



## BREAST FEEDING PRACTICES AMONG POSTNATAL MOTHERS- A HOSPITAL BASED STUDY

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### ABSTRACT

To assess the knowledge and practices of mothers about breastfeeding Practices Cross-sectional study was carried out for a period of one month. A total of 162 postnatal mothers admitted in postnatal ward of OBG dept in Shri.B M. Patil medical college constitute the sample size. The data was collected using semi-structured questionnaires. Data was analyzed by using SPSS 16th version. The study shows that 21(12.9%) of the babies were feed with prelacteal feeds like honey and sugar water. The significant association was found between prelacteal feeds versus education and socio-economic status. The study concludes that the health care staff of postnatal ward must utilize the opportunity to persuade mothers for timely initiation of breastfeeding practices.

**Keywords:** Exclusive breastfeeding; Colostrum; Weaning; Duration of breast feeding

### 1. INTRODUCTION

Despite strong evidences in support of EBF for the first six months of life, its prevalence has remained low worldwide. Breastfeeding is universal with almost all babies being breastfed. However, the practice of EBF is rare only few children younger than six months being exclusively breastfed. Exclusive breastfeeding, which giving breast milk only and no other liquids, except drops or syrups with vitamins, mineral supplements or medicines, is superior to non-exclusive breastfeeding with a protective effect against both morbidity and mortality.

Exclusive breast-feeding provides low cost, complete nutrition for the infant, protects him/ her against infections including infant diarrhea, and prolongs lactation amenorrhea, thereby increasing birth spacing [1]. The World Health Organization (WHO) and United Nations Children's Fund (UNICEF) recommend that every infant should be exclusively breastfed for the first six months of life with breastfeeding continuing for up to two years of age or longer [2, 3].

### 2. MATERIAL AND METHODS

Cross-sectional study was carried out for a period of one month. A total of 162 postnatal mothers who were admitted in postnatal general ward of OBG dept (within 5 days) in Shri B. M. Patil medical college constitute the sample size. After obtaining ethical clearance from the institute, the mothers were interviewed after taking verbal consent. The data was collected using semi-structured questionnaires. Statistical test like percentage, chi-square test was applied to know the association.

### 3. RESULTS

In the present study maximum number of mothers were in the age group of 24- 26 yrs (31.5%) and 25 (15.4%) of

them were in the group of >29 yrs. Majority of respondents were literate (84%) and among them 67 (41.35%) of them had completed primary education.

**Table 1: Socio-Demographic Profile of Mothers**

	Frequency	Percentage	
Age group	18-20	29	17.9
	21-23	28	17.3
	24-26	51	31.5
	27-29	29	17.9
	>29	25	15.4
Education	Illiterate	26	16.1
	Primary	67	41.3
	High school	55	33.9
	PUC	8	4.9
	Degree	6	3.8
Religion	Hindu	135	83.3
	Muslim	27	16.7
Area	Urban	62	38.3
	Rural	100	61.7
SE Status	1	4	2.5
	2	21	12.9
	3	46	28.4
	4	81	50
	5	10	6.2
Order of pregnancy	1	62	38.2
	2	37	22.8
	3	42	25.9
	4	17	10.5
	5	4	2.6

61.75 % of them were from rural and 135(83.3%) belong to Hindu religion. Fifty percent of mothers were from low socio-economic status according to B.G.Prasad classification [4] In

our study 62(38.2%) of mothers are Primipara and remaining multipara. (Table1).

