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Descriptive study to assess the knowledge on exclusive breastfeeding among mothers of fewer than five children in the selected rural areas of Chamarajanagar district

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Abstract

Background: Exclusive Breastfeeding (EBF) is the best nutrition for children during the first six months. Breast milk contains all the nutrients an infant needs in the first six months of life and it stimulates babies' immune systems and protects them from diarrhoea and acute respiratory infection. The World Health Organization (WHO) recommends Exclusive Breast Feeding (EBF) for first six months of life while it is advised to provide adequate and safe complementary foods with breast feeding for up to two years and beyond. EBF remains uncommon in most countries (both developed and developing), even in countries with high rates of breast feeding initiation.

Methodology: A Quantitative descriptive research design has been adopted. The sample was selected by using a convenient sample technique and 160 under five mothers were selected for the study. Obtained data by Structured Questionnaires consist of multiple choice Questions on exclusive breastfeeding.

Objectives: To assess the knowledge about Exclusive breastfeeding among mothers of under five children and to find the association between the level of knowledge on exclusive breastfeeding with selected socio-demographic variables.

Results: Show that among 160 participants 134(83.8%) participants are having inadequate knowledge, 26(16.2%) participants are having moderate knowledge and no one having adequate knowledge about Exclusive Breastfeeding among the participants.

Keywords: Exclusive breastfeeding, infants, colostrum, under five mothers

Introduction

“Breastfeeding is a mother’s gift to herself, her baby, and the earth”

- Pamela K. Wiggins

The birth of the baby is an important event in the family. It is therefore important for the mothers to have a healthy baby. Breast milk is the best food for the babies as breast fed babies are healthier than formula fed babies ^[1].

Child birth and breast feeding are unique experiences for woman. They can only be cherished and nurtured by the health care workers, the baby friendly way ^[2].

Human milk is the ideal nourishment for infants' survival, growth and development. Particularly in unhygienic conditions, however, breast milk substitutes carry a high risk of infection and can be fatal in infants. Breast milk contains all the nutrients an infant needs in the first six months of life. Exclusive breast feeding means that infant receives only breast milk in first 6 months of life. Exclusive breast feeding in the first six months of life stimulates babies' immune system and protects them from diarrhoea and acute respiratory infection ^[3].

The first stage of milk that develops during pregnancy is called colostrum. Thick and yellow in colour, colostrums lasts a few days after the baby is born. This milk is rich in protein, antibodies, vitamins and minerals ^[4]. Colostrum may only in small amounts, but it's packed full of concentrated nutrition ^[5]. It's sometimes called “Liquid gold” because it contains everything that the baby needs in the first few days of life. Colostrum is also made up of components that protect new born and help them fight off infection, illness, and disease ^[6].

Exclusive breast feeding for the first six months of life is now considered as a global public health goal that is linked to especially in the developing world. The World Health Organization (WHO) recommends exclusive breast feeding (EBF) for the first six months of

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life while it is advised to provide adequate and safe complementary foods with breast feeding for up to two years and beyond^[7]. The benefits of breast-feeding, to both mother and baby, have long been recognized^[8]. Durable evidence specifies that exclusive breastfeeding (EBF) is one of the best nutrition practices for children health, growth and nutrition and termed as an optimal strategy for feeding new born and young infants^[1-5].

According to WHO and UNICEF, EBF should start within less than one hour of delivery and must have to continue up to 6 months of infant's age as it is the only source diets or fluids for babies at that age and have to sustain with balancing feeding on at the minimum 24 months of infants age. Malnutrition in all its forms, either indirectly or directly, is responsible for about half of the all deaths including infant's worldwide^[9]. Children especially new born babies are at large danger of malnutrition from first six months of all nutritious supplies and balancing feeding needs to be in progress^[10].

WHO and the American Academy of Paediatrics (AAP) emphasize the value of breastfeeding for mothers as well as children. Both recommend exclusive breastfeeding for the first six months of life and then supplemented breastfeeding for at least one year and up to two years or more^[11]. WBW (World Breastfeeding Week) commemorates the Innocenti Declaration made by WHO and UNICEF in August 1990 to protect and support breastfeeding^[11, 12].

World Breastfeeding week was first celebrated in 1992 by World Alliance for Breastfeeding Action (WABA) and is now observed in over 120 countries by UNICEF, WHO and their partners including individuals, organizations, and governments. WABA itself have been formed on 14 February 1991 with the goal to re-establish a global breastfeeding culture and provide support for breastfeeding everywhere^[13].

This year, for WBW 2021, WABA has selected theme: Protect Breastfeeding: A Shared Responsibility. With the objectives of to inform people about the importance of protecting breastfeeding, Anchor breastfeeding support as a vital public health responsibility, Engage with individuals and organizations for greater impact, Galvanize action on protecting breastfeeding to improve public health^[14].

