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Original Research Article

Knowledge, attitude and practice of breastfeeding among mothers in a rural area of Thrissur district

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ABSTRACT

Background: Universalizing early and exclusive breastfeeding is viewed as a major public health intervention to reduce the child mortality. Mothers' knowledge and attitude towards breastfeeding may influence practices. The study intended to find the level of knowledge, attitude and practice regarding breast feeding, and factors influencing them among mothers.
Methods: A cross sectional study was undertaken among all the mothers having a child of age 2 years and below. Data collection was done by interviewing a total of 710 eligible mothers, using a semi–structured validity tested questionnaire. Descriptive statistics was used for analysis.
Results: The mothers had high knowledge and attitude, but poor practice levels and there exists a gap between actual and desired breast-feeding practices among them. Study has found that high knowledge and practice of breastfeeding of mothers was significantly associated ($p<0.05$) with their age, education, religion, socioeconomic status, parity, antenatal class on breast feeding. Positive breastfeeding attitude had significant association ($p<0.05$) with age, educational level and parity of the mother. A strong correlation was found to exist between knowledge and attitude scores and good correlation between attitude-practice and knowledge-practice scores of the mothers.
Conclusions: Poor breastfeeding practice despite high level of knowledge and attitude was exhibited by respondents, emphasizing the need for breastfeeding intervention programs especially during antenatal and early postpartum period. Existing programs supporting breastfeeding at primary care level should be strengthened. For adherence to the correct practice of breast feeding, behavior change communication should be directed towards the family members as well.

Keywords: Breastfeeding, Practice, Kerala

INTRODUCTION

Breastfeeding is the most precious gift a mother can give her infant - ideal nourishment for infants for the first six months of life, and also their "first immunization". It continues to provide up to half or more of the child's nutritional needs during the second half of the first year, and up to one third during the second year of life.[1] The beneficial effects of breastfeeding depend on time of breastfeeding initiation, its duration and the age at which the breastfed child is weaned. Early and exclusive breastfeeding is one of the most effective interventions for child survival, preventing 1.3 million deaths each year.[2]

If the breastfeeding technique is satisfactory, exclusive breastfeeding for the first 6 months of life meets the energy and nutrient needs of the vast majority of infants.[3] Optimal breastfeeding and complementary feeding practices together can prevent deaths due to diarrhea and pneumonia in children under five years. The child reaches its full growth potential and prevents irreversible stunting, as well as acute under-nutrition. Breastfeeding has a protective effect against child obesity and lowers the risk of several

chronic conditions including asthma, diabetes and heart disease in adult life and thus contributes to long-term benefits.[4-6] In addition to physiological benefits, breastfeeding promotes sensory and cognitive development. It improves IQ, school attendance, and is associated with higher income in adult life.[7-9] Exclusive Breastfeeding contributes to the health and well-being of mothers with evidence for delayed return of menses, earlier return to pre-pregnancy weight, reduced risk of breast cancer and ovarian cancer. The benefits of prolonged amenorrhea include increased birth spacing and reduced blood loss, resulting in reduced iron requirements for lactating mothers.[10-12]

Despite the demonstrated benefits of breastfeeding, breastfeeding prevalence and duration in many countries are still lower than the international recommendation of exclusive breastfeeding for the first six months of life. The rate of exclusive breastfeeding among children less than 6 months of age is only 38% globally and complementary feeding frequently begins too early or too late.[13] The rate of exclusive breast feeding and timely initiation of breastfeeding in India was 46.5% and 40.5% respectively.[14] In spite of a high literacy rate in Kerala, the practice and knowledge about exclusive breast feeding remains to be low (53.5%).[15]

Many mothers need skilled help in the early days to ensure that the baby attaches well and can suckle effectively. The most important causes of poor attachment are inexperience of the mother and lack of skill. The practices related to breast feeding are influenced to a great extent by the socioeconomic status, education, religion, knowledge, attitude and beliefs of mother about childcare. Cultural and social misconceptions mostly prevailing in rural areas would constitute barriers to optimizing the benefits of breastfeeding.[16,17]

Understanding of the factors that influence breast feeding practices is essential; also the feeding practices adopted in terms of duration, frequency and exclusiveness; so that policies, and practices which enhance early initiation, improve exclusive breastfeeding and complementary feeding, can be established and may be reinforced and those that interfere with it may be modified. In this context, the present study was done to assess the knowledge, attitude and practices of mothers regarding breastfeeding as well as to assess their current feeding practices and to evaluate the factors influencing it.

