



## SOCIO CULTURAL FACTORS AFFECTING BREAST FEEDING PRACTICES AND DECISIONS IN RURAL WOMEN

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**ABSTRACT : Objective of study:** 1. To study the Sociocultural factors affecting Breast feeding practices and decisions among rural women. **Methodology:** A cross-sectional study was conducted among 240 mothers having children <2 years age attending Rural field practice area of Shri B M Patil Medical College, Bijapur during September 2009 to March 2010. **Results:** The mean age of the respondents was 24.66 years. Out of 240 mothers 51.66% were having children 12-24 mths of age, 52.91% children were of birth order one & 18.33% were of third order of birth or more, 91.6% of mothers gave prelacteal feeds to their children, Almost all the mothers breast fed their child, 23.3% of mothers had initiated breast feeding within 4 hours of delivery. 25% of mothers who had studied up to college level & more had not practiced exclusive breast feeding, only 35% mothers gave colostrums, 61.29% of the mothers started weaning after 6 mths of birth & 9.67% started weaning after one year of birth. Elderly females in the family were the major influencers of decision about exclusive breast feeding. **Conclusion:** It was found that 56.6% of mothers initiated breast feeding within first 24 hours of delivery. Shorter duration of breast feeding was observed among mothers with higher socio economic status. Literacy status had little effect on continuation of breast feeding for more than six months. 81.19% mothers had no knowledge regarding exclusive breast feeding and only 13.36% of mothers practiced almost exclusive breast feeding up to 4 months.

**Key words:** Exclusive Breast feeding, Initiation, weaning, sociocultural factors, rural area

### INTRODUCTION

Breast milk is the best gift a mother can give her baby. WHO recommends exclusive breast feeding for first 4 – 6 months followed by addition of semisolid & solid foods to complement breast milk till the child is gradually able to eat the normal food<sup>\*1</sup>.

Breastfeeding is nature's way of nurturing the child, creating a strong bond between the mother and the child by developing baby's trust and sense of security. Breastfeeding is important for young child survival, health & nutrition. Exclusive breastfeeding and longer duration of breast feeding is known to protect the child from obesity risks, it also helps in enhancing brain development and learning readiness. Breast feeding also serves as one of the child spacing methods, which is especially important in developing country like ours where the awareness, acceptability & availability of modern family planning methods are very low<sup>\*2</sup>.

Only 35% of infants world-wide are exclusively breastfed during the first four months of life and complementary feeding begins either too early or too late with foods which are often nutritionally inadequate and unsafe<sup>\*2</sup>. In a study by Chudasma RK et al in Rajkot the Prevalence of exclusive breastfeeding at 6 months of age of infants was found to be 62%<sup>\*3</sup>. As per NFHS - 3 data Only 69 percent of children under two months of age are exclusively breastfed, which further drops to 51 percent at 2-3 months of age and 28 percent at 4-5 months of age<sup>\*4</sup>.

Although Breast feeding is universal in India, but exclusive breast feeding & appropriate weaning practice rates are not satisfactory, Various Socio cultural factors influence these practices, which vary from region to region<sup>\*4</sup>. Beliefs like the first milk is not good or there is no secretion of milk in first three days result in practices like discarding colostrum and promoting prelacteal feeds, such practices increase the risk of infections and deprive the valuable benefit of colostrum feeding to the vulnerable neonates. This issue becomes an area of concern since large number of babies born in India are low birth weight<sup>\*5</sup>.

Despite the various educational messages by mass media & programmes under NRHM (National Rural Health Mission) about Breast feeding & weaning practices, studies have shown socio cultural factors, beliefs & customs play a major role in influencing mothers. This study was conducted to know the Breast feeding practices of the rural women and socio cultural factors affecting exclusive breast feeding & decisions in rural women.

#### Aims and Objectives:

1. To study the pattern of breast feeding practice among rural women.
2. To study the socio cultural factors affecting exclusive breast feeding & decisions in rural women.

