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Original Research Article

Knowledge, attitudes and breast-feeding practices of postnatal mothers in Central India

Jayant V. Upadhye¹, Milind R. Mandlik¹, Aditi J. Upadhye², Sanjay M. Marathe¹, Abhay R. Matte¹, Jayshree J. Upadhye³*

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*Correspondence:

Dr. Jayshree J. Upadhye,

E-mail: jayshreeupadhye@gmail.com

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ABSTRACT

Background: Breast feeding is vital for the health of baby & mother. It is of advantage to baby, mother, family, society and nation. Present study was carried out to evaluate knowledge, attitude and breast feeding practices of postnatal women.

Methods: This cross-sectional study was carried out at immunization centre. 208 postnatal women were interviewed. **Results:** Out of 208 postnatal women, 148 women (71.15%) had delivery by caesarean section while 60 women (28.84%) had vaginal delivery. 118 women (56.73%) started breast feeding the baby within 2 hours of delivery, 52 women (25%) started breast feeding the baby after 24 hours of delivery, 26 women (12.5%) started breast feeding the baby after 2-6 hours of delivery while 12 women (5.76%) started breast feeding the baby after 6-24 hours of delivery. 174 women (83.65%) were giving exclusive breast feeding to their babies, 32 women (15.38%) were giving mixed feeding to their babies due to failure to thrive because of inadequate breast secretions. 28 (13.46%) preferred to give formula feeds while 7 (3.36%) preferred to give cow's milk when needed. 180 (86.53%) intend or started weaning after 6 months while 28 women (13.46%) started weaning to their babies due to failure of baby to thrive or inadequate lactation.

Conclusions: Awareness of breast feeding was good. Majority preferred exclusive breast feeding. Still, antenatal counseling about breast feeding can be further of advantage.

Keywords: Attitude, Breast feeding, India, Infant feeding practices, Knowledge, Mothers

INTRODUCTION

Breastfeeding is vital to infant and maternal health and of immense economic value to households and societies. Breast feeding offers several benefits for both the infants and mothers.

Despite strong evidences in support of breast feeding, its prevalence has remained low worldwide. The WHO

recommends that infants should be exclusively breastfed for the first six months to achieve optimal growth, development, and health. Then, infants should receive nutritionally adequate and safe complementary foods, with continued breastfeed for up to two years or more.²

Exclusive breast feeding is defined as infant feeding with human milk without the addition of any other liquids or solid food.³

¹Consultant Paediatrician and Neonatologist, Colours Children Hospital, Nagpur, Maharashtra, India

²Department of Pathology, PDMMC, Amravati, Maharashtra, India

³Department of Obstetrics and Gynecology, Rajshree Medical College, Bareilly, Uttar Pradesh, India

Though the health benefits of breastfeeding are well documented and initiation rates have increased over the past 20 years, most mothers wean before 6-months postpartum because of difficulties with breastfeeding rather than due to maternal choice. Women less likely to breastfeed are those who are young, belong to an ethnic minority, are unsupported, are employed full-time, decided to breastfeed during or late in pregnancy, have negative attitudes toward breastfeeding, and have low confidence in their ability to breastfeed. Support from the partner or a nonprofessional increases the likelihood of positive breastfeeding behaviors. Health professionals can be a negative source of support if due to lack of knowledge, they give inaccurate or inconsistent advice. Also, a number of hospital routines are potentially detrimental to breastfeeding.⁴

Breastfeeding is associated with beneficial health for both the child and mother. Multiple US-based and international organizations recommend exclusive breastfeeding for 6 months, followed by continued breastfeeding along with complementary feeds for at least 1 year as mutually desired by mother and infant.⁵

Breast feeding serves multiple purposes to the growing baby, mother, and also the whole family. It significantly reduces mortality in neonatal sepsis, pneumonia, and diarrhea what was reported in Lancet's "Child Survival Series" 2003. The only effective preventive intervention to decrease 13-15% of child deaths is by implementing universal breastfeeding. This with adequate complementary feeding would prevent 19% of child deaths (Lancet 2003, 2005).⁶

Many reports suggest that the incidence of breastfeeding is declining in all parts of the world probably because of increasing modernization, introduction of artificial feeds, and early initiation of complimentary feeds. This could be attributed to increasing educational levels, with mothers being more employed.⁶

