# BREASTFEEDING AND CHILD-SPACING IN INDIAN WOMEN

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### SUMMARY

Breastfeeding is a way of life with Indian women. Modern contraceptive practice for child-spacing are accepted only by the educated few. The full potential of breastfeeding acting as a natural child-spacer is not appreciated. Educating the Indian women to follow certain guidelines so that the full benefits of breastfeeding as a child-spacer would go a long way in improving India's Maternal & Child Health and population problems.

#### INTRODUCTION

Breastfeeding is a way of life amongst Indian women but child-spacing is not! This is reflected in the level of acceptance of modern contraceptive methods offered through India's Family Planning Programme. In fact, most Indian women, barring the highly educated are reluctant to use any spacing methods and more so, during the postpartum period. Traditionally, most Indian women, breastfeed for long periods of time and believe the breastfeeding protects them

from another pregnancy sometimes with disastrous results! It would therefore, be worthwhile to provide these women with guidelines based on scientific facts regarding the usefulness and limitations of using breastfeeding as a child-spacing method.

This article is based on the data collected in a survey on breastfeeding, associated lactation amenorrhoea and postpartum contraceptive practices of 2000 parous women residing in the metropolis of Bombay.

#### SUBJECT & METHODS

Two thousand parous women average

Metabolic Unit, I.R.R. Mumbai I.C.M.R. New Delhi Accepted for Publication in Sept' 96 age 32.1 + 5 yrs were interviewed for this tation amenorrhea and postpartum contraceptive practice of a cross-section of Bombay women, care was taken to interview women from different ethnic, social and educational backgrounds. Thus, we had 77.0% Hindus, 16.0% Muslims, 7.0% Christians. 55.6% of our subjects were slum and chawls dwellers while 44.4% lived in self-contained flats. Literacy-wise 28.3% of our subjects were illliterates, 19.8% had primary education, 34.3% had high school education, while 17.6% were college educated. Half the women in the first three groups and over 90% in the fourth were employed. The average age at marriage were 16.2% + 2.8 yrs, 17.6 + 2.5 yrs; 19.7+3.4 years and 23.3+3.1 yrs respectively for the four groups. Similarly, the average number of pregnancies for the women in the four groups were 3.9 + 1.4, 3.3 + 1.1,2.9 + 1.1 and 2.1 + 1.0.

## RESULTS

The results shown in this study are based on the analysis of the survey data using the SPSS Package.

Table I, Breastfeeding practices indicates that more than 95% of our 2000 study women breastfeed all their infants. Interestingly, among the few who did not, 'infant illness' was cited as the main reason by the un-educated and 'in-sufficient' milk by the educated. Regardless of their level of education almost all women gave demand feeds both during the day and night.

Table II, Duration of exclusive

breastfeeding indicates study. As our aim was to collect infor- period of exclusive breastfeeding mation on breastfeeding, associated lac- varied with the educational stutus of the mothers. More than 85% of the un-educated breastfeed for periods greater than 6 months with 35% continuing for than a year. Majority of the college and high school educated breastfed for periods between 3-6 months, though 33% of the high school educated did breastfeed for 9 months and 12% for over a year.

Table III Exclusive Breastfeeding & Lactation Amenorrhea indicates the correlation between exclusive breastfeeding and the lactation amenorrhea associated with Column 1 indicates the number 2000 live births the women had, Column 2 indicates the time-interval after parturation, the Column 3 indicates number and period for which the live study women with 5603 breastfeed births their infants. Column 4 indicates this figure percentage of the Column 5 indicates that from the total number of exclusively breastfeeding women for particular period, how many had lactation amenorrhea. For e.g. out of 5431 who were breastfeeding for 6 weeks, 4678 had lactation amenorrhea. Column 6 indicates that figure as a percentage.

Table IV, Resumption of sexual activity in the four literacy groups was almost the same.

