

A Cross-Sectional Study to Estimate the Proportion of Early Initiation and Exclusive Breastfeeding Practices in Rural Field Practice Area, Mysore

Roopadevi V¹, Dayanand M², Aravind K³, Sampat Kumar⁴

¹Assistant Professor, Dept of Community Medicine, Gadag Institute of Medical Sciences, Gadag, Karnataka

²Professor, Dept of Community Medicine, Mysore Medical College and Research Centre, Mysore, Karnataka

³Associate professor, Dept of Community Medicine, Gadag Institute of Medical Sciences, Gadag, Karnataka

⁴Assistant Professor, Dept of Pathology, Kodagu Institute of Medical Sciences, Kodagu

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Abstract

Introduction: Breastfeeding is the healthiest and easily accessible nutrient to the infants Malnutrition is more prevalent in India and inappropriate feeding practices are the one of the reason. So the current study is conducted to estimate the prevalence of early initiation and exclusive breastfeeding practices and factors influencing on these practices.

Methods: A cross sectional study was conducted among 198 mothers of children less than 24 months in the field practice area of Mysore Medical College and Research Institute, Mysore by using simple random sampling method during March 2015 to August 2015 by using pretested and semi-structured questionnaire. In our study we found that 70.2% mothers initiated breastfeeding within 1 hour of delivery, the most common reason for delay was LSCS, 14.6% mothers practice the prelacteal feed, 92.9% mothers fed colostrum, exclusive breastfeeding (EBF) was practiced in 105 (53%) mothers the most common reason for non-EBF was lack of knowledge 78 (47.6%). Gender, fathers education, socio-economic status and number of antenatal visits had an influence on breastfeeding practices.

Conclusion: Majority of the women not practiced EBF. The knowledge regarding proper breastfeeding practices should be emphasized on each antenatal and postnatal visits. Improved socio-economic status can improve breastfeeding practices.

Keywords: Exclusive breastfeeding, prelacteal feed, Infant and Young Child.

Introduction

Breast Feed is the first fundamental right of the child. Breastfeeding is the healthiest and easily accessible nutrient to the infants^{1,2}. and it has many health benefits for both the mother and infant. Breast milk contains all the nutrients an infant needs in the first six months of life. Breastfeeding protects against diarrhoea and common childhood illnesses such as

pneumonia, and may also have longer-term health benefits, such as reducing the risk of overweight and obesity in childhood and adolescence. Provision of mother's breast milk to infants within one hour of birth is referred to as "early initiation of breastfeeding" and ensures that the infant receives the colostrum, or "first milk", which is rich in protective factors³. The breastfeeding should be continued for atleast two years along with complementary

feeding¹. Malnutrition is more prevalent in India and inappropriate feeding practices are the one of the reason⁴. So the current study is conducted to estimate the prevalence of early initiation and EBF practices among infants and young children in rural area and to also assess the factors influencing on infant and young child feeding practices.

Objectives

1. To estimate the proportion of early initiation and Exclusive Breastfeeding (EBF) among infants and young children in rural area.
2. To assess the socio-demographic and other factors influencing on Infant and young child feeding practices.

Materials and Methods

WHO has defined 'Breast-Feeding' as Infant who has received any breast milk, expressed or from breast.⁵ Early initiation is starting breastfeeding as soon as possible ideally within an hour. Colostrum is a thick, sticky and light yellowish in colour excreted first 4-5 days after delivery. Prolactal feed is a feed of formula, cow's milk or glucose water given before the first breastfeed (any food or fluid).⁶ Exclusive breast feeding: Infant has received only breast milk and no other liquids or solids except vitamins/ mineral supplements and medicines.⁵

A cross sectional study was conducted among 198 mothers of children less than 24 months in the field practice area of Mysore Medical College and Research Institute, Mysore by using simple random sampling method. The study was conducted after getting ethical clearance from college. The data was collected from March 2015 to August 2015 by using pretested and semi-structured questionnaire introduced to the mother. The questionnaire included socio demographic data, and breastfeeding practices. The questionnaire was explained to them in the local language after taking written consent. Data was analyzed by using Epi- Info software. Frequencies and proportions were calculated. Chi-square test was done to find the factors influencing on EBF.

