

Perception on breast feeding practices among nursing mothers in Mysuru city

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Abstract

Breast feeding is defined as feeding infants only breast milk be it directly from breast with no addition of any liquid or solids or supplements nothing else. Research studies have affirmed that breast feeding for the first six months plays an important role in preventing various diseases, morbidity and mortality. Breast milk ensures nutrition which is required for child development. It is also important that mothers consume well-nourished food to feed their own infants. The present is undertaken to understand the perception of breast feeding practices among nursing mothers with an objective to know the extent of awareness of breast feeding practices among mothers in Mysore city. Nursing mothers who were admitted in the Government hospital for their delivery were interviewed, adopting accidental sampling method. More than 150 nursing mothers were interviewed. The results revealed that majority of the respondents lack the knowledge of aspects related to breast feeding practices.

Keywords: breast feeding, child development, awareness, nutrition, nursing mothers

1. Introduction

Breast feeding is defined as feeding infants only breast milk be it directly from breast with no addition of any liquid or solids or supplements nothing else. Infants are fed exclusively breast milk for the first six months after birth 'which creates an inimitable psychosocial bond between the mother and the baby' (Singh, 1992; Okolo, 2002) ^{[1], [10]}. Breast feeding the infant as and when it demand for feed is termed as exclusive breast feed. It is the ideal schedule to be followed for newborn. There is no need to give boiled and cooled water or fruit juice in between the feed, as it will suppress the intake of feed. A full term appropriate for gestational age baby who is healthy does not need multivitamin drops as well (Bhuvaneshwari, 2011) ^[2]. 'Breast feeding reduces the risk of neonatal complications' (Furman, 1998) ^[4] and other illnesses, and builds up immunity which is required for healthy growth of the infant. WHO's global health policy recommends that breastfeeding must be initiated within one hour of birth and all infants should be exclusively breastfed till six months of age and then breastfeeding should be continued to two years or more along with complementary feeding, to achieve optimal growth, development and quality survival.

Breast feeding is the simplest way to feed the baby. Warm bacteria free milk is available at all times. It costs nothing and is certainly cheaper than substitutes. The extra food the mother takes will also help to improve the mother's nutritional status. The mother has a feeling of satisfaction and achievement there by result in psychological happiness of mother as well as child. The breastfed baby is able to recognize and respond to the mother from birth using the sense of smell.

Mother's touch, enduring sounds of the mother contribute to the development of the baby.

Presence of growth factors in breast milk helps the baby's intestines to grow and develop so that it is able to digest and absorb other foods (Bhuvaneshwari, 2011) ^[2]. Breastfeeding reduces the risk of childhood obesity to a moderate extent (Dewey, 2003) ^[3] and helps in appropriate weight gain. Breast feeding helps in denser bone development in childhood and

adulthood (Gibson *et al*, 2000) ^[5]. Breastfeeding reduces childhood cancer (Eisinger and Burke, 2003) and lowers the incidence of sudden infant death syndrome (Horne *et al*, 2004). Breastfeeding improves visual acuity, neurological and cognitive development (Eidelman and Feldman, 2004). Breast milk prevents or reduces diarrhea, respiratory infection bacterial and urinary tract infection, otitis media (mid ear infection) (Issacs, 2005).

Colostrum: is the first pale yellow milk produced in the breast after giving birth. It is so high in antibodies that some people call it a baby's first immunization. It contains vit. A, D, E, K. The more the baby suckles, the more milk production.

World Breast feeding week: is observed from 1st to 7th August of every year. Breast feeding is organized and promoted world-wide by

- ∑ The WABA (World Alliance for Breast feeding Action),
- ∑ WHO (World Health Organization)
- ∑ UNICEF (United Nations International Children's Emergency Fund)

To reach the goal of elite breastfeeding by mother for their baby of first six months in order to get incredible health benefits, to fulfill all vital nutrients, to encourage mother for the healthy growth and development of their child.

2. Research Methodology

Aim: is to know the perception of breast feeding practices among mothers in Mysuru city.

3. Objectives

1. To know the socio-demographic details of the nursing mothers.
2. To know the extent of awareness on breast feeding practices among nursing mothers
3. To explore the knowledge on breast feeding practices among nursing mothers.
4. To suggest measures for healthy breast feeding practices

from social work point of view.

Universe: More than 350 pregnant mothers registered and admitted in District Government Hospital Mysuru city for their delivery during the month of January 2015 comprise the universe of the study. Among them 194 nursing mothers were interviewed in the wards (7 wards and 30 beds in each ward). A self-structured interview schedule was prepared and collected data from respondents through individual interviews. Accidental sampling method has used to collect the data from the respondents. Descriptive research design has been adopted to describe the opinion, knowledge on breast feeding among nursing mothers in Mysuru city.