#### MATERIALS & METHODS

A cross sectional study was conducted in the Rural field practice area (Shivanagi) of the Department of Community Medicine of BLDE University's Shri B M Patil Medical College, Bijapur among the mothers having children up to two years of age, during September 2009 to March 2010.

There were total 270 mothers having less than 2 years age children, out of whom only 240 mothers who were willing to participate in the study were interviewed, the non response rate was 11%. House to house survey was done to collect information about demographic Sociocultural factors & Breast feeding Practices using a pre tested & pre designed Performa.

Statistical analysis was done by Percentages, Proportions, and Chi Square tests.

#### RESULTS & DISCUSSIONS

There were 240 mothers in the study group, in the age range of 18 -38 years with mean age of 24.66 years. The mean age at marriage & first pregnancy was 16 & 17 years respectively. Out of the 240 mothers,(51.66%) 124 mothers were having children aged 12-24 months. 58.75%(141) children were males & 41.25% (99) were females.84.16% (202) mothers had children more than 4 mths of age, 52.91% (127) were the children of birth order one while 28.75% (69) were of second order of birth and 18.33% (44) were having third order of birth or more. Almost all the mothers breast fed their child. 55% of the mothers were literate & 91.6% mothers gave pre lacteal feeds to their children.Out of the 124 mothers having children > 12 months age, Majority 76(61.29%) of the mothers started weaning from 6 months after birth and only 12 (9.67%) started late i.e one year after birth.

Table 1 shows that 23.3% of mothers had initiated breast feeding within 4 hours of delivery, while 8.3% took more than 48 hours to start breast feeding. Almost 56.6% of mothers had initiated breast feeding within 24 hours of delivery which is in concordance with Kar et al<sup>6</sup> & Dutta Banik<sup>7</sup> who reported that 51.3% & 42.9% of infants were put to breast milk within a span of 24 hours after delivery.

**Table No.1 : Distribution of mothers according to time of initiation of breast feeding**

Time in hours	No. of mothers	Percentage
< 4	56	23.3
4 – 24	80	33.3
24-48	84	35.1
>48	20	8.3
Total	240	100

Table 2 shows that Educational status of the mothers was inversely associated with duration of breast feeding, i.e, As educational status increased the duration of breast feeding decreased.25% of mothers who had studied up to college level & more had not practiced exclusive breast feeding. Prolonged duration was observed among illiterate mothers. However this inverse association between breast feeding duration & maternal education was not statistically significant. Similar findings were observed by Mrs. Rama ram et al.<sup>8</sup> & Kar et al<sup>6</sup>.

**Table No. 2 : Period of continuation of breast feeding according to literacy status of mothers, having children 12-24 months of age (n = 124)**

Literacy status	< 6 mths.No. (%)	6 – 12 mths.No. (%)	>12 mths.No.(%)	Total
Illiterate	09 (16.07)	14 (25)	33 (58.93)	56
Primary/Middle	04 (12.12)	06 (18.18)	23 (69.70)	33
Highschool	03 (13.04)	08 (34.78)	12 (52.17)	23
College & Above	03 (25)	05 (41.7)	04 (33.33)	12
Total	19(15.32)	33(26.61)	72 (58.06)	124

$$\chi^2 = 5.765$$

$$P > 0.05$$

Table 3 shows that Socio economic status of the mothers had a significant association with duration of breast feeding ( $P < 0.001$ ). Shorter duration was observed among the mothers with higher socioeconomic status & prolonged duration among the lower socioeconomic class. Similar findings were observed by Mrs Rama Ram t al.<sup>\*8</sup> & Kar et al<sup>\*6</sup>.

