

A Study on Breast Feeding Practices among Mothers of Urban Slums of Rourkela

Dr. Sofia Noor¹, Dr. A Hani Rajesh², Dr. G.Krishna Babu³.

Associate Professor, Post Graduate, Professor and HOD Department of Community Medicine Rangaraya Medical College Kakinada Andhra Pradesh

Abstract:

Background: Breast feeding has been accepted as the most vital intervention for reducing infant mortality and ensuring optimal growth and development of child. It is the ideal method for the physiological and psychological needs of the infant. Breast feeding is of extreme importance for safeguarding health and welfare of growing infant and this practice must be persevered, protected and promoted by all means.

Objectives: This study was conducted to find the level of knowledge and practices regarding Breast feeding. An attempt was made by the investigators to introduce correct feeding practices during the process of investigation.

Materials & methods: This was a cross sectional study conducted for a period of 6 months in the urban slums of Rourkela selected by random sampling technique. A predesigned semistructured questionnaire using open and close ended questions were used to collect the information.

Results: Both knowledge and practices regarding breast feeding was below satisfactory levels. Only 57% had early initiation of breast feeding. Though 77% gave colostrums to their only 29% knew about its nutritive value.

Conclusion: There is a need of giving information regarding breast feeding during antenatal visits to inform the mothers regarding proven facts of advantages of exclusive breast feeding

Keywords: Breast Feeding practices, Knowledge, Colostrum

I. Introduction

Experience and scientific evidence show that improvement in child health are not necessarily dependent on the use of sophisticated and expensive technologies but rather on effective strategies that are based on an holistic approach. IMNCI though stemmed from the needs of curative care also addresses the importance of exclusive breast feeding upto 6 months of age. Breast feeding has been accepted as the most vital intervention for reducing infant mortality and ensuring optimal growth and development of child Gupta a [12]. Breast feeding is the ideal method for the physiological and psychological needs of the Infant Gupta A [12]. More than 15% of 24 lakh child deaths could be averted in India by proper breast feeding practices.[10] Breast feeding is of extreme importance for safeguarding health and welfare of growing infant and this practice must be persevered, protected and promoted by all means.[2] The quality of knowledge and support has a crucial role in the success of breast feeding promotion Issler [16]. As per NFHS –III exclusively breast feeding practices is 46%, compared to Orissa which is still lower. Slums are unserved and underserved pockets in urban areas and this aspect of health education too needs special emphasis in such areas to reduce mortality and morbidity

Objectives: To know about their knowledge regarding breast feeding. To study about their breast feeding practices and the factors influencing incorrect practices.

II. Materials & Methods

This cross sectional study for a period of 6 months was conducted in 6 slum areas in the city of Rourkela selected by random sampling technique. Mothers of all infants between 0- 6 months were interviewed using a pretested semi structured questionnaire having open and close ended questions. Time of initiation, prelacteal feeds, no of times of feeding per day and duration of exclusive breast feeding was noted. Positioning of the baby and signs of attachment was observed as noted as per IMNCI guidelines. Complete privacy was ensured while observing the feeding of the child in their homes itself. Questions not readily understood or grasped by the interviewee was rephrased and repeated with proper emphasis and explanation wherever necessary to appraise the accuracy and validity of the replies.

Inclusion Criteria- Mothers of all infants between 0- 6 months of age willing to participate in the study.

III. Results

Sociodemographic characteristics of the mothers showed that maximum number of them were in the age group of 20-30 years. A small percentage 11(10.3%) of teenage mothers also participated in this study. Mean age at marriage of the mother was 19 \pm 1.1 years. 61 (57%) of them were hindus, 41(38.3)% christains and the rest were muslims. Maximum 83(77.6)% of them were illiterate and very few of them had primary education.

The knowledge of mothers regarding breast feeding practices, their practices and the reasons behind these practices are illustrated in the following tables.

