Breast Feeding Practices in Rural Mothers of Maharashtra

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Research Article

Abstract: **Background:** Breastfeeding is the first fundamental right of child. The nutritional and health status of the infants depends upon the feeding practices of community. It is also one of the determinants of child survival, birth spacing and prevention of infection. Beneficial effects of breastfeeding depends on correct breastfeeding practices like timely initiation, colostrum feeding, avoidance of prelacteal feeding. **Objective:** To study the breastfeeding practices in rural community. **Material & Methods:** The present cross sectional study was conducted in three adopted villages of Department of P.S.M., S.R.T.R. Medical College, Ambajogai, Maharashtra. 306 mothers with youngest child in age group of 4-24 months were included in the study. The information was collected by interviewing the mothers with the help of pretested, predesigned proforma. **Results:** Age of all the mothers ranged between 18 to 35 years. Out of 306 mothers enrolled in the study 33.99% were illiterate. 123 (40.2%) mothers gave some kind of prelacteal feed to the baby. Only 76 (24.84%) mothers initiated breastfeeding within half hour of delivery. Maximum i.e. 85 (36.96%) mother told reason of delayed breast feeding as "no milk secretion". 279 (91.18%) mothers fed colostrum to their babies. Only 87 (28.43%) of the mothers followed exclusive breast feeding. Most of the mothers (90.52%) mothers followed demand feeding. **Conclusion:** The study revealed very less magnitude of exclusive breastfeeding. A high number of mothers gave prelacteal feeds to their babies. There is need of breastfeeding intervention programmes mother during antenatal and postnatal check-ups.

***Keywords*:** Colostrum, prelacteal feeding, exclusive breastfeeding, demand feeding.

Introduction:

Breastfeeding is one of the most important determinants of child survival and prevention of childhood infections. It is the first fundamental right of the child. The nutritional and health status of infants mainly depends upon breast feeding and weaning practices.

Human breast milk, nature's perfect gift is vastly superior to anything available from our most sophisticated technologies. Breastfeeding is the most effective way to provide a baby with complete food and protection, and with a caring environment [1].

The beneficial effects of breastfeeding depend upon correct breastfeeding practices. Initiation of breastfeeding after birth is considerably delayed in India, and in most cases the valuable colostrum is discarded before putting to breast [2]. Giving colostrum has also been called as the "first immunization" of the child [3]. The unhygienic practice of prelacteal feeding is also followed in India.

A breastfed child is less likely to die or become ill, especially when exclusive breastfeeding is practiced for 4 to 6 months. On study in developing countries shows that an exclusively breastfed infant is many times less likely to die from diarrhea, respiratory diseases than non-breastfed infants [1].

The breastfeeding practices vary among different regions and communities in India. And frequent monitoring of changing trends in these practices is therefore necessary in societies in a highly dynamic state of development. Considering all these the present study was planned to know the breastfeeding practices in rural mothers of Maharashtra.

Material & Methods:

The present cross sectional study was undertaken in three adopted villages

namely Lokhandi Sawargaon, Chanai and Pimpala Dhaiguda which is the field practice area of department of preventive and social medicine, Swami Ramanand Teerth Rural Government Medical College, Ambajogai Dist. Beed of central Maharashtra. It was conducted during 1st January 2004 to 31st June 2004.

Mothers with youngest child in age group 4 – 24 months were included in the study to minimize the recall bias. These mothers were enlisted by house to house survey with the help of anganwadi worker and medical social worker by the investigator to minimize the non-response. All the enlisted mothers were asked to participate in the study. Only those mothers who agreed to participate in the study were called in anganwadi with their children. Total 306 mothers were interviewed in local language with the help of pretested and predesigned proforma. The relevant information regarding the socio-demographic structure of family and the breast feeding practices followed in the youngest child were recorded. The mothers who did not come in anganwadi were visited at home. Those who had not come after repeated visits and after confirmation of migration; were excluded from study. At the end of interview, health education regarding importance of correct breast feeding practices was given

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Results and Discussion:

Table 1:- Sociodemographic Profile of mothers

Sr. No.	Sociodemographic factors	No. (n = 306)	% (n = 306)
1.	**Age distribution (age in yrs)**		
	18 to 23	171	55.88
	24 to 29	102	33.33
	30 to 35	33	10.78
2.	**Religion**		
	Hindu	212	69.28
	Muslim	38	12.42
	Buddhist	56	18.3
3.	**Type of family**		
	Nuclear	98	33.03
	Joint	44	14.38
	Three generation	164	53.59
4.	**Literacy status**		
	Illiterate	104	33.99
	Primary	77	25.16
	Secondary	93	30.39
	Higher secondary	22	7.19
	Graduate and above	10	3.27
5.	**Socioeconomic status**		
	Class I	11	3.59
	Class II	45	14.71
	Class III	84	27.45
	Class IV	111	36.28
	Class V	55	17.97
6.	**Working status**		
	Working	134	43.79
	Nonworking	172	56.21

The age of all 306 mothers ranged between 18 to 35 years. Of which, maximum (55.88%) were between 18 to 23 years.

