



## PRACTICES AMONG MOTHERS REGARDING BREASTFEEDING AND ITS DETERMINANTS- A STUDY IN AN URBAN POPULATION OF KASHMIR

<b>Uruj Altaf Qureshi</b>	Assistant Professor Community Medicine, GMC Baramulla.
<b>Mariya Amin Qureshi*</b>	Assistant Professor Community Medicine, GMC Srinagar. *Corresponding Author
<b>Shahzada Muhammad Salim Khan</b>	Professor Community Medicine, GMC Srinagar.

**ABSTRACT** The current study was conducted to assess the breastfeeding practices among mothers and its determinants in urban population of Kashmir. The target population included all the mothers with children aged 0-5 years attending under-5 clinic in SMHS hospital, Srinagar. The study design was descriptive cross-sectional study, with convenience sampling. Data were collected by using pre-tested semi-structured questionnaire that inquired information on socio-demographic characteristics, obstetric, health service and breastfeeding related factors.

Results: In our study, 70.8% of the mothers exclusive breastfed their babies until 6 months of age. A total of 65.2% of the mothers initiated breastfeeding within 1 hour of normal delivery. Most common cause of delay in initiation in breastfeeding was caesarian section (72.6%). Majority, (92%) received colostrum as first feed. Pre-lacteal feed was given in 20.3% of newborns. Sugar was given as a major pre-lacteal feed followed by honey and dates.

The practice of exclusive breastfeeding among infants upto six months could be improved by incorporating lactation counselors in health system during antenatal period. We need to explore ways to improve legal support for all working mothers for supporting breastfeeding.

**KEYWORDS :** Exclusive breastfeeding, Prolacteal feed, practices, colostrum.

### INTRODUCTION

Breastfeeding is a critical entry point for ensuring progressive fulfillment of children's rights to survive, grow and develop to their full potential without discrimination. Breastfeeding creates a strong bond between the mother and the child providing emotional security and affection, with a lifelong impact on psychological development. Breast milk alone is the ideal nourishment for infants for the first six months of life. Studies have shown that it reduces deaths in infants and young children [1,2, 3]. Exclusive breast feeding means that the infant receives only breast milk with no other additional foods or liquid, not even water [4]. The World Health Organization (WHO) recommends the practice of exclusive breastfeeding (EBF) of infants for the first six months of life after birth. EBF remains uncommon in most countries (both developed and developing), even in countries with high rates of breast feeding initiation. Globally only half of infants under 1 month of age and 30% of infants aged 1-5 months are exclusively breastfed [5]. EBF rates in infants less than six months of age varied from as low as 20% in central and eastern European countries to 44% in south Asia [6].

Numerous factors have been shown to influence EBF: variations between urban and rural areas, mothers' employment status and education level, knowledge about good breastfeeding practices, occupation, monthly household income, socio-economic position, pre-lacteal feeding, parity, positive attitudes towards EBF, intent to exclusively breastfeed before delivery, timely initiation of breastfeeding, mode of delivery, infant's birth weight, health system practices, discarding colostrums and community beliefs [7,8, 9, 10, 11, 12, 13].

According to NFHS-4, in India 54.9% of infants are exclusively breast fed [14]. In Jammu and Kashmir 27.1% of infants are exclusively breast fed, with 47.2% of infant's breastfed within one hour of birth [15]. The low prevalence of exclusive breast feeding in India particularly in Kashmir can be attributed to various factors. The current study was conducted to assess the breastfeeding practices among mothers and its determinants in urban population of Kashmir. Such a study will be helpful in taking steps to promote exclusive breastfeeding in mothers.

### AIMS AND OBJECTIVE

1. Practices among mothers regarding breast feeding.
2. To assess the factors associated with breast feeding practices in mothers attending immunization clinic.

### METHODOLOGY

The target population included all the mothers with children aged 0-5 years attending under-5 clinic in SMHS hospital, Srinagar. In an under-5 clinic immunizations are done throughout the week excluding Sundays. The study design was descriptive cross-sectional study. Convenience sampling was used, as quite a number of women go for immunization of their children at the hospital. All mothers visiting under-5 clinic were included in the study. Data were collected by using pre-tested semi-structured questionnaire that inquired information on socio-demographic characteristics, obstetric, health service and breastfeeding related factors (initiation of breastfeeding, pre-lacteal feeding and colostrum feeding). Survey questionnaires were administered in native language (Kashmiri) of the respondents. The questionnaire was read for them and their response was recorded by the doctors who were posted in Under-5 clinic. The questionnaire was designed with both open ended and close ended questions.

### STATISTICAL ANALYSIS

The dependent variable was exclusive breastfeeding. Independent variables were demographic factors such as mother's age, mother's education, type of family, occupation of mother, parity, practices and attitude towards exclusive breast feeding, factors affecting the prevalence of EBF. SPSS version 20.0 was used to analyze the data, which was summarized into percentages and presented in Text, figures and tables.

