

**Original Research Article****Knowledge, Attitude and Practices of Breastfeeding in Rural Areas of Aligarh**Uzma Eram<sup>1</sup>, Tamanna Z<sup>2</sup><sup>1</sup>Assistant professor in the Department of Community Medicine, J. N. M. C. H, A. M. U., Aligarh, India<sup>2</sup>Assistant consultant in KFMC in Riyadh in Emergency Department, KSA**\*Corresponding Author:**

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**Abstract:** Breast milk is also called life fluid for the baby. Exclusive breastfeeding has a number of benefits. The breast milk provides 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. Exclusive breastfeeding is also beneficial for mother also. Colostrum is the first immunization of infants. Exclusive breast feeding (EBF) reduces the infant deaths caused by diarrhea and pneumonia and helps space births. Universalizing early (within one hour) and exclusive breastfeeding for 6 months reduces neonatal and infant mortality. A cross-sectional study was conducted during May –June in 2015 in the rural areas of registered villages of Rural Health Training Centre of the Department of Community Medicine, Aligarh. The study population comprised of mothers who had infant aged between 0 to 12 months. Informed consent was taken from each participant. A total of 70 mothers were selected for the study. Questionnaires were prepared for the study. Data was collected and analyzed using SPSS software. Most of the mothers started breast feeding within an hour. Most of the mothers breast fed their babies till the baby sleeps or leaves on its own. Most of the mothers breast fed their babies on demand only and few breast-fed on regular intervals .87.1% of mothers breast fed their babies from both sides and 12.8% of mothers breast-fed from one side only.55.7% of mothers practiced exclusive breast feeding for 6 months while 44.2% did not practice.97.1% of mothers gave colostrum and did not discard. Most of the mothers knew the advantages of breast-feeding.90% of mothers knew about weaning time and 91.4% of mothers knew that breast feeding could be continued even after weaning .The main source of information was community health workers like ASHAs, Aaganwaadi workers, followed by doctors. It is concluded from the study that most of the rural women are aware about breastfeeding. It is definitely the hard work of community health workers, ASHAs etc. Health education regarding EBF should be given to pregnant females when they come for check-up.

**Keywords:** breastfeeding, knowledge, attitude, practices, rural areas, mothers

**INTRODUCTION**

Breast milk is also called life fluid for the baby. Exclusive breastfeeding has a number of benefits [1, 2]. Breast-fed children have at least six times greater chance of survival in the early months than non-breast children [3]. The benefits of breastfeeding depend upon the initiation of breast-feeding, its duration and the age at which the child is weaned [4]. The breast milk provides 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 [5]. About 1.3 million of deaths could be prevented each year if babies were exclusively breastfed from birth for six months [6]. Exclusive breastfeeding is also beneficial for mother also [7]. Colostrum is the first immunization of infants [8]. Exclusive breast feeding (EBF) reduces the infant deaths caused by diarrhea and pneumonia and helps space births [9]. Universalizing early (within one hour) and exclusive breastfeeding for 6 months reduces neonatal and infant mortality. The National Family Health Survey III data released in India in 2005-06 has

revealed that only 23.4% newborns in India are given breast milk within first hour of birth [10]. The rate of EBF in Delhi is only 34.5% [11].

The aim of this study was to find out the knowledge, attitudes and practices of breastfeeding in rural areas of Aligarh.

**MATERIAL AND METHODS**

A cross-sectional study was conducted during May –June in 2015 in the rural areas of registered villages of Rural Health Training Centre of the Department of Community Medicine, Aligarh. The study population comprised of mothers who had infant aged between 0 to 12 months. Informed consent was taken from each participant. A total of 70 mothers were selected for the study. Questionnaires were prepared for the study. Data was collected and analyzed using SPSS software.

## RESULTS

**Table 1: Distribution Of Mothers According To Breastfeeding Initiation Time(n=70)**

Initiation of Breast Feeding	No.	Percent
<1 hour	58	82.8
1-6 hour	6	8.57
7-24 hour	4	5.71
>24 hours	2	2.85

**Table 2: Distribution of Mothers According To Breastfeeding Practices(n=70)**

Variables	No.	Percent
<b>Duration Of Each Breastfed</b>		
<10 Min	07	10
Till The Baby Sleeps/Leaves On Its Own	63	90
<b>Frequency Of Breastfeeding</b>		
On Demand	57	81.4
At Regular Intervals	13	18.5
<b>Mode Of Feeding</b>		
From One Side	09	12.8
From Both Sides	61	87.1
<b>Exclusive Breast feeding</b>		
Yes	39	55.7
No	31	44.2
<b>Colostrum</b>		
Fed	68	97.1
Discarded	02	2.85

