

KAP Study of Knowledge, Attitude and Practice of Mothers about Breast Feeding at Tertiary Care Centre of Central India

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Original Research Article

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Article History

Received: 05.04.2018

Accepted: 17.04.2018

Published: 30.04.2018

DOI:

10.21276/sjams.2018.6.4.57



Abstract: Breast feeding is the ideal feed for infants. It is best for nutritional, immunological and emotional needs of infants. It is most important factor for reducing infant mortality as well as morbidity. Early initiation of human milk promotes gut maturation and immune system. Therefore the objective of the study was to assess the knowledge, attitude and practice of breast feeding among mothers at tertiary care center of Central India. KAP Study of Knowledge, attitude and practice of breast feeding in mothers. A cross sectional descriptive study was conducted among mothers having children below 1 year of age. All mothers were interviewed through a self-designed pretested structured questionnaire regarding breast feeding of their infants and socio demographic profile. Majority of the mothers were illiterate, belonging to low-income group and not aware about benefits of breast feeding. Although mother's knowledge was lacking but most of mother breast fed their children and knew it is best for their children. A positive attitude was reflected from mother towards breast feeding. Most of mothers follow breast feeding practices and had favorable attitude although lack of knowledge was found.

Keywords: Breast Feeding, Knowledge, Attitude and practice

INTRODUCTION

Breast feed is nature's best gift to a newborn. Breast feeding is beneficial for a baby's whole development, his protection from diseases in future, maternal health and to improve bonding between mother and child. It is safe, nutritious, hygienic, cost effective, and easily available to infants on demand.

Breastfeeding is associated with a reduced risk of otitis media, gastroenteritis, respiratory illness, sudden infant death syndrome, necrotizing enterocolitis, obesity, and hypertension¹. The World Health Organization (WHO) and United Nations Children's Fund (UNICEF) recommend that every infant should be exclusively breastfed for the first six months of life, with breastfeeding continuing for up to two years of age or longer². Many national programs are running to emphasize breast feeding to decrease infant mortality, morbidity and under nutrition. Importance of colostrum's and early initiation of breast feeding are important parameters for healthy breast feeding practices.

Breastfeeding is an important public health strategy for improving infant and child morbidity and mortality, improving maternal morbidity, and helping to control health care costs. Variables that may influence breastfeeding include race, maternal age, maternal employment, level of education of parents, socio-economic status, insufficient milk supply, infant health problems, maternal obesity, smoking, parity, method of delivery, maternal interest and other related

factors³. Only 35% of worldwide infants were exclusively breastfed for even the first six months of life and the recommendations in developing countries were still low [4-6]. Our study's objective is to know knowledge, attitude and practice of breast feeding in mothers.

MATERIALS & METHODS

A cross sectional study was conducted in tertiary care centre of Indore between November to December 2017. Mothers of children age below 5 year attending Paediatrics OPD were included in the study. Well informed written consent was taken by all mothers; Mothers with children older than 1 year and non-willing to participate were excluded.

During study 120 mothers were interviewed through a self-designed pre tested structured questionnaire based on extensive literature search and WHO guidelines. The questionnaire included socio-demographic variables, benefits of breast feeding in mother and babies, duration of exclusive breast feeding, timing of first feed after birth, when breast feed started, any problem in feeding in mother or baby,

total duration of breast feed, baby’s weight gain, sleep duration after feeding, stool and urine frequency, any top feeding given, type of top milk, when complementary feed started, cause for top milk feeding. Total thirty seven questions were asked in interview. The questions had single as well as multiple correct options, some were open ended and others were with options all questions asked by doctors after explaining mother about study in their own language.

STATISTICAL ANALYSIS

Statistical analysis was done by using descriptive and inferential statistics using chi square test. Software used in analysis was SPSS 20.0 version. P Value < 0.05 is considered as level of significance.

OBSERVATIONS & RESULTS

In our study 86% children received exclusive breast feeding, 8% infants received mix feeding while 6% infants were on top milk which is cow’s milk in all cases. Our findings revealed lack of knowledge of mothers regarding benefit of breast feeding but most of them breast feed their baby because of cultural background they all knew it is best for their babies, mother’ with infants on top feeding- all were due to insufficient breast milk. They all gave cow’s milk to babies because it is easily available and it is good for babies according to them. All mothers were from rural areas and belong to low socioeconomic status, most of them were illiterate.

In our study 56% cases breast feeding was not started in 30 minute of delivery although they were told about it by health care staff. In 33% cases first

feed was top milk – cow’s milk or dairy milk, reason was caesarean section, breast milk was not sufficient. Majority of cases feeding started within 2 hours of birth; breast milk was given within 6 hours in all cases. 23% Mothers face feeding problem in initial 48 hours, causes were insufficient milk, baby is not latching properly, problem in feeding position, and they all had their first child. No mother had problem in feeding after 3 days of delivery. Some mothers started cow’s milk without dilution in second and third month of life due to insufficient milk which assessed by mother as persistent hunger cry and inadequate sleeps of baby after feeding.

Most of mothers had no knowledge regarding benefits of breast feeding for them and their babies. They also had misconception regarding starting of complementary feeding. Delayed complementary feeding result in under nutrition. They all told that breast feeding should continue till 2 year of age or prolong. They all got information by their elder family members and elder women of village and follow them, although anganwari and other health care workers gave them advice but they consider applying few of their advice eg. burping. 23% mothers accepted about giving ghutti of jaggary, water, gripe water or janam ghutti in first 6 months.

