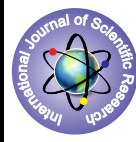


A Study on Breastfeeding and Weaning practices by Mothers enrolled in Anganwadi centres in Urban Settings of Jamnagar



Medical Science

KEYWORDS : Breast feeding, Weaning, Anganwadi

Dr. Nitin Iodha	Tutor, PSM Department, M. P. Shah Medical College, Jamnagar
Dr. Kalpesh Goswami	Resident Doctor, PSM Department, M. P. Shah Medical College, Jamnagar
Dr. Mahesh Choudhary	Resident Doctor, PSM Department, M. P. Shah Medical College, Jamnagar
Dr. Anil Nalvaya	Resident Doctor, PSM Department, M.P.Shah Medical College, Jamnagar
Dr. J. P. Mehta	Associate Professor, PSM Department, M. P. Shah Medical College, Jamnagar
Dr. Sudha Yadav	Professor and Head, PSM Department, M. P. Shah Medical College, Jamnagar

ABSTRACT

Breast feeding and weaning practices have significant effects on both mother and children. It improves the nutritional status of children and thus reduces both morbidity and mortality. This study was carried out to assess the existing breast feeding and weaning practices of mothers having children between the age of 6-24 months. Aim was to assess breastfeeding and weaning practices by mothers and to study the influences of various socio-demographic factors on these practices. Total 250 mother-baby pairs were studied from seven anganwadi during October 2012 to December 2012. A total of 201(80.4%) were initiated breastfeeding to their child within 1 hour after delivery, 37(14.8%) women giving prelacteal feed, practices of exclusive breastfeeding seen in 165(66%) women, 131(52.4%) women started weaning timely, at the age of 6 months of child.

Introduction:

Breast-feeding has a unique biological and psychological influence on the health of both mother and infant (1). Furthermore, it is an important determinant of infant health and plays crucial role in the prevention of malnutrition and infections (2, 3).

The UNICEF has estimated that exclusive breastfeeding in the first six months of life can reduce under-five mortality rates in developing countries by 13% (4). Despite the strong evidences in support of exclusive breast feeding for the first six months of life, its prevalence has remained low (5). According to the WHO, exclusive breastfeeding for the first 6 months of life and continued breastfeeding with the addition of complementary feeding for up to 2 years of age and beyond is sufficient for maintaining a child's health status(6). In India, the practice of breastfeeding is almost universal, but initiation of breast feeding is generally delayed and colostrum is discarded (7).

When an infant reaches the age of about six months, breast milk alone is not sufficient in meeting the nutrient requirements of infant and other foods should therefore be started. In developing countries, the age at introduction of weaning foods is of public health importance because of the risk of diseases, particularly diarrhoeal diseases from contaminated weaning foods and the risk of growth faltering and malnutrition from delayed weaning(8).

Improved breast feeding practices & reduction of artificial feeding could save an estimated 1.5 million children a year (9). The delayed introduction of semisolid foods is a major cause of child malnutrition in South Asia. Most children do not receive semi-solids until after 9 months of age, and many not until their second year of life (10).

The study was carried out to assess the existing breast feeding and weaning practices of mothers having children between the ages of 6-24 months. This study is an attempt regarding prevalent practices on breastfeeding and weaning in the study area.

Aims and objectives:

- To assess breastfeeding and weaning practices.
- To assess the impact of various socio demographic factors on breastfeeding and weaning practices for children aged 6-24 months of age group.

Material and Methods

It was a cross-sectional study, all Anganwadi centres covered by

UHTC area, affiliated to Dept. of community medicine M.P. Shah Medical College, Jamnagar were included. Each anganwadi was visited on Mamta Divas and mothers bringing children aged between 6 to 24 months were interviewed using pretested semi structured questionnaire for collecting data. Mothers were respondent, total 250 children were studied from seven anganwadi during October 2012 to December 2012. Data entry and analysis was performed using Epi Info statistical software. Chi square test was applied to test the association between various demographic factors and breastfeeding practices.

Result:

Findings from this study showed that the ages of the respondents ranged from 18 – 35 years, majority 210(84%) between 21-30 years with a mean age of 26.26±3.54 years. Most of women were Hindu (86.1%) and housewife (96.8%) and most of them in socioeconomic class of 3 and 4 (80.4%)(Table 1). About 1/3 of mothers were illiterate (33.2%), another 1/3 were having low literacy (36%) and while rest of the 1/3 had secondary or above(30.8%).

