

## Believes and Misbelieves Regarding Breast Feeding

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### Abstract

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### Introduction

Breast milk is also called as white blood in "holly Quran e sharif". Though its importance is known from ancient times, misbelieves regarding breastfeeding practices continue.

The world health organization and UNICEF declaration on the protection, promotion and support of breastfeeding recommends "exclusive breastfeeding from birth to six months, continued breastfeeding in the second year; appropriate weaning foods at about six months" [1].

Infant mortality rate (IMR) is regarded as an important sensitive indicator of health status of a

community. It reflects the effectiveness of interventions for improving maternal and child health in a country [2]. Major part of IMR is contributed by a neonatal mortality rate. It has been said that 50 % infant deaths occurs within the neonatal period (2, 3, 4). In countries like India the major killers are malnutrition, acute respiratory infections and diarrhea [5, 6]. Mother's milk is best milk for a neonate. Breastfeeding has long been recognized to have anti infective and anti-immunomodulating effect on infant besides its nutritious value [7, 8]. Exclusive breastfeeding (EBF) is the most natural and scientific way of feeding infant in the first 6 months of life [9]. BF can contribute to the reduction of mortality and morbidity [5]. But in spite

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of continuous education regarding BF, most of mothers do not adhere to these practices. The present study is aimed to determine BF practices and factors influencing it in a mother.

In the early 1970's a decline in breastfeeding was documented in almost every country that was evaluated in the developing world [10]. Recent studies (11-13) in India have also shown a declining trend of breastfeeding especially in the urban slums [12].

*Our aims of study were:*

1. to study misbelieves regarding breast feeding practices.
2. to determine factors influencing for non adherence of exclusive breast feeding.

### Objectives

1. to know time for initiation of breastfeeding and reasons for its delay.
2. to compare schedule and on demand feeding on the basis of total period of breast feeding.
3. to know reasons for insufficiency milk .

### Material and Methods

It was observational questionnaire based (cross sectional) study conducted at dept., of pediatrics, MIMSR medical college and Y.C.R. hospital, Latur for 9 months of duration after ethical approval.

Total 168 mothers were interviewed. A validated questionnaire was filled out by asking questions to the mothers who delivered at our hospital and those mothers attending OPD for vaccination of child during the study period. Those who denied informed consent were excluded from study. Statistical analysis was done using R- programing and p values were calculated.

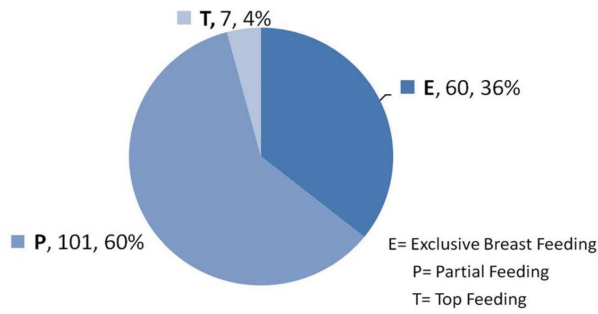
### Results and Observations

- We found exclusive breast feeding was just 36% where partial feeding & top feeding 60% and 4%

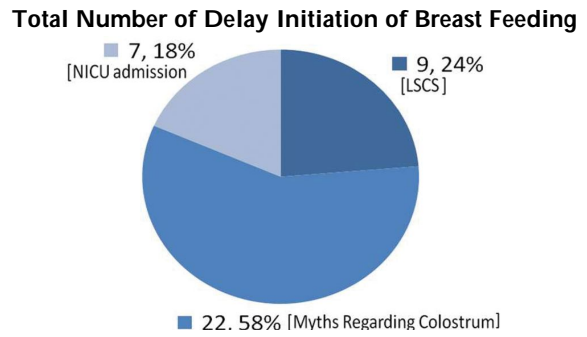
respectively. Percentage of bottle feeding was 10.2% (fig.1).

