



A Study On Perception And Practice Regarding Breastfeeding Among Postnatal Women In Khulna Division

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ABSTRACT

Breastfeeding is the most ideal and valuable nourishment for the child growing & development for the most of the nutritional requirements it is given adequately and appropriate manner. Breastfeeding is very important for both infants and mothers, it is globally recognized. Breast feeding practices are the practices which focus on early initiation of breast feeding (within one hour after birth), exclusive breast-feeding for the first 6 months (180 days), introduction of home-made energy dense complementary feeds only after 6 months, continued breast-feeding for at least 2 years. Appropriate feeding practices are essential for optimal growth, cognitive development, and overall wellbeing in early vulnerable years of life. However, the present study has conducted to determine the level of perceptions towards breastfeeding among postnatal women, to examine the level of practices towards breastfeeding among postnatal women, to study the factors associated with different level of perceptions and practices regarding breastfeeding among postnatal women and to examine the relationship between perceptions & practices about breastfeeding among postnatal women. This study was a non-experimental descriptive cross-sectional study was used to examine the postnatal women perceptions and practices regarding breastfeeding. This study was conducted in Khulna Medical College Hospital at labour ward & pediatric ward. The target populations of this study were postnatal women who are feed breastfeeding for their babies up to 2 years. The sample size was calculated by power analysis (400) Simple random sampling was use for data collection. Data were collected from primary and secondary sources. Primary data were collected from the respondent of the study area. Secondary data were collected from the secondary sources. The data collection tool was divided into three parts. Part one was postnatal mothers' Demographic Data Form; Part two was postnatal women perceptions regarding breastfeeding questionnaire; and Part three was Practice regarding breastfeeding questionnaire. Data were analyzed by using Statistical package for the Social sciences (SPSS) version 21. Frequencies, Percentage, Means, and Standard deviations were used for demographic variables and to describe the scores of the study variables. Postnatal women who are feed breastfeeding for their babies up to 2 years were included in the study. Patients who have all risk factors of diabetic except women who are feed breastfeeding for their babies up to 2 years were excluded in the study. This study found poor knowledge and practices on breast feeding among mothers. Female education should be increased substantially and hence more job opportunities could be created in various dimensional job sectors for them. This study also suggested that social safety net program could play an important role to increase knowledge and practices on breast feeding among mothers. Malnutrition will be decreased if breast feeding was widely established. Major concerns were inadequate knowledge on advantages of breastfeeding, frequency of breastfeeding, and storage of breast milk. The findings showed that limited education was a major factor for lack of knowledge about breastfeeding compared with other factors such as marital status, family income, and age. This study provides important information to improving knowledge and practices on breast feeding in removing malnutrition from Bangladesh.

Keyword: *Breastfeeding, Perception, Practice, Postnatal, Antenatal care, Exclusive Breastfeeding, Knowledge, Awareness*

INTRODUCTION

Breastfeeding is the most ideal and valuable nourishment for the child growing & development for the most of the nutritional requirements it is given adequately and appropriate manner. It should be given as early as possible after child birth and it is mandatory as per baby friendly, because it acts multiple purposes to the growing baby, mother, and also the whole family. Breastfeeding significantly reduces child morbidity, mortality, neonatal sepsis, pneumonia, and diarrhea.

Breast feeding practices are the practices which focus on early initiation of breast feeding (within one hour after birth), exclusive breast-feeding for the first 6 months (180 days), introduction of home-made energy dense complementary feeds only after 6 months, continued breast-feeding for at least 2 years. Appropriate feeding practices are essential for optimal growth, cognitive development, and overall wellbeing in early vulnerable years of life. Breastfeeding is very important for both infants and mothers, it is globally recognized. It is referred as the act of feeding the infant only breast milk, with no additional liquids or solids with the exception of liquid medicine, vitamin and mineral supplements. Recent study reported that breast feeding is considered for basic human. Some researcher showed the advantage about breastfeeding and mentioned that breast feed infants gained over than non-breast-fed infants with respect to nutrition, cognitive abilities, intelligence and overall health not only in initial years of life but also in adulthood where it decreases the likelihood of diabetes, obesity, hypertension, cancers and many other diseases.

Breast milk is the most ideal and valuable food for the growing infant since it suffices most of the nutritional requirements if given adequately and in appropriate manner. Exclusive breastfeeding for the first six months of life followed by nutritionally adequate and safe complementary foods with continued breastfeeding up to two years of age or beyond is the recommended practice by World Health Organization and American Academy of Pediatrics. Initiation of breastfeeding as early as possible has become mandatory as per baby friendly initiative norms, because it serves multiple purposes to the growing baby, mother, and also the whole family.

Breastfeeding significantly reduces mortality in neonatal sepsis, pneumonia, and diarrhoea which was emphasized in *Lancet's* "Child Survival Series" of 2003. The sole effective preventive intervention to decrease 13–15% of all child deaths is by implementing universalization of breastfeeding. This when coupled with adequate complementary feeding would prevent 19% of all child deaths (Lancet 2003, 2005).

However, anecdotal reports suggest that the incidence of breastfeeding is declining in almost all parts of the world probably because of increasing modernization, introduction of artificial feeds, and early initiation of complimentary feeds. This could be attributed to increasing educational levels, with mothers being more employed. The infant mortality rate in developing countries was six to ten times higher in non-breast-fed infants in the first months of life. By 2015, Millennium Development Goals (MDG-4) targets aim at halving the neonatal mortality and improving newborn health along with reduction of under five mortality rates by two thirds, between 1990 and 2015. This can be achieved by adopting optimal breastfeeding practices as recommended by WHO, for example, breastfeeding to be initiated within half an hour of birth and exclusive breastfeeding to be continued for 6 months. Hence continued support with counseling is mandatory to mothers during antenatal period and postnatal period. Breastfeeding also is influenced by race, socioeconomic factors, and cultural and educational background of parents. Discarding colostrum and delayed initiation of breastfeeding due to various reasons are still practiced in few communities.

Early and unnecessary introduction of top feeding in incorrect dilutions and in unhygienic pattern are also quite prevalent in many communities. The key to successful breastfeeding is continuous vigilance over infant feeding practice in the community for timely interventions, to ensure optimal growth and development in the infant. The current study was designed to explore the perceptions and practices related to breastfeeding among postnatal mothers. This information will be useful to policy makers for the formulation of future interventional programs.

OBJECTIVES OF RESEARCH:

General Objectives:

To find out the perception and practice of breastfeeding and various factors influencing postnatal women.

Specific Objectives:

The specific objectives of the study are as follows:

1. To determine the level of perceptions towards breastfeeding among postnatal women.
2. To examine the level of practices towards breastfeeding among postnatal women.
3. To study the factors associated with different level of perceptions and practices regarding breastfeeding among postnatal women.
4. To examine the relationship between perceptions & practices about breastfeeding among postnatal women.

RESEARCH QUESTIONS

1. What level of women's perceptions identify towards breastfeeding?
2. What level of women practice examine about breastfeeding?
3. Which factors associated with different level of perceptions and practices of breastfeeding?
4. Is there any relationship between women perceptions & practices towards breastfeeding?

RATIONALE OF THE STUDY

Breastfeeding provides not only the best nutrition for infants, but is also important for their developing brain. Breastfed babies are held a lot and because of this, breastfeeding will be displayed to enhance bonding with their mother. It helps connect mothers and their children; the baby feels its mother's body warmth and heartbeat and can become familiar with its mother's smell. Studies have shown that babies who are breastfed are more likely to reach adulthood.

