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Assessment of knowledge of mothers regarding benefits of exclusive breast feeding in mother and children: a hospital based study

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ABSTRACT

Background: Breastfeeding, a component of primary health care has been identified world over as greatest protection of child health. Irrespective of the fact that breastfeeding in India is universal, psychological barrier still exist in early breastfeeding. Hence a study was conducted to find benefits of breastfeeding for mothers and for their child. Objectives of the study were to study benefits of breast feeding in mothers and to study benefits of exclusive breast feeding among children

Methods: The study was conducted in Geetanjali Medical College and Hospital and its urban and rural health centres. 500 women who had nursed in last 5 years were interviewed using structured questionnaire.

Results: 500 mothers were interviewed over a period of 6 months.31% were from semi urban, 52% population was from the urban area, 17% were from rural.72 percent mothers initiated breast feeding on the first day with 83% feeding their new born colostrum.

Conclusions: This study emphasises that mother should be educated and motivated for exclusive breastfeeding their babies for 6 months and continue breastfeeding till 2 years. The benefits of breastfeeding for mothers should be explained for this purpose.

Keywords: Benefits of breastfeeding, Duration of breastfeeding, Exclusive breastfeeding

INTRODUCTION

Breastfeeding, a component of primary health care has been identified world over as greatest protector of child health. It is fundamental for child's growth and development and also has great protective potential against major killer diseases of childhood.

The World Health Organisation (WHO)/United Nation Children Fund (UNICEF) jointly recommend that women exclusively breastfed their infants for the first 6 months and continue to breastfed into the second year of life or longer.

The importance of breastfeeding, especially EBF, is well established for the infant, the mother and the family. ¹ In

those settings when infant formula is used, they are introduced early and over-diluted.

METHODS

This cross sectional and hospital based study was conducted by Department of Community Medicine, Geetanjali Medical College and Hospital, Udaipur during the period of Jan 2016-March 2016. For the study, 500 mothers from post natal ward who had nursed their children in last five years were interviewed after taking verbal consent and using pre-tested questionnaire. Permission was sought from concerned authorities for this study explaining them the purpose of exercise and fixing time and place. Clearance was obtained from the Ethical committee of the College for the study.

RESULTS

500 mothers were interviewed over a period of 6 months. 31% were from semi urban, 52% population was from the urban area, 17% were from rural.

72 percent mothers initiated breast feeding on the first day with 83% feeding their new born colostrum. Overall 18.4% mothers know that it controls bleeding and 14.29% knew that it works as a contraceptive. Only 7.8%

and 5.8% were aware of the benefits of prevention of cancer and weight loss respectively.

On the other hand only 10.2% mothers were aware of all the benefits and 41.8% of the mothers were unknown of any of the benefits. Thus statistically significant difference in association was found among the mothers of different areas and benefits of breastfeeding to them (Chi square value = 53.206 at 8 degree of freedom and P<0.001(S) (Table 1).

Table 1: Area wise distribution of data according to benefits of breast feeding for mother.

Area	Contraception (%)	Controls bleeding (%)	Prevent cancer (%)	Weight loss (%)	All (%)	None (%)
Semi Urban (n= 157)	18 (11.46)	29 (18.47)	7 (4.46)	5 (3.18)	11 (7.01)	87 (55.41)
Urban (n=261)	51 (19.54)	48 (18.39)	24 (9.2)	12 (4.6%)	34 (13.03)	92 (35.25)
Rural (n= 82)	11 (13.14)	15 (18.29)	8 (9.76)	12 (14.63)	6 (7.32)	30 (36.56)
Total (N =500)	70 (14.29)	92 (18.4)	39 (7.8)	29 (5.8)	51 (10.2)	209 (41.8)

It has been found that majority 95.2% mothers knows that exclusive breastfeeding provides nutrition to child followed by mental development and IO (50.6%) and prevention of illness (48.8%).

Only 4.8% of mothers were unknown of benefits whereas 33.2% were known to all the benefits to child. (Chi square value = 53.206 at 8 degree of freedom and P<0.001(S) (Table 2). Out of total 500 mothers in study

group 284 mothers were having previous 1 or more child questioner asked them about their experience for about sickness in relation to breast feeding status of their babies.

Out of 284 mothers living in urban, semi urban and rural area 114 mothers fed exclusively breast milk to their previous baby for 6 months and breast feeding was continued up to 2 years but and 170 mothers not breast fed their baby exclusively up to 6 months.

Table 2: Area wise distribution of data according to benefits for child.

Area	Nutrition (%)	Mental dev. + I.Q. (%)	Illness prevention (%)	All (%)	None (%)
Semi Urban (n= 157)	151 (91.18)	74 (47.13)	34 (21.66)	30 (19.11)	6 (3.82)
Urban (n=261)	254 (97.32)	144 (55.17)	170 (65.13)	112 (42.91)	7 (2.68)
Rural (n= 82)	71 (86.59)	35 (42.68)	40 (48.78)	24 (29.27)	11 (13.41)
Total (N =500)	476 (95.2)	253 (50.6)	244 (48.8)	166 (33.2)	24 (4.8)

Table 3: Benefits experienced in previous child by participant mothers (exclusive breast feed versus nonexclusive breast feed child).

