



Knowledge and attitude of mothers about breastfeeding in slum population of Khammam town

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Abstract:

Breastfeeding is the feeding of infant or young child with milk directly from a women's breast, not from a baby bottle or other container. In all mammalian species the reproductive cycle comprises both pregnancy and breastfeeding: in the absence of latter, none of those species, including man could have survived. The present study was undertaken in urban slums of Khammam town. The practice of giving prelacteal feeds was more in class V and it was statistically significant. The association between prelacteal feeds giving and receipt of antenatal services was not statistically significant. There was no significant association between prelacteal feeding and place of delivery. Human breast milk is the best source of nourishment for human infants, preventing disease, promoting health and reducing health care costs.

Key words: Breast feeding, Khammam, Slum

Introduction

Breastfeeding is the best way to feed infants and therefore, every effort should be made to promote and protect this salutary traditional practice everywhere [1]. Human milk has huge economic value, Market value: difficult to put cost. For a child of 3 months old, the cost of artificial feeding for a day costs about Rs 450/day, perpetuates income, poverty by additional spending on milk and sickness. The current level production of breast milk in India is 4000 million litres. Achievement of national goal of 6500 million litres will have an economic worth of \$ 326 million [2].

It is recommended that babies should be exclusively breastfed for the first six months. Exclusive breastfeeding means that no other food or drink should be given to the baby for the first six month [3]. Poor infant feeding practices directly or indirectly contribute to under nutrition, morbidity and mortality in infants. Sometimes lack of awareness and not poverty per se may be the likely cause of faulty infant feeding practices [4].

The breastfeeding and weaning practices of a community are governed by it's traditions, customs, knowledge, beliefs and socio cultural practices; since these aspects vary from one to another, quantification and understanding of their relative contribution to the emergence of malnutrition becomes important. As some of these underlying factors are behavioral and can be

perspective, an attempt has been made to study the breastfeeding practices in urban slum population of Khammam town.

Objective

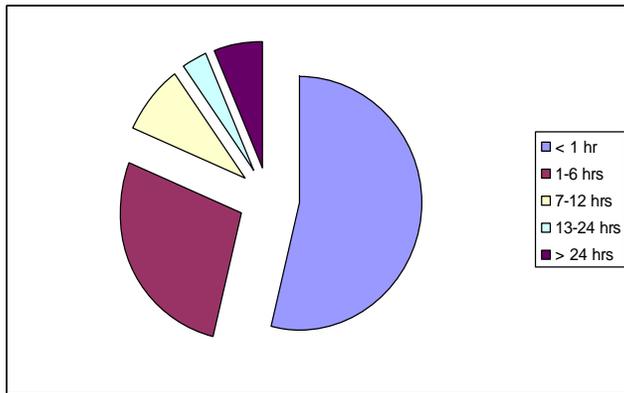
To asses the knowledge and attitude of mothers about breastfeeding.

Materials & Methods

The present study was undertaken in urban slums of Khammam town. There are 33 slums having a population living in slums were 53,150. Out of 33 slums 9 slums were randomly selected. **Study population:** All mothers with 0 – 24 months old children living in the selected slums. **Period of study:** From September 2007 to August 2008. **Type of study:** Community based, cross sectional, observational descriptive study. **Sample size (n):** The sample size was calculated taking the initiation of breastfeeding within one hour in Andhra Pradesh to be 24.6% (NFHS-3 survey) at 15% allowable error and 1.96 confidence limit. So sample size derived was 545 and 600 mothers of 0-24 months old children. **Data analysis:** The data was analyzed using SPSS software. The tests used were chi square test, proportions, percentages.

