Volume : 5 | Issue : 6 | June 2016 • ISSN No 2277 - 8179 | IF : 3.508 | IC Value : 69.48

Research Paper

Knowledge, Practice of Mothers About Breast Feeding & Determinants of Exclusive Breastfeeding in East Odisha Region of India

Medical Science

KEYWORDS : Breast feeding, Prelacteals, Colostrum, Weaning

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ABSTRACT

Breast feeding is the safest, simplest, healthiest, least allergic, least expensive and best infant feeding method. It has nutritional, immunological, behavioural and economic benefits and also provide desirable mother infant bonding. The World Health Organization recommends the practice of exclusive breastfeeding of infants for the first 6 months after birth. Breastfeeding fulfils the infant's needs for nutrition and growth and it also reduces child morbidity and mortality. Although breastfeeding is a common practice in India, several factors like some cultural beliefs and misconceptions etc. affect poor breast feeding practices. Most of the people do not properly understand the importance of the knowledge about breastfeeding how it should be given, the timings, duration, correct techniques and appropriate time of weaning mother's milk. The study was taken up to assess the knowledge, attitude and actual practices of breastfeeding in the mothers of children less than 2 years of age who attended well-baby clinic for Immunization. This was a Observational (Cross-sectional) study at well-baby clinic of IMS & SUM Hospital, Bhubaneswar, Odisha for 12 months period. 786 mothers who visited the well-baby clinic for immunization whose children were less than 2 years of age were part of the cohort. Predesigned and pretested questionnaire were used to interview the mothers.

Objective: The aim of the study to estimate the situation of breastfeeding in eastern part of Orissa among mothers of children less than 2 years of age who attended the well-baby clinic of IMS & SUM Hospital, Bhubaneswar, Odisha, and to determine variables associated to major risks for early weaning.

Material & Methods: In this cross sectional study, 786 mothers were selected for study from May 2015 to April 2016. This cross sectional study was carried out at the well-baby clinic of paediatrics OPD of IMS & SUM Hospital,Kalinga nagar , Bhubaneswar,odisha from 1st may 2015 to 30th april 2016 over a period of 12 months. Total 786 mothers having children's aged less than two years of age was interviewed. The data regarding participant's demography and practices towards breast feeding were collected from the mothers on predesigned and pre-tested questionnaire. A verbal consent was taken from the respondent before collecting the information.

Results: Knowledge of initiation of breastfeeding within half an hour to one hour of birth was there in 74.30% mothers and 76.59% had an idea about the importance of colostrum. The meaning of Exclusive breastfeeding was known to 61.06% while almost 74.30% mothers initiated breastfeeding within half an hour to one hour of birth, 76% fed colostrum to their new-borns,60.55% were practicing exclusive breastfeeding for first 6 months and 87.78% were practicing night feeds. Inappropriate attachment and positioning was observed in 53% of mothers. Around 60% started weaning (supplementary feeding) after 6 months of baby's age. To give prelacteal feeds and few other cultural practices still prevalent in many areas and societies. The study showed that the mothers lacked knowledge regarding breastfeeding practices in several aspects i.e. pre knowledge about breast feeding(81%), continuation of breast feeding in mother or baby's illness(50.50%), demand feeding((41%), breast milk storage(21.37%), proper breast feeding technique(47.07%) and many more which could be negotiated early during antenatal visits to the mothers and their relatives for support and sensitizing the health care givers to improve infrastructure for a successful exclusive breastfeeding initiation.