### RESULTS; SOCIO DEMOGRAPHIC FACTORS

In our study, the majority of the mothers were in the age group of 25-34 years (68.4%). 23.2% were 35 years and above. About 10% of the mothers were illiterate. 44% had attained graduation and post graduation degrees. The birth order was first in 44% of mothers. Majority of mothers were housewives (88.6%) and belonged to joint families (64.6%) [Table 1]. Caesarian section was the common mode of delivery (72.6%). Infants were born term in 92%. Mothers who were housewives, literate, belonging to joint family and delivered baby by caesarian section tended to exclusively breastfeed their babies for six months; though the results were not statistically significant.

### INITIATION OF BREASTFEEDING

A total of 65.2% of the mothers initiated breastfeeding within 1 hour of normal delivery. However, only 30.8% of mothers who underwent caesarean section initiated breast feeding within one hour. 8% of the

mothers in our study didn't breastfeed even after 24 hours after the delivery. Delivering a term baby and initiating breast feeding within 1hour of birth was significantly associated with exclusive breast feeding. Most common cause of delay in initiation in breastfeeding was caesarian section (72.6%) that led to post operative pain. Around 33% of mothers didn't perceive that there was any delay in initiation of breastfeeding. Majority of newborns (92%) received colostrum as first feed. Pre-lacteal feed was given in 20.3% of newborns. Sugar was given as a major pre-lacteal feed followed by honey and dates. In 81% , pre-lacteal feed was given as a tradition and in 3% it was given on religious grounds.

**DURATION OF BREASTFEEDING**

70.8% of the mothers exclusive breastfed their babies until 6 months of age. Only 8.9% of the mothers in our study started weaning their child prematurely [Table 2]. Weaning was commonly started at the age of 3 to 4 months. This was seen predominantly in working mothers who had to resume their work early i.e. before completing six months after delivery. The most common reason given for the start of supplementary feeding was insufficient milk (51.52%; 34 out of 66). It was seen that 84.4% of mothers who breastfed their previous child, continued breastfeeding their present child also.

**PREPAREDNESS FOR BREASTFEEDING**

All the mothers were registered during antenatal period and majority received more than 6 six anti natal visits (70.5%) during antenatal period. Around 48% received breastfeeding education during that time and 92% were actually prepared for breast feeding.

**BREASTFEEDING PRACTICES**

There were different reasons given by mothers for practices involves in not exclusively breastfeeding, in delaying of initiation of breastfeeding, in giving pre lacteal feeds and not giving colostrum [Table 3]. The commonest perception was that enough milk is not produced.

**Table 1: Characteristics of mothers, children and breastfeeding.**

Characteristic (N = 237)	N	%
<b>Birth Order</b>	105	44.3
First born	132	55.7
Second and above		
<b>Interval since last birth</b>	104	43.9
First child	6	2.5
Up to 1 year	39	16.5
1-2years	88	37.1
>2 years		
<b>Age of mother</b>	20	8.4
< 25	117	91.6
≥ 25		
<b>Education of mother</b>	23	9.7
Illiterate	21	8.9
Primary	33	13.9
Middle	56	23.6
High School	52	21.9
Higher secondary	52	21.9
Graduation and post graduation		
<b>Mother's employment status</b>	210	88.6
Housewife	27	11.4
Working outside home		
<b>Type of family</b>	84	35.4
Nuclear	153	64.6
Joint		
<b>Breast feeding education received</b>	113	47.7
Yes	124	52.3
No		
<b>No. of ANC visits</b>	70	29.5
1-6	167	70.5
≥ 7		
<b>Mode of delivery</b>	65	27.4
Normal	172	72.6
Caesarean		
<b>Maturity of newborn</b>	218	92.0
Term	19	8.0
Preterm		
<b>Initiation of breastfeeding</b>	112	47.3
≤ 1 hour	125	52.7
>1 hour		

<b>Received colostrum</b>	218	92.0
Yes	19	8.0
No		
<b>Prelacteal feeding</b>	48	20.3
Yes	180	75.9
No	9	3.8
Don't know		

**Table 2: Duration of Exclusive breastfeeding.**

Duration(months)	N=168	%
1	1	0.60
2	6	3.57
3	4	2.39
4	6	3.57
5	5	2.97
6	133	79.16
>6	13	7.74

