

Knowledge, attitude & practices of mothers regarding breast feeding in rural community of Ghaziabad

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ABSTRACT

Background: For the most majority of children in impoverished countries, breastfeeding is regarded as the difference between life and death, but the pattern of breastfeeding and exclusive breastfeeding are more crucial, which is frequently disregarded by most mothers. The study's aim was to assess the

Breastfeeding knowledge, attitudes, and practices among lactating women in the rural community of Ghaziabad district.

Aim and Objective: The objective of this study was to describe the breastfeeding and new-born care practices in rural areas and advantage of feeding colostrum, bottle feeding is not good for a new-born. **Methodology:** The present study is a community-based cross-sectional study was conducted on mothers in rural community of Ghaziabad to assess the Knowledge, Attitudes and practises of mothers regarding breastfeeding. Baby should be put to the breast immediately after birth, definitely within 1 hour. This helps in establishing lactation and bonding.

Result: All findings of this study pertain to the 300 mothers surveyed in the selected villages of Ghaziabad district. 54.3% mothers had knowledge of early initiation of breastfeeding after birth and 62.7% mothers initiated breastfeeding within one hour of birth. 21% mothers were aware that a newborn should be given breastfeed during illness. One-fourth (25.3%) of the mothers did not have any knowledge about the advantages of breastfeeding for the newborn.

Conclusion: Despite early breastfeeding being performed by the majority of mothers, there was little awareness of it. In this research, demand feeding was more common. Even though the majority of the women were aware of the benefits of exclusive breastfeeding, the majority did not practice it.

Keywords: Breastfeeding, Knowledge, Practices, Attitude

INTRODUCTION

Breastfeeding, or nursing, is the process by which human breast milk is fed to a child. [1] Breast milk may be from the breast, or may be expressed by hand or pumped and fed to the infant. Breast milk is the ideal food for infants. It is safe, clean and contains antibodies which help protect against many common childhood illnesses. The World Health Organization (WHO) recommends that breastfeeding begin within the first hour of a baby's life and continue as often and as much as the baby wants. [2]

All new-born who cry soon after birth and do not show any signs of illness must be kept with their mothers. This will ensure warmth, initiation of breastfeeding and emotional bonding. WHO recommends initiation of breastfeeding within the first hour after birth and exclusively feeds up to two years of age or beyond delayed initiation of breastfeeding was found to be associated with increased neonatal mortality. A study by Madhu et al (2009) on newborn care practices in rural Karnataka studied 100 mothers with infants aged 9 months who visited a primary health care centre for a period of four months and found that 90% of the deliveries were hospital deliveries and 10% were home deliveries. It was noted that 97% of the mothers went for at least two antenatal check-ups and 44% of the mothers initiated breastfeeding within 30 minutes with home delivery and 38% with Caesarean section. A total of 19% of the mothers in this study didn't breastfeed even after 24 hours after the delivery and discarded colostrum. In this study, 13% of the babies were fed only sugar water for more than 48 hours. Honey (6%) and ghee (3%) were also used pre lacteal feed. [3, 4]

MATERIALS AND METHODS

The present study is a community-based cross-sectional study carried out in rural community of district Ghaziabad. Taking the prevalence of children breastfed within one hour at birth as 26.4% [5] [NFHS-4] and relative precision 20%, the following calculation is done. Taking the safe upper limit allowing for non-responses (10%), a sample size of 300 was taken and multi-stage sampling technique was used.

RESULTS

The study entitled "the knowledge attitude & practice of mother regarding breastfeeding practice" conducted in the rural area of district Ghaziabad. All findings of this study pertain to the 300

mothers surveyed in the rural community of Ghaziabad district. Table 1 shows the distribution of the mothers of the children who were interviewed according to age, literacy status, occupation and shows that majority of the mothers were Hindu 224 (74.7%) and 76 (25.3%) were Muslims. It shows 186 (62%) mothers belonged O.B.C. caste, 63 (21%) belonged to general caste and 51 (17%) were SC/ST. Majority of the mothers belonged to the joint family 164 (54.7%) followed by nuclear family 99 (33%). Least number of mothers belonged to a three- generation family 12.3 (12.3%).

