

**A STUDY OF BREASTFEEDING PRACTICE IN AREA UNDER URBAN HEALTH
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ABSTRACT

Background: Breast feeding has several benefits for both the infants and mothers. However, despite strong evidences in support of breast feeding its prevalence has remained low worldwide. **Methods:** A cross-sectional study using a questionnaire was conducted among mothers in Nagpur district. Breastfeeding practice of participants who had at least one child aged five years or younger at the time of the study were assessed using a questionnaire, with emphasis on their experience with the last child. **Results:** A total of 210 women whose education was mainly middle (33.8%) and secondary (19.8 %) were included in the study. Most of them were from middle economic status. One hundred ninety five (92.5%) fed colostrums and only 15(7.14%) discarded colostrums. The difference was statistically significant. **Conclusions:** Conclusion though the practice of breastfeeding in nagpur high, the exclusive breastfeeding rate is still low. There is an urgent need for more programmes aimed at promoting exclusive breastfeeding as well as educating and re-educating health personnel as well as members of the public. Exclusive breast feeding information programmes should not only include the definition and recommended duration but should also include its benefits to the infant, mother, family and community.

KEYWORDS: Breastfeeding; Knowledge, Practice, Attitude.**INTRODUCTION**

Breastfeeding is the normal way of providing young infants with the nutrients they need for healthy growth and development. It is an important public health strategy for improving infant and child morbidity and mortality, improving maternal morbidity, and helping to control health care costs. Virtually all mothers can breastfeed, provided they have accurate information, and the support of their family, the health care system and society at large.^[1]

Exclusive breastfeeding is defined as the practice of feeding an infant with breast milk only excluding water, other liquids, breast milk substitutes and solid foods. Vitamin drops, minerals, oral rehydration solution (ORS) and medicines may be given.^[2] Current World Health Organization (WHO) and United Nations Children Fund (UNICEF) recommendation for optimal infant feeding are exclusive breastfeeding for the first six months after which complementary foods should be introduced with continuation of breastfeeding until two years or beyond.^[3] Exclusive breastfeeding is an affordable and feasible intervention that improves new born survival

and has been identified as one of the most natural forms of preventive medicine.^[4] It fulfills the nutritional requirements of the infants and protects them from infections like diarrhoea and pneumonia.^[5] Results of a simulation study representing 90% of worldwide deaths among children less than five years suggest that universal coverage with breastfeeding may help prevent 13% of all child deaths.^[6] Not only is human breast milk ideal for the human infant because of its nutritive and anti-infective properties, it also provides physical contact between a mother and her baby further strengthening the emotional bond between them.^[7]

METHODS

Study setting and population: This was a cross-sectional conducted among Nagpur District. The target group of the study was mothers at the city of Nagpur, who had at least one child aged five years or younger at the time of the study with emphasis on their experience with the last child. The sample size of the study was 210 mothers within the period of fertility.

Study instrument Questionnaire was used as screening tool used in the present study was prepared. Besides personal and socioeconomic data, the resulting self-administered questionnaire.

Ethical Approval: The study received the approval of the Research Committee.

Data collection By the end of the study period questionnaires were completed from mothers. Mother's practice of breastfeeding were assessed from their responses.

Subjects included in the study must have given birth to at least one child in the five years prior to commencement of the study. Responses of the participants to the questionnaire emphasized on their experience with their last child.

Analysis Data were coded, validated and analyzed using SPSS PC + software package version 16. Descriptive statistical analyses were performed. Student t-test and analysis of variance was used as test of significance at 95% confidence interval.

RESULTS

Table 1: Selected characteristics of the participants.

Characteristics	n=210	%
Age		
15-19	5	2.38
20-24	89	42.38
25-29	91	43.33
30-34	24	11.42
35 and above	1	0.47
Literacy		
Illiterate	21	10
Primary	12	5.71
Middle	71	33.8
S.S.C	41	19.52
H.S.C	39	18.57
Graduate	18	8.57
Postgraduate	8	3.57
Socioeconomic status		
Upper	1	0.47
Upper middle	56	26.66
Lower middle	76	36.19
Upper lower	76	36.19
Lower	1	0.47

A total of 210 women whose education was mainly middle (33.8%) and secondary (19.8 %) were included in the study. Most of them were from middle economic status.

