

Impact Of Community Based Awareness Campaign On Breast -Feeding Among Lactating Women In Chandigarh

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Abstract

Objectives: To assess knowledge and current Breast feeding practices and to evaluate the gain in awareness post Breastfeeding awareness campaign among lactating women in an urban Resettlement colony of Chandigarh.

Methodology: This study was undertaken on a study sample of 210 lactating women (15 women with children < 2yrs from each of the 14 anganwari centers in the area). A pre-tested questionnaire was used to assess knowledge and practices of these women. This was followed by a Breast feeding awareness Campaign (BFAC) and a post Campaign assessment of gain in awareness was done after one month.

Results: Areas of concern at baseline were (a) Discarding colostrum (28.1%), (b) feeding prelacteals (74.7%), (c) delayed initiation of Breast feeding (35.7%), (d) absence of exclusive BF (32.9%), (e) Delayed Complementary feeding (20.0%), and finding commercial weaning foods more nutritious for the child (48.1%).

Post BFAC, results revealed improved awareness amongst the mothers.

Statistical analysis: Percentages and Normal test of proportions (z-test) to test the significance of difference between proportions were used.

INTRODUCTION

Breast feeding is the most precious gift a mother can give her infant. "When there is illness or malnutrition, it may be a life saving gift, when there is poverty, it may be the only gift."¹ Even though the advantages of breast feeding are widely known, recent studies have shown a declining trend in breast feeding especially in urban areas of India.² Breast feeding, in spite of being traditional in our country, is associated with myths and superstitions like colostrum being bad for baby, or insufficient milk during first three days etc.³

Feeding practices during childhood are of critical importance to growth and development of children, especially during the preschool years. These practices are influenced to a great extent by the socio-economic status, education, religion, knowledge, attitude and beliefs of mother about childcare.^{4,5,6}

It is believed that there is a need for understanding of the factors that influence breast feeding practices so that policies, practices and routines which enhance early

initiation and establishment may be reinforced and those that interfere with it may be modified.⁷

At the Community level, Sustained efforts in awareness and education are necessary if related behavior change is to be influenced. Nutrition education campaigns have in the past, illustrated positive effects of sustained perinatal counseling on Breast feeding practices. It is only through sustained intervention, that one can influence the attitude and beliefs of the target population, which are the critical elements of behavior change.⁸

In India there are many programmes that provide food and nutrient supplements as well as health and nutrition education, including the Integrated Child Development Services (ICDS) of the Government of India and others run by various voluntary agencies.⁹ Most of these programmes attempt to monitor immunization, morbidity, mortality, growth, and other parameters of health. However, few reports are available in the literature regarding the evaluation of nutrition education and its impact on current infant and

child-feeding practices by mothers in India. Therefore, the present study was undertaken to examine the impact of awareness campaigns held routinely to improve knowledge, attitude and practices of mothers regarding breast feeding as well as to assess their current feeding practices

MATERIAL AND METHODS

This study was undertaken in the field practice area of Rural Health Training centre, (RHTC) Palsora, Dept of Community Medicine, Govt Medical College, Chandigarh.

There are 14 Anganwari centers in the area served by RHTC, Palsora which is located on the outskirts of Chandigarh, UT and it largely includes urban slums and resettlement colonies. The opportunity was utilized during the celebration of World Breast feeding Week-2006 to assess the knowledge and practices of lactating women having children up to 2 years of age. Fifteen lactating women were selected randomly from each of the 14 Anganwari centers, thus making a study sample of 210 women. Knowledge and practices of these women regarding breast feeding were assessed using a pre-structured, pre-tested questionnaire. This was followed by Breast feeding awareness campaigns (BFAC) in the Anganwari centers by Doctors and Health workers posted at RHTC, Palsora during which the importance of timely initiation of Breast feeding, colostrum, Exclusive Breast feeding, Complementary feeding etc was stressed upon. A post campaign assessment was done after one month to see for any improvement in knowledge regarding Breast feeding.

