ORIGINAL ARTICLE

Practice of Breast Feeding Under Two Years Children Among Mothers in a Selected Slum of Dhaka City

Md. Moniruzzaman Bhuiyan¹, Nusrat Shoaib², Masuma Begum³, Md. Shahadat Hossain Khan⁴, Ayesha Nasreen⁵, Abdul Mazid⁶, Khwaja Shajed Anwar⁷

Abstract:

A cross sectional descriptive study was conducted among 240 mothers who had children under two years. Mean age of the respondent was 26.73 years. Most of the mother (60.83%) had children under the age group of 6 months. Fifty three percent respondent and their husbands (47.92%) completed primary level of education and monthly income of them was within 5000-10000 taka in 39.17% of cases. Most of the respondent (78%) thought that breast milk was most safe food for baby and 82% knew what colostrum was. Only 35% of respondents acquired knowledge about breast feeding from doctor and health workers and 32% of mothers thought supplementary foods should start at the age of 3 months, but 49% of mothers started giving supplementary foods at the age of 6 months. It was seen that among breast feed children 51% of them frequently felt sick. Majority of the respondent's children (33%) suffered from common cold and cough and 22% suffered from diarrhoeal diseases. Even after a huge mass publicities and mobilization for many years to promote exclusive breast-feeding, only 27% mothers know the duration of exclusive breast-feeding correctly as 6 months. Thus it is obvious that there is a large knowledge-to-practice gap.

- Professor, Department of Paediatrics, Holy Family Red Crescent Medical College and Hospital, Dhaka.
- Lecturer, Department of Community Medicine, Holy Family Red Crescent Medical College, Dhaka.
- Assistant Professor, Department of Community Medicine, Holy Family Red Crescent Medical College, Dhaka.
- Professor and Head, Department of Community Medicine, Holy Family Red Crescent Medical College, Dhaka.
- Associate Professor, Department of Community Medicine, Holy Family Red Crescent Medical College, Dhaka.
- Assistant Professor, Department of Community Medicine, Holy Family Red Crescent Medical College, Dhaka.
- Assistant Professor, Department of Community Medicine, Holy Family Red Crescent Medical College, Dhaka.

Introduction

Feeding practices play a pivotal role in the optimal development of infants. Poor breast-feeding and infant feeding practices have adverse consequences for the health and nutritional status of children, which in turn have consequences on mental and physical development of the child. Breast-feeding also affects mothers through the physiological suppression of the fertility status; thereby affecting the length of interval between pregnancies. Early initiation of breast feeding is encouraged for a number of reasons. Mothers benefit from early suckling because it stimulates breast milk production and facilitates the release of oxytocin, which helps

the contractions of the uterus and reduces postpartum blood loss. Colostrums which is highly nutritious and has antibodies that protect the new born from diseases, appear in the breast milk initially. Early initiation of breast feeding also encourages bonding between the mother and newborn¹.

The composition of breast milk changes with the passing of days and with the growing need of the child. As the digestive system of the new born is not completely developed, mothers breasts offer her dilute milk with less fat content in the early stage and subsequently with the passing of time it become thicker, fat content and the content of some other elements increases to suit the requirement of child. Besides nutritional components, breast milk has many other properties. It has anti-infective properties and breast-fed babies are less susceptible to develop certain diseases like eczema, asthma, heart diseases, and diseases of the various systems like multiple sclerosis. Breast-feeding is considered as the first immunization for the child. Breast feeding provides optimum growth up to 6 months of age of the child. Breastfeeding is economical. provides contraception and other health benefits to the mother. The unique gift of breast-feeding is the bondage that builds up between the mother and the child, which is the foundation of the mental and psychological strength of the child for whole life.2

Materials and method:

This cross-sectional descriptive study was done in a selected slum of Dhaka city from during March and April 2011. Data was collected from 240 mothers who had children under two years. All the participants were purposively selected. Data was collected from respondents by face-to-face interview with semi structured questionnaire.

