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### PARENTAL ATTITUDES TOWARDS BREASTFEEDING PRACTICES IN COMPARISON TO FORMULA FEEDING AND ITS SOCIODEMOGRAPHIC DETERMINANTS IN A MIDDLE-CLASS, SEMIURBAN POPULATION IN INDIA

**Dr. Param Harsh<sup>1</sup>, Dr. Ashwin Arora<sup>2</sup>, Dr. Barun Kumar Chakrabarty<sup>3</sup>**

1. MBBS, MD (Paediatrics), Assistant Prof Dept of Paediatrics, Military Hospital, Jalandhar, Punjab, India -144005

2. Senior Advisor and HOD Paediatrics, Military Hospital, Jalandhar Punjab, India -144005

3. MD, DNB (Pathology), AFMC Pune, India

#### ARTICLE INFO

#### ABSTRACT

#### CASE REPORT

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**Corresponding author**  
**Dr. P. Harsh\***

- The lower exclusive breastfeeding rates despite adequate health education and awareness endeavors in developing countries are attributable to parental attitudes.
- This study was done to find out the relationship between parental attitudes towards breastfeeding and its socio-demographic determinants.
- Education levels of the participants significantly affects the positive breastfeeding attitudes.
- Contrary to the popular belief professional mothers had more positive attitude towards breastfeeding than housewives
- There is need to improve infrastructure and social environment to facilitate breastfeeding at public places in developing countries.

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#### INTRODUCTION

Breastfeeding has been merited as a pertinent source of nutrition for growth and development of the young infants. Despite ample health education and awareness endeavors about the advantages of breastfeeding, the current exclusive breastfeeding rates are still on the lower side in developing countries like India (6).

One of the reason behind this lag in breastfeeding rate can be attributed to the parental attitudes towards breastfeeding. It is a well-known fact that positive maternal attitude

plays an important role in determination of decision to breastfeed and its duration (4), however father's attitudes towards breastfeeding also play a pivotal role in breastfeeding (1). In this modern era, many parents are indulging in formula feeding practices as a healthy alternative to breastfeeding. The objective of this study was to find out the relationship between parental attitudes towards breastfeeding in comparison to formula feeding and its socio-demographic determinants.

## METHODS

This was a prospective, cross sectional study conducted at Dept. of Pediatrics in a zonal hospital in North India. Study protocol was approved by the institutional research and ethics committee. To assess the maternal and paternal attitudes towards breastfeeding and formula feeding, we prepared a 17 point questionnaire adapted from IIFAS (low Infant Feeding Attitude Scale). IIFAS is a reliable and validated tool for assessing attitudes toward breastfeeding (2).

Parents were explained that the participation in this questionnaire is voluntary and it has no implications on the treatment of their child and consultation by the doctor. Parents were also explained that they don't have to wait with a sick child and can answer the questionnaire either before or after consultation with the doctor. No previous participation was ensured among these parents.

The demographics in the questionnaire included child's age in months, parental age, education and working status of the parents. The modified questionnaire consisted of 17 attitude questions, wherein eight favored breastfeeding and nine favored formula feeding. The questionnaire was translated into the local vernacular language to make it understandable for the study population. The questionnaire covered in detail the various aspects of breast and formula feeding related to affordability, nutritive value, social factors, feasibility and sustainability. The parents of infants between 3 to 12 months attending the Pediatric OPD participated in this questionnaire based study. Infants less than 3 and more than 12 months, sick infants and

those who were mentally or physically challenged were excluded from this study.

Each parent marked the answer in the questionnaire as "Yes" or "No" (Yes = 2, No = 1) Answers which favored formula feeding were reverse scored. Total attitude score was calculated by means of equally weighted sum of responses to the individual questions. Total attitude score could range from a low of 17 (imitating participants' positive formula feeding attitude) to a high of 34 (imitating positive breastfeeding attitude). A total score of 25 indicated an overall neutral attitude. The attitude score was graded as Positive attitude=26-34; Neutral attitude=25; Negative attitude=17-24.

