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Community Medicine

STUDY OF KNOWLEDGE, ATTITUDE AND PRACTICE ABOUT BREASTFEEDING & NEWBORN CARE IN AND AROUND THE REGION OF WARDHA

Suchismita	Department of Community Medicine Jawaharlal Nehru Medical College, Sawangi (Meghe), Wardha.
Priya Tiwary*	Department of Community Medicine Jawaharlal Nehru Medical College, Sawangi (Meghe), Wardha. *Corresponding Author
Akshan Batalia	Department of Community Medicine Jawaharlal Nehru Medical College, Sawangi (Meghe), Wardha.
Richa Ann Joseph	Department of Community Medicine Jawaharlal Nehru Medical College, Sawangi (Meghe), Wardha.
Ketki Deotale	Department of Community Medicine Jawaharlal Nehru Medical College, Sawangi (Meghe), Wardha.
Kushal Chaudhary	Department of Community Medicine Jawaharlal Nehru Medical College, Sawangi (Meghe), Wardha.
Dr. K B Sourabh	Assistant Professor Department of Community Medicine Jawaharlal Nehru Medical College, Sawangi (Meghe), Wardha.

ABSTRACT

AIM: To study knowledge, attitude and practice about breastfeeding and newborn care practices in and around the region of wardha.

OBJECTIVES

1. To study knowledge, attitude and practice about breastfeeding and newborn care in and around the region of wardha.
2. To study factors affecting initiation of breastfeeding and duration of breastfeeding.
3. To study various breastfeeding practices implied in wardha.

MATERIALS AND METHODS

Study Setting: Peripheral Health Centre of Seloo, Deoli under Acharya VinobaBhave Rural Hospital, Sawangi(Meghe), Wardha and Peri-Natal Care ward at AVBRH Sawangi (Meghe).

Study Participants: Mothers with children who were upto six months old who came to Peripheral Health Centre and AVBRH forBCG , Hepatitis B- Birth dose ,OPV0,1,2,3 and Pentavalent 1,2,3, IPV and rotavirus vaccinations were included in the study and data was collected using pretested questionnaire on breastfeeding practices and newborn care.

Sample Size Selection: Sample size studied was 100 subjects from rural areas.

Study Design: From the areas of Wardha district, we've selected 2 PHCs of Seloo and Deoli and AcharyaVinobaBhaveRuralHospital, Sawangi(M), Wardha by Simple random sampling Method.

Duration of study: OCTOBER 2019 TO DECEMBER 2019 (3 MONTHS)

Data Collection(Methodology): This cross-sectional study conducted at Peripheral Health Centre of Seloo and Deoli and AVBRH, Sawangi(M), Mothers with baby who came for BCG,OPV0,1,2,3 , Hepatitis B,rotavirusPentavalent vaccinations were included in the study. Verbal consent was obtained and those who were not willing to participate were excluded. A pretested questionnaire was used . Over a period of three months all consecutive mothers coming to PHC were interviewed until the sample size of 100 was reached. The pretested questionnaire included various factors that had a potential effect on initiation and duration of breastfeeding practices. The questionnaire included socio-economic and demographic data, details on initiation and duration of breastfeeding, details on artificial breastfeeding and weaning practice .

Statistical Analysis: Statistical analysis was done by using bar diagram, pie diagram and chi square test.

Definitions :

Breastfeeding : According to WHO, Breastfeeding is the normal way of providing young infants with the nutrients they need for healthy growth and development.

Virtually all mothers can breastfeed, provided they have accurate information, and the support of their family, the healthcare system and society at large. Exclusive breastfeeding is suggested up to 6 months of age ,with continued breastfeeding alongside appropriate complimentary foods up to 2 years of age or beyond.

Weaning: weaning is the gradual process through which a baby reduces its reliance on a pre dominantly liquid milk-based diet and gets used to eating adult foods. It usually involves introduction of semi solid then solid foods until the child's diet consists of largely the family food. The process varies from culture to culture. Healthy babies of weaning age are growing and developing in no time so care has got to be taken to ascertain that they get enough and therefore the proper food.

