



A Study to Assess the Knowledge and Perceived Barriers of Exclusive Breastfeeding Practice Among Postnatal Primigravida Mothers

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ABSTRACT

Breastfeeding is a special method to make bond between mother and the baby. It increases both physical and emotional bonding. It will also help to reduce social and behavioral problems in both children and adults. The EBF defined as the practice of only giving an infant breast milk for the first 6 months of life, with no other food or water added is the cornerstone of optimum infant nutrition. The prevalence of exclusively breastfed infants in India up to the age of five months is increase to 58% in the children population in the year 2020. The total sample included in the study was 150 mothers who are selected by using the non probability purposive sampling technique. Descriptive research design was adopted. Mothers with below 2 years old baby and who are visited the pediatric OPD and immunization clinic were selected for the study. They were given to fill the knowledge questionnaires about breastfeeding and also preceived questionnaires on barriers in exclusive breastfeeding. The study results that shows that maximum mothers 41.3% belong to 23-26 years in age group. most of the In the education most of the mother are in the primary education 30.6% In occupation majority mothers 42.6% were unemployed. In types of family majority of the mothers 45.3% were belongs to Nuclear family. In the place of residence majority of the mother 62% living in urban. In religion, maximum mothers 36% belongs Hindu. In source of information most of the mother 45.3% received the information about breastfeeding from the mass media communication. In the level of knowledge mothers with highest score seen in the inadequate level 41.3% and mothers with lowest level score is 21.3% were inadequate level of knowledge regarding breastfeeding. In the Perceived barriers of exclusive breastfeeding highest percentage were found in the yes category are doubts about baby is not getting adequate milk is 70%, Presences of pain in the parts of the breast such as sore nipple is 69.3%, Lack of continue support from the health care personnel is 70.6%, lack of information about breastfeeding is 68.6%, Lack of proper practice in breast feeding techniques is 72.6%, Lack of confident of the mother during breastfeeding is 74.6%, Lack of knowledge about the human milk storage and expression is 72.6% and in the No category highest score is seen in the breastfeeding is time consuming is 74%, respectively. In the association of Knowledge scores with the demographic variable the following variables are found association such as type of family, religion and source of information about breastfeeding. The study concluded that there was inadequate knowledge was found in the postnatal primigravida mothers and also there are various barriers which are affecting the exclusive breastfeeding practices. The health care professionals play a vital role in the lactation management process to start the awareness of breastfeeding in the antenatal period itself and take some measures to avoid the barriers in the exclusive breastfeeding practices.

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Key Words

Knowledge, perceived barrier, exclusive breastfeeding practices, postnatal primigravida mothers

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INTRODUCTION

Every neonate's first natural food is mother's milk which gives them total all the types of energy and nutrients they need during their first few months of life. Effective breastfeeding practices reduce new born and child mortality and morbidity from diarrhea, otitis media, necrotizing enterocolitis and sudden infant death syndrome^[1]. To prevent the neonatal breastfeeding problems Proper breastfeeding practices include exclusive breastfeeding (EBF) for the first six months of life, early breastfeeding beginning within the first hour of life and continuing breastfeeding until or past two years of age^[1]. This will be achieved by improving the level of knowledge about breastfeeding and also to plan various intervention strategies to promote Exclusive breastfeeding^[2]. The lack of knowledge and confidence may affect the successful process to breastfeeding practices. Various studies have highlighted that a mother's knowledge and skills can increase the rate and duration of breastfeeding and also effective decisions and actions related to breastfeeding^[3]. Mothers also face the barrier to exclusive breastfeeding due to the need to return to work outside the home or the feeling of uncomfortable to breastfeeding public places, such as restaurants, workplaces, shopping centers and public transport etc.^[4]. Apart from this various physical breast problems, such as mastitis, breast engorgement, sore nipples and cracked or inverted nipples are also challenge for mothers who breastfeed their children exclusively for six months^[5]. Major barriers to initiation of breast feeding were identified which included: Lack of awareness regarding proper technique of breastfeeding and benefits of colostrum, breast abnormality like inverted/retracted nipples, obstetric/neonatal complications requiring specialized care and cultural practices like giving pre-lacteals and gender discrimination^[6].

Need of the study: Breast milk is one of the most complete nutritional source for infants because it contains the essential fats, carbohydrates, proteins and immunological factors needed for infants to thrive and resist infection in the formative first year of life^[4]. Exclusive breastfeeding (EBF) is defined as exclusive intake of breast milk by an infant from its mother or wet nurse or expressed milk with addition of no other liquid or solid with the exception of drops or syrups consisting of vitamins, minerals supplements, or medicine and nothing else for the first six months^[5]. Globally, the World Health Assembly (WHA) has set a target to increase the exclusive breastfeeding rate to 50% by 2025^[7]. Various Barriers to breastfeeding which is present from societal and structural obstacles such as inadequate parental leave policies, or lack of knowledge about how to support all lactating parents etc.