OPERATIONAL DEFINITION

1. Perception

Perception (from Latin perception 'gathering, receiving') is the organization, identification, and interpretation of sensory information in order to represent and understand the presented information or environment. All perception involves signals that go through the nervous system, which in turn result from physical or chemical stimulation of the sensory system. Vision involves light striking the retina of the eye; smell is mediated by odor molecules; and hearing involves pressure waves.

Perception is not only the passive receipt of these signals, but it is also shaped by the recipient's learning, memory, expectation, and attention. Sensory input is a process that transforms this low-level information to higher-level information (e.g., extracts shapes for object recognition). The process that follows connects a person's concepts and expectations (or knowledge), restorative and selective mechanisms (such as attention) that influence perception.

Perception depends on complex functions of the nervous system, but subjectively seems mostly effortless because this processing happens outside conscious awareness. Since the rise of experimental psychology in the 19th century, psychology's understanding of perception has progressed by combining a variety of techniques. Psychophysics quantitatively describes the relationships between the physical qualities of the sensory input and perception. Sensory neuroscience studies the neural mechanisms underlying perception. Perceptual systems can also be studied computationally, in terms of the information they process. Perceptual issues in philosophy include the extent to which sensory qualities such as sound, smell or color exist in objective reality rather than in the mind of the perceiver.

2. Breastfeeding

Breastfeeding, or nursing, is the process by which human breast milk is fed to a child. Breast milk may be from the breast, or may be expressed by hand or pumped and fed to the infant. The World Health Organization (WHO) recommends that breastfeeding begin within the first hour of a baby's life and continue as often and as much as the baby wants. Health organizations, including the WHO, recommend breastfeeding exclusively for six months. This means that no other foods or drinks, other than vitamin D, are typically given. WHO recommends exclusive breastfeeding for the first 6 months of life, followed by continued breastfeeding with appropriate complementary foods for up to 2 years and beyond. Of the 135 million babies born every year, only 42% are breastfed within the first hour of life, only 38% of mothers practice exclusive breastfeeding during the first six months, and 58% of mothers continue breastfeeding up to the age of two years and beyond.

Breastfeeding has a number of benefits to both mother and baby that infant formula lacks. Increased breastfeeding to near-universal levels in low and medium income countries could prevent approximately 820,000 deaths of children under the age of five annually.

Breastfeeding decreases the risk of respiratory tract infections, ear infections, sudden infant death syndrome (SIDS), and diarrhea for the baby, both in developing and developed countries. Other benefits have been proposed to include lower risks of asthma, food allergies, and diabetes. Breastfeeding may also improve cognitive development and decrease the risk of obesity in adulthood.

3. Postnatal

Postnatal is the period of time immediately after childbirth, and is defined for the baby. For the Maternity Services Data Set the Postnatal period will end either following the baby's discharge from Maternity Services or discharge from a Neonatal Unit, whichever is later.

METHODOLOGY OF THE STUDY

1. Study design: This study was a non-experimental descriptive cross sectional study was used to examine the postnatal women perceptions and practices regarding breastfeeding.

2. Study area: This study was conducted in Khulna Medical College Hospital at labour ward & pediatric ward.

3. TargetPopulation: The target populations of this study were postnatal women who are feed breastfeeding for their babies up to 2 years.

4. Sample size & Sampling: The sample size was calculated by power analysis (400) Simple random sampling was use for data collection

5. Sources of Data: Data were collected from primary and secondary sources.

6. Sources of primary Data: Primary data were collected from the respondent of the study area.

7. Sources of secondary Data: Secondary data were collected from the secondary sources.

8. Data collection tools/ Instruments: The data collection tool was divided into three parts. Part one was postnatal mothers' Demographic Data Form; Part two was postnatal women perceptions regarding breastfeeding questionnaire; and Part three was Practice regarding breastfeeding questionnaire.

Part one: Demographic Data Form. The postnatal mothers' Demographic Data Form was used to collect personal information. It consists of seven items: age, religion, and level of education, duration of breastfeeding, occupation, types of family, number of postnatal service.

Part two & part three: The questionnaire was self-administered on randomly admitted 200 postnatal mothers. Permission was achieved from institutional authorities from selected hospital. The questionnaires were hand deliver to ensure a higher response rate. The complete questionnaires were collected on the same day within 4 hours of distribution to improve data quality. The investigator was checking all questions for completeness.

9. Data processing procedures: Data were analyzed by using Statistical package for the Social sciences (SPSS) version 21. Frequencies, Percentage, Means, and Standard deviations were used for demographic variables and to describe the scores of the study variables.

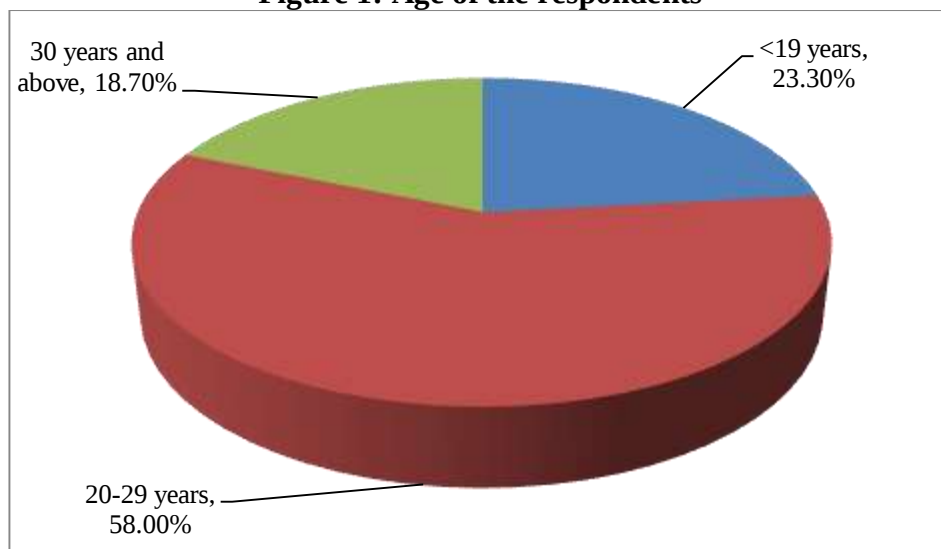
10. Inclusion criteria: Postnatal women who are feed breastfeeding for their babies up to 2 years were included in the study.

11. Exclusion criteria: Patients who have all risk factors of diabetic except women who are feed breastfeeding for their babies up to 2 years were excluded in the study.

12. Ethical Consideration: The Study was approved by the institutional review board, in American Independent University & the permission for data collection were provide the director of the selected hospital including charge nurse from target units. All eligible nurses were voluntary participation & that their confidentiality was strictly maintained. No pressures were applied on any participation in the study. Willing to fill in the questionnaire was taken as consent to participate.