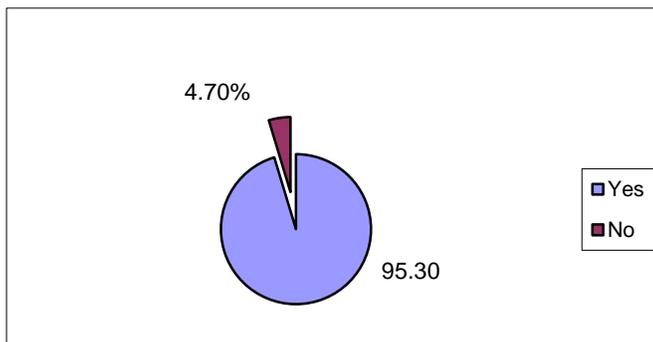
Results:

Figure 1: Initiation of breastfeeding: the mothers knowledge about the time at which breast feeding should be initiated



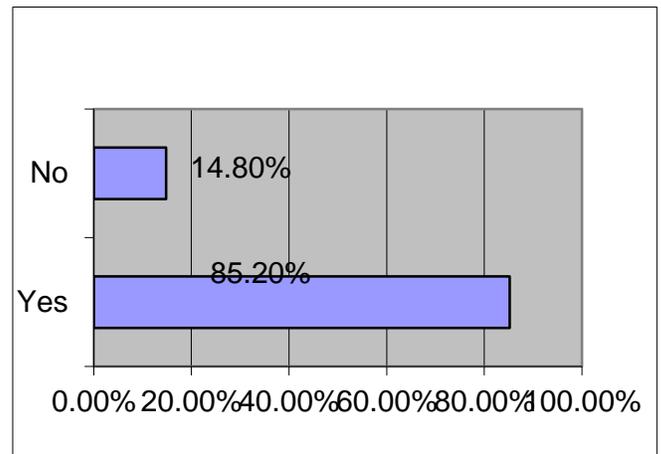
When mothers were enquired into the knowledge about initiation of breastfeeding within one hour, 1-6 hours, 7-12 hours, 13-24 hours and > 24 hours it was found 322 (53.7%) , 166 (27.6%), 54 (9.0%), 19 (6,5%) and 39 (6.5%) respectively. Four hundred and eighty six (81.0%) mothers do not knew that prelacteal feeds should not be given. The common prelacteal feeds that were in vogue – sugar water, honey, top milk, other mother’s milk etc.

Figure 2: Knowledge of mother regarding the colostrum



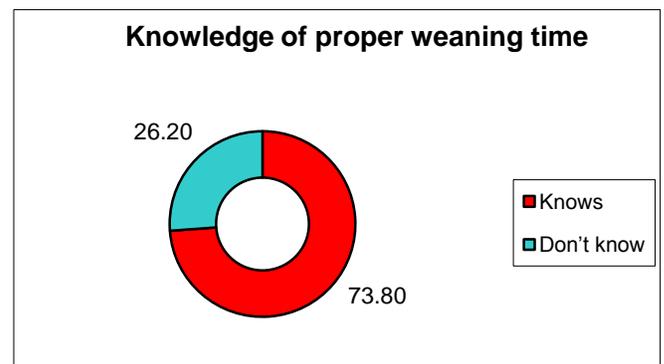
Five hundred seventy two (95.3%) mothers in the studied units knew about the importance of colostrum and almost all of them were knowing it’s importance and gave the reasons for giving colostrum.

Figure 3: Knowledge of exclusive breastfeeding



Exclusive breastfeeding was known to 511 (85.2%) mothers. But majority of them do not know the advantages of exclusive breastfeeding. All the study population (100) liked to breastfeed their babies and were aware of the benefits of breastfeeding. Regarding the importance of breastmilk, seventy seven (77) of the population said that breastmilk is the ideal food for the baby and twenty two (22) said that it contains protective substances. All the mothers said they feed the child on demand.

Figure 4: Proper weaning time



In the study population 443 (73.8%) said that complementary feeds should be given during the six month of age of child. Home made weaning foods were preferred by 338 (56.3%) mothers. While 17.8% preferred only commercial weaning foods and 25.8% preferred both. In a study it was found that weaning diets were compromised due to poor food choices, preparation practices and limited variety. The participants knowledge regarding specific foods, their functions and recommended quantities were poor.