Breastfeeding has many health benefits for both the mother and infant. Infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health.

Need for the study

"A new-born baby has only three demands. They are warmth in the arms of its mother, food from the breast, and security in the knowledge of her presence; breastfeeding satisfies all three".

As a global goal for optimal child health and nutrition, all women should be enabled to practice exclusive breastfeeding (EBF), and all infants should be fed exclusively on breast milk from birth to 6 months of age^[1-3, 15]. The factors that influence initiation, maintenance and duration of breastfeeding are social and cultural traditions, infant maturity at birth, degree of commitment, and literacy of the mother and level of modernity^[16]. Breastfeeding is considered to be a traditional practice in India and it is believed that it comes 'naturally' to Indian mothers. Yet statistics show a rather dismal picture. As per national

family health survey-3 (NFHS-3), only 46% of the Indian infants between 0 and 6 months are exclusively breastfed^[17]. Human milk is a remarkable and renewable resource. It cannot be duplicated. Human milk has no substitute and the breast is nature's apparatus for feeding the baby. Breast feeding is an art. In recognition of the immense importance of breast feeding, the Baby Friendly Hospital Initiative (BFHI) was launched by UNICEF/WHO in 1991^[18].

Breast milk is not only the best but is also a must for the babies. Lack of breast feeding- especially exclusive breast feeding during first few months of life is important as it reduces the risk factors for the infant mortality and the morbidity rate^[18].

Good practice of EBF can prevent 13.8% of all deaths among infants aged less 2 years and 11.6% of under 5-years children death, but unfortunately a report estimated in 2012 that, only 35% of infants were exclusively breastfed globally^[19].

In India, breastfeeding appears to be influenced by social, cultural, and economic factors. In 1991, Breastfeeding Promotion Network of India (BPNI) was born to protect, promote and support breastfeeding^[14]. Further, the Government of India has undertaken National Health Mission, which intends to implement Integrated Management of Neonatal and Childhood Illnesses (IMNCI) through the existing healthcare delivery system. Poor practice and attitudes towards exclusive breastfeeding have been reported to be among the major reasons for poor health outcomes among children, particularly in developing countries^[18]. Nonetheless, the promotion and acceptance of practice, such as exclusive breastfeeding, are especially important in developing countries with high levels of poverty, and that are characterized by a high burden of disease and low access to clean water and adequate sanitation^[19].

The World Health Assembly (WHA) has set a target to increase global exclusive breastfeeding rate from 38% in 2012 to 50% in 2025. Globally and in turn improve the health of the babies around the world. Currently, in India, only 55% of children are exclusively breastfed; to contribute to the global goal India has to achieve a 65.7% exclusive breastfeeding rate by 2025 as per the WHO tracking tool^[20].

In India, breastfeeding appears to be influenced by social, cultural, and economic factors. Various misconceptions and cultural beliefs prevail in society which interferes with successful initiation and maintenance of lactation. Poor practices and attitudes toward exclusive breastfeeding have been reported to be among the major reasons for poor health outcomes among children, particularly in developing countries^[21].

A number of studies have been done to assess the knowledge and practices of breastfeeding in different parts of the world. Hence the researcher has geared towards assessing the knowledge on exclusive breastfeeding among mothers of under five children in selected rural areas of Chamarajanagar District.

Objectives

1. To assess the knowledge about Exclusive Breastfeeding among mothers of under five children.
2. To find the association between the level of knowledge on Exclusive Breastfeeding with their selected socio-personal variables.

Methodology**Sources of information**

The data was collected from under five mothers at selected villages in Chamarajanagar District.

Research approach and design

A Quantitative research approach with a Descriptive research design was used in the study.

Research setting

The present study was conducted at selected villages in Chamarajanagar district.

Sample

In this study the sample was under five mothers aged between 19-35 years.

Inclusive criteria

- The study included under five mothers age group between 19-35 years.

Exclusive criteria**The study excluded**

- Under five Mothers those who are aged above 35 years
- Under five Mothers those who have children aged above 6years

Sample size

The sample size consists of 160 under five mothers.

Sample technique

The sample was selected by using a convenient sample technique.

Instruments used

Tool 1: Demographic data

Tool 2: Structured Questionnaires consist of multiple choice Questions to assess the knowledge on Exclusive breastfeeding of under-five mothers.

Results

Section I: Description of selected personal variables of mothers of under five children.

