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A STUDY TO ASSESS THE KNOWLEDGE AND ATTITUDE REGARDING BREASTFEEDING AMONG POSTNATAL MOTHERS IN KASHMIR. A COMMUNITY BASED CROSS SECTIONAL STUDY

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Abstract: Breastfeeding is essential in an infant's nutrition and growth. Breast milk "Cinderella substance of the decade" is the nature's most precious gift to the new born and equivalent of which is yet to be innovated by our scientific community despite tremendous advances in science and technology. Breast milk contains all the nutrients an infant needs in the first six months of life. Mother's good knowledge and positive attitude play key roles in the process of breastfeeding practices. In this study we aimed to examine the status of mother's knowledge and attitude related to breastfeeding in Kashmir so as to provide clues on what can be done to improve breastfeeding.

Methods: A cross-sectional descriptive study was carried out among randomly selected postnatal mothers in selected area of Kashmir in district Anantnag. The sample size was 30 postnatal mothers. Data was collected through interview using a semi-structured questionnaire.

Results: Study findings revealed that 13.3% mothers were having adequate knowledge regarding breastfeeding, 40.0% were having moderate adequate knowledge regarding breastfeeding and 46.7% were having inadequate knowledge regarding breastfeeding. Regarding attitude 20% mothers were having positive attitudes towards breastfeeding, 37% were having neutral attitude towards breastfeeding and 43 % were having negative attitude towards breastfeeding.

Key Words: Breast Feeding, Knowledge, Attitude, Postnatal Mothers

INTRODUCTION:

Children are our future and utmost precious resources. The physical and mental well-being of an individual depends on the correct management of events in the prenatal period. After the birth of the child, its health depends upon the health care practice adopted by the family especially by mothers. For all babies the interval between onset of illness and death can be in a matter of minutes or hours. It is therefore very important for us to recognize and plan for the care of a newborn.[1]

Poor early childhood nutrition can negatively impact a child's physical and emotional development in both the short and long-term and limit adult achievement and productivity. It is well known that breastfeeding is recommended to provide young infants with the nutrients they require for healthy growth and development.[2] In fact, it has been widely demonstrated that breastfeeding reduces the risk of certain infections and non-communicable diseases and for mothers reduces the risk of breast and ovarian cancer. In addition, breastfeeding provides economic and environmental advantages to society.[3]

In addition breast milk contains numerous antioxidants such as albumins, cysteine, coenzyme glutathione, lactoferrin proteins, carbohydrates, lipids and molecules with bioactivity which play role in raising the immunity [4]. The World Health Organization and the American Academy of Pediatrics recommend exclusive breastfeeding for up to six months. This should be followed by continued breastfeeding as complementary foods are introduced and a continuation of breastfeeding until the child reaches two years of age or beyond as mutually desired by the mother and the infant.[5] Breastfeeding protects against diarrhea and common childhood illnesses such as pneumonia and may also have longer-term health benefits for the mother and child such as reducing the risk of overweight and obesity in childhood and adolescence.[6] New evidence has been presented in the Lancet series that breastfeeding provides short term and long-term health, economic and environment advantages to children, women, and society. The Lancet series shows how essential the protection, promotion, and support of breastfeeding is for the achievement of many of the newly launched Sustainable Development Goals by 2030.[7]

Major Findings:

Table No 1: Table Showing Level of Scores

CRITERIA MEASURE OF KNOWLEDGE SCORE		
CATEGORY SCORE	**PERCENTAGE**	**FREQUENCY**
ADEQUATE KNOWLEDGE (7-10)	13.3%	4
MODERATE ADEQUATE KNOWLEDGE(4-6)	40.0%	12
INADEQUATE KNOWLEDGE(0-3)	46.7%	14

Maximum Score=10 Minimum Score=0

Table No 2: Descriptive Statistics

Descriptive Statistics	Mean	SD	Median	Maximum	Minimum	Range	Mean %
KNOWLEDGE Score	3.73	2.49	4.00	8	0	8	37.3

Maximum= 10 Minimum= 0

Table No 3:

This section deals with the findings related to the association between score and selected demographic variables. The chi-square test was used to determine the association between the score levels and selected demographic variables

