

# The Knowledge and Practices about Exclusive Breast Feeding Among Mothers in Dera Ghazi Khan.

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## Abstract;

**Background:** Breastfeeding and complementary feeding practices have long been demonstrated to have significant implications for maternal and child health. Healthy breastfeeding practices reduce child mortality and morbidity, and improve immunity in children, besides being essential for their optimal growth and development. **Objective:** To assess the knowledge and practices about —Exclusive Breast Feeding” among pregnant mothers attending teaching hospital Dera Ghazi Khan.. **Study Design:** Cross-Sectional.

**Duration and Setting:** This study was conducted from 5<sup>th</sup> May 2017 to 27 July 2017 in Dera Ghazi Khan Medical College/Teaching Hospital Dera Ghazi Khan. **Methods:** A sample of 105 women who attended the OPD of Gynaecology, Pediatric and Gynaecology wards and EPI center in the Teaching Hospital Dera Ghazi Khan that were enrolled by the convenient sampling technique. A pre-designed questionnaire, having variables of age, education and occupation of mothers, No. of children, knowledge of EBF, Source of information, practiced among last child, does breast milk prevents from diarrhea and next pregnancy, anything given before initiating breast feeding, how long breast feeding in done, was filled by interviewing these women. The data collected was statistically analyzed and percentages recorded. **Results:** In over study, 69.5% of pregnant women were multigravida and had 2 or 3 children while

28.6% of the review subjects had just 1 child. 90.5% of the moms had information of exclusive breast feeding and fundamental source was friends and family (48.6%). 55.6% of the review subjects said that breast feeding ought to begin immediately after delivery and 94.3% said that milk production is related with continuous feeding. 48.6% mothers said exclusive breast feeding is required for around 6 months while

40.0% supposes it ought to be proceeded past 6 months. 60.0% ladies told that there is sufficient feeding when infant is fulfilled. 71.0% ladies realized exclusive breast feeding prevent child from diarrhea and 62.9% ladies reacted that it is contraceptive. 36.2% of respondants had started breast feeding their last child after 24 hours and 30.5% started 2 to 24 hours after delivery while 21.9% of the mothers had started immediately. 73.3% had given pre-lacteal feeds like ghutti to their infant while 26.7% didn't. Exclusive breast feeding was practiced by 49.5% of the members while other 17.1% and 10.3% gave cow and formula milk before 6 months respectively.

**Conclusion:** Breast feeding is well practiced in this community but the ratio of exclusive breast feeding is low. Mothers have good knowledge of benefits of breast feeding. **Key Words:** Breast Feeding, Exclusive Breast Feeding, Knowledge and Practice of Breast Feeding.

Exclusive breastfeeding is defined as "an infant's consumption of human milk with no supplementation of any type (no water, no juice, no nonhuman milk and no foods) except for vitamins, minerals and medications". Exclusive breastfeeding for the first six months of life improves the growth and development of

newborn. Breast milk is of high nutritional value and offers multiple benefits not only to the health of mother but also to the health of infants and

newborns. It has been estimated that EBF reduces infant mortality rates by up to 13% in low income countries .

According to WHO, —If every child was breastfeed within an hour of birth, given only breast milk for their first six months of life and continued breastfeeding up to the age of two years , about 800,000 child lives would be saved every year.

