

Knowledge, Attitude, Practices about Exclusive Breastfeeding among Antenatal Women Attending Tertiary Care Hospital

Niti Batra¹, Manik Sirpurkar², Madhuri Chandra³, Deepak Kumar Patel^{4*}¹Assistant Professor, Department of Obstetrics and Gynaecology, CIMS Chhindwara, Madhya Pradesh²Professor & Head, Department of Obstetrics and Gynaecology, CIMS Chhindwara, Madhya Pradesh³Professor, Department of Obstetrics and Gynaecology, GMC Bhopal, Madhya Pradesh⁴Assistant Professor, Department of Pediatrics, CIMS Chhindwara, Madhya Pradesh

Received: 25-12-2023 / Revised: 23-01-2024 / Accepted: 26-02-2024

Corresponding Author: Dr. Deepak Kumar Patel

Conflict of interest: Nil

Abstract:

Introduction: Breastfeeding has been accepted as the most vital intervention for reducing infant mortality and ensuring optimal growth and development of children. More than 15% of 24 lakhs child deaths could be averted in India by optimal breastfeeding practices. It is the ideal method suited for the physiological and psychological needs of an infant. It is estimated that the lives of one million infants can be saved in the developing world by promoting breastfeeding.

Objectives: To assess the Knowledge, Attitude and Practices about Exclusive Breastfeeding among the antenatal women attending Sultania Zanana Hospital Bhopal.

Material and Methods: After getting the approval from Institute Ethical Committee, this study was conducted in Antenatal clinic, Department of Obstetrics and Gynaecology, Gandhi Medical College, Bhopal from the period of 1st August 2012 to 31st July 2013 among all the antenatal women with one live child (Primipara / Multipara) and are representing surrounding area of SZH. Participation of the selected women was fully voluntary after explaining the purpose of the study. Questionnaire of predesigned and pretested proforma developed in consultation with guide and faculty was filled for assessing Knowledge, attitude and practice about initiation of breastfeeding, pre lacteal feeding, colostrum feeding, exclusive breastfeeding, and duration of breast feeding. Women were interviewed regarding breastfeeding Practices for their youngest child. 1050 women were contacted, 1000 completed in depth interview, 50 refused the interview.

Results: Knowledge difference for exclusive breastfeeding was found significant for age, religion, education. Knowledge was more in younger group compared to the elder group, more in Hindus (89%) compared to Muslim (77.23%), Literate (87.62%) compared to illiterate (68.57%). Practice difference for exclusive breastfeeding was not found significant for various demographic factors like residence, religion, education, SES, Type of delivery. But found significant for age variable, practice of exclusive breastfeeding was more in older group (65%) than younger group (9.85%).

Conclusion: There was a big gap between actual and desired practices. Majority of women have positive attitude towards breastfeeding practices and wish to implement healthy practices.

Keywords: Knowledge, Attitude, Practices, Exclusive Breastfeeding, Antenatal women.

This is an Open Access article that uses a funding model which does not charge readers or their institutions for access and distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>) and the Budapest Open Access Initiative (<http://www.budapestopenaccessinitiative.org/read>), which permit unrestricted use, distribution, and reproduction in any medium, provided original work is properly credited.

Introduction

Breastfeeding has been accepted as the most vital intervention for reducing infant mortality and ensuring optimal growth and development of children.[1] More than 15% of 24 lakhs child deaths could be averted in India by optimal breastfeeding practices.[2] It is the ideal method suited for the physiological and psychological needs of an infant.[3] It is estimated that the lives of one million infants can be saved in the developing world by promoting breastfeeding.[4] However poor breastfeeding practices are widespread. It is estimated that sub-optimal

breastfeeding, especially non-exclusive breastfeeding in the first 6 months of life, results in 1.4 million deaths and 10% of the disease burden in children younger than 5 years of age.[5] Reviews of studies from developing countries show that infants who are not breastfed are 6 to 10 times more likely to die in the first months of life than infants who are breastfed.[6,7] Despite the well-known maternal and child benefits, its trend has declined worldwide. Global data shows that less than 40% of babies below 6 month of age are exclusive breastfed. In our society this trend could

be due to Western Influence, urbanization and increased economic power combined with increased availability of commercial milk substitutes.[8,9]

Breastfeeding is a socially constructed and controlled practice.[10] It is often presented as a natural practice, sadly corrupted and curtailed by cultures.[11] Jones et al[12] found that universalization of breastfeeding (including exclusive breastfeeding for the first six months and continued breastfeeding for the next six months) will reduce mortality of children under 5 years by 13 per cent globally and by around 16 per cent in India (India Analysis).

