



CODEN [USA]: IAJPBB

ISSN: 2349-7750

**INDO AMERICAN JOURNAL OF  
PHARMACEUTICAL SCIENCES**<http://doi.org/10.5281/zenodo.3908485>Available online at: <http://www.iajps.com>

Research Article

**KNOWLEDGE AND PRACTICE ABOUT BREAST FEEDING  
AMONG DOCTORS OF QAMC AND BVH BAHAWALPUR**

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Article Received: April 2020

Accepted: May 2020

Published: June 2020

**Abstract:**

**Introduction:** The history of breast feeding must have begun when the very first man and women had their very first baby. **Objective:** The objective of the study was to determine the knowledge and practice of breast feeding among married doctors working in QAMC and B.V.H Bahawalpur. **Material and Methods:** This Cross-sectional descriptive study was conducted in Married doctors working in QAMC and B.V.H Bahawalpur under the supervision of Department of Community Medicine from 20<sup>th</sup> JULy, 2017 to 20<sup>th</sup> DECEMBER, 2017. 100 female doctors were selected from 476 female doctors working in QAMC and B.V.H. **Results:** In our study a sample of 100 female doctors from QAMC & BVH as taken with a mean age 34.5 years. The age distribution showed that maximum respondent 44% belong to 29-38 years age group. Result showed that 62% were of 17 grade. 100% doctor knew that breast feeding was healthy & important. Regarding knowledge 84% had knowledge of importance of breast feeding. 80% knew that it could be continued upto 2 year and 44% thought that it should be continued in maternal diseases and 98% thought that it should be continued in infant diseases. Regarding practices 82% breastfed their child and among them 3% fed immediately and 95% gave colostrum to their child. Among the respondent 10% don't fed their child due to physician prescription & because of preference of formula milk. **Conclusion:** All of the female married doctors had knowledge about importance of breast feeding. Most of them breast fed their last child. The reasons for breast feeding were breast milk advantages as healthy, safe, in expensive, good immunity, economical and protection against breast cancer.

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Please cite this article in press Saira Marryam et al., *Knowledge and Practice About Breast Feeding Among Doctors Of QAMC And BVH Bahawalpur*, Indo Am. J. P. Sci, 2020; 07(06).

**INTRODUCTION:**

Breastfeeding is a normal and natural way of feeding the infants. It provides the primary source of nutrition for infants before they are able to eat and digest food. It has been estimated that the lives of one million infants a year can be saved in developing world by promoting breastfeeding. It contains antibodies that help to protect the baby against many common childhood diseases e.g. diarrhea and pneumonia. It is clean, always at the right temperature, inexpensive and nearly every mother has more than enough of this high-quality food for her baby. The key to successful breastfeeding is education, information and communication strategies aimed at behavior changes.<sup>1</sup> The WHO recommends that for the first 6 months of life, infants should be exclusively breastfeeding to achieve optimal growth, development & health. Thereafter, infants should receive nutritionally adequate and safe complementary foods, while continuing to breastfeed for upto 2 years or more.<sup>2</sup>

Exclusive breastfeeding is defined as infant feeding with human milk without the addition of any other liquids or solids. Nonetheless, the promotion and acceptance of practices, such as exclusive breastfeeding are especially important in developing countries with high levels of poverty, and that are characterized by high burden of disease and low access to clean water and adequate sanitation.<sup>3</sup>

**Objective**

The objective of the study was to determine the knowledge and practice of breast feeding among married doctors working in QAMC and B.V.H Bahawalpur.

**MATERIAL AND METHODS:**

This Cross-sectional descriptive study was conducted in Married doctors working in QAMC and B.V.H Bahawalpur under the supervision of Department of Community Medicine from 20<sup>th</sup> JULY, 2017 to 20<sup>th</sup> DECEMBER, 2017. 100 female doctors were selected from 476 female doctors working in QAMC and B.V.H.