I-Knowledge Of Mothers About Breast Feeding

Variable	Number	Percentage
INITIATION OF FEEDING		
Within 1 hr	57	53.3
1-2 hrs	19	17.8
2-4 hrs	31	29
FREQUENCY OF FEEDING		
< 8 times	29	27
>8 times	32	30
Semi demand	46	43
ADVANTAGES OF COLOSTRUM		
Good	31	29.0
Should be discarded	18	16.8
Do not know	58	54.2
AGE OF EXCLUSIVE BF		
2 months	13	12.1
4 months	64	59.8
6 months	30	28.0
ADVANTAGES OF BREAST MILK		
Nutrition	69	64.5
Protective	42	39.3
Economical	50	46.7
Good for mother	12	11.2

II –Breast Feeding Practices Among Mothers

Variable	Number	Percentage
Initiation of Breast Feeding		
Within 1 hr	20	18.7
1-2 hrs	36	33.6
2 – 4 hrs	51	47.7
Frequency of Feeding		
<8 times	49	45.8
>8times	58	54.2
Colostrum given		
Yes	83	77.6
No	24	22.4
Period of Exclusive BF		
2 Months	8	7.5
4 Months	69	64.5
6 Months	30	28
Prelacteal Feeds		
Yes	82	76.6
No	25	23.4
Position of mother		
Correct	20	18.7
Incorrect	87	81.3
Position of Baby		
Proper	29	27.1
Improper	78	72.9
Attachment of baby		
Proper	90	84.1
Improper	17	15.9

III - Reasons For Incorrect Practices

Variable	Number	percentage
Delay in Initiation	N=87	81.3
Caesarean Section	21	24.1
Pain	26	30
Baby Sick	10	11.5
Baby in Nursery	10	11.5
Local beliefs	8	9.1
After discarding colostrums	12	13.8
Content of Prelacteal feed	N=82	76.6
Honey	41	50
Water	20	24.4
Dairy milk	10	12.2
Rock candy water	11	13.4
Reduced Frequency of Feeding	N=49	45.8
Requirement of baby less	26	53
Elders advice	13	26.5
Baby Sleeping	10	20.4

IV. Discussion

In the present study though 57% of the mothers knew that breast feeding should be initiated within 1 hour of delivery only 18.7% actually have initiated within the first hour. Initiation of breast feeding was within 2 hours by 37.6% of the mothers as found by Premlata Mittal et al [24] while 100% were breast fed within 24 hours which is similar to the present study as well as the study conducted by Oche et al [21] in Nigeria

As per Maheshwari Ekambaram [19] in their study in 2012 92% of the women knew about initiation of breast feeding within 1 hour but actually only 36% had initiated feeding within 1 hour. Various studies in India show that initiation rate of breast feeding within 1 hr of birth varies between 16% to 54.5%.

In the present study knowledge regarding exclusive breast feeding for 6 months was found in only 28% of the mothers. Exclusive breast feeding for a period of 6 months. Maximum mothers 59.8% said that the duration of exclusive breast feeding is 4 months. Only 28% of the mothers followed 6 months of exclusive breast feeding. It is similar to the findings of Maheshwari Ekambaram [19] who found out that only 38% knew about exclusive breast feeding for 6 months though it is a WHO recommendation and widely publicized in all health care settings. Mean duration of exclusive breast feeding varies from 6.7 months in Tamil Nadu to 10.8 months in Andhra Pradesh as shown in various studies.

Premlata Mittal [24] et al in their study found out that only 33.9% knew about exclusive breast feeding for 6 months. 31% was reported by Illayasu et al [15] and again 31% by Oche [21] et al. These all are very different from the study conducted by Aidam et al in Accra Ghana where it was 98%.

As per the study conducted by Premlata Mittal et al [24] in 2014 in Rajasthan 57% of the mothers knew that babies should be breast fed on demand, 75.8% reported colostrums to be good for health, 81.2% knew about the nutritive value of breast milk. In the present study 83 (77.6%) have given colostrum to their babies but knowledge regarding the nutritive value of colostrums was very low i.e. 29%. This is different from the findings of Maheshwari et al [19] which is 58% of mothers knew the importance of colostrums and 90% in the findings of Tiwari et al [28]. Subaiah N [27] and Tiwari V [27] in their studies found that colostrum feeding was 75% to 90%. As per Patro's [22] study in tribal areas of Orissa 60% women still discarded colostrums and found that only 8% initiated feeding within 1 hour. Giving prelacteal feeds was found in 82 (76.6%) of the mothers, and 50% of it consisted of honey in the present study. Premlata Mittal et al [24] reports about 60% mothers giving prelacteal feeds to the baby in various forms i.e. water, honey etc.

