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SunKrist Journal of Obstetrics and Gynecology Research

Research Article *Volume: 2, Issue: 1* *Scientific Knowledge*

Community Based Study of Awareness of Breastfeeding Amongst Rural Tribal Women, Preconception and During Pregnancy

S Chhabra*

Department of Obstetrics Gynaecology, Mahatma Gandhi Institute of Medical Sciences, India

1. Abstract

Background: Breastfeeding has nutritional, immunological, behavioral, economic benefits, provides mother-infant bonding. Understanding women's awareness, views preconception, during pregnancy is increasingly being recognized as vital for providing effective support that would encourage best of breastfeeding.

Objective: Community based study was done to know about rural tribal women's awareness, views, about breastfeeding, preconception and during pregnancy.

Materials and Methods: After institute's ethics committee's approval, present study was carried out in tribal communities of 100 villages where community-based mother child care activities were initiated after having developed a health facility for 24 hrs 7 days services in one of the 100 villages. Minimum 20 from each village, making a total of 2400 nonpregnant women, 1040 pregnant women of 15 to 45 years old, minimum 10 from each village became study subjects. All women were interviewed in villages. Information regarding their awareness about breastfeeding preconception and during pregnancy was collected after taking consent.

Results: All 2400 women interviewed preconception said, they knew that breastmilk was best. After birth they would not give anything other than breastmilk to their babies. However only 726 (30.25%) women knew that mothers first milk after birth decreased risk of diseases, 502 (20.92%) said mothers' milk was easily digested by baby and 1172 (48.83%) said that mothers milk helped in proper growth of baby. Out of 1040, pregnant women, 999 (96%) were aware of advantages of exclusive breastfeeding and 921 (97.7%) also favored immediate breastfeeding. Only 22 (2.3%) said initiation of breastfeeding should be delayed.

Conclusion: While rural women preconception, during pregnancy were aware that breast milk was best of breastfeeding. But they were not aware about initiation of breastfeeding at the earliest, colostrum and exclusive breastfeeding which is needed even in present era.

2. Keywords: Breastfeeding; Rural Tribal Women; Preconception; Pregnancy; Awareness; Challenges

3. Introduction

Breastfeeding has nutritional, immunological, behavioral and economic benefits. It also provides

***Corresponding author:** S Chhabra, Department of Obstetrics Gynaecology, Mahatma Gandhi Institute of Medical Sciences, Sevagram Officer on Speical Duty, Dr. Sushila Nayar Hospital, Utavali, Melghat, Amravati, Chief Executive Officer, Akanksha Shishugruha, Kasturba Health Society, Sevagram, Wardha, Maharashtra, India, E-mail: chhabra_s@rediffmail.com, schhabra@mgims.ac.in

Received Date: November 07, 2020; **Accepted Date:** November 14, 2020; **Published Date:** November 16, 2020

best of the mother-infant bonding. Understanding women's awareness, views about breastfeeding preconception is increasingly being recognized as a vital tool to provide effective support that would encourage the best of breastfeeding practices, safest, least allergic and best for infants. Social and cultural attitudes affect the practices and breastfeeding practices worldwide, considered to be one of the major reasons for the infant mortality and under-5 mortality. While almost all rural women do breastfeed, but many things essential for best of breastfeeding are not done. Views and perceptions of tribal rural women are not very well known specially preconception and during pregnancy.

4. Objectives

Community based study was carried out to know rural tribal women's awareness, views, about breastfeeding preconception and during pregnancy.

5. Materials and Methods

After taking ethics committee's approval, the study was carried out in 100 villages in tribal communities of rural hilly and forestry region, Melghat of Amravati, Maharashtra, India. In these 100 villages community-based mother and child care activities were initiated after having developed health facility in one of these 100 villages for 24 hrs 7 days services. Information about awareness of women regarding breastfeeding was collected by interviews using a tool with language understood by women, with some questions for closed ended answers (yes or no) and others open ended. It was decided to include minimum 20 preconception women making a total of 2400 and minimum 10 pregnant women of each village making a total of 1040 of 15 to 45 years also became study subjects. After consent women were interviewed in villages at mutually convenient place. Information was recorded on the hard tool then and there. No one was given tool to fill.

