

Original Article

DETERMINANTS OF BREAST FEEDING PRACTICES IN URBAN SLUMS OF A TALUKA HEADQUARTER OF DISTRICT ANAND, GUJARAT

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ABSTRACT

Introduction: Medical and public health experts advocate breastfeeding as the best method of feeding young infants for a wide variety of reasons. Increasing urbanization and rising slum population is a ground reality even in the smaller towns of developing world. There are reports of improper child feeding practices in urban slums. The present study was undertaken to understand the determinants of breast feeding practices in urban slums of a small town (taluka head quarter, tire-IV) in district Anand of Gujarat state.

Methodology: A cross sectional study was conducted in the field practice area of Urban Health Training Centre of Pramukhswami Medical College. Out of six served areas two were selected by using simple random sampling. After taking consent, the mothers of all children between the ages of 0-2 years were interviewed using pretested questionnaire.

Results: Of the 75 mothers interviewed 4(5%) did not have any antenatal checkups (ANC) and 73 (97.3%) had institutional deliveries. Of the 71 mothers who had ANC only 28(39.4%) were counselled about breastfeeding. Prevalence of pre-lacteal feeding, exclusive breast feeding (EBF) and bottle feeding was 17(22.7%), 37(46.7%) and 10(13.3%) respectively. Maternal education beyond 7th grade and antenatal counselling about breastfeeding were associated with increased EBF and decreased pre-lacteal feeds.

Conclusions: Breast feeding practices though better than national average was far from satisfactory. Female literacy continues to be an important factor in child rearing practices. The breast feeding counselling services need great deal of improvement in all healthcare settings.

Keywords: Antenatal breastfeeding counselling, Breastfeeding practices, Maternal education, Urban slums.

INTRODUCTION

Medical and public health experts advocate breastfeeding as the best method of feeding young infants for a wide variety of reasons. It is

evident that adapted formulae can never replicate human milk which is 'live fluid'. Human breast milk is known to satisfy virtually all the nutritional needs of an infant at least for

the first six months of life. World Health Organization (WHO) as well of Indian Government bodies recommends EBF till the age of 6 months^{1, 2}. Breastfeeding is almost universal in India as 96% children are breast fed. According to the national family health survey-3 (NFHS-3), only 46% of the Indian infants between 0 and 6 months are exclusively breastfed³. A number of factors including ignorance, undesirable socio cultural beliefs and misconceptions, counselling by health workers, an practices among peers or other community members are the reported factors affecting the breastfeeding practices of the mothers⁴⁻⁷. Increasing urbanization is a ground reality in both developed and developing world for almost last two decades. The urban areas have rapid growth in slum populations too. There are reports of increased risk of improper child feeding practices in urban slums⁴⁻⁹. Most of the studies are from slums of major cities, tier II and above. The situation in slums of smaller towns is also likely to be equally bad. The present study was undertaken to understand the determinants of breast feeding practices in urban slums of a small town (Taluka head quarter, tier-IV, population of 50000)⁵ in district Anand of Gujarat state.

MATERIALS AND METHODS

A cross sectional study was conducted in the field practice area of Urban Health Training Centre of Pramukhswami Medical college, Karamsad, which caters to the town of Petlad in Anand district of Gujarat. Out of six served areas two were selected by using simple random sampling. After taking consent of the mother of all children between the age of 0-2 years were included in the study. Interview of mothers were conducted by using pretested questionnaire. Data entered in Microsoft excel and analysed by using SPSS 15.

RESULTS

Table 2: Association between maternal education and child receiving pre-lacteal feeds, exclusive breast feeding and bottle feeding

Maternal education beyond 7 th standard	Pre-lacteal feeds		Exclusive breast feeding		Bottle feeding	
	Yes	No	Yes	No	Yes	No
Yes	14	27	25	16	10	31
No	3	31	12	22	0	34
	$\chi^2:6.799; p= 0.009$		$\chi^2:4.904; p=0.027$		Fisher exact; p=0.0015	

A total of 75 mothers were interviewed. There were 40 (53.3%) male and 35 (46.7%) females children in the study population. 48(64%) were Hindus and 27(36%) were Muslims. Of these 73 children were delivered at health facilities and 2 at home. Among 75, four (5%) mother had not received any antenatal care while during the ante natal visits 28 (38%) had received natal breast feeding counselling and remaining 43 (57%) had not received any such counselling.

