

A study to evaluate the inclination and pattern of breast feeding in mothers from rural and urban background

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Abstract

Background: Breast milk is the best gift that a mother can give to her baby. WHO recommends exclusive breast feeding for first 6 months of life followed by addition of semisolid and solid foods to complement breast milk till the child is gradually able to eat the normal food. Breastfeeding is nature's way of nurturing the child, creating a strong bond between the mother and the child by developing baby's trust and sense of security. Breastfeeding is important for young child survival, health and nutrition. **Aim:** To evaluate the inclination and pattern of Breast feeding in mothers from Rural and urban background. **Objectives:** To compare breastfeeding practices in rural and urban areas. To compare the time of weaning in both groups. To evaluate the knowledge of extended breast feeding. **Material and Method:** This is a prospective observational study was conducted in the department of physiology in coordination with department of pediatrics and obstetrics gynecology of Bhaskar medical college and General Hospital on 100 nursing mothers attending the OPD for post natal care or vaccination clinic. **Result:** It was observed that among the rural mothers, 60% mothers were having the plan of weaning at 6 months. Whereas in urban mothers, 83.5 % mothers were having the plan of weaning at 6 months. There was wide variation of knowledge of extended Breast feeding (EBF). It was observed among the rural population that 53.3% mothers think that the duration of EBF as 24 month, 35.5% as 12months and only 6.5% think it to be 6 months period. Whereas it was observed among urban population that 93.5% mothers think that the duration of EBF as 6 months and only 6.5% mothers think it is 12 months. **Conclusion:** The parameters studied showed there was a variation in the knowledge of EBF in rural mothers when compared to urban mother who had correct idea of EBF, while the timing of cessation of breast feeding was almost same in both the groups. To encourage the exclusive breast feeding for first six months among both rural and urban mothers, there should be community oriented educational programs with the aim to promote breastfeeding.

Key words: Extended Breast feeding, weaning, baby milk powder.

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INTRODUCTION

Breast milk is the best gift a mother can give her baby. WHO recommends exclusive breast feeding for first 4 – 6 months followed by addition of semisolid and solid foods to complement breast milk till the child is gradually able to eat the normal food. Breastfeeding is nature's way of nurturing the child, creating a strong bond between the mother and the child by developing baby's trust and sense of security. Breastfeeding is important for young child survival, health and nutrition which is especially important in developing country like ours where the awareness, acceptability and availability of modern

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family planning methods are very low. Only 35% of infants world-wide are exclusively and extended breastfed up to six months of life and complementary feeding begins either too early or too late with foods which are often nutritionally inadequate and unsafe. Although long breastfeeding duration is customary in developing countries, modernization and urbanization have started to affect the length of lactation practiced in these regions. Thus educational level and employment status of the woman, influence of the media, socioeconomic status of the family, accessibility to health services, and the availability of supplementary infant foods, are all elements that affect breastfeeding patterns¹ Although Breast feeding is universal in India, but exclusive breast feeding and appropriate weaning practice rates are not satisfactory. Various Socio cultural factors influence these practices, which vary from region to region. The role of breastfeeding in ensuring a healthy childhood and survival cannot be Underestimated⁽³⁾. Exclusive breastfeeding reduces the risk of childhood illnesses, such as diarrhea, gastrointestinal and respiratory infections. Breastfeeding is especially crucial in developing countries where many families cannot afford alternative or supplementary nutrition for their children; hence, it saves household resources ⁽²⁻⁵⁾ Beliefs like the first milk is not good or there is no secretion of milk in first three days result in practices like discarding colostrum and promoting pre-lacteal feeds, such practices increase the risk of infections and deprive the valuable benefit of colostrum feeding to the vulnerable neonates⁽⁵⁾. Breastfeeding is an important vehicle for the attainment of Millennium Development Goal (to reduce the under-5 mortality rates by two-thirds) within 2015. According to the report of District level house hold survey DLHS 4 - 2012-13, the percentage of exclusive breast feeding is 62.8% rural 60.3 % and urban 66.7% in Telangana state. The various educational messages by mass media and programs under NRHM (National Rural Health Mission) about Breast feeding and weaning practices, studies have shown socio cultural factors, beliefs and customs influencing mothers. Breastfeeding is a natural method of family planning and also promotes sensory and cognitive development. This study was conducted to know the

knowledge of weaning and extended breast feeding and the Breastfeeding practices of the rural and urban mothers

MATERIAL AND METHOD

This is a prospective observational study carried out in the department of physiology in coordination with department of pediatrics and obstetrics gynecology of Bhaskar medical college and General Hospital. The study was started after taking ethical clearance from Institutional ethical committee and a written consent in their language. Depending upon their residential address, the mothers were grouped in urban and rural group. In this study, the pattern of breast feeding and the knowledge of extended breast feeding was studied and compared in mothers from rural and urban background. The mothers were asked to answer a Pre-validated questionnaire regarding feeding pattern of her baby. Study population-Nursing mothers with infants in the age group of 0-6 months Sample size - 100 nursing mothers and infants attending post natal and vaccination clinics divided into two groups, the urban and the rural group.

Inclusion criterion:

- Initiation of breastfeeding in the first hour after birth,
- Exclusive breastfeeding, if a mother did not feed the baby anything else (with the exception of prescribed medicine apart from breastmilk for the first six months after birth),
- Duration of breastfeeding defined as the number of months that the mother reported as having breastfed her baby and is used in our analysis without any further manipulation or construction.
- Those who are feeding the baby with commercial milk supplements.
- Early weaning.

Exclusion criterion

All those mothers who have any systemic illness or any medical / surgical excuse for breast feeding. The data collected was tabulated and analyzed using Microsoft excel 2007 for statistical analysis and results presented as percentage.