Anthrolination of the Table I and the later than the same will be a same of the same of th BREASTFEEDING PRACTICES CORRELATED WITH THE EDUCATIONAL STATUS OF WOMEN

Variables	Educational Status of 2000 Study Women					
	Illliterates	Primary School	High School	Graduates		
No. of women	n = 565	n = 396	n = 687	n = 352		
Total no. of live births	n = 2095	n = 1216	n = 1707	n = 585		
Did you Breastfeed A	ll Your Chile	dren ?				
Yes	97.5%	98.0%	96.9%	92.7%		
If Not, Why Didn't	/on 9					
II Not, Why Didn't						
(No. of live births)	n = 52	n = 25	n = 53	n = 43		
Infant sick	41.3%	57.2%	39.0%	17.8%		
Mother sick	26.1%	21.4%	18.6%	22.3%		
Insufficient milk	26.1%	21.4%	40.7%	53.3%		
Personal	6.5%	0.0%	1.7%	6.6%		
What Were Your Bre	eastfeeding In	tervals ?	11-10-11-11-11-11-11-11-11-11-11-11-11-1	1-1		
Day		IDE				
Approx. 4 feeds	11.6%	16.5%	20.3%	16.6%		
5 - 6 feeds	52.1%	64.2%	59.3%	59.9%		
> 6 feeds	36.3%	19.3%	20.4%	23.5%		
Night						
1 - 2	63.8%	69.8%	71.9%	84.5%		
3 - 4 feeds	36.2%	30.2%	28.1%	15.5%		

Approximately 25% resumed sexually active and the remaining and by 3 months postpartum

sexual activity before 6 weeks 20% did so by 6 months postpartum.

milk by the extension beginning

Table V, Postpartum contraception almost 80% of all couples were correlated with parity indicates

Table II

DURATION OF EXCLUSIVE BREAST FEEDING (ALL PREGNANCIES)

CORRELATED WITH THE EDUCATIONAL STATUS OF WOMEN

Period Educational status of women  Post partum								
			Illiterrate n = 2095	Primary	School	High Scho $n = 1707$	ol	Graduates
at 6	wks		97.5%	98.0%		96.9%	1 1	92.7%
at 3	mths		96.2	96.2		94.2		87.6
at 6	mths		85.6	84.3		66.9		59.7
at 1	yr.		35.4	35.2		12.6		ALC: THE

Table III

CORRELATION BETWEEN EXCLUSIVE BREASTFEEDING (B.F)
AND THE ASSOCIATED LACTATION AMENORRHEA (L.A.)

Live Births n	Period Post-partum	Exclusively n	B.F. women %	Ex. BF Work with L.A	
				n	%
5603	6 weeks	5431	96.9	4678	86.1
	1½ - 3 mts	5166	92.2	3442	66.6
	3 - 6 mts	4286	76.5	2650	61.8
	6 - 9 mts	2689	48.0	1348	50.1
	> 1 yr	1490	26.6	865	58.0

Table IV

RESUMPTION OF SEXUAL ACTIVITY AFTER PARTURATION

CORRELATED WITH THE EDUCATIONAL STATUS

OF WOMEN (ALL PREGNANCIES)

	Educational status of women					
Period postpartum	Illliterate n = 565	Primary n = 396	High school n = 687	Graduates n = 352		
< 6 wks	27.9	25.6	36.5	21.4		
< 3 mths	45.3	53.2	50.1	43.9		
< 6 mths	23.0	17.0	9.9	29.2		
> 6 mths	3.8	4.2	3.5	5.5		

