

Research Article

A comparative analytic study of knowledge, attitude and practice of breast feeding in primi and multipara women at a tertiary care centre in Gujarat, India

Manthan Patel*, Shetal Prajapati

Department of Obstetrics and gynaecology, Pandit Deendayal Upadhyay Medical College, Rajkot, Gujarat, India

Received: 28 July 2016

Accepted: 31 August 2016

***Correspondence:**

Dr. Manthan Patel,

E-mail: drmanthanpatel111@gmail.com

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ABSTRACT

Background: Mother's milk undoubtedly represents the best nourishment for the child during first months of life. The benefits of breastfeeding (BF) specially, exclusive breastfeeding (EBF), are well established. No artificial feed can replace breast milk, its specific nutrients and protection against diseases. All women should be encouraged to exclusively breastfeed their infants up to 6 months of age and thereafter to continue along with appropriate and adequate complementary foods, for up to 2 years of age.

Methods: In the present study, we aimed to study and to compare knowledge, attitude and the feeding practices in a primi and multi para at tertiary care centre. The descriptive study was conducted in Obstetrics and Gynaecology Department of Government Medical College and Hospital, Rajkot, Gujarat, India. Women were interviewed personally with the help of a fixed questionnaire regarding their knowledge attitude and feeding practices.

Results: In the present study, we aimed to study and to compare knowledge, attitude and the feeding practices in a primi and multi para at tertiary care centre. The descriptive study was conducted in Obstetrics and Gynaecology Department of Government Medical College and Hospital, Rajkot, Gujarat, India. Women were interviewed personally with the help of a fixed questionnaire regarding their knowledge attitude and feeding practices.

Conclusions: Efforts need to be made to help mother to initiate feeding early specially in caesarean section. Women need to be made aware of benefits of breast feeding and proper techniques. Health care providers and nursing staff should be encouraged to actively participate in proper counselling and training of mothers.

Keywords: Exclusive breast feeding, Knowledge, Attitude, Practice, Primipara, Multipara

INTRODUCTION

The ideal food for the infant is human milk which has the specific characteristics that match the growing infants' nutritional requirements. There is a universal consensus about the fundamental importance of breastfeeding for children's adequate growth and development and for their physical and mental health. Breastfeeding, particularly exclusive breastfeeding, and appropriate complementary feeding practices are universally accepted as essential elements for the satisfactory growth and development of

infants as well as for prevention of childhood illness. This has culminated in a publication by the World Health Organization (WHO) recommending that infants up to 6 months of age should be exclusively breastfed.¹ Exclusive breastfeeding, which giving breast milk only and no other liquids, except drops or syrups with vitamins, mineral supplements or medicines, is superior to non-exclusive breastfeeding with a protective effect against both morbidity and mortality.^{2,3} Exclusive breastfeeding provides low cost, complete nutrition for the infant, protects him/her against infections including

infant diarrhea, and prolongs lactation amenorrhea, thereby increasing birth spacing.^{4,5} The Federal Ministry of Health and Social Services in conjunction with UNICEF and WHO launched the Baby Friendly Hospital Initiative (BFHI) to protect promote and support breast feeding. Its main objectives are promotion of early initiation of breast feeding (within 30minutes of delivery), EBF for the first six months of life, breastfeeding on demand and rooming in practices and continuing breastfeeding with complementary feeds into the second year of life.⁶

Breast-feeding has declined worldwide in recent years, as a result of urbanization, marketing of infant milk formulae and maternal employment outside the home. Studies in India have also shown a decline in breast-feeding trends, especially in urban areas.⁷ The breast feeding practices vary among the different regions and communities in India. Frequent monitoring of changing trends in these practices is therefore necessary in societies in highly dynamic states of development.⁸ Very few women in India have right knowledge about breast feeding practices.⁹ The main source of information to mothers is through family and friends, which is often inadequate.¹⁰ Therefore, the present study was undertaken to assess breastfeeding knowledge, attitude and practice (KAP) of females delivered at a tertiary care centre.

METHODS

This is a descriptive study, carried out in the Obstetrics and Gynaecology Department of P.D.U. Medical College, Rajkot. Women within 24 hours of delivery were selected until the desired sample size was attained. Total 500 mothers were included in the study, out of 500, 250 were Primi Para and 250 were multi Para. Mothers who lost their babies and those whose babies were admitted in NICU were excluded from the study. Informed consent was obtained from all mothers.

All women were interviewed personally with the help of a fixed questionnaire, regarding their knowledge, attitude and feeding practices. Apart from a questionnaire based interview, a passive observation checklist was made taking into consideration the following points of Baby Friendly Hospital Initiative (BFHI), Initiation of breastfeeding, Technique of breast feeding, Prolactal feed, Type of prolactal feed, Practice of demand feeding, After that all women were counselled about Exclusive Breast Feeding and its advantage. All the data was recorded and analysed. Data of Primi Para and multi Para was compared.

