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## Awareness of pregnant women regarding infant feeding practices in a field practice area of a medical college of Maharashtra

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### Abstract

Breast feeding and complementary feeding are known to play a crucial role in the growth and development of an infant. Various Global agencies recommend that Infants should be exclusively breast fed for 6 months and appropriate complementary feeding should be started at the age of six months without discontinuing breastfeeding. Though there are many awareness programmes of the Government, there are still many wrong practices and myths associated with infant feeding. This study aims to evaluate the knowledge about breast feeding and complementary feeding in pregnant women.

**Material and Methods:** A cross sectional study was carried out in the Field Practice area of a Medical College In Maharashtra. There were 80 pregnant women in the 10 adopted villages. 58 women were interviewed for the study by the principal investigator after obtaining consent, with the help of a pretested, IYCF questionnaire formulated by Breast feeding Promotion Network of

**Results:** Out of the 58 women interviewed, all were married and majority 50, (86.20%) were housewives. 46(79.31%) belonged to joint families. 32(55.17%) were primigravida and 26 (44.87%) were multigravida. 93% had knowledge of exclusive breastfeeding but only 72% knew the correct time of initiation. 57% felt that pre-lacteal foods should be given. 47% knew correct age of giving complementary foods but variety of foods to be given was not known. Myths regarding complementary foods are prevalent. 60% believed that bottle feeding should not be given. Level of education has a positive impact on infant feeding practices.

**Recommendations:** Education regarding infant and young child feeding practices should be given to all pregnant women and also to their family members

**Keywords:** Breastfeeding, prelacteal feeds, Complementary feeds

### Introduction

Breast milk is the complete food for the newborn made available by nature along with colostrum, which works as first vaccine <sup>[1]</sup> The benefits of breastfeeding, especially exclusive breastfeeding are known to be particularly beneficial in reducing childhood morbidity and mortality especially in a poor country like India <sup>[2]</sup>

Breast feeding and complementary feeding are known to play a crucial role in the growth and development of an infant <sup>[1]</sup>. The World Health Organization and United Nations Children's Fund recommends that infants should be exclusively fed up to first 6 months of life and breast feeding should be continued for up to 2 years of life to achieve optimal growth, development and health <sup>[3]</sup>.

The Indian National Guidelines on Infant and young child feeding 2019 also state that Infants should be exclusively breast fed for 6 months and appropriate and adequate complementary feeding should be started at the age of six months of age while continuing breastfeeding to keep up with the growing physiological demands of the child <sup>[4]</sup>.

As per NFHS 3 data national average of percentage of children who were exclusively breast fed for six months was 46.4% which has increased to 54.9% in NHFS 4 survey data. As far as complementary feeding is concerned, only, 42.7% infants above the age of 6 months received appropriate diet <sup>[5]</sup>.

In a vast country like India, infant feeding practices are greatly influenced by the socio-demographic factors and also attitude and beliefs of mother about childcare. Some of these practices can affect the health and nutritional status of infants which may lead to varying degrees of malnutrition <sup>[2]</sup>. Infant malnutrition in children during the first 2 years of life is

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indicative of poor infant feeding practices [4]. The ideal time to educate the women about infant feeding is during pregnancy as women may be more sensitive to advice regarding infant feeding at this time [6, 7]. But despite the many awareness programmes of the government, it is observed that many wrong breast feeding and infant feeding practices are still prevalent in the community [8]. Myths and misconceptions, issues like easily available formula feeds, social pressure and illness also lower the breastfeeding rates [9]. Infant feeding practices, if implemented correctly can result in decrease in neonatal morbidity and mortality [1]. Hence this study aims to evaluate the knowledge about breast feeding and complementary feeding in pregnant women. Our study will also try to find out any myths or misconceptions associated with it. Based on the results, health education programmes can be formulated so that correct advice can be given to the women when they come for Antenatal check-ups.

**AIMS**

1. To assess the knowledge of pregnant women regarding feeding practices of infants in field practice area of Rural Health Training Centre of a medical college. (Maval Taluka)
2. To associate their knowledge with various socio-demographic factors like income, occupation, education of mother.
3. To identify any myths/ misconceptions associated with the feeding practices.

