STUDY OF KNOWLEDGE, ATTITUDE AND PRACTICES OF MOTHERS TOWARDS BREASTFEEDING IN A CENTRAL INDIAN HOSPITAL

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ABSTRACT

BACKGROUND

The aim of this study was to assess Knowledge, Attitude and Practice towards breastfeeding among mothers.

MATERIALS AND METHODS

This was a descriptive study conducted over a period of 2 years in maternity ward in a central Indian hospital. A total of 2000 mothers were interviewed. The data was collected using a predesigned questionnaire. All data collected was analysed.

RESULTS

75.21% booked and 67.93% unbooked cases had awareness of benefits of breastfeeding. More than 95% of mothers irrespective of educational status had knowledge of early initiation of breastfeeding but only 71.25% actually initiated breastfeeding within 1 hour. Colostrum was given by approximately 95% mothers and 14.75% gave prelacteal feeds. 96.3% mothers exclusively breastfed their babies till 4 months of age. Knowledge about weaning was fair. On demand breastfeeding was practised by 71.59% mothers. 68.35% opined that breastfeeding should be stopped during any maternal illness. 36.65% were aware of contraceptive benefit of lactation. 73.75% mothers had knowledge of requirement of extra calories during lactation while 80.15% said that burping should be done after each feed.

CONCLUSION

Though mothers had good knowledge of breastfeeding, the gap between knowledge and practice needs to be addressed. Health professionals, more so doctors have a vital role to play in educating nursing mothers.

KEYWORDS

Breastfeeding, Knowledge, Attitude, Practice.

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BACKGROUND

The superiority of breast milk as the best food for infant is well documented.[1] Breastfeeding has distinctive species-specific advantages leading to better survival and optimum growth potential in infants, especially those receiving exclusive breastfeeding in the first six months of life.

Poor breastfeeding practices and their consequences are one of the world's major problems and it is a man-made problem. The practise of breastfeeding has shown a declining trend in the course of last 40 years; and it is only in the last decade or so that an arrest in decline and in some places an improving trend is being noted.[2] However, in developing countries like India, which have been traditional bastions of breastfeeding, a somewhat ominous trend to decreased initiation and decreased duration along with increased bottle feeding has been noted, particularly in urban areas.

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Among the various reasons cited, lack of positive support and advice regarding breastfeeding by health care personnel needs utmost attention. In the past decade and half, this need of joining hands and re-instating breastfeeding has been felt by most people and attention has been drawn from all over the world. National and international agencies have been active in promoting breastfeeding at various forums and conferences.

The World Health Assembly in 1992 adopted the declaration that during the first four to six months of life no food or liquid other than breast milk is required to meet the normal infant requirement.[3]

Although there is an extensive literature on knowledge, practices and attitude of breastfeeding from various parts of the world,[4] there is paucity of literature available regarding the same from this part of the country. This study is aimed at recognising the knowledge, practices and attitude of breastfeeding in this part of the country, the problem encountered so as to overcome it with a hope that this will be an early step in the Baby Friendly Hospital Initiative.

MATERIALS AND METHODS

This is a descriptive study carried out in the Department of Obstetrics and Gynaecology at a central Indian hospital over a period of 2 years. This is a study of knowledge, practice and attitude of breastfeeding in mothers. 2000 mothers entered the study. Careful history was taken as per the predesigned

proforma and mothers were interviewed in maternity ward regarding knowledge, attitude and practice of breastfeeding within 24 hours of delivery. Interviewing was done by a single person using pretested, semi-structured, open and closed ended questionnaire after obtaining informed consent.

The findings were recorded as per the predesigned proforma and all data collected was tabulated and analysed.

RESULTS

Characteristics	Number	Percentage
Maternal Age (Years)		
<20	55	2.75%
20-24	1120	56%
25-29	538	26.9%
>29	287	14.35%
Religion		
Hindu	1229	61.45%
Muslim	349	17.45%
Others	422	21.1%
Maternal Education		
Primary school	361	18.05%
Middle school	561	28.05%
High school	304	15.2%
Higher secondary	155	7.75%
Graduate	18	0.9%
Illiterate	601	30.05%
Number of Children		
One	1002	50.1%
More than one	998	49.9%
Socioeconomic Strata		
Higher	0	0%
Middle	134	6.7%
Lower	1866	93.3%

Table 1. Distribution of Study Subjects According to Sociodemographic Characteristics

Out of 2000 study subjects, majority were between 20-24 years, belonged to Hindu religion (61.45%), 69.95% were literates and 30.05% were illiterates. The distribution of primiparas and multiparas was almost similar. Majority (93.3%) belonged to lower socioeconomic strata.