Weaning does not mean discontinuation of breast feeding.

Pre lacteal feed: These include any food item given just after delivery, mostly just before commencement of breast feeding. These usually include honey, ghuttietc depending on local customs. The pre lacteal feeds are not recommended at all

Colostrums: It is the yellowish , sticky breast milk produced at the end of pregnancy , is recommended by WHO as the perfect food for the new born and feeding should be initiated within the first hour after birth.

Exclusive breastfeeding: It means an infant receives only breast milk from his/her mother or wet nurse, or expressed breast milk and no other liquids or solids not even water. No additional food such as honey and dal is to be given. Even water is not to be given even if the weather is extremely hot or dry.

The only exceptions include administration of ORS, oral vaccines, vitamins, and mineral supplements or medicines. It is recommended till 6 months of age

KEYWORDS :

INTRODUCTION

Breastfeeding is one among the foremost important determinants of child survival, birth spacing, and prevention of childhood infections. The importance of breastfeeding has been emphasized in various studies. The importance of exclusive breastfeeding and the immunological and nutritional values of breast milk has been demonstrated.

The beneficial effects of breastfeeding depend upon breastfeeding initiation, its duration, and the age at which the breast-fed child is weaned. Breastfeeding practices vary among different regions and communities. In India, breastfeeding in rural areas appears to be shaped by the beliefs of a community, which are further influenced by social, cultural, and economic factors. Hence, the study with these relationships helps in orienting the breastfeeding promotional activities and for preventing a decline in initiation and duration of breastfeeding practices.

Newborn Health in India

In India, the infant mortality showed an appreciable decline during 1980s and early parts of 1990s. Thereafter, its pace of decline has stagnated considerably. Earlier decline in the infant mortality rate (IMR) have been largely due to reduction in post-neonatal mortality.

Neonatal mortality rates (NMR) has not declined substantially. As a result currently almost two-third of IMR is being contributed by the NMR. Consequently, the focus of child health has now shifted to neonatal health. About 1.2 million neonates die annually in India alone, amounting to almost one-fourth of all global newborn deaths. Two-third of infant deaths in India occur in the first month of life, and three-fourth of newborn deaths occur in first week and 90 percent of all neonatal deaths occur by the fifteenth day of life. Most of newborn inIndia die due to tetanus and low birth weight (LBW). Nearly 70 percent of perinatal and newborn mortality occurs in LBW infant. About one-third of newborn children in India are of low-birth weight.

Many of these deaths can be prevented through increasing the awareness and utilization of antenatal care, institutional deliveries, postnatal visits and newborn care practices . Health of a mother and her newborn child depend on care she received during pregnancy and delivery and also on the care she and her infant receive during the first few weeks after delivery. Postpartum checkups within two months after delivery are particularly important that take place in non-institutional settings. Two-third of all deliveries and three-fourth of deliveries in rural areas take place at home. Nearly 60 percent of deliveries in rural areas are still attended by untrained persons.

Health of a mother and her newborn child depends on the care she received during pregnancy, delivery and post- delivery periods. Despite Government's various initiatives, more than one-third women do not receive any ANC services during their pregnancies. The condition of antenatal care among tribal women is appalling - as about 56 percent of scheduled tribal women did not receive any ANC services, and 48 percent of them did not receive any TT injection. About two-third tribal women (64 percent) did not receive any IFA tablets or syrups. Nearly 91 percent of deliveries among scheduled tribes were conducted at home as compared to 80 percent in the state. Untrained persons assist about 70 percent of total and 86 percent of scheduled tribes women's deliveries in the state. Post-natal visits within first few days or weeks are very crucial for the health of mothers and their baby.

Maternal and child health studies among rural population have been remained largely neglected. Pregnancy is considered as normal phenomena by all rural women and no special care or rest is taken by them during their pregnancies. Most of the deliveries are conducted by traditional dais and assisted by mother-in- law, sister-in-law and other elder women of their communities.

