

A Study of Knowledge, Attitude and Practices Regarding Breast Feeding Among Feeding Mothers

1. Nasreen Siddique 2. Ghazala Safdar 3. Qaiser Mahmood 4. Muhammad Affan Qaiser

1. Asstt. Prof. of Community Medicine, NMC, Multan 2. Sr. Demonstrator, NMC, Multan 3. Asstt. Professor of Medicine, NMC, Multan 4. MBBS student, NMC, Multan

ABSTRACT

Objectives: To determine the knowledge, attitude and practices regarding child feeding among feeding mothers and to promote breast-feeding practices among lactating mothers.

Study Design: Observational cross-sectional study (KAP Study).

Place and Duration of Study: This study was conducted at OPD and indoors of Obstetrics and pediatrics departments of Nishtar Hospital, Multan during the period from October 2010 to January 2011.

Materials and Methods: A total of 160 feeding mothers were selected by simple random technique.

Results:- In our study out of 160 mothers 16 (10%) had matric education and only 08 (5%) had education higher than F.A while 80 (50%) were totally illiterate. Breast-feeding practices were low in lower class and high in middle and upper classes. A total of 61% children were breast-fed while 39% were non breast-fed. Out of 61% breast fed children, 45% were exclusively breast fed while 16% were partially breast-fed. Among the breast-fed children 60% were male while 40% were female. The mothers who started breast feeding with in few hours after birth were 61(38%) and 72 (45%) started breast-feeding on 1st day while 27 (17%) mothers started breast feeding on 2nd day after birth. 97% infants were given 'water', 'sugar', 'honey' & 'arq-e-gulag' as ghutti (1st feed) rather than giving breast milk due to different reasons. Duration of breast feeding was less than 1 year in 88 (55%) of the mothers, 56 (35%) breast fed their babies for 1-2 years while 16 (10%) breast fed for more than 2 years.

Conclusion:- Prelacteal feeds were given to majority of babies as first feed by relatives. Male infants are more breasts fed as compared to females. Most of the mothers don't breastfeed their children for the first 2-3 days because of misconception about colostrums. The leading cause of early weaning in most of children is next pregnancy. The trend in the breastfeeding is relatively lower in the lower socioeconomic class as compared to the middle and upper classes.

Key words:-Breast-feeding, Lactating mothers, Prelacteal.

INTRODUCTION

Breast-feeding is a normal and natural way of feeding the infants¹. It provides the primary source of nutrition for infants before they are able to eat and digest other foods. Breastfeeding allows mother and baby to emotionally bond in a special way that can not be matched, since breastfeeding meets both the nutritional and nurturing needs².

The nutrition survey of Pakistan conducted in 1984-86 indicated that 99.3% mothers started breast-feeding at the time of birth of the baby, but in recent studies it is 90.8%³.

The breast-feeding is still the first and the preferred method of feeding by the majority of Pakistani women's but the in-appropriate practices such as the provision of pre-lactal feeds, discarding the colostrums and delayed initiation of breast feed are widespread. Many mothers supplement the breast milk with water and other fluids. The supplement of the breast milk with other milk has been reported to increase the childhood mortality tenfold due to poor cleaning of the bottles and dilution With unsafe drinking water⁴. Extended breastfeeding is known to benefit the health of children

in developing countries and despite widespread expectations of a decline in breastfeeding in these countries, it has been demonstrated that the incidence and duration of breastfeeding are in fact increasing in many countries⁵.

According to WHO research the infant mortality rate in the developing countries is 5-10 times higher in children who have not been breastfed or who have been breastfed for less than 6 months. Despite the marked advantage of breast feeding its popularity has declined significantly in many parts of the world. The W.H.O recommends that infants should be exclusively breast fed for the first 6 months of life. Breast feeding should continue for at least 2 years, with weaning foods added at 6 months of age.

The discontinuation of breast feeding before 2 years of age contribute to the malnutrition and increased susceptibility to infection All these and similar practices lead to lactation failure⁶.

In most of the countries with information on breast-feeding trends, recent declines have occurred, although the decreases range from sharp to moderate⁷. Pakistan shows an increase in exclusive breastfeeding under 4 months from 12% (1988) to 25% (1992). Postpartum

care augmented with individualized professional support commenced in the hospital and continued in the community significantly increases the duration of breastfeeding among women who identify themselves as being without support for the first month postpartum⁸.

UNICEF and Govt. of Pakistan launched a program called baby friendly hospital initiative in 1992 to improve optimal breast feeding practices in hospitals and other Health facilities⁹.