Serial No.	Factor	Percentage of Correct Responses
1	Knows benefits of breastfeeding	
	a) To baby	100%
	b) To mother	58%
2	Time of initiation of breastfeeding	71.25%
3	Prelacteal feeds	85.25%
4	Colostrum feeding	95.8%
5	Duration of exclusive breastfeeding	96.3%
6	Ideal position of breastfeeding	95%
7	Demand feeding	71.59%
8	Role of diet in breast milk secretion	96.65%
9	Knowledge on expressed breast milk	54%
10	Storage of expressed milk	6%
11	Breastfeeding during maternal illness	31.65%
12	Contraceptive benefit of lactation	36.65%
13	Requirement of extra calories during lactation	73.75%
14	Knowledge of burping after feed	80.15%

Table 2. Knowledge of Mothers about Breastfeeding

While 71.25% had the knowledge to initiate breastfeeding within 1 hour of delivery, only 51% actually did so. Only 4.2% felt that colostrum was bad for the baby and 14.75% gave prelacteal feeds. A satisfactory 96.3% gave correct response to exclusive breastfeeding but most of them for 4 months. Honey was the most common prelacteal feed given. Majority (64.9%) were of the opinion that weaning should be started between 4-6 months. Knowledge regarding expressed breast milk and its storage was very poor. Majority (80.15%) said that burping should be done after every feed.

Characteristics	Number	Percentage
Maternal Age (Years)		
<20	32	58.18%
20-24	807	72.05%
25-29	374	69.52%
>29	212	71.25%
Maternal Education		
Primary school	228	63.15%
Middle school	409	72.91%
High school	240	78.95%
Higher secondary	104	67.10%
Graduate	16	88.89%
Illiterate	428	71.22%
Number of Children		
One	700	69.86%
More than one	725	72.65%

Table 3. Maternal Characteristics with regard to Breastfeeding Initiation within One Hour

Mothers more than 20 years of age initiated breastfeeding earlier as compared to mothers less than 20 years of age. Irrespective of the education status majority initiated breastfeeding within one hour. Mothers who were educated up to graduation (88.89%) had the highest percentage. Maternal parity had no influence on breastfeeding initiation.

DISCUSSION

The major physiological event of the puerperium is the establishment of lactation. Though breast milk is the ideal inimitable milk and nutrition for baby, many mothers in developed countries still reject breastfeeding in favour of artificial feeding. Researchers have shown the importance of short-term as well as long-term benefits of breastfeeding, like protection against GIT infection and respiratory infection. In our circumstances, illiteracy, low socioeconomic strata and poor health of women prevail. Though breastfeeding is done traditionally, correct methods and counselling regarding the advantages of breastfeeding need to be explained.

Breastfeeding improves childhood cognitive functions. The presence of long chain fatty acids in breast milk, particularly docosahexaenoic acid, are important more so in low birth weight babies for neurological development. Breastfeeding is also shown to lower the incidence of atopic illnesses like asthma and eczema in babies, more so important when family history of illness is present. Breastfeeding is also shown to have other possible benefits like reduced incidence of juvenile onset diabetes mellitus, inflammatory bowel disease and neoplastic disease in childhood. Small overall protective effect also helps in preventing breast cancer. It also gives natural relative contraceptive effect.

As breastfeeding has many advantages, it is important that mothers are given accurate information and encouraged to breastfeed successfully whenever possible. Conversely, mothers who choose to bottle feed should be given proper instructions on breastfeeding practice and need to be supported in their decision making.

In the UK, about 55% of mothers initially breastfeed their babies but many discontinue after a short time. Factors associated with higher prevalence of breastfeeding are upper social class, primiparity and older age of mother. We found an overall incidence of 96.21% of breastfeeding in our study and majority of the mothers were young primi of 20-24 years of age i.e. 56%. Literates as well as illiterates have adopted the practice of breastfeeding. The differences noted in illiterate mothers are faulty position of breastfeeding, late colostrum feeding and higher incidence of prelacteal feed administration.

Approximately, 93.3% mothers belonged to lower socioeconomic strata. However, R.K. Gurudeva et al[5] reported that 54.2% mothers belonged to lower socioeconomic strata. Routinely, non-affordability of infant feeding formulae and improper counselling regarding proper age of weaning contributes for longer duration of breastfeeding. Rohini Sehgal et al[6] in their study of breastfeeding and weaning practices reported that 81.5% women started early breastfeeding, rejection of colostrum by 7%, exclusive breastfeeding in 48% and total duration of breastfeeding being 15-53 months. Prelacteal feeds were given by 52% mothers. Breastfeeding was considered healthy by 75.05% and a contraceptive by 28% of mothers. She concluded for a need to include patient education programed on breastfeeding parameters during antenatal care.

In our study, ANC counselling regarding ten steps of breastfeeding was done in majority (75.21%) of booked patients and 67.93% of unbooked mothers. However, Chaturvedi P. et al[7] reported that 54.5% booked mothers and 30.03% unbooked mothers were informed regarding benefits of breastfeeding.