Introduction

Mother's milk is the worth nourishment for the baby during first six months of life[7]. Current evidence shows that colostrum contains immunoglobulin's, lactoferrin and lysozyme which may help reduce and protect against neonatal septicaemia, diarrhoea, and acute respiratory infections, thus reducing infant mortality rates [25]. The benefits of breastfeeding (BF) specially, exclusive breastfeeding (EBF), are well studied [2, 6] particularly in poor environments where early introduction of other milk is of particular concern because of the risk of pathogens contamination and over dilution of milk leading to increased risks of morbidity and under nutrition [6] .No artificial feeding formula is capable of qualitatively replacing breast milk, its specific nutrients and protection against diseases [1]. A recent Indian study has found that breastfed babies have significantly higher total cholesterol and LDLcholesterol compared to mixed fed babies in the first 6 months of life with improving HDL-cholesterol /LDL-cholesterol ratio at 6 months. High cholesterol intake in early may have a beneficial long-term programming effect on synthesis of cholesterol by down-regulation of hepatic enzymes [18]. Breastfeeding is also linked with childhood intelligence and adult health. WHO has published a systematic review to assess the association between breastfeeding and hypertension, diabetes and related indicators such as serum cholesterol, overweight and obesity [16].This meta-analysis clearly establishes protective role of breastfeeding on obesity, diabetes, hypertension and resultant cardiovascular disease later in the life. All effects were statistically significant, but for some outcomes the magnitude of benefit was marginal. No artificial feeding formula is capable of qualitatively replacing breast milk, its specific nutrients and protection against diseases [1,23]. Too early introduction of breast milk substitutes and too late introduction of semi-solid complementary feeds are common and are responsible for rapid increase in the prevalence of under nutrition between 6-24 months [5,22]. Breastfeeding is promoted internationally as the pre-

Volume : 5 | Issue : 6 | June 2016 • ISSN No 2277 - 8179 | IF : 3.508 | IC Value : 69.48

ferred method of feeding infants up to 6 months and continued up to two years with the addition of home cooked food [3, 4].Exclusive breastfeeding defined by World Health Organization (WHO) as practice of feeding only breast milk (including expressed breast milk) and allows the baby to receive vitamins, minerals or medicines and water, breast milk substitutes, other liquids and solid foods are excluded.

World Health Assembly of WHO in 2001 made resolution that exclusive breastfeeding for the first six months is the most appropriate infant feeding practice [15]. Recent developments suggest full breastfeeding should continue to six months and there is good evidence that two more months of EBF from fourth to six months provides infants with additional protection against gastrointestinal and acute respiratory infections during that two months period [13]. In recent decades, breastfeeding promotion, protection and support actions have been implemented as a strategy to reduce child mortality and improve children's health. The present study aimed at establishing knowledge about the reality of breastfeeding in the urban area of east odisha region. We also aimed at identifying the demographic and socioeconomic variables related to maternal and infant assistance that may be negatively interfering in breastfeeding practices. Study from South Africa Exclusive breastfeeding can cut down HIV transmission rates from HIV positive women to their offspring by half in comparison with those who practice mixed feeding. Breastfed infants who received some solids had 11 times higher risk of infection and if other milk or formula is given along with breastfeeding, the risk could almost double (28). A study from Ghana showed an association between timing of breastfeeding and new born survival (20). A previous study showed that 22% of all neonatal deaths could be prevented if all women could initiate breastfeeding within one hour of birth (20)