To determine the prevalence of EBF in rural community of central Gujarat and to identify barriers to EBF in this community. A community-based cross-sectional study was conducted among mothers of 330 infants of age 6 months to 1 year using pretested questionnaire. Two-stage cluster sampling technique was used to select the sample. χ^2 test, t-test and logistic regression were applied to assess the significance of associations. The study results that EBF rate in the studied population was detected to be 49.7%. Early marriage of parents, less educated parents, male child, Christian religion, working mother, less number of antenatal visits, operative delivery, late initiation of breastfeeding, not feeding colostrum, lack of knowledge about EBF and poor counselling of mother regarding EBF were identified as barriers to EBF.

A study was to assess the knowledge of Primigravida mothers regarding exclusive breastfeeding and to associate the knowledge with their demographic variables. In study quantitative approach with descriptive design was used to assess the knowledge of the Primigravida mothers at selected hospital at Guntur district andhra Pradesh in May 2018. A total of one hundred Primigravida mothers were selected by using convenient sampling technique. A structured knowledge questionnaire was used to collect the data. The study results that Out of 100 participants, majority (71%) had moderate knowledge, many (27%) had inadequate knowledge and very few (2%) had adequate knowledge. The Significant association was found between the knowledge of exclusive breastfeeding among the Primigravida mothers with only in the occupation at 0.05% level of significance^[8]. Perinatal breastfeeding health education and measures to be taken to prevent the barriers of exclusive breastfeeding in the lactation mothers helps to improve the status of exclusive breastfeeding. It will protect both mother and the child from various complication in futures.

Statement of the study: "A Study to assess the knowledge and Perceived Barriers of Exclusive breastfeeding practice among Postnatal primigravida mothers."

Objective of the study:

- To assess the knowledge regarding breastfeeding among postnatal primigravida mothers
- To determine the Perceived Barriers of Exclusive breastfeeding practice among postnatal primigravida mothers.

To find out the significant association of knowledge score regarding breastfeeding among postnatal primigravida mothers with the selected demographic variables.

Assumption: Postnatal primigravida mother may have inadequate level of knowledge regarding breastfeeding.

There will be some perceived barriers which may affect the Exclusive breastfeeding among postnatal primigravida mothers.

MATERIALS AND METHODS

Research approach and research design: The study adopted Quantitative approach. A Descriptive design was used in this study to assess the level of knowledge on breastfeeding and to find out the perceived barriers of exclusive breastfeeding practice in postnatal primigravida mothers.

Setting of the study: The study data was collected from MGM Medical College and Hospital, Pediatric OPD and immunization clinic, Aurangabad.

Population

Target population: Postnatal Primigravida mothers who is having baby below 2 years.

Accessible population: Postnatal Primigravida Mothers from the selected Hospital.

Sample and sampling technique: A sample consists of a subset of the units that compose the population. This study comprises of 150 Primigravida mothers who are fulfilled the sampling criteria.

Sampling technique: Non probability purposive sampling.

Criteria for sample selection

Inclusion criteria:

- Mothers who are willing to participate and co-operative for the study
- Mothers with the singleton baby
- Mothers who can able to read and write Hindi and Marathi
- Mother who is having the children below 2 years

Exclusion criteria:

- Mothers who are working has health care professional
- Neonate with any complication (preterm, LBW, any anomalies etc)

Mothers with lactation failure or any breastfeeding problems

Description of the tool:

- **Postnatal mothers:** Age of the mother, Education of the mother, Occupation, type of family, Place of residences, religions and source of information about breastfeeding
- **Knowledge and awareness question on breastfeeding:** It consists of 30 questionnaires about the various aspects of breastfeeding. It has the option of yes or no types. Each right answers carry one mark and wrong answers zero marks

Score interpretation:

Level	Scores	Percentage
Adequate	21-30	>70
Moderate	11-20	36-67
Inadequate	0-10	0-33

Perceived barrier questionnaires on Exclusive breastfeeding of mothers: It consists of total 18 questions about various aspects of perceived barriers in the exclusive breastfeeding practices. It consists of two options yes or no type.

The highest scores indicate more perceived barrier in the exclusive breastfeeding and lowest score indicate less perceived barrier in the exclusive breastfeeding.

