



Original Research Article

A Study on Assessment of Knowledge Regarding Breast Feeding among Antenatal Mothers Attending Antenatal Clinics in Urban Slums of Hyderabad

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Abstract:

Introduction: Exclusive breastfeeding is defined by World Health Organization (WHO) as practice of feeding only breast milk (including expressed breast milk) and allows the baby to receive vitamins, minerals or medicines and water, breast milk substitutes, other liquids and solid foods are excluded. There are many factors that influence the knowledge regarding exclusive breast feeding which are poorly studied. Hence this study was taken up to estimate the knowledge regarding Breast Feeding and to study the various factors that influence it.

Objectives

1. To assess Knowledge regarding exclusive breast feeding among antenatal mothers attending antenatal clinics in urban slums of Hyderabad.
2. To study the factors associated with exclusive breast feeding among antenatal mothers attending antenatal clinics in urban slums of Hyderabad.

Methodology: A cross sectional study was conducted among antenatal woman attending antenatal clinics in urban slums in Hyderabad during August 2015 to January 2016. A sample of 160 was derived and systematic random sampling was done. Taking the awareness as 50%, confidence interval 95% and absolute precision as 8%, sample of 157 (rounded off to 160) was arrived.

The data was collected by the investigator by using a Pre Tested, Semi Structured Questionnaire till the required sample was reached. The average duration of the interview was 30 minutes. Data entry was done in Microsoft excel 2007 version. Analysis was done by using Epi info version 7.2.1.0.

Results: Majority of the study population 104 (65%) were having knowledge regarding exclusive breast feeding. The knowledge regarding Breast Feeding during diseased conditions like High Fever, Tuberculosis, HIV/AIDS, Breast Cancer is negligible(<1%).

Age ($P=0.05$) and order of pregnancy ($P<0.0001$) were significantly associated with knowledge regarding exclusive breast feeding.

Keywords: Exclusive Breast Feeding, Antenatal mothers, Factors.

Introduction

Exclusive breastfeeding is defined by World Health Organization (WHO) as practice of feeding only breast milk (including expressed breast milk) and allows the baby to receive vitamins, minerals or medicines and water, breast milk substitutes, other liquids and solid foods are excluded¹. WHO recommended that infants up to 6 months of age should be exclusively breast fed¹.

Breast feeding is very essential for overall growth and development of the baby. Breast milk contains all the constituents that are required for adequate growth of baby till the age of 6 months. The first milk is called as colostrum and is rich in immunoglobulins which contribute to the baby's defense mechanism and protect the baby from many childhood illnesses (respiratory illness and diarrhea) that can be fatal. In addition, it also contains specific components that are essential for development of brain. Thus an exclusively breast fed child is safe from many of the childhood illness.

Some studies have also shown that late initiation of breast feeding is linked to the incidence of neonatal sepsis².

Need for the Study

Most of the studies which were done earlier regarding the awareness of breast feeding practices were among post natal mothers. But the knowledge of antenatal mothers regarding breast feeding contributes to their feeding practices during their post natal period and also to overall development of the baby. Antenatal mothers will be more receptive for breast feeding practices that post natal mothers.

According to WHO, awareness regarding EBF among Indian population is only about 50% in

2012³. There are many factors that contribute and influence the knowledge regarding breast feeding. These factors, if properly understood and rectified, can contribute to overall development of healthy baby and thereby a healthy and intellectual nation.

Objectives

1. To assess Knowledge regarding breast feeding practices among antenatal mothers attending antenatal clinics in urban slums of Hyderabad.
2. To study the factors associated with breast feeding among antenatal mothers attending antenatal clinics in urban slums of Hyderabad.

Methodology

A Cross Sectional Study was conducted among the antenatal women attending the antenatal clinics of urban slums of Osmania Medical College, Hyderabad from November 2015 – March 2016. Taking the awareness as 50%³, confidence interval 95% and absolute precision as 8%, sample of 157 (rounded off to 160) was arrived. Systematic random sampling was done to select the study population. Every third antenatal woman who came to the clinic was taken into the study after obtaining the consent.

The data was collected by using a Pre Tested, Semi Structured Questionnaire till the required sample was reached. The average duration of the interview was 30 minutes. Data entry was done in Microsoft excel 2007 version. Analysis was done by using Epi info version 7.2.1.0.

