



KNOWLEDGE AND AWARENESS REGARDING THE PRACTICE OF BREASTFEEDING IN ANTENATAL AND POSTNATAL WOMEN IN ASRAMS – A CROSS SECTIONAL STUDY.

Obstetrics & Gynaecology

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ABSTRACT

Introduction: Breastfeeding is the natural way of infant feeding to satisfy the nutritional and psychological needs of the baby. The World Health Assembly (WHA) has set a global target to increase the rate of exclusive breastfeeding globally to 50% by 2025. **Material & Methods:** The purpose of this study is to assess the knowledge and awareness of antenatal and postnatal women regarding breastfeeding. This study has been carried out in 100 (antenatal-45 & postnatal-55) mothers attending to OPD or admitted in the Department of Obstetrics and Gynaecology in Alluri Sitarama Raju Academy of Medical Sciences. During the data collection procedure, the ethical considerations like formal permission from authorities, verbal consent from the sample were taken. **Results:** 42 (42 %) of the participants reported that breast milk constituents are good for immunity protection against diseases, 21 (21 %) reported it's sufficient in nutrients, whereas 19 (19%) did not know any advantage. **Conclusion:** The study revealed the knowledge of women is not adequate, and it reflected on their feeding practices. Numerous barriers to breastfeeding are lack of knowledge, social norms, poor family and social support, embarrassment, lactation problems, employment and child care, and barriers related to health services. Although, the practice of breastfeeding is influenced by various social, cultural and religious beliefs, maternal infant feeding attitude has shown to be a stronger independent predictor of breastfeeding initiation.

KEYWORDS

Knowledge on breastfeeding, practice of breastfeeding, self instructional module, Global nutritional target.

Introduction:

Breastfeeding is considered to be a traditional practice in India. Although breastfeeding is nearly universal in India, very few children are put to the breast immediately after birth. In India, breastfeeding appears to be influenced by social, cultural, and economic factors. WHO and the United Nations Children's Fund (UNICEF) recommend initiating breastfeeding within the first hour after birth, continued exclusively for the first six months of life and continued, with safe and adequate complementary foods, up to 2 years or beyond^{1,5}. **Globally**, only 38% of infants aged 0 to 6 months are exclusively breastfed¹. The World Health Assembly (WHA) has set a global target to increase the rate of exclusive breastfeeding globally to 50% by 2025.^{1,5}

Early initiation of breastfeeding, within one hour of birth, protects the newborn from acquiring infections and reduces newborn mortality. Starting breastfeeding early increases the chances of a successful continuation of breastfeeding. Exclusive breastfeeding for six months provides the nurturing, nutrients, and energy needed for physical and neurological growth and development^{5,10}. Breast feeding reduces the risk of acquiring acute otitis media, gastroenteritis, respiratory tract infections, allergies, asthma, diabetes, obesity, hypertension, childhood leukemia, sudden infant death syndrome (SIDS), and necrotizing enterocolitis⁸. Beyond six months, breastfeeding continues to provide strength and high-quality nutrients that, jointly with safe and adequate complementary feeding, help prevent hunger, under nutrition, and obesity. Exclusive breastfeeding is extremely important in developing countries where limited access to clean water increases risk of diarrhoeal diseases⁷. The first few hours and days of a newborn's life are a critical window for establishing lactation and providing mothers with the support they need to breastfeed successfully. Along with satisfying baby's emotional needs, it creates a strong bonding between the mother and the baby. EBF is an important public health strategy for improving children's and mother's health by reducing child morbidity and mortality and helping to control healthcare costs in society⁹. The benefits of breastfeeding are not just restricted to child, it protects the mother who has breastfed from developing ovarian and premenopausal breast cancers and it also reduces the risk of postpartum bleeding and osteoporosis¹¹.

Terminology:

Exclusive breastfeeding⁶: The infant receives only breast milk but no other liquids or solids except for drops or syrup containing vitamins,

mineral supplements, medicines for 6 months after birth.

Mixed feeding⁶: Breast feeding a child while giving non-human milk or other foods and liquids.

Prelacteal feed⁶: Any food except the mother's breast milk given to a newborn before breast feeding is initiated.

Colostrum⁶: Thick yellowish secretion from the breast within the first few days after delivery.

The Baby Friendly Hospital Initiative (BFHI) was designed to support, protect and promote breastfeeding practices.

WHO/UNICEF Ten Steps to Successful Breastfeeding^{3,4}

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in the skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within the first hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation even if they are separated from their infants.
6. Give newborn infants no food or drink other than breast milk unless medically indicated.
7. Practice rooming-in (allow mothers and infants to remain together) 24 h a day.
8. Encourage breastfeeding on demand.
9. Give no artificial nipples or pacifiers to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital.

Aims & Objectives of the Study:

In spite of many awareness programs for pregnant and lactating women in particular and the public in general, we still see many faulty breastfeeding practices, and hence there is an increased need to find the factors hampering breastfeeding. Hence the present study was undertaken with a view to develop a self-instructional module.

1. To assess the knowledge of antenatal & postnatal mothers regarding breastfeeding technique.

2. To assess the practices of postnatal mothers regarding breastfeeding techniques.

Materials and Methods:

This study has been carried out in 100 (antenatal-45 & postnatal-55) mothers attending to OPD or admitted from January 2019 to December 2019 in the Department of Obstetrics and Gynaecology in Alluri Sitarama Raju Academy of Medical Sciences, Eluru.