**Table 2: Distribution of children based on prelacteal feeds given**

Pre lacteal feeds		Yes 21(12.9%)	No 141 (87.1%)	P value
Education	Illiterate	4(19.1%)	22(15.6%)	Pooled X <sup>2</sup> =19.508 df=3 P=0.0006
	Primary	11(52.4%)	56(39.7%)	
	High	2(9.5%)	53(37.6%)	
	Puc	2(9.5%)	8(5.7%)	
	Degree	2(9.5%)	2(1.4%)	
SE status	1	2(9.5%)	2(1.4%)	X <sup>2</sup> - 11.285 df=4 P=0.0235
	2	0(0%)	21(14.9%)	
	3	9(9.5%)	37(26.2%)	
	4	10(47.6%)	71(50.4%)	
	5	0(0%)	10(7.1%)	
Religion	Hindu	20(95.8%)	115(81.6%)	X <sup>2</sup> 2.462 df=1 P= 0.1166
	Muslim	1(4.8%)	26(18.4%)	
Place	Urban	6(28.5%)	56(39.7%)	X <sup>2</sup> = 0.9610 df=1 P=0.3269
	Rural	15(71.4%)	85(60.2%)	

The present study shows that 21(12.9%) of the babies were feed with prelacteal feeds like honey and sugar water. The significant association was found between prelacteal feeds versus education (p=0.0006) and socio-economic status (p=0.0235). Insignificant difference was found with religion and place of the subjects (Table 2).

**Table 3: Distribution of children based on colostrums administration**

Colostrum given		Yes n= 154 (95.1%)	No n= 8 (4.9%)	P Value
Education	Illiterate	24(15.6%)	2(25%)	X <sup>2</sup> = 1.498, df=4 P= 0.8270
	Primary	63(40.9%)	4(50%)	
	High	53(34.4%)	2(25%)	
	Puc	8(5.2%)	0(0%)	
	Degree	6(3.9%)	0(0%)	
SE status	1	4(2.6%)	0(0%)	X <sup>2</sup> = 9.307. df=4 P= 0.0539
	2	21(13.6%)	0(0%)	
	3	40(25.9%)	6(75%)	
	4	79(51.3%)	2(25%)	
	5	10(6.6%)	0(0%)	
Religion	Hindu	127(82.5)	8(100%)	X <sup>2</sup> =1.683, df=1 P= 0.194
	Muslim	27(17.5)	0(0%)	
Place	Urban	60(38.9%)	2(25%)	X <sup>2</sup> = 0.6274, df=1 P= 0.4283
	Rural	94(61.1%)	6(75%)	

It is interesting to know that almost all of the babies were feed with colostrum, only 8 (4.9%) of the babies were not given colostrum because they were in ICU .significant association was found with socioeconomic status at p= 0.0539 (Table 3).

**Table 4: Distribution of children based on Initiation of breastfeeding**

Initiation of breastfeeding		Correct (n= 94) (58.03%) <1 hour	Wrong (n=68) (41.97%) > 1 hour	P Value
Education	Illiterate	15(15.9%)	11(16.2%)	pooled X <sup>2</sup> = 0.00714 df= 3 P= 0.9998
	Primary	39(41.5%)	28(41.2%)	
	High	32(34.1%)	23(33.8%)	
	Puc	5(5.3%)	3(4.4%)	
	Degree	3(3.2%)	3(4.4%)	
SE status	1	1(1.1%)	3(4.4%)	pooled X <sup>2</sup> = 2.803 df=3 P= 0.4230
	2	15(15.9%)	6(8.8%)	
	3	22(23.4%)	24(35.4%)	
	4	50(53.2%)	31(45.6%)	
	5	6(6.4%)	4(5.8%)	
Religion	Hindu	78(82.9%)	57(83.8%)	X <sup>2</sup> = 0.0202 df=1 P= 0.8868
	Muslim	16(17.1%)	11(16.2%)	
Place	Urban	31(32.9%)	31(45.6%)	X <sup>2</sup> = 0.02656 df=1 P= 0.1032
	Rural	63(67.1%)	37(54.4%)	

Initiation of breastfeeding within one hour of delivery was 58% and remaining babies were put to breast after one hour of delivery, as though all the deliveries are normal except 2 were LSCS. Insignificant difference was found between initiation and literacy, SE status, place and parity of the mothers (Table 4).

