



A study on Breast Feeding Practice among the Female Patient Attending in Dhamrai Upazila Health Complex

Shila Rani Das¹, Chinmay Biswas², A K M Maruf Raza³

1. Associate Professor, Dept. of Community Medicine, Z H Sikder Woman's Medical College, Dhaka, Bangladesh.

2. Department of Anatomy, Shaheed Suhrawardy Medical Collage and Hospital, Dhaka, Bangladesh.

3. Assistant Professor, Department of Pathology, Jahurul Islam Medical College, Kishoregonj, Bangladesh. .

Corresponding author: A K M Maruf Raza

E-mail address: drmarufraza@gmail.com

Abstract

Background: Breast feeding is the optimal method for achieving a normal growth and development of the child. This study aimed to find out the breast feeding practice among the female patients attending in Dhamrai Upazila Health Complex, Bangladesh.

Methodology: A cross-sectional study of 110 women having child less than 5 years old was included using a semi structured questionnaire from 1st May to 15th May 2017. Sampling technique was convenience sampling. After collection the data were checked and verified and edited. Compilation and tabulation of data were done according to key variables by using computer and calculator.

Results: Importance of breast feeding was known to most mothers but initiation of breast feeding within one hour of birth was known by (62%) of mothers. 70.92% gave colostrum within one hour of the child birth. 32.44% gave all type of food in addition to breast milk during lactation period to their babies. 54% exclusively breast fed their babies for about 1–4 months, Half of them had continued breastfeeding for a total of 19 to 24 months. 54.55% of them gave khichuri as a complementary food. 58.80% disagree regarding contraceptive advantage of breast milk and (77.27%) use contraceptive method during lactation period.

Conclusion: Importance of breast feeding was known to most mothers. The condition can be improved if the importance of giving colostrum to the infant, early initiation of breast feeding after delivery, maintaining duration of exclusive breast feeding and improve maternal education is implemented. The grass root workers at the community level should be involved in providing health education to the mothers and other family members.

Keywords: *Exclusive Breast Feeding, Colostrum, Complementary feeding*

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1. INTRODUCTION

Breast milk is the most ideal and valuable food for the growing infant since it suffices most of the nutritional requirements if given adequately and in appropriate manner. Exclusive breast feeding for the first six months of life followed by nutritionally adequate and safe complementary foods up to two years of age or beyond is the recommended practice by World Health Organization and American Academy of Pediatrics (1). Breastfeeding significantly reduces mortality in neonatal sepsis, pneumonia and diarrhea (2). The sole effective preventive intervention to decrease 13–15% of all child deaths is by implementing universalisation of breastfeeding. This when coupled with adequate complementary feeding would prevent 19% of all child deaths (3). However, reports suggest that the incidence of breastfeeding is declining in almost all parts of the world probably because of increasing modernization, introduction of artificial feeds, and early initiation of complimentary feeds. This could be attributed to increasing educational levels with mothers being more employed. The infant mortality rate in developing countries was six to ten times higher in non-breast-fed infants in the first months of life (4). By 2015, Millennium Development Goal (MDG-4) targets aim at halving the neonatal mortality and improving newborn health along with reduction of under-five mortality rates by two thirds. This can be achieved by adopting optimal breastfeeding practices as recommended by WHO, for example, breastfeeding to be initiated within half an hour of birth and exclusive breastfeeding to be continued for 6 months (5). Hence continued support with counseling is mandatory to mothers during antenatal period and postnatal period. Breastfeeding also is influenced by race, socioeconomic factors, and cultural and educational background of parents. Discarding colostrum's and delayed initiation of breastfeeding due to various reasons are still practiced in

few communities. However, it is estimated that 3,500 children could be saved if every baby exclusively breastfed during the first 6 months of their lives (6).

The current study to find out the breast feeding practice among the female patient attending in Dhamrai Upazila Health Complex, Bangladesh. This information will be useful to policy makers for the formulation of future interventional programs.

2. MATERIAL AND METHOD

A cross-sectional study descriptive type of observational study was conducted with a sample size 110 from 1st May 2016 to 15th May 2017. All the women having child less than 5 years old attending of Dhamrai Upazilla Health Complex were included. Non probability purposive type of sampling technique was followed. All collected data were scrutinized with the help of calculator and computer. For descriptive statistics means, standard deviations and range was calculated and presented by table, bar and pie diagram. All data were analyzed by latest version of SPSS.