METHODS

A community based cross sectional study was conducted among mothers in Varandarappilly Panchayath of Thrissur district during 01 December 2014 to 30 August 2015. All mothers with a child of age 2 years and below, registered in either one of the 42 Anganwadies in the Panchayath, were eligible to be included in the study. The sample size was calculated, taking the prevalence of prelacteal feeding in Hindus to be 12 per cent, to give the true prevalence at an allowable error of 20 per cent at 95% per cent confidence level, as 704.[15] Those who were unwilling to be part of the study and whose last-born child was suffering from any serious illness or was dead at the time of study were excluded. There were a total of 710 mothers who were finally included as the study subjects.

The socio–demographic details, their knowledge and attitude on breast feeding and their feeding practices were collected using a semi- structured questionnaire which was translated into local language. Content validation and reliability of the questionnaire was checked and ensured. A session on observing their feeding technique was performed, after getting consent from the mothers. The socio-economic status of the subjects was assessed using modified B. G. Prasad's scale for rural setting. The knowledge and practice answers score were divided into 3 categories using the modified Bloom's cut off points (<60%, 60–80% and >80%). Attitude questions were assessed with five-point Likert scale and scores were categorized into three by Adhoc classification as negative, neutral and positive.

Statistical analysis

Collected data was entered into Microsoft excel and analyzed in statistical package for the social sciences (SPSS) V16. The associations between categorical variables were checked using Pearson's chi-square test. Spearman's rank correlation coefficient was used to find the degree of correlation between total scores of knowledge, attitude and practice, since the scores were not following normal distribution, which was checked by Shapiro-Wilk test.

Ethical consideration

The study obtained approval from institutional research board, ethical committee and the local self-governing body of the area. All participants who were found to be having incorrect knowledge or practice were advised on the correct information and technique of breastfeeding. Health education sessions were conducted for the participants at selected Anganwadies during the breastfeeding promotion week in August.

RESULTS

Socio-demographic profile of the study group

Mean age was 27.06±3.67 years. Mean age at marriage was 21.6±3 years. 44.3% of the mothers were educated up to higher secondary level. 39.5% of them were graduates and 6.2% holds a post graduate/professional degree. Husbands were less educated than their counterparts. Most of them were educated up till higher secondary level (60.7%). But only 14.6% were graduates and 3.2% were post graduates. Majority was home makers (85.5%) and only 14.5% of the mothers were employed, in spite of a good level of education. In the study, 53.5% were Hindus, Muslims constituted 24.5% and the proportion of mothers who belonged to Christian community was 22%. Mothers

belonging to nuclear family were 66.7% of the total subjects, 3 generation family were 22% and 11.3% of mothers were from joint family. Mothers mostly belonged to the lower middle class (44.4%) and 35.6% was from upper middle class.

Details on antenatal period and delivery of the child

All mothers had attended antenatal clinics regularly. More than two–third (76.6%) of the mothers had not received counseling on breastfeeding during antenatal period. Among the participants 37% were primiparous and the rest (63%) were multiparous. The last-born child was the 2nd of 388 mothers (54.6%), 3rd of 53 mothers (7.5%) and the 4th of 6 of them (0.8%). Mean age of the last-born children of the subjects was 15±6.4 months. 49% of the children were males and 51% were females. 72.4% of the children were delivered by normal vaginal delivery, 1.7% was born through assisted technique and the rest (25.9%) were born by lower segment caesarean section (LSCS). 72.1% of the mothers utilized government facility for their delivery, while 27.9% opted the private facility.

