



## QUALITATIVE EXPLORATION OF EXCLUSIVE BREAST FEEDING PRACTICES AMONG MOTHERS IN RURAL AREA OF THANE DISTRICT OF MAHARASHTRA.

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**ABSTRACT** **Background:** An exclusively breastfed baby has substantially lower risk of death from pneumonia or diarrhoea than one who has not. There is need to identify specific problem related to breast feeding in rural community. **Objective:** The present study was conducted to find opinion regarding exclusive breast feeding among mothers in rural area. **Methods:** A focus group discussion study was conducted among mothers with child less than 2 years of age after taking informed consent. Qualitative information was collected regarding exclusive breast feeding. **Results:** Not getting privacy at home for breast feeding, or busy in their household works are most common problem faced by mothers interfering with breast feeding. Mothers used "Aai che dudh", "Maa ka dudh", for breast feeding while "fakt", "sirf", "keval" for exclusive breast feeding. **Conclusion:** Analysis of FGD was helpful in understanding local term and definition of breast feeding which were utilized in preparing the training module for positive deviance.

**KEYWORDS :** Exclusive breast feeding, Positive deviance, Focus group discussion.

### INTRODUCTION:

Breast milk is the natural first food for babies; it provides all the energy and nutrients that the infant requires for initial days of life. Breast milk protects an infant against several infections and chronic conditions like diabetes and helps in sensory and cognitive development. It also increases infants' immune systems. An exclusively breastfed baby has substantially lower risk of death from pneumonia or diarrhoea than one who has not.<sup>1</sup>

Proper feeding practices are of significant importance for the growth, development, health, nutrition and survival of infants and children. Nurturing practices adopted by the family will decide the health of the baby after birth<sup>2</sup>. Complimentary foods are often introduced very early or very late which majority of times nutritionally inadequate and also unsafe. The under-five population of India stands at an astonishing figure of 121 million.<sup>3</sup>

Based on data from WHO it has been shown beyond doubt that breastfeeding has well established short term benefits, particularly in scaling down of morbidity and mortality due to childhood infections in first two years of life. Optimal breastfeeding practices could prevent hospital admissions due to diarrhoea and lower respiratory tract infections. Systematic review from WHO on long term benefits of breastfeeding suggest a preventive effect on blood pressure related problems, substantial protection (34% reduction) from Diabetes, 24% reduction in overweight and/or obesity. Breastfeeding was also associated with an overall increase of intelligence score.<sup>4</sup>

According to NFHS 4 data in Maharashtra, total of only 60.6% of infants are exclusively breastfed till 6 months of age, 59.5% of infants were initiated breast feeding within half hour of birth, 38.8% of infants were started on appropriated complementary feeding along with breast milk at 6-8 month of age.

A focus group discussion is a structured discussion used to obtain in-depth information from a group of people about a particular topic. The purpose of a focus group is to collect information about people's opinions, beliefs, attitudes, perceptions, not to come to consensus or make a decision. FGD is also conducted to clarify information gained from other sources and obtain information about relevant questions or terminology related to the topic.

The present study was conducted to seek group opinion regarding exclusive breast feeding practices that are prevalent and perceived effective in promoting health and nutritional status of children in rural field practice area of Mumbai city of Maharashtra, India.

### METHODS:

A Qualitative study was conducted to seek group opinion regarding

exclusive breast feeding practices among mothers with children less than 2 years of age in rural field practice area of Mumbai city of Maharashtra. FGDs were conducted to assess various aspects of breastfeeding among nursing mothers of the study area. In FGD the interviewer (moderator/ primary research person) leads research participants, help them continue with interaction among the participants about the topic or issue in group discussion. There are 29 villages under the field practice area of the centre, which constitute population of approximately 8000. Most of the population is tribal and main tribes are Varli, Thakur and katkari. With the help of Anganwadi workers and ASHA from PHC and sub-centre of filed practice area, mothers were oriented towards objective of the study and were requested to assemble at respective PHC and Sub-centre on the fixed day and time for focus group discussion. 6 FGD's were conducted between May and October 2015 with 6 to 12 participants in each group. Total participant reached to 61.