Data collection method: After the approval of ethical committee and hospital, the study was explain to the mother and assurance will be given that the detail will be kept confidential.

Oral consent was taken. Based on the inclusion criteria study sample was collected by using non probability purposive sampling technique. Descriptive research design was adopted. The data was collected from April 2021 to May 2021. Mothers with below 2 years old baby and who are visited the pediatric OPD and immunization clinic were selected for the study. They were given to fill the knowledge questionnaires about breastfeeding and also preceived questionnaires on barriers in exclusive breastfeeding.

Ethical consideration: The propose study was conducted after the approval of Institutional Ethics Committee of Mahatma Gandhi Mission Mother Teresa College of Nursing, Aurangabad. Permission to collect the data was obtained from MGM Medical College and Hospital of Aurangabad. Oral Consent of each mother was obtained before starting the data collection and their information was kept confidential.

Data analysis and interpretation: The study results were analyzed by using Descriptive and Inferential statistics. For the analysis of demographic variable, level of knowledge and also perceived barriers in the exclusive breastfeeding. Frequency and percentage

were used. To find out the association of knowledge score with the demographic variable Chi-square test was applied.

RESULTS

Table 1 shows that maximum mothers 41.3% belong to 23-26 years in age group. most of the In the education most of the mother are in the primary education 30.6% In occupation majority mothers 42.6% were unemployed. In types of family majority of the mothers 45.3% were belongs to Nuclear family. In the place of residence majority of the mother 62% living in urban. In religion maximum mothers 36% belongs Hindu. In source of information most of the mother 45.3% received the information about breastfeeding from the mass media communication.

Table 2 and Fig. 1 states that, regarding level of knowledge mothers with highest score seen in the inadequate level 41.3% and mothers with lowest level score is 21.3% were inadequate level of knowledge.

Table 3 and Fig. 2 reveals that highest percentage about perceived barriers of exclusive breastfeeding were found in the yes category are doubts about baby is not getting adequate milk is 70%, Presences of pain in the parts of the breast such as sore nipple is 69.3%, Lack of continue support from the health care personnel is 70.6%, lack of information about breastfeeding is 68.6%, lack of proper practice in breast feeding techniques is 72.6%, Lack

of confident of the mother during breastfeeding is 74.6%, Lack of knowledge about the human milk storage and expression is 72.6% and in the no category highest score is seen in the breastfeeding is time consuming is 74%, respectively.

Table 4 reveals that in the association of Knowledge scores with the demographic variable the following variables are found association such as type of family, religion and source of information about breastfeeding.

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Table 1: Demographic characteristics of postnatal primigravida mothers (N = 150)

Demographic variables	Mothers data	
	Frequency	Percentage
Age		
18-22 years	31	20.6
23-26 years	62	41.3
26-30 years	45	30.0
>30 years	12	8.0
Education of mother		
Illiterate	15	10.0
Primary	46	30.6
Secondary	42	28.0
Higher secondary	28	18.6
Graduate and above	19	12.6
Occupation		
Unemployed	64	42.6
Employed	55	36.6
Self-business	31	20.6
Type of family		
Nuclear	82	54.6
Joint	68	45.3
Place of residence		
Urban	93	62.0
Rural	57	38.0
Religion		
Hindu	54	36.0
Christian	43	28.6
Muslim	26	17.3
Others	27	18.0
Sources of information about breastfeeding		
Mass media	68	45.3
Health care personnel	45	30.0
Any other	37	24.6

Table 2: Frequency and percentage distribution of level of knowledge score on breastfeeding among primigravida mothers (N = 150)

Level of knowledge	Frequency	Percentage
Inadequate (score 0-10)	62	41.3
Moderate (score 11-20)	56	37.3
Adequate (score 21-30)	32	21.3

DISCUSSIONS

In this study maximum mothers 41.3% belong to 23-26 years in age group. Most of the education most

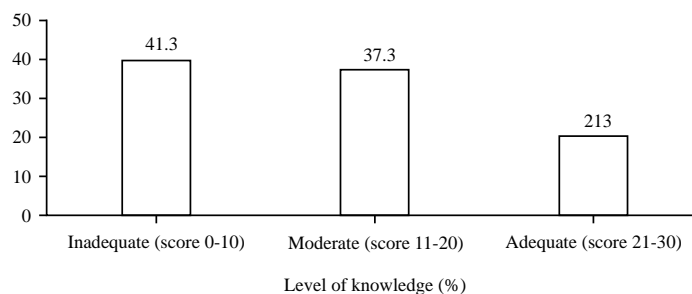


Fig. 1: Percentage of level of knowledge regarding breastfeeding among postnatal primigravida mothers

