

# Breast Feeding Practices among Lactating Women in Rural Varanasi

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## ABSTRACT

**Background:** Nutrition in early days of an infant plays the crucial role of building his health for his whole life. Proper nourishment provided to an infant will help in his growth and development. Breast feeding provides all essential nutrients in appropriate amount which are required by a new born for a healthy life. There are various practices associated with breastfeeding which should be assessed.

**Objective:** To assess breast feeding practices among lactating women in rural Varanasi

**Method :** A total of 184 lactating women, whose child were of age equal to or less than one year, were interviewed adopting a community based cross sectional study design. Various practices associated with breast feeding were assessed among lactating women.

**Results:** A small proportion of mothers (12.5%) said that they had initiated breast feeding within one hour. Most of the mothers (73.9%) had given colostrums to the new born. Very few (15.8%) of the infant had exclusive breast feeding. Nearly half (47.3%) of the infant were given pre-lacteal feed and most of them (43.7%) had given honey as pre-lacteal feed.

**Conclusion:** Mothers practised breast feeding but still there were many malpractices that were prevalent. Very few mothers practised exclusive breast feeding, so there was need to create awareness among mothers about the importance and benefits of exclusive breast feeding. Pregnant and lactating women should be educated on importance of breastfeeding and harms of pre-lacteal feeds.

**Key words:** Colostrum, Pre-lacteal feed

## INTRODUCTION

Nutrition that is given to child in his infancy serves as building blocks for his future and lays the foundation of a healthy life. Breast feeding is considered best nutrition for a newborn. It fulfils the physiological and psychological needs of the infant. Early initiation of breast milk provides colostrums to infant, which is a source of antibodies and other protective factors. Breast milk is enriched with nutrients and mineral elements in appropriate form which is suitable to the newborn's digestion and absorption. It facilitates skin to skin contact and physical warmth between mother and child, which further strengthens the emotional bond between them. <sup>(1)</sup>

Medical experts advocate exclusive breast feeding as it has several benefits. It

not only provides adequate nutrition but also boosts up the immunity of the child which will save him from infection of the respiratory and alimentary tract. Breast milk has contents that are helpful in development of the brain of infant. No formula is found equivalent to human milk, no matter what its content are. Exclusive breastfeeding can be defined as a practice whereby the infants receive only breast milk and not even water, other liquids, tea, herbal preparations, or food during the first six months of life, with the exception of vitamins, mineral supplements, or medicines. <sup>(2)</sup>

In India, more than 11 lakh babies die during neonatal period, and another 5 lakh during 2 to 12 months of age. Neonatal mortality accounts for almost 40% of all under-five deaths and for nearly 60% of infant deaths. <sup>(3)</sup> Although, breast feeding is

being practiced for ages, still there are lots of myths and malpractices associated with it. There are many women, who initiate breast feeding but fail to continue it, then there is a large number of mothers who don't know about exclusive breast feeding, still others are there who don't feed their infant with colostrums considering it an impure form of milk which should be discarded.

In order to find out the practices associated with breast feeding this study was undertaken in rural areas of Chiragaon block of Varanasi district.

### MATERIALS & METHODS

This community based cross sectional study was conducted in rural areas of Chiragaon block, district Varanasi, Uttar Pradesh, India. A total of 184 lactating mothers, whose children were of age one year or less than one year were included in the study. The study was conducted during the period July 2018 to December 2018. After signing a written informed consent, a pretested semi structured interview schedule was administered to all the lactating women. They were asked about different practices they followed while breast feeding, whether they practiced exclusive breast feeding and if not then why. The data collected was coded and entered into Microsoft office excel worksheet to find out the prevalence of various practices being followed.

### RESULTS

This study was conducted to find out the prevalence of various breast feeding practices among lactating women in rural Varanasi. Breast feeding provides adequate amount of nutrients and in appropriate form. It also establishes an emotional bond between mother and child. However, due to lack of knowledge, mothers often adopt wrong practices which only affect health of their infant. When socio-demographic characteristics of respondents were assessed following pattern was seen (Table 1). Very few (4.3%) of the women were in the age group of 15 -19 years, few (7.6%) of them

