

**TO STUDY THE KNOWLEDGE, ATTITUDE AND PRACTICES OF BREAST FEEDING
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Article Received on 21/12/2015

Article Revised on 10/01/2016

Article Accepted on 31/01/2016

BACKGROUND

Breast feeding is natural physiological and unequalled ideal way of providing ideal food for the healthy growth and development of infants. The major causes for the mortality and morbidity among infants are malnutrition, diarrhoea, respiratory infections, lack of awareness and misconception among mothers regarding breast feeding. This study was done to assess the knowledge, attitude and practice of mothers regarding breast feeding. **Methods:** The study population consisted of mothers in postnatal ward and mothers having a child of less than and half years in immunization clinic. The sample size was 400 and a predesigned and pretested semi structured questionnaire was used. **Results:** Majority of mothers had inadequate knowledge and attitude towards breast feeding. Age, education, occupation, economic status, type of family was found to be significant associates of their knowledge & attitude. **Conclusions:** Correct Breast feeding practices were not practiced among many mothers.

KEYWORDS: Knowledge, Attitude, Practice, Breast feeding.**INTRODUCTION**

The value for breast milk is clearly shown in the oldest book "Charaka Samhita". Breast feeding is natural physiological and ideal way of feeding the infants. It provides a unique biological & emotional basis for the health development of the children. It offers infants & young children complete nutrition, early protection against illness and promote growth & development of the baby. Boosts mother's immune system and reduces the incidence of diabetes and cancers.^[1,2] Non-breast fed baby is 15 times more likely to get diarrhoea & 3 times more likely to get respiratory infection.^[1] Study shows a practice of exclusive breast feeding has dramatically reduced infant mortality in developing countries due to reduction in diarrhoea & infectious diseases.^[3]

Breast feeding is the first fundamental right of the child. Exclusive breastfeeding for the first six months of life and timely introduction of weaning foods are important for laying down proper foundations of growth in later childhood.^[4] This is due to the fact that by six months of age babies need additional food besides breast milk, which supplies energy, protein and other nutrients. Since this forms one of the most sensitive periods, the combined effects of inadequate and hygienically prepared supplemented food that is prone to infections may ultimately lead to increased risk of growth retardation.^[5] The World Health Organization (WHO) and UNICEF recommend that infants should be given only breast milk for about first six months of their life. It

is recommended that breastfeeding should be continued along with complementary foods through the second year of life or long. It is further recommended that a feeding bottle with a nipple should not be used at any age, for reasons related mainly to sanitation and the prevention of infections. This century has witnessed a decline in the normal and natural practice of breastfeeding. This trend started in the west and has spread even to the poor communities of Asia, Africa and South America.^[6] Breast-feeding has decline worldwide in recent years as a result of urbanization, socio-economic reasons, changes in living patterns, advertisements, marketing of infant milk formulae and maternal employment outside the home.^[6,7] Studies in India have also shown a decline in breast-feeding trends especially in urban areas.^[5]

Increasing urbanization is a ground reality in both developed and developing world for almost last two decades. The urban areas have rapid growth in slum population too. There are reports of increased risk of improper child feeding practices in urban slums as the families there live without traditional support of joint family system.^[8]

The change in infant feeding practices began in industrialized countries and soon followed by educated female of underdeveloped counties by curtailing the duration of breast feeding.^[9] Since there is inadequate information regarding breast feeding practices, present

study was done to understand the prevailing breast feeding practices.

MATERIAL AND METHODS

The study was conducted in postnatal ward and immunization clinic. The study population consisted of mothers in postnatal ward and mothers having a child of less than 1.6 years in immunization clinic.

Sample size was based on the number of mothers in postnatal ward and mothers having a child of less than 1.6 years attending the immunization clinic during the study period. So the total sample size was 400. During immunization day, mothers were selected purposively by a criterion of having a child of less than 1.6 years. After obtaining informed written consent, required information was collected by interviewing mothers in post natal ward and immunization clinic. The tool consisted of baseline socio demographic characters and questions to assess knowledge, attitude and practices towards breast feeding. If any mother found to have lack of knowledge/negative attitude/abnormal practice of breast feeding, they were given health education regarding breast feeding. Knowledge and attitude was assessed using score system. Scoring of the responses to questions was done i.e., a score of 1 for the correct response, 0.5 for a partially correct and 0 for a wrong response. The total score was calculated for each mother. Data entry and analysis was done using Micro soft excel and SPSS.

