IOSR Journal of Dental and Medical Sciences (IOSR-JDMS)
e-ISSN: 2279-0853, p-ISSN: 2279-0861.Volume 15, Issue 1 Ver. VII (Jan. 2016), PP 77-79
www.iosrjournals.org

Breastfeeding Practices among the Urban Mothers of Hyderabad

Soren C[1], Paike K[2]
[1]*Associate Professor,* [2]*Assistant professor, Department of Pediatrics Kamineni Academy of Medical Sciences and Research Center, LB Nagar, Hyderabad*

Abstract:
Background*: Optimal nutrition during first two years of life is crucial for the survival, healthy growth, and development of children. The World Health Organization recommends initiation of breastfeeding from the first hour of life, exclusive breastfeeding for the first 6 months of life, introduction of adequate complementary feeding from 6 months of age, and continuation of breastfeeding for 2 years or beyond. The present study was conducted to know the breastfeeding practices among the urban mothers of Hyderabad.*
Material and Methods: *This hospital based cross sectional study was conducted between January 2015 to December 2015 at department of pediatrics, Kamineni Academy of Medical Sciences and Research Center, Hyderabad. A pretested and pre-designed proforma was used to interview for patterns of breastfeeding.*
Results: *Of the 1000 mothers, 41.5% initiated breastfeeding within 1 hour of delivery and 36.5% between 1-6 hours.Caesarean section delivery, Sickness of the mother, and preterm or sick baby were the major reasons for delayed initiation of breastfeeding.21.2% babies were given pre-lacteal feeding and the commonly used items were jaggery (34.28%), sugar water (29.04%), animal milk (17.61%), honey (12.85%), and other (6.19%). The practice of exclusive breastfeeding at six months of age was 43.3%. The reasons for early cessation exclusive breastfeeding were working mother,introduction of water, and perception of inadequate breast milk secretion.*
Conclusion*: The breastfeeding practice among urban mothers of Hyderabad is suboptimal, as the early initiation of breastfeeding after delivery and exclusive breastfeeding at 6 months are low. Antenatal and labor room counseling of the mothers and family support are important to improve the breastfeeding practice.*
Key Words: *Exclusive breast feeding, pre-lacteal feed, feeding practices, counselling*

I. Introduction

Optimal nutrition during first two years of life is crucial for the survival, healthy growth, and development of infants and young children.Breastfeeding provides adequate and essential nutrients for infant's growth and development, protects infants against infections and ensures chances of survival [1].The beneficial effects of breastfeeding depend on breastfeeding initiation, its duration, and the age of introduction complementary feeding.

Based on scientific evidence, the World Health Organization (WHO) recommends the practice of exclusive breastfeeding the infants for first 6 months of life, in addition to its continuation with complementaryfoods until 2 years or more [2].

In India, breastfeeding is almost universal; however rates of early initiation, duration of exclusive breast feeding and timing of introduction of complimentary feeds are far from desirable [3]. Breastfeeding practices vary across communities, depending on social customs, traditional beliefs and prejudices of the community, literacy and socio-economic status of the family, especially of the mother [4]. The knowledge of changing in the practice of breastfeeding is important for the successful delivery of health messages and services, especially among working mother from urban areas. Hence, the present study was conducted to know the breastfeeding practices among the urban mothers of Hyderabad.

II. Material and Methods

This hospital based cross sectional study was conducted between January 2015 to December 2015at department of pediatrics, Kamineni Academy of Medical Sciences and Research Center, Hyderabad.

A total of 1000 mothers with infants between 6 months to 3 years of age who visited to the department during the study period and consented for the participation for the study were included. This sample size of 1000 was for convenience. The study was approved by institutional ethical committee. The data were collected using a pretested and pre-designed proforma for patterns of breastfeeding. The data obtained were age of mother, education status, occupation,birth order, place of delivery (home/hospital), time of initiation of breastfeeding, reasons for delayed initiation if initiated after 1 hour of birth, pre-lacteal feeding (any fluid or food given before colostrum) and items used, duration of exclusive breastfeeding(feeding of only breast milk , not even water except for vitamins, minerals and medications), and reasons for cessation of exclusive breastfeeding before 6 months of age.

