Research Paper

Medical Science



Knowledge, Attitude and Practices of Breast Feeding in Jalandhar

* Dr Shally Magon ** Dr Pushpendra Magon

* Associate Professor, Department of Obstetrics and Gynecology, Punjab Institute of Medical Sciences, Jalandhar, 144001

** Associate Professor, Department of Pediatrics ,Punjab Institute of Medical Sciences, Jalandhar , 144001

ABSTRACT

During the last 25 years there has been a dramatic decline in breast feeding (1, 2). This may be due to factors like urban life styles, availability of artificial baby food and lack of awareness of dangers of artificial milk. Hence, the present study was undertaken analyse the scenario. The study revealed that majority of the respondents had good knowledge of breast feeding but extremely few were aware of disadvantages of powdered or top milk (3). Despite being delivered in a tertiary hospital where baby friendly approach is common, only some practiced the baby friendly habits after getting discharged.

Keywords :

Results: The study revealed that all of them had breast fed their children for the first few months but the exclusive breast feeding was given by only 31 percent of the mothers. The most common reason cited for stopping breast feeding was insufficient milk No breast feeding was given by 18 percent of mothers due to mother and child separation e.g. in sick mothers or sick babies. Water was given on the pretext of "hot summers" or "everybody gives" by a few mothers .Majority (3/4) of the children were breastfed till one year of age. Elders in the family were also found responsible for stopping breast feeding in early infancy. Mothers who were more likely to initiate early mixed feeding of breast and top milk were those susceptible to peer pressure .A few mothers exclusively breast fed their children for longer than 6 months duration due to lack of awareness about the right age of weaning diet introduction. Only 25% of booked cases were primed regarding the need of breast feeding their baby during the antenatal period. None of the mothers were aware about possibility of obesity, atopic disorders and gluten sensitivity being related in many ways to improper timing of introduction of top milk and wheat (4, 5, 6).

MATERIALS AND METHOD

The study was carried a medical college Punjab institute of Medical Sciences, Jalandhar. A survey was conducted and all the mothers with children lesser than two years of age who delivered in Punjab Institute of Medical Sciences were included in the study. The mothers were requested to answer a questionnaire about breast feeding.

RESULTS

150 women, with children less than two years of age were included in the study. All of them had breast fed their children but the exclusive breast feeding was given by only 31 percent of the mothers.

Knowledge and practice of breast feeding: Results 1. Surprisingly only 46 percent of mothers agreed that breast feeding protects the" children from infection. 2. Breast feeding within the first hour was initiated by 70 percent of mothers(delay in most cases attributed to caesarean section)

3. The most common reason cited for stopping breast feeding was insufficient milk in 24 percent of mothers and painful

cracks / abscesses / or mastalgia in 20% cases . 4. No breast feeding was given by 18 percent of mothers due to mother and child separation e.g. in sick cases or nipple problem. 5. Pre-lacteal feed/ pacifiers teats and bottle were introduced by 79 per cent of mothers soon after discharge from hospital. 6. Water was given on the pretext of "hot summers" or "everybody gives "by 45 % 7. 73 % of the children were breastfed till one year of age 8. Elders in the family were responsible for stopping breast feeding earlier than one year in 18 %. 9. 70 percent mothers who initiated early mixed feeding of breast and top milk despite being told not to do so. 10. 6 percent mothers exclusively breast fed for longer than 6 months duration. 11. Only 25% of booked cases were primed regarding the need of breast feeding their baby during antenatal period. 12. None of the mothers were aware about possibility of atopic disorders, obesity and gluten sensitivity being related in many ways to improper timing of introduction of top milk and wheat (4, 5, 6). 13. No mother knew that absolutely non- breast fed children tend to be more obese (4) 14. Honey was the most popular form of pre-lacteal feed amongst the interviewed subjects. 15. None were aware that baby is likely to eat better those foods which mother took during pregnancy or in first few months of lactation. 16. Age of introduction of lumpy solid food was guessed correctly by many but few knew that persistently giving liquid diet beyond nine months interferes with proper feeding in later life(7)

Attitudes and beliefs regarding breast feeding

General beliefs	Agree	Disa- gree	Not sure
1. Breast feeding protects child from from infection (8)	46	6	48
2. Breast feeding prevents allergy (9,10)	10	28	72
3. Delayed weaning can predis- pose to wheat intolerance	-	100	-
4. The right age for introduction of top milk is 6 months	80	6	8
5. IMS act (11)says absolute no to powder milk up to 2 years	64	3	33

6. Baby gets flavour experience through breast milk	56	9	35
7. Breast feeding should be avoid- ed during sickness of mother	67	5	28

