

A Study to Assess the Practice of Exclusive Breastfeeding Among Postnatal Mothers in Kashmir.

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Abstract:

Breastfeeding is the process of feeding a newborn with the mother's milk and it is very important for enhancing child and maternal health. Exclusive breastfeeding means that an infant receives only breast milk from his or her mother or a wet nurse or expresses breast milk and no other liquids or solids, not even water, with the exception of oral rehydration solution, drops or syrups consisting of vitamins, mineral supplements or medicines. For almost all infants, breastfeeding remains the easiest, healthiest and least costly method of feeding to meet the needs of infants. However, only 40% of children worldwide are exclusively breastfed which is far from the recommendation. In low income and middle-income countries, only 37% of children are exclusively breastfed. Exclusive breastfeeding (EBF) is recommended for the first six months of age by the World Health Organization.

Methods: The study was carried out among randomly selected post natal mothers in a selected hospital Kashmir. Data collection was done with the help of face to face interview using a pre-tested and pre-designed structured questionnaire having information about demographic profile of study participants and practices of breast feeding. The sample size was 60 postnatal mothers.

Result: The data was analyzed by calculating the score in terms of frequency, percentage, mean, standard deviation, chi-square, and paired T-test. The study findings revealed that 26.7% mothers were having poor practice regarding breastfeeding, 50.0% were having fair practice and 23.3% mothers were having good practice regarding breast feeding practices.

Keywords: Breast Feeding, Exclusive breastfeeding, Practice, Postnatal Mothers

INTRODUCTION

Breastfeeding has been branded as an effective tool to achieve the Global Strategy for Women's, Children's and Adolescent's Health which was launched alongside the Sustainable Development Goals as a roadmap for ending preventable deaths in a generation. In spite of convincing evidence of the benefits of breastfeeding, breast feeding rates are less than satisfactory, thus pinpointing large gaps which need to be identified and addressed.¹

Exclusive breastfeeding (EBF) is defined as giving breast milk only to the infant, without any additional food or drink, not even water in the first six months of life, with the exception of mineral supplements, vitamins, or medicines ².

World Health Organization (WHO) and the United Nation Children’s Emergency Fund (UNICEF) recommend initiation of breastfeeding within the first hour after birth, exclusively breastfeed for the first six months of age and continuation of breastfeeding for up to two years of age or beyond in addition to adequate complementary foods ³.

Additionally, EBF is one of the major strategies which help the most widely known and effective intervention for preventing early childhood deaths. Every year, optimal breastfeeding practices can prevent about 1.4 million deaths worldwide among children under five ⁴.

Breast feeding is a blessing both for mothers and babies as a recent lancet breastfeeding series estimates that optimal breastfeeding could help prevent 20,000 maternal deaths from breast cancer every year ⁵.

Even after strong recommendations in favour of exclusive breast feeding still in our set up the practice of EBF seems to be not very promising. According to the National Family Health Survey Round 4 (NFHS-4), only 54.9 percent of children aged 0-6 months are exclusively breastfed. Traditional feeding practices, introduction of pre-lacteal feeds like water, honey, jaggery or sugar water and food supplementation prior to 6 months hampers EBF ⁶.

Breastfeeding has many health benefits for both the mother and infant. Breast milk contains all the nutrients an infant needs in the first six months of life. Breastfeeding protects against diarrhoea and common childhood illnesses such as pneumonia and may also have longer-term health benefits for the mother and child such as reducing the risk of overweight and obesity in childhood and adolescence ⁷.

Beyond the benefits that breastfeeding confers to the mother-child relationship, breastfeeding lowers the incidence of many childhood illnesses, such as middle infections, pneumonia, sudden infant death syndrome, diabetes mellitus and diarrhea. Also, breastfeeding supports healthy brain development and is associated with higher performance on intelligence tests among children and adolescents ⁸.