Results

Table 1: Socio demographic details of the study population

Variable	Frequency	Percentage
AGE		
15-20yrs	55	34.38%
21-25yrs	75	46.88%
26-30yrs	24	15.00%
31-35yrs	5	3.13%
36-40 yrs	1	0.63%

EDUCATION		
Illiterate	35	21.88%
Literate	125	78.13%
OCCUPATION		
Unemployed	152	95%
Employed	8	5%
INCOME		
<= Rs.10,000/-	126	78.75%
> Rs.10,000/-	34	21.25%
RELIGION		
Hinduism	129	80.63%
Islam	31	19.38%
TYPE OF FAMILY		
Nuclear	72	45%
Joint	88	55%
ORDER OF PREGNANCY		
First Order	67	41.88%
Second Order	61	38.13%
Third Order	24	15%
Fourth Order	7	4.38%
Fifth Order	1	0.63%

Distribution of study population according to order of pregnancy.

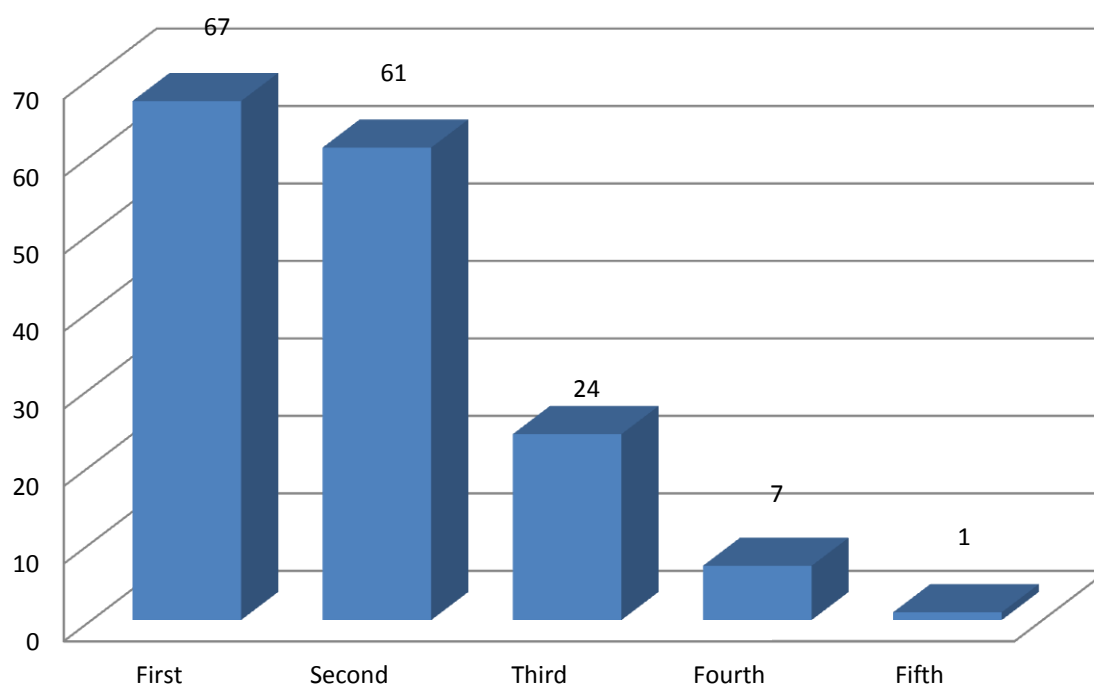
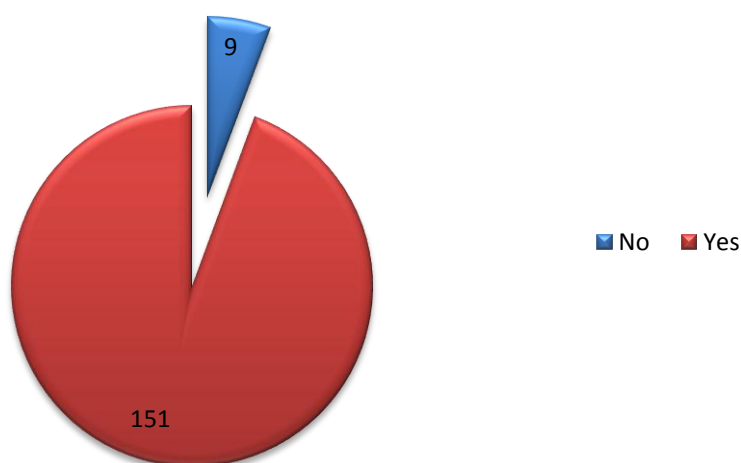
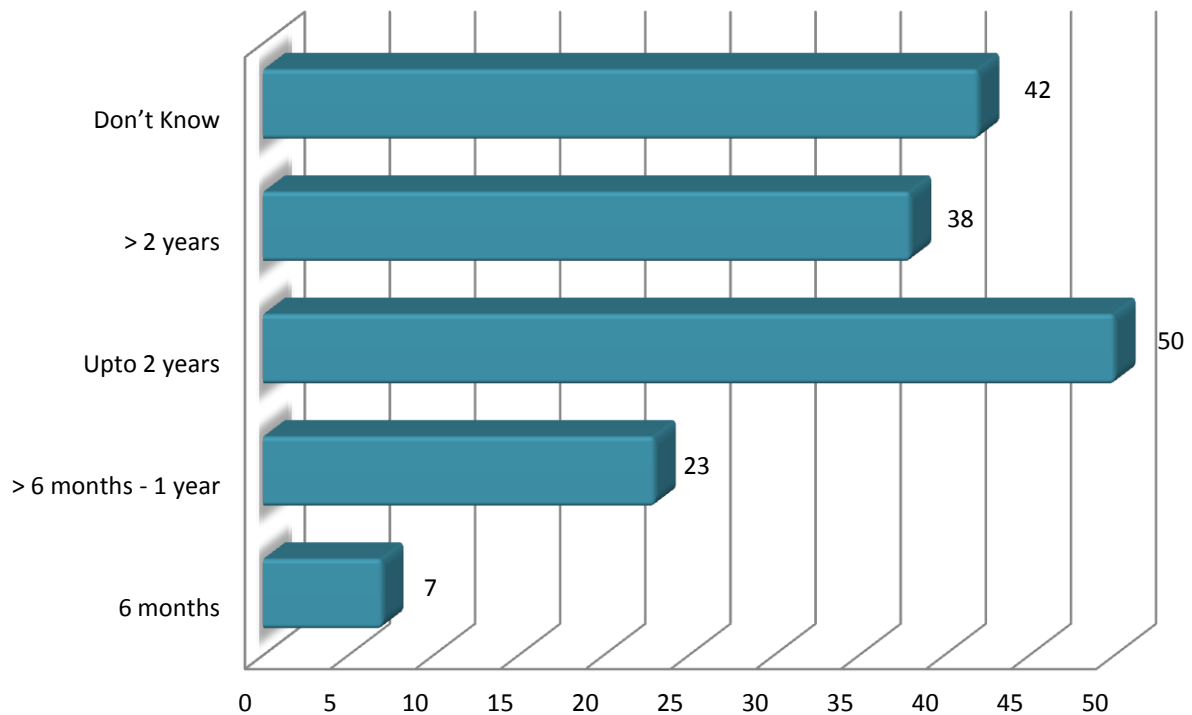
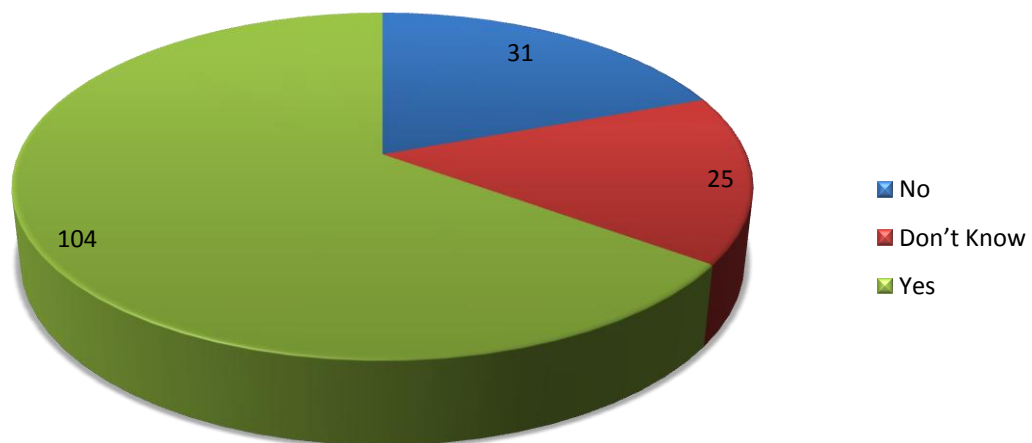