6. Results

All 2400 women interviewed preconception, said that they knew that breast milk was the best and said that they would not give any other thing than breast milk to their babies. However only 726 (30.25%) women knew that mother's first milk after birth was needed to be given specially because it, decreased risk of diseases.

502 (20.92%) said mother's milk was easily digested by baby and 1172 (48.83%) said that mothers milk helped in better growth of the baby.

When asked about the time of initiation 2007 (84%) did say immediately after birth, but 393 (16.38%) said it should be delayed. The main reasons for delayed initiation were because of caesarean section 280 (71.25%), 75 (19.08%) said mothers become weak after delivery and 38 (9.67%) said that it was their family practice.

On asking about the frequency of feeding 1767 (73.63%) said as and when baby was awake, 328 (13.67%) said four times a day, 305 (12.71%) said six times a day. (Table 1 and 2).

Table 1: Preconception Awareness of Breastfeeding.

Age	Total	Awareness		Advantages of Colostrum					
		Yes	%	Risk of Diseases	%	Easily Digested	%	Better Growth of Baby	%
15-19	336	336	100	216	64.29	21	6.25	99	29.46
20-24	828	828	100	154	18.60	219	26.45	455	54.95
25-29	736	736	100	260	35.33	154	20.92	322	43.75
30-34	333	333	100	71	21.32	74	22.22	188	56.46

35-39	93	93	100	20	21.51	19	20.43	54	58.06
40-45	74	74	100	5	6.76	15	20.27	54	72.97
Total	**2400**	**2400**	**100**	**726**	**30.25**	**502**	**20.92**	**1172**	**48.83**
Education									
Illiterate	953	953	100	272	28.54	147	15.42	534	56.03
Primary	850	850	100	222	26.12	201	23.65	427	50.24
Secondary	506	506	100	204	40.32	145	28.66	157	31.03
Higher Secondary	91	91	100	28	30.77	9	9.89	54	59.34
Graduate Postgraduate	0	0	100	0	0.00	0	0.00	0	0.00
Total	**2400**	**2400**	**100**	**726**	**30.25**	**502**	**20.92**	**1172**	**48.83**
Profession									
Housewife	275	275	100	58	21.09	67	24.36	150	54.55
Laborer	958	958	100	310	32.36	261	27.24	387	40.40
Own Farm Laborer	468	468	100	126	26.92	41	8.76	301	64.32
Work Away Form Our Village	699	699	100	232	33.19	133	19.03	334	47.78
Total	**2400**	**2400**	**100**	**726**	**30.25**	**502**	**20.92**	**1172**	**48.83**
Economics									
Upper	147	147	100	31	21.09	30	20.41	86	58.50
Upper Middle	183	183	100	21	11.48	103	56.28	59	32.24
Middle	544	544	100	179	32.90	104	19.12	261	47.98
Upper Lower	662	662	100	208	31.42	135	20.39	319	48.19
Lower	864	864	100	287	33.22	13	1.50	564	65.28
Total	**2400**	**2400**	**100**	**726**	**30.25**	**502**	**20.92**	**1172**	**48.83**
Parity									
Po	105	105	100	32	30.48	28	26.67	45	42.86
P1	411	411	100	86	20.92	36	8.76	289	70.32
P2	672	672	100	188	27.98	130	19.35	354	52.68
P3	453	453	100	107	23.62	94	20.75	252	55.63
P4	250	250	100	99	39.60	79	31.60	72	28.80
P5 Above	509	509	100	214	42.04	135	26.52	160	31.43
Total	**2400**	**2400**	**100**	**726**	**30.25**	**502**	**20.92**	**1172**	**48.83**

Table 2: Timing of Breastfeeding.

