

Practices related to exclusive breast feeding among mothers of Bengaluru: A cross sectional Study

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Abstract

Introduction: Change in the trends of education and occupation status of women in many developing and developed countries have caused a great impact on traditional infant feeding practices. Being a home maker women had ample of time for herself and new born, wherein she could take adequate selfcare and feed infant on demand. Breastfeeding is one of the most cost effective and essential ways of reducing infant mortality and improve health status of the child. However, the rate of exclusive breast feeding is very low in India as compared to the earlier rates, hence this study was proposed to analyse the factors associated with Exclusive breast feeding practice.

Materials and Methods: A cross-sectional study was conducted in Bengaluru from January to April 2018 among urban mothers. Simple random sampling technique was used to select the sample for study, a total 114 mothers were interviewed by the researcher. A purposive sampling technique was used to gather the quantitative data and qualitative data from the samples. Tools used in the study, a pretested structured interview schedule was used to obtain information on socio-demographics and breast-feeding practices, observation checklist on breastfeeding practices, opinionnaire. Data interpreted using statistical analysis.

Results: The median duration of exclusive breastfeeding was found to be three months and mean frequency of breastfeeding was five to six times per day. The initiation of breastfeeding among urban mothers was identified as within one hour by 28.07% [53.81% among boy child and 46.19% among girl child]. 39.47% of the mother-initiated breast-feeding between 1-6 hours after delivery and 67.54% after six hours of delivery. About 89(78.07%) of the children were given pre-lacteal feeds in the form of formula feeds, sugar water, dextrose in this study. Barriers to practice exclusive breastfeeding identified in this study as expressed by mothers were; breast milk taste unsatisfying to the infant (n=72, 63.15%), insufficient breast milk production (n=17, 14.91%), to improve nutritional status of the child (n=9, 7.89%), the child needs to learn to feed on other foods (n=9, 7.89%), family members forces to add substitutions and in order to resume work among employed mothers (n=7, 6.30%). Other barriers were feeling shy to feed child in public, lack of knowledge about importance of breast feeding, low confidence level among breastfeeding mother, poor support system (treating doctors, family members, workplace, friends and community).

Conclusion: A very large number of infants are not exclusively breastfed during the first 6 months, despite what is recommended in the national and global infant and young child feeding (IYCF) guidelines, WHO and UNICEF recommendations. Employed mothers were less likely to practice exclusive breastfeeding, implying the need for promoting workplace breastfeeding practices and creating an enabling environment for exclusive breastfeeding.

Keywords: Exclusive breast feeding, Pre lacteal feeds, Postnatal mothers, Enablers, Hindering factors.

Background

WHO and UNICEF recommends breastfeeding as unique way of providing ideal food for the healthy growth and development of infants. Exclusive breastfeeding is when a baby receives only breast milk, without any additional foods or drinks, including water until six months of age. Breastfeeding should be continued till two years of age, after six months of age a baby should receive foods with breast milk until the age of two years or older.

There are various advantages of breast feeding to mother and child. Breast milk promotes sensory and cognitive development and protects the infant against infectious and chronic diseases. It also boosts up the immune system of breast fed child. Exclusive breastfeeding reduces infant mortality due to childhood illness such as diarrhoea, pneumonia and helps for a quicker recovery during illness. It facilitates to the health and well being of mothers; helps spacing between children, reduces risk of

breast and ovarian cancers, increases emotional bonding, increases family and national resources.

Introduction

A new born human baby has three basic demands immediately after birth. They are warmth in the primary care givers arms, food, and security in the knowledge of the presence of primary care giver and breastfeeding satisfies all these. Breastmilk is more convenient, cheapest, readymade and easily available all the time. The initial growth and development of a child depends upon the duration and frequency of breastfeeding he/she receives, since the breast milk provides all important nutrients to infants and young children and protects them against certain infections and helps in the child survival. Initiating the breastfeeding to 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.

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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. 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. 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.

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. 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 health. 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.

Objective

Analyse the practices related to exclusive breastfeeding and factors enabling and hindering the same among mothers of Bengaluru.