Table 2: Knowledge regarding Breast feeding

Variable	Frequency	Percentage
Advantages of Breast Feeding		
Yes	151	94.37%
No	9	5.63%
Knowledge on Exclusive Breast Feeding		
Yes	104	65%
No	31	19.38%
Don't Know	25	15.63%
Frequency of feeding		
Every half an hour	1	0.63%
Every one hour	7	4.38%
Every two hours	9	5.63%
Whenever the cries	100	62.5%
Whenever mother wants	1	0.63%
Don't know	42	26.25%
Weaning		
3-4 months	12	7.50%
5 months	10	6.25%
6 months	80	50%
7-12 months	12	7.50%
>12 months	7	4.38%
Don't know	39	24.38%
Complete stopping of Breast Feeding.		
6 months	7	4.38%
7 months – 1 year	23	14.38%
Up to 2 years	50	31.25%
>2 years	38	23.75%
Don't know	42	26.25%

Advantages of Breast Feeding

Knowlegde regarding complete cessation of breast feeding**Knowledge regarding Exclusive Breast Feeding (6 months)**

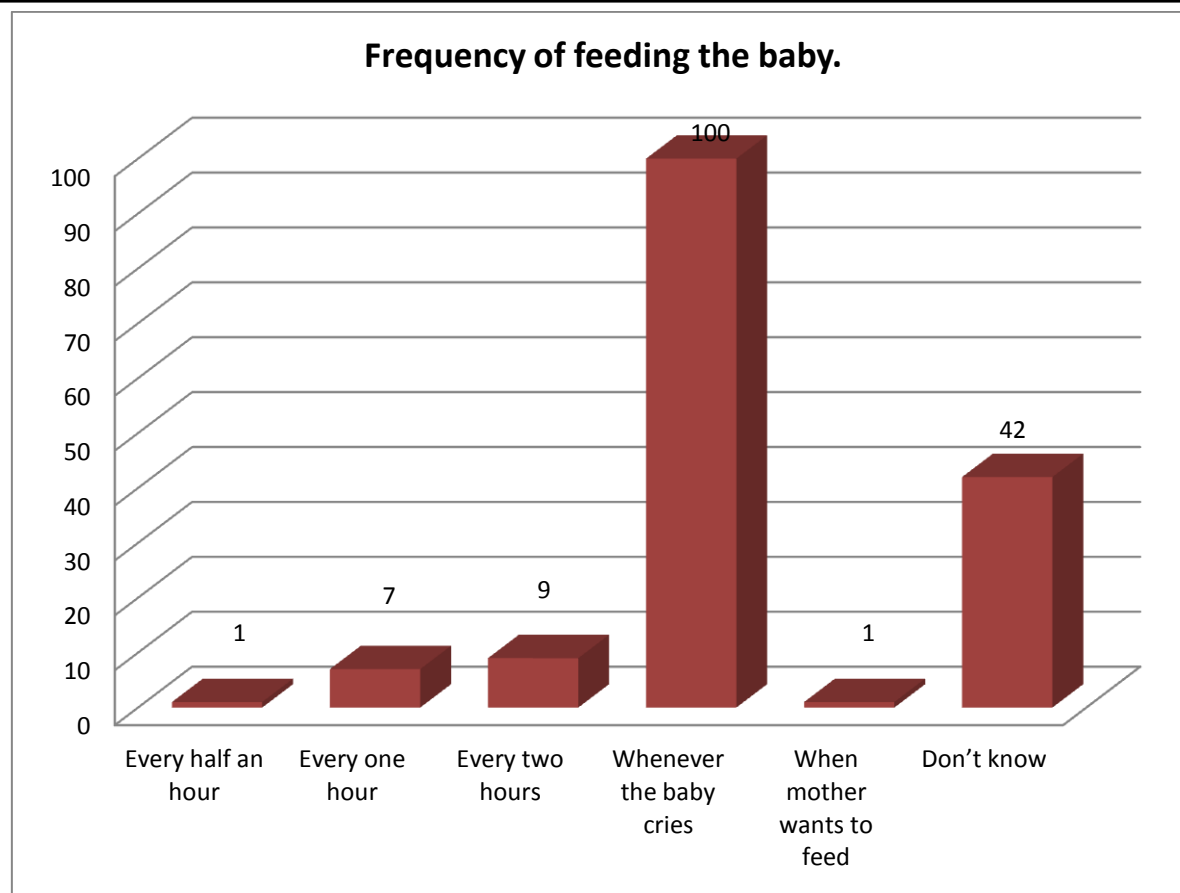
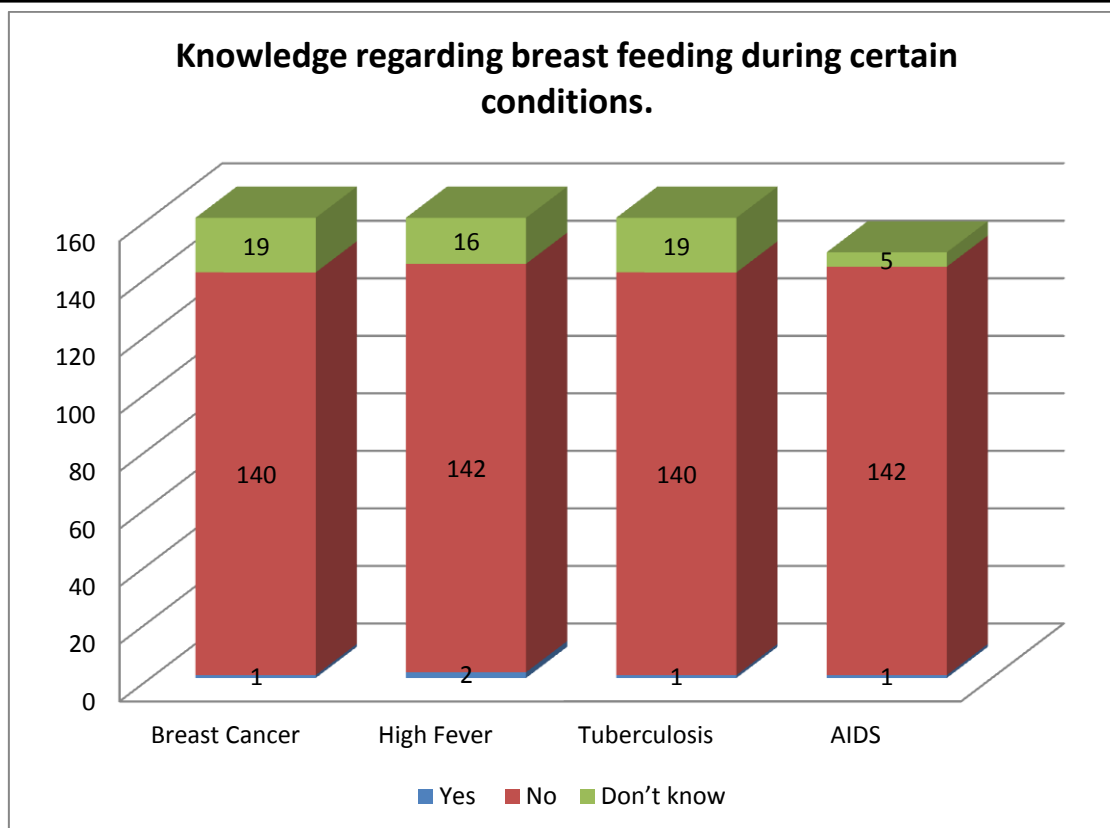


Table 3: Knowledge of breast feeding during certain diseased conditions

Name of the diseased condition	Frequency	Percentage
Breast Cancer		
No	140	87.50%
Don't know	19	11.88%
Yes	1	0.63%
High Fever		
No	142	88.75%
Don't know	16	10.00%
Yes	2	1.25%
Tuberculosis		
No	140	87.50%
Don't know	19	11.88%
Yes	1	0.63%
AIDS		
No	142	88.75%
Don't know	17	10.63%
Yes	1	0.63%