Breastfeeding as a preventive measure had mean coverage rate of 90% over target population which was fairly higher than any other interventions. The current scenario of Breastfeeding practices in India that was concluded in NFHS-3 (2005-06)[13] is that although breastfeeding is nearly universal in India, but very few children are put to the breast immediately after birth.

Exclusive breast feeding as such is not practiced. Exclusive breastfeeding means that an infant receives only breast milk from his or her mother or a wet nurse, or expressed breast milk, and no other liquids or solids, not even water, with the exception of oral rehydration solution, drops or syrups consisting of vitamins, minerals supplements or Medicines.[14]

To enable mothers to establish and sustain exclusive breastfeeding for 6 months WHO & UNICEF recommend 1) initiation of breastfeeding within the first hour of life, 2) exclusive breastfeeding, 3) breastfeeding on demand, 4) No use of bottles, teats or pacifiers.

It is now established that the breast feeding practices adopted in terms of initiation, duration, frequency and exclusiveness of breast feeding and weaning of child is essential for our understanding of impact of breast feeding on complete physical, mental and psycho-social development of the child.[15,16]

The breastfeeding and weaning practices of a community are governed by its knowledge attitudes, traditions, customs, beliefs and socio cultural practices; since these aspects vary from one to another, quantification and its understanding becomes important. Hence in this present study

entitled "Knowledge, Attitude, and Practices about Exclusive Breastfeeding among Antenatal women attending Sultania Zanana Hospital Bhopal" we try to explore the current breastfeeding trends in our setting and correlate them with various socio-epidemiological factors.

Objectives:

To assess the Knowledge, Attitude and Practices about Exclusive Breastfeeding among the antenatal women attending Sultania Zanana Hospital Bhopal.

Material and Methods:

The present study was conducted in Antenatal clinic, Department of Obstetrics and Gynaecology, Gandhi Medical College, Bhopal from the period of one year 1st August 2012 to 31st July 2013 after getting the approval from Institute Ethical Committee. The study population included all antenatal women with one live child (Primipara / Multipara) and are representing surrounding area of SZH. All nulliparous women and those not willing to participate were excluded from the study. During the study period eligible women were selected and interviewed.

Participation of the selected women was fully voluntary after explaining the purpose of the study. Before starting an interview with respondent verbal consent of willingness was taken. Questionnaire of predesigned and pretested proforma developed in consultation with guide and faculty was filled for assessing Knowledge, attitude and practice about initiation of breastfeeding, pre lacteal feeding, colostrum feeding, exclusive breastfeeding, and duration of breast feeding. Women were interviewed regarding breastfeeding Practices for their youngest child. 1050 women were contacted, 1000 completed in depth interview, 50 refused the interview. Individual response rate was 95%. Most widely used technique for obtaining information on knowledge, attitude, practice used was recall method. All data were self-reported by respondents. To protect confidentiality of the respondents, their names were not written. The data collected was organized, analyzed and interpreted on appropriate statistical computer software. For Qualitative data, percentage and proportions were compared by using Chi-square test. p value <0.05 is considered significant.

Observation and results:

Table 1: Socio-Demographic Profile of Respondents

Age groups (years)	Frequency	%
20-25	518	51.8
26-30	335	33.5
31-35	127	12.7
36-40	20	2.0
Area	1 .	

Rural	280	28.0
Urban	720	72.0
Religion		
Hindu	596	59.6
Muslim	404	40.4
Occupation		
Housewife	996	99.6
Working	4	0.4
Literacy		
Illiterate	131	13.1
Primary	126	12.6
Middle	373	37.3
Higher secondary	176	17.6
Graduate	194	19.4
Socio-economic status		
I	8	0.8
II	192	19.2
III	462	46.2
IV	303	30.3
V	35	3.5

The above table shows that, out of all antenatal women included in the study majority (51-8%) of women belonged to 20-25 year age group, followed by 33.5% in 26-30 year age group, 12.7% in 31-35 year, 2% in 36-40 year age group. Mean age was 25.88yrs \pm 4.17.

