

ORIGINAL ARTICLE

ARE TODAY'S MOTHER AWARE ENOUGH ABOUT BREAST FEEDING?: A KNOWLEDGE, ATTITUDE AND PRACTICE STUDY ON URBAN MOTHERS

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ABSTRACT

Background: Breastfeeding is a widespread practice in though out India. However it has been changing over the years, particularly in the past few decades. We need to keep exploring Knowledge and practices of mother regarding breast feeding for timely intervention and maintenance of his valuable age old practice.

Objective: This study was aimed to explore mother's knowledge, attitude and practice regarding breastfeeding.

Methods: By using pre tested questioner, 200 mothers delivered in last one year were interviewed to obtain information regarding knowledge, Attitude and practice of breast feeding. The study was conducted in area served by an Urban Health Clinic.

Result: Knowledge on proper breast feeding technique was found inadequate in study participants. Only 10% women were aware about intitiation of breast feeding within half hour of delivery. Benefits of colostrums, importance of exclusive breast feeding and benefits of night feeding were known to 25%, 15% and 15% mothers respectively. Less than half (41.4%) mother had started breast feeding within half hour of birth while 15% were practicing exclusive breast feeding. Attachment and positioning techniques of 60% mother were found improper. None of the mother interviewed in the study got counseling on breast feeding during ANC visits.

Conclusion: Harmful socio-cultural practices like giving prelacteal feeds, delayed initiation of breastfeeding after birth, late introduction of weaning foods and avoidance of exclusive breastfeeding are still common among the mothers.

Keywords: breast feeding, colostrum, weaning

INTRODUCTION

Breastfeeding is a socially constructed and controlled practice.¹ It is often presented as a natural practice, sadly corrupted and curtailed by cultures. Breastfeeding is presented as the best practice for mothers and babies. As a global goal for optimal maternal and child health and nutrition, all women should be enabled to practice exclusive breastfeeding, and all infants should be fed exclusively on breast milk, from birth to 6 month of age.² Breastfeeding is nearly universal in India and other South East Asian contries.³ But on the contrary to the recommendations of WHO only 2/ 3rd of children less than 6 months of age are exclusively breast fed³ Numerous barriers to breastfeeding like lack of accurate information and lack of appropriate knowledge among the population in general have been identified. According to a published survey⁴, a major barrier to successful inhospital breast-feeding is inconsistency in information and nursery practices related to breastfeeding management. This study was carried out

based on the fact that knowledge of mothers and their appropriate practice regarding breastfeeding is limited, then focusing on women's point of view towards breast-feeding.

METHODS

A cross sectional study was carried out in pediatric OPD and immunization clinic of a Urban Helath Clinic. The study subjects were lactating mothers having children aged under 1 year of age, who attended their children for vaccination and for the treatment of other minor illnesses. The purposive sampling technique was used to select the study subjects. Information regarding patients' demographics, knowledge and practice towards breastfeeding were collected from these mothers on a pre-designed and pretested proforma. Before collecting the information, permission was taken from the institute authority and informed consent was taken from

the respondents. The data were analyzed using Epi-info software.

RESULTS

There are 200 respondents considered for this study which were mothers of children under one year of age. The background characteristics are shown in table 1. Table 2 shows the age and sex distribution of the children.

Table 1: Socio-demographic characteristics of participants (n = 200)

Background characteristics	Frequency (%)
Age (Years)	
15 - 25 yrs	132 (66.0)
25 - 35 yrs	59 (29.5)
35 - 45 yrs	9 (4.5)
Mean Age: 23.93 Years	
Education completed	
Illiterate	41 (20.5)
Literate	3 (1.5)
Less than high school	127 (63.5)
More than high school	29 (14.5)
Occupation	
Housewife	188 (94.0)
Employed	12 (6.0)
Religion	
Hindu	196 (98.0)
Muslim	3 (1.5)
Christian	0 (0.0)
Buddhist	1 (0.5)
Place of residence	
Urban	50 (25.0)
Rural	150 (75.0)
Number of children	
One	115 (57.5)
Two	53 (26.5)
Three	23 (11.5)
Four	9 (4.5)
Place of delivery	
Home	112 (56.0)
Health centre	21 (10.5)
Hospital	67 (33.5)

Table 2: Biological Characteristics of Children

Variables	Frequency (%) (n=200)
Sex	
Male	113 (56.5)
Female	87 (43.5)
Present age (in Month)	
<6 month	45 (22.5)
12month	155 (77.5)

Knowledge of breastfeeding: Mother's knowledge on various aspects of breastfeeding was seen. Appropriate knowledge was not adequate.

