

Practices of Breast Feeding in Urban Community of Rewa City Madhya Pradesh India

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ABSTRACT

The breast feeding practices adopted in terms of duration, frequency and exclusive breast feeding and weaning, is one of the major strategies which help improve infants' nutritional status and survival, for at least half of the almost 10 million deaths of children younger than 5 years old every year are a direct or indirect consequence of malnutrition. To evaluate the breast feeding practices adopted by women in urban community, and factors affecting the time of initiation of breast feeding, age of weaning, and food given to the baby other than breast milk this study was done. The present cross sectional study conducted on 250 women reveal that 91.4 % of mothers were able to start breast feeding within first hour of life after normal delivery. Out of 52 complicated/ assisted deliveries, 19 mothers were able to start breast feeding within 4 hours of life. The major reasons for delay in starting of breast feeding were uneasiness to mother and not having adequate breast milk. Exclusive breast feeding was practiced by 46.5 % of the mothers for first six month of life. The common reason given by mother for not giving exclusive breast feeding were no knowledge of exclusive breast feeding (53 %) and not having adequate breast milk (25%). So this study emphasizes the need of breast feeding education program regarding the duration of exclusive breast feeding and the age of weaning.

Key words: Breast feeding, exclusive breast feeding, weaning.

INTRODUCTION

Breast feeding is rule rather than exception in most parts of India. During last two decades wealth of knowledge has accumulated to prove nutritional, anti-infective, anti fertility, psycho social and economic advantages of breast feeding. It is now established that the breast feeding practices adopted in terms of duration, frequency and exclusiveness of breast feeding and weaning of child is essential for our understanding of impact of breast feeding on complete physical, mental and psycho-social development of the child. [1,2] The change in infant feeding practices

began in industrialized countries, and soon followed by educated female of underdeveloped countries by curtailing the duration of breast feeding. This practice is copied by uneducated counterpart of the urban and rural areas of underdeveloped countries. [2]

Breastfeeding and exclusive breastfeeding in particular, is one of the major strategies which help improve infants' nutritional status and survival, for at least half of the almost 10 million deaths of children younger than 5 years old every year are a direct or indirect consequence of malnutrition. [3] This is the reason why

WHO and UNICEF have formulated global recommendations for optimal infant feeding: exclusive breastfeeding for six months (180 days) and breastfeeding up to two years of age or beyond. [4] Unfortunately, only 35% of infants younger than 6 months, approximately one-third of the newborns are exclusively breastfed worldwide. [3] In developed countries, around 2005, less than 25% were exclusively breastfed up to six months from their birth. [4] In Norway, Sweden and the United States of America, for example, the rate of EBF ranged from 7% to 13.8% only. [5, 6]

Conversely, in developing countries breastfeeding is a very common practice, but there exist serious obstacles to practicing it until six months from the infant's birth. [7,8] Consequently, its prevalence in many of those countries is very low. [8]

An early introduction of breast milk substitute and late introduction of complementary food leads to development of malnutrition in age group of 6-24 years child. [4] The Primary objective of conducting the study is to evaluate the breast feeding practices adopted by women in urban community, and secondary objective is to study factors affecting time of initiation of breast feeding, age of weaning, and food given to the baby other than breast milk. [9]

MATERIALS AND METHODS

Study design:- Community-based, Observational, Cross-Sectional study

Study area:- Anganwadi centers of Bicchiya UHTC of Rewa city.

Sample size:- A total of 250 Women attending the Anganwadi on Mangal Diwas having at least one child less than 2 years of age, (50 from each 5 randomly selected Anganwadi).

Inclusion criteria:- Women attending the Anganwadi on Mangal Diwas having at least one child less than 2 years of age &

giving verbal consent to participate in study .

Exclusion criteria:- The women who did not give consent and the women not having child less than 2 years were excluded from the study

Tool & Technique:- Personal oral interviews of the mothers attending the selected Anganwadi on Mangal Diwas having at least one child less than 2 years of age, regarding breast feeding practices for their youngest child by using a close ended, pre tested structured questionnaire in Hindi

Statistical analysis:- Data entry and analysis were performed in MS Excel & Chi-square test was applied whenever applicable. Confidentiality and anonymity of the participants were maintained. There is no any ethical issue related to this study.

RESULTS AND DISCUSSION

In present study, 250 women of urban area of Rewa city were interviewed regarding their breast feeding practices. Among these, 64 % of mothers were in the age group of 18- 25 years, while 29 % of mothers were in the age group of 25-30 years, and rest were 30 year plus. Most of the mother were educate, 61 % of mothers had education from high school to higher secondary level. 66.3 % of mothers interviewed had only single child, whereas 18.4 % of mothers had two children, 12.2 % of mothers had three children and 3.1% of mothers had four children. Median age of marriage for mother was 19 years. Among all children 135 were male and 115 were female. Most of the deliveries 98 % were conducted at Hospital either government or private by Doctor or trained staff, while only few 2 % of deliveries were conducted at home. This is because of the urban locality of women, increase awareness of women for hospital delivery. Among 250 mothers, 198 (87 %) mothers had normal delivery, while 52 (13 %) mothers had faced some complication or

undergo cesarean section due to some reason.