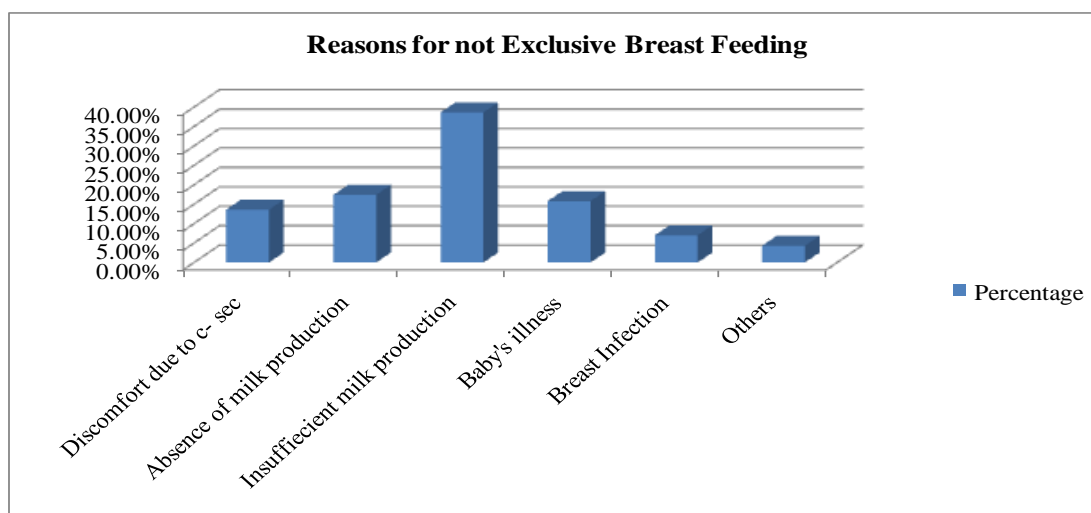
were in the age of 30 -34 years, a little more than one third ( 38.6%) were in age group of 25 -29 years and nearly half (47.8%) were in age group of 20-24 years. When literacy of mothers were assessed, a little more than one tenth (13.6%) were found illiterate, nearly the same proportion (14.1%) had studied up to primary school, more than one third (35.3%) had studied till secondary school, more than a quarter (28.8%) had studied till intermediate and very few (8.2%) had done graduation or any other degree. According to modified B. G. Prasad classification, very few (3.3%) of respondents belonged to Upper Class (Class I), few of the respondents (11.4%) belonged to Upper Middle Class (Class II), some of the respondents (18.4%) belonged to Middle Class (Class III), a little less than half (40.2%) of respondents belonged to Lower Middle Class (Class IV) and around one fourth (26.6%) of them belonged to Lower Class (Class V). Birth Order of nearly one third (31.5%) of mothers was one, a little less than half (40.7%) had birth order two, nearly one quarter (24.5%) had birth order 3 and very few (3.3%) had birth order of 4 or more. Among the respondents most of them (83.2%) had their delivery at health facility while few of them (16.8%) had their delivery at home (Table 1)

Table 1 : Demographic profile of respondents

Variables		Lactating Women Frequency Percentage (%)	
Mother's Age	15 – 19 yr	8	4.3%
	20 – 24 yr	88	47.8%
	25 – 29 yr	71	38.6%
	30 – 34 yr	14	7.6%
	35 – 39 yr	3	1.6%
Mother's Education	Illiterate	25	13.6%
	Primary	26	14.1%
	Secondary	65	35.3%
	Intermediate	53	28.8%
	Graduate & above	15	8.2%
Socio-economic status	Class I	6	3.3%
	Class II	21	11.4%
	Class III	34	18.4%
	Class IV	74	40.2%
	Class V	49	26.6%
Birth Order	1	58	31.5%
	2	75	40.7%
	3	45	24.5%
	≥4	6	3.3%
Place of Delivery	Home	31	16.8%
	Health Facility	153	83.2%

**Table 2 : Breast feeding practices among lactating women in rural Varanasi**

Practice	Lactating Women	
	Frequency	Percentage
Initiation of Breast Feeding	Within 1 hour	23 12.5%
	1 – 6 hours	112 60.8%
	6 -24 hours	27 14.7%
	>24 hours	22 12.0%
Colostrum given to new born	Yes	136 73.9%
	No	48 26.1%
Pre-lacteal feed given to newborn	Yes	87 47.3%
	No	97 52.7%
Pre-lacteal feed	Ghutti	21 24.1 %
	Honey	38 43.7%
	Plain water	4 4.6%
	Sugar water	2 2.3%
	Artificial milk	7 8.0%
	Cow's milk	15 17.2%
Frequency of Breast Feeding	Every 2 hours	53 28.8%
	Every 4 hours	33 17.9%
	When child cries	84 45.7%
	Others	14 7.6%
Practise of cleaning the breast while feeding the baby	Each time before feeding	27 14.7%
	Each time after feeding	18 9.8%
	Each time before and after feeding	5 2.7%
	Sometimes before feeding	31 16.9%
	Sometimes after feeding	27 14.7%
	Only while bathing	76 41.3%
Duration of Exclusive Breast Feeding	<6 months	58 31.5%
	6 months	29 15.8%
	>6 months	10 5.4%