Methods

This study was done at IMS & SUM hospital from May 2015 to April 2016. The study participants were mothers with their infants from 0-24 month's age. Total 786 mothers with their infants attending well baby clinic for immunization were interviewed at IMS & SUM hospital during above mentioned period.. Mothers who refused to participate in the study (total 86 mothers) were excluded. Limitation of present study was selection bias as it was a hospital based study. Women recruited for study were from homogenous group and their socio demographic variables did not differ from those who did not participate in the study. During interview, we used forms with direct, easy to answer questions and did not open many answering possibilities, requiring short answers. Questions included information on demographic and socio-economic variables of the mothers. The studied variables were divided into following groups: Socio-demographic variables, Parity, inter delivery interval, mode of delivery, type of family (nuclear or joint), socioeconomic status, maternal education, paternal education, paternal occupation (labour or others).Variables related to antenatal care (ANC) and postnatal care (PNC). Number of antenatal visits, advice regarding breastfeeding during antenatal period and during postnatal visit, when started breastfeeding after birth, type of feeding - on demand or at fixed time, any initial difficulties during breastfeeding, Feeding other than BF, previous duration of exclusive breastfeeding in multiparous women. Breastfeeding defined here into following categories, was proposed by World Health Organization [12]: "Exclusive breastfeeding" is defined as no other food or drink, not even water, except breast milk (including milk expressed or from a wet nurse) for 6 months of life, but allows the infant to receive ORS, drops and syrups (vitamins, minerals and medicines).[12,39] "Predominant breastfeeding" means that the infant's predominant source of nourishment has been breast milk (including milk expressed or from a wet nurse as the predominant source of nourishment). However, the infant may also have received liquids (water and water-based drinks, fruit juice) ritual fluids and ORS, drops or syrups (vitamins, minerals and medicines). Early weaning in this text refers to introduction of complementary feeding prior to 6 months of life, with interruption of exclusive or predominant breastfeeding before this.

Results

Presented in Table 1 are the general characteristics of the mothers. With a mean age of 26.22 ± 5.87 years, the majority of the mothers were unemployed 75.03 %, (n = 590), 35% mothers are primipara and 64% are multiparous. Large majority (71.5%) of infants were born by normal deliveries. Among all the delivered babies, 18.82 %(N=148) infants had low birth weight (< 2,500 grams). The proportion of mothers under 20 years of age was 10%.Around one fifth 17.30 %(N=136) were nuclear and 36.89% study participants belonged to lower socio-economic class. Among participated mothers 11.32 %(n=89) were illiterate, while only 08.77% fathers were illiterate and Labour work (24.93%) was main profession of fathers. Table 2 shows Proper ante natal care & check-up was taken by 89.56 %(n=704), Breast feeding advice was not received by 63.86 %(N=502).Early weaning seen more commonly in inadequate ANC care mothers (<3 visit) 39.02 %(N=82).On demand feeding was most accepted method of feeding as shown by 92.36% mothers (N=726).post natal check-up mothers demonstrated 96.43% of breast feeding advice. Duration of breast feeding less than 10 minutes during each feeding was seen in 157 (19.97%) Other socio demographic variables & their association with early weaning are shown in this table 1. Variables more commonly associated with early weaning are male sex (57%), joint family ((68.70%), Operative delivery, Inter delivery distance <24 month(67.09%) and working mother(34%). The ages of the infants ranged between 0 and 24 months. The mothers' knowledge in aspects of EBF is presented in Table 3. About 61 % (n =479) of them were able to define EBF; 22 % (n = 172) defined EBF as giving the child breast milk and water and the others did not have an idea. Twenty eight per cent (n =220) of the mothers said breast milk only is not sufficient to meet the nutritional needs of the child. The reasons they offered for holding this view were that the child may not be satisfied with only breast milk & growth failure could occur if exclusive BF given for 6 months. Others also gave the opinion that the child also feels thirsty and should be given water to drink particularly in summer season. The minority (n = 169, 21.37 %) of the mothers know that breast milk could be expressed, stored safely and given to the child in times of the mother's absence. The majority (81%, n = 617) of the mothers said they were not confident to express and store breast milk. The reasons given by the mothers were that the expressed breast milk could get contaminated, may lose its nutrients and it is a difficult task to express human breast milk including social issue.

