# A KAP study of breastfeeding practices among women at rural field practice area of community health care centre

Niraj Kumar<sup>1</sup>, Shallini Gupta<sup>2\*</sup>

<sup>1</sup>Consultant Paediatrics, CHC, Akhnoor, Jammu, J & K, INDIA. <sup>2</sup>Demonstrator, Department of Pharmacology, Government Medical College, Jammu, J & K, INDIA. **Email:** <u>nirajkdr@gmail.com</u>

## Abstract

Background: As a global goal for optimal child health and nutrition, all women should be enabled to practice exclusive breastfeeding (EBF), and all infants should be fed exclusively on breast milk from birth to 6 months of age Aims and Objectives: To assess KAP of breastfeeding practices among women at rural field practice area of community health Centre. Methodology: This was a cross-sectional study carried out in the rural field practice area of department of Health and Family welfare at Community health centre, Akhnoor during the one year period i.e. June 2017 to June 2018 in the breast feeding women attending immunization OPD, the randomly selected women who gave consent for the participation into study were enrolled to study, so during the one year period 370 women were interviewed. The data was entered to excel sheet and analyzed Chi-square test calculated by SPSS 19 version software. Result: In our study we have seen that The knowledge of Mothers was significantly lower regarding the Exclusive breastfeeding which was 44.07 % and 55.93% (X2=35.89, df=1, p<0.001); Colostrum feeding should be Given was 27.64% and 72.36% (X2=198, df=1, p<0.0001); Prelacteal feed should be Given in 94.35% and 5. 65% (X2= 10.12, df=1, p<0.05); Early Initiation of breastfeeding(within 1hr of birth) in 45.34% and 54.66% (X2= 54.78, df=1,p<0.0001), in Undernourished children as compared to Normal children. Regarding Feeding practices Mothers significantly differed with respect to Hygienein 47.00% as compared to 53.00%(12.89,df=1, p<0.05); Age of initiation of weaning was 4-6 Months was 45.00 % and 55.00% (11.29, df=1,p<0.01); Colostrum feeding present in 38.00% and 62.00% (24.57, df=1,p<0.001); Feeding during illness was present in 45.00% and 55.00% (7.89,df=1,p<0.05) of Undernourished children as compared to normal children. Conclusion: It can be concluded from our study that the Knowledge, Attitude and practices of breast feeding significantly differed among mothers of undernourished children as compared to normal children so strengthening and reinforcement of Awareness regarding the Breastfeeding should be done at all Immunization clinic. Key Word: Breastfeeding, Pre-lacteal feed, Colostrum, Undernutrition.

#### \*Address for Correspondence:

Dr. Shallini Gupta, Demonstrator, Department of Pharmacology, Government Medical College, Jammu, J & K, INDIA. **Email:** <u>nirajkdr@gmail.com</u> Parajved Date: 21/03/2019 \_\_\_\_\_\_ Accepted Date: 12/06/2019

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# **INTRODUCTION**

As a global goal for optimal child health and nutrition, all women should be enabled to practice exclusive breastfeeding (EBF), and all infants should be fed exclusively on breast milk from birth to 6 months of age.<sup>1-3</sup> The factors that influence initiation, maintenance and duration of breastfeeding are social and cultural traditions, infant maturity at birth, degree of commitment, and literacy of the mother and level of modernity. Breastfeeding is considered to be a traditional practice in India and it is believed that it comes 'naturally' to Indian mothers. Yet statistics show a rather dismal picture. As per national family health survey-3 (NFHS-3), only 46% of the Indian infants between 0 and 6 months are

How to cite this article: Niraj Kumar, Shallini Gupta. A KAP study of breastfeeding practices among women at rural field practice area of community health care centre. *MedPulse International Journal of Pediatrics*. June 2019; 10(3): 92-95. http://medpulse.in/Pediatrics/index.php exclusively breastfed<sup>4</sup>. The problem is still graver for the developing country like India where EBF rate (EFBR) is only 16.9%. Many factors may be associated with poor EBFRs. So we have done the Knowledge, Attitude and Practices study regarding breast feeding in the rural field practice area.

