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## Knowledge, attitude, practices and barriers regarding Early Initiation of Breastfeeding (EIBF) among postnatal mothers in selected hospital of Meghalaya

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### Abstract

Early Initiation of Breastfeeding (EIBF) is “considered as the cornerstone of child survival and child’s health” which provides essential nutrition and immunization against a range of infections and life-threatening ailments and prevents about 19.1% of all neonatal death.

The present study aimed to assess the knowledge, attitude, practices, and barriers regarding early initiation of breastfeeding among postnatal mothers.

A cross sectional mixed method study was conducted using semi-structured interview schedule among the postnatal mothers in selected Hospital, Meghalaya. A total of 189 postnatal mothers were selected through consecutive sampling techniques out of which 17 were chosen purposely for the in-depth interview which aimed at identifying the barriers.

Majority of the postnatal mothers had poor knowledge 61.9%, 54.5% had favorable attitudes towards early initiation of breastfeeding and 59.3% had initiated breastfeeding within one hour after delivery, whereas 40.7% did not initiated breastfeeding within one hour after delivery. Association was found between knowledge and educational status, occupation status and religion of the postnatal mothers. The common issues that emerged from the study are delay in handing over the baby to mother, significant family member influence, baby’s condition, mother’s condition and lack of experiences and knowledge.

The study shows that although mothers had poor knowledge regarding early initiation of breastfeeding, they however, had favorable attitudes towards early initiation of breastfeeding but due to various barriers, they fail to initiate breastfeeding. Therefore, there is a need to address the existing gap in the knowledge of the mothers and to overcome the barriers towards early initiation of breastfeeding for promotion of breastfeeding practices.

**Keywords:** Knowledge, attitude, practice, barriers, postnatal mothers, early initiation of breastfeeding (EIBF)

### Introduction

Early Initiation of Breastfeeding (EIBF) is “considered as the cornerstone of child survival and child’s health” which provides essential nutrition and immunization against a range of infections and life-threatening ailments and prevents about 19.1% of all neonatal death<sup>[1, 2]</sup>. Early breastfeeding initiation is a responsibility, not a choice. Early Initiation of Breast Feeding (EIBF), which assure that the infant obtains colostrum, is the practice of giving a mother’s breast milk to a newborn within an hour of birth<sup>[3]</sup>.

Neonatal mortality risk increases linearly with time of breastfeeding initiation; children who started breastfeeding between 2-23 hours after birth had a 33% higher risk of mortality than those who started breastfeeding within the first hour after birth. Delayed breastfeeding initiation has been linked to an increased risk of coughing and difficulty breathing during the first six months of life. Neonatals who were fed within 24 hours after birth had a 100% increased risk<sup>[7-9]</sup>.

**Need for the study:** According to the National Family Health Survey (NFHS-5 2019-2021), in India early initiation of breastfeeding within an hour after birth was only 41.8% a slight increase over the previous round’s 41.6%. (NFHS-4, 0.2% in 2015-16). Only 57% of newborns receive breast milk within an hour, according to the Comprehensive National Nutrition Survey 2016-18, and only 58% of children continue to breastfeed exclusively until the age of six months<sup>[7]</sup>.

According to the National Family Health Survey-4, the infant mortality rate in Uttar Pradesh is 41 per 1000 live births, making it India's biggest contributor to child mortality, and breastfeeding rates are among the lowest in the nation, with only 41.6% of infants breastfed exclusively for 6 months and 25% of mother-initiated breastfeeding within an hour of birth (2015-16) [4, 6].

The total infant mortality rate was 66 per 1000 live births, with a rate of 41.9 per 1000 live births for children under the age of five. Furthermore, neonatal and young child feeding patterns are troubling, with just 22.8% of babies breastfed within one hour of birth (NFHS-4, 2015-16)<sup>4</sup>. As a result, the current study intended to better understand mothers' Knowledge, Attitudes, and Practice about early breastfeeding beginning, as well as the numerous socio-demographic factors associated with it. Early breastfeeding refers to giving a mother's breast milk to a newborn within one hour of birth, guaranteeing that the newborn receives colostrum, which is high in defensive elements [5].