RESULTS & DISCUSSION

Information regarding baseline knowledge along with gain in awareness post BFAC and breast feeding practices observed are presented in the following tables.

Analysis of socio-demographic characteristics revealed that majority (42.4%) of the study women were within 21-25 yrs age group. A large number of these women were illiterate (36.6%) housewives. It was also observed that 58.1% of the study children were males and 41.9% females with the birth order 1 or 2. (TABLE-1)

The pre BFAC knowledge of these women showed that 70.0% of them knew about colostrum and 71.9% felt that it should be given to the child. After the awareness campaign the knowledge regarding colostrum increased to 86.2% and 90.9% felt that it should be given to the child. It was observed that only 64.3% of them felt that Breast feeding

should be initiated within 1st hr of birth and this finding also showed an improvement post BFAC (79.5%).

The necessity of pre-lacteal feeds was seen amongst 74.7% of mothers, out of which majority of them (75.2%) were of opinion that honey should be given, followed by water (13.3%) and Jaggery water (5.1%). The major reasons cited for pre-lacteal feeds were advice by elders (52.8%) and cultural practices (48.6%) observed by the family, such as to facilitate the passage of meconium in order to keep the child healthy or a very common belief that the child takes after the person who gives pre-lacteal feed to the child.

Knowledge regarding Exclusive Breast feeding in the present study was seen among 67.1% and that of complementary feeds was seen among 80.0% of respondents respectively prior to the awareness campaign. This knowledge was also seen to improve post BFAC (89.5% and 95.2% respectively).

31.9% of mothers felt that bottle feeding should be given and interestingly 48.1% of mothers felt that Commercial weaning foods (CWF) were more nutritious than home based foods for the child. (TABLE-2)

Post BFAC, there was improved awareness among the respondents in several aspects of Breast feeding. Similar changes in Infant feeding awareness and practices through Nutrition education were also observed by Vani Sethi et al.¹⁰ In the present study the difference in mother's awareness level post BFAC was significant in most cases except in case of necessity of pre-lacteal feeds ($p > 0.05$), probably because traditions and cultural practices that have been continuing for ages, are seldom affected by 'one time' nutrition awareness intervention and would require frequent/repeated reinforcement by health personnel and media. It was also observed that much change could not be brought about in the mother's perception of usefulness of Bottle-feeding ($p > 0.05$) and Commercial weaning formulae ($p > 0.05$) available in the market.

Among the Breast-feeding practices, it was observed that breast-feeding was started within 1 hour in 69.1% of mothers as against 2.4% of mothers where it was delayed by more than 24 hrs. Pre-lacteal feed in the form of Honey (83.4%) was given in the majority, followed by Jaggery water (13.2%). This practice was mainly explained as advised by elders (80.7%) or some cultural practice (41.7%) observed by the family. Similar findings have been reported by Chhabra et al₂ and Kalra et al₅.

Exclusive Breast feeding was practiced for 4-6 months by only 22.8% of respondents where as Complementary feeding was started in 68.6% of respondents at 4-6 months and among 19.6% it was started as early as 1-4 months. The most commonly used complementary foods were mashed bananas, Khichdi and Dal-pani. Similar findings have been reported by Singhania et al₄ and Vimala et al₁₁. Interestingly in the present study bottle-feeding was observed among 86.6% of children.

