

KNOWLEDGE OF RURAL WOMEN REGARDING BREAST FEEDING PRACTICES IN AMRELI DISTRICT

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ABSTRACT

Education is a lifelong process. Human Resource Development (HRD) in fisheries is possible through education especially higher education and training. In India, education in all agricultural sciences, including fisheries, is the responsibility of agricultural universities in their respective states. The aim of fisheries education is to develop skills and enhancing fish production through resources utilization, modern culture systems, applying modern harvesting and post harvesting techniques, marketing as well as social advancement of the fishing community. The state of Gujarat has the longest coastline of 1600 km among the maritime states of India, with continental shelf area of about 165000 sq.km. Gujarat is having second largest coastal brackish water area in country. From these potential areas, 89000 ha have been identified as suitable for coastal aquaculture. Fisheries contributes immensely to food security of the state by provided an important source of cheap and highly nutritious food. Through fisheries education and training, socio economic development of the state can be achieved.

Keywords: rural women breast feeding practices

The present study was conducted in purposively selected Taluka of Amreli district of Gujarat State namely Amreli. The purpose of the present study was to know the knowledge of rural women regarding breast feeding practices in Amreli district. The total sample of 50 rural respondents were selected for the present study. Findings of the study reveal that women had good knowledge regarding different aspects of breast feeding practices.

INTRODUCTION

Breastfeeding allows you and your baby to emotionally bond in a special way that cannot be matched, since breastfeeding meets both the nutritional and nurturing needs. Nursing is a learned skill for both mother and baby that requires time and patience. Breast milk provides many health benefits and is the ideal first food for your baby. Breastfeeding is special for so many reasons, including the joyful bonding with your baby, the perfect nutrition only you can provide, the cost savings, the health benefits for both mother and baby. The benefits of breastfeeding for mothers and infants have been widely recognized and researched. Studies have

shown that breastfeeding is superior to infant formula feeding because of its protective properties against illness, in addition to its nutritional advantages. Considering the extensive benefits of breastfeeding, the World Health Organization and the American Dietetic Association recommend exclusive breastfeeding of infants for the first six months and continued breastfeeding with complementary foods up to 12 months of age (ADA Reports, 2001, Patel *et al.*, 2016). According to WHO, (2012), Breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants; it is also an integral part of the reproductive process with important implications for the health of mothers. As a global public health recommendation, infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Thereafter, to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods while breastfeeding continues for up to two years of age or beyond.

The World Health Organization estimates that

around 220,000 children could be saved every year with exclusive breastfeeding. It recommends that colostrum, the yellowish sticky breast milk that is produced at the end of pregnancy as the ideal food for newborns; to be given within the first hour of birth, a process referred to as early initiation. Infants breast fed within the first hour of birth are three times more likely to survive than those who have their first breast milk after a day. Exclusive breastfeeding should be given from birth up to 6 months and continued breastfeeding is recommended with appropriate complementary food until the child celebrates his/her second year birth day without water, food or drink. The only exceptions are rehydration salts and syrups that contain medicine. It becomes essential that we counsel, encourage and support mothers to initiate exclusive breastfeeding. Governments, family members and community health workers all have a role to play in the survival of newborns through the uptake of exclusive breast feeding. Therefore the present study was conducted to know the knowledge of rural women regarding breast feeding practices in Amreli district.

OBJETIVES

- (a) To know the personal and social variable of repondents
- (b) To know the to study the knowledge of rural women regarding breast feeding practices in Amreli district
- (c) To know the knowledge of rual women regarding supplementary feeding

METHODOLOGY

The study was conducted in purposively selected Taluka of Amreli district of Gujarat State namely Amreli. Five villages i.e. Sedubhar, khijdiya, Nana ankadiya, Babapur, Gavadka having maximum infant mother were selected. A separate list of respondents was prepared for all the five villages and 10 women were randomly selected from each village constituting the total sample of 50 rural respondents for the present study. For collection of data interview technique was used. Data were collected with the help of structured interview schedule. Frequencies, percentage and mean percent score were used for analyzing the data statistically.