Breastfeeding is associated with decreased risk for many early-life diseases and conditions, including otitis media, respiratory tract infections, atopic dermatitis, gastroenteritis, type 2 diabetes, sudden infant death syndrome, and obesity. Breastfeeding also is associated with health benefits to women, including decreased risk for type 2 diabetes, ovarian cancer, and breast cancer¹⁰.

In 2007, Healthy People 2010 objectives for breastfeeding initiation and duration were updated to include two new objectives on exclusive breastfeeding (i.e. to increase the proportion of mothers who exclusively breastfeed their infants through age 3 months to 60% and through age 6 months to 25%)¹¹.

Research has indicated that less education and lower socioeconomic status are associated with lower rates of breastfeeding among all racial/ethnic groups; however, black women across all socio-demographic variables consistently had lower rates of breastfeeding than white and Mexican-American women¹².

Lower rates of breastfeeding among black women have been attributed to several factors, such as economic pressures to return to work environments that do not support breast feeding, lack of breastfeeding education and supportive social networks, aggressive marketing by formula manufacturers, and cultural environments that do not value breastfeeding or promote positive images of breastfeeding women¹³.

However, successful interventions such as the Baby Friendly Hospital Initiative,[†] in which hospitals adopt 10 practices that support breastfeeding as outlined by UNICEF and the World Health Organization (WHO), have resulted in increases in rates of both overall and exclusive breastfeeding among black women and other subgroups with the lowest breastfeeding rates¹⁴. According to latest research carried out by WHO %age of breastfed children in different regions was (Eastern Europe, Central Asian countries-17%, Asia Pacific-33%, South Asia (Pakistan, India, Bangladesh) 24-26% & Sri Lanka-75%).

MATERIALS AND METHODS

It was an observational cross-sectional hospital based study (KAP Study), conducted at OPD and indoors of Obstetrics and pediatrics departments of Nishtar Hospital, Multan during the period from October, 2010 to January, 2011. A total of one hundred and sixty feeding mothers were selected by simple random

technique. Data were collected from mothers by a pre-tested structured questionnaire. The data was analyzed by applying various statistical tests and formulas such as frequencies, percentages, Means and Chi square test. Level of significance was set at 0.01.

RESULTS

In our study out of 160 mothers 16(10%) had matric education and only 8 (5%) had education higher than F.A while 80 (50%) were totally illiterate (Table-1).

Out of 160 women 76 (47%) were from middle class, 48 (30%) from lower class and only 36 (23%) belonged to upper class. Breast-feeding practices were low in lower class, high in middle and upper classes (Table-2). The mothers who started breast feeding with in few hours after birth were 61 (38%) and 72 (45%) started breast-feeding on 1st day while 27 (17%) mothers started breast feeding on 2nd day after birth as shown in table-3.

Duration of breast feeding was less than 1-year in 88 (55%) of the mothers, 56 (35%) breast fed their babies for 1-2 years while 16 (10%) breast fed for more than 2-years (Table-4).

A total of 61% children were breast-fed while 39% were non breast-fed. Out of 61% breast fed children, 45% were exclusively breast fed while 16% were partially breast fed. Among the breast-fed children 60% were male while 40% were female. The reasons for early curtailment of breast feeding were the perceptions of mothers 56 (35%) to stop breast feeding during ill health, 72 (45%) were against breast feeding during pregnancy while 32 (20%) mothers thinking was their milk is poor in quality and quantity and is not good for the health of baby.

Table No.1: Literacy status of mothers (n=160)

Education	No. of patients	%age
Nil	80	50.0
Primary	24	15.0
Middle	32	20.0
Matric	16	10.0
F.A and above	08	05.0

Table No.2: Socio economic status (n=160)

Class	No. of patients	Percentage
Upper	36	23.0
Middle	76	47.0
Lower	48	30.0

Table No.3: Status of breast feeding (n=160)

Status	No. of patients	%age
Within in few hours	61	38.0
1 st day	72	45.0
2 nd day	27	17.0

Table No.4: Duration of breast feeding (n=160)

CDuration	No. of patients	Percentage
< 1 year	88	55.0
1-2 years	56	35
> 2 years	16	10.0

DISCUSSION

The study was conducted at OPD and indoors of Obstetrics and pediatrics departments of Nishtar Hospital, Multan during the period from October 2010 to January 2011. It was hospital based an observational cross-sectional study (KAP Study). One hundred and sixty feeding mothers were selected by simple random method. The aim of our research was to study knowledge, attitude and practices regarding breast feeding among feeding-mothers. The mean age of women was 26 years. 36% were primigravida and 50% of the women were illiterate.