Results:

Among 240 respondents 120 of them was in 26 to 30 years of age and most of the children was under 6 months of age. Most of the mother and their husband completed their primary level of education (Table I). Eighty four percent of the respondent worked as day labourer (Table I). Hundred and forty two mother had knowledge about breast feeding and among them 94% thought that it is most economical(Table II). 84% respondent acquired knowledge about breast feeding from doctors and health workers (Table III) and seventy four respondent thought that exclusive breasr feeding should continue up to 3 months (Table III). Most of the mother (118) started giving supplementary food at the age of 6 months (Table IV), 51% of children frequently fall in sickness among which common cold and cough was more common (Table IV).

Table I: Distribution of respondent by socio-demographic characteristics.

Age of the mother(in years)	frequency	Age of the children (in months)	frequency
<20 21-25	12 (5%) 38 (16%)	0-6 7-12	146 (60.83%) 74 (30.84%)
26-30	120 (50%)	13-18	11 (04.58%)
31-35 36-40	41 (17%) 19 (08%)	19-24	09 (03.75%)
>40	10 (04%)	C111 120 000 0000 000 000 000 000 000 000	
Educational status of mother	frequency	Educational status of father	frequency
No formal education Primary Secondary	92 (38.33%) 128 (53.34%) 17 (7.08%)	No formal education Primary Secondary	20 (8.33%) 115 (47.92%) 60 (31.25%)
Higher secondary	03 (1.25%)	Higher secondary	30 (12.5%)
Occupation of the mother	frequency	Occupation of the father	frequency
House wife	26 (11%)	Unemployed	20 (8.3%)
Factory worker	60 (25%)	Factory worker	45 (18.7%)
Day labourer	84 (35%)	Day labourer	85 (35.4%)
Household business	53 (22%)	Household business	50 (20.8%)
Others	17 (07%)	Others	40 (16.6%)
Total	240	Total	240

Table II: Distribution of the respondent according to their knowledge about breast feeding

Knowledge about breast milk	Yes	Percentage (%)	No	Percentage (%)
Highly nutritious	170	73	70	27
Most safe food	166	78	74	22
Most economical	188	94	52	06
Knows what is colostrum	165	82	75	18
Fed colostrum	142	63	98	37

Table III: Distribution of the respondent according to their knowledge about duration of exclusive breast feeding and sources of their knowledge.

Knowledge about duration of exclusive breast feeding	Frequency	Sources of knowledge about breast feeding	Frequency
Up to 3months Up to 4months	74 (31%) 46 (19%)	Doctors and health workers	84 (35%)
Up to 5months Up to 6months Up to 1 year	38 (16%) 65 (27%) 12 (05%)	Medias like Radio, TV, newspapers etc.	65 (27%)
Up to2year >2year	05 (02%)	Husband and family members	29 (12%)
	3,755	Others	05 (02%)
Total	240	Total	240

Table IV: Distribution of the respondent according to their knowledge about starting time and practice of supplementary food.

Knowledge of starting time of supplementary food	frequency	Starting time	frequency
At the age of 3months	77 (32%)	Within 3months	28 (12%)
At the age of 6months	46 (19%)	At 6months	118 (49%)
At the age of 9months	38 (16%)	At 9 months	48 (20%)
At the age of 12months	70 (29%)	At 12months	36 (15%)
Above 12 months	05 (02%)	After 12months	05 (02%)
Whenever the child desires	05 (02%)	Whenever the child desires	05 (02%)
Total	240 (100%)	Total	240 (100%)

Table V: Distribution of occurrence of childhood illness and types of illness among the breast fed children

Types of illness	frequency
Diarrhoeal diseases	27 (22.13%)
Fever	37 (30.34%)
Common cold and cough	40 (32.79%)
Acute respiratory tract infection	15 (12.29%)
Others	03 (02.45%)
Total	122 (100%)

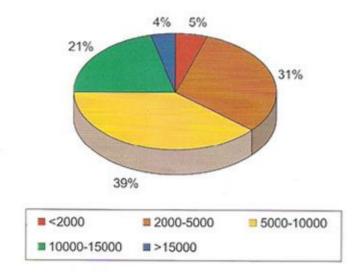


Figure 1: Distribution of the respondent according to their monthly family income

9

Discussion:

The study was designed to assess the knowledge and prevalence of breast-feeding and effect of knowledge on breast-feeding practice and also extends further knowledge in the field of breast feeding in infancy. In this study, it was observed that most of the mothers (50%) were in 26-30 years age group and 60.83% of the children were in 0-6 months age group.