**Table 3: Knowledge, Attitude And Perception Regarding Breastfeeding (n=70)**

ITEMS	No.	PERCENT
<b>Three months of breastfeeding</b> is long enough	14	20
Breastfeeding is a <b>good</b> contraceptive	51	72.8
Breastfeeding <b>decreases</b> diarrhea	54	77.1
Breastfeeding is <b>easier</b> than artificial milk feeding	61	87.1
Breastfeeding is <b>cheaper</b> than artificial milk feeding	67	95.7
<b>Knowledge of weaning time</b>		
6 months	63	90
1 year	07	10
<b>Breastfeeding continued after weaning</b>		
Yes	64	91.4
No	06	8.57
<b>Burping should be done after breastfeeding</b>		
Yes	46	65.7
no	24	34.2
<b>Breastfeeding should be continued even if the baby is sick</b>	56	80

**Table 4: Sources of Information Regarding Breastfeeding**

Sources Of Information*	No=70	PERCENT
Doctors	53	75.7
ASHAs, Aaganwadi Workers, Other Community Health Workers	65	92.8
Family, Friends, Relatives	26	37.1
Radio, Television, Other Social Media	31	44.28

\*multiple responses

As shown in table-1, most of the mothers started breast feeding within an hour (82.8%). And 2.85% of mothers started after 24 hours. This is because of the laborious work of aaganwadi workers, ASHAs,

community health workers and doctors who give health education to all females regarding exclusive breastfeeding.

As shown in table-2, most of the mothers breast fed their babies till the baby sleeps or leaves on its own (90%). Only 10% breast fed their babies for less than 10 minutes. This might be because some mothers had started weaning and their babies were not totally dependent on breast milk. Most of the mothers (81.4%) breast fed their babies on demand only and few (18.5%) breast-fed on regular intervals. 87.1% of mothers breast fed their babies from both sides and 12.8% of mothers breast-fed from one side only. This might be because some of the mothers had complaints of cracked nipples or sore nipples. 55.7% of mothers practiced exclusive breast feeding for 6 months while 44.2% did not practice. The reason might be because of insufficient production of breast milk etc. Some of the mothers started giving plain water also because of heat in summers in rural areas. 97.1% of mothers gave colostrum and did not discard. This is due to the laborious field work of our social workers who gave health education to the mothers.

As shown in table-3, most of the mothers knew the advantages of breast-feeding. 90% of mothers knew about weaning time, 91.4% of mothers knew that breast feeding could be continued even after weaning and 80% of mothers knew that it can be continued even when the baby is sick. 65.7% of mothers knew that burping should be done after breast-feeding.

As shown in table-4, the main source of information was community health workers like ASHAs, Aaganwaadi workers, followed by doctors.

## DISCUSSION

As shown in table-1, most of the mothers started breast feeding within an hour (82.8%). And 2.85% of mothers started after 24 hours. This is because of the laborious work of aaganwadi workers, ASHAs, community health workers and doctors who give health education to all females regarding exclusive breastfeeding.

Another study reported the initiation of breast feeding within 1 hour in 56.54% of mothers [12]. Another study [13] reported that 91% of mothers gave colostrum and 57% initiated breast feeding within an hour of delivery. A study [14] showed that 9% of infants did not receive any food within 24 hours. Pikee [15] explained reasons of discarding colostrum in her study. A study [16,17] of Ghana showed that breastfeeding within an hour of delivery reduces mortality by 22%. A study [18] reported that although 80% of mothers had knowledge to start breastfeeding within an hour but only 34.5% did so. Most of them (57.5%) started breastfeeding 1-4 hours after delivery. So, there is a gap between the knowledge and practice about initiation of breastfeeding.

According to Karnawat *et al* [19] only 50% had correct knowledge of timing of initiation of breastfeeding. Kumar *et al* [20] found 58.9% of mothers initiated breastfeeding before completion of 6 hours after birth. Rural areas of Uttarakhand [21] also reported delayed breast feeding i.e. after 1 hour.