4. Results

Table 1: Socio demographic details

Socio-demographic details		N=194 (Percent)
Age (in years)	18-20	58 (29.9)
	21-23	59 (30.4)
	24-26	35 (18)
	27-29	20 (10.3)
	30-32	19 (9.8)
	33-36	3 (1.6)
Education	Up to Primary School	4 (2.1)
	Up to Middle School	22 (11.3)
	Up to High School	89 (45.9)
	PUC	39 (20.1)
	Under Graduate	16 (8.2)
	Post Graduate	4 (2.1)
	Never been to school	20 (10.3)
Occupation	Home maker	175 (90.2)
	Daily Wages	10 (5.2)
	Teaching Position	07 (3.6)
	Bank Employee	01(0.5)
	Domestic worker	01(0.5)
Type of Family	Nuclear	103 (53)
	Extended	91 (47)
Opinion on Member of SHG	Yes	31 (16)
	No	163 (84)

The table no. 1 represents the socio-demographic details of nursing mothers. The first row depicts age group of respondents. It is evident that all the respondents belonged to the productive age group of 18-36yrs. Among them 59 respondents between the age group of 21-23 yrs, followed by 58 respondents belonged to 18-20 yrs. As many as 35 respondents were between 24-26yrs, 20 respondents ranged between 27-29yrs. Only 19 and three respondents belonged to the age group of 30-32 yrs and 33-36 yrs respectively. With regard to education of the nursing mothers, the table reveals that a majority of 174 (90.7) respondents had attended school, among them four respondents (2.1) studied up to primary school, 22 (11.3) respondents studied up to middle school, 89 (45.9) respondents had attended school up to high school. This group had acquired skills to read and write. As many as 39 (20.1) respondents had studied up to PUC, 16 (8.2) respondents had a under graduate qualification and only four (2.1) respondents had studied up to post graduate level. There are respondents who had never been to school they were around 20 (10.3) respondents.

The table also represents the occupation details of nursing mothers. Majority of 175 (90.2%) respondents were home

makers. The remaining 19 respondents engaged in different occupation such as ten (5.2%) respondents daily wage earners, seven (3.6%) respondents in teaching position and one (.5%) each respondents were bank employee and domestic worker according to the table. The table also depicts the type of family that the nursing mothers had hailed from where majority of 103 (53%) respondents had hailed from nuclear families and only 91 (47%) respondents had acclaimed that they were from extended families. Further a majority of 163 (84%) respondents were not member of Self Help Groups and only 31 (16%) respondents were member of Self Help Groups.

Table 2: Cross tabulation of Residence and Religion

Religion	Residence	
	Rural	Urban
Hindu	110 (56.7)	57 (29.4)
Muslim	11 (5.7)	14 (7.2)
Christian	0	2 (1)

The table no. 2 represents the Religion and Residence of nursing mothers. A majority of 167 (86.1) respondents belonged to Hindu religion, among them 110 (56.7) respondents were from rural area and 57 (29.4) respondents from urban area. Very few i.e., 25 (12.9) respondents belonged to Muslim religion among them 14 (7.2) respondents from urban areas and only 11 (5.7) respondents from rural areas. Respondents from Christian religion constitutes only two (1) hailed from urban area.

Table 3: Cross tabulation of Age and Gender of children of nursing mothers

Age (in years)	Gender of Children	
	Female	Male
Below 6 months	110 (57)	84 (43)

The above table enumerates the cross tabulation of age and gender of children of nursing mothers. All respondents' infants aged below six months. Among them 110 (57) respondents had given birth to female infants and 84 (43) respondents with male babies.

Table 4: Present status of children among nursing mothers

Number of children	N=194 (Percent)
First	138 (71)
Second	48 (25)
Third	8 (4)
Preferred child	
Only male	115 (59)
Both	46 (24)
Only female	19 (10)
Any	14 (7)

The above table represents the present status of children among nursing mothers. A majority of 138 (71) respondents had experienced first delivery, had given birth to first child. As many as 48 (25) respondents already had an experience of delivery and had given birth to second child. Only eight (4) respondents had given birth to third child. The table also represents the preferred child among respondents. A majority of 115 (59) respondents wished to have only male child. As many as 46 (24) respondents had preferred to have both male and female child. Very few i.e., 19 (10) respondents preferred

to have only female child and the remaining 14 (7) respondents reported to have either of the child. The result represents that among the respondents many of them would like to have only male child.

