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Breast feeding knowledge, attitudes and practices among post natal mothers of Patna district

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Abstract

Breastfeeding directly affects the wellbeing of the children. The present study intends to explore the extent to which lactating women of Patna district have knowledge, attitudes and practices towards breast feeding as well as exclusive breast feeding. The target study population selected was lactating mothers with the youngest child aged 3 years or less. The study was conducted purposely at A G Colony of Patna District. The data were collected from the 50 respondent mothers. The results of this study inferred that only 20 percent mother have correct knowledge of initiation of breastfeeding. It indicates poor knowledge among the lactating women of Patna regarding the first initiation of breast milk to the new born. Among the reason baby's illness emerged as the major cause of late initiation of breast feeding. In this study even though the majority of mothers were knowledgeable about the importance of colostrums feeding but they not are practicing in their life. This study concluded poor knowledge and practice to exclusive breast feeding for the first six months postpartum among respondent mothers. The maternal knowledge about breastfeeding was just satisfactory and there was a significant gap between actual and desired practices. Hence, it justifies the need for strengthening community based health education programs as well as other Information Education Communication (IEC) activities related to mother and child health. Not only rural areas but urban areas of Patna also demands for educating mothers about optimal child feeding practice at different occasions and gatherings which may proof to be better opportunity to enhance mothers' knowledge and attitude of child feeding practices.

Keywords: Breastfeeding, Exclusive Breastfeeding, Knowledge, Attitude, Practices

Introduction

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. Breastfeeding also boosts a child's immune system, protects from diseases, increases intelligence, and is essential for their healthy growth.

Poor infant feeding practices and their consequences are one of the world's major problems and a serious obstacle to social and economic development. It is not only a problem of the developing world, it occurs in many parts of the developed world as well (Akri, 1989). Considering this hard facts, the Government of India for the first time had included as specific goals to improve infant feeding practices for reducing the Infant Mortality Rate (IMR), malnutrition and promoting integrated early child development in the 10th Five Year Plan. It also aimed to increase the rate of initiation of breastfeeding within 1 hour to 50 percent from the current level of 15.8 percent, and to increase the exclusive breastfeeding rate to 80 percent during the first six month from the current level of around 41 percent. Exclusive breast feeding is defined as feeding the infant only breast milk, with no supplemental liquids or solid except for liquid medicine and vitamin/mineral supplements (Kramer and Kaulma). Parents socio-economic status, insufficient milk supply, infant health problems, maternal obesity, smoking parity, method of delivery, maternal interest and other related factors affects breast feeding practices (Thulier & Mercer, 2009; Nabulsi, 2011).

According to NFHS-4 survey children under age 3 years breastfed within one hour of birth has increased from 4 percent to 34.9 percent during the year 2005-06 to 2015-16. While children under age 6 months exclusively breastfed were increased from 28 percent in the year 2005-06 to 53.3 percent in the year 2015-16. It is worth noting that according to District Level Health Survey (DLHS) children under 3 years breastfed within one hour of birth was much less in the year 2002-04 (i.e. 5.7 %) and 2007-08 (i.e. 16.2 %) as compared to NFHS 3 & 4 figures in case of Bihar. If we look at the national figure found that as per NFHS percentage of children under 3 years breastfed within one hour of birth increased from 9.5 percent in 1992-93 to 16 percent in 1998-99. Further, children under 3 years breastfed within one hour of birth has increased up to 23.4 percent.

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It's a universal fact that improved maternal, newborn and child health saves money in many ways and benefits individuals, families, communities and society (Borghini et al. 2006). For instance, household with healthier and better nourished mothers and children spend less on health care. Studies revealed variables that may influence breast feeding include race, maternal age, maternal employment, level of education of mother etc. Improvement of exclusive breastfeeding practices, adequate and timely complementary feeding along with continued breastfeeding for up to two years or beyond, could save annually the lives of 1.5 million children under five years of age (Dadhich & Gupta, 2005).

