

KAP Study of Exclusive Breast Feeding Among the Poor Population - An Institutional Based Study

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ABSTRACT

OBJECTIVE: To assess the practices and analyze the perceptions of mothers of poor population regarding exclusive breast feeding.

METHODOLOGY: It is a descriptive institutional based study. Five-hundred women were enrolled at Maternal and Child Health (MCH) center, Civil Hospital Karachi (CHK) through systematic sampling during January to August 2007. Questionnaire was used for data collection and interview was conducted. Data were analyzed through SPSS version 11.5. Continuous variables were categorized into different categories and proportions of all categorical variables were calculated.

RESULTS: It was observed that only 34% women were practicing exclusive breast feeding. Awareness regarding exclusive breast feeding was 88%. The use of prelacteal feeds like honey, ghutti was about 56.4 % irrespective of age, education, area of residence and income level, due to various religious believes and family norms. Water was given by 65.5% mothers along with breast milk whereas 53.6% mothers try to improve their diet to enhance milk production. Difficulty in breast feeding was observed in 59.2%. The most common difficulty that mothers find in exclusive breast feeding was that the baby seems unsatisfied (36.8%).

CONCLUSION: Although breast feeding practices are not common in population studied but awareness regarding exclusive breast feeding was found in majority of women. The use of prelacteal feeds like honey, ghutti is very common. Most common problem in exclusive breast feeding was that the baby seems unsatisfied.

KEYWORDS: Awareness, Believes, Practices, exclusive breast feeding, Prelacteal Feeding.

INTRODUCTION

To achieve optimal health, development, and survival of infants and young children, and to fulfill their rights to survive and attain the highest attainable standards of health, all infants should be exclusively breastfed for the first six (6) months of life, followed by the introduction of appropriate complementary feeding along with continued breastfeeding for two years or beyond.¹

² Furthermore, the electrolyte composition of human milk makes additional water unnecessary for the child even under dry and hot climatic conditions, reducing the risk of giving contaminated water.

There is growing evidence that the risk of death and illness from infectious diarrhea increases sharply when supplements are given in addition to breast milk. Giving extra liquids is not only unnecessary, but may also be harmful because the baby may spend less time in breast feeding which means that the mother's breast are less stimulated to produce milk. The extra fluids may be made with unsafe water and feeding bottles could be contaminated.³

Exclusive breast feeding culture is an important child survival strategy; it is most effective intervention for saving newborn and infant life's and preventing early mortality. The incidence and severity of infection among preterm low birth weight babies are generally

greater when infants are fed by infant formula.⁴

Comparative statistics of exclusive breast feeding, population growth rate and child survival indicate three South East Asian countries-Pakistan, India and Bangladesh point towards potential role of exclusive breast feeding. Infant mortality rate (IMR), under-five mortality rate (U5MR) and population growth rate (PGR) in Pakistan is high and exclusive breast feeding rate is lower than India and Bangladesh. It indicates that probably India and Bangladesh have succeeded in controlling IMR, UMR and PGR due to much higher rate of exclusive breast feeding. In Pakistan we need to pay immediate attention towards this fact and urgent and robust action to be taken to promote exclusive breast feeding.⁵

The percentage of children in South Asia who were exclusively breast fed <6 month, during the year 2009, was 44%⁷, while in Pakistan and Bangladesh it was 37% which is the lowest in the region, as India showing 46% and Sri-Lanka 53%.⁶

Despite the efforts of health policy makers, situation is not improving. Women are aware of advantages and disadvantages of breast and bottle feeding but a disparity was observed between their perception and practices.⁷

World Health Organization (WHO) Global Database on Child Growth and Malnutrition concludes that the

mean weights in developing countries start to falter at about 3 months of age and decline rapidly thereafter in infancy⁸.

Early breastfeeding within one hour and exclusive breastfeeding for the first six months are the key interventions to achieve MDG1 and MDG4, which deal with reduction in child malnutrition and mortality, respectively^{9,10}.

It is estimated that 13% to 15% of under-five deaths in resource poor countries could be prevented through achievement of 90% exclusive breastfeeding alone and an additional 6% deaths could be prevented with appropriate complementary feeding.^{11,12}

Exclusive breast feeding in first six months makes it an ideal indicator measuring young child survival, growth, development.¹³ Many studies regarding breast feeding are being conducted in different public and private sector universities including AIOU; however most of these are not focused about exclusive breast feeding practices and awareness among mothers of lower class in urban setting which is the main focus of current study.