**Inclusion Criteria:**

All the female doctors of reproductive age group (15-49 years) having children willing to participate were included.

**Exclusion Criteria:**

Not willing to be included in the study.

**Data Collection:**

Data was collected through preformed pretested questionnaire that Comprises of two parts. Part-I includes demographic variables as name, age, residence post socio-economic status husband education and occupation and part-II consists of study variables knowledge and practice of breast feeding.

**Data Analysis:**

Data was entered and analyzed manually. Frequencies and percentages were calculated. The data was presented in the form of tables and graphs.

**RESULTS:**

In this study a sample of 100 female doctors of QAMC & BVH was taken with mean age of 34.5 years. The age distribution showed that maximum respondents 44% belong to 29-38 years age followed by 22% in 39-48 years, 18% in 49-58 years and 16% in 18-28 years.(Table No.1). As the post of respondent was concerned, our data showed that 62% were of scale 17 and 38% were of 18 & above scale. (Table No.2).

Regarding the age of husband 46% were included in 29-30 years, 30% in 39-48 and only 4% above 58 years. (Table No.3). The data regarding number of living children of doctors showed that 80% had upto 3 children & only 20% had more than 3 children. (Table No.4)

Relating the monthly income 58% of doctors had 50,000 – 1 lac, 30% 1.1 – 1.5lac and 8% had more than 2 lac. Majority of female doctors lived in joint family upto 62% and only 36% lived in nuclear & only 2% were living in polygamous family.

**Table No 01: Age distribution among respondents**

Age in years	Frequency	Percentage
18-28	16	16%
29-38	44	44%
39-48	22	22%
49-58	18	18%
Total	100	100%

**Table No 02: Breastfeeding Practices & Age of Respondents**

Age in years	Yes		No		Total
	Frequency	%age	Frequency	%age	
18-28	14	87%	2	12.5%	16
29-38	40	90%	4	10%	44
39-48	16	73%	6	27%	22
Above 49	12	66%	6	33%	18

**Table No 03: Breastfeeding Practices & No. of Living Children of Respondents**

No. of Children	Yes		No		Total
	Frequency	%age	Frequency	%age	
Upto 3	68	85%	12	15%	80
More then 3	14	70%	6	30%	20

**DISCUSSION:**

Breast feeding is defined as infant feeding with human milk. The promotion and acceptance of practices, such as breastfeeding are especially important in developing countries that have issue like poverty, high burden of disease and inadequate sanitation<sup>4</sup>. Our study done in BVH and QAMC aimed to see knowledge and practice of breastfeeding married doctors of reproductive age. Total 100 doctors were included in the study having mean age of 34.5 years<sup>5</sup>. The result found in the study was compared and contrast with the result of researches and carried out in Pakistan, UAE, Saudia, Ghana, India, South India, Nigeria, Egypt and Abha<sup>6</sup>. The knowledge on breastfeeding was 100% among doctors while in South India, result showed that knowledge on breastfeeding was 51%<sup>7</sup>.

In our research that was carried out among the doctors the total percentage of breastfeeding were 82%. Among 82%, it was seen that 38% started breastfeeding immediately, 12% within 6-24 hours and 28% with 1-3 days and 4% later<sup>8</sup>. While in case of Saudi Arabia, the report showed that the total breastfeeding were 55%. Among them 31% stated breastfeeding within half an hour of delivery, 15.9% upto 6 months<sup>9</sup>. Practice of breastfeeding study was more 27% than study conducted in Saudi Arabia due to knowledge about breastfeeding that it was healthy, easily digestible, provides immunity, convenient and avoid breast cancer<sup>10-12</sup>.

**CONCLUSION:**

All of the female married doctors had knowledge about importance of breast feeding. Most of them breast fed their last child. The reasons for breast feeding were breast milk advantages as healthy, safe, in expensive, immunity, economical, protection against breast cancer. Mothers who did not practice had problems like pain, jobs, medical condition & formula milk was better.

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