Figure 5: Type of weaning food

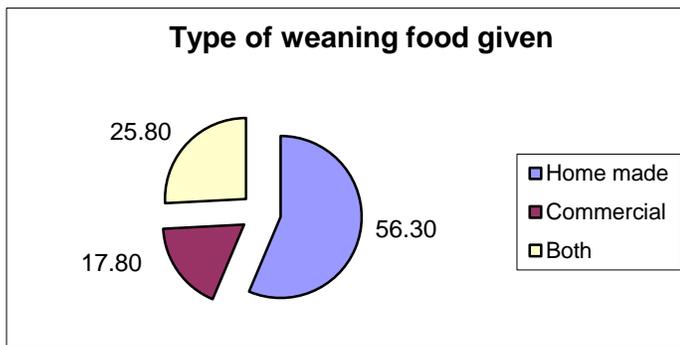
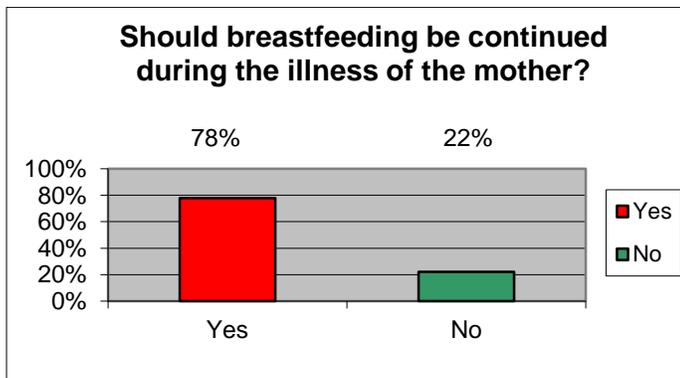
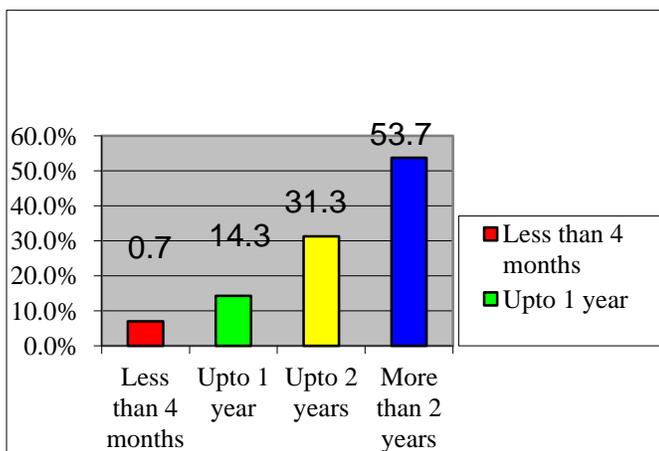


Figure 6: Breastfeeding and illness of the mother



The attitude of mothers to continue the breastfeeding during the illness of mothers was shown in figure no.6 Majority of the population in the study area believed that breastfeeding should be continued during the illness of the mother. In the present study 78% of the respondents believed that breastfeeding should be continued during the illness of the mother.

Figure 7: Knowledge of duration of breastfeeding



The duration of breastfeeding planned was beyond 2 years, up to 2 years, up to 1 year was 53.7%, 31.3%, and 14.3% respectively. Only 0.7% planned to give breastfeeding less than 4 months.

A significant association between attitudes towards duration of breastfeeding and socioeconomic status was observed. Class IV socioeconomic group had an attitude of breastfeeding to their children beyond 2 years to the extent of 73.1%. Only 14.3% of class I socioeconomic status mothers planned to breastfeed children beyond 2 years. Similar to the present findings Rama Ram et.al 2000 reported shorter duration of breast feeding (15.5%) with higher socio economic status mothers. However, no significant association is seen between attitude of mothers towards duration of breast feeding and antenatal care services ($\chi^2 = 0$, $df = 1$, $p > 0.5$), Likewise, no significant association was seen between source of antenatal care and duration of breastfeeding planned/given by mothers. ($\chi^2 = 1.1$, $df = 1$, $p > 0.1$) Place of delivery and person conducted delivery were not having significant association with attitude towards duration of breastfeeding. One hundred and eighteen (98.3%) mothers were giving breastfeeding, 251 (89.0%) mothers were breastfeeding beyond 12 months. Mean duration of breast feeding was found to be 11.55 ± 6.25 months. It is generally believed that urban mothers are less likely to breastfeed their children.