# **METHODOLOGY**

This was a cross-sectional study carried out in the rural field practice area of department of Health and Family welfare at Community health centre, Akhnoor during the one year period i.e. June 2017 to June 2018 in the breast feeding women attending immunization OPD, the randomly selected women who gave consent for the participation into study were enrolled to study, so during the one year period there were 370 women who were interviewed regarding the Knowledge, Attitude and Practices of Breast feeding by pretested, Semi-structured questionnaire. The nutritional status of the all under five children was assessed by WHO growth charts. The data was entered to excel sheet and analyzed Chi-square test calculated by SPSS 19 version software.

## RESULT

Table 1: Distribution of the study participants as per the Knowledge and Attitude of breastfeeding and nutritional status of children

Exclusive breastfeeding	Undernourished	Normal	X <sup>2</sup> –value ,p-value
Yes	81(44.07)	103(55.93)	X <sup>2=</sup> 35.89 ,df=1, p<0.001
No	136(72.92)	51(27.08)	
Colostrum feeding			
Given	53(27.64)	138(72.36)	X <sup>2=</sup> 198 , df=1, p<0.0001
Not given	164(91.74)	15(8.26)	•
Prelacteal feed			
Given	169(94.35)	10(5.65)	X <sup>2=</sup> 10.12 , df=1, p<0.05
Not given	48(25.20)	143(74.80)	·
Initiation of breastfeeding			
Immediately (within 1hr of birth)	83(45.34)	100(54.66)	X <sup>2=</sup> 54.78 , df=1,p<0.0001
After 1hr of birth	134(71.67)	53(28.33)	

The knowledge and attitude of Mothers was significantly less regarding the Exclusive breastfeeding which was 44.07 % and 55. 93% ( $X^{2=35.89}$ , df=1, p<0.001); Colostrum feeding should be Given was 27.64% and 72. 36% ( $X^{2=198}$ , df=1, p<0.0001); Prelacteal feed should be Given in 94.35% and 5.65% ( $X^{2=10.12}$ , df=1, p<0.05); Initiation of breastfeeding should be done Immediately (within 1hr of birth) in 45.34% and 54.66% ( $X^{2=54.78}$ , df=1,p<0.0001), in Undernourished childrens compared to Normal children.

Table 2: Distribution of the patients as per the feeding practices					
Feeding practices	Undernourished	Normal	X <sup>2</sup> –value ,p-value		
Hygienic	118(47.00)	133(53.00)	12.89,df=1, p<0.05		
Un-hygienic	71(59.00)	49(41.00)			
Age of initiation of weaning(months)					
4-6	104(45.00)	127(55.00)	11.29 ,df=1,p<0.01		
> 6	97(69.00)	43(31.00)			
Colostrum feeding					
Yes	79(38.00)	130(62.00)	24.57,df=1,p<0.001		
No	113(70.00)	48(30.00)			
Feeding during illness					
Yes	117(45.00)	142(55.00)	7.89,df=1,p<0.05		
No	83(75.00)	28(75.00)			

The Feeding practices Mother were significantly differed with respect to Hygienie in 47.00% as compared to 53.00%(12.89,df=1,p<0.05); Age of initiation of weaning was 4-6 Months was 45.00% and 55.00%(11.29, df=1,p<0.01); Colostrum feeding present in 38.00% and 62.00%(24.57,df=1,p<0.001); Feeding during illness was present in 45.00% and 55.00% (7.89,df=1,p<0.05) of Undernourished children as compared to Normal children.

