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Research Article

Knowledge, Attitude and Practice of Breast Feeding at a Tertiary Care Centre in Rajasthan

Mital Premlata[1], Hooja Nupur[1*], Bansal Aditi[2], Salvi Anuradha[3], FatimaAndaleeb[4], Makkar Priyanka[5]
[1]Professor, [2]Assistant Professor, [3]Senior resident, [4,5]Resident, Department of Obstetrics & Gynaecology, S.M.S. Medical College, Jaipur, Rajasthan, India

***Corresponding author**
Dr. Nupur Hooja
Email: hoojasjaipur@gmail.comr

Abstract: Breast feeding is the first step in life which ensures that neonates get a healthy & nutritious start in life. Efforts made in past indicate that improved health care practices, early contact between mother and baby, early introduction to breast milk, demand feeding and rooming in practices enhance initiation of lactation and it's maintenance. In the present study, we aimed to study knowledge, attitude and the feeding practices in a tertiary care centre. The descriptive study was conducted in Obstetrics and Gynecology Department of SMS Medical College and Hospital, Jaipur. 165 postnatal women were included in study. Women were interviewed personally with the help of a fixed questionnaire regarding their knowledge and feeding practices. 37% of women started breast feeding their infants within 2 hours and 100% women were feeding within 24 hours of birth. Delay in initiation was seen in women having a caesarean section.40% received mother's milk as their first feed. 81.2% were aware of it's nutritive value. In conclusion, efforts need to be made to help mother to initiate feeding early specially in caesarean section. Women need to be made aware of benefits of breast feeding and proper techniques. Health care providers and nursing staff should be encouraged to actively participate in proper counseling and training of mothers.
Keywords: Breast Feeding, Lactation, Knowledge, Attitude, Practice.

INTRODUCTION

Breast feeding is the first step in life which ensures that neonates get a healthy & nutritious start in life. Child survival interventions were initially focused on universal immunization, growth promotion and monitoring and control of disease. It is estimated that only around 35% of infants aged 0 to 6 months are exclusively breastfed in the world today [1]. Breastfeeding, particularly exclusive breastfeeding, and appropriate complementary feeding practices are universally accepted as essential elements for the satisfactory growth and development of infants and if followed, can save the lives of about 1.5 million children under five every year as well as prevent of childhood illness [2].

The key to successful breastfeeding is Information, Education and Communication (IEC) strategies aimed at behavioral change. In India, breastfeeding is universal with almost all babies being breastfed. However, the practice of exclusive breast feeding (EBF) is rare. The Federal Ministry of Health and Social Services in conjunction with UNICEF and WHO launched the Baby Friendly Hospital Initiative (BFHI) to protect, promote and support breast feeding. Its main objectives are promotion of early initiation of breast feeding (within 30minutes of delivery), EBF for the first six months of life, breastfeeding on demand and continuing breastfeeding with complementary feeds into the second year of life [3]. Very few women in India have right knowledge about breast feeding practices [4]. The main source of information to mothers is through family and friends, which is often inadequate [5]. Therefore, the present study was undertaken to assess breastfeeding knowledge, attitude and practice (KAP) of females delivered at a tertiary care centre.

MATERIALS AND METHODS

This is a descriptive study, carried out in the Obstetrics and Gynecology Department of SMS Medical College and Hospital, Jaipur. Sample size was calculated at allowable error 20% and power 80 % assuming knowledge of exclusive breast feeding in 38% as reported by Maheshwari *et al*. [6]. Sample size calculated as per knowledge of time of initiating breast feeding, knowledge of colostrum feeding, knowledge of advantages of breast feeding, adequacy of breast feeding, knowledge about demand feeds etc was lesser than 164 subjects. So for the study purpose 165 women were included in the study. Women within 24 hours of delivery were selected consecutively until the desired

sample size was attained. Mothers who had lost their babies and who were sick were excluded from the study.

Informed consent was obtained from all mothers. All women were interviewed personally with the help of a fixed questionnaire, regarding their knowledge, attitude and feeding practices. Apart from a questionnaire based interview, a passive observation checklist was made taking into consideration the following points of Baby Friendly Hospital Initiative (BFHI)- initiation of breastfeeding, technique of breast feeding, prelacteal feed, type of prelacteal feed, practice of demand feeding and rooming in. After that all women were counselled about EBF and its advantage. All the data were recorded and analyzed.

