

Original Article

ASSESSMENT OF KNOWLEDGE AND ATTITUDE OF ANTENATAL MOTHERS TOWARDS BREASTFEEDING

Nigam Richa¹, Sinha Umesh²**Financial Support:** None declared**Conflict of interest:** Nil**Copy right:** The Journal retains the copyrights of this article. However, reproduction of this article in the part or total in any form is permissible with due acknowledgement of the source.**How to cite this article:**

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Department of Community Medicine, SAIMS Medical College, Indore-453111, Madhya Pradesh, Email: Richamanish2007@yahoo.co.in**Date of Submission:** 31-03-12**Date of Acceptance:** 14-07-12**Date of Publication:** 01-09-12**ABSTRACT****Introduction:** Breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants. Antenatal counseling is very useful for ensuring breastfeeding in postnatal period**Objectives:** Assessment of antenatal services with respect to information about benefits of breastfeeding practices and Assessment of knowledge about benefits of breastfeeding amongst the beneficiaries of the hospitals under study.**Methodology:** Antenatal mothers attending the OPD were interviewed about their knowledge regarding breastfeeding practices and about the hospital services for imparting this knowledge or information.**Results:** Out of total 200 antenatal beneficiaries 81.5% were having knowledge about benefits of exclusive breast feeding 37 (18.5%) answered don't know (p value >0.05 not significant statistically). Out of total 200 antenatal beneficiaries 61 (30.5%) were informed about exclusive breast feeding and 139(69.5%) were not informed, (p value <0.05 significant statistically).**Conclusion:** Majority of ANC women attending the OPD were not aware about Exclusive Breast Feeding (EBF), however they were having good knowledge about the benefits of breast feeding. The major source of information being doctors rather than paramedical staff, calls for more attention and training of nurses and other supporting hospital staff regarding Baby Friendly Hospital.**Keywords** – Antenatal, Exclusive breastfeeding.**INTRODUCTION**

The benefits of breastfeeding for the health and wellbeing of the mother and baby are well documented. WHO recommends early (within one hour of giving birth) initiation of breastfeeding. A recent trial has shown that early initiation of breastfeeding could reduce

neonatal mortality by 22%¹, which would contribute to the achievement of the Millennium Development Goals. Globally, over one million newborn infants could be saved each year by initiating breastfeeding within the first hour of life. In developing countries alone, early initiation of breastfeeding could save as many as

1.45 million lives each year by reducing deaths mainly due to diarrheal disorders and lower respiratory tract infections in children.² As a global public health recommendation, infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Thereafter, to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods while breastfeeding continues for upto two years of age or beyond."³

The role of antenatal mothers in this respect could be of immense importance as their sensitization regarding adopting breastfeeding practices prior to child birth is easier and acceptable. Ten essential criteria of Baby Friendly Hospital Initiatives (BFHI), also includes informing the antenatal mothers about benefits and management of breastfeeding to assure the integration of messages about breastfeeding in all prenatal education interchanges.

MATERIALS AND METHODS

A cross sectional study was carried out in the tertiary care hospital both public and private settings of Indore city.

For selecting the hospitals, for equal representation of both public and private hospitals, the hospitals in the city was divided in two strata public and private, then two hospital from each strata was selected using PPS sampling. For calculating the sample size prevalence of exclusive breastfeeding (0-6 months) was taken as 46.3 % from NFHS-3 data⁴, acceptable margin of error taken at 15% with 95% of C.I., the sample size derived was 206, around 50 study subjects from each hospital.

Antenatal mothers attending the Antenatal OPD at the selected hospital were included in the study. ANC women having more than or equal to 32 weeks of gestation were set as inclusion criteria because third trimester is considered to be right time for sensitizing mothers for breastfeeding. Interview was taken at antenatal OPD after taking ethical approval from the respective institutes and informed consent of the subjects. Data was collected from the respondents using pretested questionnaires. The questionnaires included questions for collection of the following information:

1. Whether they were informed about the benefits of breastfeeding practices?
2. What was the source of information?
3. What is their present status of knowledge about breastfeeding practices?

The data was simultaneously entered in to in the Microsoft excel sheet and 10% of the data was re-entered to verify any data entry error. The frequency variables were analyzed using frequency and percentage. Chi-square test was used to analyze the association between the two discrete variables. The level of significance was taken at 0.05. The analysis was done using statistical software SPSS 17.

RESULTS

Out of total 200 antenatal beneficiaries 30.5% were informed about exclusive breast feeding and 69.5% were not informed (p value < 0.001, significant statistically). Out of total informed mothers the source of information was doctors in 57%, nurses in 26%, other health workers in 16%(Table1)

Table 1: Information about exclusive breast feeding & source of information for antenatal mothers

Hospitals	Information about exclusive breast feeding(n=200)	Source of Information(n=61)		
		Doctor	Nurse	Other Health Worker
H1	10	05	04	01
H2	07	02	03	02
H3	05	02	02	01
H4	39	26	07	06
Total	61(30.5%)	35(57.3%)	16(26.0%)	10(16.0%)

81.5% were having knowledge about benefits of breast feeding 18.5% answered don't know (p value >0.05 not significant statistically). 34%

answered anti infective benefit, 59% answered nutritive benefits. 64.5% were having knowledge about frequency of breast feeding.