Cause for the delay in initiation of feeding as found in our study are Pain in 30% followed by Caesarean section in 24.1%. Local beliefs had a minor role in delay of initiation of breast feeding.

Women delivering in hospitals had positive effects on breastfeeding practices in a study conducted by Anandiah R. [3]. In the present study 72.9% were following incorrect practices regarding the position of the baby but 84% had correct attachment of the babies. Maximum mothers about 87% did not care much about their comfortable position while feeding their babies. The knowledge regarding techniques of breast feeding ranged from 35% for proper position to 78.2% for burping practices as found by Premlata Mittal et al [24] in their study in Rajasthan.

V. Conclusion

Adequate nutrition during infancy is essential to ensure growth, health and development of children to their full potential. [31] Breast feeding confers short term and long term benefits on both child and mother including helping to protect children against a variety of acute and chronic disorders. [17] There is a need of giving information regarding breast feeding during antenatal visits to inform the mothers regarding proven facts of advantages of exclusive breast feeding.

References

- [1]. Afrosea L, Banua B, Ahmeda KR, Khanoma K_ Factors associated with knowledge about breastfeeding among female garment workers in Dhaka city. WHO South-East Asia Journal Of Public Health 2012;l(3):249-255
- [2]. Agarwal S. Srivastava K. Sethi V. Maternal and New-bom Care Practices Among the Urban Poor in Indore. India: Gaps. Reasons and Possible Program Options. Urban Health Resource Center, New Delhi. 2007.
- [3]. Anandaiah R, Choe MK. Are the WHO guidelines on breastfeeding appropriate for India. National Family Health Survey Subject Reports Number 16. International Institute for Population Sciences, Mumbai, India. 2000.
- [4]. Bathija C. G. Anand RK. Effect of perinatal motivation on breast feeding in Educated mothers Indian Pediatrics 1987, 24: 933-937.
- [5]. Chaturvedi P Banait N. Knowledge and Attitude regarding breast feeding in mothers attending Antenatal Clinics Indian J Pediatrics 2000, 67:259-262.
- [6]. Chaudhary RN, Shah T, Raja S. Knowledge and practice of mothers regarding breast feeding: a hospital based study. 2011; 9(3); 194-200.
- [7]. Dadhich JP. Gupta A. Assessment of Status of Infant and Young Child Feeding (IYCF) practice, policy and program-Achievements and Gaps. Breast feeding promotion network of India. 2005.
- [8]. Dhammika BL K. Gunawardena N S. Knowledge, practices and concerns regarding exclusive breastfeeding for six months among mothers of infants in a suburban setting in Sri Lanka. Sri Lanka Journal of Child Health; 2012; 41(1): 9-14
- [9]. Garg. R, Deepti S, Padda A. Singh T. Breast feeding knowledge and practices among rural women of punjab, India: a community-based study. Breastfeed Med. 2010 Dec;5(6):303-7. 10.1089/bfm.2010.0005. Epub 2010 Oct 6.
- [10]. Ghai OP, Gupta P, Paul VK, editors. Ghai Essential Pediatrics, 6th ed. New Delhi: Mehta Publishers; 2004.
- [11]. Gupta A, Dadhich J.P.,Suri S. Enhancing optimal infant feeding practices in India. India Health Beat .2011;5(4):
- [12]. Gupta A. Arora V. Bhatt B. The State of World's Breastfeeding: India Report card 2006. International Baby Food Action Network (IBFAN). Asia Pacific. In-dia. 2006.
- [13]. Gupta A. Arora V. The State of World's Breastfeeding -Tracking Implementation of the Global Strategy for Infant and Young Child Feeding. International Baby Food Action Network (IBFAN). Asia Pacific. South Asia report Feb 2007
