Breastfeeding Practices among Selected Rural Mothers of Bangladesh

Zafreen F¹, Wahab MA², Chaudhury HS³

Abstract

Introduction: To achieve optimal health, growth and development infants should be exclusively breastfed for the first six months of their life. To meet their evolving nutritional requirements, infants should receive exclusive breastfeeding for first six months and after that they should receive nutritionally adequate and safe complementary foods along with breastfeeding up to two years of age.

Objective: To find out the breastfeeding practices among the mothers of 06 months to 2 years children in selected rural areas of Bangladesh.

Material and Methods: This cross-sectional descriptive study was conducted among 250 rural mothers from selected villages of Jhenaidah District, Bangladesh from January to June 2015. Data were collected through face-to-face interview with a semi-structured questionnaire.

Result: Among 250 rural mothers only 36.9% started breastfeeding within 1^{st} hour of child birth. Those didn't start breastfeeding within 1^{st} hour; most of the cases were due to misconception and stigma about colostrums. Pre-lacteal feeding practices were as high as 63.1% with various types of food among them honey was most common. Only one third (36.7%) of the mother exclusively breastfed their babies for 6 months and rest started early weaning.

Conclusion: To create awareness among the rural mothers about exclusive breastfeeding and preventtion of prelacteal feeding intensive social campaign is needed.

Key-words: Exclusive breastfeeding, pre-lacteal feeding, Rural mothers.

Int. Med. Col. J. 2024; 9(1): 11-14

Introduction

Children are the future leader of a nation and to lead the nation towards prosperity, comprehensive child development program is needed. Newborn baby has only 3 demands; these are warmth in the arm of a mother, food from her breast and security of her presence¹. Breastfeeding satisfies all, so breastfeeding practice plays a pivotal role in the optimal development of infants. UNICEF recommend exclusive breastfeeding for six months and the

- 1. Dr Farzana Zafreen, Associate Professor, Department of Community Medicine, Medical College for Women and Hospital, Uttara, Dhaka.
- 2. Lt Col Md Abdul Wahab, Associtae Professor, Department of Biochemistry, AFMC, Dhaka.
- 3. Dr Habib Sadat Chaudhury, Professor of Biochemistry and Vice Principal, International Medical College, Gushulia, Gazipur.

Address of Correspondence: Dr Farzana Zafreen, Associate Professor, Department of Community Medicine, Medical College for Women and Hospital, Uttara, Dhaka. addition of complementary feeding at the end of six months and continued breastfeeding till end of two years². Adequate nutrition during infancy and early childhood are essential to ensure the proper health, growth and development of children to reach their potential in contrary poor breastfeeding, pre-lacteal feeding and improper weaning practices have adverse consequences on them³. Early initiations of breastfeeding and exclusive breastfeeding up to six months are considered the two most decisive indicators for assessing breastfeeding practice⁴.

Human milk has inherent anti-infective properties which is particularly important in developing countries where there is more chance of exposure to infection⁵. Early initiation of breastfeeding is extremely important for establishing successful lactation as well as providing colostrums to the baby. The baby should receive the breastfeeding as soon as possible and preferably within 1st hour of birth. Colostrums are highly nutritious and contain the anti-infective substances, which is basically the first immunization of child receives from the mother⁶. In developing countries more than two-third newborns receive pre-lacteal feeding⁷. Late initiation of breastfeeding is not only depriving the child from the valuable colostrum but also the main reason for introducing pre-lacteal feeding; most of them are potentially harmful and invariably contribute to different diseases.

According to WHO estimate, infant mortality can go down to one fourth if they exclusively breastfed for the first six months of life⁸. WHO also recommends that infants start receiving complementary food at 6 months of age in addition to breast milk, initially 2-3 times a day⁹. American Academy of Pediatrics promote breastfeeding as "the best source of infant nutrition" and beneficial for both mother and baby. Today, many health authorities consider breast milk as the healthiest form of milk for babies¹⁰. To evaluate the breastfeeding status among rural women this study was conducted. Findings of this study might be beneficial for the healthcare policy maker to take special measure to ensure exclusive breastfeeding practices among rural pregnant women.