Inadequate knowledge, poor attitude or inappropriate practice, of breastfeeding may lead to undesirable consequences on both mother and child. The key to successful breastfeeding is Information, Education and Communication (IEC) strategies aimed at behavior change. Very few women in India particularly in Bihar have access to counseling services on infant and young child feeding practices. At the same time there is dearth of studies related to breastfeeding particularly in context of Bihar based on primary data especially related to urban areas. With these views the present study was carried out to assess the knowledge and attitude of breast feeding and practices regarding initiation of breast feeding among lactating mothers/mothers with the children up to the age of 3 years as well as to find their association with various factors (Socio demographic and socio economic); if any.

The detail objectives of the present study are as follows:

- To find out the Socio-economic status of the respondent mothers
- To assess the breastfeeding knowledge, attitude and practice (KAP) among lactating mothers/mothers (with the youngest child aged 3 years or less) of Patna district.

Materials and Methods

The target study population selected was lactating mothers with the youngest child aged 3 years or less. The study was conducted purposely at A G Colony of Patna District. For the purpose of data collection a well-structured interview schedule based on the objective of study was prepared. The interview schedule contains questions addressing demographic as well as knowledge, attitude and practices regarding breastfeeding. The interview schedule contained close ended questions due to precise limits. The pre-testing of interview schedule was done to omit irrelevant and ambiguous questions. Finally, with the help of well tested interview schedule data were collected from the 50 respondents to assess their knowledge, attitude and practice of breast feeding by researcher herself. Before interviewing the respondent, tried to brief them about the purpose of the study. Analysis: Data were analyzed using average method, percentage and other suitable statistical tools. The responses were made as binary variables wherever applicable. Microsoft Excel was used to compute the data. The variables used in this study were age, type of family, level of education, socio-economic status, parity of mother etc.

Results and Discussions

The primary aim of this study was to prospectively examine lactating mother's breastfeeding knowledge, attitude, and practices regarding breastfeeding. Here emphasis has also been given to find out the knowledge, attitude, and practices regarding the exclusive breastfeeding prevailing among mothers with the children up to the age of three or less. Exclusive breastfeeding (EBF) is defined as "an infant's consumption of human milk with no supplementation of any type (no water, no juice, no nonhuman milk and no foods) except for vitamins, minerals, and medications until six months" (WHO, 2010).

1. Socio-economic Status of Respondents

Table 1: Distribution of the study Population by Socio Demographic Characteristics

Variables	Frequency (N=50)	Percent (%)
Age of respondents		
Below 20	0	0
20-25	15	30
25-30	24	48
Above 30	11	22
Caste		
Forward	16	32
OBC	18	36
SC/ST	16	32
Level of monthly income		
50,000 and above	8	16
25,000-50,000	20	40
10,000-25,000	16	32
Less than 10,000	6	12
Level of Education		
Below Matric	4	8
Matric	8	16
Intermediate	12	24
Graduates	18	36
Higher Education	8	16
Status of Living		
Living with Husband and Children alone	32	64
Living with other members	18	36
Housemaid in the House		
Yes	18	36
No	32	64
Mode of delivery		

Normal Delivery	22	44
Caesarean Delivery	28	56
Parity		
Primiparous/primigravida	17	34
Multiparous	33	66
Sex of the youngest Child		
Male	26	52
Female	24	48
Age of the Youngest Child (2months to 5years)		
2 months to 6 months	25	50
7 months to 12 months	12	24
1 year to 2 year	8	16
More than 2 year to above	5	10
Importance of Breast Milk explained by Physicians:		
Yes	12	24
No	38	76

