



International Journal of Advanced Community Medicine

E-ISSN: 2616-3594
P-ISSN: 2616-3586
www.comedjournal.com
IJACM 2020; 3(3): 09-13
Received: 08-05-2020
Accepted: 10-06-2020

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A study of breast feeding practices among rural women

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DOI: <https://doi.org/10.33545/comed.2020.v3.i3a.152>

Abstract

Objectives: To study and understand the breast feeding practices among rural women like, a) when to initiate breast feeding b) how long to continue exclusive breast feeding, c) when to start supplementary feeding and d) what are all the supplementary foods.

Methodology: The study included hundred women with children less than 2 years of age. By administering a questionnaire, data were collected about initiation, exclusive breast feeding and supplementary diet, data compiled, tabulated and inference arrived at.

Result: It was evident from the study that the prevalence of breast feeding in the study population is universal. 99% of deliveries were institutional deliveries. 92% of mothers had correct knowledge about initiation of breast feeding, 16% reported practice of prelacteal feeds, 92% of mothers gave colostrum to their babies, 51% of study population had the knowledge and practice of exclusive breast feeding upto 6 month.

Conclusion: Breast feeding is an ancient tradition necessary to protect the national treasure the children. Training of health functionaries on the promotion of more appropriate breast feeding practices is very much essential to educate mothers on early initiation of breast feeding, not discarding the colostrum.

In rural areas every effort should be made to protect promote and support the already existing practice of breast feeding specially through health services.

Keywords: breast feeding, rural women

Introduction

A new born baby has only three demands. They are: a) warmth in the arms of its mother, b) milk from her breasts, and c) security in her proximity. Breast feeding satisfies all three.

Breast feeding not only provides the fundamental nutritional and emotional needs of the infants but breast milk provides growth factors, hormones, and more importantly maternal antibodies. At the same time, breast feeding limits an infant's exposure to gastrointestinal infections that may be associated with alternative feeding methods^[1].

Establishment of Lactation within hours after birth has important consequences for the health and development of the new born. In the first week, Colostrum, a yellowish precursor to mature breast milk is secreted. Colostrum has a high protein and lower fat content as compared to mature breast milk.

The protein component of colostrum consists primarily of enzymes, anti- infective agents, hormones and growth factors. Prolonged breast feeding benefits the newborn by ensuring an extended period for the transfer of passive immunity from mother to child as well as producing a longer birth interval, which is associated with reduced infant mortality^[3].

The mother also receives positive benefits from breast feeding within hour of giving birth. Breast feeding initiates the release of oxytocin into the circulation, which causes uterine contractions and may help to expel the placenta in the immediate postpartum period thus reducing maternal blood loss, and enhance the early involution of uterus^[4]. The earliest initiation of breast feeding with close physical contact allows the mother and infant to learn the olfactory and tactile characteristics needed for the recognition of each other^[5].

Initiation of breast feeding is an intriguing biocultural, behavioural and life history trait that establishes a new phase of the reproductive cycle, one characterized by intense energetic investment in the child by the mother^[8].

Materials and Methods

Setting- Village (Bahoor)

Period Of Study - Oct to Nov 2005 Inclusion Criteria - Mothers with Children less than 2 years of Age Exclusion Criteria - Mothers with Children more than 2years of Age Data - Collected from Respondents through a pre-tested Questionnaire. The study was conducted in a randomly selected village of Bahoor in Union Territory of Pondicherry. From this village a total of 100 mothers with children below 2 years of age were contacted at their homes and interviewed using a pre-tested Questionnaire. Data were collected over a period of two months during October-November 2005. The time of the first breast feeding in each case was noted. Early initiation was defined as breast feeding within 1 hour of delivery. Besides socio-demographic information, other factors like mode and place of delivery, sex of child, prelacteal feeds and colostrum were taken into consideration and correlated with the time of initiation of the first breast feeding. Socio-economic status of Subjects was assessed. Women’s educational status was classified as Illiterate, Primary, High school, Higher Secondary and Graduate. The Data was compiled, tabulated and inference arrived at.

Observation and results

Its evident from the obtained data that the prevalence of Breast feeding in the study population is universal.