Variables	Exclusive BF (6	Exclusive BF (6months)		P value (Significance)	
	Yes (%)	No (%)			
Numbers of mothers	114 (40.1)	170 (59.8)	284 (100)	Z = 4.615, P < 0.001(S)	
Atopy & skin allergy	11 (9.64)	56 (32.94)	67 (100)	$\chi 2 = 19.266, P < 0.001(S)$	
RTI*, including pneumonia	15 (13.15)	47 (27.64)	62 (100)	$\chi 2 = 7.567, P = 0.006(S)$	
Diarrhoea (Frequent)	10 (8.77)	64 (37.64)	74 (100)	$\chi 2 = 29.531, P < 0.001(S)$	
Normal	80 (70.17)	28 (24.13)	108 (100)	$\chi 2 = 81.251, P < 0.001(S)$	

^{*}RTI- Recurrent respiratory infection.

Table 3 shows that skin allergy and Atopy (9.64%), recurrent respiratory infection including pneumonia (13.15%) and frequent diarrhoea (8.77%) less in

exclusive breast fed baby as compare to nonexclusive breast fed babies with 32.94%, 27.64%, 37.64% respectively (P<0.001). That support benefit of exclusive

breast milk for children and knowledge about breast feeding in mothers help mother as well as their child to prevent infections and allergy in near future.

DISCUSSION

WHO recommends early (i.e. 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% which would contribute to the achievement of the Millennium Development Goals. Though the advantages of breastfeeding are significant, the duration and patterns of breastfeeding vary a great deal within India. Studies indicate exclusive breastfeeding until 4-6 months of age to be beneficial to infant survival, but globally exclusive breastfeeding rates are still too low in early infancy.²

Breastfeeding should be initiated within 30 minutes of delivery. The delay in initiation will lead to a delay in the development of oxytocin reflexes, which are very important for the contraction of the uterus and the breast milk reflex. In our study, almost all the mothers initiated breastfeeding within 1 hour of childbirth, which is a good practice. Studies comparing the early onset of breastfeeding on the development of newborns and on their mothers and those studies in which breastfeeding had begun on the 6th hour after birth show that the earlier breastfeeding begins, the earlier and more effective the consolidation of the process and therefore a better impact on the after-birth period, which helps in the earlier initiation of the secretion of breast milk.³

It protects the child from malnutrition, infections, and helps the overall development of the child. Only 40% of the mothers were doing exclusive breastfeeding, the remaining 60% of the mothers were not. They prematurely start weaning the child, which may lead to the development of infections and may have a long-term effect on the physical growth of the child.³

As a global public health recommendation, exclusive breastfeeding should be practiced for the first 6 months of life, to achieve optimum growth, development and health. In India breastfeeding is almost universal, but the EBF is quite low.⁴ Indian Academy of Paediatrics recommends exclusive breastfeeding for the first 4-6 months followed by sequential addition of semisolid and solid foods to complements breast milk until the child is gradually able to eat the normal family food at around one year of age.⁵ The median duration is 18.4 months across countries.⁶

Some studies says that breastfeeding can significantly reduce the risk of cancer death in mothers because longer breastfeeding means fewer menstrual cycles and reduced lifetime exposure to the hormonal factor, especially oestrogen, that influence breast cancer risk. It is evident that even the most sophisticated and carefully adapted formulae can never replicate human milk, as human milk has anti-infective properties, and is a live fluid which

cannot be mimicked in an artificial formula. An adequate supply of human breast milk is known to satisfy virtually all the nutritional needs of an infant at least for the first 6 months of life. Breast milk, and especially colostrum, in the long term, prevents atherosclerosis, hypertension, and obesity; it also prevents allergy to nonspecific proteins and develop immunity. Breastfeeding has a vital child specific effect which is especially important in developing countries where the awareness, acceptability and availability of modern family planning methods are very low.⁸

CONCLUSION

The most important aspect of breastfeeding is its exclusivity for 6 months and the recommendation of continuing for 2 years to get maximum benefits for child and mother. The study highlights that though women from rural, urban and semi urban are aware of the benefits of breast feeding; ideal breastfeeding is still not achieved. Mothers need to be educated about these aspects as well as that they too benefit immensely through it during antenatal classes, or when they visit health services during pregnancy. Study also shows that previous children of studied mother if breastfed exclusively up to 6 months chances of skin allergy and Atopy, recurrent resp infection including pneumonia and episodes of diarrhoea is less as compared to non-breast fed baby of another groups.

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Ethical approval: The study was approved by the

Institutional Ethics Committee

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