Several studies showed that males are more literate than females in our country. Among 240 respondent, 92 (38.33%) were found having no formal education, whereas 20(8.33%) husbands were reported as having no formal education³.

In the present study 11% of the mothers were housewives and others were serving outside home. Among the husbands of the respondent women, 35.4% were found to be day laborer whereas 8.3% were unemployed, 20.8% in business and 18.7% worked in factory. More than half of the mothers' employed in services in the study. This is not consistent with some other studies in the different areas of Dhaka city.4 Despite a good portion women employment, monthly family income was between Tk. 2000-5000 in 30.83% cases and in 39.17% families, it was between Tk, 5000-10,000. Only 4.17% of the families were reported of a monthly income more than Tk.15,000. These overall figures showed high employment rate of low incoming jobs in the study area. It is a common panorama in rapidly urbanizing and industrializing areas all over the world, especially in the developing countries3.

About 94% mothers were aware of the low cost of breast-feeding, regarding the high nutrition and safety value of breast-milk, the knowledge shares of the mothers were 73%

and 78%. This profile indicates greater concern of the mothers for money than other benefits of breast-feeding⁶. This is a typical pattern of social attitudes resulting from rapid industrialization and urbanization all over the world, especially in the developing countries.

Although it was found that almost all of the mothers and their husbands were literate, 55% of these mothers would not know the importance and benefits of feeding colostrum to the children, even 32% knew as colostrumfeeding harmful for the newborns. Even there were family bars on colostrum feeding in 37% cases. This phenomenon may be due to poor knowledge levels and cultural change of the mothers7,8. Moreover, it appears that just literacy may not always enrich knowledge, attitudes and culture. Among the breast fed child 51% of them frequently get sick from common cold and cough (32.79%), 30% cases from fever, from diarrhoeal diseases 22% cases which are the common communicable diseases of Bangladesh. But occurrence of common diseases like diarrhoeal diseases are decreasing day by day.

Even after a huge mass publicities and mobilization for many years to promote exclusive breast-feeding, only 27% mothers know the duration of exclusive breast-feeding correctly as 6 months. Still, 31% mothers know it as 3 months, 19% as 4 months and 16% as 5 months. Thus it is obvious that there is a large knowledge-to-practice gap.

Breast-feeding and colostrum feeding practice in the study area were not according to the educational and socioeconomic status. Health education and promotional activities should be continued and extended for the better realization of the mothers about importance and impact of breast-feeding.

References:

- Bhuiyan M Md, Bhuiyan D A, Mohanta R C, Shamsuzzaman Md, Exclusive Breastfeeding: A Major Problem of a Upazilla in Bangladesh, Bangladesh Private Medical Practitioners Journal, 2008;14: 109-111.
- Department of Health and Social Security, Child Nutrition Panel of Committee on Medical Aspect of Food Policy. Present day practice in infant feeding-third report: HMSO, London, 1988.
- Chowdhury N, Islam MA, Chakraborty N. Infant and child feeding practices in Bangladesh. Demography India, 1997; 26: 276-286.
- Nassa F, Rahman S, Ahmed S, breast feeding patterns of working women in the Dhaka Metropolitan area. Bangladesh Medical Research Council, 1988;14: 1-8.

- Lutter CK, Perez ER, Sanghvi T, Wickmane. The effectiveness of a hospital based program to promote exclusive breast-feeding among low-income women in Brazil. Am. J Public Health, 1997; 87: 659-663.
- Haque M, haq JA, Rahman F, Azad AK. Infant feeding practices & relevant events. Bangladesh Journal of Child Health, 1987; 11: 108-113.
- Chaklader H. A survey report on breastfeeding practices behavior of lactating mothers. Bangladesh Women's Health Coalition (BWHC), Dhaka, 1996; October; 37-47.
- Mazoni MJ, Bener A, Cheena MV. Breast feeding and supplementary feeding for neonates in Al-Amin, (note Arab Emirates). Journal of Tropical Paediatrics. 1997; 42: 305-306.