3. RESULT

The cross sectional study carried out to find out the breast feeding practice among the female patient attending in Dhamrai Upazila Health Complex, Dhamrai. A Semistructured questionnaire was used to collect the information. It is found that 37.54% mother was in 25-30 years' group, followed by (34.83%) in 20-25 years, (14.41%) in 30-35 years and 6.01% mother were in >35 years' age group. Muslim was 91.10% and the rest 8.90% were Hindu. Majority of respondents (84.38%) were housewife, only 9.90% were service holder and 5.72-day laborer. Only 47.75% female patient completed primary level education followed by 23.72% secondary level, 12.61% were informal education, 8.1% were Illiterate and 3.03% were graduate and above. About 36.36% respondent's monthly family income 5000-10000 Taka, 18.18% within 10000-15000 Taka, 27.27% were in <5000 Taka, 4.54% within >20000 and 13.64% within 15000-20000 Taka. Among the respondents 22.73% have two children, 20.90% have three children, 18.18% have four, 18.18% have one child, 13.64% have five children and 6.36% have seven children. 62% of breast feeding were initiated within 1 hours followed by 29% within 2 to 12 hours and 18% more than 12 hours. When respondents were asked regarding exclusive breastfeeding, 38%, 54%, and 8% had exclusively breastfed their babies for 1-4 months, 5-8 months, and 9-12 months respectively. Half of them had continued breastfeeding for a total of 19 to 24 months in addition to complimentary feeds. About 32.44% gave all types of food, 29.73% was only in breast milk, 9.91% in powder milk and 7.50% gave cow's milk (Table 1).

Table 1: Information regarding Breast feeding practice (n=110)

Time of initiation of breast feeding in hours	Frequency	Percentage (%)
Within 1 hour	57	62%
2-12 hours	32	29%
> 12 hours	20	18%
Adopted Baby	01	1%
Duration of exclusive breast feeding in months		
1-4	42	38%
5-8	59	54%
9-12	9	8%
Total duration of breast feeding in months		
Upto 6 months	30	27%
7-12 months	14	13%
13-18 months	52	47%
19-24 months	11	10%
≥ 25 months	3	3%
Type of feeding practice		
Breast milk	33	29.73%
Powder milk	11	9.91%
Cow's milk	8	7.50%
All type of food	36	32.44%
Others	22	20.42%

Regarding first feeding of the children, colostrums was given to 70.92%, honey 13.90% and sugar water and other 15.18% (Figure 1). Most (54.55%) of them gave khichuri as a complementary food. (Table II). About 80% respondents had no disease & only (20%) had disease during breast feeding (Figure 2).

About (58.80%) of the respondents disagree regarding contraceptive advantage of breast milk and 41.20% agree. Majority 77.27% use contraceptive method during lactation period and 22.73% did not use any method.