### Objectives of the study

1. To assess knowledge, attitude and practices regarding early initiation of breastfeeding among postnatal mothers in selected hospital of Meghalaya.
2. To identify the barriers towards early initiation of breastfeeding among postnatal mothers in selected hospital of Meghalaya.
3. To find the associations between knowledge regarding early initiation of breastfeeding with selected demographic variables among postnatal mothers in selected hospital of Meghalaya.

### Methodology

After obtaining Institutional Ethical clearance and Administrative permission, a Hospital based Cross sectional study was conducted using Mixed Method approach (both quantitative and qualitative methods) from 5<sup>th</sup> of January to 4<sup>th</sup> of February 2023 to assess the knowledge, attitude, practices and barriers regarding early initiation of breastfeeding (EIBF). A total of 189 postnatal mothers were selected in this study using consecutive sampling technique for the quantitative part and for the qualitative part of the

study i.e. for the identification of the barriers towards early initiation of breastfeeding a purposive sampling technique was done who do not practice early initiation of breastfeeding were chosen purposely. The research tools were validated by experts from various departments like Department of Paediatrics, Department of Community Medicine. Pre-testing of tools and pilot study was conducted and found to be feasible to be carried in the main setting as proposed. Data was collected using semi-structured questionnaire regarding early initiation of breastfeeding. Considering the prevalence of early initiation of Breastfeeding as 34.3% according to Harish, Mansi, Jyoti in the study of disparity in knowledge, attitude and practice among mothers about early initiation of breastfeeding, Rajasthan India and taking 7% as margin error, the sample size was calculated to be 186. However 189 mothers were included and based on the data saturation 17 postnatal mothers were purposively chosen for the in-depth interview.

### Study procedure

Purpose of the study was explained, confidentiality was assured and Informed consent was taken from the postnatal mothers who met the inclusion criteria. Quantitative data was collected first by semi structured questionnaire interview which assessed Demographic and Obstetric characteristics, Knowledge, Attitude and Practice regarding Early Initiation of Breastfeeding (EIBF). Then based on the practice if found desirable i.e. Initiated breastfeeding within 1 hour after delivery, data collection ended here. But if practice was found to be undesirable i.e. not initiated breastfeeding within 1 hour after delivery then using purposive sampling technique those participants were further selected for Qualitative data collection in which Semi-structured questionnaire was used for an in-depth interview to identify the Barriers towards Early Initiation of Breastfeeding (EIBF). The interview was audio recorded. After the interview, data collection ended.

### Results

The quantitative data were analyzed using descriptive statistics (Mean, Standard deviation and Percentage) whereas qualitative data were thematically analyzed.

**Table 1:** Frequency and percentage distribution of the postnatal mothers according to demographic characteristics.

Demographic variable	Frequency (F)	Percentage (%)
<b>Age (In Years)</b>		
18-27	99	52.4
28-37	75	39.7
38-47	15	07.9
<b>Educational status</b>		
Illiterate	45	23.8
Primary	60	31.7
Secondary	55	29.1
Higher secondary Undergraduate and Above	16	08.5
	13	06.9
<b>Occupational status</b>		
Housewife	146	77.2
Labourer	33	17.5
Private worker	07	03.7
Farmer	03	01.6
<b>Religion</b>		
Christian	112	59.3
Hindu	03	01.6
Niamtre (Pnar Indigenous religion)	74	39.2
<b>Type of family</b>		
Nuclear	139	73.5
Joint	50	26.5

Findings in Table 1 show that majority 99 (52.4%) postnatal mothers are in the age group between 18-27 years with mean age 27.3±6.3. With regard to educational status 45 (23.8%) have primary level of schooling. Majority are

housewife i.e., 146 (77.2%). Majority of the mothers are Christian 112 (59.3%) and comes from a Nuclear family i.e. 139 (73.5%).