Materials and Methods

A cross-sectional study was conducted from January to April 2018 involving both quantitative and qualitative data. Simple random sampling technique was used to select the sample for study, a total 114 mothers were interviewed by the investigator. A purposive sampling technique was used to gather the quantitative and qualitative data from the samples. Tools used in the study, a pre-tested structured interview schedule was used to obtain information on socio-demographics and breast-feeding practices, observation checklist on breastfeeding practices, opinionnaire for expressions of mother's view on breastfeeding practices. Data entry and management was done in excel sheet, pre-determined data format have been introduced as datasheets 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 coding 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

Maternal age was categorized into mothers with; <20 years (n=29, 25.43%), 21-25 years (n=52, 45.61%), 26 -30 years (n=9, 7.89%) and 31-35 years (n=24, 21.05%). Around 79.82% of the mothers were degree holder, 20.18% had completed PUC, and 85% of mothers were employed women under certain private agencies, about 15% of them were Home makers and among these employed women 07.89% (nine) of them were medical professionals. Over half (n=68, 59.64%) of infants were female and (n= 46, 40.35%) were male. The median duration of exclusive breastfeeding was three months and mean frequency of breastfeeding was six times per day. The prevalence of exclusive breastfeeding in the last 24 hours in this survey was 71.3%. The initiation of Breastfeeding was done within one hour by 28.07% [53.8% among males and 46.1% among females]. 39.47% of the mothers initiated breastfeeding between 1-6 hours after delivery and 67.54% 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. About 89(78.07%) of the children were given pre-lacteal feeds in the form of formula feeds, honey, sugar water and cow's milk in this study. Almost equal number of boys and girls were given pre-lacteal feeds and the difference was also found to statistically not significant. Reported barriers to practice exclusive breastfeeding included; breast milk unsatisfying to the infant (n=72, 63.15%), insufficient breast milk production (n=17, 14.91%), to improve nutritional status of the infant (n=9, 7.89%), for the infant learns to feed on other foods (n=9, 7.89%), family members forces to add substitutions and in order for mothers to resume work (n=7, 6.14%), other factors were needs to train baby before reassuming work, discomfort related to expression of milk, work load, nuclear family, poor knowledge.

Other interesting findings of the study were majority of mothers who underwent CS had initiated breast feeding on second postnatal day and babies were fed formula feeds because (poor cooperation from mother, expressing operative discomfort, fear, lack of sleep, exhaustion, lack of knowledge, inadequate food intake). Paediatricians insisting to use formula feeds when baby is in NICU and least encouragement for early skin to skin contact or initiation of breast feeding. Health professional and management gave most importance to medical management and least interest on promoting breastfeeding.

Discussion

The importance of exclusive breastfeeding in improving children's health is widely known and accepted fact, but poor breastfeeding rates are still reported in many developing countries, also in India. This study sought to focus insights into the experiences among mothers who intended to exclusively breastfeed for six months in urban settings of Karnataka.

The study findings showed that multiple factors hindered mothers' plans for six months EBF. However, for each mother a single precipitating factor was identified which led the mother to mix feed. Health system factors and maternal-baby factors were the main precipitating reasons why mothers failed to exclusively breastfeed, followed by social factors (pressure from the family and returning to work or study). In contrast, mothers who gave birth to child with assistance of artificial reproductive techniques and those who had faced difficulty in breastfeeding their first child, were motivated to exclusively breastfeed. Most participants in this study attended more than six ANC visits giving health workers extensive opportunities to encourage mothers to breastfeed and empower them with knowledge to avoid the unnecessary advice from family and friends.

Health workers continued being the source of advice for mothers, especially when mothers experienced challenges at the hospital with initiating breastfeeding and with maintaining EBF at home. Yet, advice from health workers was frequently not supportive of EBF and because various hindering factors (lack of support from family members, re-joining work, lack of support at work place, attraction towards formula feeds) one fourth of mothers who did not successfully exclusively breastfeed. The interesting findings in this study was that there were nine mothers who belong to medical profession and were not able to adhere to EBF for six months I regret to mention here that one mother among them was paediatrician herself and she was not able practice EBF due to work environment and lack of support. Developing a mother and baby friendly at work place to achieve optimal level of exclusive breastfeeding practices should also be considered as an alternative choice.

Conclusion

A very large number of infants are not exclusively breastfed during the first 6 months, despite what is recommended in the national and global infant and young child feeding (IYCF) guidelines. Employed mothers were less likely to practice exclusive breastfeeding, implying the need for promoting workplace breastfeeding practices and creating an enabling environment for exclusive breastfeeding. Barriers to Exclusive breast feeding in the study were many like a mother factor, health care constrains, support system. Majority of factors which hindered EBF were working mother, insufficient milk, pressure from the family members, non-supportive working environment, temptation towards formula feeds, lack of encouragement from paediatricians. This study is important in devising strategies that will increase EBF in the community.

Source of Funding

None.

Conflict of Interest

None.

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