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Awareness regarding Breast Feeding among Pregnant Women Attending Antenatal Clinic of Provincial Hospital

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ABSTRACT

Introduction: Breast-feeding for six months and incorporating complementary feeding until the age of two is crucial for promoting child health and decreasing the chances of illness and death. Providing information about breast-feeding to expectant mothers during the prenatal period could have beneficial impact on both the mother and the baby. So this study aimed to determine the level of awareness among pregnant women concerning breast-feeding.

Methods: A descriptive cross-sectional design and non-probability purposive sampling technique was used to select the sample. Face-to-face interviews were done among 100 pregnant women with a structured interview questionnaire for data collection. Data was analyzed using descriptive statistics (frequency, percentage, mean, standard deviation) and inferential statistics (Chi-Square Test).

Results: The mean age of the respondents was 25.20±4.43 years. Among them more than half (57.0%) had a moderate level, 41.0% had a high level and 2.0% of respondents had a low level of awareness on breast-feeding. There was a significant association between age (p=0.004), occupation (p=0.020), and gravida (p=0.001) with the awareness level of the respondents regarding breast-feeding.

Conclusions: More than half of the antenatal women had a moderate level of awareness of breast-feeding. So the program should be developed and conducted for pregnant women to increase awareness regarding breast-feeding.

Keywords: *Awareness, Breast-feeding, Pregnant Women*

INTRODUCTION

Breast-feeding is an essential and incomparable method of providing the perfect food for the healthy growth of newborns.[1] Exclusive breast-feeding stimulates baby's immune systems, protects them from diarrhea and acute respiratory infections, and helps reduce infant morbidity and mortality. The risk of morbidity is reduced by 70% when a child is exclusively breastfed.[2] Women who practice early initiation of breast-feeding reduce the risk of postpartum hemorrhage as early suckling assists the secretion of oxytocin and reduces the risk of breast and ovarian cancer.[3] Similarly, breast-feeding creates psychosocial bonding between the mother and baby and enhances sensory and cognitive development. Breast-feeding should be initiated within the first hour after birth. Infants should be exclusively breastfed for the first six months of life. They should receive nutritionally adequate and safe complementary foods while breast-feeding continues for up to two years of age.[4] In Nepal 56% of children under 6 months were exclusively breastfed and 55% of children engaged in early breast-feeding initiation.[5] Therefore, the researchers intended to discover the awareness regarding breast-feeding among pregnant women.

METHODS

A descriptive cross-sectional research design was used to find out the awareness level of breast-feeding among pregnant women in Karnali Province Hospital Surkhet. The study population was pregnant women attending antenatal clinic in the 2nd and 3rd trimesters who were willing to participate were included in the study. Pregnant women who were health professionals were excluded. A Sample size calculation was done concerning a study conducted in India on antenatal women having awareness regarding breast-feeding was 32.3%.[6] Hence, the sample size was 100. Non-probability purposive sampling technique was used to select the sample.

The self-developed structured interview questionnaire was used for face-to-face interviews. The research

instrument had two parts; Part I: 9 questions related to socio-demographic characteristics and Part II: 21 questions about breast-feeding awareness. The level of awareness was measured by calculating the total score of awareness questions and classified into 3 categories. Level of awareness was measured by calculating the total score of awareness questions and classified into 3 categories namely; low level: <50%, Moderate level: 50%-75%, and High level: >75%.[7] The content adequacy of the instrument was maintained by reviewing the literature and consultation with subject experts. Pre-testing of the instrument was done among 10% of the total sample population in the antenatal clinic of Karnali Province Hospital, Surkhet, and excluded from the study population.

