

A STUDY OF BREAST-FEEDING PRACTICES AMONG MOTHERS OF INFANTS WHO ARE ATTENDING OUTPATIENT SERVICES AT A TERTIARY CARE HOSPITAL, NIZAMABAD

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ABSTRACT

BACKGROUND

Breast milk is the ideal food for an infant under any circumstance. No other food is required by the infant until six months after birth. Exclusive breast-feeding protects the infant from early malnutrition and infections. Prolactal feeds are not necessary as breast milk is easily digestible. Benefits of breast-feeding get diluted as its exclusivity decreases. Establishment of lactation starts with early initiation of breast-feeding.

Objectives- To assess the breast-feeding and infant feeding practices among mothers of infants aged 0-12 months.

MATERIALS AND METHODS

This hospital-based cross-sectional study was carried out from February to March 2017 among mothers of infants in Paediatric OP, Government medical college, Nizamabad. 100 study subjects were selected by simple random sampling. The data recorded in the predesigned questionnaire was used to study the breast-feeding and infant feeding practices among them. Statistical analysis was done using MS office, MS Excel, Epi Info.

RESULTS

Out of 100 mothers, 56 belonged to 21-25 years of age. 58 were Hindus. 56 had male infants and 44 had female infants. 58 had initiated breast feeds within the first one hour of birth.

CONCLUSION

The present study shows that the breast-feeding practices in the study subjects, though close to the national averages, need constant monitoring to reach the present goals of infant and young child nutrition, set under the National Nutrition Policy. The various opportunities for maternal and child health contacts available at the community level and health facility level must be utilised to reinforce the key messages centring around infant and young child feeding, growth monitoring and promotion. Optimal breast-feeding and complementary feeding practices together allow children to reach their full growth potential.

KEYWORDS

Infants, Complementary Feeding, Exclusive Breast-feeding,

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BACKGROUND

Breast-feeding, also known as nursing, is the feeding of babies and young children with milk from a woman's breast.¹ Health professionals recommend that breast-feeding begin within the first hour of a baby's life and continue as often and as much as the baby wants.^{2,3} During the first few weeks of life babies may nurse roughly every two to three hours. The duration of a feeding is usually ten to fifteen minutes on each breast.⁴ Breast-feeding has a number of benefits to both mother and baby, which infant formula lacks.^{3,5}

Deaths of an estimated 820,000 children under the age of five could be prevented globally every year with increased breast-feeding.⁶ Breast-feeding decreases the risk of

respiratory tract infections and diarrhoea, both in developing and developed countries.^{2,3} Other benefits include lower risks of asthma, food allergies, coeliac disease, type 1 diabetes, and leukaemia.³ Breast-feeding may also improve cognitive development and decrease the risk of obesity in adulthood.² Mothers may feel pressure to breast-feed; however, in the developed world children generally grow up normally bottle fed.⁷

Health organisations, including the World Health Organization (WHO), recommend breast-feeding exclusively for six months.⁸ This means that no other foods or drinks other than possibly vitamin D are typically given. After the introduction of foods at six months of age, recommendations include continued breast-feeding until at least one to two years of age.^{2,3} Globally about 38% of infants are breastfed only during their first six months of life.² In the United States, about 75% of women begin breast-feeding and about 13% only breast-feed until the age of six months.³

Breast-feeding though traditional in our country, is associated with myths and superstitions like colostrum being bad for the baby, etc.⁹ Early introduction of complementary feeds leads to infections and contributes to undernutrition and infant mortality. Studies have shown that up to 70% of newborn deaths can be averted by ensuring clean delivery,

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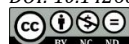
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care of low birth weight babies by providing warmth, early initiation of exclusive breast-feeding, hygienic eye and cord care, and early recognition and treatment of illness.¹⁰ The urban population is rapidly expanding because of the large-scale migration of people to the cities and it is projected that more than half of the Indian population will live in urban areas by 2020 and that nearly one third of this urban population would have been slum dwellers previously.¹¹ Rapid urbanisation has led to falling breast-feeding rates, which has a direct effect on infant nutrition and health status. The need to assess knowledge and attitude on initiation of breast-feeding and establishing lactation is crucial to the success of any effort taken up to promote breast-feeding among mothers in the community. It was in this context that the present study was undertaken to assess the breast-feeding practices and infant feeding practices among mothers of infants.

MATERIALS AND METHODS

A hospital-based observational study among mothers of infants aged 0-12 months, was undertaken during February to March 2017, in Government General Hospital, Nizamabad, Telangana. A predesigned, pretested proforma was developed and pilot tested. The mothers of children were interviewed separately.

Study Design

The present study was a hospital-based, observational, cross-sectional study.

Study Setting

Study was conducted at Government General Hospital, Nizamabad.

Selection of Study Subjects

Mothers of infants aged 0-12 months.

Sample Size

100 Mothers of infants aged 0-12 months.

Inclusion Criteria

Mothers of infants aged 0-12 months who are attending outpatient services at Paediatric Ward, Government Medical College.

Exclusion Criteria

Those not giving consent for the study.

Statistical Analysis

MS Office, MS Excel, Epi info 2005 statistical software were used to derive statistical inferences whenever necessary. Simple proportions, percentages and Chi square test were used to summaries the data.