Materials and Methods

This cross-sectional descriptive study was conducted in Kumrabaria, Ramnagar and Nagarbatahn village of Sadar Upazilla of Jhenaidah District, Bangladesh from January to June 2015. The study population was purposively selected 250 mothers of the children of 06 – 24 months of age residing in the study area. Data were collected in semistructured questionnaire by face-to-face interview of the selected mothers. Data were analyzed by using SPSS 20.0 and presented in the forms of frequency and percentage.

Results

Among the 250 respondents 36.8% was below 20 years of age, 86% Muslim, 63.2% primary level educated, 56.8% housewife and 79.6% respondents' monthly family income was less than 10,000 taka (Table-I).

Characteristics		Frequency	Percentage (%)
Age Group(in years)	16-20	92	36.8
	21-25	63	25.2
	26-30	50	20.0
	31-35	35	14.0
	>36	10	4.0
Religion	Islam	215	86.0
	Hindu	35	14.0
Respondents' Education Status	Primary	158	63.2
	Secondary	78	31.2
	Others	14	5.6
Respondents Husbands' Education Status	Primary	82	32.8
	Secondary	121	48.4
	Others	47	18.8
Respondents'Occupation Status	Housewife	142	56.8
	Agricultural Worker	r 67	26.8
	Day Laborers	23	9.2
	Others	18	7.2
Respondents Husbands' Occupation Status	Day Laborers	66	26.4
	Agricultural Worker	r 162	64.8
	Others	22	8.8
Monthly Family Income (in Taka)	≤ 5000	62	24.8
	5000-10000	137	54.8
	>10000	51	20.4

 Table-I

 Distribution of respondents by their socio-demographic characteristics (n=250)

Majority (61.2%) of the mothers initiated breastfeeding within 1st hour. About 38.8% doesn't initiate within 1st hour among them 53.6% was due to misconception and stigma about colostrums (Table-II).

Breastfeeding initiating status		Frequency	Percentage
Initiating Time (Hours)	0 - 1	153	61.2
	1 – 12	73	29.2
	12-24	19	7.6
	> 24	5	2.0
	Total	250	100
Reason of not initiating within 1 st hour	Stigma about colostrums	52	53.6
	Insufficient flow	23	23.7
	Baby was unable to suck	16	16.5
	Others	6	6.2
	Total	97	100

Table-IIBreastfeeding initiating status of the respondents (n = 250)

About 52.8% mothers fed their babies with prelacteal feeding and honey was the most common (28.4%) pre-lacteal feed (Table -III).

Majority of respondents didn't follow exclusive breast feeding. About 52.8% started pre-lacteal feeding and majority started early weaning by various type complementary feeding (Table-IV).

Table-III Distribution of Respondents by Pre-lacteal feeding status (n=250)

Type of pre-lacteal	Frequency	Percentage
feeding		
No pre-lacteal feeding	<u>,</u> 118	47.2
Plain Water	36	14.4
Honey	71	28.4
Cow's milk	11	4.4
Infant formula	14	5.6
Total	250	100

Table-IV
Duration of exclusive breastfeeding and choice of complementary feeding

Characteristics		Frequency	Percentage
Duration of exclusive feeding	no exclusive breastfeeding	132	52.8
	<3 months	69	27.6
	3-6 months	43	17.2
	>6 months	06	2.4
	Total	250	100
Choice of complementary feeding*	Cow's milk	63	49.2
	Tinned baby formula	71	55.5
	Homemade hotchpotch	43	33.6
	Rice powder (Suji)	52	40.6
	Family food	64	45.0
	Eggs	38	29.7
	Banana	27	21.1

