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KNOWLEDGE, ATTITUDE AND PRACTICES OF EXCLUSIVE BREAST FEEDING IN MOTHERS OF TEATRIBE POPULATION, JORHAT, ASSAM

KEY WORDS: Exclusive breast feeding, prelacteal feed, knowledge and attitude

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ABSTRACT

In the current study the aim was to assess the knowledge, attitude and practices of exclusive breast feeding. This study was conducted on 364 mothers, a cross sectional study was carried out in tea estates of Jorhat district, Assam using a structured questionnaire between March 2023 to February 2024 . Out of total, the majority (61.54%) were in the age group 20 to 29 years, most mothers were Hindu by religion (90.38%) followed by Christians and Muslims, majority mothers were multi parous (68.70%), most respondents were lower socioeconomic class (56.05%), majority of respondents were literate having studied at least up to primary school (73.35%), most respondents were housewives (53.85%) in the current study while majority (93.60%) of mothers got delivered in hospital. In the current study, majority of mothers were having (57.41%) four or more antenatal check up. The mean knowledge score in the current study is 8.87±3.32 while the mean attitude score in the current study is 5.20±1.85. Mothers fitting in the criteria of having good knowledge comprised 54.67% while 70.33% mothers were having positive attitude. Certain practices in our study like breast feeding the child within one hour after birth (79.67%), giving colostrum to the baby (89.10%), giving demand feeds (90.11%) and night feeding (64.84%) have been good in our study whereas prelacteal feeding practice was 29.95% which needs to improve.

INTRODUCTION

The practice of giving the baby solely breast milk for the first six months of life with the addition of any vitamins, minerals, or medications being the exception is known as exclusive breastfeeding (EBF).[1,2] The United Nations Children's Fund (UNICEF) recommends the beginning of breastfeeding within a span of one hour after birth, be the sole food consumed during the first six months of life, followed by supplementation with other foods for at least twenty four months.[3,4] A number of diseases like pneumonia, diarrhea, diabetes mellitus, malocclusion, developmental disorders, sudden infant death syndrome are more common in babies who are not breastfed exclusively.[5,6]

Nearly 63.7% of children under the age of six months were exclusively breastfed, according to NFHS 5 India (total).[7] As per the data from NFHS 5 Assam (total), 49.1% of children under the age of three were breastfed within a span of one hour of after delivery, while practice of exclusive breastfeeding in children under the age of six months was 63.6%. NFHS 5 Assam (rural) reported that 63% of children under six months old adhered to exclusive breastfeeding, while 49.2% of children under 3 years old were nursed within an hour of delivery.[8]51.6% of children under three years old were breastfed within an hour of their delivery, according to NFHS 5 Jorhat.[9]

Assam is a region in northeastern India that has 304,400 hectares of tea-growing land under cultivation and 85,344 tea plantations.[10] About one-fifth of the people living in the state of Assam are tea gardeners.[11]In the late 19th and early 20th centuries, laborers from tea gardens in central and southern India, specifically Madhya Pradesh, Orissa, Bihar, and Andhra Pradesh, moved to Assam (Griffiths, 1967).[12,13]The Assamese tea industry is their primary source of revenue.[13,14] The government recognizes them as Other Backward Classes, and they go by the name of Tea and Ex-Tea Garden Tribes. These individuals not only make up a considerable portion of the population, but they also produce a significant amount of tea (about 53% of the nation's total), which boosts the state's economy.[13,14] The Jorhat District has roughly eighty-eight tea gardens.[13]

MATERIALS AND METHODS

The study was conducted over one year period from March 2023 to February 2024 after obtaining ethical clearance. It was a community based cross sectional study with a sample size of 364 lactating mothers with children between 6 months to 2 years of age group. A Multistage sampling method was used in our study. Two medical blocks were randomly selected as the first stage unit out of a total of six blocks. On average, there are 20 tea gardens every block. Thirty percent of the total tea gardens (7 tea gardens) in each of the two chosen blocks were chosen at random for the study. One tea line was chosen at random from each tea garden, and mothers whose children were between the ages of six months and two years were surveyed by visiting each home until the target sample size was reached. In this study of house to house visit in the Jorhat district's tea estates. Before the commencement of data collection, Accredited Social Health Activist (ASHA) and Auxiliary Nurse Midwifery (ANM) of the selected sub centre were contacted who guided us in finding houses with desired study participants. One of the house was selected randomly with assistance from ASHA worker and ANM and then study was carried out with weekly 2 visits in the tea estates. On a predesigned structured proforma (questionnaire), data about the patients' demographics, knowledge, attitudes, and breastfeeding practices were gathered from these mothers. Prior to gathering the data, the respondents' verbal assent and authorization from the institute's authorities were obtained.

