

Available online at <http://www.ijims.com>

ISSN: 2348 – 0343

Breast Feeding Practices in a Rural Area of Haryana, India

Shashi Kumar ¹, B R Dhaiya ², Bharti ³, Sumit Chawla ³

1. Assistant Professor, Dept. of obstetrics and gynecology, Maharishi Markandeshwar Medical College and Hospital, Solan

2. Associate Professor, Dept. of Community Medicine, Maharishi Markandeshwar Medical College and Hospital, Solan

3. Assistant Professor, Dept. of Community Medicine, Maharishi Markandeshwar Medical College and Hospital, Solan

Corresponding Author: Sumit Chawla

Abstract

Exclusive Breast Feeding (EBF) should be practiced for the first six months of life, to achieve optimum growth, development and health. In India, breastfeeding is almost universal, but the EBF rate is quite low. The present study was conducted to assess the pattern of breastfeeding practices in rural area of district Rohtak, Haryana. This Cross-sectional study was conducted in PHC Chiri area of block Lakhanmajra, rural field practice area attached with the Department of Community Medicine, Pt. B.D. Sharma, PGIMS, Rohtak during Sept.-Nov.2013. Two anganwadis were chosen randomly from each sub-centre; total of 12 anganwadis were taken. All registered mothers of infants aged 6-12 months from chosen anganwadis were included. A pre-tested, semi-structured interview schedule was used for interviewing the study subjects. A total of 166 mothers of infants aged 6-12 months, were registered at the anganwadis. 8 women, who could not be contacted even after two home visits were excluded from the study. Therefore, a total of 158 women were included in the present study. It was found that Less than one third of mothers (27.8%) initiated breastfeeding within 1hr and more than one third of mothers (36.7%) delayed initiation of feeding by more than 12 hrs. Commonest reason for late initiation was cited as family custom and traditional belief. Around one third of mothers exclusively breastfed for <1month. Only 19 % mothers did exclusive breastfeeding upto 6 months. It may be concluded that the practices related to breastfeeding in the present study were found to be faulty in the majority of mothers. This study emphasizes the need for breastfeeding intervention programs in community especially for the mother during antenatal and postnatal check-ups. Customary Practices such as discarding the colostrum, prelacteal feeds etc. should be discouraged.

Key words: Exclusive Breast Feeding, Rural Area , India

Introduction

The World Health Organization (WHO) Global and National guidelines on Infant and Young Child Feeding (IYCF) recommends that breastfeeding should be started immediately after birth ideally within the first hour and exclusive breastfeedingshould be done for the first six months, followed by breastfeeding along with complementary foods for up to two years of age or beyond. 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.¹Exclusive breastfeeding is estimated to prevent potentially 1.4 million deaths every year among children under five (out of the approximately 10 million annual deaths. Breastfeeding, especially six months of exclusive breastfeeding, has a significant effect in the reduction of mortality from the two biggest contributors to infant deaths: diarrhoea and pneumonia as well as on all-cause mortality.²It was found that, early initiation within the first hours of birth could prevent22% of neonatal deaths, and initiation within the first day, 16% of deaths.³In India, breastfeeding in slums and rural areas appears to be shaped by the beliefs of a community, which are further influenced by social, cultural, and economic factors. National family health survey-3 of India has revealed startling lower exclusive breastfeeding (EBF) rates (16.9%) in the state of Haryana compared with

national data (46.3%).⁴ The present study was conducted to assess the pattern of breastfeeding practices among mothers in a rural area of district Rohtak, Haryana