Women's age ranged from 20-40 years. 72% belongs to urban area and rest others are from rural area (28%). Majorities (59.6%) of women were Hindu and 40.4% were Muslim. 99.6% were Housewives. Only 0.4% was working. It was found that 86.9% were literate out of which most of them

were educated up to middle school (37.3%) followed by graduates (19.4%), 17.6% were educated up to higher secondary and 12.6% up to primary school. 13.1% antenatal women were illiterate.

Antenatal women in upper middle, lower middle, high, poor, upper high classes were 46.2%, 30.3%, 19.2%, 3.5% and 0.8% respectively. Antenatal Women selected for study were distributed into different social classes as per husband monthly income.

Table 2: Obstetric History of Respondents

Mode of delivery	Frequency	Percentage
Vaginal Delivery	855	85.5
l.scs	145	14.5
Parity		
Para 1	602	60.2
Para 2 & 3	388	38.8
Para 4 and Above	10	1
Age of youngest child		
\leq 2yr	662	66.2%
>2-5yr	288	28.8%
\geq 5yr	50	5%

Table3: Practice-Initiation of Breastfeeding of Respondents

Initiation of breast feeding	Frequency	%
Within 1 hour	226	22.6
>1 hour	600	60.0
1-3 day	127	12.7
>3 day - 1 week	47	4.7
Pre lacteal feeds given		
Yes	643	64.3
No	357	35.7
Type of pre lacteal feeds		
Plain water	59	9.18

Non-human milk	235	36.55
Honey	118	18.35
Tea	95	14.77
Sugar water	59	9.18
Jaggery water	48	7.46
Ghutti	25	3.94
Ajwain ka paani	3	0.5
Coconut water	1	0.15

All mothers practiced breastfeeding at least at some point of time. Only 22.6% started within 1 hour of delivery and 72.7% fell within >1hr-3day group, 4.7% after 3 days. The prevalence of prelacteal feeding was high in our respondents. High percentage of prelacteal feeding was observed. 64.3% of women offered prelacteal feeds. Of which

non-human milk (cow's milk, dairy milk, goat's milk) was most common 36.55%, followed by honey (18.35%), tea (14.77%), plain water (9.18%) & sugar water (9.18%) each, jaggery water (7.46%), ghutti (3.94%). Ajwain ka paani and coconut water was also used as prelacteal feeds by some antenatal women.

Table 4: Breast Feeding Practices

Colostrum Given	Frequency	Percentage
Yes	893	89.3
No	107	10.7
Timing of feeding		
Demand feeding	913	91.3
Scheduled feeding	87	8.7
Kind of feeds given within 6months		
EBF	206	20.6
Breast milk & water	387	38.7
Breast milk & top feed	407	40.7
Breastfeeding exclusively		
Until 3mnths	400	40
3-6mnth	247	24.7
>=6mnth	206	20.6
No EBF	147	14.7
Weaning at age		
<6mnths	227	22.7
>=6mnth-1yr	727	72.7
>1yr	46	4.6
Kind of weaning food		
Infant Formula	3	0.3
Homemade	621	62.1
Both	376	37.6
Breast feeding during night		
Yes	993	99.3
No	7	0.7
Total duration of breastfeeding		
'<=1yr	187	18.7
<=2yr	500	50
'<=3yr	313	31.3
Reason for cessation of breastfeeding		
Baby's Age	247	24.7
New pregnancy	293	29.3
Inadequate milk output	240	24
Baby stopped itself	220	22
Any special diet taken during pregnancy		
Taken	573	57.3
Not taken	427	42.7

Above table showed that the proportion of respondent who gave colostrum during their postnatal period was 89.3% and 10.7% did not prefer to feed colostrum to their new born. Majority of the mothers (91.3%) practiced demand feeding as compared to scheduled (8.7%). Only 20.6% practiced exclusive breastfeeding up to 6 months, while 40% practiced only till 3months, 24.7% till >3-6 months, and 14.7% didn't practice exclusive breastfeeding at all.