The Objectives of study were 1.To assess the practice of exclusive breast feedings among mothers belonging to lower and lower middle socioeconomic level. 2. To analyze perception of mothers regarding exclusive breast feeding. 3.To identify problems faced by mothers in practicing exclusive breast feeding.

METHODOLOGY

Descriptive institutional based study conducted through structured designed questionnaire along with interviews. Data were collected at Maternal and Child Health (MCH) Center, Civil Hospital Karachi (CHK), Pediatric OPD, Ward and Lactation Management Unit. Systematic sampling technique was used to select study participant. The target group was interviewed randomly i.e. every 3rd women who fulfils the inclusion criteria were approached. Questionnaire was pre tested at 5% of the sample size (25 women) for checking appropriateness of the questions. A total of 500 women belonging to lower and lower middle socioeconomic group were interviewed. The inclusion criteria was, women of age 20 – 35 years, housewives having children <5 year of age. Low birth weight, premature infant, twins and those with cleft palate were excluded from study.

Data was analyzed through SPSS version 11.5. Continuous variables were categorized into different categories and proportions of all categorical variables were calculated.

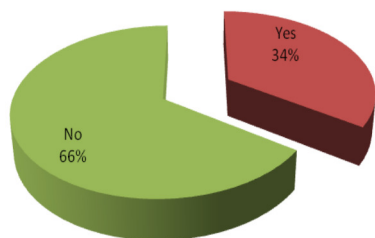
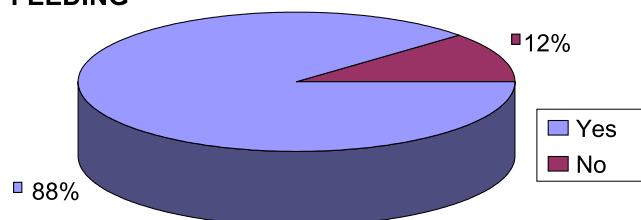
RESULT

Total 500 eligible women were enrolled in the study. Mean age of the participants was 26.92± 3.34 years.

Majority of women (49%) were in age group 26-30 years. A large no 51.8%, 40.6% reside in urban and urban slum respectively. About 1/3 (29%) were uneducated and another 1/3 (30%) were matriculated. Demographic profile of study participant is given in **Table I**. Women who were not practicing exclusive breast feeding were 66% that is about 2/3 (**Figure I**). But majority (88%) has knowledge regarding exclusive breast feeding (**Figure II**). Majority (32%) get support from mother next supportive is husband 11% and in-laws 10%. Giving water along with breast milk is 65.5%, reason is given as hot weather, perception of thirst and diarrhea in baby. The use of prelacteal feeds like honey, ghutti is about 56.4 % irrespective of age, education, area of residence and income level, due to various religious believes, and family norms. Majority (54%) are in favour of improving mother diet if the feed is less. About half (47%) believed – E.B.F is good for the child health. A large no (37%) had difficulty in exclusive breast feeding as they thought baby was unsatisfied. Other descriptive characteristics regarding breast feeding are given **Table II**.

TABLE I: DEMOGRAPHIC CHARACTERISTICS OF STUDY PARTICIPANT

Variables	N	%
Age Mean (SD)	26.92	3.34
Age in Groups		
20 to 25	182	36.4
26 to 30	243	48.6
31 to 35	75	15
Residential Area		
Urban	259	51.8
Urban slum	203	40.6
Rural	38	7.6
Education Level		
Un educated	146	29.2
Matric	168	33.6
Inter	74	14.8
Graduate	12	2.4
Madrassa+home education	100	20
Total Income		
<6000	83	16.6
7000 – 9000	198	39.6
≥10000	219	43.8
No of Children		
1.	29	5.8
2.	86	17.2
3.	172	34.4
4.	140	28
5.	61	12.2
6.	12	2.4

FIGURE I: PRACTICE OF EXCLUSIVE BREAST FEEDING**FIGURE II: KNOWLEDGE OF EXCLUSIVE BREAST FEEDING****TABLE II: DESCRIPTIVE CHARACTERISTICS REGARDING BREAST FEEDING**