**Table 2:** Frequency and percentage distribution of postnatal mothers according to obstetric characteristics of postnatal mothers in selected hospital, Meghalaya, N=189

Demographic variable	Frequency (f)	Percentage (%)
<b>Number of pregnancy</b>		
1-2	95	50.3
3-4	40	21.2
≥ 5	54	28.6
<b>Number of children</b>		
1-2	104	55.0
3-4	43	22.8
≥ 5	42	22.2
<b>Type of delivery</b>		
Normal delivery	153	81.0
Caesarean section	34	18.0
Assisted delivery	02	01.1

Findings in table 2 show that 95 mothers (50.3%) have 1-2 time of pregnancy and have 1-2 children 104 (55%).

Majority 153 (81%) had normal vaginal delivery.

**Table 3:** Frequency and percentage distribution of newborn characteristics, N=189

Demographic Variable	Frequency (f)	Percentage (%)
<b>Weight of baby</b>		
Normal (2500-4000g)	154	81.5
LBW (< 2500g)	32	16.9
Large baby(> 4000g)	03	01.6
<b>Gestational age</b>		
37-40 weeks (Term)	141	74.6
> 40 weeks (Post term)	36	19.0
< 37 weeks (Pre-term)	12	06.0

Findings in the table 3 show that majority of the babies' weight are in the range of 2.5-4.0 kg i.e., 154 (81.5%) and

141 (74.6%) are born between 37-40 weeks of gestation.

**Table 4:** Frequency and percentage distribution of knowledge score obtained by the postnatal mothers regarding early initiation of breastfeeding, N=189

Level of knowledge score	Reference range score	Frequency (F)	Percentage (%)	Mean	Standard deviation
Poor	≤5 (≤50%)	117	61.9	4.9	1.9
Average	6-7 (50-75%)	59	31.2		
Good	≥8 (≥75%)	13	06.9		

Table 4 show that majority 117 (61.9%) of postnatal mothers are having poor knowledge, 59 (31.2%) have average knowledge and only 13 (6.9%) have good knowledge regarding early initiation of breastfeeding with

the mean and standard deviation of 4.9±1.9, which can be concluded that most of the postnatal mothers had poor knowledge regarding early initiation of breastfeeding.

**Table 5:** Frequency and percentage distribution of attitude score regarding early initiation of breastfeeding, N=189

Criteria	Frequency (F)	Percentage (%)	Mean	SD
Favorable (≥42.81)	103	54.5	42.81	3.98
Unfavorable (<42.81)	86	45.5		

The data presented in the table 5 shows that 54.5% of the participant's attitude regarding early initiation of breastfeeding was favorable and 45.5% was unfavorable.