Material and Methods

The present cross-sectional study was conducted in Primary Health Centre (PHC) Chiri area of block Lakhanmajra, rural field practice area attached with the Department of Community Medicine, Pt. B.D.Sharma. PGIMS, Rohtak during period of Sept.-Nov. 2013. PHC Chiri is located on Gohana-Meham Road, about 35 km. from PGIMS, Rohtak. It has population of 30046; six sub-centres. Two anganwadis were chosen randomly from each sub-centre; total of 12 anganwadis were taken. All registered mothers of infants aged 6-12 months from chosen anganwadis were included. Verbal informed consent was taken before initiating interview. A pre-tested semi-structured interview schedule was used for interviewing the study subjects. The interview schedule included information on socio-cultural and demographic data, details on the initiation of breastfeeding, duration of exclusive breastfeeding, pre-lacteal feeding, colostrum etc. A few days prior to the first visit to each anganwadi, the anganwadi worker was contacted and was asked to prepare a list of all mothers of infants aged 6-12 months from their register at that point of time. The study was carried out by investigator through house to house visit. The mothers who could not be contacted even after two home visits were excluded from the study. Data so collected were compiled & analysed using statistical software (SPSS version 20.0). Data was presented as percentages (%) and proportions.

Results

A total of 166 lactating mothers were registered at the chosen anganwadis. 8 women, who could not be contacted even after two home visits were excluded. Therefore, a total of 158 women were included in the present study.

Table 1: Distribution of the study participants, by age and education

Age (years)	No. of study participants (N=158) (%)
≤ 20	19 (12.0)
21-25	99 (62.6)
26-30	31 (19.6)
>30	9 (5.7)
Education	
Illiterate	22 (13.9)
Primary	30 (18.9)
Middle	35 (22.1)
Senior secondary	52 (32.9)
Graduate and above	19 (12.0)

Table 2: Distribution of the study participants, by occupation and socio-economic status

Occupation	No. of study participants (N=158) (%)
Housewife	137 (86.7)
Labourer	9 (5.7)
Business	3 (1.8)
Agriculture	8 (5.0)
Service	1 (0.6)
Socioeconomic status	
Upper class	1 (0.6)
Upper-middle class	23 (14.6)
Middle class	55 (34.8)
Lower-middle class	70 (44.3)
Lower class	9 (5.7)

Table 1 and 2 shows socio-demographic characteristics of the study participants. Majority of them were housewives and in age group of 21-25 yrs. Around 14% of them were illiterate. Most of them were in middle class group.

Table 3: Initiation of Breastfeeding after birth (N=158)

Initiation of Breastfeeding (Hours)	No. of study participants (%)
0-1	44 (27.8)
1-6	49(31.0)
6-12	7 (4.4)
12-24	27 (17.1)
>24	31 (19.6)

Table 3 shows less than one third of mothers (27.8%) initiated breastfeeding within 1hr and more than one third of mothers (36.7%) delayed initiation of feeding by more than 12hrs. Commonest reason for late initiation was cited as family custom and traditional belief.

Table 4: Pre-Lacteal feeds and Colostrum given (N=158)

Response	Pre-Lacteal feeds given	Colostrum given
Yes	81 (51.3)	124 (78.5)
No	77 (48.7)	34 (21.5)
Total	158 (100)	158 (100)

More than half infants (51.3%) were given pre-lacteal feeds. Honey, Janamghuti and sugar solution were the most common pre-lacteal feeds used. Mostly (80%) were given colostrum. (Table 4)

Table 5: Duration of exclusive breastfeeding (N=158)

Duration of exclusive breastfeeding (Months)	No. of study participants (%)
<1	51 (32.3)
1-2	27 (17.1)
3-5	50 (31.6)
Upto 6 months	30 (19.0)

About one third of mothers exclusively breastfed for less than one month. Only 19 % mothers practiced EBF upto 6 months. (Table 5).Major reasons cited for non-exclusive breastfeeding were inadequate breast milk secretion, unawareness, work, poor maternal health.

Table 6: Age at initiation of top milk (N=158)

Age at initiation of top milk (Months)	No. of study participants (%)
<1	26 (16.5)
1-4	36 (22.8)
4-6	77 (48.7)
>6	19 (12.0)

Table 6 shows that about half of infants were started with top milk feeding at age of 4 to 6 months.