Knowledge and practice of breast feeding

Prelacteal feeding was known by 89.3% of mothers to be harmful to infants. But 12.4% of mothers practiced it. 18.9% of the Muslim mothers, 12.4% of Hindus and 5.1% of Christian mothers had practiced prelacteal feeding. The most common prelacteal feed given was Honey (59.1%). Zam-Zam water (37.5%) and a combination of honey and vayambu (sweet flag) (3.7%) were also given. The reason why mothers gave prelacteal feeds to their children in the present study was mostly religious (81.5%) and also because of advice from elders (18.5%).

The time of commencement of breast feeding following a normal delivery was known by 81.1% of the mothers. Only 71.4% mothers had initiated breast feeding on time. The main reason was post-operative sedation following LSCS (68.5%). Other reasons pointed out by the mothers were delay in shifting from the labour room (27.6%) and children were kept in the neonatal intensive care unit (ICU) (3.9%).

Colostrum was considered healthy and safe for infants by 95.5% of the mothers and was given to their children by 94.9% of mothers. It was regarded to be non-digestible by 41.7% of the mothers. As it was thought to contain impurities from mother's body, colostrum was discarded by 38.9% of the mothers. The reason for not giving colostrum was said to be due to elder's advice by 18.4% of mothers.

Knowledge about demand feeding among the mothers were 82.5%, but 94.2% of them had practiced. Frequency of breast feeding was 8 times/day in 5.8% of the mothers. Bottle feeding was favored by 22.4% of mothers and was practiced by 19.15% of the mothers. It was known to 77.6% mothers that bottle feeding should not be practiced. Among children 0–6 months, bottle feeding was practiced by 6 (13.4%) mothers and among those between 7–24 months, 19.7% of the mothers had used bottles for feeding before 6 months of age.

Continuing breast-feeding during illnesses of child or mother was known to 96.6% of mothers and was practiced by 97.5% of mothers. Knowledge about exclusive breast feeding and its duration was present among 81.7% and 54.5% had practiced it. 61.2% of children between 0–6 months were exclusively breast fed and 53.8% of children between 7–24 months were given breast milk exclusively for 6 months of age.

Knowledge on when to introduce complementary feeding was present among 77.6% of mothers. But early weaning was started in 45.5% of the children. Majority started by 4th month (63.8%), 25.15% by 5th month and 11.1% by 3rd month. Banana powder was the common weaning food (54.8%), Ragi was used by 37.2%, smashed rice by 4.2% and cerelac (commercial weaning food) by 3.7% of mothers.

Breast feeding was continued beyond 6 months by all mothers (having child of 7 months–24 months of age), 91.6% of them was still breast feeding. The expressed method of breast feeding a child whose mother is employed was known only to 47% of the mothers and only 38% had heard about usage of breast pump.

Attitude of mothers towards breastfeeding

Most of the mothers had a positive attitude towards breastfeeding. Among the questions asked, highest agreement was with the convenience and money saving aspect of breastfeeding (89%). Mothers who agreed that breast milk is the complete food for first 6 months were 84.9%. Breastfeeding was considered as a safe and hygienic method of feed by 86.1% of mothers.

Mothers strongly disagreed that breastfeeding is uncomfortable (88.6%) and was time consuming (86%). Only 66.9% of them disagreed that breastfeeding will affect mothers' beauty and 51.8% mothers had opined that, in order to breastfeed, they need not scarify their job.

Association of knowledge, attitude and practice with selected socio-demographic variables

Association of knowledge level of mothers and selected socio-demographic variables

Mean knowledge score was 15.84±1.9. The knowledge level (categorized by the total scores obtained by each mother**)** was found to be high in 64.2% and moderate in 35.7% of mothers. Older mothers, high education, Christian religion, better socioeconomic status, multiparity, and attending breastfeeding class during antenatal period were found to be significantly ($p<0.05$) associated with high knowledge level.

