

**BREASTFEEDING PRACTICES IN RURAL FIELD PRACTICE AREA OF A GOVERNMENT MEDICAL COLLEGE IN NORTHERN INDIA**FOZIA NAZIR,<sup>1</sup> SHOWKAT HUSSAIN TAL<sup>2</sup>, TAJALI SHORA<sup>1</sup>, SHAGUFTA YOUSUF<sup>3\*</sup>

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**ABSTRACT**

**Objective:** The objective of this study was to assess the exclusive breastfeeding practices among the lactating mothers in rural field practice areas of a Government Medical College Anantnag.

**Methods:** It was a community-based cross-sectional study conducted in rural field practice area, Department of Community Medicine GMC Anantnag, for 6 months from May 2021 to October 2021. A total of 120 lactating mothers were interviewed who had delivered 1 year back. The study participants were selected by systematic sampling method.

**Results:** In this study, 120 lactating mothers were interviewed. Around 68.4% of the mothers were in the age group of 20–30 years, 60% were illiterate, 78% of the mothers belonged to joint families, and 93.3% had institutional deliveries. The practice of exclusive breastfeeding among lactating mothers was 71.6%. Colostrum and pre-lacteal feeds were given by 93.4% and 80.8% of the mothers, respectively.

**Conclusion:** The present study shows that the prevalence of breastfeeding is higher in the rural population. It is clear that delayed initiation of breastfeeding and use of pre-lacteal feeds is prevalent among mothers. There was also lack of knowledge of proper breastfeeding practices among rural women.

**Keywords:** Breastfeeding, Field practice area, Practices.

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**INTRODUCTION**

Breastfeeding is one of the most important determinants of child survival, birth spacing, and prevention of childhood infections. Breast provides all the essential nutrients in form of energy, vitamins, minerals, and all the elements required by the infant for his optimal growth and development [1]. The World Health Organization (WHO) and the United Nations Children's Fund have recommended initiation of exclusive breastfeeding up to 6 months of age and continuing it up to 24 months [2]. Optimal feeding of infants from 0 to 6 months has been associated with significantly lower risk of all-cause and related mortality compared to partial or not breastfeeding at all. Early breastfeeding within 1 h and exclusive breastfeeding for the first 6 months are the key interventions to achieve MDG 1 and MDG 4, which deal with reduction in child malnutrition and mortality, respectively [2]. Globally, only 40% of infants under 6 months of age are exclusively breastfed [3]. As per NFHS 4, the prevalence of exclusively breastfed children under age 3 in India is 41.6% and 54.9% of children under age 6 months of age are exclusively breastfed. In Jammu and Kashmir, the prevalence of exclusively breastfed children under age 3 and 6 months was found to be 46% and 65.4%, respectively, which is slightly higher than the national average [4,5].

The practice of breastfeeding among Indian mothers is almost universal, but initiation of breastfeeding is quite late and the colostrum is usually discarded. Breastfeeding practices in rural communities are shaped by their beliefs, which are influenced by social, cultural, and economic factors. There is dearth of breastfeeding practices in rural areas; hence, the present study was undertaken to assess the infant feeding practices in rural areas in northern India.

**Aim and objective**

The aim of this study was to assess the exclusive breastfeeding practices of the lactating mothers in rural field practice areas of Government Medical College Anantnag.

**METHODS**

It was a community-based cross-sectional study conducted in rural field practice area, Department of Community Medicine GMC Anantnag, for 6 months from May 2021 to October 2021. A total of 120 lactating mothers were interviewed who had delivered 1 year back. The study participants were selected by systematic sampling method. After selecting the study participants, a house to house visit was done. Informed verbal consent was obtained from eligible mothers. Participants were explained the objective of the study and data were collected using a structured questionnaire. Information regarding demographic and socioeconomic characteristics, birth history of the child, the place, and mode of delivery of the child was also obtained. The mother was asked about the breastfeeding practices and whether the child was given any pre-lacteal feed or not. The nature of the pre-lacteal feed was also ascertained. The reasons for not exclusively breastfeeding the child were also inquired from the mother. The data thus collected were tabulated and analyzed and compared with the previous studies.

**RESULTS**

Sociodemographic characteristics of study population are depicted in Table 1. Feeding practices of mothers are depicted in Table 2. Reasons for not practicing exclusively breastfeeding are presented in Table 3.

**DISCUSSION**

Breastfeeding is one of the most effective ways to ensure child health and survival. Breast milk is the ideal food for infants. It is safe and clean and contains antibodies which help protect against many common childhood illnesses. Mothers have been breastfeeding their children from times immemorial and are continuing to do so till date.