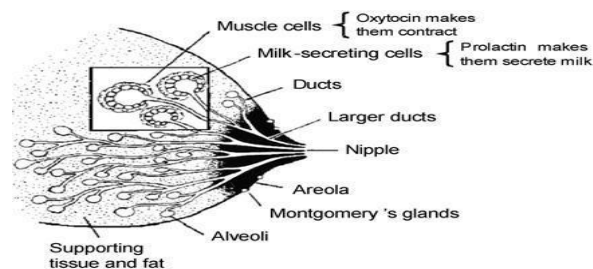
**TABLE 1. CRITERIA THAT DEFINE SELECTED INFANT FEEDING PRACTICES**

| Feeding practice                   | Requires that the infant receive  | Allows the infant to receive  | Does not allow the infant to receive                             |
|------------------------------------|---|---|--|
| Exclusive breastfeeding            | Breast milk (including milk expressed or from a wet nurse)  | ORS, drops, syrups (vitamins, minerals, medicines)  | Anything else  |
| Predominant breastfeeding          | Breast milk (including milk expressed or from a wet nurse) as the predominant source of nourishment | Certain liquids (water and water-based drinks, fruit juice), ritual fluids and ORS, drops or syrups (vitamins, minerals, medicines) | Anything else (in particular, non-human milk, food-based fluids) |
| Complementary feeding <sup>a</sup> | Breast milk (including milk expressed or from a wetnurse) and solid or semi-solid foods             | Anything else: any food or liquid including non-human milk and formula  | NA   |
| Breastfeeding                      | Breast milk (including milk expressed or from a wet nurse)  | Anything else: any food or liquid including non-human milk and formula  | NA   |
| Bottle-feeding                     | Any liquid (including breast milk) or semi-solid food from a bottle with nipple/teat                | Anything else: any food or liquid including non-human milk and formula  | NA   |

### Anatomy of the breast:

The breast structure (**Figure 1**) includes the nipple and areola, mammary tissue, blood and lymphatic vessels, and nerves. The female breast is a complex structure with glandular tissue surrounded by supporting and fat tissue. The glandular tissue consists of 15–25 separate, branched sections. The milk-producing cells, the alveoli, are clustered at the end of each branch and surrounded by smooth muscle cells. A milk duct leads from each segment to the lactiferous sinus,

behind the nipple. Each duct has an opening at the end of the nipple.



### Physiology of breast:

Development of breasts began at puberty under the influence of estrogen of monthly menstrual cycles. Estrogen stimulate the growth of the ductal system, progesterone is required for full development of the lobule-alveolar system of

breast. Prolactin promotes lactation. Prolactin itself is regulated by Prolactin Inhibitory

Hormone (PIH) that inhibits prolactin secretion under normal conditions. Prolactin Releasing Factor (PRF) excites prolactin secretion when baby suckles nipple.

| Constituent                    | Human milk(%) | Cow milk(%) |
|--------------------------------|---------------|-------------|
| Water                          | 88.5          | 87.0        |
| Fat                            | 3.3           | 3.5         |
| Lactose                        | 6.8           | 4.8         |
| Casein                         | 0.9           | 2.7         |
| Lactalbumin and other proteins | 0.4           | 0.7         |
| Ash                            | 0.2           | 0.7         |

### Timing:

Newborn babies typically express demand for feeding every 1 to 3 hours (8-12 times in 24 hours) for the first two to four weeks. During the newborn period, most breastfeeding sessions take from 20 to 45 minutes .

### Benefits to infant:

Exclusive breast feeding for the first six months of life is considered as the best source of nutrition for

an infant. It is also considered as the fundamental right of newborn and is an important factor to achieve optimal health and survival for children. It is one of the best forms of preventive medicine and is associated with decreased incidence of diseases in early life of newborn. Breast milk is important for physical health and neurological development of infant. Selective, frequent and early breastfeeding secure newborn child from infective ailments. Infants who are not breastfed are at mildly

increased risk of developing acute and chronic diseases, including lower respiratory infection, ear infections, bacteremia, bacterial meningitis, botulism, urinary tract infection and necrotizing enterocolitis .

There is an evidence from research that sudden infant death syndrome is less common in breast fed

babies. Infants who are exclusively breastfed for the first six months are less likely to die

of gastrointestinal infections than infants who switched from exclusive to partial breastfeeding at three to four

months.

Breast fed babies are much less likely to become constipated as breast milk is easily digested and is efficiently used by infant's body. Breast fed babies also tend to be less fussy when it comes to new foods at weaning.

It also offers protection against allergies. Breast milk creates bond of love between mother and

child. Most difficulties can be avoided altogether if good attachment and positioning are achieved at the first and early feeds. Apart from being the safest and healthiest infant feeding method, breastfeeding is also the least expensive. Breast milk contains antibodies to protect the baby from childhood illnesses, including diarrhea and pneumonia.

### Benefits to mother:

. In mothers, breastfeeding is associated with enhanced emotional attachment to the infant, reduced risk of breast and endometrial cancer, increased duration of post partum amenorrhea, and consequent birth spacing, as well as several other health benefits.

