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Original Research Article

Knowledge, attitude and practices about exclusive breastfeeding among antenatal women

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ABSTRACT

Background: Breastmilk is considered as one of the healthiest, nutrition-rich yet least expensive method of infant feeding. It is a universally accepted fact that breastmilk meets all the nutritional demands of the new-born. There are extensive benefits of breastfeeding for the new-born as well as for the nursing mother which have been documented from time to time.
Methods: A multiple-choice questionnaire was used to interview the participants during data collection.
Results: Using the IBM SPSS version 20 software, descriptive analysis of the categorical variables has been presented using frequency and percentage tables. Regarding the practices about breast feeding in primigravidas, their concepts about the same have been captured in this study.
Conclusions: Though the knowledge about exclusive breast feeding was not extraordinary among the participants, they had a very favourable attitude towards the same. Almost all patients were also extremely receptive and inquisitive during the session for discussion about the same.

Keywords: Antenatal, Breastfeeding, Breast milk, Multigravida, Primigravida

INTRODUCTION

Breastmilk is considered as one of the healthiest, nutrition-rich yet least expensive method of infant feeding. It is a universally accepted fact that breastmilk meets all the nutritional demands of the new-born. Hence the World Health Organization (WHO) has always stressed upon exclusive breastfeeding for the first six months of life, and later also up to the age of two years breastmilk continues to be the essential most nutrition source along with complementary foods.[1] There are extensive benefits of breastfeeding for the new-born as well as for the nursing mother which have been documented from time to time.[2,3] Breastmilk is considered the most complete source of nutrition for the new-born as it contains all necessary components such as proteins, carbohydrates and fats, water, vitamins and minerals and immunological factors required for the new-born in appropriate amounts. The WHO has defined exclusive breastfeeding as "the infant receives only breastmilk without any additional food or drink, not even water".[4]

The "Innocent declaration" also emphasizes the need for breastfeeding to be continued till the age of two years.[5] Breastfeeding is advantageous to the infant as well as the nursing mother in many ways. It confers many short-term and long-term benefits to the new-born. It provides the basic immunity against a variety of infections which the baby is prone to. It improves the motor as well as mental development of the new-born and even helps it to have a higher intelligence quotient (exclusively breastfed infants have an IQ of 8 points greater than those who are not).[6]

Obesity as well as certain metabolic disorders are lesser in later life among exclusively breastfed infants.[7]

Breastfeeding induces a phase of amenorrhea termed as 'lactational amenorrhea' in the feeding mother. With the release of the hormone oxytocin also called as the 'bonding hormone' the bond between the mother and the child is strengthened.[8] In spite of all the above-mentioned benefits, we find that breastfeeding is not practised to the extent that it should be. There are various factors which still hamper exclusive breastfeeding in our society. These can be socio-economic and cultural as well some physical factors in the mother which prevent her from practising breastfeeding. This study is basically aimed at finding out the perspectives of antenatal women about breastfeeding with respect to their knowledge, attitude and practices and ultimately understanding the lacunae in the same.

The following objectives of this study;

- To assess the knowledge about exclusive breastfeeding among pregnant women based on their education, socio-economic status and obstetric history.
- To clear the social taboos, myths and misconceptions related to breastfeeding.
- To know the attitudes of pregnant women towards exclusive breastfeeding based on their religion, socio-economic status and education.
- To study the practices about exclusive breastfeeding among pregnant women including the time of starting breastfeeding, positioning during breastfeeding, colostrum feeding, rooming in and to rectify them if required.
- To identify other confounding factors affecting exclusive breastfeeding such as lack of privacy in joint families, employment, medical illnesses restricting breastfeeding (seropositive status), nipple or breast problems, chemotherapy or drug treatment which may restrict breastfeeding and prevalent social taboos.
- To identify the antenatal women who have inadequate/ lack of knowledge, biased attitudes and incorrect practices about breastfeeding and to counsel them about the correct breastfeeding practices.

METHODS

A study was carried out among antenatal (primigravida and multigravida) women attending antenatal outpatient department or admitted in the antenatal ward of our tertiary care centre. The study period was of 1 year from January 2017 to December 2017. Data was collected through face-to-face interview using a structured questionnaire. After the patients answered the questionnaire there was a discussion session for counselling them wherein their doubts/queries were answered and misconceptions cleared.

