

**ABSTRACT** A descriptive study was carried out to find out the prevalence of exclusive breast feeding and the association of educational intervention with exclusive breast feeding. The data was collected from 110 subjects using convenient sampling technique from CHC Sumbal Dist Bandipora J&K. The prevalence rate of exclusive breast feeding was assessed by using a self Sstructured questionnaire and Likert scale. The aim of the study was to assess the prevalence of exclusive breast feeding and the association of educational intervention and exclusive breast feeding. A descriptive cross-sectional survey was conducted. Sample of 170 mother-infant pair from 3 to 7 months of age were selected to retrieve valid and reliable data from mothers by using recall method. Data was collected, coded and analyzed with the help of SPSS version 16 by regression method. The assessment of exclusive breast feeding revealed that there was a high prevalence of exclusive breast feeding. The association of educational intervention depicted that there was a positive association between postnatal educational intervention and exclusive breast feeding in healthcare settings. The implications of the study as per observations are the more number of interventions in multiple settings can improve the prevalence of exclusive breast feeding.

KEYWORDS : Exclusive Breast Feeding, infant, WHO, health care settings, neonate, intervention

### INTRODUCTION Background:

Breast milk is the best and unequal nutrition which can in no way be compensated by anything for a neonate.

Exclusive breast feeding is defined when an infant is feeding milk directly from mothers breast or when the milk is expressed from mother and then fed to an infant with the help of a spoon preferably and no other liquids or solids except medicine, vitamins, minerals or supplements are prescribed for the infant up to 6 months of age.

Breast milk being a complete food for infants itself plays the most vital role in providing the entire nutrition including all the essential nutrients for the comprehensive pre- requisite of growth, development, immunity to fight against life threatening diseases and overall development of a neonate. According to W H O estimation, implementation of exclusive breast feeding can save approximately 220,000 children every year. Breast milk comprises of appropriate proportions of proteins, carbohydrates, sugar, minerals fat, energy, anti-bodies and water content. The World Health Organization (WHO) and UNICEF also recommended that all mothers should breast feed their children exclusively for six months of life.

WHO and UNICEF (1990) recommended that EBF for six months followed by introduction of complementary foods at the age of 6 months and continued breast feeding for two years or beyond. The breast feeding must be initiated within one hour of birth. The first hour of birth is also known as the golden hour because the early initiation of exclusive breast feeding of infants has increased the survival rate of infants as much as three times as compared to infants breast fed after one day.

It is recommended, to achieve maximum growth and development the breast feeding should be initiated and promoted as early as within one hour of delivery and the artificial feeds should be discouraged. Breast feeding especially colostrums- a yellowish excretion of milk produced after birth of a neonate, is considered the best feeding as well as immunization of an infant because it contains all the required valid and reliable pro active factors, vitamins, antibodies. Although there is considerable number of indicators which should be followed to improve health and nutrition of children during first two years of life but the most important indicator is exclusive breast feeding having the potential of preventing 13% of all deaths It is undeniable that around 1 million lives could have been saved by the intervention of EBF, when 6.9million under-five children were reported dead globally in 2011.

Exclusive breast feeding is compulsory to be started from birth to six months and continued along with introduction of complementary foods for two years except for the supplementary vitamins, syrups, or medications.

Baby -Friendly Hospital Initiative had implemented ten steps to

successful breast feeding. These ten steps are:

- Have written breast feeding policy that is routinely communicated to all health care staff.
- Train all health care staff necessary skills to implement this policy.
  Inform all pregnant women about the benefits and management of breast feeding.
- Help mothers initiate breast feeding within one half hour of birth.
- Show mothers how to breast feed and maintain lactation, even if they should be separated from their infants.
- Give newborn infants no food or drink other than breast milk, unless medically indicated.
- Practice rooming in-i.e. allows mothers and infants to remain together 24 hours a day.
- Encourage breast feeding on demand.
- Give no artificial nipples or pacifiers (soothers) to breast feeding infants.
- Foster the establishment of breast feeding support groups and refer mothers to them on discharge from the hospital or clinic.

#### Research gaps:

- To what extent educational intervention can promote exclusive breast feeding.
- To what extent counselling can promote exclusive breast feeding.
- To what extent educational intervention can promote early initiation of exclusive breast feeding.

# **METHODS:**

A descriptive cross-sectional survey was conducted at the paediatric / immunization clinic of CHC Sumbal a government healthcare setting dist. Bandipora J&K. The health centre caters around 100,000 population and a considerable amount if patient flow. The health centre provides antenatal, postnatal, intranatal, health education, counselling growth monitoring as well as other paediatric services. Sample of 170 mother-infant pair from 3 to 7 months of age were selected to get valid and reliable feedback from mothers about their infant by recall method. Mothers with normal and full term gestation were selected. Low birth weight and preterm babies were excluded.

### **Results**:

The practice of exclusive breast feeding among mothers delivered in home settings were found as 64%, comparatively lesser than those delivered in health care setting which is 76%, which shows exclusive breast feeding practice was increased by 12% in mothers delivered in health care settings where they received educational intervention and counselling regarding exclusive breast feeding. This shows there is a significant association between educational intervention after delivery and exclusive breast feeding which can be the result of improvement of mother's knowledge due to the educational intervention delivered in the health institution during the postnatal period. The early initiation of breast feeding observed in home delivery setting was 48% and was increased by 33% in healthcare settings which shows a strong

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association between exclusive breast feeding and delivery in health care settings. This could be due to educational intervention by health personals to mother during or after delivery of the neonate. In nut shell those mothers who delivered in health care settings practiced exclusive breast feeding more than those mothers who delivered in their homes which is possible because they received educational intervention regarding postnatal care including breast feeding.

# Conclusion:

This study evidences that besides institutional delivery educational intervention and counselling after delivery improves exclusive breast feeding and early initiation of breast feeding to a great extent. This needs to be encouraged and enhanced further more.

#### **Recommendations:**

This is strongly recommended that government and Non-government organization, family members, health professionals, community members need to come forward and join hands to devise strategies to promote survival of infants and reduce mortality rate by supporting, encouraging and counselling mothers for exclusive and early initiation of breast feeding.

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