

ORIGINAL ARTICLE

Maternal Knowledge and Perception about the Breast Feeding and Factors Influencing it – A Study in Urban Low Socioeconomic Class of Pune

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Abstract

Objective – To study the breast-feeding (BF) practices and factors influencing it in low socioeconomic strata of Pune.

Method – A cross sectional study of 150 mothers was done between April to November 2006. Data were collected using structured questionnaire and analyzed.

Result - Seventy-three (48.6%) babies were exclusively breast fed (EBF), 57 (38%) were top fed, 15 (13.3%) were both breast and top fed. Illiteracy, primigravida, younger age and mothers living in nuclear family were found at significant higher risk of not following EBF. Undesirable sociocultural beliefs and misconceptions in the society affect BF practices.

Conclusion- Exclusive breast feeding for 6 months is still not routinely practiced by most of mothers. So promotion of optimal BF practices is suggested.

Keywords-Child, Knowledge, Attitudes, Practice.

Introduction

Infant Mortality Rate (IMR) is regarded as an important sensitive indicator of health status of a community. It reflects the effectiveness of interventions for improving maternal and child health in a country (1). Major part of IMR is contributed by a neonatal mortality rate. It has been said that 50 % infant deaths occurs within the neonatal period (1,2,3). In countries like India the major killers are malnutrition, acute respiratory infections and diarrhea (4,5). Breast feeding (BF) is well known since ancient age and has been practice universally. Mother's milk is best milk for a neonate. Breast-feeding has long been recognized to have anti infective and anti-immunomodulating effect on infant beside its nutritious value (6,7). Exclusive breast feeding (EBF) is the most natural and scientific way of feeding infant in the first 6 months of life (8). BF can contribute to the reduction of mortality and morbidity (4). But in spite of continuous education regarding BF, most of mothers do not adhere to these practices. The present study is aimed to determine BF practices and factors influencing it in a mother from low socioeconomic strata of Pune.

Material and method:

The present study was done in an Urban Health Center of Grant Medical Foundation, Ruby Hall Clinic, Tadiwala road, a slum situated in Pune. Since slums are known for the poor living standard and unhealthy behavior, the choice of the slum area for the study was done. A cross sectional study of 150 consecutive mothers, on the basis of pilot survey, who had delivered at our hospital or were attending OPD for vaccination of child was conducted. An informed consent was obtained from mothers before their participation. A questionnaire was filled out either by mothers or by nurse caring for the mothers. Questions asked included age, socio- economic status, parity, education of mother and history of working outside the home, type of milk mother would like to feed baby, her knowledge of colostrum and whether prelacteal feed were given to her recently

born baby. Impact of age, parity, education and family type on breast-feeding beliefs in mothers were analyzed. Data from the survey was statistically analyzed using Microsoft Excel and spreadsheet.

Results

A total of 20 mothers interviewed had delivered at our hospital, while 130 were interviewed at the time of baby's immunization. 73 (48.6%) babies were exclusively breast fed (EBF), 57 (38%) were top fed and 15 (13.3%) received mixed feeds.

Forty-three women (28.6%) were 21-25 years of age (group A); 55 (36.6%) were 26-30 years of age (group B) and 52 (34.6%) were over 30 years (group C). 27 (62.2%) mothers in group A, 25 (45%) in group B and 17 (32%) in group C were primigravida; 30 (71%) in group A, 36 (66%) in group B and 35 (67%) in group C were literate. 18 (41.8%) in group A, 25 (45%) in group B and 30 (57%) in group C gave EBF.

106 (70%) women lived in joint family and of those 85 (80%) gave EBF. 44 women (23%) lived in nuclear family and of those 26 (59%) gave EBF.

One hundred and twelve (75%) mothers had antenatal education regarding BF. 55 (49%) received it from mother, 45 (40%) received it from mother in-law and 12 (10%) got it from their doctor. 120 (80%) mothers started BF at birth, 30 (20%) did not give BF at birth of these 3 (10%) had retracted nipple, 3 (10%) had sore nipple, 7 (23.3%) thought colostrums is bad for baby and 17 (56.6%) has given prelacteal feed to baby. Prelacteal feeds consisted of water in 5 (29%), honey in 5 (29%) and cow's milk in 6 (35%) babies. Other factors affecting breast feeding are depicted in Table 1.