**Table 3: Perception of mothers regarding breast feeding practices.**

Reasons for not exclusively breastfeeding	N=66	%
1.Enough milk not produced	34	51.52
2.Baby was sick	14	21.21
3.Baby could not suck	6	9.10
4.Baby refused	2	3.03
5.Mother was sick	2	3.03
6.Everted nipple	1	1.51
7.Breast abscess	1	1.51
8.Twin pregnancy	4	6.06
9.Less spacing	2	3.03
Reasons for delay in initiation of breast feeding	N=125	%
1.Post operative abdominal pain	21	16.8
2.Baby admitted in hospital	19	15.2
3. Mother's illness	4	3.2
4. No milk produced for first few days	3	2.4
5. Did not perceive it was delayed	78	62.4
Reasons for giving pre-lacteal feed	N=59	%
1.Tradition	47	79.66
2.Religious grounds	3	5.09
3.Do not Know	9	15.25
Reason for not giving colostrum	N=19	%
1.Baby was admitted	8	42.10
2.Baby did not suck	1	5.26
3.Baby refused	1	5.26
4.Thinks it need to be discarded	4	21.06
5.No reason	5	26.32

**DISCUSSION**

Recognizing the important health benefits of breastfeeding based on the adequate evidence available, this study was aimed at assessing the breastfeeding practices among mothers and the socio demographic factors that influence exclusive breastfeeding. Our study showed 70.88% of mothers exclusively breastfed their children for first six months , however the proportion of exclusive breastfeeding for period less than six months was very less (Table 2).Almost similar results were seen in a study done by Medhi et al. which showed prevalence of exclusive breastfeeding to be 69.35% [16].

According to our study, (47.3%) of mothers put their babies to breast within 1 hour. A study done by Mise PJ et al showed almost similar results where 38.4% were breastfed within 1 hour [17].Those mothers to initiated breastfeeding within first hour were seen to exclusively breastfeed their children for six months. This was in concordance with a study done by Joshi PC et al done in Bangladesh [18]. Our study showed that mothers who were working, started early supplementary feeding and ended EBF at 4 to 5 months even though they could have continued upto six months. This was to habituate the baby to bottle before resuming their jobs. Women frequently attribute early weaning to unsupportive work environments. Employment of mothers outside the home has a negative influence on duration of breast feeding [19,20,21,22,23]. In our study, 92% babies received colostrum and around 20% babies received prelacteal feed. Studies done by Senthilvel et al (19%) and Madhu et al (19%) also found less percentage of newborn who received prelacteal feed and discarded the colostrums [24,25].

In our study good antenatal care, education regarding breastfeeding and preparedness of mothers to breastfeed their babies were some positive points and had influence on exclusive breastfeeding. But still mothers had some wrong practices like giving prelacteal feeds, late initiation of breastfeeding and discarding colostrum. These practices were influenced by complicated deliveries, traditions and cultures. The discordance between high knowledge and the suboptimal practice of EBF observed in the current study has also been reported by Onah et al. [26]. As stipulated by Onah et al., awareness and knowledge do not necessary translate into practice, probably due to mothers' lack of appreciation of the vital benefits of EBF, and to address this, strategies should for now focus on practically assisting mothers to addressing the identified challenges to practice of EBF rather than just giving out information on exclusive breastfeeding [26].

There was good awareness about EBF and majority of mothers were prepared to breastfeed their children. Similarly high awareness and knowledge on EBF has also been reported in Nigeria where 95.3% of mothers had heard about EBF and 82.0% of them correctly defined exclusive breastfeeding [26]. The high level seen in our study could be due to the effectiveness of the health education and awareness programmes run by the Ministry of Health and family welfare under different heads, one of them being Mothers absolute affection.

## CONCLUSION

Mothers were adequately informed about exclusive breastfeeding. The practice of exclusive breastfeeding among infants upto six months could be improved by incorporating lactation counselors in health system during antenatal period. This will clear beliefs and taboos related with breastfeeding. We need to explore ways to improve legal support for all working mothers for supporting breastfeeding.