RESULTS

Table 1: Comparison of the knowledge of time of weaning among rural and urban mothers

| RURAL | | URBAN | |
|-----------------------|--------------------------|-----------------------|--------------------------|
| No. of mothers (n=50) | Time of weaning (Months) | No. of mothers (n=50) | Time of weaning (Months) |
| 10 (20%) | 7 | 25 (50%) | 6 |
| 18 (36%) | 6 | 5 (10%) | 3 |
| 2 (4%) | 5 | 5 (10%) | 1 |
| 2 (4%) | 4 | 15 (30%) | no response |

| | |
|----------|-------------|
| 4 (8%) | 3 |
| 14 (28%) | no response |

Table 2: Knowledge of extended breast feeding among rural and urban mothers

| Knowledge of extended breast feeding among rural and urban mothers of Neonates up to 1 month: | | | | Knowledge of extended breast feeding among rural and urban mothers of Neonates between 1-6 month | | | |
|---|-------------|-----------------------|-------------|--|--------|-----------------------|-------------|
| RURAL | | URBAN | | RURAL | | URBAN | |
| No. of mothers (n=50) | Months | No. of mothers (n=50) | Months | No. of mothers (n=50) | Months | No. of mothers (n=50) | Months |
| 2 (4%) | 36 | 38 (76%) | 6 | 17(34%) | 24 | 12 (24%) | 24 |
| 16 (32%) | 24 | 6 (12%) | 12 | 21 (42%) | 12 | 19 (38%) | 12 |
| 14(28%) | 12 | 6 (12%) | no response | 12(24%) | 6 | 8 (16%) | 6 |
| 6 (12%) | 6 | | | | | 11 (22%) | no response |
| 12 (24%) | no response | | | | | | |

Table 3: Gives Breast feeding pattern followed by Mothers of Infants between 1-3 Months (n=50) and by Mothers of Infants between 3-6months (n=50)

| Breast feeding pattern followed by Mothers of Infants between 1-3 Months | | | | | Breast feeding pattern followed by Mothers of Infants between 3-6 Months | | | | |
|--|--------------------------|---------------------------------------|----------------|--------------------------|--|--------------------------|---------------------------------------|----------------|--------------------------|
| RURAL | | | URBAN | | RURAL | | | URBAN | |
| No. of mothers | Duration of EBF (Months) | Feeding pattern after duration of EBF | No. of mothers | Duration of EBF (Months) | No. of mothers | Duration of EBF (Months) | Feeding pattern after duration of EBF | No. of mothers | Duration of EBF (Months) |
| 20(40%) | 1.5 | Breast feed + Top feed | 5(10%) | 3 | 10(20%) | 5 | Breast feed + Top feed | 5(10%) | 5 |
| 15(30%) | 1 | Breast feed + Top feed | 40(80%) | 2 | 5 (10%) | 3 | Breast feed + Top feed | 5(10%) | 3 |
| 15(30%) | continue EBF | Exclusive Breast Feed | 5(10%) | continue EBF | 35 (70%) | 1.5 | Breast feed + Top feed | 40 (80%) | 1.5 |

EBF = Exclusive Breast Feeding

DISCUSSION

The behavioral norms play a crucial role in the decision of the woman whether to start breastfeeding, to practice only breastfeeding or to introduce supplements, and when to terminate. Although long breastfeeding duration is customary in developing countries, modernization and urbanization have started to affect the length of lactation practiced in these regions. Thus, educational level and employment status of the woman, influence of the media, socioeconomic status of the family, accessibility to health services, and the availability of supplementary infant foods, are all elements that affect breast feeding patterns⁷ On the contrary, the observations of this study are showing the inclination of mothers towards the breast feeding and the extended version. There is an inclination to early weaning in both rural and urban mothers. The maximum period of breast feeding in both the case was 5 months and minimum was 45 days though the percentages vary in both groups. The reason for cessation was inadequate milk, improper diet to the mother, lack of

secluded atmosphere in house due to crowding of more family members in a smaller carpet area and early joining to the work to meet the family demand is the rural group. While the urban mothers adopted the early weaning because of job obligation, lack of secluded place for feeding the babies at work place, easy pattern of bottle feeding, evolution of baby sitting or crèches in private sector giving the mother the liberty from breast feeding, more over the present trend of working mother and nuclear families have given a boost to the concept of early weaning⁽⁸⁾. The knowledge of weaning among both groups of mothers is almost similar for 6 month though the urban mother were little head, while 20% of mother from both groups were of opinion to start the weaning by 2 month Hospital delivery has shown the importance of favorable breastfeeding practices. This can be attributed to the quality of information that mothers receive from hospitals or clinics compared to the information obtained from home (mainly from traditional birth attendants). This is a correlation seen in our study about the

knowledge of extended breast feeding for 6 months in urban mother who have delivered in hospital set up with counseling sessions was 78% while 6% rural mother had the knowledge of EBF for 6 months though they delivered in hospital lack the knowledge of extended breast feeding due to lack of counseling sessions⁹. About 70% mothers from rural background started weaning by 45 days only 30% continued the breast feeding, while 80% urban mothers stopped breast feeding by 1 month of birth, only 10% continued the breast feeding. This pattern is correlating with other studies and the most common cause is lack of counseling and family obligations

CONCLUSION

The parameters studied showed there was a variation in the knowledge of EBF in rural mothers when compared to Urban mother who had correct idea of EBF, while the timing of cessation of breast feeding was almost same in both the groups.

To encourage the exclusive breast feeding for first six months among both rural and urban mothers there should be community oriented educational programs with the aim to promote breastfeeding. Mothers should be informed about the significance of starting breastfeeding early and exclusive breastfeeding. In order to reach the WHO recommendation, we propose extended maternity leave legislation to at least six months

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