

ORIGINAL ARTICLE

Exclusive Breast Feeding Practice: A Time Point Study on Mothers of Under-six Months ChildMd. Sajed Anwar¹, Abdul Majid²**Abstract:**

Exclusive breastfeeding up to the completion of the sixth month of age is the national infant feeding recommendation for Bangladesh. Across-sectional study was conducted in the Holy Family Red Crescent Medical Hospital, Dhaka to explore current knowledge, attitudes, skills and practices regarding optimistic exclusive breastfeeding among the mothers of under 6 months child. Overall 56% of children are breastfed within one hour of birth. Although about 86% of the respondents knew the importance of breastfeeding and different electronic and print media played as most common source (33%) of information. Only 17% of the respondent among whom practicing breastfeeding for their babies gave breast milk 4-6 times in 24 hours. Majority of the newborn babies (71%) were given breast milk as first feeding. Insufficiency of breast milk and tradition were identified as two factors that influenced to initiate pre-lacteal feeding. In most cases, mother-in-laws (50%) initiated the feeding followed by their own parents (35%) Different forms of feeding practices beyond breast milk reported in the present study. More than half (56%) of the respondent knew the accurate information about duration of breast feeding whereas only 28% of the respondent who often breast fed to their babies had skill on correct attachment of breast feeding and 11% of the respondent had the skills on good positioning of breastfeeding. Exclusive breastfeeding up to six months is still low and the prevalence of inappropriate practices is high and skill regarding positioning and attachment are very poor.

Introduction:

Breast milk is an ideal food for healthy growth and development of infants as it strengthens emotional bondage between mother and child and is the most economic way of feeding the child. Importantly,

breast milk protects against infections through specific and non-specific immune factors and has long-term consequences in the prevention of metabolic diseases in later stages of life. Breastfed infants have improved neuro-development and a lower incidence of infections compared to formula-fed infants. Results of a study in Hungary on comparison of human milk with different types of infant food in the nutrition of full term neonates showed higher levels of serum calcium and protein

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in breast-fed infants compared to those receiving infant formula¹. Breastfed infants also have better feed-tolerance and less physiological gastro-esophageal reflux than formula-fed infants.

Breastfeeding is a key tool in improving child survival. Exclusive breastfeeding for the first six months of life can avert up to 13% of under-five deaths in developing countries². It can reduce the number of deaths caused by acute respiratory infection and diarrhea, as well as other infectious diseases. It also contributes in bonding between mother and child. Although there has been progress over the past fifteen years, only 38% of infants under-six months of age in the developing world are exclusively breastfed. However, the rate of exclusive breastfeeding in Bangladesh is still as low as 43%. Early initiation of breastfeeding (within one hour of birth) is only 24%. Whereas, if all newborns were breastfed within first hour of birth, then about 37,000 neonatal deaths could be averted annually in Bangladesh. Recent scientific studies have found that education and support for mothers significantly extends the number of months that mothers breastfeed, and is especially helpful in promoting exclusive breastfeeding. Other studies have shown that counseling and support in health facilities have led to increase in the number of mothers who initiate breastfeeding within the first hour of birth.

Exclusive breastfeeding is a challenge for many mothers through out the world including Bangladesh. Every mother faces different challenges to breastfeeding. So,

individual concerns need individual solutions with the support of family, community members, government, employers and health professionals. They all must understand the critical value of appropriate breastfeeding and extend all out support to every breastfeeding mother.

Breastfeeding has been a universal practice in the past. But this situation is fast changing in this age of modernization. Many studies on breastfeeding have been conducted worldwide during the last sixty years. The World Health Organization (WHO) conducted a collaborative study on breastfeeding in nine developing countries between 1995 and 1998 and found socio-cultural factors such as education, employment, income, and urban residence to be the strongest determinations of the length of breastfeeding².