Majority of mothers i.e 212 (69.28) were from hindu family. Most of the mothers belonged to three generation family i.e. 164

(53.59%). D. K. Taneja et al (1993)[4] also found majority i.e. 96.2 % of Hindu mothers.

164 (53.59%) of mothers belonged to three generation family. This was comparable with D. K. Taneja et al (1993)[4] where 56.47% of mothers were from three generation families. The higher percentage of joint and three generation families is due to long lasting custom and culture in rural areas where married couples live with their parents.

104 (33.99%) mothers were illiterate while only 10 (3.27%) were educated up to graduate and above.

Out of 306 mothers, 63.73% belonged to class III and class IV socioeconomic status. Most of the mothers were non-working i.e housewives.

Table 2:- Distribution of mothers according to prelacteal feeding practices.

Sr. No.	Prelacteal feeds	Number	Percentages
1.	Given	123	40.2
2.	Not given	183	59.8
Total		**306**	**100**

123 (40.2%) mothers gave some form of prelacteal feeds which is a very harmful practice.

The popularity of prelacteal feeds can be ascribed to prevalence of age old beliefs, traditions and ignorance. The present study observations were comparable with purnima Bhale and Shikhar Jain (1999)[5] S. Kishore and B. S. Garg (1999)[6] and V. R. Parmar et al (2000)[7] who found prevalence of prelacteal feeding as 43.96%, 45% and 42% respectively .

Table 3:- Distribution of mothers according to time of initiation of breastfeeding.

Sr. No.	Time of initiation of breast feeding	Number	Percentages
1.	Within half hour	76	24.84
2.	½ to 6 hour	112	36.60
3.	> 6 to 12 hour	44	14.38
4.	> 12 to 24 hour	31	10.13
5.	>24 hours	43	14.05
Total		**306**	**100**

Out of 306 mothers, only 76 (24.84%) initiated breastfeeding within half hour. But 263 (85.95%) mothers initiated breastfeeding within 24 hours. S. k. Bandopadhyay (2000)[8] observed that 89.4% mothers initiated breast feeding within 24 hours while K. Madhu et al (2009)[9]found 19% mothers initiated breastfeeding after 24 hours which was comparable with the present study.

Table 4:- Distribution of mothers according to reasons for delayed breastfeeding.

Sr. No.	Reasons for delay	Number	Percentages
1.	No milk secretion	85	36.96
2.	Didn't know when to start	67	29.13
3.	No specific reason	25	10
4.	Baby's illness	23	5.65
5.	Sex discrimination	13	10.87
6.	Advice by elders	12	5.22
7.	custom	5	2.17
Total		**230**	**100**

230 (75.16%) mothers delayed the breastfeeding. The commonest reason for delayed breastfeeding was 'no milk secretion' in 85 (36.96%) mothers. The present study findings were comparable with Gayatri Ray et al (1997)[10] who observed that majority of mothers delayed breast feeding due to no milk secretion i.e 58.7%.

Table 5:- Distribution of mothers according to colostrum feeding.

Sr. No.	Colostrum	Number	Percentages
1.	Fed	279	91.18
2.	Not fed	27	8.82
Total		**306**	**100**

The healthy practice of colostrum feeding was followed by 279 (91.18%) mothers. The present study findings were comparable with Lalita Bahl and R. K. Kaushal (1987)[11] (91.7%), Rathore A. S. and Ramesh P. (1994)[12] (91.33%). The colostrum feeding in this study was not 100% because majority of mothers delivered at home and might not be motivated by their family members for feeding colostrum.

Table 6:- Distribution of mothers according to Exclusive Breast Feeding.

Sr. No.	Exclusive Breast Feeding	Number	Percentages
1.	Followed	87	28.43
2.	Not followed	219	71.57
Total		**306**	**100**

Only 87 (28.43%) mothers exclusively breast fed their babies upto 4 months. D. K. Taneja et al (2003)[4] and A. A. Kameshwrarao (2004)[13] observed prevalence of exclusive breast feeding as 26.4% and 37% respectively which were comparable with our study findings. Many mothers offered water to the babies during first four months so the magnitude of exclusive breast feeding was very low in this study.

Table 7:- Distribution of mothers according to type of feeding.

Sr. No.	Type of feeding	Number	Percentages
1.	Demand feeding	277	90.52
2.	Scheduled feeding	29	9.48
Total		**306**	**100**

Majority 277 (90.52%) mothers fed their babies on demand. It was comparable with S. K. Bandopadhyay et al (2000)[8] where 84.5% mothers offered demand feeding to the babies.

Conclusion and Recommendations:

Mothers are more receptive and emotional during antenatal period. So maximum utilization of antenatal visits should be made to provide basic information about breast feeding. Unhygienic practice of giving prelacteal feeds should be discouraged by constant health education. Magnitude of exclusive breast feeding was very low in the present study and many mothers initiated breast feeding late. Here is the need of education and postnatal help to mothers.

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