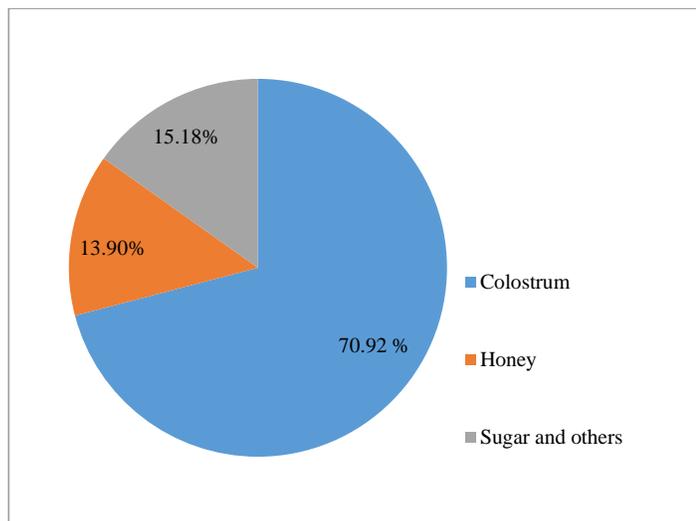


Fig. 1: Type of food given just after delivery

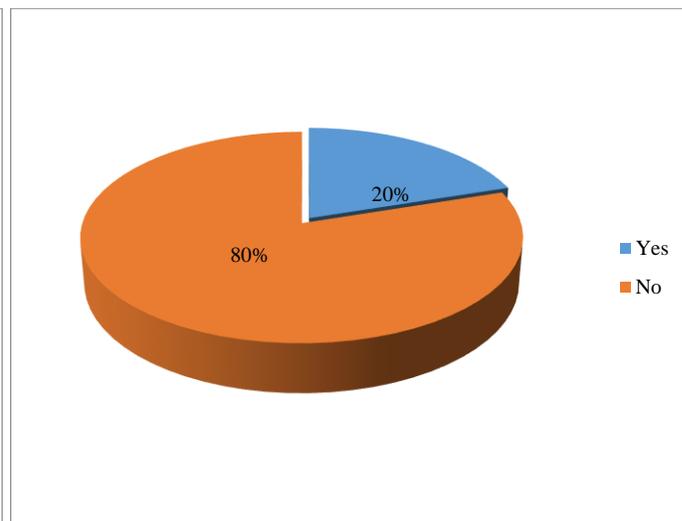


Fig. 2: Disease affected during breast feeding period (n=110)

Table 2: Types of complementary foods given (n=110)

Type of complementary foods	Frequency	Percentage %
Sagu/barly/suji	20	18.18%
Glucose /sugar /misry-water	10	9.09%
Khichuri (hotch-potch)	60	54.54%
others	10	9.09%
All	5	4.55%
None	5	4.55%
Total	110	100%

4. DISCUSSION

The current study on breast feeding practice revealed that only 37.54% was in 25-30 years' group, followed by 20-25 years (34.83%), 30-35 years (14.41%), 20 years (7.21%) and 6.01% were in >35 years' age group. Muslim was 91.10% & the rest 8.90% were hindu. Majority of respondents (84.38%) were housewife. Another study found that 94.24% respondents were between 16-30 years' age group, mean age 23.91 years and Majority of the mother were house wife (80.64%) (7).

Only 47.75% female patient were completed their primary level education followed by 23.72% were secondary level, 12.61% were informal education. 8.1% of the respondents were Illiterate and 3.03% were graduate and above. Similar study showed that maximum numbers of the respondents were qualified up to secondary level (30.90%), primary levels were 34.50% and most of the mothers were housewife (95.5%) (8).

About 36.36% respondent's monthly family income 5000-10000 Taka, 18.18% within 10000-15000 Taka, 27.27% were in <5000 Taka, 4.54% within >20000 and 13.64% within 15000-20000 Taka. In another study in Bangladesh revealed similar result that most of the respondents were from lower economic class (9).

In present study 62% initiation of breast feeding within 1 hours followed by 29% within 2 to 12 hours, 18% more than 12 hours which was not similar to the study done in Southern India where (61%) of mother started breastfeeding within 1 hour of delivery; 30% mothers started to breastfeed their babies after 4 hrs of delivery (10).

Regarding first feeding of the children, colostrum was given to 70.92% infants, honey 13.90% and sugar water and other 15.18%. which was nearly similar to another study where breast milk was given to 75.92%, honey 8.90% and sugar water and other 15.18% during first feeding of child (11).

When respondents were questioned regarding exclusive breastfeeding, 38%, 54%, and 8% had exclusively breastfed their babies for 1-4 months, 5-8 months, and 9-12 months respectively. In other study 48% of professional working mothers were able to practice exclusive breastfeeding and 52% could not practice exclusive breastfeeding (12). The data showed that exclusive breastfeeding at any time between delivery and 6 months is not a common practice. For most mothers, breastfeeding was combined with supplementary feeds of powdered milk.

Half of them had continued breastfeeding for a total of 19 to 24 months in addition to administering complimentary feeds. This was similar to other study where half of them had continued breastfeeding for a total of 17 to 24 months in addition to administering

complimentary feed (13). Most of the mother (54.55%) gave khichuri as complementary food. About 80% respondents had no disease & only 20% had disease during breast feeding. In our study 58.80% of the respondents disagree regarding contraceptive advantage of breast milk and 41.20% agree. In present study 77.27% use contraceptive method during lactation period and 22.73% did not use any method.

5. CONCLUSION

The most sensitive indicator of health is infant mortality rate. Results of this study show that knowledge and practice regarding proper breast feeding practice among the rural women of Bangladesh is average. The condition can be improved if the concerns are given on colostrums initiation just after delivery, maintaining duration of exclusive breast feeding and improvement of maternal education. The National Breast Feeding Programme should concentrate more on training of doctors and nurses in rural areas of Bangladesh. The grassroots workers at the community should be involved in providing health education to the mothers and other family member.

5.1 Recommendation

Recommendations are breast feeding is very much essential for the health of the baby. Mass health education programme on breast feeding should be taken. Government and NGO authorities may take initiative to improve the pattern of breast feeding practice. Health education on breast feeding may be included in MCH services.

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