Major Findings

TABLE: 1 DEMOGRAPHIC PROFILE OF THE SUBJECTS

Variables	Options	Percentage (%)	Frequency(f)
Age (years)	<20 years	0%	0
	21-25 years	18%	11
	26-30 years	50%	30
	31-35 years	25%	15
	>35 years	7%	4
Educational level	No formal education	3%	2
	Middle school	52%	31
	High school	33%	20
	College degree or higher	12%	7
Employment status	Unemployed/Housewife	88%	53
	Employed	12%	7

Type of family	Nuclear	8%	5
	Joint	92%	55
	Extended	0%	0
Monthly Income (in Rs)	<3000 Rs	0%	0
	Rs 3000-5000	7%	4
	Rs 5001 -7000	42%	25
	>7000 Rs	52%	31
Religion	Hindu	7%	4
	Muslims	90%	54
	Sikhs	3%	2
	Christian	0%	0
	Other	0%	0
Pregnancy health problems	Yes	28%	17
	No	72%	43
Place of birth	Public hospital	52%	31
	Private hospital	48%	29
	Home	0%	0
Type of birth	Vaginal delivery	25%	15
	Caesarean section	75%	45

Table –2: Frequency & Percentage distribution level of Practice.

CRITERIA MEASURE OF PRACTICE SCORE		
LEVEL OF SCORES N= 60	PERCENTAGE	FREQUENCY
GOOD PRACTICE (7-10)	23.3%	14
FAIR PRACTICE (4-6)	50.0%	30
POOR PRACTICE (0-3)	26.7%	16
Maximum =10 Minimum=0		