Data was collected through face-to-face interviews using the structured questionnaire within 25 minutes by maintaining privacy and confidentiality Approval was obtained from the research department of Maharajgunj Nursing Campus, and permission was obtained from the concerned authority of the administration of Province Hospital Surkhet. The written informed consent was obtained from each respondent before data collection. Confidentiality of the collected information was maintained by keeping the filled questionnaire safe, maintaining non-disclosure, and using obtained information for research purposes only. Respondents were explained that their participation was fully voluntary and they had the freedom to withdraw from the study. All collected data was entered into Statistical Package for Social Science (SPSS) version 16 for analysis and analyzed using descriptive statistics such as; frequency, percentage, mean, and standard deviation, and the Chi-square test was used to measure the association between level of awareness on breast-feeding and socio-demographic characteristics.

RESULTS

Regarding the socio-demographic characteristics of respondents; less than half (48.0%) of the pregnant women were between 21-25 years' age group with mean age 25.20±4.43. Likewise, more than half (53.0%) were Brahmin/Chhetri. Most (76.0%) of the pregnant women had joint families and the majority (60.0%) were homemakers. Similarly, the majority (60.0%) of the pregnant women had secondary-level education (9-12 class). Additionally, the majority (68.0%) of the pregnant women had sufficient income for more than a year and a surplus. Furthermore, more than half (56.0%) of the pregnant women were primigravida and 44.0% women were multigravida. Regarding trimester, most (75.0%) of the pregnant women were in the third trimester.

Table 1: Awareness regarding breast-feeding among respondents **n=100**

Characteristics	Number	Percent
Initiation of breast-feeding within one hour of childbirth	100	100.0
Breast-feeding is usefulness to both mother and baby	98	98.0
Necessity of colostrum feeding	96	96
Colostrum feeding provides immunity	39	39
Frequency of breast-feeding as the demand of the baby	60	60
Breast-feeding during illness	99	99
Exclusive breast-feeding means feeding only breastmilk	93	93
Duration of exclusive breast-feeding up to six months	100	100
Continuation of breast-feeding for up to two years	49	49
Advantage of breast-feeding to baby*		
Provides nutrients required for baby	100	100.0
Protects baby from diseases	100	100.0
Healthy growth and development	100	100.0
Economical and easy to feed	71	71.0
Intelligence development	62	62.0
It is easily digestible food	26	26.0
Advantage of breast-feeding to mother*		
Prevents breast engorgement	98	98
Weight control	71	71
Prevents breast and uterine cancer	69	69
Delays pregnancy	34	34
Reduces bleeding after delivery	16	16
Involution of uterus	7	7

**Multiple responses*

Table 1 illustrates that almost all (100.0%) of the pregnant women were aware of the initiation of breast-feeding within one hour of childbirth. Similarly, almost all (98.0%) of the pregnant women were aware of the usefulness of breast-feeding to mother and baby. About 96% of pregnant women were aware on the necessity of colostrum feeding. Likewise, only 39 % were aware that colostrum feeding provides immunity to babies. Furthermore, majority (60%) were aware on frequency of breast-feeding as demand of baby and almost all (99%) were aware on breast-feeding during illness. Furthermore, most of (93%) were aware on exclusive breast-feeding means feeding only breast

milk including medication or vitamins as prescribed. Additionally, almost all pregnant women were aware on duration of exclusive breast-feeding up to six months, and less than half (49) were aware on continuation of breast-feeding up to two years.

Regarding the advantages of breast-feeding to babies; almost all (100.0%) responded that breast milk provides nutrients required for the baby, protects the baby from diseases, and healthy growth and development. Similarly, majority (71%) were responded as economical and easy to feed, more than half (62%) responded as intelligence development and 26% responded as it is easily digestible food. Furthermore, regarding awareness of the advantages of breast-feeding to mothers; 98.0% responded that breast-feeding prevents breast engorgement, 71% responded as weight control, 69% responded as prevents breast and uterine cancer, 34% responded that delays pregnancy, 16% responded as reduces bleeding after delivery, and 7% responded as involution of the uterus.

