feed the baby. Such practice made the mother more vulnerable to postpartum hemorrhage.⁴ There was a common belief in rural area that the first ilk (colostrums) has some unusual constituents in it, which could be hazardous for the newborn infant and the breast needs to be squeezed free of this. Thus the baby was put to the breast only after 3 days and most of the times first feed to the infant had been other than breast milk.⁴ Hence the study with these relationships helps in orienting the breastfeeding promotional activities and for preventing a decline in initiation and duration of breastfeeding practices.⁵

Need for educating mothers for promotion of proper infant-feeding practices and other aspects of childcare has also been felt.⁷ Considering the importance of breast feeding "World Breast Feeding Week" is being organized every year from the 1st August to 7th August by World Alliance Breast Feeding Action to strengthen the breast feeding culture.

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.^{8,9} Studies in India

have also shown a decline in breast-feeding trends especially in urban areas.¹⁰

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.¹¹ Since there is inadequate information regarding breast feeding practices in Bellary, present study was undertaken to understand Knowledge and Attitude prevailing in breast feeding practices in the city.

Methodology:

A descriptive case series study was carried out at Vijayanagara Institute of Medical sciences, Bellary, Karnataka from October 2013 to Feb 2014.

The study was conducted in postnatal ward and immunization clinic of Vijayanagara Institute of Medical sciences (VIMS). VIMS is 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. Those mothers not willing to participate in the study were excluded. 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 and the sampling technique adopted was Non probability purposive sampling technique

A Pre tested semi structured Questionnaire was used as study tool. After obtaining informed written consent, required information was collected by interviewing mothers in post natal ward and immunization clinic. The tool consisted of 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 was entered in Microsoft excel and analyzed by SPSS using statistical test like proportion, Independent't' test and ANOVA

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

Age group	Frequency	Percentage
15 – 20 years	90	15.0%
21 – 25 years	316	52.7%
26 – 30 years	144	24.0%
31 – 35 years	50	8.3%
Total	600	100%

This table reveals that majority of mothers were in the age group of 21 – 25 years (52.7%). It is also found that 15% and 8.3% of mothers were in age group of 15 – 20 years and 31 – 35 years respectively. (Table.no.1)

Table.2: Distribution of children of mothers based on age group

Age group	Frequency	Percentage
0 – 6 months	164	27.3%
7 – 12 months	172	28.7%
13 – 18 months	110	18.3%
19 – 24 months	154	25.7%
Total	600	100%

Among 600 children included in the study, 27.3% were below 6 months, 28.7% were in the age group of 7 – 12 months, 18.3% were in the age group of 13 – 18 months and 25.7% were in 19 – 24 months age group (Table.no.2)

Table.3: Knowledge and attitude of mothers on breastfeeding

Sl no	Factor	Percentage of correct responses
1	Time of initiation of breastfeeding a) After normal delivery b) After caesarean section	88% 72%
2	Colostrum feeding	55%
3	Prelacteal feeds	73%
4	Water during first 6 months	84%
5	Adequacy of breastfeeding	94%
6	Knowledge about demand feeds	44%
7	Duration of exclusive breastfeeding	37%
8	Knowledge on expressed breastmilk	51%
9	Technique of expressing breastmilk	33%
11	Knows benefits of breastfeeding a) To baby b) To mother	100% 52%
12	Smoking while lactating	100%
13	OCPs while lactating	62%
14	Breastfeeding and obesity	93%
15	Knows contraceptive advantages of breastfeed-ing	32%
16	Ideal position for breastfeeding	94%
17	Informs doctors about lactation status before ob-taining prescription for drugs	69%
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	54% 91% 87% 64% 42%

Other than initiation of breast feeding (88%), benefits of breast feeding (100%) and smoking while lactating (100%), majority of mothers had inadequate knowledge and attitude towards breast feeding

Table 4: Comparison of breast feeding score with socio demographic characters

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	7.83 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

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.no4)

Discussion:

In the present study majority of mothers were in the age group of 21 – 25 years (52.7%). It is also found that 15% and 8.3% of mothers were in age group of 15 – 20 years and 31 – 35 years respectively Similarly in Madhu. K et. al 2009⁵ study 60% of mothers were between 21 and 25 years. Where as in study done by Col PMP Singh et. al 2007¹² al 46.28% of mothers belonged to age group of 25 to 29 years.