Table 1: Distribution of Respondents according to their Education

Educational level	Respondents (%)
Illiterate	14
Primary	6
High school	54
Higher secondary	16
Graduate &above	10

54% of the study population were educated up to high school level, 16 % up to higher secondary, 10 % up to graduation and 14 % were found to be illiterate.

Table 2: Distribution of Respondents according to Monthly Income

Number of families With percapita monthly income	Respondents (%)
200 - 500	65
501 - 800	15
801 - 1000	4
1001-1200	5
>1200	11

About 2/3rd of the Respondents belong to low-socioeconomic status with an average percapita monthly income ranging between 200-500 Rupees.

Table 3: Distribution of respondents according to source of water supply

Water supply	Respondents (%)
Public tap	42
Private tap	53
Open well	1
Bore well	4

Major source of water supply for about 53% of the study group is private tap. 42% of the respondents had their water

supply from Public taps.

Table 4: Distribution of Respondents according to sanitary facility

Sanitary Latrine	Respondents (%)
Present	18
Absent	82

Open door defecations are still prevalent in rural population which is inferred by the absence of sanitary latrine in the living places of 82% of the respondents.

Water stagnation is present around the house of respondents, which indicates the existence of poor environmental sanitation in rural population.

Table 5: Distribution of Respondents according to the Place of delivery

Place of Delivery	Respondents (%)
Home	1
Institutional	99

Surprisingly 99% of the deliveries in this study group was Institutional.

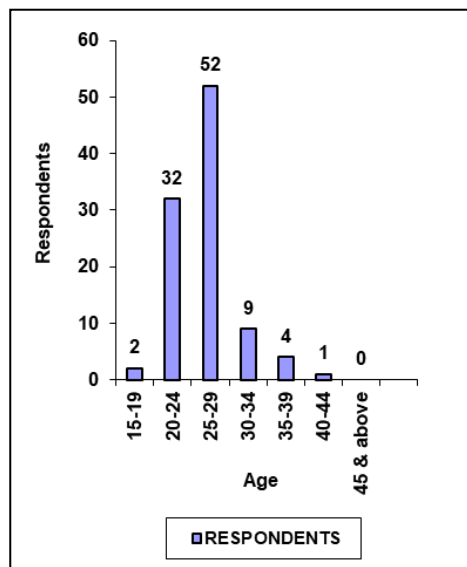


Fig 1: Distribution of respondents according to age

52% of the respondents fall into the age group 25 - 29 years and 32% of the respondents fall into the age group 20 – 24 yrs. The number of respondents also decline with advancing age.

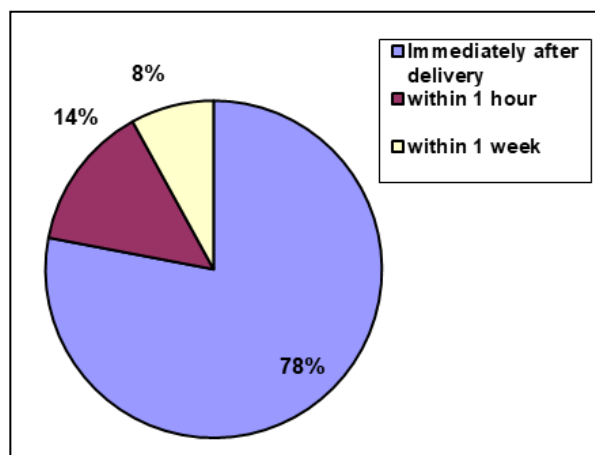


Fig 2: Knowledge of respondents about initiation of breast feeding

92% of the mothers have correct knowledge about initiation of breast feeding immediately after delivery.