Appropriate descriptive statistics were used to analyze the findings and to draw the inferences.

III. Results

A total of 1000 mothers were enrolled in the study. All the mothers had breastfed their babies. Majority (737, 73.7%) of the mothers were between 20 to 35 years of age group, 170 (17%) below 20 years, and 93 (9.3%) above 35 years of age.580 (58%) mothers were graduates and 383 (38.3%) were working. Among the participants, 415 (41.5%) mothers initiated breastfeeding within 1 hour, 365 (36.5%) between 1-6 hours, 182 (18.2%) between 6-24 hours and 38 (3.8%) after 24 hours.Reasons reported for delayed initiation of breastfeeding in our study were sickness of the mother or caesarean section delivery (40.34%), preterm or sick baby (54.35%), and ignorance about benefits of early initiation of breastfeeding (5.29%)[Table 1].

Pre-lacteal feeding was given to 212 (21.2%) babies. The items used for pre-lacteal feeding were jaggery (34.28%), sugar water (29.04%), animal milk (17.61%), honey (12.85%), and other (6.19%).The colostrum feeding was given to 933 (93.3%) babies, whereas 67 (6.7%) babies did not received colostrum feeding.527 (52.7%) mothers practiced exclusive breastfeeding for less than six months, 433 (43.3%) for six months, and 40 (4%) for more than six months.Reasons reported by participants for cessation of exclusive breastfeeding before six months of age were introduction of water (27.1%), inadequate breastfeeding (11.8%), working mother (36.9%), baby too demanding and not satisfied (9.7%), mothers desire (8.5%), medical complications (3.7%) and others (2.3%).

Table 1: Breastfeeding practices among mothers

	Variables	Number of babies	Percentage
1.	Initiation of breastfeeding		
	<1 hour	415	41.5
	1-6 hours	365	36.5
	6-24 hours	182	18.2
	> 24 hours.	38	3.8
2.	Reasons for non-initiation of breastfeeding within first hour of life		
	Sickness of the mother or caesarian section delivery	236	40.34
	Sick or preterm baby		
	Ignorance about benefits of early initiation of breastfeeding	318	54.35
		31	5.29
3.	Prelacteal feeding		
	Yes	212	21.2
	No	788	78.8
4.	Items used for prelacteal feeding		
	Jaggery	72	34.28
	Sugar water	61	29.04
	Animal milk	37	17.61
	Honey	27	12.85
	Other	13	6.19
5.	Colostrum feeding		
	Given	933	93.3
	Not given	67	6.7
6.	Reasons for not giving colostrum		
	Family restriction	27	40.29
	Tradition / custom	15	22.38
	Sick baby	14	20.89
	Mother ill	11	16.41
7.	Duration of exclusive breastfeeding		
	< 6 months	527	52.7
	6 months	433	43.3
	>6 months	40	4
8.	Reasons for cessation of exclusive breastfeeding before six months		
	Introduction of water	271	27.1
	Perception of inadequate breast milk	118	11.8
	Working mother	369	36.9
	Baby too demanding and not satisfied	97	9.7
	Mothers desire	85	8.5
	Medical complications	37	3.7
	Others	23	2.3