Table 1: Association between knowledge, attitude and practice levels of mothers regarding breastfeeding with selected socio-demographic variables.

Particulars	Knowledge		P value	Attitude		P value	Practice			P value
	Moderate (254)	High (456)		Neutral (20)	Positive (690)		Poor (146)	Fair (271)	Good (293)	
Age of mother										
<21	22 (45.8)	26 (54.1)	Fisher's exact =20.88 P value =0.001	6 (14.3)	36 (85.7)	Fisher's exact =15.058 P value =0.010	2 (4.1)	32 (66.7)	14 (29.2)	Fisher's exact =6.453 P value =0.01
21-25	79 (38.9)	124 (61)		6 (2.9)	199 (97.1)		24 (11.8)	97 (47.8)	82 (40.4)	
26-30	114 (30.8)	256 (69.2)		7 (1.9)	368 (98.1)		102 (27.6)	113 (30.5)	155 (41.9)	
31-35	26 (35.1)	48 (64.9)		5 (11.3)	75 (98.7)		18 (24.3)	20 (27)	36 (48.6)	
36-40	9 (81.8)	2 (18.2)		0	11 (100)		0	5 (45.5)	6 (54.5)	
41-45	4 (100.0)	0		0	1 (100)		0	4 (100)	0	
Mother's education										
Primary	3 (100)	0	Fisher's exact =46.91 P value =0.001	0 (0)	3 (100)	Fisher's exact =16.464 P value =0.002	0 (0)	1 (33.3)	2 (66.7)	Fisher's exact =29.519 P value =0.0001
Secondary	35 (50.7)	34 (49.2)		8 (11.6)	61 (88.4)		8 (11.6)	21 (30.4)	40 (57.9)	
Higher secondary	143 (45.5)	171 (54.4)		4 (1.3)	310 (98.7)		38 (12)	128 (40.7)	148 (47.1)	
Graduate	66 (23.6)	214 (76.4)		8 (2.9)	272 (97.1)		91 (32.5)	104 (37.1)	85 (30.3)	
Post grad-uate/profe-ssional	71 (6)	37 (84.1)		0	44 (100)		9 (20.5)	17 (38.6)	18 (40.9)	
Mother's employment status										
Not employed/home maker	225 (37.06)	382 (62.93)	Chi-square =5.02 P value =0.081	19 (3.1)	588 (96.9)	Fisher exact= 0.641 P value =0.683	119 (19.6)	242 (39.8)	246 (40.5)	Chi-square =22.3 P value =0.0001
Employed	15 (23.1)	50 (76.9)		1 (1.5)	64 (98.5)		25 (38.5)	16 (24.6)	24 (36.9)	
Employed, presently not working	14 (36.8)	24 (63.2)		0 (0.0)	38 (100.0)		2 (5.3)	13 (34.2)	23 (60.5)	
Mother's religion										
Hindu	154 (40.5)	226 (59.5)	Chi-square =11.7 P value =0.003	14 (3.6)	372 (96.4)	Fisher's exact =5.600 P value =0.058	87 (22.9)	159 (41.8)	134 (35.3)	Chi-square =17.6 P value =0.001
Christian	39 (25)	117 (75)		1 (0.5)	187 (99.5)		27 (17.3)	44 (28.2)	85 (54.5)	
Muslim	61 (35)	113 (64.9)		5 (3.7)	131 (96.3)		32 (18.4)	68 (39.1)	74 (42.5)	
Socio–economic class										
I – high	7 (15.9)	37 (84.1)	Chi-square =15.2 P value =0.002	0 (0)	44 (100.0)	Fisher's exact =1.495 P value =0.627	3 (6.8)	15 (34.1)	26 (59.1)	Fisher's exact =12.724 P value =0.023
II - upper middle	78 (30.8)	175 (69.2)		12 (3.3)	347 (96.7)		76 (21.2)	128 (35.7)	155 (43.2)	
III - lower middle	127 (40.3)	188 (59.7)		7 (2.5)	276 (97.5)		64 (22.6)	116 (40.9)	103 (36.3)	
IV - upper lower	42 (42.8)	56 (57.1)		1 (4.1)	23 (95.8)		3 (12.5)	12 (50.0)	9 (37.5)	

Continued.

