

Perception Towards Breast Feeding Amongst Working Women Teachers of a Public School in Delhi

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The industrial revolution in India created a sudden change in the socio-cultural practices of the population. With the increasing emancipation of women, mothers had to work away from their homes. A declining trend of breast-feeding (BF) was noticed in the early seventies but a decade of intensive campaigning by national and international agencies against bottle and for breast feeding has reversed this. A positive trend of BF in India has been reported(1-4).

BF practices amongst working mothers is determined by availability of creches at their place of work (an extremely rare facility), traditional socio-cultural practices and knowledge acquired during their education. The objective of the present study was to assess the knowledge and attitude amongst teachers to identify the areas in

which their concepts are incorrect before launching an orientation course in Maternal and Child health care for them.

Material and Methods

The study was conducted in Delhi. A Public School was selected by purposive sampling, keeping in view operational feasibility. All the married women teachers attending the school on the day of the survey constituted the study population. Five married teachers who could not attend school on the study day and all unmarried women were excluded. All of them were collectively briefed about the objectives of the study, and then a pretested structured questionnaire was administered to each. Every question was explained, to ensure complete comprehension, and queries raised by the subjects were answered by the investigators. Steps were taken to minimise consultation amongst subjects.

Results

In the present study, all sixty two teachers belonged to middle socio-economic group (per capita income of Rs. 500-750 per month) and were graduates; and a few were post-graduates.

Ninety eight per cent of mothers knew correctly that breast milk is best upto 4-5 months of age and 94% mentioned that breast feeding should be started immediately after birth (*Table I*). The percentage of subjects who knew that colostrum should be given, protective substances are present in breast milk (BM), and BF should be continued as long as possible was 94, 95 and 61%, respectively.

Ninety two per cent subjects knew about improved mother infant bonding due to BF. Only 60% knew that lactation provides complete protection against pregnancy during the first 4 months. Sixty

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TABLE I—*Knowledge About Advantages of Breast Feeding*

Advantages	Correct response		Incorrect response	
	No.	%	No.	%
1. Mother and child love, affection and bondage is better with BF	57	92	5	8
2. BF is 'Beneficial' for the health of mother	45	73	17	27
3. BM is nutritious and sterile	61	98	1	2
4. BM is economical	57	92	5	8
5. Lactation provides complete protection against pregnancy during first 4 months	25	40	37	60

*BM = Breast Milk, BF = Breast Feeding

one per cent mothers considered BF outside house as an embarrassing activity.

All subjects were aware that unhygienic bottle feeding caused diarrhea while BF was protective. However, 16, 55 and 60% of them felt that BF should be stopped when the mother is suffering from tuberculosis, malaria and diarrhea respectively. Sixty five per cent mothers had the misconceptions that diluted top milk should be given to the child even after 4 months of age while 35% had incorrect knowledge that commercial preparations of milk are more nutritious than breast milk.

Seventy six per cent had incorrect knowledge that high consumption of almonds, cashew nuts and other dry fruits by lactating mothers helps to increase the quantity of breast milk.

Discussion

In the present study, it was gratifying to note that 94% of subjects favored that the breast feeding should be started immediately after birth. Similar findings have been earlier reported amongst Auxillary Nurse Midwives(2,3), Child Development Project Officers(4), Medical Officers(3,5) and

mothers(6,7). Ninety four per cent teachers had knowledge that colostrum should be given to the child. This is contrary to earlier findings reported by other workers(5,8). Mothers discard colostrum as they think it is unhealthy, harmful and indigestible by newborn(9). The correct knowledge on this aspect may be attributed to ready accessibility of subjects to the nutrition education messages delivered through mass media like television, women's magazines and radio, etc. and may also be due to high level of education. It is a healthy sign in the revival of traditional practices towards breast feeding.

Nearly 37% felt that bottle feeding should be totally avoided and all the subjects had correct knowledge that unhygienic bottle feeding is a major cause of diarrhea in bottle fed children. This is a heartening trend. This may be due to aggressive health and nutrition education, campaigns by national and international bodies against—the bottle and for—the breast feeding. Similar findings have been recently reported amongst maternal and child health workers(1,2).

In India, certain foods like desi ghee,

milk, almonds, cashewnuts, *etc.* are considered as galactagogues, and it is believed that their consumption would increase breast milk secretion(10). Although, no scientific evidence exists about the role of these galactagogues, they are still consumed. In the present study, 76% of subjects had wrong knowledge that consumption of almonds, cashewnuts, milk and desi ghee would increase lactational performance. Similar findings have been reported by other workers(1,2). This may be due to continuation of domination of deep seated dietary beliefs and failure of penetration of scientific knowledge amongst the subjects.

Sixty one per cent of teachers considered breast feeding outside the house as an embarrassing activity. This may be due to the fact that working women are more conscious about their physical appearance. Also, it reflects the inhibitions of a more sophisticated society. Similar findings have been reported amongst adolescent girls(11).

There are few specific contraindications for discontinuation of breast feeding(3). In the present study, 16, 55 and 50% of mothers had incorrect knowledge that BF should be stopped when mother is suffering from tuberculosis, malaria and diarrhea. This may be again due to domination of traditional beliefs that a sick mother will produce 'unhealthy' breast milk. Stoppage of BF by mother during her illness has been reported earlier also(1-3).

Some findings of our study are very encouraging. The majority of working women had correct knowledge about interrelationship between bottle feeding and diarrhea, feeding of colostrum, early initiation of BF and presence of protective substances in BM. However, it was found that women had inadequate knowledge about the role of diet in lactation, discontinuation of BF

during illness of the mother and dilution of top milk. There is need of initiating nutrition education programmes for working mothers.

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Multifocal Osteomyelitis in a Newborn

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The clinical features of osteomyelitis of childhood have been described, but descriptions concerning the clinical characteristics of the disease in the neonatal period have not been consistent. Although septic arthritis and osteomyelitis frequently occur together but the association of septic arthritis with multifocal osteomyelitis in septicemic newborns has not commonly been documented. We present one such case here.

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Case Report

A full term female baby was born to a 32 years old G₄P₃ mother through a normal vaginal delivery at Smt. S.K. Hospital. The membranes had ruptured 2 days prior to the delivery. The antenatal period had been uneventful. The neonate was admitted to the Neonatal Unit attached to this hospital at the age of 8 hours with history of blood stained vomiting.

On physical examination, nothing remarkable was revealed apart from mild abdominal distension. The baby was kept under observation. On the 2nd day, the child was found to be slightly lethargic. The baby was put on antibiotics cephalixin, gentamicin and intravenous fluids and was investigated. The Apt test was positive on D₁. The Hb was 13 g/dl, TLC 11,000/cu mm, ESR 49 mm/1st hour, P/S—Normal. Platelet count was 1.5 lakh/cu mm. Blood culture was sterile. The condition of the child improved initially but deteriorated subsequently and he became lethargic and was groaning. At this stage (day 10), a repeat blood culture revealed klebsiella which was sensitive to amikacin, cefotaxime and ofloxacin but was resistant to all other antibiotics. The CSF was suggestive of meningitis and klebsiella was cultured. The child was put on cefotaxime and amikacin. The general condition of the child improved marginally and was subsequently put on nasogastric feeds. On the 20th day, the child was noted to be jaundiced and developed a swelling at the right shoulder joint with restricted movements. Alongwith this, another swelling appeared at the right elbow joint and the child developed spiky fever. The right shoulder joint was aspirated and 3 ml of pus was drained and sent for culture.

The child was further investigated and blood culture again grew klebsiella, CSF