Breastfeeding mothers tend to have an earlier return to their pre-pregnant weight. Non-breastfeeding ladies have a four times more prominent possibility of creating osteoporosis than breastfeeding ladies and will probably experience the ill effects of hip breaks in the post-menopausal years.

## Objective

The objective of the study was:

- To assess the knowledge and practices about "Exclusive Breast Feeding" among pregnant mothers attending Teaching Hospital Dera Ghazi Khan.

## Methodology

### Study Design:

Cross-Sectional

### Study Setting:

Outdoor patient department (O.P.D) and Indoor of Gynaecology and Pediatrics departments and EPI centre of Dera Ghazi Khan Medical College/ Teaching Hospital Dera Ghazi Khan.

**Study Subjects:**

Pregnant mothers with at least one child of less than 1 year age.

**Sample Size:**

105 pregnant mothers.

**Sampling Technique:**

Convenient sampling.

**Duration of Study:**

The data was collected in two weeks from 05-05-2017 to 27-07-2017.

**Inclusion Criteria:**

- 1) Pregnant mothers having at least one child of less than 1 year.
- 2) Who gave informed consent.

**Exclusion Criteria:**

- 1) Mothers who were pregnant for the first time.
- 2) Mothers who did not give informed consent.

**Data Collection:**

The data was collected from mothers in outdoor patient department (O.P.D) and indoor of Gynaecology and Pediatrics department of Teaching Hospital Dera Ghazi Khan using a pre-designed and pre-tested questionnaire.

**Data Analysis:**

Data was entered and analyzed by using SPSS version 16.

**Results.**

**Table No. 1:**

Age Wise Distribution of Pregnant Mothers

n=105

| Characteristics  | Age of Mothers (Yr) |
|------------------|---------------------|
| Total Numbers(n) | 105                 |
| Min. Age         | 18 yr               |
| Max. Age         | 40 yr               |
| Mean             | 27.85 yr            |
| Median           | 28.00 yr            |
| Mode             | 30 yr               |
| Std. Deviation   | 5.817               |

Table 1 shows that the mean age of pregnant mothers was **27.85** years with standard deviation  $\pm 5.817$ .

**Figure No 1.**

Distribution According To the Source of Information

n=105

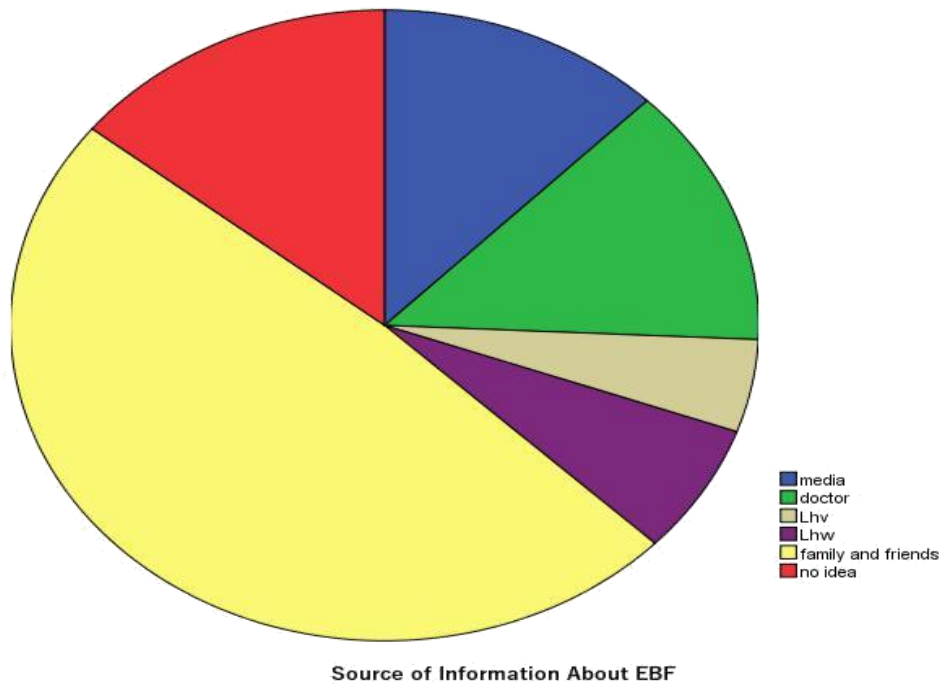


Figure shows that source of information about **EBF** for **48.6%** Pregnant Women was Family and Friends.