Particulars	Knowledge		P value	Attitude		P value	Practice			P value
	Moderate (254)	High (456)		Neutral (20)	Positive (690)		Poor (146)	Fair (271)	Good (293)	
Mother's parity										
Primiparous	119 (45.2)	144 (54.8)	Chi-square =16.3 P value =0.001	13 (4.9)	250 (95.1)	Chi-square =6.90 P value =0.009	66 (25.1)	95 (36.1)	102 (38.8)	Chi-square =5.26 P value =0.072
Multiparous	135 (30.2)	312 (69.8)		7 (1.6)	440 (98.4)		80 (17.9)	176 (39.4)	191 (42.7)	
Birth order of the child										
1	106 (40.3)	157 (59.7)	Fisher's exact =6.459 P value =0.082	13 (4.9)	250 (95.1)	Fisher's exact =6.545 P value =0.066	23 (8.7)	116 (44.1)	124 (47.1)	Fisher's exact =63.516 P value =0.0001
2	131 (33.8)	257 (66.2)		6 (1.5)	382 (98.5)		117 (30.1)	141 (36.3)	130 (33.5)	
3	14 (26.4)	39 (73.6)		1 (1.9)	52 (98.1)		6 (11.3)	14 (26.4)	33 (62.3)	
4	3 (50)	3 (50)		0	6 (100)		0	0	6 (100)	
Class on breast feeding during antenatal period										
Not attended	217 (39.9)	327 (60.1)	Chi-square =17.1 P value =0.0001	19 (3.5)	525 (96.5)	Fischer's exact value= 2.9 P value =0.058	141 (25.9)	195 (35.8)	208 (38.2)	Chi – square =40.9 P value =0.0001
Attended	37 (22.3)	129 (77.7)		1 (0.6)	165 (99.4)		5 (3)	76 (45.8)	85 (51.2)	
Place of delivery										
Pvt hospital	142 (27.8)	368 (72.2)	Chi-square =49.6 P value =0.0001	12 (2.4)	498 (97.6)	Chi-square =1.424 P value =0.233	102 (20)	187 (36.7)	221 (43.3)	Chi-square =3.22 P value =0.200
Govt hospital	112 (56)	88 (44)		8 (4.0)	192 (96.0)		44 (22)	84 (42)	72 (36)	
Type of delivery										
LSCS	106 (37.6)	176 (62.4)	Fisher's exact =5.2259 P value =0.066	5 (1.8)	277 (98.2)	Fisher's exact =1.939 P value =0.383	58 (31.7)	85 (46.4)	40 (21.9)	Fisher exact =29.88 P value =0.001
Normal	147 (35.4)	268 (64.6)		15 (3.6)	400 (96.4)		87 (16.9)	175 (34)	252 (49)	
Assisted (vaccum/ forceps)	1 (7.7)	12 (92.3)		0 (0)	13 (100)		1 (7.7)	11 (84.6)	1 (7.7)	

Association of attitude level of mothers and selected socio-demographic variables

Mean score was 70.1±5.1. Among the study group, 97.2% of mothers had positive attitude towards breastfeeding while only 2.8% had a neutral attitude. Positive attitude on breastfeeding ($p<0.05$) was found among educated, older women with high parity.

Association of practice level of mothers and selected socio-demographic variables

The mean scores on practice among mothers regarding breast feeding was 10.86±2.3.20.5% of the mothers were in the poor practice category, 38.1% in fair and 41.3% mothers had good level of practice. Good level of practice ($p<0.05$) was found among mothers who were older, unemployed, those belonging to Christian religion, higher socioeconomic status, having more than 2 children and those attended antenatal breastfeeding class.

