

How to Cite:

Parashar, H. (2022). A descriptive study to assess the knowledge and practice related to breast feeding among mothers in selected hospitals at Bangalore Karnataka. *International Journal of Health Sciences*, 6(S6), 3175–3183.
<https://doi.org/10.53730/ijhs.v6nS6.11187>

A descriptive study to assess the knowledge and practice related to breast feeding among mothers in selected hospitals at Bangalore Karnataka

Hemendra Parashar

Associate Professor, Mahatma Gandhi Nursing College, Jaipur Rajasthan India

Abstract---Although breastfeeding is a common practice in India, proper breastfeeding is very beneficial for infants as well as mother. Despite strong evidence of the advantages of feeding, breast feeding rates are subpar, indicating significant gaps that must be found and filled. The objective of the present study was to examine the knowledge and practice of regarding breast feeding among Indian nurturing mother. Methodology: Present study is a descriptive survey carried out among postnatal mothers. Total of 60 mothers were included who met with the inclusion criteria by purposive sampling method. Inclusion criteria of study were mother of healthy baby (baby weight more than 2.5 kgs), baby without any congenital defect and baby born between 37 to 42 weeks of gestation. During data collection procedure the ethical considerations like formal permission from authorities, written consent from sample and confidentiality etc. Result: The present study found that having majority of mother have average knowledge and practice regarding breast feeding and positive correlation between both knowledge score and practice score. no significant association found between demographic variables with knowledge score as well practice score Except family monthly income. Conclusion: Present study result shows that level of knowledge and practice regarding breast feeding not at satisfactory level . Therefore, it is crucial to teach mothers about breastfeeding throughout pregnancy. Additionally, we advise stepping up public health education efforts to support breastfeeding.

Keywords---nurturing mother, colostrum, breast feeding, knowledge, practice.

Introduction

In the current environment, women are very career-focused and have succeeded in many sectors of the society, yet same career-focused women often ignore their home lives, whether on intention or unintentionally. The finest nutrition for all newborns is mother's milk, which has been shown through millions of years to be nature's ideal meal.¹ It is crucial for a baby or child's growth, development, health, and nutrition that breastfeeding be started at the appropriate time and that complementary feedings are sufficient. Early breastfeeding can prevent children from delays in their language and motor ability development. Exclusive breastfeeding can save the lives of many newborns by reducing malnutrition and diarrhoea, thus education to mother regarding breastfeeding techniques are essential.²

The start, length, and age at which breastfeeding is discontinued all play key roles in the growth and development of newborns. Therefore, in order to improve children's nutritional status, it is necessary to promote and safeguard the best practices for newborn feeding. Infants that are exclusively breastfed are fed just human milk without the addition of any additional liquids or solids. Long acknowledged are the advantages of breastfeeding for both mother and child.³ For the first six months of life, exclusive breastfeeding is advised as the best feeding strategy. After that, semi-solid meals should be given (complementary feeding), and breastfeeding should be maintained for at least another two years to satisfy the babies' physiological needs. Another natural method of birth control that might help to spread out pregnancies is exclusive breastfeeding for the first six months of a pregnancy.⁴

Need of study

More than 4 million newborns die in their first four weeks of birth each year, according to the W.H.O. Early neonatal life accounts for three million of these fatalities. According to UNICEF (2009), neonatal sepsis causes 26% of newborn deaths, preterm birth causes 27%, hypoxia causes 23%, tetanus causes 7%, diarrhea causes 3%, congenital diseases cause 7%, and other causes account for 7% of neonatal deaths.⁵ According to UNICEF, breastfeeding exclusively for six months lowers newborn mortality and under-five mortality in India more effectively than any other child survival strategy.⁶ If breastfeeding promotion coverage reaches 99 percent, it alone may reduce infant mortality by 11.6 percent and save 21.9 million DALYs (disability adjusted life years) by age three.⁷ Additionally, it has been shown that infants who are artificially fed often have diarrhea and pneumonia, the two conditions that are the most prevalent causes of newborn death (WHO/UNICEF, worldwide plan for infant and young child nutrition).⁸