- [14]. Hirwarkar PA Aswar NR Durge PM Shendra MO breast feeding practices in Rural mothers The J OBG India 1999; 49(6) 73-760
- [15]. Illayasu Z et al Current knowledge and practice of exclusive breast feeding among mothers in Gwale LGA of Kano state. Nig Med Practice 2005;48 (2) 50 -55
- [16]. Issler H. Rodrigues de Sa MBS. Senna DM Knowledge of newborn healthcare among pregnant women: basis for promotional and educational programs on breastfeeding. Sao Paulo Med J 2001; 119(1):7-9
- [17]. Leon-Cava N, Lutter S, Ross J, Martin L. Quantifying the benefits of breastfeeding: A summary of the evi-dence. Pan American Health Organization, Washington DC, 2002.
- [18]. M Sai sunil Kishore, Praveen Kumar, Arun Kumar Agarwal Breast feeding knowledge and practices among mothers in a rural population of north india. Journal of tropical Pediatrics 2009;55(3) 183-88
- [19]. Maheshwari Ekambaram, Vishnu Bhatt B, Mohammed Asif Padiyath Ahamed .Knowledge attitude and practice of breastfeeding among postnatal mothers. Vol 14, No 2 (2010-07-2010-12). Current Pediatric Research
- [20]. Mallikarjuna HB. Banapurmath CR. Banapurmath S. KesareeN Breast feeding problems in first six months of life in rural Kamataka Indian Pediatrics 2002. 39:861-864.
- [21]. Oche MO, Umar AS, Ahmed H; knowledge and practice of exclusive breast feeding in Kware, Nigeria Afr Health Sci 2011;11 (3)518-523
- [22]. Patro S, Nanda S, Sahu R, Infant feeding practices of Paroja ;A tribal community of Orissa. Studies on home at community science, 2012;6(1);21-25
- [23]. Prabhakara GN Aswath PV Shivaram C Vishwanath AN Infant feeding patterns in slums of Bangalore Indian Pediatrics 1987; 24:895-898.
- [24]. Premlata Mittal et al Knowledge, attitude and practice of breast feeding at a tertiary care center in Rajasthan. Scholars academic journal of biosciences 2014;2 (10) 714-718
- [25]. Raval D. Jankar D.V.. M P. Singh. A study of breast feeding practices among infants living in slums of Bhavnagar city. Gujarat. India. 2011;2(2):78-89.
- [26]. Subbiah. N. A Study to assess the Knowledge. Attitude. Practice and Problems of Postnatal Mothers regarding Breastfeeding. Nursing J hid 2003; 94 (8): 177-179
- [27]. Tiwari V, Singh A Knowledge attitude and practice regarding breast feeding in an urban area of Faizabad district UP Indian J Prev Soc Med 2007;38(1)18-22
- [28]. Tiwari V. Singh A. Knowledge, attitude and practice regarding breastfeeding in an urban area of Fazidabad district (U.P). Indian J Prev Soc Med 2007; 38(1): 18-22.
- [29]. Ujjawala Jain et al knowledge on breast feeding and breast feeding practices among mothers delivered at a Tertiary level obstetrics care Hospital at Udaipur International journal of Medical and Pharmaceutical Sciences 2013; 4(1) 10-16
- [30]. Wadhwa SK Deshmukh JS Wahab SN Vasudeo ND Awareness and practice regarding breast feeding in mothers Indian j Maternal and Child Health 1998; 9(2) 41- 45.
- [31]. WHO Collaborative Study Team on fee Role of Breast-feeding on fee Prevention of Infant Mortality. Effect of breastfeeding on infant and childhood mortality due to infectious diseases in less developed countries: a pooled analysis. Lancet 2000; 355:451- 455.
- [32]. World Health Organization. Infant and young child feeding Model Chapter for textbooks for medical students and allied health professionals. World Health Organization. 2009.
- [33]. World Health Organization. Exclusive breast feeding. Geneva: WHO. [http://www.who.int/nutrition/topics/exclusive_breast_feeding -](http://www.who.int/nutrition/topics/exclusive_breast_feeding/) accessed 11 July 2012.