Prelacteal feeds

Giving prelacteal feeds is a popular and deep rooted social custom in India, both in urban and rural areas. Among studied mothers 36.1% gave prelacteal feeds. The common prelacteal feeds given were top milk, honey and sugar water. The prelacteal feeds they gave to their babies are in the form of honey 13%, sugar water 1% and top milk 85.25%. Unlike the findings in the present study, the type of inaugural feeds given by the mothers revealed that more number of mothers preferred giving boiled water to the infant, accounting for 37.60%. The practice of giving prelacteal feeds was more in class V and it was statistically significant. The association between prelacteal feeds giving and receipt of antenatal services was not statistically significant. There was no significant association between prelacteal feeding and place of delivery. ($\chi^2 = 2.54$, $df = 1$, $p > 0.01$). and person conducting delivery. This implies that even in hospitals and doctors are qualified people conducting deliveries had not changed the opinions or practices of the people. In the present study 95.3% mothers gave colostrum. Only 4.7% mothers did not give colostrum.

Table 1: Duration of breastfeeding planned / did by mothers Vs socioeconomic status: (n = 600)

Socioeconomic status	Duration of breastfeeding planned / did by mothers			Total n (%)
	<12months n (%)	1-2 years n (%)	> 2 years n (%)	
Class I	4 (28.6)	8 (57.1)	2 (14.3)	14 (100.0)
Class II	14 (30.4)	16 (34.8)	16 (34.8)	46 (100.0)
Class III	46 (22.4)	63 (30.8)	58 (34.8)	167(100.0)
Class IV	18 (5.4)	72(21.5)	245(73.1)	335 (100.0)
Class V	8(21.1)	29(76.3)	1(2.6)	38(100.0)
Total	90(15.0)	188(31.3)	322(53.7)	600(100.0)

X² 148.25, df = 8, p < 0.001 significant

Table 2: Duration of breastfeeding

Mothers were asked if they were breastfeeding their index children at the time of interview. 93.7% were breastfeeding their children, only 6.3% were not breastfeeding their children. Point prevalence of breastfeeding at the time of interview by age of child. (n=600)

Age of the child (in months)	Are you breastfeeding your child		Total
	Yes	No	
< 1	14 (100.0)	0 (0.0)	14 (100.0)
1-6	118 (98.3)	2 (1.7)	120 (100.0)
7-12	179 (97.3)	5 (2.7)	184 (100.0)
> 12	251 (89.0)	31 (11.0)	282 (100.0)
Total	562 (93.7%)	38 (6.3%)	600 (100.0)

(figures in parenthesis indicate percentages)

Table 3: Relationship between Prelacteal feeding and education of mother (n = 600)

Prelacteal feeds	Given (%)	Not given (%)	Total (%)
Illiterates	76 (40.2)	113 (59.8)	189 (31.5)
Literates	141 (34.3)	270 (65.7)	411 (68.5)
Total	217 (36.2)	383 (63.8)	600 (100.0)

x²= 1.96, df = 1, p > 0.1 not significant.

There was no significant association between literacy and prelacteal feeding in the studied units.

Table 4: Prolactal feeding Vs. Socioeconomic status (n = 600)

Socioeconomic status	Prolactal feeds		Total (%)
	Yes (%)	No (%)	
Class I	5 (35.7)	9 (64.3)	14 (100.0)
Class II	13 (18.3)	33 (71.7)	46 (100.0)
Class III	41(24.5)	126 (75.5)	167 (100.0)
Class IV	124 (37.0)	211 (63.0)	335 (100.0)
Class V	34 (89.5)	4 (10.5)	38 (100.0)
Total	217 (36.2)	383 (63.8)	600 (100.0)

$\chi^2 = 62.83$, df = 4, p < 0.001, significant

Table 5: Colostrum feeding with literacy (n= 600)

Education	Colostrum		Total (%)
	Given (%)	Not given (%)	
Illiterates	173 (91.5)	16 (8.5)	189 (100.0)
Literates	399 (97.0)	12 (3.0)	411 (100.0)
Total	572 (95.3)	28 (4.7)	600 (100.0)

$\chi^2 = 10.83$, df = 1, p = 0.001, significant

There was a significant association between colostrum feeding and literacy status of mother in the study area it was statistically significant.

