



A STUDY ON BREASTFEEDING PRACTICES AMONG MOTHERS IN RURAL AREA OF MANGALORE DISTRICT: A CROSS-SECTIONAL STUDY

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ABSTRACT

Backgrounds: The initial growth of a child depends upon the duration and frequency of breastfeeding it receives, since the breast milk provides important nutrients to infants and young children and protects them against certain infections and helps in the child survival.

Materials and Methods : A community based Cross sectional study was conducted from May 2014 to August 2014 in the rural fields practice of K.S. hedge medical academy .A total of 278 houses from the list were visited. Data was Collected in pretested and Semi Structured Questionnaire by Interview technique.

Results: The initiation of Breastfeeding was done within one hour by 37.4% .Only 89(29.5%) of the children were given prelacteal feeds in the form of honey, sugar water in our study. Nearly 213 (76.6%) of the mothers had fed colostrum to the newborn soon after delivery.

Conclusion: Prelacteal feeds and colostrum was discarded by the majority of the primi parous mothers than multiparous mothers. Hence IEC activities should be enhanced so as to change the behaviour of 100% mothers for Initiation of breastfeeding at the earliest, exclusive breastfeeding and weaning practices.

Key Words: Breast Feeding, Prelacteal, Colostrum, Newborn, Demand Feeding

INTRODUCTION

"A new born baby has only three demands. They are warmth in the arms of its mother, food from the breasts, and security in the knowledge of her presence; breastfeeding satisfies all three".¹

The initial growth of a child depends upon the duration and frequency of breastfeeding it receives, since the breast milk provides important nutrients to infants and young children and protects them against certain infections and helps in the child survival.

Breastfeeding the child at the earliest is one of the most important initiatives to reduce the neonatal,

infant mortality rate. Breastfeeding is considered as the first four strategies promoted by UNICEF for improving infant and child survival.²

The World Health assembly in the year 2002 passes a resolution on exclusive breast feeding to be practised till the age of six months and weaning to be started as a supplement to breastfeeding after six months of age with complementary foods for up to two years of age or beyond with complementary foods for up to two years of age or beyond .^{3,4}

Exclusive breastfeeding can be defined as a practice whereby the infants receive only breast milk and not even water, other liquids, tea, herbal preparations, or food during the first six months of life, with

the exception of vitamins, mineral supplements, or medicines. The major advantage of exclusive breastfeeding from 4 to 6 months includes reduced morbidity due to gastrointestinal infection. Perhaps most importantly; breastfeeding has been shown to be associated with lower child mortality.⁵

More than 2.4 million child deaths occur in India each year and two thirds of these deaths are related to inappropriate infant feeding practices.²

According to NFHS 3 survey it showed that only 23.4% of the children less than three years were given breast milk within one hour of delivery. Only 46.3% of children in the age group of five years were exclusively breastfed and 56.7% practised it more than six months.⁶

Every year first week of August is celebrated as World Breastfeeding week throughout the world, emphasizing on the importance of Breastfeeding benefits and the techniques of breastfeeding.. Breastfeeding is one of the most cost effective and cost benefit ways of reducing infant mortality and improve the child health²

The solution, according to WHO, is simple as it is natural. Early initiation of breastfeeding, it says within an hour after birth should bring infant mortality rate down by 22%. Breastfeeding alone contributes to 11.6% reduction of infant mortality rate if coverage of population is 99 present through one to one group counselling.⁷

In India, breastfeeding in rural areas appears to be shaped by the beliefs of a community, which are further influenced by social, cultural and educational factors. Successful breastfeeding depends not only on mother's education but also on support and motivation from family members and health care professionals.⁸

In India, breastfeeding is almost universal. However, the rates of early initiation, exclusive breastfeeding and timing of complimentary feeds are far from desirable.

OBJECTIVE

Objective of this study was to assess the breastfeeding practices among mothers in the rural field Practice area of K S Hegde Medical College, Mangalore.

MATERIALS AND METHODS

A community based Cross sectional study was conducted in Mangalore taluk, Dakshina kannada district of Karnataka from May 2014 to August 2014 after obtaining the permission from the ethical committee of the college. All the houses in the rural field Practice area of K S Hegde Medical College was visited by the team. The house which has children less

than two years of age was included in the study to reduce the recall bias. A total of 278 mothers were interviewed by the investigator. If no one was in the home during the initial visit, two repeat visits were made to all eligible households. The mothers were explained the purpose of the study and those consented to be a part of study was included. A pre-tested structured questionnaire was used to obtain information on socio-demographics and breast feeding practices. Informal Education regarding Breastfeeding was given to the mothers after the interview.

Data entry and management was done in excel, pre-determined data format have been introduced as datasets for quantitative data which was incorporated into a single master computer at the base. The data sets were transferred into SPSS version 16 after data cleaning and recoding with data definitions. Results of were summarized with frequencies and percentages. The chi-square test was used for assessing the significance of breast feeding practices and various independent variables of interest. The p - value less than 0.05 was considered statistically significant.

RESULTS

Out of the total 278 mothers who had children less than 2 years of age, majority (74.1%) were within the age group of 20-30 years, 23.02% were aged more than 30 years and 2.87% were less than 20 years.

Around 39.5% of the mothers were degree holder, 30.21% had completed PUC, 15% had Secondary School Education and only 2.8% were ill, 12.23% had studied till Primary School and 2.87% were illiterate in our study. Male children were 52.8% and female children were 47.2% in our study.

The initiation of Breastfeeding was done within one hour by 37.4% [53.8% among males and 46.1% among females]. 34.9% of the mother initiated Breastfeeding between 1-6 hours after delivery and 27.7% after six hours of delivery. Initiation of Breastfeeding was found to be early for male children than female children but the difference was found to be statistically not significant.