Table 1 Time of initiation of breast feeding (n=250)

Time (hrs)	Type of delivery		Place of delivery		Gender of child	
	Normal (n=198) (%)	Complicated/ Assisted (n=52) (%)	Hospital (n=245) (%)	Home (n=5) (%)	Male (n=135) (%)	Female (n=115) (%)
< 1	181 (91.4)	0 (0.0)	179 (73.0)	2(40.0)	97 (71.8)	84 (73.0)
1 – 2	8 (4.0)	16 (30.8)	23 (9.4)	1 (20.0)	10 (7.4)	14 (12.1)
2 – 4	0 (0.0)	3 (5.8)	3(1.2)	0 (0.0)	1 (0.7)	2(1.7)
4 – 6	1 (0.5)	8 (15.3)	8 (3.2)	1 (20.0)	6 (4.4)	3 (2.6)
6 – 24	1 (0.5)	3 (5.8)	4 (1.6)	0 (0.0)	2 (1.4)	2 (1.7)
>24+	7 (3.5)	22 (42.3)	28 (11.5)	1 (20.0)	19 (14.0)	10(8.6)
Total	198 (87.0)	52 (13.0)	245 (98.0)	5 (2.0)	135 (54.0)	115 (46.0)

Breast feeding should be initiated as soon as possible after normal delivery of the baby and within 4 hours after birth of the baby, if delivery is taken place by cesarean section. In our study, 181 (91.4%) of mothers were able to start breast feeding within first hour of life after normal delivery. Out of 52 complicated /assisted deliveries, 19 mothers were able to start breast feeding within 4 hours of life. These figures are higher compare to 61.3% of mothers initiated breast feeding in first 6 hours of life reported in study done at Navi Mumbai. [10] Hospital is the place where mothers can be encourage to start early breast feeding. In our study, out of 245 mothers who delivered at hospital 179 mothers were able to start breast feeding within first hour of life. There was no significant difference found regarding initiation of breast feeding for male and female child. The common reasons given by mothers for delay in starting of breast

feeding were uneasiness to mother, either family member or doctor not allow, not having adequate breast milk and cesarean section, and in some cases not adequate knowledge for early breast feeding importance. Many mothers were not able to answer the reason for delay in initiation of breast feeding.

Breast feeding should be done on demand of the baby. Mother should breastfeed her at least more than 8 times in 24 hours. In present study, 224 (89.6%) mothers breastfed their baby more than 6 times a day. For male child, 41.4 % of male child were breast fed 6-8 times a day, while 46.7 % of male child were breast fed more than 8 times a day. In case of female child, 67.8 % of female child were breast fed 6-8 times a day, while 23.4 % of female child were breast fed more than 8 times a day. It can be seen that, frequency of breast feeding for male child is slightly higher compare to the female child.

Table 2: Frequency of breast feeding & gender of the child

Frequency of breast feeding	Gender of the child		
	Male (n=135) (%)	Female (n=115) (%)	Total (n=250) (%)
<=4	2(1.5)	1(0.9)	3(1.2)
>4 – 6	14(10.4)	9(7.8)	23(9.2)
>6 – 8	56(41.4)	78(67.8)	134(53.6)
>8	63(46.7)	27(23.4)	90(36.0)

WHO recommends exclusive breast feeding up to the 6 months of age. [11] In our study exclusive breast feeding was practiced by 83.5% of the mothers for first four month of life, which is higher compare to 74% of exclusive breast feeding reported by A.K. Gupta et al in his study. [12] This figure is quite lower

(46.5%) if we seen exclusive breast feeding for up to 6 months of age, which is comparable to 57.1% reported by Sinhababu et al in his study. [13] Among mothers not giving exclusive breast feeding, most common food given to the baby other than breast milk in first 6 months of life was water either alone or

mixed with sugar or honey and cow milk. Other food includes buffalo milk, goat milk, milk powder and mashed potato. The most common reason given by mother for not giving exclusive breast feeding were no knowledge of exclusive breast feeding (55%) and not having adequate breast milk (25%). Other reasons for non exclusive breast feeding were family member insist for early starting of food and complication

in the post partum period, cesarean section delivery.

The gradual introduction of solid foods, known as the 'weaning process' (or complementary feeding), is essential to provide for the increasing nutritional requirements during an infant's first year. The WHO [11] recommends introduction of solids at 6 months along with continued breast feeding.

Table 3: Weaning age of the child

Age of Weaning (month)	Gender of the child		
	Male (n=74) (%)	Female (n=62) (%)	Total (n=136) (%)
<=4	2(2.7)	9(14.5)	11(8.0)
>4 – 6	35(47.3)	50(80.6)	85(62.5)
>6 – 8	28(37.8)	2(3.2)	30(22.1)
>8	9(12.2)	1(1.6)	10(7.4)

In the present study, out of 250 children, 114 45.6 % were not started weaning. Among remaining 136 children, weaning was done between 4-6 months of age in 85(62.5 %) of children, while 30(22.1 %) of children were wean at age of 6-8 months, 10(7.4 %) at age more than 8 months and 11(8.0 %) at age less than 4 months. Dr. J. M. Kearney has reported median age of weaning was 4 months in his study, [14] while in our study the median age of wean was 5 months, which is ideally not comparable to WHO recommendation. No significant difference is found in age of weaning regarding to the gender of the child.

CONCLUSION

This study reveals the high preference of women for delivery of their baby in the hospital in this urban locality, and majority of women started breast feeding within first hour of life, which is a good practice. Also the frequency of breast feeding is quite adequate. Only half of the women had done exclusive breast feeding for 6 months of age. Nearly 62 % of women started weaning of their child at 4-6 month of age. So, this study emphasizes the need of breast feeding education program regarding the duration of

exclusive breast feeding and the age of weaning.

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