12.5% women were not having this knowledge (p value > 0.05 not significant statistically).76.5%

were having knowledge about ideal time of weaning (Table2)

Table 2: Knowledge about benefits, frequency and ideal time of weaning (n=200) multiple response

Knowledge	H 1	H 2	H 3	H4	Total (%)
Knowledge about benefits of breast Feeding					
Anti-infective	17	08	14	29	68 (34.0%)
Nutrition	30	24	31	33	118(59.0%)
Bonding	02	02	07	12	23(11.5%)
Available all time at desired temp	02	02	07	12	23(11.5%)
Don't know	05	20	12	00	37(18.5%)
Knowledge about frequency of breastfeeding					
Periodic	20	06	07	13	46(23.0%)
Demand feeding	29	30	34	36	129(64.5%)
Don't know	01	14	09	01	25(12.5%)
Knowledge about ideal time of weaning					
3 months	07	05	02	05	19(9.5%)
6 months	42	32	37	42	153(76.5%)
1 year	00	08	09	01	18(9.0%)
2 year	01	00	01	00	02(1.0%)
Don't know	00	05	01	02	08(4.0%)

84.5% antenatal mothers were having positive attitude and 09% were having negative attitude (p value > 0.05 not significant statistically), whereas 6.5% answered don't know. (Table3)

Table 3: Attitude towards Colostrum feeding in beneficiaries

Hospitals	Positive Attitude	Negative Attitude	Don't Know	Total
H1	45	03	02	50
H2	39	02	09	50
H3	40	08	02	50
H4	45	05	00	50
Total	169(84.5%)	18(9%)	13(6.5%)	200

DISCUSSION

Antenatal sensitization has an effective impact over exclusive breastfeeding has been shown by Joon K. Chye et al, in Malaya Kuala Lumpur, Malaysia examined the current trend in infant feeding, and the influences of some perinatal and socio demographic factors on breastfeeding. Five-hundred mothers with singleton pregnancies and healthy infants were interviewed at 6 weeks. On logistic regression analyses, mothers who followed Exclusive Breastfeeding were more likely to have had antenatal plans to breastfeed (Odds ratio 2.44, 95 per cent confidence interval 1.75-3.45)⁵

In a study done on assessment of BFHI by National Food and Nutrition Commission in Zambia (1997) No antenatal counseling was practiced.⁶ similarly hospital based cross sectional study at Kathmandu Medical College and teaching hospital by Malla K.K. (et al) in 2002 found that none of the mothers got any information during their antenatal visits.⁷

Chaturvedi Pushpa; Banait Nandkumar Department of Pediatrics, Mahatma Gandhi Institute of Medical Sciences, Sevagram Wardha, Maharashtra, conducted a hospital based study included 600 mothers who delivered at Kasturba Hospital Sevagram during 1996-97, to assess their knowledge and attitude regarding breastfeeding. The mothers were attending antenatal clinics of a Baby Friendly Hospital (BFH). Mothers were interrogated by a single interviewer regarding knowledge and attitude of breastfeeding within 24 hours of delivery by using a pretested semistructured open and close ended questionnaire. Three hundred and three mothers (50.5%) had attended antenatal clinics of KHS (booked), whereas 276 (46%) had antenatal check-ups at other health centres and 21 (3.5%) did not have any check-ups. Only 54.5% booked mothers and 30.3% unbooked mothers were informed regarding benefits of breastfeeding during antenatal visits. This difference was statistically significant.⁸

A study done on assessment of the perception and knowledge on EBF practice among all mothers and multi-gravidae pregnant women attending antenatal and infant follow up clinics in Mbarara hospital, Uganda in August 2008 has revealed that perception of EBF is good among the women attending antenatal clinic in Mbarara regional hospital. 55% perceived EBF to be nutritional to their babies and 66% perceived that EBF had no disadvantage. The study has also shown that these women are knowledgeable about EBF. 73.3% knew that exclusive breastfeeding is for the first six months of life of the baby; the study further showed that about half of the women (49.8%) practice EBF for six month and 12% more than six month.⁹

A study done to assess the antenatal services with respect to breastfeeding counseling in Pondicherry showed that out the 108 "booked" mothers, 23 (21%) had received antenatal counseling on breastfeeding while 85 (79%) had not received any such counseling. Only 4 (4%) booked mothers had undergone breast examination during antenatal visits. In the "counseled" group 87% were aware that breastfeeding should be initiated immediately after birth and 78% knew that exclusive breastfeeding should be continued for 6 months while in the "not counseled" group, only 19% and 22% were aware of the same, respectively.¹⁰

Whereas according to a study from Maharashtra, India, conducted in 1996-97, nearly half the pregnant women did not receive information regarding breastfeeding. This deficiency is likely to affect the promotion and support of breastfeeding.¹¹

CONCLUSION

Majority of ANC women attending the OPD were not aware about exclusive breast feeding, however they were having good knowledge about the benefits of breast feeding. The major source of information being doctors rather than paramedical staff, calls for more attention and

training of nurses and other supporting hospital staff regarding Baby Friendly Hospital.

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