**Table 1: Distribution of study population in FGD**

Month	No. of FGD's	No. of Participants
May	1	11
June	1	09
July	1	12
August	1	11
September	1	09
October	1	09
<b>Total</b>	<b>6</b>	<b>61</b>

After selection of participant, date and time of the FGD was scheduled. The timing of the focus group discussion was decided as per the convenience of participants. Copies of informed consent and confidentiality was provided to each participant and was read aloud in front of the participants who cannot read. The participants were made to sit comfortably on chairs in a semicircle fashion. The discussion started with a brief introduction of all the participants, facilitator, moderator and note-taker. After greeting the participants, the participants were reminded that there are no right or wrong answers in this discussion. We were interested in knowing what each of them think about breastfeeding, and were made to feel free and be frank to share their point of view, regardless of whether they agree or disagree with what they hear from others.

Following categories emerged from the focus group discussions:

1. Knowledge, attitude and practices of breastfeeding
2. Terminologies
3. Advantages and Benefits
4. Perceptions and Misconceptions
5. Obstacles
6. Solution
7. Assisting/Supporting others

Obtained information was hand written by note taker and audio recording was done which as later translated into verbatim by researcher.

**RESULTS:**

**Qualitative analysis:**

A Conventional Approach to Qualitative Content Analysis was undertaken to identify and quantify certain themes from the text data and infer meaning in the given context.<sup>5</sup> The unit of analysis was participants' individual statements. Statements with similar meaning were grouped together with the help of colour coding technique until a point was reached where further grouping would cause a loss of qualitatively important information.

The final text report was prepared from summary of coded text and it was representative of collective understanding of text data. Statements in italics indicate direct quotations from respondent and statement in square brackets indicate statements/ reflections by the authors.

S. No.	Structural Codes	Responses from the Participants	Remarks
1.	<b>Knowledge, attitude and Practices</b>	Ÿ giving only breast milk to babies and no other food or liquid Ÿ breast feeding for 6 months Ÿ exclusive breastfeeding is for 2 yrs. Ÿ yes there are mothers who give their babies' only breast milk for complete 6 months. Ÿ did not notice anything like	
2.	<b>Terminologies</b>	Ÿ "Aai che doodh" Ÿ "maa ka doodh" Ÿ "fakt", "sirf" or "keval"	
3.	<b>Benefits of breastfeeding Child Mother</b>	Ÿ helps in child's growth Ÿ it increases physical growth and prevents from infection. Ÿ beneficial for both mother and child. Ÿ protects from breast cancer. Ÿ Child is not able to digest outside food Ÿ prevents from chest cancer[Breastfeeding prevents breast cancer] Ÿ increases milk formation Ÿ prevents from tightness [engorgement] of breast.	Words in square brackets are reflections from the investigator
4.	<b>Misconceptions</b>	Ÿ Adequate amount of milk is not present Ÿ child sleeps for more time, so don't feel like waking up the child for feeding.	
5.	<b>Problems faced</b>	Ÿ busy in their household work Ÿ have to go to farms Ÿ don't get privacy at home	
6.	<b>Solution</b>	Ÿ mothers of this area should be educated Ÿ doctors and nurses should go house to house to give information Ÿ husband should be educated about the same.	
7.	<b>Assisting/ Supporting others</b>	Ÿ we should have more knowledge about breastfeeding then only we can help others Ÿ read books Ÿ share knowledge among ourselves.	

The discussion was guided on the following areas of interest:

**1. According to you what is Exclusive Breast Feeding?**

Mothers believe that giving only breast milk for complete six months is exclusive breastfeeding however few of them also believe that exclusive breastfeeding is for 2 years. There were mothers in the area who were practicing exclusive breastfeeding practices for complete 6

months while most of the mothers were ignorant to even notice something like this. One respondent said, *"We haven't seen any mother who is giving only her milk for six months."* *"humne kabhi bhi kisi maa ko lagatar 6 mahine tak apna doodh pilate nahin dekha"*

**2.What are the different terminologies used for breastfeeding as per your knowledge in your area?**

*"Aai che doodh", anga-varch-che doodh* and *"maa ka doodh"* which means mothers milk, are commonly used phrases used for breastfeeding. When asked that how will you ask for Exclusive breastfeeding, the word *"fakt"* or *"sirf"* or *"keval"* is added before the phrase.