RESULTS

Table 1: Breastfeeding knowledge of the participants.

Variable	Number in primi para N=250	Percentage in primi para %	Number in multi para N=250	Percentage in multi para %
Knowing the frequency of feeding in the first month				
<8 times/day	122	58.2	107	42.8
>8 times/day	128	55.2	143	57.2
Breastfeed on demand	196	78.4	211	84.4
Night feeding	188	75.2	178	71.2
Not sure	1	0.4	1	0.4
Knowing the advantage of colostrum				
May expose child to risk	13	5.2	11	4.4
Helpful	217	86.8	232	93.0
I don't know	20	8	7	2.8
Knowing the advantage of breast milk				
Nutritional value	123	49.2	133	53.2
Anti-infective	100	40.0	121	48.4
Bonding	127	50.8	135	54.0
I don't know	15	6	13	5.2
Knowing the age up to which the child should receive only breast milk				
2 month	5	2	3	1.2
4 month	20	8	3	1.2
6 month	105	42	96	38.6
12 month	75	30	90	36
24 month	45	18	50	20
Knowing the proper technique of breastfeeding				
Position of the baby				
Sitting position	150	60	155	62
Sleeping position	100	40	95	38
Burping	150	60	200	80

Table 2: Breast feeding attitude of the women in present study.

Variable	Number in primi para N=250	Percentage in primi para	Number in multi para N=250	Percentage in multi para
Reasons behind adoption of breastfeeding Religious background				
Child health	75	30	113	45.2
Cleanliness and easy preparation	120	48	113	45.2
Other reasons (like local customs, following their ancestors)	63	25.2	87	35.2
Intention to breastfed next child Yes	250	100	250	100
Intention to breastfed next child No	00	00	00	00
Would recommend exclusive breastfeeding to my friends and relatives -Yes	250	100	250	100
Would recommend exclusive breastfeeding to my friends and relatives -No	00	00	00	00

Around 44% of primipara and 42% of multipara had knowledge about feeding frequency <8 times/day while 55% of primipara and 57% multipara have knowledge about frequency of feeding >8 times/day. Around 3 out of 4 of participants have knowledge regarding demand feeding and night feeding. 86% of the Primi participants

and 93% of Multi Para reported that colostrum is good for the baby. Around 5% considered it either not good or possibly detrimental to the child's health. Around half participants were aware of nutritive value of breast milk. This shows poor knowledge about nutritive value of breast feeding, and this may lead to complementary feeding.

Table 3: Breastfeeding practice by the women in present study.

Variable	Number in primi para N=250	Percentage in primi para	Number in multi para N=250	Percentage in multi para
Practice starting breastfeeding <2 hours	100	40	150	60
2 - 4 hours	75	30	75	30
>4 hours	75	30	25	10
Baby given prelacteal feed in hospital Yes	13	5.2	15	6
Reasons for late Initiation of breastfeeding				
Cesarean section	38	15.2	22	8.8
Colostrum is not good	8	3.2	5	2.5
Inadequate lactation	25	10	10	4
pain	25	10	8	3.2
Anxiety	7	2.8	8	3.2
Delay in shifting of mothers to the ward	8	3.2	7	2.8

40% of the Primi participants and 48% of Multi Para knew the anti-infective property of the breast milk. Around half women knew about bonding properties while 5-6% was completely unaware about benefits of breast milk. Only 200 of the mothers knew that exclusive breastfeeding should be given for 6 months. The knowledge regarding techniques of breast feeding ranged from 61% for proper position the baby to 70% for burping practices. Regarding the breastfeeding attitude of the participants, 30% of primi mothers and 45% of multi Para

said they breast fed for child's good health, 47% for its easy availability. 100% intended to breast feed their next child.

100% said they would recommend exclusive breastfeeding to their friends and relatives. Only 50% started breastfeeding within 2 hours. 100% were breastfeeding within 24 hours. Around 5-6% of participants had given prelacteal feed. 100 Primi and 150 multi para initiated breast feeding within 2 hours. This is

statistically significant. P value is <0.5 . 50 out of 500 have late initiation of breast feeding due to Cesarean section and 18 had inadequate lactation, which was same in study conducted in Maharashtra (Wagh et al).