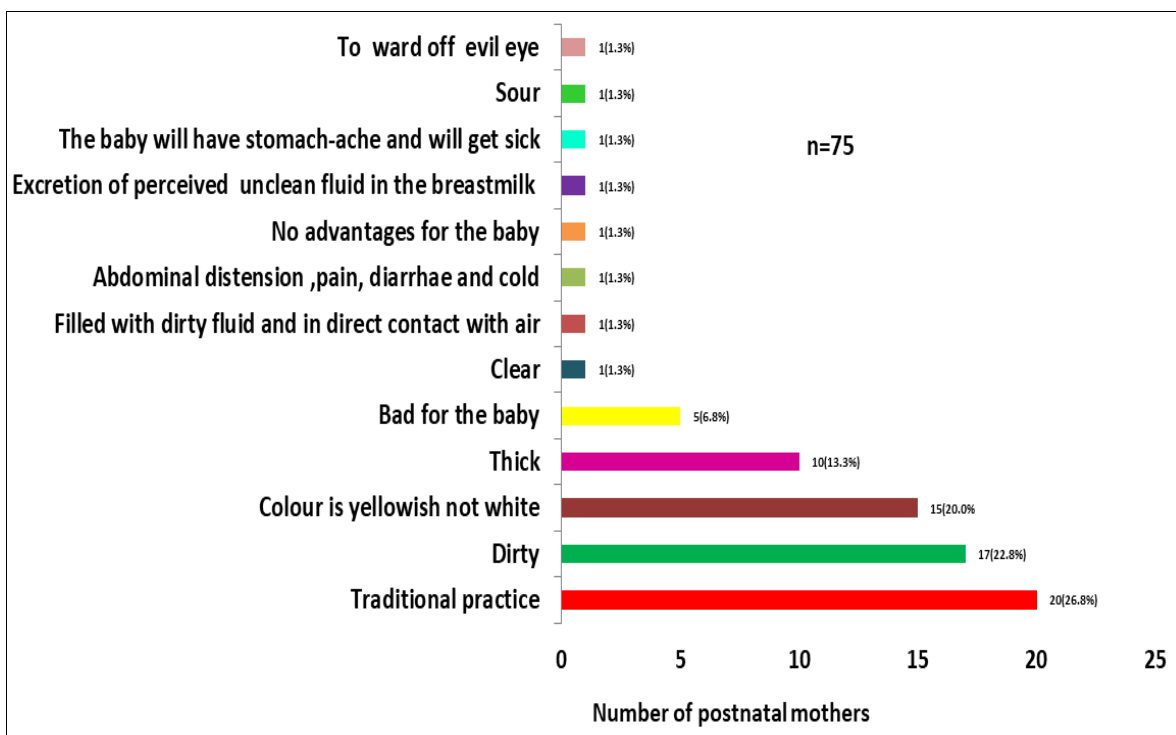
Mean is 42.81 while standard deviation was ± 3.98 for attitude score regarding early initiation of breastfeeding.

**Table 6:** Frequency and Percentage distribution of practices of the postnatal mothers regarding early initiation of breastfeeding, N=189

Practices on early initiation of breastfeeding	Frequency (F)	Percentage (%)
<b>Early initiation of breastfeeding started within 1 hour after delivery.</b>		
Yes	112	59.3
No	77	40.7
<b>Feeding of prelacteal feeds for baby</b>		
No	170	89.9
Yes	19	10.1
Sugar water	10	52.6
Plain water	09	47.4
<b>Discarded the first yellow milk (Colostrum)</b>		
No	114	60.3
Yes	75	39.7

Table 6 shows that majority 112 (59.3%) of the postnatal mothers initiated breastfeeding within one hour after delivery, whereas 77 (40.7%) did not initiated breastfeeding within one hour after delivery. However, 19 (10.1%) gave prelacteal feeds to the baby before initiating breastfeeding. Among the 19 (10.1%) who gave prelacteal feeds 10

(52.6%) gave feeds with sugar water and 09 (47.4%) gave feeds with plain water, 114 (60.3%) did not practice discarding of the first yellow milk (Colostrum) and 75 (39.7%) of them discarded the first yellow milk (Colostrum).



**Fig 1:** A bar diagram showing the frequency and percentage distribution regarding the reasons of discarding of first yellow milk (colostrum) among postnatal mothers

Figure 1 depicts the reasons given for discarding the first yellow milk (Colostrum), 20 (26.8%) said it was because of traditional practices, 17 (22.8%) perceived it as dirty, 10 (13.3%) thick, 5 (6.8%) consider its bad for the baby, and 1 (1.3%) perceived that it will cause abdominal distension, pain, diarrhea and cold; others perceived it as filled with dirty fluid and in direct contact with air; some see as having no advantages for the baby or it could cause stomach ache and sickness in babies or it is sour. There are also those who discard the first yellow milk to ward off evil eye.