Initiation of breast feeding: Only 10% mothers had idea on starting breast feeding within ½-1 hr of birth (Table 3) and in practice 41.5% mothers started breast feeding within ½-1hr of birth. Data from 2006 NDHS showed that nearly 1 in 3 children were breast-fed

within ½-1hr. In this study, in 41.5% cases breastfeeding was given within 1 hour, and in 16% cases breastfeeding was given after 1 day. According to NDHS 2001 data this was noted in 60% cases.⁸

Table 3: Mother's Knowledge regarding breast feeding (n=200)

Mother's knowledge	Mothers having knowledge (%)
Having breastfeed	200 (100.0)
Initiation of BF within half hour of birth	20 (10.0)
Meaning of prelacteal feed	20 (10.0)
Exclusive BF	30 (15.0)
Importance of colostrums feeding	50 (25.0)
Importance of night feeding	30 (15.0)
To feed one side at a time	10 (5.0)
Continue BF for 2 years	150 (75.0)
Expressed breast feeding for 2 years	20 (10.0)
Dangers of bottle feed	50 (25.0)
Complementary feed to start at 6 months	40 (20.0)
Advantages of breast feeding	60 (30.0)

Colostrum, prelacteal feed, and exclusive breast feeding: The use of colostrum and avoidance of prelacteal foods are cornerstones in early infant nutrition and may be prerequisites for the establishment of future exclusive breastfeeding. Since 2001, the WHO recommends exclusive breastfeeding up to the age of 6 months (World Health Assembly Resolution 55.25). Colostrum was defined as the breast milk produced in the first five days after delivery. In this study though only 25% mothers had knowledge on benefits of first milk (Table 3) but in practice nearly 95% had received colostrum shown in figure 2. This was 69 percent in data given by NDHS 2006.⁹ In another study all infants had received colostrums (94%, n = 475/504).⁹ Out of 200 mothers, 33% gave pre-lacteal feed (Figure 3). Prelacteal food was defined as food/liquid given to the infant before initiating breastfeeding for the first time. According to NDHS 2006, prelacteal feed is more in terai where 2 in 3 children receive them.⁹ Only 15% mothers knew meaning of exclusive breast feeding (Table 3) but in practice 23.5% (Figure 4) were practicing exclusive breast-feeding. Mothers not able to give exclusive breastfeed were 76.5%. Only 2/3 of children less than 6 months are exclusively breast fed according to NDHS 2006. ⁹ In Bolivia, the exclusive breastfeeding rate in infants under 4 months of age was found to be above 50%, with 13.6 % of infants still being exclusively breastfed at 6–9 months of age.¹¹ In a second study, only 30% of infants in Bolivia had begun receiving solid foods by 4 months of age.¹¹

Importance of night feed: Prolactin is secreted after feed to produce next feed. As secretion of prolactin is more at night, suckling at night is encouraged. 15% of the mothers knew the importance of night feed but while coming to practice they were doing well. 90% mothers were practicing night feed. This was due to baby's demand even at night.

Breast feed at one side: Breast feeding at one side

until whole breast is emptied out should be the practice among mothers. This way the baby gets the hind milk, which is required for brain development. Only 5% mothers knew that they had to breast feed on one side until whole breast was emptied but 15% were practicing. They were hospital staff or relatives of medical personnel. 85% were feeding on both sides for 10 minutes each, thinking that feeding on one side is not enough for the baby and some thought their breast size would become unequal.

Duration of breast feeding: According to the data collected in NDHS 2006, the mean duration of breast feed in Nepal is 29 months.⁹ Median duration in this study was 27 months. In this study, mothers willing to breast feed for 2 years and more were more than double in male babies than female babies. However, mothers did agree to breast feed female babies too for at least 2 years. When asked for their opinion on the ideal duration of any breastfeeding, most mothers answered 12–24 months (85%).

Attachment and position: Improper attachment and position is one of the main causes for lactation failure. It was seen that 60% mothers did not have proper attachment and position during breastfeeding and required teaching on appropriate methods. Remaining 40% having good attachments were multipara or had child more than 5 months old.

Use of expressed breast milk: Expressed breast milk can be used, and for working mothers this is one way to continue breast feed even when they are away from their babies. Only 10% mothers knew about expressed breast milk because they were using for their neonates admitted in NICU care. More than 90% mothers said it cannot be used. Some thought milk becomes bad once it is expressed. Others said it becomes cold and carries infection.

Breastfeeding advised during ANC: None of the mothers got any advice regarding breastfeeding during ANC. Many mothers in postnatal ward felt that they had not received enough support during prenatal period. Similar problem was seen in some other study,⁸ 91.9 % (386/420) of the women had not been informed about breastfeeding before the birth of their child. On the basis of this study, it is reasonable to advocate that in Nepal, breastfeeding information should be supplied before birth or perhaps even more importantly, on the maternity ward. Breastfeeding promotion programs on a maternity ward setting should include more than just verbal information; e.g. rooming-in, breastfeeding assistance and talks during hospitalization. The maternity ward may also provide mothers with a place to exchange ideas.

CONCLUSION

It can be suggested from this study that maternal

knowledge and practices regarding breastfeeding is inadequate and in some areas, grossly deficient. There is a need for health education program aimed at educating mothers. This study also recommends further study on knowledge and practice of mothers on breastfeeding covering large sample in community level.

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