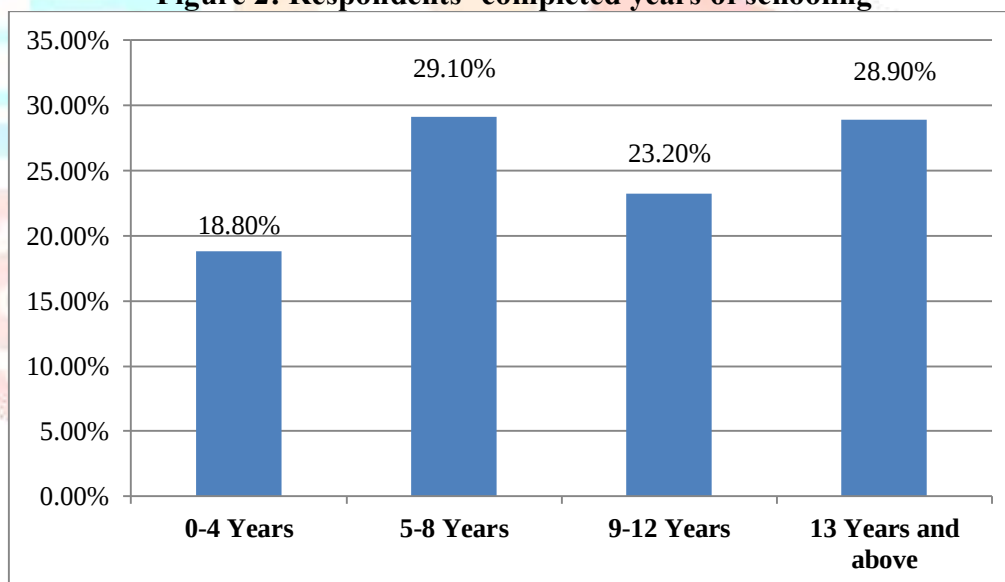
RESULTS AND DISCUSSION

Figure 1: Age of the respondents

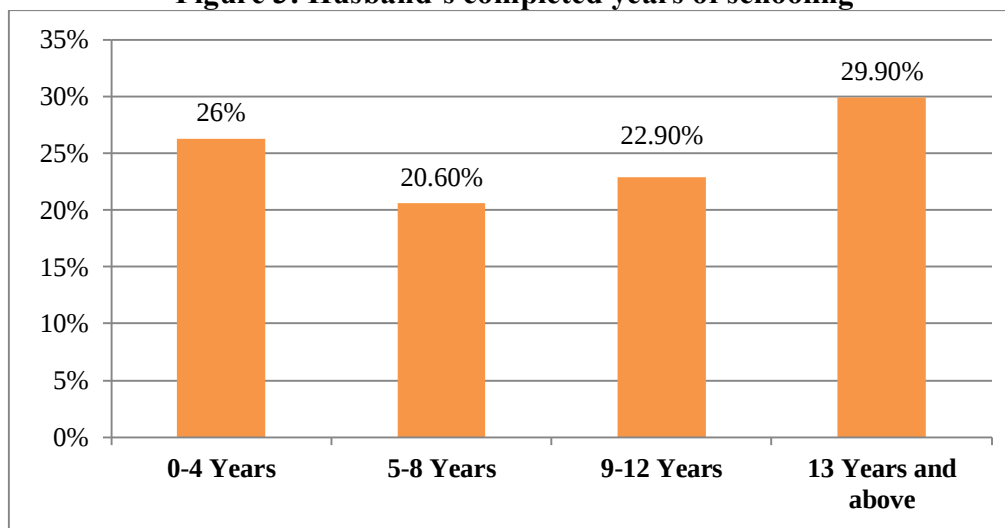


Age of the respondents has shown in the above figure 1. From the result it was found that 23.30% respondents were age group less than 19 years, 58% respondents were age group 20-29 years and 18.70% respondents were age group 30 years and above.

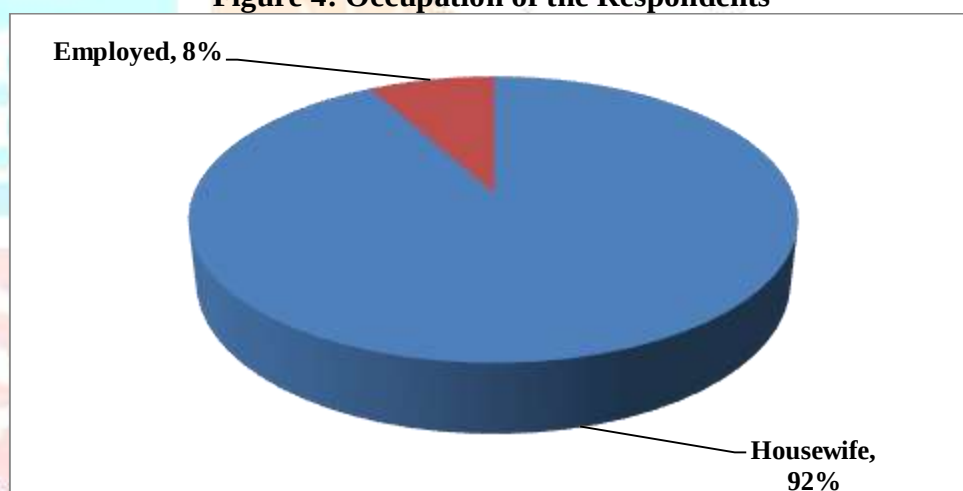
Figure 2: Respondents' completed years of schooling



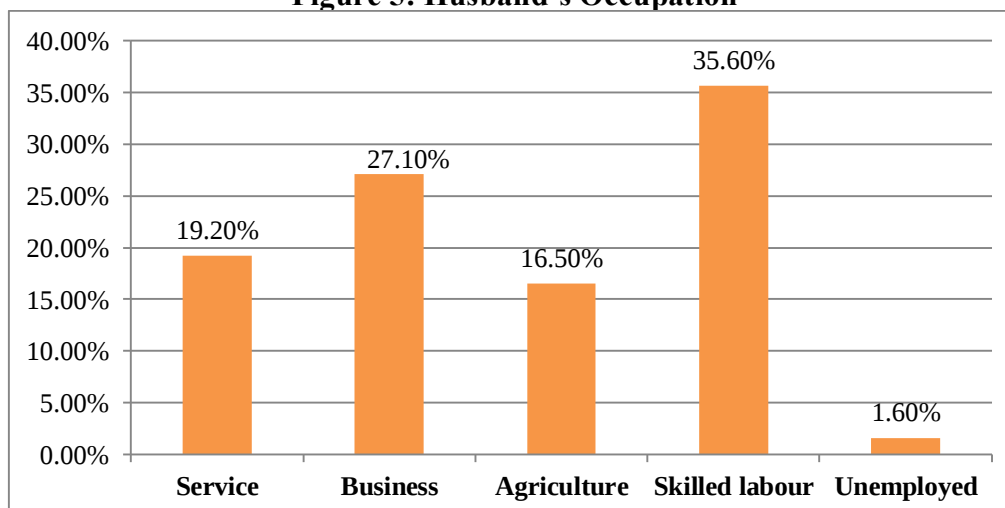
Respondents' completed years of schooling has shown in the above figure 2. From the result it was found that 18.80% respondents completed 0-4 years of schooling, 29.10% respondents completed 5-8 years of schooling, 23.20% respondents completed 9-12 years of schooling and 28.90% respondents completed 13 and above years of schooling.