In this study, in order to measure the knowledge of the participants about exclusive breast feeding 13 items were used. Correct or desirable answers to questions were given the score of one whereas partially correct or wrong answers to the questions were given the score of zero. Total score for each respondent was calculated by adding all the points which was later converted into percentage. Those mothers with score >70% in knowledge test were categorized into having good knowledge while those mothers scoring <70% in knowledge were categorized into having poor knowledge in accordance with FAO guidelines.[14]

In this study, in order to measure the attitude of the

participants about exclusive breast feeding 7 items were used. Correct or desirable answers to questions were given the score of one whereas partially correct or wrong answers to the questions were given the score of zero. The measurement of attitude was in terms of questions that had Agree or Disagree as answers. Total score for each respondent was calculated by adding all the points which was later converted into percentage. Those mothers with score >70% attitude test were categorized into having positive/good attitude while those mothers scoring <70% in attitude test were categorized into having negative/poor attitude in accordance with FAO guidelines.[14]

RESULTS AND OBSERVATION

In our study 66.21% mothers practiced exclusive breast feeding with factors like age of mother, socioeconomic factors, occupational status, educational qualification, ANC status had association with it which was statistically significant while the association with factors like religion of mother and place of delivery was not statistically significant. The majority (61.54%) were in the age group 20 to 29 years, most mothers were Hindu by religion (90.38%) followed by Christians and Muslims, majority mothers were multi parous (68.70%), most respondents were lower socioeconomic class (56.05%), majority of respondents were literate having studied at least up to primary school (73.35%), most respondents were housewives (53.85%) in the current study while majority (93.60%) of mothers got delivered in hospital. In the current study, majority of mothers were having (57.41%) four or more antenatal check up.

Our study also assessed the knowledge and attitude scores related to breastfeeding. The mean knowledge score in the current study is 8.87±3.32 while the mean attitude score in the current study is 5.20±1.85. Mothers fitting in the criteria of having good knowledge comprised 54.67% while 70.33% mothers were having positive attitude. Additionally, the association of good knowledge and positive attitude with exclusive breast feeding was statistically significant.

As far as the knowledge is concerned 92.58% knew about the term EBF, while 66.21% actually knew about the definition of EBF. Most (52.75%) mothers gathered knowledge about EBF from hospital or health institutions, most mothers (61.54%) knew about the dangers of bottle feeding along with that majority (72.80%) mothers knew that exclusive breast feeding provides protection against diahrrhoea. It is noteworthy to mention that majority (82.97%) of mothers did not know about the aseptic precaution during breast feeding. However, 65.66 % of mothers knew that frequent suckling at breast help in milk production. Additionally, 60.44% of mothers knew that EBF preventing pregnancy while 39.56% mothers did not know about it. Majority (91.48%) mothers knew to give EBF on demand while 66.76% of mothers knew about proper technique of breastfeeding.

With respect to attitude, majority (89.84%) of the mothers had the belief that breastfeeding increases mother and child bonding, along with the belief that breast feeding being superior to formula feeding (87.91%). However, only 37.91% mothers believed that breast feeding causes disfigurement or body shape changes. Another attitude, where 85.99% of the mothers had the belief that colostrums or first breast milk is good. Majority (71.98%) of the mothers had the belief that giving breastmilk within one hour is important.

Certain practices in our study like breast feeding the child within one hour after birth (79.67%), giving colostrum to the baby (89.10%), giving demand feeds (90.11%) and night feeding (64.84%) have been good in our study which stems from good knowledge and attitude of exclusive breast feeding. Certain practices like giving prelacteal feed in our study (29.95%) which is significantly high and it stems from underlying belief in the tea tribe population and needs to be addressed. Also there are lacunae in certain aspects of knowledge like the dangers of bottle feeding (38.46%) and attitude like the benefits of breast feeding to mother where only 55.77% agreed to the fact. Our study findings attempts to find the lacunae in the existing knowledge, attitude and practices of exclusive breast feeding and fill the gaps.