Breast milk & top feed given by 40.7% and breast milk & water given by 38.7% within 6months. 72.7% introduced weaning feeds by age of 6months. It was started earlier within 6months in 22.7%. It was delayed to more than 1year in 4.6%.

Most of them (62.1%) fed only homemade weaning food while 37.6% fed both homemade and infant formula. 0.3% fed only infant formula. Night feeding practice is very good, 99.3%, only 7(0.7%) of them didn't practice it. Once established, breastfeeding was continued for 1-2year in 50%, >2- 3year seen in 31.3%, 18.7%, discontinued at 1year or less.

New pregnancy (29.3%), baby's age (24.7%), inadequate lactation (24%). baby stopped itself (22%) were reason cited for cessation of breastfeeding. 57.3% took special diet (fruits, dairy products, dry fruits) during antenatal period and 42.7% did not take any added nutrition.

Table 5: Knowledge about Exclusive Breast Feeding

S No.	Knowledge about	Frequency	Percentage
1	Nature of first feed		
	Breast milk	1000	100
	No human milk	Nil	Nil
2	Time of initiation of breast feeding		
	Within 1 hour	793	79.3
	1 hr- 1 day	60	6.0
	don't know	147	14.7
3	Timing of feeding		
	Demand feeding	884	88.4
	Scheduled feeding	116	11.6
4	EBF up to 6months		
	Yes	843	84.3
	don't know	157	15.7
5	Weaning Age		
	<6 months	71	7.1
	6 months	896	89.6
	don't know	33	3.3
6	Importance of colostrum's		
	Know	593	59.3
	don't know	407	40.7
7	Importance of night feeds		
	Know	24	2.4
	don't know	976	97.6
8	Breastfeeding during illness of child		
	Yes	832	83.2
	No	140	14.0
	don't know	28	2.8
9	Breastfeeding during illness of mother		
	Yes	40	4.0
	No	836	83.6
	don't know	24	2.4
10	Breast milk production depends upon		
	Mother's Nutrition	560	56.0
	Stress	Nil	Nil
	Both	62	6.2
	Duration & frequency of breastfeeding	60	6.0
	don't know	318	31.8
11	Advantages of breastfeeding to baby		
	Some knowledge	660	66.0
	Good knowledge	278	27.8

	don't know	62	6.2
12	Advantages of breastfeeding to mother		
	Some knowledge	508	50.8
	Good knowledge	109	10.9
	don't know	383	38.3

All mothers knew that first feed given to baby should be breast milk. Majority, 79.3%, knew that early initiation of breastfeeding i.e., within 1 hour should be done, 6% thought that breastfeed can be started little later, after 1 hour and 14.7% had no idea about time of initiation of feeding. 88.4% knew that baby should be fed on demand. 11.6% thought feeding should be scheduled.

Exclusive Breast Feeding should be done up to 6 months, was known to 84.3% of antenatal women, 15.7%, didn't know about it. Majority (89.6%) knew the weaning age is 6 months. 7.1% thought it to be less than 6 months, at 3 to 5 months. 3.3% had no idea about it. 59.3% knew the importance of colostrum, most of them, crudely, knew that it 'protects baby from diseases' and it is 'good' for baby while 40.7% were unaware about its benefits to baby. While coming to practice of night feeding it is very good, but only 2.4% know its importance while 97.6% were unaware about it. 83.2% thought

child should be continued with breastfed during his/her illness while 14% thought child should be barred from feeding, 2.8% had no idea. Majority (83.6%) thought that breastfeeding should be discontinued during mother's illness as it may transmit the disease to the baby, only 4% said breastfeeding should be continued while 12.4% had no idea. 56% thought Breast Milk production depends on mother's nutrition. 6.2% both nutrition and stress (6.2%), duration/frequency of feeding (6%), 31.8% had no knowledge about it.

Majority (93.8%) agreed that breast feeding protects the children from infection and is the healthiest food and good for child. 66% had some knowledge (1 or 2), 27.8% had good knowledge (more than 2). Advantages to mother were less known, 61.7%, knew it prevents pregnancy and creates bond between mother and child. 50.8% had some knowledge and 10.9% had good knowledge and 38.3% didn't know anything.

