

A Comparative Cross-sectional Study on Knowledge Regarding Exclusive Breast Feeding Among Antenatal Mothers Attending Primary and Tertiary Care Centers of Osmania Medical College

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ABSTRACT

Introduction: Exclusive Breast Feeding (EBF) defined by World Health Organization (WHO) as practice of feeding only breast milk (including expressed breast milk) and allows the baby to receive vitamins, minerals or medicines and water, breast milk substitutes, other liquids and solid foods are excluded. WHO is recommending that infants upto 6 months of age should be exclusively breastfed. Breast Feeding is advantageous to both mother and baby. According to WHO, awareness regarding EBF is only about 50% in 2012. Hence the objective of this study is to assess the awareness regarding EBF among antenatal women attending primary and tertiary care centers.

Methodology: A Cross sectional study was conducted among antenatal women attending primary and tertiary care centers of Osmania Medical College during November 2014-January 2015. Total sample of 120 was obtained and divided equally among primary and tertiary care centers. Study population was randomly selected after obtaining the informed consent. They were personally interviewed by the investigator by using a Pre-Tested, Semi Structured Questionnaire. Data analysis was done by using EPI info version 7, and results obtained were found to be statistically significant ($P < 0.05$).

Results: Among 120 antenatal women, seventy nine (65.8%) were aware of EBF, out of which thirty three (53%) were from primary health center and forty six (76.5%) were from tertiary care center.

Conclusions: All Antenatal women should be educated regarding EBF. Awareness is more among antenatal women attending tertiary care centers. Present study showed better indicators compared to national level data but needs increased efforts to improve the EBF to achieve millennium development goals.

Key Words: Exclusive Breast Feeding, World Health Organization, Antenatal Women

INTRODUCTION

Breast Feeding is very essential for physical, mental growth and development of a child. It is very important measure to decrease the infant and child mortality rate. Exclusive breastfeeding defined by World Health Organization (WHO) as practice of feeding only breast milk (including expressed breast milk) and allows the baby to receive vitamins, minerals or medicines and water, breast milk substitutes, other

liquids and solid foods are excluded. ^[1] WHO recommended that infants upto 6 months of age should be exclusively breast fed.

Breast feeding is safe, hygienic and cheap and is available to the infant at correct temperature. It helps in fighting against the leading killers like Acute Respiratory Illness and Diarrhoea. It prevents malnutrition and increases the intelligence of the infant. ^[2] A recent study has shown that Breast Feeding

also decreases the incidence of neonatal sepsis. [3]

Currently, UNICEF is promoting campaign known as GOBI for “Child Health Revolution” where B stands for Breast Feeding. They also launched Baby Friendly Hospital Initiative to promote Exclusive Breast Feeding. [4] Exclusive breastfeeding is safe, economical and emotionally satisfying means of feeding babies, particularly in developing country like India. Early introduction of breast milk substitutes are responsible for increase of under nutrition among children of 6-24 months.

Need For the Study:

According to WHO, awareness regarding EBF is only about 50% in 2012 and still less earlier. Hence the objective of this study is to assess the awareness regarding EBF among antenatal women attending primary and tertiary care centers.

Exclusive Breast Feeding is influenced by many social, cultural, traditional factors of given population. This justifies the need for local studies that allows more efficient action in regard to measures for intervention, based on knowledge of local reality.

Objectives:

RESULTS

To assess Knowledge regarding exclusive breast feeding among antenatal mothers attending primary and tertiary care centers of Osmania Medical College, Hyderabad.

METHODOLOGY

A Cross Sectional Study was conducted among the antenatal women attending the primary and tertiary care centers of Osmania Medical College from November 2015 – March 2016. Study was started after obtaining Ethical committee clearance from the Institutional Ethical Committee. Taking the awareness as 50%, [5] Confidence interval 95% and relative precision as 2%, sample of 120 was arrived. A sample of 60 from tertiary care center and a sample of 60 from different primary health centers were collected randomly. All the antenatal women were informed about the study and those who were willing to participate in the study by giving the informed consent were included in the study. Those who were not willing to participate in the study were excluded.

