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Community Medicine

A STUDY ON EXCLUSIVE BREAST FEEDING PRACTICES IN RURAL AREAS OF SILCHAR CACHAR, ASSAM

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KEYWORDS :

INTRODUCTION

Breast feeding is the ideal form of feeding in neonates and infant[1].Feeding an infant or a young child with breast milk is known as Breast Feeding. According to World Health Organisation(WHO), an infant should be exclusively breastfed for the first six months and then added complimentary foods along with breast milk up to two years of age[2].

An infant receiving only breast milk without any addition of water, any other solid foods or fluids is said to be exclusively breast fed. The human breast milk is the source of all nutrients, energy and fluid for growth and development of the growing child[3,4]. The mother and child are both benefitted from breast feeding and is also considered the best source of nutrition[5,6].Breast feeding boosts the immunity of the infant and child and reduces the incidence and severity of diarrhoea, ottitis media and respiratory infection. Allergic diseases such as allergic rhinitis and asthma, obesity or diabetes are less frequent in exclusively breastfed child. It creates a strong infant-maternal bond [7,8]. Infant mortality and morbidity caused by gastrointestinal infection are also greatly reduced by exclusively breast feeding[9]. Breast feeding acts as a natural contraceptive method and reduces the chances of breast cancer in the mother[10].
Breast feeding should be initiated early generally within the first hour of birth[11]. Several factors are termed responsible for the low breast feeding practices of baby. These includes inadequate milk production and expression, soreness of nipples, cultural beliefs, lack of guidance from health professsionlas ,maternity leave duration[12,13].

AIMS AND OBJECTIVES

A study of prevalent breast feeding is essential before formulation of any need based intervention. This study has been conducted in one of the Block of Cachar district in Assam. Since breast feeding practices vary among different region and communities. Hence, an attempt has been made to study the breast feeding practices in Sonai Block PHC of silchar Cachar district, Assam. This study is an attempt to assess the feeding practices among mothers and make the rural people of Silchar,Cachar aware of the importance of exclusive breast feeding practices.This study will also throw a light on the myths and taboos associates with infant feeding practices and also outline the trend in breast feeding pattern. The objectives are
1.To assess the practices of mother on exclusive breast feeding.
2.To make the mothers aware of the harmful effects of artificial feeding.
3.To find prevalent and traditional practices regarding breast feeding.
4.To know the morbidity in children associated with feeding practices

METHODOLOGY

A descriptive cross sectional study was done in children in a rural area of Sonai block PHC. Selection of mothers having infants from six months to one year was done. The material and methods are as follows:
Study design-Cross sectional study.

Study area- Rural areas of Silchar, Cachar(Sonai BPHC)

Study Population-Mothers having children less than 1year age .

Sampling technique-Systematic Random sampling.

Study tool-Predesigned,Pretested structured schedule.

Data collection interview-Direct Interview.

Study Duration-6months(May 2016-Oct 2016)

The List of the blocks and villages in Cachar district is collected from office of the Joint director health services. The blocks selected by systematic random sampling and the villages were selected by simple random sampling.Data collection was done by house to house visit.The list of the beneficiaries who fulfil the criteria will be chosen for interview.Exclusion criteria-severely ill mothers and those who refuse to participate.A Community based Crossectional study is done among mothers having children between 0 to 12 months.Breast feeding and other infant feeding practices will be taken for this group of mothers. Sample size is calculated based on the prevalence of breast feeding practices in that area of silchar.The sample size calculated based on the formula for proportion .

$n = Z\alpha/2p(1-p)$

where n is the required sample size, Zα/2 is the critical value for normal distributionat 95% confidence interval (1.96), p=prevalence of exclusive breast feeding in Sonai block of Cachar district and d=0.05 and estimated nonresponse rate of 10%.

The total sample size calculated according to the prevalence of breast feeding practices and a total of 300 mothers were selected with 10 allowable error .

Study variables-exclusive breast feeding (dependent variable)
Independent variables were maternal characteristics (age education status, religion , occupation, marital status parity , ethnicity), infant characteristics –age sex and household characteristics .

The final analysis is done on INSTAT GRAPH PAD Compilation done in MS Excel and analysis of data is done based on statistical test and discussions.

Table 1- Socio Demographic Profile of mothers practicing breast feeding.

Age group	Number	Percentage
18-23	106	37.06
24-29	141	49.30
30-35	37	12.94
36-41	2	0.70
TOTAL	286	Mean= 71.5
RELIGION		
Hindu	171	59.7
Muslim	115	40.3
TOTAL	286	Mean= 143
TYPE OF FAMILY		
Nuclear	207	72.3
Joint	79	27.6
TOTAL	286	Mean= 143
EDUCATION		
Illiterate	42	14.69
Primary	65	22.73
Secondary	78	27.27

Upto class X	67	23.43
Matriculation and above	34	11.89
TOTAL	286	

Comment –49.30% of the respondents belong to 24-29 yrs of age group., 59.7% of them were Hindus while 40.3% were Muslims, **14.69% of the respondents were illiterate** while most of the respondents were educated up to secondary level, i.e. 27.27%.