**Table 5: Knowledge regarding mother about exclusive breastfeeding**

Exclusive breastfeeding		Correct (n= 87) (53.75%) Up to 6 months (%)	Wrong (n=75) (46.29%) <6 months (%)	P value
Education	Illiterate	12(13.8)	13(17.3)	pooled X <sup>2</sup> =3.329, df=3 P= 0.3437
	Primary	36(41.4)	31(41.3)	
	High	30(33.4)	26(34.7)	
	Puc	5(5.8)	3(4)	
	Degree	4(4.6)	2(2.7)	
SE status	1	1(1.2)	3(4)	pooled X <sup>2</sup> =3.346, df=3 P= 0.3413
	2	15(17.3)	6(8)	
	3	25(28.7)	21(28)	
	4	43(49.4)	38(50.7)	
	5	3(3.4)	7(9.3)	
Religion	Hindu	72(82.4)	63(84)	X <sup>2</sup> =0.044 df=1 P= 0.8326
	Muslim	15(17.2)	12(16)	
Place	Urban	37(42.5)	25(33.3)	X <sup>2</sup> = 1.442 df=1 P=0.2299
	Rural	50(57.5)	50(66.7)	

In proportion, 75(46.29%) of mothers were not aware of exact duration of exclusive breast feeding is up to 6 months.

Insignificant difference was found between EBF and literacy, SE status, Religion, place and parity of the mothers (Table 5).

**Table 6: knowledge of mothers regarding weaning practices**

		Correct (n= 34)	Wrong (n=128)	
Weaning practices		After 6 months (20.98%)	<6 or >7 months (79.01%)	P value
Education	Illiterate	3(8.9)	23(17.9)	$X^2 = 3.52$ P= 0.319
	Primary	13(38.2)	54(42.2)	
	High	13(38.2)	42(32.8)	
	Puc	5(14.7)	3(2.4)	
	Degree	0(0)	6(4.7)	
SE status	1	0(0)	4(3.1)	pooled $X^2$ = 2.9828 P= 0.3942
	2	5(14.7)	16(12.6)	
	3	11(32.4)	35(27.3)	
	4	18(52.9)	63(49.2)	
	5	0(0)	10(7.8)	
Religion	Hindu	30(88.2)	105(82)	$X^2 = 0.74$ P= 0.38
	Muslim	4(11.8)	23(18)	
Place	Urban	12(35.3)	50(39.1)	$X^2 = 0.661$ P=0.688
	Rural	22(64.7)	78(60.9)	

128 (79%) of mothers don't know the correct period to start the weaning practices. Insignificant difference was found between weaning practices and education, SE status, religion, and place of the respondents (Table 6).

**Table 7: knowledge of mothers about duration of breastfeeding**

		Correct (n= 22)	Wrong (n=140)	
Duration of breastfeeding		Up to 2yrs (13.58%)	< 2 yrs (86.41%)	P value
Education	Illiterate	6(27.3)	20(14.3)	$X^2 = 4.82$ P= 0.186
	Primary	11(50)	56(40.1)	
	High	4(18.2)	51(36.4)	
	Puc	0(0)	8(5.7)	
	Degree	1(4.5)	5(3.5)	
SE status	1	2(9.1)	2(1.4)	Pooled $X^2$ = 0.35 df =1 P= 0.52
	2	1(4.5)	20(14.3)	
	3	8(36.4)	38(27.1)	
	4	8(36.4)	73(52.1)	
	5	39(13.6)	7(5.1)	
Religion	Hindu	18(81.8)	117(83.6)	$X^2 = 0.42$ P=0.837
	Muslim	4(18.2)	23(14.4)	
Place	Urban	2(9.1)	60(42.9)	$X^2 = 9.18$ P=0.002
	Rural	20(90.9)	80(57.1)	

Finding of the present study indicates that only 16(13.58%) of the mothers were aware about the duration of breastfeeding is up to 2 yrs. Significant association was found between

duration of breastfeeding and place of the respondents (p=0.0019). insignificant difference found between literacy, SE status and parity (Table 7).