* Multiple responses

Discussion

Breast feeding should be started within one hour of delivery and it should be continued exclusively up to 06 months but pre-lacteal feeding is widely practiced in Bangladesh. In this study about 52.8% mother fed their child with pre-lacteal feeding and honey was most preferred feed though misconception and stigma about colostrums was the main reason for not initiating breastfeeding within 1st hour and feeding with various types of pre-lacteal feedings. This finding is consistent with the finding of Institute of Public Health Nutrition, Bangladesh¹¹ breast milk is the best gift which is provided by nature which met up all the energy and nutrients demand of the baby up to 06 months of age. In this study, only 47.2% respondents exclusively breast fed their child but half of them continued for 3 months and started early weaning. According to Bangladesh Health Survey, 2013 it is 43%¹² which is almost similar to this study. Six month exclusive breastfeeding completed only 19.6% mothers, this finding was consistent with the study from ICDDRB reported that prevalence of exclusive breast feeding to be 15% only¹³. Whereas according to survey in India mean duration of exclusive breast feeding was 3.3 months and infants aged less than two months only 23.3% exclusively breastfed¹⁴. In this study about 44.8% mother started early weaning with various types of complimentary feedings and tinned baby formula and cow's milk was most preferred complimentary food. According to Care of Brest feeding among children age group 6-7 months, about 3 in 4 children received complementary food and 20.3% respondent started complementary feeding after 6 months¹⁵ which is dissimilar to this study but consistent with other studies^{16, 17}.

Conclusion

In this study, exclusive breastfeeding and proper weaning status was low. Therefore, extensive community investigation is essential to find out the obstacles for exclusive breastfeeding and proper weaning in rural area. Community participation and mass awareness are essential for the promotion of exclusive breastfeeding and proper weaning practices for healthy child.

References

 Park, K. Park's Textbook of Preventive and Social Medicine. 23rd ed. M/S BanarsidasBhanot Publishers, Jabalpur 2015:530-40.

- Kramer MS, Kakuma R. Optimal duration of exclusive breastfeeding. Cochrane Database Syst Rev 2012; 8:CD003517.
- Baker R. Human milk substitutes- An American perspective. Minerva Pediatr 2003; 55(4): 195– 207.
- 4. Dick G. The Unhappy Breastfed baby [Internet]. Accessed on 2015. Available from:https:// www.laleche.org.uk/unhappy-baby.Article.
- Agostoni C, Haschke F. Infant formulas-Recent developments and new issues. Minerva Pediatr 2003; 55 (3): 181–94.
- Johnston M, Landers S, Noble L, Szucs K, Viehmann L. Breastfeeding and the use of human milk. Pediatrics 2012;129(3):e827-41.
- FalcoM. Study: lack of breastfeeding costs lives, billions of dollars. [cited 2010 April 06]. Available from:http://edition.cnn.com/2010/HEALTH/ 04/05/breastfeeding.costs/index.html.Article
- Oddy WH, Kendall GE, Li J et al. The long-term effects of breastfeeding on child and adolescent mental h ealth: A pregnancy cohort study followed for 14 years". J Pediatr2010; 156(4):568– 74.
- National Health Service (NHS), UK, Why breastfeed?[cited 2017 February 28]. Available fromhttps://www.nhs.uk/unhappy-baby. Article.
- Galson SK.Mothers and Children Benefit from Breastfeeding. J Am Diet Assoc 2009; 109(6):982.
- 11. IPHN, DGHS, Ministry of Health And Family Welfare,GOB. National strategy for infant and young childfeeding in Bangladesh. Dhaka:IPHN; 2007: 45-55.
- 12. International Food Policy Research Institute (IFPRI). The Status of Food Security in the Feed the Future Zone and Other Regions of Bangladesh 2013; 220-40.
- Rahman MM, Ahmed MSU, Siddique MAB et al. Nutritional Status and Complementary Feeding Practices of 6-11 months Children attending ICDDRB Hospital. Bangladesh Journal of Nutrition 2009-2010; 22-23:11-20.
- Mahmood SE, Srivastava A,Shrotriya VP et al. Infant feeding practices in the rural population of north India. J Family Community Med 2012; 19(2):130-5.
- 15. Faruque ASG, Ahmed A, Ahmed TI et al. Nutrition: basis of healthy children and mother in Bangladesh, PHN, 2012; 26:325-39.
- Rashid M, Labrique A. Shamim AA et al.Prelacteal feeding delays breast feeding initiation in rural Bangladesh. Common wealth association of pediatric gastroenterology and nutrition, Dhaka, Bangladesh 2012; 141(180).
- Shaikh MR, Nagaonkar SA. A community based study of breast feeding and weaning practices among mothers in urban field practice area of SRTR, GMC, Ambajogai. Int J Community Med Public Health 2018; 5(1):191-7.