**Table No. 2:**

Their Views about the Start of Breast Feeding n=105

| Start of Breast Feeding | Frequency  | Percentage (%) |
|-------------------------|------------|----------------|
| Immediately             | 58         | 55.2 %         |
| 2 to 24 hrs.            | 29         | 27.6 %         |
| After 24 hrs.           | 18         | 17.1%          |
| <b>Total</b>            | <b>105</b> | <b>100.0 %</b> |

.Table no.2 shows that **55.6%** Pregnant Women said that Breast Feeding Should start immediately after delivery.

**Table No. 3:**  
Their Distribution about how long EBF Is Needed?  
n=105

| <b>How Long EBF is Needed</b> | <b>Frequency</b> | <b>Percentage (%)</b> |
|-------------------------------|------------------|-----------------------|
| <b>Less than 3 Months</b>     | 12               | 11.4%                 |
| <b>3 to 6 Months</b>          | 51               | 48.6%                 |
| <b>6 to 9 Months</b>          | 42               | 40.0%                 |
| <b>Total</b>                  | <b>105</b>       | <b>100.0%</b>         |

Table no.3 shows that **48.6%** Pregnant Women said that EBF is needed for **3 to 6 Months**.

**Table No. 4:**  
Does EBF Prevent Pregnancy?  
n=105

| <b>Does EBF Prevent Pregnancy</b> | <b>Frequency</b> | <b>Percentage (%)</b> |
|-----------------------------------|------------------|-----------------------|
| <b>Yes</b>                        | 66               | 62.9%                 |
| <b>No</b>                         | 29               | 27.6%                 |
| <b>No Idea</b>                    | 10               | 9.5%                  |
| <b>Total</b>                      | <b>105</b>       | <b>100.0%</b>         |



Table no.4 indicates that **62.9%** Pregnant Mother think that **EBF** Prevents Pregnancy.

**Figure No 2:**

What Was Given To Their Last Child Starting From Birth To 6 Months.