RESULTS AND DISCUSSION

Breastfeeding knowledge of the participants was assessed.57% knew that baby should be breast feed on demand.75.8%of the participants reported that colostrum is good for the baby while 18.7% considered it either not good or possibly detrimental to the child's health.81.2% knew the nutritive value of breast milk and 50.9% knew the anti-infective property of the breast milk, 40% women knew about bonding properties and 8.5% were completely unaware about benefits of breast milk.

These were comparable to others studies in India of Maheshwari *et al*. [6] and Tiwari *et al*. [7] where the importance of colostrum was known to 58% and 90% of the mothers respectively. Nigam *et al*. [8] found that knowledge about benefits among mothers was scarce , only 17% were aware of anti-infective properties while the knowledge regarding nutrition was 60%.In the study by Oche *et al*. [9], colostrum was not used as it was thought to be impure by 47% women.

In our study, only 33.9% of the mothers knew that exclusive breastfeeding should be given for 6 months. This is comparable to studies by Oche *et al*. [9] 31%, Illyasu *et al*. [10] 31%, and Maheshwari *et al*. [6] 38%. However, the figure obtained in our study is low when compared to 98% observed in a similar study by Aidam *et al*. in Accra Ghana [11].

The knowledge regarding techniques of breast feeding ranged from 35% for proper position the baby to 78.2% for burping practices.

Table 1: Breastfeeding knowledge of the participants

Variable	Number	Percent (%)
Knowing the frequency of feeding in the first month		
< 8 times/day	24	14.5
>8 times/day	36	21.8
Breastfeed on demand	94	57
Not sure	11	6.7
Knowing the advantage of colostrum		
Good	125	75.8
May expose child to risk	31	18.7
I don't know	9	5.5
Knowing the advantage of breast milk		
Nutritional value	134	81.2
Anti-infective	84	50.9
Easy availability	41	24.8
Bonding	66	40
I don't know	14	8.5
Knowing the age up to which the child should receive only breast milk		
2 months	9	5.5
4 months	21	12.7
6 months	56	33.9
12 months	44	26.7
24 months	34	20.6
Knowing the proper technique of breastfeeding		
Position of the baby	58	35.2
Rooting reflex	63	38.2
Attachment of nipple	91	55.2
Burping	129	78.2

Regarding the breastfeeding attitude of the participants, 53.3% said they breast fed for child's good health and 35.8% due to religious reasons. 81.2% accepted exclusive breastfeeding. 92.1% intended to breast feed their next child while 86.1% said they would recommend exclusive breastfeeding to their friends and relatives. Majority of participants (92.1%) intended to breastfeed their future children. 86% of our participants

said they would recommend exclusive breastfeeding to their friends and relatives.

Similar results were reported by study done by Al-Binali AM [12] who found that religious background was the most important reason followed by child health and 90% intended to breastfeed their future children.

Table 2: Breast feeding attitude of the women

Variable	Number	Percent (%)
Reasons behind adoption of breastfeeding		
Religious background	59	35.8
Child health	88	53.3
Cleanliness and easy preparation	6	3.6
Other reasons	12	7.3
Accepted exclusive breastfeeding		
Yes	134	81.2
No	31	18.8
Intention to breastfed next child		
Yes	152	92.1
No	13	7.9
Would recommend exclusive breastfeeding to my friends and relatives		
Yes	142	86.1
No	31	13.9

Assessing the breastfeeding practice of the participants**,** 69.1% women did not have any difficulty in initiation of breastfeeding. 37.6% started breastfeeding within 2 hours while 100% were breastfeeding within 24 hours which is similar to studies conducted in Nigeria by Oche *et al*. [9] where 53%initiated breast feeding in less than half hour and Saudi Arabia where also breastfeeding initiation rates was 100% [12] while in India initiation rates vary from 36% by Maheshwari *et al*. [6] to 54.5% by Agarwal [13].