Source: Primary Data

Table-1 depicts the socio-demographic profile of respondent mothers. Out of 50 mothers, majority (24%) was in the age group of 20-25 years and 11% were above the age of 30 years. It is worth mentioning that none of the mother belongs to teen age i.e. less than 20 years. Hence, majority of mothers belongs to the age below 30 years. The mean age of the respondents were 26.51 ± 3.619 years and their age ranged from 20 to 33 years. Seventy percent of them came from joint family. Majority of mothers had graduation and higher degrees (58%) followed by Intermediate (24%) and matric (16%). As per the analysis, 8% mother was found non matric. Regarding socio-economic status, a large portion mother

belongs to the family having earning between 25 to 50 thousand per month and only 8% mothers belongs to the family having earning more than 50 thousand per month. Only 34% mother was found primigravida, rest had parity 2 or more. 44 per cent had normal delivery and rest had caesarean. It may be observed that only 24% of respondent mother had been explained by their physician about the importance of breastfeeding during delivery. Rest characteristics of the respondent mother are shown in the table-1. According to the analysis of data 52% respondents mothers have male youngest child while the rest have female youngest child.

2.1 Breast Feeding Knowledge

Table 2: Breastfeeding Knowledge among Respondents

Variables	Frequency(n=50)	Percent(%)
Time of Initiation of Breastfeeding in normal/Vaginal delivery		
Within 1 hour of the delivery	10	20
Within 2 hour of the delivery	15	30
Within 24 hour of the Delivery	12	24
Not Known	13	26
Time of initiation of breast feeding in caesarean section		
Within 1 hour of delivery	0	0
Within 2 Hours of Delivery	0	0
Within 24 Hours of delivery	21	42
Not Known	29	58
Reasons for Delay in initiation of breastfeeding		
Baby's illness	21	42
Unconsciousness due to Caesarean Section	9	18
Baby was sleeping	5	10
Ignorance	14	28
Elder's Advice	2	4
Frequency of feeding on the first month		
Less than 8 times/day	4	8
More than 8 times/day	25	50
Breastfeed on demand/when baby cries		
Not Sure	11	22
Not Sure	10	20
Knowing the advantage of Colostrums		
Good	28	56
Not Good	9	18
May expose child to risk	2	4
I don't know	11	22
Breast feeding done at night		
Yes	45	90
No	2	4
Not Known	3	6
Breast milk given to baby when baby is ill		
Yes	24	48
No	18	36

Not Known	8	16
Breast milk given to baby when mother is ill		
Yes	6	12
No	34	68
Not Known	10	20
Breast feeding is better than bottle feeding		
Yes	42	84
No	2	4
Not Known	6	6
The age upto which the child should receive only breast milk(exclusive Breast feeding)		
<6 months	12	24
Upto 6 Months	16	32
>6-9months	20	40
Upto 12 Months	2	4
Upto 24 Months	0	0
The age when to introduce complementary food:		
<6 month	7	14
6-9Month	27	54
9-12 Month	11	22
>12 Month	5	10
The breast feeding promote mother-baby bonding		
Yes	45	90
No	0	0
Don't Know	5	10

Source: Primary Data

It may be observed from table-2 that only 20% of respondent mother had right knowledge of initiation of breastfeeding, while 26% mother had no idea about it. Out of 50 respondent mother, 15 have the correct knowledge of its initiation i.e. within 12 hours of delivery and the rest 12 had the knowledge of its initiation within 24 hours in case of normal delivery. Regarding the knowledge of initiation of breastfeeding in case of caesarean section, it's a surprising to note that none of the respondent mother has correct knowledge about it. 58% respondent honestly said that don't know about it, while rest responded incorrectly. According to 42% of respondent mothers, main reason behind the late initiation of breast feeding was baby's illness followed by ignorance (28%) and unconsciousness due to Caesarean section (18%). Regarding the knowledge of frequency of breast feeding when the baby was a month old, 50% of mothers were having correct knowledge of it i.e. more than 8 times while 20% showed ignorance about it. More than 50% mother stated that colostrums is good for their baby's health as it is rich in vitamins, minerals, protein and immunoglobulin that protect the child from infections (Davies et.al.,2006). Only 22% mothers' showed ignorance about the importance of Colostrums for their baby while very few mother i.e. two in number feels that colostrums is not good for new born. It's surprising to note that 90% mothers had an idea about the importance of night feeding as they have practiced the same when the child demanded. When enquiring about the fact that baby should be given mother's milk, it was found that 48% mothers reported that milk should be given when the baby is sick as it helps to improve his/her health condition. Among the rest respondent 36 % replied no, but failed to justify in support to their answer but few stated that baby may feel difficulty while sucking the breast milk during illness and 16% showed that they have no idea. It's highly surprising to