Results

In our study we found that most of the children belonged to 0-5months (34.3%) age group followed by 18-23months (31.8%), 6-11(17.2%)months and

least were found in 12-17 months (16.6%). Majority of the children were females 104(50.2%). Most of the mothers were of 21-25years(52%) followed by 18-20years(26.3%), 26-30years(16.2%), 31-35(4.04%) and >35years(0.5%). Majority of the mothers were Hindus (97%). Most of the mothers were educated and illiterates were only 12.6%. Majority were studied up to Highschool (61.6%) followed by middle school(11.6%), Post high school/Intermediate/Diploma(11.1%), professional degree/honors degree/ postgraduate degree(1.5%), Graduates(1%) and least was primary school (0.5%). Illiterate fathers were more compared to mothers. The pattern of distribution of educational status was similar to mothers educational status and the distribution was as follows High school(23.7%), middle school(16.7%), Post high school/Intermediate/Diploma(12.1%), Graduate(10.6%), Primary school(7.1%), professional degree(1%). Majority of the mothers were Homemakers(94.4%) and 5.6% were working mothers. Considering fathers occupation, most people belonged to unskilled worker(41.4%) followed by clerical/shop owner/ farmer (29.8%), Skilled(20.2%), Semi-skilled (6.1%) and least were belonged professional(2.5%) category of occupation. Majority of the mothers belonged to Joint family (39.4%) followed by Extended(30.8%) and Nuclear family(29.8%). And majority of the mothers were from Class IV (40.9%) followed by Class V (32.8%) of B G Prasad Socio-economic status classification.

Table1: Distribution of Breastfeeding initiation and Reasons for its delay.

Variables	Frequency (198)	Percent
Breastfeeding Initiation		
Delayed	59	29.8
Normal	139	70.2
Total	198	100
Reasons for delayed Breastfeeding Initiation		
LSCS	26	44.1
Milk was not excreted	17	28.8
Lack of knowledge	06	10.2
Baby in ICU	05	08.4
Difficulty to suck	04	06.8
Premature	01	01.7
Mother unable to feed	01	01.7
Wrong positioning	02	03.4
Breast problems	02	03.4

In our study we found that 70.2% mothers initiated breastfeeding within 1 hour of delivery and 29.8% were delayed. The most common reason for delayed initiation of breastfeeding was LSCS(44.1%) followed by mothers perception of not excreting the milk(28.8%) then lack of knowledge(10.2%) followed by other reasons.

Table 2: Distribution of prelacteal feed and its reasons

Prelacteal feed	Frequency (198)	Percent
Yes	29	14.6
No	169	85.4
Reasons for prelacteal feed	Frequency (29)	Percent
Belief	13	44.8
Unable to feed	14	48.3
Beneficial	01	03.4
Mother not available	01	03.4

In our study we found that 29 (14.6%) mothers practice the prelacteal feed and the most common reasons for introducing prelacteal feed was mother was unable to feed the baby for some reason followed by belief /custom.

Table 3: Distribution of colostrum and Reasons for not giving colostrum

Colostrum	Frequency (198)	Percent
Yes	184	92.9
No	14	7.1
If Colostrum not given reasons	Frequency (14)	Percent
Unable to feed	06	42.8
Custom followed	04	28.6
Unaware of benefits	02	14.3
Influenced by others	02	14.3

In our study we found that 184 (92.9%) mothers fed colostrum and the most common reason for not feeding colostrum was unable to feed which includes mothers perception of milk not secreted or breast problems or medical complications.

Table 4: Distribution of Exclusive Breastfeeding practice and reasons for non-exclusive breastfeeding.

Exclusive Breastfeeding	Frequency (198)	Percent
No	105	53.0
Yes	93	47.0
Reasons for non-exclusive breastfeeding	Frequency (105)	Percent

Conti..Table 4: Distribution of Exclusive Breastfeeding practice and reasons for non-exclusive breastfeeding.