**3.Do you know the effect of EBF on child's health?**

Participants believe that breast milk helps in child's physical growth and prevents them from infection and it does no harm either to mother or to child. One participant said that it prevents from breast cancer, *"chest cancer will not occur if mother breastfeeds her child."* [Breastfeeding prevents breast cancer] When asked for the opinion on colostrum one participant said, *"Mothers' first milk is child's first vaccination and it should not be thrown away."* One participant also said that it prevents from tightness of breast [Breastfeeding prevents from engorgement of breast]

*"Isse maa ko chahi ka cancer nahi hota"; "Maa ka pehla doodh bacche ke liye pehla lasikaran ya tikakaran hota h".*

**4.According to you how mothers can follow EBF?**

One respondent said, *"Child sleeps for long hours, so doesn't feel like waking him up for breastfeeding."* One lady said, *"There is not enough or adequate milk present in mothers breast, which can fill baby's stomach."* This adds to the misconceptions about breastfeeding among the mothers of the area.

**5. What factors are responsible for difficulty in EBF?**

Apart from problems in the family like lack of privacy at home, mothers are also busy with their household work and some of them even go to farms to help their husbands in farming.

**6.What can be done to enhance exclusive breastfeeding practices in this area?**

The child should be fed with love in a cheerful environment at the same time mother should talk to the baby while feeding. One respondent said, *"If a mother comes to me, I can educate her about it because I am also following it"*. Other respondents said, *"Doctors and nurses should help mothers in it"* and one respondent added, *"Husband should be educated about it"*.

*"Bacche ko pyar se acche wataran mein doodh pilana chahiye", "Agar koi maa hamare samne aye to use iske bare m batasakte h, kyunki mai khud apne bacche ko apn adoodh pilati hu".*

**7.How will you help your fellow nursing mothers to follow EBF?**

There was a mixed response to assisting or supporting fellow mothers at community level. It ranged from increasing awareness and improving knowledge by medical staff to reading books and sharing information during leisure time. One respondent said, we should read books on the topic of breastfeeding and share it with mothers in the neighborhood.

**DISCUSSION:**

The findings in our studies were compared with the findings from other studies conducted o similar issues.

**According to you what is Exclusive Breast Feeding?**

Participants demonstrated a fairly good level of knowledge for breastfeeding. In the current study the qualitative result show that mothers recognized importance of early initiation and exclusive feeding of breast milk. Few mothers were vigilant enough to notice something like giving breastfeeding for complete six months whereas some didn't even notice a practice occurring like this in there vicinity. In a qualitative study conducted by **Hope Mei Hong Lee1, Jo Durham**, four focus group discussions were held along with several in-depth interviews. In this study breastfeeding practices were suboptimal in spite of participants indicating a positive attitude towards breastfeeding and recognizing its importance.<sup>6</sup>

Another qualitative study by **Jai Pal Majra1, Vijay Kumar Silan** at a Tertiary care centre of Haryana conducted 5 Focus Group Discussion among nursing care providers of the hospital found lack of awareness among the participants regarding knowledge of benefits of breastfeeding especially colostrum which is the major barrier to the timely start of breastfeeding.<sup>7</sup>

In a qualitative study by **May Me Thet a, EiEiKhaing** in both urban and rural areas of Myanmar, twenty four In-depth Interviews (IDIs) were conducted. Major findings suggest that there exists a gap between knowledge and actual practice of exclusive breastfeeding.<sup>8</sup>

#### **What are the different terminologies used for breastfeeding as per your knowledge in your area?**

Qualitative analysis helped to understand the local terms and definitions used for breastfeeding. The terms local language were also useful in preparing the training module for positive deviants.

#### **Do you know the effect of EBF on child's health?**

The present study is consistent with knowledge of mothers about the benefits of breastfeeding. The mothers know several advantages like, breastfeeding helps in child's physical growth, prevents from infection, prevents from breast cancer.

One of the mothers strongly supports the recommendation of giving colostrums to the baby. She strongly believes it by giving statement like colostrum is the first vaccination for the babies

#### **According to you how mothers can follow EBF?**

**Nursan Dede Cinar, TuncayMuge Alvur** conducted a qualitative study to explore the needs and difficulties of mothers who had multiple babies at Sakarya County of Turkey. Data was obtained through recorded narrative interviews presented the main reason for starting formula milk as the mothers were extremely concerned about the baby's hunger which was not fulfilled by only breast milk. Qualitative analysis in the present study regarding perceptions and misconceptions about breastfeeding finds that mothers believe that adequate milk is not present in the mothers' breast to fully satiate the baby. The mothers also consider that it is not good to wake up the baby during their sleep just for breastfeeding.<sup>9</sup>