This study showed that 97% infants were given 'water', 'sugar', 'honey' & 'arq-e-gulag' as ghutti (1st feed) rather than giving breast milk due to different reasons. Main reason was the belief that moral of the infant is affected by individual who gives first feed and other reasons were religious applications and as a cleaner of gut. While in one study ghutti was given to 94% of babies⁴. 62% of infants remained devoid of breast feeding for 1st- 2 days because mostly mothers strictly denied to accept colostrums as beneficial food for their babies.

As far as socio-economic status is concerned, breast feeding practice was low in lower class, same was observed in other studies also¹².

Despite having awareness of breast feeding, the feeding practice is low among working women due to shortage of time. Among breastfed children, next pregnancy is leading cause of early weaning (<1year). In our study exclusively breast fed children were 45% while in a cross sectional study carried out between June and October 2006 in Clang exclusive breast feeding was reported by 23.8%, mixed feeding by 14.5% and infant formula feeding was reported by 52.7% of women

According to WHO researches in 1988 in Pakistan, exclusive breastfeeding was 12% and in 1995 it increased up to 25%. According to our research in this specified region of Multan exclusive breastfeeding has increased up to 45%. Breast fed babies enjoy good health, survive better and show good protection against infectious diseases¹⁵.

In our study only 38% of the mothers gave their first breast feed with in few hours after birth and 45% gave on the first day, almost similar results were observed in another study where it was started by 38% with in few hours and 40% on the first day respectively¹⁴.

Duration of breast feeding was less than 1-year in 55% of the mothers, 35% breast fed their babies for 1-2 years while 10% breast fed for more than 2-years. In a study it was observed that the discontinuation of breast feeding before two years of age contribute to the malnutrition and increased susceptibility to infection¹⁶.

CONCLUSION

Prelacteal feeds were given to majority of babies as first feed by relatives. Male infants are more breastfed as compared to females. Most of the mothers do not breastfeed their children for the first 2-3 days because of misconceptions about colostrums. The leading cause

of early weaning in most of children is next pregnancy. The trend in the breastfeeding is relatively lower in the lower socioeconomic class as compared to the middle and upper classes.

REFERENCES

1. Sarwar SA, Mazhar A, Azhar M, Attitude of mothers towards breast-feeding then- babies. Pak Paed J 1993; 4: 155-62.
2. Mustanser M. Breast-feeding PMJ 1999;1: 3-6.
3. Akrani DS, Agboatwalla M, Shamshad S. Effect of intervention on promotion of exclusive breast-feeding. J Pak Med Assoc 1997; 2: 46-8.
4. Kulsoom U, Saeed A. Breast-feeding practices and beliefs about weaning among mothers of infants aged 0-12months. J Pak Med Assoc 1997;2: 54-60.
5. Mane NB, Simondon KB, Diallo A, Marra AM, Simondon F. Early Breastfeeding cessation in rural Senegal: causes, modes, and consequences Am J Pub Health 2006; 96(1): 139-44.
6. Haneef SM, Maqbool S, Arif MA. Text book of Paediatrics. 2nd ed. Lahore: Print Yard;2000.p. 97-116.
7. Schwab MG. Mechanical Milk: An Essay on the social Hhistory of infant formula Childhood 1996; 3(4): 479- 97.
8. Porteous R, Kaufman K, Rush J. The effect of individualized professional support on duration of breastfeeding. Tria J Hum Lact 2000; 16(4): 303-8.
9. Rizivi T. Breast feeding. Community Medicines and Public Health. 5th ed. Karachi: Time Published;2000.p.845-53.
10. Ip S, Chung M, Raman G. Breastfeeding and maternal and infant health outcomes in developed countries. Rockville, MD: US Department of Health and Human Services; 2007.
11. Department of Health and Human Services. Healthy People 2010 midcourse review. Washington, DC: US Department of Health and Human Services; 2005.
12. Li R, Grummer-Strawn L. Racial and ethnic disparities in breastfeeding among United States infants: third National Health and Nutrition Examination Survey 1988-94.Birth 2002;29:251-7.
13. Forste R, Weiss J, Lippincott E. The decision to breastfeed in the United States: does race matter? Pediatrics 2001; 108: 291-6.
14. Zulfiqar PA. Reduction in lactation failure problems at a tertiary centre without HI-Tech equipment. P P J 1998; 1: 17-9.
15. Breast fed babies enjoy good health; survive better and good protection against infectious diseases. Morrison; Paula Simpson 2000.
16. Shealy KR, Li R, Benton-Davis S, Grummer-Strawn LM. The CDC guide to breastfeeding interventions. Atlanta, GA: US Department of Health and Human Services, CDC; 2005.