



A COMPARATIVE STUDY OF MOTHER'S KNOWLEDGE ATTITUDE AND PRACTICE OF BREAST FEEDING AMONG URBAN AND RURAL COMMUNITIES IN SELECTED AREAS OF KARNATAKA

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INTRODUCTION

Human breast milk, nature's perfect gift, is vastly superior to anything available from our most sophisticated technologies. Breast feeding is the most effective way to provide a baby with complete food and protection and with a caring environment. Recent literature suggests that supplementary and complementary feeding interferes with lactation and might result in infection and allergy. The natural immune factors present in breast milk give the baby the necessary abilities to fight against major child hood killer diseases, such as diarrhoea, gastrointestinal diseases and respiratory infections. Hence, babies should be fed exclusively on breast milk alone for first six months, so mothers of rural and urban community as support groups for the practical implementation.

OBJECTIVES OF THE STUDY

1. To assess the knowledge of rural and urban mothers regarding breast feeding.
2. To determine the attitude of rural and urban mothers towards breast feeding.
3. To assess the practice of rural and urban mothers towards breast feeding.
4. To study the relationship between knowledge, attitude and practice of mother's regarding breast feeding.
5. To compare knowledge, attitude and practice of breast feeding among urban and rural community mothers.

Assumptions of the Study

- Lactating mothers have some knowledge of breast feeding.
- All lactating mothers enjoy breast feeding.

Conceptual Frame Work

A conceptual frame work for the present study, the concept from the penders health promotion model is utilized where urban and rural community lactating mothers act as an agent with their knowledge, attitude and practice in the breast feeding process, in promoting the health of infants.

To conceptualize the breast feeding process, one has to be clear about sequence of events in the normal process of breast feeding.

Health promotion behavior of a mother i.e., giving breast feeding to her baby is influenced by many factors such as age, religion, educational status, occupation, type of family, number of living children, antenatal visits, previous history of abortion and still birth, emotional well being of mothers, psychosocial conditions and environment.

Urban and rural community mothers should believe that breast feeding is ideal food for her baby and also he aware of the advantages of breast feeding for her and her baby.

If the mothers of urban and rural communities have adequate knowledge, positive attitude and healthy practices (cognitive perceptual factors) towards breast feeding process, they are likely to engage in the breast feeding process (Health promotion behavior). It includes initiation of breast feeding with in ½ an hour to 1 hour, following hygienic measures while breast feeding, avoids prelacteal feeds, feeds on demand, feeds from both breast at five minutes interval (at a time) ensures that the baby takes adequate feeds. If the knowledge, attitude and practice of mothers in breast feeding are inadequate, health promotion behavior is interrupted which leads to illness in the child such as diarrhoea, infection, respiratory infection.

METHODOLOGY

The research approach used for the study is Non experimental – descriptive survey design was used to

conduct the study. Non probability purposive sampling technique was adapted to draw the samples and sample size consists of 400 lactating mothers 200 from urban and 200 from rural community. The structured interview schedule was used to assess the knowledge on breast feeding among mothers and attitude scale and observational checklist was used to elicit the information

on breast feeding practices. The tool was given to 10 experts and the reliability was found to be 0.9.

Data collected from urban and rural communities of Bangalore, that is from Gavipuram Guttahalli and Bidadi Bangalore district.

RESULTS

Description of the demographic variables and association of knowledge scores of mothers towards breastfeeding.

Characteristics	Respondents				X ² Value
	Rural		Urban		
	N	%	N	%	
Age (Years)					
18-22	108	54.0	60	30.0	23.77**
23-27	60	30.0	88	44.0	
28-32	32	16.0	52	26.0	
Religion					
Hindu	180	90.0	167	83.5	3.67 ^{NS}
Others	20	10.	33	16.5	
Type of family					
Nuclear	121	60.5	147	73.5	14.19**
Joint	64	32.0	32	16.0	
Extended	15	7.5	21	10.5	
Family income /m					
< Rs. 3000	69	34.5	48	24.0	12.55**
Rs 3001-5000	99	49.5	92	46.0	
> Rs 5001	32	16.0	60	30.0	
Family size					
<4 Members	37	18.5	68	34.0	15.17**
5-6 Members	88	44.0	84	42.0	
>7 Members	75	37.5	48	24.0	
Education					
Illiterate	82	41.0	24	12.0	95.64**
Primary	28	14.0	25	12.5	
Secondary	58	29.0	29	14.5	
P.U.C	21	10.5	62	31.0	
Degree	11	5.5	60	30.0	
Occupation					
Housewife	171	85.5	162	81.0	1.45 ^{NS}
Others	29	14.5	38	19.0	
Occupation					
Business	85	42.5	87	43.5	1.26 ^{NS}
Private	98	49.0	90	45.0	
Govt. Service	17	8.5	23	11.5	
Housing Pattern					
Own	118	59.0	136	68.0	3.49 ^{NS}
Rented	82	41.0	64	32.0	
Type of House					
Pakka	108	54.0	141	70.5	14.15**
Semi Pakka	62	31.0	47	23.5	
Kacha	30	15.0	12	6.0	
Water Supply					
Tap	179	89.5	153	76.5	11.98**
Borewell	21	10.5	47	23.5	
Prenatal problems					
Had problems	64	32.0	56	28.0	0.76 ^{NS}
No problems	136	68.0	144	72.0	