**Materials and Methods:** The study was a Cross-sectional study.

Permission from the Institutional ethics committee was obtained before starting the study.

There are 10 adopted villages under the Rural Health training Centre, managed by the Community Medicine Department of a Medical College of western Maharashtra (Maval taluka). After a survey, it was found that there were 80 pregnant women in the 10 adopted villages. 58 women were interviewed for the study by the principal investigator after obtaining consent, with the help of a pretested, IYCF questionnaire formulated by Breast feeding Promotion Network of India.

The rest were out of town or did not give consent.

Data was analysed using Microsoft Excel software and Chi square test was used for interpretation of results.

**Results**

There were 80 pregnant women in the 10 adopted villages of Rural Health Training Centre of Department of Community Medicine, of a Medical College of western Maharashtra. Out of those, 58 consented for the study.

Majority of the women, i.e. 65% were in the age group of 21-25 years (38). 22.41% were below 21 years of age (13) and 12.06% (7) were above the age of 25

As far as education was concerned, 33(57%) had studied upto 9<sup>th</sup> standard and 25 (43%) women had completed their schooling (10<sup>th</sup> standard) or more.

Out of the 58 women interviewed, in the 10 adopted villages, all were married and majority 50, (86.20%) were housewives. 46(79.31%) belonged to joint families.

Out of 58 women, 32(55.17%) were primigravida and 26 (44.87%) were multigravida.

When the women were asked about exclusive breastfeeding,

93.11% were aware about exclusive breastfeeding but 72.41% answered that it should be given for a period of 6 months.

However, 56.89% women were of the opinion that pre-lacteal feeds should be given. 60.34%replied that feeds should not be given by bottle.

67.2% mothers answered correctly that Breastfeeding should be initiated within 1-4 hrs after delivery.

When the women were asked regarding complementary foods, 43% said that the right age for introducing complementary foods was 6 months. According to the women, Complementary foods meant solid foods and did not include top milk or liquids like juices etc

Regarding the type of complimentary foods given, 28% said they gave rice- dal to their infants and 22% replied that they gave a combination of rice dal and top milk. Other food items that were given were biscuits with milk, Cerelac etc.

Very few mothers gave fruits and vegetables as complementary foods to their children as it was believed that fruits caused cough and running nose and vegetables caused diarrhoea.

**Table 1:** Time of Initiation of breast feeding with respect to education of women

Time of BF initiation	Below 10th	10 th above
1-4 hours	21(63.63%)	18(72%)
More than 4 hrs	9(27.27%)	2(8%)
Don't know	3(9.09%)	5(20%)
total	33	25

Z=3. 17, p=0.001

The above table shows that education plays a significant role in the knowledge regarding timing of initiation of breast feeding. As the level of education increases, the knowledge regarding correct time to initiate breast feeding also increases.

**Table 2:** Time of initiation of breastfeeding and type of family.

Time of BF initiation	Joint family	Nuclear family
1-4 hours	29 (63%)	9 (75%)
More than 4 hrs	10 (21.73%)	2 (16.66%)
Don't know	7 (15.21%)	1 (8.33%)
total	46 (100%)	12 (100%)

The above table shows that 75% women from nuclear families and 63% women from joint families said that breast feeding should be started within 1-4 hours after delivery.

**Table 3:** Relation between education of women and knowledge about pre-lacteal feeds.

Pre-lacteal feeds	Below 10th	Above 10th
yes	23(69.7%)	10(40%)
no	10(30.30%)	12(48%)
Don't know	-	3(12%)
total	33(100%)	25(100%)

Z=2.37,p,0.05

The above table shows that education does have a role to play in knowledge about giving pre-lacteal feeds. The less educated the woman is, the more likely she is to give pre-lacteal feeds to her child.

**Table 4:** Relation between gravida and knowledge of bottle feeding

Bottle	Primigravida	Multigravida
yes	17(53.12)	6(23.02)
No	15(46.87)	20(76.93)
total	32(100%)	26(100%)

Z=2.48, p<0.05

The above table shows that as compared to Primigravida, more number of Multigravida believed that feeds should not be given by bottle.

