

# KAP Study Regarding Breast Feeding Among Post-Natal Mothers: A Questionnaire Based Survey

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## Abstract

**Aim:** To evaluate the Knowledge, attitude and practice of breast feeding among postnatal mothers. **Methods:** The prospective cross-sectional study which was carried in the Department of Community Medicine, Netaji Subhas Medical College and Hospital, Amhara, Bihar, Patna, Bihar, India for 1 year, the study population included 100 post- natal mothers admitted in the hospital. A face-to-face interview was conducted after delivery during second post-natal day using pretested questionnaire. The performa included questions regarding knowledge, attitude and practice of breast feeding along with socio demographic details of study population. The respondents rating of questionnaire of knowledge, attitude and practice was classified as good or poor based on their response. **Results:** Majority (96%) of mothers answered mothers' milk is best for baby. Most (63%) of them were aware that breast feeding should be initiated within half an hour following vaginal delivery and 2 Hours in caesarian section. About 80% of the mothers knew that exclusive breastfeeding was giving only breast milk till 6 months of age. Most of the mothers (63%) answered that they would feed every second hourly for the question regarding frequency of breastfeeding. Almost half of mothers (51%) answered that breast feeding has advantage only to baby and only 39% of mothers were aware of advantage to both mother and baby. Majority of mothers answered that the major advantage of breast milk is providing nutrition to baby (55%), but only 41% were also aware about maternal bonding and immunological benefits. More than two third (90%) of mothers answered that prelacteal feeds should not be given and 45% of study population knew that baby sucking is the important stimulus for breast feeding. Though 89% of mothers knew about proper position and attachment for breast feeding, only 45% were aware of signs of adequacy of feeding. **Conclusion:** Antenatal counselling promotes good breast-feeding practices hence existing antenatal counselling on breastfeeding needs to be strengthened by informing all pregnant women about the benefits of breastfeeding and motivating them by curtailing their ill beliefs regarding breastfeeding and educating them that breast Feeding is the healthiest and safest way to feed babies.

**Keywords:** Breast feeding attitude, Knowledge, Practice, Sociodemographic factors.

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## Introduction

Home based newborn care (HBNC) is a strategy adopted by Government of India to overcome the burden of newborn deaths in

the first week of life and to reach the unreached. It provides the continuum of care for newborns and postnatal mothers as

envisaged under RMNCH+A strategy[1]. The first 28 days of life “The Neonatal Period” represent the most vulnerable time for a child’s survival. In 2015, 2.7 million deaths, or roughly 45% of all under-five deaths, occur during this period. Of these, almost 1 million neonatal deaths occur on the day of birth, and close to 2 million die in the first week of life[2]. A set of practices that reduce neonatal morbidity and mortality have been outlined as essential newborn care practices. These practices include clean cord care (cutting the umbilical cord with sterilized instrument and tying with sterilized thread); thermal care (drying and wrapping the newborn immediately after delivery and delaying the newborn’s first bath for at 48 hrs. to reduce hypothermia risk) and initiating breastfeeding within the first hour after birth. Clean cord care, thermal care and breastfeeding have been identified as proven interventions that save newborn lives[3]. Human breast milk: nature’s perfect gift is vastly superior to anything available from our most sophisticated technologies. It is the most effective way to provide a baby with complete food and protection. Initiation of breastfeeding after birth is considerably delayed in India and in most cases valuable colostrum is discarded before putting to breast. Giving colostrum has also been called as the first “immunization” of the child[4]. The unhygienic practice of prelacteal feeding is also followed in India, such a practice by delaying initiation of breast feeding, may adversely affect establishment of lactation and introduce enteric infections if prelacteal feeds are not given in hygienic manner. The protection provided by early initiation of breast feeding against the risk of neonatal mortality[5]. Many customs are prevalent in India which affects health status of newborns. Understanding of the community and traditional newborn care practices is necessary to implement the effective Programme for promotion of newborn’s health. Interventions need to be tailored to the local environment. The vast majority of these neonatal deaths around