Table 2: Awareness regarding adequacy of breast-feeding among respondents **n=100**

Characteristics	Number	Percent
Sign of adequacy of feeding*		
The baby gains weight over time	100	100.0
Baby seems calm and relaxed	100	100.0
Baby passes urine at least 6 times in 24 hours	45	45.0
The sound produced during the swallowing of breast milk	33	33.0
Sign of inadequacy of feeding*		
Baby puts hand in his/her mouth	100	100.0
Crying	100	100.0
Baby feels uneasiness	77	77.0
Baby is searching and trying to find the breast	14	14.0

Multiple responses

Table 2 shows about adequacy of feeding; almost all (100.0%) of the pregnant women responded that the baby gains weight over time, baby seems calm and relaxed. Similarly, regarding the inadequacy of feeding, almost all (100.0%) of the pregnant women responded that the baby puts a hand in his mouth and cries. Furthermore, 77% responded that the baby feels uneasy, and 14 % responded that the baby is searching and trying to find the breast.

Table 3: Respondents' awareness of inhibiting and facilitating factors of milk secretion n=100

Characteristics	Number	Percent
Inhibiting factors of milk secretion*	99	99.0
Inadequate diet	98	98.0
Inadequate rest and sleep	87	87.0
Maternal stress	44	44.0
Incorrect feeding technique	23	23.0
Lack of interest for feeding of mother	100	100.0
Measures to produce more milk*	100	100.0
Drink more fluid	99	99.0
Having a nutritious diet	30	30.0
Adequate rest and sleep		
Feed the baby on demand		

**Multiple responses*

Table 3 illustrates that almost all (99.0%) responded that the mother's inadequate diet inhibits milk secretion while 23.0% responded that lack of interest in feeding of the mother inhibits milk secretion. Similarly, regarding ways to produce more milk, almost all (100.0%) responded that drinking more fluid and having a nutritious diet should be taken to produce more milk while a minority (30.0%) responded that feeding the baby on demand to produce more milk.

Table 4: Respondents' awareness regarding expressed breast milk **n=100**

Characteristics	Number	Percent
Breast milk can be expressed, stored, and used later	70	70.0
Indications for expressing breast milk*(n=70)	65	92.9
When the mother is not able to breastfeed/sick	65	92.9
When the baby can't suck	42	60.0
When the mother is away from the baby	22	31.4
When the breast becomes engorged		

**Multiple responses*

Table 4 shows that the majority (70.0%) of the pregnant women correctly responded that breast milk can be expressed, stored, and used later. Regarding indication for expressing breast milk, almost all (92.9%) responded that breast milk is expressed when the mother is not able to breastfeed/sick and when the baby can't suck.

Table 5: Respondents' source of information on breast-feeding **n=100**

Characteristics	Number	Percent
Sources of information*		
Family/Friends	100	100.0
Television and Radio	89	89.0
Social media (Internet)	85	85.0
Newspaper/Books	83	83.0
Health personnel	62	62.0

**Multiple responses*

Table 5 shows that almost all (100.0%) of the pregnant women responded that family/friends and the majority (62.0%) responded on health personnel regarding the source of information on breast-feeding.

Table 6: Awareness level of respondents regarding breast-feeding **n=100**

Awareness Level	Number	Percent
Low level (<50%)	2	2.0
Moderate level (50-75%)	57	57.0
High level (>75%)	41	41.0
Total	100	100.0

Mean ±SD= 32.13±4.80

Table 6 shows that regarding the awareness level of respondents, only 2.0% of respondents had low awareness, more than half (57.0%) of the respondents had moderate awareness and only 41.0% had a high awareness level. The total score was 45. The maximum score was 43 and the minimum score was 21. The calculated mean total score is 32.13 while the standard deviation is 4.80.