Table 5: Details on Miscarriages

Experience of Miscarriages	
No	149 (77)
Yes	45 (23)

The table no. 5 represents the details on miscarriages. A majority of 149 (76) respondents had not undergone miscarriages according to the table. Only 45 (23) respondents reported that they had undergone miscarriages.

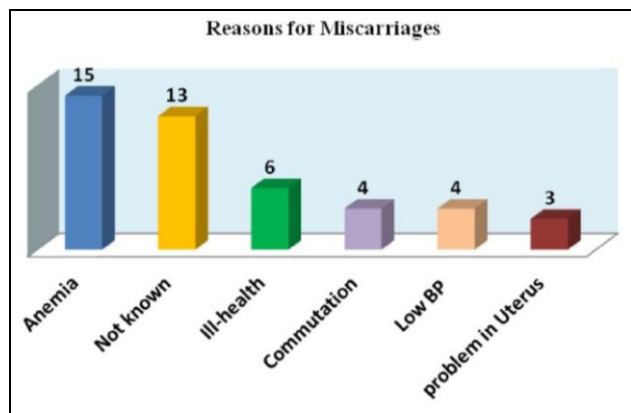


Fig 1

The above graph depicts reasons for miscarriages. Many respondents had undergone miscarriages due to anemia i.e., 15 (33) respondents. Anemia is common among pregnant mothers, due to lack of nutrition education, lack of diet consciousness, poverty and other reasons many nursing mothers undergo miscarriages, 13 (29) respondents could not identify reasons for miscarriages. Six (13) respondents opined that due to ill-health such as sickness, continued vomiting, giddiness they had undergone miscarriages. Four (9) each respondents opined commutation, low blood pressure were the reasons for miscarriages. Three (7) respondents opined that due to problem in uterus they had undergone miscarriages.

Table 6: Opinion on Breast Feeding

Opinion on breast feeding practice	Does not like to feed	104 (54)
	Like to feed	90 (46)
Opinion on breast feeding after delivery	After one hour	95 (49)
	Other	53 (27)
	Immediately	46 (24)
Opinion on received counseling on Breast Feeding	No	158 (81)
	Yes	36 (19)
Breast feeding process informed by	Mother	154 (79)
	Doctor	18 (9)
	Nurse	11 (6)
	Relatives	11 (6)

The table no. 6 provides opinion about breast feeding practices among nursing mothers. With regard to breast feeding practices a majority of 104 (54) respondents opined that they does not like to feed their children because of feeling of shyness, felt pain when baby sucks, lack of sleep due to feeding as and when the baby demands were opinion shared

by nursing mothers. As many as 90 (46) respondents opined that they would like feed their children as the mother felt their infants were secured under their arms after they feed. Further the table represents the opinion on initiation/delayed initiation of breast feeding after delivery. As many as 95 (49) respondents opined that they fed their infants after an hour of delivery. The reason behind this opinion was the nursing mothers were not conscious after the delivery for about an hour. As much as 53 (27) respondents opined that their infants were in intensive care unit (ICU) for after delivery complications. Only 46 (24) respondents fed their infants immediately after the successful delivery either normal or caesarean deliveries. The table also gives a clear picture on the opinion of nursing mothers on counseling on breast feeding that they had received. Majority of 158 (81) respondents had not received counseling on breast feeding. Only 36 (19) respondents had received counseling on breast feeding. The last column of the table enumerates the awareness of breast feeding process received from. Most of 154 (79) nursing mothers had received awareness on breast feeding from their own mother, 18 (9.3) respondents received awareness from doctor, 11 each respondents (6) had received awareness from nurse and relatives respectively.

Table 7: Opinion on Breast Feeding and Supplementary Food

Opinion on feeding per day	6-10 times	166 (86)
	11-15 times	24 (12)
	16-20 times	4 (2)
Duration of Exclusive breast feeding	Up to 3 months	89 (46)
	Up to 6 months	105 (54)
Duration of feeding	One and half years	96 (50)
	Two and half years	90 (46)
	6-9 months	8 (4)
Duration of Providing Supplementary food	3-6months	161 (83)
	7-12months	19 (10)
	after one year	14 (7)
Awareness about family planning	Yes	52 (27)
	No	142 (73)

