

A study of knowledge, attitude and practices towards breastfeeding among lactating mothers in a tertiary care hospital.

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Abstract

Background and objective: Breastfeeding has a significant impact on maternal and child health. Poor feeding practises increase the risk of infectious diseases such as diarrhoea and acute respiratory infection significantly. In view of the significance of breastfeeding, the current study was carried out to evaluate lactating mothers' knowledge, attitudes, and practises toward breastfeeding as well as to track their positioning and attachment. **Material and methodology :** this study was conducted in Department of Pediatrics of tertiary care teaching hospital at Ahmedabad. This was cross sectional observational study; conducted over period of 2 years. All neonates who were qualified under inclusion criteria were enrolled in study. Demographic details of mothers were collected. All the answers were filled up according to pre designed questionnaires and all data were tabulated and analysed. **Results:** Total 300 mothers were included in this study. In our study 58% mothers had average and 39% mothers had excellent knowledge regarding breastfeeding; 83% mothers had excellent attitude. 55% mothers were having average and 45% mother were having poor practices regarding breastfeeding. There was a moderate positive correlation between attitude and practices, which was statistically significant. **Conclusion:** The present study concludes that despite having adequate knowledge, attitude, good practices towards breastfeeding, there were still myths prevailing in the community, certain malpractices and insufficient knowledge on certain aspects of breastfeeding. Proper education of mother and whole family is very important.

Keywords: breastfeeding, Mothers, Knowledge, position, attachment.

Introduction:

Breast milk is the most precious gift a mother can give to her child[1]. Faulty feeding practices increase the risk of infectious diseases such as diarrhoea and acute respiratory infection significantly and irreversible changes such as stunting and poor cognitive development[2-4]. Infant and young child feeding (IYCF) refers to a set of guidelines for feeding newborns and children under the age of 2. The Indian Government's Ministry of Health and Family Welfare in 2013 recommended following the IYCF guidelines, which include starting breastfeeding as soon as possible after birth—ideally within an hour—

exclusive breastfeeding for the first 180 days of life, continuing breastfeeding for at least another two years, and active feeding for kids who are ill.

Multiple factors such as sociodemographic and obstetric characteristics , availability of health services and culture beliefs may have an impact on breastfeeding rates[5]. Current study was carried out to evaluate lactating mother's knowledge , attitude and practices towards breastfeeding as well as to track their positioning and attachment.

Aims and Objectives:

- To assess the knowledge regarding breastfeeding among lactating mother.
- To Study attitude of mother towards breastfeeding.
- To observe breastfeeding practices among lactating mother.

Material and methodology:

Study site: Department of Paediatric, tertiary care hospital

Study type: cross sectional observational study

Study period: 2 years

Inclusion criteria: mothers of children upto 6 months of age visiting opd or admitted indoor.

Exclusions criteria: babies having severe congenital malformations, Prolonged NICU admission > 7 days and medical condition where breastfeeding is contraindicated.

Study procedure:

All the neonate who were qualified under inclusion criteria were enrolled in study. Written informed consents were taken from mother's. Demographic details were collected as per proforma including mother's education and occupation status. 3 sections were there. Knowledge and attitude section had 10 questions and practices section had 6 questions. Answers were filled up according to predesigned questionnaire. Each question was given 1 point for correct answer and 0 otherwise. All answers were categorised into three sections (good, average, poor). All data were tabulated and analysed.

Result: Total 300 mothers were enrolled in this study.

Socio demographic characteristics of the participants:

Table 1: MATERNAL CHARACTERISTICS

Demographic variables	Categories	Frequency	Percentage
Mother's age	< 20 year	9	3%
	20-25 year	224	74.67%

	26-30 year	52	17.33%
	>30 yr	15	5 %
Mother's education	Illiterate	35	11.67%
	Primary	93	31%
	Secondary	78	26%
	Higher secondary	49	16.33%
	Graduate and above	45	15%
Mother's occupation	Homemaker	171	57%
	Labourer	64	21.3%
	Professional	11	3.67%
	Business	2	0.67%
	Other	52	17.32%
SOCIOECONOMIC CLASS	LOWER	86	28.67%
	UPPER LOWER	78	26%
	LOWER MIDDLE	93	31%
	UPPER MIDDLE	39	13%
	UPPER CLASS	4	1.33%
PERINATAL VARIABLES			
DELIVERY TYPE	NORMAL	234	78%
	LSCS	66	22%

DELIVERY PLACE	HOSPITAL	300	100%
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75% mothers were in the age group of 20 to 25 years ,69% mothers had education less than higher secondary.60% women belonged to lower or lower middle class.