Figure 3: Husband's completed years of schooling

Husband's completed years of schooling has shown in the above figure 3. From the result it was found that 26% respondents' husband completed 0-4 years of schooling, 20.60% respondents' husband completed 5-8 years of schooling, 22.90% respondents' husband completed 9-12 years of schooling and 29.90% respondents' husband completed 13 and above years of schooling.

Figure 4: Occupation of the Respondents

Occupation of the Respondents has shown in the above figure 4. From the result it was found that 8% respondents were employed and 92% respondents were housewife.

Figure 5: Husband's Occupation

Husband's Occupation has shown in the above figure 5. From the result it was found that 19.20% respondents' husband were service holder, 27.10% respondents' husband were businessmen, 16.50%

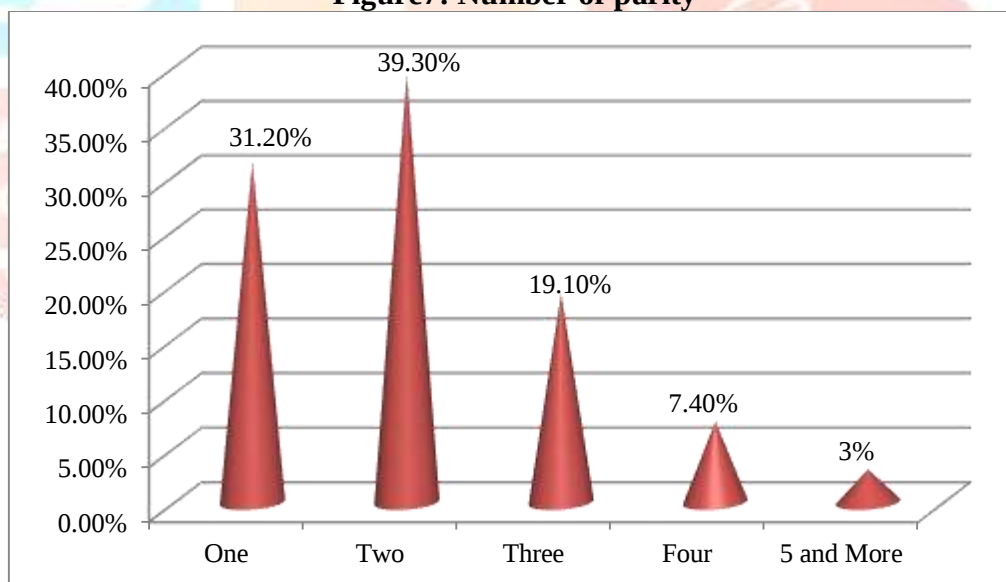
respondents' husband were related to agriculture, 3.60% respondents' husband were skilled labour and only 1.60% respondents' husband were unemployed.

Figure 6: Economic condition of the respondents

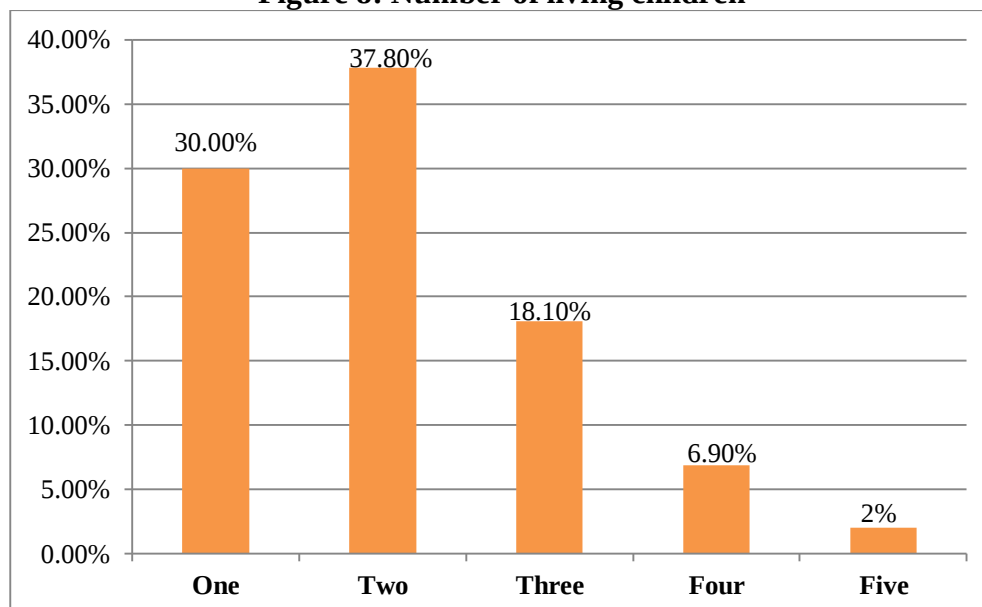


Economic condition has shown in the above figure 6. From the result it was found that 25% respondents were from lower class, 27% respondents were from average class, 39% respondents were from middle class and 9% respondents were from high class.