Discarding colostrum and delayed initiation of breastfeeding because of various reasons are still practiced in few communities. Early and unnecessary introduction of top feeding in incorrect dilutions and in unhygienic pattern are also prevalent. The key to successful breastfeeding is continuous vigilance over infant feeding practice in the community to ensure optimal growth and development in the infant.⁶

One of the most important determinants of child survival, birth spacing, and prevention of childhood infections is Breastfeeding.⁷

The beneficial effects of breastfeeding depend on breastfeeding initiation, its duration, and the age at which weaning of the breast-fed child is done.⁷

In India, according to National Family Health Survey (NFHS 3) report, only 46% infants who are under six

months are exclusively breastfed and only 55% are initiated on breastfeed on day one.⁸

Education has made more and more women economically independent and busy professionals. In modern India nuclear families are becoming quite common. Missing traditional family values and peer support for women might have a negative impact on the preservation of valuable breastfeeding practices in Indian population.⁸

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 less than 5 years of age.⁹

Mother's milk is one of the most important determinants in inter birth spacing and prevention of childhood infections. Breast milk provides nutritive and immunological protection in infants to ensure health as well as survival. It prevents adult onset diseases like coronary artery disease, diabetes and hypertension.¹⁰

In India, more than 11 lakh babies die during the first month of life, and 5 lakhs die during 2 to 12 months of age. Neonatal mortality accounts for 40% of under-five deaths and 60% of infant deaths. 80-90% of mothers believe that the first milk which is watery and light yellowish in color is a secretion collected over nine months and will be harmful to the neonate. So, they squeeze the first milk and discard it and initiate breastfeeding only after two to three days. 11

The present study was designed to explore the perceptions and practices related to breastfeeding among postnatal mothers. This information will be useful to policy makers for the formulation of future interventional programs.

The aim and objective of the present study was to evaluate the knowledge and attitude towards breast feeding and infant feeding practices among Indian postnatal mothers.

METHODS

A cross sectional descriptive study was carried out among randomly selected 208 postnatal mothers at immunisation outpatient department of Colours Children Hospital, Nagpur from January to December in year 2017.

Inclusion criteria

- Postnatal women within one year of delivery
- Women who have given consent for participation in the study.

Exclusion criteria

Women who did not give consent for participation in the study.

Data was collected through face-to-face interview using a structured questionnaire and analysed.

Table 1: Questionnaire.

Number	Variables
1	Age
2	Parity
3	Mode of delivery- vaginal or caesarean section
4	Time of initiation after delivery
5	Whether prelacteal feeds were given and what
6	Whether exclusive breast feeding was given
7	If not, reason behind it
8	Perception about exclusive breast feeding
9	Age at which weaning was done

RESULTS

In present study, 88 women (42.30%) were between 21-25 years, 58 women (27.88%) were between 26-30 years, 36 women (17.30%) were between 31-35 years, 14 women (6.730%) were above 35 years of age while 12 women (5.769%) were of less than 20 years of age (Table 2).

Table 2: Age distribution.

Age distribution	No. of postnatal women	Percentage
<20 years	12	5.769
21-25 years	88	42.30
26-30 years	58	27.88
31-35 years	36	17.30
>35 years	14	6.730
Total	208	100

In present study, 160 women (76.92%) were Primipara while 48 women (23.07%) were Multipara (Table 3).

Table 3: Parity.

Parity	No. of postnatal women	Percentage
Primipara	160	76.92
Multipara	48	23.07

In present study, 148 women (71.15%) had delivery by caesarean section while 60 women (28.84%) had vaginal delivery (Table 4).

Table 4: Mode of delivery.

Mode of delivery	No. of postnatal women	Percentage
Caesarean section	148	71.15
Vaginal delivery	60	28.84

Table 5: Initiation of breast feeding.

Initiation of breast feeding	No. of postnatal women	Percentage
Within 2 hours	118	56.73
2-6 hours	26	12.5
6-24 hours	12	5.76
>24 hours	52	25

In present study, 118 women (56.73%) started breast feeding the baby within 2 hours of delivery, 52 women (25%) started breast feeding the baby after 24 hours of delivery, 26 women (12.5%) started breast feeding the baby within 2-6 hours of delivery while 12 women (5.76%) started breast feeding the baby within 6-24 hours of delivery (Table 5).

Table 6: Type of feeding.