Observation of initiation of breast feeding indicate that a large percentage i.e 80 % initiated breastfeeding within 1 hour while remaining 20 % started breastfeeding to their infants beyond 1 hour and as late as 4 hours. Wrong practice of giving prelacteal feeds to newborn was seen among 14.8 % of birth while 85.2 % adopted the healthy practices of no prelacteal feeds to newborn. Exclusive breastfeeding was prevalent only in 2/3 of mothers and 1/3 did not do so.

Table1. Distribution of women according to demographic profile

Demographic profile		Frequency N=250(%)
Maternal Age	15-20	12(4.8)
	21-25	96(38.4)
	26-30	114(45.6)
	31-35	28(11.2)
Religion	Hindu	213(86.1)
	Muslim	36(14.4)
	Others	1(0.4)
Occupation of women	Housewife	242(96.8)
	Labourer	7(2.8)
	Service	1(0.4)

Socioeconomic class	I	7(2.8)
	II	38(15.2)
	III	81(32.4)
	IV	120(48.0)
	V	4(1.6)
Family type	Joint	89(35.6)
	Nuclear	147(58.8)
	Three generation	14(5.6)
Education status on women	Illiterate	83(33.2)
	Primary	90(36.0)
	Secondary	48(5.2)
	Higher secondary	13(19.2)
	Graduate and above	16(6.4)

Literacy status of mothers contributed positively in adopting exclusive breastfeeding practices. It was noted that higher the literacy level of mother higher was the percentage of exclusive breastfeeding. The association was statistically significant. Similarly socioeconomic status of mother also had an impact on exclusive breastfeeding practice. It was seen that as socio economic status rise percentage of exclusive breastfeeding practice also rise. This association was also found to be significant statistically. Maternal other demographic variables like age, family type and place of delivery had no correlation with exclusive breastfeeding practice. (Table3).

Table2. Feeding practices by mothers

Variable		Frequency N=250(%)
Prelacteal feed given	Yes	37(14.8)
	No	213(85.2)
initiation of breast feeding	<1 hour	201(80.4)
	1-4hour	11(4.4)
	>4hour	38(15.2)
Exclusive breast feeding	Yes	165(66)
	No	85(34)
Age at weaning started	Before 6 months	85(34)
	At 6 month	131(52.4)
	After 6 month	34(13.6)
Breast feeding stopped at age		
Stopped	6-12 months	35(14)
	12-18 months	44(17.6)
	18-24 months	4(1.6)
Continued	-	167(66.8)

Discussion

Breast feeding and weaning practices have impact on the future health of the newborn. Through present study an attempt was made to explore prevalent feeding practices for children between 6-24 months in relation to the time initiation of breast feeding, practices of exclusive breast feeding and weaning practices. Also attempt was made to find out the impact of socio-demographic profile of mothers and breast feeding and weaning practices of such children.

Present study found that about 2/5(40%) practices initiation of breast feeding within 1/2hour of birth which is the ideal time while another 2/5(40%) initiated breast feeding their newborn after ½ hour but within 1 hour that is almost 80% of mothers initiated breast feeding within 1 hour, remaining 20% beyond 1 hour.

Other study carried out in Gujarat indicates relatively lower percentage of initiation of breastfeeding by mothers within 1

hour. Bhanderi and Choudhary in Gujarat(2011) observed that only 23.7% initiated breastfeeding within 1 hour. Khan, et al in Gujarat(1990) who also noted that only 31.6% infants were initiated breastfeeding within 12 hours of life. Higher percentage for early initiation of breast feeding in the present study as against other studies may be because of the fact that these children were beneficiaries of ICDS scheme and their mothers may be better in found on right feeding practices.

As per WHO recommendations, a child should be breast-fed exclusively up to the age of six months. In our study, exclusive breast feeding practice was seen among 2/3 of (66%) children.

Table 3. Relation of exclusive breast feeding with different variables

Variable	Exclusive breast feeding		Total	X ² value	P value
	Yes (N= 165)	No (N=85)			
Age					
18-20	8 (4.85)	4(4.70)	12	1.285	0.733
21-25	63(38.18)	33(38.82)	96		
26-30	78(47.28)	36(42.86)	114		
31-35	16(9.69)	12(14.12)	28		
Education status of women					
Illiterate	48(29.09)	35(41.18)	83	4.630	0.031
Primary	61(36.77)	29(34.12)	90		
Secondary	33(20)	15(17.65)	48		
Higher secondary	10(6.06)	3(3.52)	13		
Graduate and above	13(7.88)	3(3.52)	16		
Family type					
Joint	49(29.7)	40(47.06)	89	3.114	0.077
Nuclear	109(66.06)	38(44.70)	147		
Three generation	7(4.24)	7(8.24)	14		
Place of delivery					
Government hospital	130(78.78)	63(74.12)	193	2.758	0.096
Private hospital	35(21.22)	17(20)	52		
Home	0(0)	5(5.88)	5		
Socio-economic class					
I	6(3.69)	1(1.18)	7	5.725	0.016
II	30(18.18)	8(9.41)	38		
III	54(32.73)	27(31.76)	81		
IV	73(44.24)	47(55.30)	120		
V	2(1.21)	2(2.35)	4		