The data was collected by the investigator by using a Pre Tested, Semi Structured Questionnaire till the required sample was reached. Data entry and analysis were done by EPI info version 7.

Table 1: Socio Demographic Data

Variable	Primary Health Center	Tertiary Health Center	Total
AGE			
15-20yrs	24(40%)	18(30%)	42(35%)
21-25yrs	24(40%)	30(50%)	54(45%)
26-30yrs	11(18.3%)	7(11.6%)	18(15%)
31-35yrs	1(1.6%)	5(8.5%)	6(5%)
EDUCATION			
Illiterate	16(26.66%)	16(26.66%)	32(26.66%)
Literate	44(73.3%)	44(73.3%)	88(73.3%)
OCCUPATION			
Unemployed	2(3.3%)	4(6.66%)	6(5%)
Employed	58(96.6%)	56(93.33%)	114(95%)
SOCIO ECONOMIC STATUS (B.G.PRASAD March 2016)			
Class I	1(1.6%)	NIL	1(0.8%)
Class II	16(26.66%)	18(30%)	35(29.11%)
Class III	16(26.66%)	24(40%)	40(33.3%)
Class IV	23(38.33%)	18(30%)	41(34.16%)
Class V	4(6.66%)	NIL	4(3.33%)
RELIGION			
Hindus	36(60%)	55(91.6%)	91(75.8%)
Muslims	24(40%)	5(8.33%)	5(8.33%)
TYPE OF FAMILY			
Nuclear	24(40%)	29(48.33%)	53(44.16%)
Joint	35(58.33%)	31(51.66%)	66(55%)
Three generation family	1(1.6%)	NIL	1(1.6%)

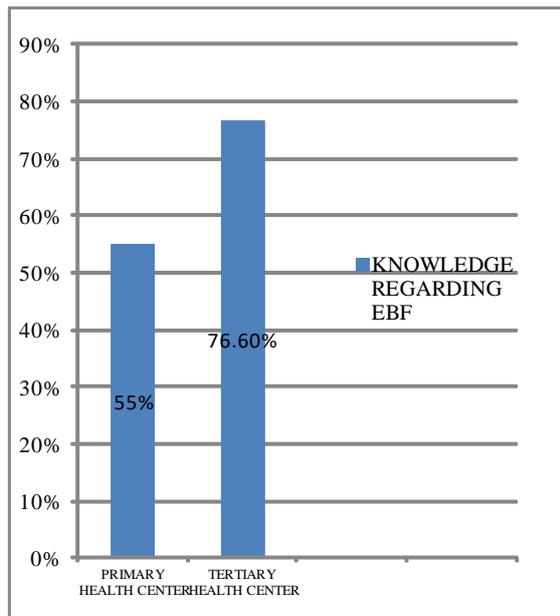


Figure 1: Awareness Of Exclusive Breast Feeding(EBF) Among Antenatal Mothers Attending Primary And Tertiary Health Centers.

Among 60 antenatal mothers attending Primary Health Center only 33(55%) had knowledge regarding Exclusive Breast Feeding and among 60 antenatal mothers attending Tertiary Health Center 46(76.6%) had knowledge regarding Exclusive Breast Feeding. The association between the levels of knowledge was statistically significant $P < 0.05$.

Table 2: Association of Knowledge regarding EBF among Primary and Tertiary Health Centers:

Type of Health Center	Awareness regarding Exclusive Breast Feeding(EBF)	
	Present	Absent
Primary Health Center	33	27
Tertiary Health Center	46	14

Chi-Square Value is 6.26, $P = 0.012$ (Statistically significant).