Age	Total	Timing				Reasons for Delayed Feeding						Frequency					
		Immediately	%	Delayed	%	Family me	%	After deli	%	After caes	%	4 Times a	%	6 Time	%	When	%

						mbers wish		very mother weak		area n section		day		s a day		baby cries	
15-19	336	302	90	34	10.12	3	8.82	13	38.24	18	52.94	32	9.52	**38**	**11.31**	**266**	**79.17**
20-24	828	711	86	117	14.13	11	9.40	24	20.51	82	70.09	62	7.49	**160**	**19.32**	**606**	**73.19**
25-29	736	639	87	97	13.18	9	9.28	9	9.28	79	81.44	149	20.24	**42**	**5.71**	**545**	**74.05**
30-34	333	274	82	59	17.72	7	11.86	17	28.81	35	59.32	55	16.52	**33**	**9.91**	**245**	**73.57**
35-39	93	45	48	48	51.61	6	12.50	6	12.50	36	75.00	21	22.58	**18**	**19.35**	**54**	**58.06**
40-45	74	36	49	38	51.35	2	5.26	6	15.79	30	78.95	9	12.16	**14**	**18.92**	**51**	**68.92**
Total	**2400**	**2007**	**84**	**393**	**16.38**	**38**	**9.67**	**75**	**19.08**	**280**	**71.25**	**328**	**13.67**	**305**	**12.71**	**1767**	**73.63**
Education																	
Illiterate	953	824	86.46	129	13.54	11	8.53	30	23.26	88	68.22	84	8.81	**127**	**13.33**	**742**	**77.86**
Primary	850	767	90.24	83	9.76	18	21.69	23	27.71	42	50.60	153	18.00	**118**	**13.88**	**579**	**68.12**
Secondary	506	365	72.13	141	27.87	6	4.26	10	7.09	125	88.65	62	12.25	**45**	**8.89**	**399**	**78.85**
Higher Secon	91	51	56.04	40	43.96	3	7.50	12	30.00	25	62.50	29	31.87	**15**	**16.48**	**47**	**51.65**

dary																	
Graduate Postgraduate	0	0	0	0	0.00	0	0	0	0.00	0	0.00	0	0.00	**0**	**0.00**	**0**	**0.00**
Total	**2400**	**2007**	**83.63**	**393**	**16.38**	**38**	**9.67**	**75**	**19.08**	**280**	**71.25**	**328**	**13.67**	**305**	**12.71**	**1767**	**73.63**
Profession																	
Housewife	275	243	88.36	32	11.64	9	28.13	11	34.38	12	37.50	15	5.45	**19**	**6.91**	**241**	**87.64**
Laborer	958	819		139		10		29		100		124		**109**		**725**	**75.68**
Own Farm Laborer	468	398		70		11		10		49		140		**34**		**294**	**62.82**
Work Away Form Our Village	699	547		152		8		25		119		49		**143**		**507**	**72.53**
Total	**2400**	**2007**		**393**		**38**		**75**		**280**		**328**		**305**		**1767**	**73.63**
Economics																	
Upper	147	85	57.82	62	42.18	6	9.68	26	41.94	30	48.39	19	12.93	**13**	**8.84**	**115**	**78.23**
Upper Middle	183	144	78.69	39	21.31	18	46.15	7	17.95	14	35.90	29	15.85	**15**	**8.20**	**139**	**75.96**
Middle	544	487	89.52	57	10.48	5	8.77	30	52.63	22	38.60	178	32.72	**68**	**12.50**	**298**	**54.78**

Upper Lower	662	549	82.93	113	17.07	5	4.42	0	0.00	108	95.58	43	6.50	**104**	**15.71**	**515**	**77.79**
Lower	864	742	85.88	122	14.12	4	3.28	12	9.84	106	86.89	59	6.83	**105**	**12.15**	**700**	**81.02**
Total	**2400**	**2007**	**83.63**	**393**	**16.38**	**38**	**9.67**	**75**	**19.08**	**280**	**71.25**	**328**	**13.67**	**305**	**12.71**	**1767**	**73.63**
Parity																	
P0	105	43	40.95	62	59.05	6	9.68	10	16.13	46	74.19	25	23.81	**15**	**14.29**	**65**	**61.90**
P1	411	367	89.29	44	10.71	4	9.09	14	31.82	26	59.09	18	4.38	**42**	**10.22**	**351**	**85.40**
P2	672	580	86.31	92	13.69	5	5.43	11	11.96	76	82.61	136	20.24	**56**	**8.33**	**480**	**71.43**
P3	453	345	76.16	108	23.84	5	4.63	15	13.89	88	81.48	42	9.27	**44**	**9.71**	**367**	**81.02**
P4	250	205	82.00	45	18.00	6	13.33	19	42.22	20	44.44	26	10.40	**74**	**29.60**	**150**	**60.00**
P5 Above	509	467	91.75	42	8.25	12	28.57	6	14.29	24	57.14	81	15.91	**74**	**14.54**	**354**	**69.55**
Total	**2400**	**2007**	**83.63**	**393**	**16.38**	**38**	**9.67**	**75**	**19.08**	**280**	**71.25**	**328**	**13.67**	**305**	**12.71**	**1767**	**73.63**