Due to urbanization and mothers' jobs outside the house, breastfeeding rates have decreased globally in recent years. Additionally, research in India has shown a drop in breastfeeding patterns, particularly in urban areas. (11) More than 75% of infants in the country do not show early beginning of breastfeeding, and more than 50% of children are not exclusively breastfed. (12) As a result, it is very important to pay attention to India's low rates of early breastfeeding initiation.⁹ In

order to investigate the connection between very early breastfeeding beginning and infant mortality, Smith E. R. et al. undertook a comprehensive review. The results showed that compared to babies who started breastfeeding within the first hour of life, babies who started breastfeeding between two and twenty-three hours after birth had a 33 percent higher risk of neonatal mortality, and babies who started breastfeeding within the final 24 hours after birth had a 2.19-fold higher risk. Children who started feeding less than 24 hours after delivery had an 85 percent higher risk of neonatal death than those who started more than 24 hours after birth among the subset of infants who were exclusively breastfed throughout the neonatal era.¹⁰ Biks GA et al conducted a prospective open cohort study with aim to identifying risk factors that are associated with infant mortality. The overall infant mortality rate was 88 per 1000 person-years. After controlling other important predictors in multivariate Poisson regression breast milk initiated after 24 hours of birth, , infants not exclusively breastfed, mothers not wash hands with cleanser after visiting toilet and before feeding kid, being rural residents, infants born within 24 months for the previous birth. In conclusion, in this largely rural environment with subpar hygiene conditions, exclusive breastfeeding is the best indicator of baby survival. In the research context, encouraging moms to breastfeed their infants exclusively can help minimise infant mortality. This is an approach that is affordable, safe, and practicable.¹¹

Methodology

This cross sectional study was carried out among mothers who were available in paediatric ward of K.C. General Hospital, Bangalore. Mothers of neonates and infants aged 1 month and above (up to 1 years) who were being breast fed are involved in this study. Total 60 sample was collected by using non probability purposive sampling technique. The study was initiated after taking approval by the institutional ethics committee. The purpose of study was explained to mothers and verbal consent was obtained from those women who agreed to participate in the study. A face-to-face interview of study participants was done for collection of data in a separate room. A pre-designed and pre-tested structured questionnaire was used. It consisted of two parts; first part was having questions eliciting information about the demographic profile of participants: Age, religion, education of the participant, education of the husband, occupation of the participants, monthly income, type of family, place of residence, source of information. The second part contains questions assessing knowledge and practices towards breastfeeding among postnatal mothers. Total 20 questions on knowledge and 10 items on practice were asked in a local language and the time taken to complete the questionnaire was approximately between 30-40 minutes. After the completion of interview, all the mothers were informed about the significance of prolonged breast feeding up to period of 2 years and beyond. Confidentiality of participants was assured and maintained. Tool reliability ($r = 0.86$) was established using spearman Brown prophecy formula. Data was entered in Microsoft Excel and using descriptive statistics data was expressed in frequencies and percentages.

Result

In the present study, a total of 60 postnatal mothers were participated in the study. Out of these, 73% were in the age group 21-25 years, 19% were in age group 26-30 and 8% were in age of 15-20 year. Nearly half of the (57 %) were Hindus and mostly were unemployed (97%). Majority of the participants were educated up to middle school (72%) and 18 % were educated at primary school level. With respect of residential area, almost (87%) mothers lived in rural area only 13% mothers belong to urban area. Majority of mothers (80%) live in nuclear family and majority of mothers (88%) have monthly family income around 10000-15000. Almost all mother (95%) getting information from health personnel.

