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RESEARCH ARTICLE

Breast feeding pattern in infants of less than six months of age in Kashmir, Northern India, An observational study

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Abstract

Background: Breastfeeding is a natural act, as well as a learned behavior. The right technique of feeding in the right position is the key to success of breastfeeding. Breastfeeding is one of the most effective ways to ensure child health and survival. But globally only less than 40% of infants under six months of age are exclusively breastfed. Adequate breastfeeding counseling and psychological support are essential for mothers and families to initiate and maintain optimal breastfeeding practices

Objective: The study was done to know the prevalence of exclusively breast feeding, early initiation of breast feeding and practices of pre-lacteal feed n Kashmir, part of northern India.

Material and Methods: This observational analytic cross sectional study was conducted on 400 infants aged less than 6 months who came in OPD of GB Pant Hospital, Department of Pediatrics, Government Medical College Srinagar for immunization or some problem. A semi-structured, pre-tested Performa was used to interview the mothers.

Results: Only 52 % of subjects were practising exclusive breast feeding , inadequate milk secretion was major cause of nonexclusive breast feeding Early initiation of breast feeding was done in 40% of infants within first hour of birth. Pre-lacteal feed was given in 31.5 % of infants.

Conclusions: Despite so many efforts by Government and NGOs, most of the mothers are still unaware regarding healthy feeding practices. Mothers need to be educated regarding importance of early initiation of breast feeding, exclusive breast feeding, and should be discouraged against prelacteal feeds which can be done through proper counseling and motivation and interventions at multiple levels.

INTRODUCTION

‘’The nature has designed to provision that infants be fed upon their mother’s milk. It is complete nourishment for them both for their body and soul. Like mothers love there is no substitute of mother milk. Breast milk is a complete food it provides all the nutrients a baby need during first 6 month of life. It has long been recognized that the breast fed infant is better protected against infections and particularly diarrhoeal diseases and has better chance of survival than a bottle fed baby [1]. In India more than 1 million infants have been dying every year because of improper breastfeeding practices [2]. Exclusive breastfeeding compared with not breastfeeding, protects against hospitalization for diarrhea and lower respiratory tract infection [3].

Breastfeeding is one of the most effective ways to ensure child health and survival. If every child was breastfed within an hour of birth, given only breast milk for their first six months of life, and continued breastfeeding up to the

age of two years, about 800 000 child lives would be saved every year. Globally, less than 40% of infants under six months of age are exclusively breastfed. Adequate breastfeeding counseling and psychological support are essential for mothers and families to initiate and maintain optimal breastfeeding practices. In India Exclusive Breast feeding which was 41.2 % according to NFHS 2 (1998-99) increased to 46.3 % in NFHS 3 (2005-2006) and also DLHS 3 shows stagnation and exclusive breast feeding was only 46.4%. Initiation of breast feeding in 1 hour of birth which was 15.8 % in NFHS 2 (1998-99) becomes 40.2 % in DLHS 3 (2007-2008). The Breastfeeding Promotion Network of India (BFNI) has been working in close liaison with the international Baby Food Action Network (IBFAN) and World Alliance of Breastfeeding Action (WABA) toward promoting and supporting breastfeeding. Despite lot of awareness programs for exclusive breast feeding by government and various NGO Ritual impacts has still deep rooted in society, hindering optimal feeding. Pre-lacteal feeds, animal milk feeding, non accepetance of colostrum are still major problems. So we need this study to know the breast feeding pattern in this region of country so that we can fill the pitfalls and strengthen the awareness programs for exclusive breast feeding.

Material and methods:

This cross sectional study was conducted in OPD of GB Pant Hospital, department of Pediatrics, Government Medical College Srinagar from December 2014 to July 2015 till the targeted sample size of 400 subjects was achieved. Infants aged less than six months coming in paediatric OPD for immunization or for any complain were included in the study. Parents were explained orally about the study and Verbal and written consent was taken. Those who were not willing to participate were excluded from study. Data collection and educational counselling was done by single observer. Pretested questionnaire was used. Questionnaire includes various demographic and socioeconomic factors like age, regarding initiation and duration of breast feeding, exclusive breastfeeding, pre-lacteal feeding etc. Further all collected information was coded and analyzed using SPSS software (21 version).

Results :

Total of 400 infants below 6 months of age after random selection were included in the study after a through written consent taken from their parents/guardians. Following results were found.

Table 1: Gender distribution of subjects

Gender	No	%
Males	252	63
Females	148	37
Total	400	

63% of the subjects were males and 37% were females.

Table 2: Pattern of breast feeding.

Pattern of breast feeding	No	%
Exclusive BF	208	52
Non Exclusive BF	192	48
Total	400	

Table 3: Causes of non exclusive breast feeding.

	No	%
Mother illness	14	7.29
Baby illness	16	8.33
Inadequate milk secretion	128	66.67
Breast related problems	24	12.5
Any other	10	5.2

Total	192	

Table 3b: Type of feed used in non exclusive breast fed babies in addition to breast feeding.

Type of feeds	No	%
Cows milk	52	27
Formula milk	58	30.20
Goats milk	12	6.25
Mixed	70	36.45
Total	192	

52% of the infants were exclusively breast fed while 42 % were non exclusive breast fed. Inadequate milk secretion being the most important cause of Non exclusive breast feeding.