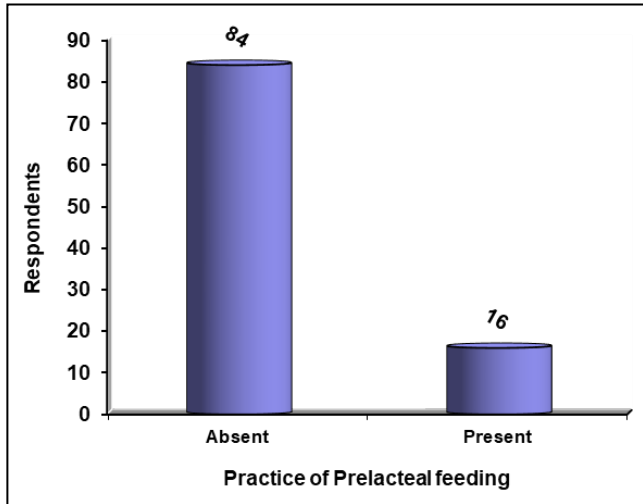


Fig 3: Distribution of respondents based on practice of prelacteal feeding

16% had reported a practice of prelacteal feeding with sugar solution, honey and cow's milk

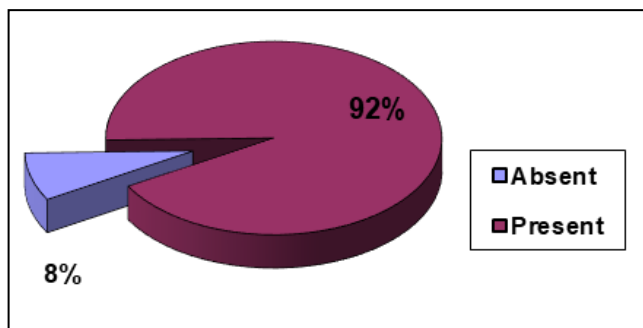


Fig 4: Distribution of respondents based on colostrum feeding practice

92% of the women gave colostrum to their infants.

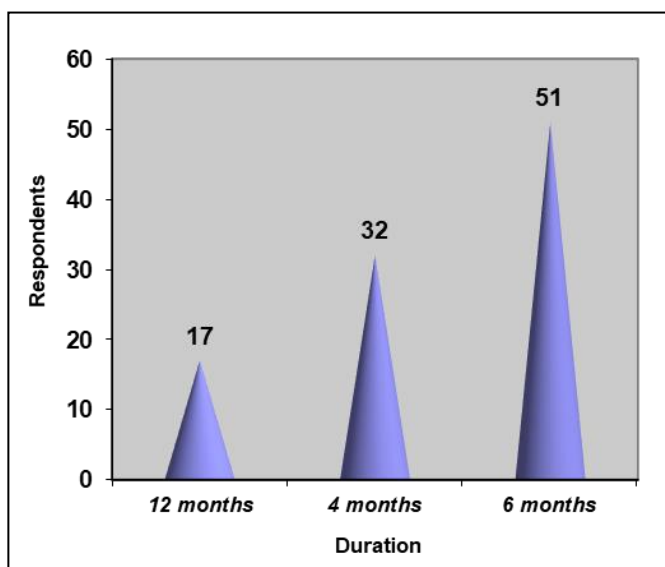


Fig 5: Practice of exclusive breast feeding

51% of the study population had the knowledge and practice of exclusive breast feeding up to 6 months, 32 % practice up to 4 months and 17% prolongs exclusive breast feeding up to 12 months

to 4 months and 17% prolongs exclusive breast feeding up to 12 months

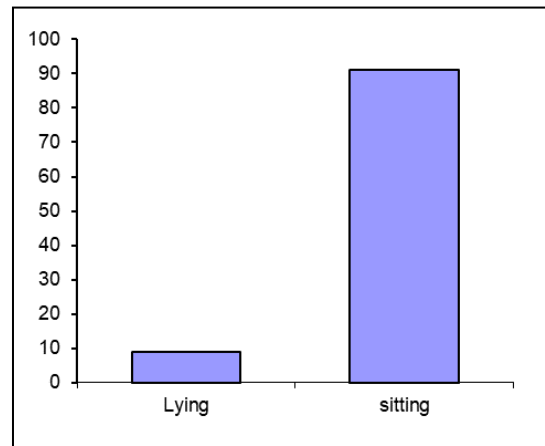


Fig 6: Knowledge and practice about posture of breast feeding

91% of the lactating mothers had the knowledge and preferred sitting posture to feed their babies as against a small proportion of 9% preferring lying posture.

