



## **Knowledge, attitude and practice regarding breast feeding in mothers at a tertiary care centre in North India**

**Dr. Tanvi<sup>1</sup>, Dr. Vishal Kaushik<sup>2\*</sup>**

<sup>1</sup> Assistant Professor, Department of Pediatrics, Government Doon Medical College, Dehradun, Uttarakhand, India

<sup>2</sup> Senior Resident, Department of Pediatrics, Government Doon Medical College, Dehradun, Uttarakhand, India

\* Corresponding Author: Dr. Vishal Kaushik

### **Abstract**

A cross sectional study was undertaken at a tertiary level health centre in North India. The study was done with the aim to know the knowledge, attitude and practice of breast feeding mothers. 892 mothers participated in this study. Their responses were recorded based on a structured questionnaire. 67.04% mothers were of age group 15-25 years. A vast majority of them were literate (57.96%). Most of the mothers were aware of the fact that breast feeding has to be initiated early. Only 34.75% (n=310) mothers knew what exclusive breast feeding meant. 49.44% (n=441) mothers knew about colostrum and its importance. 56.4% mothers were aware of advantages of breast feeding. 49.6% mothers did not know the concept of feeding on demand. 50.34% (n=449) mothers knew when to begin complimentary feeding.

**Keywords:** breast feeding, tertiary level, health centre

### **Introduction**

The World Health Organization (WHO) and United Nations Children's Fund (UNICEF) recommends exclusive breastfeeding for the first six months of life. It also recommends that breastfeeding should be continued up to two years of age or longer. Exclusive breastfeeding is defined as feeding the infant only breast milk, with no supplemental liquids or solids except for medicine and vitamin/mineral supplements. In addition to calories and proteins, breast milk contains bioactive factors like IgA, lactoferrin, K-casein, cytokines, growth factors, glutathione peroxides etc. These bioactive factors have anti-infective, antioxidant and growth promoting properties. Breastfeeding is an important tool for improving infant and child morbidity and mortality. It also helps in improving maternal morbidity and helps in controlling health care costs. Exclusive Breast Feeding (EBF) is the best strategy to provide complete nutrition during first six months of life.

There are a lot of factors affecting breast feeding practices. Some important factors are customs, practices, education of parents, support from family and health workers. These factors play a role in successful breastfeeding practices as recommended. The present study was undertaken to assess Knowledge, Attitude and Practise (KAP) towards EBF among breast feeding mothers at a tertiary care centre of North India.

### **Material and Methods**

This observational study was conducted in Government Doon Medical College, Dehradun from September 2017 to August

2018. Mothers attending pediatrics outpatient department and those in post-natal ward were randomly selected. A structured questionnaire was prepared based on infant and young child feeding guidelines issued by Indian government. Study subjects were lactating mothers. Mothers were asked to fill up this questionnaire after obtaining informed consent. Illiterate mothers were interviewed by volunteers and their responses were filled up in the questionnaire. The structured questionnaire contained basic questions regarding breast feeding and its advantage. All of the data was tabulated and analysed.

The Statistical Package for Social Science (SPSS) for Windows was used. Quantitative data were presented by mean and standard deviation, while qualitative data were presented by frequency distribution. Chi-square test was used to compare between more than one proportion. A statistically significant level was considered when *P* value was less than 0.05.

### **Results**

During the study period, 892 mothers gave their consent and participated in this study. Table 1 shows the demographic profile of the participating mothers and their families. 67.04% (n=598) were in the age group of 15-25 years. 42.04% (n=375) mothers were illiterate. Majority of the participant mothers were housewives (n=773, 86.6%). Delivery at health care centre were accounted to be 76.9% (n=686). Mode of delivery was vaginal in 74.10% (n=661) and cesarean in 25.9% (n=231).