81% of mothers have pre knowledge about breast feeding (N=644) including prelacteals should not be given 77 %(n=606) Table 3.Importance of early initiation of feeding & colostrum was shown by 88% & 76.59% mothers respectively. Duration of exclusive EBF (80%) & feeding during baby and mothers illness (50%) is the present knowledge of parents in the study. Only 41% agreed for demand feeding is the best feeding. Breast feeding to be continued up to 2 year ((69%), Proper breast feeding technique (47%) and breast milk storage (21.37%) shows less promising result. In Age wise distribution of study mothers 28% is less than 24 year, maximum falls between 25 to 28 year (46.81%). Only 9.54%% mothers

are more than 32 year of age (Table 7). In the present study use of pre lacteals are in the following order of frequency honey (4482%), cow's milk (31.03%) & sugar water only in 10.34% in their group (Presented in Table 8).(Table 4)Reasons for supplementation of BM were insufficiency milk 33.33%(N=262),Working mother 20.61%(n=162),Child illness 10.94%(N=86%),Maternal illness 6.23%(N=49) and others 5.59%.Few mothers given multiple reason. Among the reasons for cessation of BM maternal illness 3.56%(n=28) and child illness 4.07%(n=32) heading the list and others as depicted in table 5.Initiation of breast milk after birth was seen as follows within one hour 74.30(N=584), 1-3 hour 22.64%(N=178) and 3.05 % stated BM after 4-6 hour reasons stated as shown in table 6.In relation to exclusive breastfeeding, we observed that this was a universal practice immediately after birth and it continues for first three months of life. By the end of three month, more than 90% children were still exclusively breastfed, which further drops to 66% by the end of the fifth month. At the end of 6 months, 60% children were exclusively breastfed (Table 9). Home based supplementary feeding was the preferred food by 63 % of parents while 10% & 25% opine formulae and mixed feeding respectively(Table 9)..

Table 1. Socio-demographic variables and association with early weaning.

Variable	Weaning		**Weaning status Total (%)**	
	Yes N=310(%)	No N=476(%)	Weaning (Yes)	Weaning (No)
Parity Primiparous(374) Multiparous(412)	 208(67.09) 102(32)	 176(36.97) 300(63.02)	 12.97 26.46	 22.39 38.16
Inter-delivery interval < 24 months(368) > 24 months(418)	 102(32.90) 208(67.09)	 166(34.87) 310(65.12)	 12.97 26.46	 21.11 39.44
Mode of delivery Operative(224) Normal(562)	 98(31.61) 212(68.38)	 126(26.47) 350(73.52)	 12.46 26.97	 16.03 44.52
Birth weight < 2500 gms(148) ≥ 2500 gms(578)	 52(16.77) 258(83.22)	 96(20.16) 380(79.83)	 06.61 32.82	 12.21 48.34
Maternal age < 20 years(79) ≥ 20 years()	 60(19.35) 250(80.64)	 19(03.99) 457(96.00)	 07.63 31.80	 02.41 58.14
Type of family Nuclear(136) Joint(362)	 97(31.29) 213(68.70)	 38(07.98) 438(92.01)	 12.34 27.09	 04.83 55.72
Socio economic status Upper & Middle(496) Lower(290)	 110(35.48) 200(64.51)	 394(82.77) 82(17.22)	 13.99 25.44	 50.12 10.43
Paternal education Illiterate(69) Literate(714)	 38(12.25) 272(87.74)	 31(06.51) 445(93.48)	 07.98 34.60	 03.94 56.61
Maternal education Illiterate(89) Literate(697)	 43(13.87) 267(86.12)	 56(11.76) 430(90.33)	 05.47 33.96	 07.12 54.70
Paternal occupation Labour(96) Others(690)	 52(16.77) 260(83.87)	 54(11.34) 422(88.65)	 06.36 33.07	 06.87 53.68
Working mother(196)	106(34.19)	90(18.90)	13.48	11.45
sex of child Male(421) Female(365)	 178(57.41) 132(42.58)	 243(51.05) 233(48.94)	 22.64 16.79	 30.91 29.64
Place of delivery Home(18) Hospital(768)	 14(04.51) 296(95.48)	 04(0.8) 472(99.15)	 01.78 34.22	 0.5 60.05

Table 2 variables related to antenatal care (ANC), postnatal care (PNC) and their association with early weaning