#### **What factors are responsible for difficulty in EBF?**

**Hope Mei Hong Lee1, Jo Durham** reported that mothers were aware of the recommendations regarding EBF but find it difficult to follow it because of the advice from family and friends. They also reported that one of the main reasons for stopping EBF was their work; they could not take time of their work to breastfeed. Mothers find it difficult to manage both work and breastfeeding. In the qualitative analysis of current study, the main obstacle which mothers faced were mixing household work with breastfeeding also some mothers go to the field to help their husbands in farming so they could not breastfeed their babies timely.<sup>6</sup>

The study by **Hope Mei Hong Lee1, Jo Durham** also reports that the participants' workplace was not an appropriate place for breastfeeding. The study also mentions reasons for stopping breastfeeding as mothers were embarrassed about it at social events. Although in the present study, reasons like embarrassment in the workplace were not found but lack of privacy at home or breastfeeding in front of others is one of the several reasons to stop breastfeeding or start formula feeds.<sup>6</sup>

**May Me Thet a, EiEiKhaing** also reports that both mothers and husbands believe that major obstacle in breastfeeding their baby is work related. Poverty is mentioned as a main reason for parents needing to work outside.<sup>8</sup>

#### **What can be to enhance to enhance exclusive breastfeeding practices in this area?**

In the present study many suggestions were given by the respondents like providing a cheerful, loving and connecting environment to the baby while feeding. A generous and serving attitude was also found among the mothers to help their companion mothers. Doctors and nurses should act as their mentors in improving breastfeeding practices were suggestions recorded in the present study.

**May Me Thet a, EiEiKhaing** reported that husbands who were interviewed were less familiar with the benefits of exclusive breastfeeding than their wives or the grandmothers. In present study

participants were asked for the suggestions to improve the breastfeeding practices, for which participants exhibited a need to educate their husbands on breastfeeding topic.<sup>8</sup>

#### **CONCLUSION:**

The qualitative result show that mothers recognized importance of early initiation and exclusive feeding of breast milk. Analysis of FGD was helpful in understanding local term and definition of breast feeding which were utilized in preparing the training module for positive deviance. Mothers were aware of several advantages of breast feeding like physical growth of child, feeding colostrum, preventing infections, preventing breast cancer. Amongst the reasons for not giving exclusive breast feeding, participants felt that 'Privacy at home and work related obstacles' were the main reason in the study area. A generous and serving attitude was present among the participants who want medical staff as their mentors in improving breast feeding practices.

However, misconception related to breast feeding prevail in the study area like absence of enough milk in mother's breast to fully satiate the baby.

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#### **References**

1. Infant and young child feeding: model chapter for textbooks for medical students and allied health professionals. World Health Organization.
2. World Health Organization. Global strategy for infant and young child feeding The optimal duration of exclusive breastfeeding. Fifty-fourth world Heal Assem. 2001; (1):1-5.
3. Maternal and Newborn Health Nutrition 2006; (1):2-6.
4. Horta BL, Victora CG. Long-term health effects of breastfeeding. World Heal Organization 2013;129(8-9):57-64.
5. Helgevol N, Moen V. The use of flipped classrooms to stimulate students' participation in an academic course in initial teacher education. Nord J Digit Lit. 2015; 2015 (1):29-42.
6. Lee HMM, Durham J, Booth J, Sychareun V. A qualitative study on the breastfeeding experiences of first-time mothers in Vientiane, Lao PDR. BMC Pregnancy Childbirth [Internet]. 2013;13(1):223.
7. Majra JP, Silan VK. Barriers to early initiation and continuation of breastfeeding in a tertiary care institute of haryana: A qualitative study in nursing care providers. J Clin Diagnostic Res. 2016;10(9):LC16-LC20
8. Thet MM, Khaing EE, Diamond-Smith N, Sudhinaraset M, Oo S, Aung T. Barriers to exclusive breastfeeding in the Ayeyarwaddy Region in Myanmar: Qualitative findings from mothers, grandmothers, and husbands. Appetite [Internet]. 2016;96:62-9.
9. Cinar ND, Alvur TM, Kose D, Nemut T. Breastfeeding twins: A qualitative study. J Heal Popul Nutr. 2013;31(4):504-9.