**Discussion:** It is a known fact that Breastmilk is best for the baby. Breast feeding confers short term and long term benefits on both child and mother including helping to protect children against a variety of acute and chronic disorders [10]

Advice on breastfeeding should be initiated for all mothers during the antenatal visits, as the mother is more receptive during her pregnancy and has good interaction with the health care provider [11].

In this study, more than 86% of the women were homemakers, 79.31% belonged to joint families and more than half were primigravida (55.17%) which was similar to the study by Maumita De *et al.* in which, majority of antenatal mothers were homemakers (98.9%) and from joint families (71.9%). 56.3% women were primigravida [12].

93.11% mothers were aware about exclusive breastfeeding which was more than that found in the study by Bhavana Tiwari *et al.* in which 58.1% were aware about exclusive breastfeeding. In this study, though 93.11% women were aware about exclusive breastfeeding only, 72.41% answered that it should be given for a period of 6 months. This is similar to the study by Sharanya Shetty *et al.*, [11] in which 71.6% of the women knew that exclusive breastfeeding should be practiced for 6 months. Similar findings were seen in a study by Vinay BS *et al.*; in which 69.5% women were likely to give exclusive breastfeeding till 6 months of age [8]. It is also similar to the study by Maumita De *et al.* [12] in which more than two thirds (70.8%) of the antenatal mothers were aware about exclusive breast feeding & 69.1% of study subjects knew that exclusive breast feeding should be continued for 6 months.

In this study, 67.42% women answered correctly that breast feeding should be initiated within 1-4 hours of delivery which is slightly more than the findings of Bhavana Tiwari *et al.* (54.5% in normal delivery and 63.6% in caesarean delivery) [13].

56.89% mothers, in this study, answered that pre lacteal foods should be given which was similar to the study by Girish H.O *et al.* in which, 59.6% of respondents replied that pre-lacteal feeds should be given to the babies [14]. It was observed in our study that as the level of education increases, the knowledge regarding correct time to initiate breast feeding also increases. It was also seen that education plays a role in knowledge about giving pre- lacteal feeds. The less educated the woman is, the more likely she is, to give pre-lacteal feeds. These findings of this study coincide with other studies [2] which highlight the vital role of education in giving prelacteal feeds as well as time of introduction of complementary feeds.

In this study, 60.34% believed that feeds should not be given through bottle, which is slightly lower than the study by U.Gupta *et al.* in which a high proportion of mothers did

not practice bottle feeding (75.7%, n = 78) [15]

The study by Sharanya *et al.* reported that Multigravida had better knowledge of breastfeeding practices as compared to primigravida which was similar to this study [11].

In the present study, more than 72% women were of the opinion that complementary foods should be given after 6 months which was slightly higher than in the study by Vinay BS *et al.* in which 63% women said that complementary feeding should be started at 6 months [8]. When asked about the types of food that should be given, 28% replied rice-dal, followed by rice dal with cow milk (22%). This was different to the study done by Pradeep C *et al.*, in which the women replied that food given after 6 month period were ragi sari - most common (59.32%), Cerelac (36.44%), fruit juices (37.28%), Rice dhal (55.08%). Most of the mothers were giving the food in combination. Vegetables were also added to rice by most of the mothers (30.5%), cow's milk (31.3%) was the supplementary milk given apart from breast milk [2]. But, in the present study, most of the women replied that fruits or vegetables should not be given as they believed that fruits caused cough in children and vegetables caused diarrhoea.

**Conclusion:** The present study revealed that knowledge of exclusive breastfeeding was good and most of the women had knowledge of early initiation. Practice of giving prelacteal foods was still prevalent. Though knowledge regarding correct age of introduction of complementary foods was present, myths regarding the complementary foods are present. Level of education has a positive impact on infant feeding practices.

**Recommendations:** Education regarding infant and young child feeding practices should be given to all pregnant women and also to their family members. Myths and beliefs regarding prelacteal feeds, complementary foods and bottle feeding should be removed with repeated counselling and health education.

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