Table 1
Knowledge of level among mothers on breast feeding

| | LEVEL OF KNOWLEDGE | FREQUENCY | PERCENTAGE |
|----|-------------------------------|-----------|------------|
| 1. | Inadequate knowledge | 7 | 12% |
| 2. | Moderately adequate knowledge | 45 | 75% |
| 3. | adequate knowledge | 9 | 13% |

The data presented in above table most of mothers 75 % had moderately adequate knowledge about breast feeding whereas 13 % adequate knowledge and only 12% had inadequate knowledge about breast feeding

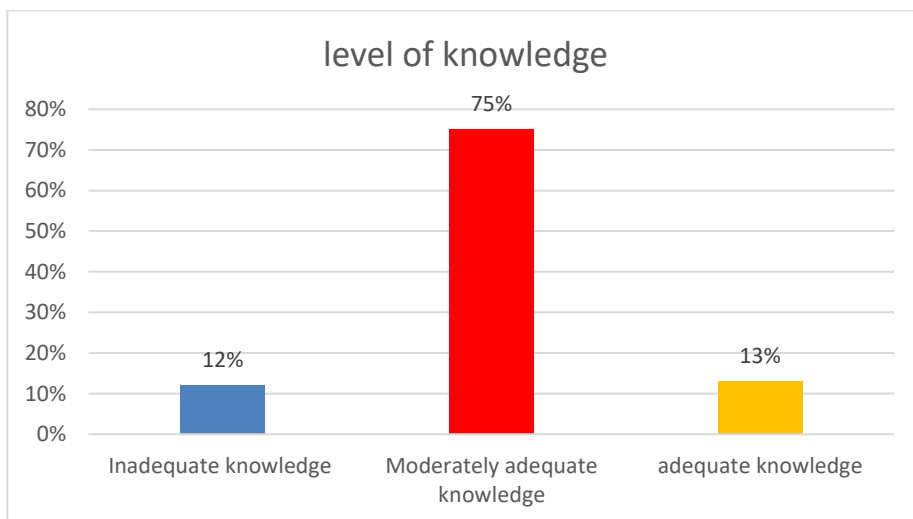


Figure1. Bar graph showing level of knowledge regarding breast feeding

Table 2
Distribution of knowledge level of mothers on breast feeding in Mean and SD

N=60

| Maximum score | Range of score | Mean score | S.D |
|---------------|----------------|------------|------|
| 20 | 0-20 | 12.3 | 2.25 |

Table 2 represents the overall mean knowledge score of mothers is 12.3(SD= 2.25).

Table 3
Level of practice regarding breast feeding

| S.NO | LEVEL OF PRACTICE | FREQUENCY | PERCENTAGE |
|------|--------------------------|-----------|------------|
| 1. | Poor practice | 4 | 6% |
| 2. | Moderately good practice | 40 | 67% |
| 3. | Good practice | 16 | 27% |

The data presented in above show that most of mothers (67%) have moderately good practice about breast feeding whereas 27 % moderately good practice and only 3% having poor practice about prevention of ventilator associate.