RESULTS

This table reveals that majority of mothers were in the age group of 21-25 years (57.7%). It is also found that 12.3% and 8.9% of mothers were in age group of 15-20 years and 31-35 years respectively. Majority of mothers had inadequate knowledge and attitude towards breast feeding. Knowledge and attitude of mothers was assessed based on above questions and these questions were given scores i.e. for correct response score 1 and for incorrect score 0 so maximum score can be obtained was score 25. Age, education, occupation, economic status, religion and type of family were found to be significant associates of their knowledge & attitude (based on mean score). Results are shown in tables 1-3.

Table 1: Distribution of study subjects based on age group.

Age group	Percentage
15 – 20 years	12.3%
21 – 25 years	57.7%
26 – 30 years	21.1%
31 – 35 years	8.9%

Table 2: Distribution of mothers according to type of pre lacteal feeds given.

Pre lacteal	Percentage
Sugar water	35%
Honey	28.9%
Animal milk	22.6%
Tinned milk	5.9%

Table 3: Distribution of mothers according to pre lacteal feeds given.

Pre lacteal	Percentage
Given	58%
Not given	42%

DISCUSSION

In the present study majority of mothers were in the age group of 21-25 years (57.7%) Similarly in Madhu K et al, study 60% of mothers were between 21 and 25 years.^[10] Where as in study done by Col PMP Singh et al, 46.28% of mothers belonged to age group of 25 to 29 years.^[11] In the present study 42.4% of children received pre lacteal feeds and 57.6% did not receive. Similarly in P. Chhabra et al, 76.0% of mothers gave pre-lacteal feeds and in Sharadha Jain et al, study done among health professionals 34% of doctors, 61.5% of nurses gave pre-lacteals as first feed.^[12,13] This study finding differed from Kumar et al, study done in New Delhi, where 90.9% mothers gave some prelacteal feeds, Kulkarni et al, study in urban Navi Mumbai where, 36.1% of mothers gave pre-lacteals.^[14,15]

In Kumar et al, study done in urban slum of Chandigarh out of 270 mothers, 40% gave pre-lacteal feeds.^[16] Dakshayani et al, in study done among tribal population, 40% of them gave pre lacteals.^[17] In a study done by Surva Pathi et al, 56.4% of babies had received pre-lacteal feeds.^[18] Less number of infants received pre-lacteals in Chandrasekhar et al, study (15.2%) done in Nepal.^[19] This difference can be attributed to social customs prevailing in the areas. Type of prelacteal feed given varied from place to place. Sugar water (35%) was the most common pre lacteal feed followed by honey (28.9%), animal milk (22.6%), tinned milk (5.9%) given to children. Similarly in a study done by Adhisivam et al, 23% had given sugar water as pre lacteal feed to their babies.^[20] Dakshayani et al reported sugar water was most commonly given pre lacteal feed.^[17] In a study done by Sharma et al, 76% of nurses and 68% of doctors had given boiled water as first feed.^[21] In Chhabra et al, preparation of jaggery called gur ghutti" was the most popular pre-lacteal feed.^[12] In Kumar et al, 64.4% gave cow"s milk and honey was given in 13.9% of infants.^[16] In a study done by Deeksha Sharam et al, jaggery water was the commonly given prelacteal feed in 65% and tea was given in 30% of cases.^[6] In a study done by Sanjiv Kumar et al, in resettlement colony of New Delhi 49.4% gae jaggery preparation, 16.8% gave herbal decoctions called Ghutti, 7.7% gave honey, 7.1% gave sugar/batasha water, 5.5 received goat/cow"s milk, 4.4% had given other preparations.^[14] Only 9.1% had given breast milk as first feed.

CONCLUSION

Maternal child health-related KAP is somewhat insufficient and urgent intervention is required to implement local educational programs for women of child-bearing age.

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