

“Breast Feeding And Weaning Practices In Rural Mothers”

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Summary:- In the present cross-sectional study, 176 mothers from rural area were interviewed to know their breast feeding and weaning practices. Almost 100% of the mothers breastfed their children. Prolactal feeding was practiced by 47.7% mothers. A statistical significant association was observed between prolactal feeding and type of family (joint family) and educational status(illiterate). Reasons for giving prolactals were tradition and culture (28.6%), grand mother's advice(58.3%) and first feed of infant(13.1%). Colostrum feeding was practiced by 63.6% mothers. A statistically significant association was observed between practice of colostrum feeding and nuclear family and low parity. 36.4% mothers did not feed colostrum to their children. Various reasons for not feeding colostrum were - It is not milk(18.8%), during first few days prolactals are required (21.9%), colostrum is harmful to children (34.3%), tradition and culture (18.8%) and temporary failure of lactation (6.2%). 53.97% mothers started breast feeding within 6 hours of delivery. Early breast feeding was significantly associated with literacy status. Exclusively breast feeding up to 4-6 months was practiced by 67% mothers. 88.6% mothers practiced demand feeding. 67% mothers introduced weaning food at the age of 4-6 months. Statistical association was observed between age of introduction of weaning food and literacy. Contraceptive effect of breast feeding was known to only 8% of mothers.

Introduction

Survival of the child depends upon the nutrition of the child. It is well known that breast feeding improves child survival by providing protection against infectious diseases and malnutrition for the baby and to some extent contraceptive effect for the mother (Butz W.P. et al, 1984 & Palloin and Millman et al, 1986). Breast feeding is still a universal phenomenon in rural areas of India. However, there have been reports of faulty feeding practices and declining duration of breast feeding over last few decades (Karla A et al, 1982). In addition to this, delayed and inadequate weaning initiates the vicious cycle of infection and malnutrition. The desirable practices like continuation of breast feeding need to be strengthened and undesirable ones like delayed weaning should be modified. This requires educating the mothers and care takers of children about the proper breast feeding and timely initiation of weaning practices. Before carrying out this measure, requires assessment of existing practices of breast feeding and weaning amongst the mothers so that actions can be taken to improve the breast feeding and weaning practices amongst the rural mothers. Hence,

in the present study an attempt was made to find out the breast feeding and weaning practices in the rural mothers attending the Rural Health Training Centre, Hingna.

Material and methods

Present cross-sectional study was carried out at Rural Health Training Centre, Hingna, during the month of May 97. Women attending the O.P.D. and having at least one child of 6 to 24 months were selected for the study. Thus, total 176 mothers were interviewed as per the pretested proforma. Information was collected about income, education family type parity of mother, practices of breast feeding, prolactal feeding and weaning practices.

Observations

Sociodemographic profile of the mothers

In the present study 82(46.6%) mothers were 25 to 29 years of age group followed by 74 (42.0%) mothers in 20-24 years and 20(11.4%) mothers were in 30-34 years of age group. 42(23.9%) mothers were illiterate while 134 (76.1%) were literate. Of 134 literate mothers 30

were educated up to primary schooling, 100 were up to high school and 4 were graduates. 98(55.7%) mothers were from nuclear families while 78(44.3%) were from joint families. 109 (61.9%) mothers were having per capita monthly income below 400 rupees while 67(38.1%) were having more than 400 rupees.

Practice of prelacteal Feeding

In the present study, out of 176 mothers 84 (47.7%) mothers practiced prelacteal feeding. More mothers i.e. 50(64.1%) from joint families practiced prelacteal feeding as compared to 34(34.7%) mothers from nuclear families(Table I). Statistically this difference is significant ($X^2=15.05$ df = 1 $p< 0.001$).

Table -1
Prelacteal feeding and type of family

Type of family	Prelacteal feeding		Total
	Practised	Not Practiced	
Nuclear	34(34.7%)	64(65.3%)	98(100%)
Joint	50(64.1%)	28(35.9%)	78(100%)
Total	84(47.7%)	92(53.3%)	176(100%)

Table-II
Educational status of mother and prelacteal feeding

Educational Status	Prelacteal feeding		Total
	Practiced	Not Practiced	
Illiterate	26(61.9%)	16(38.1%)	42(100%)
Primary school	16(53.3%)	14(46.7%)	30(100%)
High school	40(40.0%)	60(60.0%)	100(100%)
Graduate	02(50.0%)	02(50.0%)	04(100%)
Total	84(47.7%)	92(52.3%)	176(100%)

In illiterate group 26(61.9%) mothers practiced prelacteals while in literate group 58(43.3%) mothers practiced prelacteals (Table II). Statistically this difference is also significant($X^2 4.44$ df 1 $p<0.05$). Parity of mothers and prelacteal feeding is shown in Table -III. 48(48%) mothers having parity up to 2 practiced prelacteal feeding as compared to 36 (47.4%) mothers having parity more than 2.