RESULTS AND DISCUSSION

In the present paper results emerged out from the analysis of the data of the present investigation. The data have been organized and analyzed by taking into account the

objectives of the study. All the pertinent information has been categorized and reported under the following major sections.

Background information of the respondents

This section deals with the general information of the respondents like age, education, marital status, occupation, caste, family size and type, ownership of the fixed assets, household assets, live stock ownership and their socio-economic status.

(1) Age

Table 1: Distribution of respondents by their personal variables n=50

Sr. No.	Variables	No.	Percent
1	Age		
	a) 18 - 30 years	43	86
	b) 31-45 years	7	14
2	Marital Status	50	
	a) Married		100
3	Caste		
	a) SC/ST	5	10.0
	b) Other backward caste	16	32.0
	c) Upper middle caste	0	0.0
	d) Upper caste	29	58.0
4	Family structure		
	i Family type		
	a) Nuclear	21	42.0
	b) Joint	29	58.0
	ii Family size		
	a) Small (upto 4 members)	9	18.0
	b) Medium (5-8 members)	22	44.0
c) Large (above 8)	19	38.0	
5	Education		
	a) Illiterate	00	0.0
	b) Read and Write	0.0	0.0
	c) Primary school	40	80.0
	d) Middle	5	10.0
	e) High school	5	10.0
6	Occupation		
	a) Farming	10	20.0
	b) Farm labour	40	80.0

(2) Marital status

Table 1 reveal that all the respondents were married. majority of the respondents (86%) belonged to the age group of 18-30 years, whereas very few of the respondents (14%) were in the age group 31-45 years.

(3) Caste

It is evident from Table 1 that 58.0 per cent of the respondents belonged to upper caste, while 32.0 and 10.0 per cent respondents belonged to the other backward caste and schedule respectively.

(4) Family structure

Data in Table 1 clearly indicate that more than half of the respondents (58.0%) were from joint families and 42.0 per cent respondents were from nuclear families. Regarding size of the family, the table further reveals that almost half of the respondents (44.0%) had medium size family and 38.0 percent of the respondents had large and 18.0 percent had small size family.

(5) Education

Education is one of the most important determinants of a person's social status. Regarding educational level of the respondents, Table 2 indicates that more than majority of the respondents (80.0%) were educated up to primary level, while, 10.0 per cent of the respondents were educated up to middle and high school level. Most of the respondents mentioned that their education was discontinued due to early marriage.

(6) Occupation

Table 1 regarding occupation of the respondents reveal that majority of the respondents (80%) had farm labors, whereas one fifth of the respondents (20%) had farming as their main occupation.

Knowledge of rural women regarding breast feeding

Knowledge is the most important component of behavior and it plays major role in the covert and overt behavior of human being. Once knowledge is acquired, it produces change in one's opinion/ thinking which would lead to further changes in attitude of the individual. Knowledge as a function or stages in the innovation- decision process was recognized by Roger and Shoemaker (1971). This exemplifies the importance of knowledge in innovation- decision process.

Tables 2: Distribution of the respondents regarding their knowledge about breast feeding n=50