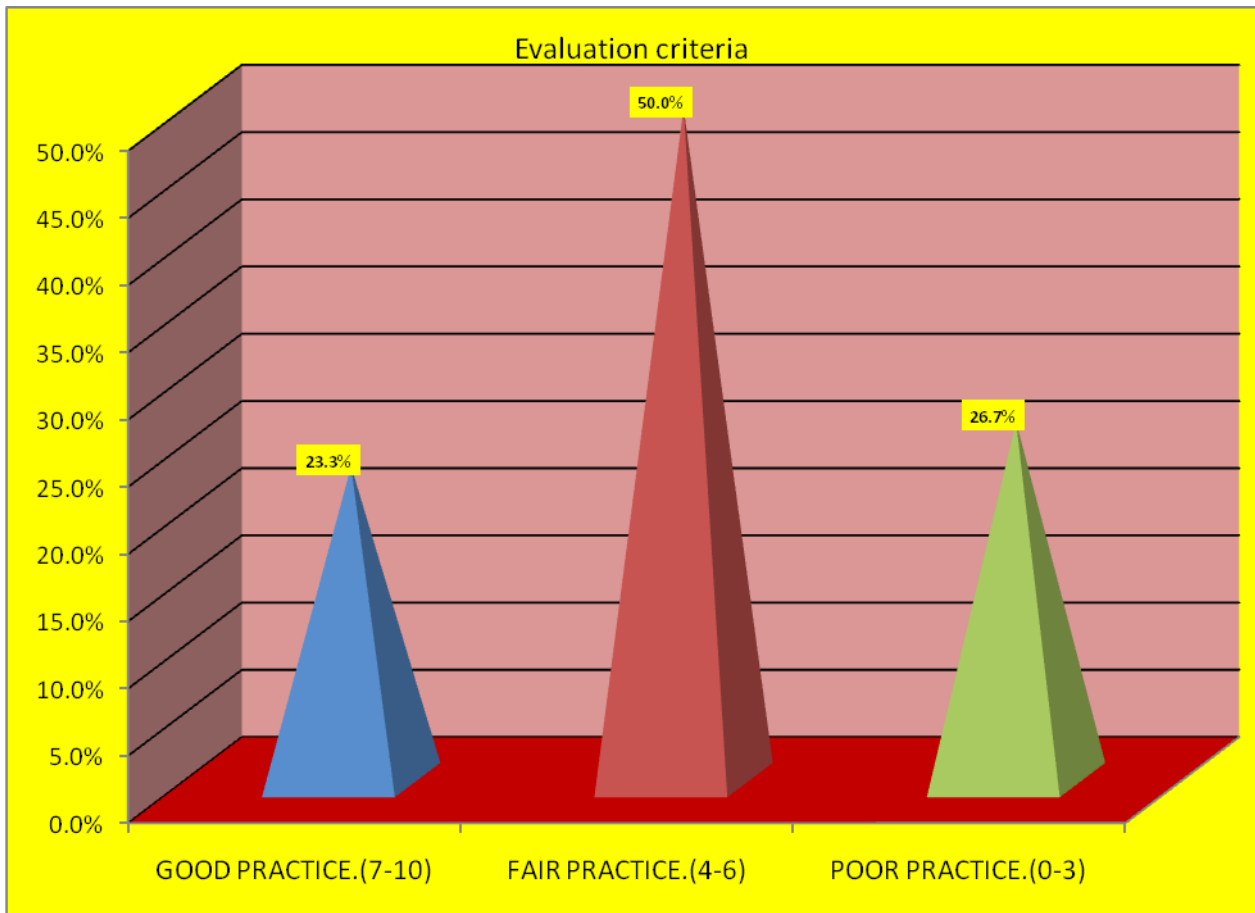


Fig 1

Table – 3: Descriptive statistics of Practice

DESCRIPTIVE STATISTICS	Mean	Median	S.D.	Maximum	N= 60		Mean %
					Minimum	Range	
PRACTICE SCORE	4.62	4	2.24	9	1	8	46.17

Maximum=10 Minimum=0

Table 3: Represents the descriptive statistics of Practice. It was found that the mean value was 4.62, median score was 4, maximum score was 9, minimum score was 1, range of score was 8 and mean percentage was 46.17%.