Figure 1

Table 1: Demographic Profile Of Respondents (n=210)

Demographic Character	Number	Percent (%)
Age of mothers(in years)		
15-20	22	10.5
21-25	89	42.4
26-30	87	41.4
31-35	12	5.7
Age at marriage (in years)		
15-20	127	60.5
21-25	65	30.9
26-30	15	7.1
31-35	03	1.4
Birth order		
1 st child	68	32.4
2 nd child	72	34.3
3 rd child	47	22.4
4 th child and above	23	10.9
Literacy level of mothers		
Illiterate	77	36.6
Primary	30	14.3
Middle	24	11.4
High school certificate	62	29.5
Post high school	12	5.7
Graduate/P.G	04	1.9
Proff/ Honors	01	0.5
Sex of child		
Male	122	58.1
female	88	41.9
Age distribution of children		
< 6 months		
6-12 months	30	14.3
13-24 months	156	74.3
	24	11.4

Figure 2

Table 2: Knowledge Regarding Breast Feeding Practices (n=210)

Knowledge	Pre BFAC	Post BFAC	P value
1. Knowledge regarding colostrum			
YES	147(70.0%)	181(86.2%)	p<0.05
2. Should colostrum be given?			
YES	151(71.9%)	191(90.9%)	p<0.05
3. Initiation of Breast feeding			
Within 1 hr	135(64.3%)	167(79.5%)	p<0.05
After 1 hr	75(35.7%)	43(20.5%)	p<0.05
4. Should prelacteal feed be given?			
YES	157(74.7%)	142(67.6%)	p>0.05
5. Do you know what Exclusive Breast feeding is?			
YES	141(67.1%)	188(89.5%)	p<0.05
6. Do you know what complementary feeding is?			
YES	168(80.0%)	200(95.2%)	p<0.05
7. Should Bottle feeding be given?			
YES	67(31.9%)	64(30.5%)	p>0.05
8. Are Commercial weaning foods are more nutritious than home based foods for the child?			
YES	101(48.1%)	87(41.5%)	p>0.05

Figure 3

Table 3: Practices Of Lactating Mothers Related To Breast Feeding

Practices	Number	Percent (%)
1. After how much time did you start Breast feeding?		
Immediately	124	59.1
Within 1 hrs	21	10.0
1-6hrs	24	11.4
6-12hrs	20	9.5
> 12 hrs	21	10.0
2. Was any pre-lacteal feed given?		
Yes	151	71.9
No	49	23.3
No response	10	4.8
3.* What type of pre-lacteal feed was given?(n=151)		
Honey	126	83.4
Jaggery water	20	13.2
Ghee	8	5.2
Others	7	4.6
4.* Why was pre-lacteal feed given?		
Advised by elders	122	80.7
Cultural practice	63	41.7
Good for child	10	6.6
5. Where was the child kept after birth?		
With mother	170	80.9
With Father	0	0
Other family members	40	19.1
6. For how long was Exclusive Breast feed given to the child?		
0 -1 mth	14	6.8
1 - 4 mths	86	40.9
4 - 6 mths	48	22.8
> 6 mths	39	18.6
No response	23	10.9
7. When was complementary feeding started?		
0-1 mth	10	4.7
1-4 mths	41	19.6
4-6 mths	144	68.6
>6 mth	15	7.1
8. Was bottle feeding given?		
Yes	182	86.6
No	28	13.4

* Multiple responses

CONCLUSION

Breast feeding is the most natural way of infant feeding to satisfy nutritional, metabolic and psychological needs of the baby. The fourth Millennium Developmental Goal (MDG-4)₁₂ focuses on the reduction of neonatal, infant and under five death rates by 2015. As a global public health policy the World Health Organisation (WHO) recommends that Breast feeding must be initiated within 1 hour of birth and all infants should be exclusively breastfed till 6 months of age and it should be continued up to 2 years or more along with complementary feeding, to achieve optimal growth, development and quality survival₁₃.

In the present study, even though knowledge regarding breast feeding showed improvement, the fact remains that this assessment was done only one month after BFAC. It is

thus believed that repeated IEC activities/ Nutrition awareness campaigns/ BFAC could reinforce the need for exclusive breast feeding among lactating women, in the positive direction. Repeated reinforcement is particularly advocated since certain findings such as usefulness of bottle-feeding and CWF among these lactating women did not show significant improvement in spite of the BFAC.

Therefore such activities should not be considered as 'once a year' campaign but should be an ongoing activity carried out concurrently with other health related activities.

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