All the babies were hospital delivered,78% were vaginally delivered.

TABLE 2: EVALUATION OF KNOWLEDGE REGARDING BREASTFEEDING

VARIABLES	CATEGORIES	FREQUENCY	PERCENTAGE (%)
WHEN SHOULD BREAST FEEDING BE INITIATED?	AFTER 1 HOUR	105	35%
	WITHIN 1 HOUR	195	65%
TILL WHAT AGE BABY SHOULD BE EXCLUSIVELY BREASTFED?	3 MONTH	72	24%
	6 MONTH	165	55%
	9 MONTH	39	13%
	> 12 month	24	8%
SHOULD COLOSTRUM BE FED TO THE BABY	YES	212	70.66%
	NO	95	29.3%
DO YOU THINK BOTTLE FEEDING IS DANGEROUS TO THE BABY?	YES	205	68.3%
	NO	95	31.67%
DO YOU KNOW THAT BREAST MILK ALONE IS ENOUGH FOR INFANT<6 MONTHS OF LIFE?	YES	199	66.33%
	NO	101	33.67%
DO YOU KNOW THAT EBF PROTECTS BABY FROM ILLNESSES?	YES	182	60.67%

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	NO	95	31.67%
	NO	118	39.33%

Table 3: EVALUATION OF ATTITUDE OF MOTHERS TOWARDS BREASTFEEDING

WE SHOULD NOT GIVE ANY PRE-LACTEAL FEEDS TO THE NEWBORN BABY.	DISAGREE	38	12.67%
	AGREE	262	87.33%
BREASTFEEDING TO BE CONTINUED WHEN THE BABY IS SICK.	DISAGREE	117	39.0%
	AGREE	183	61.0%
DO YOU AGREE BREASTFEDD SHOULD BE GIVEN AT NIGHT?	DISAGREE	295	98.33%
	AGREE	5	1.67%

BREASTFEEDING SHOULD BE CONTINUED WHEN COMPLEMENTRY FEEDING IS STARTED.	DISAGREE	21	7%
	AGREE	279	93%
GIVING BREAST MILK TO A NEWBORN IMMEDIATELY WITHIN 1 HOUR (EARLY INITIATION) IS IMPORTANT.	DISAGREE	35	11.7%
	AGREE	265	88.3%
BREASTFED BABIES ARE HEALTHIER THAN FORMULA FED BABIES.	DISAGREE	78	26%
	AGREE	222	74%
FORMULA FEEDING IS MORE CONVENIENT THAN BREASTFEEDING.	DISAGREE	261	87%
	AGREE	39	13%

Table 4: EVALUATION OF PRACTICE REGARDING BREASTFEEDING AMONG MOTHERS

WHEN DID YOU START BREASTFEEDING YOUR BABY AFTER BIRTH?	AFTER 1 HOUR	97	33.3%
	WITHIN 1 HOUR	203	67.7%
IF ABOVE ANSWER IS 'AFTER 1 HOUR' THEN WHAT WAS THE REASON FOR LATE INITIATION OF BREASTFEEDING?	MEDICAL	15	15.46%
	BREAST PROBLEM	23	23.71%
	INADEQUATE LACTATION	19	19.59%
	LACK OF MOTIVATION	40	41.24%
IS THE MOTHER GIVING BREASTFEED IN PROPER POSITION AND ATTACHMENT?	YES	138	46%
	NO	162	54%

WAS THE BABY TOP-FED BEFORE 6 MONTHS OF AGE?	YES	102	34.0%
	NO	198	66.0%
DO YOU BOTTLE FEED YOUR BABY?	YES	49	16.33%
	NO	251	83.67%
WAS ANY PRE-LACTEAL FEED GIVEN TO THE BABY?	YES	55	18.33%
	NO	245	81.67%

Table 5: UNIVARIATE ANALYSIS OF KNOWLEDGE SCORE CATEGORIES WITH SOCIODEMOGRAPHIC VARIABLES

DEMOGRAPHIC VARIABLES	CATEGORIES	POOR N=8 FREQUENCY (%)	AVERAGE N=175 FREQUENCY (%)	EXCELLENT N=117 FREQUENCY (%)	P-VALUE
MATERNAL'	<=19 YEAR	1(12.5%)	8 (4.57%)	0	