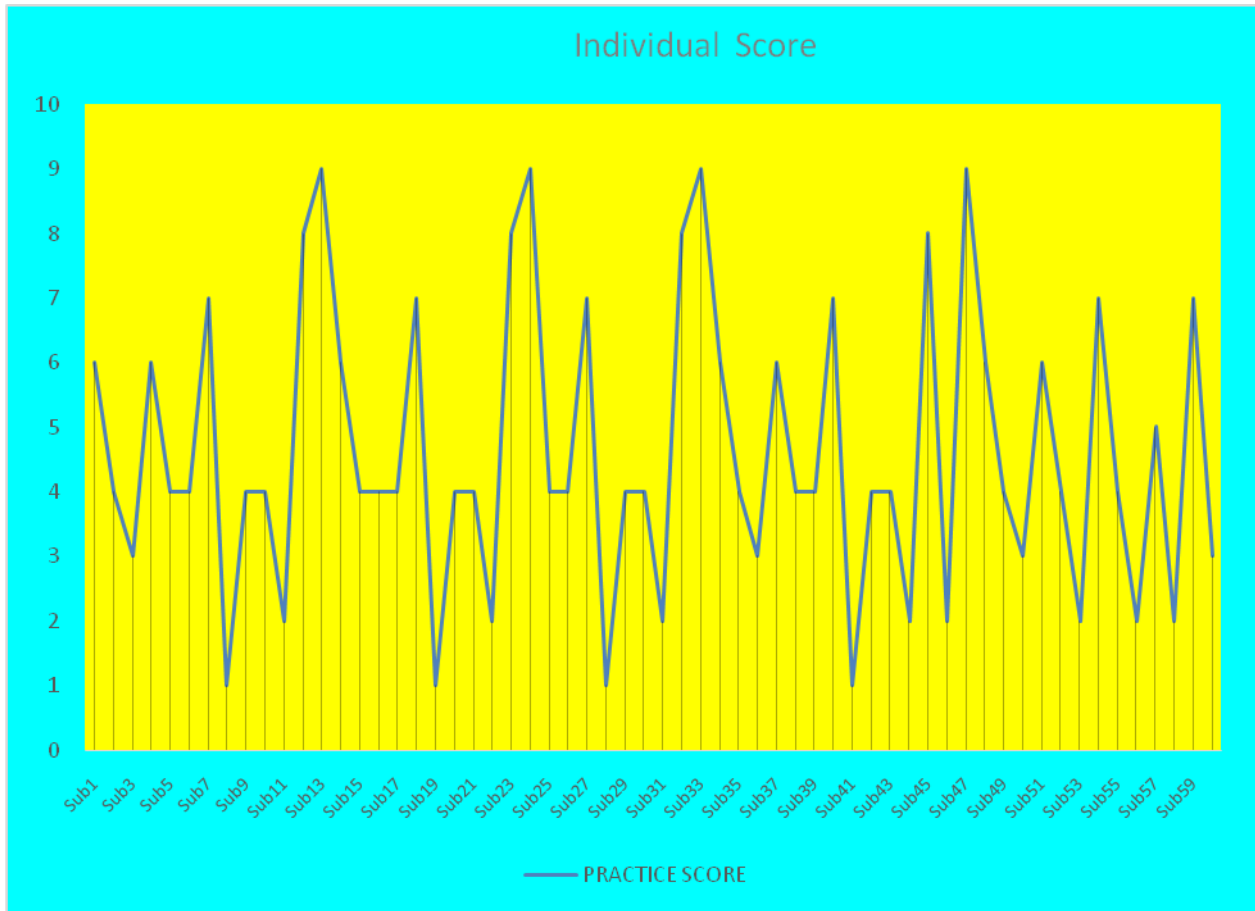


Figure No.2: Line diagram showing Individual Scores

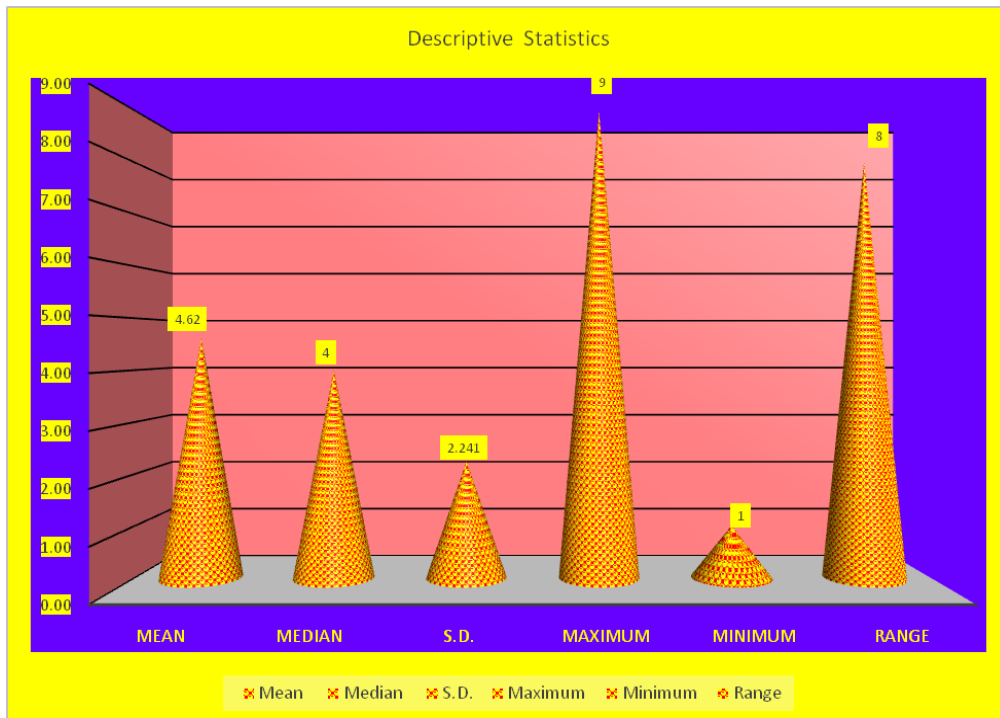


Figure no. 3: Conical Shaped diagram representing descriptive statistics level of Practice

