A study of Breastfeeding Practices in Rural Area of Ahmednagar District.

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Abstract :

Introduction : Breastfeeding is a basic human activity, vital to infant and maternal health and of immense economic value to households and societies. The WHO recommends that for the first six months of life, infants should be exclusively breastfed to achieve optimal growth, development, and health. **Material and method :** Stratified sampling method in community based study was carried out in the Ahmednagar and the sample size was 1008 infants below 1 year of age. Data was collected through face-to-face interview using a structured questionnaire in local language. **Results :** In our study we found that timely initiation of breast milk was given to only 4.3% neonates, Colostrum was discarded by 34 %, no breastfeeding was initiated in 48 hour in 36% neonates, Exclusively breast feed at 1 month were 96.4%, at 2 month were 83.3%, at 3 month were 72%, at 4 month were 61.5%, 5 month were 50.3%, at 6 month were 30.1%, complementary feeding was timely started in 53.6% at 6 months and 47.6% were bottle feed. **Conclusion :** The breast feeding practices in rural region were far from satisfactory and exclusive breast feeding till 6 months of age was seen in only 30.2% of infants.

Keywords : Breastfeeding, Practice, Knowledge

Introduction : Breastfeeding is one of the most important determinants of child survival, birth spacing, and prevention of childhood infections. The importance of breastfeeding has been emphasized in various studies. The importance of exclusive breastfeeding and the immunological and nutritional values of breast milk has been demonstrated.[1]

Exclusive Breast Feeding (EBF) is defined as infant feeding with human milk without the addition of any other liquids or solids. The benefits of breast-feeding, to both mother and baby, have long been recognized. Despite strong evidences in support of EBF for the first six months of life, its prevalence has remained low worldwide and it is estimated that only about one-third of infants were exclusively breastfed for the first six months of life.[2] Poor practices and attitudes toward exclusive breastfeeding have been reported to be among the major reasons for poor health outcomes among children, particularly in developing countries. 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 a high burden of disease and low access to clean water and adequate sanitation.[3,4]

Breastfeeding practices vary among different regions and communities. In India, breastfeeding in rural areas appears to be shaped by the beliefs of a community, which are further influenced by social, cultural, and economic factors. Hence, the study with these relationships helps in orienting the breastfeeding promotional activities and for preventing a decline in initiation and duration of breastfeeding practices.[5]

Thus the present study was undertaken to know about the prevalent breastfeeding practices in Ahmednagar District.

Material and method : The study was conducted in Ahmednagar District. Stratified random sampling method was used for the case selection in study.

Sample size : 1008 infants upto 1 year of age.

Inclusion crteria : Total 1008 infants below 1 year of age were selected by stratified random sampling method.

Exclusion criteria : mothers not giving consent for the study.

Verbal consent was taken from the mother.84 infants from

each category were selected from 0-1 month,1-2 month,2-3 month,3-4 month,4-5 month,5-6 month, 6-7 month,7-8 month,8-9 month,9-10 month,10-11 month,11-12 months.

The study was conducted by trained health care workers under the supervision of Paediatricians. Verbal consent was obtained from mother and the data was collected in local language without using technical terms. Literacy of the mothers was also considered in study.

Statistical analysis used: Data analysis was done according to descriptive statistics. Results are given in percentages.

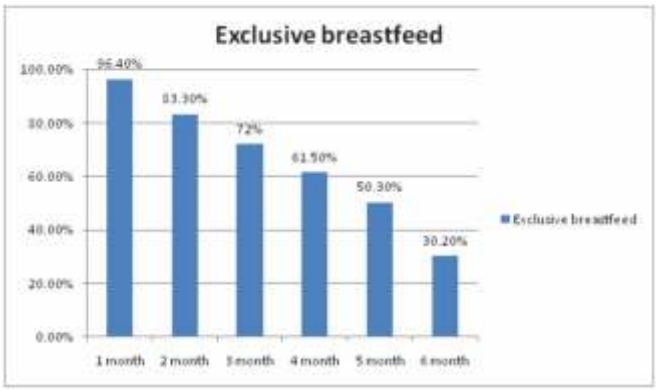
Results : In our study, the majority of the mothers were between the ages of 21 and 25 years old (65%) and 15 and 20 years old (35%). About 62% of the mothers were illiterate and belonged to a low to medium socio-economic class (55%). A majority of the mothers were primigavidae (67%) and the age at marriage was between 15 and 20 years old (74%).

In first 1 hour after delivery, only 4 neoborns were started with breastfeeding. Colostrum was discarded by 34% mothers. The reason was lack of knowledge on importance of colostrum. 36% newborns were not given any feed for 48 hours. Prelactal feeds were given to 96.4% of newborns.

Newborns exclusively breast feed at 1 month were 96.4%, at 2 month were 83.3%, at 3 month were 72%, at 4 month were 61.5%, 5 month were 50.3%, at 6 month were 30.1%, complementary feeding was timely started in 53.6% at 6 months. 47.6% were bottle feed starting from 4 months of age. Top feed was started mainly due to lack of secretion in mother. A vast majority of mothers 97.4% started home made weaning food .

Treatment	Percentage
Breastfeeding in 1 hour	4%
Discarded colotrum	34%
Breastfeeding after 48 hurs	36%
Prelactal feeds	96.4%
Exclusively breastfeed till 1 month	96.4%
Exclusively breastfeed till 6 month	30.2%
Timely added complemantary feed	53.4%
Bottle feeding	47.6%
Continued breastfeeding till 1 year	98.6%

Table(1): Percentages of each practices.