**Table No. 3 : Period of continuation of breast feeding according to Socio economic status of mothers (n=124)**

S E Status	< 6 mths.No.(%)	6 -12 mths. No.(%)	>12 mths.No. (%)	Total
I & II	04 (100)	-----	-----	04
III	11 (40.74)	09 (33.33)	07 (25.93)	27
IV	04 (5.20)	20 (25.97)	53 (68.83)	77
V	-----	04 (25)	12 (75)	16
Total	19	33	72	124

$$\chi^2 = 48.712$$

$$P < 0.001$$

Table 4 shows that 91.25 % of the 240 mothers gave prelacteal feed. Commonest prelacteal feed given was sugar water (46.81%) followed by sugar water plus honey (28.63%), Castor oil (8.63), Cow/ Buffalo Milk (8.18) and honey (7.72%). These findings are in contrast with the findings of Anmol K. Gupta et al<sup>\*9</sup> who reported 47.7% of the rural mothers giving prelacteal feeds.

**Table No.4 : Distribution of mothers according to Pre lacteal feeds(n= 220)**

Pre lacteal feeds	Number	Percentage
Sugar water	103	46.81
Honey	17	7.72
Castor oil	19	8.63
Sugar water & Honey	63	28.63
Cow/ Buffalo Milk	18	8.18
Total	220	100

In our study only 35% of the mothers gave colostrum which is lower than 81.6% colostrum acceptance reported by Parmer et al<sup>\*10</sup>. In our study the rate of prelacteal feeds is high probably because Elderly females in the family (Grand parents) played a major role in influencing the practice of breast feeding, as most of these elders were illiterates they considered colostrum as something indigestible and not good for baby's health, they were also unaware of hazards of prelacteal feeds .

Table 5 shows Out of the 202 mothers having children > 4 months of age, 81.19 % of the mothers had no knowledge regarding exclusive breast feeding, only 13.36% practiced & had knowledge of exclusive breast feeding up to 4 months of age which further dropped to 5.44% at the end of 6 months. Kapil et al<sup>\*11</sup> in their study reported exclusive breast feeding rate of 15%.

**Table No. 5 : Knowledge & Practice regarding extent of Exclusive Breast feeding (n =202)**

Extent of EBF	Number	Percentage
Up to 4 months	27	13.36
4 to 6 months	11	5.44
Don't know	164	81.19
Total	202	100

Table 6 shows that majority 151 (62.91%) of the mothers were influenced by Elderly female family members like mother, Mother-in law/ Grandma, regarding Exclusive breast feeding, followed by birth attendants/anganwadi workers 15%, doctors/ANMs 11.66%, Mass media 7.91%, and others like neighbours and friends 2.5%. Mrs Rama Ram et al in her study observed also reported 55% mothers having source of information from their family members<sup>8</sup>.

**Table 6 : Distribution of mothers according to source of information & influencers on decision of Exclusive breastfeeding .**

Influencing source	Number	Percentage
Elderly females in family	151	62.91
Doctors/ANM	28	11.66
Mass Media	19	7.91
TBA/AWW	36	15
Others	06	2.5
Total	240	100

### Summary and Conclusion

The study was conducted among 240 mothers of rural field practice area. It was found that 56.6% of mothers initiated breast feeding within first 24 hours of delivery. Shorter duration of breast feeding was observed among mothers with higher socio economic status. 91.25% of the mothers gave pre lacteal feeds & only 35% mothers gave colostrum. These findings high light the role of beliefs, customs and sociocultural factors in influencing the mothers knowledge and practice of Breastfeeding. Literacy status had little effect on continuation of breast feeding for more than six months. 81.19% mothers had no knowledge regarding exclusive breast feeding and only 13.36% of mothers practiced almost exclusive breast feeding up to 4 months, which is disheartening scenario.

In spite of health education messages in Massmedia & various interventions launched under RCH & NRHM nearly 80 % mothers told their source of information regarding breastfeeding practices and influencers for their decision making about exclusive breastfeeding were Elderly females in family and Dais/ Anganawadi worker. This points to the need to focus on these groups for health education and awareness creating programmes about the importance of colostrums & exclusive breastfeeding, hazards of prelacteal feeds and appropriate weaning messages infiltrate in the socioeconomically backward rural areas.

A corner stone of any public health program for the prevention of childhood malnutrition is the need to promote an optimal lactation in the community.

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