Shows that 112 (37.3%) families belonged to Social Class IV followed by 88 (29.3%) belonging to Class II. None of the families belonged to Class I and 17% belonged to Class V and 16.3% belonged to Class III. It shows that majority of the mothers were of second parity 124 (41.3%) followed by 100 (33.3%) of mothers having parity of three or more. Only 76 (25.3%) mothers were primi. It shows 223 (74.3%) of the mothers had done antenatal registration during the first trimester of the last pregnancy and 77 (25.7%) mothers had not done antenatal registration.

Table 2 shows depicts that 163 (54.3%) mothers had knowledge of early initiation of breastfeeding after birth and 137 (45.7%) mothers had no knowledge regarding early initiation of breastfeeding after birth. More than one-third of mothers (112) said that a new-born should be fed whenever the child demands (37.3%) followed by 110 (36.7%) mothers who think 8 to 10 feedings per day is sufficient for a new-born child. Whereas 39 (13%) mothers said a new-born requires less than eight feeds in a day. Remaining 39 (13%) of mothers did not know about number feeds should be given to a new-born in a day. In the present study only 223 (74.3%) mothers had knowledge of exclusive breastfeeding and remaining 77 (25.7%) mothers were unaware of exclusive breastfeeding. Only 63 (21%) mothers were aware that a new-born should be given breastfeed during illness while majority of the 173 (57.7%) mothers said a new-born should not be breastfed during illness. Around 64 (21%) mothers did not know about breastfeeding during new-born illness. Only 162 (54%) mothers had knowledge that colostrum provides immunity to the new-born and 138 (46%) mothers had no knowledge of advantage of colostrum feeding. Twelve (4%) mothers said colostrum prevents constipation. Majority of the 187 (62.3%) mothers had knowledge that breastfeeding prevents diseases followed by 187 (58.3%) mothers who knowledge of breast milk nutritious for the child. Around one-fourth (73) of mothers had knowledge that that breastfeeding prevents diarrhoea (24.3%), 25 (8.3%) promotes mother and child bonding and all the above advantages were known to 25 (8.3%) mothers. Around 76 (25.3%) of mothers did not have any knowledge about the advantages of breastfeeding for the new-born.

The present study shows that 188 (62.7%) of mothers initiated breastfeeding within one hour of birth followed by 61 (20.3%) mothers who breastfed within post one hour after birth and the first 24 hours after birth. Around 26 (8.7%) mother's breastfeed one day after birth and 25 (8.3%) mothers did not breastfeed their new-born. 112 mothers practised late or no initiation of breastfeeding. Among these 38 (33.9%) mothers were not able to breastfeed due to discomfort or difficulty during process breastfeeding followed by 36 (32.1%) mothers who had caesarean section, lack of breast milk secretion by 25 (22.3%) and least common reason given by 13 (11.6%) mothers for late or no initiation of breastfeeding was poor sucking by the new-born. Majority of the 162 (54%) mothers did not give pre-lacteal feeds to their new-borns followed by 64 (21.3%) of mothers who gave formula milk to the new-born. Other pre-lacteal feeds given to the new-borns by mothers were 38 (12.7%) gave cow's milk, 24 (8%) gave ghutti and 12 (4%) honey. In the present study 138 new-borns received pre-lacteal feeds. Majorly due to caesarean section of the 39 (28.3%) mothers followed by decreased or lack of breast milk secretion in 37 (26.8%) mothers. Social custom followed by 25 (18.1) mothers, 24 (17.4%) to improve of new-born's digestion and difficulty during breastfeeding reported by 13 (9.4%) mothers as reason for giving pre-lacteal feed to their children. The present study shows 102 (34%) mothers practised bottle feeding. Out of these 102 mothers, 90 (88.2%) mothers practised bottle feeding due to lack of breast milk secretion or insufficient milk secretion and 12 (11.8%) did so because it was convenient .