Fig(1) Percentage of exclusive breastfeeding in first 6 months of age.

Discussion : In our study on 30.2% infants were breastfeed exclusively till 6 months of age. These findings are supported by previous studies from different parts of the world.[6,7] However, the low prevalence of EBF at six months of age in our study (27%), was substantially lower than previous studies[8] but higher than a recent studies from India (7.8% and 16.5%) [9,10] New Guinea (17%), and Nigeria. Further, studies indicate the prevalence of exclusive breastfeeding at six months is generally low in low resource countries and varies from 9% to 40%.[11]

Only 4% of newborn were started on breastfeeding within 1 hour of birth. Delayed initiation of feeding is very common in our country. This practice has further increased the rate of prelactal feeding in newborns. The percentage of newborn given prelactal feeds were 96.4%.According to Infant and Young Child Feeding (IYCF, 2006) guidelines, Government of India recommends that initiation of breastfeeding should begin immediately after birth, preferably within one hour. [12,13] Though, majority of the mothers delivered normally and in the hospital, only 36.9% of the mothers stated that they had initiated breastfeeding within an hour. Most common reasons for delay in initiation of breastfeeding as cited by the mothers were; delay in shifting the mothers from labor room, babies were in neonatal ICU, Caesarean section and family restrictions.[14,15]

The bottle feeding rate was 47.6% at end of 1 year. Other studies have shown that between 57% to 100 % babies in our country are bottle fed[16]. The breast feeding rate was 98.6% in our study. Kumar S et al.[17] reported a breastfeeding rate of 80.3% at the end of 12 months. Kumar V et al[18] found that 85.5% of mothers at 12 months were breastfeeding their infants.

From the study we conclude that the breastfeeding practice were far from satisfactory. Delayed initiation, discarding colostrum, giving prelactal feeding and not following exclusive breastfeeding till 6 months were rampantly prevalent practices in rural area of western maharashtra.

References :

1. Arifeen S, Black RE, Antelman G, Baqui A, Caulfield L, Becker S. Exclusive breast-feeding reduces acute respiratory infection and diarrhea deaths among infants in Dhaka slums. Pediatrics. 2001;108:E67.
2. Dewey KG, Cohen RJ, Brown KH, Rivera LL. Effects of exclusive breast-feeding for four versus six months on maternal nutritional status and infant motor development: Results of two randomized trials in Honduras. J Nutr. 2001;131:262–7
3. WHO. The WHO Global Data Bank on Infant and Young Child Feeding. WHO Nutrition for Health and Development; 2009.
4. Magawa R. Knowledge, attitudes and practices regarding exclusive breastfeeding in Southern Africa-Part 2. 2012.
5. Iskandar MB, Costello C, Nasution Y. Initiation and Duration of Breast feeding in Indonesia. Asia Pac Popul J. 1990;5:89–112.
6. Abdul Ameer AJ, Al-Hadi A-HM, Abdulla MM. Knowledge, attitudes and practices of Iraqi mothers and family child-caring women regarding breastfeeding. East Mediterr Health J. 2008;14:1003–14.
7. Simard I, O'Brien HT, Beaudoin A, Turcotte D, Damant D, Ferland S, et al. Factors influencing the initiation and duration of breastfeeding among low-income women followed by the Canada prenatal nutrition program in 4 regions of quebec. J Hum Lact. 2005;21:327–37.
8. Oche MO, Umar AS, Ahmed H. Knowledge and practice of exclusive breastfeeding in Kware, Nigeria. Afr Health Sci. 2011;11:518–23.
9. Tiwari R, Mahajan PC, Lahariya C. The determinants of exclusive breastfeeding in urban slums: a community based study. J Trop Pediatr. 2009;55:49–54.
10. Bandyopadhyay M. Impact of ritual pollution on lactation and breastfeeding practices in rural West Bengal, India. Int Breastfeed J. 2009;4:2.
11. Ulak M, Chandyo RK, Mellander L, Shrestha PS, Strand TA. Infant feeding practices in Bhaktapur, Nepal: a cross-sectional, health facility based survey. Int Breastfeed J. 2012;10:1.
12. Dongre AR, Deshmukh PR, Rawool AP, Garg BS. Where and How Breastfeeding Promotion Initiatives Should Focus Its Attention? A Study from Rural Wardha. Indian J Community Med. 2010;35:226–9.
13. Oche MO, Umar AS, Ahmed H. Knowledge and practice of exclusive breastfeeding in Kware, Nigeria. Afr Health Sci. 2011;11:518–23.
14. Oche MO, Umar AS. Breastfeeding Practices of Mothers in a Rural Community of Sokoto, Nigeria. Niger Postgrad Med J. 2008;15:101–4.
15. Chaudhary RN, Shah T, Raja S. Knowledge and practice of mothers regarding breast feeding: a hospital based study. Health Renaissance. 2011;9:194–200.
16. Gupta A, Sobti J,Rohde JE.Infant feeding practices among patients of Paediatricians and general Practitioners. Indian J Pediatr 1992,59:193-196.
17. Kumar S, Nath LM, Reddiah VP. Breastfeeding practices in a resettlement colony and its implication for pormotional activities. Indian J Pediatr 1986,56:239-242.
18. Kumar V,Sharma R,Vanja K, Real M. Breastfeeding pattern in urban infants in Chandigarh. Indian j Pediatr 1984,51:18-19.