

Research Article

Study of breastfeeding practices amongst PNC mothers in urban slum areas in Solapur city, Maharashtra

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Abstract: Since 1993, WHO's effort to improve infant and young child nutrition have focused on promoting breastfeeding. It is estimated that suboptimal breastfeeding especially non-exclusive in first six months of life results in 1.4 million deaths and 10% of the disease burden in children younger than five year. The objective of present study was to know the various breastfeeding practices and knowledge in lactating PNC mothers. In this Materials and methods were a cross sectional observational study was carried out over the period of Jan 2012 to Dec 2012. Total of 200 PNC mothers who were enrolled in the anganwadi were selected for the study. The Results were Out of total, 14% mothers received advice on breastfeeding during ANC. 6% initiated breastfeeding within 1 hour. 37% mothers had given prelacteals. 22% mothers discarded colostrum. 55% babies received demand feeding. Breastfeeding feeding practices were appropriate in 64% of women. In Conclusion Very few mothers initiated breastfeeding at correct time. Wrong customs like giving prelacteals and discarding colostrum is still practiced in the society. Though the majority of mothers had right knowledge but breastfeeding practices was not appropriate. Very few mothers received advised regarding breastfeeding from the trained personnel.

Keywords: Breastfeeding, Exclusive breastfeeding, Prelacteals.

INTRODUCTION

Breastfeeding is the universally accepted means of infant feeding. Breastfeeding is one of the most important determinants of child survival, birth spacing and prevention of childhood infection [1]. Adequate nutrition during infancy and early childhood is essential to ensure the growth, health and development of children to their full potential. A child who is breastfed has greater chances of survival than artificially fed babies. WHO and UNICEF created and promoted BFHI program which included 10 steps to successful breastfeeding has proved highly successful in encouraging proper infant feeding practices starting at birth. It is estimated that suboptimal breastfeeding especially non-exclusive in first six months of life results in 1.4 million deaths and 10% of the disease burden in children younger than five year [2].

According to NFHS-3 51.8% mothers initiated breastfeeding within one hour and 53% received exclusive breastfeeding for six month in Maharashtra [3]. Knowledge, ignorance, undesirable socio-cultural beliefs and misconceptions prevailing in the community are reported to influence breast-feeding behavior of

mothers. So the present study was undertaken with aims to know the prevalent breastfeeding practices and knowledge regarding breast feeding in lactating PNC mothers. Later they were imparted with health education so as to get improvisation and spread of healthy breast feeding practices and right knowledge in the community.

MATERIALS AND METHODS

The present study is observational cross sectional study conducted in slum areas covered under Urban Health Centre under the administration of community medicine department, Dr VM Government Medical College from Jan 2012 to Dec 2012. The catchment area has a population of 16600 with 13 anganwadis. The sampling method was universal. Over the period, total of 200 PNC mothers were enrolled in the anganwadi were selected for the study. Verbal consent was obtained and purpose of data collection was explained to mothers. Data collection was carried out using a pretested questionnaire. Cut off fifty percent was considered to have sufficient knowledge and good practices as operational definition. The information and data thus obtained were compiled, tabulated and

analyzed statistically to draw out observation and meaningful conclusions. Appropriate test of significant was applied to see association.

RESULTS

As shown in Table-1, in present study 59% (118) women belonged to joint family and remaining 41% (82) belongs to nuclear family. 60% (120) of the women were literate whereas only 40% (80) mothers were illiterate. In present study age of all PNC mothers ranged between 19-35 years with mean age of 24.28 years.

In table-2 shows that 6% (12) of mothers initiated feeding within first hour of the delivery. After first hour to fourth hour, 71% (142) initiated breastfeed. Unfortunately 1.5% (03) mother initiated breastfeeding after 3 days.

From the table-3, 37% of newborn received prelacteal feeds like honey, sugar water, milk, ghuti and jaggery water. 46% of the mothers were able to demonstrate ideal position and 47% demonstrated ideal attachment. 55% of mothers practiced demand feeding. Only 24 % of mothers practiced giving foremilk and hind milk. Rooming in practice was seen in majority of women (87%). Only 47% mothers practiced post feed burping. Only 64% women practices of breastfeeding were right.