A study by Bhanderi and Choudhary in Gujarat revealed slighter high percentage (76.6%) of exclusive breast-feeding upto 6 months.(11). A study by A.S.Umar show exclusive breastfeeding rate at 6 months was practised by a third (32.2%) of the respondents which is much lower than present study suggesting a beneficial impact of ICDS service utilisation among mothers of present study (12). It is a common belief even in literate mothers of higher socio-economic status that only mother's milk is not sufficient for young infants. This, along with lack of knowledge regarding correct feeding practices, may be the reason why 34% children were not exclusively breast-fed in our study. There was a statistically significant relationship of the practice of exclusive breastfeeding seen with the Education status of women, socioeconomic class. These finding indicate if mother's educational status is improved in community, the practice of exclusive breast feeding is increased which ultimately improve

nutritional status and growth of baby.

Timely weaning plays an important role in proper growth and development of a child. In present study, timely weaning was done by half of mothers 131(52.4%) while another half either delayed weaning or started premature. Among the reasons given by mothers for practicing early weaning; were pressure by family members and insufficient production of breast milk. Other studies were also indicate widely prevalent practices of premature initiation of weaning, a study by Bhanderi and Choudhary in Gujarat 23.3% (11), Kumar et al 33% (13), and A.S.Umar revealed 22.4% (12).

Conclusion

From the observation of the present study it is concluded that early initiation of breastfeeding to the child is improved, exclusive breastfeeding was practices by 2/3 of the mothers suggesting further reinforcement of components such as nutrition, education to mothers. Weaning was found to be timely only ½ of the mothers suggest need for more focus on counselling of mothers during antenatal period as well as postnatal period. Literacy and socio-economic status were found to be contributing a positive influence on early initiation of breastfeeding.

Unhealthy practices of prelacteal feeds were seen in about 15% of children and demotivation for the same is needed specially during immediately after birth by medical and paramedical staff attending the delivery.

Recommendation

1. Counselling of mothers on various components of breastfeeding and weaning during antenatal and postnatal visits
2. ICDS workers should also make affords to counsel the mothers on right practices about child weaning.
3. Mass media should be used to promote the messages on breastfeeding and weaning of the child, create awareness among mothers as well as whole community.
4. Health worker attending delivery should be sensitized to the need of devoting time to counsel the mothers as such important issues which will go ahead long way improving infant and child mortality.

REFERENCE

1. Who & Unicef statement. Protecting, promoting and supporting breast-feeding: the special role of Maternity services. Malaysia: IBFAN Sdn Bhd; 1989. | 2. Rossouw JPH, Jansen M. Breast-feeding in South Africa. Pretoria: Human Sciences Research Council;1990. | 3. Anderson KK. Infant feeding choices among first time mothers. International Journal of Epidemiology 1997; 11(3):199-224. | 4. United Nations Children's Fund (UNICEF): Progress for Children: A Child Survival Report Card 2004. Accessed 15 April 2012. | 5. <http://www.unicef.org/publications/files/29652L01Eng.pdf> | 6. World Health Organization. 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 is less developed countries: a pooled analysis. Lancet. 2000; 355:451-55. | 7. Khan ME. Breastfeeding and waning practices in India. Asia Pac Population | 1990; 5:71-88. | 8. Uwaegbute AC. Weaning factors and weaning foods of the Hausas, Yorubas and Ibos of Nigeria. Ecology of Food and Nutrition. 1990; 26:139-153. | 9. "Our promise to the world's children" The state of the world's children, Early Childhood, 2001. UNICEF: 3, United Nations Plaza, New York 10017, USA. | 10. Malnutrition in South Asia, A Regional Profile, Nov. 1997. UNICEF- Regional Office for South Asia, 73 Lodi Estate, New Delhi 110 003, India. | 11. Bhanderi D. A community based study of feeding & weaning Practices in under five children in semi urban Community of Gujarat; National Journal of Community Medicine Vol 2 Issue 2 July-Sept 2011. | 12. Umar AS. Breastfeeding and Weaning Practices in an Urban Slum, North Western Nigeria; International Journal of TROPICAL DISEASE & Health. 2013; 3(2): 114-125. | 13. Kumar S, Nath LM, Reddaiah VP. Supplementary feeding pattern in children living in a resettlement colony. Indian Paediatrics. 1992;29(2):219.