A total of 120 nursing mothers were interviewed during the study. Most of the mothers were in the age group of 20–30 years (68.4%)

**Table 1: Sociodemographic characteristics of study population (n=120)**

Variable	Number	Percentage
Age of the mother		
<20 Years	11	09.1
20-30 Years	82	68.4
>30 Years	27	22.5
Educational status		
Illiterate	72	60
Literate	48	40
Type of family		
Nuclear	42	35
Joint	78	65
Occupation		
Working	26	21.7
Not working	94	78.6
Place of delivery		
Home	08	06.7
Institutional	112	93.3
Parity		
Primiparous	28	23.4
Multiparous	92	76.6
Birth weight in Kg		
<2.5	11	09.2
>2.5	94	78.3
Not known	15	12.5

**Table 2: Feeding practices among children (n=120)**

Variable	Number	Percentage
Time of initiation of Breastfeeding		
Within 1 h	27	22.5
1-2 h	56	46.7
>2 h	32	26.6
Lactation failure	05	04.2
Type of feeding		
Exclusive breastfeeding	86	71.6
Bottle feeding	12	10.0
Mixed feeding	22	18.4
Colostrum		
Given	112	93.4
Not given	08	06.6
Pre lacteal feeds		
Given	97	80.8
Not given	23	19.2
Frequency of breastfeeding		
Scheduled	36	30.0
On demand	84	70.0
Type of artificial feeds		
Formula	28	23.3
Cow's milk	92	76.7

**Table 3: Reasons for not exclusively breastfeeding (n=120)**

Variable	Number	Percentage
Inadequate milk supply	84	70
Mother's health	18	15
Infant's health	12	10
Working mothers	06	05

with a mean age of 22.63 years. Majority of the mothers interviewed were illiterate (60%) and 21.7% were working. As many as 65% of the mothers were from joint families and as many as 76.6% were multiparous. The prevalence of practice of exclusively breastfeeding up to 6 months of age was 71.6%. About 93 babies were fed colostrum and only 22.5% were breastfed within 1 h of birth. The prevalence of pre-lacteal feeding was 80.8%. Cow's milk was the most common alternative feed given and the most common reason for not giving

exclusive breastfeeding was the perception that the mother is not producing enough milk.

Most of the mothers were in the age group of 20-30 years (68.4%) with a mean age of 22.63 years. This signifies the fact that most the marriages in the study population took place below 30 years of age. In a study conducted by Kelaye [6], the mean age of mother's was consistent with the findings in our study. Similar findings were also observed in another study conducted by Mukhtar *et al.* [7] where mean age of mothers was 28.66 years. Majority of the mothers interviewed were illiterate (60%) and 21.7% were working which signifies the low literacy rate in our study population. This finding is consistent with the study conducted by Shah *et al.* [8], where 65 % of the mothers were illiterate. In another study conducted by Joshi *et al.* [9], similar findings were observed. About 65% of the mothers belonged to joint families and only 35% belonged to nuclear families which talk about the current family structure of our society. Similar findings were observed in a study conducted by Shah *et al.* [8], where 60% of the mothers belonged to joint/extended families and 40% belonged to nuclear families, respectively. In this study, majority of the mothers 76.6% were multiparous which may be for the fact that more than two child norm is still in common place. Similar findings were in the study conducted by Mahmood *et al.* [10], where 68.2% of the mothers had birth order  $\geq 2$ .

The prevalence of practice of exclusively breastfeeding up to 6 months of age in our study was found to be 71.6% which is slightly higher than the State and National levels as per NFHS-4 [4,5]. This may be for the fact that myths and harmful beliefs about the exclusive breastfeeding are still prevalent in the society. Close to 93 babies were fed colostrum and only 22.5% were breastfed within 1 h of birth. Delay in initiating breastfeeding is one of the important determinants of stunting pre-lacteals which was observed in over 80% of our study population. Better results were reported in NFHS-4 (J and K), where 46% were breastfed within 1 h of birth. Another study conducted by Mukherjee *et al.* [11] in India reported that 75.5% of the mothers started breastfeeding within 1 h which is similar as reported in our study. Similar observations were found in studies conducted by Shah *et al.* [8], Bentley *et al.* [12], Akorede *et al.* [13], and Ghosh and Shah [14]. In contrast to guidelines proposed by the WHO on EBF (where no pre-lacteals are to be given to newborn before the initiation of breastfeeding), the prevalence of pre-lacteal feeding in our study was 80.8% which is similar to the findings of the studies conducted by Sai *et al.* [15], Patil *et al.* [16], and Khamis *et al.* [17].

## CONCLUSION

The present study shows that the prevalence of breastfeeding is higher in the rural population. It is clear that delayed initiation of breastfeeding and use of pre-lacteal feeds are prevalent among mothers. There was also lack of knowledge of proper breastfeeding practices among rural women. It seems highly appropriate that mothers are educated during their antenatal period regarding undisputed beneficial effects of breastfeeding in the early infancy, trained, and supported to breastfeed their newborns soon after birth, and educate to overcome wrong notions regarding insufficient milk.

## AUTHORS CONTRIBUTIONS

Fozia Nazir involved in conception and design of the study. Showkat Hussain tali involved in designing the study, drafting of the article, and analyzing the data. Tajali Shora and Shagufta Yousuf involved in drafting the article and analyzing the data. All involved in data collection, revising the data critically and final approval. All the authors are responsible for the accuracy of the data.

## CONFLICTS OF INTEREST

None.

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**DISCLAIMERS**

None.

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