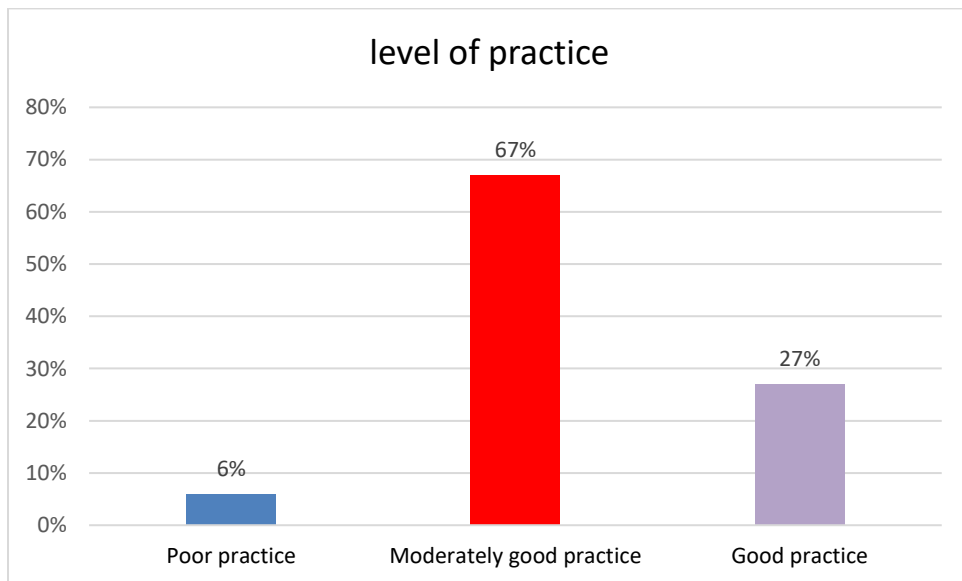


Figure 2. Bar graph showing level of practice regarding breast feeding

Table 4
Distribution of practice level of mothers on breast feeding in Mean Range, SD and Mean percentage

N=60

| Maximum score | Range of score | Mean score | S.D |
|---------------|----------------|------------|------|
| 10 | 0-10 | 5.16 | 1.54 |

Table 4 represents the overall mean practice score of mothers is 5.16 (SD=1.54).

Table 5
Coefficient of correlation between the knowledge and practice score

| Variables | Mean | Standard deviation | Coefficient of Correlation |
|-----------------|------|--------------------|----------------------------|
| Knowledge score | 12.3 | 2.23 | 0.6759 |
| Practice score | 5.16 | 1.54 | |

*Significant at .05 level, df (10), $r=$.

Above table shows the mean and standard deviation of knowledge score and practice score of mothers. As regard to knowledge mean score was found to be 12.3 with standard deviation 2.23. As regard to practice mean score was found to be 5.16 with standard deviation 1.54. As regarding correlation a positive correlation between the knowledge score and practice scores ($r=0.6759$) of mothers, which is found to be statistically significant at 0.05 level of significance. Regarding association, no significant relationship was found between mothers' breastfeeding knowledge and their selected demographic variables. For breastfeeding practice of mothers, monthly income showed a highly significant relationship with mean practice scores.

Discussion

Global movements towards protecting, encouraging and supporting breast milk as a part of optimal feeding practices among infants has been emphasized since many years however there is incongruence between what is recommended and what is practiced in reality.¹² In present study show that maximum of mother have average knowledge (75%) and moderately good practice (67%) regarding breast feeding. In the present study, only (12 %) mothers were having inadequate knowledge regarding exclusive breast feeding to their infants, whereas in a study conducted by Girish S *et al.* 38% mothers were not inadequate knowledge regarding exclusive breast feeding exclusive breastfeeding.¹³ However, much lower rate of 14% unsatisfactory level of knowledge of breastfeeding was reported in a survey among mothers in Saudi Arabia The study demonstrated that a moderate positive correlation between knowledge and practices. Improvement in knowledge level will eventually lead to good practices, but contrast too this study Sushma Sriram *et al.* conducted a study on knowledge and practices of mothers regarding infant feeding in 2013. They found no association between knowledge and practice.¹⁵ Hillenbrand *et al* (16) stating that improvement in knowledge translated to improved European confidence in handling breast feeding

problems.¹⁶ In the present study, other socio demographic variables like religion, education, employment status, total family income and type of family were not associated significantly with knowledge regarding exclusive breast feeding. Similar findings were demonstrated in the study done by Radhakrishnan S in Rural Tamil Nadu in 2015. Another study done by Sharanya B et al., in Mangalore (2013) has also demonstrated that education, religion and type of family did not show any significant association with knowledge regarding exclusive breast feeding.^{17,18} The age factor can affect a person's knowledge, the higher the age, the better the way of thinking and experience the more but our study age was not associated with knowledge and practice regarding breastfeeding same result shown in as study conducted by Sushma Sriram et al.¹⁵ only family income was significantly associated with practice score regarding breastfeeding and this result supported by one more study conducted Shofiya D citing that family income is significantly related to the successful implementation of exclusive breastfeeding.¹⁹