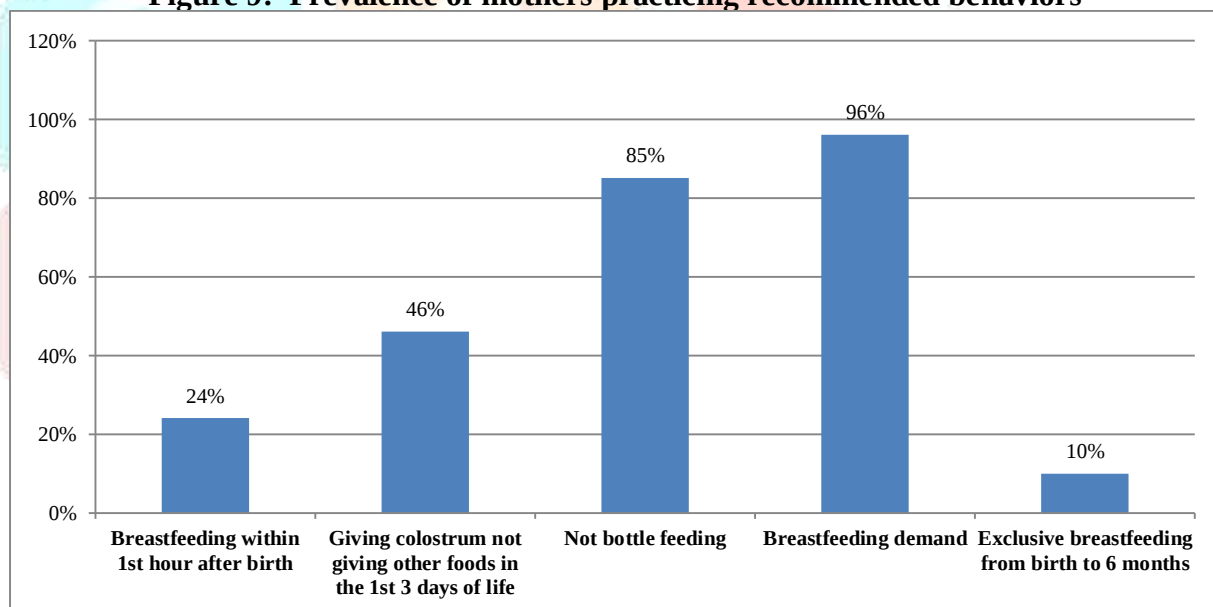
Figure7: Number of parity



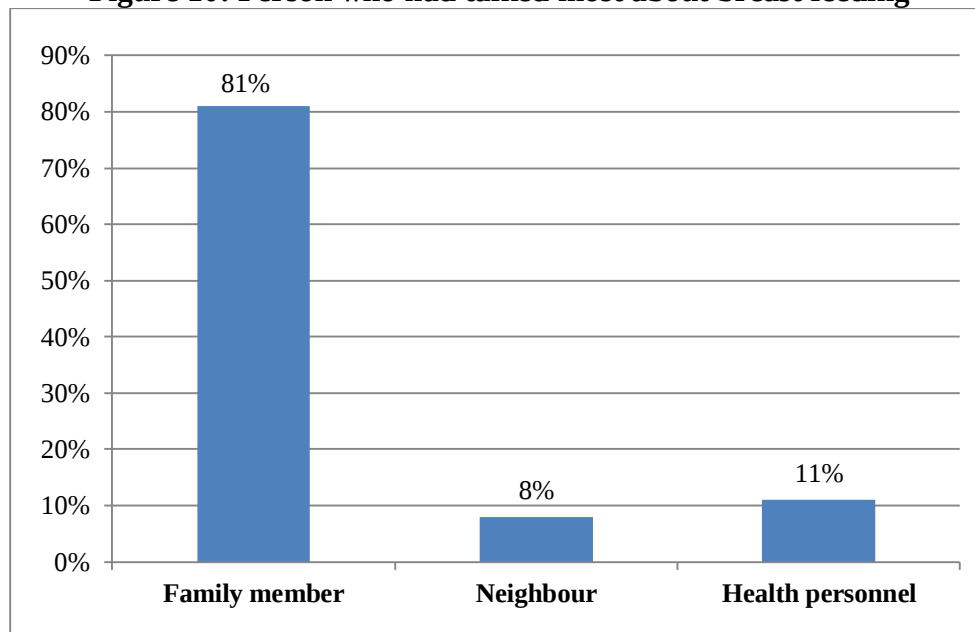
Number of parity has shown in the above figure 7. From the result it was found that 31.20% respondents had one parity, 39.30% respondents had two parity, 19.10% respondents had three parity, 7.40% respondents had four parity and 3% respondents had 5 and more parity.

Figure 8: Number of living children

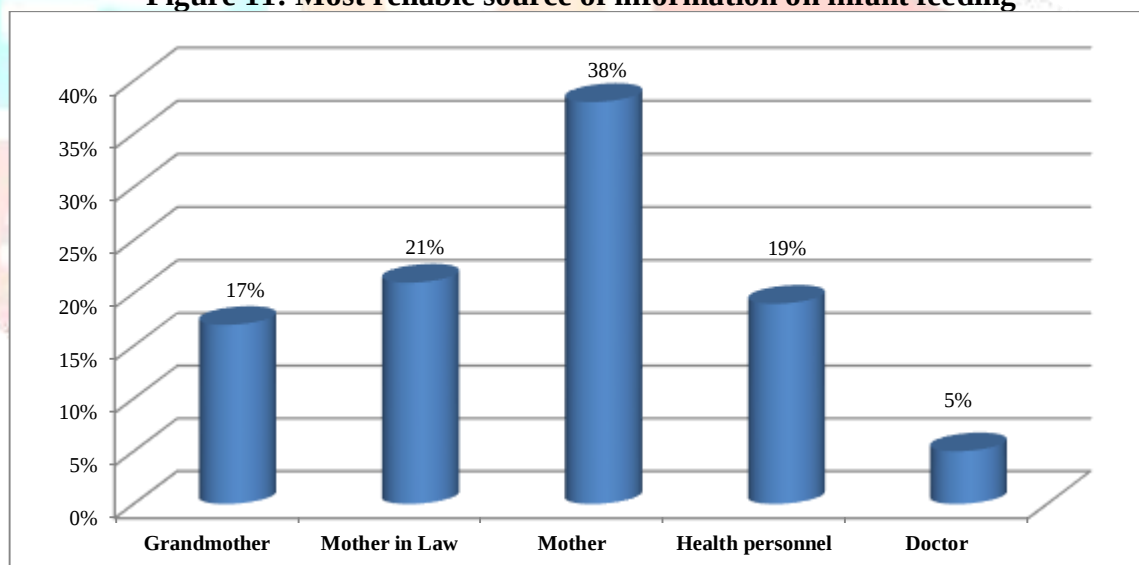
Number of living children has shown in the above figure 8. From the result it was found that 30.00% respondents had one living child, 37.80% respondents had two living children, 18.10% respondents had three living children, 6.90% respondents had four living children and 2% respondents had five living children.

Figure 9: Prevalence of mothers practicing recommended behaviors

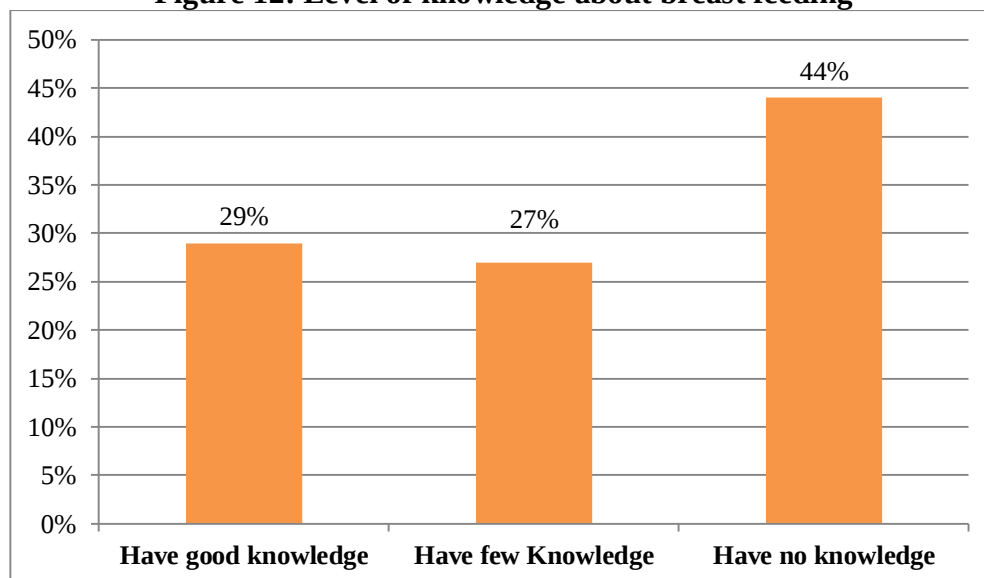
As seen in figure 9, the prevalence of mothers practicing recommended behaviors. 96% mothers demand breastfeeding which was maximum but only 10% women did exclusive breast feeding from birth to 6 months which was minimum.