- Total percentage of delay in initiation of breast feeding was 22.6% (38 mothers). 31 mothers who delayed initiation of breast feeding continued with partial breast feeding in future.
- Reasons for delay in initiation of breast feeding were, majority that is 58% mother delayed breastfeeding because of myth regarding colostrums, 24% because of LSCS and only 18% due to NICU admission (fig.2).
- Extent of supplementary feed was 64%, reasons being for the same were in descending order were feeling of insufficiency of milk in 54% mothers, 20% mother felt it was easy to habituate the baby, 13% because of relatives pressure, 7% mothers started supplementary feed because they were working mothers and in 6% because of other reasons like maternal illness, breast discomfort, breast rejection, child illness.
- We studied correlation between the type of feeding and socioeconomic status according to Kuppaswami classification. It was proved statistically that percentage of exclusively breast feeding was higher in higher socioeconomic classes (fig. 3).
- Type of breastfeeding was also guarded by education of mother. We found that mothers having completed their graduation and higher secondary education preferred exclusive breast feeding as compared to less educated mothers (fig. 4).
- In our study 73 mothers were working and 95 mothers were homemaker. 53 homemaker mothers opted for exclusive breast feeding whereas only 7 working mothers given exclusive breast feeding to their baby.
- We found that higher percentage of mothers who have given adequate spacing (that is 3 years between two births) given exclusive breast feeding (fig. 5).
- Out of 89 mothers who delivered the baby normally, 52 preferred exclusive breast feeding and 79 mothers who have underwent LSCS , 64 given partial breast feeding.
- Those mothers who used pre-lacteals and pacifiers given partial breast feeding to their babies.

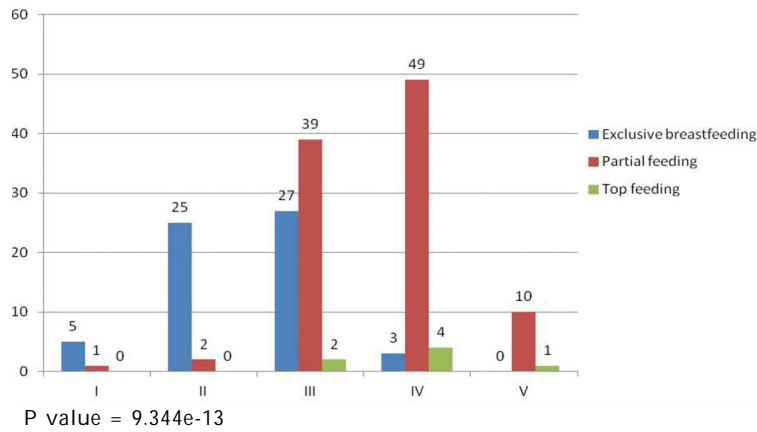
**Fig. 1: Types of feeding**



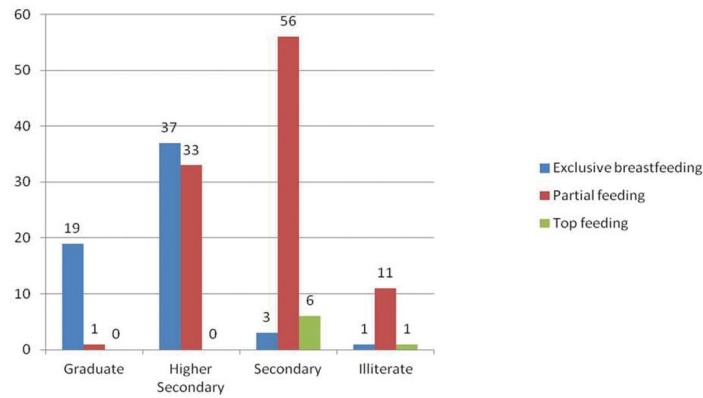
**Fig. 2: Reasons for delay in initiation of breastfeeding**



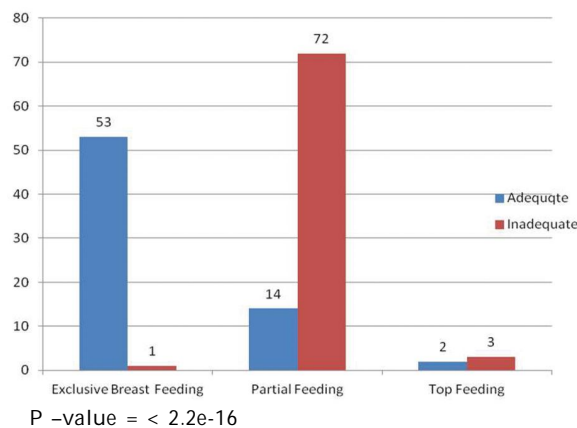
**Fig. 3: Type of feeding vs. socioeconomic status**



**Fig. 4: Type of feeding vs. education status of mothers**



**Fig. 5: Type of feeding vs. spacing**



### Conclusions

- Partial breast feeding practices predominate over exclusive breastfeeding practices,
- Myths regarding colostrum also exist in present time,
- Various factors correlates with non-adherence for exclusive breast feeding like; education of mother, socioeconomic status, working mothers, use of pre-lacteals, use of pacifiers, proper initiation of breastfeeding, type of feeding to previous child, frequency of night feeds.

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