S AGE	20-25 YEAR	4(50%)	130(74.29%)	90(76.92%)	0.008
	26-30 YEAR	3(37.5%)	24(13.71%)	25(21.37%)	
	>=31 YEAR	0 (0%)	13(7.43%)	2(1.71%)	
MOTHER'S EDUCATION	ILLITERATE	1(12.5%)	29(16.57%)	5(4.27%)	<0.001
	PRIMARY	3(37.5%)	66(37.71%)	24(20.51%)	
	SECONDARY	0	17(9.71%)	61(52.14%)	
	HIGHER SEC	4(50%)	28(16%)	17(14.53%)	
	GRADUTE & ABOVE	0	35(20%)	10(8.55%)	
MOTHER'S OCCUPATION	HOMEMAKER	1(12.5%)	81(46.29%)	89(76.07%)	<0.001
	LABOURER	6(75%)	55(31.43%)	3(2.56%)	
	PROFESSIONAL	0	11(6.29%)	0	
	BUSINESS	0	0	2(1.71%)	
	OTHER	1(12.5%)	28(16%)	23(19.66%)	
SOCIOECONOMIC CLASS	LOWER	7(87.5%)	76(43.43%)	3(2.56%)	<0.001
	UPPER LOWER	1(12.5%)	27(15.43%)	50(42.74%)	
	LOWER MIDDLE	0(0%)	54(30.86%)	39(33.33%)	
	UPPER MIDDLE	0(0%)	17(9.71%)	22(18.8%)	
	UPPER CLASS	0(0%)	1(0.57%)	3(2.56%)	

TABLE 6: UNIVARIATE ANALYSIS OF ATTITUDE SCORE CATEGORIES WITH SOCIODEMOGRAPHIC VARIABLES

DEMOGRAPHIC VARIABLES	CATEGORIES	POOR N=8 FREQUENCY (%)	AVERAGE N=175 FREQUENCY (%)	EXCELLENT N=117 FREQUENCY (%)	P-VALUE
MATERNAL CHARACTERISTICS					

MATERNAL'S AGE	<=19 YEAR	9(3.6%)	0(0%)	0(0%)	<0.001
	20-25 YEAR	202(80.9%)	22(47.83%)	0(0%)	
	26-30 YEAR	33(13.2%)	15(32.61%)	4(100%)	
	>=31 YEAR	6(2.4%)	9(19.57%)	0(0%)	
MOTHER'S EDUCATION	ILLITERATE	31(12.4%)	4(8.7%)	0(0%)	0.001
	PRIMARY	85(34%)	8(17.39%)	0(0%)	
	SECONDARY	76(30.4%)	2(4.35%)	0(0%)	
	HIGHER SEC	41(16.4%)	8(17.39%)	0(0%)	
	GRADUTE & ABOVE	17(6.8%)	24(52.17%)	4(100%)	
MOTHER'S OCCUPATION	HOMEMAKER	138(55.2%)	33(71.74%)	0(0%)	0.001
	LABOURER	54(21.6%)	10(21.74%)	0(0%)	
	PROFESSIONAL	11(4.4%)	0(0%)	0(0%)	
	BUSINESS	2(0.8%)	0(0%)	0(0%)	
	OTHER	45(18%)	3(6.52%)	4(100%)	
SOCIOECONOMIC CLASS	LOWER	58(23.2%)	28(60.87%)	0(0%)	<0.001
	UPPER LOWER	67(26.8%)	7(15.22%)	4(100%)	
	LOWER MIDDLE	85(34%)	8(17.39%)	0(0%)	
	UPPER MIDDLE	38(15.2%)	1(2.17%)	0(0%)	
	UPPER CLASS	2(0.8%)	2(4.35%)	0(0%)	

TABLE 7: UNIVARIATE ANALYSIS OF PRACTICE SCORE CATEGORIES WITH SOCIODEMOGRAPHIC VARIABLES

DEMOGRAPHIC VARIABLES	CATEGORIES	POOR N=8 FREQUENCY (%)	AVERAGE N=175 FREQUENCY (%)	EXCELLENT N=117 FREQUENCY (%)	P-VALUE
MATERNAL CHARACTERISTICS					
MATERNAL'S AGE	<=19 YEAR	5(3.7%)	4(2.65%)	0(0%)	0.04
	20-25 YEAR	96(71.11)	118(78.15%)	10(71.43%)	
	26-30 YEAR	21(15.56%)	27(17.88%)	4(28.57%)	
	>=31 YEAR	13(9.63%)	2(1.32%)	0(0%)	
MOTHER'S EDUCATION	ILLITERATE	15(11.11%)	20(13.25%)	0(0%)	0.012
	PRIMARY	53(39.26)	35(23.18%)	5(35.71%)	
	SECONDARY	26(19.26%)	51(33.77%)	1(7.14%)	
	HIGHER SEC	21(15.56%)	23(15.33%)	5(35.71%)	
	GRADUTE & ABOVE	20(14.81%)	22(14.57%)	3(21.43%)	
MOTHER'S OCCUPATION	HOMEMAKER	72(53.33%)	90(59.6%)	9(64.29)	0.69
	LABOURER	31(22.96%)	29(19.21%)	4(28.57)	
	PROFESSIONAL	6(4.44%)	5(3.31%)	0(0%)	
	BUSINESS	2(1.48%)	0(0%)	0(0%)	
	OTHER	24(17.78%)	27(17.88%)	1(7.14)	