Amongst 1040 pregnant women also all 100% said no supplements were needed for the newborn but were not sure of initiation, though 990 (95.2%) said it should be immediate initiation and 999 (96.1%) said breastfeeding was the best. Age did not have much of difference in awareness but among 35-39 years it was 100% among 15-19 years 98.5% 20-24 years 94.4%, 25-29 years 96.3% and 30-34 years 97.1%. Of 1040 women 56 were illiterate, amongst them also only 5 (8.9%) were not aware, however, 35 (62.5%) of 56 illiterate women did say breastfeeding should be immediately after birth. All 43 postgraduates said it should be immediately after birth.

All graduate and post graduate studied women were aware and all 43 upper class women were also aware. All of them favoured immediate breastfeeding and no

one wanted supplementary feeding. But of 618 of lower economic class 23 (3.7%) were not aware that breastfeeding was the best, However all of them said no supplementary feeding needed to be given, remaining upper middle 2 (3.9%) of 51 and 5 (3.5%) of 142 middle class women, 186 (5.9%) of middle lower class were not aware of advantages of breastfeeding but all of them said no supplementary feeding should be given. Out of 1040, pregnant women 943 were housewives, of them 920 (97.6%) were aware of advantages of exclusive breastfeeding and 921 (97.7%) favoured immediate breastfeeding. Only 22 (2.3%) said initiation of breastfeeding should be delayed. Overall, of 40 labourers 35 (87.5%) were aware of advantages of breastfeeding,11 (27.5%) labourers said initiation of breastfeeding should be delayed and 29 (72.5%) favoured immediate breastfeeding.

Of 1040 women, 117 were primipara only one (0.9%) said it should be late initiation remaining all said it should be immediate initiation with no supplements. Remaining 923 with 2 or more births also said no supplements needed to be given. (Table 3).

Table 3: Breastfeeding Awareness and Plans of Pregnant Women.

Variables	Total	Awareness				Feeding Immediate / Late Initiation			
Age		**YES**	**%**	**NO**	**%**	**Immediately**	**%**	**Delayed**	**%**
15 to 19	323	318	98.5	5	1.5	312	96.6	11	3.4
20 to 24	536	506	94.4	30	5.6	502	93.7	34	6.3
25 to 29	109	105	96.3	4	3.7	104	95.4	5	4.6
30 to 34	68	66	97.1	2	2.9	68	100	0	0.0
35 to 39	4	4	100	0	0.0	4	100	0	0.0
Total	**1040**	**999**	**96.1**	**41**	**3.9**	**990**	**95.2**	**50**	**4.8**
Education									
Illiterate	56	51	91.1	5	8.9	35	62.5	21	37.5
Primary	321	307	95.6	14	4.4	305	95.0	16	5.0
Secondary	358	341	95.3	17	4.7	348	97.2	10	2.8
Higher Secondary	196	191	97.4	5	2.6	194	99.0	2	1.0
Graduate	66	66	100	0	0.0	65	98.5	1	1.5
Post Graduate	43	43	100	0	0.0	43	100	0	0.0
Total	**1040**	**999**	**96.1**	**41**	**3.9**	**990**	**95.2**	**50**	**4.8**
Economic Status									
Upper	43	43	100	0	0.0	43	100	0	0.0
Upper Middle	51	49	96.1	2	3.9	51	100	0	0.0
Upper Lower	142	137	96.5	5	3.5	139	97.9	3	2.1
Lower Middle	186	175	94.1	11	5.9	180	96.8	6	3.2
Lower	618	595	96.3	23	3.7	577	93.4	41	6.6
Total	**1040**	**999**	**96.1**	**41**	**3.9**	**990**	**95.2**	**50**	**4.8**
Profession									
Housewife	943	920	97.6	23	2.4	921	97.7	22	2.3