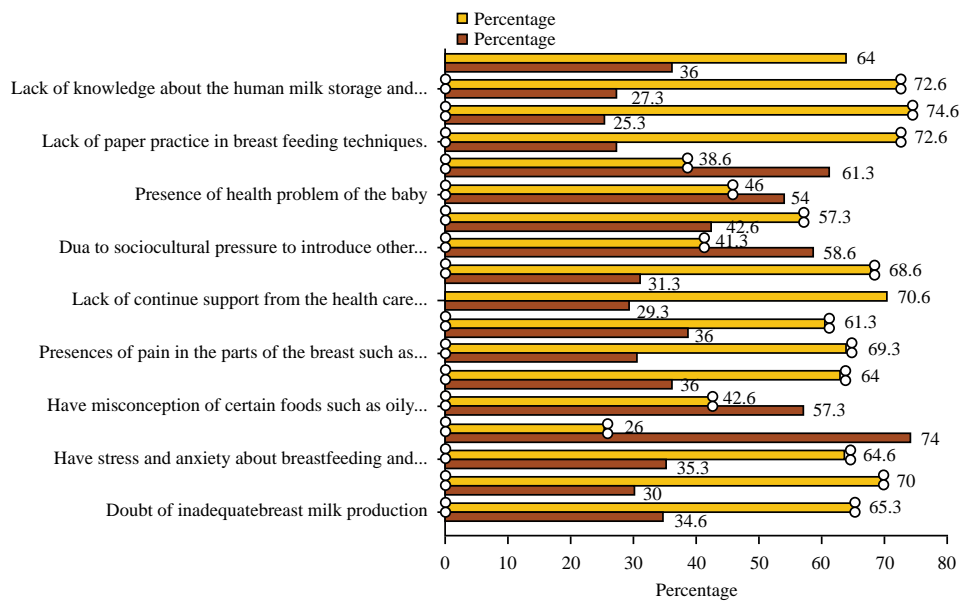


Fig. 2: Percentage of perceived barriers of exclusive Breastfeeding among postnatal primigravida mothers

Table 3: Frequency and percentage distribution of perceived barriers on exclusive breastfeeding practices among primigravida mothers (N = 150)

Barriers of exclusive breastfeeding	Scores			
	No		Yes	
	Frequency	Percentage	Frequency	Percentage
Doubt of having Inadequate breastmilk production	98	65.3	52	34.60
Have doubts about baby is not getting adequate milk	105	70.0	45	30.00
Have stress and anxiety about breastfeeding and also meeting of daily needs	97	64.6	53	35.30
Breastfeeding is time consuming.	39	26.0	111	74.00
Have misconception of Certain foods such as oily/spicy/gas forming intake of mother may affects the baby health	64	42.6	86	57.30
Presence of embarrassment of mother during breastfeeding	96	64.0	54	36.00
Presences of pain in the parts of the breast such as sore nipple	104	69.3	46	30.66
Lack of support from the family members/partner	92	61.3	58	38.60
Lack of continue support from the health care personnel	106	70.6	44	29.30
Lack of information about breastfeeding	103	68.6	47	31.30
Due to sociocultural pressure to introduce other feeding from family member	62	41.3	88	58.60
Presences of worries about breastmilk alone will not meet the nutritional demands of the baby	86	57.3	64	42.60
Presence of health problem of the baby	69	46.0	81	54.00
Presence of health problems of mother	58	38.6	92	61.30
Lack of proper practice in breast feeding techniques	109	72.6	41	27.30
Lack of confident of the mother during breastfeeding	112	74.6	38	25.30
Lack of knowledge about the human milk storage and expression	109	72.6	41	27.30
Follow diet restriction in lactation mother	96	64.0	54	36.00

were found in the yes category are doubts about baby is not getting adequate milk is 70%, Presences of pain in the parts of the breast such as sore nipple is 69.3%, Lack of continue support from the health care personnel is 70.6%, lack of information about breastfeeding is 68.6%, Lack of proper practice in breast feeding techniques is 72.6%, Lack of confident of the mother during breastfeeding is 74.6%, Lack of knowledge about the human milk storage and expression is 72.6% and in the No category highest score is seen in the breastfeeding is time consuming is 74%, respectively. In the association of Knowledge scores with the demographic variable the following variables are found association such as type of family, religion and source of information about breastfeeding.