SOCIOECONOMIC CLASS	LOWER	41(30.37%)	39(25.83%)	6(%42.86)	0.07
	UPPER LOWER	28(20.74%)	48(%31.79)	2(%14.29)	
	LOWER MIDDLE	50(37.04%)	37(%24.5)	6(%42.86)	
	UPPER MIDDLE	15(11.11%)	24(%15.89)	0(%0)	
	UPPER CLASS	1(0.74%)	3(%1.99)	0(%0)	

A Pearson correlation coefficient was run to determine the relationship between total score of knowledge, attitude and practice. There was moderate positive correlation between attitude and practice, which was statistically significant ($r=0.48, p<0.001$). There was no correlation found between knowledge and attitude and similarly no relation between knowledge and practice.

DISCUSSION:

Total 300 mothers were included in our study. In our study the mean age of mothers was 24.51+/- 2.76 year. In our study, we found correct knowledge about breastfeeding in 60-70% of mothers in most of questions except knowledge about exclusive breastfeeding (45%) and till what age Bf should be given (24%) which were weak areas; which was comparable to Chinnasami et al [6] and Vijayalakshmi et al [7] studies. We observed correct responses towards breastfeeding in all attitude parameters in 80-90% of mothers except certain parameters, where only 61% mothers agreed to continue breastfeeding when baby is sick. Participants in our study had excellent attitude towards breastfeeding. We observed correct practice of breastfeeding is 60-80% in mothers except only 46% mothers were giving breastfeeding in proper position with good attachment. With regards to practices, breastfeeding initiation was well practiced by our participants, but EBF was well practiced among participants in the studies by Singh [8] et al and Chinnasami et al.

There was significant association between mother's age and knowledge, attitude and practice regarding breastfeeding. 12% mothers were illiterate, 31% were educated up to primary level. Sultania et al [9] and Vijayalakshmi et al had overall sociodemographic variables comparable with our study, while study done by Sing et al had different variable from our study. In our study, 57% mothers were homemakers. In present study, 29% mothers belonged to lower socio-economic class. 63% mothers were from nuclear family. 55% from rural area. 78% babies were normally delivered. 65% mothers know about early initiation of breastfeeding. 70% mothers know that colostrum should be fed to the baby and 45% mothers know about exclusive breastfeeding. 55% mothers know that EBF should be given till 6 months. 68% mothers know that bottle feeding is dangerous to the baby.

On comparing effect of different demographic and maternal factors on knowledge and attitude domain, we found that maternal age, education, SE status, occupation, Type of

family and dwelling area were significantly affecting knowledge and attitude of mothers'; where as on comparing effect of demographic variables on practice domain of lactating mothers, we found that maternal age and education were significantly affecting practice domain. A study by Vijayalakshmi et al found urban mothers($p=0.001$) and those with monthly income of >2500 ($p=0.007$) had more favourable attitude towards breastfeeding. Older aged mothers and homemakers also had more positive attitude towards breastfeeding, however, the difference were not statistically significant.

According to Chinnasami study 75 % mother also agreed for colostrum feed to baby. 87% mothers were agreed that pre lacteal feeds should not to be given to the newborn baby. 61 % mothers were agreed to continue breastfeeding when the baby is sick. In Vijayalakshmi et al study; 77.9 % mother agreed that breast feed babies are healthier than fed babies result same as our study. 68% mothers had started breastfeeding their babies within 1 hour. We observed that only 46% mothers were breastfed their child in correct position and good attachment and 79% mother burp their child after breastfeeding. 66% mothers had started top feeding to their babies. In our study 81.7 % mother have not given to prelacteal feed to baby but in Sultania et al study 27 % mother giving prelacteal feed to baby

Conclusion:

The present study concludes that despite having adequate knowledge, attitude, good practices towards breastfeeding, there were still myths prevailing in the community, certain malpractices and insufficient knowledge on certain aspects of breastfeeding. For this counselling mother via mass communication media, conducting workshops, political involvement, NGO involvement for same. Proper guidance should be provided to the mother by the healthcare workers from the antenatal period itself. As country like India guidance and knowledge to whole family is very important. Community based actions should also be taken in form of increasing literacy, women empowerment, gender equality etc.

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