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Another study [21] reported colostrum fed in 87% of babies which is similar to other studies [22, 23]. Another studies reported [24, 25] colostrum given by only 11.8% and 22.7% of women respectively. This variation is because of different customs prevalent in India and also there is lack of awareness in many parts of India regarding benefits of colostrum. A study in Pakistan [32] showed 71% of mothers discarded colostrum. Vyas *et al* [21] reported EBF in only 5.13% of mothers. A study in Orissa [26] reported EBF (exclusive breast feeding) in only 8.6% of mothers. Other studies [27, 28] reported EBF in 57.7% and 63.50% of mothers respectively. In our study usually the mothers started giving water in summer seasons.

Feeding on demand was found in 81.4% of mothers in our study. Similar findings were reported in other studies [21, 29]. A study of Kanpur [30] reported only in 38% of mothers.

As shown in table-3, most of the mothers knew the advantages of breast-feeding. 90% of mothers knew about weaning time, 91.4% of mothers knew that breast feeding could be continued even after weaning and 80% of mothers knew that it can be continued even when the baby is sick. 65.7% of mothers knew that burping should be done after breast-feeding.

The similar findings are reported in other study [31]. Another study [33] also reported that most of the mothers were aware of the advantages of breast feeding. Another study [12] also reported that 92.67% mother continued breast feeding during child sickness. Rural women are usually aware of breast feeding continuation

during child sickness. Karnawat *et al* [19] showed that 20% of mothers had correct knowledge about weaning age and Yadav [34] reported only 55% correctly practiced weaning.

## CONCLUSION

It is concluded from the study that most of the rural women are aware about breast feeding. It is definitely the hard work of community health workers, ASHAs etc. Health education regarding EBF should be given to pregnant females when they come for check-up. Involvement of elderly females in the family is very important as they have an important role in the initiation of breast feeding. There should be practical training on lactation workshops conducted by health workers.

## REFERENCES

1. Quigley, M. A., Kelly, Y. J., & Sacker, A. (2007). Breastfeeding and hospitalization for diarrheal and respiratory infection in the United Kingdom Millennium Cohort Study. *Pediatrics*, *119*(4), e837-e842.
2. Martines, J. C., Rea, M., & De Zoysa, I. (1992). Breastfeeding in the first six months: no need for extra fluids. *BMJ*, *304*, 1068-9.
3. Bangladesh Demographic and Health Survey. (2011). National Institute of Population Research and Training Dhaka, *Bangladesh Mitra and Associates Dhaka, Bangladesh*.
4. Black, R. E., Allen, L. H., Bhutta, Z. A., Caulfield, L. E., De Onis, M., Ezzati, M., ... & Maternal and Child Undernutrition Study Group. (2008). Maternal and child undernutrition: global and regional exposures and health consequences. *The lancet*, *371*(9608), 243-260.
5. WHO/breastfeeding.[http://www.who.int/entity/child\\_adolescent\\_health\\_topics/prevention\\_care/child/nutrition/breastfeeding/en](http://www.who.int/entity/child_adolescent_health_topics/prevention_care/child/nutrition/breastfeeding/en). Accessed 14 Oct,2009.
6. United Nations Children's Fund. Breastfeeding can save over 1million lives yearly. New York. UNICEF, 2004.[www.unicef.org/media/media\\_22646.html](http://www.unicef.org/media/media_22646.html)-accessed 11 July,2012.
7. Alive and Thrive. Exclusive breastfeeding. New York.<http://www.aliveandthrive.org/our-focus-areas/exclusive-accessed> 11 July 2012.
8. Marks, G. (1994). Broadribbs introductory pediatric nursing. Philadelphia: Lippincott Company,1994.
9. Exclusive breast feeding recommendations.(internet).available from <http://rehydrate.org/breastfeed/faq-exclusive-breastfeeding.htm>
10. NFHS III. (2005-06).
11. Breastfeeding Promotion Network of India Bulletin no.30 July.2007:2.
12. Rahman, M., Begum, N., Rahman, M. M., Nayan, S. K., & Zinia, S. N. (2015). Breast feeding practices among rural women in a selected area of Bangladesh. *Northern International Medical College Journal*, *5*(2), 345-348.
13. Faruque, A. S. G., Ahmed, A. S., Ahmed, T., Islam, M. M., Hossain, M. I., Roy, S. K., ... & Sack, D. A. (2008). Nutrition: basis for healthy children and mothers in Bangladesh. *Journal of health, population, and nutrition*, *26*(3), 325.
14. Kabir, A. I., Roy, S. K., & Khatoun, S. (2013). Development of a complementary feeding manual for Bangladesh. *Final Research Results*, 209.
15. Saxena<sup>1</sup>, P. (2006). Contemporary breast feeding practices-A hospital based study. *Indian J. Prev. Soc. Med*, *37*(3&), 4.
16. Sriram, S., Soni, P., Thanvi, R., Prajapati, N., & Mehariya, K. (2013). Knowledge, attitude and practices of mothers regarding infant feeding practices. *National Journal of Community Medicine*, *3*, 147-50.
17. Edmond, K. M., Zandoh, C., Quigley, M. A., Amenga-Etego, S., Owusu-Agyei, S., & Kirkwood, B. R. (2006). Delayed breastfeeding initiation increases risk of neonatal mortality. *Pediatrics*, *117*(3), e380-e386.
18. Chinnasami, B., Sundar, S., Kumar, J., Sadasivam, K., & Pasupathy, S. (2016). Knowledge, Attitude and Practices of Mothers Regarding Breastfeeding in A South Indian Hospital. *Biomedical and Pharmacology Journal*, *9*(1), 195-199.
19. Karnawat, D., Karnawat, B. S., Joshi, A., & Kohli, G. K. (2015). Knowledge, attitude and practices about infant feeding among mothers of urban and rural area of Ajmer district. *The Journal of Medical Research*, *1*(3), 90-94.
20. Kumar, D., Agarwal, N., & Swami, H. M. (2006). Socio-demographic correlates of breastfeeding in urban slums of Chandigarh. *Indian J Med. Sci*, *60*, 461-66.
21. Vyas, S., Sharma, P., & Kandpal, S. D. (2012). A community based study on breast feeding practices in a rural area of Uttarakhand. *National J of Community Med*, *3*(2), 283-87.
22. Thakur, N., & Kumar, A. (2010). Breastfeeding practices among the Ganda women of Raipur slums. *IJMCH*, *12*(3), 2-7.
23. Parmar, V. R., Salaria, M., Poddar, B., Singh, K., & Ghotra, H. (2000). Knowledge, attitudes and practices (KAP) regarding breast feeding at Chandigarh. *Indian journal of public health*, *44*(4), 131.
24. Bhardwaj, N., Hasan, S. B., & Zaheer, M. (1991). Breast-feeding and weaning practices--a rural study in Uttar Pradesh. *Journal of Family Welfare*, *39*(1), 23-29.
25. Taneja, P. V., & Gupta, N. (2001). Feeding practices and malnutrition in infants of Bhil tribe in