RESULTS

Age	Number of Mothers
15-20	23
21-25	56
26-30	18
>31	3

Table 1. Age wise Distribution of Study Population

100 mothers of infants aged 0-12 months were included in this study. Majority belonged to 21-25 years age group.

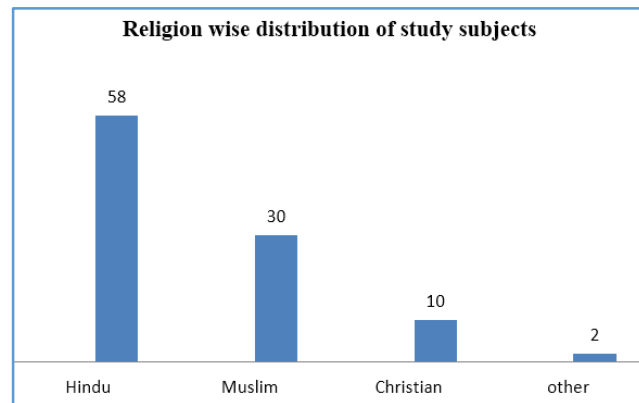


Table 2. Religion wise Distribution of Study Subjects

Most of the study population was Hindus (58) followed by Muslims (30), Christians (10) and others (2).

Age in Months	Males	Females	Total
0-6 months	23	21	44
6-12 months	33	23	56
Total	56	44	100

Table 3. Age and Sex Wise Distribution of the Infants of the Study Subjects

56 of the mothers had male and 44 had female infants as shown in Table 3.

Duration in Hours	Number of Children
< 1 hour	58
1 to 4 hours	25
12 hours or more	17
Total	100

Table 4. Initiation of Breast-feeding among the Mothers

Table 4 shows that 58 of the mothers initiated breast-feeding within one hour of delivery and 25 within one to four hours.

Source of Knowledge	Number of Mothers, N =136 (100%)
Family members	30
Doctor and Health worker	56
Others	14
Total	100

Table 5. Source of Knowledge regarding Breast-feeding

The source of knowledge regarding breast-feeding among these mothers was from health personnel i.e. Doctor and health workers in 56 as seen in Table 5.

Family i.e. near kith and kin was the second most common source in 30.

Number of Times in 24 Hours	Number of Infants
<6 times	17
6-8 times	64
8-12 times	16
>12 times, demand feeds	3
Total	100

Table 6. Frequency of Breast-feeds among the Infants of these Mothers

Table 6 shows that 64 mothers breastfed their infants for about 6-8 times in a day. A very small proportion of the mothers (3) were breast-feeding on demand.

DISCUSSION

In the present study, 100 mothers of infants aged 0-12 months were included. Majority belonged to 21-25 year age group. Most of the study population was Hindus (58) followed by Muslims (30), Christians (10) and others (2). 56 of the mothers had male and 44 had female infants as shown in Table 3.

In the present study, 56 mothers initiated breast-feeding within one hour of delivery, whereas in NFHS-3 it was reported that in Andhra Pradesh, 22.4% of children under 3 years were breastfed within one hour of birth, 62.7% were exclusively breastfed for 6 months and complementary feeds were started at the age of 6 months and they were still being breastfed in 63.7% whereas at the national level, it was 23.4%, 46.3% and 55.8% respectively.¹² The present finding of exclusive breast-feeding is more when compared to the earlier studies of Tiwari et al.¹³ and Roy S et al.¹⁴ Complementary feeds were introduced at 6 months by 53 mothers in this study which was less than that in other studies, Roy S et al.¹⁴ In a similar study conducted in an urban slum of Nagpur, 32.56% had started breast-feeding within 1 hour after delivery. Colostrum was given by 21.38% mothers. Exclusive breast-feeding for 6 months was given by 36.84% mothers. Complementary feeds were introduced at 6 months by 158 (41.11%) mothers.¹⁵ Roy et al reported that 34.22% of the mothers had been informed about breast-feeding by the health personnel while in the present study it was 56.61% and Tiwari et al in their study found that only 3.85% of the mothers had been informed.^{11,12} Appropriate feeding during illness is important to prevent nutritional deficiencies and in the present study, 88.23% continued to breast-feed their infants during episodes of diarrhoea. Inappropriate infant feeding practices is one of the important causes of malnutrition as has been reported by a study carried out by Ghosh et al.¹⁶ The source of knowledge regarding breast-feeding among these mothers was from health personnel i.e. doctor and health workers in 56 as seen in Table 5. Family i.e. near kith and kin was the second most common source in 30. Table 6 shows that 64 mothers breastfed their infants for about 6-8 times in a day. A very small proportion of the mothers (3) were breast-feeding on demand.

CONCLUSION

The present study shows that the breast-feeding practices in the study subjects, though close to the national averages, need constant monitoring to reach the present goals of infant and young child nutrition, set under the National Nutrition Policy.

The various opportunities for maternal and child health contacts available at the community level and health facility level must be utilised to reinforce the key messages centring around infant and young child feeding, growth monitoring and promotion.

Optimal breast-feeding and complementary feeding practices together allow children to reach their full growth potential.

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