Table 3: Breastfeeding practice by the women

Variable	Number	Percent (%)
Practice starting breastfeeding		
< 2 hours	62	37.6
2 – 4 hours	48	29.1
> 4 hours	55	33.3
Baby given prelacteal feed in hospital		
Yes	99	60
No	66	40
Content of First Feed		
Breast Milk	66	40
Honey	30	18.2
Sugar water	9	5.5
Dairy Milk	40	24.2
Tea	25	15.2
Difficulty in initiation of breastfeeding		
Yes	51	30.9
No	114	69.1
Reasons for late Initiation of breastfeeding (n=103)		
Cesarean section	80	48.5
Colostrum is not good	19	18.4
Inadequate lactation	29	17.6
pain	89	53.9
Baby in nursery for observation	86	52.1
Delay in shifting of mothers to the ward	24	14.5
Local customs	35	21.2

Various reasons were given for late initiation of breastfeeding. Only 16% of the participants complied with the WHO recommendations of starting breastfeeding within one hour of delivery which is much lower than 31% reported in the study conducted in Saudi Arabia [12]. In recently conducted survey of

NFHS-III [1], this dismal scenario was also highlighted. In India, 23.4% infants were breast fed within an hour of birth while in Rajasthan only 13.3% received their first feed timely. The study by Saka *et al*. from Western Nepal obtained a higher rate (72.2%) of breastfeeding initiation [14]. On evaluating the reasons, we found that pain, shifting of baby to nursery for observation and cesarean delivery were main reasons followed by local customs, lack of knowledge and inadequate lactation. Nigam *et al*. [8] reported 33% delay in initiation was due to cesarean section, other reason being inadequate lactation and local customs(29.28%) and (21.4%) respectively.

60% of the respondents gave prelacteal feed to the babies in the form of honey, sugar water, dairy milk or tea. Patro studied tribal women practices in Orissa [15] reported that 60% women still discarded colostrum and found that only 8% initiated breast feeding within first hour while most initiated after 24 hours. During this period 60% gave prelacteal feed by Mussel shell.

Baby Friendly Hospital Initiative practices observed varied from 37% to 90 % All women were trained and educated about breastfeeding techniques, early initiation and demand feeding. Fig.1

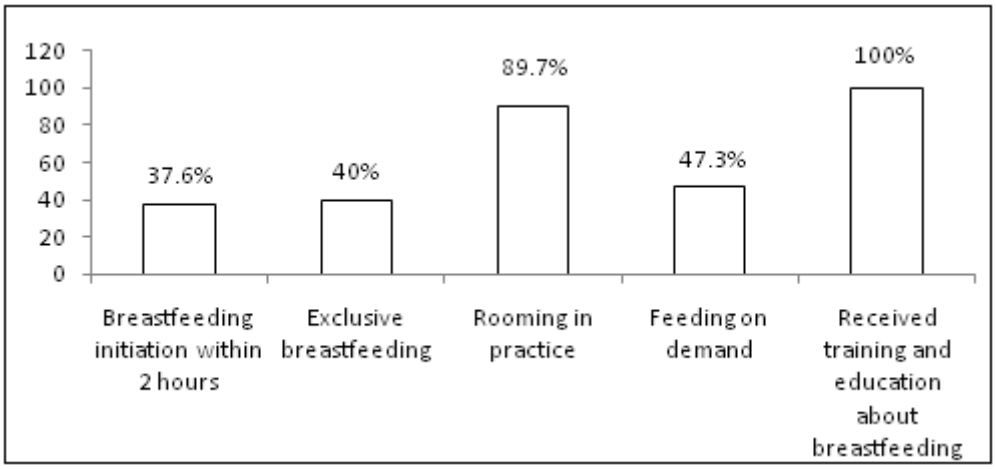

Fig 1: Baby friendly hospital initiative practices

CONCLUSION

Even though all the children were breastfed, the knowledge and practice was low. Efforts need to be made to help mother to initiate feeding early especially in caesarean section. Women need to be made aware of benefits of breast feeding and proper techniques. Thus, there is an unmet need of proper counseling of the patients and attendants. Health care providers and nursing staff should be encouraged to actively participate in counseling, educating and training of mothers for breastfeeding.

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