The above table gives a clear glimpse on the opinion on breast feeding and intake of supplementary food for the infants. A majority of 166 (86) respondents had fed their infants 6-10 times, 24 (12) respondents opined 11-15 times feeding per day and only four (2) respondents had fed their children 16-20 times per day. The second row represents the duration of exclusive breast feeding to the infants by the nursing mothers. It is clear that majority of 105 (54) respondents had the knowledge of feeding their infants up to six months. A considerable 86 (46) respondents opined that they feed their infants up to three months. The above table also depicts the duration of feeding for infants. Almost all the respondents did not have knowledge of duration of breast feeding. As much as 96 (50) respondents opined that they would feed their infants for about one and half years. As many as 90 (46) respondents were of the opinion that they feed their infants till they achieve two and half years, and only eight (4) respondents opined that they feed their infants for about 6-9 months. This data shows that majority of the nursing mothers lack the awareness on duration of infant feeding.

Further the table depicts that 161 (83) respondents provide supplementary food for their infants starting by 3-6 months, 19 (10) respondents opined that they provide supplementary food by 7-12 months and only 14 (7) respondents opined they

provide supplementary food after one year.

These opinion shows that the nursing mothers are not aware of providing supplementary food or nutrition to their infants. The nursing mothers had given their opinion on the awareness about family planning. A majority of 142 (73) respondents were not aware of family planning method and only 52 (27) respondents were aware of family planning method.

5. Major findings and Discussion

The result revealed that as many as 30.4 percent nursing mothers were under the age group of 21-23 years which is productive age of the respondents in which Goyal (2015) ^[6] study confines that majority of 51.7 percent nursing mothers were between 21-25 years of age. As much as 91 percent respondents were literate group, where similar results found in Harnalge *et al.* (2013) ^[8] found that 79.83 percent respondents were literates. A majority of 90 percent respondents were home makers and unemployed according to the study, similar results were found in Haider *et al* (2010) ^[7] study found that 98.34 percent respondents were unemployed. A majority of 53 percent respondents from nuclear family, similar results were found in Goyal 2015 study where 73 percent respondents from nuclear family. With regard to domicile 57 percent respondents hailed from rural background, similar results were noted in Haider *et al* (2010) ^[7] where 85 percent respondents belonged to rural area.

It is evident that nursing mothers lack knowledge on aspects related to breast feeding. Most of the mothers had poor knowledge on duration of exclusive breast feeding to infants for about six months. Supplementary nutrition has to be provided along with breast feeding after six months. It is also clear that the duration of breast feeding has to be encouraged till two years but most of nursing mothers had poor knowledge about it. With regard to the opinion on age and gender of the infant, all respondents had infant of below six months, similar finding were expressed in Mogre *et al* (2016) ^[9] study. Further it is revealed that 54 percent respondents does not liked to feed their infants because they felt lack of sleep due to feeding as and when the baby demands were opinion shared by the nursing mothers similar results indicated in Mogre, (2016) ^[9] study. As many as 49 percent respondents opined that they fed their infants after one hour of the delivery. The reason behind this, nursing mothers and infant were separated for after delivery complications, same results were found in Atindanbila *et al.* (2014) ^[1] study.

6. Suggestions

- Counseling services on nutritional intake for pregnant/nursing mothers can be provided in the district hospitals to avoid miscarriages and also help them in overcoming misconceptions, shyness, fear regarding breast feeding.
- Education awareness on feeding colostrums to the infant immediately after the delivery can be provided at Primary health centres.
- Awareness on exclusive breast feeding for continuous six months to infants, supplementary food with feeding for infants above six months, and breast feeding for babies till they achieve two years can be provided at primary health centres (PHCs) / clinics and NGOs which are working with communities / also by Department of Women and Child Development personnel for expectant mothers.

- Pre and post counseling services on breast feeding practices and nutritional diet for pregnant women and nursing mothers who are admitted in the hospitals can be rendered.
- Registering pregnant mothers and assessing the health throughout pregnancy by ASHA (Accredited Social Health Activists) workers at community level as part of MCH (maternal and child health) programme
- Counseling can be provided to the pregnant mothers on birth preparedness, safe delivery, duration of breast feeding practices, immunization, awareness about family planning method can be provided by counselors working in Government and Non-governmental organizations at community level.

Conclusion

Breast feeding encourages mother to child bonding. Breast milk is considered to be one of the safest liquid which keeps away all the infectious diseases. Breast milk is a natural source of food for an infant to achieve optimum growth and healthy development. Awareness about the importance of breastfeeding is yet to be imparted even among the educated parents. Knowledge on importance of breast feeding and the care of the newborn during the antenatal period helps in prompt initiation and continuation of exclusive breast feeding practices among nursing mothers.

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