n=105

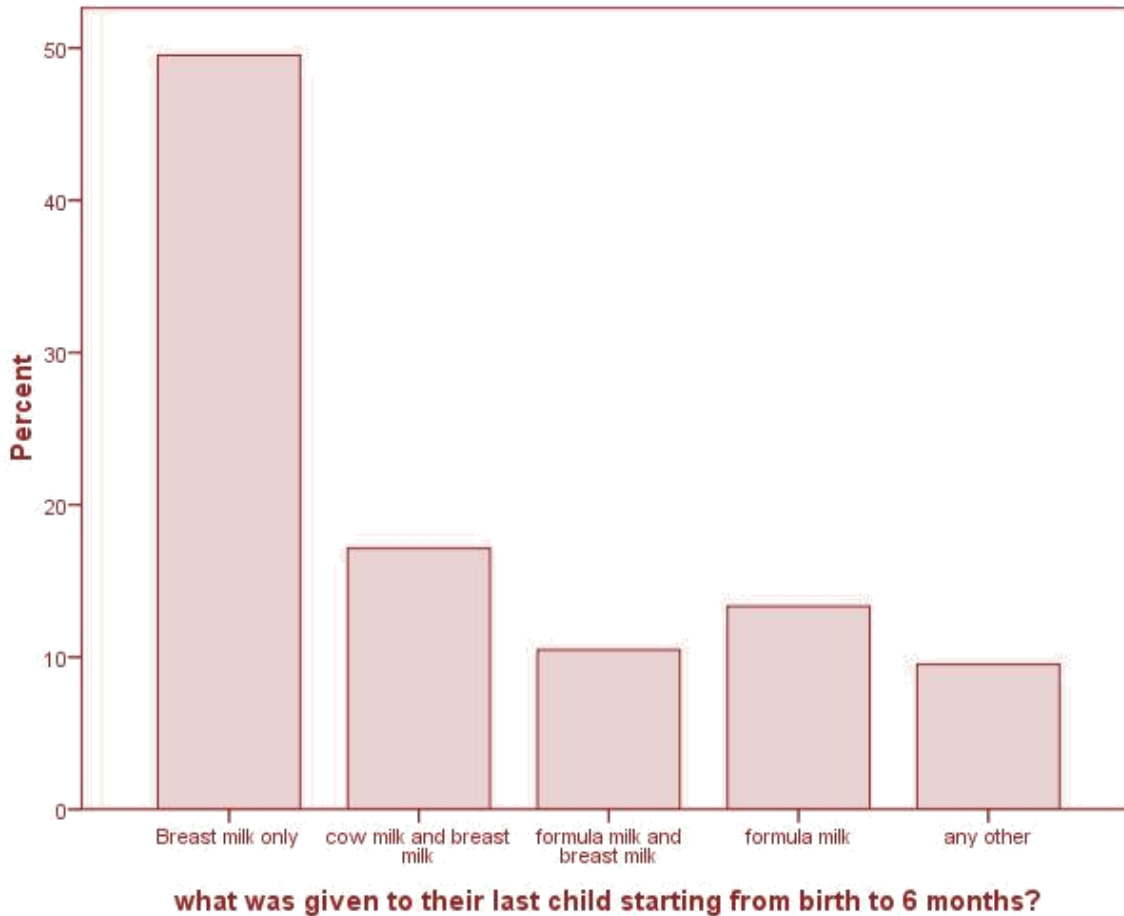


Figure 2 shows that **49.5%** pregnant Women said that only Breast Milk Was given To their last Child starting From Birth to 6 Months.

## Discussion

Breast feeding has been traditional way of feeding in our country more so in villages. It is common belief that breast feeding is natural phenomenon and proceeds smoothly and eventfully in villages.

In general lactating mother should get nutrients from a well-balanced and varied diet and have enough calories.

The total sample size during data collection period in this study was 105. The Mean age of women

was 27.85, Median 28.00, Mode 30 with Standard deviation of 5.817. Most respondents were in their 2<sup>nd</sup> trimester (41%) while 29.5% were in 1<sup>st</sup> and 3<sup>rd</sup> trimester each.

In our study 54.3% subjects belongs to urban area while 45.7% to rural area.

90.5% of the mothers had heard about exclusive breast feeding and comparable to another research in which 93.6% women had heard about breast feeding. The main source of their information was friends and family (48.6%) while other sources according to subjects were doctor (13.3%), media (12.4%), LHW (6.7%), LHV (4.8%). According to 55.6% pregnant women the breast feeding should start immediately after delivery, 27.6% thinks within 24 hours while according to 17.1% breast feeding should start after 24 hours, 14.3% of them have no idea about exclusive breast feeding . 94.3% women had knowledge about frequent feeding increases milk production while 2.9% didn't agree.

48.6% women said exclusive breast feeding is needed for about 6 months while 40.0% thinks it should be continued beyond 6 months. 60.0% women told that there is adequate breast feeding when baby is satisfied while according to 35.2% of the study subjects there is adequate feeding if baby slept after feeding in contrast to another study where 28.4% women thinks the same.

36.2% of respondents had begun breast feeding encouraging their last kid following 24 hours and

30.5% began 2 to 24 hours after delivery while 21.9% of the moms had begun promptly. The main reason of the low percentage of feeding immediately after delivery (disparity between

knowledge and practice) may be pregnancy related complications. Two third (63.8%) of mothers were breastfeeding on demand while 18.1% had regular time for feeding.

Majority 73.3% had given pre-lacteal feeds like ghutti to their newborn baby while 26.7% didn't. The practice of pre-lacteal feeds is not only common in Pakistan but is frequently observed in many Asian countries. WHO data shows that in rural India approximately 93% of the infants surveyed were given pre-lacteal feeds for the first two days of life.

Exclusive breast feeding was practiced by 49.5% of the participants while other 17.1% and 10.3% gave cow and formula milk prior to 6 months.

## Conclusion

Although majority of the mothers were in the opinion that after birth, baby should be breastfed immediately and small proportion of the mothers still have the concept that colostrums has negative impact on child health. Large majority of the mothers are in favor of pre-lacteal feeding (ghutti) irrespective of highly educational status. Majority of the respondent breastfed to their children but the exclusive breastfeeding rate is worrying. Women were aware of the advantages and disadvantages of breast and bottle feeding but a disparity was observed between their knowledge and practice.

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