

Research Article**An Evaluation of Knowledge, Attitude and Practice of Breast Feeding Among Prescribers at Various Hospitals and Clinics in Pondicherry****Shally Magon¹, Pushpendra Magon^{2*}, Sara Raman³, Arun Sharma⁴**¹Associate Professor, Department of Obstetrics and Gynecology, Sri Lakshmi Narayana Institute of Medical Sciences, Pondicherry-605502, India²Professor, Department of Pediatrics, Sri Lakshmi Narayana Institute of Medical Sciences Pondicherry-605502, India³Student, Sri Lakshmi Narayana Institute of Medical Sciences, Pondicherry-605502, India⁴Postgraduate Student, Department of Pharmacology Sri Lakshmi Narayana Institute of Medical Sciences, Pondicherry-605502, India***Corresponding author**

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Abstract: The present study was undertaken to evaluate the knowledge, attitude and practices (KAP) regarding breast feeding among prescribers at various hospitals and clinics in Pondicherry and to get an insight into the reasons behind recent increase in the use of powdered milk among infants. A pretested KAP questionnaire comprising of 10 questions was administered to 150 prescribers. The questionnaires were assessed for the type of responses regarding breast feeding. Microsoft Excel worksheet (Microsoft Office 2007) was used for statistical analysis. A total of 150 (100%) prescribers completed the questionnaire. A majority of the respondents opined that they would like further training on usefulness of breast feeding. The reasons cited for this were lack of latest information on when and how to wean a baby. The prescribers are aware of the usefulness of breast feeding but little aware about hazards of powdered milk, improper timing of weaning and type of weaning introduced. Since the lack of knowledge about the above were clearly evident, creating awareness and devising means to make breast feeding convenient may aid in improving the status of infant nutrition.

Keywords: Knowledge, Attitude, Practices, Powdered milk, Weaning

INTRODUCTION

Voluntary breast feeding is an inexpensive and easy way to provide infant nutrition and is commonly practised. The introduction of newer baby foods has changed the way in which infancy is handled [1]. However, this is not without risks. Adverse baby food reactions are encountered commonly in daily practice, many of which are preventable. Some adverse effects that are not linked to milk powders but still occur and are missed because they are subtle and occur after several months .eg. atopic dermatitis due to early introduction of cow's milk before age of 3 months [2]. The probability of respiratory illness occurring at any time during childhood is significantly reduced if the child is fed exclusively breast milk for the first 15 weeks and no solid foods are introduced during this time. Breast feeding and the late introduction of solids may have a beneficial effect on childhood health and subsequent adult disease [3]. Infant Foods are also an economic burden on the health care system.

The intrinsic (knowledge, attitude and practices) and extrinsic (relationship between health

professionals and their patients) factors need to be assessed, in order to improve the breast feeding status in India. Hence, it was thought that a knowledge, attitude, and practice (KAP) analysis may be an appropriate way to provide an insight into the intrinsic factors and help understand the reasons for wrong feeding practices creeping into our society [4]. Secondly, the physicians' knowledge, attitude, and practice regarding breast feeding have not been studied extensively in India. Inadequate knowledge or inappropriate practice of breastfeeding may lead to undesirable consequences. A number of studies have been conducted on mothers addressing issues on breast feeding but little data exists regarding awareness of latest facts about breastfeeding among medical practitioners. Our study conducted on health care professionals reflected a lack of awareness on some latest facts and aspects of breast feeding.

MATERIALS AND METHODS

Prescribers (faculty, consultants and postgraduate students or residents) from all specialties working in the hospitals and clinics in Pondicherry were enrolled in the study after obtaining an informed

consent. Those who were not willing to participate or did not return the questionnaire within the stipulated time were excluded. A KAP questionnaire containing 10 questions (knowledge 6, attitude and practice 4) was designed to obtain information regarding the knowledge, attitude and practice of breast feeding, and the factors that encouraged and discouraged feeding and weaning. In case the question was unanswered it was taken as 'not sure'. The questionnaire was designed in such a way that the answers were in the form of 'agree', 'disagree' or 'not sure format'. The questionnaire was pre-tested in ten postgraduate students and ten faculties and a suitably modified version was finally administered to the willing respondents, who were requested to return them within two weeks. Reminders were sent after a week and if the questionnaires were misplaced, they were replaced. The participants were personally briefed about the study questionnaire. *Annexure 1*

The questionnaires were evaluated. The knowledge of the respondents was also scored as per their responses to questions. The information was recorded and analyzed.