Variable	Weaning		**Weaning status Total (%)**	
	Yes No			
	N=310(%)	N=476(%)	Weaning (Yes)	Weaning (No)
Antenatal care (ANC) < 3 visits(82) ≥3 visits(704)	 32(10.32) 278(89.67)	 50(10.50) 426(89.49))	 10.43 35.36	 06.36 54.19
BF advice during ANC Received(502) Not received(284)	 110(35.48) 200(64.51)	 392(82.35) 84(17.64)	 13.99 25.44	 49.87 10.68
Type of feeding On demand Fixed time	 260(83.87) 50(16.12)	 466(97.89) 10(02.10)	 33.07 06.36	 59.28 01.27
BF advice during PNC Received Not received	 298(96.12) 12(03.87)	 460(96.63) 16(03.36)	 37.91 01.52	 58.52 02.03
Duration of each breast feed <10min Tillthebaby sleeps/leaves on its own	 87(28.06) 223(71.93)	 70(14.70) 406(85.29)	 11.06 28.37	 08.90 51.65

Table 3 Event Knowledge v/s Practice Number

Event Knowledge	% of mothers having knowledge of BF event in relations to educational status		
	upto12th	>12th standard	Total
	98	688	786
	%(n-no of mother)	%(n-no of mother)	(%)
Pre knowledge about breast feeding	22.40(22)	90.40(622)	81.93
Prelacteals should not be given	38.77(38)	82.55(568)	77.09
Colostrum should be given to the baby	51.10(50)	80.23(552)	76.59
Early initiation is important	61.22(60)	92.44(636)	88.54
Exclusive breastfeeding for 6 months--	40.81(40)	85.61(589)	80.02
Breast feeding should be continued in mother/baby illness--	08.16(08)	56.54(389)	50.50
Demand feeding is the best	04.08(4)	46.65(321)	41.34
knowledge in aspects of Exclusive breast feeding	(12.2)12	(68.02)468	61.06
knowledge regarding breast milk storage	(1.02)1	(24.41)168	21.37
Importance of night feed	67.34(66%)	90.69(624)	87.78
To feed one breast at a time	28.57(28)	75.58(520)	69.72
Breast feeding to continue up to 2 year	22.44(22%)	76.45(528)	69.97
Weaning to be started after 6 month	42.85(42)	86.09(592)	80.66
Proper BF position & technique	02.40(2)	53.48(368)	47.07

Volume : 5 | Issue : 6 | June 2016 • ISSN No 2277 - 8179 | IF : 3.508 | IC Value : 69.48

TABLE 4- *Reasons for Supplementation of Breast milk as stated by parents*

Reason **Supplementation of breast milk (n=414)**	Number of response	(%)
Insufficient milk	262	33.33
Working mother	162	20.61
Maternal illness	49	06.23
Relative's advice	52	06.61
Child's illness	86	10.94
Breast discomfort	40	05.08
Breast rejection	32	04.23
Others	44	05.59
Doctor/health worker advice	12	01.52

Table 5 *Reasons for Cessation of Breastfeeding as stated by parents*

Reasons for cessation of breastfeeding (n = 64)#	Number of response	(%)
Breast rejection	19	02.41
Insufficient milk	06	0.76
Working mother	18	02.29
Maternal illness	28	03.56
Relative's advice	00	00
Child's illness	32	04.07
Breast discomfort	12	01.52
Lactation failure	08	01.01
Others	04	0.50
Doctor/health worker advice	05	0.63

TABLE 6- Initiation of breast feeding

S.No.	Initiation	Percentage of mothers(no of mother)	Reasons
1	Within one hour	74.30(584)	Obstetrician supported & mothers themselves were eager
2	Within 1-3 hour after delivery	22.64(178)	Surrounded by family members & relatives, were feeling hitch & shyness
3	After 4-6 hours of delivery	03.05(24)	Advised by obstetrician and Health caretaker to take rest.