DEMOGRAPHIC VARIABLE		LEVELS(N=30)			ASSOCIATION WITH KNOWLEDGE SCORE				
Variable	Opts	ADEQUATE KNOWLEDGE	MODERATE ADEQUATE KNOWLEDGE	INADEQUATE KNOWLEDGE	Chi Test	P Value	df	Table Value	Result
Age (years)	<20 years	0	0	1	3.959	0.861	8	15.507	Not Significant
	21-25 years	1	1	2					
	26-30 years	2	5	6					
	31-35 years	1	6	4					
	>35 years	0	0	1					
Educational level	College degree or higher	2	7	5	4.197	0.380	4	9.488	Not Significant
	High school	2	5	6					
	Middle school	0	0	3					
	No formal education	0	0	0					
Employment status	Employed	0	5	0	9.000	0.011	2	5.991	Significant
	Unemployed/Housewife	4	7	14					
Type of family	Nuclear	1	7	2	5.786	0.055	2	5.991	Not Significant
	Joint	3	5	12					
	Extended	0	0	0					
Monthly Income (in Rs)	<3000 Rs	0	0	0	1.784	0.775	4	9.488	Not Significant
	Rs 3000-5000	0	0	1					
	Rs 5001 -7000	2	5	4					
	>7000 Rs	2	7	9					
Religion	Hindu	0	2	3	1.029	0.598	2	5.991	Not Significant
	Muslims	4	10	11					
	Sikhs	0	0	0					
	Christian	0	0	0					
	Other	0	0	0					
Pregnancy health problems	Yes	2	3	1	3.884	0.143	2	5.991	Not Significant
	No	2	9	13					
Place of birth	Public hospital	1	4	9	3.358	0.187	2	5.991	Not Significant
	Private hospital	3	8	5					
	Home	0	0	0					
Type of birth	Vaginal delivery	1	1	5	2.715	0.257	2	5.991	Not Significant
	Caesarean section	3	11	9					

Table No 3: shows that the association between the level of score and socio demographic variable. Based on the objectives used to Chi-square test used to associate the level of knowledge and selected demographic variables. The Chi-square value shows that there is significance association between the score level and demographic variables (employment status). The calculated chi square values were more than the table value at the 0.05 level of significance. There is no significance association between the level of scores and

other demographic variables (age, education level, type of family, monthly income, religion, pregnancy health problems, place of birth , type of birth) The calculated chi-square values were less than the table value at the 0.05 level of significance.

Table No: 4 Descriptive score according to Demographic variables.

KNOWLEDGE SCORE SCORE					
Frequency Distribution		Mean%	Mean	SD	N
Age (years)	<20 years	20.00	2.00		1
	21-25 years	50.00	5.00	2.45	4
	26-30 years	37.69	3.77	2.45	13
	31-35 years	36.36	3.64	2.69	11
	>35 years	10.00	1.00		1
Educational level	College degree or higher	42.14	4.21	2.26	14
	High school	36.92	3.69	2.84	13
	Middle school	16.67	1.67	0.58	3
	No formal education	0.00			0
Employment status	Employed	52.00	5.20	0.84	5
	Unemployed/Housewife	34.40	3.44	2.62	25
Type of family	Nuclear	51.00	5.10	1.29	10
	Joint	30.50	3.05	2.68	20
	Extended	0.00			0
Monthly Income (in Rs)	<3000 Rs	0.00			0
	Rs 3000-5000	30.00	3.00		1
	Rs 5001 -7000	45.45	4.55	2.46	11
	>7000 Rs	32.78	3.28	2.52	18
Religion	Hindu	26.00	2.60	2.79	5
	Muslims	39.60	3.96	2.42	25
	Sikhs	0.00			0
	Christian	0.00			0
	Other	0.00			0
Pregnancy health problems	Yes	48.33	4.83	2.23	6
	No	34.58	3.46	2.52	24
Place of birth	Public hospital	28.57	2.86	2.68	14
	Private hospital	45.00	4.50	2.10	16
	Home	0.00			0
Type of birth	Vaginal delivery	22.86	2.29	3.20	7
	Caesarean section	41.74	4.17	2.12	23

Table No 5: Table Showing Level of Scores

CRITERIA MEASURE OF ATTITUDE SCORE		
CATEGORY SCORE	**PERCENTAGE**	**FREQUENCY**
POSITIVE(7-10)	20%	6
NEUTRAL(4-6)	37%	11
NEGATIVE(0-3)	43%	13

Maximum Score=10 Minimum Score=0

Table No 6: Descriptive Statistics table

Descriptive Statistics	Mean	SD	Median	Maximum	Minimum	Range	Mean %
ATTITUDE Score	3.97	2.36	4.00	8	0	8	39.7

Maximum= 10 Minimum= 0

Table No 7: Table Showing Association of Scores and Demographic Variables

This section deals with the findings related to the association between score and selected demographic variables. The chi-square test was used to determine the association between the score levels and selected demographic variables