**Table 1**

Age	15-25 years	598 (67.04%)
	26-35 years	252 (28.25%)
	36-45 years	42 (4.71%)
Religion	Hindu	281 (31.5%)
	Muslim	324 (36.32%)
	Sikh	102 (11.43%)
	Christian	96 (10.7%)
	Buddhist	89 (9.98%)
Educational Status	Illiterate	375 (42.04%)
	Literate	517 (57.96%)
Occupation	Housewife	773 (86.66%)
	Employed	119 (13.34%)
Place of Residence	Urban	512 (57.5%)
	Rural	380 (42.5%)
Place of Delivery	Home	206 (23.01%)
	Health care centre	686 (76.9%)
Mode of Delivery	Vaginal	661 (74.10%)
	Cesarean	231 (25.9%)
Sex of Baby	Female	384 (43.04%)
	Male	508 (56.95%)

Table 2 depicts the knowledge of participants on various aspects associated with breastfeeding. Simple questions were put forward to the participants. Their answers were recorded on pre-designed proforma. Most of the mothers were aware of the fact that breast feeding has to be initiated early. Only 34.75% (n=310) mothers knew what exclusive breast feeding meant. 49.44% (n=441) mothers knew about colostrum and it's importance. 56.4% mothers were aware of advantages of breast feeding. 49.6% mothers did not know the concept of feeding on demand. 50.34% (n=449) mothers knew when to begin complimentary feeding.

**Table 2**

S. No	Knowledge regarding breastfeeding	No Knowledge	Having Knowledge
1	Have to breastfeed within half to one hour	310 (34.75%)	582 (65.25%)
2	What constitutes Pre-Lacteal feeds	515 (57.74%)	377 (42.27%)
3	Meaning of exclusive breast feeding	582 (65.25%)	310 (34.75%)
4	Colostrum and it's importance	451 (50.56%)	441 (49.44%)
5	Advantages of Breastfeeding	389 (43.6%)	503 (56.4%)
6	Risks associated with Bottle Feeding	410 (46.1%)	482 (54.04%)
7	Feeding on demand	561 (62.89%)	331 (37.1%)
8	When to begin Complimentary feeding	443 (49.66%)	449 (50.34%)

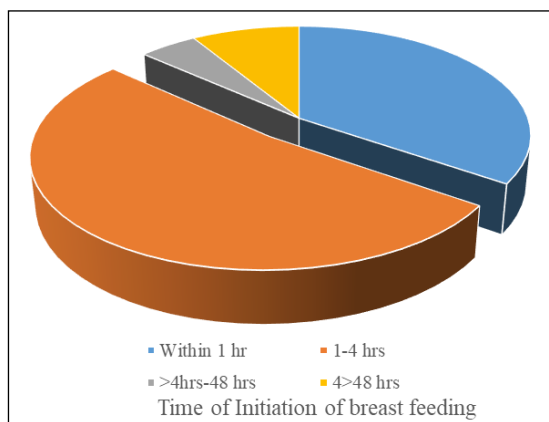
Attitude of the mothers towards breastfeeding was very positive. Mothers seemed determined to breast feed their issues. Most of the mothers were in favour of breastfeeding being superior to other modes of feeding. There was however a small number of mothers who were of the view that cow's milk was superior to mother's milk (n=44, 4.9%).

Table 3 shows practice of respondents regarding breastfeeding.

**Table 3**

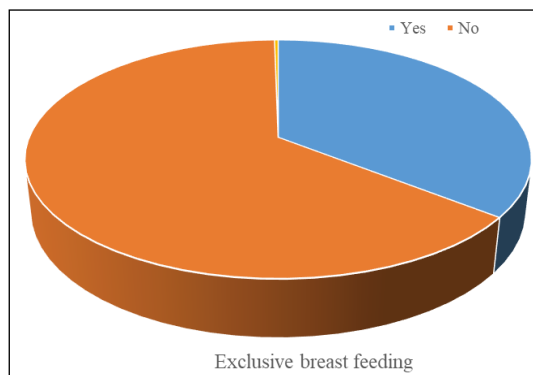
Initiation of breast feeding (n=892)	Within one hr	308 (34.5%)
	1-4 hr	464 (52.2%)
	>4-48 hr	42 (4.7%)
Colostrum Given	>48 hr	78 (8.74%)
	Yes	448 (50.2%)
Pre-lacteal feeds	No	444 (49.78%)
	Given	396 (44.4%)
Exclusive breast feeding (n=426)	Not given	496 (55.6%)
	Given	152 (35.68%)
Duration of Exclusive breast feeding (n=528)	Not given	274 (64.32%)
	<3 months	78 (14.8%)
	3-6 months	426 (80.7%)
Complimentary feeding started (n=590)	>6 months	24 (4.5%)
	Before 6 months	126 (21.36%)
	After 6 months	426 (72.2%)
	After 6 months	38 (6.44%)