Conclusion

Our data also suggest that the degree of knowledge and practice on breast feeding was insufficient among indian women. There are major knowledge and practice gaps about exclusive breastfeeding among moms. As malnutrition would be lessened if exclusive breastfeeding is widely established, our research implies that breast feeding related education and interventions might play an essential role to raise the level of awareness and practice of exclusive breastfeeding among lactating mothers. Health policy makers of India may consider doing a research with a bigger sample size so that additional information can be acquired about knowledge and practice of exclusive breastfeeding in India. Maternal understanding, maternal level of education and age of the child may also be relevant in increasing the use of exclusive breastfeeding. Healthcare practitioners should go beyond the basic presentation of knowledge to encouraging and supporting women to overcome difficulties to implementing exclusive breastfeeding. Informing all pregnant women about the breastfeeding might be viewed as a priority during prenatal consultations. Strengthening of prenatal and postnatal treatments to promote breastfeeding behaviors is advocated. Thus, it is crucial to give prenatal education to fathers and mothers on breast feeding.

Conflict of Interest

The authors certify that they have no involvement in any organization or entity with any financial or non-financial interest in the subject matter or materials discussed in this paper.

Funding Source

There is no funding Source for this study

Acknowledgement

I most sincerely convey my deep sense of gratitude to my guide/Organisation for her/their remarkable guidance and academic support during this study.

References

1. Kulkarni RN, Anjenaya S, Gujar R. Breast feeding practices in an Urban Community of Kalamboli, Navi Mumbai. *Indian J Community Med.* 2004;29:10–2
2. Madhu K, Sriram C, Ramesh M. “Breast Feeding Practices and Newborn care in ruralarea.” *Indian Journal of Community Medicine*, 2009; 34(3):pp243-24.8) Denise F.Polit, Cheryl Tatono Beck *Nursing Research (Generating and Assessing Evidence for Nursing Practice.8th Edition.* New Delhi.Wolters Kluwer (India)Pvt.Ltd.2008.pp58-50
3. WHO. The WHO Global Data Bank on Infant and Young Child Feeding. WHO Nutrition for Health and Development; 2009. (Cited 2014 July 21). Available from: <http://www.who.int>. [Google Scholar]
4. Dennis CL. Breastfeeding initiation and duration: a 1990–2000 literature review. *J Obstet Gynecol Neonatal Nurs.* 2002;31:12–32. [PubMed] [Google Scholar]
4. Gartner LM, Morton J, Lawrence RA, Naylor AJ, O’Hare D, Schanler RJ, et al Breast feeding and the use of human milk *Paediatrics.* 2005;115:496–506
5. ray L, Darmstadt, Hussein M.H, Winch P.T, Haws R.S, Lamia M, et al (2007).Maternal Neonatal Home Care Practices in the rural Egypt during the first week of life. *Tropical Medicine and International Health* 2007 Jun; 12(6):783-87.5) [WWW.Unicef.Org/World/Newborn.Care](http://www.unicef.org/World/Newborn.Care) of the Baby in the Delivery Room:
6. Azuine RE, Murray J, Alsafi N, Singh GK. Exclusive Breastfeeding and Under-Five Mortality, 2006-2014: A Cross-National Analysis of 57 Low- and-Middle Income Countries. *Int J MCH AIDS.* 2015;4(1):13-21. doi: 10.21106/ijma.52. PMID: 27621999; PMCID: PMC4948153.
7. Gupta A. India lags behind in infant mortality, Lancet shows the way forward. *Prisms Nursing Practice.* 2008;3(2):99-100. 6. Gupta A. BPNI: 10 years of its work. *J Indian Med Assoc.* 2002;100:512-5.
8. Walker CLF, Rudan I, Liu L, Nair H, Theodoratou E, Bhutta ZA, O’Brien KL, Campbell H, Black RE. Global burden of childhood pneumonia and diarrhoea. *Lancet.* 2013 Apr 20;381(9875):1405-1416. doi: 10.1016/S0140-6736(13)60222-6. Epub 2013 Apr 12. PMID: 23582727; PMCID: PMC7159282.
9. Rasania SK, Singh SK, Pathi S, Bhalla S, Sachdev TR. Breast-Feeding Practices In A Maternal And Child Health Centre In Delhi. *Health Popul Perspect Issues.* 2003;26:110–5. [Google Scholar]
12. NFHS. National Family Health Survey-III. 2005–06. (Cited 2014 July 21). Available from: <http://www.nfhsindia.org>.
10. Smith ER, Hurt L, Chowdhury R, Sinha B, Fawzi W, Edmond KM; Neovita Study Group. Delayed breastfeeding initiation and infant survival: A systematic review and meta-analysis. *PLoS One.* 2017 Jul 26;12(7):e0180722. doi: 10.1371/journal.pone.0180722. PMID: 28746353; PMCID: PMC5528898.
11. Biks GA, Berhane Y, Worku A, Gete YK. Exclusive breast feeding is the strongest predictor of infant survival in Northwest Ethiopia: a longitudinal study. *J Health Popul Nutr.* 2015 May 1;34:9. doi: 10.1186/s41043-015-0007-z. PMID: 26825334; PMCID: PMC5025980.