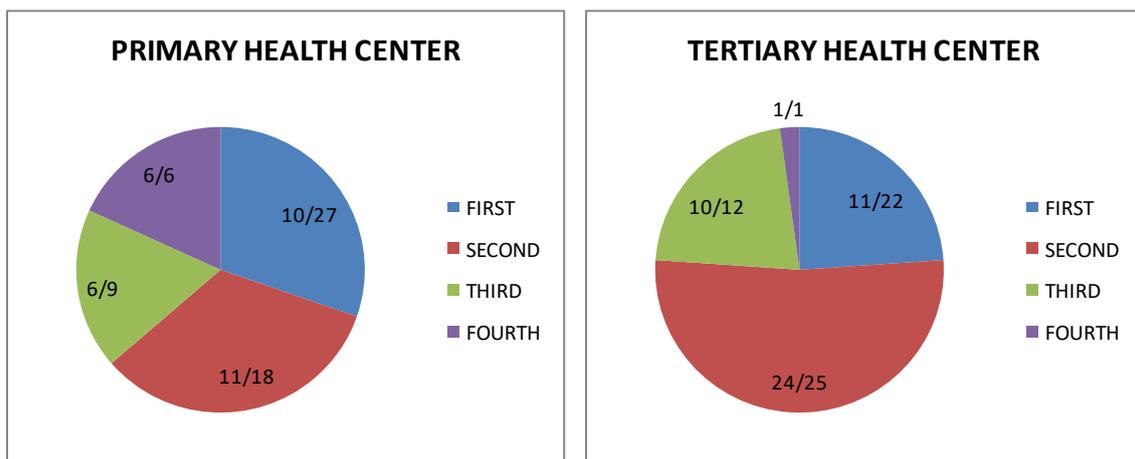


Figure 2: Awareness regarding EBF according to Order of Pregnancy in Primary and Tertiary health centers:

ORDER OF PREGNANCY AND EBF (Primary Health Center):

Among 60 antenatal women attending primary health centers; 27(45%) belonged to First order pregnancy, 18(30%) belonged to second order, 9(15%) belonged to third order, 6(18.33%) belonged to fourth order.

The knowledge regarding EBF among mothers of first order was 37.03% (10), among mothers of second order was 61.11% (11), among mothers of third order was 66.66%(6), among mothers of fourth order was 100%(6).

Among 60 attending primary health center, 55% (33) aware of EBF.

ORDER OF PREGNANCY AND EBF (Tertiary Health Center):

Among 60 antenatal women attending Tertiary health centers; 22(36.6%) belonged to First order pregnancy, 25(41.6%) belonged to second order, 12(20%) belonged to third order, 1(1.66%) belonged to fourth order.

The knowledge regarding EBF among mothers of first order was 50% (11), among mothers of second order was 96%(24), among mothers of third order was 83.8%(10), among mothers of fourth order was 100%(1).

Among 60 attending tertiary center, 76.6% (46) are aware of EBF.

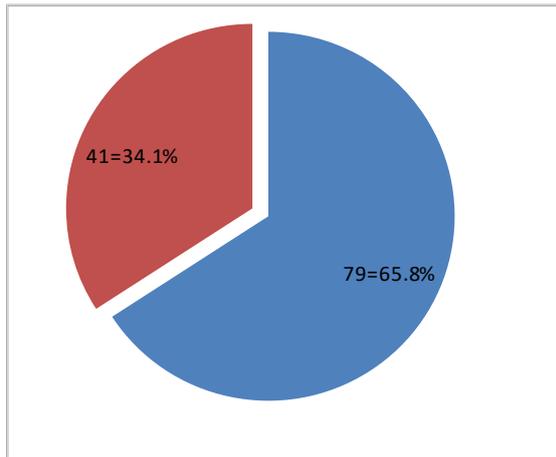


Figure 3: Knowledge of Exclusive Breast Feeding (EBF)

Among 120 antenatal women, 65.8% (79) are aware of EBF.

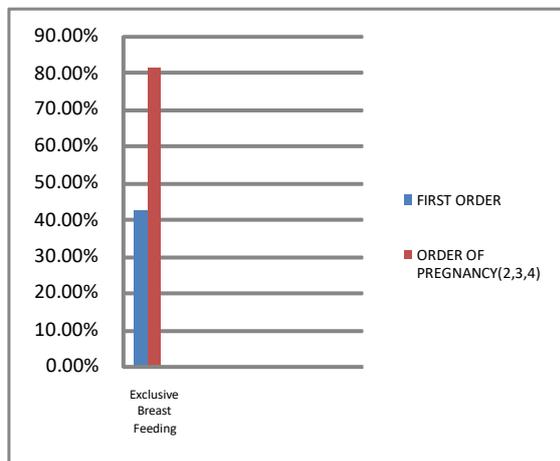


Figure 4: Awareness regarding EBF among Primis and Multi gravidas (G2,G3,G4):

Among 49 primis attending both centers, 42.8% (21) are aware of EBF. Among 71 antenatal women (gravida 2&3&4) attending both centers, 81.6% (58) are aware of EBF.