Discussion:

Subbaiah and Nanthini, in their study conducted on 100 postnatal mothers report that ninety one (91) of the population knew that they should feed the baby with colostrum but only fifty (50) of the population knew the reason for feeding colostrum [5]. Similar findings were reported by Durge et al 1996 that 83.59% had fed colostrum [6]. The present findings were similar to the study of Das and Ahmed, who reported that most of the Bangladesi rural mothers did not have correct knowledge about exclusive breastfeeding [7]. According to Madhu et al, only 40% of children were given exclusive breastfeeding [8]. Subbaiah and Nanthini, [5] in their study conducted on 100 postnatal mothers report that overall knowledge regarding breastfeeding in the study population was 47.4±11.84 (range 25 – 78).

Panth and Chothia, reported that most of the mothers of their study group in urban Baroda district believed in initiation of solid supplements at 4-6 months of age [9]. Unlike our findings Srivatsava et al, reported that over 90% mothers thought that supplementation with semi solids was necessary after only one year of

age [10]. The women adhered to their cultural beliefs regarding food choices and preparation practices [11]. Unlike our findings, according to Panth and Chothia, women mainly used commercial foods for weaning and most mothers avoided Dals (pulses) for the child because those were believed to be difficult to digest and produced gas in the child's stomach [9]. Unlike to the present study Aneja et al, reports that 87% of the children were being given commercially available weaning foods [12]. In collaboration of our findings it was found that breastfeeding in maternal illness was a common practice observed among mothers [13]. Kulkarni et al found the reason for the discontinuation of breastfeeding before six months were mainly illness of the mother [14].

There was no significant association between literacy and prolactal feeding in the studied units. The findings are similar with the findings of Chhabra et al who reported prolactal feeding had no relationship with education of mother [15].

The findings of the present study were similar with the findings of Dinesh Kumar et al who reported 40% of mothers of urban slums of Chandigarh gave prolactal feeds [16]. Almost similar findings was reported by Kulkarni et al [14]. The present findings are in concurrence with the study of Durge et al in their study found that 83.59% mothers have fed colostrum

with idea that it will increase immunity of children and good for health of children [6].

Unlike to the findings of present study, Gokhale et al in their study of “The multi factorial influence on child health in India” reports 45.1% literate mothers gave colostrum [17]. Unlike to the findings of the present study Chowdary et al reported literacy status of mother had no significant relationship with the pattern of breastfeeding adapted by mothers [18]. The present findings are similar with the findings of Gokhale et al, 2004 reports that significant influence between colostrum feeding and literacy in a study of 374 rural mothers [17].

Conclusion

Human breast milk is the best source of nourishment for human infants, preventing disease, promoting health and reducing health care costs. The World Health Organization recommends a minimum of two years of breastfeeding and exclusive breastfeeding at the first six months of life. The breastfeeding and weaning practices of a community were governed by its traditions, customs, knowledge, beliefs and socio cultural practices; since these aspects vary from one to another, quantification and understanding of their relative contribution to the emergence of malnutrition becomes important.

Recommendations

The study shows that the feeding practices followed in the community were not influenced by the traditions, beliefs and old cultural practices. The following recommendations were made to encourage appropriate feeding practices. At family level: Family support to the females to follow correct feeding practices of the children, Proper nutrition of pregnant women and lactating mothers. At community level: IEC activities, Antenatal sensitization about feeding colostrum and exclusive breastfeeding and Breastfeeding supporting groups should be formed at the peripheral level staff.

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