In our study we found exclusive breast feeding in 208 (52%) subjects out of 400 patients. 192 (42%) subjects were practicing non exclusive breast feeding(Table 2).Among the causes of non exclusive breastfeeding inadequate milk secretion was most common (66.67%) followed by baby illness (8%) and mother illness (7%). (Table3). Predominant type of feed in addition to breast feeds in non exclusive breast fed infants was mixed feeding followed by formula and cows milk.(Table 3b). In our study 160 infants (40%) out of 400 had been initiated with early breast feeding that is within one hour of birth. 100(25%) mother fed their baby first time between 1 to 6 hours of birth and total 74 % women had initiated breast feeding within one day of birth. (Table 4)

Table 4.Iniation of breast feeding.

	No	%
<1 hr	160	40
1-6 hrs	100	25
7-24 hrs	36	9
>24 hrs	104	26
Total	400	

Table 5a: Prelacteal feed status.

	No	%
Given	126	31.5
Not given	274	68.5
Total	400	

Table 5b: Food items used in prelacteal feeds.

	No	%
Honey	74	58.73
Cows milk	6	4.8
Jiggery	12	9.5
Sugar water	22	17.4
Other	12	9.5
Total	126	

Out of 400, Pre-lacteal feed was given in 126 babies (31.5%) while 274 (68.5%) were not fed pre-lacteal feed. Most common food used as pre-lacteal feed in this region were Honey (58.73%),sugar water(17.4%),jaggery (9.5%) babies (Table 5a & 5b).

Discussion

Exclusive breast feeding - According to WHO exclusive breastfeeding is that infant only receive breast milk without addition of food or drinks not even water till 6 month of age. [5] In India exclusive breast feeding under 6 month of age is 46.4 %, [6] in our study we found exclusive breast feeding under 6 month of age was 52 % which is slightly more than national data .

Borad A and Hanumante N [7] noted exclusive breast feeding in 48.6 % in Pune in 150 mothers which is nearly similar to our data. K. Madhu et al [8] in their study found exclusive breast feeding in 40% of cases which is lesser than the data in our study reason may be that study was done quite a time back since then various interventions have been done for promotion of breast feeding. They had interviewed 100 mothers of infant. Mahmood SE et al [9] found the percentage of mothers who had exclusively breastfed for six months was 77.2%, which was much higher than the 46% at national level. Most common reason of non exclusive breast feeding was inadequacy of milk in 71.4% cases which was compatible to our study where inadequate milk secretion was cause in 66.67% of non exclusive breast feeding. He had interviewed 123 mothers in Bhojipura block of Bareilly district of Uttar Pradesh. Chudasama R et al [10] found that exclusive breast feeding rate was 85 % in 480 infants in civil hospital of Surat during July 2008 to sep 2008 Which was much higher than national data and our study reason may be that study group was belong to urban areas also there is significant differences between demographic and social factors in both states.

Initiation of Breast Feeding – Early initiation of breast feeding is initiation of breast feeding in first hour of birth. [11] UNICEF statistic shows Indian early initiation of breast feeding was done in only 40.5%.[6] in our study early initiation of breast feeding was done in 160 (40%) participant out of 400 involved in study which is very near to UNICEF data. In a study in Tanzania by Victor R et al [12] over 3112 children over 0 to 23 months, Multivariate analysis revealed that the risk of delayed initiation of breastfeeding within 1 h after birth was significantly higher among young mothers aged <24 years along with other factors. In our study both age group had identical number of subject who had initiated breast feeding in one hour of birth. Chudasama et al [10] shows in their study that 46.4% initiated breast feeding in first hour of birth which is close to our results. Srivastva A K et al [13] in a study in Barabanki found that 41.3 % of mother gave their first milk in first hour of birth which is very similar to our study.

Prelacteal feed practices- Prelacteal feeds are those foods given to newborns before breastfeeding is established or before breast milk "comes in," usually on the first day of life. Pre-lacteals include honey, jaggery (brown sugar from sugar cane) ghee (clarified butter), and ghutti (herbal paste). The choice of pre-lacteals may be specific to a caste or family. In our study we found pre-lacteal feed was given in 126 babies (31.5%) out of 400 babies and honey was most common item used in this region of country followed by sugar water. Our study was compatible with the study done by Roy M P et al [14] in which they found Out of 352 recently delivered women 40.1% of mothers gave prelacteal feeding to their newborn.

Jagzape T et al [15] in Wardha interviewed 214 mothers . Pre-lacteal feed was not given in 56.8% babies. The most common prelacteal feed was honey followed by boiled water, glucose water and sugar water. So the percentage of mother who practised pre- lacteal feed was higher than our study.

Conclusions:

Despite so many efforts by Government and NGOs, most of the mothers are still unaware regarding healthy feeding practices. Mothers need to be educated regarding importance of early initiation of breast feeding, exclusive breast feeding, and should be discouraged against prelacteal feeds which can be done through proper counselling and motivation. Efforts are required at individual ,family , community as well as government levels to achieve these goals.

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