In the past two decades, breastfeeding initiation and duration began to increase in many developing countries. A survey conducted in 43 countries indicates a significant increase in exclusive breastfeeding from 39% to 46% between 1989 and 1999 with wide variations within and between geographic regions³. For example, Demographic Health Survey (DHS) of different countries indicate that exclusive breastfeeding rates for infants 0-3 months of age range from 25% (Dominican Republic, 1996) to 78% (Peru, 2000) in Latin American, and from 4% (Ivory Coast, 1999) to 63% (Malawi, 2000) in Africa.

Breastfeeding practices in Bangladesh are considered the best in South East Asia. Over the past decade; reported exclusive

breastfeeding practices were increasing in the country⁴. There has been number of studies on breastfeeding in Bangladesh but published data on under-six months exclusive breastfeeding are scarce.

Materials and method:

A descriptive type of cross sectional study was conducted among the mother of under six (6) month age children. The study was carried out among ninety seven (97) mothers having a baby less than 6 months of age who attend for medical or surgical consultation either at inpatient or outpatient department of Holy Family Red Crescent Medical College Hospital, Dhaka from September 2008 to October 2008. Study was done to assess the current status of knowledge, attitude and practices on exclusive breastfeeding, examine the skills of mother on correct positioning and

attachment, the rates of initiation of breastfeeding immediate after birth. A pre-tested structured questionnaire was used for obtaining data after proper scrutiny, verification, edition, compilation and analysis.

Results:

Almost about 86% of the respondent knew about exclusive breastfeeding to the new born. Age of the respondents varied from 19 to 35 years. Mean age was 25.8 years with $sd \pm 5.17$ years. Among the respondent around 44% having age of 21-25 years that was highest number in this group followed by the 31-35 of age group which was about 28%. Nobody among the respondents was illiterate. About 29% of the respondents were above higher secondary level (Table-I, II).

Table-I: Distribution of the respondents by age.

Age group (Year)	Frequency	Percentage
16-20	13	13.4%
21-25	43	44.3%
26-30	14	14.4%
31-35	27	27.8%
Total	97	100%

Table-II: Distribution of the respondents by their level of education.

Educational Status	Frequency	Percentage
Secondary completed	13	13.4%
Higher secondary incomplete	15	15.5%
Higher Secondary completed	28	28.9%
Graduation incomplete	14	14.4%
Graduation completed	27	27.8%
Total	97	100%

The main occupation (57%) among the respondents was housewife. Only 6% of the respondents were government services holder which is the least in number among working respondent. About 43% of respondent's husbands were serving in non-government organizations (NGO). Government service holder and private service holders were almost

equal, which was 13% and 14% respectively (Fig-1, 2).

It was found that only about 56% of the respondents had breastfed their child within one day after delivery. The Table-VI shows that a significant proportion of the respondents (29%) had given pre-lacteal from of feeding to their babies before starting breast milk.

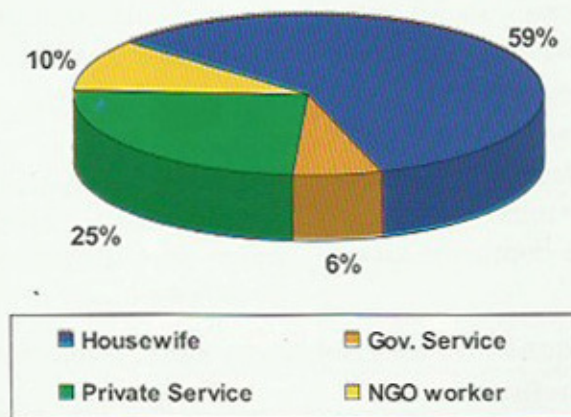


Figure-1: Distribution of the respondents by their occupation.

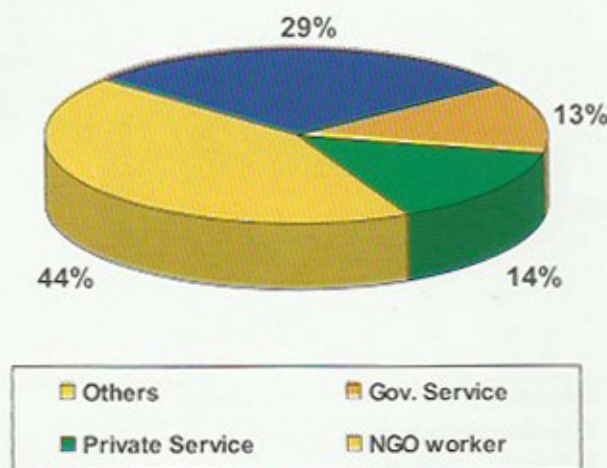


Figure-2: Distribution of the respondents by their husband's occupation.