note that 68 % respondent mother replied that breast milk should not be given to the baby whenever mother is sick. The percentage of women having the correct information about it was just 12 percent. Most of the mothers inferred that breast milk is better than bottle feeding (84%) even though they were not practicing the same in practical life. According to them it's all mainly because of inadequate breast milk secretion, poor weight gain, unable to breast feed etc.

Although it is universally acknowledged that exclusive breastfeeding for the first six months could reduce infant mortality by 13%, the rates of exclusive breast feeding remain low in both rural and urban areas. Forty percent mothers were of opinion that child should provided only breast milk between the age of more than 6 to 9 months. A total of 32% of the mothers in the present study stated that child should exclusively breastfeed upto 6 months of age. Whereas 24% respondent mother felt that exclusive breast feeding must be continued for less than 6 months of age. Only 4% mothers responded that it must be continued upto age of 12 months. The high percentage of mothers (54%) in the study adopted complementary feeding between age of 6 to 9 months considering the health and demand of the baby. The initiation of complementary feeding just after completion of 6months is highly recommended as all babies require other foods to complement breast milk. It's a well known fact that after the age of six month, mother's milk is not sufficient for the baby to provide all the nutrient requirement of the body. When the complementary foods are introduced breast feeding should still continue for upto two years of age or beyond as breast milk contains sufficient amount of absorbable iron, calories and zinc(IYCF manual). Breast feeding was mostly believed to promote mother-baby bonding that is the reason why 90% mother has given her consent for this.

2.2 Breastfeeding Attitude

Table 3: Breastfeeding Attitude among Respondents

Variable	Number(n=50)	Percent (%)
In your opinion what is the reason behind the adoption of Breastfeeding?		
Religious	6	12
Child Health	34	68
Cleanliness and Easy Preparation	10	20
Other reason	0	0
Do you plan to attend classes in future pregnancy (if got chance)?		
Want to attend	26	52
Not planning to attend	24	48
Do you think that EBF is better than artificial feeding?		
Yes	34	68
No	14	28
Don't Know	2	4
Do you believe that the first milk (colostrums) should be discarded?		
Yes	31	62
No	19	38
Do You agree that only EBF is enough for child upto 6 months?		
Yes	20	40
No	30	60
Do you agree that a child less than 6 months who is exclusively breastfed is healthier than child who takes additional food?		
Yes	18	36
No	32	64
Don't Know	0	0
Do you agree Medical practitioners (doctor/nurses) have no role in breast feeding?		
Yes	21	42
No	29	58
Do you agree complementary feeding should start after 6 months?		
Yes	23	46
No	27	54

Source: Primary Data

Table 3 shows results on the respondent's mother attitude towards breast feeding. According to 68 % mother's opinion; child health is the main reason behind breast feeding practices. While 10% relates to religious reason and rest 20 % consider cleanliness and easy preparation behind it. 52% mothers responded to attend classes to gaining knowledge regarding breast feeding practices and its consequences. However, rest respondents answered by saying "No". More than 60 % mothers showed positive attitude with respect to "Exclusive Breastfeeding" is better than artificial feeding whereas 4% mother showed ignorance about it. More than 50 % mother believed first milk/colostrums should be discarded considering it as harmful to the baby's health and also

difficult for digestion by baby. While the rest respondents felt that colostrums should not be discarded. Less than 50 % mothers (40%) agreed that only exclusive breast feeding (EBF) is enough up to 6 months of age.

Also, a less proportion, 36% (n=50) of mothers agreed that exclusively breastfed children are healthier than non-exclusively breast fed children. Regarding attitude of doctors and nurses towards encouraging breastfeeding, only 42% mothers responded positively, while rest showed disagreement. Less than 50% mothers have agreed in response to the initiation of complementary feeding after the completion of 6 month of baby.

