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ASSESSMENT OF KNOWLEDGE, ATTITUDES AND PRACTICES ON EXCLUSIVE BREASTFEEDING IN MOTHER'S OF URBAN COMMUNITY: A CROSS SECTIONAL STUDY

Pediatrics

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ABSTRACT

Breastfeeding is considered as the pivotal factor between life and death for the vast majority of children in developing countries, but pattern of breast feeding and exclusive breast feeding is more important, which is ignored often by most mothers. The aim of the study was to assess the knowledge, attitude and practice towards exclusive breast feeding among mothers attending the Mangal Divas at Aganwadi centers of UHTC bodabag of Rewa district of Madhya Pradesh, India. A cross sectional study was conducted on 250 mothers with child less than 2 years of age by using structured interviews. A total of 80 % of lactating mothers had average knowledge, 65% displayed good attitude and 58 % had good breastfeeding practices. Although mothers were aware of the exclusive breast feeding and its importance but they did not practice this to the fullest. We suggest Individual "exclusive breastfeeding counseling" to the mother by Aganwadi worker / heath worker should be promoted.

KEYWORDS

Knowledge, Attitude, Practises, exclusive Breastfeeding,

Introduction

Breast feeding is rule rather than exception in most parts of India. During last two decades wealth of knowledge has accumulated to prove nutritional, anti-infective, anti fertility, psychosocial and economic advantages of breast feeding. It is now established that the breast feeding practices adopted in terms of duration, frequency and exclusiveness of breast feeding and weaning of child is essential for our understanding of impact of breast feeding on complete physical, mental and psychosocial development of the child. [*Wambach K et al*] The change in infant feeding practices began in industrialized countries, and soon followed by educated female of underdeveloped countries by curtailing the duration of breast feeding. This practice is copied by uneducated counterpart of the urban and rural areas of underdeveloped countries. [*Kameshwara Rao AA*]

Exclusive breastfeeding in particular, is one of the major strategies which help improve infants' nutritional status and survival, for at least half of the almost 10 million deaths of children younger than 5 years old every year are a direct or indirect consequence of malnutrition. [*Nascimento M B R et al*] This is the reason why WHO and UNICEF have formulated global recommendations for optimal infant feeding: exclusive breastfeeding for six months and breastfeeding up to two years of age or beyond. [World Health Organization/United Nations Children's Fund] Unfortunately, only 35% of infants younger than 6 months, approximately one-third of the newborns are exclusively breastfed worldwide. [*Nascimento M B R et al*] In developed countries, around 2005, less than 25% were exclusively breastfed up to six months from their birth. [*World Health Organization/United Nations Children's Fund*] In Norway, Sweden and the United States of America, for example, the rate of EBF ranged from 7% to 13.8% only [*Al-Sahab B et al*][*CDC*]. Global statistics show that only 46.4% of the mothers in India exclusively breastfed their children in first 6 months [*UNICEF*]. NFHS IV show that only 58.2% of the mothers in India exclusively breastfed their children in first 6 months.

Conversely, in developing countries breastfeeding is a very common practice, but there exist serious obstacles to practicing it until six months from the infant's birth. [*Petrova A et al*], [*Alemayehu T et al*] An early introduction of breast milk substitute and late introduction of complementary food leads to development of malnutrition in age group of 6-24 years child [*World Health Organization/United Nations Children's Fund*].

As there is a paucity of data on the breastfeeding practices in this region, so the present study was undertaken with the primary objective to assess the knowledge, attitudes and practices on exclusive breastfeeding in mothers of urban community. Also this study can serve primarily as a platform for health care professionals, health workers and ANMs (auxiliary nurse midwife) to prioritize their interventions.

Material and method

Study design: - Community-based, Observational, Cross-Sectional study

Study area:- Anganwadi centers of Bodabag UHTC of Rewa city.

Sample size: - A total of 250 mothers attending the Anganwadi on Mangal Diwas having at least one child less than 2 years of age, (50 from each 5 randomly selected Anganwadi).

Inclusion criteria: - Mothers are attending the Anganwadi on Mangal Diwas having at least one child less than 2 years of age & giving verbal informed consent to participate in study.