Ante-natal visits					
One time	106	53.0	75	37.5	9.70*
Three times	84	42.0	112	56.0	
More than 3 times	10	5.0	13	6.5	
Type of Delivery					
Normal	147	73.5	166	83.0	5.30*
Forceps / caesarean	53	26.5	34	17.0	
Parity					
One	130	65.0	141	70.5	2.47 ^{NS}
Two	45	22.5	43	21.5	
Three +	25	12.5	16	8.0	
No of Living children					
One	130	65.0	141	70.5	8.39*
Two	39	29.5	46	18.0	
Three +	31	15.5	13	11.5	
Pre-lacteal feed					
Given	186	93.0	192	96.0	1.73 ^{NS}
Not given	14	7.0	8	4.0	
Colostrum					
Fed	102	51.0	124	62.0	4.92*
Not fed	98	49.0	76	38.0	
Engagement of Breast					
Present	148	74.0	157	78.5	1.12 ^{NS}
Not Present	52	26.0	43	21.5	
Less milk secretion					
Present	159	79.5	142	71.0	3.88*
Not present	41	20.5	58	29.0	
Sex of the baby					
Male	88	44.0	108	54.0	4.00*
Female	112	56.0	92	46.0	
Weight of the baby					
<2.5 Kgs	33	16.5	48	24.0	5.77 ^{NS}
2.5-3.0 Kgs	87	43.5	92	46.0	
>3.0 Kgs	80	40.0	60	30.0	
Total	200	100	200	100	

*Significant at 5% level, NS: Non-significant

From the above table shows that the obtained chisquare value is greater than the table values. Hence, there is significant association between the demographic variables such as Age (Years), Type of family, Family income/m, Family size, Education, Type of House, Water Supply, Ante-natal visits, Type of Delivery, No of Living children, Colostrum, Less milk secretion, Sex of the baby and knowledge of the mothers regarding breast feeding.

From the above table shows that the obtained chisquare value is less than the table values. Hence, there is no significant association between the demographic variables such as Religion, Occupation, Housing Pattern, Prenatal problems, Parity, Pre-lacteal feed, Engagement of Breast, Weight of the baby and the knowledge level of the mothers regarding breast feeding.

Description of relationship between Mean Knowledge and Attitude of Rural and Urban Respondents

The results indicate that the Urban respondents had higher knowledge (76.0%) and attitude (71.7%) as

compared to rural respondents (73.9% and 70.4%). The knowledge of respondents on breast feeding of both rural and urban respondents found higher compared to attitude of respondents towards breast feeding. There is a significant difference in the knowledge scores ($t = 3.24^{**}$) and attitude score ($t = 4.04^{**}$) between rural and urban respondents.

Description of comparison of Mean practice scores of rural and urban respondents

The urban respondents has higher practice on breast feeding (70.2%) compare to rural respondents (68.4%). Hence, there is a statistical highly significant difference in the mean practice scores between rural and urban respondents on breast feeding ($t = 5.36^{**}$).

Implications of the Study

The study has the following implications towards nursing practice that nurses personnel can motivate the mothers to breast feed during home visits, working in clinics and hospitals and should prohibit prelacteal feeding and breast feeding should be encouraged.

In **nursing education** role play can be demonstrated by the students nurses working in PHC's and sub centers and nurse educator should be given opportunity to educate mothers regarding breast feeding concepts among urban and rural communities. Implication of **nursing administration** can be enhanced by incorporating BFHI guidelines by the institution and organizing nursing conferences, group discussions by the administrators periodically.

Recommendations

- A similar study needs to be conducted in different hospitals in order to draw generalization.
 - A comparative studies can be conducted in urban and rural slums.
 - Similar study may be conducted to see the effectiveness of planned health teaching nurses versus incidental teaching during the antenatal period and occurrence of problems during the postnatal period.
 - A study can be on a pamphlet containing information in their own language replicated on a larger sample soon after delivery on the importance of breast feeding, correct technique of breast feeding and harmful effects of prelacteal feeds could be handed over to the antenatal women during antenatal visits in order to promote breast feeding practices and prevent further breast feeding complications during postnatal periods.
 - An evaluative study on exclusive breast feeding practice can be done in hospitals which are certified as Baby Friendly Hospital Initiative (BFHI).
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CONCLUSIONS

The research study was undertaken to assess knowledge, attitude and practices of breast feeding among urban and rural communities lactating mothers. Many studies have shown that the urban and rural community mothers give up breast feeding due to various problems, the prelacteal started too early and restriction of baby's feeding at lack of confidence in mothers, confidence in others. So, the study results are very effective that the knowledge of mothers towards breast feeding, attitude and practice scores are associated with each other and helps for the lactating mothers towards breast feeding practices.

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