**Table 4:** Factors associated with Exclusive Breast Feeding

Factors associated with EBF		Knowledge on Exclusive Breast Feeding present number (%)	Knowledge on Exclusive Breast Feeding absent number (%)	Total Number (100%)	P value
Age	< = 25	80 (61.53)	50 (38.46)	130	0.05
	> 25	24(80)	6 (20)	30	
Religion	Hindu	84(65.11)	45 (34.98)	129	0.9
	Muslim	20 (64.51)	11 (34.58)	31	
Employment status	Employed	4 (50)	4 (50)	8	0.59
	Unemployed	100 (65.78)	52(34.51)	152	
Type of family	Nuclear	50(69.44)	22(30.55)	72	0.28
	Joint	54 (61.36)	34(38.63)	88	
Literacy Status	Literates	78(62.4)	47 (37.6)	125	0.19
	Illiterates	26 (74.28)	9 (25.71)	35	
Total family income	<10000	79(62.7)	47 (37.3)	126	0.14
	≥10000	25(73.52)	9 (26.47)	34	
Order of pregnancy	First order	24 (11.05)	43(19.81)	67	<0.0001
	Second order to fifth order	80 (86.02)	13 (13.97)	93	

Discussion

The present study has shown that the knowledge regarding exclusive breast feeding was 65%. A study done by Radhakrishnan S in Rural Tamil Nadu (2015)¹¹ has shown that exclusive breast feeding was practiced by only 34%⁴. A study done in South India by Swetha R et al, during the year 2014 has shown that knowledge regarding

exclusive breast feeding was 62.33%⁵. The DLHS survey during the year 2012-2013 has shown that exclusive breast feeding rates in Andhra Pradesh were 74.5%⁶. A study was done by Ampeire Isaac Petit in Uganda during the year 2008, has shown that 73.8% had knowledge regarding exclusive breast feeding, but only 49.8% practiced exclusive breast feeding⁷.

A study done by Deeksha Pandey et al (2015), has also shown that the knowledge regarding breast feeding practices during HIV/AIDS is lacking⁸. According to breast feeding week bulletin released in 2014, Exclusive breast feeding and anti retroviral therapy will reduce the chances of transmission of HIV from mother to child. EBF reduces the death rates (mortality rates) in babies exposed to HIV, thus indicating the increase in rate of HIV free survival⁹.

In the present study, the knowledge regarding breast feeding during Tuberculosis is very negligible. According to WHO update on Breast Feeding and Maternal Tuberculosis, mother can breast feed the newborn baby despite her status (smear positive or negative) of Tuberculosis¹⁰.

In the present study, age of the mother is significantly associated with knowledge regarding exclusive breast feeding with P value 0.05. This implies that as the age of the mother is increasing the knowledge regarding the breast feeding practices is also increasing. This increase in the knowledge can be attributed to the experience which she gains during rearing of children.

A study done by Jessica R. Jones et al in United States (2011) has also shown that age of the mother is significantly associated with knowledge regarding breast feeding with P value <0.05 ¹¹. Similar findings were observed by U O Uchendu et al, in Nigeria during the year 2009, showed that age is significantly associated with knowledge regarding breast feeding with P value of 0.003¹².

In the present study, order of the pregnancy was significantly associated with knowledge regarding breast feeding with P value <0.0001 . This implies that as the order of pregnancy is increasing the knowledge regarding the breast feeding practices is also increasing.

Similar findings were observed in the study done by Sharanya B et al., in Mangalore (2013)¹³ with P value of 0.0005 and Radhakrishnan S in Rural Tamil Nadu (2015) with P value of 0.0001. These studies have taken the no. of children as criteria (parity) instead of order of pregnancy. Another hospital based study done in 2012 in North India

by Jain Suksham et al., has also shown that parity was significantly associated with knowledge regarding exclusive breast feeding, with P value <0.05 ¹⁴.

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.

In contrary to the above findings, Nigerian study (2009) done by U O Uchendu et al., has shown that maternal education ($P<0.001$), and Socio economic status ($P<0.001$) were significantly associated with knowledge regarding exclusive breast feeding.

Conclusions

Increasing age and parity were significantly associated with knowledge regarding exclusive breast feeding.

The knowledge regarding exclusive breast feeding cannot be considered adequate. No antenatal mothers had knowledge regarding breast feeding practices during conditions like fever, Tuberculosis, HIV/AIDS and Breast cancer.

Recommendations

Creating awareness regarding breast feeding practices during antenatal period is of utmost importance. During this period mother will be more receptive to the advice given regarding the development of the healthy baby.

Promoting exclusive breast feeding during the conditions like high fever, tuberculosis, HIV/AIDS, breast cancer is very essential to ensure that every child is adequately nourished.

This paper was awarded as second best paper in the category of oral presentation, in PHCON

2017, First Annual Conference of IAPSM, Karnataka State Chapter, at JSS Medical College, Mysore on 21-22nd December 2017.

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