In the present study 42.4% of children received pre lacteal feeds and 57.6% did not receive. Similarly in P. Chhabra et. al 1998¹³ study, 76.0% of mothers gave pre-lacteal feeds and in Sharadha Jain et. al 2004¹⁴ study done among health professionals 34% of doctors, 61.5% of nurses gave pre-lacteals as first feed.

Type of pre-lacteal 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 B et. al 2006¹⁵ 23% had given sugar water as pre lacteal feed to their babies. In B. Dakshayani et. al 2008¹⁶ study sugar water was most commonly given pre lacteal feed. In this study, Only 41% of mothers had initiated breast feeding within 1 hour of delivery followed by 28.6% fed within 1 – 4 hrs 15.6% fed within 5 – 24 hrs and 14.8% fed after 24 hrs. This study was in accordance with a study done by V. Vimala et. al 1987¹⁷ where 95% of mothers initiated breast feeding from first day of delivery. In a study done by Ajay Kumar: G et. al 2011¹⁸ 30% of mothers initiated breast feeding within in 1 hour of birth.

In the present study significant association was present between literacy rate and initiation of breast feeding. Appropriate breast feeding initiation was high among literates (73.7%) compared to illiterates (40.8%).

This study finding was in accordance with the study done by R.N. Kulakarni et. al 19, 61.3% of literate mothers and 43.7% of illiterate mothers initiated breast feeding within 6 hours of delivery and in Kumar D et. al 2006 20 study illiterates were found to delay in initiation of breast feeding. In this study 61.3% of mothers had given colostrum to their babies and 38.7% of mothers did not give colostrum.

Similar findings were found in a study conducted by Kumar D et. al 2006 20 15.9% of mothers discarded colostrums. R.N. Kulkarni et. al 2004 21 in their study found 85.1% of mothers had given colostrums.

In the present study exclusive breast feeding was found in 64.1% only. This study findings were in accordance with NFHS-322 where, 62.7% of babies were exclusively breast fed for 0-5 months in Andhra Pradesh.

Among exclusive breast fed children, 25.0% of their mothers were employed and among non exclusive breast fed children, 75.0% of their mothers were employed and this difference was statistically significant. In a study done by Anju Aggarwal et. al 1998 23, 46.15% working women and 37.09% of non-working stopped exclusive breast feeding between 6-12 weeks.

In present study there was a significant relationship between literacy and weaning practices, but in a study done by Chudasama et al 2009 24 early weaning was not associated with the literacy status of the mother.

Conclusion:

Our study emphasizes the need to counsel mothers regarding breastfeeding practices early during antenatal visits and not postpone till after delivery, include the spouse for support, sensitize the health care giver and improve infrastructure for a successful breastfeeding initiation.