Study instrument:

The investigator introduced herself to the respondents, established rapport, explained the purpose of the study, and the willingness of the participants was ascertained. The respondents were assured of the anonymity and confidentiality of the information provided by them. The investigator explained the purpose of the study, and verbal informed consent was obtained. Data were collected from 100 samples by using a structured questionnaire on breastfeeding on knowledge & checklist for assessing the practice of breastfeeding.

Besides personal and socioeconomic data, the resulting self-administered questionnaire included questions addressing knowledge (importance of breast milk and its constituents, preference of breast milk over artificial milk, general knowledge of breastfeeding benefits).

Data collection:

By the end of the study period, hundred questionnaires were completed from mothers. Mother's knowledge and practice of breastfeeding were assessed from their responses.

Results:

A total of 100 questionnaires were distributed, but responses varied between different questions. The mean age of the participants was 28 years, and their ages ranged from 18 to 38 years. A total of 45 antenatal and 55 postnatal mothers are included in the study.

Awareness:

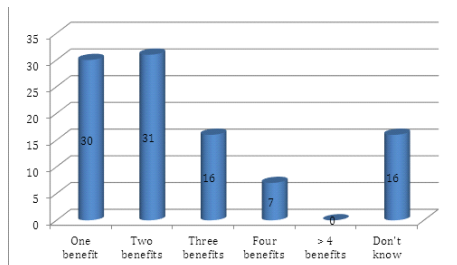
Both antenatal and postnatal mothers were included to know the awareness regarding breast feeding. Out of 100, 45 were primigravida and 55 were multigravida. 20 out of 45 primigravida knew the advantages of breastfeeding compared to 45 out of 55 multigravida.

42 (42 %) of the participants reported that breast milk constituents are good for immunity protection against diseases. 21 (21 %) reported it's sufficient in nutrients, whereas 19 (19 %) did not know any advantage. No one mentioned more than four benefits.

Table: 1

	No. of subjects	Percentage
Do not know	16	16
One benefit	30	30
Two benefits	31	31
Three benefits	16	16
Four benefits	7	7
>Four benefits	0	0

Graf: 1



Practice of breastfeeding:

55 postnatal mothers were included in this part of the study. Our findings revealed that a majority 48 (87.2%) of the mothers were breast feeders.

However, merely 13 (27%) of the mothers were exclusive breast feeders, and only 18(37.5%) initiated breastfeeding within an hour.

The mean duration of breastfeeding practice in months ranged between

0-24 months.

Discussion:

Only 37.5% of our mothers had initiated feeding within first 1-2 hours after delivery which was again same as of NIMHANS study by Vijayalakshmi et al¹⁰.

In the present study, 46% mothers had awareness about importance of colostrum believed that colostrum was good to feed, and 87.2% mothers actually fed it immediately to their babies which was a good and close observation to the Manipal University study by Pandey et al where 75% mothers fed colostrum to their babies and about 90% had awareness¹¹.

Significant difference was found in number of women with knowledge about breast feeding with respect to parity. Less number of primigravida mothers was aware about advantages of breast feeding compared to multigravida women.

Conclusion:

The study revealed that the knowledge of mothers regarding breastfeeding was not adequate, and that was reflected on their practice of breastfeeding. Exclusive breast feeding among our sample was suboptimal, compared to the WHO recommendations. This study revealed that adverse work-related issues, social stigma, and maternal health were the main reasons for the very low rate of breastfeeding among women.

Inadequate rates of exclusive breastfeeding result from social and cultural, health-system, and commercial factors, as well as poor knowledge about breastfeeding. These factors include 1:

- caregiver and societal beliefs favoring mixed feeding;
- hospital and health-care practices and policies that are not supportive of breastfeeding;
- lack of adequate skilled support;
- aggressive promotion of infant formula, milk powder, and other breast milk substitutes;
- inadequate maternity and paternity leave legislation and other workplace policies that support a woman's ability to breastfeed when she returns to work;
- lack of knowledge on the dangers of not exclusively breastfeeding and of proper breastfeeding techniques among women, their partners, families, health-care providers, and policy-makers.

In 1991, breastfeeding promotion network of India (BPNI) was born to protect, promote and support breastfeeding. Further, the government of India has undertaken National Rural Health Mission, which intends to implement Integrated Management of Neonatal and Childhood Illnesses (IMNCI) through the existing healthcare delivery system.

Poor practices and attitude towards exclusive breastfeeding are especially important in developing countries with high levels of poverty, and that are characterized by a high burden of disease and low access to clean water and adequate sanitation¹².

Intervention programs can be effective in promoting support for breastfeeding among health workers. Similar interventions may contribute to the overall effectiveness of breastfeeding promotion programs.

Continued professional support may be necessary to address these challenges and help mothers meet their desired breastfeeding duration. Such findings, if addressed comprehensively by health care providers and decision-makers, will lead to the improvement of child health in the study community.

This study makes us realise the need to promote well-baby visits, antenatal and early postpartum education, and also during home visits by community health workers, should improve maternal knowledge and attitudes toward breastfeeding practice.

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