Table I: Frequency and percentage distribution of mothers of under five children with their personal variables n=160

Variables	Frequency	Percentage
Age in years		
19-23 years	41	25.6
24-28 years	57	35.6
29-33 years	47	29.4
33 years and above	15	9.4
Religion		
Hindu	157	98.1
Christian	3	1.9
Education		
Primary school	43	26.9
High School	97	60.6
PUC/ITI/Diploma	15	9.4
Degree/Profession/PG	5	3.1
Employment		
Housewife	148	92.5
Private employee	8	5.0
Business	4	2.5
Type of family		
Joint family	22	13.8
Nuclear family	138	86.2
Family Income		
<Rs. 2500	9	5.6
Rs. 2501-5000	44	27.5
Rs. 5001-12000	74	46.2
>Rs. 12000	33	20.6
Place of Residence		
Panchayat	159	99.4
Municipality	1	.6
Previous information		
Yes	120	75.0
No	40	25.0
Source of Information		
Family	60	37.6
Media	1	0.6
Health services or Health workers	90	56.2
Friends	9	5.6

Table 1: Shows that majority of the participants are belongs to age group of 24 to 28 years that is 57 (35.6%). The majority of the participants are belongs to Hindu Religion that is 157(98.1%) The majority of the participants are completed High School Education that is 97(60.6%). The majority of the participants are house wife that is 148(92.5%). The majority of the participants are belongs to

Nuclear Family that is 138(86.2%). The majority of the participants Family Income is 5000 to12000 thousands the is 74(46.2%). The majority of the participants place of residence is panchayat that is 159(99.4%). The majority of the participants are receive the information through health services and health worker that is 90(56.2%).

Section II: Knowledge level of mothers of under five children.

Table II: Frequency and percentage distribution of mothers of under five children according to their knowledge level n=160

Overall Knowledge level	Frequency	Percentage
Inadequate knowledge	134	83.8
Moderate knowledge	26	16.2
Adequate knowledge	0	0.0
Total	160	100

Table II: show that among 160 participants, 134(83.8%) participants are having inadequate knowledge, 26((16.2%) participants are having moderate knowledge and no one having adequate knowledge about Exclusive Breastfeeding

among the participants.

Table III: Mean, Median and Standard deviation of knowledge score of mothers of under five children n=160

Variable	No. of Items	Max Score	Mean	Mean %	Median	SD
Knowledge score	24	24	9.95	41.45	10	2.507

Table III: Shows that among 160 participants out of 24 items the mean score is 9.95(41.45%).

Section III: Association of knowledge scores with their selected personal variables

Table IV: Association between knowledge scores of mothers of under-five children regarding exclusive breastfeeding with their selected personal variables n=160

Variables	Below Median	Median and above	Chi square	Df	P value (0.05)	Inference
Age in years						
19-23 years	15	26	2.706	3	0.439	NS
24-28 years	24	33				
29-33 years	22	25				
33 years and above	9	6				
Religion						
Hindu	69	88	0.027	1	0.871	NS
Christian	1	2				
Education						
Primary school	14	29	6.392	3	0.094	NS
High School	50	47				
PUC/ITI/Diploma	5	10				
Degree/Profession/PG	1	4				
Employment						
Housewife	67	81	1.853	2	0.396	NS
Private employee	2	6				
Business	1	3				
Type of Family						
Joint family	9	13	0.084	1	0.772	NS
Nuclear family	61	77				
Family Income						
<Rs. 2500	5	4	1.950	3	0.583	NS
Rs. 2501-5000	19	25				
Rs. 5001-12000	29	45				
>Rs. 12000	17	16				
Place of Residence						
Panchayath	69	90	1.294	1	0.255	NS
Municipality	1	0				
Previous Information						
Yes	51	69	0.305	1	0.581	NS
No	19	21				
Source of Information						
Family	33	27	6.829	3	0.078	NS
Media	1	0				
Health services or Health workers	32	58				
Friends	4	5				

Table IV: Chi square test used to find an association of knowledge of mothers of under five children and with their selected personal variables, it shows that there is no significant association found between knowledge scores of under-five mothers and selected personal variables.

Conclusion

Breastfeeding has so many benefits for mothers and infants. It helps infants with developing their immune system. The Innocent Declaration says all women should be enabled to

practise exclusive breastfeeding and all infants should be fed exclusively on breast milk up to 4-6 months of age. Our study shows that among 160 participants 134(83.8%) are having inadequate knowledge, 26(16.2%) participants are having moderate knowledge and no one having adequate knowledge about exclusive breastfeeding. There was no significant association between knowledge and selected demographic variables. This finding indicates, low levels of knowledge, continuous breastfeeding awareness campaigns' are needed to improve knowledge and practice of exclusive

breastfeeding among breastfeeding mothers, mainly in the rural areas.

Recommendations

1. Breast feeding counselling should be provided to all pregnant women and mothers with under 5 in all community settings with emphasis on correct techniques which can improve the EBF.
2. Strengthening the public health education and prenatal and postnatal interventions to improve breastfeeding practices is recommended.
3. Similar study can be conducted in large sample and in the different setting with comparison from one place to another.

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