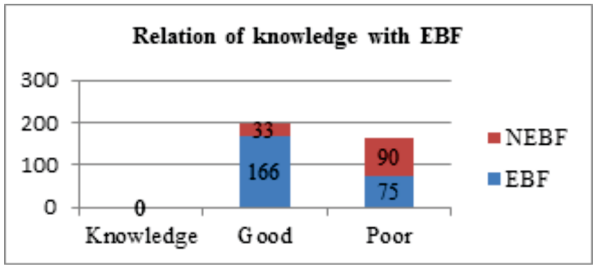

Figure 1showing relation of knowledge with exclusive breast feeding

Table1 showing relation between knowledge and exclusive breast feeding(EBF :Exclusive breast fed, NEBF : Not exclusively breast fed).

	EBF	NEBF	Total	Percentage	pvalue
Knowledge					
Good	166	32	199	54.67%	<0.00001
Poor	75	90	165	45.32%	

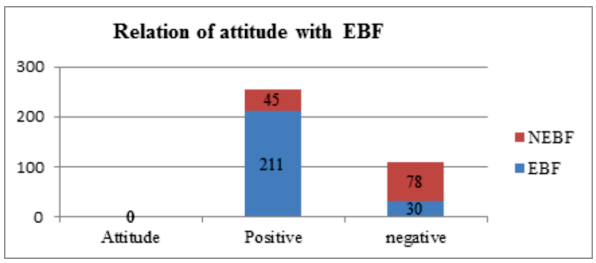

Figure 1showing relation of attitude with exclusive breast feeding.

Table 2 showing relation between attitude and exclusive breast feeding(EBF :Exclusive breast fed, NEBF : Not exclusively breast fed).

	EBF	NEBF	Total	Percentage	pvalue
Attitude					<0.00001
Good	211	45	256	70.33%	
Poor	30	78	108	29.67%	

DISCUSSION

In our study, 364 respondents, 199 (54.67%) mothers had good knowledge on exclusive breast feeding out of which 166 of them practiced exclusive breast feeding and 33 mothers did not practice it, as opposed to 165 (45.32%) mothers who had poor knowledge with regard to exclusive breast feeding out of which only 75 mothers practiced exclusive breast feeding and 90 mothers did not practice it. There was a statistically significant association (p value <0.00001) between the practice of exclusive breast feeding and good knowledge. Luo J et al.[87] in their study, of 364 participants, 306 (84.07%) mothers had good knowledge and out of which 243 practiced EBF while 58 (15.93%) of them had poor knowledge out of which 35 mothers practiced. There association between good knowledge and the practice of exclusive breast feeding was statistically significant (p value =0.002) which was in agreement to our study.

In our study of 364 respondents, 256 mothers (70.33%) had good attitude on exclusive breast feeding out of which 211 of them practiced exclusive breast feeding and 45 mothers did not practice it, on the other hand 108 (29.67%) mothers have poor attitude regarding exclusive breast feeding out of which only 30 mothers practiced exclusive breast feeding and 78 mothers did not practice it. There was a statistically significant association between the practice of exclusive breast feeding

and good attitude. . Luo J et al.[87] in their study, of 364 participants, 278 (76.37%) mothers had good attitude and out of which 236 practiced EBF while 86 (23.63%) of them had poor knowledge out of which 35 mothers practiced. There was a statistically significant association (p value=0.014) between good knowledge and the practice of exclusive breast feeding which was in agreement to the present study.

CONCLUSION

Highlights of our study is high rates of breast feeding within a span of one hour and high percentage of colostrums feeding, however things that needs improvement is a concerted effort to reduce the prelacteal feeding practice which stems from deep rooted cultural practices. Another encouraging finding that came out of our study was a positive attitude regarding breast milk being considered superior to formula milk which was in contrast to the urban parts of the country.[107,108] Rising use of formula milk along with its intense marketing could be one of the reason behind decreased breastfeeding in urban areas as opposed to rural areas.[109]

Our study reveals that among the respondents EBF practices were higher in multipara mothers. Mothers who had ANC registration and check up more than 4 during pregnancy were also found to have better EBF practices. Most housewives as opposed to working mothers had better EBF practices possibly owing to the more time available for child care. Also, mothers belonging to lower socioeconomic status practiced EBF better underscores the detrimental effect of urbanization on breastfeeding. Despite having satisfactory EBF practices, this study finds the lacunas in the knowledge areas and aims to increase awareness so as to discourage harmful practices linked with exclusive breast feeding.There were certain limitation one of being time bound nature of study posed the problem of not including many other factors associated with practices and attitudes of exclusive breast feeding which could have impacted our study. Biases like recall biases in mothers with respect to EBF practices were some of other limitation.

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