This study finding is supported by a community-based cross-sectional study among 377 antenatal and postnatal mothers in the selected rural villages of Chengalpattu, Tamil Nadu. The sociodemographic characteristics and awareness/knowledge about the breastfeeding were collected using pretested semi-structured questionnaire. In the level of knowledge About 19.6% mothers had inadequate knowledge about breastfeeding. Women who were unemployed, belonging to the lower socioeconomic status belonging to Muslim religion and living in joint family had significant higher risk of inadequate knowledge about breastfeeding practices. The study conclude that that almost one-fifth of the antenatal and/or postnatal mothers had inadequate knowledge about the breastfeeding benefits and practices. Health education

Table 4: Association of the Knowledge score on breastfeeding among postnatal primigravida mother with the selected demographic variables (N=150)

Demographic variables	Level of knowledge			Chi-square	p-value	Remarks
	Inadequate	Moderate	Adequate			
Age						
18-22 years	10	16	5	$\chi^2 = 0.87361$	p = 0.531592	NS
23-26 years	25	22	15			
26-30 years	22	14	8			
>30 years	5	4	4			
Education of mother						
Illiterate	8	5	2	$\chi^2 = 5.8719$	p = 0.659335	NS
Primary	19	18	9			
Secondary	15	16	11			
Higher secondary	15	9	4			
Graduate and above	5	8	6			
Occupation						
Unemployed	28	21	15	$\chi^2 = 7.8507$	p = 0.097202	NS
Employed	24	17	15			
Self business	10	18	3			
Type of family						
Nuclear	46	23	13	$\chi^2 = 16.2615$	p = 0.000294	S
Joint	16	33	19			
Place of residence						
Urban	34	38	21	$\chi^2 = 2.3435$	p = 0.309826	NS
Rural	28	18	11			
Religions						
Hindu	22	17	15	$\chi^2 = 3.959722$	p = 0.003459	S
Christian	19	13	11			
Muslim	13	8	5			
Others	8	18	1			
Sources of information about breastfeeding						
Mass media	34	22	12	$\chi^2 = 0.45625$	p = 0.058241	S
Healthcare personnel	19	19	7			
Any others						

sessions are required to promote the awareness about breastfeeding during antenatal and postnatal check-ups^[9].

The study which is support to the finding is a cross sectional study was conducted to assess Knowledge, Practice and Barriers of Exclusive Breastfeeding in areas under Malawi Nongkwar UHC. The data collection period was 1 month. The sample size was 181 mothers having children aged less than two years were recruited randomly out of which 15 mothers were chosen purposely for the in-depth interview which aimed at identifying the barriers. Data collected using structured and semi-structured questionnaires. The results concluded that Out of 181 mothers, 175 mothers have knowledge about duration of Exclusive Breastfeeding (i.e., Six months). The Mean Knowledge score was found to be 13.425±2.1085 and the Median score is 14. Based on the Median score, 126 (69.6%) mothers were found to have adequate knowledge about exclusive breastfeeding. The exclusive breastfeeding rate found in the study is 44.2%. Majority of the mothers i.e. 56.65% use bottle for feeding and Prolactal feeding is practiced by 10.5%. In the study association was found between Exclusive Breastfeeding Practice and Mother's Occupational status. The common issues that emerged from the qualitative survey regarding barriers to Exclusive Breastfeeding are-breast milk alone not sufficient to satisfy baby's hunger, exclusive breastfeeding affecting mother's day to day life, problems encountered during breastfeeding, influenced decision by family members

and others, mothers returning to work and baby's health condition at birth. The present study shows that although mothers have knowledge about exclusive breastfeeding but still, they fail to practice due to various barriers. Unless these barriers are addressed, exclusive breastfeeding rate will not be increased^[10].

Implication: Postnatal primigravida mother should be given proper awareness about the breastfeeding knowledge and skill to improve the rate of exclusive breastfeeding. The health education program me should be started during the antenatal period itself to help the mother to prepare themselves in the experiences of proper breastfeeding. It is also very important to find out the various barriers in the practice of exclusive breastfeeding and take few measure such as monitoring and support through out the breastfeeding period by family and health care team, tracking of the breastfeeding process, special training about the lactation management for the health care staff etc.

CONCLUSION

Breastfeeding has both short-term and long-term benefits on both child and mother. It helps in the protection of children against a variety of acute and chronic disorders by strengthening the immune system. There is a need of giving proper information and counselling regarding breastfeeding during antenatal visits to inform the mothers regarding proven facts of advantages of EBF. Poper breastfeeding

knowledge on breastfeeding and also measures to overcome the perceived barrier of exclusive breastfeeding will help the primigravida mother to maintain the sustainability of the exclusive breastfeeding rates. Promotive strategies should be developed and health education should be provided about importance and need for breastfeeding.

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