Table 3(a) shows significant association between literacy status, caste, type of family and socioeconomic status of the mothers and knowledge regarding exclusive breastfeeding (EBF) ($p=0.001$). It shows significant association between occupation of the mothers and knowledge regarding exclusive breastfeeding (EBF) ($p=0.019$). There is no association between age of the mother and knowledge regarding EBF ($p=0.556$). There is no association between religion of the mother and knowledge regarding EBF ($p=0.095$). It also shows significant association between age, literacy status, religion, caste, type of family and socioeconomic status of the mothers and knowledge regarding adequate number feeds to be given to a new-born in a day ($p=0.001$). It shows significant association between occupation of the mothers and knowledge regarding adequate number feeds to be given to a new-born in a day ($p=0.035$).

It shows significant association between age, literacy status, caste and socioeconomic status of the mothers and knowledge regarding breastfeeding new-born during illness ($p=0.001$). It shows significant association between occupation of the mothers and knowledge regarding breastfeeding

new-born during illness($p=0.005$).It shows significant association between religion of the mothers and knowledge regarding breastfeeding new-born during illness($p=0.007$).It shows significant association between type of family of the mothers and knowledge regarding breastfeeding new-born during illness($p=0.002$).

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It shows significant association between age, literacy status, caste and socioeconomic status of the mothers and knowledge regarding breastfeeding new-born during illness($p=0.001$).It shows significant association between occupation of the mothers and knowledge regarding breastfeeding new-born during illness($p=0.005$).It shows significant association between religion of the mothers and knowledge regarding breastfeeding new-born during illness($p=0.007$).It shows significant association between type of family of the mothers and knowledge regarding breastfeeding new-born during illness($p=0.002$).

Table 3(b) shows significant association between age, literacy status, religion, caste, type of family and socioeconomic status of the mothers and knowledge regarding advantage of feeding colostrum ($p= 0.001$). It shows significant association between occupation of the mothers and knowledge regarding advantage of feeding colostrum ($p= 0.002$). It also shows significant association between age, literacy status and socioeconomic status of the mothers and knowledge regarding bottle feeding is harmful ($p= 0.001$). It shows significant association between religion of the mothers and knowledge regarding bottle feeding is harmful ($p= 0.016$). There is no association between occupation of the mothers and bottle feeding is harmful ($p= 0.359$).There is no association between

caste of the mothers and knowledge regarding bottle feeding is harmful ($p= 0.252$). There is no association between type of family of the mothers and bottle feeding is harmful ($p= 0.374$).

It also shows significant association between age, literacy status, religion, caste, type of family and socioeconomic status of the mothers and knowledge regarding breastfeeding new-born during illness ($p= 0.001$). There is no association between occupation of the mothers and knowledge regarding breastfeeding new-born during illness ($p= 0.498$).

DISCUSSION

Majority of the mothers fell under the age group of 21 to 25 years (45.3%) followed by age group of the 26 to 30 years (37.7%) and only 4.3% mothers were of less than 20 years of age. The mean age of the mothers was 26 ± 4.18 in the present study. Majority mothers belonged to joint family followed by nuclear family (33%). Least number of mothers belonged to a three-generation family (12.3%). 37.3% families belonged to Social Class IV followed by 29.3% belonging to Class II. None of the families belonged to Class I and 17% belonged to Class V and 16.3% belonged to Class III. Most of the mother (74.3%) had done antenatal registration during the first trimester of the last pregnancy and remaining 25.7% mothers did antenatal registration after first trimester.

More than one-third of mothers said that a new-born should be fed whenever the child demands (37.3%) followed by 36.7% mothers who think 8 to 10 feedings per day is sufficient for a new-born child. In the present study 74.3% mothers had knowledge of exclusive breastfeeding. Only 21% mothers were aware that a new-born should be given breastfeed during illness. 62.7% mothers initiated breastfeeding within one hour of birth.

CONCLUSION

In present study, 54.3% mothers had knowledge of early initiation of breastfeeding after birth and 62.7% mothers initiated breastfeeding within one hour of birth. Demand feeding was practiced by 54% mothers and 75.3% mothers practised feeding new-born at night. 74.3% mothers had knowledge of exclusive breastfeeding but only 47.3% mother practiced exclusive breastfeeding. Only 21% mothers were aware that a new-born should be given breastfeed during illness. In this study, 54% mothers had knowledge that colostrum provides immunity to the new-born and 58.3% of mothers practised feeding colostrum to their new-born. Out of all the children in the present study 46% received pre-lacteal feeds. One-fourth (25.3%) of the mothers did not have any

knowledge about the advantages of breastfeeding for the new-born. Many mothers (46%) in this study were unaware of disadvantages of bottle feeding. The present study shows 34% mothers practised bottle feeding.