Table -III
Parity of mother and prelacteal feeding.

Parity	Prelacteal Feeding		Total
	Practiced	Not practiced	
1	11(45.8%)	13(54.2%)	24(100%)
2	37(48.7%)	39(51.3%)	76(100%)
3& above	36(47.4%)	40(52.6%)	76(100%)
Total	84(47.7%)	92(52.3%)	176(100%)

Table-IV
Type of family and colostrum feeding

Type of family	Colostrum feeding		Total
	Practiced	Not practiced	
Nuclear	69(70.4%)	29(29.6%)	98(100%)
Joint	43(55.1%)	35(44.9%)	78(100%)
Total	112(63.6%)	64(36.4%)	176(100%)

Table-V
Literacy status of mother and colostrum feeding.

Literacy Status	Colostrum feeding		Total
	Practiced	Not Practiced	
Illiterate	22(52.4%)	20(47.6%)	42(100%)
Primary	22(73.3%)	08(26.7%)	30(100%)
High School	64(64.0%)	36(36.0%)	100(100%)
Graduate	04(100%)	00(00.0%)	04(100%)
Total	112(63.6%)	64(36.4%)	176(100%)

Various substances given as prelacteals were honey by 72 (85.7%) mothers, water by 46(54.8%), cow's milk by 16(19%) and jaggary by 12(14.3%). Some mothers gave more than one substance as prelacteal feed. Various reasons for giving prelacteals were tradition and culture (28.6%), grand-mothers advice(58.3%) and first feed of infant(13.1%).

Breast feeding practices

In the present study 112(63.6%) mothers practiced colostrum while 64(36.4%) did not. 69 (70.4%) mothers from nuclear family practiced colostrum feeding as compared to 43(55.1%) mothers from joint family (Table

Table-VI

Parity of mother and colostrum feeding.

Parity	Colostrum feeding		
	Practiced	Not Practiced	Total
1	18(75%)	06(25%)	24(100%)
2	60(78.9%)	16(21.1%)	76(100%)
≥3	34(44.7%)	42(55.3%)	76(100%)
Total	112(63.6%)	64(36.4%)	176(100%)

Table -VII

Educational status of mother and time interval of breast feeding.

Educational Status	Time interval in hours				Total
	<2	2-6	6-24	>24	
Illiterate	06	09	07	20	42
Primary School	10	08	04	08	30
High School	46	12	08	34	100
Graduate	02	02	-	-	04
Total	64	31	19	62	176

Table-VIII

Age of introduction of supplementary food and mother's educational status

Educational status	Age of infants in months			Total
	4-6	6-12	>12	
Illiterate	18(42.9%)	14(33.3%)	10(23.8%)	42(100%)
Primary school	18(60%)	04(13.3%)	08(26.7%)	30(100%)
High school	80(80%)	10(10%)	10(10%)	100(100%)
Graduate	02(50%)	02(50%)	-	04(100%)
Total	118(67%)	30(17%)	28(16%)	176(100%)

IV). Statistically this difference is significant ($X^2=4.4$ df =1 p< 0.05).

In the literate group, colostrum feeding was practiced by 90(67.1%) mothers while in illiterate group 22 (52.4%) mothers practiced it(Table V). But this difference is not significant ($X^2=3.02$ df =1 p >0.05, N.S.).

Parity wise colostrum feeding practices are shown in Table- VI. Colostrum feeding was practiced by 18 (75%)

mothers having parity 1, by 60(78.9%) mothers having parity 2 and by 34(44.7%) mothers having parity 3 and above. More mothers (78%) having parity up to 2 practiced colostrum feeding as compared 44.7% mothers having parity more than 2. Statistically this difference is significant ($X^2=20.64$ df=1 p<0.001).