Table 7 shows that there is a significant association between age, occupation, and gravida with the awareness level of the respondents as the p-value is statistically significant whereas there is no significant association between type of family, economic status, educational level, and trimester with the awareness level of the respondents as p-value is statistically not significant. Occupation others includes service holder, business, agriculture, and daily wage worker, and moderate level awareness includes low and moderate level awareness scores. Similarly, more than half (51.7%) of the pregnant women who had received counselling during their antenatal visits had a good level of awareness while 36.6% of women who had not received counselling during antenatal visits had a good level of awareness. There is no significant association seen between antenatal counselling with the awareness level of the respondents.

Table 7: Association between socio-demographic variables and awareness level **n=100**

Characteristics	Awareness Level		Chi-square value	P-value
	High No. (%)	Moderate No. (%)		
Age				
< 25	13(25.5)	36(73.5)	8.316	**0.004***
≥ 25	28(54.9)	23(45.1)		
Type of family				
Nuclear	12(50.0)	12(50.0)	1.057	0.304
Joint	29(38.2)	47(61.8)		
Occupation				
Homemaker	19(31.7)	41(68.3)	5.402	**0.020***
Others	22(55.0)	18(45.0)		
Economic status (income)				
enough for less than 1 year	14(43.8)	18(56.3)	0.147	0.701
enough for 1 year and surplus	27(39.7)	41(60.3)		
Educational level				
Below Basic	4(25.0)	12(75.0)	2.016	0.156
Above Basic	37(44.0)	47(56.0)		
Trimester				
Second	7(28.0)	18(72.0)	2.329	0.127
Third	34(45.3)	41(54.7)		
Gravida				
Primigravida	15(26.8)	41(73.2)	10.630	**0.001**
Multigravida	26(59.1)	18(40.9)		

p ≤0.05 is statistically significant

DISCUSSION

In this study, almost all of the pregnant women were aware of the initiation of breast-feeding within one hour of childbirth. A contrast result was found from a study in Janakpur, Nepal that only 12.25% were aware of initiating breast-feeding within one hour of birth.[8] The study conducted in India showed that 76.0% of the respondents were aware of the initiation of breast-feeding within one hour of childbirth.[1] Similarly, almost all (98.0%) of the pregnant women were aware of the usefulness of breast-feeding to mother and baby. The study conducted in Nepal showed that 53.6% of the mothers were aware of colostrum feeding to their children.[9]

In the current study, 96% of pregnant women were aware on the necessity of colostrum feeding. The contrast result was found from a study in Janakpur, Nepal which revealed that only 5% knew the importance of colostrum feeding.[8] A study conducted in Kurdistan showed that 79.2% were aware of the necessity of giving colostrum.[10] Likewise, only 39 % were aware that colostrum feeding provides immunity to babies. One study in Ethiopia revealed that

51.3% were aware that feeding colostrum for the growth of the baby and 24.6% responded as protection from illness.[11]

Furthermore, most (93%) of pregnant women were aware that exclusive breast-feeding means feeding only breast milk. A study in Nigeria showed that 71.8% of the respondents believed that exclusive breast-feeding means feeding the baby breast milk only.[12] Additionally, almost all pregnant women were aware of the duration of exclusive breast-feeding up to six months whereas a study conducted in Pakistan revealed that 48.6% of women knew that exclusive breast-feeding is required for 6 months.[13] Another study from the United Arab Emirates showed that 81.2% reported that breast milk is sufficient for a child in the first 6 months of life.[14] Similarly, in the current study, less than half (49%) were aware on the continuation of breast-feeding for up to two years. Whereas a study from the United Arab Emirates showed that 33.9% of mothers reported that a child should receive breast milk for at least 24 months of age.[14]