IV. Discussions

Undernutrition is an underlying cause for one third to half of all under-five deaths. Initiation of breastfeeding within one hour of birth, exclusive breastfeeding for the first 6 months of life and initiation of adequate complementary feeding prevents undernutrition and improves survival. All the mothers who participated in our study had breastfed their babies.41.5 percent mothers had initiated breastfeeding within one hour, which is very near to DLHS 3 (2006-2007) data of 40.2 percent [5]. Thus, delayed initiation of breastfeeding is common in our country. Pre-lacteal feeds were given by 21.1 percent of the mothers. Jaggery and sugar water are commonly used for pre-lacteal feed. Roy M.P.et.al. had found out that 40 percent mother had given pre-lacteal feeding to their babies [6]. The percentage of mother who practiced pre-lacteal feeding in their study was nearly double than our study. Delayed initiation of breastfeeding may be the reason for high pre-lactealfeeding. The reported reasons for delayed initiation of breastfeeding were sickness of the mother or cesarean delivery, preterm or sick baby, and ignorance about the advantages of early initiation of breastfeeding. Vatsyayan et. al. and Pandit et.al. also observed delayed initiation of breastfeeding among caesarean section deliveries [7, 8].

Colostrum provides a concentrated source of food for the newborn and offers protection against upper respiratory tract infection, allergies, and gastrointestinalinfections. Majority (93.3%) of the mothers in our study gave colostrum to their babies. 6.7 percent of the mothers did not gave colostrum to their babies and the reasons reported for the same were family restriction, customs, sick baby and sick mother.

In our study, excluding breastfeeding at 6 month was 43.3 percent, which is lower than the 46.6 percent at national level (National Family Health Survey-3, 2005-2006) [9]. Majority (52.7%) of the mothers had exclusive breastfed their babies for less than 6 months. The reported reasons for early cessation of exclusive breastfeeding were working mother, introduction of water, perception of inadequate breast milk secretion, baby too demanding and not satisfied, mother's desire, and medical complications. The suboptimal breastfeeding by working mothers may be due to combination of their perceptions, awareness, and facilities for breastfeeding.

V. Conclusion

The practice of breastfeeding among urban mothers of Hyderabad is suboptimal, as the early initiation of breastfeeding after delivery and exclusive breastfeeding at 6 months are low. Antenatal and labor room counseling of the mothers and family support are important to save millions of infants and young children worldwide that are prone to untimely and preventable deaths due to undernutrition.

References

[1]. Chudasama RK, Amin CD, Parikh YN. Prevalence of exclusive breastfeeding and its determinants in first 6 months of life: A prospective study. Online J Health Allied Scs. 2009;8(1):3

[2]. World Health Organization. Infant and young child nutrition: global strategy on infant and young child feeding. Geneva; 2002 (Fifty fifth World Health Assembly, A55/15). Available at http://webitpreview.who.int/entity/nutrition/publications/gs_infant_feeding_text_eng.pdf.

[3]. Lal M. Breast feeding and Weaning Practices of Children in Rural Area of Punjab, India: A Questionnaire Study. Int J Sci Stud 2015;3(1):90-93.

[4]. Nithin K, B.Unnikrishnan, Rekha T, Prasanna M, Vaman K, Mohan K P, Ramesh H, Angita J. Infant feeding and rearing practices adapted by mothers in Coastal South India. International Journal of Collaborative Research on Internal Medicine & Public Health. Vol. 4 No. 12 (2012);1988-1999.

[5]. Breast feeding promotion network of India issued on world breast feeding week 2012. From. www.bpni.org.

[6]. Roy MP, Mohan U, Singh SK, Singh VK, Srivastva AK, Determinants of Prelacteal Feeding in Rural Northern India. Int J Prev Med May 2014;5(5):658–663.

[7]. Vatsayan A, Gupta AK, DhadwalD,Aluwalia SK, Sharma R, Sood RK. Age during Breastfeeding and timely Suckling. Indian J pediatr 1996;63:791-794.

[8]. Pandit N, Yaswantah M, Albureque Ida. Factors Influencing Initiation of Breastfeeding in an Urban Setup. Indian Pediatr 1994;31(12)1558-1562.

[9]. International Institute for Population Sciences (IIPS), India and Macro International. National Family Health Survey (NFHS-3), 2005–6: India: Volume I. Mumbai:IIPS; 2007.