Annexure 1
Questionnaire to Assess latest Knowledge of Breast Feeding and Putting it Into Practice
Knowledge

AGREE, DISAGREE, NOT SURE

- The right age for introduction of top milk is 6 months
- Breast feeding protects child from infection
- Early top milk introduction may predispose to atopic dermatitis
- Prolonged Breast feeding prevents allergy especially wheezing in the first 2 years
- **Baby get flavour experience through breast milk and would help prepare the baby to accept weaning foods later**
- **Delayed introduction of wheat predisposes to wheat intolerance**

Practice

AGREE, DISAGREE, NOT SURE

- Breastfeeding should be avoided during sickness of mother
- IMS act says absolute no to powdered milk upto two years
- Whether to Breast feed or not is the decision of the mother alone
- Top milk can be started as early as (How early is too early)
 - Less than 3months
 - >6months
 - >8months
 - >10 months

RESULTS

The questionnaire was administered to 150 prescribers with a response rate of 100%. The average time taken to complete the questionnaire was 15 minutes and the mean score of completeness of the questionnaire was 9 out of 10. Of the total respondents 50 were faculty members, while the rest were private practitioner in medical branches other than paediatrics. Even as the attitude and practice of the respondents was not quantified, an attempt was made to quantify the knowledge of the respondents. It was calculated by assessing the responses to certain questions. A maximum score of 3 points were given for each correct option. Using this scoring system, it was observed that the overall mean score of the knowledge of the respondents was 40%

The respondents were tested for their awareness about the breast feeding facts:

Lack of knowledge on when to feed (84%) what to feed and how to feed (68%) were the major factors that could have encouraged baby foods and milk powders. Many practitioners were unaware that delayed weaning could predispose to wheat allergy (86.6%) i.e. they were unaware as to why should wheat be introduced between 6- 7 months and how this introduction during this critical period somehow protects against wheat intolerance and also that any delay beyond this critical period may predispose to the same [5].

Table 1: When to introduce milk and wheat

	Before 3 months	3 to 4 months	4 to 6 months	>6 months
Regarding top milk introduction How early is too early (for top milk)	51%	20%	13%	16%
	> 5 and half months	8 months	10 months	
When should wheat be introduced	8%	62%	30%	

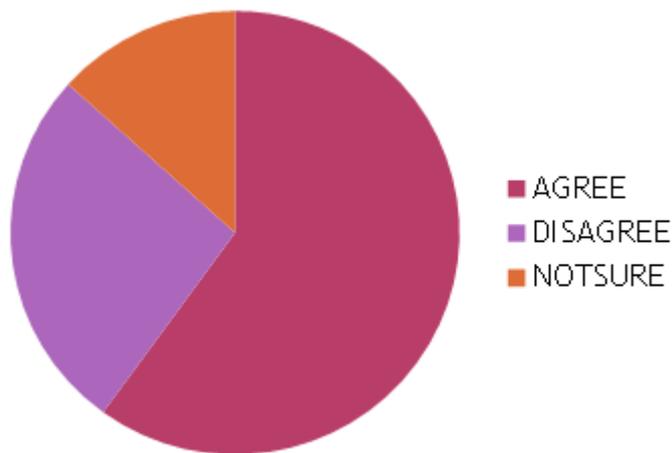


Fig. 1: Delayed introduction of wheat can predispose to wheat intolerance (what and when to introduce)