From table-4, wrong cultural practices like giving prelacteals to new born babies and discarding

colostrum is still prevalent in the society. Association between giving prelacteals and type of family was found not significant (chi sq=1.67, df=1, p>0.05). 22% of newborn babies were deprived of colostrum. Difference between type of family and discarding colostrum was found statistically highly significant (p<0.01). It was mostly seen in mother having joint family (22%).

Table-5 shows that out of 200 mothers 61% were having good breastfeeding practices. In primipara mothers only 36.1% were having good practice contrast to this; in multipara mothers 75% were having good practices. Difference between Breastfeeding practices and parity was found statistically highly significant.

Table-6 shows that 48.5% knew the right duration of exclusive breastfeeding and complementary feed has to be started but only 8% mothers knew exactly what is exclusive breast feeding. 63.5% mothers responded that breastfeeding should be continued for 2 years. Only 26% knew regarding the importance of giving colostrum. Only 39% mothers knew that breastfeeding also protects from infection. 42% mothers had knowledge regarding right technique of expressing breast milk and maintaining lactation. Only 55% of mothers had sufficient Knowledge. There were only 14% mothers who received ANC advice and 53% received PNC advice. There were 33% mothers who neither received advice during ANC nor during PNC period.

Table 1: Socio-demographic profile of post natal mothers in urban slum area

Various socio-demographic factor		Total
Type of family	Joint	118 [59%]
	Nuclear	082 [41%]
Education	Literate	120 [60%]
	Illiterate	080 [40%]
Parity	Primipara	072 [36%]
	Multipara	128 [64%]
Maternal Mean age		24.28 years
Range of maternal age		19-35 years

Table 2: Distribution of mothers according to time of initiation of breastfeeding after delivery

Time of initiation of breast feeding	Total (%)
0 hours to 1hours	012(06)
1 hours to 4hours	142(71)
4hours to 24hours	020(10)
1day to 2 days	013(6.5)
2 days to 3 days	010(05)
>3 days	003(1.5)
Total	200 (100)

Table 3: Distribution of mothers according to various practices of breastfeeding (n= 200)

Right breastfeeding practices	Total (%)
Rooming in	174 (87)
Colostrum Given	156 (78)
Prelacteals not given	126 (63)
Demand feeding	110 (55)
Ideal Attachment	094 (47)
Post feed burping	094 (47)
Ideal Position	092 (46)
Giving Hind milk	048 (24)

Table 4: Relation of Breastfeeding related variables with type of family

Colostrum	Joint (%)	Nuclear (%)	Total (%)
Given	88 (56.4)	68 (43.6)	156 (100)
Not Given	30 (68.1)	14 (31.9)	044 (100)
Total	118 (59)	82 (41)	200 (100)
X ² = 29.3, d. f. = 1, p<0.01, Statistically highly significant.			
Prelacteals	Joint (%)	Nuclear (%)	Total (%)
Given	48 (64.9)	26 (35.1)	074 (100)
Not Given	70 (55.6)	56 (44.4)	126 (100)
Total	118 (59)	82 (41)	200 (100)
X ² = 1.67, d. f. = 1, p>0.05, Statistically not significant.			

Table 5: Association between Breastfeeding practices with parity

Parity	Good BF Practices (%)	Bad BF Practices (%)	Total (%)
Primi	26 (36.1)	46 (63.9)	72 (100)
Multipara	96 (75)	32 (25)	128 (100)
Total	122 (61)	78 (39)	200 (100)

X² = 29.3, d.f. = 1, p<0.01, Statistically highly significant.