Own farm Labour	53	44	83.0	9	17.0	39	73.6	14	26.4
Labourer	40	35	87.5	5	12.5	29	72.5	11	27.5
Other work	4	0	0.0	4	100	1	25.0	3	75.0
Total	**1040**	**999**	**96.1**	**41**	**4**	**990**	**95.2**	**50**	**4.8**
Parity									
P.1	117	113	96.6	4	3.4	116	99.1	1	0.9
P.2	103	101	98.1	2	1.9	101	98.1	2	1.9
P.3	155	141	91.0	14	9.0	151	97.4	4	2.6
P.4	204	197	96.6	7	3.4	199	97.5	5	2.5
P.5 Above	461	447	97.0	14	3.0	423	91.8	38	8.2
Total	**1040**	**999**	**96.1**	**41**	**3.9**	**990**	**95.2**	**50**	**4.8**

7. Discussion

The practice of discarding colostrum and replacing it with a wide range of prelacteal feeds and late initiation of BF has implications for neonatal survival and mother's health, but is practiced. Earlier Massiah et al. [1] reported that although BF was widely practiced, none of the babies were exclusively breastfed and pralacteal feeds like plain water, honey water with jaggery, or sugar or herbs were also given by many mothers. However national family health survey-3 of India has revealed startling lower exclusive breastfeeding (EBF) rates (16.9%) in the state of Haryana compared with national data (46%) Haryana was economically not backward but female literary was a issue. However, the barriers to breastfeeding in this population were not clearly known. Kakute et al. [2] reported that mothers identified cultural factors influencing their decision of mix-feed their infants, but the extent of these feeding practices is not known. Factors included pressures by village elders and families to supplement because it was a traditional belief and practice that breast milk was an incomplete food that did not increase the infant weight. Also, their belief that all family members should receive the benefit of food grown in the family farms. Radwan et al. [3] reported grandmothers played an important role in the BF practices. They supported BF. However, many women also encouraged prelacteal feeds for a variety of reasons like colic, hunger, promoting growth and hydration. According to the mothers, fathers either supported or ignored BF practices. Researchers also reported that health promotion and health care facilities failed to deliver the message of advantages of exclusive breastfeeding. Mothers were resorting to the expertise of the grandmothers, receiving information and advice. The findings highlighted the need for successful intervention programs to be implemented for mothers and grandmothers through health care providers. Semaga-Janneh et al. [4] reported a strategy to establish linkages between modern and traditional knowledge on practice matrix which recommended an expanded target group to include elders and husbands for getting help who were highly influential in such matters. Also, the findings revealed that working part-time did not reduce initiation or duration of infant feeding practices Part-time work was an effective strategy to help mothers combine BF and employment. However full-time work did affect breastfeeding. This could help even rural women working in fields in their own villages. System needs to exist to help them to do exclusive breastfeeding.

Despite the demonstrated benefits of BF, prevalence and duration in many countries were still lower than the international recommendations of exclusive BF for the first six months of life. Undesirable cultural practices such as giving pre-lacteals, late initiation of BF are still prevalent. Shaili et al. [5]

reported that for successful BF, mothers needed active support, care & privacy during pregnancy & following birth, not only of their families & communities but also of the health system. Although Verma et al. [6] reported that BF is almost universal in India the rate of early initiation of breastfeeding and exclusive BF were low. Shashank et al. [7] did a community based cross sectional study and reported that the initiation of BF was done within one hour only by 37.4%. Overall, 9.5% of the babies were given prelacteal feeds in the form of honey, sugar water in the study, 76.6% of the mothers had fed colostrum to the newborn. Colostrum was discarded by more primiparous mothers than multiparous mothers. Another cross-sectional study in villages revealed that 79.11% study subjects had knowledge about initiation of BF but correct practice of initiation of BF within one hour was in less. Significant difference was seen even among those with right knowledge and practice, initiation with colostrum, pre-lacteals, period of exclusive BF [8]. Haricharan et al. [9] also reported prelacteal feeds were given by 16% and colostrum was discarded by 8% of primipara mothers. About 80% of mothers had knowledge and were likely to exclusive breastfeed their babies. Antenatal counselling was received by 93.3% of mothers and majority of them by doctor (45.91%). Significant association was seen with antenatal counselling and good BF practices in post-natal mothers. Antenatal counselling promoted good BF practices hence existing antenatal counselling on BF needed to be strengthened by informing all pregnant women about the benefits of immediate and exclusive breastfeeding and motivating them by curtailing their ill beliefs regarding early BF and excluding BF and educating them that BF is the healthiest and safest way to feed babies.