Correlation between knowledge, attitude and practice scores

There was a strong correlation between knowledge and attitude scores (0.885). But knowledge and practice (0.623) and attitude and practice scores (0.629), though positive were not strong.

The relation is found to be statistically significant at 5% level of significance, since p value was considerably small.

This finding shows that the presence of high knowledge and attitude has not reflected upon the practice of mothers regarding breast feeding, and there exists a gap in the form of various socio-demographic differences, most of which are modifiable.

Table 2: Spearman's rank correlation of knowledge, attitude and practice scores of mothers' on breastfeeding.

Parameters	Correlation coefficient	P value
Knowledge score and attitude score	0.885**	0.0001
Knowledge score and practice score	0.623**	0.0001
Attitude score and practice score	0.629**	0.0001

**Correlation is significant at p value <0.05 (2 tailed).

Observation findings

Majority of mothers preferred to sit and feed their child (91.8%). Among the participants, 67% used chair and 33% sat on the side of the cot to breast feed, while 8.25% of mothers preferred lying on bed to breast feed. Controversies exist about the ideal sitting position, as there have been different recommendations over the years as regards the best sitting posture. More so, there is lack of consensus on the best breastfeeding postures. In this study, the ideal breastfeeding posture has been regarded as the position the mother assumes, which they were comfortable in, for the purpose of breastfeeding.

Positioning and latching of the child were proper in all the observed sessions. 28.4% mothers fed from both the breasts. Most of the mothers (59.4%) stopped the breast-feeding session when the baby unlatched by its own. This signifies adequacy of feeding. Few of them introduced their finger into the side of the child's mouth for stopping the session (27.4%), after the child stopped sucking the breast. And some of them pulled the nipple out of the baby's mouth to terminate the session (13.2%). As per the IYCF guidelines for breast feeding termination [18], slipping finger into the mouth of the child to release suction is the method of stopping a breast feeding session, unless the child unlatches by its own. Pulling nipple away without breaking the suction will cause the child to suck even harder, which can lead to sore nipples.

All the children below 6 months were burped following breast feeding. Baby was made to sleep supine by 88.5% of mothers and laterally by 11.5% of the mothers. None washed breasts after feeding the child, which is an act of care of breasts, useful for washing off the saliva, preventing bacterial multiplication.

DISCUSSION

In the study conducted, mothers had good knowledge and attitude scores regarding breastfeeding practices. The findings were in accordance to similar study done by Girish et al at Kannur.[19] The study participants had high early initiation rate (81.1%) which was not seen in most of the other studies.[20,21] Prelacteal feeding was practiced in spite of having good knowledge (89.3%). Studies done at various states show that the practice of prelacteal feeding is still prevalent though knowledgeable about the harmful effects of the same.[21-23]

One of the important findings in this study was early weaning practice by about the 4th month, and on occasions even as early as 3 months. The purported reason is inadequacy of breast milk and also persuasion by family members. This could be one of the important reasons for the low prevalence of exclusive breast-feeding practice among the study group despite high knowledge on this regard. Findings similar to this have obtained in other studies too.[19,22]

Regrettably in our study, it was found that majority of women (76.6%) interviewed had received very little information regarding breast feeding during their antenatal period. In spite of campaigns carried out by various health sector organizations, only a few mothers get proper education regarding breastfeeding practices. This could be one of the reasons for the low EBF rates. Breastfeeding is

a learned skill that both mother and baby need to practice many times before both fully know and understand the process. 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. As in our study, antenatal class on breast feeding was found to be having significant association with the knowledge of mothers regarding breast feeding, in other studies too.[24,25]

Another important finding is the non-compliance with the recommended practice of breast feeding among working mothers. The knowledge on expressed breast milk (47%) and the use of breast pump for expressing milk (38%) was considerably low among the participants. Other studies too have shown similar finding.[19,26] By providing proper knowledge and support to working mothers, they can be helped in practicing exclusive breast feeding.