Mostly the umbilical cord is cut with the blade or sickle. In some rural areas, cord is cut by bamboo piece or arrow-head in case of male child and by a knife or blade in case of female child. After delivery both mother and baby take bath with warm water mixed with turmeric. The child is also given a massage with locally available oil (mustard or tora oil) and child is kept warm through indigenous methods. Most of children are put on breastfeeding after few hours, even some time after the two-three days.

There is an imperative need to study the practices associated with child care, i.e., very first thing did with baby, cord cutting, wrapping and drying, thermal care, breast feeding, immunization, early childhood morbidities and treatment seeking by different tribal communities and to study the cost associated with utilization of MCH services.

OBSERVATIONS AND RESULTS

Table 1: Distribution of women according to their socio- economic status(Prasad Classification)

SES	No. of mothers	Percentage(%)
I-Upper Class(Monthly per capita income –Rs 7008 and above)	2	2
II-Upper middle class(Monthly PCI –Rs 3504-7007)	7	7
III-Middle class(Monthly PCI –Rs 2102-3503)	15	15
IV-Lower middle class(Monthly PCI –Rs 1051-2101)	21	21
V-Lower class(Monthly PCI below Rs.1050)	55	55
Total	100	100.00

Distribution of women according to their socio-economic status shows that maximum(55%) of women belonged to lower class while only 2 women belonged to Upper class.

Table 2: Distribution of mothers according to time of initiation of breast feeding

Time of initiation of BF	Hospital Deliveries	Home Deliveries
Within 1 hr	40(50.63%)	11(52.38%)
Within 4 hrs	34(43.03%)	8(38.09%)
Within 8 hrs	4(5.06%)	0(0.00%)
More than 8 hrs	1(1.26%)	2(9.5%)
Total	79	21

50.63% of hospital delivered mothers started breast feeding within 1 hour, 43.03% were started within 4 hours, 5.06% were started within 8 hours and remaining 1.26% were started more than 8 hours. 38.09% of home delivered mothers started breast feeding within 4 hours, 52.38% were started breast feeding within 1 hour and 9.5% were started breast feeding more than 8 hours.

Table 3: Distribution of mothers according to breast feeding practices

Breast Feeding Practices	Yes	No	Total
Colostrum Given	82	18	100
Prelacteal feed given	22	78	100
Exclusive breast feeding	40	60	100

82% of children were given colostrums, 22% of children were given prelacteal feed and 40% of children were given exclusive breast feeding.

Table 4: Distribution of mothers according to Weaning practices

Weaning Practices	No of mothers	Percentage(%)
Before 6 month	42	42.00
At 6 month	40	40.00
After 6 month	18	18.00
Total	100	100.00

42% of mothers started weaning practices before 6 months, 40% started at 6 months and remaining 18% started weaning practices after 6 months.

Table 5: Distribution of mothers according to their knowledge and attitude about colostrum

Knowledge and attitude	Yes	No
What is colostrums?	82	18
Colostrum given	82	18
Importance of colostrums known	60	40

82% of mothers knew about colostrums and given colostrums to their babies and 60% mothers knows the importance of colostrums.

DISCUSSION

Women in rural areas have a very positive attitude towards initiation of breastfeeding. In this study, almost all the women had initiated breastfeeding and continued to breastfeed beyond 9 months.

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 half of the mothers initiated breastfeeding within 1 hour of childbirth, which is a good practice. Studies comparing the effects of early onset and late onset of breastfeeding on the development of newborns and on their mothers showed that the earlier the breastfeeding was initiated the 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.

Pre lacteal feeds should not be given but still the majority of mothers give either sugar water or honey. Discarding the colostrum is still practiced. The colostrum is rich in vitamins, minerals, and immunoglobulins that protect the child from infections.Discarding the colostrum and feeding the child with sugar water, honey, or ghee makes the child vulnerable to infections. Other studies have also found similar practices in the community and it is largely influenced by the relatives and the primary care providers during childbirth.

K. MADHU , SRIRAM CHOWDARY , RAMESH MASTHI (2009) in their study, on breastfeeding practices and newborn care in rural area: a descriptive cross sectional study revealed that most of the mothers initiated breastfeeding (97%)and the other 3% were not able to due to separation from the child (2%) or due to advise from mother in law(1%).