Table 6: Attitude towards Breastfeeding

Would you breastfeed your baby?	Frequency	Percentage
Yes	1000	100
No	Nil	Nil
Which milk is best for baby?		
Breast milk	Breast milk	Breast milk
Non-human milk	Non-human milk	Non-human milk
Don't know	Don't know	Don't know
For Prolactal Feeding		
Yes	Yes	Yes
No	No	No
Don't Know	Don't Know	Don't Know
For Colostrum Feeding		
Yes	Yes	Yes
No	No	No
Don't Know	Don't Know	Don't Know
For exclusive breastfeeding		
Yes	Yes	Yes
No	No	No
Don't know	Don't know	Don't know

100% women had an attitude for breastfeeding, 99.8% knew breast milk is best for baby. 91.4% said that they would not prefer giving prelacteals before feeding, 7.1% didn't have clear attitude. 1.5% said that they will feed prelacteals, as it is customary to do so. 94.9% said that they would give colostrum feeding. Majority (96.4%) said that they have attitude for Exclusive Breast Feeding for 6 months. All respondents were showing positive attitude towards feeding of their children

irrespective of age, residence, religion, literacy, SES.

Discussion

The present study entitled, "Knowledge, Attitude, Practices about Exclusive Breastfeeding among antenatal women attending Sultania Zanana Hospital Bhopal" was conducted in Antenatal clinic, Department of Obstetrics and Gynecology, Gandhi Medical College, Bhopal from the period of 1st August 2012- 31st July 2013 on 1000 antenatal

women having at least one live child. The study involved an in-depth interview with predesigned pretested proforma. In our study majority (51.8%) of women belonged to 20-25 year age group. Mean age was 25.88yrs. Women ranged from 20 to 40 years. 72% women belonged to urban area and rest others were from rural area (28%). Majority (59.6%) of women were Hindu and 40.4% were Muslim. 99.6% were Housewives and only 0.4% were working. Most of the Antenatal women were literate (86.9%) in which majority were educated up to middle School (37.3%) and 19.4% were Graduates. 13.1% antenatal women were illiterate. In present study, all antenatal women breastfed at least at some point of time and they had knowledge that breast milk should be the first feed given to baby.

This is similar to finding of NFHS-313, which states that breastfeeding practice is nearly universal (99.2%) in India. Grover [17] from Delhi also found that breastfeeding is universal. Srivastav et al [18] found 98.2% breastfeeding practice. Kumari et al [19] found 95.01% breastfeeding practice. In various studies the time of initiation of breastfeeding within 24 hours in India ranges from 50 to 80% [20]. In present study 79.3% women had knowledge about early initiation of breast feeding but in practice only 22.6% women initiated breast feeding within 1 hour and 82.6% within 24 hours. 12.7% women started between 1-3 days. 4.7% women started delayed feeding after 3 days. The reasons given for delayed initiation were uneasiness to mother, not having adequate milk, cesarean section, baby admitted in neonatal ward.

The present study result were similar to Athavale et al [21] who observed that 23% women started feeding within an hour of birth and Malek Batal et al [22] observed that only 18.3% started within half an hour. NFHS-313 also shared that in India mothers started breastfeeding within one hour of birth are 23.4%. Nayak et al [23] reported higher figures, 70% of mothers in their study were able to start breast feeding within first hour of life after normal delivery.

In present study, practice difference for initiation of breastfeeding was found significant for various demographic factors like age, residence, religion, education, SES, type of delivery. Athavale (2004) [21] also identified cesarean delivery as a variable having significant influence on the initiation of breastfeeding. Kishore et al 1995 [24] had similar finding to present study literate women (52.5%) started breastfeeding earlier. Kulkarni et al [25] also observed that 61.3% of literate mothers while 43.7% of illiterate mothers initiated breastfeeding within 6 hrs of delivery. In present study, knowledge difference for initiation of breastfeeding was found significant for demographic factors like age, religion, education.