Overall 64 (36.4%) mothers did not feed colostrum to their infants. Various reasons for not feeding colostrum were colostrum is not a milk (18.8%), during first few days pre lacteals are required (21.9%), colostrum is harmful to child (34.3%), tradition of not feeding colostrum (18.8%) and temporary failure of lactation (6.2%). 64(36.4%) mothers started breast feeding within 2 hours after delivery. 31 (17.6%) started breast feeding after 2 hours and before 6 hours of delivery 19(10.8%) mothers between 6-24 hours of delivery, while 62(35.2%) breast feed their children after 24 hours of delivery. In literate group 80(59.7%) mother breast fed their infants within 6 hours of delivery as compared to 15(35.7%) mothers from illiterate group (Table VII). This difference is statistically significant ($X^2=7.5$ df=1 p< 0.05). In the present study, 100% mothers practiced breast feeding. Exclusively breast feeding upto 4-6 months was practiced by 118(67%) mothers while 58(33%) mothers practice partial breast feeding upto 4-6 months. 156(88.6%) mothers breast fed their child whenever the child cried i.e. demand feeding while 20(11.2%) practiced scheduled feeding. 134(76.1%) mothers decided to practice breast feeding up to 2 years while 42(23.9%) mothers decided to breast feed more than 2 years. When asked about the contraceptive effect of breast feeding only 14(8%) mothers answered affirmatively.

Supplementary Feeding

Out of 176 mothers, 118(67%) mothers introduced weaning food at the age of 4 to 6 months while 30(17%) mothers introduced at 6 to 12 months of age and 28 (16%) introduced weaning food after 1 year of age. The main reason for delay being lack of knowledge about the importance of supplementary food. Table VIII shows literacy status of mother and age of introduction of

supplementary food. In Illiterate group 18(42.9%) mothers weaned the child during 4 to 6 months of age. While 100(74.6%) mothers from literate group introduced supplementary food during 4 to 6 months. This difference is statistically significant ($X^2=14.6$ df=1 $p<0.001$). Most of the mothers started weaning with dalwater and rice water and gradually introduced semisolid food like mashed potato, mashed banana, khichari, biscuits and then shifted to family food.

Discussion

There is no doubt that the breast feeding ranks supreme amongst all leading factors perpetuating and promoting an external bond of love and affection between a child and mother. Moreover besides strengthening the emotional and psychological bonds between the two, the breast milk fully meets the nutritional requirements of the new entrant into this world upto the age of 4 to 5 months. In spite of such superiority of breast milk there are many sociodemographic factors which affect the practice of breast feeding. In the present study practice of prelacteal feeding and avoiding colostrum feeding were more in joint families i.e. 64.1% and 44.9% respectively as compared to that in nuclear families(34.7% and 29.6% respectively) thereby indicating the influence of tradition and elderly in the house. Prelacteal feeds are potentially harmful because they may introduce infection or delay onset of lactation (Bhargawa S.K. et al 1990). These wrong practices are also seen more common in illiterate mothers i.e. 61.9% illiterate mothers practiced prelacteals feeding and 47.6% avoid colostrum feeding as compared to 43.3% and 32.9% mothers from literate group respectively. Mothers should be given appropriate health education to avoid such wrong practices.

It was most heartening to note that 100% of mothers breast fed their infants. This indicates that rural mothers still value the traditional practice of breast feeding. But at the same time certain wrong practices were also followed by these mothers i.e. partial breast feeding (33%) ,not breast feeding the child within 6 hours after

delivery (53.97%) etc. These mothers also had some wrong ideas about colostrum. These wrong ideas should be corrected by health education.

It is said that we learn by practice and experience but surprisingly in the present study it was found that the colostrum feeding practices were less common in mothers having parity 3 and above as compared to that in mothers having parity up to 2. But this might be due to more mothers having parity 3 and above belonged to joint families where tradition and elders have upper hand on decision taking.

For proper growth and development of child and to avoid malnutrition and thereby infection required timely weaning. In the present study 67% mothers introduced weaning food at the age of 4-6 months. In illiterate group 56.1% mothers , introduced weaning food after the age of 6 months. This indicates that nutrition education should be given to mothers.

It is very sad that only 8% mothers from present study knew about contraceptive effect of breast feeding. Exclusive breast feeding and lactational amenorrhoea gives at least 98% protection for first six months(WHO, UNICEF 1990). In M.C.H. services contraceptive effect of breast milk feeding should be given more emphasis so that it not only helps in the population control but also improves the health of the infant and mother.

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