Figure 10: Person who had talked most about breast feeding

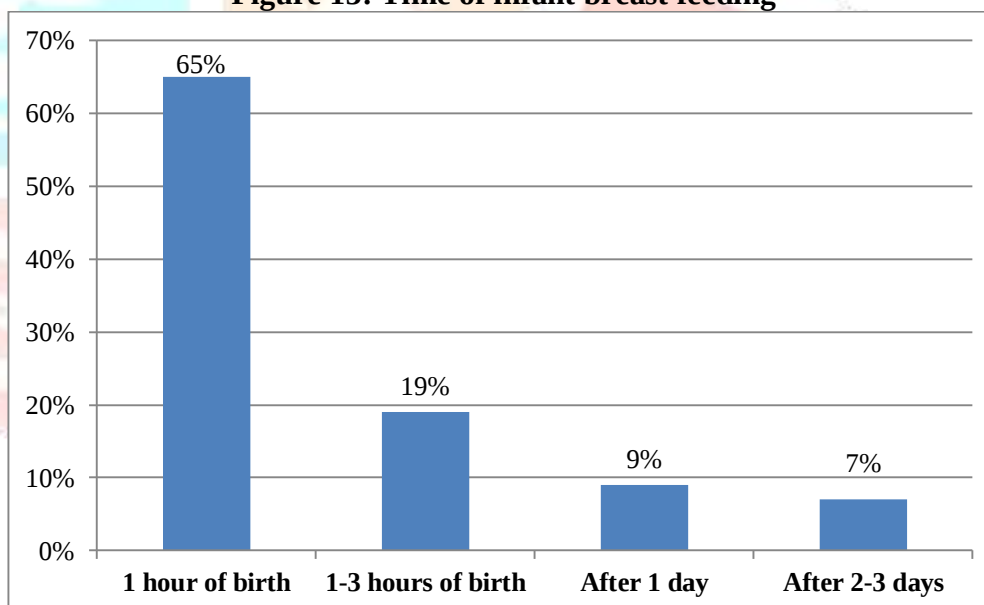
Person who had talked most about breast feeding has shown in the above figure 10. From the result it was found that 81% respondents replied that family member had talked most about breast feeding, 8% respondents replied that neighbour had talked most about breast feeding and 11% respondents replied that health personnel had talked most about breast feeding.

Figure 11: Most reliable source of information on infant feeding

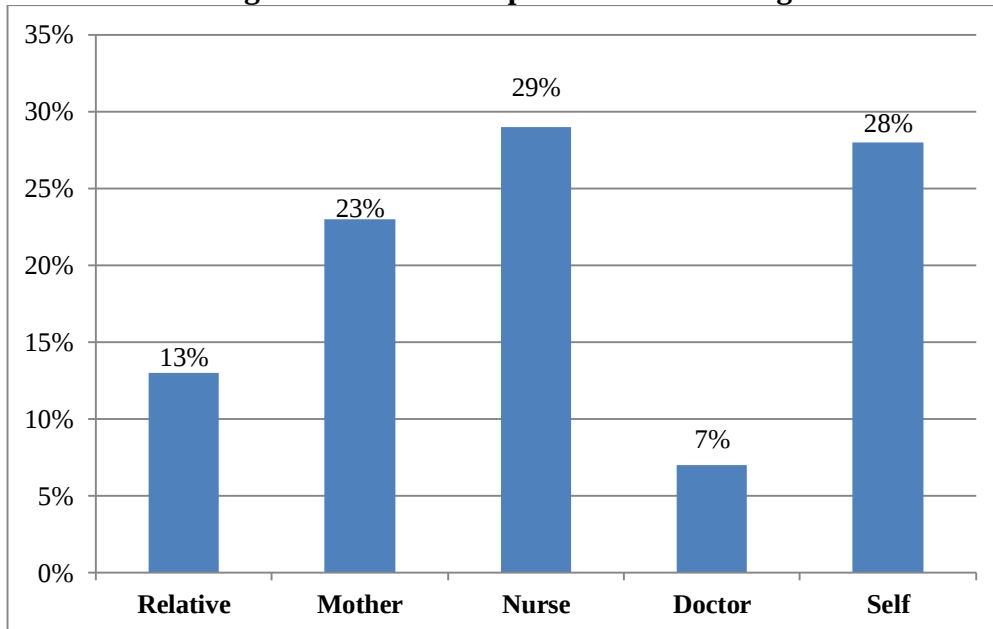
Most reliable source of information on infant feeding has shown in the above figure 11. From the result it was found that 17% respondents replied that most reliable source of information on infant feeding is Grandmother, 21% respondents replied that most reliable source of information on infant feeding is Mother in law, 38% respondents replied that most reliable source of information on infant feeding is mother, 19% respondents replied that most reliable source of information on infant feeding is health personnel and 5% respondents replied that most reliable source of information on infant feeding is Doctor.

Figure 12: Level of knowledge about breast feeding

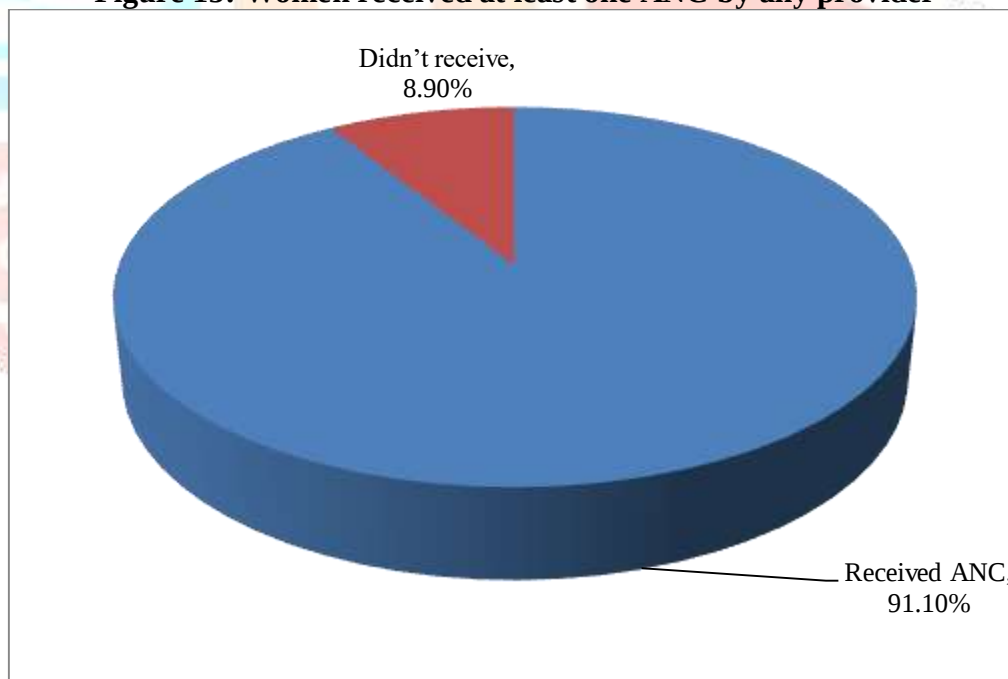
Level of knowledge about breast feeding has shown in the above figure 12. From the result it was found that 29% respondents replied that they had good knowledge about breast feeding, 27% respondents replied that they had few knowledge about breast feeding and 44% respondents replied that they had no knowledge about breast feeding.

Figure 13: Time of infant breast feeding

Time of infant breast feeding has shown in the above figure 13. From the result it was found that 65% respondents replied that they breast feed their baby within 1 hour of birth, 19% respondents replied that they breast feed their baby within 1-3 hours of birth, 9% respondents replied that they breast feed their baby after 1 day of birth and 7% respondents replied that they breast feed their baby after 2-3 days.