The questionnaire was validated from the experts in the field of Obstetrics and Gynaecology, Paediatrics and Community Medicine. Also, patients from the antenatal ward and out-patient department who volunteered to answer the questionnaire helped the validation by opining that it was easy to understand and comprehend for the patients.

Sample size

Number of patients attending antenatal out-patient department and those admitted in antenatal ward of our tertiary care centre/ month was approximately 600 (considering new patients registering in the out-patient department and already registered patients for follow up avoiding repetition)

Total antenatal patients in one year = 7200.

Statistical analysis

$$\text{Sample size 'N'} = \frac{Z2\ (P*Q*N)}{E2\ (N-1) + Z2\ (PQ)}$$

Z= 1.96 for 95% confidence level
P= Assuming 50% of knowledge
Q= 100- P
E= Expected allowable error (5%).

Substituting these values the sample size for our study was 364. Equal number of primigravidas and multigravidas (182 each) were enrolled. The data has been summarized by descriptive statistics using frequency and percentage tables for categorical variables using the IBM SPSS version 20.

RESULTS

In this study we had taken a random sample of 364 participants comprising of equal number (182) in each group i.e. primigravida and multigravida women. Using the IBM SPSS version 20 software, descriptive analysis of the categorical variables has been presented using frequency and percentage tables.

Regarding the practices about breast feeding in primigravidas, their concepts about the same have been captured in this study i.e. the responses given by them to the questions in the "Practices" section of the questionnaire are their concepts about breast feeding since they have never breastfed in reality before. Participants were given the questionnaire in vernacular languages (Marathi and Hindi) so that they could understand it better and respond better. The responses of the participants have been tabulated with the respective percentages as below (Table 1).

DISCUSSION

There has been a global movement for encouraging and optimizing breastfeeding practices for a long time, however there has not been much congruence among what is actually recommended and what is actually

practised. EBF is estimated to prevent approximately one-tenth of child deaths and could play an important role in meeting India's Millennium Development Goal 4 of reducing child mortality.[9]

Table 1: Participants responses.

	%	Primi gravida	Multi gravida
Age (years)			
<20	6.8	13.7	0
20-25	38.5	50.0	26.9
25-30	37.9	27.5	48.4
>30	16.7	8.8	24.7
Education status			
Illiterate	1.9	2.2	1.6
Primary school	11.5	10.4	12.6
Secondary school	80.5	79.7	81.3
Graduate	6.1	7.7	4.4
Occupation			
Housewife	82.4	81.9	83.0
Self employed	1.4	1.1	1.6
Semi-skilled	9.6	11.0	8.2
Skilled	6.6	6.0	7.1
Monthly family income (rupees)			
<5000	2.5	3.3	1.6
5000-10000	14.6	14.8	14.3
10000-50000	68.7	64.3	73.1
>50000	14.3	17.6	11.0
ANC registration			
Unregistered	1.1	1.1	1.1
<12 weeks	42	47.8	36.3
12-20 weeks	36	30.2	41.8
>20 weeks	20.9	20.9	20.9
Number of ANC visits			
Unregistered	1.1	1.1	1.1
<4	10.1	12.1	8.2
4-12	55.8	55.5	56.0
>12	33	31.3	34.6
Family type			
Joint	56.3	54.9	57.7
Nuclear	43.7	45.1	42.3
Privacy at home for breastfeeding			
Yes	59.1	62.1	57.7
No	40.9	37.9	42.3
Information provider about breastfeeding			
Mother/mother-in-law/relatives	74.2	70.9	77.5
Doctors	19.8	23.6	15.9
Paramedical staff	2.2	1.6	2.7
Media	3.8	3.8	3.8
Maternity leave			
<1 month	7.4	7.7	7.1
1-3 months	3.6	3.3	3.8
>3 months/ housewife	87.9	88.5	87.4
None	1.1	0.5	1.6
If preparation about breastfeeding done			
No	92.6	93.4	91.8