2.3 Breastfeeding Practices

Table 4: Breastfeeding Practice among Respondents

Variables	Frequency (n=50)	Percent (%)
When did you start breast feeding?		
Within 1 hour of Delivery	5	10
Within 6 hours of delivery	11	22
After 6 hours but within 24 hours of delivery	15	30
After 24 hours of delivery but within 48 hours	19	38
Do you burp the baby immediately after breastfeeding?		
Yes	32	64
No	18	36
How often you breastfeed your baby in a day?		
Whenever child cries	3	6
Every 2 hours	28	56
Every 4 hours	15	30
Elder's advice	4	8
Did you gave colostrums to your baby?		
Yes	19	38

No	31	62
If no, specify the reason		
Not good for health due to poor digestion	10	32.25
Baby can't suck	2	6.45
Elder's advice	5	16.13
Due to unawareness	14	45.16
Exclusively breastfed your baby for 6 months. (without any supplement)		
Yes	16	32
No	34	68
If no, specify the reason		
Inadequate milk secretion	5	10
Mother's health(Breast infection, fever etc.)	4	8
Pregnancy	1	2
Child's illness	2	4
Mother's Employment	2	4
Due to unawareness	20	40
Before starting breastfeeding (pre-lacteal feeds), what did you feed your baby?		
Baljannam Ghutti	10	20
Honey	6	12
Plain water	2	4
Artificial milk	1	2
Sugar water	4	8
Nothing except Breast milk	27	54
Is baby given readymade liquid Formula in hospital?		
Yes	0	0
No	50	100
Specify the reasons for stopping breast milk before 2 years		
Breast milk was not sufficient	19	38
Problem related to work place	12	24
Child Refusal	5	10
Elder's advice	14	28
The age at which to stop the breast feeding to baby.		
2 to 5 months	4	8
5 to 6 months	11	22
6 to 9 months	30	60
9months to 2 years	5	10
Do you clean your breasts while breastfeeding your baby?		
Yes	15	30
No	35	70
Do you wipe child's mouth after breastfeeding?		
Yes	29	58
No	21	42
Ante natal Checkup (ANC) during Pregnancy		
<3(less than 3)	34	68
3 or more	16	32

Source: Primary Data

Table -4 shows that maximum 38% of mothers initiated breastfeeding within 48 hours and only 10% had initiated it timely i.e. within one hour of delivery.64% respondent mother voiced that they burp their child immediately after breastfeeding while rest not practicing this due to unawareness about the significance of burping. When enquiring about the frequency of breastfeeding it was found that only 56% mothers complied with breastfeeding every

second hourly. Whereas 30% of mothers were breastfeeding their baby every 4 hours, 8% mothers had breastfed their babies as per elderly advice, and the remaining 6 percent had other frequencies for breastfeeding. Interestingly, it was observed that a significant 38 % of mothers had not given colostrums considering it harmful to their baby's health and also difficult for digestion by the baby.

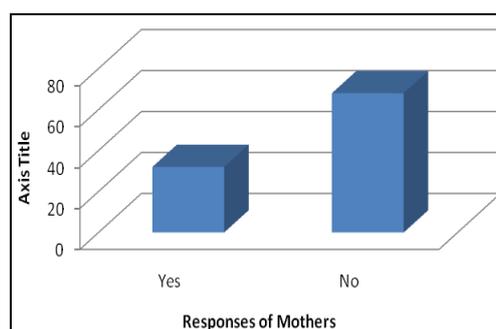


Fig 1: Responses on "Exclusive Breastfeeding of Baby for 6 Month (Without Any Supplement)"

While majority of respondent mother i.e 62% fed colostrums to their child. Out of 31 mother (38%), majority of them i.e 14 % were not given colostrums to their child due to unawareness regarding its benefits. Only 32 percent of the mothers did the exclusive breastfeeding until 6 months and started weaning after 6 months. Sixty per cent mothers stop breastfeeding their baby between 6 to 9 month of age. The breastfeeding was stopped at the mean age of 6.32 ± 2.33 months. The most common reason given for stopping breastfeeding was unawareness (40%) followed by insufficiency of breast milk(10%).The next most important factor for early cessation of breastfeeding was mother's health related problems (8%).