Sr. No.	Attributes	No.	Per cent
1	Knowledge about colostrum	50	100
2	Plan to breast feed after delivery	50	100
3	Time of initiating breast feeding		
i	Within 1 hr. of birth	38	76
ii	Between 1-4 hr. of birth	28	16
iii	Between 1-3 days of birth	02	04
iv	Within 1 st week of birth	02	04
4	Duration to breast feed infant		
i	2 hr.	04	8.0
ii	4 hr.	02	04
iii	On baby demand	46	92
5	Exclusive breast feeding for 6 month		
i	Exclusive breast feeding	42	86
ii	Mixed feeding	08	16
6	Milk use for mixed feeding		
i	Cow milk	08	10
ii	Goat milk	0	0.0
iii	Packaged milk	0	0.0
iv	Buffalo milk	0	0.0
7	Counselor	0	0.0
i	Family	02	44
ii	Relatives		
iii	Doctor	06	52
iv	Midwife	02	04
8	Aid/ support in feeding		
i	Father	10	20
ii	Grand mother	20	40
iii	No help	20	40
iv	Others	0	0
9	Recommendation of breast feeding		
i	2 months	04	08
ii	4 months	06	12
iii	6 month	40	88
10	Maternal nutrition		
i	Taken extra calories during pregnancy and lactation	35	70
ii	Taken supplements during pregnancy and lactation	15	30

Data in the Table 2 revealed that all the respondents (100%) new about colostrum as it contains anti bodies to protect the new born against disease and they all planned to breast feed their babies. Regarding time of initiation of breastfeeding majority of the respondent (76%) had good

knowledge about initiate breastfeeding with in 1 hour of birth whereas one third of the respondents initiate breastfeeding within 1-4 hour of birth knowledge. Regarding duration to breastfeed babies table reveal that majority of the respondents (92%) breastfeed their babies on their demand as when they feel hungry. Further table indicate that 86% of the respondent used exclusive breastfeeding without any mixed feeding, however 16% of the respondents used mixed feeding and they all prefer cow milk for mix feeding.

Table 2 further indicate that doctor (52%) was the most frequent counselor followed by family members (44%). Grandmother (40%) most commonly support the mother in feeding. Further table indicate that majority of the respondents (88%) had knowledge that breastfeeding is recommended for 6 months to promote all around development of infant. Table 4.3 shows that 70 percent mother had taken extra calories and 30 percent had taken supplements during pregnancy and lactation.

The study are in conformity with Sriram, *et. al.* who revealed that 70.67 percent of mothers had the knowledge about initiation of breast feeding within 1 hour of birth 90.67% of mothers had a good knowledge about colostrum. 96% mothers had the knowledge of exclusive breast feeding. Doctor (58.67%) was the most frequent counsellor regarding feeding.

Table 3: Distribution of the respondents regarding their knowledge about supplementary feeding

No.	Attributes	No.	Per cent
1	Initiation of supplementary feeding		
i	6 months	50	100
ii	1 year	0	0
iii	2 year	0	0
2	Type of supplement food you prefer for baby		
i	Rice water	15	30
ii	Pulse water	15	30
iii	Khichdi	20	40
iv	Baby food	20	40
v	Raab	05	10
vi	Curd	10	20
vii	Upma	05	10

***Multiple responses**

Table 3 indicate knowledge of respondent regarding supplementary feeding reveal that all the respondents (100%)

initiated supplementary feeding by six months of age, further table reveal that they use rice water (30%), pulse water (30%), khichdi (35%), baby food (40%), Raab (10%), Curd (20%) and upma,(10%) as a supplementary food for their babies.

Overall knowledge of the respondents

An effort was made to categories the respondents on the basis of their overall knowledge about the breast feeding. Findings in Table 4 reveals that majority of the respondents (75.0%) had good knowledge about different aspects of breast feeding. However 25 per cent respondents were in average knowledge category with overall mean per cent score of 65.02.

Table 4 : Categorization of respondents on the basis of their overall knowledge n=50

Sr. No.	Knowledge Categories	Percent
1.	Poor	0
2.	Average	25
3.	Good	75
	Overall MPS	65.02

CONCLUSION

This can be concluded from the study that rural women had good knowledge regarding breast feeding practice. They were aware about the supplementary feeding. Although Awareness generation programme should be needed to be plan by government officials to generate knowledge among rural respondents regarding breast feeding. A training manual and teaching aids like leaflet, folder, film etc. should be developed to generate awareness among rural women.

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