## RESULTS

The data was analyzed using the SPSS version 22. Descriptive characteristics of the study group were analyzed. Cross tabulation and Chi-square tests were done to evaluate the responses amongst the different study groups. Independent samples 't' test and ANOVA (one-way analysis of variance) test were employed for comparison of infant feeding attitudes amongst study groups. Pearson's correlation test was employed to determine the parent's attitude scores with age of parents and child. p value <0.05 was taken as statistically significant.

Total 232 parents participated in the study. 18 parents didn't return the survey and another 14 were excluded from the study because of previous participation, leaving a final sample size of 200. The study population was a semi urban, middle class community and the demographics has been depicted in Table 1.

**Table 1:** Demographics of Study population

1. Mothers Age in years ( N= 100 )	N (Frequency)	%
≤25	27	27
26-30	49	49
31-35	23	23
≥36	1	1

<b>2. Working status ( Mothers)</b>		
Yes	84	84
No	16	16
<b>3. Mothers Education</b>		
High School	36	36
Graduate	35	35
Post Graduate	29	29
<b>4. Fathers Age in years ( n= 100 )</b>		
≤25	2	2
26-30	37	37
31-35	55	55
≥36	6	6
<b>5. Working status ( Fathers)</b>		
Yes	100	100
<b>6. Fathers Education</b>		
High school	38	38
Graduate	48	48
Post Graduate	14	14

The mean age of the infants who participated in the study was 9.3 months (SD 3.4), mean fathers' age was 31.2 years (SD 2.9) and mean mother's age was 28 years (SD 3.5).16 % were working mothers. There are statistically significant differences in age wise

formal education level of the father respondents as depicted in Table 2 but there are no such differences seen amongst mothers. Mothers had a higher education level in our study.

**Table 2:** Age wise education level amongst participants

Parameters		Education		
		Postgraduate	Graduate	High School
		Count	Count	Count
Mothers age in years	≤25	7	9	11
	26-30	14	21	14
	31-35	8	5	10
	≥36	0	0	1
Fathers age in years	≤25	0	2	0
	26-30	2	9	26
	31-35	11	24	20
	≥36	1	3	2

Parents who participated in the questionnaire marked their responses to all the 17 questions and their responses have been depicted as per their academic qualifications in Table 3.

**Table 3:** Participant's response results according to the level of education

Number of Participants		Fathers (N=100)			Mothers (N=100)		
		PG	Graduate	High School	PG	Graduate	High School
Questions	Response type	Count	Count	Count	Count	Count	Count
The benefits of breastfeeding last only as long as the baby is breastfed	Yes	04	19	34	14	24	26
	No	10	19	14	15	11	10
Formula feeding is more convenient than breastfeeding	Yes	07	10	18	3	12	09
	No	07	28	30	26	23	27
Breastfeeding increases mother infant bonding	Yes	13	35	45	29	28	30
	No	1	3	3	0	7	6
Breast milk is lacking in iron	Yes	4	10	9	3	8	8
	No	10	28	39	26	27	28
Formula fed babies are more likely to be overfed than breast fed	Yes	7	11	14	18	24	23
	No	7	27	34	11	11	13
Formula feeding is the better choice if the mother plans to go to work	Yes	09	19	24	11	20	22
	No	05	19	24	18	15	14
Mothers who formula feed miss one of the great joys of motherhood	Yes	11	28	36	21	27	25
	No	03	10	12	08	08	11
Women should not breastfed in public places such as restaurants	Yes	06	22	28	08	26	20
	No	08	16	20	21	09	16
Breastfed babies are healthier than formula fed babies	Yes	09	23	23	04	15	11
	No	05	15	15	25	20	25
Breastfed babies are more likely to be	Yes	04	23	26	18	19	24