In our study most of mothers had insufficient knowledge about breast feeding benefits, timely initiation of breast feeding and complementary feeding, importance of colostrums. They all showed favorable attitude and practice of breast feeding.

Table-01: Knowledge of Mothers about benefits of Breast Feeding

Age of mother	No. of mother (n = 120)	Knowledge of mothers about benefits of breast feeding benefits		P-Value
		Correct	Incorrect	
Below 25 year	73	3	70	0.048
25 years and above	47	6	41	

Income / month	Number of mothers (n = 120)	Knowledge of mothers about benefits of breast feeding benefits		P Value
		Correct	Incorrect	
Above 10,000 Rs	38	7	31	0.013
Below 10000 Rs	82	2	80	

Education of mothers	Number of mothers (n = 120)	Knowledge of mothers about benefits of breast feeding benefits		P-Value
		Correct	Incorrect	
Intermediate	10	3	7	0.029
Primary	23	1	22	
Illiterate	87	5	82	

Number of children	Number of mothers	Knowledge of mothers about benefits of breast feeding benefits		P-Value
		Correct	Incorrect	
One child	43	22	21	0.016
More than one child	77	43	34	

Most of mothers were illiterate (72%), 21% were educated up to primary level, 11% were educated up to intermediate level but did not know about benefits of breast feeding and colostrums but they

knew it is best for their babies growth. Knowledge of breast feeding was associated with age, number of children and education. Breast feeding practices are better in mothers with more than one child.

Table-02: Association of Breast feeding practices to demographic profile

Breast feeding practices	Mother's age		Number of children	
	<25 year	>25 year	Single child	More than one child
Initiation of breast feed within 30 min. of birth	23%	5%	41%	3%
Exclusive breast feed till 6 month	61%	24%	20%	66%
Feeding problems	22%	1%	23%	0%

Table-03: Knowledge of mother about breast feeding

Knowledge of mother	Correct	Incorrect
Benefit of breast feeding	7.5%	92.5%
What is colostrum	85.8%	14.2%
Importance of colostrum	10%	90%
Initiation of feeding	71.6%	28.4%
Meaning of exclusive breast feeding	85.8%	14.2%
Duration of exclusive breast feeding	63.3%	36.7%
Duration of breast feeding	95.83%	4.2%
Burping	87.5%	12.5%
Benefit of burping	37.5%	62.5%
Breast feeding during illness	79.16%	20.8%

DISCUSSION

Our study showed that mother did not know about benefits of breast feeding, colostrums, early initiation of feeding and duration of exclusive breast feeding but they had favorable attitude, practice exclusive breast feeding and willing to continue breast feeding till 2 year of child' age. In our study mother's knowledge was inadequate about breast feeding. Similar result was found in other studies from India, Nepal [7, 8]. WHO recommends that breastfeeding should be initiated within 1 hour of birth. Initiation of breast feeding within one hour of birth was one of the ten steps to successful breastfeeding on which the BFHI was based and implemented in 1992 [9]. Only 39% of newborns in the developing world are put to the breast within one hour of birth [10]. In our study 68% of the mothers had awareness about the initiation of breast feeding with in 30 minute of delivery, similar result showed by studies from our country as well as another countries [11,12]. Mothers' knowledge about colostrums was poor which also found in other studies. Mother also practice burping but could not explain its benefit. WHO advised to continue breast feeding for minor illnesses of mother and child, in our study 76% mothers answered to continue breast feeding during minor illness of mother and child. This result was nearly similar with other studies conducted in Saudi Arabia¹³ and India¹⁴, in which mothers knew to continue breastfeeding when the infant was ill. Most Of mothers in our study were from rural area with low

socio economic status, illiterate and having lack of knowledge about breast feeding benefits but they know it is best for their children, they also burp baby after feeding but do not know it's benefit. Mothers also told about ghutti and gripe water given during first 6 months.

Elder women of family and villages had strong impact on breast feeding by mothers, health care workers were not important source of the mother's information about breastfeeding, mother told about advises given by health care workers but they followed their family member's opinion and they also had some beliefs regarding ghutti, gripe water. They also will to continue exclusive breast feeding for more than 6 months. In our opinion cultural beliefs, family values and local customs have good impact on breast feeding practices; Arora et al had similar opinion. We found that cultural beliefs - some are beneficial eg. Prolong breast feeding, exclusive breast feeding but some are harmful eg. Delayed complementary feeding, delay in initiation of feeding, use of ghutti in newborns and gripe water in infants. In our opinion health education in rural and remote areas about feeding of infants is important to decrease infant mortality, under nutrition, anaemia and frequent infections [15].

CONCLUSION

Our study concludes that majority of mothers had poor knowledge of benefits by breast feeding but

showed favourable attitude toward breast feeding. We also found that the level of exclusive breast feeding was good among rural Indian mothers. Mothers strongly influenced by family thus it is important to provide prenatal education to mothers as well as her family on timely initiation of breast feeding, importance of colostrums and benefits of breast feeding. We also recommend strengthening the public health education campaigns to promote breast feed.

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