With the existing knowledge regarding breastfeeding, 28.35%, 37.65% and 34% cases decided to breastfeed before pregnancy, during pregnancy and after birth respectively. Calvo B. et al[8] reported that 60% of the sample took the decision to breastfeed before pregnancy, 21% during pregnancy and 6% after birth. Difference noted may be because of literacy rate and antenatal advice.

Early initiation of breastfeeding within one hour was slightly more in educated group than illiterates. Similar trends were seen by G. Subbulakshmi et al[9] Contrary evidence to this also exists as was seen by Bhavani Belavady et al[10]. The breastfeeding initiation time was less in older mothers than in teenagers. Reasons may be lack of knowledge and privacy in ward.

In our study parity has no effect on initiation of breastfeeding. B.N. Ghosh[11] and R.D. Bansal et al[12] were of the opinion that maternal age and parity has no effect on breastfeeding initiation. However, they stressed the importance of proper counselling and support to younger mothers for starting breastfeeding earlier.

R. M. Akuse[13] states most health care workers, routinely gave prelacteal feeds in 70.6%, under special circumstances in 24.5% and those who didn't advocate were 4.9%. Reasons for prelacteal feeds administration included perceived breast milk insufficiency (33.1%), medical reasons (32.5%) and non-medical reasons (34.4%). Prelacteal feed most commonly used by our patients was honey (77.63%). Reasons for prelacteal feeds administration noted were similar like breast milk insufficiency (35.93%), medical reasons (1.02%) and non-medical reasons (63.56%).

Demand feeding was practised by majority (71.59%). In majority (64.9%) time of weaning was 4-6 months. Because of proper counselling, the sensitised women in booked cases wanted to continue breastfeeding up to 1.5 to 2 years. Unbooked mothers, due to lack of proper knowledge continued breastfeeding till next birth or the baby spontaneously discontinued. However, R.K. Gurudeva et al[5] reported that 35.4% breast fed their babies at one year of age. Gayatri Ray et al[14] reported that 41.7% of mothers breast fed their babies even after the age of 18 months and 28.3% of mothers stopped breastfeeding before the first birthday.

After assessing maternal knowledge regarding breastfeeding during maternal illness 68.35% opined that breastfeeding should be stopped during any illness, 14.35% had no idea and only 6.25% were of the opinion of no need to discontinue breastfeeding. Umesh Kapil et al[15] in their study found percentages of respondents who were of the opinion to discontinue breastfeeding if mother is suffering from breast cancer (48%), TB (57%), Malaria (67%), and Diarrhoea (84%). The percentages of girls wrongly believing that breastfeeding should be discontinued if mother was suffering from TB, Malaria and Diarrhoea were 96, 85 and 81 respectively Kapil U. et al.[16]

G Subbulakshmi et al[9] in her study on colostrum, found statistically significant differences in feeding practices in both urban and rural areas. The factors like poverty, rural area, lack of services avoided colostrum feeding and better income group, general awareness of mothers, joint family system and hospital delivery were having positive influences on colostrum feeding. Religion did not affect the practice of breastfeeding. The reason for not feeding colostrum noted were elder's negative attitude towards colostrum feeding, dai's denial, bad for child health, caesarean delivery and absence of colostrum secretion.

Gayatri Ray[14] after her study of feeding and weaning practices in urban and slum community reported that colostrum was not fed in those cases as it was not considered milk and was thought harmful for baby. Neither maternal literacy nor economic status significantly influenced the pattern of introduction of breast milk. Inadequacy of breast milk or failure has prompted 72.3% of mothers to introduce top milk, while 66.3% did so for better growth or for creating a habit.

For the average, healthy, full-term infant there are no disadvantages to breastfeeding provided that the mother's milk supply is ample and that her diet contains sufficient amount of protein and vitamin. Infrequently, allergens to which the infant is sensitised may be conveyed in the milk. In such cases, an attempt should be made to find its presence rarely is a valid reason for weaning the baby. Medical contraindications to breastfeeding include infection with HIV, primary CMV and Hepatitis B virus (Beherman R. E et al).[17]

Though breastfeeding is done traditionally in our region by all our lactating mothers, it is the need of the hour to educate the mothers as well as to update the knowledge of

Medial and Paramedical Workers, Dais and Anganwadi Workers in providing knowledge in antenatal visits in spite of busy schedule.

CONCLUSION

Though breastfeeding is done traditionally, there is a need for providing counselling information regarding colostrum feeding, age of initiation, weaning, correct position and duration of breastfeeding. Routine antenatal breast examination and preparation of mothers for breastfeeding during pregnancy and delivery helps to avoid future feeding difficulties. Special counselling is required in mothers with HIV infection, active TB, malaria and Hepatitis B.

There is a need for updating knowledge and practical skills in medical and paramedical personnel to promote and support optimum breastfeeding. To become baby friendly, health care facilities must practise each of the 10 steps to successful breastfeeding developed by WHO and UNICEF.

Eventually, it is imperative for us, the medical professionals concerned with providing the children of today with a better and healthier tomorrow, to convince the society after having convinced ourselves.

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