DISCUSSIONS

The present comparative study was taken up to assess the knowledge regarding Exclusive Breast feeding among antenatal woman attending primary and tertiary care centers of Osmania Medical College, Hyderabad.

SOCIO DEMOGRAPHIC CHARACTERISTICS:

Age: Majority (40% each) of the antenatal mothers attending primary health center belonged to age group of 15-20 years and 21-25 years. Whereas 50% of antenatal mothers attending tertiary care center belonged to age group of 21-25years and 30% to age group of 15-20. This reflects the age at marriage and age at confinement which affects the literacy status of the adolescent and young girls.

There was no difference observed in the Literacy status, Occupation, Types of families among antenatal woman attending both the centers.

Socio-Economic status: The antenatal mothers (38.33%) attending the primary health center belonged to Class IV, 26.66% belonged to class III & class II, 6.66% belonged to Class V, only 1.6% belonged to Class I.

Majority (40%) of antenatal mothers attending the tertiary care center belonged to Class III, followed by Class IV and Class II (30% each). The study population attending tertiary care center belonged neither to Class I nor Class V.

KNOWLEDGE REGARDING EXCLUSIVE BREAST FEEDING:

The National average regarding knowledge on EBF is 50% at 2012 and still less earlier. There has been increase in the knowledge on EBF in the past 2-3 years due to various steps adopted to promote EBF both at the community level as well as at the institution level. At the community health workers are being trained in this aspect to improve the knowledge of the people who have access to primary health care. The services rendered to them particularly in this regard are imparting knowledge on EBF during their home visits and mother craft clinics during antenatal periods, provision post natal care during post natal period and while conducting mothers meeting in Anganwadi centers. At the institution levels, Government of India is has taken the Initiative of BFHI – Baby Friendly Hospital Initiative. According to this initiative every hospital should have a written Breast

Feeding policy and should implement the policy, educate mothers regarding Breast Feeding.

In the present study, the overall average is 65.8% which is better than national average. But when comparison arises between primary health center and tertiary health center, at the level of primary health center 55% were having knowledge regarding EBF which less than the national average and on other hand at the level of tertiary health centers 76.6% were having knowledge regarding the same. There are not many studies done at this level for comparison.

The difference in the levels for knowledge can be due to early age at marriage and early age at first confinement which terribly affects the literacy status of adolescent girls. There is a thought prevailing in the society that its too early for adolescent and young girls to know about the infant feeding practices. Knowledge is not being imparted to them in this regard who will be the future mothers and will contribute to prevalence of under nutrition and infant mortality. So, there is a dire need to educate people about Breast Feeding practices so as to decrease the infant mortality rate (which is the sensitive indicator of health) and under nutrition that contributes to morbidity among under 5 children in the form of malnutrition.

CONCLUSIONS

EBF is the single most important step to be adopted to prevent mortality and morbidity among infants and under 5 children respectively. Promoting and

Practising EBF will further lead to economic development of the Country.

There is a dire need at the primary health care level to improve the educational status of the adolescent and young girls and improvise the mother craft clinics. Educating the elderly members of the family about the need of adolescent and young girls knowing the facts about Breast Feeding Practices.

ACKNOWLEDGEMENT

I sincerely acknowledge the support of Dr. M. L. Surya Prabha and Dr. B. Kiranmai in conducting the research and review of this article.

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How to cite this article: Tabassum N, Desham. C, Rao RLL. A comparative cross-sectional study on knowledge regarding exclusive breast feeding among antenatal mothers attending primary and tertiary care centers of Osmania medical college. Int J Health Sci Res. 2017; 7(4):1-5.