98% occur in poor and developing countries against a backdrop of lack of knowledge regarding good practices towards newborn, poverty, suboptimal care seeking and weak health system where standards of both maternal and newborn care are low. Appropriate and basic newborn care practices by mother, her family members and health care providers can play a vital role in preventing the neonatal deaths[6]. In developing countries with socio economic deprivation, vast majority of Perinatal and neonatal deaths are seen. Poverty, illiteracy, poor social status and also the care of women as well as dysfunctional health system are critical underlying factors that adversely affect maternal and child health in many developing countries[7]. The Third National Family Health Survey (NFHS-3) of India reported that overall, 21.5% of children aged under three years were breastfed within one hour of birth, 48.3% of the children aged zero to five months were exclusively breastfed, and 53.8% of the children aged six to nine months received solid or semi-solid food and breast milk[8].

### **Material and methods**

The prospective cross-sectional study which was carried in the Department of Community Medicine, Netaji Subhas Medical College and Hospital, Amhara, Bihar, Patna, Bihar, India for 1 year, after taking the approval of the protocol review committee and institutional ethics committee.

### **Methodology**

The study population included 100 post-natal mothers admitted in the hospital. Mothers who were not willing to be a part of study and those with critical or psychiatric illness were excluded from the study. A face-to-face interview was conducted after delivery during second post-natal day using pretested questionnaire. The proforma included questions regarding knowledge, attitude and practice of breast feeding along with

socio demographic details of study population.

### Statistical analysis

Data was summarized using descriptive statistics of frequency and percentages. The respondents rating of questionnaire of knowledge, attitude and practise was classified as good or poor based on their response. Chi square and Fischer exact test

were used to test association between knowledge, attitude and practise with socio demographic factors. Fischer test was used if frequency was <5 and chi square if it was >5. The level of significance was set at  $p < 0.05$ . Data were analysed with Statistical Package for Social Sciences (SPSS) software (version 21).

### Results

**Table 1: Socio-Demographic characteristics of studied population.**

Character	Group	Number (%)
Age	18-25	82 (82%)
	Above 25	18 (18%)
Religion	Christian	1 (1)
	Hindu	85 (85)
	Muslim	14 (14)
Education	Illiterate	9 (9%)
	Secondary high school	11 (11%)
	High school	52 (52%)
	Graduate	28 (28%)
Occupation	Housewife	63(63%)
	Employee	37 (37%)
Type of family	Joint	32 (32%)
	Nuclear	65 (65%)
	Single parent	3 (3%)
Parity	Primi parous	55 (55%)
	Multi parous	45(45%)
Antenatal counselling	No	7(7%)
	Yes	93 (93%)
Antenatal counselling received	Social health worker	28 (28%)
	Doctor	40(40%)
	Nurse	21 (21%)
	Others	11(11%)
Gestation at birth	Term	93 (93%)
	Preterm	7(7%)
Type of delivery	Vaginal	57 (57%)
	Caesarean section	43 (43%)
Baby gender	Male	54 (54%)
	Female	56(56%)

A total of 100 mothers in postnatal ward delivered at our hospital, were enrolled for present study. The sociodemographic factors of studied population are depicted in Table 1.

Majority of them were in age group 18 to 25 (82%) with mean age of 24.6 and standard deviation of 3.22. Most of the mothers belonged to Hindu religion (85%) and were housewives (63%) living in nuclear families (65%). Almost 37% of

mothers in study were employed. Majority of mothers from study group were primi - para (55%). Almost 93% were term deliveries. The numbers of male and female babies delivered were almost same. The

responses to important questions regarding knowledge, attitude and practise of breast feeding of study population are depicted in Table 2.

