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ORIGINAL RESEARCH

Assessment of knowledge and attitude of rural women about breast feeding: An observational study

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ABSTRACT

Background: Breast milk is also called life fluid for the baby. Exclusive breastfeeding has a number of benefits. Hence; the present study was undertaken for assessing the knowledge and attitude of rural women about breast feeding. **Materials & methods:** A total of 100 rural women attending the OPD of tertiary care center were enrolled. Complete demographic details of all the subjects were obtained. A self-framed questionnaires' was given to all the subjects for assessing their knowledge and attitude of rural women about breast feeding. Grading of the knowledge and attitude of the subject was done as: Good, Fair and poor. All the results were compiled in Microsoft excel sheet and were analyzed by SPSS software. **Results:** Among 100 rural subjects, good knowledge about breastfeeding was present in 45 subjects, while fair and poor knowledge was present in 35 and 20 subjects respectively. Among 100 rural subjects, good attitude about breastfeeding was present in 40 subjects, while fair and poor attitude was present in 30 and 30 subjects respectively. **Conclusion:** Breast feeding habits among rural population are still suboptimal. Therefore adequate educational programs are required for increasing the awareness of general population about breast feeding habits.

Key words: Breast feeding, Rural, Women

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INTRODUCTION

Breast milk is also called life fluid for the baby. Exclusive breastfeeding has a number of benefits.¹ Breast-fed children have at least six times greater chance of survival in the early months than non-breast children. The benefits of breastfeeding depend upon the initiation of breastfeeding, its duration and the age at which the child is weaned.² There are a range of factors known to influence a mother's decision to initiate and maintain breastfeeding including the practical, emotional support, and encouragement from health professionals. Breastfeeding is a basic human activity, vital to infant and maternal health and of immense economic value to households and societies.^{4, 5} The WHO recommends that for the first six months of life, infants should be exclusively breastfed to achieve optimal growth, development, and health. Thereafter, infants should receive nutritionally adequate and safe complementary foods, while continuing to breastfeed for up to two years or more.^{6, 7} Hence; the present study was undertaken for assessing the knowledge and attitude of rural women about breast feeding.

MATERIALS & METHODS

The present study was conducted in the department of gynecology of the medical institute and it included assessment of knowledge and attitude of rural women about breast feeding. Ethical approval was obtained from the ethical committee of the institution. Written consent was obtained from all the patients after explaining in detail the entire research protocol. A total of 100 rural women attending the OPD of tertiary care center were enrolled. Complete demographic details of all the subjects were obtained. A self-framed questionnaires' was given to all the subjects for assessing their knowledge and attitude of rural women about breast feeding. The questionnaire consisted of a total of 100 questions, among which 50 questions assessed the knowledge of the subjects towards breast feeding while the remaining 50 questions assessed the attitude of the subjects towards breast feeding. Grading of the knowledge and attitude of the subject was done as: Good, Fair and poor. All the results were compiled in Microsoft excel sheet and were analyzed by SPSS software.

RESULTS

In the present study, a total of 100 rural women were involved. Mean age of the rural women was 35.8 years. Majority of the women belonged to the age group of 32 to 36 years. **Table 2** and **Table 3** show the knowledge and attitude of subjects towards breast feeding habits respectively. Among 100 rural subjects, good knowledge about breastfeeding was present in 45 subjects, while fair and poor knowledge was present in 35 and 20 subjects respectively. Among 100 rural subjects, good attitude about breastfeeding was present in 40 subjects, while fair and poor attitude was present in 30 and 30 subjects respectively. Non-significant results were obtained while assessing the knowledge and attitude of subjects about breastfeeding.