- Jhabua District of Madhya Pradesh. *The Indian Journal of Nutrition and Dietetics*, 38(5), 160-164.
26. Pathi, S., & Das, B. C. (2005). Breast feeding practices in a rural ICDS block of Khallikote, South Orissa. *Indian Journal of Community Medicine*, 30(4).
  27. Benjamin, A. I., & Zachariah, P. (1993). Nutritional status and feeding practices in under -3 years old children in the rural community in Ludhiana, Punjab. *Health and Population – perspectives and issues*, 16(1,2), 3-21.
  28. Aggarwal, A., Verma, S., & Faridi, M. M. A. (2008). Complementary feeding—reasons for inappropriateness in timing, quantity and consistency. *The Indian Journal of Pediatrics*, 75(1), 49-53.
  29. Bandyopadhyay, S. K., & Chaudhary, N. (2000). Breast feeding practices in rural areas of West Bengal. *Indian J Public Health*, 44, 137-8.
  30. Srivastava, A., & Srivastava, P. (2010). Breast feeding practices in women from urban and rural areas. A comparative study. *IJMCH*, 12(2), 2-10
  31. Abhay, C. P., & Dipta, K. M. (2014). Knowledge, attitude and practice of breastfeeding in a rural community of Bankura District, West Bengal, India. *IOSR-JDMS*, 13(11), 24-28..
  32. Brown, K. H., Dewey, K. G., & Pollitt, E. (1993). Early child health in Lahore, Pakistan. *Acta Paediatr*, 82, 894-6.
  33. Sumera, A., Syed, F. A., & Ayesha, M. I. (2011). Perception and practices of breast feeding of infants 0-6 months in an urban and a semi—urban community in Pakistan :a cross-sectional study. *JPMA*, 61(1), 99.
  34. Yadav, R. J., & Singh, P. (2004). Knowledge, attitude and practices of mothers about breast feeding in Bihar. *Ind J Comm Med*, 29(3), 130-31.