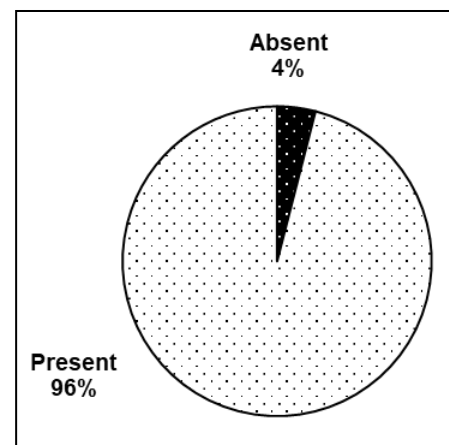


Fig 7: Continuation of breast feeding along with supplementary feeding

96% of the women generally continue to breast feed their children for a prolonged period even after introducing supplementary food.

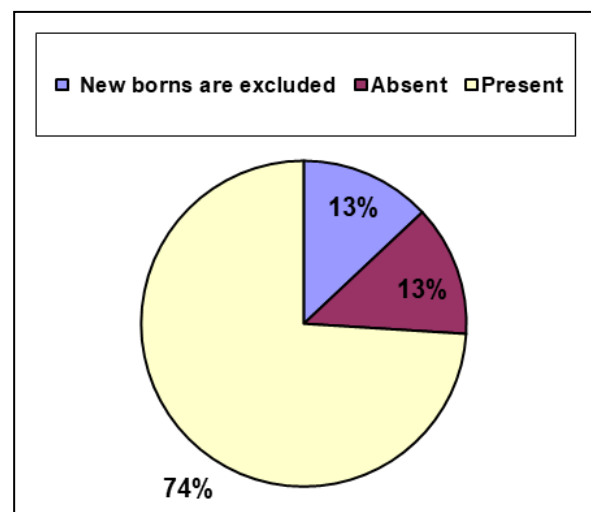


Fig 8: Knowledge about the Need for Artificial feeds

After excluding 13% of the newborns, the practice of supplementary feeding was reported in 74% of the infants.

It is observed that 13% of the women have not started supplementary feeding in time.

The major role played by medical and paramedical professionals on creating awareness on breast feeding is evident from the observation. The health education measures were found to have a better impact on the attitude on the rural population towards the initiation, colostrum feeding and posture of breast feeding.

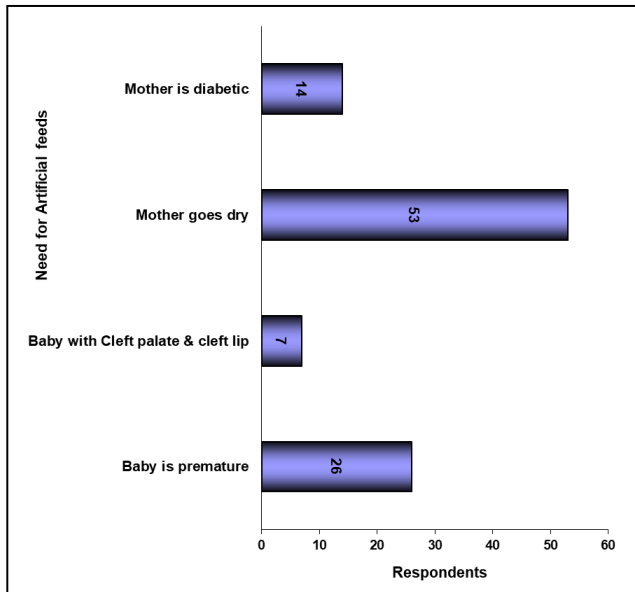


Fig 9: Knowledge about the need for artificial feeds

53% of the women feel that the need for the artificial feed arises when the mother goes dry. The other reasons contributed are prematurity of the baby (26%), mother being Diabetic (14%) and baby with Cleft palate and Cleft lip (7%).

Discussion

An analyses of respondents based on age group revealed that there is a shift of childbearing period towards 25-29 years. Also, the prevalence of teenage pregnancy has declined considerably. The lower value is observed in the age group of 30-39 years.