For residence, it is not significant, no difference found between rural and urban women knowledge. 84.17% of younger age group (20-25yr) knew about early initiation compared to 60% of elder group (35-40yr). This shows that though younger group had more knowledge but practice is more in elder age group. This finding is in contrast to Athavale [21] who found no significant association between timing of initiation of breastfeeding and age of the mother. In the present study, 64.3% women offered prelacteal feeding. Commonly used prelacteal feeds in the study were non-human milk (36.55%) (Dairy milk, cow's milk, goat's milk), honey (18.35%), tea (14.77%), plain water (9.18%), sugar water (9.18%), jaggery water (7.46%).

Similar high prevalence of prelacteal feeding was reported by Chandra M [26] in 1999, 74% women offered prelacteals of which 37% was non-milk (honey + water) and in 37% it was either cow's, goat's, dairy, formula milk and by Srivastav et al [18] who observed 87.9% prelacteal feeding which included sugar water (47.5%), plain water (16.0%), diluted cow milk (13.5%). NFHS-313 shared that prelacteal feed was used by 57.2% of mothers were mainly. Items mainly used were Top milk 56%, honey 24%, sugar water 19% and water 15%, which is similar to our findings. In present study practice difference for prelacteal feeding was found significant for religion. Muslim offered significantly more prelacteals (73.51%) than Hindus (58.05%) while practice difference for prelacteal feeding was not significant for area of residence.

In present study, 91.4% women said that they would not prefer giving prelacteals before feeding, 7.1% did not have clear attitude towards it. In present study, only 59.3% women knew the importance of colostrums but while coming to practice. They were good, 89.3% women fed colostrum to their babies. and 10.7% discarded it. 94.9% women had positive attitude towards colostrum feeding. The reason given for discarding colostrums were because of traditions, as advised by elders. to give rest to mother. Our findings corroborated with Chaudhary [27] in 2012 who observed less knowledge of benefits of colostrums (25%) but more practice of colostrums feeding (95%). In this study, Practice difference for colostrums feeding was not significant for religion and literacy. But Knowledge of importance of colostrums was significantly more in Hindus (69.13%) compared to Muslims (44.8%) and significantly higher in Literate women.

These findings are similar to that of Morisky et al [9] in 2002 who found significant difference in knowledge of colostrum in educated and non-educated group. In our study, though 88.4% thought that feeding should be 'on demand' but in

practice it was high, 91.3% were demand feeding. Similar findings are suggested by Grover et al [17] in 1996, 83.5% did demand feeding.

In our study, exclusive breastfeeding for 6 months was known to 84.3% of women but was given to 40% infants till 3 months of age, 24.7% till 4-5 months of age, and only 20.6% till 6 months which is in conformity with Saxsena et al [28] in 1997 who found 42.2% exclusively breastfed till 3 months and 22% till 6 months. In present study, 96.4% women have positive attitude towards exclusive breast feeding. Chandra M [26] in 1999 found that 20% gave Exclusive breastfeeding. In the present study, practice difference for exclusive breastfeeding was not found for various demographic factors like residence, religion, education, SES, Type of delivery.

Difference was for age variable, 9.85% in 20-25 year group whereas 65% in 35-40 year group practice exclusive breastfeeding. Unlike our findings, Malek et al [22] found exclusivity of breastfeeding was also associated with place of residence (urban/rural) and negatively associated with educational level of the mother. In present study knowledge difference for Exclusive breastfeeding was found significant for various demographic factors like age, religion, education.

Knowledge was more in younger group (89.4%) compared to the elder group (70%), Hindus (89%) compared to Muslim (77.23%), Literate (87.62%) compared to illiterate (68.57%). In present study, 89.6% knew that weaning should start at age of 6 months, few thought (7.1%) it should be earlier than 6 months. 3.3% have no knowledge. In practice, 72.7% introduced Weaning feeds by age of 6 months, it was started within 6 months in 22.7% and was delayed to >1 year in 4.6%. Most of them (62.1%) fed only homemade while 37.6% fed both homemade and infant formula.

Lower figures were reported by Chandra M [26] 47% introduced supplementary feeds by 6 months. Saxsena et al [28] found that 42% started weaning by age of 6 months. In our study, only 2.4% mothers know importance of night feeding while 97.6% were unaware about it but night feeding practice is very good, which is seen in 99.3%. Similar results, of poor knowledge and good practice were reported by Chaudhary [27] in 2011, 15% of the mothers knew the importance of night feed but 90% mothers were practicing night feed.