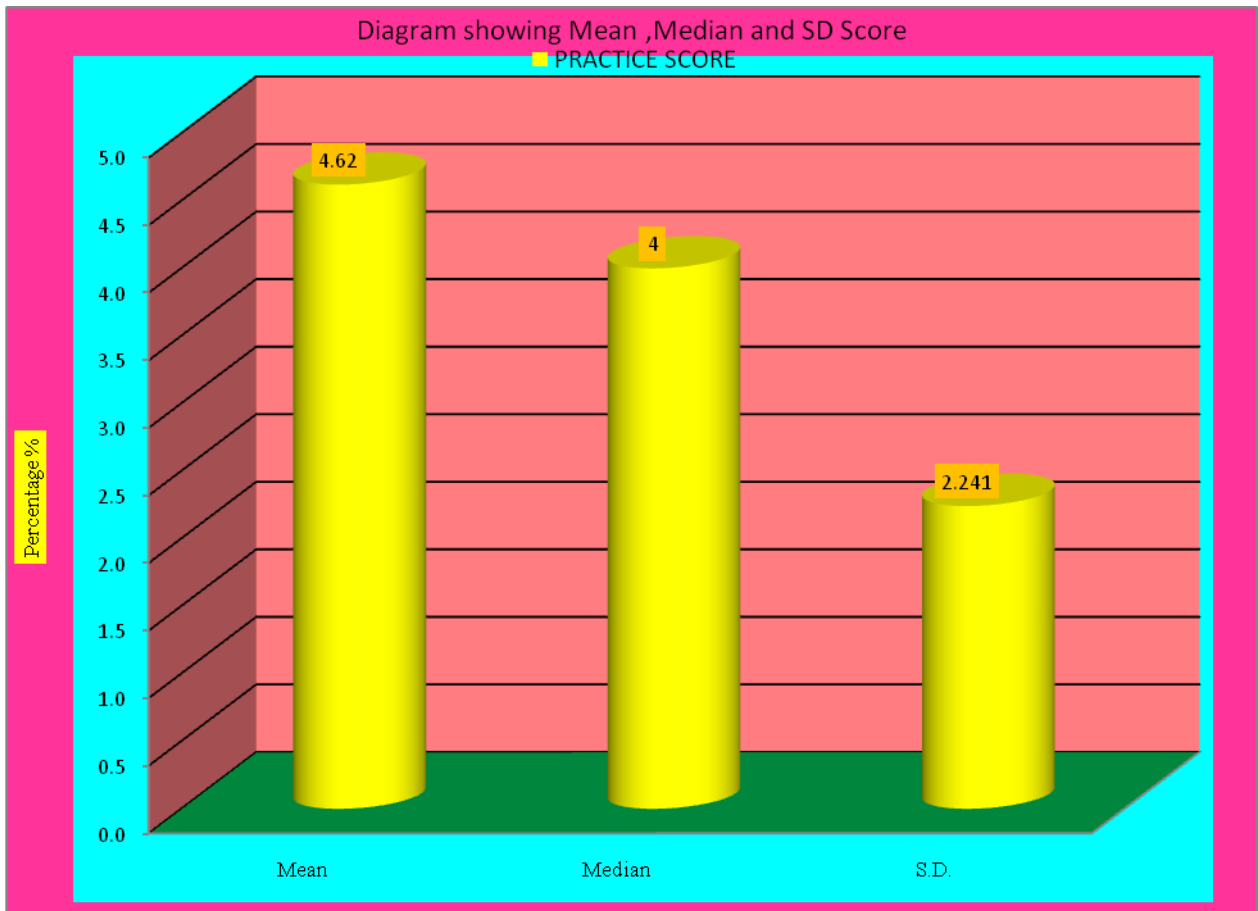


Figure no. 4: Cylindrical diagram representing Mean, Median & SD of Practice Scores