REFERENCE

1. Park.K. Park's Text book of Preventive & Social Medicine. 21st edition. Jabalpur: M/s Banarsids Bhanot; 2011:488-497. | 2. Zulfiqar A Bhutta. Miriam Labbok. Scaling up breastfeeding in developing countries. The Lancet 2011; vol 378: 378-380. | 3. S. Sethi, D. Jena. R.M. Tripathy. A study of breast feeding practices among urban mothers attending the immunization clinic of MKCG medical college hospital Bhubaneswar. Journal of Community Medicine 2008; vol 4, No.1. | 4. Deeksha Sharma, Sheel Sharma. Bottle necks to breast feeding rural Rajasthan. Indian Journal of Community Medicine 2005; vol.30, no.4:155-156. | 5. Madhu. K, Sriram Chowadry Ramesh Masthi. Breast feeding practices and new born care in rural areas: a descriptive cross-sectional study. Indian Journal of Community Medicine 2009; vol 34, issue 3: 243-246. | 6. R. Singh, O.A. Kumar, R.S. Rama. Breast feeding and weaning practices among urban muslim of district Lucknow. Indian Pediatrics 1992; vol 29: 217-219. | 7. Dinesh Kumar, N.K. Geol, Poonam C. Mittal, Purnima Mishra. Influence of infant-feeding practices on nutrition status of under five children. Indian Journal of Pediatrics 2006; vol 3: 417-422. | 8. Kiran Singh, Purnima Srinivastaa. The effect of colostrum on infant mortality: urban rural difference. Health and population – perspectives and issues 1992; 15 (3&4): 94-100. | 9. Emery. J.L. Scholey. S. Taylor. E.M. Decline in Breastfeeding. Archives of Diseases in Childhood 1990; 65: 369-372. | 10. S.K. Rasania, S.K. Singh, S.P. Patil, S. Bhalla, T.R. Sachdev. Breast feeding practices in a maternal and child health centre in Delhi. Health and population 2003; issues 26 (3); issues 26 (3); 110-115. | 11. A.A. Kameshwara Rao. Breast feeding behavior of Indian women. Indian Journal of Community Medicine 2004; 29(2):62-64. | 12. Lt Col PMP Singh, Col R Bhalwar. Breast Feeding Practices among Families of Armed Forces Personnel in a Large Cantonment. MJAFI 2007; vol. 63, No. 2: 134-136. | 13. Kishore. J. National Health Programmes of India: Nation Policies and Legislations Related to Health. 9th edition. New Delhi: Century Publication: 2011. 153. | 14. Sharadha Jain, Sudarshan Kumari, Jyoti Aggarwal. Current trends of breast feeding among health professionals. Journal of neonatology 2004; vol.18 no.1:43-44. | 15. Adhisivam. B, Srinivasan. S, Soudarssanane. M.B, Deepak Amalanath. S, Nirmal Kumar. A. Feeding of infants and young children in tsunami affected villages in Pondicherry. Indian Pediatrics 2006; vol 43: 724-727. | 16. B. Dakshayani and M.R. Gangadhar. Breast feeding practices among the Hakkipikki's in a tribal population of Mysore district Karnataka. Ethno-med 2008;2(2):127-129. | 17. V. Vimala, C. Ratnapraba. Infant feeding practices in tribal area of Andhra Pradesh. Indian Pediatrics 1987; vol. 24: 907-910. | 18. G. Ajaykumar, Venkatesh. M. Patil. Shard. G. Tengliar, Srinivas Reddy, Vijayanath V. Breast feeding practices among mothers in urban field practice area of M.R. Medical college Gulberga. Journal of pharmaceutical and biomedical sciences 2011; vol.04, issue 04:1-3. | 19. R.N. Kulkarni, S. Anjeneya, R. Gujar. Breast feeding practices in an urban community of kalam Navi Mumbai. Indian Journal of Community Medicine 2004; vol. XXIX no. 4:179-180. | 20. Kumar D, Agarwal N, Swami H.M. Socio-Demographic correlates of breast feeding 's in urban slums of Chandigarh, Indian J Med Sciences 2006; vol.60:461-6. | 21. R.N. Kulkarni, S. Anjeneya, R. Gujar. Breast feeding practices in an urban community of kalam Navi Mumbai. Indian Journal of Community Medicine 2004; vol. XXIX no. 4:179-180. | 22. Govt. of India. National Family Health survey III (2005-2006). IIPS, Ministry of Health & Family Welfare; Mumbai. 2007. | 23. Anju Aggarwal, Supriya Arora. Breast feeding among urban women of low socioeconomic status; factors influencing introduction of supplementary feeding. Indian Pediatrics 1998; vol.35:269-271. | 24. R. Chudasama. P. Patel & A. Kavishwar: Breastfeeding initiation practice and factors affecting breastfeeding in South Gujarat region of India. The Internet Journal of Family Practice 2009; vol 7, No.2. |