Exclusive Breastfeeding	Frequency (198)	Percent
Milk insufficiency	26	24.8
Lack of Knowledge	50	47.6
Mother's desire	14	13.3
Introduction of water	12	11.4
Medical; complications	02	1.90
Resumption of work	01	0.95

EBF was practiced in 105 (53%) mothers and the most common reason for non-EBF was lack of knowledge 78 (47.6%) and the least reasons were medical complications and resumption of work of mother.

In our study we found that children aged 0-5months and 18-23 months old child, female gender, family belonging to Hindu religion, mother aged between 21-25years, educated up to post high school and homemaker had better EBF practices compared to others. It was statistically significant for gender, father's education and Socio-economic status.

Birth order of 2 and 3 and Birth interval of 3 years had better EBF practice. Preterm child, Early registration of ANC, 7-10 ANC visits during pregnancy, mothers with pregnancy desirability, institutional delivery, low birth weight child had better EBF practices compared to their counter groups. However only early registration of ANCs and ANC visits were found to be statistically significant.

Discussion

Breastfeeding saves lives. An exclusively breastfed infant is 14 times less likely to die from diarrhoea, 4 times less likely to die from respiratory diseases and 3 times less likely to die from other infections as compared to a bottle-fed infant.³

In our study we found that 70.2% mothers initiated breastfeeding within 1 hour of delivery 29.8% were delayed. The most common reason for delayed initiation of breastfeeding was LSCS (44.1%) followed by mothers were not excreted the milk (28.8%). According to DLHS-4 Karnataka breastfed children within one hour of birth in rural area was 65.9% which is slightly less compared to our study⁷. In other studies conducted by H Gladius Jennifer et.al⁸ and Madhu K et.al⁹, results were high compared to our

study with respect to early initiation of breastfeeding at rural area.

The major reason for delay in our study was mothers undergoing LSCS and in a study conducted by Nayak Sunil et.al¹⁰, was uneasiness to mothers and second reason was same as our study. Prolactal feeds were given to 14.6% children which is less compared to other studies conducted by H Gladius Jennifer et.al, Madhu K et.al, and Sugun V et.al.¹¹ In a study conducted by Suguna V et.al, 89.5% mothers fed colostrum which is less compared to our study and the most common reason for not giving colostrum, in our study was mothers unable to feed the child.

EBF was practiced among 47% in our study which is less compared to studies conducted by Mallikarjun H B et.al, 12 and H Gladius Jennifer et.al, but high compared to study conducted by Senthivel V et.al¹³ and Nayak Sunil et.al. The most common reason given by mother for not giving EBF were no knowledge of EBF and not having adequate breastmilk and the reasons were similar in our study.

In our study we found statistical significant factors gender, fathers education, socio-economic status. In a study conducted by Patil Sapna et al¹⁴ and Agho et. al¹⁵ found male child was better breastfed compared to female child which is contrary in our study. Similar results with fathers education was found in Srivastava et al¹⁶ but in other studies by Patil Sapna et al and Ashwini et al mothers education influenced EBF practice. The socio-economic status association was found similar to our study by Ashwini et al¹⁷ and Srivastava et al¹⁶. We also found statistically significant results with antenatal case registration and number of antenatal visits. May be early registration and regular antenatal checkups helped in giving health education related to breastfeeding practices. The similar results with antenatal visits were found in Srivastava et al¹⁶ and Agho et. al¹⁵. The only limitation of the study is recall bias as we had collected the data for infant and young child. The strength of our study is that we have tried to find out the reasons for not practicing proper breastfeeding practices which can be improved by health education.

Conclusion

Majority of the women not practiced EBF practice. The knowledge regarding proper breastfeeding practices has to be emphasized on each antenatal and postnatal visits. The health workers should be

educated regarding adequate IYCF practices in rural areas. Improved socio-economic status can improve breastfeeding practices.

Ethical clearance - Taken from institutional ethical committee

Source of funding - Self

Conflict of Interest - Nil

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