A total of 44% of the mothers initiated breastfeeding within 30 minutes with home delivery and 38% with C-section. There was a delay of 2-3 hours in feeding. A total of 19% of the mothers in the study didn't breastfeed even after 24 hours of delivery. They were given pre lacteal feeds and discarded the colostrum. A total of 13% of the babies were fed with sugar water alone for more than 48 hours. Honey (6%) and ghee (3%) were also commonly used pre lacteal feeds.

Our findings are correlating with the above study.

Suchismita, PriyaTiwary, AkshanBatalia, Richaann joseph, KetkiDeotale, Kushal Chaudhary (2019) in our study on Breast feeding practices and newborn care in and around wardha.

Distribution of women according to their socio-economic status shows that maximum(55%) of women belonged to lower class while only 2% women belonged to Upper class.

50.63% of hospital delivered mothers started breast feeding within 1 hour, 43.03% were started within 4 hours, 5.06% were started within 8 hours and remaining 1.26% were started more than 8 hours.

38.09% of home delivered mothers started breast feeding within 4 hours, 52.38% were started breast feeding within 1 hour and 9.5% were started breast feeding more than 8 hours.

82% of children were given colostrums, 22% of children were given prelacteal feed and 40% of children were given exclusive breast feeding.

42% of mothers started weaning practices before 6 months, 40% started at 6 months and remaining 18% started weaning practices after 6 months.

82% of mothers knew about colostrums and given colostrums to their babies and 60% mothers knows the importance of colostrums.

SUMMARY

This study is to assess knowledge and attitude about breast feeding practices in and around the region of wardha.

The objective of the study was, to study knowledge and attitude about breastfeeding practices and newborn care in rural area, to study factors affecting initiation of breastfeeding and duration of breastfeeding and to study various breastfeeding practices implied in rural areas.

The sample consists of 100 mothers.

* About 55 % of women belonged to the lower class while only 2 % women belonged to the upper class.21% belonged to the lower middle class, 15% to middle class and 7% to upper middle class

* 51% of hospital delivered mothers started breast feeding within 1 hour, 43% were started within 4 hours, 5.06% were started within 8 hours and remaining 1% were started more than 8 hours later.

* About 52% of the home delivered mothers started breast feeding within 1 hour ,38% of home delivered mothers started breast feeding within 4 hours, and 9.5% were started breast feeding more than 8 hours.

* 82% of children were given colostrums, 22% of children were given prelacteal feed and 40% of children were given exclusive breast feeding.

* 79% of the deliveries were hospital deliveries and 21% were home deliveries.

* 42% of mothers started weaning practices before 6 months, 40% started at 6 months and remaining 18% started weaning practices after 6 months

CONCLUSION

This study emphasizes the necessity for breastfeeding intervention programs especially for the mother during antenatal and postnatal check-ups. The information regarding the advantages and duration of breastfeeding needs to be provided for the community as a whole. Practices such as discarding the colostrum and early/late weaning should be discouraged. Training for the traditional birth attendants and maintaining aseptic precautions with the use of clean delivery kits and community-based health education programs is needed.

Newborns are the most vulnerable members of society. Preventing newborn deaths and improving newborn health and survival go hand in hand with promoting safer motherhood. Decision makers can work to ensure healthier futures for mothers and their newborns by supporting programs that provide essential maternal and newborn care, as well as broader policies that enhance women's health and socioeconomic opportunities during the life cycle. Intervening to make motherhood safer and to protect newborns in their most fragile period is an essential investment in the future.

High-risk home delivery and newborn care practices are common in rural population. In-depth qualitative studies are needed to explore the reasons for delivering at home. Community-based interventions are required to enhance the amount of families engaging a talented attendant and hygiene during delivery. The high-risk traditional newborn care practices like delayed wrapping, bathing, mustard oil massage, prelacteal feeding and discarding colostrum got to be addressed by culturally acceptable community-based health education programmes.

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