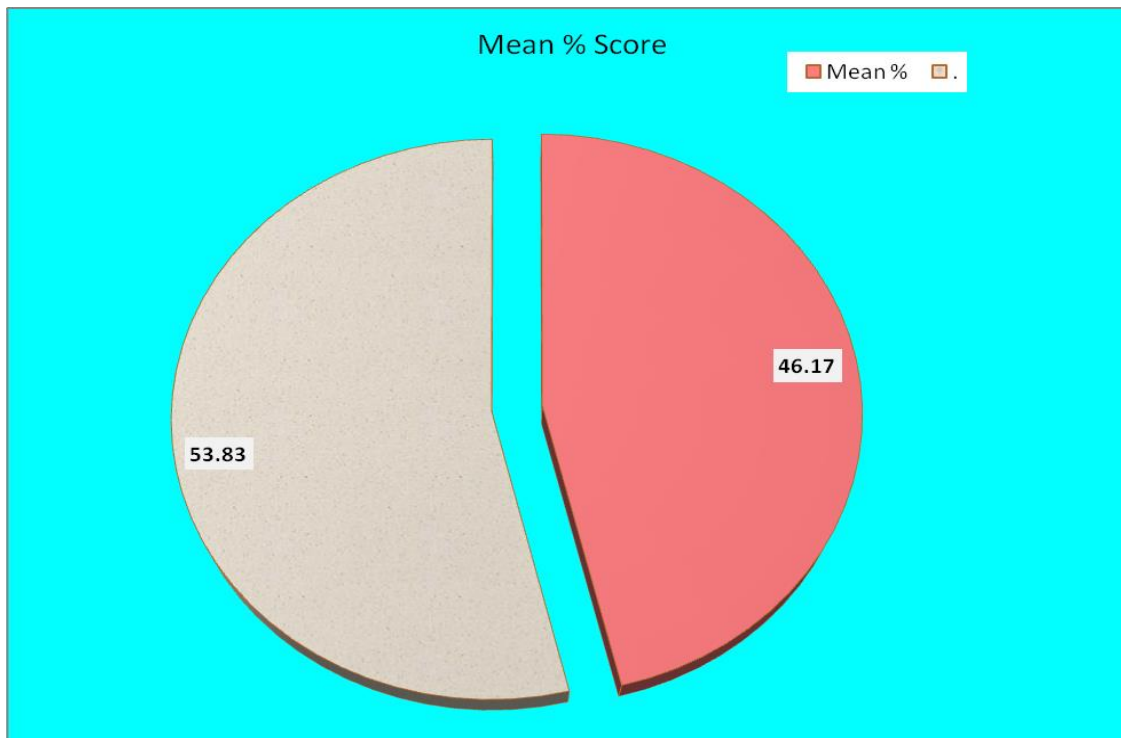


Figure No 5: Diagram Showing Mean Percentage Scores

Table No. 4: Table Showing Association of Scores and Demographic Variables

This section deals with the findings related to the association between score and selected demographic variables. The chi-square test was used to determine the association between the score levels and selected demographic variables

DEMOGRAPHIC DATA		LEVELS OF PRACTICE (N=60)			ASSOCIATION WITH PRACTICE SCORE				
Variables	Opts	GOOD PRACTICE	FAIR PRACTICE	POOR PRACTICE	Chi Test	P Value	df	Table Value	Result
Age (years)	<20 years	0	0	0	16.953	0.009	6	12.592	Significant
	21-25 years	0	6	5					
	26-30 years	12	12	6					
	31-35 years	2	11	2					
	>35 years	0	1	3					
Educational level	No formal education	0	0	2	9.579	0.144	6	12.592	Not Significant
	Middle school	8	14	9					
	High school	6	11	3					
	College degree or higher	0	5	2					
Employment status	Unemployed/Housewife	14	25	14	2.588	0.274	2	5.991	Not Significant
	Employed	0	5	2					
Type of	Nuclear	0	3	2	1.745	0.418	2	5.991	Not

family	Joint	14	27	14					Significant
	Extended	0	0	0					
Monthly Income (in Rs)	<3000 Rs	0	0	0	0.271	0.992	4	9.488	Not Significant
	Rs 3000-5000	1	2	1					
	Rs 5001 -7000	5	13	7					
	>7000 Rs	8	15	8					
Religion	Hindu	0	2	2	2.917	0.572	4	9.488	Not Significant
	Muslims	14	27	13					
	Sikhs	0	1	1					
	Christian	0	0	0					
	Other	0	0	0					
Pregnancy health problems	Yes	3	7	7	2.571	0.277	2	5.991	Not Significant
	No	11	23	9					
Place of birth	Public hospital	6	17	8	0.753	0.686	2	5.991	Not Significant
	Private hospital	8	13	8					
	Home	0	0	0					
Type of birth	Vaginal delivery	3	12	0	9.029	0.011	2	5.991	Significant
	Caesarean section	11	18	16					

The Chi-square value shows that there is significant association between the score level and demographic variables (age, type of birth). The calculated chi-square values were more than the table value at the 0.05 level of significance.

There is no significance association between the level of scores and other demographic variables (educational level, employment status, type of family, monthly income, religion, pregnancy health

problems, and place of birth). The calculated chi-square values were less than the table value at the 0.05 level of significance.

Recommendations

- Similar study can be undertaken with a large sample to generalize the findings.
- There should be counselling centers for breastfeeding mothers to create awareness about exclusive breastfeeding and for adopting good breastfeeding practices.

Conclusion

Our study depicts that there is poor practice regarding exclusive breastfeeding practices among postnatal mothers which need to be addressed in order to enhance the optimum growth and development of child during the first six months of life ie exclusive breastfeeding period.

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