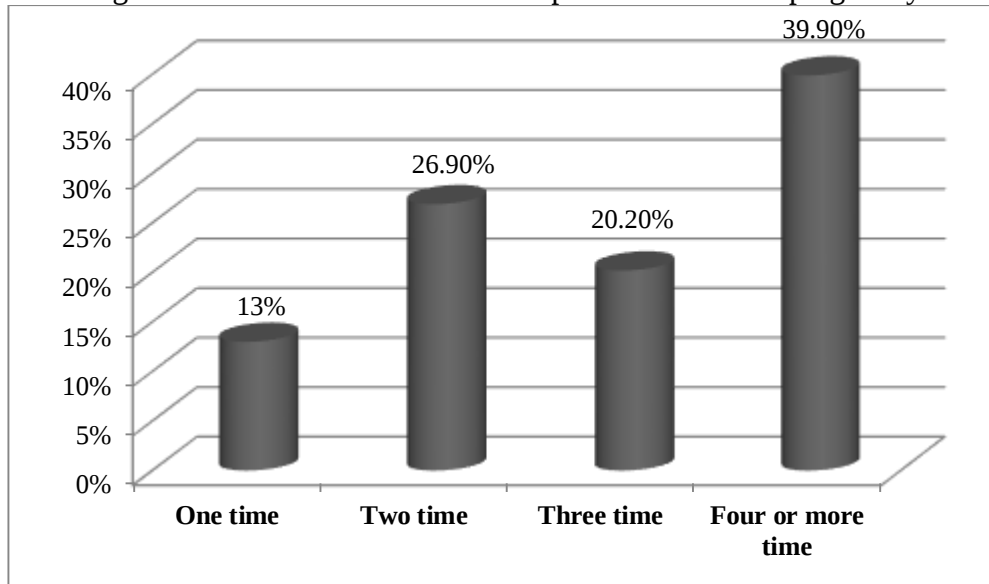
Figure 14: Person helped in breast feeding

Person helped in breast feeding has shown in the above figure 14. From the result it was found that 13% respondents replied that relative helped in breast feeding, 23% respondents replied that Mother helped in breast feeding, 29% respondents replied that Nurse helped in breast feeding, 7% respondents replied that Doctor helped in breast feeding and 28% respondents replied that they breast feed their baby by themselves.

Figure 15: Women received at least one ANC by any provider

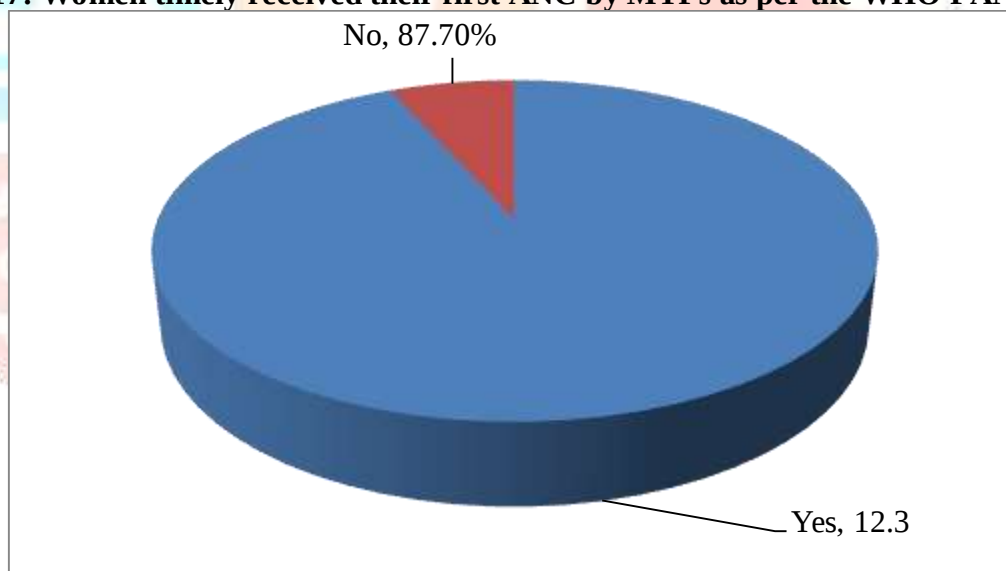
Women received at least one ANC by any provider has shown in the above figure 15. From the result it was found that 91.10% respondents received at least one ANC by any provider and 8.90% respondents received at least one ANC by any provider.

Figure 16: Number of ANC check-ups received in last pregnancy

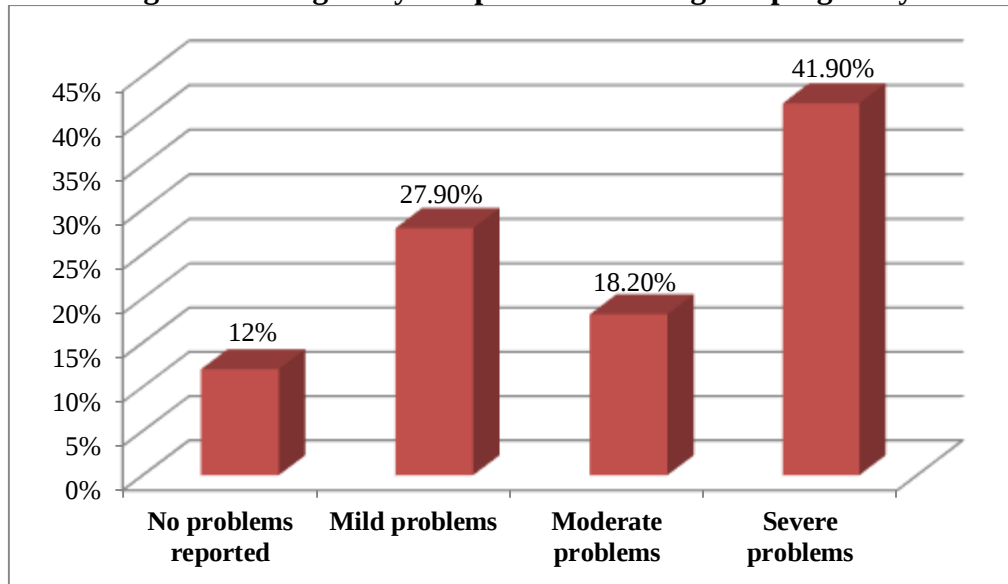


Number of ANC check-ups received in last pregnancy has shown in the above figure 16. From the result it was found that 13% respondents replied that they received one time ANC check-ups in last pregnancy, 26.90% respondents replied that they received two time ANC check-ups in last pregnancy, 20.20% respondents replied that they received three time ANC check-ups in last pregnancy and 39.90% respondents replied that they received four time or more ANC check-ups in last pregnancy.