overfed than formula fed babies	No	10	15	22	11	16	12
Fathers feel left out if a mother breast feeds	Yes	03	11	13	05	15	11
	No	11	27	35	24	20	25
Breast milk is the ideal food for babies	Yes	13	33	44	27	30	32
	No	01	05	04	02	05	04
Breast milk is more easily digested than formula	Yes	10	34	40	25	26	32
	No	04	04	08	04	09	04
Formula is as healthy for an infant as breast milk	Yes	06	12	17	08	16	08
	No	08	26	31	21	19	28
Breastfeeding is more convenient than formula	Yes	11	33	35	25	27	29
	No	03	05	13	04	08	07
Breast feeding is cheaper than formula	Yes	10	25	29	19	29	22
	No	04	13	19	10	06	14
A mother who occasionally drinks alcohol should not breast fed her baby	Yes	08	22	35	14	29	28
	No	06	16	13	15	06	08

There is overall statistically significant difference seen among the level of education and positive breastfeeding attitudes ( $p = .001$ ) and this was more noticeable among mothers ( $p=0.00$ ) than fathers ( $p = 0.480$ ). Professional mothers and housewives do not have any differences ( $p=0.223$ ) in positive attitudes towards breastfeeding, but contrary to popular belief, professional mothers had more positive attitudes (average score= $28.5\pm 2.4$ ) toward breastfeeding than housewives (average score =  $27.7\pm 2.6$ ). There is a positive correlation

depicted between increasing age of the child with the positive breastfeeding practices ( $r=0.152$ ;  $p=0.031$ ). There is also positive correlation seen between increasing age of mothers ( $p= 0.008$ ) and fathers ( $p = 0.594$ ) with positive breastfeeding attitudes score but it was not statistically significant.

#### DISCUSSION

This study highlights both the maternal and paternal attitudes towards breastfeeding in comparison to the formula feeds in a developing country like India along with

various socio- demographic factors which influence these attitudes. It is epoch making to understand and identify the infant feeding attitudes of parents and their social networks before the implementation of breastfeeding interventions. In our study parents from different educational strata exhibited significant differences in their breastfeeding attitudes. Both mothers and fathers showed positive breastfeeding attitudes in our study.

Another aspect which was brought out in our study was that both professional mothers and house wives had positive attitudes towards breastfeeding in comparison to formula feeds which can be attributable to the increasing awareness and breastfeeding promotion practices. Similar results were noticed in a study done by Tohota et al (5). In our study both parents shared approbatory attitude towards breastfeeding in relation to its nutritive value, ease of administration, digestibility, mother- infant bonding and long-term health benefits in comparison to formula feeds.

One very important observation in our study was parental attitudes towards breastfeeding in public places such as restaurants, shopping malls and private establishments. Only 46 % of mothers and 44 % of fathers were in favor of breastfeeding in public places. Although both parents shared positive attitudes towards breastfeeding in our study, the hesitation towards breastfeeding in public places can be attributable to a lack of adequate infrastructure and sentiments. These findings speak volumes about the need for considerable improvement of infrastructure for breastfeeding at public places and constituting a set policy for breastfeeding in developing countries like India.

#### **LIMITATIONS**

This pilot study has several limitations. As our study population was semi urban, middle class with different socioeconomic strata, the findings may not be generalizable. The questionnaire to parents was self-

administrated and subject to recall and social desirability bias. In our study we have stressed upon parental attitudes towards breastfeeding practices in comparison to formula feeds but its effect on duration of breastfeeding has not been evaluated.

#### **CONCLUSION**

More such studies with large sample size are required to find out the factors effecting the parental breastfeeding attitudes. In this era of digital revolution where information and awareness about breastfeeding practices is readily available and parents do have positive attitudes as depicted in our study, we need to ameliorate our physical environment to sway the balance of influences that may deter women from breastfeeding at public places.

As a society, we have to provide the physical and emotional comfort to encourage breastfeeding at public places. This will go a long way to boost the morale of the parents towards breastfeeding practices. This study may act as a catalyst to expedite research and formulate policy for breastfeeding practices in developing countries like India.

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