TABLE 7-Age wise Distribution of mother's Population

Age in Years	Mothers	(%)
18-24	226	28.75
25-28	368	46.81
29-32	117	14.88
>32	75	09.54
Total	786	

TABLE 8

Type of Pre- lacteal feed	Number n(=58)	Percentages
Honey	26	44.82
Cow's milk	18	31.03
Sugar water	06	10.34

TABLE 9 Supplementary feeding knowledge

Variable	Number	Percentage
<3month	80	10.17
3-5month	122	15.52
5-6 month	326	41.47
>6 month	298	37.91
Type of food Home made	502	63.86
Formulae	200	25.44
Both	84	10.68

Discussion

This research study demonstrates significant variations in knowledge and practice of breast feeding in terms of antenatal advice, colostrum feeding, initiation exclusive breast feeding and continuation of breast feeding Directional relationship between education level and knowledge and practice of colostrum feeding,prelacteal supplementation,breast milk feeding technique,breast milk storage and demand feeding is well established in this study. Exclusive breastfeeding is safe, economical and emotionally satisfying means of feeding babies, particularly in developing country like India and probably for others [3,8]. This study enabled to evaluate the rate of exclusive breastfeeding and to determine factors associated with cessation of exclusive breastfeeding within first 6 months of life. Prevalence rate of exclusive breastfeeding by 6 months was 60%, little higher than national level (46%) as reported by National Family Health Survey 3 (NFHS 3) [10].. In relation to variables involved in breastfeeding, this study assessed the factors associated with a higher risk for early weaning, here it be understood as the introduction of foods other than mother's milk before a child attains 6 months of age. Generally, socio-demographic variables are not very likely to be relevant to the breastfeeding pattern. A review performed by Losch et al [20] pointed out several works with different results in relation to these variables. The present study showed prim parity, delivery interval less than 24 months, early maternal age, lower socio-economic status, low paternal education and occupation as a risk factor for early weaning. Giashuddin MS et al [14] and Caldeira AP et al [11] have reported median duration of EBF as 3.67 months and 1 month respectively, which is lower than the present study .Authors have reported positive association for early maternal age and lower socio-economic status in their previous study also by Chudasama RK et al [9]. Agampodi SB et al [17] have reported influence of paternal education and maternal employment in their study, and no association was found for variables like, low birth weight, type of family and maternal education. In contrast, others have reported low birth weight [11] and illiteracy or lower maternal education [21] as high risk factor for early weaning in their study. Table 2 shows the lack of association between exclusive breastfeeding and variables classically considered as supportive of breastfeeding like, number of antenatal visits, advice received regarding breastfeeding during antenatal period and during postnatal period, initiation of breastfeeding within one or first few hours, and type of feeding whether on demand or at fixed time as also reported by Singh G [19] in his study. The possible justification for such findings could be excellent execution of maternal and infant care which includes promotion of breastfeeding in health services especially after introduction of Integrated Management of Neonatal and Childhood Illnesses (IMNCI) training which promotes exclusive breastfeeding for first 6 months of life. Breastfeeding is a maternal option that involves a complex interaction of socioeconomic, cultural and psychological

factors and many more.. The main reasons presented by mothers as difficulties in initiating breastfeeding were infant not sucking effectively (80%), retracted nipple (53%), cracked nipple (28%) Some authors have reported that main reasons for difficulties in initiating breastfeeding were belief that just mother's milk was not sufficient, excessive crying, little milk, thinned milk[11]. Another study examined one particular benefit of breastfeeding for a longer duration. Bener, Denic, and Galadari et al (2001) compared 117 children with acute lymphocytic leukemia or lymphoma with 117 healthy children. Those children who were breastfed for six months or less were 2.97 times more likely to develop a lymphoid malignancy than those children who were breastfed for more than six months. All of the children in this study were Bedouin Arabs, so replication of this research in other populations is necessary before the findings can be generalized[31].