Various adverse factors identified from this study affecting knowledge of breast feeding relate to primiparity, young age of the mother, lower educational level, low socio-economic background and non-receipt of counseling on breast feeding and related matters. Many other studies have also shown similar findings.[22,26] These factors have been found to reflect on the attitude and practice as revealed from the present study by the strong correlation between knowledge and attitude, and a good correlation between attitude and practice of breast feeding.

Most of the mothers were observed to be practicing recommended breastfeeding postures, hold techniques and attachment. The finding shows that the technique of breast feeding was well known to all mothers and problems related to faulty breast-feeding techniques did not contribute to the gap that exists in the practice of breast feeding among the study population.

Limitations

Recall method is adopted for collection of data, which can lead to bias in answering about practice

During practice observing session, the participants may deliberately perform correctly, as they know that they are been observed.

CONCLUSION

The study has revealed that in spite of having high knowledge and positive attitude towards breastfeeding, a substantial proportion of rural women of Varandarappilly Panchayath did not practice it properly and there exists a gap between actual and desired breast-feeding practices among them. It has been found that undesirable cultural practices are still prevalent in the community such as giving prelacteal feeds, late initiation of breastfeeding, early introduction of weaning foods and non-compliance of exclusive breastfeeding for the stipulated duration of 6 months. These findings point to the compelling need for enhanced IEC activities targeting these misconceptions pertaining to lactation and strengthening the attitudinal disposition. Community-based health education activities for breastfeeding, one to one and group counseling, involving mother support groups, focusing more on younger women and those from lower socioeconomic class should be provided both during antenatal and postnatal periods. It is the responsibility of health professionals to educate the women right from the conception itself about the importance of correct breast-feeding practices, leading to appropriate modifications of people's behavior. There is also need of support from household level and the community at large in creating an enabling environment for practicing the same. Virtually, all mothers can breastfeed, provided they have accurate information and the support of their family, the health care system and society at large.

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REFERENCES

1. World Health Organization. Breastfeeding. Available at: http://www.who.int/entity/ child_adolescent_ health/topics/prevention_care/child/nutrition /breastfeeding/en. Accessed on 14 October 2014.
2. United Nations Children's Fund. Breastfeeding can save over 1 million lives yearly. New York: UNICEF, 2004. Available at: www.unicef.org/media/ media_22646.html. Accessed on 11 August 2014.
3. Butte N, Lopez-Alarcon MG, Garza C. Nutrient adequacy of exclusive breastfeeding for the term infant during the first six months of life. Geneva, World Health Organization. 2002. Available at: https://apps.who.int/iris/handle/10665/42519. Accessed on 11 August 2014.
4. Alive, Thrive. Exclusive breast feeding. New York. Available at: http://www.aliveandthrive.org/our-focus-areas/ exclusive. Accessed on 11 August 2014.
5. Oddy WH, Sherriff JL, de Klerk NH, Kendall GE, Sly PD, Beilin LJ, et al. The relation of breastfeeding and Body Mass Index to asthma and atopy in children: a prospective cohort study to age 6 years. Am J Public Health. 2004;94:1531-7.
6. Horta BL, Bahl R, Marties JC, Victoria CG. Evidence on the long-term effects of breastfeeding:systematic reviews and meta-analysis. World Health Organization, Geneva. 2007. Available at: https://apps.who.int/iris/handle/10665/43623. Accessed on 11 August 2014.
7. Kramer MS, Chalmers B, Hodnett ED, Sevkovskaya Z, Dezikovich L, Shapiro S. Promotion of breastfeeding intervention trial : a randomized trial in the Republic of Belarus. J Am Med Assoc. 2001;285(4):413-20.
8. Bernardo LH, Cesar G. Long term effects of breastfeeding, a systematic review. WHO. 2013.