In the present study of 1040 pregnant women, 999 (96.1%) women said that breast milk was the best for the baby and also, 990 (95.2%) women said they would breastfeed their baby immediately after birth. All 1040 women said that they would not give supplements to their babies after birth. So, though awareness of BF was very positive but overall knowledge of advantages of immediate colostrum still needed to be boosted. Activities should be enhanced so as to change the behavior of mothers for initiation of breastfeeding at the earliest and give exclusive breastfeeding. A study was conducted in a rural population to study their breastfeeding practices, knowledge regarding usefulness of breastfeeding and factors influencing the BF practices [10]. Only thirty-nine percent of the mothers of infants between 0-6 months had 'satisfactory' breastfeeding knowledge. In the present study of 2400 preconception study subjects, when asked about awareness of breast milk and its benefits to babies, all women said they were aware that breast milk was the best for baby. However only 726 (30.25%) women said first milk after birth decreased risk of diseases, 502 (20.92%) said mothers' milk was easily digested by baby, 1172 (48.83%) said mothers milk helped in better growth of baby. So, there was awareness but their knowledge needed to be boosted with appropriate information. Some women were not even aware. Of 2400 study subjects 393 (9.67%) also said BF need not be given immediately after birth. There were women who believed that BF needed to be given four times a day 328 (13.67%), six times a day 305 (12.71%) said, 1767 (73.63%) said when baby cries. However, all 2400 preconception subjects said no supplement should be given other than breast milk. The awareness was better in better educated. It is essential to work on their awareness and perceptions. Garje et al. [11] reported that colostrum feeding was in 88.8% study subjects, prelacteal feeding in 17.5%, early initiation of breastfeeding in 70.1% and exclusive breastfeeding in 83.8%. Chakrabarty et al. [12] reported that initiation of breastfeeding after 24 hours was found to be significantly associated with male children and mother's occupation. Results also revealed that high percentage of mothers (51.7%)

with primary education stopped exclusive breastfeeding before 6 months and exclusive breastfeeding less than 6 months was a risk factor for underweight children. In the present study also though illiterate also said BF is best and supplements are not needed but their awareness needed boosting about colostrum and immediate feeding. Senanayake et al. [13] reported that more than half of Indian mothers delayed breastfeeding initiation. Key modifiable factors, higher maternal education and frequent health service contacts were associated with EIBF in India, with notable difference in rural-urban populations. Present study finding direct that targeted and well-coordinated breastfeeding interventions will further improve IEBF for all Indian mothers. Garg et al. [14] reported that the majority of mothers knew about EBF and had a positive attitude towards EBF but did not know the recommended duration or maternal and neonatal benefits of breast feeding. Woromogo et al. [15] reported that factors related to good knowledge among mothers were multiparity, age and being a civil servant. Promoters of EBF must target mothers in all sectors of activity and even in the community by sensitizing them on the subject. Breastfeeding counseling and health education on nutrition to the mother by health workers should be promoted during antenatal visits. Ihudiebube-Splendor et al. [16] did a study and reported that breastfeeding was considered as the most complete nutritional source for infants because breast milk contained the essential carbohydrates, fats, proteins and immunological factors needed for infants to thrive and resist infection in the formative first year of life. Knowledge of importance of early feeding and exclusive breastfeeding (EBF) among women is essential when promoting optimal breastfeeding practices. Still further awareness is needed, specially about immediate feeding colostrum.

8. Conclusion

While rural women preconception, during pregnancy were aware of breastfeeding was best. They were also aware that supplementary feeds were not needed but they were not aware about advantages of initiation of breastfeeding at the earliest, colostrum and exclusive breastfeeding and right frequency.

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Citation: S Chhabra. Community Based Study of Awareness of Breastfeeding Amongst Rural Tribal Women, Preconception and During Pregnancy. SunKrist J Obstet Gynecol Res. 2020; 2: 1006.