

KNOWLEDGE AND PRACTICE OF MOTHERS ABOUT BREAST FEEDING

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Abstract

The present study investigated the knowledge, knowledge and practice of mothers about breast feeding in Indore City. A total of 100 subjects aged 20-35 yrs. were selected by purposive random sampling technique from urban population.

Information about knowledge & practice related to breast feeding was obtained by using a pretested semi structured questionnaire. Questions included awareness of mothers on antenatal / postnatal instructions on breast feeding, colostrum feeding, initiation, exclusive breast feeding etc. The study reveals that for successful breast feeding in terms of initiation and establishment mothers need active support. care and privacy during pregnancy and following birth, not only of their families and communities but also of the entire health system.

Key words : Prolactals, Colostrum, Early initiation Exclusive breast feeding

Introduction :-

The World Health Organization (WHO) and UNICEF jointly developed the Global strategy for infant and young child feeding in 2002 which feels malnutrition responsible, directly or indirectly for 60% of the 10.9 million deaths annually among children under five and over two thirds of these deaths associated with inappropriate feeding practices, occur during the first year. Appropriate feeding practices are extremely important for the growth and development of the child. These practices are age specific, with the proper adherence to the age brackets for feeding recommended. From birth to the age of six months exclusive

breast feeding is recommended and constitutes appropriate feeding for the infants for the infant. The introduction of breast milk is especially encouraged immediately after birth and up until the third day, when the mother secretes colostrum. Colostrum provides all the nutrients that are needed by the infant in this early period. It is compositionally distinct, with the concentration of protein, Vitamin A and B₁₂ being higher than the mature milk. Colostrum also contains a high concentration of immunoglobulins especially immunoglobulin A(IgA) which has a protective role against viruses and pathogens in gut. For these reasons we investigated the knowledge of mothers about breast feeding and implementation of this knowledge in practice.

Materials and Methods :-

The study was preceded with 100 mothers in Urban Indore city. Indore is a city where extensive work on breast feeding promotion is being done through government agencies, Non government organizations, Breast Feeding promotion network of India (BPNI) by organising camps, quizzes, Breast feeding week celebration etc. Hence researchers were intended to know the effect of these efforts' successfulness. For this, information about the knowledge and practice was obtained through personal interviews, using a pretested, semistructured questionnaire. Questions were related to awareness and practices of mothers on antenatal/postnatal instructions of breast feeding, colostrum feeding, initiation exclusive breast feeding.

Result :-

Table 1
Age wise Distribution of mother's Population

Age in Years	Mothers (n = 100)	(%)
20-24	38	(38)
25-28	38	(38)
29-32	12	(12)
32 to Above	12	(12)
Total	100	100

It is evident from Table 1 that Thirty eight percent mothers belonged to the age group of 20-24 years, same was the case in the age group 25-28. 12% mothers were found in the category of 29-32 years and 12% population was in the age group of 32 years and above which shows that elderly mothers are comprising a larger proportion of population in this study. 68% mothers were primipara in contrast to 24% multiparas.

Table 2
Distribution of Mothers Population on the basis of Anthropometry

Reference Ht. (163 cm.)	Mothers (n = 100)	(%)
Normal	48	(48)
< Normal	36	(36)
> Normal	16	(16)
Total	100	(100)
Mean S.D.	161.94 ± 4.77	
Reference Wt. (56 kg.)	Mothers (n = 100)	(%)
Normal	50	(50)
< Normal	30	(30)
> Normal	20	(20)
Total	100	(100)
Mean S.D.	58.34 ± 4.97	
B.M.I.	Mothers (n = 100)	(%)
Normal	54	(54)
< Normal	30	(30)
> Normal	16	(16)
Total	100	(100)
Mean S.D.	22.48 ± 2.72	

Table 2 deals with the antropometry of the mothers population, observed mean height is 161.94 ± 4.77 cm mean weight is 58.34 ± 4.97 kg and mean BMI is 22.48 ± 2.72 as compared to the reference values 163 cm, 56 kg 23 for height, weight and BMI respectively.