DISCUSSION

Breast feeding was observed to be a universal practice. Socio-cultural factors affected breast feeding and other infant feeding as the population in Jalandhar, generally believed that child grows better on top milk and baby foods as compared to mothers milk and other homemade recipes. Secondly, the purchasing power of city dwellers was good and hence they preferred top milk .Also baby foods were preferred due to ease of administration. The majority of the women had incorrect knowledge of breast feeding and weaning eg giving prelacteal feeds especially honey and water was considered normal. Secondly, although the awareness of advantages, of breast milk being complete, clean and pure food and convenient to mother were known still gross ignorance and several misconceptions were revealed. For example very few had knowledge about preventive aspects of human milk nutrition like in atopic disorders, obesity and gluten sensitivity probably due to lack of transmission of this knowledge from doctors to mothers either antenatally or postnatally.

RECOMMENDATIONS 1. Mothers should be mentally prepared by the obstetrician regarding the need of breast feeding their baby, during the antenatal period. 2. The mothers should be made aware about possibility of atopic disorders, obesity and gluten sensitivity being related in many ways to improper timing of introduction of top milk and wheat .even the obstetricians need to be made more aware about these facts. 3. IMS act needs to be enforced with more teeth, especially in nursing homes 4. The need of the hour is to disseminate this knowledge to all the antenatal mothers as no mother was aware that introduction of complementary food before the age 4 months may increase the risk of obesity particularly when breast feeding is discontinued at the same time No mother was aware about the critical period during which wheat should be introduced (12). Also they were unaware about the diabetogenic effect of gluten and cereals if they are introduced after 6 months in the absence of breast feeding (13) .Many mothers gave early top feed thinking that the child would gain weight rapidly not knowing that a rapid increase in BMI was associated with high risk of coronary heart disease in later life. Knowledge of the fact that exclusive breast feeding for 6 months and prolonged breast feeding up to 3 vears protects against atopic dermatitis was lacking. Similarly, the fact that the risk of wheat allergy decreased if wheat was introduced between the crucial period of 4-6 months as compared to those wherein wheat was introduced beyond 6 months was not known to even one mother(4) Mothers were not aware that the wide variety of flavors that the mother ingests (e.g. fruits, vegetables and spices) or inhales (e.g. tobacco, perfumes) are transmitted to her milk/or amniotic fluid thereby suggesting that breast milk is a bridge between the taste experienced in uterus and the taste he would experience later in life. 5. TRAIN THE PARENTS: Parents have a high degree of control over the environment and experiences of their children thereby shaping food preferences and eating habits in children, who are modeled based on strategies taken by parents.

REFERENCES

World health organisation, division of family health (1982) the prevalence and duration of breast feeding: critical review of available information. World health stat qtr. 35:92-112. | 2. Jain A.K., J.Bongaarts. "Breastfeeding: Patterns, correlates and fertility effects." Studies in Family Planning, 1981 12(3): 79-99. 3. Walia BNS, Gambhir SK, Bhatia U. Breastfeeding and weaning practices in an urban population. Indian Pediatr 1974, 11:133-137. 4. Schack-Nielsen L, Sorensen TLA, Mortensen EL, Mi-chaelsen KF: Late introduction of complementary feeding, rather than duration of breastfeeding, may protect against adult overweight. AM J Clin Nutr 2010; 91:619-627.
S. Saarinen UM, Kajosaari M, Backman A, Siimes MA: Prolonged breast-feeding as prophylaxis of atopic disease. Lancet 1979; 2:163-166. | 6. Norris JM, Barriga K, Hoffenberg EJ, et al: Risk of celiac disease autoimmunity and timing of gluten introduction in the diet of infants at increased risk of disease. JAMA 2005; 293:2343-2351. | 7. Coulthard H, Harris G, Emmett P: Delayed introduction of lumpy foods to children during the complementary feeding period affects child's food acceptance and feeding at 7 years of age. Matern Child Nutr 2009; 5:75-85. | 8. Grulee CG, Sanford HN, Herron PH: Breast and artificial feeding. Influence on morbidity and mortality of twenty thousand infants. JAMA 1934; 103:737-88. | 9. Scientific Advisory Committee on Nutrition (SACN): The Influence of Maternal, Fetal and Child Nutrition on the Development of Chronic Disease in Later Life. London, TSO, 2011. | 10. Wilson AC, Forsyt JS, Greene SA, Irvine L, Hau C, Howie PW: Relation of Infant diet to childhood health: seven year follow up of cohort of children in Dundee infant feeding study. BMJ 1998; 316:21-25. 11. Mishra D: Infant milk Substitutes (IMS) Act 2003--surrogate promotion continues. Indian Pediatr. 2005 Jan; 42(1):88. 12. Illingworth RS, Lister J: The critical or sensitive period, with special reference to certain feeding problems in infants and c