DISCUSSION

The World Health Organization recommends that breastfeeding be initiated within 1 hour of birth. Early initiation of breastfeeding (within 1 hour) provides benefits for both the baby and the mother. The Baby friendly Hospital Initiative (BFHI) was designed to promote early initiation of breast feeding, preferably immediately after birth and initiation of breast feeding within one hour of birth was one of the ten steps of successful breastfeeding.¹² Despite these recommendations, only 39% of newborns in the developing world are put to the breast within one hour of birth, and only 37% of infants under-six months of age are exclusively breastfed.¹³

In the present study only 50% of mothers initiated breast feeding within 1 hour after the birth. Lower percentage initiations of breast feeding within 1 hour was reported by other researchers Mohd Haroon Khan et al (63% and 57.9%), Bhatt Shwetal et al (32.6%) Devang Rawal et al.¹⁴⁻¹⁶

Adequate nutrition is essential in infancy to ensure the adequate growth, health, and development of children. Breastfeeding confers short-term and long-term benefits on both child and mother including helping to protect children against a variety of acute and chronic disorders.¹⁴ The unique nutritional and antibody properties and advantage of colostrum are now well recognized and documented.¹⁵ In present study, 449 of the mothers knew that colostrum needs to be given which is comparable to other studies in India where the importance of colostrum was known to 75-90% of the mothers.^{16,17}

The use of colostrums and avoidance of pre lactal food is the cornerstone in early infant's nutrition and may be prerequisite for the establishment of future of breast feeding. We found that the prevalence of pre lactal feed was much lower (5-6%) in present study. Other researchers reported, Khan MH et al (80%), Jennifer GH et al (29.3%), MC Yadavannavar et al (92.25%), Rawal D et al (61.9%) and Singh J et al (47%).¹⁸

Certain social customs prevalent among the lower socioeconomic group were also found to be responsible for pre lactal feeding practices. Majority of women use still using Ghutti, Honey and sugar water.¹⁹ In the present study most commonest pre lactal feed was Honey (61.53%) similar finding was also reported by Meshram et al but contrast finding was reported by A.S Umar et al mother was awaited for establishment for clean and safe milk so during this period they give animal milk, boiled water, boiled leaf extract, and sometime honey.^{12,20} In the

present study caesarian section, delivery complication, baby was in NICU and Milk not produce immediately was the reasons for late initiation of breast feeding however other researcher reported Rawal D caesarian section (23%), mother was ill (9.6%), baby was in NICU (11.5%), less secretion of milk (13.5%), Mamatarani et al delay in initiation of breast feeding due to occurrence of too many delivery in labour room and team of doctors and nurses give priority to shifting the mother to indoor ward and late motivation of mother. In contrast to this finding, Bhardwaj et al reported that the commonest reason for not giving the colostrum.²¹ Bhatt S was reported most common cause caesarian section (29.7%) and Fatigue (21.1%) respectively.

Exclusive breastfeeding is safe, easy economical and emotionally satisfying means of feeding babies, particularly in developing country like India. Present study revealed that almost 89% of mothers have started exclusive breast feeding while remaining 11% mothers have given honey as pre lactal feed. So, in present study the initiation of exclusive breastfeeding was in 89%, which was higher than the national data, while pre lactal feed was 11% which was lower than the national data which was encouraging.²²

The Baby friendly hospital Initiative (BFHI) was designed to promote early initiation of breastfeeding (i.e. within 30 min. of delivery). This study observed that 60.5% of the mothers initiated breastfeeding immediately after birth. The study from Western Nepal, India, obtained a higher rate (72.2%) of breastfeeding initiation.²³

Findings from recent studies have shown that neonatal mortality could be significantly reduced by 22% when breastfeeding was commenced within the first hour.²⁵ The major reasons for late initiation of breastfeeding in our study were caesarian section (13%) and inadequate lactation 8%. The limitation of my study is that this study was conducted in tertiary care hospital so it cannot be applicable to entire community.

CONCLUSION

Even though all the children were breastfed, the knowledge and attitude was good but practice was low. Efforts need to be made to help mother to initiate feeding early especially in caesarian section. Women need to be made aware of benefits of breast feeding and proper techniques. Thus, there is an unmet need of proper counseling of the patients and attendants. Health care providers and nursing staff should be encouraged to actively participate in counselling, educating and training of mothers for breastfeeding. There is no significant difference in knowledge and attitude of primi and multi para women, but significant difference found during practice of breast feeding. 150 out of 250 multi para women have started breast feeding within 2 hours.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee

REFERENCES

1. World Health Organization. Evidence for the ten steps to successful breastfeeding. Geneva: WHO; 1998.
2. Kramer MS, Kakuma R. The optimal duration of exclusive breastfeeding: a systematic review. *Adv Exp Med Biol.* 2004;554:63-77.
3. León-Cava N, Lutter C, Ross J, Martin L. Quantifying the Benefits of Breastfeeding: A Summary of the Evidence. Washington, USA: The Food and Nutrition Program (HPN), Pan American Health Organization (PAHO), The Linkages Project; 2002.
4. Thappa S, Short R, Potts M. Breast feeding, birth spacing and their effects on child survival. *Nature.* 1988;679-82.
5. Perez A, Labbok M, Keenan JJ. Clinical studies of the lactation Amenorrhoeic method for family planning. *Lancet.* 1992;339:968-70.
6. Perez-Escamilla R; Evidence based breastfeeding promotion: The Baby Friendly Hospital Initiative. *J Nutr.* 2007;137(2):484-7.
7. Rasania SK, Singh SK, Pathi S, Bhalla S, Sachdev TR. Breast-Feeding Practices In A Maternal and Child Health Centre In Delhi. *Health and Population-Perspectives and Issue.* 2003s;26(3):110-5.
8. Wadde SK, Vedpathak VL, Yadav VB. Breast Feeding Practices in Rural Mother Maharashtra. *Int J Recent Trends in Science and Technology.* 2011;1(3):115-9.
9. Dadhich JP, Gupta A. Assessment of Status of Infant and Young Child Feeding (IYCF) practice, policy and program-Achievements and Gaps. *BFNI,* 2005.
10. Issler H, Rodrigues de Sá MBS, Senna DM; Knowledge of newborn healthcare among pregnant women: basis for promotional and educational programs on breastfeeding. *Sao Paulo Med J.* 2001;119(1):7-9.
11. World Health Organization, UNICEF. *Global Strategy for Infant and Young Child Feeding.* Geneva. 2003.
12. Umar AS, Oche MO. Breastfeeding and Weaning Practices in an Urban Slum, North Western Nigeria, *Int J Trop Dis & Health.* 2013;3(2):114-25.
13. United Nations Children's Fund. *Tracking Progress on Child and Maternal Nutrition.* New York: UNICEF. 2009.
14. Breast Feeding Practices in Periurban Area of Aligarh-A Community Based Study. Mahd Haroon Khan, Najam, Khalique, Abdul Razzaqui, Ali Amir. *Nat J Res Comm Med.* 2012;1(4):209-13.
15. Bhatt S, Parikh P, Kantharia N, Dahat A, Parmar R. Knowledge, Attitude and Practice Of Postnatal Mother for Early Initiation of Breastfeeding in The Obstetric Ward Of A Tertiary Care Hospital of Vadodara City. *Nat J Community Medicine.* 2012;3(2):305-9.
16. Raval D, Jankar DV, Singh MP. A study of breast feeding practices among infants living in slums of Bhavnagar city, Gujarat, India. *Healthline.* 2011;2(2):78-83.
17. Madhu K, Chowdary S, Masthi R. Breast feeding practices and newborn care in rural areas: A descriptive cross-sectional study. *Indian J Com Med.* 2009;34(3):243-6.
18. Yadavannavar MC, Patil SS. Socio-cultural Factor affecting Breast Feeding Practices and Decision in Rural Area. *Int J Plant, Animal and Envir Sci.* 2011;1(2):46-50.
19. Singh J, Vishakantmurthy DG, Charan PM. Breast feeding practices among lactating mothers: problem and practices a cross sectional study. *Int J Health and Allied Sciences.* 2012;1(2):54-8.
20. Meshram II, Laxmaiaha, Venkaih K, Brahman GNV. Impact of feeding and breastfeeding practices on the nutritional status of infants in a district of Andhra Pradesh. *National Medical J.* 2004;25(4):201-6.
21. Bhardwaj N, Badrul-Hasan S. Breastfeeding and Weaning practices – A rural study in Uttar Pradesh. *Journal Family Welfare.* 1991;39(1):23-9.
22. Ministry of Health and Family Welfare: *National Family Health Survey 3, India,* 2007. <http://mohfw.nic.in/nfhs3/CD.htm>.
23. Chandrashekhar TS, Joshi HS, Shankar PR, Binu VS, Rana MS. Breastfeeding Initiation and determinants of Exclusive breastfeeding-a questionnaire survey in an urban population of Western Nepal. *Public Health Nutrition.* 2007;10(2):192-7.
24. Edmond KM, Zandoh C, Quigley MA, Amenga-Etego S, Owusu-Agyei S, Kirkwood BR. Delayed breastfeeding initiation increases risk of neonatal mortality. *Pediatrics.* 2006;117:e380-6.

Cite this article as: Patel M, Prajapati S. A comparative analytic study of knowledge, attitude and practice of breast feeding in primi and multipara women at a tertiary care centre in Gujarat, India. *Int J Res Med Sci* 2016;4:4403-7.