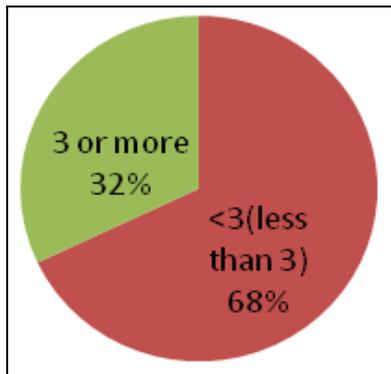


Fig 2: Ante Natal Check Up (ANC) During Pregnancy

On enquiring about pre-lacteal feeds it was found that 54% mothers were giving only breast milk and still there were two popular methods being practiced by the mothers in the study area that is Baljanam Ghutti (20%) and honey (12 %). Many of mothers were using plain water, sugar water and artificial milk also as a substitute. It is worth noting that none of mother reported that their baby has received liquid formula milk in baby friendly hospital. It was found that the most common reason for cessation of breastfeeding before 2 years was physiological insufficient milk supply 38 % followed by elder's advice i.e. influence of a mother-in-law on various aspects of breastfeeding (28%).Cleaning the whole breast tissue and wiping the baby mouth each time after feeding helps mother in preventing acute respiratory diseases and diarrheal diseases. Cleaning of breast after feeding helps the mother in preventing several infections which are potentially harmful to the baby too. But due to ignorance majority of mothers (70%) in the study were not following good hygienic practices. It was found in the present study that significantly 42% of mothers were not wiping baby's mouth. Only 32% of the respondents had more than three antenatal visits during pregnancy.

According to NFHS-4 only 26.3% and 13 percent urban and rural mothers who had at least 4 antenatal care visits, respectively during the pregnancy. According to NFHS this figure has increased from 14.4 % to 11.2% during the period 2005-06 to 2015-16. In spite of that it calls the government for giving the due attention to improve the breastfeeding practice as well as expectant mothers checkups facilities during the pregnancy period in the country with particular focus in rural areas.

Conclusions

The results of this study inferred that only 20 percent mother have correct knowledge of initiation of breastfeeding. It indicates poor knowledge among the lactating women of Patna district (Bihar) regarding the first initiation of breast

milk to the new born. Among the reasons baby's illness emerged as the major cause of late initiation of breastfeeding. In this study even though the majority of mothers were knowledgeable about the importance of colostrums feeding but they not are practicing in their life. Majority of them knew very well that breast milk is better than bottle milk. Analysis of data revealed that knowledge regarding frequency of feeding to one month baby as well as whether to provide milk to the baby when baby himself/herself ill or during mother's illness is very poor. This study concluded poor knowledge and practice regarding exclusive breastfeeding for the first six months postpartum among respondent mothers. Thus, it could be said that undesirable cultural practices such as giving pre-lacteal feeds, early/late initiation of breastfeeding after birth, discarding the colostrums, delay in introduction of weaning foods and avoiding exclusive breastfeeding are still prevalent among the mothers. Practices such as discarding the colostrums and early/late weaning should be discouraged. The maternal knowledge about breastfeeding was just satisfactory and there was a significant gap between actual and desired practices. Hence, it justifies the need for strengthening community based health education programs as well as other Information Education Communication (IEC) activities related to mother and child health. Not only rural areas but urban areas of Patna also demands for educating mothers about optimal child feeding practices at different occasions and gatherings which may prove to be better opportunity to enhance mothers' knowledge and attitude of child feeding practices. Then only, we could think of good child and mother health as well as breast feeding practices among mothers of Bihar.

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