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Table1: Distribution of mother and father of the children according to the demographic, social variables, socioeconomic status and distribution of the mothers according to the parity and antenatal registration during first trimester of the last pregnancy. (n=300)

Demographic variables		Mother (%)	Father (%)
Age (in years)	< 20	13 (4.3)	0
	21-25	136 (45.3)	75 (25.0)
	26-30	113 (37.7)	100 (33.3)
	>30	38 (12.7)	125 (41.3)
Literacy Status	Illiterate	13 (4.3)	13 (4.3)
	Primary	25 (8.3)	50 (16.7)
	Middle	137 (45.7)	113 (37.7)
	High School	13 (4.33)	25 (8.3)
	Intermediate	75 (25.0)	60 (20.0)
	Graduate	37 (12.3)	39 (13.0)
Occupation	Homemaker	287 (95.7)	0
	Labourer	7 (2.3)	113 (37.7)
	Farmer	0	13 (4.3)
	Business	0	50 (16.7)
	Semi-Skilled	0	49 (16.3)

	Skilled	0	36 (12.0)
	Semi-profession or profession	6 (2.0)	39 (13.0)
Religion	Hindu	224	74.7
	Muslim	76	25.3
Caste	General	63	21.0
	O.B.C.	186	62.0
	SC/ST	51	17.0
Type of family	Nuclear	99	33.0
	Joint	164	54.7
	3 generation	37	12.3
Social Class	II	88	29.3
	III	49	16.3
	IV	112	37.3
	V	51	17.0
Parity	Primi	76	25.3
	Second	124	41.3
	Three or more	100	33.3
Antenatal registration	Registered	223	74.3
	Not registered	77	25.7

Table2: Distribution of the mothers according to knowledge regarding breastfeeding and feeding practices a new-born. (n=300)

Knowledge regarding Breastfeeding and Feeding practices		Number	Percentage (%)
Early initiation of breastfeeding	Aware	163	54.3
	Did not know	137	45.7
Adequate frequency of feeding a newborn	Demand feed	112	37.3
	8 to 10 times	110	36.7
	Less than 8 times	39	13.0
	Did not know	39	13.0
Knowledge of exclusive breastfeeding	Aware	223	74.3
	Did not know	77	25.7
Breastfeeding during newborn illness	Should be given	63	21.0
	Should not be given	173	57.7
	Did not know	64	21.3
Advantages of colostrum (multiple response)	Provides immunity	162	54.0
	Prevents constipation	12	4.0
	Did not know	138	46.0
Advantages of breastfeeding (multiple response)	Protection from diseases	187	62.3
	Nutritious	175	58.3
	Prevent diarrhea	73	24.3

	Promotes mother and child bonding	25	8.3
	All of the above	25	8.3
	Did not know	76	25.3
Danger of bottle-feeding	Risk of infection	26	8.7
	Diarrhea or vomiting	49	16.3
	Poor digestion	24	8.0
	No danger	63	21.0
	Do not know	138	46.0
Initiation of breastfeeding	Within 1 hour of birth	188	62.7
	After 1 hour of birth but on same day	61	20.3
	After one day	26	8.7
	Not breastfeed	25	8.3
Reasons for late/no initiation of breastfeeding (N=112)	Caesarean section	36	32.1
	Discomfort/difficulty to the mother	38	33.9
	Poor sucking	13	11.6
	No breast milk secretion	25	22.3
Feeds given in a day	Demand feeding	162	54.0
	8 to 10 feeds	113	37.7
	< 8 feeds	25	8.3
Feeding at night	Practiced	226	75.3
	Not practiced	74	24.7
Exclusive Breastfeeding	Practiced	142	47.3
	Not practiced	158	52.7
Colostrum feeding	Practiced	175	58.3
	Not practiced	125	41.7
Reasons for not giving colostrum (n=125)	Lack of milk secretion	38	30.4
	Caesarean section	37	29.6
	Social custom	37	29.6
	Lack of awareness	13	10.4
Pre-lacteal feeds	Not given	162	54.0
	Formula milk	64	21.3
	Cow milk	38	12.7
	Ghutti	24	8.0
	Honey	12	4.0
Reasons for giving pre-lacteal feeds (N=138)	Caesarean section	39	28.3
	No or less breast milk secretion	37	26.8
	Social custom	25	18.1
	Improves digestion for newborn	24	17.4
	Difficulty during breastfeeding	13	9.4
Bottle-feeding	Not Practiced	198	66.0
	Practiced	102	34.0

