

Evaluation of Breastfeeding Pattern in a Rural Block of West Bengal

Dr. Dilip Kumar Pal¹, Dr. Tanushree Mondal², Dr. Ranu Ghosh³

¹(RMO Cum Clinical Tutor, Department Of Gynaecology & Obstetrics, Midnapur Medical College, Paschim Medinipore, India)

²(Assistant Director Of Medical Education And Assistant Professor, Department Of Community Medicine, IPGME & R, Kolkata, India)

³(Post Graduate Trainee, Department of Gynaecology & Obstetrics, Calcutta National Medical College, Kolkata, India)

Abstract: Breastfeeding is essential nutritional source of the child for the first 6 months of life after delivery. Delay in initiation and maintenance of exclusive breastfeeding up to 6 months causes harmful effect to both mother and child. In rural areas with poor socio economics status, lack of health education, and lack of motivation creates problems in promotion of breastfeeding practice. Present study was conducted in the rural field with sample size of 450 cases from January 2015 to June 2015 to evaluate the pattern of breastfeeding initiation and continuation. Factors analyzed were sex of the child, religion, education, occupation and age of the mother. 92.66% initiated breastfeeding within ½ hrs, 93.5% did not received pre-lacteal feeds and 65.2% failed to continue exclusive breastfeeding up to 6 months.

Keywords: Breastfeeding Pattern, Rural Block, West Bengal

I. Introduction

Breastfeeding is the feeding of babies and young children with milk from a women's breast. Breastfeeding should be started within the first hour of a baby's life and it be allowed as often and as much as the baby wants. Breast feeding benefits both mother and baby. It is estimated that about 820000 death of children less than five years old could be prevented globally per year through more wide spread breastfeeding. Breast feeding decreases the risk of respiratory tract infection and diarrhoea, it lower the risks of asthma, food allergy, celiac disease, type-1 diabetes and leukemia. Breastfeeding may also improve cognitive development and decreases the risk of obesity in adulthood. Benefits of breastfeeding for the mother include less blood loss following delivery, better uterine involution, weight loss, post partum depression. It also decreases risk of breast cancer, cardio vascular diseases and rheumatoid arthritis. WHO recommend feeding for six months only through breastfeeding. After introduction of foods at six months of age, continued breastfeeding until at least one to two years of age is then recommended. Globally about 38% infants are only breast fed during their first six months of life. In USA about 75% begin breastfeeding and about 13% only breast feed until the age of 6 months¹. Pattern of breast feeding differ from place to place, state to state, country to country. It also varies in rural and urban area. In India exclusive breastfeeding 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 breastfeeding was only 46.4%. Initiation of breastfeeding within 1 hour of birth which was 15.8% in NFHS 2 (1998-99) became 40.2% in DLHS 3 (2007-2008). Despite lot of awareness programs for exclusive breastfeeding by government and various NGO, ritual impacts has still deep rooted in society, hindering optimal feeding. Pre-lacteal feeds, animal milk feeding, unacceptance of colostrums are still major problems.

II. Materials And Methods

Present study was conducted at Sabang rural block, Sabang, Paschim Midnapur, West Bengal from the period January 2015 to June 2015. Cases were interviewed with the help of structured questionnaire, information was collected and result was analyzed. Study included only institutional and home normal delivery cases and the total Sample size was 450.

II. Results

Total number of cases included in this study were 450. Out of which male children were 51.6% and female were 48.4%, almost equal in proportion (table -1). Majority of the mother were Hindus (82.22%), primary educated were 72.66%, house wives 76.66% and aged under 25 years 78.65% (table -2). 92.66% mothers initiated Breastfeeding within ½ hours of delivery and it has no biasness towards sex of the child (table -3). 93.5% of the of the children had their initial feeding by breastfeeding and only 6.5% had received pre-

lacteal feeds (table -4). After initiation of breastfeeding only 34.8% continued exclusive breastfeeding up to 6 months.

III. Figures & Tables

Table-1: Table showing the Distribution of Cases According To the Sex of the New Born

Total cases	Male Sex		Female Sex	
	No.	Percentage	No.	Percentage
450	232	51.6%	218	48.4%

Table – 2 Table showing the Distribution of the Cases According To the Socio-Economic and Cultural Characteristics:

Criteria	Character	No. of Cases	Percentage
Religion	Hindu	370	82.22%
	Muslim	78	17.33%
	Others	2	0.4%
Education of Mother	Illiterate	65	14.47%
	Primary	327	72.66%
	Secondary	46	10.22%
	Higher	12	2.66%
Occupation of Mother	House Wife	345	76.66%
	Daily Wages	91	20.22%
	Others	16	3.55%
Age Of The Mother	< 20 yrs	157	34.88%
	20 to 25 yrs	197	43.77%
	> 25 yrs	96	21.33%

Table – 3 Table showing the Distribution of Cases According To The Sex And Time of Initiation of Breastfeeding

Time of Initiation of Breast Feeding	Male Sex		Female Sex		Total	
	No.	Percentage	No.	Percentage	No.	Percentage
Within ½ hrs	213	91.81	204	93.57	417	92.66
½ hrs to 5 hrs	14	6.03	12	5.50	26	5.77
5 hrs to 24 hrs	3	1.29	1	0.45	4	0.88
> 24 hrs	2	0.86	1	0.45	3	0.66

Table – 4 Table showing the Distribution of Cases According To the Prolacteal Feeds

Total Cases	Prolacteal Feeds			
	Present		Absent	
	No.	Percentage	No.	Percentage
450	29	6.5	421	93.5

Table - 5 Table showing the Distribution of Cases According To Exclusive Breastfeeding

Criteria	Character	No. of Cases	Percentage
Exclusive Breast Feeding	Up to 6 months	157	34.8
	Not up to 6 months	293	65.2

IV. Discussion

The study showed that 92.66% children initiated breastfeeding within half (½) hour of delivery. Study conducted by Chandramohan Reddy. S showed that 85.4% male baby and 79.9% female baby started breastfeeding within 5 hours of delivery and there were no significant correlation between sex of the baby and time of initiation of breastfeeding. ² Our study revealed the result of better health promotional activity in rural areas and the majority of the mother were motivated towards early breastfeeding. 7.34% of the baby had delayed breastfeeding which was explained by the facts that few mothers and baby suffered from pregnancy and labor related complications including birth asphyxia, where there were purposeful or forced delay in initiation of breastfeeding. Few home confinement cases were the late initiators due to lack of awareness, motivation and support. 6.5% children received pre-lacteal feeds and they were mostly home delivery cases with low education and poor socio-economics status. This does not co-relate with the study conducted by Shrivastav et al where 87.9% mother used pre lacteal feeds ³. This reflects the better health campaign in rural areas. Our study showed 34.8% mother continued breastfeeding up to 6 months. This was explained by the facts that most of the cases included were poor in the rural areas, worked on daily wages basis, poor nutrition status, lack of proper education and motivation. This is below the national label (46%)⁴ and the study was conducted by Chudasama RK et al (62%)⁵. But this study correlated with the study conducted by Sasthi Narayan Chakraborty et al⁶.

V. Conclusion

With the increase of institutional delivery and availability of health care facilities, early initiation of breastfeeding and avoidance of pre-lacteal feeds is gradually becoming the regular practice even in rural set up. But exclusive breastfeeding up to 6 months is really lacking in rural areas. This can be improved with health education, motivation, better nutritional support and financial assistance up to 6 months following delivery.

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