Table V POSTPARTUM CONTRACEPTIVE PRACTICE CORRELATED WITH PARITY AND THE EDUCATIONAL STATUS OF WOMEN

es all co	Contraceptive use	Illiterates	Primary School	High School	Graduate
After	1st Child (live births)		n = 371	n = 635	n = 323
Alter	1½ - 3 mts	1.1%	6.6%	17.9%	30.2%
	3 - 6 mts	0.4	4.7	10.8	31.0
	6 mts - 1 yr	0.4	1.3	3.5	12.0
After	2nd Child (live births)	n = 536	n = 366	n = 550	n = 169
	1½ - 3 mts	6.5%	14.6%	38.6%	50.2%
	3 - 6 mts	1.1	6.7	10.4	19.9
	6 mts - 1 yr	0.7	3.7	3.5	7.9
After	3rd Child (live births)	n = 431	n = 274	n = 324	n = 72
	1½ - 3 mts	19.8%	38.1%	54.2%	65.2%
	3 - 6 mts	1.9	2.7	6.0	13.5
	6 mts - 1 yr	1.6	2.0	2.2	9.7
After	4th Child (live births)	n = 322	n = 150	n = 135	n = 16
	1½ - 3 mts	36.6	59.5	66.6	69.2
	3 - 6 mts	1.5	5.0	2.3	7.7
	6 mts - 1 yr	0.6	2.5	0.6	0.0
After	5th Child (live births)	n = 174	n = 43	n = 47	n = 4
	1½ - 3 mts	36.8%	46.2%	52.7%	75.0%
	3 - 6 mts	1.6	4.2	3.4	0.0
	6 mts - 1 yr	1.0	2.1	2.7	12.5
After	6th Child (live births	n = 87	n = 13	n = 16	n = 1
	< 3 mts	44.5%	100.0%	32.4%	100.0%
	3 - 6 mts	2.0	0.0	6.9	
	6 mts - 1 yr	2.0	0.0	4.9	

a positive correlation between a) their level of education, b) number of the percentage of women using living children. postpartum contraceptives with

#### DISCUSSION

The study documents the similarities and differences in the breastfeeding practices, resumption of sexual activity after parturition and the use of postpartum contraceptives by the 4 literacy groups of women residing in Bombay.

Regardless of their level of education, all of them lived upto the motto of Indian women that 'Breastfeeding is a way of Life of India' and hence gave demand feeds both during the day and night to their infants. The period of breastfeeding however, varied according to the level of education but even the college educated women did breastfeed for 3-6 months. Though 25% of all couples were sexually active by 6 weeks and 20% by three months, a vast majority of them, lived upto their other motto of 'No Child-Spacing' and hence, except the educated refrained from using any modern child-spacing methods, believing in a 'chance' instead of 'planned' pregnancy. Pregnancies that are too closely spaced endanger the health of both the nursing mother as well as the un-born infant. The first child is stopped from suckling when the mother becomes 'pregnant-again' thus depriving it of a major source of nourishment. The second frequently is a low-birth baby because it is mother born from a whose physical resources have not had a chance to recoup. Table III, on the exclusive correlation between breastfeeding and lactaion amenorrhea indicates that even at 6 weeks

15% postpartum approximately of the exclusively breastfeeding mothers were already menstruating and by six months postpartum 40% were menstruating. This is in contrast to what has been reported that the maximum birth-spacing effect of breastfeeding is achieved when mother exclusively a breastfeeds and thus remains amenorrhocic. This way breastfeeding provides more than 98% protection from pregnancy in the first six months (Kennedy K.I., 1989).

Each month of breastfeeding increase the average birth invervals as much as fifteen days (Smith D.P., 1985) and in countries where contraceptive use is not a regular practice breastfeeding is credited as a major mechanism in achieving birth intervals 01 upto 30 months (Bongaarts J., 1983). This could only mean that Indian women are unable to reap the full benefits of breastfeeding as a child-spacer. Hence, educating the mother to (WHO, 1988) (a) breastfeed as frequently as possible during the day & night, (b) avoid giving any supplementary foods and liquids at least in the first six months, (c) feed supplementary liquids and foods only after breastfeeding, (d) avoid using baby bottles and pacifiers.

All this could go a long way in taking advantage of the dual role of breastfeeding as a birth-spacing method, thus providing the Indian woman with a postpartum contraceptive which is readily

acceptable to her.

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