Regarding the advantages of breast-feeding to babies; almost all responded that breast milk provides nutrients required for the baby, protects the baby from diseases, and healthy growth and development. Similarly, the majority (71%) responded as economical and easy to feed, more than half (62%) responded as intelligence development and 26% responded as it is easily digestible food. The majority of pregnant women (86.5%) were aware of the benefits of breast-feeding. Whereas, a study conducted in Kolkata, India concluded that the majority (70.0%) of the respondents responded as healthy growth and development and 33.8% responded as prevents disease.[6] One study in Lebanon and Qatar revealed that most of the mothers acknowledged breast milk as the best food for the newborn.[15] Furthermore, regarding awareness of the advantages of breast-feeding to mothers; 98.0% responded as breast-feeding prevents breast engorgement, 71% responded as weight control, 69% responded as prevents breast and uterine cancer, 34% responded as delays pregnancy, 16% responded as reduces bleeding after delivery, and 7% responded as involution of uterus. A different result was found in the study conducted in India revealed that 35.1% responded as preventing breast engorgement.[6] Another study conducted in Italy showed that 45.5% of women were aware that breast-feeding reduces the risk of breast cancer.[16] A study conducted in Kurdistan showed that 4.2% were aware of the decreased incidence of ovarian cancer, 33.3%) said the decreased incidence of breast cancer, 8.3% said the body to return to normal, and 10.0% said uterine involution.[10] A study in Chennai, India revealed that 55% of pregnant women were aware of the benefits of breast-feeding as contraception.[17]

In this study, almost all of the pregnant women responded that the baby gains weight over time, baby seems calm and relaxed. Whereas a study concluded that only 16.6 % of pregnant women were aware on babies growing well.[6] In this study, almost all of the pregnant women said that the appropriate time for weaning is six months. In support of this, a study conducted in India showed that 81% of the mothers were aware of the right time to start complementary foods at 6 months.[2] Similarly, half (49.0%) of the pregnant women responded that breast-feeding should be continued for two years. Whereas a study conducted in Nepal showed that 75% of the mothers were aware to continue breast-feeding for 2 years.[18] In this study, the majority (70.0%) of the pregnant women responded that breast milk can be expressed, stored, and used later. One hospital-based study in Kathmandu revealed that 49.4% of the mothers had adequate knowledge regarding expressed breast-feeding [19] which is less than the current study. One study in Chennai, India revealed that 27% of women knew about the methods of storage of breast milk.[17]

In this study, almost all received information about breast-feeding from family/friends, most (83.0%) received information from newspapers/books, the majority (62.0%) of them received information from health personnel and most (85.0%) received information from social media. Whereas, a study conducted in India showed that 74.5% of information was received from family and neighbours and 24.5% from health workers.[6] Another study conducted in India showed that 34.4% of pregnant women received information from their mothers.[3] In the current study, 32.4% and 18.4% of women received information from Doctors and healthcare workers respectively. One study in Portugal showed that 51.1% were nurse-midwives, and 50.6% were medical doctors as sources of information related to breast-feeding.[20]

In this study, only 41.0% of respondents had a high level of awareness. One study conducted in Kathmandu found that 36.0 % of the mothers had adequate knowledge of breast-feeding.[21] A study conducted in Saudi Arabia revealed that 51.8% of pregnant women had adequate knowledge.[22] Furthermore, in this study, more than half (57.0%) of the respondents had a moderate level of awareness and only 2.0% had a low awareness level. A study conducted in India concluded that 49.6% of antenatal women had moderately adequate awareness and 37.2% had inadequate awareness of breast-feeding.[3] One study from Nigeria showed that pregnant women

had a low 35.7% level of knowledge.[12] Likewise, in this study, there is a significant association between the level of awareness and selected socio-demographic variables namely age, occupation, and gravida. In support of this, a study conducted in India showed that there was a significant association between awareness level with age group and gravida.[3]

CONCLUSIONS

It concluded that less than half of pregnant women have a high level of awareness and, more than half of the antenatal women have a moderate level of awareness regarding breast-feeding. There is a significant association seen between age, occupation, and gravida with level of awareness. As the finding of the study, it is recommended that programs to promote breast-feeding awareness should be conducted in health institutions to increase the breast-feeding practice.

CONFLICT OF INTEREST: None

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