Discussion

The beneficial effects of breastfeeding depend on breastfeeding initiation, exclusive breastfeeding, and its duration. According to NFHS-3, in Haryana, breastfeeding was initiated within 1hr for 22.3% of children <3yrs and only 16.9% of the infants(0-5mths) were exclusively breastfed.⁴

Initiation of Breastfeeding

Although WHO's, Global and National IYCF Guidelines recommend that all newborns should start breastfeeding immediately after birth, ideally within the first hour, the present study showed that less than one third of mothers (27.8%) initiated breastfeeding within 1hr and more than one third of mothers (36.7%) delayed initiation of feeding by more than 12hrs.

Similarly, other studies conducted in Haryana by Shahida et al and Oommen et al noted that the rate of breastfeeding initiation within 1 hour was only 26.2% and 35% respectively.^{5,6} However Yadavannavar et al in Karnataka reported that 23.3% of mothers had initiated breast feeding within 4 hours of delivery, while 8.3% took more than 48 hours to start breast feeding.⁷

Duration of Exclusive Breastfeeding

WHO recommends that infants should be exclusively breastfed for the first six months, the present study showed that about one third of mothers exclusively breastfed for less than one month. Only 19 % mothers practiced EBF upto 6 months. A community based study conducted by Kishore et al in Panchkula district of Haryana revealed only 10% of mothers exclusively breastfed their infants till 6 months of age.⁸ Another study conducted by Shahida et al found 62.3% mothers were not practicing exclusive breast feeding.⁵

Prelacteal feeds and colostrum given

Our study showed that pre-lacteal feeds were given to more than half of (51.3%) infants. Honey, Janamghuti and sugar solution were the most common pre-lacteal feeds used. Colostrum was given to around 80% infants. Similarly, Shahida et al reported colostrum feeding was practiced by 70.5% of mothers.⁵ However Yadavannavar et al found that only 35% mothers practiced colostrum feeding and pre lacteal feeds were given to 91.6% of infants.⁷

Conclusion

In conclusion, the practices related to breastfeeding in the present study were found to be faulty in the majority of mothers. This study emphasizes the need for breastfeeding intervention programs in community especially for the mother during antenatal and postnatal check-ups. Customary Practices such as discarding the colostrum, pre-lacteal feeds etc. should be discouraged. The information regarding the advantages of exclusive breastfeeding needs to be promoted and propagated through multipurpose health workers, ASHA, anganwadi workers and community volunteers. Printed materials, posters and newsletters on the advantages of breastfeeding should be widely displayed at public places.

References

1. Ministry of Health and Family Welfare, Govt. of India: Guidelines for enhancing optimal infant and young child feeding practices 2013.
2. Black R. et al. Maternal and child undernutrition: global and regional exposures and health consequences. *The Lancet* 2008; 371(9608), 243-60.
3. Edmond, K et al. Delayed breastfeeding initiation increases risk of neonatal mortality. *Pediatrics* 2006; 117(3):380-86.
4. Ministry of Health and Family Welfare. National Family Health Survey (NFHS-3) National factsheet India. Available at: <http://www.nfhsindia.org/pdf/IN.pdf>. Accessed on June 21, 2013.
5. Shahida P, Sareen IB, Dahiya BR. Breast Feeding Practices in Post IMNCI Era in Rural Community of Haryana. *IJPHRD* 2012; 3(4): 205-9.
6. Oommen A, Vatsa M, Paul VK, Aggarwal R. Breastfeeding Practices of Urban and Rural Mothers. *IND PED* 2009; 46: 891-94.
7. Yadavannavar MC, Patil SS. Socio cultural factors affecting breast feeding practices and decisions in rural women. *IJPAES* 2011; 1(2): 46-50.
8. Kishore MSS, Kumar P, Aggarwal AK. Breastfeeding Knowledge and Practices amongst Mothers in a Rural Population of North India: A Community-based Study. *J Trop Pediatr* 2009; 55 (3): 183-88.