Variables	N	%
Exclusive Breast feeding	172	34.4
Breast + top + water	328	65.6
Average duration of breast feeding (months)		
3 months	37	7.4
Less than 6 months	75	15
6 to 12 months	280	56
More than 12 months	145	29
Giving any prelacteal feed	282	56.4
Difficulties in practicing Exclusive breast feeding		59.2
Cause in Mother - Sore nipples	25	5.0
Cause in Baby - Baby sleeping	87	17.4
- Baby unsatisfied	184	36.8
Fears regarding Exclusive Breast feeding		32
Child Health	59	11.8
Mother Health	99	19.8
Strategy if the feed is less		
Improved mother diet	268	53.6
Supplement to baby	153	30.6
Other	79	15.8
Awareness regarding Breast Feeding		
Child Health		47
Mother Health		26
Bonding		17
Convenience		8
Economical		2

DISCUSSION

The first necessary fact is to know level of awareness for exclusive breast feeding and its advantages among public. We found that 34% population was practicing exclusive breast feeding, this is supported by other studies.¹⁴⁻¹⁵

World wide the percentages of those practicing optimal infant feeding practices such as early initiation of breastfeeding (within one hour) are low. The percentages of those practicing early initiation vary from 9% to 72%, averaging at 36%.⁹

The majority of the mothers (approximately 88%) have knowledge about what exclusive breast feeding is. This is supported by another study.⁷

It is observed that 66% of the mothers consider that water should be given along with breast milk if the baby has episodes of acute diarrhea, this implies that there is a lack of proper understanding regarding the true nature of exclusive breast feeding among people. Other studies have also reported that giving extra liquids is not only unnecessary, but may be harmful because the baby may spend less time in breast feeding which means that the mother's breast are less stimulated to produce milk. The extra fluids may be made with unsafe water and feeding bottles could be contaminated so it can be a cause of various infections as reported in many studies.¹⁶⁻¹⁷

Health education interventions are needed to promote use of colostrum, exclusive breast feeding and appropriate complementary feeding practices as suggested by other studies too.¹⁷

It is observed that 56% of the women give prelacteal feed to their baby. This practice is very common in other developing countries as reported by other studies¹⁴⁻¹⁸ there is a need to communicate to the general public, the harms that prelacteal feed can bring to a baby.

As regards to the advantages of exclusive breast feeding, approximately half the mothers are of the opinion that it's good for the child's health which shows that there is a good perception in the lower socioeconomic group about the advantages of exclusive breast feeding for the health of the baby. However there is still need to be more awareness of this fact as it is shown that one fourth of the mothers think that it's useful only for the sake of convenience, while a minor portion tends to think it's economical.

Studies have shown that health education programs in the antenatal period as well as after birth can promote exclusive breast feeding practices in mothers.¹⁹

It is observed that 66% of the mothers give bottle or supplement to their baby because of insufficient milk production, this is concluded in another study. Main cause of not breast feeding is perception of having insufficient milk.²⁰

It is observed that the usual strategy that mothers employ when their feed is reduced is to improve their own diet. This is a safe way to improve the feed without any unfavorable results, however a small percentage of the mothers give supplements to the baby which does have adverse effects and should be avoided at all costs.

Breastfeeding and better nutrition needs to be made a priority in South Asian countries, which have the worst rates of malnourished children in the world. Across South Asia, nations need to promote breastfeeding and focus on better nutrition for under two-year-olds to reverse the trend.²¹

Good infant health also depends on the capacity of mothers to care for their children. The mother of a large family of small children has little time or energy to attend to the needs of any one child. The WHO study showed that where the use of contraception was low, patterns of child spacing were closely related to the length and frequency of breast feeding.²²

Infants' nutrition status was further compromised by the medicalization of infant feeding, societal failure to assist mothers to breastfeed, lack of community support for breastfeeding, poor and often wrong advice of health care professionals and unsupportive hospitals, and women's work outside and inside their homes.²³

Breast feeding's positive contribution to the health and well being of mothers, child spacing, family and national economics, food security and a safe environment makes it a key point in primary healthcare and an important aspect of sound socioeconomic development.²⁴

Civil society and health professional should encourage mothers' to give only mother milk to new born babies during early period after birth. Breast feeding week is a good opportunity to create awareness among people about the breast feeding. The government is committed to implement the breast feeding rules in true spirit which were notified last year to protect the health of new born babies.²⁵

Baby friendly hospital initiative should be implemented in all hospital. At village level the community based health worker should impart counseling services after getting appropriate training (at least 3 days) in breast feeding counseling. Basic curriculum of health workers must also include the breast feeding counseling.²⁶

CONCLUSION

Although breast feeding practices are not common in our population but awareness regarding exclusive breast feeding was found in majority of women and, the use of prelacteal feeds like honey, ghutti is very common. The difficulty that mothers most find in exclusive breast feeding is that the baby seems unsatisfied.

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