**Table 2: Knowledge, attitude and practise of breast feeding among post-natal mothers**

Question	Response	Number (%)
Best milk for baby	Mothers	96(96%)
	Cow	1 (1%)
	Infant formula	1 (1%)
	Don't know	2 (2%)
Advantage of breast milk	Only to baby	51 (51%)
	Only to mother	3 (3%)
	Both	39(39%)
	None	4 (4%)
	Don't know	3 (3%)
Pre lacteal feed to be given	Yes	10 (10%)
	No	90(90%)
Aware of position and attachment of breast feeding	Yes	89(89%)
	No	11 (11%)
Aware of signs of adequacy of feeding	Yes	45 (45%)
	No	55 (55%)
When did u initiate breast feeding?	Within 2hrs	93 (93%)
	6hrs	3 (3%)
	1day	4 (4%)
How often do you breast feed your baby?	Every 2 hr.	63(63%)
	4hr	14 (14%)
	Advice of family members	3(3%)
	When child cries	20(20%)
Only breast milk up to	3 months	6 (3%)
	6 months	190 (80%)
	Till I resume work	7 (2%)
	Family advice	20 (8%)
	till baby is sucking	10 (4%)
	Don't know	7 (3%)
Did you discard the colostrum?	Yes	5 (5%)
	No	95 (95%)

Majority (96%) of mothers answered mothers' milk is best for baby. Most (63%) of them were aware that breast feeding should be initiated within half an hour following vaginal delivery and 2 Hours in caesarian section. About 80% of the mothers knew that exclusive breastfeeding was giving only breast milk till 6 months of age. Most of the mothers (63%) answered

that they would feed every second hourly for the question regarding frequency of breastfeeding. Almost half of mothers (51%) answered that breast feeding has advantage only to baby and only 39% of mothers were aware of advantage to both mother and baby. Majority of mothers answered that the major advantage of breast milk is providing nutrition to baby (55%),

but only 41% were also aware about maternal bonding and immunological benefits. More than two third (90%) of mothers answered that prelacteal feeds should not be given and 45% of study population knew that baby sucking is the important stimulus for breast feeding. Though 89% of mothers knew about proper position and attachment for breast feeding, only 45% were aware of signs of adequacy of feeding. Nutritional superiority of breast feeding was known by 37% of mothers. In multi parous mothers prelacteal feeds was given to 16% of babies and majority of them had given cow's milk or honey. Colostrum was discarded by 8% of mothers in the study. About 10% of mothers in study group told they would stop breastfeeding

once they resume work. Almost 77% of multiparous mothers in the study had exclusively breast fed their last-born babies. Antenatal counselling was received by 95% of mothers and majority of them by doctors (46%).

About 38% of mothers told they encountered problems like breast engorgement, fatigue, back pain, nipple soreness, pain of caesarean section and child not sucking during breast feeding. Most common problem was the pain following caesarean section. Among the mothers who opted for formula feeding, commonest reason was the apprehension of inadequate breast milk.

**Table 3: Analysis of association of sociodemographic characters with breast feeding practices.**

	Breast Feeding Practices		p-value
	Good=90 N (%)	Poor=10 N (%)	
Religion			0.759
Christian	1 (1.11)	0 (0.00)	
Hindu	79 (87.78)	6 (60)	
Muslim	10 (11.11)	4 (40)	
Education			0.122
Illiterate	6 (6.67)	3 (30)	
Secondary	11 (12.22)	0 (0)	
High school	47 (52.22)	5 (50)	
Graduate	26 (28.89)	2 (20)	
Occupation			0.239
Employee	32 (38.46)	5 (50)	
Un-employee	58 (64.44)	5 (50)	
Family type			0.698
Joint	29 (32.22)	3 (30)	
Nuclear	58(64.44)	7 (70)	
Single parent	3 (3.33)	0 (0.00)	
Parity			0.687
Multi	42 (46.67)	3 (42.11)	
Primi	48 (53.33)	7 (70)	
Antenatal Counselling			0.041
No	5 (5.56)	2 (20)	
Yes	85 (94.44)	8 (80)	

P value <0.05 is taken as significant

Table 3 shows association of sociodemographic characters with breast feeding practices. Significant statistical association was seen with antenatal counselling to attitude and good breast-feeding practices in post-natal mothers. Though high percentage of educated women living in nuclear families followed good breast-feeding practices it was not statistically significant.