An additional advantage of breastfeeding was reported by Gillman et al. (2001). In a survey of 15,341 adolescents ages 9 to 14 (8,186 girls and 7,155 boys), the authors found that those who were fed predominantly breast milk in the first six months of life were 22% less likely to be overweight 9 to 14 years later. Moreover, adolescents who were breastfed for at least seven months were approximately 20% less likely to be overweight than those who were breastfed for three months or less [27]. In another study, Black, Siegel, Abel, and Bentley (2001) et al tested the efficacy of an intervention designed to delay the early introduction of complementary feeding other than breast milk or formula. The focus of the intervention was the reduction of cultural barriers in order to promote the delay of introducing solid foods until four to six months post birth, as recommended by the American Academy of Pediatrics, the World Health Organization, and Women, Infants, and Children programs. The sample consisted of 181 first-time, low-income, African American mothers who were under 18 years old and lived in multigenerational families. The sample was randomized to an intervention that included a home visit every other week for a year by one of two college-educated African American women, who were also mothers. A video was presented during the first visit, along with a specific curriculum and training[24]. According to the 2010 Ministry of Health national infant feeding guidelines for Zambia, all mothers are encouraged to exclusively breastfeed their babies for the first six months of life [29] . We recognise that even though it is a natural act, breastfeeding has also been described as a learned behaviour [30] and that mothers need to be equipped with information and skills to feed their infants and wean them appropriately.

Knowledge gaps due to inadequate infant feeding counselling may have contributed to the mothers' perceived breast milk insufficiency associated with the baby crying even after breastfeeding. This finding is consistent with research in similar settings such as Uganda[26], Malawi [32], , Swaziland [33], and was found to be a persistent feature in Zambia [36]. The perception that some breasts produce more milk than others could thus, potentially, be thought to justify mixed feeding of breast milk with other fluids and foods. Although we did not find any strong research to support the theory about some breasts producing more milk than others in similar settings, some scholars suggest that mothers should be taught how to effectively position and attach their infants to the breast to optimise breastfeeding and counter perceptions of milk insufficiency. This is on the basis that unrestricted exclusive breastfeeding results in ample milk production [35]

Promotion of exclusive breastfeeding is aimed at child survival in Zambia[34], where infant and under-five mortality is high, 45 and 75 per 1000 live births respectively [36]. In developed countries, mothers that are infected with HIV will more likely choose formula. But for their poorer counterparts, such as the women who were interviewed for this study and others in similar settings, exclusive breastfeeding becomes appropriate in view of poor sanitary conditions and the probability of inappropriate use of formula that can lead to diarrhoea and dehydration; the major causes of infant mortality globally [37, 38].

As the study was hospital based, it introduces some selection bias, and because the data collection was based on mothers recall, it also introduces recall bias and these were the limitations of present study

Conclusion

The present study has highlighted the important factors which are involved in the exclusive breast feeding practises of mothers in East odhisa Region of India. Despite breastfeeding's numerous known advantages, early and exclusive breastfeeding rates in most states of the India are low. Prelacteals could have been avoided by mothers by knowing its disadvantages. In this study it has been seen that easily avoidable & adoptable variables can be focused by the health care provider to increase the exclusive breast feeding status of the mothers. This study emphasizes the need for breastfeeding intervention programs especially for the mother during antenatal and postnatal check-ups.The factors related to early weaning denote a weak breastfeeding support given by maternal, prenatal and post natal infant health services. The urgent need for propagation of exclusive breastfeeding is substantiated in this study. *Maternity benefits:* Working mothers should be encouraged to achieve successful exclusive Breastfeeding by promoting supportive enforcement of maternity benefit act and so also provisions of supportive child care services at each working station. There is a dire need to strengthen the Maternity Benefit Act so as to include maternity leave benefits for six months for all the working mothers & paternal leave in both governments, public & private organization. It includes providing leave or cash support to ensure babies and mothers stay close and provision of crèches at work places & discouraging baby food companies active propagative practices.

Acknowledgements

Source of funding: None, Conflict of interest: None.

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