Table-III: Distribution of the respondents by the time of initiation of breastfeeding.

Time of initiation	Frequency	Percentage
Within one hour	54	55.7%
More than one hour	43	44.3%
Total	97	100%

Table-IV: Distribution of the respondents by pre-lacteal feeding practices

Pre-lacteal feeding	Frequency	Percentage
Yes	28	28.9%
No	69	71.1%
Total	97	100%

There were two reasons found that influenced pre-lacteal feeding to their babies. Half of the respondents had given pre-lacteal feeding because of insufficient breast milk and half of them as a follower of tradition. The father/mother-in-law of the respondents was most dominant group

for advising to initiate pre-lacteal feeding which was followed by their parents.

The Fig-3 shows that media played as most common source (33%) of information about the exclusive breastfeeding among the respondents. Husband acted as least and others like friends, neighbor, and relatives contributed 22% as source of information.

Table-V: Distribution of the respondents by their current feeding practices.

Current Feeding Practices	Frequency	Percentage
Breast milk Only	41	42.3%
Powder/cow's milk only	14	14.4%
Breast milk and powder/ cow's milk	42	43.3%
Total	97	100%

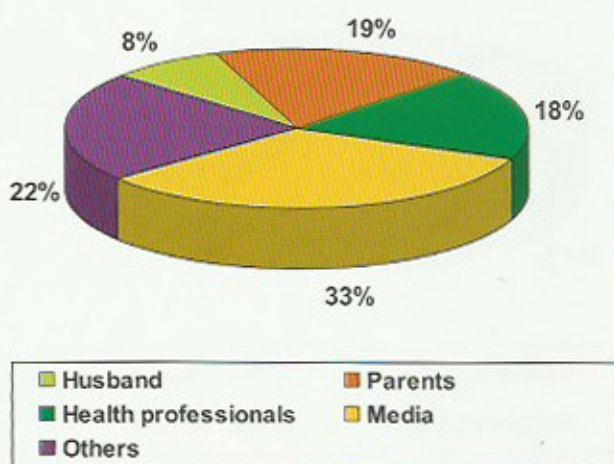


Figure-3: Distribution of the respondents by the source of information about exclusive breastfeeding.

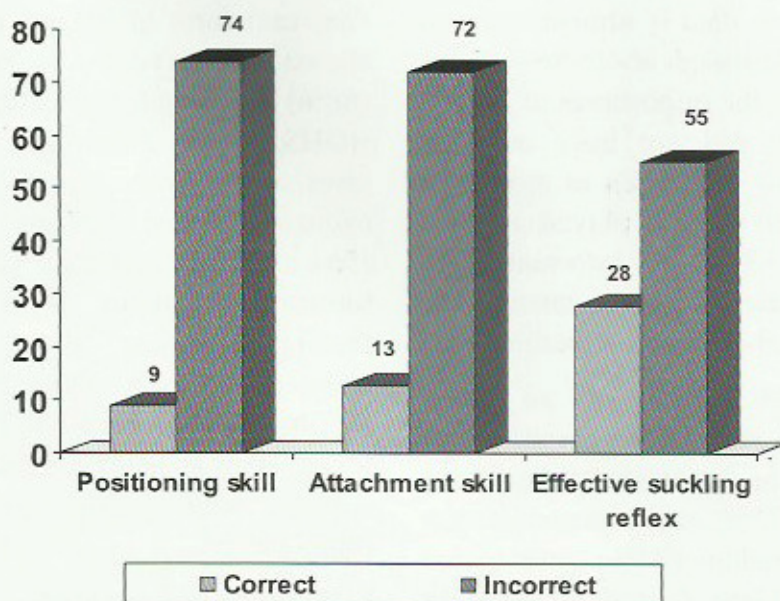


Figure- 4: Distribution of respondents by skill level about positioning, attachment and suckling reflex during breastfeeding.