Only 89(29.5%) of the children were given prelacteal feeds in the form of honey, sugar water in our study. Almost equal number of boys and girls were given prelacteal feeds and the difference was also found to be statistically not significant.

Nearly 213 (76.6%) of the mothers had fed colostrum to the new born soon after delivery. The proportion of male children who were fed colostrum were more compared to female children and the difference was statistically significant.

In our study majority (75.9%) of the mothers breast-fed till the baby sleeps or leaves the attachment on its own . Exclusive Breastfeeding till 6 months was followed by only 32% of the mothers in our study.

Table 1: Distribution based on the Early Breast Feeding Practices of the infants

	Male Children (N= 147)	Female Children (N= 131)	Total	P value
Timing of First Feed				
<1hr	56(53.84)	48(46.16)	104(37.41)	0.965
1-6HR	51(52.58)	46(47.42)	97(34.89)	
>6HR	40(52)	37(48)	77(27.69)	
Prelacteal Feed				
Yes	43(52.43)	39(47.57)	82(29.5)	0.924
No	104(53)	92(47)	196(70.5)	
Colostrum				
Fed	124(58.2)	89(41.8)	213(76.61)	0.001
Discarded	23(35.38)	42(64.62)	65(23.39)	

Figure in parenthesis indicate percentage

Table 2: - Distribution according to breast feeding practices

	Male Children (N= 147)	Female Children (N= 131)	Total	P Value
Duration of each breastfeed				
<10mins	24 (35.8)	43 (64.2)	67 (24.1)	0.001
Till the baby sleeps/leaves on its own	123 (58.3)	88 (41.7)	211 (75.9)	
Exclusive breastfeeding				
Yes	59 (66.3)	30 (43.7)	89 (32.)	0.002
No	88 (46.5)	101 (53.5)	189 (68)	
Frequency of breastfeeding				
On demand	112 (54.6)	93 (45.4)	205 (73.74)	0.325
At regular intervals	35 (47.9)	38 (52.1)	73 (26.25)	

Figure in parenthesis indicate percentage

Table 3: Distribution of breast feeding practices according to parity

	Primiparous (n=60)	Multiparous (n=218)	Total	P Value
Prelacteal feed				
Yes	48(80)	34(15.5)	82	<0.001
No	12(20)	184(84.5)	196	
Colostrum				
Fed	17(28.3)	196(89.9)	213	<0.001
Discarded	43(71.7)	22(10.1)	65	

Figure in parenthesis indicate percentage

Male children were more exclusively breastfed than female and the difference was also found to be statistically Significant. On demand Breastfeeding was followed by 205 (73.7%) of the mothers. More number of female children were given breastfed at regular intervals rather than demand feeding and the

difference was also found to be statistically not significant.

Out of 218 mothers interview , 60 of the mother were primiparous and 218 were multiparous . the proportion of children given prelacteal feed in primiparous mothers were much higher than the multigravida mothers and the difference was found to be statistically significant. Around 89.9 % of the children, Colostrum was administered by multiparous mother whereas only 28.3% of primiparous mother administered the same. The Difference was found to be Statistically Significant.

DISCUSSION

In our study the majority of the mother were literate hence the existence of the knowledge gap was minimal, but still 29.5% of the children were given pre-lacteal feeds after the birth . The findings of our study was lower when compared to other studies done by Shashank K J⁹ in Bijapur (2014) , Pai I and Chaudri R N in West Bengal (2007)¹⁰ and Bhavana H in Bijapur (2013)¹¹. Harmful practices like delaying initiation of breast feeding and giving prelacteal feeds to neonate can be attributed to traditional practices. among Multiparous the prelacteal feed administration was lower than primiparous mother due to the education received by the mother from healthcare workers .

Initiation of breastfeeding is one of the most important determinate of child survival and early initiation is always beneficial for both mother and child. In our study 37.4% of the mothers initiated breastfeeding within one hour of delivery. The findings of our study is almost comparable to the study findings of Angadi M M in Bijapur (2015)¹² et al and Bhavana H in Bijapur (2013) .¹¹ In the studies done in Uttar Pradesh¹³ the findings was low than our study.

Nearly 76.6% of the mother administered colostrum to the child soon after birth in our study , these findings were almost similar to the findings of Bhavana H¹¹ but low compared to studies done in Uttar Pradesh (2010)¹³, Nepal (2006)¹⁴ and Delhi (2009)¹⁵. Multiparous women administered colostrum to the 89.9% of the children whereas only 28.3% of prim parous women gave the colostrum shows the knowledge gained by the mother in the previous pregnancy.

Exclusive breastfeeding was practiced by 32% of the mother till the age of six months in our study which is also similar to the Study done in Bijapur but higher when compared to the studies done by Ayaz Ahmed Sohag et al in Karachi (2006)¹⁶, Bhavana R¹¹ and Suman Chakrabarthly et al in Orissa (2006)¹².

CONCLUSION AND RECOMMENDATION

Large number of the mothers were aware about the importance of initiation of Breastfeeding within one hour after delivery , exclusive breastfeeding till 6 months of age and were practicing it. Though majority of the mother were educated still prelacteal feeds administration was done and colostrum was discarded by the majority of the primi parous mothers than multiparous mothers. This showed the lack of information about the breastfeeding to the mother during the antenatal period in the first pregnancy. Whereas multiparous mother had obtained the knowledge about the proper breastfeeding practises in there last pregnancy in the hospital during the time of delivery.

Hence IEC activities should be enhanced so as to change the behavior of 100% mothers for

Initiation of breastfeeding at the earliest, exclusive breastfeeding and weaning practices . To conduct refresher courses and training for the grass root level workers and motivating them to impart health education to the mothers during the antenatal period itself.

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