Table 6: Distribution of mothers with correct responses for assessing knowledge

SN	Questions asked to assess Knowledge	Right response (%)
1	How long only exclusive breastfeeding is given and when is weaning started	48.5
2	What is Exclusive breastfeeding?	08
3	How long breastfeeding is given?	63.5
4	Why colostrum is given?	26
5	Does breastfeeding protects against infection?	39
6	Does breastfeeding acts as temporary contraceptives?	29.5
7	How to express breast milk and how to maintain lactation?	42

DISCUSSION

WHO recommends initiation of breastfeeding within one hour of delivery. Within half an hour of birth the suckling reflexes are strong in the newborn baby so early initiation ensures establishment of effective breastfeeding. In the present study it was found that majority of mothers (77%) initiated feeding within 4 hours of delivery but only 6% initiated within 1 hour of birth. Higher percentage initiations of breastfeeding within 1hour was reported by Pratibha Gupta *et al.*; [4] (36.6%) and Abhay Bagul *et al.*; [5] (32.56%). Lower percentage initiations of breast feeding within 4hours was reported by Shrivastava Anurag *et al.*; [6] and C.R. Banapurmath [7] (4.7% and 50% respectively).

The prevalence of prelactal feed was lower in studies done by Madhu *et al.*; [1] (19%) and S. Jain [8] (4.7%) whereas it was higher in studies done by Abhay bagul *et al.*; [5] (78.6%), Devang Raval *et al.*; [9] (61.9%) than the present study (37%). The present study findings were similar to study done by Kumar D *et al.*; [10] (40%). Percentages of mothers discarding colostrum were found higher in studies done by Abhay Bagul *et al.*; [5] (78.62%), Pratibha gupta *et al.*; [4] 66.9% and Takalkar *et al.*; [11] (33.6%) whereas the findings of study done by Madhu K *et al.*; [1] and Kumar D *et al.*; [10] were parallel with the present study (19%, 15.9% & 22% respectively).

Shrivastava A *et al.*; [6] in their study found that only 18.2% mothers were able to demonstrate ideal position. S. Jain [8] in his study findings stated that 30.4% mothers had problem related to breastfeeding out of which 25% were due to faulty technique. Whereas in our study higher percentages of mother were able to demonstrate ideal position (46%) and Attachment (47%).

In present study 55% mothers practiced demand feeding whereas in studies done by Shrivastava A *et al.*; [6] (32.5%) and G.Singh [12] (43.1%) lower percentages of mothers were practicing demand feeding was found. Shrivastava *et al* [6] in their study found that 40.3% mothers practiced post feeding burping whereas in the present study findings are parallel with it (47%). Various studies had shown varying degree of variation and pattern in breastfeeding practices. This may be due to difference in local cultural beliefs, social customs, existent practices and socioeconomic difference in different area.

WHO and UNICEF's global recommendations for optimal infant feeding as set out in the Global Strategy are exclusive breastfeeding for 6 months (180 days) nutritionally adequate and safe complementary feeding starting from the age of 6 months with continued breastfeeding up to 2 years of age or beyond [2]. Pratibha gupta *et al.*; [4] stated that 49% mothers had knowledge that colostrum might prevent from illnesses. Subbiah *et al.*; [13] in their study to assess knowledge regarding breastfeeding in mother found that over all knowledge in the study population of 100 PNC mothers was 47.4 (range 25-78). 77 stated that breast milk is the ideal food for the babies and 22 said that it contains protective substance. 91 knew that babies should be fed with colostrum but only 50 knew the reason behind it. Rooming in was practiced by 95 mothers. Some of these findings are parallel with findings of present study.

CONCLUSION

Very few mothers initiated breastfeeding at the earliest. Wrong customs like giving prelacteals and discarding colostrum is still practiced in the society. Few mothers knew about the right technique of feeding i.e. position, attachment, demand feeding and giving foremilk and hind milk from one side before switching to second side. For effective breastfeeding knowledge amongst mothers was insufficient. The most important opportunities for promoting breastfeeding is during ANC check up, delivery room and just after birth. Mothers should be supervised till they acquire proper skills of breastfeeding by the trained personnel emphasizing on position and attachment. Health education regarding breastfeeding should be given to all members of the family. Support groups in the community to help mothers should be established.

BHFI advocating 10 steps to successful breastfeeding should be established in all maternity hospitals.

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