Only 11% and 13% of the respondents have the skill about correct positioning and proper attachment during breastfeeding. The effectiveness of suckling reflex of the baby was also found poor in 55% of the respondents (Fig-4).

About 43% of the respondents fed powder milk in addition to breast milk to their baby whereas 41% of respondent fed breast milk only. All respondents (97) were asked in order to assess their knowledge level about the duration of exclusive breastfeeding should be given up to 5 months whereas about 42% respondent shared it should be given up to 6 months. More than half (56%) of the respondent mentioned that breast feeding should be continued up to 24 months.

About 17% of the respondent among whom practicing breastfeeding for their babies gave breast milk 4-6 times in 24 hours.

About 66% of the respondent offered 7-12 times of breast milk to their children in 24 hours. It was found that majority of respondent (44%) gave breast milk to their children four times at night which was followed by 3 times by 26% skill level about positioning.

Discussion:

In countries where lactation support is available, six months exclusive breastfeeding has improved substantially over the time indicates that 100 percent of children are breastfed at some point, almost the same as in the BDHS report 2004. Overall, 56% of children are breastfed within one hour of birth, indicating a substantial increase compared to previous report which was 24%. Almost 43% of the respondents gave breast milk only to their babies during the interview which was

considered as current exclusive breast feeding rate which data is almost same as BDHS survey⁵. Although about 86% of the respondents knew the importance of breast-feeding but they did not have accurate knowledge on how and when to initiate it. However, different medias played as most common source (33%) of information to increase the awareness level among the respondent for exclusive breastfeeding.

According to IMCI protocol, an infant under-six month should be given breast milk at least eight times in 24 hour and once at night⁴. This study explored that majority of respondent (44%) gave breast milk to their children four times at night which was followed by 3 times by 26% of respondents. About 17 % of the respondent among whom practicing breastfeeding for their babies gave breast milk 4-6 times in 24 hours. About 66% of the respondent offered 7-12 times of breast milk to their children in 24 hours time.

Almost 71% of the newborn babies were given breast milk as first feeding. Honey, mustard oil, and water with sugar were found to be the most frequent types of pre-lacteal liquid given. Insufficiency of breast milk and tradition were the factors that influenced the respondents to initiate pre-lacteal feeding. In most cases, father/mother-in-laws (50%) initiated the feeding followed by their own parents (36%). The findings of the study confirm that exclusive breast-feeding is still non-existent in urban Bangladesh, and in most cases, non-beneficial liquid is given to newborns in an unhygienic way.

Prevalence of suboptimal feeding practices among children under 6 months was very

high among the study participants. Different form of feeding practices beyond Breast milk reported in the present study (68%) was much higher than the study by BDHS 2004. Regarding the knowledge level of the respondent about duration of exclusive breast feeding, more than half (56%) of the respondent knew the accurate information about duration of breast feeding whereas about 43% of the respondent knew about the duration of exclusive breast feeding. This finding was found higher in comparison to previous surveys and report by UNICEF in Bangladesh⁴.

Skills of the respondents about positioning and attachment of baby during breastfeeding was found poor. Only 28% of the respondent who often breast fed to their babies had skill on correct attachment of breast feeding and 11% of the respondent had the skills on good positioning of breastfeeding. The suckling reflexes of most of the babies (66%) during breast feeding were in adequate (fast without pause).

Breastfeeding has to be learned and many women encounter difficulties at the beginning. Nipple pain and fear that there is not enough milk to sustain the baby are common⁶. Health facilities that support breastfeeding by trained counselors should be available to new mothers. It is necessary to create awareness about the child-feeding practices, especially about the colostrums and breast-feeding and attachment and positioning among the mothers, grandmothers, and midwives who are mainly concerned to reduce early infections and promote better nutrition.

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