Breast feeding was started within 1 hour for 43 (57.3%). The table 1 shows the time since birth for starting breastfeeding among the babies.

Table 1: Distribution according to time since birth for initiation of breast feeding

Time	Frequency	Percent
<1 hours	43	57.3
1-4 hours	8	10.7
5-12 hours	4	5.3
12-24 hours	5	6.7
>24 hours	15	20.0
Total	75	100

17 (22.7%) babies had received pre-lacteal feeds. 38 (50.7%) babies had been exclusively breast fed for first 6 months. 37 (49.3%) babies had been started on feeds other than breast milk before the age of 6 months. Mean age at weaning was 5.22 months (standard deviation=3.4). Mean was reduced 4.8 months (standard deviation=2.1) after excluding 1 child who was weaned at 24 months. 10 (13.3%) babies had got bottle feeds. Religion, sex of the child, per income levels and place of birth were not found to be statistically associated with poor breastfeeding practices like delayed initiation, giving pre-lacteal feeds, bottle feeding and non-exclusive breastfeeding.

Maternal education beyond primary schooling (>7th standard) was a significant factor associated with positive breastfeeding practices as shown in table 2.

Antenatal counselling was another factor which was associated with positive breastfeeding

practices as shown in table 3. However it was not associated with decrease in bottle-feeding

Table 3: Association between antenatal breast feeding counselling and child receiving pre-lacteal feeds, exclusive breast feeding and bottle feeding

Antenatal breast feeding counselling	Pre-lacteal feeds		Exclusive breast feeding		Bottle feeding		
	Yes	No	Yes	No	Yes	No	
Yes	2	26	9	19	2	26	
No	15	32	28	19	8	39	
		$\chi^2:6.143; p=0.013$		$\chi^2:5.282; p=0.022$		Fisher Exact; p= 0.304	

DISCUSSION

Most of the deliveries in the study population were in hospital, which is in line with various government initiatives to promote the same¹⁰. However breast feeding practices were far from satisfactory. First feeding was delayed beyond 1 hour in about 57% of children which was better than many studies reported from other studies^{4,6,9}. In about 20% of children breastfeeding was initiated beyond 24 hours. Even though some operative procedure might delay breast feeding by few hours, such a long delay was totally unexplained. Animal milk, sugar water, galthuthi, milk powder were the common pre-lacteal used. Doctor and health worker were the main influences for preventing pre-lacteal feeds. Relative and family members had very little influence on starting pre-lacteals as most of the deliveries were in hospital.

About half of the babies had been started on feeds other than breast milk before the age of 6 months. This was better than those reported from other studies and national average^{3,7,11}. Mean age at introducing feeds was 4.8 months. 10 (13.3%) babies had got bottle feeds. Similar findings were reported in other studies also^{12,13}. Common feed started was fruit juices, semisolid feeds (khichari) and in some cases even solid feeds (biscuits)

Religion, sex of the child, income levels and place of birth were not found to be statistically associated with poor breastfeeding practices like delayed initiation, giving pre-lacteal feeds, bottle feeding and non-exclusive breastfeeding. These factors have however been found to be important co-relates in various similar studies^{4-9,11-13}. These findings need to be confirmed by larger studies.

Maternal education especially beyond primary school was found to be associated with better feeding practices. Most of other studies have

reported similar findings^{6,9,11}, though there have been occasional contradicting report⁷. Counselling regarding breastfeeding during antenatal care and hospitalization for delivery was also associated with favourable breastfeeding practices. This is in agreement with reported literature^{11,13}. Such counselling about breastfeeding is supposed to be part of all health service visits of pregnant women. However in our study about 2/3 rd of the women had not received such counselling regarding breast feeding in spite of regular antenatal care and institutional delivery both in government and private settings. This undermines the very purpose of promoting these practices.

CONCLUSION

Breast feeding practices even in smaller town though better than national average was far from satisfactory. This is true even for places like ours where institutional deliveries are almost a norm. Female literacy continues to be one of the most important factors in child rearing practices. The breast feeding counselling services need great deal of improvement in all healthcare settings.

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