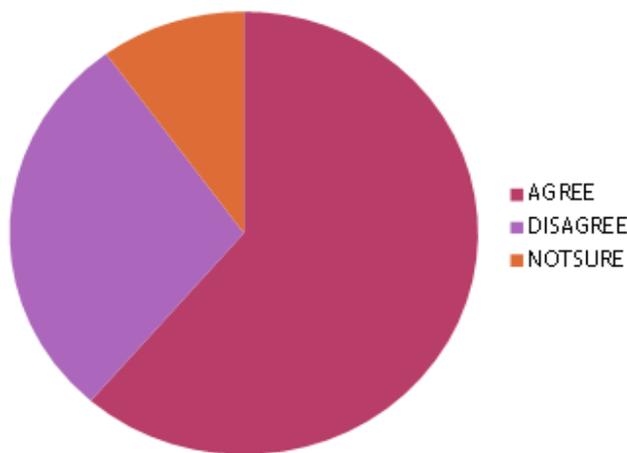


Fig. 3: The right age for introduction of top milk is 6 months

Table 2: Survey on breast feeding

	Agree	Disagree	Not Sure
Breast feeding protects child from Infection	100%	-	-
Breast feeding prevents allergy (atopic dermatitis and wheezing in first 2 years)	86%	8%	6%
Delayed weaning can predispose to wheat intolerance	13%	26.6%	60%
Baby get flavour experience through breast milk	30%	32%	38%

Table 3: Survey on timing of introduction of breast feeding

	Agree	Disagree	Not Sure
The right age for introduction of top milk is 6 months	61%	28%	11%
IMS act says absolute no to powder milk upto 2 years	32%	34%	34%
Breast feeding should be avoided during sickness of mother	25%	48%	27%

A total of (68%) respondents were ignorant about Infant Milk Substitute Act [6]. Most practitioners have learnt this information about breast feeding through multiple sources of information like teachers, textbooks and advertisements. A few number of faculty members referred to scientific journals as a source of information about breast feeding. Although medical practitioners are qualified to strongly promote breast feeding, still about 26.2% of the respondents

opined that mother should be allowed freedom to decide the mode of feeding.

DISCUSSION

The present study was a questionnaire-based study, which included prescribers of Pondicherry. This preliminary study showed that while the right attitude for usefulness of breast feeding existed among most prescribers, the actual practice of the same was lacking

.The reasons for wrong feeding practices not being discouraged could be many. These include financial incentives (by companies promoting baby foods), complacency & indifference (belief that addition of top milk early would make no difference) and obvious ignorance of facts. We identified a definite lack of awareness of the principles and practice of breast feeding among some respondents. An interesting observation was that 13% of the respondents did not think that breastfeeding was so important.

Even as breast feeding was considered to be important by a large majority of the respondents, the actual practice was very low i.e our study found not only lack of practice, but also inadequate knowledge regarding latest facts of breast feeding. The average knowledge score of the respondents was 38%, indicating that there is still much to be done to educate the prescribers regarding breast feeding. This, however, does not undermine the importance of the latter group for future interventions.

CONCLUSION

It was observed that the senior faculty who probably used scientific journals as their source for knowledge about breast feeding in updating themselves answered most questions satisfactorily. Hence, it was felt that the senior faculty can influence the behaviour of their residents on a continuous and long-term basis by generating awareness through frequent seminars. Several measures were suggested for improving knowledge, which included creating awareness among the healthcare personnel and consumers through appropriate educational interventions, like seminars and CME'S for all practitioners. It was also suggested that pediatricians from the institute should be posted in other clinical wards like obstetrics and gynaecology to promote and assist in the awareness of breast feeding practices. It was also felt that celebrating breast feeding week by conducting activities like quiz, essay competitions, poster exhibition etc would encourage learning.

This study has just scratched underneath the surface by identifying the KAP among prescribers and does provide an insight into the possible interventions that could be planned in future. It has made us realise that the deficits in the practice of breast feeding can be resolved only if the prescribers are aware of the importance of feeding and are obliged to make the necessary changes. Certain concepts like "commercial formula feeds are necessary for baby's growth" need to be removed from the minds of practitioners. It is the need of the hour to move forward and implement these suggestions via educational interventions, regular feedbacks and professional support, for strengthening the existing breast feeding practices.

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