Table 1 –Factors affecting breast-feeding

Parameter	Total no. (N)	No. of mothers who EBF
Parity	Primigravida (79)	32 (40%)
	Multigravida (71)	38 (50%)
Education	Literate (101)	69 (68%)
	Illiterate (69)	22 (45%)
Working Status	Working (69)	24 (35%)
	Non-working (81)	60 (75%)

Discussion

Breast milk is the best gift a mother can give to infant. It is believed that breast-feeding is universally and traditionally practiced in India (9). National Family Health Survey (NFHS) reports that 96 % of children in India are breast fed (9,10). There is a great inconsistency finding regarding prevalence and correlates of BF practices of mothers in different part of country (9, 11, 12, 13, 14, 15). A recent study from Ghana found that 22% of death among newborn were prevented if newborn started BF within one hour of birth (16). Present study indicates there are lots of newborn that did not get BF at birth due to some maternal problems, which can be addressed in pregnancy itself. In this era

of modern technology, still babies are fed with honey and water. It is important that specific components of antenatal service need to be strengthened. Although campaign is carried out by various authorities and hospitals only a few patients get proper education from health worker. The importance of medical and paramedical personnel in providing correct information to mother about proper feeding of infant and guiding them can't be over emphasized (17).

The implication of study is to improve maternal knowledge about BF, aggressive campaigning and health personnel involvement as crucial to make Exclusive Breast Feeding successful.

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Contributors

AB: concept, design and data collection, revision and finalization of the draft and act as guaranter of the paper; NH: supervision of data collection, analysis and interpretation of data, preparation of the manuscript.

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References

1. Singh B. Infant mortality rate in India: Still a long way to go. *Indian J Pediatr* 2007;74:454-454.
2. State of World's Children. UNICEF: 2006. Available on url: <http://www.unicef.org/India/health>
3. Rahi M, Taneja DK, Misra A, Mathur NB, Badhan S. Newborn care practices in an urban slum of Delhi. *Indian J Med Sci.* 2006;60:506-513.
4. Cunha AJ, Leite AM, Machado MM. Breastfeeding and pacifier use in Brazil. *Indian J Pediatr* 2005;72:209-212.
5. Black RE, Morris SS, Bryce J. Where and why are 10 million children dying every year? *Lancet* 2003;361:2226-2234.
6. Tripathy AK, Mishra L, Bakhshi S, Arya LS. Breast feeding and childhood hematological malignancy. *Indian*

7. Wagner CL, Anderson DM, Pittard WB. Special properties of human milk. *Clin Pediatr* 1996; 35: 283-293.
 8. Mallikarjuna HB, Banapurmath CR, Banapurmath S, Kesaree N. Breastfeeding Problems in First Six Months of Life in Rural Karnataka. *Indian Pediatr* 2002;39:861-864.
 9. Kumar D, Agarwal N, Swami HM. Socio-demographic correlates of breast-feeding in urban slums of Chandigarh. *Indian J Med Sci* 2006;60:461-466.
 10. National Family and Health survey 1998-99. International Institute for Population Sciences, Mumbai, India ORC Macro: Maryland, USA; October 2000.
 11. Singh S, Bhasin SK, Ingle GK, Raut DK. Pattern of breast-feeding practices in a rural community from Haryana. *J Trop Pediatr* 1990;36:334-5.
 12. Jeelson UC, Richard J. Factors influencing breastfeeding behavior. *Indian Pediatr* 1989;26:997-1002.
 13. Bhardwaj N, Hasan SB, Yunus M, Zaheer M. High risk pregnancy and its relation with maternal care receptivity (MCR) - A rural study from India. *J R Soc Health* 1991;111:43-6.
 14. Srivastava SP, Sharma VK, Kumar V. Breast feeding pattern in neonates. *Indian Pediatr* 1994;31:1079-82.
 15. Kumar S, Nath LM, Reddaiah VP. Factors influencing prevalence of breastfeeding in a resettlement colony of New Delhi. *Indian J Pediatr* 1989;56:385-91.
 16. BPNI bulletin, India-Breastfeeding: The 1st Hour Save 250,000 babies! Available from www.bpni.org/WBW/2007/wbw.pdf
 17. Taneja DK, Misra A, Mathur NB. Infant feeding — An evaluation of text and taught. *Indian J Pediatr*
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