#### DISCUSSION

Infant mortality rate (IMR) is considered as one of the most sensitive indicators of health status of a community. Infant mortality figures in India are very high and the two important causes which contributes maximum to the IMR inadequate breastfeeding and immunization.<sup>5,6</sup> is According to NFHS-3 data,75% of the children are not breastfed from birth and over 50% are not exclusively breastfed.<sup>7</sup> Breast milk has nutritional, immunological, behavioral and economic benefits and helps to build mother infant bonding.<sup>8,9</sup> The major causes of death among under five children in India is prematurity, neonatal sepsis, diarrhoea and pneumonia and breast milk is protective against all these diseases. Breastfeeding is a basic human activity, vital to infant and maternal health and of immense economic value to households and societies.<sup>10</sup> The WHO recommends that for the first six months of life, infants should be exclusively breastfed to achieve optimal growth, development, and health. Thereafter, infants should receive nutritionally adequate and safe complementary foods, while continuing to breastfeed for up to two years or more.<sup>11</sup> Exclusive Breast Feeding (EBF) is defined as infant feeding with human milk without the addition of any other liquids or solids.<sup>12</sup> The benefits of breast-feeding, to both mother and baby, have long been recognized<sup>13</sup> Despite strong evidences in support of EBF for the first six months of life, its prevalence has remained low worldwide<sup>14-16</sup> and it is estimated that only about one-third of infants were exclusively breastfed for the first six months of life.<sup>12</sup> In India, breastfeeding appears to be influenced by social, cultural, and economic factors. In 1991, Breastfeeding Promotion Network of India (BPNI) was born to protect, promote and support breastfeeding.17 Further, the Government of India has undertaken National Rural Health Mission, which intends to implement Integrated Management of Neonatal and Childhood Illnesses (IMNCI) through the existing healthcare delivery system.<sup>18</sup> Poor practices and attitudes toward exclusive breastfeeding have been reported to be among the major reasons for poor health outcomes among children, particularly in developing countries. Nonetheless, the promotion and acceptance of practices, such as exclusive breastfeeding, are especially important in developing countries with high levels of poverty, and that are characterized by a high burden of disease and low access to clean water and adequate sanitation. Breastfeeding has declined worldwide in recent years, as a result of urbanization and maternal employment outside the home. Although, the practice of breast feeding is influenced by various social, cultural and religious beliefs, maternal infant feeding attitude has been shown to be a stronger independent predictor of breastfeeding initiation.In

addition, maternal positive attitudes toward breastfeeding are associated with continuing to be breastfeeding longer and have a greater chance of success. On contrary, negative attitudes of women toward breastfeeding is considered to be a major barrier to initiate and continue to breastfeeding, a number of studies have assessed In our study we have seen that The knowledge and attitude of Mothers was significantly less regarding the Exclusive breastfeeding was in 44.07 % and 55.93%( X<sup>2=</sup>35.89, df=1, p<0.001); Colostrum feeding should be Given was 27.64% and 72. 36% ( $X^{2=198}$ , df=1, p<0.0001); Prelacteal feed should be Given in 94.35% and 5. 65%( X<sup>2=</sup> 10.12 , df=1, p<0.05); Initiation of breastfeeding should be done Immediately (within 1hr of birth) in 45.34% and 54.66% (X<sup>2=</sup> 54.78, df=1,p<0.0001) in the Undernourished children as compared to Normal children. The Feeding practices of Mother significantly differed with respect to Hygiene in 47.00% as compared to 53.00%(12.89,df=1, p<0.05); Age of initiation of weaning was 4- 6 Months was 45.00% and 55.00%(11.29, df=1,p<0.01); Colostrum feeding present in 38.00% and 62.00% (24.57, df=1, p<0.001); Feeding during illness was present in 45.00% and 55.00% (7.89,df=1,p<0.05) of Undernourished children as compared to Normal children. These findings are similar to M. Sai Sunil Kishore et <sup>19</sup> they found Out of the 77 mothers, 30% and 10% exclusively breastfed their infants till 4 and 6 months of age, respectively. There was 'good attachment' in 42% mother-infant pairs and infants were held in 'correct position' by 60% mothers. Thirty-nine percent of the mothers had 'satisfactory' breastfeeding knowledge.

### **CONCLUSION**

it can be concluded from our study that the Knowledge, Attitude and practices of breast feeding were significantly differed among mothers of undernourished children as compared to normal children so breast strengthening and reinforcement of Awareness regarding the Breastfeeding should be done at all Immunization clinic.

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