A vast majority of mothers initiated breast feeding within 1-4 hours of life (n=464, 52.2%). Delay in initiation was attributed to lack of knowledge, traditional customs, poor maternal health and lack of motivation.



**Fig 1**

Colostrum was given to 50.2% newborns (n=448). Pre-lacteal feed was given to 44.4% (n=396). Exclusive breast feeding was given to 35.68% (n=152).



**Fig 2**

Duration of exclusive breast feeding for <3 months was 14.8% (n=78), 3-6 months was 80.7% (n=426) and >6 months was 4.5% (n=24).

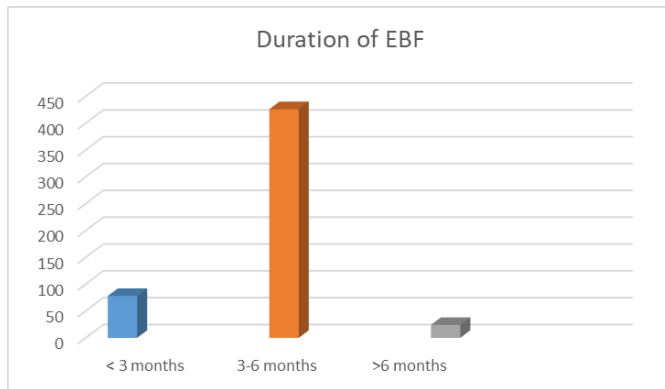


Fig 3

### Conclusion

The present study was undertaken with the aim to assess knowledge, attitude and practice regarding breast feeding practices in a tertiary centre of North India. Majority of the mothers who participated in this study were of young age with a majority being literate. Their knowledge about various aspects of breast feeding seemed incomplete. This was mainly attributed to lack of counselling and guidance both pre and post-partum. Awareness about breast feeding practices and its advantage was in low proportion. Lack of proper infrastructure, high patient flow and lack of man power were the main causes amongst many others. Majority of the mothers belonged to urban area but still awareness about various health benefits of breast feeding, both to mother as well as the child, were lacking.

### References

1. James DCS, Lessen R. Position of American Dietetic Association: Promoting and supporting breastfeeding. *J Am Diet Assoc.* 2009; 109(11):1926-1942. View Article Pub Med Google Scholar
2. Global Strategy for Infant and Young Child Feeding [internet]. Geneva, Switzerland: World Health Organization, [Updated 2002 May 18]. Available from:<http://www.who.int/nutrition/publications/gsinfantfeedingtexteng.pdf>,
3. Community-Based Strategies for Breastfeeding Promotion and Support in Developing Countries. Geneva, Switzerland: World Health Organization, [updated 2003]. Available from:<http://www.Linkagesproject.org/media/publications/Technical20Reports/CommunityBFStrategies.pdf>
4. Kramer MS, Kaulma R. The optimal duration of exclusive breastfeeding: A systematic review. World Health Organization, Website. [http://www.who.int/nutrition/publications/optimal\\_duration\\_exc\\_bfeeding\\_review\\_eng.pdf](http://www.who.int/nutrition/publications/optimal_duration_exc_bfeeding_review_eng.pdf),
5. Thulier D, Mercer J. Variables associated with breastfeeding duration. *J Obstet Gynaecol Neonatal Nurs.* 2009; 38(3):259-268. 10.1111/j.1552-6909.2009.01021.x. ViewArticleGoogleScholar