Table 3
Knowledge and Practice of Breast Feeding in relations to a Maternal Education

Event Knowledge V/s Practice	Number & % of mothers having knowledge of event in relations to educational status				Number & % of mothers having knowledge & knowledge & practice of event in relations to educational status			
	upto 12th	upto Graduate	upto Post Graduate	Toal	upto 12th	upto Graduate	upto Post Graduate	Total
	(n=4)	(n=40)	(n=56)	(n=100)	(n=4)	(n=40)	(n=56)	(n=100)
	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)
Pre knowledge about breast feeding	2 (50)	40 (100)	56 (100)	98	--	20 (50)	24 (43)	44
Prelacteals should not be given	4 (100)	38 (95)	56 (100)	98	--	15 (37.5)	25 (44.7)	40
Colostrum should be given to the baby	4 (100)	40 (100)	56 (100)	100	--	38 (95)	56 (100)	94
Early initiation is important	4 (100)	40 (100)	56 (100)	100	--	24 (60)	12 (21.43)	36
Exclusive breast feeding for 6 months	--	26 (65)	44 (79)	70	--	20 (50)	40 (72)	60
Breast feeding should be continued in mother/baby illness	--	40 (100)	56 (100)	96	--	36 (90)	56 (100)	92
Demand feeding is the best	4 (100)	38 (95)	56 (100)	98	4 (100)	34 (85)	52 (93)	90
Ideal mean age is 6 months	--	28 (70)	52 (93)	80	--	20 (50)	50 (89)	70

Above tables shows directional relationship between education level V/s. knowledge about breast feeding. Knowledge and practice about breast-feeding is favoured by increment of educational level.

Mothers knowledge and practice of breast feeding is presented in Table No. 3. It is a matter of happiness that 98% mothers were having pre knowledge about breast feeding but ridiculous to say that the knowledge was executed in practice only by 44% mothers.

98% mothers were of view to avoid prelacteal foods but due to traditional practice and elders adamant behaviour only 40% mothers could have avoided prelacteal feedings. Its a good and positive sign that 100% mothers were aware of colostrum feeding and a large population i.e., 94% mothers could have done it in practice.

Table 4
Initiation of breast feeding

S. No.	Initiation	Percentage of mothers	Reasons
1	Within half an hour	36	Obstetrician supported & mothers themselves were eager
2	2 hours after delivery	42	Surrounded by family members & relatives, were feeling hitch & shyness
3	After 4-6 hours of delivery	22	advised by obstetrician and Health care taker to take rest.

100% mothers were knowing the importance of early initiation means breast feeding within 30 minutes of delivery but due to reasons mentioned in Table 4 only 36% mothers could have done it. 22% mothers said that they were advised to take rest for 4-6 hours by their obstetrician and health care staff and 42% mothers felt hitch & shyness in feeding their babies while surrounded by so many family members and relatives - females and males.

Awareness and perception on continuation of breast feeding upto 6 moths was 70% and 60% respectively against the knowledge of ideal wean age (should be 6 months) to 80% mothers only 70% mothers applied this knowledge in practice.

Discussion :-

The study clearly reveals significant variations in knowledge and practice of breast feeding in terms of antenatal advice, colostrum feeding, initiation exclusive breast feeding and continuation of breast feeding Directional relationship between education level and knowledge and practice of colostrum feeding in confirmed in this study. It is favoured by increment of educational level. Same is observed by Khan et-al² and Kapil U & Manocha S³ in their studies also.

Prelacteals could have been avoided by 40% mothers only. Other researchers also found prelacteals feeding trend deposite of knowledge about avoidance of it⁴.

Early initiation of breast feeding in urban population is limited. Several other researchers noted the same picture^{5,6}.

Suggestions :-

1. To be successfull in breast feeding, apart from nutritional and care support, women should be given **Breast Feeding Education** and **Timely Counseling**.
2. Family members and relatives should be taught to keep the mother free and unsurrounded.
3. Every effort for early initiation should be made.
4. Breast feeding should be treated as worship of God and Mother should be encouraged for this by making her free at every event.

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