Table 2- Socio economic status of the mothers practicing breast feeding

Socioeconomic scale	Per capita income	Number	Percentage
I (Upper class)	≥ 6186	65	22.72
II (Upper middle class)	3093-6185	85	29.72
III (Middle class)	1856-3092	59	20.63
IV (Lower middle class)	928-1855	32	11.19
V (Lower class)	<297	45	15.73
Total		286	

Comment: Most of the respondents belong to Class II (29.72%) and Class I (22.72%) according B.G Prasad scale with Per capita income of >6186and Rs(3093-6185)

TIME OF INITIATION	Number	Percentage
Immediately or within 1 hour	64	22.38
2-4 hours	82	28.67
5-7 hours	76	26.57
More than 18 hours	43	15.03
12-24 hours	21	7.34
TOTAL	286	
Frequency of breast feeding		
Less than 8 times a day	196	68.53
8 times and more	90	31.47
TOTAL	286	
Pre-lacteal feed		
Yes	179	83.22
No	97	16.78
TOTAL	286	
Type of Prelacteal foods		
Sugar Syrup	95	36.55
Honey	86	31.93
Jaggery	32	13.45
Ghee	12	5.04
Others	51	13.03
TOTAL	286	

Comment- 22.37% of the respondents had done breast feeding within 1 hour or immediately.68.53% respondents breast fed their babies less than 8 times a day

Out of 286 respondents, 83.22% gave pre-lacteal feed to their babies among which 36.55% were given sugar syrup.

Table 3: Exclusive Breast Feeding Practice By Mothers.

Breast feeding practices	Exclusive breast feeding	Frequency(%)	Artificial/bottle feeding
YES	154	53.84	87
NO	132	46.15	0
TOTAL	286		87

Comment-53.84%of the mothers practiced exclusive breast feeding.

Table 5- Colostrum feeding

Colostrums feeding	Number	Percentage
Yes	65	22.73
No	221	77.27
TOTAL	286	

Comment- Out of 286 respondents, **77.27% respondents didn't gave colostrums to their babies.**

Table6–Table showing association between Socio-economic status and colostrum feeding

Socio-economic status	Colostrum Feeding		P Value
	Yes	No	< 0.05
I (Upper class)	20	24	
II (Upper middle class)	18	67	
III (Middle class)	14	45	
IV (Lower middle class)	8	24	
V (Lower class)	5	40	
Total	65	221	
X^2 = 52.02 , df = 4 Significant			

Comment - The association between socio-economic status and colostrum feeding was found to be statistically significant

Table 7 - Table showing association between Socio-economic status and pre-lacteal feed

Socio-economic status	Pre-lacteal Feed		P Value
	Yes	No	>0.05
I (Upper class)	51	14	
II (Upper middle class)	70	15	
III (Middle class)	51	8	
IV (Lower middle class)	28	4	
V (Lower class)	38	7	
Total	238	48	
X^2=2.006 , df = 4 Not Significant			

Comment - The association between socio-economic status and pre-lacteal feed was found to be statistically insignificant.

Table8 - Table showing association between Socio-economic status and frequency of breast-feeding.

Socio-economic status	Frequency of breast feeding		P Value
	≥8	<8	**>0.05**
I (Upper class)	17	48	
II (Upper middle class)	29	56	
III (Middle class)	13	46	
IV (Lower middle class)	15	17	
V (Lower class)	16	29	
Total	90	196	
X^2=7.434 , df = 4 Not Significant			

Comment - The association between socio-economic status and frequency of breast feeding was found to be statistically insignificant.

Table 9 - Table showing association between Education and colostrum feeding

Education	Colostrum Feeding		P Value
	Yes	No	> 0.05
Illiterate	12	30	
Primary	14	51	
Secondary	15	63	
Upto class X	14	53	
Matriculation and above	10	24	
Total	65	221	
X^2=2.405 , df = 4 Not Significant			

Comment - The association between education and colostrum feeding was found to be statistically insignificant.

Table 10 - Table showing association between Education and Prelacteal feed.

Education	Prelacteal Feed		P Value
	Yes	No	< 0.05
Illiterate	24	18	
Primary	57	8	
Secondary	60	18	
Upto class X	64	3	
Matriculation and above	33	1	
Total	238	48	
$\chi 2$ =35.518 , df = 4 Significant			

Comment - **The association between education and Prelacteal feed was found to be statistically significant.**

Table 11 - Table showing association between Education and frequency of breast feeding

Education	Frequency of breast feeding		P Value
	≥ 8	<8	> 0.05

Illiterate	17	25	
Primary	19	46	
Secondary	20	58	
Upto class X	24	43	
Matriculation and above	10	24	
Total	90	196	
$\chi 2 = 3.615$, df = 4	Not Significant		

Comment - The association between education and frequency of breast feeding was found to be statistically insignificant.