Type of feeding	No. of postnatal women	Percentage
Exclusive breast feeding	174	83.65
Mixed	32	15.38
Top feeding only	3	1.442

Reasons for delaying initiation of breast feeding were baby in premature baby unit, women under sedation after cesarean section and myths about not giving colostrums.

In present study, awareness about exclusive breast feeding was quite good. 174 women (83.65%) were giving exclusive breast feeding to their babies, 32 women (15.38%) were giving mixed feeding to their babies due to failure to thrive because of inadequate secretion.

Table 7: Type of feeding.

Type of Top feeding	No. of postnatal women	Percentage
Formula feeds	28	13.46
Cow's milk	7	3.365

Table 8: Period of weaning.

Period of weaning	No. of postnatal women	Percentage
>6 months	180	86.53
<6 months	28	13.465

3 women (1.442%) were giving total top feeds to their babies. Out of this, 2 mothers had failure of lactation and 1 had adopted the baby (Table 6). In present study, majority women i.e. 28 (13.46%) preferred to give formula feeds while 7 (3.36%) preferred to give cow's milk when needed (Table 7). In present study, majority women i.e. 180 (86.53%) intend or started weaning after 6 months while 28 women (13.46%) started weaning to their babies due to failure of baby to thrive or inadequate lactation (Table 8).

DISCUSSION

In present study, 88 women (42.30%) were between 21-25 years, 58 women (27.88%) were between 26-30 years, 36 women (17.30%) were between 31-35 years, 14 women (6.730%) were above 35 years of age while 12 women (5.769%) were of less than 20 years of age (Table 2).

Madhu K et al reported that majority of the mothers were between the ages of 21 and 25 years old (60%) and 30% were between 15 and 20 years.⁷

Anindita M found that majority of the lactating mothers were between the ages of 21 and 25 years (60%), and 26 and 36 years (30%).¹⁰

In present study, 160 women (76.92%) were Primipara while 48 women (23.07%) were Multipara (Table 3). Anindita M found that 65% mothers were primigravidae. ¹⁰

In our study, 148 women (71.15%) had delivery by caesarean section while 60 women (28.84%) had vaginal delivery (Table 4).

In present study, 118 women (56.73%) started breast feeding the baby within 2 hours of delivery, 52 women (25%) started breast feeding the baby after 24 hours of delivery, 26 women (12.5%) started breast feeding the baby within 2-6 hours of delivery while 12 women (5.76%) started breast feeding the baby within 6-24 hours of delivery (Table 5).

Singh J found that 208 (74%) of mothers initiated breastfeeding within 6 h and at least 05 (1.7%) had initiated it in 25-72 hrs.¹¹

In present study, awareness about exclusive breast feeding was quite good. 174 women (83.65%) were giving exclusive breast feeding to their babies, 32 women (15.38%) were giving mixed feeding to their babies due to failure to thrive because of inadequate secretion. 3 women (1.442%) were giving total top feeds to their babies. Out of this, 2 mothers had failure of lactation and 1 had adopted the baby (Table 6).

Singh J found that 124 (44%) of mothers were breastfeeding their baby every 4 h, a few 36 (12%) mothers had breastfed their babies as per elderly advice, and the remaining 2% had other frequencies for breastfeeding.¹¹

In present study, majority women i.e. 28 (13.46%) preferred to give formula feeds while 7 (3.36%) preferred to give cow's milk when needed (Table 7).

Singh J found that 47% mothers were giving only breast milk and still there were two popular methods being practiced by the mothers in study are honey (23%) and

ghutti (10%) (baljanma ghutti). Many of the mothers were using plain sugar water and artificial milk also as a substitute.

In present study, majority women i.e. 180 (86.53%) intend or started weaning after 6 months while 28 women (13.46%) started weaning to their babies due to failure of baby to thrive or inadequate lactation (Table 8).

Singh J found that majority 225 (80%) of the mothers had breastfed their baby for more than six months and 55 (19.6%) mothers had breastfed their child for less than six months.¹¹

CONCLUSION

Importance of breastfeeding, practices of early initiation and exclusive breastfeeding, and their perceptions towards breastfeeding were fairly satisfactory among mothers included in this study. This study emphasizes the need for breastfeeding intervention programs especially for the mother during antenatal and postnatal check-ups. The information regarding the advantages and duration of breastfeeding needs to be provided for the community as a whole.

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Ethical approval: The study was approved by the

Institutional Ethics Committee

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