Exclusion criteria: - mothers who did not give verbal informed consent and not having child less than 2 years and due to any medical ground breast feeding stopped before.

Tool & Technique: - A structured Hindi questionnaire proforma with both closed and open ended questions was used to collect data. Information was collected on: maternal demographic and socioeconomic characteristics; maternal knowledge, attitudes and practices on breastfeeding, sources of breastfeeding information and exclusive breastfeeding from mothers attending the selected Anganwadi on Mangal Diwas having at least one child less than 2 years of age. The questionnaire was pretested for clarity, validity and reliability. The participants for the pretest did not participate in the actual study.

Study variables [*Mohamed et al]*

The independent variables for the study were maternal knowledge and attitudes towards EBF. Maternal knowledge was tested by 10 questions covering various aspects of breastfeeding. Maternal knowledge score was computed as follows; a correct response was scored one (1) and incorrect responses scored zero (0). The total possible score was 10. Those mothers who scored less than 3 out of 10 were categorized as having poor knowledge, those who scored 3–6 were considered as having moderate knowledge and those who scored 7 and above were categorized as having high knowledge [*Hackett KM et all*].

Maternal attitudes towards EBF was determined by responses to 10 questions. The Likert Scale was used to rate the maternal attitudes and an attitude score calculated. Each correct (positive attitude) response was awarded a score of 4 whereas an incorrect (negative attitude) response got a score of zero (0). To determine the maternal attitudes towards breastfeeding issues, the strongly disagree (SD) and disagree (D) categories were collapsed into one response category (disagree) while strongly agree (SA) and agree (A) into another (agree). The neither agree nor disagree responses were analyzed as a separate category `don't know'. The total possible score for correct responses for all aspects of attitudes tested was 40. The higher the maternal attitude scores the more positive the attitude towards breastfeeding. Those mothers who scored less than 20 were categorized as having poor attitudes, those who scored 20–30 had moderate attitudes and those scoring 31–40 as had positive attitudes [*Hackett KM et all*].

Statistical analysis: - Data entry and analysis were performed in MS Excel & suitable statistical test was applied whenever applicable. Confidentiality and anonymity of the participants were maintained. There is no any ethical issue related to this study.

Result &Discussion

Table -1 Infant feeding practice

Among interviewed mothers majority 72.4% of the mothers initiated breastfeeding within the first hour after delivery. These figures are higher compare to 61.3% of mothers initiated breast feeding in first 6 hours of life reported in study done at Navi Mumbai. [*Kulkarni RN et al*] The common reasons given by mothers for delay in starting of breast feeding were uneasiness to mother, either family member or doctor not allow, not having adequate breast milk and cesarean section, and in some cases not adequate knowledge for early breast feeding importance. Many mothers were not able to answer the reason for delay in initiation of breast feeding. A 33.2% of mothers gave prelacteal feeds to their child's as compare to 15.8 % prelacteal feeds reported in study done at kerala [*Krishnendu et al*].

WHO recommends exclusive breast feeding up to the 6 months of age. In our study exclusive breast feeding was practiced by 83.5% of the mothers for first four month of life, which is higher compare to 74% of exclusive breast feeding reported by [A.K. Gupta et al] .This figure is quite lower (46.5%) if we see exclusive breast feeding for up to 6 months of age, which is comparable to 57.1% reported by [*Sinhababu et al*].

Among mothers not giving exclusive breast feeding, most common food given to the baby other than breast milk in first 6 months of life was water either alone or mixed with sugar or honey and cow milk. Other food includes buffalo milk, goat milk, milk powder and mashed potato. The most common reason given by mother for not giving exclusive breast feeding were no knowledge of exclusive breast feeding (55%) and not having adequate breast milk (25%). Other reasons for non exclusive breast feeding were family member insist for early starting of food and complication in the post partum period, cesarean section delivery.