Table12- Table showing association between Religeon and colostrum feeding

Religion	Colostrum Feeding		P value
	Yes	No	
Hindu	49	122	< 0.05
Muslim	16	99	
TOTAL	65	221	
$\chi 2 = 7.69$, df = 1	Significant		

Comment - The association between religion and colostrum feeding was found to be statistically significant.

Table 13- Table showing association between Religion and Pre-lacteal feed

Religion	Pre-lacteal feed		P value
	Yes	No	
Hindu	144	27	>0.05
Muslim	94	21	
TOTAL	238	48	
$\chi 2 = 0.1498$, df = 1	Not Significant		

Comment - The association between religion and prelacteal feed was found to be statistically insignificant.

Table 14- Table showing association between Religion and frequency of breast feeding

Religion	Frequency of breast feeding		P value
	≥ 8	<8	
Hindu	59	112	> 0.05
Muslim	31	84	
TOTAL	90	196	
$\chi 2 = 1.483$, df = 1	Not Significant		

Comment - The association between religion and frequency of breast feeding was found to be statistically insignificant.

RESULTS:

Most of the respondents belong to 24-29yrs of age group. , 59.7% of them were Hindus while 40.3% were Muslims, **14.69% of the respondents were illiterate** while most of the respondents were educated up to secondary level, i.e. 27.27%. Most of the respondents belong to Class II (29.72%) and Class I (22.72%) according to B.G Prasad scale with percapita income of >6186and Rs(3093-6185). , EBF was practiced by 154 mothers(53.84 %) and the frequency of exclusive breast feeding is less than 8 times a day in 68.53% of mothers Only 22.37% of the respondents had done breast feeding within 1 hour or immediately.

Out of 286 respondents , 83.22% gave pre-lacteal feed to their babies among which 36.55% were given sugar syrup. Out of 286 respondents, 77.27% respondents didn't gave colostrums to their babies. - The association between socio-economic status and colostrum feeding was found to be statistically significant. The association between education and Prelacteal feed was found to be statistically significant. The association between socio-economic status and pre-lacteal feed was found to be statistically insignificant.The association between socio-economic status and colostrum feeding was found to be statistically significant while the association of socio-economic status with pre-lacteal feed and frequency of breast feeding was statistically non significant.The association between education and pre-lacteal feed was found to be statistically significant while the association of education with colostrum feeding and frequency of breast feeding was statistically not significant.The association between religion and colostrum feeding was found to be statistically significant while the association of religion with prel-acteal feed and frequency of breast feeding was statistically not significant

DISCUSSIONS

Taneja *et al* (2003) conducted a study on rural health centre in Delhi and found that most of the infants (90.6%) were breastfed up to 6 months of age but exclusive breastfeeding was uncommon (26.4%) whereas in our study it was 53.3% [14]. Yadav *et al* (2004) conducted a KAP study about breastfeeding in Bihar. About 29% of mothers started breastfeeding within 24 hours. They also reported that most of the mothers in their study, breastfed their child up to more than 1 year of age [15]. Mehdi & Mahanta (2004) in their study on breastfeeding and weaning practices reported 100% breast feeding rate was maintained throughout 0 to 12 months. Exclusive breast feeding rate was 69.35% up to 6 months of age [16]. Kumar et al (2006) studied socio-economic correlates of breastfeeding in urban slums of Chandigarh and reported that 58.9% of the respondents initiated breastfeeding within six hours of birth.(17) Yadav *et al* (2004) in their study found that about two-third of mothers discarded the colostrum. About one-third of mothers discarded colostrum on the advice of others [15]. Kumar et al (2006) reported that only 15.9% discarded colostrum and 40% mothers gave prelacteal feeds. Illiterate mothers who delivered at home were found at significantly higher risk of delay in initiation of breastfeeding which were similar to our study. Oomen *et al* (2009) in their study reported that the factors associated with continuation of exclusive breast-feeding were mother's knowledge regarding breastfeeding and reinforcement by health professionals whereas the factors associated with cessation were perceived insufficiency of milk and cultural practice.(18)

CONCLUSION-

Breast feeding is a universal practices, it should be promoted and preserved.Most mother's are not aware that breast feeding should be continued for more than 2 years it is the best practice for child survival and adequate growth,Promotion of exclusive breast feeding until the age of 6 months in developing countries through existing primary health reduces the ris of diarrhoea.

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Conflict of Interest-I hereby declare that no conflict of interest

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