DEMOGRAPHIC VARIABLE		LEVELS(N=30)			ASSOCIATION WITH ATTITUDE SCORE				
Variable	Opts	POSITIVE	NEUTRAL	NEGATIVE	Chi Test	P Value	df	Table Value	Result
Age (years)	<20 years	0	1	0	10.931	0.206	8	15.507	Not Significant
	21-25 years	1	3	0					
	26-30 years	2	3	8					
	31-35 years	2	4	5					
	>35 years	1	0	0					
Educational level	College degree or higher	2	6	6	5.545	0.236	4	9.488	Not Significant
	High school	2	4	7					
	Middle school	2	1	0					
	No formal education	0	0	0					
Employment status	Employed	1	3	1	1.645	0.439	2	5.991	Not Significant
	Unemployed/Housewife	5	8	12					
Type of family	Nuclear	0	5	5	3.881	0.144	2	5.991	Not Significant
	Joint	6	6	8					
	Extended	0	0	0					
Monthly Income (in Rs)	<3000 Rs	0	0	0	6.354	0.174	4	9.488	Not Significant
	Rs 3000-5000	1	0	0					
	Rs 5001 -7000	1	6	4					
	>7000 Rs	4	5	9					
Religion	Hindu	1	3	1	1.645	0.439	2	5.991	Not Significant
	Muslims	5	8	12					
	Sikhs	0	0	0					

	Christian	0	0	0					
	Other	0	0	0					
Pregnancy health problems	Yes	1	1	4	1.802	0.406	2	5.991	Not Significant
	No	5	10	9					
Place of birth	Public hospital	2	6	6	0.704	0.703	2	5.991	Not Significant
	Private hospital	4	5	7					
	Home	0	0	0					
Type of birth	Vaginal delivery	0	4	3	2.871	0.238	2	5.991	Not Significant
	Caesarean section	6	7	10					

Table 7: Shows that the association between the level of score and socio demographic variable.

There is no significant association between the level of scores and other demographic variables (age , education level, employment status, type of family, monthly income, religion, pregnancy health problems, place of birth , type of birth) The calculated chi-square values were less than the table value at the 0.05 level of significance.

Table No: 8 Descriptive score according to Demographic variables.

ATTITUDE SCORE					
Frequency Distribution		Mean %	Mean	SD	N
Age (years)	<20 years	40.00	4.00		1
	21-25 years	55.00	5.50	1.00	4
	26-30 years	33.85	3.38	2.26	13
	31-35 years	38.18	3.82	2.71	11
	>35 years	70.00	7.00		1
Educational level	College degree or higher	36.43	3.64	2.10	14
	High school	37.69	3.77	2.52	13
	Middle school	63.33	6.33	2.08	3
	No formal education	0.00			0
Employment status	Employed	46.00	4.60	1.52	5
	Unemployed/Housewife	38.40	3.84	2.49	25
Type of family	Nuclear	33.00	3.30	2.16	10
	Joint	43.00	4.30	2.43	20
	Extended	0.00			0
Monthly Income (in Rs)	<3000 Rs	0.00			0
	Rs 3000-5000	80.00	8.00		1
	Rs 5001 -7000	39.09	3.91	2.51	11
	>7000 Rs	37.78	3.78	2.18	18
Religion	Hindu	44.00	4.40	2.19	5
	Muslims	38.80	3.88	2.42	25
	Sikhs	0.00			0
	Christian	0.00			0
	Other	0.00			0

Pregnancy health problems	Yes	33.33	3.33	2.25	6
	No	41.25	4.13	2.40	24
Place of birth	Public hospital	39.29	3.93	2.43	14
	Private hospital	40.00	4.00	2.37	16
	Home	0.00			0
Type of birth	Vaginal delivery	28.57	2.86	2.19	7
	Caesarean section	43.04	4.30	2.34	23

Limitation

- Being cross-sectional and small sample size are certain limitations.

Recommendations

- Similar study can be undertaken with a large sample to generalize the findings.
- There should be counselling centers for breastfeeding mothers to create awareness and adopt positive attitude towards it.

Conclusion

- Our study depicts that there is a lack of knowledge and false attitude regarding all attributes of breastfeeding among postnatal mothers.

IMPLICATIONS

1. Nursing Education

The nursing curriculum consists of knowledge related to health information and appropriate strategy for imparting the knowledge. So, periodical strategies and programmes should be conducted to make the students aware regarding breastfeeding and its advantages.

2. Nursing Practice

Nurses comprise the largest workforce in any health care setting. Nurses provide preventive, promotive, curative and rehabilitative health care services. Nurses as resource persons working in hospital and community settings should impart education especially on promotional aspects. Health education is an important function of the health personnel. The nursing personnel can be helpful in creating awareness regarding breast feeding and adopting a positive attitude towards it.

3. Nursing Administration

Nurse administrators are key person to plan, organize and conduct educational programs. It is essential for nursing administrators to facilitate activities to provide facilities for conducting programmes for creating awareness regarding breastfeeding among women during antenatal period which will in turn help to improve the knowledge as well as to meet the future needs and welfare of the population.

4. Nursing Research

Nursing research can be focused on aspects such as educating the women regarding breastfeeding and adopting a positive attitude towards it. Dissemination of findings through conference and professional journals will make application of research findings to be effective.

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