	%	Primi gravida	Multi gravida
Yes	7.4	6.6	8.2
Concept about duration of exclusive breastfeeding			
4 months	13.2	13.2	13.2
6 months	76.6	76.4	76.9
12 months or more	10.1	10.4	9.9
Milk output anticipation			
Inadequate	25.3	27.5	23.1
Adequate	64.3	62.6	65.9
Cannot comment	10.4	9.9	11.0
Information about top feeds			
Yes	76.6	78.6	74.7
No	23.4	21.4	25.3
Problems anticipated while breastfeeding			
Breast related	47	46.7	47.3
Family related	19.8	21.4	18.1
Social taboos/ cultural problems	28.1	25.8	25.8
Employment related	6	4.9	7.1
Known contraindications in self	1.4	1.1	1.6
Knowledge about ideal attachment/latching			
Yes	55.5	56.0	54.9
No	44.5	44.0	45.1
Ideal position for breastfeeding			
Sitting	45	47.3	42.9
Supine	41.8	39.6	44.0
Any position comfortable for mother-child	13.2	13.2	13.2
Pattern of breastfeeding			
Only at fixed times	13.2	13.7	12.6
Only for fixed number of times	17.6	14.8	20.3
On demand	69.2	71.4	67.0
If bedding in to be practised			
Yes	72.5	72.0	73.1
No	27.5	28.0	26.9
Age of starting complementary feeds			
>1 month	53	51.1	54.9
>6 months	41	42.3	39.6
No need of starting	6	6.6	5.5
Age of cessation of breastfeeding			
>6 months	10.4	11.0	9.9
6 months - 2 years	79.7	79.1	80.2
>2 years	9.9	9.9	9.9
Support expected from family			
Yes	88.2	91.2	85.2
No	11.8	8.8	14.8
Preference of feeds in initial 6 months			
Breast milk	47.2	45.1	49.5
Cow milk	6.6	9.3	3.8
Both	46.2	45.6	46.7
If exclusive breastfeeding is better than artificial feeds			
Yes	74.7	75.3	74.2
No	25.3	24.7	25.8
Should colostrum be discarded			
Yes, harmful for neonate	74.7	76.4	73.1
No, beneficial for neonate	17.3	15.4	19.2
No, idea about colostrum	8	8.2	7.7

	%	Primi gravida	Multi gravida
Is exclusive breastfeeding enough for initial 6 months			
Yes	45	45.1	45.1
No	55	54.9	54.9
Are exclusively breastfed babies healthier			
Yes	59.9	56.6	63.2
No	40.1	43.4	36.8
Time of initiation of exclusive breastfeeding			
Within 1 hour	28	30.8	25.3
4-6 hours	53.8	51.1	56.6
6-48 hours	10.2	11.0	9.3
After day 2	8	7.1	8.8
Reason for not breastfeeding within 1st hour after delivery			
Maternal exhaustion	38.5	34.6	42.3
Baby not with mother	9.1	8.8	9.3
Caesarean (Post anaesthesia effect)	15.6	15.9	15.4
Social/cultural factors	8.8	9.9	7.7
Did breastfeed	28	30.8	25.3
Anything given to the baby before breastfeeding			
Plain water	3.5	3.8	2.7
Cow milk	6	6.0	6.0
Nothing	90.7	90.1	91.2
If pacifier was used			
Yes	22.3	20.3	18.7
No	77.7	79.7	81.3
Anything given to the child except breastfeeding in first 6 months			
Cow milk	21.7	22.0	21.4
Water	6.6	8.2	4.9
Nothing	71.7	69.8	73.6
Feeling after giving food except breastmilk			
Comfortable	27.5	29.7	25.3
Not comfortable	72.5	70.3	74.7

Preparation of mothers before they give birth is fundamental to the success of exclusive breastfeeding. In the Indian context, this means that 250,000 neo-nates can be saved from death annually by just one act - initiation of breastfeeding within 1 hour of birth.[10]

The health and welfare of the new-born depends largely on EBF and hence it is essential to make efforts with a goal of preserving and protecting it. Also, promotion of EBF is of importance for safeguarding the same.[11,12] However, success of EBF promotion depends to a great extent on the knowledge quality that is prevalent in the society and the support it receives from the healthcare practitioners.[13]

CONCLUSION

Though the knowledge about exclusive breast feeding was not extraordinary among the participants, they had a very favourable attitude towards the same. Almost all patients were also extremely receptive and inquisitive during the session for discussion about the same.

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