Breastfeeding initiation:	Within 1 h	181(72.4%)
	> 1 h to < 24 h	27(10.8%)
	24 h and more	42(16.8%)
Gave colostrums	Yes	147(58.8%)
	No	103(41.2%)
Gave prelacteal feeds		83(33.2%)
Prelacteal feeds given	Plain boiled water	6(7.3%)
	Glucose water/ honey	24(28.9%)
	Formula milk	53(63.8%)
Reason for giving prelacteal feeds:	Delayed milk production	54(65.1%)
	Baby unwell	09(10.8%)
	Other reasons	20(24.1%)

Table -2 Maternal knowledge on breastfeeding

In our study majority of the mothers knew that breast milk should be baby's first feed. Most of the mothers also knew that the baby should be put to the breast within the first hour of birth. The level of knowledge on various aspects of breastfeeding was high. The lowest level of knowledge was observed on the aspect that whether pregnant mothers should continue breastfeeding to their child or not and Breast feeding protects mother from pregnancy. The majority, 169 lactating mothers considered exclusive breastfeeding important (67.6%). Majority of the mothers (77.2%) believed that colostrums is nutritionally beneficial to the child. Majority of the mothers stated that exclusive breastfeeding improves the immunity of the child (57.6%), Concerning the initiation, majority replied that breastfeeding should be started immediately after the birth (68.4%). These figures are quite comparable with study done at Kenya by [Mohamed et al] and study at Kerala by [*Krishnendu et al*].

Aspect of Knowledge:	Breast milk should be baby's first feed	171(68.4%)
	Baby should be put to breast within 1 h of birth	162(64.8%)
	Colostrums should be fed to the baby	193(77.2%)
	Breast milk alone can sustain baby for 6 months	159(63.6%)
	Breast feeding protects baby from illness	144(57.6%)
	Breast feeding protects mother from pregnancy	102(40.8%)
	Expressed breast milk should be fed to the baby	89(35.6%)
	Semi-solid food to be introduced at 6 months	195(78.0%)
	A pregnant woman can breastfeed her baby	75(30.0%)
	A baby should be breast fed on demand	123(49.2%)

Table - 3 Maternal attitudes towards breastfeeding

In present study majority of the mothers believed that EBF is beneficial to the child 48.4%. Similarly, a good proportion of the mothers believed that breastfed babies are healthier than non-breastfed babies and also that breast milk is more easily digested than animal milk. A relatively high percentage of mothers believed that infant formula is a better choice for working mothers, implying a negative attitude towards these aspects of breastfeeding. These figures are comparable in study done at Kenya. [*Mohamed et al*].

Aspects of Attitude	Agree	Not agree	Don't know
Believe that EBF is beneficial to the child	121 (48.4%)	117(46.8%)	12 (4.8%)
A baby can survive without water upto 6 months	142(56.8%)	82(32.8%)	26(10.4%)
Husbands should be involved in decision making on EBF	175 (70.0%)	40(16.0%)	35 (14.0%)
Animal milk is suitable for a new born baby	85 (34.0%)	141(56.4%)	24(9.6%)
Is Breast milk is adequate for babies older than 6 month	52 (20.8%)	186(74.4%)	12 (4.8%)
Formula feeding is better choice for working mothers	79 (31.6%)	145(58.0%)	26 (10.4%)
Breastfed babies are healthier than fed babies	118(47.2%)	116(46.4%)	16 (6.4%)
Breast milk is more easily digested than formula	160 (64.0%)	79(31.6%)	11(4.4%)
Number of times a mother has given birth will influence her ability to EBF	142 (56.8%)	77(30.8%)	31(12.4%)
Breastfeeding Should be stopped when child has diarrhoeal episodes?	180 (72.0%)	58(23.2%)	12(4.8%)

Conclusion

Along with Maternal knowledge & Education attitude & practice have same or even more important in promoting the practice of EBF. Healthcare professionals should go beyond the mere dissemination of information regarding breast feeding & duration & age of weaning. They have to encouraging and helping mothers to overcome barriers of practicing EBF. Informing all pregnant women about the breastfeeding can be considered as a top priority during antenatal visits. Strengthening of prenatal and postnatal interventions to improve exclusive breastfeeding practices is recommended.

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