Available at: https://apps.who.int/iris/handle/10665/79198. Accessed on 11 August 2014.
9. Victora CG, Bahl R, Barros AJ, França GV, Horton S, Krasevec J, et al. Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. Lancet. 2016;387(10017):475-90.
10. Kramer MS, Kakuma R. Optimal duration of exclusive breastfeeding. Cochrane Database Syst Rev. 2012;8:CD003517.
11. Dewey KG, Cohen RJ, Brown KH, Rivera LL. Effects of exclusive breastfeeding for four versus six months on maternal nutritional status and infant motor development: results of two randomized trials in Honduras. J Nutr. 2001;131(2):262-7.
12. Hurst N. Breastfeeding. Manual of Neonatal Care, 7th edition. Lippincott Williams & Williams. 2011;263-8.
13. Gupta A, Holla R, Dadhich JP, Suri S, Trejos M, Chanetsa J. The status of policy and programmes on infant and young child feeding in 40 countries. Health Policy Plan. 2013;28(3):279-98.
14. World Breastfeeding Trend Initiative India Report. 2012. Available at: http://www.worldbreastfeedingtrends.org/ Generate Reports/report/WBTi-India-2012.pdf. Accessed on 11 August 2014.
15. International Institute for Population Science, Mumbai for Govt. of India NFHS (IV). Available at: https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwja3KS8t9H0AhUVzDgGHV_zDeYQFnoECAsQAQ&url=http%3A%2F%2Frchiips.org%2Fnfhs%2Fnfhs-4Reports%2FIndia.pdf&usg=AOvVaw3JaXTuLs99aYMKh-j7jKCr. Accessed on 11 August 2014.
16. Ghosh S, Gidwani S, Mittal SK, Verma RK. Socio-cultural factors affecting breast feeding and other infant feeding practices in an urban community. Indian Pediatr. 1976;13(11):827-32.
17. Gupta A, Gupta R. Obstetric and infant feeding practices in Punjab: effect of educational intervention. Indian Pediatr. 1992;29(3):333-5.
18. Tiwari S, Bharadva K, Yadav B, Malik S, Gangal P, Banapurmath CR, Zaka-Ur-Rab Z, Deshmukh U, Visheshkumar -, Agrawal RK. Infant and Young Child Feeding Guidelines, 2016. Indian Pediatr. 2016;53(8):703-13.
19. Girish HO, Abhishek Acharya, Aswin Kumar. Knowledge and practice of breastfeeding among antenatal mothers at Kannur. J Evol Med Dent Sci. 2013;2(46):8996-9001.
20. Vyas SV, Sharma P, Kandpal DS, Jayanti S, Anurag S, Nautiyal V. A community based study of breastfeeding practices in a rural area of Uttarakhand. Nat J Comm Med. 2012;3(2).
21. Bhatt S, Pooja P, Kantharia N, Dahat A, Rahul P. KAP of postnatal mothers for early initiation of Breastfeeding in Obstetrics ward of a tertiary care hospital of Vadodara city. Nat J Comm Med. 2012;74183760.
22. Maillik S, Dasgupta U. Knowledge of breastfeeding and timely initiation of it amongst post natal mothers. An experience from Baby friendly hospital teaching hospital of a metropolitan city. J Dent Med Sci. 2013;4(1):25-30.
23. Kulkarni J, Rekahde N, Sharma S. Knowledge and practice of mothers about breast feeding. Available at: http://www.ssmrae.com/admin/images/0a0b27357895a5b82567fcabc36c0850.pdf. Accessed on 11 August 2014.
24. Dawal S, Immandar IF. Study on prelacteal feeding practices and its determinants in a rural area of Maharashtra. Sch J App Med Sci. 2014;2(40);1422-7.
25. Madhu K, Chowdary S, Masthi R. Breast feeding practices and newborn care in rural areas: a descriptive cross-sectional study. Indian J Community Med. 2009;34(3):243-6.
26. Ekambaram M, Vishnu BB, Asif M, Ahamed P. Knowledge, attitiude and practice of breastfeeding among postnatal mothers. Curr Pediatr Res. 2010;14(2):119-24.

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