Table 2: Breast feeding practices.

Brastr feeding practices	Correct practice		Incorrect practice		P-value
	n	%	n	%	
Colostrums feeding	195	92.8	15	7.14	<0.01
Prelacteals	91	43.3	119	56.6	0.05
Proper time for first suckle	87	41.4	123	58.57	<0.05
Age at weaning (4-6 Months)	107	65.64	56	34.3	<0.01

One hundred ninety five (92.5%) fed colostrums and only 15(7.14%) discarded colostrums. The difference was statistically significant.

DISCUSSION

Adequate nutrition during infancy is essential to ensure the growth, health, and development of children to their full potential.^[8] Breastfeeding confers short-term and long-term benefits on both child and mother including helping to protect children against a variety of acute and chronic disorders.^[9]

The unique nutritional and antibody properties of colostrum and the disadvantages to those infants not fed with colostrum are now well recognized and documented.^[10]

In our study, 92.8% of the mothers given colostrums to infants which was approx same to others studies in India where the importance of colostrum was known to 75-90% of the mothers.^[11,12]

CONCLUSION

Conclusion Though the practice of breastfeeding in nagpur high, the exclusive breastfeeding rate is still low. There is an urgent need for more programmes aimed at promoting exclusive breastfeeding as well as educating and re-educating health personnel as well as members of the public. Exclusive breast feeding information programmes should not only include the definition and recommended duration but should also include its benefits to the infant, mother, family and community.

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CONFLICT OF INTEREST: None declared

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REFERENCES

1. <http://www.who.int/topics/breastfeeding/en/>.
2. World Health Organization Part I. Definitions. Indicators for defining infant and young child feeding practices: Conclusions of a consensus meeting held 6-8 November 2007 in Washington

DC, USA. Available at http://whqlibdoc.who.int/publications/2008/9789241596664_eng.pdf.

3. WHO. The global strategy on infant and young child feeding. A joint WHO? UNICEF statement. World Health Organization Geneva, Switzerland, 2003.
4. WHO collaborative study team on the role of breastfeeding on the prevention of infant mortality. Effect of breast feeding on infant and child mortality due to infectious diseases in less developed countries: a pooled analysis. *Lancet*, 2000; 355: 451-455.
5. World Health Organization: Infant and young child feeding (IYCF) model chapter for textbooks for medical students and allied health professionals. Switzerland: World Health Organization, 2009.
6. Jones G, Steketle RW, Black RE, Bhutta ZA, Morris SS, Bellagio child survival strategy group. How many child deaths can we prevent this year? *Lancet*, 2003; 362: 65-71.
7. Victoria CG, Smith PG, Vaughan JP, Nobre LC, Lombardi C, Teixeira AMB. Evidence for protection by breastfeeding against infant deaths from infectious disease in Brazil. *Lancet*, 1987; 2: 319-322.
8. Leon-Cava N, Lutter S, Ross J, Martin L. Quantifying the benefits of breastfeeding: A summary of the evidence. Pan American Health Organization, Washington DC, 2002.
9. Agarwal S, Srivastava K, Sethi V. Maternal and New-born Care Practices Among the Urban Poor in Indore, India: Gaps, Reasons and Possible Program Options. Urban Health Resource Center, New Delhi, 2007.
10. Khan ME. Breast – feeding and Weaning Practices in India. *Asia Pac Popul J*, 1990; 5(1): 71-88.
11. Tiwari V, Singh A. Knowledge, attitude and practice regarding breastfeeding in an urban area of Fazidabad district (U.P). *Indian J Prev Soc Med*, 2007; 38(1): 18-22.
12. Subbiah N. A Study to assess the Knowledge, Attitude, Practice and Problems of Postnatal Mothers regarding Breastfeeding. *Nursing J Ind*, 2003; 94(8): 177-179.