Table 1: Age-wise distribution of subjects

Age group (years)	Number of patients	Percentage of patients
Less than 26	18	18
26 to 32	20	20
32 to 36	42	42
More than 36	20	20
Total	100	100

Table 2: Knowledge of subjects towards breast feeding habits

Knowledge score grading	Number of patients	p- value
Good	45	0.52
Fair	35	
Poor	20	

Table 3: Knowledge of subjects towards breast feeding habits

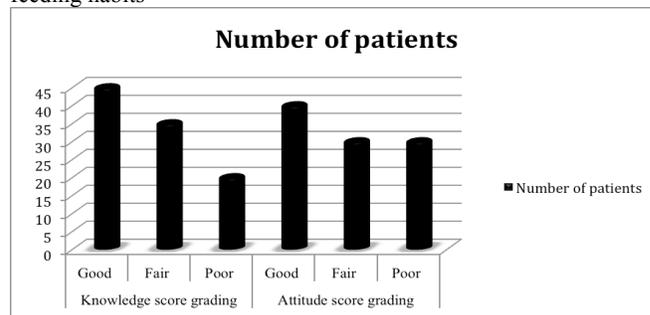
Attitude score grading	Number of patients	p- value
Good	40	0.15
Fair	30	
Poor	30	

DISCUSSION

Breastfeeding is the best way of providing ideal food for healthy growth and development of infants, and its advantages range from

physiological to psychological for both mother and infants. It is wellknown that breastfeeding influences a child’s health positively and improves nutritional status. A meta-analysis from three developing countries showed that infants who were not breastfed had a 6-fold greater risk of dying from infectious diseases within the first 2 months of life than those who were breastfed.^{8, 9}In the present study, a total of 100 rural women were involved. Mean age of the rural women was 35.8 years. Majority of the women belonged to the age group of 32 to 36 years.

Graph 1: Knowledge and attitude of subjects towards breast feeding habits



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.¹⁰ About 1.3 million of deaths could be prevented each year if babies were exclusively breastfed from birth for six months. 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.¹¹⁻¹³

In the present study, among 100 rural subjects, good knowledge about breastfeeding was present in 45 subjects, while fair and poor knowledge was present in 35 and 20 subjects respectively. Among 100 rural subjects, good attitude about breastfeeding was present in 40 subjects, while fair and poor attitude was present in 30 and 30 subjects respectively. Non-significant results were obtained while assessing the knowledge and attitude of subjects about breastfeeding. Al Ketbi MI et al assessed breastfeeding knowledge, attitudes, and practices among women residing on the island of Abu Dhabi and identified associated factors. They conducted a cross-sectional study using a self-administered questionnaire among mothers visiting primary healthcare clinics in Abu Dhabi between November 2014 and 2015. Participants were women aged at least 18 years who had at least one child aged 2 years or younger at the time of the study. Breastfeeding knowledge, attitudes, and practices were assessed on the basis of experience with last child. Selected questions were used to develop a scaled scoring system to categorize these aspects as good, fair, or poor. Exclusive breastfeeding is defined as the act of feeding infants only breast milk since birth, without providing water, formula, or other liquid supplements. The participants were 344 women. Exclusive breastfeeding for 6 months was reported by only 46 (16.9%, 95% CI 0.10, 0.17, n=272). 79 (28.7%, n=275) of the participants were breastfeeding and planning to continue after the child was ≥24 months. Multivariate logistic regression analysis revealed that the following factors were associated with exclusive breastfeeding: mothers with female

children (adjusted OR [AOR] 2.42; 95% CI 1.18, 4.97) and better breastfeeding knowledge scores (AOR 1.25; 95% CI 1.04, 1.50). The following factors were associated with less likelihood of exclusively breastfeeding: working mothers (AOR 0.29; 95% CI 0.12, 0.72), living with relatives (AOR 0.21; 95% CI 0.05, 0.81), no past exclusive breastfeeding experience (AOR 0.23; 95% CI 0.09, 0.58) and being offered readymade liquid formula in hospital (AOR 0.33; 95% CI 0.15, 0.72). The most common reason for stopping breastfeeding was insufficient breast milk production (68/89, 76%), and the most common work related reason was inadequate maternity leave (24/89, 15%). Although breastfeeding knowledge was generally good, breastfeeding practice was still suboptimal.¹⁴

CONCLUSION

From the above mentioned data, the authors conclude that breast feeding habits among rural population are still suboptimal. Therefore adequate educational programs are required for increasing the awareness of general population about breast feeding habits.

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