**Figure 1 : Reasons for not practising Exclusive Breast Feeding**

When respondents were asked about initiation of breast feeding, very few (12.5%) had started breast feeding within first hour of birth, more than half (60.8%) had started breast feeding within first six hours, few of them (14.7%) started breast feeding within 24 hours and nearly the same proportion (12.0%) had started after 24 hours of child birth (Table 1). Nearly three quarter (73.9%) had given colostrums to their infant while nearly one quarter (26.1%) had not given colostrums to their

infant. A little less than half (47.3%) of mothers said that they had given some form of prelacteal feed to their new born. Nearly a quarter (24.1%) of them had given *ghutti* to their new born, nearly half of them (43.7%) had given honey, few (4.6%) had given water, very few (2.3%) had given sugar water, some of them (8.0%) had given artificial milk and a less than one fifth (17.2%) had given cow's milk. Lactating mothers were asked about frequency of breast feeding when a little more than a

quarter (28.8%) feed every two hours, few of them (17.9%) feed every 4 hours, nearly half of them feed whenever child cries, while few of the mothers (7.6%) could not answer about frequency of feeding. Practice of cleaning the breast was not prevalent among mothers, as very few (2.7%) mothers cleaned their breast each time before and after feeding the baby, few (9.8%) of the mothers cleaned their breast after feeding, some of them (14.7%) cleaned it before feeding. Some of the mothers did not have regular habit of cleaning their breast, they said that they cleaned their breast sometimes before feeding (16.9%) while some others (14.7%) cleaned their breast sometimes after feeding. A little less than half (41.3%) said that they cleaned their breast only while bathing. Nearly one third (31.5%) of mothers said that they could exclusively breast feed their child for less than six months, few (15.8%) could exclusively breast feed for six months and very few (5.4%) could exclusively breast feed for more than six months. When mothers were asked reason for not exclusively breast feeding, few (13.6%) said that they experienced discomfort due to caesarean section and so could not initiate breast feeding, around one fifth (20.7%) of mothers said that due to absence of milk production they could not breast feed their new born, a little more than one third (38.6%) said that due to insufficient milk production they could not exclusively breast feed their new born. Some of the mothers (15.8%) said that since their new born was ill they could not practice exclusive breast feeding. Few of the mothers (7.0%) said that due to infection in breast they could not breast feed. Very few of the mothers (4.3%) did not state any reason for not breast feeding their new born (Figure 1).

## DISCUSSION

In this study, socio-demographic characteristics and various practices regarding breast feeding of new born were assessed. In the current study, most of the respondents were of age less than 25 years

(52.2%), similar proportion of respondents were seen in study done by Junaid and Patil<sup>(4)</sup> in rural parts of Central India were most of the respondents (62.1%) of age less than 25 years. Birth Order of nearly one third (31.5%) of mothers was one, a little less than half (40.7%) had birth order two, nearly one quarter (24.5%) had birth order 3 and very few (3.3%) had birth order of 4 or more. Similar distribution was seen in study conducted by Junaid & Patil,<sup>(4)</sup> where 29.29% respondents had birth order one, followed by those who had birth order two and then those who had birth order three. Nearly three quarter (73.4%) of mothers had started breast feeding within six hours of birth, as was reported in this study. Similar finding was stated in the study done by Singh, Vishakantamurthy and Charan.<sup>(1)</sup> In the current study, colostrum was given to nearly three quarter (73.9%) of new born infant, similar finding was reported in study done by Shashank and Chethan,<sup>(5)</sup> where nearly the same proportion (76.61%) of infant were given colostrums after birth. Nearly half of the mothers (47.3%) said that they had given prelacteal feed to their new born, similar finding was stated by study done by Dalal, Bansal and Pande<sup>(6)</sup> where they found that 59.3% of new born infants were given pre lacteal feed. Nearly half of the mothers (45.7%) feed their baby when they cry while few of the mothers (17.9%) feed their new born every 4 hours. In a study conducted by Singh, Vishakantamurthy and Charan<sup>(1)</sup> similar finding was reported as 42.14% of the mothers feed their new born whenever the baby cries while 12.85% feed them every 4 hours. In this study, when mothers were asked reason for not exclusively breast feeding their baby, a little more than one third (35.3%) said that it was due to insufficient milk production, nearly same proportion of mothers (22.6%) replied in the same manner in the study conducted by Motee et al<sup>(7)</sup> in Mauritius. In the current study, majority of newborns (43.7%) were given honey in form of prelacteal food followed by 'ghutti' which was given by

nearly a quarter (24.1%) of mothers to their infants, Parashar et al <sup>(8)</sup> reported similar finding in their study as most of the respondents (67.6%) said that they had given honey as pre lacteal feed to their infant and next major group of respondents reported that they had given 'ghutti' to their infants.

## CONCLUSION

The nutrition provided to the infant during the first year of life build the foundation of his health. Therefore, breast feeding practices needs to be appropriate and it is very essential for the mothers to know what is right for their infant and to act accordingly. In rural communities, often the mother and other family members are not aware of correct practise and continue to follow their old customs and beliefs. Hence, it is essential to create awareness in the rural community regarding various practices associated with breast feeding, so that it leads to improvement in neonatal and infant health and reduction in infant mortality and morbidity.

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