**Findings related to barriers regarding early initiation of breastfeeding**

The barriers to early initiation of breastfeeding were identified by collected qualitative data through in-depth interviews among 17 postnatal mothers who were chosen

purposively based on practice. After careful, thorough and in-depth reading of the written transcripts, and after they were translated by an expert to English, five themes were identified based on the coding of the responses obtained from the interviews. Findings are reported using thematic analysis.

**The five themes are**

1. Delay in handing over the baby.
2. Significant Family member influence: Some mother mentioned that their family member advised them to give prelacteal feed first rather than breastfeeding.
3. Baby’s condition: Baby’s health condition and illness at birth are also found to be one of the reasons for failure of Early Initiation of Breastfeeding.
4. Mother’s condition: Some mothers even mentioned that

they have problem with initiating breastfeeding due to fatigue, caesarean operation and milk production is not sufficient.

5. Lack of Experiences and knowledge: Some mothers mentioned that they did not know that the baby should be initiated breastfeeding, and it was the first child.

### Findings related to association between knowledge on early initiation of breastfeeding with selected demographic variables

The study results shows that there was a significant association between knowledge regarding early initiation of breastfeeding with educational status, occupation status and religion of the postnatal mothers.

### Discussion

The present study aimed to assess the Knowledge, attitude, Practice and Barriers regarding Early Initiation of Breastfeeding among postnatal mothers in selected hospital of Meghalaya. Early Initiation of breastfeeding rate was found to be 59.3% in the present study. This is lower than the rate found in the study conducted by Anaiappan Jeyakumar (2020) where Early Initiation of Breastfeeding was found to be 67.8% [10].

According to the present study, it was found that majority i.e. 61.9% of postnatal mothers had poor knowledge regarding Early Initiation of Breastfeeding followed by 31.2% who had average knowledge and 06.9% who had good knowledge regarding early initiation of breastfeeding. These findings are consistent with the findings reported by Smita Srivastava (2021) where 68.3% of the mothers had average knowledge regarding early initiation of breastfeeding [5].

In the present study majority of the postnatal mothers had favorable attitudes 54.5% towards early initiation of breastfeeding which is lower than the findings reported by Felix Kiplagat (2017) where 92.20% had positive attitudes towards early initiation of breastfeeding [11]. The present study revealed that the rate of prelacteal feeding practice is 10.1% which is slightly lower than the findings by Prof. Bhattacharya *et al.* (2020) where it was reported to be 10.5% [12]. The present study also revealed that, in most cases, sugar water 52.6% and plain water 47.4% were used as prelacteal feed before initiation of breastfeeding. The rate of bottle feeding is 56.35%, which is similar with the findings reported by Smita Srivastava (2021) where it was found that Plain water 13.3% and sweetened water 7.3% were used as prelacteal feed [5].

Association was found between Mothers' Occupational status, educational status and religion and Early Initiation of Breastfeeding in the present study which is similar with the study conducted by Wako Golicha *et al.* (2021) where there was an association between maternal education status with early initiation of breastfeeding [13].

Barriers to Early Initiation of Breastfeeding that were identified in the present study are delay in handing over the baby to the mother, baby's illness and maturity, mothers condition and lack of experiences and knowledge. This is in correspondence with many studies carried out previously by Anaiappan Jeyakumar (2020) who found that the main barriers for early initiation of breastfeeding were delay in handing over the baby to the mother, maternal complications, neonatal complications, caesarean section and misconception of insufficient of milk secretion [19].

Other findings such as inadequate breast milk was the reason behind delayed initiation of breast feeding and depends on the education of mothers which was reported by Mahmuda Nasrin (2018) [14].

### Conclusion

The study shows that although mothers had poor knowledge regarding early initiation of breastfeeding, however, they had favorable attitudes towards early initiation of breastfeeding but due to various barriers, they fail to initiate breastfeeding. Therefore, there is a need to address the existing gap in the knowledge of the mothers and to overcome the barriers towards early initiation of breastfeeding for promotion of breastfeeding practices

### Conflict of Interest

Not available

### Financial Support

Not available

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