### Discussion

Breast feeding is a natural means of providing nutrition for growth and development of infants. But its practice is influenced by maternal knowledge, attitude, employment, family support and other related factors. In our study majority of them were in age group 18 to 25 (82%) with mean age of 24.6 and standard deviation of 3.22. Most of the mothers belonged to Hindu religion (85%). A Ekanam et al study also shows similar result as 52% from middle socio- economic group but majority belonged to Christian religion.

It may be because of geographical difference in population[9]. Majority (63%) mothers of our study population were housewives. Previous studies also showed most of the mother were housewives (94%, 57%) in their study[10]. Up to 93% of study population had antenatal counselling regarding breast feeding and most of them through doctors (40%). This is more than the previous study[11] in which 70% were antenatally counselled denoting increased public awareness and also access to health facilities at every level.

About 90% of mothers who participated in our study were likely to practise exclusive breast feeding. This agrees with the previous study done by Mehdi & Mahanta on breastfeeding and weaning practices which had, exclusive breast-feeding rate of 69.35%[12]. According to UNICEF 2008-2012 data exclusive breast feeding in India is 46.5%. Higher rate in our study is because the study is hospital based. Colostrum is the first phase of breast milk produced after delivery and recent scientific

researchers have shown that besides being the best food for newborn it is also immuno augments. In our study we found that 92% know about colostrum.

This is not in concurrence with the previous study done by Ben Slama, et al[13] who reported that 43% of mothers did not know about colostrum. Bahl et al.[14] and Vimla et al.[15] who reported that 91.7% and 100% of mothers practiced colostrum feeding respectively indicate that there is increased awareness among mothers about colostrum. Kumar D et al<sup>16</sup> also reported that the knowledge and practise with respect to colostrum was good in about 88% of mothers. In our study, we found that the 10% babies were fed with prelacteal feeds. This is similar to Udgiri R et al, a hospital-based study which showed that 13% of the babies were fed with prelacteal feeds like honey and sugar water[17]. But there was a higher rate (41%) of prelacteal feeding in the Manas Pritham et al study[18]. This was probably because that study included the mothers from economically challenged group and both hospital and home deliveries were included in the study. Around 88% of mothers in our study were aware of right position of breast feeding only about 58% in the Kumar A, et al study was aware of the correct position. This difference is because the later study included only primi parous mothers. In our study, more than fifty percent of the women had positive attitude towards breastfeeding. Studies have found a direct correlation of positive attitude with optimal exclusive breast feeding practice[19-21] Positive parental attitudes towards infant feeding are reported to be an important component in child nutritional health[22]. In the study conducted by Girish S, et al, on primipara mother's knowledge, attitude and practice of breastfeeding, it was found that the 92% of mothers had inadequate knowledge regarding time of initiation of breastfeeding and 38% of mothers had inadequate knowledge about duration of exclusive breastfeeding[23]. In our study 62% of mothers have knowledge about initiation of

breast feeding. Early initiation of breastfeeding (within 4 hours after delivery) was found in 63%. These findings are similar to that of Kumar D et al[16] where it was 58%. UNICEF data (2008-2012) for India regarding early breast-feeding initiation is 41%. The main reason for delay in initiating breast feeding is fatigue and pain of caesarean section, which is an agreement in study done by Shwetal B, et al.[24]

According to our study, statistically significant association is seen with antenatal counselling and good breast-feeding practices. Higher percentage of educated women from nuclear families had good breast-feeding practices, but there was no significant statistical association. Kumar D et al reported a statistically significant association between maternal education and good breast-feeding practices.

### Conclusion

Antenatal counselling promotes good breast-feeding practices hence existing antenatal counselling on breastfeeding needs to be strengthened by informing all pregnant women about the benefits of breastfeeding and motivating them by curtailing their ill beliefs regarding breastfeeding and educating them that breast Feeding is the healthiest and safest way to feed babies.

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