## REFERENCES

1. WHO Collaborative Study Team on the Role of Breastfeeding on the Prevention of Infant Mortality: Effect of breastfeeding on infant and child mortality due to infectious diseases in less developed countries: a pooled analysis. *Lancet*.2000, 355: 451-455.
2. Black RE, Allen LH, Bhutta ZA, Caulfield LE, de Onis M, Ezzati M, Mathers C, Rivera J: Maternal and child undernutrition: global and regional exposures and health consequences. *Lancet*.2008, 371: 243-260.10.1016/S0140-6736(07)61690-0.
3. Jones G, Steketee RW, Black RE, Bhutta ZA, Morris SS, Bellagio Child Survival Study Group: How many child deaths can we prevent this year?.*Lancet*.2003, 362: 65-71. 10.1016/S0140-6736(03)13811-1.
4. World health organization (WHO), Exclusive breast feeding; [http://www.who.int/Elena/titles/exclusive\\_breastfeeding/en/](http://www.who.int/Elena/titles/exclusive_breastfeeding/en/). Accessed on 18 Mar 2019.
5. Black RE, Victora CG, Walker SP, Bhutta ZA, Christian P, de Onis M, Ezzati M, Grantham-McGregor S, Katz J, Martorell R, Uauy R: Maternal and child undernutrition and overweight in low-income and middle-income countries. *Lancet*.2013, 382: 427-451.10.1016/S0140-6736(13)60937-X.
6. Infant and young child feeding (2000-2007) [http://www.childinfo.org/breastfeeding\\_countrydata.php](http://www.childinfo.org/breastfeeding_countrydata.php). Accessed on 18 Mar 2019.
7. Merten S, Ackermann-Liebrich U: Exclusive breastfeeding rates and associated factors in Swiss baby-friendly hospitals. *J Hum Lact*.2004, 20: 9-17.10.1177/0890334403261017.
8. Lande B, Andersen LF, Baerug A, Trygg KU, Lund-Larsen K, Veierod MB, Bjerneboe GE: Infant feeding practices and associated factors in the first six months of life: the Norwegian infant nutrition survey. *Acta Paediatr*.2003, 92: 152-161.
9. Aidam BA, Pe'rez-Escamilla R, Lartey A: Lactation counselling increases exclusive breast-feeding rates in Ghana. *J Nutr*.2005, 135: 1691-1695.
10. Shirima R, Greiner T, Kyllberg E, Gebre-Medhin M: Exclusive breast-feeding is rarely practised in rural and urban Morogoro, Tanzania. *Public Health Nutr*.2000, 4: 147-154.
11. Egata G, Berhane Y, Worku A: Predictors of non-exclusive breastfeeding at 6 months among rural mothers in east Ethiopia: a community-based analytical cross-sectional study. *Int Breastfeed J*. 2013, 8: 8-10.1186/1746-4358-8-8.
12. Setegn T, Belachew T, Gerbaba M, Deribe K, Deribew A, Biadgilign S: Factors associated with exclusive breastfeeding practices among mothers in Goba district, south east Ethiopia: a cross-sectional study. *Int Breastfeed J*. 2012, 7: 17-10.1186/1746-4358-7-17.
13. Tan KL: Factors associated with exclusive breastfeeding among infants under six months of age in peninsular Malaysia. *Int Breastfeed J*. 2011, 6: 2-10.1186/1746-4358-6-2.
14. National Family Health Survey 2015-16 (NFHS-4): India Fact Sheet. Ministry of Health and Family Welfare. Government of India. (2017). Accessed on 20 March 2019.
15. National family Health Survey (NFHS-4) 2015-16: Jammu and Kashmir. Accessed on 20 March 2019.
16. Medhi GK, Mahanta J. Breastfeeding, weaning practices and nutritional status of infants of teagardenworkers of Assam. *Indian Pediatr* 2004;41:1277-9.
17. Mise PJ, Mise AJ, Mise SJ, Siddappa M. *Int J Reprod Contracept Obstet Gynecol*. 2017 Aug;6(8):3343-3346.
18. Joshi PC, Angdembe MR, Das SK, Ahmed S, Faruque ASG, Ahmed T. Prevalence of exclusive breastfeeding and associated factors among mothers in rural Bangladesh: a cross-sectional study. *International Breastfeeding Journal* 2014, 9:7.
19. Calnen G. Paid maternity leave and its impact on breastfeeding in the United States: an historic, economic, political and social perspective. *Breastfeed Med*. 2007;2(1):34-44.
20. Fein SB, Roe B. The effect of work status on initiation and duration of breast-feeding. *Kimbro RT. On-the-job moms: work and breastfeeding initiation and duration for a sample of low-income women. Matern Child Health J*. 2006;10(1):19-26.
22. Kurinij N, Shiono PH, Ezrine SF, Rhoads GG. Does maternal employment affect breast-feeding? *Am J Public Health*. 1989;79(9):1247-1250.
23. Ryan AS, Zhou W, Arensberg MB. The effect of employment status on breastfeeding in the United States. *Womens Health Issues*. 2006;16(5):243-251.
24. Senthilvel V, Sumathi S, Singh Z, Jayanthi V. A study of breast feeding practices among nonworking women in rural area. *Indian J Maternal And Child Health*. 2011;13(3):1-13.
25. Madhu K, Chowdary S, Masthi R. Breast feeding practices and new born care in rural

26. India: A descriptive cross sectional study. *Indian J Community Med*. 2009;34(3):243-6.
26. Onah S, Osuarah DC, Ebenebe J, Ezechukwu C, Ekwochi U, Ndukwu I. Infant feeding practices and maternal socio-demographic factors that influence practice of exclusive breastfeeding among mothers in Nnewi south- East Nigeria: a cross-sectional and analytical study. *Int Breastfeed J*. 2014;9:6.