Reasons for using bottle feed (N=102)	Insufficient breast milk	90	88.2
	Convenient	12	11.8

Table3 (a): Association between socio-demographic factors and knowledge regarding exclusive breastfeeding (EBF), adequate number feeds to be given to a new-born in a day and breastfeeding new-born during illness.

Socio Demographic variables		Knowledge of EBF		P value	Knowledge of adequate feeds		P value	Knowledge of BF during illness		P value	Early initiation of BF**		P value
		No	Yes		No	Yes		No	Yes		No	Yes	
Age (in years)	< 20	4	9	0.556	13	0	0.001	4	9	0.001	9	4	0.167
	21-25	34	102		48	88		55	81		58	78	
	26-30	26	87		17	96		58	55		49	64	
	>30	13	25		0	38		10	28		21	17	
Literacy Status	Illiterate	13	0	0.001	0	13	0.001	9	4	0.001	9	4	0.014
	Primary	4	21		9	16		0	25		17	8	
	Middle	31	106		17	120		21	111		56	81	
	High School	0	13		13	0		9	4		4	9	
	Intermediate	29	46		39	36		33	42		39	36	
Graduate	0	37	0	37	25	12	12	25					
Occupation	Homemaker	69	217	0.019	78	208	0.035	117	169	0.005	129	157	0.559
	Laborer	8	0		0	8		4	4		4	4	
	Professional	0	6		0	6		6	0		4	2	
Religion	Hindu	52	172	0.095	39	185	0.001	88	136	0.007	111	113	0.020
	Muslim	25	51		39	37		39	37		26	50	
Caste	General	13	50	0.001	26	27	0.001	38	25	0.001	13	50	0.001
	O.B.C.	25	161		52	134		76	110		99	87	
	SC/ST	39	12		0	51		13	38		25	26	
Type of family	Nuclear	39	60	0.001	65	99	0.001	37	62	0.002	37	77	0.018
	Joint	38	126		0	99		78	86		37	62	
	3 generation	0	37		13	24		12	25		13	24	
Socioeconomic status	II	38	50	0.001	13	75	0.001	26	62	0.001	26	62	0.001
	III	13	36		0	49		0	49		23	26	
	IV	13	99		39	73		63	49		50	62	
	V	13	38		26	25		38	13		38	13	

Table3 (b): Association between socio-demographic factors and knowledge regarding advantage of feeding colostrum, bottle feeding is not good for a new-born.

Socio Demographic variables		Advantage of colostrum		P value	Bottle feeding harmful		P value
		No	Yes		No	Yes	
Age (in years)	< 20	13	0	0.001	13	0	0.001
	21-25	49	87		91	45	
	26-30	55	58		53	60	
	>30	21	17		21	17	
Literacy Status	Illiterate	9	4	0.001	9	4	0.001
	Primary	4	21		21	4	
	Middle	75	62		69	68	
	High School	4	9		4	9	
	Intermediate	21	54		63	12	
	Graduate	25	12		12	25	
Occupation	Homemaker	134	152	0.002	172	114	0.359
	Laborer	4	4		4	4	
	Professional	0	6		2	4	
Religion	Hindu	125	99	0.001	124	100	0.016
	Muslim	13	63		54	22	
Caste	General	39	24	0.001	38	25	0.252
	O.B.C.	73	113		115	71	
	SC/ST	26	25		25	26	
Type of family	Nuclear	100	64	0.001	61	38	0.374
	Joint	26	73		92	72	
	3 generation	12	25		25	12	
Socioeconomic status	II	38	50	0.001	62	26	0.001
	III	37	12		12	37	
	IV	50	62		78	34	
	V	13	38		26	25	