12. Vijayalakshmi P, Susheela T, Mythili D. Knowledge, attitudes, and breast feeding practices of postnatal mothers: A cross sectional survey. *Int J Health Sci (Qassim)*. 2015 Oct;9(4):364-74. PMID: 26715916; PMCID: PMC4682591.
13. Girish S, Ghandhimathi M. Mother's knowledge, attitude and practice of breastfeeding *J Adv Nurs Sci Pract*. 2015;2:41-8
14. Ayed AA. Knowledge, attitude and practice regarding exclusive breastfeeding among mothers attending primary health care centers in Abha city. *International Journal of Medical Science and Public Health* 2014;3:76-83
15. Sushma Sriram, Priyanka Soni, Rashmi Thanvi, Nisha Prajapati, Mahariya, KM. Knowledge, Attitude and Practices of Mothers Regarding Infant Feeding Practices. *National Journal of Medical Research*. 2013; 3(2):147- 150.
16. Hillenbrand KM, Larsen PG. Effect of an educational intervention about breastfeeding on the knowledge, confidence, and behaviors of pediatric resident physicians. *Pediatrics*. 2002;110:e59.
17. Al Ketbi MI, Al Noman S, Al Ali A, Darwish E, Al Fahim M, Rajah J. Knowledge, attitudes, and practices of breastfeeding among women visiting primary healthcare clinics on the island of Abu Dhabi, United Arab Emirates. *Int Breastfeed J* [Internet]. 2018 [cited 2022 Jul 3];13(1):26. Available from: <https://internationalbreastfeedingjournal.biomedcentral.com/articles/10.1186/s13006-018-0165-x>
18. Tabassum DN, Community Medicine Department, Osmania Medical College. A study on assessment of knowledge regarding breast feeding among antenatal mothers attending antenatal clinics in urban slums of Hyderabad. *J med sci clin res* [Internet]. 2018;6(3). Available from: <http://jmscr.igmpublication.org/v6-i3/51%20jmscr.pdf>
19. Shofiya D, Sumarmi S, Ahmed F. Nutritional status, family income and early breastfeeding initiation as determinants to successful exclusive breastfeeding. *J Public Health Res*. 2020 Jul 2;9(2):1814. doi: 10.4081/jphr.2020.1814. PMID: 32728560; PMCID: PMC7376458.
20. Suryasa, I. W., Rodríguez-Gámez, M., & Koldoris, T. (2022). Post-pandemic health and its sustainability: Educational situation. *International Journal of Health Sciences*, 6(1), i-v. <https://doi.org/10.53730/ijhs.v6n1.5949>
21. Widjaja, G. (2021). Impact of human resource management on health workers during pandemics COVID-19: systematic review. *International Journal of Health & Medical Sciences*, 4(1), 61-68. <https://doi.org/10.31295/ijhms.v4n1.850>