#### 4. DISCUSSION

Out of 162 mothers, 141 (87%) were practiced EBF. The age, literacy, SE status, parity and place of the respondents does not influence the EBF. We found that the prevalence of prelacteal feed was much lower than other studies as other researchers reported. Only 12.9% of the babies received prelacteal feeds. Commonest prelacteal feeds used were honey and sugar water. Sanjay V Wagh et al, [5] and R. Chudasama et al [6] in their study found that 15.85% and 15% respectively of them received a prelacteal feed which was more than our study. Larger number of the babies has not received the prelacteal feeds because our study set up was hospital based and who will be under constant support and observation from hospital staff. The reason given by the mother about prelacteal feed was it is their cultural practice.

Almost all the babies are feed with colostrums (95.1%). Similar finding was observed in study conducted by RN Chaudhary et al [7] (95%). The health care provider were successful in implementing this step, and also all the mothers had good knowledge about the importance of colostrum.

Initiation of breast feeding within one hour of delivery was one of the ten steps to successful breastfeeding, on which the BFHI was based and implemented in 1992. In our study 58.03% of the babies were put to breast within 1 hour of delivery. In study conducted by Vandan Hiregoudar et al [8] and Sharanya B. et al [9] found that 40% and 48% of mothers initiated breastfeeding within an hour respectively, which is less than our study. Sarmila Mallik et al. [10] in their study observed that baby was put to breast immediately after handover in 66.1% cases, which was higher than our study. This will only happen if the health care providers are properly sensitized.

46.29% of mothers said that they will exclusively breastfeed their babies before 6 months of age.

In study conducted by Maheswari Ekambaram et al [10] only 38% of the mothers knew that exclusive breastfeeding should be given for 6 months. This study showed that the size of the gap between exclusive breastfeeding practices in WHO recommendations is striking.

Surprisingly 79% of interviewed mother told that they will start supplementary food for their babies under 6 months of age, however this difference was not significant with related to age, literacy, SE status, parity and place of residents of the mothers. Arun Kumar Jindal [11] found in study that highest percentage (72.12%) of the mothers had the knowledge that weaning should be started before six months. Present study clearly indicated that there is confusion regarding period of exclusive breast feeding and weaning practices.

It is dishearten to know that only 13.58% of mother had knowledge about duration of continuing breast feeding is upto 2

yrs. Sarmila Mallik et al [12] observed that 41.9% mother had correct knowledge regarding duration of continuing breastfeeding. Duration of the breast feeding is one of the important factor in breast feeding practices, but majority of the time we tend to neglect it.

## 5. CONCLUSION

The study indicates there are many inappropriate feeding practices and knowledge among mothers. Therefore reinforcement and sensitization is required for health care providers as well as mothers. Intervention and further research should pay attention to factors such as cultural practices, access to utilization of health care facilities and regarding child feeding education. Knowledge alone is not going to determine successful breastfeeding practice, sensitization of health care provider and infrastructural amendments are needed for early initiation of breastfeeding even in a hospital background.

## 6. RECOMMENDATIONS

- To achieve 100% achievement there is need provide better MCH services to promote mothers knowledge about breastfeeding practices.
- Research and public health effort like one-to-one counseling and health education on nutrition to the mother by health personnel especially during antenatal visits.
- Dedicated health care staff and nursing staff can play significant role in improving KAP OF BREAST FEEDING.
- More emphasis is given to UG and PG students to develop communication skills to enlighten mothers about benefits and importance of successful breastfeeding practices.

- How and when to wean a infant is a subject of much controversy
- More often mothers get confused with the period of exclusive breastfeeding and weaning period overlapping at the beginning or end of 6 months. More emphasis on these aspects should be addressed during IEC activities.

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