Currently, increasing number of institutional deliveries finds its co-incidence with a higher proportion of rural women practicing immediate initiation of breast feeding. On the other hand, the main reason for delaying the initiation of breast feeding was the dictates of Custom, or “advice from the elderly women of the family”.

The practice of Pre-lacteal feeding is found to be associated with the delay in the initiation of breast feeding. The suckling reflex is found to be very active during the first ½ an hour after birth, which is inhibited by the pre-lacteal feeds. Very often the mode of feeding is not hygienic and the water used for diluting the milk or making the sugar solution is not safe, this leads to diarrhoeal episodes in infants.

The colostrum is discarded because of the general belief that it is “heavy” and cannot be digested by the baby or “not good for the child”, as the color of the initial breast milk is not pure white; it supports the perception that during the

first 1-2 days the mother’s milk is not pure and hence could harm the child.

Generally, it is considered desirable for infants to be exclusively breast fed for at least the 4 to 6 months after birth. However beyond this point of time, the child must be provided with supplementary food, as the breast milk output by that time would not be adequate to provide the required nutrient intake for infants.

From the mother’s point of view, she should also be relaxed and comfortable while feeding their child. The mother may prefer recumbent position in the immediate postnatal periods, especially if they have undergone operative procedures are in discomfort due to perineal tears or sutures. Later on, they may prefer the sitting position either on the floor or on the bed. A small proportion of mothers are unaware of significant posture during breast feeding, if not proper, leads to aspiration pneumonia, choking. The mother may prefer lying posture for midnight feeding as it does not affect her sleep but reported to be a cause for sudden infant death.

The rural women have a perception that after introduction of supplementary feeds, the breast milk has less nutritive value compared to artificial feeds. The work status of women perhaps makes a major difference in the duration of breast feeding as it compels leaving the infant at home during the working hours.

Although breastfeeding is almost universal in India, many mothers follow supplementary feeding practices at an early age of infants that are neither hygienic nor conducive to the proper growth of their children. It has been observed that in India, particularly in rural areas, partly because of ignorance and partly because of poverty, women continue to breastfeed their children exclusively for up to eight months and in some cases even for 12 months. This delay in introducing supplementary food is one of the major causes of malnutrition among infants.

Attractive “Infant milk substitutes” had contributed for early supplementation.

Perceptions and beliefs of the rural population on exclusive and supplementary feeding have to be refined. The health professionals may have to focus on these issues to ensure the correct feeding practices and hence availability of complete nutrition to the infants.

References

1. Sumoni Mukherjee. A study of Differentials in Breast feeding practices in West Bengal, 2003-04.
2. Indian J of Medical Research 119, Breast feeding practices in south Asia, June, 2004, xiii-xv.
3. Bhardwaj MSN, Badrul Hasan MRS, Mohammad Zaheer MR. Breast-Feeding and weaning practices -A rural study in Uttar Pradesh.
4. Athavale AV, Athavale SA, Deshpande SG. Initiation of Breast feeding by urban women, Health and Population- perspectives and issues. 2004; 27(2):117-125.
5. Darryl Holman J, Michael Grimes A. Patterns for the Initiation of Breast feeding in Humans, Center for studies in Demography and Ecology, Working Paper, 02-02, 1-29.
6. Khan ME. Breast feeding and weaning practices in

- India, Asia - Pacific Population Journal, 5(1), 71-88.
7. Greiner Ted. PhD, One of the most intact Breast feeding cultures in the world: Bangladesh.
 8. Effective Health Care, July volume 6 Number 2, ISSN: 0965-0288, 2000, 1-12.
 9. IBFAN. Breast feeding Briefs December, 2002, 35.
 10. Rathore AS, Ramesh P. Breast feeding Practices among rural mothers of Delhi, Nurs J India. 1994; 85(5);103-104.
 11. Chhabra Pragati B, Aggarwal. Lactation amenorrhea and its determinants in women in an urban resettlement colony, Indian Journal of Community, 14/11/2002.
 12. Reproductive and child health Vol.5. No.4 October-December, 2003, 7.
 13. Text Book of Preventive and Social Medicine K. Park, 18th Edition, 373, 390, 393, 397.