In present study, once established, breastfeeding was continued for 1- 2 year in 50% and >2-3 year seen in 31.3%. New pregnancy (29.3%), baby's age (24.7%), inadequate lactation (24%), baby stopped itself (22%) were reasons cited for cessation of breastfeeding in our study. Unlike our findings Kotiratnam [29] reported that most mothers answered 12.24 months (85%) as ideal duration of any

breastfeeding. In present study, 83.2% thought child should be continued with breastfed during his/her illness and majority (83.6%) thought that breastfeeding should be discontinued during mother's illness as it may transmit the disease to the baby. Unlike our finding, Kotiratnam (2013) [29] observed that 78% of the respondents believed that breastfeeding should be continued during the illness of the mother. In present study, majority (93.8%) agreed that breast feeding protects the children from infection "and is the healthiest food and good for child, makes child strong and intelligent, builds up child immunity to fight with infection. 66% cited 1 or 2 benefit, they had some knowledge while 27.8% had good knowledge, could tell more than 2 benefits. While advantages of breastfeeding to mother were less known, 61.7% knew it prevents pregnancy and creates emotional bond between mother and child. 50.8% had some knowledge and 10.9% had good knowledge and 38.3% didn't have any idea. Unlike our findings, Kumari S et al [19] in 1988 from Delhi reported that 58.32% women could not tell even one advantage. Primiparous were more ignorant. Chaudhary et al [27] also observed lower knowledge level (30%) for advantages of breastfeeding. In present study, all respondents were showing positive attitude towards breastfeeding their children irrespective of age, residence, religion, literacy, SES. In our study 57.3% took special diet (fruits, dairy products, dry fruits) during antenatal period whereas Srivastav et al [8] suggested that 94% women felt that expensive food items like fruits, dry fruits, ghee was needed by antenatal women.

Conclusion

In conclusion, much needs to be done to discourage wrong, harmful and undesirable cultural practices such as giving prelacteal feeds, late initiation of breastfeeding after birth, early introduction of weaning foods and avoiding exclusive breastfeeding and encourage the practice of early initiation, avoidance of prelacteal feeding, timely introduction of weaning food, exclusive breastfeeding. Antenatal women have adequate Knowledge about advantages of breastfeeding but the hospital personnel and health workers needs to sensitize the antenatal women to implement their knowledge into healthy breastfeeding practices and strengthen their knowledge in deficient areas through appropriate health education programmes and IEC activities.

Limitation of the study:

1. Study is based on Recall method and cultural binding by respondents which sometimes tend to dilute the issue as the time passes or by the presence of external person. This has an indirect effect on estimation of quality of data. So

large sample size (more than calculation) was taken to reduce the limitation.

2. Only women respondents.
3. Sample was restricted to urban hospital setting.
4. Conflict of interest: None declared

References:

1. Gupta A, Arora V. The state of worlds breast feeding- tracking implementation of the global strategy for infant and young child feeding. International Baby Food Action Network (IBFAN), Asia Pacific. South Asia Report, Feb 2007.
2. Gupta A, Arora V, Bhatt B. The state of worlds breast feeding- India report card 2006. International Baby Food Action Network (IBFAN), Asia Pacific. South Asia Report, Feb 2006.
3. Subbiah N. A Study to assess the Knowledge, Attitude, Practice and Problems of Postnatal Mothers regarding Breastfeeding. *Nursing J Ind* 2003; 94 (8): 177-179.
4. Moreland, J and Coombs, J (2000): Promoting and supporting breastfeeding. *Am. Fam. Physician*, 61: 2093-2109.
5. World Health Organization. Infant and young child feeding Model Chapter for textbooks for medical students and allied health professionals. World Health Organization. 2009.
6. WHO Collaborative Study Team on the Role of Breast-feeding on the Prevention of Infant Mortality. Effect of breastfeeding on infant and childhood mortality due to infectious diseases in less developed countries: a pooled analysis. *Lancet* 2000; 355:451-455.
7. Bahl R, Frost C Kirkwood BR, Karen E, Martinez J, Bhandari N et al. Infant feeding patterns and risks of death and hospitalization in the first half of infancy: multicentre cohort study. *World Health Organization*, 200s; 83: 418-426.
8. Galhotra A, Abrot A, Agarwal N, Goel NK, Swami HM, Impact of community based awareness campaign on breastfeeding among lactating women in Chandigarh. *The Internet Journal of Health*, 2008, Vol 7 (1)
9. Morisky DE, Kar SB, Chaudhary AS, Chen KR, Shaheen M. Breastfeeding Practices in Pakistan. *Pakistan Journal of Nutrition* 2002; 1:137-142.
10. Foster R., Infant feeding practices and child health In Bolivia. *Journal of Biopsychology Sci.* 1998, 30:107-125.
11. Mohammad K., et al. Knowledge, attitude and practice of breastfeeding in the north of Jordan: a cross-sectional study. *International Journal of Breastfeeding*, 2006, 1:4, 1-6.
12. Jones, G; Steketee, RW; Black, RE; Bhutta, ZA and Morris, SS (2003): How many child deaths can we prevent this year? *Lancet*; 362: 65-71.
13. Ministry of Health and Family Welfare. National Family Health Survey (NFHS- 3). Government of India; 2005-06; Available from: <http://www.nfhsindia.org/nfhs2.html>.
14. WHO, UNICEF, USAID. Indicators for assessing infant and young child feeding practices. Geneva, World Health Organization, 2008.
15. Wambach K, Campbell SH, Gill SL, Dodgson JE, Abiona TC, Heining MJ. Clinical Lactation Practice: 20 years of evidence. *J Hum Lact* 2005; 21: 245-58.
16. Kameshwara Rao AA. Breast feeding behavior of Indian women. *Indian Journal of Community Medicine* 2004; 29(2):62-64.
17. Chabra P, Grover VL, Aggarwal OP, "Knowledge Attitude and Practices of Breast feeding patterns in a Rural area of East Delhi". *Health and Population -Perspectives and Issues* 1997 20(2):49-56.
18. Srivastav SP, Sharma VK, Breastfeeding pattern in neonates. *Journal of Indian Pediatrics* 1994;vol 31; 1079-82
19. Kumari S et al (1988) maternal attitude and practice in initiation of newborn feeding. *Ind J Paed*, 55 (6): 905-911.
20. Mallikarjuna HB, Banapurmath CR, Banapurmath S, Kesara N. Breastfeeding problems in first 6 months of life in rural Karnataka. *Journal of Indian Pediatric* 2002, 39:861-864.
21. Athavale AV, Athavale SG, Deshpande. Initiation of breastfeeding by urban women .*Health and population perspectives and Issues* 2004; 27(2); 117-125.
22. Malek et al. Breastfeeding and feeding practices of infants in a developing country: A National Survey in Lebanon *Public Health Nutrition* 2005, 9(3): 313-319.
23. Nayak S, Jay P, Patel S, Gharat V, Patel S, Choksi V, Desai T. Breastfeeding practices in urban community of Surat city. *National Journal of Community Medicine* 2010, Vol 1, Issue 2
24. Kishore S, Garg BS, Mathur JS & Nagar S, Determinants of feeding practices in rural community of Wardha. *Indian Journal of Child Health*, 1995; 6(1); 11-13
25. Kulkarni RN, Anjenaya S Gujar R. "Breastfeeding Practices in an urban community of Kalambo, li Navi Mumb". *Indian J Community Med.* 2004 Oct; 24(4):179-80.
26. Chandra M, Khare S- Breastfeeding practices- Obstetricians role: *Journal of Obstetrics and Gynaecology of India.* Vol 49, no.4, p69-72.
27. Chaudhary RN, Shah T, Raja S Knowledge and Practice in Breastfeeding September-December 2011 Vol 9(No.3); 194-200.
28. Saxsena P, Pal S, Salhan S, Sarda N Contemporary Breast Feeding Practices- A Hospital Based Study. *Indian J Prev Soc in Med* Vol 37 No 3 & 4, 2006.

29. Kotiratnam K Knowledge and attitude of mother about Breastfeeding in slum population of Khammam Town. International J of Re-

search in Health Sciences. July-Sept 2013 Vol 1, Issue 1.