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## Original Article

# Complete coverage and covering completely: Breast feeding and complementary feeding: Knowledge, attitude, and practices of mothers

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## ABSTRACT

**Background:** Knowing current trends for timely comprehensive action for health promotion practices is an important prerequisite for medical practitioners and policy makers.

**Methods:** A survey of mothers at a Tertiary Care Hospital in central India.

**Results:** On the knowledge front >83.75% of the mothers studied showed good knowledge about breastfeeding and complementary feeding. Similar, but not as encouraging, were the results about attitude, with 76.25% of mothers having a positive attitude. The results of the practices part were varied. The WHO indicators assessed were 'early initiation of breastfeeding' (68.75%), 'exclusive breastfeeding under 6 months' (85%) (however exclusive breast feeding for first 6 months was carried out by only 36.25%), 'introduction of solid, semi-solid or soft foods' (48.75%), 'continued breastfeeding at 1 year' (63.75%) and 'continued breastfeeding at 2 years' (6.25%).

**Conclusions:** There is a discrepancy between knowledge and practices. The exclusive breast feeding rates are far from the ideal and there is a decline of continued breast feeding beyond 15 months. This calls for sustained efforts with the aim – 'cover all and cover completely'. The ideal WHO indicator for exclusive breast feeding should be 'exclusive breastfeeding for first 6 months' which will provide information about the completeness of this ideal practice.

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## Introduction

"Big gains have been made in child survival, but more must be done" says 'The Millennium Development Goals (MDGs) Report 2013' of the United Nations.<sup>1</sup> For more action we have

modified aims – The new Sustainable Development Goals (2030), which build upon the MDGs. The achievement of all of these can be facilitated by improvements in breastfeeding. Breast feeding has beneficial consequences for our children on their immediate health and also subsequent adult health.

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Despite consolidation of evidence for breastfeeding's benefits in recent years, global action has stalled.<sup>2</sup>

There is a need for effective strategies. The benefits of breastfeeding are still under-recognized in many countries.<sup>3</sup> Globally, less than half of newborns were breastfed within the first hour of birth and only 39% of children were breastfed exclusively for the first six months.<sup>1</sup> Breastfeeding lays the foundation for good health, however global breastfeeding rates have remained stagnant for the past two decades. Women face many barriers to breastfeeding.<sup>4</sup> We carried out a knowledge attitude and practices (KAP) study of mothers regarding breast feeding and complementary feeding to find out where we stand and avenues for improvement.

## Materials and methods

A cross section questionnaire based study of mothers was planned. Until now the indicators that can be used in population-based surveys to measure infant and young child feeding (IYCF) practices have focused mostly on breastfeeding practices.<sup>5</sup> We designed a questionnaire which included questions for assessing KAP of mothers for breast and complementary feeding. All the questions were open ended. The language of all the questions was pitched to the level of the respondents.

For the knowledge component we designed questions the knowledge of which could lead to optimal feeding practices and which can result in perfect World Health Organization (WHO) Indicators for assessing IYCF feeding practices. However it is also equally important that the source of this knowledge be ascertained for health education policy planning. Hence we included the question for the source of knowledge.

For finding out the attitude we formulated two questions – firstly why it is good to breast feed your baby and what advantages the mother has from breast feeding.

For practices component we formulated questions for most pertinent optimal breast and complementary feeding practices along with assessment of the following WHO IYCF indicators (i) *early initiation of breastfeeding*, (ii) *exclusive breast feeding under 6 months*, (iii) *introduction of solid, semi-solid or soft*

*foods*, (iv) *continued breastfeeding at 1 year and continued breastfeeding at 2 years* and (v) *Bottle feeding*.<sup>6</sup>

The methodology followed was similar of the validated methods of WHO for 'Indicators for assessing infant and young child feeding practices'. The investigators themselves administered the questionnaire, as physicians are paramount practitioners of questionnaires and interviews in everyday practice. A pilot study was carried out to see (i) if useful information can be gathered (ii) to ensure that the original meaning of each question is maintained (iii) to see whether research participants were able to give meaningful answers, with help from the professional interviewer when necessary (iv) if WHO indicators could be calculated for practices component. The results were encouraging. No question required rephrasing, as these were simple and to the point.<sup>6-8</sup>

Various questions of the study for the three components of the study – KAP are given in [Tables 1–3](#). A total of 80 mothers with babies 24 months old attending the OPD services were interviewed. Inclusion criteria was willingness of these mothers to be interviewed.

The answers to various questions were categorized according to the responses and so as to aid future pertinent action. The answers of the attitude component were categorized as (i) positive if mothers replied as benefit on health and well-being in any aspect – physical, mental, social, including bonding; (ii) negative if mothers replied harm on health and well-being in any aspect – physical, mental, social, including bonding; (iii) no knowledge.

## Results

The results of our study are given in [Tables 1–3](#).

On the knowledge front the mothers studied showed good knowledge about breastfeeding. More than 92.5% of mothers were found to have the right knowledge for initiation and duration of exclusive breast feeding. However only 83.75% of mothers were found to be knowledgeable about the right age when solid, semi-solid or soft foods should be introduced. 8.75% mothers indicated that this should be done before 6 months of age and 7.5% indicated that this should be done

**Table 1 – Knowledge of mothers.**

Question	Response	Number (%)
After delivery when do you think is the best time to start breast feeds?	<1 h	76 (95%)
	>1 h	4 (5%)
Until what age do you think it is best to give only breast milk?	For first 6 months	74 (92.5%)
	7–8 months	2 (2.5%)
	>8 months	4 (5%)
	<6 months	7 (8.75%)
At what age should solid, semi-solid or soft foods be introduced	After first 6 months	67 (83.75%)
	After first 7 months	6 (7.5%)
	Relatives	34 (42.5%)
	Health workers	22 (27.5%)
What was the most important source of your information regarding feeding of your baby – breast feeds and complementary feeds?	Books	11 (13.75%)
	Media – TV	5 (6.25%)
	Not learnt/informed	8 (10%)

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