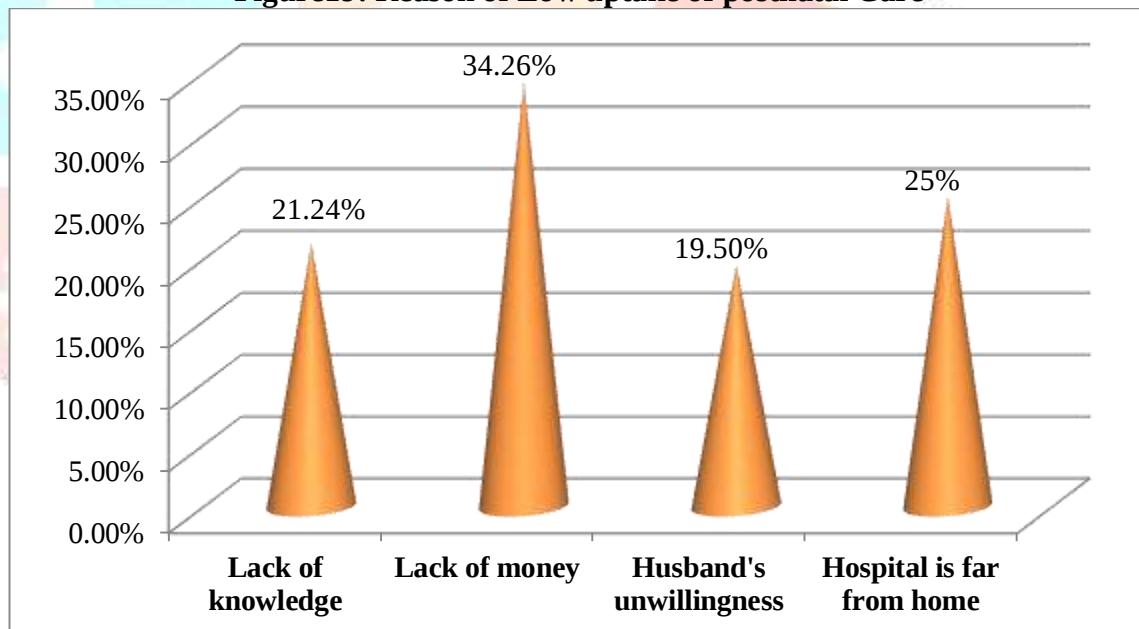
Figure17: Women timely received their first ANC by MTPs as per the WHO FANC model



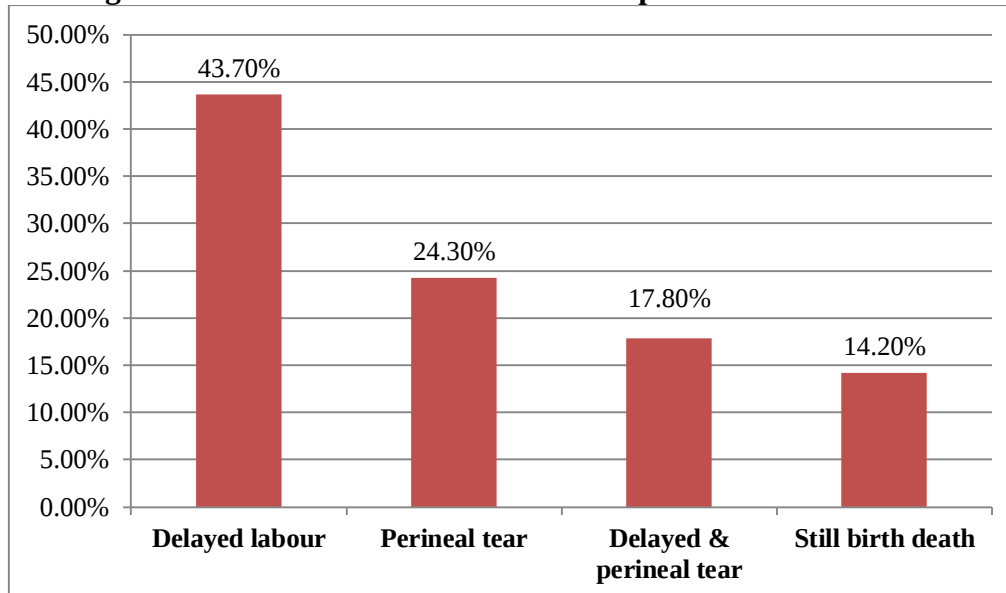
Women timely received their first ANC by MTPs as per the WHO FANC model has shown in the above figure 17. From the result it was found that only 12.30% women timely received their first ANC by MTPs as per the WHO FANC model and 87.70% respondents did not timely receive their first ANC by MTPs as per the WHO FANC model.

Figure 18: Pregnancy complications during last pregnancy

Pregnancy complications during last pregnancy has shown in the above figure 18. From the result it was found that only 12% respondents replied no problems during last pregnancy, 27.90% respondents faced mild problems during last pregnancy, 18.20% respondents faced moderate problems during last pregnancy and 41.90% respondents faced severe problems during last pregnancy.

Figure19: Reason of Low uptake of postnatal Care

Reason of low uptake of postnatal care pregnancy has shown in the above figure 19. From the result it was found that 34.26% respondents replied that they did not take postnatal care due to lack of money which was maximum but only 19.50% respondents replied that they did not take postnatal care due to husband's unwillingness about postnatal care of respondents which was minimum. On the other hand 21.24% respondents replied that they did not take postnatal care due to lack of about postnatal care and 25% respondents replied that they did not take postnatal care because the hospital is far from respondents home.

Figure 20: Problems created due to low uptake of antenatal care

Problems created due to low uptake of antenatal care pregnancy have shown in the above figure 20. From the result it was found that 43.70% respondents replied that they faced delayed labor due to low uptake of antenatal care which was maximum but only 14.20% respondents replied that they got still birth death due to low uptake of antenatal care which was minimum. On the other hand 24.30% respondents replied that they got perineal tear due to low uptake of antenatal care and 17.80% respondents replied that they got delayed and perineal tear due to low uptake of antenatal care.

CONCLUSIONS

Breastfeeding is a unique source of nutrition that plays an important role in the growth, development and survival of infants. The benefits of breast feeding are well established. Importance of breastfeeding, practices of early initiation and exclusive breastfeeding, and their perceptions towards breastfeeding were fairly satisfactory among mothers included in this study. In view of certain prevailing myths and wrong practices, it would be essential to counsel mothers during antenatal period, regarding breastfeeding, stress the advantages of breast milk, and also dispel the myths and disbeliefs in them. This study found poor knowledge and practices on breast feeding among mothers. Female education should be increased substantially and hence more job opportunities could be created in various dimensional job sectors for them. This study also suggested that social safety net program could play an important role to increase knowledge and practices on breast feeding among mothers. Malnutrition will be decreased if breast feeding was widely established. Major concerns were inadequate knowledge on advantages of breastfeeding, frequency of breastfeeding, and storage of breast milk. The findings showed that limited education was a major factor for lack of knowledge about breastfeeding compared with other factors such as marital status, family income, and age. This study provides important information to improving knowledge and practices on breast feeding in removing malnutrition from Bangladesh.

RECOMMENDATIONS

1. There is need to train health professionals about different cultural practices so that empathy with women from different cultures can be achieved.
2. Low income communities need to be educated about when it is appropriate nutritionally to introduce solid food to help a baby's long-term development.
3. More detailed information is required to add to the well rehearsed tune breast is best. If women were aware of concrete ways in which breastfeeding benefits their baby's and their own health this may reset the balance; the positive attribution of health gains may begin to surpass the pervasive belief that it is painful.
4. It is necessary for women to be aware of the negative aspects of formula feeding, both behavioural and biological, to enable an informed decision and so that actions can be taken to reduce risk when formula feeding.
5. The most profound misconception identified in this study is that babies will not gain weight sufficiently if they are exclusively breastfed. This misconception must be challenged and replaced by positive knowledge if young low-income women are to make an informed decision to breastfeed.

6. Counseling techniques should be used to reinforce specific, priority messages by health facility staff and community-based workers at all contact points with mothers of young infants.

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